

Joint Strategic Needs Assessment



Quarterly Newsletter / Issue 11

June 2014

Do you want to know more about the health and wellbeing of those who are protected under the nine Equality characteristics in Richmond borough?

Read on for more information on the nine protected characteristics.

Welcome to the eleventh issue of the JSNA Newsletter - a rolling publication produced by the public health team that describes the health, social care and wellbeing of local residents. In this issue we give an overview of the health and wellbeing issues of those who are protected within the nine characteristics of the Equality Act 2010, which includes the following:

- Age – people of a particular age or age-group (e.g. young people).
- Disability – people with physical or mental impairments.
- Gender reassignment – people who have changed gender.
- Marriage and civil partnership – people who are married or in a civil partnership, or in similar long-term partnerships.
- Pregnancy and maternity – women who are pregnant or who are caring for a baby.
- Race – people as defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
- Religion and belief – people as defined by their religious or philosophical beliefs (e.g. atheism).
- Sex – men and women.
- Sexual orientation – people sexually attracted to their own sex (homosexual), the opposite sex (heterosexual), or to both sexes (bisexual).

The Act came into force from October 2010 providing a modern, single legal framework with clear, streamlined law to more effectively tackle disadvantage and discrimination for persons within the nine protected characteristics.

If you would like to contribute to future editions of this JSNA newsletter please get in touch with us at jsna@richmond.gov.uk. We will gladly receive and consider your feedback, data, information and intelligence for future newsletter publications. The next topic will have a focus on sexual health.

Dr Dagmar Zeuner

Director of Public Health

London Borough of Richmond upon Thames

Snapshots

Age

Age is a reference to a person of a particular age group

- In Richmond, compared to the age distribution of England, there are more people in the 0–4 years and 30–49 years age groups, and less in the 10–24 years ages.
- The age characteristics of people in other equality protected characteristic groups may differ from those seen in the general Richmond population, and may be relevant to their health and social care needs. Consequently it is important to note the following differences:
 - A higher proportion of children and young people, and school pupils in Richmond are from BME groups.
 - Older people are substantially more likely to be disabled.
 - A higher proportion of older people are women.
 - Older people are less likely to have a living spouse or partner, and consequently are more likely to be living alone.
 - Older people are more likely to practice a religion.
- Population age profiles vary between areas across the Borough. the following wards have higher proportions of particular age groups:
 - Infants (0–4 years): Mortlake and Barnes Common, and South Twickenham.
 - Children & young adults (5–24 years): Heathfield and South Richmond.
 - Working age adults (26–60 years): Twickenham Riverside and South Twickenham.
 - Older people (60–74 years): Hampton and Hampton North.
 - Elderly (75+ years): Ham, Petersham and Richmond Riverside, and Whitton.

Disability

A person with a disability can be defined as someone with a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.

In Richmond, data and estimates show that:

- 21,447 (12%) people report that they have some form of disability or health problem that affects their day-to-day activities. 2802 (2%) people aged 16-74 years consider themselves to be economically inactive due to a permanent sickness or disability.
- 370 people are blind, 260 partially sighted, and 550 are deaf or hard of hearing.
- In people aged 18–64 years a total of 20,510 people have a common mental health problem, 9,155 have two or more psychiatric disorders, 1,526 have a serious mental illness (including: 574 borderline personality disorder, 442 anti-social personality disorder, 510 psychotic disorder).
- In people aged 15–64 years, a total of 3,621 have a learning disability, and that of these 770 have a moderate or severe learning disability.
- People with disabilities often have complex particular individual needs. It is important that health and social care services are able to provide effective specialist services to meet such needs.

Gender reassignment

Individuals who are proposing to undergo, are undergoing or have undergone a process to change their gender, who are included in the definition of the protected characteristic group, often referred to as Transsexual, are a subset of the much wider Transgender or 'Trans' population. This includes anyone who cross contemporary cultural boundaries of gender identity.

- Trans people often report feelings of gender discomfort from early childhood. the average age of presentation to health services for gender dysphoria is currently 42 years old.
- Studies in the UK suggest that the majority (80%) of those presenting to gender services have been those born as male.
- It is reported that the Trans community experience disproportionate levels of discrimination, harassment and abuse. Acceptance of Trans people in general health and social care settings and gender specific health services (e.g. sexual health), and access to appropriate specialist gender identity services are often reported as problematic.
- Research and analyses suggest that untreated gender dysphoria can severely affect the person's health and quality of life and can result in
 - Higher levels of depression, self-harm, and consideration or attempt of suicide.
 - Higher rates of drug and alcohol abuse.
- Research suggests that each year there are likely to be between 16 and 39 new people with gender dysphoria in Richmond borough.

Marriage and civil partnership

The Equality Act 2010 refers to marriage and civil partnership as follows:

Marriage is defined as a 'union between a man and a woman'. Same-sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

- Limited systematically considered evidence is available on the particular health and social care needs of people in terms of marriage and civil partnership.
- It is important that health and social care services are aware of and respectful of the legal equivalence of marriage and civil partnership when dealing with individuals, their partners and families. Some research suggests that married people and their children are less likely to suffer problems with their mental wellbeing.
- It seems likely that these benefits will also potentially be enjoyed by people in similarly committed and secure relationships, including civil partnership, and other long term couple partnerships. However, some research suggests that such benefits are associated specifically with marriage as opposed to other forms of couple partnership.
- According to the 2011 Census the following proportions of the 150,052 Richmond residents aged over 16 years of age: married (48%), single (37%), divorced (8%), widowed (5%), and separated (2%). In addition, 665 residents (0.4% of the eligible population) stated they were in a civil partnership.

Pregnancy and maternity

Pregnancy is the condition of expecting a baby and maternity refers to 26 weeks after giving birth (non-work context) or the end of maternity leave (work context).

- The age profile of mothers giving birth in Richmond borough, in 2011 is older than the London and England averages – 34% of mothers in the borough were aged 35 or over, compared to 20% in London and 16% in England.
- In 2012, there were 2,916 live births to women living in Richmond borough.
- The number of births in Richmond is predicted to remain fairly stable over the next ten years at around 3,000 births per year.
- Almost all women from the borough had their baby in an NHS facility (96%) in 2011. Of the remaining women, 2% of women had their baby at home and 2% gave birth in a non-NHS facility.
- In Richmond borough there are low levels of smoking in pregnancy compared to the regional and national averages.
- Mothers in the borough have one of the highest rates of breastfeeding initiation in England.
- A low level of teenage pregnancies in the borough has been maintained for over a decade.
- Postnatal depression affects around 10-15% of women following childbirth. Richmond has an estimated 352 women per year who may require mental health services during the postnatal period.

Race

The term 'race' can be used to encompass a person's race, colour, and nationality (including citizenship), ethnic or national origins. However, the term 'ethnicity' is also commonly used in reference to these characteristics.

- While the health issues facing particular ethnic groups vary, overall, people from BME groups are more likely to have poorer health than the White British population. This represents an important health inequality. Research provides the examples of the health problems experienced by different ethnic groups:
 - Recent eastern European migrants experience higher rates of communicable disease, occupationally linked health problems, and mental health problems.
 - South Asian groups are at higher risk of diabetes, cardiovascular disease, and some cancers.
 - People from Black ethnic groups are at higher risk of stroke and some cancers.
 - People from a range of BME groups are at higher risk of the inherited blood conditions: sickle cell and thalassaemia.
 - People from BME groups, particularly newer migrants, are more likely to experience mental health problems.
- According to the 2011 Census, 160,725 (86%) of Richmond's residents categorise themselves as belonging to a White ethnic group, and 26,265 (14%) to a Black and minority ethnic (BME) group.
- The proportion of BME groups in Richmond has risen from 9% to 14% between 2001 and 2011.
- Heathfield and Whitton wards have higher proportions of BME populations, mainly from Asian groups.

Religion and belief

Religion and belief refers to recognised religions (e.g. Buddhism), but also includes religious and philosophical beliefs including lack of belief (e.g. Atheism).

- It is important that health and social care services are aware of the need to respect and be sensitive to the preferences of people of particular religions and beliefs relevant to the services they deliver, including:
 - Practices around births and deaths.
 - Diet & food preparation.
 - Family planning and abortion.
 - Modesty of dress.
 - Same sex clinical staff.
 - Festivals and holidays.
 - Medical ethics considerations in accepting some treatments and end of life care.
 - Pharmaceuticals, vaccines, and other medical supplies.
- In Richmond, the proportion of the population reporting themselves as Christian is declining and those reporting no religion increasing; and compared to London as a whole, Richmond continues to have a higher proportion of Christian (55% vs 48%), a higher proportion reporting no religion (28% vs 21%), and lower proportions of other religions (e.g. Muslim: 3% vs 12%).
- Like the BME communities in which they are most common, the Muslim, Hindu and Sikh communities in Richmond are highly concentrated in Heathfield and Whitton wards.

Sex or gender

'Sex' refers to people in terms of their biological characteristics as male or female, and 'gender' refers to the wider social roles and relationships which structure men's and women's lives.

- Gender inequality is reported to exist in many aspects of society and refers to lasting and embedded patterns of advantage and disadvantage. In relation to health and health and social care, men and women can be subject to differences in:
 - Risks relating to the wider determinants of health and wellbeing.
 - Biological risks of particular diseases.
 - Behavioural and lifestyle health risks.
 - Rights and risks of exploitation.
- In the planning and delivery of health and social care services should consider the distinct characteristics of men and women in terms of needs, service use, preferences/satisfaction, and provision of targeted or segregated services (e.g. single sex hospital or care accommodation).
- In Richmond, the numbers and proportions of men (91,149: 49%) and women (95,849: 51%) are roughly equal overall, and across life-course age-bands until later life. However, by the time people are aged 85 years and over there are more than twice as many women as men.
- In Richmond, the life expectancy of men is 81.5 years and 86 years in women.
 - Men are around twice as likely as women to die of coronary heart disease and chronic respiratory diseases.
 - Men have around 50% higher risk of dying of lung or colorectal cancer than women.

Sexual orientation

A person may be sexually attracted to their own sex (homosexual), the opposite sex (heterosexual), or to both sexes (bisexual). Within the homosexual community, homosexual men are also referred to as 'gay' and homosexual women as 'lesbian'. Consequently the terms lesbian, gay, and bisexual; and abbreviation LGB may also be used.

- It is difficult to accurately estimate the size of the LGB population. However, the 2011 census found that 665 people (0.4% of the Borough population) reported being in a same sex Civil Partnership. Estimates of the LGB population in Richmond vary. A conservative estimate of 5% equates to 9,500 people in Richmond.
- Research suggests that the LGB population may be exposed to particular patterns of health risks, for instance:
 - They are more likely to experience harassment or attacks, have negative experiences of health services related to their sexuality, Lesbian and bisexual women are less likely to have had a smear test, and more likely to have deliberately harmed themselves, to smoke, and to misuse drugs and alcohol.
 - Gay and bisexual men are more likely to attempt suicide, suffer domestic abuse, smoke, misuse alcohol and drugs, and engage in risky sexual behaviours.
- Gay and bisexual men are at substantially higher risk of sexually transmitted diseases (STDs) including HIV/AIDS. While Richmond has one of the lowest rates of new HIV infections in the capital (14 new cases in 2011), there has been an increase of 37% in the number of residents living with HIV between 2007 and 2011. In 2011, 92 men who have sex with men who were residents of the borough were accessing specialist HIV care.

What next?

Throughout the year short topic based reports are published on the JSNA website, enabling key messages to be shared with local partners.

Recently published:

- **Nine Protected Characteristics – Pregnancy and Maternity health needs assessment**
- **Gypsy & traveller health needs assessment**

A new Equality and Diversity resource, including profiles and accompanying health needs assessments on each of the nine protected characteristics, will be published on **DataRich** in the next few weeks.

All quarterly newsletters are available on: **www.richmond.gov.uk/jsna**. Topics that are planned for future JSNA reports and JSNA newsletters include sexual health, children's obesity, dementia, cardiology, homelessness and suicide and self-harm.

Look out for our newsletters and have a look at some of the resources we have highlighted below.

Further resources

- *2011 Census data and projections*
www.richmond.gov.uk/borough_profile
- *Public Health Outcomes Framework*
www.phoutcomes.info
- *Government Equality Act 2010 Guidance*
<https://www.gov.uk/equality-act-2010-guidance>
- *Equality and Human Rights Commission*
www.equalityhumanrights.com

Contact us

If you have any topics or issues you think the JSNA team could analyse, or if you would like to get involved in any of the work currently underway, please email us at:
jsna@richmond.gov.uk