1. ETHNICITY

**Background**
Ethnicity can be a contributory factor in the variation in disease rates between populations and so is important in understanding health inequalities. For example, some differences in the prevalence of cardiovascular disease, cancer or diabetes can be linked to ethnic group. Ethnicity may also be linked with other factors that impact on health such as socio-economic status and lifestyle.

**The Local Picture**
Sutton has become increasingly more diverse over the last decade. The 2011 census indicated that around 79% of people living in Sutton were white, Fig. 1. This is a higher proportion than for London overall (60%), but lower than England (85%). There has been a change in the ethnic profile of the Sutton population since the previous 2001 census when 89% of the population were white.

The breakdown of ethnicity within the white population at the time of the census was as follows:
- White British 71%
- Other White 6% (often other European communities (up from 3.4% in 2001)
- White Irish 2%

12% of Sutton’s population is from Asian or Asian British ethnic groups compared to 18% in London, and 8% in England.

These figures suggest that Sutton is becoming more diverse over time, and less similar to the national profile than at the previous 2001 Census, but is still less diverse than London.
- The extent of diversity varies by age band. For young people aged 0-24 years, 72% in Sutton, compared to 49% in London, and 79% in England, were from white ethnic groups.
- In the population aged 25-64 years, 79% were from white ethnic groups in Sutton compared to 62% in London and 86% nationally.
- In older people aged 65 years and over, 91% in Sutton, compared to 78% in London, and 95% in England, are from white ethnic groups.

**Fig. 1: Population by ethnic group, all ages and defined ages**

Statistics from Sutton school census data, presented in a series of maps from Fig 2 to Fig. 3, are a good reflection of changes in the ethnicity of local populations. These data indicate that the top three languages spoken as a first language after English in our primary schools in 2014 were Polish, Urdu and Tamil.
Priorities for Sutton
There are differences between generations in the ethnic composition of communities within Sutton. Minority communities generally have a much younger profile which reflects the arrival of people of working age in recent decades and their establishment of families. Data from the Sutton Primary School Census also suggest that Sutton is becoming more diverse, specifically Polish and Tamil groups settling in the borough. The older population is less diverse, but is changing over time. The profile of ethnicity has some impact on the expected prevalence of a range of common diseases.

2. RELIGION AND BELIEFS

The Local Picture
In the 2011 Census 58.4% of people living in Sutton reported their religion as Christian compared to 48.4% in London and 59.4% nationally. The next biggest group were those that reported ‘no religion’ (24.6%). After this, the next most commonly specified religions were Hindu (4.2%) and Muslim (4.1%). The profile of religious affiliation in Sutton is closer to the national profile than to London.

Fig. 6: Profile of religions practiced in Sutton

Useful links & further information:
Office for National Statistics data on Religion from the 2011 census

Priorities for Sutton
The implication for services is that there will be a continuing and increasing need for sensitivity to cultural diversity among the population.
3. SEXUAL ORIENTATION

Background
There are no accurate statistics available regarding the profile of the Lesbian, Gay, Bisexual and Transgender (LGBT) population in Sutton. However, if estimates that the lesbian and gay population comprises 5% to 7% of people were applied to Sutton, there would be between 7,700-10,800 adults in the borough, though this does not include bisexual or transgender individuals.

Issues
The largest survey of Gay and Bisexual Men's Health is published by Stonewall (link below).

Findings indicated that:
- Gay and bisexual men are more likely to attempt suicide, self-harm and have depression than their heterosexual peers. They are also more likely to smoke, drink and take illegal drugs. Half have experienced domestic abuse from a family member or partner, compared to 17 per cent of men in general. Only a quarter of gay and bisexual men said their healthcare professional acknowledged they were gay or bisexual after they had come out and only one in eight said they were told that their partner was welcome to be present during a consultation.
- Three in ten Gay and Bisexual men have never had an HIV test. Of these, one in four reported they had never been offered one whilst one in seven said it was because they didn’t know where to get tested.

Stonewall have also produced a series of briefings on sexual orientation, including bisexuality, domestic abuse, experiences of healthcare, disability, ethnicity, mental health.

Further, smoking prevalence indicators from the Public Health England, Public Health Outcomes Framework, show a higher prevalence in smokers nationally who are gay/lesbian (23.9%) and bisexual (26.3%) than heterosexual/straight (16.8%).

Useful links & further information:

Priorities for Sutton
It is not required that people declare their sexual orientation. However, understanding how sexual orientation can affect access to services and lifestyle choices of LGBT people is important in order to reduce inequalities in long term health.

Proactive work needs to take place through local groups to understand barriers to achieving healthy lifestyles and accessing health, social care and other services such as leisure in Sutton. Formal training and educational events for providers and commissioners on issues and prejudices facing LGBT people is needed to reduce inequalities.

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