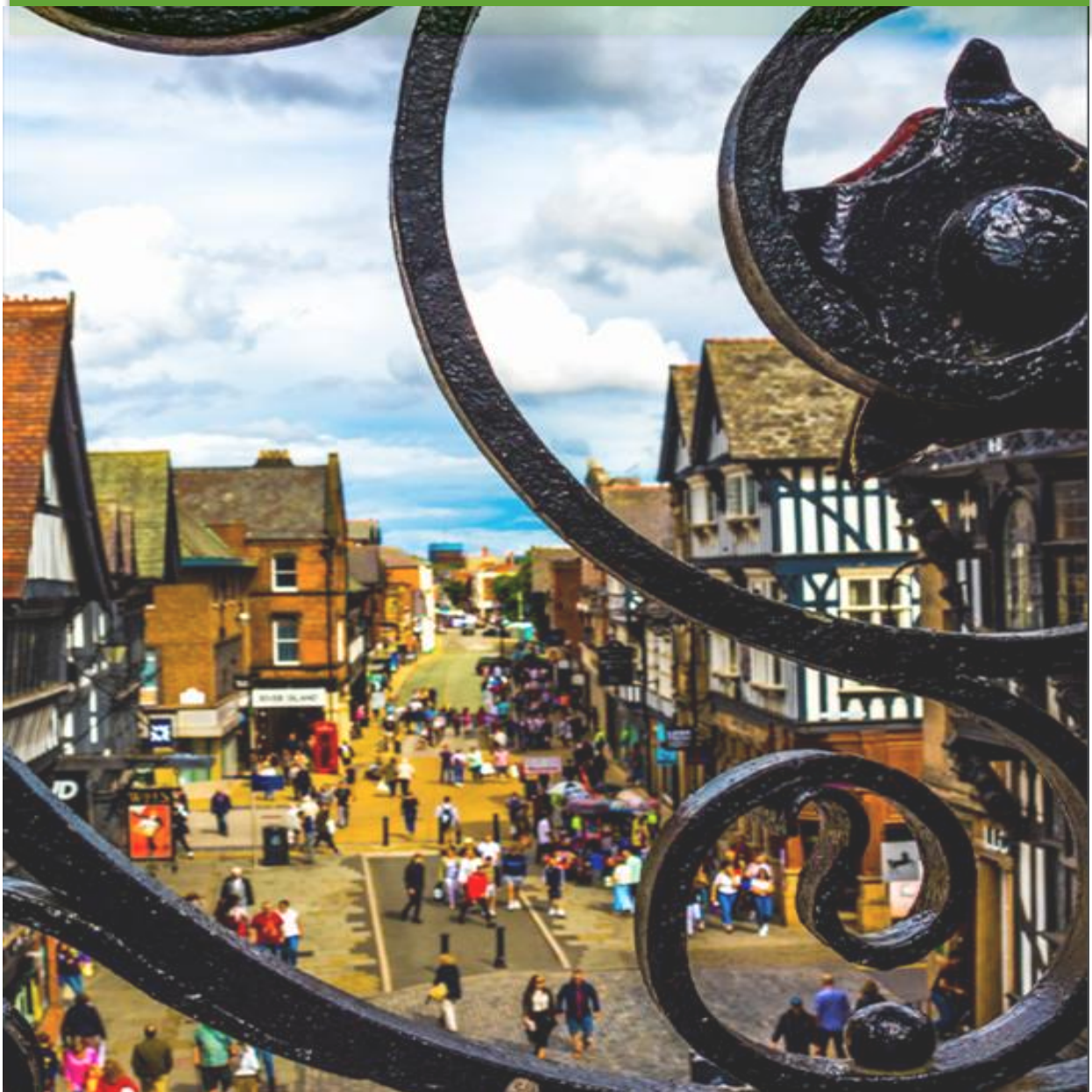


Knowing our patch

Equality related demographic profile for Cheshire CCG

Collated by MLCSU Equality and Inclusion Team
July 2020



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1.0 Introduction

When considering service design / policy changes, CCGs are required by legislation to consider the needs and requirements of each protected characteristic group and ensure that appropriate involvement / consultation takes place with these groups.

Consideration of requirements relating to protected characteristic groups at the beginning of service redesign process will help to identify any potential negative impact that may arise relating to protected characteristics and will help demonstrate 'due regard' to the Public Sector Equality Duty.

CCGs are better equipped to understand the needs of their communities by being able to understand the demographic profiling of their area. This helps understand the make-up of different groups within the CCG area and identify the potential barriers for access / particular needs of different groups.

This report provides data on the following:

- Demographic profiles for the area
- Health inequality information from public health and JSNA data

All data sources and references are contained in section 19.

NHS Cheshire CCG

Cheshire CCG formed formally in April 2020, with the merger of previous CCG boundaries for:

- NHS East Cheshire CCG
- NHS Vale Royal CCG
- NHS South Cheshire CCG
- NHS West Cheshire CCG

Due to the following areas now falling into the new CCG boundary, data sets for this report may still reflect the previous CCG boundaries.

NHS Cheshire CCG is located in the North West of England. The CCG is part of the Cheshire and Merseyside Health and Care Partnership (NHS STP).

The CCG has a membership of 92 GP practices and serves a patient population of approximately 779,195. Currently, there are 18 primary care networks established in the NHS Cheshire CCG area.

The main NHS service providers based in the CCG area include:

- Cheshire and Wirral Partnership NHS Foundation Trust
- Countess of Chester Hospital NHS Foundation Trust

- East Cheshire NHS Trust
- Mid Cheshire Hospitals NHS Foundation Trust
- North West Ambulance Service NHS Trust

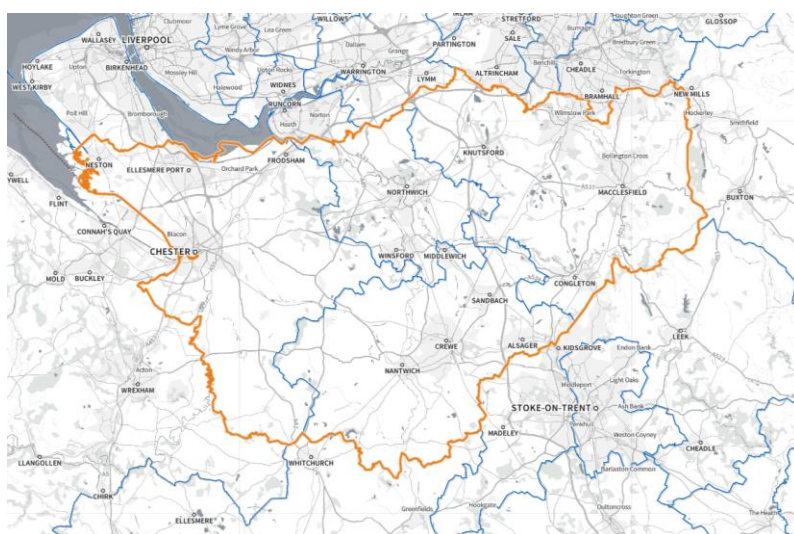
Local authority areas that fall within the CCG area are:

- Cheshire East Council
- Cheshire West and Chester Council

Key transport links include the M6 and M56 motorways. Other key infrastructure in the CCG area include 189 care homes, over 300 schools and three universities providing education services based the area (the University of Chester, a Manchester Metropolitan University campus based in Crewe, and a campus of The University of Law based in Chester).

There is one prison located in the CCG area, HMP/YOI Styal in Wilmslow, which is a prison and young offender institution for women aged 18 and over.

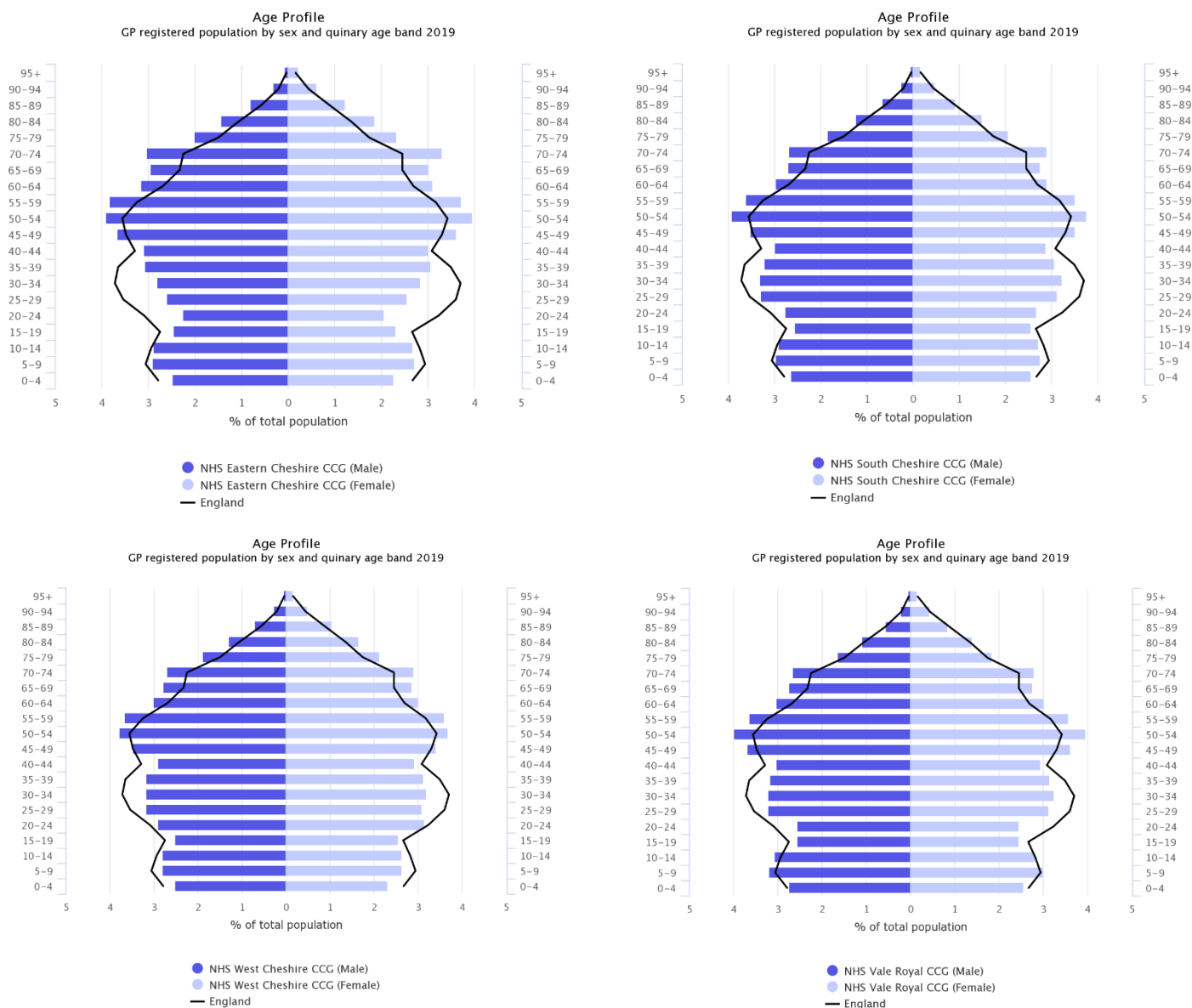
Map of the Cheshire CCG area (formally West Cheshire CCG, South Cheshire CCG, Vale Royal CCG and Eastern Cheshire CCG):



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

2.0 Protected characteristic of Age

The following age profiles are shown for each CCG with male and female population:



Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there is some variation in age profile
- Across the area, the majority of people are between 50-54 years of age
- Across the CCGs, there is a generally older population in comparison with England. There are higher rates of people in the age range 45-49 and above across the area and

lower rates of people in the age groups 40-44 to 15-19 in comparison with the national rate

- There is a significantly lower number of younger people between the ages of 20 and 34 living in the Eastern Cheshire area although all CCGs have lower rates of people in these age groups compared to the national rates

Equality considerations relating to age:

- Aging population may add additional pressures on existing services
- Certain health conditions are more prevalent in particular age groups e.g. dementia rates are higher in over 65s
- There may be links with disability for older age groups due to issues such as long-term health conditions and frailty
- Older people are more likely to develop hearing and sight impairments
- Older people and younger people are less likely to have access to a car and therefore may rely on public transport to access services
- Older people are more likely to be widowers and experience social isolation
- Working age groups may experience barriers to accessing services during working hours
- Cross referencing with disability, young men are more likely to commit suicide

3.0 Protected characteristic of Disability

Learning disability / long term conditions / carers

Indicator	Period	England	your area list	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	NHS West Cheshire CCG	NHS Vale Royal CCG
Learning disability: QOF prevalence	2018/19	0.5*	-	0.4	0.4	0.5	0.6
% with a long-standing health condition	2019	51.5*	54.3*	52.1	55.4	54.1	57.0
% with caring responsibility	2019	16.9*	17.8*	17.9	17.0	18.6	17.1
Recording of employment status: % of people in contact with mental health and learning disability services with employment status recorded (end of quarter snapshot)	2019/20 Q2	29.2*	21.2*	22.0*	23.9*	16.7*	25.2*
Recording of accommodation status: Percentage of people in contact with mental health services with accommodation status recorded (end of quarter snapshot)	2019/20 Q2	31.8*	18.3*	14.9*	22.9*	15.7*	24.3*
Service users with crisis plans: % of people in contact with mental health services (end of quarter snapshot)	2019/20 Q2	12.2*	8.8*	6.7*	6.0*	13.5*	7.2*
% reporting learning disability	2019	1.6*	1.1*	0.6	1.3	1.2	1.8

Source: Public Health England. Public Health Profiles. [27/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Disability prevalence by region/country 2017/18, United Kingdom		
Region/Country	Millions of people	Percentage of people
United Kingdom	13.3	21
Country		
England	10.9	20
Region		
North West	1.6	23
East Midlands	1.0	22
West Midlands	1.2	21

<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201718>

Visual impairment:

2020 data set: RNIB	England	Cheshire Best fit
Number of people living with sight loss	182,000	3,750
Percentage of people from population with sight loss	3.21%	3.67% (Cheshire West and Chester) 3.99% (Cheshire East)

Best fit data – Local Authority level.

Source: <https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

Hearing impairment:

Estimated prevalence (%) of hearing loss of 25 dBHL or more in the adult population (people aged 18 and over)

Previous CCG areas	2015	2020	2025	2030	2035
East Cheshire	25	27	29	31	33
Vale Royal	22	24	25	27	28
South Cheshire	23	25	27	28	29
West Cheshire	23	25	27	28	30
England	21	22	23	24	25

Dementia: period 2018/19

	England	Cheshire CCG (new merged areas)	Eastern Cheshire	South Cheshire	West Cheshire	Vale Royal
Dementia prevalence all ages	0.8%	1.0%	1.2%	0.8%	0.9%	0.8%

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Mental health:

Indicator	Period	England	your area list	NHS Eastern Cheshire CCG	NHS West Cheshire CCG	NHS South Cheshire CCG	NHS Vale Royal CCG
Common Mental Disorders							
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	16.9*	-	13.2*	15.1*	14.9*	15.6*
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.2*	-	8.4*	9.3*	9.1*	9.7*
Depression: QOF incidence (18+) - new diagnosis	2017/18	1.6	1.9*	1.7	1.6	2.4	1.9
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2016/17	13.7	-	12.2	13.6	12.9	13.8
Depression: Recorded prevalence (aged 18+)	2017/18	9.9	10.4*	9.8	9.5	12.0	11.0
Severe Mental Illness							
Long-term mental health problems (GP Patient Survey): % of respondents	2018/19	9.9	-	7.5	10.8	10.2	11.2
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	18.1*	16.7*	16.5*	16.9*	16.5*	16.9*

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area there is some slight variations in learning disability prevalence, but on the whole it is similar to the national rate
- Across the newly merged CCG there is some variation in rate of long-term conditions with Vale Royal area having significantly higher rates compared to the national rate. Disability rates across the NW region are slightly higher compared to other East Midlands and West Midlands regions
- Dementia rates is variable across the area and slightly higher than England with highest rates in Eastern Cheshire
- The rate of carers is similar to the national rate
- Physical impairment data for sight loss and hearing loss highlights that the area has slightly higher rates of sight loss and hearing loss compared to England – with highest rates in Eastern Cheshire
- Mental health disorder rates are similar to England rates for population over 16 years with slightly higher rates of mental health disorders in ages over 65 years

Equality considerations relating to disability:

- Access to services
- Language needs and information needs – accessible information e.g. large font, Easy Read, BSL
- Reasonable adjustments
- Physical environment

- Travel and parking
- Facilities
- Carers and support

Equality considerations for carers:

The health needs of this carers are highlighted in a report by Carers UK – State of Caring 2017. This report is important in highlighting significant disadvantages faced by carers nationally. The report highlights:

- Caring can have a significant impact on health – both physically and mentally
- GP patient surveys found that 3 in 5 carers have a long term health condition
- Health conditions in 40% of young carers (aged 18-24 years) compared to 29% of non-carers in the age group
- Back and mobility health problems are often acerbated by lack of access to proper lifting equipment and aids
- Carers health often compromised by lack of time to attend medical check-up for their own wellbeing
- 6 out of 10 carers (61%) reported that their physical health has worsened due to caring
- 7 out of 10 carers (70%) reported that their mental health had worsened due to caring
- Worsening health reporting was more prevalent in carers providing more than 50 hours per week
- Carers looking after a disabled child were most likely to suffer from depression – 54%
- Carers report that keeping healthy is more difficult due to difficulty in finding time for exercise and maintaining a healthy diet

4.0 Protected characteristic of Gender Reassignment

Population data for this group is not collected within national census data, however, estimate figures are thought to be in the region of 0.5%

The Cheshire CCGs' serve a population of 767,484 people; therefore, the local trans population is estimated at approximately 3837.

Estimated figures also suggest that around 1% of the population identify as non-binary.

Equality considerations relating to Gender Reassignment/Trans:

- LGBT rights charity Stonewall published a report on transgender experiences in 2018. The report highlights that a significant number of trans people face inequalities and discrimination when accessing healthcare services, despite the legal duty of all health and social care organisations to provide equal treatment and tackle discrimination
- Poorer experiences of health care – staff attitudes and understanding
- More likely to experience poor mental health/more likely to attempt suicide
- Lower rates of health screening e.g. cervical
- More likely to be a victim of hate crime
- Fear of prejudice can create a barrier to access services
- More likely to be a victim of domestic abuse

5.0 Protected characteristic of Marriage and Civil Partnership

Area	Married	In a registered same-sex civil partnership
England	46.6	0.2
NHS Eastern Cheshire	53.3	0.2
NHS South Cheshire	50.7	0.2
NHS Vale Royal	51.4	0.2
NHS West Cheshire	49.3	0.2

This protected characteristic relates only to employment and not service provision. Within the context of this assessment the impact can relate to workforce issues.

Analysis:

- Married rates are higher than England rate across the area
- Civil partnership is in line with national rates

Equality considerations for marriage and civil partnership:

- Discrimination in the workplace/lack of promotion opportunities and unfavourable treatment
- Flexible working arrangements

6.0 Protected characteristic of Race

Ethnic Group	England	NHS Eastern Cheshire	NHS South Cheshire	NHS Vale Royal	NHS West Cheshire	Cheshire CCG 2020
	%	%	%	%	%	%
All usual residents	100.0	100.0	100.0	100.0	100.0	100
White	85.4	96.3	97.1	97.9	97.2	97.0%
White: English/Welsh/Scottish/Northern Irish/British	79.8	93.7	93.4	95.9	94.1	94.1%
White: Irish	1.0	0.7	0.5	0.5	0.8	0.7%
White: Gypsy or Irish Traveller	0.1	0.0	0.1	0.1	0.1	0.1%
White: Other White	4.6	1.9	3.1	1.5	2.2	2.2%
Mixed/multiple ethnic groups	2.3	1.0	1.1	0.8	1.0	1.0%
Mixed/multiple ethnic groups: White and Black Caribbean	0.8	0.3	0.5	0.2	0.3	0.3%
Mixed/multiple ethnic groups: White and Black African	0.3	0.1	0.1	0.1	0.1	0.1%
Mixed/multiple ethnic groups: White and Asian	0.6	0.4	0.3	0.3	0.3	0.3%
Mixed/multiple ethnic groups: Other Mixed	0.5	0.2	0.2	0.2	0.2	0.2%
Asian/Asian British	7.8	2.0	1.2	1.0	1.4	1.5%
Asian/Asian British: Indian	2.6	0.8	0.3	0.3	0.4	0.5%
Asian/Asian British: Pakistani	2.1	0.3	0.1	0.1	0.1	0.2%
Asian/Asian British: Bangladeshi	0.8	0.1	0.2	0.1	0.2	0.2%
Asian/Asian British: Chinese	0.7	0.3	0.3	0.3	0.3	0.3%
Asian/Asian British: Other Asian	1.5	0.5	0.3	0.3	0.3	0.3%
Black/African/Caribbean/Black British	3.5	0.3	0.4	0.2	0.3	0.3%
Black/African/Caribbean/Black British: African	1.8	0.2	0.2	0.1	0.2	0.2%
Black/African/Caribbean/Black British: Caribbean	1.1	0.1	0.2	0.0	0.1	0.1%
Black/African/Caribbean/Black British: Other Black	0.5	0.1	0.1	0.0	0.0	0.1%
Other ethnic group	1.0	0.3	0.2	0.1	0.2	0.2%
Other ethnic group: Arab	0.4	0.1	0.1	0.0	0.1	0.1%
Other ethnic group: Any other ethnic group	0.6	0.2	0.1	0.1	0.1	0.1%

Analysis:

- The population for Cheshire CCG is mainly white British (94.1%) which is significantly higher than the England percentage
- There is some variation across the area – with slightly higher % of people with Asian ethnicity in East Cheshire
- BME representation across the area is significantly lower than the England rate for all BME groups

Equality considerations for race:

- Access to language support
- Cultural considerations
- Certain health conditions affect different ethnic groups e.g. diabetes prevalence in South East Asian men
- Health inequalities in relation to BAME groups – cross reference with deprivation
- Poorer experiences of healthcare for BAME groups
- Poorer experiences of BAME groups in the workplace
- Health needs of BAME groups often not well understood
- BAME groups more likely to be a victim of hate crime

7.0 Protected characteristic of Religion and Belief

Religion	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	NHS Vale Royal CCG	NHS West Cheshire CCG	Combined Cheshire CCG area*	England
Christian	68.2%	69.7%	71.3%	69.6%	69.5%	59.4%
Buddhist	0.3%	0.2%	0.2%	0.3%	0.2%	0.5%
Hindu	0.5%	0.2%	0.1%	0.2%	0.3%	1.5%
Jewish	0.2%	0.1%	0.1%	0.1%	0.1%	0.5%
Muslim (Islam)	0.7%	0.6%	0.3%	0.6%	0.6%	5.0%
Sikh	0.1%	0.1%	0.1%	0.1%	0.1%	0.8%
Other religion	0.3%	0.3%	0.3%	0.3%	0.3%	0.4%
No religion	22.9%	22.4%	21.4%	22.3%	22.4%	24.7%
Religion not stated	6.7%	6.6%	6.3%	6.6%	7%	7.2%

*NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG, and NHS West Cheshire CCG data combined.

Please note the data in the table above relates to the 2011 Census, and therefore may not reflect current populations in CCG areas.

Analysis

- The most common religious affiliation in the CCG area is Christianity, with the proportion of people identifying as Christian is higher than the England comparator
- The data highlights that populations of the other main religions is lower compared to England in general – in particular, the proportion of people identifying as Muslim is significantly lower in the NHS Cheshire CCG area compared the rest of England
- The data highlights that there are more people in the CCG area that identify as having religion or belief compared to England generally; the proportion of people who identified as having no religion is slightly lower across the CCG area than the national figure

Equality considerations relating to religion and belief:

- Facilities e.g. prayer rooms / changing rooms
- End of life plans – spiritual needs of patients considered
- Chaplaincy service
- Human resource policies relating to religious festivals/needs e.g. Ramadan
- Workforce considerations - dress
- Belief impacting on how patients view their care
- Ingredients of medication/compatibility of religious belief
- Cultural considerations for care – chaperone
- Dietary requirements

8.0 Protected characteristic of Sex

Cross reference with Age section which contains population profiles for male and females cross referenced with age.

Chart showing males and females with comparison of national population.

Population sex profile (GP registered population)						
	NHS Eastern Cheshire CCG	NHS West Cheshire CCG	NHS Vale Royal CCG	NHS South Cheshire CCG	Cheshire CCGs merged	England
Male	103,933	131,724	54,149	94,408	384,214	29,849,678
Female	105,852	134,567	54,275	94,413	389,107	29,909,960
Total	209,785	266,291	108,424	188,821	773,321	59,759,638

Source: Source: Public Health England. Public Health Profiles. [08/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are more females than males
- The rates of females to males across the area is slightly higher than that of the national rate
- There difference in the rate of females to males is more prominent in Eastern Cheshire and West Cheshire

Equality considerations relating to Sex:

- Certain conditions affect males/females
- Females have longer life expectancy compared to males
- Workforce considerations:
 - Human resource policies – menopause, caring responsibilities
 - Gender pay gap
 - Flexible working arrangements
- Personal safety
- Facilities – single sex changing rooms etc.
- Chaperone services
- Young men are more likely to experience mental health issues/commit suicide
- Health promotion and screening

9.0 Protected Characteristic of Sexual Orientation

Estimated population – sexual orientation

Estimate source	% LGB	Estimate population who are Lesbian, gay, and bisexual	% heterosexual
England – Stonewall	5-7%		93-95%
England - ONS	2.2%		94.6%
Cheshire CCG	2.2 to 7%	17,000 to 54,100	-

In terms of age and sexual orientation, ONS data shows that people aged 16-24 were more likely to identify as LGB compared to other age groups. The proportion of people identifying as LGB decreases in each successive age group.

Equality considerations relating to sexual orientation:

- National research notes that the LGB community face barriers and disadvantage when accessing health and social care
- Stonewall found that 52% of people surveyed in 2018 had experienced depression in the previous year, and 31% of LGB people had thought about taking their own life
- 15% of people surveyed by Stonewall in 2018 smoked almost every day, which is slightly higher compared to ONS data regarding the proportion of the general population (14.7%)
- Stonewall’s 2018 report found that one in six LGBT (16%) people surveyed drank alcohol every day, compared with one in ten people in the general population. 13% of LGBT people surveyed took drugs at least once a month
- Information from Public Health England suggests that cancer screening coverage is lower in LGB and T communities. In particular, lesbian, and bisexual women are less likely to attend cervical screening: 15% of lesbian and bisexual women over 25 have never had a test, compared to 7% of the general population
- Barriers to accessing healthcare include;
 - Fear, or experience, of discrimination when accessing services
 - Assumptions of sexuality
 - Inappropriate curiosity and insensitive questions
 - Lack of understanding from healthcare staff regarding LGB health needs

10.0 Protected characteristic of Pregnancy and maternity

The table below shows pregnancy and birth data captured from the PHE Fingertips website:

Indicator	Year	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	NHS Vale Royal CCG	NHS West Cheshire CCG	England
Percentage of deliveries to mothers from BME groups	2018/19	7.5%	5.6%	3.2%	6.3%	20.6%
General fertility rate	2017	61.7 per 1000	63.9 per 1000	65.6 per 1000	58.6 per 1000	61.2 per 1000
Caesarean section	2018/19	32.6%	27.2%	23.9%	35.8%	29.7%
Multiple births	2017	16.3 per 1000	13.9 per 1000	12.1 per 1000	13.9 per 1000	15.9 per 1000
Low birth weight of all babies	2017	6.5%	7.0%	8.0%	6.5%	7.4%
Very low weight of all babies	2017	0.81%	1.07%	0.94%	1.54%	1.14%
Stillbirth rate	2016-18	4.1 per 1000	4.2 per 1000	4.6 per 1000	2.3 per 1000	4.2 per 1000
Admissions of babies under 14 days	2018/19	98.8 per 1000	134.5 per 1000	119.3 per 1000	113.1 per 1000	75.0 per 1000
Teenage mothers	2018/19	Data not available	0.8%	Data not available	0.5%	0.6%
Baby's first feed breastmilk	2018/19	64.8%	65.6%	60.2%	63.9%	67.4%

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis

- NHS Cheshire CCG's pregnancy and maternity data is largely consistent with the national comparator
- However, the percentage of births to mothers from BME groups is significantly lower across the CCG area compared to England in general
- There is variance in the incidence of hospital admissions for babies under 14 days old – across the CCG area, the rate of admission is higher than the national rate, particularly in the South Cheshire area of the CCG

Equality considerations for pregnancy and maternity:

- Workforce issues: Human resource policies – pregnancy, maternity, and paternity
- Facilities such as baby changing, parent and child parking, breast feeding rooms, pram space/parking
- Better Births Report – disproportionate experiences for BAME mothers and mothers from lower income backgrounds
- Cultural considerations – link with care plans
- Link to certain conditions during perinatal period e.g. post-natal depression

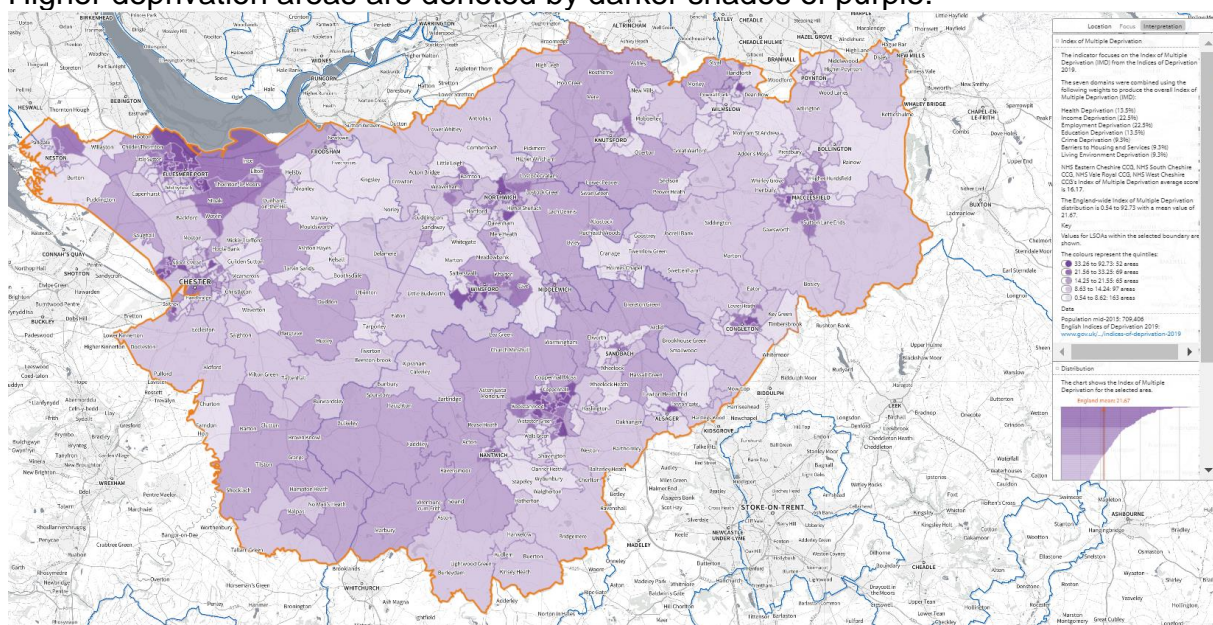
11.0 Vulnerable Groups: Deprivation

Deprivation data for the area:

Indicator	Period	England	your area list	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	NHS West Cheshire CCG	NHS Vale Royal CCG
Deprivation score (IMD 2019)	2019	21.7	-	12.2	17.0	17.6	19.2
Deprivation score (IMD 2015)	2015	21.8	-	11.9	16.6	17.5	19.3

Source: Public Health England. Public Health Profiles. [06/07/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Higher deprivation areas are denoted by darker shades of purple:



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 06/7/2020

Cross reference this section with Health Inequalities section below.

Analysis:

- Overall, Cheshire CCG is more affluent compared to the England deprivation level
- Areas of high deprivation are located in Ellesmere Port, Neston, Chester, Crewe, Winsford and Northwich – of which may represent relatively small areas but have significantly high deprivation levels

See section on health inequalities for details on link between health outcomes and deprivation.

12.0 Vulnerable groups: Asylum and Refugees

Asylum and Refugee (ASR) population information

As at 31 December 2019, there were 43,549 asylum seekers in receipt of Section 95 support in the UK. Best fit local authority level data for the CCG area shows that there were approximately 137 asylum seekers in receipt of Section 95 support:

Number of ASR in receipt of Section 95 support in NHS Cheshire CCG area as at 31 December 2019	
England	35,997
North West region	9,665
Cheshire West and Chester	99
Cheshire East	38

Further information regarding local ASR programmes is available on local authority websites. Information regarding the ASR local area e.g. population trends is available via The Migrant Observatory Local Data Guide (links below).

Asylum and Refugee health related information

People claiming asylum or holding refugee status are recognised as being at risk of experiencing complex health problems. The most common health problems are:

- Communicable diseases (e.g. hepatitis, TB, HIV / AIDS, malaria)
- Chronic diseases (e.g. COPD, cardiovascular disease, diabetes)
- Sexual health related needs
- Dental conditions
- Injury due to torture
- Poor mental health / psychosomatic disorders. Compared to the general population, the incidence of mental illness is higher in this group
- Women's health issues and disability issues

13.0 Vulnerable groups: Homelessness

	Total Assessment	Owed a prevention / relief of duty	Rough sleepers
ENGLAND	75,520	71,570	2466
North West	10,570	10,200	349
Cheshire East	404	401	8
Cheshire West and Chester	451	441	14

Best data set data used where available.

People who don't have a home are described as homeless; this is not just people living on the streets. Homelessness can include people:

- Staying with friends or family
- Staying in a hostel or bed and breakfast accommodation
- Squatting
- At risk of violence or abuse in their home
- People living in poor conditions that affects their health
- Living apart from their family because they don't have a place to live together

There is no single reason why someone can end up without a home. Personal circumstances and wider factors both play their part. Homelessness can be devastating, dangerous and isolating for those who experience it.

14.0 Vulnerable groups: Veterans and Military families

Military Veterans data set:

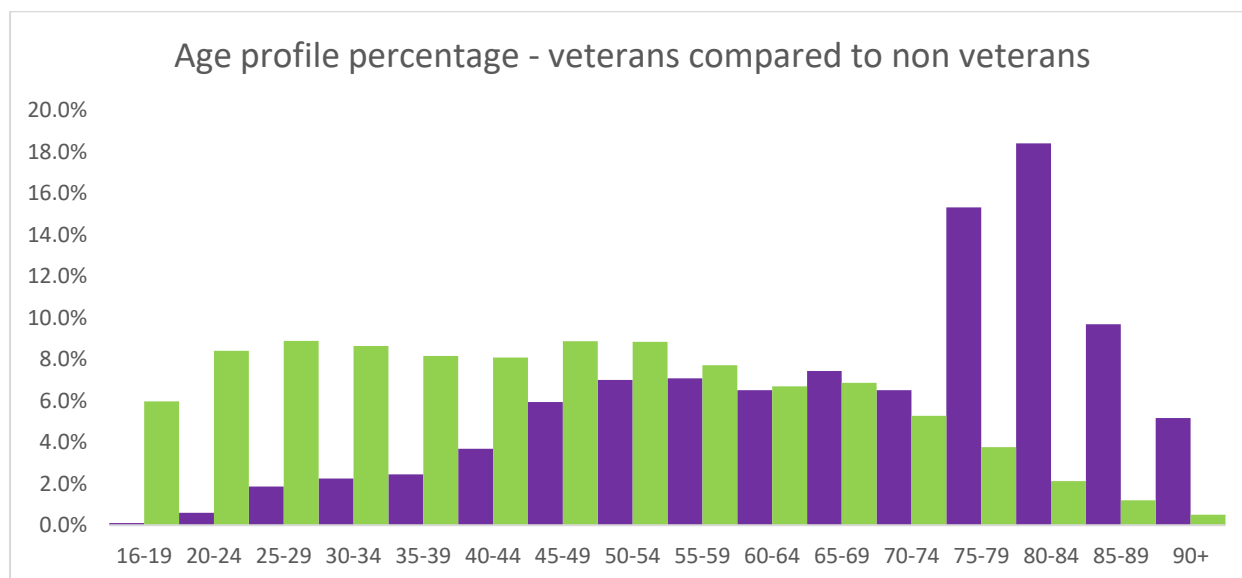
A veteran is someone who has served in the armed forces for at least one day.

	2017	
	% Veterans	% Non-veterans
UK	2,401,000	48,903,000
	5%	95%
Cheshire	5%	95%

Data is best fit.

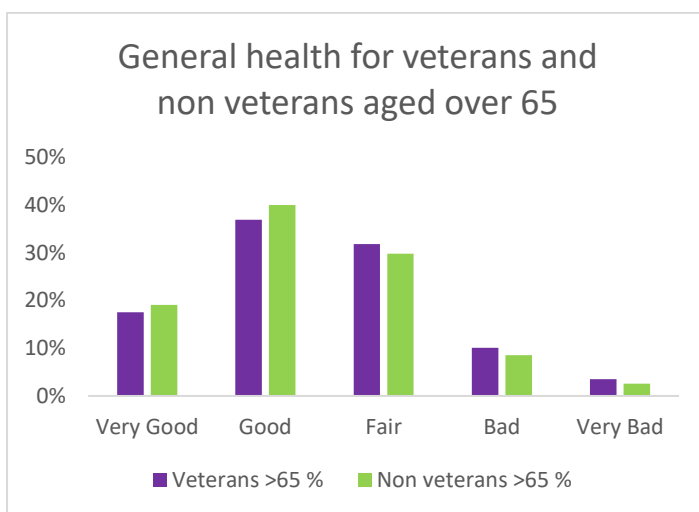
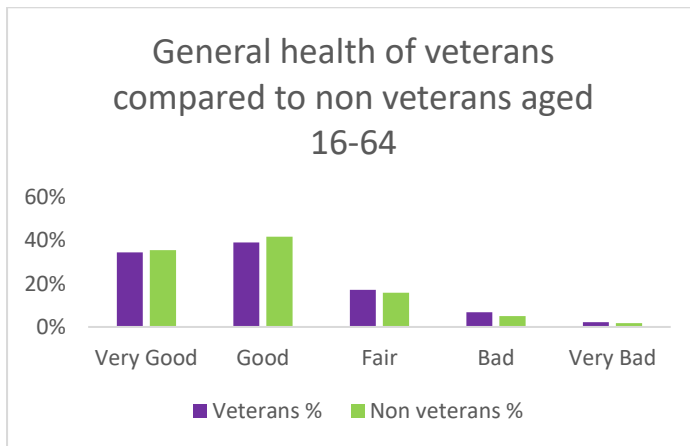
Royal British Legion produce the national household survey which summarises data and needs of military veterans. Summary data includes:

- 90% of veterans are male.
- Veterans are less likely to be single (10%) and more likely to be widowed (16%) compared to non-veterans (10%).
- Veterans are predominantly white (98%). Although 2% of veterans are from Black and Minority Ethnic groups (BAME) this may include Gurkhas – from Nepal served in the British Army



Key: Purple: veterans. Green: Non veterans

General health of veterans:



Analysis:

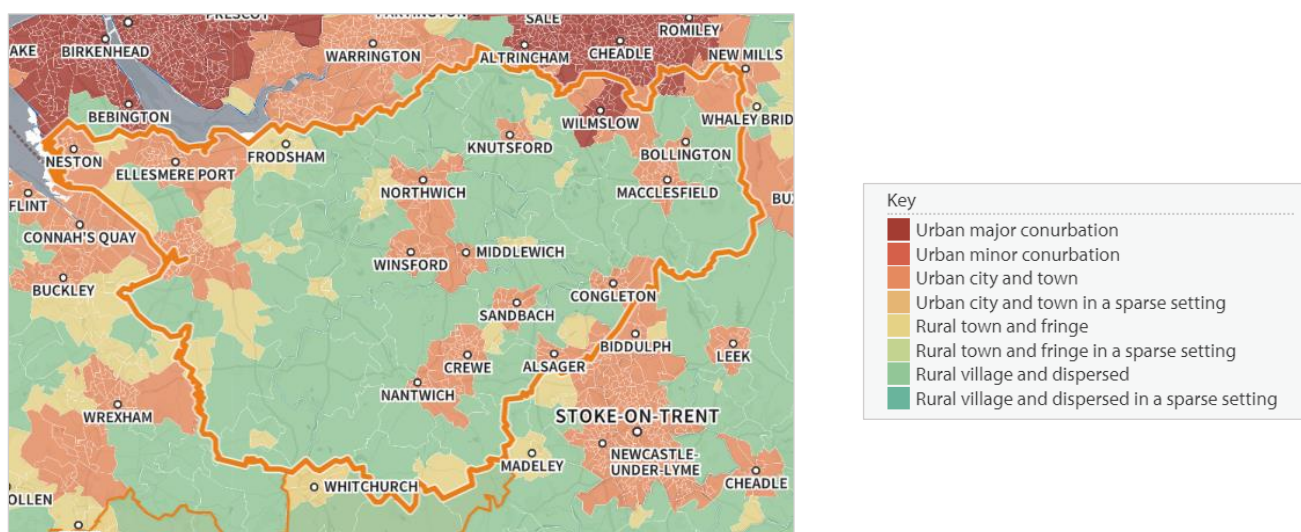
- 2016: there were estimated 2.5 million UK Armed Forces veterans.
- UK Veteran population is elderly and declining in size. 49% of veterans are aged over 75 compared to non-veterans 8%
- The high rate of older veterans can be related to those who undertook National Service which officially ended at the end of 1960

15.0 Vulnerable Groups: Rural Communities

The Office for National Statistics rural-urban classification (RUC2011) allows for a consistent approach when viewing rural/urban datasets.

Output areas are defined as rural if there is a population size of 10,000 or less. Output areas with a population size of over 10,000 are classed as urban. Further information regarding the rural-urban classification is available on the ONS website.

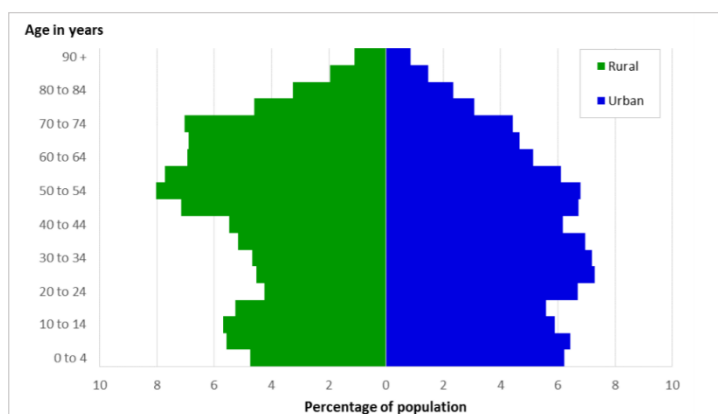
NHS Cheshire CCG's area rural-urban population



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

9.5 million (17% of population) people live in areas defined as rural in England. It is challenging to fully understand rural areas as available data is limited and less specific in focus compared to urban data.

Percentage of population within age bands by rural-urban classification (LSOA) in England, 2018:



Analysis:

- In terms of ethnicity, the proportion of BME groups has risen slightly over the last five years in rural areas, however 97.6% of the rural population in England falls into White ethnic groups
- In the NHS Cheshire CCG area, there are a number of urban centres (for example, Wilmslow, Chester, and Crewe). Surrounding these urban areas are market towns and smaller rural villages, some of which are in fringe and sparse settings.

Rural communities health related information

As there is complexity and diversity in rural areas that make it difficult to understand rural areas as a whole, caution must be taken when considering rural communities. However, available data highlights that there are general demographic and health-related considerations for this vulnerable group:

- Population pattern – outward migration of young people and inward migration of older people, are leading to a rural population that is increasingly older than the urban population, with accompanying health and social care needs
- Access to health and social care services e.g. longer travel distances, increased travel costs and scarcity of public transport links to access services
- Digital exclusion resulting from a combination of older population and the unavailability of high-speed broadband / mobile phone networks are leading to an increasing digital gap
- Social isolation / exclusion. This may also include marginalisation and lack of social connections felt by protected groups such as LGBT and/or people living with a disability, as well as those who are divorced or living alone
- Health impacts of rural housing and/or fuel poverty

Equality considerations relating to vulnerable groups listed above:

- People living in deprived areas are more likely to have poorer health outcomes
- Veterans – mental illness, MSK, hearing loss
- Asylum and Refugees – social invisibility, stereotyping, social stigma, cultural considerations, language/communication needs, barriers to accessing services, healthcare needs related to ASR status (as detailed in section 12.0)
- People experiencing homelessness – complex and multiple health needs, poorer health outcomes, lower life expectancy, barriers to accessing primary care services, lack of understanding of health and social care entitlements, stigma, and stereotyping
- Rural communities – social isolation, barriers to accessing health and social care due to longer travel distances, poor public transport links and/or digital exclusion

16.0 Health Inequalities

Health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. Significant inequalities in health exist between individuals and different groups in society. In particular, there is a 'social gradient' in health; neighbourhood areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy.

Key themes relating to health inequalities include:

Life expectancy Best fit data used for Local Authority areas– Mortality profiles

Indicator	Period	England	your area list	Cheshire East	Cheshire West and Chester
Life expectancy at birth (Male)	2016 - 18	79.6	-	80.1	79.9
Life expectancy at birth (Female)	2016 - 18	83.2	-	84.0	83.0

Table showing Under 75 mortality rate from all causes

Area	Sex	Value	Count	Compared to England value or percentiles
England	Persons	330.4850407	475130	
Cheshire East	Persons	294.3485	3343	Better
Cheshire West and Chester	Persons	326.2569	3194	Similar
England	Male	401.6007414	281571	
Cheshire East	Male	368.1593	2037	Better
Cheshire West and Chester	Male	396.4173	1892	Similar
England	Female	262.762801	193559	
Cheshire East	Female	223.5611	1306	Better

Cheshire West and Chester	Female	259.5864	1302	Similar
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Causes of death:

Area	Value	Count	Compared to England value or percentiles
Under 75 mortality rate from all cardiovascular diseases			
England	71.7	102334	
Cheshire East	64.7	747	Better
Cheshire West and Chester	71.3	703	Similar
Under 75 mortality rate from heart disease			
England	38.17748623	54406	
Cheshire East	36.0212	417	Similar
Cheshire West and Chester	34.8281	346	Similar
Under 75 mortality rate from stroke			
England	12.82882045	18309	
Cheshire East	10.1556	118	Better
Cheshire West and Chester	12.742	125	Similar
Under 75 mortality rate from cancer			
England	132.3	188722	
Cheshire East	117.4	1344	Better
Cheshire West and Chester	133.1	1313	Similar
Under 75 mortality rate from colorectal cancer			
England	11.88112046	16946	
Cheshire East	11.3322	130	Similar
Cheshire West and Chester	11.6325	112	Similar
Under 75 mortality rate from liver disease			
England	18.5	26558	
Cheshire East	18.2	205	Similar

Cheshire West and Chester	19.1	185	Similar
Under 75 mortality rate from respiratory disease			
England	34.7	49351	
Cheshire East	28.1	328	Better
Cheshire West and Chester	36.6	362	Similar
Under 75 mortality rate from injuries			
England	13.21018054	19490	
Cheshire East	15.0054	152	Similar
Cheshire West and Chester	12.1748	110	Similar

Source: Public Health England. Public Health Profiles. [30/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Nationally and locally, there is variation across life expectancy for males and female. Males have higher mortality rates across all causes compared to females
- There are variations for life expectancy across the local authority areas for Cheshire area with Cheshire East having better mortality rates compared to Cheshire West and Chester
- Mortality rates for people under that age of 75 for different causes was significantly worse when compared to England rates for:
 - Death from injuries rate slightly higher for all people but significantly higher for men within Cheshire East
- Mortality rates for people under that age of 75 for different causes is better compared to the England rates for:
 - Heart disease
 - Stroke
- Mortality rates for people under the age of 75 for different causes mirror national rates for:
 - Cardiovascular diseases of which Cheshire East is better than national rates
 - Cancer of which Cheshire East is better than the national rate
 - Breast cancer
 - Colorectal cancer
 - Liver disease
 - Respiratory disease of which Cheshire East is better than national rates

Further information can be found within the Rightcare Health Equality and Inequality report: <https://www.england.nhs.uk/publication/equality-and-health-inequalities-packs-2018-north/>

17.0 Other health related data – from Public Health England – fingertips data

Child health data set:

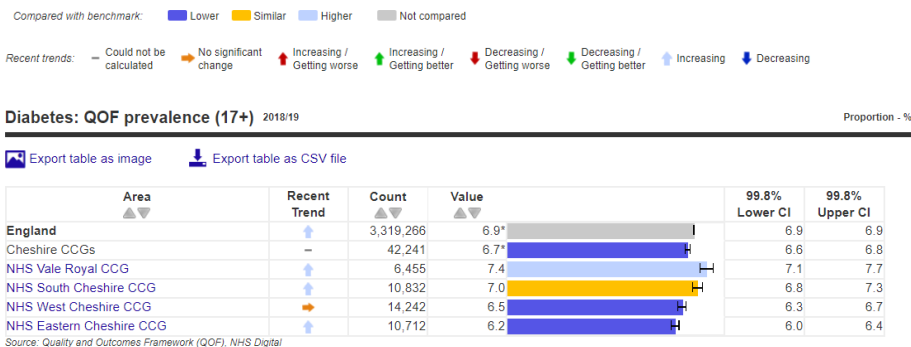
Indicator	Period	England	your area list	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	NHS West Cheshire CCG	NHS Vale Royal CCG
Infant mortality rate	2016 - 18	3.9	-	3.0	3.7	2.9	3.5
Child mortality rate (1-17 years)	2016 - 18	11.0	-	11.7	14.2	8.5	*
MMR vaccination for one dose (2 years)	2018/19	89.9*	93.3*	94.9	93.1	91.2	95.8
Dtap / IPV / Hib vaccination (2 years)	2018/19	94.1*	95.8*	96.4	95.4	95.0	97.4
Children killed and seriously injured (KSI) on England's roads	2016 - 18	17.7	12.8*	*	9.8*	*	9.8*
Obese children Reception Year, three year average	2016/17 - 18/19	9.6	-	13.5*	19.7*	*	21.4*
Obese children Year 6, three year average	2016/17 - 18/19	20.1	-	*	*	18.9	25.2
Children with one or more decayed, missing or filled teeth	2016/17	23.3	-	131.5	56.7	93.5	46.8
Hospital admissions for dental caries (0-5 years)	2016/17 - 18/19	299.1	87.6*	*	0.8	0.5	*
Teenage mothers	2018/19	0.6	0.6*	33.8	41.5	23.8	53.8
Admission episodes for alcohol-specific conditions - Under 18s	2016/17 - 18/19	31.4	35.3*	60.8	143.0	52.2	105.9
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	74.6	-	7.8	14.2	9.5	13.1
Smoking status at time of delivery	2018/19	10.6	-	64.8	65.5	63.9	60.2
Baby's first feed breastmilk	2018/19	67.4	-	421.5	526.5	525.5	582.9
A&E attendances (0-4 years)	2018/19	672.2	607.1*	126.5	107.4	121.7	115.4
Hospital admissions caused by injuries in children (0-14 years)	2018/19	95.8	118.5*	107.7	198.3	105.8	200.2
Hospital admissions caused by injuries in young people (15-24 years)	2018/19	130.4	142.5*	180.4	142.9	172.4	238.5
Hospital admissions for asthma (under 19 years)	2018/19	176.8	-	101.1	123.3	91.2	113.5
Hospital admissions for mental health conditions	2018/19	87.8	105.1*	420.0	650.1	396.7	736.1
Hospital admissions as a result of self-harm (10-24 years)	2018/19	428.9	-				

Source: Public Health England. Public Health Profiles. [06/07/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Infant mortality is similar or lower to the England rate
- Immunisation data (MMR) rates are more positively higher compared to the England rate
- Obesity rates in children (year 6) is generally lower than England rates except for Vale Royal area – which is higher

Diabetes data set:

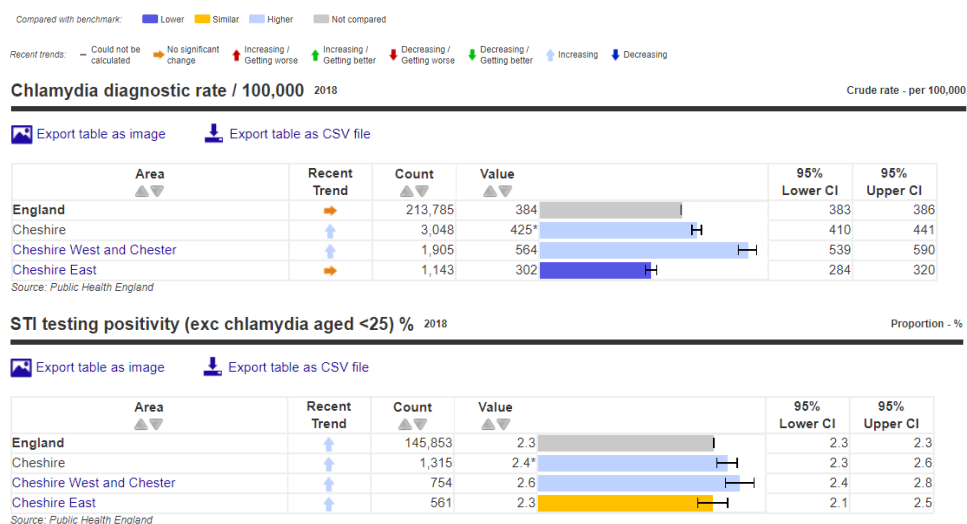


Source: Public Health England. Public Health Profiles. 03/07/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are lower rates of diabetes prevalence compared with the England rate
- NHS Vale Royal has higher (worse) rates of diabetes prevalence when compared with the Cheshire area and England
- NHS South Cheshire has similar rates of diabetes prevalence to England
- NHS West Cheshire and NHS Eastern Cheshire have the lowest rates across the area, and both have lower rates of diabetes prevalence when compared to England

Sexual Health data sets:

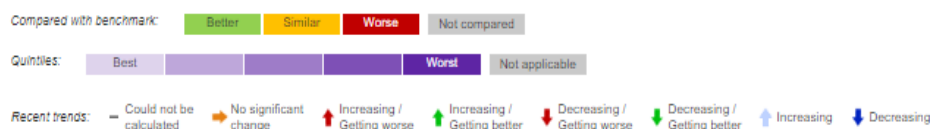


Source: Public Health England. Public Health Profiles. [17/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are higher rates of Chlamydia diagnosis compared with England
- The diagnostic rate of Chlamydia is higher and rising in Cheshire West and Cheshire East has lower and decreasing rates of Chlamydia diagnosis
- Across the area, there are higher rates of people testing positive for STIs when compared to England
- Cheshire West and Chester have higher rates of positive STI testing when compared with the national rate and Cheshire East have similar rates
- The rates of people testing positive for STIs is increasing across Cheshire and in England

Smoking and Tobacco data set:



Indicator	Period	England	your area list	NHS Eastern Cheshire CCG	NHS South Cheshire CCG	NHS West Cheshire CCG	NHS Vale Royal CCG
Smoking Prevalence in adults (18+) - current smokers (APS)	2018	14.4	-	9.2	8.1	13.3	14.9
Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS)	2018	2.47	-	4.21	3.32	6.06	3.10
Smoking status at time of delivery	2018/19	10.6	-	7.6	14.2	9.5	13.1

[11/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there is variation in smoking prevalence
- There are generally lower rates of smoking prevalence in adults across the area with significantly lower rates in the NHS Eastern Cheshire and NHS South Cheshire areas compared to the national rate
- There are overall higher rates of socio-economic gaps and smoking prevalence across the area with significantly high rates in the NHS West Cheshire compared to the national rate

Obesity data set:

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared
Quintiles: Best Worst Not applicable

Indicator	Period	England	your area list	NHS Eastern Cheshire CCG	NHS Vale Royal CCG	NHS South Cheshire CCG	NHS West Cheshire CCG
Obesity: QOF prevalence (18+)	2018/19	10.1*	10.2*	8.0	12.2	10.6	10.9
Obese children Reception Year, three year average	2016/17 - 18/19	9.6	-	*	9.6*	9.8*	*
Obese children Year 6, three year average	2016/17 - 18/19	20.1	-	13.5*	21.4*	19.7*	*
Children with excess weight Reception Year, three year average	2016/17 - 18/19	22.5	-	18.7*	23.5*	23.7*	19.9*
Children with excess weight Year 6, three year average	2016/17 - 18/19	34.3	-	27.1*	35.4*	34.3*	32.1*

Source: Public Health England. Public Health Profiles. [11/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are similar rates of obesity prevalence
- NHS Vale Royal has the highest (worst) rate of obesity prevalence in comparison to the area and the national rate
- There are similar rates of obese children in Reception when compared to the national rate
- NHS Eastern Cheshire has particularly low (better) rates of child obesity compared with the area
- NHS Vale Royal has the highest (worst) rates of child obesity across the area

Alcohol and substance misuse data set:

Indicator	Period	England	your area list	Cheshire East	Cheshire West and Chester
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2018/19	34.2	34.6*	35.2	33.9
Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	24.3	22.9*	21.1	25.2
Concurrent contact with mental health services and substance misuse services for alcohol misuse	2016/17	22.7	25.8*	29.3	21.8
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	83.1	-	116.2	76.1

Source: Public Health England. Public Health Profiles. [06/07/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Substance misuse data across the area is similar to the England rate with the exception of higher rates of hospital admission for young people age 15-24 – in relation to people living within Cheshire East.

Equality considerations relating to public health data in this section:

- Child health: children and young people living in households experiencing deprivation are more likely to have poor health outcomes
- Adverse child experiences that may relate to poorer health outcomes. A child's health can be impacted by environmental, social, economic, and health-related factors
- Health and wellbeing of women before and during pregnancy is associated with health outcomes for infants e.g. substance abuse, smoking, and poor diet before and during pregnancy are associated with adverse health outcomes for infants
- Diabetes may be a 'hidden disability' that requires workplace consideration e.g. reasonable adjustments such as a flexibility of break times to eat, safe space to inject insulin, and adjustments relating to diabetes-related health conditions including modified equipment for visual impairment
- Sexual health inequalities such as variability to access can impact upon an individual's general health, wellbeing and upon their quality of life. Considerations in relation to culture, religion, sexual orientation, and age should be given.
- Smoking and tobacco: link between likelihood of smoking and level of deprivation in area, impact of smoking and tobacco on health and availability of health services, consideration of age, sex, ethnicity (men more likely to be smokers than women)
- Obesity and prevalence of associated health conditions (e.g. hypertension, cardiovascular disease, diabetes, mental health conditions etc.) are closely linked to deprivation
- Alcohol and substance misuse: impact upon individual health and wellbeing – health conditions related to alcohol/substance misuse may fall under definition of disability, consideration of prevalence by age, sex, level of deprivation in area and links to higher prevalence in certain protected groups e.g. younger men, LGB

18.0 Evaluation of data sets

- Collation of the data has used both Public Health Profiles, JSNA and ONS
- The majority of data sets is not current however is the latest available

Data collated by Equality and Inclusion Project Team July 2020

19.0 List of data sources

Sexual orientation sources

Student Frequently Asked Questions <https://www.stonewall.org.uk/help-advice/student-frequently-asked-questions-faqs>

Office for National Statistics Sexual Orientation, UK: 2018,
<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>

Office for National Statistics, adult smoking habits in the UK: 2018,
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018>

Public Health England, Addressing inequalities in LGBT cancer screening coverage,
<https://phescreening.blog.gov.uk/2019/03/15/addressing-inequalities-in-lgbt-cancer-screening-coverage/>

Government Equalities Office, National LGBT Survey Summary Report, 2018,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf

Pregnancy/Maternity sources

https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/15/par/E92000001/ati/165/are/E38000151/iid/92974/age/1/sex/2/cid/4/page-options/car-do-0_eng-vo-0_eng-do-0

Asylum seekers sources

MLCSU Commissioning guidance for Asylum Seekers and Refugees,
https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf

Section 95 support by local authority, <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets>

Health needs assessment of asylum seekers and refugees in Lancashire,
https://www.lancashire.gov.uk/media/902306/hna_asylum-seekers-and-refugees_lancashire.pdf

Migrant Health Guide, Public Health England, <https://www.gov.uk/topic/health-protection/migrant-health-guide>

The Migration Observatory Local Data Guide,
<https://dataguide.migrationobservatory.ox.ac.uk/>

Rural Communities sources

<https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2011ruralurbanclassification>

<https://shapeatlas.net/place/E54000008#9/53.2274/-2.4545/l-ruc/b-01C,b-01R,b-02F,b-02D/sc-pc/m-CCG,ml-CCG/u->

Statistical Digest of Rural England, March 2020,
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875793/03_Statistical_Digest_of_Rural_England_2020_March_edition.pdf

Health and Wellbeing in Rural Areas, <https://www.local.gov.uk/health-and-wellbeing-rural-areas>

Older People in Rural Areas: Vulnerability Due to Poor Health Paper,
<https://ruralengland.org/wp-content/uploads/2015/12/Final-report-Poor-Health.pdf>

Rural Ageing, https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/housing-and-homes/ppp_rural_ageing_uk.pdf

An evidence summary of health inequalities in older populations in coastal and rural areas, <https://www.gov.uk/government/publications/health-inequalities-in-ageing-in-rural-and-coastal-areas>

Health inequality sources

<https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

Map data

<https://shapeatlas.net>

Age data

https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/12/gid/1938133222/pat/15/par/E92000001/ati/165/are/E38000189/iid/92266/age/179/sex/2/cid/4/page-options/map-ao-4_tre-ao-0_tre-do-0_tre-so-0_car-do-0_cin-ci-4_eng-vo-0_eng-do-0_ovw-tdo-0

Disability data

<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

<https://www.england.nhs.uk/publication/joint-strategic-needs-assessment-toolkit/>

<https://fingertips.phe.org.uk/search/dementia#page/0/gid/1/pat/30000/par/al-Bd9spsmuKXU/ati/165/are/E38000056/cid/4/page-options/ovw-tdo-0>

www.carersuk.org/stateofcaring

Gender Reassignment

Stonewall, LGBT Life in Britain – Trans Report, 2018,

https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf

Government Equalities Office, Trans People in the UK, 2018:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf

Cheshire CCG website, April 2020: <https://www.cheshireccg.nhs.uk/about/our-population/>

Race

<https://www.nomisweb.co.uk/query/construct/submit.asp?menuOpt=201&fmt=xls&lr=geography&lc=Ethnic%20Group&fn=>

Religion and Belief

Source: Census 2011 data, NOMIS official labour market statistics,

<https://www.nomisweb.co.uk/>

Homelessness

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables>

Veterans

<https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017>

https://www.local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20re%20source_v06.pdf

Other health related data

Alcohol and substance misuse - NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019/part-1-hospital-admissions-related-to-drug-misuse>

Smoking - ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03->

[14#:~:text=Smoking%20contributes%20to%20health%20inequality&text=In%2085%25%20of%20cases%20where,in%20the%20least%20deprived%20areas.](https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14#:~:text=Smoking%20contributes%20to%20health%20inequality&text=In%2085%25%20of%20cases%20where,in%20the%20least%20deprived%20areas.)

NHS Digital (age/sex/ethnicity and other protected group info): <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2019/part-3-smoking-patterns-in-adults-copy>