# The People of Nottinghamshire

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## ACKNOWLEDGMENTS

This report has been based upon 'Know Your City: a Profile of Newcastle's Population'[1]. The structure and excerpts from 'Know Your City' have been reproduced within this report for Nottinghamshire by kind permission of the Wellbeing for Life partners in Newcastle upon Tyne.

## 1. SUMMARY

*The People of Nottinghamshire* is a core part of our Joint Strategic Needs Assessment (JSNA). It draws together quantitative data and research to help inform our understanding of the people of Nottinghamshire, the factors that shape their wellbeing and health and the main illnesses and diseases. The section provides a summary for adults and older people as the demographics section for Children and Young People has been recently updated and can be accessed here.

When broad sociological, demographic and health and wellbeing characteristics of Nottinghamshire County's population are compared to national figures, our population can appear somewhat average. However, more detailed information reveals that our population is diverse and has wide ranging health and wellbeing needs. Some examples of this diversity are given below and the rest of *The People of Nottinghamshire* explores these in greater detail.

The number of people living in Nottinghamshire has increased by 5% between the Census of 2001 and 2011 to 785,800. Projections estimate that this trend will continue and is due to a combination of and increase in net migration of people from both other areas of the UK and abroad, and increase in life expectancy and increasing number of births.

Overall the age structure of Nottinghamshire is slightly older than the national average, with 19% of the population aged 65+ in 2011 compared with 17% in England. Our population is predicted to continue to age and over the next seven years and is expected to increase by 12% to 177,400 by 2020. Older people are more likely to experience disability and limiting long-term illnesses. More older people in Nottinghamshire are anticipated to live alone (increasing by 14% between 2014 and 2020). Older people living alone and without access to a car in the more rural areas of Nottinghamshire, which also have poorer access to public transport (notably Newark and Sherwood and Bassetlaw) are particularly vulnerable. Our aging and increasingly isolated population has implications for future planning and delivery of services in order to meet their health and wellbeing needs.

Disability affects a large proportion of our population. Approximately one in ten adults in Nottinghamshire aged 18-64 live with moderate/severe physical disabilities and approximately one in five people aged 65+ in Nottinghamshire are unable to manage at least one daily activity[2]. For older people the numbers are expected to increase from 28,000 in 2014 to 33,000 by 2020.

Although black and minority ethnic (BME) populations are relatively low in Nottinghamshire as a whole, 4% compared with 15% nationally, within the districts of Broxtowe, Gedling and Rushcliffe there are larger population groups (7% each district), mainly Asian and Mixed/Multiple Ethnic groups.

[1] Wellbeing for Life, Newcastle. Know Your City: a Profile of Newcastle's People 2012 downloaded from http://www.wellbeingforlife.org.uk/know-your-city [accessed 14 January 2014]

[2] Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

In Nottinghamshire a relatively low proportion of residents were born outside the UK, 5% compared with 10% in the region in 2011 but this varies across the County. A higher proportion of non-UK born residents live in Broxtowe (8%) and Rushcliffe (7%).

Deprivation levels in Nottinghamshire are comparable with England. However, within Nottinghamshire there are communities with both some of the highest levels of deprivation in the country and some of the lowest levels of deprivation. The most deprived areas are Mansfield, Ashfield and Bassetlaw and the least deprived area is Rushcliffe. People living within the more deprived areas of Nottinghamshire have higher levels of unemployment and lower levels of qualifications.

Unemployment rates in Nottinghamshire are historically lower than national levels, 2.6% October 2013 compared with 2.9% in the East Midlands. However, for those aged 18-24 years, unemployment rates have been higher than the region for the past six years and were 6.5% in October 2013, compared with 5.5% in the East Midlands.

Health and manufacturing are the largest industry sectors of employment in Nottinghamshire with 14% of jobs in each sector. This compares with 8% of jobs in the manufacturing sector nationally. The manufacturing sector is a particularly important employer in the districts of Ashfield (20%), Bassetlaw (17%) and Broxtowe (16%).

Levels of support within communities varies across Nottinghamshire. The residents' survey (2012) revealed that the highest proportion of people living in Ashfield (77%) and Broxtowe (75%) felt that people from different backgrounds get on. The lowest proportions were reported from people living in Bassetlaw (47%) and Newark and Sherwood (37%).

Reported crimes in Nottinghamshire were highest in those districts where the lowest proportion residents felt safe to go out after dark (Ashfield, Bassetlaw, Mansfield).

Lifestyle approaches vary across Nottinghamshire.

- Smoking levels in Nottinghamshire are similar to the national average at 20%. However both Mansfield and Ashfield have significantly higher levels at 29% in 2011/12.
- It is estimated that there are 28,800 people dependent upon alcohol in Nottinghamshire. Hospital admissions attributed to alcohol in Nottinghamshire have increased for both men and women over the past six years in line with national trends. However, Ashfield, Bassetlaw and Mansfield have rates which are significantly higher than the national average for both men and women.
- It is estimated that there are approximately 16,000 people dependent upon illicit drugs in Nottinghamshire (12,000 of these for cannabis). Mansfield and Bassetlaw have the highest rates of illicit drug use.

Demographic, social, lifestyle, environmental and economic factors experienced across the life course impact upon health and wellbeing outcomes. Healthy life expectancy is an extremely important summary measure of mortality (death) and morbidity (illness). Healthy life expectancy is a measure of the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. In Nottinghamshire healthy life expectancy was 62.6 years for females and 60.9 years for males in 2009-2011. Males had a significantly lower healthy life expectancy compared with the region.

Levels of self-reported poor/very poor health were significantly higher in Nottinghamshire (6%) compared with the region (5.6%). In general disability and poor health are strongly associated with deprivation within Nottinghamshire. Levels of self-reported poor/very poor health and limiting long-term illness were highest in Ashfield, Mansfield and Bassetlaw districts.

Life expectancy has been increasing over the past 20 years nationally and locally for both males and females. Locally within the districts of Nottinghamshire life expectancy varies considerably with more deprived districts having a shorter life expectancy than less deprived districts For example in 2010-2012, life expectancy in Ashfield and Mansfield was significantly lower than for the East Midlands where a male could expect to live two years less and a female one year less. In contrast life expectancy in Broxtowe and Rushcliffe was significantly higher than for the East Midlands, where both males and females in Broxtowe could expect to live an additional year longer and in Rushcliffe an additional two years longer.

## 2. INTRODUCTION

*The People of Nottinghamshire* is a core part of our Joint Strategic Needs Assessment (JSNA). It draws together quantitative data and research to help inform our understanding of the people of Nottinghamshire, the factors that shape their wellbeing and health and the main illnesses and diseases. The section focuses on adults and older people as the demographics section for Children and Young People has been recently updated and can be accessed here.

*The People of Nottinghamshire* forms just one part of the knowledge that is used in the Nottinghamshire JSNA. Wherever possible we have included automatic links to additional information held on Nottinghamshire Insight, the web-based home for all of our JSNA resources, which may explore a topic in more detail.

This report refers to a number of local populations which are explained as follows: Nottinghamshire County includes all of the districts of Nottinghamshire and is referred to throughout the document as Nottinghamshire or Nottinghamshire County or the County. Where data for Nottingham City and Nottinghamshire County are combined, this is referred to as 'Notts (County + City)'. Some data sources refer to the former NHS Nottinghamshire which is no longer in existence but for which the most recent data may refer. NHS Nottinghamshire included the following Clinical Commissioning Groups: Newark and Sherwood, Rushcliffe, Mansfield and Ashfield, Nottingham North and East, Nottingham West.

## 3. THE PEOPLE LIVING IN NOTTINGHAMSHIRE

### 3.1. Introduction

This section provides an overview of the diversity of people in Nottinghamshire and how it is predicted to change over time. It includes data published by the Office for National Statistics (ONS) of estimates of populations and projections of population change. Also included are data from Census 2011.

### 3.2. Whole Population

2012 saw the first release of results from the 2011 Census of Population, with the County having a total population of 785,800. During the time between the Censuses of 2001 and 2011, the County saw an increase of 5% in its population, compared with an increase of 8.7% in the East Midlands and 7.9% in England. However, when looking at Nottinghamshire as a whole (including the City),

the population increased by 7.5%, which is still slightly below the Country and Region levels. Newark and Sherwood District had the highest increase of 8.0% compared with Gedling Borough, which only increased by 1.6% over the ten year period.

**Table 3.1: Census Usually Resident Population**

| Area | 2001 Census | 2011 Census | Change 2001-2011 |
|---|---|---|---|
| Ashfield | 111,387 | 119,497 | 7.3% |
| Bassetlaw | 107,713 | 112,863 | 4.8% |
| Broxtowe | 107,570 | 109,487 | 1.8% |
| Gedling | 111,787 | 113,543 | 1.6% |
| Mansfield | 98,181 | 104,466 | 6.4% |
| Newark and Sherwood | 106,273 | 114,817 | 8.0% |
| Rushcliffe | 105,599 | 111,129 | 5.2% |
| Nottinghamshire County | 748,510 | 785,802 | 5.0% |
| Nottingham City | 266,988 | 305,680 | 14.5% |
| Notts (County & City) | 1,015,498 | 1,091,482 | 7.5% |
| East Midlands | 4,172,174 | 4,533,222 | 8.7% |
| England | 49,138,821 | 53,012,456 | 7.9% |

Source: Office for National Statistics, 2012

The latest population projections, as produced by ONS, give a population of 797,200 for the County in 2013. These population projections, based on the 2011 mid-year population estimates (ONS) and the principal assumptions from the 2010-based national population projections (ONS), only provide an indication of the future size and age structure of the population if recent demographic trends in future fertility, mortality and migration continue. They are not forecasts and do not attempt to predict the impact that future government policies, changing economic circumstances or other factors might have on demographic behaviour.

The projections suggest the population of the Districts in the County will grow steadily over the following ten year period, with increases of between 5.0% (5,230) in Mansfield, to 8.8% (9,830) in Rushcliffe, with the County, Region and Country increasing by 6.9% (53,865), 8.6% (390,895) and 8.6% (4,580,615) respectively.

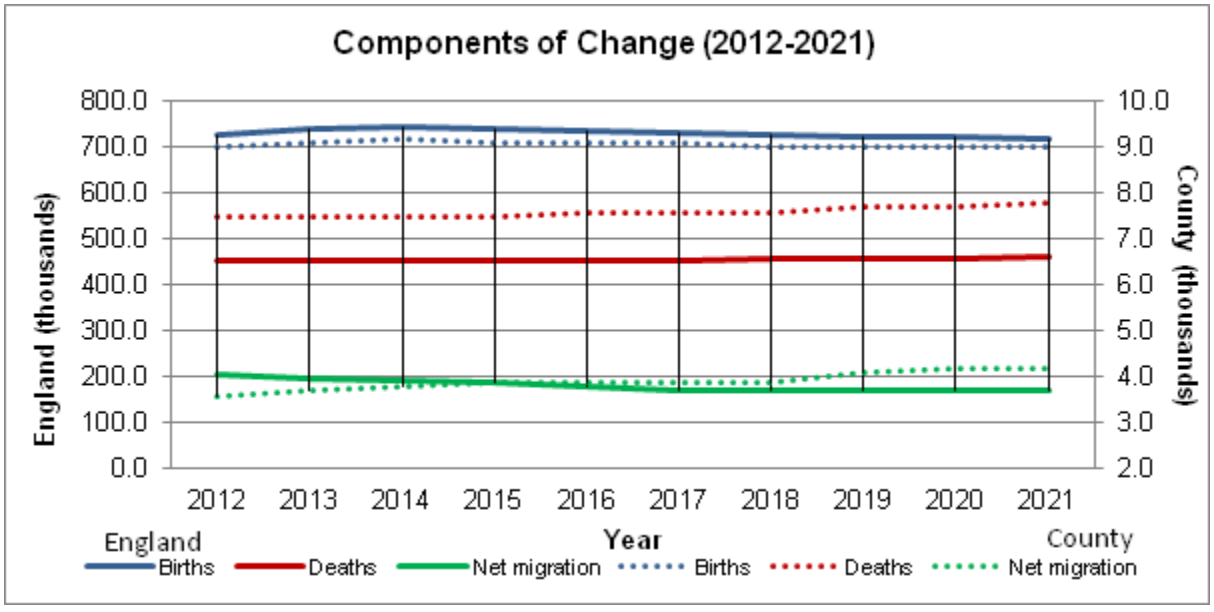
**Table 3.2: 2011-based Resident Population Projections**

| Area | 2011 mid-year estimate | 2016 Pop'n Projection | Change 2011-2016 | 2021 Pop'n Projection | Change 2016-2021 |
|---|---|---|---|---|---|
| Ashfield | 119,522 | 123,355 | 3.2% | 127,191 | 3.1% |
| Bassetlaw | 113,003 | 116,293 | 2.9% | 119,783 | 3.0% |
| Broxtowe | 109,749 | 114,023 | 3.9% | 118,130 | 3.6% |
| Gedling | 113,741 | 116,932 | 2.8% | 120,636 | 3.2% |
| Mansfield | 104,551 | 107,144 | 2.5% | 109,784 | 2.5% |
| Newark and Sherwood | 114,982 | 119,525 | 4.0% | 124,058 | 3.8% |
| Rushcliffe | 111,248 | 116,314 | 4.6% | 121,079 | 4.1% |
| Nottinghamshire County | 786,796 | 813,586 | 3.4% | 840,661 | 3.3% |
| Nottingham City | 303,899 | 318,078 | 4.7% | 326,311 | 2.6% |
| Notts (County & City) | 1,090,695 | 1,131,663 | 3.8% | 1,166,972 | 3.1% |
| East Midlands | 4,537,448 | 4,740,943 | 4.5% | 4,928,333 | 4.0% |
| England | 53,107,169 | 55,486,580 | 4.5% | 57,687,784 | 4.0% |

Source: Office for National Statistics, 2012

The components of change, which are the factors that drive the changes in an area's population, are a combination of natural change (the number of births and deaths in an area) and migration. Migration looks at both internal moves within England, as well as international migration, which counts the number of people moving between England and any other place in the rest of the world.

**Figure 3.3 Interim 2011-based Population Projections – Components of Change**




Source: Office for National Statistics, 2013

Figure 3.3 shows that following recent trends, there is expected to be very little variation in the numbers of births, both in the County and at the national level. With relation to deaths, there is expected to be a marginal increase nationally (1.6%) and slightly more in the County (4.0%). Net

migration[3], however, shows opposing trends. Nationally, the projections expect a decrease of 15.9% in net migration, whereas in the County, net migration is expected to increase by 16.7%.

An alternative population projection based on the population registered in each of the Clinical Commissioning Groups (CCG) is available below.

**Table 3.4: Registered Population Projections for Nottinghamshire CCGs**

| Area | 2011 estimate | 2016 Pop'n Projection | Change 2011-2016 | 2021 Pop'n Projection | Change 2016-2021 |
|---|---|---|---|---|---|
| Bassetlaw | 111,020 | 113,613 | 2.3% | 116,872 | 2.9% |
| Mansfield and Ashfield | 182,878 | 188,199 | 2.9% | 193,500 | 2.8% |
| Newark and Sherwood | 127,083 | 131,251 | 3.3% | 135,985 | 3.6% |
| Nottm North and East | 144,039 | 148,663 | 3.2% | 153,429 | 3.2% |
| Nottingham West | 93,231 | 95,982 | 3.0% | 99,597 | 3.8% |
| Rushcliffe | 121,708 | 125,350 | 3.0% | 130,590 | 4.2% |
| **All County CCGs** | **779,959** | **803,058** | **3.0%** | **829,974** | **3.4%** |
| Nottingham City | 340,233 | 359,438 | 5.6% | 369,453 | 2.8% |
| Notts (County & City) | 1,120,192 | 1,162,496 | 3.8% | 1,199,428 | 3.2% |

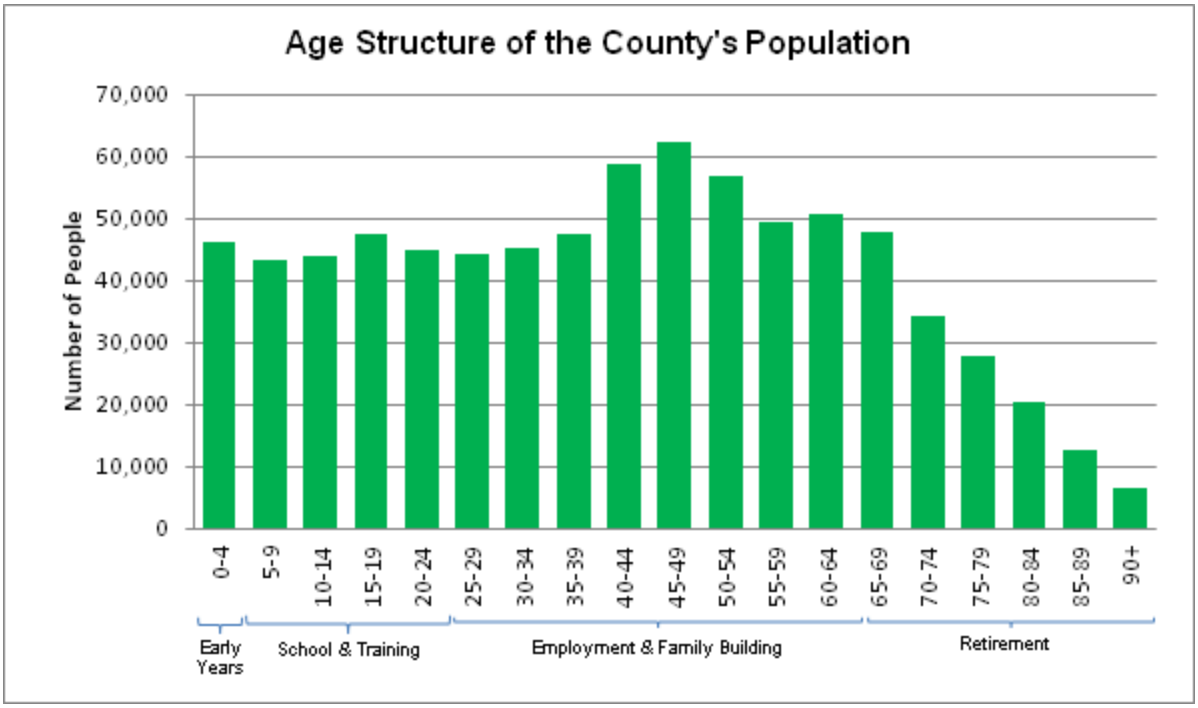
Source: NHS Exeter registered populations 2013 applied to ONS population projections

### 3.3. Population by Life Stage

This section looks at the population of the County by a series of life stages derived from available 5 year age bands data, giving an overview of the early years (0 to 4), school and training years (5 to 24), employment and family years (25 to 64) and retirement years (65 and over).

[3] Net migration is the difference of immigrants and emigrants of an area in a period of time. A positive value represents more people entering the country than leaving it, while a negative value means more people leaving than entering it.

**Figure 3.5 Age Structure of the County's Population, Mid 2012 estimates**




Source: Office for National Statistics, 2013

**Table 3.6: 2012 Mid Year Resident Population by Lifestage**

| | All Ages | Early Years (%) | School & Training Years (%) | Employment & Family Building Years (%) | Retirement Years (%) |
|---|---|---|---|---|---|
| Ashfield | 120,131 | 6.3 | 23.5 | 52.6 | 17.6 |
| Bassetlaw | 113,178 | 5.5 | 22.5 | 52.5 | 19.4 |
| Broxtowe | 110,716 | 5.8 | 22.0 | 53.1 | 19.1 |
| Gedling | 114,052 | 5.7 | 22.3 | 52.8 | 19.2 |
| Mansfield | 104,737 | 6.3 | 22.9 | 53.1 | 17.7 |
| Newark and Sherwood | 115,761 | 5.6 | 22.7 | 51.8 | 19.9 |
| Rushcliffe | 111,598 | 5.6 | 23.1 | 51.9 | 19.4 |
| Nottinghamshire County | 790,173 | 5.8 | 22.7 | 52.5 | 18.9 |
| Nottingham City | 308,735 | 6.6 | 33.8 | 47.9 | 11.7 |
| Notts (County & City) | 1,098,908 | 6.0 | 25.8 | 51.2 | 16.9 |
| East Midlands | 4,567,731 | 6.0 | 24.5 | 51.7 | 17.8 |
| England | 53,493,729 | 6.3 | 24.3 | 52.4 | 16.9 |

Source: Office for National Statistics, 2013

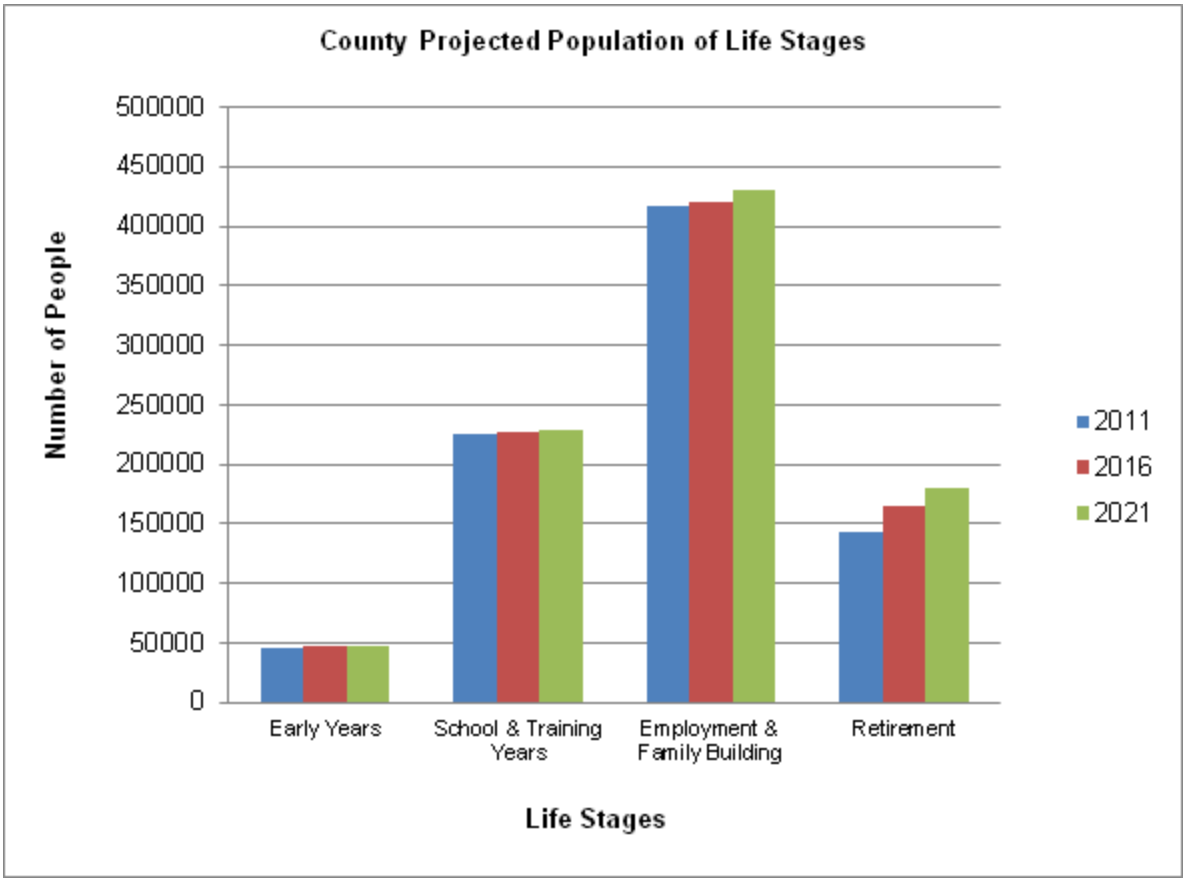
Table 3.6 shows that in the mid 2012 population estimates, the County had 5.8% of its population in the Early Years age group, which was slightly lower than in the East Midlands (6.0%) and England (6.3%). Within the County, Bassetlaw (5.5%) had the lowest proportion in this age group, and Ashfield and Mansfield the highest, matching the national level of 6.3%.

The proportion of the population in the School and Training Years varied very little within the County, ranging from 22.0% in Broxtowe to 23.5% in Ashfield and a County figure of 22.7%. The Employment and Family Building Years figures were also fairly consistent, with 51.8% in Newark &

Sherwood, up to 53.1% in Broxtowe and Mansfield. The County proportion was 52.5%, compared with 51.7% in the Region and 52.4% in the Country.

The County (18.9%) had a slightly higher proportion of its population in the Retirement Years age group than the East Midlands (17.8%) and England (16.9%), with the higher numbers in the more rural districts of Newark & Sherwood (19.9%) and Bassetlaw and Rushcliffe, both with 19.4%.

**Figure 3.7: Interim 2011 based Subnational Population Projections for the County**




Source: Office for National Statistics, 2013

Figure 3.7 shows that over the 10 year period to 2021, there is expected to be very little change in the Early Years life stage, with a slight dip in numbers in the second half of the period, and even less change in the School and Training Years life stage, which is expected to increase very slightly by around 1.7% over the period. The Employment and Family Building life stage is expected to also increase very slightly (0.8%) in the first half of the period, and then by 2.4% in the second half. The numbers of people in the Retirement life stage are expected to gradually increase over the 10 year period, by 14.9% in the first half and then 9.2% in the second half.

Alternative population by life stage based on the population registered in each of the Clinical Commissioning Groups (CCG) is available below.

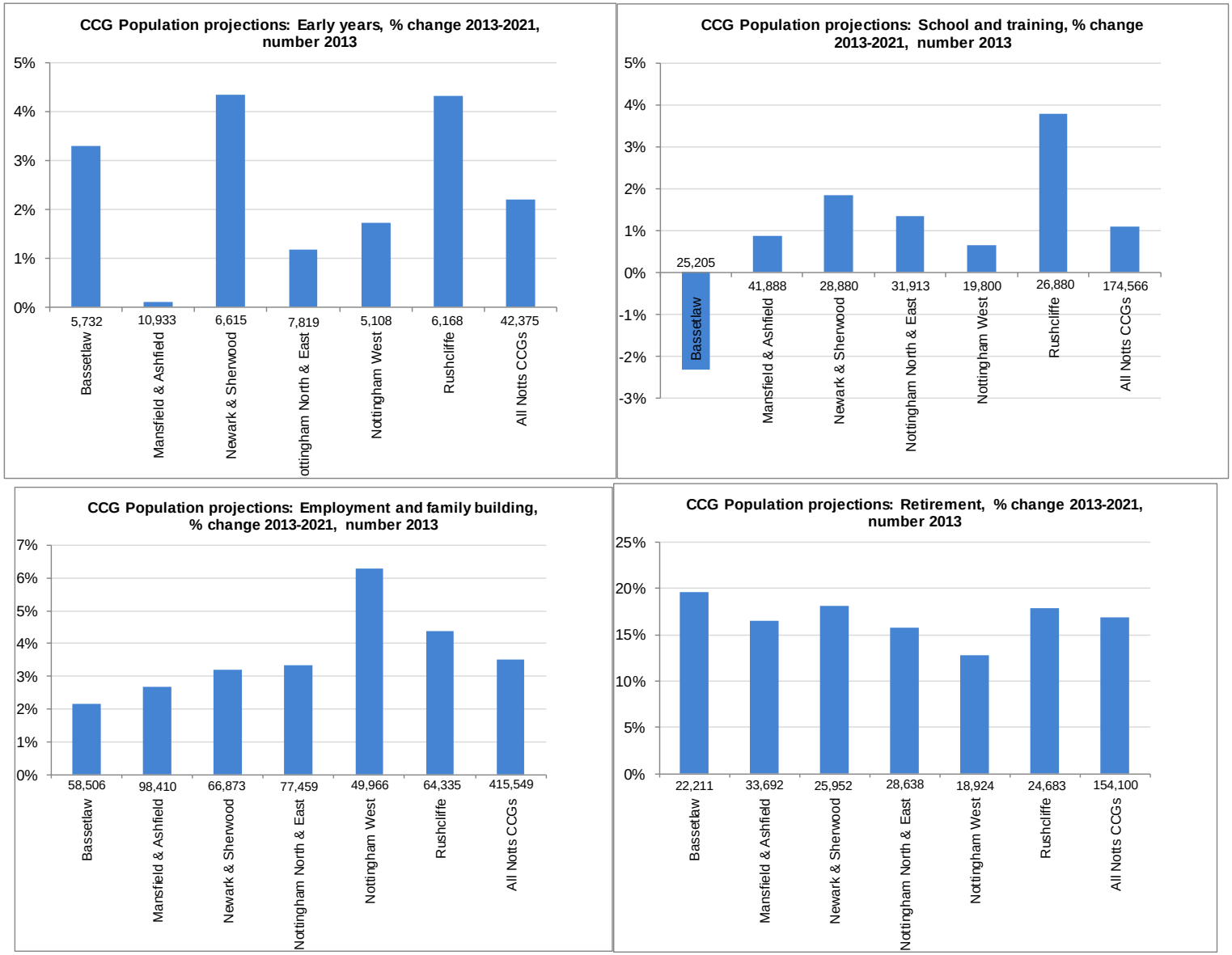
**Table 3.8: 2013 Registered Population by Lifestage for CCGs**

| CCG | All ages | Early years (%) | School & Training (%) | Employment and family building (%) | Retirement (%) |
|---|---|---|---|---|---|
| Bassetlaw | 111,654 | 5.1 | 22.6 | 52.4 | 19.9 |
| Mansfield and Ashfield | 184,923 | 5.9 | 22.7 | 53.2 | 18.2 |
| Newark and Sherwood | 128,320 | 5.2 | 22.5 | 52.1 | 20.2 |
| Nottingham North and East | 145,829 | 5.4 | 21.9 | 53.1 | 19.6 |
| Nottingham West | 93,798 | 5.4 | 21.1 | 53.3 | 20.2 |
| Rushcliffe | 122,066 | 5.1 | 22.0 | 52.7 | 20.2 |
| **All County CCGs** | **786,590** | **5.4** | **22.2** | **52.8** | **19.6** |
| Nottingham City | 350,421 | 5.8 | 32.3 | 50.5 | 11.4 |
| Notts (County & City) | 1,137,011 | 5.5 | 25.3 | 52.1 | 17.1 |

Source: NHS Exeter registered populations 2013 applied to ONS population projections

The following figures show the projected change in CCG populations between 2013 and 2021 by life course stage.

**Figure 3.9: CCG population projections by life course stage, % change between 2013-2021 and number 2013**




Source: NHS registered populations applied to ONS resident Sub-National Population Projections from 2011

## 3.4. Population by Communities of Identity

Why this matters?
Some communities experience inequalities to a much greater extent than others. This is recognised in our national legal framework: The Equality Act 2010 brought together existing legislation to protect people from discrimination on the basis of certain characteristics[4].

Examples of inequalities experienced by communities of identity include:

- 41% of transgender people reported attempting suicide compared to 1.6% of the general population[5]
- Lesbian, gay, bisexual and transgender older people are far more likely to live alone with fewer support networks[6]
- Disabled people are far less likely to be in employment. The UK employment rate of working age disabled people was 47.8%, compared to 75.9% of non-disabled people in 2012[7].

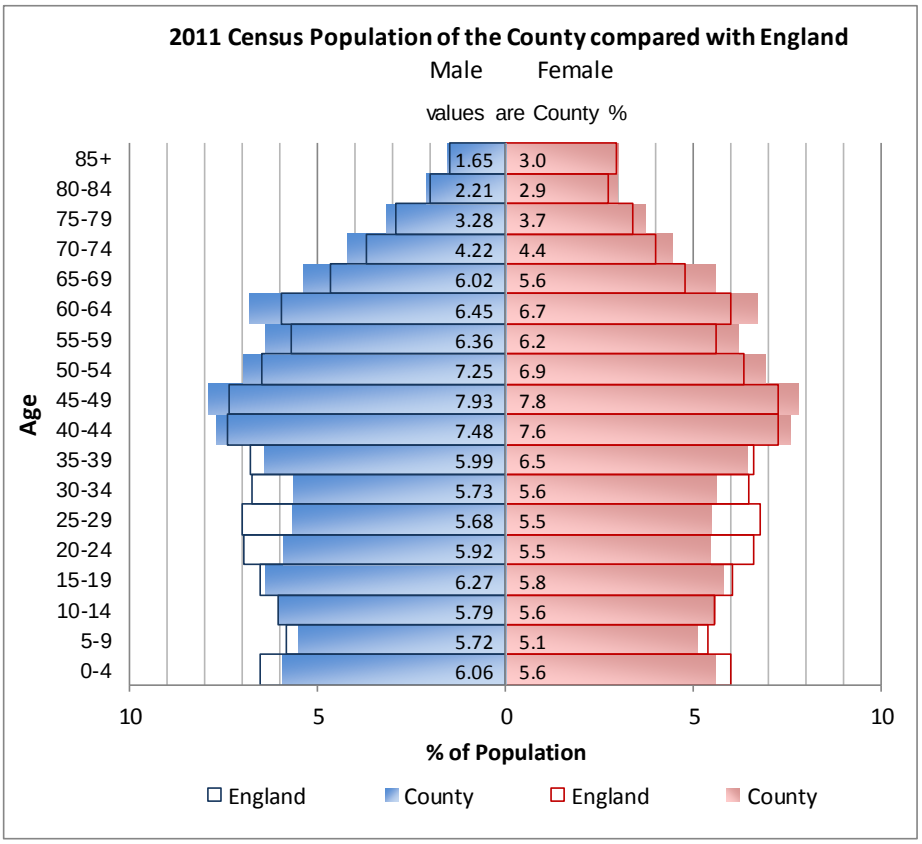
This section describes the diversity of people and communities that live in Nottinghamshire. More information on the experiences and health and wellbeing outcomes of different communities is provided in the "Factors that shape the Lives of People in Nottinghamshire" and individual JSNA topic summaries, where the data allows. Links to these are provided within the text below.

### Gender

The 2011 Census splits the population of the County 49.2% males (386,700) and 50.8% females (399,100), which corresponds with the gender split of England, and both follow a similar pattern throughout the quinary (5 year) age groups.

[4] http://www.equalityhumanrights.com/advice-and-guidance/new-equality-act-guidance/
[5] LBG&T communities - a summary for JSNA http://www.lgf.org.uk/policy-research/JSNA?for
[6] LBG&T communities - a summary for JSNA http://www.lgf.org.uk/policy-research/JSNA?for
[7] Annual Population Survey 2012, NOMIS.

**Figure 3.10: Population pyramid of quinary (5 year) age groups for the County and England**




Source: Office for National Statistics, 2012

In the age groups from 0-4 years to 25-29 years, there are a higher proportion of males to females, with these age groups having between 0.4% and 3.1% more males than females. From the 30-34 year age group onwards, there are slightly more females than males initially, except in the 55-59 where there are almost as many males as females. In the older age groups, females far outnumber males, reflecting the higher life expectancy of females.

Table 3.11 shows that, based on the Mid 2011 Population Projections, the number of males in the County is expected to increase by 7.1% over the ten year period to 2021 and the number of females to increase by 6.6% over the same period. These increases are less than the National figure with males increasing by 9.3% and females by 7.9%.

Looking at a more local level, the number of males is expected to increase the least in Mansfield (5.6%) and the most in Rushcliffe (9.2%). Females follow the same pattern, with Mansfield increasing by 4.4% and Rushcliffe by 8.5%.

**Table 3.11: 2011 Based Resident Population Projections**

| | Males | | | Females | | |
|---|---|---|---|---|---|---|
| Area | 2011 | 2011-2016 | 2011-2021 | 2011 | 2011-2016 | 2011-2021 |
| Ashfield | 58,620 | 3.3% | 6.4% | 60,902 | 3.2% | 6.4% |
| Bassetlaw | 56,086 | 3.2% | 6.7% | 56,917 | 2.6% | 5.3% |
| Broxtowe | 54,273 | 4.2% | 8.0% | 55,476 | 3.6% | 7.2% |
| Gedling | 55,476 | 2.8% | 6.0% | 58,265 | 2.8% | 6.2% |
| Mansfield | 51,341 | 2.8% | 5.6% | 53,210 | 2.1% | 4.4% |
| Newark and Sherwood | 56,560 | 4.0% | 7.9% | 58,422 | 3.9% | 7.9% |
| Rushcliffe | 54,795 | 4.8% | 9.2% | 56,453 | 4.3% | 8.5% |
| Nottinghamshire County | 387,151 | 3.6% | 7.1% | 399,645 | 3.2% | 6.6% |
| England | 26,133,162 | 4.9% | 9.3% | 26,974,007 | 4.1% | 7.9% |

Source: Office for National Statistics

### Transgender

Broadly speaking, transgender (trans) people are individuals whose gender expression and/or gender identity differs from conventional expectations based on the physical sex they were born into. The word transgender is an umbrella term that is often used to describe a wide range of identities and experiences, including: transsexuals, cross-dressers, transvestites and many more.

No major Government or administrative surveys collect data by including a question where transgender people can choose to identify themselves. The Gender Identity Research and Education Society (GIRES) estimate that around 1% of the population is 'gender variant' to some degree, although not all will seek medical treatment. The number of people seeking treatment is increasing by around 11% each year[8].

Links to further information:

1. LBG&T communities - a summary for JSNA http://www.lgf.org.uk/policy-research/JSNA?for
2. The LGB&T Public Health Outcomes Framework Companion Document http://www.lgf.org.uk/downloads/191

### Mosaic Classification

Segmentation is a process of looking at a population and seeking to identify distinct sub-groups (segments) that may have similar needs, attitudes or behaviours. It can be a useful tool in helping to understand diverse sub-groups and focus resources where they are most needed.

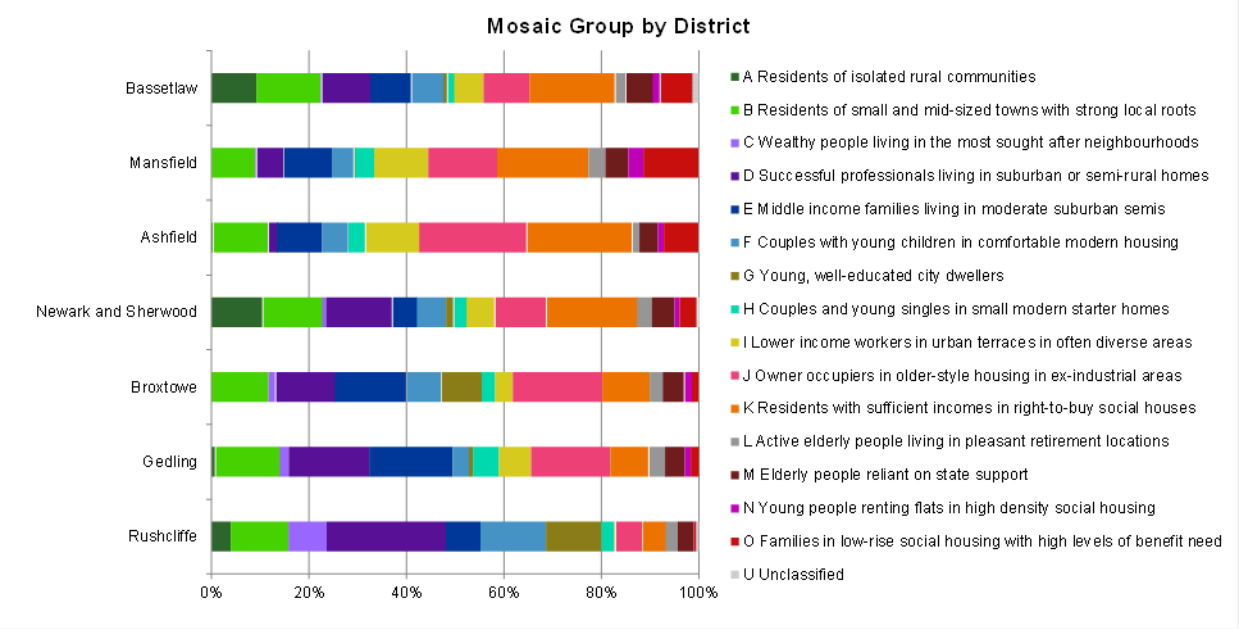
Mosaic Public Sector describes the population in terms of their typical demographics such as age and gender and also their social, economic, cultural and lifestyle behaviour. The population is classified into 15 Groups that identify households that are as similar as possible to each other and as different as possible from any other group.

Figure 3.12 shows that the districts of Nottinghamshire have a diverse Mosaic profile. For example in Rushcliffe, the largest proportion of households are in Group D (Successful professionals). By

[8] http://www.gires.org.uk/GID8301.PDF

comparison in Ashfield the largest proportion of households are in Groups J (Owner occupiers in older style housing) and Group K (Residents with sufficient incomes in right-to-buy social houses).

**Figure 3.12: Proportion of resident population by Mosaic group, Nottinghamshire's Districts**




Source: Mosaic 2010 segmentation with 2011 update. Showing ONS MYE 2009 population counts

### Ethnicity

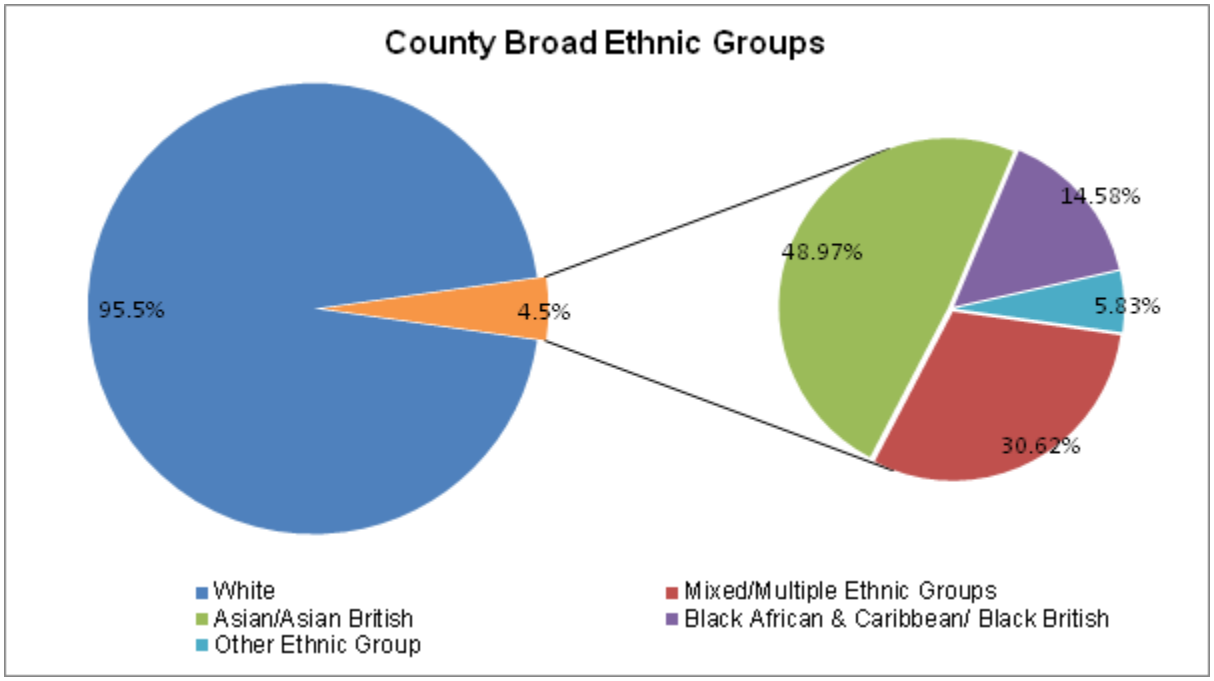
At the time of the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic (BME) Groups. In comparison, the East Midlands and England had significantly lower rates of the White populations, with 89.3% and 85.4% respectively, and consequently higher rates of the BME groups (11.0% and 15.2% respectively).

**Table 3.13: Broad Ethnicity Groups**

| | Resident Population | White | Mixed/ Multiple Ethnic Groups | Asian/ Asian British | Black African & Caribbean/ Black British | Other Ethnic Group |
|---|---|---|---|---|---|---|
| Ashfield | 119,497 | 97.7% | 0.89% | 0.92% | 0.40% | 0.11% |
| Bassetlaw | 112,863 | 97.4% | 0.88% | 1.11% | 0.47% | 0.18% |
| Broxtowe | 109,487 | 92.7% | 1.67% | 4.11% | 0.92% | 0.63% |
| Gedling | 113,543 | 93.1% | 2.31% | 2.94% | 1.56% | 0.24% |
| Mansfield | 104,466 | 97.2% | 1.06% | 1.23% | 0.39% | 0.14% |
| Newark and Sherwood | 114,817 | 97.5% | 1.01% | 0.90% | 0.45% | 0.14% |
| Rushcliffe | 111,129 | 93.1% | 1.75% | 4.15% | 0.61% | 0.39% |
| Nottinghamshire County | 785,802 | 95.5% | 1.36% | 2.18% | 0.68% | 0.26% |
| Nottingham City | 305,680 | 71.5% | 6.63% | 13.10% | 10.14% | 1.47% |
| Notts ( County & City) | 1,091,482 | 88.8% | 2.80% | 5.20% | 2.50% | 0.60% |
| East Midlands | 4,533,222 | 89.3% | 1.90% | 6.47% | 2.01% | 0.57% |
| England | 53,012,456 | 85.4% | 2.25% | 7.82% | 4.08% | 1.03% |

Source 2011 Census , Office for National Statistics

**Figure 3.14: Broad Ethnic Groups in the County**

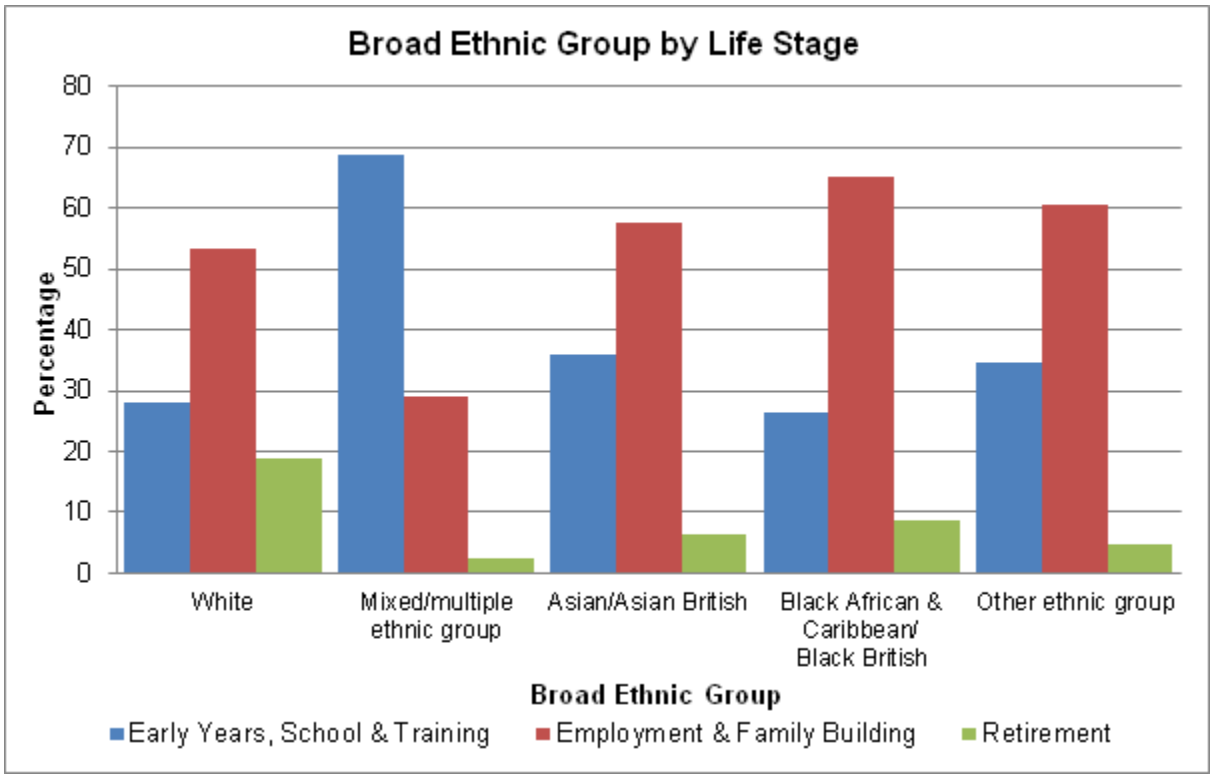



Source 2011 Census , Office for National Statistics

Figure 3.14 above shows the split between the White population in comparison to the BME groups as a whole in the pie chart on the left, and then what proportion of the BME groups falls within each broad ethnicity group.

In the County, Gedling had the highest Mixed and Multiple Ethnic Groups population (2.3%) as well as the highest rate of Black African and Caribbean and Black British ethnicities (1.6%). The largest proportions of Asian and Asian British people, were resident in Rushcliffe (4.2%), closely followed by Broxtowe (4.1%) (Figure 3.13)

**Figure 3.15: Broad Ethnic Groups by Life Stages in the County**




Source 2011 Census , Office for National Statistics

Figure 3.15 above shows how the population of each broad ethnic group is split by life stages. Early Years and School and Training have been combined into one life stage and range from 26.3% to 35.8% of each of the Broad Ethnic Groups except for Mixed/Multiple Ethnic Group which has roughly twice as many people in that age group (68.7%) compared to the others. Consequently, this age groups has only just over a quarter of its population in the Employment and Family Building age group, compared with over half for each of the other groups. The White Group has the highest proportion of people in the Retirement age group (18.7%) compared with 8.6% in the Black African and Caribbean and Black British group and ranging down to 2.4% in the Mixed/Multiple Ethnic Group.

### Religion and Belief

In the 2011 Census, the question relating to a person's religion was a voluntary question. In the County, over a third (36.3%) of the usual resident population either had no religion or did not give a response.

Of those residents of the County that did state a religion, 96.2% were Christian, and at District level, these figures ranged from 98.2% in Newark and Sherwood, down to 93.2% in Rushcliffe. In comparison, 89.6% were Christian in the East Midlands and 87.2% in England.

Of the 18,800 residents that stated any other religion than Christian, 37% were Muslim, 18.5% were Hindu, 16.6% were Sikh, 9.9% were Buddhist and 3.8% were Jewish, leaving 14.3% having some other religion.

**Table 3.16: Percentage of Usual Residents by Religion**

| | All Usual Residents | Christian | Buddhist | Hindu | Jewish | Muslim | Sikh | Other Religion | No Religion/ Not Stated |
|---|---|---|---|---|---|---|---|---|---|
| Ashfield | 119,497 | 58.16 | 0.18 | 0.18 | 0.01 | 0.31 | 0.15 | 0.36 | 40.65 |
| Bassetlaw | 112,863 | 70.82 | 0.17 | 0.22 | 0.04 | 0.62 | 0.11 | 0.32 | 27.70 |
| Broxtowe | 109,487 | 56.60 | 0.38 | 0.77 | 0.13 | 1.49 | 0.84 | 0.38 | 39.40 |
| Gedling | 113,543 | 57.10 | 0.27 | 0.47 | 0.08 | 1.35 | 0.64 | 0.34 | 39.76 |
| Mansfield | 104,466 | 61.65 | 0.18 | 0.26 | 0.03 | 0.54 | 0.16 | 0.32 | 36.86 |
| Newark and Sherwood | 114,817 | 66.08 | 0.20 | 0.17 | 0.05 | 0.40 | 0.11 | 0.32 | 32.68 |
| Rushcliffe | 111,129 | 58.93 | 0.29 | 1.06 | 0.29 | 1.53 | 0.81 | 0.36 | 36.73 |
| Nottinghamshire County | 785,802 | 61.34 | 0.24 | 0.44 | 0.09 | 0.89 | 0.40 | 0.34 | 36.26 |
| Nottingham City | 305,680 | 44.23 | 0.67 | 1.47 | 0.35 | 8.81 | 1.41 | 0.49 | 42.57 |
| Notts (County & City) | 1,091,482 | 56.55 | 0.36 | 0.73 | 0.16 | 3.10 | 0.68 | 0.38 | 38.03 |
| East Midlands | 4,533,222 | 58.81 | 0.28 | 1.98 | 0.09 | 3.10 | 0.98 | 0.40 | 34.36 |
| England | 53,012,456 | 59.38 | 0.45 | 1.52 | 0.49 | 5.02 | 0.79 | 0.43 | 31.91 |

Source: 2011 Census, Office for National Statistics

### People with a Disability

Also click here to read about people with Long term illnesses and conditions within this document

Why this matters?

Most disabled people are not born with a disability but aquire it during their lives. The prevalence of disability is strongly related to age: around 1 in 20 children are disabled compared with 1 in 5 working adults and 1 in 2 older people. The majority of impairments are not visible. Disabled people are: more likely to have no qualifications; less likely to be in employment or training; more likely to be on lower incomes; more likely to live in poor housing; and more likely to experience poorer health and well-being than non-disabled people.[9]

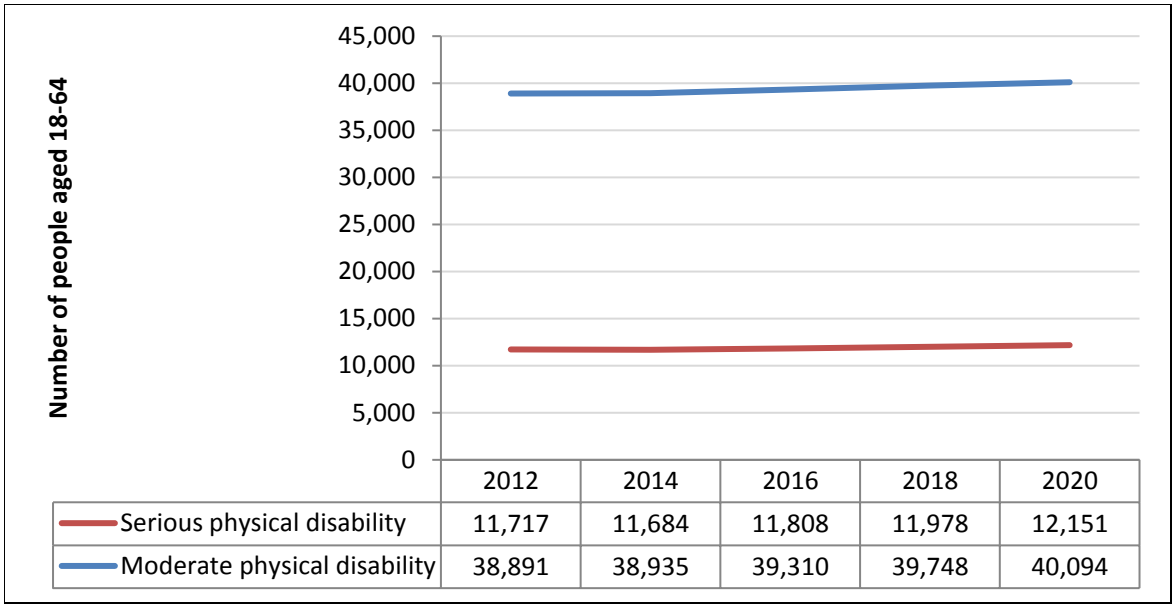
Physical disability

The number of 18-64 year olds predicted to have a serious physical disability in Nottinghamshire in 2014 is 11,684 increasing by 467 by 2020. The number of 18-64 year olds predicted to have a moderate physical disability in Nottinghamshire in 2014 is 38,935 increasing by 1,159 by 2020. Ashfield and Newark & Sherwood are expected to have the highest numbers of people with both moderate and severe disabilities across Nottinghamshire districts, however the model used to

[9] Disability in the United Kingdom: Facts and figures, July 2011. Papworth Trust.

calculate the estimates does not take into account deprivation. It is likely that people living in more deprived areas of Nottinghamshire will experience higher levels of physical disability.

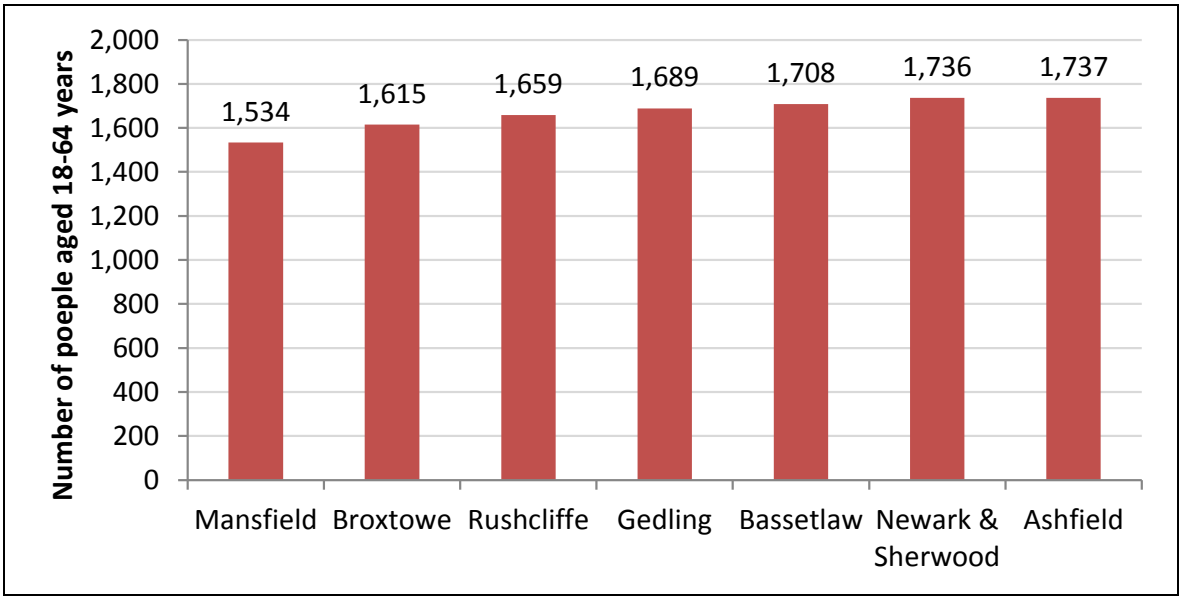
**Figure 3.17: Projection in the number of people predicted to have a moderate or severe physical disability aged 18-64 years**




| | 2012 | 2014 | 2016 | 2018 | 2020 |
|---|---|---|---|---|---|
| Serious physical disability | 11,717 | 11,684 | 11,808 | 11,978 | 12,151 |
| Moderate physical disability | 38,891 | 38,935 | 39,310 | 39,748 | 40,094 |

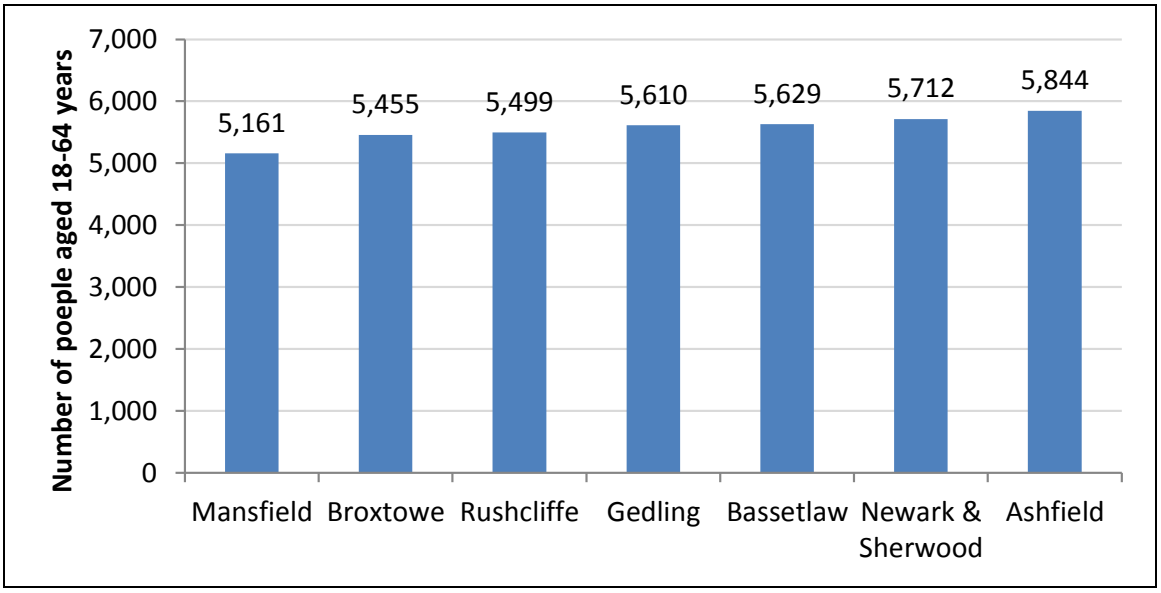
Source :PANSI Feb 2014

**Figure 3.18: number of people predicted to have a severe physical disability in 2014 by district, aged 18-64 years**




Source :PANSI Feb 2014

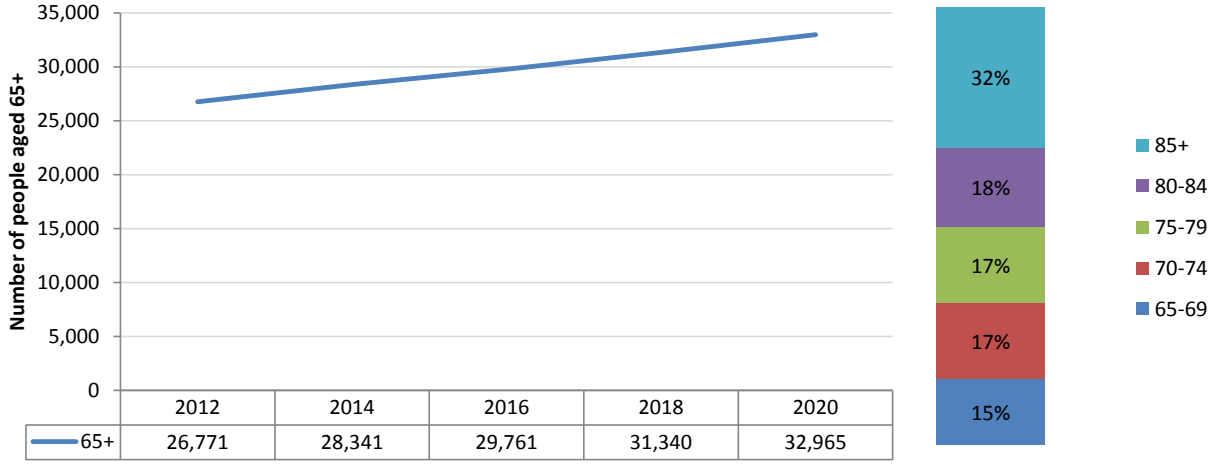
**Figure 3.19: number of people predicted to have a moderate physical disability in 2014 by district, aged 18-64 years**




Source :PANSI Feb 2014

The number of people aged 65+ predicted to be unable to manage at least one daily activity[10] on their own in Nottinghamshire in 2014 is 28,341 and is expected to rise by 4,624 by 2020. Around one third are expected be aged over 85 years old. Newark & Sherwood, Gedling and Rushcliffe are expected to have the highest numbers of people aged 65+ unable to manage one daily activity on their own across Nottinghamshire districts, however, the model used to calculate the estimates does not take into account deprivation. It is likely that people living in more deprived areas of Nottinghamshire will experience higher levels of difficulty managing daily activities.

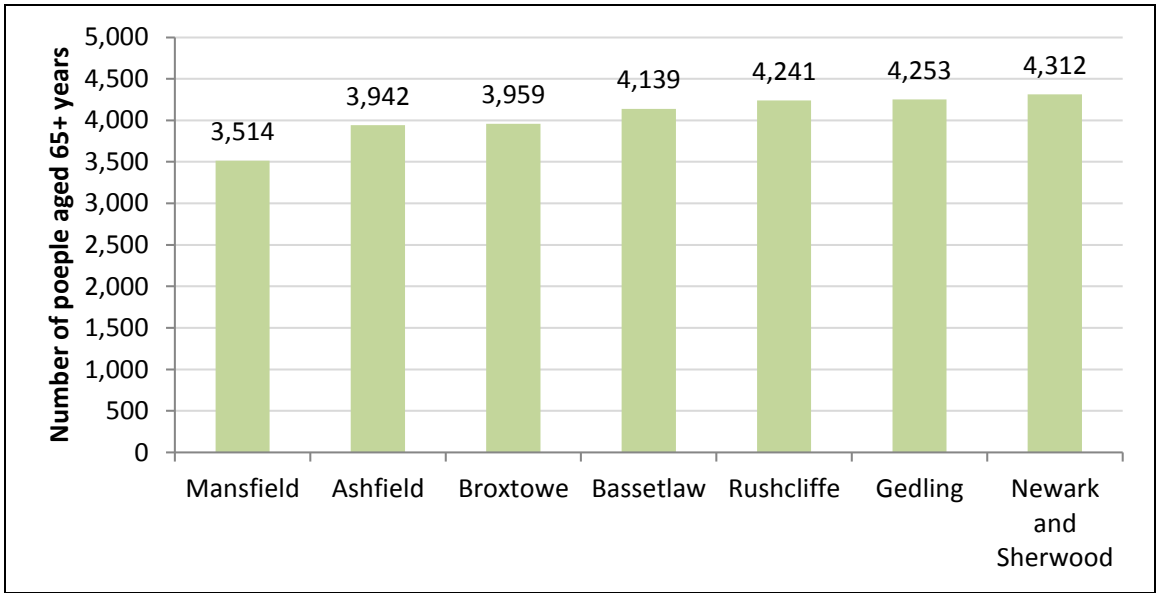
**Figure 3.20: Projection in the number of people aged 65+ living in Nottinghamshire predicted to be unable to manage at least one daily activity on their own and breakdown by age group 2014 (insert to right)**




Source :POPPI Feb 2014

[10] Activities include: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed

**Figure 3.21: Number of people aged 65+ predicted to be unable to manage at least one daily activity on their own in 2014 across Nottinghamshire districts**

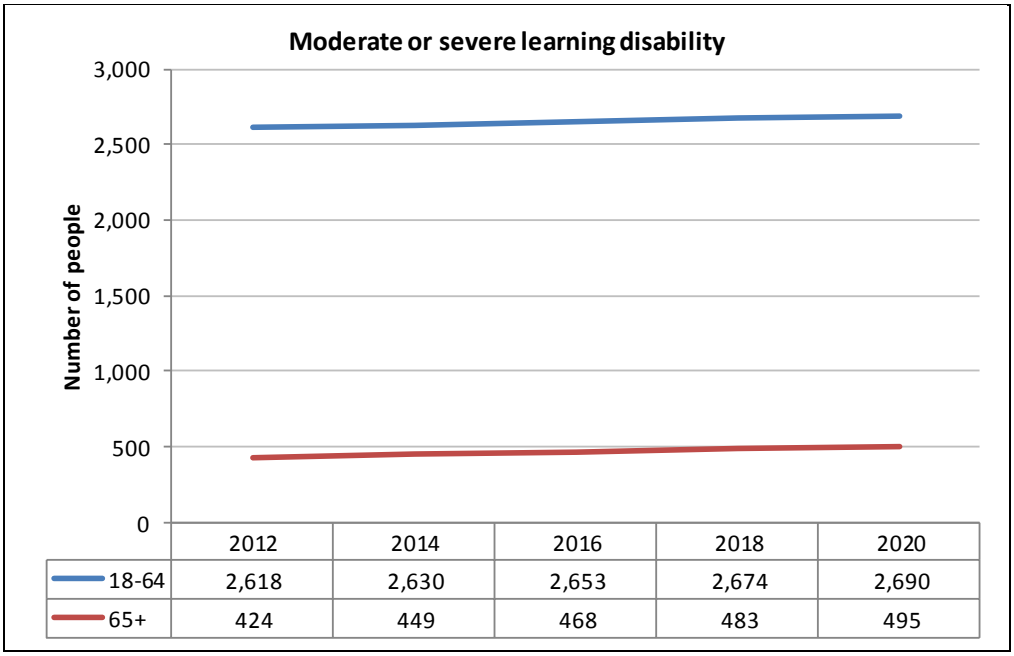



Source :POPPI Feb 2014

## Learning Disability

The numbers of people aged 18+ who are predicted to have a moderate or severe learning disability and therefore likely to be in receipt of services is expected to increase moderately from 3,079 in 2014 to 3,185 in 2020. Across the districts there is little variation with Ashfield estimated to have 466 people with moderate or severe learning disability in 2014 compared with Mansfield where it is estimated 407 people would have moderate or severe learning disability in 2014.

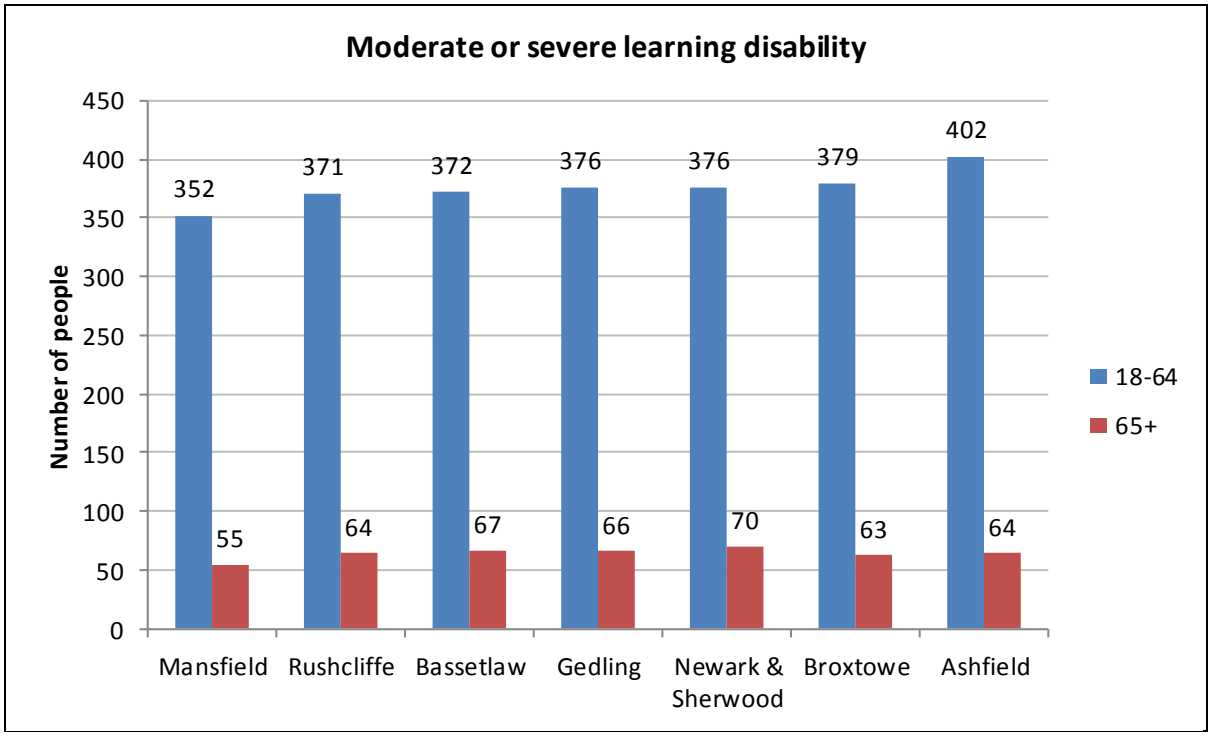
**Figure 3.22: Projection in the number of people predicted to have a moderate or severe learning disability, by age living in Nottinghamshire**




| | 2012 | 2014 | 2016 | 2018 | 2020 |
|---|---|---|---|---|---|
| 18-64 | 2,618 | 2,630 | 2,653 | 2,674 | 2,690 |
| 65+ | 424 | 449 | 468 | 483 | 495 |

Source: POPPI and PANSI Feb 2014

**Figure 3.23: Number of people aged 18+ estimated to have a moderate or severe learning disability in 2014 across Nottinghamshire districts**

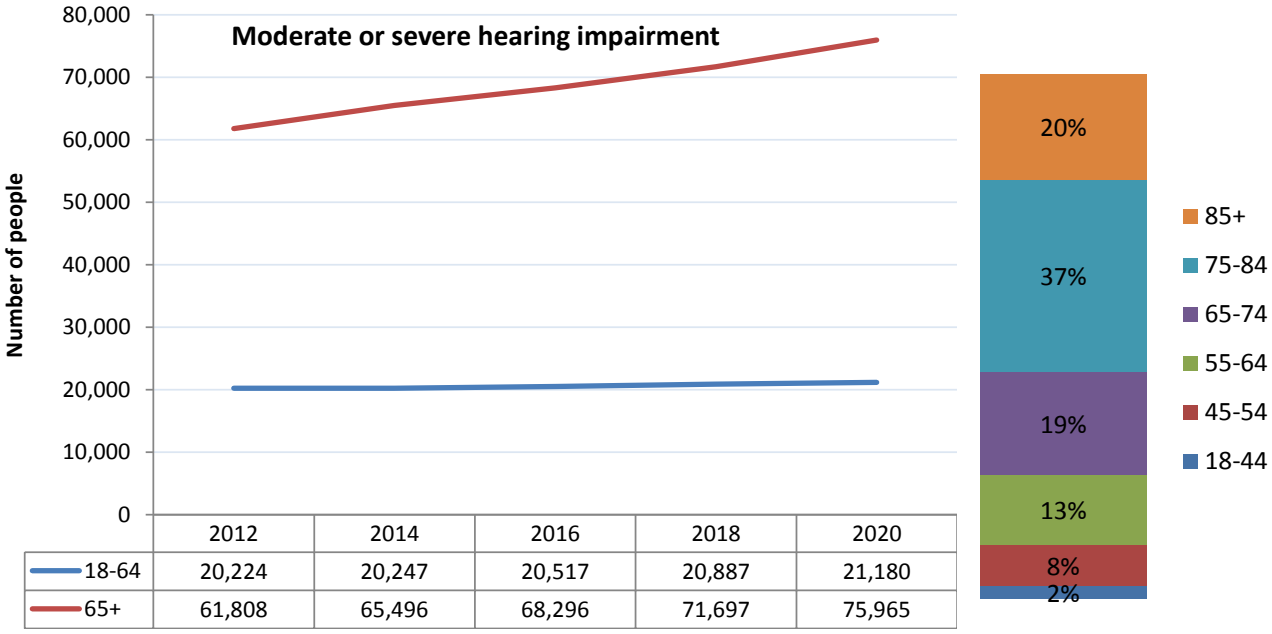



Source: POPPI and PANSI Feb 2014

### Sensory Impairment: Hearing impairment

The numbers of people aged 18+ who are predicted to have a moderate or severe hearing impairment is expected to increase by 13% from 87,757 in 2014 to 99,165 in 2020. Moderate or severe hearing impairment is most common in older people; 76% of people with moderate or severe hearing impairment are expected to be aged 65+. Across the districts, Rushcliffe and Mansfield are estimated to have the lowest number of people with moderate or severe hearing impairment and Bassetlaw, Gedling and Newark & Sherwood the highest number.

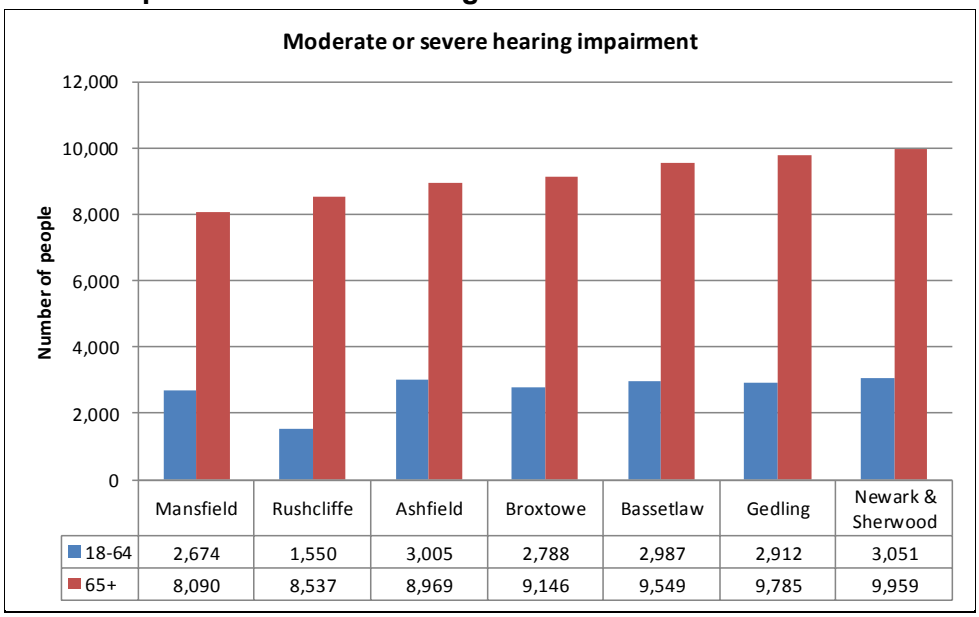
**Figure 3.24: Projection in the numbers of people predicted to have moderate or severe hearing impairment in Nottinghamshire and breakdown by age group 2014 (insert to right)**




| | 2012 | 2014 | 2016 | 2018 | 2020 |
|---|---|---|---|---|---|
| 18-64 | 20,224 | 20,247 | 20,517 | 20,887 | 21,180 |
| 65+ | 61,808 | 65,496 | 68,296 | 71,697 | 75,965 |

Source: POPPI and PANSI Feb 2014

**Figure 3.25: Number of people aged 18+ estimated to have a moderate or severe hearing impairment across Nottinghamshire's districts in 2014.**



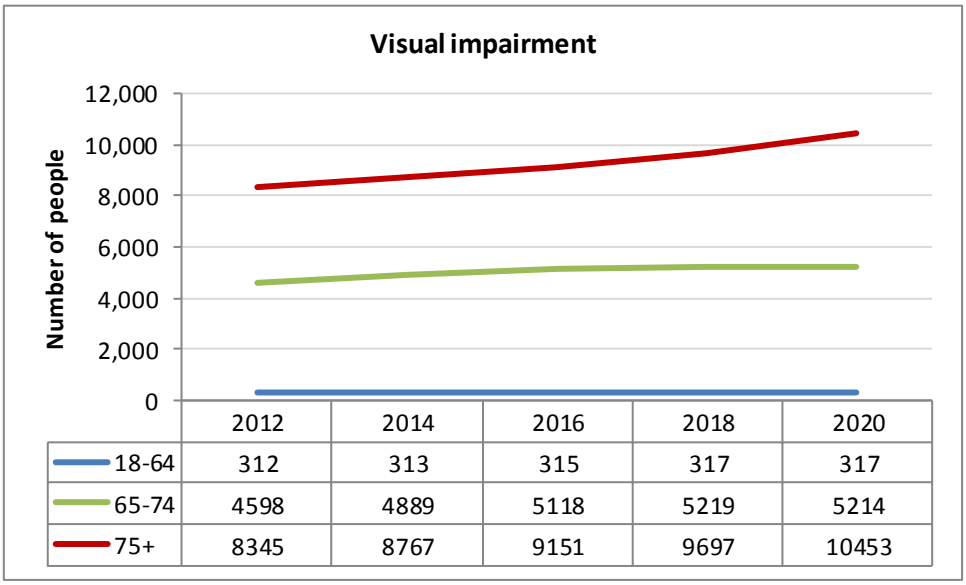

| | Mansfield | Rushcliffe | Ashfield | Broxtowe | Bassetlaw | Gedling | Newark & Sherwood |
|---|---|---|---|---|---|---|---|
| 18-64 | 2,674 | 1,550 | 3,005 | 2,788 | 2,987 | 2,912 | 3,051 |
| 65+ | 8,090 | 8,537 | 8,969 | 9,146 | 9,549 | 9,785 | 9,959 |

Source: POPPI and PANSI Feb 2014

## Sensory impairment: Visual impairment

The numbers of people aged 65+ who are predicted to have a moderate or severe hearing impairment is expected to increase by 15% from 13,656 in 2014 to 15,667 in 2020. Across the districts Ashfield and Mansfield are estimated to have the lowest number of people with moderate or severe visual impairment and Bassetlaw, Gedling and Newark & Sherwood the highest number.

**Figure 3.26: Projection in the numbers of people predicted to have moderate or severe visual impairment in Nottinghamshire***

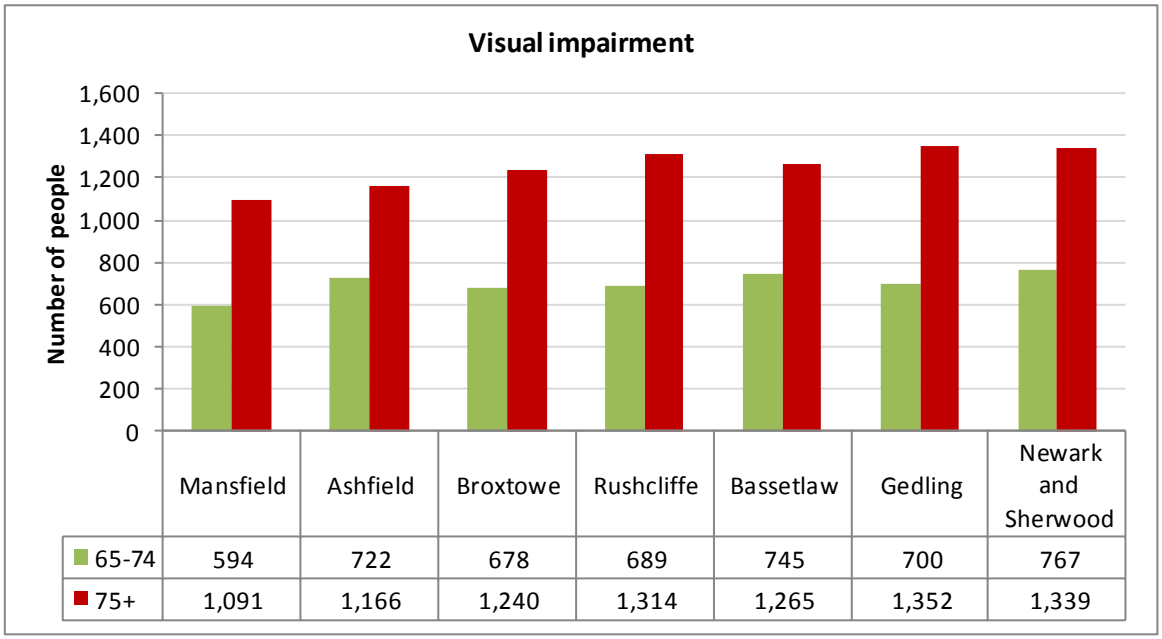



| | 2012 | 2014 | 2016 | 2018 | 2020 |
|---|---|---|---|---|---|
| 18-64 | 312 | 313 | 315 | 317 | 317 |
| 65-74 | 4598 | 4889 | 5118 | 5219 | 5214 |
| 75+ | 8345 | 8767 | 9151 | 9697 | 10453 |

Source: POPPI and PANSI Feb 2014

*Robust methods of estimating the number of people aged under 65 years with a moderate visual impairment are not available. For this age group registrations for visual impairment have been used to provide local estimate s for severe visual impairment.

**Figure 3.27: Number of people aged 65+ predicted to have a moderate or severe visual impairment across Nottinghamshire's districts in 2014.**




| | Mansfield | Ashfield | Broxtowe | Rushcliffe | Bassetlaw | Gedling | Newark and Sherwood |
|---|---|---|---|---|---|---|---|
| 65-74 | 594 | 722 | 678 | 689 | 745 | 700 | 767 |
| 75+ | 1,091 | 1,166 | 1,240 | 1,314 | 1,265 | 1,352 | 1,339 |

Source: POPPI Feb 2014

## Mental Illness

Mental illness is considered in section 5.2 What are illnesses and conditions are people living with?

### Sexual Orientation

"Evidence from the available literature shows that LGBT[11] people experience significant problems related to both their mental and physical health. Discrimination and social exclusion are seen to be major causes of ill health for people in these communities. […] Of additional concern is the discrimination some LGBT people face when accessing NHS services."[12]

Government estimates that 5-7% of the population would feel comfortable describing themselves as lesbian, gay or bisexual. There is no formal survey or census either locally or nationally to verify this. Table 3.28 below indicates the number and % of same sex civil partnerships.

**Table 3.28: Marital and civil partner status, 2012**

| | **All Usual Residents Aged 16 and Over** | **In a Registered Same-Sex Civil Partnership** | |
|---|---|---|---|
| | **Number** | Number | % |
| Ashfield | **96,698** | 206 | 0.21 |
| Bassetlaw | **92,702** | 192 | 0.21 |
| Broxtowe | **90,938** | 226 | 0.25 |
| Gedling | **93,186** | 211 | 0.23 |
| Mansfield | **85,448** | 146 | 0.17 |
| Newark and Sherwood | **93,957** | 161 | 0.17 |
| Rushcliffe | **90,551** | 159 | 0.18 |
| Nottinghamshire County | **643,480** | 1,301 | 0.20 |
| Nottingham City | 250,104 | 600 | 0.24 |
| East Midlands | **3,694,767** | 7,179 | 0.19 |
| England | **42,989,620** | 100,288 | 0.23 |

Source: ONS

### Carers

** to be inserted when carers JSNA topic completed

[11] LGBT Lesbian, Gay, Bisexual and Transgender
[12] Stonewall Scotland/NHS Scotland, 2003, "Towards a healthier LGBT Scotland" page 4. Available at http://www.show.scot.nhs.uk/publications/Stonewallopt3.pdf

### Homelessness

"Homelessness: the silent killer" a report produced by Crisis in December 2011 revealed that:

- The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population.
- Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths.
- Homeless people are over nine times more likely to commit suicide than the general population
- Deaths as a result of traffic accidents are three times as likely, infections twice as likely and falls over three times as likely.
- Being homeless … has significant impacts on people's health and wellbeing."

In 2012/13 1,026 households in Nottinghamshire applied for assistance from local authorities. Districts with the highest numbers of applications were Mansfield (355) and Bassetlaw (309). Similar to the picture nationally, less than half of applications were accepted as being unintentional and in priority need.

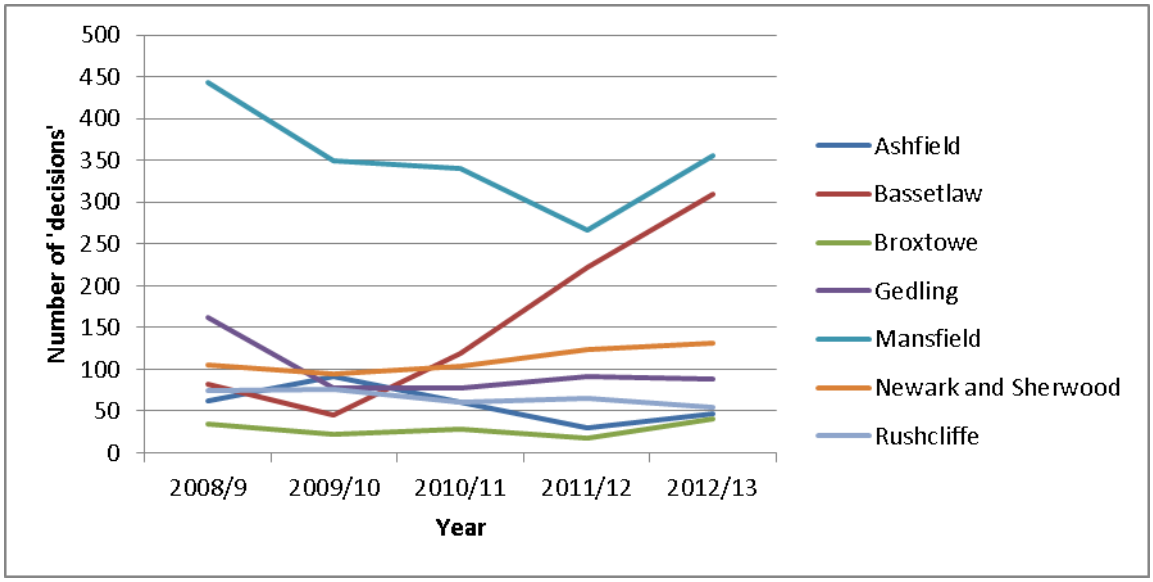
**Table 3.29: Numbers of households applying for assistance, and numbers accepted as Statutorily Homeless, Nottinghamshire 2012/13**

| District | Accepted as 'Statutorily Homeless' | Not Accepted as 'Statutorily Homeless' | | | Total Decisions |
|---|---|---|---|---|---|
| | Unintentionally homeless and in priority need | Intentionally homeless and in priority need | Homeless but not in priority need | Not Homeless | |
| **Ashfield** | 26 | 6 | 2 | 13 | 47 |
| **Bassetlaw** | 75 | 22 | 86 | 126 | 309 |
| **Broxtowe** | 10 | 6 | 12 | 13 | 41 |
| **Gedling** | 56 | 8 | 5 | 19 | 88 |
| **Mansfield** | 180 | 27 | 32 | 116 | 355 |
| **Newark and Sherwood** | 119 | 5 | 1 | 6 | 131 |
| **Rushcliffe** | 34 | 7 | 7 | 7 | 55 |
| **Nottinghamshire County** | 500 | 81 | 145 | 300 | 1,026 |

Source: Department for Communities and Local Government, 2013

Figure 3.30 shows the number of applications for assistance from local authorities in Nottinghamshire between 2008/9 and 2012/13. As can be seen, over this time period Mansfield consistently received the highest numbers of applications for support. The trend in applications for support in Mansfield largely mirrors the national trend with a fall in applications until 2011/12 where numbers started to steeply rise. Numbers of applications have risen particularly steeply in Bassetlaw since 2009/10.

**Figure 3.30: Numbers of households applying for assistance from Local Authorities in Nottinghamshire, 2008/9 – 2012/13**




Source: Department for Communities and Local Government, 2013

### Travellers and Gypsies

** to be inserted when data available

### Migrants

Table 3.31 below shows the split of the population by whether a person was born in the United Kingdom or elsewhere. The County and its constituent Districts all had lower rates of their resident population born outside of the United Kingdom (3.0%-7.7%) compared with the Region (9.9%) and England (13.8%).

**Table 3.31: Country of Birth**

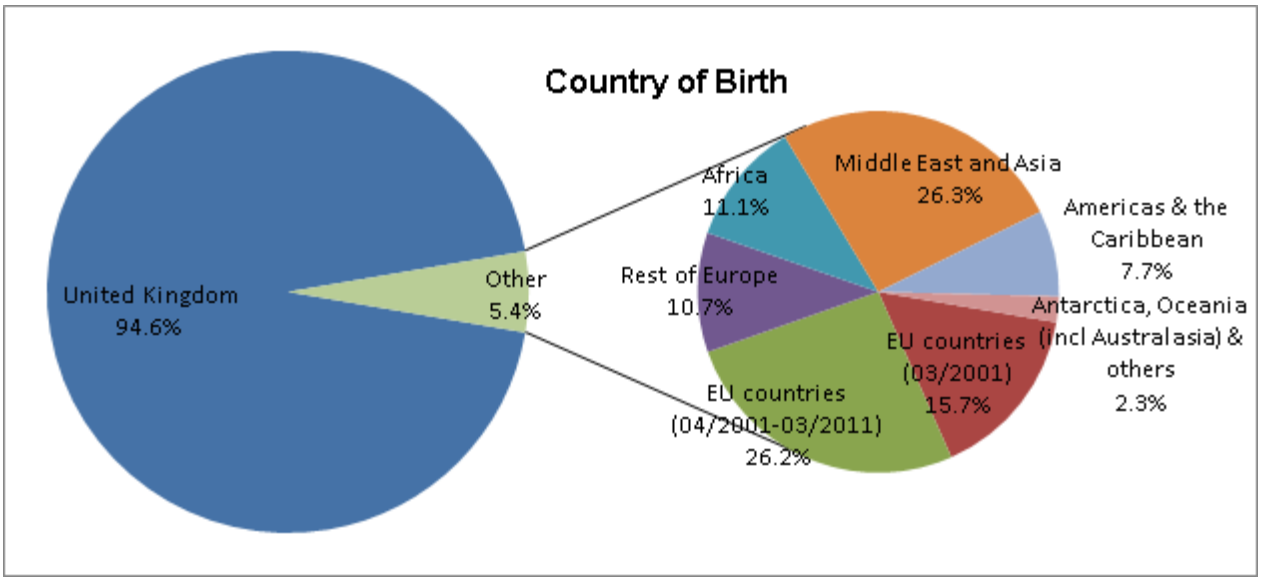
| | All Countries of Birth | United Kingdom | | Outside United Kingdom | |
|---|---|---|---|---|---|
| | | No. | % | No. | % |
| Ashfield | 119,497 | 115,917 | 97.0 | 3,580 | 3.0 |
| Bassetlaw | 112,863 | 107,572 | 95.3 | 5,291 | 4.7 |
| Broxtowe | 109,487 | 101,055 | 92.3 | 8,432 | 7.7 |
| Gedling | 113,543 | 107,204 | 94.4 | 6,339 | 5.6 |
| Mansfield | 104,466 | 98,649 | 94.4 | 5,817 | 5.6 |
| Newark and Sherwood | 114,817 | 109,167 | 95.1 | 5,650 | 4.9 |
| Rushcliffe | 111,129 | 103,851 | 93.5 | 7,278 | 6.5 |
| Nottinghamshire County | 785,802 | 743,415 | 94.6 | 42,387 | 5.4 |
| Nottingham City | 305,680 | 245,951 | 80.5 | 59,729 | 19.5 |
| Notts (County & City) | 1,091,482 | 989,366 | 90.6 | 102,116 | 9.4 |
| East Midlands | 4,533,222 | 4,085,011 | 90.1 | 448,211 | 9.9 |
| England | 53,012,456 | 45,675,317 | 86.2 | 7,337,139 | 13.8 |

Source 2011 Census, Office for National Statistics

In the County, 5.4% of the resident population were born outside of the United Kingdom (Figure 3.32), with the majority of these people having been born in the Middle East and Asia (26.3%), specifically Southern Asia. This is closely followed by the rate of people born in the European

Accession Countries[13] (April 2001 to March 2011) (26.2%). The remainder of European countries, which include the Accession Countries as at March 2001, are the birthplace of a further 26.4% of the county's population.

**Figure 3.32: Country of Birth of All Usual Residents in the County**

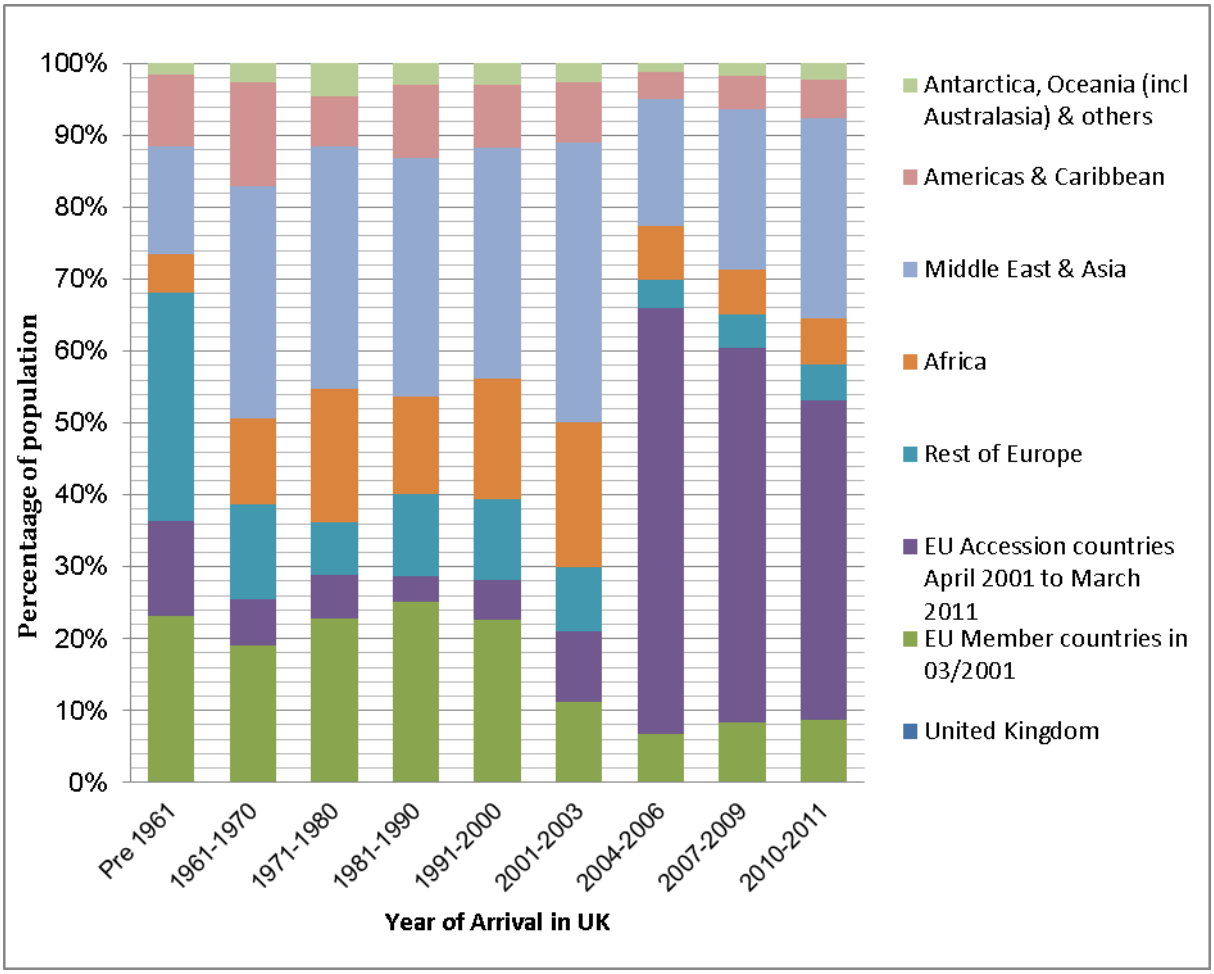



Source 2011 Census, Office for National Statistics

Of the 42,387 people that were born outside of the United Kingdom at the time of the 2011 Census, 5,234 arrived in this Country before 1961. At that time almost a third (31.7%) of the arrivals came from those countries that were non-European Union (EU) at the time of the Census, just under a quarter (23.1%) came from those countries that were EU members in 2001, and 31.9% were from countries outside of Europe.

[13] The "Accession 8" or "A8" countries that joined the EU in 2004 are: Czech Republic, Hungary, Poland, Republic of Estonia, Republic of Latvia, Republic of Lithuania, Republic of Slovenia, Slovak Republic.

**Figure 3.33: Year and Country of Arrival for Non-UK Born Residents of the County**




Source 2011 Census, Office for National Statistics

During the period 1961 – 1990 there was a gradual decrease in the number of non-UK born residents arriving in the County, although the proportion of both those from Africa and the Middle East and Asia doubled in the decade of 1961 – 1970, and in the case of the Middle East and Asia continued to steadily rise over the years to 2003.

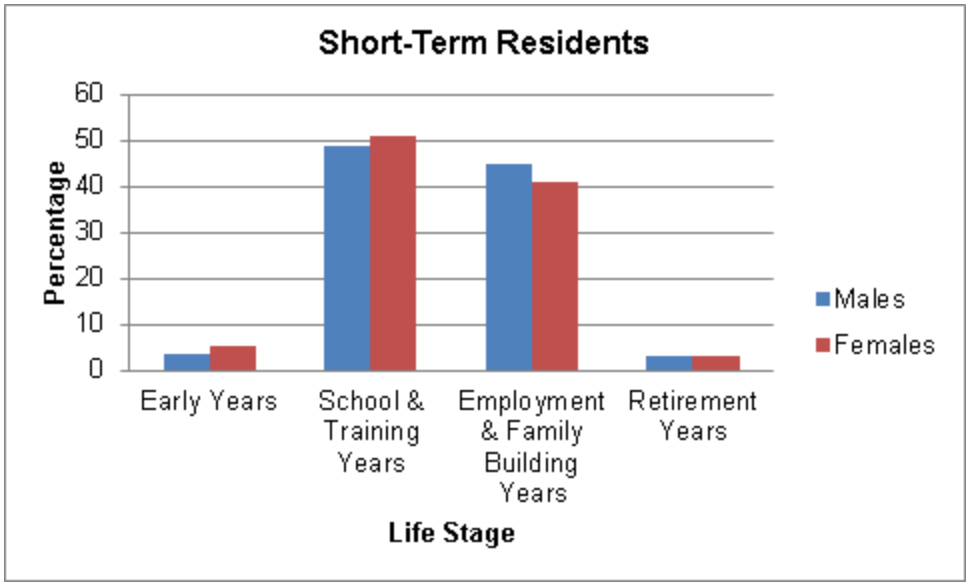
The 1990s saw an increase in the number of arrivals of non-UK born residents, many of which were as a result of civil conflict in various countries. The next major change came in the period 2004 – 2006, when 59.3% of new arrivals were from the EU Accession, primarily, Eastern European countries.

Just over half (52.4%) of the non-UK born usually resident population of the County had lived in the UK for ten years or more. Additionally, just under a quarter (24.5%) had lived in the UK for 5-10 years.

Short-Term Migrants

The 2011 Census asked a question about a person's intended length of stay in the UK which would give the number of non-UK born short-term residents. This was defined as anyone living in the Country who was born outside the UK, who intended to stay in the UK for a period of between 3 and 12 months.

**Figure 3.34: Short-term Residents in the County**




Source 2011 Census, Office for National Statistics

There were 639 short-terms residents registered in the 2011 Census, with the majority falling within the School & Training Years and Employment & Family Building Years (49.9% and 42.7% respectively).

# 4. FACTORS THAT SHAPE THE LIVES OF PEOPLE IN NOTTINGHAMSHIRE

## 4.1. Introduction

This section is based upon the structure of Barton and Grant model[14] of the determinants of health and wellbeing in order to give insights into the factors that differentially impact on the wellbeing and health of the people of Nottinghamshire. Where possible we show how this varies for different communities of geography, identity, interest or experience. Although each factor is described separately, it is worth remembering that wellbeing and health arises from the interaction of all the variables over time as people grow up, live their lives and grow old, rather than being directly attributable to any one factor (see figure 4.1).

[14] Barton, H. and Grant, M. A health map for the local human habitat. 2006. The Journal for the Royal Society for the Promotion of Health, 126 (6). pp. 252-253. ISSN 1466-4240. Available at http://eprints.uwe.ac.uk/7863/2/The_health_map_2006_JRSH_article_-_post_print.pd

**Figure 4.1: Wider determinants of health and well-being in our neighbourhoods**




## 4.2. Social Gradient

Why this matters?
"Poor social and economic circumstances affect health throughout life. People further down the social ladder usually run at least twice the risk of serious illness and premature death as those near the top. Nor are the effects confined to the poor: the social gradient in health runs right across society, so that even among middle-class office workers, lower ranking staff suffers much more disease and earlier death than higher ranking staff".[15]

The English Indices of Deprivation 2010 was published by the Department for Communities and Local Government on 24th March 2011. It replaces the Indices of Deprivation 2007 as the official measure of deprivation in England.

Deprivation covers a broad range of issues and refers to unmet needs caused by a lack of resources of all kinds, not just financial. The Indices of Deprivation 2010 is based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by on, whereas deprivation refers to a general lack of resources and opportunities.

The English Indices of Deprivation attempt to measure a broad concept of multiple deprivation by using 38 separate indicators, organised across seven distinct domains. These domains can then be combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2010 (IMD 2010). This is an overall measure of multiple deprivation experienced by people living in an area

[15] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.

and is calculated for every Lower layer Super Output Area (LSOA)[16] in England. The IMD 2010 can therefore be used to rank every LSOA in England according to their relative level of deprivation.

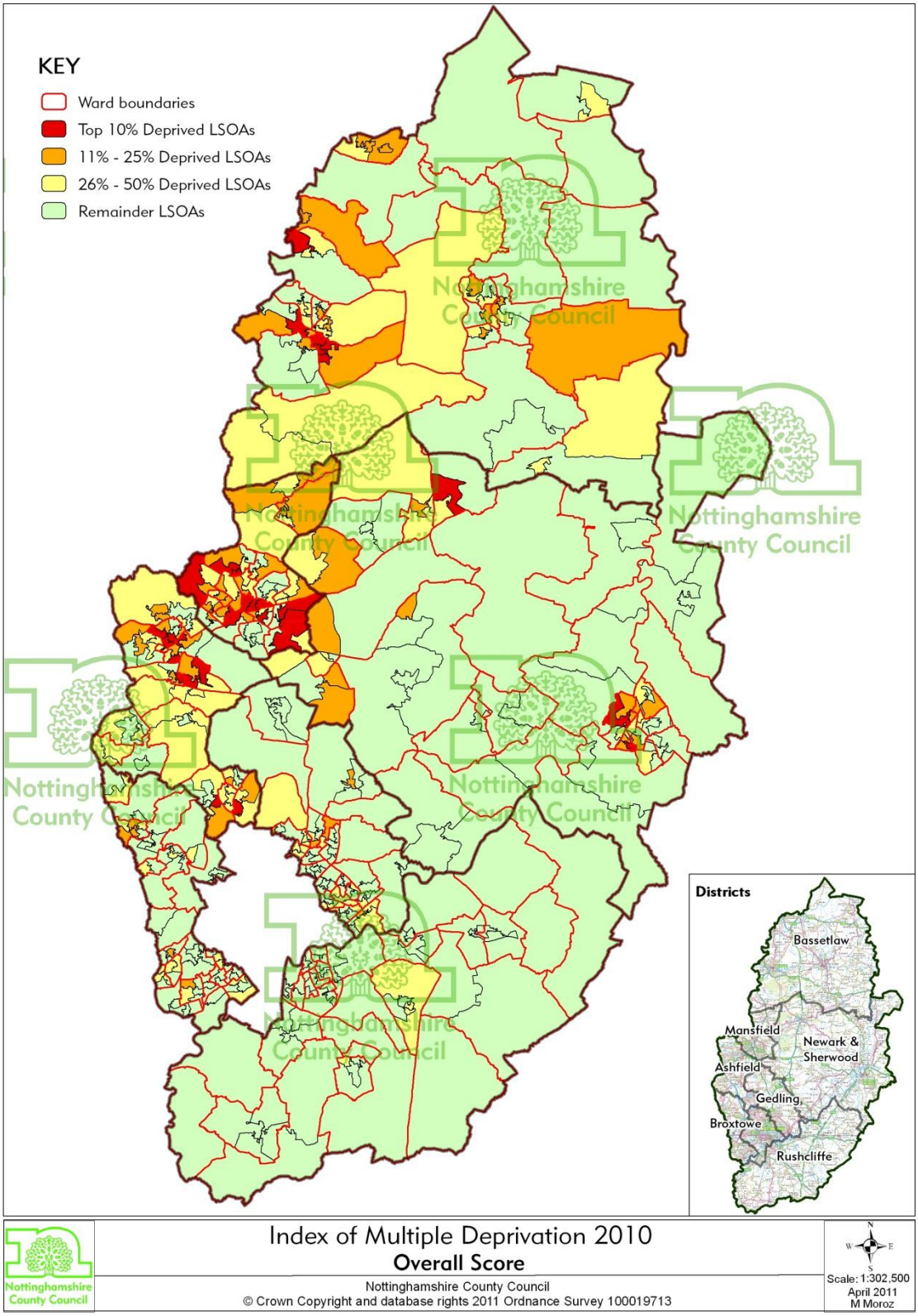
The domains used in the Index of Multiple Deprivation 2010 are income, employment, health, education, crime, access to services and living environment. Each of these domains has their own scores and ranks allowing specific aspects of deprivation to be focussed on.

The English Indices of Deprivation are a continuous measure of relative deprivation and there is no definitive point on the scale below which areas are considered to be deprived and above which they are not. However, it is usual to define deprived areas as those LSOA's that are amongst the 10% most deprived in England according to the overall Index of Multiple Deprivation.

In Nottinghamshire there are 31 LSOA's in the 10% most deprived LSOA's in England, an increase from 23 in 2007. The map in figure 4.2 shows that the most deprived LSOA's are concentrated in the districts of Mansfield (12 LSOA's), Ashfield (10), Bassetlaw (6) and Newark & Sherwood (3). There are 104 LSOA's in the 25% most deprived LSOA's in England, an increase from 101 in 2007.

[16] Lower Layer SOAs were first built using 2001 Census data from groups of Output Areas (typically four to six) and have been updated following the 2011 Census. They have an average of roughly 1,500 residents and 650 households. Measures of proximity (to give a reasonably compact shape) and social homogeneity (to encourage areas of similar social background) are also included.

**Figure 4.2: Map showing Index of Multiple Deprivation 2010**



The table below gives details of the five most deprived LSOA's in Nottinghamshire and the ward and district in which they are located. All five LSOA's are in the 2% most deprived in England. The most deprived LSOA in the county lies within Ravensdale ward in Mansfield. It is ranked the 50th most deprived out of the 32,482 LSOA's in England.

**Table 4.3: Five most deprived LSOAs in Nottinghamshire (2010)**

| LSOA Code | Ward Name | LA District | Rank of IMD score (1 is most deprived) |
|---|---|---|---|
| E01028276 | Ravensdale | Mansfield | 50 |
| E01028263 | Oak Tree | Mansfield | 177 |
| E01028066 | Worksop South East | Bassetlaw | 185 |
| E01028065 | Worksop South East | Bassetlaw | 186 |
| E01028265 | Pleasley Hill | Mansfield | 437 |

Source: Communities and Local Government

The table below gives details of the five least deprived LSOA's in Nottinghamshire and the ward and district in which they are located. All five LSOA's are in the 1% least deprived in England. The least deprived LSOA in the county lies within Keyworth North ward in Rushcliffe. It is ranked 32,456 out of the 32,482 LSOA's in England.

**Table 4.4: Five least deprived LSOAs in Nottinghamshire (2010)**

| LSOA Code | Ward Name | LA District | Rank of IMD score (32,482 is least deprived) |
|---|---|---|---|
| E01028388 | Leake | Rushcliffe | 32,334 |
| E01028400 | Musters | Rushcliffe | 32,374 |
| E01028377 | Gamston | Rushcliffe | 32,394 |
| E01028363 | Compton Acres | Rushcliffe | 32,398 |
| E01028379 | Keyworth North | Rushcliffe | 32,456 |

Source: Communities and Local Government

## 4.3. Natural Environment

**green space and air quality to be inserted

## 4.4. Built Environment

### Homes and housing

**to be included on completion of JSNA topic for housing

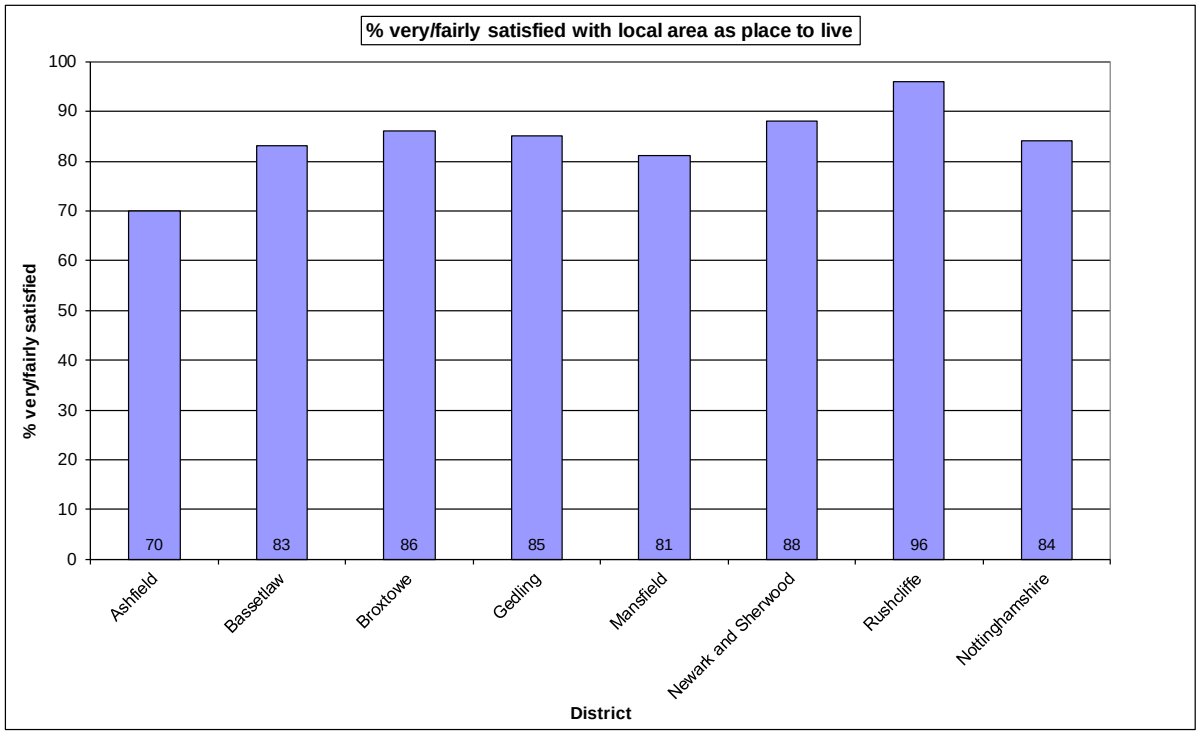
### Local Neighbourhoods

Why this matters?
"The environment in which people live has a profound impact on their quality of life and wellbeing. In surveys, the public have consistently identified local environmental factors as being one of the most important to their wellbeing. Intuitively the high importance of the local environment seems reasonable as it impacts upon the day to day lives of everyone living and working in England".[17]

[17] 'Local Environmental Quality : valuing the neighbourhood in which we live', Defra, 2013

The Nottinghamshire Annual Residents Satisfaction Survey 2012 asked a number of questions on satisfaction with local neighbourhoods and perceptions of safety and crime. Figure 4.5 below shows satisfaction with the local area as a place to live; 84% of respondents in Nottinghamshire (excluding Nottingham City) are very or fairly satisfied with their local area as a place to live. Satisfaction is higher in rural areas (such as Newark & Sherwood and Rushcliffe), and lowest in deprived urban authorities such as Ashfield (70%).

**Figure 4.5: Nottinghamshire Annual Residents Satisfaction Survey 2012 – % very/fairy satisfied with the local area as a place to live**




Source: Nottinghamshire residents survey 2012

Research carried out by Ipsos-Mori found that the following factors are most important in explaining the variation in satisfaction levels with regard to local neighbourhoods: belong to immediate neighbourhood (15% of variation explained), satisfaction with the way the local council runs things (14% of variation explained), safe to go out during the day (11% of variation explained). The negative drivers of satisfaction include people not treating each other with respect, people using or dealing drugs, noisy neighbours or loud parties[18]

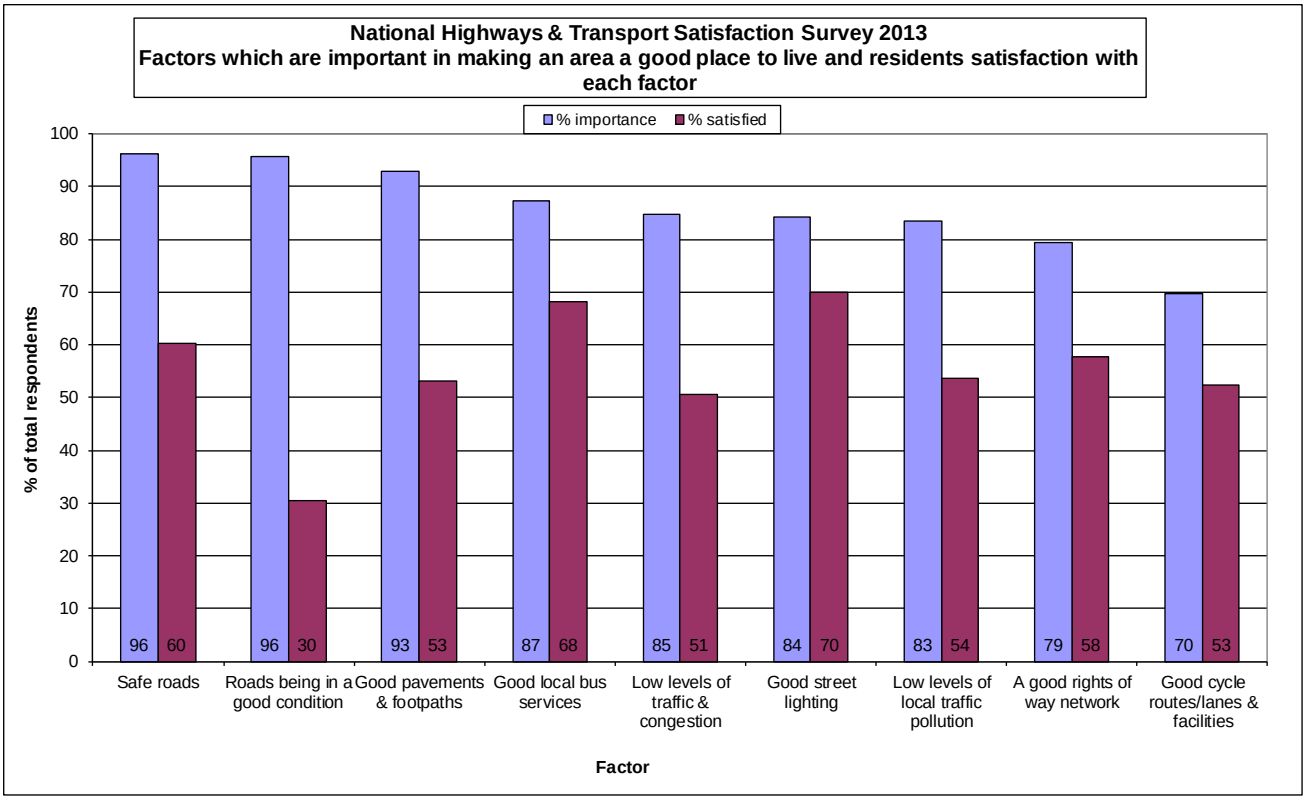
Figure 4.6 below shows results from the National Highways & Transport Satisfaction Survey 2013 for Nottinghamshire (excluding Nottingham City). Factors which residents think are important in their local area are compared with how satisfied residents are with each factor. This method of 'gap analysis' can show which factors are important and which need the most improvement in an area.

96% of respondents stated that having safe roads was very important for them, and the same proportion of respondents stated that roads being kept in a good condition was important. The 'performance gap' can be seen in the chart by comparing the two bars for each factor. Only 30% of respondents were satisfied that roads were being kept in a good condition as compared to 60% of

[18] Presentation given by Ben Page, 'People, perceptions and Place', Mori, 2010

respondents who were satisfied with safe roads. There were high levels of satisfaction with local bus services and street lighting (nearly 70% satisfied).

**Figure 4.6: Factors which are important in making an area a good place and live, and residents' satisfaction with each factor, Nottinghamshire**




Source: National Highways & Transport Satisfaction Survey 2013

## 4.5. Working and Unemployment

Why this matters?

"In general, having a job is better for health than having no job. But the social organisation of work, management styles and social relationships in the workplace all matter for health. Evidence shows that stress at work plays an important role in contributing to the large social status differences in health, sickness absence and premature death. Several European workplace studies show that health suffers when people have little opportunity to use their skills and low decision-making authority."

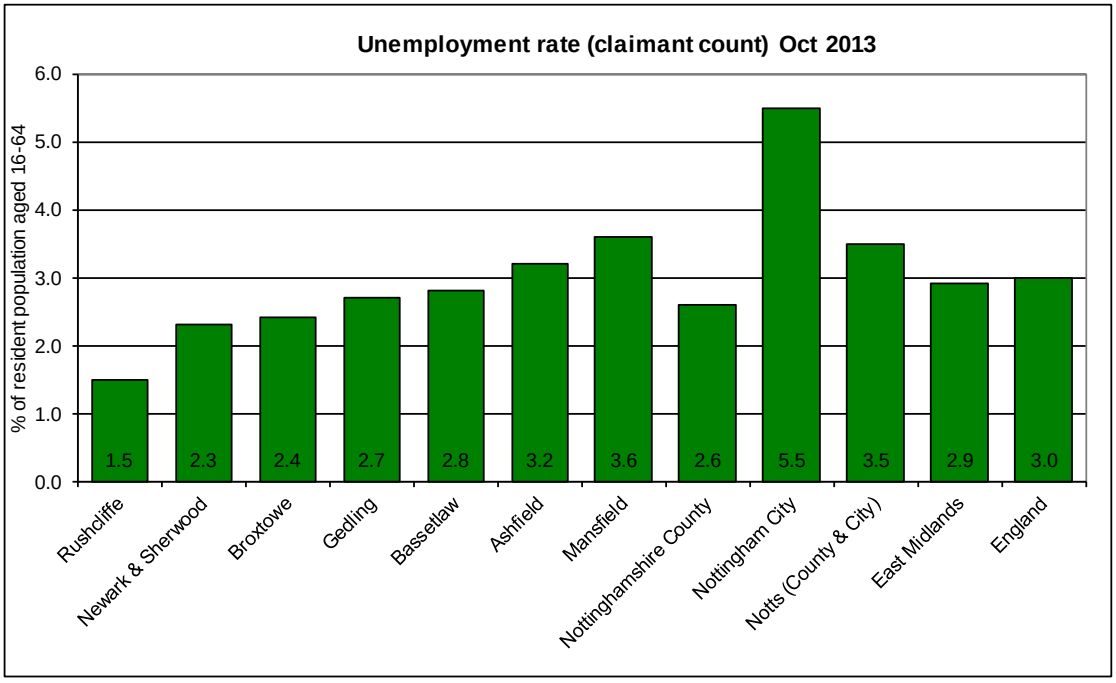
"Having little control over one's work is particularly strongly related to an increased risk of low back pain, sickness absence and cardiovascular disease. These risks have been found to be independent of the psychological characteristics of the people studied. In short, they seem to be related to the work environment."

"Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. The health effects of unemployment are linked to both its psychological consequences and the financial problems it brings – especially debt."

"The health effects start when people first feel their jobs are threatened, even before they actually become unemployed. This shows that anxiety about insecurity is also detrimental to health. Job insecurity has been shown to increase effects on mental health (particularly anxiety and depression), self-reported ill-health, heart disease and risk factors for heart disease. Because very unsatisfactory or insecure jobs can be as harmful as unemployment, merely having a job will not always protect physical and mental health: job quality is also important."[19]

Unemployment in the County as at October 2013 was 2.6% of the resident population aged 16-64 (using the claimant count measure). This is lower than both the rate for the East Midlands (2.9%) and for England (3.0%). The rates in the districts range from 3.6% in Mansfield to 1.5% in Rushcliffe.

**Figure 4.7: Unemployment rate (October 2013)**




Source: ONS claimant count, October 2013

Over the last ten years, unemployment in the County has followed a similar pattern to the East Midlands and England but has consistently been around 0.5% below both. During the period unemployment reached a low of 1.4% in 2004 and then increased to reach a peak of 3.3% in 2009 and again in 2011 (Figure 4.8).

[19] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World health organisation.

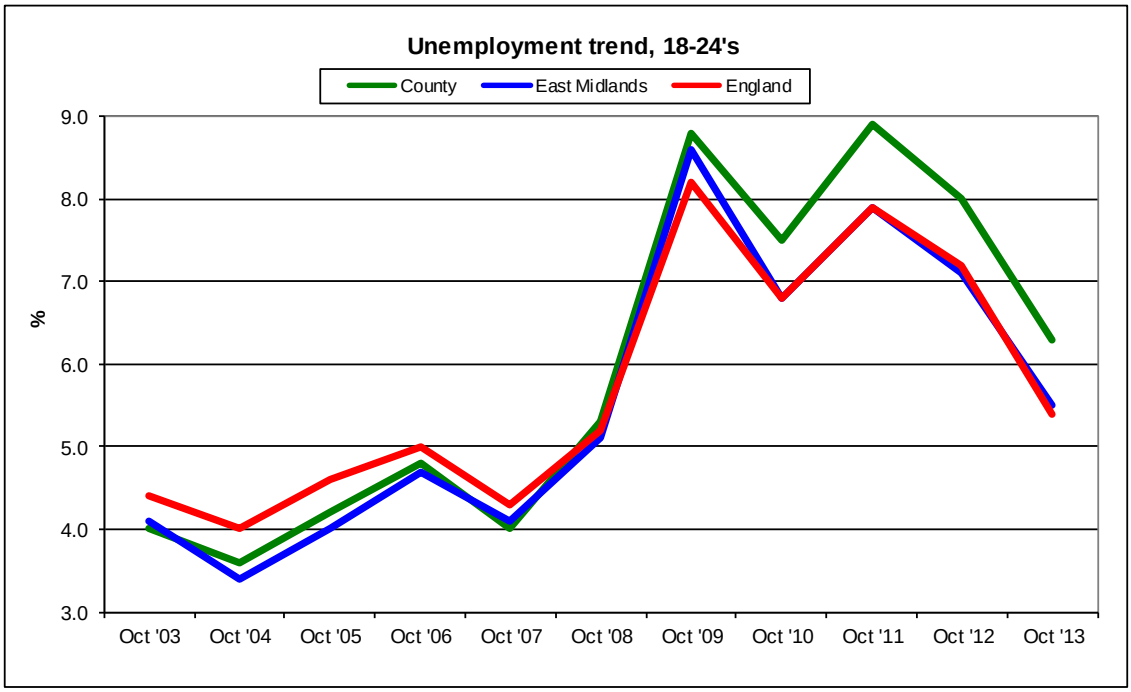
**Figure 4.8: Trend in unemployment rate in Nottinghamshire compared with the region and England, 16-64 years**




Source: ONS claimant count, October 2003 to October 2013

The claimant count unemployment rate for those aged 18-24 years is 6.3% in the County, which is higher than the East Midlands (5.5%) and England (5.4%). The figures are particularly high in the ex-coal mining areas to the north and east of the County, with the districts of Mansfield having a rate of 8.4%, Ashfield 7.6% and Bassetlaw 7.2%.The trend over the last ten years shows unemployment for this age group starting at a rate of 4%, below the level both in the East Midlands (4.1%) and England (4.4%), then running at a rate higher than the region until 2006 before dipping below again in 2007. From 2008 to present the rate for the County has been above the rates in the East Midlands and England with the difference growing to a full 1% in 2011, when unemployment in this age group peaked at 8.9% in the County and 7.9% in both the East Midlands and England (Figure 4.9).

**Figure 4.9: Trend in unemployment rate in Nottinghamshire compared with Region and England, claimants aged 18-24 years**

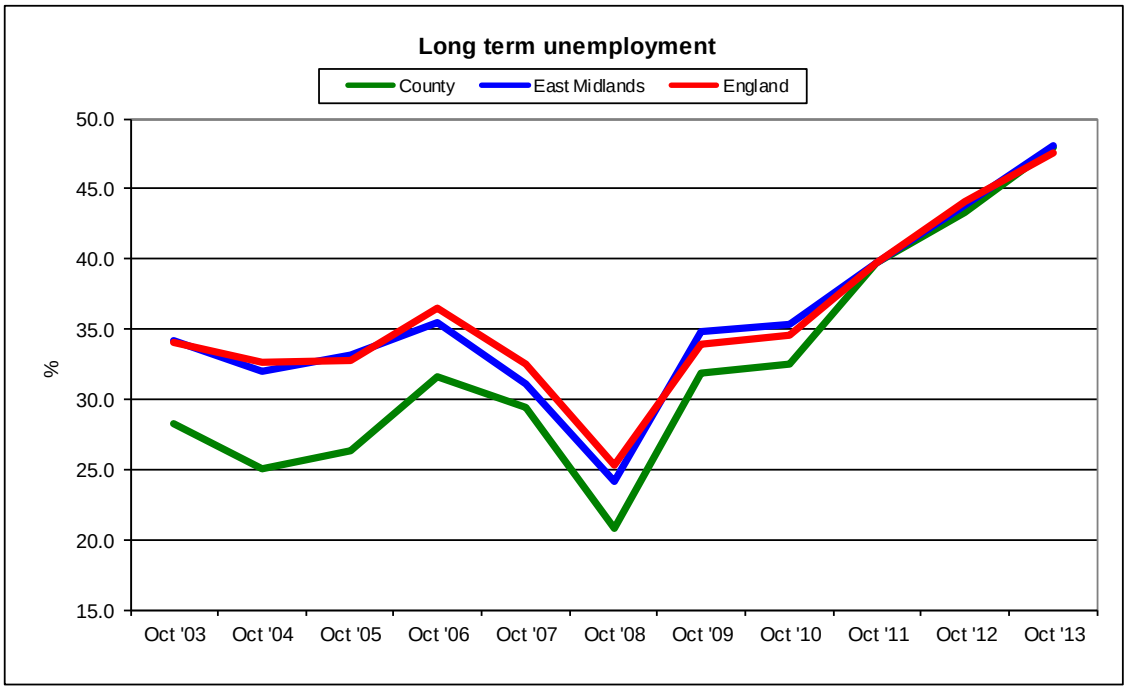



Source: ONS claimant count, October 2003 to October 2013

The number of people claiming benefits for longer periods is increasing. In October 2003 there were 2,215 people who had been unemployed for more than 26 weeks, the comparable figure for October 2013 was 6,295. Over the same period the number of people unemployed for more than 52 weeks increased from 975 to 4,095 and the number without work for more than 104 weeks increased from 360 to 2,165.

Figure 4.10 shows that long term unemployment in the County has followed a similar pattern to that of the region and country over the last ten years, but that the difference between them has closed. In 2003, 28.2% of unemployed people in the County had been out of work for over 26 weeks which compared to 34.2% in the East Midlands and 34.0% in England, in October 2013 the figures stand at 48.0% in the County, 48.1% in the East Midlands and 47.6% in England.

**Figure 4.10: Proportion of unemployed people claiming benefits for over 26 weeks**




Source: ONS claimant count age and duration, October 2003 to October 2013

Data from the Annual Population Survey for the period July 2012 to June 2013 shows that 72.4% of those aged 16-64 in employment were employed on a full-time basis. This is slightly below the proportions in the East Midlands and England, which have rates of 73.0% and 73.9% respectively. The rates vary between the districts, from a high of 76.7% in Mansfield to 67.6% in Rushcliffe.

The figures show that very different working patterns are evident dependent upon gender, with 89.8% of males in the County working full-time but only 52.7% of females working full-time. A similar pattern is reflected in the districts although there is variation between them. For example, 92.5% of males in Broxtowe work full-time compared with only 87.0% in Ashfield and 60.1% of females in Mansfield work full-time compared with 41.4% in Rushcliffe.

The proportion of people working part-time has increased in recent years. During 2006/07, less than 25% of people were working part-time in the County but this proportion has increased year on year to reach a peak of 28.7% in 2011/12 before falling slightly to 27.3% in 2012/13. Similar trends have been experienced at regional and national levels although the proportion of people working part-time in both tends to be less than in the County.

## 4.6. Local Economy

There are 315,000 jobs in the local economy of the County resulting in a "job density" (the number of jobs per resident aged 16-64) of 0.63. This is well below the job density figure for the East Midlands of 0.75 and for England 0.78.

### Industry Sectors

Health is the largest sector in the County, accounting for 14.3% of all employment. There is still a strong manufacturing base, with 14.0% of employment being within this sector compared with 13.4% in the East Midlands and 8.4% in England. The retail sector is the third largest employer in the County with 11.7%.

**Table 4.11: Jobs by industry sector: % of residents aged 16+ in employment by industry sector, 2012**

| Industry | County | E. Mids | England |
|---|---|---|---|
| 1 : Agriculture, forestry & fishing* | 0.3 | 2.0 | 1.4 |
| 2 : Mining, quarrying & utilities | 2.1 | 1.5 | 1.1 |
| 3 : Manufacturing | 14.0 | 13.4 | 8.4 |
| 4 : Construction | 6.2 | 4.4 | 4.6 |
| 5 : Motor trades | 2.5 | 2.3 | 1.8 |
| 6 : Wholesale | 4.9 | 5.2 | 4.2 |
| 7 : Retail | 11.7 | 10.3 | 10.2 |
| 8 : Transport & storage | 4.3 | 5.1 | 4.6 |
| 9 : Accommodation & food services | 6.3 | 5.6 | 6.8 |
| 10 : Information & communication | 1.9 | 1.9 | 4.0 |
| 11 : Financial & insurance | 1.2 | 1.8 | 3.8 |
| 12 : Property | 1.2 | 1.1 | 1.8 |
| 13 : Professional, scientific & technical | 5.5 | 6.0 | 8.0 |
| 14 : Business administration & support services | 5.4 | 8.3 | 8.3 |
| 15 : Public administration & defence | 5.0 | 4.3 | 4.6 |
| 16 : Education | 8.5 | 9.6 | 9.2 |
| 17 : Health | 14.3 | 13.1 | 12.7 |
| 18 : Arts, entertainment, recreation & other services | 4.7 | 4.1 | 4.5 |

Source: Business Register and Employment Survey, 2012

Within the County's districts, manufacturing accounts for a particularly large proportion of employment in Ashfield (19.5%), Bassetlaw (16.5%) and Broxtowe (16.0%) but is much smaller in Rushcliffe (6.3%). The retail sector is significant in Mansfield (15.3%). In Rushcliffe 10.7% of jobs are 'Professional, scientific & technical', which is well above the rate for the County (5.5%), East Midlands (6.0%) and England (8.0%). Newark & Sherwood has a large proportion of jobs in 'Accommodation & food services', with a rate of 11.4% (Table 4.11).

### Residents' occupations

The occupational structure of the employed residents in the County as a whole is very similar to both the East Midlands and England with only "elementary occupations" showing any sizeable variation from the national average. However at a district level there are some striking differences.

Ashfield and Mansfield for example have very small proportions of “managers, directors and senior officials” with rates of 4.7% and 5.0% respectively compared with over 9% in the County and over 10% regionally and nationally.

If classes 8 and 9 are grouped to give an indication of the less skilled jobs then Bassetlaw (32.4%) and Mansfield (30.7%) have very high rates when compared with the East Midlands (21.9%) and England (17.0%). Rushcliffe has a rate of just (6.3%).

**Table 4.12: Occupational structure of employed residents, June 2012-June 2013**

| % all in employment who are: | County | East Midlands | England |
|---|---|---|---|
| 1: managers, directors and senior officials | 9.0 | 10.1 | 10.4 |
| 2: professional occupations | 19.1 | 17.1 | 19.7 |
| 3: associate prof & tech occupations | 13.8 | 13.1 | 14.3 |
| 4: administrative and secretarial occupations | 10.5 | 10.3 | 10.9 |
| 5: skilled trades occupations | 10.0 | 10.7 | 10.3 |
| 6: caring, leisure and other service occupations | 7.8 | 8.9 | 8.9 |
| 7: sales and customer service occupations | 8.3 | 7.5 | 7.9 |
| 8: process, plant and machine operatives | 8.3 | 8.7 | 6.2 |
| 9: elementary occupations | 13.0 | 13.2 | 10.8 |

Source: Annual Population Survey, June 2012-June 2013

### Public/private sector employment

In 2012 there were 280,300 people in employment in the County, down from 281,000 the previous year and 297,300 in 2009. Of the total 19.8% were employed in the public sector, down from 20.2% the previous year and 21.1 in 2009. The proportion of employment in the public sector varies considerably between the districts from a low of 14.1% in Broxtowe to a high of 23.3% in Mansfield. The East Midlands average is 18.6% and for England is 18.6%.

**Table 4.13: Employment by workplace and public/private sector, 2012**

| Area | Total | % Public sector | % Private sector |
|---|---|---|---|
| Ashfield | 48,500 | 22.3 | 77.7 |
| Bassetlaw | 46,000 | 22.2 | 77.8 |
| Broxtowe | 37,600 | 14.1 | 85.6 |
| Gedling | 30,500 | 22.3 | 77.4 |
| Mansfield | 36,100 | 23.3 | 76.7 |
| Newark and Sherwood | 44,700 | 14.8 | 85.2 |
| Rushcliffe | 37,000 | 19.7 | 80.3 |
| Nottinghamshire County | 280,300 | 19.8 | 80.2 |
| Nottingham City | 200,300 | 21.3 | 78.8 |
| Notts (County & City) | 480,600 | 20.4 | 79.6 |
| East Midlands | 1,969,000 | 18.5 | 81.6 |
| England | 24,177,600 | 18.6 | 81.4 |

Source: ONS Business Register and Employment Survey 2012

### Businesses in the County

Business demography figures from the ONS show that in 2012 there were 24,210 active businesses in the County. This is down from a high of 25,170 in 2008 but up from 22,875 in 2004. From 2004 to 2007 the number of business births and deaths was fairly constant with more business births than deaths. In 2008 this changed and for the first time there was an increase in business deaths and a decrease in the number of business start-ups. By 2009 there were 620 more business deaths than births compared with 2005, when there were 885 more births than deaths. In 2012 there were 2,525 business deaths and 2,390 births, a difference of 135 (Figure 4.14).

**Figure 4.14: Trend in the number of business births and deaths in Nottinghamshire County**




Source: ONS Business Demography - 2012. Enterprise Births, Deaths and Survivals

The five year survival rate of businesses in the County is 44.8% which is similar to the average for firms in the East Midlands (45.4%) and England (44.4%). There are however differences between the districts with a high of 50.6% in Broxtowe and a low of 40.3% in Ashfield. There is a high early failure rate of new businesses in Bassetlaw, with 5.6% failing within the first year and 20.2% by year two (Table 4.15).

**Table 4.15: Survival rates of businesses started in 2007**

| Area | Births in 2007 | 1 Year per cent | 2 Year per cent | 3 Year per cent | 4 Year per cent | 5 Year per cent |
|---|---|---|---|---|---|---|
| Ashfield | 385 | 97.4 | 81.8 | 59.7 | 50.6 | 40.3 |
| Bassetlaw | 445 | 94.4 | 79.8 | 60.7 | 50.6 | 41.6 |
| Broxtowe | 395 | 97.5 | 84.8 | 69.6 | 58.2 | 50.6 |
| Gedling | 405 | 96.3 | 82.7 | 66.7 | 53.1 | 46.9 |
| Mansfield | 315 | 96.8 | 81.0 | 58.7 | 47.6 | 41.3 |
| Newark and Sherwood | 500 | 97.0 | 84.0 | 66.0 | 53.0 | 46.0 |
| Rushcliffe | 535 | 95.3 | 81.3 | 67.3 | 55.1 | 45.8 |
| Nottinghamshire County | 2,980 | 96.3 | 82.2 | 64.4 | 52.9 | 44.8 |
| Nottingham City | 1,015 | 96.1 | 79.3 | 61.1 | 48.3 | 39.9 |
| Notts (City & County) | 3,995 | 96.2 | 81.5 | 63.6 | 51.7 | 43.6 |
| East Midlands | 18,610 | 95.9 | 81.9 | 64.4 | 52.9 | 45.4 |
| England | 246,700 | 95.4 | 81.3 | 62.9 | 51.9 | 44.4 |

Source: ONS Business Demography - 2012. Enterprise Births, Deaths and Survivals

## 4.7. Transport and Travel

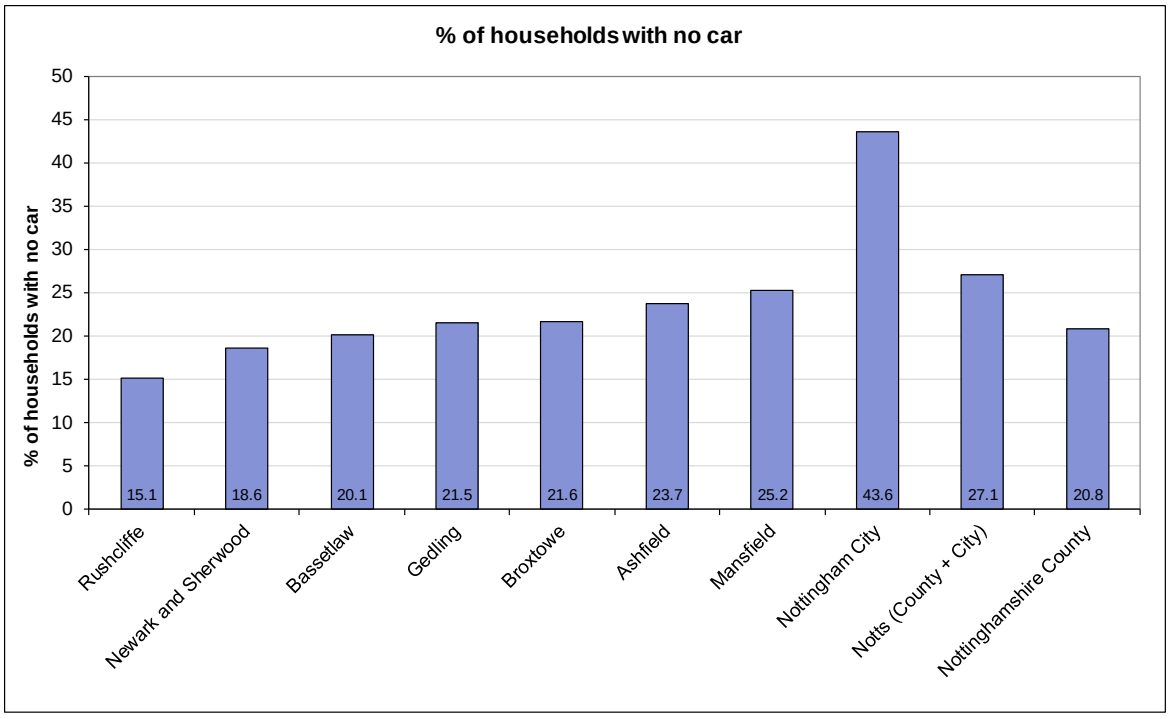
### Car ownership levels and access to facilities

Why this matters?
There has been an increasing trend over the past few years towards activities taking place further away from the traditional city centres towards outlying areas. This can be seen in the relocation of retail activities to large out-of-town shopping centres, the move of firms and businesses to peripheral industrial estates, and the relocation of health facilities such as GP surgeries, NHS walk-in centres and hospitals to new purpose-built out-of-town sites. Many of these peripheral sites can be difficult to serve commercially by public transport, meaning that having access to a car is seen as necessary to reach these facilities.

There are some vulnerable groups of the population who do not own a car (see figures below). Similarly there may be members of households who do not have access to the household car for certain periods during the day as it may be required for other purposes such as the commute to work. Also people receiving certain health treatments such as renal replacement are disallowed from driving to the healthcare facilities where they receive regular treatment, so access to these facilities by other means of transport in order to receive treatment is desirable.

Car ownership levels are lowest in urban districts where there are higher levels of deprivation, such as Nottingham City, Mansfield and Ashfield. Rural areas of Nottinghamshire such as Newark and Sherwood and Bassetlaw have some of the highest levels of car ownership (Figure 4.16), however residents in these areas without a car may experience difficulties in accessing services by public transport as this is poorest in these areas (see section Access by Public Transport below).

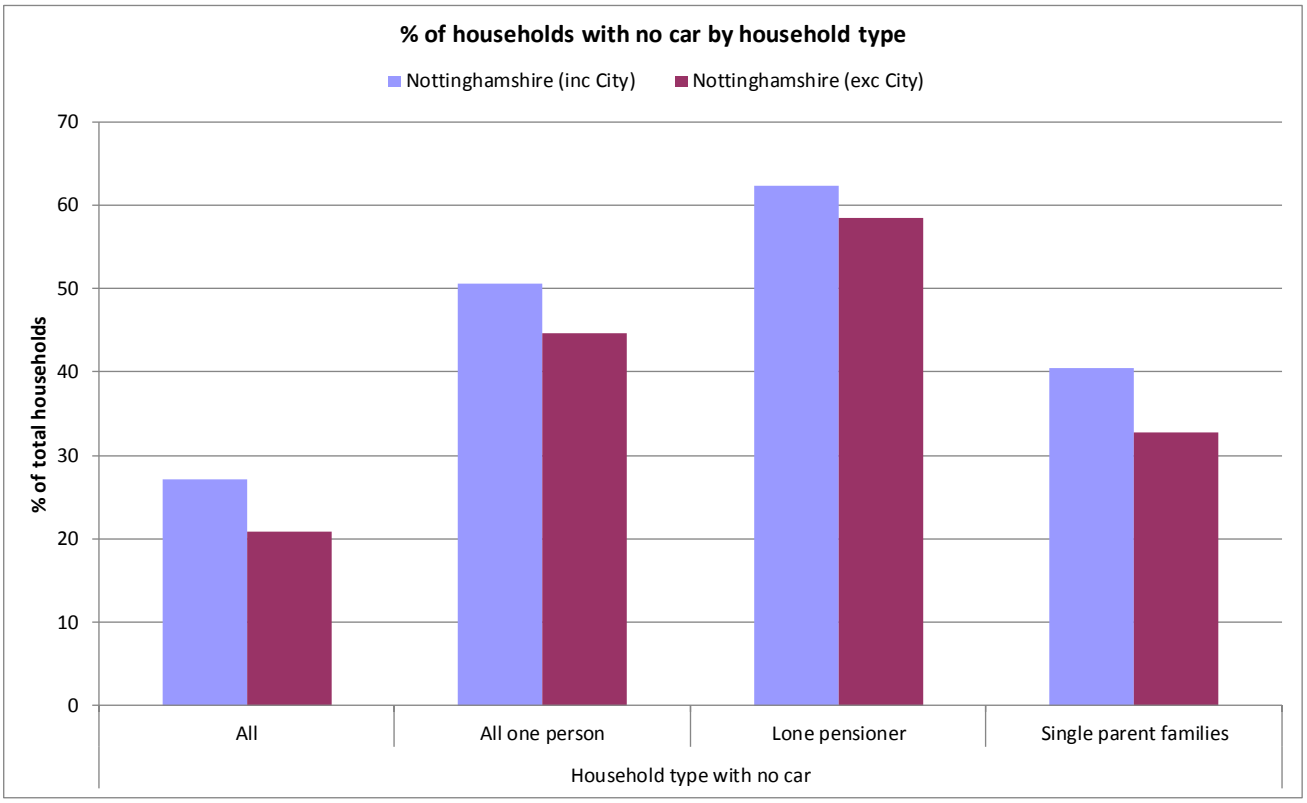
**Figure 4.16: Percentage of total households with no car in 2011**




Source: 2011 census

21% of households in Nottinghamshire (excluding Nottingham City) have no car, however this figure rises substantially when car ownership levels are broken down by population groups such as all single person households (45%), elderly people living alone (58%) and lone parent families with dependent children (33%) (figure 4.17)

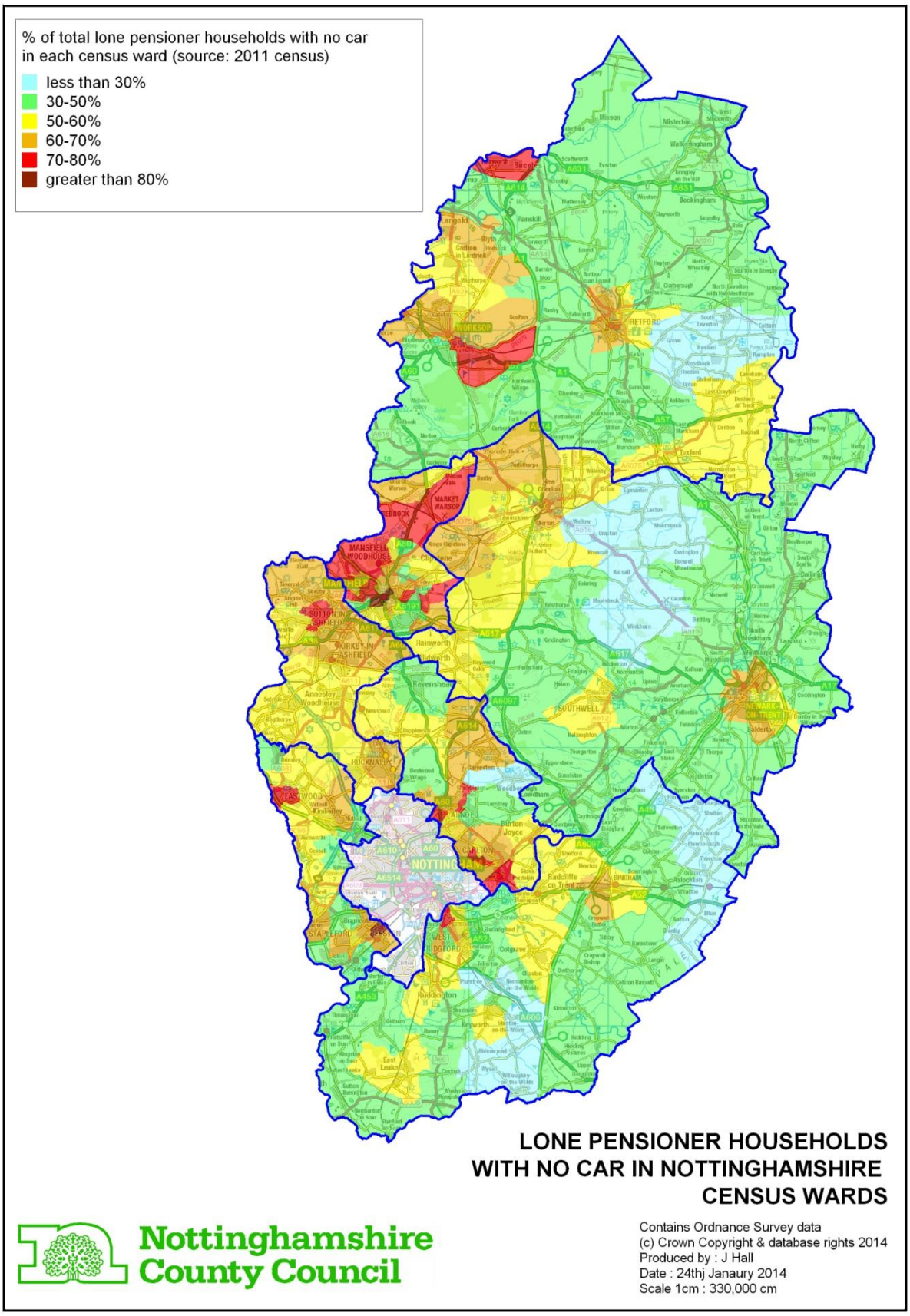
**Figure 4.17 : percentage of households in Nottinghamshire with no car by household type**




Source: 2011 census table

The map below shows the percentage of lone pensioner households (1 person over 65) with no car in each census ward. There are some areas in the county where just over 80% of lone pensioner households have no car, particularly Portland ward (Mansfield), and Beeston Central ward (Broxtowe). There are a number of wards in both Mansfield and Gedling Districts which have between 75% and 80% of lone pensioner households which have no car. A number of free-standing large settlements have high percentages of lone pensioner households with no car, particularly former mining communities such as Langold ward in Bassetlaw (63%), Calverton ward in Gedling (61%), Clipston and Ollerton wards in Newark & Sherwood (66% and 68% respectively) and Market Warsop and Meden wards in Mansfield (72% and 71% respectively). In the rural areas, Tuxford ward in Bassetlaw has 54% of lone pensioner households with no car.

**Figure 4.18: Map showing lone pensioner households with no car in Nottinghamshire wards**



Source: 2011 census table

The high proportions of lone pensioner households with no car have implications for future planning and delivery of healthcare particularly as the population over 65 in the county is expected to grow by 14% over the next 7 years. It is anticipated that there will be a large proportion of lone female pensioner households who may not have access to a car and would therefore be reliant on public transport to access facilities. Increases in pensioner householders are anticipated to be greater in rural districts of the county such as Bassetlaw, Newark & Sherwood and Rushcliffe. Given that residents living in rural areas already face significant problems in accessing services by public transport (see below), this may lead to increasing levels of isolation.

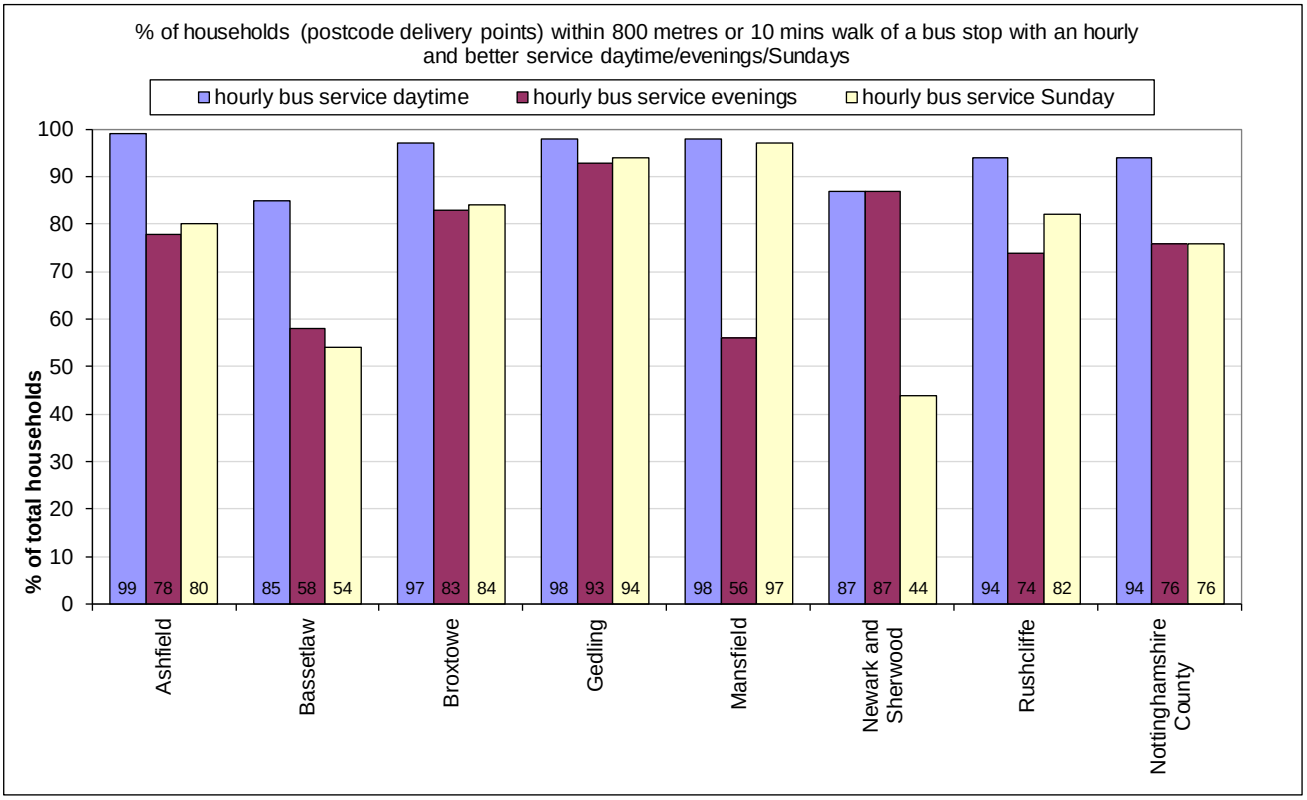
### Access to public transport

Figure 4.19 below shows the percentage of households within 800 metres or 10 mins walk of a bus stop with an hourly and better service for:

- Weekday daytime (Mondays to Saturdays 0600-1800 hrs)
- Weekday evening (Mondays to Saturdays 1800-2400 hrs)
- Sunday (1000-1600 hrs)

Figure shows that over 90% of households in Nottinghamshire have access to an hourly bus service within 10 mins walking distance during the day. However this is lower (just over 70%) for evenings and Sundays and in the rural districts of Bassetlaw and Newark & Sherwood the figure is just over 50% of households.

**Figure 4.19: % of households (postcode delivery points) within 800 metres or 10 minutes walk of a bus stop with an hourly and better service daytime/evenings/Sundays**

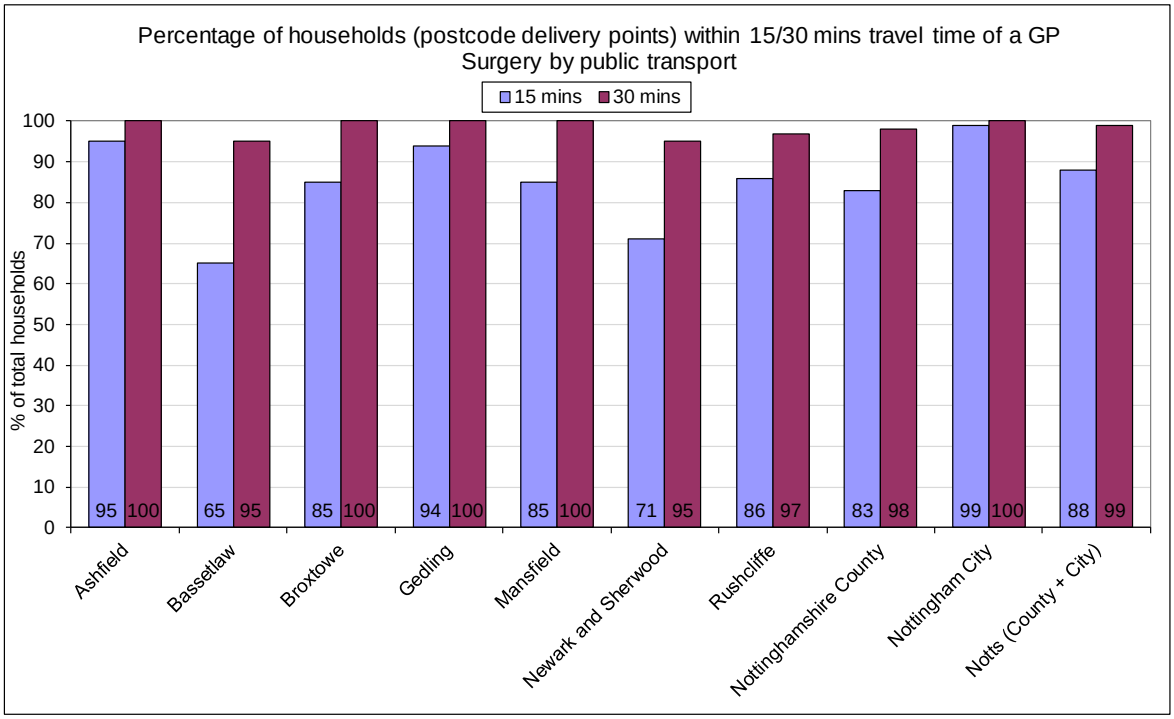



Source: Nottinghamshire County Council, August 2013

### Access to GP and hospital services by public transport

Figure 4.20 below shows that in Nottinghamshire just under 90% of households are within 15 minutes travel time of a GP Surgery/health centre by public transport and 98% of households within 30 minutes travelling time. Access is poorer in rural areas such as Bassetlaw and Newark & Sherwood where 60-70% of households are within 15 minutes travel time and public transport frequency is lower.

**Figure 4.20: percentage of households/postcode delivery points within 15 and 30 minutes travelling time of a GP Surgery by public transport**




Source: NCC submission to Sustainability Appraisal, Summer 2013

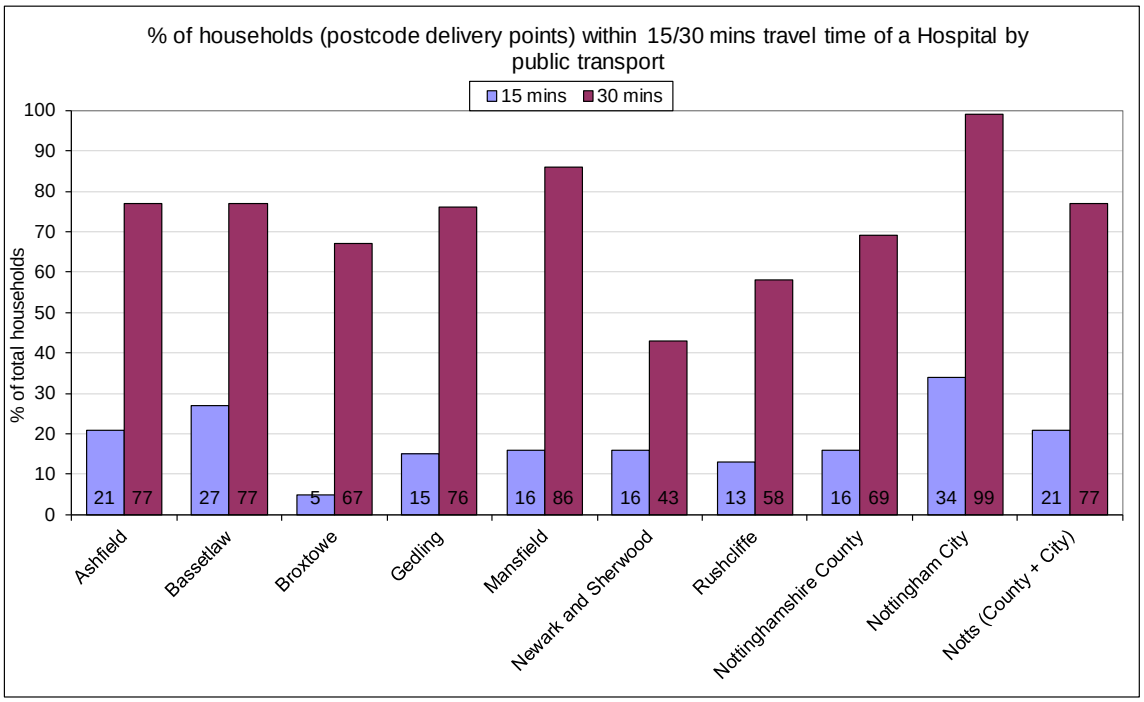
**Table 4.21: typical travelling times by public transport from households to GP surgeries, and the percentage of the working day which this journey time can be achieved**

| District | Average time (mins) | Frequency (%) |
|---|---|---|
| Ashfield | 11 | 97 |
| Bassetlaw | 13 | 88 |
| Broxtowe | 9 | 97 |
| Gedling | 10 | 97 |
| Mansfield | 10 | 98 |
| Newark & Sherwood | 12 | 88 |
| Rushcliffe | 11 | 91 |
| Nottinghamshire County | 11 | 94 |
| Nottingham City | 8 | 100 |
| Notts (County + City) | 10 | 95 |

Source: Department for Transport, core national accessibility indicators, 2011. Travel time data for each lower super output area (LSOA) is weighted according to the number of households in each LSOA.

77% of households in Nottinghamshire (excluding Nottingham City) are within 30 minutes travelling time of a hospital by public transport (figure 4.22). Access is poorer in rural areas such as Newark & Sherwood where 43% of households are within 30 mins travel and public transport frequency is lower.

**Figure 4.22: percentage of households/postcode delivery points within 15/30 mins travel time of a Hospital by public transport**




Source: Notts CC submission to Sustainability Appraisal, summer 2013

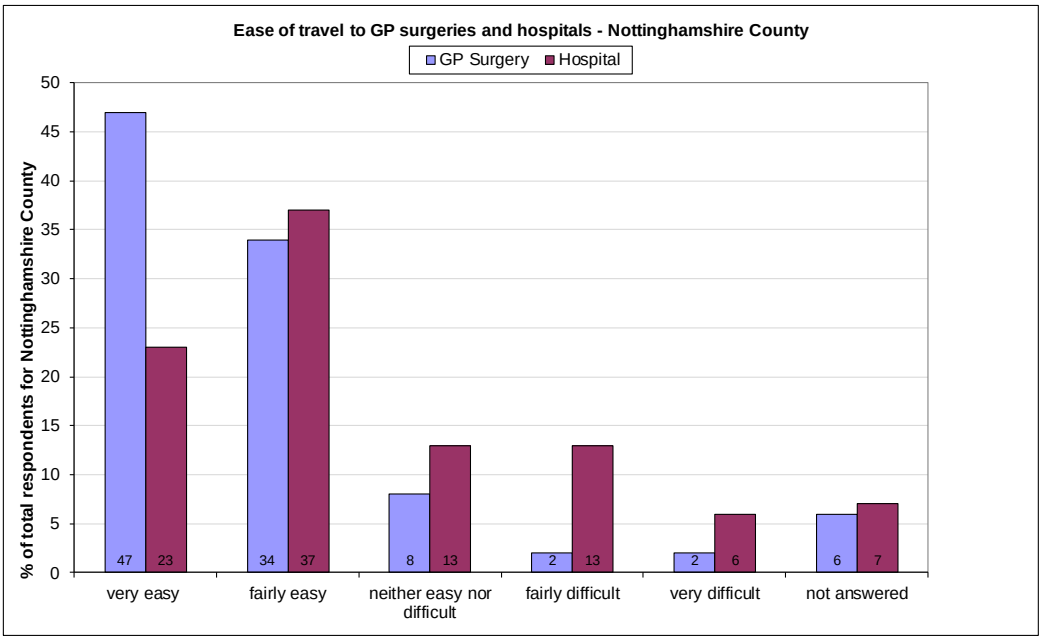
**Table 4.23: Typical travelling times by public transport from households to Hospitals, and the percentage of the working day which this journey time can typically be achieved**

| District | Average time (mins) | Frequency (%) |
|---|---|---|
| Ashfield | 28 | 85 |
| Bassetlaw | 26 | 56 |
| Broxtowe | 56 | 82 |
| Gedling | 23 | 97 |
| Mansfield | 45 | 42 |
| Newark & Sherwood | 37 | 59 |
| Rushcliffe | 34 | 72 |
| Nottinghamshire County | 35 | 75 |
| Nottingham City | 19 | 97 |
| Notts (County + City) | 31 | 78 |

Source: Department for Transport, core national accessibility indicators, 2011. Travel time data for each lower super output area (LSOA) is weighted according to the number of households in each LSOA.

The National Highways & Transport Public Satisfaction Survey 2013 asked a question on how easy or difficult do people find travelling to hospitals and GP surgeries. The results for Nottinghamshire County are given in figure 4.24 below. The figure shows that people tend to have more difficulty in travelling to hospitals than GP surgeries. GP surgeries are generally found in most communities in Nottinghamshire, whereas hospitals tend to be located in major centres of population within the county.

**Figure 4.24: Ease of travel to GP surgeries and hospitals in Nottinghamshire County**

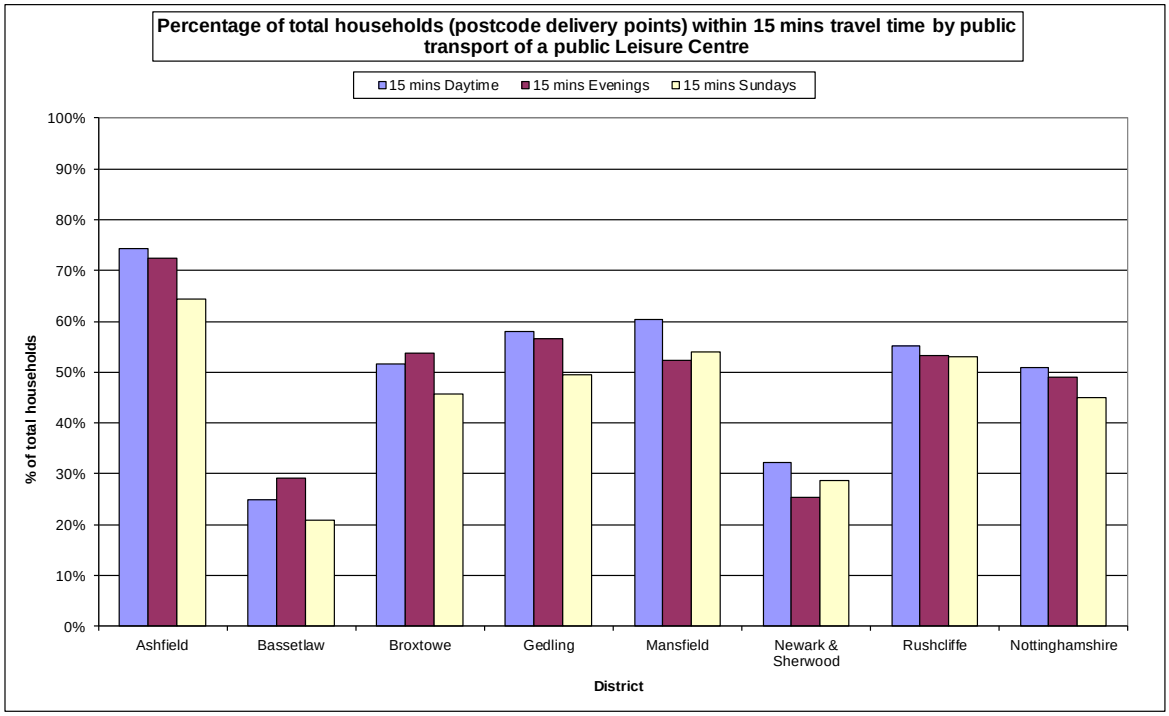



Source: National Highways & Transport Public Satisfaction Survey 2013

The National Highways and Transport Public Satisfaction Survey 2013 asked respondents about satisfaction with local bus services in Notts. 87.3% of respondents in Nottinghamshire County stated that local bus services are important for an area. In terms of overall satisfaction, 70.2% of respondents were satisfied with local bus services.

### Access to leisure centres

**Figure 4.24: Access to publicly-owned leisure centres by public transport by time of day and day of week.**




Source: Nottinghamshire Sustainability Appraisal Partnership, summer 2013.

### 4.8. Leisure

To be included in next update

### 4.9. Learning

Why this matters?

"Low levels of education and illiteracy are associated with increased risks of disability and death among people as they age, as well as with higher rates of unemployment. Education in early life combined with opportunities for lifelong learning can help people develop the skills and confidence they need to adapt and stay independent, as they grow older"[20].

#### Workforce qualifications

There is a below average share of County residents with high skills (NVQ4 or above) relative to the national level. Educational attainment of the workforce in the County is lower than the average for England, particularly for NVQ4+ but it higher than the East Midlands on all NVQ levels (table 4.25).

**Table 4.25: Qualification levels of the working population aged 16-64**

| Area | % with NVQ4+ | % with NVQ3+ | % with NVQ2+ | % with NVQ1+ | % with other qualifications | % with no qualifications |
|---|---|---|---|---|---|---|
| Ashfield | 20.4 | 43.0 | 59.3 | 75.3 | 7.6 | 17.0 |
| Bassetlaw | 28.7 | 50.4 | 73.9 | 85.3 | 6.7 | 8.0 |
| Broxtowe | 33.2 | 57.5 | 76.7 | 91.7 | 4.1 | 4.2 |
| Gedling | 33.2 | 56.3 | 74.7 | 86.4 | 6.8 | 6.8 |
| Mansfield | 19.4 | 43.6 | 62.0 | 79.1 | 7.3 | 13.6 |
| Newark and Sherwood | 33.6 | 59.1 | 73.2 | 85.1 | 7.1 | 7.8 |
| Rushcliffe | 42.9 | 63.3 | 77.9 | 87.8 | 5.3 | 7.0 |
| Nottinghamshire County | 30.3 | 53.4 | 71.2 | 84.4 | 6.4 | 9.2 |
| Nottingham City | 29.4 | 55.4 | 71.6 | 82.7 | 6.8 | 10.5 |
| Notts (County & City) | 30.0 | 54.1 | 71.3 | 83.9 | 6.5 | 9.6 |
| East Midlands | 29.0 | 52.0 | 70.0 | 83.8 | 6.9 | 9.3 |
| England | 34.2 | 54.9 | 71.8 | 84.2 | 6.3 | 9.5 |

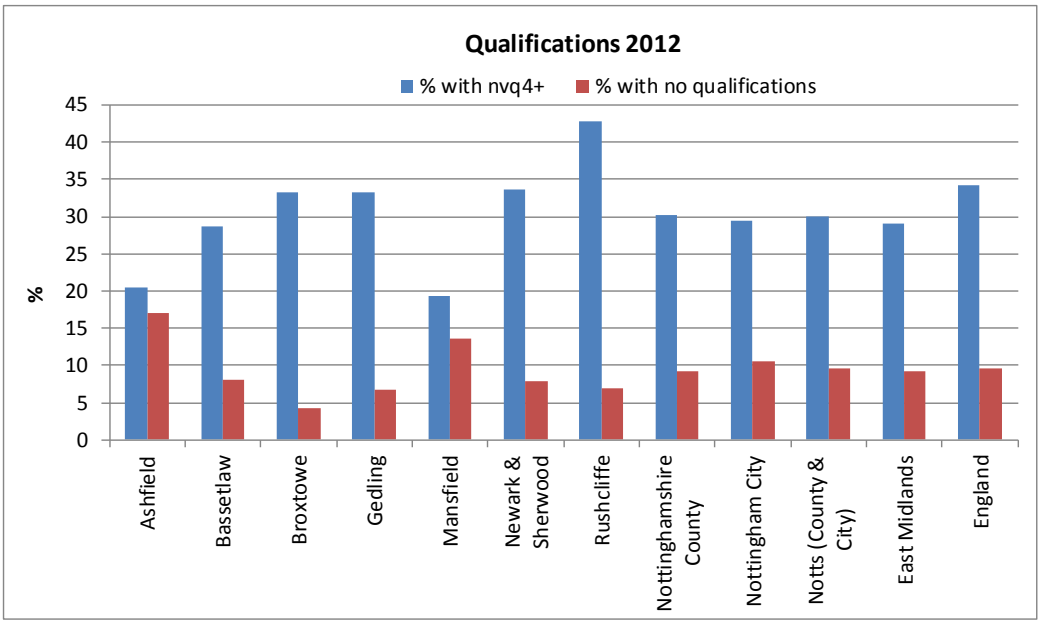
Source: Annual Population Survey Jan 2012-Dec 2012

Within the County there is considerable variation in the qualification level of residents between the districts as can be seen from the table above. In Mansfield the proportion of residents aged 16-64 with NVQ level 4 or above is 19.4%. This is considerably lower the averages for the East Midlands (29.0%) and England (34.2%). The population of Rushcliffe have a higher level of attainment of 42.9%.

Ashfield with 17.0% is the district with highest proportion of residents with no qualifications followed by Mansfield with 13.6%. This compares with rates of 9.3% in the East Midlands and 9.5% in England. Broxtowe has the lowest rate in the County with 4.2%.

[20] World Health Organisation (2002) "Active Ageing: a policy framework", World Health Organisation.

**Figure 4.26: Proportion of residents aged 16-64 with high level or no qualifications 2012**




Source: Annual Population Survey Jan 2012-Dec 2012

### Educational attainment

The latest GCSE results show a similar pattern to the NVQ qualifications mentioned above with the highest levels of attainment (5+ A*-C including English and Maths) being achieved by students living in Rushcliffe and Gedling and the lowest by those living in Ashfield and Mansfield, both of which have levels of attainment below the regional and national averages.

**Table 4.27: GCSE and equivalent results for all pupils at the end of KS4 by residence, 2012**

| Area | 5+ A*-C | 5+ A*-G | 5+ A*-C Inc English & Maths | 5+ A*-G Inc English & Maths |
|---|---|---|---|---|
| Ashfield | 84.9 | 96.1 | 54.8 | 94.5 |
| Bassetlaw | 90.2 | 96.4 | 62.5 | 94.8 |
| Broxtowe | 86.5 | 98.2 | 61.9 | 97.3 |
| Gedling | 91.5 | 97.1 | 64.1 | 95.2 |
| Mansfield | 83.8 | 95.2 | 55.4 | 93.7 |
| Newark and Sherwood | 86.5 | 96.7 | 59.0 | 95.7 |
| Rushcliffe | 93.6 | 98.0 | 77.6 | 97.0 |
| Nottingham | 79.8 | 92.8 | 48.5 | 89.8 |
| East Midlands | 82.8 | 95.8 | 57.8 | 94.2 |
| England | 83.0 | 95.7 | 58.8 | 94.2 |

Source: Department for Education from Neighbourhood Statistics, 2011/2012

## 4.10. Community

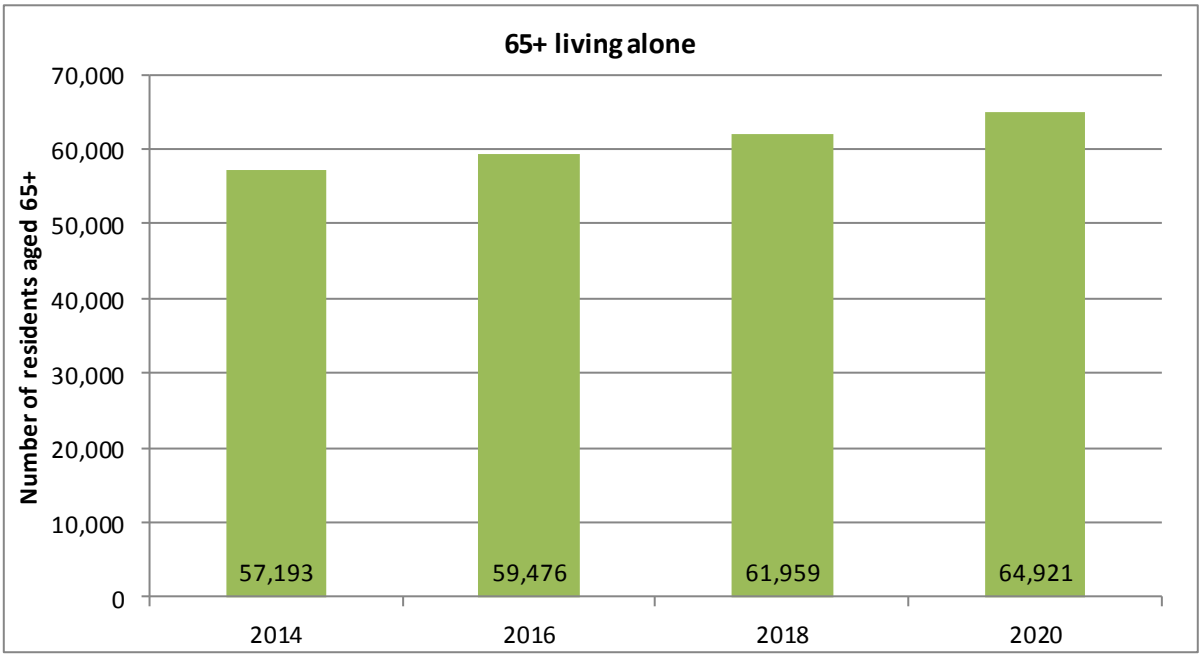
Why this matters?
"Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.
…
Support operates on the levels both of the individual and of the society. Social isolation and exclusion are associated with increased rates of premature death and poorer chances of survival after a heart attack. People who get less social and emotional support from others are more likely to experience less wellbeing, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic illnesses. In addition, bad close relationships can lead to poor mental and physical health."[21]

"Fair representation of individual and community concerns and interests in the processes of decision-making at the local level underpins the development of equity in health."[22]

### Social relations, connectivity and getting involved

Social support within neighbourhoods is particularly important to those who live alone. Figure 4.28 shows that between 2014 and 2021, there is a projected increase of 14% in the number of people over 65 years who live alone.

**Figure 4.28: Projection in the numbers of people aged 65+ expected to live alone**



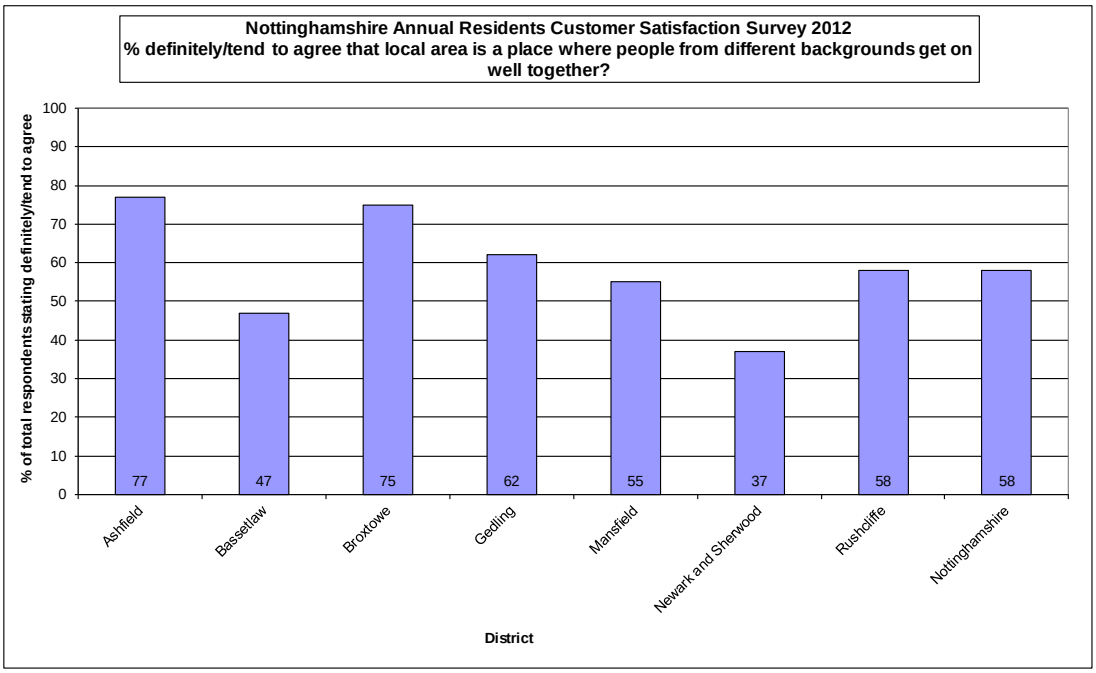

Source: POPPI March 2014

Residents across Nottinghamshire expressed differences in their opinions of whether people from different backgrounds got on well together. Figure 4.29 shows that levels agreement were highest

[21] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.
[22] World Health Organisation Regional Office for Europe (2012) "Addressing the social determinants of health: the urban dimension and the role of local government", World Health Organisation.

in Ashfield and Broxtowe Districts, but lowest in Bassetlaw and Newark & Sherwood Districts. The Nottinghamshire County average was 58%.

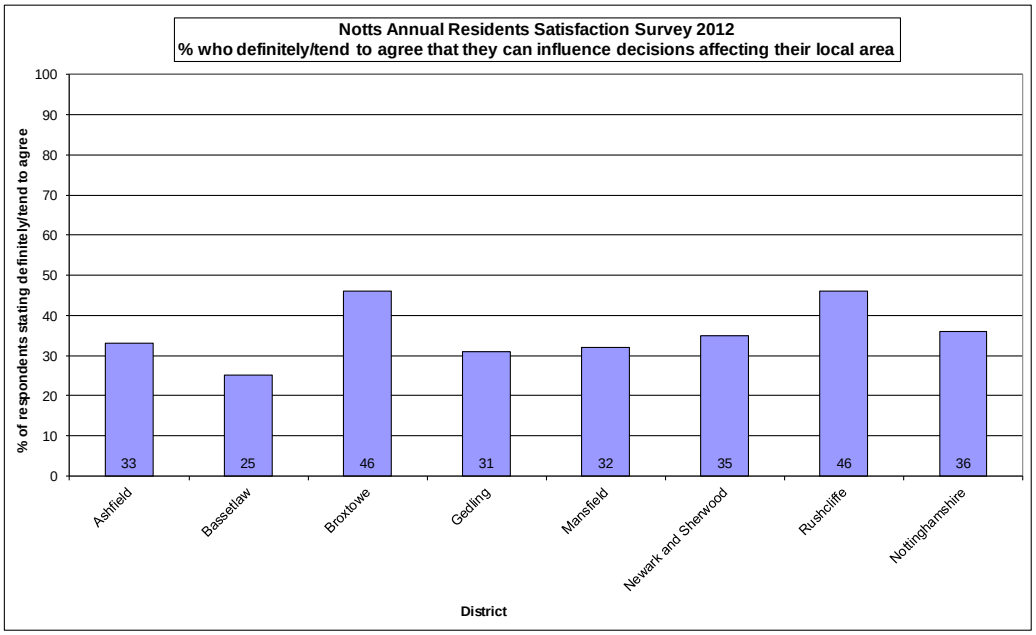
**Figure 4.29 : % who agree that people from different backgrounds get on well together, 2012**




Source: Nottinghamshire Annual Residents Satisfaction Survey 2012.

Residents across Nottinghamshire expressed differences in their opinions of whether they felt they could influence decisions affecting their local area. Figure 4.30 shows that levels of agreement were highest in Rushcliffe and Broxtowe Districts (46% for both), but lowest in Bassetlaw District (25%). The Nottinghamshire County average was 36%.

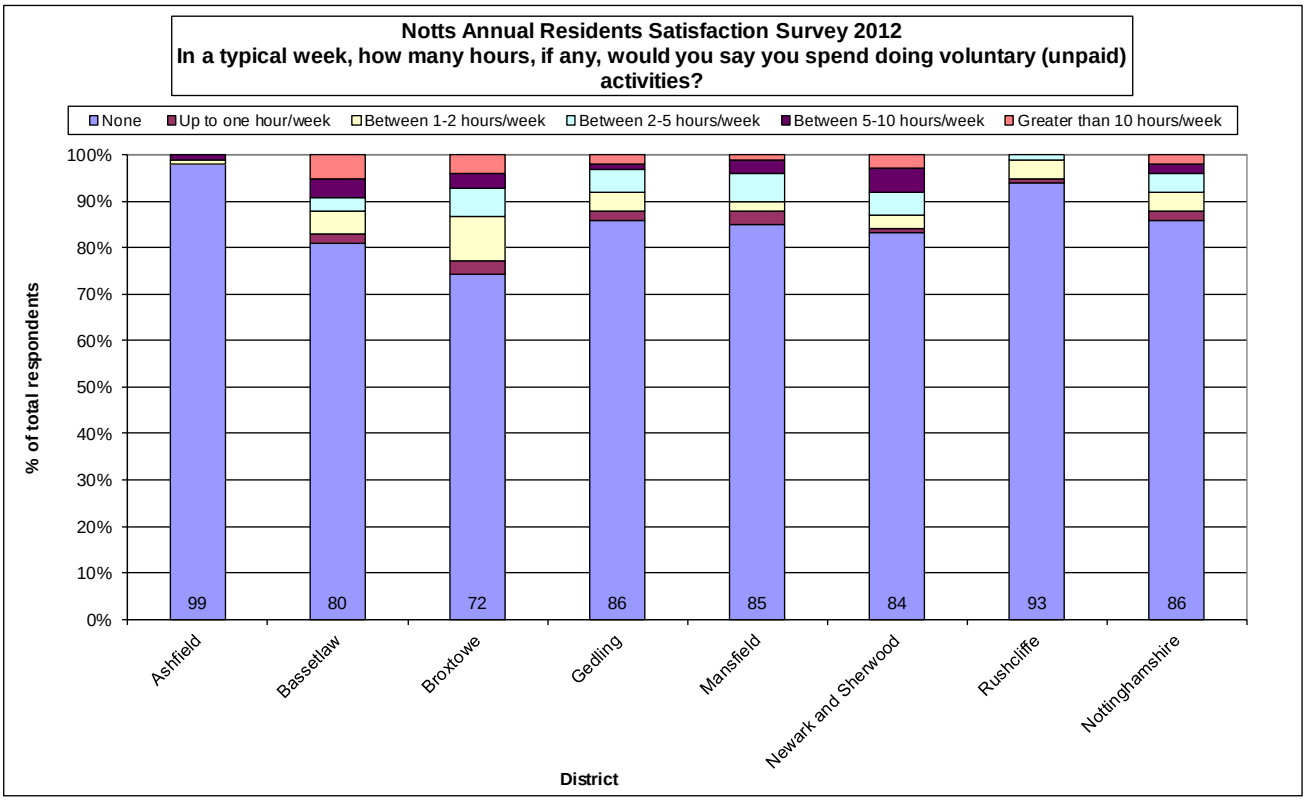
**Figure 4.30 : % who agree that they can influence decisions affecting their local area, 2012**




Source: Nottinghamshire Annual Residents Satisfaction Survey 2012.

Figure 4.31 below shows that a greater proportion of respondents living in Broxtowe District compared to other districts in Nottinghamshire devote some hours of the week for volunteering activities. Ashfield District has the lowest proportion of respondents devoting some hours of the week for volunteering activities.

**Figure 4.31: Level of involvement in voluntary activities across Nottinghamshire, 2012**




Source: Nottinghamshire Annual Residents Satisfaction Survey 2012.

### Feeling safe and crime

Why this matters?

"Four potential pathways connect fear of crime to health:

- The anxieties induced or expressed by fear of crime may have an impact on health
- Poorer health may exacerbate fear of crime
- Fear of crime may lead to avoidance behaviours such as limiting one's movements outside the home, which may have a negative impact on (a) social interaction and (b) physical activity
- Fear of crime may lead to decreased trust and cohesion within communities and to individual withdrawal – with associated impact on social wellbeing"[23]

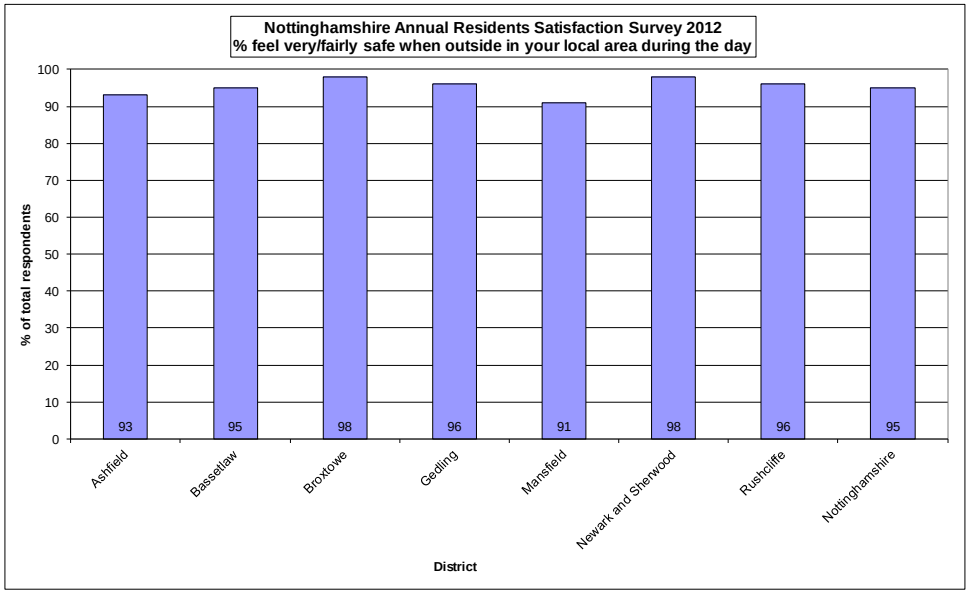
"Crime may influence health in a range of ways. A distinction can be made between direct and indirect impacts. Direct impacts include both physical injuries and psychological trauma as a result

[23] Adapted from Lorenc et al (2012) "Crime, fear of crime, environment, and mental health and wellbeing: mapping review of theories and causal pathways", Health and Place 18, pp 757 - 765

of being victimised….Indirect impacts include a wide range of negative effects…likely to operate at a neighbourhood level"[24]

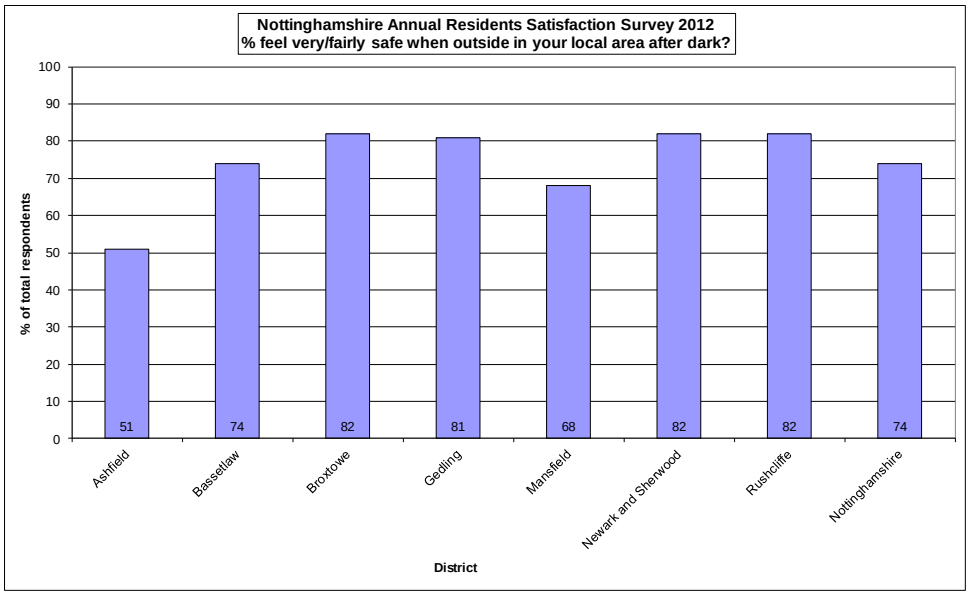
The Nottinghamshire Annual Residents Satisfaction Survey 2012 asked a number of questions relating to residents' perceptions of crime and safety in their local area both during the day (Fig 4.32a) and at night (Fig 4.32b). 95% of respondents in Nottinghamshire feel very/fairly safe outside in their local area during the day. However at night, this figure drops to 74% and in some districts of the County such as Ashfield the figure drops to 51%.

**Figure 4.32a: % of respondents who fell safe outside in their local area during the day?**




Source: Nottinghamshire Annual Residents Satisfaction Survey 2012

**Figure 4.32b: % respondents who feel safe outside in their local area when dark?**

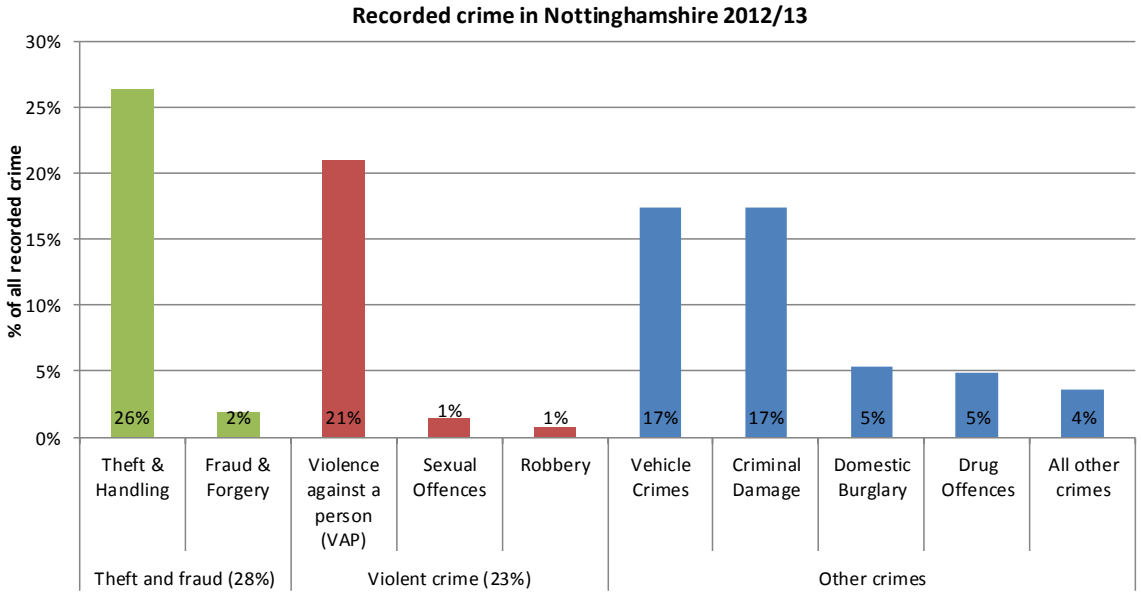



Source: Nottinghamshire Annual Residents Satisfaction Survey 2012

[24] Adapted from Lorenc et al (2012) "Crime, fear of crime, environment, and mental health and wellbeing:mapping review of theories and causal pathways", Health and Place 18, pp 757 - 765

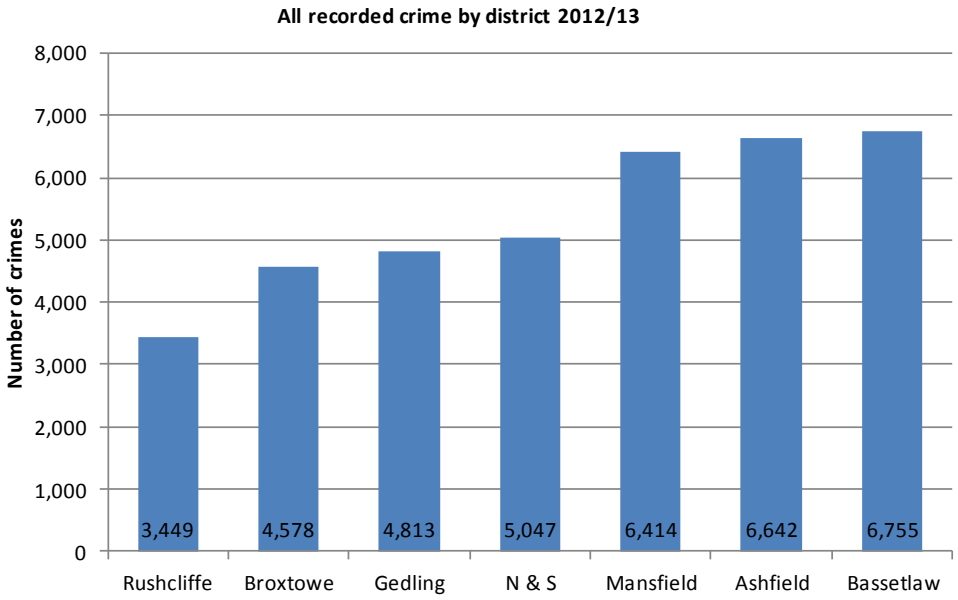
There were 37,698 crimes recorded in 2012/13 in Nottinghamshire (Figure 4.33). The main types of crime recorded were theft and fraud (28%), violent crime (23%), vehicle crime (17%) and criminal damage (17%). Domestic burglary accounted for 5% of crimes in Nottinghamshire but is of particular importance to residents at it not only causes damage and loss to property but also impacts upon sense of safety and heightens fear of crime. The number of reported crimes was highest in Bassetlaw, Ashfield and Mansfield (Figure 4.34). This corresponds with the districts in which the lowest proportion of residents felt safe outside after dark in their local area (Figure 4.32b).

**Figure 4.33: Recorded crime in Nottinghamshire, by crime type in 2012/13**




Source: Strategic Analytical Unit, Nottinghamshire County Council

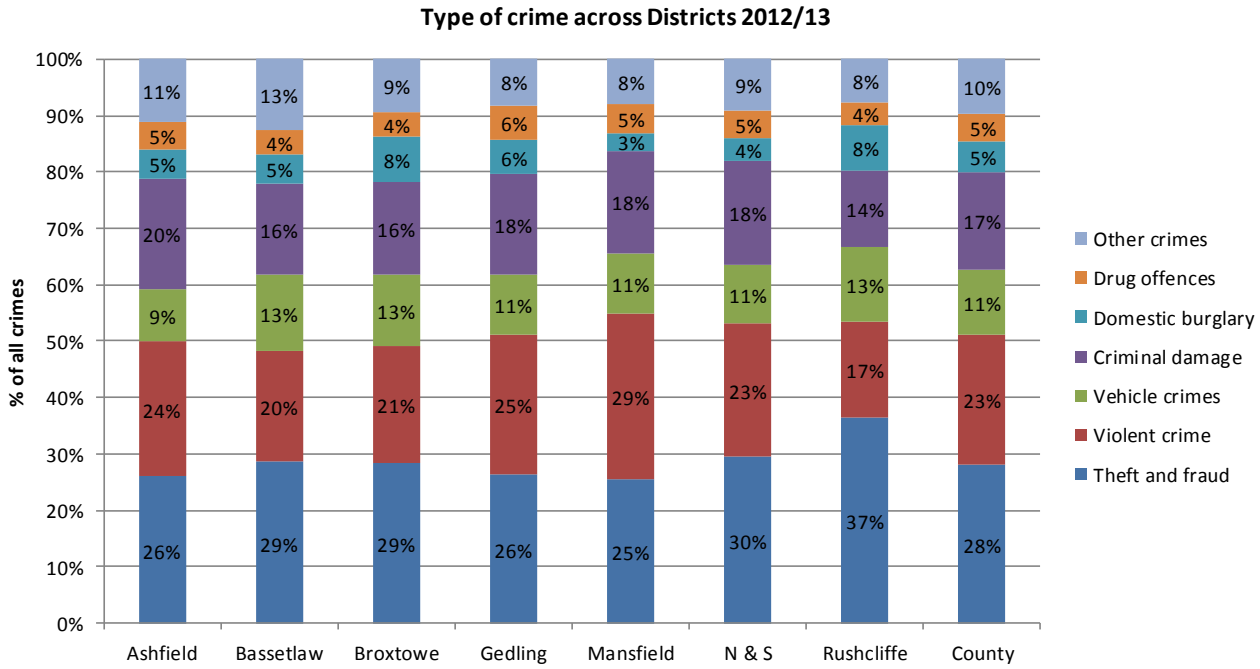
**Figure 4.34: Recorded crime in Nottinghamshire Districts, all crimes in 2012/13**




Source: Strategic Analytical Unit, Nottinghamshire County Council

The type of crime also varied across Nottinghamshire with the highest proportion of reported violent crimes in Mansfield and the highest proportion of domestic burglaries in Rushcliffe (Figure 4.35).

**Figure 4.35: Recorded crime in Nottinghamshire districts, by type of crime in 2012/13**




Source: Strategic Analytical Unit

## 4.11. Lifestyle

Why this matters?
Individual lifestyle choices are shaped by a range of factors, including health awareness and the physical and social environment in which we live.

An example of the impact of lifestyles on health was published by Cancer Research UK[25] in 2011 which estimated that 40% of cancers in women and 45% of cancers in men could be prevented by healthier lifestyles – including drinking less, smoking less and losing weight. The biggest risk by far was smoking which causes 23% of cancers in men and 16% of cancers in women.

[25] Cancer Reasearch UK. Extracted from 'Over 40% of cancers due to lifestyle says review' BBC News online December 2011. http://www.bbc.co.uk/news/health-16031149 [accessed 13 January 2014]

**Top six causes of all cancers in men and women**

Risk factors of the 158,700 cancers diagnosed in men and 155,600 cancers diagnosed in women each year

| Ranking | Risk factor % | | Risk factor % | |
|---|---|---|---|---|
| 1 | Tobacco | 23 | Tobacco | 15.6 |
| 2 | Lack of fruit & vegetables | 6.1 | Overweight | 6.9 |
| 3 | Occupational hazard | 4.9 | Infection | 3.7 |
| 4 | Alcohol | 4.6 | Exposure to sun & sunbeds | 3.6 |
| 5 | Overweight | 4.1 | Lack of fruit & vegetables | 3.4 |
| 6 | Exposure to sun & sunbeds | 3.5 | Alcohol | 3.3 |

Source: Cancer Research UK

### Smoking

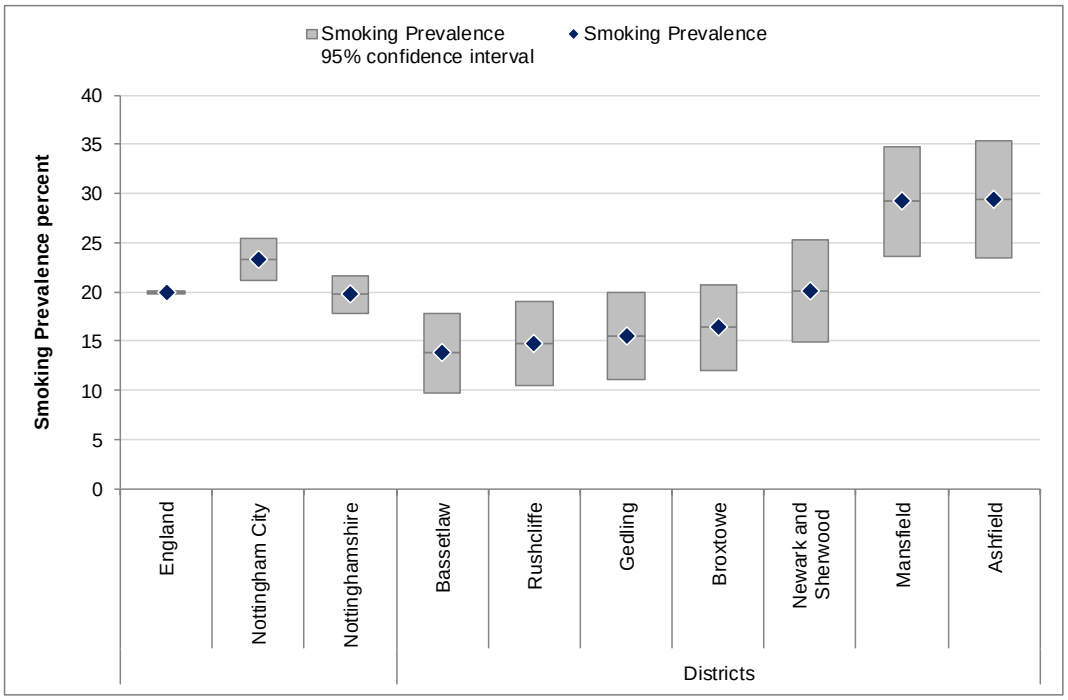
Why this matters?

"Social deprivation – whether measured by poor housing, low income, lone parenthood, unemployment or homelessness – is associated with high rates of smoking and very low rates of quitting. Smoking is a major drain on poor people's incomes and a huge cause of ill health and premature death. But nicotine offers no real relief from stress or improvement in mood."[26]

Smoking in people aged 16 and over in Nottinghamshire was similar to regional and national levels in 2011/12 (Fig 4.36). Within the Districts, Mansfield and Ashfield had the highest levels of smoking prevalence which were significantly higher than the national average. Bassetlaw and Rushcliffe had levels significantly lower than the national average. Smoking prevalence within CCGs showed a similar pattern (Fig 4.37). In general smoking prevalence was higher in more deprived areas of Nottinghamshire and lower in less deprived areas.

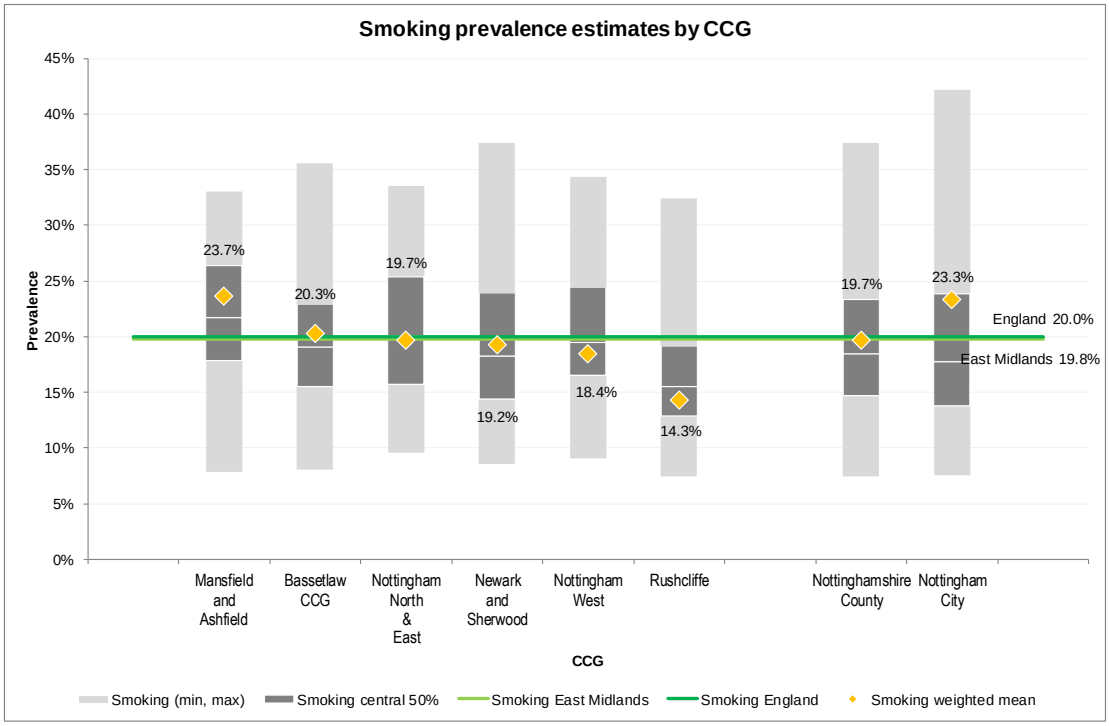
[26] Wilkinson, R. and Marmot, M. (eidtors) (2003) " Social determinants of health: the solid facts". 2nd Edition, World Health Organisation.

**Figure 4.36: Smoking prevalence Nottinghamshire and districts in 2011/12, 16+**




Source: Health and Social Care Information Centre Integrated Household Survey 2011/12

**Figure 4.37: Estimates of smoking prevalence by CCG in 2011/12**




Sources: Secondary analysis of Smoking prevalence synthetic MSOA estimates 2003-05, local data warehouse registered population extract May 2013, Integrated Household Survey smoking prevalence data at upper tier LA 2011/12

### Drug and alcohol misuse

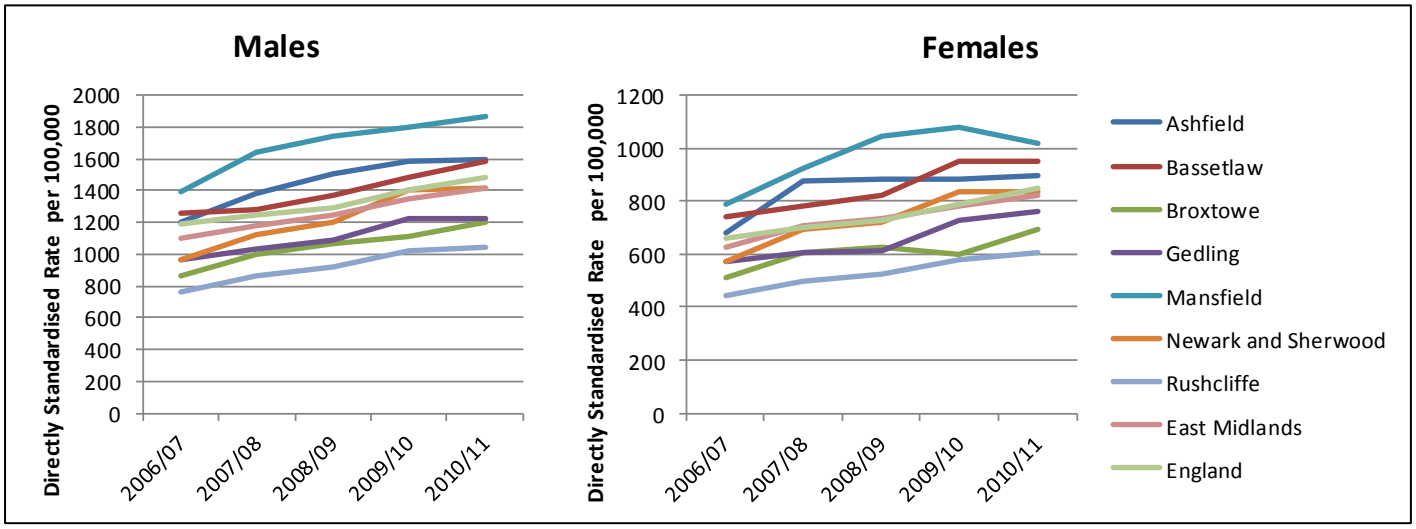
Why this matters?
Drug and alcohol misuse have a negative effect on the health, wellbeing and quality of life for those directly or indirectly affected. It also places demand on public resources and the links between alcohol and violent crime are evident. Those in treatment for drug or alcohol misuse often report issues with both drugs and alcohol (Nottinghamshire JSNA).

"People turn to alcohol to numb the pain of harsh economic and social conditions, and alcohol dependence leads to downward social mobility. The irony is that, apart from a temporary release from reality, alcohol intensifies the factors that led to its use in the first place"[27]

"Drug use is both a response to social breakdown and an important factor in worsening the resulting inequalities in health. It offers users a mirage of escape from adversity and stress, but only makes their problems worse"[28]

It is estimated that there are 28,800 people dependent upon alcohol in Nottinghamshire[29]. Alcohol attributable hospital stays have increased year on year across all of Nottinghamshire's districts between 2006 and 2011 for both men and women. The rate of increase has been similar to regional and national trends (Figure 4.38). Within districts Ashfield, Bassetlaw and Mansfield had hospital admission rates significantly higher than the regional average for men and women in 2010/11. Broxtowe and Rushcliffe had significantly lower rates of hospital admissions for both men and women (Figure 4.39).

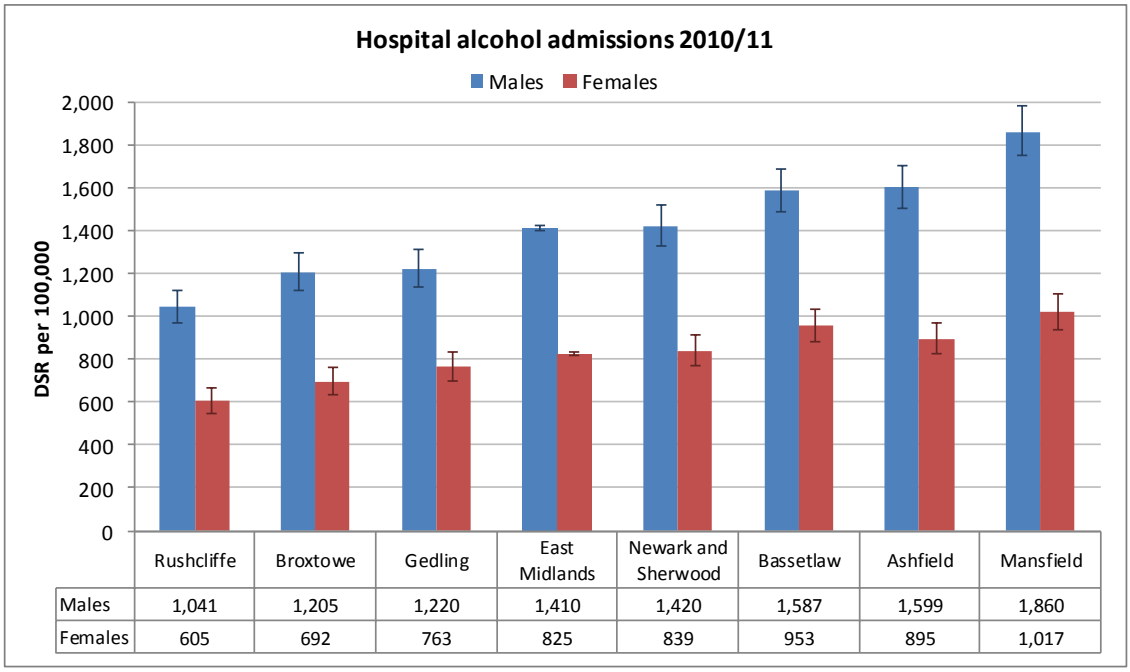
**Figure 4.38: Trend in the rates of admission to hospital for alcohol attributable causes for males and Females across Nottinghamshire Districts 2006/07-2010/11**




Source: Local Alcohol Profiles for England, February 2014

**Figure 4.39: Rates of admission to hospital for alcohol attributable causes for males and females across Nottinghamshire Districts and East Midlands, 2010/11**

[27] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.
[28] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.
[29] PANSI

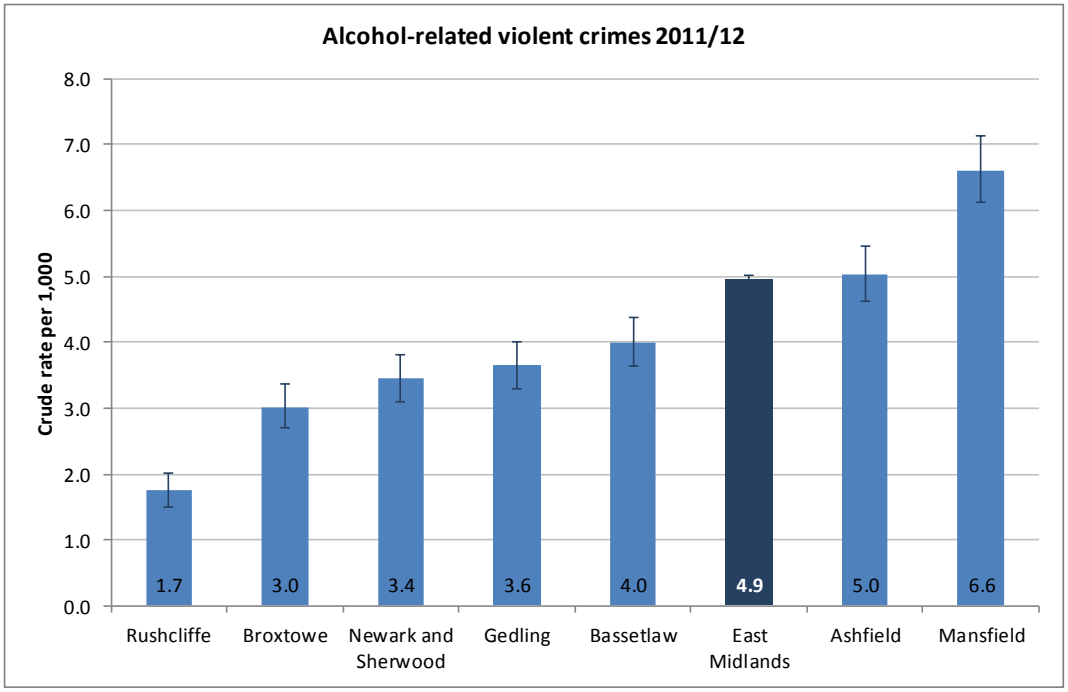



| | Rushcliffe | Broxtowe | Gedling | East Midlands | Newark and Sherwood | Bassetlaw | Ashfield | Mansfield |
|---|---|---|---|---|---|---|---|---|
| Males | 1,041 | 1,205 | 1,220 | 1,410 | 1,420 | 1,587 | 1,599 | 1,860 |
| Females | 605 | 692 | 763 | 825 | 839 | 953 | 895 | 1,017 |

Source: Local Alcohol Profiles for England, February 2014

Alcohol-related violent crime was lower than the regional average in most districts of Nottinghamshire, with the exception of Mansfield where rates were significantly higher than the regional average in 2011/12 (figure 4.40).

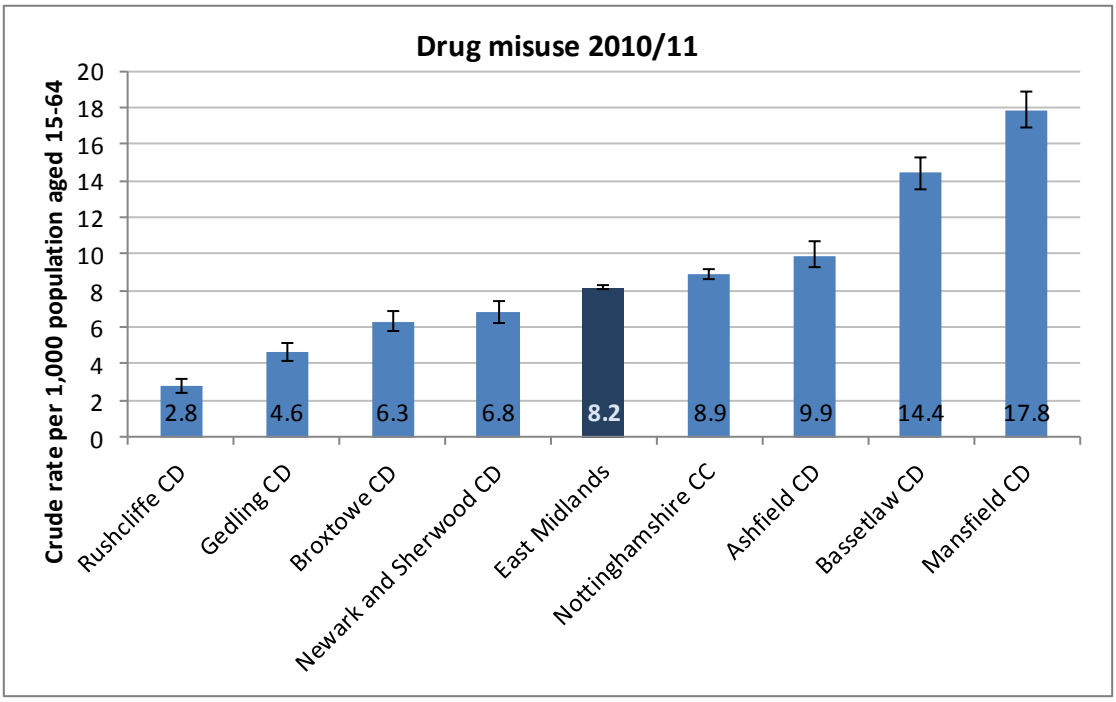
**Figure 4.40: Alcohol-related violent crimes in Nottinghamshire Districts in 2011/12**




Source: Local Alcohol Profiles for England

In Nottinghamshire the prevalence of drug misuse is significantly higher than the England average (Figure 4.41). It is estimated that there are 16,327 people in Nottinghamshire dependent on illicit drugs, of which most (12,000) are dependent upon cannabis[30].

**Figure 4.41: Estimated crude rate of opiate and/or crack cocaine users, per 1,000 aged 15-64 2010/11**




Source: Public Health England, Health Profiles 2013

The north of the County experiences more drug or alcohol-related harm compared to the south of the County.

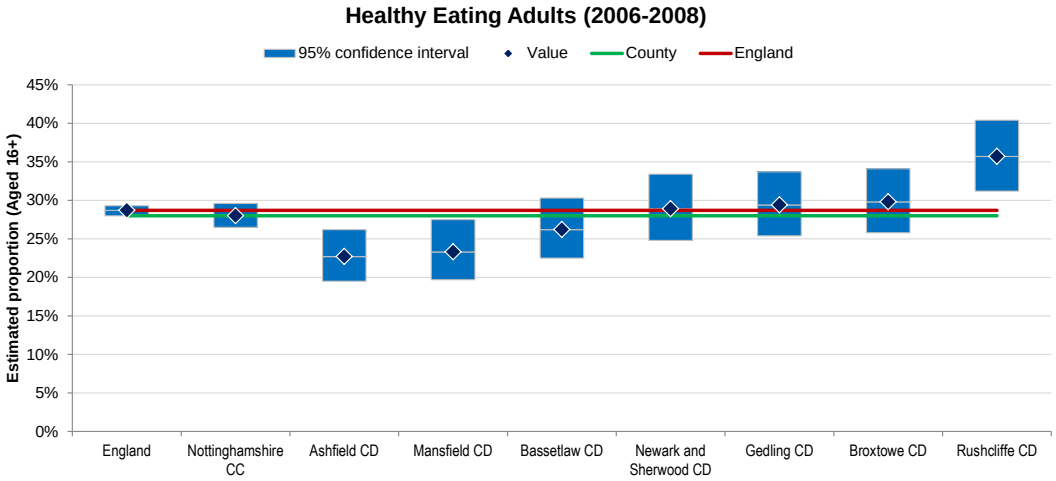
### Diet and nutrition

Why this matters?
"A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity and dental caries. Food poverty exists side by side with food plenty. The important public health issue is the availability and cost of healthy, nutritious food. Access to good affordable food makes more difference to what people eat than health education"[31]

Healthy eating is defined as eating five or more portions (80g) of fruit and vegetables per day. It is difficult to measure the actual levels of healthy eating in Nottinghamshire as data is not available. However estimates have been modelled from the Health Survey for England. In Nottinghamshire estimates of health eating in adults are similar to the national levels. Within districts, a significantly lower percentage of adults resident in Mansfield and Ashfield are estimated to eat healthily compared to England. Conversely, a significantly higher proportion are estimated to eat healthily in Rushcliffe. Patterns of healthy eating are associated with levels of deprivation.

[30] PANSI February 2014
[31] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.

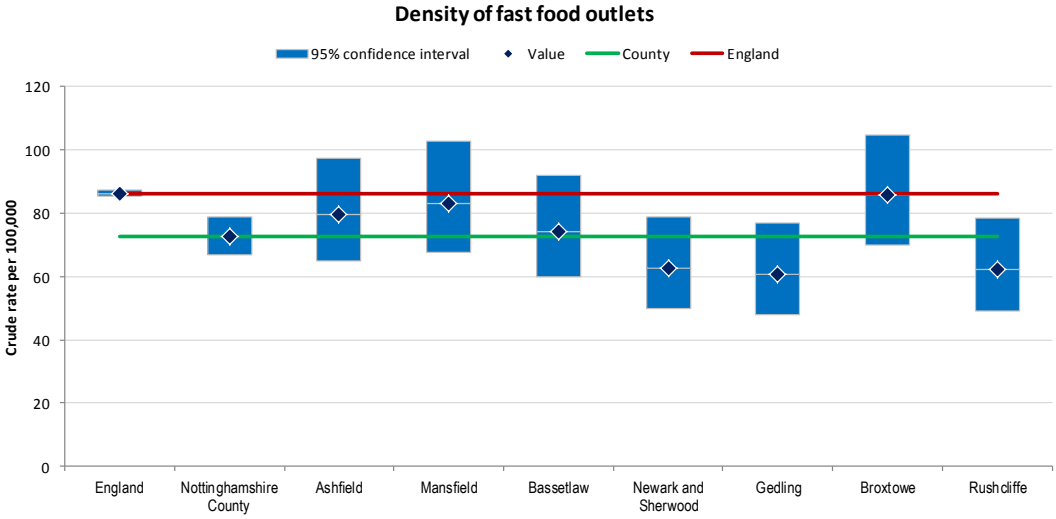
**Figure 4.42: The estimated percentage of the population aged 16+ that eat healthily, 2006-2008**




Source: Public Health England, Estimates of Adults' Health and Lifestyles

People generally have easy access to cheap, highly palatable and energy-dense food frequently lacking in nutritional value, such as fast food. Nationally, there is a strong association between deprivation and the density of fast food outlets, with more deprived areas having more fast food outlets per 100,000 population. Figure 4.43 shows that the density of fast food outlets in Nottinghamshire County is lower than the national average and is significantly lower in Newark & Sherwood, Gedling and Rushcliffe districts.

**Figure 4.43: Density of fast food outlets in Nottinghamshire, 2013.**



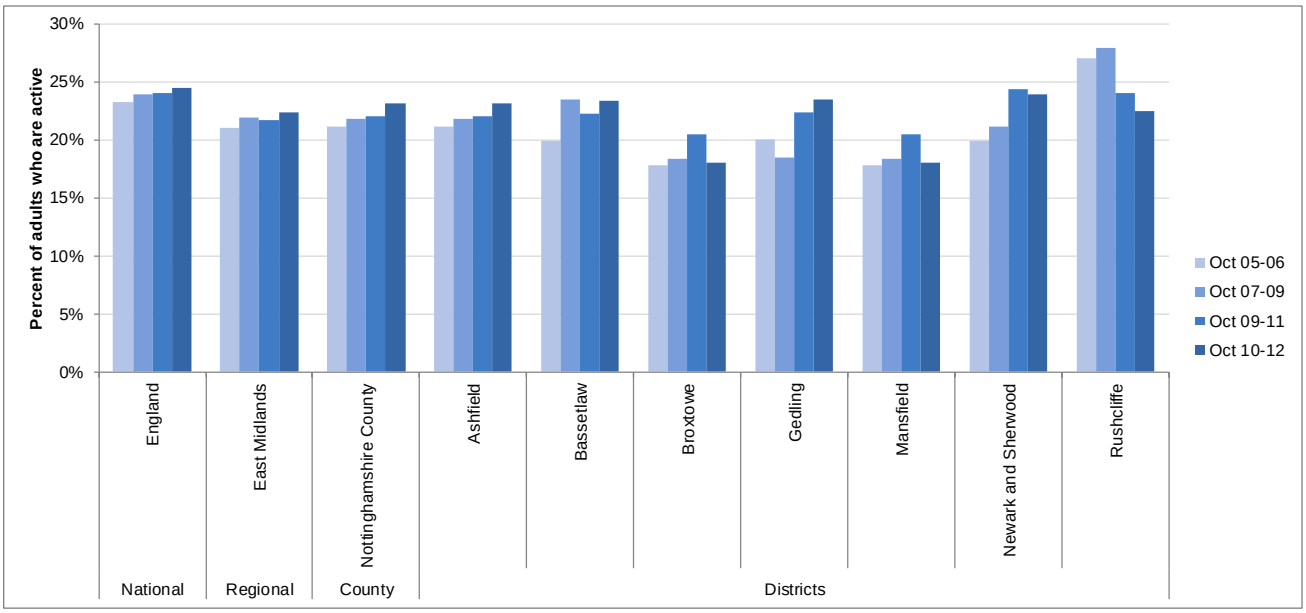

Source: National Obesity Observatory

### Physical activity

Why this matters?
"Regular exercise protects against heart disease and, by limiting obesity, reduces the onset of diabetes. It promotes a sense of wellbeing and protects older people from depression."[32]

Active participation in sport and active recreation is defined in the Active People Survey as the percentage of the adult (age 16 and over) population in a local area who participate in sport and active recreation, at moderate intensity, for at least 30 minutes on at least 12 days out of the last four weeks (equivalent to 30 minutes on three or more days a week). Figure XX shows that in Nottinghamshire county levels of active participation have increased over the four years of the survey and in the latest survey were comparable to East Midlands. Within Nottinghamshire there has been a significant increase in participation in Newark and Sherwood and a significant decrease in participation in Rushcliffe. Mansfield district has the lowest level of participation in sport and recreation across the County.

**Figure 4.44: Trend in adult participation in sport and active recreation**




Note: England and East Midlands percent are estimates based on secondary analysis of the local APS rates and ONS mid-year 2011 16+ populations
Source: Active People Survey

[32] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.

### Healthy weight

This section focuses on healthy weight in adults. For information on health weight in children please see JSNA for Children and Young People, Section 3: Lifestyles here.

Why this matters?
A combination of lack of physical activity and poor diet leads to unhealthy weight.

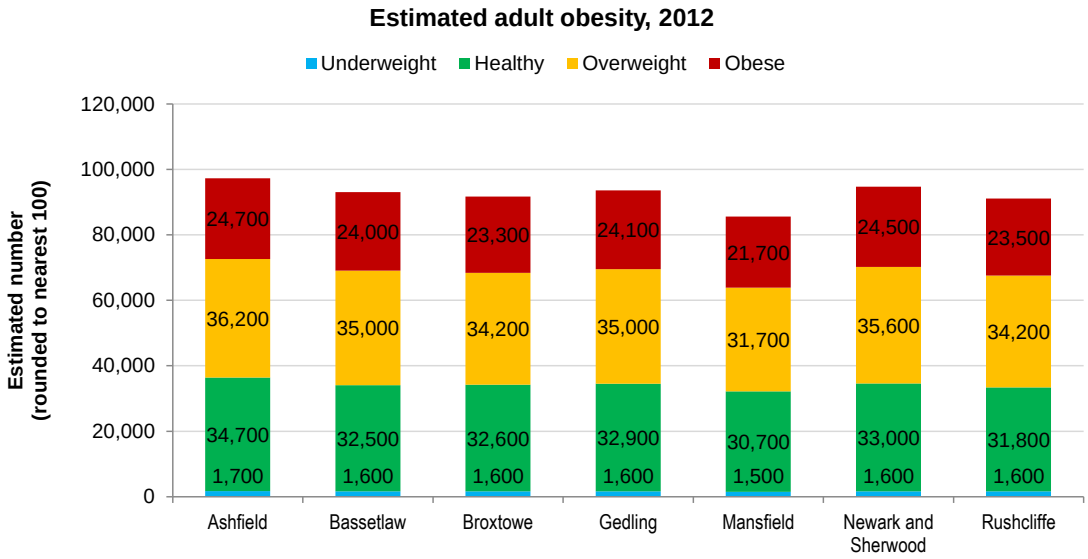
"Other problems due to obesity include:

- Musculoskeletal problems
- Reproductive and urological problems, including infertility
- Psychological and social problems by altered body image and stigma
- Respiratory problems (e.g. sleep apnoea (interruptions to breathing while asleep))"[33]

"Obesity reduces life expectancy by an average of three years, or eight to ten years in the case of severe obesity (BMI over 40). This 8-10 year loss of life is equivalent to the effects of lifelong smoking".[34]

There is a lack of robust local information regarding levels of healthy weight in our local populations. Results from a national survey (Health Survey for England) have been applied to our local population demographics (age, gender) to estimate local levels of healthy weight in our adult population. Just over 35% (228,200) of people aged 16+ living in Nottinghamshire were estimated to be of a healthy weight in 2012. Figure XX below shows a breakdown of the numbers of adults by weight category for each district. These estimates do not take into account deprivation. Higher levels of deprivation are associated with higher levels of obesity.

**Figure 4.45: Estimated number of adults by weight category and district of residence, 2012**




Source: Secondary analysis of ONS Mid-year 2012 population estimates and HSE2011 Child and Adult obesity trend tables. Note: Number breakdowns may not agree with totals due to rounding

[33] http://www.noo.org.uk/NOO_about_obesity/obesity_and_health/health_risk_adult [accessed 27 January 2014]
[34] http://www.noo.org.uk/NOO_about_obesity/obesity_and_health [accessed 27 January 2014]

# 5. IMPACT ON HEALTH AND WELLBEING

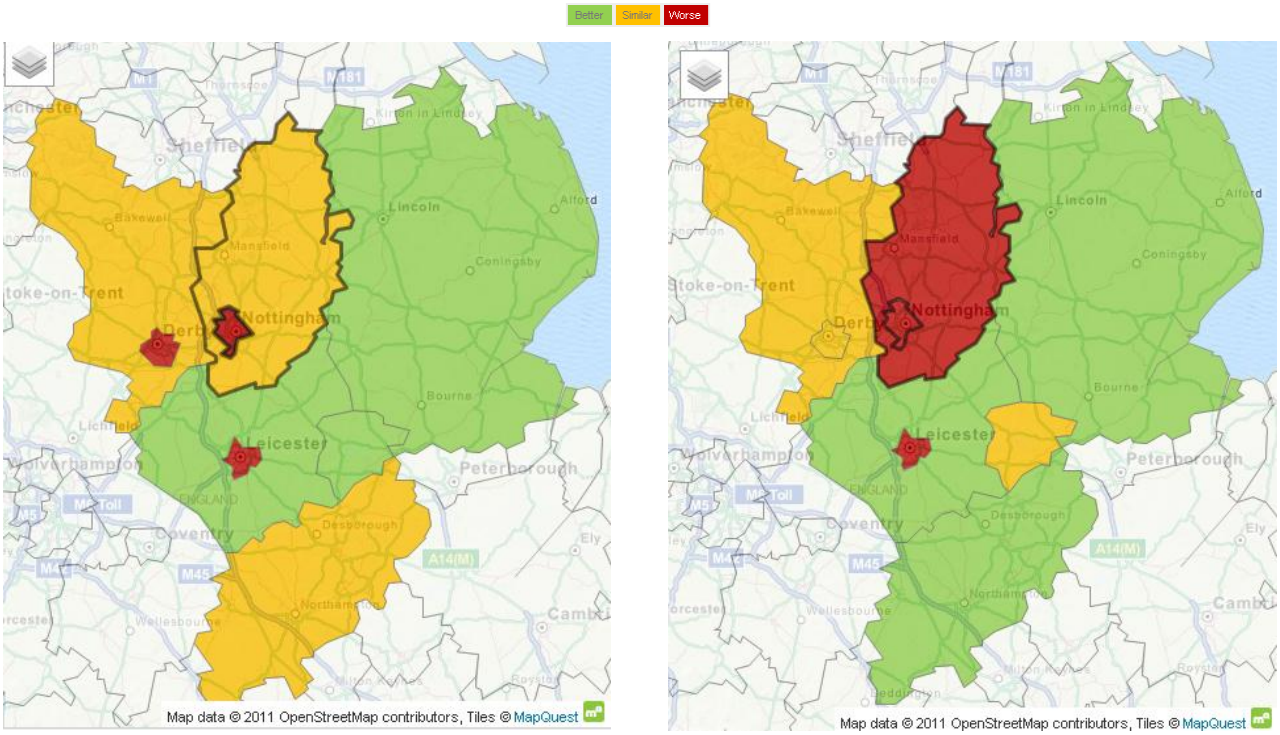
## 5.1. Introduction

In this section we take an overview of the impact that the demographic, social, environmental and economic factors which we have described in previous sections, have had on health and wellbeing outcomes for our population. Wellbeing and health arises from the interaction of all the variables over time as people grow up, live their lives and grow old, rather than being directly attributable to any one factor.

This section will also outline health inequalities in our population, which are preventable and unjust differences in health status experienced by certain population groups. People in lower socio-economic groups are more likely to experience chronic ill-health and die earlier than those who are more advantaged.

Healthy life expectancy is an extremely important summary measure of mortality (death) and morbidity (illness). It complements supporting information presented across the JSNA which shows the overall trends in the health of our population and sets the context within which the drivers of healthy life expectancy can be explored. Healthy life expectancy is a measure of the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. In Nottinghamshire healthy life expectancy was 62.6 years for females and 60.9 years for males in 2009-2011. Males had a significantly lower healthy life expectancy compared with the region (Figure 5.1).

**Figure 5.1: Healthy life expectancy at birth for females (left) and males (right) compared with the region, 2009-2011.**




Source: Public Health Outcomes Framework data tool, PHE. March 2014

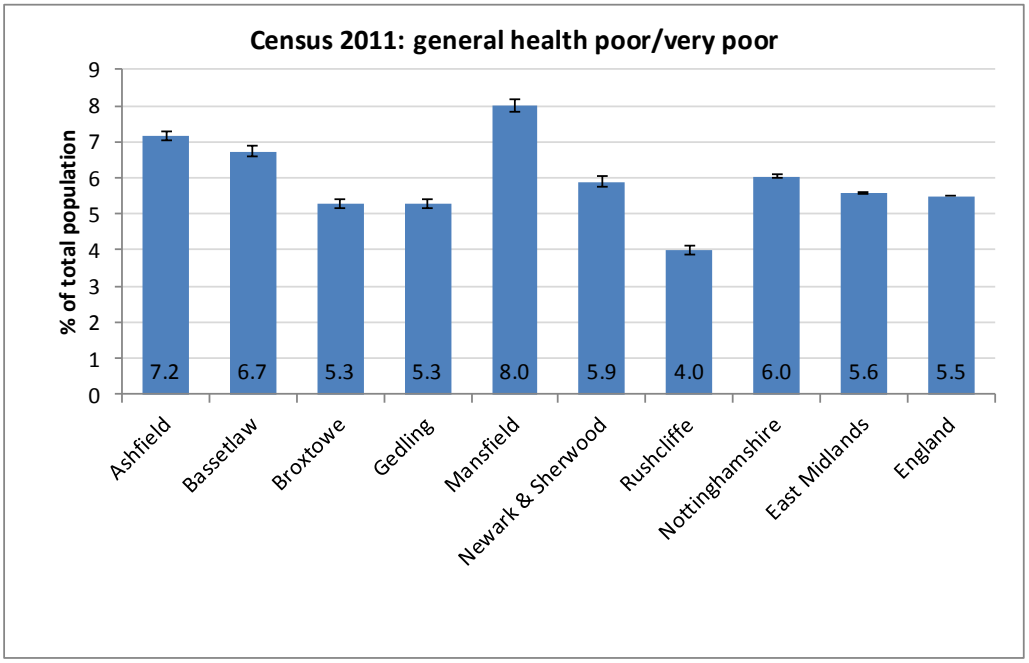
## 5.2. What illnesses and conditions are people living with?

### General Health

In the Census 2011, residents were asked to assess their general state of health on a five point scale: very good, good, fair, bad or very bad. Figure XX shows that the percentage of the population who reported their health as poor or very poor was significantly higher in Nottinghamshire (6.0%) compare with the East Midlands (5.6%). The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of poor or very poor health compared with the East Midlands. The people living in Rushcliffe reported the lowest levels of poor or very poor health in Nottinghamshire.

In general, Figures 5.2 and 5.3 show that levels of disability and poor health were higher in the more deprived areas of Nottinghamshire and lower in the least deprived areas of Nottinghamshire.

**Figure 5.2: Self-reported general health in Nottinghamshire's Districts, total population, 2011**




Source: Census 2011

### Long term illnesses and conditions

Also click here to read about People with a Disability in this document

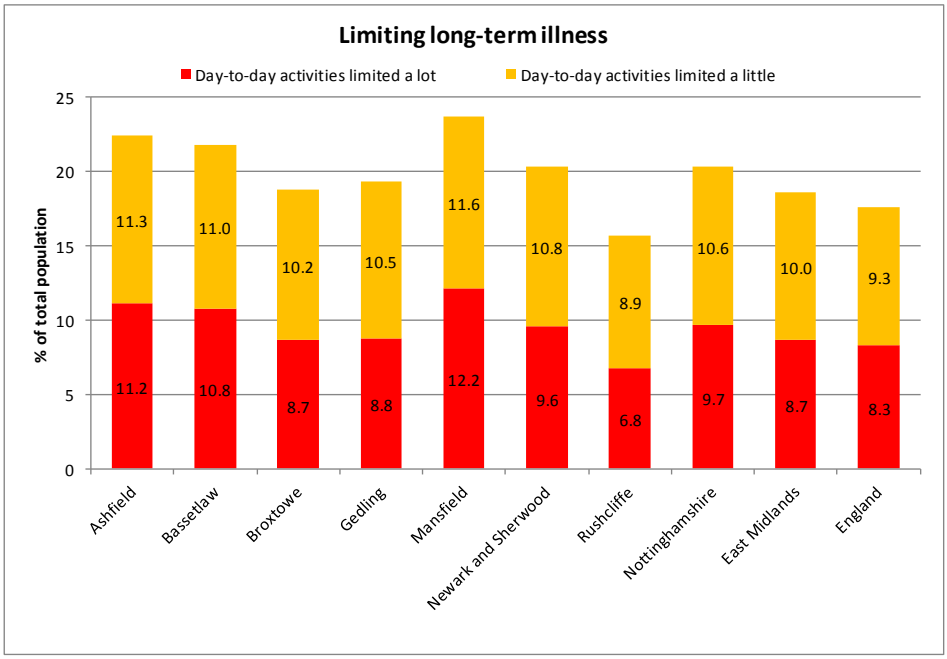
A long term condition is one that cannot be cured but can be managed through medication and/or therapy. There is no definitive list of long term conditions – diabetes, asthma and coronary heart disease can all be included.

People with long term conditions experience differing needs at different stages of their life and as their condition(s) progress. They may have complex health and social care needs which require integrated support through self-care, clinical care, supporting independence, psychological support and other relevant social factors

In the Census 2011, those people who reported a long term health problem or disability (including those related to age) that limited their day-to-day activities and that had lasted, or was expected to

last, at least 12 months, were asked to assess whether their daily activities were limited a lot, a little or not at all by such a health problem. The percentage of people for whom their day-to-day activities were limited a lot was significantly higher in Nottinghamshire (9.7%) compared with the East Midlands (8.7%) or England (8.3%). The people living in the districts of Ashfield, Bassetlaw and Mansfield reported significantly higher levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands. Only the people living in Rushcliffe reported significantly lower levels of long-term illness which limited day-to-day activities a lot compared with the East Midlands.

**Figure 5.3: Self-reported limiting long-term illness by district, total population, 2011**




Source: Census 2011

People often suffer from more than one chronic condition at a time. This is known as multi-morbidity. Estimates have been made of the number of people in Nottinghamshire and each clinical commissioning group who were living with two or more chronic conditions in 2012. Table 5.4 shows that 16% of Nottinghamshire's registered population aged 18+ is estimated to suffer from two or more chronic conditions at any one time. These estimates do not take into account deprivation levels within local populations which is likely to have an impact on the prevalence of multi-morbidity.

**Table 5.4: Estimates of the number of people living with two or more long-term conditions**

| Clinical Commissioning Group | Numbers with 2 or more LTCs | Population aged 18+ | % with 2 or more LTCs |
|---|---|---|---|
| **Bassetlaw** | 14,910 | 89,780 | 17% |
| **Mansfield and Ashfield** | 23,230 | 146,730 | 16% |
| **Newark and Sherwood** | 17,180 | 102,540 | 17% |
| **Nottingham North and East** | 19,150 | 116,540 | 16% |
| **Nottingham West** | 12,500 | 75,720 | 17% |
| **Rushcliffe** | 16,400 | 97,800 | 17% |
| **Nottinghamshire County** | 3,370 | 629,120 | 16% |
| **Nottingham City** | 32,770 | 281,420 | 12% |

Based on results of Salisbury (2011)[35] and Nottinghamshire registered population aged 18+ April 2012

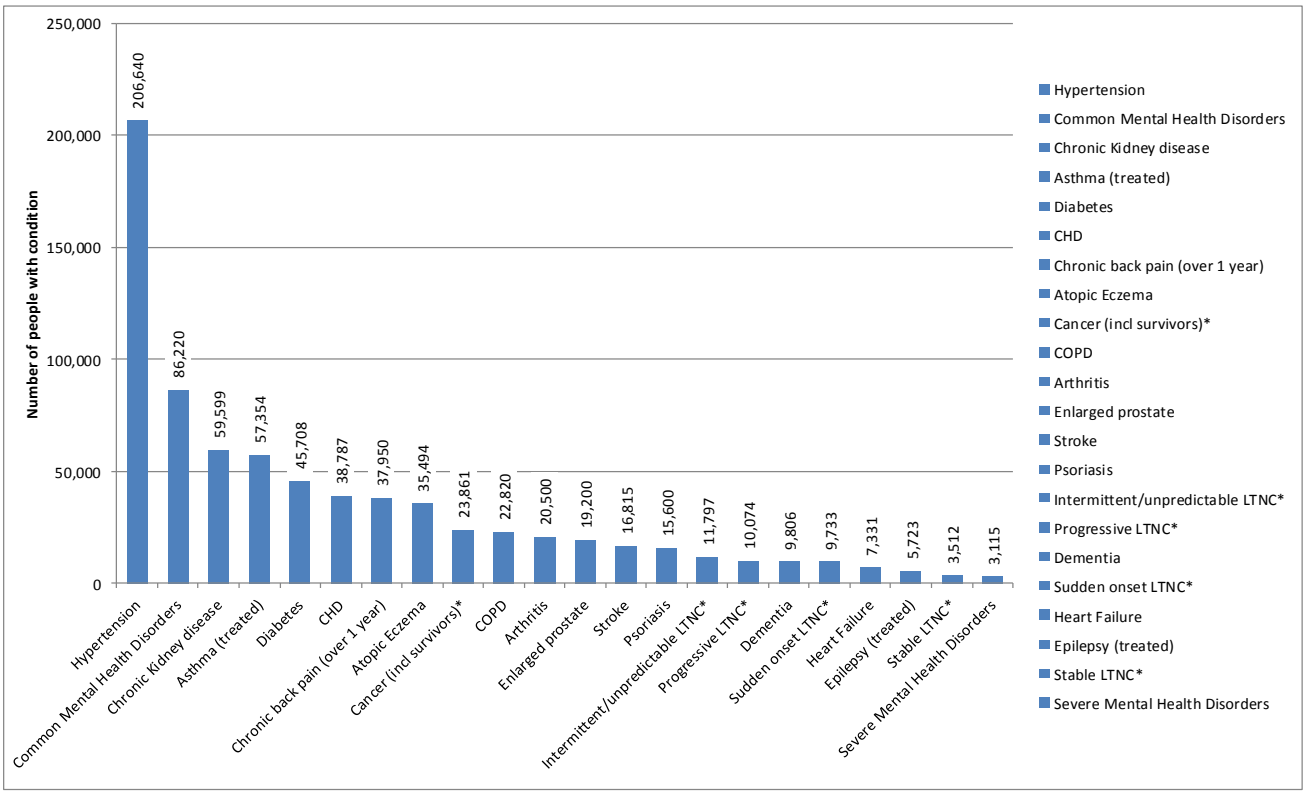
Figure 5.5 gives an overview of the relative burden of the most common long-term conditions in Nottinghamshire's population. It does not include multi-morbidities, where a person may suffer from more than one condition at the same time. The most common long-term conditions are hypertension, common mental health disorders, asthma, chronic kidney disease, diabetes, chronic back pain and coronary heart disease. Please note the data in this section is due to be updated during 2014.

Detailed JSNA topic reports on the key long-term conditions will be provided as part of the on-going JSNA work programme. They can be accessed via the links in the Topic information at the beginning of this document.

[35]Salisbury, C. *et al* (2011), Epidemiology and impact of multi-morbidity in primary care: a retrospective cohort study. Br J Gen Pract. Jan 1, 2011; 61(582): e12–e21. Available at http://www.ncbi.nlm.nih.gov/pmc/articles/PMC3020068/ [accessed 4th March 2014]

**Figure 5.5: Estimates of relative burden of long-term conditions in NHS Nottinghamshire and NHS Bassetlaw: numbers of people suffering from long-term conditions**

*Note: these numbers do not include multi-morbidities*



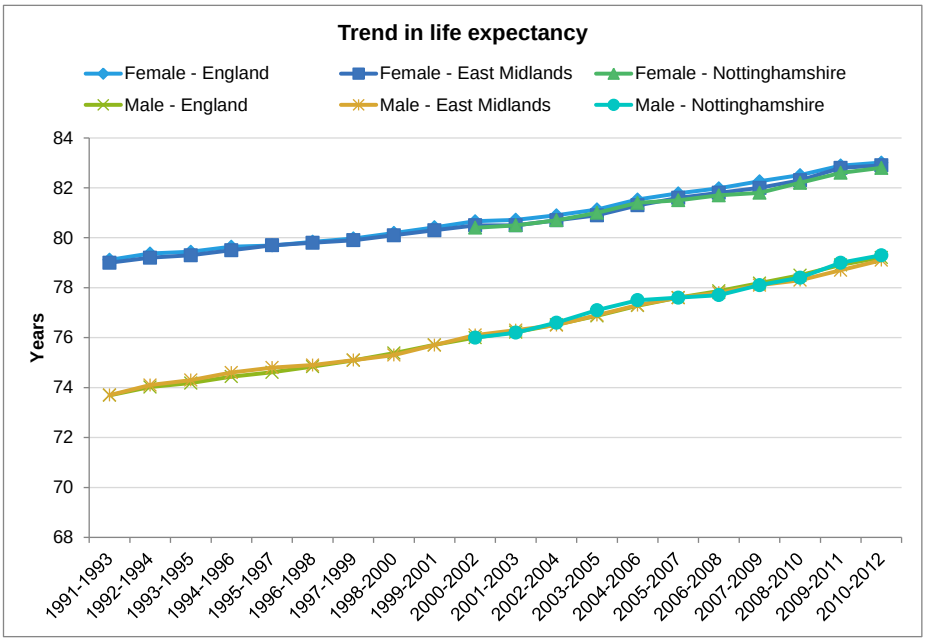

Sources: different prevalence models (contact author for details), Notts registered population July 2011
*prevalence estimates include children
LTNC=long term neurological conditions
CHD=coronary heart disease
COPD=chronic obstructive pulmonary disease

### 5.3. What are people dying from?

Life expectancy is a measure of the estimated length of life for a particular population based upon current mortality rates. Life expectancy has been increasing over the past 20 years nationally and locally for both males and females (Figure 5.6).

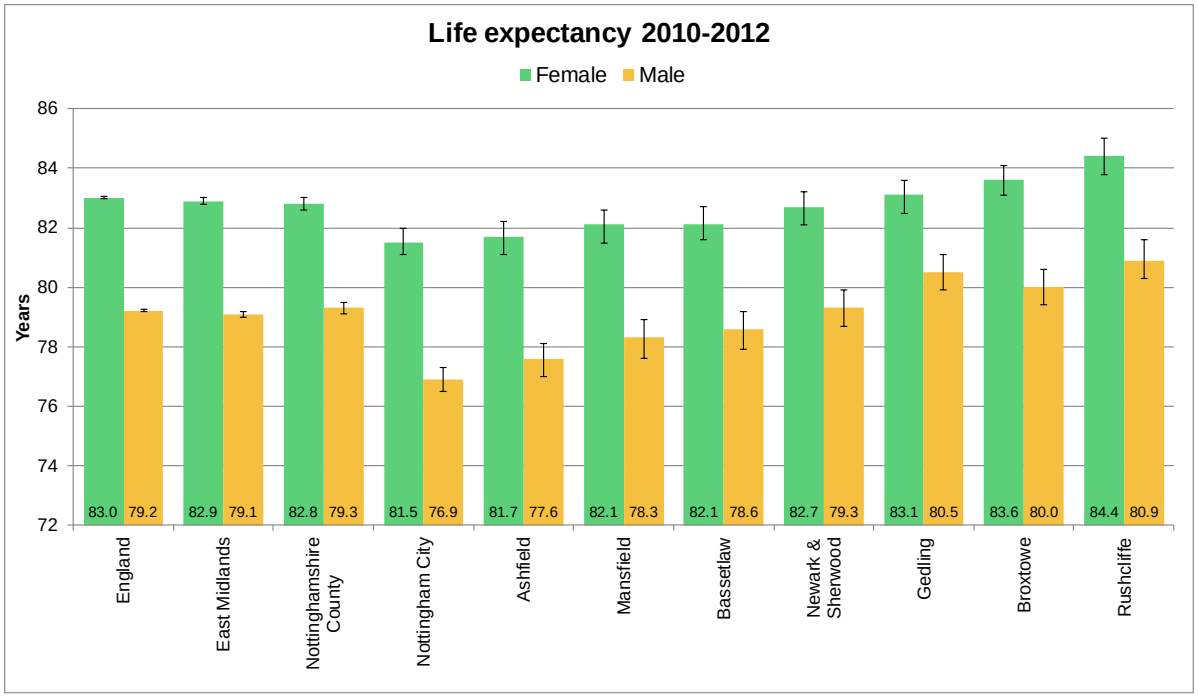
Locally within the districts of Nottinghamshire life expectancy varies considerably with more deprived districts having a shorter life expectancy than less deprived districts (Figure 5.7). For example in 2010-2012, life expectancy in Ashfield and Mansfield was significantly lower than for the East Midlands where a male could expect to live two years less and a female one year less. In contrast life expectancy in Broxtowe and Rushcliffe was significantly higher than for the East Midlands where both males and females in Broxtowe could expect to live an additional year longer and in Rushcliffe an additional two years longer.

**Figure 5.6: Trend in life expectancy for males and females in Nottinghamshire, East Midlands and England.**




Source: ONS Life Expectancy, 3-year pooled 2010-12 latest

**Figure 5.7: Life expectancy for males and females across Nottinghamshire's districts.**



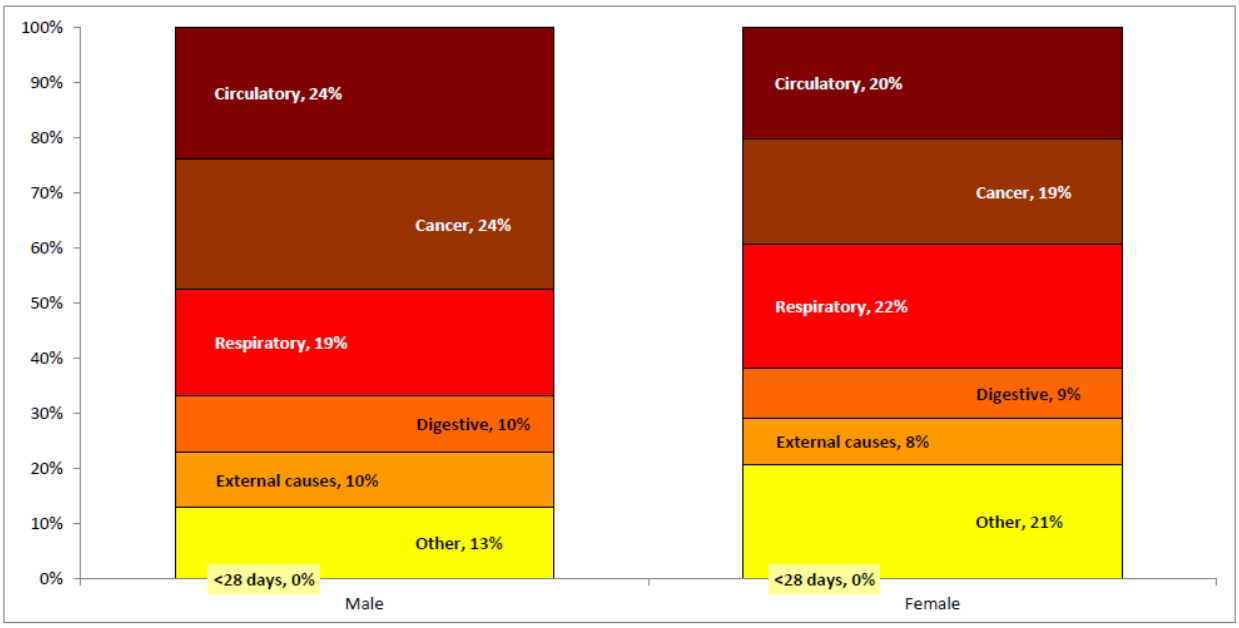

Source: ONS Life Expectancy by District, 3-year pooled

Life expectancy is also measured at a small geographical level (middle super output area) across Nottinghamshire and shows that in 2009-2011, life expectancy varied across Nottinghamshire by nine years in males and seven years in females[36]. The broad causes of death which contribute the

[36] Public Health Outcomes Framework data tool available at http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/par/E12000004 [accessed 12 March 2014]

greatest proportion to this 'gap' in life expectancy are explored in figure 5.8 and show that for males and females the top four causes are the same: circulatory, cancer, respiratory and digestive, however the proportion that each of these contributes to the gap in life expectancy varies between genders. Understanding which factors contribute to the gap in life expectancy across Nottinghamshire's population can help to target evidence-based interventions which aim to prevent illness and death in the short and longer term. If approximately 290 male deaths in the most deprived fifth of Nottinghamshire's population were prevented each year, then around 80% of the life expectancy gap would be eliminated. If approximately 225 female deaths in the most deprived fifth of Nottinghamshire's population were prevented each year, then around 70% of the life expectancy gap would be eliminated.

**Figure 5.8: Scarf chart showing the breakdown of the life expectancy gap between the most deprived areas in Nottinghamshire and the least deprived areas in Nottinghamshire, by cause of death, 2009-2011.**

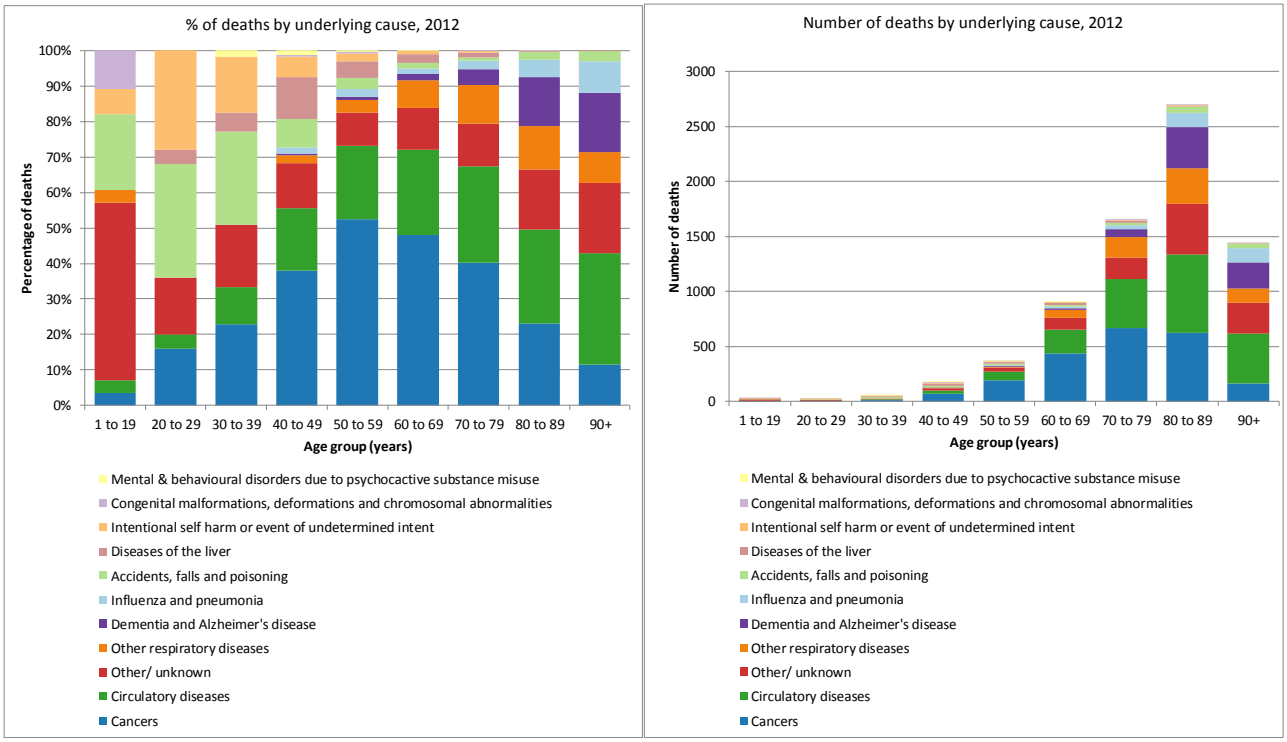



Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide

Source: The Segmentation Tool, Segmenting life expectancy gaps by cause of death, Public Health England

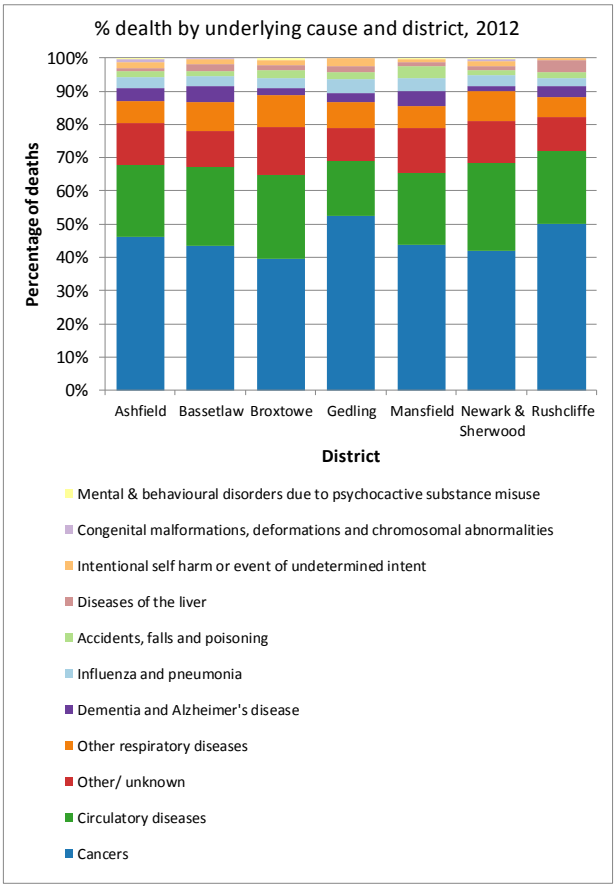
Figures 5.9 and 5.10 below describe the causes of death in our whole population and helps to understand which are the main illnesses or factors that contribute to life expectancy in our population across the age spectrum. The number of deaths for people aged under 70 was relatively small in 2012. The underlying cause of death varied by age with 'accidents, falls and poisoning' and 'intentional self-harm or event of undetermined intent' being more frequent causes of death in people aged under 40 years. Circulator diseases were one of the main causes of death in people aged 50+. Cancers contributed more than 40% of deaths for people aged 50-79 years. Dementia and Alzheimer's disease were notable causes of death in people aged 80+.

**Figure 5.9: Underlying cause of death for residents of Nottinghamshire by age group, percentage (left) and number (right) in 2012**




Source: Public Health Mortality Files, 2012

**Figure 5.10: Underlying cause of death for residents of Nottinghamshire's Districts in 2012**




Source: Public Health Mortality Files, 2012