



Health and well-being key issues for the people of Kirklees

Joint Strategic Needs Assessment for Kirklees, 2008



Contents

	Foreword.....	2
1	Purpose and how to use this JSNA.....	3
	1.1 What is a JSNA?.....	3
	1.2 How to use this JSNA.....	4
	1.3 Relationships of the JSNA to data sources and planning systems.....	5
	1.4 How the JSNA was developed.....	6
	1.5 Acknowledgements.....	7
	1.6 Populations in Kirklees and in the future.....	8
	1.7 Overall Kirklees key issues for improving health and well-being inequalities.....	9
2	Health and well-being key issues for children & young people.....	10
	2.1 Summary.....	10
	2.2 Locality health inequalities summary.....	11
3	Key issues for children and young people in detail.....	12
	3.1 Developmental key issues for children and young people in Kirklees.....	14
	3.1a Food.....	14
	3.1b Alcohol.....	15
	3.1c Emotional well-being of teenagers.....	16
	3.1d Educational attainment.....	17
	3.1e Disabilities.....	18
	3.2 Other health and well-being inequalities for Kirklees children & young people.....	19
4	Health and well-being key issues for adults.....	21
	4.1 Summary.....	21
	4.2 Locality health inequalities summary.....	23
5	Health and well-being key issues for Kirklees adults in detail.....	24
	5.1 Key issues for adults.....	24
	5.1a Specific populations.....	24
	5.1a i Older people.....	24
	5.1a ii Learning disabilities.....	24
	5.1a iii Physical and sensory impairment.....	25
	5.1a iv Carers.....	25
	5.1b Conditions.....	25
	5.1b i Pain including musculo-skeletal.....	25
	5.1b ii Mental ill-health.....	26
	5.1b iii Dementia.....	27
	5.1b iv Obesity.....	27
	5.1b v Heart disease.....	28
	5.1b vi High blood pressure and stroke.....	29
	5.1b vii Diabetes.....	30
	5.1c Personal behaviours.....	30
	5.1c i Alcohol.....	30
	5.1c ii Smoking.....	31

	5.1c iii	Food and nutrition	31
	5.1c iv	Physical activity	32
	5.1d	Wider factors	32
	5.1d i	Employment	32
	5.1d ii	Housing condition and options	33
	5.1d iii	Isolation and social networks	33
5.2		Other health and well-being inequalities for adults in Kirklees	33
	5.2a	Health status.....	33
	5.2b	Conditions	33
	5.2c	Personal behaviours	34
	5.2c i	Sexual health	34
	5.2d	Living and working conditions.....	34
6		Locality summaries for children & young people and adults.....	35
	6.1	Batley, Birstall & Birkenshaw	36
	6.2	Denby Dale & Kirkburton.....	43
	6.3	Dewsbury & Mirfield.....	48
	6.4	Huddersfield North.....	56
	6.5	Huddersfield South.....	61
	6.6	Spen	66
	6.7	The Valleys	71
7		Health and well-being indicators for children and young people in Kirklees, 2007.....	78
8		Health and well-being indicators for adults in Kirklees, 2007.....	84
9		Communicable diseases.....	89
	9.1	Health care associated infections	89
	9.2	Childhood immunisations.....	90
	9.2a	HIB/Meningitis C booster.....	90
	9.2b	Immunisation rates.....	90
	9.2c	Communicable diseases	92
10		Appendix 1 Definitions	95
	10.1	What is health?	95
	10.2	What are health inequalities? The Rainbow model of health	95
	10.3	Levels of prevention of ill health	96
11		Appendix 2 Technical issues	97
	11.1	Survey methods.....	97
	11.1a	The Young People's Health Survey of 14 year olds 2007	97
	11.1b	The Current Living in Kirklees (CLIK) Survey 2005	97
	11.1c	The Kirklees Tracker Survey 2007	98
	11.2	Data definitions.....	99

Foreword

We are delighted to share with you, this jointly produced review of needs across and within Kirklees. It has built on the experience of the local Public Health reports, and embraces both the wider factors affecting health and social needs. A data warehouse will be set up on the Council and PCT websites to ensure the information is accessible and kept up to date as much as possible.

It outlines the key issues facing groups of people within Kirklees that we can tackle together jointly. The next steps are to be clear what works and whether we can do more of this for those most in need.

We are working jointly to develop this rich source of local information more extensively in depth of content. This will include any feedback from people who have read or used the information here. So please let us know of any ideas you may have to improve this, via the key contacts below. The report is also on the Council and PCT websites.

Mark Greaves
Head of Adult Services

Dr Judith Hooper
Director of Public Health

Alison O'Sullivan
Director for Children and
Young People

Contacts for this JSNA

Deborah Collis
Public Health Directorate
Kirklees PCT
deborah.collis@kirkleespct.nhs.uk

Margaret Watt
Adult Services
Kirklees Council
margaret.watt@kirklees.gov.uk

Matthew Holland
Children and Young Peoples Service
Kirklees Council
matthew.holland@kirklees.gov.uk

1 Purpose and how to use this JSNA

1.1 What is a JSNA?

The Commissioning Framework for Health and Well-being, published by the Government in March 2007, introduced the concept of a 'Joint Strategic Needs Assessment' (JSNA) for every district in the country. The Local Government and Public Involvement in Health Act, published in November 2007, requires Local Authorities and PCTs to produce a JSNA of the health and well-being of their local community. The Act also requires that the Sustainable Community Strategy and subsequent targets in the LAA should take account of the findings of the JSNA. Undertaking a JSNA is the joint responsibility of the Directors of Children's Services, Adult Services and Public Health. In the 2008 operating framework for the NHS, the JSNA is seen as crucial to the strategic planning in every NHS community to guide partnership working.

The Council and the PCT have worked together to produce this JSNA. The aim is to describe the future health and well-being needs of local populations to inform the strategic direction of service delivery and redesign to meet those needs. This includes identifying inequalities, i.e. the avoidable differences in needs between groups of local people. The time horizon for the JSNA is at least 3 years, but also will need to reflect the longer term trends over the next 10 to 15 years.

What it is...

The JSNA systematically reviews a range of information about Kirklees. This has resulted in an agreed set of key issues that should be used by commissioning and other planning processes to improve health and well-being outcomes and reduce inequalities. To achieve this requires these questions to be addressed in any plan; see box.

Planning to reduce inequalities

Are we clear in our planning?

1. Which local health issues will this plan affect?
This impact could be in preventing ill health occurring, recurring, or the consequences; see Appendix 1.
2. Whether the actions in this plan will get to those most in need?
3. If we are doing the things that we know will work?

Answering these questions through the planning process will enable people to assess the impact of the plan on health and be clear that those most in need will benefit most. This JSNA helps all those involved in planning to answer questions 1 and 2. It does not give guidance on what works.

This first assessment has focussed on health and some social issues. As we gain confidence in local data and information this will be widened across the rainbow model (see sections 1.4 and 10.2) to encompass more factors. We will be working to expand and improve the range of information used to inform all aspects of the JSNA. As the JSNA is a strategic assessment and not a specific planning guide, it points the planning systems in certain directions, but more detail is required on the specific issues and the actions that could be taken to improve those issues for local people. The JSNA does not include recommendations for effective action. That needs to be addressed by those responsible for the next steps in commissioning and planning.

This report replaces the Report of the Director of Public Health, which would cover many of these issues. To ensure this is comprehensive, a section on communicable disease is also included, section 9.

1.2 How to use this JSNA

The JSNA groups Kirklees people into Children & Young People or Adults. Each has:

1. The key issues for each group at a Kirklees wide level, with some detail including those most at risk, sections 2-5.
2. The key issues for each of the 7 localities, to also describe any geographical inequality, section 6.
3. A full list of indicator data for both children and adults, sections 7 and 8.

As an example...

If you are planning to do something that relates to the emotional well-being of children and young people then look at that section for specific detail, especially for inequalities. Look also at the locality summaries, to check whether there are localities where this is more of an issue than elsewhere. If there are, this should influence your planning as it is a geographical inequality. By using this information you will be able to base your actions on the identified local needs and inequalities.

So the most effective way to use this JSNA is to:

- Be clear of the scope of the population or issues you are looking at. Are you planning for a specific issue i.e. disease, factor or other population group?
- Use the contents list to identify the relevant issues that you want to address in your planning.
- For each of the issues assessed in the JSNA there is some description of why the topic matters, the key issues for local people, and who is most at risk or in need. So use this to guide what actions you would prioritise in your planning and how you focus on those most at risk or in need.
- The locality section then presents the key issues for that locality for adults and children. For many of the key issues there are very real differences in need across the localities. For those issues you are planning action for, think how are you going to specifically focus on the localities most in need.
- As we have used local information about outcomes, you could think which of the indicators you might wish to use in performance managing your programme. See table of indicators, sections 7 and 8.



1.3 Relationships of the JSNA to data sources and planning systems



1.4 How the JSNA was developed

In addition to the aim outlined above, a set of principles were also agreed:

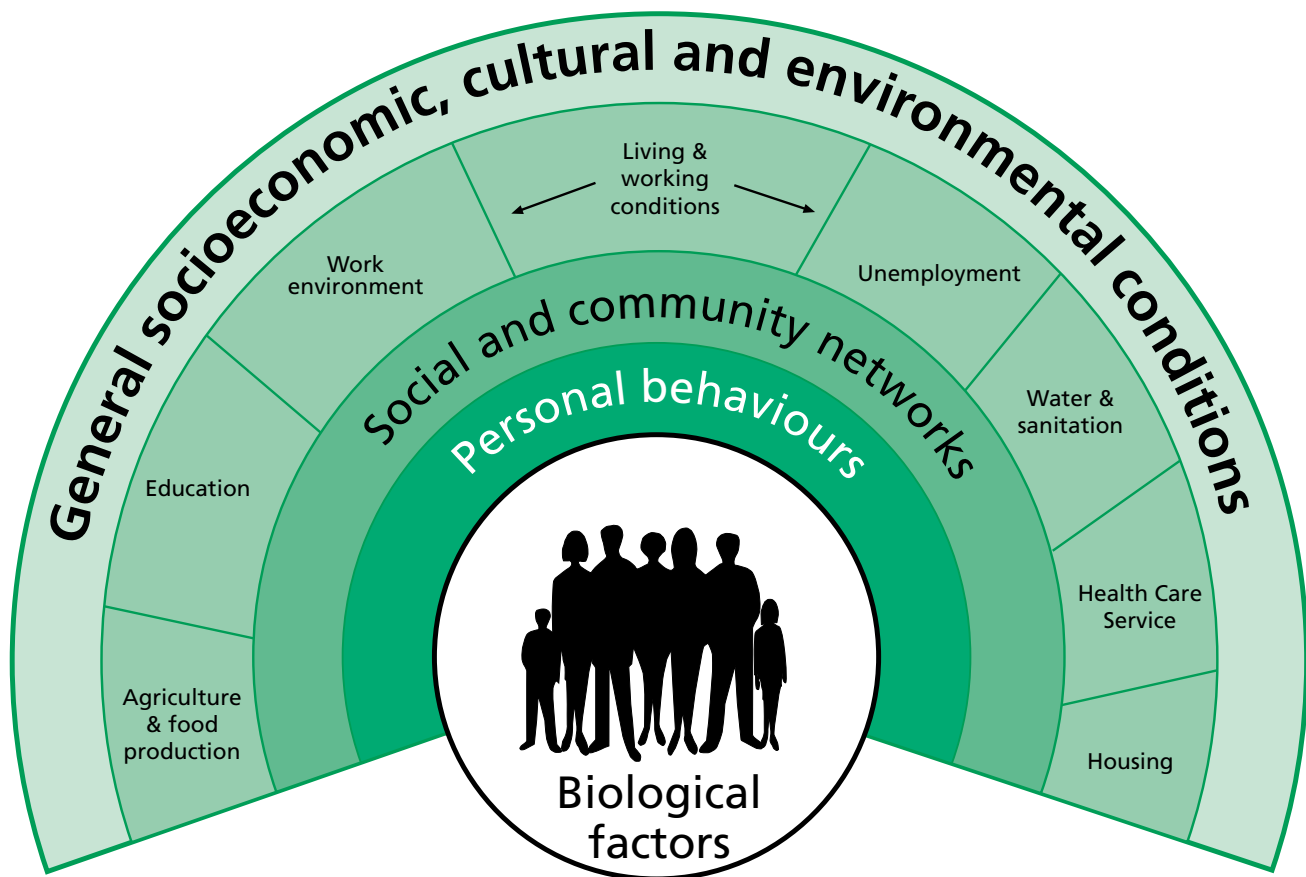
- Keep it **manageable**.
- **Start with what we need to know** – not what is available. There will be gaps, but we have to make a start.
- This is **only the beginning** of an ongoing, longer term piece of work – the information resource will build, over time, into a rich picture of need and likely future demand in Kirklees.
- The **picture we develop should be updated** as data becomes available to provide an ongoing picture – so questions on need can be asked at any point in time and a timely answer given.

- **JSNA is not a commissioning plan** – it informs our commissioning, along with other information. It must be linked into our planning processes to be useful.
- **Some key issues need a joint response**, some not.
- Bringing in **more partners** in the future **will make our picture richer**.

The JSNA has used the rainbow model of health and well-being to show the relationships between biological changes and the full range of wider factors that affect the risk of ill health for:

- Individual experience of health.
- Organisational responsibilities for health in a geographical area.

See section 10.2 for detail.



The Rainbow Model

The focus in this first JSNA was on the health and social issues i.e. the biological factors, personal behaviours and some aspects of social and community networks and living and working conditions.

Data for a wide range of indicators was assembled from a variety of sources:

- Local people via the biennial survey of 14 year olds and ad hoc surveys of adults, especially the Current Living In Kirklees (CLIK) and Local Area Agreement (LAA) tracker surveys.
- Routine data.
- Research data where robust local routine or survey data was not available.
- Relevant national data sources.

This has built on the experience gained from the Director of Public Health Reports. The data is mainly quantitative data about the incidence and prevalence of health conditions and risk factors. The focus has been on refining, improving and bringing together the information we currently have available that highlights overall population needs. A longer term view of population trends is taken and the likely impact on demand for support over the next 10 to 15 years.

Detailed analysis of this data was undertaken by staff from the Public Health Department, Kirklees Council's Children and Young Peoples Service and the Adult and Communities Directorate. The key issues were identified from this data assembly and analysis in 2 intensive workshops. These workshops involved key staff who had undertaken the analysis and a range of people involved in commissioning children, adults and health services.

The basis upon which the key issues were identified were:

- They are the **big** issues.
 - They affect a lot of people and/or have a significant impact on the health and well-being of those affected by them.
 - They have a big impact on further issues i.e. are upstream so tackling them could prevent a range of other significant issues occurring.

- They are issues that we can **change by local** action.
 - This is informed by current policies including national and having an evidence base for such change locally.
 - Where it is recognised that current local action is not going to make as much difference as it should and consequently needs to be re-thought.

This resulted in two groups of key issues for local action.

- A. Those where our current response is under-developed to meet the current needs or the level of need we expect to see in the future - **developmental issues**
- B. Those where action is occurring but it is not clear that it is reaching those most in need as well as it should, i.e. tackling inequalities - **targeting issues**

In the appendix are the data definitions and further information on the methods and techniques used.

1.5 Acknowledgements

This report is the result of the work of a number of colleagues to whom we are most grateful:

Deborah Collis, Rosey Earl, Keith Henshall, Adele Mackin, Kirsty Mannion, Phil Longworth, Margaret Watt, Helen Gilchrist, Ian Smith, Simon Hughes, Gary Wainwright, Julie Allen, Amanda Foxley, Jan Ibbotson, Julie Uttley, Kim Braund, Lynne Hall-Bentley, Andrew Pennington, Annie Taylor, Gary Blakeley, Karen Worrall, Richard Lynch, Claire Butler.

The school nursing service and heads of high schools who undertook the Young Peoples Health Survey.

Kirklees Council's Research and Consultation Team who project managed the CLIK Survey.

1.6 Populations in Kirklees and in the future

Populations by age group, 2006 and 2022 projections.

Age Group	2007 Total	%	2025 Total	%	Population difference 2007 to 2025 (000s)	% change in population in age group 2007 and 2025	Change in % by age group 2007 to 2025
Under 20	105,000	26.2%	106,100	24.1%	1,100	1.0%	-2.2%
20 – 64 years	236,800	59.1%	249,700	56.6%	12,900	5.4%	-2.5%
65 – 84 years	51,200	12.8%	73,200	16.6%	22,000	43.0%	3.8%
85 years plus	7,600	1.9%	12,000	2.7%	4,400	57.9%	0.8%
Total	400,600	100%	441,000	100%	40,400	10.1%	0.0%
All 65 and over	58,800	14.7%	85,200	19.3%	26,400	44.9%	4.6%

Source: ONS

Between 2007 and 2025 the population of Kirklees is predicted to increase by 10%. This increase ranges from only 1% in the number of 0-20 year olds to an increase of 45% in over 65s. By 2025 1 in 4 people will be under 20, more than 1 in 2 will be aged 20 – 64 and nearly 1 in 5 will be aged over 65.

Overall the numbers of births are static, but are increasing among families of South Asian origin. More than 1 in 5 young people under 19 are now of South Asian origin. Whilst overall 86% of the total population are white.

Overall life expectancy for both men and women is continuing to rise steadily, but Kirklees still lags behind the England average. This improvement is partly explained by the reduction in premature deaths from our major killers – heart disease and cancer over the last 10 years, but again rates in Kirklees are higher than nationally.

The Index of Deprivation (ID) 2007 identifies Kirklees as one of the most deprived 50 districts in England for both the Income and Employment Domains, as in 2004. More than 70,000 people are now classed as income deprived, and Kirklees ranks worse than in 2004, going from 21st worst to 12th worst in England.

Overall the concentration of deprivation (i.e. the number of Local Super Output Areas in the worst 10% nationally) is higher than expected in Kirklees, unchanged since 2004. However there are domains in which Kirklees scores as well as or better than expected in terms of – Health and Disability, Employment, Barriers to Services, and Crime – the last two have both improved since 2004. There are also some domains that are worse than expected: Income Deprivation Affecting Older People Index, but this is improving slightly, Education Skills and Training and Income, which have significantly worsened since 2005.

1.7 Overall Kirklees key issues for improving health and well-being inequalities

Key issues are those that have big impact, both in size and severity and we know what should be done. This results in 2 distinct groups of key issues for local action:

- A. Those where our current response is under-developed to meet the current needs or the level of need we expect to see in the future - **developmental issues**.
- B. Those where action is occurring but it is not clear that it is reaching those most in need as well as it should, i.e. tackling inequalities - **targeting issues**.

Specific populations

- Women of child bearing age: their personal behaviours
- Older people
- Carers
- Children and adults with *disabilities*

Those in *italics* are also key issues for children and young people.

Conditions

Developmental

- Mental ill-health / *emotional well-being*
- *Obesity*
- Pain including musculo-skeletal
- Dementia

Targeting

- Heart disease and stroke
- Diabetes

Behaviours

Developmental

- *Food*
- *Alcohol*

Targeting

- *Smoking*
- *Physical activity*

Wider factors

Targeting

- Housing condition and options
- Employment
- Isolation and social networks
- *Educational attainment*



2 Health and well-being key issues for children and young people

2.1 Summary

The overall key issues identified for *developing* across Kirklees were:

- **Food**
- **Alcohol use**
- **Emotional well-being**
- **Educational attainment.**

This is because they profoundly affect the main health challenges of infant deaths, personal unhappiness, social isolation and obesity.

Those listed below remain important, *targeting*:

- **Smoking tobacco**
- **Physical inactivity**
- **Sexual health.**

Where appropriate the above has a focus on the health behaviours of **women of child bearing age**, i.e. under 45 years, given their pivotal role in shaping family behaviours, and so infant death and obesity.

Disabilities are also a priority as so little local data is reliably available and a major review of services is required.

The health and well-being key issues of local children and young people compared to 2005 and nationally %

Indicators	Kirklees	Worse	Vs 2005	Vs nationally
Infant deaths	0.76		rising	X
Rotten teeth in 5 year olds, average +	2.3		=	X (1.5)
Mums smoking at birth	23			X (18)
Obese or overweight at age 11	30			
<i>Being healthy aged 14</i>				
Smoking	13		=	
Happy to smoke *	26	Boys 29	X (20)	
Drink alcohol weekly or more *	48		X (30)	
Out of control weekly or more *	8		X (6)	=
Drink alone *	15		X (11)	
Physically active enough	33	Girls 24	✓	
Physically inactive	30	Girls 37	X (23)	
No breakfast	22		=	
Using drugs monthly or more	4		=	=
Had sex	15	Girls 18	=	
Used contraception	84		✓ (80)	
<i>Emotional well-being aged 14</i>				
Miserable	23	Girls 29	X (20)	
Angry	34		X (30)	
Lonely	12	Girls 17	=	
Poor relationships	36		=	
School staff	19	Girls 26		
Family				
Unhappy at school	35		X (32)	
<i>Staying safe</i>				
Bullied	10		✓ (15)	
Past 2 months	7		=	
Worried about it				
<i>Education</i>				
5 GCSEs grade C or higher	53		✓ (47)	

* Of those who smoked or drank

✓ Where better than 2005

X Where Kirklees is worse than the national rate, or 2005

+ Decayed, missing or filled average number of teeth

2.2 Locality health inequalities summary

Orange shaded boxes show where a locality/area is significantly worse than the Kirklees average.

Health key issues	Bat	B&B	DDK	Dew	Mir	HN	HS	Spen	Vall
Infant deaths									
Rotten teeth 5 yr olds+									
Mums smoking at birth									
<i>14 year olds</i>									
Physically inactive									
Smoking weekly									
Happy to smoke*									
Alcohol weekly*									
Drink alone									
Using drugs									
Teenage conceptions									
Had sex									
Felt miserable									
Felt angry									
Poor relationships school staff									
Unhappy with self									
Do not have someone to talk to									
Bullied past 2 months									
Not 5 GCSEs grade C+									

*Of those who smoked or drank

+ Decayed, missing or filled average number of teeth

For data on all indicators, including localities, see section 7.

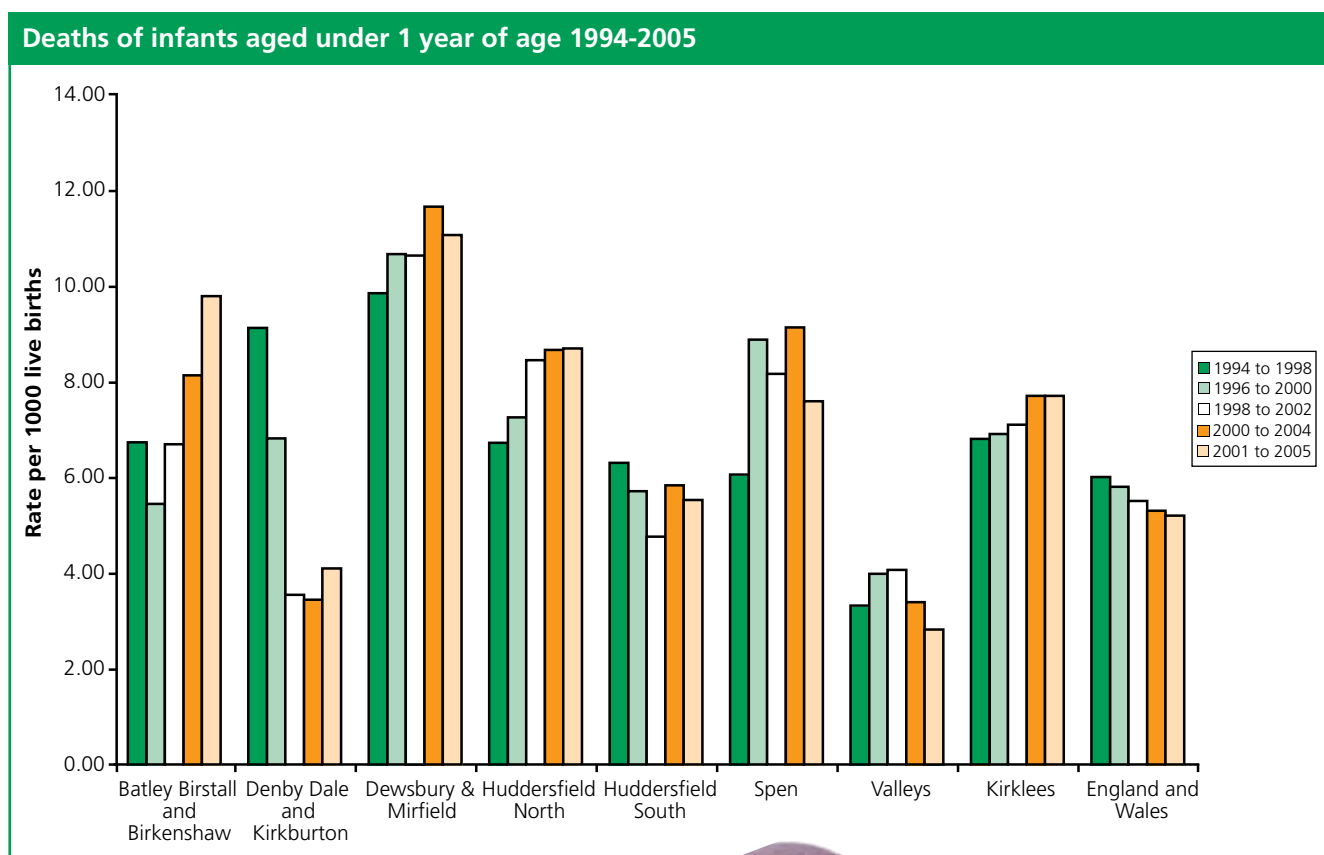
Key to abbreviations:

Bat	Batley
B&B	Batley, Birstall & Birkenshaw
DDK	Denby Dale & Kirkburton
Dew	Dewsbury
Mir	Mirfield
HN	Huddersfield North
HS	Huddersfield South
Spen	Spen
Vall	The Valleys

3 Key issues for children and young people in detail

The main health challenges facing children and young people are:

- Dying before their first birthday.
- Personal unhappiness and social isolation.
- Obesity, which is rising year on year.



Source ONS & FHS

Dying before their first birthday

Dewsbury had over twice the national rate, and there was 3 fold variation across the localities in Kirklees. There were 37 such tragedies in Kirklees in 2005. Maternal malnutrition, whether due to smoking, obesity or poor diet, remains the most significant factor so is the key priority, not infant deaths in itself. See table on the next page:



Health behaviours of women aged 18-44 years from 2005 %

Indicators	Bat	BB	DDK	Dews	Mir	HN	HS	Spen	Vall	Kirklees
Obese or overweight	42	35	39	47	30	40	40	45	39	41
Physically active enough	39	19	34	35	36	29	35	32	34	34
Smoking daily	21	21	13	24	14	20	23	21	17	20
Smoking at birth of child*	31	27	7	34	18	19	24	23	18	23
Over sensible limits of alcohol last week+	31	27	27	28	31	30	31	34	31	30
Bingeing alcohol last week, of those who drank+	38	32	38	46	44	38	46	45	40	41

Shaded boxes are worse than Kirklees average.

+ Of those who drank alcohol

* Of non South Asian origin in 2007

Personal unhappiness and social isolation

The core of this is valuing oneself as a person i.e. self esteem, which is fundamental to being able to cope with life. Self esteem is also closely linked to having confiding and trusting relationships. The consequences of low self esteem are huge, especially in teenagers where pressure to conform by peer or media is high. The direct consequences are smoking, use of alcohol, drugs, and sexual activity.

Obesity

This is a time bomb for health as is increasing both in adults and children. It is the imbalance between calories in and calories burnt off in physical activity. It has devastating effects on longer term health and is likely to kill our children before us.

Locally

- 19% of those in reception class were obese or overweight.
- 30% of those aged 11 were obese or overweight, and 1 in 6 of 11 year olds were obese.
- 40% of women aged 18-44 reported being obese or overweight in 2005, 14% being obese, an underestimate.

Nationally, obesity is rising in both children and adults.

Key issues overall

There are underlying factors that affect one or more of these challenges. This is important in deciding which should be the overall priorities for local action. Therefore the proposed key issues are:

- Food.
- Alcohol use.
- Emotional well-being.
- Educational attainment.

These have been drawn out as the key issues for development across Kirklees. This does not negate the importance of the other issues, but these need a lot of development work to make local action really happen.



The following are also crucial. Programmes are in progress, but there is a need to ensure that current activity is as effective as possible and targeting those most at risk, targeting:

- Smoking tobacco.
- Physical inactivity.
- Sexual health.

Because of the role of women in being potential mothers, the above are particularly important for girls, who for many of the above were also worse than boys in any case.

Disabilities are a priority as so little local data is reliably available and a major review of services is required.

3.1 Developmental key issues for children and young people in Kirklees

3.1a Food

We are what we eat...

This starts from being in utero. The nutritional status and behaviours of our mothers determine our future patterns of nutrition. Infant mortality and many problems after birth are linked to smoking and poor nutrition in the mother. Mothers tend to fashion eating behaviours in families, therefore supporting women of child bearing age to know and practice healthy eating helps all future populations.

Nutrition, with physical activity, is second only to smoking tobacco in its influence on health behaviours and disease in later life, such as diabetes and heart disease. The most startling local, direct evidence of this is the impact on decaying teeth in 5 year olds, which varied widely across Kirklees. As teeth are decayed by what is eaten or drunk, in certain localities this rings alarms for the diet of young families, and thus their future health. Poor diet is causing an increase in Type 2 diabetes in young people. Both poor diet and lack of physical activity result in the national emerging crisis in obesity. That in itself has a huge impact on ill health and will lead to premature death.

Locally

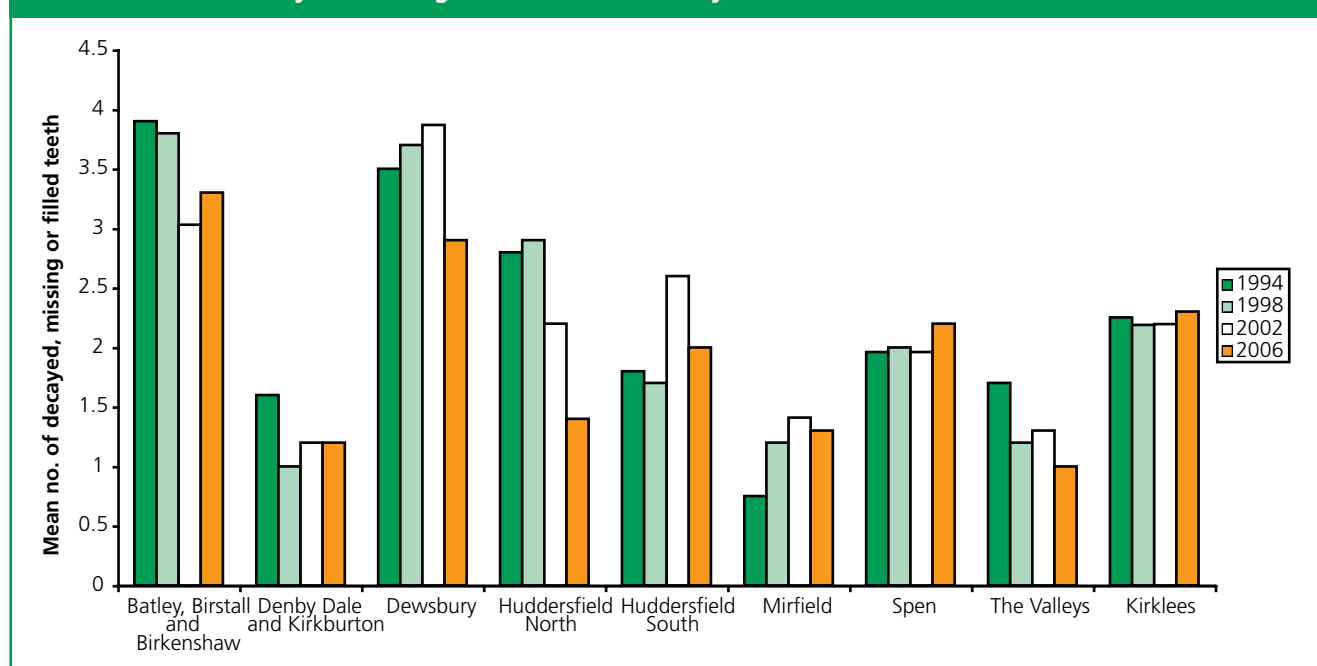
- The mean number of decayed or missing teeth in 5 year olds remained double that nationally, with 3 fold variation across the localities.



- 22% of 14 year olds were rarely eating breakfast, remaining unchanged since 2003. Although 28% of girls and 19% of South Asian origin skipped breakfast, both were less than 2003.
- Over 1 in 5 (22%) 14 year olds had fruit for breakfast, better than 2005 (17%), especially girls.

Food is a major priority for Kirklees children and young people rather than physical inactivity or one of the consequences, i.e. obesity. This is because there is a wide range of significant local action on physical activity across Kirklees for the differing groups of children and young people as well as those who are obese, but much more limited and largely uncoordinated action on food.

Mean number of decayed, missing and filled teeth in 5 year olds, 1994-2006



Source BAScD

3.1b Alcohol

Alcohol abuse locally continued to rise sharply in 14 year olds, similar to adult drinking patterns. Alcohol is part of normal social interaction. We all know UK patterns of drinking are tending to higher overall consumption per head but, in younger people especially, getting really drunk is now one of their social norms.

Such drinking patterns for young people results in:

- Becoming drunk and risking serious medical conditions, like entering coma, at lower alcohol levels than adults.
- Being more likely to smoke.
- Having unprotected, unplanned or regretted sex.
- Taking risks so having accidents and committing crimes.
- Adopting antisocial behaviour, violence, and producing poor school performance.
- If regularly drinking before age 15, are 4 times more likely to develop alcohol dependence than those who delay starting to 18.

Drinking alcohol has risen sharply over the past decade in teenage girls, both locally and nationally. While this clearly has the direct effects described above, again high levels of alcohol intake are linked to poorer nutrition. Eventually many of them will become mothers. Not drinking when pregnant is a message that seems to have succeeded, but what of the mothers drinking before and after being pregnant?

Locally

- 14 year olds ever having drunk alcohol had fallen by 11% from 83% in 2005 to 72% in 2007. Only 9% of South Asian students had ever drunk.
- Those having their first drink before the age of 9 years also reduced from 29% in 2005 to 21% in 2007.

Of those who had ever drank:

- Those drinking weekly or more has risen steeply from 29% in 2005 to 48% in 2007 and the numbers who were drunk every week has also risen by 2% to 8%, especially girls, 9%.
- Those drinking alone rose in the last two years from 11% to 15%.
- Those who thought their family or friends drink too much remained unchanged at 1 in 3.

Women aged 18-44 years

- 30% drank over the sensible limits last week.
- 41% had binged in the past week.



3.1c Emotional well-being of teenagers

Relationships, self image, self esteem and level of worry all impact on our emotional and psychosocial well-being and ability to cope. Such well-being is important for us all in living a full and creative life, and being able to cope with its ups and downs. With the right support most young people learn to cope with life and develop effective problem solving skills. Without that support, emotional and psychosocial difficulties that develop in childhood can have lasting effects, including affecting educational attainment.

Young people who have poor relationships with parents, peers and others are more likely to have low self esteem, particularly where those relationships have significant conflict. This results in them adopting poor coping skills that can harm health, such as being unable to resist peer pressure, smoking, doing poorly at school and having more physical ill health. Bullying is both a cause and result of poor self esteem and ability to cope.

Locally for 14 year olds

Levels of self esteem, self image and mood problems have slightly worsened since 2005 especially for girls, all being worse than 2003.

Sleep

- 1 in 8 of 14 year olds had problems sleeping due to being anxious or worried, same as 2005, though more girls (15%) were affected than boys (8%).

Self esteem

- 1 in 4 (26%) were not happy with themselves as a person, especially girls (37%), compared to 25% in 2005.

Body image 14 year olds

- Fewer students felt happy with the way they looked (63% compared to 70% in 2005), especially girls.

Mood

- Significantly more students felt subject to sudden mood changes weekly or more in the last year (23% compared to 19%) especially girls.
- Feeling miserable or panicky increased significantly (by as much as 4%) and the increase for girls has been sharper (almost 5% increase in sudden changes of mood and feeling angry). 1 in 3 felt angry weekly or more, a significant increase on 2005.

Relationships

- Overall, poor relationships remained at the same level as 2005, affecting between 1 in 3 to 1 in 5 depending on the relationship, twice as worse for girls with their families.
- Over 1 in 5 (22%) had no-one to talk to about problems, again unchanged. 1 in 8 felt lonely weekly or more, slightly worse than 2005 and 2003.
- Overall relationships with family members stayed the same as 2005, around 19% sometimes or never get on with family members. As before, twice as many girls (26%) than boys said they did not get on with their families.
- 1 in 7 (15%) did not get on with their peers, again unchanged.
- Over a third did not get on with staff at school, the same as 2005 and 2003.
- Over a third (35%) of students did not feel happy at school, significantly worse than in 2005 (33%).

Bullying

- Being bullied remained the same since 2005; around 47% had ever been bullied though the number of students who admitted to bullying others weekly or more in the past two months increased to 10% from 8%.
- More than half of the girls had been bullied at some time.
- Being teased about colour, gender, ethnic background, disability, sexuality or religion applied to less than 1.5% and was the same as in 2005.

3.1d Educational attainment

Due to education so clearly influencing future income as well as ability to make real choices, it is one of the major impacts on health and health inequalities. It is also affected by a range of factors including poor diet (e.g. no breakfast), low self esteem, and physical inactivity.

- Command of functional literacy, numeracy and ICT skills are vital to cope with modern living and functioning in an increasingly technological world.
- Learning to learn, manage change, think critically and independently, and acquire social and communication skills are key to living a fulfilling life, being an active citizen, and economic and social well-being in an increasingly globalised world.
- Education opens doors to economic and social choices, including the types of jobs that are less risky or have a higher income and so gives more control to that person over the resources they need for daily living. Higher educational attainment and qualification status directly correlate with greater earning potential and then more healthy behaviours as an adult, such as eating healthy food, not smoking and being physically active.
- Education has an impact on the basic skills for living such as budgeting and cooking as well as developing relationships and dealing with conflict.
- Schools also have a social role in preparing children to participate fully in society, from democratic rights and responsibilities to working together and having a greater understanding of the needs of others in society. The school environment and culture should also be one that is safe, healthy and conducive to learning.

Locally

Educational attainment is improving in Kirklees but not at the right level, given the social and economic contexts. Across Kirklees a complex pattern exists of inequalities between different ethnic groups, different communities and different schools.

- Attainment significantly improved over 2005 – 2007.
 - KS 1 was similar to national rate of improvement.
 - KS 2 was the same as national average and compares well with similar authorities for the second year running.
 - KS 4 (5+ A*-C GCSE) had risen so narrowing the gap with national average.
- Schools with difficulties improved, e.g. the number of schools in special measures has halved over 3 years. However, real differences in performance remain between schools of a similar nature.
- Minority ethnic achievement in Kirklees is complex. Overall students from the largest minority ethnic group, Pakistani origin, performed below the Kirklees average at KS1, 2 and 3. This persisted up to KS4 where students of Pakistani origin were least likely to achieve the 5 + GCSEs at grade A*-C.
 - Post 16 the picture changes, as those of Pakistani origin narrowed the achievement gap to Level 2. They were also more likely to participate after age 18 and continued to accrue qualifications leading to higher than typical participation in higher education.
 - Pakistani students were less likely to be in prestigious universities, more likely to drop out and likely to get lower graded degrees but did more or less meet the government target for 50% participation in Higher Education by 2010, unlike the White community.
 - Access to employment, rather than to Higher Education is the issue for the local Pakistani population.





3.1e Disabilities

Disabilities are selected for a differing reason to the others; there is a real lack of coherent local information about the size and severity of the needs, coupled with requiring a review of services in light of the National Service Framework (NSF) assessment.

The Disability Discrimination Act 1995 defines a disabled person as someone who has:

- A physical or mental impairment, which has substantial and long-term adverse effects on his or her ability to carry out normal day to day activities.
- Physical and mental impairments including sensory impairments such as those affecting sight and hearing. 'Mental impairment' includes learning disabilities and mental health problems.

The extent to which children with impairments are disabled or not depends on many things:

- The attitudes and behaviours of others towards them; such as parents, teachers, neighbours.
- The satisfaction of their basic needs for survival such as food, shelter, stimulation, love.
- The accessibility of the environment for them.
- Their access to basic support for their physical, social, mental, communication and personal development. This could be basic aids and equipment, appropriate help from parents, health and education services, and access to early childhood care and education.

The needs of disabled children, young people and their families are unique to them, often complex, and change over time. The challenge is to understand these needs and develop a system around them that is flexible

enough to meet the needs of the person and their families.

There are many different types of impairment both visible and invisible, e.g. a child paralysed with cerebral palsy has a visible impairment, but children with epilepsy, hearing impairment, and different types of learning disabilities usually have no visible impairment. Most impairments are not severe and most disabled children can become independent in activities of daily living.

Locally, the review of the Children's NSF for standard 8 disabled children and young people and those with complex needs showed problems with:

- Achieving the targets within this standard for the integration of service delivery e.g. a multi agency strategy for access to services i.e. health care such as therapies and rehabilitation, family support.
- Early identification of an intervention to meet needs such as assistive technology and equipment.
- Supporting and strengthening families.
- Facilitating access to recreation and leisure, short term breaks and respite care.

Locally

Very limited, credible, hard data was available locally.

In 2006, 4.3% of children aged 0-18 had some form of learning difficulty, Statement of Educational Needs or some other disability. Total number was approx 4,000.

About 3% of students had a statement of educational needs, varying from 4% in Denby Dale & Kirkburton and Huddersfield South to 1.8% in Batley, in 2006.

3.2 Other health and well-being inequalities for Kirklees children and young people

This section summarises the other health and well-being issues across Kirklees.

Demographics in 2006

- Births were static with 1 in 10 being to South Asian origin families.
- Being of South Asian origin, 1 in 5 of 14 year olds, and 1 in 9 for those aged under 19 years.
- By 2022 the population aged under 19 years will increase by 1%, but decrease by 2% of the whole population.

Being healthy

- 9 out of 10 14 year olds visited the dentist in the past 12 months and most cleaned their teeth yesterday.
- Students aged 14 years with asthma 17%, Attention Deficit Hyperactivity Disorder 2%, and diabetes 1%, the same as in 2005.

Personal behaviours

Physical activity

- More 14 year olds were physically active enough than in 2005, but overall only 1 in 3, 40% boys, 24% girls. It also significantly improved in South Asian origin students.
- However, more students were also doing less than 30 minutes of physical activity daily than in 2005 (30%), especially those from the White population and girls (37%).

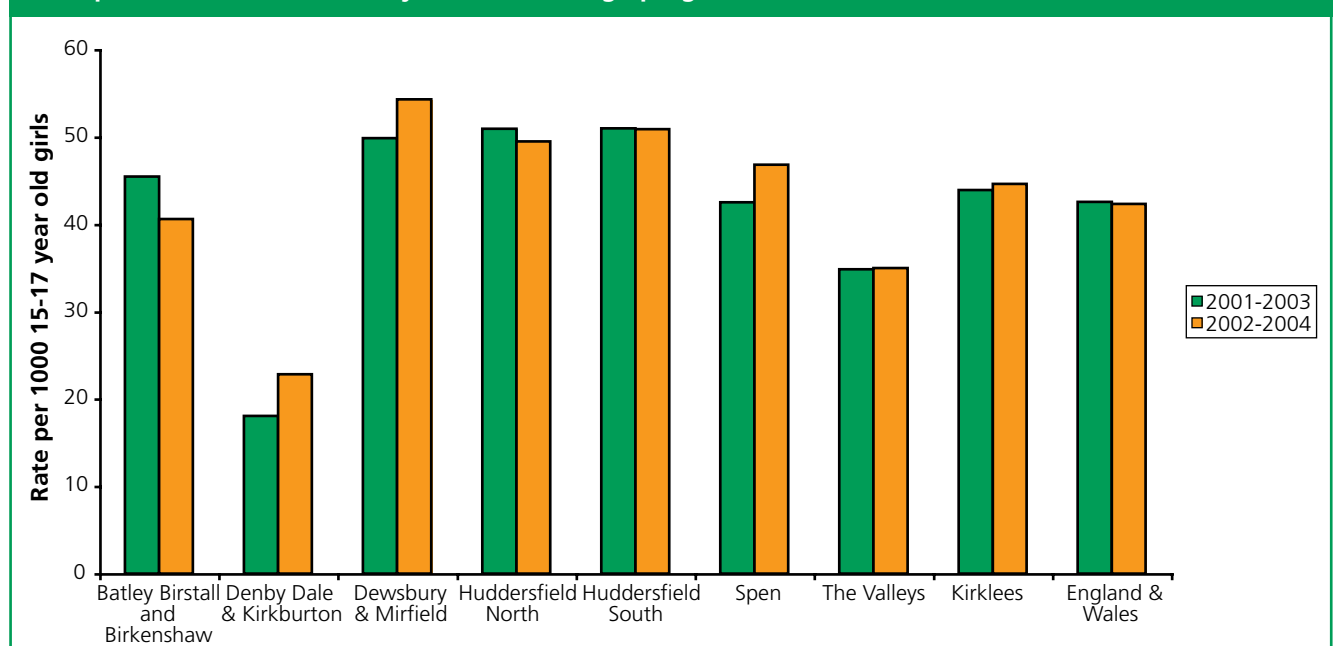
Smoking (30%)

- Fewer 14 year olds had ever smoked, 44% compared to 47% in 2005. However the numbers smoking weekly or more remain unchanged at 1 in 8.
- More students were happy to keep smoking (26%), especially boys, and thus less wanted to quit.
- The number of students living with adults who smoked was the same as 2005, 46%.

Sexual activity

- The number of 14 year olds having had sexual intercourse was unchanged overall (19%), but has increased by over a third in South Asian origin students.
- The number of students using contraception rose to 84% but was less for girls (80%). Boys were more likely to use a condom (80%) than girls (67%).
- Teenage conceptions remained unchanged across Kirklees, with Dewsbury & Mirfield and Spenningsdale rising slightly. The latest data for this is 2004.

Conception rates for under 18 year olds, teenage pregnancies 2001-2004



Source ONS

Drugs

- No significant changes were noted for 14 year old students from 2005 in that 16% had tried drugs and 4% used them monthly or more. The number who have friends or close family using illegal drugs had dropped from 27% in 2005 to 20% in 2005.
- The number of students trying cannabis was unchanged (15%) and the use of solvents dropped (2.9%), particularly in the South Asian population (2.4%). Less than 2.5% of students ever tried any of the other drugs.

Economic well-being

Travel

- More 14 year olds travelled to school by car than in 2005, 34%.
- More South Asian origin students used the bus than in 2005.

Work

- Fewer students overall had a part time job than in 2005, 20%.

4 Health and well-being key issues for adults

4.1 Summary

The key issues for adults are:

Specific populations

- Older people
- Adults with disabilities
- Carers

Conditions

Developmental

- Mental ill-health
- Dementia
- Obesity
- Pain including musculo-skeletal

Targeting

- Heart disease and stroke
- Diabetes

Behaviours

Developmental

- Food
- Alcohol

Targeting

- Physical activity
- Smoking

Wider factors

Targeting

- Housing condition and options
- Employment
- Isolation and social networks
- Educational attainment

These are district wide key issues as they affect people in all our localities.

The table and graphs following show the summary of key inequalities for adults, as well as graphs showing trends over time for routinely collected national data.

The table in section 4.1 shows the health issues which have the most significant impact in each locality. So for each Kirklees key issue a check should be made, asking "For which locality is this a specific inequality?"



Summary of key issues in 2007 for Adults in Kirklees %

Indicator		Kirklees %	Vs. National
<i>Biological</i>			
Depression, anxiety or other nervous illness	aged under 65	22	X (16)
	aged over 65	12	
	all ages	20	
A&E attendances by site of accident in past year	Home	49	
	Road traffic	3	
	Other	23	
Cancer survival rates at 5 years all ages registered 1995-99	Breast	81	
	Cervix	71	
	Colon	55	
	Lung	7	
	Melanoma	87	
	Prostate	75	
Heart disease	aged under 65	4	
	aged over 65	19	
	aged over 17	7	
High blood pressure	aged under 65	15	
	aged over 65	39	
	aged over 17	20	
Stroke	aged under 65	1	
	aged over 65	5	
	aged over 17	2	
Obesity BMI 30 and over	aged over 17	24	=
Asthma	aged under 65	12	
	aged over 65	15	
	aged over 17	12	
Diabetes	aged under 65	5	
	aged over 65	14	
	aged over 17	7	
Pain problems incl arthritis (excl back)	aged under 65	27	
	aged over 65	46	
	aged over 17	31	
Back pain	aged under 65	24	24
	aged over 65	26	
	all ages		
<i>Personal behaviours</i>			
Smoking at least 1 daily	26	=	
Physical activity over 30 mins. 3 times pw	Over 17	28	=
Alcohol over sensible limits	Males	39	X (34)
Alcohol over sensible limits	Females	29	X (20)
Alcohol bingeing	Males	35	X (19)
Alcohol bingeing	Females	36	X (8)

Indicator	Kirklees %	Vs. National	
<i>Living and working</i>			
Carers	10		
Income support	All ages 16-59/64	6	=
Pension credits		28	Higher (25)
Incapacity benefit		7	=

X is where Kirklees is worse than the national rate.

Also see graphs for deaths for coronary, stroke and vascular disease, cancers, suicide and rates of new cases of cancers.

4.2 Locality health inequalities summary

Shaded boxes show where a locality/area is significantly worse than the Kirklees average.

Being healthy	Bat	B&B	DDK	Dew	Mirf	HN	HS	Spen	Vall
Role functioning									
Pain problems									
Depression, anxiety or other nervous illness									
Cancer registration	Breast								
Heart disease	aged under 65								
Heart, stroke deaths	aged under 75								
High blood pressure									
Stroke									
Asthma									
Diabetes									
Obesity									
Cancer deaths	aged under 75								
Deaths	All causes 15-64								
<i>Personal behaviours</i>									
Smoking									
Alcohol excess	Males								
Alcohol excess	Females								
Enough physical activity									
<i>Living and working</i>									
Low income									
Housing – overcrowding									

For data on all indicators, including localities, please see section 8.

Key to abbreviations:		HN	Huddersfield North
Bat	Batley	HS	Huddersfield South
B&B	Batley, Birstall & Birkenshaw	Spen	Spen
DDK	Denby Dale & Kirkburton	Vall	The Valleys
Dew	Dewsbury		
Mir	Mirfield		

5 Health and well-being key issues for Kirklees adults in detail

5.1 Key issues for adults

5.1a Specific populations

5.1a i Older people

Population trends for older people in Kirklees reflect those taking place nationally and regionally. Projected growth in the numbers of older people is substantial, particularly for those between 75-79 years and those over 85, see section 1.6.

- By 2015 there is expected to be an additional 14,700 people over 65.
- By 2025 there will be an additional 26,400 people over 65.
- Bringing the total population of 65 and over to 85,200 by 2025.

This is a 45% increase in the older population, aged over 65, of Kirklees to 2025.

- The largest growth will be seen in those aged over 85 years, with a projected growth of 58% equating to an additional 4,400 people (Total 12,000 people over 85 by 2025, 2.7% of the total population).
- The growth in the numbers of those aged over 85 is significant as they have substantially higher levels of dependency and therefore need for health and social care services.

5.1a ii Learning disabilities

Locally

- 1,836 people known to Adult Services.
- Mild and moderate levels of learning disability (LD) affected around 2.5% of the population, approx 10,000 people in Kirklees.
- Nationally there has been an estimate of 1% annual increase in the number of adults with severe learning disabilities. Over the past few years Kirklees has been experiencing between 2% and 3% annual increases.
- Increasingly high proportion of younger adults with LD within our Black and Minority Ethnic communities, especially the South Asian communities.
- The number of older people with learning disabilities is increasing and we are seeing an increase in the occurrence of early onset dementia.
- A high proportion of younger adults with learning disabilities also have profound and complex physical and mental support needs.
- Few adults with severe learning disabilities are in paid employment and there is a severe shortage of supported living options for people to choose from. Adults with learning disabilities have poorer general health than the wider population and can struggle to access mainstream health services.



5.1a iii Physical and sensory impairment

Locally

- 1 in 5 of the adult population had at least one disability (over 50,000 people).
- 1 in 20 of the adult population had a serious disability (16,000 people).
- 1 in 5 of adults needed help with at least one task of daily living (over 50,000 people).
- Most disabled people do not come into contact with Adult Services – they currently provide direct services to between 1,500 and 1,600 adults aged 18-64.

Broadly there are two categories of conditions which affect those aged 18-64 years:

- A lot of people, include: Arthritis (40,000+), Hearing Impairment (18,000+) including profound (3,000), Visual Impairment (750 blind, 5,100 partially sighted).
- Small numbers but have a huge impact on the individual and on services: Cerebral Palsy (500), Acquired Brain Injury (450+), Multiple Sclerosis (250), Spinal Injury (170 people with paralysis), Parkinson's Disease (122), Motor Neurone Disease (30), Huntington's Disease (17), Dual Sensory Loss (15).
- There is no evidence to suggest dramatic increases in future years for the 16-64 age group.
- Later onset conditions (Parkinson's, Sensory Impairment, Arthritis) will rise as those aged over 50 years increases.
- Disabilities linked to conditions on the increase e.g. obesity, diabetes.
- Only 1 in 2 of people with complex impairments remain in their jobs even though employment is critical to enabling people to remain independent. There is a serious shortage of housing options for disabled adults. Support for disabled parents could be improved and will avoid young people taking on too great a caring role.

5.1a iv Carers

- Approx 40,000 people in Kirklees were carers.
- 1 in 5 of these provided care for more than 50 hours every week.
- 1,200 were young carers; 32,400 are aged 18 to 64 and 6,400 were aged 65 and over.
- 1 in 2 carers combined work and care and 1 in 5 carers gave up work as a direct result of caring.
- Caring can have a detrimental impact on health and employment: 11% of carers between 16 and 74 years describe themselves as 'not in good health'.

5.1b Conditions

5.1b i Pain including musculo-skeletal

Pain is a complex experience shaped by multiple factors. It is the most common symptom and affects all of us at some time. It has a severe impact on many people's lives; for example, it accounts for about 25% of all sickness absence from work. Pain has the worst impact on someone's functioning. Yet as a condition it is poorly managed by services as there is no clear agreed pathway of care.

Locally

- Pain problems affected 1 in 3 people overall. 31% of those aged under 65 years had experienced pain problems over the past year and 46% of older people especially women, 52%, irrespective of ethnicity.
- Backache affected 24%, especially older women, 30%, but with little difference by age.
- Half of these suffered from both.
- Pain was perceived as the worst aspect of health, especially by those aged under 65 years and women.
- Pain problems had the worst impact on health for any of the conditions assessed. People with pain were affected considerably across all aspects of health but especially physical functioning.
- Adults aged under 65 on low income were more likely to have pain, 1 in 3, than the wealthiest, 23%. Backache was not related to income.
- Half of all responders said that either pain problems or backache had limited them in some way in the past 4 weeks.
- Those also with pain, backache were 50% more likely to have depression than all with those conditions, irrespective of age.
- People with pain problems aged under 65 years were twice as likely to have heart disease, stroke, and diabetes. This was similar for those with backache.

Of people with pain problems:

- 1 in 3 had sleep disturbed by pain, a significant indicator of severity.
- Were as likely to smoke as the overall population but more were content to smoke; 1 in 3 of smokers with pain problems compared with 1 in 4 of smokers overall.
- 14% did no physical activity compared with 11% of all younger adults.
- Were more likely to be obese, 22%, or overweight, 40%.

5.1b ii Mental ill-health

Mental Health describes how we feel emotionally, e.g. happy rather than sad; calm or nervous. There is a range of conditions associated with loss of mental well-being. These include conditions such as schizophrenia, anxiety disorders, including panic disorders, obsessive-compulsive disorder and phobias, to depressive disorders both acute and chronic.

Locally

- Overall, 1 in 5 of all adults had depression, anxiety or other nervous illness in the past year, 22% of those aged under 65, 12% of those aged over 65. Twice as many women at both ages, but no difference by ethnicity.
- Of a range of 8 conditions, depression had the third worst impact on people. It was linked especially to a number of health aspects: physical tasks, social functioning, daily functioning and mental health. However, emotional health affected daily functioning more in older people than younger.
- Severe mental health problems (e.g. schizophrenia) were relatively rare, affecting approx 1,200 working age adults locally.
- Suicides rose overall especially in Dewsbury & Mirfield, and Huddersfield North. See graph below.
- Less than 1 in 4 of those locally with mental health problems were working.
- 40% of incapacity benefits claimants had mental health problems.
- Those aged under 65 with diabetes or heart disease

were twice as likely to have depression than those with other conditions. This was much less for those aged over 65 years.

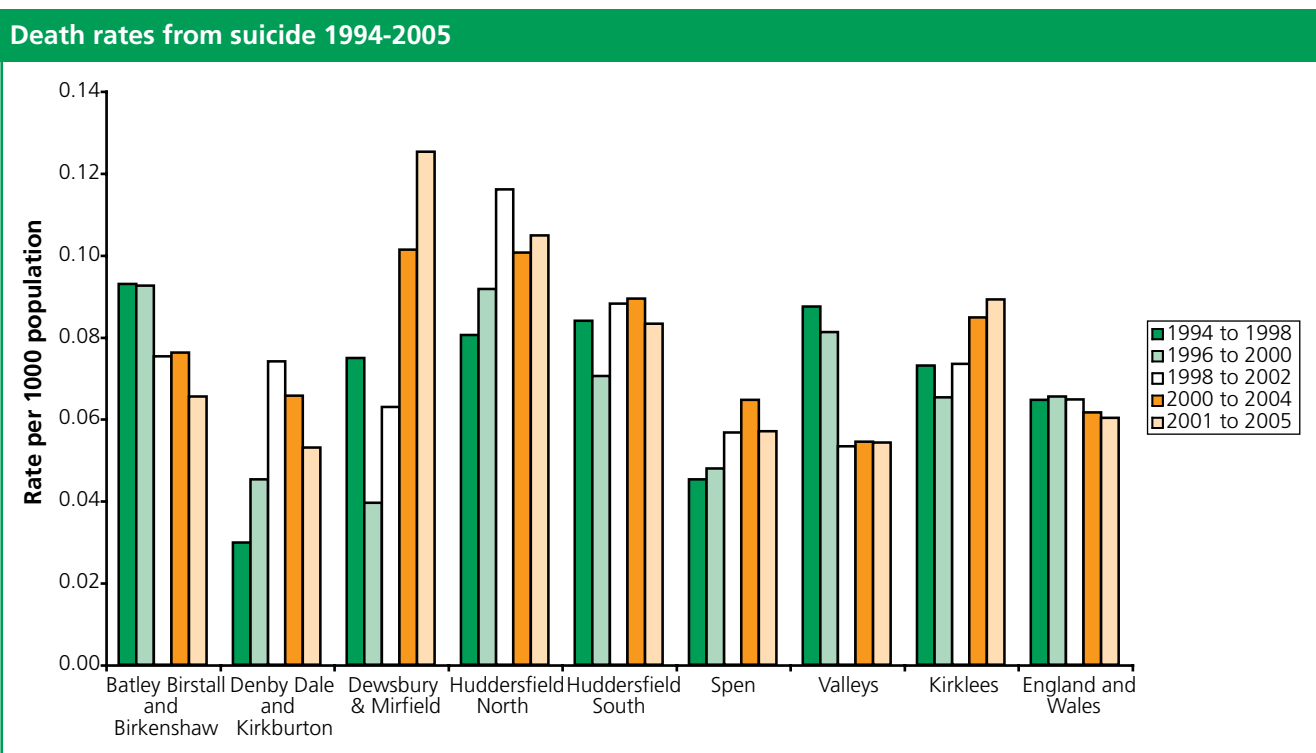
Of those with depression or other nervous illness

- 2 in 5 were woken by worry compared to 1 in 12 of all adults, a key indicator of severity.
- 29% smoked, i.e. twice as likely to smoke than all adults.
- 14% did no physical activity compared to 11% of all adults.
- In those aged under 65 years depression was 3 times more likely in those on low income.
- 2 in 5 had visited their GP in the past year about their depression or other nervous illness.

Nationally

- 1 in 6 adults reported a mental health problem at any one time. Anxiety and depression were the most common problems reported.
- Between 1 in 8 and 1 in 5 people over 65 had depression or severe depression.
- Work-related stress affected 1 in 5 workers and now accounts for half of sickness absence.
- 1 in 4 consultations with a GP concerned mental health issues.
- Carers were twice as likely to have mental health problems.

Mental health problems are common and have a strong impact on individuals and families – functionally, financially and emotionally. Promoting emotional well-



Source ONS & FHS



being is as critical to successfully supporting people who are physically ill as treating their physical symptoms. Severe mental health problems (e.g. schizophrenia) are relatively rare, but lifelong impact of these conditions on individuals and their families is massive.

Major issues we need to focus on locally are of a less serious nature:

- Depression and anxiety.
- Post-natal depression.
- Bereavement.

These are under recognised and there is a need to clarify what works and make it happen.

Mental well-being should be a concern for all public services; we should be focusing on preserving mental well-being, not just treating mental ill-health.

5.1b iii Dementia

Dementia is one of the main causes of disability in later life. It affects 1% of population overall and it affects 5% of people over 65 and 20% people over 80. In Kirklees there are an estimated 3,000 people with dementia living in the community now and this is likely to rise to 4,340 over the next 18 years.

Given the increase in people over 65 by 2025 of 45%, clearly dementia will rise. If a third of these people live in care homes (as now) we will need to create approximately 2 new homes per year until 2025.

Unfortunately there are limited options for prevention, therefore early diagnosis and intervention is key to delaying admission to long term care and helping people

to remain independent for longer. Supporting people at home is good practise, but carers need substantial support to do this.

5.1b iv Obesity

Obesity is recognised nationally as one of the biggest threats to a healthy population. The rates of adult obesity are already far too high. There is a lack of recognition by people who are overweight or obese that they have a problem: 2 out of 5 overweight adults estimate their own weight to be "about right". The likelihood of a child being obese is strongly linked with whether their parents are overweight or obese; 1 in 4 children who have both parents overweight or obese are obese themselves, compared with 1 in 20 who have no parent overweight or obese.

Locally

- 1 in 5 of all adults were obese; amongst 55 – 64 year olds this rose to 1 in 3.
- 40% of women aged 18-44 were obese or overweight, significant for the future health of their unborn child, see section 3.1a.
- 1 in 3 adults were overweight; therefore more than half of all adults were overweight or obese. These rates are predicted to increase steadily to 2010 and beyond.
- Those with diabetes were nearly twice as likely to be obese than the overall population, which has significant consequences for their risk of further ill health. Those with pain problems or asthma were also more likely to be obese or overweight.

5.1b v Heart disease

Heart disease and stroke are the second highest cause of premature death after cancers.

Work in north Kirklees showed significant differences in provision of care

Locally

- More people locally had heart disease 6.8%, than nationally, 5.7%.
- 1 in 5 of older people suffered from heart disease, compared with 1 in 25 aged under 65.
- Overall there was no difference by ethnicity.
- Admissions for heart attack had not decreased. This is proxy for incidence as virtually all people with heart attacks will either die or get to hospital.
- Men were nearly 3 times more likely than women to have heart disease, especially aged under 65 years; 6.7% compared with 2%. In older people, 21% compared with 15% of women.
- Adults aged under 65 on low income were more than twice as likely to get heart disease than the wealthiest group.
- Heart disease was second only to pain problems in having the worst impact on local health. It particularly affected bodily pain, physical and social/role functioning.

- 1 in 3 had been limited by heart disease in the past 4 weeks.
- Heart disease was the second biggest cause of death locally, as cancer was the main killer in those aged under 75 years. Deaths from cardiovascular disease aged under 75 years have become static since 1998 onwards, whereas nationally they have decreased, see graph below.

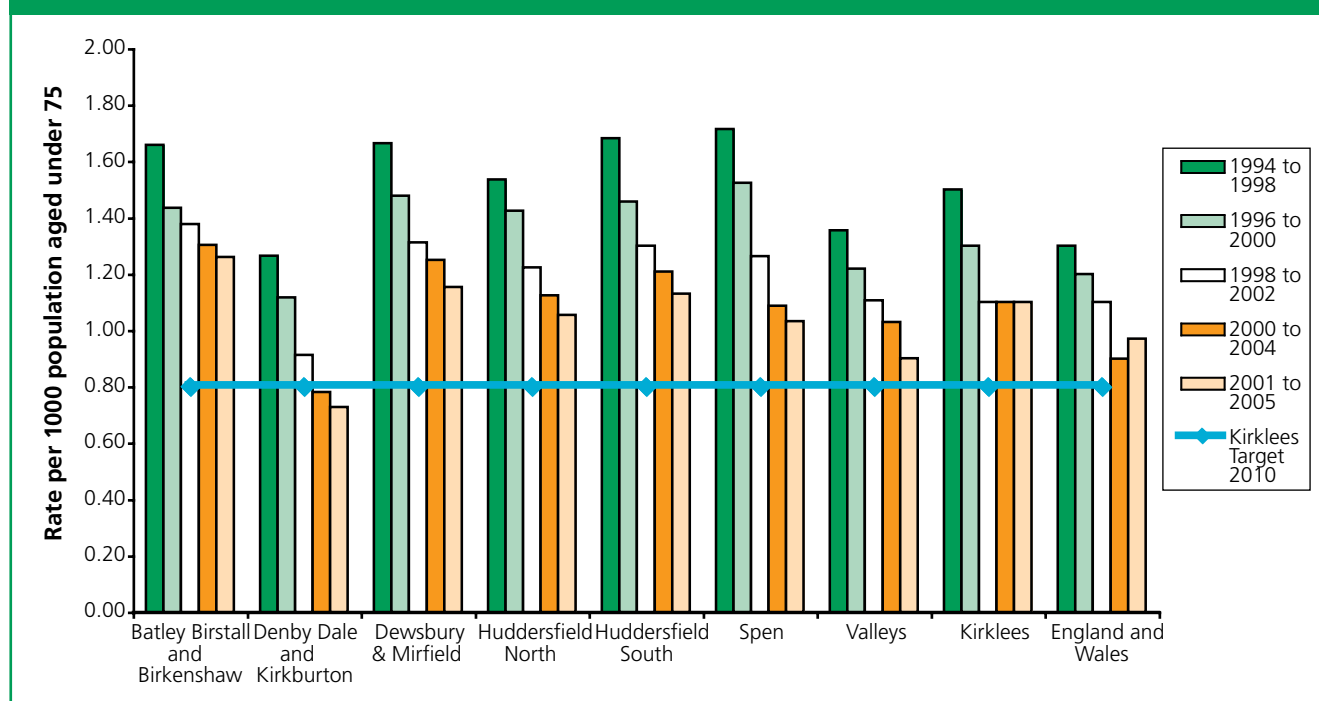
Of all those with heart disease:

- 13% still smoked and, of these, 1 in 3 was happy to keep smoking.
- Were twice as likely to do no physical activity at all, 24% versus 11% in all adults.
- 71% were obese or overweight, irrespective of age.

Those aged under 65 years with heart disease reported themselves as being:

- 4 times as likely to have high blood pressure than the overall population, i.e. 2 in 3 had high blood pressure.
- 6 times as likely to have diabetes; 1 in 3 had diabetes, which leads to heart and vascular disease.

Death rate from coronary heart disease, stroke and vascular disease, aged under 75, 1994-2005



Source ONS & FHS

5.1b vi High blood pressure and stroke

High blood pressure has an impact throughout the body, especially the most sensitive organs such as the brain, heart and kidneys. The impact of such brain damage can be devastating and result in permanent loss of function whether physically or mentally, i.e. a stroke.

Locally Stroke

- 1 in 50 of adults had a stroke, similar to nationally, 2.3%.
- Older people were more than twice as likely to have a stroke, i.e. 4.9%.
- Men were 3 times more likely than women to have a stroke, especially if aged under 65 years; 2.3% compared to 0.6%.
- Adults aged under 65 on low income were twice as likely to have a stroke than the wealthiest.
- Stroke had the greatest impact on aspects of health. It particularly affected bodily pain, physical and social/role functioning.

Of all those who had a stroke

- 16% still smoked.
- 25% did no physical activity compared to 11% overall.

High blood pressure

- 1 in 5 of adults reported having high blood pressure, similar to nationally, 18%.
- 2 in 5 of older people had high blood pressure compared with 15% of younger.
- Overall, White people were twice as likely to have high blood pressure as South Asians.
- Men were nearly twice as likely as women to have high blood pressure if aged under 65 years; 19% compared with 11%.
- High blood pressure had the least impact on perceived aspects of health.
- Adults aged under 65 on low income were twice as likely to have high blood pressure than the wealthiest group.



Of those aged under 65 years with high blood pressure reported themselves as being:

- 5 times more likely to have a stroke than the overall population.
- 4 times as likely to have heart disease, i.e. nearly 1 in 5 of those with high blood pressure had heart disease as a consequence.
- 3 times as likely to have diabetes, 1 in 6 had diabetes, as diabetes increases the risk of high blood pressure.

Of all those with high blood pressure:

- 13% still smoked and 1 in 4 were happy to keep smoking.
- 13% did no physical activity at all.
- 27% were obese, compared with 18% overall. 40% were overweight.

5.1b vii Diabetes

This is a very disabling and potentially fatal condition if not well managed. Diabetes increases the risk of other conditions such as heart disease and stroke, and magnifies the ill effects of other risk factors such as smoking, high cholesterol levels and obesity.

Prevalence of it is already increasing and, as the older population increases and certain risk factors, especially obesity, continue to grow, more and more people will be affected.

Locally

- 6.5% of adults had diabetes locally, 5% under 65 years, 14% in older people.
- Men were twice as likely to have diabetes in all age groups, i.e. 7% and 16%.
- South Asian people were up to 6 times more likely to have diabetes than White people.
- Adults aged under 65 on low income were 50% more likely to have diabetes than the wealthiest.
- 11% were blind or severely visually impaired, compared to 7.6% of those without diabetes.
- Those with diabetes were 4 times as likely to have a stroke or heart disease, as those without diabetes.

For those with diabetes:

- 15% still smoked and 1 in 3 were content to smoke compared with 1 in 4 overall.
- 16% aged under 65 were never active enough to be puffed, compared with 11% of all younger adults.
- 36% were obese, i.e. twice as likely as all adults. 38% were overweight, i.e. nearly 3 in 4 overweight or obese.

The impact of diabetes on any individual is closely linked to how quickly it is identified and how well it is managed. Therefore we need to check that all diabetics are being identified and getting the care they need.

5.1c Personal behaviours

5.1c i Alcohol

Alcohol is part of normal social interaction. Drinking alcohol in moderation can be good for you and can provide some protection for men over 40 and women after the menopause. Drinking alcohol to excess is a major cause of disease and injury. Consuming alcohol in pregnancy increases risk of foetal abnormality. People do not recognise harmful effects of their behaviour and there are low levels of awareness of the amounts of alcohol people drink and the harmful effects.

Locally

- The CLIK 2006 survey reported a dramatic increase in consumption with 35% of men and 29% of women drinking over sensible limits; in 2001 this was 12% overall.
- 2 in 5 of women binged in the past week.
- Those with depression, anxiety or other nervous illness were more likely to be heavy drinkers and to smoke and less likely to be physically active.
- The incidence of alcohol related attendances at A&E (Accident and Emergency) departments in 2005 was estimated to be 29% for South Kirklees and 14% for North Kirklees.
- Bingeing had risen, particularly in women, to 36% in the past week. This was much higher than regionally or nationally, 19% for men and 8% for women.





5.1c ii Smoking

Smoking is the single greatest killer resulting in avoidable and early death, killing more than 106,000 people in the UK annually; 17% of all deaths. Most die from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. Smoking also causes countless suffering, as it is a cause of a wide range of diseases that do not necessarily result in death. Second hand smoke is a major risk to the health of non-smokers. As the new smoking legislation has reduced exposure in the workplace, the emphasis must now shift to reducing exposure in the home, especially for women of child bearing age and children.

Locally

- Smoking rates were still too high; 1 in 4 adults still smoked.
- 1 in 4 women smoked at birth, varying from 34% in Dewsbury to 7% in Denby Dale, see section 3.
- There were significant inequalities locally with smoking rates in the best locality 1 in 6 and the worst locality 1 in 4.
- At risk groups still smoked, e.g. those with long term conditions such as diabetes or heart disease, of whom 1 in 8 still smoked.

5.1c iii Food and nutrition

Nutrition with physical activity is second only to smoking tobacco in its influence on ill health and disease. The impact on our health of what we eat is much bigger than just our weight or the conditions and diseases

associated with being overweight. It affects how we feel every day. A balanced diet is essential for health and well-being, short and long term. We all need to eat a balance of nutrients such as vitamins and minerals, and the right balance of different food groups such as fats, carbohydrates, fibre and protein. If our diet is not balanced it can affect our general feeling of well-being, concentration, energy levels, and mood as well as increasing our risk of diseases including heart disease, cancers, obesity and diabetes. Nationally, 1 in 3 deaths from cancer and 1 in 3 deaths from heart disease are due to poor diet. Infant deaths and many problems after birth are linked to smoking and poor nutrition in the mother.

As a nation, we simply eat too much. This is partly through increasing portion sizes and partly through low levels of physical activity. Our diets also lack variety. Even when we eat a good variety of foods, we eat them in the wrong proportions to achieve a healthy balance:

Not enough fruit and vegetables.

- Locally, about 1 in 5 of the adult population ate 5 or more portions of fruit and vegetables daily.
- People with a low household income, older people aged over 65, men and smokers tended to eat less fruit and vegetables than the average.

Not enough fibre: we need to increase our fibre intake by a third.

Too much salt: we need to reduce our salt intake by a third.

Too much fat, particularly saturated fat: we need to reduce our saturated fat by a fifth.

Too much sugar: we need to reduce our refined sugar intake by a fifth.

- 2 out of 3 mothers started to breastfeed, and this is increasing.
- Vitamin D: both nationally and locally, certain groups are deficient in vitamin D, which is formed by sunlight on skin. This leads to a form of bone thinning, osteomalacia in adults and rickets in children. Locally, older people are especially prone. It is common enough in young children for a case of rickets to be diagnosed every week in Dewsbury Hospital.

5.1c iv Physical activity

Physical activity is any form of movement that leads to an increased use of energy. Lack of physical activity is a crucial risk factor, second with food only to smoking, for numerous health conditions, including heart disease, diabetes and obesity. Being active also enables vulnerable people to maintain their independence for longer. It is a key component of treatment and care for a range of long term conditions including mental ill-health. In addition, physical activity opportunities often involve social interaction.

Locally

- Only 1 in 4 adults were physically active enough to benefit their health, below the national average
- Only 1 in 2 adults took part in any form of active recreation. Amongst people with a limiting long term illness only 1 in 5 took part in any active recreation
- Of adults aged under 65, 1 in 10 did no physical activity at all, compared with 1 in 14 of those aged under 65 years. This was worse than nationally. This has improved since 2001 but remains higher in those on low income, women, those with long term conditions and those aged over 45 years
- Of those with asthma, heart disease, pain problems and diabetes, they were twice as likely as the rest of the population to do no physical activity at all.

5.1d Wider factors

5.1d i Employment

Employment plays a fundamental role in our society, it defines who we are. Work provides status, purpose, income, social support, structure to life and a means of participating in society. However work is also a significant cause of ill-health for those who do work:

Locally

- 1 in 2 of people on Income Support.
- Nearly 25,000 working age adults in Kirklees are 'employment deprived'.

- More than 2 million working days are lost every year due to work related ill-health
- 1 in 5 adults had health conditions caused by or made worse by work
- The biggest causes of work related ill-health were:
 - Mental ill-health, causing half of all sickness absence, and 40% of people who went on to incapacity benefit locally did so because of mental ill-health.
 - Musculo-skeletal problems caused about a quarter of all sickness absence, and 20% of people who went on to Incapacity benefit locally did so because of musculo-skeletal problems.

Being out of work is also bad for your health:

- Working age adults not in work were more likely than people in work to suffer from anxiety and depression, and to die from cancer or heart disease.

Unemployment reduces household income, often suddenly and dramatically.

- 1 in 2 of people on Income Support were unable to work due to ill-health.



Being out of work is often a consequence of ill-health or disability as people are less likely to work.

- There are over 18,000 people on Incapacity Benefit.

5.1d ii Housing condition and options

Decent housing is a pre-requisite for health. People who live in clean, warm, safe and affordable homes are less likely to experience ill-health as a result of their housing.

Peoples housing needs change as their circumstances change. This is a particular challenge as people become more vulnerable, such as those with mental health problems, learning disabilities, mobility problems etc. Support in changing or maintaining their housing situation is crucial in enabling them to maintain their independence.

As the population grows and more people are living alone there is significant demand for additional housing. Increasing house prices and already low incomes rising at a much slower rate will combine to make housing affordability a major challenge over the coming years.

Locally

- 1 in 10 of all households lived in poor quality or unsuitable housing, the most common reasons being: too small (26%), badly in need of repair/improvement (15%), unsuitable for health problem/disability (12%).
- 1 in 5 of all households were fuel poor based on their income and fuel costs.
- 1 in 5 dwellings were over occupied, in Batley, Dewsbury and Heckmondwike this rose to 1 in 4.

5.1d iii Isolation and social networks

Not only does isolation have significant negative impact on people's general sense of well-being, it also increases the risk of a range of health issues such as anxiety and depression. The Acheson report highlighted that 'People with good social networks live longer than those with poor networks'.

Locally

- 1 in 10 adults in Kirklees ages under 65 live alone and 1 in 5 adults aged over 65 live alone. As the older population grows in line with national population projections, the numbers living alone will therefore increase.
- 1 in 3 of older people, disabled people and carers found it difficult to access groups which provide support for people with specific health and social care needs.
- 9 out of 10 people did not take part in local community activities.
- 1 in 2 were not involved in any social/community organisation. Only 1 in 10 did any formal or informal voluntary activity.

5.2 Other health and well-being inequalities for adults in Kirklees

5.2a Health status

- Life expectancy for men and women varied by 3.7 years across Kirklees localities, and falls in the lower half of the national range. If survive to 65 years then likely to survive for a further 16 and 19 years.
- Health functioning was worse than nationally for all functioning but especially for pain and social functioning. Older people had poorer levels across all aspects of health. Dewsbury had the lowest scores for 5 domains in all adults; Batley was worst for those aged over 65 years for 5 domains. One dimension of physical disability affected nearly 1 in 5 of those aged 16 and over.

5.2b Conditions

Accidents

Deaths as a result of accidents fell and were less than nationally. Home remained the site of nearly half the A&E attendances for accidents; those for road accidents are very low. These rates have not changed since 2005.

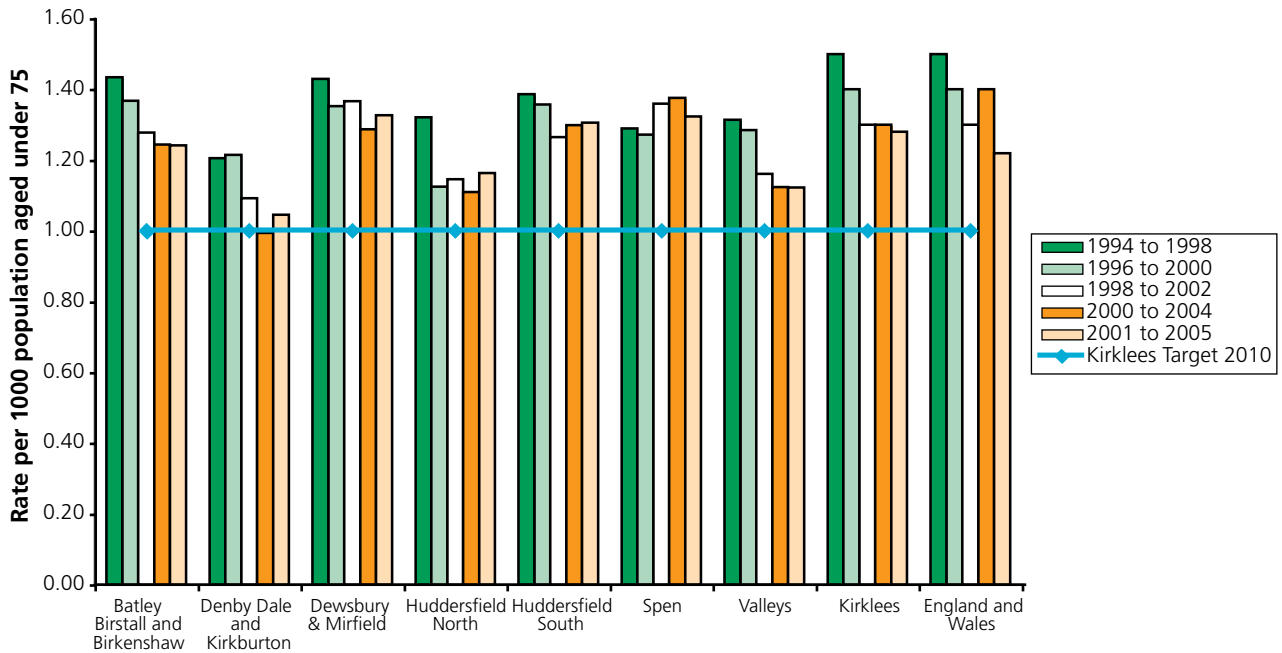
Asthma

Asthma had risen to 1 in 8 of adults, and 1 in 5 of those with asthma had sleep disturbed by wheeze.

Cancers

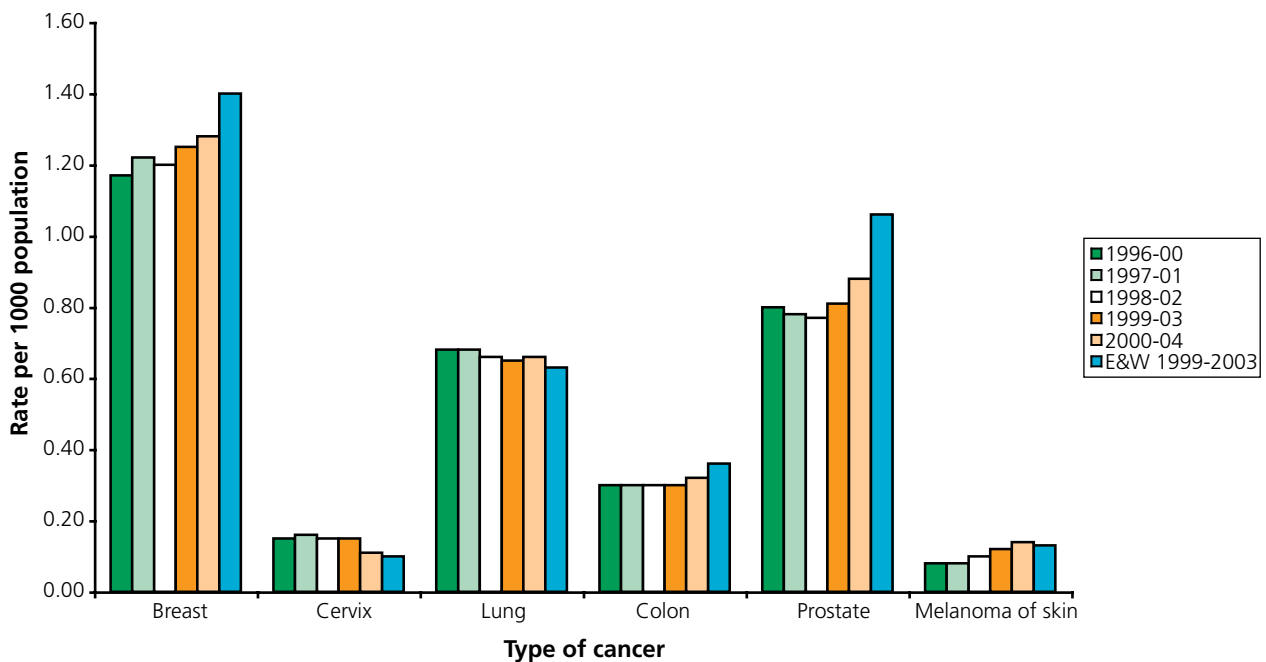
- Since 1994-98 cancer deaths fell further, aged under 75 years, but have become static, the same as nationally. See graph on next page.
- Rates of new cases of cancer have increased since 1996-2000, especially breast and prostate, but less than nationally. Skin cancer (melanoma) has risen, similar to nationally. Colon and lung was static, cervix has reduced similar to nationally. See next page.
- Survival rates at 5 years varied from 6.6% for lung cancer to 81% for breast cancer see section 8.

Death rates from all cancers, aged under 75, 1994-2005



Source ONS & FHS

Rates of new cases of certain types of cancer, 1996-2004



Source NYCRIS, Census 2001

5.2c Personal behaviours

5.2c i Sexual health

Sexually transmitted infections were higher than nationally, but with the introduction of the screening programme, both figures could increase markedly due to detecting more previously hidden cases. Chlamydia dominated as an infection, section 8.

5.2d Living and working conditions

Council Tax claimants have fallen. Average household income remained below the UK average. Unemployed more than a year were increasing but remained below the national average. Incapacity Benefit had increased to the national average. Overcrowding had fallen but was still above the national average. See section 8.

6 Locality summaries for children & young people and adults



6.1 Batley, Birstall and Birkenshaw

Health and well-being inequalities for children and young people in Batley

Generally, Batley experiences much worse health than Kirklees overall; the number of babies dying in their first year is high, linked to very high levels of smoking at birth by White mums. It has lower levels of healthy behaviours than across Kirklees in 14 year olds.

Health challenges

Babies dying in their first year of life remained high. Linked to this, low birth weight remained high at 1 in 8 of births. Maternal behaviours crucially affect infant health: 2 in 5 women of child bearing age were overweight or obese; the very high mean number of rotten teeth in 5 year olds also shows the poor diet for younger mums, i.e. **maternal malnutrition**. That 1 in 3 of White women **smoked at birth** is devastating for that child's health. This is also linked to the level of asthma being the highest in Kirklees. Smoking in 14 year olds had risen as had those content to smoke.

Alcohol is a major problem for 14 year olds, and worse than elsewhere.

Key developmental issues

Relating to the Kirklees key issues

Food: An indicator of poor diet early in life and in young families, decaying teeth in 5 year olds remained high and 3 times the national mean.

Alcohol: More young people drank regularly, out of control, 29% starting aged 9 or less and, worryingly, more drank alone. Bingeing has stayed consistently high, similarly across Kirklees.

Emotional well-being: More felt unhappy with themselves and 1 in 4 did not have anyone to talk to. More were unhappy at school than in 2005, although relationships with staff at school improved for 14 year olds. A relatively high rate of young people being bullied (second only to Birstall and Birkenshaw) corresponded to

a high proportion reporting being a bully, the highest in Kirklees (with Huddersfield South), though only 1 in 12 were worried about it.

Educational attainment: Students achieving 5 GCSEs (Grade C or higher) was the lowest in Kirklees. Note this is a combined figure so could be artificially inflated by better results from Birstall and Birkenshaw.

Key issues which have considerable action already

Asthma was considerably worse than across Kirklees and is linked to smoking in the home.

Healthy **physical activity** levels have fallen and inactivity has increased.

Although **smoking** rates have not improved, more young people wanted to quit. Women of child bearing age did not give up smoking and still lit up at the birth of their child.

The rate of **teenage pregnancies** has stayed the same since 2005 and was the same as Kirklees. The use of contraception needs to improve.

In terms of **staying safe**, Batley has a comparative low number of children on the child protection register.

Well over half the children and young people in this locality lived in families on **low income** (parents out of work, receiving child tax credit and/or working tax credit). Note that figures indicating **economic well-being** of children and young people in Batley may be masked if there is substantial difference between Batley and Birstall and Birkenshaw.

Health of women aged 18-44 years in Batley (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	42	X
Physically active enough	39	✓
Smoking daily	21	=
Smoking at birth of child, excl S Asian origin 2006-07	31	X
Over the sensible limits last week, of those who drank	31	=
Bingeing alcohol last week, of those who drank	38	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse
 + Combined with Birstall and Birkenshaw so will be distorted

Health and well-being of children and young people in Batley

	%	Vs. 2005 report	Vs. Kirklees
Aged under 19 years	28	=	Higher
of South Asian origin	50		Much higher
Live births	7		Higher
of South Asian origin	54		
Deaths in infants aged less than 1 year	0.9*	X	X
Average no of decayed teeth in 5 year olds	3.8	✓	X
Being healthy aged 14			
Visited dentist in the last 6 months	87	✓	X
Asthma	20	X	X
Diabetes	0.9	=	=
Problems getting to sleep due to anxious or worried	9	✓	✓
Doing more than 60 mins physical activity daily	29	X	X
Less than 30 mins physical activity daily	33	X	X
No breakfast before school	23	✓	=
Smoking weekly or more			
Of those who smoke:	15	=	=
Contented smokers	28	✓	X
Want to quit	17	✓	✓
Of those who drink alcohol			
Drinking weekly or more	43	X	✓
Out of control weekly or more	12	=	X
Drinking alone	19	X	X
First drink aged under 9 or less	29	X	X
Using illegal drugs monthly or more	2.3	=	=
Teenage pregnancies	4.1	=	=
Had sexual intercourse	17	=	=
Of those having sex used contraception	81	=	X
Emotional well-being aged 14			
Feeling miserable	21	=	=
Feeling angry	31	=	✓
Felt lonely	12	=	=
Feel unhappy with self	27	X	=
No one to talk to about problems	26	X	X
Not get on with family	19	=	=
Feeling unhappy at school	39	X	X
Not get on with school staff	33	✓	✓
Staying safe			
% across Kirklees on child protection register	11	-	-
% across Kirklees Looked After Children	18	-	-
14 year olds			
Bullied in past 2 months	16	=	=
Been a bully in past 2 months	13	X	X
Worrying weekly or more about bullying	8	=	=
Economic well-being			
Households with children claiming income related benefits +	58 +		Higher
Students eligible for free school meals +	19 +		Same
Enjoying and achieving			
5 GCSEs grade C or higher +	40 +		Lower

Health and well-being inequalities for children and young people in Birstall and Birkenshaw

Birstall and Birkenshaw is a relatively small population. Overall it seems to experience a similar picture of health to the rest of Kirklees, but in some indicators the numbers are too small for any comment.

Being angry and poor relationships were amongst the highest in Kirklees. Unhealthy behaviours seem to be increasing with more being happy to smoke or not use contraception.

Health challenges

Overall had a similar picture of health to Kirklees overall.

Maternal behaviours crucially affect infant health. Overall, women of child bearing age had lower levels of unhealthy behaviours than the rest of Kirklees, except for still **smoking at birth**.

Key developmental issues

Relating to the Kirklees key issues

Food: 1 in 3 had no breakfast before school, an important factor in poor educational attainment.

Alcohol: Sharply risen, as across Kirklees, with 2 in 5 drinking every week, vs. 24% in 2005, but similar levels of getting out of control weekly and drinking alone as before.

Emotional well-being: Emotions remained the same, unlike Kirklees overall which had worsened. Self esteem remained problematic for more than 1 in 4. Not getting on with family or staff at school remained amongst the highest across Kirklees, as before.

Education: GCSE attainment is unreliable as it included Batley, which previously was much lower.

Key issues which have considerable action already

Smoking: Remained the same, with more wanting to quit but those happy to smoke rose by 50%.

Physical activity: More achieved the right levels but also more were sedentary; the latter is the focus of local action, the same as across Kirklees.

Sexual health: Having had sex remained the same as before.

Staying safe: Bullying remained much the same as before, although no-one admitted to being a bully. Worrying about it affected 1 in 9, higher than elsewhere.

Economic well-being: In 2005 household income was 6% higher than the average for Kirklees at £31800.



Health of women aged 18-44 years in Birstall and Birkenshaw from 2005

Indicators	%	Vs. Kirklees
Obese or overweight	35 *	✓ (41)
Physically active enough	19 *	X
Smoking daily	21 *	=
Smoking at birth of child, excl South Asian origin 2006-07	27 *	=
Over the sensible limits last week, of those who drank	27 *	=
Bingeing alcohol last week, of those who drank	32 *	✓

Health and well-being of children and young people in Birstall and Birkenshaw

	%	Vs. 2005 Report	Vs. Kirklees
Aged under 19 years	22	=	24
% of South Asian origin	2	=	22
Deaths in infants aged less than 1 year	*		
Av no of decayed teeth in 5 year olds	2.1		
Being healthy aged 14			
Visited dentist in the last 6 months	96	✓	✓
Asthma	19	=	=
Diabetes	0		
Problems getting to sleep due to anxious or worried	9	=	=
Doing more than 60 mins physical activity daily	33	=	=
Less than 30 mins physical activity daily	28	=	=
No breakfast before school	33	=	X
Smoking weekly or more	12	X	=
Of those who smoke: Contented smokers	30	X	X
Want to quit	20	=	✓
Of those who drink alcohol			
Drinking weekly or more	41	X	✓
Out of control weekly or more	8	=	=
Drinking alone	16	=	=
Using illegal drugs monthly or more	5	=	=
Teenage pregnancies	*		
Had sexual intercourse	14	=	=
Of those having sex used contraception	*		
Emotional well-being aged 14			
Feeling miserable	19	✓	✓
Feeling angry	30	=	✓
Felt lonely	8	=	=
Feel unhappy with self	28	=	=
No one to talk to about problems	22	=	=
Not get on with family	21	=	=
Feeling unhappy at school	32	=	=
Not get on with school staff	39	=	X
Staying safe			
% across Kirklees on child protection register	+		
% across Kirklees Looked after children	+		
14 year olds Bullied in past 2 months	19	=	X
Been a bully in past 2 months	0		=
Worrying weekly or more about bullying	11	=	X
Been in physical fight in last 2 months	34	=	=
Economic well-being			
Households with children claiming income related benefits +	+		
Students eligible for free school meals	+		
Enjoying and achieving			
5 GCSEs grade C or higher	+		

Key to table of indicators: ✓ Better = Same * Small numbers X Worse
 + Combined with Batley so will be deflated

Health and well-being inequalities for adults in Batley, Birstall and Birkenshaw

Batley, Birstall and Birkenshaw locality had a number of significant health inequalities, particularly in the major killers such as heart disease and cancer in those under 75, and the behaviours that contribute to these diseases. Batley had been considered separately from Birstall & Birkenshaw as the areas had different specific issues.

Health challenges specific for Batley, Birstall and Birkenshaw

Batley experienced worse levels of **diabetes and stroke** than other parts of Kirklees. Personal behaviours, particularly **smoking and drinking alcohol** over sensible limits, were amongst the worst in Kirklees. Numbers of people in receipt of **health related benefits** were high and housing overcrowding was a particular issue.

Birstall and Birkenshaw had higher rates of **heart disease and high blood pressure** in under 65s, worse health functioning, particularly for those aged over 65 and deaths from **cancer** in those under 75. Care was required in interpreting information for Birstall & Birkenshaw as some factors were low numbers.

Population characteristics

- A larger proportion of the population are of the South Asian origin than in Kirklees as a whole. The proportion is very low in Birstall & Birkenshaw and high in Batley.
- Lower proportions of the population are aged over 65 than in Kirklees, but not in Birstall & Birkenshaw.

Health status

- Females in Batley had a life expectancy 2 years lower

than that of Kirklees. Males had the same rate.

- Birstall and Birkenshaw adults had a life expectancy 1 year less than Kirklees.
- Across the locality men had a life expectancy 5 years less than the best area nationally and women 8 years less than the best area nationally.
- Overall health functioning was worse in the locality than the Kirklees wide average and nationally.
- Older people had significantly worse health functioning than those under 65 particularly for role functioning, physical ability and bodily pain.
- Older people in Birstall and Birkenshaw had worse health functioning than older people in Batley, particularly for role functioning and physical ability.

Biological factors

- 1 in 4 adults experienced back pain.
- 1 in 5 adults in the locality experienced or nervous illness.
- Rates of cancer registration for breast, colon and lung were better than Kirklees and nationally in Batley, but worse in Birstall & Birkenshaw and nationally apart from breast.
- The rate of heart disease in both under and over 65's was higher in the locality than across Kirklees. It was



particularly worse in Birstall and Birkenshaw.

- Admissions for having a heart attack were higher than the Kirklees rate for all ages.
- Rates of high blood pressure are greater in the locality than in Kirklees as a whole for those under and over 65's, second only to Dewsbury and Mirfield. Birstall and Birkenshaw had higher rates than Batley.
- Rates of diabetes in both under and over 65's were higher than Kirklees. Birstall and Birkenshaw was lower than the Kirklees rate and Batley was significantly higher, with 1 in 8 of those over 65 having diabetes. Batley had the highest rate across Kirklees for those aged under 65.
- Rates of stroke in those over 65 were highest in Kirklees, with Batley having a particularly high rate. Rates for those under 65 were lower than Kirklees.
- 1 in 5 adults in the locality were obese.
- Premature death from heart disease was higher in the locality than Kirklees, with Batley having the highest rates across Kirklees.

Personal behaviours

- Over 1 in 5 adults smoked at least 1 cigarette a day. The rate was higher in Batley in particular.
- Just over 1 in 4 adults did enough physical activity weekly. The rate was higher in Batley than in Birstall and Birkenshaw which had the lowest rate across Kirklees.

- Nearly 1 in 10 of those under 65 did no physical activity in a week.
- Males in the locality drank an average 22 units of alcohol a week, 1 unit above the recommended weekly limit. This was slightly worse in Birstall and Birkenshaw.
- Over 1 in 3 males drank over these sensible limits, particularly in Batley.
- Just over 1 in 4 females drank over sensible limits, 14 units per week.
- Around a third of adults had binged on alcohol in the previous week, particularly males. 1 in 4 females in Birstall and Birkenshaw had binged in the previous week.

Living and working conditions

- 12 out of the 34 Super Output Areas (SOAs) (35%) in the locality were in the most deprived 20% nationally.
- 6 of the SOAs were in the most deprived 20% for children and 18 for older people.
- Higher than Kirklees and national levels of Income Support, Pension Credit, Council Tax Benefit, Disability Living Allowance, Job Seekers Allowance and Incapacity Benefit claimants.
- 1 in 4 homes in Batley were over occupied.

Indicator	Bat	Vs. Kirk	Vs. Nat	B&B	Vs. Kirk	Vs. Nat
<i>Population characteristics</i>	%			%		
Age groups						
aged under 19 no = 100294	28	higher		23	lower	
aged 19-44 no = 155170	39	higher		36	lower	
aged 45-64 no = 101082	21	lower		26	higher	
aged 65-84 no = 52777	11	lower		14	higher	
aged 85 and over no = 7383	2	lower		2	higher	
South Asian	32	higher		1	lower	
<i>Health status</i>						
<i>NB mean score out of 100, high = good health</i>	Score					
Role functioning - Physical						
mean aged over 17	74	=	X	72	✓	X
mean aged over 65	43	X		37	X	
- Emotional						
mean aged over 17	78	=	X	77	X	X
mean aged over 65	68	X		62	X	
Social functioning						
mean aged over 17	77	=	X	77	=	X
mean aged over 65	66	X		63	X	
Mental health						
mean aged over 17	71	=	X	72	=	X
mean aged over 65	73	X		71	X	
Physical ability						
mean aged over 17	74	X	X	77	=	X
mean aged over 65	56	=		46	X	
Bodily pain						
mean aged over 17	65	X	X	70	✓	X
mean aged over 65	54	X		52	X	

Indicator	Bat	Vs. Kirk	Vs. Nat	B&B	Vs. Kirk	Vs. Nat
<i>Biological</i>	%			%		
Depression, anxiety or other nervous illness aged over 17	20	X		20	X	
Cancer registration						
Breast	1.01	✓	✓	1.33	X	✓
Colon*	0.25	✓	✓	0.46	X	X
Lung*	0.54	✓	✓	0.84	X	X
Melanoma (skin)*	0.07	✓	✓	0.14	=	X
Prostate*	0.57	✓	✓	0.71	✓	✓
Heart disease						
aged under 65	5	X		5	X	
aged over 65	19	X	✓	30	X	✓
High blood pressure						
aged under 65	16	X		17	X	
aged over 65	42	X	✓	47	X	✓
Stroke						
aged under 65	1	✓		1	✓	
aged over 65	7	X	✓	4	✓	✓
Asthma						
aged under 65	12	=		13	X	
aged over 65	15	✓	X	15	X	X
Diabetes						
aged under 65	6	X		5	✓	
aged over 65	16	X	X	13	✓	X
Incontinence of urine						
aged under 65	4	✓		6	=	
aged over 65	13	=	✓	13	=	✓
Pain problems inc arthritis						
aged under 65 male	33	X		32	X	
aged under 65 female	25	X		20	X	
aged over 65 male	40	X	X	31	X	✓
aged over 65 female	56	✓	X	54	✓	X
Obesity i.e. Body Mass Index 30 and over	15	X		16	X	
Cancer deaths						
aged under 75 years*	1.17	✓	✓	1.37	X	X
Coronary heart, stroke, and vascular disease deaths aged under 75 years*	1.35	X	X	1.11	=	X
<i>Personal behaviours</i>						
Smoking						
At least 1 daily	24	X	✓	19	✓	✓
Physical activity						
more than 30 mins 3 times wkly	28	✓	X	21	X	X
Alcohol						
mean consumption males	2	=	✓	2	=	✓
mean consumption females	1	✓	✓	1	✓	✓
over sensible limits males	45	X	X	36	✓	X
over sensible limits females	27	✓	X	27	✓	X
bingeing males	38	X	X	39	X	X
bingeing females	32	✓	X	27	✓	X
<i>Living and working</i>						
Income support claimants	8	X	X	4	✓	✓
Council tax benefit	33	X		20	✓	
Household income average gross £'s	28,300	X	X	34,000	✓	✓
Unemployment more than 1 yr	13	X		9	✓	
Disability living allowance	6	X	X	5	✓	=
Incapacity benefit	8	X	X	6	✓	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

6.2 Denby Dale and Kirkburton

Health and well-being inequalities for children and young people in Denby Dale and Kirkburton

Generally, Denby Dale and Kirkburton experiences broadly better health than Kirklees overall. The Locality reflects higher levels of physical activity, dental health and lower levels of smoking. Life expectancy at birth is higher than Kirklees overall, particularly for men. There is a much lower South Asian population than in other localities.

Health challenges

The key challenges for this locality are **emotional well-being and alcohol**. The number of young people reporting feeling miserable was the highest in Kirklees (28%). Many felt angry, second only to Huddersfield North. They also reported feeling lonely more than all other localities. Young people in this locality started drinking **alcohol** early (under 10) and a high proportion drank alone. More were drinking regularly since 2005, but this was still less than the overall Kirklees rate.

Key developmental issues

Relating to the Kirklees key issues

Food: Relative to other localities Denby Dale and Kirkburton reflected higher rates of healthy eating as indicated by better dental health, fewer young people going without breakfast and no worse rates of overweight and obese women aged 18-44 than Kirklees as a whole. There is an indication that young people were not eating the recommended number of portions of fruit or vegetables – the worst of all localities.

Alcohol: (see health Challenges)

Emotional well-being: (see Health Challenges) Overall, young people seemed to get on with others, were happy at school and bullying rates were relatively low.

Educational attainment: This locality produced the highest GCSE results within Kirklees (69% pass A*-C).

Key issues which have considerable action already

More young people were not doing enough **physical activity** per day. Those who still chose to **smoke** (far fewer than 05 and than Kirklees as a whole) were happy to do so and not wanting to quit. This locality had the lowest rate of **teenage conceptions** but the highest rate of young people reporting having had sex aged 14 (23%). The locality had the lowest rate of young people living in households claiming **income related benefits** and the lowest rates of children on the **child protection** register.

Health of women aged 18-44 years in Denby Dale and Kirkburton (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	39	=
Physically active enough	34	=
Smoking daily	13	✓
Smoking at birth of child, excl S Asian origin 2006-07	7	✓
Over the sensible limits last week, of those who drank	29	=
Bingeing alcohol last week, of those who drank	38	✓



Health and well-being inequalities for adults in Denby Dale and Kirkburton

Generally adults living in Denby Dale and Kirkburton (DDK) experience the best health of adults in Kirklees overall – however in terms of life expectancy is well below the best in the country. Alcohol stands out as the most important issue, particularly for women. Whilst adults in DDK were less likely than adults elsewhere to be obese, have a poor diet, be inactive and smoke, there were still significant numbers of people whose health was at risk because of these unhealthy behaviours. Therefore the range of issues identified at a Kirklees level are particularly relevant for DDK.

DDK, along with the Valleys, had the highest proportion of people about to move into retirement. Encouraging them and supporting them to maintain or adopt behaviours that will contribute to healthy ageing will be critical to ensuring the health of that cohort does not deteriorate. The most common conditions in DDK were pain, high blood pressure, heart disease, diabetes, asthma and incontinence. So, whilst overall DDK appeared to have few big challenges and be relatively affluent, there were specific groups who are more vulnerable. Other groups whose needs must be addressed include the fifth of older people who lived on low incomes and the 2 out of 3 who lived alone.

Population

- Higher proportion of working age people than Kirklees.
- Lowest proportion of South Asian and non-White people.

Health status

- Male life expectancy highest in Kirklees, but more than 3 years lower than the best in England.
- Female life expectancy was higher than Kirklees average, but more than 4 years lower than the best in England.
- Overall health status of all adults was the best in Kirklees and reflects the national average.
- Older people had significantly worse health status for physical functioning, physical ability and bodily pain.

Biological

- 1 in 5 of all adults experienced back pain, the lowest rate in Kirklees.
- 1 in 4 of all under 65s and 1 in 2 of all over 65 experienced pain (including arthritis).
- Less than 1 in 5 of all adults suffered from depression, anxiety or other nervous illness.
- Lowest death rate from cancers in Kirklees, but the only cancer for which there was lower than average registration rates was lung cancer.
- Lowest rate of heart disease 1 in 25, high blood pressure 1 in 7, asthma 1 in 10, diabetes 1 in 25.
- Lowest rate of premature death for both the major killers, cancer and heart disease, and lower than nationally.

Personal behaviours

- Less than 1 in 6 adults smoked at least 1 cigarette a day in the locality, the lowest rate in Kirklees.
- 1 in 6 adults were obese, slightly below the Kirklees rate of 1 in 5.
- Slightly more than 1 in 4 adults were physically active enough to benefit their health which is average for Kirklees, but well below the national average.
- Males in the locality drank on average 21 units of alcohol a week, the sensible limit, and women drank 13 units, 1 unit below the recommended sensible limit and the highest in Kirklees.

- Over 1 in 3 males and nearly 1 in 3 females drank over these sensible limits.
- Over a third of women have binged on alcohol in the past week.

Living and working conditions

- None of the 20 SOAs in the locality were in the most deprived 20% nationally, and none of the SOAs were in the most deprived 20% for children or older people.

Indicator			DDK	Vs. Kirklees	Vs. National
<i>Population characteristics</i>			%		
Age groups	aged under 19		21	Lower	
	aged 19-44		36	Lower	
	aged 45-64		28	Higher	
	aged 65-84		12	=	
	aged 85 and over		2	=	
South Asian			1	Lower	
<i>Health status</i>					
<i>NB mean score out of 100, high = good health</i>			Score		
Role functioning	- Physical	aged over 17	81	✓	✓
		aged over 65	55	✓	
	- Emotional	aged over 17	86	✓	✓
		aged over 65	87	✓	
Social functioning		aged over 17	85	✓	X
		aged over 65	75	✓	
Mental health		aged over 17	76	✓	=
		aged over 65	79	=	
Physical ability		aged over 17	84	✓	X
		aged over 65	61	✓	
Bodily pain		aged over 17	74	✓	X
		aged over 65	60	✓	
<i>Biological</i>			%		
Depression, anxiety or other nervous illness		aged over 17	17	✓	
Cancer registration	Breast		1.35	X	✓
	Colon*		0.25	✓	✓
	Lung*		0.48	✓	✓
	Melanoma (skin)*		0.26	X	X
	Prostate*		1.08	X	X
Cancer deaths		aged under 75	1.12	✓	✓
Coronary heart, stroke, and vascular disease deaths		aged under 75 years*	0.73	✓	✓
Heart disease		aged under 65	2	✓	
		aged over 65	15	=	✓

Indicator		DDK	Vs. Kirklees	Vs. National
High blood pressure	aged under 65	9	✓	
	aged over 65	33	✓	✓
Stroke	aged under 65	1	=	
	aged over 65	5	=	✓
Asthma	aged under 65	10	✓	
	aged over 65	13	=	X
Diabetes	aged under 65	2	✓	
	aged over 65	12	✓	=
Incontinence of urine	aged under 65	5	✓	
	aged over 65	12	X	✓
Pain problems inc arthritis	aged under 65 male	26	✓	
	aged under 65 female	22	✓	
	aged over 65 male	44	X	X
	aged over 65 female	47	=	=
<i>Personal behaviours</i>				
Smoking	at least 1 daily	15	✓	✓
Obesity i.e. Body Mass Index 30 and over		14	✓	
Physical activity more than 30 mins 3 / weekly		29	✓	✓
Alcohol, of those who drank	mean units drank males	21	=	✓
	mean units drank females	13	=	✓
	over sensible limits males	41	=	X
	over sensible limits females	31	=	X
	bingeing males	32	X	X
	bingeing females	35	=	X
<i>Living and working conditions</i>				
Single person pensioner households*		61	=	=
Pension credit		23	✓	✓
Council tax benefit		12	✓	
Household income average gross £'s		36,200	✓	✓
Unemployment more than 1 yr		12	X	
Disability living allowance		4	✓	=
Incapacity benefit		4	✓	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

6.3 Dewsbury and Mirfield

Health and well-being inequalities for children and young people in Dewsbury

Overall Dewsbury is very deprived, with real challenges in infants dying, unhealthy behaviours especially in women and staying safe. Sexual behaviour in 14 yr olds improved.

Health challenges specific for Dewsbury

Babies dying in their first year of life remained high, over twice the national rate. Linked to this, low birth weight remained high at 1 in 9 of births.

Maternal behaviours crucially affect infant health. More women of child bearing age tended to be overweight or obese, have higher levels of smoking and bingeing alcohol than the rest of Kirklees. That 1 in 3 of White women were **smoking at birth** is devastatingly high for their children's health.

Key developmental issues

Relating to the Kirklees key issues

Food: An indicator of poor diet in young families including mothers, decaying teeth in 5 year olds, remained high, and 3 times the national mean.

Alcohol: Sharply risen, as across Kirklees, to now 2 in 5 drank every week, vs. 31% in 2005 and 24% in 2003, as well as more getting out of control weekly and drinking alone, similar to across Kirklees, though less had their first drink aged 10 or less than elsewhere.

Emotional well-being: Self esteem and isolation remained problematic for nearly 1 in 4; more felt angry. Poor relationships remained much the same, except with school staff which have improved slightly, although 2 in 5 were unhappy at school.

Education: GCSE attainment is unreliable as it includes Mirfield which previously was much higher.

Key issues which have considerable action already

Smoking: Levels rose with more being happy to smoke and less wanted to quit, than before. Smoking in girls remains of concern, as 1 in 5 smoked weekly or more.

Physical activity: More achieved the right levels but also more were sedentary i.e. 1 in 3. The latter is the focus of local action, the same as across Kirklees.

Sexual health: 14 year olds having had sex was the lowest across Kirklees, 15%, and had markedly higher use of contraception than before. Teenage pregnancies were the highest for Kirklees, but relate only to 2004. In 2003 1 in 4 of 14 year olds had been sexually active. So hopefully the level of teenage pregnancies might be dropping.

Staying safe: Dewsbury had the highest proportion of child protection and second highest for Looked After Children across Kirklees. (though again is combined with Mirfield). Being bullied rose by a third, but worrying about it remained low at 1 in 14.

Economic well-being: Over half the families received income related benefits, second only to Batley across Kirklees.

Health of women aged 18-44 years in Dewsbury (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	47	X
Physically active enough	35	=
Smoking daily	24	X
Smoking at birth of child, excl South Asian origin 2006-07	34	X
Over the sensible limits last week, of those who drank	28	=
Bingeing alcohol last week, of those who drank	46	X

Health and well-being of children and young people in Dewsbury

	%	Vs. 2005 Report	Vs. Kirklees
Population aged under 19 years	22		
% of South Asian origin	43		Higher
Live births	7		Higher
of South Asian origin	48		
Deaths in infants aged less than 1 year	1.2	=	X
Av no of decayed teeth in 5 year olds	3	=	X
Being healthy aged 14			
Visited dentist in the last 6 months	86	✓	X
Asthma	17	=	=
Diabetes	0.1	=	=
Problems getting to sleep due to anxious or worried	13	=	=
Doing more than 60 mins physical activity daily	32	✓	=
Less than 30 mins physical activity daily	34	X	X
No breakfast before school	23	=	=
Smoking weekly or more	15	=	X
Of those who smoke: Contented smokers	24	X	=
Want to quit	15	X	=
Of those who drink alcohol Drinking weekly or more	44	X (31)	✓
Out of control weekly or more	9	=	=
Drinking alone	15	=	=
Using illegal drugs monthly or more	5	=	=
Teenage pregnancies	5.8	X	X
Had sexual intercourse	15	=	✓
Of those having sex used contraception	87	✓	✓
Emotional well-being aged 14			
Feeling miserable	20	=	=
Feeling angry	34	X	=
Felt lonely	9	=	=
Feel unhappy with self	26	=	=
No one to talk to about problems	22	=	=
Not get on with family	17	=	=
Feeling unhappy at school	39	X	x
Not get on with school staff	32	✓	✓
Staying safe			
% across Kirklees on child protection register +	35 +		
% across Kirklees Looked after children +	23 +		-
14 year olds Bullied in past 2 months	16	X	=
Been a bully in past 2 months	9	=	=
Worrying weekly or more about bullying	7	=	=
Economic well-being			
Households with children claiming income related benefits +	56 +		Higher
Students eligible for free school meals +	20 +		Higher
Enjoying and achieving			
5 GCSEs grade C or higher +	44 +		x

Key to table of indicators: ✓ Better = Same * Small numbers X Worse
+ Combined with Mirfield so will be inflated

Health and well-being inequalities for children and young people in Mirfield

Overall Mirfield experiences broadly similar levels of issues as Kirklees overall. It also has higher levels of safer healthy behaviours and positive relationships.

Health challenges

Overall Mirfield had lower levels of health problems than elsewhere.

Maternal behaviours crucially affect infant health. Overall women of child bearing age had lower levels of smoking or drinking over the limits than the rest of Kirklees, but otherwise were much the same. However, they had nearly the highest levels of **alcohol use** whether overall levels or bingeing.

Key developmental issues

Relating to the Kirklees key issues

Food: Low levels of decaying teeth in 5 year olds (a proxy for poor early diet), and average level of no breakfast before school, an important factor in poor educational attainment.

Alcohol: Sharply risen, as across Kirklees, to nearly half drinking every week, vs. 34% in 2005 and 22% in 2003, but less getting out of control weekly and very few drinking alone. So although drinking was more common, it was more controlled than elsewhere.

Emotional well-being: Being angry rose sharply to 1 in 3, self esteem remained problematic for about 1 in 4. Though those in Mirfield were the least likely to feel lonely, still 1 in 5 had no one to talk to about problems. Poor relationships remained the same, but were lower than the rest of Kirklees.

Education: GCSE attainment is unreliable as it included Dewsbury which previously was much lower.

Key issues which have considerable action already

Smoking: Remained the same, but those happy to smoke or had not quit rose by 50%.

Physical activity: More achieved the right levels but also more were sedentary; the latter is the focus of local action, the same as across Kirklees.

Sexual health: Having had sex remained the same as before. Use of contraception was high and rose slightly since 2005. Teenage pregnancies have slightly risen but are very small numbers.

Staying safe: Bullying remained much the same as before. Worrying about it remained low at 1 in 16.

Economic well-being: In 2005 household income in Mirfield was 13% higher than the average for Kirklees at £33700, the third most affluent area in Kirklees after Denby Dale & Kirkburton and the Valleys.

Health of women aged 18-44 years in Mirfield (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	30	✓
Physically active enough	36	✓
Smoking daily	14	✓
Smoking at birth of child, excl South Asian origin 2006-07	18	✓
Over the sensible limits last week, of those who drank	32	=
Bingeing alcohol last week, of those who drank	44	x

Health and well-being of children and young people in Mirfield

	%	Vs. 2005 Report	Vs. Kirklees
Aged under 19 years	21	=	
% of South Asian origin	2	=	Much lower
Deaths in infants aged less than 1 year	*		-
Av no of decayed teeth in 5 year olds	1.3	✓	✓
Being healthy aged 14			
Visited dentist in the last 6 months	96	✓	✓
Asthma	18	=	=
Diabetes	0	=	=
Doing more than 60 mins physical activity daily	34	✓	=
Less than 30 mins physical activity daily	28	x	=
Problems getting to sleep due to anxious or worried	10	=	=
No breakfast before school	21	=	=
Smoking weekly or more	14	=	=
Of those who smoke: Contented smokers	27	X	=
Want to quit	12	X	=
Of those who drink alcohol Drinking weekly or more	49	X	=
Out of control weekly or more	29	=	✓
Drinking alone	21	=	✓
Using illegal drugs monthly or more	2	=	=
Teenage pregnancies	38 *	*	*
Had sexual intercourse	16	=	=
Of those having sex used contraception	92	=	✓
Emotional well-being aged 14			
Feeling miserable	23	=	=
Feeling angry	31	X	✓
Felt lonely	9	=	=
Feel unhappy with self	25	=	=
No one to talk to about problems	20	=	=
Not get on with family	16	=	✓
Feeling unhappy at school	25	✓	✓
Not get on with school staff	28	=	✓
Staying safe			
% across Kirklees on child protection register	+		
% across Kirklees Looked after children	+		-
14 year olds Bullied in past 2 months	13	=	=
Been a bully in past 2 months	5	=	=
Worrying weekly or more about bullying	6	=	=
In physical fight previous 2 months	27	=	✓
Economic well-being			
Households with children claiming income related benefits +	+		
Students eligible for free school meals	+		
Enjoying and achieving			
5 GCSEs grade C or higher	+		

Key to table of indicators: ✓ Better = Same * Small numbers X Worse
+ Combined with Dewsbury so will be deflated



Health and well-being inequalities for adults in Dewsbury and Mirfield

Overall Dewsbury and Mirfield is very deprived with many health inequalities across a range of conditions, personal behaviours and living and working conditions. Dewsbury has more health issues than Mirfield and has the worst health of all the areas in Kirklees, making the locality overall experience the worst health in Kirklees. Mirfield has different issues from Dewsbury and is less deprived, but still has several significant health issues.

Health challenges specific for Dewsbury and Mirfield

Dewsbury has many health issues including high levels of poor overall health functioning, particularly those aged over 65, depression, anxiety and nervous illness and heart disease. It had the worst rates of **high blood pressure and diabetes** across Kirklees. The area has **higher rates for early death** in all the major killers, heart disease, cancer and suicide and the worst rate of death for all causes aged under 65 in Kirklees. Rates of **smoking** were the worst in Kirklees and binge **drinking alcohol** in females was high. People living in Dewsbury also had high rates of receipt of **health related benefits** and of **overcrowded housing**.

In contrast, **Mirfield** had the lowest rates across Kirklees for some of the health issues that are particularly poor in Dewsbury, such as heart disease in under 65s, diabetes and stroke. However, it had a higher rate of **cancer** registration for breast, colon, melanoma and prostate than Kirklees and nationally. It also had the highest mean **alcohol** consumption amongst males in Kirklees, and the highest rates of people drinking over sensible limits. Rates of **blood pressure** were also higher than in Kirklees as a whole.

Population characteristics

- Younger population profile than Kirklees particularly those aged under 20 years.
- Proportion of those aged over 65 was lower than the Kirklees.
- Larger proportion of South Asian origin than in Kirklees as a whole, particularly in Dewsbury.
- Proportion of South Asian origin in Mirfield was lower than Kirklees.

Health status

- Across Dewsbury and Mirfield the male and female life expectancy was slightly lower than Kirklees as a whole.
- Males in Dewsbury had a life expectancy 2 years lower than that for Kirklees, but males in Mirfield had slightly higher life expectancy than across Kirklees.
- Females in Dewsbury had a life expectancy just under 2 years less than for Kirklees; the females in Mirfield had the same life expectancy as for Kirklees as a whole.
- However both males and females in Dewsbury had a life expectancy 7 years lower than the best area in the country.

- Overall health functioning was worse in Dewsbury and Mirfield than in Kirklees and nationally.
- Older people in particular had significantly worse health functioning than under 65, particularly for role functioning, physical ability and bodily pain.
- Dewsbury had worse health functioning than Mirfield across all ages but particularly under 65's, and for older people in role functioning and physical ability.
- Premature death from coronary vascular disease and stroke was higher than the Kirklees and national rates, with Dewsbury being particularly high and Mirfield the lowest in Kirklees.
- Death from suicide, although low, was highest in Dewsbury and Mirfield and was twice the national rate.

Biological

- 1 in 4 adults experienced back pain.
- Nearly 1 in 3 adults under 65 and half of adults aged over 65 had some form of pain including arthritis.
- 1 in 5 had depression, anxiety or nervous illness
- Rates of cancer registration were higher than Kirklees and nationally for breast, colon, melanoma and prostate in Mirfield, but below Kirklees and nationally in Dewsbury.
- Heart disease was higher in Dewsbury than Mirfield in all ages than in Kirklees, particularly in Dewsbury. The rate in Mirfield for under 65s was better than Kirklees.
- Admissions following a heart attack were higher than Kirklees for those aged under 65. Rates for high blood pressure were high at all ages across Dewsbury and Mirfield compared with Kirklees.
- Dewsbury had the highest rate of blood pressure in Kirklees.
- Rates of diabetes were higher than Kirklees. Dewsbury had the highest rate with over 1 in 8 people. Rates in Mirfield were lower than Kirklees.
- Dewsbury and Mirfield had a high rate of stroke in those aged under 65, compared to Kirklees, with Dewsbury in particular having a higher rate than Mirfield. The rates for those under 65 were lower than Kirklees.
- Dewsbury and Mirfield had a similar rate of incontinence of urine to the Kirklees rate for all ages. However, Mirfield had a higher rate for over 65's than across Kirklees.
- 1 in 4 adults were obese.
- Dewsbury and Mirfield had the highest rate of death from cancer in under 75's across Kirklees. This was also higher than nationally.

Personal behaviours

- Prevalence of adults smoking in Mirfield was lower than Kirklees. The rate in Dewsbury was the highest in Kirklees.
- Only 1 in 4 adults did enough physical activity weekly.
- 1 in 11 adults across Dewsbury and Mirfield did no physical activity in a week.
- The mean consumption of alcohol in males across Dewsbury and Mirfield was 21 units per week, the sensible limit. The mean consumption in Mirfield was 24 units per week, above the sensible levels and the highest across Kirklees.
- Over 1 in 3 males and 1 in 4 females drank over sensible limits. Rates in Mirfield were higher than in Dewsbury.
- Over 1 in 3 adults were binge drinking in a week, particularly females. Rates in Dewsbury were higher than in Mirfield.

Living and working conditions

- 23 out of the 48 SOAs (48%) in the locality were in the most deprived 20% nationally.
- 10 of the SOAs were in the most deprived 20% for children and 21 for older people.
- Higher than Kirklees and national levels of Income Support, Pension Credit, Council Tax Benefit, Disability Living Allowance, Job Seekers Allowance and Incapacity Benefit claimants.
- 1 in 5 of the homes in the private sector with vulnerable people living in them were non-decent.
- 1 in 5 households in Dewsbury were fuel poor.
- 1 in 8 homes in Dewsbury/Thornhill were unsuitable, well above the Kirklees average, mainly due to being too small or badly in need of repair/improvement.
- 1 in 4 homes in Dewsbury were over occupied.

Indicator	Dews	Vs. Kirk	Vs. Nat	Mir	Vs. Kirk	Vs. Nat
Population characteristics						
	%			%		
Age groups						
aged under 19 no = 100294	29	higher		21	lower	
aged 19-44 no = 155170	38	higher		33	lower	
aged 45-64 no = 101082	21	lower		28	higher	
aged 65-84 no = 52777	11	lower		16	higher	
aged 85 and over no = 7383	1	lower		2	higher	
South Asian	25	higher		1	lower	
Health Status						
<i>NB mean score out of 100, high = good health</i>						
	Score					
Role functioning affected by physical health						
mean aged over 17	70	X	X	77	✓	X
aged over 65	40	X		53	✓	
Affected by emotional health						
mean aged over 17	74	X	X	80	✓	X
mean aged over 65	65	X		76	✓	
Social functioning						
mean aged over 17	74	X	X	81	✓	X
Mean aged over 65	68	X		70	=	
Mental health						
mean aged over 17	69	X	X	75	✓	=
mean aged over 65	73	X		73	X	
Physical ability						
mean aged over 17	73	X	X	80	✓	X
mean aged over 65	52	X		58	✓	
Bodily pain						
mean aged over 17	66	X	X	72	✓	X
mean aged over 65	56	X		58	✓	
Biological						
	%			%		
Depression, anxiety or other nervous illness						
aged over 17	21	X		19	✓	
Cancer registration						
Breast	1.08	✓	✓	1.7	X	X
Colon*	0.27	✓	✓	0.43	X	X
Melanoma (skin)*	0.06	✓	✓	0.22	X	X
Prostate*	0.63	✓	✓	1.13	X	X
Heart disease						
aged under 65	6	X		4	✓	
aged over 65	20	X	✓	19	X	✓
High blood pressure						
aged under 65	18	X		17	X	
aged over 65	50	X	✓	37	✓	✓
Stroke						
aged under 65	2	X		1	X	
aged over 65	5	✓	✓	2	✓	✓
Asthma						
aged under 65	12	X		12	X	
aged over 65	15	X	X	11	✓	✓
Diabetes						
aged under 65	6	X		3	✓	
aged over 65	19	X	X	12	✓	✓
Incontinence of urine						
aged under 65	7	X		4	✓	
aged over 65	12	=	✓	14	X	✓
Pain problems inc arthritis						
aged under 65 male	34	X		30	X	
aged under 65 female	29	X			X	
aged over 65 male	44	X	X	38	✓	X
aged over 65 female	58	X	X	44	✓	✓

Indicator	Dews	Vs. Kirk	Vs. Nat	Mir	Vs. Kirk	Vs. Nat
Obesity i.e. Body Mass Index 30 and over	21	X		16	✓	
Deaths all causes aged 15-64	3.03	X	X	2.11	✓	✓
Cancer deaths aged under 75 years*	1.34	X	X	1.32	X	X
Coronary heart, stroke, and vascular disease deaths aged under 75 years*	1.29	X	X	0.87	✓	✓
Suicide*	0.12	X	X	0.13	X	X
<i>Personal behaviours</i>						
Smoking at least 1 daily	25	X	✓	19	✓	✓
Physical activity more than 30 mins 3 times wkly	26	X	X	26	X	X
Alcohol – of those who drank						
mean consumption males	20	✓	✓	2	X	X
mean consumption females	11	=	✓	1	=	✓
Over sensible limits males	37	✓	X	42	X	X
Over sensible limits females	27	✓	X	30	X	X
Bingeing males	36	X	X	32	✓	X
Bingeing females	38	X	X	36	=	X
<i>Economic well-being</i>						
Income support claimants	9	X	X	3	✓	✓
Council tax benefit	33	X		16	✓	
<i>Living and working</i>						
Household income average gross £'s	28,600	X	X	34,700	✓	✓
Unemployment more than 1 yr	9	✓		9	✓	
Disability living allowance	6	X	X	5	✓	=
Incapacity benefit	9	X	X	5	✓	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse



6.4 Huddersfield North

Health and well-being inequalities for children and young people in Huddersfield North

Generally, Huddersfield North experiences broadly similar health to Kirklees overall. The Locality reflects slightly higher levels of healthy eating and slightly lower levels of smoking. Life expectancy at birth was similar to Kirklees overall, for both men and women.

Health challenges

Regular **alcohol** drinking amongst 14 year olds is the key challenge for this locality. Although fewer started to drink under 10, the numbers were still amongst the highest in Kirklees (second only to Batley). Many drank alone. In keeping with the rest of Kirklees, potential mothers drank alcohol regularly and bingeing, but this was less than the Kirklees average.

Of particular concern were the low levels of **emotional well-being** of the 14 year olds. Over a third felt angry weekly or more over the last year (worst in Kirklees) and 1 in 4 felt miserable weekly or more (second highest). Both these were worse than 2005. Further investigation of the possible links to the levels of drinking should be undertaken. Relationships with others was very low in this locality. Young people were not getting on with their families (1 in 5 – second worst to Spennings) and almost as many did not feel happy at school. 1 in 4 had no one to talk to.

Key developmental issues

Relating to the Kirklees key issues

Food: More young people visited the dentist over the last 6 months than in Kirklees as a whole and there was less tooth decay in 5 year olds on average. There was a high rate of overweight women of child bearing age and they had the highest rate of obesity across all localities. Fewer 14 year olds were going without breakfast than in 2005 and this was also less than Kirklees as a whole.

Alcohol: (see Health Challenges).

Emotional well-being: (see Health Challenges).

Educational attainment: Students achieving 5 GCSEs (Grade C or higher) is above average for this locality.

Key Issues which have considerable action already

More young people did enough **physical activity** but sedentary young people had increased in line with Kirklees.

Smoking has not decreased since 2005 and more young people were happy to continue, in line with Kirklees.

This locality had the second highest rate of **teenage conceptions** along with Huddersfield South.

In terms of staying safe Huddersfield North had second highest number of children on the **child protection** register, third highest proportion of child protection referrals and second highest number of children aged 0-15 **attending A&E departments** in the past year.

Over half of the children and young people in this locality lived in **families on low income** (parents out of work, receiving child tax credit and/or working tax credit).

Health of women aged 18-44 years in Huddersfield North (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	40	=
Physically active enough	29	X
Smoking daily	20	=
Smoking at birth of child, excl South Asian origin 2006-07	19	✓
Over the sensible limits last week, of those who drank	30	=
Bingeing alcohol last week, of those who drank	38	✓

Health and well-being of children and young people in Huddersfield North

	%	Vs. 2005 Report	Vs. Kirklees
Population aged under 19 years	22	=	Lower
of South Asian Origin	26	=	Higher
Deaths in infants aged less than 1 year	0.83	=	=
Av no of decayed teeth in 5 year olds	1.4	✓	✓
Being healthy aged 14			
Visited dentist in the last 6 months	92	✓	=
Asthma	17	=	=
Diabetes	1.3	=	=
Problems getting to sleep due to anxious or worried	11	=	=
Doing more than 60 mins physical activity daily	32	✓	=
Less than 30 mins physical activity daily	30	X	=
No breakfast before school	23	✓	=
Smoking weekly or more	12	=	=
Of those who smoke: Contented smokers	27	X	=
Want to quit	11	X	=
Of those who drink alcohol Drinking weekly or more	52	X	X
Out of control weekly or more	9	=	=
Drinking alone	17	=	X
First drink aged 9 or less	24	✓	X
Using illegal drugs monthly or more	4	=	=
Teenage pregnancies	5	=	X
Had sexual intercourse	17	=	=
Of those having sex used contraception	91	=	✓
Emotional well-being aged 14			
Feeling miserable	25	X	X
Feeling angry	37	X	X
Felt lonely	11	=	=
Feel unhappy with self	23	✓	✓
No one to talk to about problems	24	=	X
Not get on with family	21	✓	X
Feeling unhappy at school	37	=	=
Not get on with school staff	39	=	X
Staying safe			
% across Kirklees on child protection register	18	-	-
% across Kirklees child protection referrals	17	-	-
% across Kirklees Looked After Children	15	-	-
14 year olds Bullied in past 2 months	16	=	=
Been a bully in past 2 months	10	=	=
Worrying weekly or more about bullying	8	=	=
In physical fight previous 2 months	40	X	X
Economic well-being			
Households with children claiming income related benefits	51		=
Students eligible for free school meals	20		X
Enjoying and achieving			
5 GCSEs grade C or higher	54		=

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

Health and well-being inequalities for adults in Huddersfield North

Population

- Higher proportion of older people than elsewhere.
- Slightly higher proportion of Asian people and highest proportion of black people.

Health status

- Overall health status was lower than nationally, and health status was lowest for mental health and bodily pain.
- Older people had significantly worse health status for physical functioning, physical ability and bodily pain.

Biological

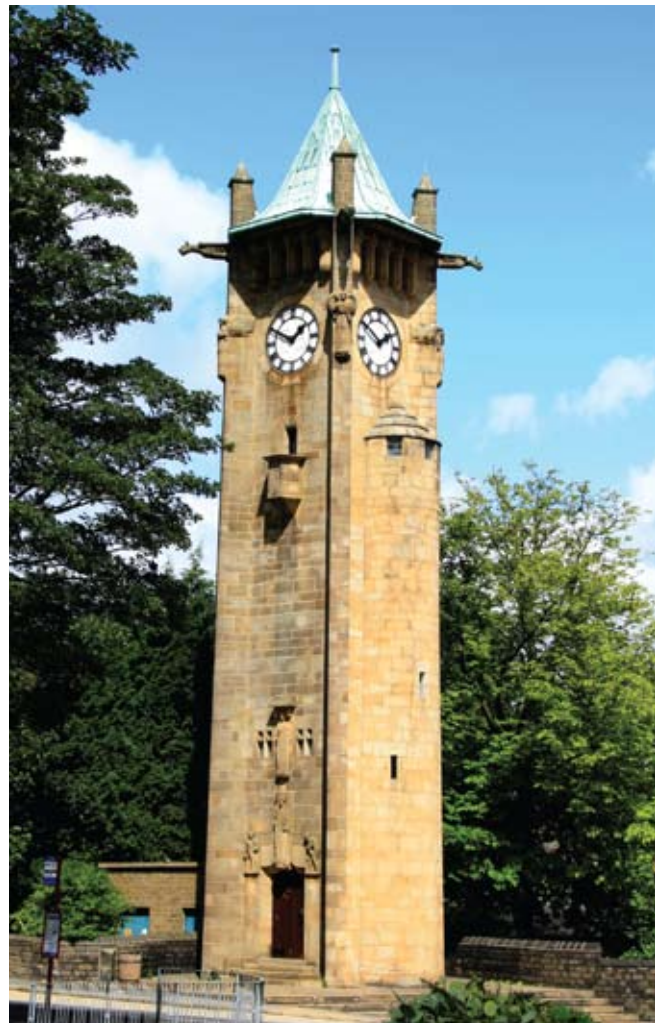
- 1 in 4 of all adults experienced pain, especially older people.
- Higher rates of diabetes (1 in 6) and high blood pressure (2 in 5) in older people.
- Deaths from suicide although small were nearly twice the national rate.

Personal behaviours

- 1 in 5 adults smoked at least 1 cigarette a day in the locality.
- 1 in 5 adults were obese, same as Kirklees.
- Across Kirklees only 1 in 5 adults ate 5-a-day, which was well below the national average.
- Over 1 in 3 men and just under 1 in 3 females drank over sensible limits in a week.
- Around a third of adults binged on alcohol in a given week, particularly females.

Living and working conditions

- Higher than Kirklees and national levels of Income Support, Disability Living Allowance and Incapacity Benefit claimants.
- 1 in 7 homes in mid-Huddersfield were unsuitable, the highest in Kirklees, mainly due to being too small or badly in need of repair/improvement.
- 1 in 4 households were fuel poor.



Indicator		%	Vs. Kirklees	Vs. National
<i>Population characteristics</i>				
Age groups	aged under 19	23	=	
	aged 19-44	38	=	
	aged 45-64	23	Higher	
	aged 65-84	14	Higher	
	aged 85 and over	2	Higher	
South Asian		14	Higher	
<i>Health status</i>				
<i>NB mean score out of 100, high = good health</i>		<i>Score</i>		
Role functioning - Physical	aged over 17	74	=	X
	aged over 65	45	X	
- Emotional	aged over 17	77	X	X
	aged over 65	72	=	
Social functioning	aged over 17	77	=	X
	aged over 65	72	=	
Mental health	aged over 17	72	=	X
	aged over 65	76	=	
Physical ability	aged over 17	78	=	X
	aged over 65	57	=	
Bodily pain	aged over 17	70	=	
	aged over 65	59	✓	
<i>Biological</i>		<i>%</i>		
Depression, anxiety or other nervous illness		21	=	
Cancer registration	Breast	1.34	X	✓
	Colon*	0.33	=	✓
	Lung*	0.65	=	X
	Melanoma (skin)*	0.15	=	X
	Prostate*	1.05	X	=
Coronary heart, stroke, and vascular disease deaths aged under 75 years*		1.05	✓	X
Cancer deaths	aged under 75	1.16	✓	✓
Heart disease	aged under 65	4	=	
	aged over 65	16	✓	✓
High blood pressure	aged under 65	14	✓	
	aged over 65	39	✓	✓
Stroke	aged under 65	1	=	
	aged over 65	5	X	✓
Asthma	aged under 65	13	X	
	aged over 65	16	X	X
Diabetes	aged under 65	5	=	
	aged over 65	15	X	X
Incontinence of urine	aged under 65	6	X	
	aged over 65	11	✓	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

Indicator		%	Vs. Kirklees	Vs. National
Pain problems inc arthritis	aged over 65 male	26	✓	
	aged over 65 female	24	✓	
	aged over 65 male	37	✓	X
	aged over 65 female	48	✓	X
<i>Personal behaviours</i>				
Smoking	at least 1 daily	21	=	✓
Obesity	i.e. Body Mass Index 30 and over	18	=	
Physical activity	more than 30 mins 3 / weekly	25	X	X
Alcohol – of those who drank	mean consumption males	22	=	=
	mean consumption females	11	=	✓
	over sensible limits males	37	✓	X
	over sensible limits females	29	=	X
	bingeing males	31	✓	X
	bingeing females	33	✓	X
<i>Living and working conditions</i>				
Income support claimants		7	X	X
Pension credit		28	=	X
Household income average gross £'s		32,100	=	X
Unemployment more than 1 yr		9	✓	
Council tax benefit		25	X	
Disability living allowance		6	X	X
Incapacity benefit		7	X	X

6.5 Huddersfield South

Health and well-being inequalities for children and young people in Huddersfield South

Generally, Huddersfield South experiences broadly similar health to Kirklees overall. The locality reflects the Kirklees average in terms of healthy behaviour, but more women smoked and binged alcohol. Life expectancy at birth was similar to Kirklees overall, particularly for men (slightly less for women).

Health challenges

The main challenges for this locality are **alcohol**, **emotional well-being** and **teenage pregnancies**. Regular alcohol drinking (14 year olds) has increased since 2005. Young people in this locality were the most unhappy with themselves, most unhappy at school (nearly half of them) and got on least well with school staff. 1 in 4 did not have anyone to talk to and were not happy at school. Over a third were angry over the last year and many young people reported being a bully, the highest rate in Kirklees (with Batley). Teenage pregnancies were the second highest in Kirklees (with Huddersfield North) behind Dewsbury.

Key developmental issues

Relating to the Kirklees key issues

Food: Visiting the dentist has improved since 2005 and there was less tooth decay in 5 year olds than in Kirklees as a whole. There was a high rate of overweight women of child bearing age (a particular issue for this locality) although obesity was less than the Kirklees average. Fewer 14 year olds were going without breakfast than in 2005 but this was still more than Kirklees as a whole.

Alcohol: (See Health Challenges). Potential mothers are also drinking alcohol regularly, in keeping with the rest of Kirklees. Bingeing in this group was the worst in Kirklees.

Emotional well-being: (See Health Challenges).

Educational attainment: Students achieving 5 GCSEs (Grade C or higher) is lower than Kirklees rate.

Key Issues which have considerable action already

Physical activity levels improved but those doing little or no exercise increased as well.

Although fewer young people **smoked**, more of them were happy to continue. Women aged between 18-44 smoked more than the Kirklees rate.

Levels of **contraception** use in 14 year olds needs to improve.

In terms of staying safe Huddersfield South had second highest number of children on the **child protection** register and the highest proportion of child protection referrals.

Over half of the children and young people in this locality were living in families on **low income** (parents out of work, receiving child tax credit and/or working tax credit) and the highest percentage of children eligible for free school meals.

Health of women aged 18-44 years in Huddersfield South (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	40	=
Physically active enough	35	=
Smoking daily	23	X
Smoking at birth of child, excl S Asian origin 2006-07	24	=
Over the sensible limits last week, of those who drank	31	=
Bingeing alcohol last week, of those who drank	46	X

Health and well-being of children and young people in Huddersfield South

	%	Vs. 2005 Report	Vs. Kirklees
Population aged under 19 years	23	=	=
of South Asian Origin	22	=	=
Deaths in infants aged less than 1 year	0.55	=	✓
Avg no. of decayed teeth in 5 year olds	2.0	✓	=
<i>Being healthy aged 14</i>			
Visited dentist in the last 6 months	90	✓	=
Asthma	90	=	=
Diabetes	1.7	=	=
Doing more than 60 mins physical activity daily	33	✓	=
Less than 30 mins physical activity daily	29	X	=
Problems getting to sleep due to anxious or worried	13	✓	=
No breakfast before school	23	✓	=
Smoking weekly or more	12	✓	=
Of those who smoke: Contented smokers	25	X	=
Want to quit	13	X	=
Of those who drink alcohol Drinking weekly or more	49	X	=
Out of control weekly or more	8	=	=
Drinking alone	13	=	=
Using illegal drugs monthly or more	4.5	=	=
Teenage pregnancies	5.1	=	X
Had sexual intercourse	18	=	=
Of those having sex used contraception	81	=	X
<i>Emotional well-being aged 14</i>			
Feeling miserable	22	=	=
Feeling angry	35	X	=
Felt lonely	12	=	=
Feel unhappy with self	28	=	X
No one to talk to about problems	24	=	X
Not get on with family	21	=	=
Feeling unhappy at school	42	X	X
Not get on with school staff	41	=	X
<i>Staying safe</i>			
% across Kirklees on child protection register	15	-	-
% across Kirklees child protection referrals	30	-	-
% across Kirklees Looked After Children	30	-	-
14 year olds Bullied in past 2 months	12	✓	=
Been a bully in past 2 months	11	=	=
Worrying weekly or more about bullying	8	=	=
In physical fight previous 2 months	39		X
<i>Economic well-being</i>			
Households with children claiming income related benefits	55		Higher
Students eligible for free school meals	24		Higher
<i>Enjoying and achieving</i>			
5 GCSEs grade C or higher	48		Lower

Key to table of indicators: ✓ Better = Same * Small numbers X Worse



Health and well-being inequalities for adults in Huddersfield South

Population

- Higher proportion of older people than elsewhere.
- Same proportion of South Asian and White people as Kirklees but higher proportion of black people.

Health status

- Overall health status was lower than nationally, and health status was lowest for mental health and bodily pain.
- Older people had significantly worse health status for physical functioning, physical ability and bodily pain.

Biological

- 1 in 4 of all adults experienced pain, especially older people.
- Higher rates of long term conditions, especially amongst older people, especially heart disease (1 in 13), asthma (1 in 7), diabetes (1 in 13), high blood pressure in under 65s (1 in 5) and stroke in over 65s (1 in 17).
- Premature death rate for cancer was higher than Kirklees and national rate.

Personal behaviours

- Nearly 1 in 4 adults smoked at least 1 cigarette a day in the locality, higher than Kirklees.
- 1 in 5 adults were obese, same as Kirklees.
- Across Kirklees only 1 in 5 adults ate 5-a-day, which was well below the national average.
- Over 1 in 3 males and nearly 1 in 3 females drank over sensible limits.
- Around 2 in 5 adults binge on alcohol in a given week; more men and women binge drank in Huddersfield South than anywhere else in Kirklees

Living and working conditions

- Higher than Kirklees and national levels of Income Support, Pension Credit, Disability Living Allowance and Incapacity Benefit claimants.
- 1 in 7 homes in mid-Huddersfield were unsuitable, the highest in Kirklees, mainly due to being too small or badly in need of repair/improvement.
- 1 in 4 households were fuel poor.

Indicator		%	Vs. Kirklees	Vs. National	
<i>Population Characteristics</i>					
Age groups	aged under 19	22	Lower		
	aged 19-44	34	Lower		
	aged 45-64	23	Lower		
	aged 65-84	14	Higher		
	aged 85 and over	20	Higher		
South Asian		11	=		
<i>Health status</i>					
<i>NB mean score out of 100, high = good health</i>		<i>Score</i>			
Role functioning	- Physical	aged over 17	72	X	X
		aged over 65	43	X	
	- Emotional	aged over 17	75	X	X
		aged over 65	71	X	
Social functioning	aged over 17	75	X	X	
	aged over 65	68	X		
Mental health	aged over 17	70	X	X	
	aged over 65	74	=		
Physical ability	aged over 17	76	X	X	
	aged over 65	52	X		
Bodily pain	aged over 17	67	X	X	
	aged over 65	55	X		
<i>Biological</i>					
Depression, anxiety or other nervous illness			22	X	
Cancer registration	Breast	1.17	✓	✓	
	Colon*	0.33	=	✓	
	Lung*	0.78	X	X	
	Melanoma (skin)*	0.11	✓	✓	
	Prostate*	1.05	X	=	
Coronary heart, stroke, and vascular disease deaths aged under 75 years*			1.13	=	X
Cancer deaths	aged under 75		1.3	X	X
Heart disease	aged under 65		5	X	
	aged over 65		19	=	✓
High blood pressure	aged under 65		17	X	
	aged over 65		35	✓	✓
Stroke	aged under 65		2	X	
	aged over 65		6	X	✓
Asthma	aged under 65		14	X	
	aged over 65		16	X	X
Diabetes	aged under 65		6	X	
	aged over 65		13	✓	X
Incontinence of urine	aged under 65		6	X	
	aged over 65		13	X	✓

Indicator		%	Vs. Kirklees	Vs. National
Pain problems inc arthritis	aged under 65 male	30	X	
	aged under 65 female	27	X	
	aged over 65 male	42	X	X
	aged over 65 female	52	=	X
<i>Personal behaviours</i>				
Smoking	at least 1 daily	24	X	✓
Obesity	i.e. Body Mass Index 30 and over	18	=	
Physical activity	more than 30 mins 3 / weekly	29	✓	X
Alcohol – of those who drank	mean consumption males	22	=	=
	mean consumption females	11	=	✓
	over sensible limits males	41	X	X
	over sensible limits females	30	=	X
	bingeing males	39	X	X
	bingeing females	39	X	X
<i>Living and working conditions</i>				
Income support claimants		8	X	X
Pension credit		30	=	X
Household income average gross £'s		29,400	X	X
Unemployment more than 1 yr		11	✓	
Council tax benefit		28	X	
Disability living allowance		6	=	=
Incapacity benefit		8	=	=

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

6.6 Spen

Health and well-being inequalities for children and young people in Spen

Overall Spen has rising levels of unhealthy personal behaviours, i.e. smoking, alcohol and especially sex, in sharp contrast to 2005. Relationships have worsened both at school and at home. It was average for income and educational attainment.

Health challenges

Babies dying in their first year of life had dropped a little over time. **Maternal behaviours** crucially affect infant health. Nearly half of women of child bearing age were at least overweight, the highest across Kirklees, as was their consumption of alcohol with bingeing alcohol amongst the highest. Otherwise similar levels of smoking and adequate physical activity as the rest of Kirklees.

Key developmental issues

Relating to the Kirklees key issues

Food: Spen had average levels of decaying teeth in 5 year olds as a proxy for poor early diet, and no breakfast before school, an important factor in poor educational attainment.

Alcohol: Sharply risen to over half drank every week, compared to 29% in 2005 and 26% in 2003, the highest across Kirklees. More were getting out of control weekly and drinking alone. Spen had also amongst the highest levels of women drinking. Though less had their first drink aged 10 or less than elsewhere.

Drug misuse: Was slightly higher than elsewhere. Of those using drugs 1 in 4 were out of control monthly or more, the highest across Kirklees.

Emotional well-being :Self esteem and isolation remain problematic for about 1 in 4, feeling angry worsened, to 1 in 3. Poor relationships have worsened especially with family and school staff.

Education: The level of GCSE was higher than Kirklees average.

Key issues which have considerable action already

Smoking: Rose sharply from 9% in 2005 (having dropped from 20% in 2003), and those happy to smoke or not quit has doubled.

Physical activity: More achieved the right levels but also more were sedentary, the latter is the focus of local action, the same as across Kirklees.

Sexual health: 14 year olds having had sex has risen from 12% in 2005 to 19% and had the lowest use of contraception across Kirklees, 2 in 3 starting aged 13 or less. This is a real reversal on the previous improvement. Teenage pregnancies have slightly risen and were slightly higher than Kirklees.

Staying safe: Bullying remained much the same as before, except being a bully recently had raised slightly. Worrying about it remained low at 1 in 16.

Economic well-being: Slightly fewer families received income related benefits than the rest of Kirklees.

Health of women aged 18-44 years in Spen (from 2005)

Indicators	%	vs. Kirklees
Obese or overweight	45	x
Physically active enough	32	=
Smoking daily	21	=
Smoking at birth of child, excl South Asian origin 2006-07	23	=
Over the sensible limits last week, of those who drank	34	x
Bingeing alcohol last week, of those who drank	45	X

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

Health and well-being of children and young people in Spen

	%	Vs. 2005 Report	Vs. Kirklees
Aged under 19 years	23	=	=
% of South Asian origin	12	=	Less
Live births	6	=	=
% of South Asian origin	15	=	Less
Deaths in infants aged less than 1 year	0.77	✓	=
Low birth weight	9	✓	=
Av no of decayed teeth in 5 year olds	2.2	✓	=
Being healthy aged 14			
Visited dentist in the last 6 months	91	=	=
Asthma	17	=	=
Diabetes	1	=	=
Problems getting to sleep due to anxious or worried	11	=	=
Doing more than 60 mins physical activity daily	32	✓	=
Less than 30 mins physical activity daily	29	x	=
No breakfast before school	21	=	=
Smoking weekly or more	16	X	X
Of those who smoke: Contented smokers	28	X	X
Want to quit	7	X	X
Of those who drink alcohol Drinking weekly or more	51	X	X
Out of control weekly or more	9	=	=
Drinking alone	15	=	=
Using illegal drugs monthly or more	6	=	X
Teenage pregnancies	4.7	X	=
Had sexual intercourse	19	X	X
Of those having sex used contraception	78	X	X
Emotional well-being aged 14			
Feeling miserable	22	=	=
Feeling angry	34	X	=
Felt lonely	13	=	=
Feel unhappy with self	27	X	=
No one to talk to about problems	21	=	=
Not get on with family	22	X	X
Feeling unhappy at school	34	X	=
Not get on with school staff	38	X	X
Staying safe			
% across Kirklees on child protection register	10		
% across Kirklees Looked after children	13		
14 year olds Bullied in past 2 months	15	=	=
Been a bully in past 2 months	11	X	=
Worrying weekly or more about bullying	6	=	=
Been in a physical fight	36	=	=
Economic well-being			
Households with children claiming income related benefits +	42		Lower
Students eligible for free school meals	12		Lower
Enjoying and achieving			
5 GCSEs grade C or higher	58		✓

Health and well-being inequalities for adults in Spen

Inequalities in Spen reflect the picture across Kirklees, apart from having more people suffering all forms of pain, more people with high blood pressure, and more women consuming alcohol over sensible limits and bingeing, than the Kirklees average. The range of issues identified for Kirklees are therefore particularly relevant for Spen.

Health challenges specific for Spen

Suffering pain was worse than in other parts of Kirklees. **Heart attack** admissions for those aged over 65 were higher than the Kirklees rate, and this was consistent with more people in Spen having **high blood pressure**. More people **smoked** and were **obese** than the Kirklees average and **alcohol consumption** was high for women in Spen, both over sensible limits and bingeing.

Population characteristics

- Lower proportion of those aged over 65 than Kirklees.
- Lower proportion of the population of South Asian origin

Health status

- Life expectancy in the locality was very similar to Kirklees. However, adults in Spen can expect to live 6 years less than the best area in England and Wales.
- Those aged over 65 had significantly worse health functioning than those under 65, particularly for role functioning, physical ability and bodily pain.

Biological

- 1 in 4 adults experienced back pain.
- Pain problems including arthritis were worse in Spen particularly for those aged under 65.
- Nearly half of over 65 year olds suffered pain including arthritis.
- 1 in 5 people locally suffered depression, anxiety or nervous illness.
- Hospital admissions lasting more than 3 days after an accident were above the rate for both Kirklees and were the highest in Kirklees. They were the same as the level nationally.
- Spen had the highest rate of hospital admission after a heart attack across Kirklees for both under and over 65 year olds.
- Rates of high blood pressure in both under and over 65's were higher than Kirklees.
- Over 65's had a higher rate of asthma than Kirklees, but those aged under 65 had a lower rate than across Kirklees.
- 1 in 7 adults were obese.



Personal behaviours

- Over 1 in 5 adults smoked at least 1 cigarette a day.
- Just over 1 in 4 adults did enough physical activity weekly.
- 1 in 13 of those under 65 did no physical activity in a week.
- The average consumption of alcohol of males in Spen was 21 units per week, the sensible limit.
- Just over 1 in 3 men and just under 1 in 3 females drank over sensible limits in a week, the latter amongst the worst in Kirklees.
- Over 1 in 3 females binge drank with the locality being the second highest rate across Kirklees.

Living and working conditions

- 4 out of the 34 SOAs (12%) in the locality were in the most deprived 20% nationally.
- 3 of the SOAs were in the most deprived 20% for children and 6 for older people.
- Higher than Kirklees and national levels of Pension Credit claimants.
- 1 in 4 homes in Heckmondwike were over occupied.
- 1 in 4 households in Cleckheaton and Liversedge were fuel poor.

Indicator		%	Vs. Kirklees	Vs. National	
<i>Population characteristics</i>					
Age groups	aged under 19 no. = 100294	24	lower		
	aged 19-44 no. = 155170	36	lower		
	aged 45-64 no. = 101082	26	higher		
	aged 65-84 no. = 52777	13	higher		
	aged 85 and over no. = 7383	2	=		
South Asian origin		6	lower		
<i>Health Status</i>					
		<i>Score</i>			
Role functioning	- Physical	mean aged over 17	76	✓	X
		mean aged over 65	50	✓	
	- Emotional	mean aged over 17	79	=	X
		mean aged over 65	73	=	
Social functioning		mean aged over 17	79	✓	X
		mean aged over 65	71	✓	
Mental health		mean aged over 17	72	=	X
		mean aged over 65	75	=	
Physical ability		mean aged over 17	78	=	X
		mean aged over 65	58	✓	
Bodily pain		mean aged over 17	68	X	X
		mean aged over 65	56	X	
<i>Biological</i>					
		<i>%</i>			
Depression, anxiety or other nervous illness			20	=	
Cancer registration	Breast		1.23	✓	✓
	Colon*		0.34	=	✓
	Lung*		0.8	X	X
	Melanoma (skin)*		0.17	X	X
	Prostate*		0.72	✓	X
Coronary heart, stroke, and vascular disease deaths aged under 75 years*			1.03	✓	X
Cancer deaths aged under 75 years			1.32	✓	✓
Back pain	aged under 65		26	X	
	aged over 65		26	✓	
Heart disease	aged under 65		4	✓	
	aged over 65		18	✓	✓
High blood pressure	aged under 65		16	X	
	aged over 65		41	X	✓
Stroke	aged under 65		1	X	
	aged over 65		4	✓	✓
Asthma	aged under 65		10	✓	
	aged over 65		16	X	X
Diabetes	aged under 65		4	✓	
	aged over 65		12	✓	=
Incontinence of urine	aged under 65		5	✓	
	aged over 65		11	✓	✓

Indicator	%	Vs. Kirklees	Vs. National	
Pain problems inc arthritis	aged under 65 male	32	X	
	aged under 65 female	26	X	X
	aged over 65 male	43	X	X
	aged over 65 female	55	X	
Obesity i.e. Body Mass Index 30 and over	17	X		
<i>Personal behaviours</i>				
Smoking	at least 1 daily	22	X	✓
Physical activity	more than 30 mins 3 times weekly	28	=	X
Alcohol – of those who drank	mean units consumption males	21	✓	✓
	mean units consumption females	12	X	✓
	over sensible limits males	37	✓	✓
	over sensible limits females	30	X	X
	bingeing males	32	✓	X
	bingeing females	39	X	X
<i>Living and working</i>				
Income support claimants	5	✓	✓	
Council Tax benefit	21	✓		
Household income Average gross £'s	32,500	✓	X	
Unemployment more than 1 yr	8	✓		
Disability living allowance	5	✓	X	
Incapacity benefit	6	✓	✓	

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

6.7 The Valleys

Health and well-being inequalities for children and young people in the Colne Valley

Generally, Colne Valley experiences broadly better health than Kirklees overall. The Locality reflects better dental health and higher levels of physical activity. Life expectancy at birth was higher than Kirklees for women, the same for men. There is a much lower South Asian population than in other localities.

Health challenges

The main health challenges centre around regular **alcohol** drinking – better than Kirklees as a whole but still at very high levels. There was a higher proportion of **overweight or obese women aged 18-44** ('childbearing' age – with implications for future health of the next generation) and more **smoked** daily.

Key developmental issues

Relating to the Kirklees key issues

Food: Relative to Kirklees as a whole, Colne Valley had better rates of healthy eating as indicated by dental health and young people going without breakfast (slightly fewer).

Alcohol: Although consistent with Kirklees, reported regular alcohol drinking is nonetheless substantial.

Emotional well-being: Levels were consistent with Kirklees as a whole, although slightly more reported not getting on with school staff.

Educational attainment: Students achieving 5 GCSEs (Grade C or higher) was well above the Kirklees rate, second only to Denby Dale and Kirkburton (The Valleys combined figure).

Key issues which have considerable action already

Rate of **teenage pregnancies** was the same as Kirklees as a whole. More young people were reporting using **contraception**. More young people did more intensive **physical activity** and fewer reported doing less than the recommended amounts. **Smoking** rates stayed the same but more than Kirklees overall wanted to quit. Young people in this locality were generally **better off**, with fewer living in households claiming income related benefit.

Health of women aged 18 - 44 years in Colne Valley (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	45	X
Physically active enough	35	=
Smoking daily	25	X
Smoking at birth of child, excl South Asian origin 2006-07	21	✓
Over the sensible limits last week	26	✓
Bingeing alcohol last week, of those who drank	38	✓

Health and well-being of children and young people in Colne Valley

	%	Vs. Kirklees
Population aged under 19 years	23	=
of South Asian Origin	4	lower
Live births	6	=
of South Asian origin	6	lower
Deaths in infants aged less than 1 year	0.2	=
Av no of decayed teeth in 5 year olds	0.6	✓
Being healthy aged 14		
Visited dentist in the last 6 months	94	✓
Asthma	18	=
Diabetes	0.7	=
Problems getting to sleep due to anxious or worried	11	=
Doing more than 60 min. physical activity daily	35	✓
Less than 30 min. physical activity daily	27	✓
No breakfast before school	19	=
Smoking weekly or more	10	=
Of those who smoke: Contented smokers	17	✓
Want to quit	19	✓
Of those who drink alcohol Drinking weekly or more	45	✓
Out of control weekly or more	7	=
Drinking alone	15	=
Using illegal drugs monthly or more	4	=
Teenage pregnancies	4	=
Had sexual intercourse	16	=
Of those having sex used contraception	90	✓
Emotional well-being aged 14		
Feeling miserable	19	=
Feeling angry	32	✓
Felt lonely	13	=
Feel unhappy with self	27	=
No one to talk to about problems	18	=
Not get on with family	17	=
Feeling unhappy at school	33	✓
Not get on with school staff	38	X
Staying Safe		
% across Kirklees on child protection register	12	
% across Kirklees child protection referrals	8	
% across Kirklees Looked After Children	6	
14 year olds Bullied in past 2 months	15	=
Been a bully in past 2 months	6	=
Worrying weekly or more about bullying	7	=
Economic well-being		
Households with children claiming income related benefits	33	✓
Students eligible for free school meals	12	✓
Enjoying and achieving		
5 GCSEs grade C or higher	63	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse



Health and well-being inequalities for children and young people in Holme Valley (North and South)

Generally, Holme Valley experiences broadly similar health to Kirklees overall. The Locality reflects better dental health and similar levels of smoking. Life expectancy at birth was higher than Kirklees overall, particularly for women. There is a much lower South Asian population than in other localities.

Health challenges

The main health challenges centre on **emotional well-being**. Young people felt miserable, angry and unhappy with themselves more than in Kirklees overall. Regular drinking was in keeping with Kirklees as a whole but this reflects very high levels.

Key developmental issues

Relating to the Kirklees key issues

Food: Relative to Kirklees as a whole, Holme Valley had similar rates of healthy eating as indicated by dental health, young people going without breakfast and rates of overweight and obese women aged 18-44.

Alcohol: Reported regular alcohol drinking was substantial. These results were consistent with those for Kirklees.

Emotional well-being: (see Health Challenges)

Educational attainment: Students achieving 5 GCSEs (Grade C or higher) was well above the Kirklees rate, second only to Denby Dale and Kirkburton (The Valleys combined figure).

Key issues which have considerable action already

Rate of teenage pregnancies was better than Kirklees as a whole. More young people were reporting using contraception. More young people did more intensive physical activity but more did less. Smoking rates stayed the same but more now wanted to quit and this was better than Kirklees overall. Young people in this locality were generally better off, with fewer living in households claiming income related benefit.

Health of women aged 18-44 years in Holme Valley (from 2005)

Indicators	%	Vs. Kirklees
Obese or overweight	39	=
Physically active enough	32	=
Smoking daily	11	✓
Smoking at birth of child, excl South Asian origin 2006-07	21	✓
Over the sensible limits last week	31	=
Bingeing alcohol last week, of those who drank	40	=

Health and well-being of children and young people in Holme Valley

	%	Vs. Kirklees
Population aged under 19 years	23	=
of South Asian origin	1	lower
Live births	5.4	=
of South Asian origin	1.6	lower
Deaths in infants aged less than 1 year	0.3	=
Av no of decayed teeth in 5 year olds	1.4	✓
Being healthy aged 14		
Visited dentist in the last 6 months	92	=
Asthma	15	=
Diabetes	0.8	=
Problems getting to sleep due to anxious or worried	14	=
Doing more than 60 min. physical activity daily	32	=
Less than 30 min. physical activity daily	28	=
No breakfast before school	18	=
Smoking weekly or more	12	=
Of those who smoke: Contented smokers	22	✓
Want to quit	10	=
Of those who drink alcohol Drinking weekly or more	49	=
Out of control weekly or more	9	=
Drinking alone	16	=
Using illegal drugs monthly or more	5	=
Teenage pregnancies	2.8	✓
Had sexual intercourse	13	=
Of those having sex used contraception	83	=
Emotional well-being aged 14		
Feeling miserable	29	X
Feeling angry	38	X
Felt lonely	16	=
Feel unhappy with self	31	X
No one to talk to about problems	22	=
Not get on with family	18	=
Feeling unhappy at school	31	✓
Not get on with school staff	38	=
Staying safe		
% across Kirklees on child protection register	12	
% across Kirklees child protection referrals	8	
% across Kirklees Looked After Children	6	
14 year olds Bullied in past 2 months	15	=
Been a bully in past 2 months	12	=
Worrying weekly or more about bullying	7	=
Economic well-being		
Households with children claiming income related benefits	33	✓
Students eligible for free school meals	12	✓
Enjoying and achieving		
5 GCSEs grade C or higher	63	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

Health and well-being inequalities for adults in The Valleys

Generally adults living in The Valleys have better health than adults in Kirklees overall – however it was worse than the national average. Older people were those most likely to experience **poor physical health including pain**. Alcohol stands out as an issue for adults in the Valleys, but whilst they were less likely than adults elsewhere to be obese, have a poor diet, be inactive and smoke, there were still significant numbers of people whose health is at risk because of these unhealthy behaviours. Therefore the range of issues identified at a Kirklees level is particularly relevant for The Valleys.

The Valleys has the highest proportion of people **about to move into retirement**. Encouraging them and supporting them to adopt behaviours that will contribute to healthy ageing will be critical to ensuring the health of that cohort does not deteriorate. The challenge for older people is to help them cope with the consequences of their health issues, especially pain and incontinence. So, whilst overall The Valleys appears to have few big challenges and be relatively affluent, there are specific groups who are more vulnerable. Other groups whose needs must be addressed include the quarter of older people who are living on low incomes, the 2 out of 3 who are living alone, the significant numbers of people living in unsuitable housing especially in the Colne Valley, and the quarter who are fuel poor.

Population

- Higher proportion of working age people than Kirklees

Health status

- Overall health status was lower than nationally, and health status was lowest for mental health and bodily pain.
- Older people had significantly worse health status for physical functioning, physical ability and bodily pain.

Biological

- 1 in 4 of all under 65s and 1 in 2 of all over 65 had pain (including arthritis).
- Highest rate of incontinence of urine in over 65s (1 in 7).
- Lowest rate of premature death for both the major killers, cancer and heart disease, and lower than the national rate.

Personal behaviours

- Nearly 1 in 5 adults smoked at least 1 cigarette a day.
- 1 in 10 adults were obese which was the lowest rate in Kirklees.

- Across Kirklees only 1 in 5 adults ate 5-a-day, which is well below the national rate.
- Nearly 1 in 3 adults were physically active enough to benefit their health which was above average for Kirklees and nationally.
- Males in the locality drank on average 21 units of alcohol a week, the sensible limit. Women drank 12 units – 2 units below the sensible limit.
- Over 1 in 3 people locally binge drank with more men binge drinking than women.
- Around a third of adults have binged on alcohol in a given week.

Living and working conditions

- 2 out of every 3 pensioner households was a single person.
- 1 in 8 homes in the Colne Valley were unsuitable, well above Kirklees, mainly due to being too small or badly in need of repair/improvement.
- 1 in 5 homes in the Colne Valley were over occupied and 1 in 4 households were fuel poor.

Indicator		%	Vs. Kirklees	Vs. National
<i>Population characteristics</i>				
Age groups	aged under 19	23	Lower	
	aged 19-44	35	Lower	
	aged 45-64	28	Higher	
	aged 65-84	12	=	
	aged 85 and over	2	=	
South Asian		1	Lower	
<i>Health status</i>				
<i>NB mean score out of 100, high = good health</i>		<i>Score</i>		
Role functioning - physical	aged over 17	76	✓	X
	aged over 65	54	✓	
- emotional	aged over 17	83	✓	=
	aged over 65	79	✓	
Social functioning	aged over 17	81	✓	X
	aged over 65	74	✓	
Mental health	aged over 17	74	✓	=
	aged over 65	74	✓	
Physical ability	aged over 17	80	✓	X
	aged over 65	60	✓	
Bodily pain	aged over 17	72	✓	X
	aged over 65	60	✓	
<i>Biological</i>		<i>%</i>		
Depression, anxiety or other nervous illness		17	✓	
Cancer registration	Breast	1.38	X	=
	Colon*	0.31	=	✓
	Lung*	0.58	✓	✓
	Melanoma (skin)*	0.16	X	X
	Prostate*	0.97	X	✓
Cancer deaths	aged under 75	1.12	✓	✓
Coronary heart, stroke & vascular disease deaths aged under 75 years*		0.9	✓	=
Heart disease	aged under 65	3	✓	
	aged over 65	19	=	✓
High blood pressure	aged under 65	13	✓	
	aged over 65	36	✓	✓
Stroke	aged under 65	1	✓	
	aged over 65	5	=	✓
Asthma	aged under 65	11	✓	
	aged over 65	15	=	X
Diabetes	aged under 65	3	✓	
	aged over 65	11	✓	✓
Incontinence of urine	aged under 65	5	✓	
	aged over 65	14	X	✓

Indicator	%	Vs. Kirklees	Vs. National	
Pain problems inc arthritis	aged under 65 male	25	✓	
	aged under 65 female	23	✓	
	aged over 65 male	45	X	X
	aged over 65 female	52	=	X
<i>Personal behaviours</i>		%		
Smoking	at least 1 daily	18	✓	✓
Obesity i.e. Body Mass Index 30 and over		16	✓	
Physical activity more than 30 mins 3 / weekly		31	✓	✓
Alcohol – of those who drank	mean consumption males	21	=	✓
	mean consumption females	12	=	✓
	over sensible limits males	40	=	X
	over sensible limits females	29	=	X
	bingeing males	37	X	X
	bingeing females	35	=	X
<i>Living and working conditions</i>				
Single person pensioner households		61	=	=
Pension credit		23	✓	✓
Household income average gross £'s		34,900	✓	✓
Unemployment more than 1 yr		10	=	
Council tax benefit		16	✓	
Disability living allowance		4	✓	=
Incapacity benefit		5	✓	✓

Key to table of indicators: ✓ Better = Same * Small numbers X Worse

7 Health and well-being indicators for children and young people in Kirklees, 2007

All data is the rate per 1000, unless specified. For the 14 year olds survey, rates are based on the number of responders to each question and not the total number of students who took part in the survey. For data definitions and sources, see appendices.

Key: Worse =
Better =

- * Beware small numbers
- + Data is combined between both Batley and Birstall & Birkenshaw, as is both Dewsbury and Mirfield. So given the data in previous reports the numbers here will inflate Batley and Dewsbury figures, and deflate the figures for Birstall and Birkenshaw as well as Mirfield.

Indicator	Bat	B&B	DDK	Dews	Mir	HN	HS	Spn	C Val	H Val	Kirk	Nat
Population characteristics of those aged under 19												
Aged under 19 years	280	224	218	292	209	234	221	232	228	227	260	
White	504	983	991	568	983	733	780	878	964	988	782	
Asian or British Asian	496	17	9	432	17	267	220	122	36	12	218	
Live births	72	56	47	71	47	60	56	59	57	54	61	57
	539	21	12	481	60	321	237	152	63	16	259	
	of South Asian origin											
Being Healthy												
Babies born with a low birth weight, i.e. under 2500 gm	134	71	49	109	64	90	94	88	78	59	93	80
Deaths in infants aged under 1 year	9.2	10.6*	4.1	12.0	7.1	8.3	5.5	7.7	1.9	3.9	7.6	5.2
Still births	7.9	5.3*	6.1	6.5	3.5	4.5	7.5	5.3	4.3	3.3	5.8	5.5
Deaths of children aged 1-15											0.19	
Average no of decayed, missing or filled teeth in 5 year olds	3.8	2.1	1.2	3.0	1.3	1.4	2.0	2.2	0.6	1.4	2.3	1.5
Incidence of Tuberculosis											7	
Incidence of Meningococcal Meningitis											4	
Incidence of Mumps											15	
Incidence of Measles											6	
Incidence of Rubella											0	
Incidence of Whooping Cough, aged under 16 years											8	

Indicator	Bat	B&B	DDK	Dews	Mir	HN	HS	Spn	C Val	H Val	Kirk	Nat
Self-reported health and health problems of 14 year olds												
Asthma	203	186	171	165	182	171	186	166	178	151	174	
Acne	44	18*	30	36	68	39	34	51	46	56	44	
Attention Deficit & Hyperactivity Disorder	19	18*	23	13	21	33	20	17	23	21	20	
Diabetes	9	-	10	1	4	13	17	10	7	8	9	
Epilepsy	9	9*	3	6	-	20	9	13	7	3	8	
Visited dentist in last 6 months	868	964	966	863	956	918	898	906	936	921	908	
Did NOT clean teeth yesterday	16	18*	7	12	-	7	13	17	3	8	11	
Less than 7 hours of sleep last night	98	100*	73	74	95	79	113	117	64	88	91	
Problems getting to sleep (weekly or more) due to being anxious or worried	87	93*	118	127	99	105	128	113	107	136	115	
Health behaviours												
<i>Physical activity</i>												
Children / young people minimum of 2 hours of PE and sport per week											750	800
14 year olds sweat or puffed for more than 60 mins daily	292	328	380	323	343	319	330	322	347	318	327	530
Less than 30 mins daily	325	281	283	340	284	295	287	289	266	283	298	
Women aged 18-44 physical activity > 30 mins 5 times weekly	392	194	337	353	356	292	349	351	351	324	337	
Physical activity none	51	73*	15	48	33	37	37	45	59	23	41	
<i>Weight</i>												
Obesity											94	
Overweight											113	
Overweight + obese											188	
Obesity											164	
Overweight											135	
Overweight + obese											298	
Women aged 18-44	149	119	122	171	130	174	133	148	175	79	143	
Obese	272	226	266	300	169	229	267	300	276	258	264	
Overweight	421	345	388	471	299	403	400	448			407	
Overweight + obese	139	93*	60	82	78	123	109	69	72	84	93	
Either obese or overweight												
Underweight												

Indicator	Bat	B&B	DDK	Dews	Mir	HN	HS	Spem	C Val	H Val	Kirk	Nat
<i>Food and nutrition</i>												
Aged 14	233	319	198	233	209	226	229	210	192	177	218	
	150	221	326	201	233	246	182	192	244	233	216	
Breast feeding uptake											620	770
<i>Smoking</i>												
Aged 14	150	124	94	154	140	116	122	162	99	118	130	130
Aged 14											110	100
Aged 14											160	160
Of those who still smoke	150	152	180	249	121	178	219	189	142	186	190	
	283	300	225	244	268	274	253	284	167	224	257	
	170	200	75	146	122	113	132	69	194	103	123	
Women aged 18-44 years	212	213	132	237	136	204	230	213	250	107	200	
Women smoking at birth excl. S. Asian population	310	270	70	340	180	190	240	230	210	230		
<i>Alcohol</i>												
14 year olds												
	426	412	431	440	486	521	486	513	449	541	481	
	287	216	238	152	188	238	178	179	203	253	206	
	124	82*	74	90	29	86	78	91	65	93	81	
									65	73	68	
									65	118	92	
	186	155	167	168	91	139	178	172	111	151	154	
									106	118	142	
									116	183	164	
	194	155	164	149	13	172	131	150	149	157	153	
	12	10*	12	12	12	12	13	13	13	14	12	
	312	265	294	282	315	267	266	309	260	343	290	
	384	324	450	456	440	383	458	452	380	412	416	
<i>Illegal drugs in 14 year olds</i>												
Ever taken illegal drugs	148	186	145	143	142	149	148	177	154	210	158	148
Taking any illegal drug (monthly or more) of all 14 year olds	34	53	37	49	17	39	45	55	40	54	44	50

Indicator	Bat	B&B	DDK	Dews	Mir	HN	HS	Spem	C Val	H Val	Kirk	Nat
Taking any illegal drug (monthly or more) of those taking drugs	234	286	256	343	121	269	312	315	261	256	279	
Out of control through drug use (monthly or more)	149	95*	70	162	30	104	75	250	87	49	91	
Type of drug tried												
Cannabis	132	179	139	133	140	140	138	174	159	203	151	
Glue	23	19*	14	30	22	37	20	35	27	53	29	
Ecstasy	10	29*	34	28	17	30	15	41	14	19	25	21
Speed	10	19*	14	27	9	21	18	31	3	13	19	16
Heroin (actual no weekly or more in total)	3	-	7	9	-	21	10	12	-	13	9	
Cocaine	23	10*	31	24	-	34	11	25	10	37	22	18
Benzodiazepines	6	3*	-	6	-	16	8	12	-	8	7	
Taken unknown drug	10	29*	34	28	17	30	15	41	14	19	25	
Sexual Health												
Teenage pregnancies	40.9	39.8	22.8	58.3	38.2	49.5	50.9	46.8	44.0	27.6	44.6	42.6
14 year olds had sexual intercourse	171	144	228	145	158	172	178	188	163	127	169	
14 year olds had sexual intercourse – males									137	97	159	
14 year olds had sexual intercourse – females									186	164	178	
Of those 14 year olds who have had sexual intercourse:												
No contraception used	189	313	119	133	81	92	193	219	104	167	155	
No contraception used males									-	100	108	
No contraception used females									172	214	196	
First sexual intercourse aged 13 years or less	566	313	515	602	676	500	532	646	625	646	526	
First sexual intercourse aged 13 years or less - males									737	550	513	
First sexual intercourse aged 13 years or less - females									552	714	535	
Psychological health, relationships and support												
Body Image Perception of 14 year olds												
Worried about physical development	310	345	146	277	235	273	233	240	272	257	254	
Worried about sexual development	203	168	153	191	129	193	183	188	202	179	182	
Happy with the way you look	657	540	680	641	624	638	617	606	649	597	627	

Key: Worse =  Better = 

Indicator	Bat	B&B	DDK	Dews	Mir	HN	HS	Spen	C Val	H Val	Kirk	Nat
<i>Moods weekly or more in 14 year olds</i>												
In the last year of school:												
Had sudden changes of mood	211	216	269	193	251	238	228	243	235	249	232	
Felt miserable	210	191	277	203	230	247	223	217	193	291	227	
Felt panicky	119	72*	117	104	64	130	111	112	89	121	108	
Felt angry	313	304	363	337	306	372	353	339	318	382	344	
Felt lonely	115	82*	146	91	90	109	120	130	127	165	117	
Gone off food or overeaten	150	180	142	134	132	119	148	144	126	147	138	
<i>Relationships at home and school for 14 year olds</i>												
Get's on well with family	185	205	166	171	157	208	205	215	167	182	189	
Get's on well with staff	328	387	332	324	281	388	410	384	383	379	362	
Get's on well with other students	146	134	108	170	94	164	167	151	183	133	151	
Feel's happy at school	388	324	286	388	251	366	412	344	329	315	353	
Happy with yourself as a person	269	282	226	262	238	234	283	274	265	306	264	
Do NOT have someone to talk to about your problems	260	216	178	218	200	240	241	205	178	221	221	
<i>14 year olds caring for others</i>												
Caring for a parent with a disability/illness	7	0.5	2	9	15	8	9	6	4	2		
Staying Safe												
Children on the Child Protection register, aged under 18 years registrations per 1000 on CP register	2.3	+	0	2.9	+	2.4	2.7	1.5	1.5		2.3 120	2.3 130
Children and Young People on the child protection register % across Kirklees from each locality	11	+	1	35	+	18	15	10	12			
Child Protection Referrals % across Kirklees from each locality	13	+	3	20	+	17	30	10	8			
Looked after children aged under 18 years											4.1	5.5 (E)
Looked after children % of Kirklees from each locality	18	+	2	23	+	15	25	13	6			
Admissions to hospital due to injuries for ages under 18 (accidental and non-accidental)	11.6	+	9.9	12	+	9.7	10.9	11.6	10		10.9	
Children aged 0-15 attending A&E departments in past year	363	+	157	376	+	374	364	366	278		340	
Road Traffic Accidents Fatal (actual no. of deaths) aged under 15	0	0	0	0	0	0	1	0	0	0	1	

Indicator	Bat	B&B	DDK	Dews	Mir	HN	HS	Spem	C Val	H Val	Kirk	Nat
Bullying in 14 year olds												
Ever been bullied	476	464	488	442	470	443	454	489	528	513	472	
Bullied weekly or more in past 2 months, of those who have been bullied	159	192	97	162	126	160	116	150	146	146	144	
Ever been a bully	291	279	227	280	180	263	291	282	281	233	266	
Bully others weekly or more in past 2 months of those who have been bullies	129	-	63	87	50	101	109	109	63	120	97	
Worried weekly or more about bullying	76	107	54	67	64	75	79	64	70	73	70	
Been in at least 1 physical fight in the past 2 months	385	339	379	354	272	401	392	360	315	362	363	
Economic well-being												
Number of children living in households claiming income related benefits including Child Tax Credit and Working Tax Credit	580	+	232	561	+	505		424	331		478	411
14 year olds with a part time job	83	216	305	132	270	205	192	164	326	276	202	
of whom work more than 10 hours per week	267	167	111	121	111	180	137	138	131	111	137	
14 year olds way of travelling to school today	494	268	288	419	248	261	316	361	313	255	339	
Bus	265	679	563	137	109	152	236	196	418	357	262	
Walk	242	45*	146	435	643	585	443	431	263	373	392	
% Students eligible for free school meals	19	+	6.0	20	+	20	24	12	12		17	
School leavers known not to be employment, education or training % 16-18 year olds											10	
Enjoying and achieving												
% of students with Statement of Educational Needs	1.8	+	4.1	3.1	+	2.5	4.1	4	3.1		3.2	
5 GCSEs grade C or higher	399	+	689	443	+	542	478	577	625		532	592
Making a positive contribution												
Permanently excluded per 1000 students											0.8	1.2
% Attendance at school	93	+	94	93	+	93	93	94	94		94	

Key: Worse = Better =

8 Health and well-being indicators for Adults in Kirklees, 2007

All data is the rate per 1000, unless specified. For data definitions and sources, see Appendices.

- * beware very small numbers so the rates can vary widely due to 1 or 2 cases
- + data is combined between both Batley and Birstall & Birkenshaw, as is both Dewsbury and Mirfield. So given the data in previous reports the numbers here will inflate Batley and Dewsbury figures, and deflate the figures for Birstall and Birkenshaw as well as Mirfield.



Indicator	Bat	B&B	DDK	Dew	Mirf	HN	HS	Spn	Vall	Kirk	Nat
Population characteristics											
Total Population	37245	16495	32648	58033	19423	58345	74560	51660	70356	418765	
Age groups											
aged under 19 no. = 100294	281	225	214	293	210	234	223	235	229	241	
aged 19-44 no. = 155170	388	359	364	382	326	381	397	358	353	372	
aged 45-64 no. = 101082	210	259	282	205	284	230	226	256	276	243	
aged 65-84 no. = 52777	106	136	123	105	159	136	136	133	123	127	
aged 85 and over no. = 7383	15	20	17	14	21	19	19	18	19	18	
South Asian	324	11	8	246	9	139	113	60	13	114	51
White	661	976	981	739	978	783	831	926	970	856	895
Other	15	13	11	16	13	79	56	13	17	30	53
Health Status											
Life expectancy at birth – male	77	75.6	78.9	74.5	76.9	76.1	76.4	76	77.4	76.5	76.6
Life expectancy at birth – female	78.5	79.5	81.6	78.7	80.6	81.7	79.7	80.4	82.5	80.5	80.9
Life expectancy at 65 – male	81.0		81.7	80.8		81.9	81.9	81.2		81.5	81.5
Life expectancy at 65 – female	83.3		84.1	83.4		84.1	83.5	84.4		84.1	85.4
Life expectancy at 75 – male	84.7		84.6	84.2		85.0	85.1	84.7		84.8	84.9
Life expectancy at 75 – female	86.5		86.3	86.4		87.4	86.5	86.9		86.8	87.4
Long term limiting illness	303	294	231	347	257	284	322	302	249	291	440
Role functioning - Physical											
mean aged over 17	74	72	81	70	77	74	72	76	76	74	80
mean aged under 65	79	79	86	76	83	79	78	82	80	80	
mean aged over 65	43	37	55	40	53	45	43	50	54	47	

Indicator	Bat	B&B	DDK	Dew	Mirf	HN	HS	Spn	Vall	Kirk	Nat
- Emotional	78	77	86	74	80	77	75	79	83	79	84
mean aged over 17											
mean aged under 65	79	81	86	77	82	77	76	82	84	80	
mean aged over 65	68	62	87	65	76	72	71	73	79	73	
Social functioning											
mean aged over 17	77	77	85	74	81	77	75	79	81	78	85
mean aged under 65	79	80	87	76	84	78	77	81	83	80	
mean aged over 65	66	63	75	68	70	71	68	71	74	70	
Mental health											
mean aged over 17	71	72	76	69	75	72	70	72	74	72	75
mean aged under 65	70	72	76	69	75	72	69	72	74	72	
mean aged over 65	73	71	79	73	73	76	74	75	77	75	
Physical ability											
mean aged over 17	74	77	84	73	80	78	76	78	80	78	82
mean aged under 65	79	84	89	79	87	83	82	83	85	83	
mean aged over 65	56	46	61	52	58	57	52	58	60	56	
Bodily pain											
mean aged over 17	65	70	74	66	72	70	67	68	72	69	77
mean aged under 65	69	74	78	69	77	73	70	72	74	72	
mean aged over 65	54	52	60	56	58	59	55	56	60	57	
Biological											
Back pain											
aged over 17	241	233	197	246	215	235	265	259	233	242	
aged under 65	222	220	199	237	211	228	266	264	224	238	
aged over 65	307	282	197	283	234	270	278	260	225	263	
Depression, anxiety or other nervous illness											
aged over 17	203	198	171	212	185	205	219	196	166	196	
Accidents											
A&E attendances in 12 months	349	244	124	370	209	300	285	299	216	277	372
A&E attendances by site in 12 months											
Home	516	478	466	505	486	490	488	484	450	488	
Road Traffic	31	24	29	32	26	39	38	32	31	33	
Other	199	172	261	200	154	280	276	180	269	232	
Hospital admissions lasting more than 3 days after an accident											
Fracture hip hospital admissions aged 65 and over	5.2	7.0	6.7	5.1	4.2	6.8	6.4	5.9	7.6	6.3	6.1
Road Traffic Accidents											
Fatal*	0		0.1	0		0	0	0.1		0	0.1
Serious injuries*	0.5		0.5	0.4		0.4	0.6	0.5		0.5	0.5

Indicator	Bat	B&B	DDK	Dew	Mirf	HN	HS	Spn	Vall	Kirk	Nat	
Cancer registration	Breast	1.01	1.33	1.35	1.08	1.7	1.34	1.17	1.23	1.38	1.26	1.40
	Cervix*	0.09	0.23	0.08	0.14	0.1	0.1	0.11	0.14	0.09	0.11	0.10
	Colon*	0.25	0.46	0.25	0.27	0.43	0.33	0.33	0.34	0.31	0.32	0.36
	Lung*	0.54	0.84	0.48	0.62	0.75	0.65	0.78	0.8	0.58	0.66	0.63
	Melanoma (skin)*	0.07	0.14	0.26	0.06	0.22	0.15	0.11	0.17	0.16	0.14	0.13
Prostate*	0.57	0.71	1.08	0.63	1.13	1.05	1.05	0.72	0.97	0.88	1.06	
% 5 year relative survival of Cancers	Breast										81.4	
	Cervix										70.7	
	Colon										55.3	
	Trachea, Bronchus and Lung										6.6	
	Melanoma (skin)										86.5	
Prostate										74.6		
Heart disease	aged over 17	75	95	41	84	70	65	77	68	66	68	
	aged under 65	45	50	16	55	35	36	47	39	28	40	
	aged over 65	191	299	151	199	186	157	189	179	186	185	340
Heart attack hospital admissions	all ages	1.5	1.0	1.7	1.5	1.6	1.1	1.1	2.1	1.3	1.4	
	aged under 65*	0.9	0.6	0.8	0.9	1.0	0.5	0.4	1.2	0.6	0.7	
	aged over 65	6.1	2.7	7.3	5.9	4.5	4.5	4.5	7.5	5.6	5.5	
High blood pressure	aged over 17	215	225	147	247	164	192	207	212	175	196	
	aged under 65	156	174	94	181	168	140	170	160	129	149	
	aged over 65	422	473	331	503	365	386	349	413	360	394	630
Stroke	aged over 17	25	13	15	27	19	19	26	21	16	21	
	aged under 65	10	6	8	21	14	12	20	14	6	13	
	aged over 65	66	38	46	47	21	52	57	41	51	49	80
Asthma	aged over 17	130	126	102	131	122	137	144	111	114	124	
	aged under 65	118	127	97	124	120	131	141	102	105	119	
	aged over 65	145	153	131	150	107	159	157	157	147	149	110
Diabetes	aged over 17	88	60	40	88	59	72	74	58	49	65	
	aged under 65	64	46	20	63	33	54	62	41	31	48	
	aged over 65	164	128	122	185	116	154	129	123	109	137	120

Indicator	Bat	B&B	DDK	Dew	Mirf	HN	HS	Spn	Vall	Kirk	Nat
Incontinence of urine	65	71	62	80	62	74	75	64	66	70	
aged over 17											
aged under 65	44	56	52	69	41	64	64	51	45	56	
aged over 65	126	127	118	124	138	108	133	107	144	125	220
Pain problems inc arthritis	326	280	276	352	318	287	324	327	288	311	
aged over 17											
aged under 65 male	325	319	255	335	297	258	304	319	250	293	
aged under 65 female	249	198	222	297	281	239	274	256	228	253	
aged over 65 male	397	314	443	437	383	374	423	432	452	418	320
aged over 65 female	562	538	467	581	441	481	522	545	518	524	470
Deaths	2.37	2.62	1.67	3.03	2.11	2.42	2.67	2.54	2.05	2.49	2.41
All Causes aged 15-64											
Accident aged under 75 years*	0.06	0.03	0.08	0.09	0.05	0.09	0.08	0.06	0.11	0.08	0.16
Cancer aged under 75 years*	1.17	1.37	1.05	1.34	1.32	1.16	1.31	1.32	1.12	1.28	1.22
Coronary heart, Stroke, and vascular disease aged under 75 years*	1.35	1.11	0.73	1.29	0.87	1.05	1.13	1.03	0.9	1.1	0.97
Suicide*	0.06	0.09	0.05	0.12	0.13	0.1	0.08	0.06	0.05	0.09	0.06
Personal Behaviours											
Smoking	239	190	151	245	190	207	241	222	178	211	270
at least 1 daily											
Physical activity	282	213	287	262	261	246	288	276	305	277	295
more than 30 mins 3 times weekly											
Alcohol	21	22	21	20	24	22	22	21	21	22	23.0
mean consumption males											
mean consumption females	10	10	13	11	11	11	11	12	12	11	14.8
over sensible limits males	454	361	407	370	424	368	412	371	399	393	340
over sensible limits females	270	270	307	267	303	288	297	304	294	290	200
bingeing males	379	387	316	363	322	307	391	322	367	350	193
bingeing females	324	268	351	378	356	333	391	388	349	358	81
Obesity i.e. Body Mass Index 30 and over	154	164	139	206	156	178	182	174	155	171	
Diet: 5 portions of fruit / vegetable daily	659	657	734	641	657	680	670	639	709	675	
Sexually Transmitted Diseases											
Chlamydia										257	187
Warts										150	138

Key: Worse =
Better =

Indicator	Bat	B&B	DDK	Dew	Mirf	HN	HS	Spn	Vall	Kirk	Nat
Economic Well-being											
Income support claimants	76	43	19	94	28	72	79	49	36	59	59
Council tax benefit	326	197	121	329	159	252	277	205	160	233	
Household income average gross £000's	28.3	34	36.2	28.6	34.7	32.6	29.4	32.5	34.7	32	33.7
Unemployment more than 1 yr	128	93	122	98	91	91	110	84	98	102	
Disability living allowance	60	48	36	64	48	59	64	51	41	53	49
Incapacity benefit	81	63	38	89	52	74	80	62	48	67	73
Living and Working											
Crime	12	29	7	13	9	17	20	13	11	14	14
Car Crime	4.3	11.3	3.1	6.3	5.2	10.3	9.6	6.8	4.1	6.9	5.7
Household burglary	1.3	0.8	0.1	1.1	0.9	2.4	2.5	0.8	0.6	1.3	1.9
Robbery	101	134	42	128	68	109	163	99	68	106	105
All reported to the police	136	62	33	109	42	86	82	70	47	76	70
Housing	743	794	871	682	839	751	727	785	791	764	912
Overcrowding	253	204	128	315	158	241	269	209	206	232	83
Central heating + bath & toilet	755	857	911	766	871	738	685	845	848	794	
Bath + toilet but no central heating	138	60	48	137	75	161	174	74	96	117	
Mode of transport to work:	103	72	41	91	53	100	133	79	54	85	
car/ van /taxi /motorbike											
Bus/train											
Walk/cycle											

Key: Worse = Better =

9 Communicable diseases

9.1 Health care associated infections

Health Care Associated Infections (HCAIs) are caused by a wide range of micro-organisms. As the term suggests, they are associated with medical care and treatment in its widest sense from care provided in hospitals, in homes, General Practice and Care Homes.

Hospital associated infection is an infection that develops in a patient 48 hours or more after admission to hospital. A study in 2006 found that 8.2% of patients in hospitals in England were suffering from an HCAI.¹

Community acquired infection is any infection that a patient has when they come into hospital and occurs within 48 hours of admission.

Methicillin Resistant Staphylococcus Aureus (MRSA) is only one of the micro-organisms causing HCAIs. MRSA can cause a wide range of infections, including boils, abscesses, wound infections, pneumonia and septicaemia. The organism is dangerous if it enters the bloodstream and causes a bacteraemia. Nationally there were 6,381 cases of MRSA bacteraemia, year ending March 2007. The government set a target for a 50% reduction in MRSA bacteraemia by 31 March 2008. Mid Yorkshire Hospitals NHS Trust (MYHT) and Calderdale & Huddersfield NHS Foundation Trust (CHFT) will not achieve the target, but are working with the PCT to ensure sustainable improvement.

Clostridium difficile (*C.difficile*) can cause diarrhoea, ranging from mild to severe illness with ulceration of the colon (bowel), bleeding and even perforation leading to peritonitis. There were 55,620 reported cases of *C.difficile* infection reported in the UK in 2006.² A local target for the reduction of *C.difficile* has been agreed with MYHT and CHFT. The target in 2007/08 is MYHT 507 cases and CHFT 204 cases. The health economy must achieve a 30% reduction in *C.difficile* infections by 2008. MYHT and CHFT are on target to achieve the target set for 2007/08.

Norovirus, winter vomiting virus, may be less serious than MRSA or *C.difficile*, but far more numerous.

An individual's risk of infection depends on a number of factors:

- The patient is carrying (colonised) with the organism living harmlessly on the body.
- Contaminated equipment.
- The invasiveness of the procedure – type of surgery that the patient may be undergoing.

- Other wounds, e.g. leg ulcers.
- The use of medical devices, e.g. catheters.
- The vulnerability of the patient's immune system, weakened by disease/surgery.
- The patient is very young, elderly and infirm.

It is impossible to eradicate HCAIs completely. However, a proportion of HCAIs can be prevented by improved practices. Key steps in preventing these infections are:

- Prompt diagnosis and treatment.
- Meticulous hygiene, both hand hygiene and all aspects of cleanliness.
- Appropriate antibiotic prescribing.
- Isolation of the patient, C diff only.

Actions taken by the PCT to control HCAIs:

- Working with Partner Agencies – MYHT, CHFT, Kirklees Environmental Health and the Health Protection Agency, to ensure a healthcare wide economy approach to preventing and controlling HCAI.
- Hand hygiene is pivotal to good infection control practice.
- Improving patient and public awareness surrounding infection control.
- Annual Infection Control Programme, identifying clear objectives.
- All MRSA bacteraemia investigated.
- Infection control training for all relevant PCT staff.

Main messages to prevent HCAIs

Be aware of your own hand washing practices; don't be afraid to question healthcare professionals whether they have washed their hands before examining/treating you.

Complete course of antibiotics prescribed; don't expect antibiotics for viral infections, e.g. common cold, sore throats.

Don't visit friends/relatives in hospital/care homes if you have currently or recently been unwell with diarrhoea, vomiting or flu.

9.2 Childhood Immunisations

The Department of Health in September 2006 introduced important changes to the Childhood Immunisation Programme to ensure that young children are offered the best protection against serious vaccine preventable diseases.

The changes were:

- The addition of a pneumococcal vaccine at 2, 4 and 13 months.
- A dose of Men C Vaccine at 3 and 4 months only.
- A booster dose of HiB and Men C Vaccine given as a combined vaccine at 12 months.

Pneumococcal disease is the term used to describe infections caused by the bacterium *Streptococcus Pneumonia*. Transmission is by aerosol, droplets or direct contact with respiratory secretions of someone carrying the organism. Transmission requires frequent or prolonged close contact. There is a seasonal variation in pneumococcal disease with peak levels in the winter months.

Invasive pneumococcal disease such as Meningitis and Pneumonia affect the very young, elderly, those with an absent or non functioning spleen and those with

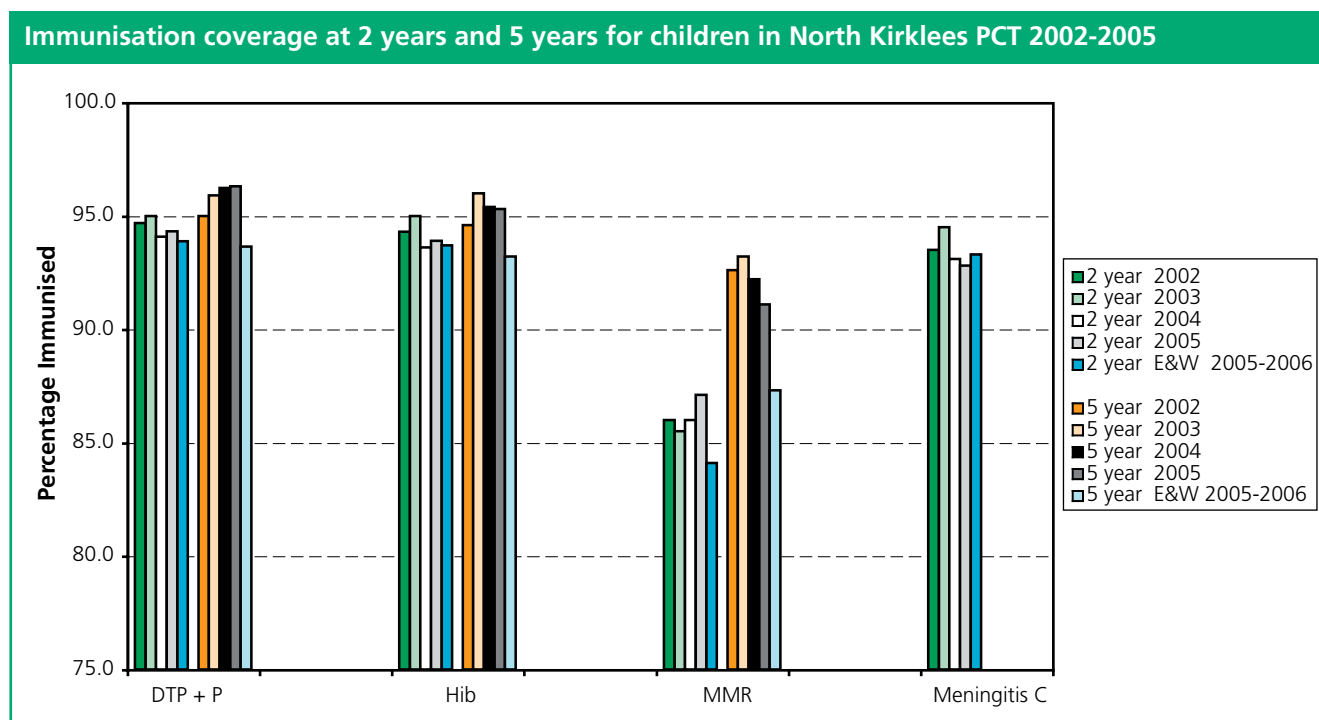
other causes of impaired immunity. Children under 2 are at the highest risk. The pneumococcal vaccine (Prevenar) protects against 7 common strains of pneumococcal bacteria. The introduction of this vaccine to the Childhood Immunisation Schedule is expected to prevent hundreds of future cases.

9.2a HiB / Meningitis C booster

Latest evidence shows that the protection offered by this vaccine starts to wane 1 year after vaccination. To maximise the protection in the first 2 years of life, when the risk of infection is high, doses of the vaccine are given at 3 and 4 months with a booster dose at 12 months.

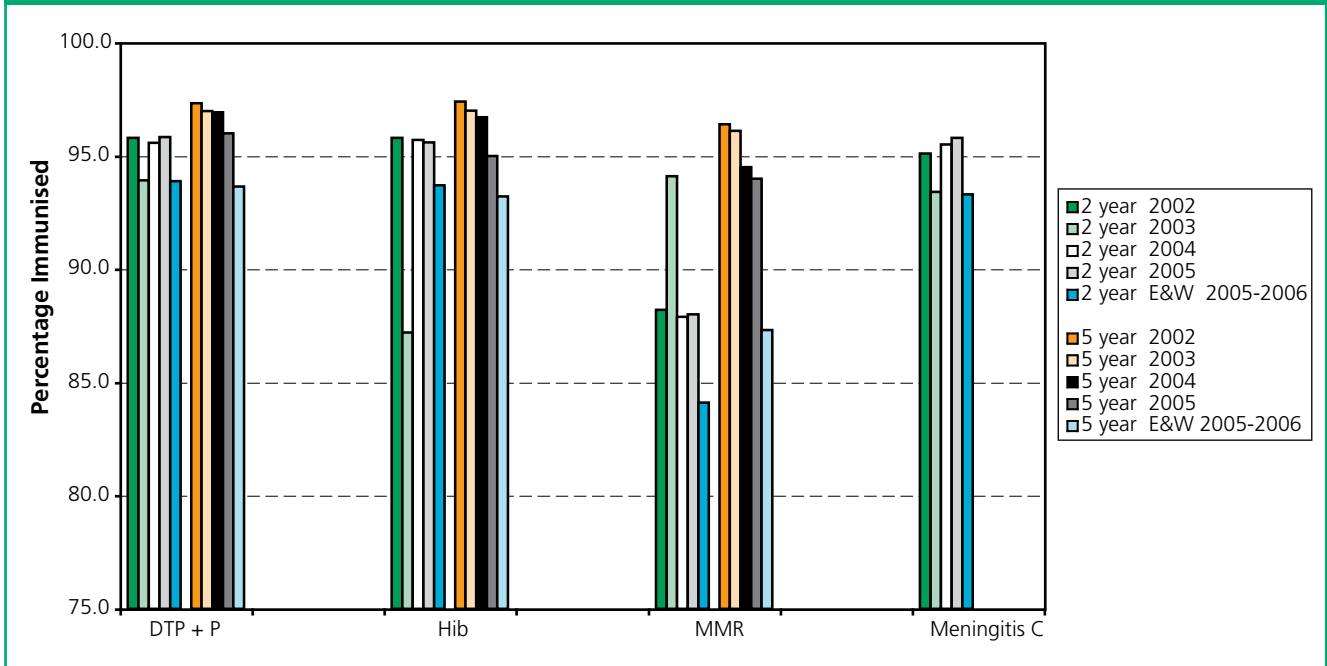
9.2b Immunisation rates

Immunisation uptake is shown in the following graphs.³ This shows that locally all coverage is higher than nationally. Although the immunisation uptake figures are encouraging, further work is still needed to improve local figures and get closer to the national target of 95% uptake of all childhood immunisations.



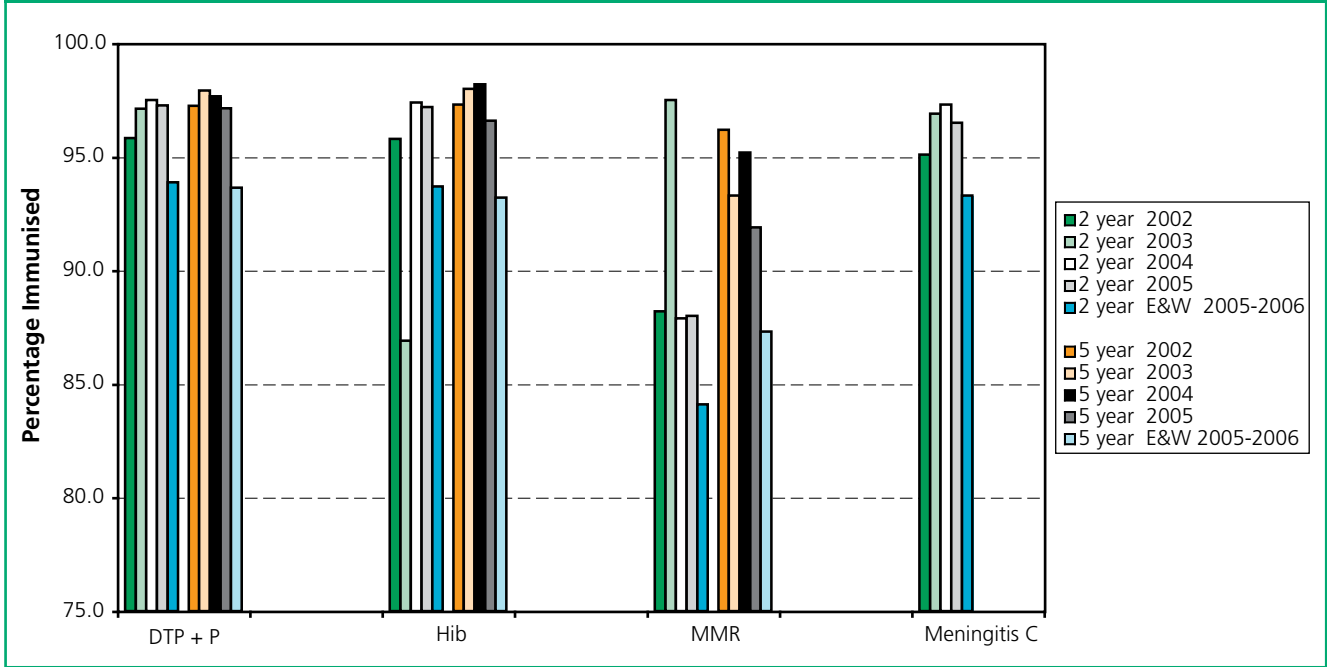
Source COVER

Immunisation coverage at 2 years and 5 years for children in Huddersfield Central PCT 2002-2005



Source COVER

Immunisation coverage at 2 years and 5 years for children in South Huddersfield PCT 2002-2005



Source COVER

9.2c Communicable diseases

Communicable diseases refer to diseases caused by viruses, bacteria and other micro organisms that can be transmitted from person to person. Kirklees PCT works in partnership with Environmental Health Services and the Health Protection Agency to ensure a safe environment for Kirklees residents. Communicable disease reviews are monitored by Kirklees Environmental Services.

Notifications received from Kirklees Environmental Services 1 January 2006 – 31 December 2006.

Disease		2006	2005
Viral Hepatitis A		2	5
Acute Meningitis		1	0
Cholera		0	1
Dysentery	Entamoeba hystolytica	0	2
	Shigella Boydi	2	0
	Shigella flexmeri	18	9
	Shigella sonnei	13	8
Food poisoning		3	13
	Campylobacter	338	333
	Cryptosporidium	0	1
	E.coli O157	10	8
	Listeria	1	1
	Salmonella	100	73
	Suspected Food Poisoning	31	11
Gastro Enteritis		0	3
	Cryptosporidium	41	33
	E.coli O157	0	1
	Giardia	18	18
	Listeria	0	1
Hepatitis		39	44
Malaria		1	4
Measles		29	19
Meningococcal		0	2
Mumps		215	647
Paratyphoid	Salmonella	7	1
Respiratory Disease	Legionella	2	1
Rubella		8	11
Scarlet Fever		26	16
Tuberculosis		89	96
Typhoid Fever	Salmonella	3	3
Virus		17	14
	Calicivirus	1	0
	Norovirus	10	1
	Norwalk virus	7	17
	Rotavirus	60	76
Whooping Cough		8	0
Total		1,099	1,473

Food poisoning continues to be the most commonly notified condition, with 70% of the cases notified due to Campylobacter. It is important to continue raising awareness of high hygiene standards to prevent the transmission of food poisoning.

The campaign of identifying school leavers who require a 2nd dose of MMR vaccine has resulted in a decrease of the notification of Mumps in 2006.

Tuberculosis

In 2006 8,171 cases of TB were reported in the UK to the Health Protection Agency.² The Yorkshire and Humber region showed an increase of 11% in cases of Tuberculosis reported in 2006. In Kirklees in 2006, 80 cases of TB were reported. 28 cases in Huddersfield, 52 cases in North Kirklees; a rate of 13/100,000 population in Huddersfield, and 29/100,000 in North Kirklees. Rates are higher in certain communities due to their connections to higher prevalence areas of the world. In other communities, homelessness and alcohol misuse are important factors.

The continuing increase in TB reinforces the importance of Kirklees PCT maintaining their screening programme of high risk individuals and also working towards the goals outlined in the Chief Medical Officer (CMO) Tuberculosis Action Plan to achieve treatment completion rates of 85% set out in the CMO's Action Plan.⁴

References

1. Hospital Infection Society 2007 'Survey finds 8.2% of patients have healthcare associated infection : press release
2. Health Protection Agency 2006 Annual Surveillance report HPA London
3. National Statistics 2006 NHS Immunisation Statistics England : 2005 – 06 Governmental Statistical Service London
4. Department of Health 2004 Stopping Tuberculosis in England An Action Plan from the Chief Medical Officer HMSO London

10 Appendix 1 - Definitions

10.1 What is health?

Much confusion exists about health so a useful definition is:

Health is the extent to which an individual or group is able to:

- Satisfy basic human needs.
- Change or cope with their environment.
- Realise aspirations.

So health is a resource for everyday life and a positive concept emphasising social and personal resources as well as physical capabilities¹.

It allows people to “be all they can be” irrespective of differing capabilities, experiences or cultures. It can apply to a person who uses a wheelchair, someone who has limited intellectual capacity or a world class athlete. This functional definition of health has some key aspects, see Box 1²:



Box 1 Aspects of health

Being able to:	Aspect of health:
<ul style="list-style-type: none"> • Undertake your work or other regular daily activities e.g. cooking and cleaning, looking after the children. 	Role functioning
<ul style="list-style-type: none"> • Join in social activities with family, friends, neighbours or other groups. 	Social functioning
<ul style="list-style-type: none"> • Carry out basic physical tasks e.g. climbing the stairs, walk to the shops, bathing or dressing yourself. 	Physical activity
<ul style="list-style-type: none"> • Not feel bodily pain or have pain interfere with daily life. 	Pain
<ul style="list-style-type: none"> • Feel peaceful and happy rather than down in the dumps, sad or nervous. 	Mental health

10.2 What are health inequalities? The Rainbow model of health

There are wide gaps in the levels of good health experienced by different groups. Where such health differences are unnecessary or avoidable, then they are described as health inequalities³.

The crucial test of whether the gaps in health between people are health inequalities is the extent to which people have:

- Control over factors that prevent their ill health.
- The opportunities to control such factors.

Research has repeatedly shown that good health relates to a range of factors as shown in the Rainbow model of health³. See section 1.4 for the diagram. There are:

Biological factors, which are identifiable psychological and physical factors such as genetic makeup, personality disorder, allergy, or high blood pressure.

Personal behaviours such as exercise, diet, smoking and use of mind altering drugs.

Social and community networks including friendships, family relationships and some of the cultural norms of the communities in which we live.

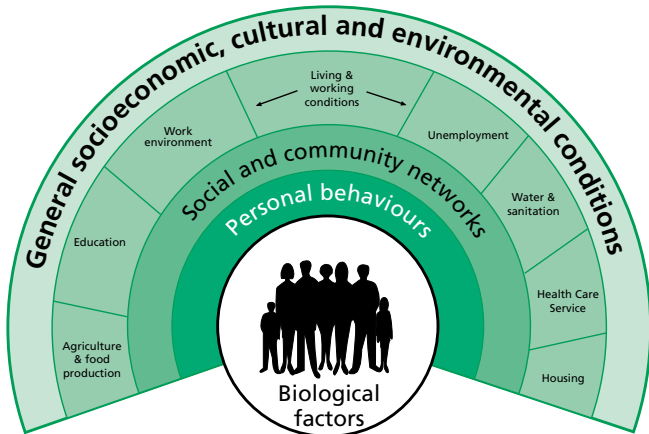
Living and working conditions are structural factors, which include:

- *Housing*: adequacy, overcrowding, affordable, warmth.
- *Safety* in home, roads, workplaces, crime.
- *Physical environment*: air, water, noise, waste disposal, land use, quality of buildings, natural habitats, safe open spaces, leisure amenities, affordable shops (especially food).
- *Employment*: opportunities for jobs, working conditions, unemployment.
- Different modes of *transport*.

- Access to *health care*.
- *Education*: information, availability of advice.
- Creation and distribution of *wealth*, including levels of income.

Socio-economic, cultural and environmental policies that impact on health, both local and national, which affect the above local living and working conditions.

It is also true that such factors tend to cluster together and reinforce each other. This makes some groups very vulnerable to ill health and disease, such as older people, people with a chronic disease and people with a lower than average income.



The Rainbow Model

10.3 Levels of prevention of ill health

In tackling the factors and diseases there are three types of effect to prevent ill health. These are the levels of prevention, see Box 2.

Box 2 Levels of prevention

- 1 Preventing ill health occurring through reducing factors that can result in ill health e.g. not smoking, taking regular exercise.
- 2 Detecting and treating ill health, so preventing it recurring. For example detecting hidden depression, treating it with drugs and tackling the other factors that contribute to the depression.
- 3 Preventing the consequences of ill health through reducing the risk of negative factors or other diseases arising as a result of ill health. For example someone with heart disease and so not being able to carry out responsibilities either at work or at home. This could result in loss of income or getting into relationship difficulties and possibly depression.

References

- 1 WHO Europe. *Report of the working group on the concepts and principles of health promotion*. Copenhagen: WHO: Regional Office for Europe 1984.
- 2 Ware JE. *Measuring patient's view: the optimum outcome measure*. BMJ 306; p1429-30 1993.
- 3 Dahlgren, G & Whitehead, M. *Policies and strategies to promote equity in health*. Copenhagen: WHO Regional Office for Europe 1992.

11 Appendix 2 - Technical issues

11.1 Survey methods

11.1a The Young People's Health Survey of 14 year olds 2007

The Young People's Health Survey (YPHS) 2007 collected information on a range of health issues from year 9 (14 year old) school students in high schools across Kirklees. There were 4060 responses from students in schools in Kirklees which gave an overall response rate of 85%. Response rates for schools in Kirklees ranged from 72% to 92% though one school had a response rate

of 100%. Note that around 70 students are resident outside of Kirklees localities. Students completed the questionnaire in June/July 2007 under examination conditions. Instructions on how to complete the questionnaire were given by school nurses. Assistance in completing the survey was given to those students with significant literacy problems.

No. of responders by geographical area

	Batley	Birstall & Birk	DDK	Dews	Mirf	Hudd N	Hudd S	Spenn	Vall	Kirk 2007	2005 Kirk	2001 Kirk
Number of responders	320	113	298	695	236	456	639	525	708	4060	4247	3733

11.1b The Current Living in Kirklees (CLIK) Survey 2005

The survey resulted from close working between NKPCT, Huddersfield South and Central PCTs, KMC and Kirklees Neighbourhood Renewal team. The purpose of the survey was to provide real information about health and social inequalities which could be used in the planning of services and programmes of work, and for comparison purposes with the previous CLIK Survey in 2001.

The survey was a postal questionnaire sent to a stratified sample of 35 000, selected from the Kirklees Land and Property Gazetteer. Two postal reminders followed the first mailing to non responding households, one with another copy of the questionnaire. MORI North administered the questionnaire dissemination, and data entry.

The survey asked about a range of issues. These were chosen because they are known to have significant impact on health and something can be done about them locally, see right.

The survey included instructions that it should be completed by an adult aged 18 or over.

This had a 31% response rate in Kirklees. The responders were weighted to be representative of the population registered with a GP.

Contents of survey

- Aspects of health status including physical disability sleep problems and pain.
- Certain conditions including problems with vision and use of services
- Being a carer
- Personal behaviours such as smoking, drinking alcohol, diet, being physically active
- Health facilities in the local area
- Involvement in community activities
- Availability of local amenities
- Impact on health of local area and fears about the area
- Crime experiences
- Use of transport
- Employment, income, educational qualification
- Housing quality
- Age, sex, ethnicity, area of residence to identify groups of people

11.1c The Kirklees Tracker Survey 2007

The survey took the form of a postal, self-completion survey. Kirklees Council selected 13,944 addresses throughout Kirklees. The sample was stratified to produce robust sub-groups in specific areas. In total, 3,200 completed questionnaires were returned; a 23% response rate. The response rate at a locality level ranged from 21% to 30%.

A questionnaire was mailed to each address, together with a reply paid envelope. A reminder complete with envelope was sent to all non-responders. A second reminder – postcard only – was also sent. Fieldwork took place in February and March 2007.

The data was weighted for age, gender, ethnicity, working status and area at the Kirklees wide level. The unweighted sample was reasonably representative in terms of working status, ethnicity and area. As is normal for postal surveys the unweighted sample is skewed towards older and female respondents. The weighting has corrected the skew in the data and it now reflects the population of Kirklees as a whole.

11.2 Data definitions

11.2a Children and young people Kirklees 2006

Indicator	Denominator	Time period	Data Source
<i>Population characteristics</i>			
Aged under 19 years	/1000	April 2006	FHS
White	/1000	April 2006	FHS
Asian or British Asian	/1000	April 2006	FHS
Live births	/1000 women aged 15-44	2001-2005	ONS Birth Tapes, FHS, VS Files
Of South Asian origin	/1000	2006	PH birth files, FHS
<i>Being Healthy</i>			
Low birth weight	/1000 births < 2500gm	2001-2005	ONS Birth Tapes, VS Files
Deaths in infants	Under 1 yr/1000 live births	2001-2005	ONS Death Tapes, OND Birth Tapes, VS Files
Still births	/1000 births	2001-2005	ONS Birth Tapes, VS Files
Decayed, missing or filled teeth	Mean of 5 year olds	2006	BASCD
Obesity, overweight	/1000 Reception children	2006	???
Obesity, overweight	/1000 11 year olds		
Incidence of Tuberculosis	/1000 under 16	2006	HPA
Incidence of Meningococcal Meningitis	/1000 under 16	2006	HPA
Incidence of Mumps	/1000 under 16	2006	HPA
Incidence of Measles	/1000 under 16	2006	HPA
Incidence of Rubella	/1000 under 16	2006	HPA
Incidence of Whooping Cough	/1000 under 16	2006	HPA
Self-reported health and health problems	/1000 14 year olds	2007	Young Peoples Health Survey (YPHS)
<i>Health behaviours</i>			
Physical activity	/1000 14 year olds	2007	YPHS
2 hours of PE and sport	/1000 aged 5-16 years	2006	Kirklees Education
30 mins 5 times weekly	/1000 women 18-44a	2005	CLIK
None	/1000 women 18-44	2005	CLIK
Weight of potential mothers	/1000 18-44 women	2005	CLIK
Food and Nutrition	/1000 14 year olds	2007	YPHS

Indicator	Denominator	Time period	Data Source
Breast feeding uptake	/1000 women delivered	Cumulative Q1/Q2 2007-2008	MidYorks / CHFT
Smoking	/1000 14 year olds	2007	YPHS
Women	/1000 18-44 women	2005	CLIK
Women smoking at birth (excl. S.Asian population)	/1000 non South Asian women	2006	MidYorks / CHFT
Alcohol women	/1000 14 year olds	2007	YPHS
Drugs	/1000 18-44 women	2005	CLIK
	/1000 14 year olds	2007	YPHS
Sexual health			
Teenage pregnancies: conceptions	/1000 girls aged 15-17	2002-2004	ONS
Sexual activity	/1000 14 year olds	2007	YPHS
Body Image Perception	/1000 14 year olds	2007	YPHS
Moods weekly or more	/1000 14 year olds	2007	YPHS
Relationships at home and school	/1000 14 year olds	2007	YPHS
Caring for others	/1000 14 year olds	2007	YPHS
Staying safe			
Children on the Child Protection register	/1000 under 18 years	As at Q4 2007	Kirklees Social services
Children and Young People on the CP register %	As % of total no. on register	Feb 2007	ChYPs, Carefirst
Child Protection referrals	/1000 under 18 years	Feb 2007	ChYPs, Carefirst
Looked after children	/1000 under 18	As at Q4 2007	Kirklees Social services
Looked after children % of Kirklees from each locality	As % of total no. looked after	Feb 2007	ChYPs, Carefirst
Admissions due to injuries	/1000 Under 18	2006	HPS
Attending A&E	/1000 under 16	2006	HPS
Road Traffic Accidents Fatal	/1000 under 15	2006	KMC
Bullying	/1000 14 year olds	2007	YPHS
Economic well-being			
Living in households claiming CTC and WTC	/1000 under 19	November 2006	ONS
Having a part time job	/1000 14 year olds	2007	YPHS

Indicator	Denominator	Time period	Data Source
Travelling to school today	/1000 14 year olds	2007	YPHS
% Students eligible for free school meals	As % of all students	2006	KMC
School leavers known not to be in full time education, training or employment	/1000 aged 16-18	2006	C&K Careers
<i>Enjoying and achieving</i>			
% students with SEN	% of all students aged 0-19	2006	KMC
5 GCSEs grade C or higher	/1000 candidates	2006	KMC, DfES
Indicator	Denominator	Time period	Data Source
Permanently excluded students	/1000 students	2006	KMC
% Attendance at school	/1000 students	2006	KMC

11.2b Health Indicators for adults in Kirklees 2006

NB All data is based on Kirklees residents

Indicator	Denominator	Time period	Data Source
<i>Population characteristics</i>			
Total Population	/1000	December 2006	FHS
Age group 0-19	/1000	April 2006	FHS
Age group 19-44	/1000	April 2006	FHS
Age group 45-64	/1000	April 2006	FHS
Age group 65-84	/1000	April 2006	FHS
Age group 85 and over	/1000	April 2006	FHS
South Asian Name	/1000	2001	Census
White	/1000	2001	Census
All Other Groups	/1000	2001	Census
<i>Health status</i>			
Life expectancy at birth / 65 / 75		Born 2003-2005	ONS, FHS
Long term limiting illness	Mean aged over 17 / over 65	2005	CLIK, HSE 2005
Role functioning	Mean aged over 17 / over 65	2005	CLIK
Social functioning	Mean aged over 17 / over 65	2005	CLIK

Indicator	Denominator	Time period	Data Source
Mental Health	Mean aged over 17 / <65 / >65	2005	CLIK
Physical Ability	Mean aged over 17 / over 65	2005	CLIK
Bodily Pain	Mean aged over 17 / <65 / >65	2005	CLIK

Indicator	Denominator	Time period	Hospitals	Data source
<i>Diseases / Conditions</i>				
Back pain	/1000 aged over 17 / <65 / >65	2005		CLIK
Depression, anxiety, other nervous illness	/1000 aged over 17	2005		CLIK
Accidents: A&E attendances in 12 months	/1000 population	2005-2006	Dewsbury, Halifax and Hudds A&E	CHT/MYHT
A&E Attendances by site in 12 mths by site	/1000 population	2005-2006	Dewsbury, Halifax and Hudds A&E	CHT/MYHT
Hospital admissions lasting over 3 days after an accident	/1000	2006-2007		HPS,FHS
Fractured hip hospital admissions aged 65 and over	/1000 aged 65 & over	2006-2007	All NHS hospitals	HPS,FHS
Road Traffic Accidents: Fatal,	/1000	2001-2005	All NHS hospitals	KMC
Serious injuries	/1000	2001-2005		KMC
Cancer Registration: Breast	/1000 women	2000-2004		NYCRIS
Cancer Registration: Cervix	/1000 women	2000-2004		NYCRIS
Cancer Registration: Colon	/1000	2000-2004		NYCRIS
Cancer Registration: Lung	/1000	2000-2004		NYCRIS
Cancer Reg: Melanoma(skin)	/1000	2000-2004		NYCRIS
Cancer Registration: Prostate	/1000 men	2000-2004		NYCRIS
% 5 year relative survival of Cancer: Breast	Kirklees Registrations: Breast	5 year relative survival 1995-1999		NYCRIS

Indicator	Denominator	Time period	Hospitals	Data source
% 5 year relative survival of Cancer: Cervix	Kirklees Registrations: Cervix	5 year relative survival 1995-1999		NYCRIS
% 5 year relative survival of Cancer: Colon	Kirklees Registrations: Colon	5 year relative survival 1995-1999		NYCRIS
% 5 year relative survival of Cancer: Trachea, Bronchus and Lung	Kirklees Registrations, B & L	5 year relative survival 1995-1999		NYCRIS
% 5 year relative survival of Cancer: Melanoma(skin)	Kirklees Registrations: Melanoma	1995-1999		NYCRIS
% 5 year relative survival of Cancer: Prostate	Kirklees Registrations: Prostate	1995-1999		NYCRIS

Indicator	Denominator	Time period	Data Source
Heart disease (CHD)	/1000 aged over 17 / <65 / >65	2005	CLIK, HSE 2005
Heart attack under 65 hospital admissions	/1000 all ages / <65 / >65	2006-2007	HPS, FHS (All NHS hospitals)
High blood pressure	/1000 aged over 17 / <65 / >65	2005	CLIK, HSE 2005
Stroke	/1000 aged over 17 / <65 / >65	2005	CLIK, HSE 2005
Asthma	/1000 aged over 17 / <65 / >65	2005	CLIK, HSE 2005
Diabetes	/1000 aged over 17 / <65 / >65	2005	CLIK, HSE 2005
Incontinence of Urine	/1000 aged over 17 / <65 / >65	2005	CLIK, HSE 2005
Pain problems inc arthritis	/1000 aged over 17 / <65 m/f / >65 m/f	2005	CLIK, HSE 2005
Deaths: All Causes	/1000 aged 15-64 yrs	2001-2005	ONS, FHS
Deaths: Accident	/1000 aged < 75 yrs	2001-2005	ONS, FHS
Deaths: Cancer	/1000 aged < 75 yrs	2001-2005	ONS, FHS
Deaths: Coronary Heart, Stroke, and Vascular Disease	/1000 aged < 75 yrs	2001-2005	ONS, FHS
Deaths: Suicide	/1000	2001-2005	ONS, FHS

Indicator	Denominator	Time period	Data Source
<i>Personal Behaviours</i>			
Smoking at least 1 daily	/1000 aged over 17	2005 (E&W HDA 2004)	CLIK, HDA
Physical Activity >30 mins 3 x weekly	/1000 aged over 17	2005	CLIK (E - IC 2004)
Mean consumption of alcohol	/1000 aged over 17 m/f	2005	CLIK (E - IC 2005)
Alcohol consumption over sensible limits	/1000 aged over 17 m/f	2005	CLIK
Alcohol bingeing	/1000 aged over 17 m/f	2005	CLIK
Obesity i.e. BMI 30 and over	/1000 aged over 17	2005	CLIK
5 portions of fruit / vegetable daily	/1000 aged over 17	2005	CLIK
Sexually Transmitted Diseases: Chlamydia	/1000	2005	HPA
Sexually Transmitted Diseases: Warts	/1000	2005	HPA
Income support claimants	/1000 income support claimants	November 2006	DWP
Council Tax benefit	/1000 households	August 2006	KMC
Household income:	Average gross £000's	2006	CACI Paycheck Model- KMC
Unemployment more than 1 year	/1000 Unemployed	September 2006	ONS(NOMIS)
Disability living allowance	/1000	November 2006	DWP
Incapacity benefit	/1000 aged 16-69	November 2006	DWP
Crime: Car Crime	/1000	2006-2007	KMC (Police)
Crime: Household burglary	/1000	2006-2007	KMC (Police)
Crime: Robbery	/1000	2006-2007	KMC (Police)
Crime: All reported to the police	/1000	2006-2007	KMC (Police)
Housing: Overcrowding	/1000 households	2001	Census
Housing: Central heating + bath and toilet	/1000 households	2001	Census
Housing: Bath + toilet but no central heating	/1000 households	2001	Census
Mode of transport to work: Car/van/taxi/ motorbike	/1000 aged over 17	2005	CLIK
Mode of transport to work: Bus/train	/1000 aged over 17	2005	CLIK
Mode of transport to work: Walk/cycle	/1000 aged over 17	2005	CLIK

Kirklees Primary Care Trust

St Luke's House
Blackmoorfoot Road
Crosland Moor
Huddersfield
HD4 5RH

Tel: 01484 466000

www.kirklees-pct.nhs.uk

Kirklees Council

Oldgate House
2 Oldgate
Huddersfield
HD1 6QW

Tel: 01484 221000

www.kirklees.gov.uk