



Rushcliffe
Borough Council



Rushcliffe Borough Council

Diversity of Rushcliffe

Equality Framework for Local Government

Community Development Scrutiny Group

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RUSHCLIFFE - GREAT PLACE • GREAT LIFESTYLE • GREAT SPORT



Introduction

As a borough council we are committed to supporting the Equality Act 2010 and aim to create an environment where we can all live in harmony with access to what is needed to play a full and active part in society, free from fear or discrimination.

We will continue to work to achieve a consistent approach to equality and diversity when delivering all services and as an employer. This underpins everything we do. We will strive to ensure our staff and our residents receive a fair and equitable treatment and we will work to build strong communities.



Source: *Rushcliffe Respectful Relationships Equality & diversity Scheme 2016 - 2020*



Rushcliffe Profile

- Total population 116000
- Male 57100 (49%) Female 58400 (51%)
- Aged 0-17 24000 (20%)
- Working Age Population 18-64 67700 (68%)
- Aged 65+ 24300 (21%)
- Aged 85+ 3500 (3%)
- 8005 are non-white (7%)
- 4755 are Asian Indian/Pakistani/Bangladeshi/Chinese (4%)
- 2088 are mixed / multiple ethnicities (2%)
- 696 are Black African/Carribbean/British (0.6%)
- 435 are other ethnicities (0.3%)

Source: *Nottingham Insight* - This district profile was generated on 31/08/2018.
District profile data was last updated July 2018.



Socio-economic factors

- Ranks 315th of 326 on national deprivation scale
- Yet, there are pockets of relative deprivation
- Strong employment profile
- Predominantly service sector employment
- One of safest places in Nottinghamshire

Population density:

Population density is the number of usual residents per hectare. A hectare is the metric unit of area defined as 10,000 square metres or approximately 2.47 acres.

Table: Census 2011 population density					
	Rushcliffe	Nottinghamshire	East Midlands	England	Nottinghamshire
Density (number of persons per hectare) (Ratio) (2011)	2.7	3.8	2.9	4.1	3.8

Source: ONS, Census 2011



Age Profile





Marital & Civil Partnerships

Marital and civil partnership

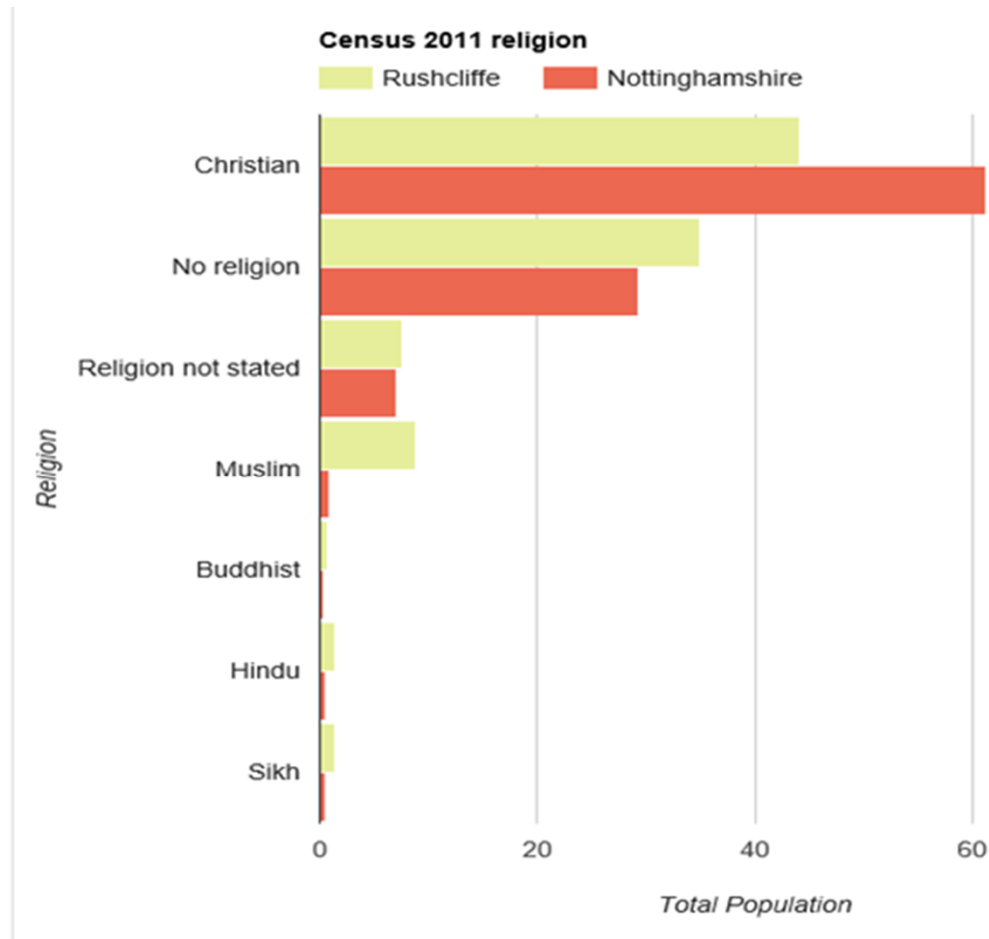
Marital and civil partnership status classifies an individual according to their legal marital or registered same-sex civil partnership status as at census day, 27 March 2011. Data is shown as a percentage of all people aged 16 or over. (Numbers are shown in brackets).

Table: Census 2011 Marital and Civil Partnership					
	Rushcliffe	Nottinghamshire	East Midlands	England	Nottinghamshire
Single (never married or never registered a same-sex civil partnership)	28.7 (26,005)	29.9	32.3	34.6	29.9
Married	53.6 (48,543)	50.2	48.5	46.6	50.2
In a registered same-sex civil partnership	0.2 (159)	0.2	0.2	0.2	0.2
Separated (but still legally married or still legally in a same-sex civil partnership)	2.1 (1,858)	2.5	2.6	2.7	2.5
Divorced or formerly in a same-sex civil partnership which is now legally dissolved	8.3 (7,527)	9.6	9.3	9.0	9.6
Widowed or surviving partner from a same-sex civil partnership	7.1 (6,459)	7.5	7.2	6.9	7.5

Source: ONS, Census 2011



Faiths & Beliefs





Maternity, Pregnancy, Sexual Orientation & Gender reassignment

Table: Births and deaths

Dataset name	Nottingham	Rushcliffe	Nottinghamshire
Live Births, General Fertility Rate (Rate per 1,000 women in age group) (2017)	51.6 (4178)	55.1 (1090)	51.6
All Deaths (rate per 100,000 people) (2017)	1128.2 (2367)	863.1 (1104)	1016.1

Source: [ONS Death Registrations Summary Tables](#), [ONS Births Summary Tables \(2017\)](#)

No data available for Rushcliffe on sexual orientation or gender reassignment



Long term illness or disability

Prevention

Modifiable risks in Nottinghamshire County

Risk factor		Cause of illness, disability or death	
Dietary risks	16.1%	Cardiovascular diseases	46.5%
Tobacco smoke	15.3%	Diabetes and endocrine	16.4%
Obesity / overweight	14.4%	Neoplasms / Cancers	15.9%
High blood pressure	12.0%	Chronic chest diseases	4.9%
Alcohol and drug use	7.8%	Unintentional injuries	3.4%
High blood sugar	7.4%	Mental and substance use disorders	3.3%
High total cholesterol	5.5%	Musculoskeletal disorders	3.1%
Poor kidney function	5.0%	Nutritional deficiencies	1.5%
Low physical activity	4.3%	Cirrhosis	1.4%
Occupational risks	3.8%	<i>Other causes</i>	3.7%
Air pollution	2.6%		
Low bone mineral density	2.3%		
<i>Other risks</i>	3.7%		


Source - estimates based on Global Burden of Disease data 2015



Mosaic Profile



Mosaic Classification Profile 2014 (Rushcliffe)

[Metadata](#) 

Three largest Mosaic Groups in Rushcliffe

Group B

Established families in large detached homes living upmarket lifestyles (17.20%)

- Aged 61-65
- High value detached homes
- Married couples
- Managerial and senior positions
- Supporting students and older children
- Online shopping and banking

[Open classification »](#)

Group D

Thriving families who are busy bringing up children and following careers (15.59 %)

- Families with children
- Upmarket suburban homes
- Owned with a mortgage
- 3 or 4 bedrooms
- High Internet use
- Own new technology

[Open classification »](#)

Group F

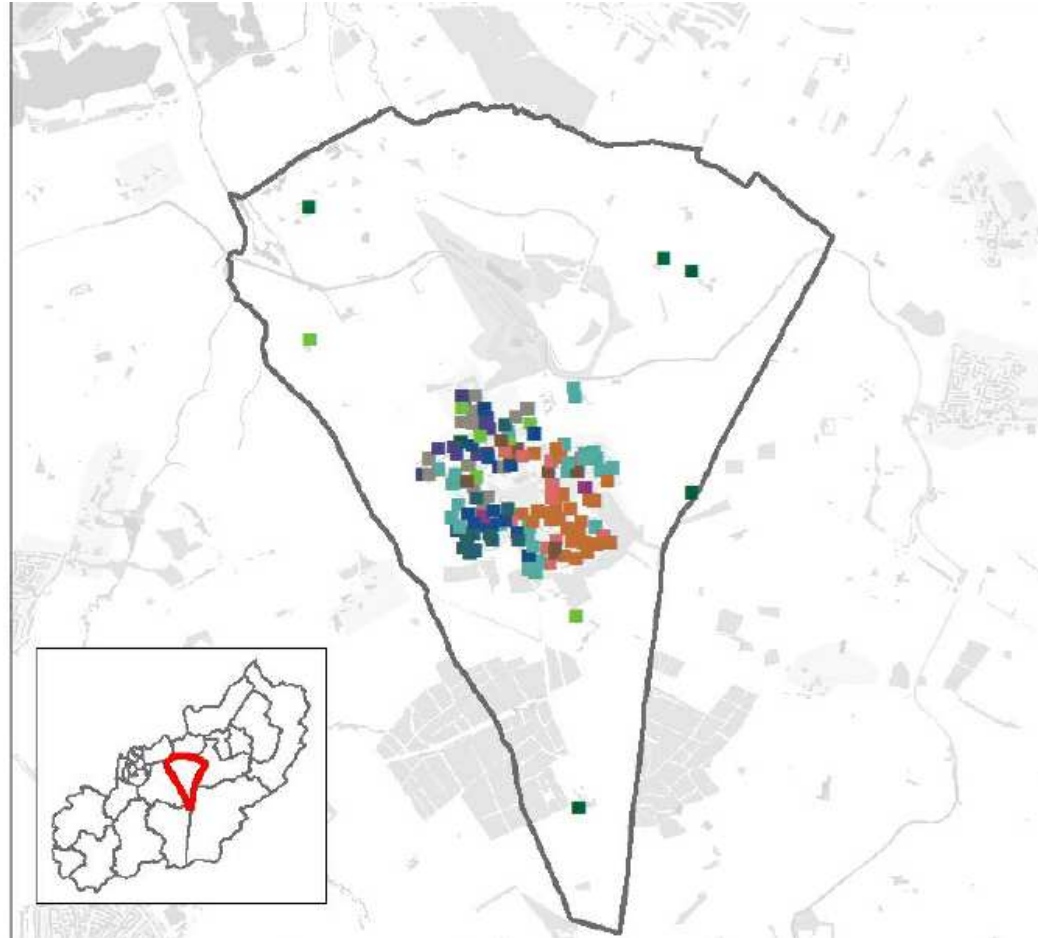
Elderly people with assets who are enjoying a comfortable retirement (11.75%)

- Elderly singles and couples
- Homeowners
- Comfortable homes
- Additional pensions above state
- Don't like new technology
- Low mileage drivers

[Open classification »](#)

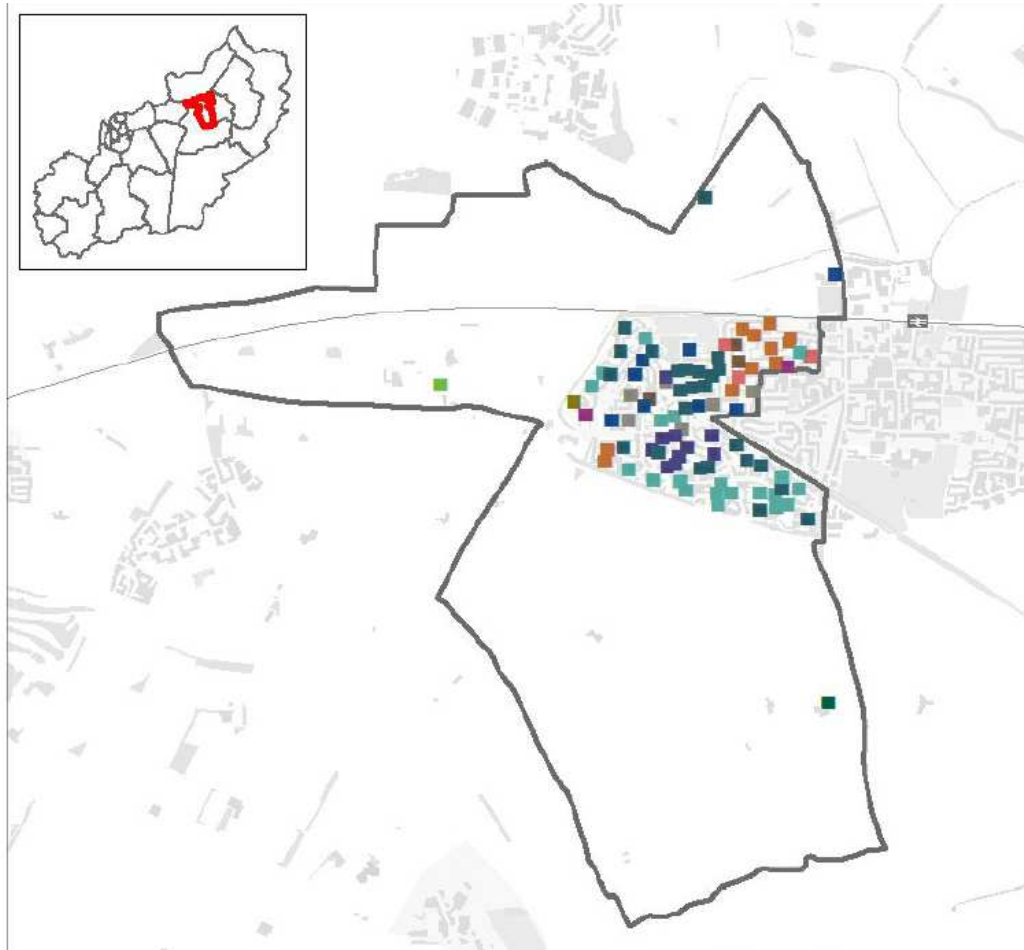


Cotgrave



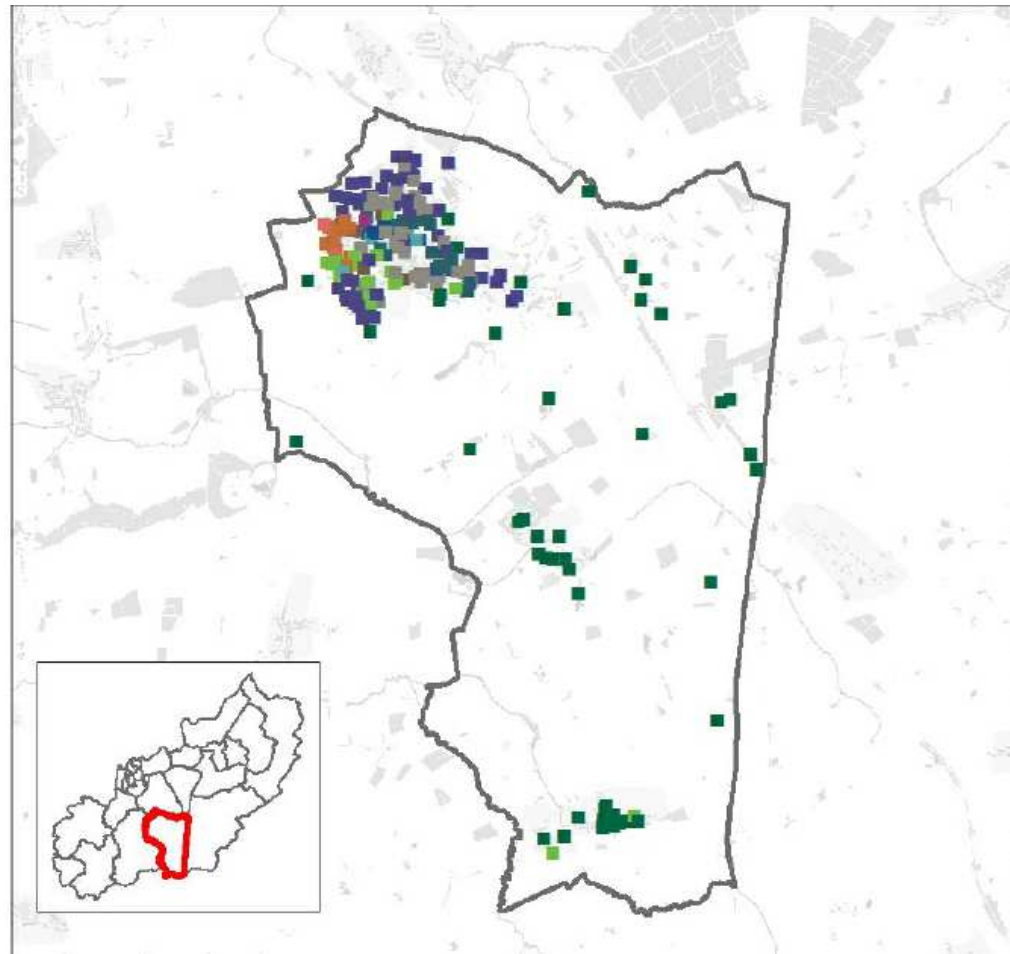


Bingham West





Keyworth & Wolds

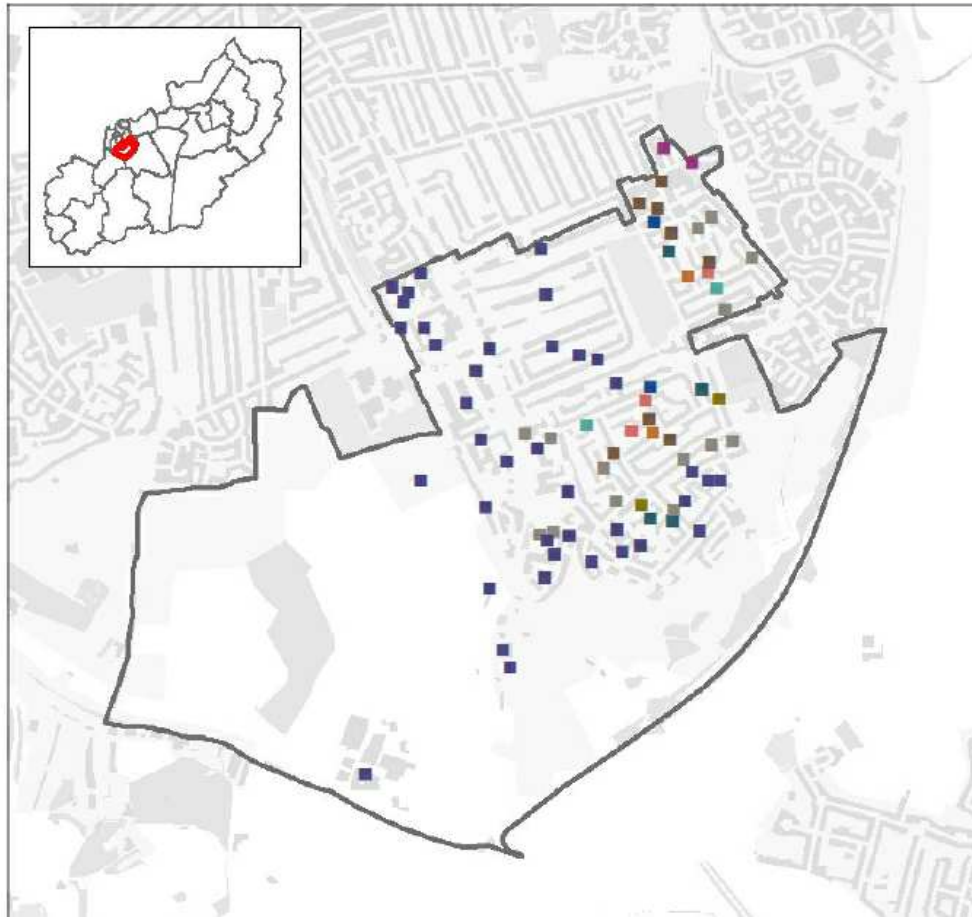




Rushcliffe
Borough Council



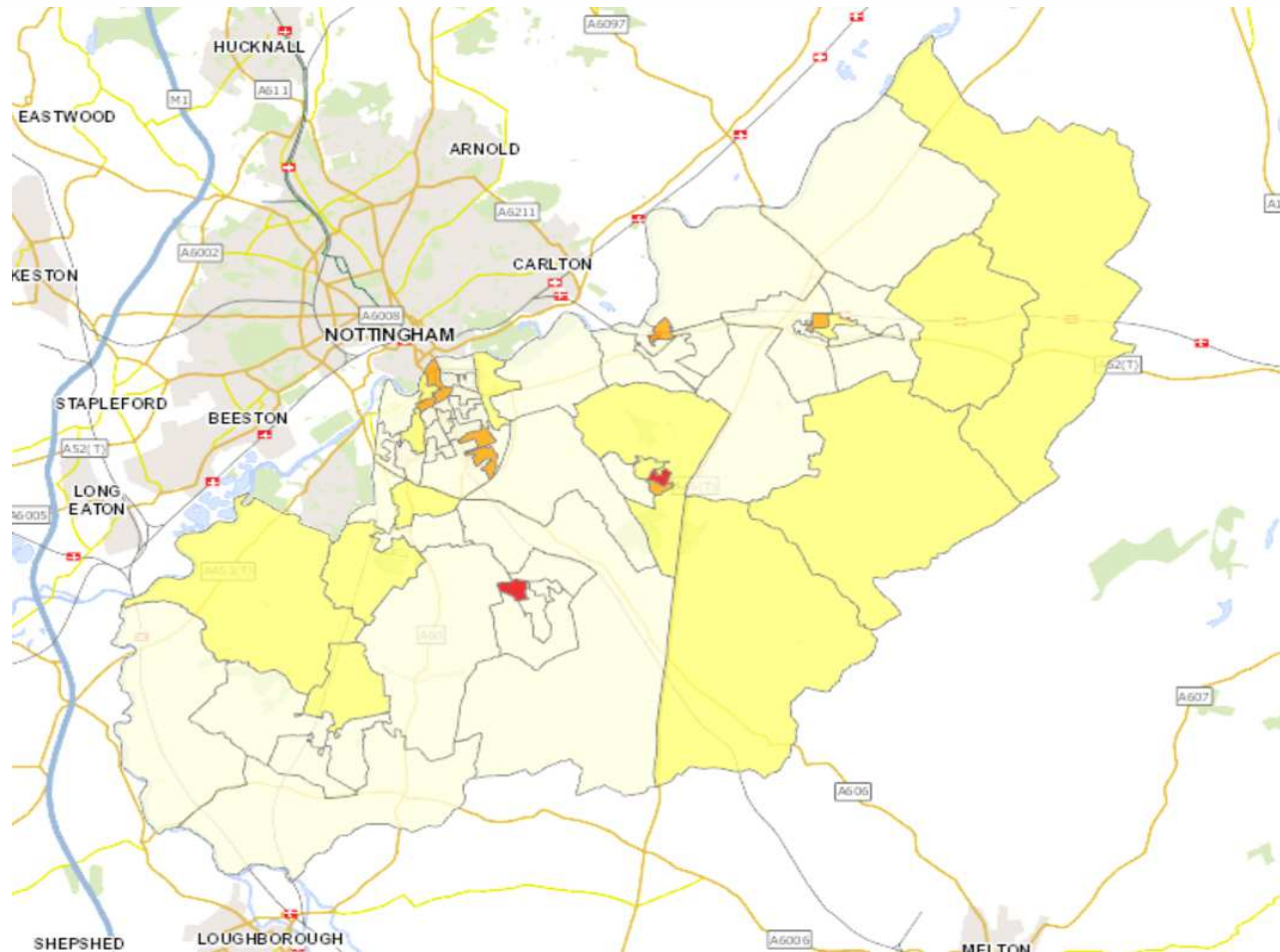
Edwalton



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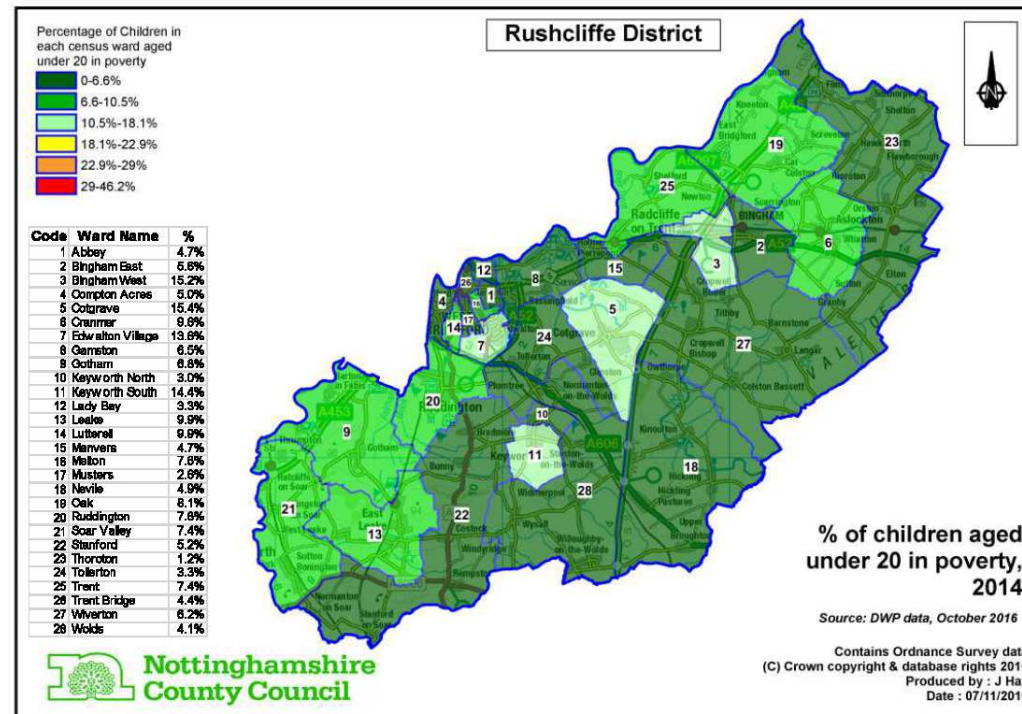


Indices of Multiple Deprivation





Child Poverty

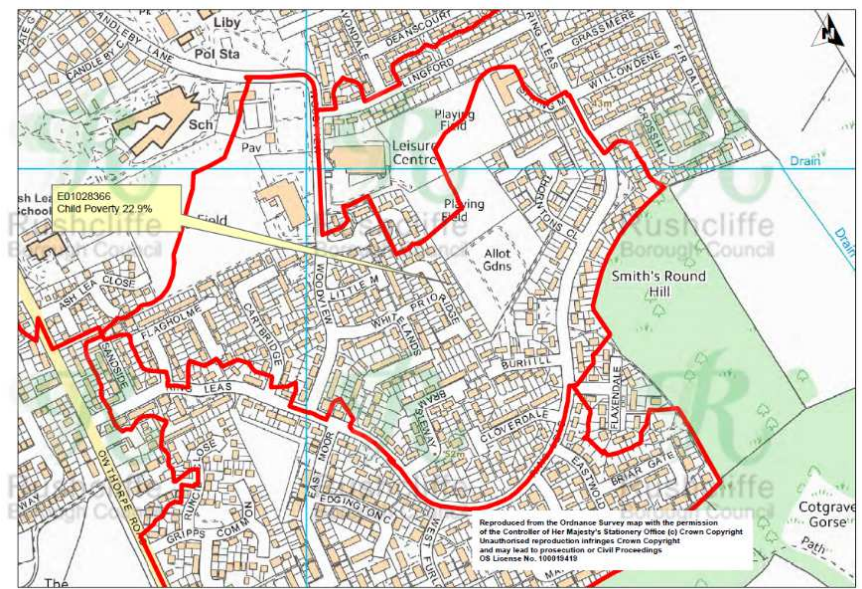
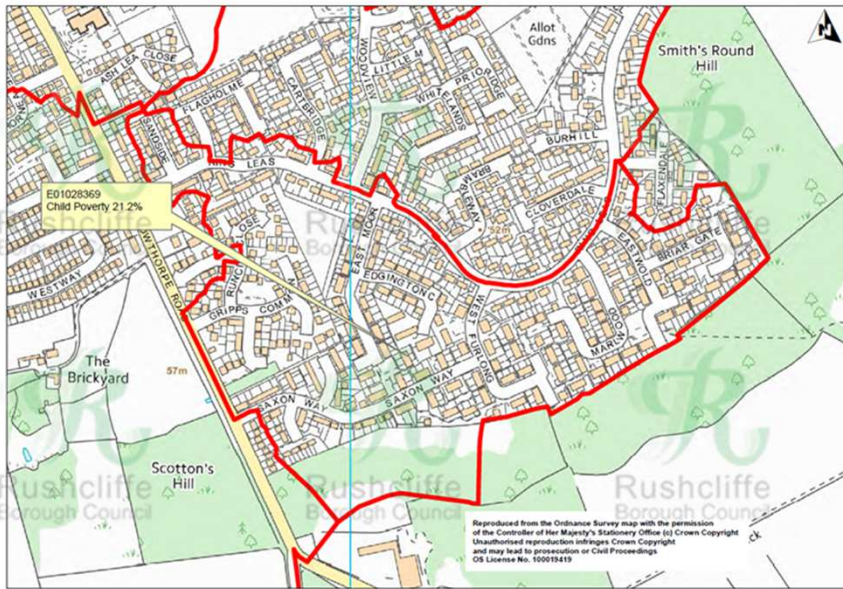


Children in out of work families – 1600 (7.3%)

Source: Department of Work & Pensions 2015/16

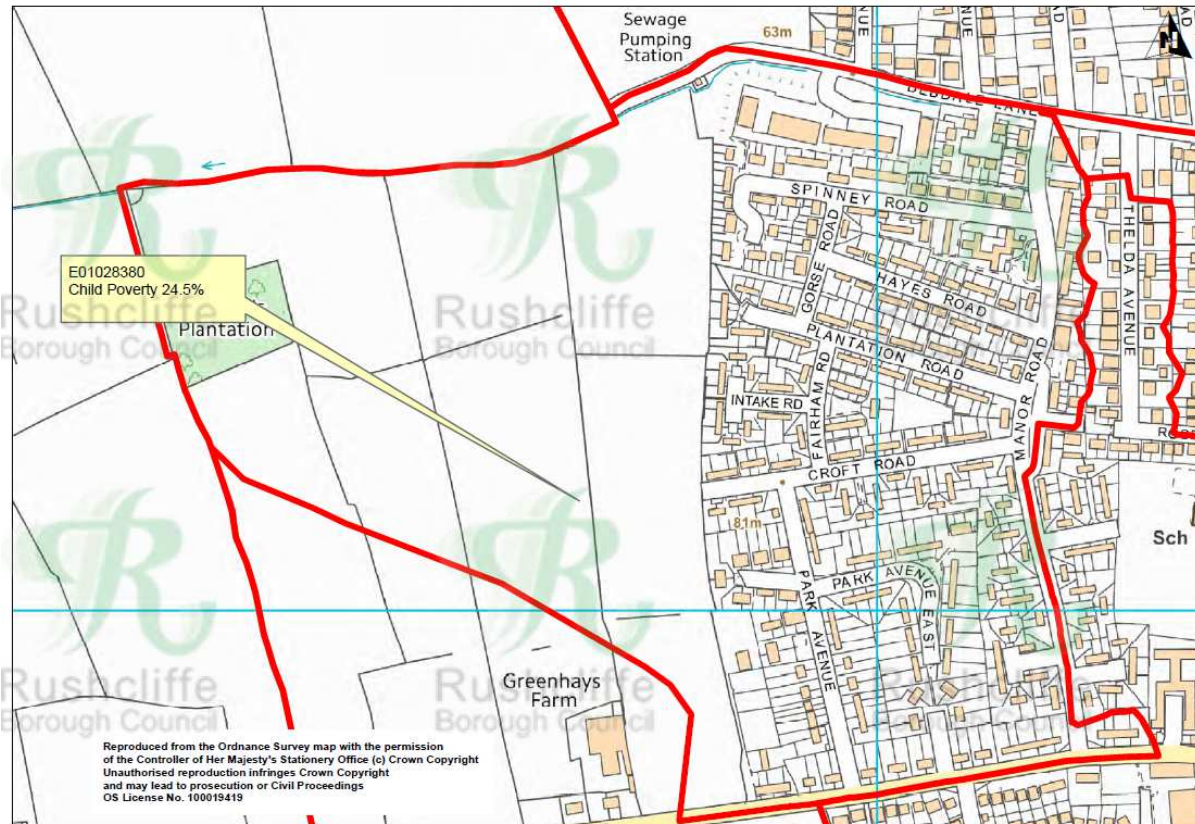


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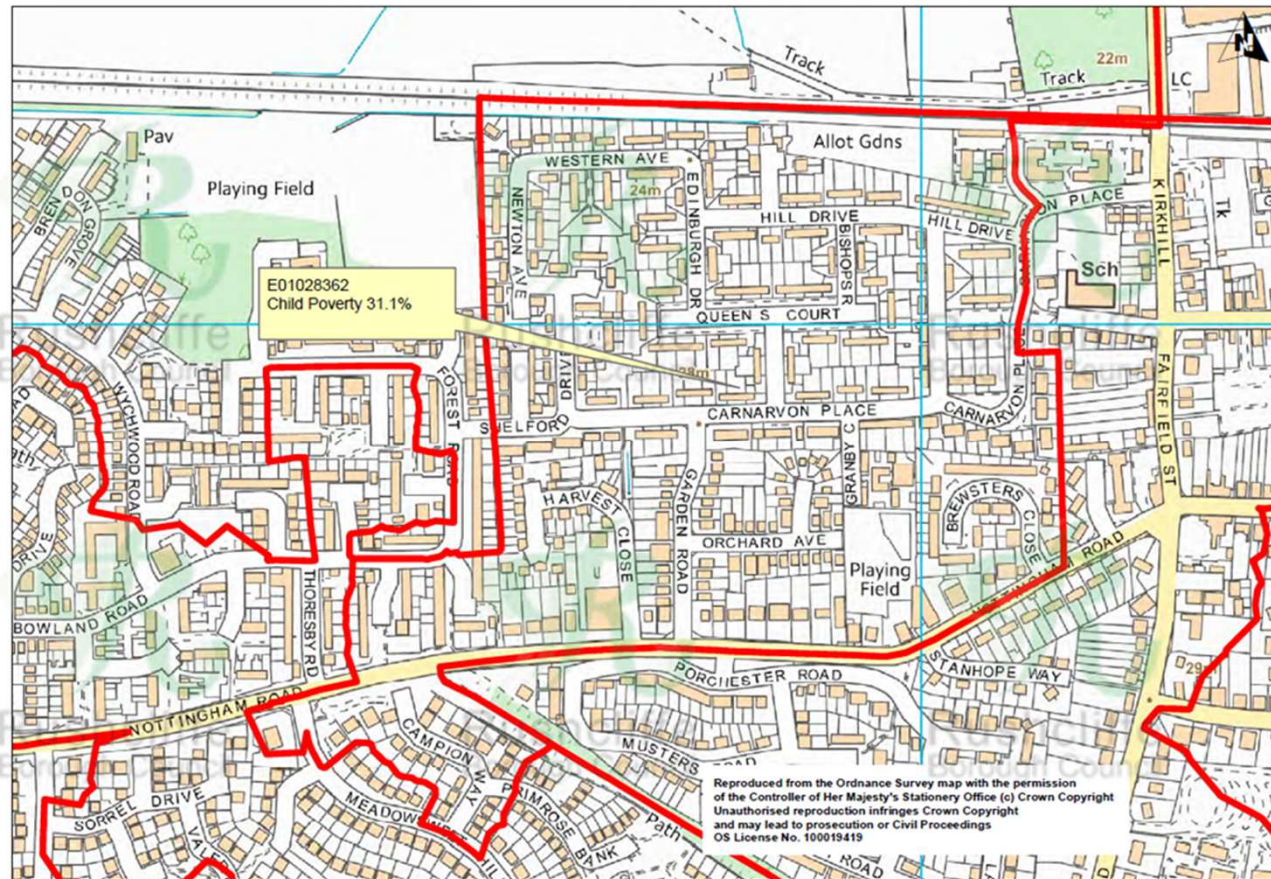


Keyworth



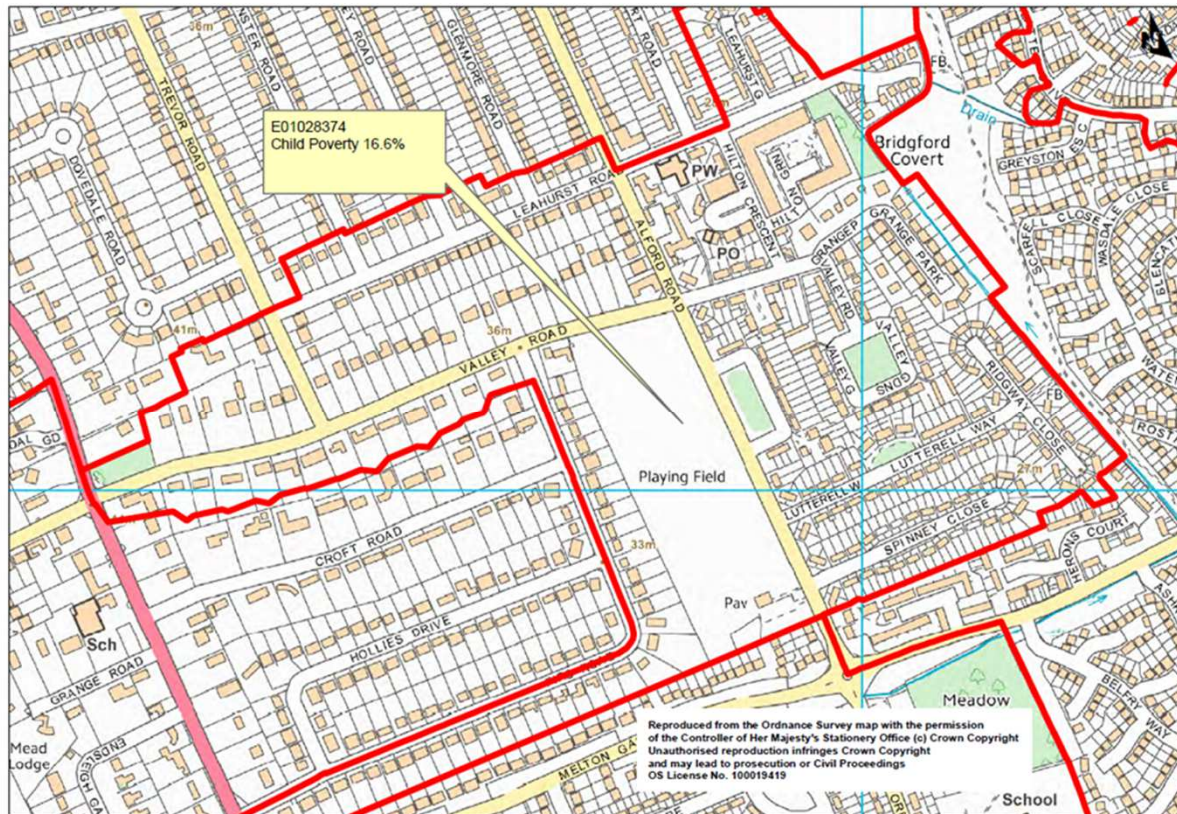


Bingham





Edwalton Village

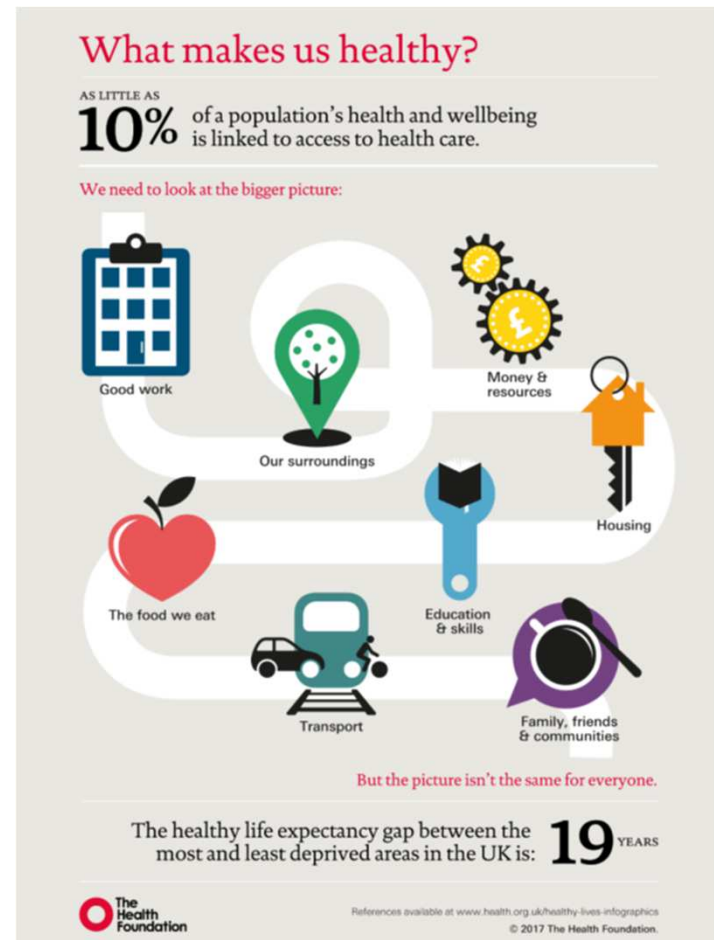




Health Determinants

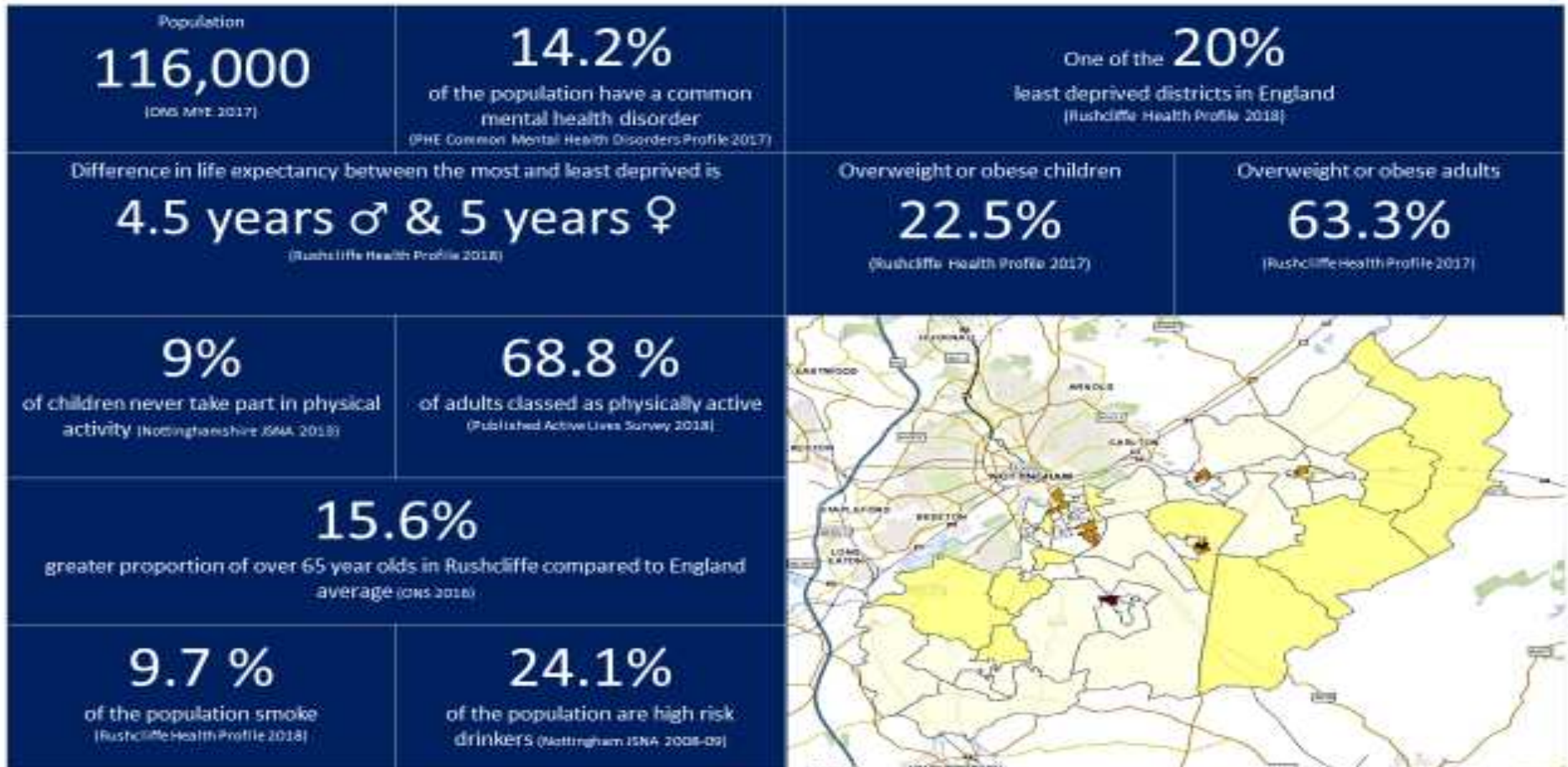
It is estimated that healthcare only accounts for 10% of a population's health, the rest being predominantly shaped by socio-economic factors. No individual organisation has control over all of these determinants and improving the health and wellbeing of the people of Rushcliffe requires a whole system approach.

Active Rushcliffe Health Partnership is Rushcliffe's solution to driving this approach





Health Profile



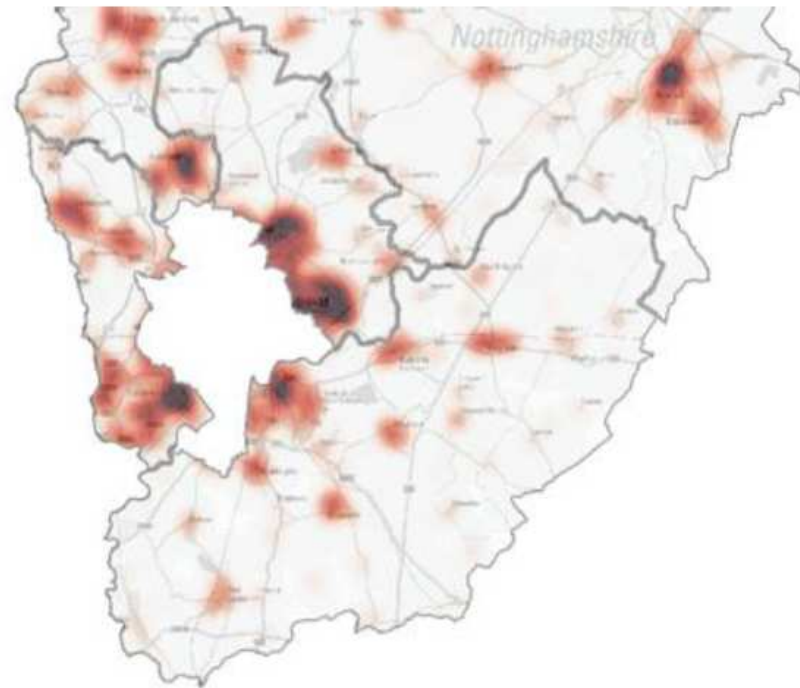


Lifestyle Behaviour

Estimated clustering of health behaviours for South Notts

Smoking, diet, obesity,
alcohol and mental
health

Data source Mosaic





Health Inequalities

- Life Expectancy
- Healthy Life Expectancy
- Health Inequalities Action Plan

- Why address health inequalities?



Health Priorities

Increase year on year participation in physical activity and sport with a focus on the inactive

Contribute to a reduction in the prevalence of obesity with a focus on the food environment

Contribute to a reduction in the number of people who smoke and who are exposed to smoke

Contribute to a reduction in substance misuse (alcohol & drugs)

Contribute to the improvement of mental wellbeing including dementia

Drive improvements in the wider determinants of health, tackling inequalities and enabling healthier environments.
(Crosscutting)



Health Ambitions

Physical Activity

- Increase the number of physically active adults from 68.8 % to above 70%
- Increase the number of physically active children

Obesity

- Reduce the number of adults overweight or obese from 63.3% to below 60%
- Reduce the number of obese children from 11% to below 10%

Smoking

- Reduce the number of smokers from 9.7% to below 9%

Substance Misuse

- Reduce the number of residents misusing alcohol and drugs

Mental Health +Dementia

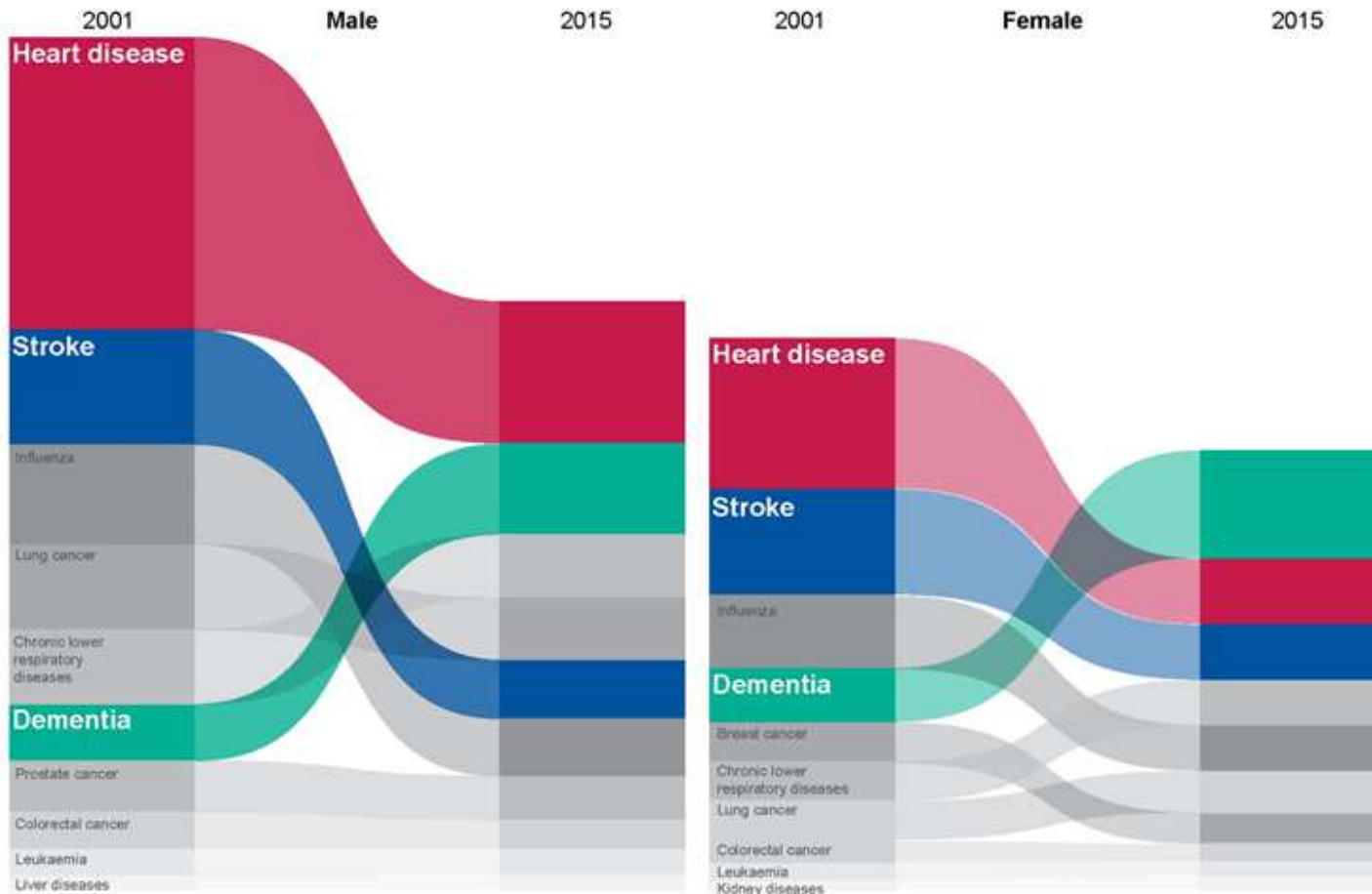
- Increase the number of community assets that enable mental wellbeing
- Become a Dementia Friendly Borough

Crosscutting Themes

- Positively influence the difference in life expectancy and indices of multiple deprivation within Rushcliffe



Dementia





Recommendations

1. The community development scrutiny group endorses the health partnership's work in reducing health inequalities and improving health and wellbeing.
2. The community development scrutiny group discusses and decides on areas for further investigation.