



Health and wellbeing



**key issues for
the people of Kirklees**

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Foreword

This is the third Joint Strategic Needs Assessment for Kirklees.

The previous versions are used across Kirklees in various ways. The JSNA directly influenced key strategies and plans including the Kirklees Partnership Vision, Children and Young People's Plan, Adults Commissioning Strategy and PCT Five Year Strategic Plan. The JSNA also influenced action and informed local people about the health and wellbeing picture of Kirklees.

With the Government's reorganisation of the public sector, the JSNA is seen as the local foundation of priority setting, informing commissioning strategies and plans and helping local people to hold providers and commissioners to account. The Joint Health and Wellbeing Strategy for Kirklees will develop from the evidence set out in the JSNA. The Strategy will provide the framework for joint commissioning plans and specific, detailed commissioning plans for the NHS, social care and public health.

The new Health and Wellbeing Board for Kirklees will be established with a remit to ensure coherent local commissioning between the NHS and the local authority tackles the local challenges. The Board's remit will include creating the JSNA as well as the Joint Health and Wellbeing Strategy.

This JSNA builds on the information in the previous version published in 2009. It completely refreshes the children's section and updates the adult section extensively.

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Summary of issues for Adults



Introduction

An individual's health and wellbeing is not only crucial for the person themselves but also for society as a whole. The children's summary describes how getting a good start in life can make an enormous difference to achievement in school and work, and how the early influences of parents and peers shape the individual's ability to maximise life's opportunities, self confidence, resilience, and health behaviours such as smoking and alcohol consumption. It is during the course of adult life where some of these early choices and influences begin to have lasting consequences. An individual's susceptibility to heart disease, cancer, stroke and mental ill health has foundations in early childhood and can be exacerbated by choices across the rainbow of factors affecting health and wellbeing made as an adult.

The JSNA describes a range of factors affecting health and wellbeing, from behaviours that affect health directly through to how the impact of unemployment and a lack of suitable housing can affect both. It is important that the strategies and policies stemming from the JSNA continue to make the links between these different factors.

The process of the JSNA has highlighted some important areas where further knowledge is needed. These include understanding the needs of people with disabilities and building a deeper understanding of how the ageing population can be supported to have as long a disease free and independent life as possible.

Summary of health and wellbeing inequalities for adults, by Town and Valley localities in Kirklees, 2010.

| Key issues | Batley, Birstall & Birkenshaw | Spen Valley | Dewsbury | Mirfield, Denby Dale & Kirkburton | Huddersfield | The Valleys |
|---|-------------------------------|-------------|----------|-----------------------------------|--------------|-------------|
| Being Healthy | | | | | | |
| Everyday life affected by health problem and/or disability | | | ▲ | ▼ | ▲ | ▼ |
| Breast cancer new cases (incidence) - female | | | ▲ | ▼ | ▲ | ▼ |
| Lung cancer new cases (incidence) - female | | | ▲ | | | |
| Lung cancer new cases (incidence) - male | ▲ | ▲ | ▲ | ▼ | | ▼ |
| Prostate cancer new cases (incidence) - male | | ▼ | | | ▲ | ▲ |
| Heart disease aged under 65 years | | | ▲ | ▼ | | |
| High blood pressure | ▲ | | | ▼ | | |
| Diabetes | | | ▲ | ▼ | ▲ | ▼ |
| Pain problems | | | | | ▲ | |
| Depression, anxiety or other nervous illness | | | ▲ | ▼ | ▲ | |
| Obesity | | ▲ | | ▼ | | ▼ |
| Either obese or overweight | | ▲ | | | | |
| Healthy behaviours | | | | | | |
| Smoking | | | ▲ | ▼ | ▲ | ▼ |
| (Of drinkers) Alcohol over sensible limits - males | | | | ▲ | | |
| (Of drinkers) Alcohol over sensible limits - females | ▲ | | | | | |
| Moderate activity at least 30 mins 5 times weekly | | | | | | ▼ |
| Women of childbearing age | | | | | | |
| Smoking daily | | | ▲ | ▼ | ▲ | |
| Smoking at birth (excluding South Asian population) | ▲ | | ▲ | ▼ | | ▼ |
| Alcohol over sensible limits | ▲ | | | | | |
| Either obese or overweight | | | | ▼ | | |
| Living and working | | | | | | |
| Council Tax Benefit claimants | ▲ | ▼ | ▲ | ▼ | ▲ | ▼ |
| Agree that people from different backgrounds get on well together in local area | | ▼ | Nav | Nav | ▲ | ▲ |
| Home perceived as not adequate for household's needs | | | ▼ | ▼ | | ▼ |
| Older people aged 60 years and over living in income deprived households | ▲ | | ▲ | ▼ | ▲ | ▼ |

| | |
|--|---|
| ▲ ▼ | Significantly worse (higher or lower) in this locality than Kirklees overall |
| ▲ ▼ | Significantly better (higher or lower) in this locality than Kirklees overall |
| Nav | Not available |
| <i>Significant differences were identified by comparing the 95% confidence intervals of the two rates. Where these do not overlap, we can be confident that the difference is not due to chance.</i> | |

Dewsbury continues to have the worst health of all localities in Kirklees, followed by Huddersfield. Some health issues in Dewsbury have improved but not to a significant level and still remain worse than in Kirklees as a whole. Health issues in Batley have also improved but not significantly. In contrast, Mirfield, Denby Dale & Kirkburton experiences the best health in Kirklees followed by The Valleys. These experiences are across a range of conditions, behaviours and wider factors. Comparisons with the last JSNA in 2009 are not appropriate, as much of the health data for adults has not been updated.

Summary of locality health and wellbeing inequalities for adults

Population

A predicted increase of 12.2% means the population of Kirklees will rise from 430,200 people in 2010 to 482,600 people by 2030. By 2030, it is estimated that 1 in 5 people will be aged over 65 years, of which 1 in 6 of these will be aged over 85 years. This has implications for most services in the future. A child born now has a 1 in 4 chance of living to 100.

The population of south Asian origin is increasing, particularly in those aged under 20 years and particularly in Batley and Dewsbury where 1 in 3 are now of south Asian origin.

Life expectancy at birth remained below the national average, significantly so for women, 80.9 years locally compared to 82 years nationally. Life expectancy was 77.3 years for men in Kirklees compared to 77.9 years nationally. Variation exists within Kirklees. Men and women in the Holme Valley can expect to live 5 and 3.6 years longer respectively than men and women in Dewsbury.

Vulnerable groups

There are some groups in Kirklees who are more likely to experience poor health and wellbeing. This is because people in these groups are more likely to experience more of the challenges set out in this JSNA: they are more likely to contract particular conditions, to be more affected by those conditions, to engage in risky health behaviours, to experience the wider factors that negatively impact on their health and wellbeing. In addition, their situation often has an impact on others, such as the role of women of childbearing age on shaping family norms or the impact of vulnerable older people on those who care for them. Identifying and understanding the particular combination of needs of each group enables commissioners and service providers to respond in a more person centred way.

Women of childbearing age (aged 18-44 years)

Women play a central role in determining the health outcomes of their children and families, both during pregnancy and through the setting of behavioural patterns, which continue into later life. There is an urgent need to help women of childbearing age make healthier behaviour choices, and to involve men in playing a role as healthy dads and in supporting their partners to be healthy mums. Maternal behaviours such as alcohol consumption, diet, physical activity and particularly smoking during pregnancy profoundly affected the health of their unborn child (see Behaviours section).

The highest rates of women of childbearing age smoking (including during pregnancy), alcohol consumption and being overweight or obese were found in all three localities in north Kirklees and north Huddersfield.

Adults with learning disabilities

Locally there are 6,100 adults aged 16-64 with learning disability. This is 24 per 1,000 population, slightly above the national average of 22 per 1,000.

The number of adults with a learning disability is predicted to increase by 9% by 2030, especially in those with severe needs and those aged 65 and over. Demand for services is predicted to grow year on year by at least 3%. This is because people with learning disabilities are living longer and they and their families have increased expectations of an equal quality of life with non-disabled citizens. Children with complex needs are surviving beyond birth and entering adulthood, resulting in an increasing number of older parent/carers.

Currently about half of all adults with severe learning disabilities live with their families, often beyond the age of 40. This could change with the next generation of family carers as expectations change or as pressures on family life increase. People with learning disabilities often face very significant disadvantages in terms of both their health status and their access to effective health services.

People with learning disabilities tend to have much poorer health than the general population:

- Are far more likely to die young, to die of a preventable disease, be obese, have mental health problems, including schizophrenia, and/or have epilepsy.
- Also have physical and/or sensory impairments.
- Those with Down's syndrome aged over 50 have a higher risk of dementia.
- Those with autism have specific unmet needs in assessment and social skills training. Only 15% of such adults were in full time employment.

Locally, in 2010 the rate of people with learning disabilities known to services was highest in Huddersfield South (19%), Dewsbury and Mirfield (18%), compared to 14% across Kirklees.



Adults with physical disability and sensory impairment

Disability is a physical or mental impairment that has a substantial and long term adverse effect on a person being able to carry out normal daily activities. It is a complex phenomenon, reflecting an interaction between features of a person's body and features of the society within which they live. Physical and sensory disabilities can affect anyone from any group but those with underlying health issues, such as alcohol misuse, obesity and diabetes, can be more prone to physical disablement in later life. The ageing population increases the number of people aged over 65 living with a long term condition/impairment and therefore likely to need support in the future.

Locally in 2008:

- More than 1 in 4 (28%) adults reported that their everyday life was affected by health problems or a disability. For some people this means they need help with daily living tasks. This ranged from 1 in 8 (12%) of all those aged 18 to 64 to 1 in 3 (36%) of all those aged 65 and over.
- Pain, depression and feeling isolated most of the time affected at least 2 in 5 of people who were physically dependant.
- Disproportionately more south Asian people were dependent on someone for higher levels of support.
- Low income levels and poor suitable housing are major issues for this group with only 30% in employment compared to 71% of the general population. 41% of people needing support with their daily living felt their accommodation was inadequate for their needs.

Asylum seekers

Evidence suggests that asylum seekers fare worse on all measures of health and wellbeing than the rest of the UK population. Asylum seekers are diverse and, therefore, the health issues affecting them are a consequence of both their past and present environment. Asylum seeking populations are often housed in areas of deprivation where they acquire the same social factors affecting ill health as the native population. This problem is exacerbated by their specific issues such as social isolation, lack of knowledge, loss of status, lack of support and discrimination as well as past problems that may include poverty, famine, limited health care and endemic disease.

Offenders

Released prisoners tend to be one of the most socially excluded groups as they often have no links to local communities.

Their imprisonment can often lead to:

- Breakdown in family relationships.
- Loss of tenancies and associated debt due to loss of housing benefit and accrued rent arrears while in prison.
- Loss of employment.

Improving the health of offenders reduces the chance of their re-offending, which in turn reduces the future impact on both victims and the families of offenders. Some of these links are very explicit, e.g. problematic drug and/or alcohol use, acquisitive or violent crime including domestic violence and the behavioural effects of some mental disorders.

Offenders are far more likely than the general population to have mental illness, learning disability, and to misuse substances and alcohol. They are more likely to experience homelessness, poor educational achievement and unemployment.

Women offenders have far higher levels of mental ill health, alcohol and drug problems than male offenders do. Locally 2 in 3 of them were experiencing or had experienced domestic violence.

Children of offenders are three times more likely to experience mental health problems. Two in 3 boys with a convicted parent go on to offend and those with fathers in prison are three times more likely to end up in prison themselves.



Older people

There were approximately 63,800 people aged over 65 living in Kirklees in 2010, over 1 in 7 (15%) of the total population. By 2030, this is predicted to increase to 95,000, an increase of almost 50%. So by 2030, 1 in 5 (20%) of all those living in Kirklees will be over 65. This increase will be highest in those aged over 85, which is currently 8,200 and will increase to 15,500 by 2030, an increase of 89% (see population section for detail). These are the people most likely to have complex health and social care needs.

The health challenges for older people are different from those of working age adults. Smoking and drinking rates are low compared with the rest of the population although many people are affected by diseases partly caused by sustained risky behaviour through adulthood. Dealing with disability and frailty, falls, dementia and depression are also significant health challenges. Poor diet and malnutrition is common in those who are very old as is physical inactivity. Fifty years ago, 1 child in 10 could expect to live to be 100; today it is 1 in 4.

Locally:

- 3 in 5 of those aged over 75 were completely independent, half lived alone and 1 in 5 were dependent on another for feeding, dressing etc. in 2008. The burden of disease has risen for people over 65, especially diabetes and urinary incontinence.
- Mirfield, Denby Dale & Kirkburton locality has the highest proportion of its population who are over 65.
- 1 in 5 older people live in poverty.
- If we continue today's model of care, an additional 1,144 care home places will be required by 2030 for people over 65 (a 52% increase).

The greater likelihood of long term conditions among older people means that the management of these conditions and the increased emphasis on self care needs to reflect the capabilities, aspirations and expectations of older people.

As older people generally prefer to remain in their homes as long as possible, developing services to enable them to do this will be particularly important and range from 'handy persons' schemes to assistive technology and telecare.

Carers

Three people in every five will be a carer at some point in their life. A carer of any age spends a significant proportion of his or her life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled or has mental health or substance misuse problems. Full time caring can lead to breakdown of social networks and isolation. Carers form the mainstay of any preventive approach to community support. As the population ages, effective support for carers to enable them to continue in their caring role will be critical.

Locally in 2008

- Over 38,000 adults or 1 in 8 (12%) of the adult population in Kirklees were carers. By 2037 the numbers of carers are set to rise by 60%, to 64,000 locally.
- Carers locally in 2008 were more likely to have poorer health functioning, especially pain and depression. They were less likely to have a job, with less than 1 in 3 of those aged under 65 employed and many of those were restricted to part time work.
- Only 1 in 8 received a Carer's Allowance.

Safeguarding vulnerable adults

Abuse and neglect of anyone is intolerable, especially of children and vulnerable adults.

The term 'safeguarding adults' covers everything that assists a 'vulnerable' adult to live a life that is free from abuse and neglect and which enables them to retain independence, wellbeing, dignity and choice. It is about preventing abuse and neglect, as well as promoting good practice for responding to concerns on a multi agency basis.

Safeguarding is everyone's responsibility. All staff who, during the course of their employment, have direct or indirect contact with children, families and vulnerable adults, or who have access to information about them, have a responsibility to safeguard and promote their welfare.

In Kirklees there were more than 2,300 alleged victims of adult abuse and more than 1,700 alleged perpetrators in 2009-10.

Conditions

Many conditions which show in adulthood can be linked to people's behaviours, often over many years and beginning in childhood. Conditions can also affect particular groups of the population more than others, which may arise from their genetic makeup level of vulnerability or external factors. Conditions most strongly related to health inequalities, i.e. are avoidable, are associated with less healthy behaviours. So a focus on reducing unhealthy behaviours to prevent or delay disease onset and/or early detection of conditions improves life expectancy as well as the proportion of years lived in a healthy state i.e. improves life expectancy and wellbeing (see Behaviours section).

Some conditions are described as long term conditions, including diabetes, coronary heart disease, chronic pain and asthma. So, self-managing their condition and maximising potential become the focus for individuals rather than cure. Such conditions not only affect people physically, but also emotionally and this also needs to be managed effectively.

Asthma

The irritants that can trigger asthma can be very different for each person, however, cigarette smoke, housing conditions and air quality are common. Children whose parents smoke are 50% more likely to develop asthma.

Locally in 2008:

people with asthma:

- One in 5 smoked.
- Were more likely to do no physical activity at all.
- Older people with asthma were more likely to be overweight, and more likely to smoke.
- One in 4 thought their poor health was due to inadequate housing.

Cancers

Each year in Kirklees cancer kills more than 900 people and 1,700 people develop a cancer.

There are more than 200 different types of cancer, but four of them - breast, lung, bowel (colon) and prostate - account for over half of new cases and just under half of all cancer deaths in Kirklees. The death rate for all cancers in people aged under 75 has been declining steadily over recent years. This decline in Kirklees is faster than nationally, although there are differences between localities. Survival rates are improving, but between 5,000 and 10,000 deaths within five years of diagnosis could be avoided in England if efforts to promote earlier diagnosis and appropriate surgical management were successful.

Lung cancer persists as a major killer as fewer than 10% of sufferers survive as long as five years. It rose in local women by 11% between 2000 and 2007, reflecting more women taking up smoking in the 1990s. It is largely avoidable as over 90% is caused by smoking. A substantial proportion of other cancers are also preventable, mainly due to smoking, diet and other behaviours.

Locally, awareness of the more obvious symptoms of cancer, e.g. finding a lump, was high but the more subtle symptoms much less so, e.g. weight loss or cough. Only half of those surveyed felt tobacco caused cancer.

Since the national cervical screening programme was introduced in 1998, rates of new cases and deaths of cervical cancer have been dropping nationally and in Kirklees. Whilst the numbers of women attending screening in Kirklees was slightly higher than the national rate, it has been dropping over recent years, as nationally. The high profile death of Jade Goody caused a short term rise in the numbers of women attending screening in 2009-10 but this has not been sustained.

Cardiovascular disease (CVD)

Cardiovascular disease (high blood pressure, heart disease and stroke) is preventable being linked to smoking, high blood pressure, poor diet and physical inactivity. A third of CVD deaths could be avoided through such healthy behaviours. Reducing these risk factors can therefore reduce the risk of developing cardiovascular disease. Up to 90% of the risk of a first heart attack is due to risky health behaviours that can be minimised.

Locally in 2008:

- Under 65 years of age men in Kirklees were more than three times as likely to have coronary heart disease (CHD) than women.
- Of those with cardiovascular disease, at least half were overweight, and 1 in 4 obese.
- Deaths from CHD are 60% higher in smokers than non-smokers.
- Deaths from CHD are three times higher amongst unskilled men than professionals and 50% higher in south Asian communities than in the general population.
- Dewsbury had the highest death rates from all circulatory disease and heart disease in Kirklees.
- Almost 7,000 of local adults have suffered a stroke or transient ischaemic attack (TIA or 'mini-stroke'), which is 1.7% of the population.



Chronic kidney disease (CKD)

CKD is a serious condition but if it is identified and managed damage can be halted. CKD shares many of the same risk factors as other vascular diseases such as diabetes and high blood pressure. So people with CKD are at increased risk of heart attack or stroke, especially if they smoke or are overweight.

People from a south Asian or African-Caribbean background are at higher risk of developing CKD. Locally 8.5% of people aged over 18 are thought to have CKD although only 3.7% have a diagnosis recorded by their GP.

Chronic obstructive pulmonary disease (COPD)

The most common cause of COPD is smoking. Once smoking is stopped, the risk of developing COPD reduces. COPD cannot be cured but stopping smoking will slow down its progression.

COPD is the fifth biggest killer disease nationally. Locally it is the third biggest killer, causing 1 in 10 deaths.

In Kirklees 6,417 people were recorded on GP registers as having COPD in 2009-10 or 1.5% of people registered with a GP in Kirklees. However, it is estimated that the number of people with COPD was likely to be higher at 4.7% of those aged over 16 years. So only 47% of local people with COPD have a diagnosis and are therefore being managed.

Total deaths are projected to increase by more than 30% in the next 10 years without interventions to cut risks, particularly exposure to tobacco smoke.

Dementia

Dementia accounts for more years of disability than any other condition, including cardiovascular disease and cancer. A number of conditions including vascular disease cause dementia and where this is the case it is directly affected by the same health behaviours. The number of cases of dementia increases rapidly with age and is expected to double in numbers by 2030. It causes more than 10% of deaths of those aged over 65 years.

- People with Down's syndrome are four times more likely to develop dementia and for it to begin at an earlier age.
- Only one third of people with dementia ever receive a formal diagnosis or have contact with specialist services at any time in their illness.
- Estimates indicate that there are over 4,000 people aged over 65 living with dementia in Kirklees.
- Of these 2 in 3 are living in their own homes and 1 in 3 in care homes.
- Two thirds of people with dementia are cared for in the community, mostly by unpaid carers.



Diabetes

Diabetes is one of the biggest health challenges facing people living in the UK. The proportion of people with the condition is expected to rise to 1 in 10 by 2030. The number of people with Type II diabetes is increasing locally because of rising obesity levels, an ageing population and a growing population of south Asian origin.

Life expectancy is reduced, on average, by more than 20 years in people with Type I and up to 10 years in people with Type II diabetes.

In 2008, diabetes affected 1 in 14 (7.5%) of the Kirklees adult population. By 2025, the prevalence of diabetes in adults in Kirklees is predicted to rise by 20%. Some parts of Kirklees already have higher numbers of people with diabetes, particularly in areas with higher levels of deprivation and larger south Asian populations such as Dewsbury and Huddersfield, where rates were 1 in 11 (9%).

When diabetes is not well managed it can lead to serious complications including heart disease, stroke, blindness, kidney disease, nerve damage and amputations leading to disability.

Of those with diabetes, 3 in 4 were at least overweight and less likely to be active. Increasing physical activity and eating healthily are essential in both preventing diabetes and its treatment.

Infectious diseases

Tuberculosis (TB) remains one of the biggest infectious disease challenges for Kirklees. The number of new cases continued to rise, often in more deprived communities. TB cases in the last decade have been concentrated in Dewsbury, Batley and central Huddersfield.

Action is needed on both preventing TB occurring and to increase the number of affected people completing the long course of treatment, so drug resistant TB does not appear.

Vaccine preventable diseases such as meningococcal disease, mumps and measles continued to occur so uptake of immunisation needs to be as high as possible.

Blood borne viruses - Acute Hepatitis B infections are often associated with high risk behaviours or travel abroad, so there is much scope for prevention including targeting immunisation at high risk groups.

Gastrointestinal infections, mainly viral, continued to rise in Kirklees placing a significant burden on schools, care homes and hospitals.

Human Immunodeficiency Virus (HIV) - The total number of people known to be living with HIV in Kirklees was 260 in 2009 and the number of new cases is rising. The groups most at risk nationally are men who have sex with men and heterosexual black Africans, but transmission is increasing in people having heterosexual sex. One in 3 people are diagnosed late when presenting with symptoms, reducing their chance of survival.

Mental health and emotional wellbeing

Mental health is everyone's business - individuals, families, employers, educators and communities all need to play their part. Good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. Nationally it is estimated that 1 in 6 adults has a mental health problem at any one time.

Locally in 2008:

- One in 5 adults had depression, anxiety or other nervous illness, of who 2 in 3 were likely to be woken by worry and 1 in 5 to feel isolated.
- The rate of people with depression, anxiety and other nervous illness was highest in Dewsbury at 1 in 4.
- The rate of depression, anxiety and other nervous illness was higher than 2005 for adults irrespective of age. This had the second worst impact on functioning health.
- Of people with a long term condition, 31% reported depression, anxiety or other nervous illness; in particular, 39% of those who have had a stroke, 30% of those with heart disease and 28% of those with pain.

Increased smoking is responsible for most of the excess mortality of people with severe mental health problems. Adults with mental health problems, including those who misuse alcohol or drugs, smoke 42% of all the tobacco used in England.

Since 2002, the suicide rate locally fell faster than the national rate. Men were three times more likely to die from suicide than women were. Relationships or financial problems were identified as issues in more than half of deaths locally in 2005/6. Suicide mainly occurred in men aged 30-34 years.

Neurological conditions

The only preventable factors are reducing head injury and stroke; otherwise, these conditions tend to be progressive in their impact on the person.

The most important improvements are in enabling early diagnosis, then supporting sufferers and carers to cope with their condition, in relation to both physical and cognitive functioning as well as the wider impact on daily living.

Obesity

The rising tide of obesity is one of the biggest threats to health in the UK. In 2008, almost 2 in 3 adults were either overweight or obese. Without clear action, this will rise to almost 9 in 10 adults by 2050. 8 in 10 of obese teenagers went on to be obese as adults.

Obesity is associated with increased risk of a range of diseases that have a significant health impact, including diabetes, heart disease, cancer, muscular skeletal problems, and maternal death from childbirth. It shortens life expectancy by nine years.

Locally in 2008:

- Over half (54%) of all adults were overweight or obese, especially those aged 46-64 years.
- 2 in 5 of women aged 18-44 were overweight or obese.
- Those with diabetes, pain and heart disease were far more likely to be obese or overweight, i.e. up to 3 in 4.
- In Spen Valley more than 1 in 5 (21%) of all adults, and nearly 1 in 5 (17%) women of childbearing age were obese, compared to 1 in 6 across Kirklees.

Pain

Pain has one of the worst impacts on health functioning of local people, and is by far the most common condition.

Locally in 2008:

- Of all the groups in this JSNA, people with pain are more likely to feel socially isolated most of the time.
- Older people, particularly women, are more likely to experience pain.
- 3 in 4 people with pain problems were at least overweight and many were living with other long term conditions.
- Pain is more common among people of all ages on low incomes.

Sexually Transmitted Infections (STIs) and Sexual Health

If left untreated, STIs can have serious long term health consequences for the individual and increase the chances of passing infection on to others.

The population group with the highest rates of STIs were 15-24 year olds. All rates of STIs are rising, due to increased testing for STIs, more sensitive diagnostic methods and changes in sexual behaviour.

Behaviours

The development of attitudes and understanding about health and risk is largely influenced by an individual's social environment. Adults in Kirklees receive a range of messages and influences from their families, colleagues, communities, peers and the media. These form their perspectives about their lives and their behaviours that will affect their health. It is important to understand how such social norms are shaped by the Kirklees environment taking a whole systems approach to health as shown by the rainbow.

The health behaviours described here are causes of specific illnesses and conditions. Many of them are coping mechanisms for each of us to use to deal with stress, i.e. a way to relax. Smoking and the misuse of alcohol or drugs especially are coping mechanisms. These may provide short term relief, but are addictive and result in longer term ill health. Physical activity requires the active investment of time and has huge health benefits. The challenge is making it part of our daily life.

Positive coping mechanisms support emotional wellbeing, a positive physical, social and mental state which is also an important part of our health. Good wellbeing does not just mean the absence of mental illness - it brings a wide range of benefits.

Drug misuse

Misuse of drugs is strongly linked to a range of health problems including mental ill health, hepatitis C virus (HCV) and social problems such as homelessness or lack of experience of employment.

Locally:

- The number of adult crack cocaine and heroin users continued to decrease and was less than 1% of the population aged 18-64 years in 2008/9.
- There is an ageing profile of crack and heroin users, with fewer young people using such Class A drugs and a shift towards alcohol, cannabis, cocaine and ecstasy (ACCE) and 'legal high' use among those aged under 25 years. This behaviour is frequently associated with experimentation, recreational and peer use.

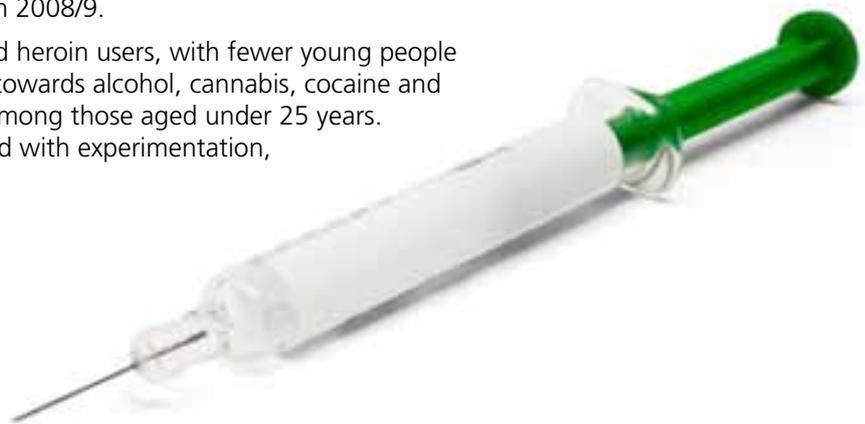
Alcohol misuse

Alcohol is part of normal social life. Drinking more alcohol than the recommended levels is a major cause of disease, injury and social dysfunction. Alcohol related deaths and hospital admissions are rising because of the increasing consumption of alcohol by all groups. People on lower incomes are less likely to drink above recommended levels and more likely to abstain altogether. However, if they do drink, they are more likely to drink to excess and to be alcohol dependent than people on high incomes. Consuming alcohol in pregnancy increases the risk of foetal abnormality.

Locally in 2008:

- People did not recognise the harmful effects of their behaviour nor the amount they were drinking.
- Levels of increasing and higher risk alcohol drinking among adults were amongst the worst 10% nationally. Rates of drinking above recommended levels amongst women in Batley, Birstall & Birkenshaw were the highest in Kirklees at 1 in 3 (31%).
- Amongst adults that drank, their average weekly consumption was virtually the recommended limit. Drinking above such limits was most common in those aged 18-24 years, reported by 62% of males and 53% of females.
- Bingeing among young people aged between 18-24 years increased in 2008, with 66% of males and 45% of females in full time education bingeing in the previous week. This compared with 38% of men and 36% of women in the wider adult population.
- Most adults in Kirklees were not worried about the amount they drank: 83% of male and 90% of female drinkers were not concerned about their drinking.

Alcohol is an issue that impacts across the whole population, both directly and indirectly through the impact that alcohol has on others. The Royal College of Physicians identifies "passive" effects of alcohol misuse and describes it as a major cause of social unrest. Locally there are higher than average levels of alcohol related crime and the number of people on probation caseloads with alcohol problems continues to increase. Locally, offending behaviour, including domestic violence, is strongly linked with alcohol misuse.



Food and nutrition

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. People on a low income are more likely to experience all these difficulties.

Nationally just over 1 in 3 (35%) adults ate five or more portions of fruit and vegetables per day. Nationally consumption of fruit and vegetables is strongly linked to household income, with those on lower incomes consuming less. Locally, this is similar. 36% of the food outlets in Kirklees were hot food takeaways, many of which were situated in the most deprived areas.

Vitamin D deficiency has emerged as a very significant population problem as it relates to bone health. Deficiency increases the risk of fracture and degeneration as well as a range of other health effects. This vitamin is made by sun exposure on skin. It is estimated that people living north of Birmingham are likely to be vitamin D deficient in winter at least.

Women of childbearing age remain a key group for concern, particularly women with young children, as they are key shapers of family behaviours. Lack of cooking skills, budgeting, cost effective shopping and local women repeatedly quoted fussy families as blocks. Poor nutrition in the mother affects her infant and their later life risk of disease.

Older people with dementia are seen as a group of concern as the condition can result in forgetting to eat or not eating regular nutritionally balanced meals.

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. Overall, the key message is to be more active in every day life.

Locally in 2008:

- People with certain long term conditions were more likely to do no physical activity, i.e. 1 in 3 (35%) of those with heart disease or diabetes, 1 in 5 of those with high blood pressure or pain.
- More adults aged 18-64 on a low income were likely to do no activity, 17% than overall aged 18-64, 8%.
- 1 in 4 (26%) of people aged over 65 reported taking no physical activity.
- 1 in 8 adults were physically inactive. Dewsbury and Batley had the most inactive adults (15%, 14%). South Asian people (18%) were least likely to do any activity than any other ethnic group, (11%).

Smoking

Smoking is the single greatest killer. It results in avoidable and early death, killing more than 106,000 people in the UK annually; 1 in 5 (18%) of all deaths. Most die from lung cancer, chronic obstructive lung disease (bronchitis and emphysema) and coronary heart disease. Lung cancer in women is a significant problem locally. Smoking is also a major cause of ill health, leading to approximately 1.4 million hospital admissions nationally in 2008.

Second hand smoke is a major risk to the health of non-smokers. As smoking is now prohibited in public places, the emphasis must shift to reducing exposure in the home, especially for women of childbearing age and children. More than 2 in 5 (42%) of local 14 year olds lived with an adult who smokes. Over 8 in 10 adults who had ever smoked regularly began as older children or teenagers. Those who start smoking when they are young are three times more likely to die of a smoking related disease.

Locally in 2008:

- One in 5 (20%) adults smoked and this rose to 1 in 4 (25%) in Dewsbury.
- Just over 10% (1 in 9) of non south Asian pregnant women smoked during pregnancy. This is less than the national target of 15%, but there were wide variations across localities (7%-33%) in 2010-11. Rates have remained especially high in Dewsbury and Batley since 2008-09.
- Smoking is related to lower levels of income. Locally, just over 2 in 5 (41%) of 18-44 year-olds earning less than £10,000 smoked compared to 1 in 3 (30%) earning £10,000-£20,000.
- People with existing long term conditions were still smoking, 1 in 8 people with heart disease, high blood pressure or diabetes and 1 in 3 in those with mental ill health smoked.

Wider Factors

There are a range of interacting factors that shape health and wellbeing. A range of wider factors directly influences people's likelihood of experiencing a particular condition or participating in risky health behaviours, of dying sooner and spending more of their life living with a health problem or disability. Amongst the most important are: early child development and education, employment and working conditions, housing and neighbourhood conditions, standards of living, and, more generally, the freedom to participate equally in the benefits of society.

There are dramatic differences between the best off and worst off in relation to these factors, but the relationship between social circumstances and health is also a graded one. This is the social gradient in health. The fact that in Kirklees today people in different social circumstances experience avoidable differences in health, wellbeing and length of life is, quite simply, unfair.

Accidents

Injury or death because of an accident can be prevented if a sensible reduction in risk is taken.

Locally:

- Home remains the most common site for accidents, particularly for young children and older people.
- Road traffic casualties were at their lowest level ever in 2009, although there had been an increase over the last three years in the numbers of children younger than five injured or killed on the roads of Kirklees.
- Alcohol and/or use of illegal substances are a leading cause of accidents, especially road traffic accidents amongst young adults (16-29 year olds).

Falls are a major cause of illness and disability amongst those over 65, and 1 in 3 experienced one or more falls in a year.

Community cohesion

The make up of Kirklees communities is complex and each local area has a distinct character and balance of communities. Ethnic, cultural, faith, socio-economic and political factors affect how people get on with each other.

In 2009, most local people felt they got on well with people from different backgrounds and ages. However, a significant proportion believed people from different backgrounds do not get on well with each other in their areas. Patterns of immigration and perceptions of how immigrants were treated were felt to reduce a sense of local cohesion (see also Localities section).

Crime and community safety

Crime has a major influence on how people feel about their local areas. Direct experience of crime and anti-social behaviour has a negative impact on an individual's sense of health and wellbeing. The fear of crime also affects how much adults and children use public space.

Locally:

- Since 2008-9, crime rates have fallen and Kirklees has lower levels of crime than other similar areas. There were significant reductions in vehicle crime, robbery and assaults but an increase in domestic burglary. Violent crime associated with alcohol has reduced and is significantly lower in Kirklees than other comparable areas. The pattern of crime, both of victims and offenders, reflects the pattern of deprivation across Kirklees.
- However, the improvement in actual reported crime is not reflected in residents' feelings of safety and confidence that the police and partners are dealing with their concerns.

Housing, homes and neighbourhoods

Decent housing is a pre-requisite for good health. People who live in clean, warm, safe and affordable homes are less likely to experience ill health because of their housing. Creating a physical environment, including high quality green space, in which people can live healthier lives with a greater sense of wellbeing, is a hugely significant factor in improving health and wellbeing.

Locally:

- There is an increasing need for decent, affordable and appropriate housing that meets the current and longer term needs of people in Kirklees. There is also a significant shortfall in the number and suitability of homes needed for local residents, particularly given the rising number of elderly residents and people of all ages with a disability.
- There are 1,400 empty homes in the area, mostly in the private sector, that need bringing back into use.
- One in 6 (16%) of homes were in poor condition and often occupied by people who are most vulnerable - elderly, economically inactive, socially isolated - and who are unable to bring their homes up to and maintain them at a decent standard.
- In 2008, 1 in 4 householders felt their house was inadequate for their needs; older people were more likely to feel their home was too large and families with children were more likely to feel their home was too small.
- In areas of Kirklees where high deprivation levels exist there are corresponding high levels of non-decent, poor quality housing, especially in the private rented and owner occupied sector within central Huddersfield and south Dewsbury.

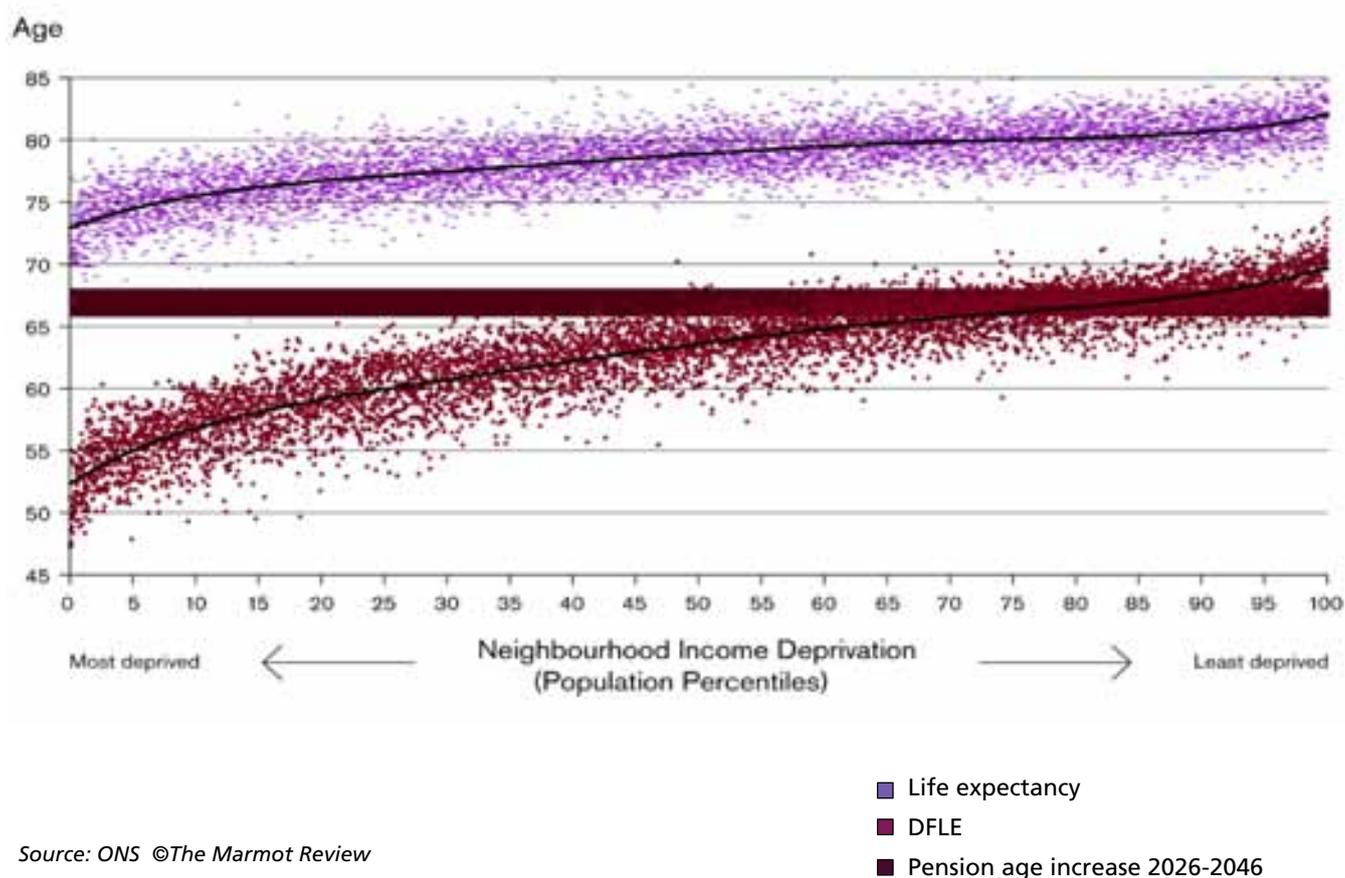
Income and deprivation

Deprivation kills - Dewsbury people can expect to live 3.6 - 5 years less than Holme Valley people. Deprivation is directly linked to life expectancy and the length of 'disability free' life. There are a range of factors that combine to produce this effect, including income, employment, health and disability, education, skills and training, barriers to housing and services, crime and the living environment. Kirklees is one of the 50 most deprived local authorities in England in terms of income and employment. There is a mixed picture relative to other local authorities across England - Kirklees has improved in employment, crime and barriers to services, but worsened in education, skills and training and income.

Income deprivation is measured separately because of its impact on people, especially children and older people. Across Kirklees 1 in 4 (24%) children and 1 in 5 (21%) older people are income deprived (i.e. living in a households receiving a low income related benefit). There are income deprived residents in every locality, but Dewsbury has the highest rates of children (34%) and older people (31%).

The figure below shows that people living in the poorest neighbourhoods, will, on average, die seven years earlier than people living in the richest neighbourhoods (the top curve). Even more disturbing, the average difference in disability free life expectancy is 17 years (the bottom curve). So, people in poorer areas not only die sooner, but they will also spend more of their shorter lives with a disability. The graph also shows the finely graded relationship between the socioeconomic characteristics of these neighbourhoods and both life expectancy and disability-free life expectancy - this is the social gradient in health. The rise in pension age will mean that far more deprived people will have to work with ill health compared to very few of the wealthiest.

Life expectancy and disability-free life expectancy (DFLE) at birth, persons by neighbourhood income level, England, 1999-2003

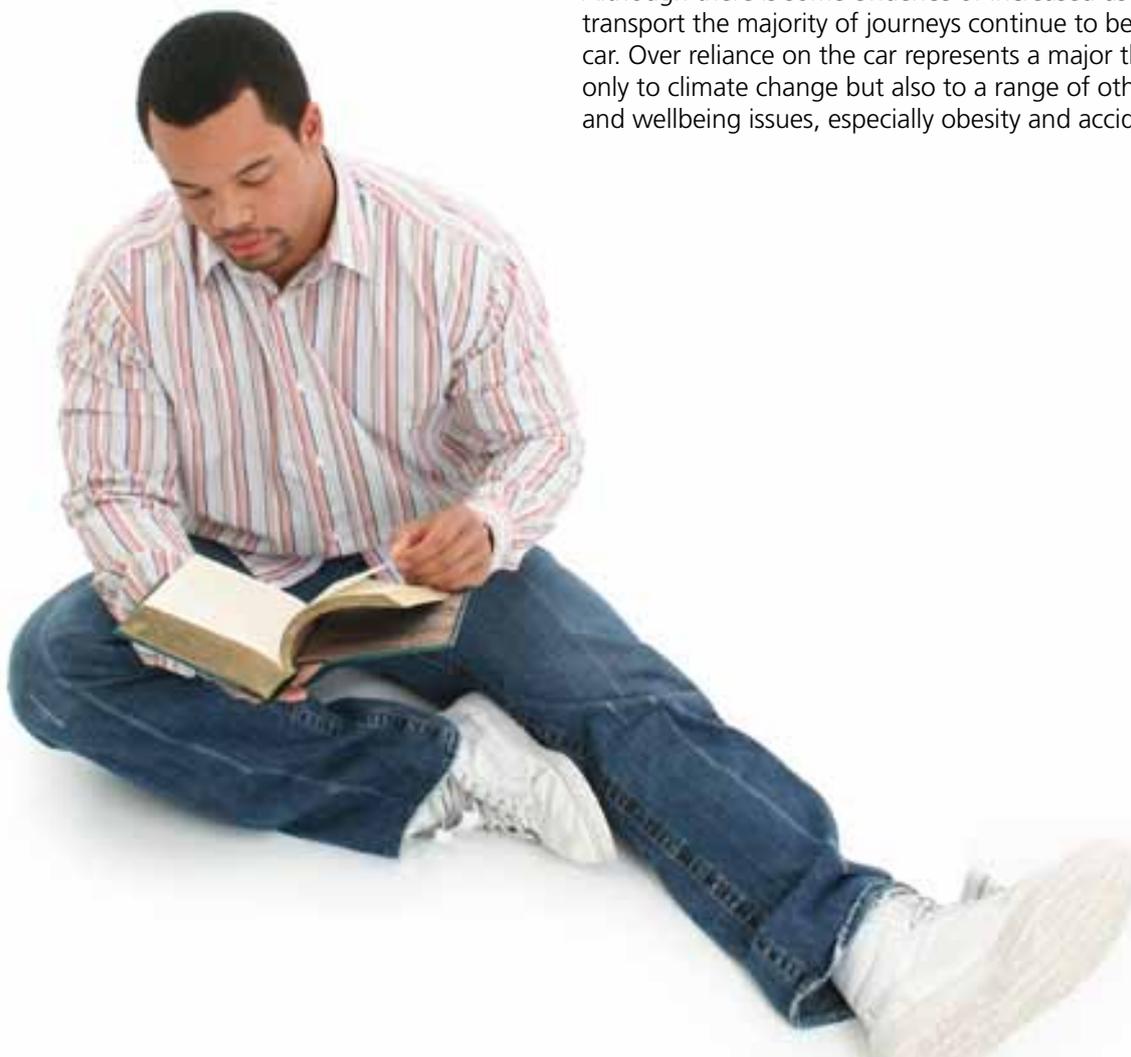


Source: ONS ©The Marmot Review

Learning

People with low educational attainment are more likely to experience disadvantage throughout their lives across a wide range of issues including income, employment, housing, personal behaviours and health. Educational attainment is influenced by family socio-economic status together with the quality of the schools that children and young people attend.

Children and young people educational attainment has continued to improve. Kirklees' working age population has higher attainment levels than the regional and national average at NVQ Level 3 and above. The key issue for Kirklees is that 1 in 4 (28%) working age adults have either no qualification at all or only have NVQ Level 1 – which is below the recognised level for employability.



Major risks in Kirklees - emergency preparedness

The highest risks that might result in a major incident or an emergency in Kirklees are pandemic flu, flooding, heavy snow and terrorism.

There have been few major incidents in Kirklees recently but we must maintain our preparedness through robust emergency planning procedures as part of the West Yorkshire Resilience Forum.

Physical environment and climate change

The world's climate is changing because of increased carbon dioxide in the atmosphere and will affect the health and wellbeing of people across Kirklees. There are particular risks to the health of vulnerable people, for example older people, people in poor housing conditions, people with long term health conditions and infants. These risks include heat stroke, hypothermia, musculoskeletal problems and respiratory infections.

Reducing emissions requires action to reduce energy consumption, more green transport options and more efficient land use.

More than 1 in 4 households in central Huddersfield and Dewsbury experienced fuel poverty in 2010. Not surprisingly, fuel poverty is most common in back to back properties, especially for those on the lowest income. Although there is some evidence of increased use of public transport the majority of journeys continue to be by private car. Over reliance on the car represents a major threat not only to climate change but also to a range of other health and wellbeing issues, especially obesity and accidents.

Social capital

Strong social capital leads to a wide range of benefits across education, employment, crime and health. Social capital develops through civic engagement, social support, neighbourliness and social networks. People with strong social networks are healthier and happier.

Locally in 2008:

- The people most likely to be isolated are those with a disability, poor health (especially due to mental ill health and pain) and those not working due to ill health.
- People's sense of belonging varies with age. Only 1 in 3 young adults felt they belonged to their local area compared with 3 in 4 of those aged 65 and over.
- It also varies between localities with only half in Huddersfield North compared with 3 in 4 in Denby Dale & Kirkburton feeling a sense of belonging.
- Dewsbury people were least likely to report feeling engaged locally in their community and adults in Huddersfield were least likely to vote - a commonly used measure of engagement.
- Overall 1 in 4 adults in Kirklees volunteered at least monthly but this was substantially higher in Batley, Birstall & Birkenshaw (32%).

Transport and access

The transport system allows goods to be transported around the country and enables people to get to work, school and the shops, access healthcare and other facilities, as well as visit friends and family. An effective and efficient transport system is essential to the economic prosperity of the area and to the everyday lives of the people who use it. The transport system encompasses all elements of moving people from place to place. This includes bus and rail journeys, cycling and walking trips and car travel. In reality, people without a car find it more difficult to access healthcare and social, cultural and sporting activities. Over-reliance on motorised transport is also one of the most significant causes of increasingly sedentary lifestyles.

Locally:

- The level of traffic is increasing: traffic flows in Huddersfield had increased by more than 8% between 1999 and 2009. People are still over reliant on the car - nearly 1 in 3 journeys were by private car, and while rail use grew, bus use fell in the same period.
- This over-reliance on the car has led to significant concerns about air quality in two areas in Kirklees, one around the Cooper Bridge area of the A62 and the other at Scout Hill on the A644.
- Lack of affordable and appropriate transport is a barrier to education and work - nearly half of young people have difficulty with the cost of transport to access education and 2 in 5 job seekers say lack of transport is a barrier to getting a job.

Work

Being in work is a key component of mental and physical wellbeing. However, jobs that are insecure, low paid and that fail to protect employees from stress and danger make people ill - as does being made redundant. Unemployment has both short and long term effects on mental and physical health, including premature mortality.

Locally:

- The number unemployed over 12 months in Kirklees rose by 150% in the year to February 2010. Amongst those over 60 this was double (300%) - these people are unlikely to work again.
- The impact of poor health or disability on a person's likelihood of finding and keeping a job is significant. Around 20% of Kirklees' working age population (more than 50,000 people) had a disability of some sort. Of these, only 60% had a job, compared to 76% of those without a disability. The rate for people with a mental health problem was even lower (40%). This effect can be mitigated by educational qualifications.
- Nearly 18,000 adults were not in work and claiming benefits based on their illness or disability in 2010. Two in 3 have been on benefits for more than five years and nearly half were claiming because of a mental health problem. The most disadvantaged parts of Kirklees - inner Huddersfield, Dewsbury and Batley had the largest number of employment support allowance and incapacity benefit claimants.
- Unemployment amongst young people is rising, with 2 in 3 employers locally reporting that they did not employ any people aged under 25 years.