



Health and wellbeing



**key issues for
the people of Kirklees**

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Overall summary of the JSNA 2010



Introduction

This is the third JSNA we have produced in Kirklees since 2006. It was created through strong collaboration between the NHS, council and other partners as well as extensive consultation with local people. Such joint working is critical if we are to continue to tackle effectively the local needs the JSNA highlights. The JSNA provides the basis for a joined up response to the challenges facing the people of Kirklees and will inform the Joint Health and Wellbeing Strategy (JHWS), which will be developed by the shadow Health and Wellbeing Board in 2011/12.

In response to this report, we would encourage all partners to think about the challenges relevant to them and in particular consider:

- The information they provide, ensuring it is appropriate, consistent and accessible, focusing on positive health and wellbeing assets and opportunities.
- Whether opportunities and support to maintain or regain independence are clear.
- The design of services they commission and/or provide to ensure they are the best they can be.
- The impact they can have on improving health and wellbeing outcomes directly and indirectly for children, young people, families and adults in Kirklees.

The JSNA identifies groups of people who are at greater disadvantage than others, and so need proportionately more support and opportunities than others to overcome their difficulties. The Strategic Review of Health Inequalities in England post-2010¹ (known as 'The Marmot Review') shows that this proportionate response is required to reduce these inequalities; ranging from universal services that are available to us all, to very intensive actions and support for those with the highest needs, not just targeting the latter.

Evidence shows that many of these challenges can be met by co-ordinated action by local partners working together with local people and crucially by individuals: for themselves, in their families, at work and in their communities. Such actions should include those aimed at preventing the issue/problem occurring at all, detecting it and dealing with it promptly or dealing with the consequences.

This summary sets out the most significant needs across a range of factors described in the 'rainbow' of health and wellbeing (see page 7), identifies people more at risk and key areas of action we need to take locally, see Table. It also provides a brief summary of each of the six Town and Valley localities.

Major challenges for Kirklees

We need to make sure that we take co-ordinated action to:

- Increase opportunities for children and young people to reach their potential.
- Encourage positive mental health, particularly enabling more people to develop appropriate coping behaviours and resilience to stress.
- Reduce levels of smoking.

We also need to recognise and focus on:

- The crucial role of families in shaping young people as members of the community, young adults, potential parents themselves and in caring for vulnerable people, as well as the vital role of women as mothers.
- The rising numbers of older people, which, together with the increase in life expectancy, will result in more people becoming vulnerable for longer unless positive actions are implemented.

Factors and influences affecting health and wellbeing vary across Kirklees. Some are:

- Geographical, particularly affecting Batley, Dewsbury and the south of Huddersfield.
- Populations e.g. looked after children, women of childbearing age, offenders.
- Issues e.g. rising levels of obesity (due to poor diet and/or physical inactivity) leading to diabetes in later life, smoking, people with physical disability, educational attainment and availability of work.

Core themes for action
Person centred focus
Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?
Mental wellbeing is everyone's business, especially promoting opportunities for increasing coping skills and resilience.
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other in a meaningful way.
Improving coordination across services so people tell their story once.
Allocating resources by need
Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.

From the review of needs in the detail of the JSNA come a range of recurrent themes for action. These are often consistent across population groups and topics, broadly falling into two categories:

1. Thinking about the people that any action focuses on i.e. being person centred.

- What differences are we trying to make for whom?
- What are the factors causing the issue and its causes?
- How are we supporting local people to take control and have choice?
- Who else should we be working with, including the local people themselves?

2. Allocating resources according to need.

- What are effective actions?
- How are we using resources proportionate to the gradient of need of local people?

The local population

The population of Kirklees in 2010 was nearly 430,000. This is predicted to increase by over 12% to around 483,000 by 2030. Then, 1 in 5 will be aged over 65 and 1 in 6 over 85 years. This has implications for future health and social care services in particular. The south Asian origin population is increasing, particularly in Batley and Dewsbury where 1 in 3 are now of south Asian origin especially in younger age groups.

Life expectancy at birth in 2008 for men in Kirklees was 77.3 years and 80.9 years for women. It remained below the national average, significantly so for women. Whilst reducing premature death needs to be a focus for action, it is also vital to focus on extra years of life being healthy ones, otherwise the burden on society and services will be even greater than now.

Range of issues that influence health and wellbeing

The following subsections group together similar factors, ranging from personal behaviours through to wider factors which describe the impact that general living and working conditions can have on health and wellbeing.

The tables in each subsection present the themes for action including the core actions as they are relevant to all groups and topics, and specific actions for the group/topic.

In using the tables there are two underlying principles:

- The world of children and young people is grouped under the theme 'families'.
- The core actions must be considered in the context of the needs as outlined in the JSNA.

Vulnerable people and population groups

People with multiple challenges are more likely to have poor health and wellbeing. This applies whether they have physical, psychological or learning challenges, live in dysfunctional relationships, or have poor material circumstances e.g. poor housing, low income, or poor educational outcomes.

The following groups of vulnerable people have specific needs we need to address locally:

- Those with **learning disabilities**; especially their risk of ill health, which increases as they live longer. Opportunities for daily activities for those affected by autism require specific attention.
- Those with **physical disability**; in respect of pain, emotional distress and social isolation, as well as unemployment and housing.
- **Looked after children** have considerable challenges; they need better access to psychological support to deal with some of their issues as well as appropriate housing, training and work opportunities. Given the low educational attainment of a number of looked after children, many do not become engaged in employment, education or training. The number of looked after children has risen. There has been an increase in social care referrals and there are a number of reasons for this significant volume growth, for example there has been a heightened public awareness of safeguarding. Increased reporting of issues is more apparent particularly **neglect** of children. Such abuse can severely affect future coping and relationships as well as causing immediate threats.
- **Offenders** often have considerable mental health problems and substance abuse is a particular issue, especially among women. Their families can be severely affected, resulting in patterns being repeated in the next generations.
- Adult **carers** are more likely to suffer poorer health functioning, in particular, pain and depression, as well as be unemployed. Young carers are more likely to experience bullying and be unhappy at school. Numbers of carers will increase as the population lives longer and even more will be needed as changes are made to social care provision for those with higher care needs.

The following groups of the population have people within them who may be more vulnerable and have specific needs, which need to be addressed locally:

- The number of young people **not in employment, education or training** (NEET) remains stubbornly high and they face considerable difficulties including finding a job. The situation may become even more challenging as changes in participation age and removal of the Educational Maintenance Allowance could mean even fewer young people accessing training opportunities and support and a consequent increase in the numbers recorded as NEET.
- The numbers of **older people** are increasing. 50 years ago 1 child in 10 could expect to live to 100; 1 in 4 children born now can expect to reach 100. This increased length of life is not necessarily matched by good health in later years so the disability and social consequences of this aging population are considerable.

Core + specific themes for action for vulnerable groups

Person centred focus

Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?	+	Understand which factors matter across the "rainbow". Support and strengthen positive family dynamics.
Mental wellbeing is everyone's business, especially increasing coping skills and resilience.		
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other. Improving coordination across services.	+	Provide opportunities for daily activities e.g. cooking, physical activity and social interaction. Support carers who remain increasingly important as vulnerable populations grow.

Allocating resources by need

Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.	+	Focus on sources of care and support. Support to maintain or regain independence. Identifying early vulnerability/ill health, to prevent some or all of the issues developing. Provide access to appropriate and consistent information about: <ul style="list-style-type: none"> • Positive health and wellbeing opportunities. • Sources of support and care to maintain or regain independence.
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.		
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.	+	Reduce variability of outcomes between providers.



Family, social and community networks, safety and inclusion

Families are crucial in shaping the future of their children, both as role models and with the quality of the support they give. Family dysfunction can result in low **confidence and self-esteem** leading to a reduced sense of personal control as the individual grows up. Such difficulties in self-esteem and resilience impact directly on their relationships. This in turn leads to:

- Unhelpful and unhealthy patterns of behaviour that are heavily influenced by the behaviours of peers and family.
- The school leaver not entering education, employment or training and thus becoming adrift and at risk of developing dysfunctional coping mechanisms such as substance use.
- In extreme cases neglect and abuse can lead to the child becoming a looked after child with the local authority taking the parental role.

Any of these issues will clearly affect the ability of an individual to achieve their full potential. Family relationships are crucial and may be more difficult for the 20% of 14 year olds who never sit down for a family meal.

Families also influence the future health of their children both directly and indirectly. **Maternal diet** before, during and after pregnancy affects the child directly. This includes breastfeeding, of which local rates are low. Diet links to the number of rotten teeth in early years, and together with physical inactivity can lead to obesity, which is still too high at all ages in Kirklees. Obesity increases the risk of subsequent diabetes, which is also rising. In later life, this then increases the risk of heart disease.

Women of childbearing age, particularly mothers, are often the key shapers of family attitudes and behaviours. Women are also influenced by their own family norms and that of their partners. Some local young women increasingly adopted unhealthy behaviours, especially in north Kirklees and south Huddersfield. Tragically the consequences can be very severe, including infant deaths, or an adverse impact on their child during pregnancy and childhood.

Smoking by the mother while pregnant, and by the mother and other family members in the home, increases the risk of problems such as asthma in the children. It also increases their risk of becoming addicted to tobacco themselves by their teenage years. Smoking rose in women of childbearing age by 10% between 2005 and 2008. Increasing numbers of women are developing lung cancer in later life largely due to smoking.

Genetic closeness of parents increases the risk of their child having a congenital abnormality, which may lead to lifelong physical and/or learning disabilities, or in extreme cases infant death. **Infant deaths**, especially in the north of Kirklees, have dropped but not enough. Earlier booking for antenatal care has improved, and antenatal screening has greatly increased, leading to earlier support to those at greater risk. Smoking in white women remains very high in north Kirklees as is being overweight or obese in Pakistani origin women in south Kirklees.

Home remains a hazardous place, being the site of most **accidents**, especially amongst the very young and falls in the very old. Alcohol remains a common factor in road accidents for young people. **Alcohol and drug** use also relates to family norms.

A sense of community cohesion is important to our health so that we feel safe and supported where we live. **Social isolation** – experienced more by young people than other ages - can be coupled with a sense of not belonging and a feeling people do not get on. The impact of social isolation on people can be profound and lead to a range of other physical and mental health issues.



Core + specific themes for action for families and communities

Person centred focus

Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?	+	Families matter as a key focus for all services. Support and strengthen positive family dynamics. Focus on specific needs of women. Support carers.
Mental wellbeing is everyone's business, especially increasing coping skills and resilience.	+	Especially for children and young people, to enable them to achieve positive relationships and improved self esteem.
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other in a meaningful way.	+	Encourage families to adopt smoke free homes. Build on the community work already underway to improve understanding of the increased risk of a child having congenital abnormalities if parents are genetically close.
Improving coordination across services.	+	Think about the person in the context of their family.

Allocating resources by need

Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.	+	Families matter in detection and management of issues as early as possible.
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.		
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.	+	Reduce variability of outcomes between providers.

Physical and mental ill health

The most significant ill health issues for Kirklees are:

- Survival from **cancers** of breast, prostate, and colon is increasing and deaths fell faster than nationally. This was not the case for lung cancer, particularly in women, where smoking is the main cause, making it largely preventable. Prompt detection of all these cancers is crucial including ensuring people take up screening where appropriate.
- **Cardiovascular disease** including **stroke**, which has the worst impact on health. Deaths fell but not in Dewsbury.
- **Dementia**, especially early detection enabling appropriate support. This issue will rise as the population ages.
- **Diabetes**, especially preventing occurrence as this is rising, due to poor diet.
- **Obesity**, especially preventing occurrence, as it is due to poor diet and not being active enough. 1 in 3 11 year olds were at least overweight, as were 2 in 3 adults and 3 in 4 of those with long term conditions.
- **Pain**, including musculoskeletal conditions especially access to proper assessment and management. It remains common, affecting 1 in 3 adults and has a large impact on health.
- **Respiratory disease**, especially preventing occurrence. It will rise if smoking does not fall.

Underpinning all of these ill health issues is how people manage both their physical ill health and all the other factors affecting them. This is heavily influenced by their mental health as well as their resilience and coping mechanisms.

Core + specific themes for action for physical and mental ill health	
Person centred focus	
Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?	+
Mental wellbeing is everyone's business, especially increasing coping skills and resilience.	+
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other in a meaningful way.	+
Improving coordination across services.	+
Allocating resources by need	
Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.	+
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.	+
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.	+

Personal behaviours

The most significant issues for Kirklees are:

- Too many people still smoking **tobacco**. However, maintaining the 30% fall in teenagers smoking would be positive, particularly as smoking by young adult women rose by 10%. High levels of women smoking while pregnant, especially in north Kirklees, need reducing. Increased smoking rates for women are now showing in increasing lung cancer cases, which usually result in early death. This is tragic as many are preventable.
- Diet, including breastfeeding, because we are what we **eat** and drink.
- **Physical activity**, especially the low levels in girls and those of south Asian origin, aged 14 .
- **Alcohol** misuse, both in the impact on the individual and the people around them. Although this has reached a plateau in adults, we still drink far too much, as do teenage girls, although overall alcohol experimentation has dropped markedly in 14 year olds.
- **Sexual activity** fell by 25% in 14 year olds between 2007 and 2009 but teenage conceptions (girls aged 15 to 17 years) in 2008 rose. Sexually transmitted infections also rose overall, especially in 18-24 year olds.

Core + specific themes for action for personal behaviours

Person centred focus

Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?	+	Work with family and peer norms of behaviour, including intergenerational support, to promote healthy behaviours.
Mental wellbeing is everyone's business, especially increasing coping skills and resilience.	+	Promote positive ways of coping, e.g. rather than smoking. Increase self esteem/resilience mechanisms to cope with stress.
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other in a meaningful way.	+	Encouraging positive behaviours; also raising awareness and early detection of harmful ones. Encouraging services based on peer support. Support people to effectively manage their conditions, consequences and behaviours.
Improving coordination across services		

Allocating resources by need

Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.	+	Including awareness and early detection of harmful behaviours in the provision of care. Supporting behavioural change. Promote healthy behaviours.
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.		
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.	+	Focus on smoking reduction will narrow inequalities.

Wider living and working factors

Low **income** is linked to poorer health, and poor health can lead to lower income. The relationship is a graded one. So, life expectancy is increasing but the number of disability free years a person can expect to live reduces the more deprived they are. Poverty of education, skills, income, housing, employment, natural environment and inappropriate services at any life stage challenge the ability to be motivated to take up opportunities to reach one's potential and be as healthy as possible. These wider factors matter both on their own and especially when compounded with others.

Being in **work** is a key component of mental and physical wellbeing, and is for many the best route out of poverty. The highest levels of worklessness were amongst young adults, people with health problems or disabilities and those aged over 60 and this had increased. Those unemployed for more than 12 months had also increased. This problem has been compounded by the current recession.

The quality of **housing** has a significant impact on both physical and psychological wellbeing, whether due to overcrowding, insecurity or poor physical state. Locally the biggest challenge is in the private housing sector with high levels of poor quality and inappropriate houses and empty homes that need to return to use. Decent, affordable and appropriate housing is increasingly needed now and in the long term, particularly for single person households, otherwise young people will continue to struggle. Homelessness reduced but the recession may reverse this. The **environments** we live in also matter: opportunities for play and green space need to be retained and enhanced.

The **educational attainment** of children and young people varied locally by gender, ethnicity and levels of deprivation but improved overall. Foundation level attainment improved and the gap between the best and the worst reduced. However, at Key Stage 4 attainment rose, but the gap between girls and boys also rose, to 10%. Attainment of Asian Pakistani heritage pupils showed the greatest improvement, increasing from 27% to 45%, particularly in Dewsbury, but remained below the overall rate. Persistent absence rates also reduced.

Access to **transport** is difficult for many young people and hampers them in getting to education or work. Car ownership provides a huge benefit in personal mobility but also presents significant challenges to both personal and community health and wellbeing as traffic flows are increasing.

While **crime** overall has fallen in real terms locally, burglary remains higher than elsewhere and fear of crime remains high.



Core + specific themes for action for wider factors

Person centred focus	
Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?	+ Design the built environment to promote a sense of pride, belonging and safety. Combat the causes of criminal behaviour.
Mental wellbeing is everyone's business, especially increasing coping skills and resilience.	+ Support people to deal with major life events e.g. family breakdown, unemployment or bereavement.
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other in a meaningful way.	+ Encourage people to create opportunities for community and local help. Increase skills for keeping or getting a job. Conserve and enhance the local environment i.e. <ul style="list-style-type: none"> • Transport • Land use • Waste disposal • Procuring local goods and services
Improving coordination across services.	
Allocating resources by need	
Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.	
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.	
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.	+ Find or keep suitable housing especially for those with physical disabilities.

Localities

Factors and influences that affect health and wellbeing vary across Kirklees. There are a range of issues which present major challenges for all localities, such as smoking, alcohol, obesity and mental health across all ages; long term conditions, cancers, increasing numbers of older people and the number of people living with multiple factors relating to poverty. Below are the issues that are specific to each of the six Town and Valley localities as well as these overall issues across Kirklees.

Batley, Birstall & Birkenshaw

Although the number of people across the locality who believed that people from different backgrounds got on well together was the lowest in Kirklees, the levels of participation in regular volunteering were the highest in Kirklees.

The most significant issues in Batley were:

- High rates of premature death, particularly from cancers.
- The infant death rate had reduced, but remained higher than Kirklees and nationally.
- Regular alcohol drinking by 14 year olds was the highest in Kirklees, together with being really drunk and drinking alone. The levels of drinking in adults across the whole locality were also high.
- Smoking rates amongst 14 year olds and adults, especially women of childbearing age were higher than Kirklees overall.
- 14 year olds in Batley had the highest rates of physical inactivity.
- Attainment at Foundation Stage had improved but was still the lowest in Kirklees. Results at GCSE level had improved, especially for girls. Asian Pakistani heritage pupils had also improved but remained lower performing than pupils overall.
- More than 1 in 4 adults had a long-term limiting illness.
- Adults in Batley had high rates of obesity, heart disease, diabetes and stroke.
- Batley had the lowest average household income in Kirklees.

The most significant issues in Birstall & Birkenshaw were:

- 14 year olds were more likely to be living with adults who smoked and more likely to have asthma than the Kirklees average.
- The highest rate of 14 year olds reporting poor relationships with family and school staff.
- Of greatest concern is the high and increasing rate of teenage conceptions.
- A third of adults suffered back pain, the highest in Kirklees.

Spenn Valley

Overall health and wellbeing in Spenn Valley was very similar to that of Kirklees. Since the last report, several issues had improved. Fewer 14 year olds were smoking or drinking regularly and fewer were sexually active. Educational attainment also continued to improve at all ages, but at key stage 4 it remained below the Kirklees

rate for girls and for those of Asian Pakistani origin.

The most significant issues for Spenn Valley were:

- The highest levels of obesity amongst children and adults, including women of childbearing age, in Kirklees.
- Smoking, especially women of childbearing age and smoking in pregnancy has one of the worst rates in Kirklees.
- Higher rates of high blood pressure, heart disease (particularly men), asthma and diabetes. Women had the highest rate of lung cancer in Kirklees.
- Premature deaths linked to these factors remained high i.e. cancers and circulatory diseases, including heart disease and stroke.
- People who perceived that people from different backgrounds get on well together was amongst the lowest in Kirklees.

Dewsbury

Dewsbury had a young population with a high birth rate and a high proportion of young people. Half of those aged under 18 years and 1 in 3 adults were of south Asian origin. There were some real improvements for children and young people in Dewsbury. However, Dewsbury continued to have the greatest health challenges of any locality in Kirklees. The most significant of these were:

- Life expectancy at birth was the lowest in Kirklees for both men and women. The life expectancy gap between men in Dewsbury and the Holme Valley was nearly 5 years, and for women it was 3.6 years.
- Dewsbury still had the highest rate of children dying before their first birthday and still births. In addition, it had higher than average rates of babies with low birth weight, women smoking at birth/during pregnancy and the lowest breastfeeding initiation rates in Kirklees.
- Teenage conceptions had fallen but were still above the national average.
- The diet of children remains poor compared to other areas.
- High rates of 14 year olds starting and continuing to smoke regularly and the highest rates of adults smoking, especially women of childbearing age. Half of all 14 year olds lived with an adult who smoked. Dewsbury had the highest rate of new cases of lung cancer in men and women and above average hospital admissions rates for respiratory diseases.
- Although death rates for cancers and circulatory diseases had fallen in those aged under 75 they were still the highest in Kirklees.
- Nearly 1 in 3 of all adults lived with a long term limiting illness and levels of health functioning were the worst in the district.
- Adults in Dewsbury were least likely to do any physical activity at all.
- Adults experience high rates of high blood pressure, heart disease (especially men under 65 years), stroke, diabetes (especially aged under 65) and pain.
- Highest rates of depression, anxiety and other nervous illness in adults, especially amongst those aged 65 and over.

- Deprivation affected 1 in 3 of all children and older people in Dewsbury and there were signs that this was getting worse, as unemployment and income related benefit claimant rates had risen.
- One in 3 houses were inadequate for the needs of those people living in them, especially those with dependent children and older people.
- Locally, people had negative perceptions about the place and less than half of all adults felt people from different backgrounds got on well together.

Mirfield, Denby Dale & Kirkburton

People in Mirfield, Denby Dale & Kirkburton were amongst the healthiest in Kirklees, had the highest average incomes and were most satisfied with the locality as a place to live.

However, the locality had some significant issues:

- Higher than average rate of 14 year olds who reported having drunk alcohol and the highest number getting it from their family. However, fewer 14 year olds were drinking regularly and this had fallen to the lowest in Kirklees. Alcohol consumption by men in Mirfield and women of childbearing age in Denby Dale & Kirkburton was higher than average.
- Across the locality the number of 14 year olds who had problems getting to sleep because of anxiety or worry had increased to amongst the highest in Kirklees, and those worried about regular violence at home was double the Kirklees average.
- The locality had one of low levels of sexually active 14 year olds, but those who were sexually active were the most likely to not use contraception.
- 14 year olds perceptions of a lack of cohesion between age groups (in Denby Dale & Kirkburton), between people of different backgrounds (in Mirfield) and their dissatisfaction with the area as a place to live were higher than elsewhere in Kirklees. Whilst adults felt people from different ages got on well, young people felt the opposite.
- Adults in Mirfield were least likely to be physically active enough to benefit their health, especially women of childbearing age, but those in Denby Dale & Kirkburton were most likely to be physically active.

Huddersfield

One in 3 of the Kirklees population live in Huddersfield locality. Some young people's lives have improved with fewer 14 year olds across the locality regularly smoking, drinking, being sexually active or feeling miserable. Educational attainment had also improved across all ages and groups but remains below the Kirklees average. Teenage conceptions were amongst the highest in Kirklees, as was the rate of 14 year olds reporting not getting on with their peers.

The most significant issues in south Huddersfield were:

- Infant deaths, as the rate was still well above the national rate.
- Highest rates of smoking in 14 year old girls and in adults.
- High rates of obesity in children aged 11 years.
- Poor educational attainment of boys and of pupils of Asian Pakistani heritage.

- The highest rate of school leavers not in education, employment or training (NEET).
- More adults with long term conditions and higher rates of people dying aged under 75 than Kirklees overall.

The most significant issues in north Huddersfield were:

- 14 year old boys who drink alcohol getting really drunk.
- higher rate of 14 year olds feeling angry.

Adults across the locality had the highest rates of stroke, asthma, pain problems, including arthritis, and depression, anxiety and other nervous illness in Kirklees.

Very few adults across the locality did enough physical activity; this was especially low amongst women of childbearing age.

The locality had a low average household income, high rates of adults on out of work benefits and children and older people living in income deprived households. The locality also had the highest levels of all types of crime in Kirklees and high traffic levels around the town centre and the related problem of poor air quality.

The Valleys

People living in the Holme Valley were the healthiest in Kirklees. The health of those living in the Colne Valley was similar to Kirklees.

14 year olds in The Valleys were the most likely in Kirklees to have drunk alcohol, which was usually provided by their family, smoked and used illegal drugs. More 14 year olds also reported being unable to get to sleep weekly or more because of worry or anxiety. More 14 year olds had experienced bullying than elsewhere in Kirklees.

Men across The Valleys had the highest rate of colon, skin and prostate cancer in Kirklees.

The most significant issues for the Colne Valley were:

- Educational attainment was a major concern. Levels ranged from above average at five years old to below average at 16. Boys in the Colne Valley had the lowest levels of attainment at GCSE level of any group across Kirklees.
- Working age adults on low incomes were the least likely across Kirklees to do any physical activity at all.
- High rate of adults binge drinking, especially women of childbearing age.
- Rates of hip fractures in those under 75 years and people staying in hospital after an accident were the highest in Kirklees.
- Homes were inadequate for the needs of many older people living in them.

The significant issue for the Holme Valley was:

- High rate of men drinking alcohol over sensible limits.

References

1. Marmot, M. Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010. 2010 www.marmot-review.org.uk