



Nottinghamshire Women's Health Routine & Published Data

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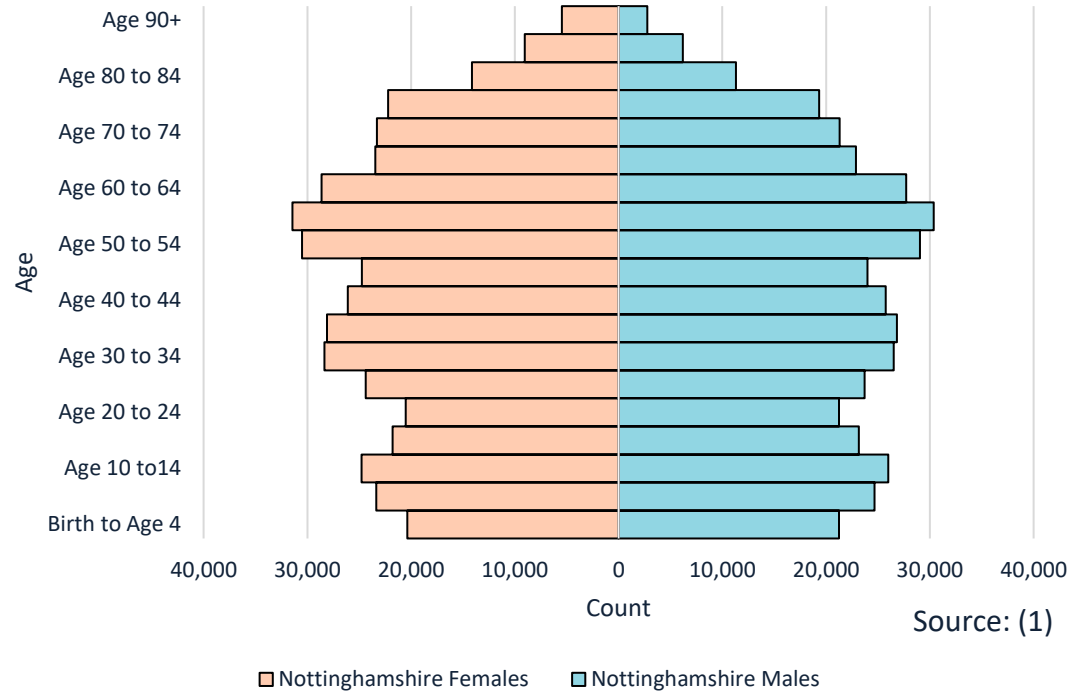
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Nottinghamshire Population

Women's Health JSNA: Routine & Published Data

Nottinghamshire Age/Sex Pyramid
MYE 2023



Nottinghamshire	Population Demographics	%
Total Population	844,494	100.00
Working age population (16-64)	512,874	60.73
Males	413,993	49.02
Females	430,501	50.98
Older People (65+)	181,394	21.48
Older People (85+)	23,493	2.78
Children 0-4	41,606	4.93
Children 5-10	58,022	6.87
Children 11-15	50,598	5.99

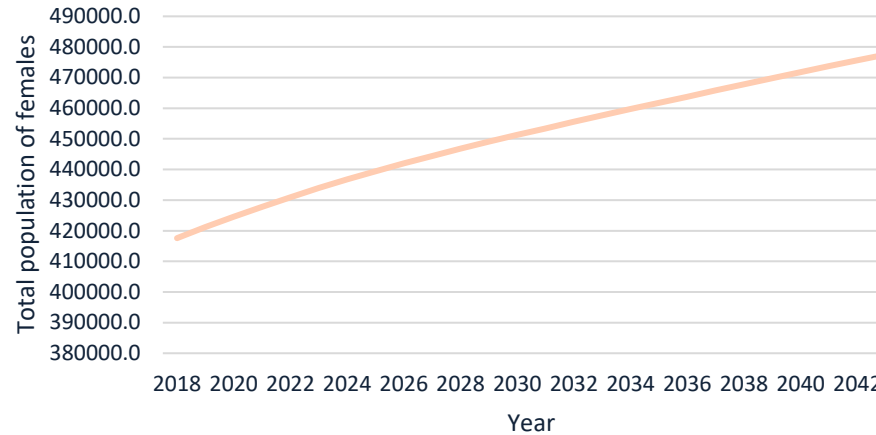
Source: (1)

- The population pyramid presented shows the spread of males and females within Nottingham across ages. The data has been taken from the mid-year estimates for 2023, which is the most up to data available.
- The pyramid shows that Nottinghamshire has a wide spread of all ages. There is a large proportion of 50 years + within Nottinghamshire.
- The table on the right shows the percentage breakdown of age groups within Nottinghamshire. Nottinghamshire has over 60% of the residents falling into the working age population and follows the England average with more Females than Males.

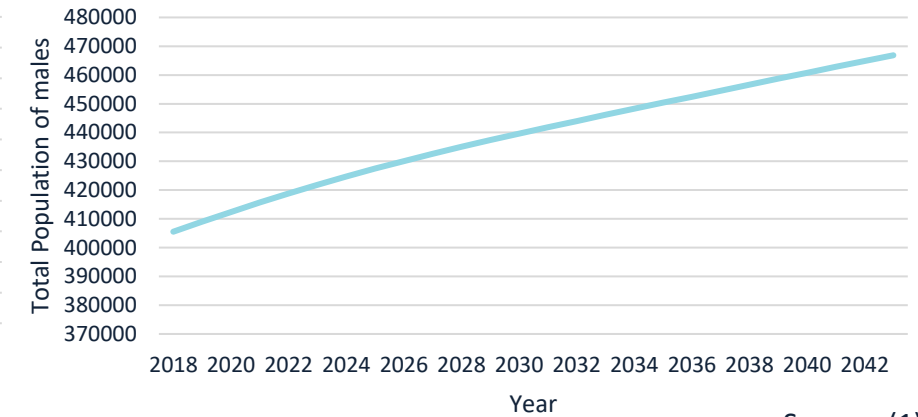
Population Projections: by Age and Sex for Nottinghamshire

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Nottinghamshire Population Projections
(Females)



Population Projection Nottinghamshire
(Males)



Source: (1)

- The charts displayed shows the ONS projections for population projection for Nottinghamshire Females (left) and Males (Right) up to 2043.
- It is anticipated that there will be an upwards trend in the data of both Nottinghamshire females and males, with just under 48,000 females projected by 2043 and just under 47,000 males projected by 2043.
- It is important to note that whilst trends can be projected, with migration patterns not truly known, this number could look different by the time 2043 comes around.

What is Healthy Life Expectancy?

“The average number of years that an individual is expected to live in a state of self-assessed good or very good health, based on current mortality rates and prevalence of good or very good health. It is calculated by applying age-specific good health prevalence to age-specific person years lived”

Healthy life expectancy is usually reported at birth and at age 65 years.

Healthy life expectancy throughout will be shortened to “HLE”

Source: (2)

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What is Healthy Life Expectancy in Nottinghamshire?

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**Nottinghamshire Female HLE:
59.66 (CI 56.98-62.34)**

**England Female HLE:
61.88 (CI 61.59-62.16)**

**Nottinghamshire Male HLE:
59.96 (CI 57.66-62.26)**

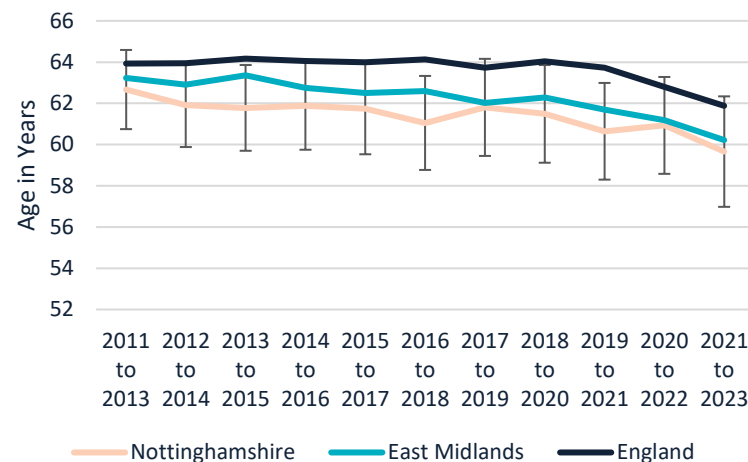
**England Male HLE:
61.52 (61.27-61.77)**

Source: (2)

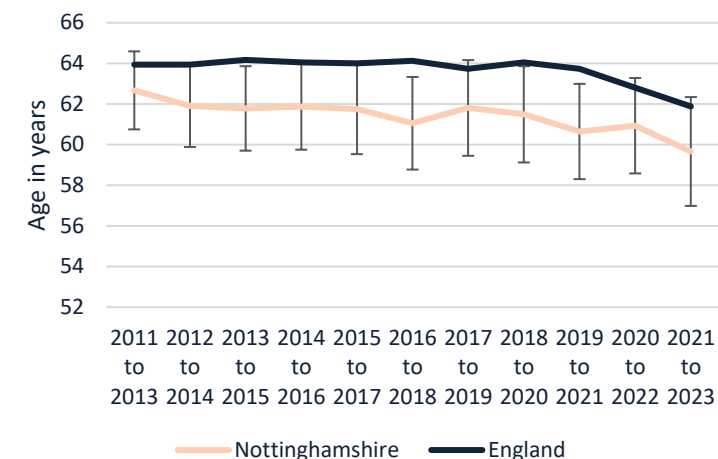
Health Life expectancy data: Females under 1

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Female at birth HLE Data



Female at birth HLE Data



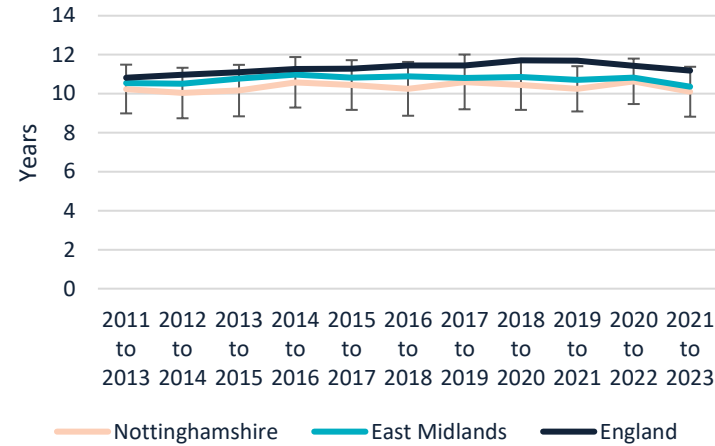
Source: (2)

- The charts displayed shows the HLE for females at birth. The chart on the left includes an East Midlands trend line, whilst the chart on the right show the same data but for Nottinghamshire and England only.
- Each data point represents how many healthy years of life a female at birth is expected to achieve. The charts covers 2011-2023.
- In England and Nottinghamshire, there has been a general downwards trend in HLE. This has become more prominent in England since 2019/2020 where there has been a notable drop from 63.7 years to 61.8 years of healthy life expected. In Nottinghamshire, the 2021-2023 data shows healthy life expectancy has now dropped below the age of 60 for the first time. The Nottinghamshire HLE for females is 59.6 year although this is statistically similar to England.

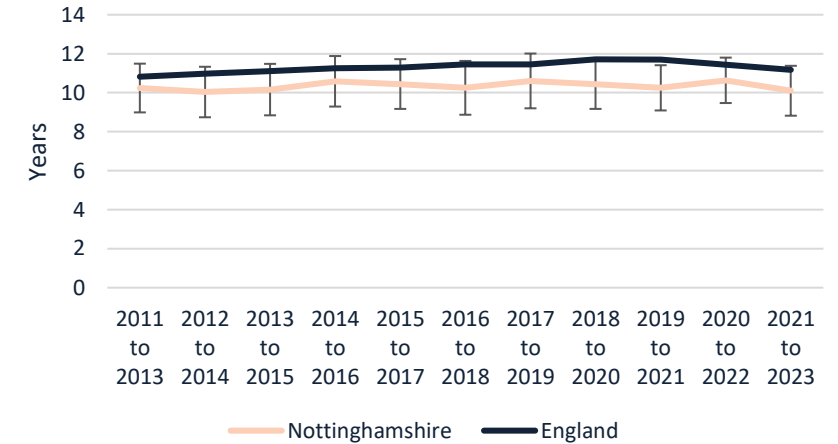
Health Life expectancy data: Females at 65

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Female 65 HLE data



Female 65 HLE data



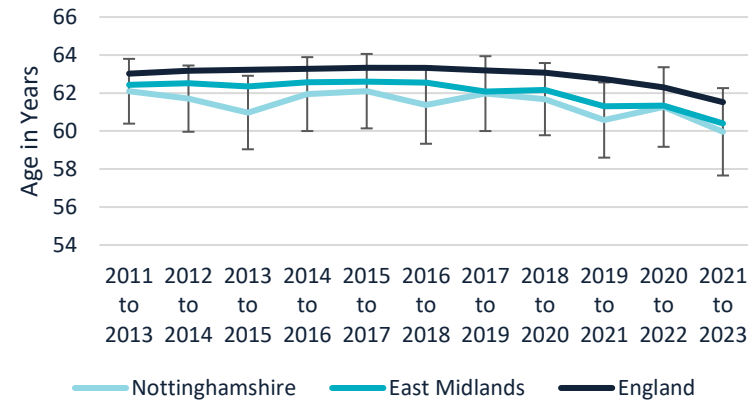
Source: (2)

- The charts displayed shows the HLE for females at 65 years. The chart on the left includes an East Midlands trend line, whilst the chart on the right show the same data but for Nottinghamshire and England only.
- Each data point represents how many healthy years of life a female at 65 years is expected to achieve from their 65th birthday on average. The charts covers 2011-2023.
- In England, HLE at 65 years has ranged between 10.8 to 11.5 years of healthy life from their 65th birthday, currently sitting at 11.2 years. In Nottinghamshire, HLE at 65 years has largely remained static since 2011, where females can expect to achieve between 10 to 10.6 years of healthy life from 65 years. The 2021-2023 data shows healthy life expectancy is at 10.1 years, meaning that women who are 65 years old will on average have 10.1 healthy years expected ahead of them. This is statistically similar to the England average.

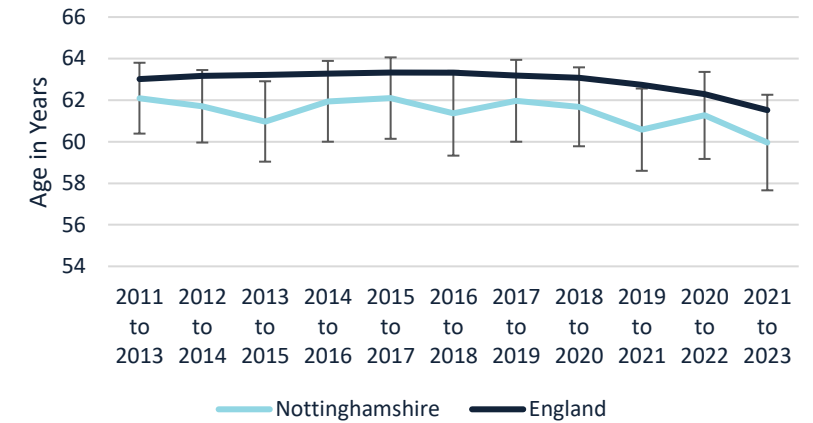
Health Life expectancy data: Males under 1

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Male at birth HLE Data 2011-2023



Male at birth HLE Data 2011-2023

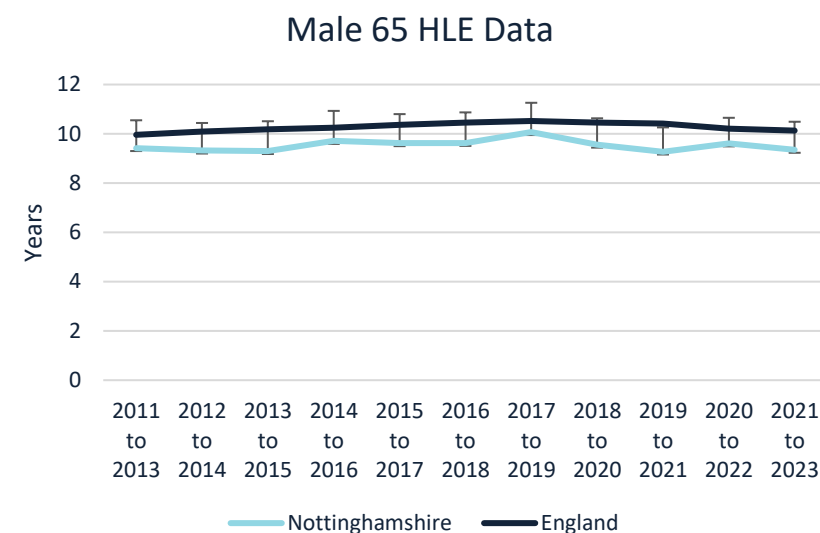
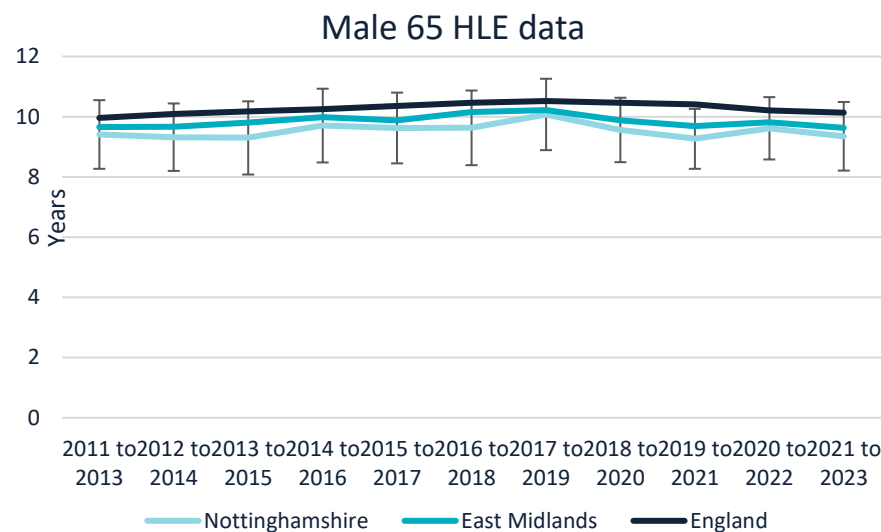


Source: (2)

- The charts displayed shows the HLE for males at birth. The chart on the left includes an East Midlands trend line, whilst the chart on the right show the same data but for Nottinghamshire and England only.
- Each data point represents how many healthy years of life a male at birth is expected to achieve. The charts covers 2011-2023.
- In England Nottinghamshire, there has been a general downwards trend in HLE. Nottinghamshire and East Midlands have generally followed the same trend since 2017-2019.
- In England and Nottinghamshire, there has been a general downwards trend in HLE. In England, HLE sits at 61.5 years, whereas locally in Nottinghamshire HLE sits at 60 in 2021-23 although this is statistically similar to England.

Health Life expectancy data: Males at 65

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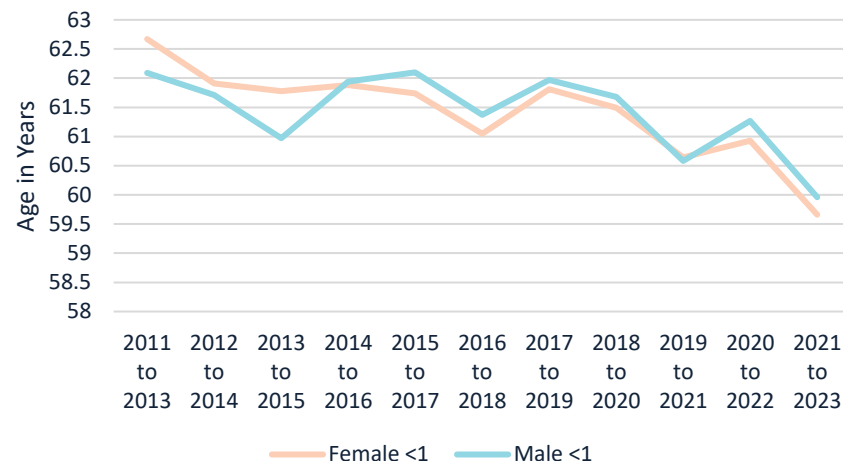
Source: (2)

- The charts displayed shows the HLE for Males at 65 years. The chart on the left includes an East Midlands trend line, whilst the chart on the right show the same data but for Nottinghamshire and England only.
- Each data point represents how many healthy years of life a male at 65 years is expected to achieve, from their 65th birthday on average. The charts covers 2011-2023.
- In Nottinghamshire, HLE at 65 years has largely remained static since 2011, as has the England HLE.
- In Nottinghamshire, the 2021-2023 data shows healthy life expectancy for males at 65 is 9.3 years, meaning that men who reach 65 years old will on average have 9.3 healthy years expected. This differs from the England 2021-2023 data where males are expected to achieve at HLE of 10.1 years on average. The Nottinghamshire data is however statistically similar to the England data.

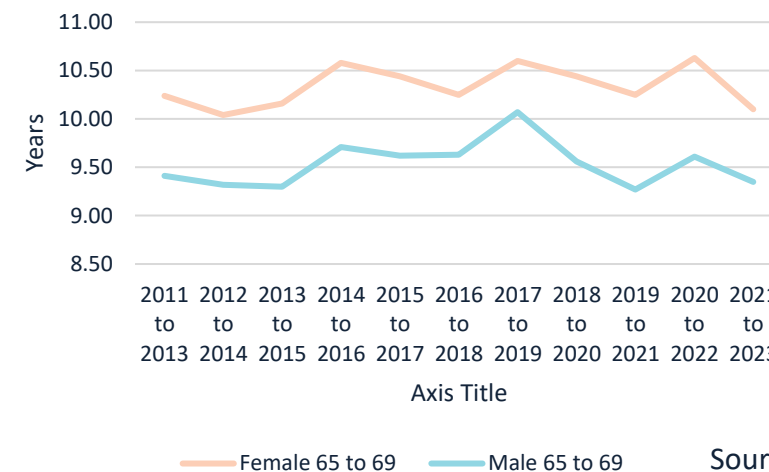
Health Life expectancy data: Males vs Females at under 1 and 65

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Female<1 vs male <1 overlayed



Female 65 Vs male 65 HLE



Source: (2)

- The charts displayed shows an overlay of HLE in Nottinghamshire for males and females at birth and an overlay of HLE for men and woman at 65 years. Each data point represents how many healthy years of life a males and females are expected to achieve. The charts covers 2011-2023.
- At birth, there has been a general downwards trend in HLE in both sexes. The HLE data since 2020/22 has rapidly decreased by 1.2 years in females and 1.3 years in males, taking HLE to the lowest it has been since healthy life expectancy has been calculated, decreasing faster than the national average.**
- At 65, there is a more obvious gap in HLE between males and females, with females having 0.75 HLE years more remaining than males.
- HLE could be decreasing due to the self-assessed aspect of the data, as the population could have a different perspective on what good health is. This is supported by good health prevalence data which shows that Nottinghamshire report good health prevalence lower than England on average.

Health Life Expectancy

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NOTTINGHAMSHIRE FEMALES

Length of life (Life expectancy) and
Quality of Life (Healthy Life Expectancy)

Years in ill health have increased for both females (previously 21 years in ill health) and males (previously 16 years in ill health) since 2022 data was published.

59.7
years

23.1 YEARS
ILL HEALTH

Over 2 years lower
than England

82.8
years

England 83.1yrs

NOTTINGHAMSHIRE MALES

Length of life (Life expectancy) and
Quality of Life (Healthy Life Expectancy)

60
years

18.9 YEARS
ILL HEALTH

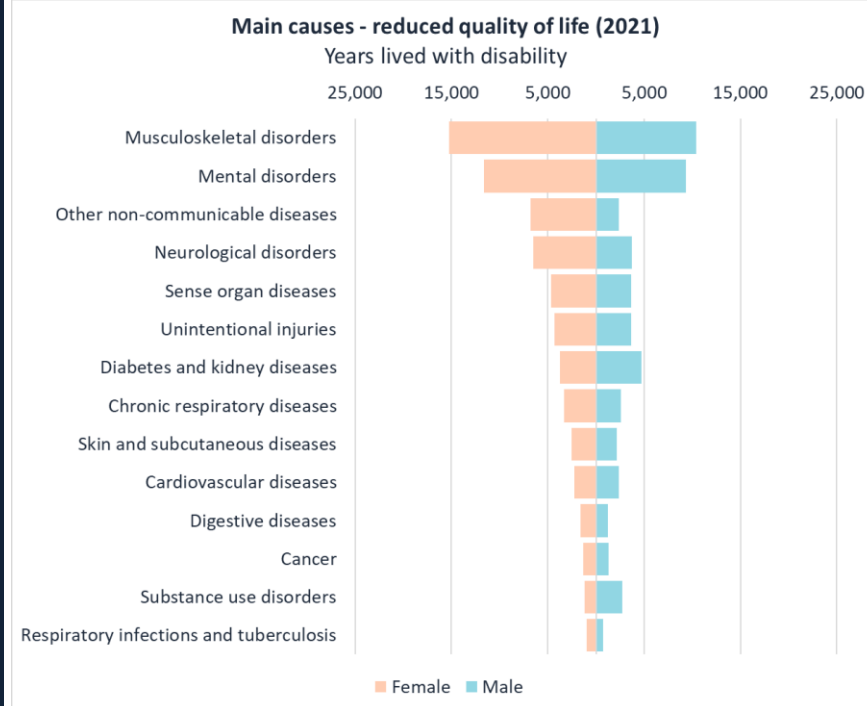
1.5 years lower
than England

78.9
years

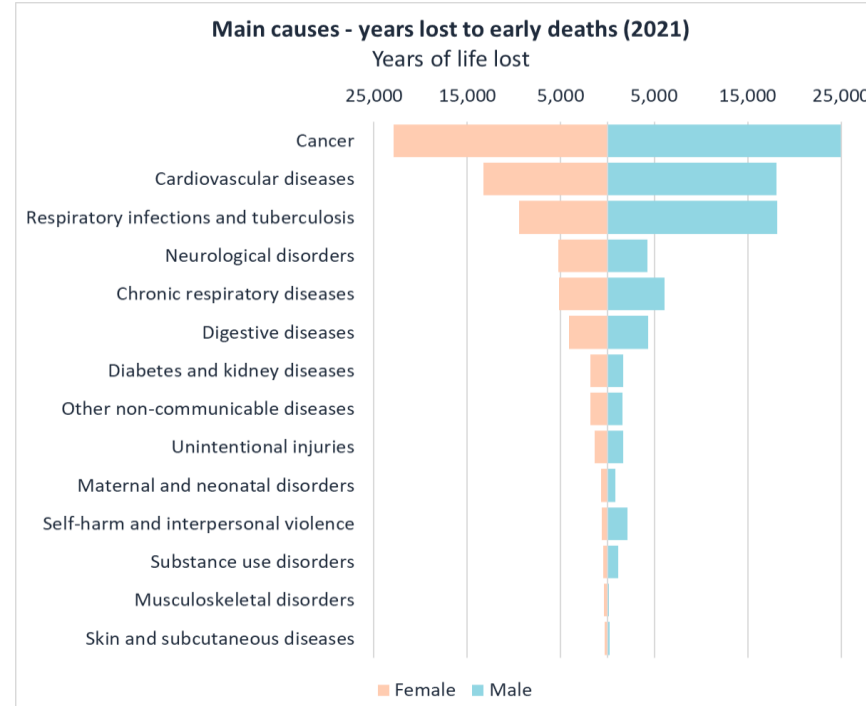
England 79.1yrs
Source: (2)

Main causes: loss of quality of life and years lost to early deaths in Nottinghamshire

Women's Health JSNA: Routine & Published Data



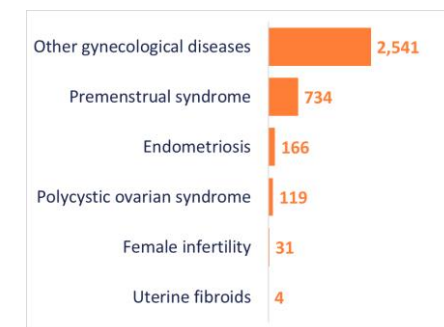
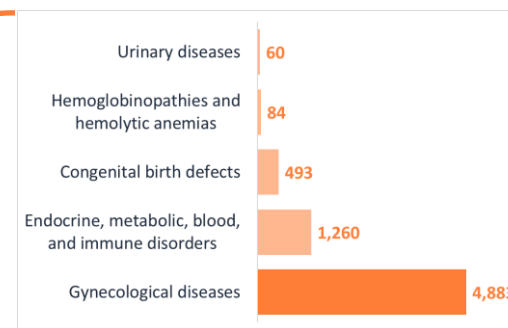
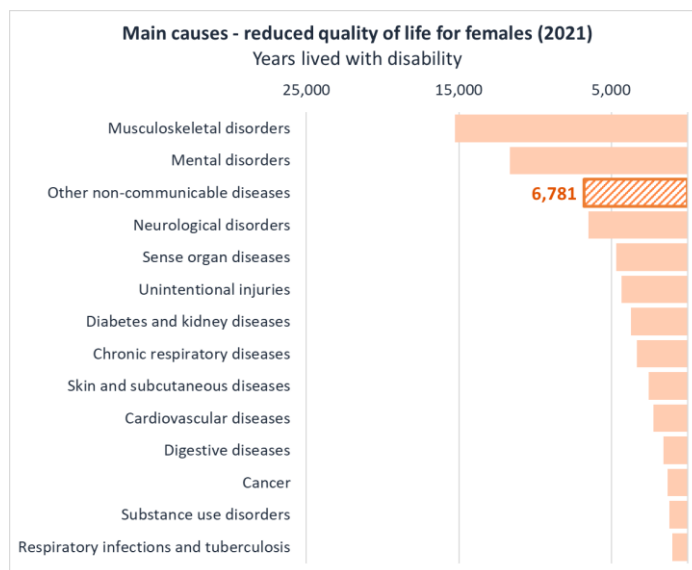
- Musculoskeletal conditions (affecting joints and soft tissue) and mental health disorders **have the largest impact on quality of life.** This is the case for females and males in Nottinghamshire.
- Apart from these two conditions, the ranking of these conditions is very different for females and males
- This suggests that work to prevent and treat these conditions needs approaches that are adapted for different sexes
- Diabetes/ kidney disease & substance use disorders are the only conditions for which women have fewer years lived with a disability than males
- Gynaecological conditions are included in 'Other non-communicable' diseases on this chart.
- More detail about these conditions is included on the next slide



- Cancer and cardiovascular disease have the largest impact on early deaths for females and males
- Respiratory (chest) infections include early death due to COVID-19. This is expected to reduce in further releases of these data
- Apart from neurological disorders (these include dementia), women have fewer years of life lost for *all other* conditions

Focus on gynaecological conditions in Nottinghamshire, 2021

**Main causes:
loss of quality-of-life
gynaecological conditions**

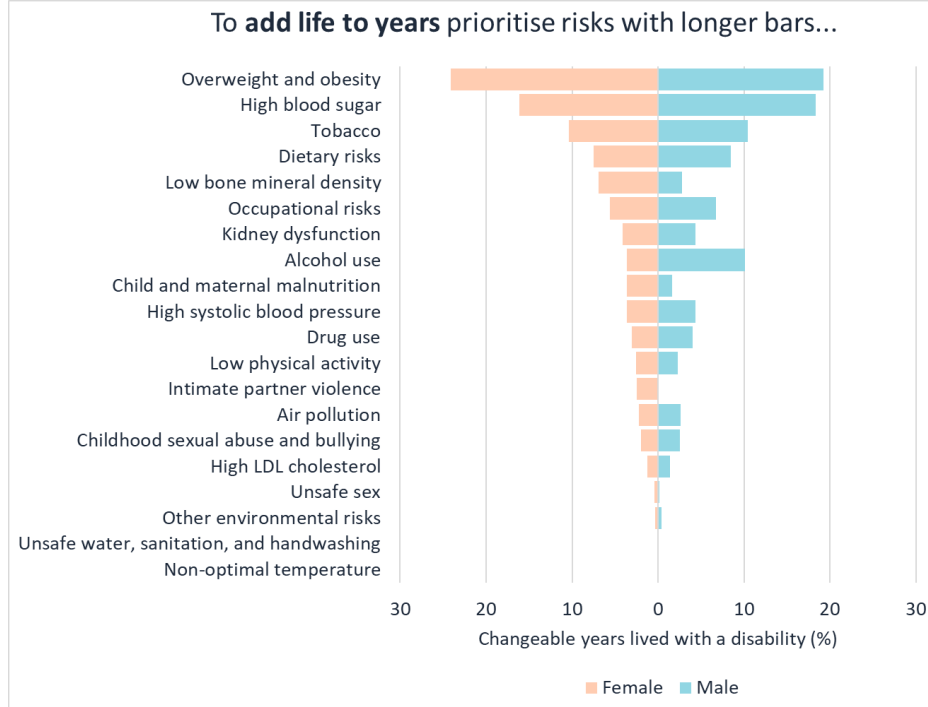


- Gynaecological conditions are included in 'Other non-communicable' diseases on this chart
- Gynaecological conditions account for 4,883 years of life lost to disability
- **This means that, for women in Nottinghamshire, there is a greater loss of quality of life due to gynaecological issues than for accidental injuries, chronic chest disease, cardiovascular disease or cancer**

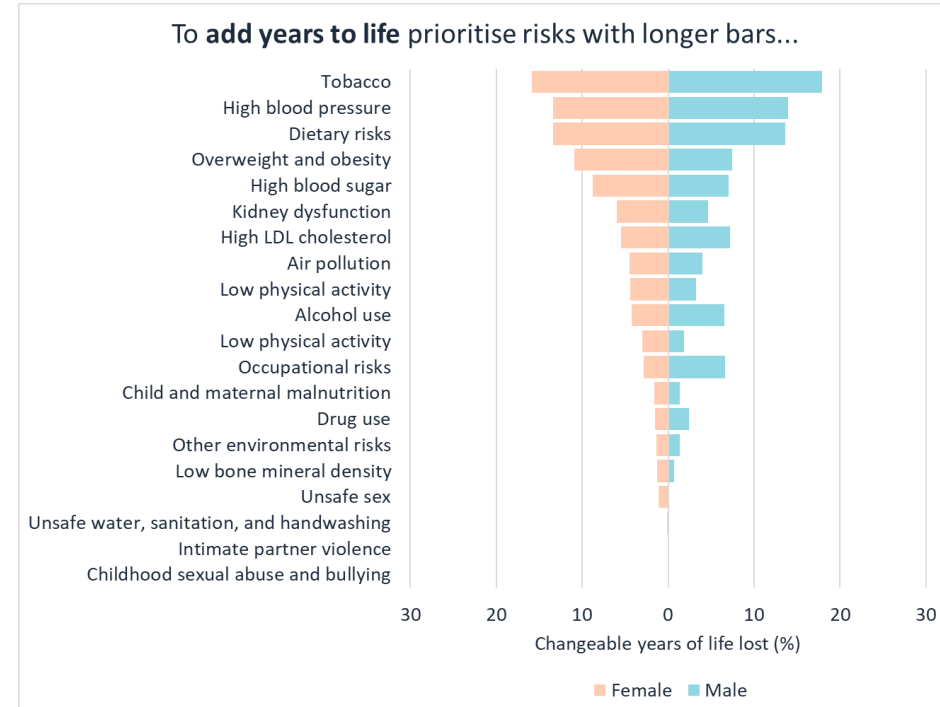
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Risk factors – targeting prevention and treatment

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- Overweight and obesity is the highest changeable risk factor for quality of life for females and males
- These risk factors have a higher impact on women compared to men:
 - Low bone mineral density
 - Maternal and child malnutrition
 - Intimate partner violence



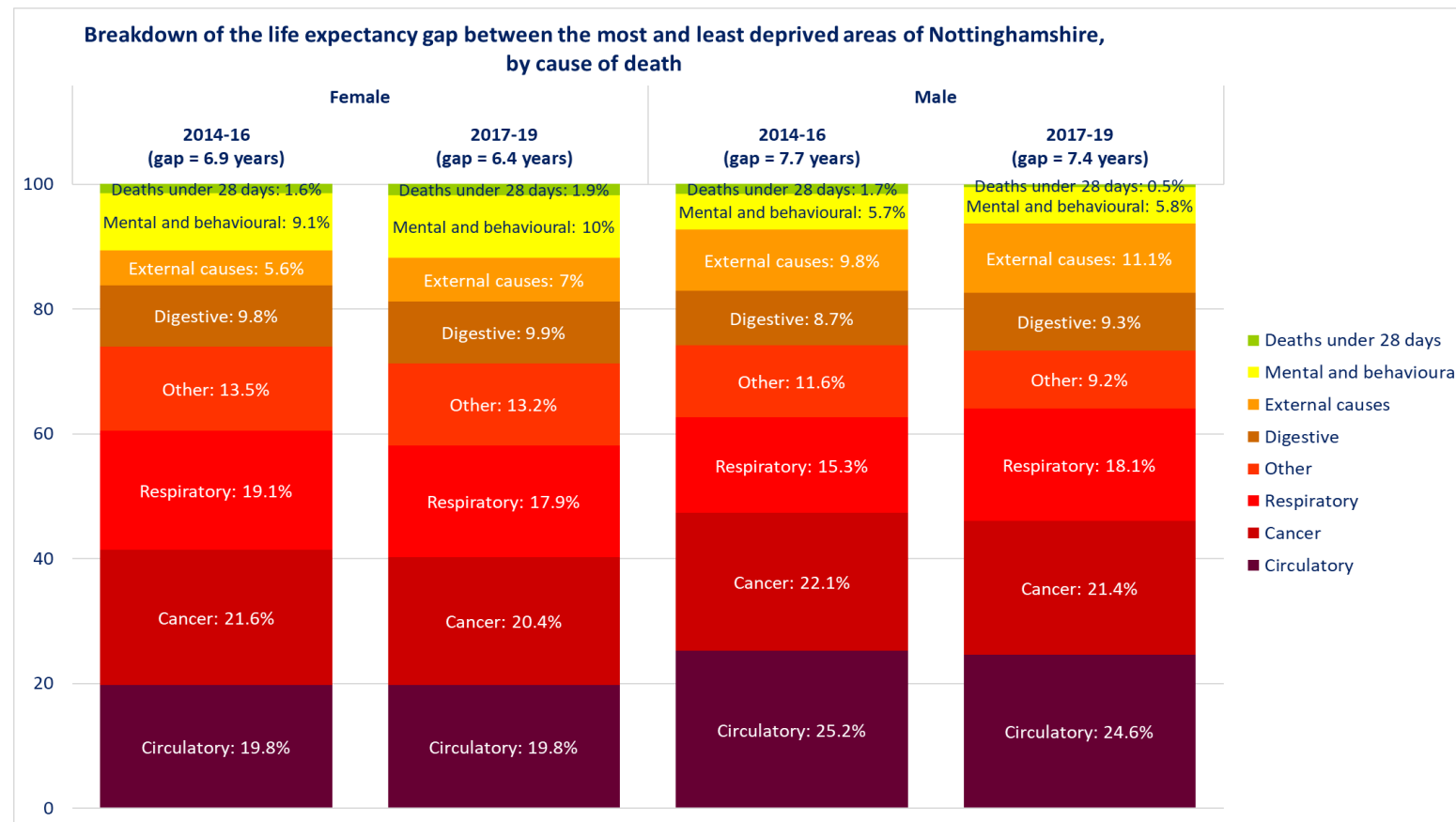
- Changing tobacco use, high blood pressure and poor diet would have the highest impact on early deaths for men and women
- These risk factors have a higher impact on women compared to men:
 - Overweight / obesity
 - High blood sugar
 - Kidney dysfunction

These charts show the main changeable risk factors associated with reduced quality of life (years lived with a disability) and early deaths (years of life lost). This is based on the best global evidence available in 2021

Gap in life expectancy

Women's Health JSNA: Routine & Published Data

The below charts show the factors that contribute to the life expectancy gap between the most and least deprived populations in Nottinghamshire in females and males. Data is only available for 2014-16, 2017-19 and 2020-21, but 2020-21 has not been presented due to skewed data from the Covid-19 pandemic.



In the three years (2017-2019) before the pandemic:

- Females in the most deprived parts of Nottinghamshire could expect to live 6.4 years less than their peers in the least deprived areas
- Higher death rates in the more deprived areas due to cancer and circulatory conditions accounted for almost half (46%) of this gap, with a further 18% of the gap attributable to respiratory (chest) disease.



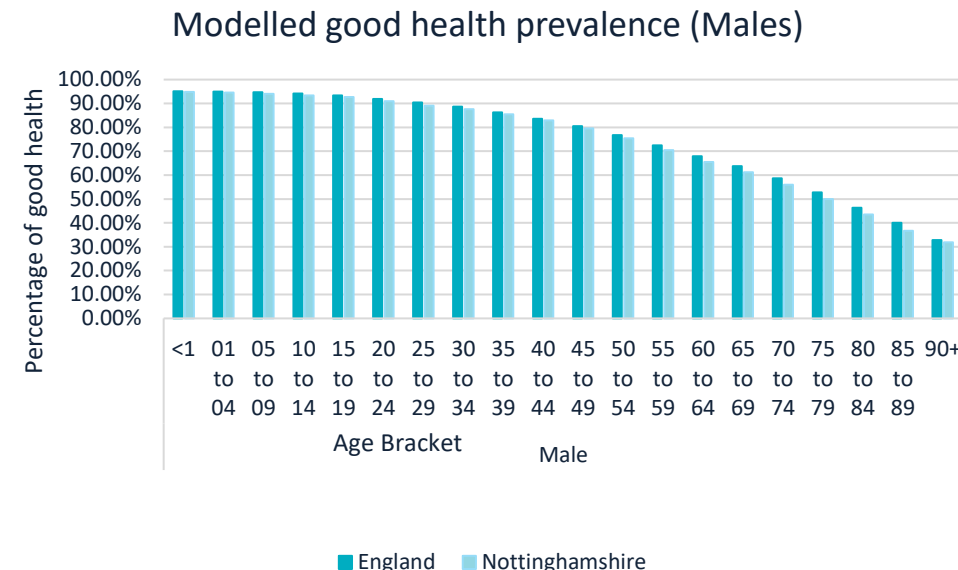
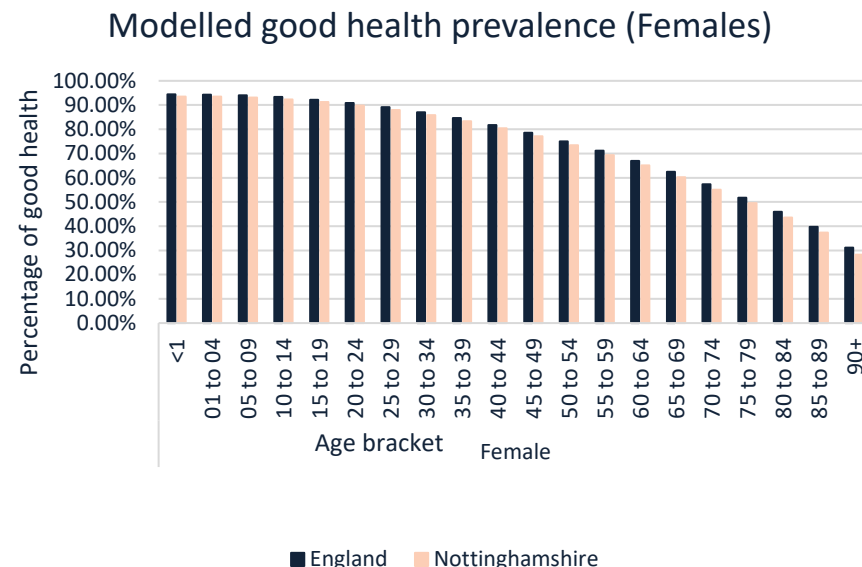
What is modelled good health prevalence?

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Routine & Published Data

“The odds of reporting good general health are modelled as a function of sex, age, and local authority of residence; age is included as a natural cubic spline and interacted with sex and region (England) or country of residence (Wales).”

Source: (3)

Modelled good health prevalence: Males vs Females



Source: (3)

- The charts displayed shows the modelled good health preference for females and males in Nottinghamshire compared with the England data. The charts show the percentage of people who report general good health in Nottinghamshire compared with England.
- As seen, for both females and males, Nottinghamshire data is below England data for modelled good health prevalence. This means that Nottinghamshire has a lower proportion of people who consider themselves to be in good health for every age banding compared to the England averages.

Women's Health JSNA:
Routine & Published Data



What is living with disability?

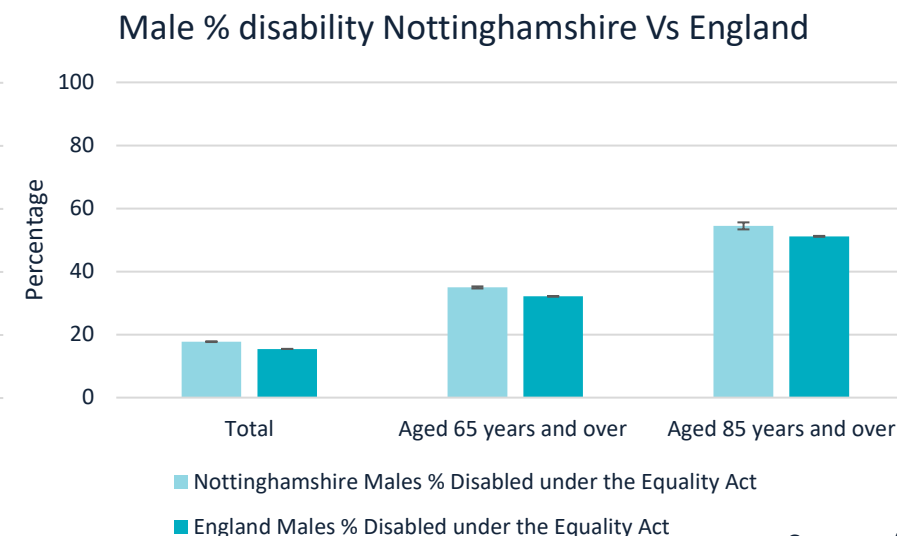
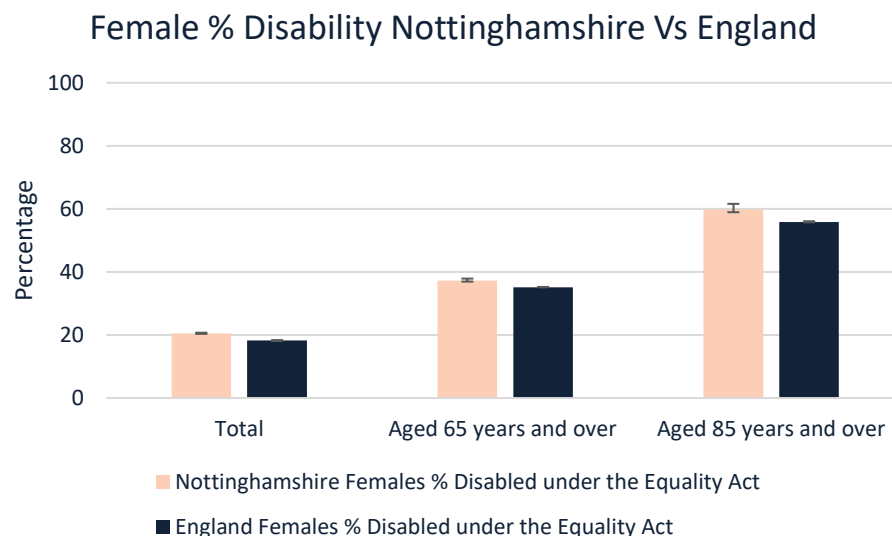
Women's Health JSNA:
Routine & Published Data

“People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).”

Source: (4)

Disability

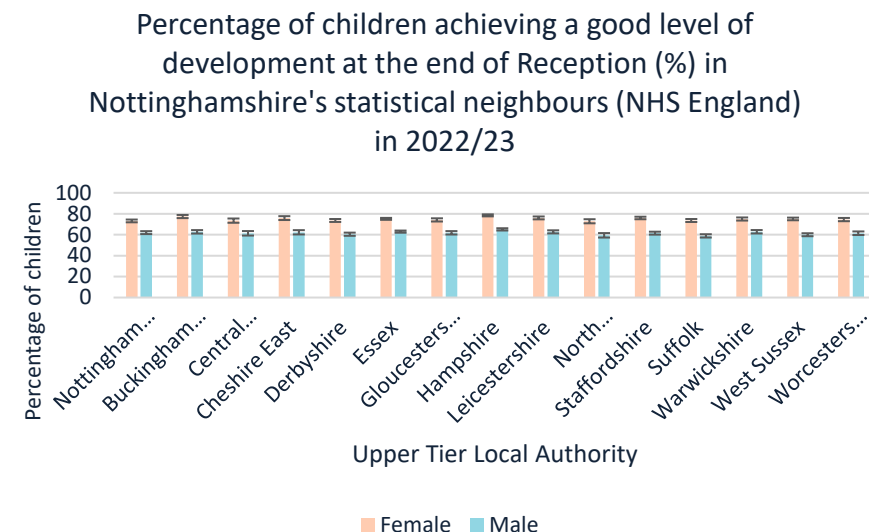
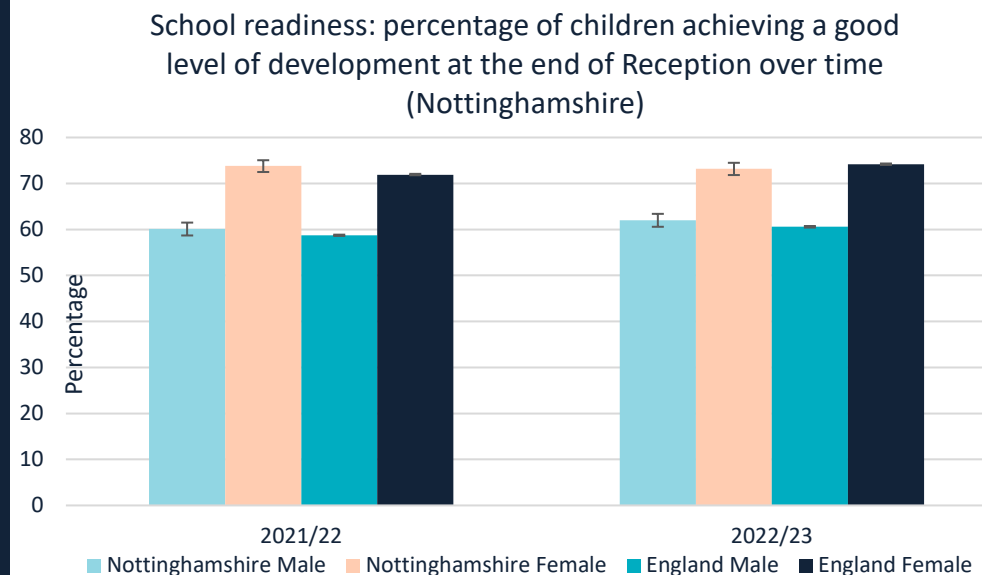
Women's Health JSNA: Routine & Published Data



Source: (4)

- The charts displayed show data from NOMIS for females and males in Nottinghamshire. The data is split into disabled under the Equality Act and Not disabled under the Equality Act. The data shows the total number of females and males living with disability within Nottinghamshire compared with those classed as not disabled for all ages, 65 years+ and 85 years+.
- The data shows that proportionally for both males and females, there are more people living with disability as defined by the equality act than in Nottinghamshire compared with the England Average for all categories.
- A higher proportion of Nottinghamshire females (20.4%) recorded a disability than males (17.8%)
- Disability

School Readiness by sex



Source: (5)

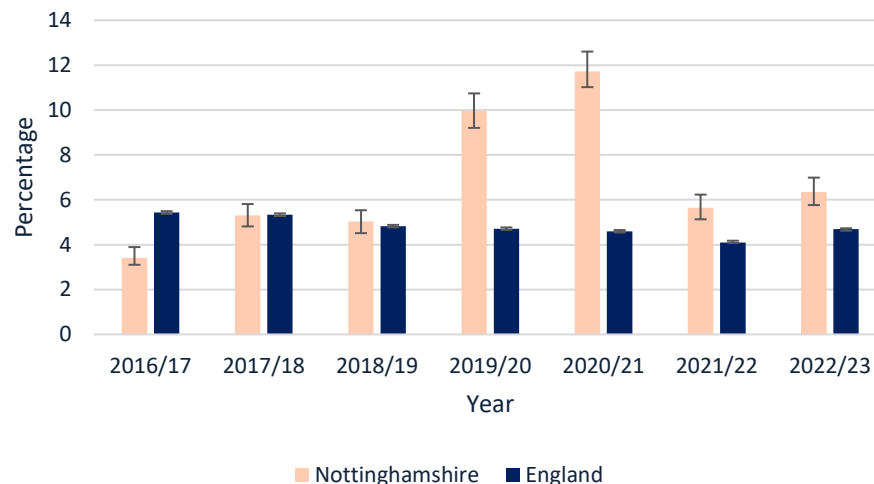
- School readiness is measured nationally by schools producing a summative assessment at the end of the Reception year with all children to assess their levels of development against a series of early learning goals: which are: communication and language; personal, social and emotional development; physical development; maths and literacy. Children are defined as having reached a Good Level of Development if they have achieved the expected level for these goals.
- In Nottinghamshire, the percentage of children achieving a good level of development at the end of Reception over the past few years has been largely in line with national trends, with girls in 23/24 (73%) consistently having significantly higher rates of school readiness than boys (62%) at the end of reception.
- Nottinghamshire is also statistically similar with its NHS England statistical neighbours in terms of the proportion of both girls' and boys' school readiness.
- Whilst most children (3127 girls, 2826 boys) were achieving a good level of development, this still resulted in 1146 girls and 1876 boys not being school ready in 2022/23 in Nottinghamshire.

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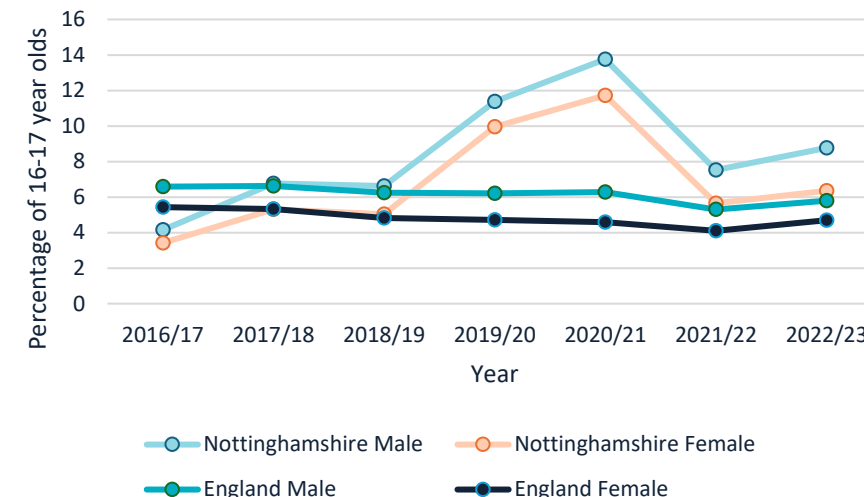
Child and Maternal Health Profile: NEET by sex

Women's Health JSNA: Routine & Published Data

Percentage of 16-17 year old females in Nottinghamshire who are NEET or whose activity is not known over time vs England average for females



The trend of 16 to 17 year olds not in education, employment or training (NEET) or whose activity is not known by sex



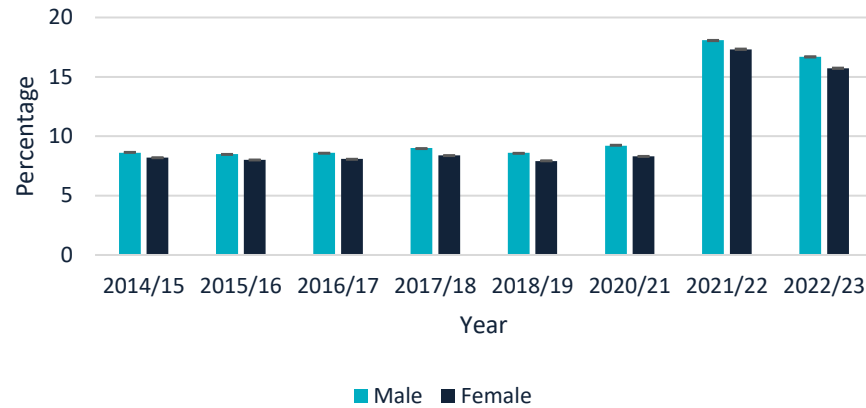
Source: (6)

- According to Department for Education data, Nottinghamshire has higher levels of 16–17-year-olds who are not in education, employment or training (NEET) than the national average. This is the case for both males and females.
- Generally, both nationally and in Nottinghamshire, a significantly higher proportion of males are NEET than females.
- The female data for NEET (above) shows that since 2019/2020 there has been a statistically significant increase from the national average for females, demonstrating that since the Covid-19 pandemic, Nottinghamshire has had significantly worse levels of females who are NEET compared to England. Post the Covid-19 pandemic, the percentage NEET has yet to return to pre-pandemic levels, and remains significantly higher than England, although to note that latest data is not yet available.

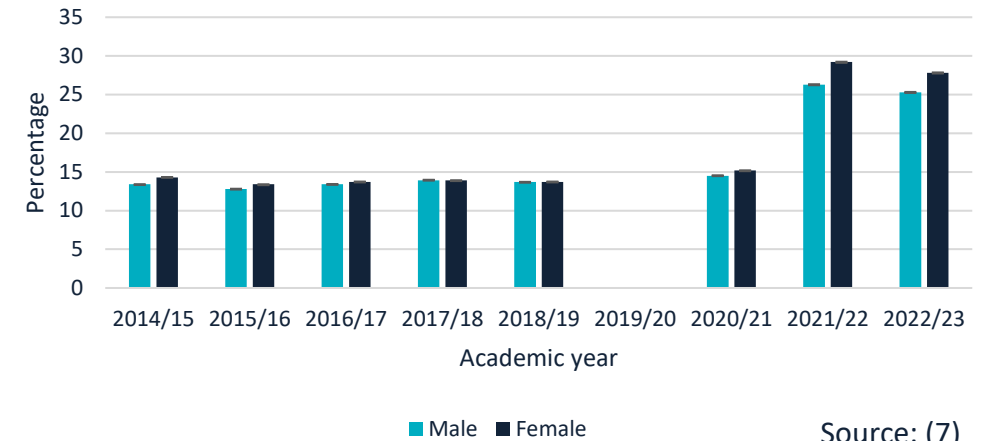
Persistent absentees by sex

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Persistent absentees in primary school
(Proportion %) in England by sex



Persistent absentees- Secondary School (England)

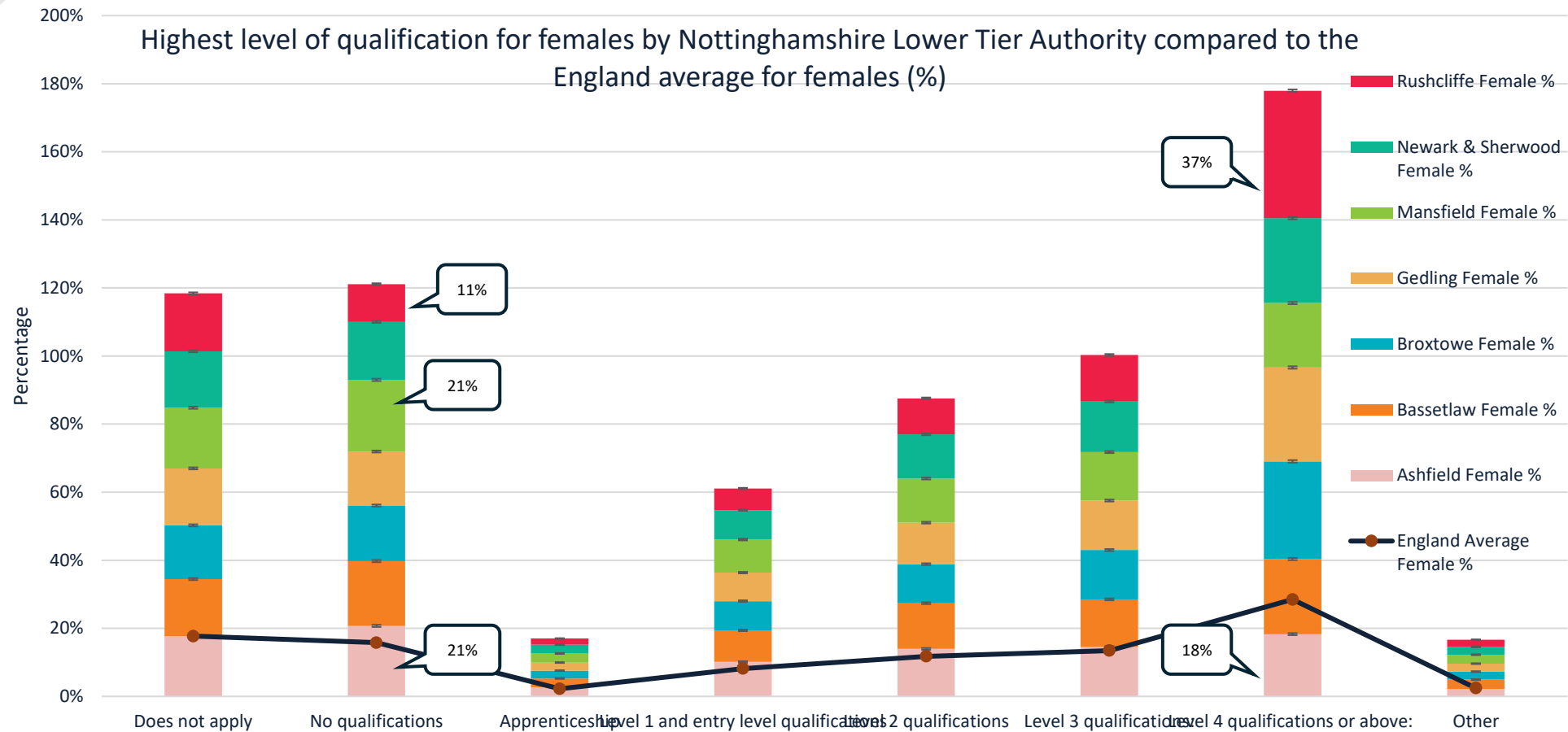


Source: (7)

- There is no breakdown of persistent absenteeism available at Upper Tier Local Authority level by sex. This data is only available nationally.
- National trends demonstrate that at primary level (ages 5-11 years old), males have a significantly higher rate of persistent absenteeism than females. However, at secondary level (age 11-16 years old), especially since the Covid-19 pandemic, there is a significantly higher rate of females of secondary age than males who are persistently absent from school.
- For all ages and all genders, **persistent absenteeism has significantly increased** since the pandemic.
- In terms of trends for persons, Nottinghamshire performs in line with the national average.

Highest level of qualifications by sex (1)

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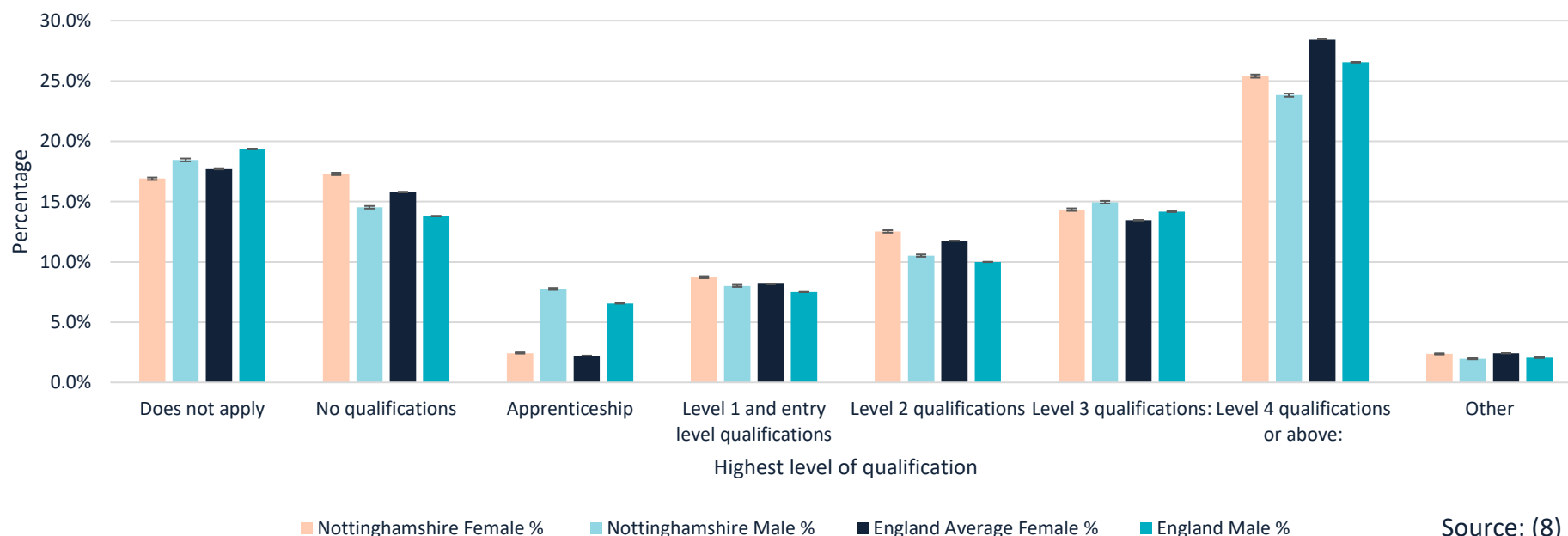


- Source: (8)
- Nottinghamshire has a highly varied position of level of qualification in women in its different districts and boroughs. The picture is very polarised, with the two largest proportions being in the Level 4 qualifications (university degree and above) category and followed by the “no qualifications” category. In some districts, like Mansfield and Ashfield, No qualifications is the largest category among women. In Mansfield, the proportion of women with no qualifications is almost double that of Rushcliffe. Low levels of qualifications may impact earning potential and therefore impact on deprivation. Most Nottinghamshire districts & boroughs have lower than a national average rate of women receiving Level 4 qualifications (28.5%), other than Rushcliffe, which has significantly higher than the national average at 37%.
 - Nationally there are some data quality concerns with this dataset. This is because it is self-selecting and therefore, some people may select qualifications that they are still studying for, and for older generations or those who have studied abroad may not be able to equate like for like in the dataset.

Highest level of qualification by sex (2)

Women's Health JSNA: Routine & Published Data

Highest level of qualification by sex
All Nottinghamshire Districts and Boroughs (% of male and female per category) compared to the England average per sex



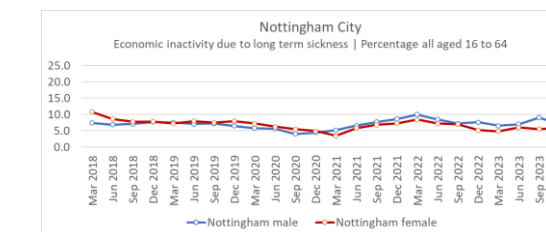
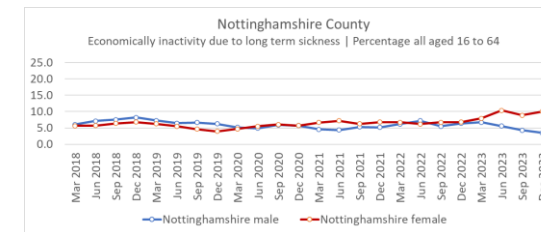
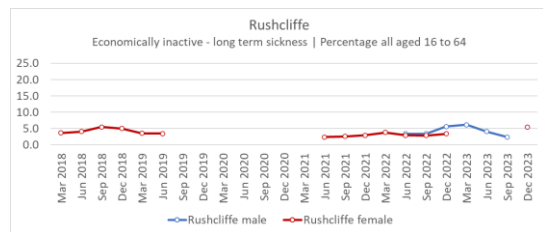
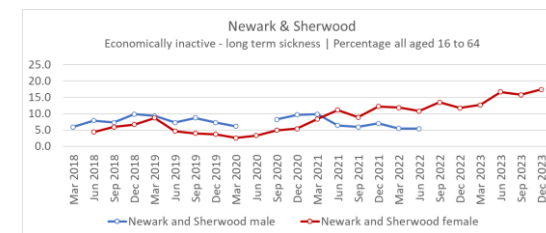
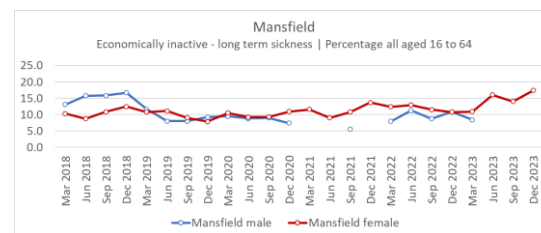
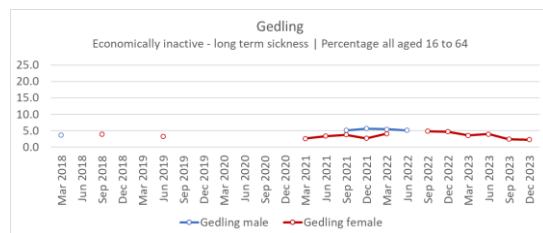
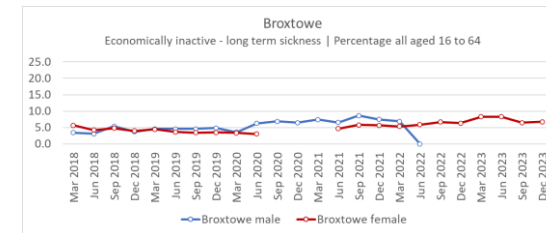
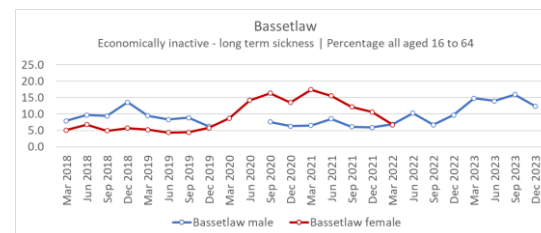
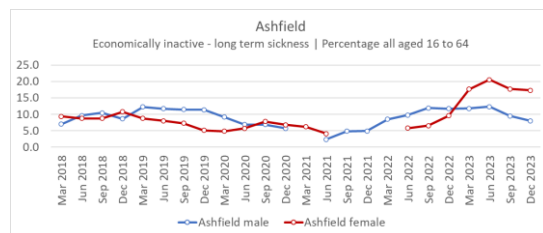
Source: (8)

- Generally, across Nottinghamshire, women are more likely to have no qualifications than men. This is also the case nationally.
- There is a more significant gap between men and women in Nottinghamshire in the no qualifications category. Both men and women in Nottinghamshire are significantly more likely to have no qualifications than the national average, with women more likely than men, with 17.3% for females and 15.8% for males.
- Women in Nottinghamshire are conversely more likely to have Level 4 qualifications than their male counterparts (female 25.4%, male 23.8%), but Nottinghamshire sits significantly below the national average for this. Far fewer women in Nottinghamshire undertake apprenticeships than the national average.
- Women in Nottinghamshire are significantly more likely to have level 1-3 qualifications than England.
- A note: this data can mask significant inequality and variation between districts and boroughs.

Reasons for economic inactivity – males and females – districts / boroughs

Economic Inactivity Work & Health JSNA data (2024)

Women's Health JSNA: Routine & Published Data



These charts show only econ inactivity due to long-term sickness, for males and females. The sample size means that more data are suppressed, but we can still see trends. If anything, the picture is clearer when we split sexes than for persons.

- Main point: clear increases for females in Ashfield, Newark & Sherwood & (to a lesser extent) Mansfield, where there has been a five-year high over the last three datapoints.
This change is not observed in the south of the County (or in Nottingham City).
- The trends in Bassetlaw are slightly different. There was a peak in female economic inactivity caused by long-term sickness during the pandemic (numbers suppressed after Mar 2022). The same for males increased from 2022.

Economic Inactivity Work & Health JSNA data (2024)

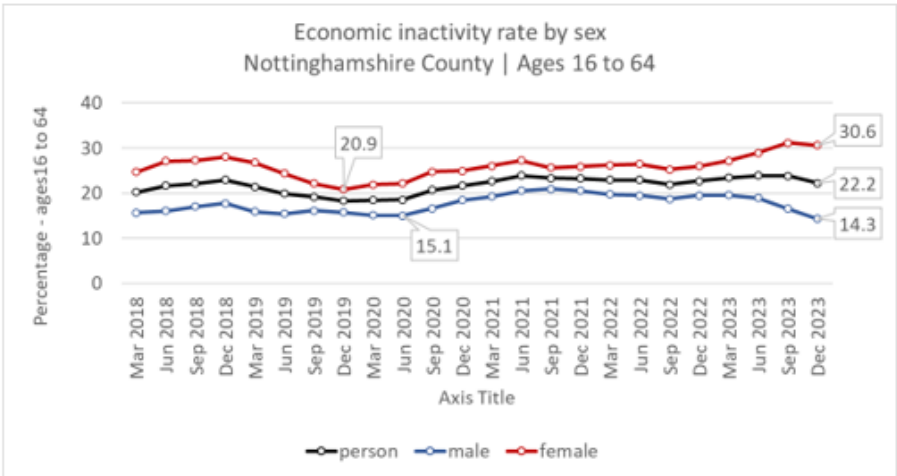


Figure 16: Graph showing Economic inactivity rate by sex, Nottinghamshire County, Ages 16 to 64. Source: NOMIS (Office for National Statistics)

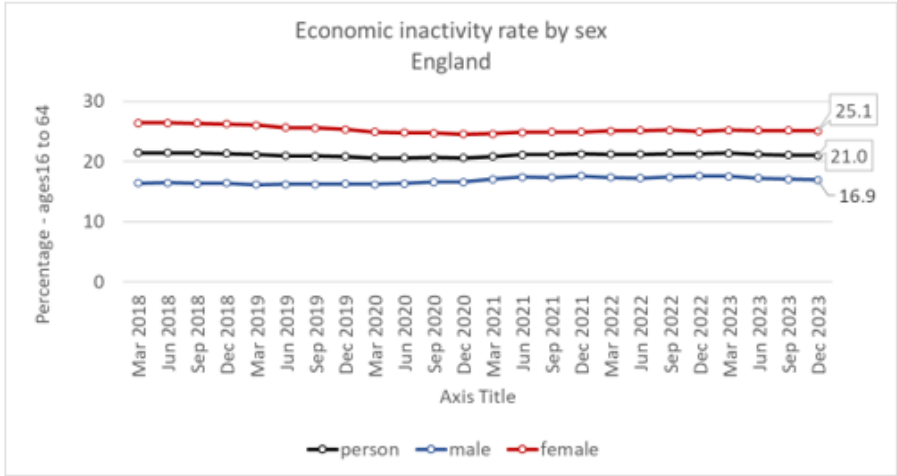


Figure 17: Graph showing Economic inactivity rate by sex, England, Ages 16 to 64. Source: NOMIS (Office for National Statistics)

Analysis of the same data by district suggests this pattern of increase in female economic inactivity rates and decrease in male economic inactivity rates after the year to December 2022 is seen specifically in Newark and Sherwood and Ashfield & Mansfield, (See appendix 3, figures 25-31 for district and borough breakdowns)

Women's Health JSNA:
Routine & Published Data

Reasons for economic inactivity

Economic Inactivity Work & Health JSNA data (2024)

Women's Health JSNA: Routine & Published Data

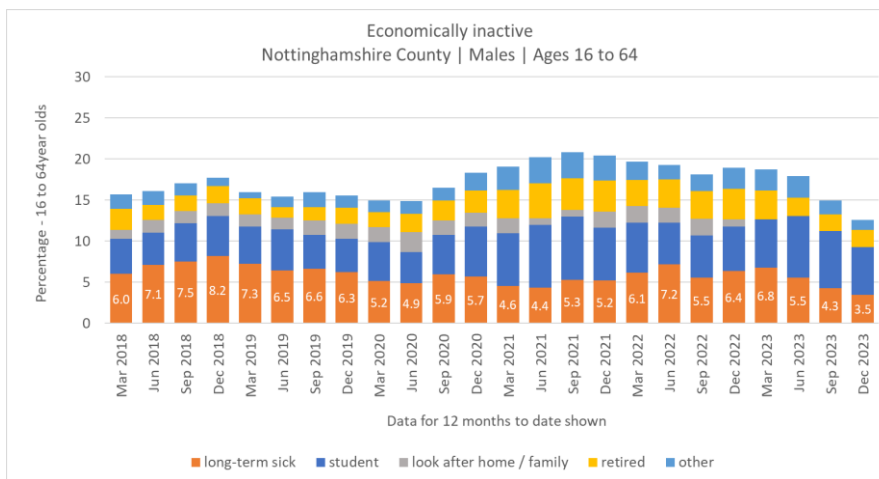


Figure 19: Graph showing reasons for economic inactivity, Nottinghamshire, males. Source: NOMIS (Office for National Statistics)

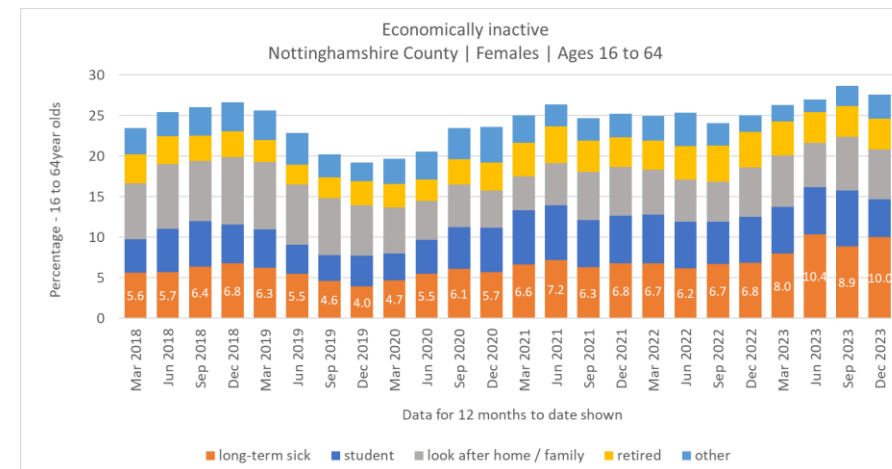


Figure 18: Graph showing reasons for economic inactivity, Nottinghamshire, females. Source: NOMIS (Office for National Statistics)

- Data from NOMIS (Office for National Statistics) shows economic inactivity due to long-term sickness for females and males in Ashfield, Newark, and Sherwood and, Mansfield. For each of these areas, although some data is suppressed, there has been an observable increase in economic inactivity due to long term sickness for females. This same change is not observed in other areas of the County. An example of this is displayed in figure 20, displaying Ashfield data, but data patterns are similar for Newark and Sherwood and, Mansfield (See appendix 3, figures 32-38 for further information).



Key Messages from the Work & Health JSNA (2024)

- Economic Inactivity Trends: In Nottinghamshire, female economic inactivity rose to 30.1% by December 2023, while male rates fell to 14.3%, differing from national trends.
- **Long-Term Sickness: In Nottinghamshire, female economic inactivity due to long-term sickness increased from 4.0% in 2019 to 10% in 2023.**
- Regional Differences: Significant rises in female economic inactivity due to long-term sickness were observed in Ashfield, Newark and Sherwood, and Mansfield.
- Further Review Needed: Additional work reviewing the rise in female economic inactivity in Nottinghamshire is recommended.
- Menopause Impact: Menopause can significantly affect women's work, with some taking extended leave or considering quitting due to lack of support. In 2023 the Government appointed England's first ever Menopause Employment champion and are encouraging employers to better support women experiencing the menopause.

Women's Health JSNA:
Routine & Published Data

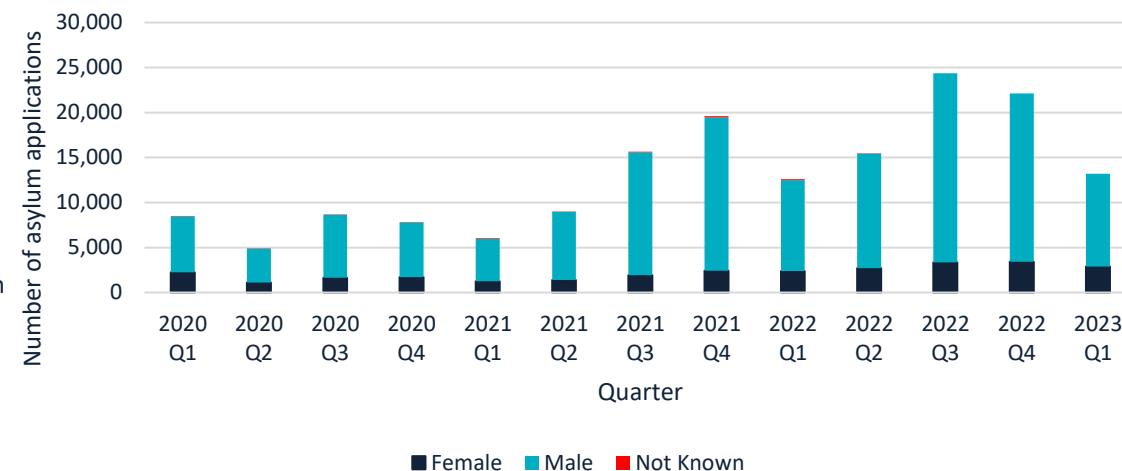
Refugees & Women Seeking Asylum

Women's Health JSNA: Routine & Published Data

Definitions

- **Refugee:** A refugee is a person who has fled their own country and is unable or unwilling to return because they have a well-founded fear of persecution based on one of five reasons: their race; religion; nationality; membership of a particular social group; or political opinion. Refugees have a right to international protection by states that are parties to the 1951 Refugee Convention. (13)
- **Person Seeking Asylum:** The term “person seeking asylum” refers to someone who has fled their country and applied for protection as a refugee, but hasn’t yet been legally recognised as a refugee and is waiting to receive a decision on their asylum claim (13)
- **Migrant:** There is no internationally recognised definition of a migrant. A migrant can be a person who has moved to another country, for example to work, study or join family members. They may be living there temporarily or permanently depending on their situation. (12)
- Refugees and people seeking asylum only represent a small subsection of migrants living and working in the UK.
- Datasets on refugee and asylum seekers’ healthcare is often poor quality due to the fact that they are transient and may not be re registered in other locations. Asylum seekers residing in dispersed accommodation may not be coded as such and therefore numbers are likely to be an underestimate of the need. There is a limitation in that we do not hold much data for asylum seeking and refugee women at a local level.
- Nationally, women represent a small proportion of the asylum claims made in the UK (see above)
- All refugees and asylum seekers can have complex health needs. These may be influenced by experiences prior to leaving their home country, during transit or after arrival in the UK (10).
- Asylum seekers may also struggle to access and navigate healthcare services in the UK due to language barriers, transport barriers and differences in how healthcare systems operate e.g. differing immunisation and vaccination schedules.
- Nationally, there is an evidence base which suggests that asylum seeking women are at higher risk of health inequalities, such as:
 - Late presentation to maternity care (10)
 - FGM complications (10)
 - Trauma and mental health difficulties (10)
 - Malnutrition in pregnancy (10)
 - Survivors of gender-based violence (10)
 - Perinatal mental health disorders (11)

Number of asylum applications in UK by sex
2020-2023



Source: (9)

Housing and Homelessness: Rough Sleeping

Women's Health JSNA: Routine & Published Data

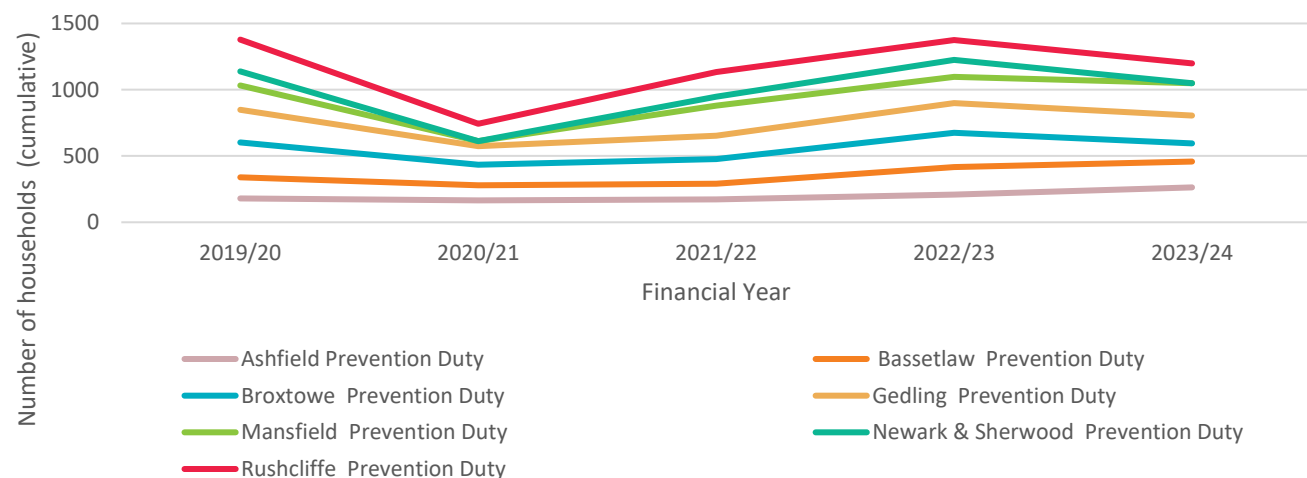
- Homelessness is a complex picture, that is influenced by many different aspects beyond rough sleeping.
- Female rough sleepers are often underrepresented in national datasets as women tend to shelter in “hidden” locations e.g. A&E waiting rooms, on buses or trains (14)
- The Women’s Rough Sleeping Census 2023 by CGL & Solace Women’s Aid highlighted that the Rough Sleeping numbers for women are significantly underrepresented in national figures. In Nottinghamshire, the National Rough Sleeping Snapshot 2023 (15) found 1 woman sleeping rough in Nottinghamshire. The Women’s Rough Sleeping Census (14) identified 41 women rough sleeping in Nottinghamshire in September 2024.
- Rough sleeping women tend to experience significant vulnerability compared to men; they report transient and intermittent rough sleeping patterns which means they are less likely to be identified by outreach workers (14). The health needs of these women identified in the Rough Sleeping Census are (14):
 - VAWG – including sexual violence
 - Survival sex (16)– risk of STIs and unplanned pregnancy
 - Multiple disadvantage
 - Mental health – vulnerability and fear
 - Substance use
 - Influence of partners
 - Unsafe tenancies
 - Exploitation
 - Immigration challenges
 - LGBTQ+ concerns- face unique challenges and may have specific support needs
 - Lack of access to feminine hygiene products

Note: 2024 Rough Sleeping Census results are due at the end of Feb – in Nottinghamshire they spoke to 22 women, of whom 15 were rough sleeping and 6 were "other homeless" e.g. sofa surfing. There were fewer women identified this year, largely attributed to the poor weather on the week that the census was taken.

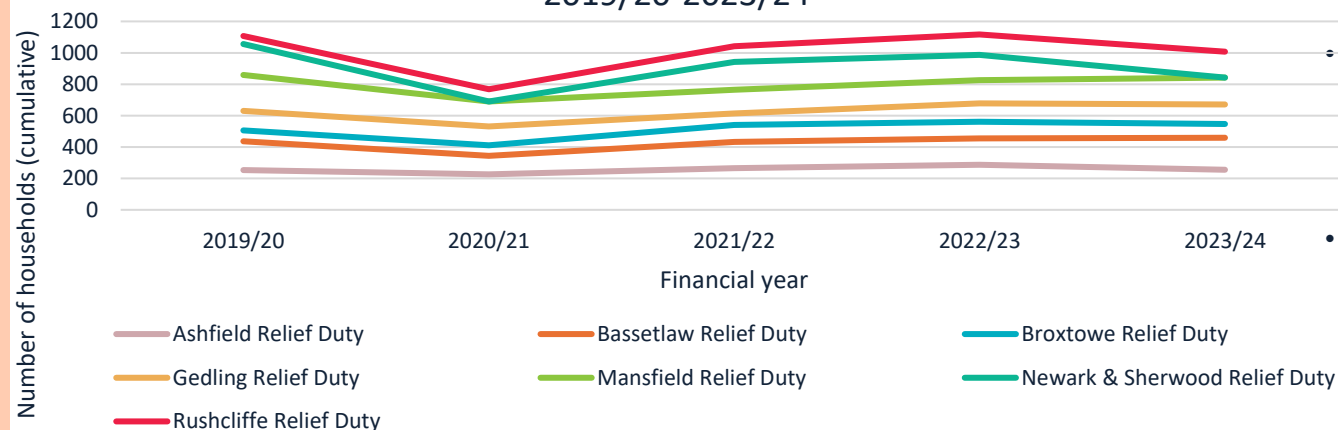
Housing and Homelessness- other homelessness (1) Nottinghamshire overview

Women's Health JSNA:
Routine & Published Data

Trend for households owed a prevention duty for homelessness over
time in Nottinghamshire
2019/20 - 2023/24



Number of households owed a relief duty in Nottinghamshire Districts &
Boroughs over time
2019/20-2023/24



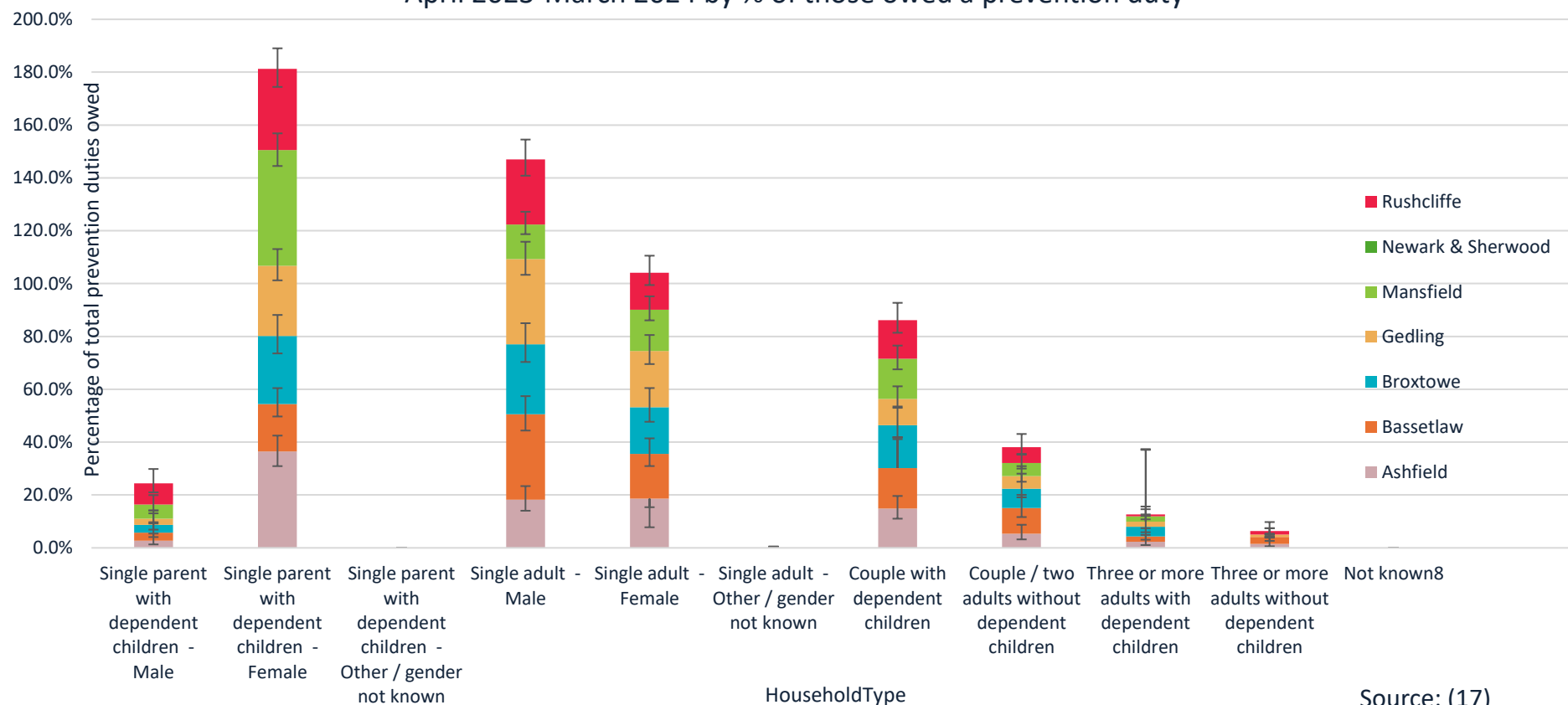
- Homelessness is a complex picture, that is influenced by many different aspects beyond rough sleeping.
- In Nottinghamshire, housing and homelessness prevention/response is the responsibility of the seven districts and boroughs (lower tier authorities).
- Whilst national homelessness datasets do not split number of applications by sex, they do examine the household makeup of those owed a prevention duty (to prevent them from becoming homeless) and those who are owed a relief duty (to house them once they are already homeless).
- Nationally, in the years since the Covid pandemic there has been an increase in the total number of households needing to be prevented from becoming homeless, those who are already homeless and those living in temporary accommodation (17)
- This trend is largely replicated across Nottinghamshire, as demonstrated in the graphs above, however the significant increase seen nationally in 23/24 is not replicated in Nottinghamshire
- Please note: there are data quality issues with this dataset as nationally Newark & Sherwood data is not present for 23/24

Source: (17)

Housing and Homelessness- other homelessness (1) Nottinghamshire overview

Women's Health JSNA:
Routine & Published Data

Households owed a prevention duty by Nottinghamshire Lower Tier Authority
April 2023-March 2024 by % of those owed a prevention duty



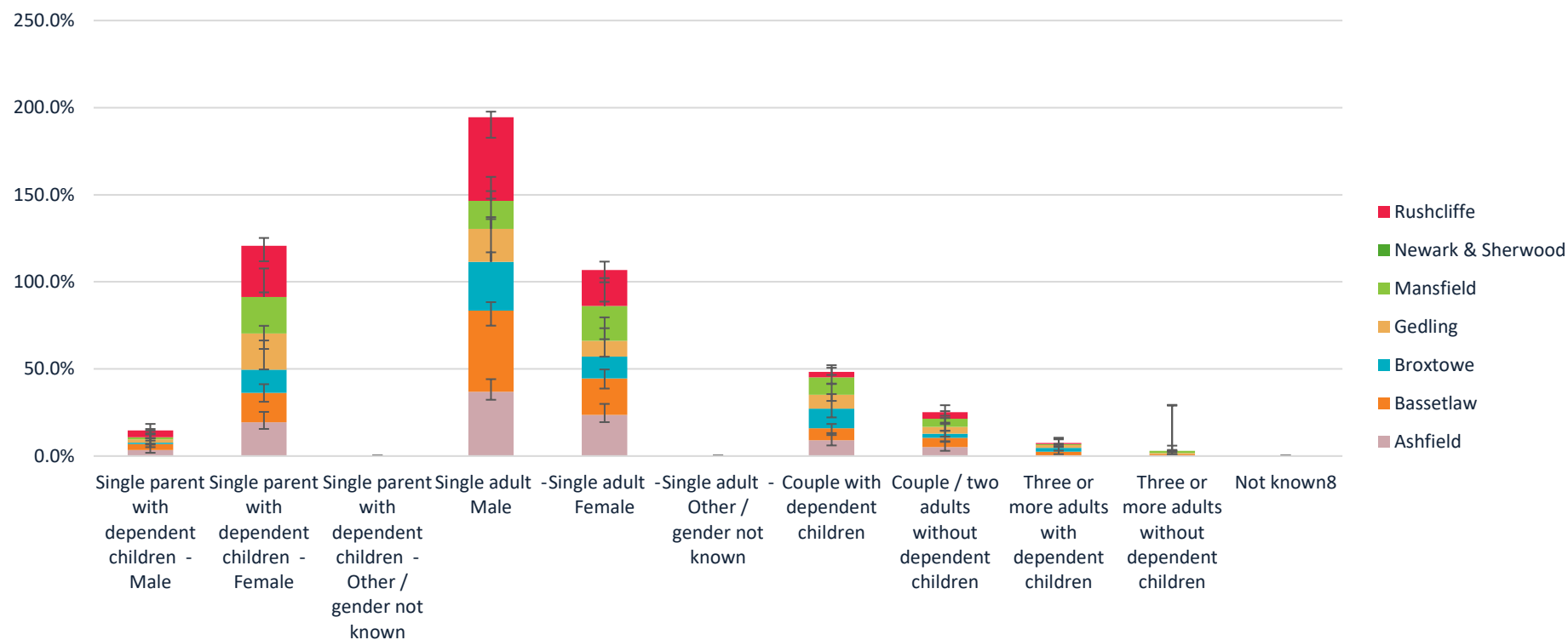
Source: (17)

- The group with the significantly highest proportion of homeless prevention duties issues by Nottinghamshire lower tier authorities are single parents with dependent children- female.

Housing and Homelessness- other homelessness (2) Nottinghamshire Overview

Women's Health JSNA:
Routine & Published Data

Household types owed a relief duty
Nottinghamshire Lower Tier Authorities
April 2023-March 2024
(% of those owed relief duty)



- The group with the highest proportion of homelessness relief duties (i.e. once a household is already homeless), is single adult males.

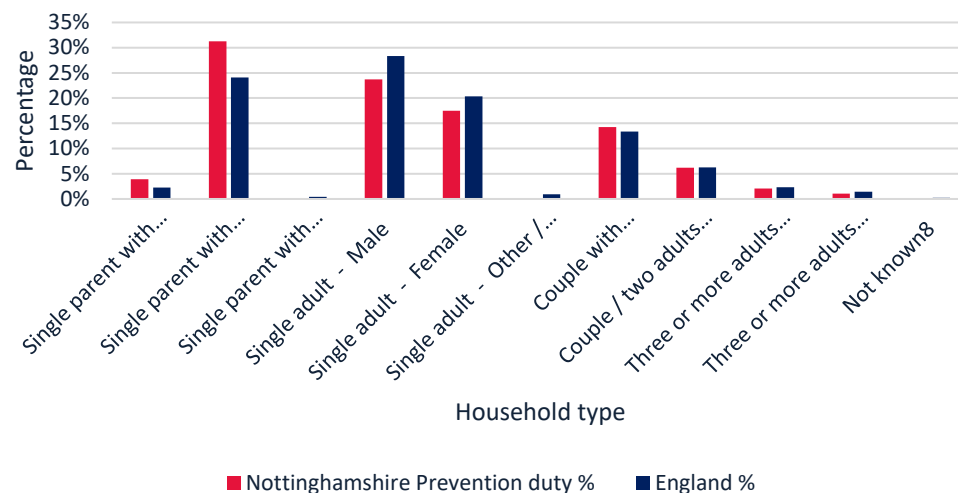
Source: (17)

Housing and Homelessness- other homelessness (3) Districts and Borough Level Information

Women's Health JSNA: Routine & Published Data

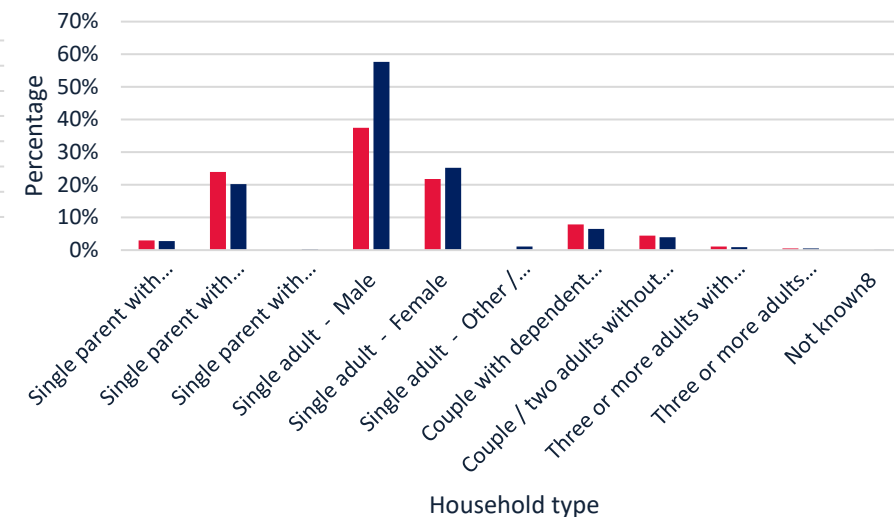
Proportion of household types owed a prevention
duty in Nottinghamshire compared to the national
average

April 2023-March 2024



Proportion of household types owed a relief duty
in Nottinghamshire compared to the national
average

April 2023-March 2024



■ Nottinghamshire Prevention duty % ■ England %

Source: (17)

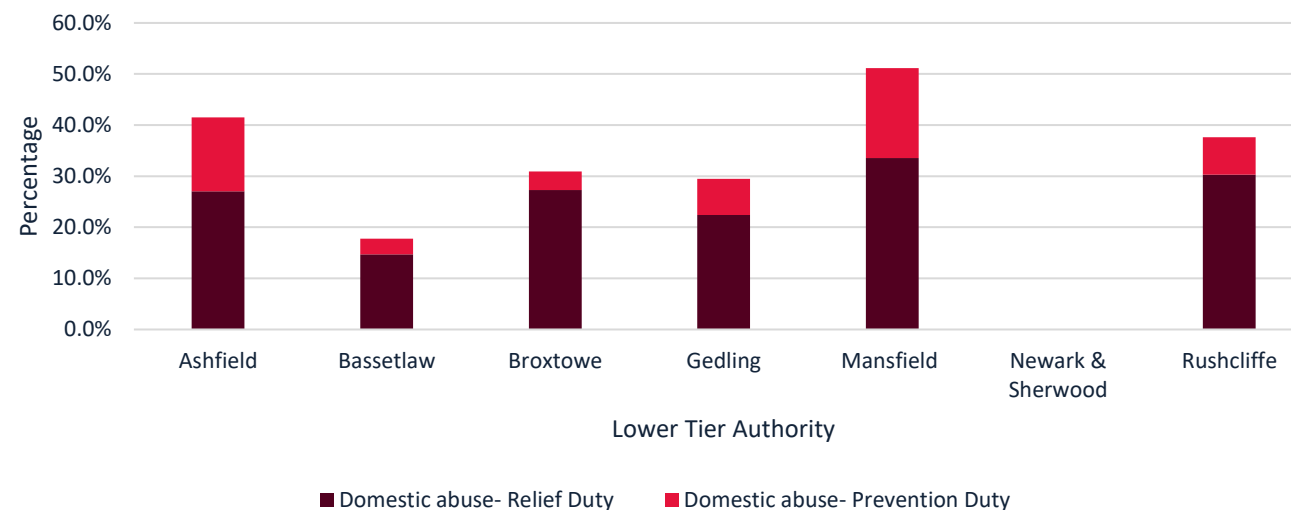
- In Nottinghamshire, most districts and boroughs (in particular Mansfield and Ashfield) have a higher than national average proportions of single females with dependent children applying for prevention duty and relief duty for homelessness. Overall, in Nottinghamshire, there is a higher than national average proportion of single female parents with dependent children applying for both prevention and relief duties. There is however a lower than national average proportion of single females applying for both prevention and relief duty. In 2023/24, a total of 616 single female parent households with dependent children were owed either a prevention or relief duty, and 429 single females. The largest group is single males, which were 661 owed both prevention and relief duties, though it is more common for single males to be owed relief duties than prevention duties in Nottinghamshire.

Please note there are data quality issues with this dataset as nationally Newark & Sherwood data is not present.

Housing and Homelessness- other homelessness (4) Reasons for Homelessness

Women's Health JSNA: Routine & Published Data

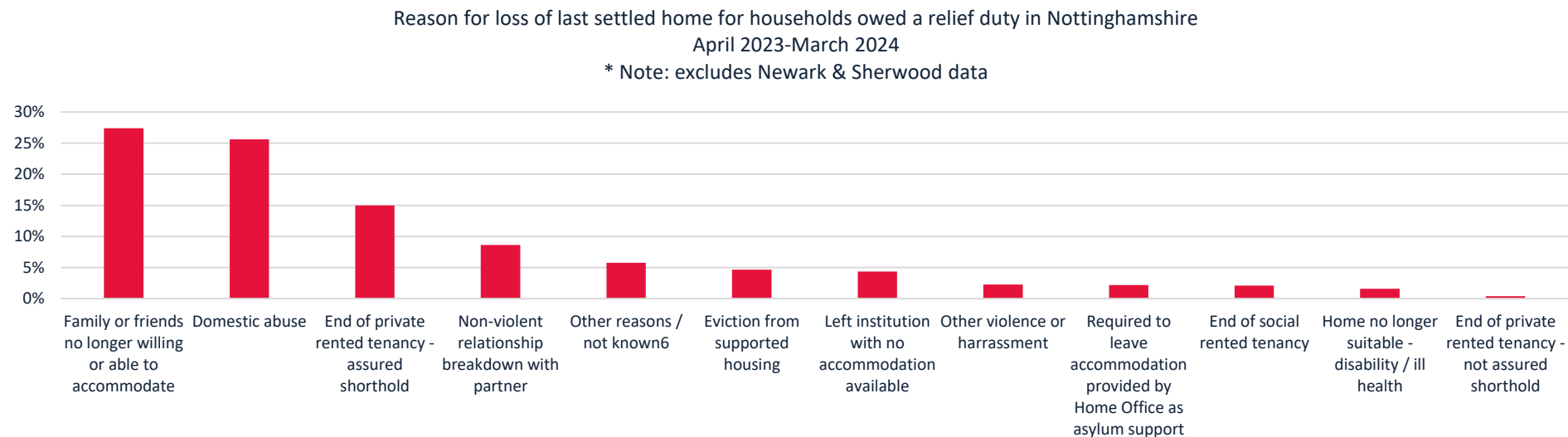
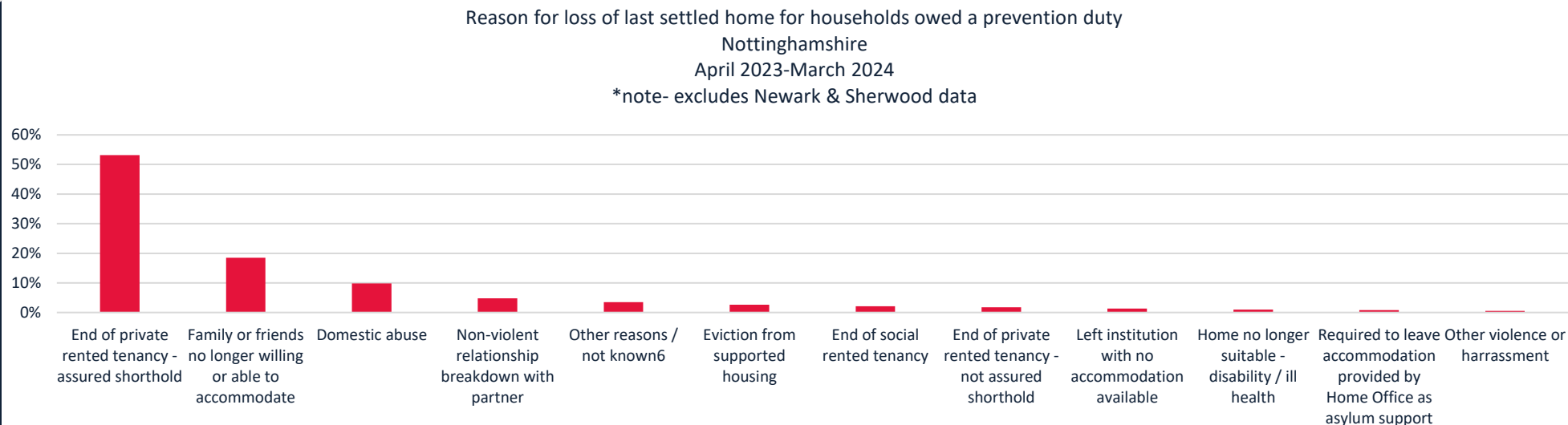
The percentage of prevention duty and relief duty claims that have domestic abuse as the reason for the loss of the last settled home
Nottinghamshire
April 2023- March 2024



Source: (17)

- Homelessness is a complex picture as aforementioned, but for many it is important to examine the reasons for homelessness so as to try to reduce the risk of people from becoming homeless.
- Unfortunately, it is not possible to break down the reasons for homelessness by sex.
- Examining the data, there are significant variations across districts and boroughs in terms of the reasons why people are at risk of homelessness.
- In some boroughs in 2023-24, as many as 30% of relief duties are issued due to the last settled home being lost due to domestic abuse. Mansfield sees the highest proportion of homelessness claims due to domestic abuse.

Housing and Homelessness- other homelessness (4) Reasons for Homelessness



Source: (17)

- The most common reasons for homelessness are the ending private tenancies, family and friends no longer able to accommodate and domestic abuse.

Women and girls in the criminal justice system

Women's Health JSNA: Routine & Published Data

- There is limited data available around the health inequalities experienced by women in the criminal justice system in Nottinghamshire specifically.
- The recent Nottinghamshire JSNA for the youth justice service: “given what is known about girls and offending, this JSNA questions if girl’s vulnerabilities and needs are being correctly identified and sufficiently addressed to reduce the potential of them offending and encountering the CJS. It is well known that girls who encounter the YJS have complex needs and are more vulnerable than boys. National research reports that, 90% of girls in contact with the Youth Justice System have experienced abuse from a family member or someone they trusted, and 63% of girls and young women aged 16-24 serving community sentences have experienced rape or domestic abuse (Guardian, 2022).” (18)
- Nationally, women make up a smaller proportion of the population in contact with the criminal justice system at all stages (see right) and just 4% of the prison estate population in 2024 (19).
- Women’s offending pattern is different than that of men, and the majority of women serve short sentences: As of 30 June 2024, 16% of females and 4% of males were serving sentences of less than 12 months. Short sentences can still result in significant impacts on women’s building blocks of health e.g. separation from children (only 5% of children of imprisoned mothers stay in their own home) (19)
- There are no female-specific prison estates within Nottinghamshire, this means that imprisoned Nottinghamshire women may be serving sentences at significant distance from home (an average of 63 miles from home (20) as there are only 12 female prison estates in England Nationally, 76% of women in prison suffer from depression compared to 51% of men (20) , and women in prison account for 23% of all prison self-harm incidents despite representing just 4% of the prison population (22)
- Almost 60% of women in prison say they have suffered domestic abuse (19), and 53% of women have experienced child abuse (19).
- There is nationally variable outcomes for women in prison accessing antenatal care and contraception (19).

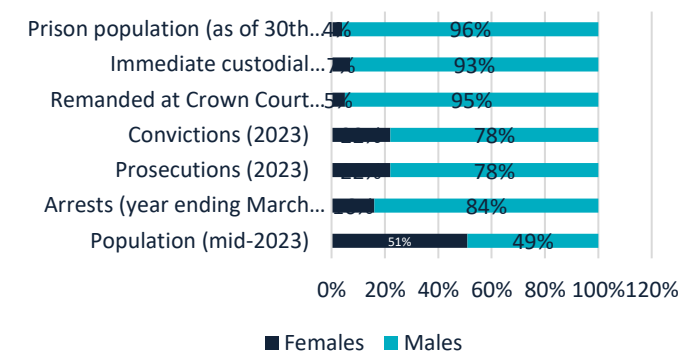
In 2022/23, there were 590 homicides reported in the Home Office Homicide Index.



Females were the victim in 59% of homicides acquainted with the suspect, whereas in cases where victim was male 41% were acquainted with the suspect.

Source: (19)

Proportions of males and females throughout the CJS, 2023/24, England and Wales



Source: (21)



Sex workers

Women's Health JSNA:
Routine & Published Data

- Sex work is an umbrella term, encompassing different services including web cam performances, pornography, stripping, escorts, sugaring, phone sex, and indoor and outdoor direct selling of sex (23). Women make up most sex workers, with some estimates suggesting the proportion is around 85-90 per cent (24)
- There is limited data available on the current picture of sex work in Nottinghamshire, due to both challenges in the definition of sex work and the stigma associated meaning that sex workers frequently hide their occupation (23) . Therefore, there are limitations on the information and conclusions that can be drawn relating to their needs.
- Nationally, the estimates of the number of sex workers varies from 72,800 (25) to 85,714 (23)
- The national evidence base demonstrates that sex workers are more likely to suffer health inequalities:
 - Women involved in sex work are at higher risk of STIs. They are also more likely to experience violence, rape and sexual assault, homelessness, and drug and alcohol problems which multiply their risk of poor sexual health outcomes (26) (27). Sex workers are also at higher risk of occupational homicide for cis-gendered women (28) than other occupational groups. Sex workers also experience high levels of substance use (29) and poor mental health (23).
 - Sex workers also experience challenges with antenatal care, where there are barriers to access (23) and they experience a higher rate of still birth than the general population (30).
 - Sex workers have highlighted a reluctance or fear of seeking assistance for all health needs, coupled with barriers to accessing essential services (e.g. opening hours) which means that they are less likely to access support for their health needs (23).

LGBTQ+ women

Women's Health JSNA: Routine & Published Data

- There is very little data surrounding the health of LGBT women in Nottinghamshire due to health datasets not being possibility to break down by sexuality.
- The intersection between gender inequalities and sexual orientation inequalities contributes to increased invisibility and barriers to access in both women's rights & spaces and LGBT contexts (31)
- National evidence base (31) state that lesbian and bisexual and other women who have sex with women are at higher risk of certain health conditions when compared to the heterosexual female population:
 - Mental health issues, in particular depression, stress, anxiety- both in terms of experiencing illness (32) and accessing services (33)
 - Challenges with accessing cervical screening (34) and lower rates of accessing both breast and cervical screening (31).
 - Poor outcomes with certain cancer types (31)
- Teenage conception (31)
- Asthma
- Sexual violence (34)
- Trans women are also at risk of significant health inequalities.
- The National LGB&T partnership report that LBT women experience high rates of poor physical and mental health compared to heterosexual women. LBT women also experience disproportionately high rates of discrimination, harassment and domestic abuse, and face barriers to accessing support services (35)
- There is evidence that ethnic minority and disabled lesbian and bisexual women also experience more inequalities than white or non-disabled heterosexual women, but this is primarily international or from grey literature sources (31).

Nottinghamshire	Total: All usual female residents aged 16 years and over	Straight or Heterosexual	Gay or Lesbian	Bisexual	All other sexual orientations	Not answered
Count	348,966	315,942	4,180	5,211	1,045	22,588
Percentage	100.0%	90.5%	1.2%	1.5%	0.3%	6.5%

Table 2: Numbers and proportion of the female population who responded to the sexual orientation question in the Census 2021 in Nottinghamshire. The question females responded to was: Which of the following best describes your sexual orientation?
Source: (36)

LGBTQ+ women Survey Responses

Women's Health JSNA:
Routine & Published Data

- From the Nottinghamshire Women's Health Survey 41 women out of 967 (4.2%) respondents identified as Lesbian, Bisexual, Asexual, Pansexual and Undecided . A larger proportion did not answer what sexuality they identified as (6.4%) and 5.17% stated that they preferred not to answer.
- In responses from LGBTQ+ women in Nottinghamshire, a number of themes similar to national evidence bases have appeared.
- More than half of women in this group said that they experienced depression and/or anxiety, often alongside other health conditions. Gynaecological and chronic pain were also common in this subgroup.
- In terms of things that could be improved, most common in this group were comments about improving access to ADHD and autism services, alongside mental health support.
- Strong themes in terms of experiences within this group were common around not being listened to by healthcare professionals, feeling "fobbed off"
- This group of women, like the main sample, also stated very strongly that they would like to access specialist women's clinics, having struggled to be heard by other medical professionals and , experiencing long waiting times, and difficulties navigating the health and care system/ finding the right support for them.

"when I was in labour I
would have liked to be
listened to more"

"do not gaslight women as
hysterical and don't lie to
us"

"Women should be believed when they
say something is wrong.
What's the point in living longer than
men if we live miserable painful lives."

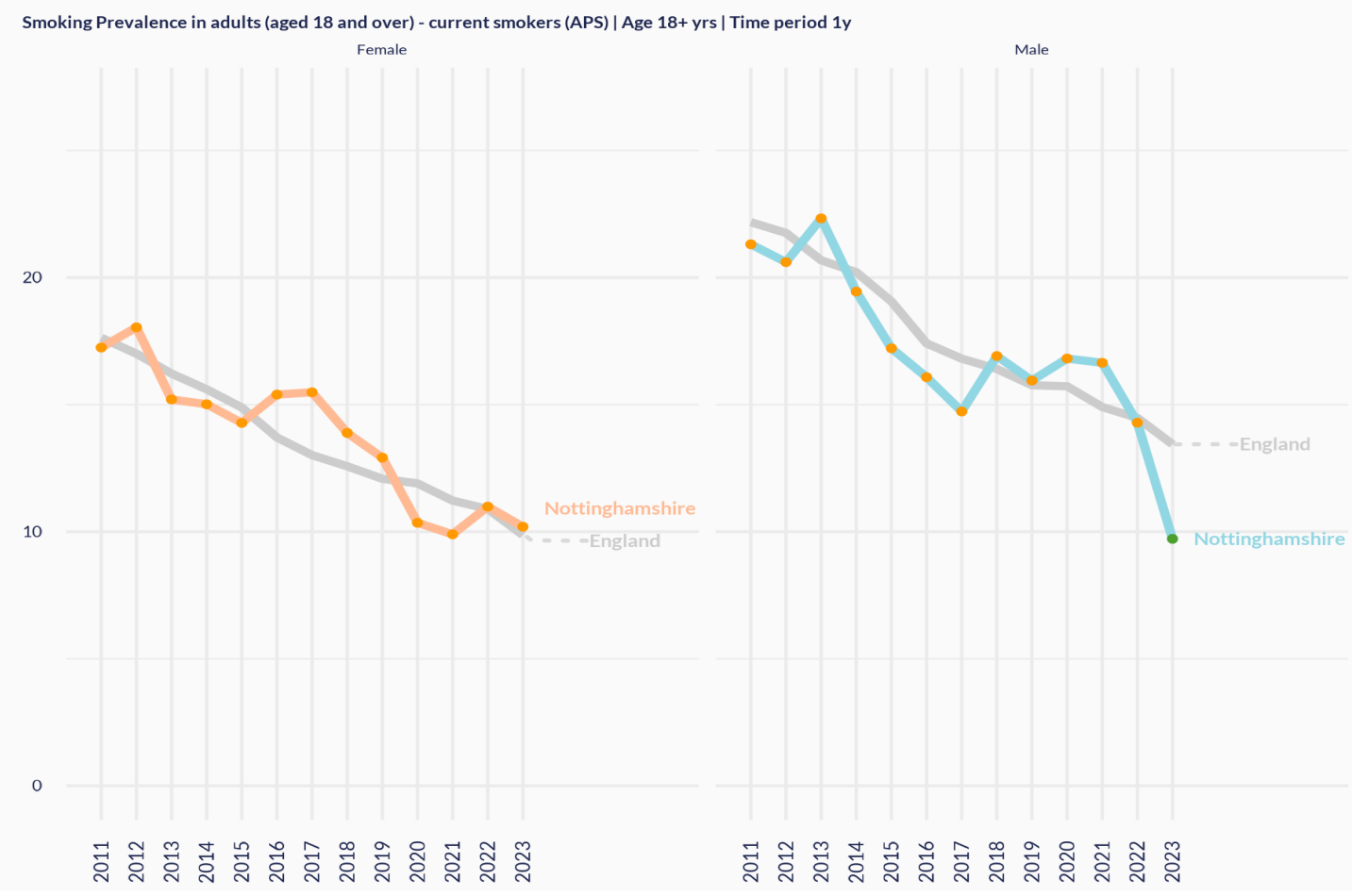
"I have found very little support"



Wellbeing and risks to health

Smoking Prevalence in Adults

Women's Health JSNA:
Routine & Published Data



Smoking prevalence in adults (aged 18 and over) in Nottinghamshire and England from 2011 to 2023.

- Smoking prevalence was lower for Nottinghamshire females and males in 2023 compared to 2011
- The data suggest that Nottinghamshire female smoking prevalence was lowest in 2021, with a higher percentage smoking in 2022 and 2023 although Nottinghamshire is similar to England (amber markers) for all time periods.
- These estimates of smoking prevalence are derived from a national survey (the Adult Population Survey or APS). Sample size has fallen for this survey during and since the pandemic

Smoking is the most important cause of preventable ill health and premature mortality in the UK.

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with several types of cancer including lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

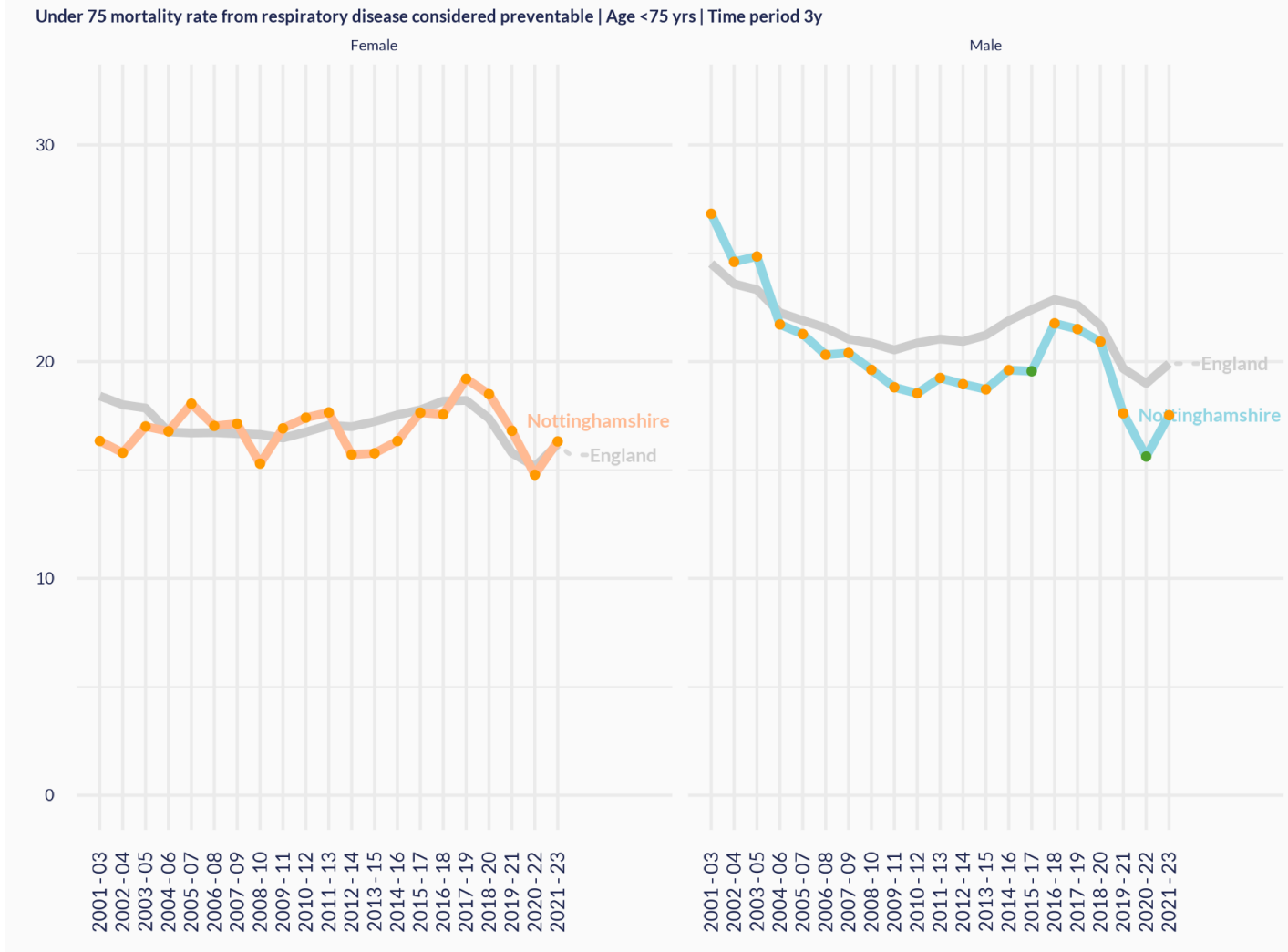
Marker (dot) key
Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

Source: (37)

Wellbeing and risks to health

Under 75 mortality rate from preventable respiratory disease

Women's Health JSNA:
Routine & Published Data



Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases.

Marker (dot) key

- Red** – worse than England
- Amber** – similar to England
- Green** – better than England
- Grey** – significance not assessed

Under 75 mortality rate from preventable respiratory disease in Nottinghamshire and England from 2001-03 to 2021-23. Source: (37)

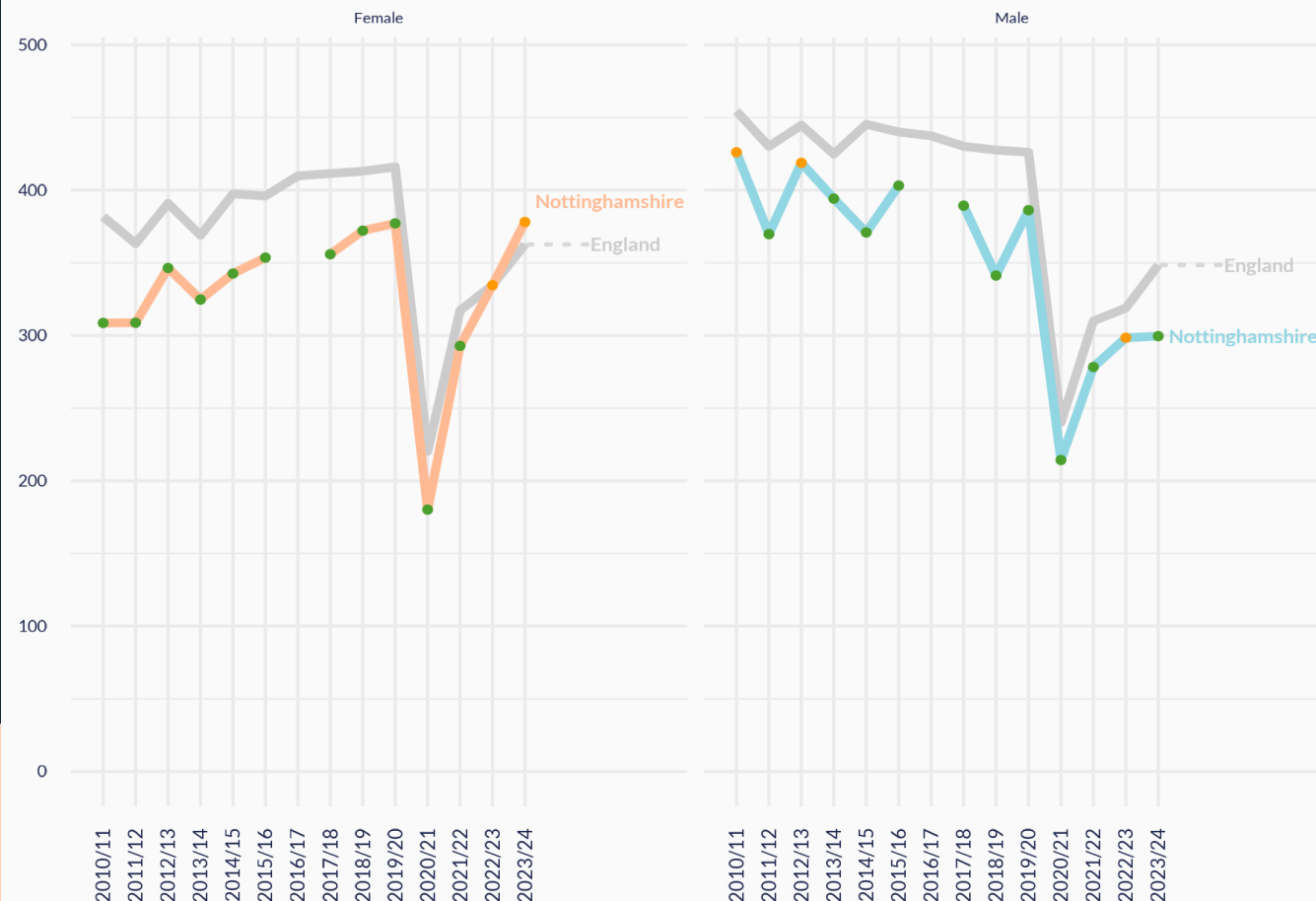
- Female rates in Nottinghamshire were similar to England (amber markers) for all time periods shown.
- Before the pandemic, Nottinghamshire female rates were lower than for males; since 2019-21, male rates reduced to be similar to those for females.

Wellbeing and risks to health

Emergency hospital admissions for COPD

Women's Health JSNA:
Routine & Published Data

Emergency hospital admissions for COPD (aged 35 and over) | Age 35+ yrs | Time period 1y



COPD (chronic chest disease) is a serious lung disease for which smoking is the biggest preventable risk factor.

People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. COPD can be managed well in primary care, but up to two-thirds of cases are undiagnosed and untreated.

Marker (dot) key

- Red** – worse than England
- Amber** – similar to England
- Green** – better than England
- Grey** – significance not assessed

Source: (37)

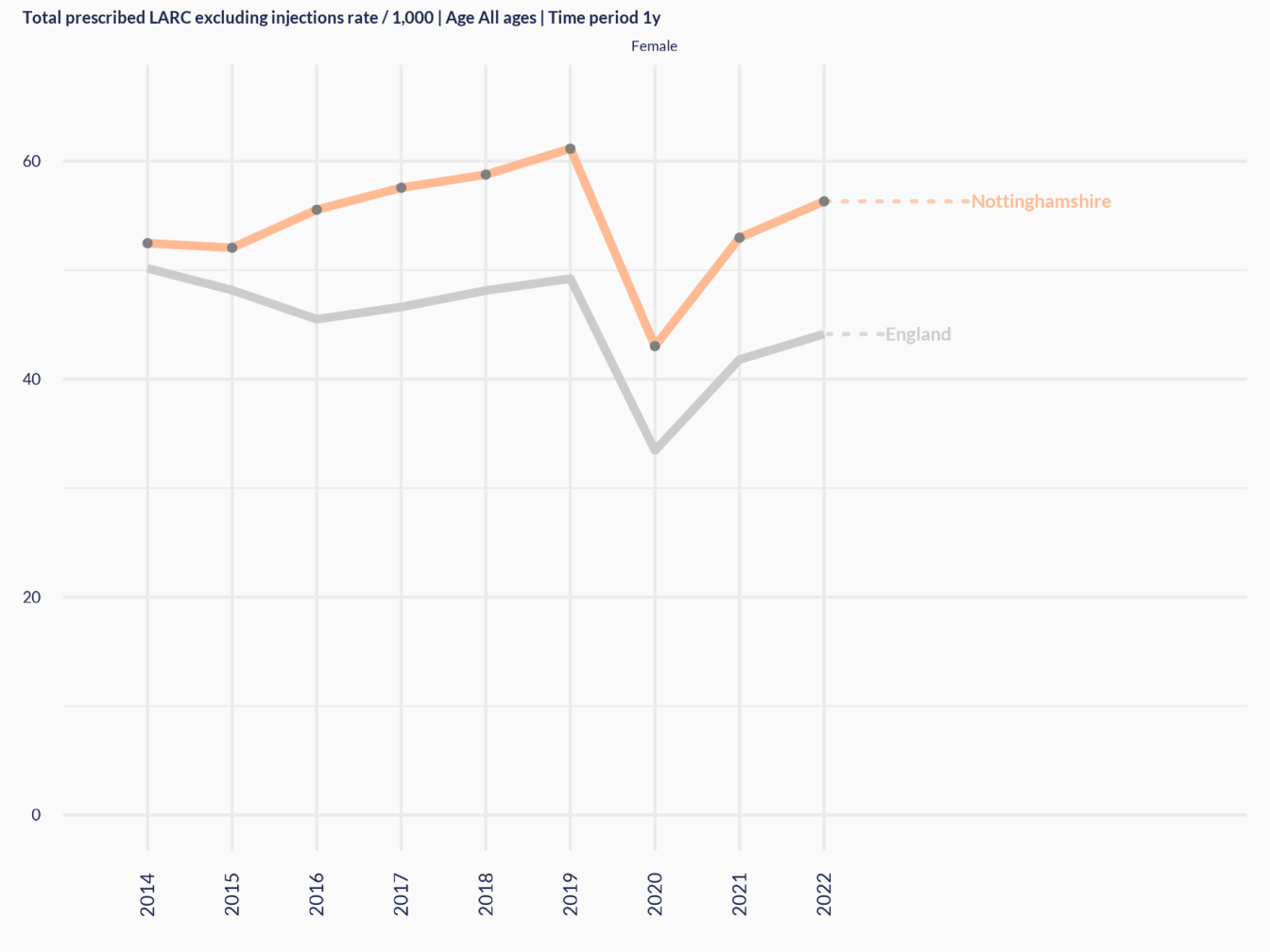
Emergency hospital admissions for COPD (aged 35 and over) in Nottinghamshire and England from 2010/11 to 2023/24.

- Admission rates for females in Nottinghamshire increased between 2010/11 and 2019/20, but were significantly lower than England (green markers) during this time frame. The rate decreased during the pandemic (2020/21 and 2021/22) but has since risen to rates similar to 2019/10.
- The temporal pattern for Nottinghamshire females is different to males, for whom, despite some annual variation, rates decreased between 2020/11 and 2019/20. The rate for males post-pandemic has not increased to the same extent as for females.

Contraception

Total prescribed LARC (excluding injections)

Women's Health JSNA:
Routine & Published Data



Long-acting contraception (LARC) methods are highly effective. An increase in the provision of LARC is a proxy measure for wider access to the range of possible contraceptive methods and should also lead to a reduction in rates of unintended pregnancy.

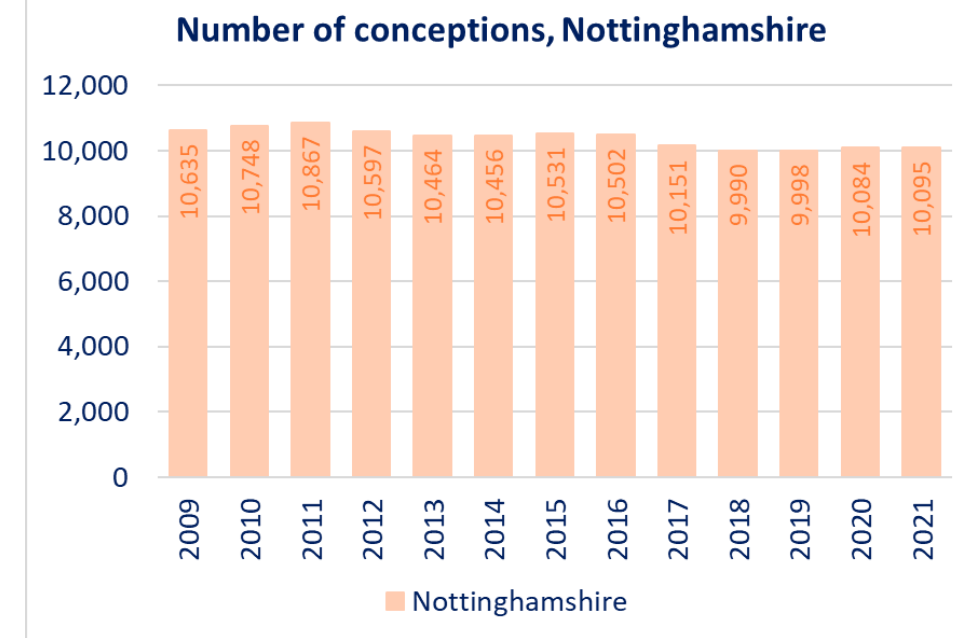
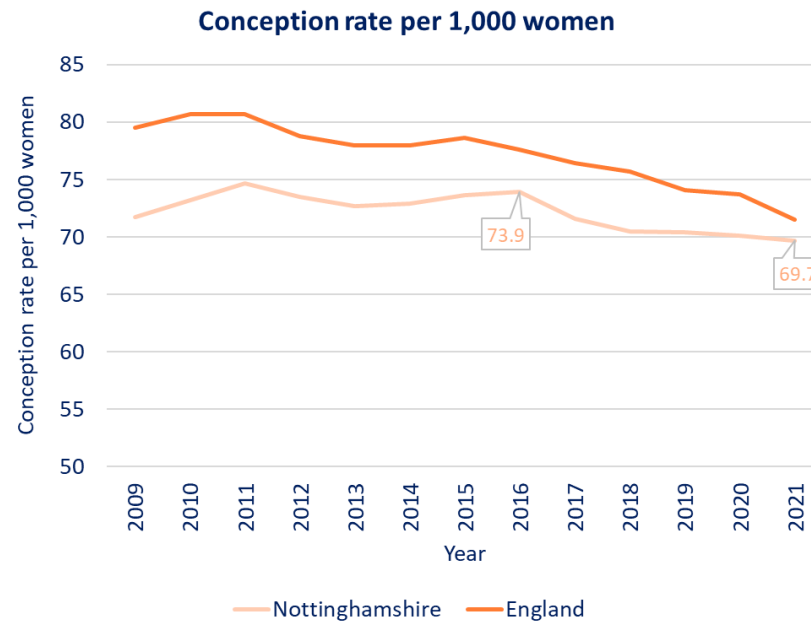
Red-amber-green colouring is not used for this indicator as the intention is to encourage choice rather than to promote LARC methods at the expense of other contraceptive methods.

Source: (37)

Total prescribed LARC (excluding injections) rate per 1,000 females in Nottinghamshire and England from 2014 to 2022.

- Rates in Nottinghamshire have been consistently higher than the national rate

Conception Data



Source: (38)

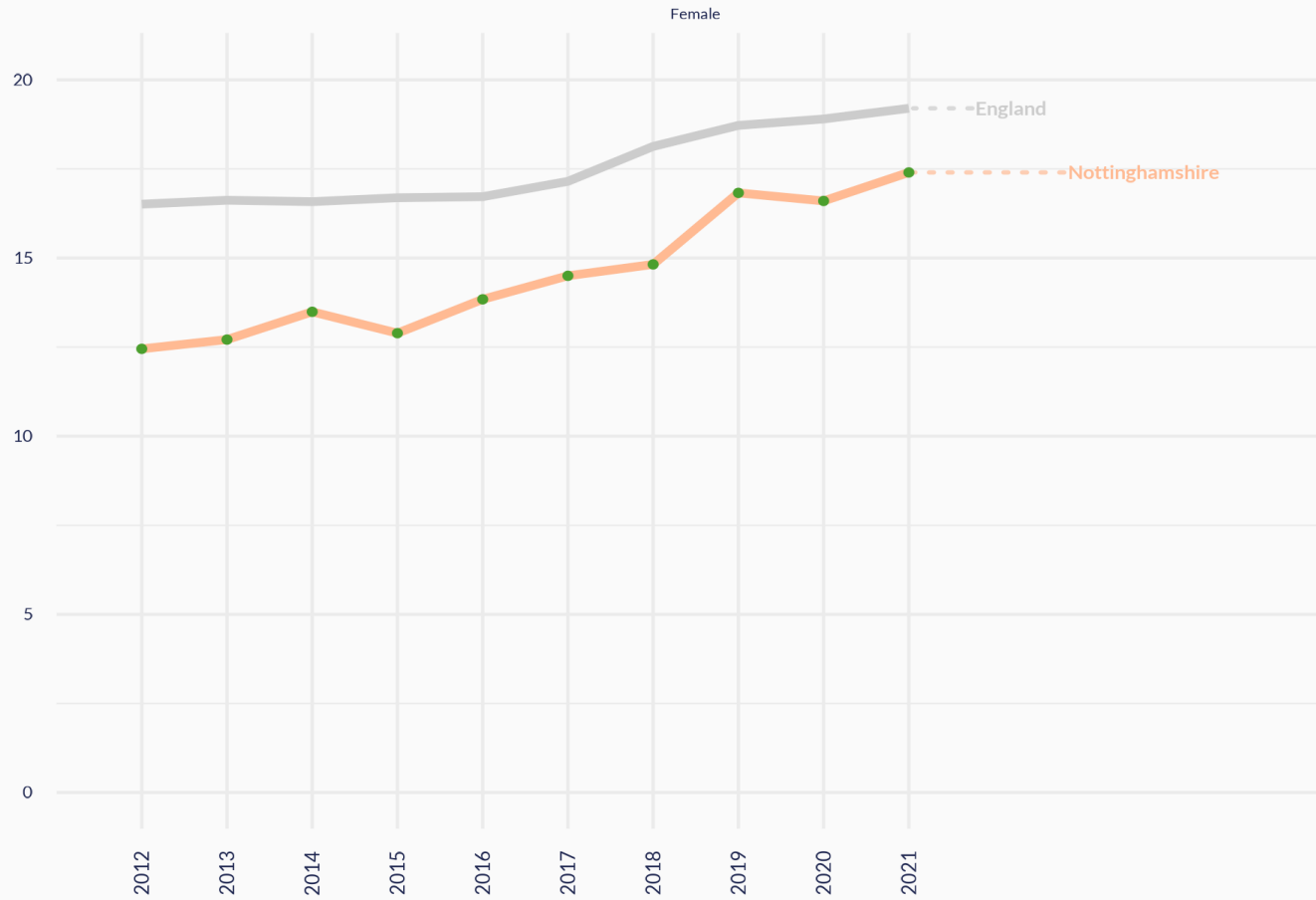
- The ONS estimates the number of conceptions by combining the number of live births and the number of legal abortions. Miscarriages and illegal abortions are not included.
- The conception rate in Nottinghamshire fell between 2016 and 2021 from 73.9 to 69.7 per 1,000 women.
- The estimated number of conceptions was highest in 2011 (10,867) and lowest in 2018 (9,990). The number increased slightly after 2018, with 10,095 conceptions in 2021.

Women's Health JSNA:
Routine & Published Data

Abortion: Total abortion rate

Women's Health JSNA:
Routine & Published Data

Total abortion rate / 1000 | Age All ages | Time period 1y



Total abortion rate is an indicator of lack of access to good quality contraception services and advice, as well as problems with individual use of contraceptive method.

Marker (dot) key

Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

Source: (37)

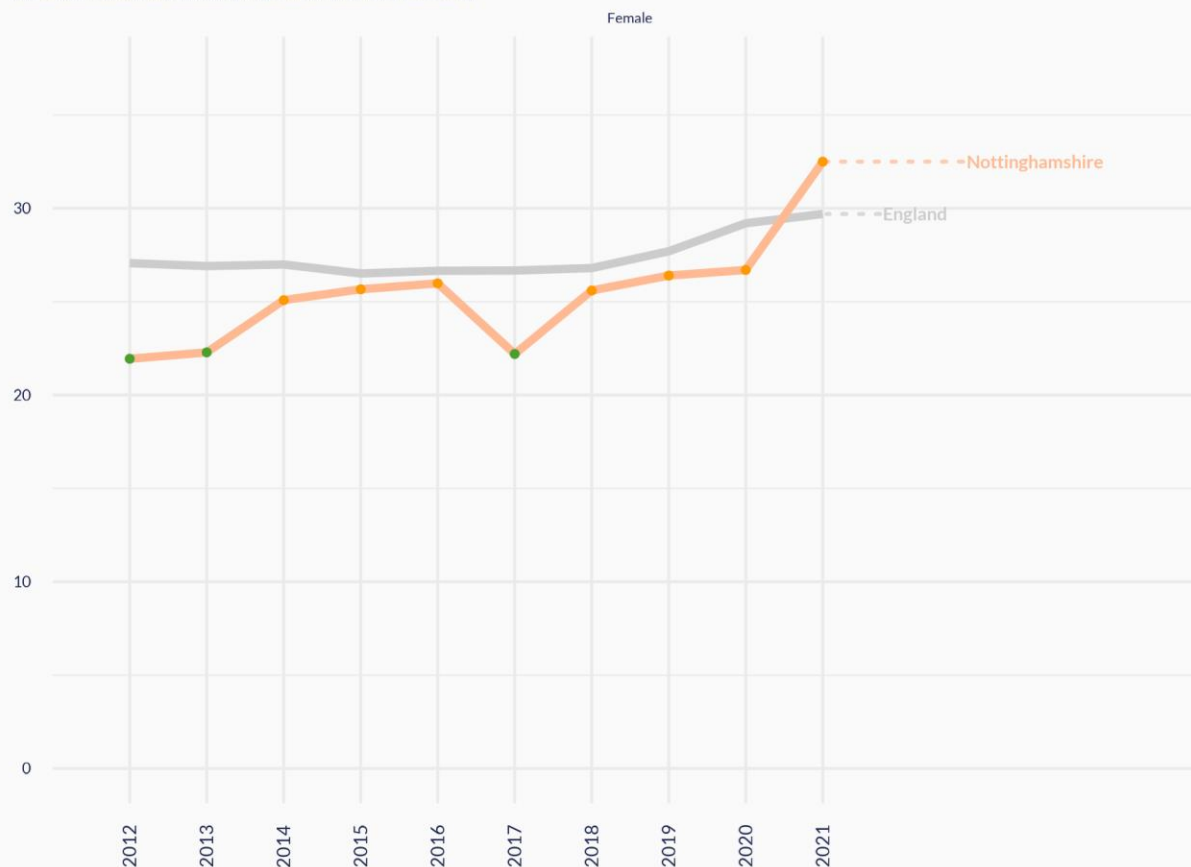
Total abortion rate per 1,000 females (all ages) in Nottinghamshire and England from 2012 to 2021.

- Total abortion rates have steadily increased in both Nottinghamshire and England, with Nottinghamshire consistently below the England average.
- Green markers indicate that the rate in Nottinghamshire is significantly lower than England

Abortion: Under 25's repeat abortions

Women's Health JSNA:
Routine & Published Data

Under 25s repeat abortions (%) | Age 15-24 yrs | Time period 1y



Over a quarter of England abortions in this age group are repeat abortions.

This is an indicator of lack of access to good quality contraception services and advice as well as problems with individual use of contraceptive method.

Marker (dot) key

Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

Source: (37)

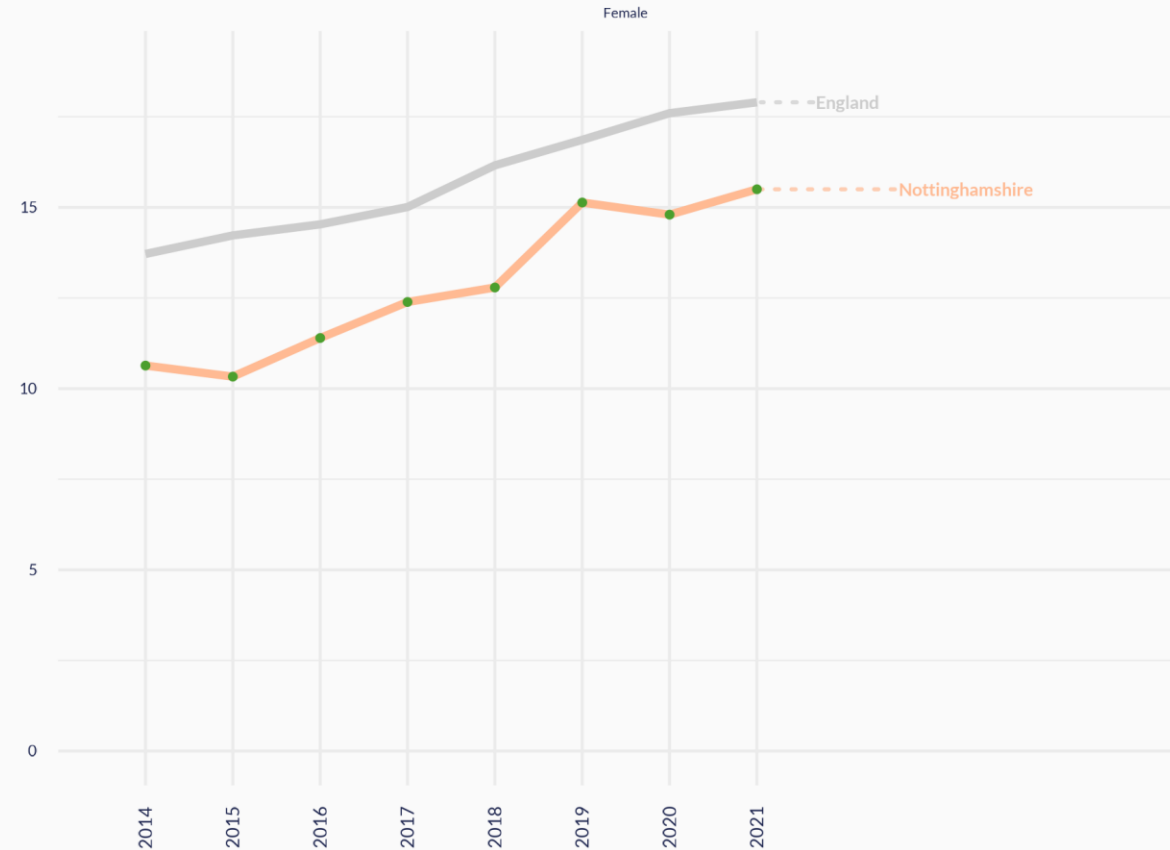
Under 25s repeat abortion rate (%) for females aged 15–24 in Nottinghamshire and England from 2012 to 2021.

- Rates in Nottinghamshire were stable until 2020, but increased sharply in 2021 to above the national measure
- Green markers indicate significantly lower than England; amber markers show a rate similar to England

Abortion: Over 25s abortion rate

Women's Health JSNA:
Routine & Published Data

Over 25s abortion rate / 1000 | Age 25+ yrs | Time period 1y



Rates of abortions are increasing amongst the older age groups and abortions amongst the over 25s account for an increasingly large proportion of women having terminations.

This indicator helps to understand needs of the whole of their population, and not just young people.

Marker (dot) key

Red – worse than England

Amber – similar to England

Green – better than England

Grey – significance not assessed

Source: (37)

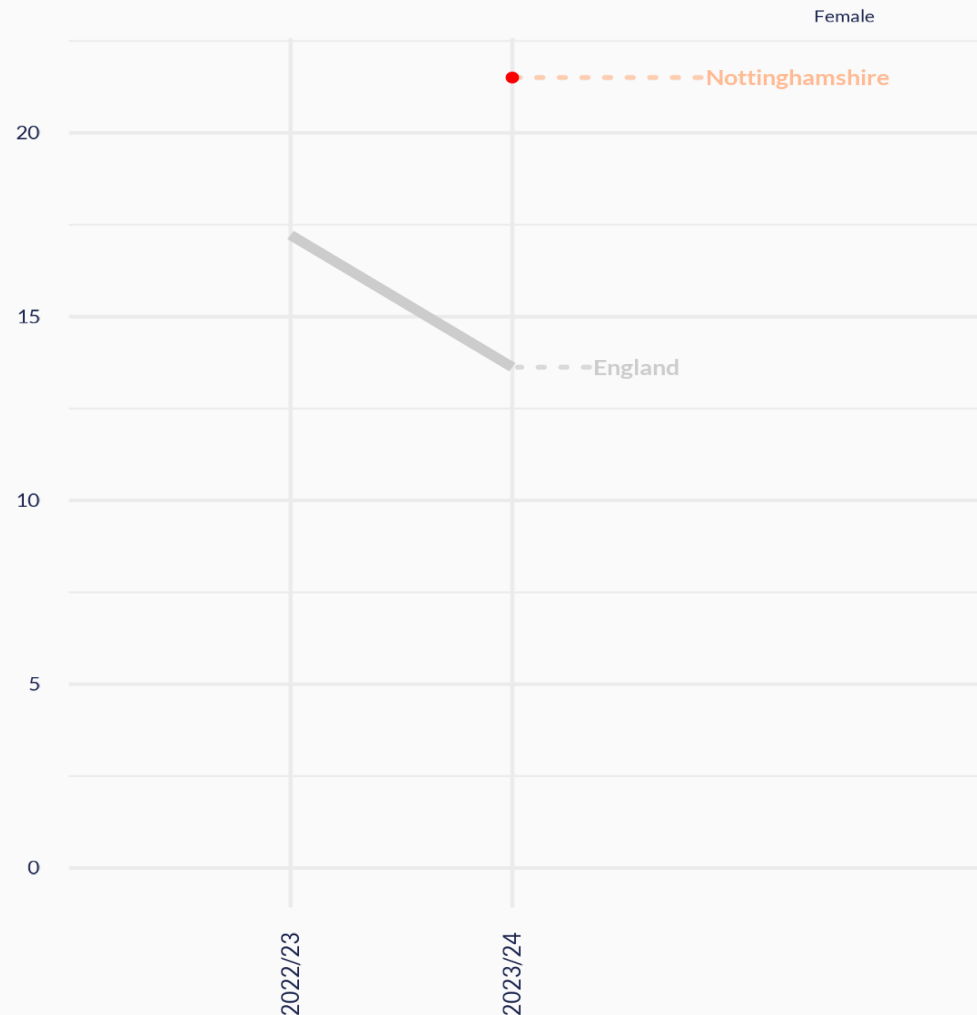
Over 25s abortion rate per 1,000 females (aged 25+) in Nottinghamshire and England from 2014 to 2021.

- Abortion rates have been rising steadily in both Nottinghamshire and England, with Nottinghamshire consistently below the national average.
- Green markers indicate that the rate in Nottinghamshire is significantly lower than England

Pregnancy: Smoking in early pregnancy

Women's Health JSNA:
Routine & Published Data

Smoking in early pregnancy | Age All ages | Time period 1y



Smoking during pregnancy causes premature births, miscarriage and perinatal deaths.

It also increases the risk of stillbirth, complications in pregnancy, low birthweight, and of the child developing other conditions in later life.

Marker (dot) key

- Red** – worse than England
- Amber** – similar to England
- Green** – better than England
- Grey** – significance not assessed

Source: (37)

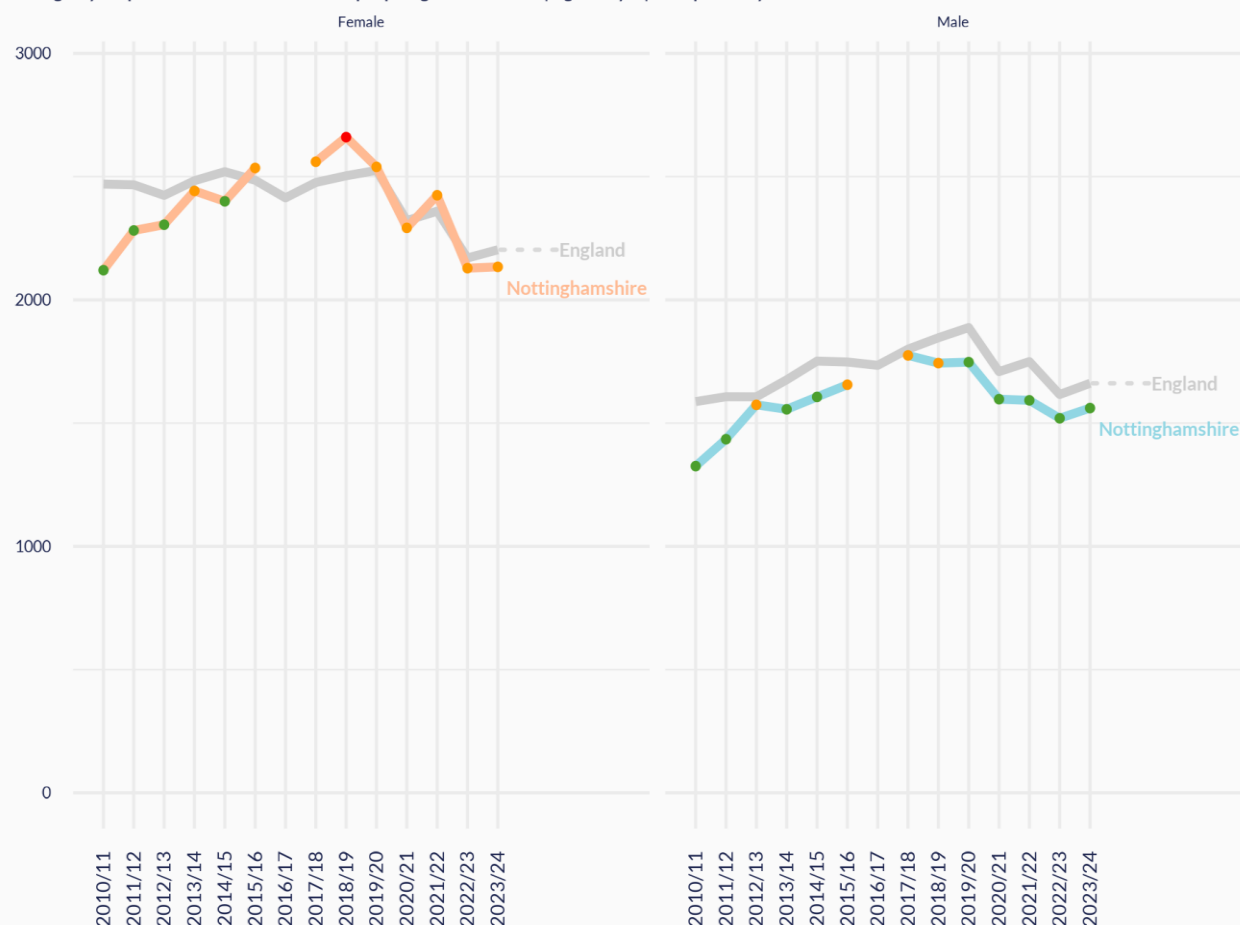
Smoking in early pregnancy in Nottinghamshire and England (percentage) for 2022/23 and 2023/24.

- This is a new measure, so only one year of data is available for Nottinghamshire
- In 2023/24 a significantly higher percentage (red marker) of women were smoking in early pregnancy, compared to England.

Bone health & falls Hospital admissions due to falls (people aged 65 and older)

Women's Health JSNA:
Routine & Published Data

Emergency hospital admissions due to falls in people aged 65 and over | Age 65+ yrs | Time period 1y



Falls are the largest cause of emergency hospital admissions for older people and significantly impact on long term outcomes for individuals.

Many injurious falls will not result in emergency admissions, but these are harder to identify and count.

Marker (dot) key

Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

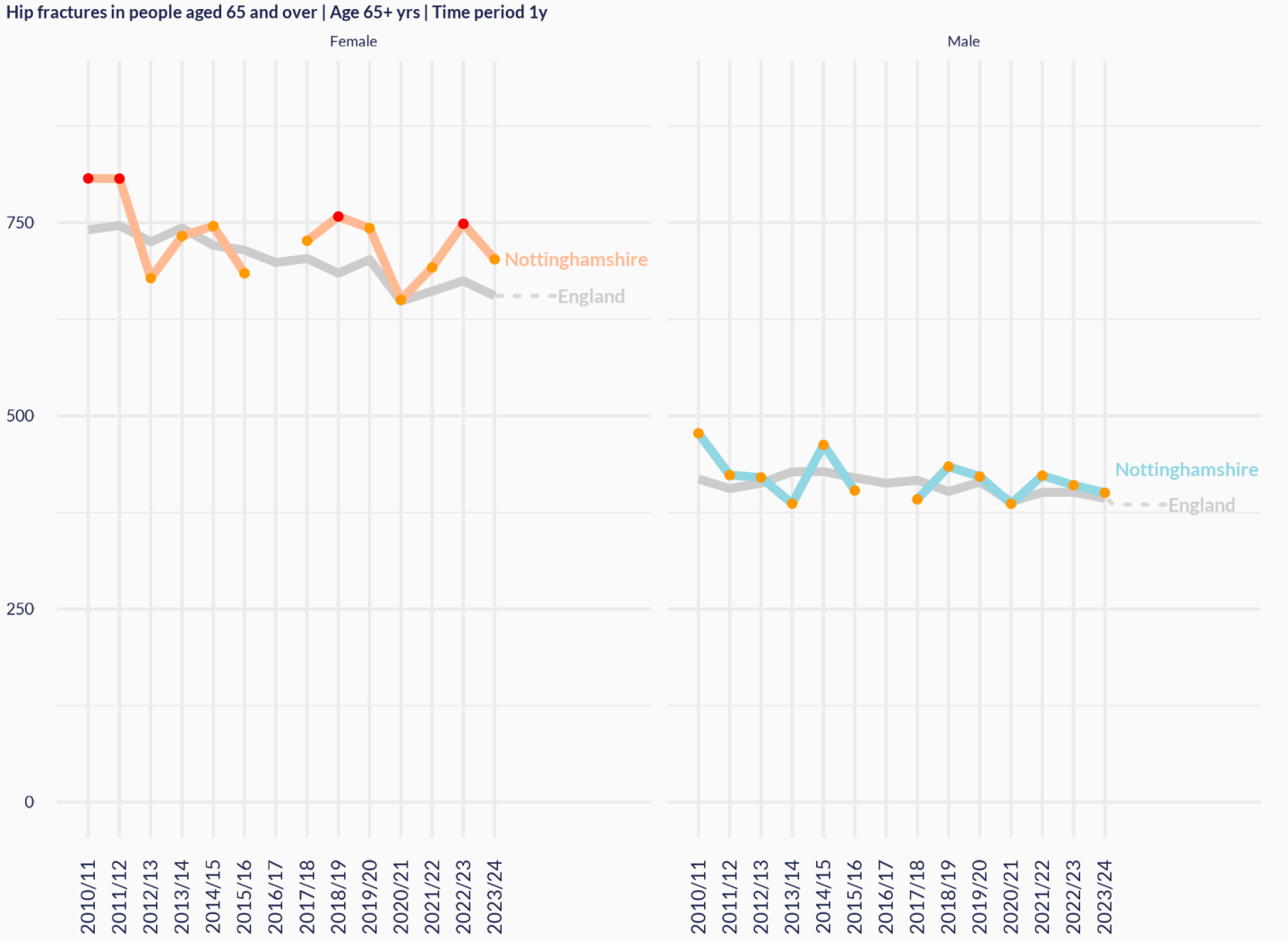
Source: (37)

Emergency hospital admissions due to falls in people aged 65 and over in Nottinghamshire and England from 2010/11 to 2023/24.

- The rate for females in Nottinghamshire and England was consistently higher than males for all time periods
- In 2018/19 the female rate of admissions was significantly higher than England (red marker). Since 2019/20 the female rate in Nottinghamshire has been similar to England (amber markers).
- The female admission rates in 2022/23 and 2023/24 were the lowest since 2011/12

Bone health & falls Hip fractures (people aged 65 and older)

Women's Health JSNA:
Routine & Published Data



Hip fracture is a debilitating condition. Only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long term care.

Source: (37)

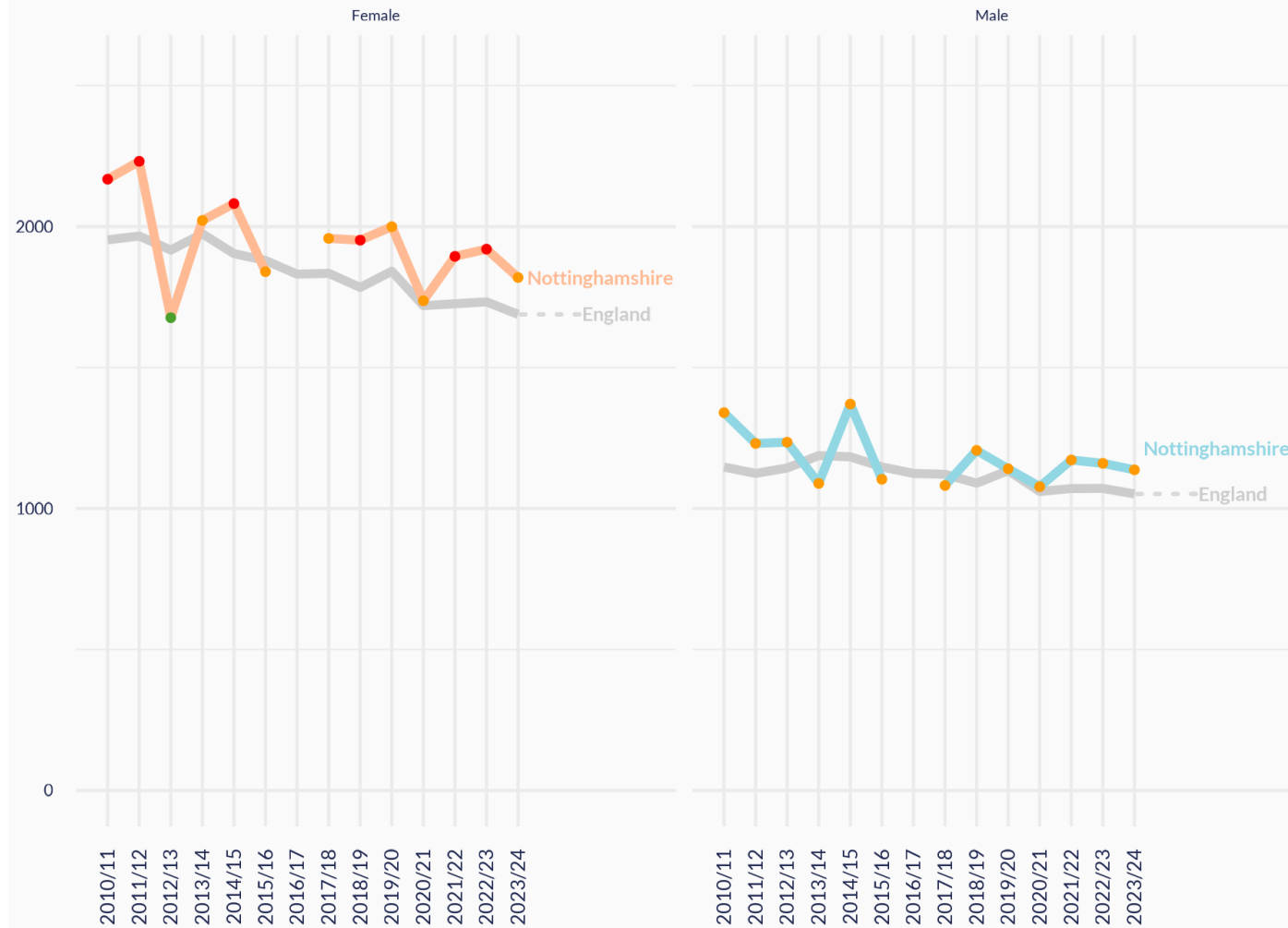
Hip fractures in people aged 65 and over in Nottinghamshire and England from 2010/11 to 2023/24.

- Female rates of hip fracture were higher than males for all time periods shown.
- Red markers indicate a rate significantly higher than England – amber markers, a similar rate to England

Bone health & falls Hip fractures (people aged 80 and older)

Women's Health JSNA:
Routine & Published Data

Hip fractures in people aged 80 and over | Age 80+ yrs | Time period 1y



Hip fractures are almost as common and costly as strokes and the incidence is rising.

Marker (dot) key
Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

Source: (37)

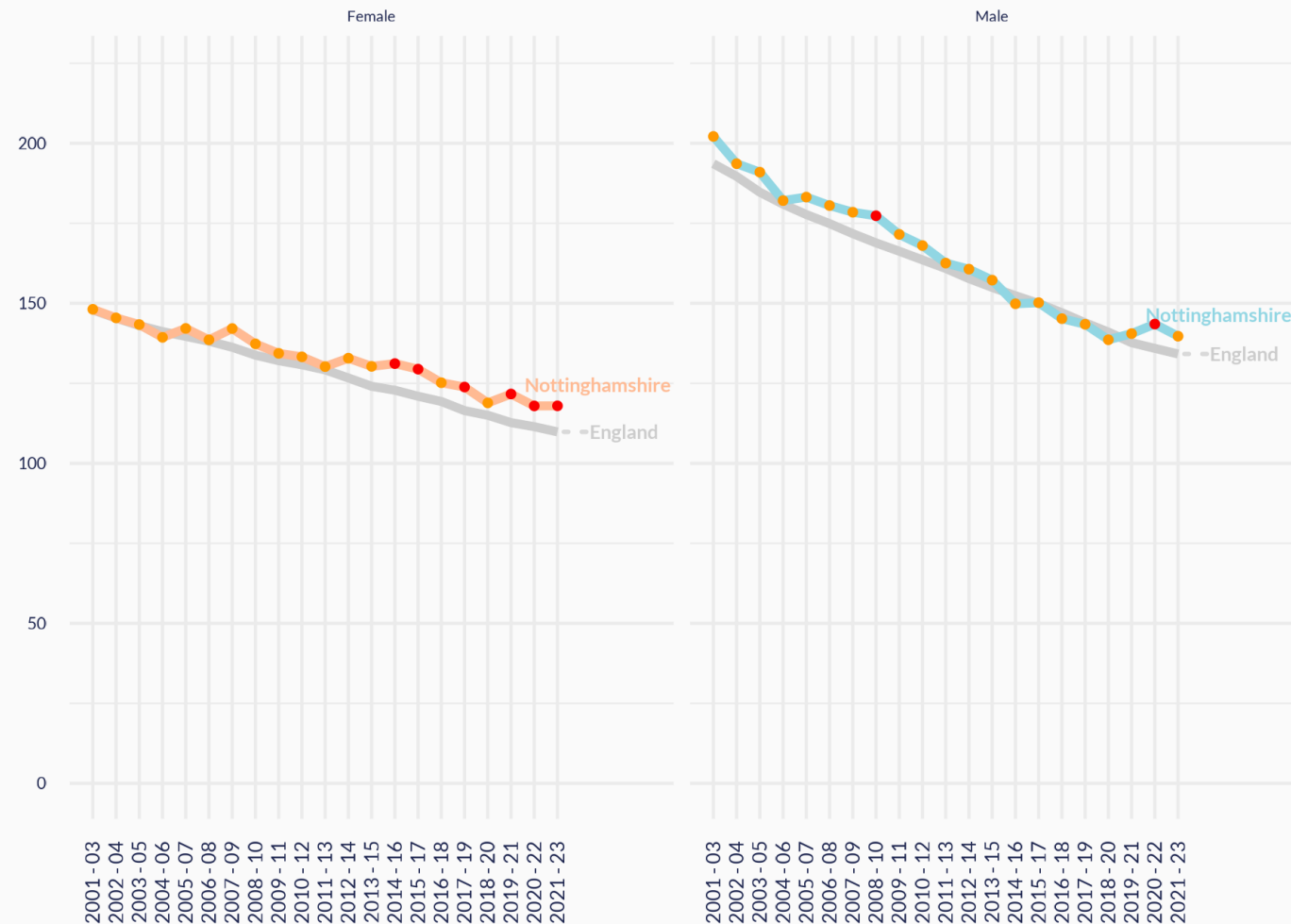
Hip fractures in people aged 80 and over in Nottinghamshire and England from 2010/11 to 2023/24.

- Female rates were consistently higher than males, for all time periods shown.
- Since 2021/22, the rate of hip fracture for females aged 80 or older in Nottinghamshire was higher than England. In 2021/22 and 2022/23 the Nottinghamshire female rate was significantly higher than England (red markers)

Cancer: Early deaths- all cancers

Women's Health JSNA:
Routine & Published Data

Under 75 mortality rate from cancer | Age <75 yrs | Time period 3y



Cancer is the highest cause of death in England in under 75s, with 1 in 2 people developing some form of cancer during their lifetime.

Prevention and treatment are both important to reduce the rate of early deaths caused by cancer

Marker (dot) key

Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

Source: (37)

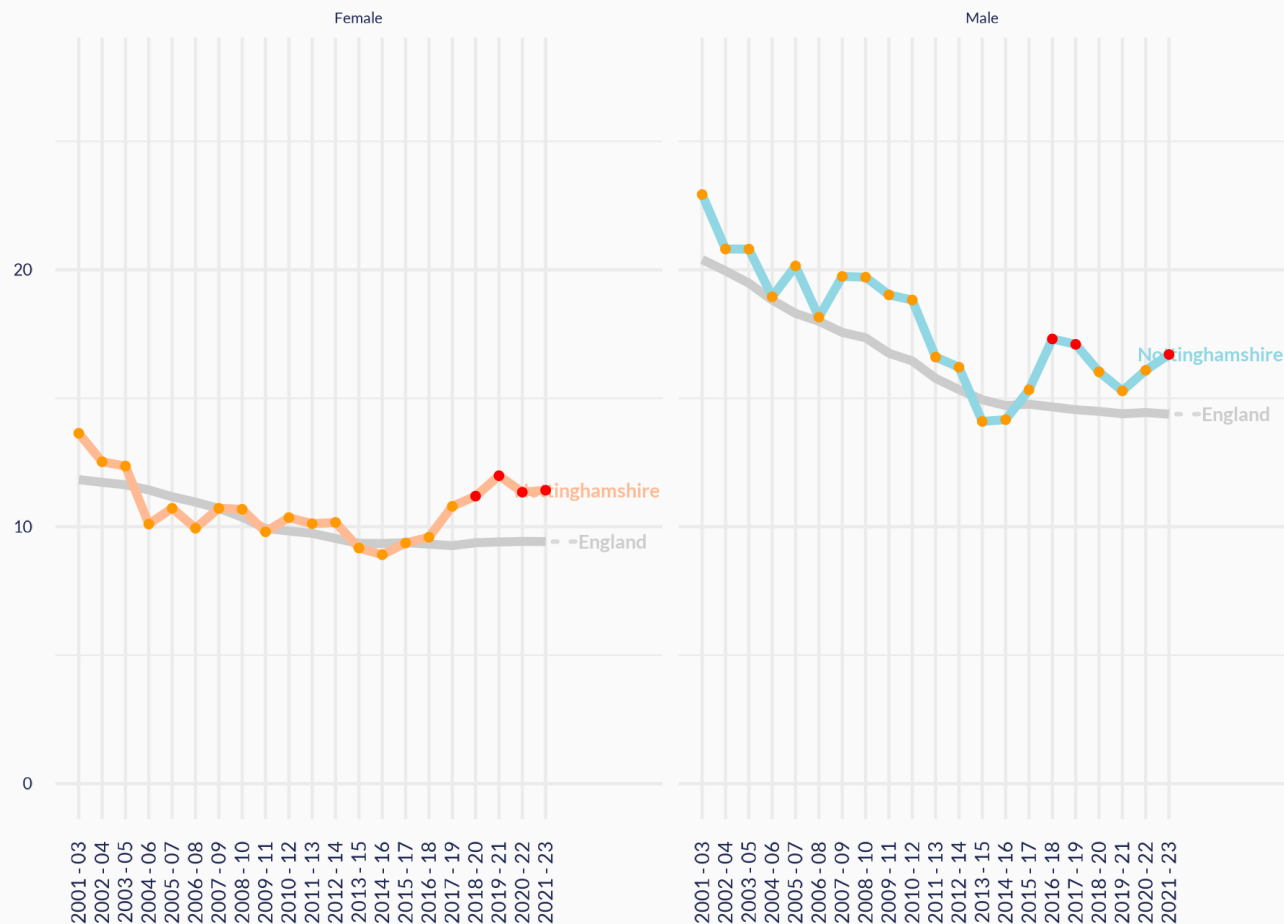
Under 75 mortality rate from cancer in Nottinghamshire and England from 2001–03 to 2021–23.

- The premature (aged under 75) death rate due to all cancers was lower for females in Nottinghamshire for all time periods shown
- The overall trend for females in Nottinghamshire has reduced since 2001-03, but since 2014-16 the Nottinghamshire rate has been significantly higher than England (red markers) for 6 of the 8 time periods shown.

Cancer: Early deaths- colorectal cancer

Women's Health JSNA:
Routine & Published Data

Under 75 mortality rate from colorectal cancer | Age <75 yrs | Time period 3y



Colorectal (bowel) cancer is the second most common cause of cancer death in persons in England, after deaths from lung cancer.

Prevention and treatment are both important to reduce the rate of early deaths

Marker (dot) key

- Red** – worse than England
- Amber** – similar to England
- Green** – better than England
- Grey** – significance not assessed

Source: (37)

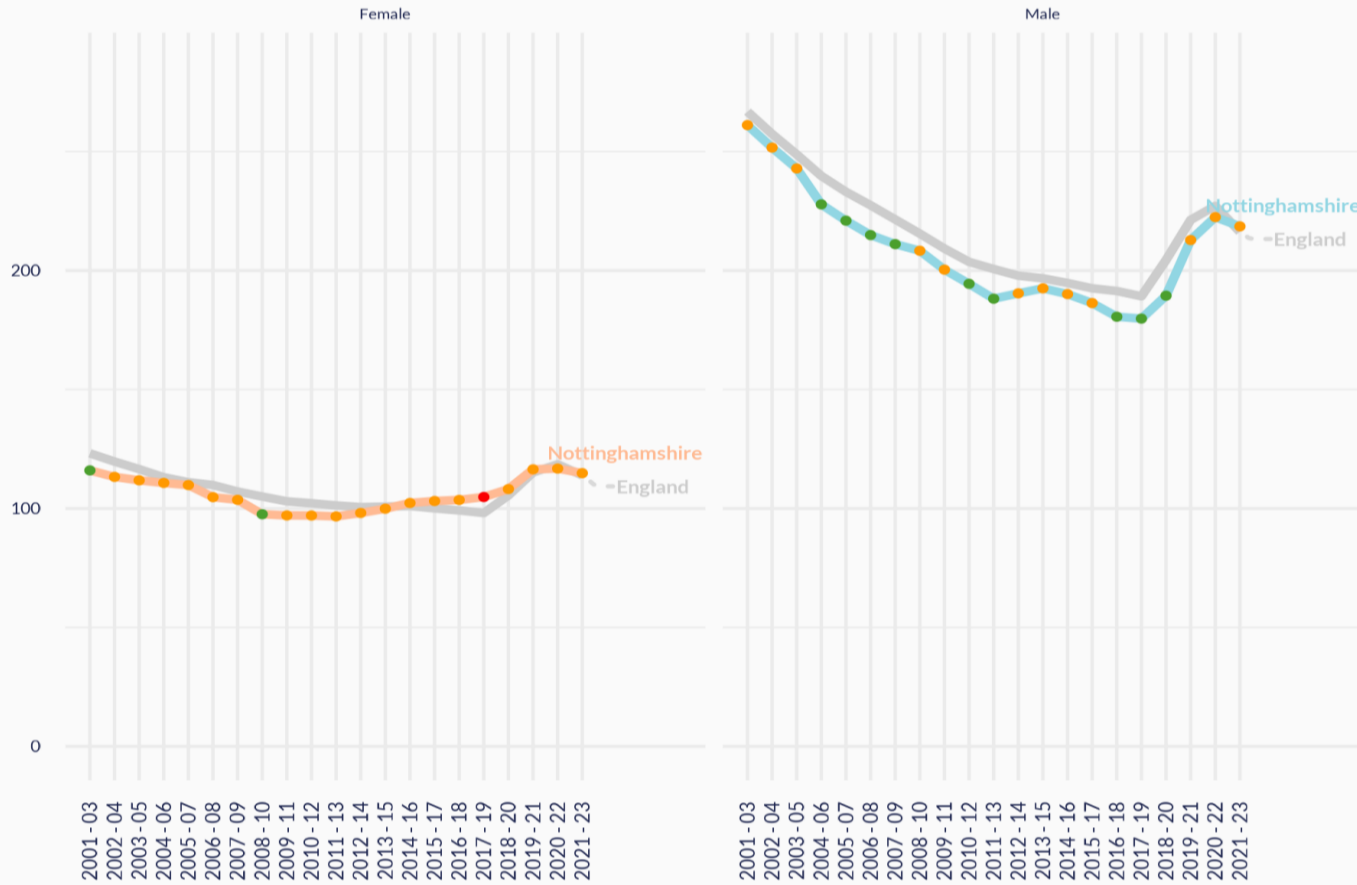
Under 75 mortality rate from colorectal cancer in Nottinghamshire and England from 2001–03 to 2021–23.

- The premature death rate due to colorectal cancer for females in Nottinghamshire was consistently lower than for males
- From 2001-03 to 2016-2018, the Nottinghamshire rate for females was decreasing and statistically similar to England (amber markers)
- The Nottinghamshire, female rate increased from 2018-2020, with the most recent four time periods (after 2018-19) significantly higher than England (red markers)

Mortality: Preventable early deaths

Women's Health JSNA: Routine & Published Data

Under 75 mortality rate from causes considered preventable | Age <75 yrs | Time period 3y



Under 75 mortality rate from preventable causes in Nottinghamshire and England from 2001-03 to 2021-23.

COVID-19 is regarded as a preventable cause of death, given the availability of effective vaccines.

- The rate of premature deaths considered preventable was lower for females in Nottinghamshire compared to males for all time periods shown
- Female rates in Nottinghamshire reduced from 2001-03 to 2009-11 but increased after 2011-13. The rate for England increased after 2018-19. COVID deaths were a large factor in this increase.
- The pattern for males in Nottinghamshire is different to females; consistent reductions from 2001-03 to 2010-12 followed by a period of increase (2011 to 2015) and then decreasing rate to 2017-19.

Preventable deaths are those which could reasonably be expected not to happen with effective public health and primary prevention interventions.

The definition of 'preventable' is based on an international consensus and is based on the best evidence available on the links between risk factors and mortality.

Marker (dot) key

Red – worse than England

Amber – similar to England

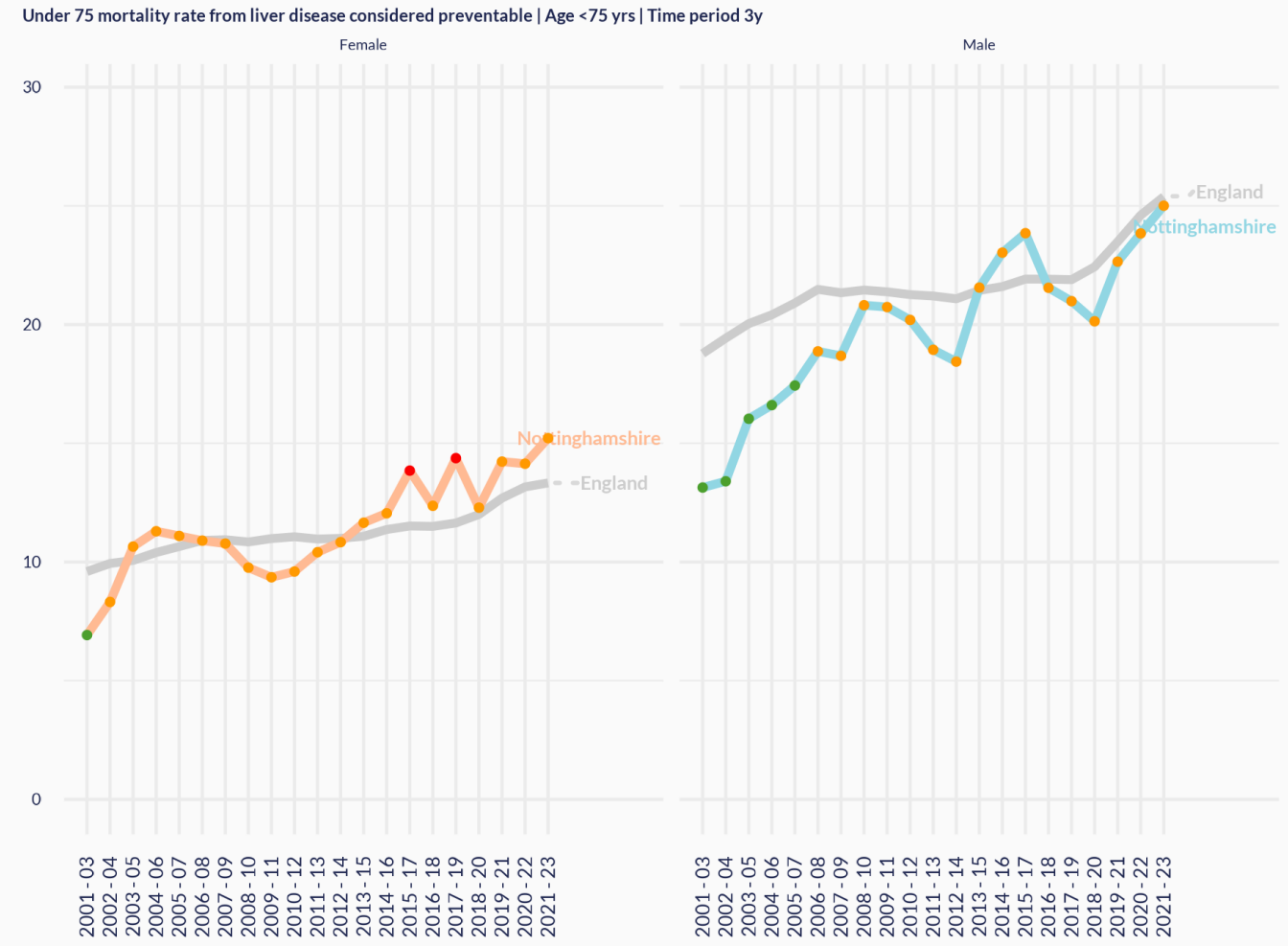
Green – better than England

Grey – significance not assessed

Source: (37)

Mortality: Under 75 mortality rate from preventable liver disease

Women's Health JSNA:
Routine & Published Data



Liver disease is one of the top causes of death in England and people are dying from it at younger ages.

Most liver disease is preventable, and much is influenced by alcohol consumption and obesity prevalence, which are both preventable through public health interventions.

Marker (dot) key
Red – worse than England
Amber – similar to England
Green – better than England
Grey – significance not assessed

Source: (37)

Under 75 mortality rate from preventable liver disease in Nottinghamshire and England from 2001–03 to 2021–23.

- The death rate for females is consistently lower than males for all time periods shown (Nottinghamshire and England)
- Although there is some variation for 2015-17 to 2019-21, the rate for females in Nottinghamshire has increased since 2009-11
- Almost all early, preventable deaths from liver disease are caused by alcohol consumption

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Appendices

Appendix 1

Women's Health JSNA:
Routine & Published Data

Summary of the definitions of the Highest Level of Qualification:

There are quality considerations about higher education qualifications, including those at Level 4+, responses from older people and international migrants, and comparability with 2011 Census data.

Category	Explanation
Does not apply	Students and schoolchildren living away during term-time, and children aged 15 years and under
No qualifications	No formal qualifications
Apprenticeship	Apprenticeships at varying levels
Level 1 and entry level qualifications:	1 to 4 GCSEs grade A* to C, Any GCSEs at other grades, O levels or CSEs (any grades), 1 AS level, NVQ level 1, Foundation GNVQ, Basic or Essential Skills
Level 2 qualifications	5 or more GCSEs (A* to C or 9 to 4), O levels (passes), CSEs (grade 1), School Certification, 1 A level, 2 to 3 AS levels, VCEs, Intermediate or Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First or General Diploma, RSA Diploma
Level 3 qualifications:	2 or more A levels or VCEs, 4 or more AS levels, Higher School Certificate, Progression or Advanced Diploma, Welsh Baccalaureate Advance Diploma, NVQ level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
Level 4 qualifications or above:	degree (BA, BSc), higher degree (MA, PhD, PGCE), NVQ level 4 to 5, HNC, HND, RSA Higher Diploma, BTEC Higher level, professional qualifications (for example, teaching, nursing, accountancy)
Other:	Vocational or work-related qualifications, other qualifications achieved in England or Wales, qualifications achieved outside England or Wales (equivalent not stated or unknown)