

CENTRE FOR ETHNIC HEALTH RESEARCH HEALTH INEQUALITIES DATA SAMPLE (Version 12)

For use in relation to Equality Impact Assessments (EqIAs)

NOTE: The information contained within this document is correct at the time of writing (not the Document Date below) and to the best of our knowledge allowing for human error. The data presented also relates to different years – e.g. some from the Census 2021, some from more recent statistics and some from much earlier – **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). Your source of information is also important.

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 for you to research the most appropriate as well as up-to-date evidence for your EqIA.

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1. NATIONAL: HEALTH INEQUALITIES AT A GLANCE

- The current population of the United Kingdom is 68,873,958 as of Thursday 13th April 2023, based on Worldometer elaboration of the latest United Nations data.
- The UK is the world's 21st largest country by population. The UK population is equivalent to 0.87% of the total world population.
- On Census Day (21st March 2021), the size of the usual resident population in England and Wales was 59,597,542 (56,490,048 in England and 3,107,494 in Wales); this was the largest population ever recorded through a Census in England and Wales.
- The population of England and Wales grew by more than 3.5 million (6.3%) since the last Census in 2011, when it was 56,075,912.
- 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.
- Around 1 in 3 (34%) of men and 1 in 2 (42%) of women are not active enough for good health.
- 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.
- Since the pandemic, 470,000 more people are out of the workforce on ill-health grounds, while many more continue to work despite long-term health problems. (The Health Foundation, 2023)
- Work-limiting conditions are more common among women and older workers, as well as those without university-level education. There are also differences between ethnic groups, with people of Bangladeshi ethnicity most likely to have a work-limiting condition. People with work-limiting conditions are underrepresented in professional and managerial roles. (The Health Foundation, 2023)
- Nearly 15% of people in England are currently living with two or more health disorders. (UCL/University of Leicester, 2023)
- The working-age population living with major illness is projected to increase by nearly a quarter. Of the 700,000 additional working-age people living in England with major illness in 2040, 80% fall within the most deprived half of the population.
- 2.7 million people report not working due to long-term sickness.
- The Health Foundation project the overall number of working-age people experiencing major illness to grow from 3 million (2019) to 3.7 million (2040). They also project 80% of this increase in major illness among working-age people will be in the more deprived 50% of areas.¹
- In March 2020, almost 4 million people were waiting for NHS treatment; by June 2024, this had risen to almost 8 million. Before the pandemic, the NHS met its target of treating people within 18 weeks of referral for 86% people. By March 2022, fewer people (62%) were treated in this time. People waiting more than 18 weeks for NHS treatments used more healthcare resources than others, research found².

¹ See [Tackling inequalities is necessary for greater prosperity - The Health Foundation](#)

² See [People on long waiting lists use more healthcare resources](#)

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.

Autism / Neurodiversity

- Around 1 in 70 people is autistic, therefore 1 million people in the UK.
- Only 3 in 10 autistic adults are in work. Research shows that autistic people are overlooked in recruitment and undervalued in the workplace due to attitudes, stigma and lack of understanding of their needs.³
- Autistic people face the largest pay gap of all disability groups, receiving a third less than non-disabled people on average.
- Only around 35% of autistic employees are fully open about being autistic, with 1 in 10 not disclosing to anyone at work.
- A fifth of neurodivergent workers have experienced workplace discrimination according to a report by the CIPD (Chartered Institute of Personnel and Development).⁴
- Attention Deficit/Hyperactivity Disorder (ADHD) affects around 3-5% of children and young people.

Cancer

- There are around 363,000 new cancer cases in the UK every year. That's more than 990 every day (2014-2016).
- In 2020 there were 288,753 new cases of cancer diagnosed in England.
- 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.
- Global cancer cases to increase by 77% in 2050.
- New estimates from WHO and the International Agency for Research on Cancer (IARC) show there were an estimated 20 million new cancer cases and 9.7 million deaths in 2022. The estimated number of people who were alive within 5 years following a cancer diagnosis was 53.5 million. About 1 in 5 people develop cancer in

³ See [New Government review finds 19 recommendations to radically boost employment for autistic people | Autistica](#) and [The Buckland Review of Autism Employment: report and recommendations - GOV.UK \(www.gov.uk\)](#)

⁴ See [Fifth of neurodivergent workers have experienced workplace discrimination, report finds \(peoplemanagement.co.uk\)](#)

their lifetime, approximately 1 in 9 men and 1 in 12 women die from the disease, according to the latest estimates. (WHO, February 2024)

- The UK has appreciably higher cancer mortality rates than other countries⁵.

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). That's more than 160,000 deaths each year – an average of 460 deaths each day or one every three minutes in the UK. (British Heart Foundation)
- There are around 7.6 million people living with a heart or circulatory disease in the UK: 4 million men and 3.6 million women. (British Heart Foundation)
- Coronary heart disease (CHD; also known as ischaemic heart disease) is the most common type of heart disease. It is the most common cause of heart attack and was the single biggest killer of both men and women worldwide in 2019. (British Heart Foundation)
- In the UK there are around 100,000 hospital admissions each year due to heart attacks: that's one every five minutes. (British Heart Foundation)
- Around 1.4 million people alive in the UK today have survived a heart attack. (British Heart Foundation)
- More than 900,000 people in the UK are living with heart failure. (British Heart Foundation)
- Strokes cause around 34,000 deaths in the UK each year and are the biggest cause of severe disability in the UK. (British Heart Foundation)
- People with a family history of coronary heart disease are much more likely to develop vascular dementia. (British Heart Foundation)
- Each day an average of 13 babies are diagnosed with a congenital heart defect in the UK. There are many more diagnoses later in life. (British Heart Foundation)
- There are more than 30,000 out-of-hospital cardiac arrests in the UK each year, with a survival rate of less than 1 in 10. (British Heart Foundation)
- CVD is more likely in populations with high socio-economic deprivation, in poor housing or with low educational attainment.
- More than 1 in 2 people in the UK are expected to develop a heart condition during their lifetime.
- In 2022, people under the age of 75 living in the most deprived areas of England were more than twice as likely to die from heart disease than people living in the least deprived areas⁶.

Carers

- 65% of carers agreed that the increase in the cost of living was having a negative impact on their physical and/or mental health. (Carers UK, 2023)
- In 2024, 4.7 million people were unpaid carers in England, 1.4 million of whom provided more than 50 hours of care each week.⁷

⁵ See [Summary letter from Lord Darzi to the Secretary of State for Health and Social Care - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

⁶ See [The Darzi investigation: what you need to know | NHS Confederation](#)

⁷ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- Many carers struggle with their own health, with 28 per cent having a disability and 7 per cent reporting that their health was bad or very bad, according to Carers UK.⁸

COVID-19

- Analysis from the ONS and the Office for Health Improvements and Disparities showed that some groups were consistently at increased risk of dying from COVID-19. This included the over 60s, disabled people and men. In addition, Black and Asian people were at increased risk of dying in the first two waves of the pandemic.
- The COVID-19 pandemic also led to a significant increase in the need for mental health services⁹.

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.

Dental Care

- In England, tooth decay is the most common reason young children are admitted to hospital, costing the NHS over £30 million a year.
- In the 2021 to 2022 school year, 23.7% of 5 year olds in England had visually obvious tooth decay.
- Black (20.4%) children and white (20.5%) children were the least likely to have tooth decay out of all ethnic groups – lower than the national average.
- Children from the 'other' (44.8%) and Asian (37.7%) ethnic groups were the most likely to have tooth decay – higher than the national average.
- Children from the mixed ethnic group (22.4%) had levels of tooth decay similar to the national average.

Diabetes

- More than 5 million people in the UK have diabetes - many thousands of them are undiagnosed. (British Heart Foundation)

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.

Female Genital Mutilation (FGM)

- Nearly 4.4 million girls will be at risk of FGM in 2024. (WHO, therefore a global figure)

Healthy Eating

- 32.5% of adults aged 16 and over had 5 or more portions of fruit and vegetables a day ('5 a day') in the 12 months to November 2022.
- White British adults (34.4%) were the most likely out of all ethnic groups to eat 5 a day.

⁸ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁹ See [The Darzi investigation: what you need to know | NHS Confederation](#)

- The percentage of adults in the black, Asian, Chinese, and mixed ethnic groups who ate 5 a day was lower than the national average.
- The percentage of adults from the Asian, white British, and white 'other' ethnic groups eating '5 a day' was lower than in the previous year.
- Out of all ethnic groups, 15 year olds from the black (49.5%) and white (51.1%) ethnic groups were the least likely to eat 5-a-day.

HIV

- In the 3 years to December 2019, an average of 43.1% of people in England aged 15 and over who were newly diagnosed with HIV were diagnosed at a late stage of infection.
- 53.1% of Black African people were diagnosed at a late stage of infection, higher than the overall average for England.
- 40.5% of White people were diagnosed at a late state of infection, increasing from 38.6% in 2011, yet remaining lower than the English average.
- The percentage of Black African people who were diagnosed at a late stage of infection went down consistently between 2011 and 2019, yet was consistently higher than people in the White, Asian and Other (including Mixed) ethnic groups¹⁰.

Infant Mortality

- In 2019, infant mortality was highest among babies from the Asian ethnic group, (5.1 deaths per 1,000 live births) and babies from the Black ethnic group (7.1 deaths per 1,000 live births). This compared with 3.0 deaths per 1,000 live births in the White ethnic group.

Learning Disabilities

- People with a learning disability from ethnic minority backgrounds experience poorer access and experiences of healthcare services and poorer health outcomes.¹¹
- Children with learning disabilities, including those with Down syndrome, and autistic children face an increased risk of mortality compared to their peers.
- Respiratory issues, including infections and complications, are a leading cause of death among children with learning disabilities and autism. This is particularly relevant for those with Down syndrome, who are more prone to respiratory problems.
- Children with learning disabilities are at higher risk of epilepsy, which can be fatal if not properly managed.
- Congenital heart defects are common in children with Down syndrome, making cardiac care crucial.¹²
- Only four-in-10 people with a learning disability will live to see their 65th birthday.¹³
- People with a learning disability are twice as likely to die from preventable causes and four times as likely to die from treatable causes.¹⁴

¹⁰ See [HIV infection with late diagnosis - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](#)

¹¹ See [RHO-Executive-Summary-LD-Report.pdf \(nhsrho.org\)](#)

¹² See [Key Findings from the NCMD Report on Child Deaths in Children with Learning Disabilities and Autism | Down's Syndrome Research Foundation \(dsrf-uk.org\)](#)

¹³ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

¹⁴ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

Life Expectancy

- Life expectancy at birth in the UK in 2018 to 2020 was 79.0 years for males and 82.9 years for females; this represents a fall of 7.0 weeks for males and almost no change for females (a slight increase of 0.5 weeks) from the latest non-overlapping period of 2015 to 2017.
- People of colour with learning disabilities die younger than their white counterparts. There is a 26 year difference in life expectancy between white people and people of colour with profound and multiple learning disabilities.
- ONS statistics show that improvements in life expectancy slowed between 2010–2018. This was followed by a decrease in the life expectancy for UK males in 2018–2020 compared with 2016–2018, from 79.24 to 79.04, and no improvements in female life expectancy.¹⁵

Menopause

- Research by the Chartered Institute of Personnel and Development found that two thirds (67%) of working women between the ages of 40 and 60 with experience of menopausal symptoms said they have had a mostly negative impact on them at work.
- Of those who were negatively affected at work:
 - 79% said they were less able to concentrate
 - 68% said they experienced more stress
 - Nearly half (49%) said they felt less patient with clients and colleagues, and
 - 46% felt less physically able to carry out work tasks¹⁶

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.
- Gypsy and Traveller people are at high risk of suicide compared to the general population – an All Ireland study found that suicide prevalence is six times higher for Irish Traveller women, and seven times higher for Irish Traveller men.¹⁷
- People living with Severe Mental Illness (SMI) face a threefold higher risk of heart disease than people without SMI. This is a contributory factor to people with SMI having a lower life expectancy of approximately 15 years.
- People living with SMI are also three times more likely to experience obesity than people without SMI.
- 65% of young people surveyed hadn't asked for any kind of formal support, despite struggling with their mental health – with 33% saying they felt embarrassed (Young Minds, 2023).
- Around two million people across the UK have SAD, also known as "winter depression" due to it being amplified in the winter.

¹⁵ See [Factsheets by domain | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/factsheets/factsheets-by-domain)

¹⁶ See [Menopause in the workplace: Guidance for employers | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/menopause-in-the-workplace-guidance-for-employers)

¹⁷ See [Research Summary: Experiences of Suicide in Gypsy, Roma and Traveller communities - Friends, Families and Travellers \(gypsy-traveller.org\)](https://www.gypsy-traveller.org/research-summary-experiences-of-suicide-in-gypsy-roma-and-traveller-communities-friends-families-and-travellers)

- SAD is about three times more common in women than it is in men, according to The Royal College of Psychiatrists.
- People with severe mental illness were at a 50% higher risk of death following Covid-19 infection. Black Caribbean/Black African people were at 22% higher risk of death following Covid-19 infection than White people, and this was similar for people with and without severe mental illness. However, in around 30% of patient data, ethnicity was not recorded.¹⁸
- The percentage of disabled people reporting poor mental health has increased more than that of non-disabled people. (EHRC, 2023)
- More than 40% of young people experience waits of 7 days or more to be admitted to an adolescent mental health unit, with the majority waiting in acute hospital settings such as paediatric or general medical wards or the emergency department. Clinical risk was frequently a key driver in these admissions with suicide risk present in 80% of those admitted. Depression was the most common diagnosis amongst those admitted, over half showed significant emotional regulation difficulties and a fifth had a diagnosis of psychosis.¹⁹
- The proportion of children and young people with a probable mental health disorder increased from one in nine in 2017 to one in six in 2021.
- Around 200 children in an average secondary school in England currently have a mental health problem²⁰.
- Between 2010 and 2018 the percentage of disabled people with symptoms of poor mental health increased from 30.2% to 35.4%. For non-disabled people this remained largely steady over the period at 10%.
- ONS data for England and Wales shows that suicide rates increased among men between 2020 and 2021 and were 16.0 per 100,000 in 2021.
- The costs of mental ill health have reached £300 billion a year (Centre for Mental Health, March 2024²¹).
- There are an estimated 200,000 hospital presentations for self-harm per year in England. The occurrence of self-harm in the community is likely to be much higher.
- In 2021, there were 6,380 suicides registered in England and Wales, and an estimated 100,000 people were admitted to hospital as a result of self-harm. One in eight young people aged 17-24 report having self-harmed in the past year.²²
- People from ethnic minorities, LGBTQ+ communities and other vulnerable groups are disproportionately affected by self-harm.
- Self-harm is known to be more common among young South Asian women than white women (aged 16–24). It is less common in South Asian men than white men across all age groups. South Asian people aged 50 years and above are at particular risk of suicide and depression²³.
- By April 2024, about 1 million people were waiting for mental health services. There were 345,000 referrals where people are waiting more than a year for first contact, and 109,000 of those were for children and young people under 18²⁴.

¹⁸ See [People with severe mental illness at 50 per cent higher risk of death following Covid-19 infection | ARC South London \(nihr.ac.uk\)](#)

¹⁹ See [Hundreds of young people urgently needing a mental health bed are being admitted far from home, says new research | arc-em.nihr.ac.uk](#)

²⁰ See [Mapping the mental health of the UK's young people - Centre for Mental Health](#)

²¹ See [The economic and social costs of mental ill health - Centre for Mental Health](#)

²² See [Rising Pressures on Self Harm and Suicide Prevention Services Across the UK - Harmless](#)

²³ See [Why do South Asian people self-harm? - NIHR Evidence](#)

²⁴ See [The Darzi investigation: what you need to know | NHS Confederation](#)

- Between 2009 and 2023 the number of mental health nurses working in the community fell by 5%²⁵.
- The prevalence of depression has shot up from 5.8% in 2012 to 13.2% a decade later in 2022. But the rise in need for mental health services is not evenly distributed in the population. For adults, mental health referrals have been increasing at a rate of 3.3% a year. But for children and young people, the rate of referrals has increased by 11.7% a year from around 40,000 a month in 2016 to almost 120,000 a month in 2024. And referrals for perinatal services for mothers has risen by 23% a year since 2016, rising from around 1,400 a month in 2016 to more than 7,600 a month in 2024²⁶.
- 1 in 4 in England will experience a mental health problem at some point each year.
- 1 in 5 children and young people in England have a mental health problem.
- Women (19%) in England were more likely to report having experienced symptoms of depression or anxiety compared to men (12%).
- 7.8% of adults UK felt lonely 'always or often' in 2024.
- In 2023, 6,069 deaths registered in England and Wales were caused by suicide, with the rates of suicide being higher for men, at around 75%.
- An estimated 90% of all prisoners in England and Wales have at least 1 mental health or related difficulty. Most have more than 1 alongside other complex health and social needs.¹¹ About 1 in 7 prisoners (14%) are on the caseload of a prison mental health team in England.
- 75% of people aged 65+ have experienced significant anxiety or low mood at least once since turning 65. Around 10% feel this frequently or all the time.
- 1 young person in 8 aged 17–19 in England had an eating difficulty or disorder. With rates in young women 4 times higher than for young men.
- 27% of 8–16-year-olds who couldn't afford to take part in activities outside school in England had a mental health difficulty compared with just 10% of those who could.
- Life expectancy of people with a severe mental illness is about 15–20 years shorter than those without.²⁷

Multiple Long-Term Conditions

- Nearly 15% of people in England are currently living with two or more health disorders.
- People aged 20 to 49 years were most likely to develop depression and asthma, whereas those aged 50 to 59 were affected mainly by hypertension and depression.
- Men are at higher risk of being affected by MLTC compared to women, as well as those from the most deprived areas compared to those living in more affluent neighbourhoods.
- Individuals from Asian backgrounds are also more likely to develop MLTC compared to White people, whereas those from Black, Mixed and other ethnic backgrounds are less likely.²⁸

Neurodiversity

- It's estimated that 1 in 7 people in the UK are neurodivergent. Neurodivergent people are at an increased risk of suffering from mental illness and poor well-being, and may well show up in greater numbers amongst those with mental illness.

²⁵ See [The Darzi investigation: what you need to know | NHS Confederation](#)

²⁶ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

²⁷ See [Big Mental Health Report 2024](#)

²⁸ See [Multiple long-term conditions affect more than 14 per cent of English population, research finds | arc-em.nihr.ac.uk](#)

- Boys are more likely to be referred, diagnosed, and treated for ADHD symptoms than girls.

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

- The Health Survey for England 2021 estimates that 25.9% of adults in England are obese²⁹ and a further 37.9% are overweight but not obese, making a total of 63.8% who were either overweight or obese.
- One in ten children is obese by age 5, rising to 23% by age 11.
- 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.
- In 2019/20, an estimated 23% of children aged 4 to 5 in England were overweight or living with obesity, an increase from 2014/15 (21.9%)
- In 2019/20, the percentage of children aged 10 to 11 who were overweight was 35.2%, also increasing from 2014/15 (33.2%)
- In the 4 to 5 age group, almost a third (29.8%) of Black African children were overweight or living with obesity in 2019/20, the highest proportion of any ethnic group
- In the 10 to 11 age group, almost half (46.2%) of Black African children were overweight, also the highest proportion of any ethnic group.³⁰
- In the year to November 2022, 63.8% of adults aged 18 and over were overweight or living with obesity – up by 0.5% from the previous year.
- 70.8% of black adults were overweight or living with obesity – the highest percentage out of all ethnic groups.

²⁹ Obesity is usually defined as having a body mass index (BMI) of 30 or above.

³⁰ See [Overweight children - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk)

- 33.1% of adults from the Chinese ethnic group were overweight or living with obesity – the lowest percentage.
- In the 6 years to November 2022, the percentage of white British adults who were overweight or living with obesity went up from 62.0% to 65.2% – it also went up for adults in the mixed (from 53.8% to 60.1%) and white 'other' (from 57.0% to 59.1%) ethnic groups.
- The percentages were broadly similar to those from the year ending November 2016 for all other ethnic groups.

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.
- NHS Digital data shows that in 2020/21, approximately 1.17 million people in England have been diagnosed with COPD, which is around 1.9% of the population.
- Breathlessness is very common in respiratory diseases, affecting an estimated two million people in the UK and 75 million globally.

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

- In 2021, 15.1% of men smoked compared with 11.5% of women in the UK; this trend has been consistent since 2011.
- Tobacco use is the single greatest cause of preventable deaths in England. One in two regular smokers is killed by tobacco.
- See [Adult smoking habits in the UK - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-in-the-uk/living-conditions/health-and-life-expectancy/adult-smoking-habits-in-the-uk) for further information.

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.

2. EAST MIDLANDS: HEALTH INEQUALITIES AT A GLANCE

- The population of The East Midlands is 4,880,094 according to mid-2021 population figures published by the ONS (4,880,054 according to the Census 2021). Based on recent growth rates we³¹ estimate the current 2023 population of The East Midlands to be 4,934,000. In the year between mid-2020 and mid-2021, the population in The East Midlands grew by an estimated 14,511 people, and in the ten years prior to mid-2021, the population grew by 312,296.
- According to the Census 2021, 91.1% of households in the East Midlands have English as a main language. 3% have at least one, but not all adults in the household speaking English as a main language. 1.2% have no adults in the household, but at least one person aged 3 to 15 years speaking English as a main language. 4.7% have no people in the household speaking English as a main language.
- According to Census 2021 data, 165,064 (4.1%) of East Midlands residents aged 16 years and over are classified as 'Long-term sick or disabled'.
- Census 2021 information for the East Midlands on General Health is as follows:

All usual residents	4,880,054	100.0%
Very good health	2,256,798	46.2%
Good health	1,699,659	34.8%
Fair health	662,825	13.6%
Bad health	202,774	4.2%
Very bad health	57,998	1.2%

- Census 2021 information for the East Midlands on Long term health problem or disability is as follows:

All usual residents	4,880,054	100.0%
Disabled under the Equality Act: Day-to-day activities limited a lot	373,869	7.7%
Disabled under the Equality Act: Day-to-day activities limited a little	521,051	10.7%
Not disabled under the Equality Act: Has long term physical or mental health condition but day-to-day activities are not limited	345,183	7.1%
Not disabled under the Equality Act: No long term physical or mental health conditions	3,639,951	74.6%

- For fuller and further Census 2021 information on the East Midlands, go to: [2021 Census Profile for areas in England and Wales - Nomis \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/census/2021)
- For up-to-date information on the East Midlands, go to: [The East Midlands Population 2023 | Varbes](#)
- The population growth in the East Midlands (2001 – 2011) is greater than the growth across the whole of England and Wales (7% growth).

³¹ [The East Midlands Population 2023 | Varbes](#)

- 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 5 Integrated Care Boards (ICBs).
- 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 ethnic minority populations are well above the national average in Derby, Leicester, Northampton and Nottingham. In Leicester, the largest population is now Asian Indian.
- 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.
- The East Midlands has lower rates of **tuberculosis (TB)** than England as a whole. In 2020, the 310 cases equated to a rate of 6.4 cases per 100,000 population, compared to 7.3 per 100,000 in England overall. 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.
- In 2021-22, the number of individuals in Lincolnshire, Northamptonshire, Derbyshire, Leicestershire, and Nottinghamshire who used secondary NHS mental health services was 39,235, 42,449, 56,615, 60,815, and 65,050, respectively.³²
- In the East Midlands, over 76,000 CYP are known to have **ADHD**.

³² See [Mental Health Data Hub - NHS Digital](#)

3. AGE (PROTECTED CHARACTERISTIC)

- The median age in England and Wales was 40 years (40 years in England, 42 years in Wales); this is higher than the median age of 39 years across England and Wales in 2011 (Census 2021).
- Census 2021 data also shows that:
 - 29.1% of all people in England and Wales (17.3 million) were under 25 years old
 - 20.2% (12.0 million) were aged 25 to 39 years
 - 26.3% (15.6 million) were aged 40 to 59 years
 - 24.4% (14.5 million) were aged 60 years and over
 - Out of the 18 age groups presented, the highest percentage of people (8.3%) were in the 18 to 24 age group
 - 12.6% of people with mixed ethnic backgrounds were in the 18 to 24 age group – the highest percentage out of the 5 aggregated ethnic groups in this age group
 - 7.7% of people from white ethnic groups were in the 18 to 24 age group – the lowest percentage in this age group
 - 60.5% of people with mixed ethnic backgrounds were aged under 25 years old – of these, 41.5% were 0 to 14 years old and 19.0% were 15 to 24 years old
 - White people were older compared with other ethnic groups – 27.6% were aged 60 or more, the highest percentage in this age range
- For further information on Age in the Census 2021, go to: [Age groups - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://www.ethnicity-facts-figures.service.gov.uk/age-groups)

Population by age group:

- The population of the East Midlands by age according to the Census 2021 is as follows:

All usual residents	4,880,056	100.0%
Aged 4 years and under	253,198	5.2%
Aged 5 to 9 years	283,318	5.8%
Aged 10 to 15 years	345,493	7.1%
Aged 16 to 19 years	232,106	4.8%
Aged 20 to 24 years	306,418	6.3%
Aged 25 to 34 years	620,300	12.7%
Aged 35 to 49 years	908,666	18.6%
Aged 50 to 64 years	978,780	20.1%
Aged 65 to 74 years	514,685	10.5%
Aged 75 to 84 years	318,275	6.5%
Aged 85 years and over	118,817	2.4%

- Nottingham and Leicester had the highest percentage of young people (38% and 37% respectively). Rutland had the lowest at 26%.

- 34% of people in the East Midlands were aged 25-49 years. Rutland and Lincolnshire had the lowest percentage of this age group (30% and 31% respectively). Lincoln and Northamptonshire had the highest (36% and 38% respectively).
- 19% of people in the East Midlands were aged 50-64 years. Derbyshire and Rutland had the highest percentage of 50-64 year olds (21% and 22% respectively). Nottingham and Leicester had the lowest (14% and 15% respectively).
- 17% of people in the East Midlands were aged 65 or over (the national average was 17.9%). Rutland and Lincolnshire had the highest percentage of this age group (22% and 21% respectively). Nottingham and Leicester had significantly lower percentages (12% and 11% respectively).
- Over a quarter of adults aged 75 and above in the UK do not have access to the internet in their home. More than half of those aged 65 and over are defined as 'narrow' users of the internet. They are potentially at risk of digital exclusion. (EHRC, 2023)
- People aged 20 to 49 years are most likely to develop depression and asthma, whereas those aged 50 to 59 are affected mainly by hypertension and depression. (UCL/University of Leicester, 2023)
- Research from Age UK³³ shows that 4.7 million older adults either don't use the internet or can't use it successfully and safely. 2.3 million people aged 65+ don't use the internet at all. 49% of over 50s told Age UK they are concerned about their ability to access their GP. Many people told us that this is due to frustrations with digital, or telephone access and triage.

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.

³³ See [offline-and-overlooked-report.pdf \(ageuk.org.uk\)](#)

- 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%).
- According to the UK Health Security Agency more than 2,000 people aged 15 – 24 years receive a cancer diagnosis each year.
- A study of more than 800 young people with cancer found that those whose diagnosis took longer were at increased risk of anxiety, depression and reduced quality of life (NIHR, BRIGHLIGHT Study).
- In 2022, about 70% of families in England with children aged 0 to 14 used childcare during their recent term-time week, consistent with the previous year's usage. Families with children aged 0 to 4 years were more likely to utilise childcare. Among these families, approximately 32% (up from 24% in 2021) of parents found it difficult paying for childcare.
- According to an NHS report from 2021, 1 in 6 children aged 5 to 16 were identified as having a probable mental health problem. This presents a significant increase from 1 in 9 in 2017.
- According to NHS data, 4 million 7–24-year-olds in England have a probable or possible mental health disorder. And in October 2023, the number of open referrals to Children and Young People's Mental Health Services was the highest number on record at nearly half a million. (YoungMinds, January 2024)
- 4.2 million children live in poverty in the UK. 48% of children from Black and Minority Ethnic groups live in poverty. 71% of children growing up in poverty live in working families.³⁴
- The poverty rate of children with Bangladeshi, Pakistani or Black heritage is more than double the rate for white children.³⁵
- Child poverty among children aged five and over has risen in the past decade in Britain. People aged 16-24 remain one of the groups more likely to be in poverty. (EHRC, 2023)
- Children and young people's mental health in England has been particularly affected by the pandemic. Those with long-term mental health conditions are now less likely to say they feel supported to deal with their condition than before the pandemic. (EHRC, 2023)

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.

³⁴ See [Child poverty facts and figures | CPAG](#)

³⁵ See [Inequalities amplified.pdf \(cpag.org.uk\)](#)

- 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 79.5 years across the region, higher than the England average of 79.3 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 of 83.1. 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.

4. DISABILITY AND LONG TERM CONDITIONS (PROTECTED CHARACTERISTIC)

- In England, in 2021, a smaller proportion but larger number of people were disabled (17.7%, 9.8 million), compared with 2011 (19.3%, 9.4 million).
- The English region with the highest proportion of disabled people was the North East (21.2%, 567,000).
- Out of all local authorities across England and Wales, Blackpool (24.7%), Blaenau Gwent (24.6%) and Neath Port Talbot (24.6%) had the highest proportions of disabled people.
- In England, the Census 2021 data on disability within households show that:
 - In 68% (15.9 million) of households, no people are disabled.
 - 25.4% (6 million) of households include one disabled member.
 - In the remaining 6.6% (1.6 million) of households, two or more people are disabled within the household.
- Households with two or more disabled people ranged from 5.1% (175,000) in London to 7.8% (92,000) in the North East.
- The English local authorities with the highest proportion of two or more disabled people within a household were East Lindsey (10.3%), Bolsover (9.6%), and Knowsley 9.5%.
- For further information on Disability in the Census 2021, go to: [Disability, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/disability)
- Census 2021 information on disability is vast and includes the following:
 - Disability by car or van availability
 - Disability by general health by age
 - Disability by provision of unpaid care by sex
 - Disability by religion by sex
 - Disability by sex by age
 - Economic activity status by hours worked by disability
 - Ethnic group by general health, disability and unpaid care, England and Wales
 - Gender identity by disability
 - Highest level of qualification by disability
 - Number of people in household whose day-to-day activities are limited a little
 - Number of people in household whose day-to-day activities are limited a lot
 - Sexual orientation by disability
 - Suicides in England and Wales: 2021 registrations
 - Veterans by disability
- Go to the Office for National Statistics (ONS) website (www.ons.gov.uk) and do a Search for 'Disability' to find relevant information.
- Information on UK disability statistics: Prevalence and life experiences, go to: [UK disability statistics: Prevalence and life experiences - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/libraries/commons/collections/cbp-9602) and [CBP-9602.pdf \(parliament.uk\)](https://www.parliament.uk/libraries/commons/collections/cbp-9602)
- Information on Mental health statistics: prevalence, services and funding in England: [Mental health statistics: prevalence, services and funding in England - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/libraries/commons/collections/mental-health)
- Cancer statistics for England: [Cancer statistics for England - House of Commons Library \(parliament.uk\)](https://www.parliament.uk/libraries/commons/collections/cancer-statistics)

- Other relevant information:
 - In 2021, there were 5,583 suicides registered in England and Wales, equivalent to a rate of 10.7 deaths per 100,000 people.
 - Around ¾ of suicides were males (4,129 deaths, 74%), consistent with long-term trends, and equivalent to 16.0 deaths per 100,000 people. The rate for females was 5.5 deaths per 100,000 people.
 - Cancer is the cause of just over a quarter of all deaths in England in a typical year. In 2021 in England, 134,802 people died from cancer.
 - In 2020 there were 288,753 new cases of cancer diagnosed in England.
 - An estimated 2,500,000 people in the world have multiple sclerosis (MS). The UK has around 130,000 people living with MS.
 - There are around 106,890 people living with HIV in the UK.
 - More than one in a hundred people are on the autism spectrum. There are around 700,000 autistic adults and children in the UK.
 - There are approximately 1.1 million adults with a learning disability in the UK. 956,000 in England, 54,000 in Wales and 31,000 in Northern Ireland.
 - There are approximately 353,000 children aged 0-17 years with a learning disability in the UK. 301,000 in England, 16,000 in Wales and 11,000 in Northern Ireland.
 - In 2022 it is estimated that there are over 450,000 people in the UK who are deafblind. This is expected to increase to over 610,000 by 2035 (Sense, 2022)
 - Data from Diabetes UK shows that more than 4.3 million people in the UK live with diabetes. Additionally, 850,000 people could be living with diabetes who are yet to be diagnosed. These registration figures for 2021-22 are up by 148,591 from 2020-2021.
- Research from Scope (the Disability Price Tag 2023) on the extra cost of disability revealed that:
 - On average, disabled households (with at least one disabled adult or child) need an additional £975 a month to have the same standard of living as non-disabled households.
 - If this figure is updated to account for inflation over the current period 2022/2023, these extra costs rise to £1,122 per month.
 - On average, the extra cost of disability is equivalent to 63% of household income after housing costs.
 - The average extra costs rise to £1,248 per month where there are two disabled adults in the household and at least two children. And for households with one disabled adult, one non-disabled adult and at least one child, the average extra cost is £634.
- These figures are accounting for disability benefit payments like Personal Independence Payment (PIP), which are designed to help address these costs.
- 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 reported 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 rose to 21% in Derbyshire, Lincolnshire and Nottinghamshire. The figure fell 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.
 - Based on data from 2018 to 2020, in England, people with Severe Mental Illness (SMI) were around 5 times more likely to die prematurely than those who do not have SMI. This level of inequality is seen for both males and females.
 - 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.
 - People with serious mental illness and physical health conditions live 15 to 20 years less than the general population.
 - Between 2003 and 2013, 18,220 people with mental ill health and/or illness took their own life in the UK.
 - 1 in 14 people self-harm.
 - 10% of young people self-harm.
 - The UK has the highest self-harm rate in young people of any country in Europe, with a rate of 400 per 100,000 population.
 - Self-harm is more common in females than males with a girl to boy ratio of as much as 5 or 6 to 1 between ages 12 to 15 years.
 - Self-harm results in approximately 100,000 admissions to hospital a year (all ages) in England, 99% of which are emergency admissions.
 - Those that self-harm have a 1 in 6 chance of repeat emergency department (ED) attendance.
 - People who repeat self-harm are at greater (up to approx. 30 fold) risk of suicide.
 - One person in fifteen had made a suicide attempt at some point in their life.

- 119 people (17 per day) die by suicide in the UK every week.
- 1 in 5 people have suicidal thoughts.
- 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%.
- New figures for smoking prevalence: Adult smoking prevalence in England in 2021 was 13.0%. 14.9% of men smoked compared to 11.2% of women in England. This pattern has been consistent since 2011.
- 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.

- More than 26,000 adults with conditions such as schizophrenia and bipolar disease die prematurely each year. Analysis by the Royal College of Psychiatrists suggests that 80,182 people with severe mental illness died prematurely from preventable illness between 2018 and 2020 – 26,727 each year³⁶.
- The College said adults with severe mental illness are almost five times more likely to die before the age of 75 from preventable illnesses in England.
- It said adults with severe mental illness are more likely to engage in unhealthy behaviours including drinking and smoking, while they are less likely to engage with services such as cancer screening.
- The analysis found that people living with severe mental illness, compared with the rest of the population, were:
 - 6.6 times more likely to die prematurely from respiratory disease
 - 6.5 times more likely to die prematurely from liver disease
 - 4.1 times more likely to die prematurely from cardiovascular disease
 - 2.3 times more likely to die prematurely from cancer

- From 2015 to 2017, adults with severe mental illness were 4.6 times more likely to die before the age of 75 compared with the rest of the population. This increased to 4.9 times from 2018 to 2020, the College said.
- From 2015 to 2017, adults with severe mental illness were 4.6 times more likely to die before the age of 75 compared with the rest of the population. This increased to 4.9 times from 2018 to 2020, the College said.
- The Royal College of Psychiatrists said that in 2022/23, just 58% of these people received a full physical health check.
- Over 90% of disabilities are not immediately visible³⁷.

- There were 66,991 suicides in the general population in the UK between 2009 and 2019, an average of 6,090 deaths per year. The rate of suicide increased by 8% in the UK in 2018-19 compared to 2017, and the increase was seen in both males and females³⁸.

- Joseph Rowntree Foundation (August 2023):

³⁶ See [Call to close 'mortality gap' for people with severe mental illness | The Independent](#)

³⁷ See [Good intentions aren't enough for disability inclusion, says BDF \(diversityq.com\)](#)

³⁸ See [display.aspx \(manchester.ac.uk\)](#)

- Data consistently shows that households with a disabled person are more likely to face hardship than others: they are more likely to be in poverty, and in very deep poverty, have lower rates of employment than households without a disabled person, and often face additional costs due to having a disability.
- 7 in 10 low-income households with a disabled person went without essentials between November 2022 and May 2023.
- 57% of households with a disabled person experienced food insecurity in the 30 days prior to filling in the survey in May 2023, compared to 43% of households without a disability.
- 65% of households with a disabled person have a loan, compared to 56% of households without a disabled person, and for some these loans may be manageable.
- Of households with a disabled person, 43% reduced the amount of socializing due to cost in the last two years, with 71% of households who had experienced this also reporting that it had got worse or was new.
- Over half of disabled people struggled to pay their energy bills in 2022. Disabled people also often face long wait times between applying for and receiving benefits, and they are more likely to use food banks than non-disabled people. (EHRC, August 2023)
- Census 2021: Disabled adults were more likely to be unemployed than non-disabled adults. However, disabled adults across England and Wales who identified as "White: English, Welsh, Scottish, Northern Irish or British" were less likely to be unemployed than many non-disabled adults from other ethnic groups. Before adjusting for other factors, the unemployment rate (the proportion of adults either in work or looking for and available to start work who are unemployed) for disabled adults across England and Wales was 9.2% at the time of Census 2021, which was higher than the overall rate of 5.7% for all adults in the labour market. For non-disabled adults, it was 5.3%.
- Non-disabled adults who identified with "Other ethnic group: Arab" had a greater likelihood of being unemployed on average than many disabled adults from other ethnic groups.
- Employers could be sued for disability discrimination if they fail to make reasonable adjustments for workers affected by menopause. New guidance on menopause in the workplace, setting out employer's legal obligations under the Equality Act 2010, was issued by the Equality and Human Rights Commission (EHRC) this week (23/02/2024), amid reports from many women of the negative impacts of menopausal symptoms in the workplace, with some even feeling compelled to leave their jobs as a result.³⁹
- Employees with neurodivergent conditions are facing difficult environments in the workplace, a report by the CIPD ('Neuroinclusion at work') has found, as 20% said they had faced discrimination or harassment while at work.⁴⁰
- According to a 2018 Department for Work and Pensions (DWP) survey, only 54% of all claimants for Universal Credit were able to apply independently online, without assistance.⁴¹

³⁹ See [Firms could be sued for lack of menopause support in the workplace, watchdog warns | Business Acumen | HR Grapevine | News](#)

⁴⁰ See [Fifth of neurodivergent workers have experienced workplace discrimination, report finds \(peoplemanagement.co.uk\)](#)

- 80% of autistic adults experience mental health challenges at some point in their lives.
- Over half of autistic adults will be diagnosed with an anxiety disorder in their lifetime, with many more experience symptoms of anxiety that affect how they live their lives.
- Anxiety disorders affect over 40% of autistic children compared with just 3% of non-autistic children. (Autistica)

- New data points to 1.5 million UK citizens being able to sign in British Sign Language, following the release of an important report by National Records of Scotland (NRS). NRS states that 117,300 people in Scotland can sign in BSL, amounting to 2.2% of people aged 3 and over. Against a UK population of some 68 million, the same 2.2% would amount to a total of almost 1.5 million BSL signers. (British Deaf Association, May 2024)

⁴¹ See [Progress on disability rights in the United Kingdom: 2023 | EHRC \(equalityhumanrights.com\)](https://equalityhumanrights.com)

5. GENDER REASSIGNMENT / TRANSGENDER (PROTECTED CHARACTERISTIC)

- The question on gender identity was new for Census 2021. It was added to provide the first official data on the size of the transgender population in England and Wales.
- The question was voluntary and was only asked of people aged 16 years and over. People were asked 'Is the gender you identify with the same as your sex registered at birth?', and had the option of selecting either 'Yes', or selecting 'No' and writing in their gender identity.
- Across England and Wales, there were responses from 45.7 million people (94% of the population aged 16 years and over).
- A total of 45.4 million (93.5%) answered 'Yes', indicating that their gender identity was the same as their sex registered at birth.
- A total of 262,000 people (0.5%) answered 'No', indicating that their gender identity was different from their sex registered at birth. Within this group:
 - 118,000 (0.24%) answered 'No' but did not provide a write-in response
 - 48,000 (0.10%) identified as a Trans man
 - 48,000 (0.10%) identified as a Trans woman
 - 30,000 (0.06%) identified as non-binary
 - 18,000 (0.04%) wrote in a different gender identity
- The remaining 2.9 million (6%) did not answer the question on gender identity.
- In the East Midlands, the percentage figures were:
 - Gender identity the same as sex registered at birth: 93.44%
 - Gender identity different from sex registered at birth but no specific identity given: 0.22%
 - Trans man: 0.09%
 - Trans woman: 0.08%
 - Non-binary: 0.06%
 - All other gender identities: 0.03%
 - Not answered: 6.08%
- There is some evidence that trans and non-binary people have poorer physical and mental health and report poorer experiences when accessing healthcare than others. (EHRC, 2023)
- In 2015, the number of referrals to gender identity clinics dramatically increased from 498 in 2006-2007 to 1,892 in 2015-2016.
- The number of referrals to GIDS (Gender Identity Development Service) in 2021-2022 was 3,585 (GIDS).
- Demand for gender identity services has increased for both adults and children across Britain. This has resulted in very long waiting times for services. (EHRC, 2023)
- The Cass Review (April 2024) said there had been a "dramatic increase" in presentations to gender clinics in the last decade, in particular by birth-registered females. In 2009, Gids treated 15 girls. By 2016, that figure had risen to 1,071.⁴²

⁴² See [Final Report – Cass Review](#)

- An audit of discharge notes of Gids patients between 1 April 2018 and 31 December 2022 showed the youngest patient was three, the oldest 18, and 73% were birth-registered females.⁴³
- Greater societal acceptance of transgender identities has allowed young people to come out easily, the review found. It suggests that the increased numbers now reflect the true prevalence of gender incongruence in society.⁴⁴
- 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.
- One in eight LGBT people (13%) have experienced some form of unequal treatment from healthcare staff because they're LGBT.
- Almost one in four LGBT people (23%) have witnessed discriminatory or negative remarks against LGBT people by healthcare staff. In the last year alone (2018), 6% of LGBT people – including 20% of Trans people – have witnessed these remarks.
- 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.

⁴³ See [What are the key findings of the NHS gender identity review? | Transgender | The Guardian](#)

⁴⁴ See [What Cass review says about surge in children seeking gender services | Transgender | The Guardian](#)

- 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).
- Recorded hate crimes against transgender people in England and Wales rose 11% to 4,732 offences in the last year to March 2023 (Home Office).⁴⁵
- The number of reports regarding transphobia has increased by 1,426%, according to the House of Commons Hate Crime Statistics report. This is a jump from 310 reports recorded in 2012, to 4,732 last year.⁴⁶
- Emerging research on sexual and reproductive healthcare has found that trans individuals are less likely than non-trans individuals to access sexual health services or maternity services. (EHRC, 2023)
- Study of 1.5 million people in England, including nearly 8,000 transgender people, finds a higher proportion of transgender people report having a long-term mental health condition than cisgender people. The risk of having a long-term mental health condition in England is roughly one in six for transgender men and women (16.4% and 15.9% respectively) and one in ten for cisgender men and women (8.8% and 12.0%), suggests the first nationally representative analysis published in *The Lancet Public Health* journal.⁴⁷
- The 2021 Census showed that trans men, trans women and those identifying as having an 'other' gender identity were less likely to report good or very good health (74.7%) compared with non-trans people (79.1%).
- The National LGBT survey showed that in the UK 51% of non-binary people, 36% of trans men and 34% of trans women had not disclosed their gender identity when seeking healthcare.
- In qualitative research, trans people report that long wait times for gender identity services has a substantial impact on their mental health and report challenges in navigating the process to getting gender affirming care.
- Academic analysis of the GP patient survey for 2021 showed that trans adults accessing primary care services are significantly more likely to report a mental health condition than non-trans people.

⁴⁵ See [Trans hate crime rises 11% in past year in England and Wales - BBC News](#)

⁴⁶ See [Map shows UK hotspots for sexual orientation and transgender hate crimes | Politics News | Metro News](#)

⁴⁷ See [ARC GM | Transgender, non-binary, and gender diverse people more likely to have a long-term mental health condition, first England-wide study suggests \(nhr.ac.uk\)](#)

6. MARRIAGE AND CIVIL PARTNERSHIP

- The proportion of adults who have never married or been in a civil partnership has increased every decade from 26.3% in 1991 to 37.9% in 2021, whereas the proportion of adults who are married or in a civil partnership (including separated) has fallen from 58.4% in 1991 to 46.9% in 2021.
- The increase in adults who have never been married or in a civil partnership (since 2011), after standardising from age, is seen across all local authorities, religious groups and ethnic groups.
- Between 2011 and 2021, the number of widowed adults (3 million) has decreased by 6.3%, women who are widowed decreased by 8.3%, but the number of men who are widowed increased by 0.6%.
- The proportion of adults who are divorced is similar in 2021 (9.1%) and 2011 (9.0%); the proportion of younger adults who are divorced has decreased, whereas the proportion of older adults has increased.
- Adults in same-sex marriages and civil partnerships are more likely to be younger, have no religion, and have higher-level qualifications than adults in opposite-sex marriages.
- After accounting for age, the ethnic groups with the highest proportions of adults who have never been married or civil partnered are within the "Black, Black British, Black Welsh, Caribbean or African" and "Mixed and Multiple" ethnic groups. The lowest proportions are in "Asian, Asian British or Asian Welsh" ethnic groups.
- People in same-sex legal partnerships are more likely to have no religion than people in opposite-sex marriages.
- Legal Partnership status figures for the East Midlands (Census 2021) are as follows:

All usual residents aged 16 and over	3,998,045	100.0%
Never married and never registered a civil partnership	1,442,049	36.1%
Married or in a registered civil partnership	1,832,929	45.8%
Married	1,825,699	45.7%
In a registered civil partnership	7,230	0.2%
Separated, but still legally married or still legally in a civil partnership	88,980	2.2%
Divorced or civil partnership dissolved	378,618	9.5%
Widowed or surviving civil partnership partner	255,469	6.4%

7. PREGNANCY OR MATERNITY (PROTECTED CHARACTERISTIC)

- There were 624,828 live births in England and Wales in 2021, an increase of 1.8% from 613,936 in 2020, but still below the 2019 figure (640,370). 2021 remains in line with the long-term trend of decreasing live births seen before the COVID-19 pandemic.
- 595,948 were born in England.
- The total fertility rate (TFR) increased to 1.61 children per woman in 2021 (from 1.58 in 2020), the first time TFR has risen since 2012.
- Fertility rates increased overall. However, younger age groups saw declining fertility rates while older age groups saw fertility rates increase.
- There were 2,597 stillbirths in 2021, an increase of 226 from 2020. This is similar to the 2,522 stillbirths in 2019.
- The stillbirth rate in 2021 increased to 4.1 stillbirths per 1,000 total births compared with 3.8 in 2020. This is also higher than the rate seen before the COVID-19 pandemic.
- Women aged 30 to 34 years had the highest number and conception rate for the fifth year in a row and the lowest percentage of conceptions leading to abortion. (2021 figures)
- The conception rate for women aged under 18 years in England and Wales has more than halved since 2011 when it was 30.9 conceptions per 1,000 women of the same age; in 2021, it was 13.2 per 1,000 women of the same age.
- Of all the English regions and Wales, London has seen the biggest fall in conception rates over the last decade, decreasing by 20.9% since 2011.
- The latest data suggest that for the first time since records began, women outside of marriage or civil partnership have a higher conception rate than those within marriage or civil partnership. This may be an effect of the differences in population estimates used.
- In the East Midlands, the conceptions per 1,000 women aged 15 to 44 years decreased in 2021 (68.8) from the 2011 figure (75.5).
- The conception rates for women aged under 18 years in England and Wales fell by 17% from 15.8 per 1,000 women aged 15 to 17 years in 2019 to 13.1 conceptions per 1,000 in 2020. This rate has been decreasing each year since 2007, when the conception rate stood at 41.6, over three times higher than in 2020. This is a record low conception rate for the age group and the biggest percentage decrease seen since 2013.
- There were 47,860 babies born in the East Midlands in 2021.
- 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.

- Black women are almost three times and Asian women twice as likely to die in pregnancy or up to six weeks after pregnancy as white women.
- Women from Black and Asian minority ethnic groups are at greater risk than their White counterparts of having their pregnancies result in pre-term birth, stillbirth, neonatal death, or a baby born with low birth weight.
- 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).
- Postnatal depression affects up to 15% of new mothers. However, up to 10% of new fathers also exhibit symptoms⁴⁸.
- More than half a billion working women are not given essential maternity protections in national laws. Only 20% of countries globally require employers to provide employees with paid breaks and facilities for breastfeeding. (World Health Organisation, August 2023)
- Research from the charity Pregnant Then Screwed⁴⁹ revealed that:
 - 1 in 61 pregnant women report that their boss suggested they have an abortion.
 - Over half of all mothers – 52% – have faced some form of discrimination when pregnant, on maternity leave or when they returned.

⁴⁸ See [‘I didn’t even know men could get it’: the hidden impact of male postnatal depression | Postnatal depression | The Guardian](#)

⁴⁹ See [1 IN 61 PREGNANT WOMEN SAY THEIR BOSS INSINUATED THEY SHOULD HAVE AN ABORTION - Pregnant Then Screwed](#)

- 1 in 5 mothers have left their job following a negative or discriminatory experience.
 - 1 in 10 women (10%) revealed they were bullied or harassed when pregnant or returning to work, and 7% of women lost their job – through redundancy, sacking, or feeling forced to leave due to a flexible working request being declined or due to health and safety issues. If scaled up, this could mean as many as 41,752 pregnant women or mothers are sacked or made redundant every year
 - 64% of pregnant women say their boss or colleagues made hurtful comments about the way they look.
 - 90% of women who were breastfeeding had to use a toilet or were not provided a suitable space.
- Women experiencing mental health issues are at a 50% greater risk of giving birth preterm. That's according to newly-published research funded by NIHR. The study, the largest of its kind, analysed data from over 2 million pregnant women. It found 1 in 10 women who had used mental health services before their pregnancy had a preterm birth. This was compared to 1 in 15 in those who had not. It also showed women who had at least one contact with mental health services in the 7 years prior to their pregnancy were at increased risk. (NIHR, August 2023)
 - Maternal mortality rates grew by 15% between 2009-11 and 2019-21 in the UK. Furthermore, peri-natal mortality rates in the UK increased in 2021, after 7 years of year-on-year reduction.
 - Maternal mortality rates are four times higher for Black women and twice as high for Asian women, compared to White women. There are also disparities between babies with different ethnicities.⁵⁰
 - Gypsy and Traveller women report high rates of miscarriage, pregnancy loss and child loss.⁵¹
 - In 2022, over a third of births (36.7%) in England were to one or more parents born outside of the UK.⁵²
 - In 2019–21, women in the most deprived areas in England had twice the rate of maternal mortality, compared to those in the least deprived areas. There are also disparities between babies due to deprivation.⁵³

⁵⁰ See [MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)

⁵¹ See [New guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities - Friends, Families and Travellers \(gypsy-traveller.org\)](#)

⁵² See [Births by parents' country of birth, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

⁵³ See MBRRACE UK Reports

8. RACE (PROTECTED CHARACTERISTIC)

- In 2021, 81.7% (48.7 million) of usual residents in England and Wales identified their ethnic group within the high-level 'White' category, a decrease from 86.0% (48.2 million) in the 2011 Census.
- As part of the 'White' ethnic group, 74.4% (44.4 million) of the total population in England and Wales identified their ethnic group as 'English, Welsh, Scottish, Northern Irish or British'. This is a continued decrease from 80.5% (45.1 million) in 2011, and from 87.5% (45.5 million) who identified this way in 2001.
- The next most common high-level ethnic group was 'Asian, Asian British or Asian Welsh', accounting for 9.3% (5.5 million) of the overall population. This ethnic group also saw the largest percentage point increase from 2011, up from 7.5% (4.2 million people).
- Across the 19 ethnic groups, the largest percentage point increase was seen in the number of people identifying through the 'White: Other White' category (6.2%, 3.7 million in 2021, up from 4.4%, 2.5 million in 2011). This response option allows people to specify their ethnic group through writing it in. The increase may be partly explained by the new search-as-you-type functionality introduced for Census 2021, making it easier for people to self-define when completing the Census online.
- Large changes were also seen in the numbers of people identifying their ethnic group as 'Other ethnic group: Any other ethnic group' (1.6%, 924,000 in 2021, up from 0.6%, 333,000 in 2011) and 'Black, Black British, Black Welsh, Caribbean or African: African' (2.5%, 1.5 million in 2021, up from 1.8%, 990,000). Both ethnic groups had the option to write in their response.
- In England and Wales, 10.1% (2.5 million) of households consisted of members identifying with two or more different ethnic groups, an increase from 8.7% (2.0 million) in 2011.
- Information about ethnicity can be found on: <https://www.ethnicity-facts-figures.service.gov.uk/>
- The Census 2021 figures for England and Wales were as follows:
 - Asian/Asian British: 9.2%
 - Asian/Asian British or Asian Welsh Indian: 1,864,318 (3.1%)
 - Asian/Asian British or Asian Welsh Pakistani: 1,587,819 (2.7%)
 - Asian/Asian British or Asian Welsh Bangladeshi: 644,881 (1.1%)
 - Asian/Asian British or Asian Welsh Chinese: 445,619 (0.7%)
 - Asian/Asian British or Asian Welsh Other Asian: 972,783 (1.6%)
 - Black/African/Caribbean/Black British: 4%
 - Black, Black British, Black Welsh, Caribbean or African: African: 1,488,381 (2.5%)
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 623,119 (1.0%)
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 297,778 (0.5%)
 - Mixed/Multiple Ethnic Groups: 2.9%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 513,042 (0.9%)
 - Mixed/Multiple Ethnic Group White and Black African: 249,596 (0.4%)
 - Mixed/Multiple Ethnic Group White and Asian: 488,225 (0.8%)
 - Mixed/Multiple Ethnic Group Other Mixed or Multiple Ethnic Groups: 467,113 (0.8%)

- White: 81.8%
 - White English/Welsh/Scottish/Northern Irish/British: 44,355,038 (74.4%)
 - White Irish: 507,465 (0.9%)
 - White Gypsy or Irish Traveller: 67,768 (0.1%)
 - White Roma: 100,981 (0.2%)
 - White Other White: 3,667,997 (6.2%)
 - Other Ethnic Group: 2.2%
 - Other Ethnic Group Arab: 331,844 (0.6%)
 - Other Ethnic Group Any Other Ethnic Group: 923,775 (1.6%)
- The figures indicate that a quarter of the population of England and Wales (25.6%) are from ethnic minority communities.
 - In 2021, 91.1% (52.6 million) of residents in England and Wales, aged three years and over, had English (English or Welsh in Wales) as a main language. This was down from 92.3%, or 49.8 million, in 2011.
 - In 2021, a further 7.1% (4.1 million) of the overall population of England and Wales were proficient in English (English or Welsh in Wales) but did not speak it as their main language.
 - The most common main languages in England and Wales, other than English (English or Welsh in Wales) were:
 - Polish: 611,845 (1.1%)
 - Romanian: 471,954 (0.8%)
 - Panjabi: 290,745 (0.5%)
 - Urdu: 269,849 (0.5%)
 - Portuguese: 224,719 (0.4%)
 - Spanish: 215,062 (0.4%)
 - Arabic: 203,998 (0.4%)
 - Bengali (with Sylheti and Chatgaya): 199,495 (0.3%)
 - Gujarati: 188,956 (0.3%)
 - Italian: 160,010 (0.3%)
 - The largest increase was for people who specified Romanian as a main language. This was an increase from 68,000 or 0.1% of the population in 2011.
 - In 2021, 63.8% (15.8 million) of households in England and Wales consisted of members who all had the same main language. 6.0% (1.5 million) had different main languages within the household.
 - According to the 2011 Census, the percentage population of the East Midlands by broad ethnicity groupings was:
 - Asian: 8%
 - Black: 2.7%
 - Mixed: 2.4%
 - White British: 79.6%
 - White Other: 6.1%
 - Other: 1.3%

- 20.4% of the East Midlands population are from ethnic minority communities, with the highest ethnic minority populations being in Leicester (66.8%), Nottingham (42.7%) and Derby (33.8%)⁵⁴.
- 8% of the East Midlands population is Asian. This is the largest ethnic minority group.
- The UK offered protection, in the form of asylum, humanitarian protection, alternative forms of leave and resettlement, to 13,210 people (including dependants) in the year ending September 2021. Of these:
 - 81% were granted refugee status following an asylum application ('asylum')
 - 7% were granted humanitarian protection
 - 3% were granted alternative forms of leave (such as discretionary leave, UASC leave)
 - 9% were granted refugee status through resettlement schemes, although this proportion was lower than in recent years due to the COVID-19 pandemic
- Additionally, 6,524 partners and children of refugees living in the UK were granted entry to the UK through family reunion visas, 8% more than the previous year.
- Over 97,000 people applied for asylum in the year ending June 2024, relating to just over 75,000 applications (8% fewer than the previous year, in part due to the decrease in claims from Albanian small boat arrivals).
- There were 91,885 initial decisions on asylum applications in the year ending June 2024, 4 times as many as in the previous year due to more asylum decision makers and increased productivity.
- More than half (58%) of the initial decisions in year ending June 2024 were grants of protection, a lower proportion than the 71% in year ending June 2023.
- At the end of June 2024, the number of asylum cases awaiting an initial decision (85,839 cases, relating to 118,882 people) was more than one-third (36%) lower than at the end of June 2023.⁵⁵
- 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 ethnic minority groups).
- Health inequalities are more pronounced among ethnic minority 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 **employment** and **access to health services** all feed into these inequalities. Poverty is twice as high in ethnic minority groups on average, and much higher in specific groups, making them vulnerable to changes in prices or rents (JRF, 2017). Ethnic minority families also tend

⁵⁴ Used in this context as all ethnic groups apart from White English/Welsh/Scottish/Northern Irish/British. Note that it is common to include all White ethnicities as 'majority' communities in ethnicity data. Hence, the alternative percentage of England and Wales residents from ethnic minority communities is given in such sources as 18%.

⁵⁵ See [Summary of latest statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/summary-of-latest-statistics)

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.
- A total of 599,000 people born in other countries made up an estimated 12.8% of the East Midlands population of 4,673,000 in 2017, which was lower than the UK average of 14.4%.
- 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.
- About 30 hotels are being used to house asylum seekers in the East Midlands. (BBC, February 2023)
- 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.
- Ethnic minority groups tend to have poorer **access to health services**, this includes GPs, early intervention in **mental health** and **screening programmes**. Some specific

ethnic minority 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 ethnic minority groups as a whole tend to be younger than White British people, there are particular ethnic minority communities that have higher average 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 ethnic minority 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 ethnic minority elders (de Noronha, 2019). (Race Equality Foundation, 2020)
- Ethnic minority people are more likely to live in overcrowded and poor quality housing. Just under half of overcrowded households are ethnic minority occupied (de Noronha, 2015). The problem is worse in London where ethnic minority 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.
- Ethnic minority 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.
- 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).
- Gypsy or Traveller men were 12.4 times as likely to suffer from two or more physical health conditions than white British men, while Roma men were five times as likely – both were higher figures than for any other ethnicity. (The Guardian, 9th April 2023)
- Access to health and social care services was found to be a larger issue for Roma people than any other ethnic group, who were 2.5 times more at risk of not having access than the white British population. (The Guardian, 9th April 2023)
- Individuals from Asian backgrounds are more likely to develop MLTC compared to White people, whereas those from Black, Mixed and other ethnic backgrounds are less likely. (UCL/University of Leicester, 2023)
- Black women are disproportionately affected by fibroids, endometriosis and PCOS, and often experience more severe symptoms of the menopause. (Caribbean and African Health Network 2024)
- Census 2021: Disabled adults were more likely to be unemployed than non-disabled adults. However, disabled adults across England and Wales who identified as "White: English, Welsh, Scottish, Northern Irish or British" were less likely to be unemployed than many non-disabled adults from other ethnic groups.
- Non-disabled adults who identified with "Other ethnic group: Arab" had a greater likelihood of being unemployed on average than many disabled adults from other ethnic groups – the rate of unemployment being 14.3%. Adults who identified as "White: Irish" had the lowest unemployment rate (4.7%), followed by those who identified as "White: English, Welsh, Scottish, Northern Irish or British" (4.9%).
- The three groups with the highest likelihood of unemployment were adults who were disabled and identified as "Other ethnic group: Arab" (17.2%), "Black, Black British, Black Welsh, Caribbean or African: African" (11.1%) or "Asian, Asian British or Asian Welsh: Bangladeshi" (11.1%).
- People from a Black, Black British, Caribbean or African background are 5 times more likely to live in the most polluted neighbourhoods compared with white people.⁵⁶

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.

⁵⁶ See [Our surroundings | The Health Foundation](#)

- 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.

Childbirth

- Black women are almost four times more likely to die from childbirth than white women⁵⁷. South Asian women are two times more likely.
- Black women are almost three times as likely as white women to die in childbirth⁵⁸.
- Black mothers face a higher risk of hospitalisation due to mental health struggles after childbirth. (Caribbean and African Health Network, 2024)

COVID-19 Coronavirus

- Ethnic minority 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, ethnic minority people are 40% of doctors and 20% of nurses nationally (and 50% in London). Ethnic minority 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)
- Ethnic minority 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)
- 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

⁵⁷ See [MPs call for Government target to eliminate maternal health disparities - Committees - UK Parliament](#)

⁵⁸ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

of ethnic minority 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)
- Ethnic minority 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 were concerns that incidents of domestic abuse were likely to rise during the lock down, based on the experience in China. Ethnic minority people already face barriers to domestic violence services and these could have been exacerbated during the coronavirus crisis. (Race Equality Foundation, 2020)
- Chinese young people aged 12-15 were 6 times more likely to receive the Covid-19 vaccine compared to both Gypsy Roma and Black Caribbean young people (ONS, 2022)

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.

Hospital Admissions

- In 2020/21, 10.4 per 100 Black young people aged 10-24 were admitted to hospital, compared to 1.7 per 100 Chinese young people. (NHS Digital 2022; ONS 2012)

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 ethnic minority 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.
- Black Africans were almost six times as likely diagnosed with schizophrenia, Black Caribbeans five times as likely, South Asian, White Other and Mixed groups over twice as likely. The reasons for this increased risk relative to White people are complex.
- 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.
- Black people are 40% more likely to access mental health care through the criminal justice system.
- Black people were 3.5 times more likely to be detained under the Mental Health Act than their white counterparts.
- Black people are 11 times more likely to be subject to a community treatment order.
- Suicide is low among Asian men and older people, but high in young Asian women compared with other ethnic groups.
- Black young people are 10 times more likely to be referred to CAMHS via social services, rather than via the GP, compared to White young people. (Kapadia et al, 2022)

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.
- Other Black young people were 1.6 times more likely to be obese compared to White British young people (NHS Digital, 2021)

Poverty

- 57.8% of Traveller young people of Irish heritage are eligible for free school meals (FSM), compared to 7.1% of Chinese young people. (Department for Education, 2022)

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.

9. RELIGION OR BELIEF (PROTECTED CHARACTERISTIC)

- According to the 2021 Census, the percentage population of the UK by religion (or belief) was:
 - Buddhist: 0.5% (*0.4% in 2011*)
 - Christian: 46.2% (*59.3% in 2011*)
 - Hindu: 1.7% (*1.5% in 2011*)
 - Jewish: 0.5% (*0.5% in 2011*)
 - Muslim: 6.5% (*4.9% in 2011*)
 - No religion: 37.2% (*25.2% in 2011*)
 - Sikh: 0.9% (*0.8% in 2011*)
 - Other religions: 0.6% (*0.4% in 2011*)
 - Not stated/answered: 6% (*7.1% in 2011*)
- The number of Christians in England and Wales is down, from 72% in 2001, to 59.3% in 2011 and now to 46.2%. There were increases in the other main religious group categories, with the number of Muslims increasing the most (from 3% in 2001 to 6.5% in 2021).
- 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 and 22.1 million (37.2%) in 2021.
- 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.
- In 2021, 74,000 people described themselves as Pagan, 26,000 as Alevi, 25,000 as Jain, 13,000 as Wicca and 10,000 as Ravidassi. There were also 8,000 Shamans, 6,000 Rastafarians and 4,000 Zoroastrians.
- The largest increase was seen in those describing their religion as 'Shamanism', increasing more than tenfold to 8,000 from 650 in 2011.
- Of those who wrote in a non-religious group to 'Any other religion', the largest numbers were:
 - Agnostic (32,000)
 - Atheist (14,000)
 - Humanist (10,000)
- 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.

- According to the 2021 Census, the percentage population of the East Midlands by religion (or belief) was:
 - Buddhist: 0.3% (14,521)
 - Christian: 45.4% (2,214,151)
 - Hindu: 2.5% (120,345)
 - Jewish: 0.1% (4,313)
 - Muslim: 4.3% (210,766)
 - No religion: 40% (1,950,354)
 - Sikh: 1.1% (53,950)
 - Other: 0.5% (24,813)
 - Not answered: 5.9% (286,841)
- For further information on Religion in the Census 2021, go to: [Religion, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/people-and-population/religious-beliefs)
- Only 2.6% of Muslims referred to NHS Talking Therapies completed their treatment course in 2021-2022.
- A survey by the Lantern Initiative found that 1 in 5 people felt judged or dismissed as a Muslim by structured, formal counselling. However, respondents overall felt mainstream counselling did help in some capacity.⁵⁹
- Adult and child poverty and severe material deprivation remain high among Muslims. (EHRC, 2023)
- In Britain, educational and employment outcomes for Hindus have improved. They are the most likely group to have a degree-level qualification and, along with Jewish people, to have higher hourly earnings. (EHRC, 2023)

⁵⁹ See [Fact sheet: Muslim mental health | Centre for Mental Health](#)

10. SEX (PROTECTED CHARACTERISTIC)

- Much of the data on Sex is binary-orientated and focused.
- According to the Census 2021, there were 30,420,202 females (51% of the population) and 29,177,340 males (49%) in England and Wales.
- Women and girls made up 52.6% of the black ethnic group, 51.0% of the white ethnic group, 51.0% of the mixed ethnic group, 50.9% of the Asian ethnic group, and 49.2% of the 'other' ethnic group.
- Men and boys made up 50.8% of the 'other' ethnic group, 49.1% of the Asian ethnic group, 49.0% of the white ethnic group, 49.0% of the mixed ethnic group, and 47.4% of the black ethnic group.
- According to the Census 2021, there were 2,477,865 females (50.8% of the population) and 2,402,189 males (49.2%) in the East Midlands region.
- For further information on Sex in the Census 2021, go to: [Male and female populations - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://www.ethnicity-facts-figures.service.gov.uk)
- Census 2021 information for the East Midlands on Gender Identity is as follows:

All usual residents aged 16 and over	3,998,045	100.0%
Gender identity the same as sex registered at birth	3,735,589	93.4%
Gender identity different from sex registered at birth but no specific identity given	8,931	0.2%
Trans woman	3,386	0.1%
Trans man	3,507	0.1%
Non-binary	2,221	0.1%
All other gender identities	1,368	0.0%
Not answered	243,043	6.1%

- For further information on Gender Identity in the Census 2021, go to: [Gender identity, England and Wales - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- See also Section 5 on Gender Reassignment / Transgender.
- 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).
- In 2019 in the UK, 200,386 cancer cases were men and 187,434 were women. (World Cancer Research Fund).
- In the UK, there were 166,502 cancer deaths in 2019. Of these, 88,688 were in men, and 77,814 were in women. (World Cancer Research Fund)
- Breast cancer is the most common type of cancer among women in the UK, with 56,987 new cases in 2019. Three in 10 new cases of cancer in women in 2019 was breast cancer (30.1%). Breast cancer is rare in men, with around 400 new cases diagnosed each year in the UK. (World Cancer Research Fund)
- Prostate cancer is the most common cancer among men in the UK. In 2019, 55,068 cases of prostate cancer were diagnosed – more than a quarter (27.5%) of all new cases of cancer in men in the UK. The increase in prostate cancer cases has been attributed to more tests being taken and an increase in life expectancy. (World Cancer Research Fund)
- 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.

- The percentage of working mothers increased to 73%, from 71% in 2021, with 41% working full-time (up from 37% in 2021) and 32% working part-time (similar to 34% in 2021).
- Women with ME/CFS tend to have more symptoms and co-occurring conditions than men. This is according to initial results from the world's largest study of the disease. It has long been known that women are more likely to have ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome). But the DecodeME study has shown for the first time how their experience differs from men. (NIHR, August 2023)
- Evidence from Fawcett revealed that in 2022 women took home, on average, £564 less than men each month. Evidence also showed that:
 - More than half (53%) of women would use the additional money to turn on heating and lights more often, and 48% report that their mental health would improve
 - Over a third (35%) of women want to work but are prevented from doing so by reasons including a lack of flexible working options and affordable childcare
 - More than two thirds of women (68%) had struggled to pay their bills in the previous 6 months, rising to 80% for Black and minoritised women
- 1 in 10 women cited unsupportive management as a key factor to their stress.
- 80% feel they're partly held back by attitudes to periods at work.
- 24% reported that their employer has a dedicated menopause policy or other support measures in place. (EW Group, November 2023)
- Women in Britain now have higher rates of poverty than men and the proportion of households headed by women that are overcrowded has grown. (EHRC, 2023)
- Socio-economic inequalities in life expectancy in the UK continue to be wider for men than women. However, such inequalities are widening faster for women. (EHRC, 2023)
- Men are at higher risk of being affected by MLTC compared to women. (UCL/University of Leicester, 2023)
- More girls have attention deficit hyperactivity disorder (ADHD) than previously thought. The peak age of ADHD diagnosis in boys is between six and nine years old; in girls, it's in adolescence when they are aged around 15 to 18.⁶⁰
- 77% of women have reported new mental health challenges as a result of the menopause.
- 80% of those experiencing mental health problems don't talk to their partners about it.
- 90% of workers experiencing the menopause said it had affected their working life. (Mental Health UK, June 2024)

⁶⁰ See [Levelling the playing field of support: A study of young women with ADHD | Health Care Research Wales \(healthandcareresearchwales.org\)](https://www.healthandcareresearchwales.org/)

11. SEXUAL ORIENTATION (PROTECTED CHARACTERISTIC)

- The question on sexual orientation was new for Census 2021.
- The Census question on sexual orientation was a voluntary question asked of those aged 16 years and over.
- In total, 44.9 million people in England and Wales (92.5% of the population aged 16 years and over) answered the question.
- Around 43.4 million people in England and Wales (89.4%) identified as straight or heterosexual.
- Around 1.5 million people in England and Wales (3.2%) identified with an LGB+ orientation ('Gay or Lesbian', 'Bisexual' or 'Other sexual orientation').
- The remaining 3.6 million people (7.5%) did not answer the question.
- Of those who selected 'Other sexual orientation', the most common write-in responses included:
 - Pansexual (112,000 people or 0.23%)
 - Asexual (28,000 people or 0.06%)
 - Queer (15,000 people or 0.03%)
- Another 10,000 people (0.02%) wrote in a different sexual orientation.
- Census 2021 information for the East Midlands on Sexual Orientation is as follows:

All usual residents aged 16 and over	3,998,047	100.0%
Straight or Heterosexual	3,589,098	89.8%
Gay or Lesbian	51,369	1.3%
Bisexual	50,084	1.3%
Pansexual	8,278	0.2%
Asexual	2,302	0.1%
Queer	708	0.0%
All other sexual orientations	709	0.0%
Not answered	295,499	7.4%

- Census 2021 information on sexual orientation by ethnicity is available: [Sexual orientation by ethnic group - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk/peoplepopulationandcommunity/sexualorientationandgender/articles/sexualorientationbyethnicgroup/2021)
- The most recent terminology refers to LGBTQIA2S (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, Asexual, Two Spirit).
- 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.
- Adults from sexual minority groups are more likely than others to have long-term mental and physical conditions.
- Young sexual minority adults, especially women, were much more likely to be living with multimorbidity.
- Ace (Asexual) people are less likely to be open about their sexual orientation with friends and family and face hostile work and healthcare environments, with experiences ranging from sexual harassment, delays to vital healthcare, and intrusive questions about their sexuality from colleagues and healthcare professionals. (Stonewall, 2023)

- The Government's 2018 LGBT Survey found that Ace respondents had the lowest levels of life satisfaction of all sexual orientation groups.
- The 2019 Ace Community Survey found that 41.8% of ace respondents considered themselves to have mental health issues, most commonly with anxiety or depression.
- Bisexual individuals tend to be younger than gay and lesbian individuals. They have poorer outcomes and can face specific forms of discrimination. Bisexual people are more likely to:
 - be in low-paid employment
 - to be living in poverty and poor conditions
 - have worse health (EHRC, 2023)
- Lesbian, gay and bisexual people, especially women and bisexual adults, experience worse physical and mental health. (EHRC, 2023)
- The UK has seen a 462% increase in sexual orientation hate crime reports since 2012.⁶¹
- 61% of LGB people were not confident that social care and support services were equipped to support their needs.
- 47% of LGB people said they would not be comfortable being open about their sexuality to care home staff. (Stonewall)
- LGBTQ+ people are at a higher risk of dementia and depression than their straight peers, a study suggests. Researchers at the Yale School of Medicine found that the group had a 15% higher risk of brain health problems overall in later life. This included a 14% higher risk of being diagnosed with dementia, and a 27% higher risk of depression in later life⁶².

⁶¹ See [Map shows UK hotspots for sexual orientation and transgender hate crimes | Politics News | Metro News](#)

⁶² See [Being gay, bisexual or trans linked to a higher risk of dementia, say top psychologists | Daily Mail Online](#)

12. 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. Most groups had a higher proportion of women in low pay than men, with a stark gender difference in the White population (31% of women earning below the living wage compared with 16% for men).
- 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 than the White British population (a third vs 18%), and in overcrowded households (13.5% vs 2.8%), with 30.2% of Bangladeshi households being overcrowded.
- 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.
- In 2019, people from all ethnic minority groups except the Indian, Chinese, White Irish and White Other groups were more likely than White British people to live in the most overall deprived 10% of neighbourhoods in England.
- The most overall deprived 10% of neighbourhoods are measured based on the index of multiple deprivation, which combines 7 types of deprivation.
- People from the Pakistani ethnic group were over 3 times as likely as White British people to live in the most overall deprived 10% of neighbourhoods.
- People from the Pakistani and Bangladeshi ethnic groups were over 3 times as likely as White British people to live in the most income-deprived 10% of neighbourhoods.
- People from the White British, White Irish and White Other ethnic groups were the least likely out of all ethnic groups to live in the most income-deprived 10% of neighbourhoods.
- People from the Pakistani ethnic group were more than twice as likely as White British people to live in the most employment-deprived 10% of neighbourhoods.
- For further information, go to: [People living in deprived neighbourhoods - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://www.ethnicity-facts-figures.service.gov.uk/)
- Maternal death rates in deprived areas are on the rise, with women in the most deprived areas 2.5 times more likely to die than those in the least deprived areas⁶³.
- People on the lowest incomes are 4 times more likely to have multiple long-term conditions.
- People living in the most deprived areas may acquire multiple conditions 10-15 years earlier than those in the most affluent.
- Black people are three times more likely to experience statutory homelessness than their white counterparts.
- 40% of the Muslim population in England live in the most deprived local areas, and a third live in overcrowded homes.
- Children from the poorest 20% of households are 4 times as likely to have serious mental health difficulties by the age of 11.
- Approximately 3.8 million people experienced destitution in 2022, including around one million children. The number of people experiencing destitution has increased by 61%

⁶³ See [MPs call for Government target to eliminate maternal health disparities - Committees - UK Parliament](#)
 VERSION 12 31st December 2024 Produced by Julian Harrison using some initial information from Maxine Davis (Equality and Inclusion Consultants)

since the last Destitution in the UK survey in 2019, an increase of almost two-and-a-half times (148%) compared to 2017. (Joseph Rowntree Foundation, 2023)

- UK nationals accounted for almost three-quarters (72%) of the population identified as living in destitution but people who have migrated to the UK were over-represented among those experiencing destitution. (Joseph Rowntree Foundation, 2023)
- Almost two-thirds (62%) of destitute survey respondents in 2022 stated that their day-to-day activities were limited because of a chronic health problem or disability (up from 54% in 2019). Men experiencing destitution were substantially more likely to report this than women. (Joseph Rowntree Foundation, 2023)
- The rate of destitution among black, black British, Caribbean or African-led households in the UK is three times their population share. White-led households are underrepresented in the destitute population. There appears to be a strong interaction between ethnicity and migration. For black, Asian and other ethnicities, a clear majority of destitute respondents were also migrants (74%, 84% and 80% respectively) (Joseph Rowntree Foundation, 2023)
- More than 1 in 5 people in the UK (22%) were in poverty in 2021/22 – 14.4 million people. 6 million people – or 4 in 10 people in poverty – were in ‘very deep’ poverty. (Joseph Rowntree Foundation, 2024)
- Around half of people in Pakistani (51%) and Bangladeshi households (53%) and around 4 in 10 people in households headed by someone from an Asian background other than Indian, Pakistani, Bangladeshi or Chinese (39%) or households from Black African backgrounds (42%) were in poverty between 2019/20 and 2021/22. These households also have higher rates of child poverty, very deep poverty and persistent poverty. (Joseph Rowntree Foundation, 2024)
- In 2021/22, 31% of disabled people were in poverty. This was even higher (38%) for people with a long-term, limiting mental health condition. Higher poverty rates for disabled people are partly due to the additional costs associated with disability and ill health and partly due to the barriers to work they face. (Joseph Rowntree Foundation, 2024)
- According to research from 2023, poverty rates for disabled people across the UK are nine percentage points above rates for those who are not disabled, and this is particularly high among working-age adults who are almost twice as likely to live in poverty compared to non-disabled working-age adults. Before the pandemic, single adult families with a disabled family member were four times more likely to be behind on the payment of bills.⁶⁴
- The poverty rate in the East Midlands is 23%. (Joseph Rowntree Foundation, 2024)
- In 2021-22, 30.4% of all individuals in the UK were living in households with incomes below The Minimum Income Standard (MIS), compared to 27.2% in 2008-2009. This means that they do not have the income required to be able to afford the goods and services the public agree people need to meet their material needs and to participation in society.
- In the year ending in March 2022, households with a Black lead tenant made up 6.9% of new social housing lettings – for comparison, Black people made up 4% of the population of England and Wales in 2021.
- The most likely route into social housing for every ethnic group was by applying directly – 42.8% of all households got into social housing this way.

⁶⁴ See [Progress on disability rights in the United Kingdom: 2023 | EHRC \(equalityhumanrights.com\)](https://www.equalityhumanrights.com/en/progress-on-disability-rights-in-the-united-kingdom-2023)

- For all ethnic groups except the Bangladeshi group, the most common reason why vulnerable households were given priority for social housing was homelessness – for Bangladeshi households, it was living in unsanitary, unsatisfactory or overcrowded conditions.
- People in the 10% most deprived areas can expect to be diagnosed with major illness a decade earlier than people in the 10% least deprived areas. They are also three times more likely to die before the age of 70 years.
- The number of cases of chronic pain, anxiety and depression and type 2 diabetes will increase faster in the 10% most deprived areas compared to the 10% least deprived areas.
- 14.6% of people aged 20–69 years have major illness in the most deprived areas – more than double that of the least deprived areas (6.3%).⁶⁵
- Report from The Refugee Council (April 2024): There has been a 239% increase in refugees requiring homelessness support from local authorities after being evicted from asylum accommodation across the UK.
- By mid-2020, 41% of disabled people in the UK who were referred to food banks were indebted to the Department for Work and Pensions (DWP), meaning they took on advances or other forms of debt directly from the DWP, which are then deducted from their subsequent benefits payments. In early 2020, 66% of households referred to foodbanks included one or more disabled person.⁶⁶
- 53% of Black children in the UK live in poverty – twice the rate of their white counterparts. (Caribbean and African Health Network, 2024)
- According to the Joseph Rowntree Foundation (JRF), around 3.8 million people have experienced destitution in a year, one million of whom are children – nearly triple the number of children since 2017.⁶⁷
- Children from the most deprived decile are 2.1 times as likely to be obese in Reception than children from the least deprived decile, and this extends to 2.3 times by Year 6.⁶⁸
- People in the most deprived communities are far more likely to have multiple emergency admissions to hospital in the last year of their lives.⁶⁹
- For the most deprived groups, A&E attendances are nearly twice as high and emergency admissions 68% higher than the least deprived.
- People who live in the most deprived areas of England are twice as likely to wait more than a year for non-urgent treatment.
- In 2021 the undiagnosed diabetes rate was double for those in the bottom Index of Multiple Deprivation (IMD) quintile compared to the top.

⁶⁵ See [Health inequalities in 2040 - The Health Foundation](#)

⁶⁶ See [Progress on disability rights in the United Kingdom: 2023 | EHRC \(equalityhumanrights.com\)](#)

⁶⁷ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

⁶⁸ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

⁶⁹ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)

- A recent JRF survey found that of those in the bottom income quintile whose health has been negatively impacted by the cost-of-living crisis, only 33% had accessed mental health services, and 39% physical health services.
- In the poorest communities, the depression rate was twice as high, double the number of people were in contact with mental health services, and nearly four times as many were sectioned under the mental health act as in the least deprived.
- There are similar findings for bowel cancer, where fewer people take part in screening at 64% for the most deprived compared to 75% for the least deprived, diagnoses are 36% lower, and the mortality rate is 25% higher.⁷⁰
- According to the ONS, the average age of death for homeless men was 45 years and for women it was 43 years. There were seven times as many deaths of men as of women. As of 2021, the death rate had increased in every region of England since 2013.⁷¹

13. 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).
- Pupils from the Chinese ethnic group had the highest entry rate into higher education from 2006 to 2021. In 2021, 72.1% of pupils from the Chinese ethnic group got a higher education place in the UK.
- In every year from 2007 to 2021, white pupils had the lowest entry rate into higher education. In 2021, 33.3% of white pupils got a higher education place.
- In 2021, the entry rates for all ethnic groups were higher than in the previous year – they were also higher than in 2006, the first year covered by this data.
- Between 2006 and 2021, black pupils had the biggest entry rate increase out of all ethnic groups, from 21.6% to 48.6%. White pupils had the smallest increase, from 21.8% to 33.3%.

⁷⁰ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁷¹ See [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- The average 'Attainment 8' score for pupils in England was 50.9 out of 90.0 in the 2020 to 2021 academic year – Attainment 8 measures pupils' results in 8 GCSE-level qualifications.
- Pupils from the Chinese ethnic group had the highest score out of all ethnic groups (69.2). Girls from the Chinese ethnic group had the highest average score out of all groups (70.8). The Chinese ethnic group had the smallest gap between girls (70.8) and boys (67.4).
- White Gypsy and Roma pupils had the lowest score (22.7), followed by travellers of Irish heritage (30.7) and then black Caribbean pupils (44.0). Boys from the white Gypsy and Roma ethnic group had the lowest score (21.0).
- The black Caribbean ethnic group had the biggest gap between girls (47.8) and boys (40.2).
- In every ethnic group, girls had a higher average score than boys.
- In every ethnic group, pupils eligible for free school meals had a lower average score than non-eligible pupils.
- In 2021, The Guardian reported 60,000 incidents of racist bullying in England's schools over the last five years.
- 2021 statistics show that Black Caribbean and pupils are 5 times more likely to be excluded from school than their white counterparts, and Gypsy Roma Traveller communities 9 times more likely.
- A quarter (25.3%) of Muslims do not hold formal qualifications. Compared to 18.2% of the overall population.

- Pupils from a black Caribbean background are less likely to be in employment, education or training than the national average.
- A Level pupils in Pakistani, Bangladeshi and all black groups are less likely to get top results than their peers from other ethnic groups.
- Entry rates to higher education are more than twice as high for students in the Chinese ethnic group compared to white students.
- Asian and black pupils are twice as likely to attend a lower tariff university as white pupils.
- Students from Asian and black African backgrounds are most likely to study 'high earnings potential subjects' at university.
- White British pupils opt out of higher education and into apprenticeships at higher rates than their peers.⁷²
- White British pupils, on average, make less progress than their non-white peers during their time in school.
- Pupils with Black Caribbean heritage and pupils with Gypsy/Roma and Irish Traveller backgrounds are more likely to have poor attainment than White British pupils.
- Pupils with Black Caribbean heritage are more likely to be excluded than their peers, even once disadvantage been controlled for.⁷³

- Census 2021 data shows that, for pupils eligible for free school meals:
 - The average Attainment 8 score was 39.1, compared with 53.6 for non-eligible pupils.
 - In every ethnic group, they had lower average scores than non-eligible pupils.

⁷² See [Post-16 Education Outcomes by Ethnicity in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

⁷³ See [Outcomes by ethnicity in schools in England \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

- Pupils from the Chinese ethnic group had the highest average score (66.5).
- White Gypsy and Roma pupils had the lowest (19.6).
- The biggest gap was in the white Irish ethnic group – their average score was 37.4, compared with 58.9 for non-eligible pupils.
- Gypsy and Roma pupils had the highest suspension rates out of all ethnic groups in the 2021 to 2022 school year – 2,563 suspensions for every 10,000 pupils (a rate of 25.63).
- Gypsy and Roma, and Traveller of Irish heritage pupils had the highest permanent exclusion rates in the 2021 to 2022 school year – both had 31 exclusions for every 10,000 pupils (or 0.31%).
- Traveller of Irish heritage and Gypsy or Roma pupils had the highest rates of overall and persistent absence.
- A Level Results 2024: The proportion of students gaining A and above has risen this year in all regions, but substantial regional gaps within England remain. Students in London were the most likely to secure top grades (31.3%, up 1.3pp on last year), followed by the South East (30.8%, up 1.3pp) and the East of England (27.5%, up 0.9pp). Those with the lowest rates are the East Midlands (22.5%, up 0.2pp), the North East (23.9%, with an increase from last year of 1.9pp) and Yorkshire & Humber (24.6%, similarly also up on last year, by 1.6pp). The gap between highest and lowest region for top grades has grown from 7.3pp in 2019 (between the South East and East Midlands) to 8.8pp today (between London and the East Midlands).
- The gap between state and private schools has continued to widen since 2019. A*/A grades at independent schools are up by 4.5 percentage points from 2019, to 49.4%, while at comprehensives the increase was 2.2 percentage points (up to 22.3%), and at academies only 2.5 percentage points (up to 26.5%).⁷⁴
- GCSE Results 2024: The private/state gap in top grades has increased compared to last year. 48.4% of grades in independent schools were at A/7 or higher, up from 47.5% last year. In contrast, at academies it rose slightly from 21% to 21.2%, and at comprehensives 19.3% to 19.4%. This means the gap between independent and comprehensive schools rose from 28.2 percentage points to 29 percentage points. Grammar schools similarly saw bigger rises than non-selective schools.⁷⁵
- Paris Olympics 2024:
- 33% of Team GB's medallists attended fee paying schools, a 7pp reduction since Tokyo in 2021.
- 52% of the country's medallists were educated at comprehensive schools and 8% went to grammars.
- Over time progress has not been linear. The proportion of privately educated medallists has gone up and down, with 40% of medallists privately educated in Tokyo in 2021, 31% in Rio 2016 and 36% in London 2012.
- But there are still some Olympic sports that remain more heavily dominated by the privately educated, including rowing, equestrian events and swimming.⁷⁶
- For further information on Education in the 2021 Census, go to: [Education, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

⁷⁴ See [Sutton Trust response to Level 3 Results Day 2024 - Sutton Trust](#)

⁷⁵ See [Sutton Trust response to GCSE Results Day 2024 - Sutton Trust](#)

⁷⁶ See [Paris Olympics 2024 - Sutton Trust](#)

- For further information on Entry rates into higher education in the 2021 Census, go to: [Entry rates into higher education - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk)
 - For further information on GCSE results (Attainment 8) in the 2021 Census, go to: [GCSE results \(Attainment 8\) - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk)
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14. 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.
- 76% of working age people (16 to 64 year olds) in England, Scotland and Wales were employed in 2022.
- 77% of white people were employed, compared with 69% of people from all other ethnic groups combined.
- 82% of people from the 'white other' ethnic group were employed – the highest percentage out of all ethnic groups.
- 61% of people from the combined Pakistani and Bangladeshi ethnic group were employed – the lowest percentage out of all ethnic groups.
- The difference in the employment rates between the white ethnic group and all other ethnic groups combined went down by 7 percentage points between 2004 and 2021.
- The difference in the employment rate between white people and people from ethnic minorities (excluding white minorities) was biggest among 16 to 24 year olds – 58% of white people and 39% for people from ethnic minorities were employed.
- From 2004 to 2022, the biggest increases in employment rates were in the combined Pakistani and Bangladeshi ethnic group (from 44% to 61%), and the 'other' ethnic group (from 55% to 68%).
- The highest employment rates for most ethnic groups were generally in the South and East of England – the lowest were generally in the North of England, Scotland, West Midlands, and Yorkshire and the Humber.
- For further information on Employment in the 2021 Census, go to: [Employment - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](https://ethnicity-facts-figures.service.gov.uk)
- Since 2009, ethnic minority workers in Britain have seen a greater increase in the rate of flexible working and self-employment than White British workers. Since 2013, there have been a greater proportion of workers from ethnic minorities on zero-hours contracts compared with White British workers.
- Between 2009 and 2021, the number of workers from ethnic minorities employed in jobs at high risk of automation increased, while it fell for White British workers. Overall, in 2021, White British workers and workers from ethnic minorities were roughly equally

likely to work flexibly, be self-employed, work in jobs at high risk of automation or be employed on zero-hours contracts.⁷⁷

- Those aged 50–69 in Britain have had the sharpest rises in self-employment and uptake of flexible working arrangements since 2009 compared to other age groups.
- Over the period from 2013 to 2019, the greatest increase in zero-hours contracts was for those aged 50-64. However, those aged 16-24 experienced the greatest rise in zero-hours contracts between 2020 and 2021 and this group is far more likely to work on zero-hours contracts or in jobs at high risk of automation compared to other age groups.
- Between 2009 and 2021, women’s self-employment rose by 23%, while male self-employment fell by 2%. However, men in Britain are still more likely to be self-employed than women.
- Since 2013, disabled people in Britain have seen sharper increases in the rates of flexible working, self-employment, zero-hours contracted employment and employment in jobs at risk of automation than non-disabled workers. As of 2019, the number of disabled workers on zero-hours contracts in Britain was 154% higher than it was in 2013 (rising from approximately 60,000 to 160,000), while the number of non-disabled workers on zero-hours contracts was 42% higher (rising from approximately 400,000 to 570,000). These findings are investigated in more depth in the full report, presenting a new perspective on disability employment and the gig economy.⁷⁸
- Only 28% of UK employers include neurodiversity in their diversity policies (CIPD).
- Despite there being more people with health conditions in work, a persistent employment and earnings gap remains between those who report work-limiting conditions and those who do not. The ‘health pay gap’ for full-time workers is £2.50 per hour, which means that people with a work-limiting health condition on average earn 15% less per hour. (The Health Foundation, 2023)
- The gap in employment between disabled and non-disabled people has steadily decreased over time, from 36.2 percentage points in 2017/18 to 32.4 percentage points in 2021/22. (EHRC, 2023)
- Despite this progress, wage growth for disabled people is outperformed by wage growth for non-disabled people. Disabled people are also more likely to leave work, and more likely to be employed in less secure employment. (EHRC, 2023)
- Black people in particular have experienced stagnating wage growth and lower employment rates than adults in other ethnic groups. (EHRC, 2023)
- For men, being single is associated with higher likelihood of unemployment – while for women, having a child is associated with higher likelihood of economic inactivity.
- Second generation Bangladeshi men and second generation black African women are less likely to be unemployed compared with white British men and women respectively.
- Second generation Indian men are less likely to be economically inactive compared with white British men.
- Second generation black Caribbean men and women are more likely to be unemployed compared with white British men and women.
- First generation Bangladeshi and both first and second generation Pakistani women are more likely to be economically inactive compared with white British women.

⁷⁷ See [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

⁷⁸ See [Future of Work Report | Equality and Human Rights Commission \(equalityhumanrights.com\)](#)

- For black African women, Bangladeshi men, and Pakistani and Bangladeshi women, the second generation performs better than the first generation in the labour market.
- However, the second generation of black Caribbean and Indian men is more likely to be unemployed compared with the first generation. (Gov.uk, April 2023)
- Research from the Youth Futures Foundation⁷⁹ (April 2024) has found that almost half of young people from an ethnic minority background have experienced prejudice or discrimination when seeking to enter the workplace. The study, carried out with 3,250 young people, found seven in ten (70%) who have faced discrimination have considered moving jobs – and the majority of young people don't think that reporting discrimination will make any difference.

⁷⁹ See [Half of young people from an ethnic minority background face prejudice and discrimination as they enter the world of work - Youth Futures Foundation.](#)

15. DERBY CITY (HEALTH INEQUALITY PROFILE)

- Census 2021 information on Derby can be found by clicking on: [Derby facts and figures - E06000015 - ONS](#)
- For up-to-date information on Derby, go to: [Derby Population 2023 | Historic, forecast, migration \(varbes.com\)](#)
- Derby's population is 261,400 (2021 Census).
- Derby's percentage population by Age Group (Census 2021) is:

Age	Derby %	England %
Aged 0 to 4	5.8	5.4
Aged 5 to 9	6.5	5.9
Aged 10 to 14	6.5	6
Aged 15 to 19	6.3	5.7
Aged 20 to 24	7.1	6
Aged 25 to 29	7.1	6.6
Aged 30 to 34	7	7
Aged 35 to 39	7	6.7
Aged 40 to 44	6.3	6.3
Aged 45 to 49	6.3	6.4
Aged 50 to 54	6.6	6.9
Aged 55 to 59	6.2	6.7
Aged 60 to 64	5.1	5.8
Aged 65 to 69	4.3	4.9
Aged 70 to 74	4.3	5
Aged 75 to 79	3.1	3.6
Aged 80 to 84	2.3	2.5
Aged 85 and over	2.3	2.4

- According to the 2021 Census, the percentage population of Derby by ethnicity was:
 - Asian/Asian British or Asian Welsh: 15.5%
 - Asian/Asian British or Asian Welsh: Indian: 4.8%
 - Asian/Asian British or Asian Welsh: Pakistani: 8%
 - Asian/Asian British or Asian Welsh: Bangladeshi: 0.3%
 - Asian/Asian British or Asian Welsh: Chinese: 0.5%
 - Asian/Asian British or Asian Welsh: Other Asian: 1.9%
 - Black/African/Caribbean/Black British: 4%
 - Black, Black British, Black Welsh, Caribbean or African: African: 2.3%
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 1.2%
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 0.5%
 - Mixed/Multiple Ethnic Groups: 3.7%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 1.6%
 - Mixed/Multiple Ethnic Group White and Black African: 0.4%
 - Mixed/Multiple Ethnic Group White and Asian: 0.9%
 - Mixed/Multiple Ethnic Group Other Mixed: 0.8%

- White: 73.8%
 - White English/Welsh/Scottish/Northern Irish/British: 66.2%
 - White Irish: 0.8%
 - White Gypsy or Irish Traveller: 0.2%
 - White Roma: 0.4%
 - White Other White: 6.2%
 - Other Ethnic Group: 2.9%
 - Other Ethnic Group Arab: 0.4%
 - Other Ethnic Group Any Other Ethnic Group: 2.5%
- 33.8% of residents are from ethnic minority groups⁸⁰ (the East Midlands average is 20.4%, the England and Wales average is 25.6%⁸¹).
 - The Pakistani community is the largest ethnic minority group (8% of the total population).
 - According to the 2021 Census, the main languages spoken in Derby were:
 - English: 219,616 (87.05%)
 - Panjabi: 5,528 (2.19%)
 - Polish: 4,071 (1.61%)
 - Urdu: 4,050 (1.61%)
 - Slovak: 2,285 (0.91%)
 - Romanian: 1,784 (0.71%)
 - Kurdish: 1,275 (0.51%)
 - Latvian: 1,024 (0.41%)
 - Arabic: 805 (0.32%)
 - Russian: 701 (0.28%)
 - Portuguese: 699 (0.28%)
 - Pakistani Pahari (with Mirpuri and Potwari): 661 (0.26%)
 - Czech: 639 (0.25%)
 - Italian: 577 (0.23%)
 - Lithuanian: 521 (0.21%)
 - 447 people in Derby indicated British Sign Language as their main language (Census 2021).
 - According to the 2021 Census, the religious composition of Derby was:
 - Buddhist: 828 (0.3%)
 - Christian: 104,969 (40.2%)
 - Hindu: 3,065 (1.2%)
 - Jewish: 150 (0.1%)
 - Muslim: 29,137 (11.1%)
 - No religion: 95,639 (36.6%)
 - Sikh: 9,762 (3.7%)
 - Other religion: 1,297 (0.5%)
 - Not answered: 16,517 (6.3%)

⁸⁰ Used in this context as all ethnic groups apart from White English/Welsh/Scottish/Northern Irish/British

⁸¹ Note that it is common to include all White ethnicities as 'majority' communities in ethnicity data. Hence, the alternative percentage of England and Wales residents from ethnic minority communities is given in such sources as 18%.

- According to the 2021 Census, the sexual orientation composition of Derby was:
 - Asexual: 155 (0.07%)
 - Bisexual: 3,040 (1.45%)
 - Gay or lesbian: 2,764 (1.32%)
 - Pansexual: 654 (0.31%)
 - Queer: 34 (0.02%)
 - Straight or heterosexual: 184,221 (88.06%)
 - All other sexual orientations: 86 (0.04%)
 - Not answered: 18,235 (8.72%)
- Census 2021 information for Derby (for residents aged 16 years and over) on Gender Identity is as follows:
 - Gender identity the same as sex registered at birth: 191,767 (91.67%)
 - Gender identity different from sex registered at birth but no specific identity given: 1,054 (0.5%)
 - Trans man: 238 (0.1%)
 - Trans woman: 238 (0.11%)
 - All other gender identities: 247 (0.1%)
 - Not answered: 15,647 (7.48%)
- According to the 2021 Census, 19.9% of the population of Derby were disabled: 8.8% said their day-to-day activities were limited a lot, and 11.1% limited a little.
- In 2021, 43.2% of Derby residents described their health as 'very good', increasing from 41.2% in 2011. Those describing their health as 'good' fell from 35.8% to 35.5%.
- 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)

- 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%).

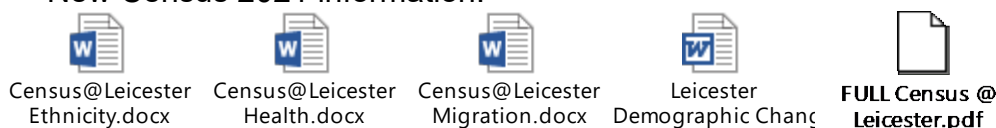
Race (Protected Characteristic)

- 78.8% of residents who identified as White reported their health to be good/very good.
- 84.5% of residents who identified as from ethnic minority communities 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 ethnic minority 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 dialects⁸².
- 37.5% of school children are from an ethnic minority community.

⁸² Note that a Derbyshire Constabulary document containing Equality Information for 2020-2021 had significantly different data. It stated that 'over 80 different nationalities and 170+ languages and dialects are spoken' in Derby.

16. LEICESTER CITY (HEALTH INEQUALITY PROFILE)

- New Census 2021 information:



- Census 2021 information on Leicester can be found by clicking on: [Leicester facts and figures - E06000016 - ONS](#)
- According to the 2021 Census, the percentage population of Leicester by ethnicity was:
 - Asian/Asian British or Asian Welsh: 43.4%
 - Asian/Asian British or Asian Welsh: Indian: 34.3%
 - Asian/Asian British or Asian Welsh: Pakistani: 3.4%
 - Asian/Asian British or Asian Welsh: Bangladeshi: 1.9%
 - Asian/Asian British or Asian Welsh: Chinese: 0.7%
 - Asian/Asian British or Asian Welsh: Other Asian: 3.1%
 - Black/African/Caribbean/Black British: 7.7%
 - Black, Black British, Black Welsh, Caribbean or African: African: 5.8%
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 1.2%
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 0.7%
 - Mixed/Multiple Ethnic Groups: 3.8%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 1.4%
 - Mixed/Multiple Ethnic Group White and Black African: 0.5%
 - Mixed/Multiple Ethnic Group White and Asian: 1%
 - Mixed/Multiple Ethnic Group Other Mixed: 0.9%
 - White: 40.8%
 - White English/Welsh/Scottish/Northern Irish/British: 33.2%
 - White Irish: 0.5%
 - White Gypsy or Irish Traveller: 0.1%
 - White Roma: 0.2%
 - White Other White: 6.8%
 - Other Ethnic Group: 4.1%
 - Other Ethnic Group Arab: 0.9%
 - Other Ethnic Group Any Other Ethnic Group: 3.2%
- The population of Leicester on Census Day 2021 was 368,572. 42% were born outside the UK. 43% arrived between 2011 and 2021. 7% arrived in the last two years.
- The three most common non-UK countries of birth were:
 - India (16% of all residents)
 - Poland
 - Kenya
- 24% of all residents of Leicester held a non-UK passport with the most common being Indian and Portuguese.
- The number of residents in Leicester listing Romania as their country of birth increased from 2011 by 1445%
- For up-to-date information on Leicester, go to: [Leicester Population 2023 | Historic, forecast, migration \(varbes.com\)](#)

- According to the 2021 Census, the main languages spoken in Leicester were:
 - English: 248,771 (69.96%)
 - Gujarati: 44,887 (12.62%)
 - Panjabi: 9,330 (2.62%)
 - Polish: 7,940 (2.23%)
 - Romanian: 4,390 (1.23%)
 - Urdu: 3,332 (0.94%)
 - Bengali (with Sylheti and Chatgaya): 2,746 (0.77%)
 - Portuguese: 2,561 (0.72%)
 - Arabic: 2,486 (0.70%)
 - Somali: 2,408 (0.68%)
 - Hindi: 2,252 (0.63%)
 - Tamil: 1,712 (0.48%)
 - Any other South Asian language: 1,654 (0.47%)
 - Kurdish: 1,560 (0.44%)
 - Malayalam: 1,351 (0.38%)
 - Bulgarian: 1,302 (0.37%)
 - Italian: 1,252 (0.35%)
 - Slovak: 1,235 (0.35%)
 - French: 1,205 (0.34%)
- 167 people in Leicester indicated British Sign Language as their main language (Census 2021).
- According to the 2021 Census, the religious composition of Leicester was:
 - Buddhist: 1,181 (0.3%)
 - Christian: 91,161 (24.7%)
 - Hindu: 65,821 (17.9%)
 - Jewish: 326 (0.1%)
 - Muslim: 86,443 (23.5%)
 - No religion: 84,607 (23.0%)
 - Sikh: 16,451 (4.5%)
 - Other religion: 2,075 (0.6%)
 - Not answered: 20,509 (5.6%)
- According to the 2021 Census, the sexual orientation composition of Leicester was:
 - Asexual: 172 (0.06%)
 - Bisexual: 5,303 (1.82%)
 - Gay or lesbian: 3,291 (1.13%)
 - Pansexual: 1,108 (0.38%)
 - Queer: 84 (0.03%)
 - Straight or heterosexual: 250,153 (85.96%)
 - All other sexual orientations: 56 (0.02%)
 - Not answered: 30,847 (10.60%)
- Census 2021 information for Leicester (for residents aged 16 years and over) on Gender Identity is as follows:
 - Gender identity the same as sex registered at birth: 260,140 (89.39%)
 - Gender identity different from sex registered at birth but no specific identity given: 1,649 (0.57%)

- Trans man: 496 (0.17%)
 - Trans woman: 437 (0.15%)
 - All other gender identities: 328 (0.11%)
 - Not answered: 27,963 (9.61%)
- According to the 2021 Census, 18.6% of the population of Leicester were disabled: 8.8% said their day-to-day activities were limited a lot, and 9.8% limited a little.
 - 81% of Leicester residents described their health as very good or good. 5.2% described their health as bad or very bad. 12.5% described their health as fair.
 - The mid-year estimate of 2017 put the population of Leicester at 353,540. It was estimated that the population in 2018 would be 405,960 and that it would reach 417,824 by 1st July 2019. (**However, see above**)
 - 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)⁸³.
 - 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 71.9%, lower than the Great Britain average of 72.3%⁸⁴.
 - 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.

⁸³ See <https://www.leicestermercury.co.uk/news/leicester-news/leicestershire-life-expectancy-postcode-revealed-8277963> for more recent information.

⁸⁴ See [Labour Market Profile - Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](https://www.nomisweb.co.uk/labour-market-profile)

- 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.

Alcohol⁸⁵

- 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.

Cancer⁸⁶

- Each year, over 1,300 people in Leicester are diagnosed with cancer. In 2019, there were 659 new diagnoses in men and 608 in women. In 2020 there were 6,759 cancer patients on GP registers which amounts to a prevalence of 1.63% of the total GP registered 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; 422 in 2017-2019. The next highest number of cancer deaths are from breast, colorectal and prostate 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.

⁸⁵ See [Alcohol JSNA chapter 2020 \(leicester.gov.uk\)](https://www.leicester.gov.uk) and [Alcohol deaths in Leicester and wider county hit 15-year high during pandemic - Leicestershire Live \(leicestermercury.co.uk\)](https://www.leicestermercury.co.uk)

⁸⁶ See [Cancer - Adults JSNA \(leicester.gov.uk\)](https://www.leicester.gov.uk)

- 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.
- Leicester reports a significantly lower skin cancer incidence rate compared to national average and neighbouring areas. However, Leicester reports significantly lower skin cancer referral rate compared to national average and the neighbouring areas.

Cardiovascular Disease (CVD)⁸⁷

- 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. More recent figures show that there are around 60 deaths from heart and circulatory diseases in Leicester every month. Every 12 hours someone dies from a heart or circulatory disease in Leicester.
- 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. More recent figures show that around 51,000 people in Leicester have been diagnosed with high blood pressure.

Dementia⁸⁸

- 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.

⁸⁷ See [Data Set 16 \(bhf.org.uk\)](https://www.bhf.org.uk/data-set-16)

⁸⁸ See [living-well-with-dementia-strategy-2019-2022-accessible-version.pdf \(leicester.gov.uk\)](https://www.leicester.gov.uk/living-well-with-dementia-strategy-2019-2022-accessible-version.pdf)

- 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.
- More recent figures show that there are currently 13,372 people living with dementia across Leicester, Leicestershire and Rutland. This number is set to increase to 16,969 by 2025. 269 of these people have early onset dementia. Across LLR 60% of people with dementia are female and 40% are male.

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.
- More recent figures show that around 32,000 adults have been diagnosed with diabetes in Leicester.

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.
- Drug misuse mortality rate has been rising over the years for Leicester, regional average and national average. Age-standardised mortality rate for deaths related to drug misuse (persons) in Leicester was 5.30 per 100,000 population in 2019-21 compared to 5.10 per 100,000 population of England average and 4.40 per 100,000 population of East Midlands average.

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 100,000⁸⁹, 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, Freeman 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.
- In 2022/23 the Leicestershire rate of hospital admissions caused by unintentional and deliberate injuries in young people aged 15 – 24 years is 89.3 per 10,000 compared to the national average of 94.1 per 10,000. 2021/22 data for Leicester City shows emergency hospital admissions for intentional self-harm was 125.9 per 100,000 compared to the national average of 163.9 per 100,000. (LLR Integrated Care Board, July 2024)

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 was 54.7%, compared to a national figure of 62%. More recent figures show that 57% of adults in Leicester have obesity or excess weight.

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.

⁸⁹ The figure for 2021/2022 is 125.9 per 100,000.

- 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.
- Leicester is the 6th highest HIV area outside London. Nearly 1,000 residents are receiving HIV-related care. There is a high rate of late diagnosis of infection. HIV testing coverage is lower than in England generally.
- Groups at highest risk of HIV are men who have sex with men and people from sub-Saharan Africa.

Tobacco⁹⁰

- 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%.
- Local data from the Leicester Health and Wellbeing Survey 2018 estimates 19.6% of the Leicester 16+ population are current smokers.
- In 2022/23, the smoking rate among Leicester women at the time of delivery was 9.2%, comparable to England's 8.8%, indicating no significant difference. This marks as a significant fall from the last 10 years.

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%.
- However, in 2021, 2 out of 310 (0.64%) local authority areas had annual TB notification rates above 40 per 100,000. These were the London Borough of Newham (41.4 per 100,000, 147 individuals) and Leicester City (Unitary Authority) (40.3 per 100,000, 143 individuals)⁹¹.
- TB incidence varies across the country and significantly higher rates are found in the large urban areas such as London Boroughs, and other cities including Leicester. In 2019-21 TB incidence in Leicester was 40 per 100,000, consistently surpassing the national average over the years. Recent data reveals that Leicester reported 150 TB incidents in the past year, while the city's incidence has remained relatively stable since around 2013-15, contrasting with the continuing national decline.

⁹⁰ See [Tobacco JSNA Chapter 2020 \(leicester.gov.uk\)](https://www.leicester.gov.uk/tobacco-jsna-chapter-2020)

⁹¹ See [TB incidence and epidemiology in England, 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/tb-incidence-and-epidemiology-in-england-2021)

Age (Protected Characteristic)

- Leicester has a very young age structure, with a large student population.
- Census 2021 figures show an increase of 16.9% in people aged 65 years and over, an increase of 11.0% in people aged 15 to 64 years, and an increase of 11.4% in children aged under 15 years.
- Population by age group:
 - 6.1% are aged 4 years and under
 - 6.7% are aged 5-9
 - 8.3% are aged 10-15
 - 6.4% are aged 16-19
 - 9.8% are aged 20-24
 - 14.9% are aged 25-34
 - 20.2% are aged 35-49
 - 15.9% are aged 50-64
 - 6.9% are aged 65-74
 - 3.5% are aged 75-84
 - 1.5% are aged 85 and over
- 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%).
- Higher rates of teenage pregnancy than England despite over 60% reduction of teenage pregnancy rate since 1998.
- Teenage pregnancy rates higher in west of Leicester.
- 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 2019 figures for abortion are as follows:
 - Total abortion rate per 1,000: 21 (the figure for England was 19)
 - Under 18s abortion rate per 1,000: 7 (the figure for England was 8)
 - Under 25s repeat abortions (%): 27% (the percentage for England was 28%)
 - Over 25s abortion rate per 1,000: 21 (the figure for England was 17)
 - Abortions under 10 weeks (%): 82% (the figure for England was 83%)
- 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.
- 66.8% of residents are from ethnic minority groups⁹² (the East Midlands average is 20.4%, the England and Wales average is 25.6%⁹³). This is the highest figure in the East Midlands region.
- The largest groups are Indian (34.3%), Other White (6.8%) and Black African (5.8%).
- Leicester has the largest Indian population of any local authority in England (34.3% 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 minority ethnic backgrounds relative to the general population, but this is projected to increase substantially in future years.
- 78% of residents who identified as White reported their health to be good/very good.
- 83.2% of residents who identified as minority ethnic 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 minority ethnic 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 ethnic minority 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.

⁹² Used in this context as all ethnic groups apart from White English/Welsh/Scottish/Northern Irish/British

⁹³ Note that it is common to include all White ethnicities as 'majority' communities in ethnicity data. Hence, the alternative percentage of England and Wales residents from ethnic minority communities is given in such sources as 59.2%.

- 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 ethnic minority 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 now make up 24.7% (down from 32.4%) of the city's population. 23.5% are Muslims, 17.9% are Hindus, 4.5% are Sikhs, 0.3% 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 (2017/2018). For women, rates are similar in Leicester to England despite Leicester's high rates of alcohol abstinence⁹⁴.
- 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 (21%) than women (13.6%), with these levels being lower in England at 16.4% and 12.6% respectively⁹⁵.
- 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%).
- Excess weight prevalence is similar between men and women in Leicester across all age groups. Following the national trend, adults are more likely to be overweight or obese in middle and older age; women 45 to 54 are significantly more likely to have excess weight than women in Leicester overall. Residents under the age of 25 are the only age group significantly less likely to be overweight or obese than the Leicester average⁹⁶.

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.

⁹⁴ See [Alcohol JSNA chapter 2020 \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-social-care/health-and-social-care-reports-and-statistics/2020-2021-annual-report/2020-2021-annual-report-chapter-20-alcohol)

⁹⁵ See [Tobacco JSNA Chapter 2020 \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-social-care/health-and-social-care-reports-and-statistics/2020-2021-annual-report/2020-2021-annual-report-chapter-20-tobacco)

⁹⁶ See [Obesity JSNA Chapter \(2020\) \(leicester.gov.uk\)](https://www.leicester.gov.uk/health-and-social-care/health-and-social-care-reports-and-statistics/2020-2021-annual-report/2020-2021-annual-report-chapter-20-obesity)

17. LINCOLN (HEALTH INEQUALITY PROFILE)

- Census 2021 information on Lincoln can be found by clicking on: [Lincoln facts and figures - E07000138 - ONS](#)
- According to the 2021 Census, the percentage population of Lincoln by ethnicity was:
 - Asian/Asian British or Asian Welsh: 3.3%
 - Asian/Asian British or Asian Welsh: Indian: 0.8%
 - Asian/Asian British or Asian Welsh: Pakistani: 0.3%
 - Asian/Asian British or Asian Welsh: Bangladeshi: 0.3%
 - Asian/Asian British or Asian Welsh: Chinese: 0.8%
 - Asian/Asian British or Asian Welsh: Other Asian: 1.1%
 - Black/African/Caribbean/Black British: 1.4%
 - Black, Black British, Black Welsh, Caribbean or African: African: 1.1%
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 0.2%
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 0.1%
 - Mixed/Multiple Ethnic Groups: 2%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 0.5%
 - Mixed/Multiple Ethnic Group White and Black African: 0.4%
 - Mixed/Multiple Ethnic Group White and Asian: 0.6%
 - Mixed/Multiple Ethnic Group Other Mixed: 0.5%
 - White: 92.1%
 - White English/Welsh/Scottish/Northern Irish/British: 82.7%
 - White Irish: 0.6%
 - White Gypsy or Irish Traveller: 0.1%
 - White Roma: 0.2%
 - White Other White: 8.5%
 - Other Ethnic Group: 1.2%
 - Other Ethnic Group Arab: 0.3%
 - Other Ethnic Group Any Other Ethnic Group: 0.9%
- The population of Lincoln is 103,800 (Census 2021).
- For up-to-date information on Lincoln, go to: [Lincoln Population 2023 | Historic, forecast, migration \(varbes.com\)](#)
- According to the 2021 Census, the main languages spoken in Lincoln were:
 - English: 90,922 (90.23%)
 - Polish: 2,385 (2.37%)
 - Romanian: 1,223 (1.21%)
 - Lithuanian: 928 (0.92%)
 - Bulgarian: 628 (0.62%)
 - Russian: 560 (0.56%)
 - Latvian: 428 (0.42%)
 - Portuguese: 416 (0.41%)
 - All other Chinese: 311 (0.31%)
 - Arabic: 280 (0.28%)
 - Spanish: 230 (0.23%)
 - Persian or Farsi: 195 (0.19%)
 - Tamil: 147 (0.15%)
 - Italian: 144 (0.14%)

- Kurdish: 139 (0.14%)
- 23 people in Lincoln indicated British Sign Language as their main language (Census 2021).
- According to the 2021 Census, the religious composition of Lincoln was:
 - Buddhist: 355 (0.3%)
 - Christian: 43,898 (42.3%)
 - Hindu: 456 (0.4%)
 - Jewish: 70 (0.1%)
 - Muslim: 1,896 (1.8%)
 - No religion: 48,940 (47.1%)
 - Sikh: 103 (0.1%)
 - Other religion: 793 (0.8%)
 - Not answered: 7,302 (7.0%)
- According to the 2021 Census, the sexual orientation composition of Lincoln was:
 - Asexual: 143 (0.16%)
 - Bisexual: 2,974 (3.42%)
 - Gay or lesbian: 1,880 (2.16%)
 - Pansexual: 441 (0.51%)
 - Queer: 45 (0.05%)
 - Straight or heterosexual: 73,780 (84.74%)
 - All other sexual orientations: 40 (0.05%)
 - Not answered: 7,764 (8.92%)
- Census 2021 information for Lincoln (for residents aged 16 years and over) on Gender Identity is as follows:
 - Gender identity the same as sex registered at birth: 79,855 (91.72%)
 - Gender identity different from sex registered at birth but no specific identity given: 312 (0.36%)
 - Trans man: 157 (0.18%)
 - Trans woman: 154 (0.18%)
 - All other gender identities: 257 (0.3%)
 - Not answered: 6,332 (7.27%)
- According to the 2021 Census, 22% of the population of Lincoln were disabled: 9.2% said their day-to-day activities were limited a lot, and 12.8% limited a little.

18. NORTHAMPTONSHIRE (HEALTH INEQUALITY PROFILE)

- The population of Northampton is 137,400 (Census 2021).
- The population of Northamptonshire is 785,200 (2021).
- For up-to-date information on North Northamptonshire, go to: [North Northamptonshire Population 2023 | Varbes](#)
- For up-to-date information on West Northamptonshire, go to: [West Northamptonshire Population 2023 | Varbes](#)
- According to the 2021 Census, the percentage population of North Northamptonshire by ethnicity was:
 - Asian/Asian British or Asian Welsh: 3.5%
 - Asian/Asian British or Asian Welsh: Indian: 2%
 - Asian/Asian British or Asian Welsh: Pakistani: 0.3%
 - Asian/Asian British or Asian Welsh: Bangladeshi: 0.3%
 - Asian/Asian British or Asian Welsh: Chinese: 0.3%
 - Asian/Asian British or Asian Welsh: Other Asian: 0.6%
 - Black/African/Caribbean/Black British: 3.1%
 - Black, Black British, Black Welsh, Caribbean or African: African: 1.9%
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 0.7%
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 0.5%
 - Mixed/Multiple Ethnic Groups: 2.2%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 0.8%
 - Mixed/Multiple Ethnic Group White and Black African: 0.4%
 - Mixed/Multiple Ethnic Group White and Asian: 0.5%
 - Mixed/Multiple Ethnic Group Other Mixed: 0.5%
 - White: 90.3%
 - White English/Welsh/Scottish/Northern Irish/British: 80.5%
 - White Irish: 0.7%
 - White Gypsy or Irish Traveller: 0.1%
 - White Roma: 0.2%
 - White Other White: 8.8%
 - Other Ethnic Group: 0.8%
 - Other Ethnic Group Arab: 0.1%
 - Other Ethnic Group Any Other Ethnic Group: 0.7%
- According to the 2021 Census, the percentage population of West Northamptonshire by ethnicity was:
 - Asian/Asian British or Asian Welsh: 5.3%
 - Asian/Asian British or Asian Welsh: Indian: 2.3%
 - Asian/Asian British or Asian Welsh: Pakistani: 0.7%
 - Asian/Asian British or Asian Welsh: Bangladeshi: 1.1%
 - Asian/Asian British or Asian Welsh: Chinese: 0.4%
 - Asian/Asian British or Asian Welsh: Other Asian: 0.8%
 - Black/African/Caribbean/Black British: 4.9%
 - Black, Black British, Black Welsh, Caribbean or African: African: 3.4%
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 0.9%
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 0.6%

- Mixed/Multiple Ethnic Groups: 2.8%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 1.1%
 - Mixed/Multiple Ethnic Group White and Black African: 0.4%
 - Mixed/Multiple Ethnic Group White and Asian: 0.6%
 - Mixed/Multiple Ethnic Group Other Mixed: 0.7%
 - White: 85.9%
 - White English/Welsh/Scottish/Northern Irish/British: 75.1%
 - White Irish: 0.9%
 - White Gypsy or Irish Traveller: 0.1%
 - White Roma: 0.3%
 - White Other White: 9.5%
 - Other Ethnic Group: 1.1%
 - Other Ethnic Group Arab: 0.2%
 - Other Ethnic Group Any Other Ethnic Group: 0.9%
- According to the 2021 Census, the main languages spoken in North Northamptonshire were:
 - English: 314,820 (90.55%)
 - Polish: 9,297 (2.67%)
 - Romanian: 8,080 (2.32%)
 - Hungarian: 1,408 (0.40%)
 - Lithuanian: 1,301 (0.37%)
 - Gujarati: 1,169 (0.34%)
 - Russian: 1,083 (0.31%)
 - Latvian: 933 (0.27%)
 - Portuguese: 817 (0.23%)
 - Panjabi: 682 (0.20%)
 - Slovak: 699 (0.20%)
 - Malayalam: 618 (0.18%)
 - Bulgarian: 552 (0.16%)
 - Italian: 463 (0.13%)
 - Bosnian, Croatian, Serbian and Montenegrin: 459 (0.13%)
 - According to the 2021 Census, the main languages spoken in West Northamptonshire were:
 - English: 366,766 (89.08%)
 - Romanian: 15,250 (3.7%)
 - Polish: 7,828 (1.90%)
 - Russian: 2,019 (0.49%)
 - Lithuanian: 2,007 (0.49%)
 - Bengali (with Sylheti and Chatgaya): 1,328 (0.33%)
 - Malayalam: 1,117 (0.27%)
 - Latvian: 1,014 (0.25%)
 - Hungarian: 931 (0.23%)
 - Gujarati: 827 (0.2%)
 - Albanian: 787 (0.19%)
 - Italian: 735 (0.18%)
 - Portuguese: 692 (0.17%)
 - Panjabi: 671 (0.16%)
 - Urdu: 612 (0.15%)

- 83 people in North Northamptonshire and 140 people in West Northamptonshire indicated British Sign Language as their main language (Census 2021).
- According to the 2021 Census, the religious composition of North Northamptonshire was:
 - Buddhist: 1,095 (0.3%)
 - Christian: 172,329 (47.9%)
 - Hindu: 4,540 (1.3%)
 - Jewish: 291 (0.1%)
 - Muslim: 4,373 (1.2%)
 - No religion: 152,998 (42.6%)
 - Sikh: 1,787 (0.5%)
 - Other religion: 1,900 (0.5%)
 - Not answered: 20,012 (5.6%)
- According to the 2021 Census, the religious composition of West Northamptonshire was:
 - Buddhist: 1,515 (0.4%)
 - Christian: 210,553 (49.5%)
 - Hindu: 5,431 (1.3%)
 - Jewish: 430 (0.1%)
 - Muslim: 14,694 (3.5%)
 - No religion: 162,751 (38.2%)
 - Sikh: 1,791 (0.4%)
 - Other religion: 2,406 (0.6%)
 - Not answered: 26,154 (6.1%)
- According to the 2021 Census, the sexual orientation composition of North Northamptonshire was:
 - Asexual: 143 (0.05%)
 - Bisexual: 2,918 (1.01%)
 - Gay or lesbian: 3,354 (1.16%)
 - Pansexual: 607 (0.21%)
 - Queer: 17 (0.01%)
 - Straight or heterosexual: 261,791 (90.53%)
 - All other sexual orientations: 73 (0.03%)
 - Not answered: 20,283 (7.01%)
- According to the 2021 Census, the sexual orientation composition of West Northamptonshire was:
 - Asexual: 175 (0.05%)
 - Bisexual: 4,056 (1.18%)
 - Gay or lesbian: 4,175 (1.22%)
 - Pansexual: 888 (0.26%)
 - Queer: 55 (0.02%)
 - Straight or heterosexual: 308,571 (89.83%)
 - All other sexual orientations: 83 (0.02%)
 - Not answered: 25,499 (7.42%)

- Census 2021 information for North Northamptonshire (for residents aged 16 years and over) on Gender Identity is as follows:
 - Gender identity the same as sex registered at birth: 271,271 (93.81%)
 - Gender identity different from sex registered at birth but no specific identity given: 635 (0.22%)
 - Trans man: 268 (0.09%)
 - Trans woman: 265 (0.09%)
 - All other gender identities: 189 (0.07%)
 - Not answered: 16,558 (5.73%)

- Census 2021 information for West Northamptonshire (for residents aged 16 years and over) on Gender Identity is as follows:
 - Gender identity the same as sex registered at birth: 320,432 (93.28%)
 - Gender identity different from sex registered at birth but no specific identity given: 918 (0.27%)
 - Trans man: 385 (0.11%)
 - Trans woman: 359 (0.10%)
 - All other gender identities: 287 (0.08%)
 - Not answered: 21,119 (6.15%)

- According to the 2021 Census, 17.9% of the population of North Northamptonshire were disabled: 7.4% said their day-to-day activities were limited a lot, and 10.5% limited a little.
- According to the 2021 Census, 16% of the population of West Northamptonshire were disabled: 6.3% said their day-to-day activities were limited a lot, and 9.7% limited a little.

- 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.
- Life expectancy is 9.6 years lower for men and 7.2 years lower for women in the most deprived areas of Northampton 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.
- The rate for alcohol-related harm hospital admissions in Northampton is 831 per 100,000 population, worse than the average for England. This represents 1,719 admissions per year. The rate for self-harm hospital admissions is 440 per 100,000 population, worse than the average for England. This represents 1,005 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.
- Department for Work and Pensions data published in 2022 shows that there were 11,467 under-16s in West Northamptonshire living in families with low incomes in the 12 months to April 2021 – an estimated 13.7% of all youngsters in the area⁹⁷. That was down from 14% the year before, but more than the 12.8% in 2014-15, when comparable figures were first published.
- In North Northamptonshire, 9,932 under-16s lived in families with low incomes – an estimated 13.8% of all youngsters in the area.
- This amounted to one in eight Northamptonshire children living in poverty in the twelve months to April 2021.
- 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 Northampton⁹⁸:
 - The rate for alcohol-related harm hospital admissions is 831 per 100,000 population, worse than the average for England. This represents 1,719 admissions per year. The rate for self-harm hospital admissions is 440 per 100,000 population, worse than the average for England. This represents 1,005 admissions per year
 - Estimated levels of excess weight in adults (aged 18+) are worse than the England average
 - The rate of killed and seriously injured on roads is better than the England average
 - The rate of statutory homelessness is better than the England average
 - The rates of violent crime (hospital admissions for violence), under 75 mortality rate from cardiovascular diseases and under 75 mortality rate from cancer are worse than the England average
- In Year 6, 17% (1,098) of children are classified as obese.

⁹⁷ See [One in eight Northamptonshire children living in poverty last year, according to government figures | Northampton Chronicle and Echo](#)

⁹⁸ See [E07000154 \(phe.org.uk\)](#)

- In Northampton, 68.1% of the adult population over the age of 16 are overweight or obese (England 62%). Children measured through the NCMP programme show levels of 22.7% of children in reception (aged 4-5 years) rising to 36.4% for year 6 children (aged 10-11).
- Levels of GCSE attainment (average attainment 8 score) and smoking in pregnancy are worse than the England average.

19. NOTTINGHAM CITY (HEALTH INEQUALITY PROFILE)

- Census 2021 information on Nottingham can be found by clicking on: [Nottingham facts and figures - E06000018 - ONS](#)
- For up-to-date information on Nottingham, go to: [Nottingham Population 2023 | Historic, forecast, migration \(varbes.com\)](#)
- According to the 2021 Census, the percentage population of Nottingham by ethnicity was:
 - Asian/Asian British or Asian Welsh: 14.9%
 - Asian/Asian British or Asian Welsh: Indian: 3.6%
 - Asian/Asian British or Asian Welsh: Pakistani: 6.7%
 - Asian/Asian British or Asian Welsh: Bangladeshi: 0.7%
 - Asian/Asian British or Asian Welsh: Chinese: 1.3%
 - Asian/Asian British or Asian Welsh: Other Asian: 2.6%
 - Black/African/Caribbean/Black British: 10%
 - Black, Black British, Black Welsh, Caribbean or African: African: 5.8%
 - Black, Black British, Black Welsh, Caribbean or African: Caribbean: 2.9%
 - Black, Black British, Black Welsh, Caribbean or African: Other Black: 1.3%
 - Mixed/Multiple Ethnic Groups: 5.9%
 - Mixed/Multiple Ethnic Group White and Black Caribbean: 3.1%
 - Mixed/Multiple Ethnic Group White and Black African: 0.7%
 - Mixed/Multiple Ethnic Group White and Asian: 1%
 - Mixed/Multiple Ethnic Group Other Mixed: 1.1%
 - White: 65.8%
 - White English/Welsh/Scottish/Northern Irish/British: 57.3%
 - White Irish: 0.7%
 - White Gypsy or Irish Traveller: 0.1%
 - White Roma: 0.3%
 - White Other White: 7.4%
 - Other Ethnic Group: 3.3%
 - Other Ethnic Group Arab: 1.1%
 - Other Ethnic Group Any Other Ethnic Group: 2.2%
- The population of Nottingham is 323,600 (Census 2021).
- For up-to-date information on Nottingham, go to: [Nottingham Population 2023 | Historic, forecast, migration \(varbes.com\)](#)
- According to the 2021 Census, the main languages spoken in Nottingham were:
 - English: 268,420 (85.68%)
 - Polish: 7,826 (2.50%)
 - Urdu: 4,378 (1.40%)
 - Arabic: 3,279 (1.05%)
 - Romanian: 2,780 (0.89%)
 - Panjabi: 1,921 (0.61%)
 - Portuguese: 1,597 (0.51%)
 - All other Chinese: 1,707 (0.54%)
 - Italian: 1,277 (0.41%)
 - Kurdish: 1,257 (0.40%)
 - Spanish: 1,246 (0.40%)

- Persian or Farsi: 982 (0.31%)
 - Bengali (with Sylheti and Chatgaya): 884 (0.28%)
 - Malayalam: 777 (0.25%)
 - Nepalese: 758 (0.24%)
- 166 people in Nottingham indicated British Sign Language as their main language (Census 2021).
- According to the 2021 Census, the religious composition of Nottingham was:
 - Buddhist: 1,671 (0.5%)
 - Christian: 112,200 (34.7%)
 - Hindu: 5,403 (1.7%)
 - Jewish: 941 (0.3%)
 - Muslim: 39,540 (12.2%)
 - No religion: 133,403 (41.2%)
 - Sikh: 4,110 (1.3%)
 - Other religion: 2,263 (0.7%)
 - Not answered: 24,099 (7.4%)
- According to the 2021 Census, the sexual orientation composition of Nottingham was:
 - Asexual: 302 (0.11%)
 - Bisexual: 6,742 (2.55%)
 - Gay or lesbian: 4,757 (1.80%)
 - Pansexual: 891 (0.34%)
 - Queer: 154 (0.06%)
 - Straight or heterosexual: 225,477 (85.30%)
 - All other sexual orientations: 83 (0.03%)
 - Not answered: 25,917 (9.81%)
- Census 2021 information for Nottingham (for residents aged 16 years and over) on Gender Identity is as follows:
 - Gender identity the same as sex registered at birth: 239,353 (90.55%)
 - Gender identity different from sex registered at birth but no specific identity given: 1,010 (0.38%)
 - Trans man: 411 (0.16%)
 - Trans woman: 369 (0.14%)
 - All other gender identities: 502 (0.19%)
 - Not answered: 22,677 (8.58%)
- According to the 2021 Census, 22% of the population of Nottingham were disabled: 10.4% said their day-to-day activities were limited a lot, and 11.6% limited a little.
- 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.
 - 2018-20 Life expectancy in Nottingham is significantly lower than the England average, with approximately 3 years less for men and 2 years less for women (Nottingham: 76.6 men; 81.0 women. England: 79.4 men; 83.1 women)⁹⁹.

⁹⁹ See [Life expectancy and healthy life expectancy \(2022\) - Nottingham Insight](#)

- 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.
- Nottingham City has statistically significantly higher rates of admissions for alcohol-related conditions (1,000 per 100,000 compared to 647 per 100,000 for England), for alcohol-specific mortality (19.2 per 100,000 compared to 10.4 per 100,000 for England) and significantly higher rates of admission episodes in men for alcoholic liver disease (418.8 per 100,000 in Nottingham City, compared to 160.6 per 100,000 for England)¹⁰⁰.
- 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, 29.8% (850) of children are classified as obese. This is worse than the average for England.
- Nottingham has the highest number of children living with obesity in the East Midlands. School children in year six and reception were measured as part of the National Child Measurement Programme. The data shows year six children who go to school in Nottingham have a living with obesity prevalence of 29.8. This compares to England's overall prevalence of 23.4¹⁰¹.

Race (Protected Characteristic)

- 42.7% of Nottingham residents are from ethnic minority communities¹⁰². The East Midlands average is 20.4%, the England and Wales average is 25.6%¹⁰³).

¹⁰⁰ See <https://committee.nottinghamcity.gov.uk/documents/s80573/>

¹⁰¹ See [Nottingham has highest levels of children living with obesity in region - Nottinghamshire Live \(nottinghampost.com\)](https://www.nottinghampost.com/news/2023/05/23/nottingham-has-highest-levels-of-children-living-with-obesity-in-region/)

¹⁰² Used in this context as all ethnic groups apart from White English/Welsh/Scottish/Northern Irish/British.

¹⁰³ Note that it is common to include all White ethnicities as 'majority' communities in ethnicity data. Hence, the alternative percentage of England and Wales residents from ethnic minority communities is given in such sources as 18%.

MAIN SOURCES

- British Heart Foundation, Your ethnicity and heart disease - <https://www.bhf.org.uk/informationsupport/support/your-ethnicity-and-heart-disease>
- British Medical Association, Health inequalities and women – addressing unmet needs (2018)
- Cancer Research UK, Cancer incidence statistics - <https://www.cancerresearchuk.org/health-professional/cancer-statistics/incidence#heading-Zero>
- Centre for BME Health - <https://centreforbmehealth.org.uk/>
- Centre for Social Investigation, Nuffield College Oxford, Review of the relationship between religion and poverty – an analysis for the Joseph Rowntree Foundation (2015) - <http://csi.nuff.ox.ac.uk/wp-content/uploads/2015/03/religion-and-poverty-working-paper.pdf>
- Department of Health (The King’s Fund, Health Behaviours: Future Trends, 2009)
- Diabetes.co.uk, Diabetes in South Asians - <https://www.diabetes.co.uk/south-asian/>
- Diabetologia (2013)
- East Midlands Demographics and Local Stats - <http://localstats.co.uk/census-demographics/england/east-midlands>
- Equality and Human Rights Commission, Being Disabled in Britain - <https://www.equalityhumanrights.com/sites/default/files/being-disabled-in-britain.pdf>
- European Journal of Public Health, A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and health inequalities (31st October 2018) - <https://academic.oup.com/eurpub/advance-article/doi/10.1093/eurpub/cky226/5151209>
- Gov.uk, Health Matters: Reducing health inequalities in mental illness - <https://publichealthmatters.blog.gov.uk/2018/12/18/health-matters-reducing-health-inequalities-in-mental-illness/>
- Gov.uk, Regional Ethnic Diversity (1st August 2018) - <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest>
- Independent Nurse, Inequalities in transgender health (12th February 2018) - <http://www.independentnurse.co.uk/professional-article/inequalities-in-transgender-health/168539>
- Journal of Public Health (2004)
- Labour Market Profile, East Midlands - <https://www.nomisweb.co.uk/reports/lmp/lor/2013265924/report.aspx>
- Labour Market Profile, Leicester and Leicestershire¹⁰⁴ - <https://www.nomisweb.co.uk/reports/lmp/lep/1925185552/report.aspx>
- Leicester City Clinical Commissioning Group, Learning Disabilities (June 2017)
- Leicester City Council, Joint Strategic Needs Assessment - <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/>
- Leicester City Council, Joint Strategic Needs Assessment (JSNA) 2016 - <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/jsna-2016/>

¹⁰⁴ Similar profiles are available for 1) Derby, Derbyshire, Nottingham and Nottinghamshire; 2) Greater Lincolnshire; and 3) Northamptonshire.

- Leicester City Council, Setting the context - <https://www.leicester.gov.uk/your-council/policies-plans-and-strategies/health-and-social-care/data-reports-information/jsna/cyp-jsna/setting-the-context/>
- Leicester City Council, Tuberculosis Summary Needs Assessment: Leicester, Leicestershire and Rutland (December 2013) - <https://www.leicester.gov.uk/media/178817/tuberculosis-health-needs-assessment.pdf>
- Leicester & Leicestershire Enterprise Partnership, Latest labour market dashboards now online (2nd January 2019) - <https://www.llep.org.uk/latest-labour-market-dashboards-now-online/>
- Leicester Mercury (27th July 2017) - <https://www.leicestermercury.co.uk/news/leicester-news/revealed-how-much-leicesters-population-242940>
- LGBT Foundation - <https://lgbt.foundation/>
- Mencap, Health Inequalities - <https://www.mencap.org.uk/learning-disability-explained/research-and-statistics/health/health-inequalities>
- Mental Health Foundation, Black, Asian and minority ethnic (BAME) communities - <https://www.mentalhealth.org.uk/a-to-z/b/black-asian-and-minority-ethnic-bame-communities>
- Mental Health Foundation, Mental health statistics: suicide - <https://www.mentalhealth.org.uk/statistics/mental-health-statistics-suicide>
- National Autistic Society, Autism facts and history - <https://www.autism.org.uk/about/what-is/myths-facts-stats.aspx>
- National Obesity Observatory (2011)
- Office for National Statistics
- Office for National Statistics, Census - [Census - Office for National Statistics \(ons.gov.uk\)](https://www.ons.gov.uk)
- Office for National Statistics, Population estimates - <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>
- Office for National Statistics, Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid 2014 - <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/2015-06-25>
- Office for National Statistics, Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid 2017 - <https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/bulletins/annualmidyearpopulationestimates/mid2017>
- On Religion, Religion in the UK – Census 2011 (March 2013) - <http://www.onreligion.co.uk/religion-in-the-uk-census-2011/>
- Population UK - <https://www.ukpopulation.org/leicester-population/>
- Prev Med (2010)
- Public Health England, East Midlands Profile, A summary of public health in the region (2018)
- Public Health England, Health Inequalities in the East Midlands: An Evidence Report (November 2017) - https://www.emcouncils.gov.uk/write/Health_inequalities_in_the_East_Midlands_Final.pdf
- Public Health England, Health inequalities: reducing ethnic inequalities - <https://www.gov.uk/government/publications/health-inequalities-reducing-ethnic-inequalities>

- Public Health England, Leicester Unitary Authority Health Profile (2017)
- Public Health England, Leicestershire County Health Profile (2017)
- Public Health England, Local action on health inequalities: Understanding and reducing ethnic inequalities in health (2018)
- Public Health England, Local Alcohol Profiles for England - <https://fingertips.phe.org.uk/profile/local-alcohol-profiles>
- Public Health England, Local Authority Health Profiles, Profiles for East Midlands - https://fingertips.phe.org.uk/profile/health-profiles/area-search-results/E12000004?search_type=list-child-areas&place_name=East%20Midlands
- Public Health England, Profile of migrant health data in the East Midlands (September 2016) - https://khub.net/c/document_library/get_file?uuid=96ca6ab6-ba09-4860-909e-c6871f3b3986&groupId=28019831
- Public Health England, Public Health Outcomes Framework Focus on ethnicity (2017)
- Public Health England, Public Health Profiles - <https://fingertips.phe.org.uk/>
- Public Health Intelligence Data Release (July 2023)
- Race Equality Foundation, Coronavirus information and resources (2nd April 2020) - <https://raceequalityfoundation.org.uk/health-care/coronavirus-information-and-resources/>
- SignHealth, How the Health Service is failing Deaf People - <https://signhealth.org.uk/wp-content/uploads/2016/09/Sick-Of-It-Report.pdf>
- Stonewall, LGBT in Britain Health Report (2018) - <https://www.stonewall.org.uk/lgbt-britain-health>
- Stonewall (2019)
- The Guardian, People with disabilities have the right to good health too (27/11/2017) - <https://www.theguardian.com/social-care-network/2017/nov/27/people-with-disabilities-good-health>
- World Population Review, United Kingdom Population 2019 - <http://worldpopulationreview.com/countries/united-kingdom-population/>

IMPORTANT NEW SOURCES OF INFORMATION (30th APRIL 2023)¹⁰⁵

- British Heart Foundation - [Facts and figures - Information for journalists - BHF](#)
- Census 2021 (Office for National Statistics) - [Census - Office for National Statistics \(ons.gov.uk\)](#)
- Derbyshire Constabulary, Equality Information 2020-2021 - [equality-information-2020-2021.pdf \(derbyshire.police.uk\)](#)
- How life has changed in Derby: Census 2021 - [How life has changed in Derby: Census 2021 \(ons.gov.uk\)](#)
- How the population changed in Leicester: Census 2021 - [Leicester population change, Census 2021 – ONS](#)
- Joint Strategic Needs Assessment: Sexual Health Summary - [sexual-health-chapter-summary-2021.pdf \(leicester.gov.uk\)](#)
- Nomis Official Labour Market Statistics Leicester and Leicestershire - [Nomis - Official Census and Labour Market Statistics \(nomisweb.co.uk\)](#)
- Northampton Local Authority Health Profile 2019 - [E07000154 \(phe.org.uk\)](#)
- Public Health Northamptonshire, Obesity and Health and Wellbeing in Northampton: A briefing and evidence paper March 2020
- Shaping Our Lives, 'Reaching Out to Deaf and Disabled People in Gypsy, Roma and Traveller communities (February 2023) - [Reaching out to Deaf and Disabled People in Gypsy, Roma and Traveller communities - Shaping Our Lives](#)
- University of Sheffield, 'A new tool for inclusive participation in primary care research' - [A new tool for inclusive participation in primary care research | Research | The University of Sheffield](#)

IMPORTANT NEW SOURCES OF INFORMATION (31st AUGUST 2023)¹⁰⁶

- NIHR, 'How can mental healthcare services meet the needs of people from ethnically diverse groups?' [How can mental healthcare services meet the needs of people from ethnically diverse groups? \(nihr.ac.uk\)](#)
- NIHR, 'Young people who have a long wait for a cancer diagnosis have reduced quality of life' [Cancer diagnosis: Young people, mental health and quality of life \(nihr.ac.uk\)](#)
- Public Health Intelligence Data Release (July 2023)
- University of Manchester, 'National Confidential Inquiry into Suicide and Safety in Mental Health, Annual Report 2022' [display.aspx \(manchester.ac.uk\)](#)
- World Health Organization, 'World Health Statistics 2023' [World Health Statistics \(who.int\)](#)

¹⁰⁵ Those cited are a selection of new sources of information used to compile this updated Information sheet. Some others are cited as footnotes.

¹⁰⁶ Those cited are a selection of new sources of information used to compile this updated Information sheet. Some others are cited as footnotes.

IMPORTANT NEW SOURCES OF INFORMATION (31st DECEMBER 2023)¹⁰⁷

- Centre for Mental Health, Muslim Mental Health factsheet [Fact sheet: Muslim mental health | Centre for Mental Health](#)
- Child Poverty Action Group, Runnymede Trust, Women's Budget Group, 'Inequalities Amplified' (December 2023) [Inequalities amplified.pdf \(cpag.org.uk\)](#)
- Equality Act 2010 (Amendment) Regulations 2023 [The Equality Act 2010 \(Amendment\) Regulations 2023 \(legislation.gov.uk\)](#)
- Equality and Human Rights Commission (2023) [Equality and Human Rights Monitor | EHRC \(equalityhumanrights.com\)](#)
- Friends, Families and Travellers, 'Research Summary: Experiences of Suicide in Gypsy, Roma and Traveller Communities' [Research Summary: Experiences of Suicide in Gypsy, Roma and Traveller communities - Friends, Families and Travellers \(gypsy-traveller.org\)](#)
- Gov.uk, 'Well-being' data by ethnicity [Well-being - GOV.UK Ethnicity facts and figures \(ethnicity-facts-figures.service.gov.uk\)](#)
- The Health Foundation, 'What we know about the UK's working-age health challenge' [What we know about the UK's working-age health challenge - The Health Foundation](#)
- Joseph Rowntree Foundation, 'Destitution in the UK 2023' [Destitution in the UK 2023 | JRF](#)
- NIHR, ARC East of England, 'First known study into Showmen health and well-being reveals inequalities in healthcare access' [First known study into Showmen health and well-being reveals inequalities in healthcare access | ARC East of England \(nihr.ac.uk\)](#)
- NIHR, 'Multiple long-term conditions (multimorbidity) and inequality-addressing the challenge: insights from research' [Multiple conditions and health inequalities: addressing the challenge with research \(nihr.ac.uk\)](#)
- Runnymede Trust, 'Our priorities for racial justice in Britain' [Our priorities for racial justice in Britain \(runnymedetrust.org\)](#)
- Stonewall, 'Ace in the UK Report' (2023) [Ace in the UK Report \(2023\) | Stonewall](#)

IMPORTANT NEW SOURCES OF INFORMATION (30th APRIL 2024)¹⁰⁸

- Equality and Human Rights Commission, 'Factsheets by domain' [Factsheets by domain | EHRC \(equalityhumanrights.com\)](#)
- Joseph Rowntree Foundation, 'Households living below a Minimum Income Standard: 2008-2022' [Households living below a Minimum Income Standard: 2008–2022 | Joseph Rowntree Foundation \(jrf.org.uk\)](#)
- Media Trust, 'The Intersectional Storyteller's Toolkit' [The Intersectional Storyteller's Toolkit | Media Trust](#)
- Office for National Statistics (ONS), 'Understanding unemployment: What role does ethnicity and disability play?' [Understanding unemployment: What role does ethnicity and disability play? - ONS](#)
- The Cass Review, [Final Report – Cass Review](#)

¹⁰⁷ Those cited are a selection of new sources of information used to compile this updated Information sheet. Some others are cited as footnotes.

¹⁰⁸ Those cited are a selection of new sources of information used to compile this updated Information sheet. Some others are cited as footnotes.

- The Health Foundation, 'Current and projected patterns of illness by deprivation in England [Health inequalities in 2040 - The Health Foundation](#)
- The Health Foundation, 'Health Inequalities in 2040' [Health inequalities in 2040 - The Health Foundation](#)
- The Health Foundation, 'Inequalities in life expectancy: how the UK compares' [Inequalities in life expectancy: how the UK compares \(health.org.uk\)](#)

IMPORTANT NEW SOURCES OF INFORMATION (31st AUGUST 2024)¹⁰⁹

- EHRC, 'Progress on disability rights in the United Kingdom: 2023', [Progress on disability rights in the United Kingdom: 2023 | EHRC \(equalityhumanrights.com\)](#)
- Friends, Families and Travellers, 'New guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities', [New guidance: Tackling Maternal Health Inequalities in Gypsy, Roma and Traveller Communities - Friends, Families and Travellers \(gypsy-traveller.org\)](#)
- Gov.uk, 'Birth by parents' country of birth, England and Wales: 2022, [Births by parents' country of birth, England and Wales - Office for National Statistics \(ons.gov.uk\)](#)
- Harmless, 'Rising Pressures on Self-Harm and Suicide Prevention Services Across the UK', [Rising Pressures on Self Harm and Suicide Prevention Services Across the UK - Harmless](#)
- MBRRACE-UK, 'Mothers and Babies: Reducing Risk Through Audits and Confidential Enquiries Across the UK', [MBRRACE-UK: Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK | MBRRACE-UK | NPEU \(ox.ac.uk\)](#)
- Metro, 'Map shows UK hotspots for homophobic hate crimes', [Map shows UK hotspots for sexual orientation and transgender hate crimes | Politics News | Metro News](#)
- NIHR, 'Why do South Asian people self-harm?', [Why do South Asian people self-harm? - NIHR Evidence](#)
- The Health Foundation, 'Our surroundings', [Our surroundings | The Health Foundation](#)

IMPORTANT NEW SOURCES OF INFORMATION (31st DECEMBER 2024)¹¹⁰

- Centre for Mental Health, 'Mapping the mental health of the UK's young people', [Mapping the mental health of the UK's young people - Centre for Mental Health](#)
- Gov.uk, 'Home Office: Summary of latest (immigration) statistics', [Summary of latest statistics - GOV.UK \(www.gov.uk\)](#)
- Gov.uk, 'Independent Investigation of the National Health Service in England' (The Darzi Report), [Independent Investigation of the National Health Service in England \(publishing.service.gov.uk\)](#)
- Gov.uk, 'The employment of disabled people 2024', [The employment of disabled people 2024 - GOV.UK](#)
- Mind, 'The Big Mental Health Report 2024', [Big Mental Health Report 2024](#)
- NHS Confederation, 'The Darzi Investigation: what you need to know', [The Darzi investigation: what you need to know | NHS Confederation](#)

¹⁰⁹ Those cited are a selection of new sources of information used to compile this updated Information sheet. Some others are cited as footnotes.

¹¹⁰ Those cited are a selection of new sources of information used to compile this updated Information sheet. Some others are cited as footnotes.

- Sutton Trust, 'Paris Olympics 2024', [Paris Olympics 2024 - Sutton Trust](#)
- Sutton Trust, 'Sutton Trust response to GCSE Results Day 2024', [Sutton Trust response to GCSE Results Day 2024 - Sutton Trust](#)
- Sutton Trust, 'Sutton Trust response to Level 3 Results Day 2024', [Sutton Trust response to Level 3 Results Day 2024 - Sutton Trust](#)