

Kirklees JSNA Summary for the Greater Huddersfield Area

Introduction

This summary covers Almondbury, Ashbrow, Colne Valley, Crosland Moor and Netherton, Dalton, Denby Dale, Golcar, Greenhead, Holme Valley North, Holme Valley South, Kirkburton, Lindley, and Newsome wards – the area covered by Greater Huddersfield Clinical Commissioning Group (GHCCG). It draws on the relevant sections of the JSNA, which uses the latest available data and intelligence to detail a wide range of factors, behaviours, conditions and vulnerable groups. There are JSNA summaries covering Kirklees as a whole, children and young people, the clinical commissioning groups and the localities. The relevant sections give more detailed information and references. The summaries and sections are available on the JSNA webpage - [here](#).

A wide range of indicator tables have been developed as part of the JSNA process and they provide key data about Kirklees, the Greater Huddersfield area and the localities it covers. All the tables are available [here](#).

The summary tables that cover Greater Huddersfield are available from the following links

- [CCG & Kirklees summary indicator table](#)
- [Comparisons between Kirklees, Greater Huddersfield and localities](#)
- [Trends over time across Kirklees and Greater Huddersfield and localities](#)

Headlines

The **population** is rising and will continue to grow, especially in the older age groups. This creates health and social care challenges as more people live longer with long term conditions, and brings economic and social challenges as the proportion of working age people reduces. 1 in 6 of the adult population and more than 1 in 4 under 18s are south Asian, with higher populations in Huddersfield North and South.

Poverty and **deprivation** levels are highest in Huddersfield North and South, along with higher rates of unhealthy behaviours and higher disease burden.

Infant deaths under 1 year had reduced. They were still slightly higher than the national rate but falling faster than nationally - maternal smoking rates continue to have an impact.

Cancer remained the most common cause of death in those aged under 75, although this was improving. Cancer survival rates were also improving although lung cancer survival remained low. Prevention is crucial, including reducing smoking rates and improving diet, along with raising awareness of symptoms and earlier diagnosis.

Cardiovascular disease remained the second biggest cause of premature death although the rate had reduced since 2005. Huddersfield South had the highest rate. Most of these deaths could be prevented by making lifestyle changes including reducing smoking rates, improving diet, being more active and reducing alcohol misuse. 1 in 14 adults reported they had **diabetes**, Huddersfield North having among the highest rates in Kirklees.

Chronic Obstructive Pulmonary Disease (COPD) is the fifth biggest killer in the UK and the second most common cause of emergency admission to hospital. The self-reported rate of COPD was 2.5%, but it is likely the actual rate is around twice this. Smoking causes 4 in 5 cases.

1 in 5 adults reported suffering from **depression, anxiety or other mental health condition**. The **emotional health and wellbeing of 14 year olds** was a significant issue, especially in the Holme Valley, Denby Dale and Kirkburton.

More than half of adults were **overweight or obese**. Among children **obesity** rates increased as they got older and almost 1 in 5 10-11 year olds were obese. Rising obesity rates pose risks to the long term health of the population in terms of diabetes, cardiovascular disease and cancer.

Almost 1 in 3 adults were living with a **long term limiting condition**, a rising trend. Almost 1 in 3 adults reported having **chronic pain**; including back pain and long term pain. 1 in 6 14 year olds and 1 in 10 adults reported having **asthma**.

Rates of **TB** and **sexually transmitted infections** are rising, and early diagnosis of **HIV** remains a challenge. Immunisation rates were also a concern; **Seasonal flu immunisation** rates in 2011/12 were considerably below the national target for people under 65 in clinical at risk groups and for pregnant women, whilst uptake of **childhood immunisations** was lower than the rest of Kirklees, Yorkshire and the Humber and the national target.

Lifestyle choices have a significant impact on the major causes of ill health and premature death in Greater Huddersfield. Whilst **smoking** rates continued to decline, there remained

significant challenges, especially among women of childbearing age, children and those living in the more deprived areas. 2 in 5 14 year olds lived with an adult who smoked.

Patterns of **alcohol** consumption indicated rising levels of risk among adults in the Holme Valley and Denby Dale and Kirkburton. Among teenagers this was most marked in the Colne Valley, Holme Valley and Denby Dale and Kirkburton.

Whilst 1 in 3 adults reported achieving the recommended **physical activity** levels, a significant improvement on 2005, there is still more to be done.

1 in 4 adults exhibited 3 or more unhealthy behaviours; a rising trend, especially in Huddersfield South, where it affected 1 in 3 adults.

Population and People

In 2012 the total number of people in Greater Huddersfield was 245,218, having risen by 1.4% since 2010. 1 in 6 (16%) was aged 65 years and older; 1 in 14 (7.2%) was 75 years and older. Estimates show that by 2030 the population will be 278,700, an increase of over 36,000 (15%) since 2010, with over 65s almost 1 in 4 (23%) of the population. This represents a 70% rise in the over 65s from 2010 to 2030. In the same period the proportion of the population aged under 18 will rise by 11% to 1 in 5 (20%) of the population and the working age population will shrink by 2030 from 64% to 57%. Thus the economically active population will be proportionately smaller in 2030 than it is currently. Coupled with the growing older and younger population this represents an important social and economic challenge in addition to the health challenge as more people live with long term conditions.

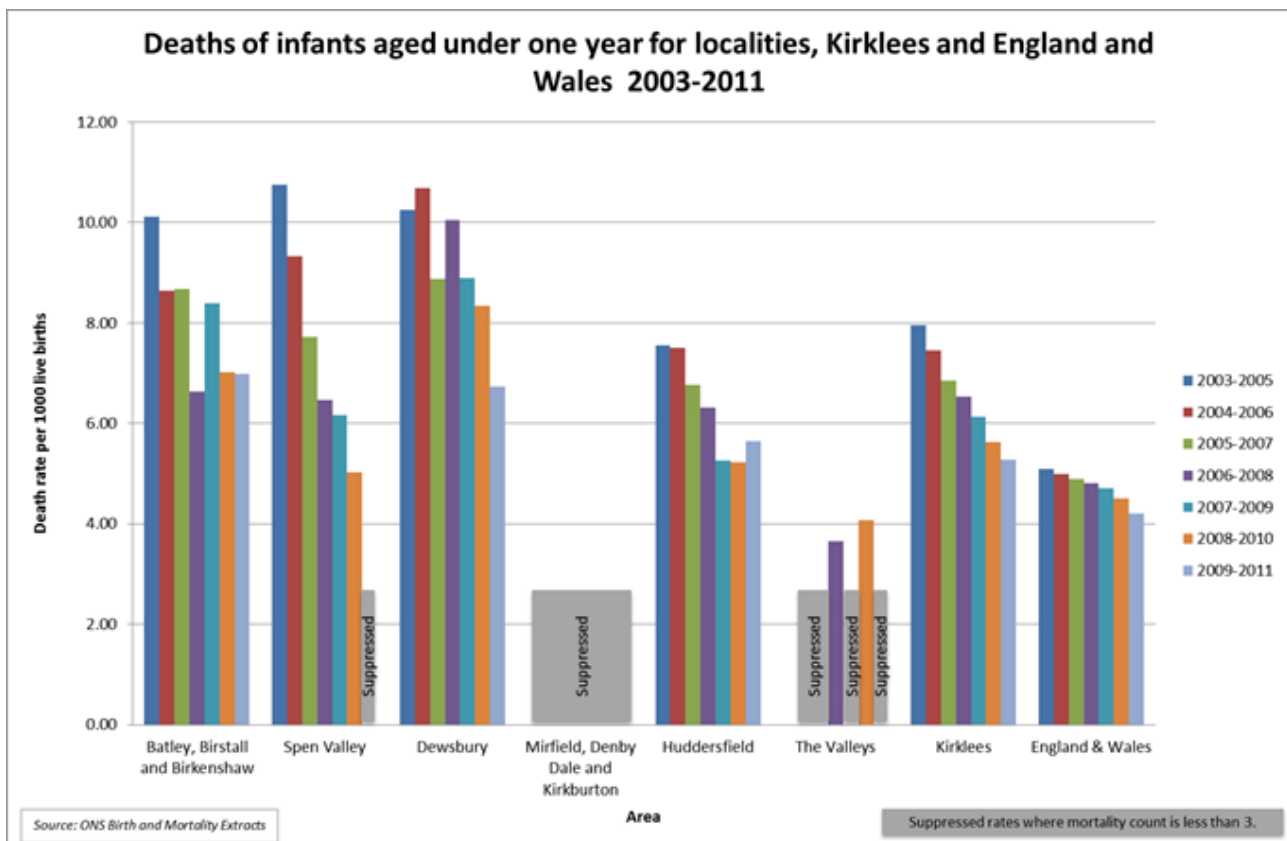
In 2012 the adult south Asian population was 1 in 6 (15%) of the total adult population. Huddersfield North had the highest proportion, 1 in 5 (21%) of the adult population being south Asian. South Asian under 18s made up more than 1 in 4 (29%) of under 18s; again the highest proportion was in Huddersfield North at just over 1 in 3 (36%).

For people in Greater Huddersfield born between 2008 and 2010 life expectancy is 78.1 years for males and 81.8 years for females, similar to nationally (male 78.5, female 82.5). Life expectancy is increasing and is 1 year longer for males and 0.4 years longer for females compared with those born between 2003 and 2005. Females in Greater Huddersfield born between 2008 and 2010 will live an average of 3.7 years longer than their male counterparts. The difference between the longest and shortest life expectancies

is 3.4 years for males and 3 years for females: in Denby Dale and Kirkburton a male can expect to live to 80 years, whereas in Huddersfield South it is 76.6 years; a female born in Denby Dale and Kirkburton has a life expectancy of 83.7 years whilst one born in Huddersfield South has a life expectancy of 80.7 years.

The live birth rate was 63/1000, similar to the national rate, having risen from 55/1000 since 2005. Huddersfield North was the highest (70/1000). The proportion of live births that were to south Asian women was higher in Kirklees than nationally – 3.2% compared to 0.7%. In Huddersfield North and South 1 in 3 live births were to south Asian women (37% and 33% respectively).

By 2009-11 infant deaths under 1 year had reduced to 6/1000; slightly higher than the national rate of 5.3 but falling faster than nationally. Huddersfield North was the highest at 8/1000.

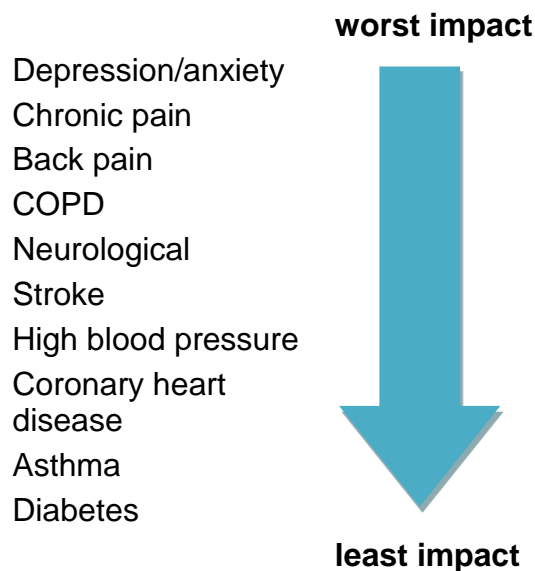


Low birth weight, breastfeeding and maternal smoking are important factors in infant mortality. The rate of low birth weight babies in 2012 was 1 in 14 (7%), the same as the national rate and the same as 2003-5. The rate was highest in Huddersfield North at 1 in 11 (9%). 8 in 10 (81%) mothers initiated breastfeeding, similar to national and just under half (47%) were still breastfeeding at 6-8 weeks - higher than national (43%), but lower than 2009. In Huddersfield North half of mothers (50%) were still breastfeeding at 6-8

weeks – an asset that should be built on. Smoking accounts for 1 in 3 of low birth weight babies. 1 in 8 (13%) of mothers in Huddersfield North and South were smokers at the time of delivery.

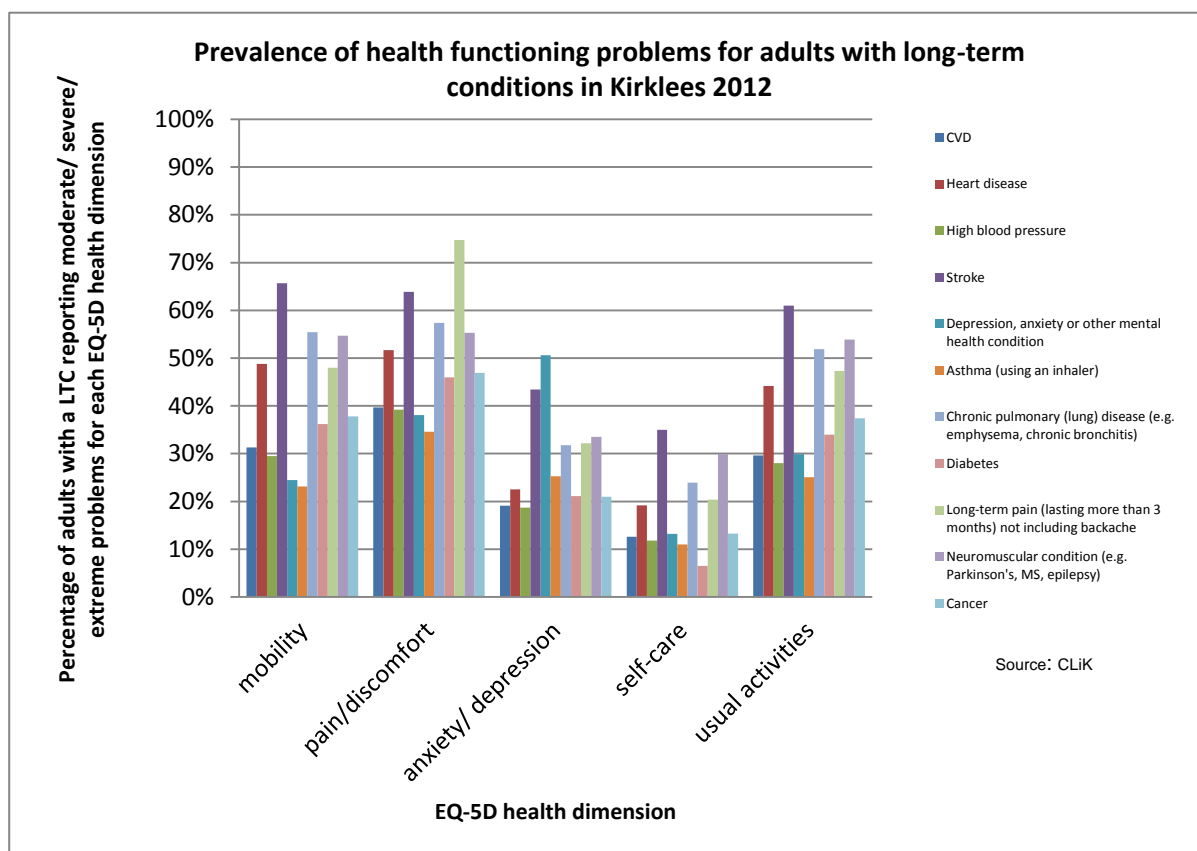
Problems with daily activities (health functioning)

Health functioning is the extent to which a person has problems with mobility, pain/discomfort, anxiety/depression, self-care and usual activities. An assessment of the prevalence of moderate/ severe/ extreme problems with each of these health dimensions [using the EQ-5D measure] helps us to understand the impact of long-term conditions on overall health functioning. Impact is measured by combining size (the numbers affected) and severity. This gives the following:



Depression/anxiety and pain have high impact because they affect large numbers in the population and could be better managed or detected. Depression/anxiety and musculoskeletal problems, including pain, are responsible for over half (58%) of sickness absence from work in Greater Huddersfield. In comparison, conditions causing significant physical disability or are progressive, such as stroke, neurological, COPD are high in terms of severity but affect smaller numbers so the effect is reduced. Those diseases with potential for good management, such as diabetes and asthma, have less impact due to that management. In looking at all long term conditions stroke, neuromuscular conditions and chronic pain are most likely to be associated with problems across all aspects of health functioning. Not surprisingly, older people had more problems with health functioning than those of working age, except for feeling

anxious or depressed. At least 1 in 3 of older people had problems with mobility, pain and being able to do their usual activities.



What specific conditions are causing concern locally?

Frailty can be defined as multiple co-morbidities accumulating with increasing age leading to a gradual decline and regular exacerbations before a person's last days. In Kirklees 2 in 3 (68%) of adults had a long term condition, more than half of these (54%) had more than one condition and 1 in 11 (9%) had 4 or more. Living with more than one long term condition increases impact on personal functioning and the level of support needed.

Emotional Wellbeing is a protective factor that supports an individual's resilience and ability to cope with life. In Kirklees depression and anxiety have the worst impact on health functioning of all long term conditions, affecting mobility, work and the ability to carry out usual tasks.

Among Greater Huddersfield adults in 2012: -

- 1 in 5 (21%) reported suffering from depression, anxiety or other mental health condition, lower than nationally (1 in 5, 26%) but slightly higher than 2005 (19%).
- More than twice as many in Huddersfield North and South felt lonely/ isolated all or most of the time than in the rest of area - 1 in 12 (8.3%) in Huddersfield South compared with only 3% in Holme Valley.
- More than half (60%) of people in Denby Dale and Kirkburton agreed that the local area is a place where people trust each other compared with just over 1 in 3 (36%) in Huddersfield South (43% in Kirklees overall).

The emotional health and wellbeing of 14 year olds was of concern, especially in the more affluent areas:

- In 2009 more than 1 in 3 (38%) 14 year olds in Holme Valley and Denby Dale and Kirkburton were not happy with the way they looked, compared with a Greater Huddersfield average of 34%
- 1 in 5 (21%) Holme Valley, Denby Dale and Kirkburton 14 year olds had problems getting to sleep because of anxiety or worry, compared with 1 in 6 (17%) Greater Huddersfield average (increased from 12% in 2007)
- 1 in 6 (15%) 14 year olds in the Holme Valley and almost 1 in 5 (18%) in Denby Dale and Kirkburton reported feeling lonely at least once a week, compared with a Greater Huddersfield average of 1 in 8 (13%).

The root causes of this require exploration, but may be linked to feeling they have no-one to talk to about their problems (almost 1 in 4 in the Holme Valley and Denby Dale/Kirkburton). Bullying in the Holme Valley was the highest in Kirklees in 2009 with 46% of young people having been bullied.

Obesity is associated with an increased risk of diabetes, heart disease and cancer, including earlier death. It can be prevented by reducing calorie intake and increasing physical activity levels. In 2012:

- Almost 1 in 5 (18%) adults were obese
- Over half (52%) of adults were either overweight or obese, the highest rates being in Huddersfield North (54%).
- 2 in 5 (40%) women of child bearing age were overweight or obese, rising to 43% in Denby Dale and Kirkburton. This is a crucial issue, given the pivotal role of women

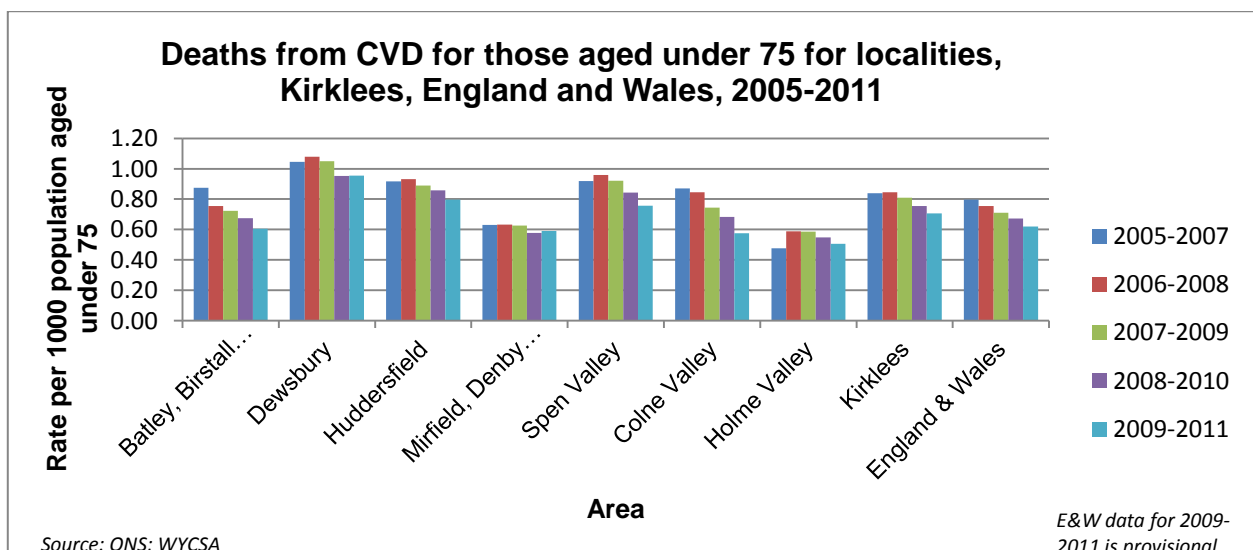
within families and the evidence that children of obese parents are more likely to be overweight or obese.

- 1 in 12 (8.5%) 4-5 year olds were obese – lower than nationally (1 in 11, 9.4%). This ranged from 1 in 20 (4.8%) in Denby Dale and Kirkburton to 1 in 10 (10.6%) in Huddersfield North.
- Among 4-5 year olds a further 1 in 8 (13%) were overweight, the same as nationally. The highest rate was in Denby Dale and Kirkburton, where 1 in 6 (15%) four year olds were overweight.
- Almost 1 in 5 (18%) 10-11 year olds were obese, similar to nationally – so obesity rates increased as children got older

Cardiovascular disease (CVD), i.e. disease of the heart or blood vessels, is the second most common cause of death in under 75s nationally and locally, but has been dropping across the area since 2005. Most of these deaths are premature and could be prevented by not smoking, a healthy diet, being active and moderate alcohol consumption.

For 2008-2011:

- Coronary Heart Disease deaths for under 75 year olds were 0.3/1000. Huddersfield South had the highest rate (0.5/1000 population) - more than twice Holme Valley (0.2/1000).
- The stroke death rate for under 75s was 0.1/1000 population.



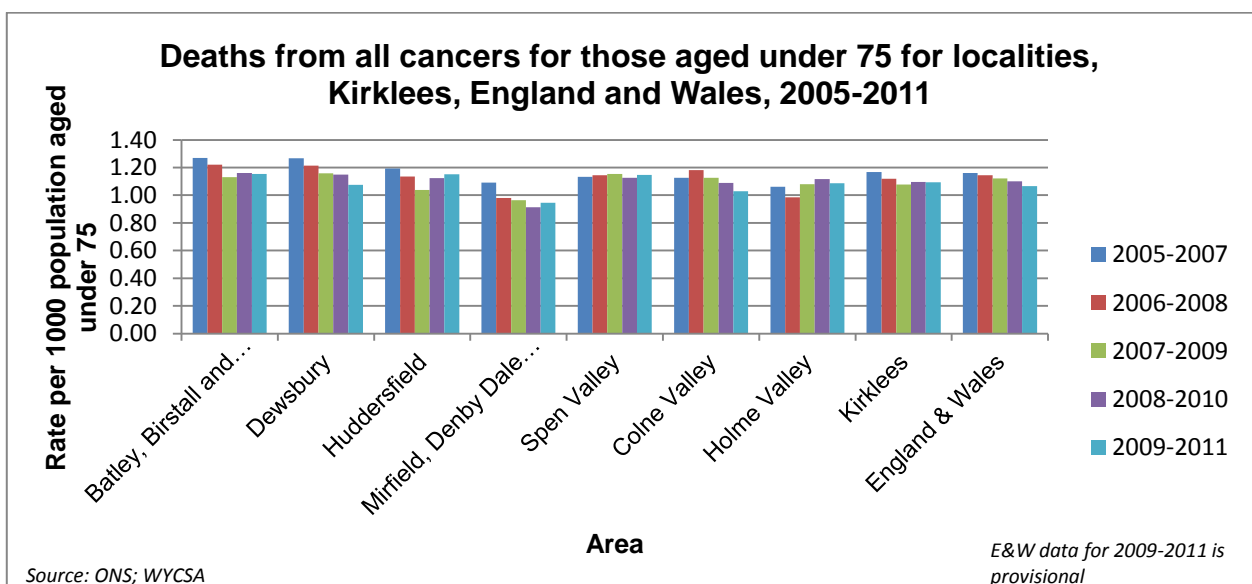
In 2012:

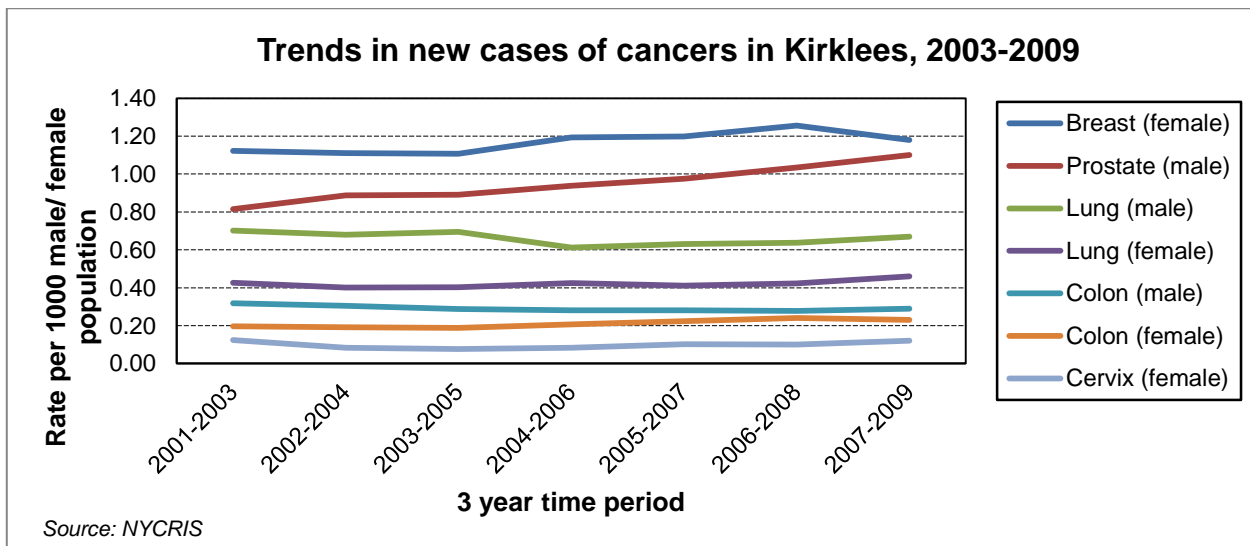
- Self-reported emergency admissions to hospital for a heart attack in over 65s were almost twice as high in Huddersfield North than in the Holme Valley (8/1000 population compared with 5/1000).
- Self-reported rates of heart disease were 5%, similar to the national rate.
- High blood pressure was reported by almost 1 in 5 people (19%), lower than nationally (30%).

Though progress has been made to reduce deaths from cardiovascular disease more needs to be done to raise awareness about risk factors and ensure early diagnosis. Particular focus needs to be on risk factors such as smoking and managing high blood pressure.

Cancer remains the most common cause of death in those aged under 75 years in Kirklees. Prevention, coupled with earlier diagnosis and intervention could reduce cancer deaths. Smoking and diet are key factors in several cancers. Screening is a crucial population-level prevention tool. Cervical screening is of particular concern as the percentage of women attending for screening has declined over recent years, especially in the younger age group.

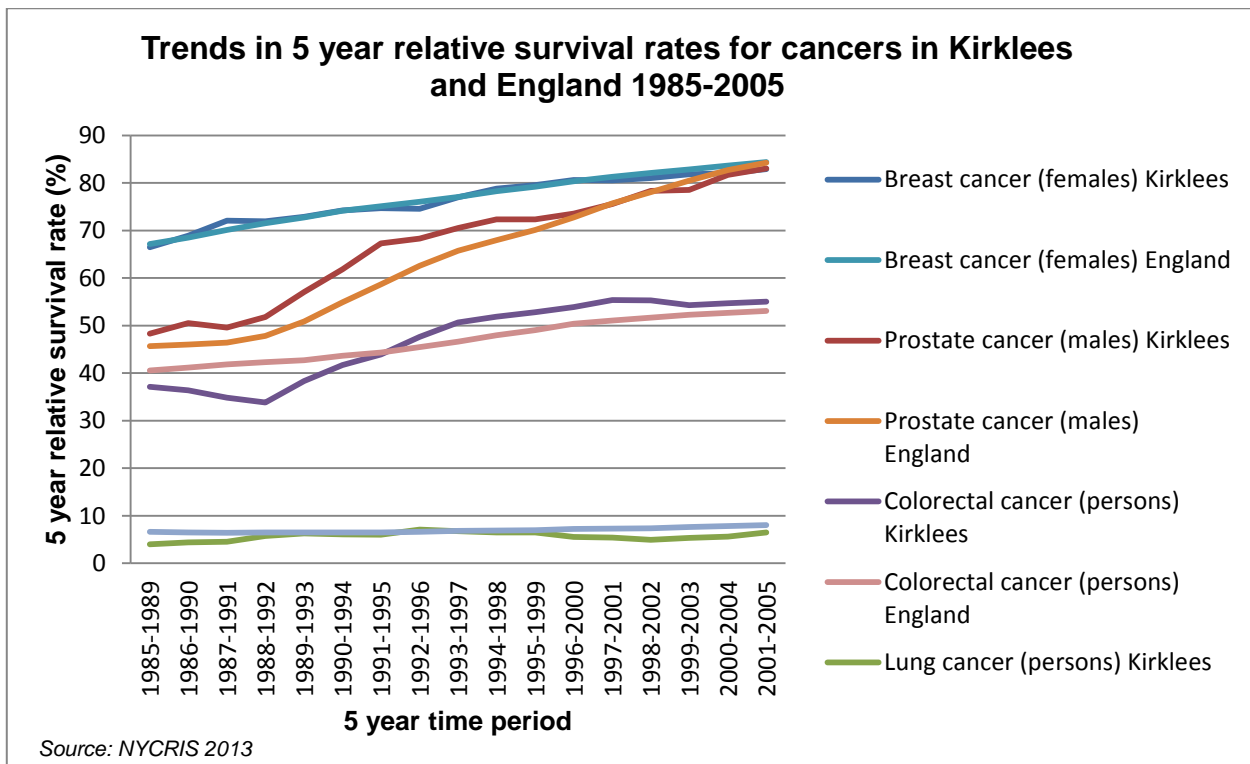
More men and women died from lung cancer than from any other type of cancer. In Kirklees in 2008-2010, 1 in 4 (25%) of all cancer deaths were from lung cancer. The death rate for lung cancer in both men and women in Kirklees was also significantly higher than in England. As with new diagnoses, death rates reduced in men but increased in women.





- New cases of lung cancer remained significantly higher than the rates for England; the highest rates continued to be amongst men aged over 65 years. Whilst the rate in older men gradually declined, the rate in women aged over 65 years increased. This gradual convergence of lung cancer incidence rates for men and women reflects the regional and national trend, due to women taking up smoking later than men.
- Rates of new cases of breast cancer were highest in Denby Dale and Kirkburton, whilst rates of new cases of prostate cancer were significantly higher in the Valleys; both these cancers are more common in higher income groups.
- Cervical cancers continued to rise and remained above the national average, whilst uptake of cervical screening was declining in the younger age groups.
- Rates of new cases of bowel cancer were highest for men in Huddersfield north and for women in the Valleys.

Although rates of new cases for many cancers are rising survival rates for some cancers are improving due to screening, earlier diagnosis and improved treatments. Cancer patients can therefore experience similar challenges and opportunities as those with other long-term conditions. Lung cancer survival however remains low – continued action is therefore needed to reduce smoking rates.



Asthma affected just over 1 in 10 (11%) adults in 2012, the same as the average for Kirklees, and slightly lower than the 2005 figure of 12%. 1 in 6 (17%) 14 year olds reported having asthma in 2009, similar to the Kirklees average and the 2005 rate. Rates in the Colne Valley were highest at 1 in 5 (21%).

Key risk factors for developing asthma include mother smoking in pregnancy, low birth weight and exposure to smoke in childhood. For those with asthma good self-management skills are essential to prevent exacerbation and potential hospital admission. Adults with asthma were a third more likely (1 in 6, 15%) to never do the recommended level of physical activity.

Chronic Obstructive Pulmonary Disease (COPD) is an umbrella term for chronic bronchitis, emphysema and chronic asthma. It is the fifth biggest killer in the UK and the second most common cause of emergency admission to hospital. Smoking causes 4 in 5 cases; it is therefore essential to reduce smoking prevalence. COPD is one of the top 4 worst long term conditions in terms of its impact on health functioning – e.g. mobility, pain. In 2012 the self-reported rate of COPD in Greater Huddersfield was 2.5%. Under-diagnosis is an issue and it is likely the actual rate is around twice this.

Diabetes affected 1 in 14 (6.7%) adults, similar to national and similar to 2005. 1 in 11 (8.8%) adults in Huddersfield North had diabetes, among the highest rate in Kirklees. Contributory factors may be the high South Asian population, the relatively high

percentage of overweight and obese adults (54%) and the relatively low levels of physical activity in Huddersfield North adults.

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 and earlier death. Risk factors include genetic inheritance, unhealthy diet and obesity. In Kirklees, in 2012, south Asian people were 1.6 times more likely to have diabetes (11%) than white people (6.5%).

Long Term Limiting Conditions and self-care

In 2012:

- Almost 1 in 3 (30%) adults reported living with a long term limiting condition. This had risen from just over 1 in 5 (26%) in 2008 and ranges from 1 in 4 (25%) in Denby Dale and Kirkburton to 1 in 3 (33%) in Huddersfield South.
- 1 in 10 (11%) adults in the area needed help to continue living in their own home. The highest level of need occurred in Huddersfield South and Huddersfield North where 1 in 8 (13%) needed help – more than twice as high as in Denby Dale and Kirkburton (6%).
- Of those with a long term limiting condition more than 3 in 4 (78%) said they were confident in managing their own health. This was highest in the Holme Valley (almost 9 in 10, 86%).
- Almost 1 in 3 (31%) adults with a Long Term Condition (LTC) reported having moderate/ severe/ extreme problems with pain/ discomfort compared with only 2% of adults without a LTC.

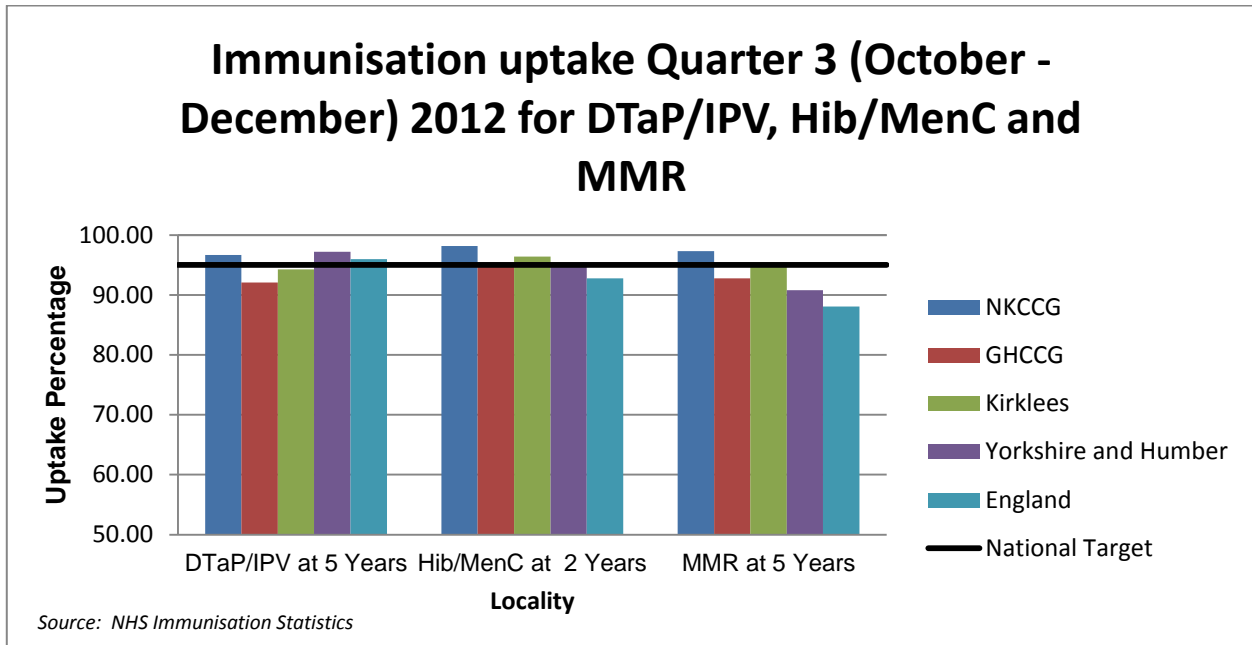
Chronic **pain** and back **pain** have a severe impact on health functioning. In 2012 almost 1 in 10 (9.4%) adults reported having a short term (<3 months) pain problem, 1 in 7 (14%) long term pain (>3 months) and 1 in 6 (16%) back pain. Thus more than 1 in 3 (39%) were affected by pain. Help for both sufferers and clinicians about managing long term pain is available at www.kirkleespersistentpain.com.

Infectious Disease spread can be limited by immunisation. The targets of 95% for childhood immunisations and 70% for seasonal influenza are designed to establish robust protection in the population. In 2012:

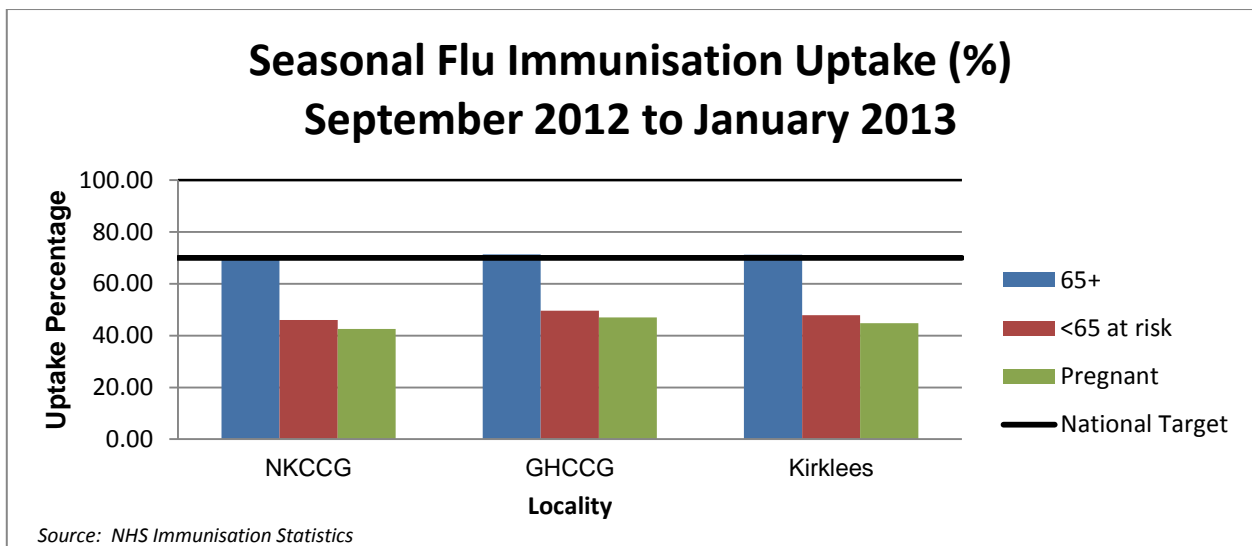
- More than 9 in 10 (93%) 5 year olds had received their MMR immunisation, lower than the Kirklees average (95%) but higher than Yorkshire and the Humber (91%)

and national (88%). It is vital that the 95% target is reached, as the current measles outbreak in Wales demonstrates.

- Just over 9 in 10 (92%) 5 year olds had received their DTaP/IPV immunisation, lower than Yorkshire and the Humber (97%) and national (96%).



- Seasonal flu immunisation rates in Greater Huddersfield in 2012/13 were considerably below the 70% national target for people under 65 in clinical at risk groups (50%) and for pregnant women (47%).



Greater Huddersfield has specific challenges in terms of addressing rising rates of TB, sexually transmitted infections and ensuring early diagnosis of HIV:

- In Kirklees TB rates continued to rise unlike elsewhere in West Yorkshire. In 2012 the rate of TB notifications was 0.31 per 1000 in Kirklees compared to 0.14 per 1000 in England. This is an issue of concern in Huddersfield (North and South).
- Gonorrhoea increased by 67% between 2009 and 2011. Although total numbers were relatively small the strong upward trend is worrying particularly in the context of antibiotic resistance in Gonorrhoea infections. Kirklees had the second highest rate in Yorkshire and the Humber.
- In Kirklees the number of new HIV diagnosis continued to increase since 2000. This may reflect more and better opportunities for testing within the Kirklees area, rather than an increase in the prevalence. Early diagnosis is essential as too many cases are diagnosed too late. So raising awareness remains crucial for the public and services. Key target groups are men who have sex with men and people of African origin.

Which behaviours are causing concern locally?

Smoking and Tobacco Use

In 2011 1 in 5 (18%) of all deaths of adults aged 35 years and over were estimated to be caused by smoking. 1 in 3 (36%) of all deaths from respiratory diseases, and more than 1 in 4 (28%) of all cancer deaths were attributable to smoking. It is not only a major cause of disease such as lung cancer, COPD, lung disease and heart disease, but also of poor health functioning. A higher proportion of smokers than non-smokers had self-care problems - especially those aged 45 and over.

Preventing young people smoking is vital as 8 in 10 adult smokers start before they turn 19, and children who smoke just one cigarette by the age of 11 are around twice as likely to take up smoking over the next few years as those who do not experiment with smoking.

In 2012 1 in 6 (17%) adults were smokers, lower than Kirklees (1 in 5, 19%). The highest rate was just over 1 in 5 (21%) in Huddersfield South (reduced from 1 in 4, 24% in 2005). Huddersfield South also had the highest rate for heart disease and premature deaths from cardiovascular disease, both linked to smoking. Only 1 in 10 (10%) adults in Denby Dale and Kirkburton smoked.

1 in 5 (20%) women of childbearing age were smokers; the rate in Huddersfield South was 1 in 4 (25%), twice as high as in Denby Dale and Kirkburton (1 in 8, 13%). 1 in 10 (11%)

non South Asian women were smokers when they had their babies, lower than the Kirklees average of 1 in 6 (17%) and reduced from 18% in 2005. This rate was highest in Huddersfield North and South (1 in 8, 13%).

“Sometimes I drink out, but I mainly drink at home now because of the smoking ban. Before the smoking ban, I’d just go out a lot but you can’t really enjoy yourself when you can’t smoke. You have to go outside and it’s cold!”

(Female, 25-40)¹

Child smoking remained a challenge, especially in Huddersfield and the Colne Valley. In 2009 among 14 year olds:

- 1 in 12 (8%) reported smoking weekly or more, the same as nationally. This had reduced from 1 in 10 (11%) in 2007.
- 1 in 8 (13%) girls in Huddersfield South smoked weekly or more
- Of 14 year olds who smoked 1 in 6 (16%) started age 10 or younger, rising to more than 1 in 5 (22%) in the Colne Valley
- Almost 1 in 4 (23%) who smoked were happy to continue, especially in Huddersfield North where more than 1 in 3 (35%) were happy to continue
- 2 in 5 of all 14 year olds (40%) lived with an adult who smoked. Second hand smoke is a major risk to the health of non-smokers, especially children.

Smoking rates were therefore higher in more deprived areas. This is a particular concern in Huddersfield North and South and corresponds with higher rates of low birth weight babies, risk of infant death and higher rates of cardiovascular disease, cancers and COPD.

Alcohol misuse and dependency impacts on both the individual and the people around them, causing issues such as safeguarding, crime, domestic violence and anti-social behaviour:

- The highest rates of adults likely to be drinking at increasing risk levels were in Holme Valley (75%) and Denby Dale and Kirkburton (73%).
- Those who drank seven or more units on a typical drinking day (binge drinking) rose slightly between 2008 and 2012 to 18% in women in Kirklees. In men, rates of binge drinking reduced from 33% to 25% across Kirklees. Rates were significantly higher in younger adults (35% in men aged 18-44 years and 26% in women of this age).

- The binge drinking rate for Greater Huddersfield was 21% in 2012, highest in Huddersfield south (25%) and the rates were amongst the highest in Kirklees for both men (27%) and women (23%), and lowest in Holme Valley (16%).
- Of those who did binge drink only 21% of males and females were concerned about their drinking and planned to reduce it, but both had increased since 2008. The highest rate was 1 in 4 (27%) men and women in the Holme Valley, although the rate for women in the Colne Valley was also the highest in Kirklees (27%) it was only 1 in 6 (18%) men – the lowest in Kirklees.

Over one in four (26%) of women of childbearing age (women aged 18-44 years) in Kirklees were binge drinking in 2012. This represents a significant increase in binge drinking rates amongst this group since 2005 (18%) and 2008 (12%). In 2012, rates were below the overall Kirklees rate across Greater Huddersfield with Holme Valley having the lowest rate – but still 1 in 5 (19%).

In 2009 almost 3 in 4 (71%) 14 year olds reported they had drunk alcohol – similar to the national average but higher than the Kirklees average of 2 in 3 (66%). This was a significant increase from half (49%) in 2007. The rate rose to almost 9 in 10 (88%) in the Colne Valley and almost 8 in 10 in the Holme Valley (79%) and Denby Dale and Kirkburton (77%). 1 in 10 (11%) of those who drank were ‘really drunk’ monthly or more – this was highest in Huddersfield North (1 in 6, 16%) and lowest in Denby Dale and Kirkburton (1 in 12, 8%).

“Drinking is normal. You can buy it everywhere – from the corner shop to the supermarkets, even the petrol stations.” (Female 18 – 24)²

Drug misuse among adults and young people had fallen steadily in Kirklees since 2005. In 2010/11 0.8% of the population aged 18 and over used heroin and crack cocaine. Cannabis remains the most popular drug used, though for the first time the CLIK survey picked up use of “legal highs” which were used by almost 1 in 4 (24%) people who reported drug use in the previous five years. Dependent and injecting drug use was concentrated in Huddersfield North and South, as were drug related arrests.

“Everyone smokes weed, who doesn’t smoke weed? That is the question, who doesn’t smoke weed?” (Young Offender, aged 18 – 24).³

In 2009 1 in 8 (12%) 14 year olds had taken illegal drugs, down from 1 in 6 (16%) in 2007; this ranged from 1 in 14 (7%) in Denby Dale and Kirkburton to almost 1 in 5 (18%) in the

Colne Valley. 1 in 6 (17%) had family or close friends who used illegal drugs, Colne Valley was again highest at almost 1 in 4 (24%)

Physical Activity is protective against many health conditions, including cancer, cardiovascular disease and obesity and it promotes positive emotional wellbeing. It can minimise the impact of long term conditions such as diabetes and pain and supports weight management.

In 2012 just over 1 in 3 (36%) adults achieved the recommended physical activity levels (30 minutes of moderate activity 5 days per week). This was highest in Holme Valley (42%). However, 1 in 10 (10%) never did 30 minutes of physical activity a day; this was worst in Huddersfield North (11%) and South (12%).

1 in 3 (33%) women of child bearing age achieved the recommended levels; Holme Valley was highest (38%), Denby Dale and Kirkburton lowest (28%). However, 6% of women of child bearing age never did 30 minutes of physical activity a day; rising to 8% in Denby Dale and Kirkburton.

So, more adults who did not meet the recommended levels lived in Huddersfield, except for women of child bearing age where Denby Dale and Kirkburton were of most concern. The South Asian population in Kirklees had higher rates of those not meeting recommended levels than the general population.

In 2009 2 in 3 (65%) 14 year olds achieved the recommended average 60 minutes of physical activity per day. Those in the Holme and Colne valleys were the most active (73% and 71% respectively) while rates were lowest in Denby Dale/Kirkburton and Huddersfield North (61%). 1 in 8 (13%) did not achieve the recommended level, the same as Kirklees. Colne Valley had the fewest sedentary 14 year olds (1 in 10, 9%), Huddersfield North the highest at 1 in 6 (15%)

Sexual Health

1 in 8 (12%) of 14 year olds had ever had sexual intercourse. This was highest in females in the Colne Valley and males in Huddersfield North (1 in 6, 15%). Of those who were sexually active 2 in 3 (66%) always used a condom, rising to 8 in 10 (82%) in the Colne Valley. Almost 2 in 3 (64%) of those who were sexually active had their first sex aged 13 or under - this rose to more than 2 in 3 (70%) in the Colne Valley and almost 3 in 4 (72%) in Denby Dale/Kirkburton. Rates were highest for males in the Colne Valley (more than 8 in 10, 85%) and Denby Dale/Kirkburton (80%).

Food

A combination of eating too much energy as calories and a lack of physical activity leads to obesity, diabetes, heart disease, stroke and some cancers. Eating habits established in childhood and adolescence tend to continue into adulthood and therefore affect adult health.

In 2012 2 in 3 (65%) adults said they were likely to eat 5 portions of fruit and vegetables per day, reduced from 70% in 2005. It varied from 3 in 5 (62%) in Huddersfield South to 3 in 4 (73%) in Holme Valley. Conversely, more than 1 in 5 (22%) people in Huddersfield South reported eating fast food or takeaway meals at least once or twice a week, higher than Greater Huddersfield average (18%).

Clustering of unhealthy behaviours

Multiple unhealthy behaviours (i.e. drinking at risky level, current smoker, unlikely to eat 5 a day, not achieving recommended physical activity levels) increase the risk of certain diseases and conditions and impact on addressing unhealthy behaviours effectively.

“Music playing; we were playing darts and playing pool. It was a gateway into a lifestyle that appealed to me; I was like ‘Oh yes! I might be underage but I like this’. I was smoking as well” (Male, 25-40)⁴

“What’s the point of drinking safely if I smoke? If it’s the ciggies that are going to get me, then drinking doesn’t matter, does it?” (Kirklees Female 18 – 24)⁵

In 2012 1 in 4 (24%) adults exhibited 3 or more unhealthy behaviours, similar to Kirklees. Holme Valley had the lowest rate of adults with 3 or more behaviours at 1 in 6 (17%) while Huddersfield South had the highest level at over 1 in 4 (29%).

What is affecting vulnerable groups or communities?

Almost half (49%) of **children** in Huddersfield North and South lived in the top 20% most deprived areas in Kirklees, compared with 1 in 3 in Greater Huddersfield (32%) and Kirklees (38%).

Pupils in Kirklees performed less well than England at Key Stage 2 (76% versus 80%). The lowest rate in Kirklees was in Denby Dale and Kirkburton (69%). Huddersfield South was also low at 73%. However, at Key Stage 4 in 2012, 62% of Kirklees pupils achieved five or more GCSEs grades A* - C including English and Maths, higher than the national

average of 59%. The highest achievement levels in Kirklees were in Denby Dale and Kirkburton at 79%, an improvement since 2010 (65%) and 2009 (55%).

1 in 6 (16%) 14 year olds in Huddersfield South cared for a family member with a disability/illness, higher than the Greater Huddersfield average (1 in 8, 12%).

3% of children in Kirklees have a statement of **Special Educational Needs (SEN)**; this is twice as high in boys as girls. There is a higher rate of deaths and **long-term disability in children** of Pakistani origin, particularly due to congenital abnormalities. About 1 in 3 of all children with congenital abnormalities die before five years of age; many survivors experience chronic disability.

People with learning disabilities are living longer, although their risk of ill health increases with age. By 2030 the number of adults with a learning disability will rise faster than nationally in Kirklees, largely due to the higher rates of learning disabled adults in younger non-white groups, especially in south Asian communities

1 in 5 (19%) of the adult population in Greater Huddersfield were **carers**. This will increase as the population live longer and changes are made to social care provision for those with higher care needs. Adult carers are more likely have poorer health; especially pain and depression than non-carers.

Wider factors affecting health

“For adults like us obviously, like I said earlier, it’s got to do with money. I don’t think many parents could afford to do stuff like that. I’d love to, you know, if I had money I’d do the swimming pool and stuff like that.”

(Parent living in most deprived IMD quintile in Kirklees)⁶

Low income

In 2012:

- 1 in 4 children (20%) lived in an income deprived household, the same as the Kirklees average. In Huddersfield North and South this rose to 1 in 5 (23% and 26% respectively), similar to Dewsbury (27%) and Batley (23%).
- In Newsome Ward 1 in 3 (35%) children lived in an income deprived household.
- 1 in 4 (26%) of people aged 65 years and over lived in poverty, similar to nationally. In Huddersfield North and South this was higher than 1 in 3 (35%), the same as the North Kirklees rate.

- 1 in 6 (15%) working age people were living in poverty; again this was significantly higher in Huddersfield North and South where it affected 1 in 5 (20%) and was double the national rate (10%).
- The rate of working age adults claiming disability-related benefits was twice as high in Huddersfield North (8%) as in Denby Dale and Kirkburton (4%).
- 1 in 4 (25%) adults had experienced money worries recently – similar to the Kirklees average. This rose to almost 1 in 3 (31%) in Huddersfield South.

“You can make your mind a lot more healthy, because you’ll have less worries. More money equals less worry”. (Black 18-24 year old)⁷

Low income is linked to poorer health and vice versa. The relationship is a graded one. Thus, whilst life expectancy is increasing, those who are more deprived are likely to have proportionately fewer disability-free years.

Work and skills, in 2012:

- 1 in 16 (6%) of those aged 16-18 were **not in employment, education or training** (NEET), similar to the national rate. This was most marked in Huddersfield South where the rate (8%) was twice as high as in Holmfirth (4%).
- 5% of working age adults were claiming Job Seekers Allowance (JSA), higher than nationally (4%).
- In Huddersfield North and South 6% of working age adults claimed JSA, the highest rate in Kirklees and 3 times as high as in Denby Dale and Kirkburton (2%)
- More than 3 in 4 (76%) working age adults were qualified to at least level 2, higher than national (70%). The lowest rate was in Huddersfield South (71%).
- 1 in 12 (8%) people in Huddersfield North claimed disability and ill-health related benefits (the same as Batley) and 1 in 16 (6%) in Huddersfield South.
- More than 1 in 5 (22%) working age adults were in routine and manual employment. This rose to 1 in 4 (25%) in the Colne Valley.
- The most common type of illness/injury resulting in days off work in the past week was stress, depression or anxiety (just under 1 in 3, 30%) followed by bone, joint or muscle problems, including back pain (more than 1 in 4, 28%).

Employment is a key component of wellbeing and can be the best route out of poverty; raising skills and employment in Huddersfield South and North is therefore crucial to improving wellbeing and reducing inequalities. Improving health and wellbeing is also vital

to enable people to make the most of their vulnerabilities and maximise their employment potential.

Housing is an important factor in health and wellbeing. In 2012 1 in 6 (15%) households reported that their home was not adequate for their needs. This rose to almost 1 in 5 (18%) in Huddersfield South, second only to Batley (21%). Almost 1 in 5 (18%) households with dependent children reported their home was not adequate for their needs – more than 1 in 5 (22%) in Huddersfield North and South. Of these 1 in 4 (25%) said their house was not suitable because it was badly in need of repairs/improvements – as high as 29% in Huddersfield South. Nearly 1 in 5 (19%) households reported their house was too large for their needs; in Huddersfield North this rose to more than 1 in 4 (29%).

Huddersfield had the highest levels of all type of **crime** across Kirklees, particularly in Huddersfield North. Criminal damage, other violence, theft, theft from vehicles and burglary of dwellings were the most reported crime types in the locality. Although domestic violence levels were just below average for the locality, they were high within the Ashbrow and Greenhead wards.

Social capital was an asset in many parts of area. In 2012:

- More than 1 in 5 (22%) adults volunteered at least monthly – 1 in 4 (25%) in Colne Valley (25%) and Holme Valley (29%). Huddersfield North and South were lowest (17% and 19% respectively).
- 9 in 10 (90%) people said they had someone to rely on in a crisis or comfort them when upset. This rose to 94% and 95% in the Holme Valley and Denby Dale/Kirkburton.
- Over half of adults in Denby Dale/Kirkburton and Holme Valley said that people in the local area pull together to improve things, although only 1 in 3 (31%) felt the same in Huddersfield South.
- 4 in 5 (81%) adults were satisfied overall with their local area as a place to live, rising to 9 in 10 (91%) in the Holme Valley and Denby Dale and Kirkburton but less than 3 in 4 (72%) in Huddersfield South.
- Almost 3 in 4 (71%) 14 year olds were fairly or very satisfied with their local area as a place to live, rising to 4 in 5 (80%) in the Holme Valley but less than 2 in 3 (60%) in Denby Dale and Kirkburton.

What could commissioners and service planners consider?

Life expectancy and population projections mean commissioners will need to plan for more people living longer, and to help people remain healthier for longer to minimise impact on health and social care services and enable them to remain economically active for longer. Thus commissioners need to focus on the root causes they can address across the life course and on all three levels of prevention:

- Children and women of child-bearing age are key groups on terms of influencing health and wellbeing outcomes across the life course
- Tobacco control to reduce prevalence, especially in women and children, and especially in Huddersfield and the Colne Valley
- Increase levels of physical activity and healthy diets
- Reduce harmful alcohol use
- Ensure diagnosis and intervention take place as early as possible in the disease progression, especially with cancers and HIV
- Ensure screening and immunisation rates are optimal.
- Ensure mental health and wellbeing issues are addressed to maximise personal and community resilience
- Support people with long term conditions to gain confidence in managing their health and wellbeing, especially heart disease, depression and pain
- Embed the service changes from the JHWS in service redesign as well as use the detail of the JSNA to inform the needs to be addressed
- Ensure commissioning is based on need and utilises resources appropriately across the gradient of need.

Date this section was last reviewed

24/07/2013 (PL)

Quotes added 6/9/13

Sources of quotes:

¹ Kirklees Partnership (2008) Exploratory Research into Alcohol-Related Behaviour in Kirklees. Prepared by 20/20 Research

² Kirklees PCT (2008) Final report on the insight phase of a social marketing campaign to reduce the alcohol consumption of young women in Kirklees. Prepared by TCC.

³ Kirklees Council and NHS Kirklees (2011) Report no. 7. CLiK Qualitative Research; Young Offenders (18 – 24 year olds). Prepared by Information by Design.

⁴ Kirklees Partnership (2008) Exploratory Research into Alcohol-Related Behaviour in Kirklees. Prepared by 20/20 Research

⁵ Kirklees PCT (2008) Final report on the insight phase of a social marketing campaign to reduce the alcohol consumption of young women in Kirklees. Prepared by TCC.

⁶ COI Leeds NHS Kirklees (2009) 'Support for Parents'. Prepared by Andrew Irving Associates.

⁷ Kirklees Council and NHS Kirklees (2011) Report no. 7. CLiK Qualitative Research; Black Young Adults (18 – 24 year olds). Prepared by Information by Design.