

cheltenham
healthy living

Cheltenham Area
Health Profile

June 2009



NHS

Gloucestershire



**Gloucestershire
Conference**

1 Cheltenham¹ at a glance

Cheltenham district is an urban area with a resident population of 115,117. It covers an area of 47 square kilometres. There is a higher than average proportion of residents aged over 65 years compared with other districts in Gloucestershire and this is expected to increase further by 2025. Figure 1 shows the distribution of the Cheltenham's population across age groups for males and females in 2008 (represented by bars) compared with 2025 (represented by the lines). Figure 2 shows similar information.

The most notable change is the reduction in the younger 15-39 age groups amongst the female population, alongside growth in the over 65s. The change in male population is less dramatic but there is evidently an increase in all over 50 age groups.

The trend, overall, for the population, is of declining levels of younger age groups and increasing levels of those in the older (over 50) age groups as shown in figure 2.

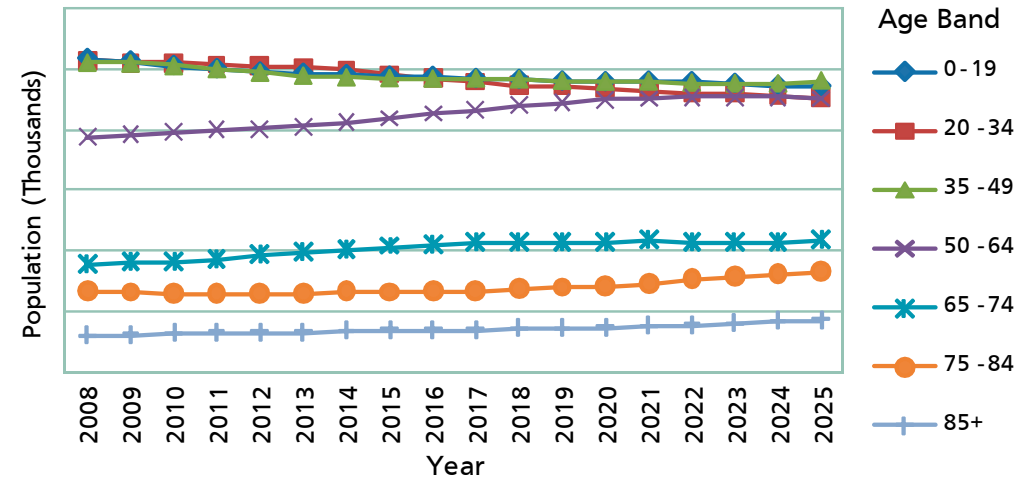
By 2025, the total size of the population of Cheltenham is projected to decline slightly.

Figure 1: Cheltenham population pyramid showing change in age profile between 2008 and 2025



Source: eJSNA data

Figure 2: Cheltenham population changes by age band



Source: NHS Gloucestershire Public Health Intelligence Unit 2008

¹ Please note: the word 'Cheltenham' is used throughout this document to refer to Cheltenham District.

Deprivation

Deprivation throughout England can be measured using the Indices of Multiple Deprivation (IMD)². These include 38 indicators of deprivation, such as Job Seekers Allowance households, burglary incidents, or distance of travel to primary schools. They are contained in seven domains relating to:

- income deprivation
- employment deprivation
- health deprivation and disability
- education, skills and training deprivation
- barriers to housing and services
- living environment deprivation
- crime.

The IMD measures the levels of deprivation that people experience within different areas of the country. This information is then used to identify areas where resources may need to be targeted.

Levels of deprivation have been measured for three different types of area throughout England. These are large administrative areas (e.g. counties and London boroughs), smaller administrative areas (e.g. districts and unitary authorities) and localised neighbourhoods called Lower Level Super Output Areas. Lower Level Super Output Areas are small geographical units (neighbourhoods) with 1,000 to 3,000 residents. They provide a more in-depth appreciation of variations in deprivation at a local level. We have used the latest IMD 2007 as a measure of multiple deprivation at this local neighbourhood level.

Cheltenham has higher levels of deprivation than the county as a whole. There are 14,099 people in Cheltenham living in the most deprived fifth (20%) of local neighbourhoods nationally.

There are clear links between deprivation and health, with people living in the most deprived areas experiencing worse outcomes for a number of health-related measures, such as life expectancy, mental health problems and incidence of cancer.

2 See www.communities.gov.uk

The Gloucestershire Story 2008 outlines some of these inequalities (see below).



Some examples of inequalities in Gloucestershire:

- Rates of prevalence of coronary heart disease are twice as high in our most deprived communities as in our least deprived, as are rates of chronic obstructive pulmonary diseases (bronchitis/emphysema).
- Our most deprived communities spend 50% more per person per week on tobacco than do our least deprived communities.
- Young adults from our most deprived communities are much more likely than other young adults in the county to leave school with no work, education or training destination.
- Infants and young children from our most deprived communities are twice as likely as those from our least deprived communities to be admitted to hospital in an emergency.
- Birth rates are almost 40% higher in our most deprived communities than in our least deprived, with low birth weight babies almost 50% more common.
- Residents of our most deprived communities are significantly more likely than other Gloucestershire residents to experience anti-social behaviour in their neighbourhoods
- People who live in our most deprived neighbourhoods are much more likely than other residents of the county to become victims of a recorded crime.

Source: Gloucestershire Story 2008

Figure 3 shows the 'Health deprivation and disability' domain of the IMD 2007 for Cheltenham. This specifically measures rates of poor health and early mortality and disability and covers the entire age range. It shows that whilst the majority of Cheltenham is ranked within the least deprived fifth of areas nationally, there are four local neighbourhoods that fall into the most deprived fifth. These are local neighbourhoods in St Pauls, Hesters Way, St Marks and Oakley wards. Measured in this way, deprivation in the local neighbourhood of St Pauls is comparable to that experienced in the deprived areas of Sunderland and Birmingham.

Figure 3: IMD 2007 (LSOA) – Health deprivation and disability domain in Cheltenham

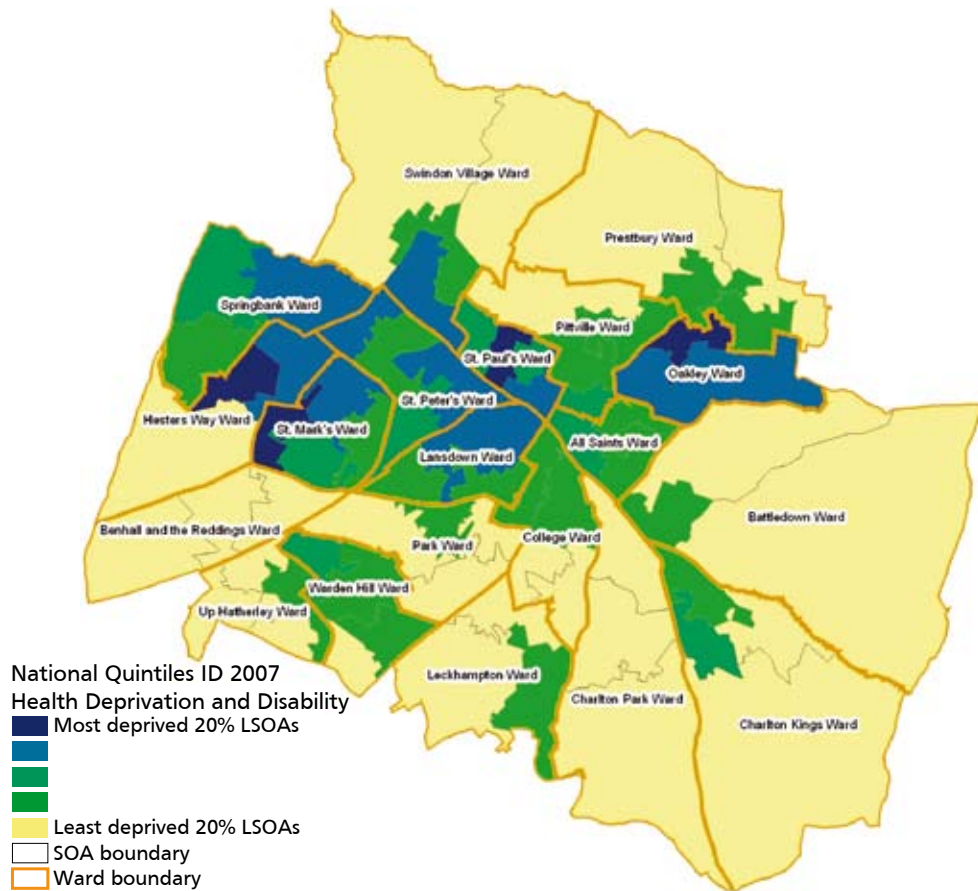
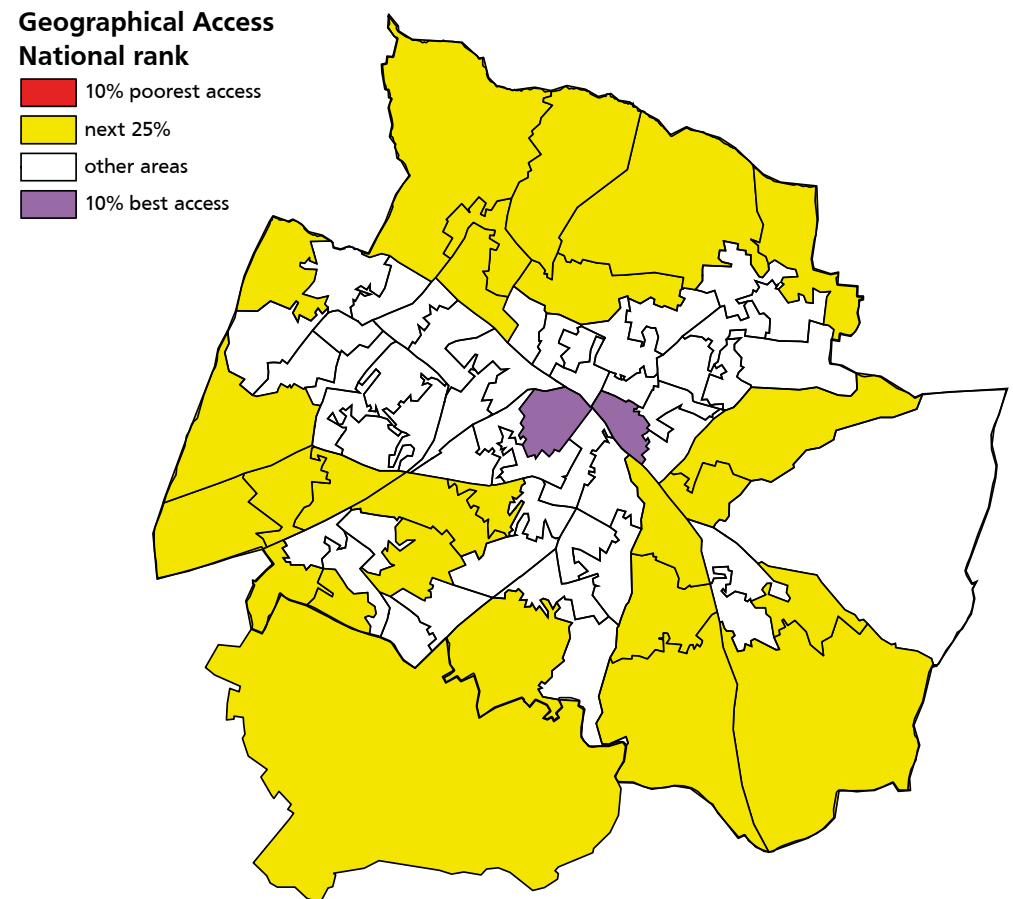


Figure 4 shows the 'geographical barriers' sub domain of the IMD 2007. This is one of two kinds of barriers that make up the 'Barriers to Housing and Services' sub domain of the IMD 2007, The other is 'wider barriers',

which covers housing issues. The geographical barriers sub domain covers geographical access issues relating to key services including GP premises, primary schools, general stores or supermarkets and post offices.

There are six local neighbourhoods in Cheltenham that fall into the most deprived fifth of areas nationally in the barriers to housing domain of the IMD 2007. These areas include some of those featured in the health and disability domain's most deprived areas – neighbourhoods in Hesters Way and Springbank, but also within Benhall and the Reddings, Swindon village, Pittville and Park wards.

Figure 4: IMD 2007 (LSOA) – Barriers to housing and services sub domain: geographical barriers



2 Key issues for Cheltenham

Part of the eJSNA which relates to Cheltenham as a whole is shown in Appendix 1. This has enabled us to identify some priority issues for the district. The health of people in Cheltenham is generally better than that of England. Cheltenham appears to have better than average rates of physical activity and healthy eating, and lower than average obesity rates for both children and adults, as compared with Gloucestershire as a whole. However, as highlighted above, Cheltenham contains some dramatic inequalities in terms of income, location and health.

Issues for Cheltenham

- Levels of deprivation and area-based inequality
- The number of lone-pensioner households
- The number of overcrowded households
- Levels of alcohol-related harm
- The rate of premature deaths from cancer
- Levels of mental health

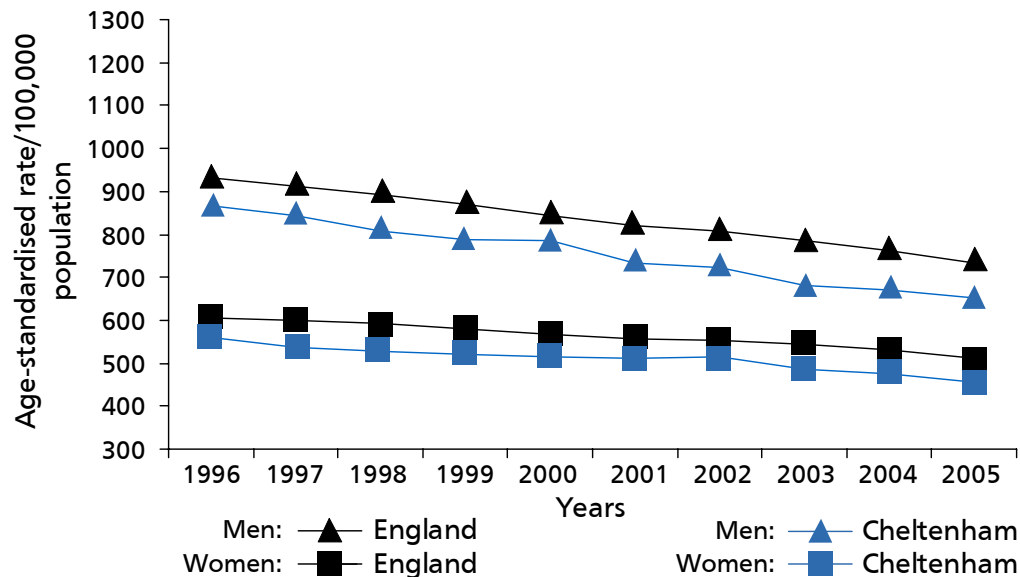
Source eJSNA



3 Morbidity and mortality

Cheltenham, in general, has a lower mortality rate and less morbidity than the average for England as whole. Mortality rates for all ages and all causes are below national levels for both males and females, and continue on a downward trend (see Figure 5). Standardised rates have been used as these adjust for the influence of the older population in which there would be a higher number of deaths. Higher rates in men as compared to women in Cheltenham are also similar to the national picture.

Figure 5: Trend 1: All age, all cause mortality

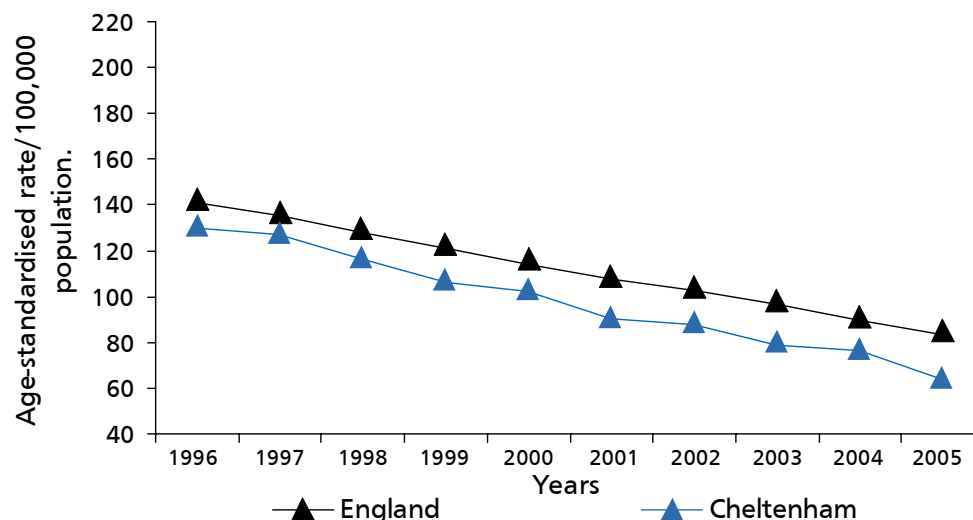


Source: APHO Health Profiles 2008

Early deaths as a result of heart disease and stroke are also below national levels and continue to fall in Cheltenham, alongside national trends (Figure 6).



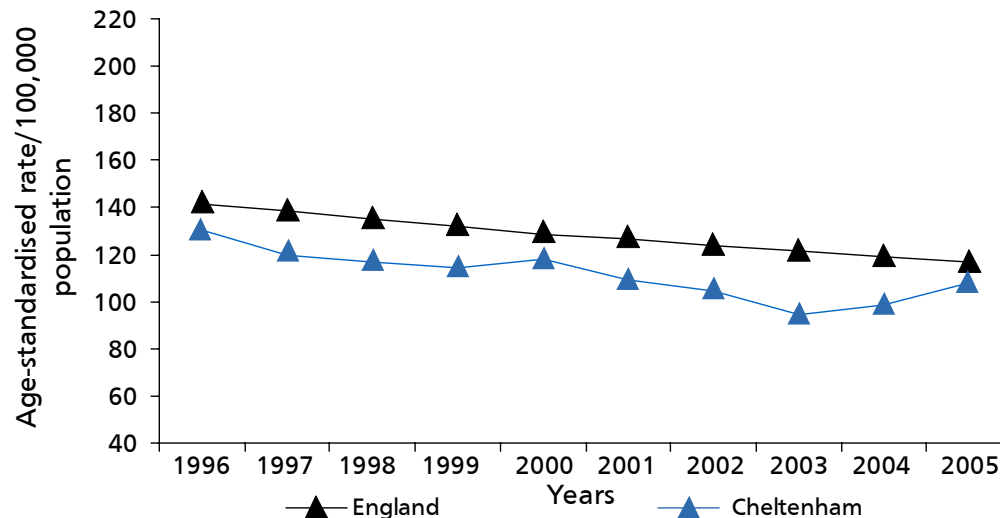
Figure 6: Trend 2: Early death rates from heart disease and stroke



Source: APHO Health Profiles 2008

Early death rates from cancer (see figure 7), whilst still below national levels, are showing an increase from 2005 and are higher than the county average (108.3 per 100,000 population aged under 75 years in Cheltenham compared to 104.3 in Gloucestershire).

Figure 7: Trend 3: Early death rates from cancer



Source: APHO Health Profiles 2008

4 Life expectancy: comparing the gap in life expectancy within Cheltenham

The Association of Public Health Observatories (APHO) has developed a tool to help primary care trusts and local authorities to understand inequalities within their area³. We have used this Health Inequalities Intervention Tool to analyse the local life expectancy gap in Cheltenham and to suggest preventive interventions that will impact on this gap and save lives.

Table 1 shows the absolute and relative gap in life expectancy for the most deprived fifth of areas (quintile) within Cheltenham compared to Cheltenham as a whole⁴.

The relative gap in life expectancy between Cheltenham's most deprived fifth of areas and Cheltenham as a whole is greater for males (5.6%) than for females (2.3%). The absolute gap shows that a baby boy born in the most deprived fifth of areas in Cheltenham can expect to live 4.4 years less compared to the average expected life span of baby boys born in Cheltenham as a whole. Similarly a baby girl born in the most deprived fifth of areas in Cheltenham can expect to live 1.9 years less compared to average expected life span for baby girls across Cheltenham as a whole.

Table 1: Showing life expectancy at birth in years for Cheltenham 's most deprived quintile (MDQ) and Cheltenham, and the relative life expectancy gap (%), 2001-2005

	Life expectancy at birth (years) Cheltenham most deprived quintile	Life expectancy at birth (years) Cheltenham Borough**	Absolute gap (years)	Relative life expectancy gap between MDQ and Cheltenham Borough*
Males	73.8	78.2	4.4	5.6%
Females	80.1	82	1.9	2.3%

Source LHO: Health Inequality Intervention Tool, June 2008

*The relative gap in life expectancy is the difference in life expectancy between Cheltenham's most deprived quintile and Cheltenham district as a percentage of life expectancy for Cheltenham district (the percentage difference). When calculated this way, a relative gap closer to zero indicates less inequality.

** Life expectancy at birth presented in the Health Inequality Tool differs slightly from that shown in Cheltenham District Profile because it is based on a different time period (2001 -05 rather than 2004-06).

Breaking down the gap

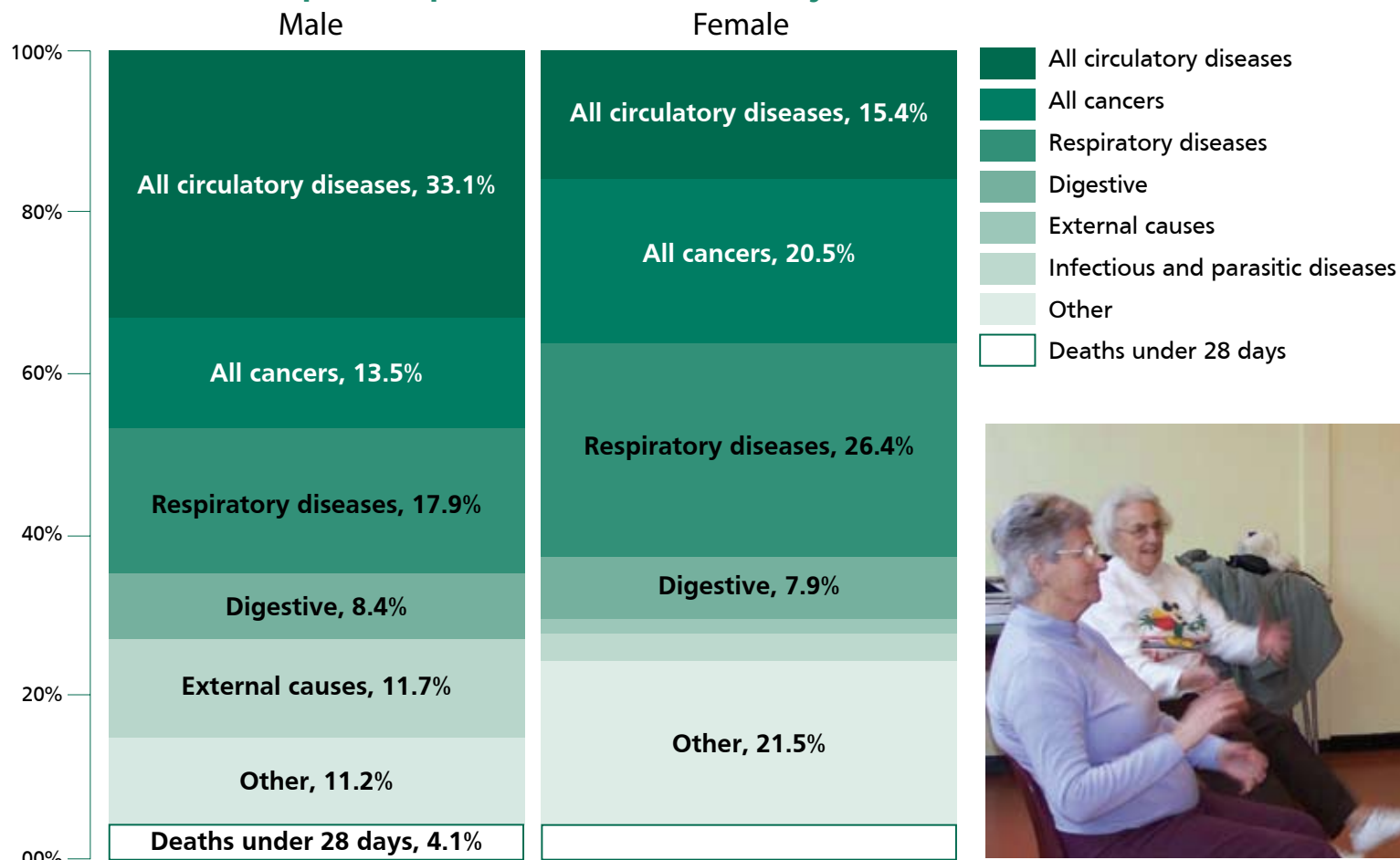
The underlying causes of the life expectancy gap within Cheltenham are presented below as a 'scarf' chart (Figure 8). This shows the percentage contribution of various causes of death to the life expectancy gap between Cheltenham's most and least deprived fifth of areas⁵.

There are some stark differences between the life expectancy gap in males and females. It can be seen that circulatory diseases account for nearly a third (33.1%) of the gap in male life expectancy in Cheltenham, but less (15.4%) of the gap in female life expectancy. Figure 8 also shows that respiratory diseases contribute to 26.4% of the gap in female life expectancy and cancers contribute towards a further 20.5%.

³ www.lho.org.uk/HEALTH_INEQUALITIES/Health_Inequalities_Tool.aspx

⁴ LHO Health Inequalities Intervention Tool

Figure 8: Breakdown of life expectancy gap between the most deprived quintile (MDQ) of Cheltenham and the least deprived quintile in the District by cause of death



Source: London Health Observatory (LHO) June 2008

Analysis of the gap in life expectancy in Cheltenham

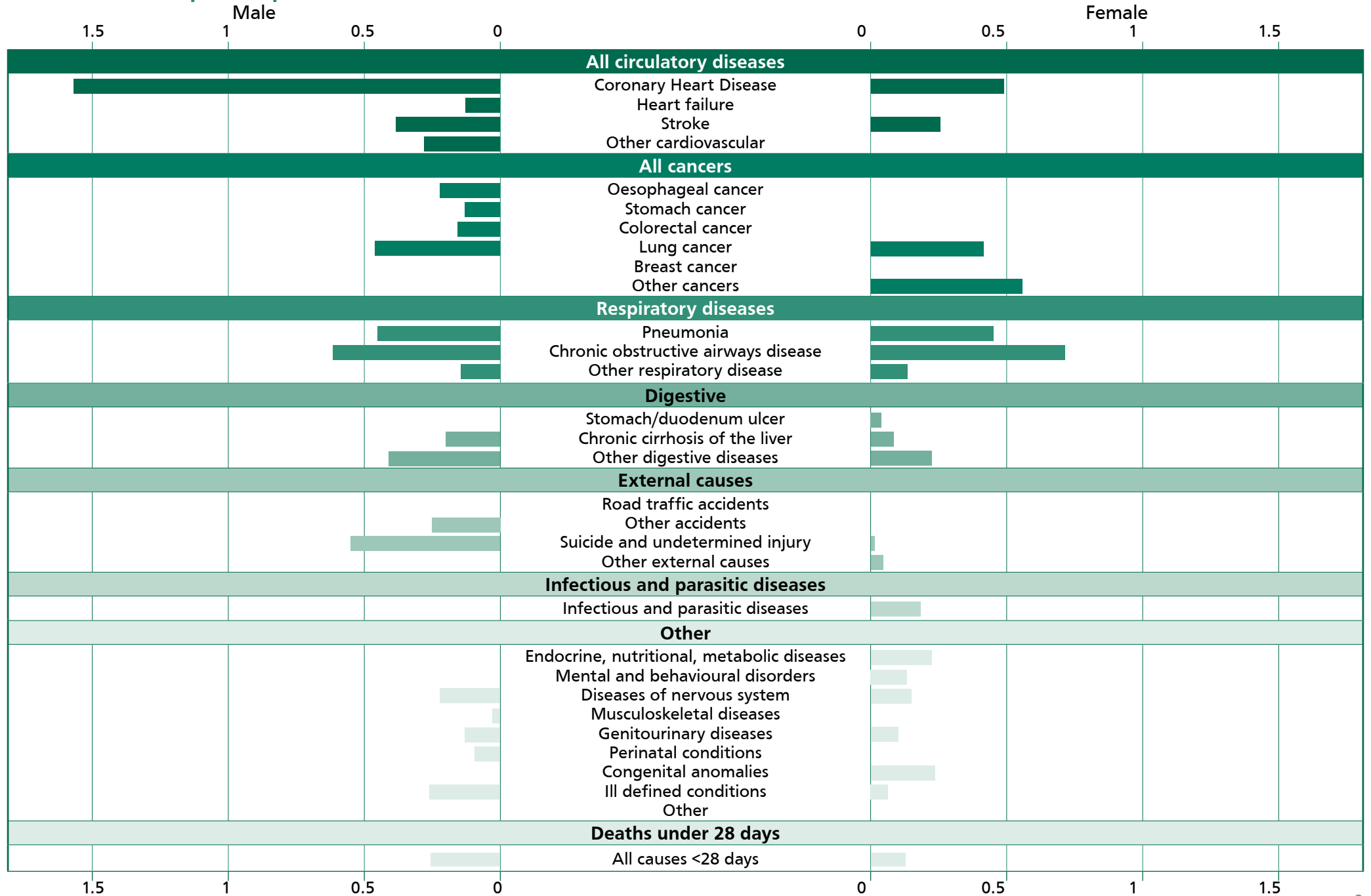
The bar chart in Figure 9 shows the increases in life expectancy (in years) that would occur in the most deprived quintile of Cheltenham if it experienced the same mortality rate as the least deprived quintile for each cause of death separately⁶. It shows us, for example, that if males in the most deprived areas of Cheltenham had the same mortality rate from coronary heart disease (CHD) as males in the most affluent areas of Cheltenham they would live over 1.5 years longer. It should be noted that an average population-level gain of a few months per person masks the fact that some people gain several potential years of life while others are not affected at all.

⁵ The stripes of the scarf do not include the same number of people. Deaths in younger people, especially in babies, contribute to a larger proportion of the gap as more years of life are lost.

⁶ i.e. the charts show those diseases where the most deprived quintile has a greater mortality rate than the selected comparator. The charts only show diseases where there is excess mortality in the most deprived quintile of the local authority in relation to the comparator. If there is no (or negative) excess mortality, no bar is shown on the charts.



Figure 9: Life expectancy years gained if the most deprived quintile (MDQ) of Cheltenham had the same mortality rate as the least deprived quintile in the District for each cause of death



Source: London Health Observatory (LHO), June 2008

Analysing the gap in life expectancy by cause of death is useful because if we can identify the key diseases that make up the gap in life expectancy within Cheltenham we can plan interventions that will have the greatest impact on reducing this gap and help to save lives. Figure 9 suggests that key diseases making up the life expectancy gap in Cheltenham vary for males and females. This is shown in Table 2.

Table 2: Top 5 key diseases making up the gap in life expectancy within Cheltenham

Males	Females
Coronary heart disease	Chronic obstructive airways disease
Chronic obstructive airways disease	Other cancers
Suicide & undetermined Injury	Coronary heart disease
Lung Cancer	Pneumonia
Pneumonia	Lung cancer

These findings suggest key targeted preventative interventions that are likely to impact on the gap in male life expectancy in Cheltenham include those aimed at:

- smoking cessation
- increasing physical activity levels
- encouraging healthy eating
- suicide prevention
- improving mental health
- improved uptake of pneumococcal immunisation in children, adults aged over 65 and people in 'at risk' groups
- promoting the influenza vaccine to people aged 65 or over, and greatly increasing the number of people in 'at risk groups' who are immunised.

Key targeted preventive interventions that are likely to impact on the gap in female life expectancy in Cheltenham include those aimed at:

- smoking cessation
- raising cancer awareness
- increasing physical activity levels
- encouraging healthy eating
- improving uptake of pneumococcal immunisation in children, adults aged over 65 and people in 'at risk' groups
- promoting the influenza vaccine to people aged 65 or over, and greatly increasing the number of people in 'at risk groups' who are immunised.



Lifestyle choices have an important effect on an individual's risk of ill health. But choices may be influenced by wider factors such as income, unemployment, housing, and social and cultural norms. These factors may be particularly relevant when considering preventive and other initiatives in the more deprived communities.

5 What are we doing?

In 2008, a jointly funded Health Improvement Facilitator for Cheltenham was recruited by Cheltenham Borough Council and NHS Gloucestershire to work with local agencies and focus on reducing health inequalities in Cheltenham. Key achievements this year include success in raising physical activity levels in the district through the launch of the Cheltenham exercise on referral scheme - 'Re:Active'. This is aimed at those who would benefit from increasing their physical activity levels. The scheme also includes provision of a range of subsidised community exercise classes in targeted areas.

The post holder is based at Leisure@Cheltenham and works very closely with departments across the council, health and social care, as well as voluntary and community groups.

Health and wellbeing activity in Cheltenham is coordinated by the Cheltenham Health and Wellbeing Partnership. In 2008/09, the multi-agency partnership, chaired by a voluntary sector organisation, identified six priority areas for health improvement in Cheltenham.

- Tackling health inequalities
- Tackling obesity and promoting active healthy lifestyles
- Reducing substance misuse
- Improving mental health and wellbeing
- Improving sexual health
- Supporting independent living

The Cheltenham Health and Wellbeing Partnership and Stronger Communities Partnership explicitly prioritise understanding and addressing inequalities and area regeneration. A Cheltenham Health and Inequalities Profile has been produced by Gloucestershire NHS and will inform further work in the year ahead. For more information contact: rachel.wigglesworth@glos.nhs.uk

This year, the Partnership's action plan has been developed through sub-groups for each priority area and includes the themes identified in the County health and wellbeing strategy, 'Healthy Gloucestershire'. This will guide the Partnership in 2009/10 and be reviewed annually. For more information, see: www.cheltenhampartnership.org.uk/libraries/templates/page.asp

With £25,000 allocated by NHS Gloucestershire in 2008-09 to health improvement projects, the Partnership commissioned projects, which aimed to address the health needs of those living in the areas of greatest health inequalities (as measured by the IMD 2007). Some of the successful projects are listed opposite.



'Last Orders' a play highlighting alcohol harm to secondary schools.

Campaign on alcohol awareness targeting parents and young people with a poster and postcard campaign 'Where are your kids tonight?'

A Christmas alcohol harm and health campaign targeting night clubbers.

Youth Services drug and alcohol projects in targeted areas.

'Youth Well' and 'Eat well' cook and eat project engaging 8-19 years olds in cooking and healthy eating in Springbank.

Tackling obesity through healthy eating in Hesters Way Children's Centre targeting parents, carers and children.

Project raising mental health awareness amongst parents and staff at Gardners Lane Children's Centre.

For more information please contact Cheltenham Borough Council's Partnerships Officer: saira.hill@cheltenham.gov.uk

6 Next steps for 2009/10

The Cheltenham Health and Inequalities Profile and information included in the Director of Public Health's annual report has highlighted that targeted action is needed on smoking cessation and tobacco control, alcohol misuse and healthy eating to reduce the gap in life expectancy.

The activity of the Health Improvement Facilitator will prioritise St Paul's neighbourhood. Interventions to reduce health inequalities will focus on the key health issues identified in this profile and will include working with colleagues specialising in tobacco control, reducing smoking prevalence, reducing alcohol harm, promoting healthy eating and improving sexual health.

For further information contact:

Rachel Wigglesworth

Public Health Manager –
Cheltenham locality
NHS Gloucestershire

rachel.wigglesworth@glos.nhs.uk

Appendix 1: Key statistics for Cheltenham

Domain	Indicator	Number	Cheltenham Rate	Glouc'shire Rate
Social demography	Resident population, 2008 (local population projection 2008) % of total Gloucestershire population	115,117	19.3	
	Geographical area (square km) % of total area of Gloucestershire	47		1.7
	Patients living in national most deprived quintile of neighbourhoods (Indices of Deprivation 2007) (per 1,000 registered patients)	14,099	120.3	79.4
	Lone parent households (self-reported at 2001 Census) (rate per 1,000 population)	2,515	52.2	51.0
	Lone pensioner households (self-reported at 2001 Census) (rate per 1,000 population)	7,434	154.3	149.3
	Overcrowded households (calculated from 2001 Census returns) (rate per 1,000 population)	3,223	66.9	45.5
	Black and minority ethnic groups, 2001 Census (% district total, county overall %)	3,678	3.3	2.8
Lifestyle	Estimate of adults who smoke 2003/05 (%)	n/a	22.8	24.6
	Deaths from smoking 2004/06 (per 100,000 population 35+)	174	189.9	191.8
	Estimated healthy eating adults, 2003/05 (%)	n/a	30.6	19.4
	Estimate of obese adults, 2003/05 (%)	n/a	20.9	24.3
	Physically active adults aged 16+, 2005/06 (%)	n/a	12.3	12.7
	Hospital stays related to alcohol, 2006/07 (directly age standardised rate per 100,000 population)	277	240.5	200.8
	Road injuries and deaths 2004/06 (crude rate per 100,000 population)	33	29.8	47.3
Children and young people	Obese children in reception year, 2006/07 (%)	76	8.8	10.0
	Physically active children aged 5-16, 2006/07 (%)	10,401	93.9	86.8
	Teenage pregnancy, 2004/06 (under 18 conception rate/1,000 females)	66	26	30
Independent living	Independent living: Persons receiving CACD Home Care during 2006/07 (rate per 1,000 population)	1,051	9.4	9.3
	People providing unpaid care (self-reported 2001 census) (rate per 1,000 population)	9,828	83.9	94.7
Older people	Falls: Over 75s admitted to hospital with a fractured femur 2005/07 (rate per 1,000 aged over 75)	125	12.3	12.8
Morbidity and Mortality	People with limiting Long-Term Illness (self-reported 2001 Census) (rate per 1,000 population)	17,115	146.1	155.1
	Life expectancy at birth, 2005/07 – male		79.1	78.7
	Life expectancy at birth, 2005/07 – female		82.9	82.7
	All age all cause mortality, 2005/07 (age standardised rate per 100,000 population)		534.4	542.5
	All cause mortality in under 75s, 2005/07 (age standardised rate per 100,000 population)		268.2	259.5
	Mortality rate for circulatory diseases in under 75s, 2005/07 (age standardised rate per 100,000 population)		61.2	62.2
	Mortality rate for cancer in under 75s, 2005/07 (age standardised rate per 100,000 population)		108.3	104.3
Mental Health	Outpatient first attendances: adult mental health, 2006/07 (rate per 1,000 population)	222	1.9	2.3
	Incapacity benefits for mental illness, 2006 (rate per 1,000 working population)	1,720	24.7	21.8

