The Centre for Ethnic Health Research
national centre for tackling health inequalities

CENTRE FOR ETHNIC HEALTH RESEARCH
HEALTH INEQUALITIES DATA SAMPLE (Version 5)

For use in relation to Equality Impact Assessments (EqIAs)

NOTE: The information contained within this document is correct at the time of writing and to the best of our knowledge. The data presented also relates to different years – e.g. some from the Census 2011, some from more recent statistics – and therefore may not be the most current. Accordingly, as change is happening all the time, it is important that you research and verify the most up-to-date as well as the most relevant information available for the purposes of completing your Equality Impact Assessment (EqIA).

The information we have included here is by no means an exhaustive list, as you will see. It serves to provide a selective snapshot of relevant data and therefore a stimulus to research the most appropriate evidence for your EqIA.

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CONTENT

Produced by Julian Harrison using some information from Maxine Davis (Equality and Inclusion Consultants)

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1. NATIONAL: HEALTH INEQUALITIES AT A GLANCE

- The United Kingdom's 2019 population is 67,523,938 according to the most recent UN (United Nations) estimates. The UK is the world's 21st largest country by population.
- The population of England, according to the mid-2017 estimates released in June 2018, was 55,619,400. This is 84.2% of the population of the UK as a whole.
- 60% of the adult population of England hold a negative or fatalistic attitude towards their own health. These attitudes are particularly prominent in disadvantaged groups.
- 35.1% of the population of England are not physically active.
- In 2011, 153,293 of non-UK born migrants originated in the Middle East and Asia, 91,725 originated in countries that joined the European Union (EU) since 2004 and 84,224 originated in Africa.
- Cancers, circulatory disease and respiratory conditions account for 70% of deaths that are not sudden.
- In 2011, over 50% of people in the Bangladeshi and Pakistani ethnic groups lived in the most deprived 20% of areas in England, much higher percentages than other ethnic groups.

Alcohol

- Alcohol use is responsible for 10% of the UK burden of disease and death, making it the third biggest lifestyle risk factor after smoking and obesity.
- Men are more likely to drink heavily than women. 37% of men and 25% of women consume more alcohol than is recommended, based on pre-8th January 2016 guidelines.
- The most deprived fifth of the population of the country suffer two to three times greater loss of life attributable to alcohol; three to five times greater mortality due to alcohol-specific causes; and two to five times more admission to hospital because of alcohol, than the more affluent areas.

Cancer

- There are around 363,000 new cancer cases in the UK every year. That's more than 990 every day (2014-2016).
- Every two minutes someone in the UK is diagnosed with cancer.
- Since the early 1990s, incidence rates for all cancers combined have increased by more than a tenth (12%) in the UK. Rates in females have increased by almost a sixth (16%), and rates in males have increased by less than a twentieth (2%).
- Almost half of cancers are diagnosed at a late stage in England (2014) and Northern Ireland (2010-2014).
- Incidence rates for all cancers combined are projected to rise by 2% in the UK between 2014 and 2035, to 742 cases per 100,000 people by 2035.
- An estimated 2,273,200 people who had previously been diagnosed with cancer were alive in the UK at the end of 2013.

Cardiovascular Disease (CVD)

- In England, cardiovascular disease (CVD) is the most common cause of death, accounting for around one third of all deaths and is a significant cause of morbidity in the population.
- Nationally, CVD accounts for a quarter of premature deaths (under 75 years).
- CVD is more likely in populations with high socio-economic deprivation, in poor housing or with low educational attainment.

Dementia

- Dementia UK estimates a prevalence of dementia for the population of England of 1.1% (1.1 in 100 people will be affected by dementia at a given time).
- The majority of cases are of mild dementia (around 55%), 32% have moderate dementia and 13% severe dementia.

Drugs

- Overall, drug use within the adult population is relatively low and illicit drug use has reduced significantly over the last 10 years. Despite this downward trend in drug use in the long term, a significant increase in 2013/14, compared to the previous year, indicates that illicit drug use continues to be a considerable national challenge.

Mental Health and Wellbeing

- Those at particular risk of developing mental ill health and/or illness include those that are unemployed, homeless people, people with a long-term condition, people who misuse substances and victims and perpetrators of abuse and crime.
- In the case of children and young people, the impact of mental illness includes poor educational achievement, a greater risk of suicide and substance misuse, antisocial behaviour, offending and early pregnancy. Poor mental health in childhood and adolescence can result in poor health outcomes in adulthood, including mental illness, unemployment, low earnings, marital problems and conduct disorder.

New Arrivals

- The most common physical health problems affecting asylum seekers include: communicable diseases, sexual health related needs, chronic diseases, dental disorders, the consequences of injury and torture, psychosomatic disorders, women's health issues and disability issues. To add to this, there is acknowledgement that irregular or undocumented migrants have significant health needs and these are largely hidden from health services.
- Compared to the general population, the incidence of mental illness is higher among asylum seekers and refugees.

Obesity

- 64.8% of the population of England demonstrate excessive body weight.
- There has been a rapid increase in the prevalence of obesity amongst adults in England. The prevalence of obesity rose from 15% in 1993 to 26% in 2014.
- Men and Women who are obese are at higher risk of developing other illnesses such as diabetes, stroke, heart disease and cancer of the colon.
- Compared to the general population, the prevalence of obesity is lower among men from Bangladeshi and Chinese communities in particular, whereas among women, it is higher for those from Black African, Black Caribbean and Pakistani communities.
- The prevalence of obesity and overweight in adults is predicted to reach around 70% by 2034. In the UK, past trends predict that between 2010 and 2030, the prevalence of obesity will rise from 26% to 41–48% in men, and from 26% to 35–43% in women. This equates to 11 million more obese adults by 2030, 3.3 million of whom would be older than 60. Obesity-related diseases are projected to add to healthcare costs by £1·9–2bn a year in the UK by 2030.
- In 2014/15 in England as a whole, 33% of 10-11 year olds had excess weight. 43% of Bangladeshi children had excess weight and 39% of children in the most deprived areas had excess weight.

Oral Health

- Oral diseases are not uniformly distributed but are increasingly concentrated in vulnerable and socially disadvantaged groups.
- Certain communities are more likely to have poor oral health and are less likely to use dental services. These can include young adults, the elderly, the more deprived, socially excluded population along with those with learning disabilities and those in long-term and short-term residential and institutional care.

Respiratory Disease

- One in seven people in the UK are affected by some form of chronic lung disease, most commonly chronic obstructive pulmonary disease (COPD) or asthma.

Sexual Health

- Poor sexual health may also be associated with other poor health outcomes. Those at highest risk of poor sexual health are often from specific population groups with varying needs which include:
    - Men who have sex with men (MSM)
    - Young people who are more likely to become re-infected with sexually transmitted infections (STIs)
    - Some black and ethnic minority groups
    - Sex workers
    - Victims of sexual and domestic abuse
    - Other marginalised or vulnerable groups including prisoners
- There is a clear relationship between sexual ill health, poverty and social exclusion.

Tobacco

- 15.5% of the population of England are active smokers.
- Tobacco use is the single greatest cause of preventable deaths in England. One in two regular smokers is killed by tobacco.

Tuberculosis (TB)

- During the 1990s cases of tuberculosis (TB) began to rise and TB re-emerged as a public health problem. This was predominantly as a result of increased immigration of people from countries where TB is common, but also due to the ageing of the established migrant population whose undiagnosed latent TB developed into active disease.
- Some ethnic minority population groups have much higher incidence of TB than others due to previous residence, and frequent travel to countries with higher prevalence of TB. Irrespective of ethnicity, TB is more prevalent in socially deprived communities.

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2. EAST MIDLANDS: HEALTH INEQUALITIES AT A GLANCE

- The population of the East Midlands is estimated at 4,771,700, of which 2,359,400 are male and 2,412,300 are female (2017).
- The population growth in the East Midlands (2001 – 2011) is greater than the growth across the whole of England and Wales (7% growth).
- It is estimated that the population will increase to 5.3 million in the next 20 years (between 2018 and 2038), an increase of 10%.
- The East Midlands population is ageing. It was estimated that there were around 911,000 people in the East Midlands aged 65 or over in 2017. By 2038 this is projected to have increased to over 1.3 million, resulting in over a quarter of the population being 65 years or over.
- The East Midlands includes the following Local Authority areas: Derby City, Derbyshire, Leicester City, Leicestershire, Lincolnshire, Northampton, Northamptonshire, Nottingham City, Nottinghamshire and Rutland.
- There are 36 districts contained within the counties in the region and 22 Clinical Commissioning Groups.
- In area, the East Midlands is 15,600 square km making it the fourth largest English region, smaller than the South West, East of England and the South East.
- The region covers 12% of the total area of England.
- In relation to other regions of England, the East Midlands has lower levels of **deprivation**.
- In 2016 it was estimated that 18.5% or approximately 875,000 of the population lived in areas classified as being in the most deprived quintile in England.
- There are 594,000 economically inactive people in the region, representing 20.2% of the 16-64 year old population (Feb to April 2019). This is slightly lower than the UK average.
- Leicester has the greatest population growth (at 17%) of all upper-tier Local Authorities in the region. By contrast, Leicestershire has the lowest population increase (7%).
- The Black, Asian and Minority Ethnic (BAME) populations are well above the national average in Derby, Leicester, Northampton and Nottingham.
- Asian/Asian British is the largest ethnic minority group (circa 293,423).
- In most areas across the East Midlands, there are established migrant communities, with half of all migrants having lived in the UK for more than 10 years.
- There are some areas, such as Leicester and Nottingham, where nearly 10% of the population are non-UK born migrants, who have been resident for less than two years. These areas have the highest numbers of long-term migrants but also high rates of short-term migration.
- There are 173,800 students in the East Midlands. The largest student populations in the East Midlands are in Derby, Leicester and Nottingham. Student populations have their own unique health needs.
- 160,000 people were classified as being long-term sick (Jan to Dec 2018).
- The general health profile of the East Midlands is close to the national average. However, there are major health inequalities and these are widening across parts of the region.

- The **poorest health outcomes** relate to those people living in areas of high deprivation such as large cities, on the coastal strip of Lincolnshire and in areas of industrial decline such as Corby, Derbyshire and Nottinghamshire.
- The **premature mortality rate from cardiovascular disease (CVD)** in 2014-2016 in the East Midlands (75.3 per 100,000) was significantly higher than England (73.5 per 100,000). The rate of premature deaths from CVD considered preventable halved between 2001-2003 and 2014-2016 from 102.4 to 49.1 per 100,000.
- In the East Midlands in 2014-16, almost 10,000 people aged under 75 **died from cancer considered preventable**. The rate (79.8 per 100,000) was similar to England (79.4 per 100,000). In 2014-16, the under 75 mortality rates for liver disease (17.8 per 100,000) and respiratory disease (33.7 per 100,000) were similar in the East Midlands compared to England (18.3 and 33.8 per 100,000 respectively).
- In 2017, screening rates for breast cancer (79.1%), cervical cancer (75.4%) and bowel cancer (60.4%) were all significantly higher than the England average.
- 49.1% of cancer patients in 2016 were diagnosed at an early stage in the East Midlands, compared to the England value of 52.6%.
- The East Midlands 2016/17 rate of preventable eye loss from **diabetic eye disease** was 2.8 per 100,000 population, equating to 114 people. The rate is similar to England (3.1 per 100,000). Rates in the East Midlands have decreased from 4.1 per 100,000 in 2010/11.
- In 2017, there were 18,013 cases of new **sexually-transmitted infections (STI)** diagnoses among people aged 15-64 years in the East Midlands (excluding Chlamydia in those aged under 25 years). The diagnosis rate was 599 per 100,000 population, compared to the England rate of 794 per 100,000. In addition, in the East Midlands in 2017, there were 295 diagnosed cases of syphilis. The syphilis diagnosis rate (6.2 per 100,000 population) was significantly lower than the England rate of 12.5 per 100,000, but has been increasing since 2012.
- **Suicide** in the East Midlands is over 3 times as common among males as females. Between 2001/2003 and 2008/2010 in the East Midlands there was a decrease in the suicide rate from 10.2 to 8.7 per 100,000 population. Since then however, in common with England, the rate has increased to 9.5 per 100,000 in 2014-2016.
- The East Midlands suicide rate for the years 2014-16 (9.5 per 100,000) was similar to that for England (9.9 per 100,000). During this period, 1,177 East Midlands residents died from suicide.
- In 2014, there were 292 **new diagnoses of HIV** in the East Midlands. 117 diagnoses were for people born in the UK. Over a hundred were for migrant populations, of which 74 were for people born in Africa.
- In 2014, there were 399 cases of **tuberculosis (TB)** in the East Midlands. TB prevalence is 17 times higher in people born outside of the UK.
- Generally, the East Midlands is achieving the ambition of over 90% of the target population receiving their appropriate **vaccinations**, with trends increasing across the indicators. However, in 2016/17 the East Midlands regional uptake of the MMR vaccination for two doses decreased to 88.8%, lower than ambition but similar to the England average (87.6%).
- The East Midlands has among the highest Dtap/IPV/Hib vaccination rates in the country (95.4% and 96.7% of children were immunised at one and two years respectively in 2016/17), although the recent trend shows that these are decreasing.

- There were 31,280 **alcohol related admissions** to hospital in the East Midlands in 2015/16, a rate of 686 per 100,000, which is significantly higher than England. Rates for both males and females were also significantly higher than England.
- 25,189 people died in the East Midlands between 2014-16 due to **causes considered preventable**, a rate of 184.8 per 100,000, which is not significantly different to England (182.8 per 100,000). In line with the trend across England, the East Midlands rate has fallen from 257.2 per 100,000 population in 2001/03.
- The rate of preventable mortality due to **cancer** in the under 75 year olds was 80.5 per 100,000 population in the East Midlands in 2013-15. This is similar to the national average and, although it has reduced by 15% since 2001-03, this change is not statistically significant. While the range between the highest and lowest rates in the East Midlands has reduced over time, Nottingham City and Leicester City both have rates that are significantly worse than the national average. The lowest rates of preventable mortality due to cancer in the under 75s in the East Midlands in 2013-15 were in Leicestershire and Lincolnshire, where rates were significantly better than the England average.
- Preventable mortality due to **liver disease** has risen by 37% in the East Midlands since 2001-03. In 2013-15, there were 15.9 deaths per 100,000 in those aged under 75. While this is similar to the England average, the range in the rates between the areas with the highest and lowest rates is widening. The highest rates in the East Midlands in 2013-15 were in Nottingham City, Leicester City and Derby City (26.0, 24.2 and 23.4 per 100,000 aged under 75 years respectively), all of which have rates significantly higher than both the England and East Midlands averages.
- Preventable mortality due to **respiratory disease** in the under 75s in the East Midlands is similar to the national average and has reduced by 14% since 2001-03. However, Nottingham City, Derby City and Leicester City again have rates that are significantly higher than the national average and showing no signs of improvement over time. Overall, the range between the highest and lowest rates in the East Midlands has shown little change; the premature mortality rate due to respiratory disease in Nottingham City is more than double that of Leicestershire.
- For each preventable cause, Nottingham City, Derby City and Leicester City consistently have the highest preventable mortality rates in the East Midlands. These are areas associated with the highest levels of deprivation in the region, and the people living here are more likely to suffer ill health and die prematurely.

3. AGE (PROTECTED CHARACTERISTIC)

Population by age group:

- 30% of people in the East Midlands are aged 0-24 years. Nottingham and Leicester have the highest percentage of young people (38% and 37% respectively). Rutland has the lowest at 26%.
- 34% of people in the East Midlands are aged 25-49 years. Rutland and Lincolnshire have the lowest percentage of this age group (30% and 31% respectively). Lincoln and Northamptonshire have the highest (36% and 38% respectively).
- 19% of people in the East Midlands are aged 50-64 years. Derbyshire and Rutland have the highest percentage of 50-64 year olds (21% and 22% respectively). Nottingham and Leicester have the lowest (14% and 15% respectively).
- 17% of people in the East Midlands are aged 65 or over (the national average is 17.9%). Rutland and Lincolnshire have the highest percentage of this age group (22% and 21% respectively). Nottingham and Leicester have significantly lower percentages (12% and 11% respectively).

Children and Young People's Health

- 19.1% of children under 16 years in the region live in low income families below the England average (20.1%). This is increased to 23.2% in Lincoln, 25% in Derby, 28.8% in Leicester and 34.3% in Nottingham – significantly higher than the England average.
- 10.8% of primary school aged children and 8.1% of secondary school pupils in the East Midlands have a first language that is not English. The national average is 16.8% for primary school pupils and 12.3% for secondary school pupils respectively.
- Leicester has a greater proportion than the national or regional average of primary and secondary aged children whose first language is not English (48% of primary pupils and 42.4% of secondary pupils respectively). Derby and Nottingham also have higher percentages than the East Midlands average.
- The number of births to non-UK-born mothers in the East Midlands has more than doubled – from 4,263 births in 2001, to 11,162 births in 2014. For 2014, this represents 1 in 5 births in the region.
- Lincolnshire had the highest proportion of births to mothers originating from EU member countries since 2004 (65.6%), followed by Northamptonshire (50.0%) and Nottinghamshire (48.5%).
- Derby and Leicester had a higher proportion of births to mothers originating in the Middle East and Asia at 42.1% and 53.1% respectively.
- In the East Midlands, 19.2% of children in Year 6 are obese, which is below the England average (20%). However, Derby, Leicester, Lincoln and Nottingham have significantly worse rates than the England average.
- 22.7% of reception children were overweight (including obese) in the East Midlands in 2016/17, increasing to 33.5% at age 10/11 years. Although these figures are similar to or better than England, this still means that one in five children in reception class and one in three 10/11 year olds are overweight.
- According to the 2014/15 What About Youth Survey, the health of 15 year olds in the region is generally good, with 29.8% reporting their own health as excellent and 52% eating the recommended five or more portions of fruit and vegetables each day. 7.6% were current smokers, significantly lower than England (8.2%) but 20.1% had tried an electronic cigarette, significantly higher than England (18.4%).

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Adult Health

- In 2016/17, 65% of adults in the East Midlands were physically active, significantly lower than England. In 2015/16, only 18.5% of the population utilised outdoor space for exercise/health reasons.
- Hospital stays for alcohol-related harm, self-harm and recorded diabetes are significantly worse in the East Midlands than the England average.
- The regional Under 75 mortality rate for cardiovascular disease (CVD) is significantly higher than the England average. Lincoln and Nottingham have some of the highest rates within the region.
- CVD is more likely with increasing age.
- The prevalence of both early onset and late onset dementia increases with age, doubling with every five-year increase across the entire age range from 30 to 95.
- Over a quarter of a million adults (282,454) in the East Midlands were recorded as having diabetes in 2016/2017.
- Recorded diabetes levels across the region (6.8%) are higher than the England average of 6.4%. Bassetlaw, Chesterfield, East Lindley, Leicester, Nottingham and South Holland have over 7.5% recorded diabetes levels.
- Northampton, Derby and Nottingham have the highest hospital stay rates for self-harm in the East Midlands.
- Prevalence rates from national surveys show 16-18% of working age adults may experience a common mental health problem at any time. As people live longer, so protecting the mental health and wellbeing of older people will become more problematic.
- Nearly two thirds of adults in the East Midlands in 2016/17 were overweight or obese (63.3%), significantly higher than England (61.3%).
- Excess weight in East Midlands' adults is significantly worse than the England average, and is higher in Corby, Bolsover, Boston and Chesterfield.
- Smoking prevalence in the region is lower than the England average, except for in Boston and Nottinghamshire where it is higher.
- The incidence of tuberculosis (TB) across the region is less than the England average of 12.0. However, both Nottingham and Leicester have much higher incidences (17.1 and 41 respectively).

Older People's Health

- In 2014-16, life expectancy at age 65 for males (18.6 years) and females (20.9 years) in the East Midlands was significantly lower than England (18.8 years for males and 21.1 years for females). Since 2001/03 there has been an increasing trend for both male and female life expectancy at 65 in the East Midlands. However, there is large variation in years lived in poor health across the region.
- The regional excess winter deaths rate is 18.6 (the England average is 19.6).
- The regional hip fracture rate in those over 65 years is 537.0 (the national average is 589).
- The East Midlands had significantly lower emergency hospital admission rates for injuries due to falls in older people compared to England in 2015/16 (2,104 in the East Midlands compared to 2,169 nationally). However 18,053 older people were admitted to hospital due to a fall.

- The regional mortality rate for all cancers in those under 75 years is 143.6 per 100,000 (the England average is 138.8).
- The regional mortality rate for cardiovascular disease in those under 75 years is 88 per 100,000 (the England average is 74.6).
- Dementia disproportionately affects people aged 65 and over. However early-onset dementias can affect people under the age of 65. Whilst Alzheimer's disease accounts for some early onset cases, other causes, including genetic conditions, are also important.
- In 2017, the East Midlands had a higher recorded prevalence of dementia in people aged 65 years and over compared to England (4.5% and 4.3% respectively). A total of 40,919 people aged 65 years and over were included on GP prevalence registers in the region.
- During 2015/16, there were 31,565 emergency hospital admissions of East Midlands' residents where mention of dementia was recorded as either a primary or a secondary diagnosis.
- With regard to deaths which are attributable to dementia, Dementia UK found that mortality attributable to dementia increases from 2% at age 65 to 18% at age 85–89 in males, and from 1% at age 65 to a peak of 23% at age 85–89 in females. Overall, 10% of deaths in men over 65 years, and 15% of deaths in women over 65 years are attributable to dementia.
- In 2016/17, 83.2% of men aged 65 years eligible for abdominal aortic aneurysm screening were offered the service, significantly higher than the England average of 80.9%.

Life Expectancy at Birth

- Life expectancy at birth for males is 79.3 years across the region, worse than the England average of 79.5 years. Only Rutland has a better life expectancy than the England average.
- Life expectancy for females is 82.9 years across the region, worse than the England average. Only in Rutland, do females live longer than the national average.
- Healthy life expectancy at birth was also significantly lower than England, at 62.7 for both males and females.
- The 'window of need' refers to the gap between life expectancy and healthy life expectancy and refers to the period of time, on average, that a person can expect to live with poor health. For 2013-15 in the East Midlands, the window of need was 16.8 years for males and 19.4 years for females. Males will spend an average of 21% and females an average of 23% of their lives affected by poor health.
- There is a difference of 8.9 years in life expectancy at birth (2014 to 2016) for males between the most deprived areas of the East Midlands and the most affluent. For females this difference was 7.2 years.

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4. DISABILITY AND LONG TERM CONDITIONS (PROTECTED CHARACTERISTIC)

- In 2014, 28.2% of disabled adults in England reported their current health status as bad or very bad compared with 0.9% of non-disabled people.
- 19% of residents in the East Midlands report their day-to-day activities are limited a little or a lot by their health. This is worse than the England average of 17.6%. The figure rises to 21% in Derbyshire, Lincolnshire and Nottinghamshire. The figure falls to 15% and 16% in Rutland and Northampton respectively.
- In the East Midlands, 24.6% of economically inactive residents are registered as long-term sick (the England average is 22.3%).
    - 0.7% are claiming disabled benefits (comparable with the national average).
    - 6% of claimants are claiming 'Employment and Support Allowance and Incapacity' benefits (comparable with the national average).
- On average, the life expectancy of women with a learning disability is 18 years shorter than for women in the general population; and the life expectancy of men with a learning disability is 14 years shorter than for men in the general population (NHS Digital 2017).
- People with a learning disability have worse physical and mental health than people without a learning disability.
- Deaf people are twice as likely to have undiagnosed high blood pressure as hearing people, according to charity SignHealth. They are also more likely to have undiagnosed diabetes, high cholesterol and cardiovascular disease.
- Almost one in twelve Deaf people had higher than normal blood sugar levels, nearly four times the rate of pre-diabetic cases in the rest of the population.
- In 2014, a third of disabled adults in England reported poor mental health and wellbeing compared with one in 10 non-disabled adults (9.8%).
- People with mental health conditions die earlier than the general population – 20 years earlier for men, 13 years earlier for women.
- Research shows that people with poor mental health use more emergency hospital care than those without. In 2013/14, this was 3.2 times as many A&E attendances and 4.9 times as many emergency inpatient admissions.
- People with severe mental illness (SMI):
    - Two in three deaths are due to physical illnesses such as cardiovascular disease, and can be prevented.
    - Are more likely to have multi-morbidities, with younger adults with SMI being five times more likely to have three or more physical health conditions compared to all patients of the same age.
- Between 2003 and 2013, 18,220 people with mental ill health and/or illness took their own life in the UK.
- One person in fifteen had made a suicide attempt at some point in their life.
- At least one in three autistic adults are experiencing severe mental health difficulties due to a lack of support.
- Smoking remains the largest single cause of preventable death in England. Whilst smoking prevalence in the general population is at an all-time low at 14.9%, amongst people with SMI registered with a GP, it is almost three times that at 40.5%.
- People with disabilities are more likely to be obese and have lower rates of physical activity, than the general population.
- People with learning difficulties are more at risk of being obese.

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5. GENDER REASSIGNMENT / TRANSGENDER (PROTECTED CHARACTERISTIC)

- In 2015, the number of referrals to gender identity clinics dramatically increased from 498 in 2006-2007 to 1,892 in 2015-2016.
- GIRES (the Gender Identity Research and Education Society) estimated that 1% of the UK population (around 650,000 people) experience gender non-conformity.
- Transgender people frequently experienced negative interactions with health professionals at gender identity clinics, mental health services and general health services. Where transgender people attended gender identity clinics, long waiting times for treatment was shown to negatively impact on their emotional wellbeing (Canadian research from 2014).
- Whilst accessing treatment and care, Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) people were more likely to report unfavourable experiences. General concerns were around communication with health professionals and overall dissatisfaction with treatment and care provided.
- Research shows LGBT people face widespread discrimination in healthcare settings.
- One in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff.
- One in 20 LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- Living in rural areas creates further health inequalities for LGBT people with reduced access to services, particularly for transgender people (2016).
- According to the LGBT Foundation, Lesbian, Gay, Bisexual and Transgender people are more likely to experience health inequalities in relation to premature mortality: 'The higher prevalence of smoking, alcohol use and drug use, and lower uptake of screening programmes, are likely to contribute to increased risk of preventable ill health. There is also a significant body of evidence demonstrating high rates of suicide attempts.'
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year (2018).
- One in eight LGBT people aged 18-24 (13%) took drugs at least once a month (2018).
- People who identify or are identified as Transgender are at a higher risk of developing mental ill health and/or illness.
- 52% of LGBT people experienced depression in the last year (2018).
- Transgender people have statistically higher rates of mental ill-health than Lesbian, Gay and Bisexual people.
- The Stonewall School Report shows that 92% of young Transgender people have thought about suicide and 84% have self-harmed.
- Almost half of transgender people (46%) have thought about taking their own life in the last year (2018).
- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year (2018).
- 41% of non-binary people said they harmed themselves in the last year compared to 20% of LGBT women and 12% of GBT men (2018).
- Intersex people also showed a raised incidence of suicide attempts at 19%, with 60% having considered suicide compared to 3% in 'mainstream' populations (2016).

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6. PREGNANCY OR MATERNITY (PROTECTED CHARACTERISTIC)

- There were 53,299 babies born in the East Midlands in 2016. The General Fertility Rate was 60.9 per 100,000, compared to 62.5 per 100,000 in England.
- Rates of stillbirth in the period 2014 to 2016 in the East Midlands were similar to the national average (4.5 per 1,000).
- In 2014, the Pakistani, Black African and Black Caribbean ethnic groups, and those whose ethnic group was not stated, had significantly higher rates of infant mortality than England as a whole, while White Other and White British had lower rates.
- The percentage of babies born at term with low birth weight varies by ethnic group. In 2015, significantly higher proportions of babies in the Indian, Bangladeshi, Pakistani, Black Caribbean, or Other groups were born with low birth weight than the average for England as a whole. However, there has been a reduction in the percentage of births with low birthweight in the Bangladeshi, Indian and Pakistani ethnic groups between 2006 and 2015.
- Nationally, a quarter of women who died during maternity in 2012-14 were born outside the UK and 46% of these women were not UK citizens. More particularly, the women who died had arrived in the UK on average 4 years previously, with 65% from Asian (mostly Pakistan, Sri Lanka and Bangladesh) and Africa (mostly Nigeria, Somalia and the Democratic Republic of Congo), about 14% from Eastern Europe (mainly from Poland) and the remainder from other parts of Europe, North America and the Caribbean.
- Teenage conception in the East Midlands was similar to England in 2016 (19.4 compared to 18.8 nationally).
- Smoking at time of delivery (SATOD) was significantly higher in the East Midlands compared to England, with 13.3% of pregnant women continuing to smoke during pregnancy compared to 10.7% in England in 2016/2017. The SATOD figure has however fallen since 2010/2011 (from 15.8%), although this is at a slower rate than England.
- Breastfeeding initiation rates in the East Midlands in 2016/2017 were significantly worse than England, with 69.7% of women initiating breastfeeding, compared to 74.5% nationally.
- Mother and child are at higher risk of developing health conditions during and after pregnancy, if the mother is obese. Nationally, around half of women of childbearing age are currently either overweight or obese and this proportion has been increasing steadily over recent years.
- In the East Midlands in 2016/2017:
    - 99% of new born babies completed hearing screening within 4 weeks, significantly higher than the England average of 98.4%.
    - New born blood spot screening coverage was 96.1%, significantly lower than the England average of 96.5%.
    - Antenatal sickle cell and thalassaemia screening coverage was 99.3%, similar to the England average.
    - 99.3% of eligible women received antenatal screening for HIV.
    - Antenatal screening rates for Hepatitis B (95.4%) and syphilis (97.3%) were both lower than England averages (2015).

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Produced by Julian Harrison using some information from Maxine Davis (Equality and Inclusion Consultants)

7. RACE (PROTECTED CHARACTERISTIC)

- According to the 2011 Census, the percentage population of the East Midlands by ethnicity was:
  - White: 89.3%
    - White English/Welsh/Scottish/Northern Irish/British: 85.4%
    - White Irish: 0.6%
    - White Gypsy or Irish Traveller: 0.1%
    - White Other White: 3.2%
  - Mixed/Multiple Ethnic Groups: 1.9%
    - Mixed/Multiple Ethnic Group White and Black Caribbean: 0.9%
    - Mixed/Multiple Ethnic Group White and Black African: 0.2%
    - Mixed/Multiple Ethnic Group White and Asian: 0.5%
    - Mixed/Multiple Ethnic Group Other Mixed: 0.3%
  - Asian/Asian British: 6.4%
    - Asian/Asian British Indian: 3.7%
    - Asian/Asian British Pakistani: 1.1%
    - Asian/Asian British Bangladeshi: 0.3%
    - Asian/Asian British Chinese: 0.5%
    - Asian/Asian British Other Asian: 0.8%
  - Black/African/Caribbean/Black British: 1.7%
    - Black/African/Caribbean/Black British African: 0.9%
    - Black/African/Caribbean/Black British Caribbean: 0.6%
    - Black/African/Caribbean/Black British Other Black: 0.2%
  - Other Ethnic Group: 0.6%
    - Other Ethnic Group Arab: 0.2%
    - Other Ethnic Group Any Other Ethnic Group: 0.4%
- 11% of the population are from Black, Asian and Minority Ethnic (BAME)[1] communities, with the highest BAME populations being in Leicester (49%), Nottingham (28%) and Derby (20%).
- 6% (293,423 people) of the East Midlands population is Asian/Asian British. This is the largest BAME group.
- 80% of residents who identified as White report their health to be good or very good.
- 90% of residents who identified as Mixed report their health to be good or very good.
- 84% of residents who identified as Asian/Asian British report their health to be good or very good.
- 81% of White residents describe their day-to-day activities as ‘not limited’ because of a health problem or disability.
- 19% of White residents describe their day-to-day activities as ‘limited a little’ or ‘limited a lot’ by their health problems or disability, compared to 13% of Asian residents (the highest percentage from within the BAME groups).
- Health inequalities are more pronounced among Black and Minority Ethnic people already (Marmot, 2020). Recent work on mortality in the UK has highlighted the projected lower life expectancy among Pakistani and Bangladeshi people in particular (Marmot, 2020). Higher rates of **poverty**, the experience of **discrimination**, poor

[1] Note that even though sources identified refer to Black, Asian and Minority Ethnic (BAME) communities – and so are referenced as such in this document – it is now considered more appropriate to refer instead to ‘ethnic minority communities’.

employment and **access to health services** all feed into these inequalities. Poverty is twice as high in Black and Minority Ethnic groups on average, and much higher in specific groups, making them vulnerable to changes in prices or rents (JRF, 2017). Black and Minority Ethnic families also tend to be larger on average, which places additional stresses on space within the home and on bills and finances as a result. (Race Equality Foundation, 2020)

- Gypsies and Irish Travellers – and to a lesser extent, Irish, Bangladeshi and Pakistani communities – stand out as having poor health across a range of indicators.
- In 2014, there were 480,000 migrants living in the East Midlands. This accounts for 10% of the population and is an increase of 82% since 2004.
- North West Leicestershire had a seven-fold increase in the non-UK born population over this time (from 1,000 to 8,000 in 2014), followed by a four-fold increase in Mansfield and Lincoln and a three-fold increase in South Holland (Lincolnshire) and Amber Valley (Derbyshire).
- 50% of the East Midlands migrant population have lived in the UK for over 10 years, 21% between five and ten years, 17% between two and five years and 13% for less than two years. In 2011, there were 11,245 short-term migrants (those people that stay for between three months and one year) in the East Midlands.
- As of 31st January 2014, there were 849 'single person' asylum seekers and 1,663 'family unit' asylum seekers living in the East Midlands, mainly in city areas.
- As well as migration into the East Midlands, there is regular migration away from the region. Between 2003/04 and 2013/14, 372,859 international migrants arrived in the East Midlands and 192,920 international migrants left the region. This gives a net population flow into the East Midlands of 179,939 over the 10-year period.
- The largest group of migrants are those coming to work in the UK, students attending educational establishments and family members seeking to join existing family members. This is reflected in the age structure of the migrant population, who are younger than the established population in the East Midlands. In all areas, the largest proportion of non-UK born migrants applying for national insurance numbers in order to work, are those from the European countries that have joined the EU since 2004 or 2007.
- In 2014, 41,843 new migrants in the East Midlands applied for a National Insurance number. 42% originated from countries that joined the EU since 2004.
- The migrant population can face barriers to accessing appropriate health services, with language difficulties and a limited understanding of the way the healthcare system works being the main obstacles.
- In 2011, 1.6% of the total East Midlands population could not speak English well or at all.
- There are specific health needs in some migrant populations that are known and other issues that are more difficult to understand because we do not have data available for specific migrant populations.
- Migration journeys are diverse, but experiences before, during and after settlement can negatively affect both physical and mental health.
- Low GP registrations can indicate less effective use of healthcare. In 2014, there were 45,145 new migrant GP registrations in the East Midlands. This is higher than the number of National Insurance number applications.

- Black and Minority Ethnic groups tend to have poorer **access to health services**, this includes GPs, early intervention in **mental health** and **screening programmes**. Some specific Black and Minority Ethnic groups, such as Gypsy and Traveller groups have even greater health access issues and are routinely refused registration with a GP (Friends, Families and Travellers, 2019). (Race Equality Foundation, 2020)
- In 2011, 1,734 migrants reported that their long-term limiting illness limited their daily activities. This is 5% of the migrant population that had been living in the UK for less than a year. This is much lower than the 18% affected in the total population of the East Midlands.
- There are large differences in **infant mortality** by ethnicity. Rates are highest among Pakistani, Black Caribbean and Black African groups.
- While Black and Minority Ethnic groups as a whole tend to be younger than White British people, there are particular black and minority ethnic communities that have higher averages ages such as Irish and Jewish communities. 7% of African Caribbean people are aged 70-79 with a further 3% aged 80 or more. This compares to 8% 70-79 and 7% 80+ for the White British group. (Race Equality Foundation, 2020)
- Children in the Gypsy/Roma group were more than twice as likely to not be **ready for school** compared with the average for all ethnic groups. Readiness for school was also significantly worse for Travellers of Irish Heritage and children from Any Other White Background.
- Children in the Black Caribbean group have significantly worse levels of low birth weight and readiness for school.
- **Sickle Cell disorder** is more common in individuals with an African, Caribbean, South Asian and Mediterranean family background.
- Fascism, harassment and discrimination are widely experienced by minority ethnic people and have direct negative impacts on both mental and physical health. There are about 150,000 incidents of **race hate crime** each year.
- People from minority ethnic groups have a threefold higher chance of being a victim of hate crime (0.6% per year compared to 0.2% for the White population).
- **Housing deprivation** is experienced at different levels across Black and Minority Ethnic communities, but is generally higher than for White British groups. For example, White Gypsy and Irish Traveller households are seven and a half times more likely to experience housing deprivation than White British households. Black African households are 75% more likely to experience housing deprivation and Bangladeshi households are 63% more likely to experience housing deprivation (de Noronha, 2015). These figures are even higher when we look at Black and Minority Ethnic elders (de Noronha, 2019). (Race Equality Foundation, 2020)
- Black and Minority Ethnic people are more likely to live in overcrowded and poor quality housing. Just under half of overcrowded households are Black and Minority Ethnic (de Noronha, 2015). The problem is worse in London where Black and Minority Ethnic groups are two to three times more likely to be overcrowded than White British households. (Race Equality Foundation, 2020)
- High rates of **loneliness** have been found in minority ethnic groups over 60 years old, particularly those with family origins in China, Africa, the Caribbean, Pakistan and Bangladesh.
- Black and Minority Ethnic people are more vulnerable to social isolation, according to research. Pakistani and Gypsy Roma and Irish Travellers seem to be particularly

vulnerable to experiencing loneliness. It is also important to note that both younger and older people experience loneliness. (Race Equality Foundation, 2020)

- There is also evidence of high levels of isolation and loneliness among new migrants, asylum seekers and refugees.
- In a report published by the YMCA in October 2020, when asked about what was a barrier to good physical health, 27% of young Black people said it was because they distrust the NHS.
- Black women are five times more likely to die in childbirth than White women. (MBRRACE-UK, University of Oxford, December 2016)
- The 2016 Race Disparity Audit reported that adults from an Indian background reported the highest average ratings out of 10 for life satisfaction (7.81), feeling that things they do in life are worthwhile (7.90), and happiness (7.75), whereas adults from a Black background reported the lowest ratings for these three measures (7.22, 7.65, 7.35) and adults from a White background edged towards the higher end (7.72, 7.89, 7.54).

Alcohol

- Non-White minority ethnic groups have higher rates of abstinence and lower levels of frequent and heavy alcohol drinking than White British and White Irish groups.

Cancer

- Black women were more likely to be diagnosed with breast cancer at late stage compared with White women (2017).
- Those in the Black ethnic group were more likely to be diagnosed with colorectal and lung cancer at late stage compared with other ethnic groups.
- In the UK, one in four Black men will be diagnosed with Prostate Cancer in their lifetime. The figure for White men is one in eight.
- Cancer burden by site of the cancer varies between ethnic groups (e.g. prostate cancer makes up over 40% of Black men's cancer compared with around 15% among Chinese men and 25% among all men).
- Liver cancer is higher amongst people from the Asian ethnic group compared with the White ethnic group.

Cardiovascular Disease (CVD)

- CVD is more likely in certain ethnic groups, such as South Asian or Black minorities.
- CVD mortality is also significantly high for people born in Central and Western Africa and Southern Asia (particularly Bangladesh and Pakistan).
- Premature mortality from cancer is significantly high for males (but not females) born in the Caribbean, and females (but not males) born in Central and Western Africa. Unlike circulatory disease, people born in Southern Asia have significantly fewer premature deaths from cancer.
- If you are over 65 years old and of a South Asian background, you are at a greater risk of having a stroke.
- If you are of an African Caribbean background, you may be more likely to have high blood pressure.
- South Asians have a lower prevalence of Atrial Fibrillation (AF) compared with White people despite having many of the established risk factors.

COVID-19 Coronavirus

- Black and Minority Ethnic people are more likely to be key workers and/or work in occupations where they are at a higher risk of exposure. These include cleaners, public transport (including taxis), shops, and NHS staff (Cabinet Office, 2019). Within the

NHS, Black and Minority Ethnic people are 40% of doctors and 20% of nurses nationally (and 50% in London). Black and Minority Ethnic people are also 17% of the social care workforce, rising to 59% in London, with particular groups such as Eastern Europeans and Portuguese workers often being less visible but a significant part of the workforce. (Race Equality Foundation, 2020)

- Black and Minority Ethnic people are overrepresented in some institutional settings including prisons, mental health inpatient units, and homeless accommodation. This potentially puts them at greater risk of contracting COVID-19. All of these settings are associated with poorer physical health and long-term conditions, so it is likely there will be an impact from that. (Race Equality Foundation, 2020)
- Black and Minority Ethnic men tend to have poorer access to healthcare for a range of services, including mental health, screening and testing. There is also evidence that poor mental health often acts as a further barrier to accessing other health services. Some groups of Black and Minority Ethnic men, such as Bengali men, continue to have persistently high rates of smoking, and are at a higher risk of the respiratory and cardiovascular conditions associated with it. (Race Equality Foundation, 2020)
- There have been reports of xenophobia (including violence) against people perceived to be from a nationality more likely to be affected by the COVID-19 virus. For example, there were hate attacks on people perceived to be 'Chinese' and 'Italian'. These have been fed by online misinformation. It is probable that there will be lingering xenophobia and racism directed towards people perceived to be 'carriers' of the virus, particularly people of East Asian origin given that the COVID-19 pandemic began in Wuhan, China, and that there are persistent conspiracy theories relating to it. (Race Equality Foundation, 2020)
- Black and Minority Ethnic communities are more likely to have language and interpreting needs that may limit their access to information and treatment. Poor communication will limit the ability of health services to treat and respond to the pandemic. Agencies are working to address this in relation to COVID-19, for example Doctors of the World are coordinating a multilingual resource pack. (Race Equality Foundation, 2020)
- There are concerns that incidents of domestic abuse are likely to rise during the lock down, based on the experience in China. Black and Minority Ethnic people already face barriers to domestic violence services and these could be exacerbated during the coronavirus crisis. (Race Equality Foundation, 2020)

Diabetes

- The likelihood of developing Type 2 diabetes is reported to be as much as six times higher in South Asians than in Europeans. In addition, South Asians tend to have poorer diabetes management, putting them at higher risk of serious health complications. South Asians without diabetes are also three times more likely to develop cardiovascular disease (CVD), but combined with Type 2 diabetes, this risk rises even further, particularly for adults with Type 2 diabetes aged 20 to 60.

Mental Health and Wellbeing

- People from minority ethnic backgrounds and asylum seekers and refugees are more likely to develop mental ill health and/or illness.
- People from BAME groups living in the UK are more likely to be diagnosed with mental health problems**;** more likely to be diagnosed and admitted to hospital; more likely to experience a poor outcome from treatment; and are more likely to disengage from

mainstream mental health services, leading to social exclusion and a deterioration in their mental health.

- Irish people living in the UK have much higher hospital admission rates for mental health problems than other ethnic groups. In particular they have higher rates of depression and alcohol problems and are at greater risk of suicide.
- African Caribbean people living in the UK have lower rates of common mental disorders than other ethnic groups but are more likely to be diagnosed with severe mental illness. African Caribbean people are three to five times more likely than any other group to be diagnosed and admitted to hospital for schizophrenia.
- African Caribbean people are also more likely to enter the mental health services via the courts or the police, rather than from primary care, which is the main route to treatment for most people. They are also more likely to be treated under a section of the Mental Health Act; are more likely to receive medication, rather than be offered talking treatments such as psychotherapy; and are over-represented in high and medium secure units and prisons.
- Suicide is low among Asian men and older people, but high in young Asian women compared with other ethnic groups.

Obesity

- Obesity rates are higher for certain minority ethnic groups – Black African, Black Caribbean women, Irish men and Pakistani women.
- Amongst 4-5 year olds, those in the Black ethnic groups, and the mixed White and Black groups were most likely to be overweight or obese in 2014/15. Indian, Mixed White and Asian, and Chinese children were least likely to be overweight or obese.

Tobacco

- There are large ethnic inequalities in smoking rates but these also vary greatly between men and women within ethnic groups. Bangladeshi, Pakistani and Irish men have particularly high rates of smoking.
- Young people reporting a Mixed ethnic background (29%) and a White ethnic background (26%) were the most likely to have ever smoked, compared to 11% among the Asian group, 17% among the Black group and 18% of the 'Other ethnic background' group.

Tuberculosis

- The highest rates of tuberculosis are found among people of Indian, Pakistani and Bangladeshi ethnicity who were born outside the UK, with those of Black African and Black Other ethnicity who were born overseas also showing high rates.

8. RELIGION OR BELIEF (PROTECTED CHARACTERISTIC)

- According to the 2011 Census, the percentage population of the UK by religion (or belief) was:
  - Christian: 59.3%
  - No religion: 25.1%
  - Muslim: 4.8%
  - Hindu: 1.5%
  - Sikh: 0.8%
  - Jewish: 0.5%
  - Buddhist: 0.4%
  - Other religions: 0.4%
  - Not stated: 7.2%
- The number of Christians in England and Wales is down, from 72% in 2001. That is a decrease of roughly four million people. There were increases in the other main religious group categories, with the number of Muslims increasing the most (from 3% to 4.8%).
- Decline in Christian religious belief is also mirrored by a growth in the number of people who profess no religious affiliation. In 2001, 7.7 million recorded no religion (15% of the population). By contrast, 14.1 million people (25.1% of the population) recorded no religion in the 2011 census.
- According to the 2011 Census, 75,281 people described themselves as Pagan and related beliefs in England. There were also 39,061 Spiritualists, 20,228 Jains, 7,906 Rastafarians, 5,021 Baha'is and 2,418 Scientologists.
- The religion question was the only voluntary question on the 2011 census and 7.2% of people did not answer the question.
- According to the 2011 Census, the percentage population of the East Midlands by religion (or belief) was:
  - Christian: 58.8%
  - No religion: 27.1%
  - Muslim: 3.1%
  - Hindu: 2%
  - Sikh: 1%
  - Buddhist: 0.3%
  - Jewish: 0.1%
  - Agnostic: 0.1%
  - Other: 7.1%
- One can equate – to varying degrees – some religious groups to ethnic identities. For example, people from Pakistan and Bangladesh are more likely to be Muslim, whereas those from India are more likely to be Hindu or Sikh. Significant numbers of Christians (of different denominations) can be found in Black Caribbean, Gypsy and Traveller and Polish communities.
- Findings from Nuffield College, Oxford (2015) suggest that Muslims, after taking account of their ethnic background, are indeed more likely to be in poverty than members of other religions or those with no religious affiliation. They estimate that, after allowing for the effects of ethnicity and other factors such as age profiles, the size of this increased risk of Muslims experiencing poverty is about 20 percentage points

(compared with Anglican Christians). The equivalent figures for Sikhs and Hindus are 10 and 7 points respectively.

9. SEX (PROTECTED CHARACTERISTIC)

- Three-quarters of female deaths are at age 75 and over with two-thirds of these occurring at ages 85 and over. In contrast, for men three-fifths of deaths are at ages 75 and over, half of which are at ages 85 and over.
- Women born in certain countries have a significantly higher risk of death compared to UK-born women. For Jamaicans, for example, the relative risk (RR) compared with UK-born women (RR=1) is 6.36 and for Nigerians and Pakistanis the relative risk is 2.25 and 2.24 respectively. Looking at the same phenomenon in terms of UK born ethnic minority groups, Black and Asian groups' RR is 4.19 and 1.36 compared with Whites (RR=1).
- In England from 2012 to 2014, females at birth could expect to spend a lesser proportion (76%) of their lives free from disability, compared with males (79.5%).
- Single retired women have a higher risk of poverty than married retired women.
- Women have on average only 57% of men's income with fewer women (60%) having pensions compared to men (80%).
- Moreover, a 2016 study found that, at age 60-64, a third of women, compared with half of men, continued to work part-time after the state retirement age and the employment rates further declined with age, with a gap between men and women for whom just 5% continued to work between the ages of 70 and 74 compared with 10% of men at the same age.
- Non-UK born older women who have spent between 10 and 39 years in the UK, have 71% higher odds than UK-born women of reporting that their health is limiting their typical activities.
- There are significant differences in premature cancer mortality rates between men and women. In 2012-14, there were 157.7 deaths per 100,000 population amongst males, a statistically significant gap of 31.1 deaths per 100,000 population when compared with the rate in females (126.6 deaths per 100,000 population).
- Cardiovascular disease (CVD) is more likely in men than women.
- There are large differences in premature mortality rates from CVD between men and women. In 2012-14, there were 106.2 deaths per 100,000 population amongst males, more than double the rate of females (46.9 deaths per 100,000 population).
- The prevalence of early onset dementia is higher in males than females for those aged 50-65, whilst late onset dementia is marginally more prevalent in females than males.
- The leading cause of death for women aged 80 and over is dementia and Alzheimer disease (37,252 deaths) and for men aged 85 and over (12,248 deaths). Since 2002, the rates of dementia and Alzheimer among women aged 85 and over have been rising. In particular, from 2002 to 2015, there was an increase of around 175% in dementia as the cause of death in women aged 85.
- Women are more likely than men to experience the death of their partner, move into residential care and experience physical ill health and poor mental health and cognitive decline. Depression can be a risk indicator for converting cognitive impairment to dementia and women have higher rates of depression than men.
- In 2017, 5,821 suicides were recorded in Great Britain. Of these, 75% were male and 25% female.
- Suicide is the most common cause of death for men aged 20-49 years in England and Wales.

- Obesity prevalence significantly increases with deprivation in women in England, but there is no apparent, statistically significant relationship between deprivation and obesity in men.

10. SEXUAL ORIENTATION (PROTECTED CHARACTERISTIC)

- According to the LGBT Foundation, Lesbian, Gay, Bisexual and Transgender people are more likely to experience health inequalities in relation to premature mortality: 'The higher prevalence of smoking, alcohol use and drug use, and lower uptake of screening programmes, are likely to contribute to increased risk of preventable ill health. There is also a significant body of evidence demonstrating high rates of suicide attempts.'
- Living in rural areas creates further health inequalities for LGBT people with reduced access to services (2016).
- Lesbian, Gay and Bisexual (LGB) people reported (2012) significantly worse physical health compared to the general population with gay men showing an increased incidence of long-term conditions that restricted their activities of daily living. Conditions included musculoskeletal problems, arthritis, spinal problems and chronic fatigue syndrome.
- Of LGB groups, the general health of bisexual people was poorer compared to Lesbian and Gay counterparts due to their minority status in both communities (2015).
- Whilst accessing treatment and care, LGBTI people were more likely to report unfavourable experiences. General concerns were around communication with health professionals and overall dissatisfaction with treatment and care provided.
- Research shows LGBT people face widespread discrimination in healthcare settings.
- One in 20 LGBT people (5%) have been pressured to access services to question or change their sexual orientation when accessing healthcare services.
- One in five LGBT people (19%) aren't out to any healthcare professional about their sexual orientation when seeking general medical care. This number rises to 40% of Bisexual men and 29% of Bisexual women.
- One in seven LGBT people (14%) avoid seeking healthcare for fear of discrimination from staff.
- One in five LGBT people have experienced a hate crime or incident due to their sexual orientation in the last 12 months.
- Gay and Bisexual men showed (2012) a high incidence of long-term gastrointestinal, liver and kidney problems.
- Lesbian women had a higher rate of polycystic ovaries compared to women in general (2012).
- One in six LGBT people (16%) said they drank alcohol almost every day over the last year (2018).
- LGB people are at a higher risk of developing certain types of cancer at a younger age (2016).
- Gay and Bisexual men are twice as likely to report a diagnosis of anal cancer with those who are HIV-positive being at the highest risk (2016).
- One in eight LGBT people aged 18-24 (13%) took drugs at least once a month (2018).
- LGB people are at a higher risk of developing mental ill health and/or illness.
- 52% of LGBT people experienced depression in the last year (2018).
- 31% of LGB people thought about taking their own life in the last year (2018).

- One in eight LGBT people aged 18-24 (13%) said they've attempted to take their own life in the last year (2018).
- LGB people showed (2015 and 2016) weight discrepancies compared to the general population.

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11. DEPRIVATION (SOCIAL DETERMINANT OF HEALTH)

- Bangladeshi, Pakistani, Chinese and Black groups are about twice as likely to be living on a low income, and experiencing child poverty, as the White population.
- Overall figures pooled across the period 1993 to 2012 showed the following proportions earning less than the 'living wage': White: 24%; Black: 20%; Indian: 25%; Pakistani: 38%; Bangladeshi: 52%; Chinese: 28%; Other Asian: 29%; Other: 26%.
- Ethnic minority groups are more likely to live in private rented accommodation and overcrowded households than the White British population.
- Bangladeshi, Pakistani and Black groups are the most likely to be living in deprived neighbourhoods.
- The poor housing (living) and neighbourhood conditions for Gypsy and Traveller groups are a serious concern.

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12. EDUCATION (SOCIAL DETERMINANT OF HEALTH)

- 8.2% of East Midlands' residents have no qualifications (compared to 8.0% for the United Kingdom).
- Child development and attainment was poor in 2016/17, with only 68.9% of 5 year olds reaching a good level of development at the end of their first year in school.
- 55.1% of pupils in the East Midlands achieved 5 GCSEs (significantly lower than the England average of 57.8%).
- Educational attainment at GCSE and degree levels is highest for the Chinese and Indian ethnic groups. Gypsy and Irish Travellers have the lowest level of qualifications at both levels.
- The 2011 Census revealed important ethnic inequalities in educational qualifications among adults. The proportion of people aged 16 and over with a degree was highest among people identifying as Chinese (43%), Indian (42%) and Black African (40%).
- Only 4 out of 18 ethnic groups had a lower proportion of people with degrees than the White British group (26%); Pakistani (25%), Bangladeshi (20%), mixed White and Black Caribbean (18%) and White Gypsy or Irish Traveller (9%).
- Considering those people without any educational qualifications at all, the White Gypsy or Irish Traveller group stood out as particularly disadvantaged (60%), compared to White Irish (29%), Bangladeshi (28%), Pakistani (26%), White British (24%) and all other ethnic groups (20% or less).

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13. EMPLOYMENT (SOCIAL DETERMINANT OF HEALTH)

- Full time workers wages in the East Midlands are below the national average.
- 21.4% of the region's residents are economically inactive, compared to 21.2% nationally.
- 8.1% of working age residents in the East Midlands claim an out of work benefit, compared to 8.4% nationally.
- White and Indian groups are more likely to be in employment, with unemployment highest among Black and Bangladeshi/Pakistani populations.
- The average unemployment rate across Britain in 2014 was 6.2% but the rate was nearly 3 times higher in the Black population than in the White group.

- There have been increases in ethnic inequalities in employment and housing nationwide over the 2000s.

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14. DERBY CITY (HEALTH INEQUALITY PROFILE)

- Derby's population is 257,034 (2017).
- The projected population for 2020 is 262,000.
- Derby has the second largest Deaf population in England (next to London).
- Derby is one of the 20% most deprived unitary authorities/districts in England.
- The health of people in Derby is generally worse than the England average.
- The health of children in Derby is mixed compared with the England average.
- Infant and child mortality rates in Derby are similar to the England average.
- Life expectancy for both men and women is lower than the England average.
- Life expectancy is 10.0 years lower for men and 8.5 years lower for women in the most deprived areas of Derby than in the least deprived areas.
- A child born in Allestree could expect to live up to 12 years longer than a child born in Arboretum.
- The rate of people killed and seriously injured on roads is better than the England average.
- The rate of violent crime (hospital admissions for violence) is worse than the England average.
- The rate for alcohol-related harm hospital admissions is 811 per 100,000 population. This is worse than the average for England and represents 1,915 admissions per year.
- The rate of statutory homelessness is worse than the England average.
- The estimated prevalence of common mental health disorders in Derby City is the highest in Derbyshire at 158.8 per 1000 population.
- The most common mental health diagnoses are mixed anxiety and depression.
- The rate for self-harm hospital admissions is 259 per 100,000 population. This is worse than the average for England and represents 676 admissions per year.
- The percentage of adults classified as overweight and obese is marginally higher than the England average.
- Estimated levels of smoking prevalence in adults (aged 18+) and smoking prevalence (in routine and manual occupations) are worse than the average for England.
- The rate of newly sexually transmitted infections is better than the England average.
- The under 75 mortality rate from cardiovascular diseases is worse than the England average.
- The under 75 mortality rate from cancer is worse than the England average.

Age (Protected Characteristic)

- Population by age group:
  - 34% are aged 0-24 years.
  - 35% are aged 25-49 years.
  - 16% are aged 50-64 years.
  - 15% are aged 65 or over (national average is 17.9%).
- The percentage of children living in low income families is 21% (around 11,060 children). The England average is 17.0%
- Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.
- Conception rate in the Under 18 age group is 22.3% (England average is 17.8%).
- Breastfeeding initiation is 66.7% (national average is 74.5%).

- The highest number of children with Special Educational Needs and Disabilities (SEN&D) live in Derby's most deprived wards of Arboretum and Normanton.
- The rate of severe disability is found to be greatest amongst children from semi-skilled manual family backgrounds, whilst the lowest rates are for children from professional and managerial family backgrounds.
- Across Derby, 3,675 children aged 5-16 years are identified as having a mental health disorder.
- In Year 6, 23.0% (726) of children are classified as obese. This is worse than the England average.
- Smoking status during pregnancy is 15.7% (national average is 10.6%).

Race (Protected Characteristic)

- According to the 2011 Census, the percentage population of Derby by ethnicity was:
  - White: 80.3%
    - White English/Welsh/Scottish/Northern Irish/British: 75.3%
    - White Irish: 0.9%
    - White Gypsy or Irish Traveller: 0.1%
    - White Other White: 3.9%
  - Mixed/Multiple Ethnic Groups: 2.9%
    - Mixed/Multiple Ethnic Group White and Black Caribbean: 1.6%
    - Mixed/Multiple Ethnic Group White and Black African: 0.2%
    - Mixed/Multiple Ethnic Group White and Asian: 0.7%
    - Mixed/Multiple Ethnic Group Other Mixed: 0.4%
  - Asian/Asian British: 12.6%
    - Asian/Asian British Indian: 4.4%
    - Asian/Asian British Pakistani: 5.9%
    - Asian/Asian British Bangladeshi: 0.3%
    - Asian/Asian British Chinese: 0.5%
    - Asian/Asian British Other Asian: 1.5%
  - Black/African/Caribbean/Black British: 3%
    - Black/African/Caribbean/Black British African: 1.3%
    - Black/African/Caribbean/Black British Caribbean: 1.4%
    - Black/African/Caribbean/Black British Other Black: 0.3%
  - Other Ethnic Group: 1.3%
    - Other Ethnic Group Arab: 0.3%
    - Other Ethnic Group Any Other Ethnic Group: 1%
- 19.7% of residents are from Black, Asian and Minority Ethnic (BAME) groups (the East Midlands average is 10.7%, the England average is 13.2%).
- The Pakistani community is the largest BAME group (5.9% of the total population).
- 78.8% of residents who identified as White reported their health to be good/very good.
- 84.5% of residents who identified as BAME reported their health to be good/very good.
- 20% of White residents reported that their day-to-day activities were limited a little or a lot due to their health.
- 13.1% of BAME residents reported that their day-to-day activities were limited a little or a lot due to their health.
- Over 182 nationalities are represented in Derby, speaking 71 languages and 83 dialects.

- 37.5% of school children are from a BAME group.

The Centre for Ethnic Health Research
national centre for tackling health inequalities

15. LEICESTER CITY (HEALTH INEQUALITY PROFILE)

- The mid-year estimate of 2017 put the population of Leicester at 353,540. It is estimated that the population in 2018 is 405,960 and that it will reach 417,824 by 1st July 2019.
- Leicester's population is predicted to grow by 12% over the next fifteen years.
- The 16 years and over population of Leicester City is predicted to increase to 289,000 by 2030.
- The total number of people aged over 65 years in Leicester is estimated to rise by around 3.7% or 17,000 by 2030. The largest increases are expected in the 70-74 year old bracket with an estimated increase of over 4,800.
- In Leicester there are many areas with more than 1,500 residents aged over 65 years. Areas such as Knighton and Rushey Mead have the highest number, whilst Evington and Thurncourt have the largest proportion of residents aged over 65 years.
- The health of people in Leicester is varied compared with the England average.
- Leicester City is one of the 20% most deprived districts/unitary authorities in the UK.
- When compared with the national average, Leicester has significantly lower life expectancy in both men and women (77.0 years and 81.9 years respectively).
- Life expectancy is 7.7 years lower for men and 6.9 years lower for women in the most deprived areas of Leicester than in the least deprived areas.
- The percentage of physically active adults (aged 19 and over) is 63.8%, slightly lower than the England average.
- The rate of hip fractures in older people (aged 65+) is worse than the England average.
- The rate of people killed and seriously injured on roads is better than the England average.
- The rate of statutory homelessness is better than the England average.
- The rate of violent crime (hospital admissions for violence) is worse than the average for England.
- The percentage of people aged 16-64 in employment is 66.2%, lower than the England average of 75.6%.
- The Palliative Care Funding Review report recommends between 69% and 82% of deaths are likely to have preceding palliative care needs; this means between 1,725 to 2,050 patients of the people who die in Leicester City every year will require palliative care. According to the National Council for Palliative Care, the number of deaths each year in England and Wales is predicted to rise by 17% between now and 2030. For Leicester City this would be an additional 250 deaths per annum.
- During 2016/17 just under 13,000 requests for support were received by Adult Social Care services in Leicester City, with over 4,500 people receiving long term support. Around 40% of males and 60% of females received long term support and a majority of these clients were of White and Asian/Asian British ethnicity. The main reasons for accessing long term support for those aged between 18 and 64 years were learning disability support and physical support. For those aged 65 years and over, the main reasons for accessing long term support were physical support and mental health support.
- Leicester Local Authority area is in the 'worst ten' nationally for Employment Rate, Hip Fractures, New Cases of Tuberculosis and Premature Mortality from Cardiovascular Disease.

Alcohol

- The alcohol attributable death rate for men in Leicester is the 8th highest (out of 326 local authority areas) in England.
- The rate for alcohol-related harm hospital admissions is 708 per 100,000 population. This is worse than the average for England and represents 2,046 admissions per year.
- Alcohol-related hospital admissions have fallen in Leicester over the past 5 years.
- Local alcohol consumption data was collected in the Leicester Health and Wellbeing Survey in 2015 and this showed that Leicester has a sizeable population (16+ years and over) of non-drinkers, at 50% of the population.
- Nevertheless, the predicted rise in the adult population of Leicester may mean a rise to 56,046 increasing risk drinkers by 2030 (from 51,423 in 2015) and a rise in high risk drinkers from 17,306 in 2015 to 18,862 in 2030.

Cancer

- Every year, over 1,100 people in Leicester are diagnosed with cancer (1,144 in 2013) and there were over 4,800 cancer patients on GP registers in March 2015 (which amounts to a prevalence of 1.3% of the total population).
- Overall, the incidence of cancer in Leicester has been lower than the national average at 509 per 100,000 in 2013, compared to 601 per 100,000 national rate. This means there are around 200 cases less than would be predicted from national rates.
- Cancer is the second most common cause of death, accounting for 25% of all deaths in Leicester and a third of deaths in under 75 year olds. These averages in Leicester are lower than the England-wide equivalents, where cancer accounts for 29% of deaths in all ages and 41% of deaths in under 75 year olds.
- Lung cancer claims the highest number of lives per year in Leicester; 139 in 2014, of which 76 were in the under 75 age range. The next highest number of cancer deaths are from colorectal, breast, prostate and oesophageal cancers.
- Oral cancer rates are significantly higher in Leicester compared to England.
- Based on the current general practice cancer registration rate (1.2%) and population projections, the projected number of people with cancer is likely to grow by over 200 over the next 10 years.
- The National Cancer Intelligence Network estimated that in 2015, around 6,900 people in Leicester were living up to 20 years following a cancer diagnosis and this figure could rise to 7,800 by 2020 and 8,500 by 2025 (23% increase).
- Patients in Leicester tend to present at later stages of the disease and the local survival rates are also lower than expected. Late diagnosis is of particular concern in lung cancer, with as many as 50% of Leicester patients presenting in stage IV of the disease and only 20% of those patients surviving more than one year.
- Screening coverage is relatively low in Leicester, particularly for cervical screening in the younger age groups of women, rates of which have been falling in recent years. Similarly, the level of bowel screening is the lowest in the East Midlands, with only 47% of eligible people taking up the offer in 2014/15.

Cardiovascular Disease (CVD)

- Cardiovascular disease (CVD) deaths are the largest contributor to the life expectancy gap between Leicester and England, accounting for 26% of the life expectancy gap in males and 44% in females. These deaths are linked to deprivation, gender and ethnicity.
- In 2014, there were 684 deaths from CVD in Leicester, around 28% of all deaths.

- CVD mortality rates in Leicester have improved over the past 10 years, showing a reduction of 32%. However, this has not been as great as the England-wide reduction of 39%.
- Of all deaths from CVD in Leicester, around half are from coronary heart disease (CHD) and a quarter from strokes.
- There is variation in CVD mortality across Leicester. Areas with higher rates of CVD deaths correspond to areas of high deprivation, and to South Asian communities in the east of Leicester.
- Nearly 10,000 people in Leicester have been diagnosed with chronic heart disease (CHD), over 45,000 with hypertension and around 4,600 with stroke/transient ischaemic attack (TIA).
- In Leicester, there are over 45,000 people recorded on GP registers with diagnosed hypertension, nearly 12% of the population. Modelled estimates of prevalence suggest nearly 26% of Leicester's adult population could have high blood pressure, leaving a large gap between this and the currently observed numbers. In 2014, there were 34 deaths in Leicester with hypertension indicated as the underlying cause.

Dementia

- In Leicester, the number of people estimated to have dementia at a given time, is around 1,835 females and 991 males aged 65 and over; giving a total of 2,826. Dementia in people aged below 65 years affects around 70 people locally.
- Applying national incidence rates (number of new cases) to Leicester's population, gives an estimated 790 new cases of dementia each year.
- The number of people over 90 is predicted to be almost double by 2030 at 4,000. In consequence, the total number of cases of dementia in people aged over 65 years is projected to increase from 2,885 in 2015 to 3,165 in 2020 and 4,237 in 2030; a projected increase of 47% between 2015 and 2030.

Diabetes

- When compared with the national average, Leicester has significantly higher rates of reported diabetes (8.9%). The East Midlands figure is 6.8%. The figure for England is 6.4%. 93% of diabetes cases are Type 2. It is estimated that every year there are approximately 1,000 new cases of diabetes in Leicester City.
- Among over 6,000 diabetes emergency hospital admissions in 2014/15, the majority involved patients over 85 years of age, Asian or Asian British residents and those residing in areas of significant socio-economic deprivation.
- If current trends in population change and obesity persist, the total prevalence of diabetes in Leicester can be expected to rise to almost 12% in 2025.
- The impact of the inter-relationship between obesity, diabetes and cardiovascular disease is demonstrated in The Diabetes Health Profile 2015, which states that among people with diabetes in the NHS Leicester City Clinical Commissioning Group (LC CCG) area, the risk of a stroke was 71.7% higher and the risk of a heart attack was 110.9% higher, compared to the population without diabetes.

Drugs

- Frequent drug users were twice as likely to live in the 20% most deprived output areas, than the 20% least deprived output areas.
- In Leicester, those areas with the highest presenting need to local drug services (per 1,000 head of the adult population), are also areas with high levels of deprivation including New Parks, Abbey and Eyres Monsell. However, Spinney Hills and Belgrave

areas have high deprivation and low rates of presentation to drug services. These areas have large South Asian communities with a suggested, lower prevalence of drug misuse.

- Leicester has a relatively high rate of opiate and crack/cocaine users (OCUs), estimated to be 12.6 per 1,000, compared to a national rate of 8.4 per 1,000. This is equivalent to 2,859 OCUs in Leicester, with 617 being injecting drug users.
- Hospital admission rates in Leicester for both poisoning and for drug related mental health problems are lower than the national rate.

Liver Disease

- Mortality rates from chronic liver disease are 17.6 per 100,000 (the England average figure is 11.7 per 100,000). Rates are worse in men than in women.
- Mortality rates from chronic liver disease in Leicester have been rising, from 14.9 deaths per 100,000 (2006-2008) to 17.6 deaths per 100,000 (2011-2013).

Mental Health and Wellbeing

- The rate for self-harm hospital admissions is 157 per 100,000, representing 613 admissions per year. This is better than the average for England.
- Risk factors for poor mental health are high in Leicester. Significantly higher than average numbers of people with depression are recorded in some of the most deprived areas in Leicester, such as Aylestone, Braunstone, Eyres Monsell, Freemen and Humberstone. However, recorded depression is lower than average in Belgrave, Rushey Mead, Spinney Hills, and Stoneygate.
- By 2020, the number of people aged 18-64 years, projected to have a common mental health disorder in Leicester is 35,207, rising to 35,292 by 2025. An 8% increase is anticipated by 2020 and a 10.8% increase by 2025. Other mental illnesses, such as personality disorder and psychoses, are also projected to increase over the next 10 years, but at a lower rate.

Obesity

- Estimated levels of adult excess weight are better than the England average. The percentage of adults classified as overweight or obese in Leicester in 2017/18 is 54.7%, compared to a national figure of 62%.

Respiratory Disease

- In March 2015, there were 19,770 patients with asthma recorded on GP registers in Leicester; which is equivalent to a recorded prevalence of 5.2%, slightly below the England average of 6%.
- There were 5,473 patients recorded on GP registers with chronic obstructive pulmonary disease (COPD) in March 2015. This is equivalent to a recorded prevalence of 1.4%, which is below the national average of 1.8%.
- Deaths from respiratory diseases account for over 13% of all mortality in Leicester (2014), which is similar to the national rate.
- Local data for 2014/15 show around 14% of all emergency hospital admissions are for respiratory diseases.

Sexual Health

- The rate of new sexually transmitted infections (STIs) is better than the England average.
- Figures published by Public Health England showed that in 2014, Leicester had a statistically significantly similar rate of STIs (806 per 100,000 population), to the national average (797 per 100,000 population).

- In 2014, there were 312 acute diagnoses of genital warts in Leicester. This equates to a rate of 93.5 per 100,000 population, which is statistically significantly lower than the national average of 128.4 per 100,000 population.
- The local genital herpes rate has seen a sharp decline, contrary to the national trend and there is recognition that this needs to be monitored and reasons for the decline ascertained. Both the Leicester gonorrhoea and syphilis rates are similar to the national rates, but the syphilis rate has risen significantly in recent years in the UK, while still being one of the least common STIs.
- Leicester is considered a high HIV prevalent area, with a rate of 3.6 per 1,000 population aged 15-59 years in 2014. This rate is statistically significantly higher than the England average of 2.4 per 1,000 population.

Tobacco

- In 2015, 21.5% of people in Leicester aged 16 and over smoked cigarettes.
- In Leicester there are, on average, about 370 deaths per year attributable to smoking.
- Prevalence of smoking among routine and manual workers in Leicester in 2014 was 29%, which is higher than the national rate of 28%.

Tuberculosis

- The rate of new cases of tuberculosis (TB) is worse than the England average.
- The incidence rate of TB in Leicester City was 38.6 in the years 2016-2018.
- Leicester TB services have achieved a consistent reduction in the overall number of active cases of TB. Between 2005 and 2012 the number of active cases fell by 30%.

Age (Protected Characteristic)

- Leicester has a very young age structure, with a large student population.
- Population by age group:
  - 37% are aged 0-24 years.
  - 36% are aged 25-49 years.
  - 15% are aged 50-64 years.
  - 11% are aged 65 or over (national average is 17.9%).
- The infant mortality (IM) rate for Leicester City in 2015-2017 was 6 deaths per 1,000 children (compared to 3.9 deaths per 1,000 for England).
- The percentage of children living in low income families is 23% (17,725). The England average is 17%.
- 19.3% of children live in workless households (the East Midlands average is 11.7%, the England average is 14.9%).
- Levels of teenage pregnancy, GCSE attainment (average attainment 8 score) and breastfeeding are worse than the England average.
- Levels of teenage pregnancy are 26.2% (England average is 20.8%).
- The total number of older people aged 65 years and over with a learning disability is projected to increase from 830 to 1,058 between 2015 and 2025.
- There are a total of 69 Lower Super Output Areas (LSOAs) in the city experiencing high levels of income deprivation affecting older people (within 10% most deprived nationally).
- The excess winter deaths index is 23.5 (the England figure is 30.1).

- The rate for alcohol-specific hospital admissions among those under 18 is 17 per 100,000 population. This is better than the average for England and represents 14 admissions per year.
- Cancer accounts for 25% of all deaths. A third of all deaths are in those aged 75 years and under.
- The under 75 mortality rate from cardiovascular diseases is worse than the England average.
- The under 75 mortality rate from cancer is higher than the England average (144.9 per 100,000).
- Oral cancer rates are significantly higher amongst those aged 55-64 and 65-74 years in Leicester compared to England.
- The risk of cardiovascular disease is higher for older people. The mortality rate for cardiovascular disease in those aged 75 years and over is 113.2 (the England average is 74.6).
- The number of people estimated to have dementia at a given time is around 1,835 females and 991 males aged 65 years and over, giving a total of 2,826.
- Diabetes prevalence in Leicester is more common in older ages where around 1 in 4 people aged 65 years and over have diabetes.
- Drug misuse is responsible for 1 in 7 deaths among young people in their 20s and 30s. (2014)
- 16-24 year-olds are more likely to have a higher rate of drug use and twice as likely to be frequent users. About 3,757 of 16-24 year-olds are likely to be 'regular users', which means they are using drugs at least once per month.
- In Year 6, 23.5% (1,051) of children are classified as obese. The England average is 20.1%.
- Local estimates of obesity show levels are highest in the 35-64 age group.
- The suicide rate for young people is higher in males than females and in older adolescents aged 15-19 years.
- There are an estimated 1,091 older people with severe depression in Leicester.
- Mental illness can affect people of all ages. It is estimated to affect between 3,500 and 5,250 children and 3,000 to 5,000 older people in Leicester. Locally, 34,000-38,000 working age adults have a common mental health problem and a further 3,400 have a serious mental illness.
- The population aged 65 years and over is projected by POPPI (Projecting Older People Population Information System), to increase from 40,200 in 2015 to 44,700 by 2020. Rates for the prevalence of depression and severe depression, applied to these population figures, suggest there are currently (2016) an estimated 3,455 people aged 65 and over with depression in Leicester and that this is projected to increase to 3,831 by 2020 and to 4,336 by 2025. So by 2020, there is a projected 12.7% rise in the number of older people with depression in Leicester, and a 27.5% rise in that group by 2025.
- Currently (2016), there are an estimated 1,091 older people with severe depression in Leicester, and it is estimated that this too will increase to 1,214 by 2020 and 1,392 by 2025; an increase of 11.3% and 27.5% respectively, on the 2014 figure.
- COPD prevalence estimates indicate that the majority of cases are found among people aged over 40, and prevalence increases steeply with age, with the highest rates

found in those over 75. This age-related increase in prevalence is due to lifelong, cumulative exposure to tobacco smoke and other risk factors.

- In 2014, there were 1,048 diagnoses of chlamydia in people aged 15-24 years in Leicester. This gives a diagnosis rate of 1,757 per 100,000 of the 15-24 population, which is significantly lower than the national rate of 2,012 per 100,000 population. 19.5% of 15-24 year-olds tested for chlamydia in Leicester in 2014, which is statistically significantly lower than the England rate of 24.3%.
- Independent of gender, active tuberculosis is significantly more common in young adults aged 16-45. The vast majority of newly diagnosed young adult cases are non-UK born.

Pregnancy and Maternity (Protected Characteristic)

- In 2014, the total abortion rate for Leicester was 16.5 per 1,000 female population aged 15-44 years. This is similar to the England rate. Among women aged 25 and over who had an abortion in 2014, 43% had a previous abortion, compared to 46% for England.
- The prevalence of smoking during pregnancy in Leicester in 2014/15 was 11.8%, which is similar to the national rate of 11.4%.

Race (Protected Characteristic)

- Amongst the regional information included, it was revealed that Leicester was the 8th most diverse local authority area in England and Wales. Only six London boroughs (Newham, Brent, Harrow, Redbridge, Tower Hamlets and Ealing) and Slough were more diverse.
- According to the 2011 Census, the percentage population of Leicester by ethnicity was:
  - White: 50.5%
    - White English/Welsh/Scottish/Northern Irish/British: 45.1%
    - White Irish: 0.8%
    - White Gypsy or Irish Traveller: 0.1%
    - White Other White: 4.6%
  - Mixed/Multiple Ethnic Groups: 3.5%
    - Mixed/Multiple Ethnic Group White and Black Caribbean: 1.4%
    - Mixed/Multiple Ethnic Group White and Black African: 0.4%
    - Mixed/Multiple Ethnic Group White and Asian: 1%
    - Mixed/Multiple Ethnic Group Other Mixed: 0.7%
  - Asian/Asian British: 37.1%
    - Asian/Asian British Indian: 28.3%
    - Asian/Asian British Pakistani: 2.4%
    - Asian/Asian British Bangladeshi: 1.1%
    - Asian/Asian British Chinese: 1.3%
    - Asian/Asian British Other Asian: 4%
  - Black/African/Caribbean/Black British: 6.3%
    - Black/African/Caribbean/Black British African: 3.8%
    - Black/African/Caribbean/Black British Caribbean: 1.5%
    - Black/African/Caribbean/Black British Other Black: 1%

  - Other Ethnic Group: 2.6%
    - Other Ethnic Group Arab: 1%
    - Other Ethnic Group Any Other Ethnic Group: 1.6%
- 49.5% of residents are Black, Asian and Minority Ethnic (BAME), the highest in the East Midlands region. The regional figure is 10.7%, the figure for England is 13.2%.
- The largest groups are Asian/Asian British (37.1%) and Black Caribbean/African/British (6.3%).
- Leicester has the largest Indian population of any local authority in England (28.3% of residents).
- Leicester has a high population of South Asian people, who have been shown to be substantially less physically active, when compared to the national average.
- Although Leicester is a diverse city, there are small numbers of people aged over 65 from Black and Minority Ethnic (BME) backgrounds relative to the general population, but this is projected to increase substantially in future years.
- According to the 2011 Census, 228,295 people (72.47% of the total population) spoke English as their first language. The second most widely-spoken first language was Gujarati (36,347 people, or 11.54% of the total population).
- 78% of residents who identified as White reported their health to be good/very good.
- 83.2% of residents who identified as BAME reported their health to be good/very good.
- A lower percentage of mixed ethnicity and Asian residents reported their health to be good or very good, in comparison to the region as a whole.
- 6.8% of residents who identified as White reported their health to be bad or very bad.
- 5.2% of residents who identified as BAME reported their health to be bad or very bad.
- 20.1% of White residents said day-to-day activities were limited a little or a lot due to health.
- 14.5% of BAME residents said day-to-day activities were limited a little or a lot due to health.
- About 1,000 asylum seekers live in Leicester and this population is increasing.
- The prevalence of mental health and use of emergency care in Leicester is higher in asylum seeker groups.
- The prevalence of learning disabilities is higher amongst White ethnic groups.
- Of the 5,000 adults receiving long-term care provided by Leicester City Council Adult Social Care, 62% are of White ethnicity, 31% Asian and 7% other ethnicity.
- White population groups have the highest levels of drinking above the recommended daily levels (7%), with similar levels in Asian, Black and Mixed ethnic groups (2%).
- The highest levels of non-drinkers are found in Asian ethnic groups (74%), followed by Black ethnic groups (67%), Mixed groups (40%) and lowest in White groups (31%).
- Certain cultural/religious groups were less likely to have heard of alcohol units (these are the same groups who are less likely to drink, including Hindus, Muslims, Sikhs and Black and Minority Ethnic Groups.
- The city's South Asian populations experience consistently higher premature mortality from coronary heart disease (CHD) and much higher rates of other cardiovascular conditions.
- The risk of cardiovascular disease (CVD) is higher in BAME groups and those residents living in the most deprived wards.

- Diabetes prevalence within the South Asian population is almost four times as high as in the White population. It also develops earlier in life.
- South Asian or Asian British residents, older people and those residing in areas of significant socio-economic deprivation make up the majority of emergency hospital admissions for diabetes treatment.
- The rates of overall drug use vary across different ethnic groups. Those from Mixed race backgrounds have the highest rates of reported drug use, followed by those from all White backgrounds. All South Asian backgrounds had the lowest rates of drug use.
- In terms of demography for those presenting to local drug treatment services, between 2010/11 and 2014/15, White British users have remained consistently high at around 76-79%. The next largest ethnic groups are Indian at 6%, White Other at 3-4%, White/Black Caribbean at 2.5-3%, and Other Asian at 2-3%.
- Local estimates of obesity show levels are highest in Black/Black British ethnic groups.
- In Leicester, smoking is highest in those in White ethnic groups (29%), and generally higher in the more White population living in areas of high deprivation in the west of Leicester.
- Between 10% and 20% of active tuberculosis cases in Leicester City have Black African ethnicity and are predominantly recent arrivals from sub-Saharan Africa (Zimbabwe and Somalia) (2013).

Religion or Belief (Protected Characteristic)

- Christians make up 32.4% of the city's population. 18.6% are Muslims, 15.2% are Hindus, 4.4% are Sikhs, 0.4% are Buddhists and 0.1% are Jewish.
- Outside London, the highest proportion of Hindus live in Leicester.

Sex (Protected Characteristic)

- More women than men are non-drinkers and men have higher drinking levels than women, with around 7% of men and 3% of women drinking above the recommended weekly units.
- Rates of alcohol-related hospital admissions are significantly higher for men in Leicester than men in England (2013/14). In women, alcohol-specific (directly caused by alcohol) hospital admission rates are significantly lower than in England and alcohol-related hospital admissions are similar.
- Women were more accurate than men when asked about the official recommended maximum number of units they can drink per day (50% of women got this correct, compared with 41% of men).
- There are around 30 deaths per year with an underlying cause of diabetes, around one-third in men and two-thirds in women.
- In terms of demography for those presenting to local drug treatment services, between 2010/11 and 2014/15, the male: female ratio was 76:24.
- Based on the 2013/14 British crime survey, drug prevalence rates found around 18,396 of 16-59 year-olds in Leicester took an illegal drug in the last year; it is likely that around two-thirds of these were male. Most drug use would be related to cannabis.
- Local estimates of obesity show levels are higher in women compared to men.
- Oral cancer rates are significantly higher in males compared to females.
- Local estimates of smoking levels in Leicester suggest it is higher in men (24%) than women (19%), with these levels being lower in England at 22% and 17% respectively.

- In 2010/11, 25% of Leicester City women booked with University Hospitals of Leicester were recorded as being overweight and 19% were obese (higher than the national rate of 15.6%).

Sexual Orientation (Protected Characteristic)

- Sexual orientation appears to be an important factor in drug use. Rates of overall drug use were reported to be significantly higher for those of gay/bisexual orientation than for heterosexual adults (28.4% compared to 8.1%). This was the case for both sexes, although more so for gay/bisexual men.

16. NORTHAMPTONSHIRE (HEALTH INEQUALITY PROFILE)

- The population of Northamptonshire is 741,209 (2017).
- The projected population for 2020 is 759,000.
- The health of people in Northamptonshire is varied compared with the England average.
- Life expectancy for women is lower than the England average.
- Life expectancy is 8.9 years lower for men and 6.4 years lower for women in the most deprived areas of Northamptonshire than in the least deprived areas.
- The rate of people killed and seriously injured on roads is slightly worse than average.
- The rate of violent crime (hospital admissions for violence) is slightly worse than average.
- The rates of statutory homelessness and employment (aged 16-64) are better than the England average.
- The rate for alcohol-related harm hospital admissions is 702 per 100,000 population. This is worse than the England average and represents 4,998 admissions per year.
- The rate for self-harm hospital admissions is 281 per 100,000. This is worse than the average for England and represents 2,038 admissions per year.
- Estimated levels of excess weight in adults (aged 18+) and physically active adults (aged 19+) are worse than the England average.
- The rates of new sexually transmitted infections and new cases of tuberculosis are better than the England average.
- South Northamptonshire Local Authority area is in the 'best ten' nationally for Deprivation, Children in Low Income Families and Employment Rate.
- South Northamptonshire Local Authority area is in the 'worst ten' nationally for Dementia Diagnoses and Excess Winter Deaths.
- Daventry Local Authority area is in the 'best ten' nationally for Suicide Rate.
- Daventry Local Authority area is in the 'worst ten' nationally for Early Diagnosis of Cancer.
- Corby Local Authority area is in the 'worst ten' nationally for Hospital Stays for Alcohol Harm, Hip Fractures, Admissions for Self-Harm, Suicide and Premature Mortality from Cancer.

Age (Protected Characteristic)

- 13.6% (19,605) of children live in low income families.
- Levels of breastfeeding are better than the England average.
- The rate for alcohol-specific hospital admissions among those under 18 is 35 per 100,000 population. This represents 58 admissions per year.
- In Year 6, 17% (1,098) of children are classified as obese.
- Levels of GCSE attainment (average attainment 8 score) and smoking in pregnancy are worse than the England average.

Race (Protected Characteristic)

- 8.3% of Northamptonshire residents are from Black, Asian and Minority Ethnic (BAME) communities.
- According to the 2011 Census, the percentage population of Northamptonshire by ethnicity was:

- White: 91.5%
  - White English/Welsh/Scottish/Northern Irish/British: 85.7%
  - White Irish: 1%
  - White Gypsy or Irish Traveller: 0.1%
  - White Other White: 4.7%
- Mixed/Multiple Ethnic Groups: 2.1%
  - Mixed/Multiple Ethnic Group White and Black Caribbean: 0.9%
  - Mixed/Multiple Ethnic Group White and Black African: 0.3%
  - Mixed/Multiple Ethnic Group White and Asian: 0.5%
  - Mixed/Multiple Ethnic Group Other Mixed: 0.4%
- Asian/Asian British: 3.6%
  - Asian/Asian British Indian: 1.8%
  - Asian/Asian British Pakistani: 0.3%
  - Asian/Asian British Bangladeshi: 0.6%
  - Asian/Asian British Chinese: 0.4%
  - Asian/Asian British Other Asian: 0.5%
- Black/African/Caribbean/Black British: 2.5%
  - Black/African/Caribbean/Black British African: 1.4%
  - Black/African/Caribbean/Black British Caribbean: 0.8%
  - Black/African/Caribbean/Black British Other Black: 0.3%
- Other Ethnic Group: 0.4%
  - Other Ethnic Group Arab: 0.1%
  - Other Ethnic Group Any Other Ethnic Group: 0.3%

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17. NOTTINGHAM CITY (HEALTH INEQUALITY PROFILE)

- The population of Nottingham is 329,209 (2017).
- The projected population for 2020 is 333,000.
- The health of people in Nottingham is generally worse than the England average.
- Nottingham is one of the 20% most deprived districts/unitary authorities in England.
- Life expectancy for both men and women is lower than the England average.
- Life expectancy is 8.6 years lower for men and 8.0 years lower for women in the most deprived areas of Nottingham than in the least deprived areas.
- The rates of new sexually transmitted infections and new cases of tuberculosis are worse than the England average.
- Estimated levels of smoking prevalence in adults (aged 18+) are worse than the England average.
- The rate for alcohol-related harm hospital admissions is 881 per 100,000 population. This is worse than the average for England and represents 2,299 admissions per year.
- The rate for self-harm hospital admissions is 230 per 100,000 population. This is worse than the average for England and represents 850 admissions per year.
- The rate of statutory homelessness is better than the England average.
- The rates of under 75 mortality rate from cardiovascular diseases, under 75 mortality rate from cancer and employment (aged 16-64) are worse than the England average.
- Nottingham Local Authority area is in the 'worst ten' nationally for Deprivation, Children in Low Income Families, GCSEs, Premature Mortality from Cardiovascular Disease and Employment Rate.

Age (Protected Characteristic)

- 29.5% (17,555) of children live in low income families.
- Levels of teenage pregnancy, GCSE attainment (average attainment 8 score), breastfeeding and smoking in pregnancy are worse than the England average.
- In Year 6, 24.8% (850) of children are classified as obese. This is worse than the average for England.

Race (Protected Characteristic)

- 24.2% of Nottingham residents are from Black, Asian and Minority Ethnic (BAME) communities.
- According to the 2011 Census, the percentage population of Nottingham by ethnicity was:
  - White: 71.5%
    - White English/Welsh/Scottish/Northern Irish/British: 65.4%
    - White Irish: 0.9%
    - White Gypsy or Irish Traveller: 0.1%
    - White Other White: 5.1%
  - Mixed/Multiple Ethnic Groups: 6.7%
    - Mixed/Multiple Ethnic Group White and Black Caribbean: 4%
    - Mixed/Multiple Ethnic Group White and Black African: 0.7%
    - Mixed/Multiple Ethnic Group White and Asian: 1.1%
    - Mixed/Multiple Ethnic Group Other Mixed: 0.9%
  - Asian/Asian British: 13.1%
    - Asian/Asian British Indian: 3.2%

        - Asian/Asian British Pakistani: 5.5%
        - Asian/Asian British Bangladeshi: 0.3%
        - Asian/Asian British Chinese: 2%
        - Asian/Asian British Other Asian: 2.1%
    - Black/African/Caribbean/Black British: 7.3%
        - Black/African/Caribbean/Black British African: 3.2%
        - Black/African/Caribbean/Black British Caribbean: 3.1%
        - Black/African/Caribbean/Black British Other Black: 1%
    - Other Ethnic Group: 1.5%
        - Other Ethnic Group Arab: 0.8%
        - Other Ethnic Group Any Other Ethnic Group: 0.7%
- 87.4% of the population of Nottingham speak English. Other languages spoken include Polish (2.23%), Urdu (1.39%), Punjabi (0.84%), Arabic (0.78%), French (0.29%), Portuguese (0.28%) and Greek (0.23%).

Religion or Belief (Protected Characteristic)

- According to the 2011 Census, Christianity is the major religion in the city. 44.23% of the population are Christians, 8.81% are Muslims, 1.47% are Hindus, 0.67% are Buddhists and 0.35% are Jews. People with no religion made up nearly 35% of the population.

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Produced by Julian Harrison using some information from Maxine Davis (Equality and Inclusion Consultants)

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