The People of Nottinghamshire

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Summary

The People of Nottinghamshire is a core part of our Joint Strategic Needs Assessment (JSNA). It aims to paint a picture of what it is like to live, work, learn, travel and enjoy ourselves in Nottinghamshire and how important these social factors are to our health and wellbeing: as little as 10% of what makes us healthy is related to access to health care services[1] the rest is influenced by these social factors.

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. It is expected to increase by a further 6% from 2016 (835,000) to 2026 (858,300).

Overall the age structure of Nottinghamshire is slightly older than the national average, with 20% of the population aged 65+ in 2016 compared with 18% in England. Our population is predicted to continue to age and over the next ten years with the number of 75-84 year olds increasing by 44% and 85+ year olds by 39%. 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.

It is anticipated that increasingly, older people in Nottinghamshire will live alone (increasing by 21% between 2017 and 2026). 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 7% between 2016-2026, with the greatest increase in Broxtowe (12%). In Nottinghamshire, in general, outcomes children and young people are similar to the national average, however, there are large disparities within the County with some children and young people facing greater disadvantages than others. 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

[1] Landon, J., '*Infographic: What makes us healthy?*', in The Health Foundation blog, 29 June 2017.

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 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, (1.6% in June 2017 compared with 1.9% nationally) and have fallen over the past four years from 3.1% in June 2013. However, for those aged 18-24 years, unemployment rates have been higher than national levels for the past 4 years and were 3.0% in June 2017, compared with 2.7% in England.

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 (19%), Bassetlaw (16%) and Broxtowe (14%).

Levels of satisfaction with their local area varies across Nottinghamshire. The highest proportion of residents in Rushcliffe (95%), Gedling (88%) and Newark and Sherwood (85%) reported in the 2016 residents' survey that they felt very/fairly

[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

satisfied with the local area as a place to live. The lowest proportions were reported from people living in Bassetlaw (65%) and Mansfield (67%). 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 16%. Mansfield and Ashfield had the highest levels within the County at 21% in 2016.
- Health eating amongst people living in Mansfield and Ashfield was significantly lower than the national average.
- Participation in sport and active recreation in Nottinghamshire was similar to the national average.
- The proportion of adults who were overweight or obese was significantly higher in Nottinghamshire compared with England.
- It is estimated that there are 21,600 people dependent upon alcohol in Nottinghamshire. Hospital admissions related to alcohol have increased for women in Nottinghamshire. Ashfield and Mansfield had significantly higher rates for women & men compared with the national average.
- It is estimated that there are approximately 9,900 people who use drugs frequently.

Demographic, social, lifestyle, environmental and economic factors experienced across the life course impact upon health and wellbeing outcomes. Healthy life expectancy is an extremely important summary measure of mortality (death) and morbidity (illness). Healthy life expectancy is a measure of the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. In Nottinghamshire healthy life expectancy was 62.2 years for females and 61.91 years for males in 2013-2015.

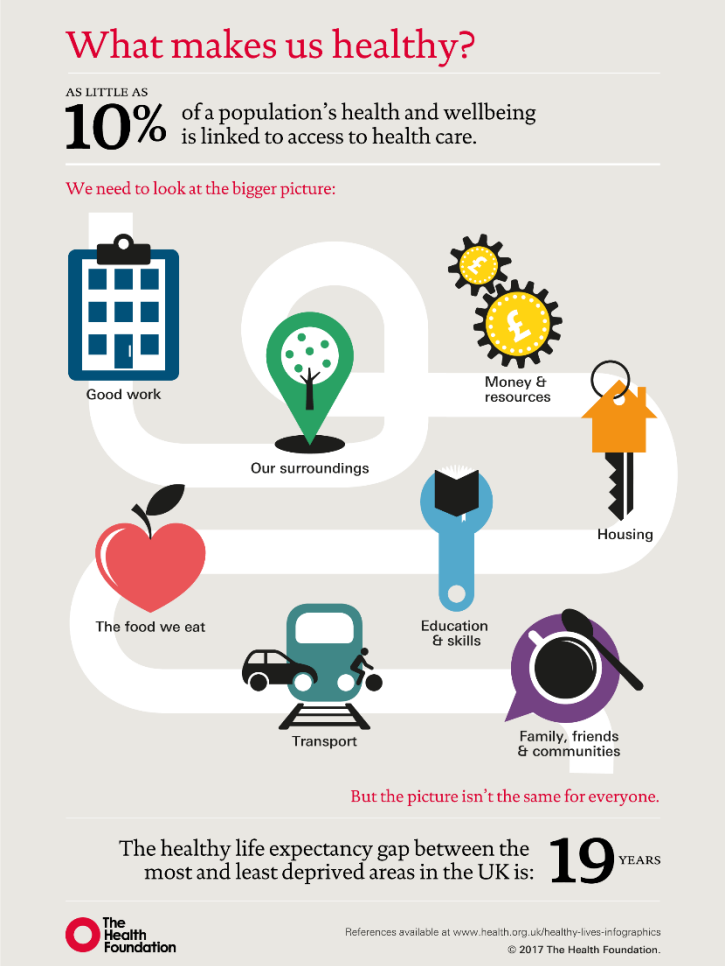
Levels of self-reported poor/very poor health were significantly higher in Nottinghamshire (6%) compared with the region (5.6%). In general disability and poor health are strongly associated with deprivation within Nottinghamshire. Levels of self-reported poor/very poor health and limiting long-term 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 2013-2015, life expectancy in Ashfield, Bassetlaw and Mansfield was significantly lower than for the East Midlands. Across Nottinghamshire life expectancy varied by nine years in males and eight years in females.

1.0 Introduction

The People of Nottinghamshire is a core part of our Joint Strategic Needs Assessment (JSNA). It aims to paint a picture of what it is like to live, work, learn, travel and enjoy ourselves in Nottinghamshire and how important these social factors are to our health and wellbeing: as little as 10% of what makes us healthy is related to access to health care services[3] the rest is influenced by these social factors. Section 4 explores these in more detail.

Figure 1.1: What makes us healthy?



Source: Landon, J., 'Infographic: What makes us healthy?', in The Health Foundation blog, 29 June 2017.

This broad portrait is just one of a range of resources that comprise the JSNA. It provides the background for the JSNA topic chapters which take a deeper dive into a particular aspect of health and wellbeing. Wherever possible we have included automatic links to additional information held on Nottinghamshire Insight, the web-based home for all of our JSNA resources.

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

[3] Landon, J., '*Infographic: What makes us healthy?*', in The Health Foundation blog, 29 June 2017.

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

This section includes a detailed breakdown of our population by various characteristics such are age and area of residence at time of publication. For the most up-to-date population data please visit Nottinghamshire Insight's Population pages.

2.1 Whole population

The County had a total population of 785,800 in the 2011 Census. 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.

Figure 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 810,700 for the County in 2016. These population projections, based on the 2014 mid-year population estimates (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 to 2026, with increases of between 2.6% in Mansfield, to 7.9% in Rushcliffe with the County.

Figure 2.2: Resident Population Projections (2014-based)

Area	2016 mid-year estimate	2021 Pop'n Projection	Change 2016-2021	2026 Pop'n Projection	Change 2016-2026
Ashfield	124,500	128,700	3.4%	132,800	6.7%
Bassetlaw	114,800	116,500	1.5%	118,400	3.1%
Broxtowe	112,700	117,100	3.9%	120,600	7%
Gedling	116,500	121,100	3.9%	125,000	7.3%
Mansfield	107,400	108,400	0.9%	110,200	2.6%
Newark and Sherwood	119,600	123,100	2.9%	126,800	6%
Rushcliffe	115,200	120,000	4.2%	124,300	7.9%
Nottinghamshire County	810,700	835,000	3.4%	858,300	5.9%
Nottingham City	325,300	327,700	3.0%	337,400	3.7%
Notts (County & City)	1,136,000	1,162,700	2.4%	1,195,700	3.1%
East Midlands	4,724,400	4,858,600	2.8%	5,010,800	5.3%
England	55,268,000	57,248,400	3.6%	59,135,200	7.0%

Source: Office for National Statistics, 2016

2.2 Population by age (including births)

Births

The number of live births in Nottinghamshire has increased between 2006 and 2016 by 4.5% across the county (Figures 2.3 & 2.4), slightly below the national (England) rise of 4.3% during the same timeframe. Most districts have seen an increase over the last 10 years, the largest being in Broxtowe (12.5%), however some districts have seen a decrease with the largest in Rushcliffe (-7.5%). There are signs that more recently (over the last 3-5 years) numbers have peaked and are beginning to fall.

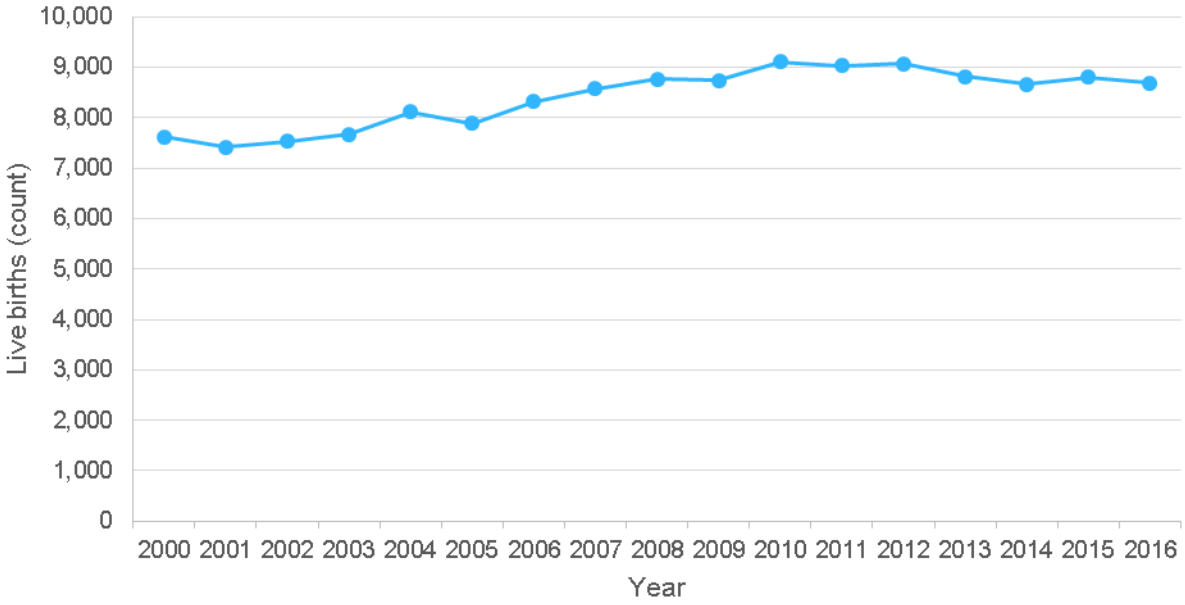
With only small year-on-year decreases in the number of births across the County there will be continued pressure on demand for local children's services, such as those in early years, schools and social care. Nationally, the numbers of births in 2012 peaked at their highest level since 1972, presenting challenges for provision of health services and affordable housing, and economic opportunities with a growing workforce and associated potential for increased productivity.

Figure 2.3: Number of live births by district (2000 to 2016)

	Numbers					Percent change			
						(1 yr)	(3 yr)	(5 yr)	(10 yr)
Area of residence	2016	2015	2013	2011	2006	2015 to 2016	2013 to 2016	2011 to 2016	2006 to 2016
ENGLAND	663,157	664,399	664,517	688,120	635,748	-0.2	-0.2	-3.6	4.3
EAST MIDLANDS	53,299	53,641	52,895	55,378	-	-0.6	0.8	-3.8	
Nottinghamshire	8,687	8,798	8,818	9,027	8,311	-1.3	-1.5	-3.8	4.5
Ashfield	1,442	1,488	1,530	1,517	1,378	-3.1	-5.8	-4.9	4.6
Bassetlaw	1,274	1,231	1,207	1,292	1,157	3.5	5.6	-1.4	10.1
Broxtowe	1,195	1,196	1,220	1,255	1,062	-0.1	-2.0	-4.8	12.5
Gedling	1,269	1,305	1,274	1,225	1,176	-2.8	-0.4	3.6	7.9
Mansfield	1,281	1,284	1,309	1,381	1,221	-0.2	-2.1	-7.2	4.9
Newark and Sherwood	1,187	1,225	1,191	1,213	1,194	-3.1	-0.3	-2.1	-0.6
Rushcliffe	1,039	1,069	1,087	1,144	1,123	-2.8	-4.4	-9.2	-7.5

Note: Shading indicates size of change – darker the greater – colour indicates the direction and extent of the change - blue indicates a decrease over time, green indicates an increase over time
Source: Office for National Statistics, Birth Summary Tables (2016)

Figure 2.4: Live births in Nottinghamshire (for women usually resident in Nottinghamshire (2000 to 2016)

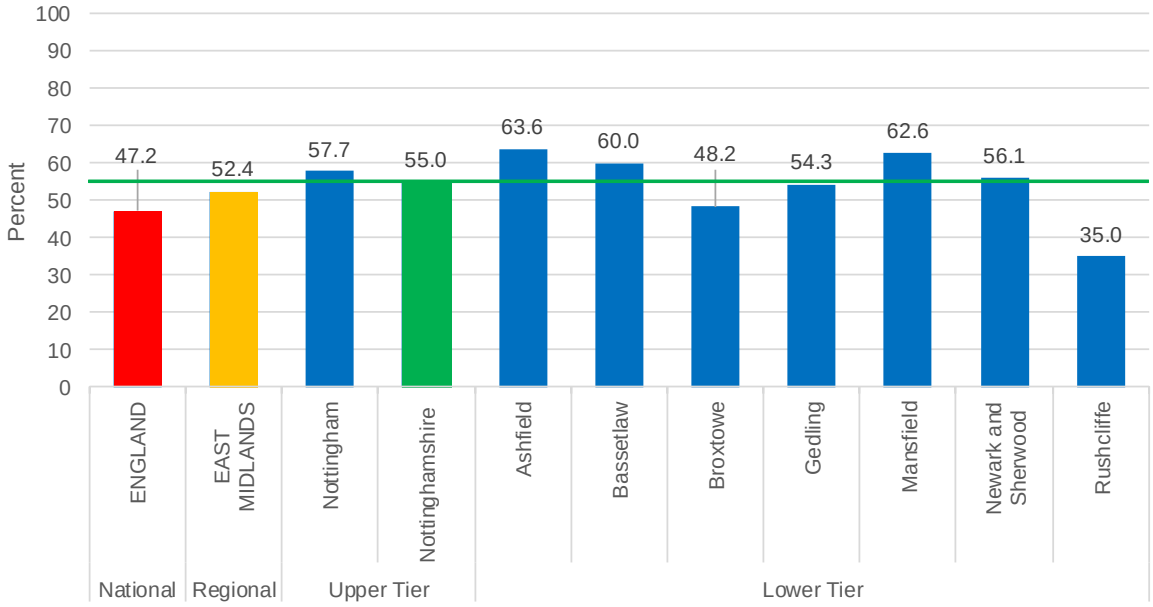


Source: Office for National Statistics, Birth Summary Tables (2016)

Over half of live births (55%) in Nottinghamshire in 2015 took place outside marriage or civil partnership, above the national average of 47.2% and the East Midlands average of 52.4%. The proportions were highest in Ashfield and Mansfield, nearly 30 percentage points above the lowest, Rushcliffe (Figure 2.5). The highest proportion

of sole registrations (where the father's details are not recorded) as a percentage of all registrations outside marriage was also in Ashfield (11%).

Figure 2.5: Percentage of live births outside marriage or civil partnership in Nottinghamshire and districts (2015)



Source: Office for National Statistics, Births by area of usual residence of mother (2015)

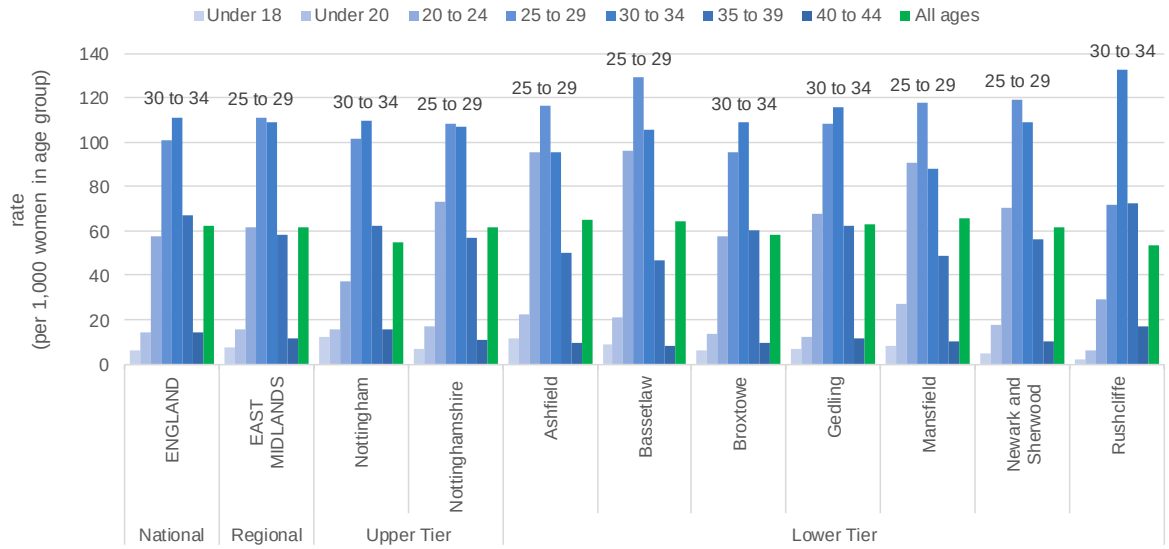
The average age of mothers nationally was 30.4 years in 2016. The age at which women give birth has been increasing since 1976[4], with more women choosing to delay childbearing. This may be due to a number of factors such as increased participation in higher education and the labour force, the increasing importance of a career, the rising costs of childbearing, labour market uncertainty, and housing factors.

The age distribution of mothers in Nottinghamshire in 2015 can be seen in Figure 2.6. Although average rates are highest across the county in the 25-29 age group, there is variation across districts. Birth rates for older women are higher 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 districts of Greater Nottingham[5] and at 25-29 years 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 2.6: Live births: Age of mother at birth by district (rate per 1,000 women in the age group) (2015)

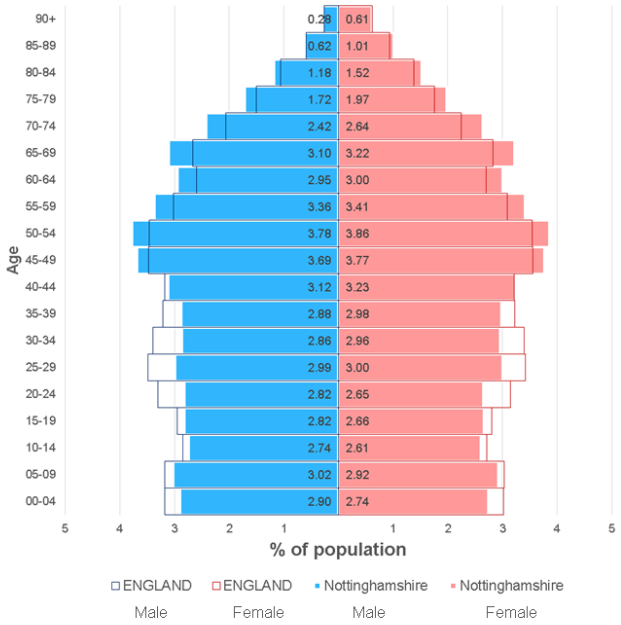


Source: Office for National Statistics, Births by area of usual residence of mother (2015)

5 year age bands

The population structure of the County is slightly older than England with a slightly lower than average proportion of children and young people and a slightly higher proportion of older people. However, it is the older population that is expected to increase at a higher rate over the next 10 years: more detail is given in the section on older people.

Figure 2.7: Population pyramid comaring Nottinghamshire with England: % of the population by 5 year age bands, males & females, 2016



Source: Office for National Statistics, 2016

Broad life stages

This section looks at the population of the County by a series of life stages, giving overview of births, 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).

Figure 2.8: 2016 Mid-Year Resident Population by Life stage

	All Ages	Early Years (%)	School & Training Years (%)	Employment & Family Building Years (%)	Retirement Years (%)
Ashfield	124,500	6.1	17.2	57.9	18.8
Bassetlaw	114,800	5.6	16.5	56.6	21.3
Broxtowe	112,700	5.5	15.9	58.0	20.6
Gedling	116,500	5.5	16.7	57.3	20.5
Mansfield	107,400	6.2	16.5	58.4	18.8
Newark and Sherwood	119,600	5.1	16.8	56.3	21.5
Rushcliffe	115,200	5.1	17.6	56.5	20.7
Nottinghamshire County	810,700	5.6	16.8	57.3	20.3
Nottingham City	325,200	6.6	18.9	63.0	11.5
Notts (County & City)	1,135,900	5.9	17.4	58.9	17.8
East Midlands	4,724,400	5.9	17.4	57.7	19.0
England	55,268,000	6.2	17.5	58.4	17.9

Source: Office for National Statistics, 2016

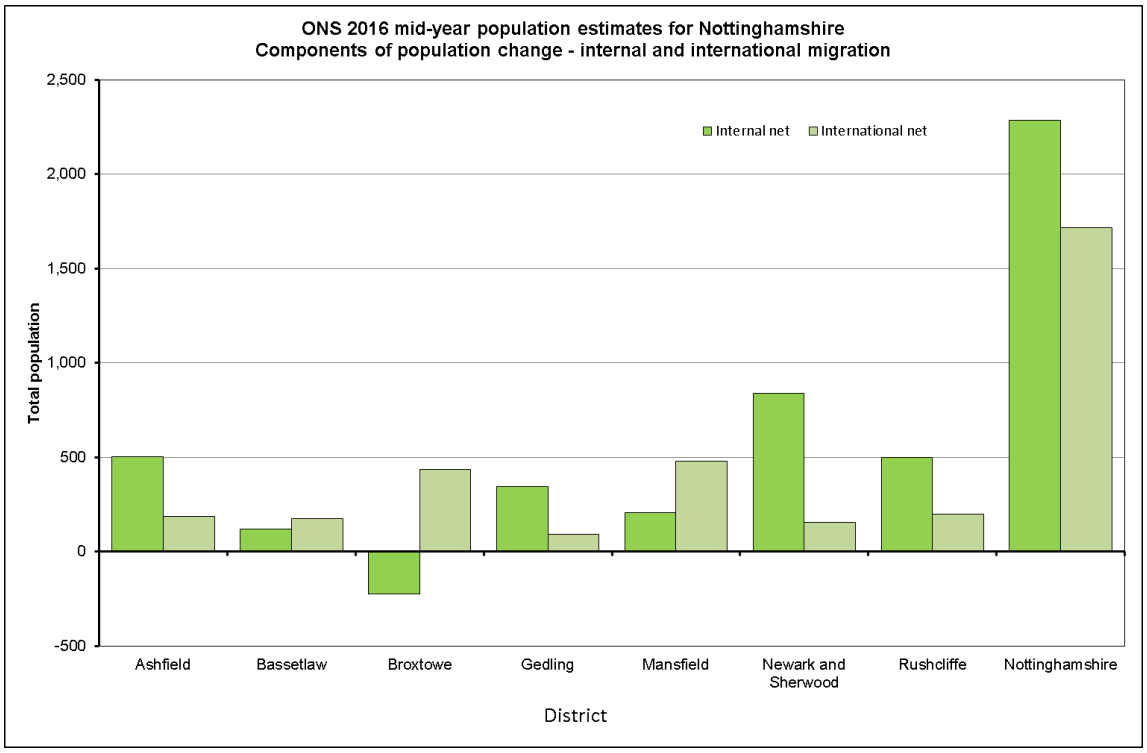
Figure 2.8 shows that in the mid 2016 population estimates, the County had 5.6% of its population in the Early Years age group, which was slightly lower than in the East Midlands (5.9%) and England (6.2%). Within the County, both Newark and Rushcliffe (5.1% respectively) had the lowest proportion in this age group, and Ashfield and Mansfield the highest (6.1% and 6.2% respectively, matching the national level of 6.2%).

The proportion of the population in the School and Training Years varied very little within the County, ranging from 15.9% in Broxtowe to 17.6% in Rushcliffe and a County figure of 16.8%. The Employment and Family Building Years figures were also fairly consistent, with 57.0% in Newark & Sherwood, up to 58.8% in Mansfield and 58% in Broxtowe. The County proportion was 57.3%, compared with 57.7% in the Region and 58.4% in the Country.

The County (20.3%) had a slightly higher proportion of its population in the Retirement Years age group than the East Midlands (19%) and England (17.9%), with the higher numbers in the more rural districts of Newark & Sherwood (21.5%) and Bassetlaw and Rushcliffe (21.3% and 20.7% respectively).

Figure 2.9 details the components of population change behind the mid-2016 estimates, focusing on net internal migration (within the UK) and net international migration. Internal migration rates were highest in Newark and Sherwood, Rushcliffe and Ashfield Districts. Internal migration rates were lowest in Broxtowe District, with the District showing a small number of people leaving the District for other areas in the country. International migration rates are highest in Mansfield District and Broxtowe District (near Nottingham University).

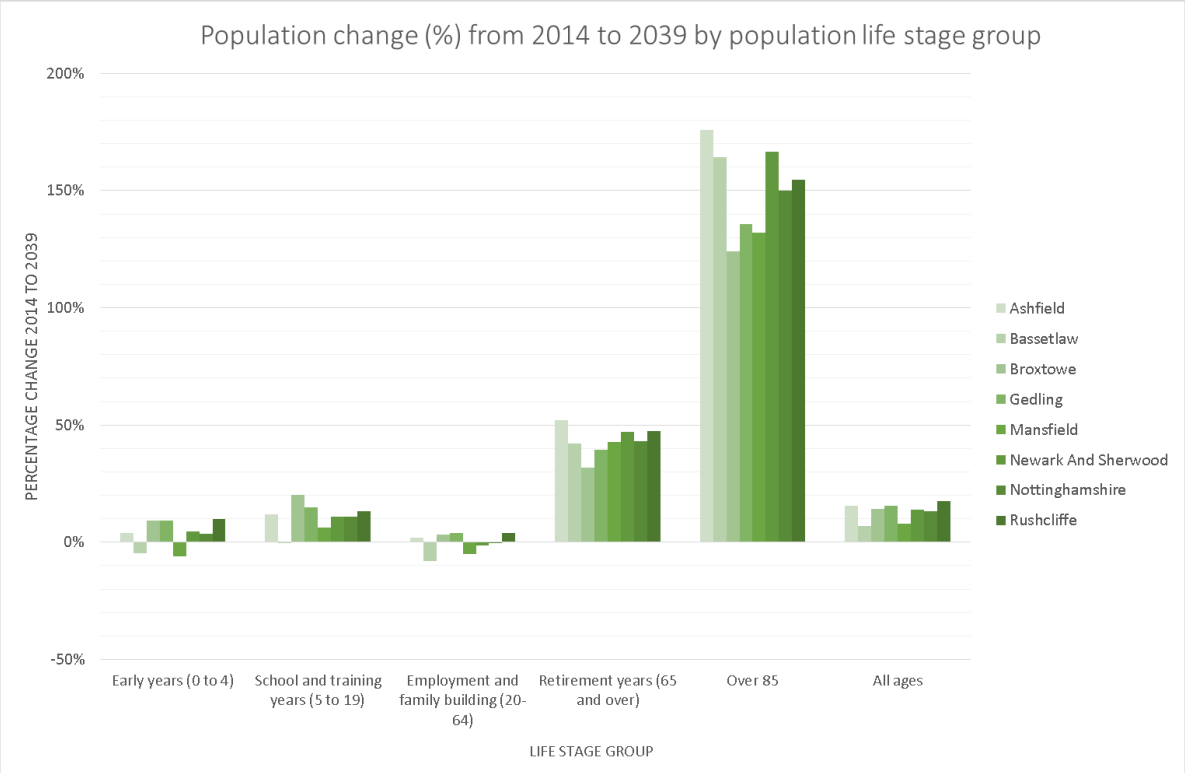
Figure 2.9: Components of Population change



Source: Office for National Statistics, 2016

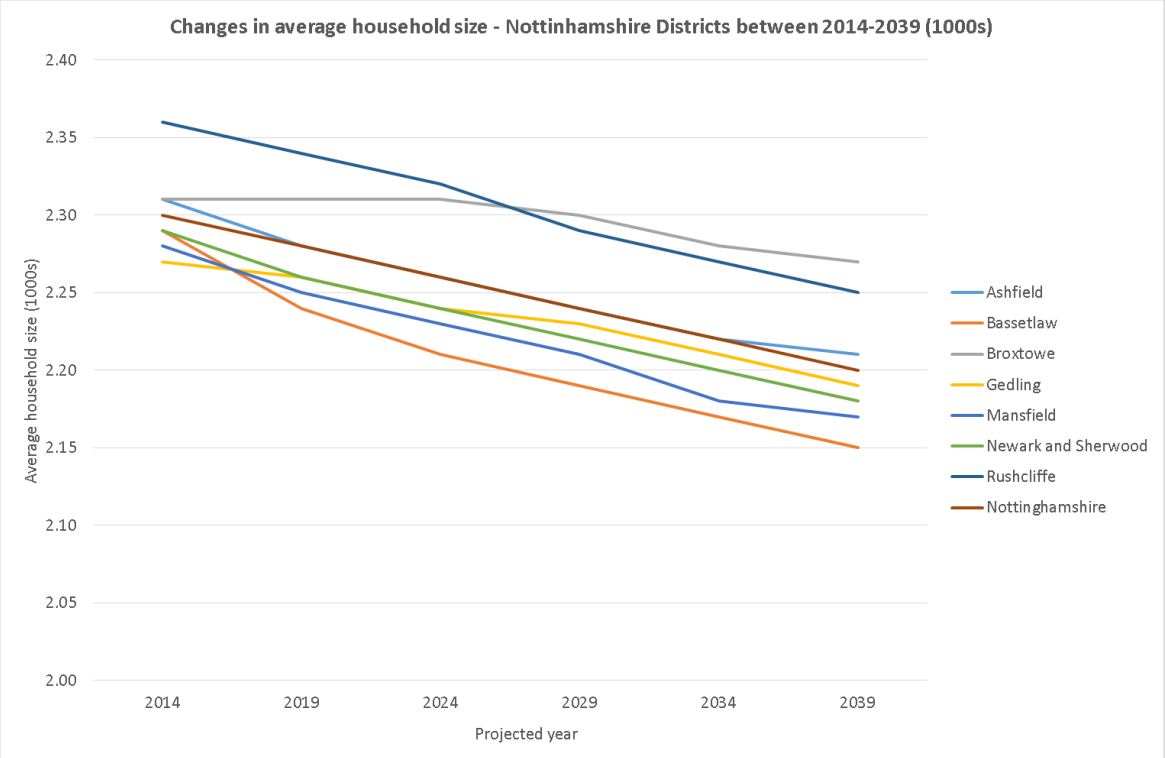
The total population of Nottinghamshire County is expected to increase by 105,200 people by 2039. The District showing the largest increase in population is Rushcliffe (projected to grow by some 20,000 people by 2039, followed by Ashfield and Gedling (18,900 and 17,800 people respectively). The population life stage group showing the largest increases in population numbers is the retirement group (65-84 years) which is predicted to increase by 41,800, with the largest increases in the Districts of Ashfield, Bassetlaw and Newark & Sherwood. The population over 85 is expected to double to 29,700 people in the county 2014-2039, again the largest increases are expected to occur in the Districts of Ashfield, Bassetlaw and Newark & Sherwood. The population life stage group showing decreases in population over the years to 2039 is the employment group (20-64 years). Figure 2.10 details the percentage changes in population from 2014 to 2039 broken down by population life stage group.

Figure 2.10: Population projections (% change) for the County and Districts in Nottinghamshire



Source: 2014-based subnational population projections, Office for National Statistics, 2016

Figure 2.11: Projected change in average household size for the County and Districts in Nottinghamshire



Source: Department of Communities & Local Government, 2016

Figure 2.11 shows the projected change in average household size for Districts in Nottinghamshire to 2039. 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.

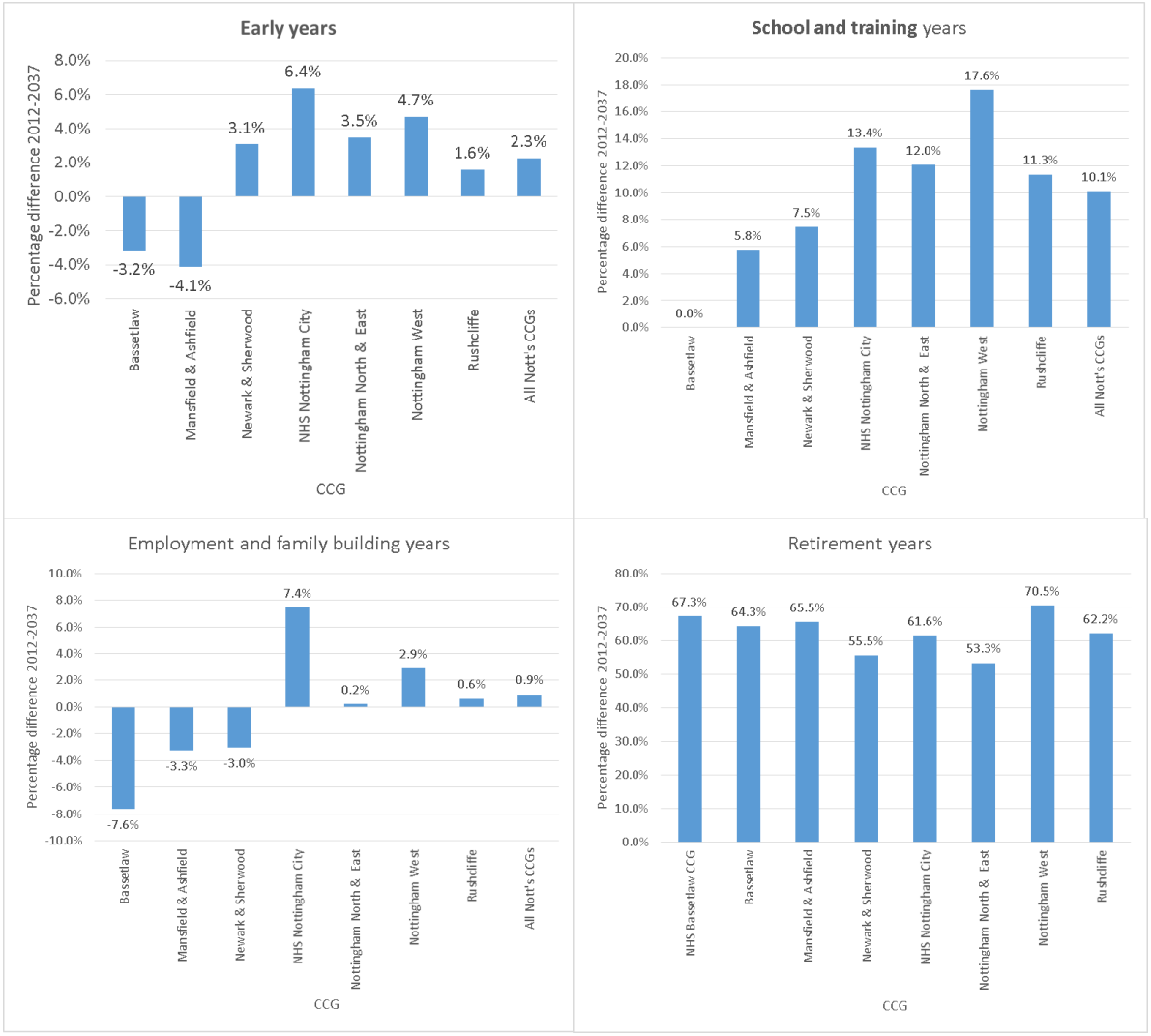
Figure 2.12: 2017 Registered Population by Life stage for CCGs

CCG	All ages	Early years (%)	School & Training (%)	Employment and family building (%)	Retirement (%)
Bassetlaw	116,044	5.3%	16.2%	57.6%	20.9%
Mansfield and Ashfield	192,087	5.9%	16.5%	59.1%	18.5%
Newark & Sherwood	133,442	5.2%	16.4%	57.3%	21.0%
Nottingham North and East	151,547	5.7%	16.2%	58.0%	20.2%
Nottingham West	93,751	5.4%	15.5%	58.5%	20.6%
Rushcliffe	125,400	5.1%	16.9%	57.1%	20.9%
All County CCGs	812,271	5.4%	16.3%	57.9%	20.4%
Nottingham City	371,034	5.9%	18.4%	64.7%	11.1%
Notts (County & City)	1,183,305	5.5%	16.6%	58.8%	19.2%

Source: NHS Digital 1/4/17

The figure 2.13 show the projected change in CCG populations between 2013 and 2021 by life stage.

Figure 2.13: CCG population projections by life course stage, % change between 2012-2037



Source: Source: NHS Digital 1/4/17 applied to ONS resident Sub-National Population Projections

2.3 Children and Young People 0-19 estimates and projections

There are approximately 181,600 children and young people aged 0-19 years in the county (Figures 2.14 & 2.15), according to 2016 mid-year estimates. This represents a small increase of 0.6% since the 2011 census. In comparison, the England and Wales 0-19 population increased by 2.8% due to changes in migration and the birth rate. Children & young people (0-19) comprise 22.4% of the county's population in 2016, compared to 23.7% in England and Wales.

Numbers are similar across each district/borough. The difference between the most populous (Ashfield) and the least populous (Broxtowe) is only 4,900 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 Ashfield and Broxtowe (1.4% respectively), with the largest decrease being in Bassetlaw (2% decrease).

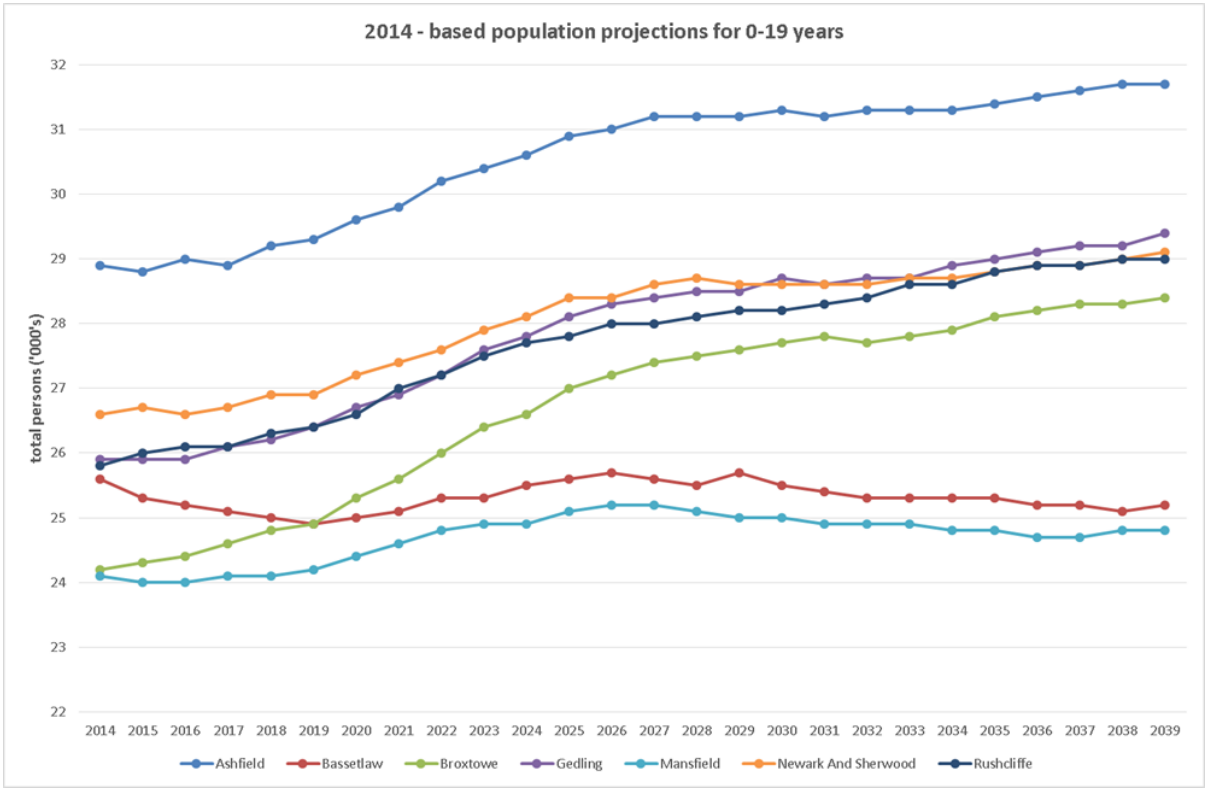
The population in Nottinghamshire's 0-4 and 5-9 age groups increased by 0.9% and 15% respectively between 2011 and 2016, whilst the population in the 10-14 age group decreased by 5.2% in the same period and the population in the 15-19 age group decreased by 2% in the same period. This is in line with the national picture, except for the 10-14 year age group which decreased by 7.2% between 2011 and 2016 in Nottinghamshire, compared to 5% in England.

Figure 2.14: Total county population of 0-19 year olds (2016)

Mid-2016 population estimates			
	Total 0-19 year olds	Male 0-19 year olds	Female 0-19 year olds
Ashfield	29,000	14,800	14,200
Bassetlaw	25,400	12,900	12,500
Broxtowe	24,100	12,400	11,700
Gedling	25,900	13,300	12,500
Mansfield	24,400	12,400	12,000
Newark & Sherwood	26,700	13,700	13,000
Rushcliffe	26,200	13,500	12,600
Nottinghamshire	181,600	92,100	88,500

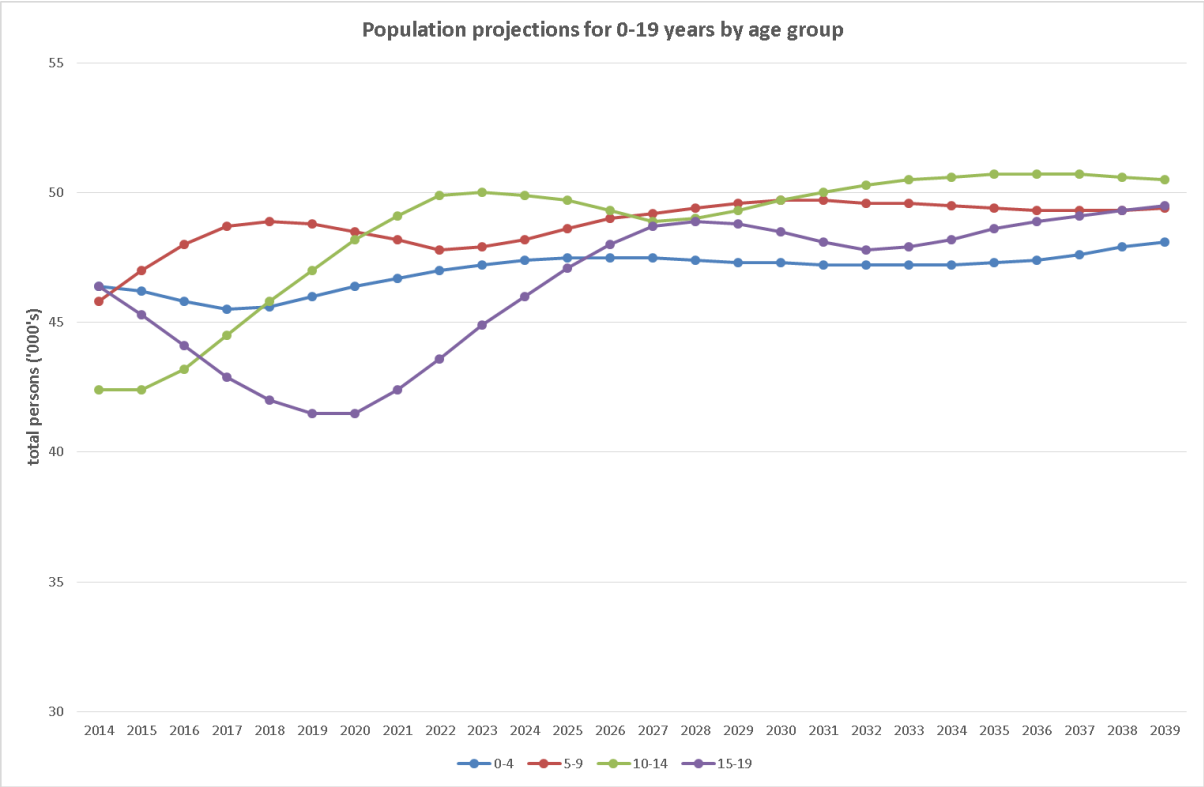
Source: Office for National Statistics, 2016 (Figures may not sum due to rounding)

Figure 2.15



Source: Office for National Statistics, 2016

Figure 2.16



Source: Office for National Statistics, 2016

Figure 2.17: County population of 0-19 year olds by age group (2016)

Mid-2016 population estimates				
	Age	Persons	Males	Females
Ashfield	0-4	7,500	3,900	3,600
	5-9	7,600	3,800	3,800
	10-14	6,900	3,500	3,400
	15-19	7,000	3,600	3,400
Bassetlaw	0-4	6,400	3,200	3,100
	5-9	6,400	3,200	3,200
	10-14	6,000	3,100	3,000
	15-19	6,500	3,300	3,100
Broxtowe	0-4	6,200	3,200	3,000
	5-9	6,400	3,300	3,000
	10-14	5,500	2,800	2,700
	15-19	6,000	3,100	2,900
Gedling	0-4	6,400	3,300	3,100
	5-9	6,900	3,600	3,300
	10-14	6,200	3,200	3,000
	15-19	6,300	3,300	3,000
Mansfield	0-4	6,700	3,400	3,300
	5-9	6,500	3,300	3,300
	10-14	5,600	2,900	2,700
	15-19	5,700	2,900	2,800
Newark and Sherwood	0-4	6,500	3,400	3,200
	5-9	7,000	3,400	3,500
	10-14	6,500	3,300	3,200
	15-19	6,600	3,400	3,200
Rushcliffe	0-4	5,900	3,000	2,900
	5-9	7,200	3,700	3,600
	10-14	6,700	3,500	3,200
	15-19	6,300	3,300	3,000
Nottinghamshire	0-4	45,700	23,500	22,200
	5-9	48,200	24,500	23,700
	10-14	43,400	22,200	21,100
	15-19	44,400	22,900	21,500

Source: Office for National Statistics, 2016 (Figures may not sum due to rounding)

Additional information regarding children and young people is found throughout this report. Please use the links below to navigate to sections of interest:

Births and life expectancy

Ethnicity (including children and young people)

Child poverty & lone parent households

Educational attainment

Disability in Children

English is a second language

Free school meal eligibility

2.4 Older people

There are estimated to be 164,517 people aged 65 years and over living in the county (Figure 2.18), according to 2016 mid-year population estimates. Older people (65+) comprised 20.3% of the county's population in 2016, compared to 17.9% in England. The majority of older people are in the 65-74 age group (92,317). Numbers vary across each district. The difference between the most populous (Newark and Sherwood) and the least populous (Mansfield) was 5,444 in 2016.

Figure 2.18: Number and percentages of older people living in Nottinghamshire and Districts in 2016

	65-74	75-84	85+	All older people (65+)	65-74	75-84	85+	Whole Population
Ashfield	13,474	7,377	2,514	23,365	10.8%	5.9%	2.0%	**124,482**
Bassetlaw	14,013	7,568	2,913	24,494	12.2%	6.6%	2.5%	**114,847**
Broxtowe	12,873	7,323	2,970	23,166	11.4%	6.5%	2.6%	**112,671**
Gedling	13,029	7,828	2,971	23,828	11.2%	6.7%	2.6%	**116,501**
Mansfield	11,390	6,308	2,513	20,211	10.6%	5.9%	2.3%	**107,435**
Newark and Sherwood	14,611	7,901	3,143	25,655	12.2%	6.6%	2.6%	**119,570**
Rushcliffe	12,927	7,494	3,377	23,798	11.2%	6.5%	2.9%	**115,204**
Nottinghamshire	92,317	51,799	20,401	164,517	11.4%	6.4%	2.5%	**810,710**
Nottingham	19,975	12,212	5,379	37,566	5.7%	3.5%	1.5%	**352,282**
ENGLAND	5,413,344	3,141,405	1,328,092	9,882,841	9.8%	5.7%	2.4%	**55,268,067**

Source:ONS mid year population estimates 2016

The projected increase in the number of older people (65+) over the ten year period between 2016 and 2026 is 35,000 (21.2%) across Nottinghamshire (table 2.4.2).

The greatest change is predicted to be in the 75-84 year age band, where an increase of 43.6% is expected. Increases in the older population (65+) in Nottinghamshire (21.2%) are comparable with the East Midlands (22.4%) and England (21.3%).

Districts predicted to have the greatest increase in older people are Newark and Sherwood and Rushcliffe (figure 2.20).

Figure 2.19: Projected change in the number and percentages of older people living in Nottinghamshire, East Midlands and England between 2016 and 2026

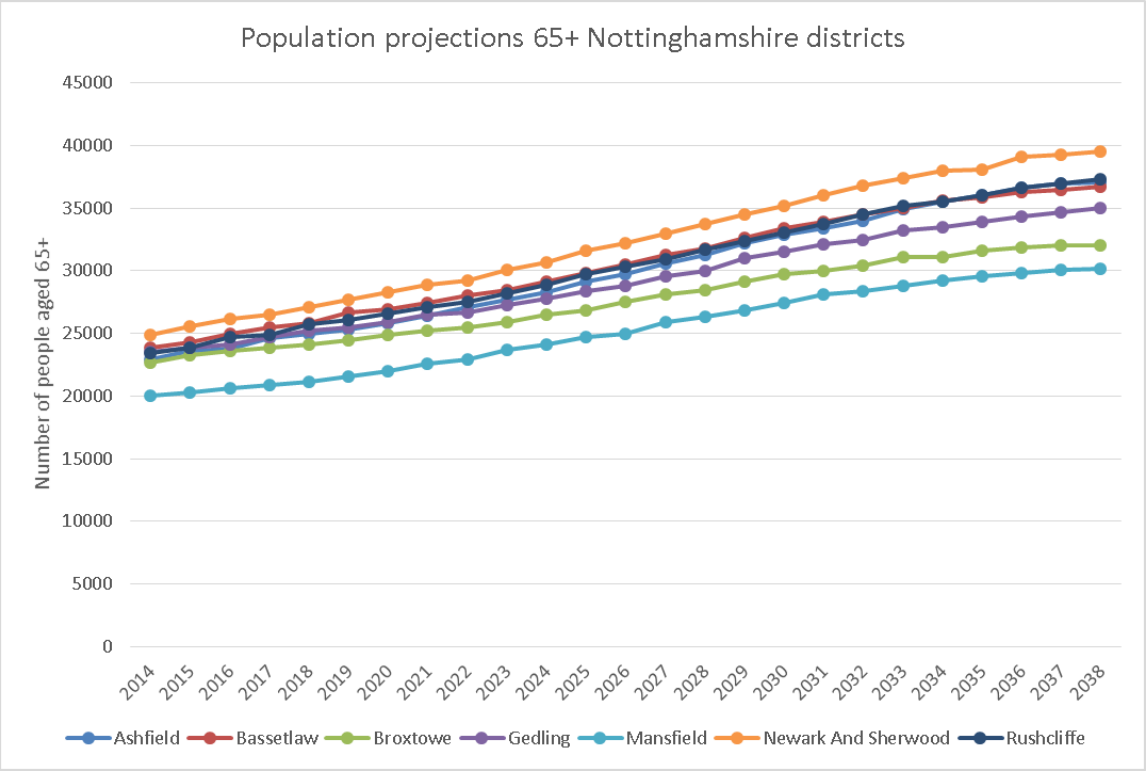
	65-74		
Area	2016	2026	% change
Nottinghamshire	92,300	96,700	4.8%
East Midlands	502,600	533,900	6.2%
England	5,410,300	5,820,200	7.6%

	75-84		
Area	2016	2026	% change
Nottinghamshire	51,800	74,400	43.6%
East Midlands	278,200	405,400	45.7%
England	3,147,200	4,376,400	39.1%

	85+		
Area	2016	2026	% change
Nottinghamshire	20,700	28,700	38.6%
East Midlands	115,100	157,100	36.5%
England	1,333,900	1,797,800	34.8%

Source: Office for National Statistics, 2016

Figure 2.20 Number of older people projected to live in Nottinghamshire Districts between 2014 and 2038



Source: ONS sub-national 2014 based population projections

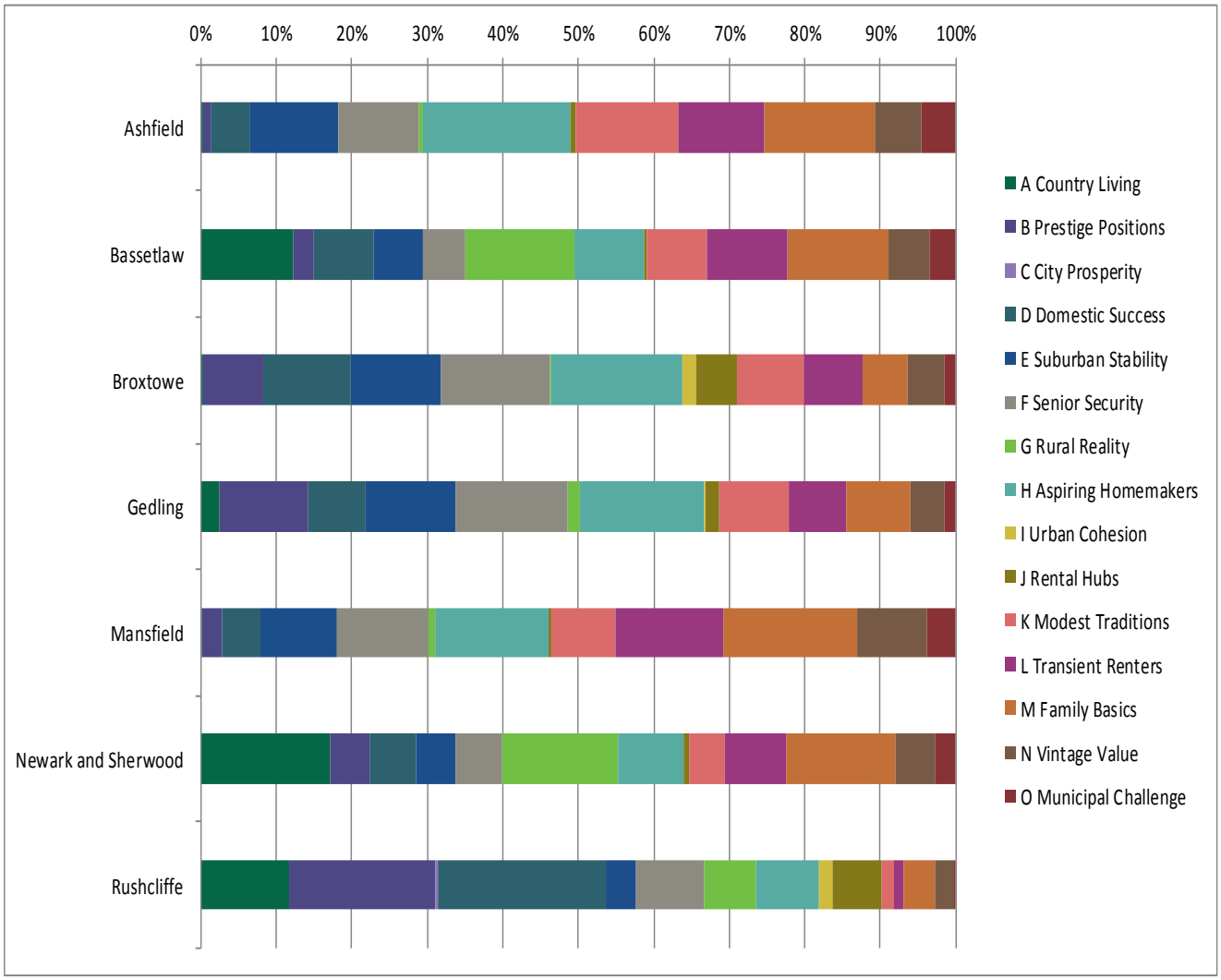
3.0 Population by communities of identity and experience

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

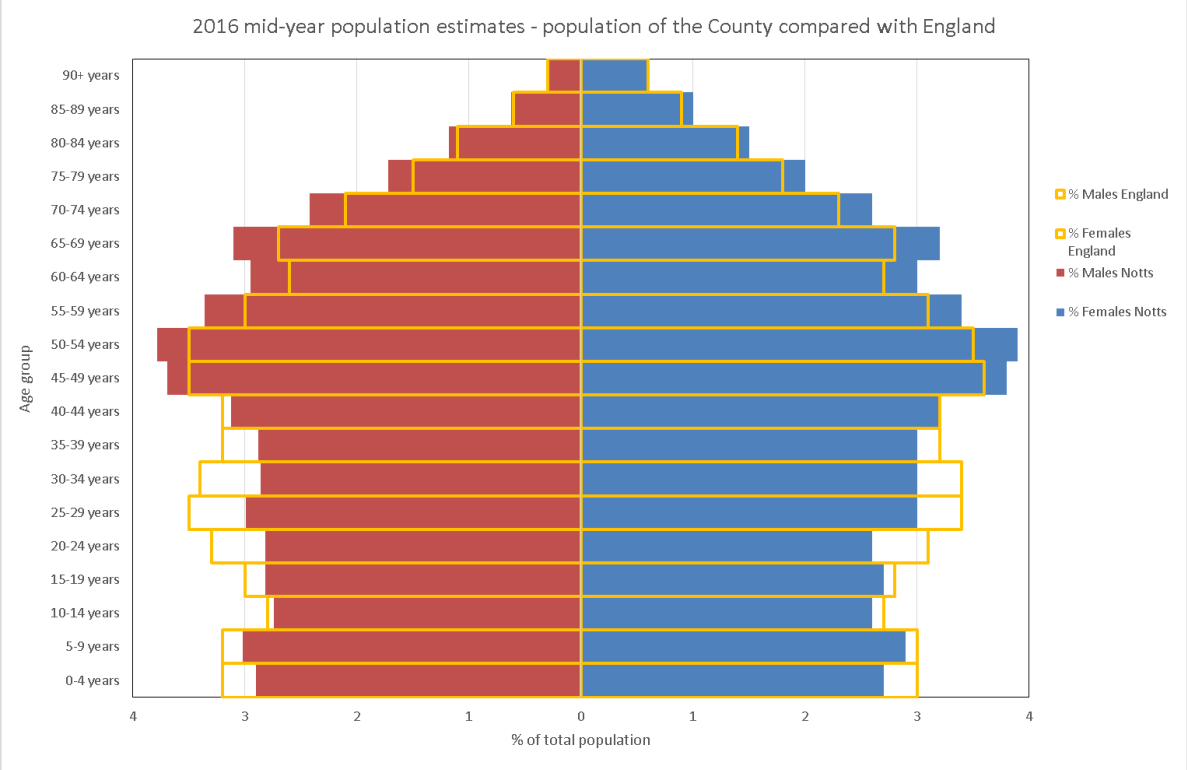


Source: Mosaic 2014

3.2 Gender

The 2016 mid-year estimates split the population of the County 49.3% males (399,324) and 50.7% females (411,386), 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, 2016

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].

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

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

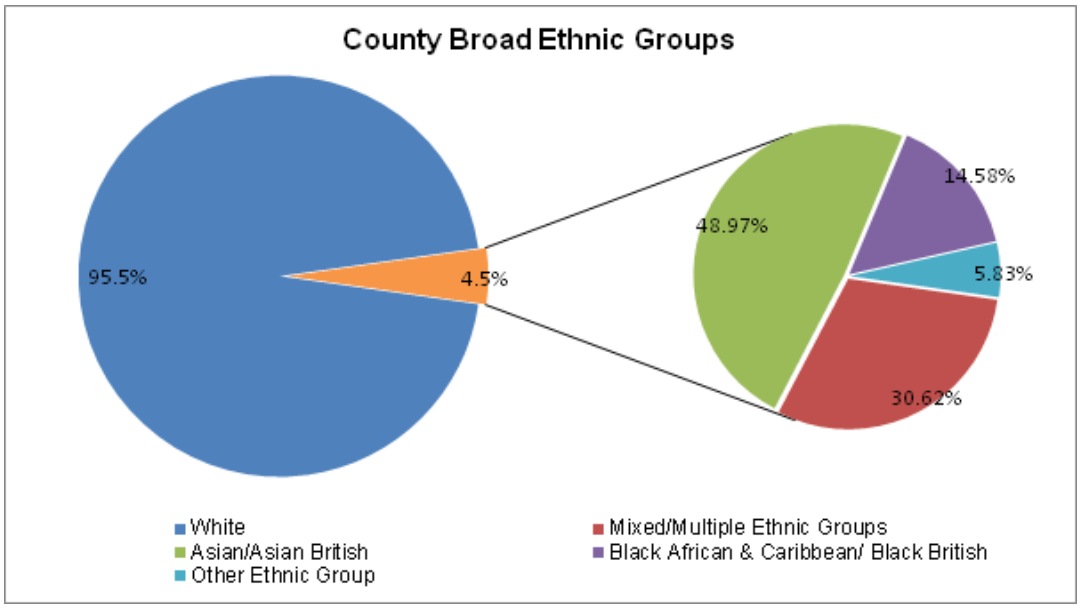
At the time of the 2011 Census, 92.6% of the County's population classed themselves as White British, with 2.9% being Other White and the remainder, 4.5%, belonging to the Black and Minority Ethnic (BME) Groups. In comparison, the East Midlands and England had significantly lower rates of the White populations,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

Figure 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

Figure 3.4.2: Broad Ethnic Groups in the County

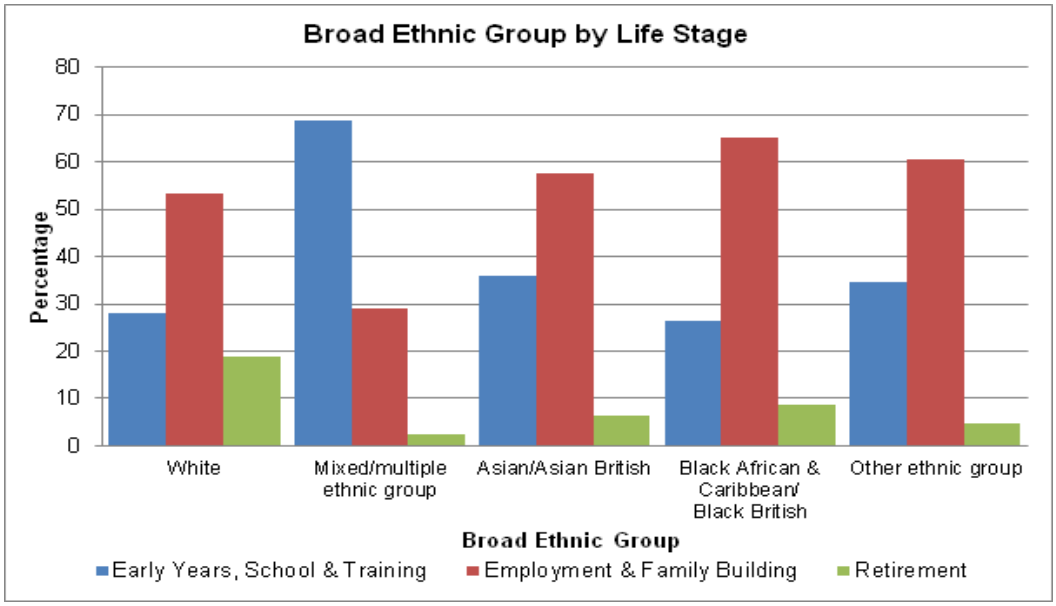


Source 2011 Census , Office for National Statistics

Figure 3.4.2 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 proportion7.2% of Black African and Caribbean and Black British ethnicities (1.6%). The largest proportions of Asian and Asian British people, were resident in Rushcliffe (4.2%), closely followed by Broxtowe (4.1%) (Figure 3.4.1)

Figure 3.4.3: Broad Ethnic Groups by Life Stages in the County



Source 2011 Census, Office for National Statistics

Figure 3.4.3 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.

Figure 3.4.4 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 (Figure 3.4.4). 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.

There were 270 Gypsy, Roma and Traveller[7] (GRT) pupils registered on roll with schools in January 2017, an increase of 82 since 2013. The majority are resident in Newark & Sherwood (75%) (Figure 3.4.5).

[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 3.4.5 The number of Gypsy, Roma Traveller children registered in Nottinghamshire schools as at January 2017

District of school	No. of GRT pupils
Ashfield	11
Bassetlaw	26
Broxtowe	9
Gedling	<5
Mansfield	9
Newark & Sherwood	199
Rushcliffe	15
County	270

*Source: School Census, Jan 2017 *Gedling numbers are below five and suppressed. Data refers to pupils with an enrolment status of 'current' or 'main' setting.*

As of the end of November 2017, there were 40 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.

Figure 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

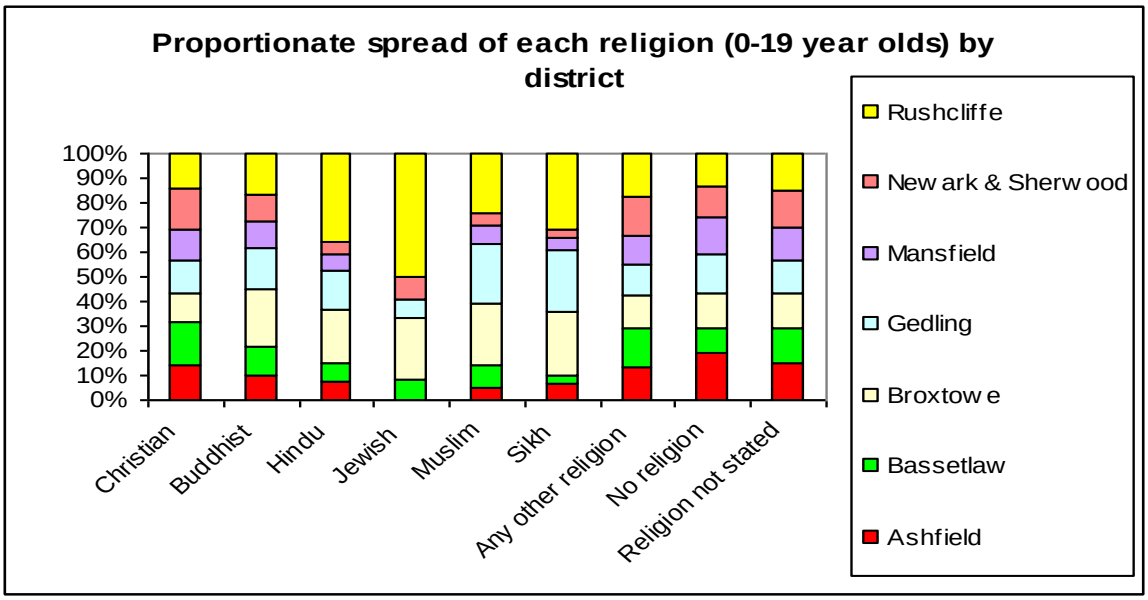
Source: 2011 Census, Office for National Statistics

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 were 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 3.5.3). The smallest numbers are of the Jewish and Buddhist faiths and those classified as 'any other religion'.

Figure 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 3.5.3



Source: Census, 2011

3.6 People with a Disability

This report also includes people with Long term illnesses and conditions.

Why this matters?

Most disabled people are not born with a disability but acquire 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]

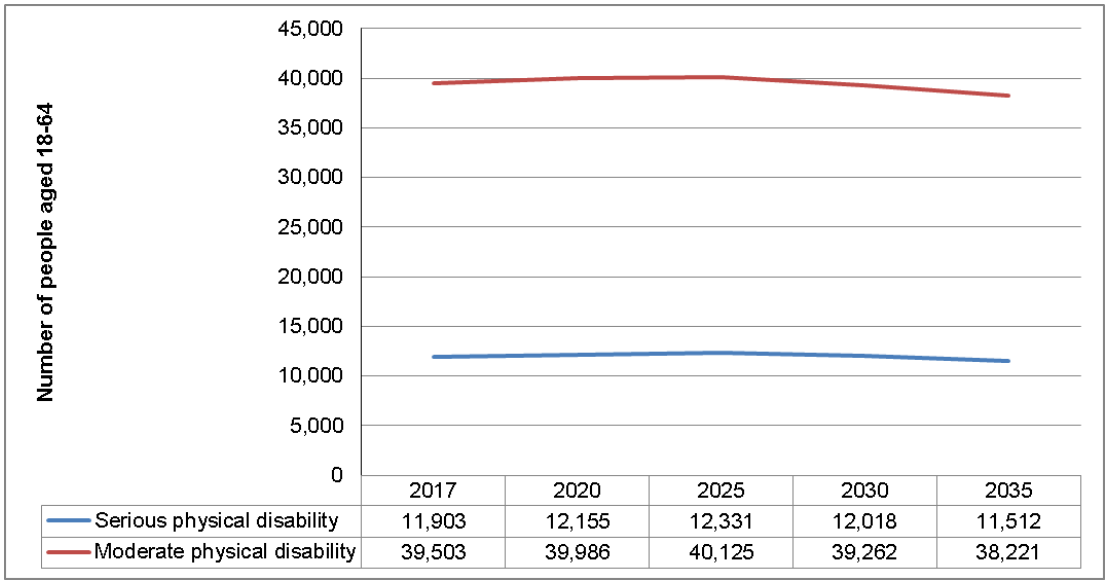
Children's disabilities are difficult to estimate as they are collected by several different agencies and are not routinely shared and there is no comprehensive register of disabilities. The information on children largely comes from special education needs (SEN) assessments and the 2011 census. This 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.

Physical disability

The number of 18-64 year olds predicted to have a serious physical disability in Nottinghamshire in 2017 is 11,903. This is not expected to change notably in the next 18 years.

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



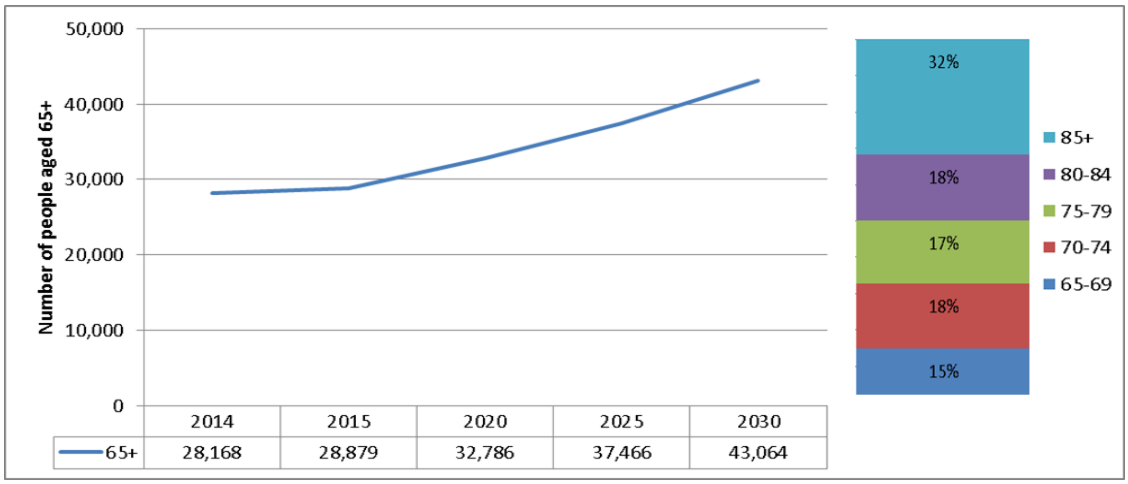
	2017	2020	2025	2030	2035
Serious physical disability	11,903	12,155	12,331	12,018	11,512
Moderate physical disability	39,503	39,986	40,125	39,262	38,221

Source :PANSI Apr 2017, national prevalence model applied to ONS population projections

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 14,185 by 2030. Around one third are expected be aged over 85 years old.

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

Figure 3.6.2: 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)

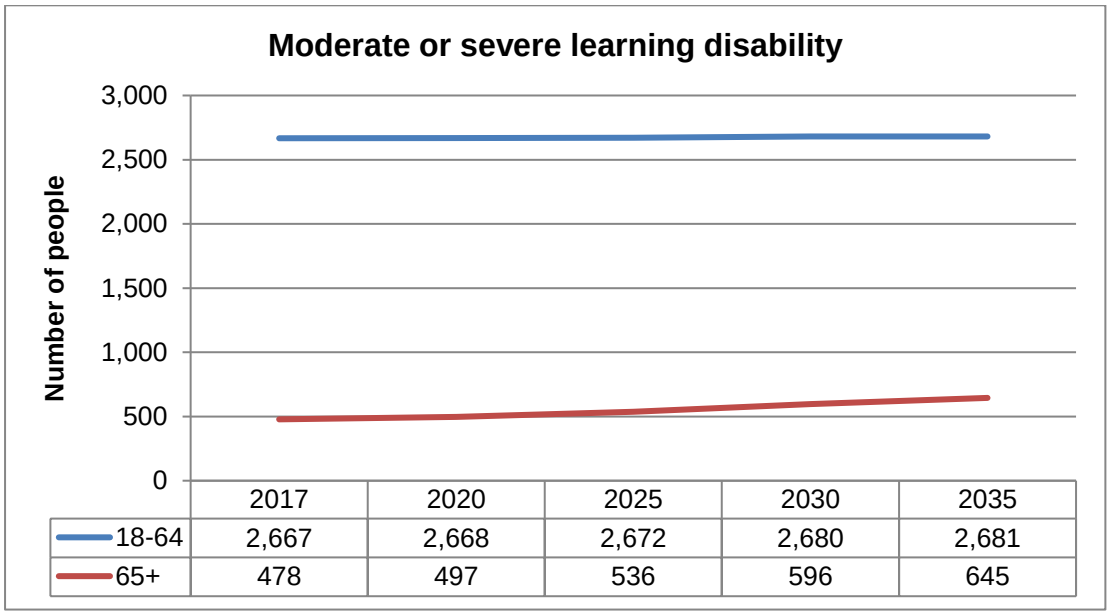


Source :POPPI Apr 2015

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 3,145 in 2017 to 3,326 in 2035.

Figure 3.6.3: Projection in the number of people predicted to have a moderate or severe learning disability, by age living in Nottinghamshire



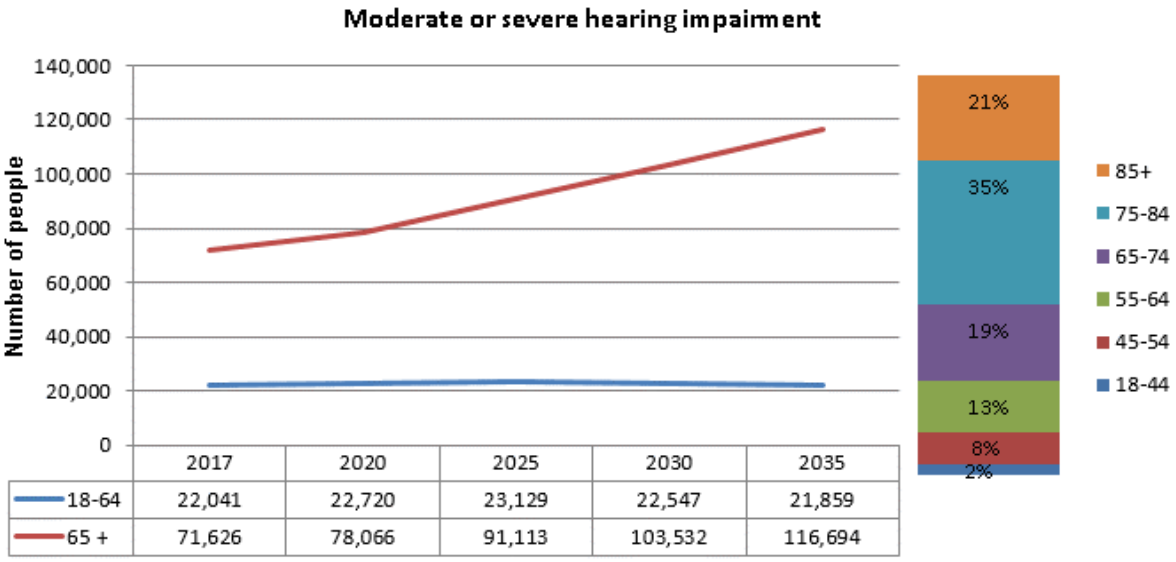
Source: POPPI and PANSI Apr 2017, national prevalence model applied to ONS population projections

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 48% from 93,667 in 2017 to 138,553

in 2035. 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 3.6.4: Projection in the numbers of people predicted to have moderate or severe hearing impairment in Nottinghamshire and breakdown by age group 2016(insert to right)



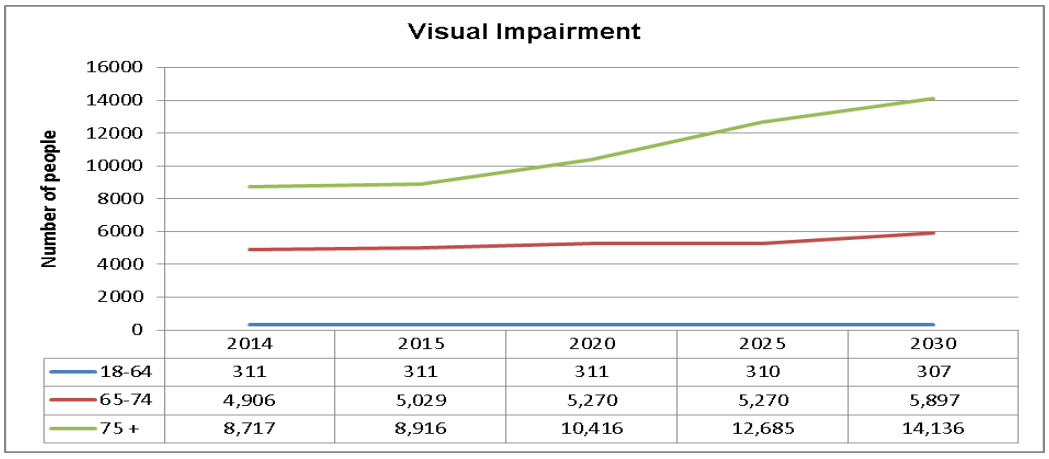
	2017	2020	2025	2030	2035
18-64	22,041	22,720	23,129	22,547	21,859
65 +	71,626	78,066	91,113	103,532	116,694

Source: POPPI and PANSI Apr 2017, national prevalence model applied to ONS population projections

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 51% from 14,446 in 2017 to 21,810 in 2035.

Figure 3.6.5: 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 2017, national prevalence model applied to ONS population projections

*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 estimates for severe visual impairment.

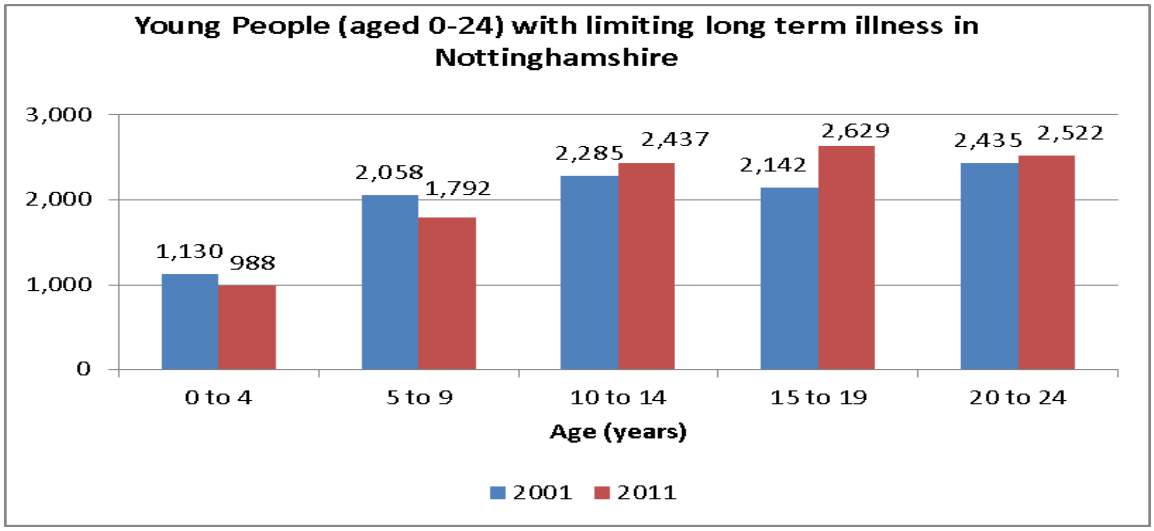
Disability in Children and Young People

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 and 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 3.6.6).

Figure 3.6.6



Source: Census 2001,2011

There has been a significant increase in young claimants (0-17 years of age) of Disability Living Allowance in Nottinghamshire over the last 14 years, from 3,350 in May 2002 to 6,310 in May 2016, a rise of 88% (Figure 3.6.7). The steepest rise was in the 11-16 age range, which more than doubled (136% increase). This was followed by the 5-11 group (increase of 90%).

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

Figure 3.6.7 Disability Living Allowance cases in payment (May 2002 and May 2016)

	0-4		5-11		11-16		16 - 17		Total	
	2002	2016	2002	2016	2002	2016	2002	2016	2002	2016
Ashfield	90	170	250	530	180	500	60	60	580	1,260
Bassetlaw	60	90	200	370	150	350	40	50	450	860
Broxtowe	60	80	190	280	160	280	40	30	450	670
Gedling	50	100	200	430	140	370	40	30	430	930
Mansfield	90	110	220	430	190	430	70	30	570	1,000
Newark & Sherwood	70	100	230	420	170	440	50	30	520	990
Rushcliffe	50	80	140	250	120	250	40	20	350	600
Nottinghamshire	470	730	1,430	2,710	1,110	2,620	340	250	3,350	6,310

Source: NOMIS [Numbers rounded to nearest 10]

Special Educational Needs

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 are currently categorised as follows:
SEN support: Extra or different help is given from that provided as part of the school's usual curriculum. The class teacher and SEN Coordinator (SENCO) may receive advice or support from outside specialists. This category has replaced the former 'School Action' and 'School Action Plus' categories.

Statement/ Education, Health and Care (EHC) plan: A pupil has a statement of SEN or an EHC plan when a local authority issued one following a formal assessment. This document sets out the child's needs and the extra help they should receive.

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. They replaced statements of Special Educational Need (SEN).

The January 2017 School Census data presented in figures 3.6.8 relates to children who attend a Nottinghamshire maintained or academy school only and therefore may include a child who lives outside of Nottinghamshire but attends one of our schools. Equally it does not include all those children who we maintain an EHCP or Statement for those who attend a school outside of Nottinghamshire, an independent school or home education.

Figure 3.6.8: Numbers and percentages of children with special educational needs (January 2017)

District	Number on Roll	SEN Status					
		No Provision		SEN Support		Statement/EHCP	
		Number	%	Number	%	Number	%
Ashfield	19048	16841	88.4%	1936	10.2%	271	1.4%
Bassetlaw	16760	15437	92.1%	1121	6.7%	202	1.2%
Broxtowe	15030	13739	91.4%	1125	7.5%	166	1.1%
Gedling	17009	15522	91.3%	1305	7.7%	182	1.1%
Mansfield	17437	15590	89.4%	1594	9.1%	253	1.5%
Newark & Sherwood	15151	13897	91.7%	1101	7.3%	153	1.0%
Rushcliffe	18537	17556	94.7%	842	4.5%	139	0.7%
Nottinghamshire	**118972**	**108582**	**91.3%**	**9024**	**7.6%**	**1366**	**1.1%**

Source: School Census, 2017
Excludes dual pupils placed in their subsidiary setting. District based on location of school.

One in twelve pupils attending a Nottinghamshire local authority maintained or academy school has some kind of SEN. Districts with the highest percentages of children on roll with an SEN status are Ashfield (11.6%), Mansfield (10.6%) followed by Gedling (8.8%).

The total number of children with an EHCP or statement of SEN in Nottinghamshire stands at 1.1%, which has remained stable for the last twelve years. The highest percentage of statements was issued in Mansfield (1.5%) and the lowest in Rushcliffe (0.7%). Nottinghamshire is different from most local authorities in that it does not use statements or EHC plans as a mechanism for distributing resources for pupils with EHCP/SEN. However, a statement or EHC plan is required in order to access special school provision or where an individual child's needs are particularly complex and require systematic monitoring.

Figure 3.6.9 shows the primary needs of Nottinghamshire school pupils with a special educational need. Two thirds of primary needs comprise Cognition and Learning (36.0%) and Communication and Interaction (30.4%). The most common primary needs for SEN Support is Moderate Learning Difficulty, 25.3% compared against 26.8% nationally and for statements/EHCPs the most common primary need is Autistic Spectrum Disorder, 38.1% compared against 25.9% nationally.

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.

Figure 3.6.9 Primary need of pupils identified with special educational needs in Nottinghamshire maintained schools and academies (2014)

	School type					
	Primary	**Secondary**	**Special**	**Totals**		
Specific Learning Difficulty	439	477	11	927 (8.9%)	3,739 (36.0%)	Cognition & Learning
Moderate Learning Difficulty	1656	655	117	2428 (23.4%)		
Severe Learning Difficulty	60	33	184	277 (2.7%)		
Profound & Multiple Learning Difficulty	32	6	69	107 (1%)		
Social, Emotional & Mental Health	984	753	47	1,784 (17.2%)		
Speech, Language & Communication Difficulty	1136	184	22	1342 (12.9%)	3,161 (30.4%)	Communication & Interaction
Autistic Spectrum Disorder	815	592	412	1,819 (17.5%)		
Visual Impairment	78	52	*	130*+ (1.3%)	762+* (7.3%)	Sensory and/or physical
Hearing Impairment	104	51	6	161 (1.6%)		
Multi-Sensory Impairment	13	*	*	13+* (0.1%)		
Physical Disability	262	136	60	458 (4.4%)		
Other Difficulty/ Disability	654	259	23	936 (9.0%)		
Totals	**6233**	**3198+***	**951+***	**10,382 + ***		

Source: School Census, 2017
** Value of five or less and suppressed*

Mental Illness

Why this matters[12]

Mental health problems[±] impact on individuals, families, communities and society as a whole. Mental illness is an important cause and consequence of social inequality. The causes and influences of mental health problems are wide ranging and interacting. They are often associated with adverse events in our lives and other

[12] JSNA chapter Mental Health, 2017
[±] The phrase 'mental health problem' mirrors the terminology used in the National Strategy.

circumstances, such as poverty, unemployment, levels of supportive networks, levels of education and the broader social environment.

Mental health and physical health are inextricably linked. On average, men with mental health problems die 20 years earlier, and women die 15 years earlier, than the general population. The majority of deaths in this group arise from preventable causes and could have been avoided by timely medical intervention.

Mental health problems are extremely common. It is widely reported that one in four people will experience mental health problems each year[i] and up to one in two people at some point in their lives.

Figure 3.6.9 below compares Nottinghamshire self-reported wellbeing scores to England and East Midlands region. For the period 2014-15, all self-reported wellbeing indicators for Nottinghamshire is statistically similar to England and the East Midland regions.

Figure 3.6.9: Nottinghamshire Self-Reported Wellbeing Scores compared with England and East Midland Region – 2014/5.

** Note: An individual can have more than one self-reported wellbeing indicator*

Self-reported wellbeing	Key:	Lower	Similar	Higher	Relative to England
	% of population aged 16+				Estimated number
Indicator	England	East Midlands region		Nottinghamshire	Nottinghamshire
% of people with high anxiety	19.4	18.6		18.8	123,600
% of people with low happiness	9.0	8.7		8.3	54,500
% of people with low satisfaction	4.8	4.4		4.3	28,100
% of people with low worthwhile	3.8	3.7		4.2	27,400
Total					**233,600**

Source: PHE Fingertips Profiles (Annual Population Survey (APS);

The Adult Psychiatric Morbidity Survey (APMS 2014) remains the primary source of information on the prevalence of both treated and untreated psychiatric disorders and their associations among adults living in private households[13].

Using the APMS 2014 statistical modelling, the table below shows approximately 91,155 people are estimated to have a common mental health disorder (CMD - excluding Post Traumatic Stress and Eating Disorders). Mixed anxiety and depression are the most prevalent of the CMD.

[13] Nottinghamshire County JSNA,. Mental Health, 2017

Figure 3.6.10: Estimated prevalence of any common mental disorders by CCG for 16-74 years registered population – 2014/15

CCG	Common Mental Health Disorders	
	Estimated	%
Bassetlaw	11,636	*11.9*
Mansfield and Ashfield	23,998	*13.0*
Newark and Sherwood	13,162	*13.4*
Nottingham North and East	18,480	*13.7*
Nottingham West	11,694	*13.1*
Rushcliffe	12,185	*14.2*
Nottinghamshire Total	**91,155**	***13.4***
East Midland Region	**430,014**	***13.0***
England	**6,114,247**	***15.6***

Source: ***PHE Common Mental Health Disorders Profile 2015***
** Note: An individual can have more than one disorder*

The table below shows the estimated number of people in Nottinghamshire to have an SMI in 2012 was 2,236 which is slightly below the England SMI rate.

Figure 3.6.11: Estimated % of the population aged 16+ with a psychotic disorder*

CCG	Estimated prevalence of psychotic disorder (in the previous year)	
	2012 (16+ years)	
	Number	%
Bassetlaw	333	*0.36*
Mansfield And Ashfield	636	*0.41*
Newark & Sherwood	297	*0.32*
Nottingham North And East	366	*0.31*
Nottingham West	315	*0.35*
Rushcliffe	288	*0.32*
Nottinghamshire County CCGs	**2,236**	**0.36**
England		***0.40***

Source: http://fingertips.phe.org.uk/profile-group/mental-health/profile/severe-mental-illness
**based on applying annual prevalence from the Adult Psychiatric Morbidity Survey (APMS) to the local population with a weighting for mental health 'need' from NHS resource allocation.*

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

[14] LGBT Lesbian, Gay, Bisexual and Transgender

communities. […] Of additional concern is the discrimination some LGBT people face when accessing NHS services."[15]

Recent estimates of the size of the LGB population of England suggest a national mean of 2.5%, and in the East Midlands 1.98%. If these estimates are applied to the population of Nottinghamshire, then it is estimated that there are around 16,000-20,000 LGB[16] people living in Nottinghamshire. Table 3.7 below indicates the number and % of same sex civil partnerships.

Table 3.7: Marital and civil partner status, 2011

	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: Census 2011

3.8 Carers

Why this is important

Over 5.8 million people provide unpaid care in England and Wales. For some, caring for loved ones can mean around-the-clock care, for others it may be a few hours a week; in the same home or at a distance. Carers make an enormous contribution to society and save the economy billions of pounds.

Caring for someone is hard, and can have health and wellbeing consequences for those people providing care. Many people who care for others do not identify

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

[16] LGB Lesbian, Gay, Bisexual and other

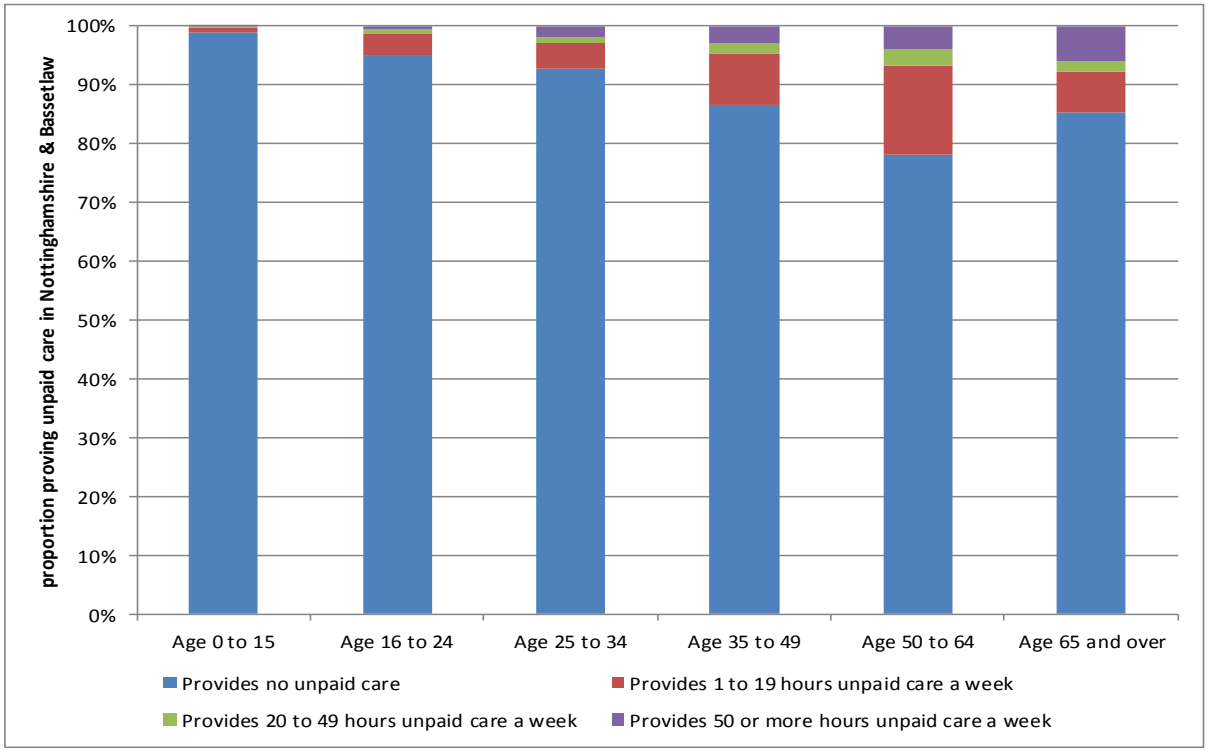
themselves as carers and do not access the support and information that is available to them[17].

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 2011

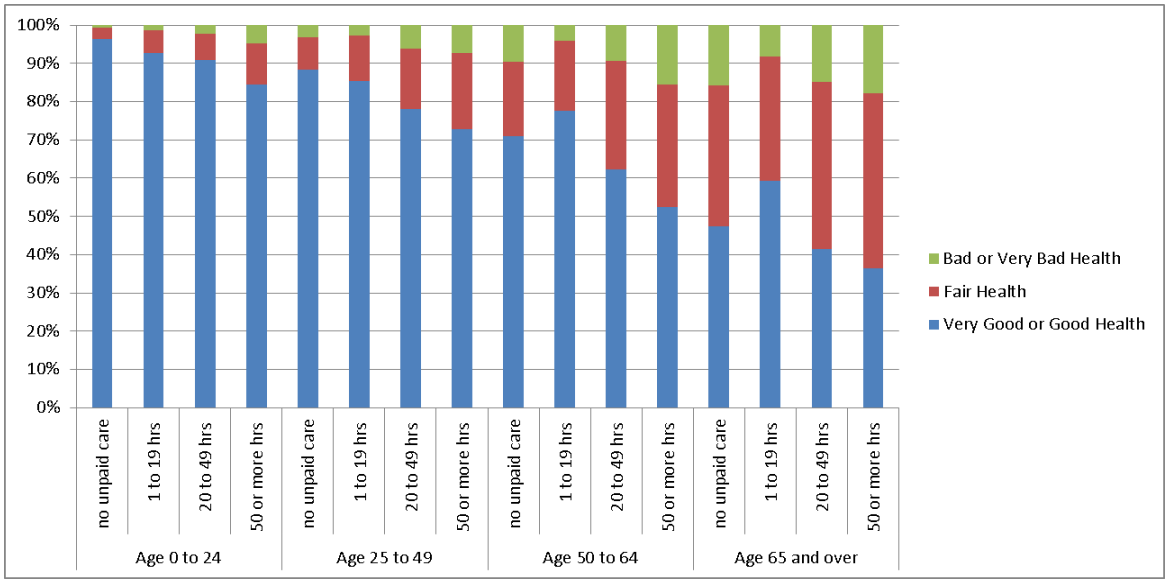
Figure 3.8.2 compares carers by age, hours of caring and health status. This chart reveals that older carers who are caring for longer hours per week are also more

[17] Nottinghamshire County JSNA chapter Carers. 2014.

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. Two thirds of young carers receive no formal or informal support[18]. 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. Young carers often find caring very rewarding but it can also effect their physical and mental health and well-being and their ability to participate in education[19].

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



Source: Census 2001 and 2011

3.9 Homelessness

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

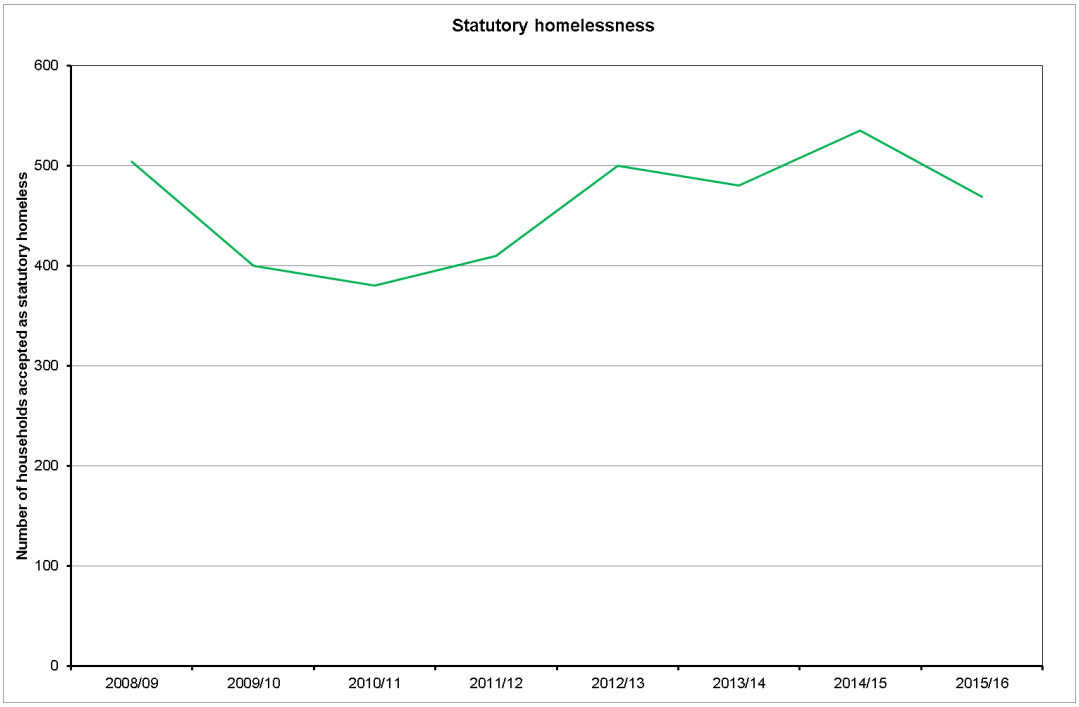
- The average age of death of a homeless person is 47 years old and even lower for homeless women at just 43, compared to 77 for the general population.
- Drug and alcohol abuse are particularly common causes of death amongst the homeless population, accounting for just over a third of all deaths.
- Homeless people are over nine times more likely to commit suicide than the general population

[18] Cheesbrough, S. et al. The lives of young carers in England. 2017. Department for Education.
[19] Cheesbrough, S. et al. The lives of young carers in England. 2017. Department for Education.

- 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."

Figure 3.9.1 shows the number of households that have been accepted as statutory homeless in Nottinghamshire over the years from 2009. In 2015/16 there were 469 persons in Nottinghamshire who were defined as being accepted as statutory homeless[20] and in priority need (the standard definition of homelessness, which does not include people who may be considered homeless). This number has remained relatively stable since 2012/13.

Figure 3.9.1: Numbers of households accepted as being statutarily homeless in Nottinghamshire, 2008/9 – 2015/16



Source: Department for Communities and Local Government, 2017

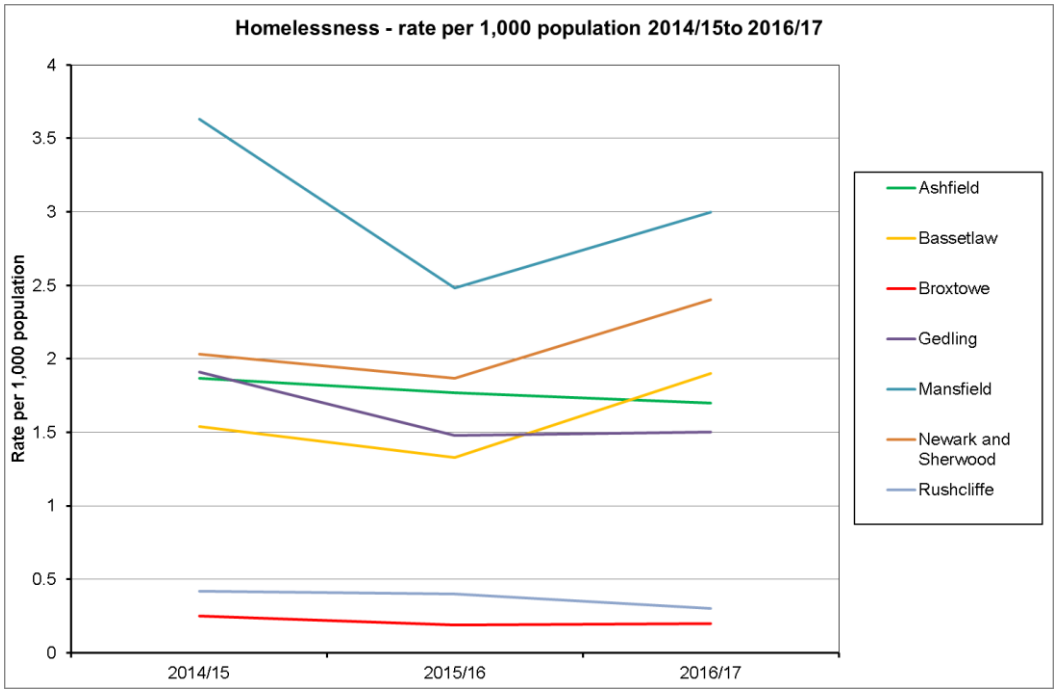
Figure 3.9.2 shows the rate per 1,000 households being accepted as being homeless and in priority need to enable comparison between local authorities. Homelessness rates saw a gradual decline between 2014/15 and 2015/16, but increased between 2015/16 and 2016/17 for all of the Notts local authority areas except Broxtowe and Rushcliffe. Mansfield District had the highest rates of homelessness in 2016/2017.

Figure 3.9.3 shows information on the number of rough sleepers in each local authority area, identified either through a count or an estimate, from 2010 to 2015.

[20] For definition of statutory homeless see https://www.gov.uk/homelessness-data-notes-and-definitions

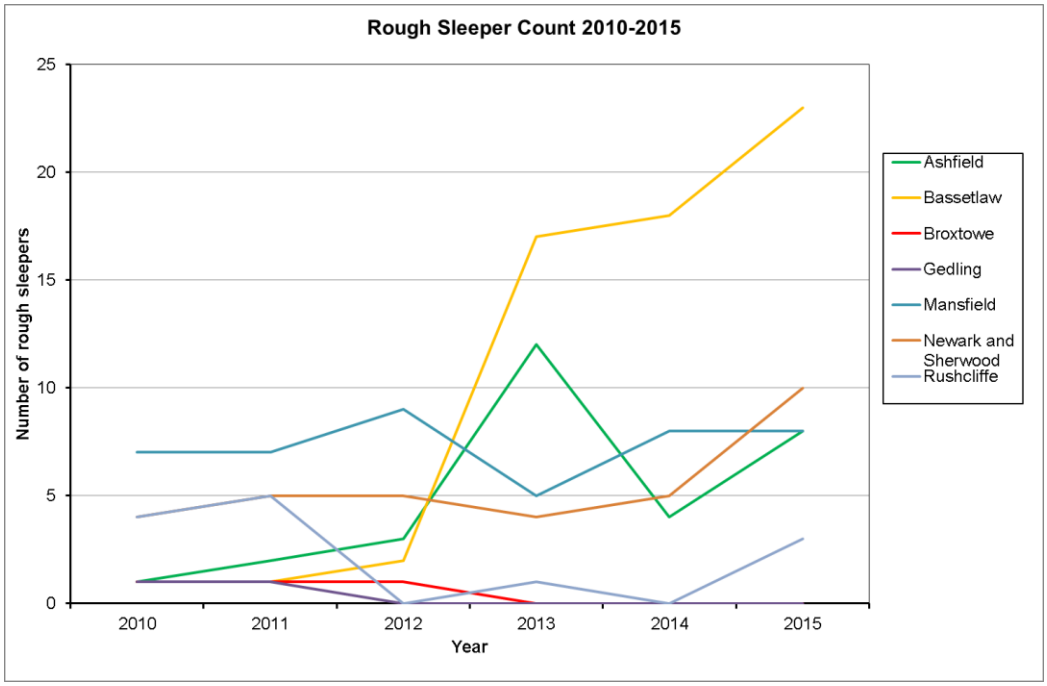
As can be seen in the chart, the numbers of rough sleepers in Bassetlaw have increased from under 5 in 2012 to above 20 in 2015.

Figure 3.9.2: Statutory homelessness rate in Nottinghamshire districts



Source: DCLG Published statistics on homelessness, July 2017

Figure 3.9.3: Rough sleeper count for Districts of Nottinghamshire 2010-2015



Source: DCLG Published statistics on homelessness, July 2017

3.10 Migrants

Migrant groups are diverse, and may have social, cultural and health needs. Migration is driven by numerous reasons (including economic, family reunion, study, humanitarian reasons or human trafficking). As a consequence migrants may experience several diverse health and social care needs.

Migrant populations experience different health and wellbeing issues depending on lifestyle risk factors, cultural practices, country of origin, genetic and hereditary factors and wider determinants (poor housing, lower economic opportunities, unemployment and living in deprived areas). Poverty, isolation and discrimination can lead to poorer health outcomes (especially for mental health)[21].

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

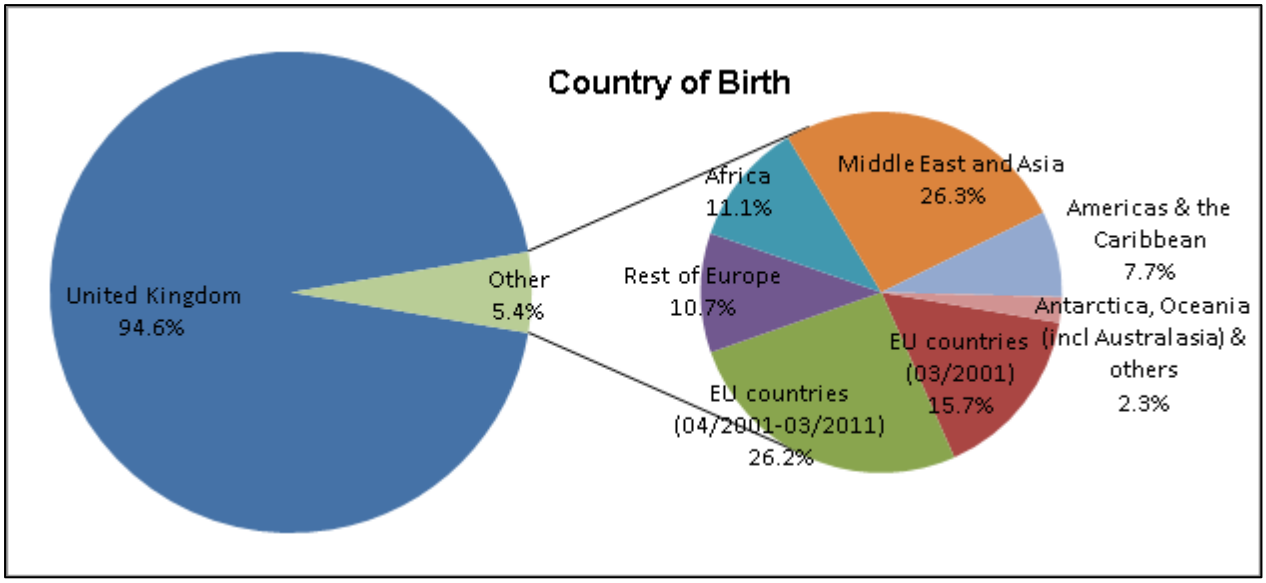
The County and its constituent Districts all had lower rates of their resident population born outside of the United Kingdom (3.0%-7.7%) compared with the Region (9.9%) and England (13.8%).

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[22] (April 2001 to March

[21] Public Health England. Profile of migrant health data in the East Midlands. September 2016. PHE.
[22] 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, and Slovak Republic.

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

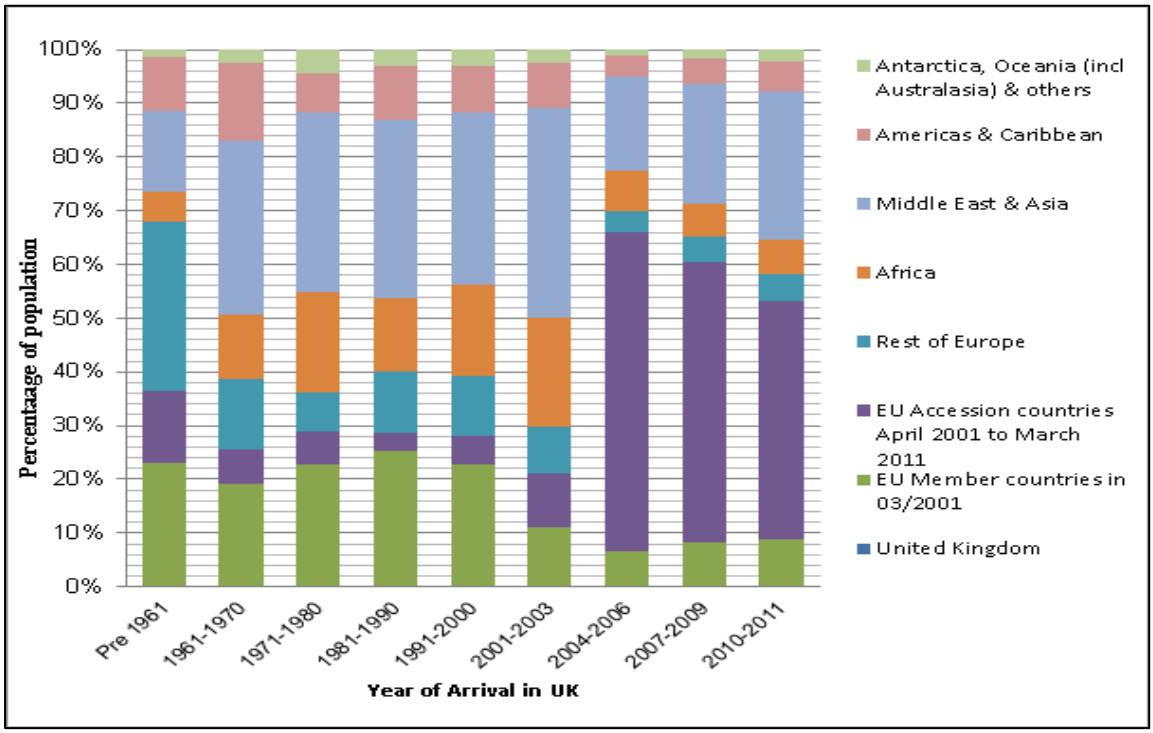
Figure 3.10.1: Country of Birth of All Usual Residents in the County



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.

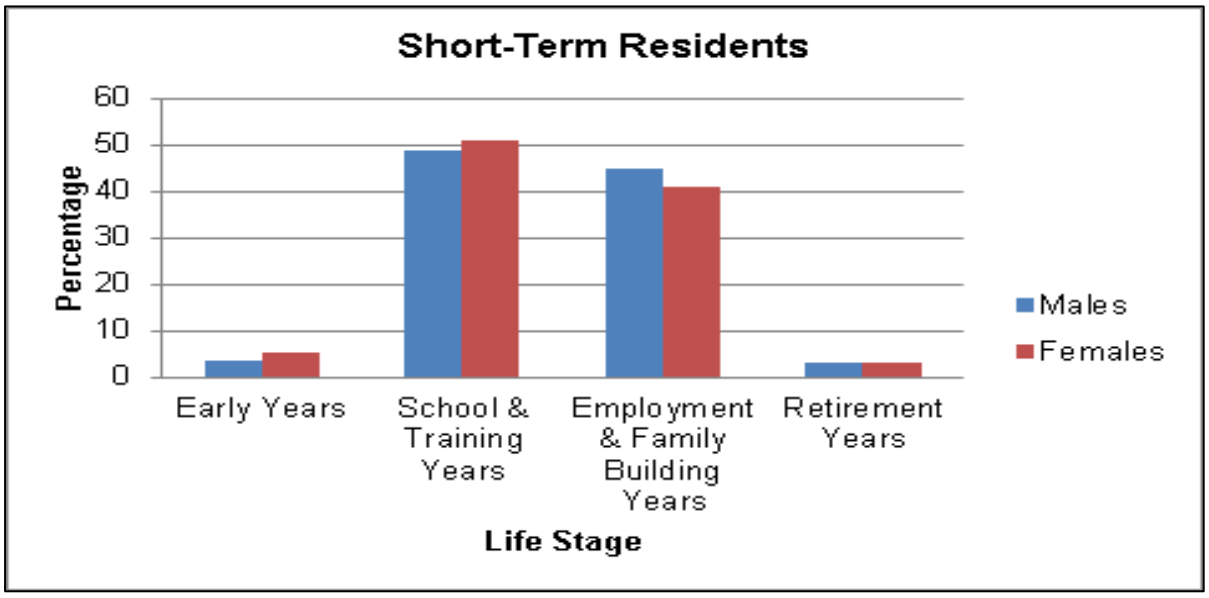
The 1990s saw an increase in the number of arrivals of non-UK born residents, many of which were as a result of civil conflict in various countries. The next major change came in the period 2004-06, when 59.3% of new arrivals were from the EU Accession, primarily, Eastern European countries. Just over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

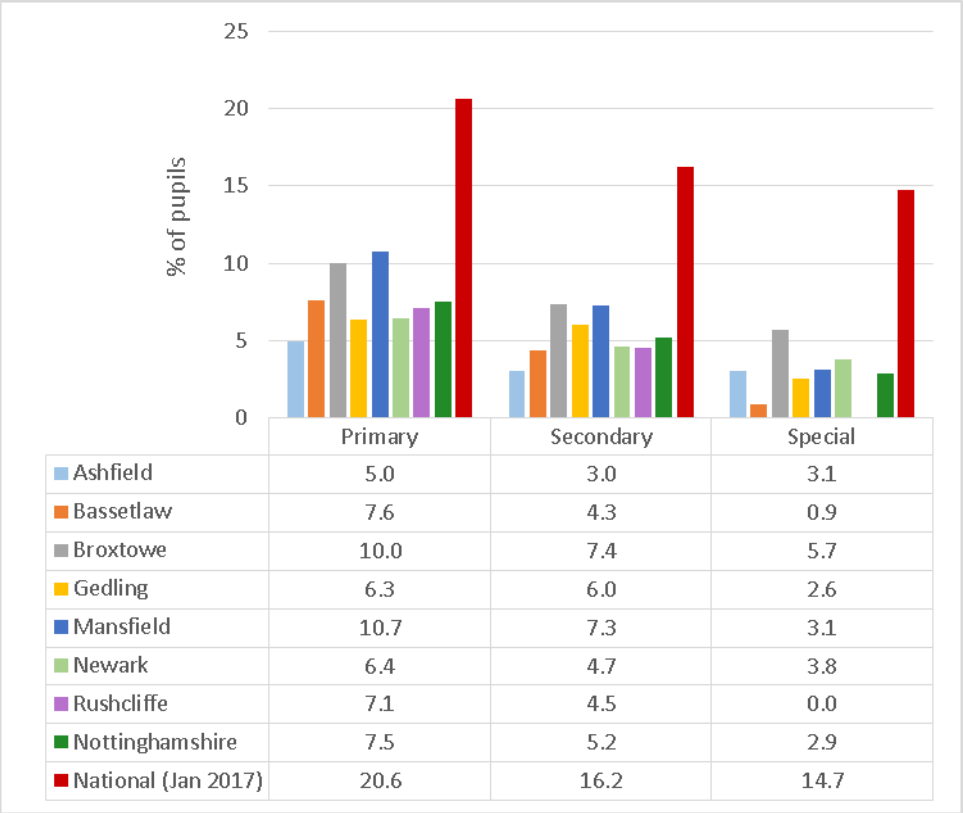


Source 2011 Census, Office for National Statistics

School population

There were a higher proportion of children in primary education (7.5%) for whom English was not their first language compared with other schools (5.2 secondary, 2.9 special) in Nottinghamshire. The proportion of pupils where English was not their first language was lower in Nottinghamshire compared with the national average across all school types. Within Nottinghamshire, Mansfield and Broxtowe districts had the highest percentage of pupils for whom English was not their first language (Figure 3.10.4)

Figure 3.10.4: School pupils* for whom first language is other than English, October 2017**



	Primary	Secondary	Special
Ashfield	5.0	3.0	3.1
Bassetlaw	7.6	4.3	0.9
Broxtowe	10.0	7.4	5.7
Gedling	6.3	6.0	2.6
Mansfield	10.7	7.3	3.1
Newark	6.4	4.7	3.8
Rushcliffe	7.1	4.5	0.0
Nottinghamshire	7.5	5.2	2.9
National (Jan 2017)	20.6	16.2	14.7

**based on location of school rather than area of residence of child*
***first language is known or believed for be other than English*
Source: School census October 2017

4.0 Factors which shape the lives of people in Nottinghamshire

Introduction

People living within different communities experience different opportunities to make choices that allow them to live long and healthy lives. The conditions in which people are born, live, work and age and the differences in influence, money and resources that influence these conditions have a huge impact on health, greater than medical care. An example of this is shown in figure 4.0.1 where socio-economic factors contribute 40% to health outcomes[23]. This influence on health outcomes is illustrated by the gradient in life expectancy for communities which correlates to differences in deprivation: life expectancy in the poorest communities is 11 years shorter for women and 14 years shorter for men[24] than in richest communities in Nottinghamshire. More information on life expectancy and healthy life expectancy can be found in section 5.

Figure 4.0.1: Relative contribution of the determinants of health

Health Behaviours 30%	Socio-economic Factors 40%	Clinical Care 20%	Built environment 10%
Smoking 10%	Education 10%	Access to Care 10%	Environmental Quality 5%
Diet/Exercise 10%	Employment 10%	Quality of care 10%	Built Environment 5%
Alcohol use 5%	Income 10%		
Poor sexual health 5%	Family/Social Support 5%		
	Community Safety 5%		

Source: Health in All Policies, a manual for local government, Local Government Association 2016.

This section of the report looks at factors that influence health in Nottinghamshire. It is based upon the structure of Barton and Grant model[25] of the determinants of health and wellbeing. 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

[23] Health in All Policies, a manual for local government, Local Government Association 2016
[24] Based on life expectancy at birth for middle super output areas (MSOAs) 2013, Public Health England.
[25] 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

the interaction of all the factors over time as people grow up, live their lives and grow old, rather than being directly attributable to any one factor (see figure 4.0.2).

Figure 4.0.2: Wider determinants of health and well-being in our neighbourhoods



4.1 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 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 2015 was released by the Department for Communities and Local Government on 30th September 2015 and updates the previous version released in 2010. It is important to note that these statistics are a measure of relative deprivation, not affluence, and to recognise that not every person in a highly deprived area will themselves be deprived. Likewise, there will be some deprived people living in the least deprived areas.

The English Indices of Deprivation 2015 are based on 37 separate indicators, organised across seven distinct domains of deprivation which are combined, using appropriate weights, to calculate the Index of Multiple Deprivation 2015 (IMD 2015). The domains (and weights) are:

- Income Deprivation (22.5%)
- Employment Deprivation (22.5%)
- Health Deprivation and Disability (13.5%)
- Education, Skills and Training Deprivation (13.5%)
- Crime (9.3%)
- Barriers to Housing and Services (9.3%)
- Living Environment Deprivation (9.3%)

The IMD is an overall measure of multiple deprivation experienced by people living in an area and is calculated for each of the 32,844 Lower layer Super Output Area (LSOA) or neighbourhoods in England. Every such neighbourhood in England is ranked according to its level of deprivation relative to that of other areas.

Lower-layer Super Output Areas are designed to be of a similar population size with an average of 1,500 residents each and are a standard way of dividing up the country.

It is common to describe how relatively deprived a small area is by saying whether it falls among the most deprived 10 per cent, 20 per cent or 30 per cent of small areas in England (although there is no definitive cut-off at which an area is described as ‘deprived’).

The Index of Multiple Deprivation is designed primarily to be a *small-area* measure of deprivation. But the Indices are commonly used to describe deprivation for higher-level geographies including local authority districts. A range of summary measures is available allowing you to see where, for example, a local authority district is ranked between 1 (the most deprived district in England) and 326 (the least deprived district

in England). Summary measures are also available for upper tier local authorities, local enterprise partnerships and clinical commissioning groups.

There are currently 152 upper tier local authorities in England and Nottinghamshire is ranked 103 on a scale where 1 is the most deprived and 152 the least deprived. The table below shows Nottinghamshire's rank on the IMD and also on the individual domains.

Figure 4.1.1 Index of Deprivation 2015 rank for Nottinghamshire by IMD domain

IMD	Income	Employment	Education, Skills & Training	Health Dep. & Disability	Crime	Barriers to Housing & Services	Living Env
103	101	73	73	85	100	127	108

At the Local Authority District level within Nottinghamshire, Mansfield is ranked 59 out of the 326 LAD's in England putting it in the top 20% most deprived districts in the country. Ashfield is ranked 70 which is within the top 25% most deprived areas. Bassetlaw ranked 115 and Newark & Sherwood ranked 158 fall within the top 50% most deprived areas but Gedling (202), Broxtowe (219) and Rushcliffe (318) are all within the 40% least deprived areas, with Rushcliffe being within the top 3% least deprived LAD's in the country.

Figure 4.1.2 Index of Deprivation 2015 rank for Nottinghamshire's Districts by IMD domain

LAD	Income	Employment	Education, Skills & Training	Health Dep. & Disability	Crime	Barriers to Housing & Services	Living Env
Ashfield	64	37	13	67	101	302	185
Bassetlaw	136	89	78	80	133	200	177
Broxtowe	183	163	218	196	173	322	159
Gedling	167	122	198	159	189	311	196
Mansfield	68	31	28	43	95	197	217
Newark & Sherwood	173	130	139	145	202	185	181
Rushcliffe	305	285	323	289	304	284	274

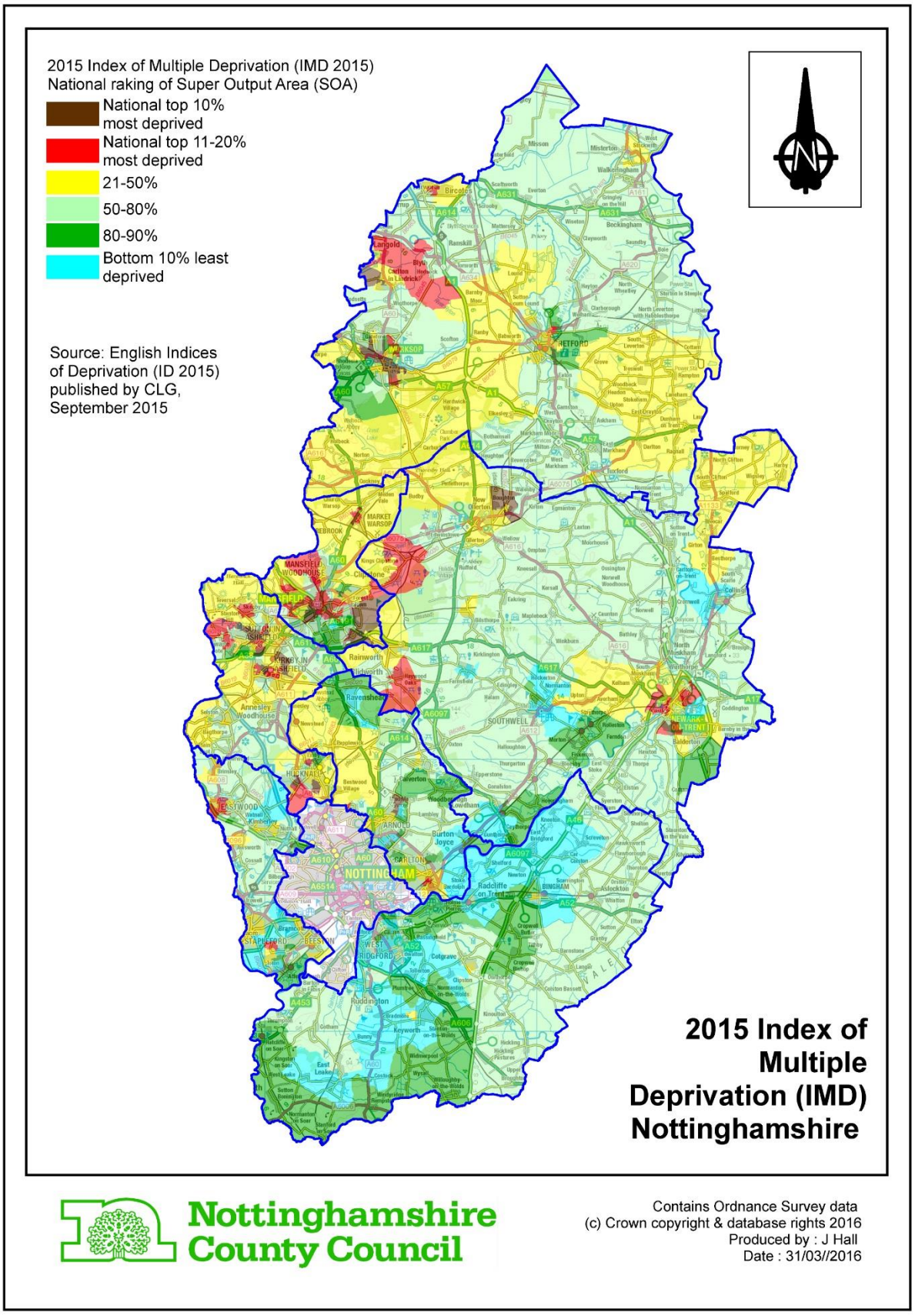
Districts which feature in the top 10% most deprived we can see that only Mansfield for Employment deprivation and Ashfield and Mansfield for Education, Skills & Training deprivation fall within this category. The most concerning area is Ashfield which is ranked 13 for Education Skills & Training deprivation which means it is within the top 4% most deprived districts in England on this particular measure. On this same measure Rushcliffe, ranked 323, is within the top 1% least deprived in England.

It is interesting to note that on both the Barriers to Housing & Services and the Living Environment domains all Nottinghamshire districts are within the 50% least deprived areas in England.

The LSOA (lower-layer Super Output Area) is the smallest spatial level for the IMD is available. LSOA's are small areas designed to be of a similar population size, with an average of approximately 1,500 residents or 650 households. There are 32,844 LSOA's in England. They were produced by the Office for National Statistics for the reporting of small area statistics.

Following the 2011 Census, the geography of Lower-layer Super Output Areas was revised and the number of areas has increased from 32,482 (as used for the Indices of Deprivation 2010, 2007 and 2004) to 32,844 (used for the Indices of Deprivation 2015). The boundaries of the vast majority (96 per cent) of these 32,844 areas are unchanged since the 2010, 2007 and 2004 Indices, but where changes/additions have taken place it may affect how the LSOA's fit within district ward boundaries. The map below shows the current situation.

Figure 4.1.3 Map showing Index of Deprivation 2015 for Nottinghamshire



We can identify the number of LSOA's in each LAD that fall within the top 10% and 20% most deprived in England (with 2010 figures shown in brackets), and these are as follows:

Figure 4.1.4 Most deprived areas in Nottinghamshire's Districts: LSOAs which rank in the most deprived 10% and 20% in England in 2015

Local Authority District	10% most deprived	11% to 20% most deprived
Ashfield	9 (10)	10 (14)
Bassetlaw	6 (6)	6 (18)
Broxtowe	0 (0)	4 (5)
Gedling	1 (0)	2 (5)
Mansfield	6 (12)	18 (20)
Newark and Sherwood	3 (3)	7 (11)
Rushcliffe	0 (0)	0 (0)

All of the Indices of Deprivation measure relative deprivation at small area level as accurately as possible, but they are not designed to provide 'backwards' comparability with previous versions of the Indices (2010, 2007, 2004 and 2000). However, because there is a broadly consistent methodology between the Indices of Deprivation 2015 and previous versions, comparisons can be made between the rankings as determined at the relevant time point by each of the versions.

When looking at changes in deprivation between the Indices of Deprivation 2015 and previous versions, changes can only be described in relative terms, for example, the extent to which an area has changed rank or decile of deprivation.

For example, an area can be said to have become more deprived relative to other areas if it was within the most deprived 20 per cent of areas nationally according to the 2010 Index of Multiple Deprivation but within the most deprived 10 per cent according to the 2015 Index. However, it would not necessarily be correct to state that the level of deprivation in the area has increased on some absolute scale, as it may be the case that all areas had improved, but that this area had improved more slowly than other areas and so been 'overtaken' by those areas. With this in mind the following table shows the IMD rankings in 2004, 2007, 2010 and 2015.

Figure 4.1.5 Change in relative deprivation for Nottinghamshire's Districts: IMD rank between 2004 and 2015

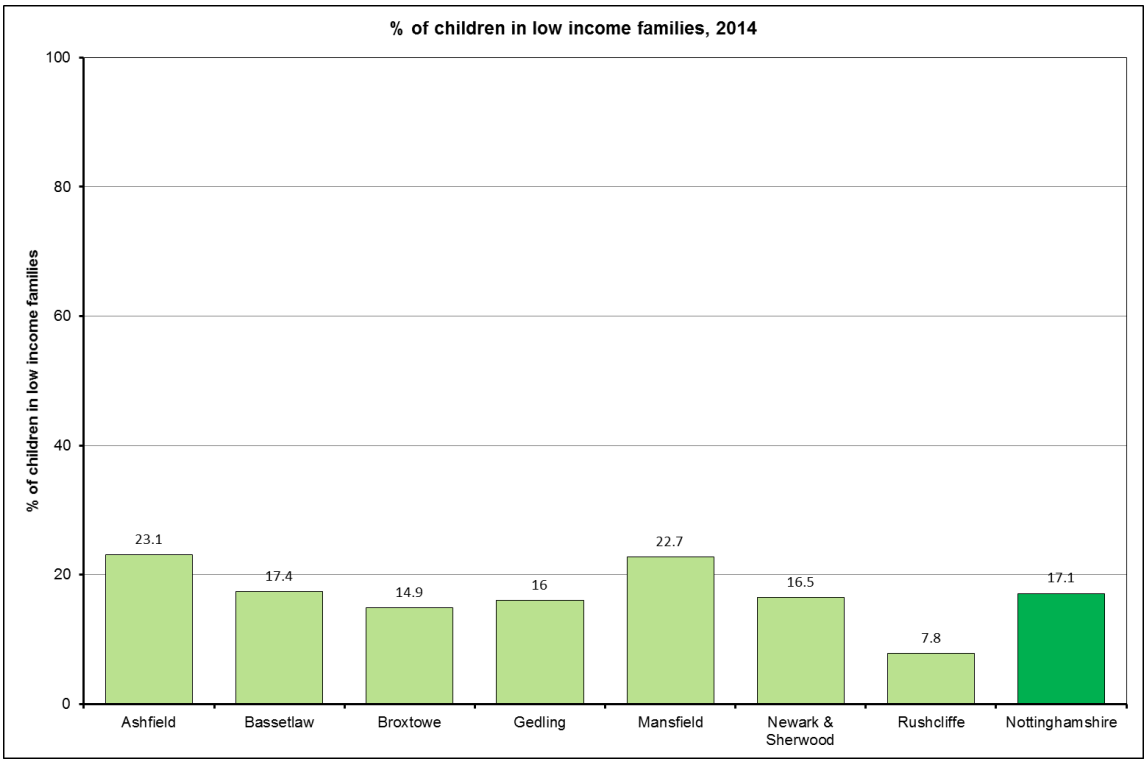
Local Authority	IMD 2004	IMD 2007	IMD 2010	IMD 2015
Ashfield	52	72	54	70
Bassetlaw	77	101	86	115
Broxtowe	194	219	219	219
Gedling	183	205	196	202
Mansfield	32	34	36	59
Newark & Sherwood	143	175	147	158
Rushcliffe	309	330	318	318
Nottinghamshire	88	95	97	103

NB: There were 354 LAD's in 2004 and 2007 compared to 326 in 2010 and 2015.

4.2 Child Poverty

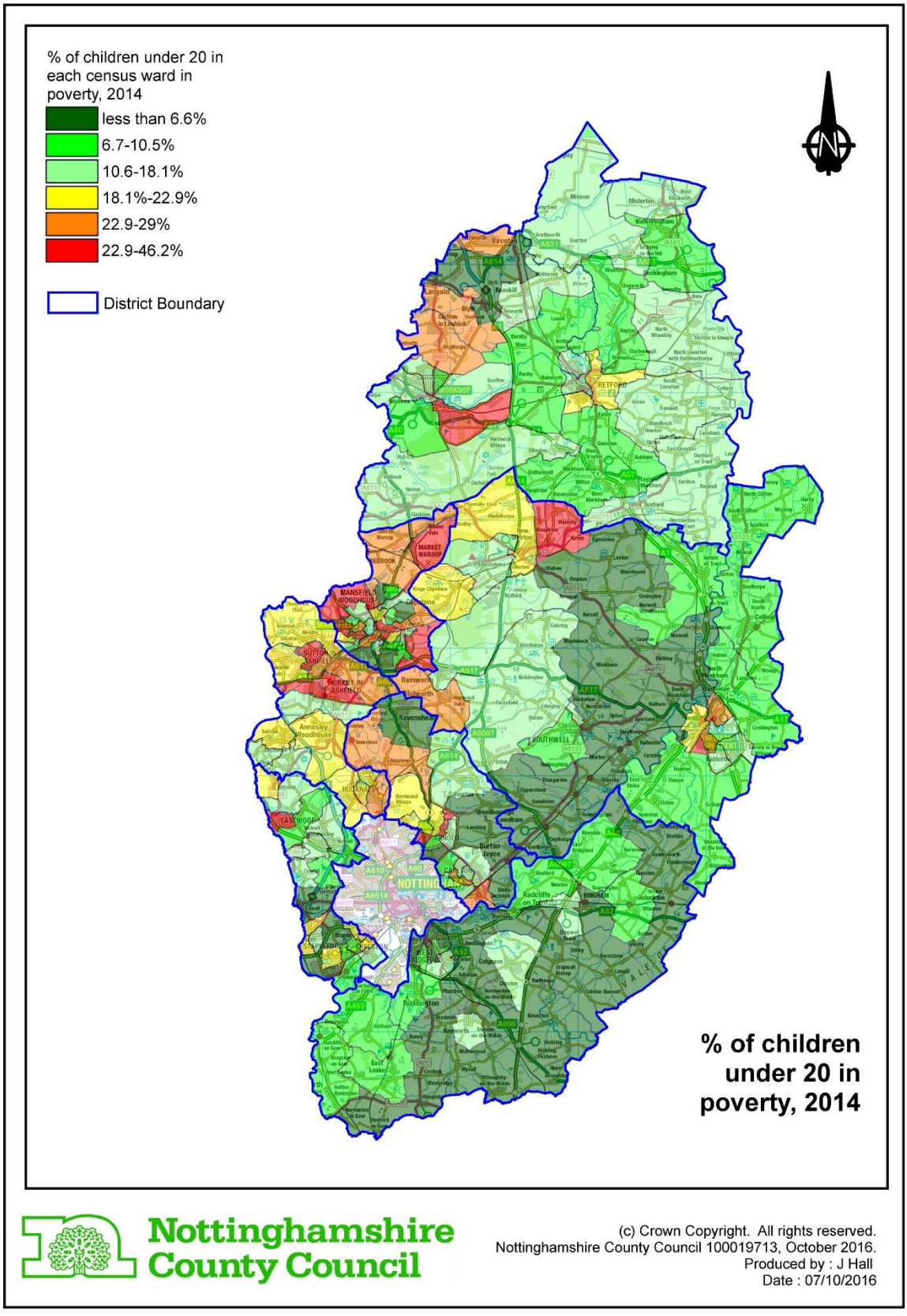
HMRC produce a child poverty indicator, which measures the proportion of children living in families in receipt of out-of-work (means-tested) benefits or in receipt of tax credits where their reported income is less than 60% of UK median income. The latest data is from 2014 and is produced in figure 4.2.1 below. 17.1% of children in Nottinghamshire live in low income families, this figure varies from 23.1% in Ashfield District to 7.8% in Rushcliffe District. The equivalent figure for England is 19.9%.

Figure 4.2.1 Percentage of children living in low income families 2014



Source: HMRC

Figure 4.2.2 The perecentage of children (aged under 20 years) living in poverty in each ward of Nottinghamshire (Census wards).



Lone parent families

In lone parent households, 41% of children live in poverty, compared to 23% in two parent families[26]. 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[27]. 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 (Figure 4.2.3), with the highest increase in Ashfield (31%). In 2011, there were 21,632 lone parents across the county. The highest percentage of lone parents in full-time employment was in Rushcliffe (39%), and the highest not in employment was in Ashfield (44%) (Figure 4.2.3). 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.

[26] Department for Work and Pensions, 2012, Households Below Average Income 2010/2011. Figures are after housing costs.

[27] Barnardo's calculation based on Jobseeker's Allowance, Child Benefit and Child Tax Credit rates from April 2012.

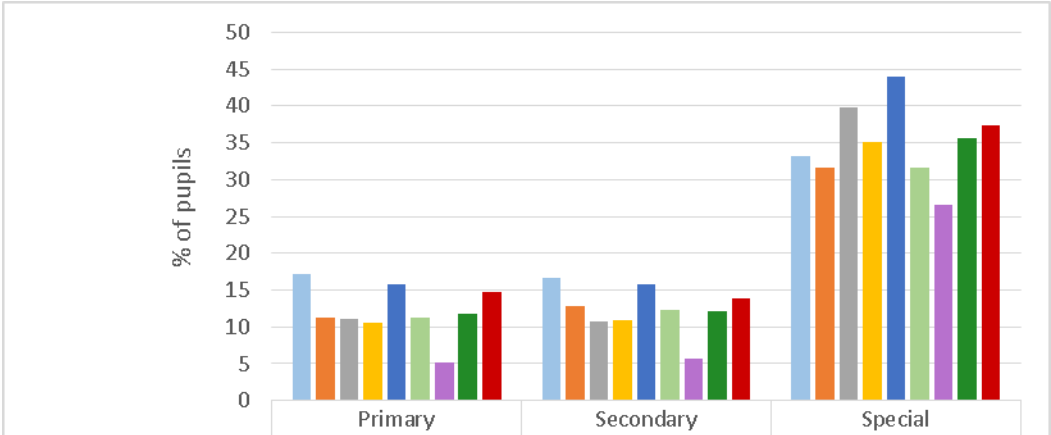
Figure 4.2.3 Lone parents and workless families in Nottinghamshire

	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%
Nottinghamshire	18,804	21,632	19%	7,546 (35%)	6,260 (29%)	7,826 (36%)	7770	9010	10%

Source: Census, 2011

School children may be eligible for free school meals if their parents or carers are in receipt of certain benefits such as universal credit. Levels of free school meal eligibility across Nottinghamshire were slightly lower than national levels. Within Nottinghamshire free school meal eligibility was highest in Ashfield and Mansfield (Figure 4.2.4).

Figure 4.2.4 Eligibility for free school meals



	Primary	Secondary	Special
Ashfield	17.1	16.7	33.1
Bassetlaw	11.2	12.8	31.5
Broxtowe	11.1	10.7	39.8
Gedling	10.5	10.9	35.0
Mansfield	15.8	15.8	44.0
Newark	11.3	12.4	31.6
Rushcliffe	5.2	5.7	26.5
Nottinghamshire	11.8	12.1	35.6
National (Jan 2017)	14.7	13.8	37.4

District is based on location of school rather than area of residence of child
Source: School census October 2017

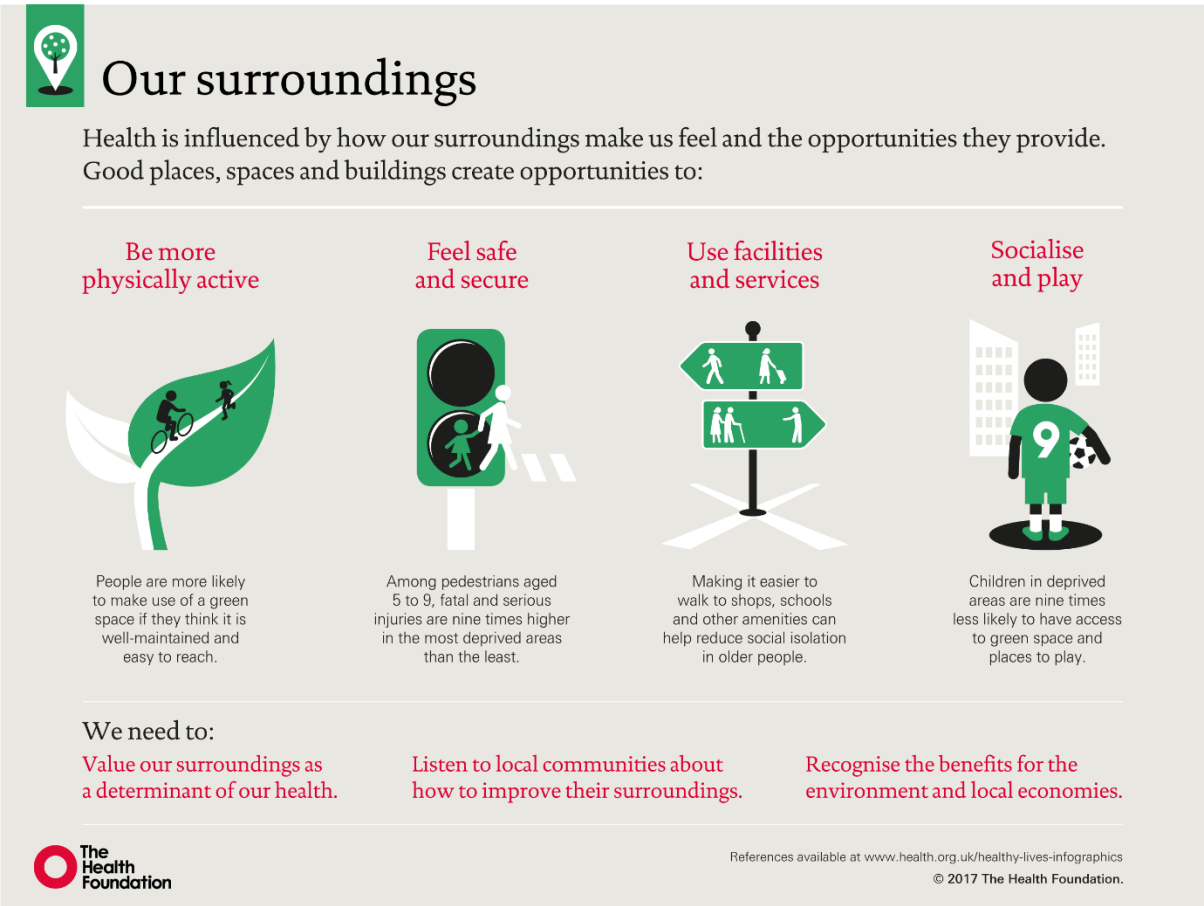
4.3 Our surroundings: the natural and built environment

Why this matters?

Our surroundings influence how long we are likely to live in good health. People in more deprived communities live shorter lives with a larger proportion of their lives spent in poor health, compared with those in more affluent areas, who live longer lives in better health[28]. This is in part due to the differences in opportunities available in people's local environment. Figure 4.3.1 shows the influence of our surroundings on health and wellbeing: children in deprived areas are 9 times less likely to have access to green space and places to play. Social isolation and lack of physical activity are risk factors for dementia, therefore a key aspect of preventing dementia is through taking action to improve our surroundings.

[28] Landon, J., 'Infographic: How do our surroundings influence our health?', in The Health Foundation blog 31st July 2017.

Figure 4.3.1: The influence of our surroundings on health and wellbeing



Source: Landon, J., 'Infographic: How do our surroundings influence our health?', in The Health Foundation blog 31st July 2017.

Green spaces

Why this matters?

Green spaces, and especially natural green spaces, are very important to our quality of life. They provide a wide range of benefits for people and the environment. Recent evidence[29] shows that access to natural green spaces for fresh air, exercise and quiet contemplation has benefits for both physical and mental health. Research provides good evidence of reductions in levels of heart disease, obesity and depression where people live close to green spaces.

Accessible Natural Green Space Standards (ANGSt) were developed in the early 1990s, based on research into minimum distances people would travel to the natural environment, with further guidance produced in 2010[30], recommending that everyone, wherever they live, should have accessible natural green space:

[29] Bragg, R., et al. (2015) Wellbeing benefits from natural environments rich in wildlife – a literature review for The Wildlife Trusts. University of Essex, Colchester. http://www.wildlifetrusts.org/sites/default/files/r1_literature_review_wellbeing_benefits_of_wild_places_lres.pdf

[30] Natural England (2010) Nature Nearby – Accessible Natural Greenspace Guidance

- Of at least 2 hectares in size, no more than 300 metres (5 minutes walk) from home;
- At least one accessible 20 hectare site within two kilometre of home;
- One accessible 100 hectare site within five kilometres of home; and
- One accessible 500 hectare site within ten kilometres of home; plus
- A minimum of one hectare of statutory Local Nature Reserves[31] per thousand population.

Unfortunately, no data is currently available that analyses the provision of accessible green space against the first four standards, either at the County or District/Borough level. However, data does exist for the Local Nature Reserve standard. From this data, as summarised in figure 4.3.2 below, it can be seen that at a County level, the ANGSt target is met and that 5 Districts also meet the target. However, two districts do not meet the target (figures in red).

Figure 4.3.2: Area of Local Nature Reserve per 1,000 of population by local authority area

District	Population	Area of LNR (ha)	Area of LNR per 1000 of pop'n (ha)
Ashfield	124,500	138.5	1.11
Bassetlaw	114,800	125.6	1.09
Broxtowe	112,700	125.2	1.11
Gedling	116,500	75.6	0.65
Mansfield	107,400	71.6	0.67
Newark and Sherwood	119,600	210.7	1.76
Rushcliffe	115,200	121.6	1.06
Nottinghamshire County	810,700	868.8	1.07
Nottingham City	325,800	306.5	0.94
County and City	1,136,500	1175.3	1.03

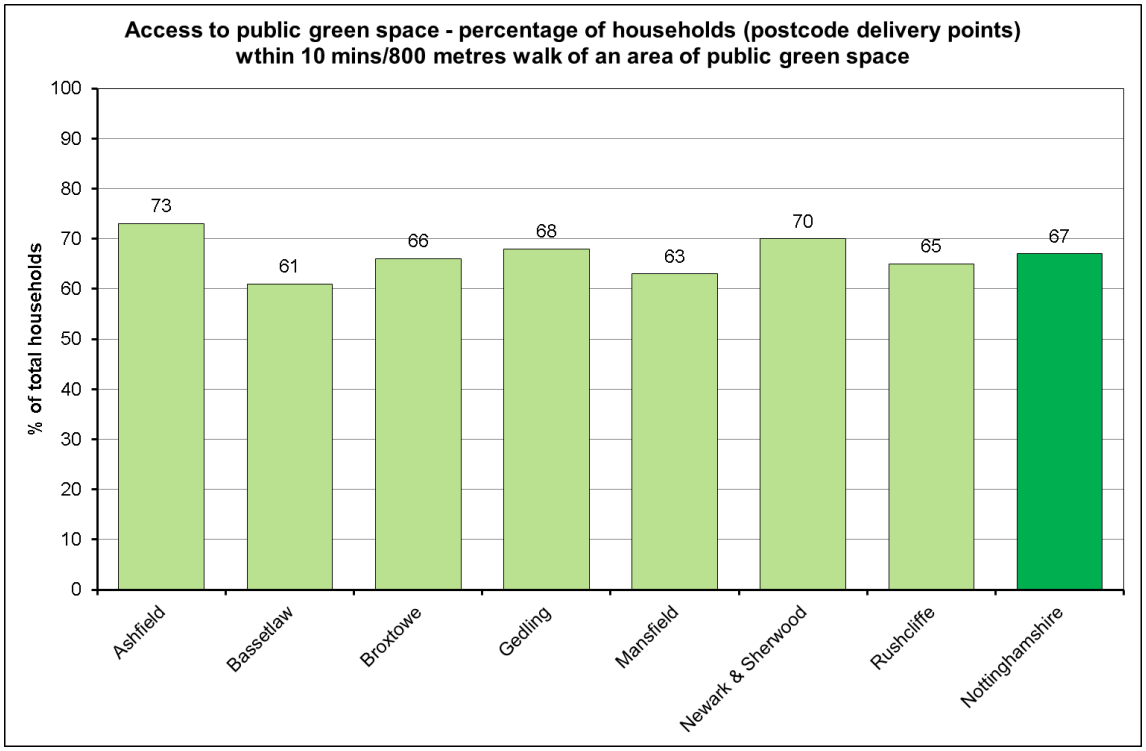
Source: Nottinghamshire County Council Conservation Team.

The Ordnance Survey has recently released a dataset which identifies all accessible recreational and leisure green space. Accurately depicted within the dataset is the location and extent of recreational and leisure features, and for larger sites, their access points. Example features included in the data is every park in Great Britain, every play space, allotment, playing field, golf course, public garden, bowling green. Access to green space facilities has been measured by road distance (percentage of households situated within 10 minutes/800 metres walk of an area of green space; and percentage of households within 15/30 mins by public transport of an area of green space.

[31] Local Nature Reserves are places with wildlife or geological features that are of special interest locally, and which offer people special opportunities to study or learn about nature or simply to enjoy it.

Figure 4.3.3 shows percentage of households within 10 mins walk/800 metres distance of an area of public green space.

Figure 4.3.3: Access to public green spaces



Source: Ordnance Survey, Greenspace Open data, Summer 2016; Royal Mail Codepoint data Summer 2017

Air quality

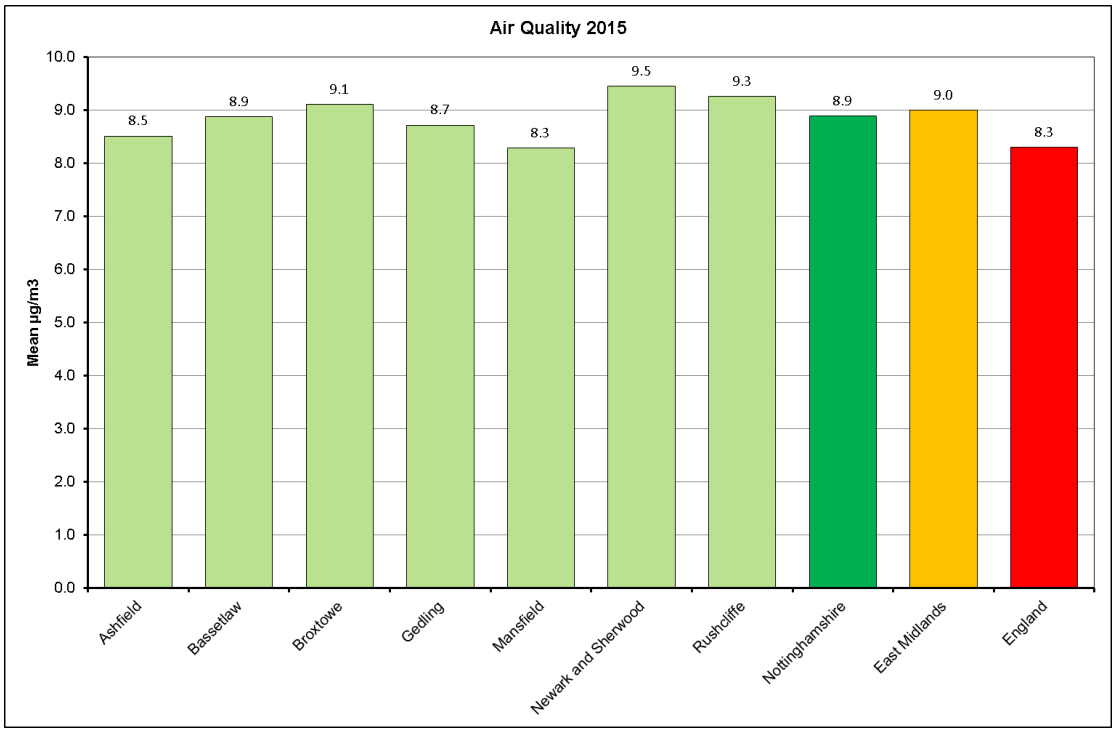
Why this matters?

Poor air quality is a significant health issue. There is clear evidence that particulate matter has a significant contributory role in deaths and in particular in deaths related to cardiac and respiratory causes.[32]

In Nottinghamshire, air pollution rates have fallen from 10.2 µg/m^3 of fine particulate matter in 2013 to 8.9 in 2015. Newark and Sherwood and Rushcliffe have air pollution rates in the highest 20% nationally.

[32] COMEAP (2010). The Mortality Effects of Long-Term Exposure to Particulate Air Pollution in the United Kingdom.

Figure 4.3.4: Annual concentration of human-made fine particulate matter in Nottinghamshire and Districts in 2015.



Source: PHE fingertips wider determinants of health profile, 2017

Flood Risk

Why this matters?

Climate change will affect different people and places unevenly, and so is likely to lead to inequalities within and across nations, and between current and future generations. Some people and places will be more exposed than others to the direct impacts of climate change, such as sea level rise, or extreme weather, due to where they live. Within these places, some people will be more vulnerable to the impacts, as they will be more sensitive to negative effects on their health or wellbeing or may have less capacity to respond[33].

Flood risk data has been obtained from the Environment Agency and analysed for Nottinghamshire County. Areas of the County have been identified which lie in Flood Zone 3 – a best estimate of the areas of land at risk of flooding, when the presence of flood defences are ignored. It covers land with a 1 in 100 (1%) or greater change of flooding each year from rivers, or with a 1 in 200 (0.5%) or greater of flooding each year from the sea. Figure 4.3.5 shows the percentage of the land area of each District in Nottinghamshire (sq km) which lies within Flood zone 3 and figure 4.3.6 shows the locations of these areas.

[33] Climate Just [accessed November 2017]

Figure 4.3.5: Proportion of the land mass within each District categorised as EA Flood zone 3

District	%
Ashfield	1.3
Mansfield	1.4
Gedling	6.4
Broxtowe	11.0
Rushcliffe	12.9
Newark & Sherwood	17.2
Bassetlaw	20.5
Nottinghamshire	12.6

Source: Environment Agency

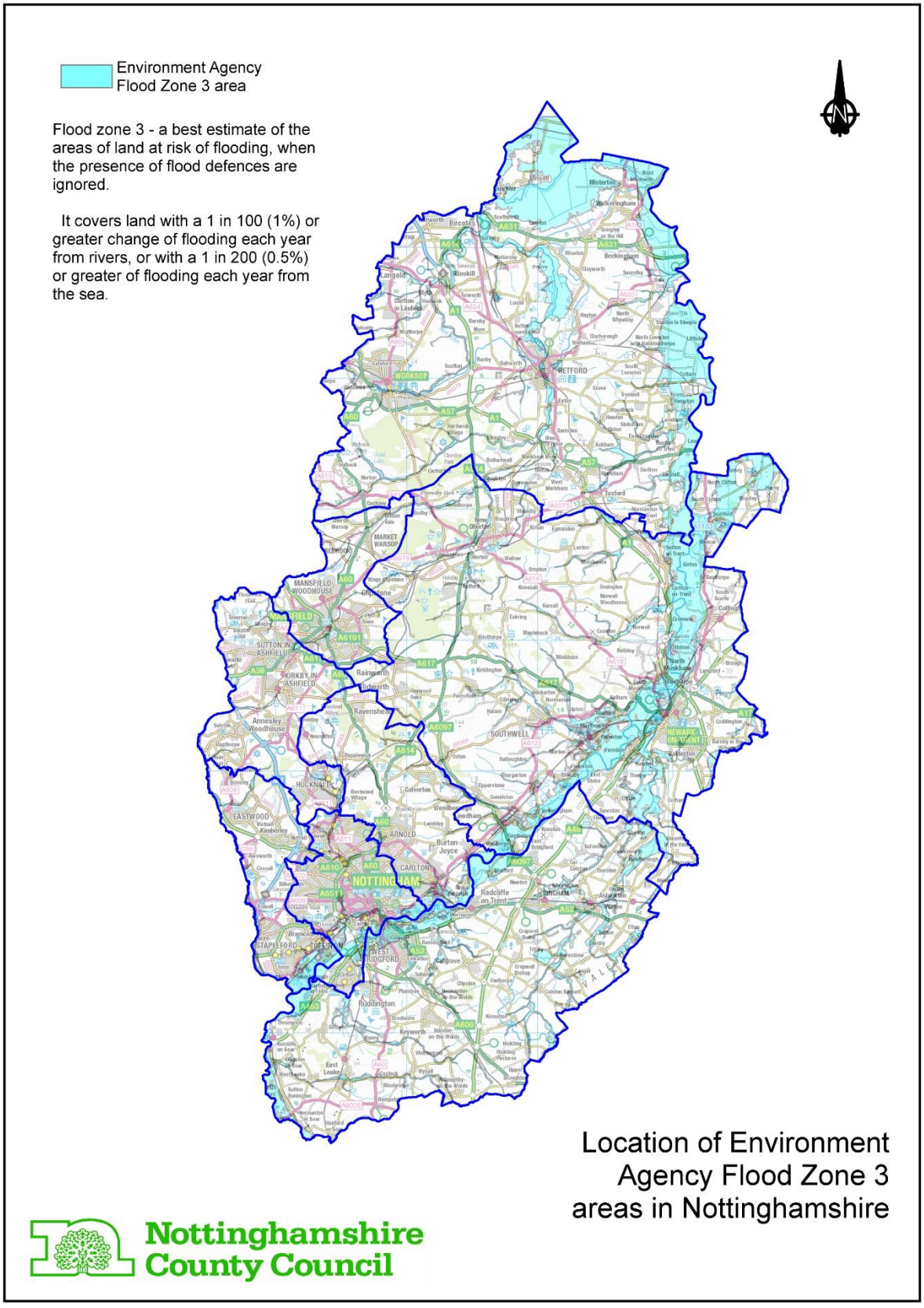
Climate Just[34] has developed a classification system to identify an area's ability to recover from climate and extreme weather events primarily based on social factors. With respect to flooding this includes factors such as income, insurance, social networks and mobility. Areas have been categorised based on an equally-weighted combination of neighbourhood-level scores for indicators associated with flooding vulnerability:

- Income
- Information use – language
- Insurance
- Social networks
- Mobility
- House prices

Around 36,000 people in Nottinghamshire live in areas which are categorised as having an extremely high inability to recover from flooding. This is some 4.5% of the total population of the county. 13,361 people live in Broxtowe District (which has 2 neighbourhoods classed as having a high inability to recover from flooding), whilst Ashfield, Bassetlaw and Newark & Sherwood Districts each have 1 neighbourhood of around 8,000 people with the same classification.

[34] Lindley, S. et al. Climate Change, Justice and Vulnerability. 24th Nov 2011. Joseph Rowntree Foundation.

Figure 4.3.5: Location of areas in Nottinghamshire as EA Flood zone 3



Source: Environment Agency

4.4 Housing

Why this matters?

There are very clear linkages between health and housing. A lack of good quality, affordable accommodation, together with appropriate housing support, has a significant impact on health and wellbeing leading to increased demand for acute services, such as those provided by the NHS and Social Care[35].

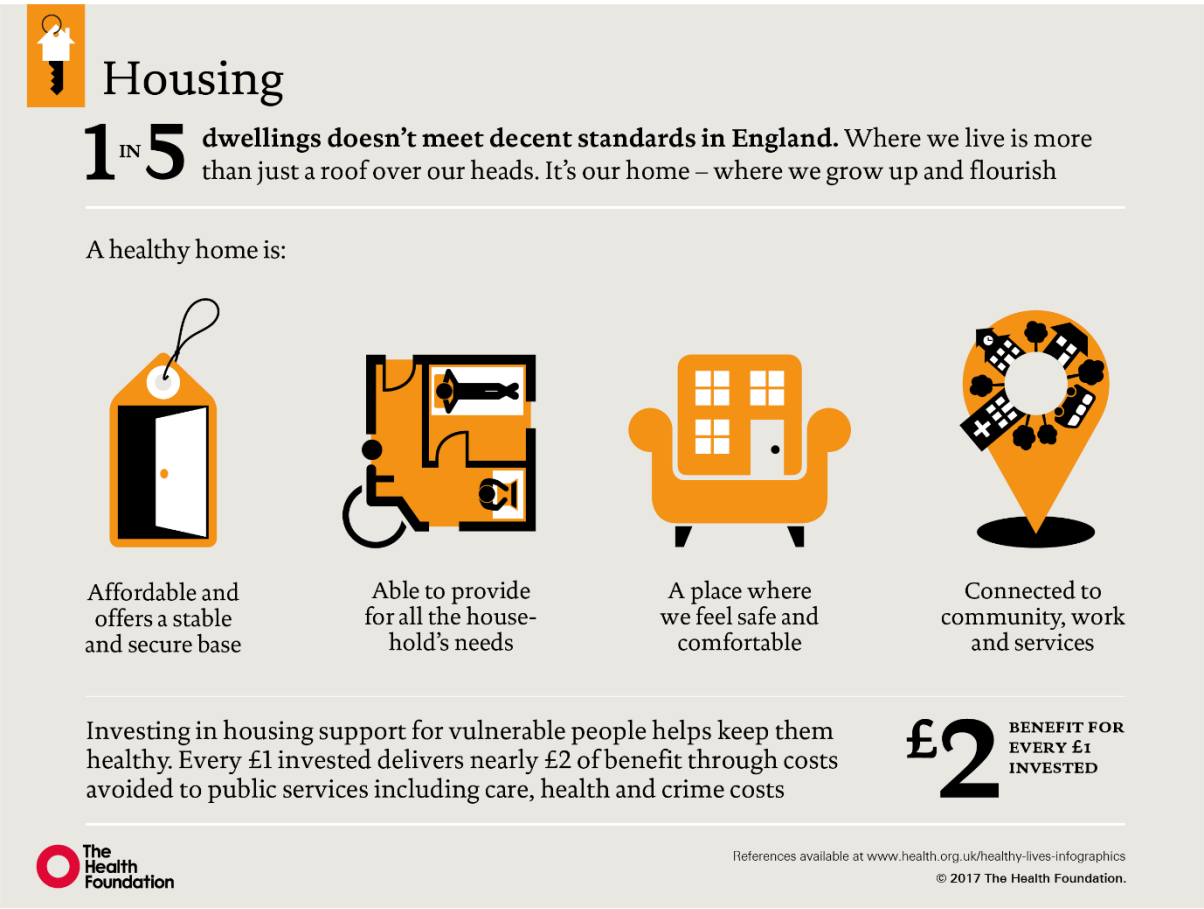
"In the most obvious way, damp, cold and overcrowded conditions can lead directly to physical illness. But there is also increasing evidence that poor housing conditions can also seriously affect people's mental health and sense of wellbeing. The British Medical Association (BMA) has concluded that multiple housing deprivation appears to pose a health risk that is of the same magnitude as smoking. And the housing charity Shelter has found links between overcrowded family housing and depression, anxiety, sleep problems and strained relationships"[36]

"The quality of housing a child lives in can affect their health in many ways, with overcrowding, insecurity and the poor physical condition of housing, as well as fuel poverty all posing risks. A study carried out by Shelter in 2006 suggested that children in bad housing conditions are more likely to have mental health problems, such as anxiety and depression, to contract meningitis, have respiratory problems, experience long-term ill health and disability, experience slow physical growth and have delayed cognitive development.

"The space with a home can also impact on other wider health determinants. Educational attainment, for example, can be hindered where there is insufficient quiet, warm space for children to do their homework and familial relationships can be affected by the level of privacy available"[37]

[35] Cairncross, L. and Porteus, J. Health and Housing: Building the evidence base. April 2017. Housing Learning and Improvement Network.
[36] I&DeA. The Social Determinants of Health and the role of Local Government. February 2010. Local Government Association.
[37] National Children's Bureau. Environmental inequalities and their impact on the health outcomes of children and young people: Policy Briefing. 2012, NCB.

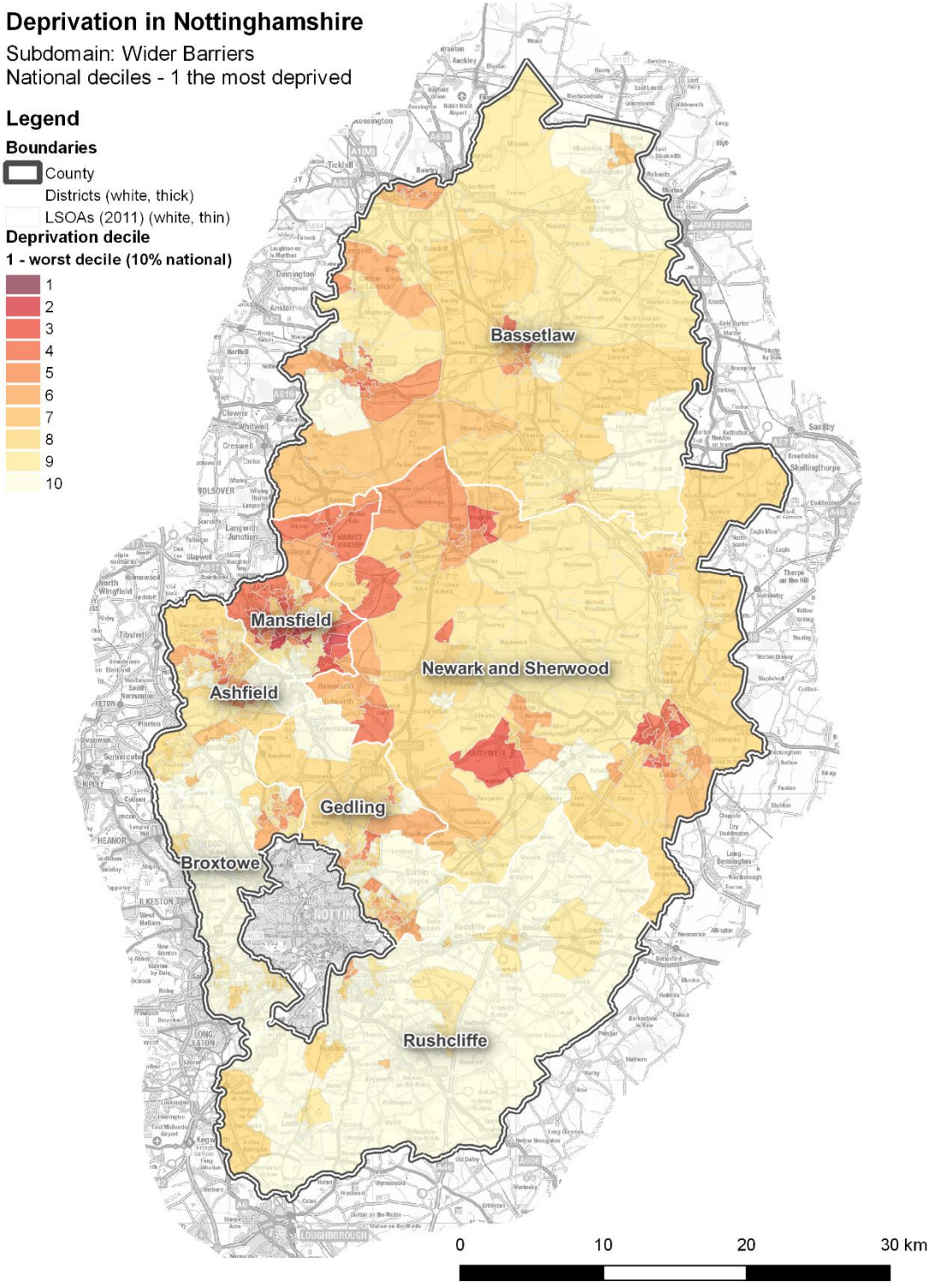
Figure 4.4.1: The influence of housing on health



Source: ***'Infographic: Housing and health'*** *The Health Foundation 2017*

Barriers to housing are included as a sub-domain within the Index of Multiple Deprivation, called Wider Barriers, which comprises data on overcrowding, homelessness and housing affordability. The map below shows areas of Nottinghamshire according to the level of barriers to housing. There are five areas (LSOAs) in Nottinghamshire which are in the highest 20% nationally in terms of barriers to housing (darker shading on map). All of these five areas are located within Mansfield.

Figure 4.4.2: Barriers to housing (overcrowding, homelessness, affordability) Index of multiple deprivation sub-domain: wider barriers.



Sources: DCLG Indices of Deprivation (2015)

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Produced by Nottinghamshire County Public Health Intelligence Team (IB)

Homelessness

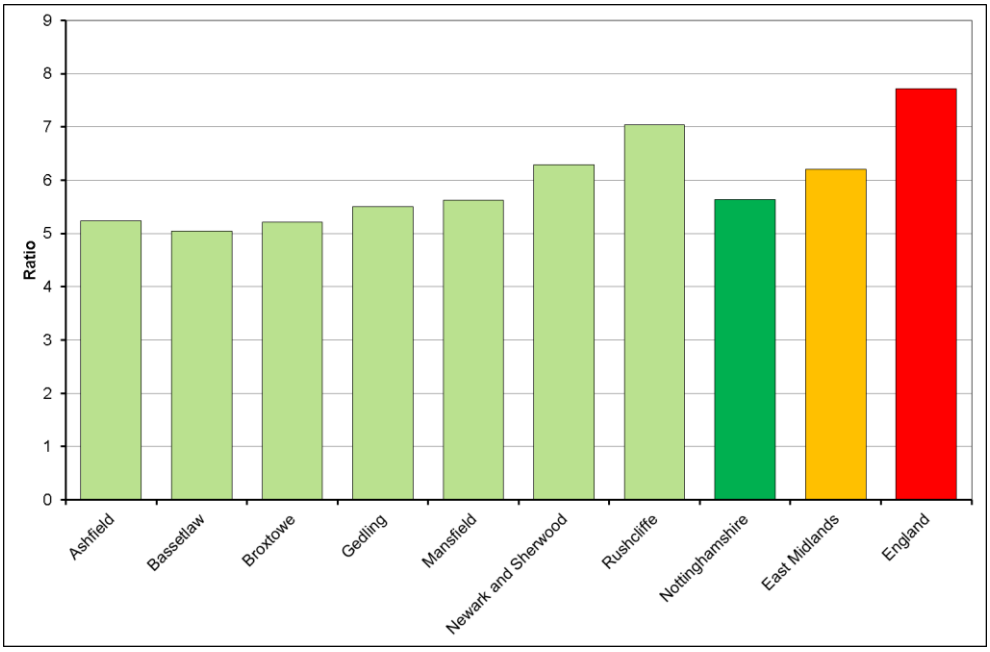
Homelessness is considered earlier in this report.

Affordability

Housing affordability affects where people live and work, and factors that influence health including the quality of housing available, poverty, community cohesion, and time spent commuting[38].

In Nottinghamshire housing affordability varies across the districts with Newark and Sherwood and Rushcliffe having the least affordable housing in the County (figure 4.4.5).

Figure 4.4.5: Housing affordability ratio*, 2015



Source: PHE Fingertips Wider Determinants of Health. [Accessed November 2017]
**Ratio of median house price to median gross annual residence-based earnings (A higher ratio indicates that on average, it is less affordable for a resident to purchase a house in their local authority district)*

Overcrowding

The Census provides and insight into overcrowding; residents living in overcrowded households reported significantly higher levels of "not good" health compared with those living in under-occupied households. Young people (aged 0 to 15) were more than twice as likely to report "not good" health if they lived in overcrowded households[39].

[38] www.kingsfund.org.uk/time-to-think-differently/trends/broader-determinants-health/housing-conditions-and-home-ownership
[39] 2011 Census analysis: General Health in Overcrowded and Under-occupied Households in England and Wales. 2011 Office for National Statistics.

Overcrowding in Nottinghamshire was lower than across the East Midlands. Within Nottinghamshire overcrowding was highest in Mansfield, Ashfield and Broxtowe (figure 4.5.6).

Figure 4.5.6: Overcrowding in Nottinghamshire

	Household number	Occupancy rating (bedrooms) of -1 or less*	
		Percentage	Household number
ENGLAND	22,063,368	4.1	896,144
EAST MIDLANDS	1,895,604	2.8	52,765
Nottinghamshire	334,303	2.0	6,906
Ashfield	50,931	2.4	1,223
Bassetlaw	47,667	1.9	900
Broxtowe	46,820	2.4	1,107
Gedling	49,349	1.7	861
Mansfield	44,928	2.7	1,222
Newark and Sherwood	48,773	1.6	780
Rushcliffe	45,835	1.6	713

Source: Census 2011 Occupancy data
**Occupancy rating of -1 or less: the household has at least one bedroom too few for the number and composition of people living in the household and is considered overcrowded by the bedroom standard.*

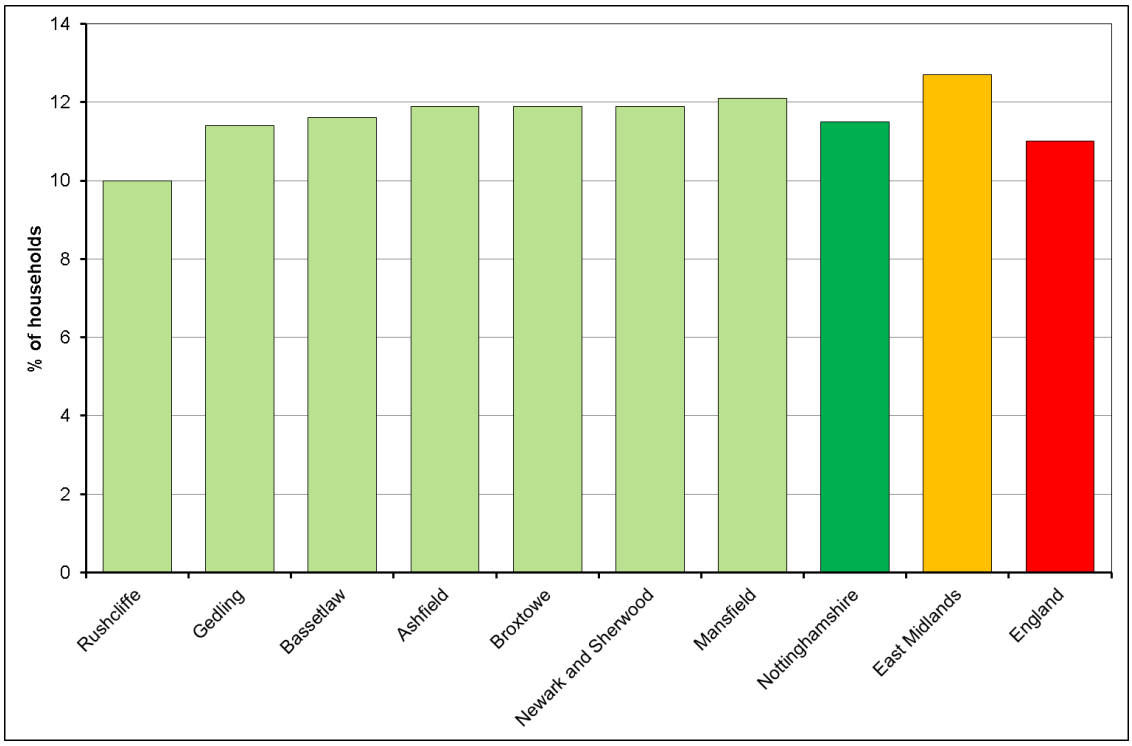
Fuel poverty and excess winter deaths

Low income, poor energy efficiency and energy prices are strongly linked to living at low temperatures. In England, older people (aged over 60) particularly those living alone are more likely to suffer from fuel poverty. Fuel poverty has been linked to poor health outcomes for those with long-term conditions, older people, children and those with disabilities. The underlying cause of 80% of excess winter deaths is the cold and most of these deaths are preventable[40].

It is estimated that there were 39,577 people living in fuel poverty in Nottinghamshire. Fuel poverty rates were highest in Mansfield (figure 4.4.7). There were 454 excess winter deaths in Nottinghamshire between August 2015 – July 2016. Excess winter deaths were highest in Bassetlaw (31.3% more deaths in the winter than expected), where the EWD ratio was significantly higher than England (figure 4.4.8).

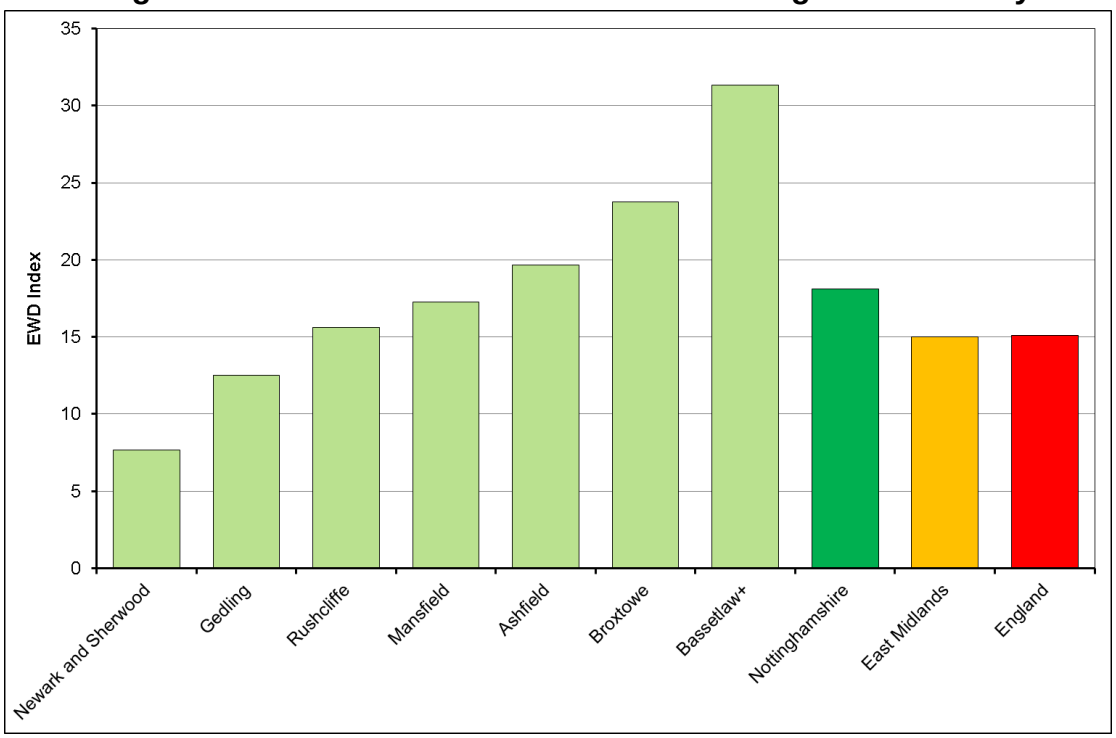
[40] Press, V. Fuel Poverty and Health: a guide for primary care organisations, and public health and primary care professionals. 2003. National Heart Forum.

Figure 4.4.7: Percentage of Households in fuel poverty*, 2015



Source: PHE Fingertips Wider Determinants of Health. [Accessed November 2017]
**The percentage of households that experience fuel poverty based on the "Low income, high cost" methodology*

Figure 4.4.8: Excess Winter Deaths Index* August 2015 - July 2016



Source: PHE Fingertips Wider Determinants of Health. [Accessed November 2017]
**Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths.*

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."

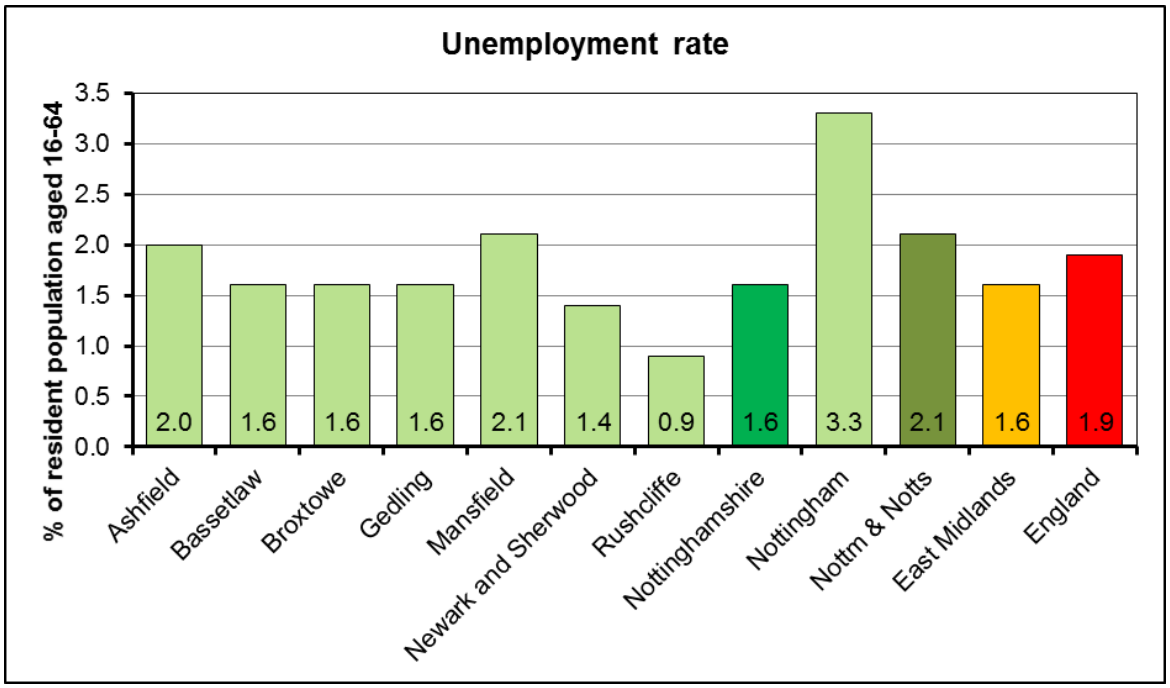
"Unemployment puts health at risk, and the risk is higher in regions where unemployment is widespread. The health effects of unemployment are linked to both its psychological consequences and the financial problems it brings – especially debt."

"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."[41]

Using the claimant count measure which now includes people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek and be available for work, the unemployment rate in Nottinghamshire as at June 2017 was 1.6% of the resident population aged 16-64. This is the same as the rate for the East Midlands (1.6%) but lower than for England (1.9%). The rates in the Nottinghamshire districts range from 2.1% in Mansfield to 0.9% in Rushcliffe.

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

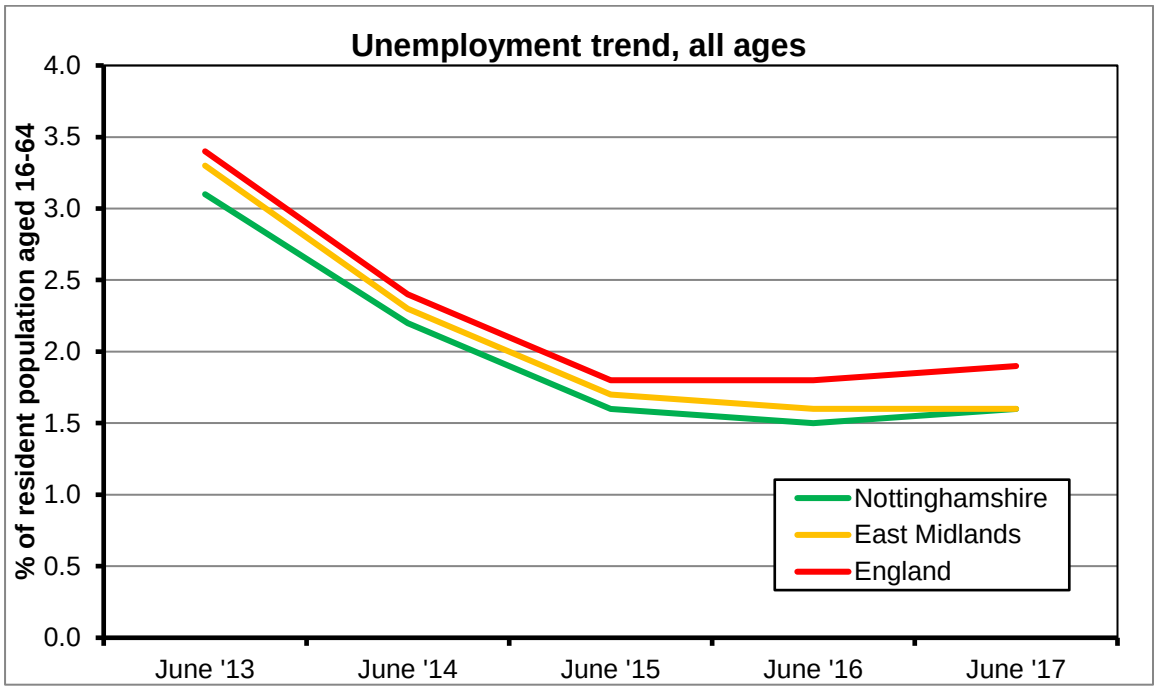
Figure 4.5.1 Claimant Count unemployment rate, June 2017



Source: ONS claimant count, June 2017

Since 2013, 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 started at 3.1% reached a low of 1.5% in 2016 Unemployment currently stands at 1.6%.

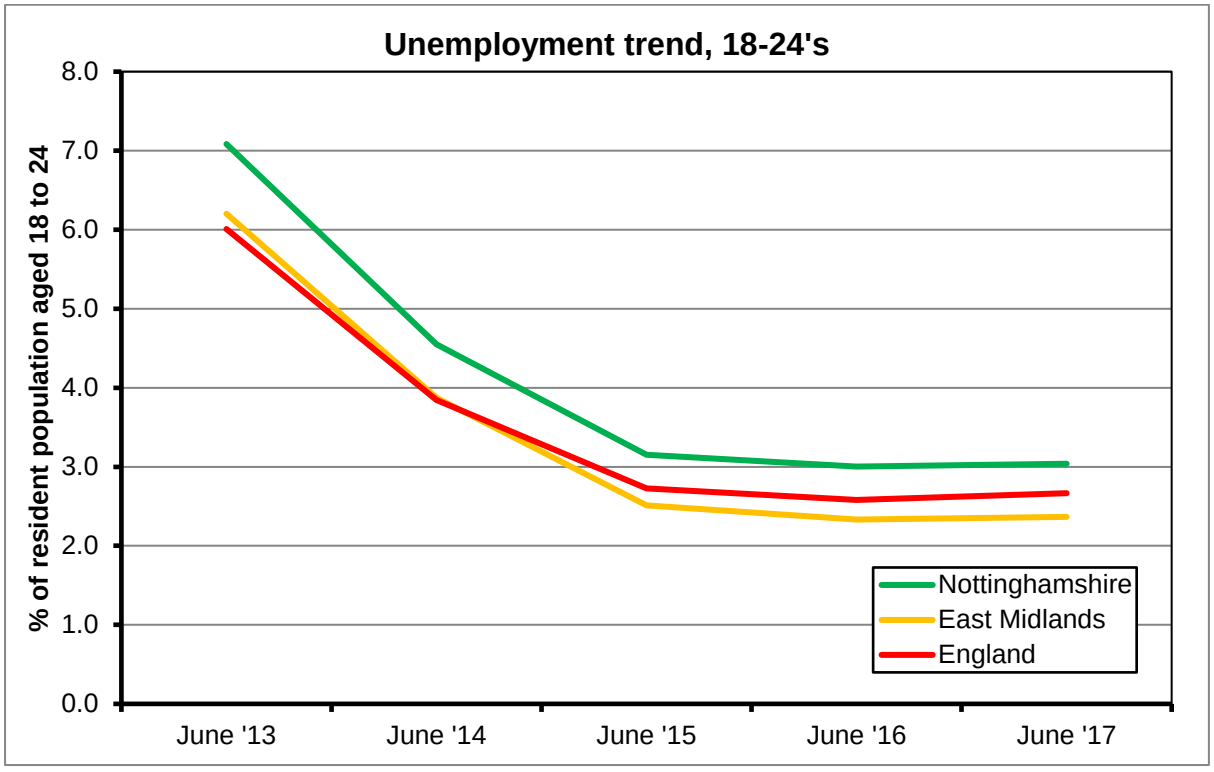
Figure 4.5.2 Trend in unemployment, 2013-1017



Source: ONS claimant count, June 2013 to June 2017

The claimant count unemployment rate for those aged 18-24 years, which has been calculated using 18-24 mid-year population estimates as the denominator, is 3.0% in Nottinghamshire, which is higher than the East Midlands (2.4%) and England (2.7%). The figures are particularly high in the ex-coal mining areas to the north and west of the County, with the districts of Mansfield having a rate of 4.1% and Ashfield 3.8%. The trend since 2013 shows unemployment in Nottinghamshire for this age group starting at a rate of 7.1%, above the level in the East Midlands (6.2%) and England (6.0%). The rate for the County has consistently been above the rates in the East Midlands and England and the current rate is 3.0% compared with 2.4% in the East Midlands and 2.7% in England.

Figure 4.5.3 Trend in unemployment rate in Nottinghamshire compared with Region and England, claimants aged 18-24 years

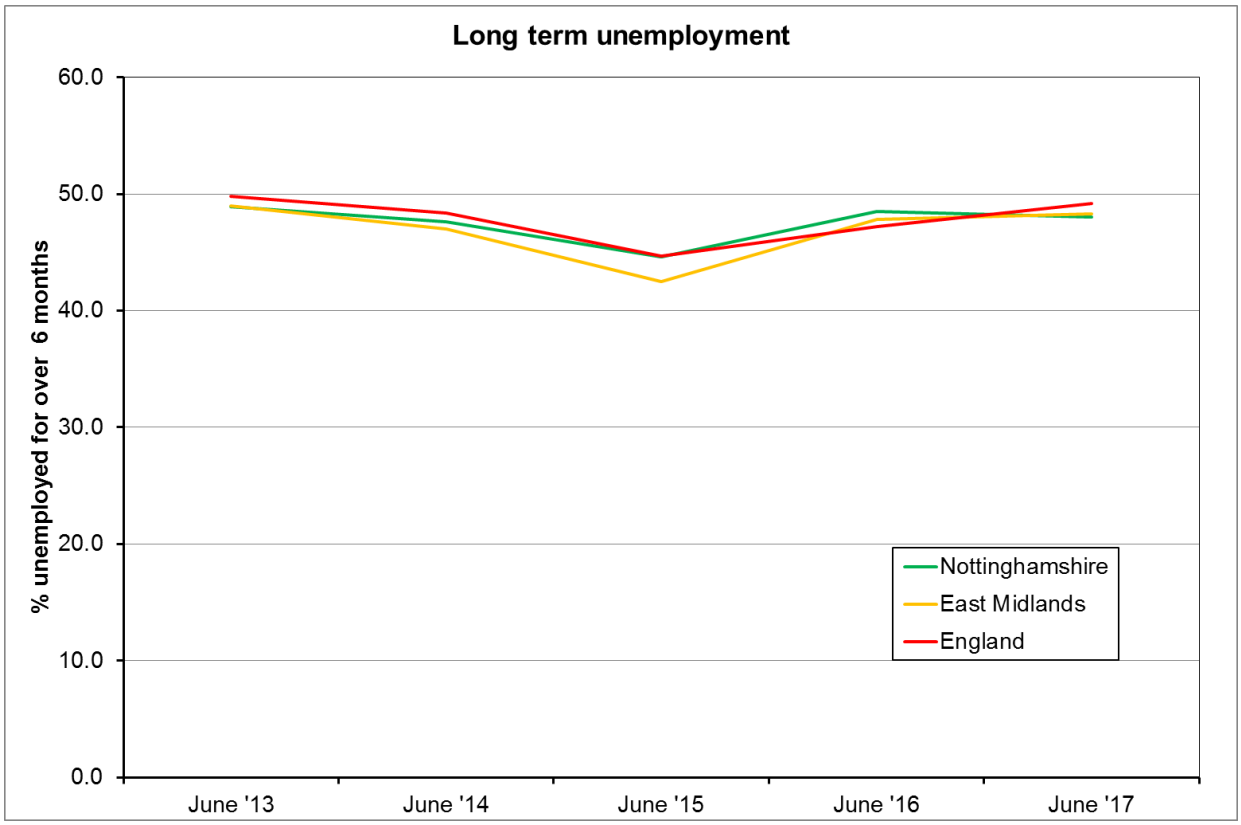


Source: ONS claimant count, June 2013 to June 2017

The number of people claiming Jobseekers Allowance (JSA) for longer periods is decreasing. In June 2013 there were 7,465 people in Nottinghamshire who had been unemployed for more than 26 weeks, the comparable figure for June 2017 was 2,565.

Long term unemployment in Nottinghamshire follows a similar pattern to that of the region and country. In June 2013, 48.9% of JSA claimants in the County had been out of work for over 26 weeks which compared to 49.0% in the East Midlands and 49.8% in England. In June 2017 the figures stand at 48.0% in the County, 48.3% in the East Midlands and 49.2% in England.

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



Source: ONS Jobseeker's Allowance by age and duration, June 2013 to June 2017

Data from the Annual Population Survey for the period April 2016 to March 2017 shows that in Nottinghamshire 75.2% 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 73.3% and 74.6% respectively. The rates vary between the districts, from a high of 78.4% in Gedling to 67.1% in Bassetlaw.

The figures show that very different working patterns are evident dependent upon gender, with 89.9% of males in the Nottinghamshire working full-time but only 54.3% of females working full-time. A similar pattern is reflected in the districts although there is variation between them. For example, 93.8% of males in Gedling work full-time compared with only 62.5% of females. In Rushcliffe, 42.8% of females work work full-time.

The proportion of people working part-time has varied in recent years. During 2006/07 just over 25.8% of residents were employed on a part-time basis in Nottinghamshire. This proportion increased to reach a peak of 29.6% in 2011/12 before falling back to a low of 25.4% in 2014/15. 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. The figures for the period between April 2016 and March 2017 are 27.0% in Nottinghamshire, 26.5% in the East Midlands and 25.2% in England.

4.6 Transport and Travel

Car ownership levels and access to facilities

Why this matters?

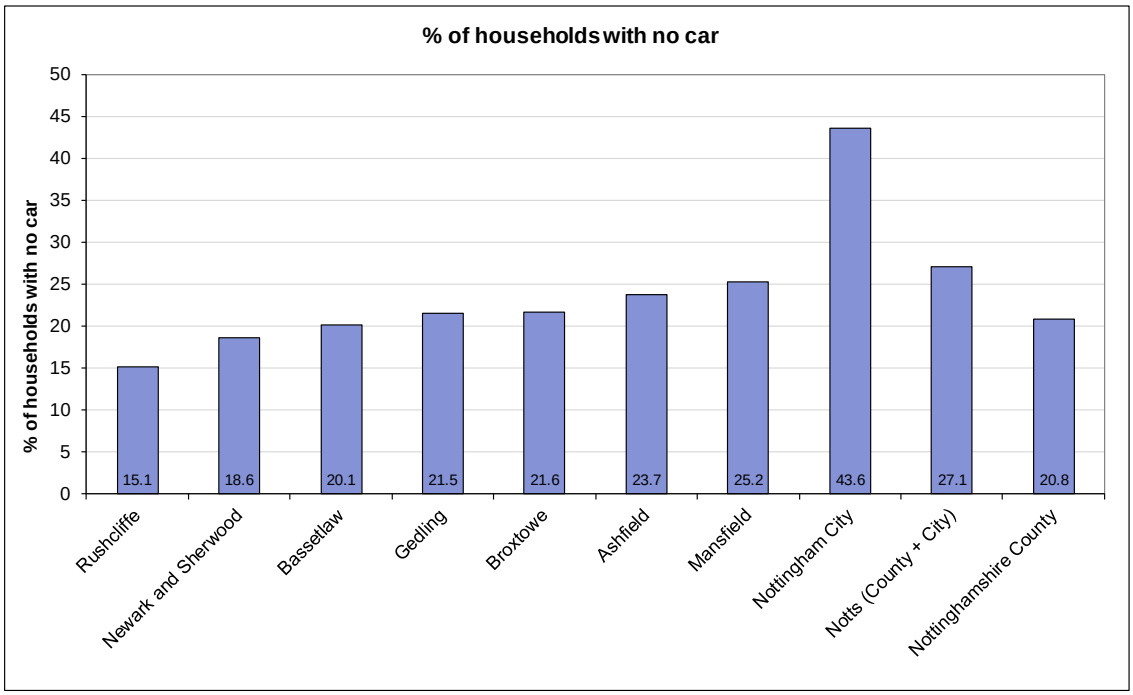
There has been an increasing trend over the past few years towards activities taking place further away from the traditional city centres towards outlying areas. This can be seen in the relocation of retail activities to large out-of-town shopping centres, the move of firms and businesses to peripheral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

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

Car ownership levels are lowest in urban districts where there are higher levels of deprivation, such as Nottingham City, Mansfield and Ashfield. Rural areas of Nottinghamshire such as Newark and Sherwood and Bassetlaw have some of the highest levels of car ownership (Figure 4.6.1), 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).

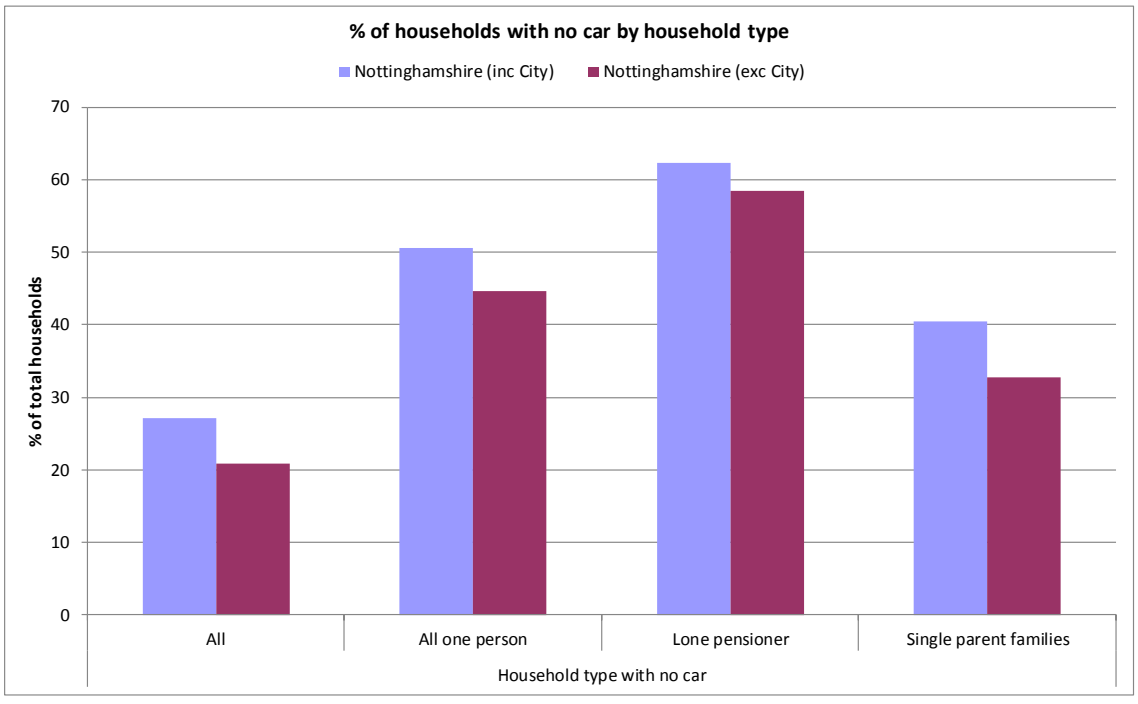
21% of households in Nottinghamshire (excluding Nottingham City) have no car, however this figure rises substantially when car ownership levels are broken down by population groups such as all single person households (45%), elderly people living alone (58%) and lone parent families with dependent children (33%) (figure 4.6.1)

Figure 4.6.1: Percentage of total households with no car in 2011



Source: 2011 census

Figure 4.6.2 : percentage of households in Nottinghamshire with no car by household type



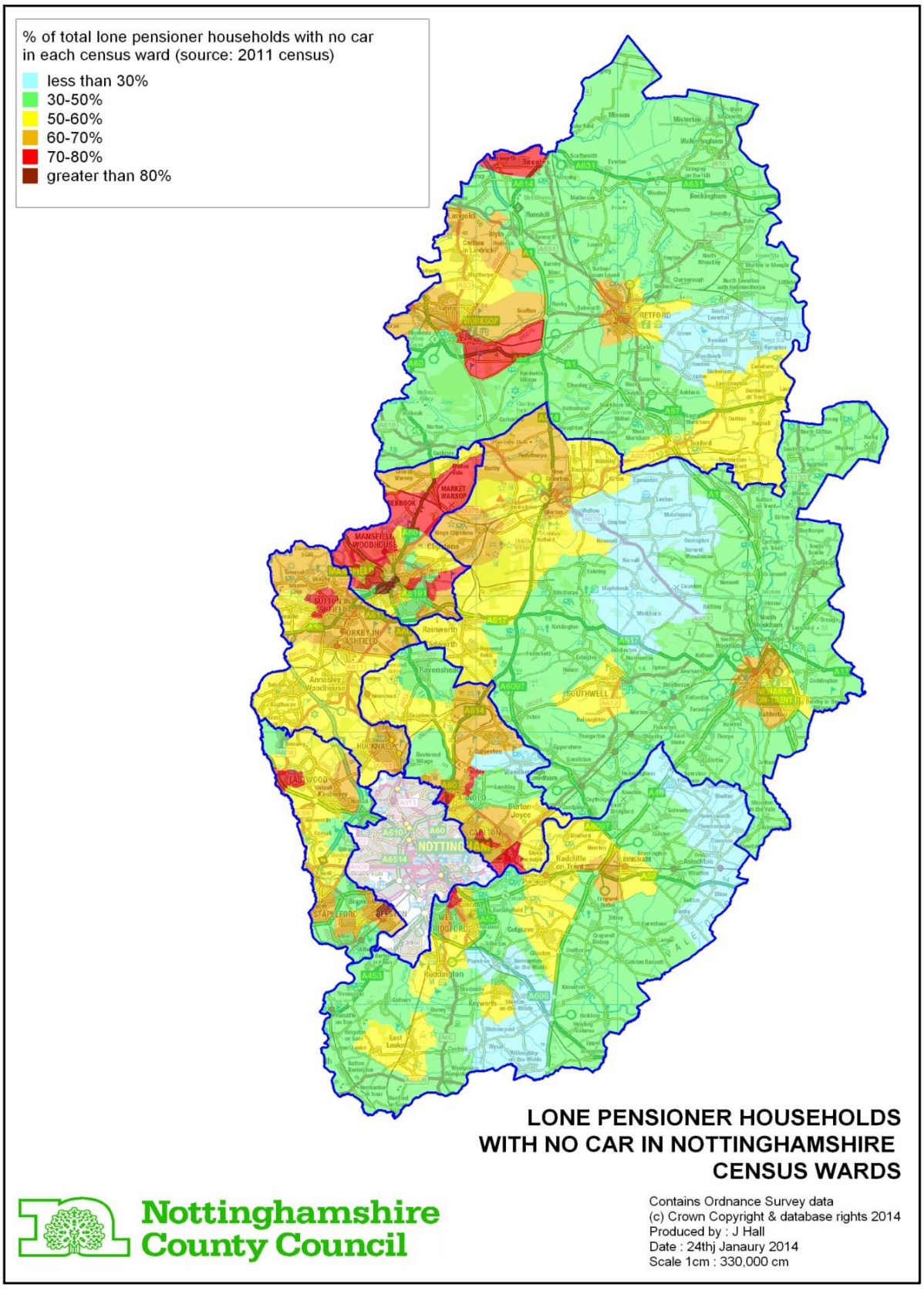
Source: 2011 census table

The map figure 4.6.3 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.

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.

Figure 4.6.3: Map showing lone pensioner households with no car in Nottinghamshire wards



Source: 2011 census table

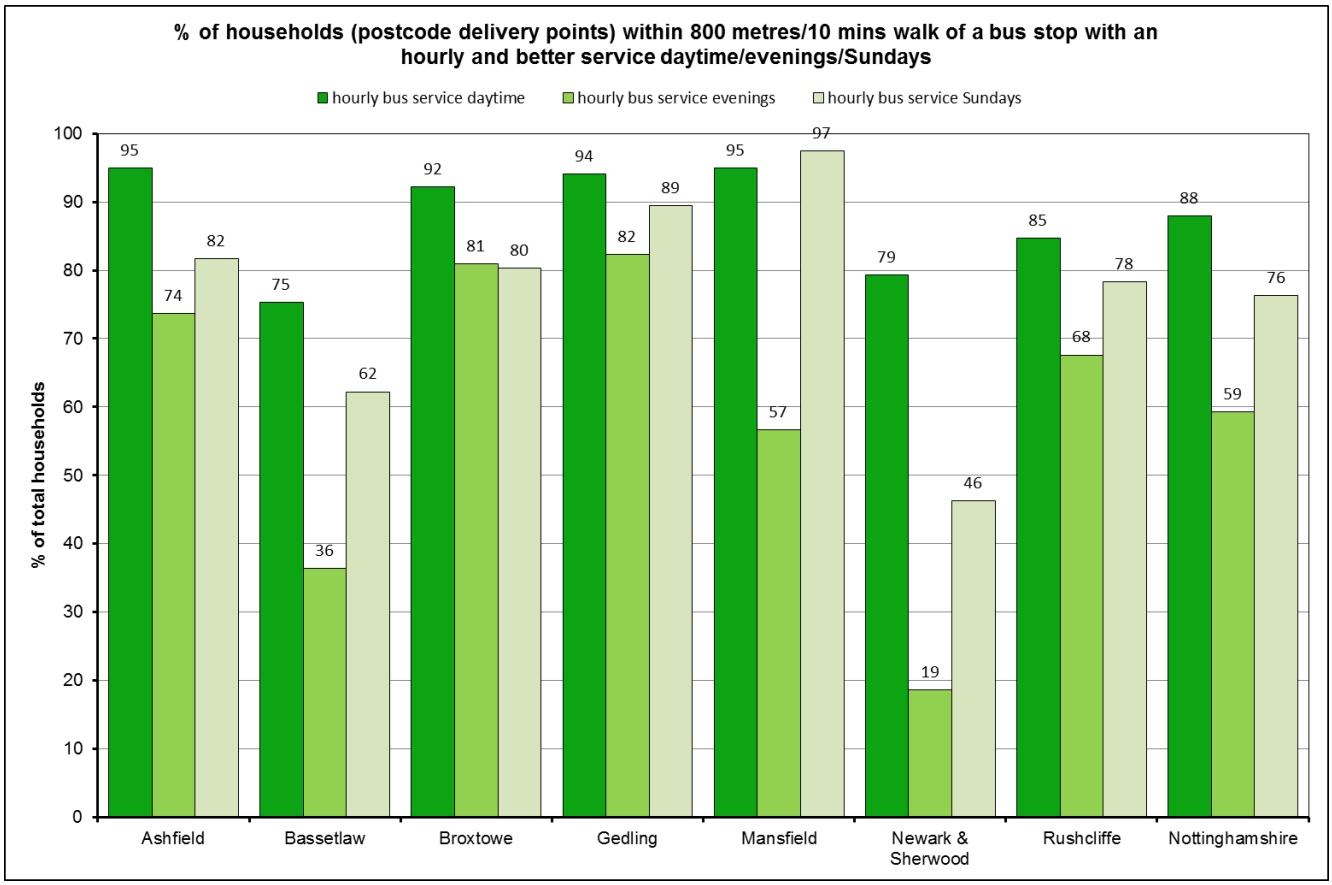
Access by public transport

Figure 4.6.4 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 (1000-1800 hrs)

The figure shows that over 80% of households in Nottinghamshire have access to an hourly bus service within 10 mins walking distance during the day. However this is lower (59%) for evenings and Sundays (76%) with the rural districts of Newark & Sherwood and Bassetlaw having the lowest percentages of households within the required distance thresholds for each time period (19% and 36% for evenings, 46% and 62% for Sundays).

Figure 4.6.4

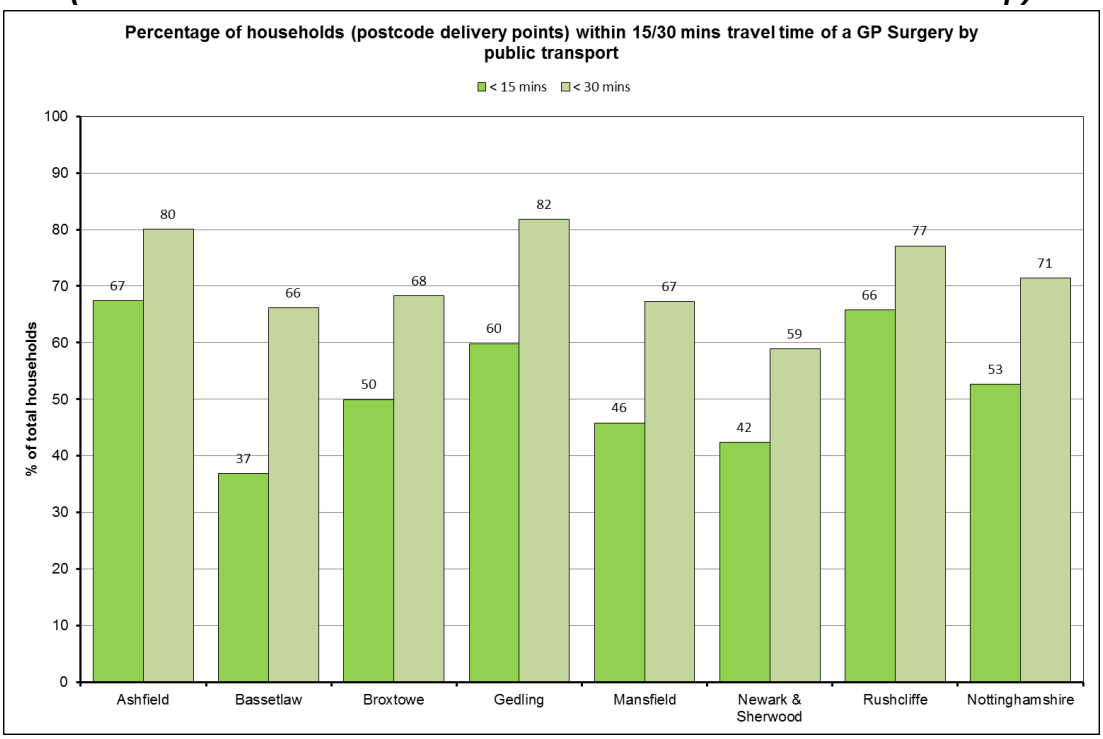


Source: Nottinghamshire County Council 2017 & Royal Mail Codepoint data 2017

Figure 4.6.5 below shows that in Nottinghamshire just under 53% of households are within 15 minutes travel time of a GP Surgery/health centre by public transport and 71% of households within 30 minutes travelling time. Access is poorer in rural areas such as Bassetlaw and Newark & Sherwood where 35-40% of households are within 15 minutes travel time and public transport frequency is lower.

Figure 4.6.5: Percentage of households within 15 and 30 minutes travelling time of a GP Surgery by public transport

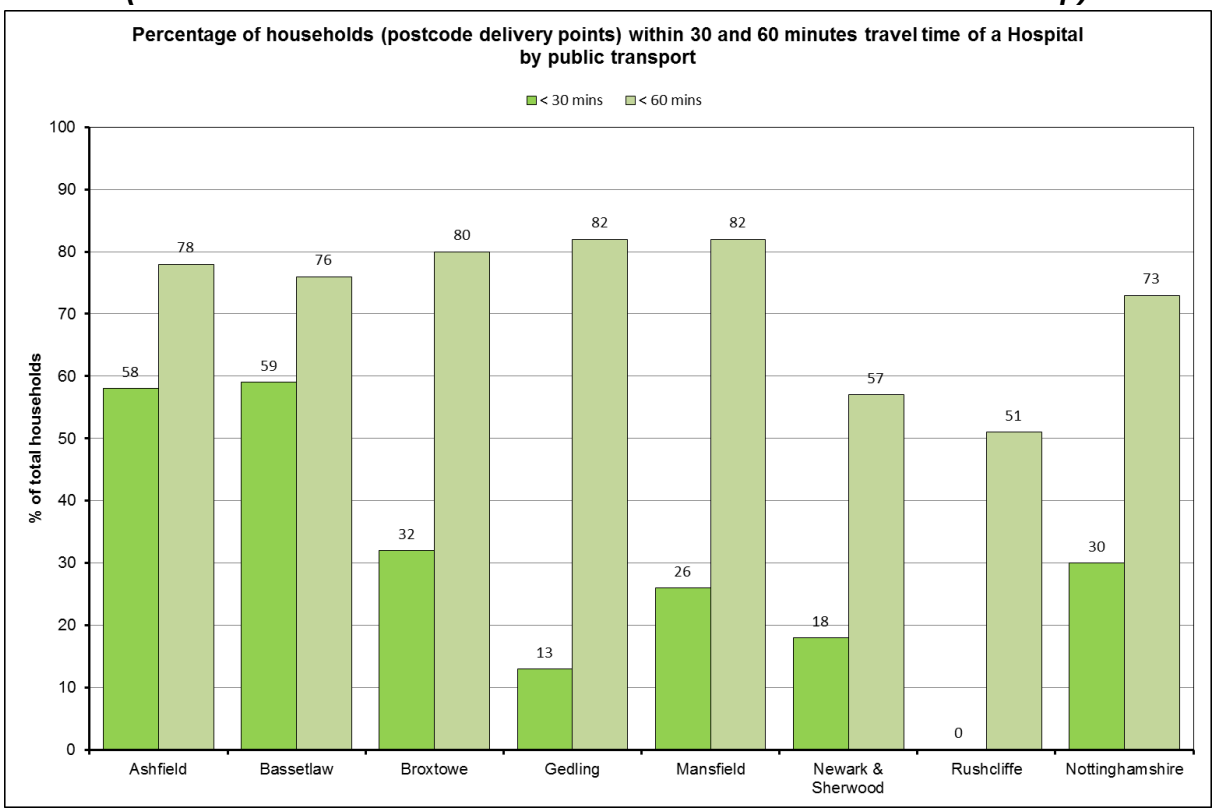
(based on a maximum of 5 min or 400m walk to the nearest bus stop)



Source: Nottinghamshire County Council 2017 & Royal Mail Codepoint data 2017

73% of households in Nottinghamshire (excluding Nottingham City) are within 30 minutes travelling time of a hospital by public transport (figure 4.6.6).

Figure 4.6.6: Percentage of households within 30 minutes and 60 minutes travelling time of a hospital by public transport
(based on a maximum of 5 min or 400m walk to the nearest bus stop)



Source: Nottinghamshire County Council 2017 & Royal Mail Codepoint data 2017

4.7 Leisure

To be included in next update

4.8 Learning

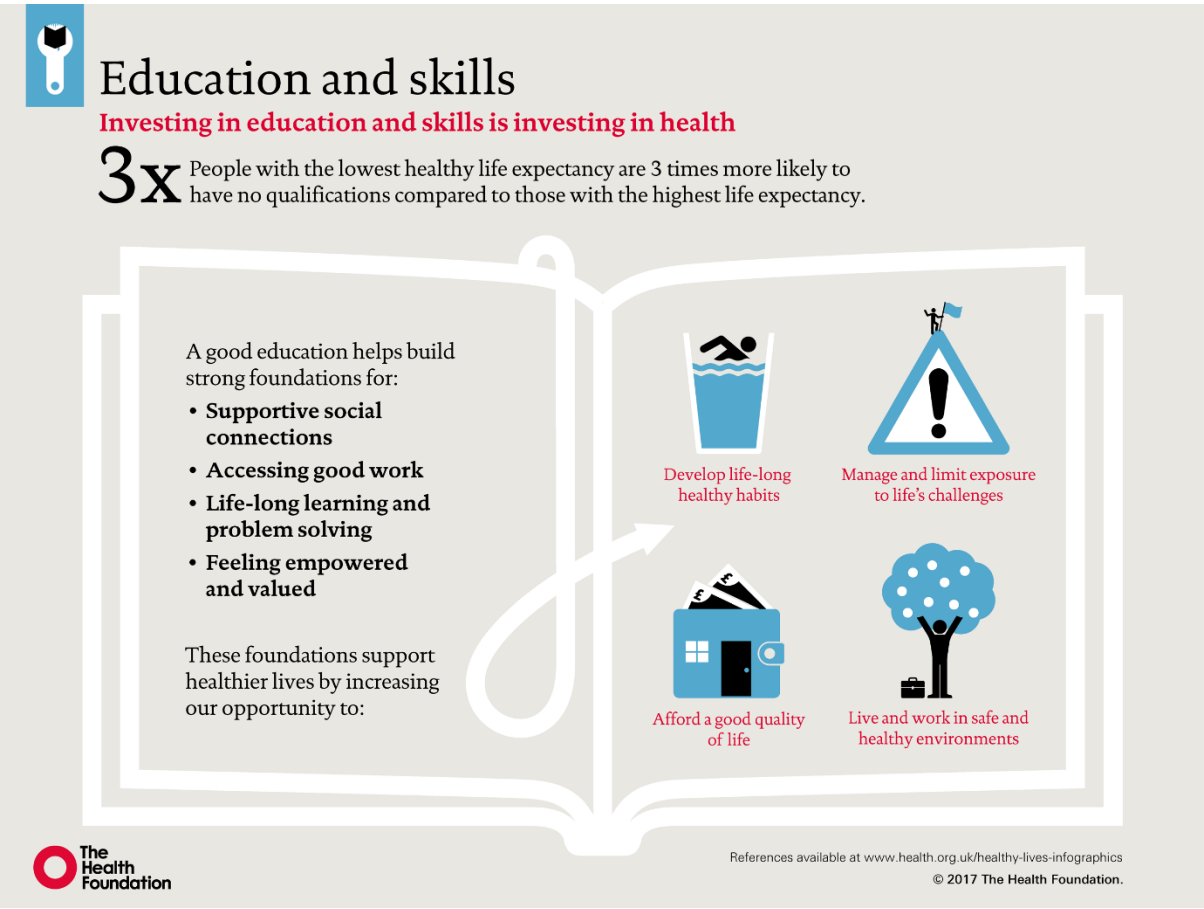
Why this matters?

"The infographic below illustrates the multiple ways in which our early education can shape the advantages and opportunities we do, or don't, encounter in our adult life…. A rounded education develops us as future citizens and equips us with the abilities and attributes that directly influence our long term health outcomes. Whether in terms of the nature of the work our qualifications enable us to pursue, or the life skills we learn that can help us navigate the challenges life throws at us."

"Studies show that the more educated and skilled you are, the more likely you will report better health even when compared with individuals with similar background characteristics.[42] "

[42] Bibby, J., 'Infographic: how do our education and skills influence our health?', in The Health Foundation blog, 30th August 2017.

Figure 4.8.1: How education and skills influence health



Source: 'Infographic: how education and skills influence health' The Health Foundation 2017

Workforce qualifications

There is a below average proportion of Nottinghamshire residents with high skills (NVQ4 or above[43]) relative to the national level. Educational attainment of the workforce in the County is lower than the average for England at NVQ levels 2+ to 4+.

[43] HND, Degree and Higher Degree level qualifications or equivalent

Figure 4.8.2: Qualification levels of the working population aged 16-64, Jan-Dec 2016

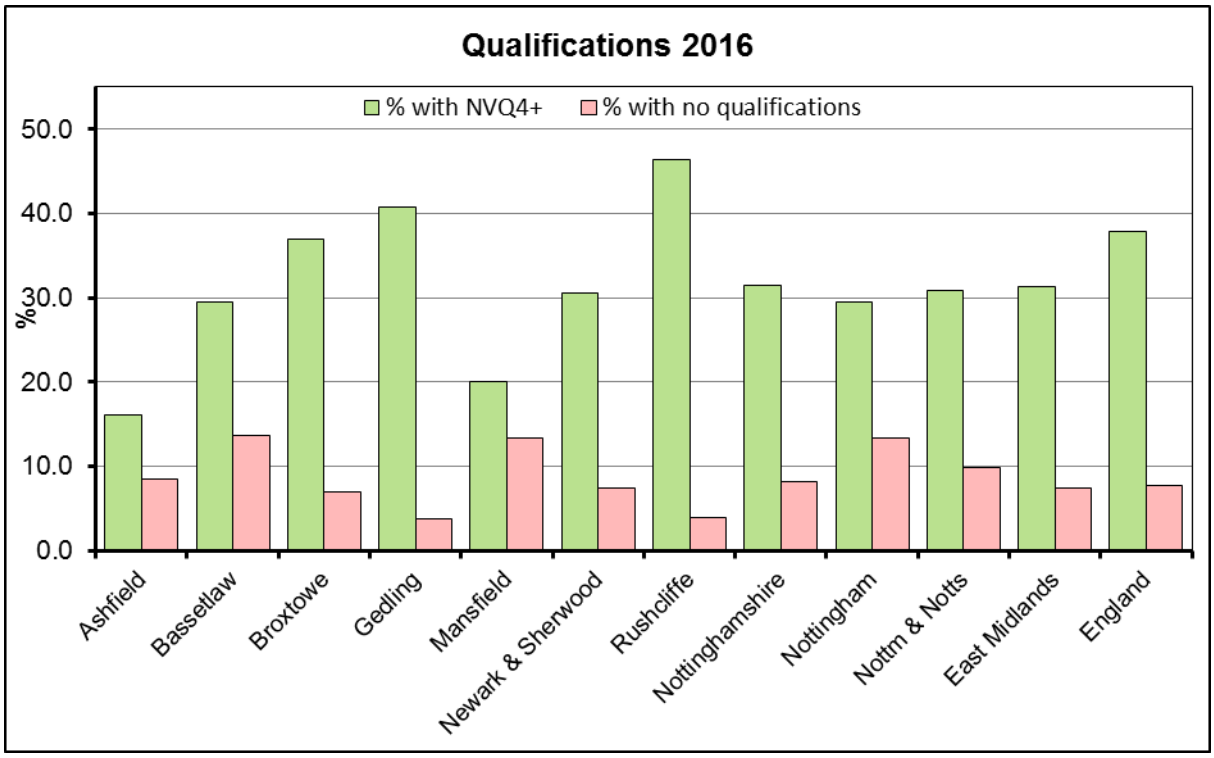
Area	% with NVQ4+	% with NVQ3+	% with NVQ2+	% with NVQ1+	% with other qualifications	% with no qualifications
Ashfield	16.1	43.1	65.2	85.9	5.7	8.5
Bassetlaw	29.5	46.2	71.0	80.9	5.4	13.7
Broxtowe	37.0	57.5	76.9	91.4	!	7.0
Gedling	40.7	63.0	81.5	92.5	3.7	3.8
Mansfield	20.0	44.1	61.2	77.0	9.5	13.4
Newark and Sherwood	30.6	49.8	65.9	82.3	10.2	7.5
Rushcliffe	46.4	68.2	89.5	93.0	3.1	3.9
Nottinghamshire	31.5	53.2	73.1	86.3	5.6	8.2
Nottingham	29.5	51.7	68.4	76.9	9.7	13.4
Nottm & Notts	30.9	52.7	71.6	83.4	6.8	9.8
East Midlands	31.3	52.8	72.3	85.0	7.5	7.5
England	37.9	56.8	74.2	85.5	6.7	7.8

Source: Annual Population Survey Jan 2016-Dec 2016
! estimate and confidence interval not available since the group sample size is zero or disclosive.

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 and Mansfield the proportion of residents aged 16-64 with NVQ level 4 or above is 16.1% and 20.0% respectively. This is considerably lower than the averages for the East Midlands (31.3%) and England (37.9%). The population of Rushcliffe have a higher level of attainment with a rate of 46.4%.

Bassetlaw with 13.7% is the district with highest proportion of residents with no qualifications followed by Mansfield with 13.4%. This compares with rates of 7.5% in the East Midlands and 7.8% in England. Gedling has the lowest rate in the County with 3.8%.

Figure 4.8.3: Proportion of residents aged 16-64 with high level or no qualifications 2016



Source: Annual Population Survey Jan 2016-Dec 2016

Educational attainment

The latest GCSE results show a similar pattern to the NVQ qualifications mentioned above with the highest levels of attainment 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 national average.

Figure 4.8.4: GCSE and equivalent results for pupils at the end of KS4 by residence, 2016

Area	English Baccalaureate	A*-C English & mathematics
Ashfield	22.2	56.7
Bassetlaw	23.4	71.6
Broxtowe	28.5	68.1
Gedling	27.8	67.5
Mansfield	15.4	57.8
Newark and Sherwood	22.5	61.6
Rushcliffe	39.9	81.9
Nottingham	25.4	65.9
England	24.7	63.0

Source: 2016 Performance Tables final data from School Census

The English Baccalaureate (EBacc) is a school performance measure. It allows people to see how many pupils get a grade C or above in the core academic subjects (English, maths, history or geography, the sciences and a language) at key stage 4 in any government-funded school.

4.9 Local economy

Why this matters?

The nature, strength and sustainability of the local economy has an influence on health and wellbeing[44] through opportunities for and security of good employment.

Health and Manufacturing are the largest sectors in the County, each accounting for 13.6% of all employment. There is still a strong manufacturing base in Nottinghamshire when compared with the East Midlands (13.1%) and England (8.0%). The retail sector is the third largest employer in the County with 11.9%.

Figure: 4.9.1 Jobs by industry sector: % of residents aged 16+ in employment by industry sector, 2015

Industry	County	E. Mids	England
1 : Agriculture, forestry & fishing	0.2	1.8	1.3
2 : Mining, quarrying & utilities	2.0	1.7	1.1
3 : Manufacturing	13.6	13.1	8.0
4 : Construction	7.1	5.2	4.6
5 : Motor trades	2.4	2.1	1.8
6 : Wholesale	4.1	4.5	4.1
7 : Retail	11.9	10.5	9.9
8 : Transport & storage	4.1	5.0	4.7
9 : Accommodation & food services	6.1	5.7	7.0
10 : Information & communication	2.4	2.2	4.3
11 : Financial & insurance	1.2	1.7	3.5
12 : Property	1.2	1.3	1.9
13 : Professional, scientific & technical	6.1	6.1	8.8
14 : Business administration & support services	7.1	10.1	9.0
15 : Public administration & defence	4.1	3.6	4.0
16 : Education	8.8	9.1	9.0
17 : Health	13.6	12.4	12.5
18 : Arts, entertainment, recreation & other services	4.1	3.9	4.5

Source: Business Register and Employment Survey, 2015

Within the County's districts, manufacturing accounts for a particularly large proportion of employment in Ashfield (19.3%), Bassetlaw (16.4%) and Broxtowe (13.7%) but is much smaller in Rushcliffe (7.5%). The retail sector is significant in Mansfield accounting for 15.4% of employment in the district. In Rushcliffe 12.5% of jobs are 'Professional, scientific & technical', which is well above the rate for the County (6.1%), East Midlands (6.1%) and England (8.8%). Newark & Sherwood has a large proportion of jobs in 'Accommodation & food services', with a rate of 10.4%.

[44] Buck, D and Gregory,S. Improving the public's health: a resource for local authorities. 2013. The King's Fund.

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 "professional occupations" which is 2.0% lower than for England and "process, plant and machine operatives" which is 2.4% higher than the figure for England. At a district level there are some striking differences. Broxtowe and Mansfield for example have very small proportions of "managers, directors and senior officials" with rates of 5.4% and 6.5% respectively compared with 9.6% in the County, 10.0% in the East Midlands and 11.0% in England.

Figure 4.9.2: Occupational structure of employed residents, April 2016-March 2017

% all in employment who are:	County	East Midlands	England
1: managers, directors and senior officials	9.6	10.0	11.0
2: professional occupations	18.4	17.4	20.4
3: associate prof & tech occupations	12.7	13.6	14.4
4: administrative and secretarial occupations	11.5	9.7	10.3
5: skilled trades occupations	11.0	11.2	10.2
6: caring, leisure and other service occupations	8.6	9.5	9.1
7: sales and customer service occupations	6.1	7.0	7.4
8: process, plant and machine operatives	8.7	8.6	6.3
9: elementary occupations	12.7	12.7	10.6

Source: Annual Population Survey, April 2016-March 2017

If classes 8 and 9 are grouped to give an indication of the less skilled jobs then Newark & Sherwood (31.2%) and Mansfield (31.0%) have very high rates and these compare with the East Midlands (21.3%) and England (16.9%). In comparison, Rushcliffe has a rate of just (8.4%).

Public/private sector employment

In 2015 there were 295,100 people in employment in the Nottinghamshire, up from 289,500 and up from 287,000 in 2010. Of the total 18.0% were employed in the public sector, up slightly from 17.9% the previous year but down from 21.8 in 2010.

The proportion of employment in the public sector varies considerably between the districts from a low of 12.9% in Newark and Sherwood to a high of 21.9% in Ashfield. The East Midlands average is 17.6% and for England is 17.5%.

In the period between 2010 and 2015 the proportion of people employed in the public sector in Mansfield has fallen by 6.7%, a difference of 2,700 people. By comparison the proportion of public sector employment in Nottinghamshire has fallen by 3.8% over the same period, the East Midlands by 4.8% and England by 4.6%.

Figure 4.9.3: Employment by workplace and public/private sector[45], 2013

Area	Total	% Public sector	% Private sector
Ashfield	51,700	21.9	78.3
Bassetlaw	48900	18.8	81.2
Broxtowe	36,500	13.4	86.6
Gedling	31,300	20.4	79.6
Mansfield	38,900	18.0	82.0
Newark and Sherwood	48,000	12.9	87.1
Rushcliffe	39,900	20.6	79.4
Nottinghamshire	295,100	18.0	82.0
Nottingham	219,200	18.4	81.6
Nottm and Notts	514,300	18.2	81.8
East Midlands	2,068,500	17.6	82.4
England	25,698,800	17.5	82.5

Source: ONS Business Register and Employment Survey 2015
NB Percentages may not sum to 100 due to rounding

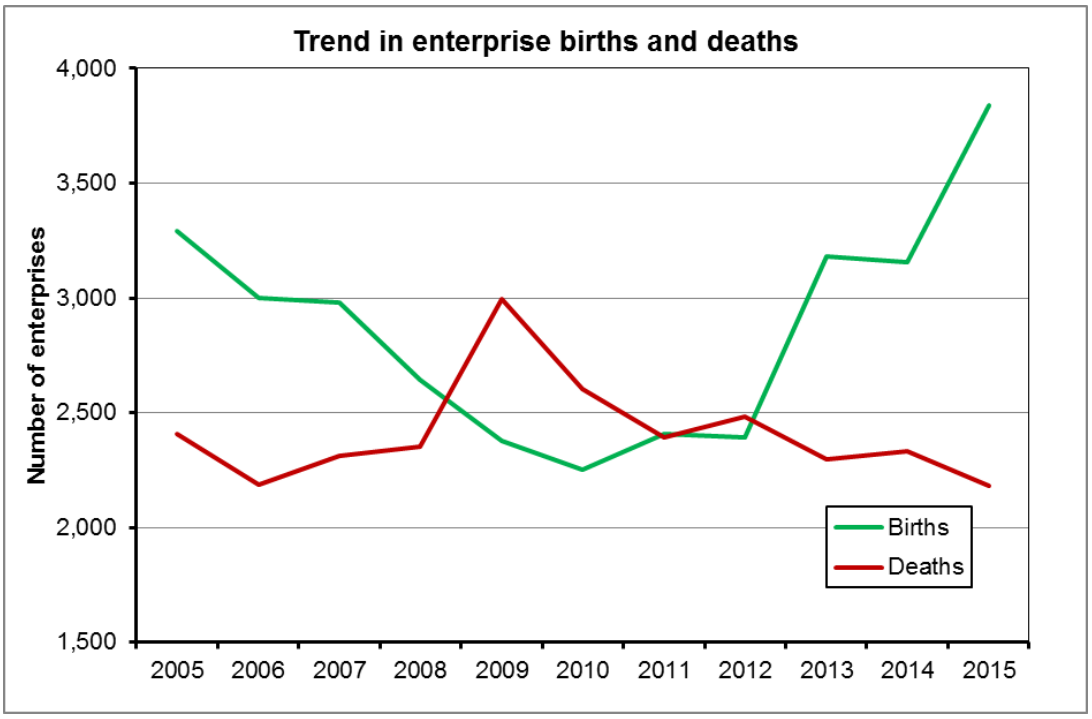
Businesses in the County

Business demography figures from the ONS show that in 2015 there were 26,685 active enterprises in Nottinghamshire. This is the highest number in recent years and is up from 23,575 in 2005.

From 2005 to 2008 the number of enterprise births and deaths was fairly constant with more enterprise births than deaths. In 2008 this changed and for the first time there was an increase in enterprise deaths and a decrease in the number of enterprise start-ups. By 2009 there were 620 more enterprise deaths than births, compared with 2005 when there were 885 more births than deaths. In 2015 there were 3,840 enterprise births and 2,180 deaths, a difference of 1,660. (Figure 4.9.4)

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

Figure 4.9.4: Trend in the number of business births and deaths in Nottinghamshire



Source: ONS Business Demography - 2015. Enterprise Births, Deaths and Survivals

The five year survival rate of enterprises in Nottinghamshire is 43.3% which is better than the average for firms in the East Midlands (41.9%) and England (41.4%). There are however differences between the districts with a high of 46.8% in Bassetlaw and a low of 39.2% in Mansfield. There is a high early failure rate of new enterprises in Broxtowe, with 12.1% failing within the first year. In Mansfield 27.5% of enterprises had failed by year two.

Figure 4.9.5: Survival rates of businesses started in 2010

Area	Births in 2010	1 Year per cent	2 Year per cent	3 Year per cent	4 Year per cent	5 Year per cent
Ashfield	210	90.7	79.1	62.8	51.2	46.5
Bassetlaw	310	90.3	74.2	61.3	53.2	46.8
Broxtowe	290	87.9	75.9	58.6	50.0	43.1
Gedling	285	89.5	77.2	57.9	47.4	40.4
Mansfield	255	88.2	72.5	56.9	45.1	39.2
Newark &	435	90.8	78.2	62.1	50.6	42.5
Rushcliffe	460	89.1	76.1	59.8	52.2	44.6
Nottinghamshire	2,250	89.6	76.2	60.0	50.2	43.3
Nottingham	805	86.3	70.8	52.8	44.7	38.5
Nottm and Notts	3,055	88.7	74.8	58.1	48.8	42.1
East Midlands	14,325	88.3	74.0	57.7	48.8	41.9
England	207,520	86.8	72.5	57.1	48.1	41.4

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

4.10 Community

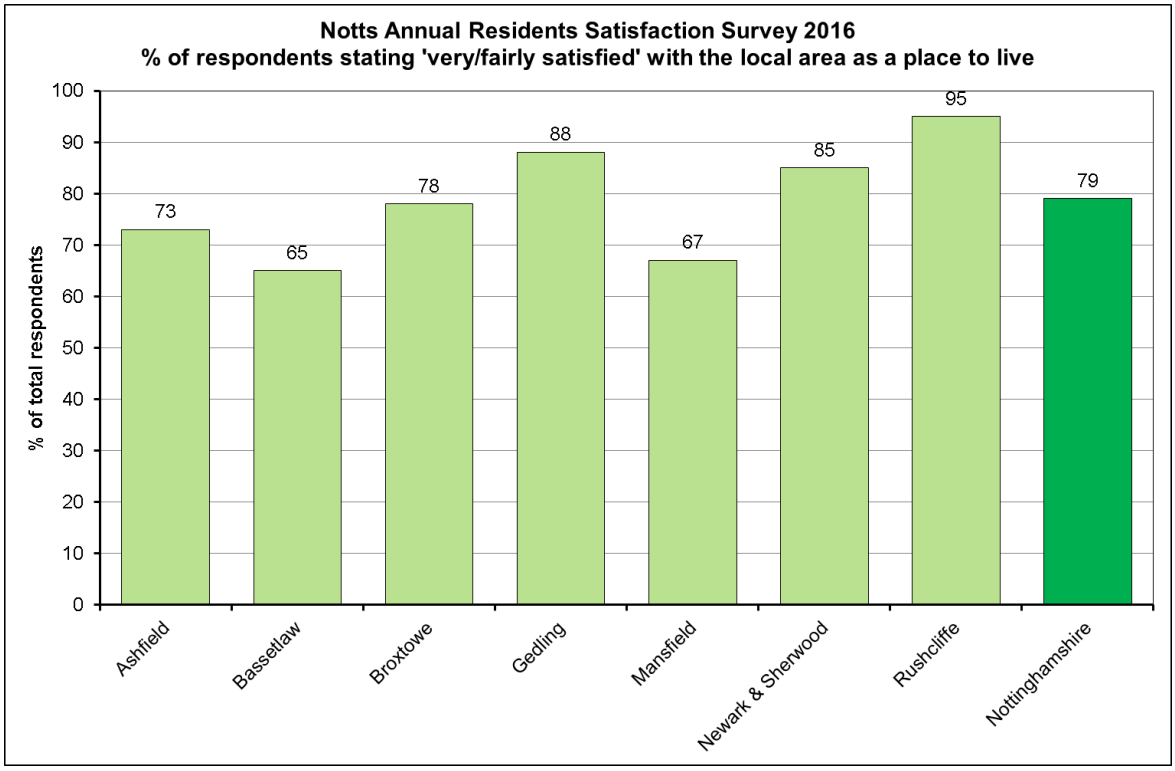
Local Neighbourhoods

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".[46]

The Nottinghamshire Annual Residents Satisfaction Survey 2016 asked a number of questions on satisfaction with local neighbourhoods and perceptions of safety and crime. Figure 4.5 below shows satisfaction with the local area as a place to live; 79% of respondents in Nottinghamshire (excluding Nottingham City) are very or fairly satisfied with their local area as a place to live. Satisfaction is higher in rural areas (such as Newark & Sherwood and Rushcliffe), and lowest in Authorities with some deprived areas such as Bassetlaw (65%).

Figure 4.10.1: Nottinghamshire Annual Residents Satisfaction Survey 2016 – % 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: whether residents felt they belonged to the immediate

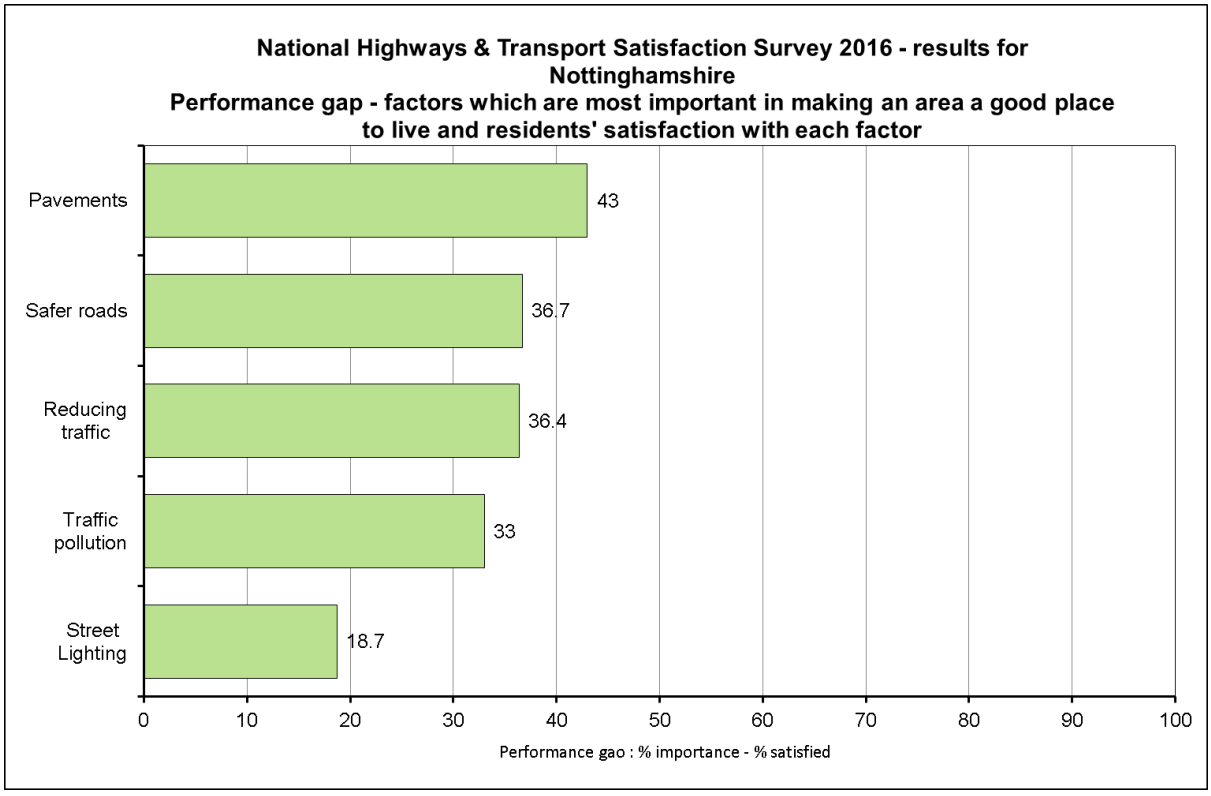
[46] 'Local Environmental Quality : valuing the neighbourhood in which we live', Defra, 2013

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 and consideration, people using or dealing drugs, noisy neighbours or loud parties

Figure 4.10.2 below shows results from the National Highways & Transport Satisfaction Survey 2016 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 state of pavements (gap of 43%), with Street lighting having the smallest gap (19%).

Figure 4.10.2: 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 2016

Social relations, connectivity and getting involved

Why this matters?

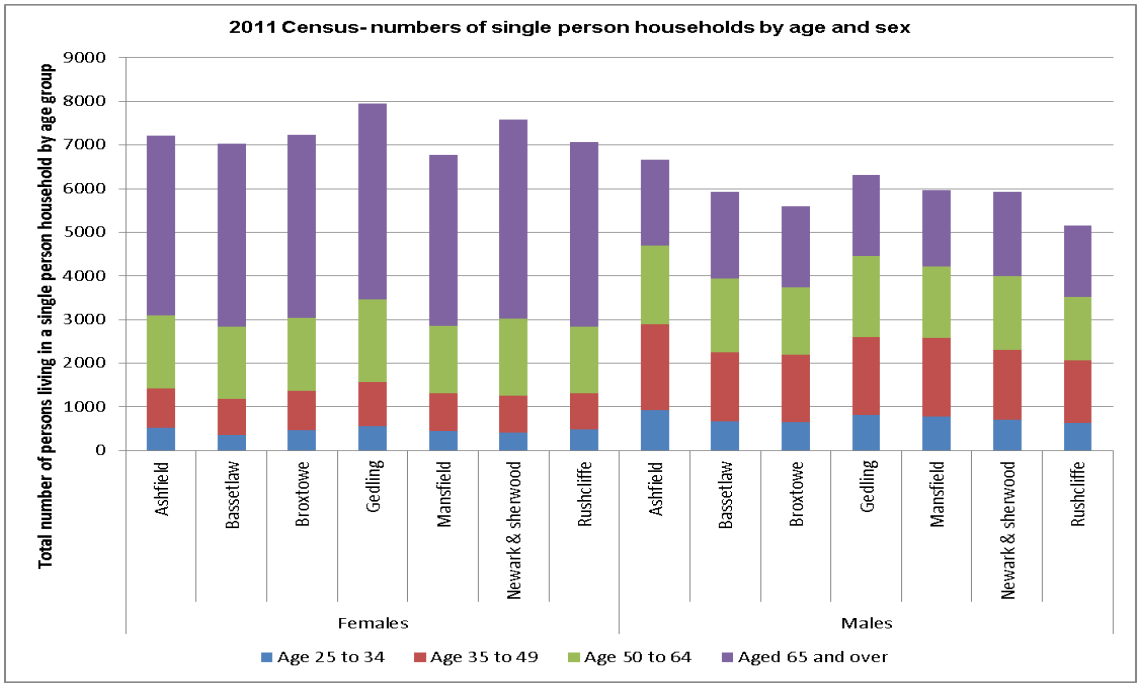
"Friendship, good social relations and strong supportive networks improve health at home, at work and in the community.

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

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

Social support within neighbourhoods is particularly important to those who live alone. Figure 4.10.3 below shows figures from the 2011 census relating to total numbers of single person households by age and sex across Nottinghamshire.

Figure 4.10.3: 2011 census – total numbers of single person households by age and sex

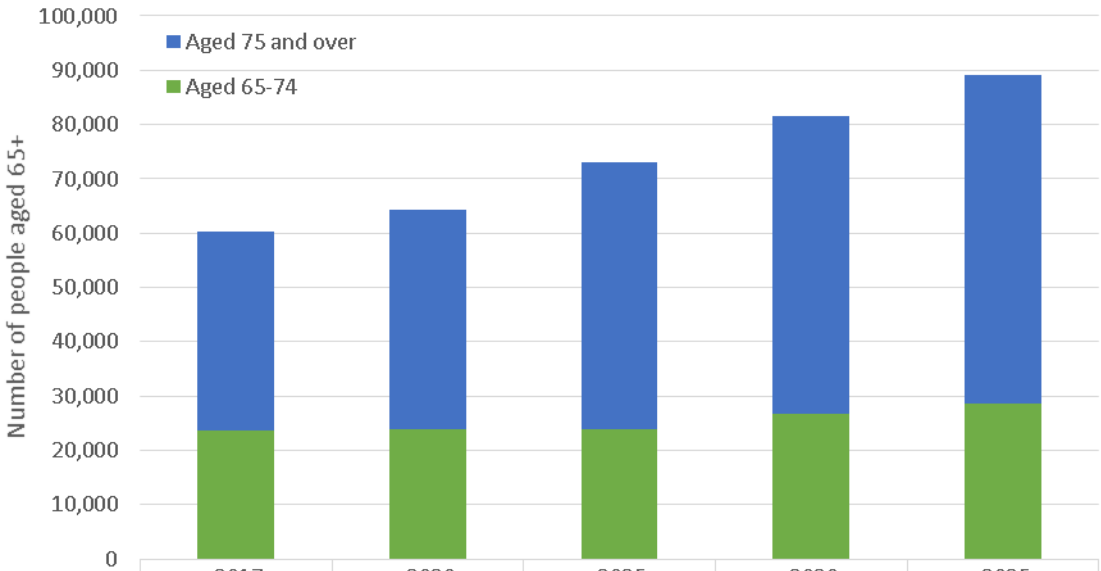


As would be expected there are approximately twice the number of female to male in the 65+ age groups in all districts. However in the 35-49 year age groups the reverse is true with more single male households than female single households. Ashfield District has the highest number of single person male 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 4.10.4 shows that between 2017 and 2035, there is a projected increase of 48% in the number of people over 65 years who live alone. The majority of this increase is expected to be in the 75 and over age group.

Figure 4.10.4: Projection in the numbers of people aged 65+ expected to live alone

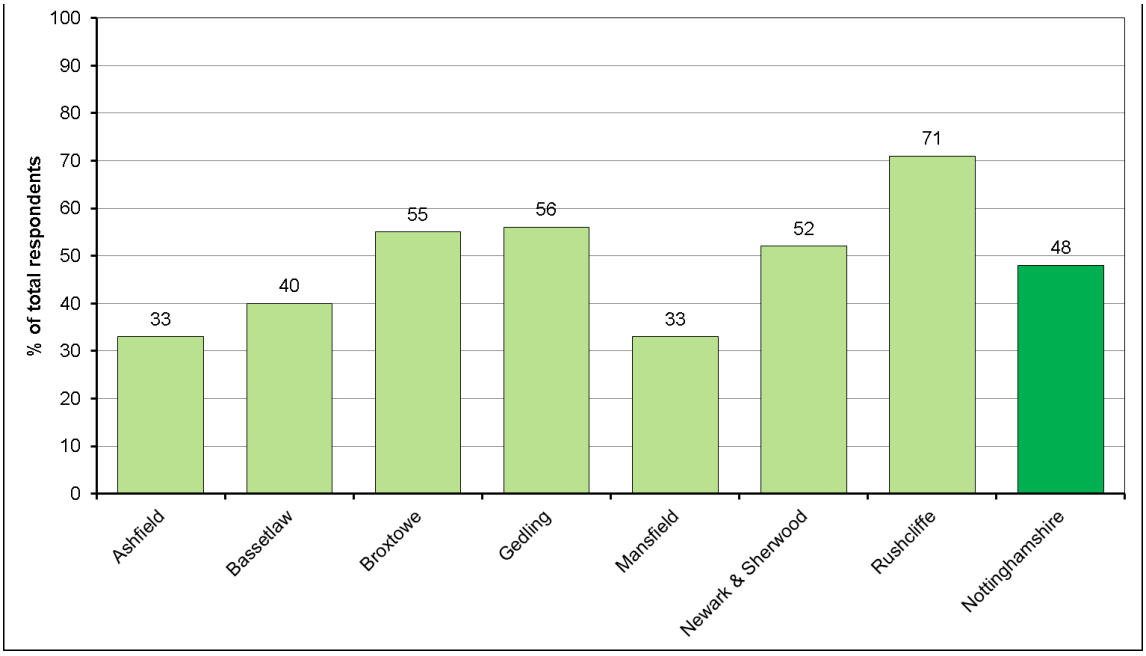


	2017	2020	2025	2030	2035
Aged 75 and over	36642	40632	49209	54719	60595
Aged 65-74	23610	23800	23860	26770	28640

Source: POPPI November 2017

In the 2016 Nottinghamshire Annual Residents Satisfaction Survey, residents across Nottinghamshire expressed differences in their opinions of whether people from different backgrounds got on well together. Figure 4.10.5 shows that levels agreement were highest in Bassetlaw and Broxtowe Districts, but lowest in Mansfield and Newark & Sherwood Districts. The Nottinghamshire County average was 48% in 2016 compared with 58% in 2012.

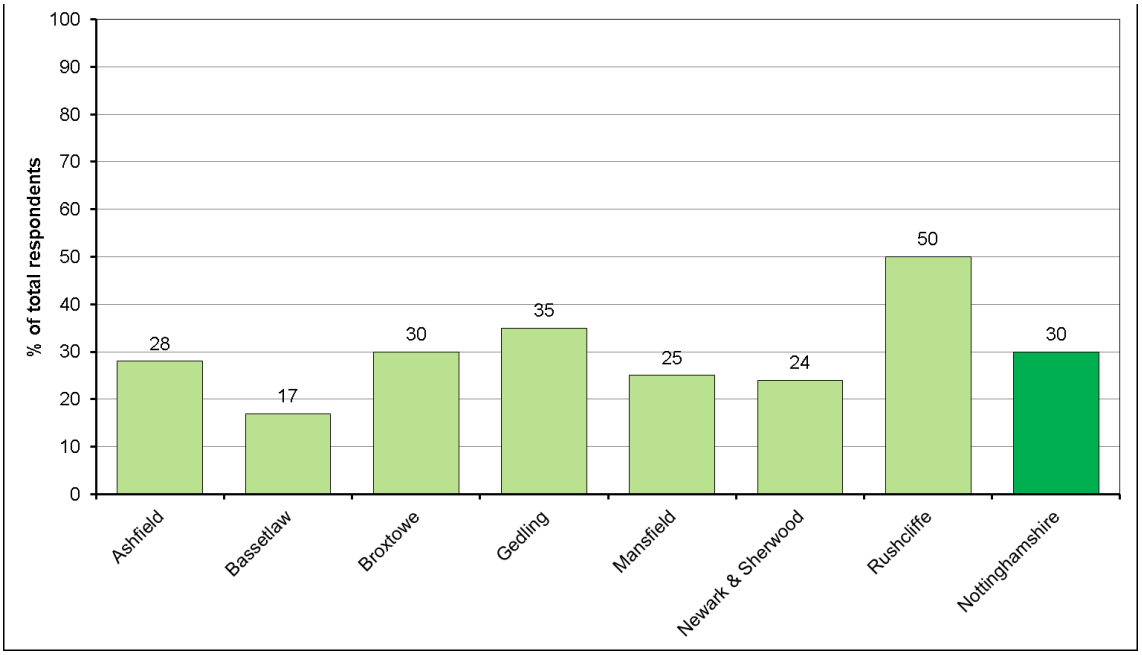
Figure 4.10.5 : % who agree that people from different backgrounds get on well together, 2016



Source: Nottinghamshire Annual Residents Satisfaction Survey 2016.

Residents across Nottinghamshire expressed differences in their opinions of whether they felt they could influence decisions affecting their local area. Figure 4.10.6 shows that levels of agreement were highest in Rushcliffe District (50%), but lowest in Bassetlaw District (17%). The Nottinghamshire County average was 30%.

Figure 4.10.6: % who agree that they can influence decisions affecting their local area, 2016



Source: Nottinghamshire Annual Residents Satisfaction Survey 2016.

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"[47]

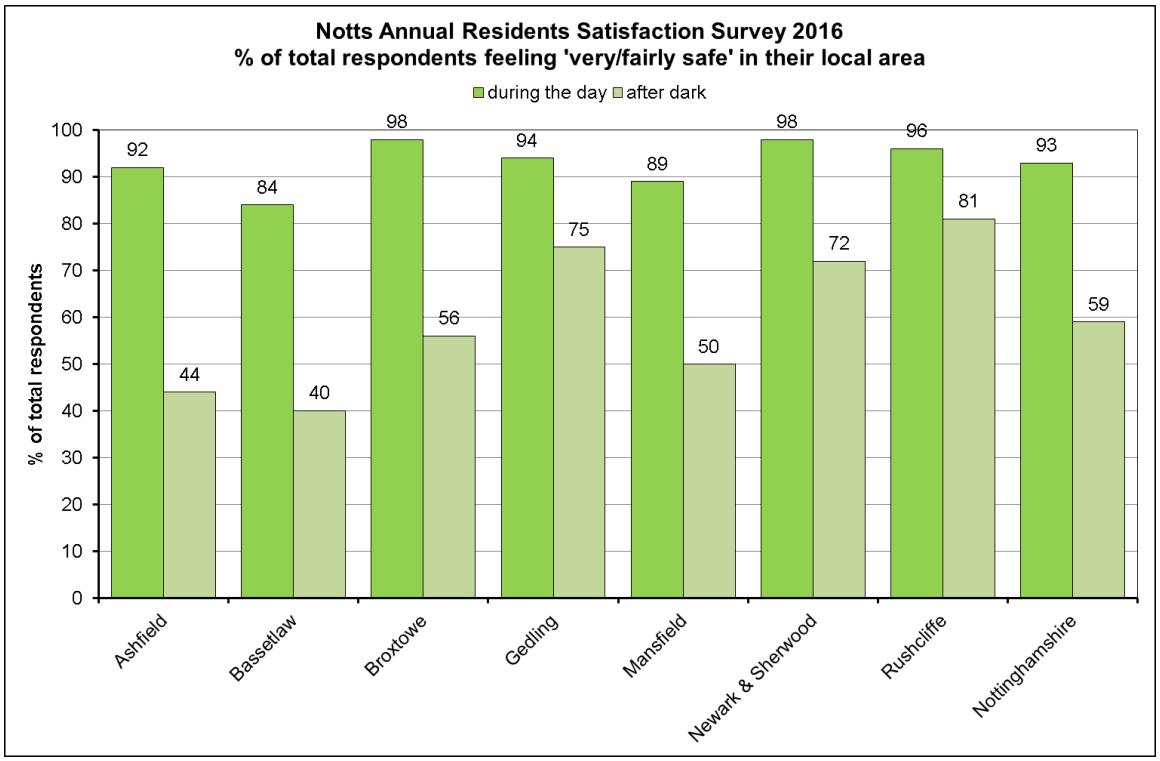
"Crime may influence health in a range of ways. A distinction can be made between direct and indirect impacts. Direct impacts include both physical injuries and psychological trauma as a result of being victimised….Indirect impacts include a wide range of negative effects…likely to operate at a neighbourhood level"[48]

The Nottinghamshire Annual Residents Satisfaction Survey 2016 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 4.10.8). 93% of respondents in Nottinghamshire feel very/fairly safe outside in their local area during the day. However at night, this figure drops to 59% and in some districts of the County such as Mansfield and Ashfield the figure drops to 40%.

[47] 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

[48] 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

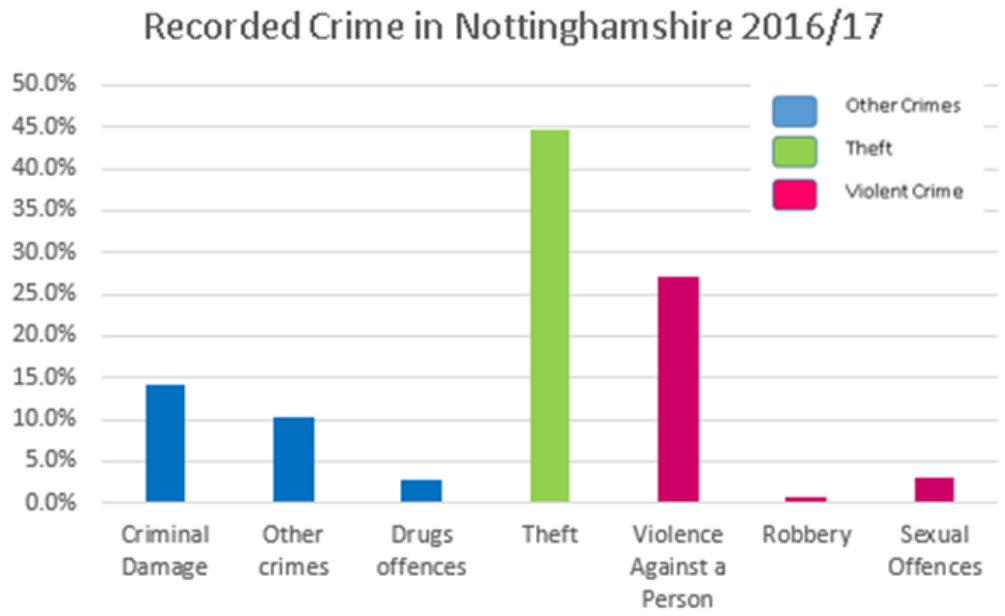
Figure 4.10.8: % of respondents who feel safe in their local area



Source: Nottinghamshire Annual Residents Satisfaction Survey 2016

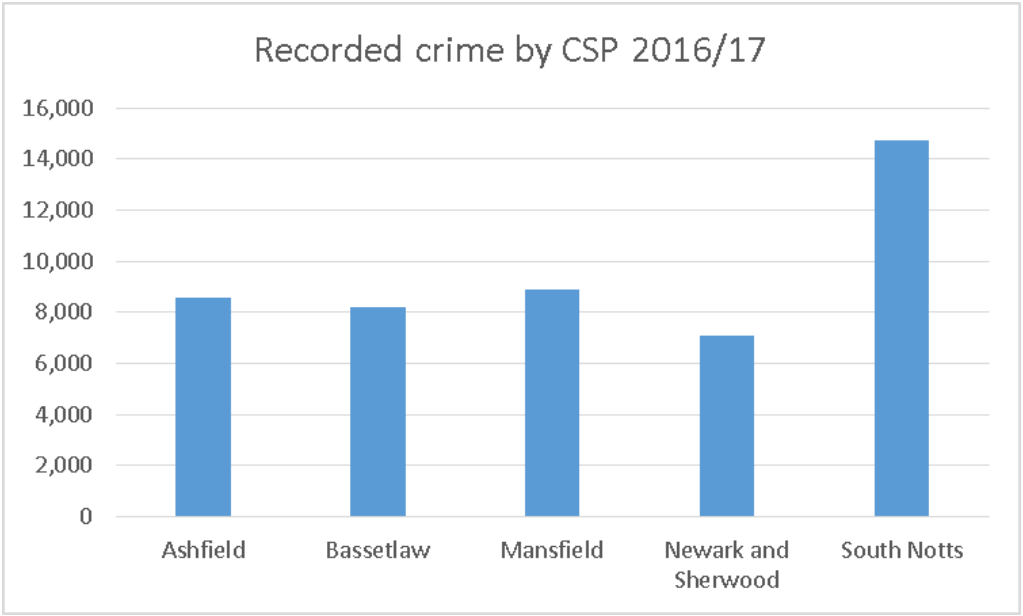
There were 47,875 crimes recorded in 2016/17 in Nottinghamshire (Figure 4.10.9). The main types of crime recorded were theft (45%), Violence against a person (27%) and criminal damage (14%). Domestic burglary accounted for 5% of crimes in Nottinghamshire but is of particular importance to residents, as it not only causes damage and loss to property, but also impacts upon safe of safety and fear of crime. The number of crimes was highest in Ashfield, Mansfield and South Nottinghamshire (Figure 4.10.10)

Figure 4.10.9: Recorded crime in Nottinghamshire, by crime type in 2016/7



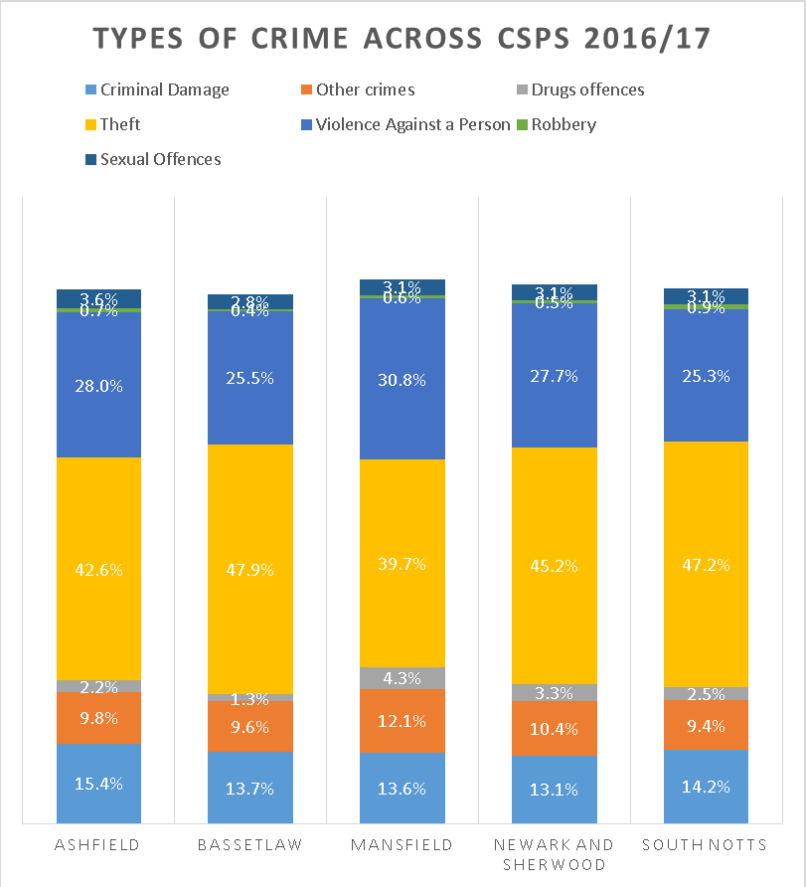
Source: Strategic Analytical Unit, Nottinghamshire County Council

Figure 4.10.10: Recorded crime in Nottinghamshire by Community Safety Partnership, all crimes in 2016/17



Source: Strategic Analytical Unit, Nottinghamshire County Council

Figure 4.10.11: Recorded crime in Nottinghamshire Community Safety Partnerships, by type of crime in 2016/7



Source: Strategic Analytical Unit

4.11 Lifestyle

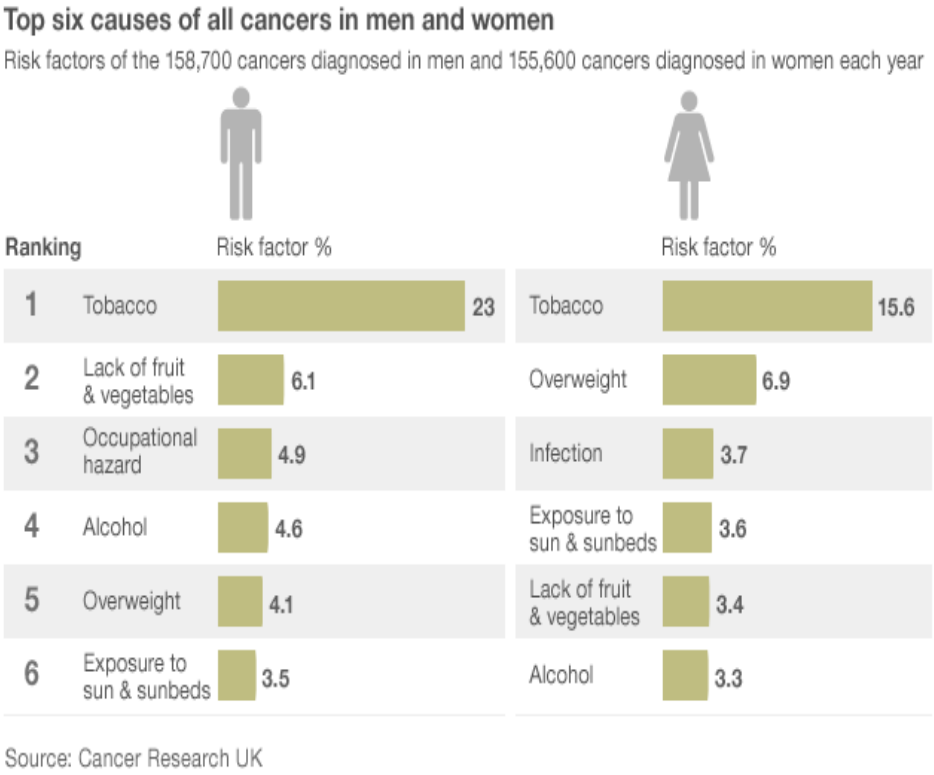
Why this matters?

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[49] 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.

[49] Cancer Research 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]

Figure 4.11.1: Risk factors for cancers in men and women



Smoking

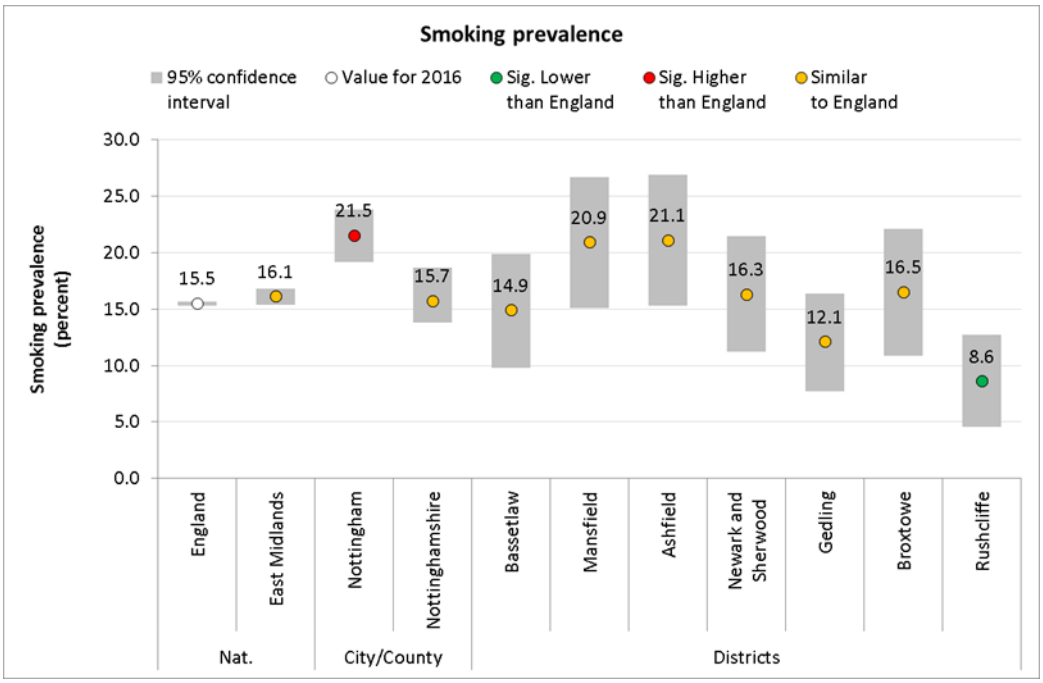
Why this matters?

"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."[50]

Smoking in people aged 18 and over in Nottinghamshire was similar to regional and national levels in 2016 (Fig 4.11.2). Within the Districts, Mansfield, Ashfield and Broxtowe had the highest levels of smoking prevalence though levels were similar to the national average. Gedling, Bassetlaw and Rushcliffe had the lowest levels of smoking prevalence, with Rushcliffe significantly lower than the national average.

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

Figure 4.11.2: Smoking prevalence in those aged 18 and over in Nottinghamshire and districts (2016)



Source: Health and Social Care Information Centre Integrated Household Survey 2016

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"[51]

"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"[52]

Alcohol:

The best available estimates indicate that[53]:

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

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

[53] Nottinghamshire JSNA: Substance Misuse: Young People and Adults. 2017.

- In Nottinghamshire **131,011** adults drink at levels that pose a risk to their health and **21,632** are dependent on alcohol.
- It is estimated that around 19,310 of those drinking at levels that may harm their health are 60+ years old.
- It is also estimated that there are **5,114** young people (10-17 year olds) who are drinking at increasing and higher risk levels.

Figure 4.11.3: Synthetic estimates of alcohol use in Nottinghamshire (adults)

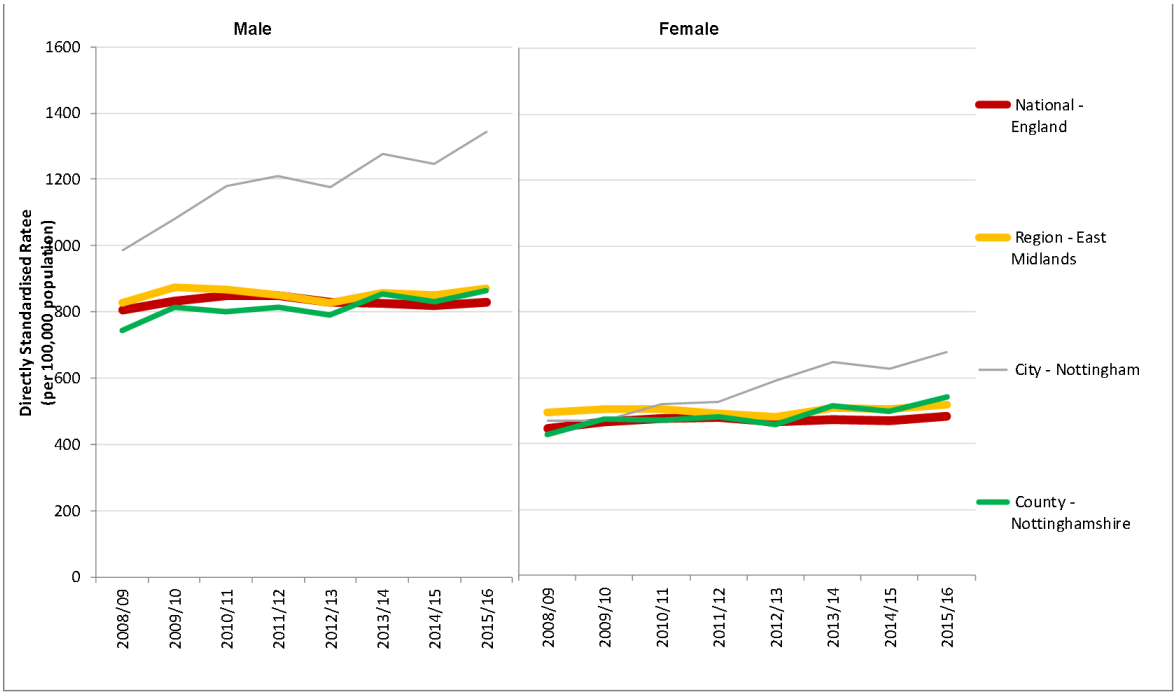
Drinking behaviour in adults:	**Estimates:**
Abstain	94,131
Lower risk Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day.* Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman	358,356
Increasing risk Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day.* Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women	98,563
Higher risk Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week.	32,448
Dependency:	
Mild	18,171
Moderate	3,028
Severe	433

Utilising LAPE 2009 – "Topography of Drinking Behaviours in England", URL: http://www.lape.org.uk/downloads/alcoholestimates2011.pdf and local secondary analysis based on results reported in "Adult psychiatric morbidity in England, 2007", URL: http://digital.nhs.uk/pubs/psychiatricmorbidity07,

Alcohol-related hospital admissions (narrow definition[54]) have increased across most of Nottinghamshire's districts between 2008/09 and 2015/16 for women, for males the trend is stable. This is similar to regional and national trends (Figure 4.11.4). Within districts Bassetlaw females and Mansfield and Ashfield males and females have alcohol-related hospital admission rates significantly higher than the national average for persons overall 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 4.11.5).

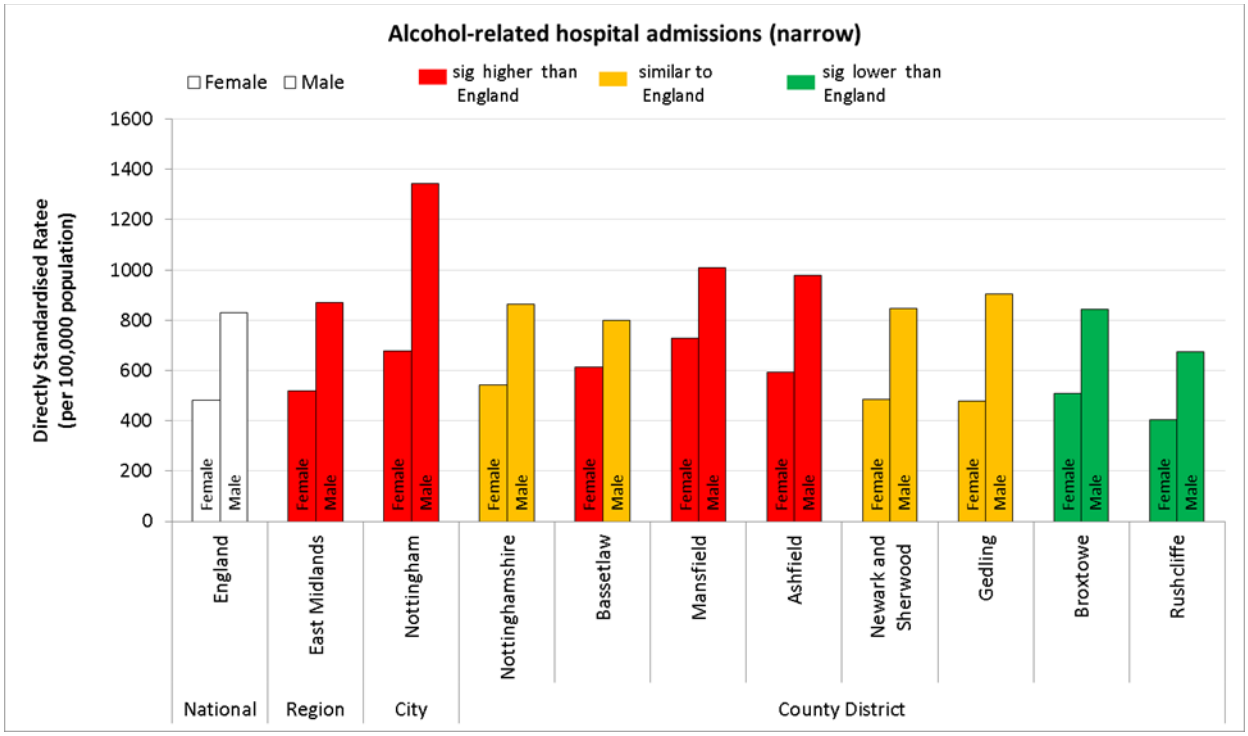
[54] PHE Methodology using the 'narrow' definition is less sensitive to improvements in data quality compared to the earlier 'broad' definition. See e.g. https://publichealthmatters.blog.gov.uk/2014/01/15/understanding-alcohol-related-hospital-admissions/

Figure 4.11.4: Trend in the rates of alcohol-related admissions to hospital (narrow definition) for males and females across Nottinghamshire Districts (2008/09 to 2015/16)



Source: HES admissions analysis, published via the PHE Public Health Outcomes Framework tool (February 2017 update)

Figure 4.11.5: Rates of alcohol related admissions to hospital (narrow definition) for males and females across Nottinghamshire Districts and East Midlands (2015/16)



Source: HES admissions analysis, published via the PHE Public Health Outcomes Framework tool (February 2017 update)

Alcohol consumption is responsible for around one in every seven deaths in reported road traffic accidents in Great Britain[55]. Alcohol-related road traffic accidents were higher in Nottinghamshire compared with the national average. Within the districts of Nottinghamshire, significantly higher rates were in Rushcliffe, Mansfield and Ashfield (Figure 4.11.6).

Figure 4.11.6: Reported road accidents (of all severities) in which at least one driver failed a breath test, crude rate per 1,000 accidents, 2013-2015

Area	Count	Value
England	9,915	26.0
Nottinghamshire	192	35.1
Mansfield	37	49.7
Ashfield	36	42.8
Rushcliffe	31	39.9
Bassetlaw	31	37.9
Broxtowe	22	30.7
Gedling	17	26.3
Newark and Sherwood	18	19.4



Compared with England

Source: Public Health England Local Alcohol Profiles

Drugs:

The best available estimates indicate that[56]:

- In Nottinghamshire **9,867** individuals use drugs frequently (Figure 4.11.7).
- There is a cohort of **4,436** who use opiates and/or crack problematically (Figure 4.6.2).
- It is also estimated that **665** 10 to 17 years olds misuse substances

[55] Public Health England. From Evidence into Action: Opportunities to Protect and Improve the Nation's health. 2014. PHE

[56] Nottinghamshire JSNA: Substance Misuse: Young People and Adults. 2017.

Figure 4.11.7: Synthetic estimates of drug use in Nottinghamshire

	In their lifetime:	In the last year:	In the last month:	Use frequently
16-59 year olds (all drugs)				
Any drug	158,702	89,423	21,302	9,867
Class A drugs	70,957	14,662	6,223	---
Stimulant drugs	81,662	15,938	6,794	---
New Psychoactive Substances	13,112	3,905	---	---
15-64 year olds (estimated dependant drug users)				
Opiate and/or Crack users	---	---	---	4,436 (Range: 3,488 - 5,381)
Opiate users	---	---	---	4000 (Range: 3,179 - 4,793)
Crack users	---	---	---	2050 (Range: 1,103 - 2,955)
Of whom injecting				2,047 (Range: 1,425 – 2,692)

--- *data not available for this period*
Sources:
2014/15 Crime Survey for England and Wales – URL: https://www.gov.uk/government/collections/drug-misuse-declared
Problematic Drug Users (PDU) Glasgow Estimates - URL: http://www.nta.nhs.uk/facts-prevalence.aspx

Diet and nutrition

Why this matters?

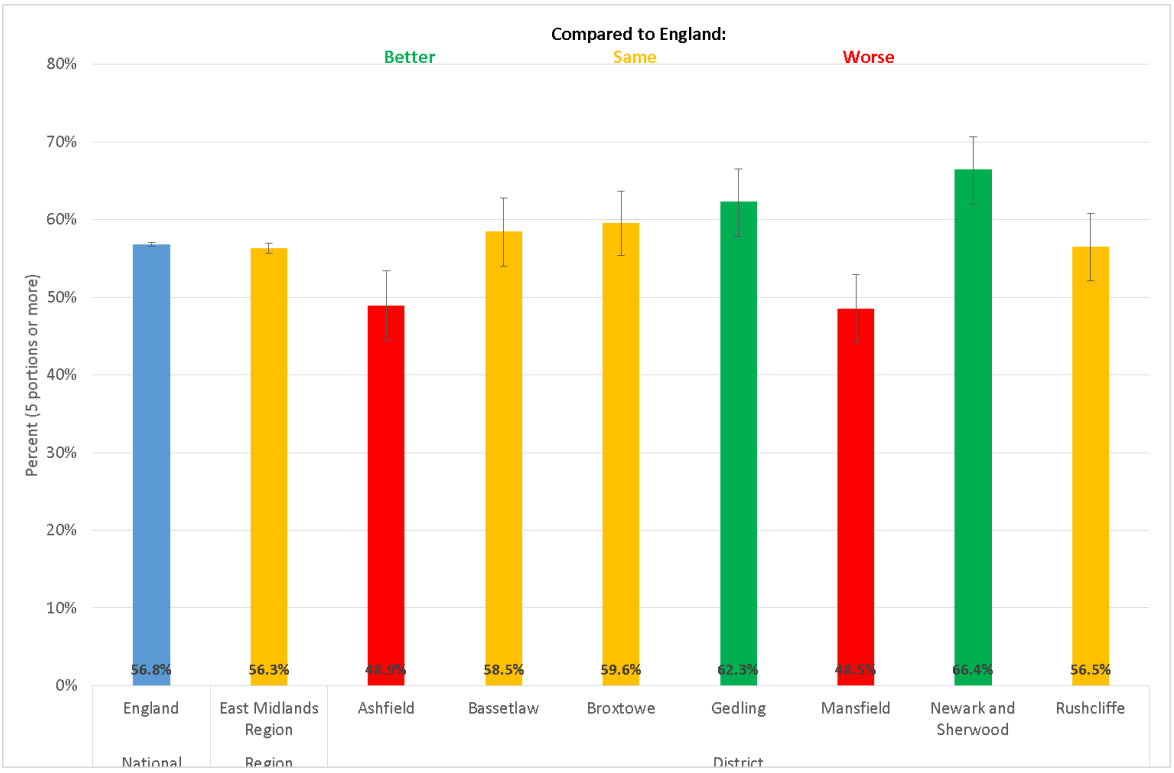
"A good diet and adequate food supply are central for promoting health and wellbeing. A shortage of food and lack of variety cause malnutrition and deficiency diseases. Excess intake (also a form of malnutrition) contributes to cardiovascular diseases, diabetes, cancer, degenerative eye diseases, obesity 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"[57]

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 Ashfield and Mansfield districts, a significantly lower percentage of adult residents are estimated to eat healthily

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

compared to England. Conversely, a significantly higher proportion are estimated to eat healthily in Newark and Sherwood and Gedling (figure 4.11.8).

Figure 4.11.8: The estimated percentage of the population aged 16+ that eat healthily, 2015-16, 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 4.11.9 shows that the density of fast food outlets in Nottinghamshire County is significantly lower than the national average and within Nottinghamshire Newark and Sherwood and Rushcliffe also have significantly lower density of fast food outlets.

Figure 4.11.9: Density of fast food outlets in Nottinghamshire, 2014



Source: PHE Publications 2016 gateway number: 2016237, URL: https://www.gov.uk/government/publications/obesity-and-the-environment-briefing-regulating-the-growth-of-fast-food-outlets

Physical activity

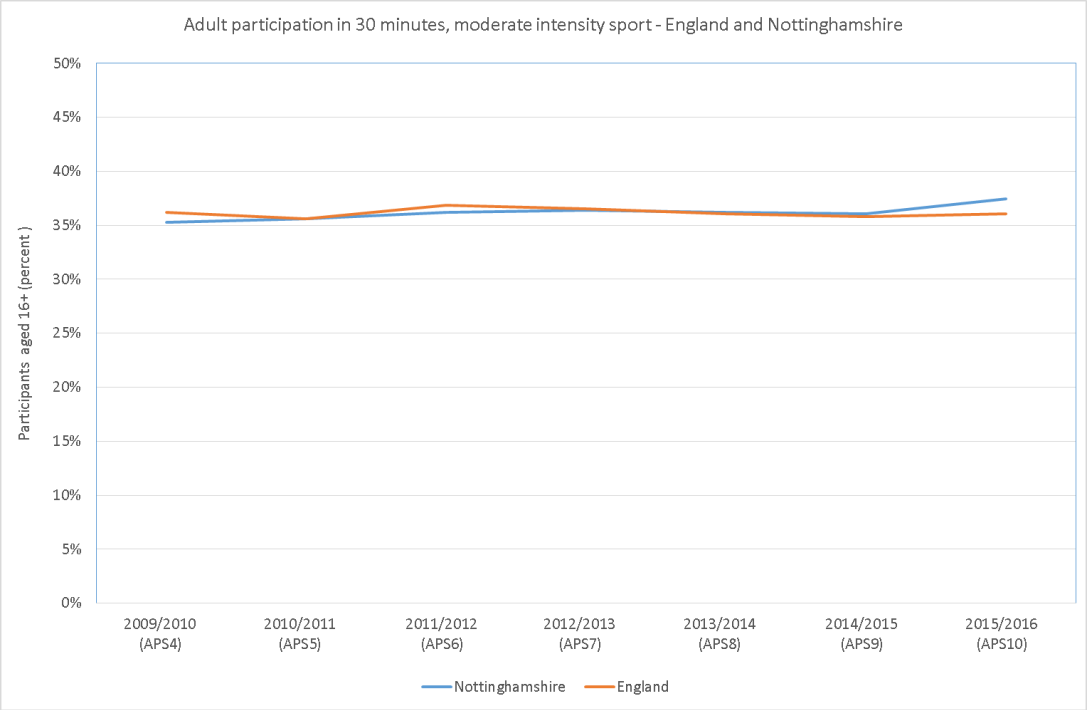
Why this matters?

"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."[58]

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 4.11.10 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. Broxtowe and Gedling had the highest level of participation in sport and recreation across the County.

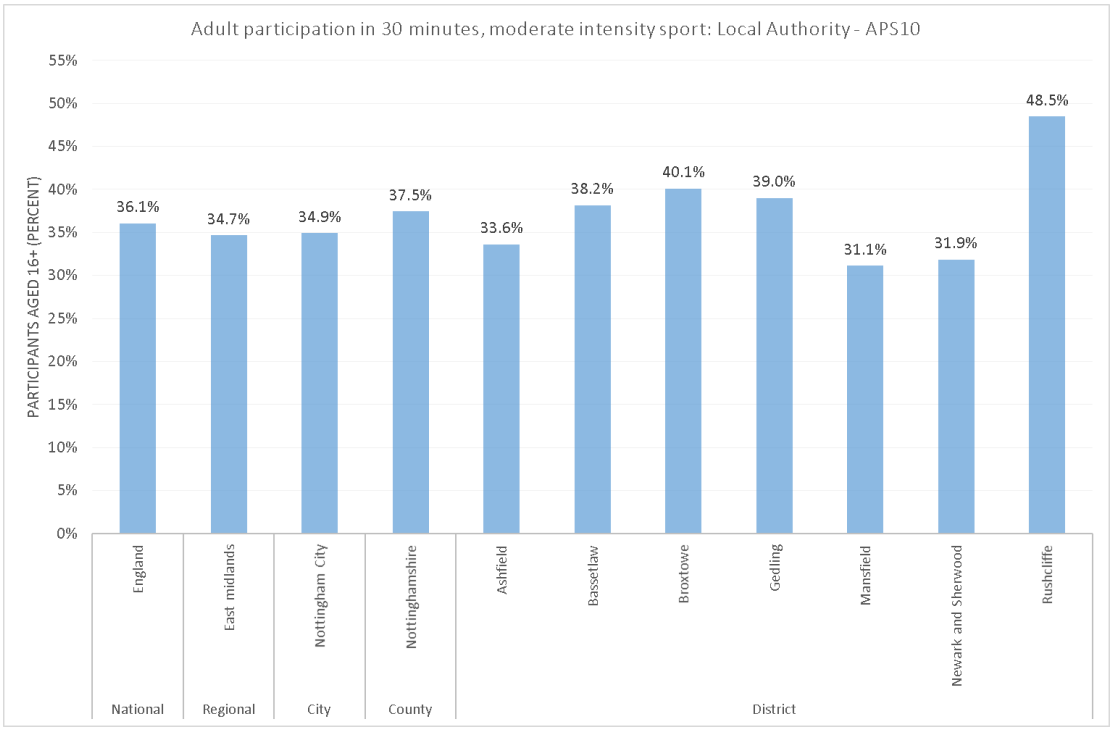
[58] Wilkinson, R. and Marmot, M (editors) (2003) "Social determinants of health: the solid facts". 2nd Edition, World Health Organisation.

Figure 4.11.10: Adult participation in sport and active recreation within Nottinghamshire



Source: Active People Survey 10 2015/16, URL: http://activepeople.sportengland.org/

Figure 4.11.11: Adult participation in sport and active recreation within Nottinghamshire and districts



Source: Active People Survey 10 2015/16, 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.

Please note the local area estimates of adult participation in sport and active recreation differ from Sport England's 1x30 sports participation indicator. Sport England's 1x30 sports participation indicator includes a narrower range of activities (than specified for NI8) and does not include recreational walking. The 1x30 sport participation measure is based on once a week participation, rather than three times a week for the former NI8 measure of sport and active recreation.

To find out more about the local area statistics of adult participation in sport and active recreation, see Sport England's briefing note on sports participation indicators: https://www.sportengland.org/media/3314/summary-of-sport-participation-indicators.pdf

Healthy weight

Why this matters?

A combination of lack of physical activity and poor diet leads to unhealthy weight. "Other problems due to obesity include:

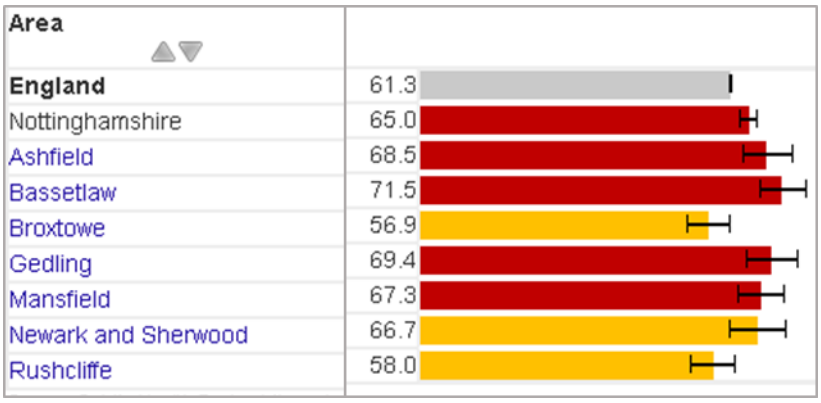
- Musculoskeletal problems
- Reproductive and urological problems, including infertility
- Psychological and social problems by altered body image and stigma
- Respiratory problems (e.g. sleep apnoea (interruptions to breathing while asleep))"[59]

"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".[60]

Figure 4.11.12 below shows a breakdown of the percentage of adults who are overweight or obese for each district. There is a significantly higher proportion of adults who are overweight or obese across Nottinghamshire as a whole and in the districts, Ashfield, Bassetlaw, Gedling and Mansfield.

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

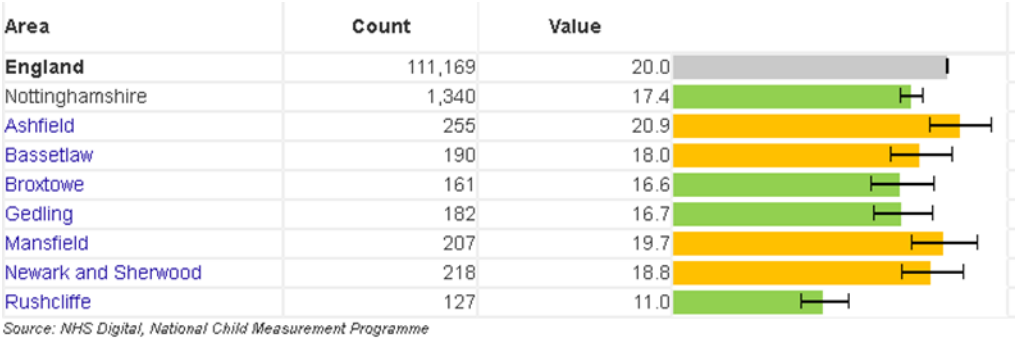
Figure 4.11.12: Percentage of adults (18+) classified as overweight or obese 2015/16



Source: Public Health England (based on Active Lives Survey, Sport England)

Figure 4.11.13 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 4.11.13: Prevalence of obesity in children aged 10/11 in Nottinghamshire and district of residence, 2016/17



Area	Count	Value
England	111,169	20.0
Nottinghamshire	1,340	17.4
Ashfield	255	20.9
Bassetlaw	190	18.0
Broxtowe	161	16.6
Gedling	182	16.7
Mansfield	207	19.7
Newark and Sherwood	218	18.8
Rushcliffe	127	11.0

Source: NHS Digital, National Child Measurement Programme

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

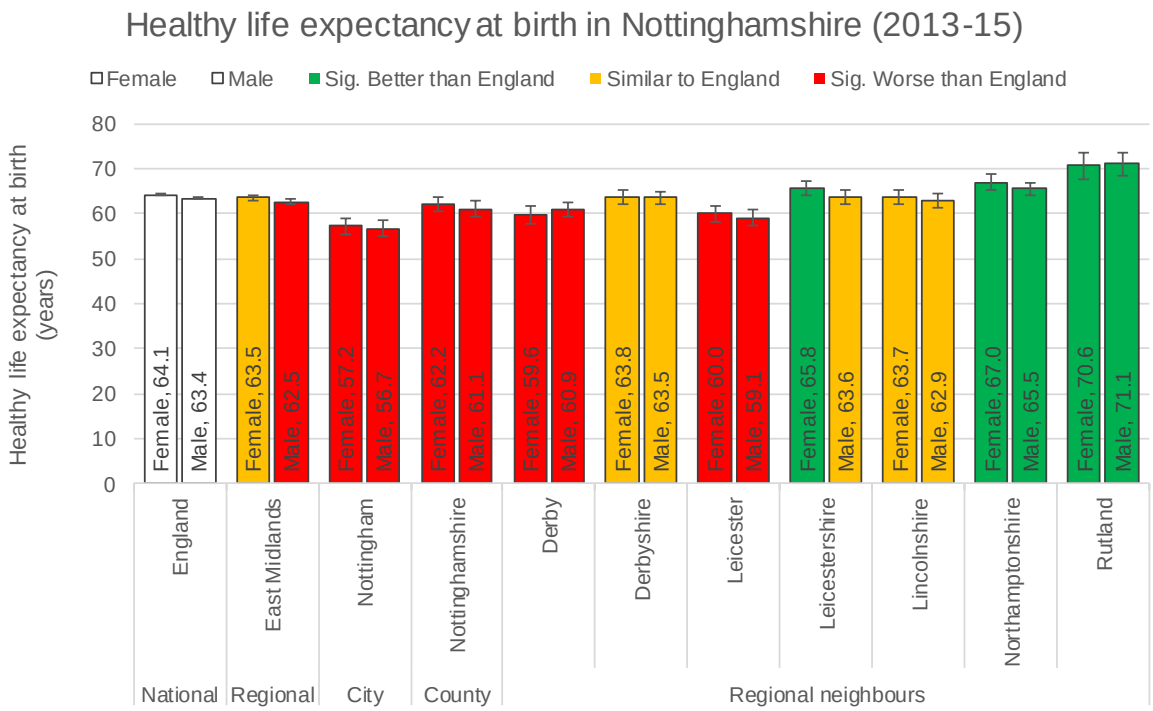
Introduction

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

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

Healthy life expectancy is an extremely important summary measure of mortality (death) and morbidity (illness). It complements supporting information presented across the JSNA which shows the overall trends in the health of our population and sets the context within which the drivers of healthy life expectancy can be explored. Healthy life expectancy is a measure of the average number of years a person would expect to live in good health based on mortality rates and self-reported good health. In Nottinghamshire healthy life expectancy was 62.2 years for females and 61.1 years for males in 2013-2015. Both males and females had worse healthy life expectancy compared with England (Figure 5.1).

Figure 5.1 Healthy Life expectancy at birth in Nottinghamshire (2013-15)



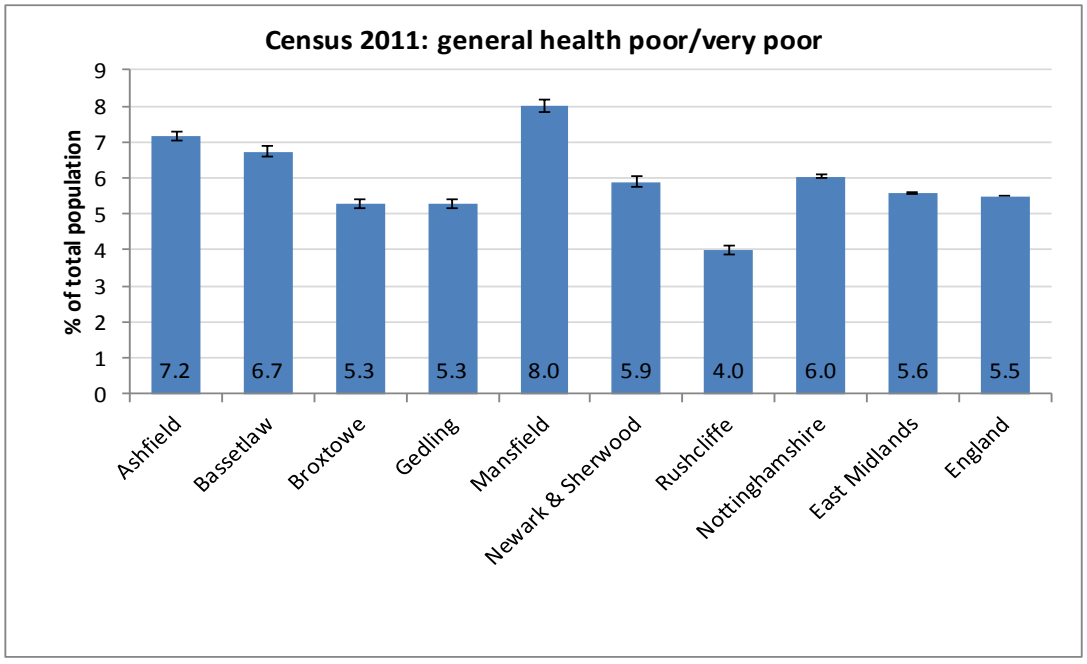
Source: Office for National Statistics, Life Expectancies (2013-15)

5.1 What are illnesses and conditions are people living with?

General Health

In the Census 2011, residents were asked to assess their general state of health on a five point scale: very good, good, fair, bad or very bad. Figure 5.1.1 shows that the percentage of the population who reported their health as poor or very poor was significantly higher in Nottinghamshire (6.0%) compared 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 5.1.1: Self-reported general health in Nottinghamshire's Districts, total population, 2011



Source: Census 2011

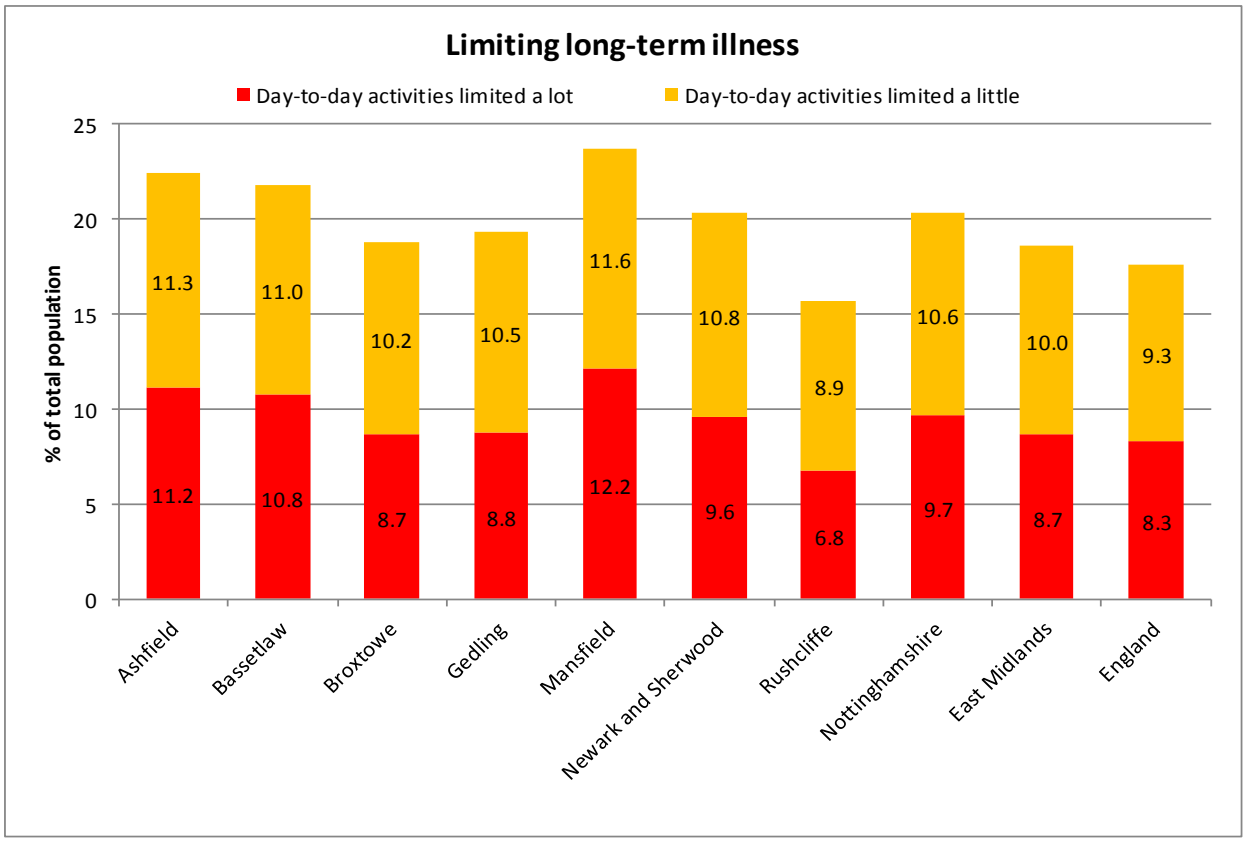
Long term illnesses and conditions

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 5.1.2: 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 2017. Figure 5.1.3 shows that 17% 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.

Figure 5.1.3: Estimates of the number of people living with two or more long-term conditions

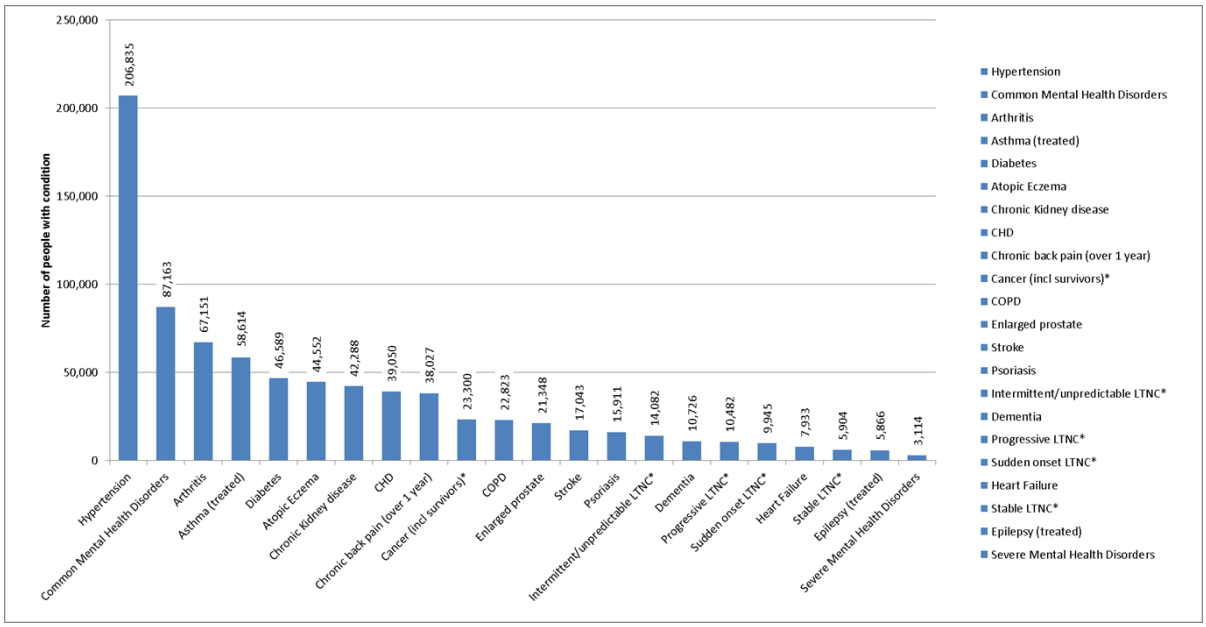
Area name	Number living with 2 or more LTCs	Population aged 18 and over	Percent of population living with 2 or more LTCs
ENGLAND	7,203,243	46,335,634	15.5
Nottinghamshire County	110,579	651,463	17.0
NHS Bassetlaw	16,127	93,544	17.2
NHS Mansfield & Ashfield	24,862	152,989	16.3
NHS Newark & Sherwood	18,632	107,321	17.4
NHS Nottingham North & East	20,647	121,347	17.0
NHS Nottingham West	12,885	75,938	17.0
NHS Rushcliffe	17,425	100,324	17.4

Source: Based on results of Salisbury (2011)[61] (Figure 1 age, gender prevalence) and Nottinghamshire registered population aged 18+ April 2017

Figure 5.1.4 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.

[61] *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/ [last accessed 29 September 2017]*

Figure 5.1.4: 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*

5.2 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. Figure 5.2.1 outlines the number of child deaths in Nottinghamshire in 2013 to 2015. 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 65% of deaths in this older age group.

Figure 5.2.1: Number of child deaths in Nottinghamshire (2013 to 2015)

					Per-year average counts		
	All				Females	Males	Persons
Age group	2013	2014	2015	2013-15 Total	2013-15 average	2013-15 average	2013-15 average
Under 1	30	42	38	110	13	24	37
1 to 4	6	7	4	17	3	3	6
5 to 14	5	8	8	21	4	4	7
15 to 24	24	28	31	83	8	20	28
Under 25 total	65	85	81	231	27	50	77

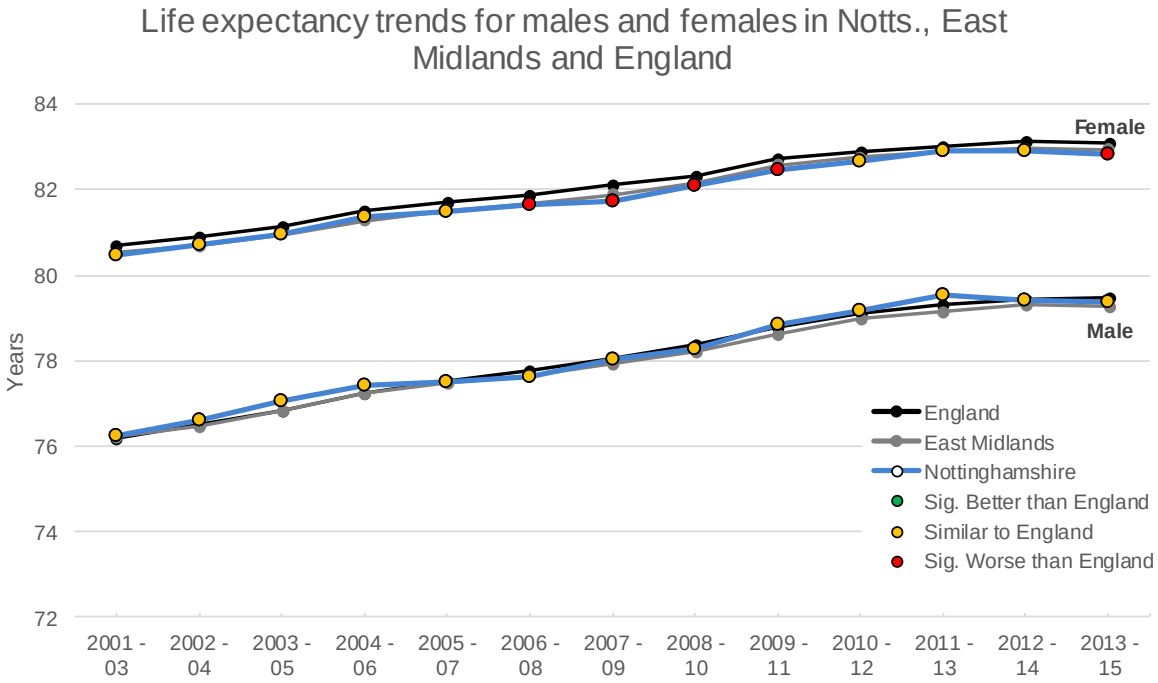
Source: Office for National Statistics, Mortality statistics (accessed via NOMIS) (2013-15)

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

of increase has been slowing at a national level (Marmot 2017[62]). Locally in Nottinghamshire life expectancy for males and females has been decreasing since 2011-13 (Figure 5.2.2).

Locally within the districts of Nottinghamshire life expectancy varies considerably with more deprived districts having a shorter life expectancy than less deprived districts (Figure 5.2.3). For example in 2013-2015, life expectancy in Ashfield and Mansfield was significantly lower than for England where both males and females could expect to live 18 months less. In contrast life expectancy in Rushcliffe was significantly higher than for England where both males and females could expect to live an additional two years longer.

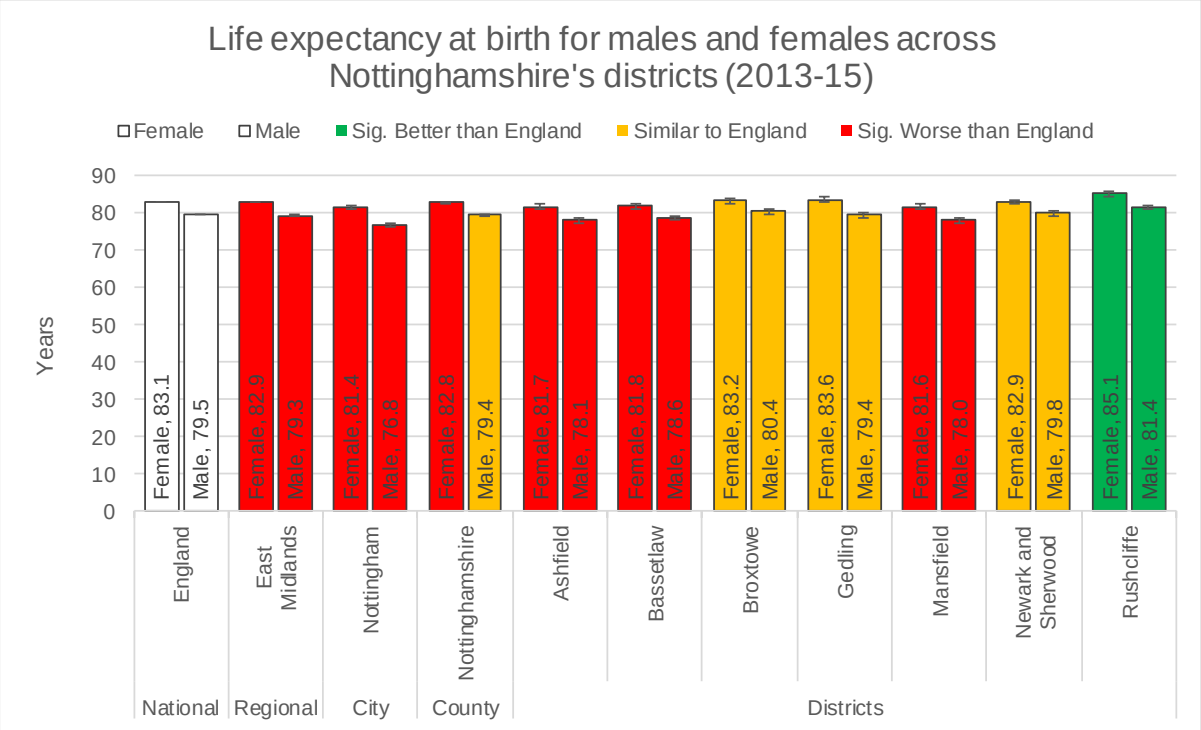
Figure 5.2.2: life expectancy trends for males and females in Notts, East Midlands and England.



Source: Office for National Statistics, Life Expectancies, 3-year pooled (trends to 2013-15)

[62] *Marmot Indicators 2017 - Institute of Health Equity Briefing, URL: http://www.instituteofhealthequity.org/resources-reports/marmot-indicators-2017-institute-of-health-equity-briefing (last accessed September 2017)*

Figure 5.2.3: Life expectancy for males and females across Nottinghamshire's districts.



Source: Office for National Statistics, Life Expectancies by District, 3-year pooled (2013-15)

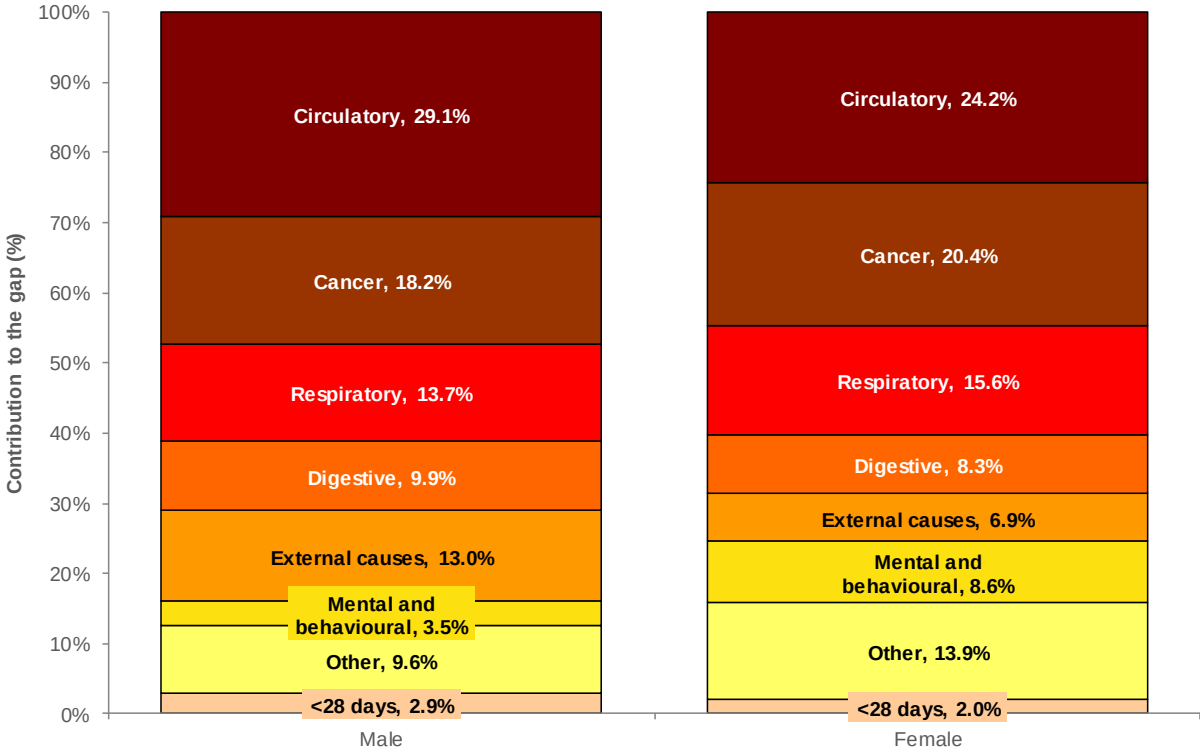
Life expectancy is also measured at a small geographical level (middle super output area) across Nottinghamshire and shows that in 2013-2015, life expectancy varied across Nottinghamshire by nine years in males and eight years in females[63].

The broad causes of death which contribute the greatest proportion to this 'gap' in life expectancy are explored in Figure 5.2.4 and shows that for males and females the top three causes are the same, being circulatory, cancer and respiratory, 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.

This life expectancy gap equates to an excess of 340 male and 350 female deaths per year in the most deprived fifth of Nottinghamshire's population. If approximately 270 male deaths and approximately 280 female 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.

[63] *Public Health Outcomes Framework data tool available at https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#gid/1000049/par/E12000004 [accessed 29 September 2017]*

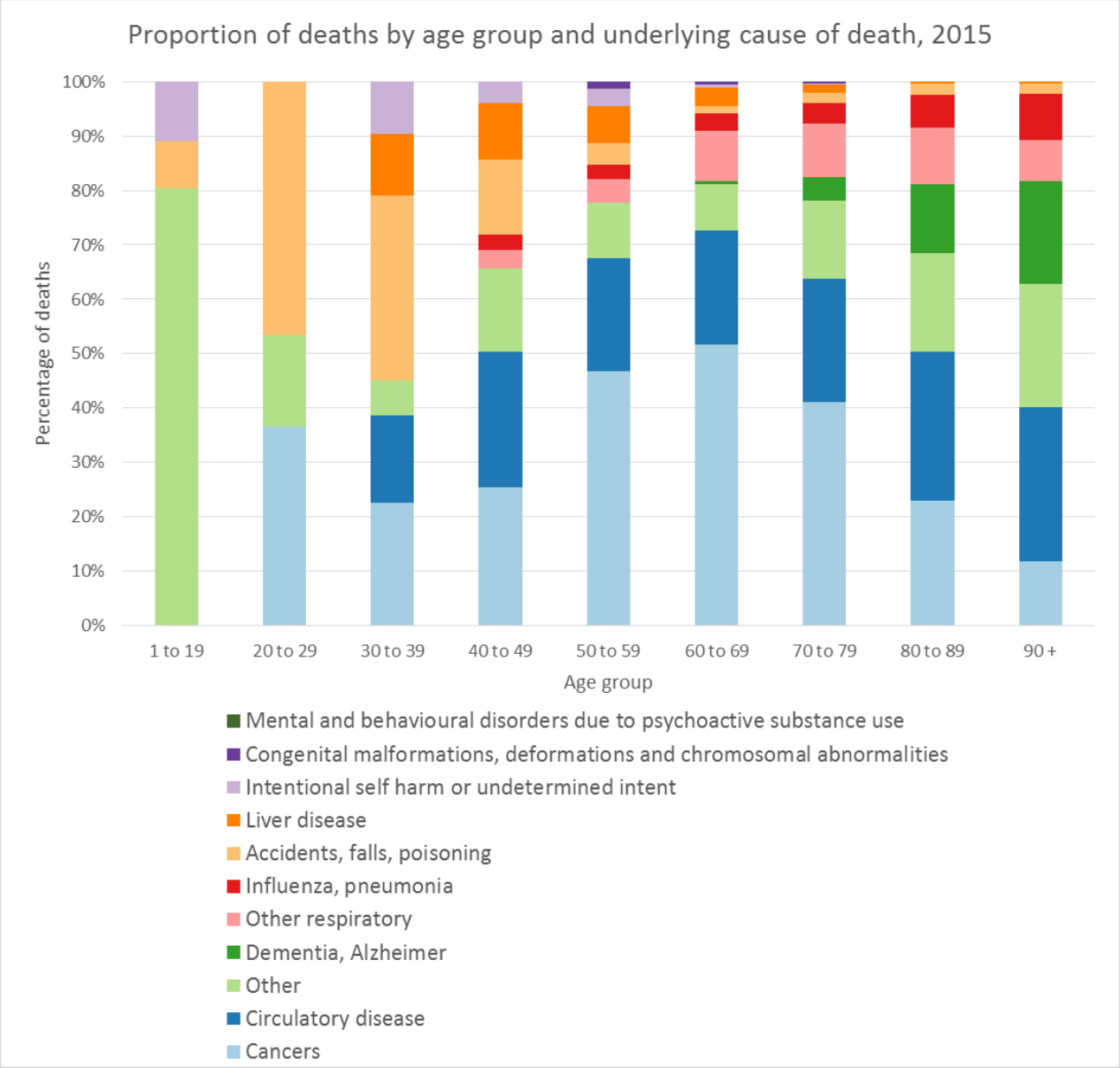
Figure 5.2.4: Scarf chart showing the breakdown of the life expectancy gap between the most and least deprived areas in Nottinghamshire, by cause of death, 2012-2014.



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 (May 2016), URL: http://fingertips.phe.org.uk/profile/segment (last accessed September 2017)

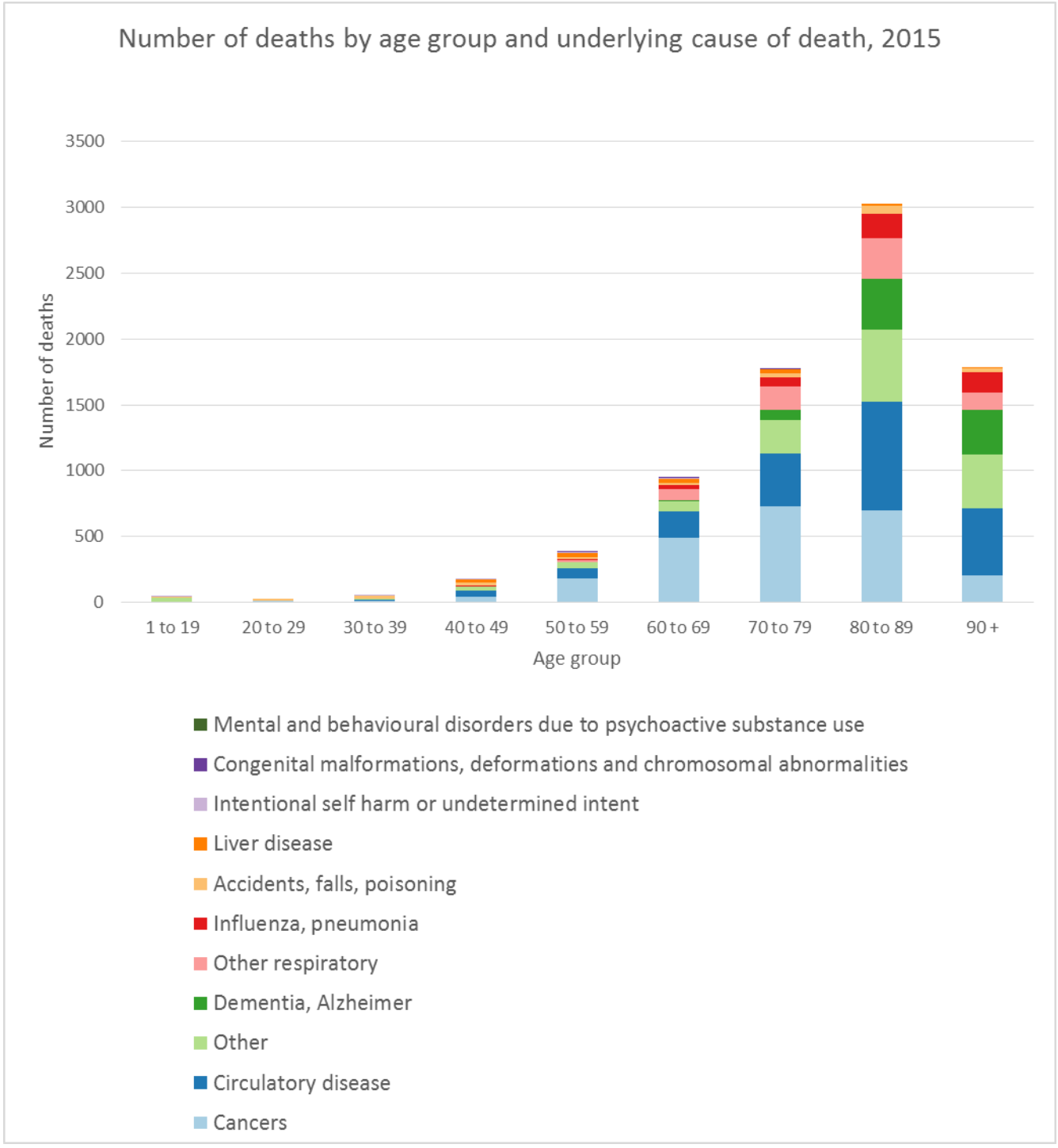
Figures 5.2.5 and 5.2.6 below describe the causes of death in our whole population and helps to understand which are the main illnesses or factors that contribute to life expectancy in our population across the age spectrum. The number of deaths for people aged under 70 was relatively small in 2015. The underlying cause of death varied by age with 'accidents, falls and poisoning' and cancers being more frequent causes of death in people aged under 40 years. Circulator diseases and cancers contributed more than 67% of deaths for people aged 50-79 years. Dementia and Alzheimer's disease were notable causes of death in people aged 80+.

Figure 5.2.5: Underlying cause of death for residents of Nottinghamshire by age group, percentage in 2015



Source: Public Health Mortality Files, 2015

Figure 5.2.6: Underlying cause of death for residents of Nottinghamshire by age group and number in 2015



Source: Public Health Mortality Files, 2015

[i] McManus S, Meltzer H, Brugha T et al (2009) Adult psychiatric morbidity in England, Results of a household survey (Health and Social Information Centre, Social Care Statistics 2007) http://www.ic.nhs.uk/pubs/psychiatricmorbidity07