

Understanding Gloucester

2015

Produced by the Strategic Needs Analysis Team,
Gloucestershire County Council

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1. Introduction

Understanding Gloucester 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 Gloucester.

The report is part of a suite of documents, which also includes; Understanding Cheltenham, Understanding Cotswold, Understanding Forest of Dean, 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

Gloucester Context

- The population of Gloucester was estimated to be around 125,600 in 2014, representing a rise of approximately 13,000 people since 2004, an average increase of 1,300 people per annum. This is equivalent to an annual growth of 1.16% in the 10 years to 2014, well above the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.
- Between 2004 and 2014, the older population (aged 65 and above) in Gloucester was rising faster than the younger population. However, the growth rate in the district's older population was lower than those in Gloucestershire.
- Assuming current population trends continue, the ONS projections for the next 25 years suggest that the population in Gloucester will reach 138,300 by 2025 and 148,800 by 2037. The dominating feature of the projected trend for Gloucester is a sharp increase in the number of older people (aged 65+). At the same time, projections for children, young people and the working age group indicate slower growth.
- The number of older people aged 65 and above in Gloucester has been growing by an average of 300 people per year between 2004 and 2014. Projections suggest that this will increase to 630 per annum between 2012 and 2037. Significantly, the projected percentage increase of the older population is higher in Gloucester than in Gloucestershire over the period 2012-2037.
- The 2011 Census showed that 12,750 people who were usually resident in Gloucester were born outside the UK, representing 10.5% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 43% (5,490 people) were recent migrants, having arrived since 2004.
- Ethnic groups showing the biggest growth in Gloucester in the 10 years to 2011 were 'White-British' (+3,870 people), 'White-other' (+3,160), 'Indians' (+1,100) and 'Black-African' (+860).
- In IMD 2015, 10 of the most deprived neighbourhoods (LSOAs) 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.
- Females in Gloucester can generally expect to live around 4 years longer than their male counterparts. Over the past decade life expectancy has been significantly lower for Gloucester residents than the county average.
- The three leading causes of death in Gloucester are cancer, cardiovascular disease (CVD), and respiratory disease, respectively. This is consistent with the national picture.

- The rate of excess winter deaths in Gloucester rose from 2006-09 to 2008-11, but has since dropped. It was previously higher than the national and county, but is now in line with these benchmarks.
- Employment has declined over the last five years but is predicted to grow albeit at a conservative rate. Unemployment in terms of Job Seekers Allowance claimants has declined, although there are still areas of relatively high unemployment around Westgate, Barton and Tredworth, Podsmead and Matson and Robinswood.
- There are nearly 3,500 businesses in Gloucester district accounting for 12% of the County total. Growth over the last five years has been the lowest in the County, however, one year business survival rates were the highest.
- The number of employees in Gloucester district decreased over the last five years to a total of 60,300 by 2014.
- The Health sector including social work activities is by far the largest and most locally important sector accounting for 23% of the total number of employees in 2014.
- According to LEFM, employment (employees and self-employed) in Gloucester district is set to increase between 2015 and 2025 to 68,000 people, however, growth is expected to be at a more conservative rate with a projected average annual change of 0.2% which is one of the lowest of all the districts.
- The number of businesses in Gloucester increased by 6.9% in the last five years amounting to 3,425 businesses in 2015 accounting for 12% of the County total. This growth was the second lowest of all the districts.
- The JSA claimant rate for Gloucester district, although the highest of all the districts, followed the County average for the most part and has shown a steady decline since May 2014 to 1.8% representing 1,480 people in May 2015.
- The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Gloucester district showed an overall decline in the last four years from 284 people in October 2011, and after peaking at 291 people in October 2012 finally dropped to 150 people in May 2015.
- In Gloucester district some 22% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This was below both the County and national averages of 30% and 27% respectively. Those with No qualification accounted for 22% of the resident population over 16 which was above the County level and close to the national average amounting to 21,250 people.
- The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 1,600 new postings in May and

September before dropping back to about 1,530 in October. Gloucester district had the highest total number of job vacancies of all the districts over the ten month period.

- In 2011, of the 53,024 residents aged 16 and over in Gloucester district who commuted to work in 2011, some 55% equating to 29,407 people worked within the district.
- We can estimate that there may be somewhere between 600 and 1000 adults in the district that are experiencing some degree of gender variance.
- In 2011, 46.6% of people aged 16 years+ in Gloucester were married, which was lower than the county and regional average but the same as the national average. The proportion of people in a registered same sex civil partnership in Gloucester stood at 0.3%, which was in line with the county, national and regional averages.
- In 2014 there were 1,730 live births in Gloucester. 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 lower proportion of total births in Gloucester than they do at a county, regional and national level. Conversely births to mothers under the age of 25 make up a higher proportion of total births.
- In 2011, 62.4% of residents in Gloucester reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 26.2% of the total population.
- The overall gender split in Gloucester is slightly skewed towards females, with males making up 49.3% of the population and females accounting for 50.7%. This situation is also reflected at county, regional and national level.
- Estimates used by the Government Treasury suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. If this figure was applied to Gloucester it implies between 5,000 and 7,000 people in Gloucester are Lesbian, Gay or Bisexual. A more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over. If this figure was applied to Gloucester it implies there are 1,600 Lesbian, Gay and Bisexuals in the district.

Getting the right start in life

- In 2014/15, 335 women in Gloucester were recorded as being a smoker at their first ante-natal appointment (time of booking). 253 women were recorded as still smoking at time of the delivery for the same period.

- The percentage of low birth weight babies in Gloucester district was higher in 2012 compared to Gloucestershire and England, and has remained higher over the past five years.
- Statistics indicate mothers within the Gloucester district are less likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts.
- Under 18 conception rates have more than halved in Gloucester district since the 1998 recording baseline however, they remain above the county and national benchmarks.
- In 2012 and 2013, chlamydia detection rates in Gloucester were higher than the county and national benchmarks. Note that this does not necessarily mean there is a higher rate of young people with Chlamydia compared to Gloucestershire and England; it could be related to the proportion of people screened.
- In 2013/14, Gloucester district had a higher percentage of excess weight in 4 to 5, and 10 to 11 year olds compared to Gloucestershire and England.
- In relation to the EYFSP, Gloucester fell below the national average.
- In terms of KS1 Level 2+ achievement for Reading, despite having the lowest values compared to the other districts and falling below both the national and statistical averages Gloucester (and the Forest of Dean) has shown the most improvement over the last five years.
- The KS1 Level 2+ achievement for Mathematics in 2014 in Gloucester (90%) was below the national average.
- The KS1 Level 2+ achievement for Science in 2014 in Gloucester fell well below the national average.
- In 2014 all districts had a high level of achievement of Level 4 at KS2 English, above the national average, although Gloucester was the lowest of the six districts at 90%.
- In 2014 the percentage of pupils achieving Level 4 and above at KS2 Mathematics in Gloucester was below the county figure, and the second lowest of the six districts at 86%.
- In 2014 Gloucester was above the national average for percentage of pupils achieving Level 4 and above in KS2 Writing, although it was the second lowest of all the six districts.
- In 2014 Gloucester was above the national average for percentage of pupils achieving Level 4 and above in KS2 Grammar, punctuation and spelling, although again it was the second lowest of all the six districts.

- The proportion of pupils achieving 5+ A*-C grades (including English and maths) at GCSE in Gloucester was just above the national average, although was the second lowest of the six districts.
- When looking at the proportion of pupils achieving 5+ A*-C grades at GCSE in Gloucester was below the national average, and again was the second lowest of the six districts.
- Looking at A-Level and equivalent qualifications in 2014, the average point score in Gloucester district is the second highest in the county.
- For A-Level and equivalent qualifications in 2014, the proportion of students achieving at least two substantial qualifications in Gloucester district is the second highest in the county.
- During the whole of the 2014/15 reporting year, children living at an address in Gloucester have the highest rate of referrals, and the highest rate of initial assessments. The rate of children who are the subject of a CP plan is the second-highest of the six districts in Gloucestershire. Looking at the snapshot taken as at 31st August 2015, Gloucester has the highest rate of Children in Care, with Forest of Dean having the second-highest rate.

Keeping healthy – prevention

- In 2013, smoking rates in Gloucester district were higher than the Gloucestershire and England benchmarks.
- In 2013, smoking rates in Gloucester district were higher than the Gloucestershire and England benchmarks.
- In 2012, 65% of adults in Gloucester district were overweight or obese, which was slightly higher than the Gloucestershire (64%) and England (64%) benchmarks.
- The percentage of physically inactive adults in Gloucester district has remained above the Gloucestershire and England benchmarks for the last 3 years.
- Gloucester District Council found that 75% of referrals in their Social Prescribing pilot were self-declared as isolated or lonely. They plotted these postcodes against the Gloucestershire social isolation risk map and there was a reasonable level of congruence between the two. It seems reasonable, then, to assume a level of correlation between poorer health and being isolated.

Particular needs

- According to the 2011 Census 16.8% of Gloucester residents (20,433 people) reported having a long term health problem or disability; this was in line with the county average and below the regional and national average.
- In February 2015 there were 9,320 people claiming Disability Living Allowance or Attendance Allowance in Gloucester, representing 7.4% of the total population, this was lower than the regional and national averages but higher than the county average. Gloucester also had a higher proportion of disability benefit claimants than all of the other districts in Gloucestershire, with the exception of the Forest of Dean.
- Females and people aged 65+ account for the largest proportion of disability benefit claimants, the majority of claimants have been long term claimants. These characteristics are reflected at a county, regional and national level. There is some variation between age groups. Males are responsible for 64% of claims made by 0-17 year olds and only 41% of claims made by people aged 65+.
- In February 2015, arthritis was the most commonly reported disabling condition in Gloucester, representing almost a fifth of all claims. Mental health was the second most common condition, reported by 16% of all claimants. The most commonly reported conditions in Gloucester generally follow the county and national trend.
- In 2013/14 there were 3,382 children and young people in maintained schools in Gloucester with Special Educational Needs, this equates to 17.7% of pupils, which was higher than the county average and all of the other districts with Gloucestershire except the Forest of Dean.
- The total number of pupils attending schools in Gloucester with Special Educational Needs has been falling since 2009/10 when it stood at 3,881 pupils, following a trend seen at county level.
- 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 Gloucester schools was Speech, Language and Communication Needs, this reflects the picture at county level.
- In 2014 there was an estimated 7,641 people aged 18-64 with a severe or moderate physical disability living in Gloucester and an additional 3,688 people aged 65+ who are unable to manage at least one mobility activity on their own. The number of people with a moderate or serious physical disability is projected to increase between 2014 and 2025.
- In 2014 there was an estimated 2,307 people aged 18+ with a learning disability living in Gloucester. The number of people aged 18+ with a learning

disability is forecast to increase to 2,514 people by 2025, this represents an increase of 207 people or 9.0%.

- For the majority of long term conditions (LTCs) recorded on QOF disease registers, Gloucester has a similar or lower prevalence rate than for the county as a whole, although is significantly high for diabetes.
- There are estimated to be over 1,450 people aged 65 and over with dementia in Gloucester and this is forecast to rise by over 60% to around 2,350 in 2030. Over 63% are women.
- In 2014/15 2,476 people received community-based adult social care services in Gloucester District. The rate per 100,000 population is the second highest in the county. In Gloucester, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.
- There were 416 adults in residential care and 241 in nursing care in Gloucester in 2014/15. Gloucester has the third highest rate of people in residential care in the county in recent years. For nursing care Gloucester had the lowest rate in the county in 2014/15.
- 46.1% of Gloucester 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. Gloucester performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%)

Healthy and sustainable places and communities

- A total of 12,100 people in Gloucester provided unpaid care each week in 2011, representing 10% of the population. This number of unpaid carers in Gloucester has risen by 16% since 2001 and is expected to rise by another 7% by 2017 due mainly to the increasing number of older people.
- For the proportion of the total population that provide unpaid care, in both Gloucester and Gloucestershire as a whole, the highest proportion is found in the 50 to 64 age group.
- There were 904 young carers in Gloucester (2.4% of total 0-24 population) at Census day in 2011. Looking at all young carers in the Gloucestershire County Council care system during Quarter 2, 2015/16, approximately three in every ten carers in Gloucestershire come from Gloucester.
- In most areas in Gloucester the likelihood of having a hobby or charity / voluntary work is lower than the national average. The areas where people are most likely to have a hobby or charity / voluntary work, include parts of Hucclecote, Longlevens, and Tuffley.

- In 2012 there were 46 accommodation businesses in Gloucester. This was lower than any other district in the county. The accommodation businesses in Gloucester are primarily serviced accommodation such as hotels.
- Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,480,000 day trips to Gloucester bringing in around £134 million. There were more day trips to Gloucester than all of the other districts in the county with the exception of Cheltenham. In the period 2011-13 there were an estimated 46,758 visits to Gloucester's city centre by overseas tourists.
- In 2011 there were 50,363 households in Gloucester, this represents an increase of 10.0% or 4,598 households since 2001, more than any other district in Gloucestershire. The number of households in Gloucester is projected to increase by 3,000 between 2012 and 2017 (5.9%) and by 14,000 between 2012 and 2037 (27.5%).
- In 2011 the majority of households in Gloucester were owner occupied, accounting for 67.2% of all households, this was lower than the county average but higher than the national average. Levels of private renting were higher in Gloucester than the Gloucestershire as a whole.
- Over the last 10 years the proportion of owner occupied households in Gloucester declined from 74.1% in 2001 to 67.2% in 2011. During the same period the proportion of households that were privately rented increased from 9.6% to 17.4%. 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.
- In Gloucester, socially rented housing accounts for 13.3% of all households, which was in line with the county and regional average but below the national average.
- In the second quarter of 2013, the mean house price in Gloucester was £151,825, this was lower than the county and national average, and all of the other districts that make up Gloucestershire.
- In 2013, someone earning a lower quartile sum in Gloucester, required 5.48 times their earnings to purchase a lower quartile priced property. This is lower than the Gloucestershire and England average of 7.23 and 6.45 respectively.
- At the time of the 2011 Census 7.8% of households in Gloucester (3,929 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was higher than the county average and all of the other districts in the county with the exception of Cheltenham.
- In 2013 an estimated 5,666 households in Gloucester were in fuel poverty representing 10.7% of all households, this was the same as the county average and slightly above the national average.

- In 2011, there were an estimated 3,100 private sector dwellings in Gloucester exhibiting Category 1 hazards, this represents 6.7% of all private sector dwellings. If the hazards identified in Gloucester were addressed it would result in an annual saving to the NHS of £361,649.
- In 2014/15, 181 people were accepted as homeless in Gloucester, this equates to a rate of 3.45 per 1,000 population, which is higher than the national average of 2.4 per 1,000 population and the other districts in Gloucestershire.
- In 2014/15 there were 516 instances of homelessness prevention and relief in Gloucester, this equates to a rate of 9.83 per 1,000 households, which was in line with the national average.
- Gloucester City has experienced higher crime rates than the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04 however, the gap between rates is narrowing. The crime rate is significantly higher in Westgate ward than any other ward in Gloucestershire mainly due to a large part of the city centre being inside the boundary of this ward.
- Gloucestershire Fire and Rescue call-outs to Gloucester City averages 3.7 call outs per day.

3. Gloucester context

3.1 About this section

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

3.2 Demographics

3.2.1 Population trend and projections

The population of Gloucester was estimated to be around 125,600 in 2014¹, representing a rise of approximately 13,000 people since 2004, an average increase of 1,300 people per annum. This is equivalent to an annual growth of 1.16% in the 10 years to 2014, well above the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.

The growth in Gloucester during this period has been driven mainly by natural growth, with an average of 650 more births than deaths per year. In the same period, the level of net internal migration (net movement to the district from elsewhere in the UK) was comparatively small, averaging 200 people a year.

Between 2004 and 2014, the older population (aged 65 and above) in Gloucester was rising faster than the younger population. However, the growth rate in the district's older population was lower than those in Gloucestershire and England and Wales².

Table 1: Population Trends 2004-2014

Age Group	Gloucester				Gloucestershire	England and Wales
	Population 2004	Population 2014	Change 2004-2014	% Change 2004-2014	% Change 2004-2014	% Change 2004-2014
All Ages	112,600	125,649	13,049	11.6%	6.8%	8.0%
0-19	29,500	31,344	1,844	6.3%	-0.2%	3.7%
20-64	66,300	74,396	8,096	12.2%	4.7%	6.7%
65+	16,900	19,909	3,009	17.8%	23.2%	19.6%

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

² *Ibid.*

Assuming current population trends continue, the ONS projections³ for the next 25 years suggest that the population in Gloucester will reach 138,300 by 2025 and 148,800 by 2037. This represents an annual increase of 0.93% or 1,150 people between 2012 and 2025, and 0.63% or 880 people between 2025 and 2037. The district's growth rates are higher than those predicted for both Gloucestershire and England in the short, medium and long term.

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

The same projections also suggest that 78.1% of the growth during the 25-year period will be accounted for by natural growth (births minus deaths). International migration is projected to contribute to the remaining 21.9% of the total growth.

Table 2: Projected Population Growth 2012-2037

Projected Population Growth 2012-2037						
	Gloucester		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	12.1%	7.6%	8.9%	6.2%	9.2%	6.4%
0-19	12.0%	1.7%	7.4%	1.0%	8.6%	0.7%
20-64	5.6%	1.4%	0.6%	-1.1%	3.4%	1.5%
65+	36.8%	33.5%	35.4%	27.1%	30.4%	26.6%

3.2.2 Ageing population

The number of older people aged 65 and above in Gloucester has been growing by an average of 300 people per year between 2004 and 2014. Projections suggest that this will increase to 630 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 higher in Gloucester than in Gloucestershire over the period 2012-2037 (up 82.6% compared to 72.2%).

In particular, 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.

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

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

Projected Population Growth 2012-2037						
	Gloucester		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+	36.8%	33.5%	35.4%	27.1%	30.4%	26.6%
65-74	25.7%	28.3%	19.1%	21.0%	16.8%	22.4%
75-84	47.6%	24.7%	53.3%	15.6%	42.7%	15.8%
85+	53.8%	70.0%	55.7%	70.4%	54.2%	63.9%

The number of wards with large number of older people is also increasing. In 2011, 11 council wards (i.e. 73% of all wards) in the district had at least 1,000 residents aged 65+. By 2013, the number grew to 12 (i.e. 80% of wards).

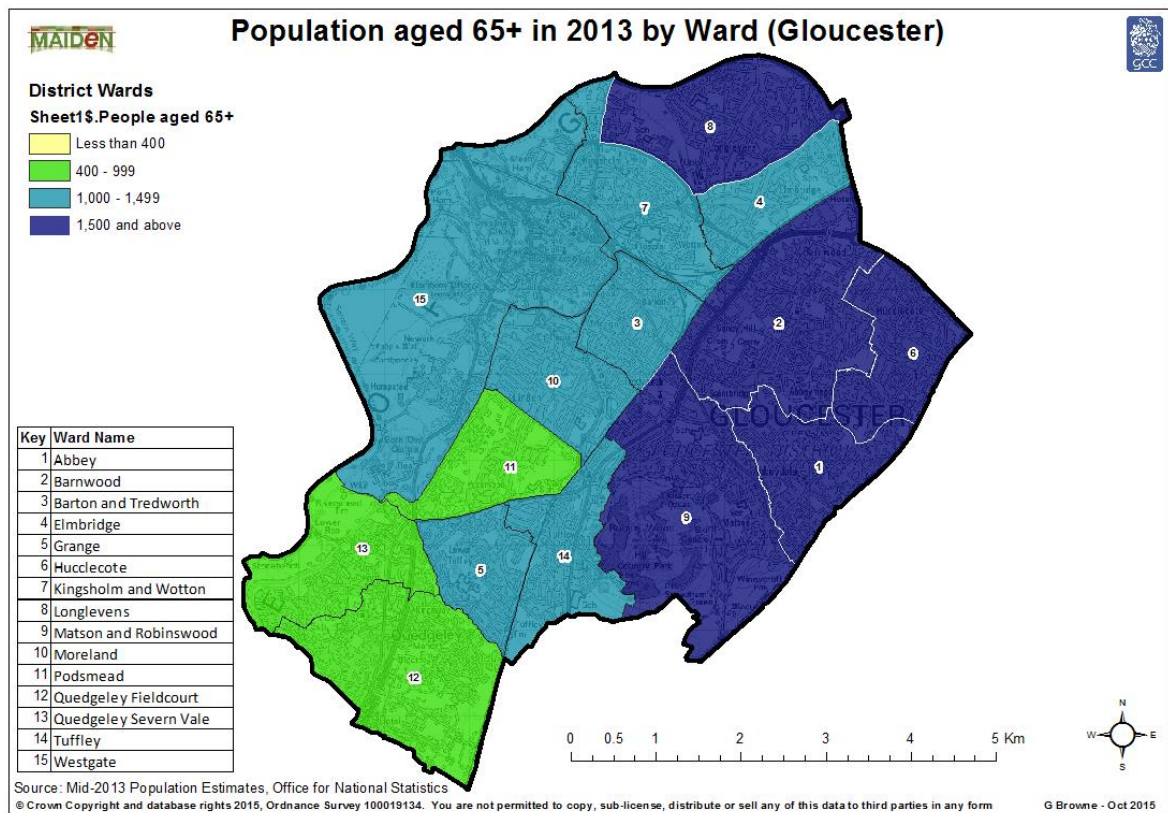


Figure 1: Population Aged 65+ by Ward⁴

⁴ Mid-2013 Population Estimates, Office of National Statistics

3.2.3 International migration and Ethnic population

The 2011 Census showed that 12,750 people who were usually resident in Gloucester were born outside the UK, representing 10.5% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 43% (5,490 people) were recent migrants, having arrived since 2004⁵.

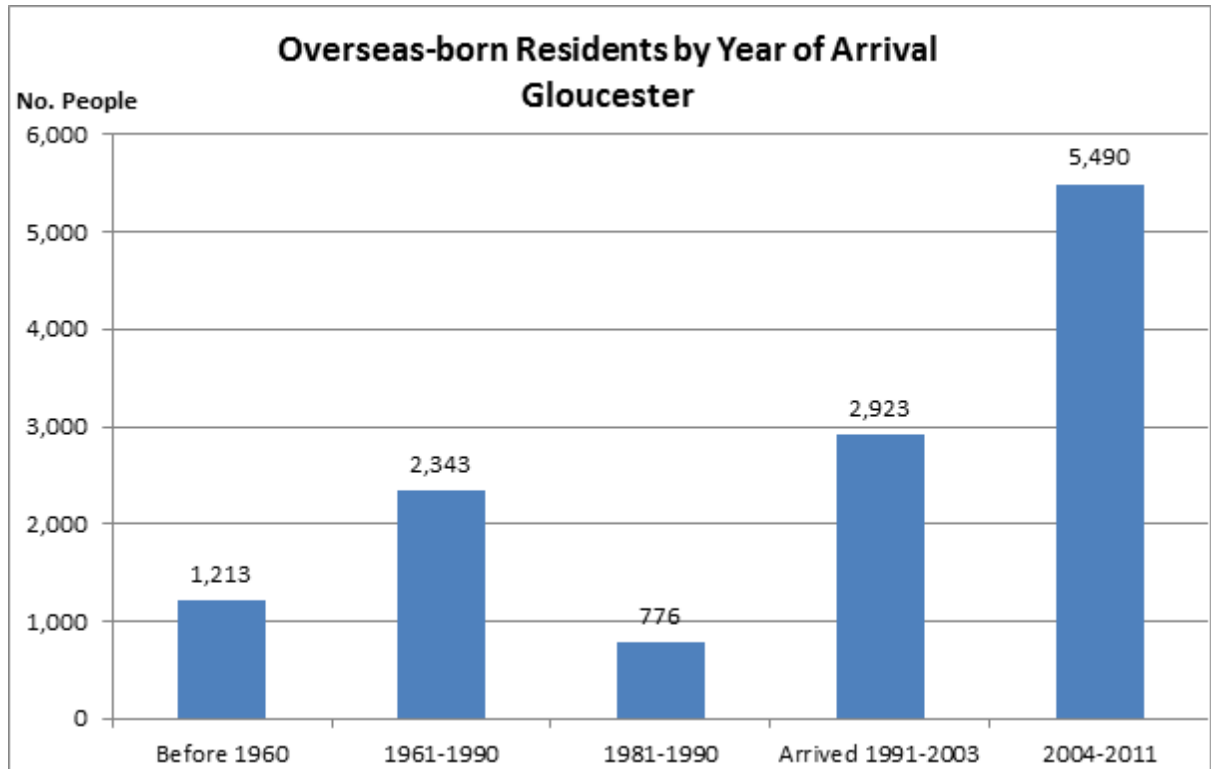


Figure 2: Overseas-born Residents⁶

The migration pattern since 2004 was closely linked to the inflow from East European countries. This has resulted in the 'White Other' population in the district trebling between 2001 and 2011, from 1,550 to 4,700. The 'White other' group now accounted for 3.9% of the district population, compared to 1.4% in 2001.

At the same time, the percentage of Black and Minority Ethnic (BME) population rose from 7.5% to 10.9%. The figure was higher than the county percentage of 4.6% but lower than the national percentage of 14.1%.

Ethnic groups showing the biggest growth in Gloucester in the 10 years to 2011 were 'White-British' (+3,870 people), 'White-other' (+3,160), 'Indians' (+1,100) and 'Black-African' (+860).

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

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

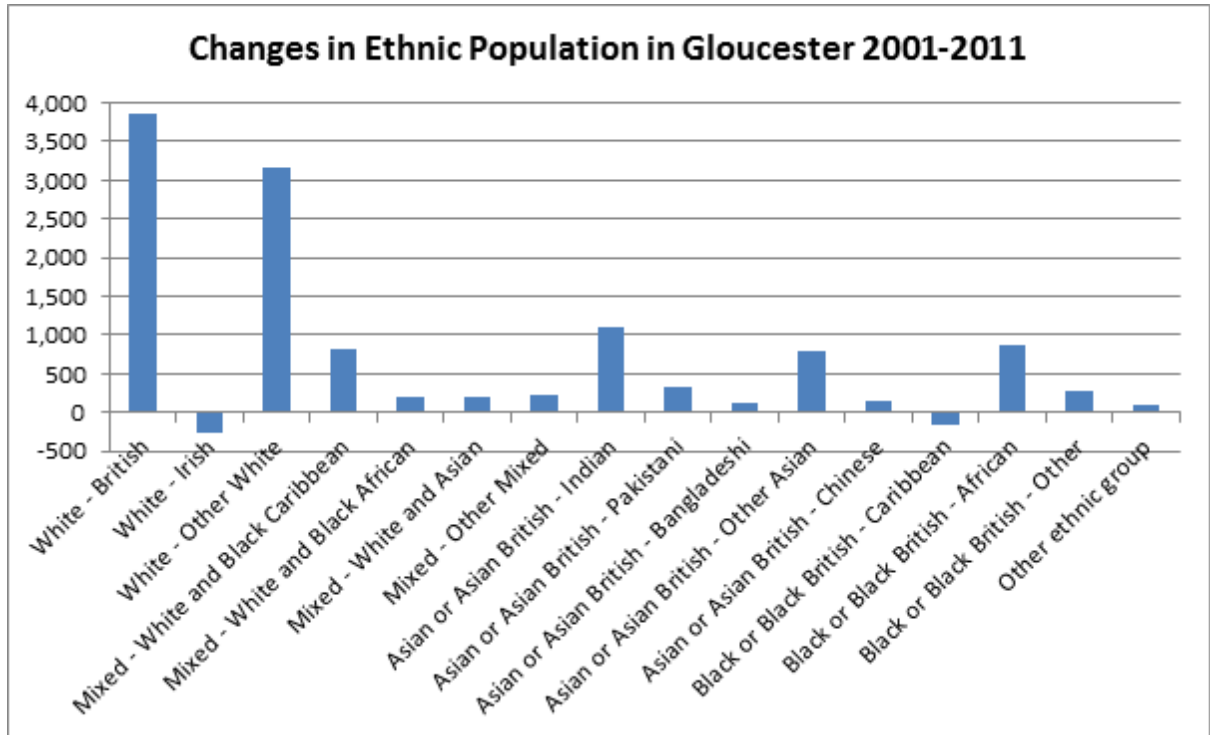


Figure 3: Changes in Ethnic Population⁷

Figure 4 shows that Black and Minority Ethnic Groups accounted for 10.9% of the total population in Gloucester (the highest proportion of all the districts in Gloucestershire), compared to 4.6% of the population in the county.

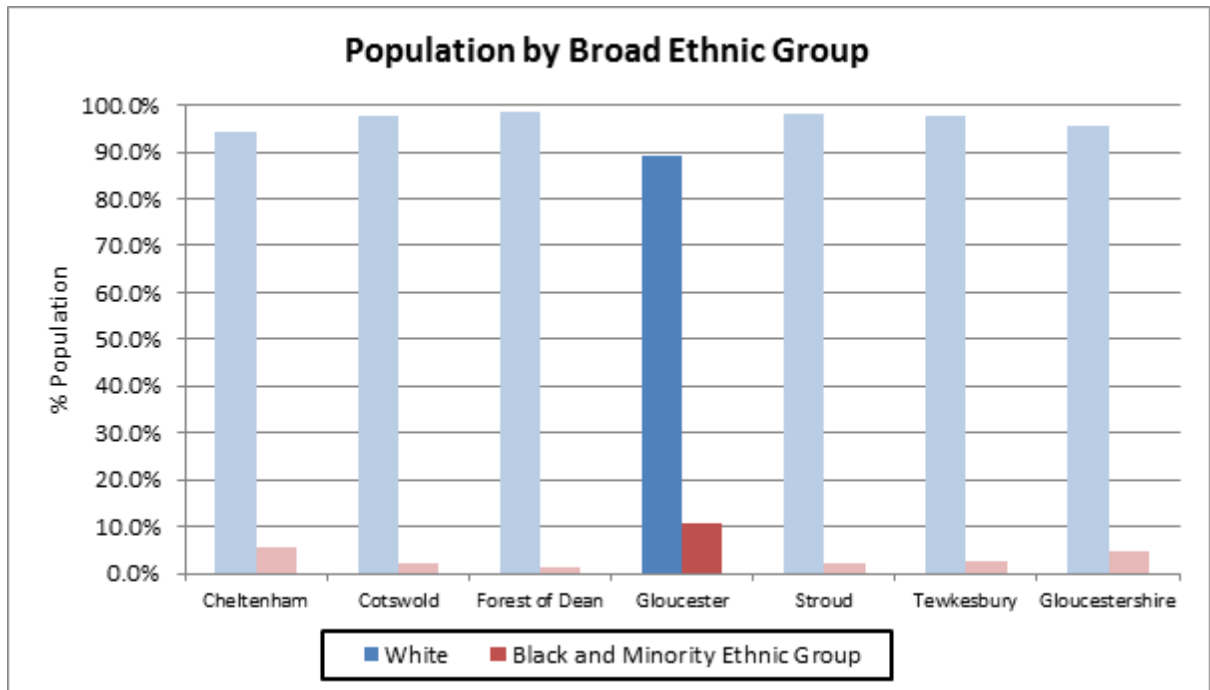
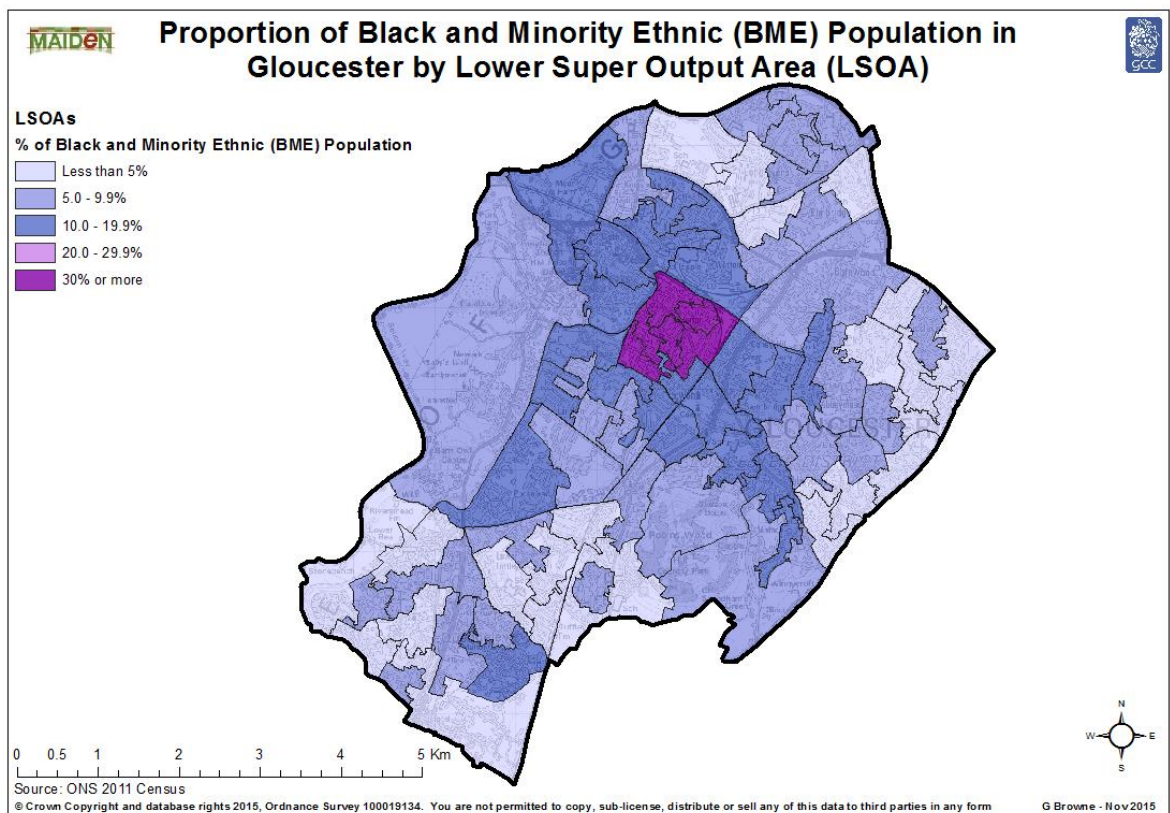
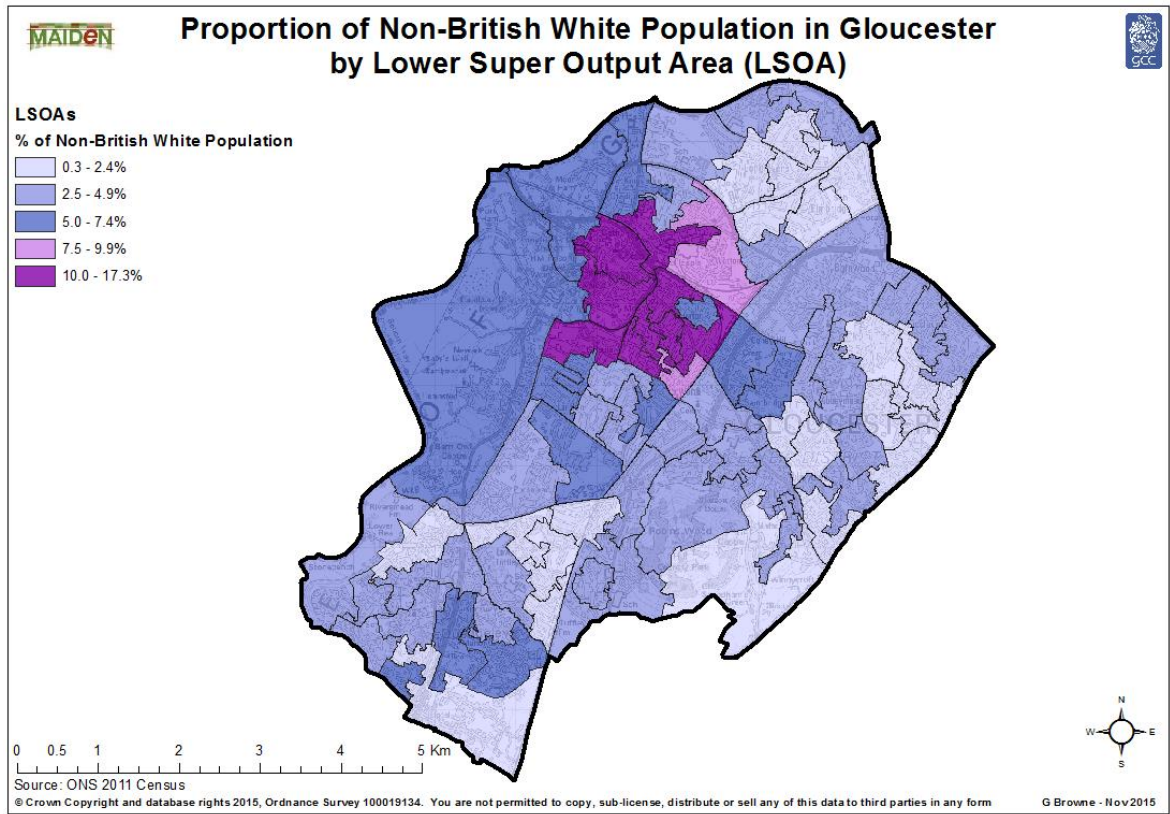


Figure 4: Population of Gloucestershire's districts by broad ethnic group 2011⁸

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

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

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



It is difficult to predict future patterns of immigration into Gloucester. The latest statistics on the number of overseas nationals registering to work in Gloucester show that the number of migrant workers to the district has decreased from 1,250 in 2006/07 to 880 in 2013/14⁹. ONS long-range projections forecast that on current trends, net international migration (immigration minus emigration) to Gloucester will be 5,100 over the 25-year period of 2012-2037¹⁰.

It is likely that the future growth of the ethnic population in Gloucester will be increasingly accounted for by natural growth from within the domestic population, as it has a young age structure. 91.9% of the ethnic population in Gloucester were children and working-age in 2011, compared to 85.2% of Gloucester 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.

⁹ Department for Works and Pension

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

¹¹ Department for Communities and Local Government: English Indices of Deprivation 2015
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

The 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 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

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>

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

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

3.3.2 Gloucester Deprivation Key Messages

- Gloucester district has the highest overall levels of deprivation in the county, with 10 LSOAs (out of a total of 13) that rank in the top 10% most deprived in England. Gloucester also has the overall most deprived LSOA in the county – Westgate 1, which ranks 360th nationally in the IMD.
- Gloucester ranks 139th out of 326 English districts in the “IMD - Ranks of Average Rank for Local Authority Districts”¹⁴ – the overall lowest ranking (most deprived) district in Gloucestershire.
- Gloucester displays the most even spread of population across the IMD national quintiles of all the districts.
- Gloucester district contains the county’s most deprived LSOAs within 7 out of the 10 domains of deprivation and supplementary indices. These are:
 - o Podsmead 1 ranking 804th for “Income”, and 109th for “Education Skills and Training”
 - o Matson and Robinswood 1 ranking 518th for “Employment”
 - o Kingsholm and Wotton 3 ranking 487th for “Health Deprivation and Disability”
 - o Westgate 5 ranking 148th for “Crime and Disorder”
 - o Westgate 1 ranking 395th for “Living Environment”, and 360th for the overall IMD
- Gloucester’s worst ranking domain is “Education Skills and Training” with 27% of the district’s population living within LSOAs ranked in the most deprived national quintile.
- Gloucester has seen a relative improvement in the national rankings since 2010 for “Crime and Disorder”, but has slipped significantly in the rankings for “Health Deprivation and Disability”.

¹⁴ Department for Communities and Local Government: English Indices of Deprivation 2015
<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2015>

3.3.3 Gloucester Deprivation in Detail

Gloucester is the district in Gloucestershire that displays the most even spread of population across the national deprivation quintiles. However, 10 out of 13 of Gloucestershire's top 10% most deprived LSOAs nationally are located in Gloucester district. The names and rankings of these neighbourhoods are shown in Table 1 in the Gloucestershire Overview.

Figure 5 shows how each area is ranked by national deprivation quintile. The areas of high deprivation that exist tend to be in the more densely populated central parts of the district.

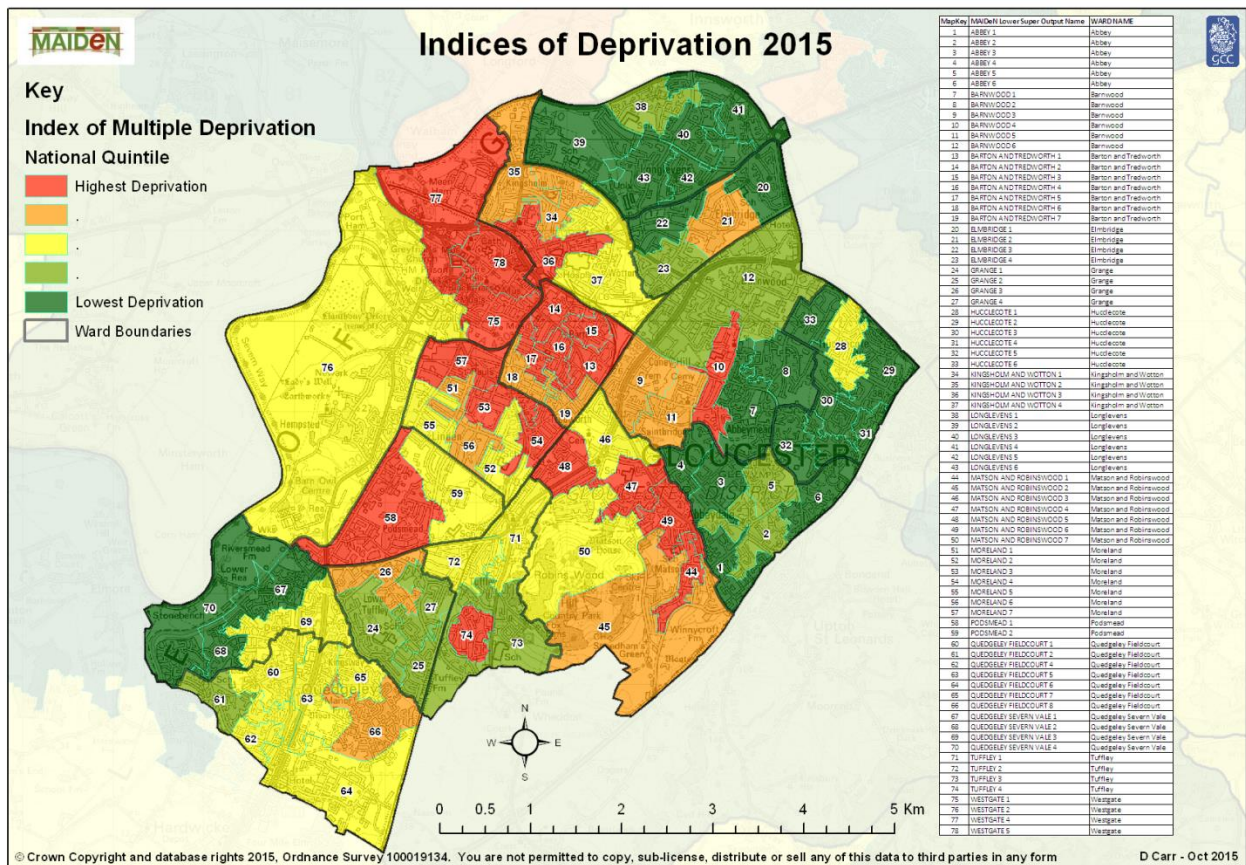


Figure 5: LSOAs shown by IMD national quintile, 2015

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 the spread of population across the IMD quintiles by district.

Gloucester has the highest proportion of all districts living in the most deprived areas (23% of district).

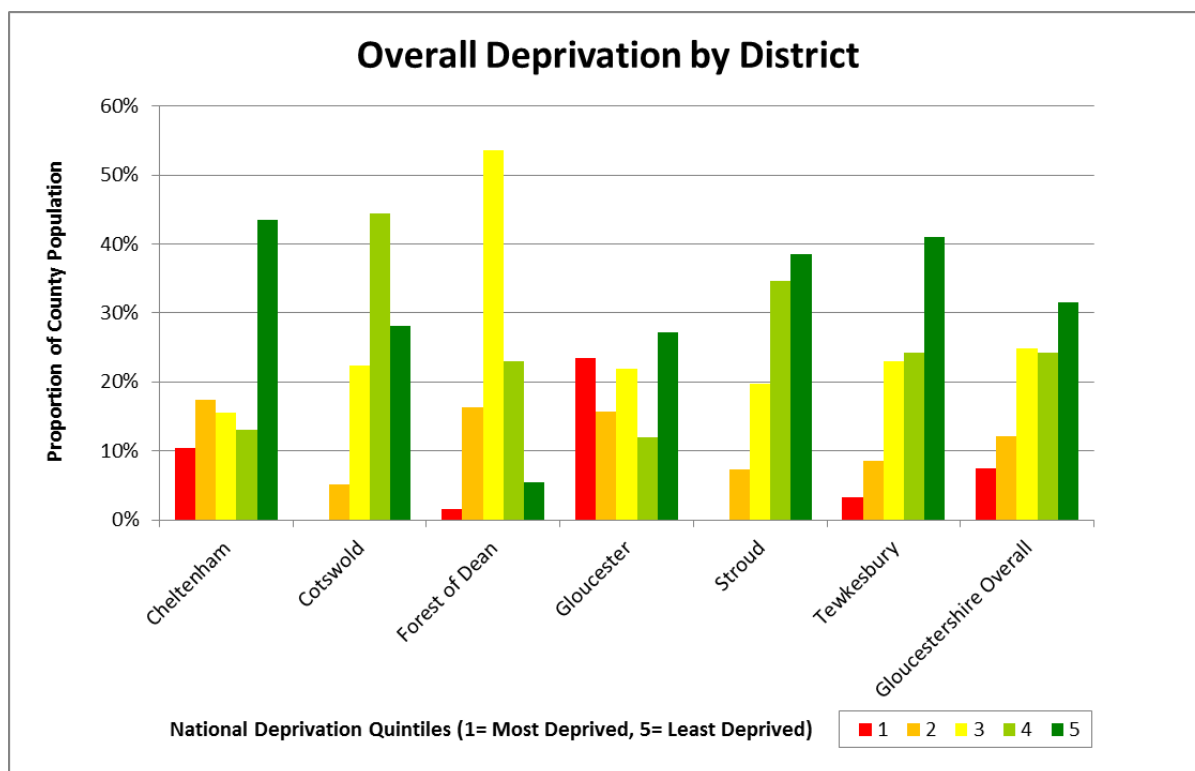


Figure 6: IMD by national quintile and district, 2015

To see a more detailed picture of how deprivation is measured in the district, Figure 7 shows the domains of deprivation that make up the total IMD 2015 together with the supplementary indices, including a comparison with IMD 2010. The chart again shows the proportion of population in the district to enable a comparison between years.

Figure 7 shows that in 2015 Gloucester district is fairly comparable in each domain in terms of population proportions. However, the domain that shows the highest levels of deprivation in the district is “Education Skills and Training” with 33,756 people (27% of district population) living within 22 LSOAs that fall into the most deprived national quintile. “Education Skills and Training” is weighted at 13.5% of the total IMD, and includes indicators such as: (for Children & Young People) Key stage 2 attainment: average points score, Key stage 4 attainment: average points score, Secondary school absence, Staying on in education post 16, Entry to higher education; (for Adult skills) Adults with no or low qualifications (aged 25-59/64), English language proficiency (aged 25-59/64).

Gloucester district’s “Education Skills and Training” domain has shown a relative downturn in national rankings since 2010 – a greater proportion of people now live in the most deprived LSOAs (24% in 2010, rising to 27% in 2015), and a lower proportion now live in the least deprived LSOAs nationally in 2015 (8% in 2010, decreasing to 6% in 2015).

Gloucester has the most deprived LSOA in the county for this domain – Podsmead 1 which ranks 109th nationally.

Other significant changes to note include:

- “Health Deprivation and Disability” which has slipped significantly in the national rankings since 2010. There is now 25% of Gloucester’s population living in areas within the most deprived national quintile for this domain. This compares to 7% in 2010. There is also a large change within the least deprived national quintile – in 2010 it encompassed 32% of the district’s population, but this has now decreased to 5%. Gloucester has the most deprived LSOA in the county for this domain – Kingsholm and Wotton 3 which ranks 487th nationally.
- “Crime and Disorder” was previously Gloucester’s worst ranking domain, but has now shown improvement with 17% of the district living in the most deprived national quintile areas in 2015, compared with 34% in 2010.

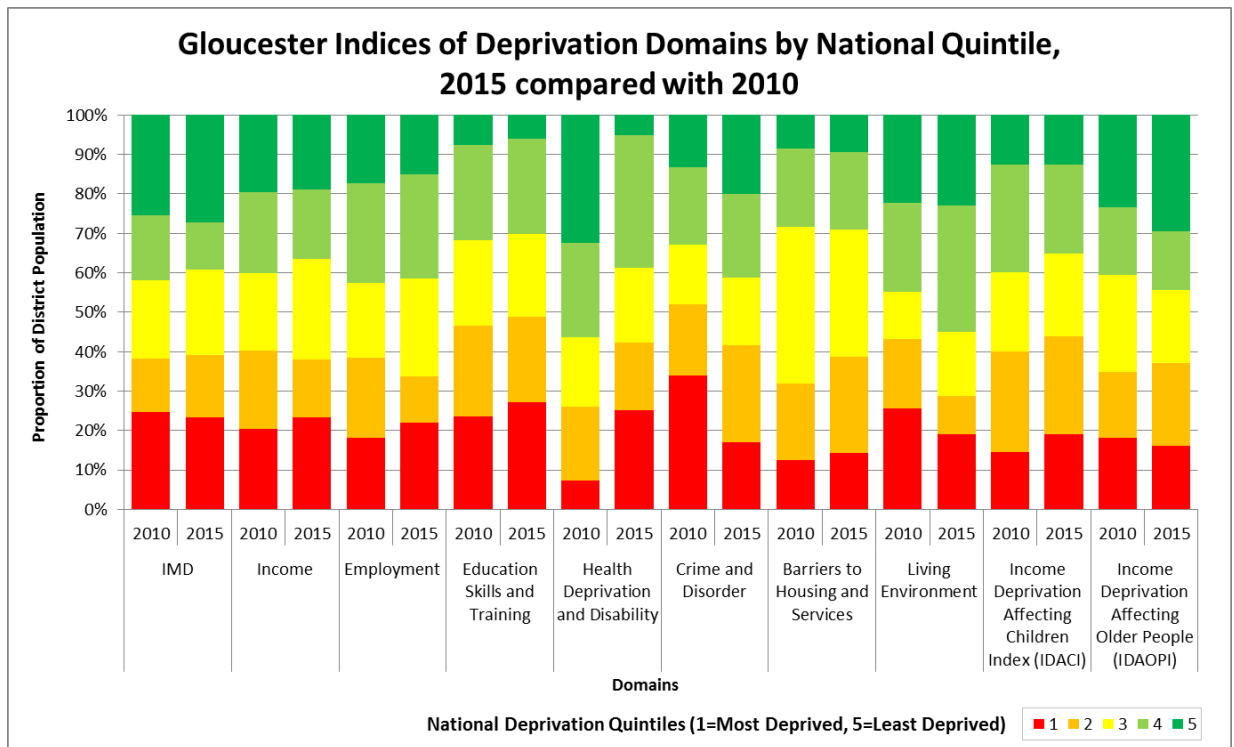


Figure 7: District deprivation as a proportion of district population, split by domain of deprivation with supplementary indices, 2010 and 2015

To summarise, Table 5 provides an overview of the Indices of Deprivation 2015, split by domain with supplementary indices. From this it can be seen which wards contain the most deprived LSOAs, together with the LSOA population figures. The wards that are listed most frequently are Barton and Tredworth, Kingsholm and Wotton, Moreland, and Westgate which all contain LSOA(s) across 9 of the 10 domains of deprivation and supplementary indices.

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

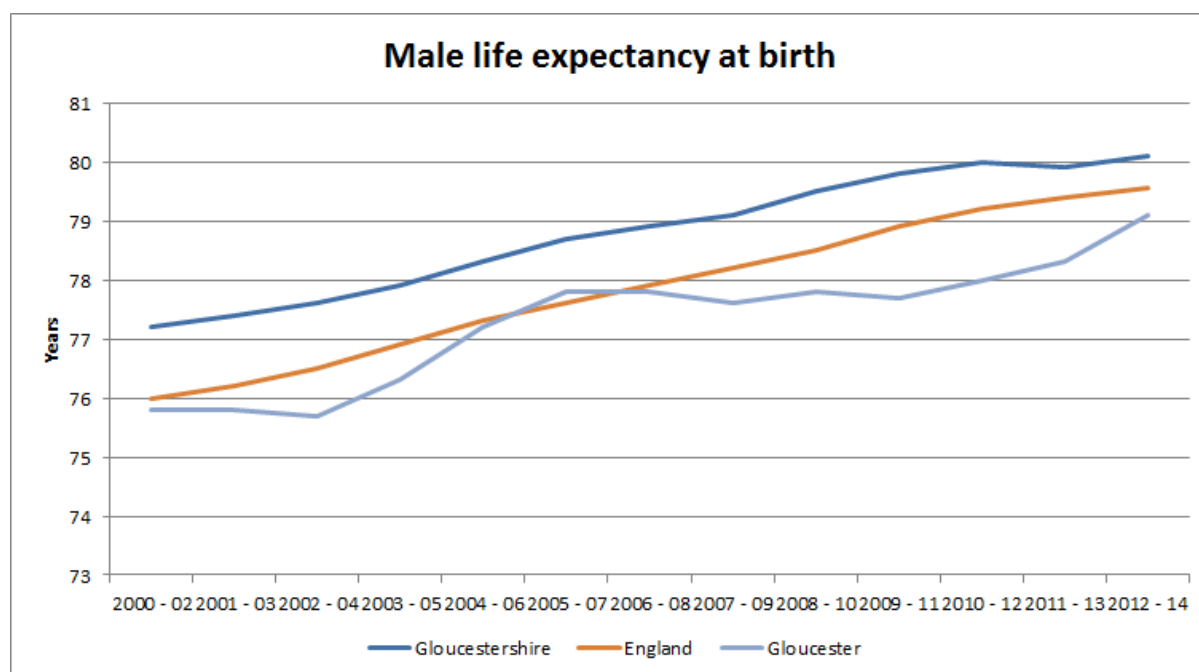
Domain / Supplementary Index	No. of LSOAs in the 20% Most Deprived Nationally	Wards in which these LSOAs fall	Population living within these LSOAs	Proportion of District Population
IMD	19	Barnwood, Barton and Tredworth, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	29,131	23%
Income	19	Barnwood, Barton and Tredworth, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	29,131	23%
Employment	18	Barnwood, Barton and Tredworth, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	27,395	22%
Education Skills and Training	22	Barnwood, Barton and Tredworth, Grange, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	33,756	27%
Health Deprivation and Disability	20	Barnwood, Barton and Tredworth, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	31,287	25%
Crime and Disorder	14	Barnwood, Barton and Tredworth, Kingsholm and Wotton, Moreland, Podsmead, Westgate	21,266	17%

Barriers to Housing and Services	11	Grange, Matson and Robinswood, Quedgeley Fieldcourt, Quedgeley Severn Vale, Westgate	17,679	14%
Living Environment	15	Barton and Tredworth, Kingsholm and Wotton, Moreland, Westgate	23,623	19%
Income Deprivation Affecting Children Index (IDACI)	15	Barnwood, Barton and Tredworth, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	23,586	19%
Income Deprivation Affecting Older People (IDAOPI)	13	Barton and Tredworth, Kingsholm and Wotton, Matson and Robinswood, Moreland, Podsmead, Tuffley, Westgate	20,179	16%

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.



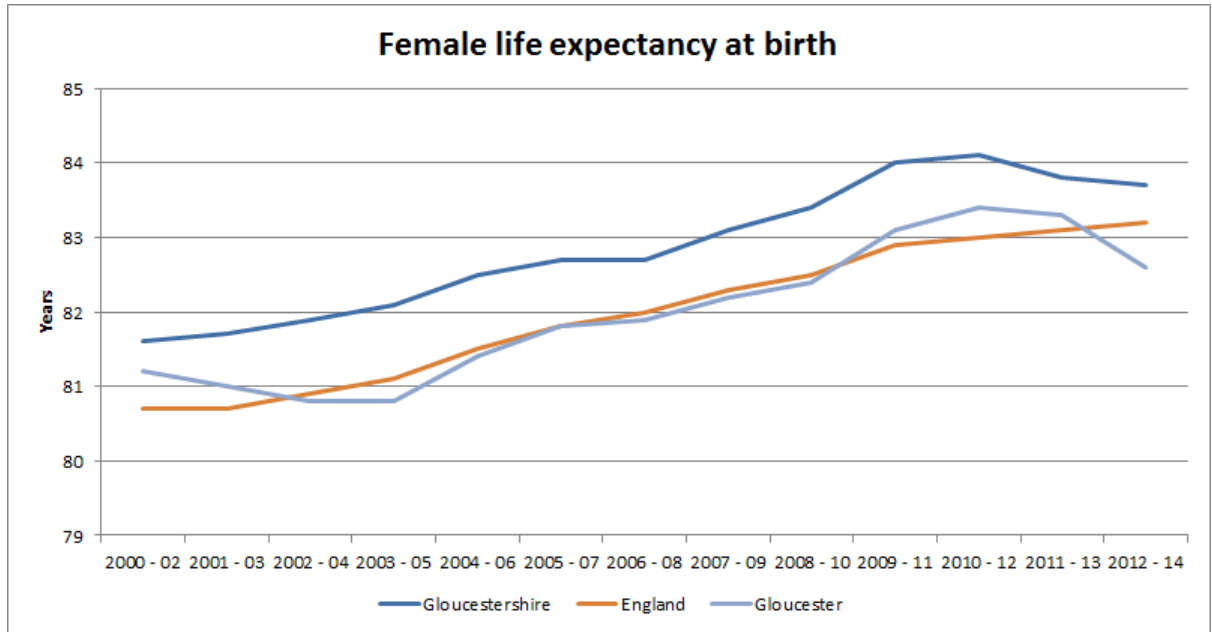


Figure 8: Life expectancy at birth (Note: y-axis does not start at 0 for comparison purposes)

Females in Gloucester 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, although female life expectancy has recently declined somewhat. Over this period, life expectancy has been significantly lower for Gloucester residents than the county average. The trend for Gloucester females is similar to the national trend, but Gloucester males are generally slightly lower than the national trend.

3.4.2 Life expectancy at birth by deprivation

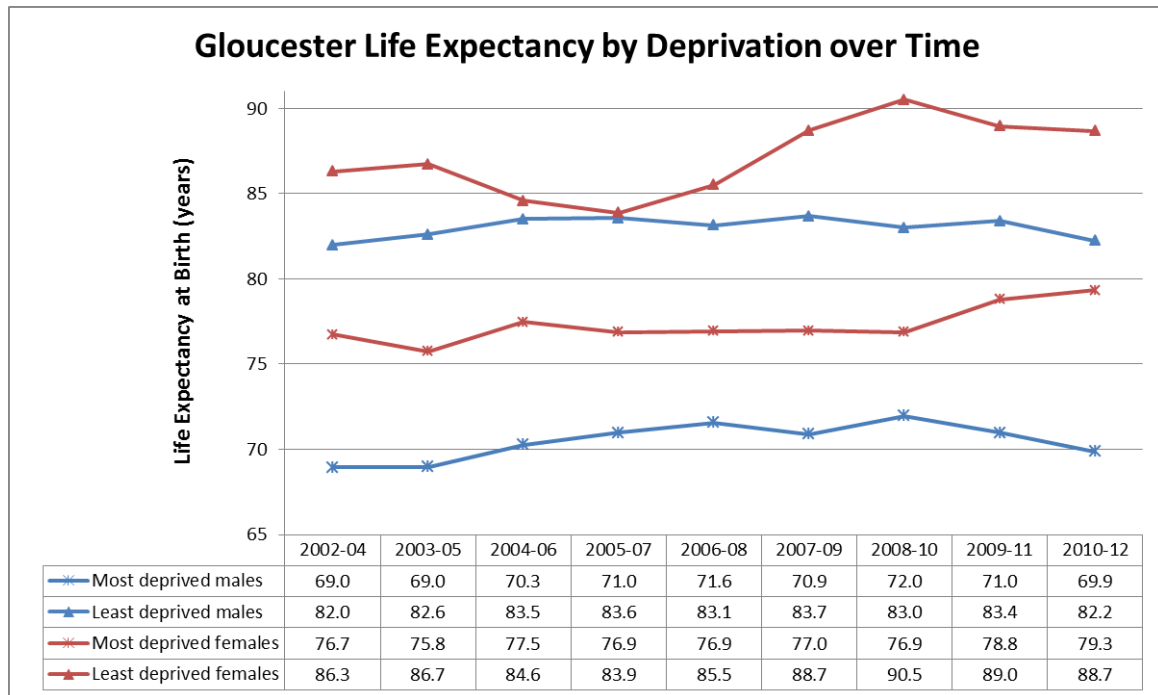


Figure 9: Life expectancy by deprivation (Note: y-axis does not start at 0 for comparison purposes)

Males in the least deprived Gloucester decile (10th of population) can expect to live more than 12 years longer than those in the most deprived decile. For females, the gap is over 9 years. These are the widest gaps of all 6 Gloucestershire districts. Over the past decade, the gaps have remained relatively constant for both males and females, suggesting health inequalities are not decreasing in the district.

3.5 Mortality

3.5.1 Leading causes of death

The three leading causes of death in Gloucester are cancer, cardiovascular disease (CVD), and respiratory disease, respectively¹⁵. This is consistent with the national picture.

¹⁵ PHE End of Life Care profiles <http://fingertips.phe.org.uk/profile/end-of-life>

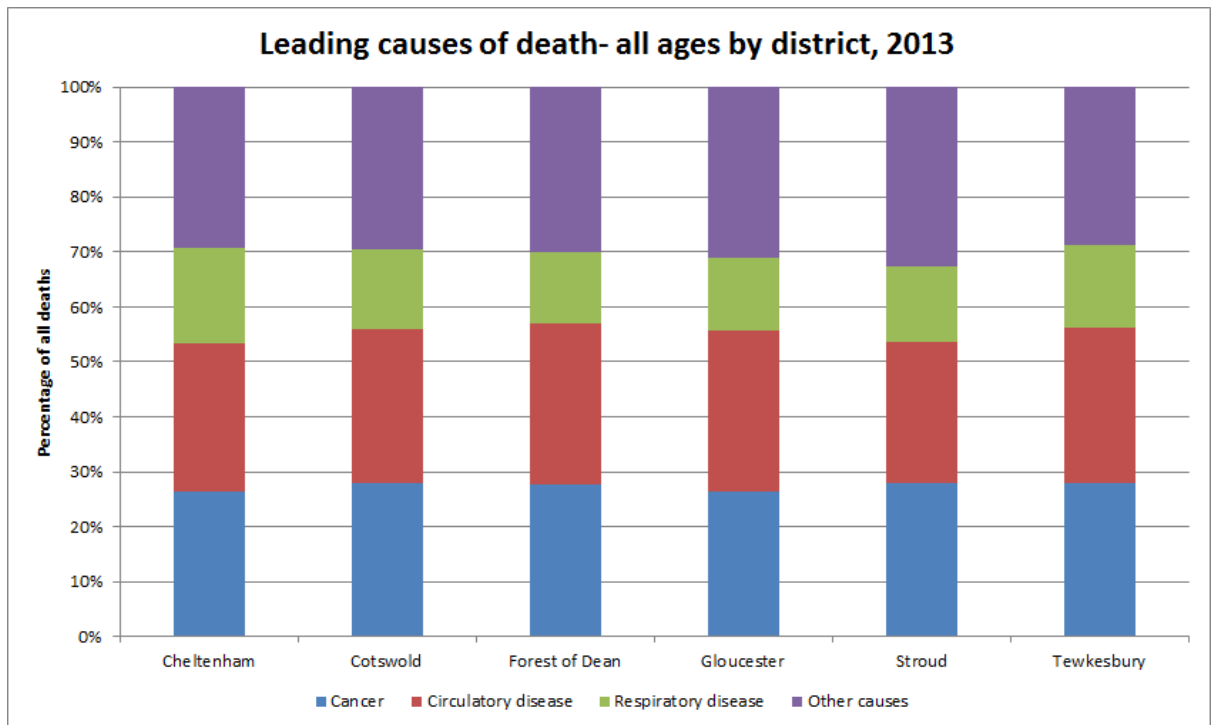
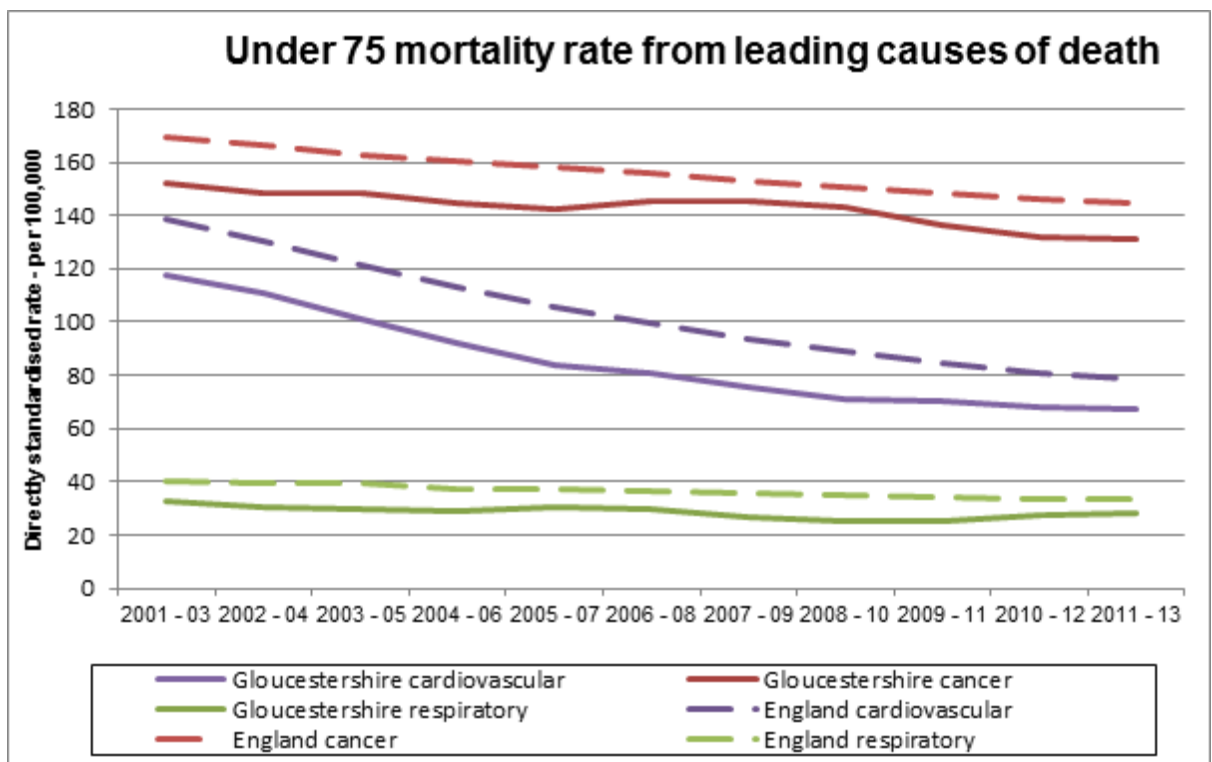


Figure 10: Leading causes of death (all ages) in Gloucestershire districts 2013



Compared to the other five Gloucestershire districts, Gloucester's leading causes of death are generally fairly similar. 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 population¹⁶. Research carried out by the Eurowinter Group¹⁷ and Curwen¹⁸ 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 Team¹⁹ 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.

¹⁶ 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>

¹⁷ 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

¹⁸ 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

¹⁹ 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

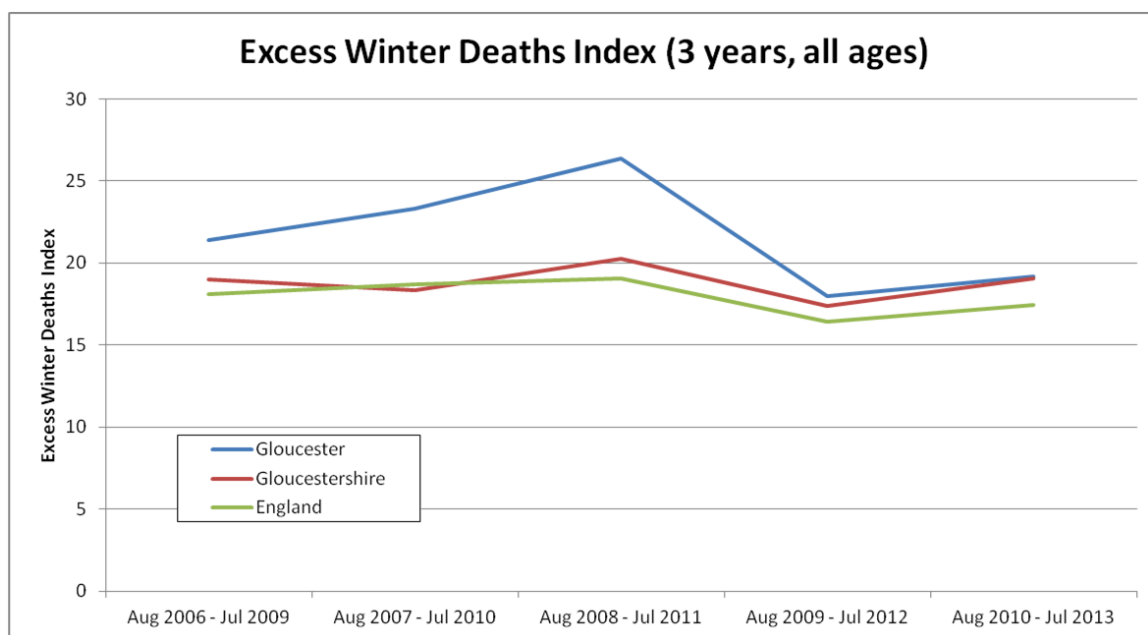


Figure 11: Excess Winter Deaths Index (all ages)

The rate of excess winter deaths in Gloucester rose from 2006-09 to 2008-11, but has since dropped. It was previously higher than the national and county, but is now in line with these benchmarks.

3.6 Economy

3.6.1 Economy summary

Gloucester district is one of two urban districts located almost in the centre of the County, it is home to a resilient economy that has undergone much regeneration and supported about 60,300 employees in 2014. Gloucester is an historic cathedral city, port and the county town of Gloucestershire, and is an important cultural and retail centre contributing to a thriving tourism trade.

The industry base is quite varied ranging from; Manufacturing focusing on textiles, rubber and plastics, electrical, automobile and aerospace; Business administration and support services and Professional, scientific & technical activities relating to call centres, consultancy and head offices. Other important sectors include Health, Retail and Accommodation and food services.

Employment has declined over the last five years but is predicted to grow albeit at a conservative rate. Unemployment in terms of Job Seekers Allowance claimants has declined, although there are still areas of relatively high unemployment around Westgate, Barton and Tredworth, Podsmead and Matson and Robinswood.

There are nearly 3,500 businesses in Gloucester district accounting for 12% of the County total. Growth over the last five years has been the lowest in the County however, one year business survival rates were the highest. The district has a skilled workforce that reflects the nature and demand of a mixed manufacturing and service industrial base which is projected to grow.

The characteristics of the job vacancies advertised are dominated by an overwhelming requirement for specialist Information Technology and Management activities.

The commuting to work pattern indicates that 55% of the resident working population remained within the district to work and the majority of the inward and outward flows tend to be within Gloucestershire, particularly relating to Tewkesbury, Cheltenham, Stroud and the Forest of Dean.

3.6.2 Employment

The number of employees in Gloucester district decreased over the last five years to a total of 60,300²⁰ by 2014 as shown in Figure 12.

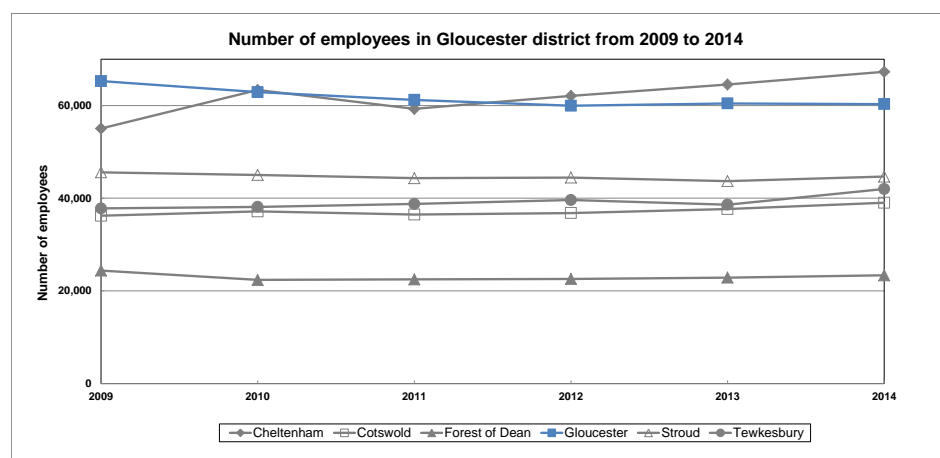


Figure 12: Trend in the number of employees in Gloucester district: 2010-2014²¹

The annual growth rates relating to the number of employees between 2009 and 2014 in Gloucester district are depicted in Table 6. Although experiencing a decline the picture was an improving one culminating in some growth shown between 2012 and 2013, however, a decrease was shown the following year albeit it at a slower rate. The annual average growth rate over the period therefore amounted to -1.6%, the lowest of all the districts as shown in Table 7.

Table 6: Annual growth rates of number of employees in Gloucester district from 2009 to 2014²²

Gloucester district	
Year	Annual growth rate %
2009-2010	-3.6
2010-2011	-2.7
2011-2012	-2.1
2012-2013	0.8
2013-2014	-0.2
Average annual growth rate 2009-2014	-1.6

²⁰ This figure is based on the number of employees and does not include self employed.

²¹ Business Register and Employment Survey 2010-2014, ONS Crown Copyright Reserved.

²² *Ibid.*

Table 7: Average annual growth rates: Gloucestershire and districts 2009-2014²³

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 64% to 36% respectively which was below the County average as shown in

Table 8 and reflects the tendency to part-time working. It is also evident from Table 8 that Gloucester district accounted for almost 22% of the total County employees which is not unsurprisingly the second highest number after Cheltenham.

Table 8: Gloucester district: Employment status²⁴

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 4,200 people were also self-employed²⁵ in Gloucester district between 2014 and 2015.

3.6.3 Employment by industrial sector – Past: 2010 to 2014

Figure 13 presents the industrial sectors in terms of their size, growth and local concentration²⁶.

²³ *Ibid.*

²⁴ *Ibid.*

²⁵ Annual Population Survey July 2014-July 2015, ONS Crown Copyright Reserved.

²⁶ 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.

The Health sector including social work activities is by far the largest and most locally important sector accounting for 23% of the total number of employees in 2014 as shown in Figure 14. Within this sector the main area of employment relates to hospital activities e.g. Gloucestershire Royal Hospital, other human health activities including nurses, midwives, alternative therapies etc. in addition to social and residential home workers.

The Mining, quarrying & utilities sector relates mainly to power generation and has grown and become concentrated in the district as a result of the prospect of two nuclear reactors that are possibly going to be built nearby. The associated companies have located their technical offices in the district.

The Business administration & support services sector has experienced growth and is relatively large in terms of employment as shown in Figure 14 particularly in relation to employment agency activities, private security activities, building cleaning, and call centres.

Within the Professional, scientific & technical sector, activities relating to accounting and auditing, management and technical consultancies, engineering and architecture and head offices are dominant both in terms of size and growth.

The Financial & insurance sector which is locally specialised in Gloucester district has experienced significant decline mainly in the Banks and Insurance agents and brokers activities.

The Retail sector, the second largest employer as shown in Figure 14 despite experiencing an element of decline in the last five years is important in terms of providing for this urban market and tourism demands.

The Accommodation and food services sector is also important in terms of meeting the demands of a busy working urban area as well as the tourism related activities offered by the town. The sector has experienced growth in the number of employees over the last five years particularly in both the licensed and unlicensed restaurants and the event catering sub sectors despite decline in the hotels and public houses and bars sub sectors.

Gloucester district is one of the only two districts, the other being Cheltenham where the Manufacturing sector has experienced overall decline in the last five years. Certain sub sectors have however, shown the opposite trend, such as the textiles, base metals, rubber & plastic products, other non-metallic mineral products, electrical equipment, automobiles and aerospace sub sectors.

The Public sector has undergone the most decline and although is home to the County and District local authorities has experienced the inevitable downsizing in terms of employment as a result of the central government spending cuts.

The Education sector in Gloucester district although well represented with good schools and the University of Gloucestershire and with employees concentrated in primary, secondary and degree level sub sectors has experienced the most

decline of all the districts over the last five years across both primary and secondary sub sectors.

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

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

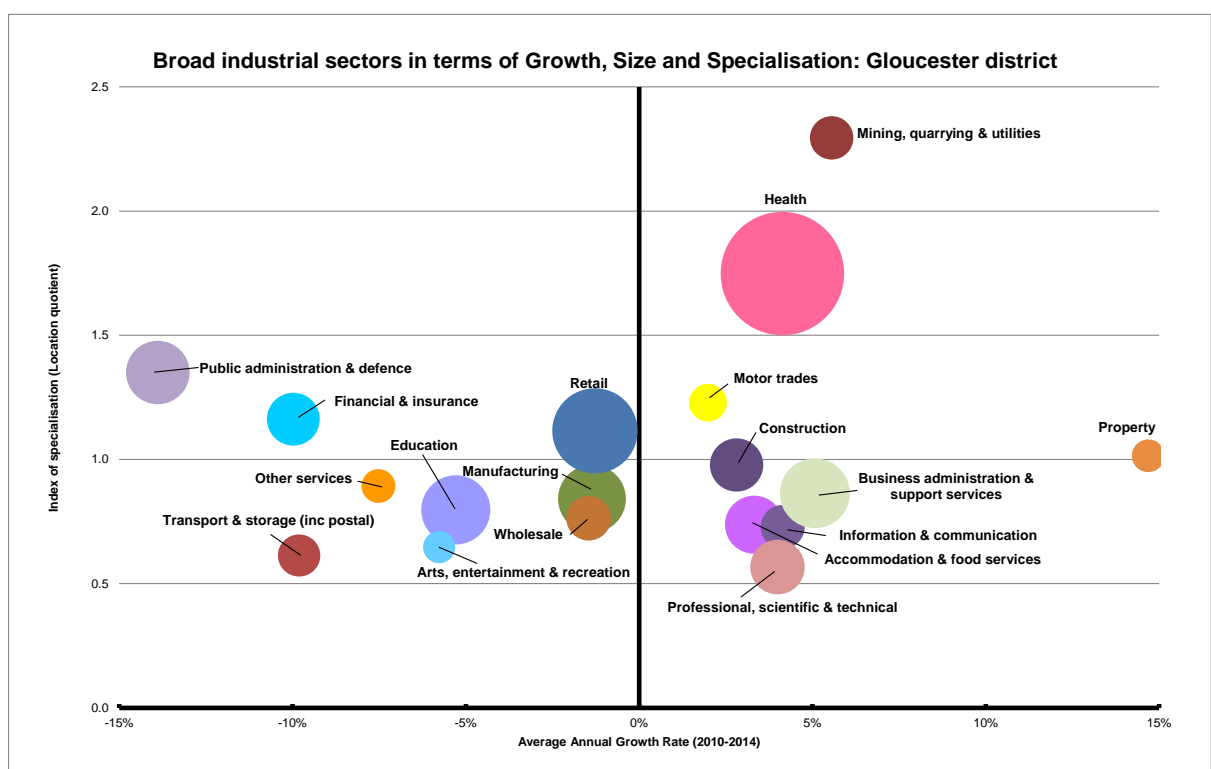


Figure 13: A comparison of industrial sectors in terms of growth, size and specialisation in Gloucester district²⁷

²⁷ Ibid.

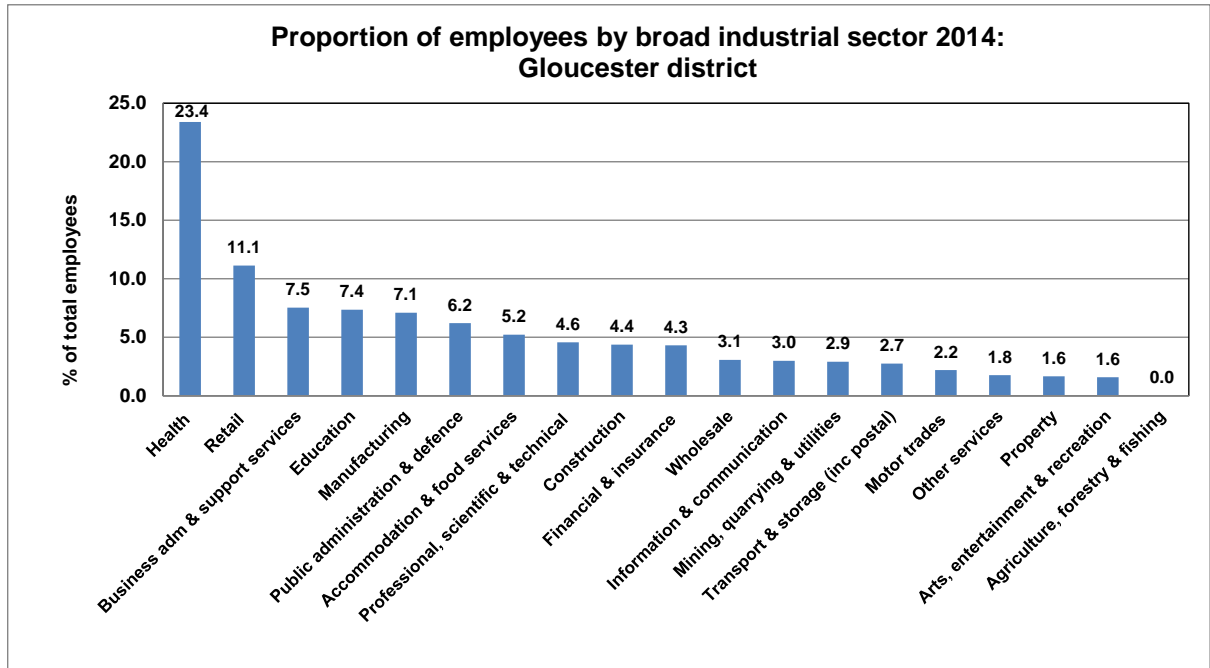


Figure 14: The proportion of employees by broad industrial sector 2014: Gloucester district²⁸

3.6.4 Employment by industrial sector – Future: 2015 to 2025

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

According to LEFM employment (employees and self-employed) in Gloucester district is set to increase between 2015 and 2025 to 68,000 people, however, growth is expected to be at a more conservative rate with a projected average annual change of 0.2% which along with Stroud is one of the lowest of all the districts as shown in

²⁸ *Ibid.*

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

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

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

Considering projected employment by sector over the next ten years in Gloucester district compared to the County average growth is fairly evenly spread over five sectors, namely, Accommodation & food services, Construction, Other services³¹, Mining, quarrying and utilities (relating to power generation) and Financial & insurance which are predicted to grow the most and apart from the latter sector none however, more than the County average as shown in Figure 15.

The Agriculture and Wholesale sectors are expected to decline the most and more so than the County average. The Manufacturing sector is also predicted to decline but to a lesser degree than the County.

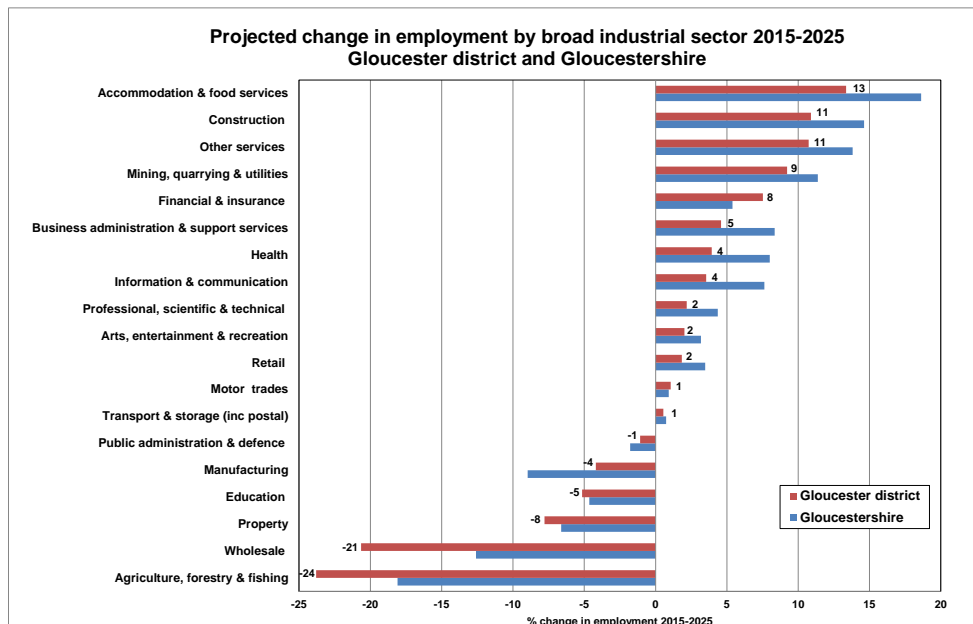


Figure 15: Projected change in employment in Gloucester from 2015 to 2025³²

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

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

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

3.6.5 Businesses

The number of businesses in Gloucester increased by 6.9% in the last five years as shown in Table 10 amounting to 3,425 businesses in 2015 accounting for some 12% of the County total. This growth was the second lowest of all the districts and inevitably below County and national average by nearly 7%.

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

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

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

Table 11: Size breakdown of businesses in Gloucester district and County³⁴

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

Business start-ups in Gloucester increased by a healthy 47% which was higher than the County average of 43% over the last five years amounting to 515 businesses starting up in 2013 as depicted in Figure 16.

³³ Business Demography 2013, ONS Crown Copyright Reserved.

³⁴ UK Business Counts – Enterprises 2015, ONS Crown Copyright Reserved.

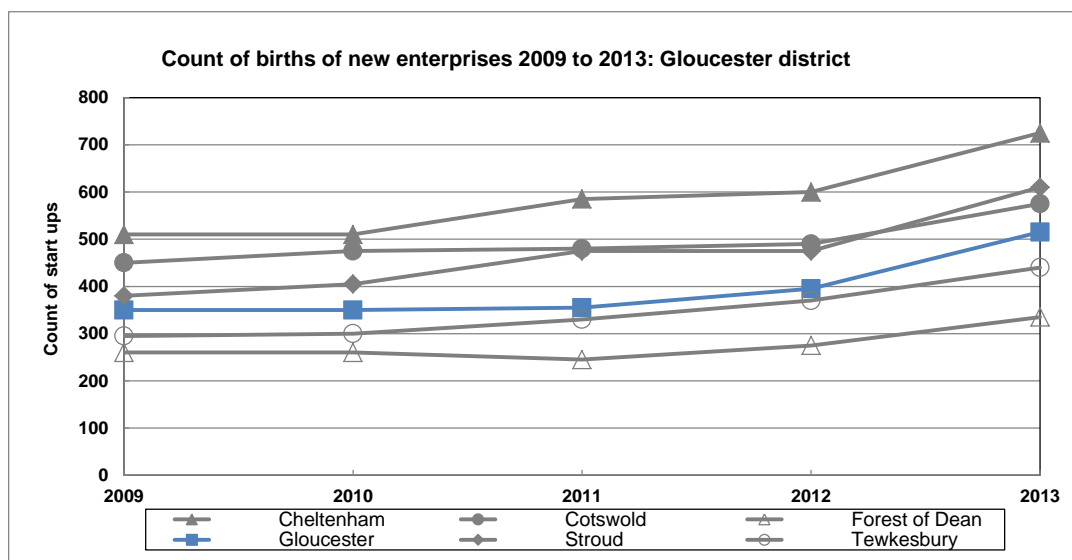


Figure 16: Trend in business births between 2009 and 2013 in Gloucester district³⁵

One year survival rates at 90% were the highest in the County and well above County and national average as shown in Table 12. Three year survival rates however, present the opposite picture at 56% the lowest in the County and nationally.

Table 12: Business survival rates from birth in 2010³⁶

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

3.6.6 Unemployment

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

³⁵ Business Demography 2013, ONS Crown Copyright Reserved.

³⁶ *Ibid.*

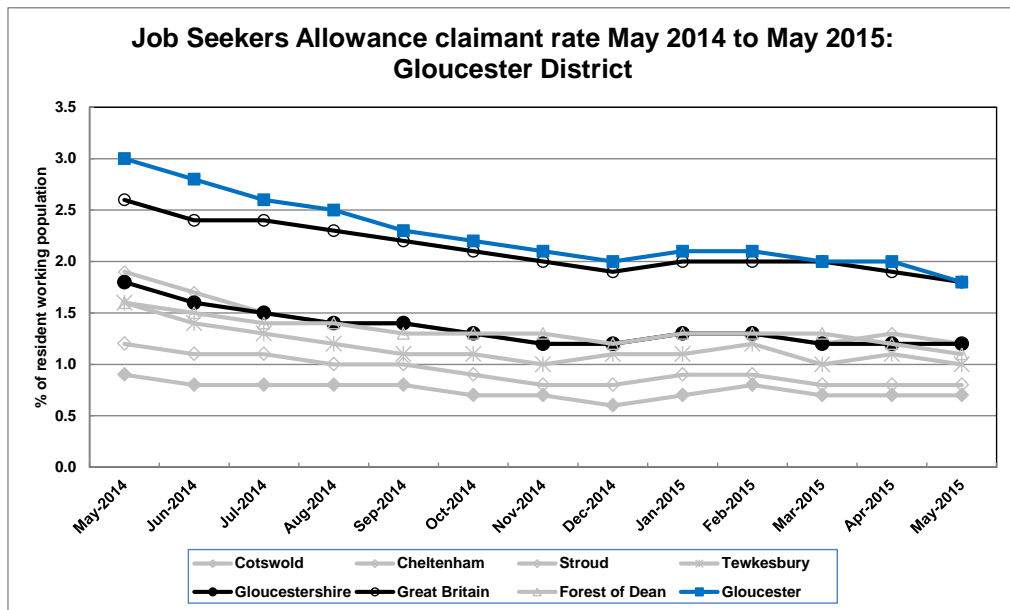


Figure 17: Job Seekers Allowance claimant rate May 2014 to May 2015: Gloucester district³⁷

It is evident from Figure 17 that the JSA claimant rate for Gloucester district although the highest of all the districts followed the County average for the most part and has shown a steady decline since May 2014 to 1.8% representing 1,480 people in May 2015.

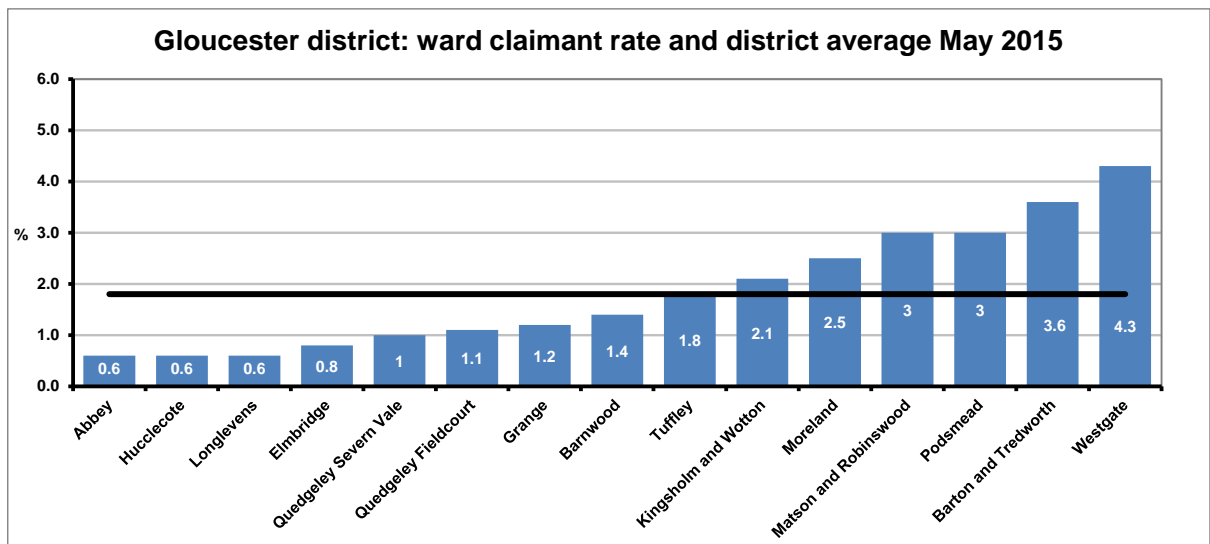


Figure 18: Gloucester district: ward claimant rate against district average³⁸

There were six wards with claimant rates above the district average as shown in Figure 18. They range from Kingsholm and Wotton ward at 2.1% to Westgate ward at 4.3%.

³⁷ Job Seekers Allowance, ONS Crown Copyright Reserved.

³⁸ *Ibid.*

The trend for those 18-24 year olds claiming JSA in Gloucester district in terms of those claiming for more than six months and those claiming for less than six months although showing a decline has remained above the County average as shown in Figure 19.

Those 18-24 year olds claiming JSA for over six months fell from 2.7% of the cohort in 2013 to 0.7% of the cohort in 2015. This represented a decrease in numbers from 310 to 90 people. For those 18-24 year olds claiming for less than six months the proportion of the cohort declined from 5.7% in 2011 to 1.9% in 2015 relating to a decrease from 650 to 215 people.

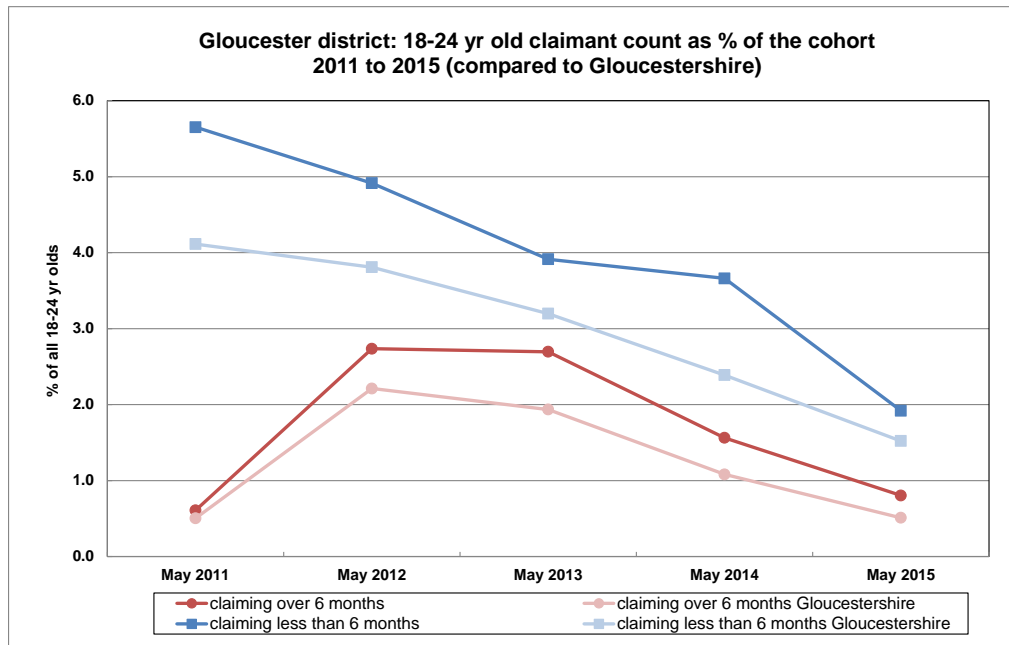


Figure 19: 18-24 year old claimant count as a proportion of the cohort 2011-2015³⁹

The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Gloucester district as depicted in Figure 20 showed an overall decline in the last four years from 284 people in October 2011, and after peaking at 291 people in October 2012 finally dropped to 150 people in May 2015.

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

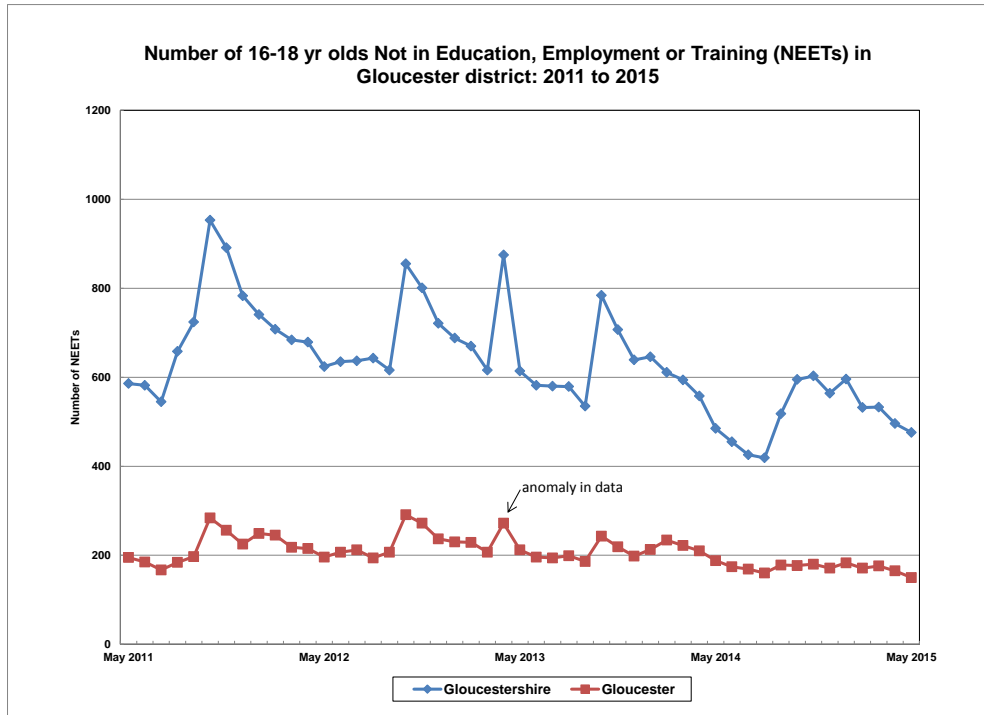


Figure 20: Number of 16-18 year olds Not in Education, Employment or Training (NEETs) in Gloucester district: 2011 to 2015⁴⁰

3.6.7 Qualifications and occupation

It is evident from Table 13 that in Gloucester district some 22% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This was below both the County and national averages of 30% and 27% respectively.

At the other end of the scale those with No qualification accounted for 22% of the resident population over 16 which was above the County level and close to the national average amounting to 21,250 people.

⁴⁰ Prospects.

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

Level of qualification of residents aged 16 and over: % of total			
	Gloucester district	Gloucestershire	England and Wales
No qualifications	21.8	19.6	22.7
Level 1 qualifications	16.1	13.5	13.3
Level 2 qualifications	17.3	16.0	15.3
Apprenticeship	4.3	4.0	3.6
Level 3 qualifications	13.2	12.6	12.3
Level 4 qualifications and above	22.2	29.9	27.2
Other qualifications	5.2	4.3	5.7
Total	97,531	490,233	45,496,780

The main occupations all appear to have a fairly similar proportion of the resident based employment as depicted in Figure 21. The three occupational types relating to Professional, Associate professional and Managers etc. all had proportions of resident based employment that were lower than for both the County and national level.

Conversely, apart from the Skilled trades, all the other occupation types related to a greater proportion of the resident based employment than at County and national level as shown in Figure 21.

This occupational structure appears to indicate a tendency towards a semi skilled workforce with elements of high end skill relating to the high tech nature of some of the manufacturing and service activities in addition to significant demand relating to the more traditional skill needs.

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

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

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

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

Level 4 and above: Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy); Other qualifications: Vocational/Work-related Qualifications, Foreign Qualifications (not stated/level unknown).

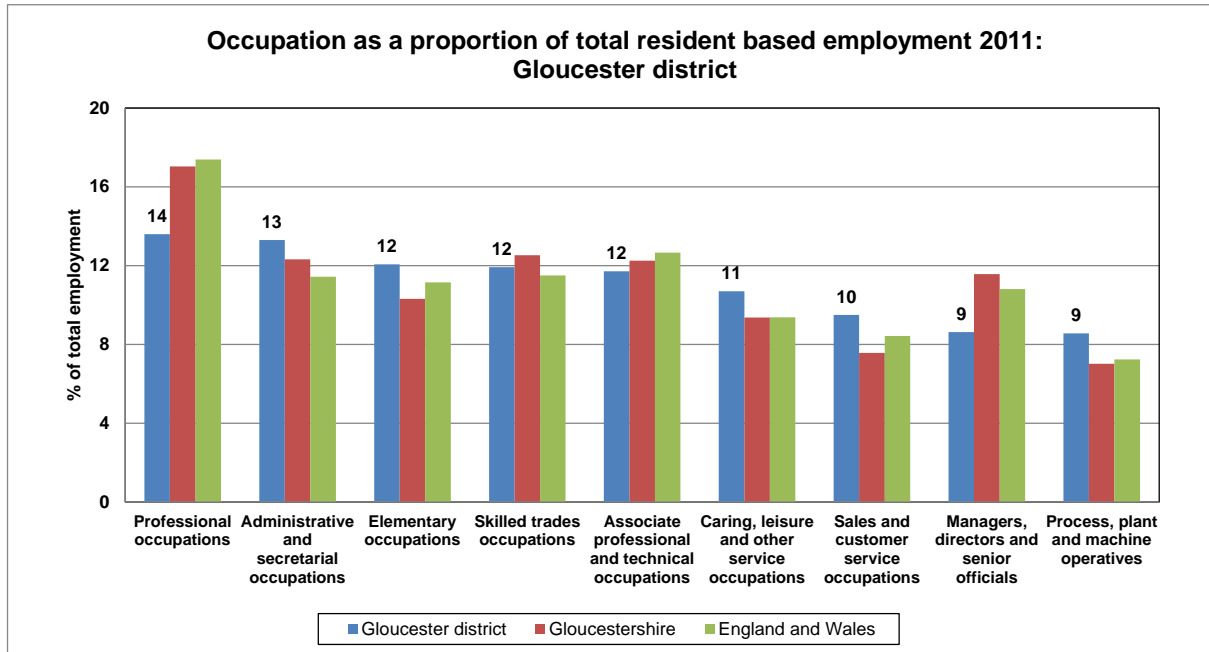


Figure 21: Occupation as a proportion of total employment 2011: Forest of Dean district, Gloucestershire and England and Wales⁴²

In terms of the projected growth of occupational employment over the next ten years, as outlined in Figure 22, the expected increase in Managers, directors and senior officials follows the national projection although at a higher rate for Gloucester district and at County level which may reflect the continuing growth in businesses. The projected increase in employment in the Caring, leisure and other services occupations is undoubtedly an indication of the growing demands of an ageing population.

The predicted growth in Process, plant and machine operatives and Skilled trades occupations is in opposition to the national projection while the Professional and Associate professional occupations are projected to increase at a much smaller rate compared to the national figure.

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

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

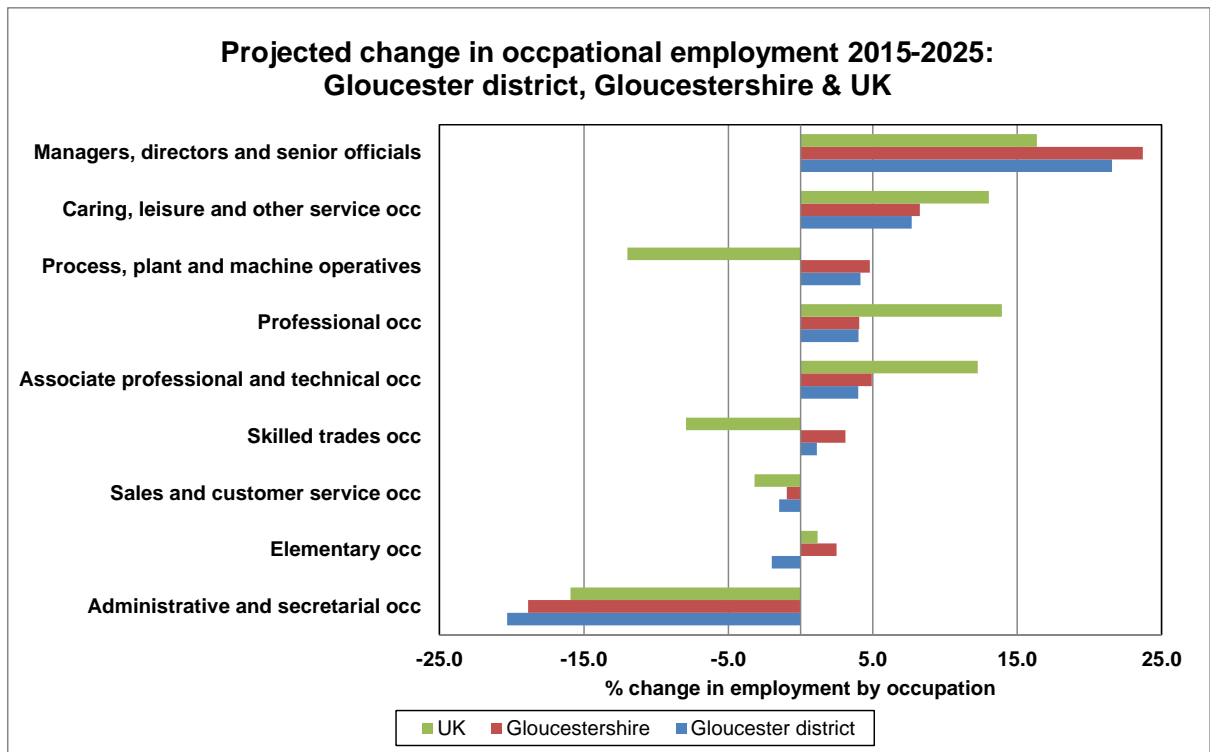


Figure 22: Projected change in occupational employment 2015-2025: Gloucester district, Gloucestershire & UK⁴³

3.6.8 Vacancies

The data used in Figure 23 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 23 shows the trend in new vacancies for each month from January to October 2015. The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 1,600 new postings in May and September before dropping back to about 1,530 in October. Not unsurprisingly, Gloucester district had the highest total number of job vacancies of all the districts over the ten month period.

⁴³ LEFM Aug 2015, Cambridge Econometrics/Institute for Employment Research.

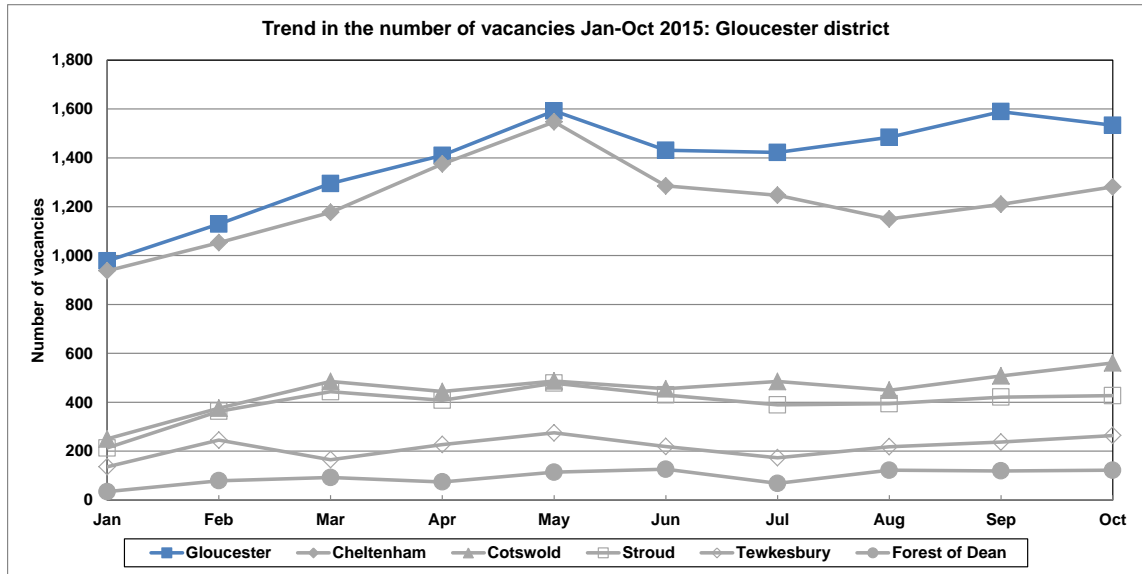


Figure 23: Trend in job vacancies in Gloucester district in 2015⁴⁴

The top fifteen occupations identified from a total of 13,860 job vacancies advertised during the first ten months of 2015 are shown in Figure 24. Vacancies related to a number of occupations that were dominated by Information Technology and Managers, Nurses, Customer service occupations and Sales assistants.

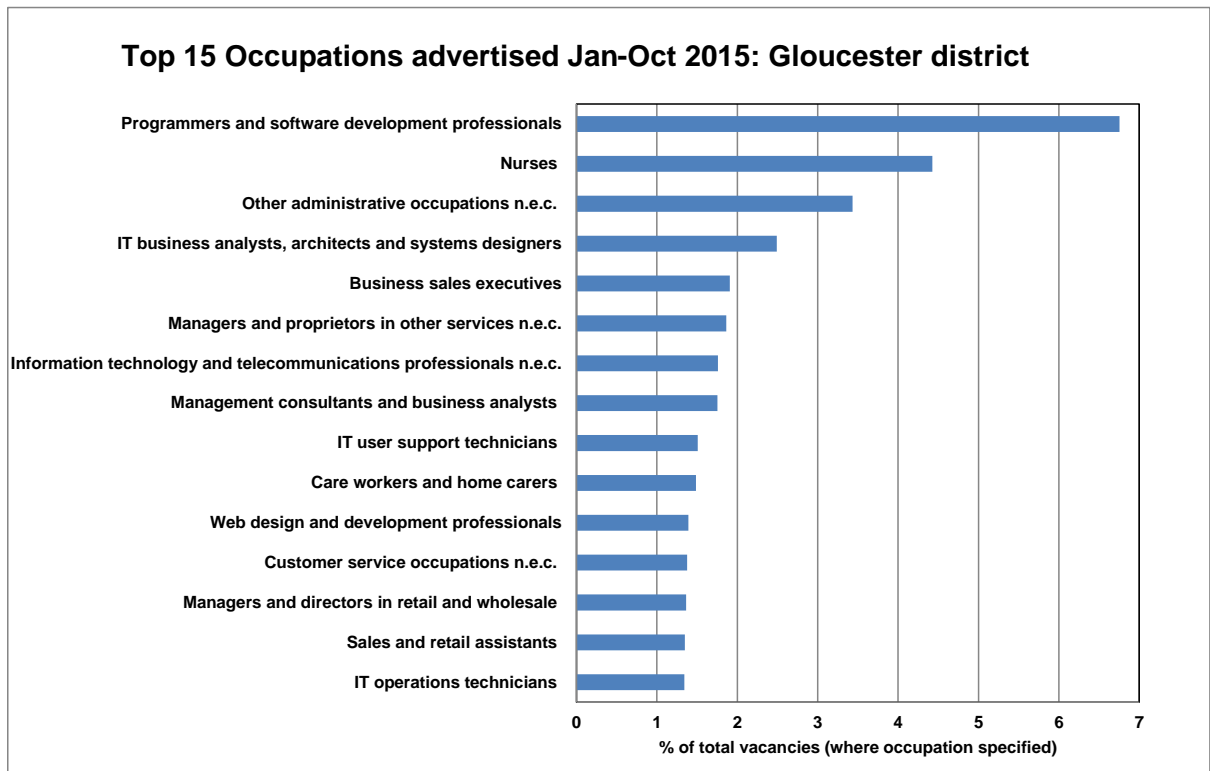


Figure 24: Top occupations advertised in Gloucester district in 2015⁴⁵

⁴⁴ Labour Insight.

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

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

NATIONAL HEALTH SERVICE
GLOUCESTERSHIRE COUNTY COUNCIL
AMEY UNITED KINGDOM
RAYTHEON COMPANY
SAFRAN LIMITED
ECCLESIASTICAL INSURANCE OFFICE PLC
BRISTOL STREET MOTORS
GENERAL ELECTRIC COMPANY
MCDONALD'S RESTAURANTS
CGI GROUP LIMITED
GLOUCESTERSHIRE COLLEGE
DAMIA GROUP LIMITED
LAND REGISTRY
SERCO GROUP
GLEVUM HEATING LIMITED

3.6.9 Commuting to Work

In 2011, of the 53,024 residents aged 16 and over in Gloucester district who commuted to work in 2011, some 55% equating to 29,407 people worked within the district as shown in Table 15.

Table 15: Working within the district⁴⁷

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 18,811 residents aged 16 and over commuted within the County with the largest interaction was with Tewkesbury, Cheltenham and Stroud districts as shown in Table 16.

⁴⁵ *Ibid.*

⁴⁶ *Ibid.*

⁴⁷ Census of Population 2011: WU01UK - Location of usual residence and place of work by sex, ONS Crown Copyright Reserved.

Table 16: Commuting to Work by district for Gloucestershire 2011⁴⁸

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

Of those who commuted to work within Gloucester district, apart from Podsmead ward, there were between 1,300 and 2,700 residents that travelled from each ward. The wards with the highest workplace destinations were Westgate, Barnwood, Kingsholm and Wotton and Quedgeley Fieldcourt as shown in Table 17.

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

Resident Origin	Workplace Destination															
	Abbey	Barnwood	Barton and Tredworth	Elmbridge	Grange	Hucclecote	Kingsholm and Wotton	Longlevens	Matson and Robinswood	Moreland	Podsmead	Quedgeley Fieldcourt	Quedgeley Severn Vale	Tuffley	Westgate	Gloucester district
Abbey	169	536	110	41	41	88	326	39	60	83	102	158	51	10	679	2,493
Barnwood	50	703	150	39	40	86	331	31	66	67	84	139	50	18	593	2,447
Barton and Tredworth	19	406	444	41	34	26	402	29	35	170	151	98	52	25	716	2,648
Elmbridge	7	230	74	84	19	23	242	79	10	38	60	68	25	12	378	1,349
Grange	12	223	72	18	146	22	195	13	22	70	153	124	68	36	371	1,545
Hucclecote	34	540	73	34	31	182	258	36	18	41	70	92	47	12	455	1,923
Kingsholm and Wotton	11	279	101	44	23	21	474	44	12	46	80	76	31	27	545	1,814
Longlevens	9	397	97	68	24	29	379	249	23	75	58	104	34	19	597	2,162
Matson and Robinswood	64	407	183	36	40	21	343	33	172	165	126	138	55	47	621	2,451
Moreland	8	350	190	30	46	18	359	30	42	334	191	178	94	33	815	2,718
Podsmead	7	98	32	5	21	4	74	5	3	66	79	60	28	17	190	689
Quedgeley Fieldcourt	14	259	105	17	49	28	203	24	17	109	199	554	177	23	565	2,343
Quedgeley Severn Vale	6	223	77	22	42	18	199	24	17	77	148	369	183	30	471	1,906
Tuffley	9	162	86	12	82	8	153	17	17	71	120	115	44	106	332	1,334
Westgate	9	186	83	17	23	10	167	23	15	91	85	107	43	12	714	1,585
Gloucester district	428	4,999	1,877	508	661	584	4,105	676	529	1,503	1,706	2,380	982	427	8,042	29,407

Conversely, the remaining 45% of those residents who commuted to work equating to 23,617 commuted out of the district which was offset by 26,131

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

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

workers commuting in resulting in a net inward flow of 2,514 workers as shown in Table 18.

Of those who commuted out of the district some 80% (18,811 people) came from within the County, nearly 10% travelled to the West Midlands especially Wychavon district, Worcester and Birmingham and another 7% went to London and the South east. The rest travelled to Bristol, Swindon, South Gloucestershire and Wiltshire.

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

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

Of those who commuted in 78% came from within the County, 9% travel from West Midlands mainly reside in Wychavon district, Herefordshire, Birmingham, Worcester, and a further 6% from South Gloucestershire, Bristol, Swindon, and Wiltshire.

3.6.10 Work at home

In addition to those who commuted to work in 2011 there were another 4,440 people who worked at home in Gloucester district equating to 7% of those employed residents aged 16 and over as shown in Table 19. This is the lowest proportion of all the districts and along with the relatively small number of self employed could indicate that working at home may not be as prevalent in the urban areas compared to the rural areas of the County.

⁵⁰ *Ibid.*

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

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

3.7 Protected characteristics

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

3.7.1 Age

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

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

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

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

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

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

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

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

For information about changes in Gloucester's age profile and projections please see section 3.2.1

3.7.2 Disability

For further information about disability please see Section 6.2

3.7.3 Gender Reassignment

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

There are no official estimates of gender reassignment at either national or local level. However, in a study funded by the Home Office, the Gender Identity Research and Education Society estimate that between 300,000 and 500,000 adults in the UK are experiencing some degree of gender variance. These figures are equivalent to somewhere between 0.6% and 1% of the UK's adult population⁵⁶. By applying the same proportions to Gloucester's adult population⁵⁷, we can estimate that there may be somewhere between 600 and 1000 adults in the district that are experiencing some degree of gender variance.

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

3.7.4 Marriage and Civil Partnerships

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

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

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

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

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

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

In 2011, 46.6% of people aged 16 years+ in Gloucester were married, Figure 25 shows this was lower than the county and regional average but the same as the national average. The proportion of people in a registered same sex civil partnership in Gloucester stood at 0.3%, which was in line with the county, national and regional averages.

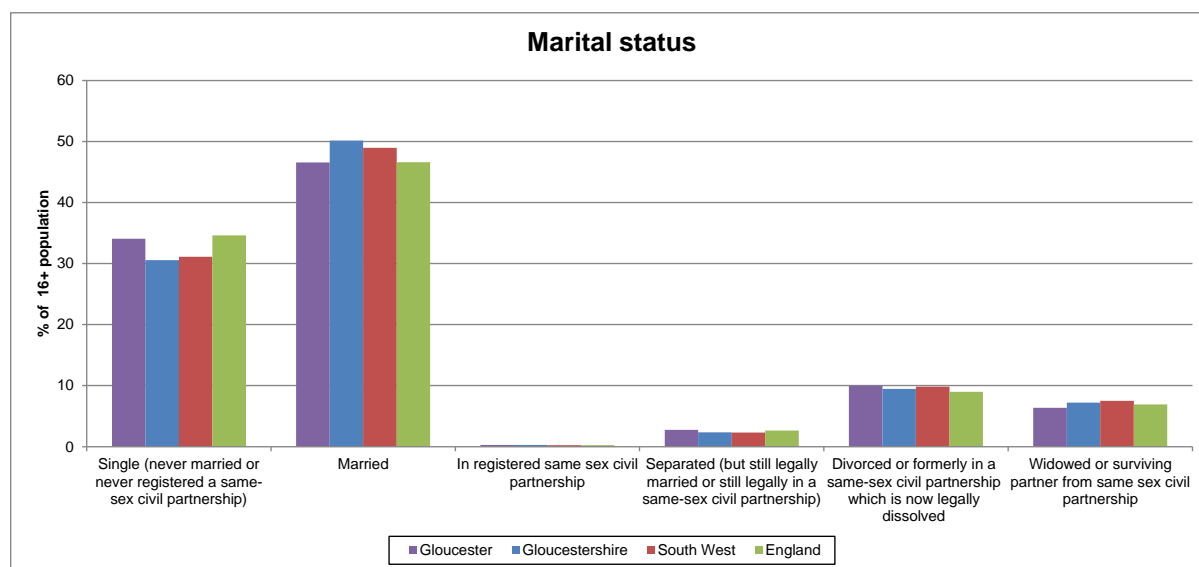


Figure 25: Percentage of the 16+ population by marital status, 2011⁶⁰

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

3.7.5 Pregnancy and maternity

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

In 2014 there were 1,730 live births in Gloucester⁶³. Figure 26 shows the largest number of live births was among the 25-34 year old age groups, illustrating the

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

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

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

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

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

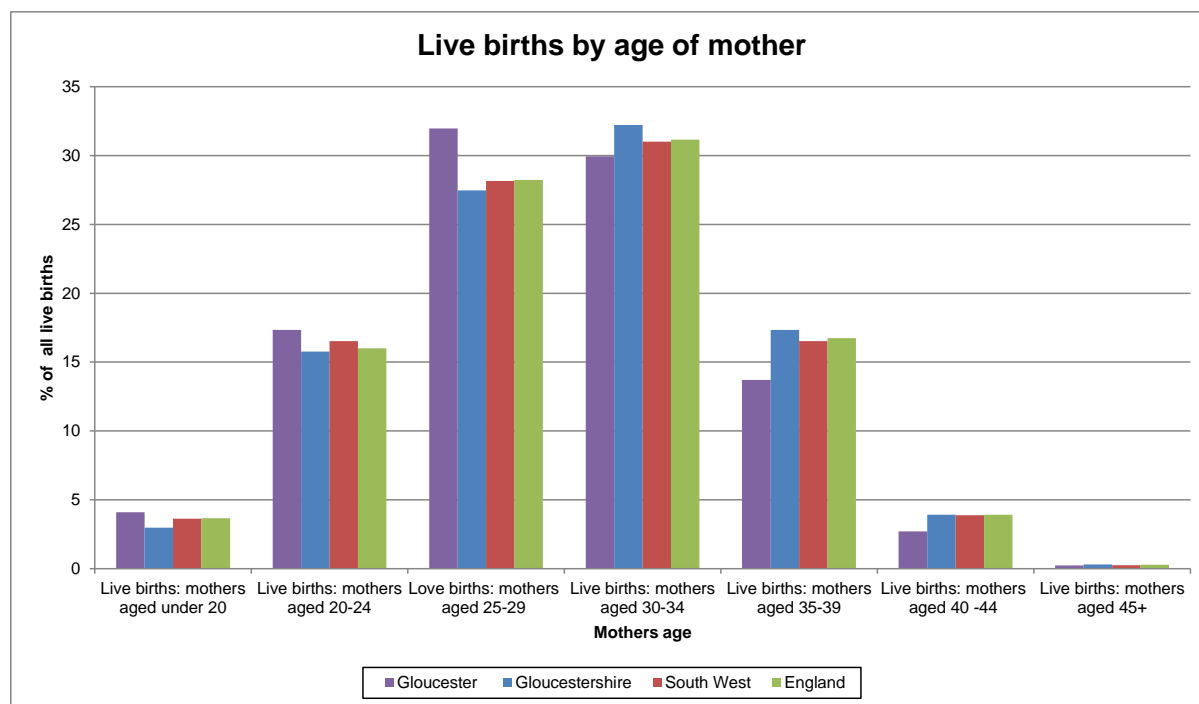


Figure 26: Live births by age of mother, 2014⁶⁴

3.7.6 Race and Ethnicity

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

⁶⁴ *Ibid.*

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

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

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

3.7.7 Religion and Belief

In 2011, 62.4% of residents in Gloucester reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 26.2% of the total population⁶⁷.

Figure 27 shows Gloucester has a slightly lower proportion of people who are Christian than the county average. In contrast it has a higher proportion of Muslims, with the group representing 3.2% of the population, this reflects the ethnic composition of the district.

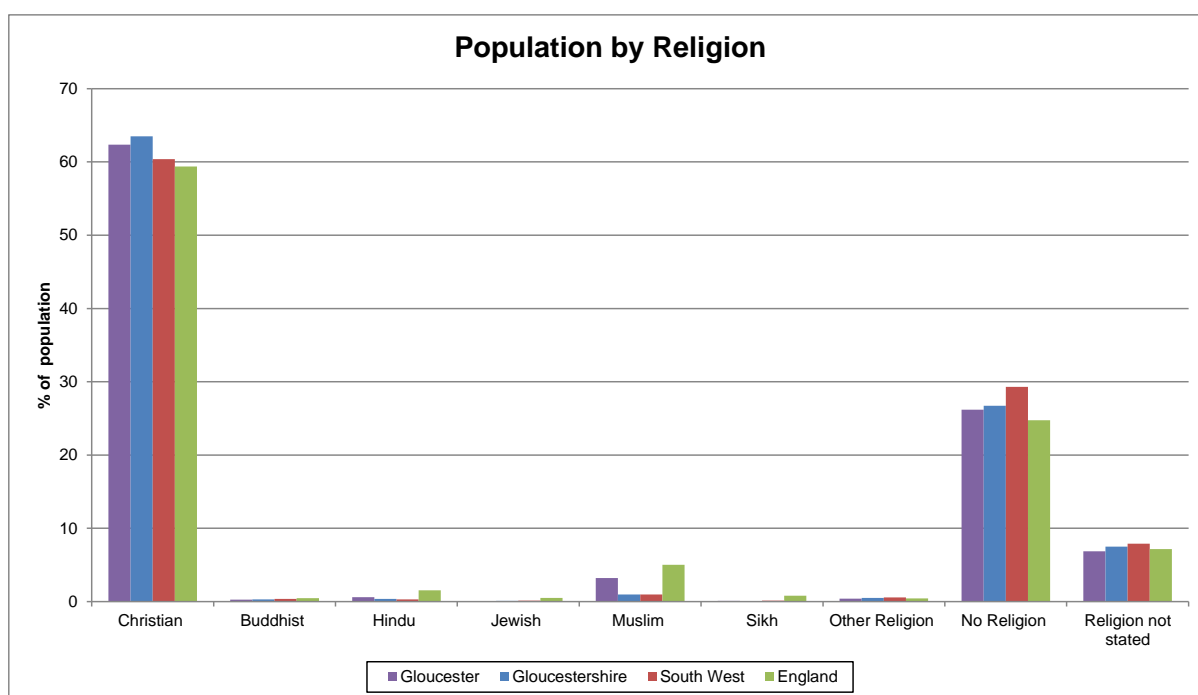


Figure 27: Percentage of the population by Religion, 2011⁶⁸

3.7.8 Gender

The overall gender split in Gloucester is slightly skewed towards females, with males making up 49.3% of the population and females accounting for 50.7%⁶⁹. This situation is also reflected at county, regional and national level.

As age increases gender differences become more noticeable, with females outnumbering males by an increasing margin. Figure 28 shows 53.4% of people aged 65-84 are female, while males account for 46.6%. For people aged 85+ the difference is even more marked with females accounting for 67.1% of the total population, something which is also observed at county, regional and national

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

⁶⁸ *Ibid.*

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

level. These gender differences, has resulted in the majority of single pensioner households being headed by a woman⁷⁰. Females are also more likely to head lone parent households with dependent children. In Gloucester 91.0% of such households are headed by women, a figure which is in line with the county and national average⁷¹.

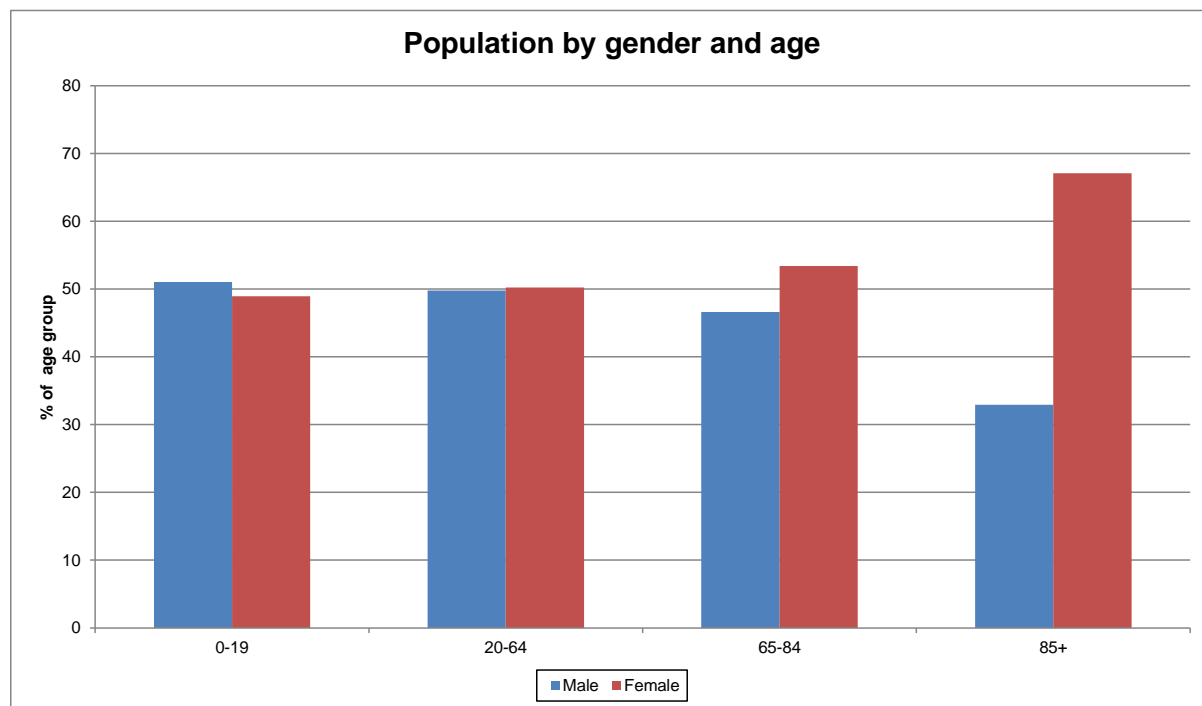


Figure 28: Gloucester's population by gender and broad age groups, 2014⁷²

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

3.7.9 Sexual Orientation

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

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.

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

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

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 bisexual⁷⁵. If this figure was applied to Gloucester it would mean somewhere between 5,000 and 7,000 people in Gloucester are Lesbian, Gay or Bisexual⁷⁶.

However, a more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over⁷⁷. If this figure was applied to Gloucester it would mean there were around 1,600 Lesbian, Gay and Bisexuals in the district⁷⁸. Results from the Integrated Household Survey can also be broken down by age. There are some noticeable differences, with 2.6% of those aged 16-24 identifying themselves as Gay, Lesbian or Bisexual, compared with only 0.6% of those aged 65 and over⁷⁹.

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

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

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

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

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

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

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

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

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

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

3.8 Key messages

- The population of Gloucester was estimated to be around 125,600 in 2014, representing a rise of approximately 13,000 people since 2004, an average increase of 1,300 people per annum. This is equivalent to an annual growth of 1.16% in the 10 years to 2014, well above the Gloucestershire and England & Wales averages of 0.68% and 0.80% respectively.
- Between 2004 and 2014, the older population (aged 65 and above) in Gloucester was rising faster than the younger population. However, the growth rate in the district's older population was lower than those in Gloucestershire.
- Assuming current population trends continue, the ONS projections for the next 25 years suggest that the population in Gloucester will reach 138,300 by 2025 and 148,800 by 2037. The dominating feature of the projected trend for Gloucester is a sharp increase in the number of older people (aged 65+). At the same time, projections for children, young people and the working age group indicate slower growth.
- The number of older people aged 65 and above in Gloucester has been growing by an average of 300 people per year between 2004 and 2014. Projections suggest that this will increase to 630 per annum between 2012 and 2037. Significantly, the projected percentage increase of the older population is higher in Gloucester than in Gloucestershire over the period 2012-2037.
- The 2011 Census showed that 12,750 people who were usually resident in Gloucester were born outside the UK, representing 10.5% of the total population (compared to 7.7% for the county and 13.4% nationally). Among these, 43% (5,490 people) were recent migrants, having arrived since 2004.
- Ethnic groups showing the biggest growth in Gloucester in the 10 years to 2011 were 'White-British' (+3,870 people), 'White-other' (+3,160), 'Indians' (+1,100) and 'Black-African' (+860).
- In IMD 2015, 10 of the most deprived neighbourhoods (LSOAs) 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.
- Females in Gloucester can generally expect to live around 4 years longer than their male counterparts. Over the past decade life expectancy has been significantly lower for Gloucester residents than the county average.
- The three leading causes of death in Gloucester are cancer, cardiovascular disease (CVD), and respiratory disease, respectively. This is consistent with the national picture.

- The rate of excess winter deaths in Gloucester rose from 2006-09 to 2008-11, but has since dropped. It was previously higher than the national and county, but is now in line with these benchmarks.
- Employment has declined over the last five years but is predicted to grow albeit at a conservative rate. Unemployment in terms of Job Seekers Allowance claimants has declined, although there are still areas of relatively high unemployment around Westgate, Barton and Tredworth, Podsmead and Matson and Robinswood.
- There are nearly 3,500 businesses in Gloucester district accounting for 12% of the County total. Growth over the last five years has been the lowest in the County, however, one year business survival rates were the highest.
- The number of employees in Gloucester district decreased over the last five years to a total of 60,300 by 2014.
- The Health sector including social work activities is by far the largest and most locally important sector accounting for 23% of the total number of employees in 2014.
- According to LEFM, employment (employees and self-employed) in Gloucester district is set to increase between 2015 and 2025 to 68,000 people, however, growth is expected to be at a more conservative rate with a projected average annual change of 0.2% which is one of the lowest of all the districts.
- The number of businesses in Gloucester increased by 6.9% in the last five years amounting to 3,425 businesses in 2015 accounting for 12% of the County total. This growth was the second lowest of all the districts.
- The JSA claimant rate for Gloucester district, although the highest of all the districts, followed the County average for the most part and has shown a steady decline since May 2014 to 1.8% representing 1,480 people in May 2015.
- The number of 16 to 18 year olds Not in Education, Employment or Training (NEETs) in Gloucester district showed an overall decline in the last four years from 284 people in October 2011, and after peaking at 291 people in October 2012 finally dropped to 150 people in May 2015.
- In Gloucester district some 22% of the resident population aged 16 and over had Level 4 qualifications and above in 2011. This was below both the County and national averages of 30% and 27% respectively. Those with No qualification accounted for 22% of the resident population over 16 which was above the County level and close to the national average amounting to 21,250 people.
- The number of new vacancies presents an overall increasing trend from the beginning of the year to a peak of about 1,600 new postings in May and

September before dropping back to about 1,530 in October. Gloucester district had the highest total number of job vacancies of all the districts over the ten month period.

- In 2011, of the 53,024 residents aged 16 and over in Gloucester district who commuted to work in 2011, some 55% equating to 29,407 people worked within the district.
- We can estimate that there may be somewhere between 600 and 1000 adults in the district that are experiencing some degree of gender variance.
- In 2011, 46.6% of people aged 16 years+ in Gloucester were married, which was lower than the county and regional average but the same as the national average. The proportion of people in a registered same sex civil partnership in Gloucester stood at 0.3%, which was in line with the county, national and regional averages.
- In 2014 there were 1,730 live births in Gloucester. 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 lower proportion of total births in Gloucester than they do at a county, regional and national level. Conversely births to mothers under the age of 25 make up a higher proportion of total births.
- In 2011, 62.4% of residents in Gloucester reported they are Christian, making it the most common religion. This is followed by no religion which accounts for 26.2% of the total population.
- The overall gender split in Gloucester is slightly skewed towards females, with males making up 49.3% of the population and females accounting for 50.7%. This situation is also reflected at county, regional and national level.
- Estimates used by the Government Treasury suggest around 5-7% of the population aged 16+ are lesbian, gay or bisexual. If this figure was applied to Gloucester it implies between 5,000 and 7,000 people in Gloucester are Lesbian, Gay or Bisexual. A more recent estimate from the ONS Integrated Household Survey suggests that nationally Lesbian, Gay and Bisexuals represent 1.6% of people aged 16 and over. If this figure was applied to Gloucester it implies there are 1,600 Lesbian, Gay and Bisexuals in the district.

4. Getting the right start in life

4.1 About this section

Getting the right start in life for children in Gloucestershire 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 Gloucestershire

4.2 Maternity

4.2.1 Smoking in Pregnancy

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

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

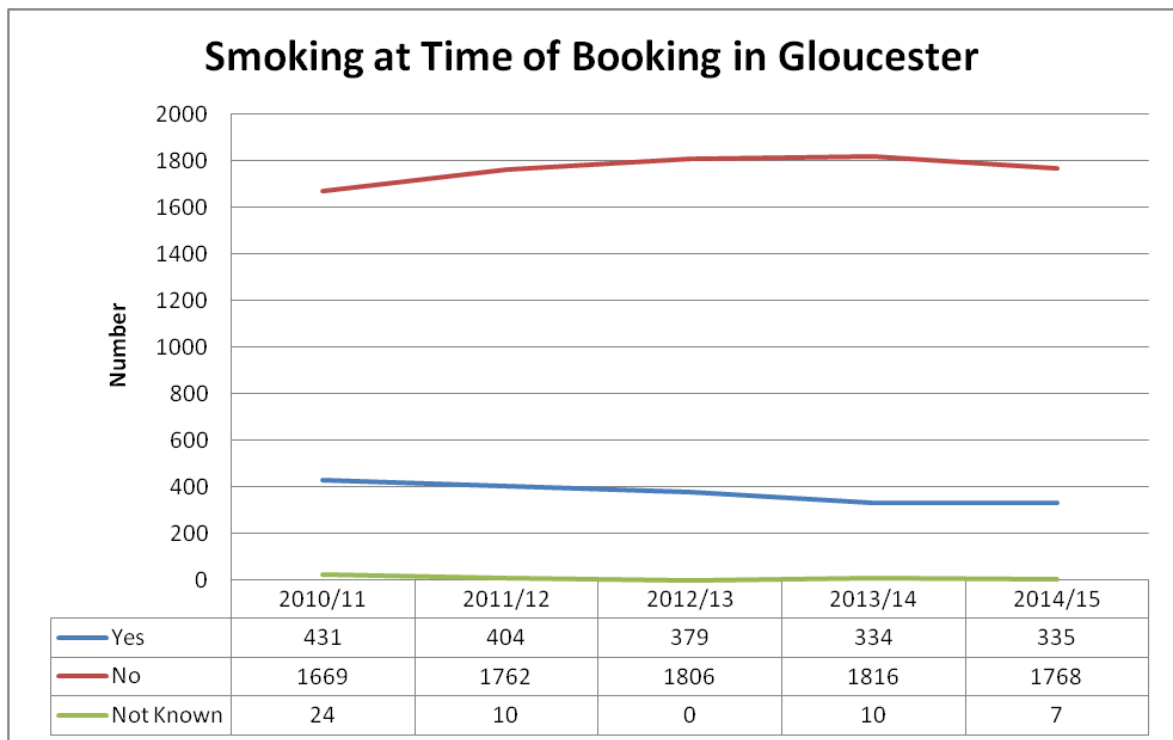


Figure 29: Smoking at time of booking in Gloucester, 2010/11 – 2014/15

In 2014/15, 335 women were recorded as being a smoker at their first ante-natal appointment (time of booking). 253 women were recorded as still smoking at time of the delivery for the same period.⁸¹

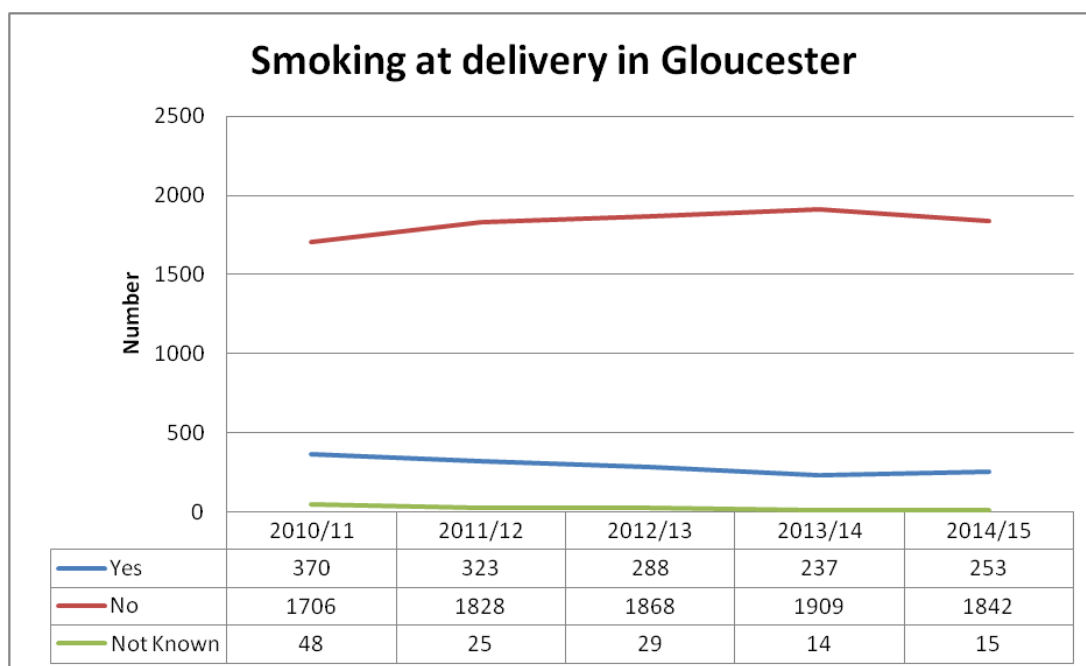


Figure 30: Smoking at delivery in Gloucester, 2010/11 – 2014/15

4.2.2 Low birth weight

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

⁸¹ GHNHSFT Stork data (CCG)

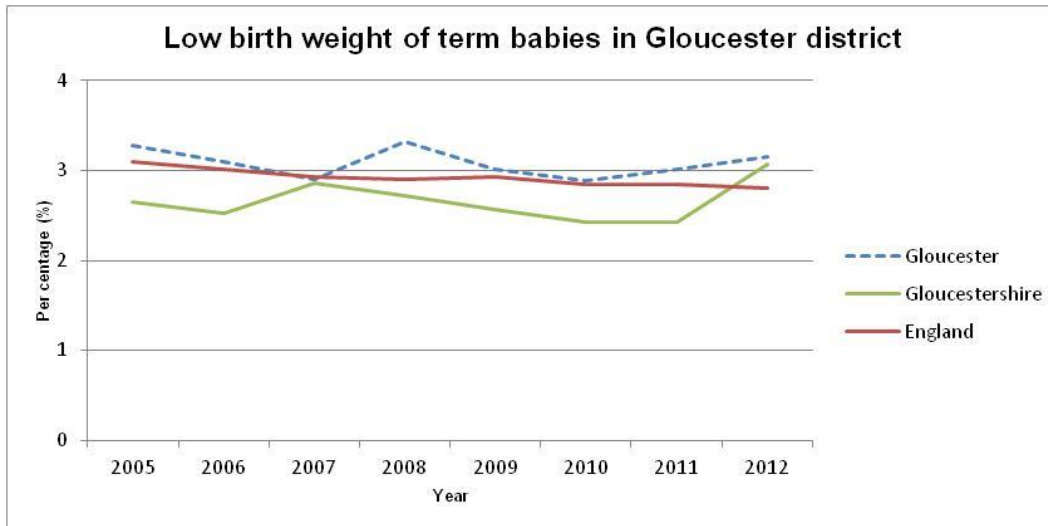


Figure 31: Low birth weight babies 2005-2012.

The percentage of low birth weight babies in Gloucester district was higher in 2012 compared to Gloucestershire and England, and has remained higher over the past five years.⁸²

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 gastrointestinal and respiratory infection. Observational studies have shown that breastfeeding is associated with lower levels of child obesity. Benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

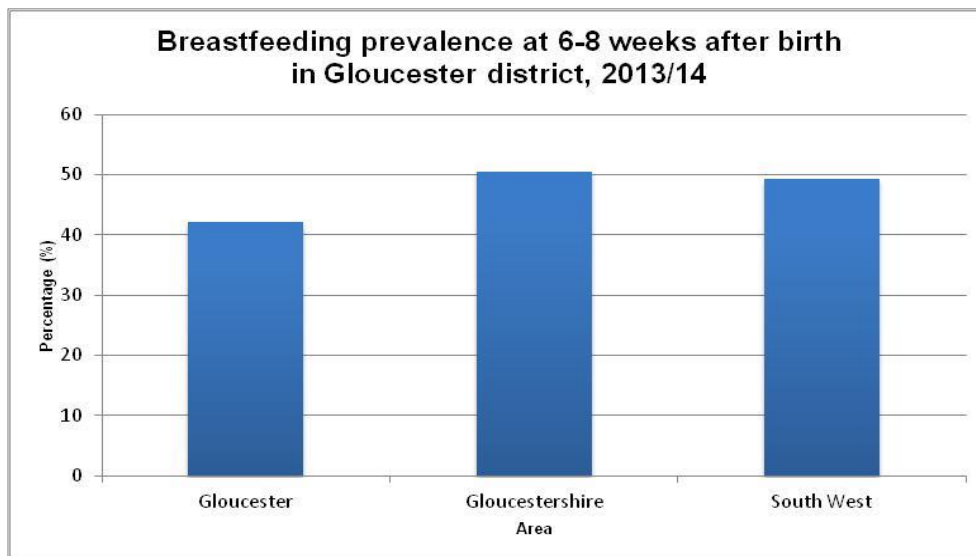


Figure 32: Breastfeeding prevalence at 6-8 weeks after birth, 2013/14. Note: National data is not yet available for 2013/14

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

Statistics indicate mothers within the Gloucester district are less likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts⁸³.

4.3 Sexual Health

4.3.1 Teenage pregnancies

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

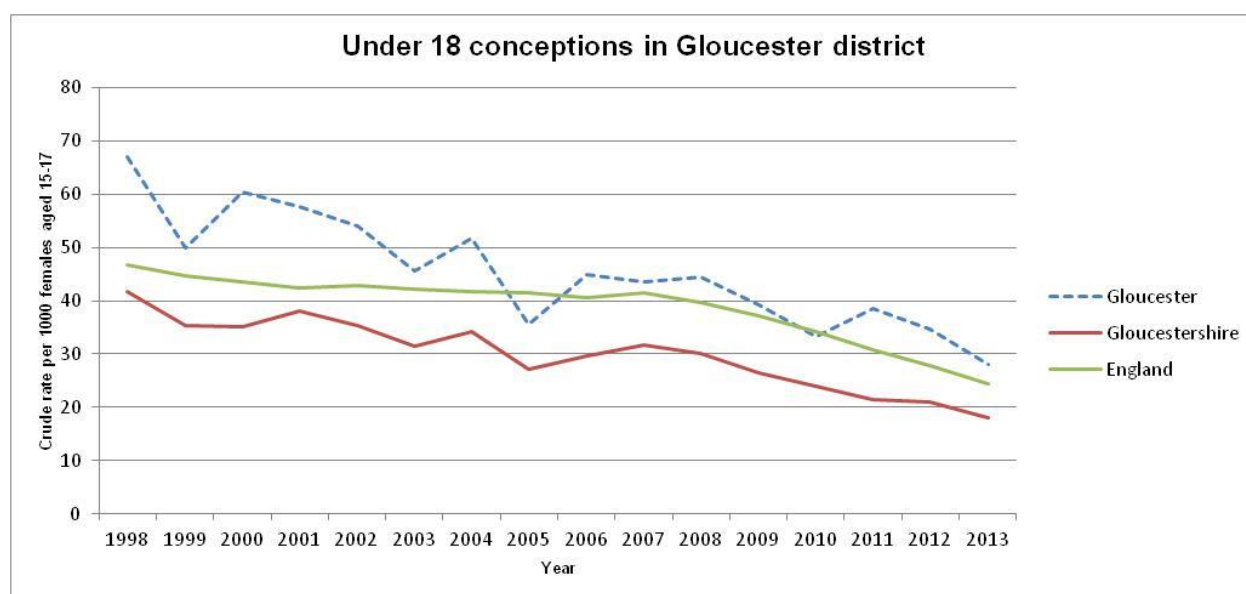


Figure 33: Under 18 conceptions 1998-2013

Under 18 conception rates have more than halved in Gloucester district since the 1998 recording baseline however, they remain above the county and national benchmarks⁸⁴.

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

⁸⁴ *Ibid.*

4.3.2 Sexual Health - Chlamydia screening

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

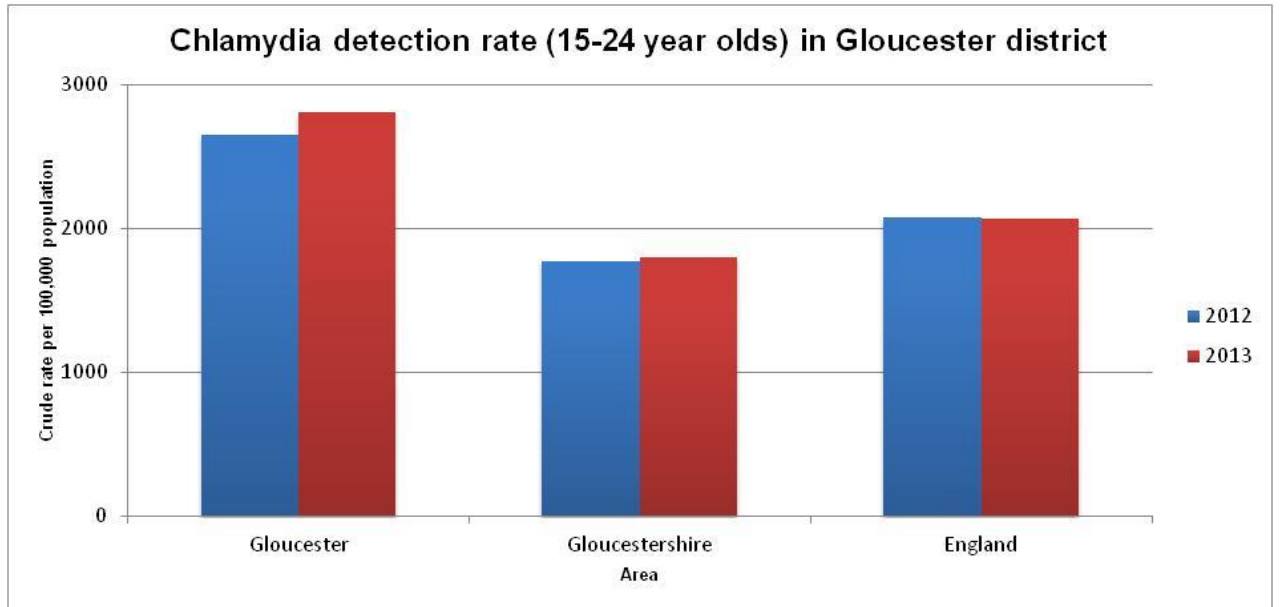


Figure 34: Chlamydia detection rate (15-24 year olds).

In 2012 and 2013, chlamydia detection rates in Gloucester were higher than the county and national benchmarks⁸⁵. It should be noted that this does not necessarily mean that we have a higher rate of young people with Chlamydia to Gloucestershire and England; it could be related to the proportion of people screened.

4.4 Maintaining a healthy weight in childhood

4.4.1 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

⁸⁵ *Ibid.*

obese children becoming overweight or obese adults increases with age⁸⁶⁸⁷⁸⁸. The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, Type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

4.4.2 Excess weight in 4-5 year olds

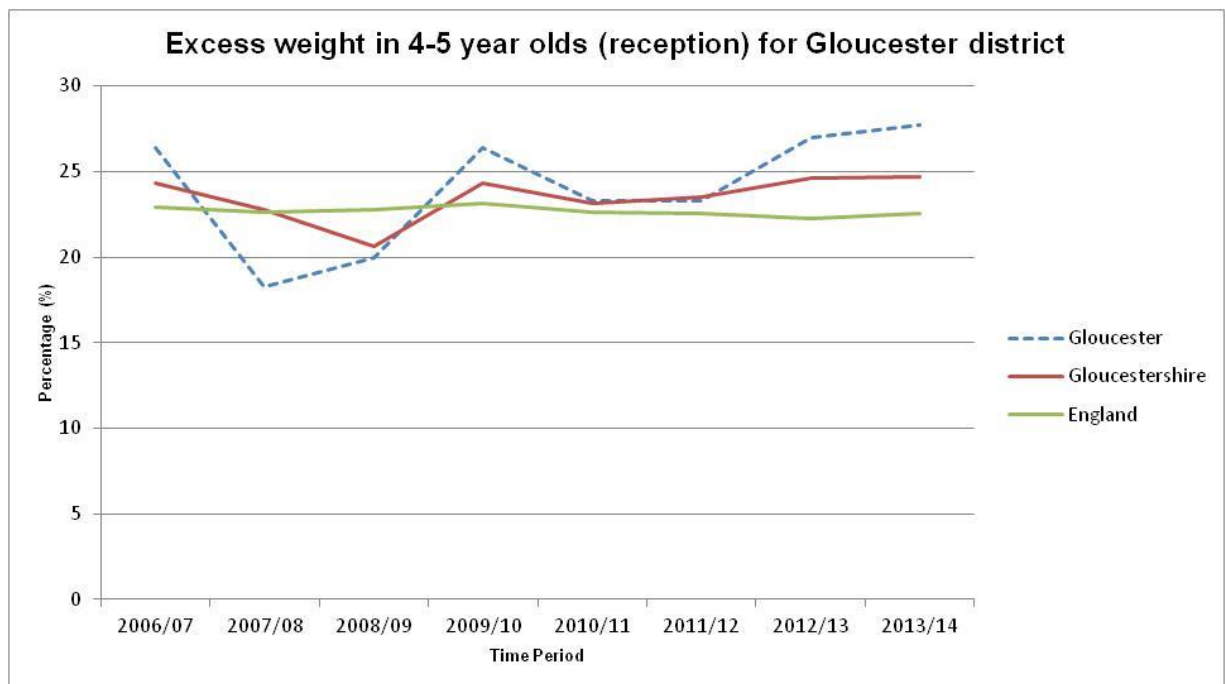


Figure 35: Excess weight in 4-5 year olds (2006/07 – 2013/14)

In 2013/14, Gloucester district had a higher percentage of excess weight in 4-5 year olds compared to Gloucestershire and England⁸⁹.

⁸⁶Guo 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.

⁸⁷ 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.

⁸⁸ 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.

⁸⁹ Public Health Outcomes Framework <http://www.phoutcomes.info/>

4.4.3 Excess weight in 10-11 year olds

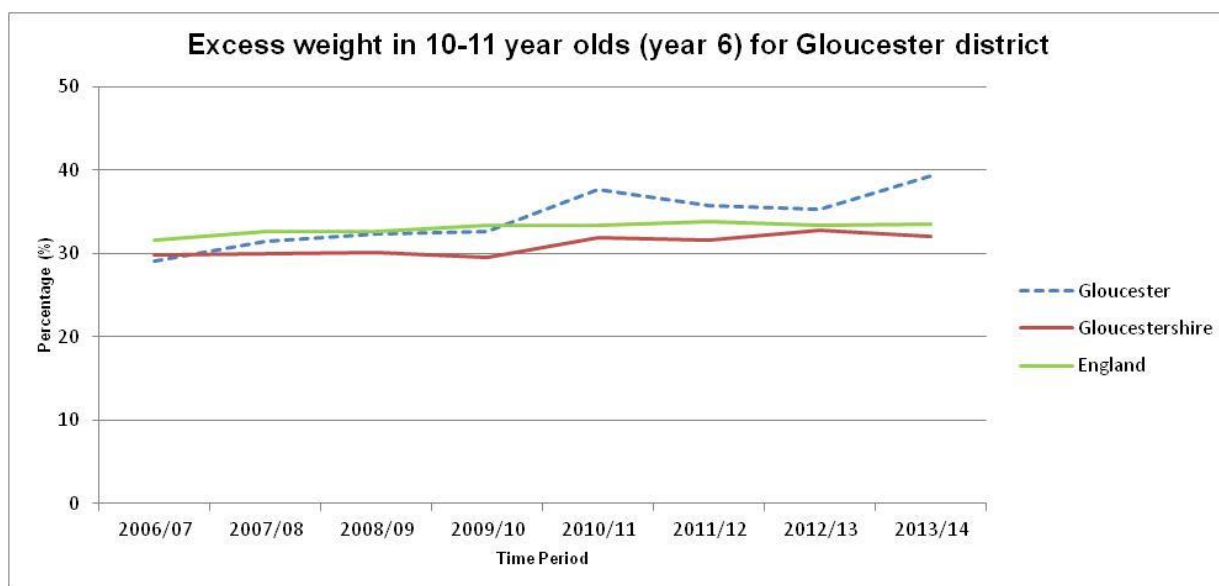


Figure 36: Excess weight in 10-11 year olds (2006/07 – 2013/14)

Over the past 4 school years, excess weight levels for 10-11 year olds in Gloucester district have remained above both the Gloucestershire and England benchmarks⁹⁰.

4.4.4 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.⁹¹

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.

⁹⁰ *Ibid.*

⁹¹ Physical activity guidelines for children and young people

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

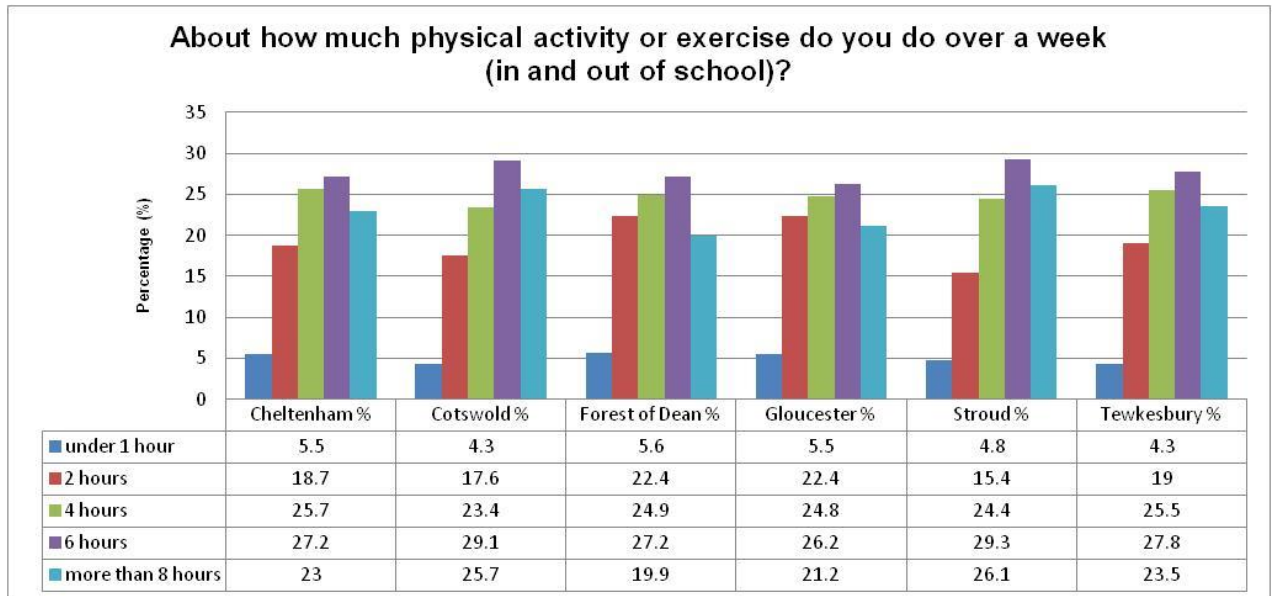


Figure 37: Percentage of pupils reporting participation in physical activity, in and out of school

The above chart shows that 26.2% of year 8 and 9 pupils in Gloucester district did 6 hours of physical activity a week and only 5.5% exercised for less than one hour a week.⁹²

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 neighbour⁹³ 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:

1. Professor Alison Wolf's Review of Vocational Education recommendations which; restrict the qualifications counted prevent any qualification from counting

⁹² Online Pupil Survey 2014

⁹³ There are 10 statistical neighbours of Gloucestershire: Bath and North East Somerset, Cambridgeshire, Devon, Dorset, Hampshire, Shropshire, South Gloucestershire, West Sussex, Wiltshire and Worcestershire.

as larger than one GCSE cap the number of non - GCSEs included in performance measures at two per pupil

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

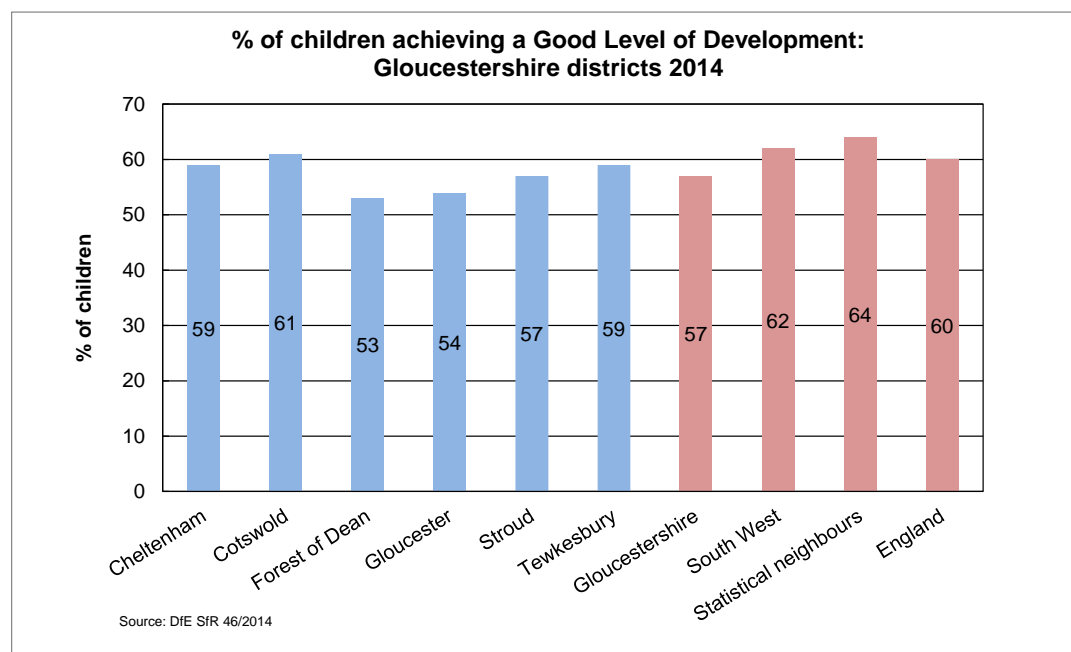


Figure 38: The proportion children achieving a Good Level of Development relating to the EYFSP by district in 2014⁹⁴

4.5.3 Key Stage 1: Level 2+

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

⁹⁴ DfE Sfr 46/2014.

As shown in Figure 39 and Table 20 for Reading, despite having the lowest values compared to the other districts and falling below both the national and statistical averages both Gloucester and the Forest of Dean districts have shown the most improvement over the last five years.

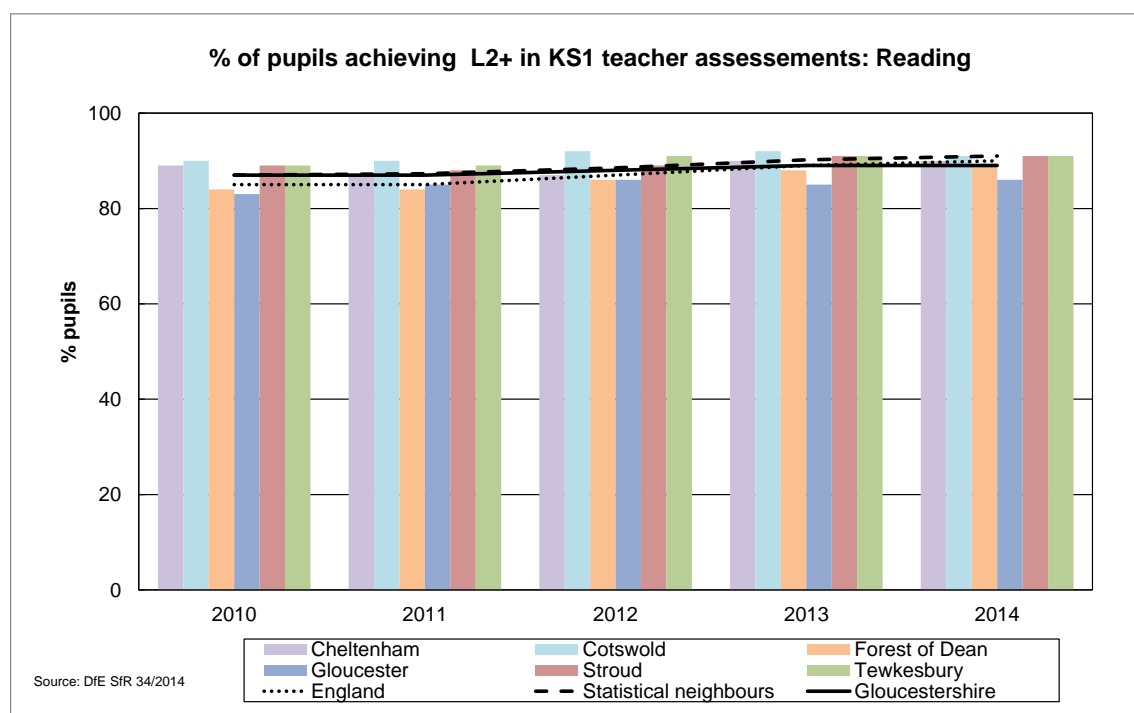


Figure 39: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Reading by district⁹⁵

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

⁹⁵ DfE SFR 34/2014.

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 40 and Table 21.

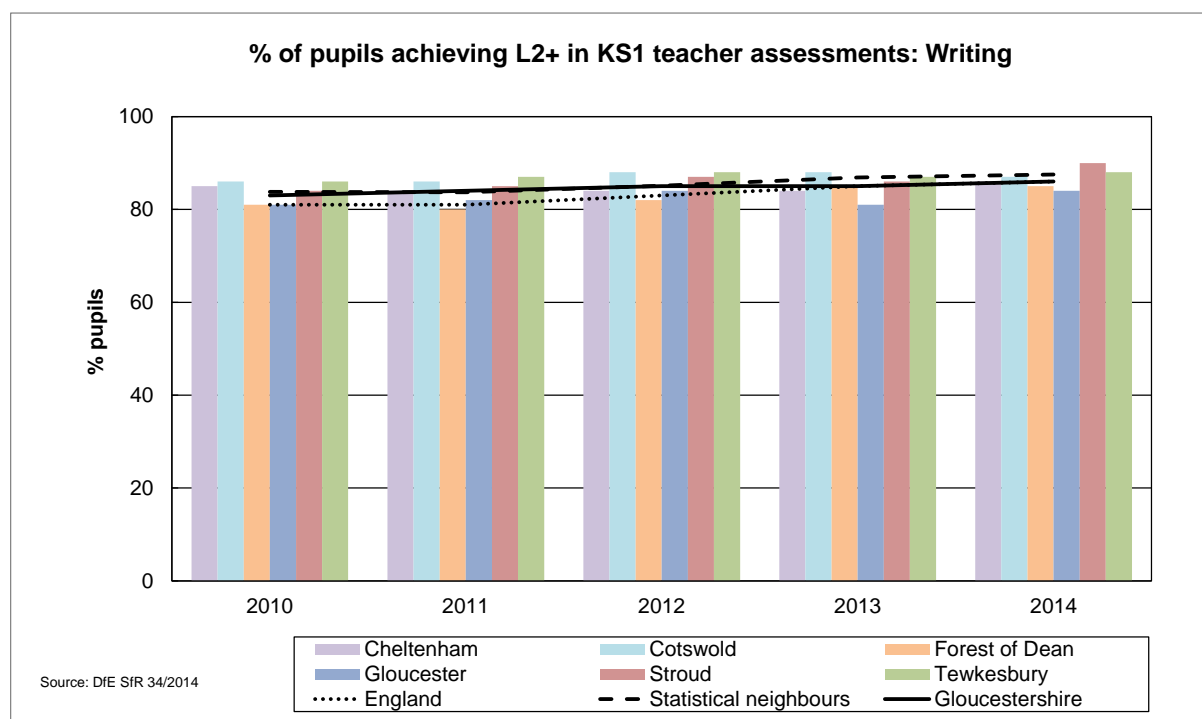


Figure 40: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Writing by district⁹⁶

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 41 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

⁹⁶ Ibid.

average apart from Cotswold district at 95% lying above and Gloucester district at 90% lying below.

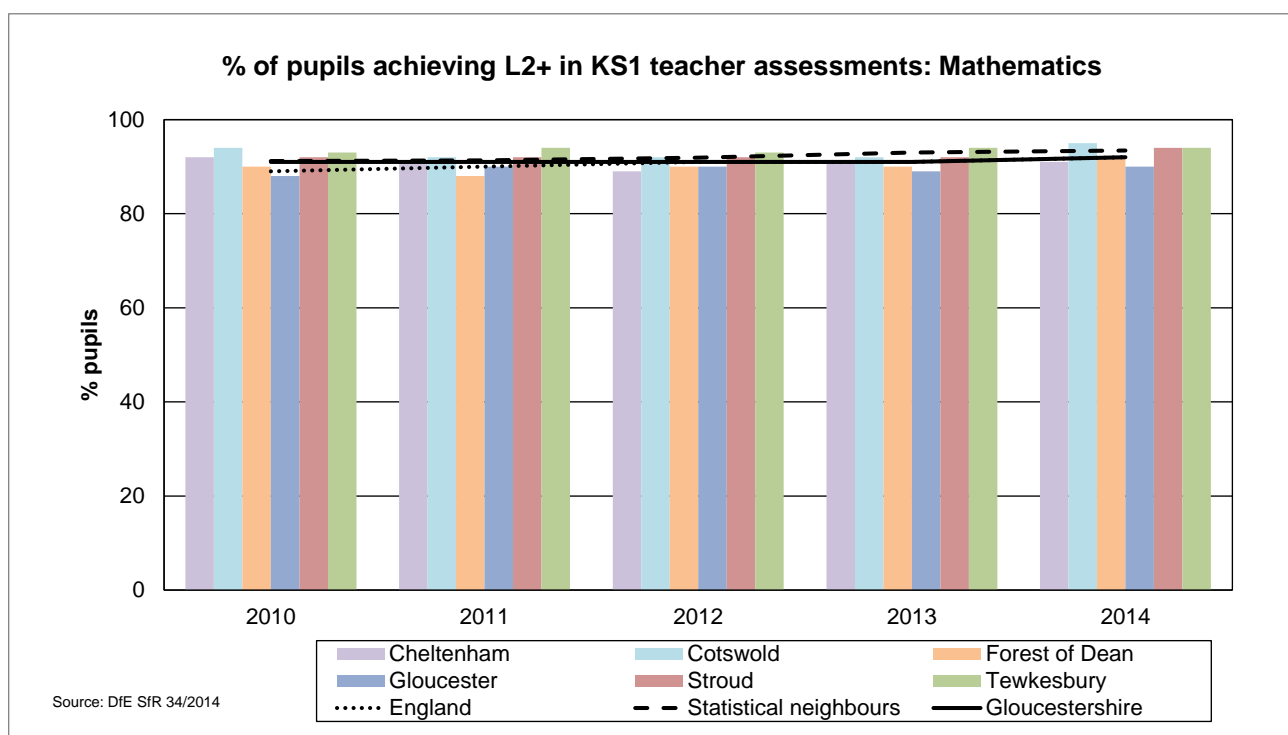


Figure 41: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Mathematics by district⁹⁷

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 42 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

⁹⁷ Ibid.

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.

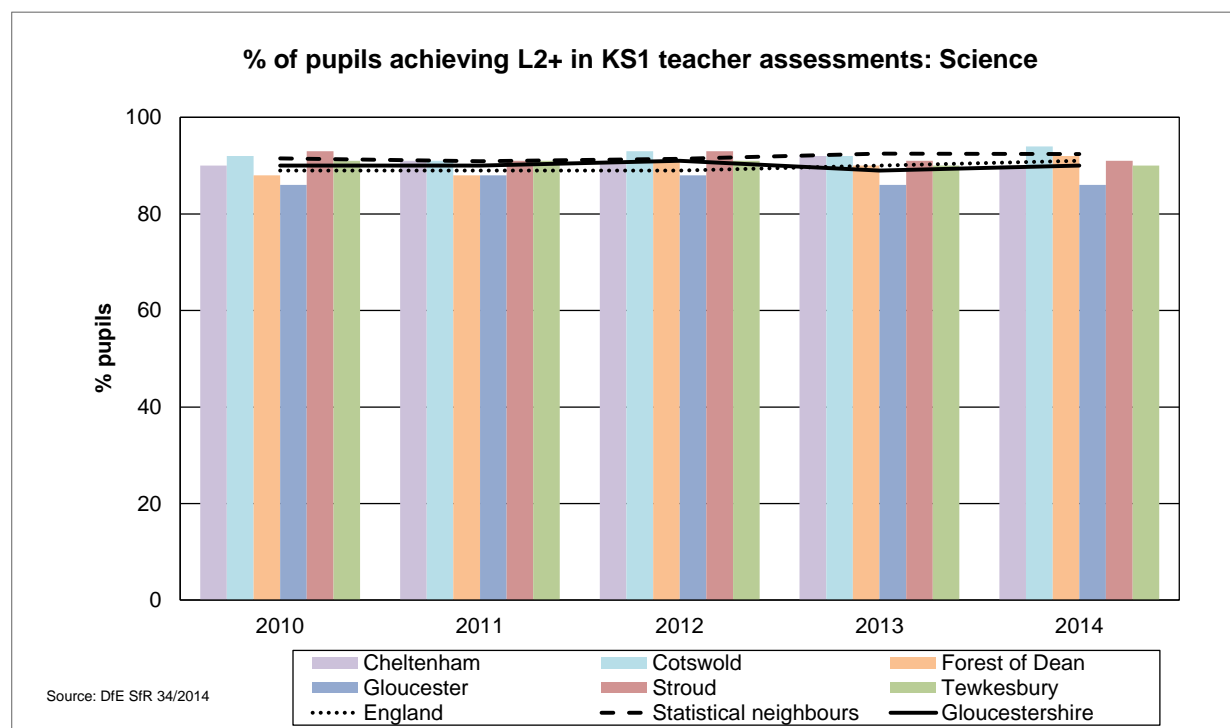


Figure 42: The proportion of pupils achieving Level 2 and above in KS1 teacher assessments for Science by district⁹⁸

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 43 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%

⁹⁸ Ibid.

or above was above the national average. Stroud district had the best result at 94%.

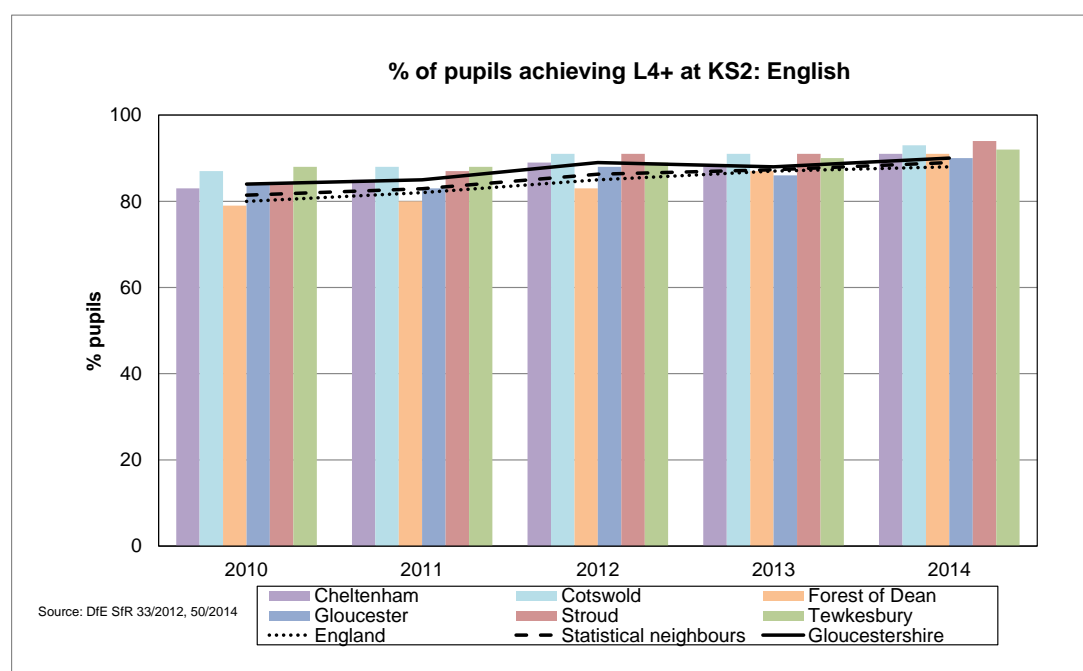


Figure 43: The proportion of pupils achieving Level 4 and above at KS2 in English by district⁹⁹

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

⁹⁹ DfE SFR 33/2012 & 50/2014.

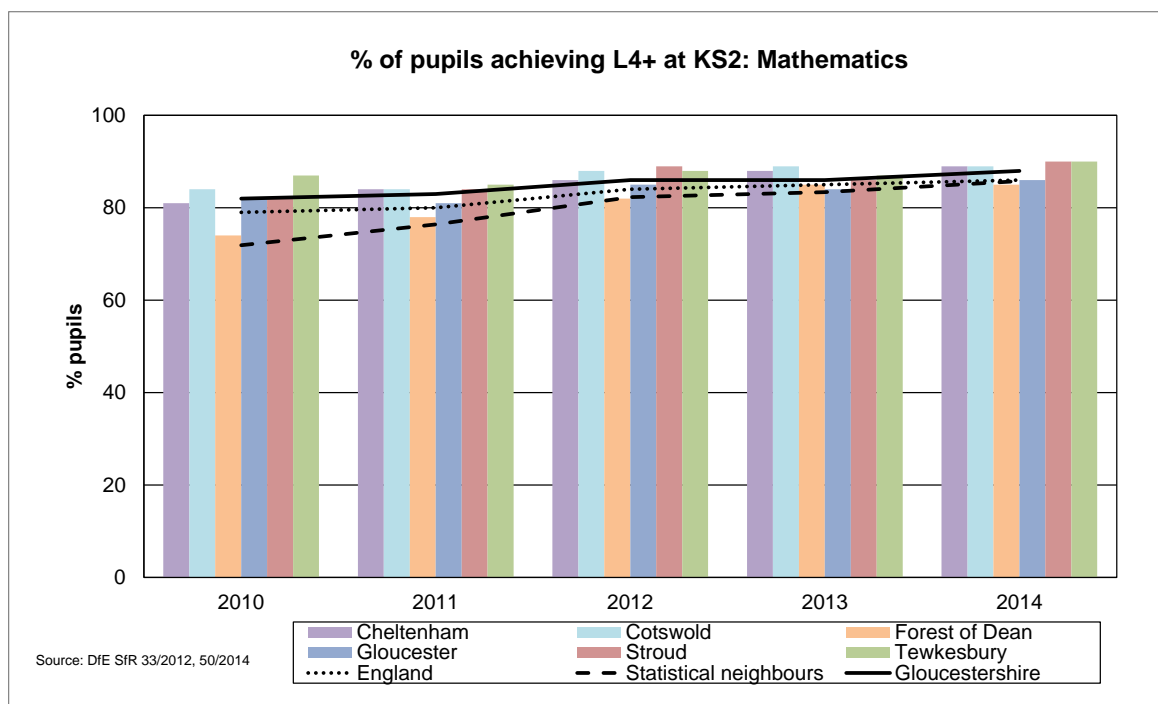


Figure 44: The proportion of pupils achieving Level 4 and above at KS2 in Mathematics by district¹⁰⁰

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 45.

¹⁰⁰ Ibid.

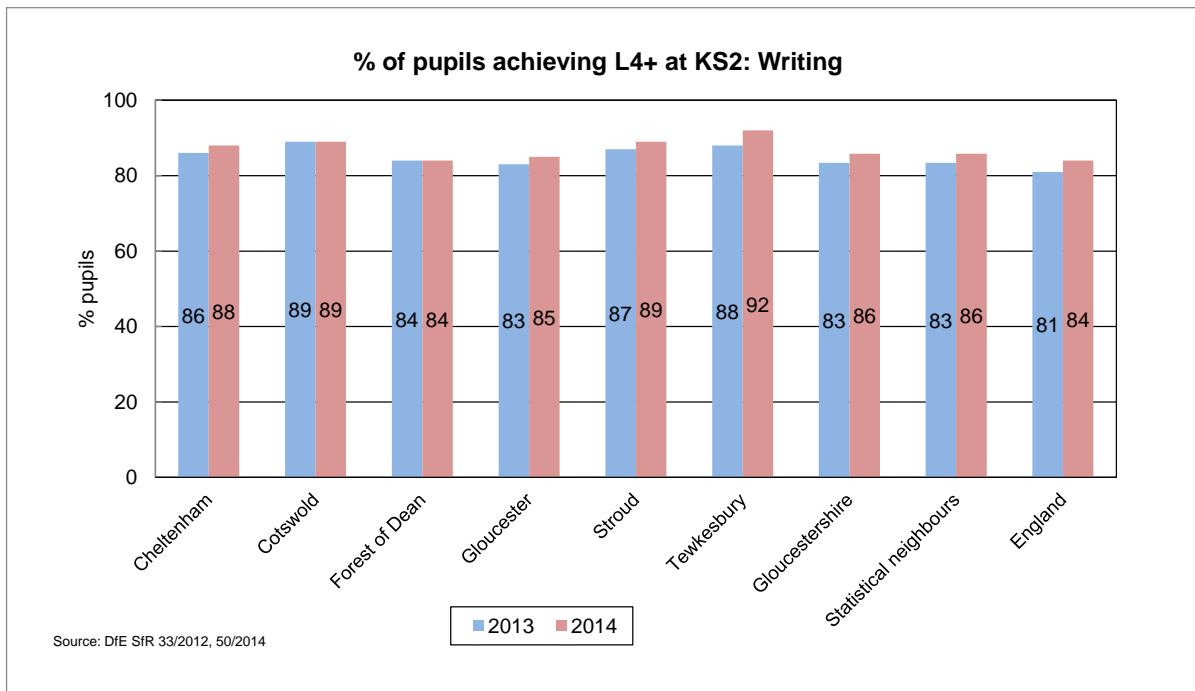


Figure 45: The proportion of pupils achieving Level 4 and above at KS2 in Writing by district¹⁰¹

In terms of Grammar, punctuation and spelling at KS2, data is only available for the last two years. In 2014 according to Figure 46 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%.

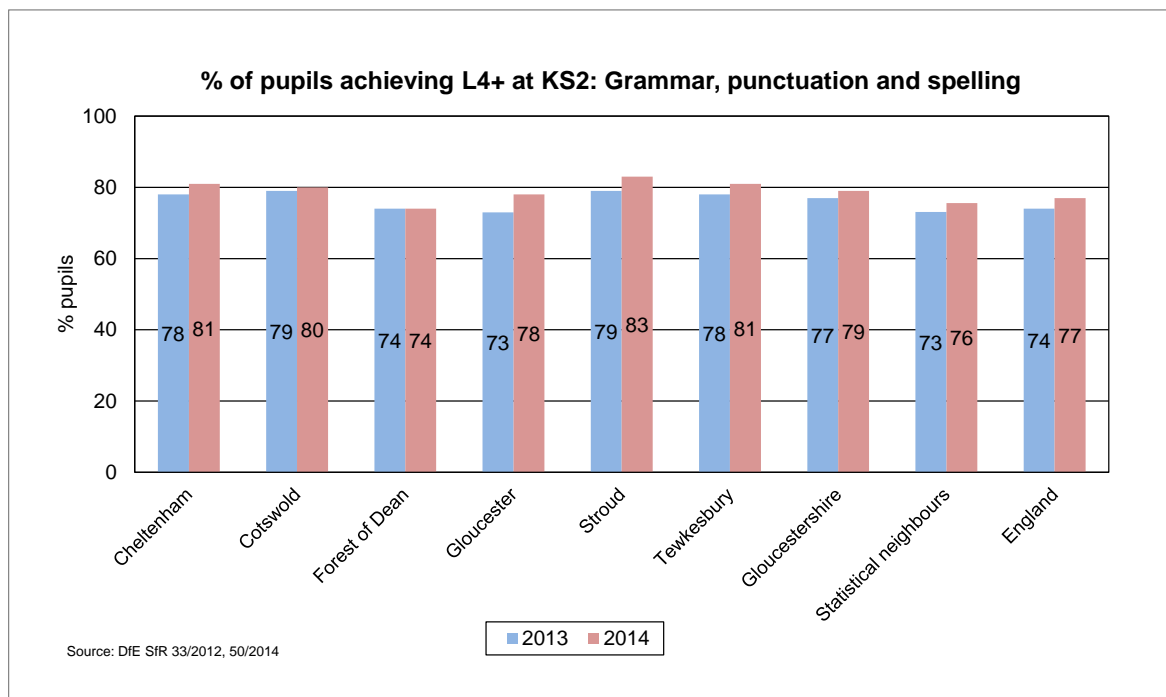


Figure 46: The proportion of pupils achieving Level 4 and above at KS2 in Grammar, punctuation and spelling by district¹⁰²

¹⁰¹ Ibid.

The proportion of pupils achieving at KS2 in Reading, Writing and Mathematics as shown in Figure 47 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%.

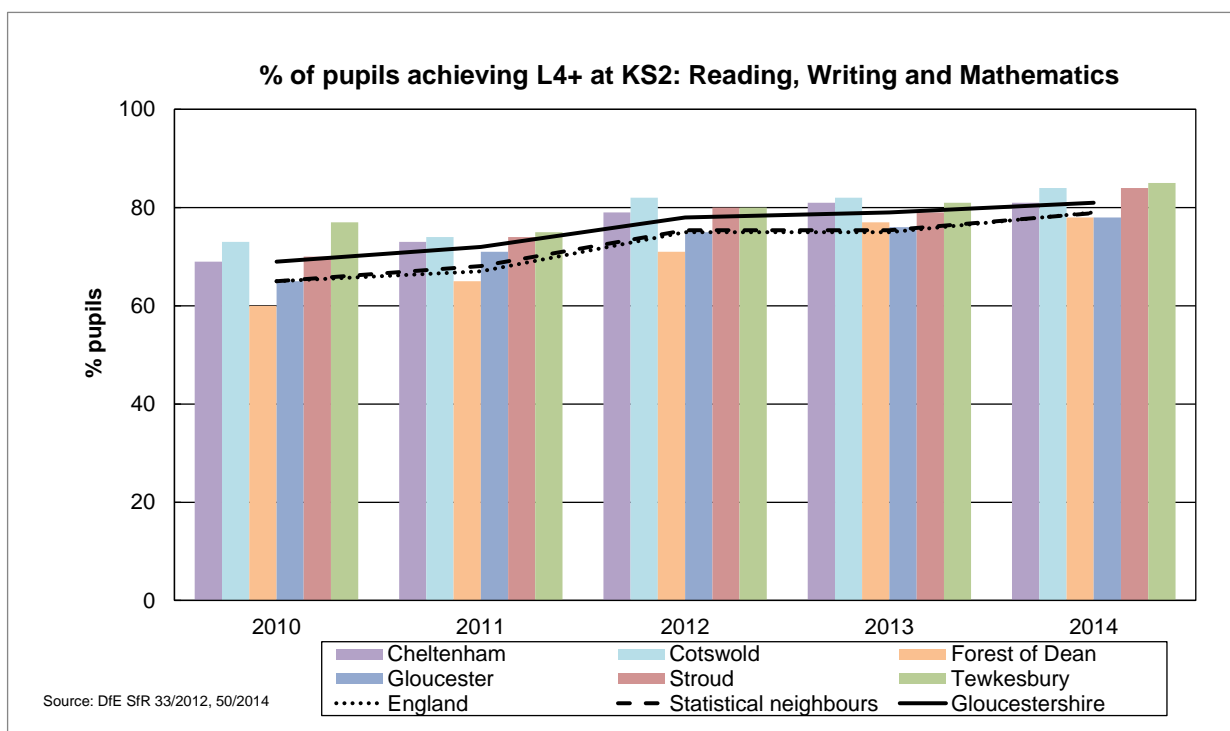


Figure 47: The proportion of pupils achieving Level 4 and above in Reading, Writing and Mathematics by district¹⁰³

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

¹⁰² *Ibid.*

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

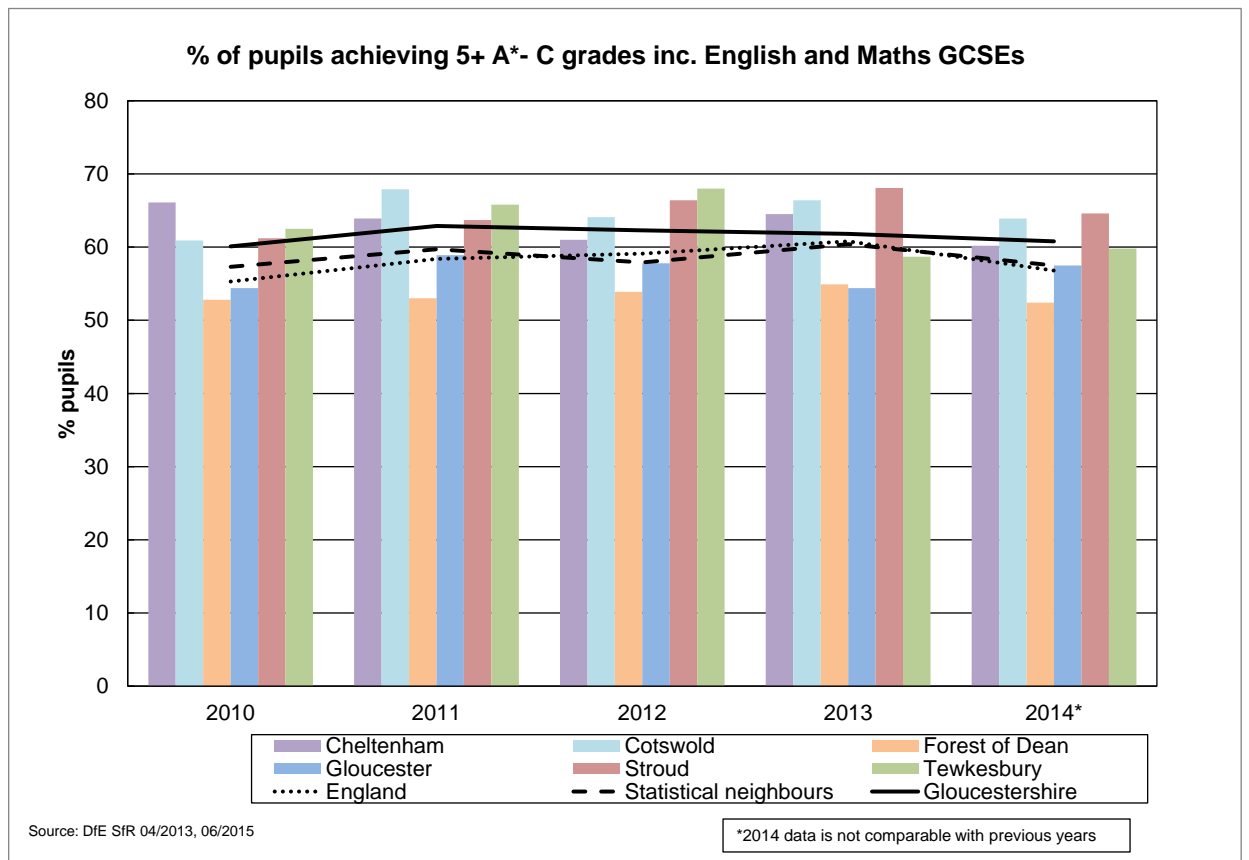


Figure 48: The proportion of pupils achieving 5 or more A* to C grades including English and Mathematics GCSEs by district¹⁰⁴

¹⁰⁴ 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 49 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.

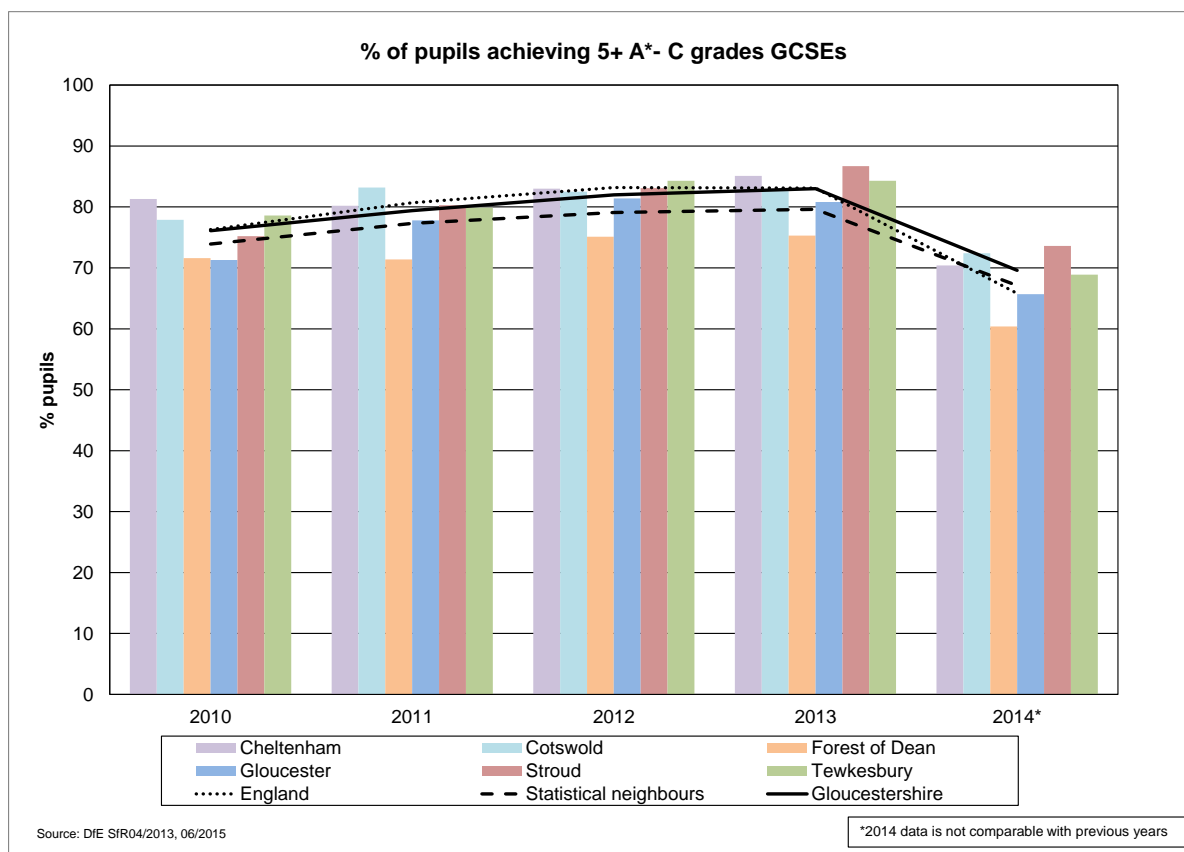


Figure 49: The proportion of pupils achieving 5 or more A* to C grade GCSE by district¹⁰⁵

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

¹⁰⁵ Ibid.

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 performance¹⁰⁶, 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 50 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.

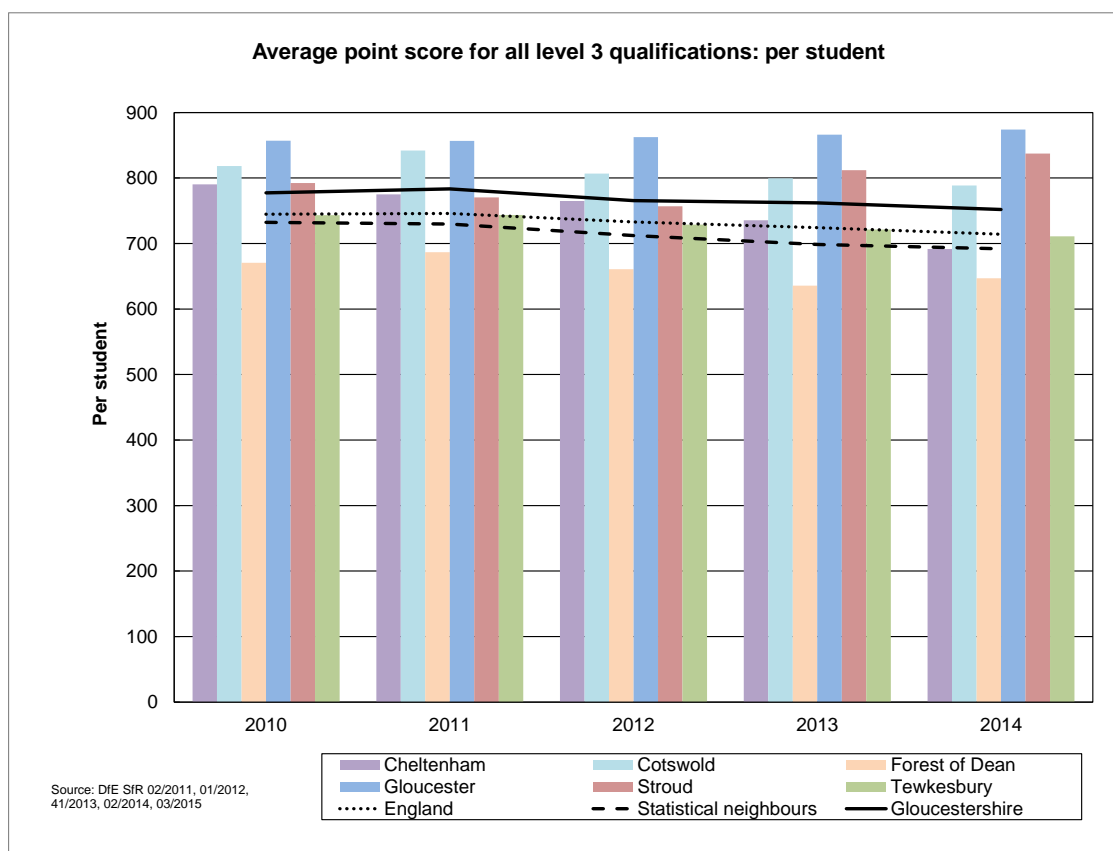


Figure 50: Average point score for all Level 3 qualifications: per student by district¹⁰⁷

¹⁰⁶ 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.

¹⁰⁷ DfE SfR 02/2011, 01/2012, 41/2013, 02/2014 & 03/2015.

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

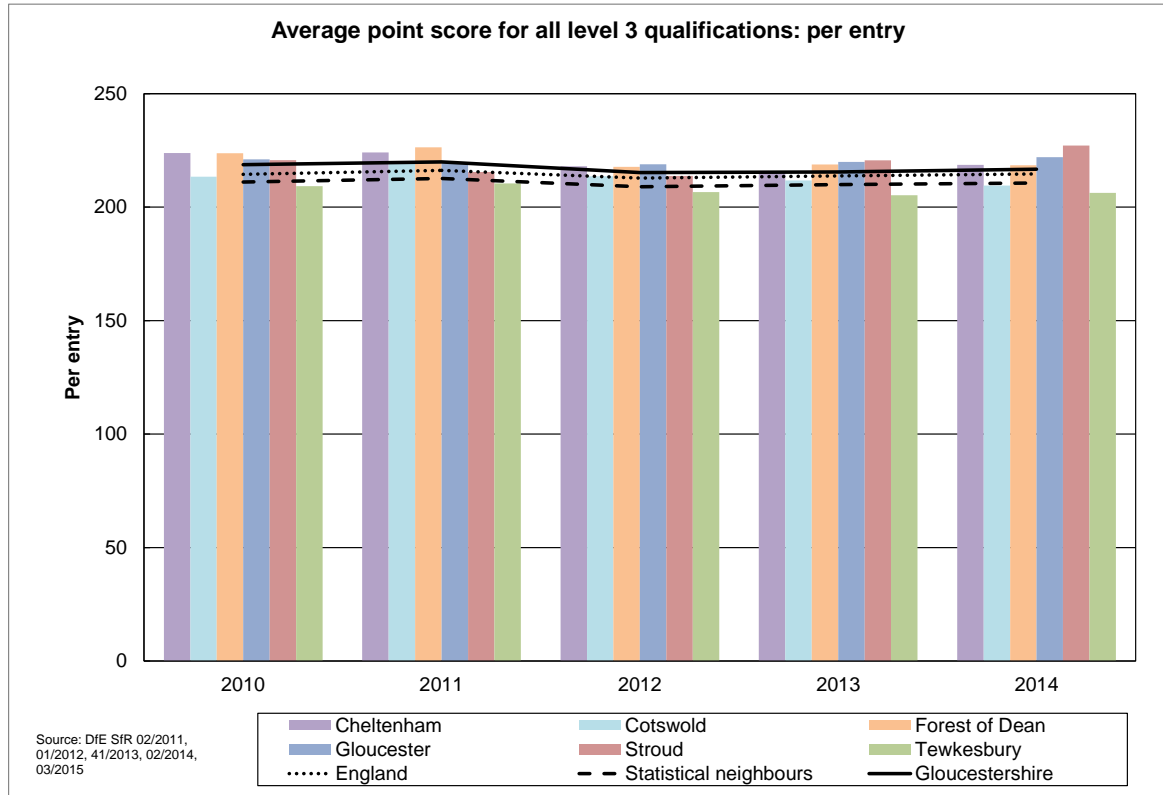


Figure 51: Average point score for all Level 3 qualifications: per entry by district¹⁰⁸

¹⁰⁸ Ibid.

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 52 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.

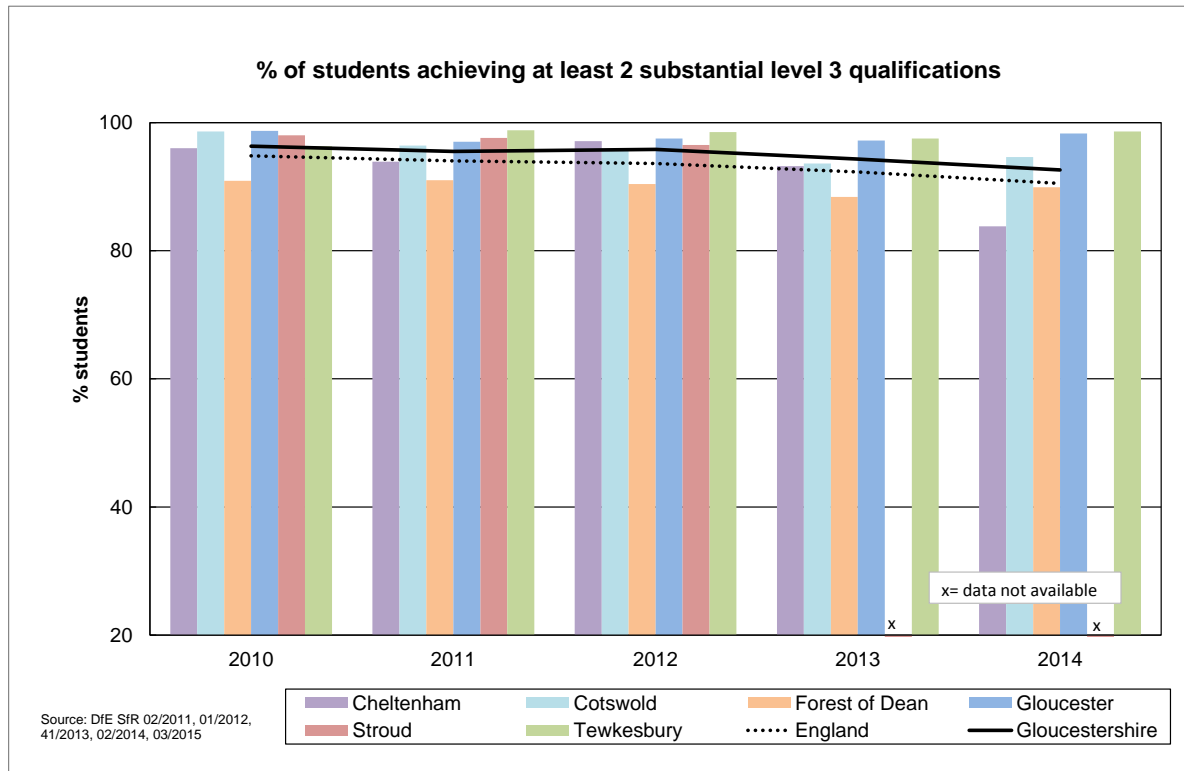


Figure 52: The proportion of students achieving at least 2 substantial level 3 qualifications by district¹⁰⁹

¹⁰⁹ Ibid.

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 53 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.

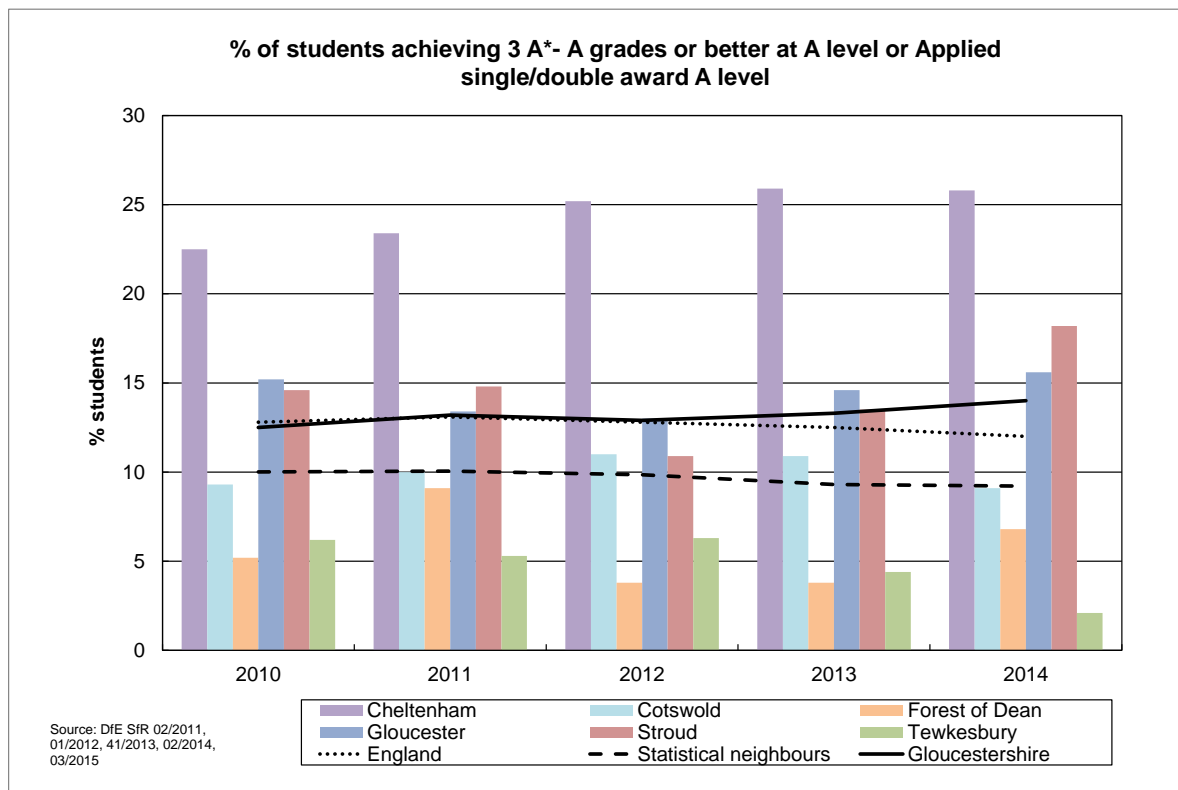


Figure 53: The proportion of students achieving 3 A* to A grades or better at A level or Applied single/double award A level by district¹¹⁰

¹¹⁰ Ibid.

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 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 First¹¹¹ (our local name for the national Troubled Families programme¹¹²) is successfully delivering an Early Help Offer and is preparing for the 2015 expanded programme as an early adopter.¹¹³

¹¹¹ <http://www.gloucestershire.gov.uk/families-first> Accessed 20/11/2015

¹¹² <https://www.gov.uk/government/policies/support-for-families> Accessed 20/11/2015

¹¹³ <http://www.gloucestershire.gov.uk/cyppp> Accessed 20/11/2015

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 2015'¹¹⁴ 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 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 harm¹¹⁵. 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.

¹¹⁴ <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94018> Accessed 20/11/2015

¹¹⁵ <http://www.legislation.gov.uk/ukpga/1989/41/section/47> Accessed 20/11/2015.

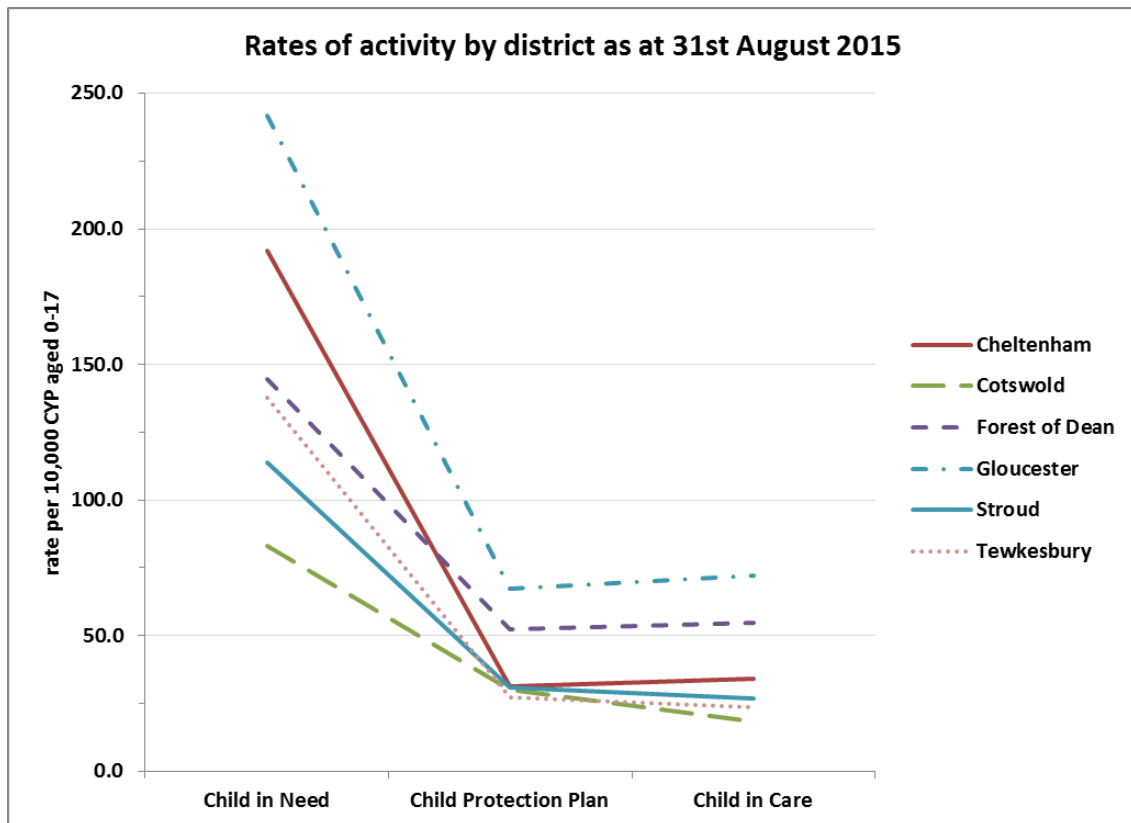


Figure 54: Snapshot of rates per 10,000 CYP aged 0 to 17 of social care activity by district.¹¹⁶

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

¹¹⁶ Extract from LiquidLogic ICS as at 31/08/2015. 0 to 17 population from ONS 2014 mid-year estimates.

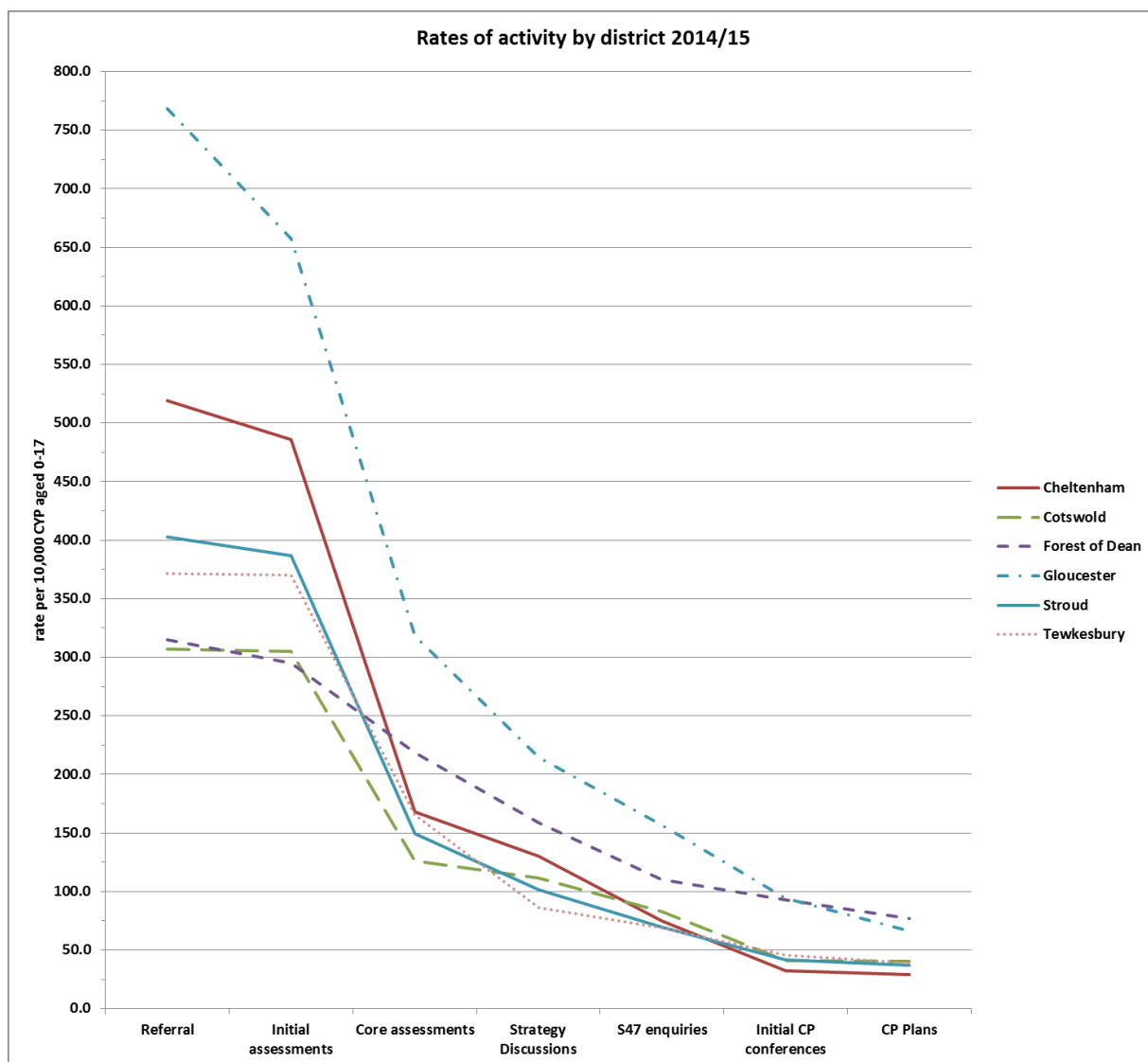


Figure 55: Rates per 10,000 CYP aged 0 to 17 of social care activity by district.¹¹⁷

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

As previously stated, further information about Children’s Social Care in Gloucestershire can be found in the ‘Understanding Gloucestershire – a Joint Strategic Needs Assessment 2015’¹¹⁸ document.

¹¹⁷ Extract from LiquidLogic ICS 01/05/2015. 0 to 17 population from ONS 2014 mid-year estimates.

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

4.7 Key messages

- In 2014/15, 335 women in Gloucester were recorded as being a smoker at their first ante-natal appointment (time of booking). 253 women were recorded as still smoking at time of the delivery for the same period.
- The percentage of low birth weight babies in Gloucester district was higher in 2012 compared to Gloucestershire and England, and has remained higher over the past five years.
- Statistics indicate mothers within the Gloucester district are less likely to continue breastfeeding until at least 6-8 weeks than their county and regional counterparts.
- Under 18 conception rates have more than halved in Gloucester district since the 1998 recording baseline however, they remain above the county and national benchmarks.
- In 2012 and 2013, chlamydia detection rates in Gloucester were higher than the county and national benchmarks. Note that this does not necessarily mean there is a higher rate of young people with Chlamydia compared to Gloucestershire and England; it could be related to the proportion of people screened.
- In 2013/14, Gloucester district had a higher percentage of excess weight in 4 to 5, and 10 to 11 year olds compared to Gloucestershire and England.
- In relation to the EYFSP, Gloucester fell below the national average.
- In terms of KS1 Level 2+ achievement for Reading, despite having the lowest values compared to the other districts and falling below both the national and statistical averages Gloucester (and the Forest of Dean) has shown the most improvement over the last five years.
- The KS1 Level 2+ achievement for Mathematics in 2014 in Gloucester (90%) was below the national average.
- The KS1 Level 2+ achievement for Science in 2014 in Gloucester fell well below the national average.
- In 2014 all districts had a high level of achievement of Level 4 at KS2 English, above the national average, although Gloucester was the lowest of the six districts at 90%.
- In 2014 the percentage of pupils achieving Level 4 and above at KS2 Mathematics in Gloucester was below the county figure, and the second lowest of the six districts at 86%.
- In 2014 Gloucester was above the national average for percentage of pupils achieving Level 4 and above in KS2 Writing, although it was the second lowest of all the six districts.

- In 2014 Gloucester was above the national average for percentage of pupils achieving Level 4 and above in KS2 Grammar, punctuation and spelling, although again it was the second lowest of all the six districts.
- The proportion of pupils achieving 5+ A*-C grades (including English and maths) at GCSE in Gloucester was just above the national average, although was the second lowest of the six districts.
- When looking at the proportion of pupils achieving 5+ A*-C grades at GCSE in Gloucester was below the national average, and again was the second lowest of the six districts.
- Looking at A-Level and equivalent qualifications in 2014, the average point score in Gloucester district is the second highest in the county.
- For A-Level and equivalent qualifications in 2014, the proportion of students achieving at least two substantial qualifications in Gloucester district is the second highest in the county.
- During the whole of the 2014/15 reporting year, children living at an address in Gloucester have the highest rate of referrals, and the highest rate of initial assessments. The rate of children who are the subject of a CP plan is the second-highest of the six districts in Gloucestershire. Looking at the snapshot taken as at 31st August 2015, Gloucester has the highest rate of Children in Care, with Forest of Dean having the second-highest rate.

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 these lifestyle risk factors in Gloucestershire 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.

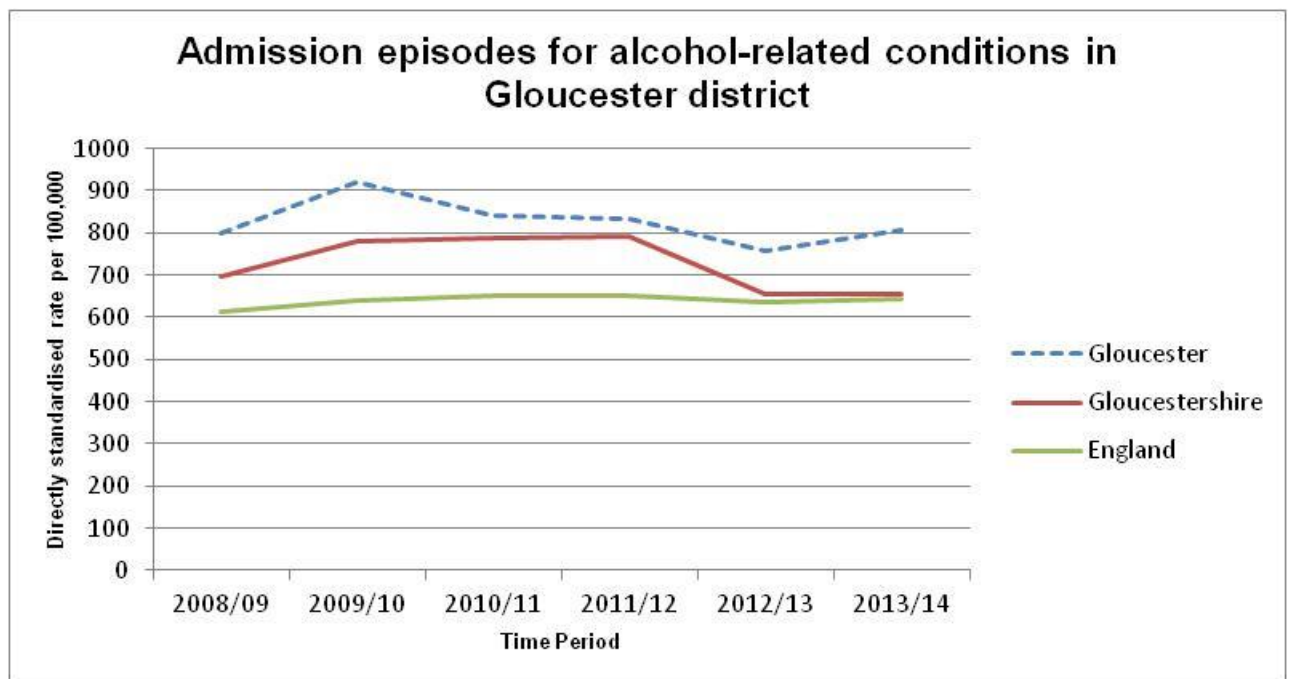


Figure 56: Admission episodes for alcohol-related conditions (2008/09 – 2013/14)

For the past 6 years, the rate of alcohol related hospital admissions in Gloucester district has consistently been above the county and national benchmarks¹¹⁹.

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 year.¹²⁰

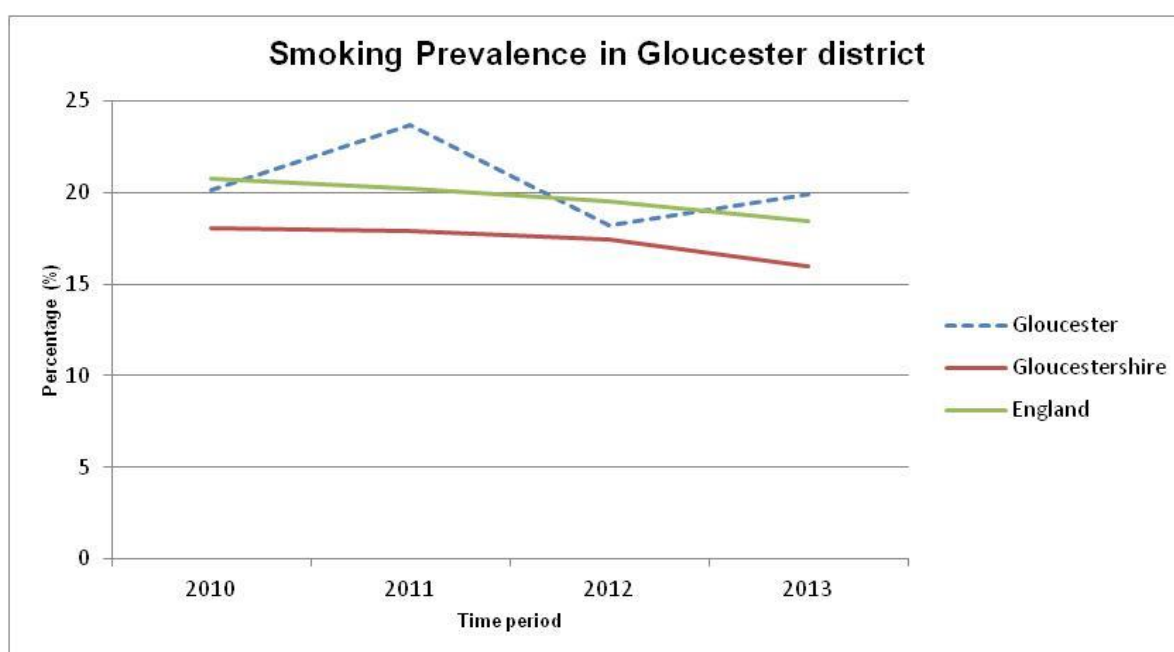


Figure 57: Smoking prevalence 2010-2013

In 2013, smoking rates in Gloucester district were higher than the Gloucestershire and England benchmarks.¹²¹

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

¹¹⁹ Public Health Outcomes Framework <http://www.phoutcomes.info/>

¹²⁰ Passive Smoking and Children, Royal College of Physicians, London, 2010.

¹²¹ 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.

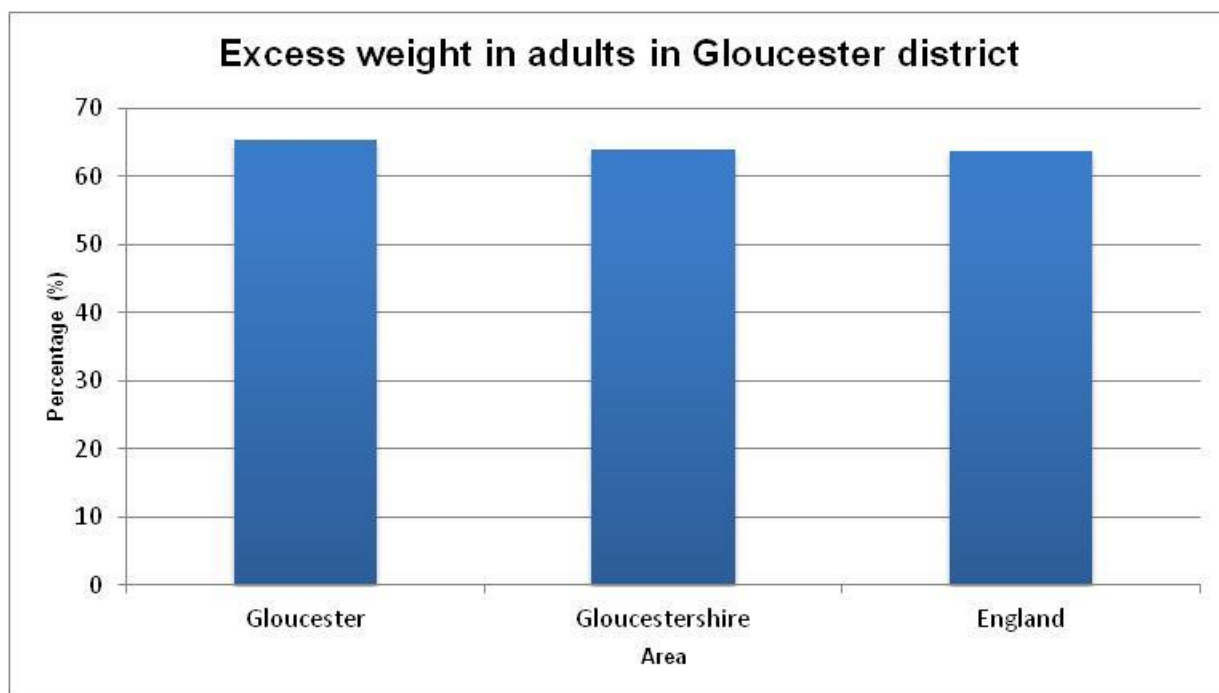


Figure 58: Excess weight in adults 2012 Note: No time-series data currently available due to change of definitions

Excess weight is calculated using the number of adults with a BMI classified as overweight or obese. In 2012, 65% of adults in Gloucester district were overweight or obese, which was slightly higher than the Gloucestershire (64%) and England (64%) benchmarks.¹²²

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.

¹²² *Ibid.*

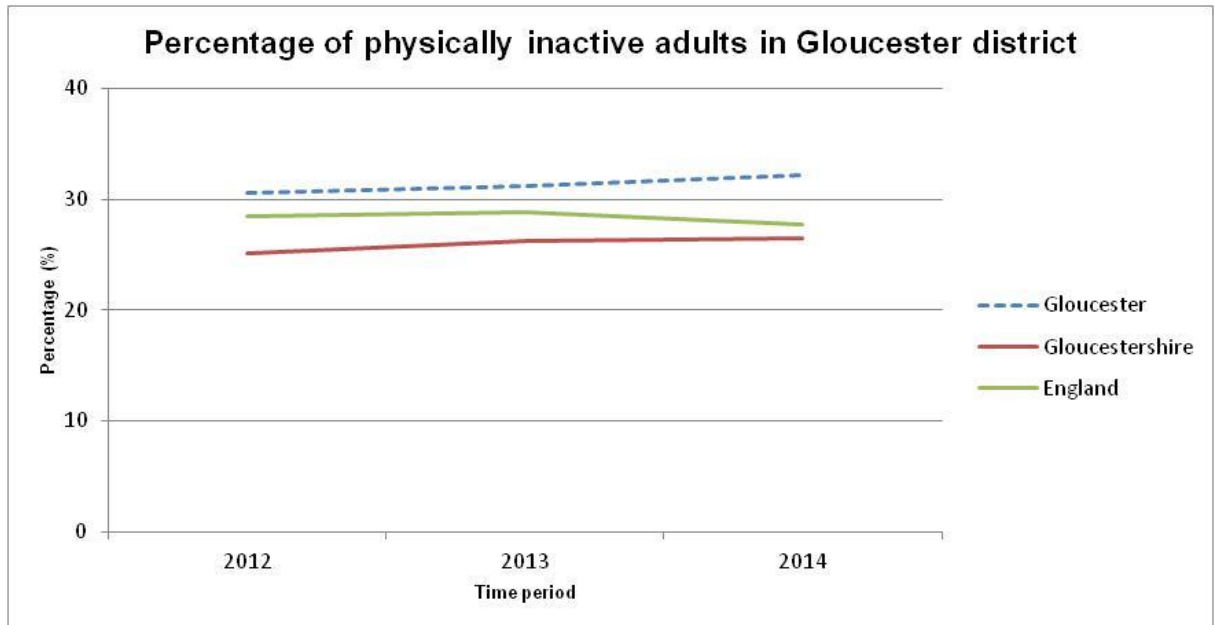


Figure 59: Physically inactive adults (2012-2014)

The percentage of physically inactive adults in Gloucester district has remained above the Gloucestershire and England benchmarks for the last 3 years.¹²³

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 website¹²⁴ 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

Maintaining independence

- More likely to visit GP, higher medication use, more falls

¹²³ *Ibid.*

¹²⁴ <http://www.campaigntoendloneliness.org/loneliness-research/> Accessed 07/01/2016

- 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 Gloucester older people are more likely to be living alone.

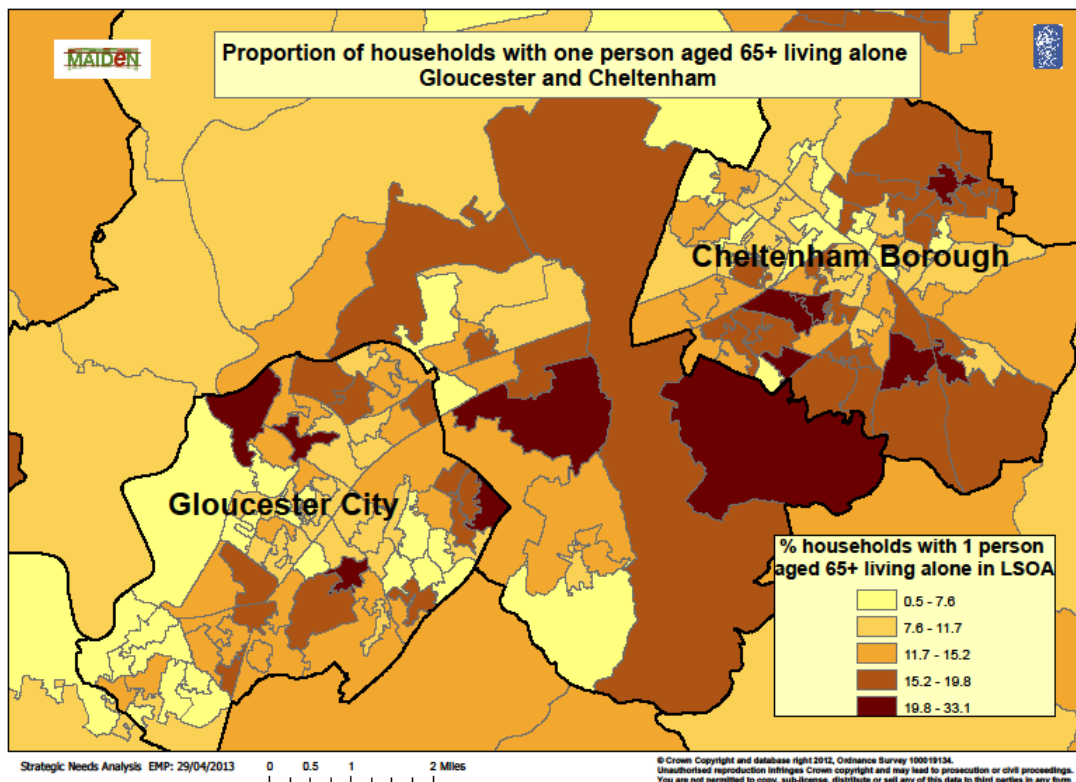


Figure 60: Older people living alone in Cheltenham and Gloucester

5.5.3 Estimated local need

In Gloucestershire we have adapted a methodology, initially developed by Essex County Council, to estimate where people are most likely to be socially isolated in the county¹²⁵. A number of risk factors were aggregated to give a 'vulnerability to social isolation' score. This was then mapped as follows.

¹²⁵ Social isolation in Gloucestershire, Gloucestershire County Council, 2013, <http://www.gloucestershire.gov.uk/inform/index.cfm?articleid=94013>

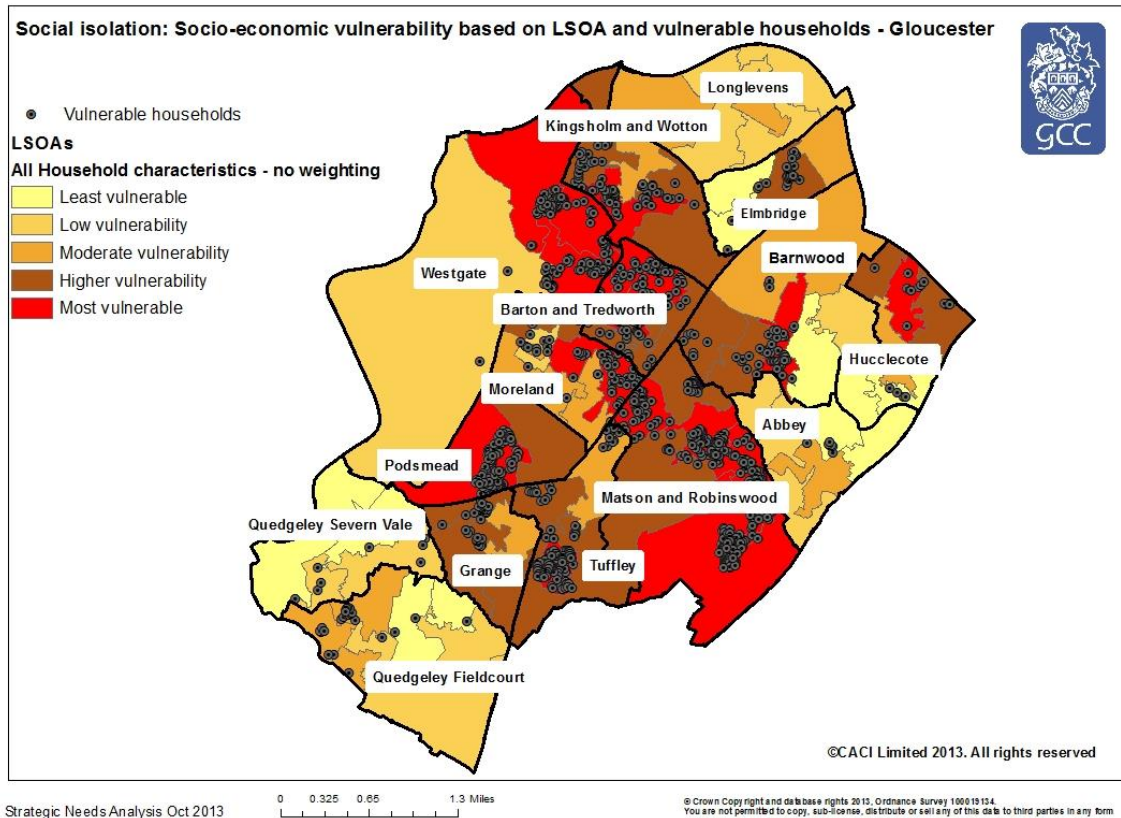


Figure 61: Estimated vulnerability to social isolation in Gloucester

5.5.4 Actual local need

Gloucester District Council found that 75% of referrals in their Social Prescribing pilot were self-declared as isolated or lonely. They plotted these postcodes against the Gloucestershire social isolation risk map and there was a reasonable level of congruence between the two. It seems reasonable, then, to assume a level of correlation between poorer health and being isolated.

5.5.5 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 62. 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. However, it should highlight areas that contain concentrations of those with most loneliness and least financial resources.

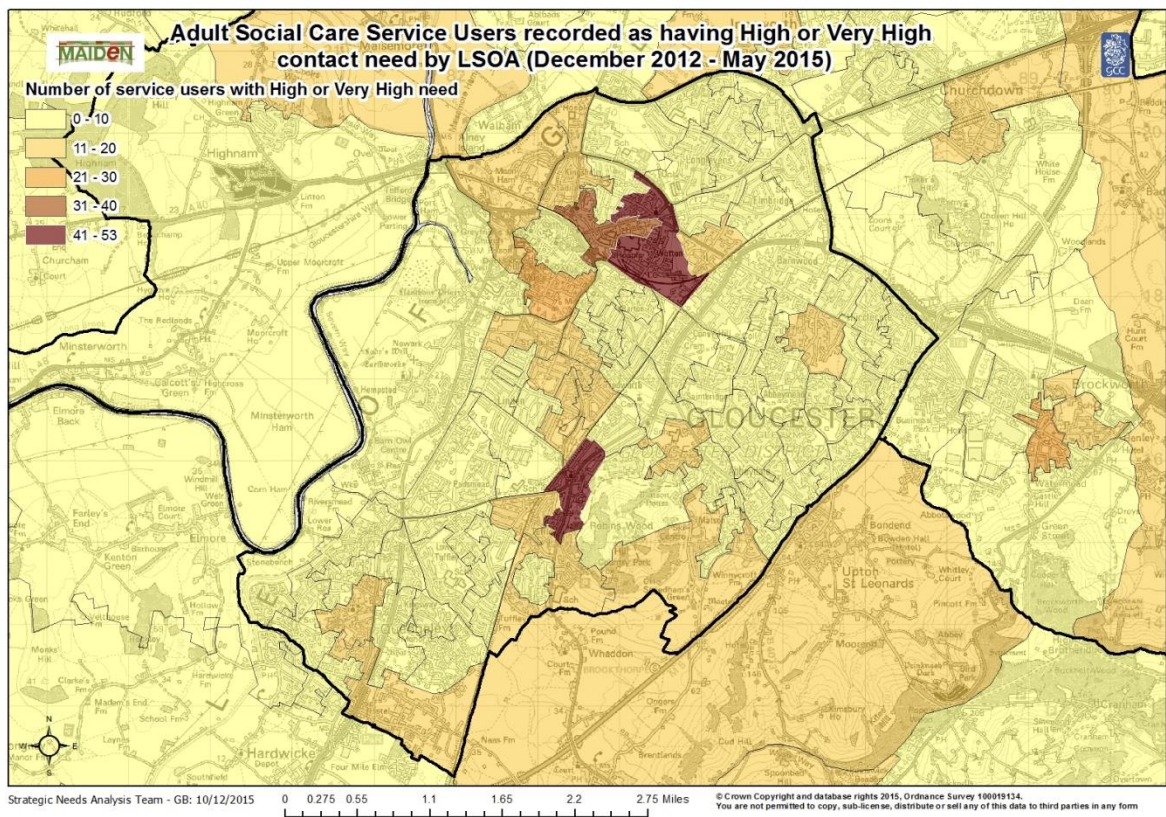


Figure 62: Adult social care users recorded as having a high or very high level of need for social activities and relationships December 2012 - May 2015.

5.5.6 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

- In 2013, smoking rates in Gloucester district were higher than the Gloucestershire and England benchmarks.
- In 2013, smoking rates in Gloucester district were higher than the Gloucestershire and England benchmarks.
- In 2012, 65% of adults in Gloucester district were overweight or obese, which was slightly higher than the Gloucestershire (64%) and England (64%) benchmarks.

- The percentage of physically inactive adults in Gloucester district has remained above the Gloucestershire and England benchmarks for the last 3 years.
- Gloucester District Council found that 75% of referrals in their Social Prescribing pilot were self-declared as isolated or lonely. They plotted these postcodes against the Gloucestershire social isolation risk map and there was a reasonable level of congruence between the two. It seems reasonable, then, to assume a level of correlation between poorer health and being isolated.

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 Act¹²⁶ 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 16.8% of Gloucester residents (20,433 people) reported having a long term health problem or disability, this was in line with the county average and below the 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.

¹²⁶ The Stationary Office, Equality Act 2010 <http://www.legislation.gov.uk/ukpga/2010/15/contents>
Accessed 15/04/2015.

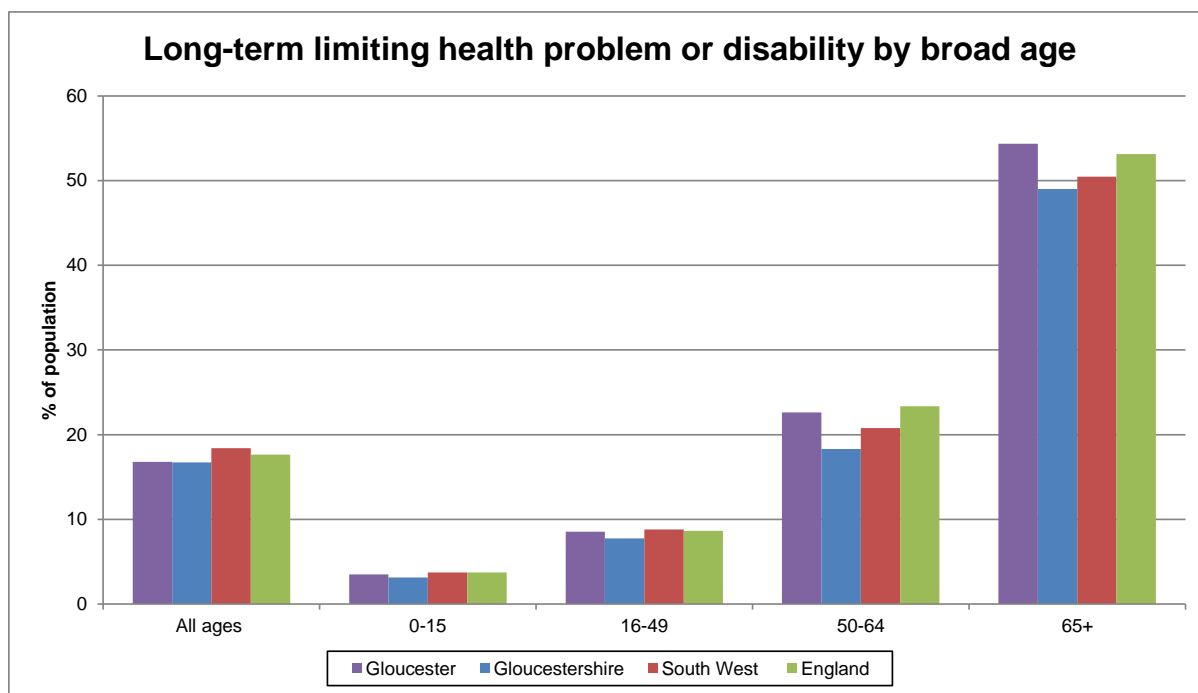


Figure 63: Percentage of the population with a long-term limiting health problem or disability by broad age group, 2011¹²⁷

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)¹²⁸, Attendance Allowance (AA)¹²⁹ or Personal Independence Payments (PIP)¹³⁰. 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.

¹²⁷ ONS, 2011 Census <https://www.nomisweb.co.uk/> Accessed 16/09/2015.

¹²⁸ Disability Living Allowance can be claimed by a person who has a disability or health condition which requires them to have help with their personal care or have supervision needs, and/or those who have difficulty getting around provided they claim before the age of 65. Disability Living Allowance is being replaced by Personal Independent Payments for all people aged 16+.

¹²⁹ 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.

¹³⁰ 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 9,320 people claiming Disability Living Allowance or Attendance Allowance in Gloucester, representing 7.4% of the total population¹³¹, Figure 64 shows this was lower than the regional and national averages but higher than the county average. Gloucester also had a higher proportion of disability benefit claimants than all of the other districts in Gloucestershire, with the exception of the Forest of Dean.

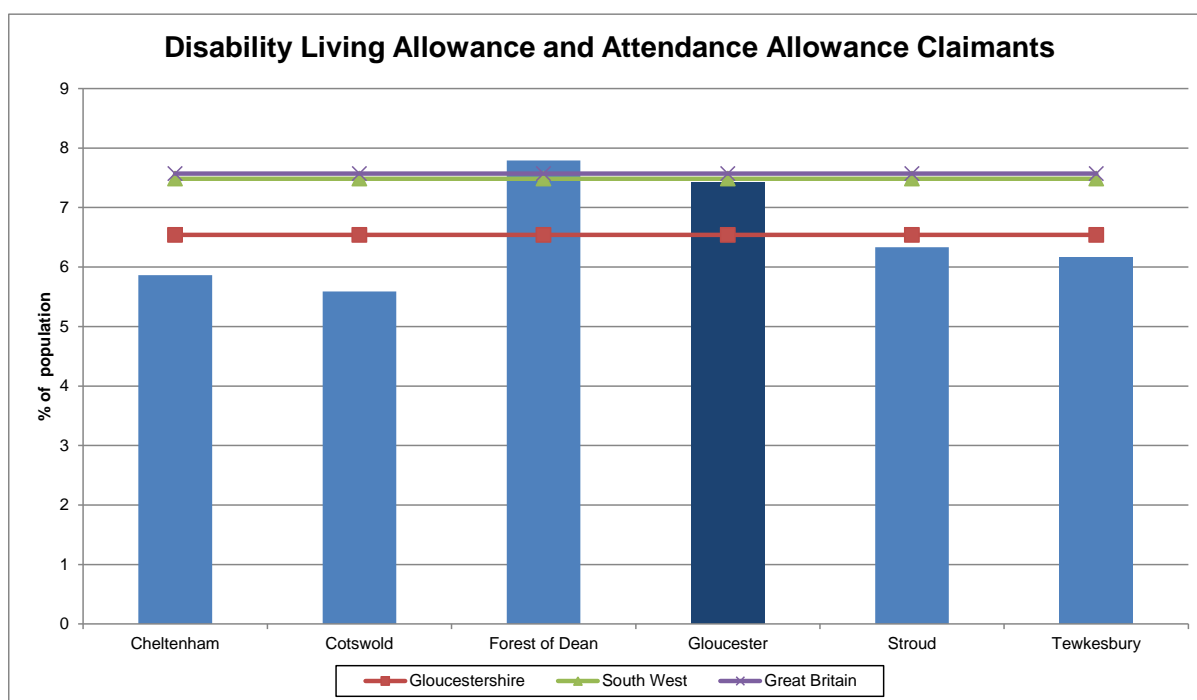


Figure 64: Proportion of the population claiming Disability Living Allowance or Attendance Allowance, February 2015¹³²

Figure 65 shows the total number of disability benefit claimants in Gloucester 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.

¹³¹ DWP, Tabulation Tool – WPLS (100% of claimants) <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> Accessed 07/10/2015.

¹³² *Ibid.*

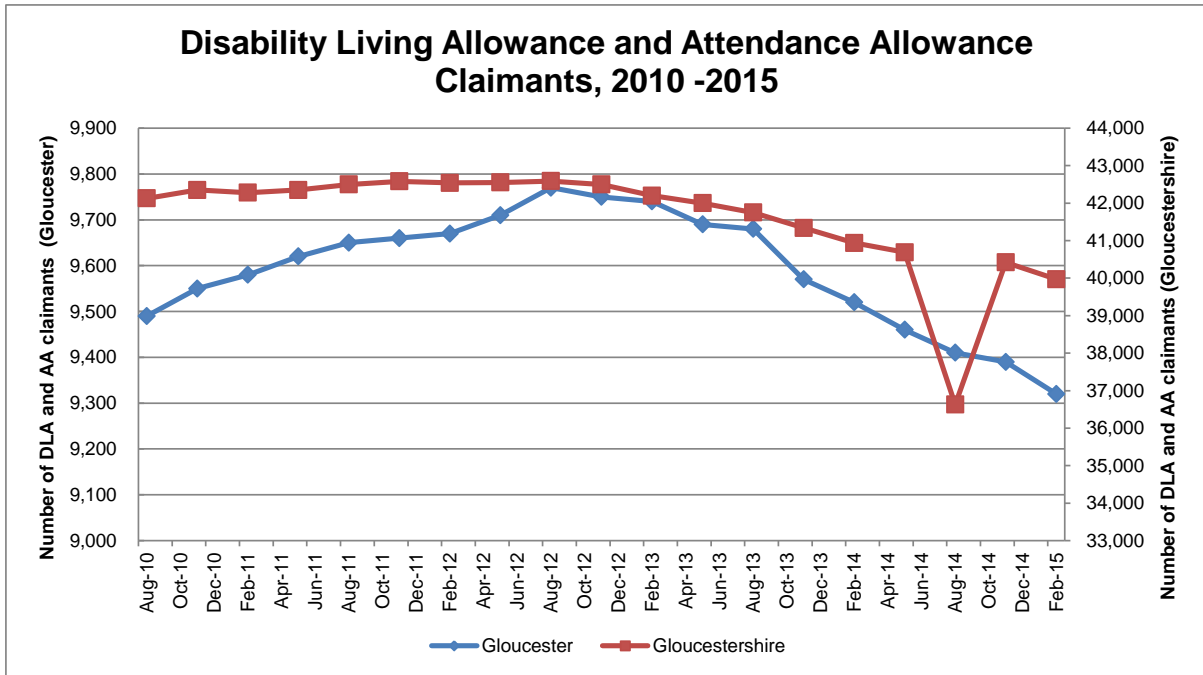


Figure 65: Five year trend in the number of Disability Living Allowance and Attendance Allowance Claimants in Gloucester and Gloucestershire, 2010-2015¹³³
 (Note: y-axis does not start at 0)

The characteristics of Gloucester’s Disability Living Allowance and Attendance Allowance claimants are illustrated in Figure 66. Females and people aged 65+ account for the largest proportion of disability benefit claimants, the majority of claimants have been long term claimants, with just over 70% claiming for over 5 years. These characteristics are reflected at a county, regional and national level.

¹³³ Ibid.

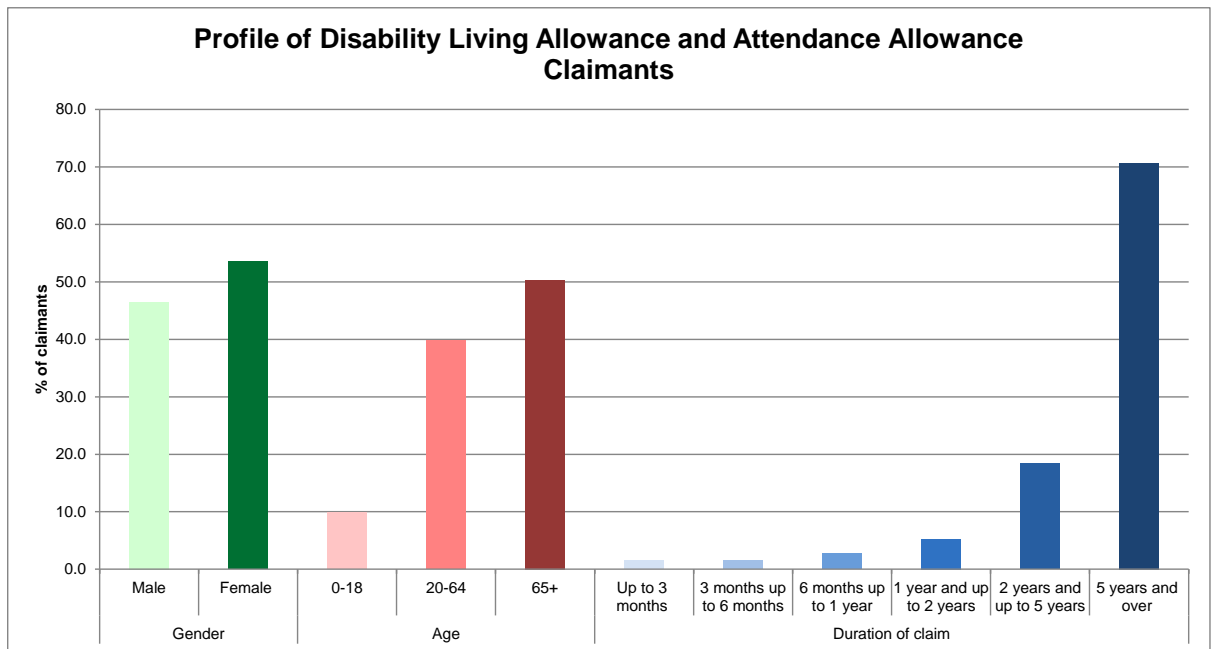


Figure 66: Profile of Disability Living Allowance and Attendance Allowance Claimants in Gloucester, February 2015¹³⁴

There is some variation between age groups. Figure 67 shows that males are responsible for 64% of claims made by 0-17 year olds and only 41% of claims made by people aged 65+.

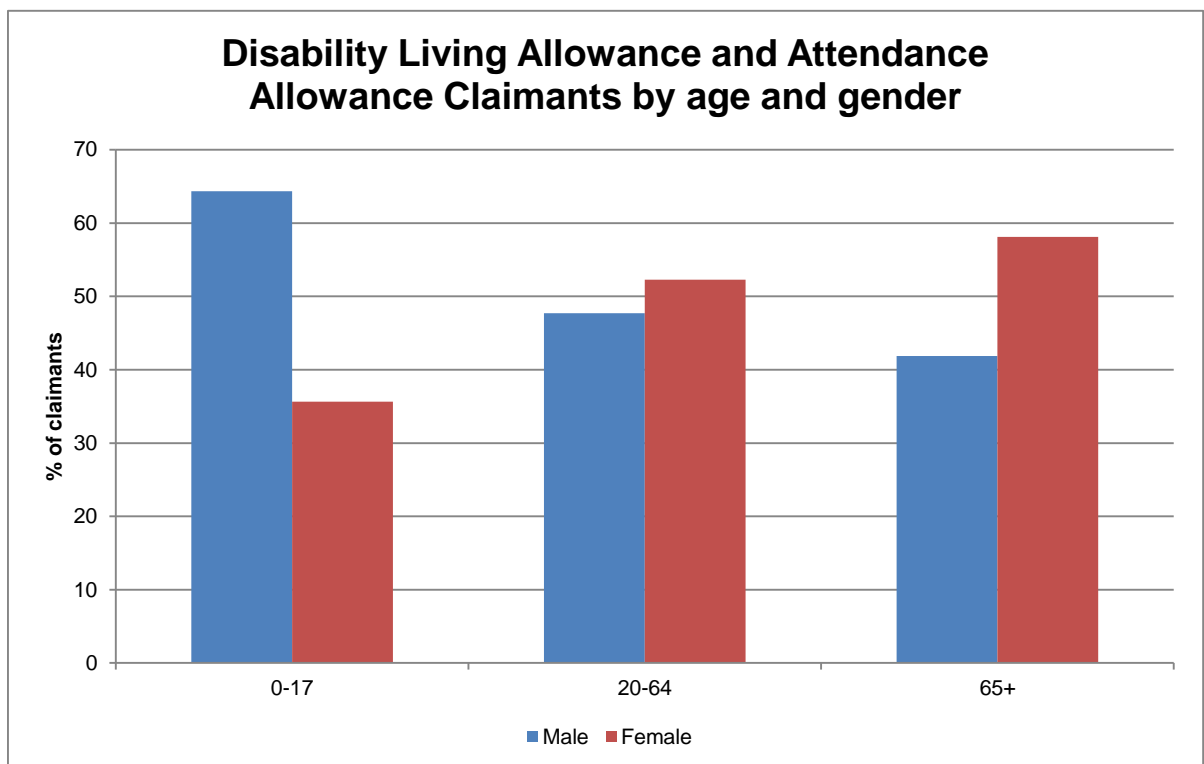


Figure 67: Disability Living Allowance and Attendance Allowance Claimants by age and gender, February 2015¹³⁵

¹³⁴ Ibid.

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 68 shows that in February 2015, arthritis was the most commonly reported disabling condition in Gloucester, representing almost a fifth of all claims. Mental health was the second most common condition, reported by 16% of all claimants. The most commonly reported conditions in Gloucester generally follow the county and national trend.

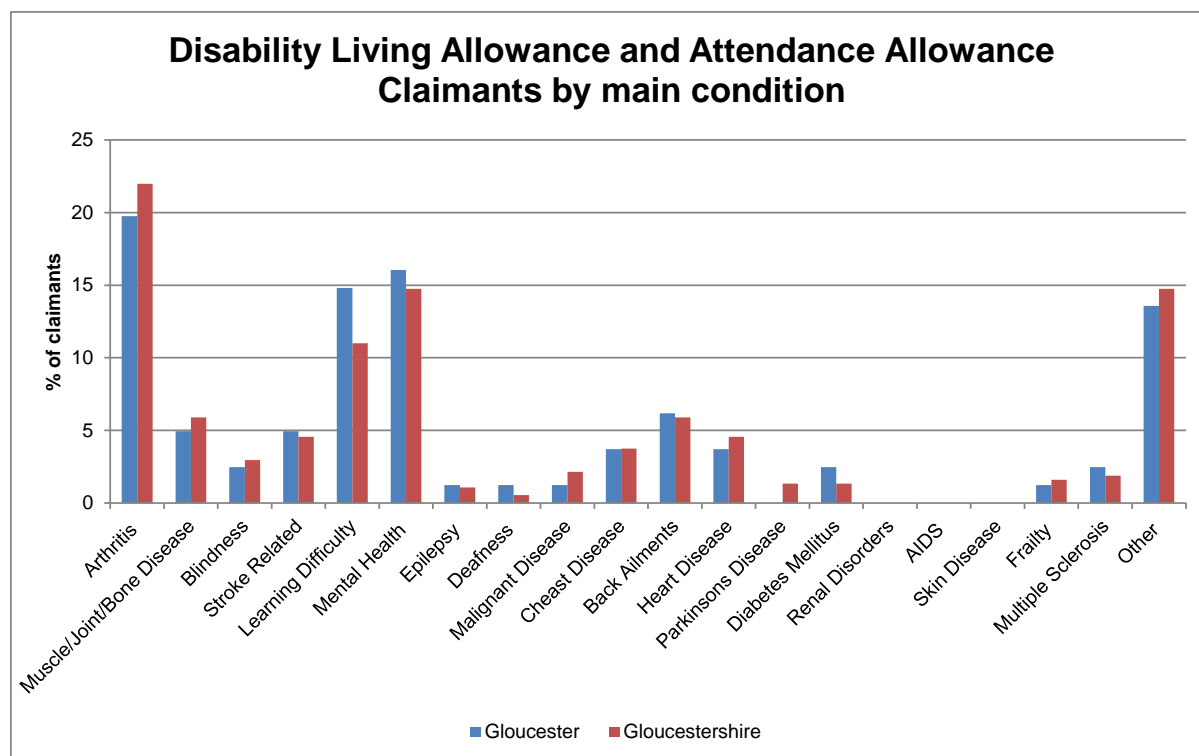


Figure 68: Disability Living Allowance and Attendance Allowance Claimants by main disabling condition, February 2015¹³⁶

There are some differences in the conditions reported by Disability Living Allowance claimants and Attendance Allowance claimants. The following graph shows age related conditions such as arthritis, muscle/joint /bone disease, stroke related 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 20% 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.

¹³⁵ *Ibid.*

¹³⁶ DWP, Tabulation Tool – 5% sample data <http://tabulation-tool.dwp.gov.uk/5pc/tabtool.html>
 Accessed 07/10/2015.

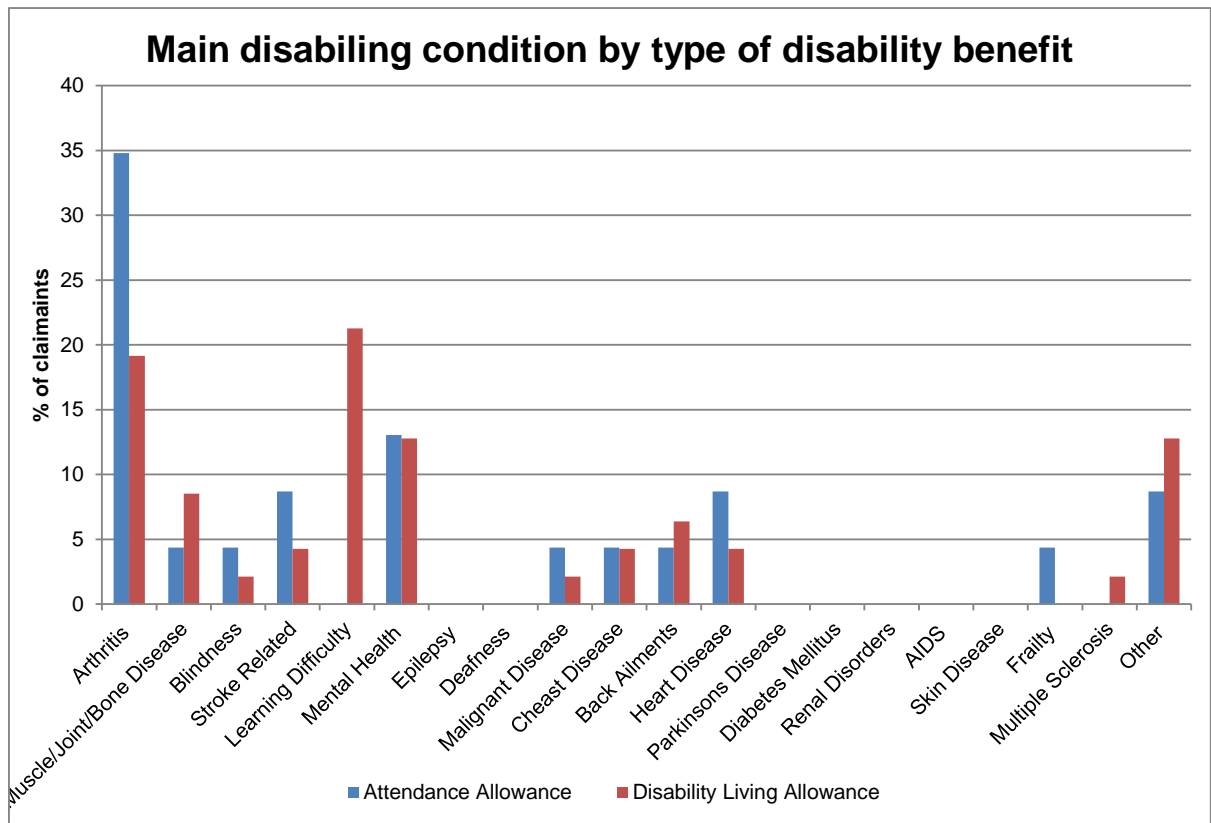


Figure 69: Main disabling condition by type of disability benefit, February 2015¹³⁷

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 Gloucester in September 2015¹³⁸. Data about the numbers of Personal Independence Payments claimed in Gloucester is experimental and is not comparable with data about Disability Living Allowance and Attendance Allowance. The latest data for July 2015 shows that in Gloucester there were 865 people claiming Personal Independence Payments¹³⁹. Figure 70 shows the number of Personal Independence Payment claimants has been increasing month on month since April 2013.

¹³⁷ *Ibid.*

¹³⁸ 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.

¹³⁹ DWP, Stat-Xplore <https://stat-xplore.dwp.gov.uk/> Accessed 08/10/2015.

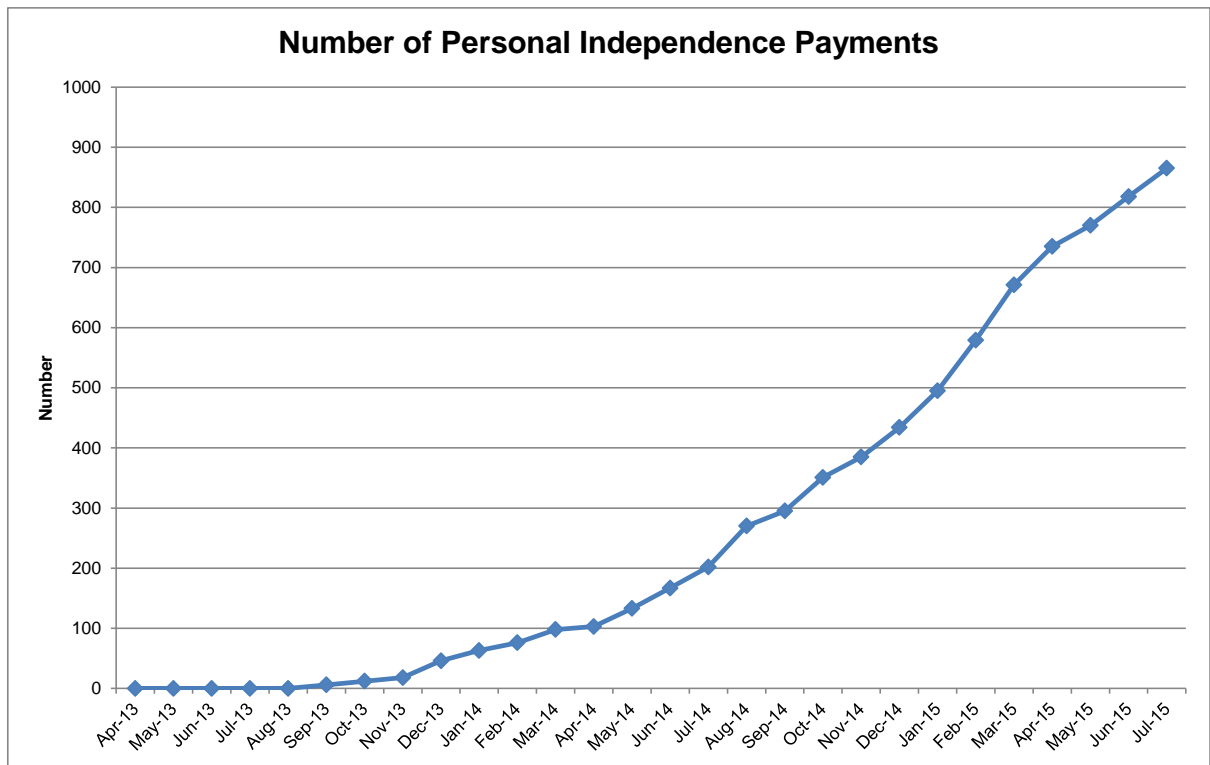


Figure 70: Number of Personal Independence Payment Claims in Payment, April 2013 to July 2015¹⁴⁰

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 3,382 children and young people in maintained schools in Gloucester with Special Educational Needs, this equates to 17.7% of pupils, which was higher than the county average and all of the other districts with Gloucestershire except the Forest of Dean.

¹⁴⁰ *Ibid.*

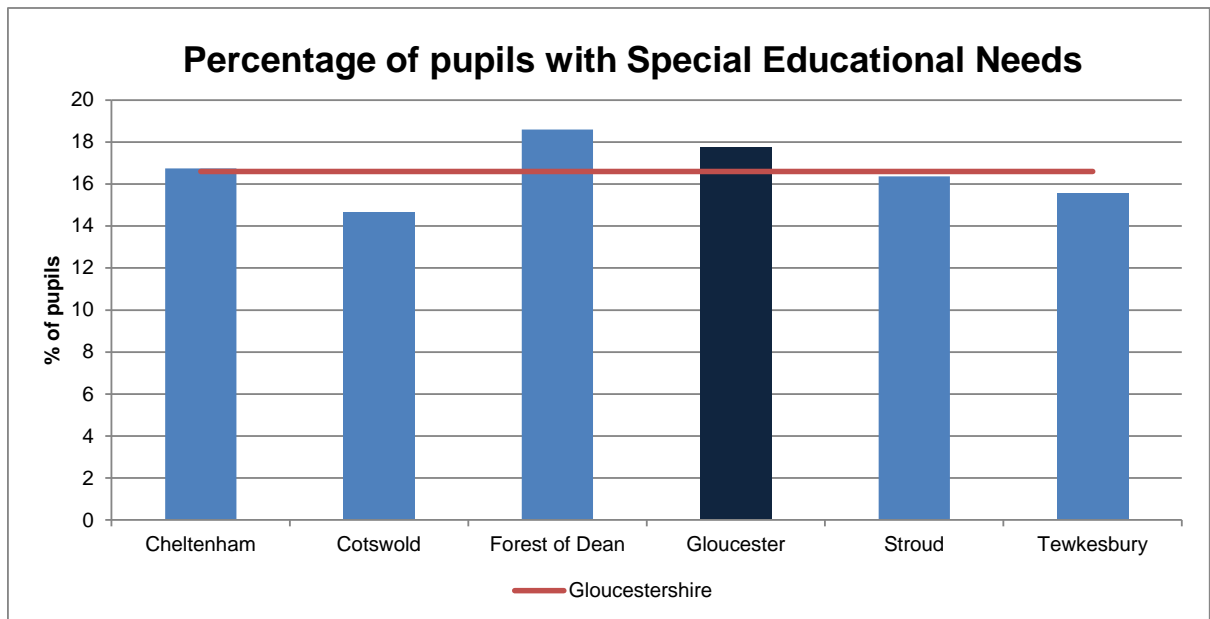


Figure 71: Percentage of pupils with Special Educational Needs by district of education, January 2014¹⁴¹

Figure 72 shows the total number of pupils attending schools in Gloucester with Special Educational Needs has been falling since 2009/10 when it stood at 3,881 pupils, following a trend seen at county level. This decline was due to a fall in the number of children with School Action¹⁴² or School Action Plus¹⁴³ level of need, while the number of children with Statements of Special Educational Needs¹⁴⁴ increased during the period, perhaps reflecting an increase in the severity of needs.

¹⁴¹ School Census, Jan 10-Jan 14.

¹⁴² Pupils who require School Action usually have additional learning needs and should receive additional support from within the school, such as small group tuition.

¹⁴³ 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

¹⁴⁴ Statements of Special Educational Needs are given to those in need of the most intensive support.

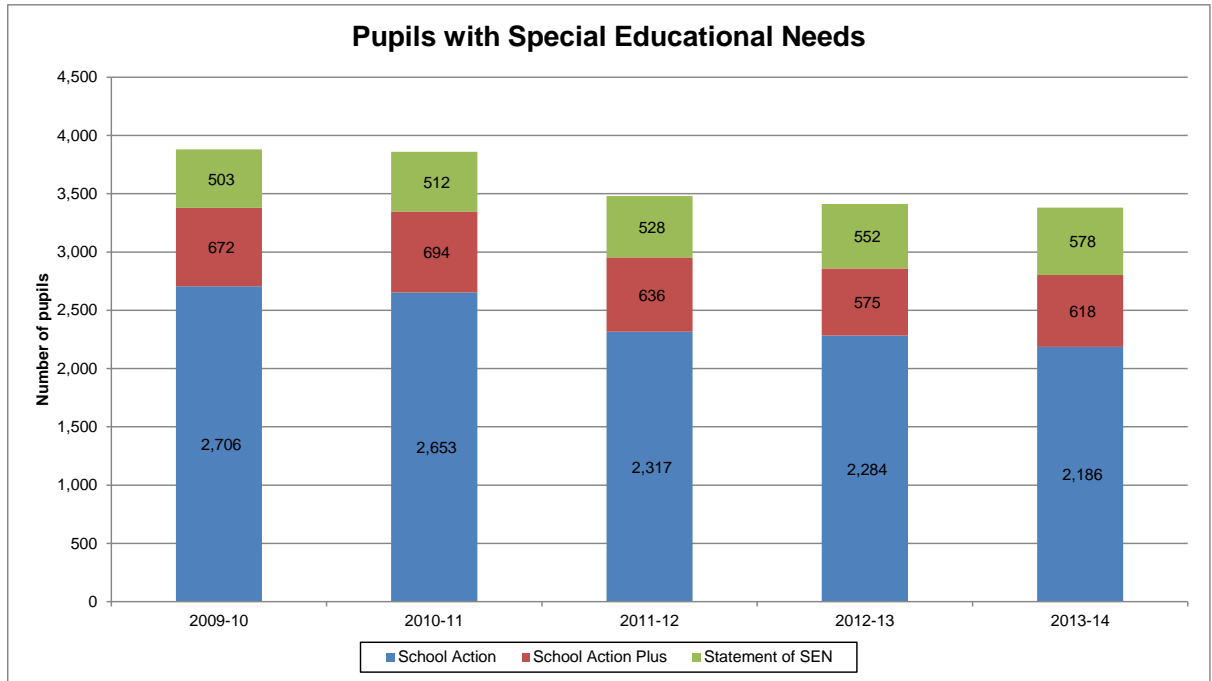


Figure 72: Number of pupils on the Special Educational Needs Code of Practice, 2009/10 – 2013/14 ¹⁴⁵

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 73 shows that in 2013/14 the most common category of need in Gloucester schools was Speech, Language and Communication Needs, this reflects the picture at county level.

¹⁴⁵ School Census, Jan 10-Jan 14.

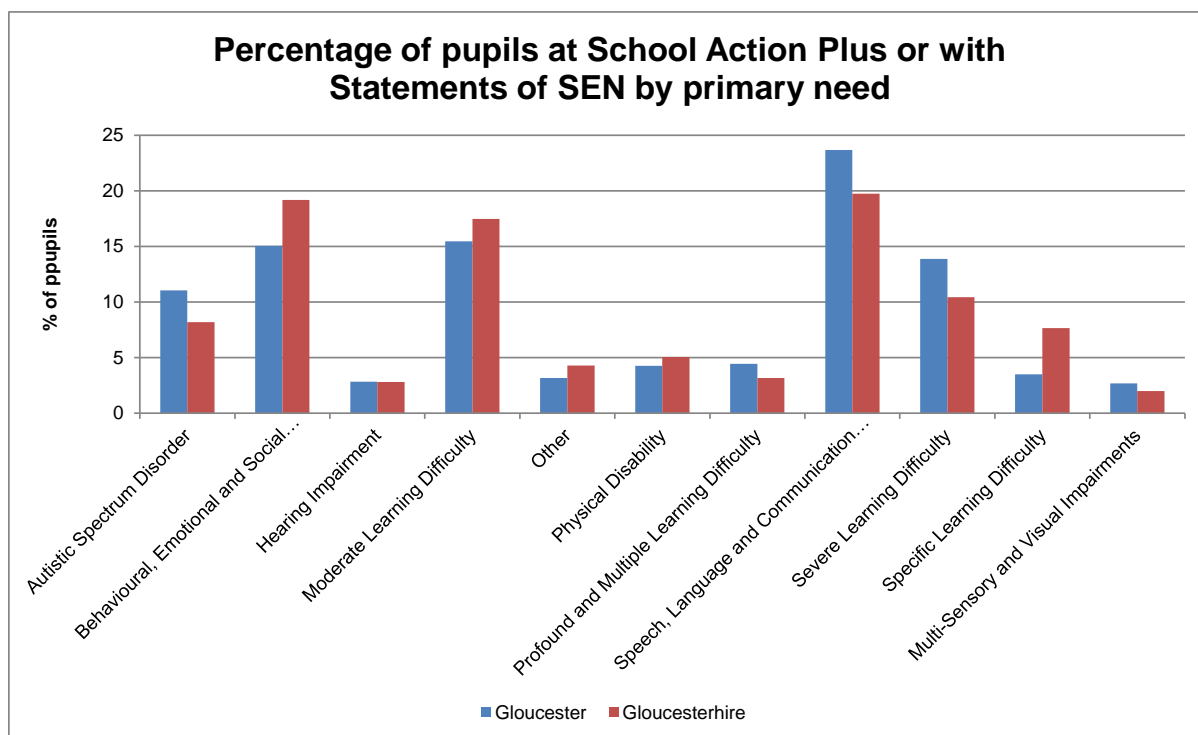


Figure 73: Percentage of pupils at School Action Plus or with Statements of SEN by primary need, January 2014¹⁴⁶

Figure 74 illustrates the trend in primary need over the last 5 years. The greatest change has been in the number of children with Moderate Learning Difficulties, which fell by 73 children. The greatest increase has been in the number of children with Speech, Language and Communication Needs, which increased by 29 pupils.

¹⁴⁶ *Ibid.*

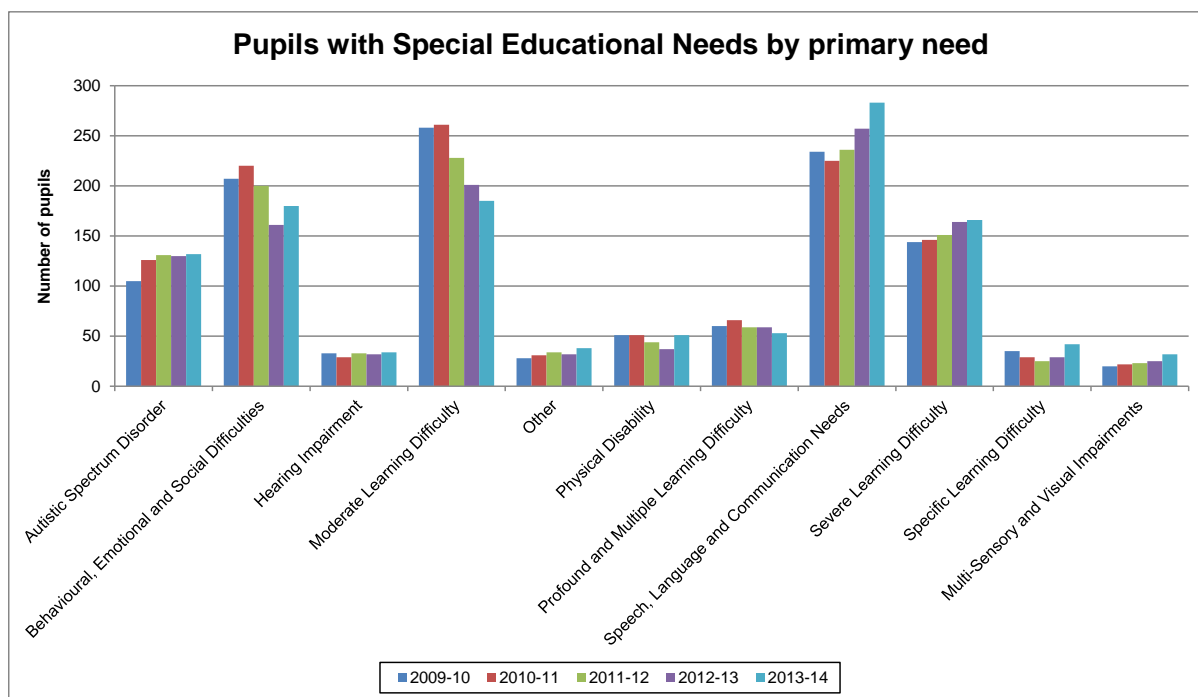


Figure 74: Number of pupils with Special Educational Needs by primary need, 2009/10 – 2013/14¹⁴⁷

For further information about children with Special Educational Needs please see our SEND needs analysis¹⁴⁸.

6.2.3 Adults with disabilities

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

In 2014 there was an estimated 7,641 people aged 18-64 with a severe or moderate physical disability living in Gloucester¹⁴⁹ and an additional 3,688 people aged 65+ who are unable to manage at least one mobility activity on their own¹⁵⁰.

Figure 75 shows the number of people with a moderate or serious physical disability is projected to increase between 2014 and 2025. The number of people aged over 65 who are unable to manage at least one mobility activity on their own, is forecast to increase at a steeper rate, from 3,688 in 2014 to 4,957 in 2025. This increase is likely to result in a noticeable increase in demand for health and social care services.

¹⁴⁷ *Ibid.*

¹⁴⁸

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

¹⁴⁹ Projecting Adult Needs and Service Information (PANSI) <http://www.pansi.org.uk/> Accessed 07/05/2015.

¹⁵⁰ Projecting Older People Population Information (POPPI) <http://www.poppi.org.uk/> Accessed 07/05/2015.

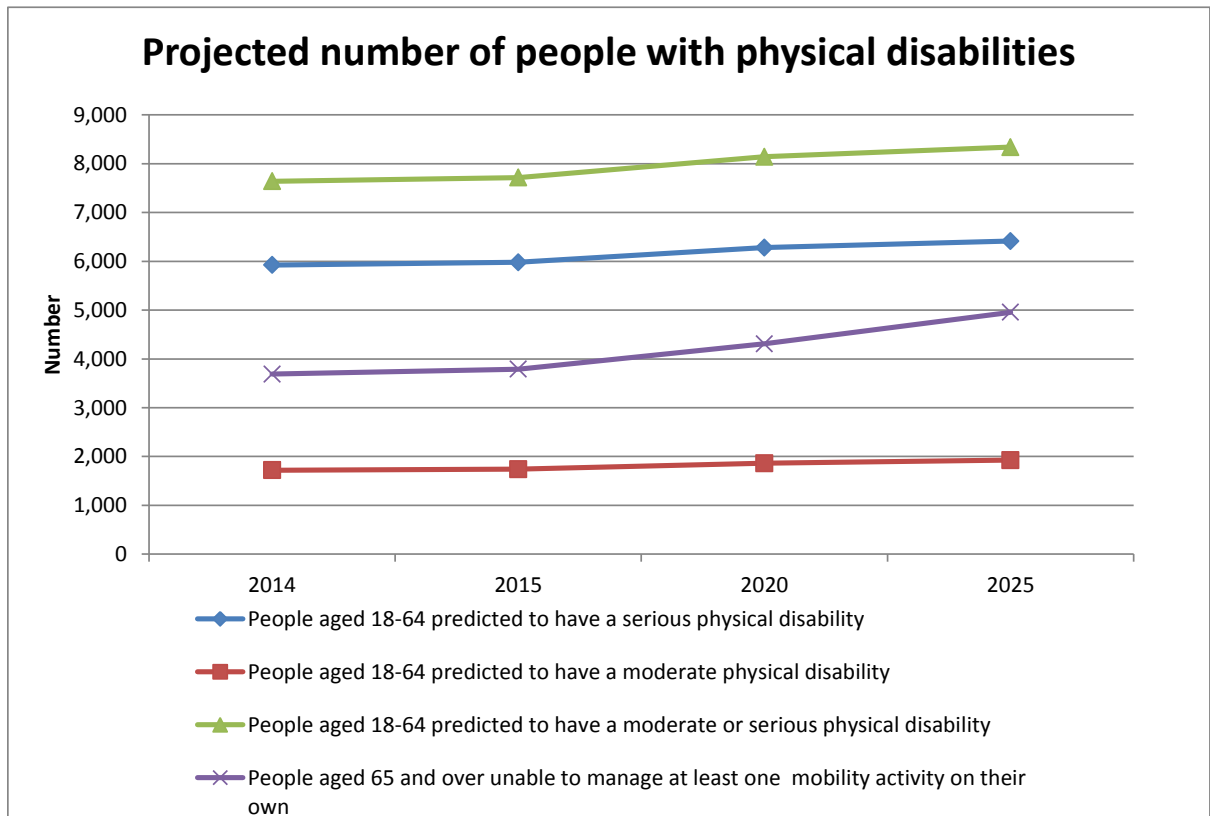


Figure 75: Projected number of people with moderate or serious physical disability (aged 18-64)¹⁵¹ or unable to manage at least one mobility activity on their own, 2014-2025¹⁵²

In 2014 there was an estimated 2,307 people aged 18+ with a learning disability living in Gloucester. Figure 76 shows the number of people aged 18+ with a learning disability is forecast to increase to 2,514 people by 2025, this represents an increase of 207 people or 9.0%.

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

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

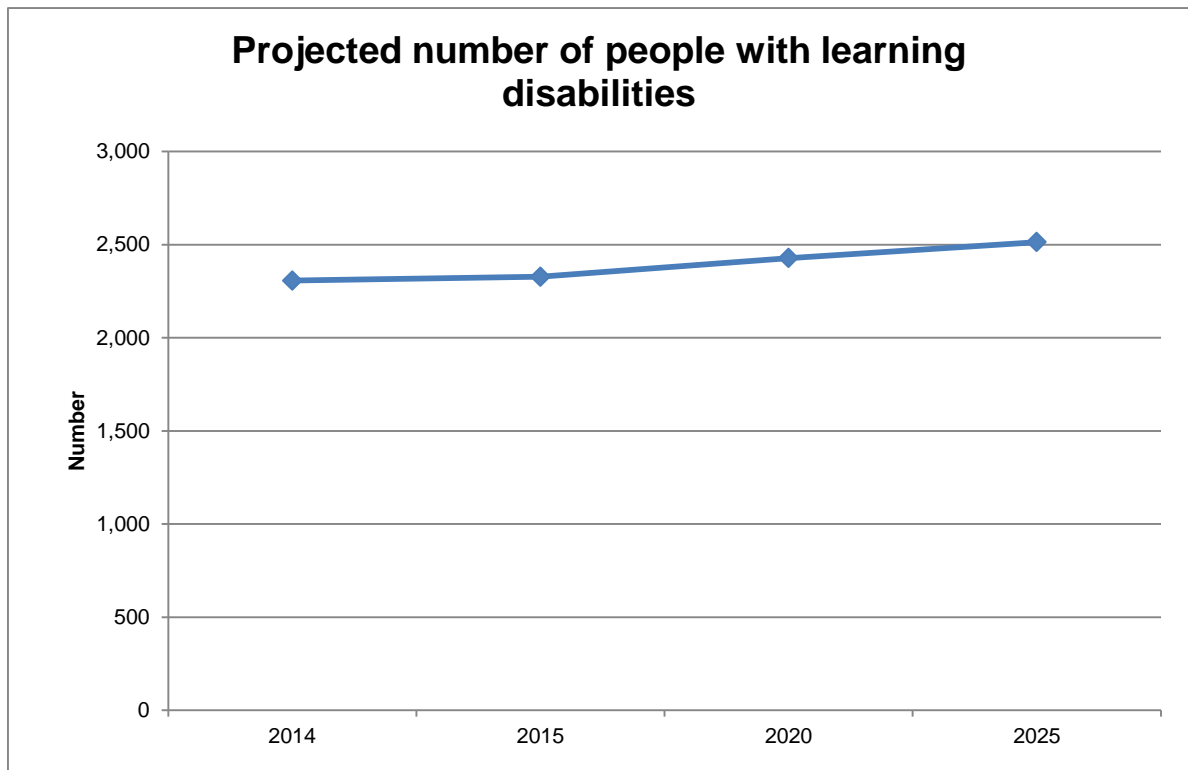


Figure 76: Projected number of people aged 18+ with a learning disability, 2014-2025¹⁵³

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 are¹⁵⁴:

- 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

Local data also shows people with disabilities are:

¹⁵³ *Ibid.*

¹⁵⁴ 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.

- Less likely to be in employment than non-disabled people. During the period April 2014-March 2015, 64.8% of working age disabled people were in employed in Gloucester, compared to 74.0% of non-disabled people¹⁵⁵.
- 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 SEN¹⁵⁶.
- 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 disability¹⁵⁷.

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 increasing¹⁵⁸.

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 portals¹⁵⁹.

¹⁵⁵ ONS, Annual Population Survey <https://www.nomisweb.co.uk> Accessed 07/08/2015.

¹⁵⁶ DfE SfR 50/2014.

¹⁵⁷ Active People Survey, Sport England

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

Accessed 30/04/2015.

¹⁵⁸ Strategic Needs Analysis Team, Children and young people (0-24) with Special Educational Needs and Disabilities (SEND) - Needs Analysis

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

Accessed 28/04/2015.

¹⁵⁹ <http://fingertips.phe.org.uk/profile-group/mental-health> Accessed 07/01/2016

6.4 Long-term conditions

About 15 million people in England have a long-term condition¹⁶⁰. 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)¹⁶¹.

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 expenditure¹⁶².

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.^{163 164}

¹⁶⁰ Department of Health (2012). Report. [Long-term conditions compendium of Information: 3rd edition](#)

¹⁶¹ *Ibid.*

¹⁶² *Ibid.*

¹⁶³ The Kings Fund <http://www.kingsfund.org.uk/time-to-think-differently/trends/disease-and-disability/long-term-conditions-multi-morbidity>

¹⁶⁴ 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 77: 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.¹⁶⁵

For the majority of long term conditions (LTCs) recorded on QOF disease registers, Gloucester has a similar or lower prevalence rate than for the county as a whole, although is significantly high for diabetes. QOF data is not age standardised, and as such the low prevalence of LTCs is likely to reflect the locality's younger age structure, as it has the youngest average age of all county localities.

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 (it should be noted that GPs from Brockworth and Churchdown are part of Gloucester locality, but are not part of the district).

Higher prevalence rates of LTCs are likely to have implications for health and social care spend.

6.5 Dementia

There are 850,000 people estimated to be living with dementia in the UK¹⁶⁶ though recent research suggests that actual prevalence may be lower¹⁶⁷. The

¹⁶⁵ 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

cost to the country has been estimated at £26.3 billion a year as shown in the following infographic.

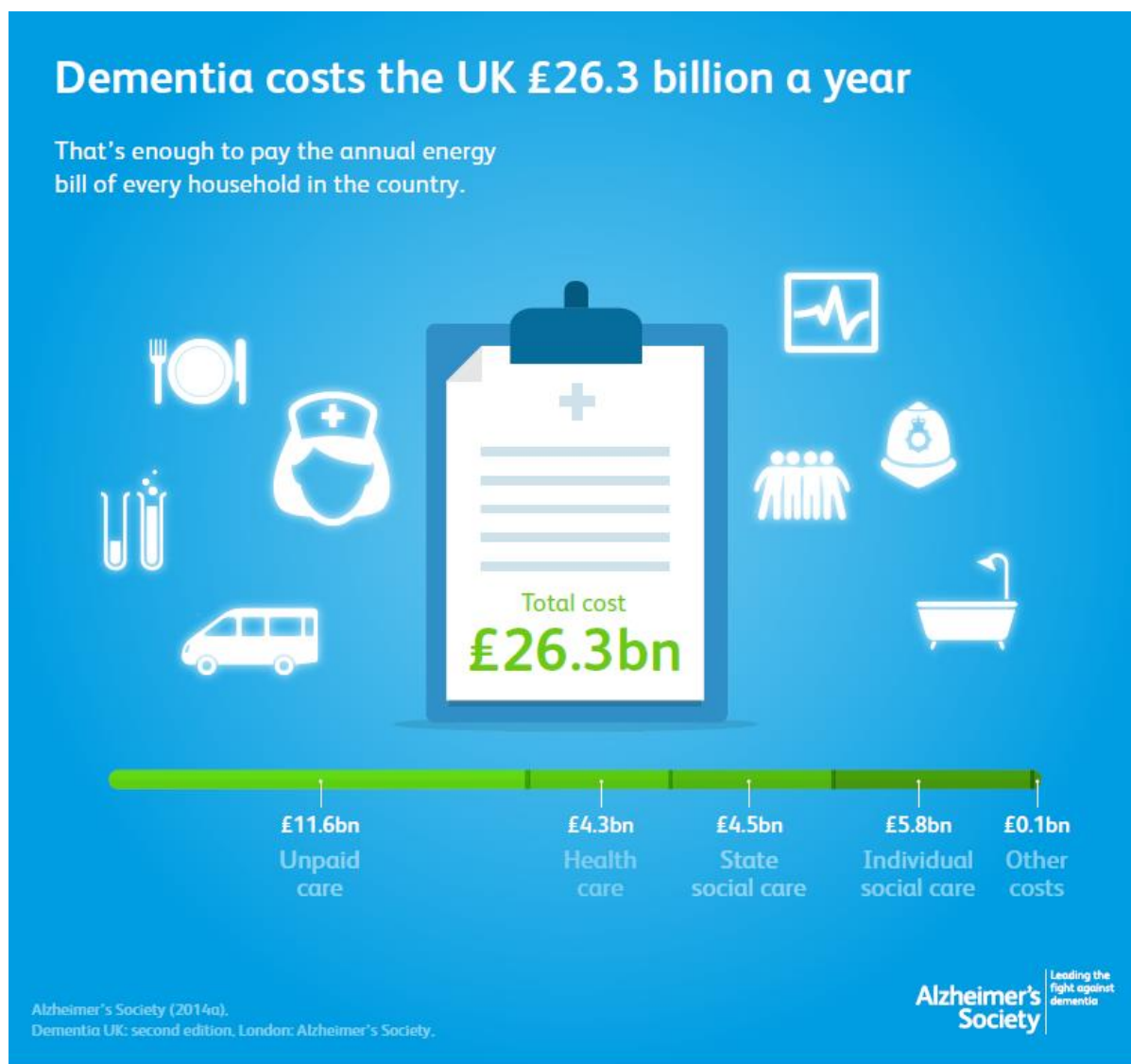


Figure 78: National dementia costs¹⁶⁸

The Alzheimer's Society has produced a comprehensive report detailing the evidence of dementia need and costs¹⁶⁹.

There are estimated to be over 1,450 people aged 65 and over with dementia in Gloucester and this is forecast to rise by over 60% to over 2,350 in 2030. Over 63% are women.

¹⁶⁶ Alzheimer's Society, 2014, Dementia UK 2nd Edition, <http://www.alzheimers.org.uk/dementiauk>

¹⁶⁷ Yu-Tzu Wu *et al*, 2015, Dementia in western Europe: epidemiological evidence and implications for policy making, The Lancet, [http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422\(15\)00092-7/abstract](http://www.thelancet.com/journals/lanneurol/article/PIIS1474-4422(15)00092-7/abstract)

¹⁶⁸ Alzheimer's Society, Dementia 2014 infographic, <http://www.alzheimers.org.uk/infographic>

¹⁶⁹ Alzheimer's Society

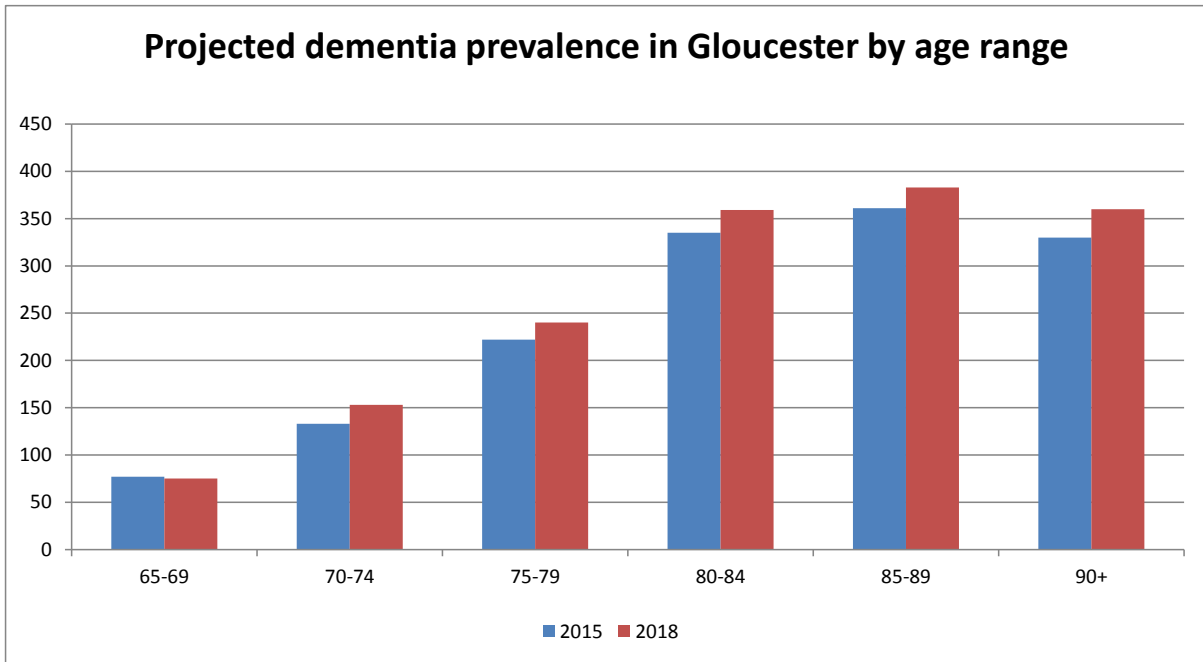


Figure 79: Predicted dementia prevalence by age in Gloucester¹⁷⁰.

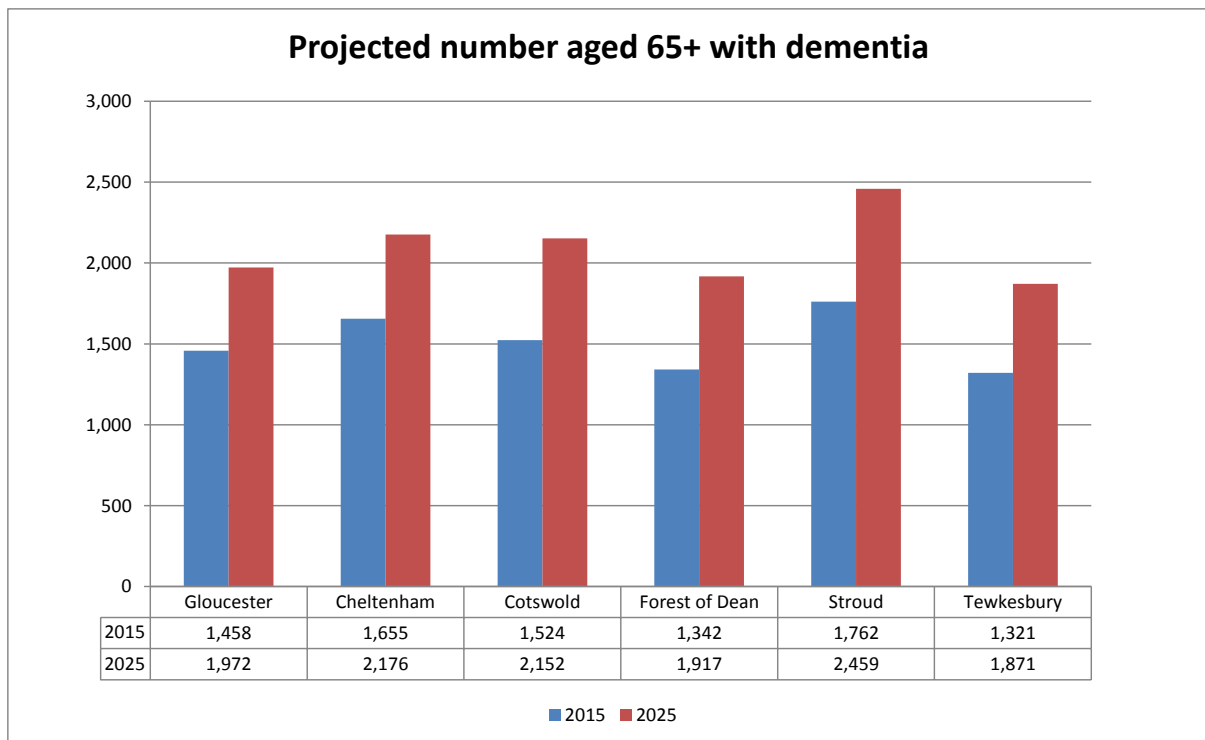


Figure 80: Predicted number aged 65+ with dementia 2015-2025¹⁷¹

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.

¹⁷⁰ POPPI, 2015

¹⁷¹ *Ibid.*

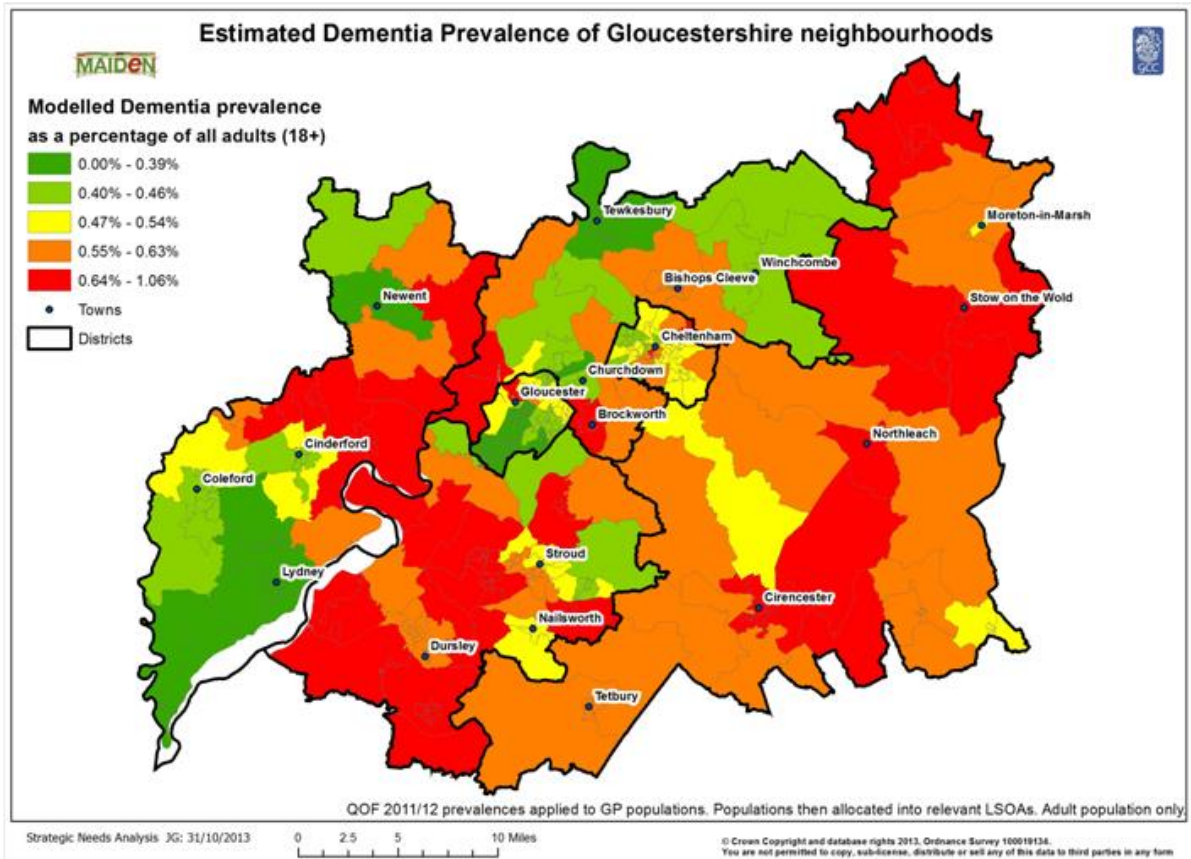


Figure 81: Estimated dementia prevalence of Gloucestershire neighbourhoods

6.6 Service use profile – community-based care

In 2014/15 2,476 people received community-based adult social care services in Gloucester District¹⁷². The rate per 100,000 population (see Figure 82 below) is the second highest in the county. In Gloucester, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.

¹⁷² Gloucestershire County Council, 2015

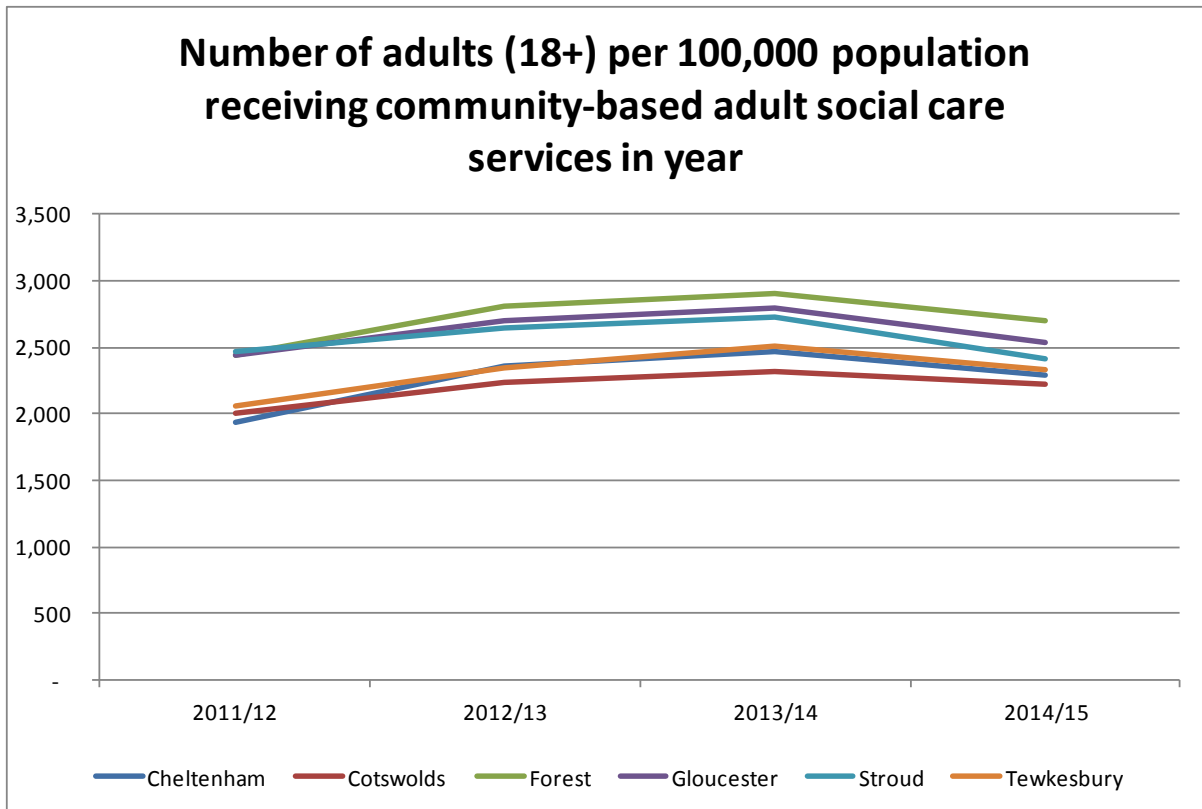


Figure 82: Adults who received any community based support during the year per 100,000 2011/12 – 2014/15

6.7 Service use profile – residential and nursing care

Eventually many adults with social care needs have to move in to residential or nursing care. There were 416 adults in residential care and 241 in nursing care in Gloucester in 2014/15. The following graph shows that Gloucester has the third highest rate of people in residential care in the county in recent years. For nursing care Gloucester had the lowest rate in the county in 2014/15¹⁷³.

¹⁷³ *Ibid.*

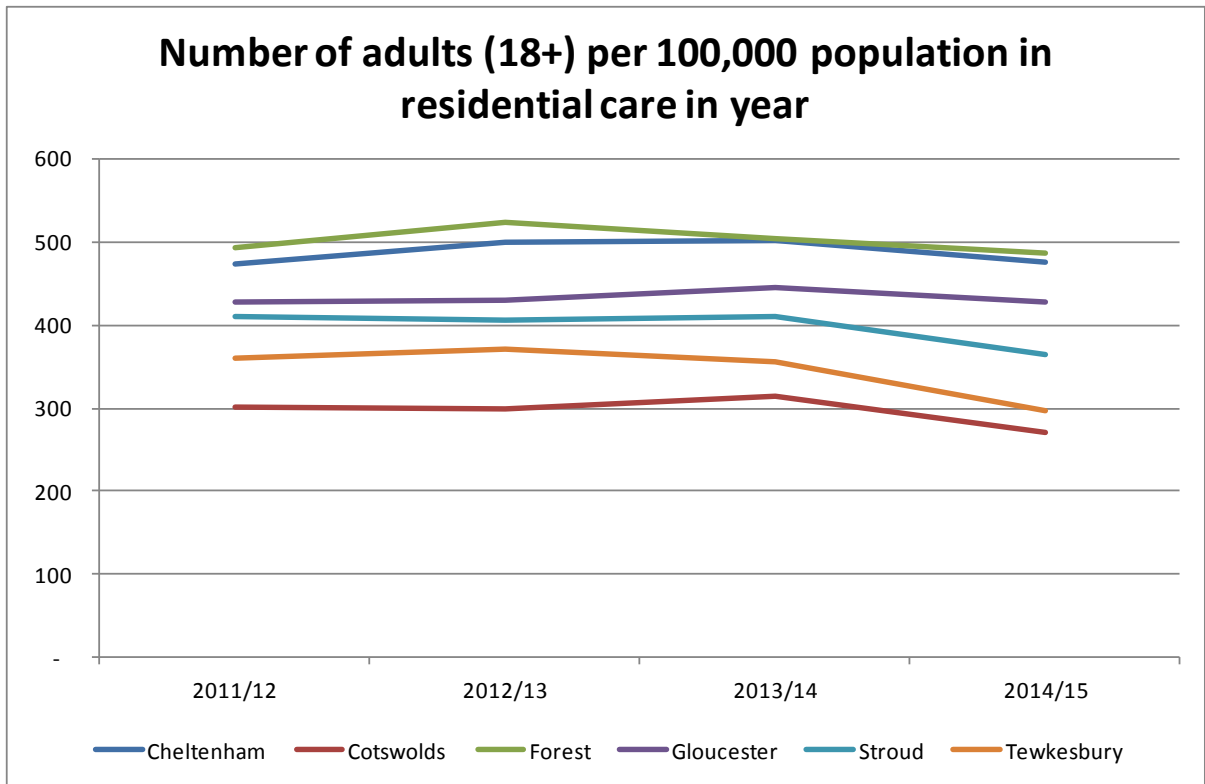


Figure 83: Adults in residential care during the year per 100,000 2010/11-2013/14¹⁷⁴

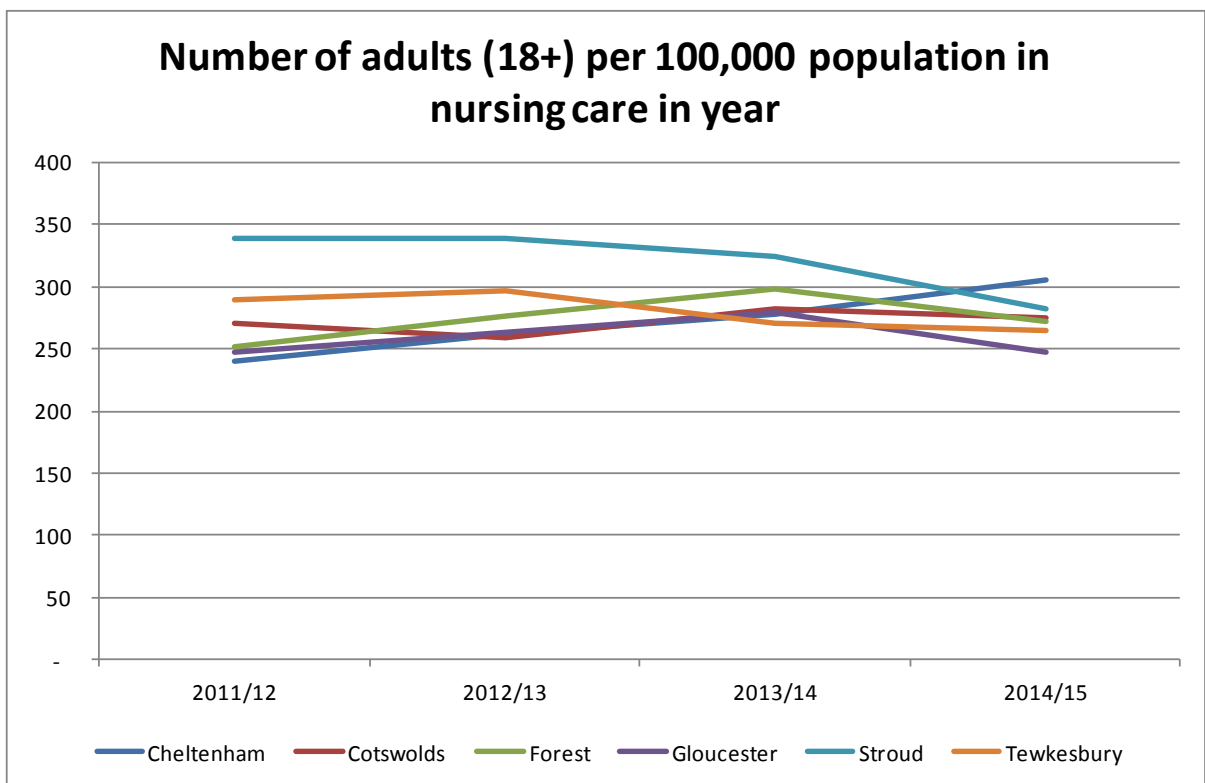


Figure 84: Adults in nursing care during the year per 100,000 2010/11-2013/14¹⁷⁵

¹⁷⁴ Ibid.

¹⁷⁵ Ibid.

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

6.8 Place of death

The national End of Life Care Strategy¹⁷⁶ 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.

46.1% of Gloucester 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. Gloucester performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%). In 2014/15, of Gloucester residents who died, 25% died at home, 49% died in hospital, 21% died in a care home, 4% in a hospice and 1% in other places¹⁷⁷.

¹⁷⁶ Department of Health, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136431/End_of_life_strategy.pdf, 2008

¹⁷⁷ National End of Life Care Intelligence Network, http://www.endoflifecare-intelligence.org.uk/data_sources/place_of_death, 18/11/2015

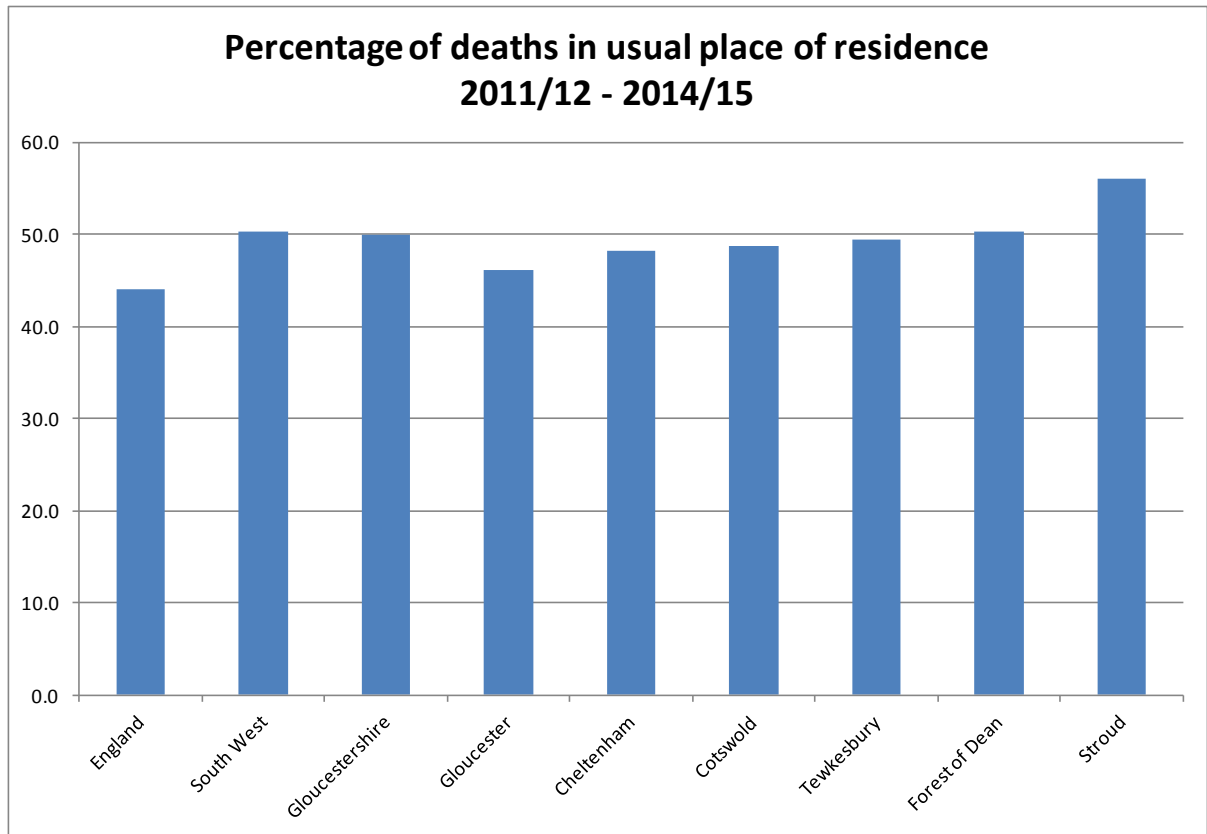


Figure 85 Deaths in usual place of residence 2011/12 – 2014/15

6.9 Key messages

- According to the 2011 Census 16.8% of Gloucester residents (20,433 people) reported having a long term health problem or disability; this was in line with the county average and below the regional and national average.
- In February 2015 there were 9,320 people claiming Disability Living Allowance or Attendance Allowance in Gloucester, representing 7.4% of the total population, this was lower than the regional and national averages but higher than the county average. Gloucester also had a higher proportion of disability benefit claimants than all of the other districts in Gloucestershire, with the exception of the Forest of Dean.
- Females and people aged 65+ account for the largest proportion of disability benefit claimants, the majority of claimants have been long term claimants. These characteristics are reflected at a county, regional and national level. There is some variation between age groups. Males are responsible for 64% of claims made by 0-17 year olds and only 41% of claims made by people aged 65+.
- In February 2015, arthritis was the most commonly reported disabling condition in Gloucester, representing almost a fifth of all claims. Mental health was the second most common condition, reported by 16% of all claimants.

The most commonly reported conditions in Gloucester generally follow the county and national trend.

- In 2013/14 there were 3,382 children and young people in maintained schools in Gloucester with Special Educational Needs, this equates to 17.7% of pupils, which was higher than the county average and all of the other districts with Gloucestershire except the Forest of Dean.
- The total number of pupils attending schools in Gloucester with Special Educational Needs has been falling since 2009/10 when it stood at 3,881 pupils, following a trend seen at county level.
- 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 Gloucester schools was Speech, Language and Communication Needs, this reflects the picture at county level.
- In 2014 there was an estimated 7,641 people aged 18-64 with a severe or moderate physical disability living in Gloucester and an additional 3,688 people aged 65+ who are unable to manage at least one mobility activity on their own. The number of people with a moderate or serious physical disability is projected to increase between 2014 and 2025.
- In 2014 there was an estimated 2,307 people aged 18+ with a learning disability living in Gloucester. The number of people aged 18+ with a learning disability is forecast to increase to 2,514 people by 2025, this represents an increase of 207 people or 9.0%.
- For the majority of long term conditions (LTCs) recorded on QOF disease registers, Gloucester has a similar or lower prevalence rate than for the county as a whole, although is significantly high for diabetes.
- There are estimated to be over 1,450 people aged 65 and over with dementia in Gloucester and this is forecast to rise by over 60% to around 2,350 in 2030. Over 63% are women.
- In 2014/15 2,476 people received community-based adult social care services in Gloucester District. The rate per 100,000 population is the second highest in the county. In Gloucester, as elsewhere, there is a general trend for a reduced number of people receiving community-based services since 2013/14.
- There were 416 adults in residential care and 241 in nursing care in Gloucester in 2014/15. Gloucester has the third highest rate of people in residential care in the county in recent years. For nursing care Gloucester had the lowest rate in the county in 2014/15.
- 46.1% of Gloucester 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. Gloucester performs better in this regard than England (44.1%) but less well than for Gloucestershire as a whole (50%)

7. Healthy and Sustainable Places and Communities

7.1 About this section

Local communities already play a huge role in meeting the needs of their members. 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 the community contribution can only increase.

7.2 Community Assets

There is already a wealth of community activity taking place across Gloucestershire in neighbourhoods, villages through clubs, interest groups and community organisations. Some of these activities take place with the support and involvement of the public sector in Gloucester City. 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 city and we intend to develop an evidence base that much better captures both the extent of such assets and the value they provide to the community. Understanding the needs of the population and the performance of the services they use is useful but it is only part of the picture; a vital part of any needs assessment and commissioning process is hearing the voice of the people who live in the area. What people say about their needs and the services they use gives important information on how to improve the services being commissioned in a way that responds to the needs of the population.

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

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

The timeline and details about the 'Call for Evidence' are still to be determined 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 anxiety¹⁷⁸). 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 970 parent carers in Gloucester)
- 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 Gloucester’s total 35-69 population, is an estimated 1,911).
- Caring for more than one person – The Survey of Carers in Households estimates that up to 17% of carers care for more than one person¹⁷⁹ (Gloucester estimate 2,061)
- Mutual Carers – Examples are two older people living together, or a person with learning difficulties providing care for his/her parents.

A total of 12,100 people in Gloucester provided unpaid care each week in 2011, representing 10% of the population. This number of unpaid carers in Gloucester has risen by 16% since 2001 and is expected to rise by another 7% by 2017 due mainly to the increasing number of older people.¹⁸⁰

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 Gloucester, projects a 9.1% increase of these carers in the next 4 years (see Figure 86).

¹⁷⁸ [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>

¹⁷⁹ [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>

¹⁸⁰ ONS, 2011 Census and [Inform Gloucestershire Census Page](#), “Unpaid Care” spreadsheet

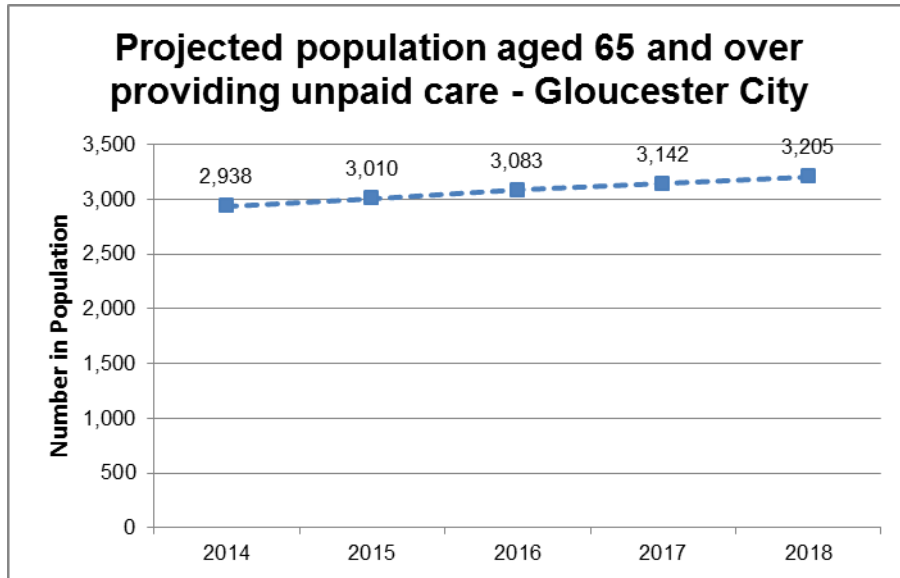


Figure 86: People aged 65 and over providing unpaid care to a partner, family member or other person

Figure 87 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 Gloucester and Gloucestershire as a whole, the highest proportion providing unpaid care is found in the 50 to 64 age group.

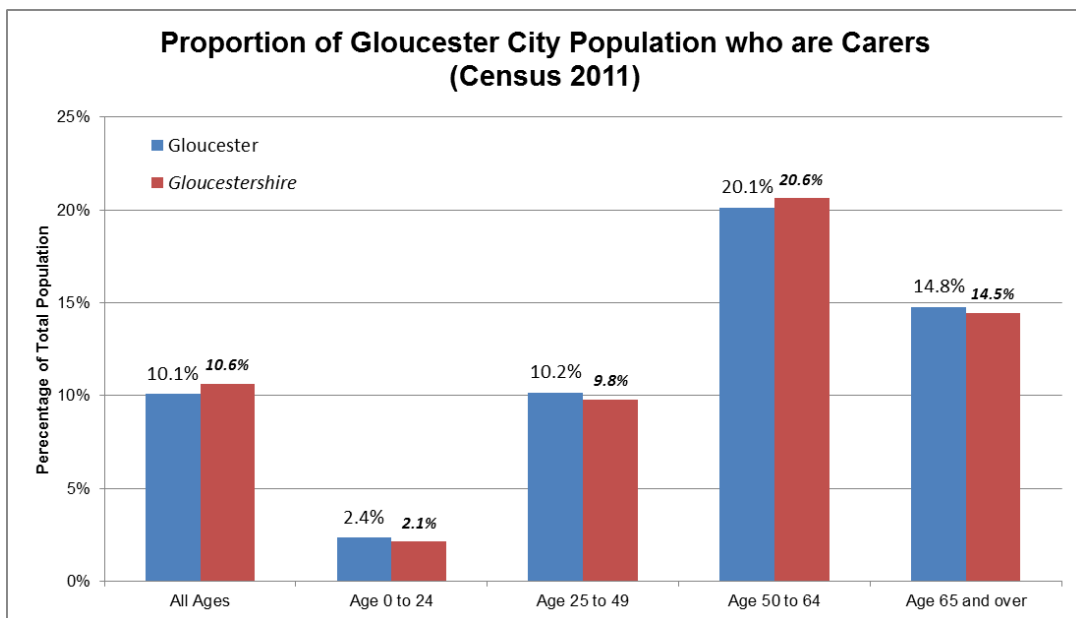


Figure 87: Proportion of Gloucester Population Who Are Carers ¹⁸¹

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

¹⁸¹ Provision of Unpaid Care (DC3301EW) –Census 2011

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

Nationally there were 413,779 young carers which equates to around 2.5% of the age group ¹⁸². There were 904 young carers in Gloucester (2.4% of total 0-24 population) ¹⁸³ at Census day in 2011.

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

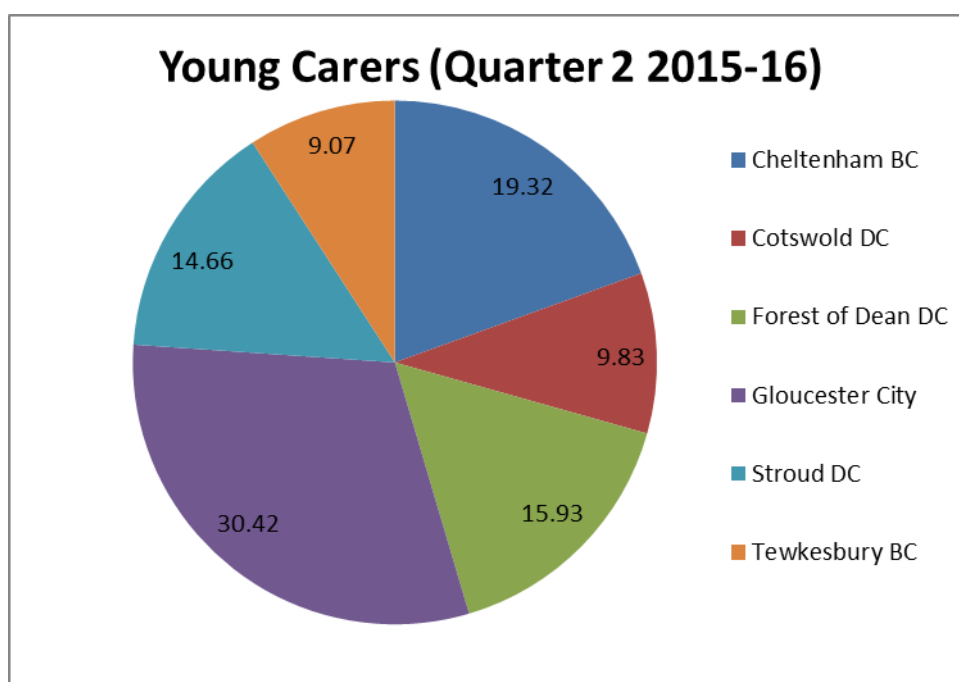


Figure 88: Proportion of Young Carers by District/Borough¹⁸⁴

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

¹⁸² Census 2011 (table KS301EW), <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-286262>

¹⁸³ Provision of Unpaid Care (DC3301EW) –Census 2011

¹⁸⁴ Gloucestershire County Council - Challenge and Performance Team

The views of over 500 carers whose needs had been assessed by or on behalf of Gloucestershire County Council were captured in the 2014/15 carers survey¹⁸⁵. 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 Gloucester. Nationally in 2013/14 48% of people volunteered in some way at least once a month and 74% at least once a year¹⁸⁶.

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 89 uses this information to show the likelihood of residents having a hobby of charity/voluntary work. It shows that in most areas in Gloucester the likelihood of having a hobby of charity/voluntary work is lower than the national average. The areas where people are most likely to have a hobby of charity/voluntary work, include parts of Hucclecote, Longlevens, and Tuffley.

¹⁸⁵ NASCIS, 2015, <https://nascis.hscic.gov.uk/>

¹⁸⁶ Community Life Survey England 2013-14, Cabinet Office, 2014.

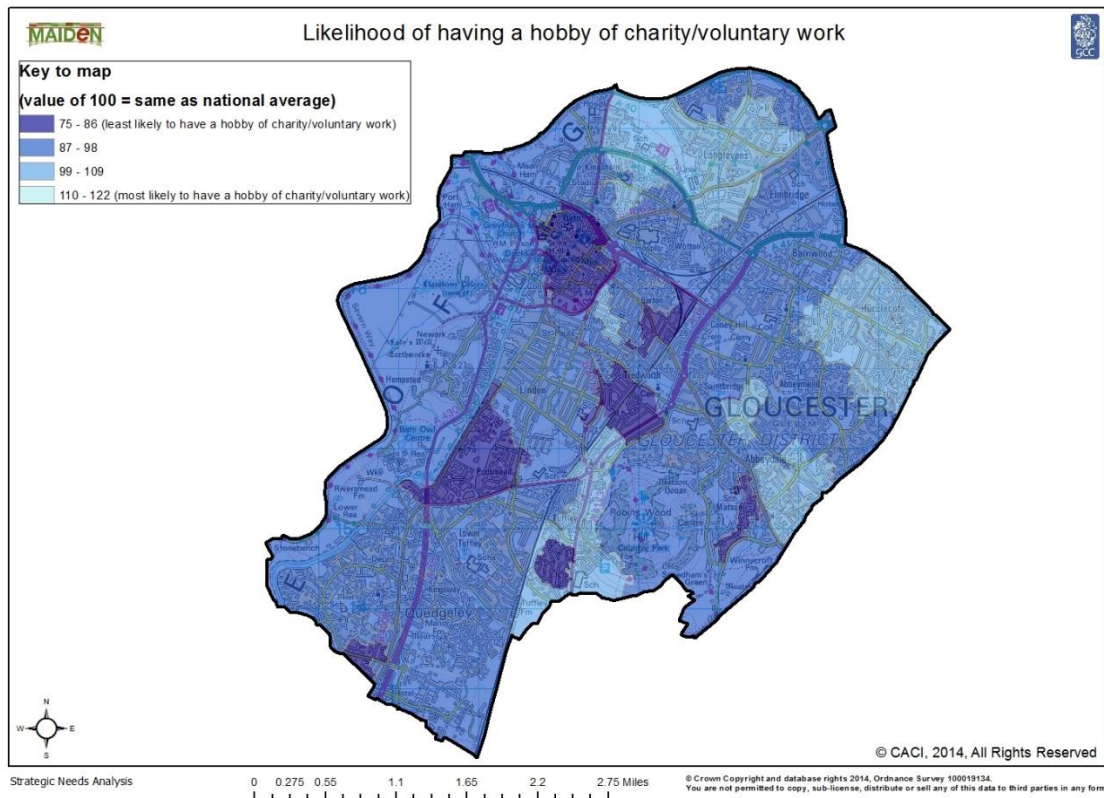


Figure 89: Likelihood of having a hobby of charity/voluntary work¹⁸⁷

7.5 Culture and Leisure

There is a wide and varied choice of cultural and leisure activities in Gloucester 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 industries¹⁸⁸ 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%¹⁸⁹. This data is not available at district level, however there is other information that will help us develop some understanding of tourism in Gloucester.

An important aspect of tourism is accommodation; in 2013 6.6% of all tourism related businesses in England were accommodation businesses¹⁹⁰. Visit

¹⁸⁷ Acorn, CACI.

¹⁸⁸ This includes transport activities, accommodation for visitors, travel agencies, food and beverage serving activities, transport equipment rental, sporting and recreational activities, and cultural activities.

¹⁸⁹ T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015

¹⁹⁰ *Ibid.*

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 expand¹⁹¹.

In 2012 there were 46 accommodation businesses in Gloucester. Figure 90 shows this was lower than any other district in the county. The makeup of accommodation businesses differs between these areas, with the graph showing accommodation businesses in Gloucester are primarily serviced accommodation such as hotels, while in Cotswold and the Forest of Dean non serviced or self-catering accommodation account for the majority of businesses.

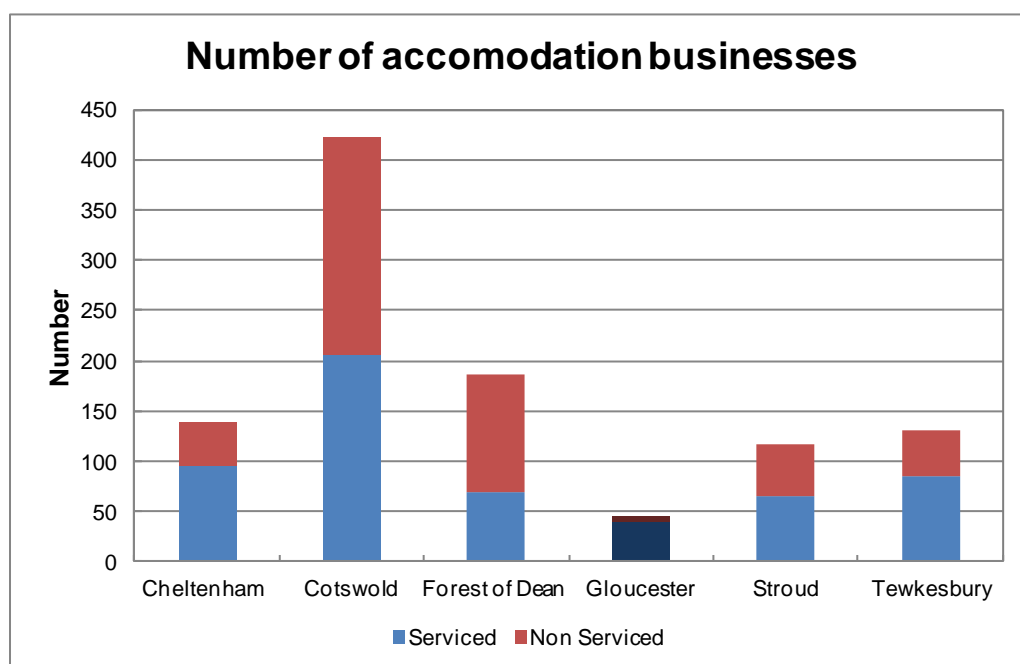


Figure 90: Number of accommodation businesses, 2012¹⁹²

At a national level domestic tourism accounts for the largest share of total visitor economy spending¹⁹³. Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,480,000 day trips to Gloucester bringing in around £134 million. Figure 91 shows there were more day trips to Gloucester than all of the other districts in the county with the exception of Cheltenham.

¹⁹¹ England – a strategic framework for tourism 2010-2020
http://www.visitengland.org/Images/Strategic%20Framework%20main%20document_tcm30-33240.pdf Accessed 14/12/2015.

¹⁹² T-Stats-Summary Report <http://www.t-stats-uk.co.uk/visitengland/SummaryReport.aspx> Accessed 14/12/2015.

¹⁹³ Government Tourism Policy
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/78416/Government2_Tourism_Policy_2011.pdf Accessed 14/12/2015

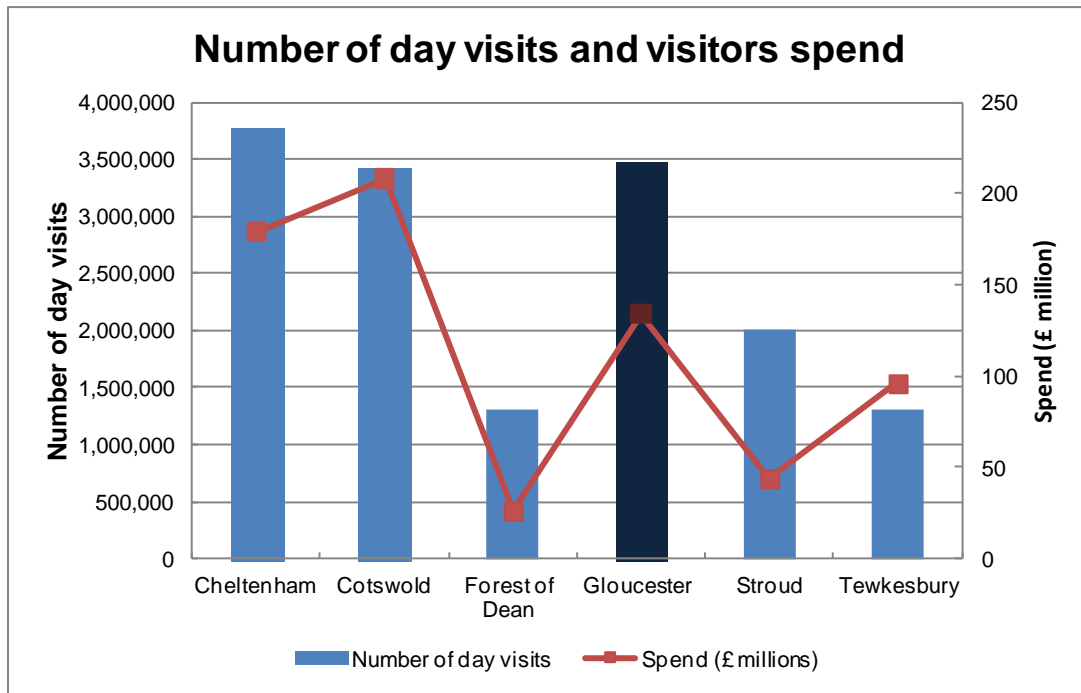


Figure 91: Number of day visits and visitors spend, 2011-2013¹⁹⁴

In the three year period 2011-2013 there were an estimated 283,000 domestic overnight visits to Gloucester, this contributed around £33 million to the economy. Figure 92 shows the number of domestic overnight visits and visitors spend was the third highest in the county, behind Cheltenham and Cotswold.

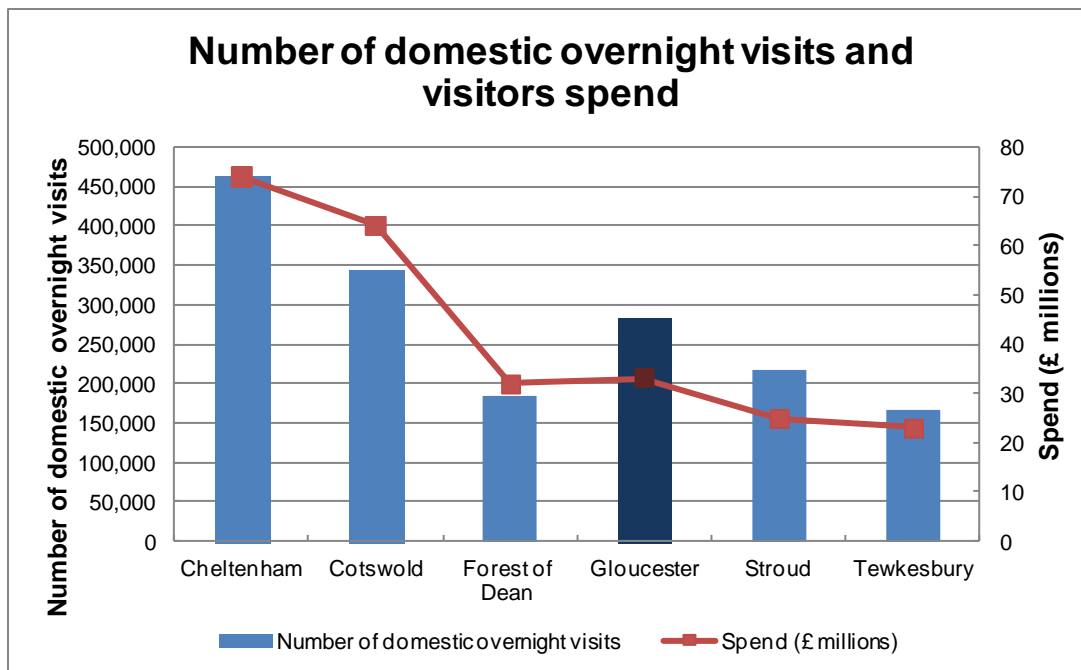


Figure 92: Number of domestic overnight visit and visitors spend, 2011-2013¹⁹⁵

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

¹⁹⁵ *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 town or city level rather than district level, this means it will not capture the full extent of overseas tourism. In the period 2011-13 there were an estimated 46,758 visits to Gloucester's city centre by overseas tourists. Figure 93 shows this was the second highest in the county following Cheltenham.

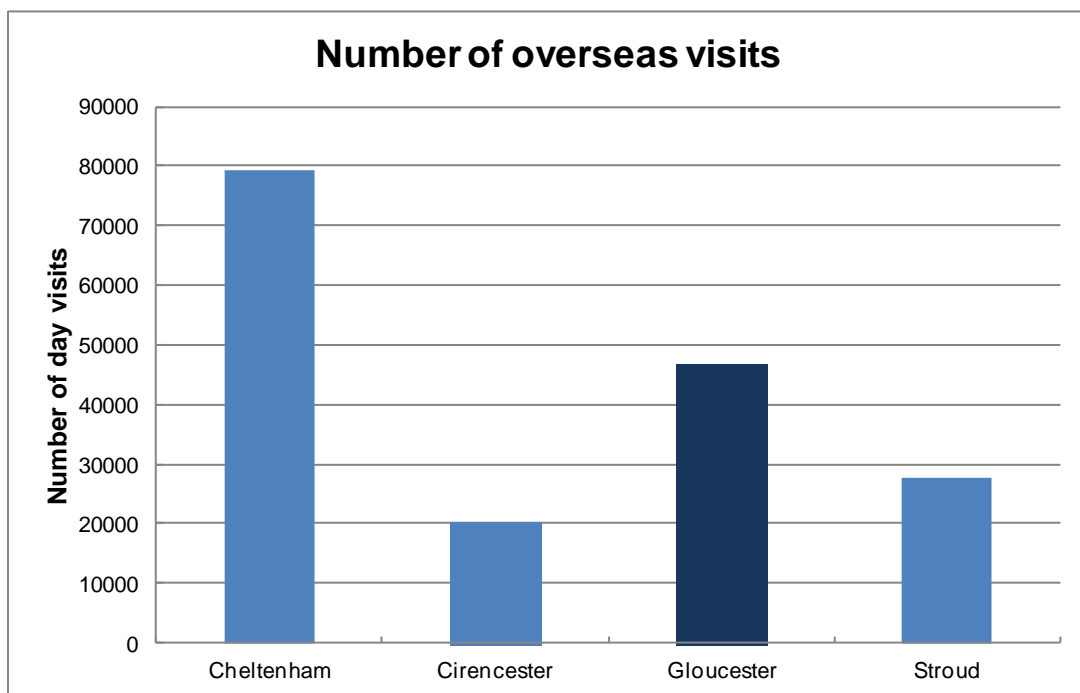


Figure 93: Number of overseas visits, 2011-2013¹⁹⁶

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

¹⁹⁶ *Ibid.*

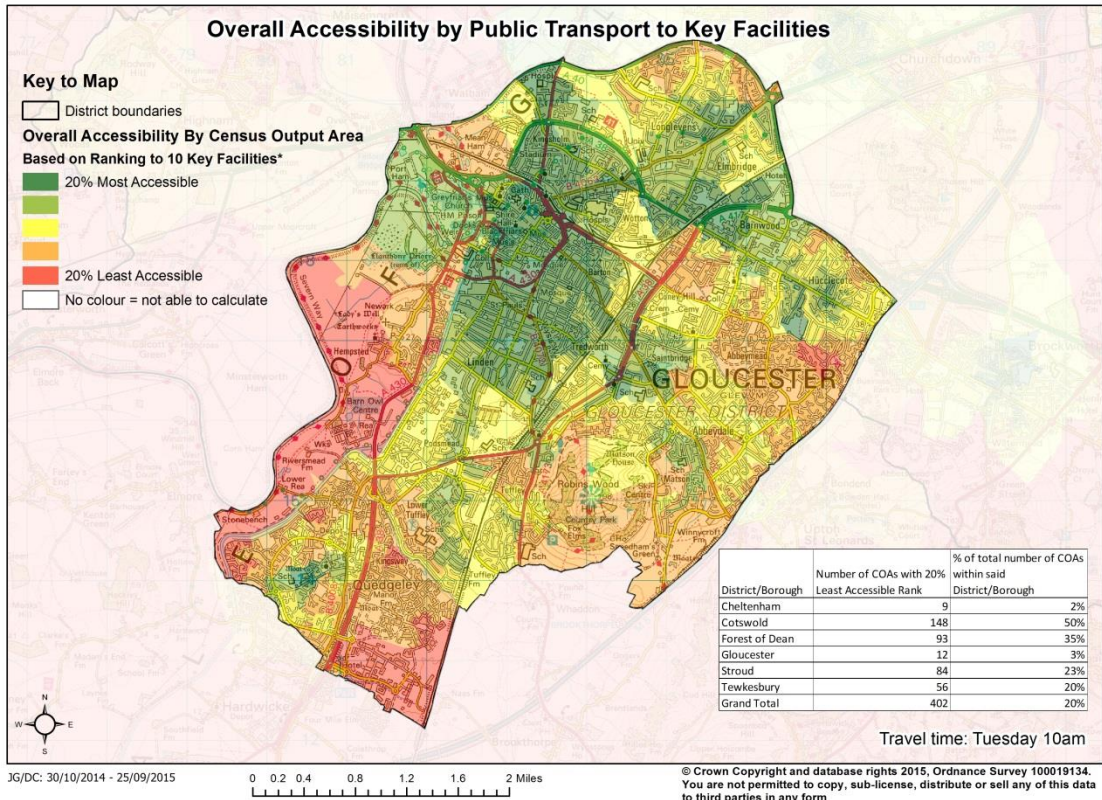


Figure 94: Overall Accessibility by Public Transport to Key Facilities

The MAIDeN accessibility toolkit 2014¹⁹⁷ 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 95) focuses solely on GP access if using public transport.

¹⁹⁷ <http://www.maiden.gov.uk/mapsAccess.asp>

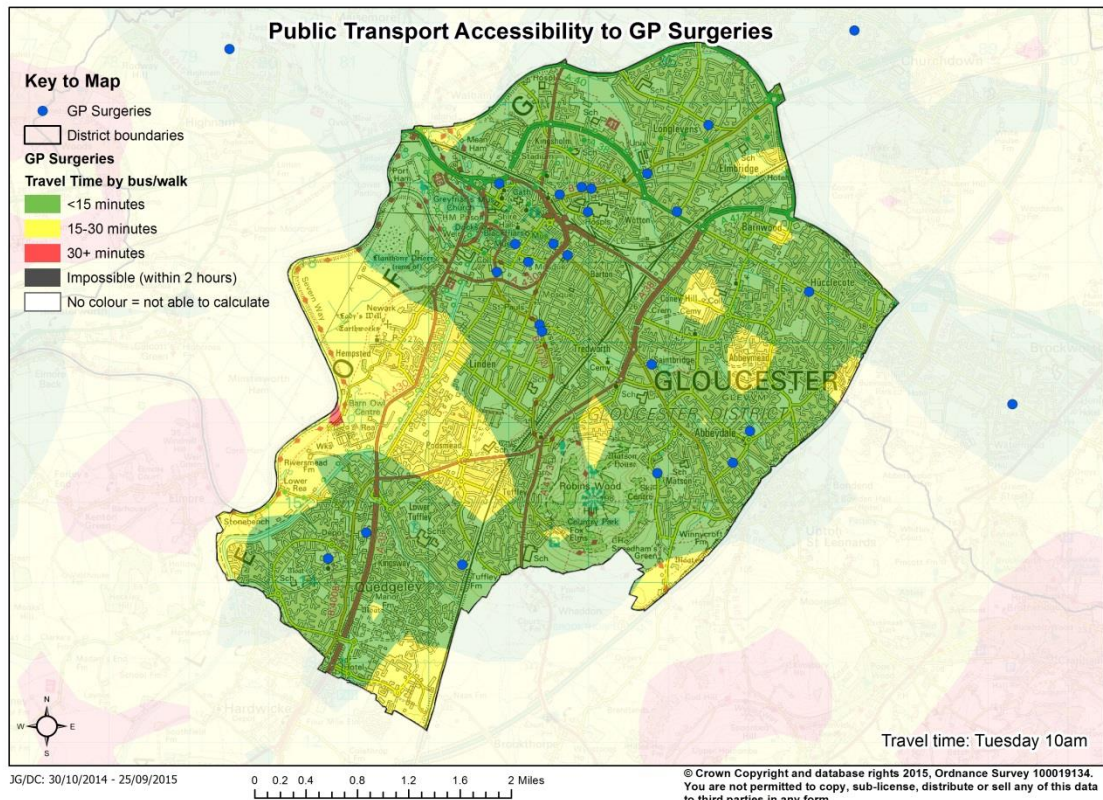


Figure 95: Accessibility to GP Surgeries by Public Transport

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

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

7.7 Housing

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

7.7.1 Housing supply and type

In 2011 there were 50,363 households in Gloucester, this represents an increase of 10.0% or 4,598 households since 2001, more than any other district in Gloucestershire¹⁹⁸. The number of households in Gloucester is projected to increase by 3,000 between 2012 and 2017 (5.9%) and by 14,000 between 2012 and 2037 (27.5%)¹⁹⁹.

Figure 96 shows at the time of the 2011 Census, semi-detached housing accounted for the largest proportion of housing in Gloucester. Gloucester's housing profile broadly reflects the Gloucestershire and national average, with the most noticeable difference being a smaller proportion of detached dwellings accounting for 21.0% of the total compared to 30.8% in Gloucestershire as a whole.

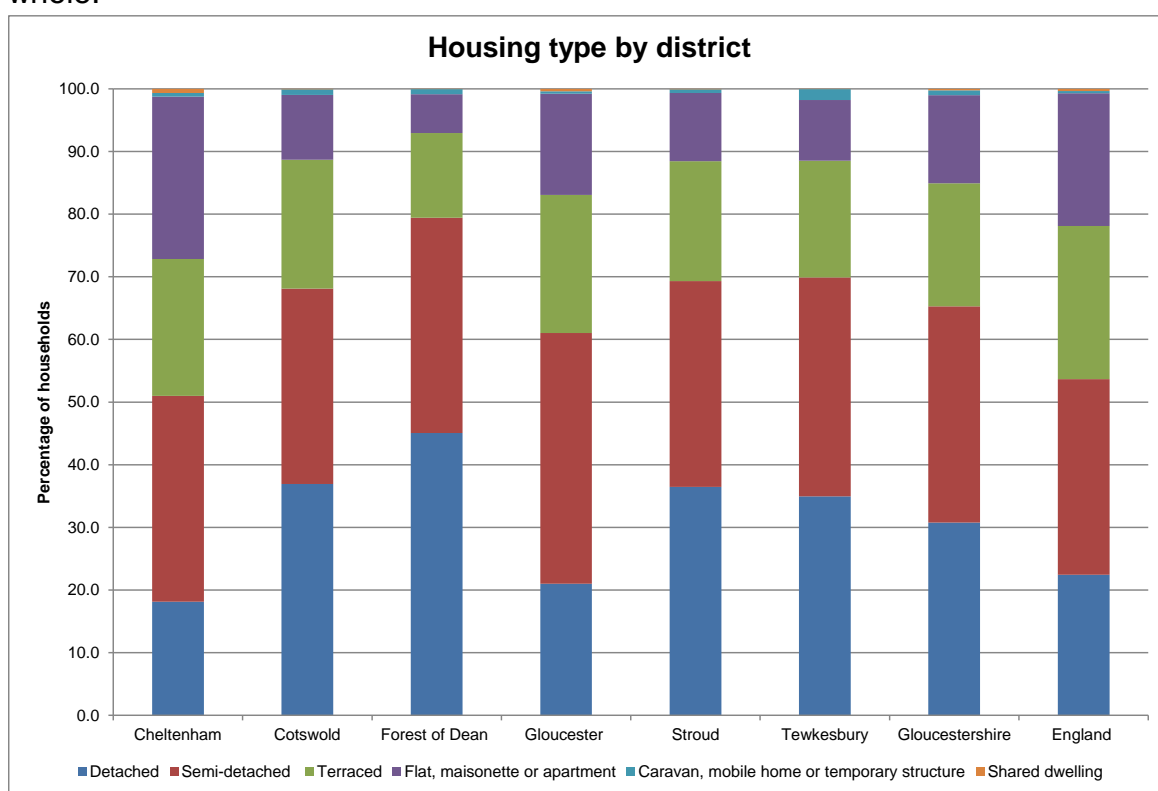


Figure 96: Housing type by district, 2011²⁰⁰

In recent years much of the growth in housing in Gloucester has been in flats, maisonettes or apartments with an increase of 1,885 between 2001 and 2011, this represents 41.0% of all household growth. At county level flats, maisonettes and apartments account for a smaller proportion of growth at 34.5% of the total²⁰¹.

¹⁹⁸ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

¹⁹⁹ 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

²⁰⁰ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

²⁰¹ ONS, 2011 and 2001 Census, <https://www.nomisweb.co.uk/> Accessed 21/10/2015.

In 2011 the majority of households in Gloucester were owner occupied, with Figure 97 showing they accounted for 67.2% of all households, this was lower than the county average but higher than the national average. Levels of private renting were higher in Gloucester than the Gloucestershire as a whole. Levels of private renting were higher in Gloucester than the Gloucestershire as a whole.

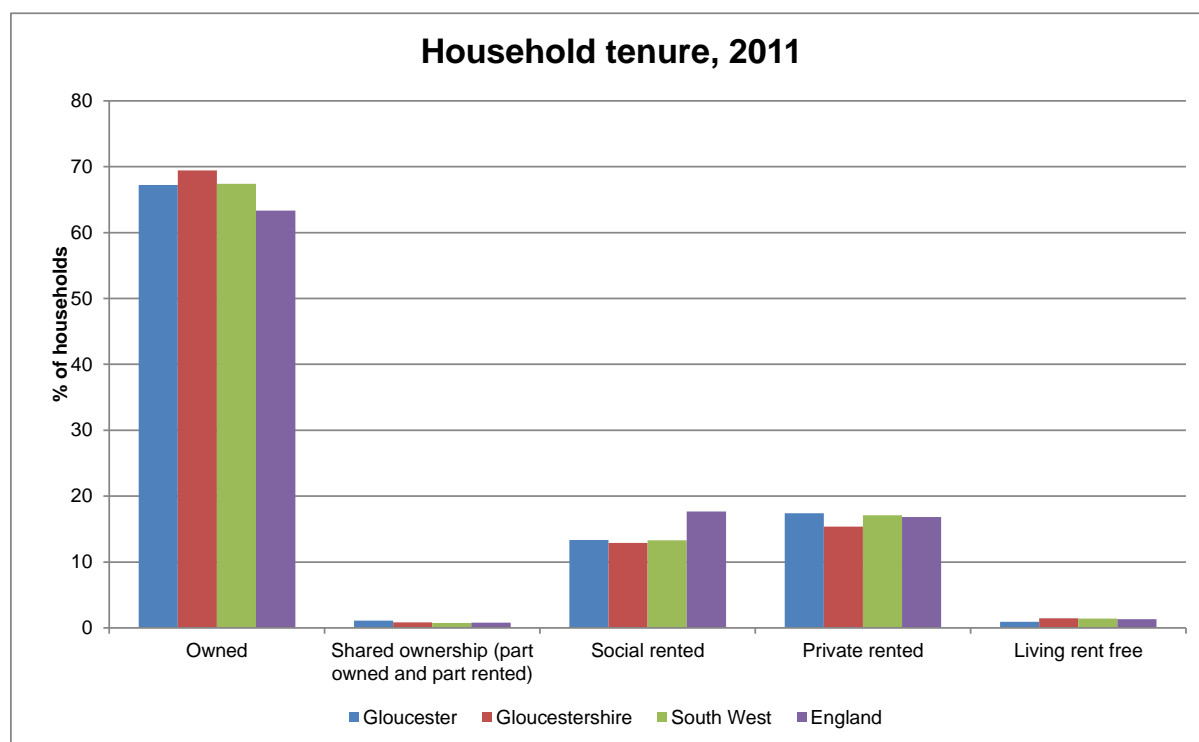


Figure 97: Housing by tenure, 2011²⁰²

Over the last 10 years the proportion of owner occupied households in Gloucester declined from 74.1% in 2001 to 67.2% in 2011. During the same period the proportion of households that were privately rented increased from 9.6% to 17.4%, while households of other tenures remained largely unchanged²⁰³. 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 97 shows that in Gloucester, socially rented housing accounts for 13.3% of all households, which was in line with the county and regional average but below the national average.

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

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

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

welfare needs. Data from October 2015 shows that in Gloucester there were 3,945 active applications²⁰⁴ for social housing using the Homeseeker scheme²⁰⁵. Figure 98 provides a breakdown of active applications by priority need, it shows that in Gloucester the majority of applications (58%) were classified as bronze need, which is the lowest level of need, while 2% of applicants had the highest level of need, emergency need²⁰⁶.

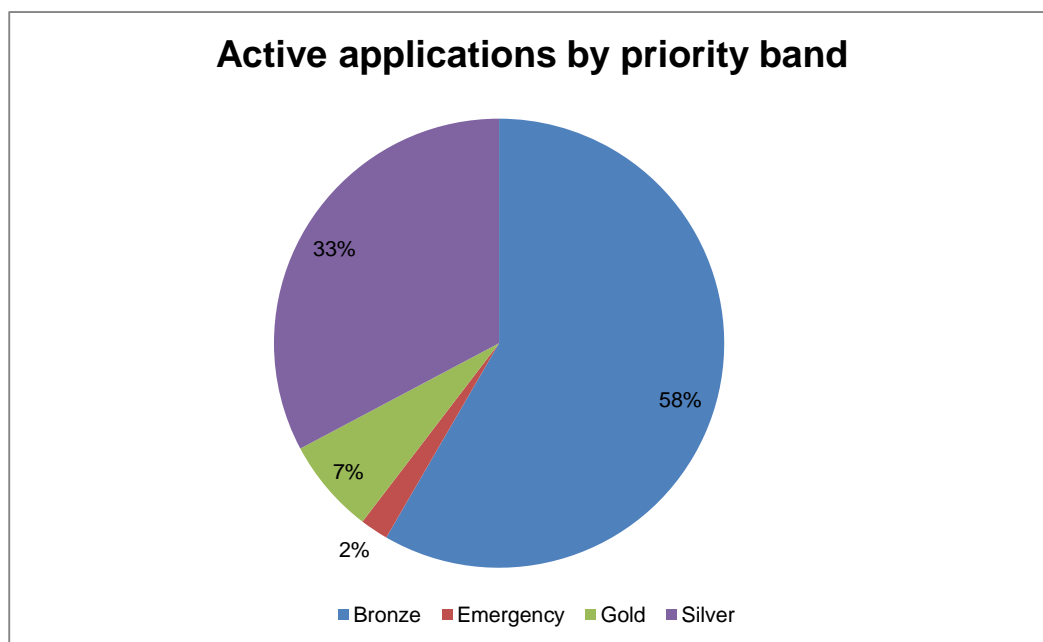


Figure 98: Active applications to Gloucestershire Homeseeker by priority band, October 2015²⁰⁷

In order to allocate homeseekers to a priority band, applicants are asked about their circumstances, including whether their current housing conditions make health conditions or social problems worse. Figure 99 shows that in Gloucester the majority of active applicants to Gloucestershire Homeseeker do not believe their current housing conditions make health conditions or social/welfare problems worse. The most common condition thought to be made worse by current housing situations is the broad category of medical conditions, affecting around 470 active applicants. This information is based on self-definition by applicants, this is checked at a later stage before homes are allocated.

²⁰⁴ Active Applications are those who have had their application form checked and are ready to bid for properties

²⁰⁵ Gloucestershire Homeseeker

²⁰⁶ For information about the criteria used to determine band of need please see

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

²⁰⁷ Gloucestershire Homeseeker

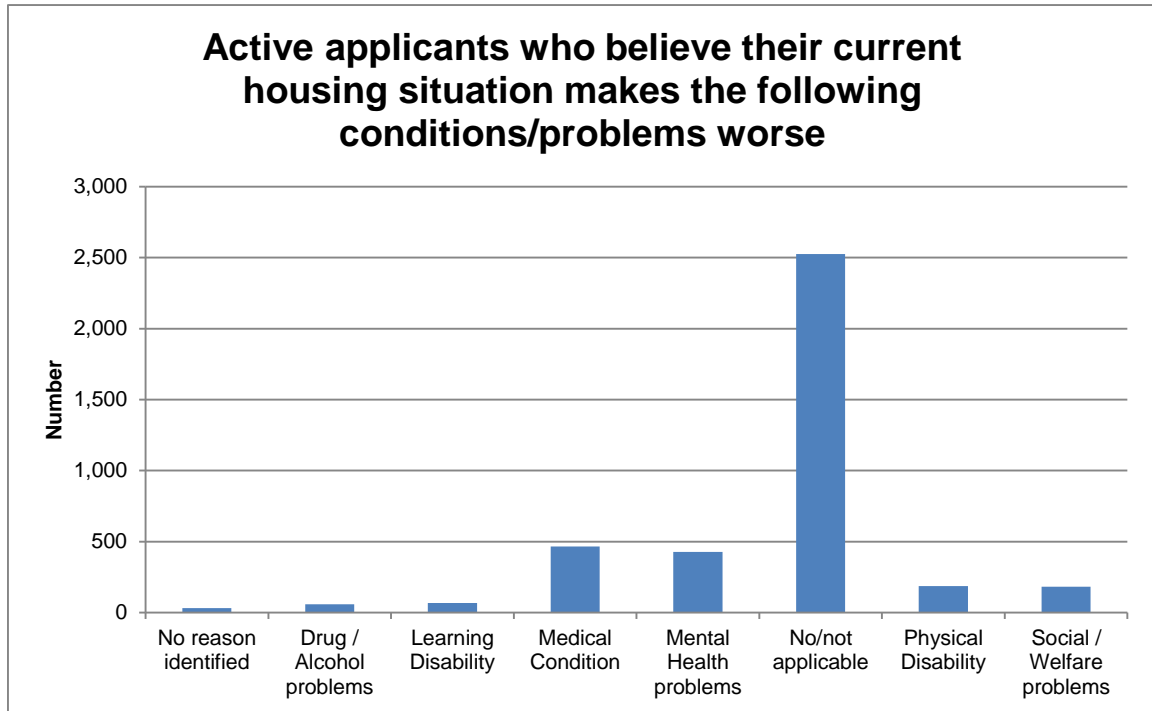


Figure 99: Active applications to Gloucestershire Homeseeker who believe their current housing situations make the following conditions/problems worse²⁰⁸

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 costs²⁰⁹.

In the second quarter of 2013, the mean house price in Gloucester was £151,825, Figure 100 shows this was lower than the county and national average and all of the other districts that make up Gloucestershire.

²⁰⁸ *Ibid.*

²⁰⁹ 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.

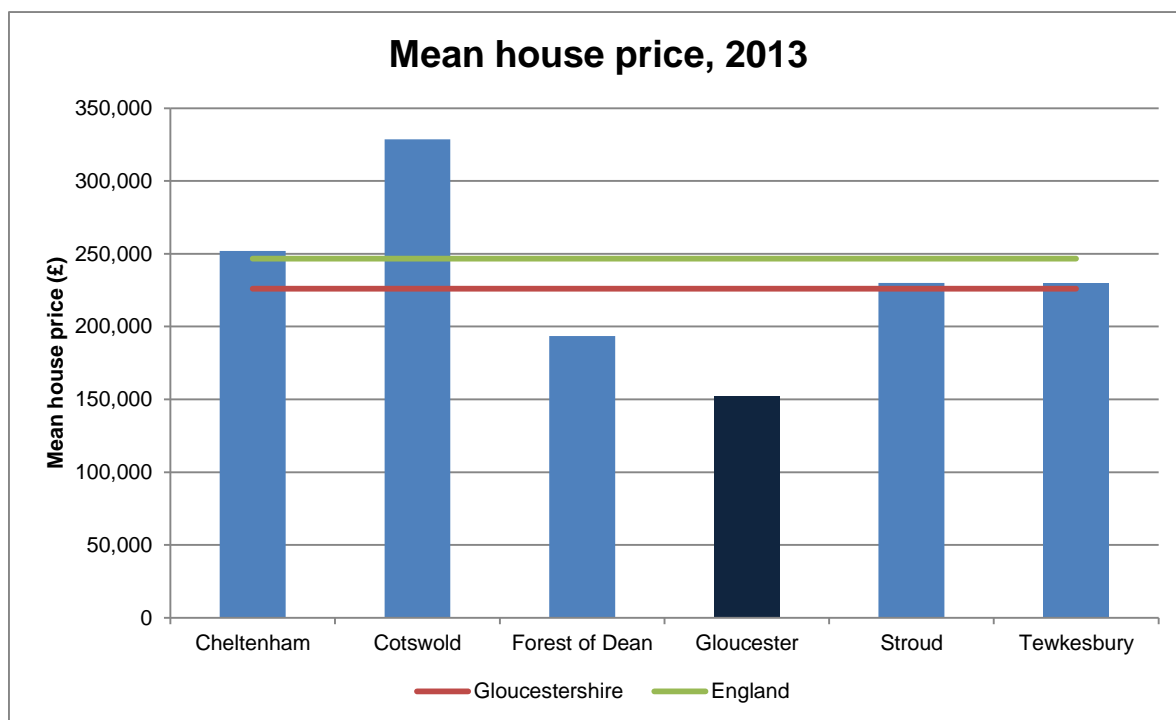


Figure 100: Mean house price, Quarter 2 2013²¹⁰

Housing affordability is not determined purely by house prices, average incomes also play a part. 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 101 shows that in 2013, someone earning a lower quartile sum in Gloucester, required 5.48 times their earnings to purchase a lower quartile priced property. This is lower than the Gloucestershire and England average of 7.23 and 6.45 respectively.

Given that the Bank of England²¹¹ has placed restrictions on mortgages that are more than 4.5 times an individual's salary, Gloucester's income to house price ratio, may make it difficult for existing residents to get on the property market, which. However, as housing in Gloucester is more affordable than in other parts of the county it may also encourage people to live in Gloucester and commute to places nearby that have higher income levels.

²¹⁰ 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

²¹¹ This is money. Risky mortgages of more than 4.5 times income to be limited as Bank acts to prevent a damaging house price bubble <http://www.thisismoney.co.uk/money/article-2670424/Bank-England-set-announce-stricter-mortgage-rules-cool-overheating-housing-market.html#ixzz3Thb7aTVt> Accessed 05/10/2015

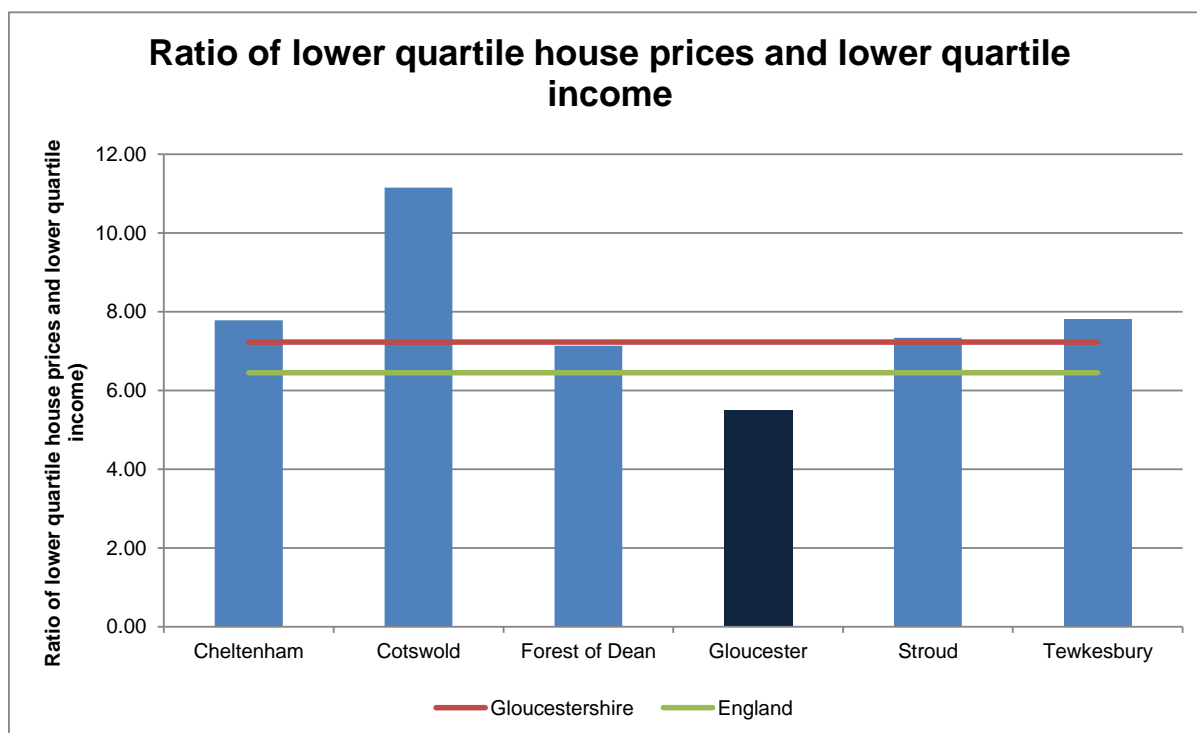


Figure 101: Ratio of lower quartile house prices and lower quartile income, 2013²¹²

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 wellbeing²¹³.

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 unhappiness²¹⁴.

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

²¹² 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

²¹³ The Marmot Review – Fair society Healthy Lives <http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf> Accessed 04/11/2015

²¹⁴ 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 102 shows at the time of the 2011 Census 7.8% of households in Gloucester (3,929 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was higher than the county average and all of the other districts in the county with the exception of Cheltenham. There was a 1.8 percentage point increase in households that were overcrowded in terms of rooms since 2001 (1,201 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 4.0% (1,990 households) in 2011, this was higher than the county average of 2.7% and all of the other districts in Gloucestershire.

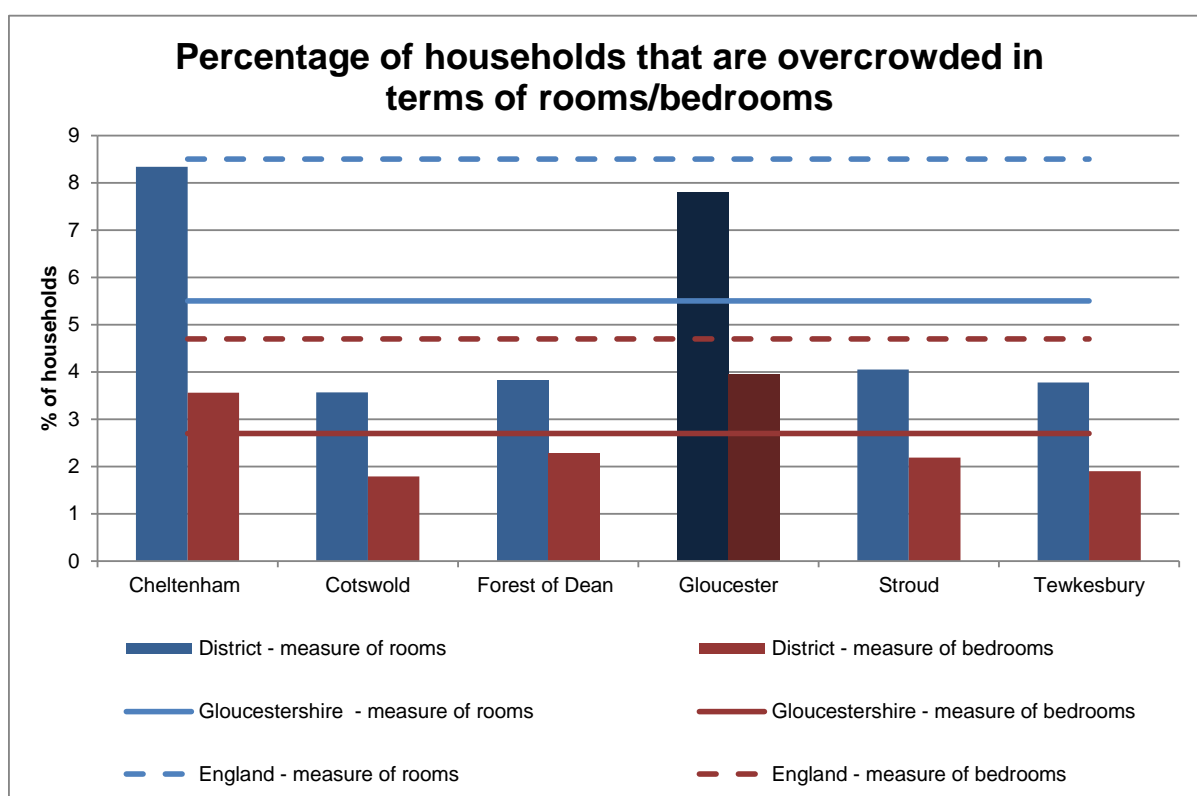


Figure 102: Percentage of households that are overcrowded in terms of rooms and bedrooms, 2011²¹⁵

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 deaths²¹⁶. A household is considered to be in fuel poverty if their

²¹⁵ ONS, 2011 Census, <https://www.nomisweb.co.uk/> Accessed 04/11/2015.

²¹⁶ 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 median²¹⁷.

In 2013 an estimated 5,666 households in Gloucester were in fuel poverty representing 10.7% of all households, this was the same as the county average and slightly above the national average of 10.4%²¹⁸.

Gloucestershire’s Warm and Well scheme aims to improve energy efficiency in the home and reduce the risk of fuel poverty by; raising public awareness; providing advice to householders and making referrals for grants and discounts. Between 2011/12 and 2014/15 1,402 measures were installed in properties in Gloucester to improve energy efficiency. Figure 103 breaks down the measures installed in the latest period (2014/15) by type. It shows that the most common type of measure installed in Gloucester and most other areas in the county was cavity wall insulation. Other measures installed include loft insulation, solid wall insulation and heating work.

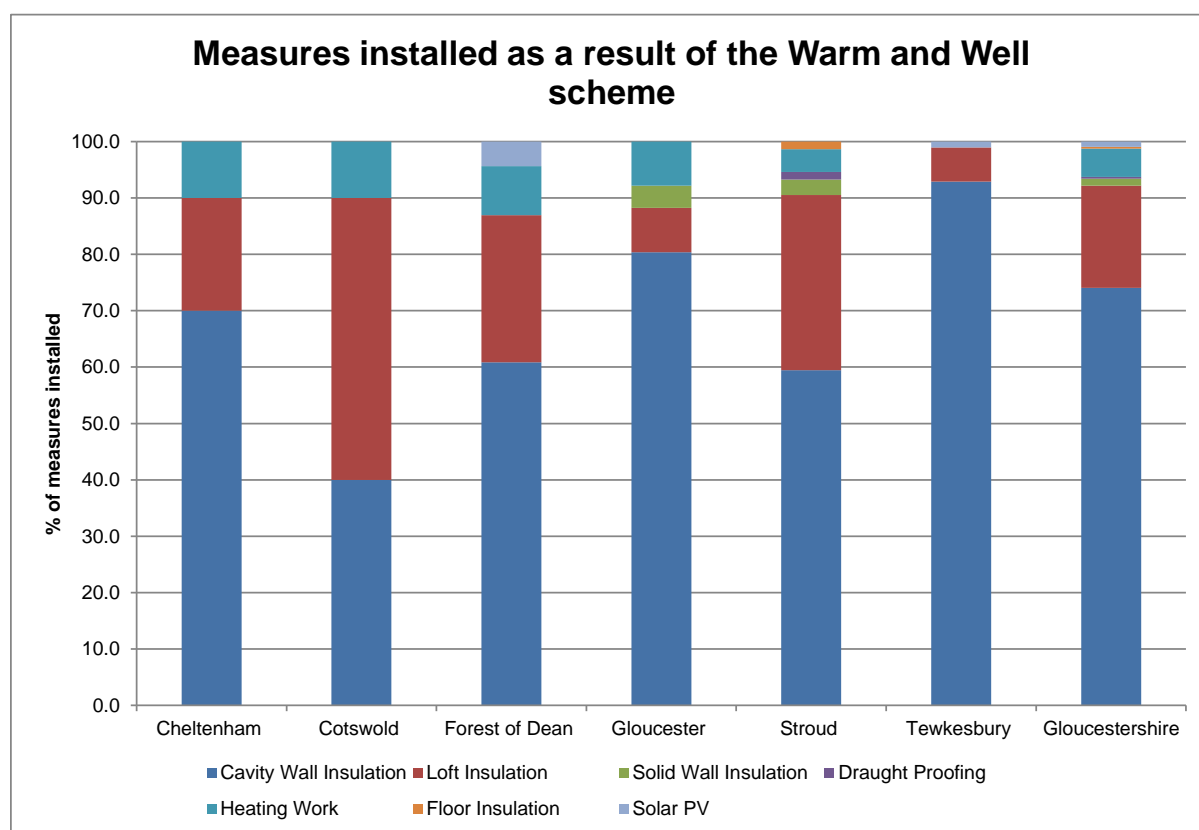


Figure 103: Breakdown of measures installed as a result of the Warm and Well Scheme by type, 2014/15²¹⁹

²¹⁷ 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

²¹⁸ 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

²¹⁹ Severn Wye Energy, Warm and Well End of Year Reports, 2011/12,2012/13,2013/14 and 2014/15.

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

Local authority districts have a duty to periodically review housing conditions by carrying out surveys or studies. The surveys generate a range of information about housing, including an estimate of the number of Category 1 hazards. In 2011, there were an estimated 3,100 private sector dwellings in Gloucester exhibiting Category 1 hazards, this represents 6.7% of all private sector dwellings.²²⁰

Figure 104 shows the type of Category 1 hazards estimated to be present in properties in Gloucester the most common Category 1 hazards are falls on stairs, followed by excess cold.

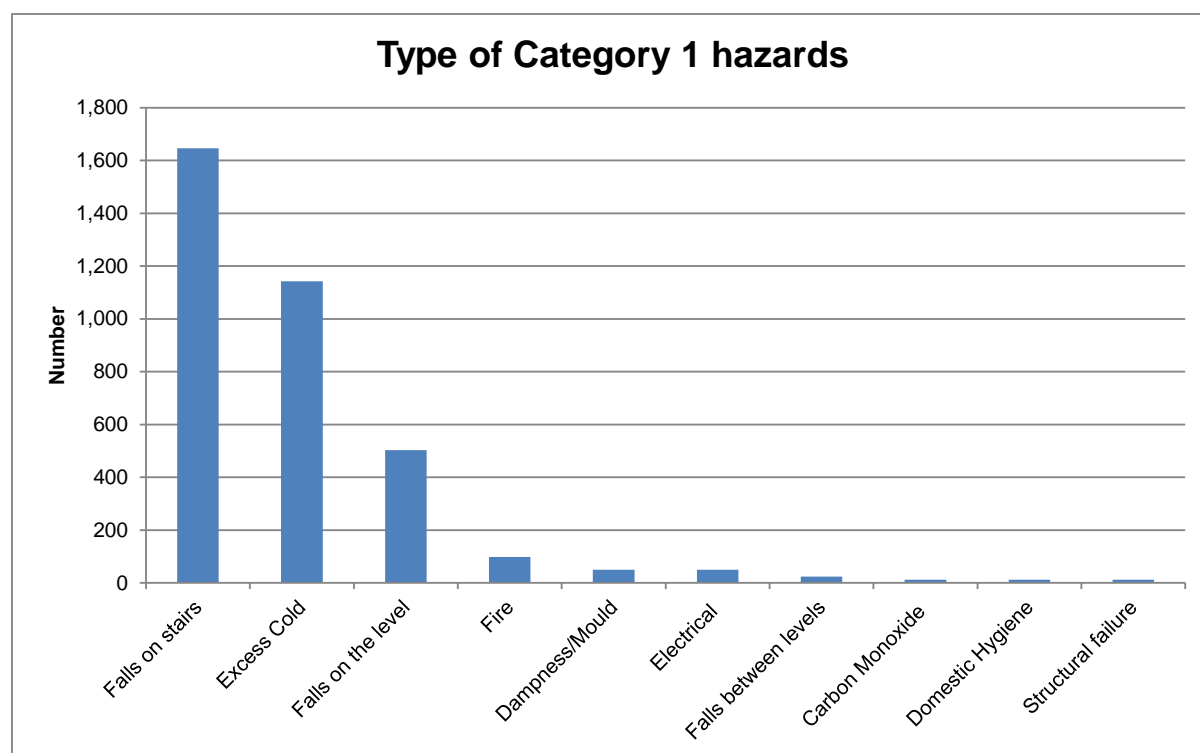


Figure 104: Type of Category 1 hazards, 2011²²¹

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 Gloucester were addressed it would result in an annual

²²⁰ Gloucester City Council, Private Sector House Condition Survey, 2011.

²²¹ *Ibid.*

saving to the NHS of £361,649, 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, Gloucester and Gloucestershire²²²

	Hazards for Gloucester			Hazards for Gloucestershire		
	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)	No. of Hazards	Cost to NHS (£)	Savings to NHS (£)
Excess Cold	1,181	112,077	100,857	20,344	1,930,645	1,737,377
Damp & Mould	52	12,735	12,692	1,478	361,962	360,750
Falls on level	536	78,401	70,554	5,664	828,473	745,552
Falls on stairs	1,729	188,496	175,459	15,547	1,694,933	1,577,709
Falls between levels	27	2,099	2,087	2912	226,349	225,097
TOTAL	3,525	£393,807	£361,649	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 Social rental dwellings. Table 35 shows that between 2011/12 and 2014/15 586 Category 1 hazards have been removed from homes in Gloucester.

Table 35: Category 1 hazards removed from Gloucestershire Homes²²³

	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

²²² Gloucestershire Local Authority Districts , Improving Homes and Improving Health and supporting evidence

²²³ Data sourced from District Councils, by Stroud District Council

mandatory duty to provide Disabled Facilities Grants²²⁴ 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 needs²²⁵.

Table 36 shows the number of Disabled Facilities Grants completed between 2012/13 and 2014/15. In 2014/15 there were 66 grants completed in Gloucester to the value of £408,680. The number of grants completed in Gloucester fell year on year, while the costs reached a peak in 2013/14 before falling in 2014/15.

Table 36: Disabled Facilities Grants Completed in Financial Year in Gloucestershire²²⁶

	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 ²²⁷	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

²²⁴ 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

²²⁵ Astral Advisory, Disabled Facilities Grants in England: A research report, 2013

²²⁶ Data sourced from District Councils, by Stroud District Council

²²⁷ 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 person²²⁸.

Homeless people can be categorised into three main groups:

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

Local authorities have a duty to secure suitable accommodation for the statutory homeless, this is referred to as acceptances²²⁹.

In 2014/15 181 people were accepted as homeless in Gloucester, this equates to a rate of 3.45 per 1,000 population, which Figure 105 shows is higher than the national average of 2.4 per 1,000 population and the other districts in Gloucestershire.

²²⁸ 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

²²⁹ DCLG, Statutory Homelessness: April to June Quarter 2015 England, https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/463017/201506_Statutory_Homelessness.pdf Accessed 09/11/2015.

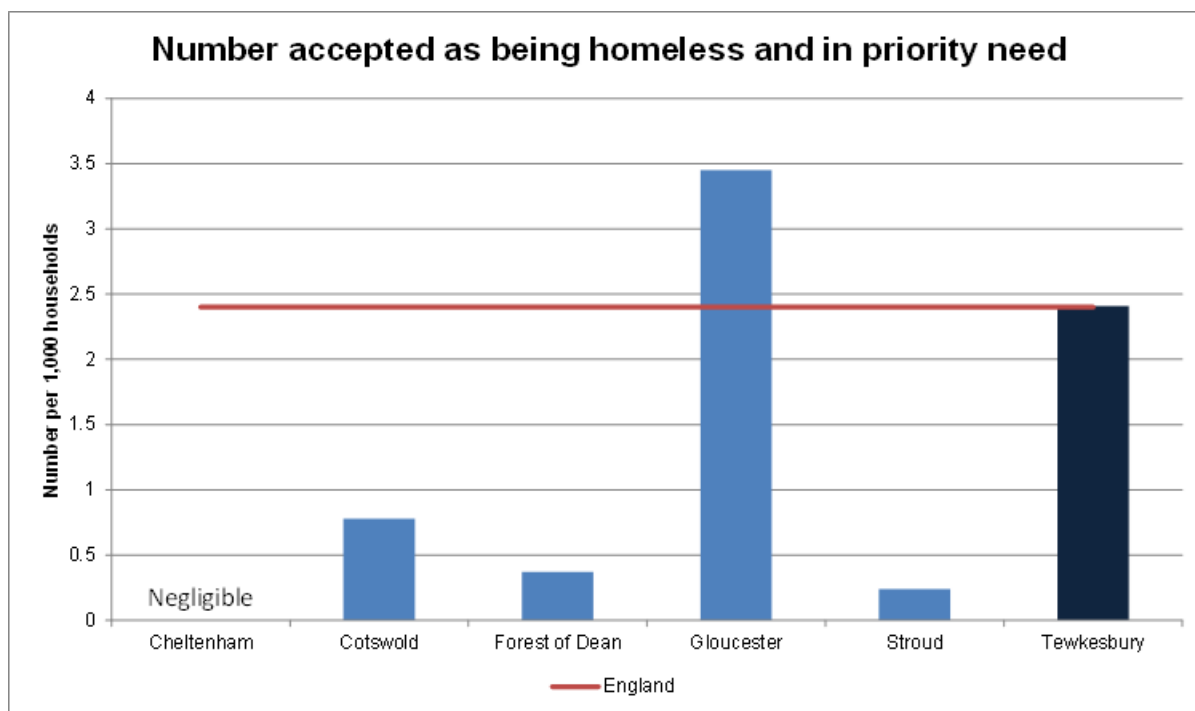


Figure 105: Number accepted as being homeless and in priority need per 1,000 households, 2014/15²³⁰

Figure 106 shows that between 2009/10 and 2012/13 the number of acceptances in Gloucester increased, reaching 3.75 acceptances per 1,000 households in 2013/13, since 2012/13 they have fallen marginally to 3.45.

²³⁰ DCLG, Table 784: local authorities' action under the homelessness provisions of the Housing Acts, financial years 2004/05 to 2014/15, <https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness> Accessed 09/11/2015.

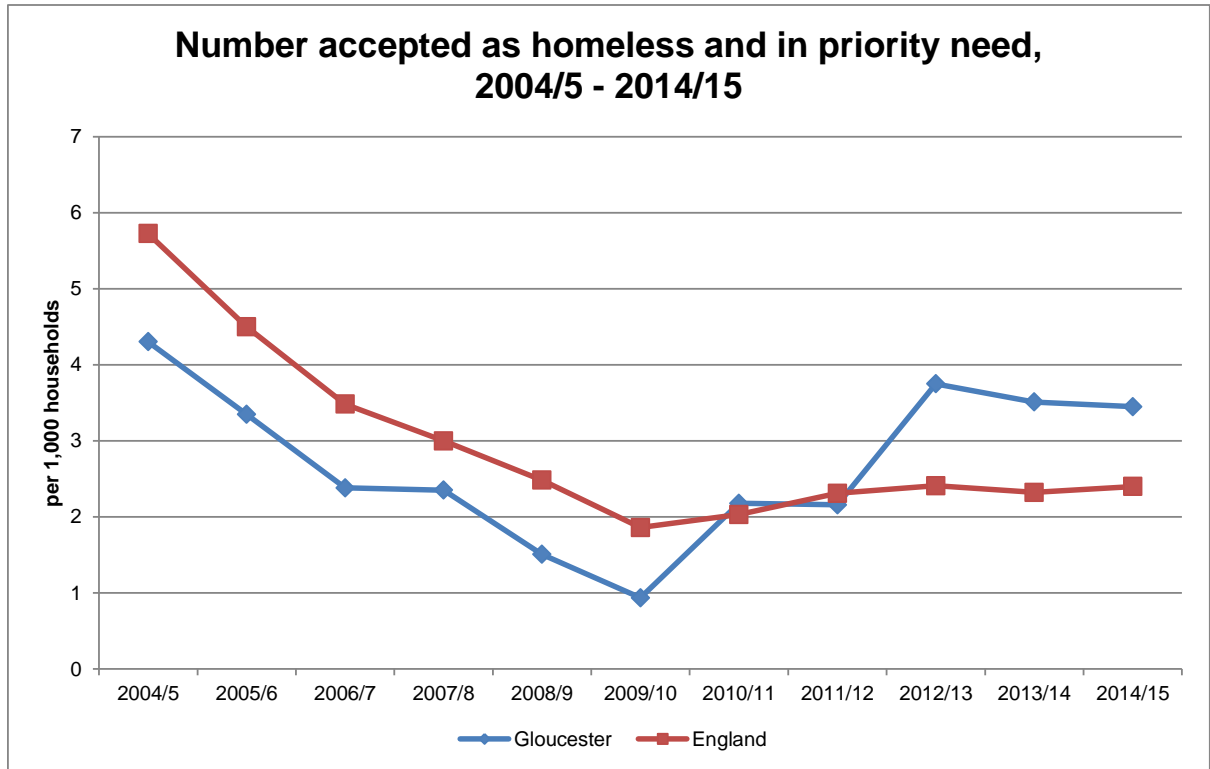


Figure 106: Number accepted as being homeless and in priority need per 1,000 households, 2004/5 – 2014/15²³¹

Data from April-June 2015 shows that in Gloucester the most common reason people were accepted as homeless was because their private rented Assured Shorthold Tenancies had been brought to an end (28.1% of acceptances). Nationally the most common reason for acceptances was because their private rented Assured Shorthold Tenancies had been brought to an end (29.8% of acceptances) followed by parents no longer willing to accommodate (15.6% of acceptances)²³².

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 Gloucester City Council by those who are not statutory homeless, is made by those who are eligible but not homeless.

²³¹ *Ibid.*

²³² 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 516 instances of homelessness prevention and relief in Gloucester, this equates to a rate of 9.83 per 1,000 households, which Figure 107 shows was in line with the national average of 9.72.

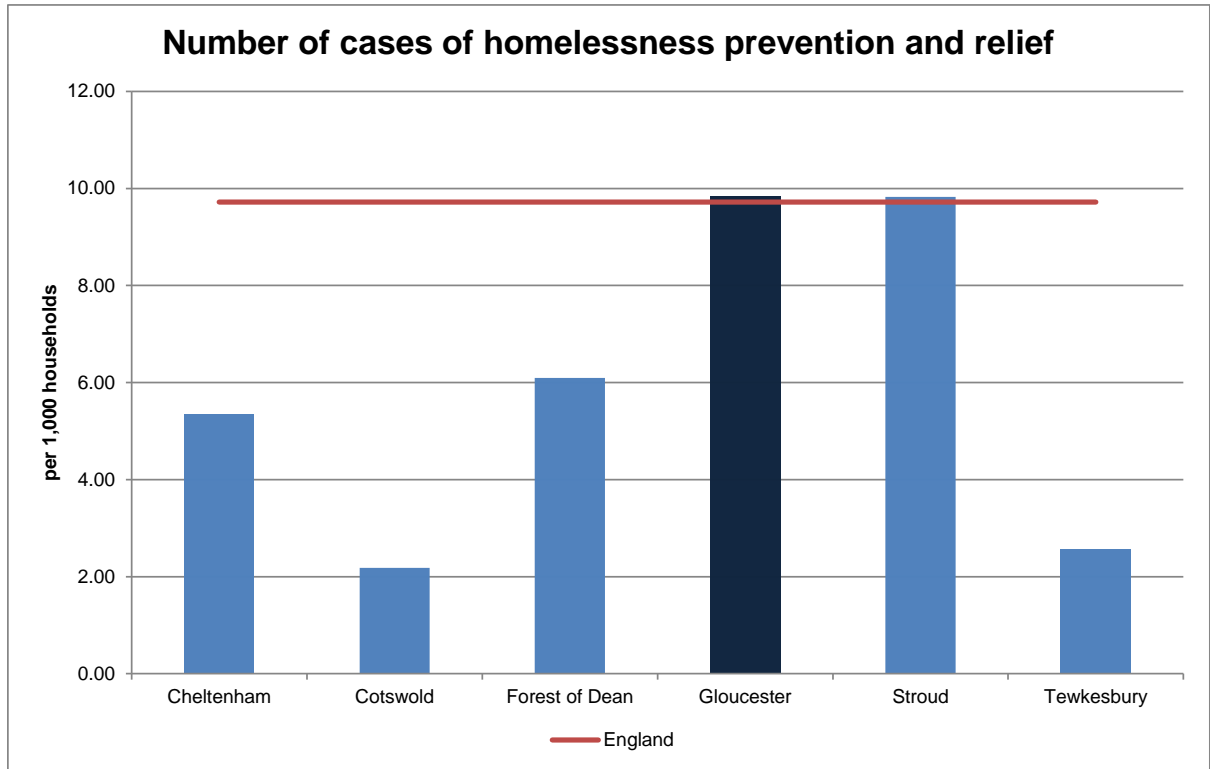


Figure 107: Number of cases of homelessness prevention or relief, per 1,000 households, 2014/15²³³

In Gloucester the majority of homelessness prevention and relief (60.9%) focused on assisting people 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.

²³³ 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.

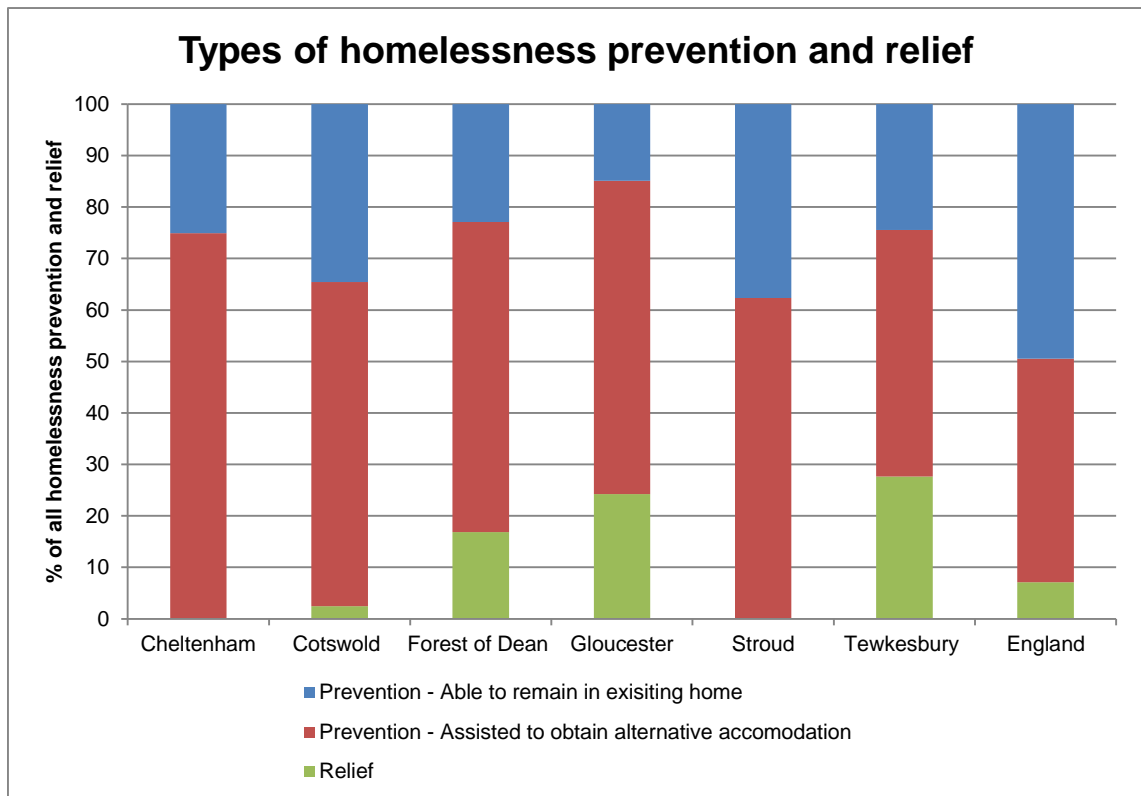


Figure 108: Types of homelessness prevention and relief, 2014/15²³⁴

7.8 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.

7.8.1 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 the trend over time. More data on crime and incident rates can be found on Inform Gloucestershire²³⁵.

²³⁴ *Ibid.*

²³⁵ <http://www.gloucestershire.gov.uk/inform/communitysafety>

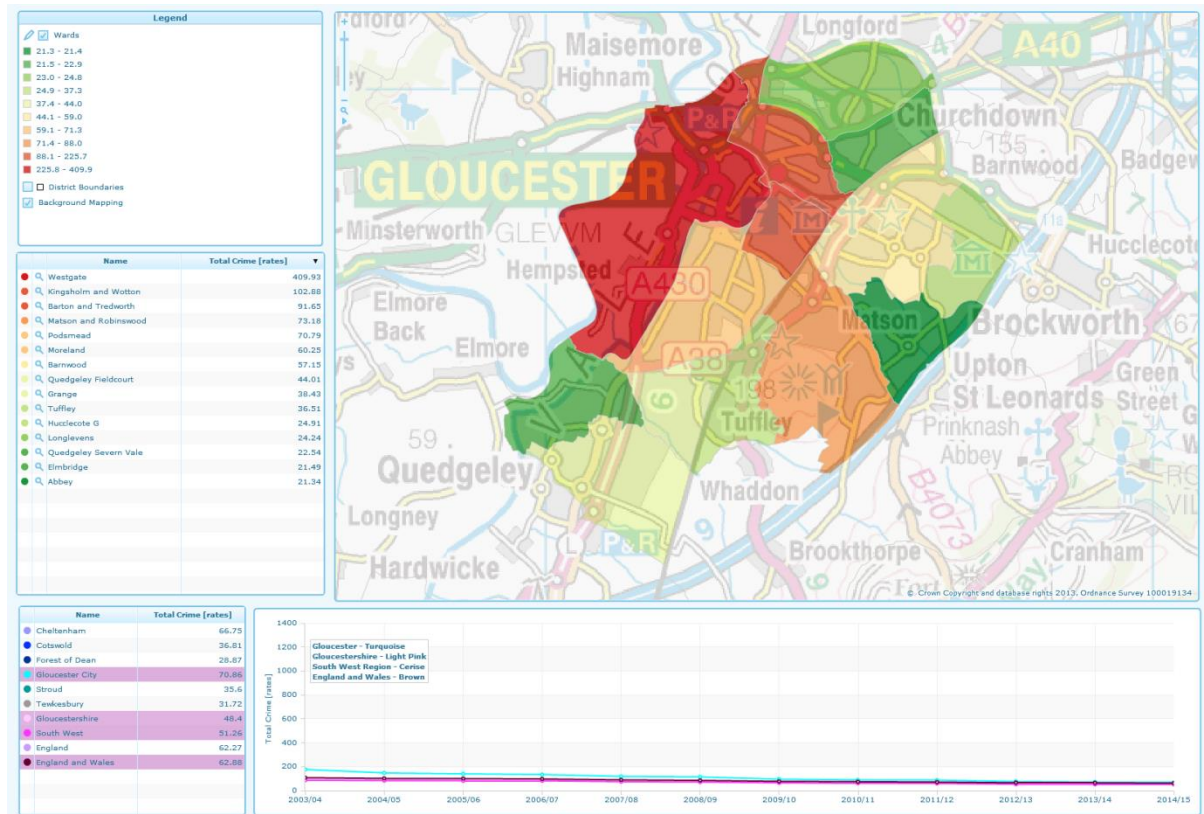


Figure 109: Total Crime Rates over Time by Local Authority Ward

Gloucester City has experienced higher crime rates than the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04 however from the line chart in Figure 109, the gap between rates is narrowing. The crime rate is significantly higher in Westgate ward than any other ward in Gloucestershire mainly due to a large part of the city centre being inside the boundary of this ward²³⁶ – crime rates for wards are shown in the table to the left of the map (Figure 109).

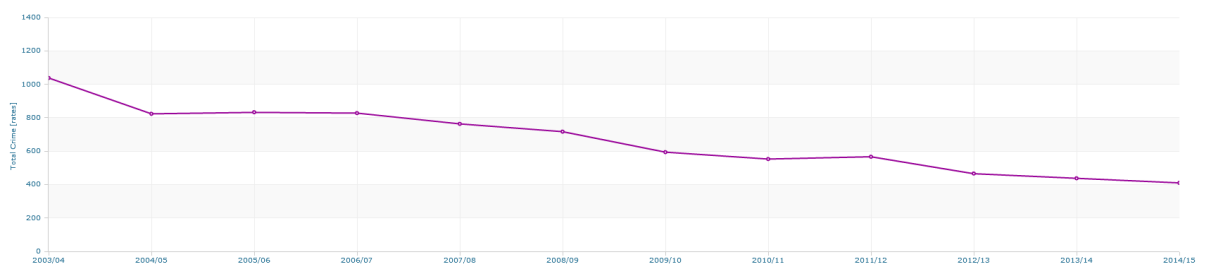


Figure 110: Crime Rate in Westgate Ward

It must be noted however that even though Westgate ward has the highest ward crime rate in the county, for almost every year the crime rate is decreasing (Figure 110) and is less than half of what level it was at 2003/04.

²³⁶ Boundary map shows administrative (e.g. ward) boundaries at street view level: <http://www.maiden.gov.uk/InstantAtlas/BoundaryViewer/atlas.html>

The wards of Kingsholm/Wotton, Barton/Tredworth and Matson/Robinswood are also above the district of Gloucester, county, regional and national rates for 2014/15.

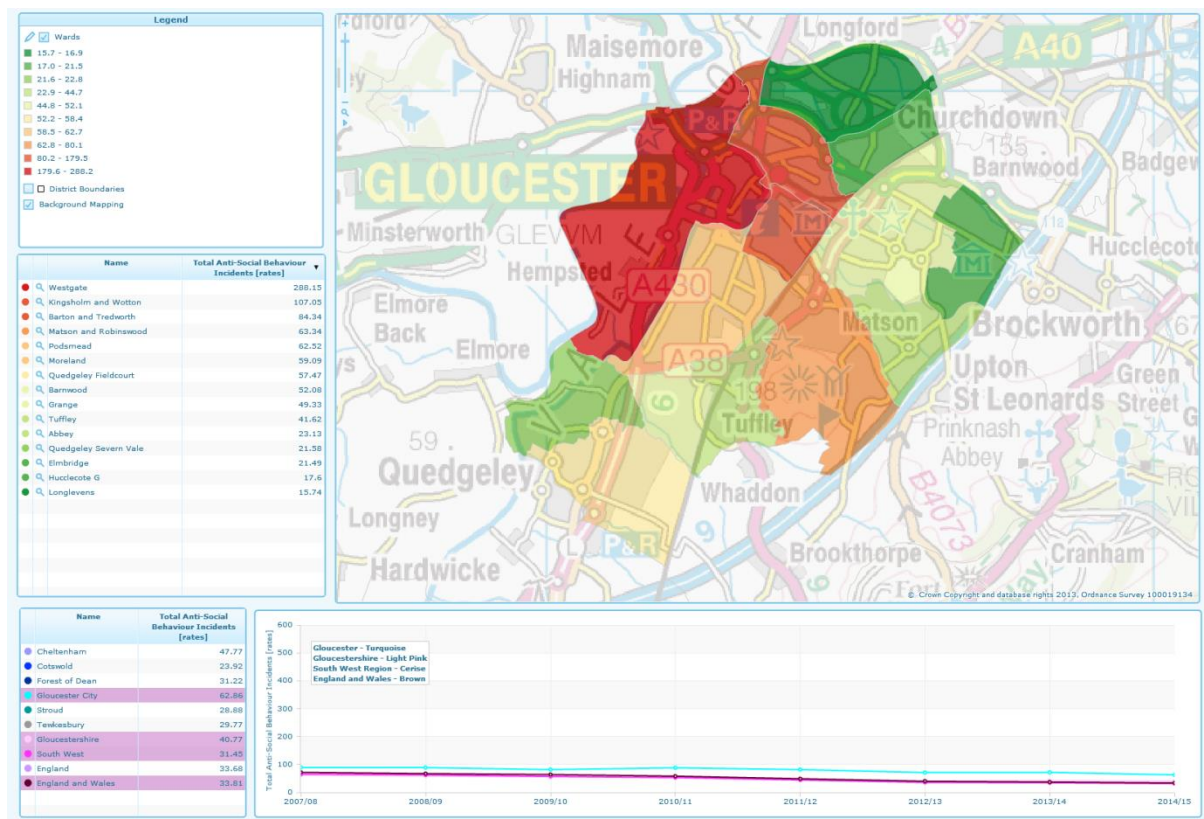


Figure 111: Total ASB Incident Rates over Time by Local Authority Ward

Figure 111 shows police recorded anti-social behaviour (ASB) incident rates over the last 8 years. As found in Figure 109, Westgate ward has the highest rate of any ward in the district and has a considerably higher ASB incident rate in 2014/15 than any other ward in the county.

7.8.2 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 local authority area of Gloucester City²³⁷.

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

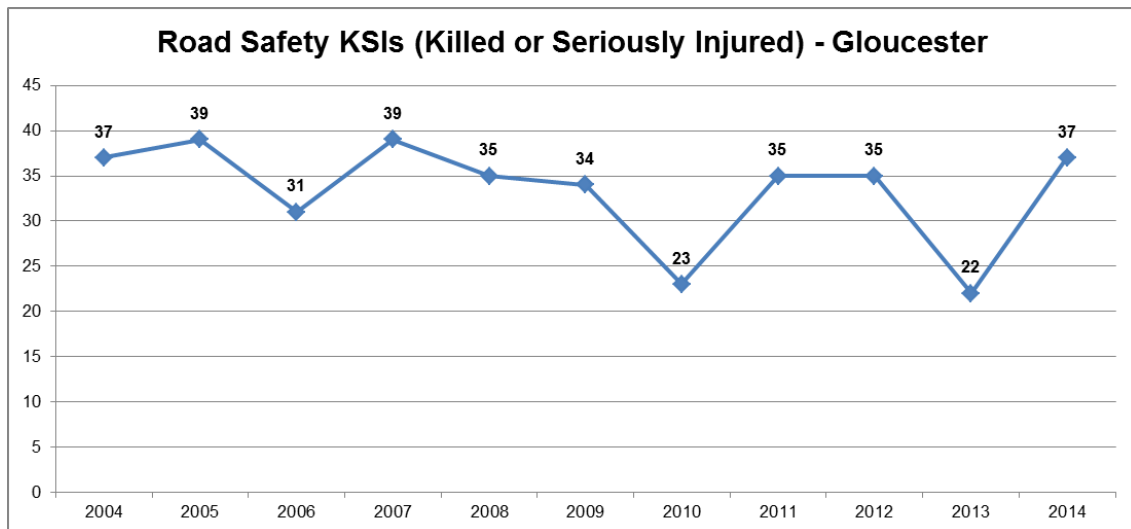


Figure 112: Number of Casualties Killed or Seriously Injured²³⁸ by RTCs in Gloucester City by Calendar Year

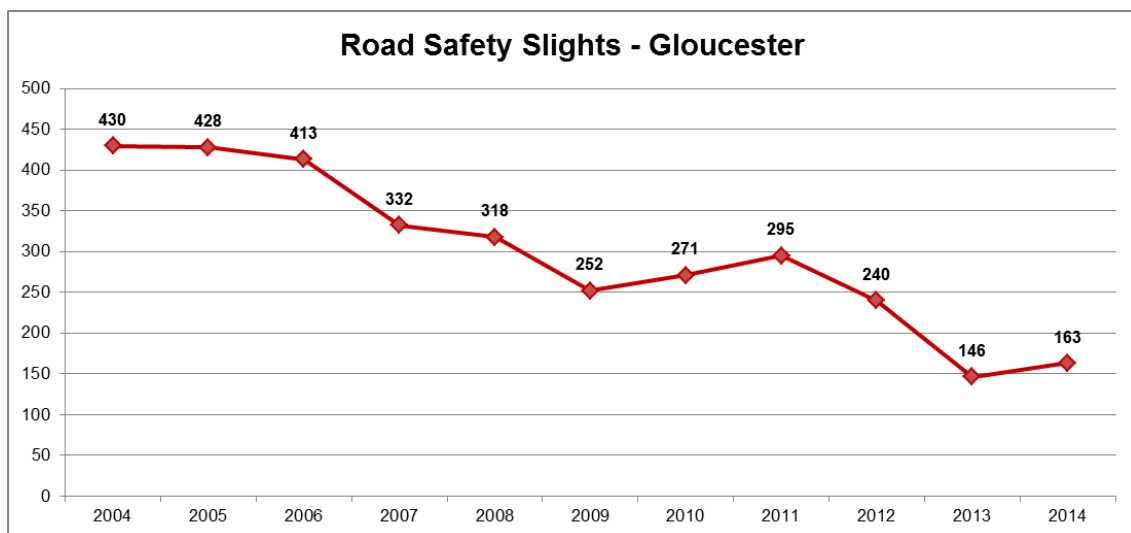


Figure 113: Number of Casualties with Slight²³⁹ injuries from RTCs in Gloucester City by Calendar Year

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

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

7.8.3 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. Gloucester City averages 3.7 call outs per day.

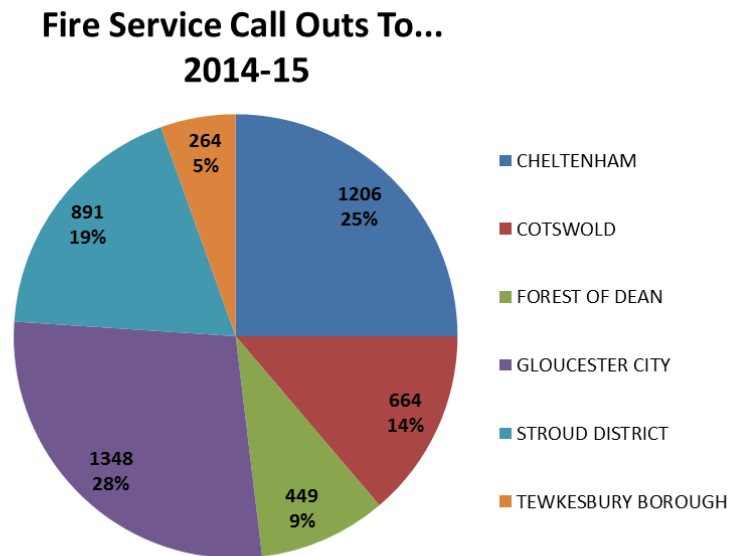


Figure 114: Proportion of Call Outs by District 2014/15

7.9 Key messages

- A total of 12,100 people in Gloucester provided unpaid care each week in 2011, representing 10% of the population. This number of unpaid carers in Gloucester has risen by 16% since 2001 and is expected to rise by another 7% by 2017 due mainly to the increasing number of older people.
- For the proportion of the total population that provide unpaid care, in both Gloucester and Gloucestershire as a whole, the highest proportion is found in the 50 to 64 age group.
- There were 904 young carers in Gloucester (2.4% of total 0-24 population) at Census day in 2011. Looking at all young carers in the Gloucestershire County Council care system during Quarter 2, 2015/16, approximately three in every ten carers in Gloucestershire come from Gloucester.
- In most areas in Gloucester the likelihood of having a hobby of charity / voluntary work is lower than the national average. The areas where people are most likely to have a hobby of charity / voluntary work, include parts of Hucclecote, Longlevens, and Tuffley.
- In 2012 there were 46 accommodation businesses in Gloucester. This was lower than any other district in the county. The accommodation businesses in Gloucester are primarily serviced accommodation such as hotels.

- Domestic tourism takes two forms, day trips and domestic overnight stays. In the three year period 2011-2013, there were an estimated 3,480,000 day trips to Gloucester bringing in around £134 million. There were more day trips to Gloucester than all of the other districts in the county with the exception of Cheltenham. In the period 2011-13 there were an estimated 46,758 visits to Gloucester's city centre by overseas tourists.
- In 2011 there were 50,363 households in Gloucester, this represents an increase of 10.0% or 4,598 households since 2001, more than any other district in Gloucestershire. The number of households in Gloucester is projected to increase by 3,000 between 2012 and 2017 (5.9%) and by 14,000 between 2012 and 2037 (27.5%).
- In 2011 the majority of households in Gloucester were owner occupied, accounting for 67.2% of all households, this was lower than the county average but higher than the national average. Levels of private renting were higher in Gloucester than the Gloucestershire as a whole.
- Over the last 10 years the proportion of owner occupied households in Gloucester declined from 74.1% in 2001 to 67.2% in 2011. During the same period the proportion of households that were privately rented increased from 9.6% to 17.4%. 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.
- In Gloucester, socially rented housing accounts for 13.3% of all households, which was in line with the county and regional average but below the national average.
- In the second quarter of 2013, the mean house price in Gloucester was £151,825, this was lower than the county and national average, and all of the other districts that make up Gloucestershire.
- In 2013, someone earning a lower quartile sum in Gloucester, required 5.48 times their earnings to purchase a lower quartile priced property. This is lower than the Gloucestershire and England average of 7.23 and 6.45 respectively.
- At the time of the 2011 Census 7.8% of households in Gloucester (3,929 households) had fewer rooms than the standard requirement and are therefore overcrowded, this was higher than the county average and all of the other districts in the county with the exception of Cheltenham.
- In 2013 an estimated 5,666 households in Gloucester were in fuel poverty representing 10.7% of all households, this was the same as the county average and slightly above the national average.
- In 2011, there were an estimated 3,100 private sector dwellings in Gloucester exhibiting Category 1 hazards, this represents 6.7% of all private sector

dwellings. If the hazards identified in Gloucester were addressed it would result in an annual saving to the NHS of £361,649.

- In 2014/15, 181 people were accepted as homeless in Gloucester, this equates to a rate of 3.45 per 1,000 population, which is higher than the national average of 2.4 per 1,000 population and the other districts in Gloucestershire.
- In 2014/15 there were 516 instances of homelessness prevention and relief in Gloucester, this equates to a rate of 9.83 per 1,000 households, which was in line with the national average.
- Gloucester City has experienced higher crime rates than the overall rates for England and Wales, South West region and Gloucestershire County since 2003/04 however, the gap between rates is narrowing. The crime rate is significantly higher in Westgate ward than any other ward in Gloucestershire mainly due to a large part of the city centre being inside the boundary of this ward.
- Gloucestershire Fire and Rescue call-outs to Gloucester City averages 3.7 call outs per day.