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.

1.0 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 across the life course.

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 and is expected to increase by a further 7% to 840,700 by 2021. Projections estimate that this is due primarily to an increase in net migration of people from both other areas of the UK and abroad and an increase in life expectancy.

[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]

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 fifteen years with the number 65-84 year olds increasing by over 30% and 85+ year olds by over 90%. Older people are more likely to experience disability and limiting long-term illnesses. The majority of carers who provide 50 or more hours of care per week are aged 65+, often caring for a partner. Those carers themselves are more likely to experience poorer health than those of a similar age who do not provide care.

More older people in Nottinghamshire are anticipated to live alone (increasing by 41% between 2015 and 2030). 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. This is considered in detail in the JSNA chapters.

Children and young people make up around 23% of the population. This population is expected to show a moderate increase of 6.6% over the next 20 years, with the greatest increases in Broxtowe (14.4%) and Gedling (9.5%). Children and young people in Nottinghamshire achieve similar educational attainment levels at GCSE level compared with the region. However, there are large inequalities across the County, and some children and young people face greater disadvantages. In Nottinghamshire, the localities where there are higher numbers of families on low incomes are those localities where children and young people are less healthy and do less well at school. Some children and young people may face particular disadvantages and so need more support to fulfil their potential. This includes disabled children and children in local authority care. The needs of these young people are considered in more detail in the JSNA chapters.

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 29,000 in 2015 to 43,000 by 2030.

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. BME populations in Nottinghamshire have a younger age profile than the general population. 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

[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

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, lower levels of qualifications, less healthy lifestyle choices and poorer health and wellbeing outcomes.

Unemployment rates in Nottinghamshire are historically lower than national levels, (1.8% February 2015 compared with 2.0% nationally) and have fallen over the past four years from 3.7% in February 2012. However, for those aged 18-24 years, unemployment rates have been higher than national levels for the past 7 years and were 3.9% in February 2015, compared with 3.1% in the nationally.

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 highest proportion of residents in Bassetlaw (66%) and Broxtowe (67%) reported in the 2014 residents' survey that they felt that people from different backgrounds get on. The lowest proportions were reported from people living in Newark and Sherwood (14%). Reported crimes in Nottinghamshire were highest in Ashfield and Bassetlaw. Generally residents felt safer to go out during the day than the night time, particularly in Mansfield and Ashfield.

Lifestyle approaches vary across Nottinghamshire.

- Smoking levels in Nottinghamshire are similar to the national average at 18%. However Mansfield has significantly higher levels at 26% in 2013.
- Health eating amongst people living in Mansfield and Ashfield is significantly lower than the national average.
- Participation in sport and active recreation is significantly higher than the national average in Nottinghamshire, Newark & Sherwood, Gedling and Rushcliffe.
- It is estimated that there are 28,600 people dependent upon alcohol in Nottinghamshire. Hospital admissions related to alcohol in Nottinghamshire have remained stable over the past five years in line with national trends. However, Bassetlaw has significantly higher rates for women compared with the national average.

- 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 64.2 years for females and 61.9 years for males in 2011-2013.

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 2011-2013, 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.

1.1 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 report covers the whole life course: children and young people, adults and older people.

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.

2.0 People Living in Nottinghamshire

2.1 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, including Nottingham City, as a whole, 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 2.1: 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 2.1.1: 2011-based Resident Population Projections

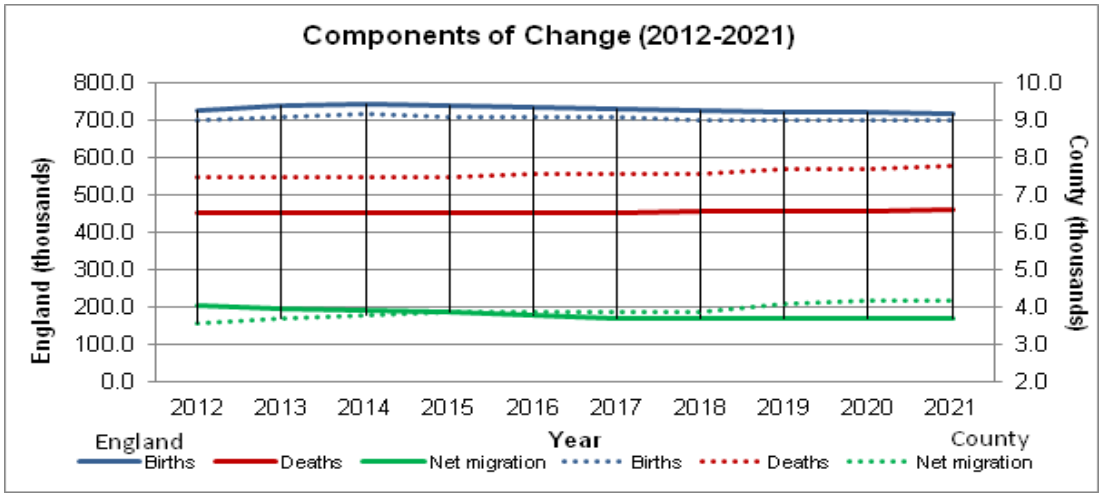
Area	2011 mid-year estimate	2016 Pop'n Projection	Change 2011-2016	2021 Pop'n Projection	Change 2016-2021
Ashfield	119,522	123,355	3.2%	127,191	3.1%
Bassetlaw	113,003	116,293	2.9%	119,783	3.0%
Broxtowe	109,749	114,023	3.9%	118,130	3.6%
Gedling	113,741	116,932	2.8%	120,636	3.2%
Mansfield	104,551	107,144	2.5%	109,784	2.5%
Newark &Sherwood	114,982	119,525	4.0%	124,058	3.8%
Rushcliffe	111,248	116,314	4.6%	121,079	4.1%
Nottinghamshire	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 2.1 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%.

Figure 2.1 Interim 2011-based Population Projections – Components of Change



Source: Office for National Statistics, 2013

[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.

2.1.1 Births and life expectancy

The rise in numbers of live births in Nottinghamshire has increased between 2000 and 2013 by 15.7% across the county (Table 2.1.1 and Figures 2.1.1), slightly below the national (England) rise of 16.0% during the same timeframe. Each district has seen an increase over the last 13 years, the largest being in Mansfield (29%) and the lowest in Rushcliffe (4%). There are signs that more recently (over the last three years) numbers have peaked and are beginning to fall.

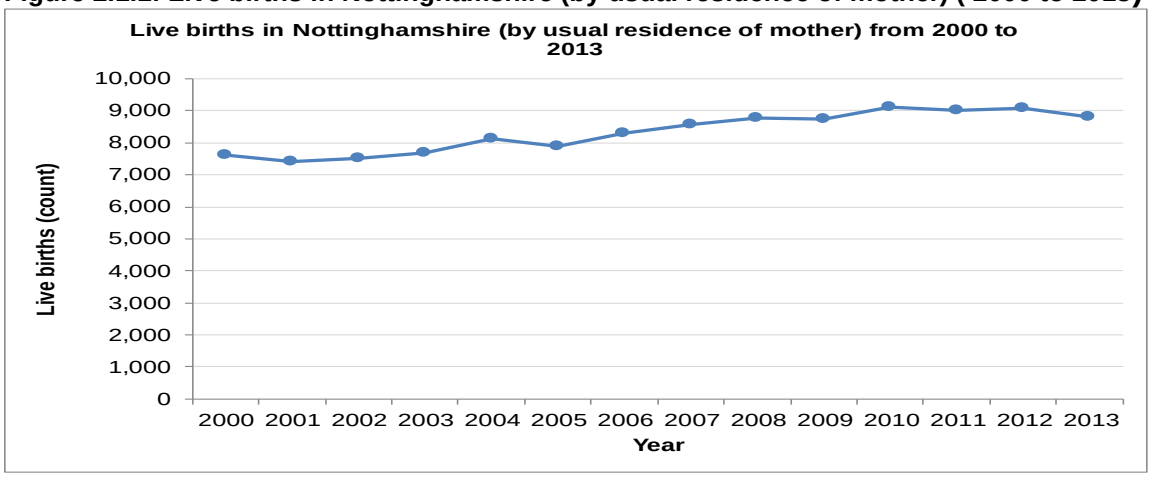
The rising numbers of births will inevitably increase demand for local children's services, such as those in early years, schools and social care. Nationally, the numbers of births in 2012 peaked at their highest level since 1972, presenting challenges for provision of health services and affordable housing, and economic opportunities with a growing workforce and associated potential for increased productivity.

Table 2.1.1: Number of live births by district (2000 to 2013)

I					Numbers	*Percent change*			
Area of residence	**2000**	**2008**	**2010**	**2012**	**2013**	***2012 to 2013 (1 year)***	***2010 to 2013 (3 years)***	***2008 to 2013 (5 years)***	***2000 to 2013 (13 years)***
Nottinghamshire	**7,622**	**8,765**	**9,101**	**9,071**	**8,818**	***-2.8%***	***-3.1%***	***0.6%***	***15.7%***
Bassetlaw	1,120	1,200	1,277	1,237	1,207	*-2.4%*	*-5.5%*	*0.6%*	*7.8%*
Mansfield	1,017	1,396	1,382	1,345	1,309	*-2.7%*	*-5.3%*	*-6.2%*	*28.7%*
Ashfield	1,218	1,439	1,561	1,557	1,530	*-1.7%*	*-2.0%*	*6.3%*	*25.6%*
Newark and Sherwood	1,090	1,199	1,258	1,312	1,191	*-9.2%*	*-5.3%*	*-0.7%*	*9.3%*
Gedling	1,127	1,195	1,278	1,256	1,274	*1.4%*	*-0.3%*	*6.6%*	*13.0%*
Broxtowe	1,004	1,198	1,224	1,268	1,220	*-3.8%*	*-0.3%*	*1.8%*	*21.5%*
Rushcliffe	1,046	1,138	1,121	1,096	1,087	*-0.8%*	*-3.0%*	*-4.5%*	*3.9%*
England	**572,826**	**672,809**	**687,007**	**694,241**	**664,517**	***-4.3%***	***-3.3%***	***-1.2%***	***16.0%***

Source: Office for National Statistics, Births by usual area of residence 2013

Figure 2.1.1: Live births in Nottinghamshire (by usual residence of mother) (2000 to 2013)

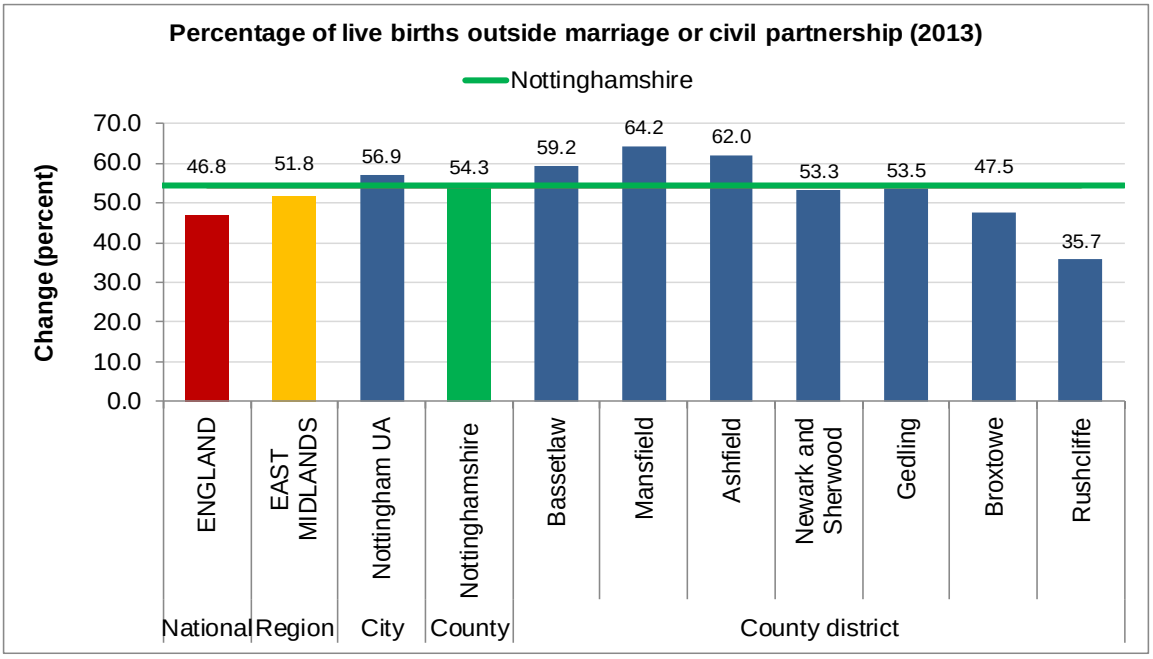


Source: Office for National Statistics, 2013

Over half of live births (54.3%) in Nottinghamshire in 2013 took place outside marriage or civil partnership, above the national average of 46.8% and the East Midlands average of 51.8%. The proportions were highest in Ashfield and Mansfield, nearly 30 percentage points above the lowest, Rushcliffe (Figure 2.1.2). The highest proportion of sole registrations as a percentage of all registrations outside marriage was also in Mansfield (11.7%).

The average age of mothers nationally rose to 30.0 years in 2013, compared to 29.8 in 2012. This represents a continuation of the increasing age of mothers recorded since 1976[4], with more women delaying childbearing to later ages. This may be due to a number of factors such as increased participation in higher education, increased female participation in the labour force, the increasing importance of a career, the rising costs of childbearing, labour market uncertainty, housing factors and instability of partnership.

Figure 2.1.2: Percentage of live births outside marriage or civil partnership in Nottinghamshire and districts (2013)

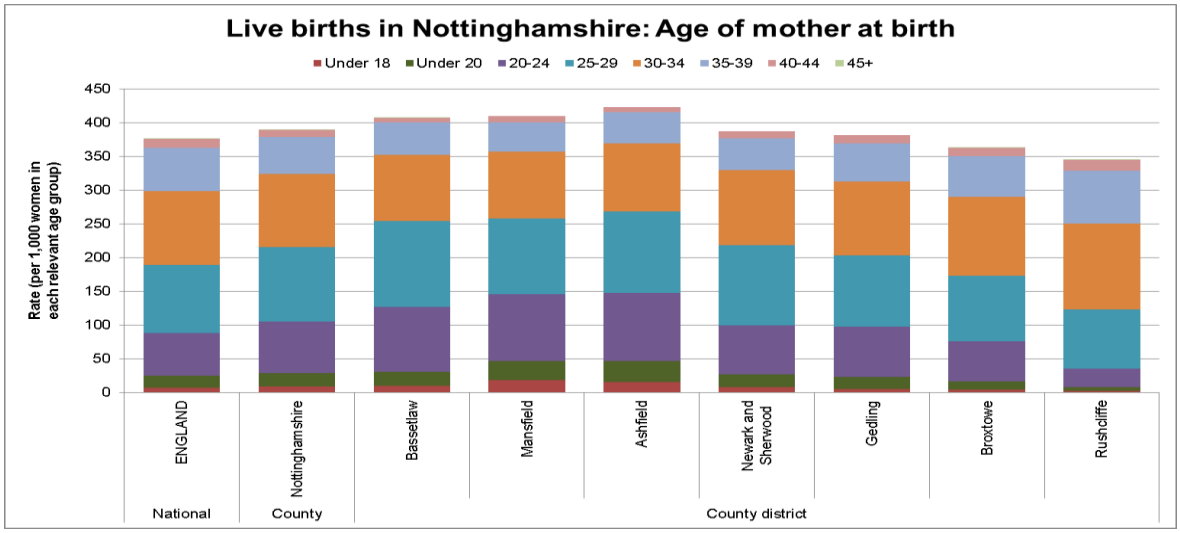


Source: Office for National Statistics, 2013

The age distribution of mothers in Nottinghamshire in 2013 can be seen in Figure 2.1.3. Although average rates are highest across the county in the 25-29 age group, there is variation across districts. The rates of older women having children are greater in the more affluent areas of the county, such as Rushcliffe and Broxtowe, whereas in the more deprived districts women tend to have children at a younger age. Rates peak at 30-34 years of age in the conurbation boroughs[5] and at 25-29 in the other four districts.

[4] Source: http://www.ons.gov.uk/ons/rel/vsob1/characteristics-of-Mother-1--england-and-wales/2013/index.html
[5] Broxtowe, Gedling and Rushcliffe

Figure 2.1.3: Live births: Age of mother at birth by district (rate per 1,000 women in the age group) (2013)



Source: Office for National Statistics, 2013

Child Deaths

Child deaths are a driver of change in the population but this will be dealt with in the "what are people dying from" section.

2.2 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 19), employment and family years (25 to 64) and retirement years (65 and over).

Table 2.2.1: 2013 Mid Year Resident Population by Lifestage

	All Ages	Early Years (%)	School & Training Years (%)	Employment & Family Building Years (%)	Retirement Years (%)
Ashfield	121,553	6.3	17.4	58.2	18.1
Bassetlaw	113,654	5.5	17.0	57.4	20.0
Broxtowe	111,243	5.7	15.9	58.8	19.6
Gedling	114,818	5.7	16.9	57.9	19.6
Mansfield	105,296	6.3	16.6	59.0	18.0
Newark and Sherwood	116,817	5.6	17.1	57.0	20.3
Rushcliffe	112,835	5.5	17.5	57.3	19.8
Nottinghamshire	796,216	5.8	16.9	57.9	19.4
Nottingham City	310,837	6.6	18.7	62.9	11.8
Notts (County & City)	1,107,053	6.1	22.7	59.3	17.2
East Midlands	4,598,729	6.0	17.5	58.3	18.2
England	53,865,817	6.0	17.5	58.9	17.3

Source: Office for National Statistics, 2014

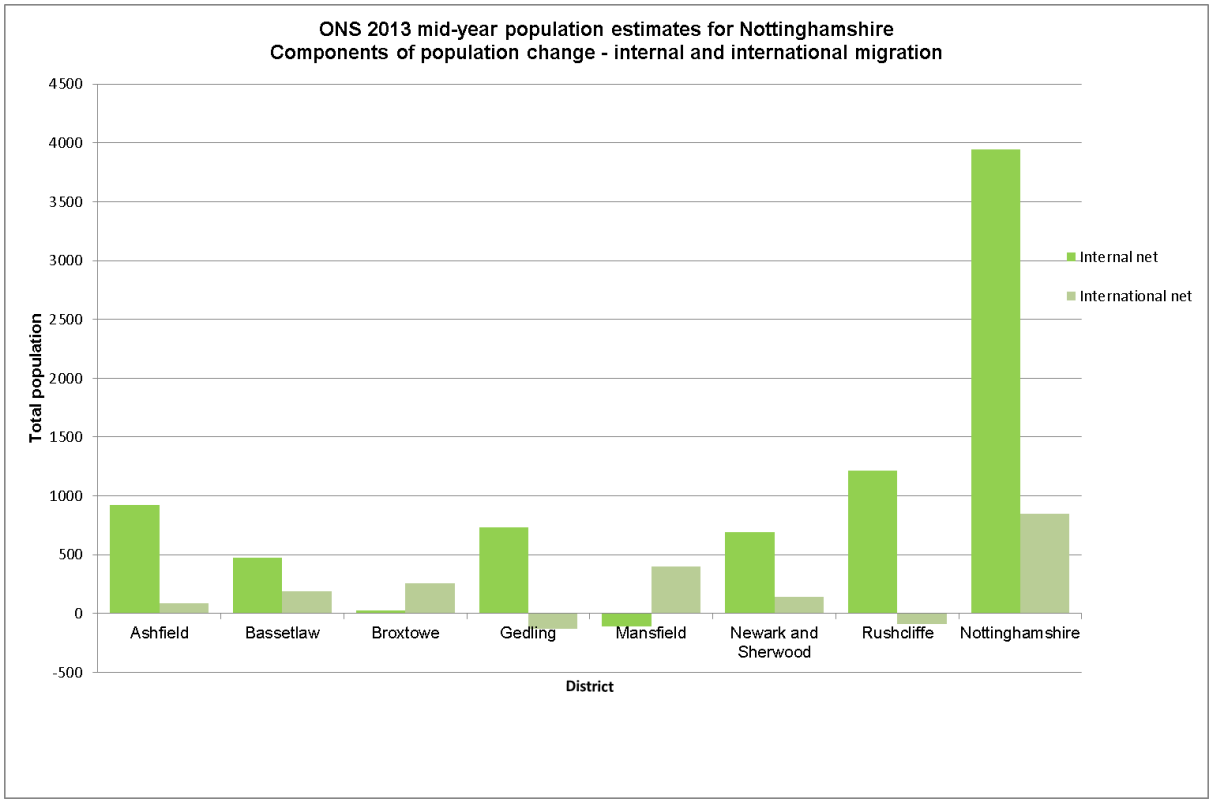
Table 2.2.1 shows that in the mid 2013 population estimates, the County had 5.8% of its population in the Early Years age group, which was slightly lower than in the East Midlands (6.0%) and England (6.0%). Within the County, Bassetlaw (5.5%) had the lowest proportion in this age group, and Ashfield 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 15.9% in Broxtowe to 17.5% in Rushcliffe and a County figure of 16.9%. The Employment and Family Building Years figures were also fairly consistent, with 57.0% in Newark & Sherwood, up to 58.8% in Broxtowe and 59% in Mansfield. The County proportion was 57.9%, compared with 58.3% in the Region and 58.9% in the Country.

The County (19.4%) had a slightly higher proportion of its population in the Retirement Years age group than the East Midlands (18.2%) and England (17.3%), with the higher numbers in the more rural districts of Newark & Sherwood (20.3%) and Bassetlaw and Rushcliffe 20.0% and and 19.8% respectively

Figure 2.2.1 details the components of population change behind the mid-2013 estimates, focusing on net internal migration (within the UK) and net international migration. Internal migration rates are highest in Rushcliffe and Ashfield Districts, and international migration rates are highest in Mansfield District and Broxtowe District (Near Nottingham University).

Figure 2.2.1: Components of Population change



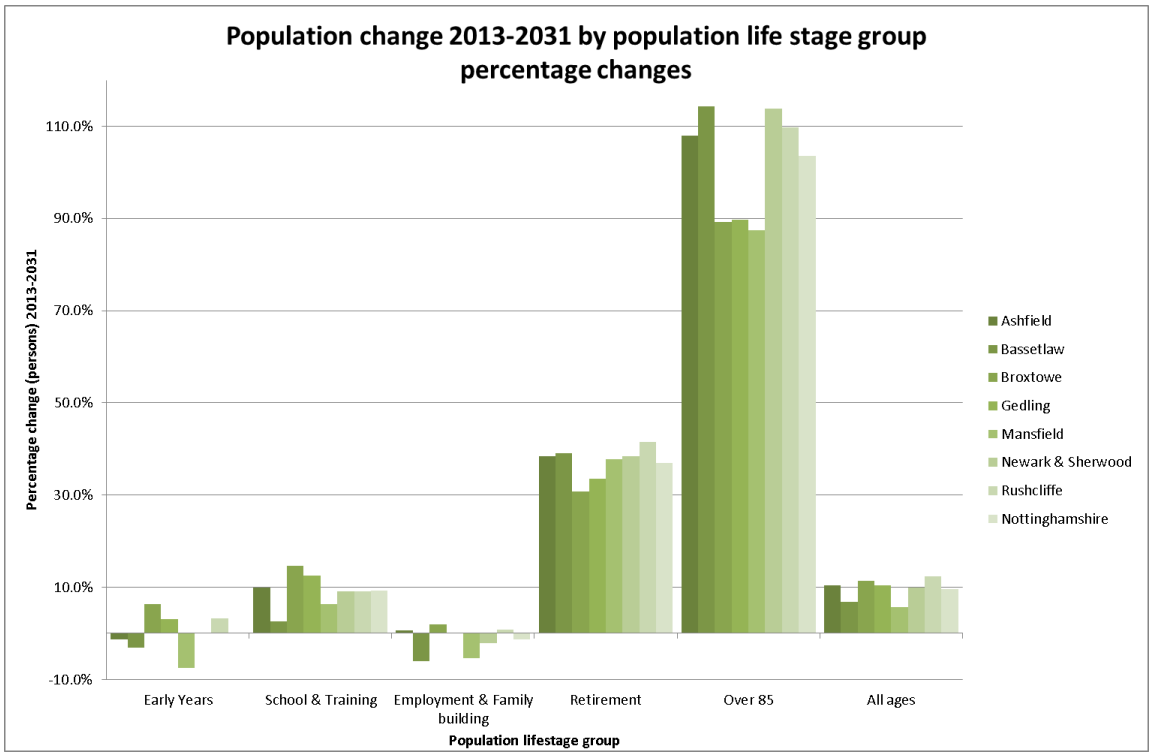
Source: Office for National Statistics, 2014

Internal migration rates were lowest in Mansfield District, with the District showing a small number of people leaving the District for other areas in the country.

The total population of Nottinghamshire County is expected to increase by 76,200 people over the 15 years to 2031. The District showing the largest increase in population is Rushcliffe (projected to grow by some 13,900 people 2013-2031, followed by Broxtowe and Ashfield (12,700 and 12,600 people respectively). The population life stage group showing the largest increases in population is the retirement group (65-84 years), occurring in the rural Districts of Bassetlaw, Newark & Sherwood and Rushcliffe, and also the urban District of Ashfield. The population over 85 is expected to increase by 20,000 people in the county 2013-2031, again the largest increases occurring in Bassetlaw, Newark & Sherwood and Rushcliffe. The population life stage group showing decreases in population over the years to 2031 is the employment group (20-64 years), as the population in the baby boom years ages and the effects of the decline in the birth rate in the 1980's and 1990's feeds through into this age group. Bassetlaw, Mansfield and Newark & Sherwood Districts show decreases in population within this life stage category over the years to 2031. The education life stage group (5-19 years) also shows an increase in population.

Figure 2.2.2 details the percentage changes in population from 2013 to 2031 broken down by population life stage group. The population aged 85 and over is expected to double in the county over the years to 2031.

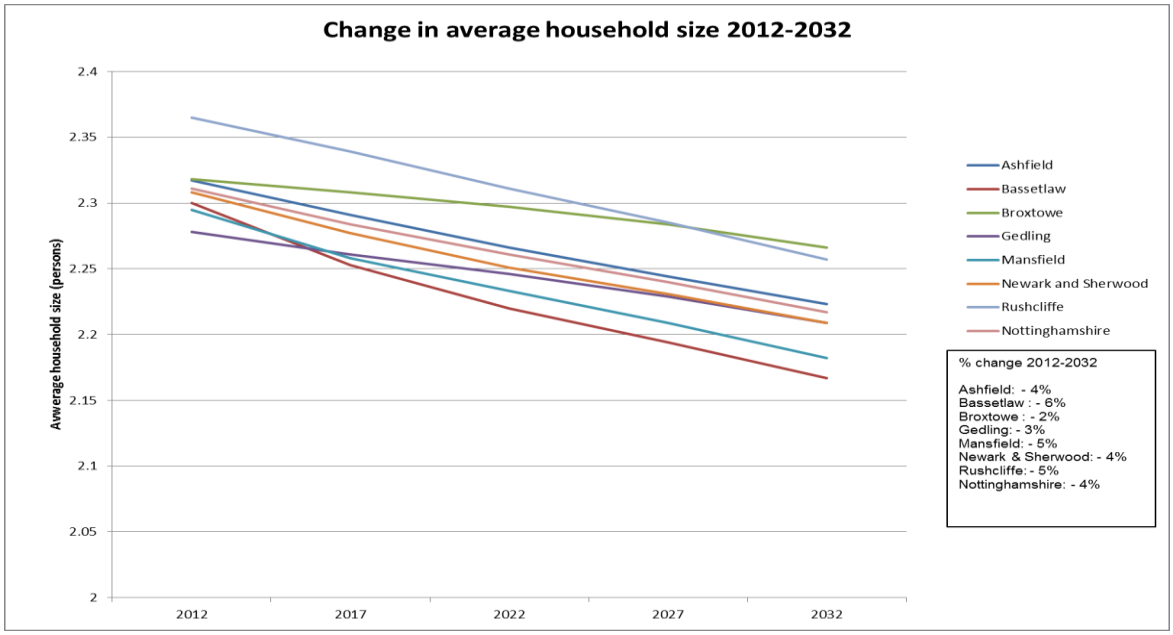
Figure 2.2.2: 2012- based subnational population projections for the County and Districts in Nottinghamshire – percentage increases



Source: Office for National Statistics, 2014

Figure 2.2.3 shows the projected change in average household size for Districts in Nottinghamshire to 2032. Average household size is set to decrease because of smaller family size; an increase in the number of people living alone particularly the elderly; and young people delaying household formation.
Alternative population by life stage based on the population registered in each of the Clinical Commissioning Groups (CCG) is available below.

Figure 2.2.3: 2012-based subnational household projections for the County and Districts in Nottinghamshire –changes in average household size



Source: Department of Communities & Local Government, February 2015.

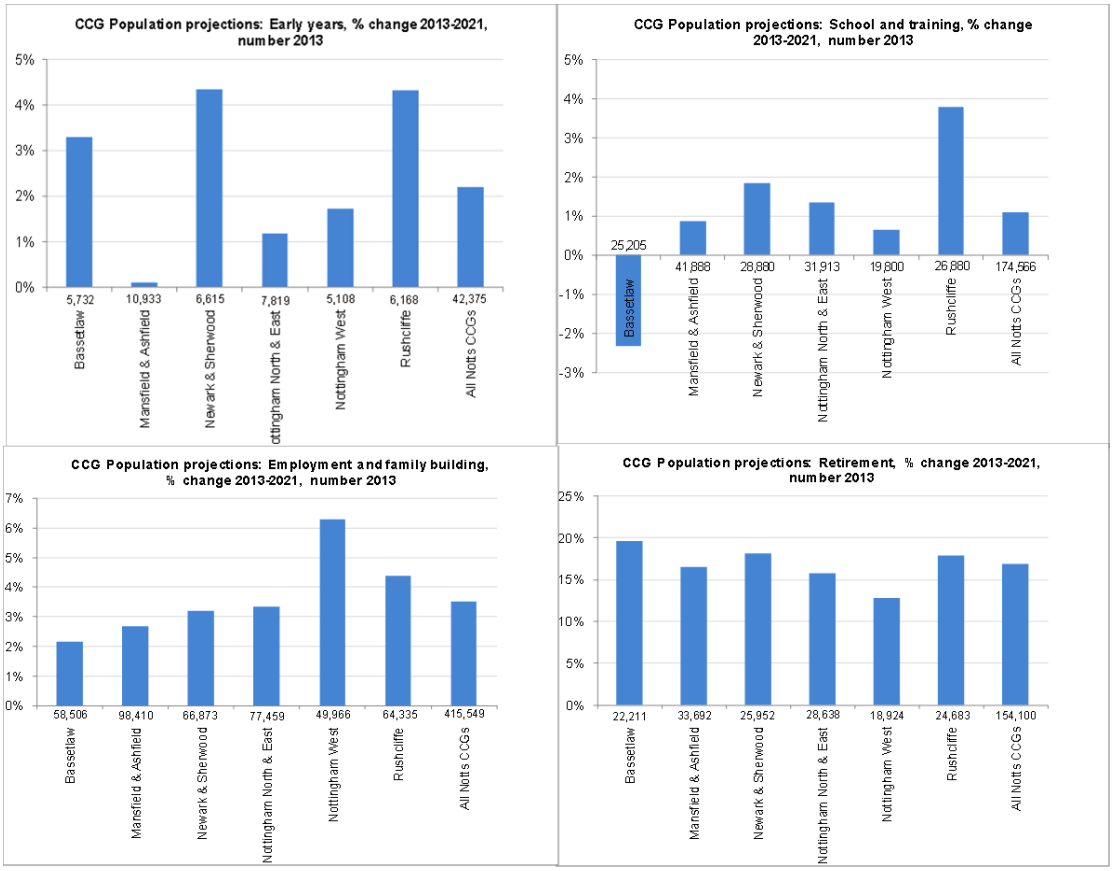
Table 2.2.2: 2013 Registered Population by Life stage for CCGs

CCG	All ages	Early years (%)	School & Training (%)	Employment and family building (%)	Retirement (%)
Bassetlaw	113,585	5.4%	16.9%	57.3%	20.4%
Mansfield and Ashfield	188,027	6.2%	16.6%	58.9%	18.4%
Newark & Sherwood	130,270	5.4%	16.7%	57.4%	20.6%
Nottingham North and East	148,983	5.8%	16.0%	58.4%	19.8%
Nottingham West	94,425	5.8%	15.5%	58.4%	20.3%
Rushcliffe	123,408	5.3%	16.1%	58.1%	20.4%
All County CCGs	798,698	5.7%	16.3%	58.2%	19.8%
Nottingham City	361,347	6.0%	27.0%	55.9%	11.1%
Notts (County & City)	113,585	5.4%	16.9%	57.3%	20.4%

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

The figure 2.2.4 show the projected change in CCG populations between 2013 and 2021 by life stage.

Figure 2.2.4: CCG population projections by life course stage, % change between 2013-2021



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

2.3 Children and Young People 0-19 estimates and projections

There are approximately 181,000 children and young people aged 0-19 years in the county (Tables 2.3.1 & 2.3.2), according to 2013 mid-year estimates based on the 2011 census. This represents a reduction of 0.2% since the 2011 census. In comparison, the England and Wales 0-19 population increased by 1%, due to changes in migration and the birth rate. Children & young people (0-19) make up around 23.0% of the county's population in 2013, compared to 24% in England.

Numbers are similar across each district/borough. The difference between the most populous (Ashfield) and the least populous (Broxtowe) is only 4,800 children and young people, and there are slightly more boys than girls in the county (+4,600). The biggest increase in 0-19 year olds since the 2011 census has taken place in Broxtowe (+1.2%), with the largest decrease being in Broxtowe (-0.8%).

The 0-19 population is predicted to increase on average across the county by 6.6% (Figure 2.3.1) over the next twenty years, with the highest projected increases in Broxtowe (14.4%) and Gedling (9.5%), and the lowest in Bassetlaw (-0.1%) and Mansfield (0.9%). The largest growth is expected to take place in the 5-9 population (Figure 2.3.2), which is set to increase by 15% by 2031, and the 15-19 population

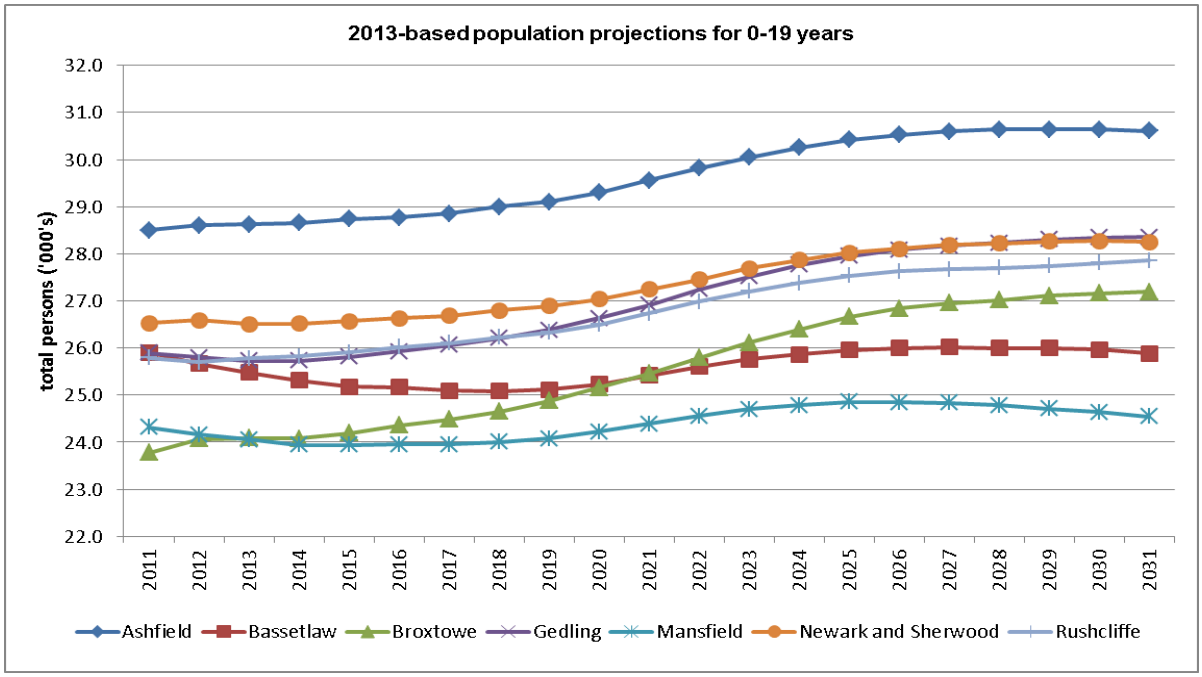
looks likely to only increase over the same period by 0.5%. The national forecast for the 0-19 population is a rise of 9.5%.

Table 2.3.1 Total county population of 0-19 year olds (2013)

Mid-2013 population estimates			
	Total 0-19 year olds	**Male 0-19 year olds**	**Female 0-19 year olds**
Ashfield	28,800	14,700	14,100
Bassetlaw	25,600	13,000	12,600
Broxtowe	24,000	12,400	11,700
Gedling	25,900	13,400	12,500
Mansfield	24,100	12,300	11,900
Newark & Sherwood	26,60	13,600	13,000
Rushcliffe	25,900	13,500	12,400
Nottinghamshire	**181,000**	**92,800**	**88,200**

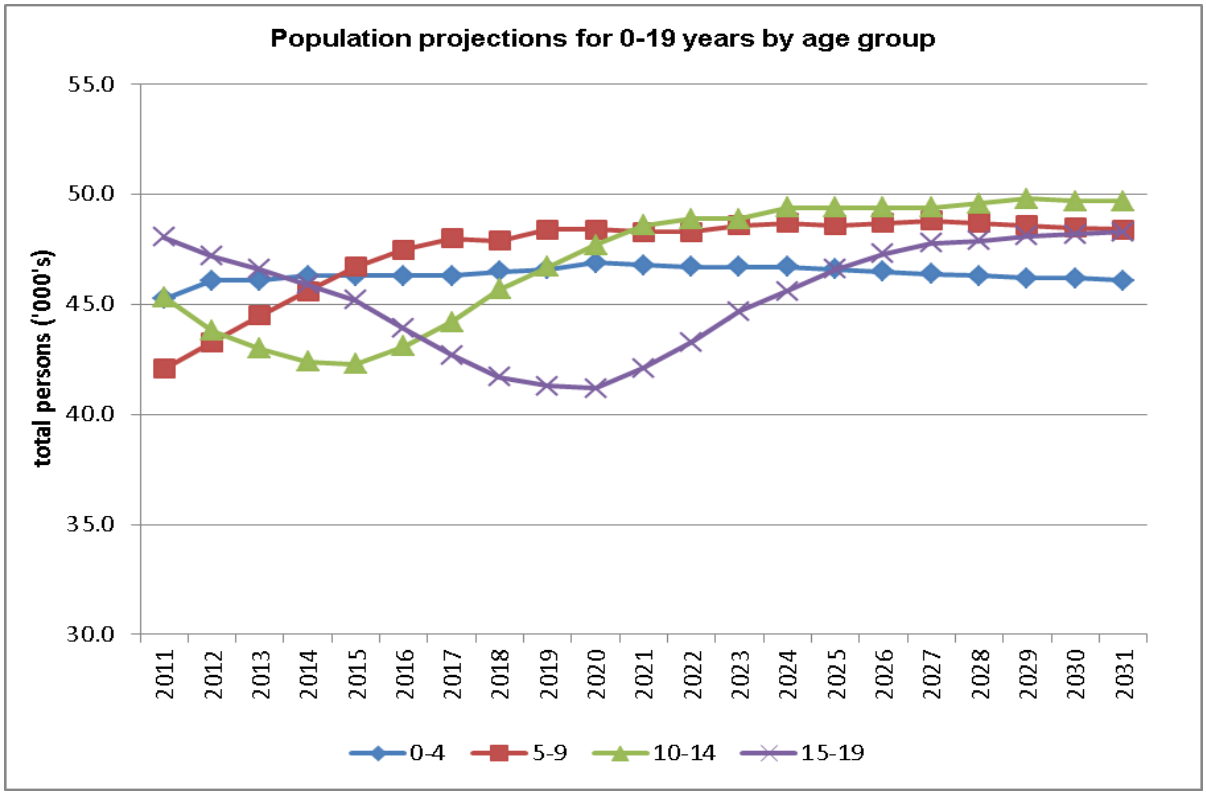
Source: Office for National Statistics, 2013 (Figures may not sum due to rounding)

Figure 2.3.1



Source: Office for National Statistics, 2013

Figure 2.3.2



Source: Office for National Statistics, 2013

Table 2.3.2 County population of 0-19 year olds by age group (2013)

Mid-2013 population estimates				
	Age	**Persons**	**Males**	**Females**
Ashfield	0-4	7,700	3,900	3,800
	5-9	7,000	3,600	3,400
	10-14	6,900	3,500	3,400
	15-19	7,200	3,700	3,500
Bassetlaw	0-4	6,300	3,200	3,100
	5-9	6,100	3,200	2,900
	10-14	6,200	3,100	3,000
	15-19	7,000	3,600	3,400
Broxtowe	0-4	6,400	3,300	3,000
	5-9	5,900	3,000	2,900
	10-14	5,500	2,800	2,700

	15-19	6,300	3,200	3,100
Gedling	0-4	6,500	3,400	3,100
	5-9	6,400	3,300	3,000
	10-14	6,300	3,300	3,000
	15-19	6,700	3,400	3,300
Mansfield	0-4	6,700	3,400	3,300
	5-9	5,900	3,000	2,900
	10-14	5,300	2,800	2,600
	15-19	6,200	3,100	3,000
Newark and Sherwood	0-4	6,600	3,400	3,200
	5-9	6,600	3,300	3,200
	10-14	6,500	3,300	3,200
	15-19	6,900	3,600	3,300
Rushcliffe	0-4	6,200	3,300	2,900
	5-9	6,800	3,500	3,300
	10-14	6,400	3,300	3,100
	15-19	6,500	3,400	3,000
Nottinghamshire	0-4	46,300	22,100	21,700
	5-9	44,600	21,600	20,500
	10-14	43,100	23,200	22,100
	15-19	47,000	24,000	22,800

Source: Office for National Statistics, 2013 (Figures may not sum due to rounding)

2.4 Older people

In future versions this chapter will include details of over 65 year olds populations.

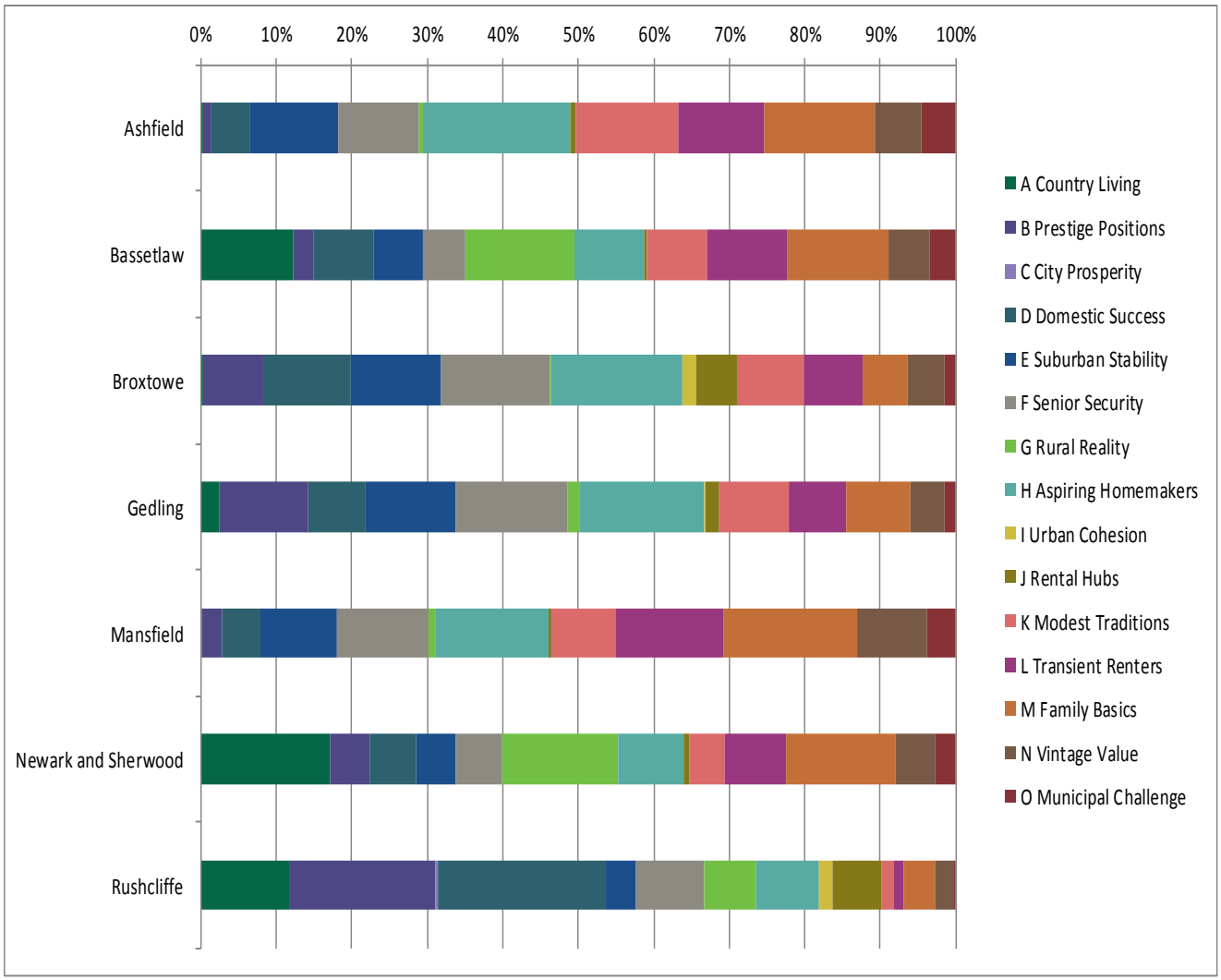
3.0 Population by communities of identity and experience

3.1 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 3.1.1 shows that the districts of Nottinghamshire have a diverse Mosaic profile.

Figure 3.1.1: Proportion of resident population by Mosaic group, Nottinghamshire's Districts

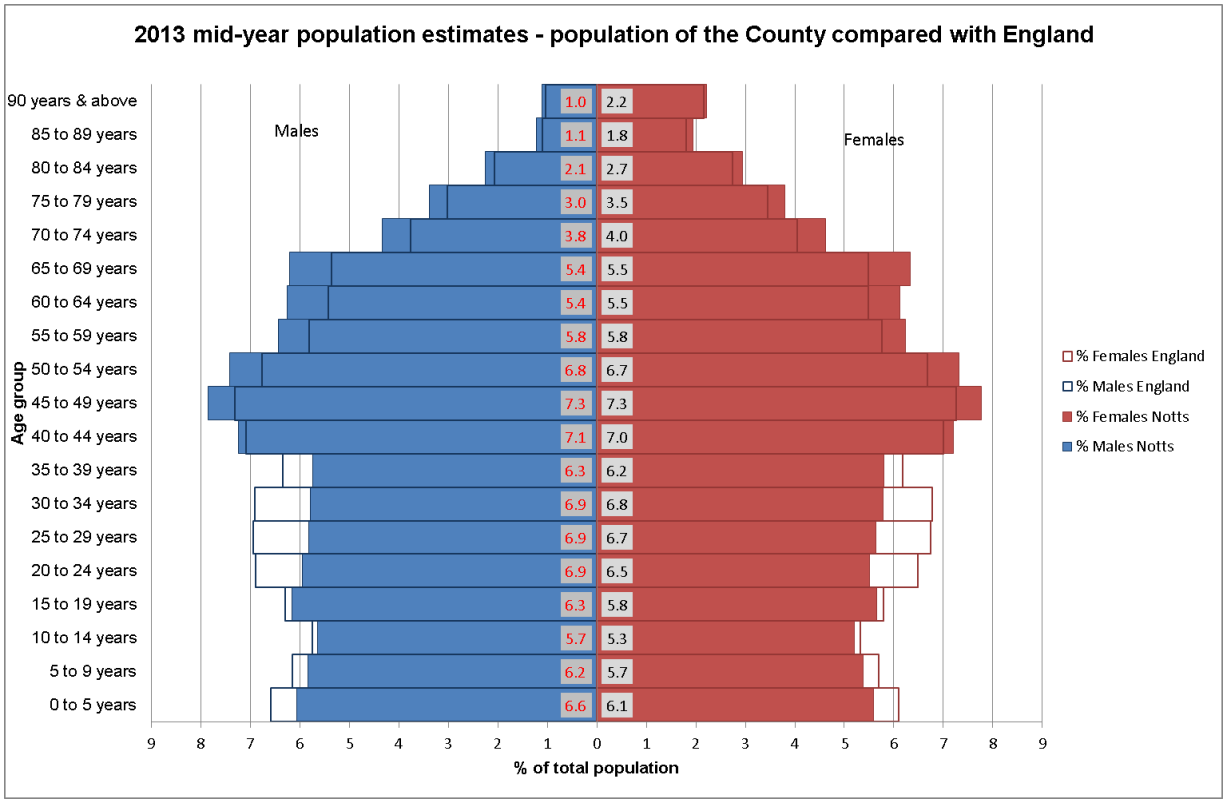


Source: Mosaic 2014

3.2 Gender

The 2013 mid-year estimates split the population of the County 49.3% males (391,900) and 50.7% females (404,300), which corresponds with the gender split of England, and both follow a similar pattern throughout the quinary (5 year) age groups.

Figure 3.2.1: Population pyramid of quinary (5 year) age groups for the County and England



Source: Office for National Statistics, 2014

In the age groups from 0-4 years to 45-49 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 50-54 year age group onwards, the differences tend to even out, and in the older age groups females far outnumber males, reflecting the higher life expectancy of females. Comparing Nottinghamshire with England, there is a lower proportion of population in the 20-44 year age groups in Nottinghamshire, but the situation is reversed for the older age groups from 50 years onwards, where Nottinghamshire has a higher proportion of population in these age groups.

3.3 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[6].

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

3.4 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).

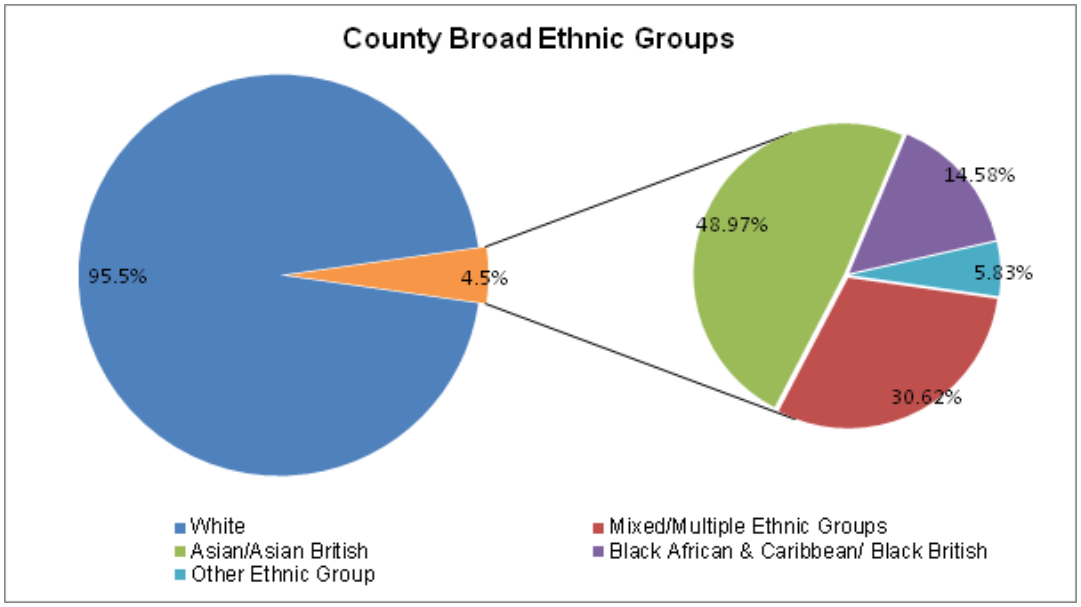
Table 3.4.1: Broad Ethnicity Groups

	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

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

Figure 3.4.1: Broad Ethnic Groups in the County

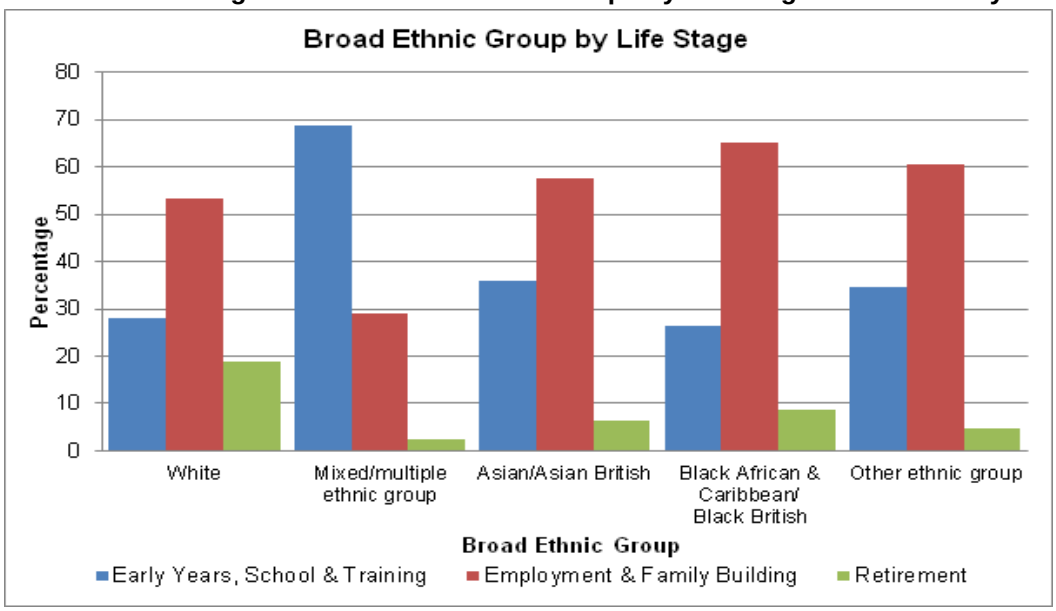


Source 2011 Census , Office for National Statistics

Figure 3.4.1 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%) (Table 3.4.1)

Figure 3.4.2: Broad Ethnic Groups by Life Stages in the County



Source 2011 Census , Office for National Statistics

Figure 3.4.2 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.

Table 3.4.2 Resident population (0-19 year olds) by ethnic group (Census 2011)

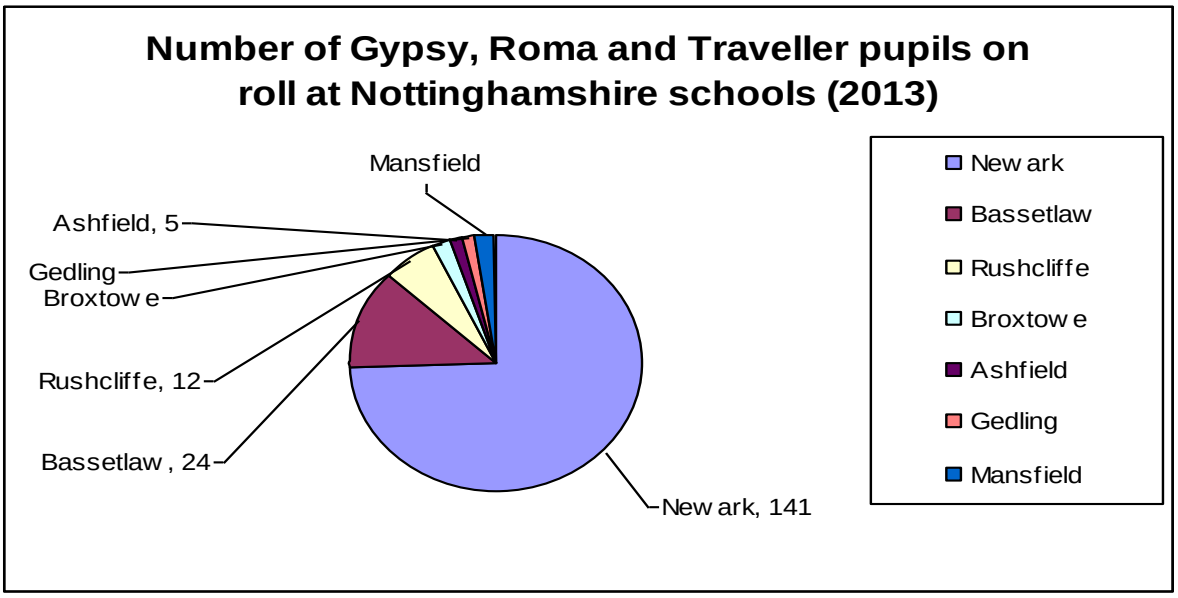
	Ashfield	Bassetlaw	Broxtowe	Gedling	Mansfield	Newark & Sherwood	Rushcliffe	County
White	**27,481**	**24,782**	**21,060**	**22,653**	**23,128**	**25,476**	**22,987**	**167,568**
Mixed Or Multiple Ethnic Group	**644**	**525**	**1,100**	**1,679**	**662**	**673**	**1,259**	**6,542**
Asian Or Asian British	**322**	**401**	**1,155**	**1,043**	**365**	**214**	**1,356**	**4,856**
Black Or Black British	**120**	**86**	**205**	**373**	**75**	**63**	**122**	**1,044**
Other Ethnic Groups	**33**	**52**	**247**	**73**	**27**	**34**	**132**	**600**

Source: Office for National Statistics, 2013 [* Number below five and suppressed.]

According to the 2011 Census, Nottinghamshire has a population of around 13,000 black and minority ethnic (BME) 0-19 year olds, which equates to 7.2% of the total 0-19 population. The highest numbers live in the conurbation areas of Broxtowe, Gedling and Rushcliffe (Table 3.4.2). The largest ethnic groups are White & Black Caribbean (1.8%), Indian and White & Asian (both 1.0%), followed by Pakistani (0.7%) and Other Mixed (0.6%). There are no reliable numbers of dependent children of migrant workers. The majority of the 188 Gypsy, Roma and Traveller[7] (GRT) pupils registered on roll with schools in 2013 (down from 230 in 2010) are resident in Newark & Sherwood (75%) (Figure 3.4.3). This is also reflected in the all ages population with the highest proportion of GRT being in Newark & Sherwood.

[7] Children from GRT families have specific needs and present different challenges to schools than children from other BME backgrounds. In some cases, GRT children reside in an area for only a short period of time. The attainment of children from GRT families is particularly low and very few maintain attendance at secondary schools.

Figure 3.4.3



Source: School Census, 2013 [Ashfield, Broxtowe, Gedling and Mansfield numbers are below five and suppressed. Data refers to pupils with an enrolment status of 'current' or 'main' setting]

As of the end of January 2013, there were 14 unaccompanied asylum seeking children (UASC) in the care of Nottinghamshire County Council. An age assessment of an unaccompanied asylum seeker is carried out by the Council if there is a claim that the unaccompanied asylum seeker is under the age of 18 years. This is completed ensuring that it meets the standards of the Merton Guidelines[8] and is considered as a "most likely to be" age. The age assessment is a nationally recognised document and consults all areas of the young person's historical experiences, social presentation, appearance, education, family heritage and identification documents.

3.5 Religion and Belief

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.

[8] The Merton Guidelines state that an age assessment cannot be judged on appearance alone and this is important as life experiences and development can be very different for children in other countries compared with that in the UK.

Table 3.5.1: Percentage of Usual Residents by Religion

	Usual Residents	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other	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 & 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	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

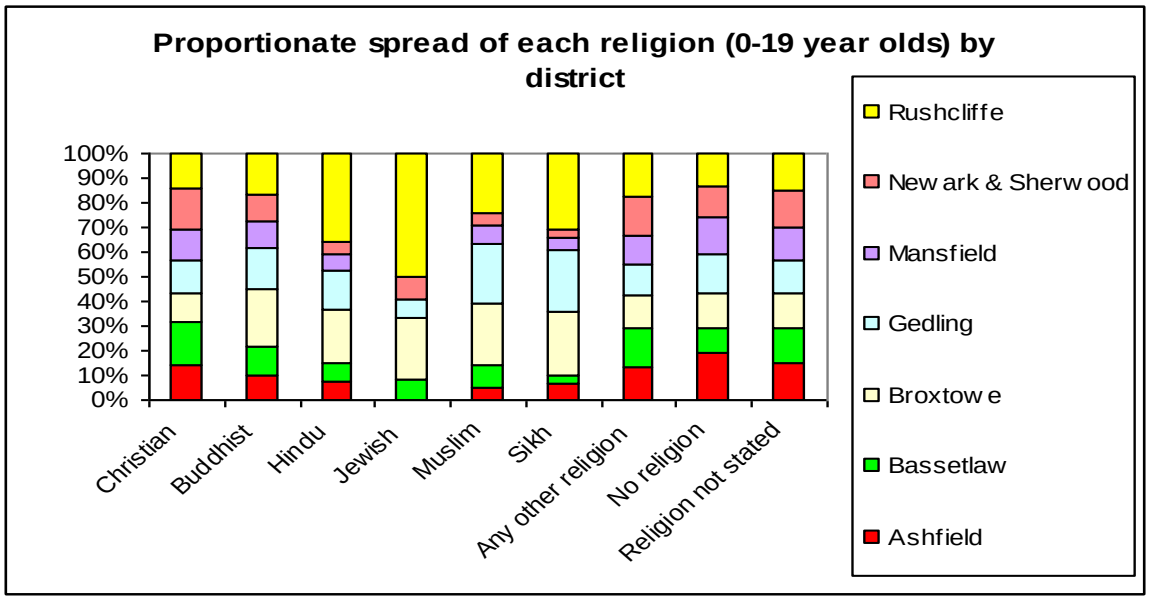
Source: 2011 Census, Office for National Statistics

Most recent statistics relating to religion or belief are taken from the 2011 Census, which parents complete on behalf of their children. The majority of young people in the county are registered as Christian (89,788), though this number represents a considerable reduction on the 2001 Census (122,414). The proportion of children and young people of no religion has risen correspondingly from 38,816 in 2001 to 72,084 in 2011. In terms of other religions, the largest groups are Muslim (which has increased from 1,349 children and young people in 2001 to 2,553 in 2011), Sikh and Hindu, the majority of whom live in Broxtowe, Gedling and Rushcliffe (Figure 3.5.1). The smallest numbers are of the Jewish and Buddhist faiths and those classified as 'any other religion'.

Table 3.5.2 Religious group by age (0-19) (2011)

	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	other	None	Not stated
Ashfield	12,504	29	63	*	119	56	36	13,722	2,070
Bassetlaw	16,235	33	64	9	236	33	42	7,235	1,959
Broxtowe	10,410	68	185	26	646	218	37	10,234	1,943
Gedling	11,458	49	135	8	607	218	33	11,417	1,896
Mansfield	11,507	31	54	*	207	41	31	10,568	1,815
Newark & Sherwood	14,798	32	41	10	114	34	42	9,373	2,016
Rushcliffe	12,876	49	303	53	624	265	47	9,535	2,104
Total (2011)	**89,788**	**291**	**845**	**106 + ***	**2,553**	**865**	**268**	**72,084**	**13,803**
Total (2001)	122,414	158	556	157	1,349	725	150	38,816	17,222

Figure 3.5.1



Source: Census, 2011

3.6 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]

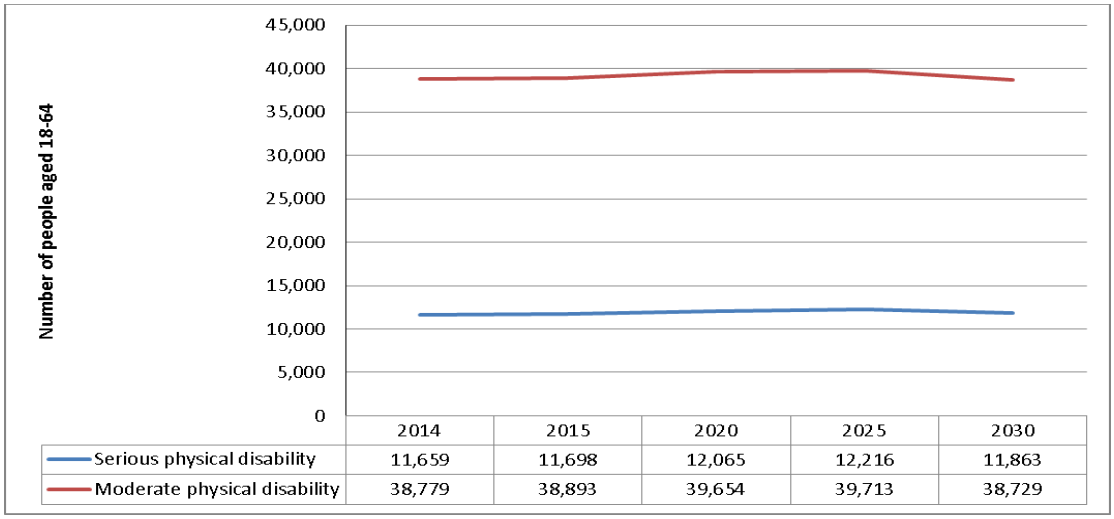
Children's disabilities are difficult to estimate as they are collected by several different agencies and are not routinely shared and there is no comprehensive register of disabilities. The information on children largely comes from special education needs (SEN) assessments and the 2011 census. This ranges from limiting long term illness in the census to SEN's such as learning and behavioural difficulties, sensory impairments and other physical disabilities.

[9] Disability in the United Kingdom: Facts and figures, 2012/13. Papworth Trust.

3.6.1 Physical disability

The number of 18-64 year olds predicted to have a serious physical disability in Nottinghamshire in 2015 is 11,863 increasing by 204 by 2030. The number of 18-64 year olds predicted to have a moderate physical disability in Nottinghamshire in 2015 is 38,729 decreasing by 164 by 2030.

Figure 3.6.1: Projection in the number of people predicted to have a moderate or severe physical disability aged 18-64 years

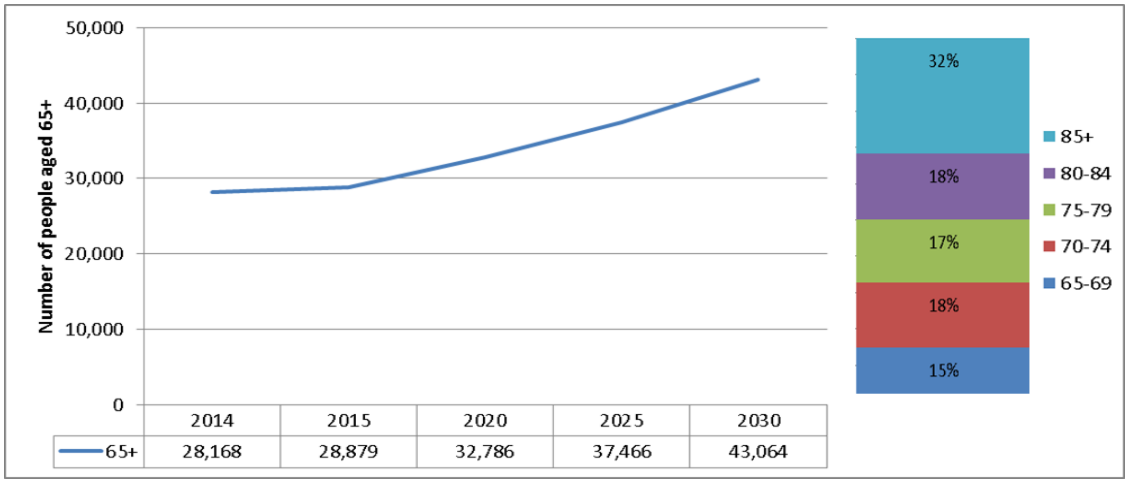


	2014	2015	2020	2025	2030
Serious physical disability	11,659	11,698	12,065	12,216	11,863
Moderate physical disability	38,779	38,893	39,654	39,713	38,729

Source :PANSI Apr 2015

The number of people aged 65+ predicted to be unable to manage at least one daily activity[10] on their own in Nottinghamshire in 2015 is 28,879 and is expected to rise by 14185 by 2030. Around one third are expected be aged over 85 years old.

Figure 3.6.2: 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)



	2014	2015	2020	2025	2030
65+	28,168	28,879	32,786	37,466	43,064

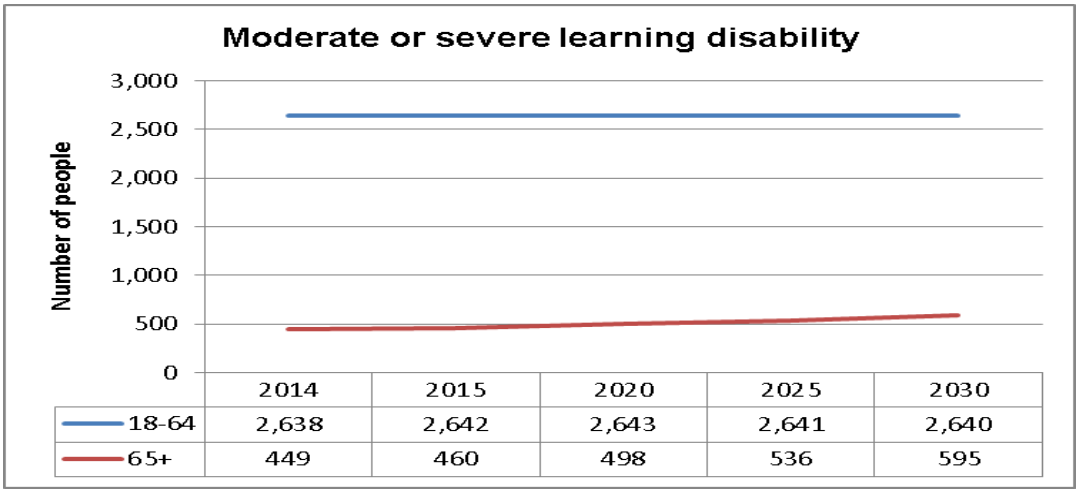
Source :POPPI Apr 2015

[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

3.6.2 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 slightly from 3,102 in 2015 to 3,235 in 2030.

Figure 3.6.2: Projection in the number of people predicted to have a moderate or severe learning disability, by age living in Nottinghamshire



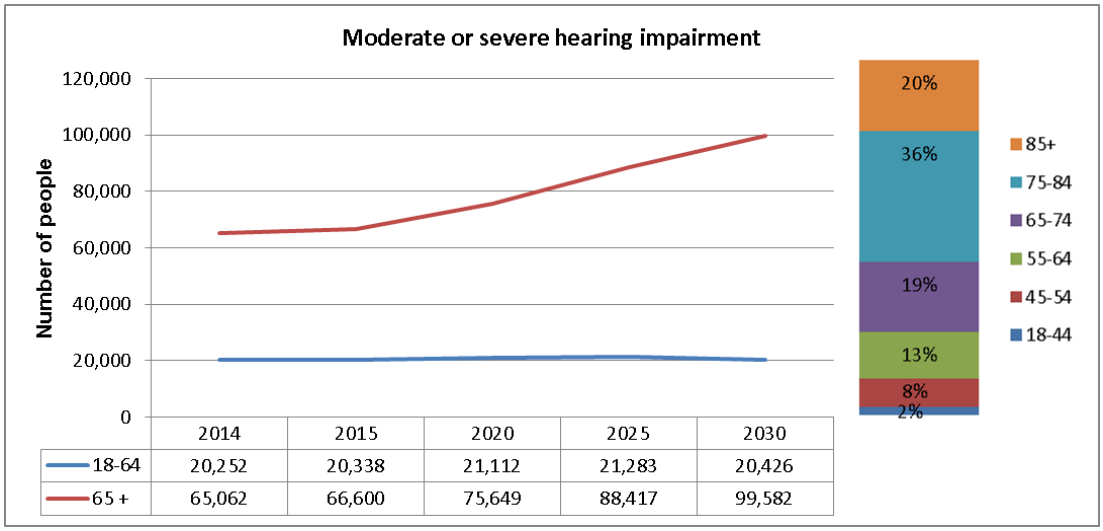
	2014	2015	2020	2025	2030
18-64	2,638	2,642	2,643	2,641	2,640
65+	449	460	498	536	595

Source: POPPI and PANSI Apr 2015

3.6.3 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 38% from 86,939 in 2015 to 120,008 in 2030. Moderate or severe hearing impairment is most common in older people; 75% of people with moderate or severe hearing impairment are expected to be aged 65+.

Figure 3.6.3: 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)



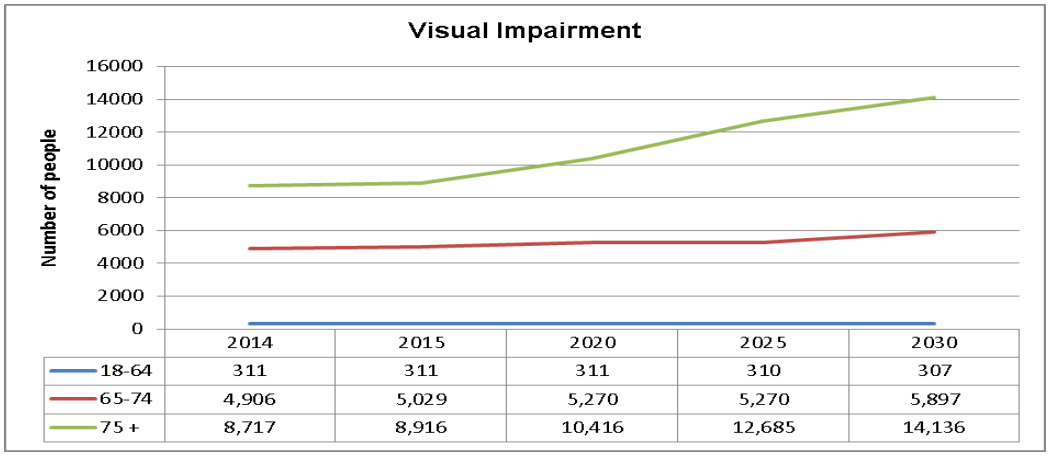
	2014	2015	2020	2025	2030
18-64	20,252	20,338	21,112	21,283	20,426
65 +	65,062	66,600	75,649	88,417	99,582

Source: POPPI and PANSI Apr 2015

3.6.4 Sensory impairment: Visual impairment

The numbers of people aged 65+ who are predicted to have a moderate or severe visual impairment is expected to increase by 44% from 13,645 in 2015 to 20,033 in 2030.

Figure 3.6.4: Projection in the numbers of people predicted to have moderate or severe visual impairment in Nottinghamshire*



	2014	2015	2020	2025	2030
18-64	311	311	311	310	307
65-74	4,906	5,029	5,270	5,270	5,897
75 +	8,717	8,916	10,416	12,685	14,136

Source: POPPI and PANSI Apr 2015

*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.

3.6.5 Estimated levels of disability in Children

The disability needs assessment[11] for Nottinghamshire undertaken in 2012 contains detailed data relating to special educational needs and disability. It estimated the numbers of children and young people experiencing some form of disability as follows:

Thomas Coran Research Unit (2010): **5,300-9,000** (0-19 year olds)

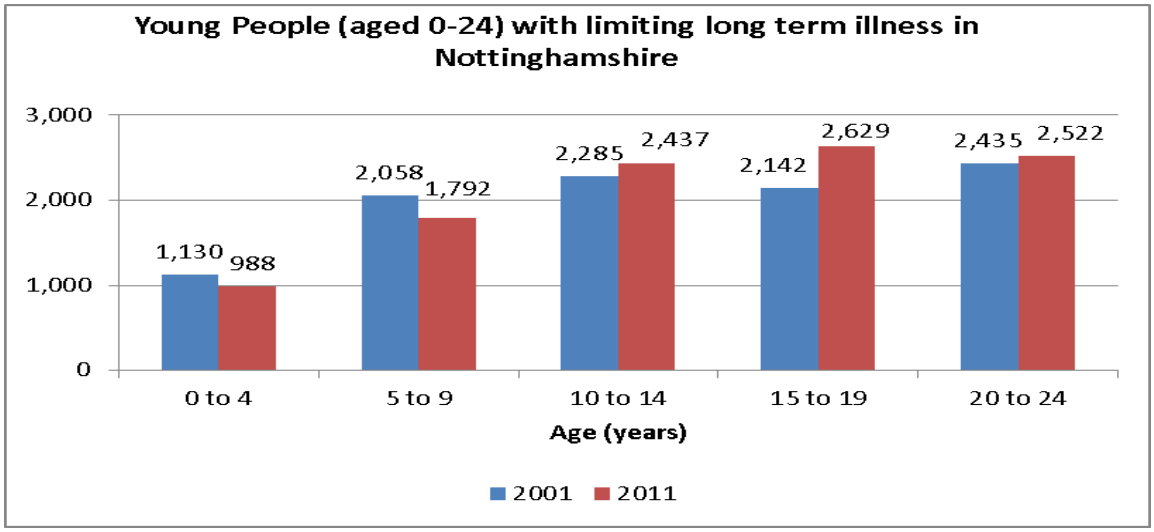
Child and Maternal Health Observatory (2000): **12,526** (0-19 year olds)

Disability Living Allowance (2011): **7,210** (0-24 year olds)

Census 2011 data relating to children & young people's disability shows the number with limiting long term illness in Nottinghamshire, has dropped in the under 10s by about 13% and increased in the 10+ ages particularly in the 15-19 year age group by 23%. (Figure 3.6.5.1).

[11] http://cms.nottinghamshire.gov.uk/disabilitysenneedsassessmentfeb2012.pdf

Figure 3.6.5.1



Source: Census2001,2011

There has been a significant increase in young claimants (0-17 years of age) of Disability Living Allowance in Nottinghamshire over the last 12 years, from 3,350 in May 2002 to 6,160 in May 2014, a rise of 70% (Table 3.6.5.1). The steepest rise was in the 16-17 age range, which more than doubled (138% increase). This was closely followed by the 11-16 group (increase of 147%).

Table 3.6.5.1 Disability Living Allowance cases in payment (May 2002 and May 2014)

	0-4		5-11		11-16		16 - 17		Total	
	2002	2014	2002	2014	2002	2014	2002	2014	2002	2014
Ashfield	90	150	250	430	180	430	60	170	580	1180
Bassetlaw	60	110	200	370	150	320	40	100	450	900
Broxtowe	60	80	190	230	160	250	40	110	450	670
Gedling	50	100	200	360	140	350	40	120	430	930
Mansfield	90	100	220	350	190	350	70	130	570	930
Newark & Sherwood	70	100	230	340	170	400	50	140	520	980
Rushcliffe	50	70	140	230	120	200	40	70	350	570
Nottinghamshire	470	710	1430	2310	1110	2300	340	840	3350	6160

Source: Department for Work and Pensions, 2014 [Numbers rounded to nearest 10]

Special Educational Needs

Education, Health and Care (EHC) plans for children and young people aged up to 25 were introduced on 1 September 2014 as part of the Special Educational Needs and Disability (SEND) provisions in the Children and Families Act 2014. From 1 September 2014, any children or young people who are newly referred to a local authority for assessment are considered under the new EHC plan assessment process. The legal test of when a child or young person requires an EHC plan remains the same as that for a statement under the Education Act 1996 [12]. There is no data yet from these changes. Therefore despite the fact the categories below no

[12] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/428744/SFR14-2015_Main_Text.pdf

longer exist the data below shows the most recent picture of children's special educational needs.

This data on children with Special Educational Needs (SEN) as reported by schools also gives an indication of numbers in the county. Pupils with SEN have learning difficulties or disabilities that make it harder for them to learn than most pupils of the same age. Pupils with SEN were previously categorised as follows:

- **School Action** – where extra or different help is given from that provided as part of the school's usual curriculum
- **School Action Plus** – where the class teacher and the SEN coordinator receive advice or support from outside specialists
- **Statement** – a pupil has a statement of SEN when a formal assessment has been made. A document setting out the child's needs and the extra help they should receive is in place

Table 3.6.5.2 Numbers of children with special educational needs[13] (2012)

District	Number on roll	SEN Status							
		No provision		School Action		School Action Plus		Statemented	
		Number	%	Number	%	Number	%	Number	%
Ashfield	18,465	15,055	81.5%	2,395	13.0%	800	4.3%	215	1.2%
Bassetlaw	17,090	14,665	85.8%	1,705	10.0%	530	3.1%	190	1.1%
Broxtowe	14,415	12,285	85.2%	1,495	10.4%	510	3.5%	125	0.9%
Gedling	17,045	14,400	84.5%	1,675	9.8%	815	4.8%	155	0.9%
Mansfield	16,785	14,115	84.1%	1,810	10.8%	550	3.3%	310	1.8%
Newark & Sherwood	15,205	12,945	85.1%	1,375	9.0%	690	4.5%	195	1.3%
Rushcliffe	17,705	15,775	89.1%	1,375	7.8%	440	2.5%	115	0.6%
Nottinghamshire	**116,710**	**99,240**	**85.0%**	**11,830**	**10.1%**	**4,335**	**3.7%**	**1,305**	**1.1%**

Source: School Census, 2012 [Excludes dual pupils placed in their subsidiary setting]

More than one in six Nottinghamshire pupils has some kind of SEN (Table 3.6.5.2). Boroughs/districts with the highest percentages of children on roll with an SEN status are Ashfield (18.5%), Mansfield (15.9%), and Gedling (15.5%). Rushcliffe has the lowest rate (10.9%).

The total number of children with a statement of SEN in Nottinghamshire stands at 1.1%, which has remained stable for the last eight years. The highest percentage of statements was issued in Mansfield (1.8%) and the lowest in Rushcliffe (0.6%). Nottinghamshire is different from most local authorities in that it does not use statements as a mechanism for distributing resources for pupils with SEN. However, a statement is required in order to access special school provision or where an individual child's needs are particularly complex and require systematic monitoring.

[13] While there is concern nationally (SEN Green Paper and Ofsted SEND Review 2010) that there may be an over-identification of children with SEN, work needs to be undertaken locally to explore the issue more fully.

The former National Indicator (NI) 103a (Percentage of final statements of SEN issued within 26 weeks, excluding exception cases, as a proportion of all such statements issued in the year) and the former NI 103b (percentage of final statements of SEN issued within 26 weeks as a proportion of all such statements issued in the year) measure the promptness of completion of statements. In 2011/12, both indicators stood at 100%.

Table 3.6.5.3 shows the primary needs of Nottinghamshire school pupils with a Statement or at School Action Plus in 2012. Nearly one third (25.8%) have a primary need in Cognition and Learning, and 35.6% in Communication and Interaction. Behaviour, Emotional and Social Difficulties account for 22.6% of primary needs. Numbers of children with Statements or at School Action Plus are lower than in 2012 as a whole, but numbers of children with Autistic Spectrum Disorder (ASD) as a primary need have increased. Indeed ASD has seen a steep rise in recent years both locally and nationally.

[Note: Primary Need is only collected for pupils identified as School Action Plus or who have a Statement. *Value is five or less and suppressed.]

Table 3.6.5.3 Primary need of pupils identified with special educational needs in Nottinghamshire maintained schools and academies (2014)

	Primary	Secondary	Special	Totals		
Specific Learning Difficulty	146	160	19	325 (5.8%)	1,449+* (25.8%)	**Cognition & Learning**
Moderate Learning Difficulty	362	233	137	732 (13%)		
Severe Learning Difficulty	63	31	185	279 (5%)		
Profound & Multiple Learning Difficulty	33	*	80	113+* (2%)		
Behaviour, Emotional & Social Difficulties (BESD)	534	687	50	1,271 (22.6%)	1,271 (22.6%)	**BESD**
Speech, Language and Communication Needs	564	123	90	777 (13.8%)	2,003+* (35.6%)	**Communication & Interaction**
Autistic Spectrum Disorder	441	459	326	1,226+* (21.8%)		

Visual Impairment	65	47	*	112+* (2%)	638+* (11.3%)	**Sensory and/or physical**
Hearing Impairment	67	57	*	124+* (2.2%)		
Multi-Sensory Impairment	20	5	*	25+* (0.4%)		
Physical Disability	212	113	52	377 (6.7%)		
Other Difficulty/Disability	134	114	17	265 (4.7%)	265 (4.7%)	**Other**
Totals	2,641	2,029 + *	956 + *	5,626 + *		

Source: School Census, 2014

3.6.6 Mental Illness

Mental illness is considered in detail soon in a new JSNA chapter.

3.7 Sexual Orientation

"Evidence from the available literature shows that LGBT[14] 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."[15]

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 3.7 below indicates the number and % of same sex civil partnerships.

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

Table 3.7: 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	**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

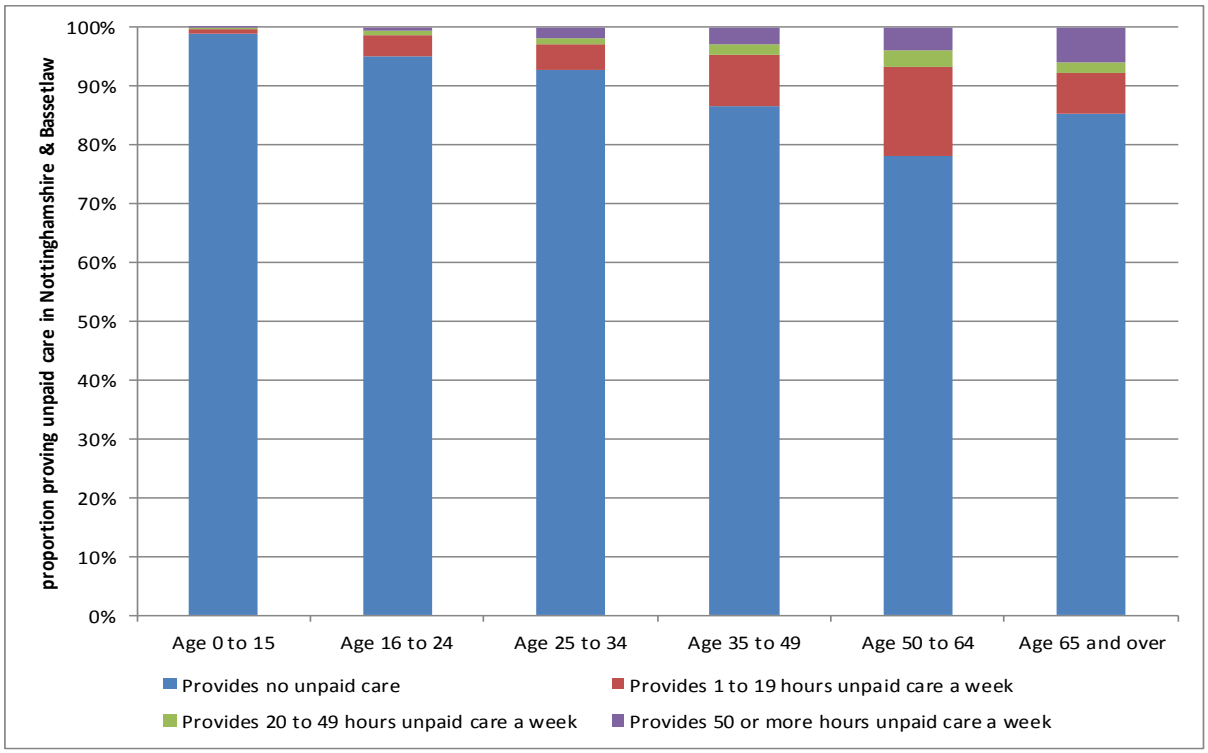
3.8 Carers

The 2011 Census identified an increase in the number of carers in the last decade by 7,517 across Nottinghamshire County. There are now an estimated 57,426 carers providing between 1-19 hours of care per week, and the number of carers now providing over 50 hours of care per week has reached 21,680.

The 2011 Census also revealed that over 54% of the caring population in Nottinghamshire are in employment. Of those carers providing 50+ hours of caring per week, 27% are in employment. In line with the national average, about 60% of carers are women and 40% are men. The charts below demonstrate different aspects of the caring population at both a national and local level.

Figure 3.8.1 compares the unpaid carer population with the hours spent caring per week by age. This chart shows a pattern of older carers caring at the extreme end of caring i.e. more than 50+ hours per week. This is predictable in one respect as older carers may be looking after their older partners. Other factors were explored but there were no notable variations in carers assessments with respect to gender, ethnicity or area of residence.

Figure 3.8.1: Comparison of carers and hours spent caring per week by age



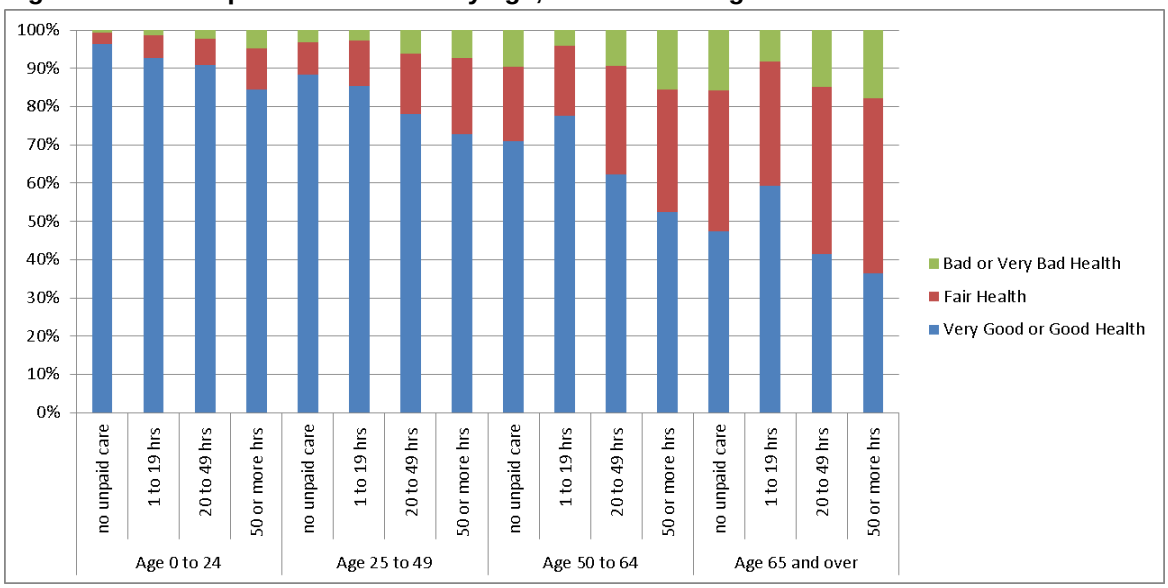
Source: Census 2001 and 2011

Figure 3.8.2 compares carers by age, hours of caring and health status. This chart reveals that older carers who are caring for longer hours per week are also more likely to experience poorer health than other younger carers who are caring for fewer hours.

Young carers are very much hidden (i.e. unknown to service providers) and often take on short term caring responsibilities. In addition, many organisations fail to record them as young carers on their databases. The 2001 Census evidenced that 2% of the 0-15 population in Nottinghamshire were carrying out caring responsibilities for another person, in line with the national average. Across the UK, 4% of children with caring responsibilities are aged 5-7, while around a third (31%) are aged 12-14 and another third (35%) are 16-17 years old. Data indicates that 8% of young carers provide care for 50 hours or more, and 9% provide care for between 20 and 49 hours[16].

[16] Official figures as quoted by Saul Becker, University of Nottingham, 2012

Figure 3.8.2: Comparison of carers by age, hours of caring and health status



Source: Census 2001 and 2011

A 2004 report[17] found that the average age of young carers was 12 and over half (56%) lived in lone parent families. The government published the National Carers Strategy in 2008 in order to ensure that services focus greater effort on early intervention and prevention before young people take on excessive or inappropriate caring roles.

3.9 Homelessness

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

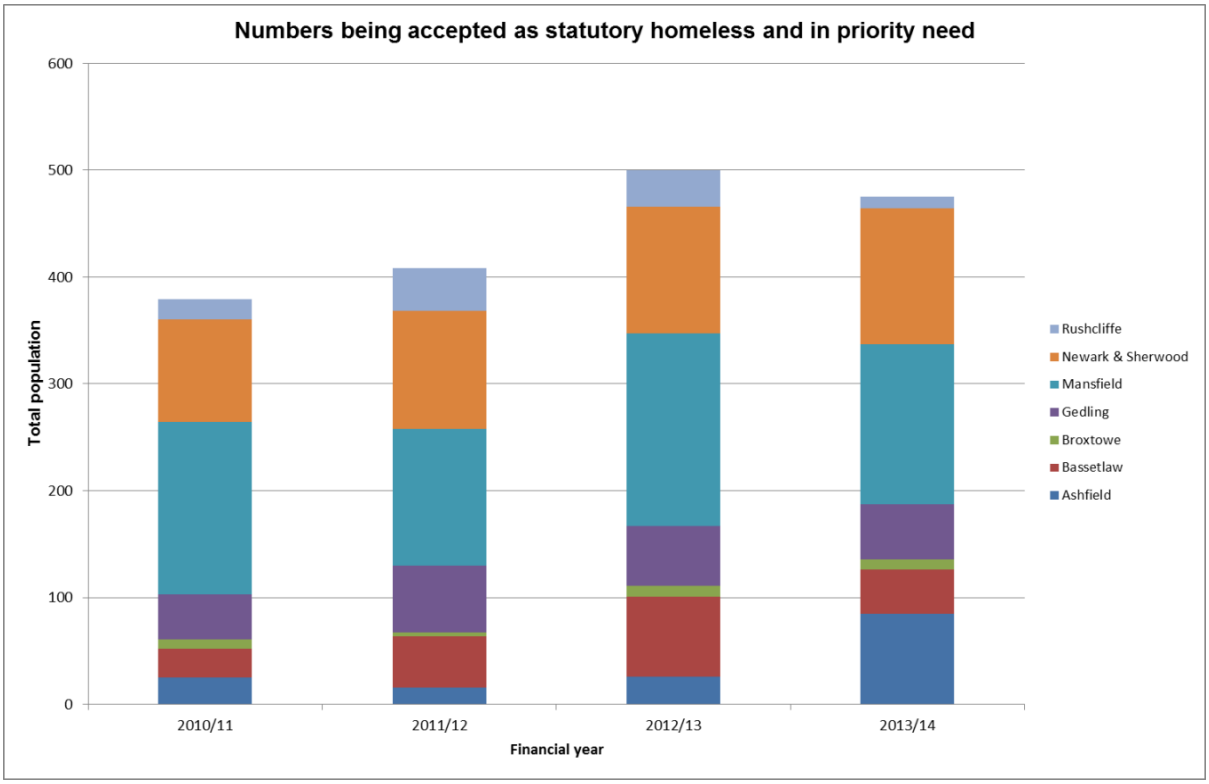
- The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population.
- Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths.
- 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 2013/14 there were 475 persons in Nottinghamshire who were defined as being accepted as statutory homeless[18] and in priority need (the standard definition of homelessness, which does not include people who may be considered homeless). This number has increased from 2009 (375) but is less than the figure for 2012/2013 (500 persons). Districts with the highest numbers of homeless people are Mansfield and Newark & Sherwood.

[17] Young Carers in the UK, Chris Dearden & Saul Becker, 2004
[18] For definition of statutory homeless see https://www.gov.uk/homelessness-data-notes-and-definitions

Figure 3.9.1 shows the number of households that have been accepted as statutory homeless in Nottinghamshire over the years from 2009. As can be seen, over this time period Mansfield consistently has received the highest numbers of applications for support for priority need, though a sharp increase in numbers from Ashfield in 2013/14 compared to other years should be noted.

Figure 3.9.1: Numbers of households applying for assistance from Local Authorities in Nottinghamshire, 2008/9 – 2012/13



Source: Department for Communities and Local Government, 2015

3.10 Migrants

Table 3.10.1 below shows the split of the population by whether a person was born in the United Kingdom or elsewhere.

Table 3.10.1: 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 & Sherwood	114,817	109,167	95.1	5,650	4.9
Rushcliffe	111,129	103,851	93.5	7,278	6.5
Nottinghamshire	785,802	743,415	94.6	42,387	5.4
Nottingham	305,680	245,951	80.5	59,729	19.5
Nottm and Notts	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

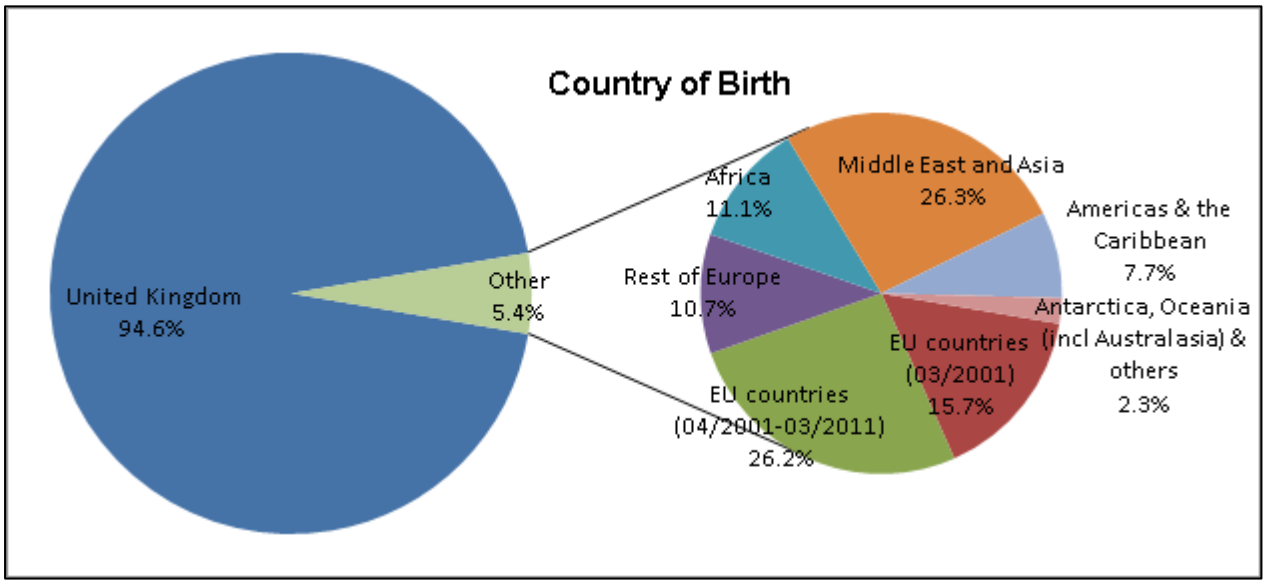
Source 2011 Census, Office for National Statistics

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%).

In the County, 5.4% of the resident population were born outside of the United Kingdom (Figure 3.10.1), 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[19] (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.

[19] 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.

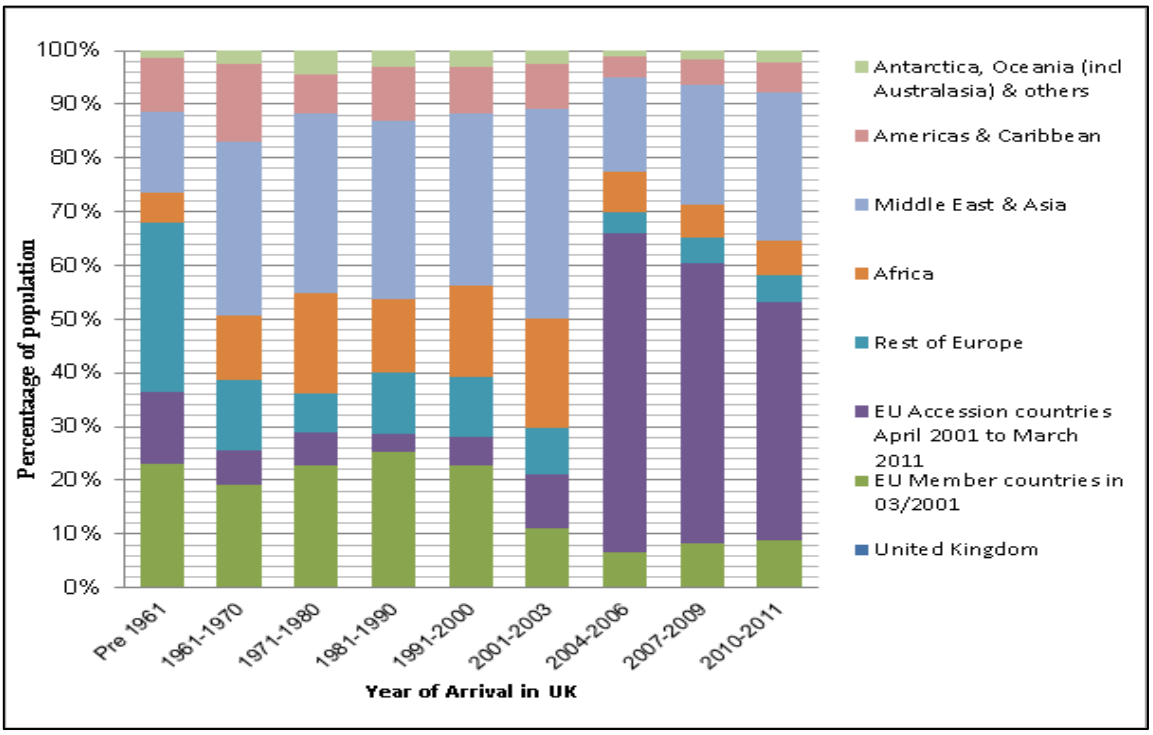
Figure 3.10.1: Country of Birth of All Usual Residents in the County



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.

Figure 3.10.2: 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.

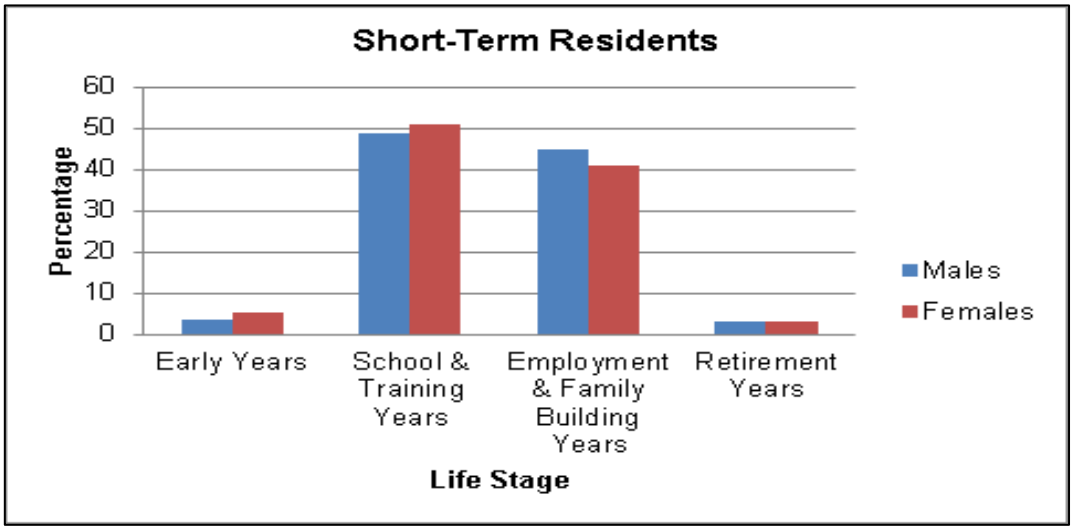
The 1990s saw an increase in the number of arrivals of non-UK born residents, many of which were as a result of civil conflict in various countries. The next major change came in the period 2004-06, when 59.3% of new arrivals were from the EU Accession, primarily, Eastern European countries. Just over 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.

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).

Figure 3.10.3: Short-term Residents in the County



Source 2011 Census, Office for National Statistics

4.0 Factors that Shape the Lives of People in Nottinghamshire

Introduction

This section is based upon the structure of Barton and Grant model[20] 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).

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



[20] 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

4.1 Index of Multiple Deprivation

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 and is calculated for every Lower layer Super Output Area (LSOA) 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 Figure 4.1.1 clearly 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.

The table 4.1.1 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 4.1.1 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 4.1.2 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

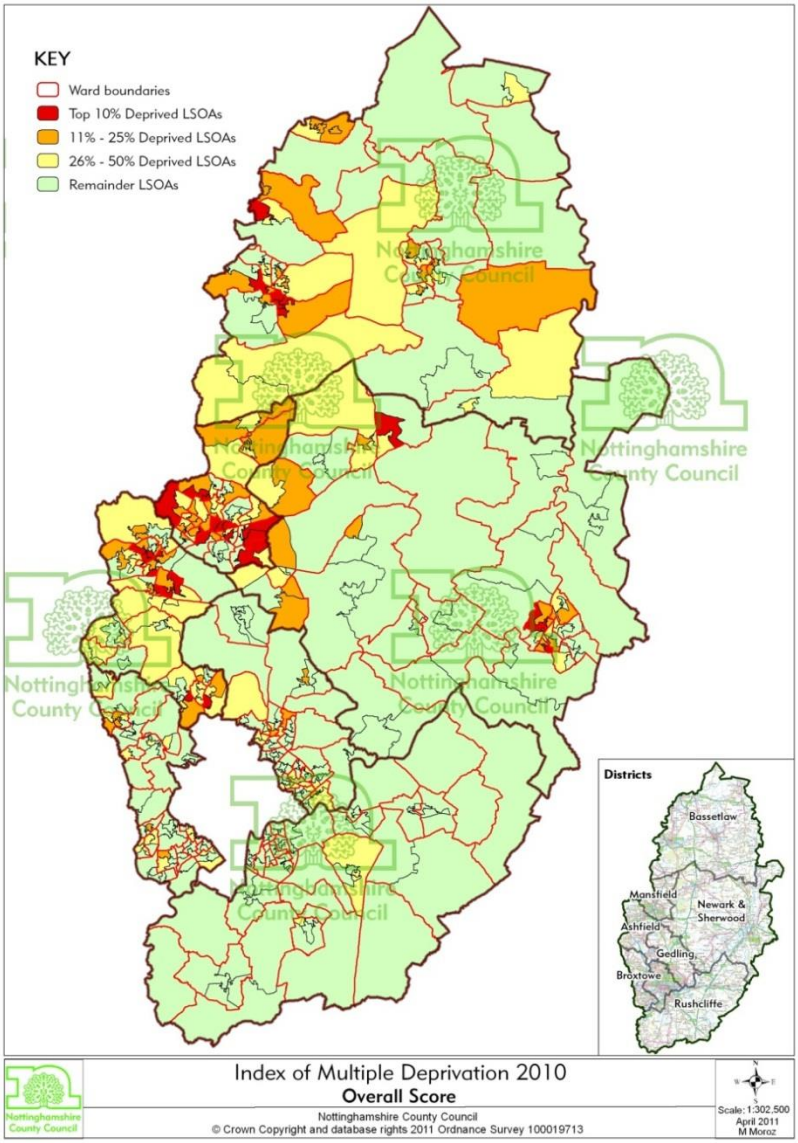
are in the 1% least deprived in England. The least deprived LSOA in the county lies within Keyworth North ward in Rushcliffe. It is ranked 32,456 out of the 32,482 LSOA's in England.

Table 4.1.2 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

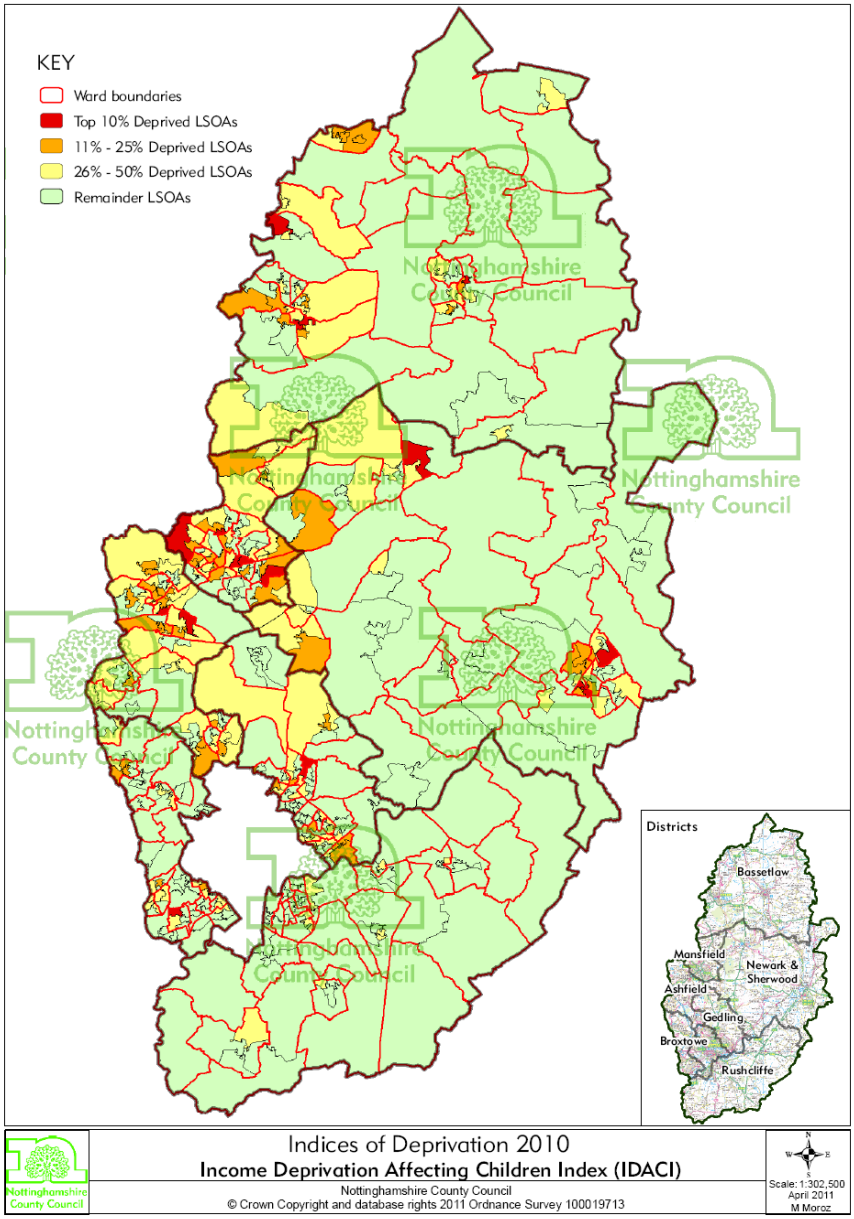
Figure 4.1.1 Map showing Index of Multiple Deprivation 2010



4.2 Child Poverty

The Income Deprivation Affecting Children Index (IDACI) is a sub-set of the IMD and reflects the spread of deprivation affecting children across the county. This can be seen on the map overleaf (Figure 4.1.2).

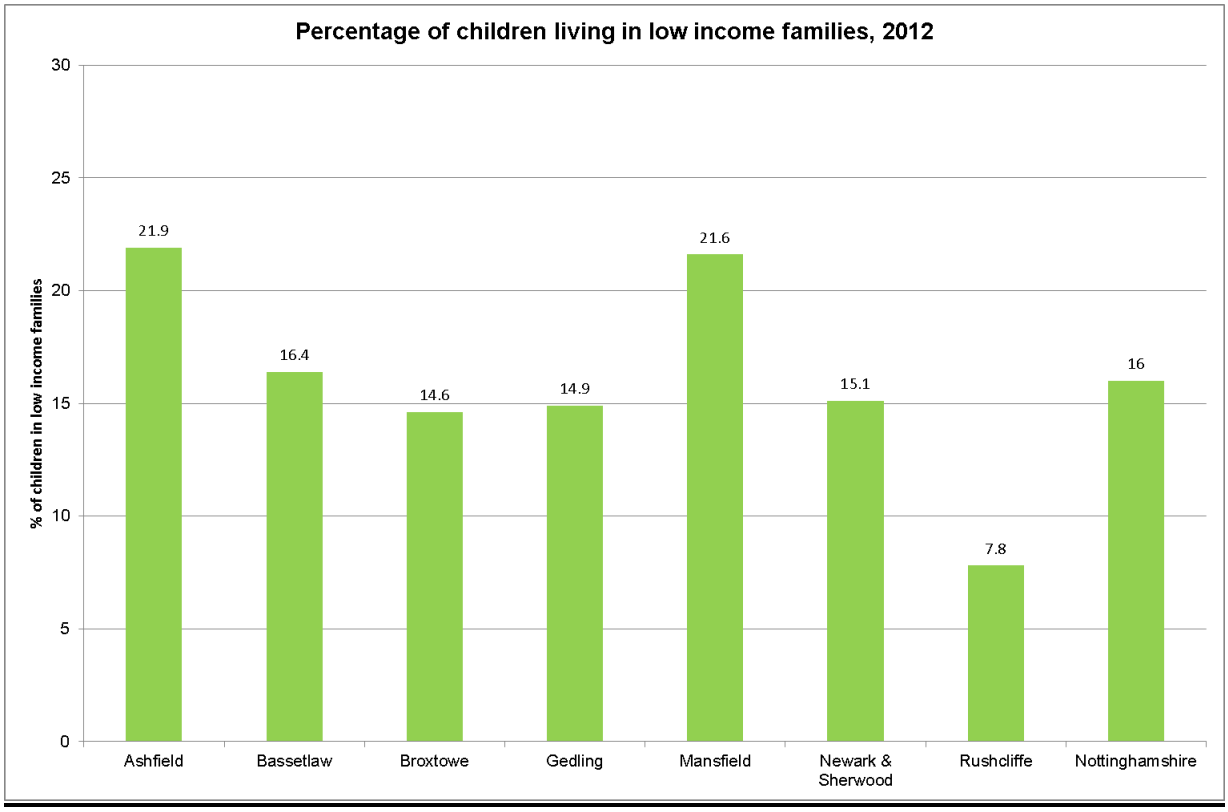
Figure 4.2.1 Income Deprivation Affecting Children Index 2010



Percentage of Children living in poverty

HMRC produce a child poverty indicator, which measures the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income. The latest data is from 2012 and is produced in figure 4.2.2 below. 16% of children in Nottinghamshire live in low income families, this figure varies from 21.9% in Ashfield District, 21.6% in Mansfield District, down to 7.8% in Rushcliffe District. The equivalent figure for England is 18.6%.

Figure 4.2.2 % of children living in low income families 2012



Source HMRC

Lone parent families

In lone parent households, 41% of children live in poverty, compared to 23% in two parent families[21]. Much of this is due to high levels of worklessness and low out of work benefits: a lone parent with two children, one aged 14 and the other aged five, needs £258 to take them above the after housing costs poverty line. The amount of benefit that this family would get if the parent was out of work is £219, which is well below the poverty line[22]. Additionally, some lone parents often feel isolated and lack confidence. They may also experience poor physical and mental health and be socially excluded. The numbers of lone parents increased in Nottinghamshire by 19% between 2001 and 2011 (Table 4.2.1), with the highest increase in Ashfield (31%). In 2011, there were 21,632 lone parents across the county. The highest

[21] Department for Work and Pensions, 2012, Households Below Average Income 2010/2011. Figures are after housing costs.
[22] Barnardo's calculation based on Jobseeker's Allowance, Child Benefit and Child Tax Credit rates from April 2012.

percentage of lone parents in full-time employment was in Rushcliffe (39%), and the highest not in employment was in Ashfield (44%) (Table 4.2.1). In families of one or more parents the districts which had the highest level of no parent in work were Mansfield and Ashfield where 14% households had no parent working. In Rushcliffe only 5% of Families were classified as workless.

Table 4.2.1 Lone parents and workless families in Nottinghamshire

	Lone Parents			Lone parents in employment			Workless Families		
	Total (2001)	Total (2011)	% change 2001 - 2011	part-time (2011)	full-time (2011)	Not employed (2011)	Couple family: No parents working	Lone parent family: Parent not working	%
Ashfield	3,048	3,981	31%	1,228 (31%)	1,020 (26%)	1,733 (44%)	1540	1959	14%
Bassetlaw	2,833	3,010	6%	1,101 (37%)	827 (28%)	1,082 (36%)	1245	1275	11%
Broxtowe	2,374	2,567	8%	945 (37%)	753 (29%)	869 (34%)	1015	1016	9%
Gedling	2,802	3,398	21%	1,233 (36%)	1,018 (30%)	1,147 (34%)	869	1308	9%
Mansfield	3,163	3,320	5%	1,045 (32%)	897 (27%)	1,378 (42%)	1540	1602	14%
Newark & Sherwood	2,638	3,037	15%	1,129 (37%)	838 (28%)	1,070 (35%)	1057	1218	10%
Rushcliffe	1,946	2,319	19%	865 (37%)	907 (39%)	547 (24%)	504	632	5%
Nottingham shire	**18,804**	**21,632**	**19%**	**7,546 (35%)**	**6,260 (29%)**	**7,826 (36%)**	**7770**	**9010**	**10%**

Source: Census, 2011

4.3 Natural Environment

**green space and air quality to be inserted on completion of JSNA topic

4.4 Built Environment

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

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."

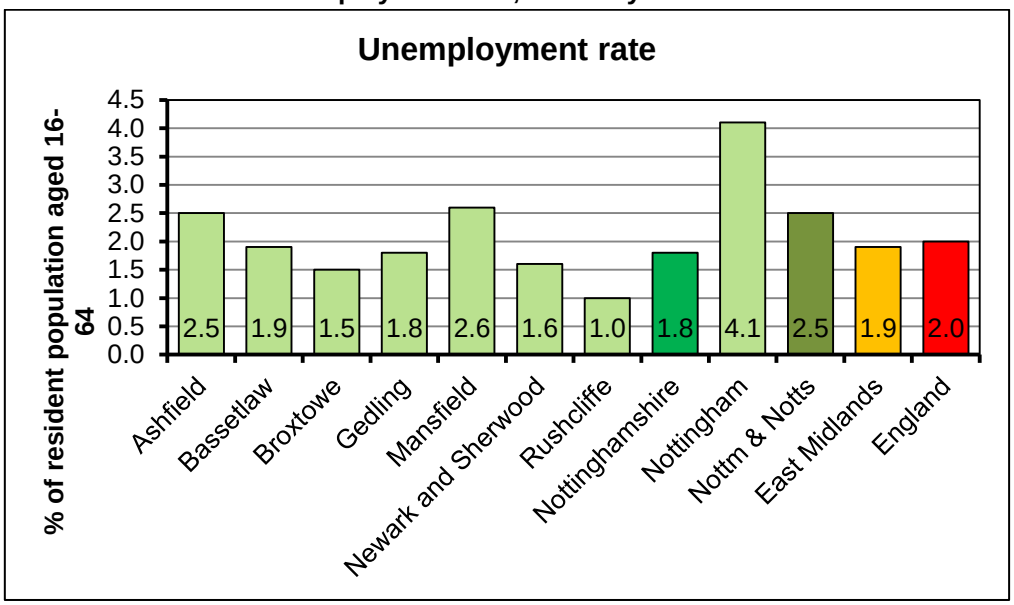
"Having little control over one's work is particularly strongly related to an increased risk of low back pain, sickness absence and cardiovascular disease. These risks have been found to be independent of the psychological characteristics of the people studied. In short, they seem to be related to the 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."[23]

Using the claimant count measure Figure 4.5.1, the unemployment rate in Nottinghamshire as at February 2015 was 1.8% of the resident population aged 16-64. This is lower than both the rate for the East Midlands (1.9%) and for England (2.0%). The rates in the districts range from 2.6% in Mansfield to 1.0% in Rushcliffe.

Figure 4.5.1 Claimant Count unemployment rate, February 2015



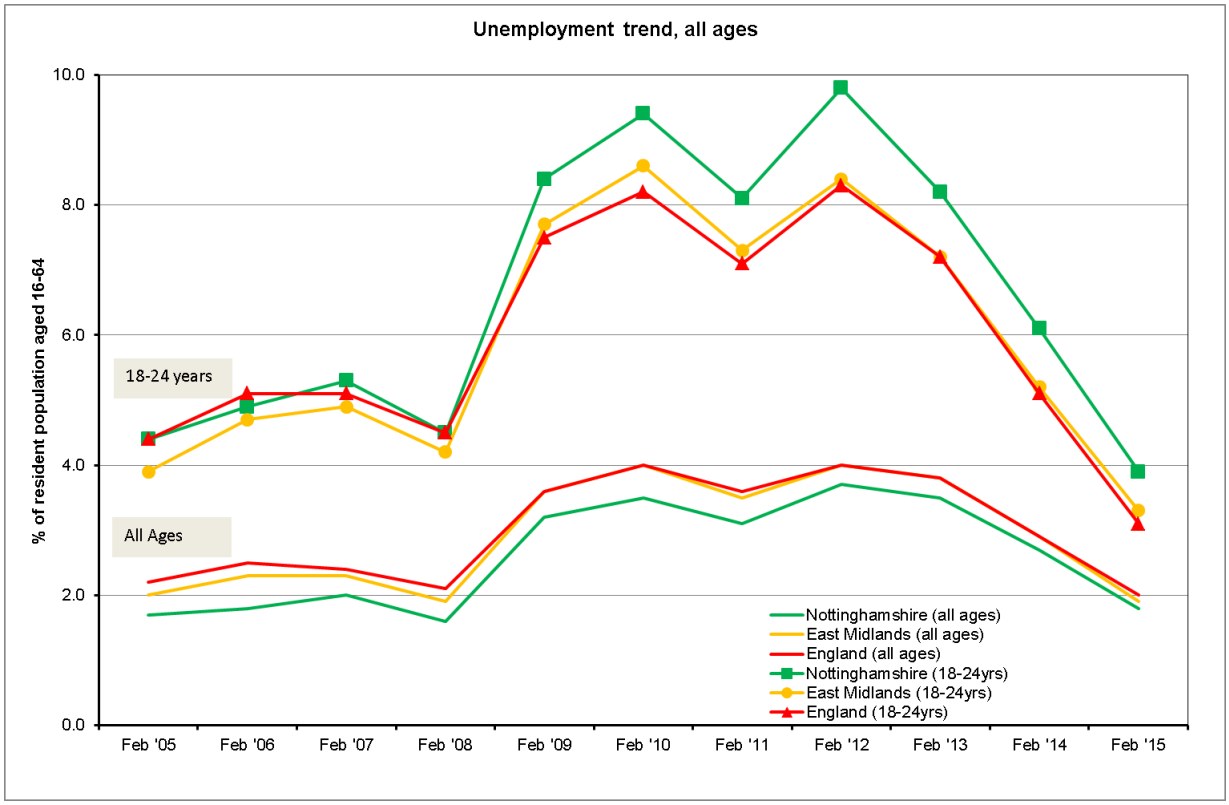
Source: ONS claimant count, February 2015

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

Over the last ten years, unemployment in Nottinghamshire has followed a similar pattern to the East Midlands and England but has consistently been below the both. During the period unemployment reached a low of 1.6% in 2008 and then increased to reach a peak of 3.7% in 2012. Unemployment currently stands at 1.8%.

The percentage of Nottinghamshire pupils in years 12-14 who are NEET (Not in Education, Employment or Training) remains low compared to the national average and compared to historical figures. 1.9% of Nottinghamshire pupils are identified as NEET compared to 4.8% nationally. The average of our statistical neighbours is 4.5% for the same period. Comparisons against our statistical neighbours show we are ranked first on this measure. The percentage of Nottinghamshire pupils in years 12-14 where their education destination is unknown is 9.0% compared to a national figure of 6.5%.

Figure 4.5.2 Trend in unemployment, 2005-2015



Source: ONS claimant count, February 2005 to February 2015

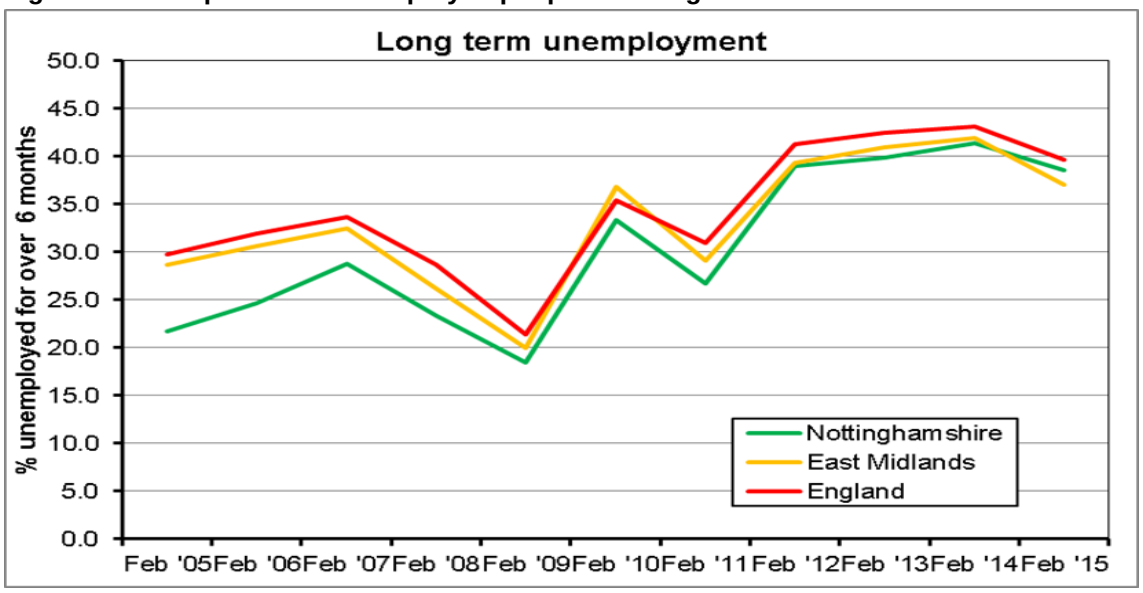
The claimant count unemployment rate for those aged 18-24 years is 3.9% in Nottinghamshire, which is higher than the East Midlands (3.3%) and England (3.1%). The figures are particularly high in the ex-coal mining areas to the north and west of the County, with the districts of Ashfield having a rate of 5.6%, Mansfield 5.1% and Bassetlaw 4.2%. The trend over the last ten years shows unemployment in Nottinghamshire for this age group starting at a rate of 4.4%, above the level in the

East Midlands (3.9%) and the same as England (4.4%). From 2009 to present the rate for the County has been above the rates in the East Midlands and England with the difference growing to 1.5% in 2012, when unemployment in this age group peaked at 9.8% in Nottinghamshire. The current rate is 3.9% which is higher than the East Midlands (3.3%) and England (3.1%).

The number of people claiming benefits for longer periods is increasing. In February 2005 there were 1,775 people in Nottinghamshire who had been unemployed for more than 26 weeks, the comparable figure for February 2015 was 6,295. The figure peaked in February 2012 with 7,140 people unemployed for over six months.

Long term unemployment in Nottinghamshire has followed a similar pattern to that of the region and country over the last ten years, but the difference between them has closed and Nottinghamshire now has a higher rate than the East Midlands. In 2005, 21.7% of unemployed people in the County had been out of work for over 26 weeks which compared to 28.7% in the East Midlands and 29.8% in England. In February 2015 the figures stand at 38.6% in the County, 37.0% in the East Midlands and 39.6% in England.

Figure 4.5.3 Proportion of unemployed people claiming benefits for over 26 weeks



Source: ONS claimant count age and duration, February 2005 to February 2015

Data from the Annual Population Survey for the period October 2013 to September 2014 shows that in Nottinghamshire 74.7% of those aged 16-64 in employment were employed on a full-time basis. This is similar to the proportions in the East Midlands and England, which have rates of 73.9% and 74.2% respectively. The rates vary between the districts, from a high of 82.0% in Broxtowe to 70.8% in Rushcliffe.

The figures show that very different working patterns are evident dependent upon gender, with 90.4% of males in the Nottinghamshire working full-time but only 57.7% of females working full-time. A similar pattern is reflected in the districts although there is variation between them. For example, 95.7% of males in Newark &

Sherwood work full-time compared with only 80.1% in Gedling and 66.7% of females in Mansfield work full-time compared with 48.5% in Rushcliffe.

The proportion of people working part-time has varied in recent years. During 2006/07 just over 25% of residents were employed on a part-time basis in Nottinghamshire, but this proportion increased year on year to reach a peak of 29.0% in 2011/12 before falling back to 25.1% in 2013/14. Similar trends have been experienced at regional and national levels although the proportion of people working part-time in both has tended to be less than in the County until recently. The figures for the period between October 2013 and September 2014 are 25.1% in Nottinghamshire, 25.8% in the East Midlands and 25.4% in England.

4.6 Transport and Travel

4.6.1 Car ownership levels and access to facilities

Why this matters?

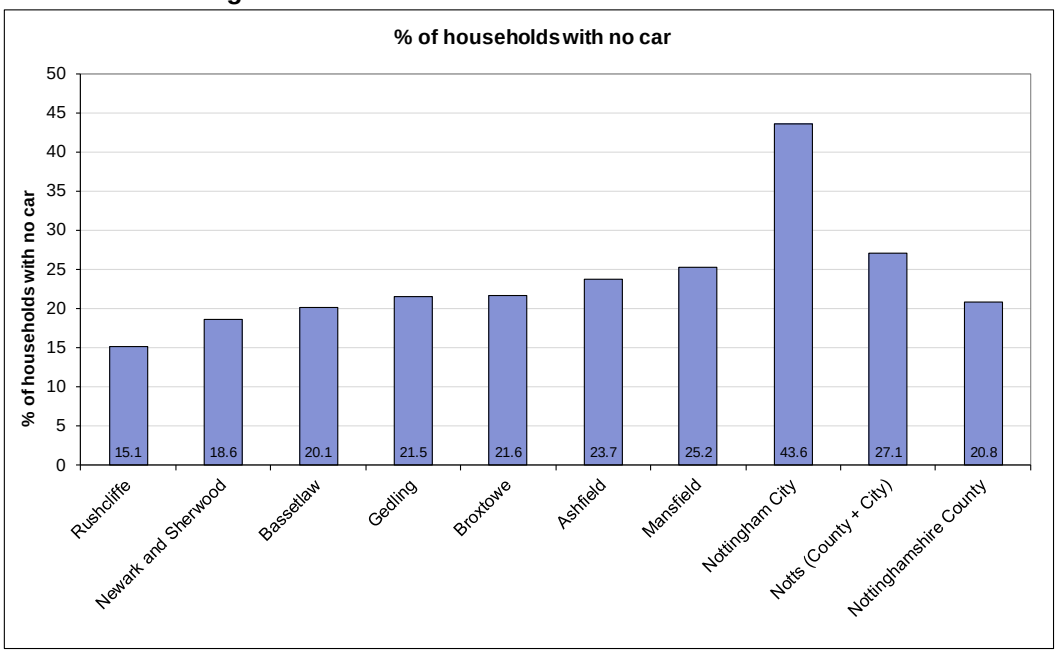
There has been an increasing trend over the past few years towards activities taking place further away from the traditional city centres towards outlying areas. This can be seen in the relocation of retail activities to large out-of-town shopping centres, the move of firms and businesses to peripheral 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 4.6.1.1), 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).

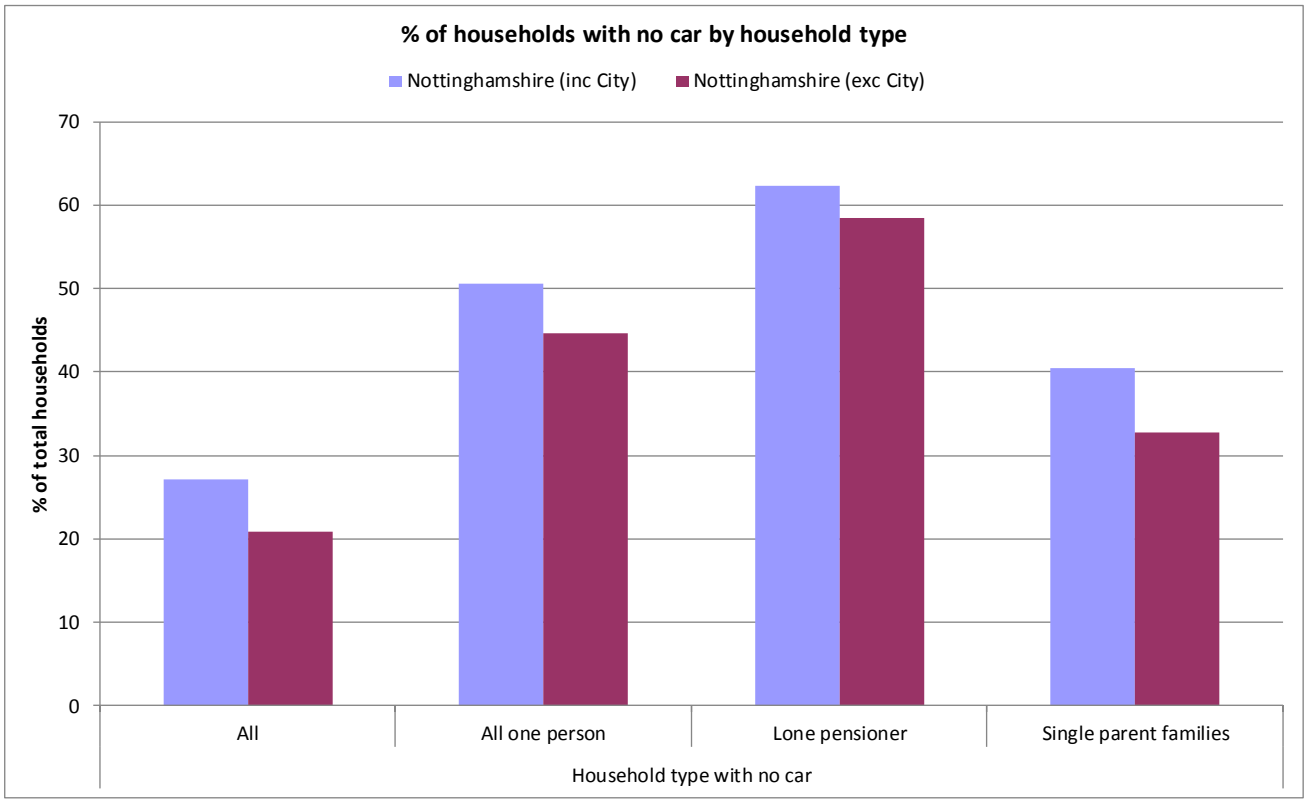
21% of households in Nottinghamshire (excluding Nottingham City) have no car, however this figure rises substantially when car ownership levels are broken down by population groups such as all single person households (45%), elderly people living alone (58%) and lone parent families with dependent children (33%) (figure 4.6.1.2)

Figure 4.6.1.1: Percentage of total households with no car in 2011



Source: 2011 census

Figure 4.6.1.2 : percentage of households in Nottinghamshire with no car by household type

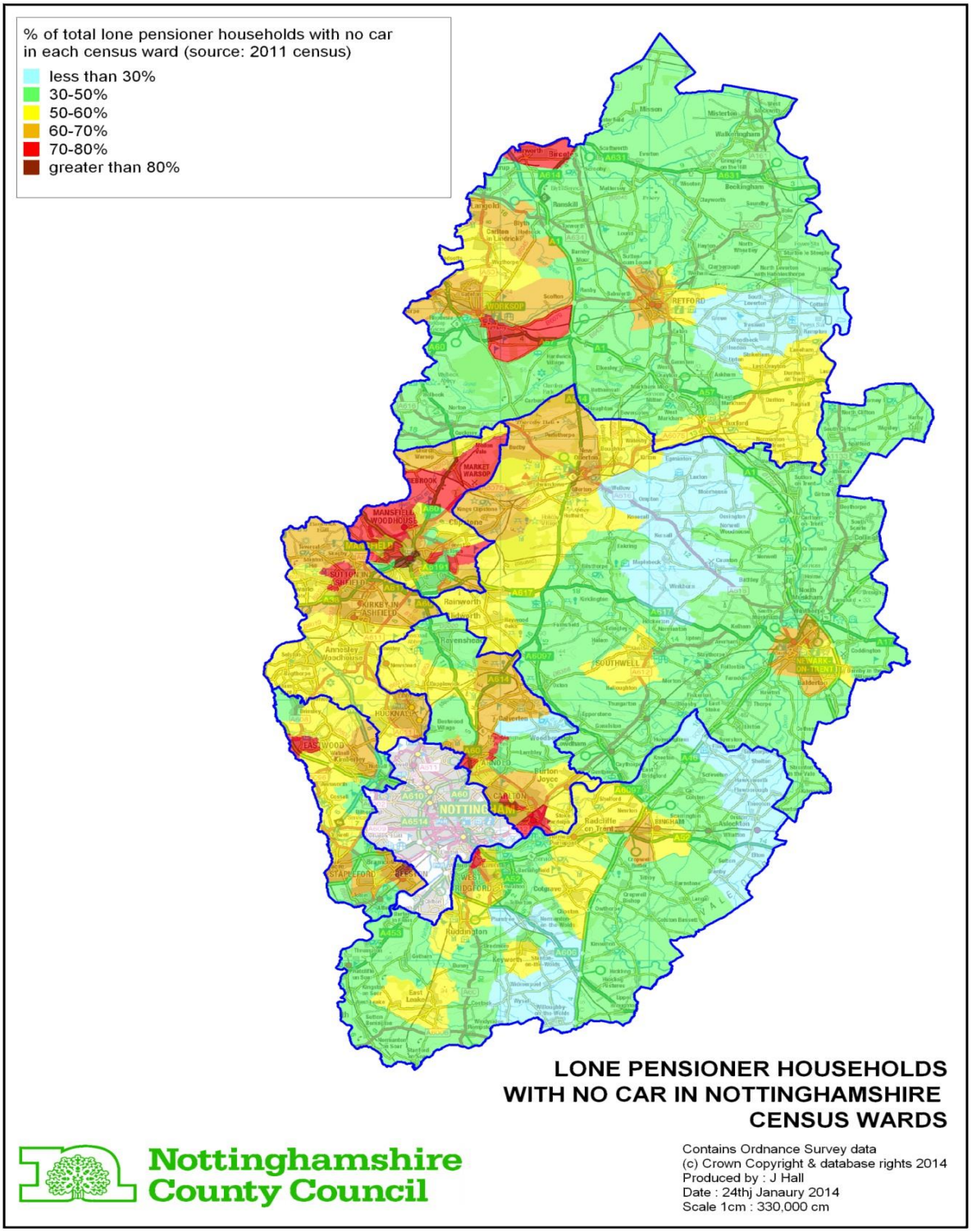


Source: 2011 census table

The map figure 4.6.1.3 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.

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 pensioner households who may not have access to a car and would therefore be reliant on public transport to access facilities.

Figure 4.6.1.3: Map showing lone pensioner households with no car in Nottinghamshire wards



Source: 2011 census table

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.

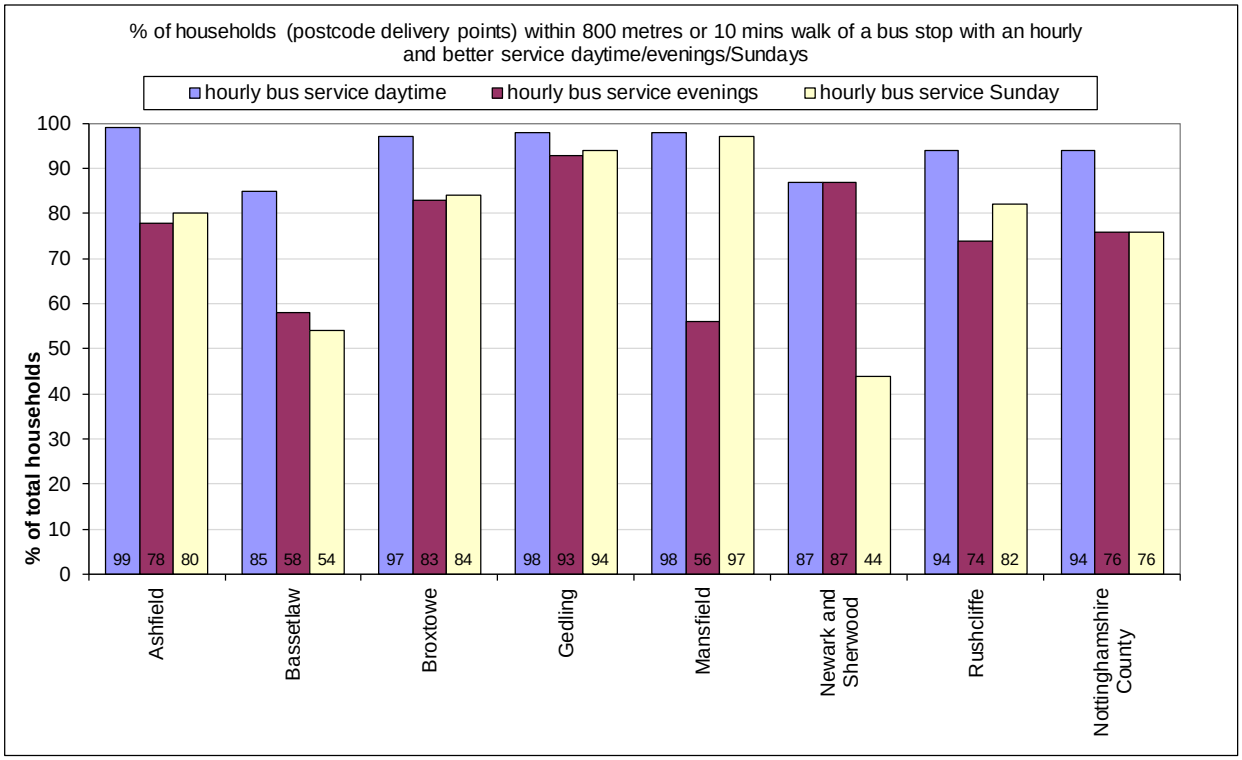
4.6.2 Access to public transport

Figure 4.6.2.1 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 under 50% of households.

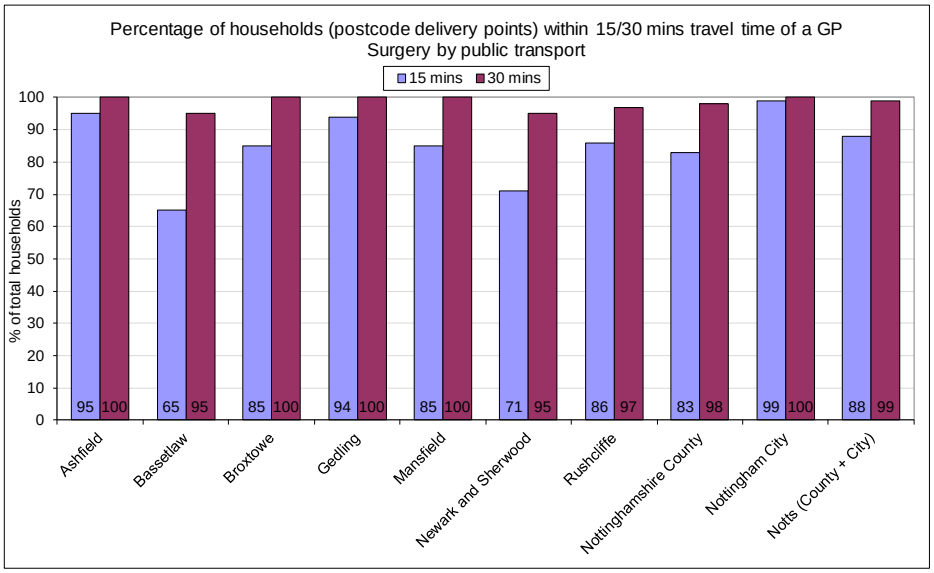
Figure 4.6.2.1: % of households (postcode delivery points) within 800 metres or 10 minutes walk of a bus stop with an hourly and better service daytime/evenings/Sundays



Source: Nottinghamshire County Council, August 2013

Figure 4.6.2.2 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.

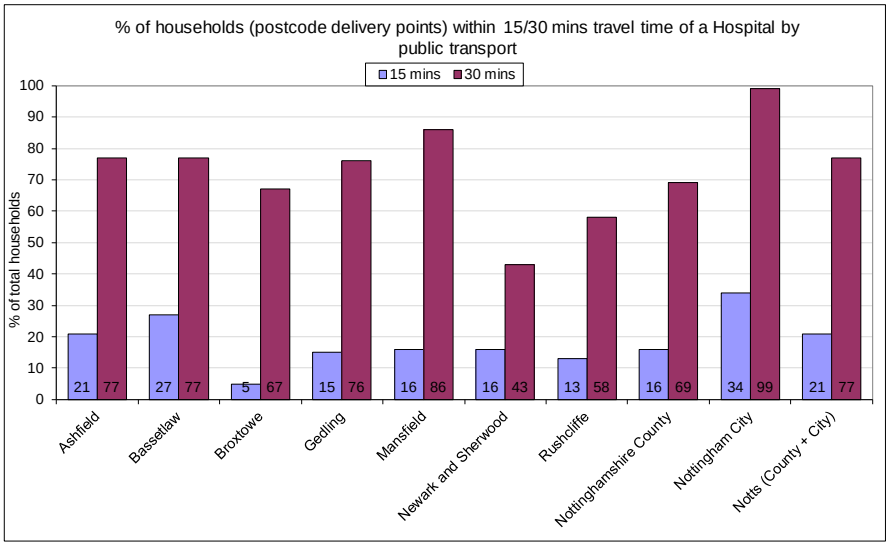
Figure 4.6.2.2: percentage of households/postcode delivery points within 15 and 30 minutes travelling time of a GP Surgery by public transport



Source: NCC submission to Sustainability Appraisal, Summer 2013

77% of households in Nottinghamshire (excluding Nottingham City) are within 30 minutes travelling time of a hospital by public transport (figure 4.6.2.3). Access is poorer in areas such as Newark & Sherwood where 43% of households are within 30 mins travel and public transport frequency is lower.

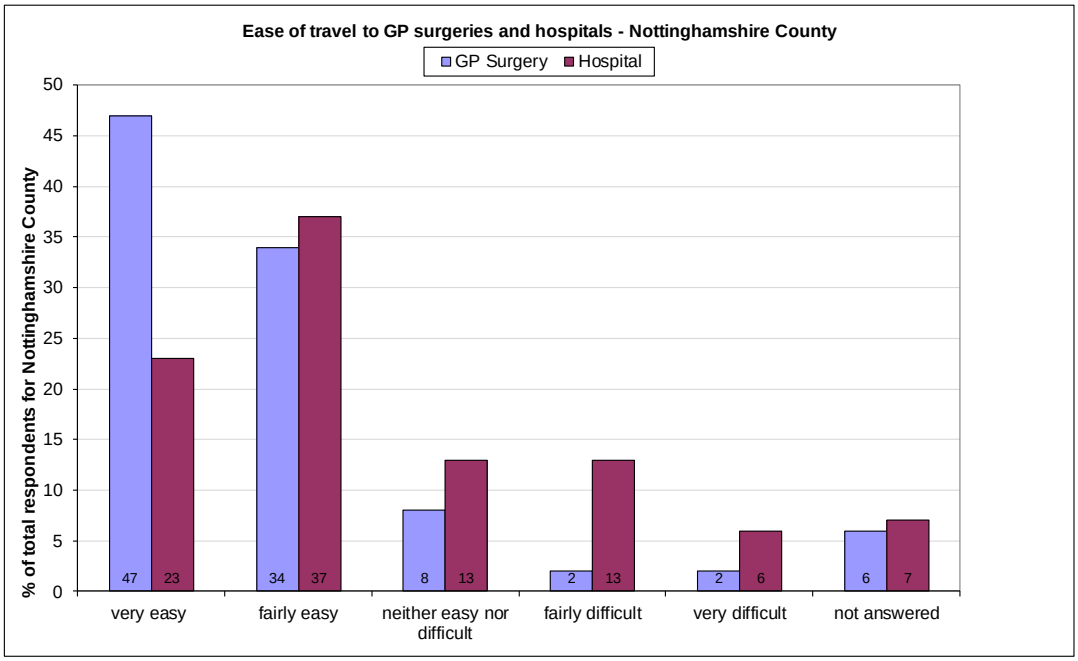
Figure 4.6.2.3: percentage of households/postcode delivery points within 15/30 mins travel time of a Hospital by public transport



Source: Notts CC submission to Sustainability Appraisal, summer 2013

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 4.6.2.4 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 local communities in Nottinghamshire, whereas hospitals tend to be located in major centres of population within the county.

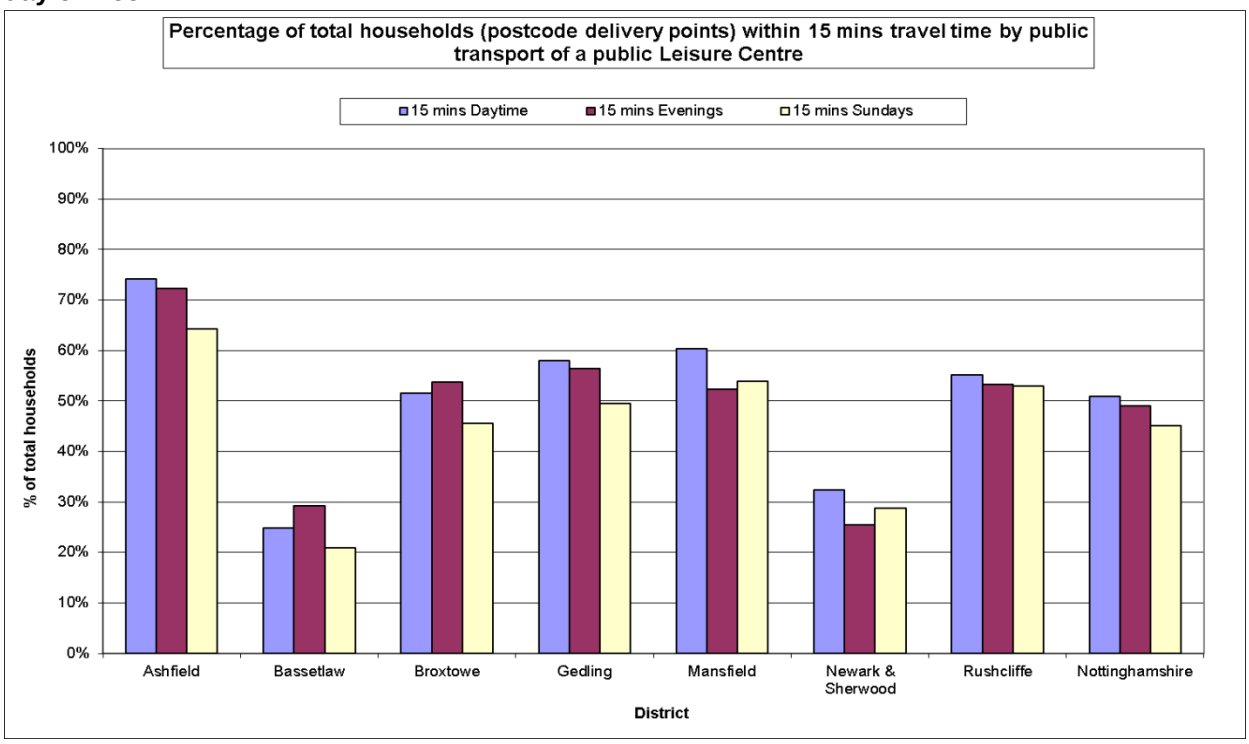
Figure 4.6.2.4: Ease of travel to GP surgeries and hospitals for Nottinghamshire County residents



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

Figure 4.6.2.5: Access to publicly-owned leisure centres by public transport by time of day and day of week.



Source: Nottinghamshire Sustainability Appraisal Partnership, summer 2013.

In most districts at least 50% of households had access to public transport to publicly owned leisure centres within fifteen minutes of their homes. The exceptions being Bassetlaw and Newark and Sherwood with less than 40% of households being within fifteen minutes. Broxtowe only has less than 50% of households being with fifteen minutes of public transport on a Sunday.

4.7 Leisure

To be included in next update

4.8 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"[24].

4.8.1 Workforce qualifications

There is a below average proportion of Nottinghamshire residents with high skills (NVQ4 or above[25]) relative to the national level. Educational attainment of the workforce in the County is lower than the average for England at all levels but particularly for NVQ4+. Attainment is higher than the East Midlands for NVQ levels 3+ and 4+.

Table 4.8.1.1 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	17.3	42.9	60.7	77.6	6.7	15.7
Bassetlaw	23.7	46.2	62.4	77.2	7.7	15.0
Broxtowe	36.3	56.1	70.7	86.1	3.0	10.9
Gedling	36.1	59.5	74.8	86.4	5.3	8.3
Mansfield	19.2	44.2	62.5	79.6	7.4	13.0
Newark and Sherwood	28.7	55.4	68.0	78.7	9.2	12.2
Rushcliffe	50.4	66.3	80.2	90.4	5.8	3.9
Nottinghamshire	30.1	52.8	68.4	82.2	6.4	11.4
Nottingham	28.9	54.9	70.5	80.2	6.7	13.1
Nottm & Notts	29.7	53.4	69.0	81.6	6.5	11.9
East Midlands	29.9	52.2	69.5	83.0	6.6	10.4
England	34.9	55.5	72.4	84.5	6.3	9.2

Source: Annual Population Survey Jan 2013-Dec 2013

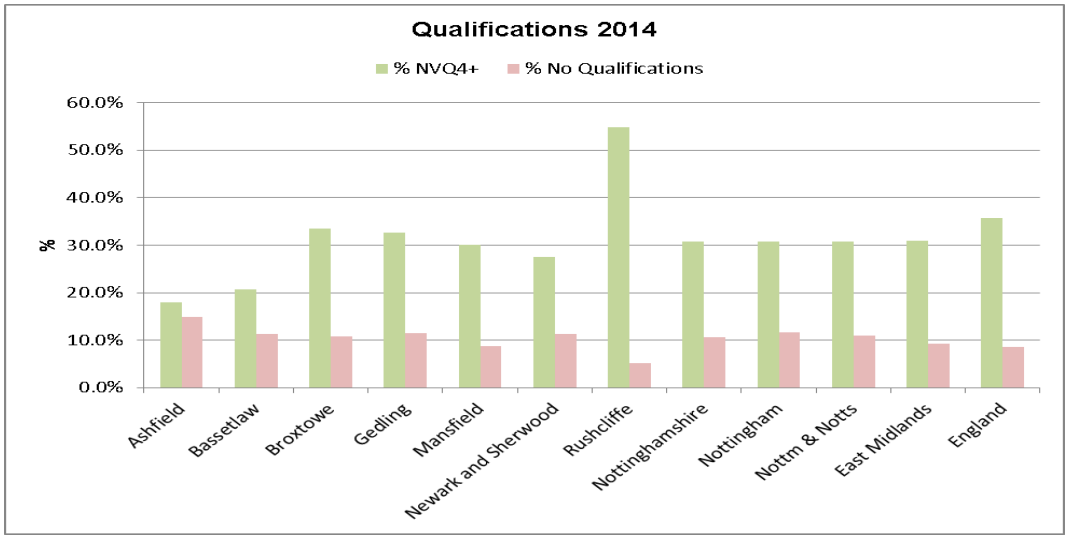
Within the County there is considerable variation in the qualification level of residents between the districts as can be seen from the table above. In Ashfield the proportion of residents aged 16-64 with NVQ level 4 or above is 17.9%.. This is considerably

[24] World Health Organisation (2002) "Active Ageing: a policy framework", World Health Organisation.
[25] HND, Degree and Higher Degree level qualifications or equivalent

lower the averages for the East Midlands (30.9%) and England (35.7%). The population of Rushcliffe have a higher level of attainment with a rate of 54.9%.

Ashfield with 14.8% is the district with highest proportion of residents with no qualifications followed by Gedling with 11.4%. This compares with rates of 9.3% in the East Midlands and 8.6% in England. Rushcliffe has the lowest rate in the County with 5.1%.

Figure 4.8.1.1 Proportion of residents aged 16-64 with high level or no qualifications 2014



Source: Annual Population Survey Jan 2014-Dec 2014

4.8.2 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 the lowest by those living in Mansfield and Ashfield, both of which have levels of attainment below the regional and national averages.

Table 4.8.2 GCSE and equivalent results for all pupils at the end of KS4 by residence, Aug 2014

	5+ A*- C	5+ A*-G	5+ A*-C Inc English & Maths	5+ A*-G Inc English & Maths
Ashfield	60.6	94.1	52.0	90.5
Bassetlaw	71.9	95.9	64.9	94.2
Broxtowe	66.5	93.7	59.1	90.3
Gedling	69.0	93.0	60.4	90.2
Mansfield	61.5	94.2	52.7	91.7
Newark & Sherwood	61.4	94.1	52.9	90.2
Nottingham City	51.0	87.0	43.7	84.5
Rushcliffe	81.3	98.0	75.4	97.8
East Midlands	63.2	93.3	54.1	91.1
England	65.6	93.4	56.6	91.0

Source: Office of National Statistics, August 2014

4.9 Industry Sectors

Health is the largest sector in the County, accounting for 14.6% of all employment. There is still a strong manufacturing base, with 13.8% of employment being within this sector compared with 13.3% in the East Midlands and 8.4% in England. The retail sector is the third largest employer in the County with 11.1%.

Table 4.9.1 Jobs by industry sector: % of residents aged 16+ in employment by industry sector, 2013

Industry	County	E. Mids	England
1 : Agriculture, forestry & fishing	0.1	0.9	0.6
2 : Mining, quarrying & utilities	2.4	1.7	1.1
3 : Manufacturing	13.8	13.3	8.4
4 : Construction	5.3	3.7	4.3
5 : Motor trades	2.1	2.0	1.7
6 : Wholesale	4.4	5.0	4.2
7 : Retail	11.1	9.7	10.0
8 : Transport & storage	4.5	5.1	4.5
9 : Accommodation & food services	6.8	6.3	6.9
10 : Information & communication	2.8	2.7	4.2
11 : Financial & insurance	1.2	1.7	3.8
12 : Property	1.3	1.3	1.7
13 : Professional, scientific & technical	5.9	5.9	8.1
14 : Business administration & support services	5.6	9.2	8.6
15 : Public administration & defence	4.2	4.1	4.6
16 : Education	9.6	10.4	9.6
17 : Health	14.6	12.9	13.1
18 : Arts, entertainment, recreation & other services	4.2	4.1	4.5

Source: Business Register and Employment Survey, 2013

Within the County's districts, manufacturing accounts for a particularly large proportion of employment in Ashfield (18.3%), Bassetlaw (16.7%) and Broxtowe (15.9%) but is much smaller in Rushcliffe (6.8%). The retail sector is significant in Mansfield accounting for 14.7% of employment in the district. In Rushcliffe 11.2% of jobs are 'Professional, scientific & technical', which is well above the rate for the County (5.9%), East Midlands (5.9%) and England (8.1%). Newark & Sherwood has a large proportion of jobs in 'Accommodation & food services', with a rate of 12.0%.

4.9.1 Residents' occupations

The occupational structure of the employed residents in the County as a whole is similar to both the East Midlands and England but there are sizeable variations from the national average in "associate professional and technical occupations" which is 3.4% lower than for England and "skilled trades occupations" which is 2.4% higher than the figure for England. At a district level there are some striking differences. Bassetlaw and Broxtowe for example have very small proportions of "managers,

directors and senior officials" with rates of 5.8% and 5.0% respectively compared with 8.5% in the County, 9.8% in the East Midlands and 10.4% in England.

Table 4.9.1.1Occupational structure of employed residents, January 2014-December 2014

% all in employment who are:	County	East Midlands	England
1: managers, directors and senior officials	8.5	9.8	10.4
2: professional occupations	18.6	17.7	19.9
3: associate prof & tech occupations	10.9	12.3	14.3
4: administrative and secretarial occupations	12.8	10.9	10.7
5: skilled trades occupations	12.9	11.3	10.5
6: caring, leisure and other service occupations	9.7	9.3	9.1
7: sales and customer service occupations	6.8	7.7	7.7
8: process, plant and machine operatives	8.3	8.0	6.3
9: elementary occupations	11.2	12.6	10.7

Source: Annual Population Survey, January 2014-December 2014

If classes 8 and 9 are grouped to give an indication of the less skilled jobs then Mansfield (29.2%) and Bassetlaw (30.7%) have very high rates and these compare with the East Midlands (20.6%) and England (17.0%). Gedling has a rate of just (7.5%) and Rushcliffe (9.6%).

4.9.2 Public/private sector employment

In 2013 there were 284,300 people in employment in the Nottinghamshire, up from 282,300 the previous year but down from 297,300 in 2009. Of the total 19.7% were employed in the public sector, up slightly from 19.6% 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 14.3% in Newark and Sherwood to a high of 22.6% in Gedling. The East Midlands average is 18.0% and for England is 18.1%.

In the period between 2009 and 2013 the number of people employed in the public sector in Rushcliffe has fallen by 4.6%, a difference of 2,500 people. By comparison the proportion of public sector employment in Nottinghamshire has fallen by 1.4% over the same period, the East Midlands by 1.3% and England by 1.6%.

Table 4.9.2.1 Employment by workplace and public/private sector[26], 2013

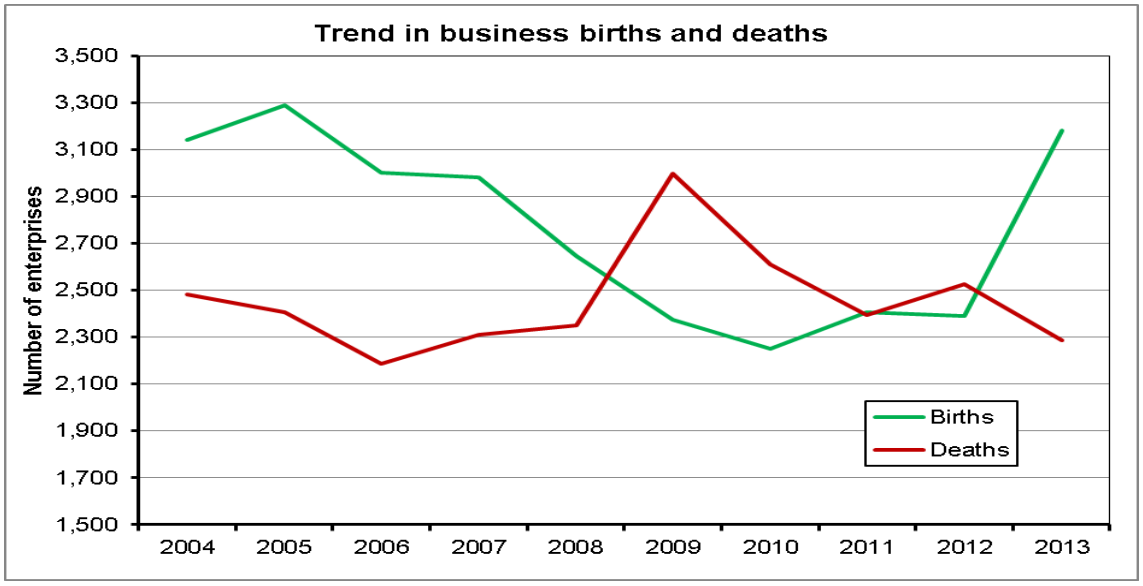
Area	Total	% Public sector	% Private sector
Ashfield	49,600	22.4	77.6
Bassetlaw	46,100	20.8	79.4
Broxtowe	37,000	16.2	83.8
Gedling	30,100	22.6	77.4
Mansfield	35,900	20.3	79.7
Newark and Sherwood	46,700	14.3	85.7
Rushcliffe	39,000	22.1	77.7
Nottinghamshire	284,300	19.7	80.3
Nottingham	211,900	20.2	79.8
Nottm and Notts	496,200	19.9	80.1
East Midlands	1,996,200	18.0	82.0
England	24,552,400	18.1	81.9

Source: ONS Business Register and Employment Survey 2013

4.9.3 Businesses in the County

Business demography figures from the ONS show that in 2013 there were 24,635 active businesses in the Nottinghamshire. This is down from a high of 25,170 in 2008 but up from 22,875 in 2004.

Figure 4.9.3.1 Trend in the number of business births and deaths in Nottinghamshire



Source: ONS Business Demography - 2013. Enterprise Births, Deaths and Survivals

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

[26] The public sector comprises central government, local government and public corporations. The private sector comprises companies, sole proprietors, partnerships and non-profit bodies.

2005 when there were 885 more births than deaths. In 2013 there were 3,180 business deaths and 2,285 births, a difference of 895.

Table 4.9.3.1 Survival rates of businesses started in 2008

Area	Births in 2008	1 Year %	2 Year %	3 Year %	4 Year %	5 Year %
Ashfield	350	94.3	78.6	61.4	51.4	41.4
Bassetlaw	355	93.0	73.2	54.9	46.5	39.4
Broxtowe	330	95.5	78.8	63.6	54.5	47.0
Gedling	385	94.8	79.2	62.3	53.2	46.8
Mansfield	300	95.0	81.7	63.3	53.3	45.0
Newark & Sherwood	440	95.5	76.1	64.8	52.3	44.3
Rushcliffe	485	95.9	79.4	61.9	53.6	46.4
Nottinghamshire	2,645	94.9	78.1	61.8	52.2	44.4
Nottingham	915	91.3	69.9	53.6	43.7	36.1
Nottm and Notts	3,560	94.0	76.0	59.7	50.0	42.3
East Midlands	16,785	93.8	76.1	59.7	50.3	43.0
England	236,345	92.1	73.9	57.9	48.8	41.2

Source: ONS Business Demography - 2013. Enterprise Births, Deaths and Survivals

The five year survival rate of businesses in Nottinghamshire is 44.4% which is better than the average for firms in the East Midlands (43.0%) and England (41.2%). There are however differences between the districts with a high of 47.0% in Broxtowe and a low of 39.4% in Bassetlaw. There is a high early failure rate of new businesses in Rushcliffe, with 4.1% failing within the first year. In Bassetlaw 26.8% of businesses had failed by year two.

4.10 Community

4.10.1 Local Neighbourhoods

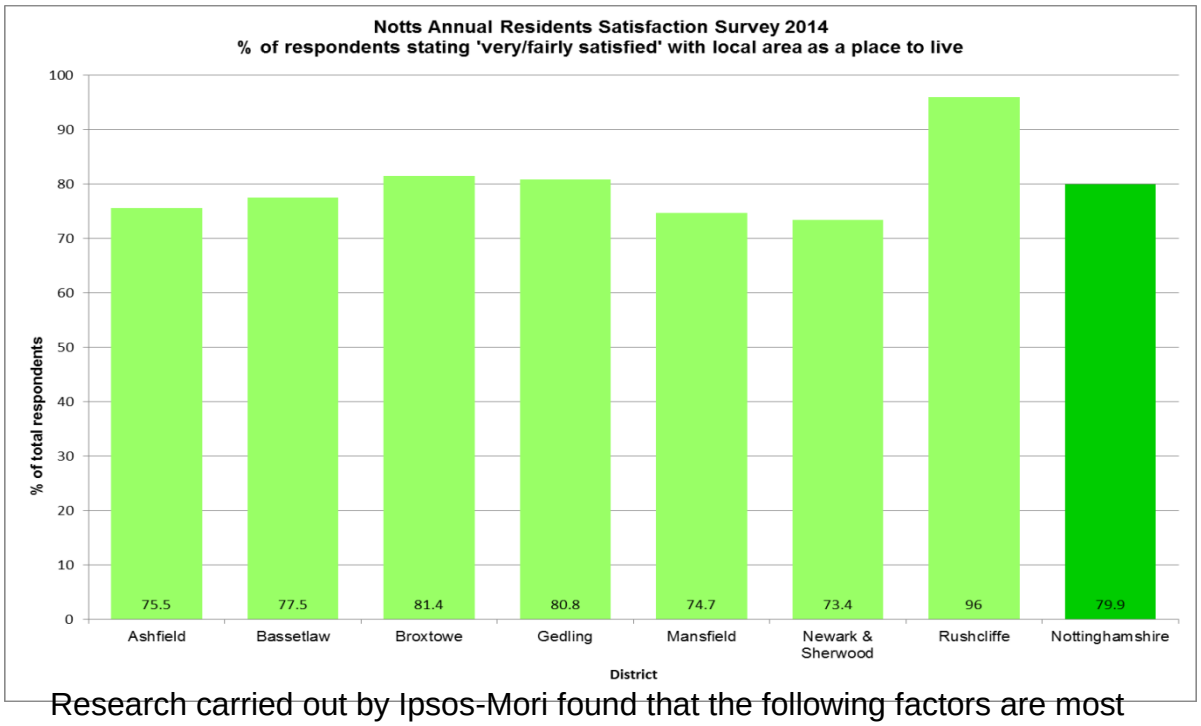
Why this matters?

"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".[27]

The Nottinghamshire Annual Residents Satisfaction Survey 2014 asked a number of questions on satisfaction with local neighbourhoods and perceptions of safety and crime. Figure 4.10.1.1 below shows satisfaction with the local area as a place to live; 80% 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 areas such as Rushcliffe and Broxtowe and lowest in authorities such as Newark & Sherwood (73.4%).

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

Figure 4.10.1.1: Nottinghamshire Annual Residents Satisfaction Survey 2014 – % very/fairy satisfied with the local area as a place to live



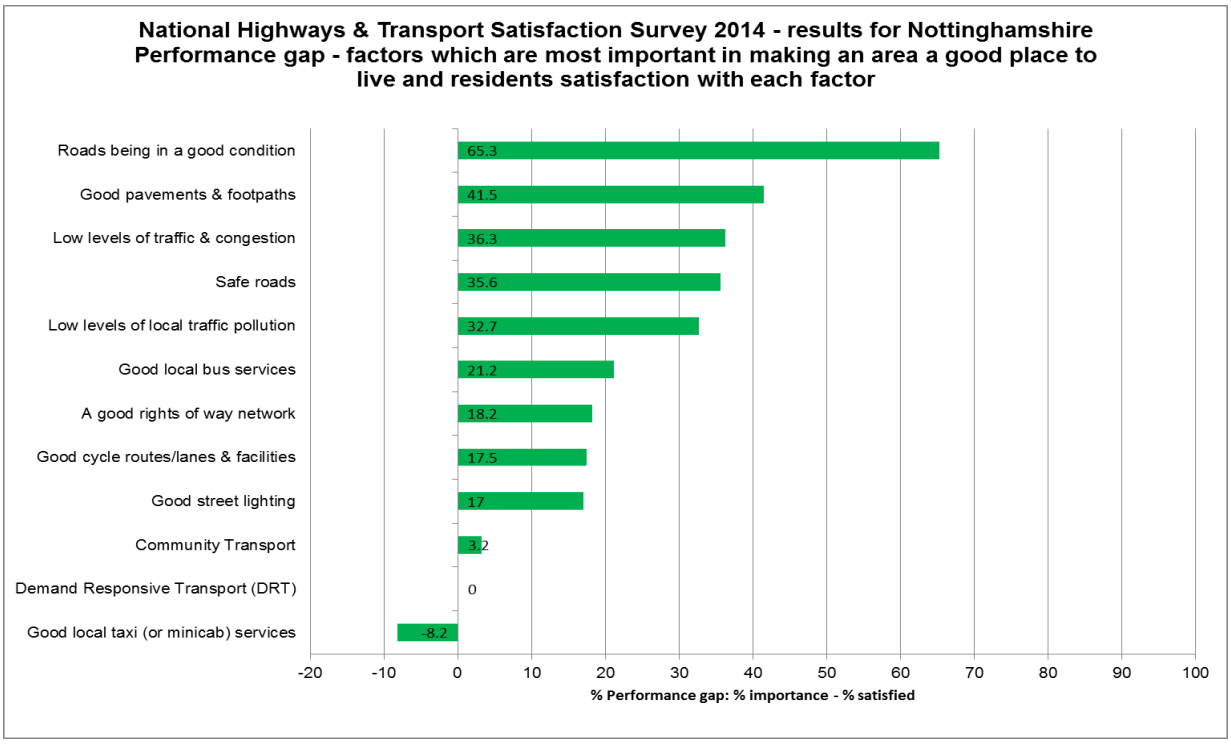
Research carried out by Ipsos-Mori found that the following factors are most important in explaining the variation in satisfaction levels with regard to local neighbourhoods: belong to immediate neighbourhood (15% of variation explained), satisfaction with the way the local council runs things (14% of 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[28]

Figure 4.10.1.2 below shows results from the National Highways & Transport Satisfaction Survey 2014 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.

The chart gives an indication of the factors which would most need improving in local areas, the factors with the largest performance gaps (difference between % important and % satisfied). The most important factor is roads being in a good condition (96% of respondents stated that roads being in a good condition was very important for them, but 31% of respondents were satisfied with this factor). Good local taxi or minicab services showed a positive result, where 60% of respondents thought that this factor was important for an area, and 68% of respondents said they were satisfied with this factor in their area.

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

Figure 4.10.1.2: 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 2014

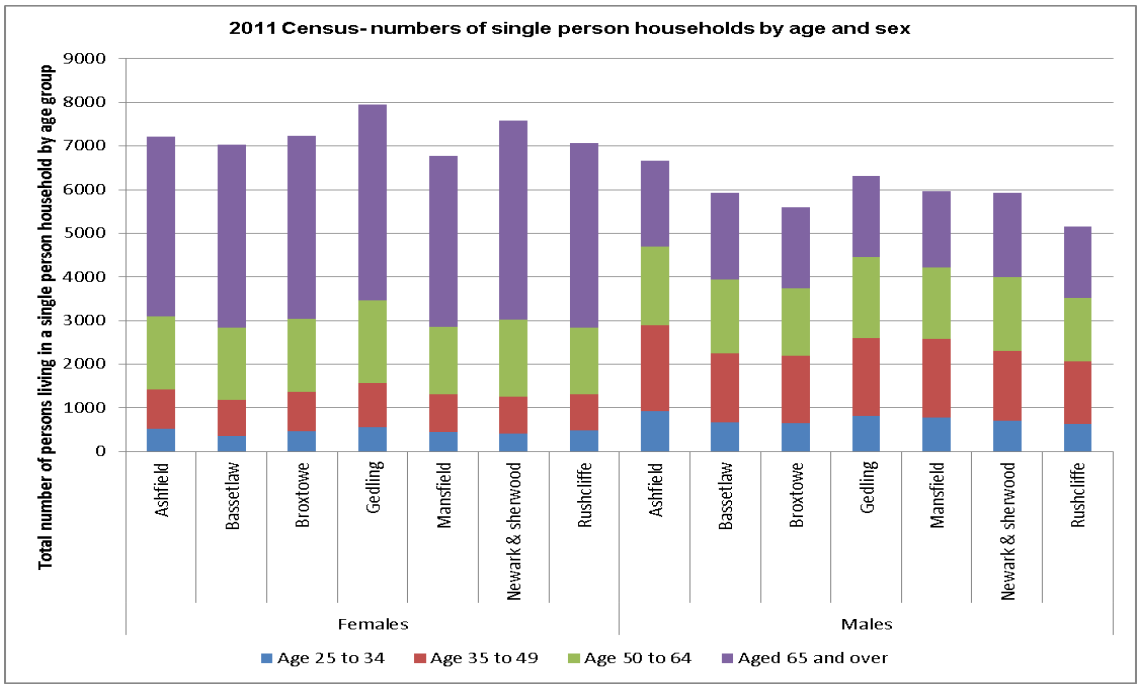
Support operates on the levels both of the individual and of the society. Social isolation and exclusion are associated with increased rates of premature death and poorer chances of survival after a heart attack. People who receive less social and emotional support from others are more likely to experience poorer wellbeing, more depression, a greater risk of pregnancy complications and higher levels of disability from chronic illnesses. In addition, poor personal relationships can have an adverse effect on mental and physical health.[29]

4.10.2 Social relations, connectivity and getting involved

Social support within neighbourhoods is particularly important to those who live alone. Figure 4.10.2.1 below shows figures from the 2011 census relating to total numbers of single person households by age and sex across Nottinghamshire.

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

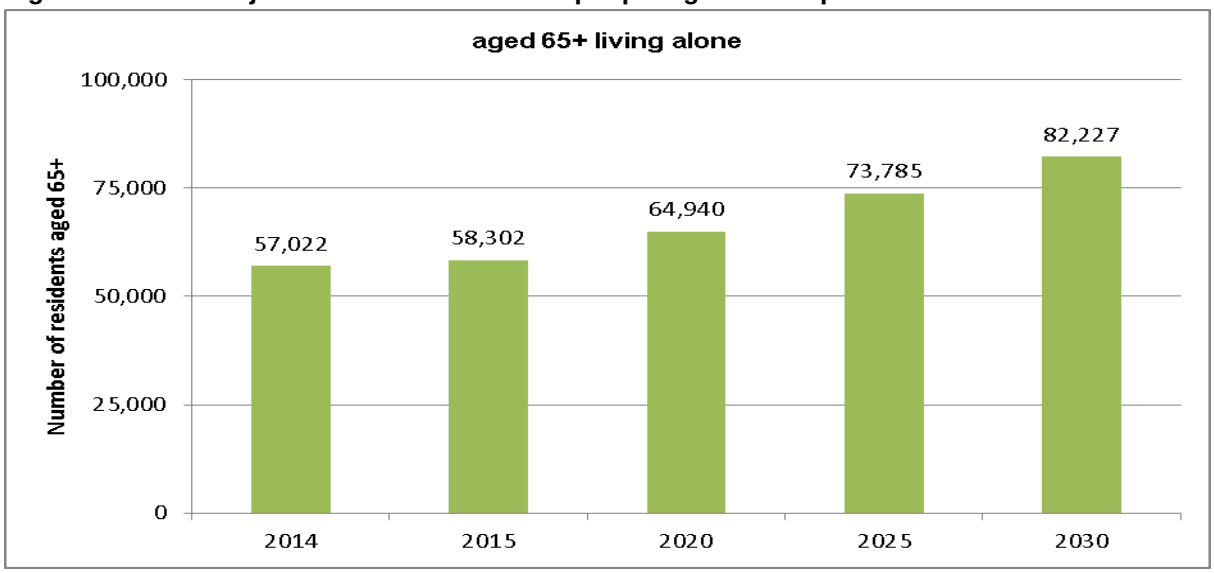
Figure 4.10.2.1 : 2011 census – total numbers of single person households by age and sex



As would be expected there are approximately twice the number of female to male in the 65+ age groups in all districts. However in the 35-49 year age groups the reverse is true with more single male households than female single households. Ashfield District has the highest number of single person male households in the 35-49 years age group. Newark and Sherwood has the highest numbers of female single pensioner households in Nottinghamshire, followed by Gedling and Rushcliffe Districts.

Figure 4.10.2.2 shows that between 2014 and 2030, there is a projected increase of 44% in the number of people over 65 years who live alone.

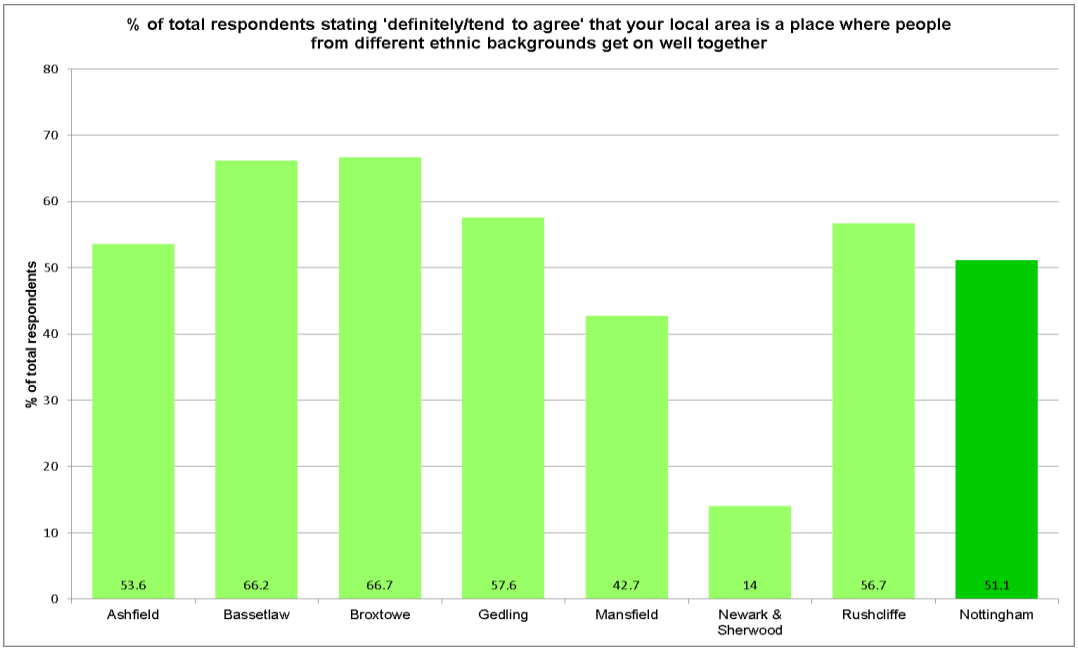
Figure 4.10.2.2: Projection in the numbers of people aged 65+ expected to live alone



Source: POPPI March 2015

In the 2014 Nottinghamshire Annual Residents Satisfaction Survey asked residents across Nottinghamshire their opinions of whether people from different backgrounds got on well together. Figure 4.10.2.3 shows that levels of agreement were highest in Bassetlaw and Broxtowe Districts, but lowest in Mansfield (42.7%) and Newark & Sherwood (14%) Districts. In the 2012 survey these districts were 55% and 37% respectively. The County average was 51%, down from 58% in the 2012 survey.

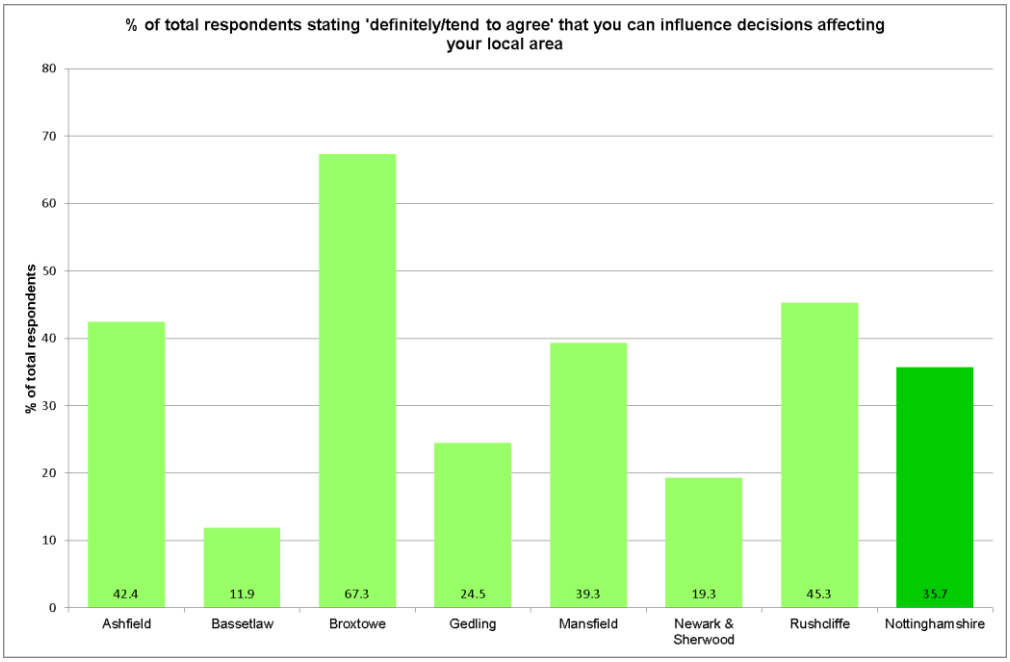
Figure 4.10.2.3 : % who agree that people from different backgrounds get on well together, 2014



Source: Nottinghamshire Annual Residents Satisfaction Survey 2014.

Residents across Nottinghamshire expressed differences in their opinions of whether they felt they could influence decisions affecting their local area. Figure 4.10.2.4 shows that levels of agreement were highest in Rushcliffe District (67%), but lowest in Bassetlaw District (12%). The Nottinghamshire County average was 36%.

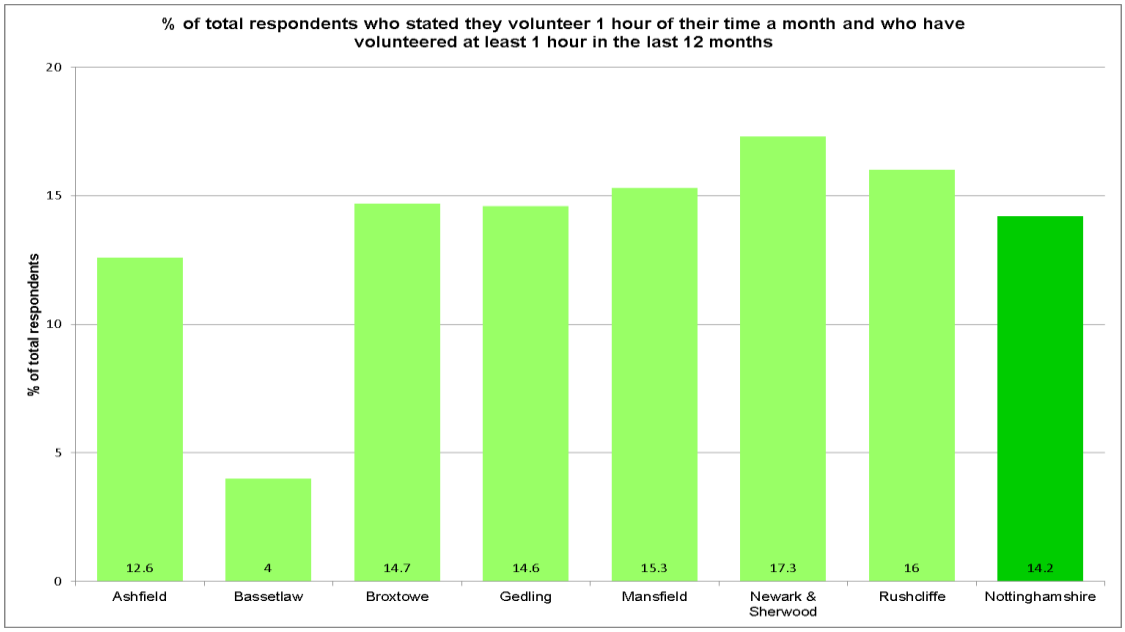
Figure 4.10.2.4 : % who agree that they can influence decisions affecting their local area, 2014



Source: Nottinghamshire Annual Residents Satisfaction Survey 2014.

Figure 4.10.2.5 below shows that a greater proportion of respondents living in Newark and Sherwood District compared to other districts in Nottinghamshire devote some hours of the week for volunteering activities. Bassetlaw District has the lowest proportion of respondents devoting some hours of the week for volunteering activities.

Figure 4.10.2.5: Level of involvement in voluntary activities across Nottinghamshire, 2014



Source: Nottinghamshire Annual Residents Satisfaction Survey 2014.

4.10.3 Feeling safe and crime

Why this matters?

“Four potential pathways connect fear of crime to health:

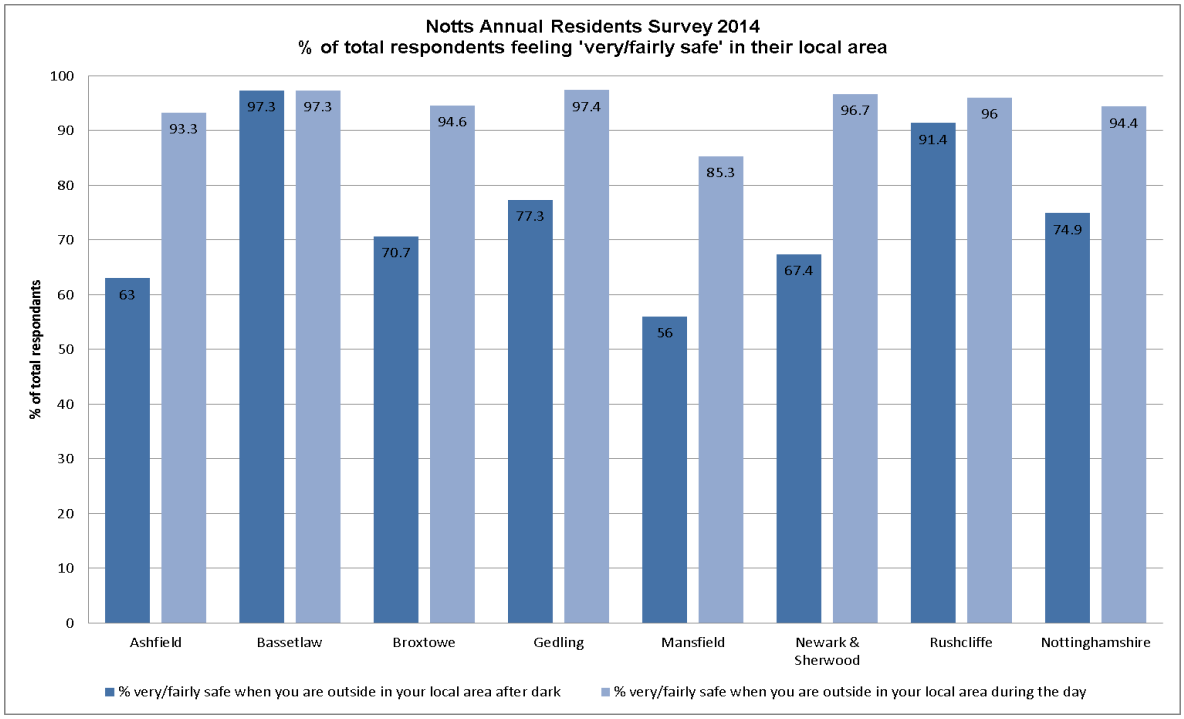
- The anxieties induced or expressed by fear of crime may have an impact on health

- 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"[30]

"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 of being victimised….Indirect impacts include a wide range of negative effects…likely to operate at a neighbourhood level"[31]

The Nottinghamshire Annual Residents Satisfaction Survey 2014 asked a number of questions relating to residents' perceptions of crime and safety in their local area both during the day and at night (Fig 4.10.3.1). 94% of respondents in Nottinghamshire feel very/fairly safe outside in their local area during the day. However at night, this figure drops to 75% and in some districts of the County such as Mansfield and Ashfield the figure drops to 56% and 63 % respectively.

Figure 4.10.3.1: % of respondents who feel safe in their local area



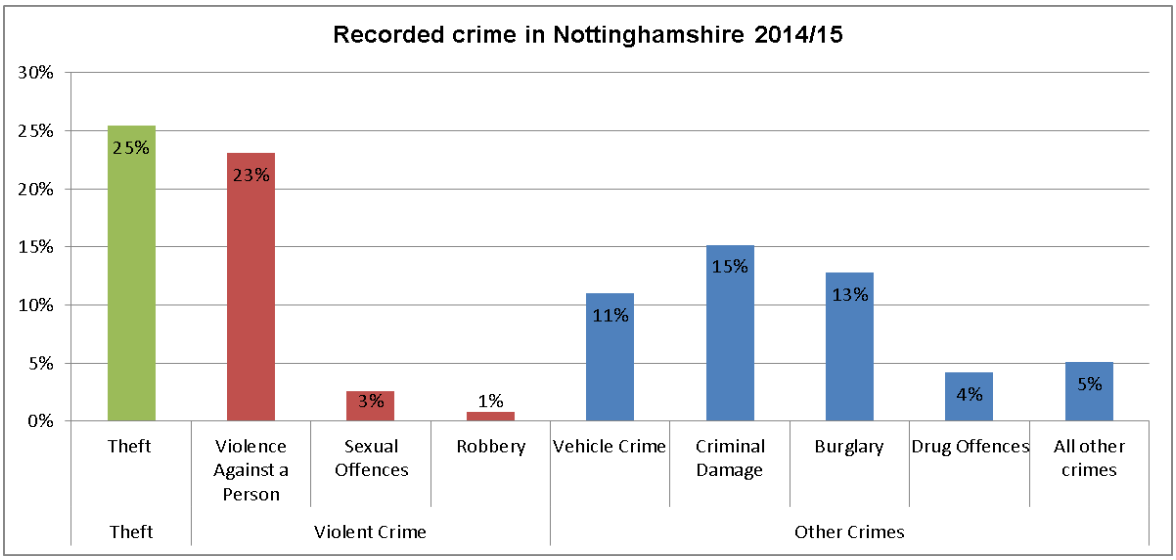
Source: Nottinghamshire Annual Residents Satisfaction Survey 2014

There were 40,875 crimes recorded in 2014/15 in Nottinghamshire (Figure 4.10.3.2). The main types of crime recorded were theft and fraud (25%), violent crime (27%),

[30] 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
[31] 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

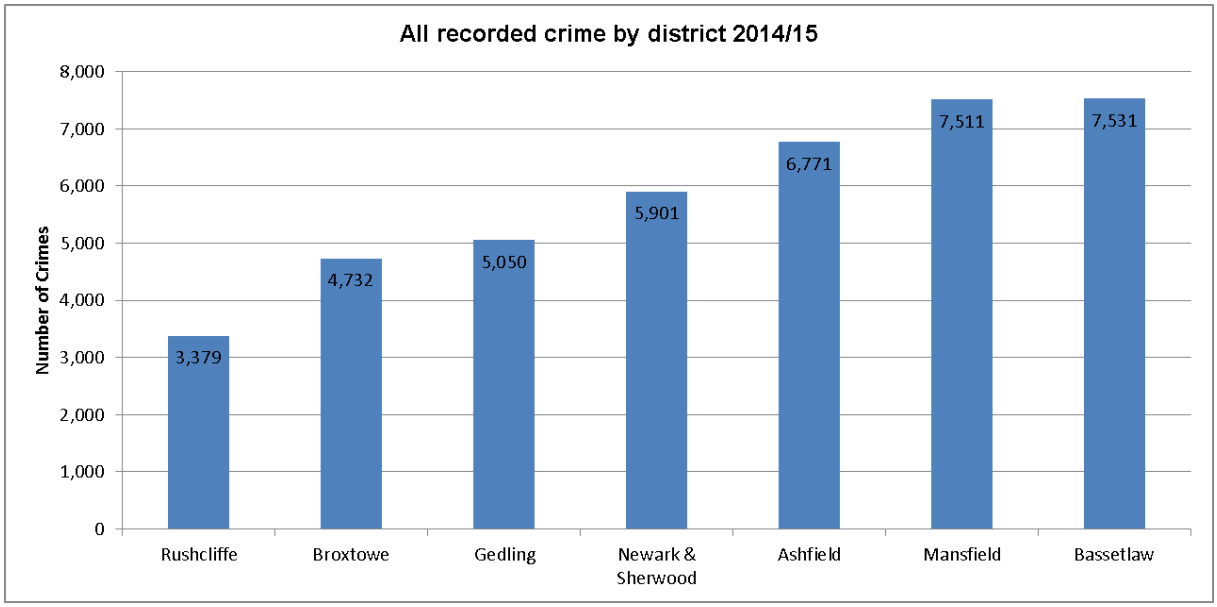
vehicle crime (11%) and criminal damage (15%). Domestic burglary accounted for 13% of crimes in Nottinghamshire but is of particular importance to residents at it not only causes damage and loss to property but also impacts upon sense of safety and heightens fear of crime. The number of reported crimes was highest in Bassetlaw, Ashfield and Mansfield (Figure 4.10.3.3).

Figure 4.10.3.2: Recorded crime in Nottinghamshire, by crime type in 2014/15



Source: Strategic Analytical Unit, Nottinghamshire County Council

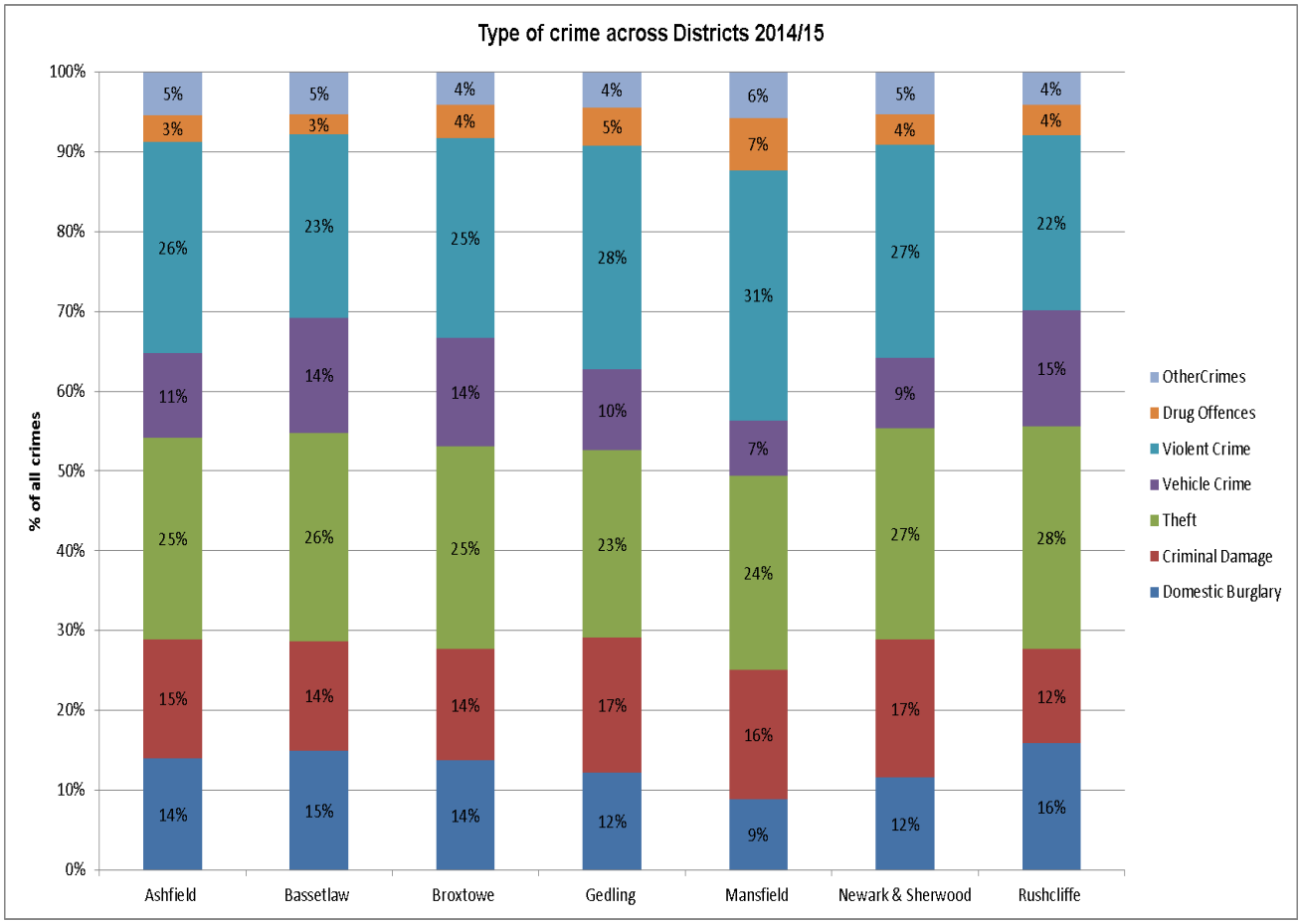
Figure 4.10.3.3: Recorded crime in Nottinghamshire Districts, all crimes in 2014/15



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 (31%) and the highest proportion of domestic burglaries in Rushcliffe (16%)(Figure 4.10.3.4).

Figure 4.10.3.4: Recorded crime in Nottinghamshire districts, by type of crime in 2014/15



Source: Strategic Analytical Unit

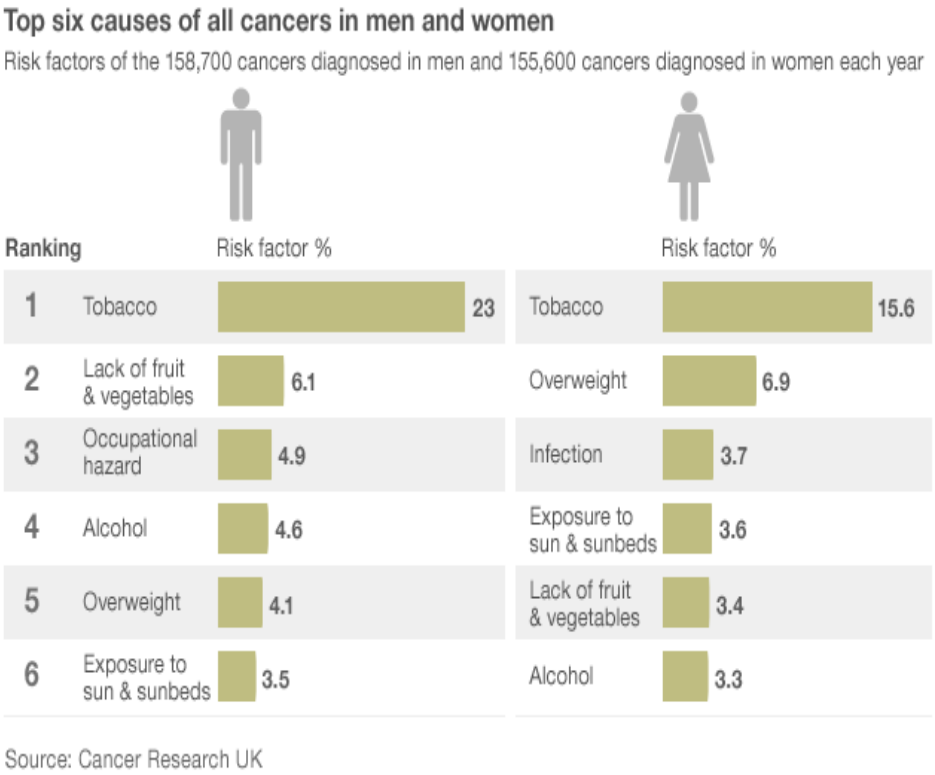
4.11 Lifestyle

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[32] 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.

[32] 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]



4.11.1 Smoking

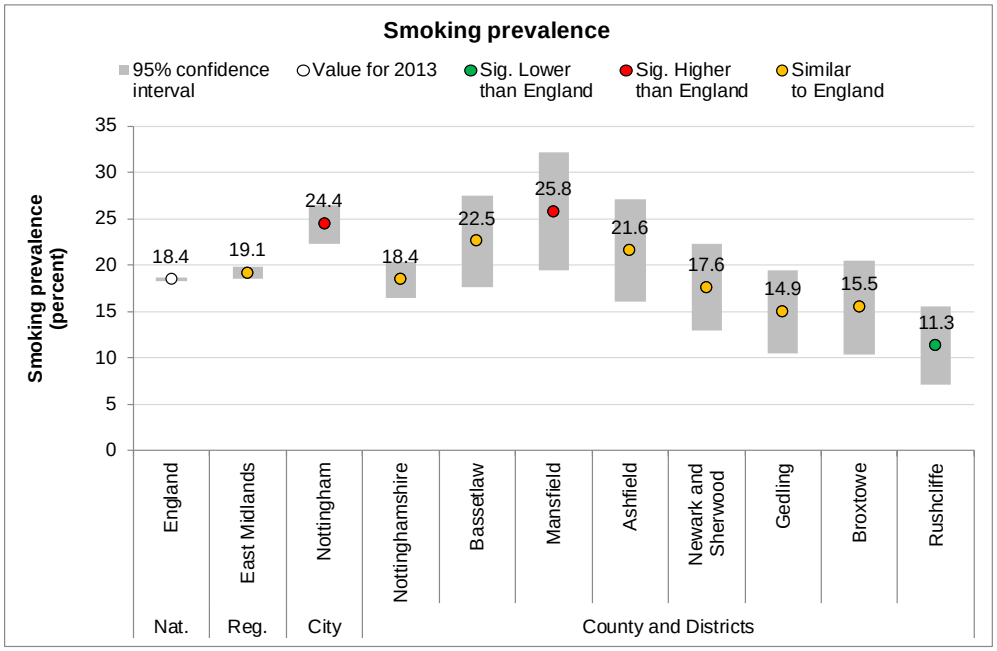
Why this matters?

"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."[33]

Smoking in people aged 18 and over in Nottinghamshire was similar to regional and national levels in 2013 (Fig 4.11.1.1). Within the Districts, Mansfield, Ashfield and Bassetlaw had the highest levels of smoking prevalence with levels in Mansfield also significantly higher than the national average. Gedling, Broxtowe and Rushcliffe had the lowest levels of smoking prevalence with levels in Rushcliffe also significantly lower than the national average. Smoking prevalence within CCGs showed a similar pattern (Fig 4.11.1.2). In general smoking prevalence was higher in more deprived areas of Nottinghamshire and lower in less deprived areas.

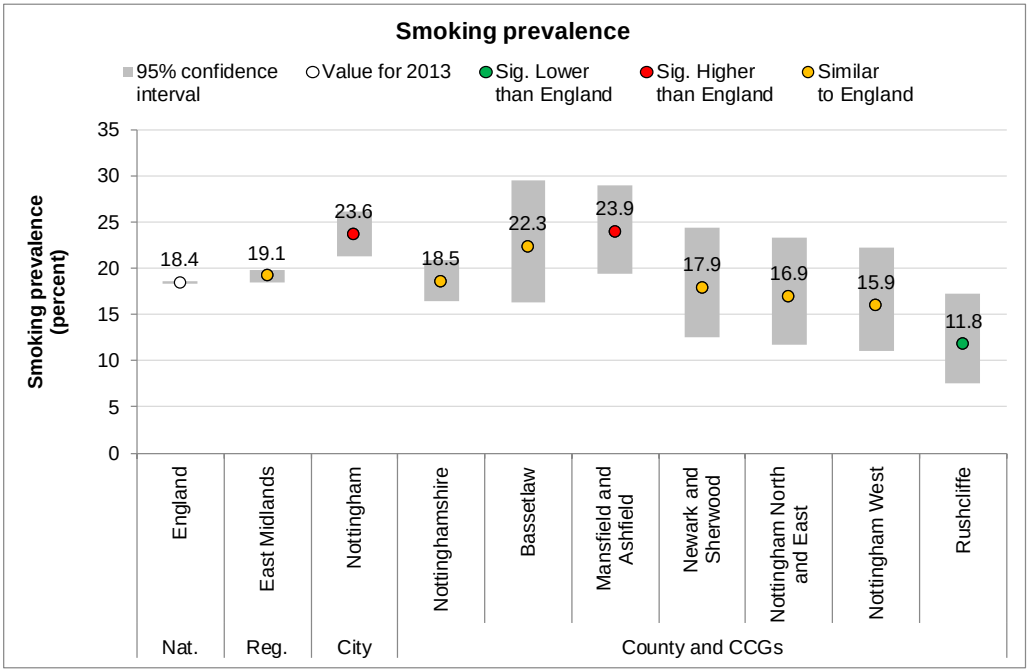
[33] Wilkinson, R. and Marmot, M. (editors) (2003) " Social determinants of health: the solid facts". 2nd Edition, World Health Organisation.

Figure 4.11.1.1: Smoking prevalence in those aged 18 and over in Nottinghamshire and districts (2013)



Source: Health and Social Care Information Centre Integrated Household Survey 2013

Figure 4.11.1.2: Estimates of smoking prevalence by CCG (2013)



Sources: Secondary analysis of Smoking prevalence synthetic MSOA estimates 2003-05, local exeter population extract April 2013, Integrated Household Survey smoking prevalence data at upper and lower tier LA 2013

4.11.2 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

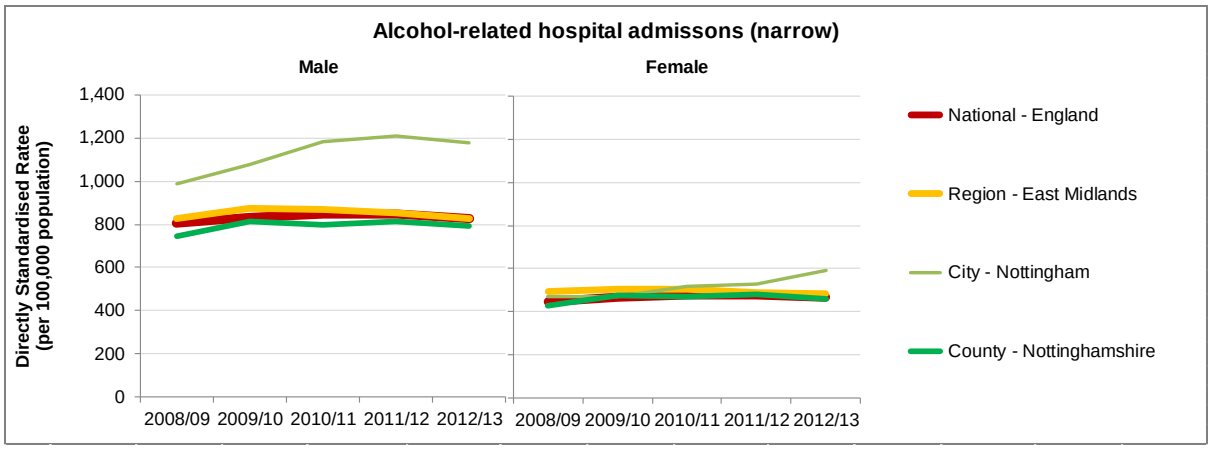
resources and the links between alcohol and violent crime are evident. Those in treatment for drug or alcohol misuse often report issues with both drugs and alcohol (Nottinghamshire JSNA).

"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"[34]

"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"[35]

It is estimated that there are 28,600 people dependent upon alcohol in Nottinghamshire in 2015[36]. Alcohol-related hospital admissions (narrow definition[37]) have remained relatively stable across all of Nottinghamshire's districts between 2008/09 and 2012/13 for both men and women. This is similar to regional and national trends (Figure 4.11.2.1). Within districts Bassetlaw has alcohol-related hospital admission rates significantly higher than the national average for persons overall and and women in 2012/13. Broxtowe and Rushcliffe had significantly lower rates of alcohol-related hospital admissions for both men and women than the national average (Figure 4.11.2.2).

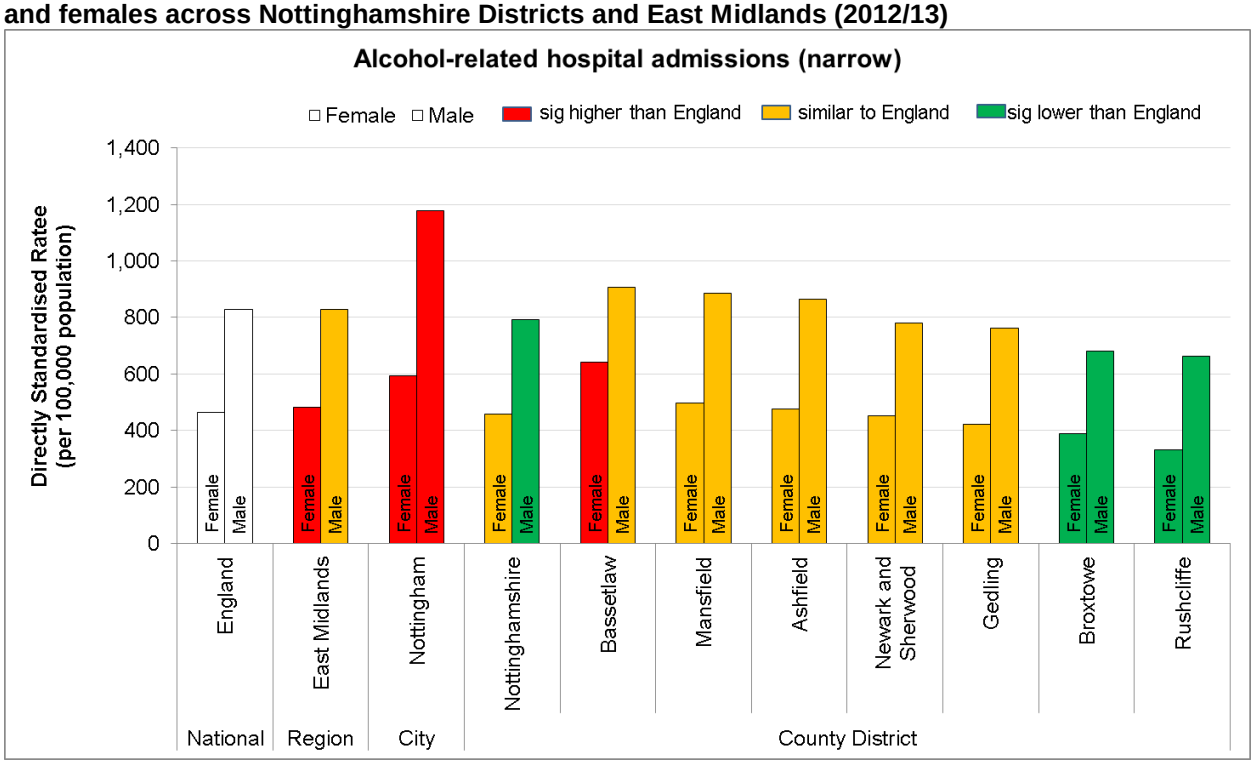
Figure 4.11.2.1: Trend in the rates of alcohol-related admissions to hospital (narrow definition) for males and females across Nottinghamshire Districts (2008/09 to 2012/13)



Source: HES admissions analysis, published via the PHE Public Health Outcomes Framework tool (February 2015 update)

[34] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.
[35] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd edition, World Health Organisation.
[36] PANSI Update 8.0 28th July 2014
[37] PHE Methodology using the 'narrow' definition is less sensitive to improvements in data quality compared to the earlier 'broad' definition. See e.g. https://publichealthmatters.blog.gov.uk/2014/01/15/understanding-alcohol-related-hospital-admissions/

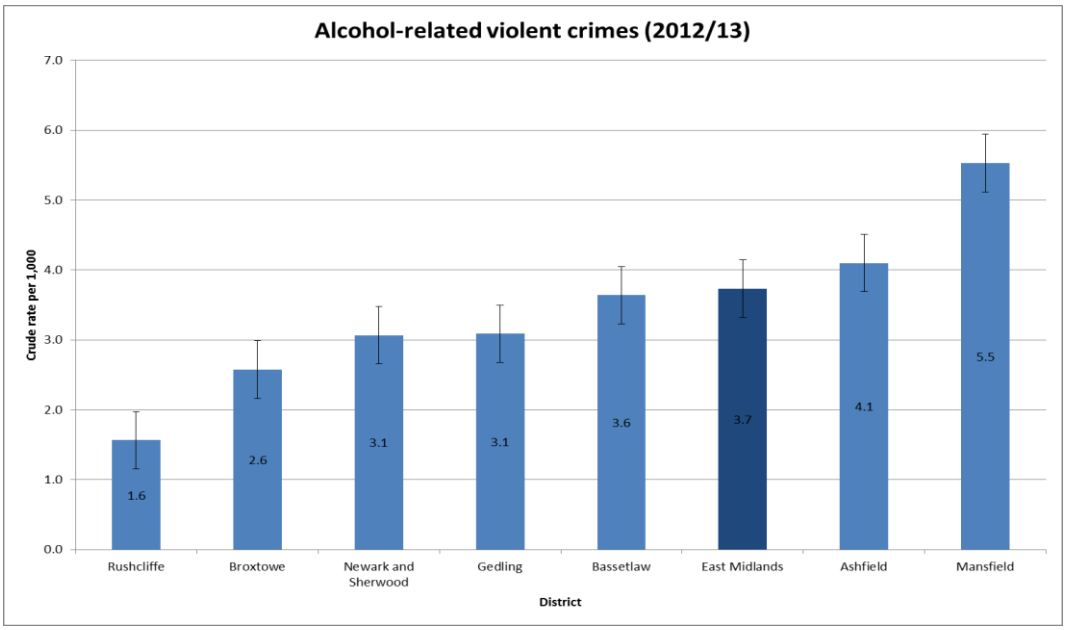
Figure 4.11.2.2: Rates of alcohol related admissions to hospital (narrow definition) for males and females across Nottinghamshire Districts and East Midlands (2012/13)



Source: HES admissions analysis, published via the PHE Public Health Outcomes Framework tool (February 2015 update)

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 4.11.2.3).

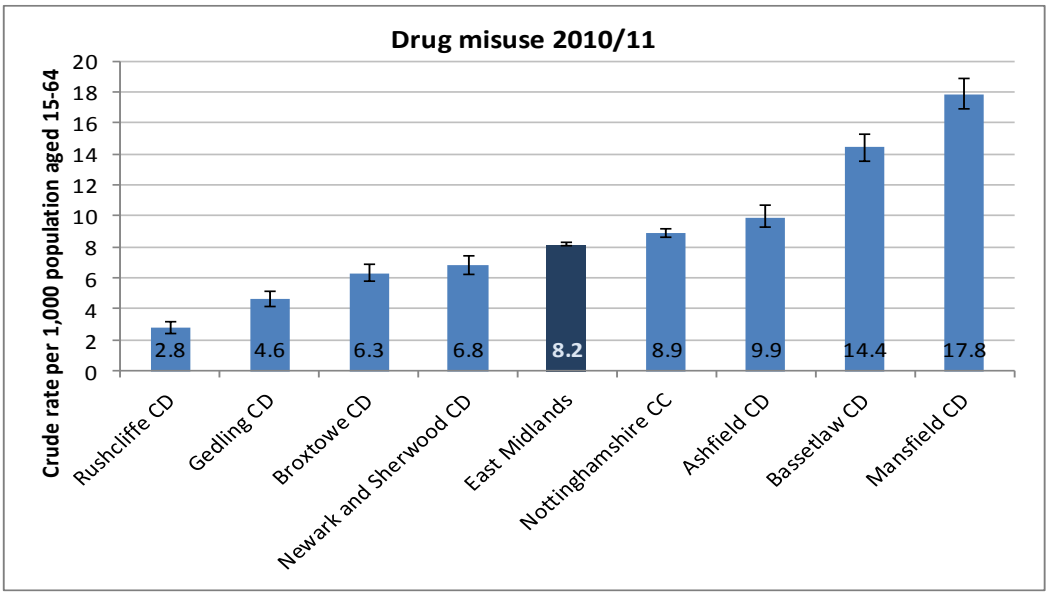
Figure 4.11.2.3: Alcohol-related violent crimes in Nottinghamshire Districts in 2012/13



Source: Local Alcohol Profiles for England

In Nottinghamshire the prevalence of drug misuse is significantly higher than the England average (Figure 4.11.2.4). It is estimated that there are 16,327 people in Nottinghamshire dependent on illicit drugs, of which most (12,000) are dependent upon cannabis[38]. The north of the County experiences more drug or alcohol-related harm compared to the south of the County.

Figure 4.11.2.4: 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

4.11.3 Diet and nutrition

Why this matters?

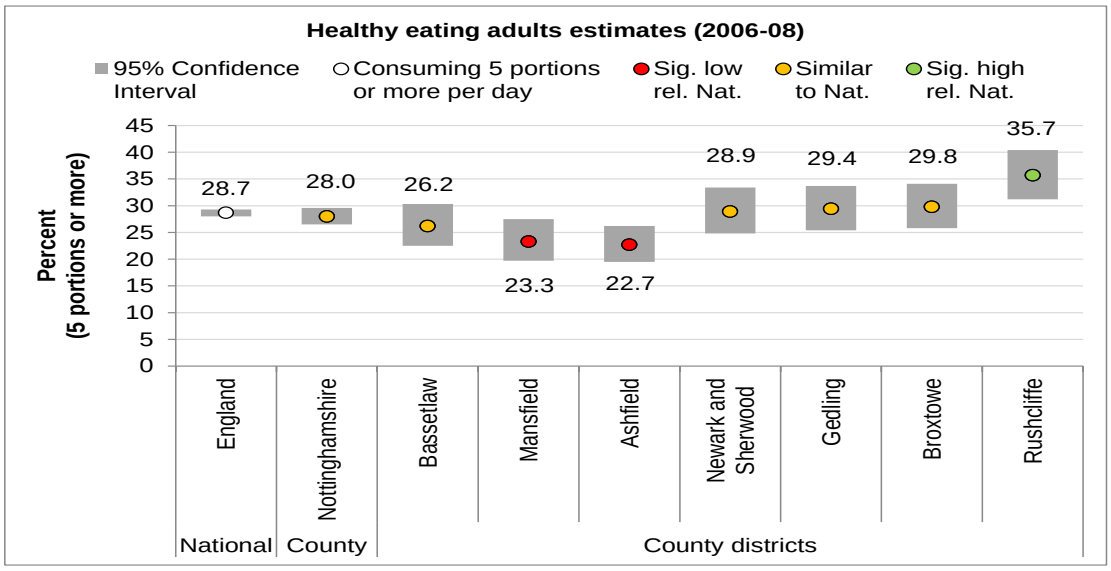
"A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity 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"[39]

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

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

eat healthily in Rushcliffe. Figure 4.11.3.1 shows a similar picture by CCG. Patterns of healthy eating are associated with levels of deprivation.

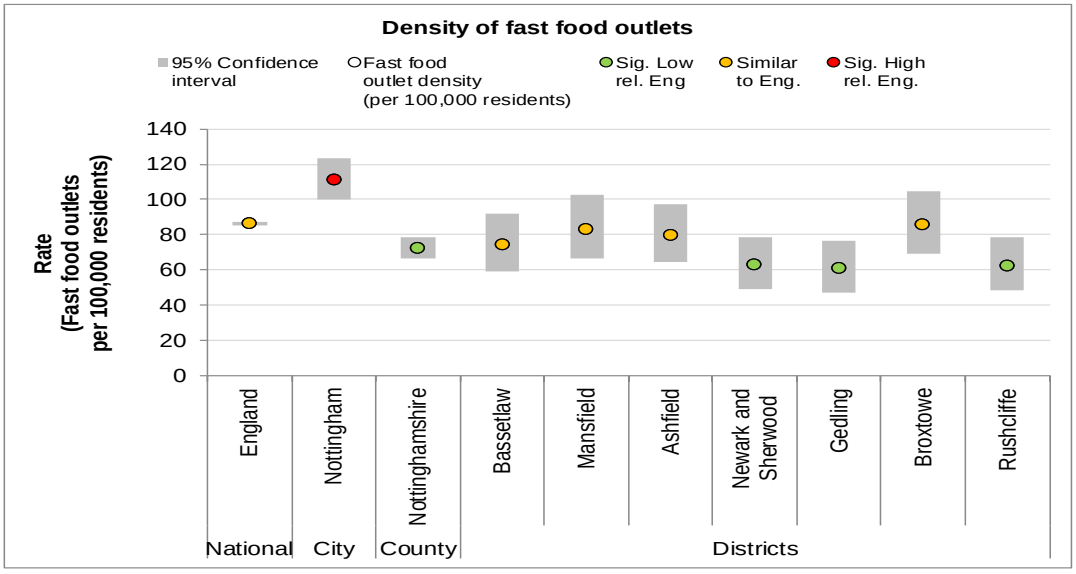
Figure 4.11.3.1: The estimated percentage of the population aged 16+ that eat healthily, 2006-2008, Nottinghamshire Districts



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

People generally have easy access to cheap, 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 4.11.3.2 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 4.11.3.2: Density of fast food outlets in Nottinghamshire, 2013



Source: PHE National Obesity Observatory, URL: http://www.noo.org.uk/visualisation

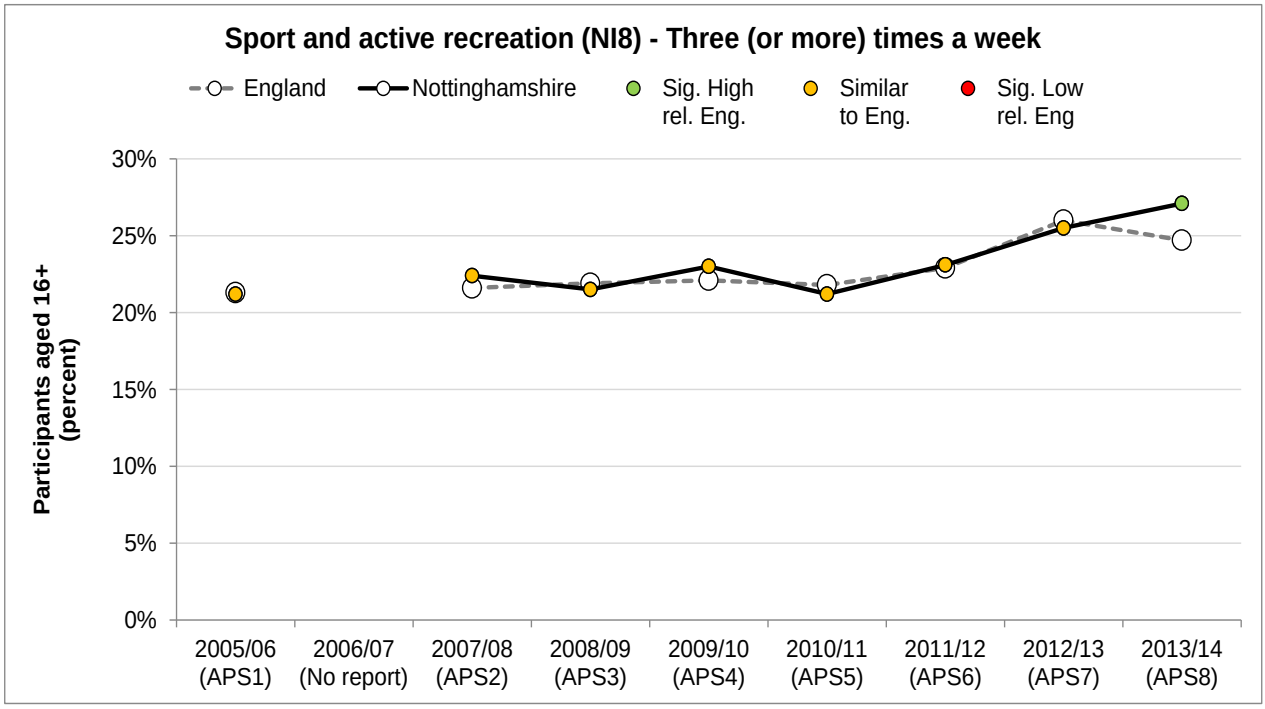
4.11.4 Physical activity

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."[40]

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 4.11.4.1 shows that in Nottinghamshire county levels of active participation have broadly been increasing over time following the England trend and in the latest survey year are significantly higher than England. Within Nottinghamshire participation levels are variable but recent increases are seen in Mansfield, Gedling and Rushcliffe. Newark and Sherwood has the highest and Broxtowe district has the lowest level of participation in sport and recreation across the County.

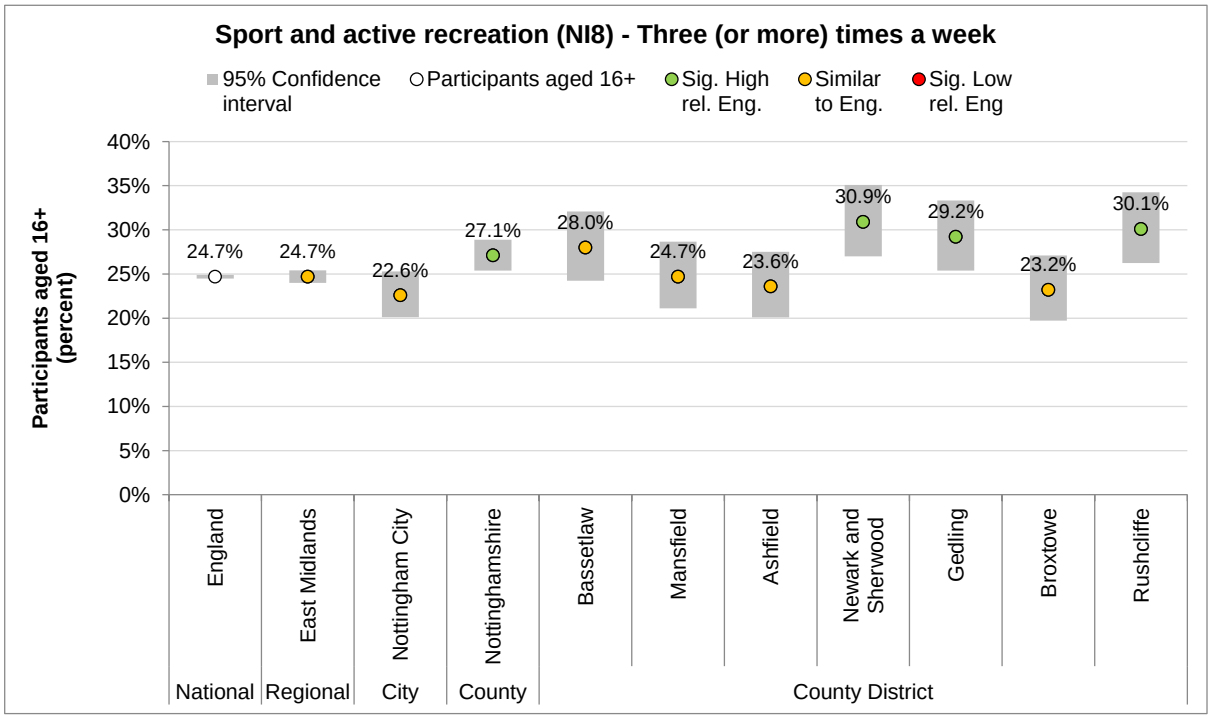
Figure 4.11.4.1: Adult participation in sport and active recreation within Nottinghamshire



Source: Active People Survey 8 2013/14,URL: http://activepeople.sportengland.org/

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

Figure 4.11.4.2: Adult participation in sport and active recreation within Nottinghamshire and districts



Source: Active People Survey 8 2013/14,URL: http://activepeople.sportengland.org/
The proportion/number of adults (aged 16 and over) participating in at least 30 minutes of sport and active recreation, at moderate intensity, on at least 12 days out of the last 28 days (equivalent to 3 or more days a week). NI8 includes a slightly wider range of activities than the sports participation measures as any walking for the purpose of health and recreation is included in NI8.

4.11.5 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:

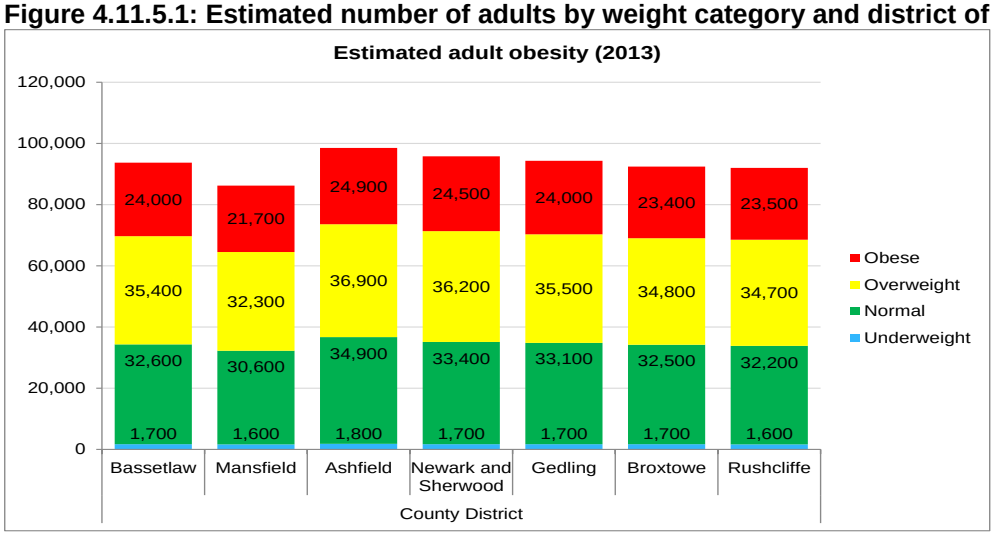
- Musculoskeletal problems
- Reproductive and urological problems, including infertility
- Psychological and social problems by altered body image and stigma
- Respiratory problems (e.g. sleep apnoea (interruptions to breathing while asleep))"[41]

"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".[42]

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

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% (229,200) of people aged 16+ living in Nottinghamshire were estimated to be of a healthy weight in 2013. Figure 4.11.5.1 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.

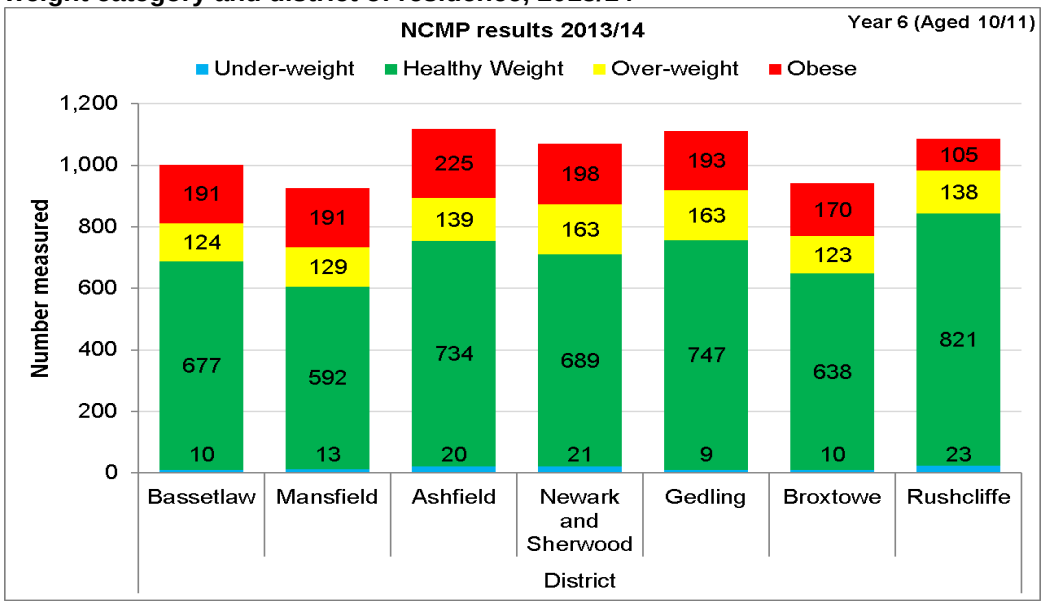
Figure 4.11.5.1: Estimated number of adults by weight category and district of residence, 2013



Source: Secondary analysis of ONS Mid-year 2013 population estimates and HSE 2013 Child and Adult obesity trend tables. Note: Number breakdowns may not agree with totals due to rounding

Figure 4.11.5.2 shows the weight status distribution amongst Nottinghamshire school children in Year 6 who were measured under the National Schools Measurement Programme (NCMP) in 2013/14. Note this represents only some of the children of Year 6 school age (aged 10 on September 1st) and not all of them.

Figure 4.11.5.2: Year 6 children measured on National Child Measurement Programme by weight category and district of residence, 2013/14



Source NCMP

There are signs of variation across the districts. The proportion and number of healthy weight children are higher in Rushcliffe than in the remaining districts. Ashfield has the highest number of obese children and is amongst the districts with the highest proportion of obese children measured.

The NCMP is a national mandated collection based on children in local authority maintained schools. This includes academies but will exclude private schools. Also not every eligible child is measured for a number of reasons. Where participation is low it is not considered valid to generalise to the rest of the population as there may be a bias in those who were not measured.

5.0 Impact on Health and Wellbeing

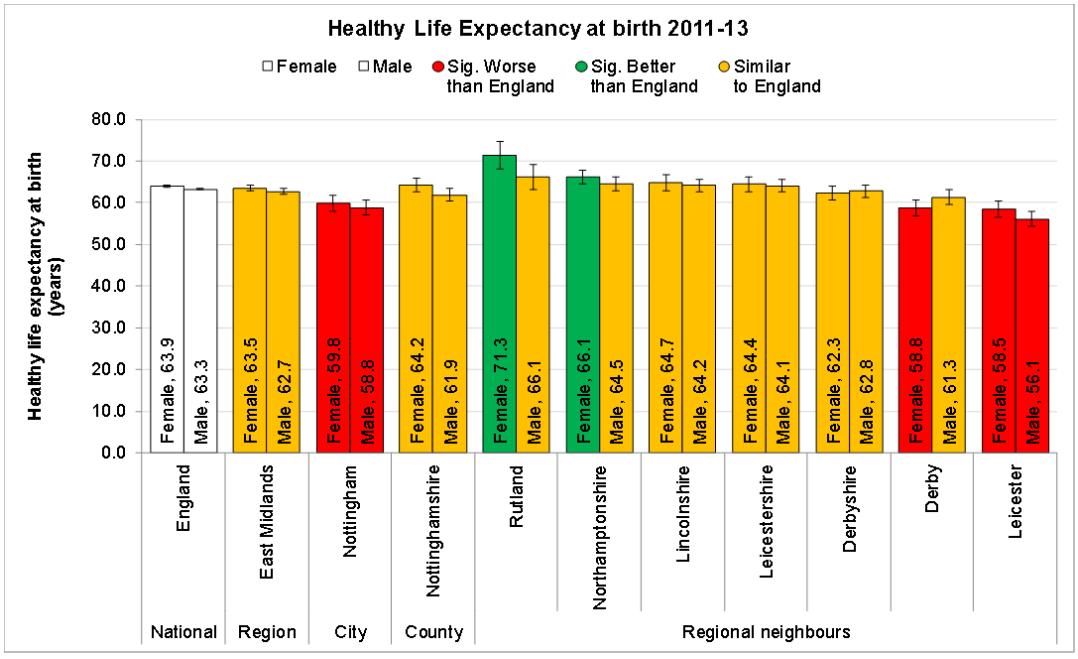
5.1 Introduction

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 64.2 years for females and 61.9 years for males in 2011-2013. Both males and females had similar healthy life expectancy compared with the England (Figure 5.1.1).

Figure 5.1.1 Healthy Life expectancy at birth in Nottinghamshire (2011-13)



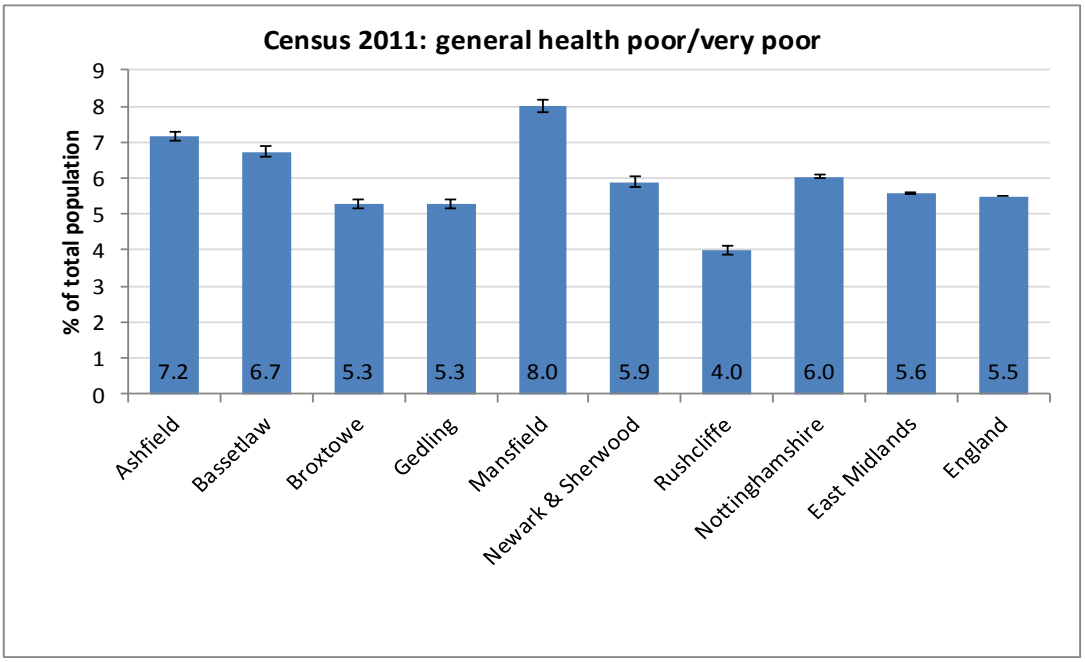
Source: Office for National Statistics, 2013

5.2 What are illnesses and conditions are people living with?

5.2.1 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 5.2.1.1 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 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 5.2.1.1: Self-reported general health in Nottinghamshire's Districts, total population, 2011



Source: Census 2011

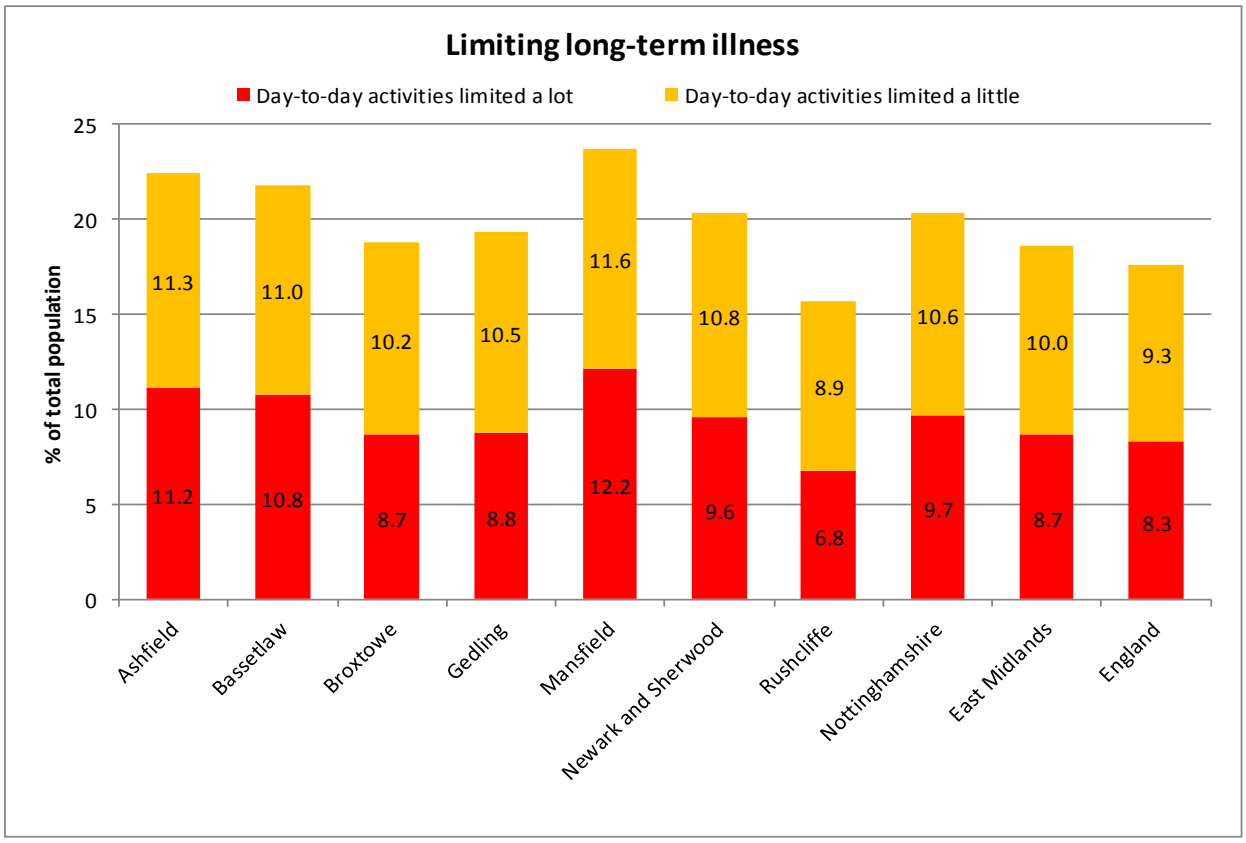
5.2.2 Long term illnesses and conditions

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 5.2.2.1: 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 5.2.2.1 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.

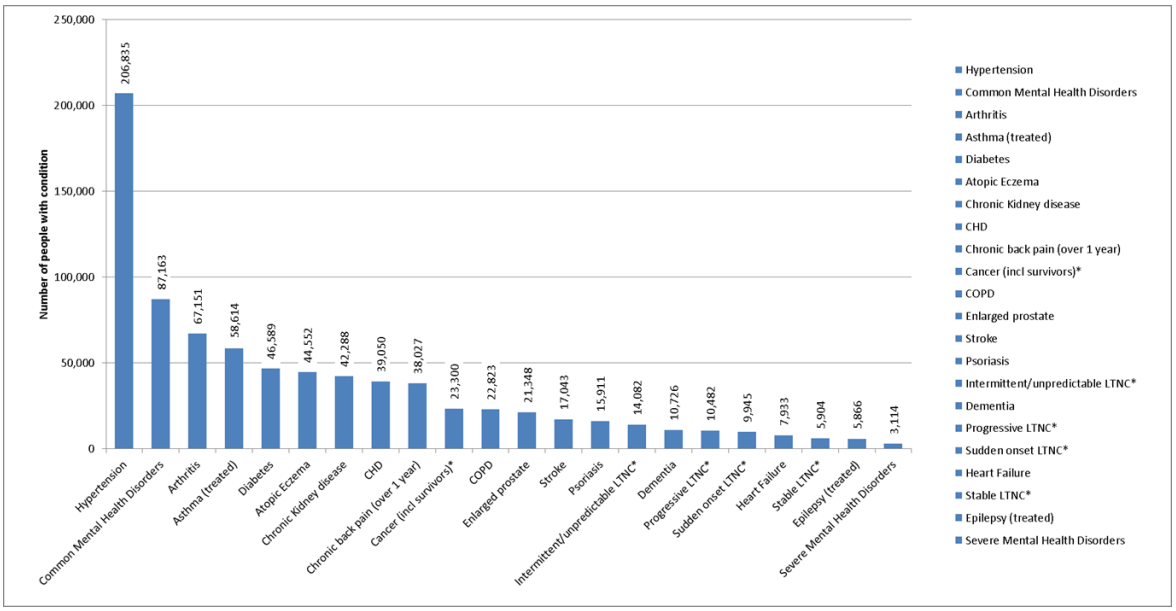
Table 5.2.2.1: Estimates of the number of people living with two or more long-term conditions

Clinical Commissioning Group	Numbers with 2 or more LTCs	Popn aged 18+	*% with 2 or more LTCs*
Bassetlaw	14,910	89,780	*16.6%*
Mansfield and Ashfield	23,230	146,730	*15.8%*
Newark and Sherwood	17,180	102,540	*16.8%*
Nottingham North and East	19,150	116,540	*16.4%*
Nottingham West	12,500	75,720	*16.5%*
Rushcliffe	16,400	97,800	*16.8%*
Nottinghamshire County	103,370	629,120	*16.4%*
Nottingham City	32,770	281,420	*11.6%*

Based on results of Salisbury (2011)[43] and Nottinghamshire registered population aged 18+ April 2015

Figure 5.2.2.2 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 and coronary heart disease. 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 Nottinghamshire Insight.

Figure 5.2.2.2: 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 , Notts registered population July 2014 *prevalence estimates include children
LTNC=long term neurological conditions CHD=coronary heart disease COPD=chronic obstructive pulmonary disease

[43]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]

5.3 What are people dying from?

Death is a key driver of population change; most deaths occur in the elderly, children make up a small proportion of the total number of deaths. Table 5.3.1 outlines the number of child deaths in Nottinghamshire in 2011 to 2013. Most deaths occur in children either in the first year of life or in the 15-24 year age group and boys account for about 70% of deaths in this older age group.

Table 5.3.1: Number of child deaths in Nottinghamshire (2011 to 2013)

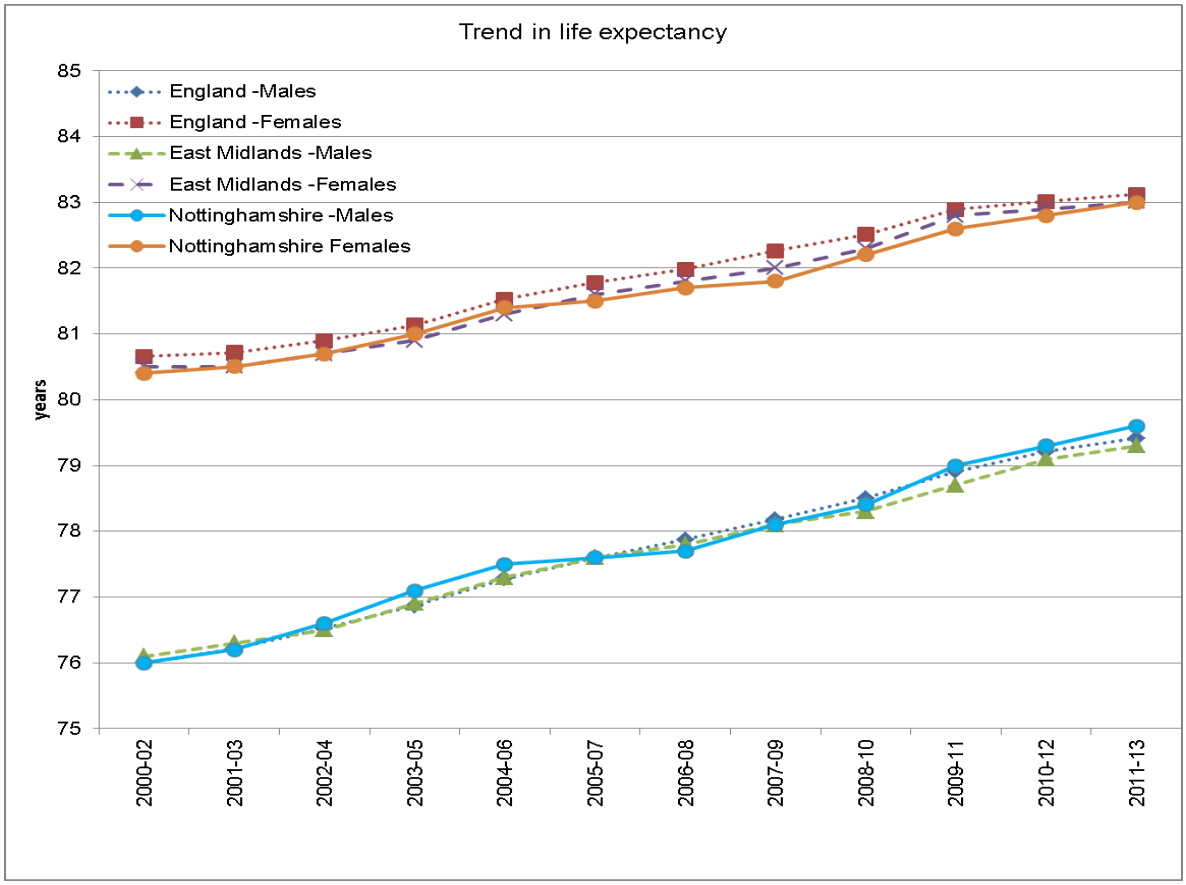
	Counts				***Annual average counts***		
Gender	**Persons**				***Females***	***Males***	***Persons***
Age group	**2011**	**2012**	**2013**	**2011-13 Total**	***2011-13 average***	***2011-13 average***	***2011-13 average***
Under 1	33	35	30	**98**	*12*	*21*	***33***
01 - 04	4	4	6	**14**	*2*	*3*	***5***
05 - 14	2	7	4	**13**	*1*	*3*	***4***
15 - 24	23	26	24	**73**	*7*	*17*	***24***
Grand Total	**62**	**72**	**64**	**198**	***23***	***43***	***66***

Source: Office for National Statistics, 2013

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 5.3.1).

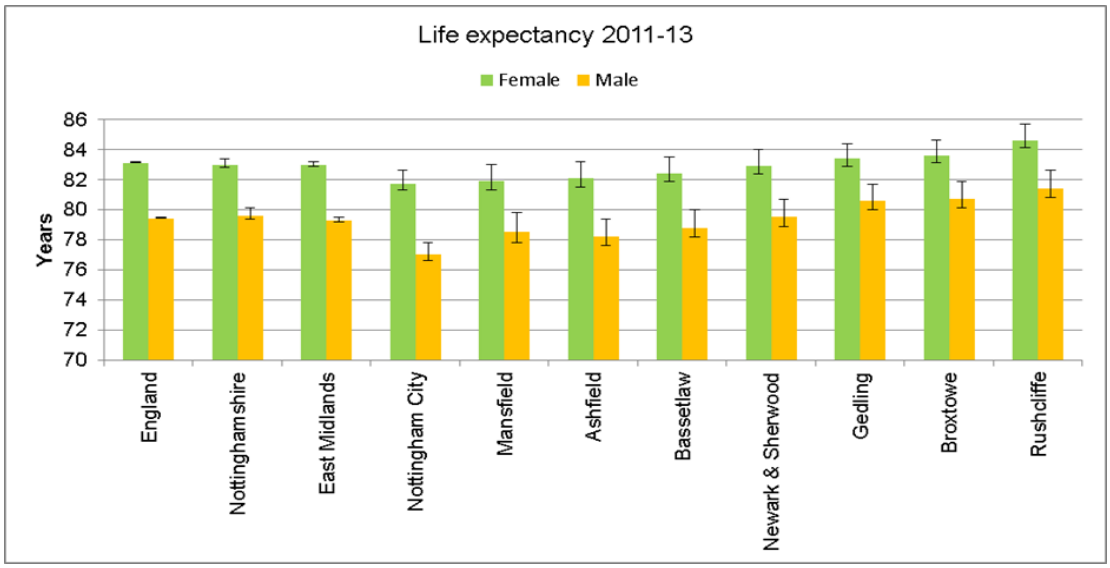
Locally within the districts of Nottinghamshire life expectancy varies considerably with more deprived districts having a shorter life expectancy than less deprived districts (Figure 5.3.2). For example in 2011-2013, life expectancy in Ashfield and Mansfield was significantly lower than for the East 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 5.3.1: life expectancy trends for males and females in Notts, East Midlands and England.



Source: ONS Life Expectancy, 3-year pooled 2011-13 latest

Figure 5.3.2: Life expectancy for males and females across Nottinghamshire's districts.



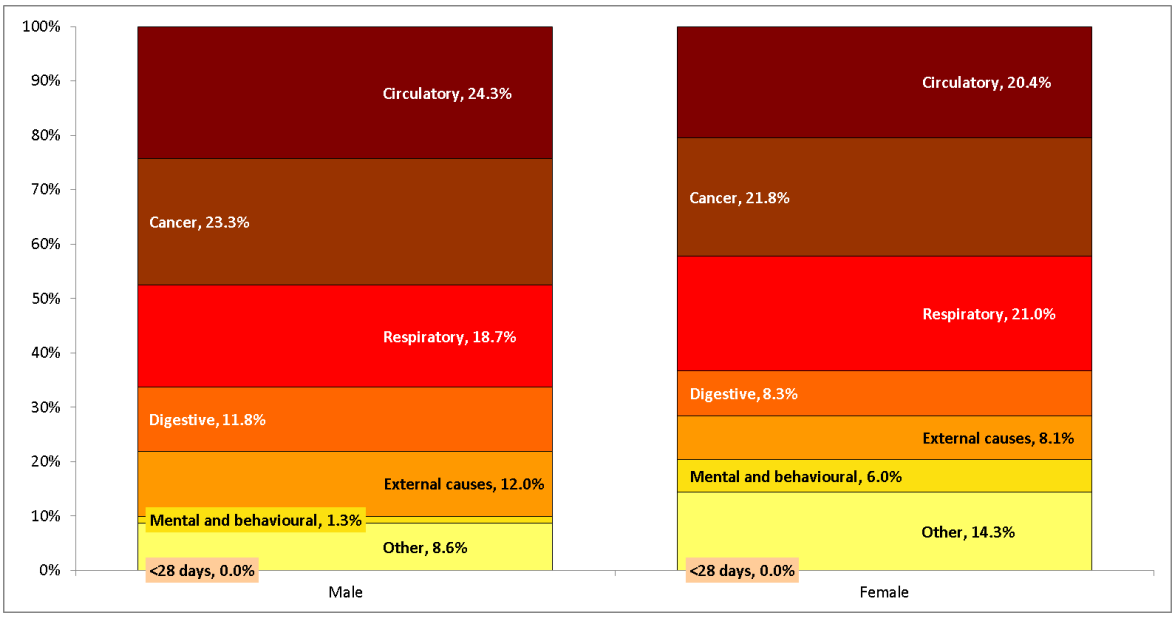
Source: ONS Life Expectancy by District, 3-year pooled

Life expectancy is also measured at a small geographical level (middle super output area) across Nottinghamshire and shows that in 2011-2013, life expectancy varied across Nottinghamshire by nine years in males and seven years in females44.

The broad causes of death which contribute the greatest proportion to this 'gap' in life expectancy are explored in figure 5.3.3 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 5.3.3: Scarf chart showing the breakdown of the life expectancy gap between the most and least deprived areas in Nottinghamshire, by cause of death, 2010-2012.



Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis.

Source: The Segmentation Tool, Segmenting life expectancy gaps by cause of death, Public Health England(Jan 2015)

Figures 5.3.4 and 5.3.5 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

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

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 5.3.4: Underlying cause of death for residents of Nottinghamshire by age group, percentage in 2014

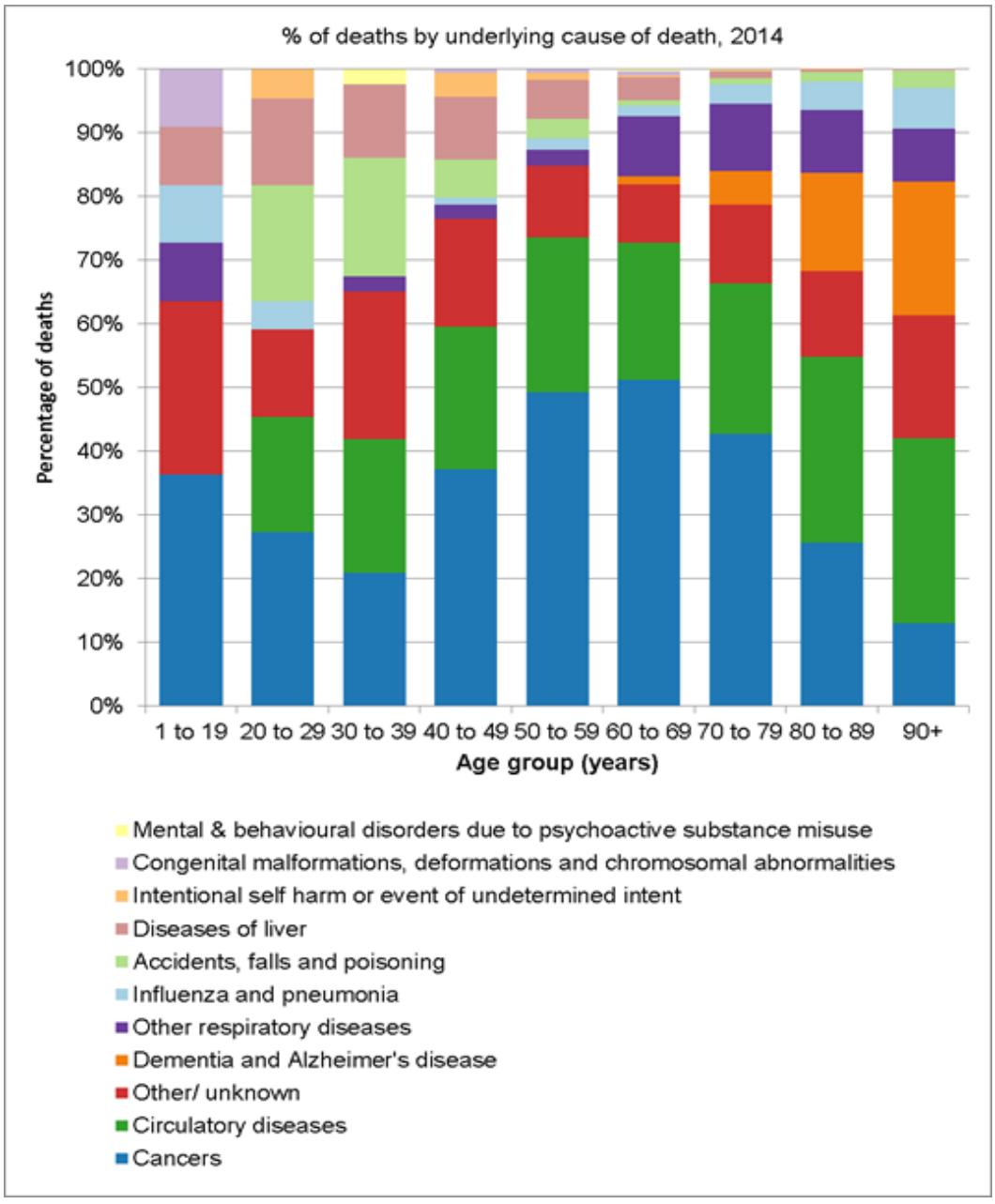
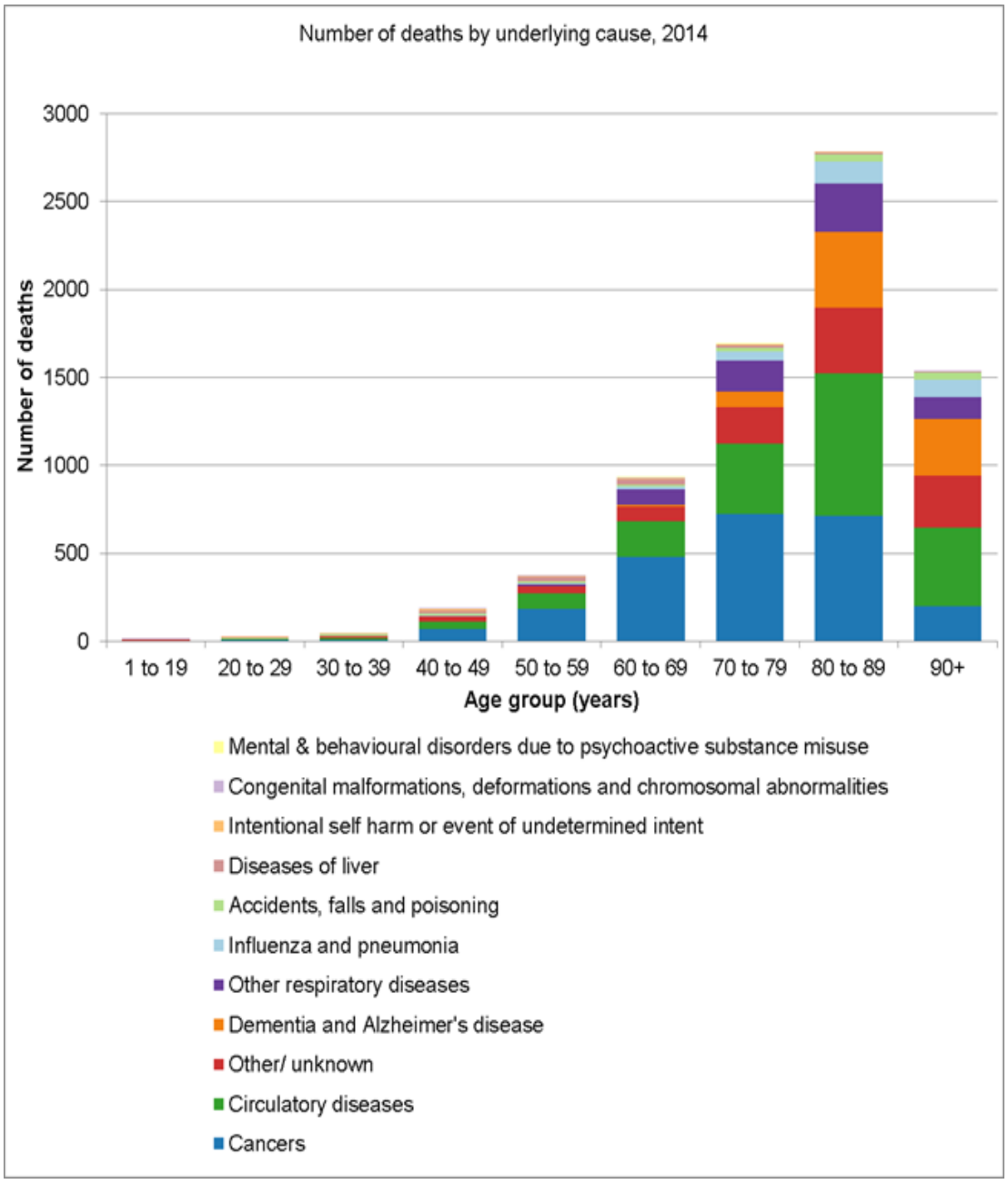


Figure 5.3.5: Underlying cause of death for residents of Nottinghamshire by age group and number in 2014



Source: Public Health Mortality Files, 2014