



# Health and wellbeing



**key issues for  
the people of Kirklees**

# Contents

Sections 1-6 are available as a printed document, click [here](#) to request a copy.



<b>Foreword</b>	<b>4</b>
<b>1. Introduction</b>	<b>5</b>
What is a joint strategic needs assessment (JSNA)?	5
How has the JSNA been developed locally?	
How to access the JSNA	5
How to use this JSNA	6
Acknowledgements	9
<b>2. Overall summary of the JSNA 2010</b>	<b>10</b>
Introduction	10
Major challenges for Kirkless	11
The local population	12
Vulnerable people and population groups	12
Family and community networks, safety and inclusion	14
Physical and mental ill health challenges	16
Personal behaviours	17
Wider living and working factors	18
Town and Valley locality summaries	20
<b>3. Populations in Kirklees</b>	<b>22</b>
<b>4. Summary of issues for Children and Young People (CYP)</b>	<b>27</b>
<b>5. Summary of issues for Adults</b>	<b>41</b>
<b>6. Town and Valley Localities:</b>	<b>56</b>
Batley, Birstall & Birkenshaw	56
Spennings Valley	64
Dewsbury	72
Mirfield, Denby Dale & Kirkburton	80
Huddersfield	88
The Valleys	96

Download a copy of this document and the additional sections from [www.kirklees.gov.uk/jsna](http://www.kirklees.gov.uk/jsna)

7. **Vulnerable groups**
  - Disabled children*
  - Looked after children and care leavers*
  - Young people not in education, employment or training (NEET)*
  - Women of childbearing age*
  - Adults with physical disability and/or sensory impairment*
  - Adults with learning disabilities*
  - Asylum seekers*
  - Offenders*
  - Older people*
  - Carers*
  - Safeguarding children and vulnerable adults*
8. **Specific Conditions**
  - Asthma*
  - Cancer*
  - Cardiovascular disease (CVD)*
  - Children dying before their first birthday*
  - Chronic kidney disease (CKD)*
  - Chronic (long term) pain*
  - Chronic obstructive pulmonary disease (COPD)*
  - Dementia*
  - Diabetes*
  - Infectious disease and Human Immunodeficiency Virus (HIV)*
  - Mental health and emotional wellbeing*
  - Neurological conditions*
  - Obesity*
  - Sexually transmitted infections and sexual health*
9. **Behaviours**
  - Alcohol*
  - Breastfeeding*
  - Drug misuse*
  - Food and nutrition*
  - Physical activity*
  - Sexual behaviour and teenage pregnancy*
  - Smoking and tobacco use*
10. **Wider factors affecting health and wellbeing**
  - Accidents*
  - Community cohesion*
  - Crime and community safety*
  - Housing, homes and neighbourhoods*
  - Income and deprivation*
  - Learning*
  - Major risks in Kirklees - emergency preparedness*
  - Physical environment and climate change*
  - Social capital*
  - Transport and access to services*
  - Work*
11. **Tables and Appendices**
  - Overall table of indicators*
    - Children and Young People*
    - Adults*
  - Data definitions for indicator tables*
    - Children and Young People*
    - Adults*
  - Methods*

# 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.

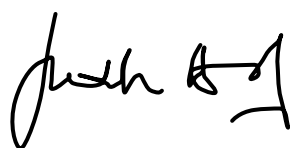
This JSNA builds on the information in the previous version published in 2009. It completely refreshes the children's section and updates the adult section extensively.

July 2011



**Alison O'Sullivan**

Director of Children and  
Young People Services



**Judith Hooper**

Director of Public Health



**Merran McRae**

Director of Wellbeing  
and Communities

## 1

# Introduction

## What is a joint strategic needs assessment (JSNA)?

The JSNA “provides an objective analysis of local current and future needs for adults and children, assembling a wide range of quantitative and qualitative data, including user views”<sup>1</sup>.

The production of the JSNA is a statutory duty for primary care trusts and local authorities since 2007. There is a new legal obligation on NHS and local authority commissioners to have due regard to the JSNA in exercising their relevant commissioning functions<sup>1</sup>.



## How has the JSNA been developed locally?

Each section highlights key issues and some potential actions for consideration by those responsible for the relevant commissioning and planning processes.

A comprehensive list of indicators for health and wellbeing are presented, many of which use data gathered directly from local people via the CLIK and Young People’s Surveys (see website). There is no new CLIK data about adults issues since the last JSNA, but there is significant new information from the 2009 Young People’s Survey. These local sources are combined with information and data from a wide range of other sources to produce a coherent understanding of the needs of local people and various communities across Kirklees, both geographical and with a common issue.

## How to access the JSNA

The JSNA is being published in two formats:

- As a printed document (sections 1-6)
- Electronic format available on the web at: [www.kirklees.gov.uk/jsna](http://www.kirklees.gov.uk/jsna)

This latter format will enable us to update the JSNA more speedily than publishing everything in a printed version. For example, the printed document includes data that was available at the end of 2010. As new data becomes available this will be accessible through the website.

If you have any other queries about the JSNA, how it can be used or how it being further developed please contact Deborah Collis:

E: [deborah.collis@kirklees.nhs.uk](mailto:deborah.collis@kirklees.nhs.uk)

T: 01484 464188

# How to use this JSNA

## Asking the right questions

Locally we use a set of questions to help focus our efforts on the most important issues affecting the wellbeing and health inequalities experienced by local people<sup>2</sup>. The JSNA provides a range of information to enable people to both ask the right questions and to answer them.

Question:	What does the JSNA tell you about:
What difference are we trying to make for whom?	<ul style="list-style-type: none"><li>• The specific population you are interested in?</li><li>• The issues affecting that population and how these are changing?</li><li>• The groups experiencing better/worse outcomes?</li></ul>
What are the factors that cause the difference?	<ul style="list-style-type: none"><li>• Why those groups are experiencing worse outcomes?</li><li>• The causes of those differences?</li></ul>
What actions will be effective in tackling this difference?	<ul style="list-style-type: none"><li>• Potential actions?</li></ul>
How are we using resources proportionate to the gradient of need of local people?	<ul style="list-style-type: none"><li>• Key indicators you could use to match resources to need?</li></ul>
How will we know if we have made a difference and to whom?	<ul style="list-style-type: none"><li>• The current situation for your target groups?</li><li>• Key indicators you could use to measure change in their needs?</li></ul>

## Getting started

There are three potential starting points for using this JSNA to answer these questions:

### People

To understand the overall Kirklees population in Kirklees the best starting point is the overall summary, and for more detail, the summaries of issues affecting children and young people or adults or populations in Kirklees.

To understand the needs of specific groups of people within Kirklees the best starting point is the sections covering specific vulnerable groups, (e.g. older people, disabled children, offenders etc.) (see website).

### Issue

To understand how specific issues (i.e. conditions, behaviour or wider factors) affects people in Kirklees the best starting point is the overall summary, and for more detail, the summary of issues affecting children and young people or adults. The section covering the specific issue, e.g. cancer, alcohol, housing etc. is available via the website. Each section sets out the headlines for the issue, why the issue is important, what we know locally including what local people have told us about the issue, and suggestions for local commissioners and service planners to consider.

### Place

If you are interested in a particular place, the locality sections are the best starting point. These are structured around the six Town and Valley localities. For each locality there is a description of the population, the issues affecting children and young people and adults and a summary of the key issues for the locality.

There are tables for children and young people and adults for each locality which highlight the key indicators for the locality and where the locality is different from Kirklees and where it has changed from previous reports.

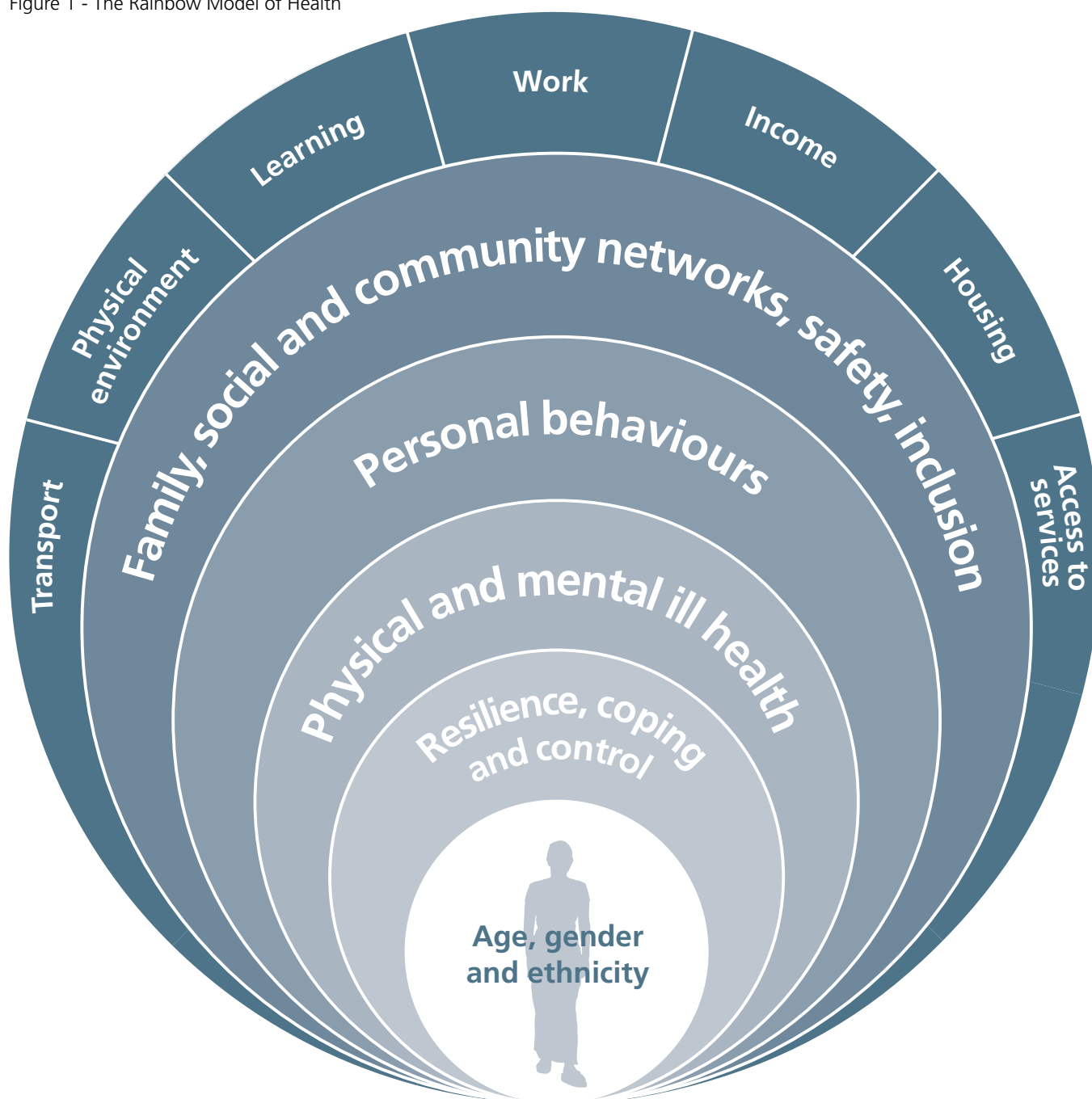
Where relevant and possible, information is also presented below locality level to highlight the significant difference within localities, i.e. between: Holme Valley and Colne Valley; the north and south of Huddersfield; Mirfield and Denby Dale & Kirkburton; Batley and Birstall & Birkenshaw.

The localities are presented in an order that puts all those in the north of Kirklees together and all those in the south together, working from north to south across Kirklees.

## Understanding the links

The Framework for Promoting Wellbeing and Tackling Health Inequalities in Kirklees<sup>2</sup> has at its core the 'rainbow' model, as have our JSNAs. This shows the range of issues that influence the health and wellbeing of individuals and communities and understanding the links between people, issues and place. Each section of the JSNA highlights some of the key interdependencies between people, issues and place, e.g. cancer and smoking, alcohol and crime, housing and older people, infant death and north Kirklees. It is important to understand these interdependencies in order to build up a comprehensive picture.

Figure 1 - The Rainbow Model of Health



## Using the data

The JSNA has a wealth of data within it, and the references throughout the text point to other local and national sources. The printed document has the data that was available at the end of 2010. As new data becomes available it is accessible through the website.

There are data tables for children and adults, for a wide range of indicators for each locality and below, Kirklees level and nationally wherever possible see website. Most of the data is presented as a rate per 1,000 to allow for easy comparison. Any mentions of changes in the text are compared to the last JSNA (2009), unless another comparison date is specifically cited. So check the data definition tables to identify the exact time period the data relates to.

NB: The specific definition of each indicator is in the data definitions tables. It is important to use these to be clear what the indicator is actually measuring, which section of the population it covers, if it is a rate per 1,000 or something else, and the date and source of the data.

We are currently developing the Kirklees Observatory as an online gateway to enable people to easily access the data they need to improve planning and commissioning. Other components of an intelligence function will be developed in parallel to support the easy use of the Observatory by commissioners and service planners in particular. This function includes further information and interpretation, easy access to published documentation, educational resources and tools to enable easier and wider understanding of what we know. Together these developments will provide Kirklees with a rich, accessible and robust source of intelligence about people living in Kirklees, together with evidence of effectiveness or best practice to support actions to address needs and reduce inequalities within Kirklees.

---

### References

- 1 Department of Health. Liberating the NHS: Legislative framework and next steps. 2010.
- 2 Kirklees Council/NHS Kirklees. Framework for Promoting Wellbeing and Tackling Health Inequalities in Kirklees. January 2011.





## Acknowledgements

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

Deborah Collis, Phil Longworth, Nicky Hoyle, Rachel Spencer-Henshall, Sarah Muckle, Margaret Watt, Matthew Holland, Keith Henshall, Mercy Vergis, Chris Porter, Helen Bewsher, Chris Farrell-Price.

Alison Cotterill, Alison Morby, Amanda Foxley, Anna Bowtell, Anita Davis, Bev Paris, Carl Arnold, Carl Mackie, Cathy Munro, Chris Walsh, Debi Hemingway, Debbie Whitehead, Deborah Kiernan, Ebere Okereke, Gary Wainwright, Gill Neale, Gillian Longbottom, Graham Crossley, Graham Lindsay, Helen Heaton, Helen Severns, Ian Smith, James Devitt, James Williams, Jane Heley, Jane O'Donnell, Janet Cawtheray, Janine Bestall, Jo Hilton-Jones, Joanne Crewe, Judith Deacon, Juliet Chambers, Julie Orlinski, Julie Tolhurst, Julie Wood, Karen Oates, Kate Parkinson, Kathy Womersley, Kirsten Foster, Linda Patterson, Liz Bramley, Liz Messenger, Liz Twitchett, Mary White, Michelle Harvey, Nick McMillan, Nicola Clayton, Pat Holderness, Paul Evans, Paul Howatson, Phil Coneron, Phil Hargreaves, Rosey Earl, Royce Neagle, Saf Bhuta, Sandy Smith, Sarah Carlile, Stuart Horn, Tim Muckle, Tom Brailsford, Tony Cooke, Vicky Taylor, Warren Ellis and Greg Whiteley from Kirklees Council Graphic Design Services.

The school nursing service and heads of high schools and young people undertook the Young People's Health Survey. Kirklees Council's Corporate Research and Consultation Team project managed the CLIK Survey. We would like to take this opportunity to thank the 21,000 local people who completed the Current Living in Kirklees survey as well as local people who contributed to local insight on a number of topics. This Report would be so much poorer without their contribution.



## 2

# Overall summary of the JSNA 2010



## Introduction

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

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

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

The JSNA identifies groups of people who are at greater disadvantage than others, and so need proportionately more support and opportunities than others to overcome their difficulties. The Strategic Review of Health Inequalities in England post-2010<sup>1</sup> (known as 'The Marmot Review') shows that this proportionate response is required to reduce these inequalities; ranging from universal services that are available to us all, to very intensive actions and support for those with the highest needs, not just targeting the latter.

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

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

## Major challenges for Kirklees

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

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

We also need to recognise and focus on:

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

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

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

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

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

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

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

### 2. Allocating resources according to need.

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

## The local population

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

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

## Range of issues that influence health and wellbeing

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

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

In using the tables there are two underlying principles:

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

## Vulnerable people and population groups

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

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

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

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

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

## Core + specific themes for action for vulnerable groups

### Person centred focus

Thinking of the person as a whole, in their own context and as part of their social/family network.

What difference are we making for whom, and the context they live in?

+

Understand which factors matter across the "rainbow".

Support and strengthen positive family dynamics.

Mental wellbeing is everyone's business, especially increasing coping skills and resilience.

Encouraging people to create their own opportunities for self-help.

Increasing accessible opportunities and information for people to help themselves and each other.

Improving coordination across services.

+

Provide opportunities for daily activities e.g. cooking, physical activity and social interaction.

Support carers who remain increasingly important as vulnerable populations grow.

### Allocating resources by need

Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.

+

Focus on sources of care and support.

Support to maintain or regain independence.

Identifying early vulnerability/ill health, to prevent some or all of the issues developing.

Provide access to appropriate and consistent information about:

- Positive health and wellbeing opportunities.
- Sources of support and care to maintain or regain independence.

In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.

Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.

+

Reduce variability of outcomes between providers.



## Family, social and community networks, safety and inclusion

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

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

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

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

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

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

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

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

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



## Core + specific themes for action for families and communities

Person centred focus		
Thinking of the person as a whole, in their own context and as part of their social/family network. What difference are we making for whom, and the context they live in?	+	Families matter as a key focus for all services. Support and strengthen positive family dynamics. Focus on specific needs of women. Support carers.
Mental wellbeing is everyone's business, especially increasing coping skills and resilience.	+	Especially for children and young people, to enable them to achieve positive relationships and improved self esteem.
Encouraging people to create their own opportunities for self-help. Increasing accessible opportunities and information for people to help themselves and each other in a meaningful way.	+	Encourage families to adopt smoke free homes. Build on the community work already underway to improve understanding of the increased risk of a child having congenital abnormalities if parents are genetically close.
Improving coordination across services.	+	Think about the person in the context of their family.
Allocating resources by need		
Providing effective advice, information or services for the early detection of issues, enabling earlier management and action.	+	Families matter in detection and management of issues as early as possible.
In redesign of services be outcome focused, consider key factors affecting the issue, use evidence, work with the right people, including the target group.		
Using resources proportionate to need not just supporting those with the most extreme needs or making the same level of service available to everyone.	+	Reduce variability of outcomes between providers.

## Physical and mental ill health

The most significant ill health issues for Kirklees are:

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

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

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



## Personal behaviours

The most significant issues for Kirklees are:

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

### Core + specific themes for action for personal behaviours

#### Person centred focus

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

#### Allocating resources by need

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

## Wider living and working factors

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

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

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

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

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

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



## Core + specific themes for action for wider factors

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

## Localities

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

### Batley, Birstall & Birkenshaw

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

The most significant issues in Batley were:

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

The most significant issues in Birstall & Birkenshaw were:

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

### Spenn Valley

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

rate for girls and for those of Asian Pakistani origin.

The most significant issues for Spenn Valley were:

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

### Dewsbury

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

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

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

### Mirfield, Denby Dale & Kirkburton

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

However, the locality had some significant issues:

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

### Huddersfield

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

The most significant issues in south Huddersfield were:

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

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

The most significant issues in north Huddersfield were:

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

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

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

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

### The Valleys

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

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

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

The most significant issues for the Colne Valley were:

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

The significant issue for the Holme Valley was:

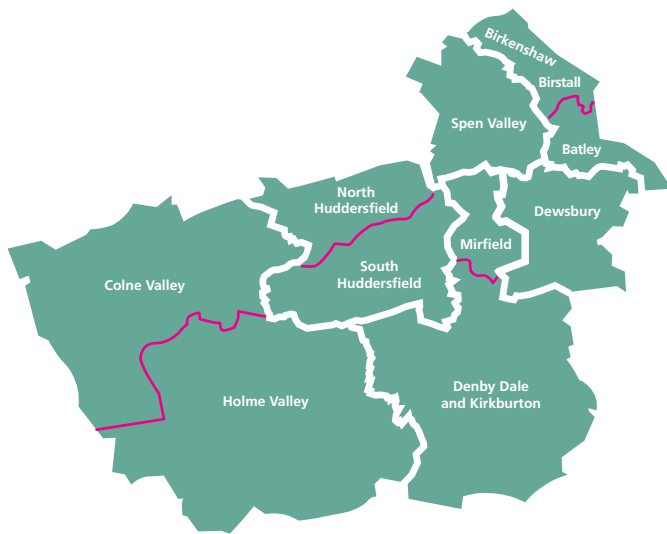
- High rate of men drinking alcohol over sensible limits.

### References

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

## 3

# Populations in Kirklees



## Population age structure

Kirklees is a mix of urban communities and rural areas. The resident population of Kirklees was 430,197 in July 2010, from GP registrations<sup>1</sup>.

The resident population (using GP registrations) at July 2010, had increased by 1% since 2008. Women aged over 75 years outnumbered men by just under 2 to 1. Otherwise, men and women were evenly split across all ages.

In July 2010 Kirklees had more residents aged under 15 years than England and Wales, 21% vs. 18%, but similar proportions of working age (63%) and aged over 65 years (16%). Nearly 1 in 4 of the Kirklees population was aged less than 19 years.

Kirklees is subdivided into six Town and Valley localities. These are formed from groupings of electoral wards. They vary in population and geographical size.

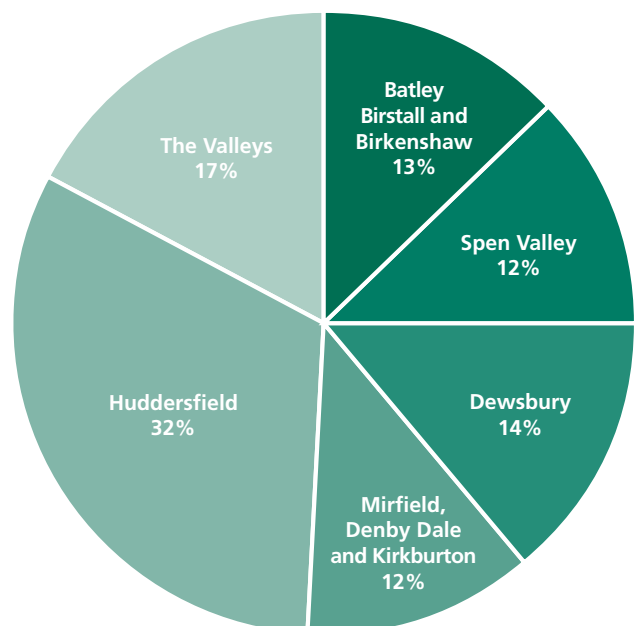
## Headlines

The number of people living in Kirklees is predicted to rise from 430,200 in 2010 to 482,600 in 2030, i.e. by 12%. By 2030 it is estimated that 1 in 5 people will be aged over 65 years, of whom 1 in 6 will be aged over 85 years. Fifty years ago 1 child in 10 could expect to live to 100, now it is 1 in 4.

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

## Resident population for localities and Kirklees, 2010



Source: WYCSA

## Projections

### Population Projections by age group in Kirklees between 2010 and 2030

Age Group	2010	%	2030	%	% increase in age group between 2010 and 2030
Under 20 years	107,800	25.1%	120,100	24.9%	11.4%
20-44 years	151,100	35.1%	155,300	32.2%	2.7%
45-64 years	107,500	25%	112,200	23.2%	4.4%
65-84 years	55,600	12.9%	79,500	16.5%	43.0%
85 years plus	8,200	1.9%	15,500	3.2%	89.0%
<b>Total</b>	<b>430,200</b>	<b>100%</b>	<b>482,600</b>	<b>100%</b>	<b>12.2%</b>

Source: WYCSA, ONS

Using the GP registered population and applying ONS projections, estimates suggest that by 2030:

- The population of Kirklees will be 482,600, an increase of over 52,000 (12%).
- The proportion of people aged under 20 years remains constant.
- Those of current working age reduce from 60% to 55%.
- Those aged 65-84 years and 85 years and over increase (43% and 89% respectively) but remain just under 1 in 5 of the population overall. People aged 65 years and over are most likely to have complex health and social care needs, so this is important for service planning.

## Ethnicity

Kirklees has an ethnically diverse population including people of Pakistani, Indian, Irish, Afro-Caribbean and black African origin. The small Afro-Caribbean population is mainly located in Huddersfield. Over 1 in 8 people are of south Asian origin, Pakistani and Indian primarily. Over 1 in 3 young people in the north of Kirklees are of south Asian origin, especially in Dewsbury and Batley, higher than in the south of Kirklees

### Population estimated by ethnic group mid 2007 for Kirklees

Ethnic Origin	Persons	%
White British	326,700	82%
White other	9,300	2.3%
Asian Indian	17,100	4.3%
Asian Pakistani	28,600	7.1%
Asian other	2,900	0.7%
Black Afro-Caribbean	4,100	1.0%
Black African	2,200	0.5%
Black other	600	0.1%
Other including mixed	9,400	2.3%
<b>Total</b>	<b>400,900</b>	<b>100% (rounded off)</b>

Source: ONS experimental estimates published 23/4/2009



## Resident population by ethnicity for Town and Valley localities and Kirklees, July 2010\*

Town and Valley Area	South Asian origin	%	Non South Asian origin	%	Total
Batley, Birstall & Birkenshaw	16,988	31%	38,211	69%	55,199
Spenn Valley	5,342	10%	48,165	90%	53,507
Dewsbury	21,974	37%	37,787	63%	59,761
Mirfield, Denby Dale & Kirkburton	1,078	2%	51,460	98%	52,538
Huddersfield	27,978	21%	109,024	79%	137,002
The Valleys	1,955	3%	70,235	97%	72,190
<b>Kirklees</b>	<b>75,315</b>	<b>18%</b>	<b>354,882</b>	<b>82%</b>	<b>430,197</b>

Source: WYCSA, Nam PeChan v2.1

\* Note: Using Nam PeChan software to identify south Asian names in the most recent registered population.



### Births, fertility and premature deaths

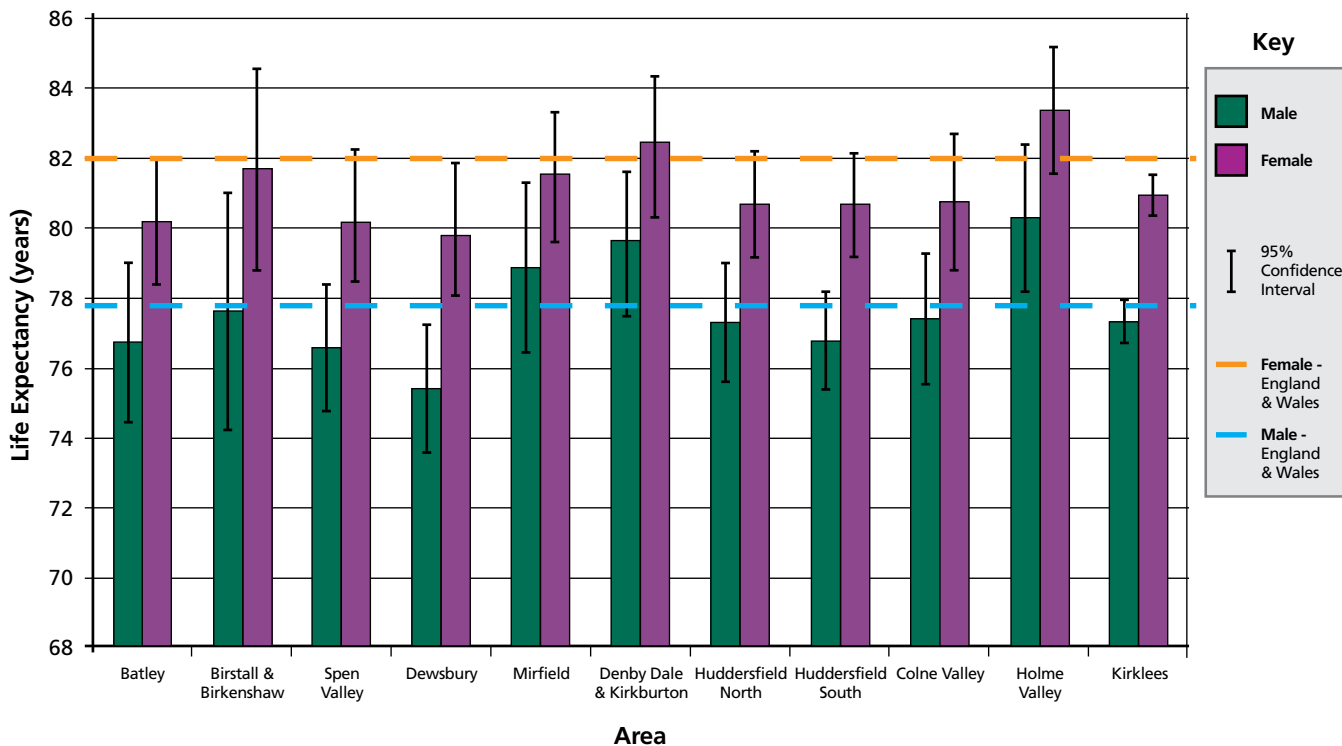
The number of live births in Kirklees in 2010 was 5,805. This increased by 7% from 2007, especially in Huddersfield and Spenn Valley. Within Dewsbury over half of live births (52%) were to women of south Asian origin and just under half (47%) in Batley, but much lower in other areas. The general fertility rate\* was 65.2 live births per 1,000 women aged 15-44 years in Kirklees and continues to be slightly higher than nationally, 63.7. The rate is much higher in Batley and Dewsbury at 79.1 and 78.7 respectively.

Within Kirklees in 2009, there were five births for every three deaths. So the population is increasing naturally. Kirklees had a higher rate of deaths (over 2005-09) than England for Coronary Heart Disease and stroke in both men and women, also higher deaths in women for lung cancer and Chronic Obstructive Pulmonary Disease (COPD). Therefore, these diseases and their risk factors need to continue to be a focus for action. Infant deaths in Kirklees remained higher than the national rate in 2010 at 6.0 deaths per 1,000 live births, compared to 4.8 nationally. However, Batley and Dewsbury remain at nearly twice the national rate, 8.7 and 8.9 respectively.

\* NB: The general fertility rate is the ratio of live births in an area to the childbearing population of that area expressed as a rate per 1,000 women aged 15-44 years per year.



Life expectancy at birth - by gender, localities, Kirklees and England & Wales 2006-2008



## Life expectancy

Life expectancy at birth in Kirklees continued to increase but remained below the national average, significantly so for women. Male life expectancy at birth in Kirklees in 2008 was 77.3 years and female 80.9 years, compared to 77.9 years and 82 years nationally. Life expectancy in Dewsbury was significantly below the national rate for men and women, 75.4 years and 79.8 years respectively. Men and women in Dewsbury can expect to live 5 years and 3.6 years respectively less than men and women in the Holme Valley. For women in Batley and Spenn Valley, their life expectancy was also significantly below the national rate, both 80.2 years.

## Migration

In 2009, natural change accounted for almost three quarters of population growth in Kirklees, and net migration just over a quarter. The net migration was international rather than within the UK. In 2009, ONS estimated that 3,500 new long term migrants arrived in Kirklees from abroad. Predicted future net migration drops to under 1,000 per year (assuming no changes in policy or international conditions).

New migrant workers arriving in Kirklees increased in 2009 to 2,150, from around 1,200 in 2008. The top country of origin was Pakistan. This is likely to reduce in future in line with reductions in new EU accession migration. New workers arriving from the EU accession countries reduced to around 750 in 2009. Around 2 in every 3 were of Polish origin.



## Health status

The health of people in Kirklees is generally worse than the national average. Less than 4 out of 5 people aged over 18 years<sup>2</sup> identified their health as good to excellent and 9 out of 10 14 year olds did so<sup>3</sup>. For adults, the areas with the lowest rates were Dewsbury and Huddersfield South (both 71%) and those with the highest rates were Denby Dale & Kirkburton and Holme Valley (both 81%). For 14 year olds the area with the lowest rate was Spen Valley (89%) and the highest Denby Dale & Kirkburton (93%).

Over 1 in 4 adults aged 18 years and over (28%) identified that a health problem or disability affected their everyday life<sup>2</sup>. Just over 1 in 10 14 year olds (12%) identified this<sup>3</sup>. For those aged under 65 years just over 1 in 10 (12%) needed support with daily tasks. This rose to over 1 in 3 of those aged 65 and over (38%). The highest rates for both age groups were in Dewsbury, 18% and 42% respectively<sup>2</sup>.

Using a health status survey asking people their perceptions about their limitations compared to their expectations<sup>4</sup>, health functioning remained worse locally than nationally for all domains. Bodily pain, role functioning and physical functioning were particularly poor in those aged over 65, emphasising the burden of pain in older people. Emotional role and mental health had deteriorated since in 2005, across all ages, as well as physical functioning in those aged under 65 years, emphasising that although deaths may have reduced, morbidity has not.

People of south Asian or black origin had poorer social functioning as well as their emotional health affecting their role. There was little difference for physical functioning. This may have implications for how integrated they feel socially and roles both at work or in the family, especially as people from minority ethnic communities identified themselves as feeling more isolated.

Dewsbury continued to have the worst functioning across all ages. Huddersfield South had poor functioning particularly for those aged under 65 years, and Batley for those aged over 65 years. Denby Dale & Kirkburton, Holme Valley and Mirfield all had better functioning than Kirklees overall.



## What could commissioners and service planners consider?

The predicted increase in the number of people aged 65 years and over needs incorporating into future planning and commissioning intentions.

The continued increase in the population overall in Kirklees and in particular the increase in the proportion of young people of south Asian origin may impact on some planning and service delivery mechanisms and should be considered.

Commissioners need to focus on actions to improve life expectancy, particularly by reducing premature deaths, through prompt detection and treatment as well as continued improvement in self care and long term condition management and support. The focus should be to reduce the burden of disease and death through supporting local people to adopt healthy behaviours. The summaries highlight specific details.

Dewsbury features as the locality with the greatest challenges overall, but Batley and Spen have challenges for women.

Note: The ONS mid-year estimate for 2009 suggested a population of 406,800<sup>5</sup>, a difference of over 23,000. This is because ONS estimates use the 2001 census as the base, which under-represents the resident population (particularly those aged 25-65 years), although the estimated growth year on year is reasonable. Older people's population estimates, also based on ONS data, use the POPPI system<sup>6</sup>, which makes them useful for comparisons and projections. Throughout this JSNA, different services have used different sources to quantify their issues and their magnitude.

---

### References

1. WYCSA GP registrations at July 2010 (data cleaned internally), i.e. all those registered with a GP.
2. NHS Kirklees and Kirklees Council. Current Living in Kirklees survey. 2008.
3. NHS Kirklees and Kirklees Council. Young People's survey. 2009.
4. Ware, J. E. (1993) Measuring patients views: the optimum outcome measure. *British Medical Journal* 306: 1429.1430. [www.sf36.com](http://www.sf36.com)
5. ONS Mid-2009 Population Estimates: Selected age groups for local authorities in the United Kingdom; estimated resident population. [www.statistics.gov.uk/statbase/product.sp?vlnk=15106](http://www.statistics.gov.uk/statbase/product.sp?vlnk=15106)
6. Projecting Older People's Population Information system [www.poppi.org.uk](http://www.poppi.org.uk) (System for use by local authority planners and commissioners of social care provision in England, together with providers and supporting organisations. Focus is populations aged 65 and over.)

## 4

# Summary of issues Children and Young People (CYP)

## Introduction

Children who have the best start in life are more likely to achieve in school and work, live longer and experience better health. Healthy children are crucial to the future of society as a whole. They are particularly vulnerable to the effects of social, economic and environmental conditions within and around the household and wider community. Disadvantage in childhood compounds problems experienced in later life. So tackling wider influences on health inequalities and eliminating child poverty are major priorities requiring combined partnership action in Kirklees.

A child's first months and years have a huge impact on the rest of their lives. To improve life chances for children, priority must be given to the early years to ensure that children get the best opportunity to make positive life choices for both themselves and those around them.

A child's health and development, both early and in later life, are heavily influenced by a range of factors, including:

- Maternal health and maternal behaviours, especially smoking and nutrition before, during and after pregnancy.
- Nutrition in early years, including breastfeeding, is a significant influence on later outcomes and life chances. Some outcomes of poor nutrition and smoking include infant deaths, diabetes, respiratory conditions and obesity.
- Positive family dynamics, both in levels and quality of support and role models.

Smoking, alcohol and drug use, poor diet and lack of physical exercise are direct causes of ill health and diseases. They are strongly influenced by other factors including low self esteem, poor psychological and emotional wellbeing, inconsistent parenting and parental health behaviours. These in turn are influenced by wider social and economic factors, including low income, poor housing, low educational attainment and lack of employment opportunities as in the rainbow.

The JSNA describes the position in Kirklees based on information across the rainbow. It also highlights some important areas where further knowledge is needed, such as the parental behaviours that are having the greatest impact on children and young people and our understanding of the needs of young mothers, young carers and young people who are lesbian, gay or bisexual.

There are a wide range of major challenges facing children and young people in Kirklees. However, compared to Kirklees overall, very few issues in localities showed statistically significant differences. The exception was economic wellbeing, where Dewsbury and Huddersfield were significantly worse than Kirklees, with Mirfield, Denby Dale & Kirkburton, Spenn Valley and The Valleys significantly better.

Since the last report there have been significant improvements for 14 year olds:

- Smoking dropped markedly.
- Lower levels of alcohol drunk: both ever drunk alcohol and drinking weekly or more, in all the Town and Valley localities.
- Less ever taking illegal drugs in Batley, Birstall & Birkenshaw, Mirfield, Denby Dale & Kirkburton and Spenn Valley.
- Less being sexually active in Huddersfield, Mirfield, Denby Dale & Kirkburton and Spenn Valley.
- Emotional wellbeing, particularly feeling angry, had improved in Huddersfield, Spenn Valley and The Valleys.
- Getting on well with family had also improved in Dewsbury, Huddersfield and The Valleys.

However, more were bullied weekly or more in the last two months in Dewsbury, Huddersfield and Mirfield, Denby Dale & Kirkburton, but less were ever bullied, particularly in Dewsbury and Huddersfield.

There have also continued to be improvements in educational attainment across all localities at both Early Years Foundation Stage and GCSE level.

# Summary of health and wellbeing inequalities for children and young people in Kirklees 2010

Key issues	Batley, Birstall & Birkenshaw		Spenn Valley		Dewsbury		Mirfield, Denby Dale & Kirkburton		Huddersfield		The Valleys	
	C	D	C	D	C	D	C	D	C	D	C	D
Deaths in infants aged under 1 year												
Obesity (reception class children)												
Obesity 11 year olds (school year 6)												
<b>Being Healthy - aged 14 years [unless otherwise stated]</b>												
Smoking weekly or more (of all 14 year olds)			↓				↓	▼				
Have ever drunk alcohol... and drink alcohol weekly or more	↓		↓		↓		↓		↓		↓	
Have ever drunk alcohol... and drink alone												
Have ever taken illegal drugs	↓		↓			▼	↓					
Teenage conceptions (aged 15-17)												
Have had sexual intercourse			↓				↓		↓			
Under 30 mins average physical activity per day												
<b>Emotional wellbeing</b>												
Felt miserable - weekly or more (in the last school year)								▲	↓			
Felt angry - weekly or more (in the last school year)			↓						↓		↓	
Sometimes or never happy with his/ her self as a person												
Do NOT have someone to talk to about their problems												
<b>Staying safe</b>												
Ever been bullied					↑				↓			▲
Bullied - weekly or more in past 2 months (of those who have been bullied)							↑		↑			
<b>Economic wellbeing</b>												
Eligible for free school meals - Primary school pupils (years R to 6 incl.)	NAV		NAV	▼	NAV	▲	NAV	▼	NAV	▲	NAV	▼
Eligible for free school meals - Secondary school pupils (yrs 7 to 11 incl.)	NAV		NAV	▼	NAV	▲	NAV	▼	NAV	▲	NAV	▼
Living in income deprived households - Children aged 0-15 years	NAV	▲	NAV	▼	NAV	▲	NAV	▼	NAV	▲	NAV	▼
<b>Education</b>												
Achievement at Early Years Foundation Stage	↑		↑		↑			▲	↑	▼		
Attainment of 5+ GCSEs A*-C [including English and Maths]... Males						▼		▲				
Attainment of 5+ GCSEs A*-C [including English and Maths]... Females								▲				
<b>Family and community</b>												
Agree that people from different backgrounds get on well together in local area	NAV		NAV		NAV		NAV		NAV		NAV	
Sometimes or never get on well with family					↓				↓		↓	

↑	↓	Significantly worse (higher or lower) than this locality in 2009	<b>NAV</b>	Not available
↑	↓	Significantly better (higher or lower) than this locality in 2009	<b>C</b>	Change
▲	▼	Significantly worse (higher or lower) in this locality than Kirklees overall	<b>D</b>	Difference
▲	▼	Significantly better (higher or lower) in this locality than Kirklees overall	<i>Significant differences/ changes 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>	



## Population

Kirklees comprises a mix of urban communities and rural areas. The resident population of Kirklees was 430,197 in July 2010, from GP registrations. Kirklees has more younger people than England and Wales (21% aged 0-15 years compared to 18%). Nearly 1 in 4 of the Kirklees population was aged less than 19 years (101,505).

### Births, fertility and premature deaths

The number of live births in Kirklees in 2010 was 5,805. This increased by 7% from 2007, especially in Huddersfield and Spenn Valley. In Dewsbury, over half of live births (52%) were to women of south Asian origin and just under half (47%) of babies in Batley were of south Asian origin, but in other areas of Kirklees it was much lower. The general fertility rate\* in Kirklees was 65.2. The Kirklees rate continued to be slightly higher than the national rate of 63.7 and was much higher in Batley and Dewsbury at 79.1 and 78.7 respectively.

Infant deaths in Kirklees remained higher than the national rate in 2010 at 6.0 deaths per 1,000 live births, compared to 4.8 nationally. Batley and Dewsbury remained at nearly twice the national rate, 8.7 and 8.9 respectively.

\*NB: The general fertility rate is the ratio of live births in an area to the childbearing population of that area expressed as a rate per 1,000 women aged 15-44 years per year.

### Life expectancy

Life expectancy at birth in Kirklees continued to increase but remained below the national average, significantly so for women. Male life expectancy at birth in Kirklees in 2008 was 77.3 years and female life expectancy was 80.9 years, compared to 77.9 years and 82 years nationally. Life expectancy in Dewsbury was significantly below the national rate for men and women, 75.4 years and 79.8 years respectively. For women in Batley and Spenn Valley life expectancy was also significantly below the national rate, both 80.2 years. Men and women in Dewsbury can expect to live 5 years and 3.6 years respectively less than men and women in the Holme Valley.

### Health status

The health of people in Kirklees is generally worse than the national average. Nine out of 10 14 year olds felt their health was good to excellent, varying from Spenn Valley (89%) to Denby Dale & Kirkburton (93%). One in 8 14 year olds (12%) felt that a health problem or disability affected their everyday life.

# Vulnerable groups

## Disabled children

Disabled children and their families face a unique and often challenging set of circumstances that demand a unique and sometimes specialised response from both the universal and targeted services that support them.

21 in 1,000 children have moderate learning disability, 3.5 in 1,000 have severe disability and 1 in 1,000 have profound and multiple disability. Cerebral palsy is the most common source of long term physical disability in children, and occurs in 2 in 1,000 live births.

### Locally:

- Males aged under 19 are far more likely than females to have special educational needs (SEN), 23% vs. 16%\*.
- Children living in the more deprived areas of Kirklees were two to three times more likely to have SEN.
- 1 in 8 (12%) 14 year olds felt their everyday life was affected by a health problem and/or disability, especially in The Valleys, 1 in 6 (16%).

As well as their physical and/or learning disability, disabled children are at increased risk of experiencing further health inequalities, such as:

- Health problems associated with specific genetic and biological causes.
- Communication difficulties and reduced health literacy.
- Personal health risks and behaviours such as poor diet and lack of physical activity.
- Difficulties in accessing healthcare and other service provision and opportunities.

It is difficult to determine the scale and scope of disability and identify needs due to a lack of data at both national and local level about the numbers of disabled children, their needs and their use of local services.

This is compounded by the absence of a consistent and universally applied definition of disability. The needs of disabled children, young people and their families are unique to them, often complex, and change over time. The challenge is to understand these needs and develop a system around them that is flexible enough to meet the needs of the person and their families.

\*SEN cover disability arising from cognition and learning needs (e.g. dyslexia, severe learning difficulty), behaviour, emotional and social development (e.g. attention deficit hyperactivity disorder, Tourette's), communication and interaction (e.g. autistic spectrum disorder) and sensory or physical needs (e.g. visual or hearing impairment and physical disability). It can be used as a proxy for understanding the level of disability.

## Looked after children (LAC)

Children and young people come into care for a variety of reasons including physical harm, neglect, sexual abuse, parental alcohol and drug misuse and issues regarding a parent's mental health or learning disability which prevents them from providing 'good enough' care to their child. LAC are more likely to come from families on low incomes, to be living in poor housing, have limited support networks, and to witness or experience domestic violence.

### Locally:

- The LAC population within Kirklees rose by two thirds since 2006, especially in 1-10 year olds and in 16-17 year olds.
- In 2006, 4 in 5 (80%) of the 334 LAC were white. By 2010 the total number of LAC rose to 563 but the proportion of white children reduced to 2 in 3 (64%).
- Social care referrals rose by 20% and care proceedings rose by 46% in the same period.

There are a number of reasons for this significant growth.

One factor was the heightened public awareness, generated in part by the national media attention on high profile cases (such as the Baby Peter case in Haringey, and the Matthews case in Kirklees). Another factor was the significant investment into Sure Start Children's Centres within Kirklees which increased the contact of staff with young children. This led to an increase in the number of referrals to social care.

This growth created an increased demand on Kirklees Council's role as corporate parent to looked after children. Corporate parenting is a term used to describe the legal duties of the council for the care of children and young people it looks after, when it is deemed that, for a wide range of reasons, they cannot be cared for within their own family network.

Issues for local partnerships in Kirklees include:

- Low educational attainment of LAC within Kirklees.
- Choice of local and suitable placements for LAC is limited.
- Limited therapeutic intervention available in a timely manner to meet the emotional needs of LAC and to address the trauma experienced when adoptive placements break down.
- Limited accommodation options for post-16s within Kirklees.
- Care leavers are over-represented in the Not in Education, Employment or Training (NEET) group, having less access and/or take-up of educational, training and employment opportunities, affected further by the recession in terms of the availability of jobs.

## Not in Education, Employment or Training (NEET)

Engagement in learning and educational attainment is critical if young people are to make a success of their lives. Being NEET is an enormous waste of a young person's potential and contribution to their community and to the economy. Evidence shows that spending time NEET is a major predictor of later unemployment, low income, depression and poor mental health.

### Locally:

- Low educational attainment is closely associated with young people becoming NEET. Typically, around 80% of those NEET had not achieved a level 2 qualification (5 A\*-C GCSE or equivalent). About 70% of those NEET were below level 1 (GCSE grades D-G and equivalent).
- The numbers of young people being NEET remained steady for several years at just below 1 in 10 (9.4%) 16-18 year olds. This is the second highest in the Yorkshire and the Humber Region - and represents around 1,250 young people.
- Young people who were NEET were predominantly white.
- There were a number of NEET hotspots (Dalton, Rawthorpe, Kirkheaton, Thornhill, Savile Town, Chickenley, Earlsheaton, Ravensthorpe, Dewsbury Moor, Batley) accounting for more than half of all those young people who were NEET.

Young people outside formal education and training often have health and other personal issues to deal with and becoming NEET is a consequence of other factors. NEET young people are more likely to have experienced educational exclusion, poor school attendance, an alternative curriculum education, home/care issues, being a teenage parent or pregnant, being a young offender, misused alcohol or drugs, and be looked after or a care leaver.

The economic climate and government education and welfare policy changes are likely to impact on the NEET agenda. In particular, raising the participation age (RPA) to 17 years of age in 2013 and 18 years of age in 2015 may reduce the number of NEET young people, but the withdrawal of the Education Maintenance Allowance (EMA) may make it more difficult for young people from poorer families to participate in learning.



## Safeguarding

Children have the right to be protected from being hurt and mistreated, physically or mentally. A Child Protection Plan (CPP) is the activity undertaken by professionals to protect a child who is at risk of significant harm. There was a steady increase in the number of children with a CPP, and the Kirklees rate (2.9 per 1,000 children in 2009) was above the national rate (2.7 per 1,000 in 2007). This could reflect changes in practice and more awareness amongst staff, rather than an underlying increase in child protection cases.

Batley, Birstall & Birkenshaw (4.9 per 1,000) and south Huddersfield (4.6 per 1,000) had the highest rates of children with a CPP.

### Locally:

Neglect was the main reason for a CPP. Neglect happens when a parent or carer fails to provide basic essential care of a child, such as ensuring adequate food, housing, clothes, medical care or necessary supervision to protect children from physical harm or danger. It also includes failure to ensure access to education or failure to look after a child because the carer is under the influence of alcohol or drugs, may have some mental health issues or are subject to domestic abuse that can affect their ability to care for their child.

Any domestic abuse incidents where children are present are notified to Children's Social Care for assessment. Prolonged or regular exposure to domestic violence and abuse can have a serious impact on a child's development and emotional wellbeing. From June 2009 to February 2010 there were 2,348 domestic violence incidents reported to Kirklees Children's Social Care.

## Young carers

A carer of any age spends a significant proportion of their life providing unpaid support to family or friends. This could be caring for a relative, partner or friend who is ill, frail, disabled, has mental health or alcohol or drug misuse problems. Full time caring can lead to the breakdown of social networks and isolation.

In Kirklees in 2009, 1 in 7 (14%) 14 year olds was a carer for a parent, sibling or other relative. This was highest in Dewsbury, 1 in 5 (22%). Such carers were more likely to be unhappy at school, have sleep problems and experience bullying when compared to their non-carer peers. This can lead to a young carer experiencing poorer life outcomes such as poorer educational attainment, being isolated from others their age, lack of time for play and feelings of a general lack of recognition for their situation.

# Conditions

## Asthma

Nearly 1 in 5 (18%) 14 year olds had asthma in Kirklees in 2009, higher than nationally (1 in 11). The cause of asthma is multi-factorial and exposure to a number of the risk factors happens in early life. Smoking during pregnancy and having a low birth weight increases the risk of developing asthma in childhood by four to six times. Children whose parents smoke are 50% more likely to develop asthma.

In Kirklees in 2009, Birstall & Birkenshaw had the highest reported rate of asthma in 14 year olds.

## Diabetes

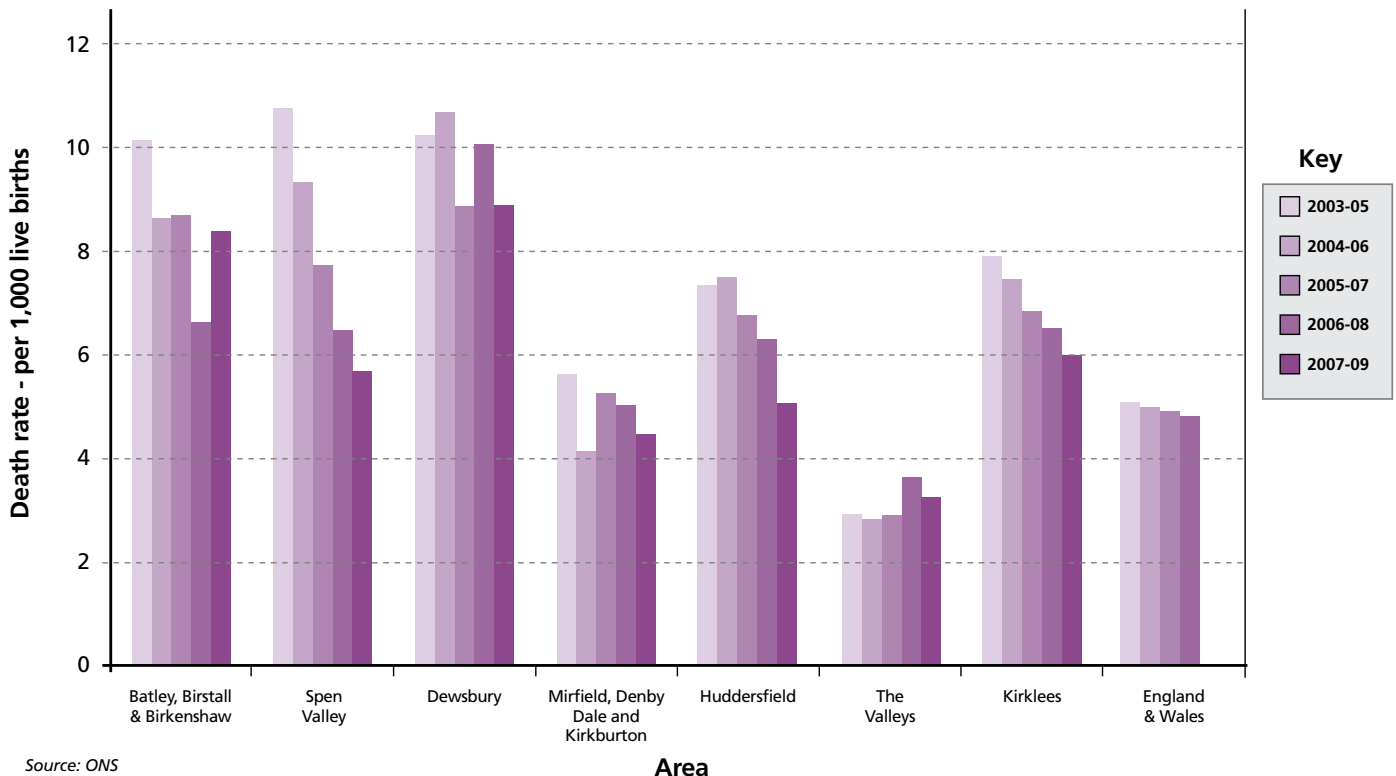
There were 185 children and young people in Kirklees known by their GP to have diabetes, i.e. 1.8 cases per 1,000 children under 18 years in 2010. This is lower than the national rate of 2.1 per 1,000. Most children and young people (97%) are likely to have Type I diabetes. The cause of Type I is unknown and there is nothing that can be done to prevent it. The remaining children (3% - only 7 children) had Type II diabetes, although this is rising. Childhood Type II diabetes was non-existent in Kirklees 10 years ago. It is directly linked to the type of food eaten and to increasing obesity levels. Children of south Asian origin are 13 times more likely to have diabetes than white children. Places with higher than average south Asian populations such as Dewsbury and north Huddersfield and those with increased rates of overweight and obese children (Spenn Valley, The Valleys, south Huddersfield) are at risk of higher levels of diabetes, and this is linked to their diet.

## Infants dying before their first birthday

### Infant deaths are tragedies!

The number of such deaths has been unacceptably high in recent years in north Kirklees, but thankfully are reducing. In 2008 the factors causing these high rates were examined in north Kirklees for deaths between 2002-06. In 2010, a further study for infant deaths across the whole of Kirklees between 2002-08 was undertaken. A number of factors were identified in the earlier report for specific action. These were reinforced by the 2010 review, which also confirmed such factors being higher in north Kirklees.

Deaths of infants aged under one year for localities, Kirklees and England and Wales 2003-2009



Source: ONS



## Obesity

In 2008/09 1 in 11 (9%) 4-5 year olds and 1 in 6 (16%, a slight fall since the last report) 10-11 year olds living in Kirklees were obese and a further 1 in 8 (12%) 4-5 year olds and 1 in 7 (14%) 10-11 year olds were overweight. Eleven year olds were nearly twice as likely as five year olds to be obese. Spen has the highest rate of obesity amongst both age groups. This was even greater in south Huddersfield where nearly 1 in 12 (8%) children aged 4-5 years were obese compared with just under 1 in 5 (18%) aged 10-11 years. So far more children become obese as they grow older.



Having undertaken considerable consultation with local mothers, the Infant Death programme is tackling the key factors of early antenatal booking, supporting women who find engaging with antenatal care difficult, addressing poor health behaviours of women of childbearing age and improving genetic awareness amongst the Pakistani populations, as well as a range of other issues. This work must continue and involve local women in both identifying issues and possible solutions.

### Of the 270 Kirklees infant deaths between 2002-08:

- 61% were in north Kirklees, 3% had a mother aged under 18 years and 58% were male.
- Nearly half (47%) of the deaths were white babies with 38% of Pakistani origin, especially in north Kirklees. Only 1 in 3 births (31%) were to women of south Asian origin, so proportionately more deaths occurred in the Pakistani origin babies.
- Overall, more than half (55%) were born prematurely, before 37 weeks gestation. This was especially so for white babies in north Kirklees (65%). Prematurity is associated with low birth weight. Of all the low birth weight babies, over 9 in 10 (91%) were premature.
- Prematurity and congenital abnormalities were the main causes of death, accounting for 73% of deaths. Given the level of prematurity in white babies, it is not surprising that this was their main cause (43%), followed by congenital abnormality (25%). Conversely, congenital abnormalities were the main cause for Pakistani origin babies (52%) followed by prematurity (25%).
- Most infant deaths occurred in the first 28 days (70%). Nearly half (48%) lived less than one week and almost 1 in 3 (31%) lived less than 24 hours.
- The smoking rate in those with an infant death was 55% for white north Kirklees women. No Pakistani origin women admitted to smoking. 1 in 4 of all mothers in Kirklees smoked when they first accessed maternity care early in their pregnancy. Smoking during pregnancy is a major cause of low birth weight. Nearly 1 in 8 full term babies (12%) were of low birth weight.
- 11% of mothers drank alcohol when accessing maternity services early in their pregnancy. This was especially true of white mothers (23%).
- Nearly half (48%) of mothers were at least overweight (BMI greater than 25), especially Pakistani origin mothers (60%). Obesity was worse in north Kirklees with nearly 1 in 4 (23%) mothers obese (BMI greater than 30). There were more Pakistani (32%) than white (17%) mothers who were classified 'obese'.
- Being obese increases the risk of diabetes. About 1 in 12 (8%) mothers were recorded as having a form of diabetes (Type 1, 2 or gestational), especially Pakistani origin mothers.
- Overall there was a very high uptake (over 90%) of antenatal non-genetic and infectious disease screening. Total genetic screening uptake was over 2 in 3, with a rate of over 90% in the Pakistani population.

## Behaviours

The development of attitudes and understanding about health and risk is largely influenced by aspects of an individual's social environment. Young people in Kirklees receive a range of messages from their families, schools, communities, peers and the media that form their perspectives about their lives and the actions they take, including actions that impact upon their health.

Health behaviours reflect how children and young people interpret attitudes and behaviours of others, especially parents and peers. Such interpretation is affected by the strength of their self esteem and sense of personal control as the individual learns to adapt, cope and develop. Such self esteem and resilience impacts directly on their relationships and achievements.

Children are adversely affected by parental behaviour such as drug and alcohol misuse (with its link to domestic abuse) as well as parental mental illness and learning disability, all of which can impact on the care and attention children and young people receive.

Maternal behaviours especially, such as alcohol consumption, diet, physical activity and particularly smoking in pregnancy profoundly affect the health of an unborn child. The highest rates of smoking, alcohol consumption and being overweight or obese in women of childbearing age were in north Kirklees and north Huddersfield in 2008. Obesity in pregnancy is associated with an increased risk of complications for both mother and baby. Nationally, 27% of maternal deaths were in obese women and 52% in overweight or obese women. Local insight from women of childbearing age in north Kirklees concluded that awareness of the nutrients needed during pregnancy was very limited.



## Alcohol

An alcohol free childhood is the healthiest option. If children and young people do drink alcohol it should be in moderation and always under parental guidance or supervision. Alcohol drinking during any stage of childhood can have a harmful effect on a child's development. Alcohol use during the teenage years is associated with a wide range of health and social problems and young people who begin drinking before the age of 15 are more likely to experience problems related to their alcohol use. Although in Kirklees the age at which 14 year olds had their first drink increased to 11.5 years, this is still worryingly young. Parental alcohol misuse has a profound effect on families and the drinking behaviour of parents, carers and other family members is a strong influence on children's own alcohol use.

Locally, offending behaviour, including domestic violence, is strongly linked with alcohol misuse. There is a significant impact of parental alcohol misuse in child protection work and in care proceedings.

### Locally in 2009:

- 66% of 14 year olds had tried alcohol, significantly fewer than in 2007 (72%) and 2005 (84%). Those having their first drink under 10 years of age continued to fall, although significantly more reported having been drunk (51% in 2009 compared with 40% in 2007).
- One in 8 drank alone, less than 1 in 6 in 2007.
- Slightly more girls than boys had tried alcohol and more girls had been drunk. Of those 14 year olds who drank, fewer were drunk monthly or more (13% versus 15% in 2007). Batley had the highest rates of 14 year olds drinking at least weekly (27%) and being drunk monthly or more (22%), especially girls.

So alcohol experimentation dropped markedly in 14 year olds but the risks associated with getting really drunk still need promoting.

## Breastfeeding

Breastfeeding, especially over the first six months of life, makes a major contribution to an infant's development, including promoting emotional attachment between mother and baby so reducing the risk of neglect and harm. It reduces the risk of diabetes, obesity, respiratory illnesses and some infections, both in early and later life. For the mother, the benefits of breastfeeding include reductions in the likelihood of pre-menopausal breast cancer, ovarian cancer, osteoporosis and rheumatoid arthritis. The proportion of mothers breastfeeding in England remains amongst the lowest in Europe.

Breast feeding at 6-8 weeks in October to December 2010 was 46% in south Kirklees and 35% in north Kirklees, 41% overall. Nationally in 2009/2010, 45% of babies were breastfed at 6-8 weeks. Mothers who had left full time education at age 16 or younger were least likely to have breastfed (59%) at delivery.

## Drug misuse

Drug misuse amongst young people is always a concern. In Kirklees, 14 year olds who had ever tried illegal drugs had dropped by 5% since 2007 to 12% in 2009. Of those who had ever tried drugs, only 1 in 3 used drugs monthly or more, i.e. 4% of all 14 year olds. Cannabis remained the most popular drug, used by 11% of 14 year olds in 2009, similar to 2007.

Around 3% of 14 year olds who reported using cannabis, cocaine or ecstasy monthly or more, also drank alcohol monthly or more. Patterns of drug and alcohol use by these 14 year olds in Kirklees matched national trends. So those more likely to use drugs and alcohol include looked after children, young offenders, truants, homeless young people and young people who are NEET.

Parents' drug misuse impacts on their children. Locally, 18% of 14 year olds' families or close friends used drugs. Drug misuse is often inter-generational and can be associated with factors such as deprivation. Nationally, there are significant links with child protection where 1 in 3 child protection plans and 62% of care proceedings were alcohol or drug misuse related.

The Valleys had the highest rate of 14 year olds using drugs at least monthly - 5%, versus a Kirklees overall rate of under 4%. These rates represent relatively low actual numbers of young people.

## Food

To be healthy, children and young people need to eat well and to be physically active daily.

Poor oral health is a good indicator of poor nutrition and illustrates the influence of parents on the diet of young children. In Kirklees, the average number of decayed, missing or filled (DMF) teeth in five year olds in 2006 was well above the national average (2.3 versus 1.5), varying from 0.6 in Colne Valley to 3.8 in Batley.

The eating behaviours of young people locally did not deteriorate significantly from 2007 but remain of concern. In 2009 just over 1 in 5 (22%) 14 year olds rarely ate breakfast, which has a significant impact on concentration and thus educational attainment.

Nearly half (48%) of 14 year olds in Batley and Dewsbury ate five or more portions of fruit and vegetables a day compared to just over 2 in 3 (69%) in Holme Valley. This is not a very reliable indication of actual consumption of fruit and vegetables as it is self reported. Eating habits established in childhood and adolescence tend to continue into adulthood and consequently impact on adult health.

## Physical activity

While the immediate benefits of physical activity are the most motivating for young people, the lasting effects of being fit are even more important and can have a positive impact on self-esteem and contribute to the development of a healthy body image. Activity and participation in sports can help children socially, introducing them to new children and providing many opportunities for involved play.

### Locally, in 2009:

- Only 66% of 14 year olds did the recommended amount of physical activity, i.e. 60 minutes each day. 1 in 8 (13%) 14 year olds in Kirklees were sedentary, i.e. did less than 30 minutes activity each day.
- Girls spent less time in non-school organised activity, with 1 in 3 (33%) taking part for 60 minutes or more compared to 1 in 2 (45%) boys.
- South Asian 14 year olds spent less time in non-school organised activity, with only 1 in 3 (35%) taking part for 60 minutes or more compared with 2 in 5 white (45%) and black (42%) 14 year olds.
- Batley (58%) had the least 14 year olds achieving the recommended physical activity levels compared to Mirfield with the highest (76%). 1 in 5 (19%) 14 year olds in Batley did less than 30 minutes of physical activity each day compared to 1 in 14 (7%) in Mirfield.





## Sexual health and teenage pregnancy

In Kirklees in 2008, there were 372 conceptions by girls aged 15 to 17. This is similar to the regional rate but significantly higher than the national rate, and the national rate is falling much faster than locally. Most teenage pregnancies are unplanned and around half end in termination. There are a small number of young mothers for whom having a baby very young is a positive experience. For many others bringing up a child can be very difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and wellbeing and the likelihood of both the parent and child living in long term poverty.

Factors affecting increased risk of teenage conceptions include:

- Low educational attainment.
- Dislike of school and poor attendance.
- Alcohol or drug misuse.
- Contact with the police.
- Poor emotional and psychological health.
- Living in and leaving care.

### Locally:

- The localities in Kirklees with the greatest teenage pregnancy rates among 15-17 year olds were Huddersfield, Spen Valley and Batley, Birstall & Birkenshaw (55, 47 and 49 conceptions respectively per 1,000). Girls are three times more likely to become pregnant if they start having sex under 16.
- 1 in 8 (13%) 14 year olds had experienced sexual intercourse, significantly less than 17% in 2007. Four in 5 used contraception. Condom use dropped to 2 in 3, with 1 in 4 in Dewsbury never using one, yet 4 in 5 always did so in Birstall & Birkenshaw and Colne Valley.
- The age group most affected by sexually transmitted infections (STIs) continued to be 15-24 year olds. More than half of all STIs diagnosed in the UK are in people in this age group, even though they account for just 12% of the population. All STIs are increasing, especially HIV.

## Smoking

The reasons why young people begin smoking are complex. Children are most likely to become smokers if they use alcohol or drugs, are disengaged from education, have poor educational outcomes or have mental or emotional problems. There is a strong association with living with peers or family who smoke. Just under half of local 14 year olds who smoked lived with a smoker in 2009 (42%), similar to 2007 (46%).

### Locally:

in 2009 14 year olds:

- Had tried smoking far less (33%) than 2005 (47%) and 2007 (44%). Girls were more likely to have tried smoking than boys at this age (36% compared to 31%).
- Of these far less currently smoked (10%) than in 2007 (18%). Slightly more girls currently smoked than boys.
- Once smoking, motivation to stop dropped markedly. One in 4 (25%) 14 year old smokers were happy to continue smoking, compared to 9% in 2007. Of those wishing to stop, only 1 in 10 (11%) wanted support to quit, although this was more than in 2007 (4%).
- In Dewsbury, 2 in 5 (39%) of 14 year olds had tried smoking, significantly higher than all other localities. Significantly more 14 year olds smoked weekly or more in Dewsbury (13%) and Batley (11%). The lowest smoking rates were in Denby Dale & Kirkburton (4%).

So overall, less 14 year olds smoked in 2009, but once smoking, far fewer wanted to give up than in 2007.

Second hand smoke is a major risk to the health of non-smokers, especially children. Family and household smoking (especially mothers' smoking) increases the risk of Sudden Infant Death, lower respiratory tract infections, middle ear infections, wheeze asthma and meningitis in children.

Smoking in pregnancy increases the risk of having a baby at full term with a low birth weight by 3.5 times. Having a low birth weight increases the risk of ill health and death in an infant. Just over 10% (1 in 9) of non-south Asian pregnant women smoked during pregnancy in 2009/10 and there were wide variations across localities (7%-33%), with Dewsbury and Batley having the highest rates.

# Family, social and community networks, safety

## Family, social and community networks

Formal and informal networks are central to the concept of social capital. They are defined as the personal relationships that are accumulated when people interact with each other in families, workplaces, neighbourhoods, local associations and a range of informal and formal meeting places. Social capital is the resources available through the strength of relationships with family and friends as well as through participation in wider social groups and activities in the community.

### Locally:

- Only 1 in 3 (38%) 18-24 year olds felt they belonged to their neighbourhood.
- 28% of 14 year olds had done something else to help a neighbour or someone else in the local area. More 14 year olds helped an elderly or disabled person (28%) than helping to care for a relative who is disabled or sick (22%). Young people aged 18-24 were less likely to volunteer regularly (22%) compared to 26% in all other age groups.
- 14% of young people aged 18-24 felt lonely or isolated all or most of the time compared with 5% of those aged 75 or over.
- Only 1 in 3 (38%) of 18-24 year olds felt they belonged to their neighbourhood, compared with 3 out of 4 (75%) people aged 65 and over.
- Half (51%) of 14 year olds felt that people from different backgrounds got on well together in their local area. There was a clear north/south divide, 58% of 14 year olds believed this across south Kirklees and 48% in north Kirklees. This was so for people of different ages getting on well together, with 8 out of 10 (84%) 14 year olds believing this across the district.

## Psychological wellbeing

Psychological wellbeing and mental health depends both on environmental factors and the emotional resilience built up throughout the early years of life and into adulthood. Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20s.

A wide range of factors affect psychological wellbeing including:

- Alcohol or drug misuse.
- Deprivation.
- Low educational attainment.
- Deficit of parental and social support.
- Family breakdown, domestic violence, parental alcohol or drug abuse, parental abuse and neglect.
- Civic participation.
- Beliefs.

Poor mental health in childhood affects educational attainment, social skills and physical health. It also increases the likelihood of smoking, alcohol and drug use.

### Locally:

In 2009 14 year olds:

- Were more likely than in 2007 to have problems sleeping due to worry (17% in 2009 versus 12% in 2007). This was highest in Holme Valley (21%).
- Were as likely to feel lonely (11%), not get on with school staff (35%), feel happy at school (34%), feel unhappy with themselves as a person (26%) or have no-one to talk to about problems (21%).
- Were less likely to be subject to mood swings (21% versus 23%), feel miserable (21% versus 23%) or angry (29% versus 34%).
- Fewer were bullied (40% versus 47%), but of those the frequency of bullying had increased from 14% to 20%.

Fourteen year olds in Birstall & Birkenshaw were most likely to not be getting on with school staff (45%) and not happy with themselves as a person (31%), but the actual numbers are small.

Problems with psychological wellbeing and mental health were largely consistent with 2005 and 2007, with some areas of concern. Poor relationships (particularly at school), regular bullying, anxiety and worry, feeling miserable or angry and having mood swings were all reported by 14 year olds ranging from 1 in 5 (low/swinging moods) to 1 in 3 (not getting on with school staff).



## Safety - accidents and unintentional injury

Accidental injury is one of the biggest single causes of death for children aged 1-15 years and is closely linked to deprivation. Home remains the most common site for accidents, particularly for young children. From the age of about seven, children become more likely to be injured when out and about than at home - reflecting where they spend the majority of their leisure time.

Accidents in the home include burns or scalds, with hot drinks being the most frequent cause of injuries. House fires cause the most accidental deaths of children in the home, as a result of smoke inhalation. In 2009, there were 262 dwelling fires with three deaths in Kirklees.



Children living in the most deprived areas are more likely to die of an accident:

- Those in the 10% most deprived areas of the UK are five times as likely to die as a pedestrian than other children, partly because they have fewer safe places to play and may walk more as their parents do not own a car.
- Children of parents who have never worked, or who have been unemployed for a long time, are 13 times more likely to die from accidents than children of parents in higher managerial and professional occupations.

### Locally:

- In 2009, 166 children aged 5-15 were injured on the roads in Kirklees. One in 3 of all people killed and seriously injured were aged under 19.
- In the past 3 years there has been a 14% increase in the number of children aged 0-4 injured on the roads in Kirklees. Slightly more of those aged under five were killed or seriously injured in 2009 than in 2007, but the numbers involved remain very low.
- Dewsbury, Mirfield and Batley, Birstall & Birkenshaw were in the top 20 post codes in West Yorkshire for young driver casualties and children being injured as pedestrians, car passengers and cyclists in 2008.

Nationally, alcohol related accidents (including drink driving) are the leading cause of death for 16-24 year olds, and young drivers aged 17-19 years are 10 times as likely to have a drink-drive crash compared to drivers of all ages. During 2009, 16-29 year olds accounted for 39% of all casualties on the roads in Kirklees, despite making up only 19% of the local population.

## Wider factors

### Housing

Decent housing is a pre-requisite for good health especially for children and young people. Children and young people in poor housing conditions are more likely to have mental health problems, to contract meningitis, have respiratory problems such as asthma, experience long term ill health and disability, experience slow physical growth and have delayed cognitive development. Poor housing conditions include homelessness, temporary accommodation, overcrowding, insecurity of tenure, and housing in poor physical condition.

In Kirklees in 2009, 1 in 6 (16%) of all homes in private ownership and private rent were in poor condition. Young people in Kirklees are particularly affected by a lack of suitable, secure housing. This includes a lack of hostel accommodation. Those aged under 25 years accounted for almost 30% of housing register applications in 2009 and were the largest single group.

### Income and deprivation

Deprivation is directly linked to length of expected life and the length of 'disability free' life. In 2010, the gap in life expectancy between low and high income areas was 5 years for men and, for disability-free life expectancy, the gap was 13 years.

Kirklees is identified using the Index of Deprivation (ID) 2007 as one of the 50 most deprived districts in England in terms of income. Income deprivation is measured because of its impact on people, especially children and young people. 25% of children aged 0-15 (20,486 children) were identified as living in the 20% most deprived areas.

In 2009, 1 in 4 (24%) children aged 0-15 (18,967 children) were income deprived in Kirklees (living in a household receiving a low income related benefit). Dewsbury (34% - 4,655 children) and Huddersfield (30% - 7,199 children) had the highest rates of income deprived children aged 0-15.

## Learning

Educational attainment is influenced by family socio-economic status together with the quality of the schools that children and young people attend. Their attainment at age 16 is a powerful indicator of their chances of achieving future health and economic wellbeing.

Educational attainment at both Foundation Stage and GCSE level continued to improve in Kirklees. In 2010 there was a large gap between the best and worst performing localities percentage points, at age 5 and age 16, when 64% of young people in Mirfield, Denby Dale & Kirkburton achieved 5+ GCSEs grades A\*-C including English and Mathematics, but only 45% in Dewsbury. Both of these had reduced from 2009. Across Kirklees, a complex pattern exists of inequalities between different ethnic groups, different communities and different schools. Girls' attainment is higher than boys throughout all stages of formal education, and the gap is widening.

In the Early Years Foundation Stage in 2010 nearly 2 in 3 (62%) pupils achieved the expected standard, compared to 56% nationally, building on good improvements in the past four years across all localities. Attainment was lowest in south Huddersfield (52%), Batley, Birstall & Birkenshaw (58%), Dewsbury (60%) and Spen Valley (61%) although all had improved since 2009. It was highest in the Mirfield, Denby Dale & Kirkburton locality (76%). The attainment of boys was consistently much lower than that of girls over this period.

At the Early Years Foundation Stage, pupils of Asian Pakistani heritage were the lowest performing group with just over half (54%) achieving the expected level compared with 2 in 3 (66%) white pupils. By the end of secondary school, trends were improving at 5+ A\*-C, including English and Mathematics, for this group, with 47% attainment, but they remained lower than nationally for Asian Pakistani heritage pupils (49%) and lower than the average for all pupils.

At Key Stage 4 in 2010 more than half (53%) of all pupils achieved 5+ GCSEs grades A\*-C including English and Mathematics and there had been an increase in each of the last four years. The attainment of girls was 58%, higher than that of boys by 10% and this gap had increased from 5% in 2008.

In every locality fewer boys than girls achieved 5+ GCSEs grades A\*-C including English and Mathematics, the lowest rate for boys was 36% in the Colne Valley, which was lower than 2009, and contrasted with 69% for girls in the Holme Valley.

Less than half of all pupils in Dewsbury (45%, improved from 37% in 2009) and south Huddersfield (46%, up from 44%) achieved 5+ GCSEs grades A\*-C including English and Mathematics, compared to 2 in 3 (66%, unchanged from 2009) in the Holme Valley.

Less than half (47%) of all Asian Pakistani heritage pupils achieved 5+ A\*-C, including English and Mathematics. There was wide variation across Kirklees from 39% in Batley to 63% in north Huddersfield. The largest improvement was amongst Asian Pakistani heritage pupils from Dewsbury, from 27% in 2009 to 45% in 2010.

Attainment at A level or equivalent continued to improve and was above the national average.

Levels of persistent absence (pupils with 80% or less attendance) from school and provision of alternative full time education for pupils who are excluded continued to fall.

As noted above educational attainment of looked after children is a major cause for concern as it is well below the national average for that group. Only 31% achieved 5+ A\*-C GCSEs including English and Mathematics compared with 53% of all pupils in Kirklees.

## Physical environment and climate change

The world's climate is changing as a result of increased carbon dioxide in the atmosphere and will impact on the health and wellbeing of people in 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.

More than 1 in 4 households in central Huddersfield and Dewsbury experienced fuel poverty in 2010. The majority of journeys were by private car and whilst there was some evidence of increased public transport use, the over reliance on the car still represents a major threat to climate change and a range of health and wellbeing issues, especially obesity and accidents, which are issues particularly affecting children and young people.

Actions such as sustainable local communities, active transport, sustainable food production, and zero carbon houses will have health benefits across society and, in particular, impact on children and young people's health and wellbeing now and in the future.



## Transport and access to services

The level of traffic is increasing. Traffic flows in Huddersfield 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 is one of the most significant causes of increasingly sedentary lifestyles, impacting on children and young people.

Lack of affordable and appropriate transport is a barrier to education and work. Nearly half of young people had difficulty with the cost of transport to access education. Of all 16-24 year olds, 6% turned down training or further education opportunities because of problems with transport and 1 in 4 had not applied for a particular job because of transport problems.

Children and young people living in deprived communities were more likely to be pedestrians or cyclists and more likely to be involved in traffic accidents (see 'safety - accidents and unintentional injuries'). Children from the lowest social classes were five times more likely to die in road accidents than those from the highest social class. More than a quarter of child pedestrian casualties happened in the most deprived 10% of wards.

Accessibility planning for particular groups such as children and young people is essential to address specific transport barriers.

## Work

Kirklees was identified in the Index of Deprivation (ID) 2007 as one of the 50 most deprived local authorities in England in terms of employment.

There were fewer jobs for young people. The number of unemployed 18-24 year olds increased by 2,000 between April 2008 and February 2010. 61% of employers in Kirklees did not employ any workers aged under 25. The impact on young people of unemployment and a low likelihood of finding a job is far more significant than for older people, and could have a serious impact on their mental and physical health (see also NEET section for impact on 16-17 year olds).

Young adults are at particular risk of homelessness as levels of unemployment increase along with limited suitable affordable accommodation and difficulties in accessing credit.

## Children's Trust priorities

The Kirklees Children's Trust reviewed the partnership priorities for the Children and Young People's Plan 2011-12, informed by the JSNA and other sources. The Children's Trust identified and agreed the following priorities:

1. **Improving life chances and outcomes for the following vulnerable groups of children and young people:**
  - Looked after children and care leavers.
  - Teenage parents and those at risk of teenage conceptions.
  - Women of childbearing age at risk of infant mortality.
  - Disabled children.
2. **Developing an integrated approach to working with families with complex needs in Dewsbury.**

The Children's Trust has also agreed to areas of partnership work for children and young people that will always be central to activities and service delivery.

These form the core business of partners and include:

- Educational attainment.
- Targeted early years attainment.
- Safeguarding vulnerable children and young people.
- Universal health service provision.
- Targeted health service provision.
- Crime prevention and offender management.





# 5

## 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
<b>Being Healthy</b>						
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		▲				
<b>Healthy behaviours</b>						
Smoking			▲	▼	▲	▼
(Of drinkers) Alcohol over sensible limits - males				▲		
(Of drinkers) Alcohol over sensible limits - females	▲					
Moderate activity at least 30 mins 5 times weekly						▼
<b>Women of childbearing age</b>						
Smoking daily			▲	▼	▲	
Smoking at birth (excluding South Asian population)	▲		▲	▼		▼
Alcohol over sensible limits	▲					
Either obese or overweight				▼		
<b>Living and working</b>						
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.

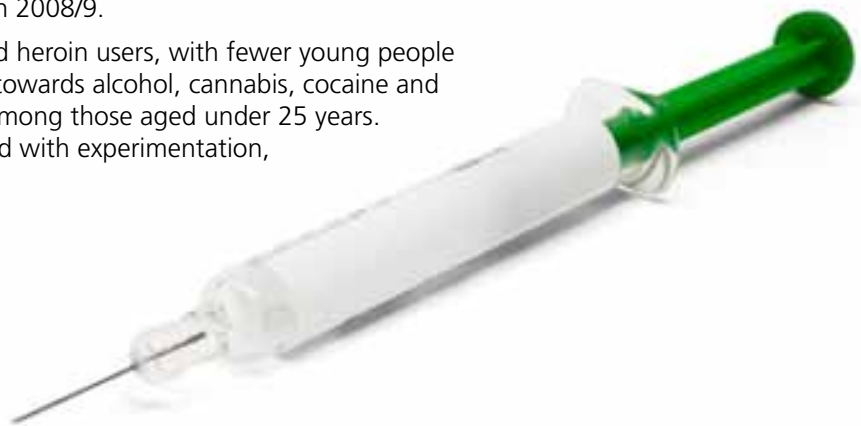
## Alcohol misuse

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.

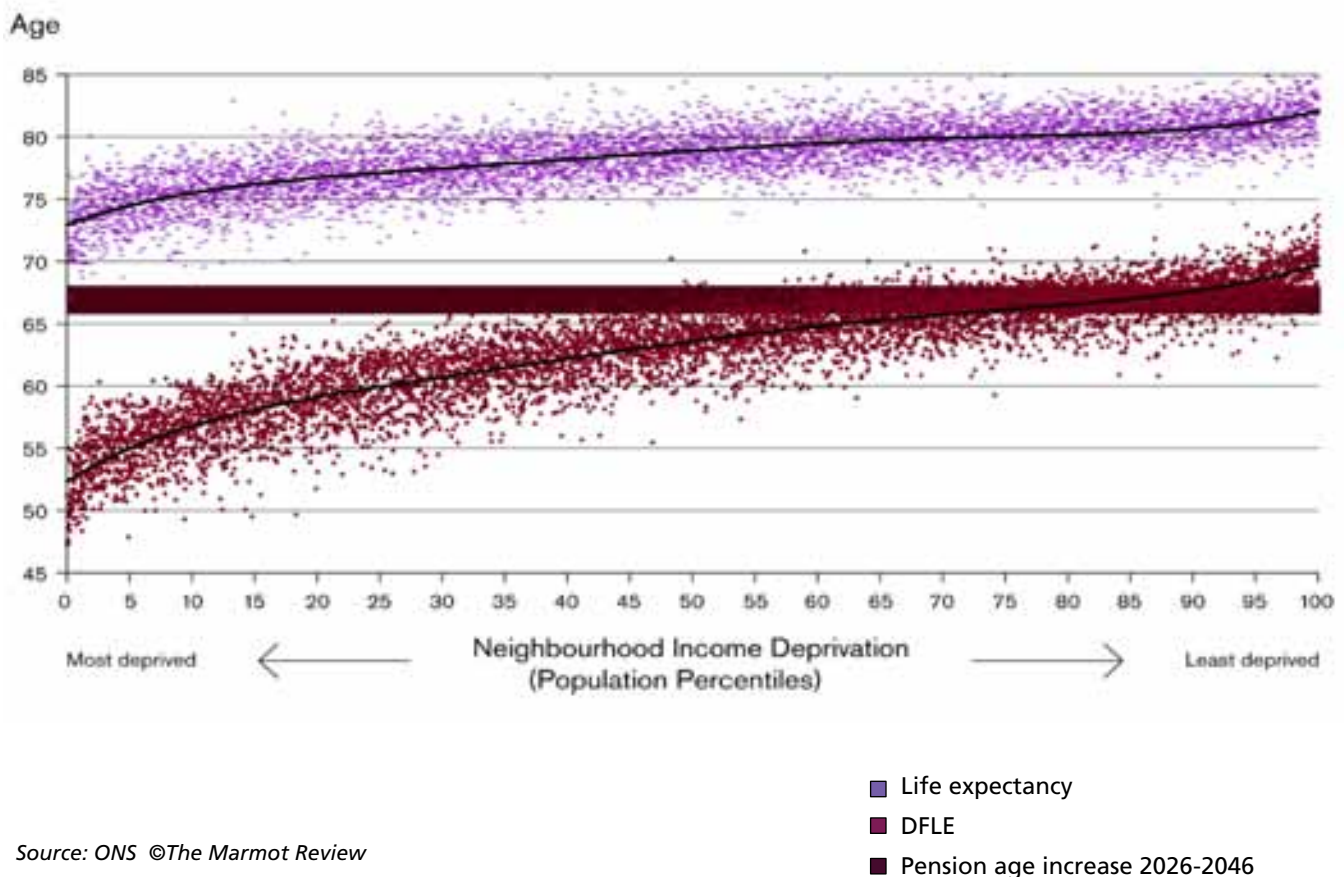
## Income and deprivation

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

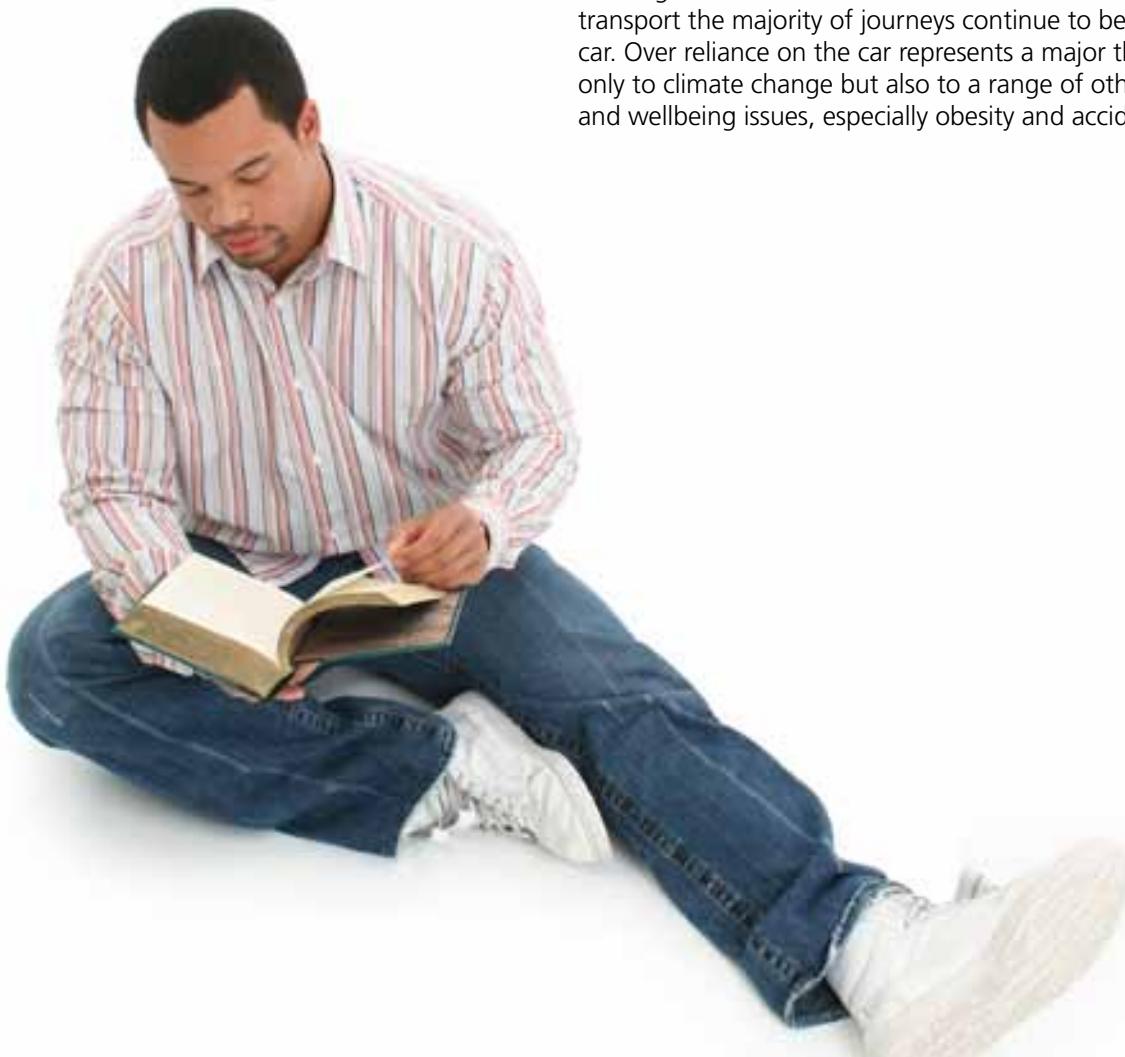


Source: ONS ©The Marmot Review

## 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.

## 6

# Town and Valley Localities

## Batley, Birstall & Birkenshaw

Batley is very different from Birstall & Birkenshaw. Batley has a younger, more deprived population with a high proportion of young South Asian people; Birstall & Birkenshaw has an older, much less deprived and predominantly white population.

Whilst the number of people from different backgrounds who got on well together across the locality was the lowest in Kirklees, people were willing to get involved to make a difference in their communities as more people volunteered than anywhere else in Kirklees.

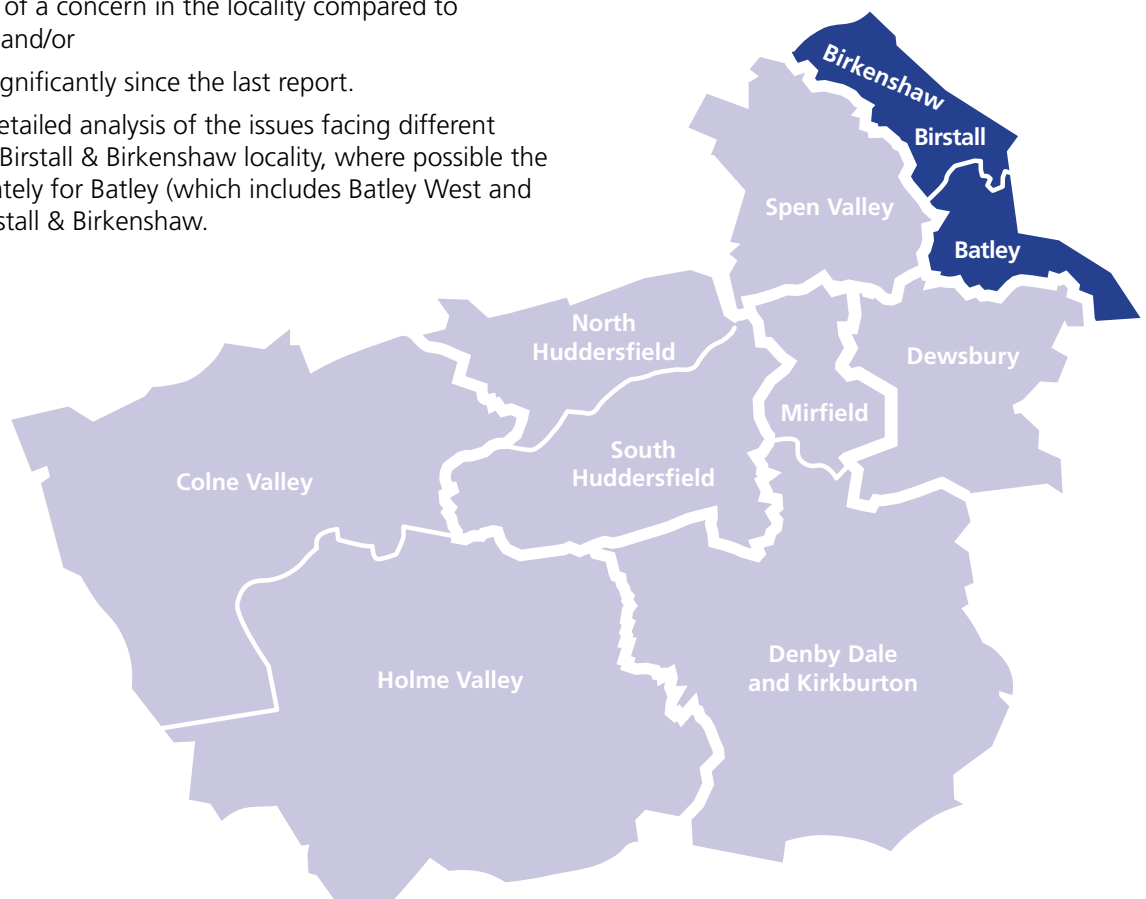
Batley has a range of health challenges, from infant deaths and the health behaviours of women of childbearing age to heart disease, diabetes and stroke amongst older adults, including higher death rates from cancer. Given the levels of smoking, alcohol consumption and obesity this is not surprising.

The increasing rate of teenage conceptions across the locality is a major concern, as is physical inactivity and drinking in Batley, often in contrast to Birstall & Birkenshaw.

### This section highlights the issues which:

- are more or less of a concern in the locality compared to Kirklees overall; and/or
- have changed significantly since the last report.

To enable a more detailed analysis of the issues facing different parts of the Batley, Birstall & Birkenshaw locality, where possible the data is given separately for Batley (which includes Batley West and East wards) and Birstall & Birkenshaw.





### Key issues in this locality are:

A young population with a high birth rate and a high proportion of young people and adults of south Asian origin in Batley, whilst Birstall & Birkenshaw has a higher proportion of adults aged over 45 and the lowest proportion of South Asian residents in Kirklees.

Low life expectancy at birth and high rates of deaths in those aged under 75 years, in Batley.

In Batley, higher rate of babies dying in their first year of life, especially linked to maternal smoking, low birthweight and low breastfeeding initiation.

Batley had the highest rates of physical inactivity amongst 14 year olds.

Batley also had the highest rate of 14 year olds reporting drinking alcohol weekly or more, being really drunk and drinking alone.

Birstall & Birkenshaw had the highest rate of 14 year olds reporting they have asthma and higher than average reporting they lived with adults who smoke.

Birstall & Birkenshaw also had the highest rate of 14 year olds reporting poor relationships with family and school staff, while Batley had the highest rate reporting not having someone to talk to about their problems.

High and increasing rate of teenage conceptions in Birstall & Birkenshaw.

High rates of obesity, heart disease, diabetes and stroke in Batley.

The rate of adults smoking, especially women of childbearing age in Batley.

Higher than average levels of drinking alcohol in both men and women across the locality.

Implications of low income levels in Batley, which had the lowest average household income in Kirklees, whilst Birstall & Birkenshaw had amongst the highest.

The number of people who believed that people from different backgrounds got on well together was the lowest in Kirklees.

Levels of participation in regular volunteering were the highest in Kirklees.

The main report highlights a number of issues that are important across Kirklees. Whilst these issues may not be significantly better or worse in a locality, they should still be a focus of concern and action.


- **Smoking** - 1 in 5 (20%) of all adults in Kirklees still smoked and this was similar for Batley, Birstall & Birkenshaw - there were nearly 8,300 adult smokers in the locality, and 1 in 10 of 14 year olds<sup>2</sup> were smoking weekly or more.
- **Alcohol** - 1 in 5 (20%) 14 year olds across Kirklees reported drinking weekly or more. Whilst higher in this locality, 1 in 4, it fell significantly since the last report. Rates for men reflected Kirklees with 1 in 3 (36%) men drinking above sensible limits but rates amongst women in this locality were the highest in Kirklees at almost 1 in 3 (31%).
- **Obesity** - 1 in 6 (16%) 11 year olds and 1 in 5 (18%) adults in Kirklees were obese, and this was the same for this locality.
- **Long term conditions** - the lives of more than 1 in 4 (28%) of all adults in Batley, Birstall & Birkenshaw were affected by a long term limiting illness, i.e. over 11,500 people. Batley had the worst rates of high blood pressure and stroke in Kirklees. It also had high rates of heart disease and diabetes, whilst Birstall & Birkenshaw had lower rates than Kirklees.
- **Cancers** - were the main cause of death in those aged under 75 in every locality, with breast, lung, prostate and colon being the most common cancers. In this locality deaths in people aged under 75 from cancer had not fallen at the same rate as Kirklees as a whole and was amongst the highest in Kirklees.
- **Mental health** - around 1 in 5 (21%) adults in Kirklees lived with a mental health issue, including depression or anxiety, so nearly 9,000 adults in this locality were affected. Across Kirklees 1 in 5 (21%) 14 year olds reported feeling miserable at least weekly in the last year although the lowest rate was in Batley (17%). However, more than 1 in 5 (23%) 14 year olds in Batley did not have someone to talk to about their problems, the highest rate in Kirklees.
- **Older people and carers** - 1 in 6 (15%) of the population of Kirklees was aged 65 and over. This is projected to grow by 50% by 2030 and the fastest increase will be in those aged over 85 years. The number of people aged over 65 will increase from the current 7,300 to nearly 11,000. 1 in 8 (12%) of all adults in Kirklees had some caring responsibilities, around 4,700 adults in this locality, and this is projected to rise as the population becomes older.
- **Low income** - whilst there were concentrations of deprivation in some localities there were significant numbers of people who were income deprived in each locality. In Batley more than 1 in 4 (29%) 0-15 year olds and nearly 1 in 3 (30%) over 60 year olds lived in income deprived households. In Birstall & Birkenshaw 1 in 6 (15%) 0-15 year olds and 1 in 5 (18%) over 60 year olds lived in income deprived households. Across the locality a combined total of over 5,600 people lived in income deprived households. A third of all households had an annual income of below £20,000.


## Health and wellbeing indicators for children and young people in Batley, Birstall & Birkenshaw 2010


Indicator	BB&B		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Resident Population characteristics of those aged under 19</b>					
Population count aged under 19 years	14216	14292	NA	NA	101505
Aged under 19 years	262	261	NA	NA	237
South Asian aged under 19 years (Kirklees total = 27107)	424	436	NA	NA	267
Non-south Asian aged under 19 years (Kirklees total = 74398)	576	564	NA	NA	733
Number of live births	845	855	NA	NA	5666
Live birth rate	74	74		▲	65
Proportion of live births that were to south Asian women (percentage)	Nav	46	Nav	▲	31
<b>Being healthy</b>					
Babies born with a low birth weight, i.e. under 2500 gm	116	108			88
Deaths in infants aged under 1 year	8.7	8.4			6.0
Still births	5.9	◆			5.4
Breastfed on initiation	617	627		▼	712
Breastfed at 6-6 weeks from birth	Nav	433			407
Obesity 4-5 year olds (reception class)	78	91			92
Obesity 10-11 year olds (school year 6)	211	161			164
<b>Self-reported health and health problems of 14 year olds (school Year 9)</b>					
Overall health good to excellent	868	899			893
Everday life affected by health problem and/or disability	135	125			118
<b>Health behaviours</b>					
<b>Food and nutrition (14 year olds)</b>					
Never/hardly ever eat something before school starts	255	216			220
<b>Smoking (14 year olds)</b>					
Smoking weekly or more (of all 14 year olds)	145	96			95
<b>Alcohol (14 year olds)</b>					
Have ever drunk alcohol	529	458		▼	656
and drink alcohol weekly or more	420	252	▼		208
and have been 'really drunk' weekly or more	106	74			65
and drink alone	177	157			119
<b>Illegal drugs (14 year olds)</b>					
Ever taken illegal drugs	158	89	▼		121
<b>Sexual Health (14 year olds unless otherwise stated)</b>					
Teenage conceptions (aged 15-17 years)	45.9	49.5			44.8
Have had sexual intercourse	164	97			129
Of those who have had sexual intercourse no contraception/protection used	217	◆			182
<b>Physical activity (14 year olds)</b>					
30+ mins average per day physical activity in last 7 days	885	842			874
Recommended (60 mins+) average daily physical activity levels	Nav	594	Nav	Nav	657
Sedentary (under 30 mins average physical activity per day)	115	158			126
<b>Psychological &amp; emotional health &amp; wellbeing (14 year olds)</b>					
NOT happy with the way they look	374	279	▼		335
Problems getting to sleep (weekly or more) due to being anxious or worried	89	162	▲		171
Weekly or more (in the last school year) had sudden changes of mood	212	210			208
felt miserable	205	171			208
felt angry	311	272			289
felt lonely	106	53		▼	109
<b>Relationships for 14 year olds</b>					
Sometimes or never happy with him/her self as a person	273	226			264
Do NOT have someone to talk to about their problems	248	210			205
<b>Bullying in 14 year olds</b>					
Year 9 pupils who have ever been bullied	473	377			397
Bullied weekly or more in past 2 months (of those who have been bullied)	128	158			204
Ever been a bully	288	222			216
Bully others weekly or more in past 2 months (of those who have been bullies)	54	163	▲		102


Indicator	BB&B		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Staying/feeling Safe</b>					
Children aged under 18 years with a Child Protection Plan (CPP)	Nav	5	Nav	▲	2.9
14 year olds who feel very/quite safe in local area	Nav	815	Nav		801
14 year olds worried about violence at home monthly or more	45	48	Nav		45
<b>Economic well being</b>					
Primary school pupils (years R to 6 incl.) eligible for free school meals	Nav	180	Nav		184
Secondary school pupils aged 11-16 years (years 7 to 11 incl.) eligible for free school meals	Nav	175	Nav		157
Children aged 0-15 years living in income deprived households (percentage)	Nav	26	Nav	▲	24
School leavers known not to be in employment, education or training (NEET)	Nav	102	Nav		97
<b>Housing</b>					
Households with dependent children whose home is perceived as NOT adequate for household's needs	313	Nav	Nav		298
<b>Education</b>					
Pupils with Statement of Educational Needs	27	25			27
Achievement at Early Years Foundation Stage	488	583	▲		619
Attainment of 5+ GCSEs A*-C [including English and Maths]	Males	397	481		481
	Females	482	604		577
Asian Pakistani heritage students attaining 5 A*-C including English and Maths	395	387			470
<b>Community &amp; community cohesion (14 year olds)</b>					
Agree that people from different backgrounds get on well together in local area	Nav	507	Nav		514
Agree that people of different ages get on well together in local area	Nav	862	Nav		845
<b>Families (14 year olds)</b>					
Sometimes or never get on well with family	190	133			139
Caring for a parent/sibling/other relative with a disability/illness	164	171			141
Never/hardly ever sit down for a family meal	Nav	183	Nav		197
Live with adult(s) who smoke	476	434			415
Those who drink who usually get their alcohol from family/relatives living at home	Nav	509	Nav		511
Think that family/close friends drink too much	266	190		▼	250


**Key:**

 Comparable with adults data obtained from CLIK 2008 survey.

 Comparable with adults data obtained from Place Survey 2009.

 Data suppressed as denominator <=5 (or <=3 for deaths).

 Not applicable.

 Not available.

**\* Change**

Significantly worse (higher or lower) than this locality in 2009



Significantly better (higher or lower) than this locality in 2009



Significant change from 2009 but labels of better or worse not appropriate

**\*\* Difference**

Significantly worse (higher or lower) in this locality than Kirklees overall



Significantly better (higher or lower) in this locality than Kirklees overall



Significantly different to Kirklees but labels of better or worse not appropriate

Significant differences/ changes 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.

## The place and its people, population, births and deaths

Batley, Birstall & Birkenshaw locality includes the wards of Batley West, Batley East and Birstall & Birkenshaw. The locality had a population of nearly 55,000 people. Batley had a high proportion of young people (28%), and a significantly higher proportion of those aged under 19 were of south Asian origin compared with elsewhere in Kirklees. Conversely, Birstall & Birkenshaw had fewer young people and significantly fewer of south Asian origin. There were more than 850 **live births** in the locality in 2008. The birth rate in Batley was the highest in Kirklees, along with Dewsbury.

Batley had more people aged under 45 than other parts of Kirklees. Birstall & Birkenshaw had a higher proportion of its population aged over 45 than other parts of Kirklees.

Over 1 in 3 adults in Batley were of south Asian origin, the highest rate in Kirklees, whereas Birstall & Birkenshaw had the lowest (2%).

**Life expectancy** at birth is increasing across the locality. It is below the Kirklees average for both men and women in Batley and above average in Birstall & Birkenshaw. At age 65, life expectancy for men was above the Kirklees average, but for women in Batley it was the lowest in Kirklees.

## Health and wellbeing inequalities for children and young people

The rate of babies **dying in their first year of life** was 8.7 per 1,000 in Batley, well above the Kirklees and national rate. Batley had the highest rate of **low birth weight** babies in Kirklees (12%) and Birstall & Birkenshaw was amongst the lowest (7%). **Breastfeeding** initiation rates across the whole locality were among the lowest in Kirklees (62%).

The teenage **conception** rate (15-17 year old) had increased steadily since 2005 (to 49.5 per 1,000) and was above the Kirklees rate (44.8 per 1,000). Birstall & Birkenshaw had the highest rate in Kirklees (62.2 per 1,000), although numbers are very small.

Levels of self reported **sexual activity** amongst 14 year olds had fallen from 16% to 10%. Sexually active 14 year olds in Birstall & Birkenshaw were the most likely in Kirklees to report always using a condom (83%) whereas those in Batley were amongst the least likely at 52%.

**Decayed/missing/filled teeth** is a proxy for poor early diet. Five year olds in Batley had the highest average number of decayed/missing/filled teeth (3.8) in Kirklees and more than double the national average (1.5). The average in Birstall & Birkenshaw (2.1) was better than the Kirklees average but worse than nationally.

Across the locality the proportion of 14 year olds having tried **alcohol** fell to below the Kirklees rate. Batley had the lowest rate, 1 in 3, (35%), Birstall & Birkenshaw had amongst the highest, nearly 4 in 5 (78%). However, of those in Batley drinking alcohol, more than the Kirklees average drank weekly, 1 in 4 (27%); more were 'really drunk' weekly or more, 1 in 10, monthly or more, 1 in 5 (22%), especially girls, 1 in 4 (27%), and more drank alone, 1 in 6 (17%).

Overall fewer 14 year olds **smoked** weekly, although Batley still had amongst the highest rates in Kirklees at 1 in 9 (11%), Birstall & Birkenshaw had amongst the lowest (6%). Encouragingly, of those who did smoke in Batley only 1 in 5 (19%) were happy to continue, among the lowest in Kirklees.

**Asthma** across the whole locality (20%) was higher than Kirklees overall, especially in Birstall & Birkenshaw where 1 in 4 (24%) 14 year olds reported suffering from asthma. Half (50%) of all 14 year olds in Birstall & Birkenshaw reported living with adults who smoked, well above the Kirklees average.

Batley had significantly higher rates of **physical inactivity** amongst 14 year olds with 1 in 5 (19%) doing less than 30 minutes each day. Fewer 14 year olds (58%) met the recommended level of 60 minutes each day. Birstall & Birkenshaw had the lowest proportion of inactive 14 year olds (7.5%).

In this locality **emotional wellbeing** in 14 year olds reflected Kirklees, with 1 in 6 (17%) 14 year olds reporting feeling miserable at least weekly in the last year. 1 in 6 (16%) had problems getting to sleep because of being anxious or worried. 1 in 5 (21%) did not have someone to talk to about their problems, in Batley this was the highest in Kirklees (23%). However, 14 year olds across the locality were the least likely to feel lonely (5%) which has fallen since the last report. Birstall & Birkenshaw had the highest rate of 14 year olds reporting poor relationships with family (21%) and staff at school (45%).

This locality had the highest rate of children with a **Child Protection Plan** (4.9 per 1,000) and the highest rate under the category of 'neglect' (2.4 per 1,000).

Most 14 year olds in the locality reported **feeling safe** in the local area (82%), on public transport (76%), going to/from (86%) and at (90%) school. Those in Birstall & Birkenshaw were amongst those most likely to feel safe in these settings across Kirklees.

Overall the proportion of children in the locality achieving at **Foundation Stage** had improved since the last JSNA but was still below the Kirklees average. Attainment rates in Batley were the lowest in Kirklees (57%) but had improved dramatically from 45% in 2009. Birstall & Birkenshaw had not improved, although it was still average for Kirklees and above the national average at 62%.

Across the locality, at **GCSE level** (5+ A\*-C GCSEs including English and Maths) attainment continued to improve, especially amongst girls. Pupils of Asian Pakistani heritage were still one of the lowest performing groups attaining 5+ A\*-C including English and Maths, Batley was amongst the lowest in Kirklees (39%).

Across the locality 1 in 10 (10%) of school leavers were **not in education, employment or training** (NEET) and Batley has been identified as a NEET 'hotspot'.

Across the locality 1 in 4 (26%) children aged under 16 lived in **income deprived** households, the rate was twice as high in Batley (29%) as Birstall & Birkenshaw (15%).

Of all those families in Batley with dependent children living in them 1 in 3 (33%) felt their **house** was inadequate for their needs.

One in 5 (18%) of 14 year olds reported having a **caring** responsibility for a parent, sibling or other relative, amongst the highest in Kirklees, especially in Batley.

## Health and wellbeing inequalities for adults in Batley, Birstall & Birkenshaw

Care is required in interpreting information for Birstall & Birkenshaw as some indicators had very low numbers.

### Health status

Birstall & Birkenshaw contrasted with Batley in having amongst the best **health functioning** scores in Kirklees, whilst Batley was below the Kirklees average.

1 in 3 (37%) people aged 65 and over (40% in Batley) needed **help with daily living tasks** and it was estimated that 1,170 had a high or very high social care need.

### Behaviours

In Birstall & Birkenshaw 1 in 6 (16%) adults **smoked**, this rose to 1 in 5 in Batley (22%). But 1 in 4 (23%) women of childbearing age in the locality smoked daily - the rate was slightly higher in Batley. The locality had the second highest level of non south Asian women smoking (28%) during pregnancy.

Men drank an average 24 units of **alcohol** a week - an increase of two units since 2005 and twice as much as women in the locality. Two in 5 adults binge on alcohol in the previous week. The number of women bingeing in this locality had increased dramatically to 2 in 5 (40%), from just over 1 in 4 in 2005. Just less than 1 in 3 (31%) women drank over sensible limits - slightly less than 2005, but the worst in Kirklees. Slightly more (36%) women of childbearing age drank above sensible limits. The high level of adults drinking over recommended levels (36% of men and 31% of women) and regular binge drinking across Kirklees is therefore a significant risk to the future potential drinking behaviour of the young people of Kirklees. This is perhaps already being seen in Batley, which has the highest reported levels of 14 year olds who have ever been drunk and the highest proportion of adult binge drinkers in Kirklees.

### Conditions

Specific health conditions for people in Batley were very different from Birstall & Birkenshaw - more adults in Batley experienced heart disease, diabetes and stroke than other parts of Kirklees, but in Birstall & Birkenshaw fewer adults experienced these conditions.

Death from **cancer** in those aged under 75 has not been falling at the same rate as Kirklees as a whole and it is now the highest in Kirklees, but the same as nationally. Across the locality new cases of colon cancer for males were lower than Kirklees and nationally, but for women the rate was higher than Kirklees and nationally.

For those aged under 65, rates of **high blood pressure** were greater in the locality than in Kirklees as a whole, 1 in 5 (19%) and for those aged over 65 nearly 1 in 2 (44%). Unsurprisingly the locality also had the most people experiencing **stroke** in those aged over 65 years (4%). Overall the locality had the highest deaths from stroke. Deaths from heart disease or stroke in those aged under 75 were similar in the locality to Kirklees.

Birstall & Birkenshaw had lower rates of **diabetes** than Kirklees. Batley had one of the highest rates across Kirklees for those aged under 65, 1 in 20 (5%) and those over 65, 1 in 6 (17%) having diabetes.

One in 6 of those aged over 65 in Batley experienced **incontinence of urine** and 1 in 16 of those aged under 65 - both above the Kirklees average.

Batley had amongst the highest levels of adult **obesity** (20%). Although levels of obesity amongst women of childbearing age were average for Kirklees, more women were overweight, especially in Birstall & Birkenshaw.

Almost 1 in 3 (30%) adults in Birstall & Birkenshaw suffered from **back pain**, the highest in Kirklees.

### Living and working conditions

Average **household income** rose slightly since the last report, similar to Kirklees overall, but Batley had the lowest average household income in Kirklees, whilst Birstall & Birkenshaw had one of the highest. Levels of benefit claimants rose across the locality with Batley having the second highest rates of Council Tax Benefit, income support, Job Seekers Allowance and disability benefits claimants after Dewsbury. The increase was most marked in Council Tax Benefit which rose from 28% to 34%.

More than 1 in 4 (28%) of all households in Batley felt their **home** was inadequate for their needs. These were, in particular, pensioner households and those with dependent children, of whom 1 in 3 felt their current home was inadequate.

Levels of reported **crime** involving cars or households were higher in Birstall & Birkenshaw and lower in Batley than Kirklees overall. However violent crime was higher in Batley than across Kirklees (except the other areas with town centres in them).

The behaviour of **offenders** is an issue across Kirklees, but offenders as a group tend to live in the districts of greater deprivation which includes Batley.

Residents of the locality felt there was a poor **level of cohesion** in their locality. Respect, "getting on" and a sense of belonging were all lacking. Only slightly more than half of all residents felt that people from different backgrounds got on well together, the lowest in Kirklees.

The perceived occurrence of anti-social behaviour was high. Levels of recorded **domestic violence** were above average for the locality with a particular concentration in the Batley West ward.

Across Kirklees 1 in 4 (26%) of all adults participated in regular **volunteering** (i.e. at least monthly), especially adults in Batley, Birstall & Birkenshaw (32%).

1 All data are from the Kirklees Indicator Tables 2010 or relevant section of the Kirklees JSNA, 2010 and are available on the website.

2 All data specifically relating to '14 year olds' are from Young People's (YPS) Survey, 2009.

## Health and wellbeing indicators for adults in Batley, Birstall & Birkenshaw 2010

Indicator		BB&B	Bat	Bat vs Kirklees	vs 2009 report	B&B	B&B vs Kirklees	vs 2009 report
Resident population characteristics		%	%			%		
By age groups	aged 18-44 years	39	40	higher	N/A	36	lower	N/A
	aged 45-64 years	23	21	lower	=	27	higher	=
	aged 65-74 years	7	7	lower	N/A	9	higher	N/A
	aged 75 years and over	6	5	lower	N/A	8	higher	N/A
South Asian	aged 18 years and over	26	37	higher	higher	2	lower	=
Non-south Asian	aged 18 years and over	74	63	lower	lower	98	higher	=
Health Status: mean score (out of 100)		Score	Score			Score		
Role - Physical	mean aged 18 years and over	75	74	=	NND	77	✓	NND
	mean aged under 65 years	81	80	X	NND	83	✓	NND
	mean aged 65 years and over	49	47	X	NND	51	✓	NND
Role - Emotional	mean aged 18 years and over	79	78	=	NND	81	✓	NND
	mean aged under 65 years	81	80	=	NND	84	✓	NND
	mean aged 65 years and over	68	66	X	NND	72	✓	NND
Social functioning	mean aged 18 years and over	78	76	X	NND	83	✓	NND
	mean aged under 65 years	80	78	X	NND	86	✓	NND
	mean aged 65 years and over	71	69	X	NND	77	✓	NND
Mental health	mean aged 18 years and over	71	70	X	NND	73	✓	NND
	mean aged under 65 years	70	69	X	NND	73	✓	NND
	mean aged 65 years and over	74	73	X	NND	77	✓	NND
Physical functioning	mean aged 18 years and over	73	71	X	NND	78	✓	NND
	mean aged under 65 years	79	76	X	NND	85	✓	NND
	mean aged 65 years and over	54	53	X	NND	56	=	NND
Bodily pain	mean aged 18 years and over	68	67	X	NND	70	✓	NND
	mean aged under 65 years	71	70	X	NND	73	✓	NND
	mean aged 65 years and over	57	56	X	NND	60	✓	NND
Life Expectancy (years)								
	at birth (male)	77	76.7	X	✓	77.6	✓	X
	at birth (female)	80.8	80.2	X	✓	81.7	✓	✓
Deaths (rate per 1000)								
All cancers*	aged under 75 years	1.13	1.15	X	X	1.09	X	✓
All circulatory diseases*	aged under 75 years	0.72	0.82	=	✓	0.55	✓	X
Coronary heart disease*	aged under 75 years	0.42	0.48	=	✓	0.31	✓	X
Stroke*	aged under 75 years	0.18	0.17	=	✓	◆	N/A	N/A
Bronchitis, emphysema & other COPD*	aged under 75 years	0.17	0.21	X	✓	◆	N/A	N/A
Biological Factors		%	%			%		
Heart disease	aged under 65 years	3	3	=	NND	1	✓	NND
	aged 65 years and over	16	17	X	NND	14	✓	NND
High blood pressure	aged under 65 years	18	19	X	NND	16	=	NND
	aged 65 years and over	43	43	X	NND	43	X	NND
Stroke	aged under 65 years	<1	1	X	NND	◆	N/A	NND
	aged 65 years and over	4	4	X	NND	4	X	NND
Asthma	aged under 65 years	12	12	=	NND	11	✓	NND
	aged 65 years and over	11	11	✓	NND	11	✓	NND
Diabetes	aged under 65 years	5	5	=	NND	4	✓	NND
	aged 65 years and over	15	17	X	NND	11	✓	NND
Incontinence of urine	aged under 65 years	5	6	X	NND	3	✓	NND
	aged 65 years and over	16	17	X	NND	13	✓	NND
Pain problems including arthritis	aged under 65 years (male)	28	29	=	NND	26	✓	NND
	aged under 65 years (female)	21	23	=	NND	18	✓	NND
	aged 65 years and over (male)	42	42	✓	NND	41	✓	NND
	aged 65 years and over (female)	55	56	=	NND	52	✓	NND

Indicator			BB&B	Bat	Bat vs Kirklees	vs 2009 report	B&B	B&B vs Kirklees	vs 2009 report
Back pain	aged under 65 years		22	20	✓	NND	25	=	NND
	aged 65 years and over		30	29	✓	NND	33	=	NND
Depression, anxiety or other nervous illness	aged 18 years and over		21	22	=	NND	21	=	NND
Obesity	Obese - Body Mass Index 30+	aged 18 years and over	19	20	X	NND	17	✓	NND
	Either obese or overweight	aged 18 years and over	55	54	=	NND	56	X	NND
Women of child bearing age	Either obese or overweight	aged 18-44 years	42	41	✓	NND	46	X	NND
<b>Health Behaviours</b>			%	%			%		
Smoking	At least 1 daily	aged 18 years and over	20	22	X	NND	16	✓	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18 years and over	28	29	✓	NND	28	=	NND
Alcohol	Over sensible limits	aged 18 years and over (male)	36	35	✓	NND	36	=	NND
		aged 18 years and over (female)	31	31	X	NND	31	X	NND
	Binge drinking	aged 18 years and over (male)	42	43	X	NND	40	X	NND
		aged 18 years and over (female)	40	41	X	NND	40	X	NND
Women of child bearing age	Smoking at least 1 daily	aged 18-44 years	23	24	X	NND	21	✓	NND
Alcohol	Smoking at birth	all deliveries (excl. South Asian)	29	30	X	X	26	X	✓
	Over sensible limits	aged 18-44 years	36	37	X	NND	34	X	NND
Physical activity	Binge drinking	aged 18-44 years	47	48	X	NND	44	X	NND
	Moderate activity at least 30 mins 5 times weekly	aged 18-44 years	34	35	✓	NND	34	✓	NND
<b>Economic wellbeing and community</b>			%	%			%		
Income support claimants		aged 16-64 years	5.1	5.8	X	X	3.3	✓	X
Council Tax Benefit claimants		aged 16 years and over	29.3	33.6	X	X	20.7	✓	X
Household income average gross		£000s	31.1	28.8	X	✓	35.4	✓	✓
Disability Living Allowance claimants		all ages	5.7	6.1	X	X	4.9	✓	X
Claimants of Severe Disability Allowance or Incapacity Benefit or Employment Support Allowance		aged 16-64 years	7.2	8.0	X	N/A	5.4	✓	N/A
People who believe people from different backgrounds get on well together in local area		aged 18 years and over	53	N/A	N/A	N/A	N/A	N/A	N/A
Home perceived as NOT adequate for household's needs (all household types)		households	27	28	X	NND	23	✓	NND
Home perceived as NOT adequate for needs of pensioner households		pensioner households	29	30	X	NND	28	X	NND
Older people living in income deprived households			26	30	X	NND	18	X	N/A

**Key:**

✓ Better    X Worse    = Same    NND No New Data    N/A Not Available    \* Small numbers    ◆ Suppressed

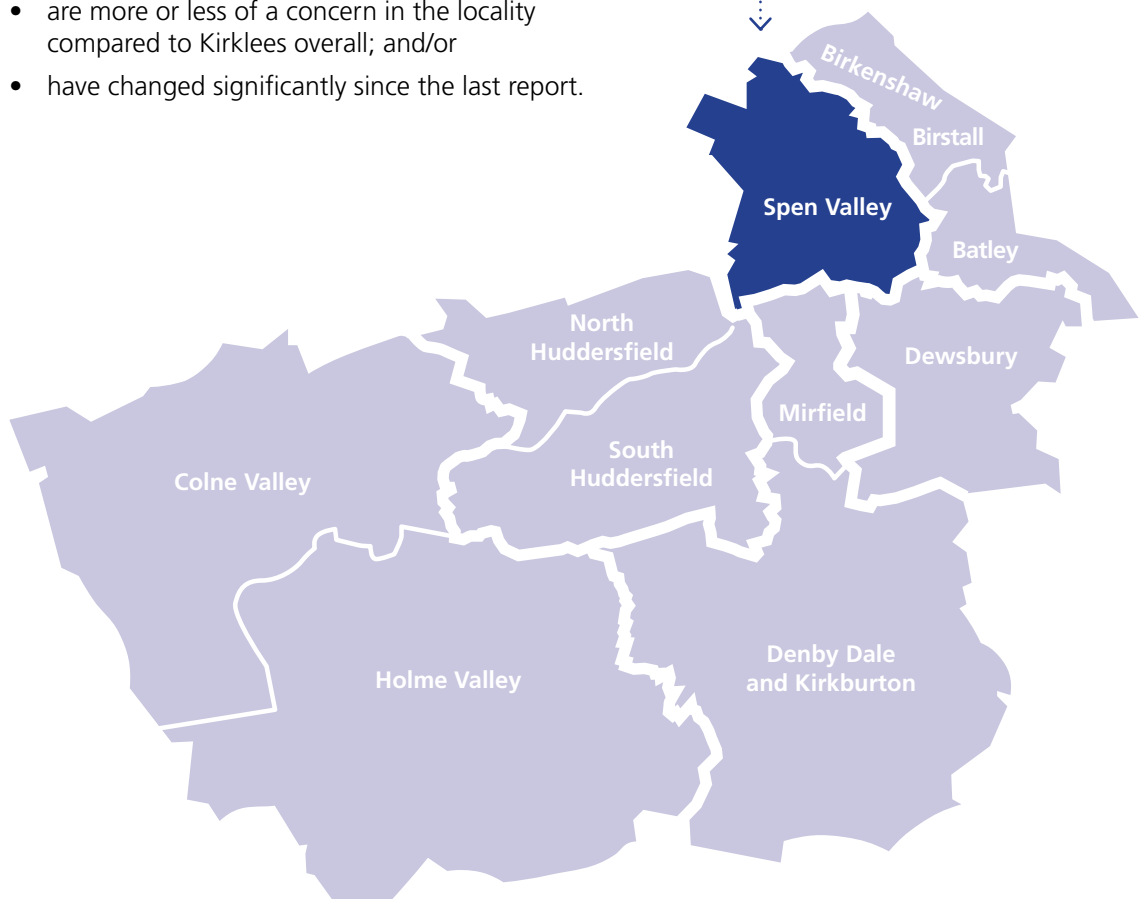
# Spen Valley

Overall health and wellbeing in Spen Valley is very similar to that of Kirklees. Since the last report several issues have improved. Fewer 14 year olds were smoking or drinking regularly and fewer were sexually active. Educational attainment also continued to improve at all ages.

However, Spen Valley had the highest levels of obesity amongst children and too many adults smoking, especially women. It is not surprising therefore that more adults have high blood pressure, heart disease, asthma and diabetes, women have high rates of lung cancer and premature, and avoidable, death rates linked to these factors are high.

This section highlights the issues which<sup>1</sup>:

- are more or less of a concern in the locality compared to Kirklees overall; and/or
- have changed significantly since the last report.





### Key issues in this locality are:

Highest rates of obesity amongst children and adults, including women of childbearing age.

The number of adults smoking, especially women of childbearing age and smoking in pregnancy is above average.

Highest rate of new cases of lung cancer in women.

High rates of people with high blood pressure, heart disease, asthma and diabetes.

Death rates in those aged under 75 from cancers and circulatory diseases, including heart disease and stroke, are also high.

The proportion of people who perceive that people from different backgrounds get on well together were amongst the lowest in Kirklees.

The main report highlights a number of issues that are important across Kirklees. So whilst these issues may not be significantly better or worse in a locality they should still be a focus of concern and action.


- **Smoking** - 1 in 5 (20%) of all adults in Kirklees still smoked, same as Spen. So there were over 8,400 smokers aged over 18 in Spen Valley, and 1 in 14 (7%) 14 year olds<sup>2</sup> smoking weekly or more.
- **Alcohol** - 1 in 5 (20%) 14 year olds drank weekly or more and 1 in 3 (36%) men and 1 in 4 (26%) women drank above sensible limits across Kirklees. Spen Valley is similar.
- **Obesity** - 1 in 6 (16%) 11 year olds and 1 in 5 (18%) adults in Kirklees were obese. Spen Valley had the highest rates of obesity amongst 4-5 year olds (11%), 10-11 year olds (20%) and adults (21%) in Kirklees.
- **Long term conditions** - the lives of 1 in 4 (26%) of all adults in Spen Valley were affected by a long term limiting illness, i.e. over 10,800 people. Adults under 65 in Spen Valley had high rates of asthma, diabetes, high blood pressure (especially women) and heart disease in men.
- **Cancers** - were the main cause of death in those aged under 75 in every locality, with breast, lung, prostate and colon being the most common cancers. Spen Valley was similar to Kirklees, except for lung cancer in women which was the highest rate in Kirklees.
- **Mental health** - around 1 in 5 (21%) of adults in Kirklees were living with a mental health issue, including depression or anxiety, so more than 8,400 adults in Spen Valley had a mental health issue. In Spen Valley 1 in 5 (22%) 14 year olds reported feeling miserable weekly or more in the last year, and 1 in 5 (19%) did not have someone to talk to about their problems.
- **Older people and carers** - 1 in 6 (15%) of the population of Kirklees was aged 65 and over. This is projected to grow by 50% by 2030 and especially in those aged over 85. The number of people aged over 65 will increase from the current over 8,100 to over 12,100. One in 8 (12%) of all adults in Kirklees had some caring responsibilities, which is around 4,750 adults in Spen Valley. This will rise as the population becomes older.
- **Low income** - whilst there were concentrations of deprivation in some localities there were significant numbers of people who were income deprived in each locality. In Spen Valley 1 in 5 (19%) aged 0-15 years and 1 in 5 (20%) people aged over 60 lived in income deprived households – a combined total of over 4,000 people. More than a quarter (29%) of all households had an annual income of below £20,000.


## Health and wellbeing indicators for children and young people in Spen Valley 2010


Indicator	Spen		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Resident Population characteristics of those aged under 19</b>					
Population count aged under 19 years	12186	12223	NA	NA	101505
Aged under 19 years	233	231	NA	NA	237
South Asian aged under 19 years (Kirklees total = 27107)	154	160	NA	NA	267
Non-south Asian aged under 19 years (Kirklees total = 74398)	846	840	NA	NA	733
Number of live births	647	670	NA	NA	5666
Live birth rate	62	64			65
Proportion of live births that were to South Asian women (percentage)	Nav	21	Nav	▼	31
<b>Being healthy</b>					
Babies born with a low birth weight, i.e. under 2500 gm	81	82			88
Deaths in infants aged under 1 year	7.7	5.7			6.0
Still births	◆	◆			5.4
Breastfed on initiation	611	611		▼	712
Breastfed at 6-6 weeks from birth	Nav	254		▼	407
Obesity 4-5 year olds (reception class)	128	112			92
Obesity 10-11 year olds (school year 6)	215	196			164
<b>Self-reported health and health problems of 14 year olds (school Year 9)</b>					
<b>Overall health good to excellent</b>	895	885			893
<b>Everyday life affected by health problem and/or disability</b>	103	108			118
<b>Health behaviours</b>					
<b>Food and nutrition (14 year olds)</b>					
Never/hardly ever eat something before school starts	210	222			220
<b>Smoking (14 year olds)</b>					
<b>Smoking weekly or more (of all 14 year olds)</b>	162	68	▼		95
<b>Alcohol (14 year olds)</b>					
Have ever drunk alcohol	800	716	▼	▲	656
and drink alcohol weekly or more	513	213	▼		208
and have been 'really drunk' weekly or more	91	42			65
and drink alone	150	105			119
<b>Illegal drugs (14 year olds)</b>					
Ever taken illegal drugs	177	86	▼		121
<b>Sexual Health (14 year olds unless otherwise stated)</b>					
Teenage conceptions (aged 15-17 years)	43.4	47.5			44.8
Have had sexual intercourse	188	110	▼		129
Of those who have had sexual intercourse no contraception/protection used	219	204			182
<b>Physical activity (14 year olds)</b>					
30+ mins average per day physical activity in last 7 days	891	892	Nav		874
Recommended (60 mins+) average daily physical activity levels	Nav	686	Nav		657
Sedentary (under 30 mins average physical activity per day)	109	108	Nav		126
<b>Psychological &amp; emotional health &amp; wellbeing (14 year olds)</b>					
NOT happy with the way they look	394	360			335
Problems getting to sleep (weekly or more) due to being anxious or worried	113	172			171
Weekly or more (in the last school year) had sudden changes of mood	243	199			208
felt miserable	217	223			208
felt angry	339	247	▼		289
felt lonely	130	112			109
<b>Relationships for 14 year olds</b>					
Sometimes or never happy with his/her self as a person	274	307			264
Do NOT have someone to talk to about their problems	205	192			205


Indicator	Spent		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Bullying in 14 year olds</b>					
Year 9 pupils who have ever been bullied	489	428			397
Bullied weekly or more in past 2 months (of those who have been bullied)	124	202			204
Ever been a bully	282	193			216
Bully others weekly or more in past 2 months (of those who have been bullies)	66	82			102
<b>Staying/feeling Safe</b>					
Children aged under 18 years with a Child Protection Plan (CPP)	Nav	1.4	Nav	▼	2.9
14 year olds who feel very/quite safe in local area	Nav	803	Nav		801
14 year olds worried about violence at home monthly or more	33	40	Nav		45
<b>Economic well being</b>					
Primary school pupils (years R to 6 incl.) eligible for free school meals	Nav	159	Nav	▼	184
Secondary school pupils aged 11-16 years (years 7 to 11 incl.) eligible for free school meals	Nav	122	Nav	▼	157
Children aged 0-15 years living in income deprived households (percentage)	Nav	19	Nav	▼	24
School leavers known not to be in employment, education or training (NEET)	77	106	Nav		97
<b>Housing</b>					
Households with dependent children whose home is perceived as NOT adequate for household's needs	299	Nav	NA		298
<b>Education</b>					
Pupils with Statement of Educational Needs	31	30			27
Achievement at Early Years Foundation Stage	510	606	▲		619
Attainment of 5+ GCSEs A*-C [including English and Maths]	Males	429	473		481
	Females	467	528		577
Asian Pakistani heritage students attaining 5 A*-C including English and Maths	417	436			470
<b>Community &amp; community cohesion (14 year olds)</b>					
Agree that people from different backgrounds get on well together in local area	Nav	452	Nav		514
Agree that people of different ages get on well together in local area	Nav	859	Nav		845
<b>Families (14 year olds)</b>					
Sometimes or never get on well with family	215	159			139
Caring for a parent/sibling/other relative with a disability/illness	128	137			141
Never/hardly ever sit down for a family meal	Nav	198	Nav		197
Live with adult(s) who smoke	479	407			415
Those who drink who usually get their alcohol from family/relatives living at home	Nav	467	Nav		511
Think that family/close friends drink too much	324	304			250

**Key:**

 Comparable with adults data obtained from CLIK 2008 survey.

 Comparable with adults data obtained from Place Survey 2009.

 Data suppressed as denominator <=5 (or <=3 for deaths).

 Not applicable.

 Not available.

**\* Change**

Significantly worse (higher or lower) than this locality in 2009



Significantly better (higher or lower) than this locality in 2009



Significant change from 2009 but labels of better or worse not appropriate

**\*\* Difference**

Significantly worse (higher or lower) in this locality than Kirklees overall



Significantly better (higher or lower) in this locality than Kirklees overall



Significantly different to Kirklees but labels of better or worse not appropriate

Significant differences/ changes 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.

## The place and its people, population, births and deaths

Spen Valley locality includes the three wards of Cleckheaton, Heckmondwike and Liversedge and Gomersal, with a population of 52,800. The age and ethnicity profile of Spen Valley reflected Kirklees with 1 in 4 (23%) people aged under 19 and 1 in 6 (15%) aged over 65. Spen Valley had significantly fewer young people of south Asian origin compared with Kirklees. Even so, nearly 1 in 6 were of south Asian origin, compared with less than 1 in 20 in neighbouring Mirfield and Birstall & Birkenshaw.

There were 670 **live births** in 2008, at an average rate for Kirklees. One in 7 of these were of south Asian origin.

**Life expectancy** at birth (76.6 for men and 80.2 for women) and at age 65 (81.8 and 84.1) in the locality was just below Kirklees and nationally. The gap between men and women for life expectancy at birth was 3.6 years, the same as Kirklees. Spen Valley had amongst the highest death rates (0.92 per 1,000) from circulatory disease including heart disease and stroke, in those aged under 75.

## Health and wellbeing inequalities for children and young people

The rate of **babies dying in their first year** of life (5.7 per 1,000) was lower than Kirklees overall (6.0 per 1,000) but still above the national rate of 4.8. The rate of low birth weight babies was the same as Kirklees, 1 in 12 (8%).

Spen Valley had the highest rates of **obesity** in children, with nearly 1 in 9 (11%) children aged 4-5 years and 1 in 5 (20%) children aged 10-11 years being obese. Parental obesity significantly affects childhood obesity levels and in Spen Valley more than 1 in 5 (21%) of all adults, and nearly 1 in 5 (17%) women of childbearing age, were obese – the highest in Kirklees.

The **teenage conception** rate (48 per 1,000 girls aged 15-17) had remained fairly stable since 2008, slightly higher than Kirklees.

Fewer 14 year olds were sexually active (11%) now amongst the lowest in Kirklees. Of all those 14 year olds having sex 1 in 5 (20%) reported not using a condom or other protection.

Spen Valley had above average levels of **decayed, missing and filled** teeth in five year olds, 2.2 compared to 1.5 nationally, a proxy for poor early diet. **Breastfeeding** initiation rates (61%) had not changed and remained significantly below the Kirklees rate (71%).

Whilst Spen Valley had higher rates than average of 14 year olds ever having drunk **alcohol** (72%), the rate had fallen since the last report. Regular alcohol use in those 14 year olds who did drink was the same as Kirklees (21%). This is an improvement on previous reports as the locality did have one of the highest rates of 14 year olds drinking weekly or more, 51% in 2008.

Only 1 in 14 (7%) of 14 year olds **smoked** weekly or more, a significant drop from previous reports. The largest drop was in girls smoking, so the rates for girls and boys became similar. However, those who did smoke were amongst the most likely to be happy to continue (1 in 3, 33%).

Levels of **drug misuse** (under 3%) by 14 year olds in the locality had improved to below the Kirklees average (under 4%).

**Emotional wellbeing** in 14 year olds was similar to Kirklees, with 1 in 5 (22%) feeling miserable weekly or more in the last year, and 1 in 5 (19%) did not have someone to talk to about their problems.

In Spen Valley 1 in 5 (19%) children aged under 16 lived in **income deprived** households, lower than the Kirklees average.

Children achieving at Foundation Stage (61%) had increased and was the same as Kirklees (62%) and above the national (56%) average. **Attainment** at GCSE level (5+ A\*-C GCSEs including English and Maths, 45%) had continued to improve, for both boys (from 43% in 2009 to 47%), and girls (from 47% in 2009 to 53%) but was still slightly below Kirklees (57%) for girls. Attainment of Asian Pakistani origin pupils had continued to improve (from 42% in 2009 to 44%) but remained below the Kirklees average (47%) as other areas had seen larger improvements. School leavers not in education, employment or training (NEET) rose from 8% to 11% and was slightly above the rate for Kirklees as a whole (10%).

Of all families in Spen Valley with dependent children 1 in 3 (30%) felt their **homes** were inadequate for their needs.

Less than half (45%) of 14 year olds in Spen Valley felt that people from different backgrounds got on well together in the **local area** - the lowest in Kirklees.

## Health and wellbeing inequalities for adults in Spen Valley

### Health status

The overall health status of adults aged over 65 across Spen Valley was similar to Kirklees, but was slightly better than average for those aged under 65.

One in 4 (26%) adults in Spen Valley had **long term limiting illness**, compared with 28% across Kirklees.

One in 3 (34%) people aged 65 and over needed **help with daily living tasks** and it was estimated that 1,290 had a high or very high social care need.

### Behaviours

**Smoking** rates had not changed since 2005 as 1 in 5 (20%) adults still smoked, 1 in 4 (23%) women aged 18-44 still smoked and 1 in 4 (23%) of non south Asian mothers still smoked in pregnancy, one of the worst rates in Kirklees. It was no surprise that high blood pressure, heart disease, asthma and diabetes were so common in Spen Valley, especially as lung cancer rates in women were above both the Kirklees and national rates.

The numbers of people drinking **alcohol** over sensible limits dropped since 2005 and was similar to Kirklees, but still 1 in 3 (35%) men and 1 in 4 (24%) women drank too much. Nearly half (42%) of men and over 1 in 3 (36%) women binged in the last week. This was one of the highest rates for men in Kirklees, but there was an improvement for women. The numbers of women of childbearing age drinking over sensible limits (27%) and bingeing (43%) reduced from 2005 to the average for Kirklees.

### Conditions

Spen Valley had the highest rate of adult **obesity** in Kirklees, 1 in 5 (21%), more than in 2005. Women of childbearing age had the highest rate of obesity in Kirklees (17%).

Spen Valley had higher rates than average of **heart disease** for men of all ages. Admissions to hospital after a heart attack had reduced. **High blood pressure** occurred in 2 in 5 (43%) people aged over 65 and nearly 1 in 5 (18%) aged under 65. Spen Valley (along with Batley, Birstall & Birkenshaw and the Colne Valley) had the highest death rate from **stroke**.

New cases of lung **cancer** in women (0.61 per 1,000) were the highest in Kirklees and significantly above the national rate (0.37 per 1,000). The rate of skin cancer in men was one of the highest in Kirklees (0.20 per 1,000). Death rates in those aged under 75 years from all cancers had fallen sharply between 2003 and 2005, but there was no improvement over the period from 2005 to 2007.

**Asthma** and **diabetes** rates amongst those under 65 were both higher than Kirklees.

### Living and working conditions

Although the levels of **benefit claimants** reflected the Kirklees average, the number of people claiming rose in Spen Valley. The increase was most marked in Council Tax Benefit which had risen from 19% to 23%. 1 in 6 (16%) of all working age adults claimed Job Seekers Allowance, and 1 in 16 (6%) of all working age adults claimed Incapacity Benefit or Employment and Support Allowance. So 1 in 4 of all working age adults claimed an out of work benefit.

Out of the more than 22,000 households in Spen Valley, 1 in 4 (25%) felt that their **house** was inadequate for their needs. This rose to 30% for households with dependent children.

Residents of Spen Valley felt there was a poor level of community cohesion in their locality. Just over half (57%) of adults believed that people from different backgrounds **got on well** together in the local area, one of the lowest rates in Kirklees. A sense of belonging to their immediate neighbourhood was lacking – just over half (54%) of adults felt that they belonged to their neighbourhood.

The locality had the lowest rate of participation in regular **volunteering** with 1 in 5 (22%) adults participating, compared to 26% across Kirklees.

- 
- 1 All data are from the Kirklees Indicator Tables 2010 or relevant section of the Kirklees JSNA, 2010 and are available on the website.
  - 2 All data specifically relating to '14 year olds' are from Young People's (YPS) Survey, 2009.

## Health and wellbeing indicators for adults in Spen Valley 2010

Indicator		Spen	Spen vs Kirklees	vs 2009 report
Resident population characteristics		%		
By age groups	aged 18-44 years	37	lower	N/A
	aged 45-64 years	26	higher	=
	aged 65-74 years	8	=	N/A
	aged 75 years and over	7	=	N/A
South Asian	aged 18 years and over	8	lower	higher
Non-south Asian	aged 18 years and over	92	higher	lower
Health Status: mean score (out of 100)		Score		
Role - Physical	mean aged 18 years and over	76	✓	NND
	mean aged under 65 years	82	X	NND
	mean aged 65 years and over	50	X	NND
Role - Emotional	mean aged 18 years and over	79	✓	NND
	mean aged under 65 years	81	✓	NND
	mean aged 65 years and over	71	=	NND
Social functioning	mean aged 18 years and over	80	✓	NND
	mean aged under 65 years	83	✓	NND
	mean aged 65 years and over	72	=	NND
Mental health	mean aged 18 years and over	72	✓	NND
	mean aged under 65 years	71	✓	NND
	mean aged 65 years and over	74	=	NND
Physical functioning	mean aged 18 years and over	77	✓	NND
	mean aged under 65 years	82	✓	NND
	mean aged 65 years and over	56	=	NND
Bodily pain	mean aged 18 years and over	69	=	NND
	mean aged under 65 years	72	=	NND
	mean aged 65 years and over	58	=	NND
Life Expectancy (years)				
	at birth (male)	76.6	X	=
	at birth (female)	80.2	X	=
Deaths (rate per 1000)				
All cancers*	aged under 75 years	1.15	X	X
All circulatory diseases*	aged under 75 years	0.92	X	✓
Coronary heart disease*	aged under 75 years	0.48	X	✓
Stroke*	aged under 75 years	0.19	X	✓
Bronchitis, emphysema & other COPD*	aged under 75 years	0.12	✓	✓
Biological Factors		%		
Heart disease	aged under 65 years	3	=	NND
	aged 65 years and over	16	=	NND
High blood pressure	aged under 65 years	17	X	NND
	aged 65 years and over	42	X	NND
Stroke	aged under 65 years	<1	=	NND
	aged 65 years and over	2	✓	NND
Asthma	aged under 65 years	13	X	NND
	aged 65 years and over	13	✓	NND
Diabetes	aged under 65 years	6	X	NND
	aged 65 years and over	13	✓	NND
Incontinence of urine	aged under 65 years	5	=	NND
	aged 65 years and over	13	✓	NND

Indicator		Spent	Spent vs Kirklees	vs 2009 report	
Pain problems including arthritis	aged under 65 years (male)	33	X	NND	
	aged under 65 years (female)	23	✓	NND	
	aged 65 years and over (male)	43	✓	NND	
	aged 65 years and over (female)	57	=	NND	
Back pain	aged under 65 years	24	=	NND	
	aged 65 years and over	31	=	NND	
Depression, anxiety or other nervous illness		aged 18 years and over	21	=	NND
Obesity	Obese - Body Mass Index 30+	aged 18 years and over	21	X	NND
	Either obese or overweight	aged 18 years and over	57	X	NND
Women of child bearing age	Either obese or overweight	aged 18-44 years	42	=	NND
<b>Health Behaviours</b>		<b>%</b>			
Smoking	At least 1 daily	aged 18 years and over	20	=	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18 years and over	28	=	NND
Alcohol	Over sensible limits	aged 18 years and over (male)	35	✓	NND
		aged 18 years and over (female)	24	✓	NND
	Binge drinking	aged 18 years and over (male)	42	X	NND
		aged 18 years and over (female)	36	=	NND
Women of child bearing age					
Smoking	Smoking at least 1 daily	aged 18-44 years	23	=	NND
	Smoking at birth	all deliveries (excl. South Asian)	23	X	✓
Alcohol	Over sensible limits	aged 18-44 years	27	✓	NND
	Binge drinking	aged 18-44 years	43	X	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18-44 years	34	✓	NND
<b>Economic wellbeing and community</b>		<b>%</b>			
Income support claimants		aged 16-64 years	4.3	✓	X
Council Tax Benefit claimants		aged 16 years and over	23	✓	X
Household income average gross £000s			34.3	✓	✓
Disability Living Allowance claimants		all ages	5.2	✓	=
Claimants of Severe Disability Allowance or Incapacity Benefit or Employment Support Allowance		aged 16-64 years	6.3	=	N/A
People who believe people from different backgrounds get on well together in local area		aged 18 years and over	57	X	NND
Home perceived as NOT adequate for household's needs (all household types)		households	25	✓	NND
Home perceived as NOT adequate for needs of pensioner households		pensioner households	25	✓	NND
Older people living in income deprived households		aged 60 years and over	20	✓	N/A

**Key:**

✓ Better    X Worse    = Same    NND No New Data    N/A Not Available    \* Small numbers    ◆ Suppressed

## Dewsbury

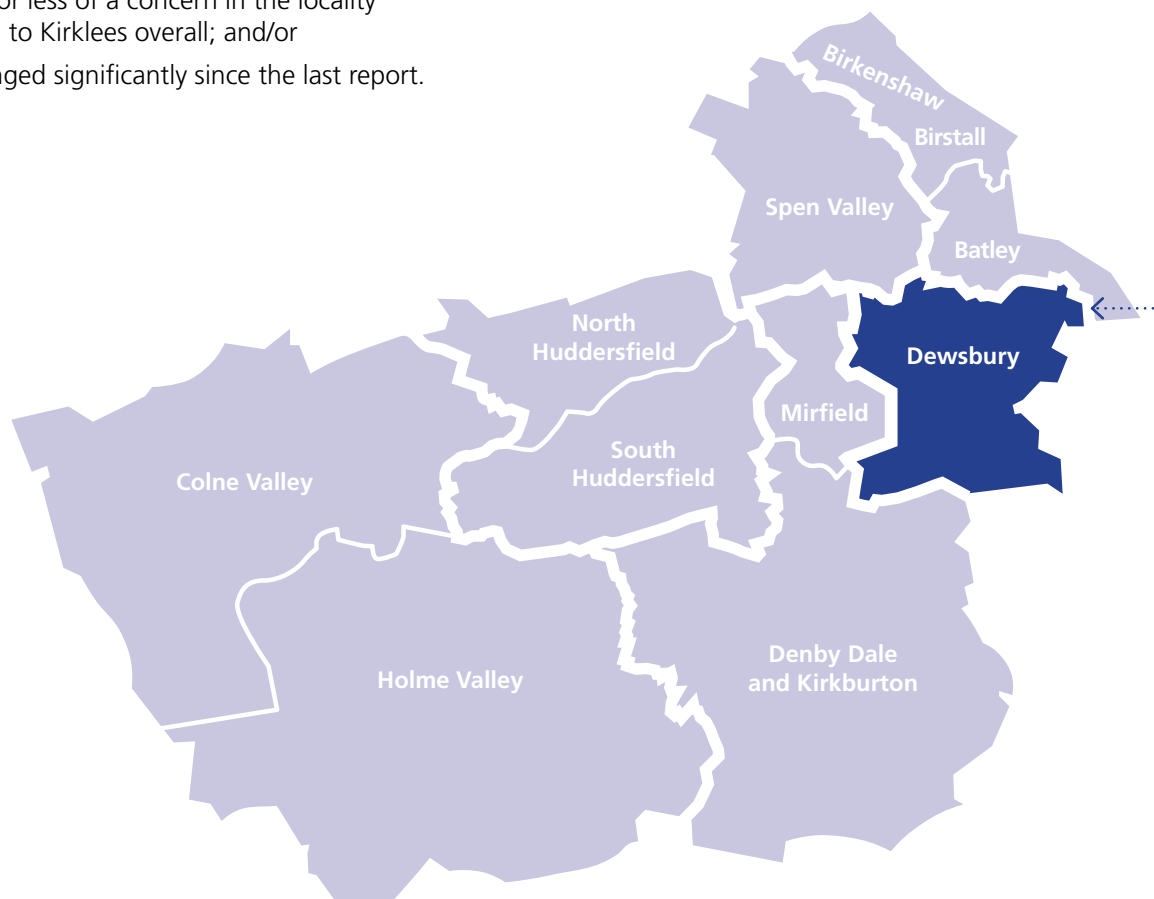
Dewsbury had an increasingly young population and a growing proportion of south Asian origin. Life expectancy at birth was the lowest in Kirklees. It had the greatest problems for health, with high rates of most diseases, early death, infant death and poorest health behaviours. Smoking was high at all ages.

There were some real improvements for children and young people in Dewsbury. Most notable were in attainment at Foundation Stage and amongst pupils of Asian Pakistani heritage at GCSE level. Teenage conceptions had also fallen but were still above the national average.

However, deprivation is still a day to day reality for 1 in 3 children, adults and older people in Dewsbury. There are signs that this is getting worse as unemployment and income related benefit claimant rates had risen. Locally people had negative perceptions about the place.

This section highlights the issues which<sup>1</sup>:

- are more or less of a concern in the locality compared to Kirklees overall; and/or
- have changed significantly since the last report.





### Key issues in this locality are:

Lowest life expectancy for men and women at birth and although death rates for cancers and circulatory diseases had fallen in those aged under 75 they were still the highest in Kirklees.

Higher than average rates of babies dying in their first year of life, still births, low birth weight, women smoking at birth/during pregnancy and low breastfeeding initiation rates.

Poor diet of children compared to other areas.

Adults are least likely to do any physical activity at all.

High rates of 14 year olds starting and continuing to smoke regularly and the highest rates of adults smoking, especially women of childbearing age.

The consequences of this include the highest rate of new cases of lung cancer in men and women and above average hospital admission rates for respiratory diseases.

High rates of high blood pressure, heart disease, stroke, diabetes and pain.

Highest rates of depression, anxiety and other nervous illness in adults, especially amongst those aged 65 and over.

Nearly 1 in 3 of all adults live with a long term limiting illness and levels of health functioning are the worst in Kirklees.

Highest rates of men and women aged under 65 feeling lonely or isolated all or most of the time.

Whilst educational attainment has improved, especially at Foundation Stage and amongst pupils of Asian Pakistani heritage, overall levels of educational attainment are still low, especially amongst boys.

Increasing levels of deprivation - one of the lowest average household income in Kirklees, the highest rate of adults on out of work benefits and the highest rates of those aged 0-15 and aged over 60 living in income deprived households.

1 in 3 houses were inadequate for the needs of those people living in them, especially those with dependent children and older people.

Less than half of all adults felt people from different backgrounds got on well together.

The main report highlights a number of issues that are important across Kirklees. So whilst these issues may not be significantly better or worse in a locality, they should still be a focus of concern and action.


- **Smoking** - 1 in 5 (20%) adults in Kirklees still smoked but it was 1 in 4 in Dewsbury, so there were over 10,500 adult smokers in Dewsbury. 1 in 8 (13%) 14 year olds<sup>2</sup> were smoking weekly or more.
- **Alcohol** - 1 in 5 (20%) 14 year olds across Kirklees drank weekly or more, 1 in 3 (36%) men and 1 in 4 (26%) women drank above sensible limits across Kirklees. Dewsbury was similar.
- **Obesity** - 1 in 6 (16%) 11 year olds and 1 in 5 (18%) adults in Kirklees were obese, the same for Dewsbury.
- **Long term conditions** - the lives of 1 in 3 (31%) adults in Dewsbury were affected by a long term limiting illness, i.e. over 12,500 people. Dewsbury had high rates of high blood pressure, heart disease, stroke, diabetes and pain.
- **Cancers** - were the main cause of death in those under 75 in every locality, with breast, lung, prostate and colon being the most common cancers. Dewsbury closely reflected that for Kirklees, although it had the highest rates of lung cancer which reflects the high smoking rates.
- **Mental health** - almost 1 in 4 (24%) adults in Dewsbury lived with a mental health issue, including depression or anxiety. Across Kirklees 1 in 5 (21%) 14 year olds reported feeling miserable at least weekly in the last year, and 1 in 5 (21%) did not have someone to talk to about their problems. In Dewsbury these figures were both better at 1 in 6 (17%). However 1 in 10 men and women aged under 65 in Dewsbury felt lonely or isolated all or most of the time, the highest in Kirklees.
- **Older people and carers** - 1 in 6 (15%) Kirklees people were aged 65 and over. This is projected to grow by 50% by 2030 especially in those aged over 85. The number of older people over 65 in this locality will increase from the current nearly 7,000 to over 10,400. 1 in 8 (12%) of all adults in Kirklees had some caring responsibilities, around 5,300 adults in Dewsbury, and this will rise as the population becomes older.
- **Deprivation** - whilst there were concentrations of deprivation in some localities there were significant numbers of people who were income deprived in each locality. In Dewsbury more than 1 in 3 (34%) 0-15 year olds and almost 1 in 3 (31%) people aged over 60 lived in income deprived households - a combined total of over 7,700 people, and more than 1 in 3 (38%) of all households had an annual income of below £20,000.


## Health and wellbeing indicators for children and young people in Dewsbury 2010


Indicator	Dewsbury		Change*	Diff**	Kirklees 2010
	2009	2010			
Resident Population characteristics of those aged under 19					
Population count aged under 19 years	17065	17182	NA	NA	101505
Aged under 19 years	290	289	NA	NA	237
South Asian aged under 19 years (Kirklees total = 27107)	483	499	NA	NA	267
Non-south Asian aged under 19 years (Kirklees total = 74398)	517	501	NA	NA	733
Number of live births	977	995	NA	NA	5666
Live birth rate	78	79		▲	65
Proportion of live births that were to South Asian women (percentage)	Nav	53	Nav	▲	31
Being healthy					
Babies born with a low birth weight, i.e. under 2500 gm	101	99			88
Deaths in infants aged under 1 year	8.9	8.9			6.0
Still births	6.4	6.7			5.4
Breastfed on initiation	546	567		▼	712
Breastfed at 6-6 weeks from birth	Nav	333			407
Obesity 4-5 year olds (reception class)	109	104			92
Obesity 10-11 year olds (school year 6)	194	163			164
Self-reported health and health problems of 14 year olds (school Year 9)					
Overall health good to excellent	882	875			893
Everday life affected by health problem and/or disability	88	101			118
Health behaviours					
Food and nutrition (14 year olds)					
Never/hardly ever eat something before school starts	233	222			220
Smoking (14 year olds)					
Smoking weekly or more (of all 14 year olds)	154	128			95
Alcohol (14 year olds)					
Have ever drunk alcohol	533	473		▼	656
and drink alcohol weekly or more	440	198	▼		208
and have been 'really drunk' weekly or more	87	82			65
and drink alone	147	100			119
Illegal drugs (14 year olds)					
Ever taken illegal drugs	143	102			121
Sexual Health (14 year olds unless otherwise stated)					
Teenage conceptions (aged 15-17 years)	49.8	45.2			44.8
Have had sexual intercourse	145	114			129
Of those who have had sexual intercourse no contraception/protection used	133	203			182
Physical activity (14 year olds)					
30+ mins average per day physical activity in last 7 days	865	860			874
Recommended (60 mins+) average daily physical activity levels	Nav	675	Nav		657
Sedentary (under 30 mins average physical activity per day)	135	140			126
Psychological & emotional health & wellbeing (14 year olds)					
NOT happy with the way they look	359	287			335
Problems getting to sleep (weekly or more) due to being anxious or worried	127	139			171
Weekly or more (in the last school year) had sudden changes of mood	193	205			208
felt miserable	203	165			208
felt angry	337	265			289
felt lonely	91	60		▼	109


Indicator	BB&B		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Relationships for 14 year olds</b>					
Sometimes or never happy with his/her self as a person	262	234			264
Do NOT have someone to talk to about their problems	218	174			205
<b>Bullying in 14 year olds</b>					
Year 9 pupils who have ever been bullied	442	362	▼		397
Bullied weekly or more in past 2 months (of those who have been bullied)	129	265	▲		204
Ever been a bully	280	286		▲	216
Bully others weekly or more in past 2 months (of those who have been bullies)	48	105			102
<b>Staying/feeling Safe</b>					
14 year olds who feel very/quite safe in local area	Nav	765	Nav		801
14 year olds worried about violence at home monthly or more	37	40			45
<b>Economic well being</b>					
Primary school pupils (years R to 6 incl.) eligible for free school meals	Nav	234			184
Secondary school pupils aged 11-16 years (years 7 to 11 incl.) eligible for free school meals	Nav	224			157
Children aged 0-15 years living in income deprived households (percentage)	Nav	34	Nav	▲	24
School leavers known not to be in employment, education or training (NEET)	99	Nav			97
<b>Housing</b>					
Households with dependent children whose home is perceived as NOT adequate for household's needs	368	Nav	NA	▲	298
<b>Education</b>					
Pupils with Statement of Educational Needs	33	32			27
Achievement at Early Years Foundation Stage	512	600	▲		619
Attainment of 5+ GCSEs A*-C [including English and Maths]	Males	339		▼	481
	Females	419			577
Asian Pakistani heritage students attaining 5 A*-C including English and Maths	275	447	▲		470
<b>Community &amp; community cohesion (14 year olds)</b>					
Agree that people from different backgrounds get on well together in local area	Nav	491	Nav		514
Agree that people of different ages get on well together in local area	Nav	846	Nav		845
<b>Families (14 year olds)</b>					
Sometimes or never get on well with family	171	106	▼		139
Caring for a parent/sibling/other relative with a disability/illness	155	215		▲	141
Never/hardly ever sit down for a family meal	Nav	185	Nav		197
Live with adult(s) who smoke	530	505		▲	415
Those who drink who usually get their alcohol from family/relatives living at home	Nav	480	Nav		511
Think that family/close friends drink too much	270	229			250

**Key:**

 Comparable with adults data obtained from CLIK 2008 survey.

 Comparable with adults data obtained from Place Survey 2009.

 Data suppressed as denominator <=5 (or <=3 for deaths).

 Not applicable.

 Not available.

**\* Change**

Significantly worse (higher or lower) than this locality in 2009



Significantly better (higher or lower) than this locality in 2009



Significant change from 2009 but labels of better or worse not appropriate

**\*\* Difference**

Significantly worse (higher or lower) in this locality than Kirklees overall



Significantly better (higher or lower) in this locality than Kirklees overall



Significantly different to Kirklees but labels of better or worse not appropriate

Significant differences/ changes 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.

## The place and its people, population, births and deaths

Dewsbury locality includes the wards of Dewsbury West, South and East with a population of nearly 60,000. More than 17,000 were aged under 19 - the highest rate in Kirklees. Overall, Dewsbury had 2 in 3 of its population aged under 44 years, the highest in Kirklees. Unsurprisingly the locality had the lowest rate of people aged 65 and over. Half of those aged under 19 and 1 in 3 (30%) of those aged over 18 were of south Asian origin, the highest proportion in Kirklees along with Batley.

There were 995 **live births** in 2008. The birth rate was the highest in Kirklees (the same as Batley). The birth rate for women of south Asian origin in Dewsbury was twice the overall rate for Kirklees.

Dewsbury still had the highest rate of **babies dying in their first year** (8.9 per 1,000) in Kirklees, and the highest rate of stillbirths.

Men and women in Dewsbury had the lowest **life expectancy** at birth of all areas in Kirklees. For men it was 75.4 years which was 4.9 years less than the highest and for women 79.8 years which was 3.6 years less than the highest. Both rates were significantly below the national figure.

Dewsbury, along with Huddersfield South, had the highest death rate in those aged under 65 from all causes (2.8 per 1,000). This was due to high rates of deaths caused by cancers, circulatory diseases especially heart disease and respiratory diseases. Although the death rates for all cancers and circulatory diseases had improved, this was not as fast as elsewhere.

## Health and wellbeing inequalities for children and young people

Encouragingly there had been a drop in the teenage **conception** rate in Dewsbury from 49.8 (per 1,000 girls aged 15-17) in 2009 to 45.2 in 2010, from the highest to the Kirklees average. 14 year old girls reporting having had **sexual intercourse** was the lowest in Kirklees, but of all those 14 year olds who had sex 1 in 5 (20%) reported not using a condom or other protection.

The proportion of mothers who initiated **breastfeeding** (57%) was the lowest in Kirklees. The average number of **decayed/missing/filled teeth** in five year olds remained high (3.0), and twice the national average. This is an indicator of poor diet.

In Dewsbury and Batley, 14 year olds were the least likely to have ever drunk **alcohol** across Kirklees, though this was still nearly half (47%). The most notable change was the proportion drinking weekly or more, which fell since the last report to 1 in 5 (20%).

Half (51%) of all 14 year olds in Dewsbury lived with adult(s) who **smoked** - the highest in Kirklees. 1 in 4 (26%) started smoking aged 10 and were still smoking. The rates of smoking weekly or more was also highest at 1 in 8 (13%), and they were amongst the most likely to be happy to continue, 1 in 4 (28%).

In Dewsbury 1 in 7 (14%) 14 year olds were **physically inactive**, i.e. did less than 30 minutes physical activity each day.

**Emotional health and wellbeing** was similar to Kirklees overall and had not changed since the last report, although 14 year olds in Dewsbury were the least likely to have felt lonely (6%) or miserable (17%). Whilst fewer 14 year olds in Dewsbury than many other areas were ever bullied, 1 in 3 (36%), they were still most likely to feel sometimes or never happy at school 1 in 3 (37%) and were the most likely to be bullied weekly or more in the previous two months 1 in 4 (27%) or ever been a bully, 1 in 4 (29%).

Most 14 year olds in Dewsbury reported **feeling very/quite safe** in the local area (77%), on public transport (70%), going to/from school (84%) and at school (87%). However, these were the lowest reported rates in Kirklees in all these settings except at school where the rate was around the same at 88%.

One in 3 (34%) children aged under 16 in Dewsbury lived in **income deprived** households, the highest in Kirklees.

Dewsbury had the highest level of children with a special educational need (3.2%). Nearly 2 out of 3 (60%) children achieved the expected level at Foundation Stage, an increase from 2009 (51%) and above the national average (56%). **Educational attainment** at age 11 at Key Stage 2 was the lowest in Kirklees (65%) and well below the national average (72%)<sup>3</sup>. At age 16, nearly half (45%) achieved 5+ GCSEs at grade A\*-C including English and Maths, again an improvement since 2009. Girls (51%) achieved more than the boys (39%), who were significantly below the Kirklees average of 48%. Nearly half (45%) of pupils of Asian Pakistani heritage achieved 5+ GCSEs at grade A\*-C including English and Maths, slightly below the Kirklees average for this group, but a significant increase from 2009 (27%).

Two of the main geographic **Not in Employment, Education or Training** (NEET) 'hotspots' are in this locality; Ravensthorpe and Dewsbury Moor.

Of all families in Dewsbury with dependent children living in them 1 in 3 (37%) felt their **home** was inadequate for their needs.

Of 14 year olds in Dewsbury, 1 in 5 (22%) reported having a **caring** responsibility for a parent, sibling or other relative, the highest in Kirklees.

## Health and wellbeing inequalities for adults in Dewsbury

### Health status

More than 7 out of 10 (71%) adults reported having good or excellent health. However this was the lowest in Kirklees. 1 in 3 (31%) adults in Dewsbury had **long term limiting illness**, the second highest level in Kirklees.

Adults in the locality had the worst health functioning for every aspect compared to Kirklees and across all ages, although there was some slight improvement since 2005.

Two out of 5 (42%) people aged 65 and over needed **help with daily living tasks** and it was estimated that 1,100 have a high or very high social care need.

### Behaviours

The proportion of adults **smoking** in Dewsbury, 1 in 4 (25%), was the highest in Kirklees and was worse than 2005. Locality smoking rates vary with ethnicity. In Dewsbury 27% of non south Asians smoke and 18% of south Asians. Over 1 in 4 (28%) women of childbearing age smoked in Dewsbury - also the highest level across Kirklees. 1 in 3 (33%) smoked in pregnancy, well above the Kirklees level.

Dewsbury had the highest rate of those taking no **physical activity** in Kirklees, nearly 1 in 6 (15%). One in 3 women of childbearing age did sufficient physical activity, similar to Kirklees overall, but Dewsbury had the highest rates (7%) of those doing no physical activity at all.

The mean consumption of **alcohol** units by men had increased since 2005. For women in Dewsbury however, their consumption remained below recommended levels. Of those who drank, over 1 in 3 (34%) men and 1 in 4 (24%) women drank over sensible limits in the past week, and more than 1 in 3 men (37%) and women (35%) binged in the past week.

### Conditions

Dewsbury had the highest death rates from all **circulatory disease and heart disease**, and the highest rates of **diabetes**, especially under 65s (7%), heart disease, especially men under 65 (7%), and **high blood pressure**, which was high at all ages and affected 2 in 5 (44%) men and almost half (49%) of women aged over 65 in the locality.

In addition to the 1 in 5 (20%) adults who were **obese**, over 1 in 3 (35%) were overweight - so being overweight or obese was the norm in Dewsbury with 55% of adults affected. Amongst women of childbearing age Dewsbury had the joint highest rate of obesity in Kirklees (17%).

Dewsbury had some of the lowest rates of new cases of all **cancers** except for bowel cancer in men and lung cancer, the latter being the highest in Kirklees reflecting the high smoking rates. Dewsbury also had one of the highest rates of admissions for bronchitis, emphysema and other **chronic obstructive pulmonary disease** (COPD) in those aged 65 and over. Both were unsurprising with 1 in 4 adults still smoking.

Dewsbury had the highest rate of **incontinence of urine** for men aged over 65 in Kirklees and this had increased since 2005.

One in 4 (26%) of those under 65, and 1 in 5 (18%) over 65 had **depression, anxiety or a nervous illness**. These were amongst the worst rates in Kirklees.

More than half of all those aged 65 and over were suffering from **pain** (including arthritis) and more than 1 in 3 of that age group were suffering from back pain, the highest in Kirklees.

### Living and working conditions

Average **household income** had risen slightly since the last report, similar to Kirklees overall, but Dewsbury along with Batley had the lowest average household income. Levels of benefit claimants had risen in Dewsbury, with the highest rates of Council Tax Benefit, income support, Job Seekers Allowance and disability benefits claimants. 1 in 5 (21%) of all working age adults were claiming Job Seekers Allowance, and 1 in 12 (8%) of **all working age adults** were claiming Incapacity Benefit or Employment and Support Allowance. Therefore, 1 in 3 of all working age adults were claiming an out of work benefit.

Only 2 out of 3 adults in Dewsbury (data includes Mirfield) were satisfied with the **area as a place to live**. Less than half felt people from different backgrounds got on well together and 2 out of 3 adults felt people of different ages got

on well together but this rose to 85% of 14 year olds. All these measures of adult's perceptions were the lowest in Kirklees. Some Dewsbury residents felt that their local areas had a negative reputation both on a local and national level due to the press coverage of the 'Shannon Matthews Kidnap case' and the '7/7 Bombers' being from the area. Negative perceptions of the Dewsbury areas have had an effect on how respondents discuss where they are from with strangers as they felt embarrassed to be associated with such bad press.

The locality (including Mirfield) had a low rate of participation in regular **volunteering**, just under 1 in 4, less than in Kirklees as a whole.

Dewsbury had amongst the highest level of **reported crime**, with violent crime (excluding robbery) being a particular issue. Domestic violence as a reported crime was high with particular concentrations in Dewsbury West and Dewsbury South.

Nearly 1 in 3 (33%) households believed their **home was inadequate for their needs**: for pensioner households this was 32% and in households with dependent children it rose to 37%. All were the highest in Kirklees.

Levels of key transport related air pollutants which impact on health has led to the identification of two Air Quality Management Areas in Kirklees, including Scout Hill on the A644.

The number of people with **learning disabilities** known to services, continued to rise. In Dewsbury and Mirfield there were 361 people known to services (18% of Kirklees total) compared to 335 (16%) in 2009.

- 1 All data are from the Kirklees Indicator Tables 2010 or relevant section of the Kirklees JSNA, 2010 and are available on the website.
- 2 All data specifically relating to '14 year olds' are from Young People's (YPS) Survey, 2009.
- 3 2009 data. Due to an industrial dispute the Key Stage 2 tests in 2010 were only administered in 54 out of 112 schools so has not been used here.

## Health and wellbeing indicators for adults in Dewsbury 2010

Indicator		Dew	Dew vs Kirklees	vs 2009 report
Resident population characteristics		%		
By age groups	aged 18-44 years	40	higher	N/A
	aged 45-64 years	21	lower	=
	aged 65-74 years	6	lower	N/A
	aged 75 years and over	5	lower	N/A
South Asian	aged 18 years and over	30	higher	higher
Non-south Asian	aged 18 years and over	70	lower	lower
Health Status: mean score (out of 100)		Score		
Role - Physical	mean aged 18 years and over	71	X	NND
	mean aged under 65 years	77	X	NND
	mean aged 65 years and over	44	X	NND
Role - Emotional	mean aged 18 years and over	73	X	NND
	mean aged under 65 years	76	X	NND
	mean aged 65 years and over	65	X	NND
Social functioning	mean aged 18 years and over	75	X	NND
	mean aged under 65 years	77	X	NND
	mean aged 65 years and over	69	X	NND
Mental health	mean aged 18 years and over	68	X	NND
	mean aged under 65 years	67	X	NND
	mean aged 65 years and over	73	X	NND
Physical functioning	mean aged 18 years and over	72	X	NND
	mean aged under 65 years	77	X	NND
	mean aged 65 years and over	52	X	NND
Bodily pain	mean aged 18 years and over	65	X	NND
	mean aged under 65 years	68	X	NND
	mean aged 65 years and over	54	X	NND
Life Expectancy (years)				
	at birth (male)	75.4	X	X
	at birth (female)	79.8	X	X
Deaths (rate per 1000)				
All cancers*	aged under 75 years	1.16	X	✓
All circulatory diseases*	aged under 75 years	1.05	X	X
Coronary heart disease*	aged under 75 years	0.68	X	X
Stroke*	aged under 75 years	0.16	=	X
Bronchitis, emphysema & other COPD*	aged under 75 years	0.25	X	X
Biological Factors		%		
Heart disease	aged under 65 years	4	X	NND
	aged 65 years and over	16	=	NND
High blood pressure	aged under 65 years	17	X	NND
	aged 65 years and over	44	X	NND
Stroke	aged under 65 years	1	X	NND
	aged 65 years and over	3	=	NND
Asthma	aged under 65 years	12	=	NND
	aged 65 years and over	14	=	NND
Diabetes	aged under 65 years	7	X	NND
	aged 65 years and over	18	X	NND
Incontinence of urine	aged under 65 years	6	X	NND
	aged 65 years and over	19	X	NND

Indicator		Dew	Dew vs Kirklees	vs 2009 report	
Pain problems including arthritis	aged under 65 years (male)	28	✓	NND	
	aged under 65 years (female)	22	✓	NND	
	aged 65 years and over (male)	50	X	NND	
	aged 65 years and over (female)	57	X	NND	
Back pain	aged under 65 years	23	=	NND	
	aged 65 years and over	35	X	NND	
Depression, anxiety or other nervous illness		all ages	24	X	NND
Obesity	Obese - Body Mass Index 30+	aged 18 years and over	20	X	NND
	Either obese or overweight	aged 18 years and over	55	X	NND
Women of child bearing age	Either obese or overweight	aged 18-44 years	42	=	NND
<b>Health Behaviours</b>		<b>%</b>			
Smoking	At least 1 daily	aged 18 years and over	25	X	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18 years and over	26	X	NND
Alcohol	Over sensible limits	aged 18 years and over (male)	34	✓	NND
		aged 18 years and over (female)	24	✓	NND
	Binge drinking	aged 18 years and over (male)	37	✓	NND
		aged 18 years and over (female)	35	✓	NND
Women of child bearing age					
Smoking	Smoking at least 1 daily	aged 18-44 years	28	X	NND
	Smoking at birth	all deliveries (excl. South Asian)	33	X	X
Alcohol	Over sensible limits	aged 18-44 years	27	✓	NND
	Binge drinking	aged 18-44 years	38	✓	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18-44 years	34	✓	NND
<b>Economic wellbeing and community</b>		<b>%</b>			
Income support claimants		aged 16-64 years	6.7	X	X
Council Tax Benefit claimants		aged 16 years and over	36	X	X
Household income average gross		£000s	29.1	X	✓
Disability Living Allowance claimants		all ages	6.3	X	=
Claimants of Severe Disability Allowance or Incapacity Benefit or Employment Support Allowance		aged 16-64 years	8.4	X	N/A
Home perceived as NOT adequate for household's needs (all household types)		households	33	X	NND
Home perceived as NOT adequate for needs of pensioner households		pensioner households	32	X	NND
Older people living in income deprived households		aged 60 years and over	31	X	N/A

**Key:**

✓ Better    X Worse    = Same    NND No New Data    N/A Not Available    \* Small numbers    ◆ Suppressed

# Mirfield, Denby Dale & Kirkburton

People in the locality are amongst the healthiest in Kirklees, have the highest average incomes and are most satisfied with the locality as a place to live.

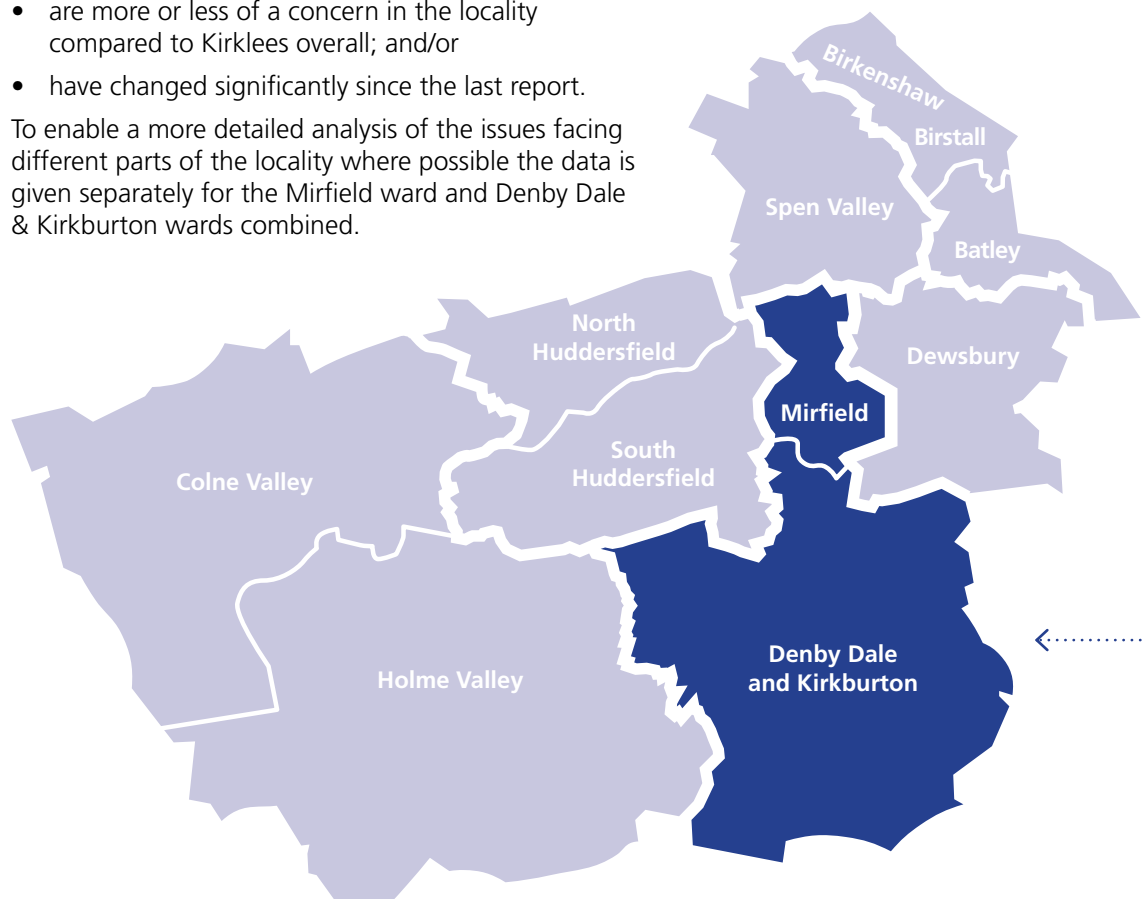
However their drinking habits are a concern. High numbers of adults are drinking too much alcohol, especially women of childbearing age, more 14 year olds are trying alcohol, and the alcohol is most usually bought for them by their families. However it is encouraging that fewer 14 year olds are drinking regularly. Less welcome is the fact that they are more likely to engage in risky sexual behaviour, be concerned about violence at home and feel lonely.

The locality has the highest proportion of older people and whilst adults felt people from different ages got on well, young people felt the opposite.

This section highlights the issues which<sup>1</sup>:

- are more or less of a concern in the locality compared to Kirklees overall; and/or
- have changed significantly since the last report.

To enable a more detailed analysis of the issues facing different parts of the locality where possible the data is given separately for the Mirfield ward and Denby Dale & Kirkburton wards combined.





### Key issues in this locality are:

Higher than average rate of 14 year olds reported having drunk alcohol with more getting it from their family, but the numbers drinking weekly fell to the lowest in Kirklees.

The locality had one of the lowest teenage conception rates and low levels of sexually active 14 year olds, but those who were sexually active were the most likely to not use contraception.

Across the locality the number of 14 year olds who had problems getting to sleep because of anxiety or worry had increased to amongst the highest in Kirklees, and the numbers worried about regular violence at home was double the Kirklees average.

14 year olds perceptions of a lack of cohesion between age groups (in Denby Dale & Kirkburton), between people of different backgrounds (Mirfield) and their dissatisfaction with the area as a place to live were higher than elsewhere in Kirklees.

Adults in Denby Dale & Kirkburton were most likely to be physically active enough to benefit their health, but those in Mirfield were least likely, especially women of childbearing age.

Alcohol consumption by men in Mirfield and women of childbearing age in Denby Dale & Kirkburton was higher than average.

Heart disease rates were the lowest in Kirklees in Denby Dale & Kirkburton and the highest in Kirklees in Mirfield.

The main report highlights a number of issues that are important across Kirklees. So whilst these issues may not be significantly better or worse in a locality they should still be a focus of concern and action.


- **Smoking** - 1 in 5 of all adults in Kirklees still smoked and whilst the rate in this locality was the lowest in Kirklees (12%) there were still more than 5,200 adult smokers.
- **Sexual activity** - had fallen in 14 year olds<sup>2</sup>, although 2 in 5 of those having sex in Mirfield did not use a condom, the highest in Kirklees.
- **Alcohol** - 1 in 5 (20%) 14 year olds in Kirklees drank at least weekly but the rate in this locality was the lowest in Kirklees at 1 in 6 (16%). Amongst adults across Kirklees 1 in 3 (36%) men and 1 in 4 (26%) women were drinking above sensible limits and the locality reflects this rate with nearly 14,000 adults drinking too much. Women of childbearing age in Denby Dale & Kirkburton who drank, consumed an average of 15 units per week, above recommended levels and the highest level in Kirklees.
- **Obesity** - 1 in 6 (16%) 11 year olds and 1 in 5 (18%) adults in Kirklees were obese, and whilst the rate is slightly lower for adults there were still nearly 7,000 adults who were obese in this locality.
- **Long term conditions** - the lives of 1 in 4 of all adults in Mirfield, Denby Dale & Kirkburton (i.e. 9,800 people) were affected by long term limiting illness. Denby Dale & Kirkburton had the lowest rate of heart disease but Mirfield had the highest. The locality had the lowest rates of high blood pressure, asthma and diabetes in Kirklees.
- **Cancers** - were the main cause of death in those aged under 75 in every locality, with breast, lung, prostate and colon being the most common cancers. This locality had the lowest such death rates from cancer in Kirklees.
- **Mental health** - around 1 in 5 of adults in Kirklees were living with a mental health issue, including depression or anxiety. More than 7,000 adults in this locality were affected. Across Kirklees 1 in 5 (21%) 14 year olds did not have someone to talk to about their problems and 1 in 5 (21%) 14 year olds reported feeling miserable weekly or more in the last year. This was higher in Mirfield, Denby Dale & Kirkburton than any other locality with almost 1 in 3 (29%) 14 year olds feeling miserable.
- **Older people and carers** - 15% of the population was aged over 65 and this is projected to grow by 50% by 2030. The greatest increase will be in those aged over 85. The locality had the highest proportion of people aged over 65 in Kirklees. The number of older people will increase from the current 8,800 to over 13,300. 1 in 8 of all adults had some caring responsibilities, around 5,300 adults in this locality, and this is projected to rise as the population becomes older. More adults in Mirfield (15%) had caring responsibilities than anywhere else in Kirklees.
- **Low income** - whilst there are concentrations of deprivation in some localities there were significant numbers of people who were income deprived in each locality. In Mirfield, Denby Dale & Kirkburton 1 in 11 (9%) children aged 0-15 and 1 in 7 (14%) people aged over 60 lived in income deprived households - the lowest rates in Kirklees but a combined total of 2,500 people. 1 in 4 (23%) households had an annual income of below £20,000.


## Health and wellbeing indicators for children and young people in Mirfield, Denby Dale & Kirkburton 2010


Indicator	Mirfield, DD&K		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Resident Population characteristics of those aged under 19</b>					
Population count aged under 19 years	11258	10985	NA	NA	101505
Aged under 19 years	214	210	NA	NA	237
South Asian aged under 19 years (Kirklees total = 27107)	32	36	NA	NA	267
Non-south Asian aged under 19 years (Kirklees total = 74398)	968	964	NA	NA	733
Number of live births	506	529	NA	NA	5666
Live birth rate	50	53		▼	65
Proportion of live births that were to South Asian women (percentage)	Nav	5.0	Nav	▼	31
<b>Being healthy</b>					
Babies born with a low birth weight, i.e. under 2500 gm	65	69			88
Deaths in infants aged under 1 year	◆	◆			6.0
Still births	◆	◆			5.4
Breastfed on initiation	824	816			712
Breastfed at 6-6 weeks from birth	Nav	495			407
Obesity 4-5 year olds (reception class)	80	73			92
Obesity 10-11 year olds (school year 6)	164	145			164
<b>Self-reported health and health problems of 14 year olds (school Year 9)</b>					
Overall health good to excellent	923	931			893
Everday life affected by health problem and/or disability	104	123			118
<b>Health behaviours</b>					
<b>Food and nutrition (14 year olds)</b>					
Never/hardly ever eat something before school starts	203	211			220
<b>Smoking (14 year olds)</b>					
Smoking weekly or more (of all 14 year olds)	114	43	▼	▼	95
<b>Alcohol (14 year olds)</b>					
Have ever drunk alcohol	898	770	▼	▲	656
and drink alcohol weekly or more	455	157	▼		208
and have been 'really drunk' weekly or more	55	54			65
and drink alone	147	113			119
<b>Illegal drugs (14 year olds)</b>					
Ever taken illegal drugs	144	85	▼		121
<b>Sexual Health (14 year olds unless otherwise stated)</b>					
Teenage conceptions (aged 15-17 years)	31.8	29.8			44.8
Have had sexual intercourse	197	99	▼		129
Of those who have had sexual intercourse no contraception/protection used	106	275			182
<b>Physical activity (14 year olds)</b>					
30+ mins average per day physical activity in last 7 days	916	890			874
Recommended (60 mins+) average daily physical activity levels	Nav	668	Nav		657
Sedentary (under 30 mins average physical activity per day)	84	110			126
<b>Psychological &amp; emotional health &amp; wellbeing (14 year olds)</b>					
NOT happy with the way they look	345	362			335
Problems getting to sleep (weekly or more) due to being anxious or worried	110	188	▲		171
Weekly or more (in the last school year) had sudden changes of mood	261	242			208
felt miserable	256	291		▲	208
felt angry	338	340			289
felt lonely	121	181		▲	109


Indicator	Mirfield, DD&K		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Relationships for 14 year olds</b>					
Sometimes or never happy with his/her self as a person	231	259			264
Do NOT have someone to talk to about their problems	188	199			205
<b>Bullying in 14 year olds</b>					
Year 9 pupils who have ever been bullied	480	401			397
Bullied weekly or more in past 2 months (of those who have been bullied)	91	190	▲		204
Ever been a bully	206	133	▼	▼	216
Bully others weekly or more in past 2 months (of those who have been bullies)	29	◆			102
<b>Staying/feeling Safe</b>					
14 year olds who feel very/quite safe in local area	Nav	778	Nav		801
14 year olds worried about violence at home monthly or more	32	96	▲	▲	45
<b>Economic well being</b>					
Primary school pupils (years R to 6 incl.) eligible for free school meals	Nav	88	Nav	▼	184
Secondary school pupils aged 11-16 years (years 7 to 11 incl.) eligible for free school meals	Nav	66	Nav	▼	157
Children aged 0-15 years living in income deprived households (percentage)	Nav	9.4	Nav	▼	24
School leavers known not to be in employment, education or training (NEET)	Nav	Nav	Nav	Nav	97
<b>Housing</b>					
Households with dependent children whose home is perceived as NOT adequate for household's needs	222	Nav	NA	▼	298
<b>Education</b>					
Pupils with Statement of Educational Needs	21	20		▼	27
Achievement at Early Years Foundation Stage	704	765		▲	619
Attainment of 5+ GCSEs A*-C [including English and Maths]...	Males	563	615	▲	481
	Females	657	660	▲	577
Asian Pakistani heritage students attaining 5 A*-C including English and Maths	◆	◆	NA	NA	470
<b>Community &amp; community cohesion (14 year olds)</b>					
Agree that people from different backgrounds get on well together in local area	Nav	468	Nav		514
Agree that people of different ages get on well together in local area	Nav	787	Nav	▼	845
<b>Families (14 year olds)</b>					
Sometimes or never get on well with family	162	133			139
Caring for a parent/sibling/other relative with a disability/illness	81	95		▼	141
Never/hardly ever sit down for a family meal	Nav	182	Nav		197
Live with adult(s) who smoke	360	277		▼	415
Those who drink who usually get their alcohol from family/relatives living at home	Nav	603	Nav	▲	511
Think that family/close friends drink too much	307	222	▼		250

**Key:**

 Comparable with adults data obtained from CLIK 2008 survey.

 Comparable with adults data obtained from Place Survey 2009.

 Data suppressed as denominator <=5 (or <=3 for deaths).

 Not applicable.

 Not available.

**\* Change**

Significantly worse (higher or lower) than this locality in 2009



Significantly better (higher or lower) than this locality in 2009



Significant change from 2009 but labels of better or worse not appropriate

**\*\* Difference**

Significantly worse (higher or lower) in this locality than Kirklees overall



Significantly better (higher or lower) in this locality than Kirklees overall



Significantly different to Kirklees but labels of better or worse not appropriate

Significant differences/ changes 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.

## The place and its people, population, births and deaths

The locality includes the three wards of Mirfield, Denby Dale & Kirkburton with a population of 52,300. The age and ethnicity profile of the area differs from Kirklees, having the lowest proportion aged under 19 and the highest aged 65 and over, and the lowest proportion of children and adults of south Asian origin.

There were nearly 530 **live births** in 2008. The birth rate was one of the two lowest in Kirklees. **Life expectancy** at birth and at age 65 was the highest of any locality in Kirklees. Men in the area have a better life expectancy than nationally, of 79 years. Women's life expectancy, however, matches the national figures of 82 years. Life expectancy for men in Denby Dale & Kirkburton had fallen since the last report. The death rates of those aged under 75 years were the lowest in Kirklees.

## Health and wellbeing inequalities for children and young people

**Breastfeeding** initiation rates across the whole locality (82%) were among the highest in Kirklees. Similarly, rates of healthy eating amongst children aged five (as indicated by dental decay - a proxy for poor diet) are also amongst the best, with an average of 1.2 **decayed, missing or filled** teeth compared to the Kirklees average of 2.3. However, more 14 year olds were worried about eating problems - 1 in 10 reported worrying weekly or more.

**Smoking** rates amongst 14 year olds fell from 11% to 4% and were the lowest in Kirklees for boys and girls. They were also the least likely to live with someone who smoked, from 1 in 3 (36%) to 1 in 4 (28%).

The locality had the lowest rate of 14 year olds who reported having ever taken illegal **drugs** (1 in 11, 9%), a fall from 14% since the last report.

The locality 14 year olds were amongst the most likely to have ever drunk **alcohol**, but less than in 2005 i.e. from 90% to 77%. Far fewer were drunk at least weekly (from 46% to 16%) and had their first drink aged 9 or less (from 21% to 10%). Of those who had drunk alcohol 60% usually got their alcohol from family/relatives living at home - the highest in Kirklees.

**Teenage conception** levels had fallen from 31.8 to 29.8 per 1,000 girls aged 15-17 and were one of the lowest in Kirklees. **Sexual activity** amongst 14 year olds fell (from 20% to 10%) to below the Kirklees rate (13%). Of those having sex 1 in 4 (28%) reported not using contraception, the highest in Kirklees. In Mirfield this rose to 2 in 5, compared with 1 in 5 (18%) across Kirklees.

**Emotional wellbeing** of 14 year olds was slightly worse than Kirklees overall, especially in Denby Dale & Kirkburton. Across the locality over 1 in 4 (29%) of 14 year olds felt miserable weekly or more in the last year, 1 in 5 (19%) had problems getting to sleep because of being anxious or worried and 1 in 5 (20%) did not have someone to talk to about their problems. One in 5 (18%) felt lonely, more than (from 12%) the last report and significantly worse than the Kirklees average (11%).

Whilst 14 year olds reporting ever having been **bullied** at least weekly in the previous two months was similar to Kirklees 1 in 5, (19%) this rose since the last report (from 9%). In Denby Dale & Kirkburton, more 14 year olds were worried about bullying than in any other locality, with 1 in 7 (14%) worrying about it weekly or more. They were least likely to report **feeling safe** at school (84% feeling very or quite safe at school - the lowest in Kirklees). Only 1 in 8 (13%) in the locality reported ever bullying others, which was an improvement since the last report (21%) and, as the lowest in Kirklees, was well below the Kirklees rate (22%). Locally, 14 year olds felt as safe as their peers across Kirklees in most settings. However, in Denby Dale & Kirkburton, 1 in 8 (12%) were most likely to worry about violence in their own home.

**Educational attainment** across the locality was very positive, with attainment at all stages amongst the highest in Kirklees and persistent absence amongst the lowest.

Although 3 out of 4 (74%) 14 year olds in Denby Dale & Kirkburton felt that people of different ages **got on well together**, this was the lowest in Kirklees. In Mirfield, 14 year olds were least likely to feel people from different backgrounds got on well together 2 in 5, (44%). They were also the least satisfied with their local area as a place to live (60%).

Levels of **income deprivation** were the lowest in Kirklees, but 1 in 10 (9%) children aged under 16 were living in **income deprived** households.

Of all those families in the locality with dependent children living in them, 1 in 5 (22%) felt their **house** was inadequate for their needs, the lowest in Kirklees.

Only 1 in 10 of 14 year olds reported having a **caring responsibility** for a parent, sibling or other relative, the lowest in Kirklees.

## Health and wellbeing inequalities for adults in Mirfield, Denby Dale & Kirkburton

### Health status

Overall health status across Mirfield, Denby Dale & Kirkburton was better than Kirklees across all aspects of functioning.

Overall 4 out of 5 adults reported having good or excellent health, one of the highest in Kirklees. One in 4 adults had a **long term limiting illness**, 22% in Denby Dale & Kirkburton and 26% in Mirfield, compared with 28% across Kirklees.

Of people aged over 65, 1 in 3 (37%) needed **help with daily living tasks**, which was average for Kirklees. It was estimated that 1,330 had a high or very high social care need.

### Behaviours

Adults in the locality were most likely to be **physically active** - only 1 in 10 were sedentary. However, whilst adults in Denby Dale & Kirkburton were amongst the most likely to be physically active enough to benefit their health, those in Mirfield were least likely. Women of childbearing age in Mirfield were the least likely in Kirklees to do the recommended level of physical activity.

Overall the locality had the lowest adult **smoking** rates in Kirklees, and the lowest rates amongst women of childbearing age - although 1 in 7 (14%) still smoked.

On average, men drank over the sensible limits of units of **alcohol**; in Denby Dale & Kirkburton they drank 23 units in the past week and in Mirfield 26 units - the highest in Kirklees. Women in Denby Dale & Kirkburton drank 13 units in the past week, the highest in Kirklees, and women in Mirfield 11 units - amongst the lowest in Kirklees.

Over 1 in 3 adults binged in the past week: rates in men across the locality were above average, but below average for women - although both were still too high.

### Conditions

**Heart disease** rates varied across the locality, from the lowest in Denby Dale & Kirkburton (4%) to the highest in Mirfield (7%).

**Diabetes** rates in this locality were the lowest in Kirklees (1 in 16, 6%).

**Death rates** in those aged under 75 in Mirfield, Denby Dale & Kirkburton were the lowest in Kirklees.

In Denby Dale & Kirkburton new cases of all **cancers**, especially lung cancer, were below the Kirklees rate. However, new cases of skin cancer in women were the highest in Kirklees. The number of new cases of breast cancer had fallen, being lower than the Kirklees rate and well below the national rate. However, new cases of prostate cancer were above the Kirklees and national rates and had increased again.

NB: data for new cancers is only available for Denby Dale & Kirkburton as Mirfield was included in the old Dewsbury and Mirfield locality data.

### Living and working conditions

The locality had the highest average **household income** of any locality in Kirklees.

Although the levels of **benefit claimants** was amongst the lowest in Kirklees, the number of people claiming rose across the locality, and the rates in Mirfield were higher than those in Denby Dale & Kirkburton. There were 1 in 6 (18%) residents aged over 16 receiving Council Tax Benefit in Mirfield.

The locality had the lowest rate of households who felt their **house** was inadequate for their needs, but this was still 1 in 5 (20%). This rose to 25% for pensioner households in Denby Dale & Kirkburton.

The area had the lowest levels of reported **crime**, but rates in Mirfield were higher than Denby Dale & Kirkburton.

NB data for following sections is only available for Denby Dale & Kirkburton as Mirfield was previously included in the old Dewsbury and Mirfield locality data.

Levels of regular **volunteering** in Denby Dale & Kirkburton were slightly above average with 1 in 4 (27%) participating in regular volunteering.

Compared to the rest of Kirklees, residents like Denby Dale & Kirkburton as **a place to live**: 9 out of 10 (94%) people were satisfied with it as a place to live; 3 out of 4 (73%) felt they belonged to their neighbourhood; most believed that people from different backgrounds (77%) and ages (88%) got on well with each other locally. All these are the highest in Kirklees.

- 1 All data are from the Kirklees Indicator Tables 2010 or relevant section of the Kirklees JSNA, 2010 and are available on the website.
- 2 All data specifically relating to '14 year olds' are from Young People's (YPS) Survey, 2009.

## Health and wellbeing indicators for adults in Mirfield, Denby Dale & Kirkburton 2010

Indicator		DDK	DDK vs Kirklees	DDK vs 2009 report	Mir	Mir vs Kirklees	Mir vs 2009 report
Resident population characteristics		%			%		
By age groups	aged 18-44 years	36	lower	N/A	33	lower	N/A
	aged 45-64 years	29	higher	higher	29	higher	higher
	aged 65-74 years	9	higher	N/A	11	higher	N/A
	aged 75 years and over	6	lower	N/A	9	higher	N/A
South Asian	aged 18 years and over	1	lower	=	2	lower	=
Non-south Asian	aged 18 years and over	99	higher	=	98	higher	=
Health Status mean score (out of 100)		Score			Score		
Role - Physical	mean aged 18 years and over	79	✓	NND	77	✓	NND
	mean aged under 65 years	85	✓	NND	84	✓	NND
	mean aged 65 years and over	50	✓	NND	51	✓	NND
Role - Emotional	mean aged 18 years and over	83	✓	NND	82	✓	NND
	mean aged under 65 years	86	✓	NND	84	✓	NND
	mean aged 65 years and over	74	✓	NND	74	✓	NND
Social functioning	mean aged 18 years and over	84	✓	NND	82	✓	NND
	mean aged under 65 years	87	✓	NND	85	✓	NND
	mean aged 65 years and over	71	x	NND	75	✓	NND
Mental health	mean aged 18 years and over	74	✓	NND	74	✓	NND
	mean aged under 65 years	74	✓	NND	74	✓	NND
	mean aged 65 years and over	76	✓	NND	74	=	NND
Physical functioning	mean aged 18 years and over	79	✓	NND	77	✓	NND
	mean aged under 65 years	85	✓	NND	83	✓	NND
	mean aged 65 years and over	57	✓	NND	57	✓	NND
Bodily pain	mean aged 18 years and over	72	✓	NND	71	✓	NND
	mean aged under 65 years	76	✓	NND	74	✓	NND
	mean aged 65 years and over	59	✓	NND	61	✓	NND
Life Expectancy (years)							
	at birth (male)	79.6	✓	x	78.9	✓	✓
	at birth (female)	82.5	✓	✓	81.5	✓	x
Deaths (rate per 1000)							
All cancers*	aged under 75 years	0.93	✓	✓	1.02	✓	x
All circulatory diseases*	aged under 75 years	0.57	✓	✓	0.72	✓	x
Coronary heart disease*	aged under 75 years	0.37	✓	✓	0.45	✓	✓
Stroke*	aged under 75 years	◆	N/A	N/A	◆	N/A	N/A
Bronchitis, emphysema & other COPD*	aged under 75 years	◆	N/A	N/A	◆	N/A	N/A
Biological Factors		%			%		
Heart disease	aged under 65 years	2	✓	NND	3	=	NND
	aged 65 years and over	12	✓	NND	18	x	NND
High blood pressure	aged under 65 years	13	✓	NND	12	✓	NND
	aged 65 years and over	37	✓	NND	36	✓	NND
Stroke	aged under 65 years	◆	N/A	NND	◆	N/A	NND
	aged 65 years and over	2	✓	NND	3	=	NND
Asthma	aged under 65 years	11	✓	NND	10	✓	NND
	aged 65 years and over	12	✓	NND	11	✓	NND
Diabetes	aged under 65 years	3	✓	NND	3	✓	NND
	aged 65 years and over	13	✓	NND	15	✓	NND
Incontinence of urine	aged under 65 years	3	✓	NND	3	✓	NND
	aged 65 years and over	16	=	NND	11	✓	NND

Indicator			DDK	DDK vs Kirklees	DDK vs 2009 report	Mir	Mir vs Kirklees	Mir vs 2009 report
Pain problems including arthritis	aged under 65 years (male)		30	=	NND	30	=	NND
	aged under 65 years (female)		19	✓	NND	24	=	NND
	aged 65 years and over (male)		48	X	NND	49	X	NND
	aged 65 years and over (female)		50	✓	NND	53	✓	NND
Back pain	aged under 65 years		22	✓	NND	27	X	NND
	aged 65 years and over		30	✓	NND	31	=	NND
Depression, anxiety or other nervous illness aged 18 years and over			16	✓	NND	18	✓	NND
Obesity	Obese - Body Mass Index 30+	aged 18 years and over	16	✓	NND	16	✓	NND
	Either obese or overweight aged 18 years and over		50	✓	NND	58	X	NND
Women of child bearing age	Either obese or overweight	aged 18-44 years	34	✓	NND	41	=	NND
<b>Health Behaviours</b>			%			%		
Smoking	At least 1 daily	aged 18 years and over	12	✓	NND	14	✓	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18 years and over	29	✓	NND	24	X	NND
Alcohol	Over sensible limits	aged 18 years and over (male)	39	X	NND	46	X	NND
		aged 18 years and over (female)	27	X	NND	22	✓	NND
	Binge drinking	aged 18 years and over (male)	39	X	NND	40	X	NND
		aged 18 years and over (female)	34	✓	NND	33	✓	NND
Women of child bearing age								
Smoking	Smoking at least 1 daily	aged 18-44 years	14	✓	NND	15	✓	NND
	Smoking at birth	all deliveries (excl. South Asian)	7	✓	=	11	✓	✓
Alcohol	Over sensible limits	aged 18-44 years	30	X	NND	25	✓	NND
	Binge drinking	aged 18-44 years	41	✓	NND	42	=	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18-44 years	32	=	NND	29	X	NND
<b>Economic wellbeing and community</b>			%			%		
Income support claimants aged 16-64 years			1.8	✓	X	2.7	✓	X
Council Tax Benefit claimants aged 16 years and over			13.3	✓	X	17.5	✓	X
Household income average gross £000s			39.6	✓	✓	37.3	✓	✓
Disability Living Allowance claimants all ages			3.9	✓	X	5.0	✓	=
Claimants of Severe Disability Allowance or Incapacity Benefit or Employment Support Allowance aged 16-64 years			3.6	✓	N/A	5.1	✓	N/A
People who believe people from different backgrounds get on well together in local area aged 18 years and over			77	✓	NND	N/A	N/A	NND
Home perceived as NOT adequate for household's needs (all household types) households			21	✓	NND	20	✓	NND
Home perceived as NOT adequate for needs of pensioner households pensioner households			25	✓	NND	22	✓	NND
Older people living in income deprived households aged 60 years and over			13	✓	NND	15	✓	N/A

**Key:**

✓ Better    X Worse    = Same    NND No New Data    N/A Not Available    \* Small numbers    ◆ Suppressed

# Huddersfield

One in 3 of the Kirklees population live in Huddersfield. People in the south of Huddersfield generally had poorer health than those in the north. South Huddersfield had more adults with long term conditions and higher rates of dying aged under 75 than Kirklees overall.

Some young people's lives have improved with fewer 14 year olds regularly smoking, drinking, being sexually active or feeling miserable. Educational attainment improved across all ages and groups.

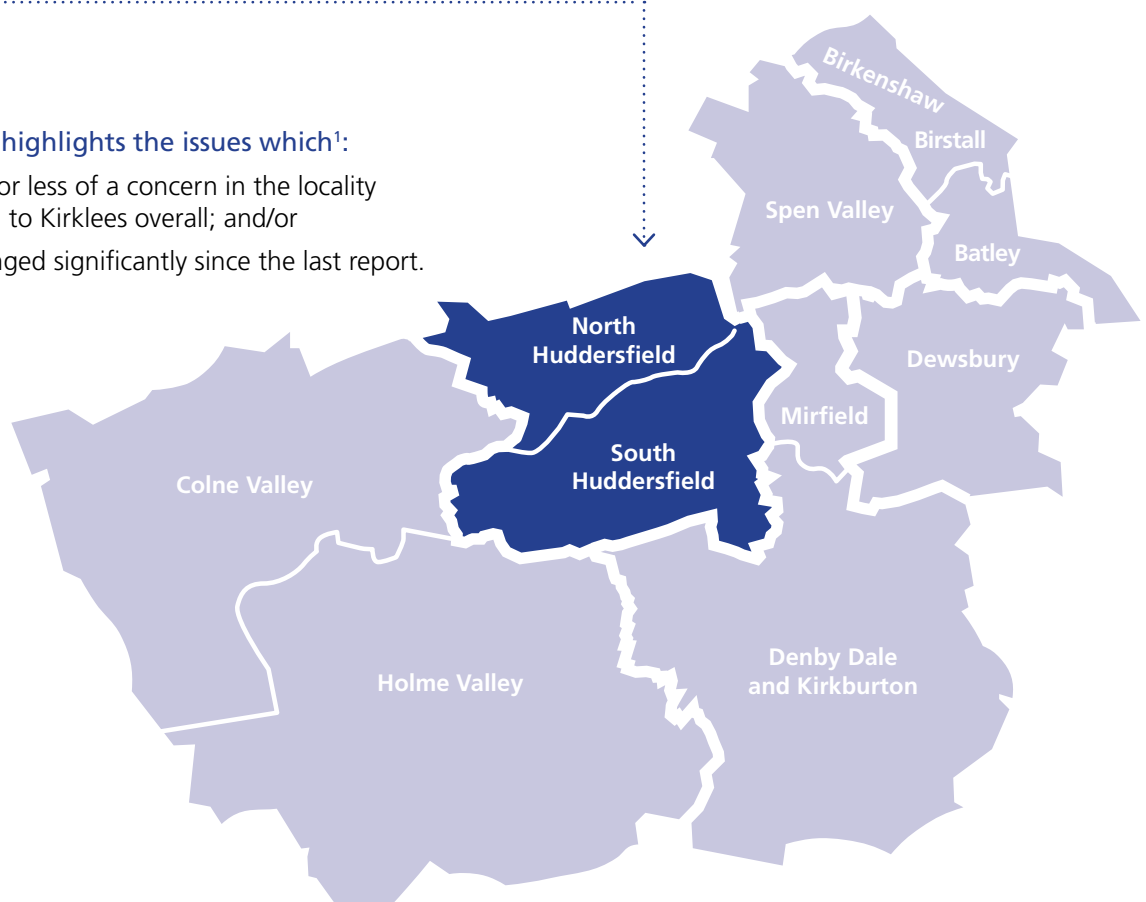
Significant challenges remain, especially in the south of Huddersfield, such as infant deaths, obesity, girls smoking and low attainment by pupils of Asian Pakistani heritage and by boys. Teenage conceptions were still too high across the locality.

Deprivation is increasing with high rates of unemployment, especially amongst young adults and older people living in poverty. Crime rates in Huddersfield are the highest in Kirklees.

To enable a more detailed analysis of the issues facing the Huddersfield locality, where possible the data is given for the north and south of the locality. The north of Huddersfield includes Ashbrow, Greenhead and Lindley wards, and the south of Huddersfield includes Almondbury, Crosland Moor and Netherton, Dalton and Newsome wards.

This section highlights the issues which<sup>1</sup>:

- are more or less of a concern in the locality compared to Kirklees overall; and/or
- have changed significantly since the last report.





### Key issues in this locality are:

Overall health in the south of Huddersfield was worse than in the north of Huddersfield, with the south having the highest rate of long term limiting illness in Kirklees.

High rates of deaths aged under 75, especially in the south of Huddersfield.

The infant death rate in the south of Huddersfield was still well above the national rate.

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

Very few adults did enough physical activity, this was especially low amongst women of childbearing age.

High rates of adults smoking, especially in the south of Huddersfield and amongst people of south Asian origin. The south of Huddersfield had the highest rate of smoking in 14 year old girls, the north a low rate.

Regular drinking amongst 14 year olds had fallen. Of those who drank, getting really drunk was much more common in boys in the north of Huddersfield than in the rest of Kirklees.

The rate of teenage conceptions was amongst the highest in Kirklees.

Highest rate of 14 year olds reporting not getting on with their peers and higher than average reporting regularly feeling angry in the north of Huddersfield.

High rates of obesity in children age 11 years, especially in the south of Huddersfield.

Educational attainment improved but was still below the Kirklees average, especially in the south of Huddersfield, for pupils of Asian Pakistani heritage and for boys.

The south of Huddersfield had the highest rate of school leavers not in education, training or employment (NEET).

Increasing levels of deprivation with low average household income, high rates of adults on out of work benefits and children and older people living in income deprived households.

Large numbers of houses inadequate for the needs of those living in them, especially those with dependent children.

Highest levels of all types of crime in Kirklees.

High traffic levels around the town centre and the related problem of poor air quality.

The main report highlights a number of issues that are important across Kirklees. So whilst these issues may not be significantly better or worse in the locality they should still be a focus of concern and action.






- **Smoking** - 1 in 5 (20%) of all adults in Kirklees still smoked and whilst rates in Huddersfield were similar, there were more than 23,000 adults who smoked.
- **Alcohol** - 1 in 5 (20%) 14 year olds<sup>2</sup> drank weekly or more and 1 in 3 (36%) men and 1 in 4 (26%) women drank above sensible limits across Kirklees, similar to Huddersfield.
- **Obesity** - 1 in 5 (18%) adults in Huddersfield were obese, the same as Kirklees, but obesity rates of 11 year olds in south Huddersfield (18%) were the second highest in Kirklees.
- **Long term conditions** - the lives of 1 in 3 adults in Huddersfield were affected by a long term limiting illness i.e. over 32,700 people and the south of Huddersfield had the highest rate in Kirklees. Rates of diabetes across the locality and pain, especially in the south of Huddersfield, were high.
- **Cancers** - were the main cause of death aged under 75 in every locality, with breast, lung, prostate and colon being the most common cancers. Huddersfield was similar to Kirklees, except for cervical cancer being the highest in the north and lowest in the south.
- **Mental health** - around 1 in 5 of adults in Kirklees were living with a mental health issue, including depression or anxiety, so nearly 25,000 adults in Huddersfield were affected. The south of Huddersfield had the second worst rate in Kirklees. Across Kirklees 1 in 5 14 year olds reported feeling miserable weekly or more in the last year, and 1 in 5 did not have someone to talk to about their problems.
- **Older people and carers** - 15% of the population was over 65 and this was projected to grow by 50% by 2030, especially in those aged over 85. So the number of older people in Huddersfield will increase from 20,800 to over 31,000. 1 in 8 of all adults had some caring responsibilities, around 12,300 adults in Huddersfield, and this is projected to rise as the population becomes older.
- **Deprivation** - whilst there were concentrations of deprivation in some localities there were significant numbers of people who were income deprived in each locality. In Huddersfield 1 in 3 (30%) of those aged 0-15 years and 1 in 5 (22%) of those aged over 60 lived in income deprived households - a combined total of over 13,000 people. More than half of all households had an annual income of below £20,000.

## Health and wellbeing indicators for children and young people in Huddersfield 2010


Indicator	Huddersfield		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Resident Population characteristics of those aged under 19</b>					
Population count aged under 19 years	30405	30692	NA	NA	101505
Aged under 19 years	226	225	NA	NA	237
South Asian aged under 19 years (Kirklees total = 27107)	288	298	NA	NA	267
Non-south Asian aged under 19 years (Kirklees total = 74398)	712	702	NA	NA	733
Number of live births	1722	1796	NA	NA	5666
Live birth rate	61	64			65
Proportion of live births that were to South Asian women (percentage)	Nav	33	Nav		31
<b>Being healthy</b>					
Babies born with a low birth weight, i.e. under 2500 gm	88	89			88
Deaths in infants aged under 1 year	6.8	5.1			6.0
Still births	6.7	5.9			5.4
Breastfed on initiation	787	797		▲	712
Breastfed at 6-6 weeks from birth	Nav	452			407
Obesity 4-5 year olds (reception class)	97	92		ND	92
Obesity 10-11 year olds (school year 6)	190	175			164
<b>Self-reported health and health problems of 14 year olds (school Year 9)</b>					
Overall health good to excellent	903	895			893
Everyday life affected by health problem and/or disability	121	98			118
<b>Health behaviours</b>					
<b>Food and nutrition (14 year olds)</b>					
Never/hardly ever eat something before school starts	228	231			220
<b>Smoking (14 year olds)</b>					
Smoking weekly or more (of all 14 year olds)	120	88			95
<b>Alcohol (14 year olds)</b>					
Have ever drunk alcohol	693	605	▼	▼	656
and drink alcohol weekly or more	497	179	▼		208
and have been 'really drunk' weekly or more	81	62			65
and drink alone	148	114			119
<b>Illegal drugs (14 year olds)</b>					
Ever taken illegal drugs	148	111			121
<b>Sexual Health (14 year olds unless otherwise stated)</b>					
Teenage conceptions (aged 15-17 years)	49.7	54.9			44.8
Have had sexual intercourse	175	127	▼		129
Of those who have had sexual intercourse no contraception/protection used	151	117			182
<b>Physical activity (14 year olds)</b>					
30+ mins average per day physical activity in last 7 days	878	855			874
Recommended (60 mins+) average daily physical activity levels	Nav	619	Nav		657
Sedentary (under 30 mins average physical activity per day)	122	145			126
<b>Psychological &amp; emotional health &amp; wellbeing (14 year olds)</b>					
NOT happy with the way they look	374	322			335
Problems getting to sleep (weekly or more) due to being anxious or worried	119	150			171
Weekly or more (in the last school year) had sudden changes of mood	232	193			208
felt miserable	233	179	▼		208
felt angry	361	293	▼		289
felt lonely	115	113			109
<b>Relationships for 14 year olds</b>					
Sometimes or never happy with his/her self as a person	262	248			264
Do NOT have someone to talk to about their problems	241	191			205

Indicator	Huddersfield		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Bullying in 14 year olds</b>					
Year 9 pupils who have ever been bullied	449	382	▼		397
Bullied weekly or more in past 2 months (of those who have been bullied)	108	189	▲		204
Ever been a bully	279	204	▼		216
Bully others weekly or more in past 2 months (of those who have been bullies)	61	80			102
<b>Staying/feeling Safe</b>					
Children aged under 18 years with a Child Protection Plan (CPP)	Nav	4.0	Nav	▲	2.9
14 year olds who feel very/quite safe in local area	Nav	803	Nav		801
14 year olds worried about violence at home monthly or more	57	30	▼		45
<b>Economic well being</b>					
Primary school pupils (years R to 6 incl.) eligible for free school meals	Nav	237	Nav	▲	184
Secondary school pupils aged 11-16 years (years 7 to 11 incl.) eligible for free school meals	Nav	206	Nav	▲	157
Children aged 0-15 years living in income deprived households (percentage)	Nav	30	Nav	▲	24
School leavers known not to be in employment, education or training (NEET)	Nav	111	Nav		97
<b>Housing</b>					
Households with dependent children whose home is perceived as NOT adequate for household's needs	321	Nav	NA		298
<b>Education</b>					
Pupils with Statement of Educational Needs	30	29			27
Achievement at Early Years Foundation Stage	520	579	▲	▼	619
Attainment of 5+ GCSEs A*-C [including English and Maths]					
Males	398	454			481
Females	477	548			577
Asian Pakistani heritage students attaining 5 A*-C including English and Maths	407	524			470
<b>Community &amp; community cohesion (14 year olds)</b>					
Agree that people from different backgrounds get on well together in local area	Nav	609	Nav	▲	514
Agree that people of different ages get on well together in local area	Nav	863	Nav		845
<b>Families (14 year olds)</b>					
Sometimes or never get on well with family	207	135	▼		139
Caring for a parent/sibling/other relative with a disability/illness	151	152			141
Never/hardly ever sit down for a family meal	Nav	229	Nav		197
Live with adult(s) who smoke	482	468		▲	415
Those who drink who usually get their alcohol from family/relatives living at home	Nav	511	Nav		511
Think that family/close friends drink too much	318	234	▼		250

**Key:**

	Comparable with adults data obtained from CLIK 2008 survey.
	Comparable with adults data obtained from Place Survey 2009.
	Data suppressed as denominator <=5 (or <=3 for deaths).
	Not applicable.
	Not available.

**\* Change**







	
	
	

Significantly worse (higher or lower) than this locality in 2009

Significantly better (higher or lower) than this locality in 2009

Significant change from 2009 but labels of better or worse not appropriate

**\*\* Difference**

Significantly worse (higher or lower) in this locality than Kirklees overall

Significantly better (higher or lower) in this locality than Kirklees overall

Significantly different to Kirklees but labels of better or worse not appropriate

Significant differences/ changes 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.

## The place and its people, population, births and deaths

Huddersfield locality includes the wards of Ashbrow, Greenhead, Lindley, Almondbury, Crosland Moor and Netherton, Dalton and Newsome. Huddersfield had a population of 137,000, of which 60,000 lived in the north of Huddersfield and 77,000 lived in the south of Huddersfield. Overall 1 in 3 (32%) of all Kirklees residents live in Huddersfield. The proportion of the population of the south of Huddersfield of south Asian origin was similar to Kirklees, whilst in the north of Huddersfield the proportion was higher than Kirklees but still lower than Dewsbury and Batley. The age profile of Huddersfield broadly reflected Kirklees.

There were 1,790 live births in the locality in 2008, 1 in 3 (32%) of all live births in Kirklees, with the birth rate being similar to Kirklees. Life expectancy at birth and aged 65 is similar to Kirklees, although the under 75 years death rate is higher.

## Health and wellbeing inequalities for children and young people

The **infant death rate** across the locality fell to 5.1 per 1,000. In the north of Huddersfield it was 4.5 whilst in the south it was 5.6 - still well above the national rate (4.8). The rate of **low birth weight babies** was the same as Kirklees 1 in 11 (9%). **Breastfeeding** initiation rates (80%) were above the Kirklees rate (71%). However, the **teenage conception** rate remained stubbornly high across the whole locality, 55 per 1,000 girls aged 15-17 and was amongst the highest in Kirklees.

Fewer 14 year olds were **sexually active** (13%) now, similar to Kirklees. Of all those 14 year olds having sex, fewer reported not using a condom or other protection (down from 1 in 7 (15%) to 1 in 9 (12%)) and this was better than Kirklees, 1 in 5 (18%).

The average number of **decayed/missing/filled teeth** in 5 year olds was less than Kirklees overall, but worse in the south than the north of Huddersfield. This is an indicator of poor diet. 14 year olds in Huddersfield were the least likely in Kirklees to eat something before school starts (23%).

**Smoking** amongst 14 year olds had decreased, especially amongst girls, although 1 in 9 (11%) of 14 year old girls in Huddersfield still smoked, 13% in the south of Huddersfield - the highest in Kirklees. Of those who smoked, 1 in 4 (26%) were happy to continue (1 in 3 (35%) in the north of Huddersfield). Nearly half (47%) of all 14 year olds in Huddersfield lived with an adult who smoked.

Along with all other localities, regular **alcohol** drinking amongst 14 year olds fell since the last report, but of those who drank, 1 in 5 (18%) drank weekly or more. In the north of Huddersfield 14 year olds were more likely to get 'really drunk' at least monthly (16%) than those in the south (10%), especially boys (18%). The proportion of 14 year olds who thought that family/close friends drank too much fell since the last report (from 32% to 23%) as, significantly, did those with family or friends who used illegal drugs (from 21% to 15%).

**Emotional wellbeing** in 14 year olds was similar to Kirklees, as 1 in 5 (18%) felt miserable at least weekly in the last year, 1 in 3 (29%) feeling angry at least weekly and 1 in 5 (19%) not having someone to talk to about their problems - all of which had improved since the last report.

Whilst being bullied was similar to Kirklees in 14 year olds,

1 in 3 (38%), this had improved (from 45%) since the last report. Similarly fewer of them (20%) reported ever being a bully than previously (28%). However, there was an increase in those 14 year olds who had been bullied weekly or more in the last two months, to 1 in 5 (19%), similar to Kirklees.

The locality had the second highest rate of children with a **Child Protection Plan** (4.0 per 1,000), with the south of Huddersfield (4.6) being much higher than the north (3.3). Feelings of safety for 14 year olds across the locality (80%) reflected Kirklees.

Overall the level of **educational attainment** across the locality was slightly below the Kirklees average at each key stage. The north of Huddersfield was above the Kirklees average, whilst the south was below at all key stages. At the Early Years Foundation Stage, attainment continued to improve in the south but remained the lowest in Kirklees, 52% versus the Kirklees overall, 62%, in 2010. The north of Huddersfield had also improved and was above average (65%). At Key Stage 4 GCSE level (5+ A\*-C GCSEs including English and Maths) attainment in Huddersfield had improved since 2009, but in the south was still below the Kirklees average for boys and girls. Attainment of all boys in the south was low (40%) and had fallen since 2009 but had risen across Kirklees by 7%. Nearly 2 out of 3 (63%) of Asian Pakistani heritage pupils achieved 5+ A\*-C including English and Maths in the north of Huddersfield, the highest in Kirklees, compared with less than half (43%) in the south of Huddersfield.

Huddersfield had one of the main geographic Not in Education, Employment or Training (**NEET**) 'hotspots' - Dalton, Rawthorpe and Kirkheaton.

Nearly half (an average of around 44%) of all children and young people in Huddersfield lived in the 20% most deprived areas in Kirklees. Across Huddersfield 1 in 3 (30%) children aged under 16 lived in **income deprived** households, the highest, along with Dewsbury and Batley.

14 year olds in Huddersfield were most likely to feel that people of different backgrounds (61%) and different ages (86%) **got on well** together, and be most satisfied with their area as a place to live (72%).

## Health and wellbeing inequalities for adults in Huddersfield

### Health status

Adults had slightly worse **health functioning** for every aspect compared to Kirklees, especially in the south of Huddersfield.

More than 7 in 10 adults reported having good or excellent health. However in the south of Huddersfield this was the lowest in Kirklees (71%).

Whilst 1 in 4 (28%) adults in the north of Huddersfield had a **long term limiting illness**, the rate rose to 1 in 3 (32%) in the south - the highest rate in Kirklees.

One in 3 (37%) people aged 65 and over needed **help with daily living tasks** with 3,330 people estimated to have a high or very high social care need.

### Behaviours

**Alcohol** consumption broadly reflected Kirklees overall. Nearly half of women of childbearing age binged in the past week, 46% in the south, the second highest rate in Kirklees. Rates had slightly improved since 2005, particularly for bingeing.

Only 1 in 4 (27%) of all adults did sufficient **physical activity** per week, amongst the lowest in Kirklees. Less than 1 in 3 (30%) women of childbearing age did enough physical activity weekly, less than 2005, and also the lowest in Kirklees.

23% of adults smoked in the south of Huddersfield, less in the north.

**Smoking** among south Asians in the south was high at 24%, compared to other localities. 1 in 4 (26%) women of childbearing age smoked rising from 20% in 2005. Smoking during pregnancy was below the Kirklees average but still too high at 13% in the north and 18% in the south.

### Conditions

Overall the locality had higher death rates in those aged under 75 than the rest of Kirklees, except Dewsbury. The rates had improved for cancer and **stroke** in the south of Huddersfield, **circulatory diseases and heart disease** worsened and were higher than Kirklees.

New cases of cervical **cancer** were the highest in Kirklees in the north of Huddersfield and the lowest in the south. New cases of colon cancer in the north of Huddersfield in women were the lowest in Kirklees. In the north of Huddersfield the overall death rate aged under 75 for cancer was below the rate in Kirklees but in the south it was above the Kirklees rate, but falling.

The rate of **diabetes** in the north of Huddersfield in those aged under 65 (7%) was the second highest in Kirklees, after Dewsbury. For those over 65 in the south of Huddersfield it was the highest in Kirklees (18%).

One in 5 adults were **obese** and over half were overweight or obese, similar to Kirklees. The locality had amongst the highest rate for women of childbearing age being either overweight or obese, especially in the north of Huddersfield (46%).

The area had amongst the highest rate of **incontinence of urine**, 1 in 11 amongst all ages and this was worse than 2005 figures.

One in 3 people suffered **pain** (including arthritis) and 1 in 4 had back pain. In the south of Huddersfield, more residents aged under 65 suffered pain than elsewhere in Kirklees.

One in 4 (23%) people suffered **depression, anxiety or other nervous illnesses**, the second worst rate in Kirklees, and worse than 2005.

### Living and working conditions

Average **household income** in Huddersfield was still below Kirklees especially in the south of Huddersfield. Levels of benefit claimants rose across the locality. The increase was most marked in Council Tax Benefit which rose from 23% to 28%. 1 in 6 (18%) of all working age adults were claiming Job Seekers Allowance, and 1 in 14 (7%) were claiming Incapacity Benefit or Employment and Support Allowance. So almost 1 in 3 of all working age adults were claiming an out of work benefit.

The locality had some of the highest rates of Disability Living Allowance claimants which is consistent with long term limiting illness.

Within Kirklees the number of people with **learning disabilities** known to services, continued to rise. Between 2009 and 2010 it increased by 1% to 19% in the south and 14% in the north of Huddersfield.

Of the 55,000 households in Huddersfield, more than 1 in 4 felt that their **home** was inadequate for their needs. Of families with dependent children in the north of Huddersfield, 1 in 3 (35%) felt their current home was inadequate, as did older people in the south of Huddersfield, 1 in 3 (29%).

Huddersfield had the highest levels of all type of **crime** across Kirklees, with criminal damage, other violence, and theft the most reported crime types. Although **domestic violence** levels were just below average for the locality, they were high within the Ashbrow and Greenhead wards.

More than 3 in 4 residents were satisfied with Huddersfield as a place to live. Residents felt there was a good level of cohesion, 3 in 4 (74% in the south and 79% in the north) believed people from different backgrounds **get on well** together.

Huddersfield had one of the lowest levels of **volunteering** in Kirklees. Only 1 in 4 (25%) adults participated in regular volunteering (i.e. at least monthly) in the north and 1 in 5 (22%) in the south.

The level of traffic increased with traffic flows in Huddersfield more than 8% higher between 1999 and 2009. **Transport** activity impacts on air quality. High levels of key transport related pollutants which affect health have been identified in the Cooper Bridge area of the A62.

- 1 All data are from the Kirklees Indicator Tables 2010 or relevant section of the Kirklees JSNA, 2010 and are available on the website.
- 2 All data specifically relating to '14 year olds' are from Young People's (YPS) Survey, 2009.

## Health and wellbeing indicators for adults in Huddersfield 2010

Indicator		Hudds North	HN vs Kirklees	HN vs 2009 report	Hudds South	HS vs Kirklees	HS vs 2009 report
Resident population characteristics		% %					
By age groups	aged 18-44 years	39	higher	N/A	41	higher	N/A
	aged 45-64 years	23	lower	=	23	lower	=
	aged 65-74 years	8	=	N/A	9	higher	N/A
	aged 75 years and over	8	higher	N/A	7	=	N/A
South Asian	aged 18 years and over	20	higher	higher	15	higher	higher
Non-south Asian	aged 18 years and over	80	lower	higher	85	lower	lower
Health Status: mean score (out of 100)		Score			Score		
Role - Physical	mean aged 18 years and over	74	=	NND	70	X	NND
	mean aged under 65 years	80	X	NND	77	X	NND
	mean aged 65 years and over	50	✓	NND	46	X	NND
Role - Emotional	mean aged 18 years and over	77	X	NND	74	X	NND
	mean aged under 65 years	79	X	NND	77	X	NND
	mean aged 65 years and over	73	X	NND	69	X	NND
Social functioning	mean aged 18 years and over	78	X	NND	76	X	NND
	mean aged under 65 years	80	X	NND	78	X	NND
	mean aged 65 years and over	73	✓	NND	71	X	NND
Mental health	mean aged 18 years and over	71	=	NND	69	X	NND
	mean aged under 65 years	70	=	NND	69	X	NND
	mean aged 65 years and over	75	✓	NND	72	X	NND
Physical functioning	mean aged 18 years and over	75	X	NND	73	X	NND
	mean aged under 65 years	81	=	NND	80	X	NND
	mean aged 65 years and over	56	=	NND	56	=	NND
Bodily pain	mean aged 18 years and over	69	=	NND	66	X	NND
	mean aged under 65 years	71	X	NND	70	X	NND
	mean aged 65 years and over	59	✓	NND	56	X	NND
Life Expectancy (years)							
	at birth (male)	77.3	=	X	76.8	X	X
	at birth (female)	80.7	X	✓	80.7	X	✓
Deaths (rate per 1000)							
All cancers*	aged under 75 years	1.01	✓	✓	1.07	✓	✓
All circulatory diseases*	aged under 75 years	0.84	X	✓	0.93	X	X
Coronary heart disease*	aged under 75 years	0.46	✓	✓	0.52	X	✓
Stroke*	aged under 75 years	0.17	X	✓	0.17	X	X
Bronchitis, emphysema & other COPD*	aged under 75 years	0.14	✓	X	0.15	=	✓
Biological Factors		% %					
Heart disease	aged under 65 years	3	=	NND	3	=	NND
	aged 65 years and over	14	✓	NND	15	✓	NND
High blood pressure	aged under 65 years	15	✓	NND	14	✓	NND
	aged 65 years and over	39	✓	NND	41	=	NND
Stroke	aged under 65 years	<1	=	NND	<1	=	NND
	aged 65 years and over	3	=	NND	3	=	NND
Asthma	aged under 65 years	11	✓	NND	12	=	NND
	aged 65 years and over	14	=	NND	15	X	NND
Diabetes	aged under 65 years	6	X	NND	5	=	NND
	aged 65 years and over	15	✓	NND	18	X	NND
Incontinence of urine	aged under 65 years	6	X	NND	6	X	NND
	aged 65 years and over	15	✓	NND	16	=	NND
Pain problems including arthritis	aged under 65 years (male)	30	=	NND	35	X	NND
	aged under 65 years (female)	25	X	NND	26	X	NND
	aged 65 years and over (male)	42	✓	NND	50	X	NND
	aged 65 years and over (female)	59	X	NND	60	X	NND

Indicator			Hudds North	HN vs Kirklees	HN vs 2009 report	Hudds South	HS vs Kirklees	HS vs 2009 report
Back pain	aged under 65 years		24	=	NND	27	X	NND
	aged 65 years and over		31	=	NND	33	=	NND
Depression, anxiety or other nervous illness	aged 18 years and over		22	X	NND	24	X	NND
Obesity	Obese - Body Mass Index 30+	aged 18 years and over	18	=	NND	19	X	NND
	Either obese or overweight aged 18 years and over		54	=	NND	53	✓	NND
Women of child bearing age	Either obese or overweight	aged 18-44 years	46	X	NND	41	✓	NND
<b>Health Behaviours</b>			<b>%</b>			<b>%</b>		
Smoking	At least 1 daily	aged 18 years and over	20	=	NND	23	X	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18 years and over	26	X	NND	28	=	NND
Alcohol	Over sensible limits	aged 18 years and over (male)	33	✓	NND	34	✓	NND
		aged 18 years and over (female)	25	✓	NND	29	X	NND
	Binge drinking	aged 18 years and over (male)	33	✓	NND	38	=	NND
		aged 18 years and over (female)	34	✓	NND	38	X	NND
Women of child bearing age			27	X	NND	26	X	NND
Smoking	Smoking at least 1 daily	aged 18-44 years	27	X	NND	26	X	NND
	Smoking at birth	all deliveries (excl. South Asian)	13	✓	✓	18	✓	✓
Alcohol	Over sensible limits	aged 18-44 years	26	✓	NND	32	X	NND
	Binge drinking	aged 18-44 years	41	✓	NND	46	X	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18-44 years	31	X	NND	29	X	NND
<b>Economic wellbeing and community</b>			<b>%</b>			<b>%</b>		
Income support claimants	aged 16-64 years		5.6	X	X	5.8	X	X
Council Tax Benefit claimants	aged 16 years and over		27	X	X	29.8	X	X
Household income average gross	£000s		32.8	X	✓	30.5	X	✓
Disability Living Allowance claimants	all ages		5.8	X	✓	6.1	X	✓
Claimants of Severe Disability Allowance or Incapacity Benefit or Employment Support Allowance	aged 16-64 years		6.9	X	N/A	6.9	X	N/A
People who believe people from different backgrounds get on well together in local area	aged 18 years and over		79	✓	NND	74	✓	NND
Home perceived as NOT adequate for household's needs (all household types)	households		27	X	NND	27	X	NND
Home perceived as NOT adequate for needs of pensioner households	pensioner households		26	✓	NND	29	X	NND
Older people living in income deprived households	aged 60 years and over		21	=	N/A	22	X	N/A

**Key:**

✓ Better    X Worse    = Same    NND No New Data    N/A Not Available    \* Small numbers    ◆ Suppressed

## The Valleys

People living in the Holme Valley are the healthiest in Kirklees. The health of the Colne Valley is similar to Kirklees in most respects. This pattern is true for physical activity, food and binge drinking in adults, income, benefit claimant levels, crime and adequate housing.

However, some major challenges exist:

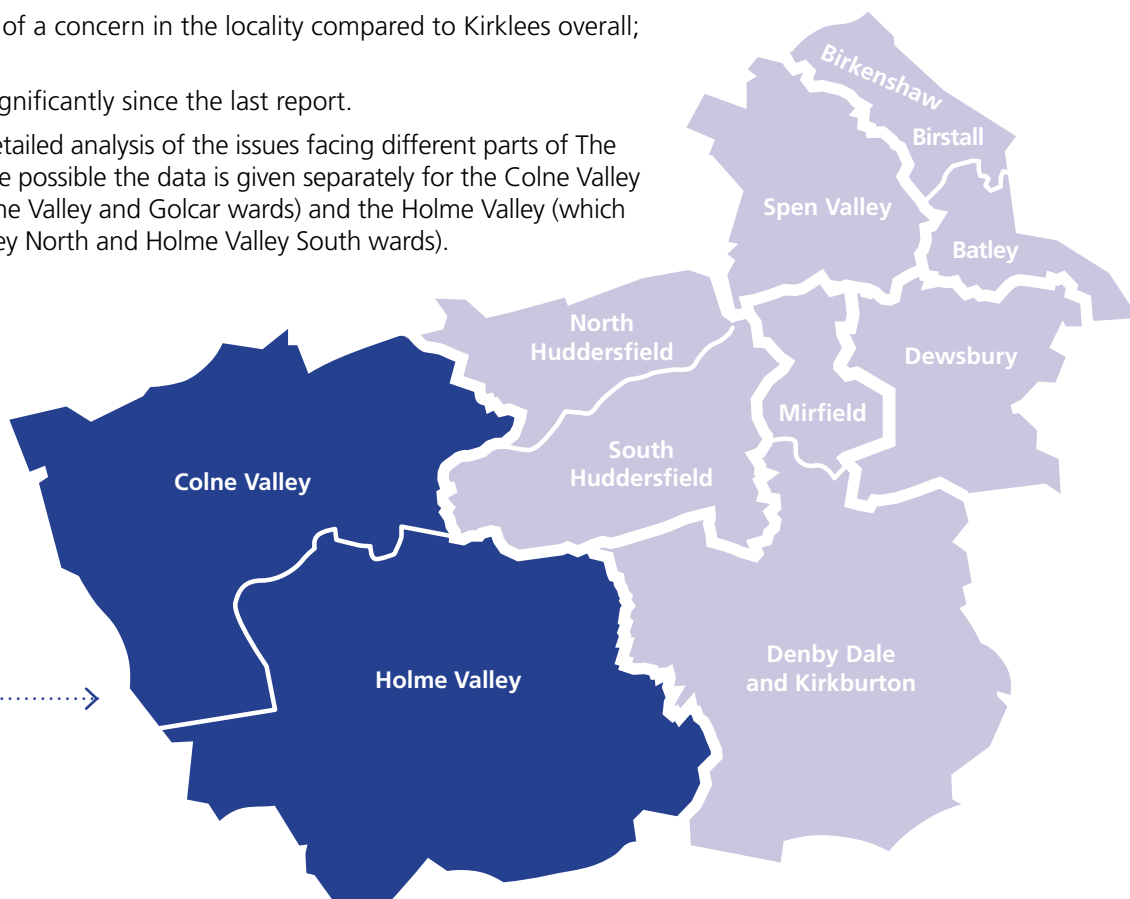
- Educational attainment levels in the Colne Valley fell from above average at 5 years old to below average at 16. Boys in the Colne Valley had the lowest levels of attainment at GCSE level of any group across Kirklees, whilst girls in the Holme Valley had the highest.
- Children and adults being overweight was the highest in Kirklees.

14 year olds in The Valleys were the most likely to have been bullied, smoked, drunk alcohol, which was usually provided by their family, and used illegal drugs in Kirklees. Encouragingly the numbers who drank weekly had fallen since the last report. However more 14 year olds reported problems getting to sleep because of anxiety or worry.

This section highlights the issues which:

- are more or less of a concern in the locality compared to Kirklees overall; and/or
- have changed significantly since the last report.

To enable a more detailed analysis of the issues facing different parts of The Valleys locality where possible the data is given separately for the Colne Valley (which includes Colne Valley and Golcar wards) and the Holme Valley (which includes Holme Valley North and Holme Valley South wards).





### Key issues in this locality are:

Life expectancy, death rates in those aged under 75 and overall health in the Colne Valley were similar to Kirklees overall whilst rates in the Holme Valley were much better.

The highest rate of 14 year olds reporting having ever drunk alcohol, with higher than average reporting that they got their alcohol from their family, but the rate of drinking weekly or more fell.

Highest rate of 14 year olds reporting taking illegal drugs in Kirklees.

More 14 year olds reported being unable to get to sleep weekly or more because of worry or anxiety, especially in the Holme Valley.

Bullying was experienced by more 14 year olds in The Valleys than elsewhere in Kirklees.

Educational attainment, is markedly different, being higher than average in the Holme Valley but similar to the Kirklees average in the Colne Valley, except for boys which was, at GCSE level, the worst in Kirklees.

Alcohol consumption – high numbers of men in the Holme Valley were drinking over sensible limits and binge drinking in the Colne Valley, especially amongst women of childbearing age.

Working age adults on low incomes in the Colne Valley were the least likely across Kirklees to do any physical activity at all.

Colne Valley had the highest rate of hip fractures in those under 75 years and the highest rate of people staying in hospital for more than three days after an accident.

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

The locality had the highest rates of people of all ages who were admitted to hospital with a fractured hip and the highest rate of people aged 65 and over staying in hospital for more than three days after an accident.

There was a large gap in household income between Holme and Colne Valleys; people in the Holme Valley were more affluent.

Homes were inadequate for the needs of many older people living in them in the Colne Valley.

The main report highlights a number of issues that are important across Kirklees. So whilst these issues may not be significantly better or worse in a locality they should still be a focus of concern and action.






- **Smoking** - 1 in 5 (20%) adults in Kirklees still smoked and whilst there were slightly fewer in The Valleys there were still nearly 10,000 adult smokers in the locality, and 1 in 10 14 year olds<sup>2</sup> were smoking weekly or more.
- **Alcohol** - 1 in 5 (20%) 14 year olds drank weekly or more and 1 in 3 (36%) men and 1 in 4 (26%) women drank above sensible limits across Kirklees, similar for the Valleys.
- **Obesity** - 1 in 6 (16%) 11 year olds and 1 in 5 (18%) adults in Kirklees were obese. Whilst this was slightly lower in The Valleys this is still too high, with 1 in 7 (14%) of 11 year olds being obese.
- **Long term conditions** - the lives of 1 in 4 (24%) adults in The Valleys were affected by a long term limiting illness, i.e. over 13,500 people. Those aged under 65, with high blood pressure, asthma and diabetes had increased since the last report whilst the numbers of those aged over 65 with heart disease, stroke and asthma had decreased. These rates were the same as or better than the Kirklees average.
- **Cancers** - were the main cause of death in those aged under 75 in every locality, with breast, lung, prostate and colon being the most common. The Valleys were similar to Kirklees, but had the lowest rate of cervical cancer and the highest rate of prostate cancer, and the Holme Valley had one of the lowest death rates, aged under 75.
- **Mental health** - around 1 in 5 (21%) adults in Kirklees were living with a mental health issue, including depression or anxiety, so more than 11,000 adults in The Valleys were affected. Across Kirklees 1 in 5 (21%) 14 year olds reported feeling miserable weekly or more in the last year, and 1 in 5 (21%) did not have someone to talk to about their problems.
- **Older people and carers** - 1 in 6 (15%) of the population of Kirklees was aged 65 and over. This was projected to grow by 50% by 2030 especially in those aged over 85. Those aged over 65 in The Valleys will increase from 10,600 to 16,000. 1 in 8 (12%) of all adults in Kirklees had some caring responsibilities (around 6,300 adults in The Valleys), and this will rise as the population becomes older.
- **Low income** - whilst there were concentrations of deprivation in some localities there were significant numbers of people who were income deprived in each locality. In The Valleys, 1 in 7 (14%) aged 0-15 and 1 in 6 (15%) aged over 60 lived in income deprived households – a combined total of more than 4,100 people. 1 in 4 households had an annual income of below £20,000.

## Health and wellbeing indicators for children and young people in The Valleys 2010


Indicator	The Valleys		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Resident Population characteristics of those aged under 19</b>					
Population count aged under 19 years	16086	16131	NA	NA	101505
Aged under 19 years	226	224	NA	NA	237
South Asian aged under 19 years (Kirklees total = 27107)	46	49	NA	NA	267
Non-south Asian aged under 19 years (Kirklees total = 74398)	954	951	NA	NA	733
Number of live births	801	822	NA	NA	5666
Live birth rate	57	58		▼	65
Proportion of live births that were to South Asian women (percentage)	Nav	7.0	Nav	▼	31
<b>Being healthy</b>					
Babies born with a low birth weight, i.e. under 2500 gm	67	67	NC		88
Deaths in infants aged under 1 year	◆	◆			6.0
Still births	◆	6.0			5.4
Breastfed on initiation	812	825		▲	712
Breastfed at 6-6 weeks from birth	Nav	477			407
Obesity 4-5 year olds (reception class)	78	75			92
Obesity 10-11 year olds (school year 6)	160	137			164
<b>Self-reported health and health problems of 14 year olds (school Year 9)</b>					
Overall health good to excellent	909	913			893
Everyday life affected by health problem and/or disability	122	160		▲	118
<b>Health behaviours</b>					
<b>Food and nutrition (14 year olds)</b>					
Never/hardly ever eat something before school starts	184	185			220
<b>Smoking (14 year olds)</b>					
Smoking weekly or more (of all 14 year olds)	110	99			95
<b>Alcohol (14 year olds)</b>					
Have ever drunk alcohol	861	833		▲	656
and drink alcohol weekly or more	506	207	▼		208
and have been 'really drunk' weekly or more	81	47			65
and drink alone	152	106			119
<b>Illegal drugs (14 year olds)</b>					
Ever taken illegal drugs	186	155			121
<b>Sexual Health (14 year olds unless otherwise stated)</b>					
Teenage conceptions (aged 15-17 years)	32.8	30.8			44.8
Have had sexual intercourse	143	134			129
Of those who have had sexual intercourse no contraception/protection used	135	110			182
<b>Physical activity (14 year olds)</b>					
30+ mins average per day physical activity in last 7 days	912	905			874
Recommended (60 mins+) average daily physical activity levels	Nav	723	Nav	▲	657
Sedentary (under 30 mins average physical activity per day)	88	94			126
<b>Psychological &amp; emotional health &amp; wellbeing (14 year olds)</b>					
NOT happy with the way they look	380	361			335
Problems getting to sleep (weekly or more) due to being anxious or worried	123	195	▲		171
Weekly or more (in the last school year) had sudden changes of mood	243	193			208
felt miserable	249	220			208
felt angry	354	276	▼		289
felt lonely	148	136			109
<b>Relationships for 14 year olds</b>					
Sometimes or never happy with his/her self as a person	288	280			264
Do NOT have someone to talk to about their problems	202	216			205

Indicator	The Valleys		Change*	Diff**	Kirklees 2010
	2009	2010			
<b>Bullying in 14 year olds</b>					
Year 9 pupils who have ever been bullied	520	456		▲	397
Bullied weekly or more in past 2 months (of those who have been bullied)	123	196			204
Ever been a bully	254	203			216
Bully others weekly or more in past 2 months (of those who have been bullies)	50	82			102
<b>Staying/feeling Safe</b>					
Children aged under 18 years with a Child Protection Plan (CPP)	Nav	1.7	Nav		2.9
14 year olds who feel very/quite safe in local area	Nav	830	Nav		801
14 year olds worried about violence at home monthly or more	44	35			45
<b>Economic well being</b>					
Primary school pupils (years R to 6 incl.) eligible for free school meals	Nav	126	Nav	▼	184
Secondary school pupils aged 11-16 years (years 7 to 11 incl.) eligible for free school meals	Nav	107	Nav	▼	157
Children aged 0-15 years living in income deprived households (percentage)	Nav	14	Nav	▼	24
School leavers known not to be in employment, education or training (NEET)	67	70	Nav		97
<b>Housing</b>					
Households with dependent children whose home is perceived as NOT adequate for household's needs	245	Nav	NA	▼	298
<b>Education</b>					
Pupils with Statement of Educational Needs	25	26			27
Achievement at Early Years Foundation Stage	613	658			619
Attainment of 5+ GCSEs A*-C [including English and Maths]	Males	527	507		481
	Females	594	643		577
Asian Pakistani heritage students attaining 5 A*-C including English and Maths	◆	◆	NA	NA	470
<b>Community &amp; community cohesion (14 year olds)</b>					
Agree that people from different backgrounds get on well together in local area	Nav	565	Nav		514
Agree that people of different ages get on well together in local area	Nav	853	Nav		845
<b>Families (14 year olds)</b>					
Sometimes or never get on well with family	175	117	▼		139
Caring for a parent/sibling/other relative with a disability/illness	95	85		▼	141
Never/hardly ever sit down for a family meal	Nav	173	Nav		197
Live with adult(s) who smoke	395	340		▼	415
Those who drink who usually get their alcohol from family/relatives living at home	Nav	566	Nav		511
Think that family/close friends drink too much	327	262			250

**Key:**

	Comparable with adults data obtained from CLIK 2008 survey.
	Comparable with adults data obtained from Place Survey 2009.
	Data suppressed as denominator <=5 (or <=3 for deaths).
	Not applicable.
	Not available.

**\* Change**







	
	
	

Significantly worse (higher or lower) than this locality in 2009

Significantly better (higher or lower) than this locality in 2009

Significant change from 2009 but labels of better or worse not appropriate

**\*\* Difference**

Significantly worse (higher or lower) in this locality than Kirklees overall

Significantly better (higher or lower) in this locality than Kirklees overall

Significantly different to Kirklees but labels of better or worse not appropriate

Significant differences/ changes 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.

## The place and its people, population, births and deaths

The Valleys locality includes the wards of Colne Valley, Golcar, Holme Valley North and Holme Valley South. The locality had a population of 72,000 people, equally split between the Colne Valley and Holme Valley. The area had slightly fewer young people (aged under 19), and one of the lowest proportions of people of south Asian origin, compared with Kirklees. There were more than 820 **live births** in 2008. The birth rate was lower, especially in the Holme Valley, and the rate of **babies dying in their first year of life** in the whole locality was the lowest in Kirklees (3.6 per 1,000 live births).

There was a lower proportion of those aged 19-44, especially in the Holme Valley, but a higher proportion of those aged 45-64 across The Valleys than elsewhere in Kirklees.

**Life expectancy** in the Colne Valley was similar to the Kirklees level. The Holme Valley had the highest life expectancy from birth in Kirklees for both men, 4.9 years more than Dewsbury, and women, 3.6 years more than Dewsbury. The gap between men and women's life expectancy was 3.1 years.

Overall the locality had the lowest death rates aged under 75, although this is due to the very low rates in the Holme Valley as the Colne Valley has the same rates for all the major causes as the rest of Kirklees.

## Health and wellbeing inequalities for children and young people

**Breastfeeding** initiation rates across the whole locality (83%) were amongst the highest in Kirklees. The Valleys had the highest rates of **healthy eating** amongst young children as indicated by dental health (average of 1.0 **decayed/missing/filled** teeth at age five). However, whilst levels of obesity amongst Reception age children was average (7.5%) those 'overweight' was the highest in Kirklees (14%), especially in the Holme Valley (15%). This continued to Year 6 when both Colne (17%) and Holme (18%) Valleys had the highest levels of children who were overweight. By age 14, 1 in 3 (36%) reported not being happy with the way they looked and 1 in 5 (21%) reported they were on a diet or trying to lose weight.

Levels of **physical activity** were amongst the highest in Kirklees, more young people did more intensive physical activity (72% doing 60 minutes per day) and fewer (9%) reported doing less than the recommended amounts.

Compared across Kirklees, 14 year olds in The Valleys were the most likely to have ever drunk **alcohol** (83%). This had not fallen since the last report as it had in the neighbouring localities. Of those who drank, their alcohol use was similar to Kirklees. This is better than previous reports as Holme Valley used to have amongst the highest rate of young people drinking weekly or more.

The Valleys had the highest rate of young people who reported having ever taken **illegal drugs** (1 in 6, 15%) and the highest rate of taking illegal drugs monthly or more (1 in 20, 5%).

**Smoking** amongst 14 year olds had stayed the same (10%) and was amongst the highest in Kirklees, especially amongst boys (11%), but more wanted to quit (78%) than in Kirklees generally (75%).

The **teenage conception** rate (3% in girls aged 15-17) continued to fall, but for the Colne Valley (4%) it was the same as Kirklees. 14 year olds in The Valleys were most likely to have sex (14%) than elsewhere, but also most likely to use a condom. **Emotional wellbeing** of 14 year olds in The Valleys was similar to Kirklees, with 1 in 5 (22%) 14 year olds reporting feeling miserable weekly or more in the last year, and 1 in 5 (22%) not having someone to talk to about their problems, in the Holme Valley this was

one of the highest rates in Kirklees (at 23%). More 14 year olds reported being unable to get to sleep weekly or more because of worry or anxiety (19%) especially in the Holme Valley (21%).

Nearly half (46%) of all 14 year olds in The Valleys reported having ever been **bullied** - the highest in Kirklees. Of those who were bullied, 1 in 5 (20%) were bullied weekly or more in the last two months, which is higher than the previous report.

One in 6 (16%) 14 year olds reported that their **everyday life was affected by a health problem** and/or a disability (the highest in Kirklees).

More than 4 in 5 (83%) 14 year olds in the locality reported **feeling very/quite safe** in the local area, going to/from (90%) and at school (90%), amongst the most likely to feel safe in these settings across the whole of Kirklees.

Whilst overall **educational attainment** across the locality was positive, there was a clear difference between the Colne and Holme Valleys. At Foundation Stage more children in the Colne Valley (67%) achieved the expected level than in the Holme Valley (64%). By Key Stage 2 the position was reversed and by Key Stage 4 the gap between the two valleys was 20%. Attainment in the Holme Valley in 2010 was amongst the highest in Kirklees at all stages, and by Key Stage 4, 2 in 3 (66%) achieved 5+ GCSEs at grade A\*-C including English and Maths, the same as 2009. In the Colne Valley attainment at Key Stage 4 was below average with less than half (46%) achieving 5+ GCSEs at grade A\*-C including English and Maths. There was a large gap between boys and girls in the Colne Valley with girls' attainment having increased to the average for Kirklees (58%) and boys having dropped from 2009 to the lowest in Kirklees (37%).

Whilst overall levels of **deprivation** were amongst the lowest in Kirklees, there were still 1 in 8 (14%) children aged under 16 living in income deprived households.

Of families in The Valleys with dependent children 1 in 4 (25%) felt their **homes** were inadequate for their needs.

Only 1 in 12 (9%) 14 year olds reported having a **caring** responsibility for a parent, sibling or other relative, the lowest in Kirklees.

## Health and wellbeing inequalities for adults in The Valleys

### Health status

Overall **health functioning** across The Valleys was better than Kirklees across all aspects of functioning. People in the Colne Valley were similar to Kirklees whilst those in the Holme Valley had some of the best health functioning in Kirklees.

More than 8 in 10 (81%) adults reported having good or excellent health, the highest in Kirklees. 1 in 4 (24%) adults in The Valleys had **long term limiting illness**, compared with 28% across Kirklees.

One in 3 (33%) people aged 65 and over needed **help with daily living tasks** and it was estimated that 1,640 had a high or very high social care need.

### Behaviours

More men in the Holme Valley (2 in 5) drank over the sensible limit of **alcohol** than those in the Colne Valley and Kirklees. Women drank an average of 11 units, three units below the sensible limit, the same as 2005.

1 in 4 women still drank over the sensible limit in both of the valleys.

Over 1 in 3 men and women across The Valleys binged on alcohol in the past week. Both men and women in the Colne Valley were more likely to binge than those across Kirklees and those in the Holme Valley less likely. Compared to Kirklees, women of childbearing age in Holme Valley were least likely to binge (36%) and in Colne Valley more likely to binge (46%).

Women of childbearing age had lower rates of **smoking** than in Kirklees as a whole, but it was still nearly 1 in 5 (19%) and 1 in 9 (11%) who still smoked during pregnancy.

Nearly 1 in 3 (30%) adults in The Valleys were **physically active** enough to benefit their health. This was the best in Kirklees, but had dropped since 2005. More working age adults on low incomes in the Colne Valley than anywhere else in Kirklees did no physical activity at all (21%).

### Conditions

The rate of new cases of all **cancers** was similar to Kirklees and nationally. Whilst the rate of cervical cancer was below the Kirklees rate, the locality had the highest rates of skin, prostate and colon cancer in men. The death rate in those aged under 75 for all cancers was similar to Kirklees. The rate in Colne Valley was slightly higher than for Kirklees but Holme Valley was amongst the lowest in Kirklees.

The rates of those aged under 65 suffering from **high blood pressure, asthma** and **diabetes** had increased since 2005, but remained below Kirklees. However, the rates of those aged over 65 suffering from **heart disease, stroke** and **asthma** had decreased and was at or below Kirklees.

In the Colne Valley the rate of **back pain** in those of working age was the worst in Kirklees, at 29% (33% for men and 26% for women).

One in 5 (20%) adults in both valleys were suffering from **depression, anxiety or other nervous illness**. This was the same as Kirklees, but had increased since 2005, as in all localities.

In addition to the 1 in 7 (15%) adults who were **obese**, 1 in 3 (36%) were overweight. So being overweight or obese was the norm in The Valleys with 51% of adults affected.

Both the Holme and Colne Valley had the highest rates of people who were admitted to hospital with a **fractured hip** (13 per 1,000). The Valleys also had the highest rate of people aged 65 and over staying in hospital for more than three days after an accident, which is an indicator of the severity of the accident.

### Living and working conditions

This locality had seen the largest rise in average household income of any in Kirklees, but there was a gap between the Holme and Colne Valleys of over £6,000. So compared to Kirklees the Holme Valley had the highest average household income and the Colne Valley was similar.

Although the levels of **benefit claimants** was amongst the lowest in Kirklees, the number of people claiming rose across the locality and was higher in the Colne Valley than in the Holme Valley. There were 1 in 5 (21%) residents over 16 receiving Council Tax Benefit in the Colne Valley.

Rates of benefit claims were below the Kirklees average but there were still 1 in 6 households claiming Council Tax Benefit, 4.4% claiming Incapacity Benefit and 4.1% claiming Disability Living Allowance. The rates for all these were higher in the Colne Valley than the Holme Valley.

Out of the more than 30,000 households in The Valleys, 1 in 4 (23%) felt that their **house** was inadequate for their needs. This rose to 30% for pensioner households in the Colne Valley.

Compared to the rest of Kirklees, residents liked The Valleys **as a place to live**: 8 in 10 (82%) people were satisfied with it as a place to live, 2 in 3 (65%) felt they belonged to their neighbourhood, most believed that people from different backgrounds (77%) and ages (87%) got on well with each other locally.

**Crime** rates were well below the Kirklees average, although higher in the Colne Valley than the Holme Valley. Perceptions of anti-social behaviour were also well below the Kirklees average.

Levels of regular **volunteering** were slightly above average with 1 in 4 (29%) participating in regular volunteering.

1 All data are from the Kirklees Indicator Tables 2010 or relevant section of the Kirklees JSNA, 2010 and are available on the website.

2 All data specifically relating to '14 year olds' are from Young People's (YPS) Survey, 2009.

## Health and wellbeing indicators for adults in Batley, Birstall & Birkenshaw 2010

Indicator		Valleys	vs 2009 report	Colne Valley	CV vs Kirklees	CV vs 2009 report	Holme Valley	HV vs Kirklees	HV vs 2009 report
Resident population characteristics		%		%			%		
By age groups	aged 18-44 years	35	N/A	38	=	N/A	33	lower	N/A
	aged 45-64 years	29	higher	27	higher	=	30	higher	=
	aged 65-74 years	8	=	7	lower	N/A	9	higher	N/A
	aged 75 years and over	7	=	6	lower	N/A	7	=	N/A
South Asian	aged 18 years and over	2	lower	3	lower	=	1	lower	=
Non-south Asian	aged 18 years and over	98	higher	97	higher	=	99	higher	=
Health Status: mean score (out of 100)		Score		Score			Score		
Role - Physical	mean aged 18 years and over	78	✓	77	✓	NND	78	✓	NND
	mean aged under 65 years	84	✓	84	✓	NND	84	✓	NND
	mean aged 65 years and over	51	X	49	=	NND	53	✓	NND
Role - Emotional	mean aged 18 years and over	81	X	79	✓	NND	83	✓	NND
	mean aged under 65 years	83	X	81	✓	NND	85	✓	NND
	mean aged 65 years and over	73	X	70	X	NND	75	✓	NND
Social functioning	mean aged 18 years and over	82	✓	80	✓	NND	84	✓	NND
	mean aged under 65 years	84	✓	82	✓	NND	86	✓	NND
	mean aged 65 years and over	74	=	73	✓	NND	75	✓	NND
Mental health	mean aged 18 years and over	73	X	72	✓	NND	74	✓	NND
	mean aged under 65 years	73	X	72	✓	NND	74	✓	NND
	mean aged 65 years and over	75	X	75	✓	NND	75	✓	NND
Physical functioning	mean aged 18 years and over	80	=	79	✓	NND	80	✓	NND
	mean aged under 65 years	85	=	85	✓	NND	86	✓	NND
	mean aged 65 years and over	57	X	56	=	NND	59	✓	NND
Bodily pain	mean aged 18 years and over	72	=	71	✓	NND	72	✓	NND
	mean aged under 65 years	74	=	74	✓	NND	75	✓	NND
	mean aged 65 years and over	60	=	60	✓	NND	61	✓	NND
Life Expectancy (years)									
	at birth (male)	78.9	=	77.4	✓	✓	80.3	✓	X
	at birth (female)	82	X	80.7	X	X	83.4	✓	X
Deaths (rate per 1000)									
All cancers*	aged under 75 years	1.10	=	1.13	X	✓	1.08	=	X
All circulatory diseases*	aged under 75 years	0.66	✓	0.74	✓	✓	0.59	✓	=
Coronary heart disease*	aged under 75 years	0.36	✓	0.43	✓	✓	0.31	✓	X
Stroke*	aged under 75 years	0.13	✓	0.17	X	✓	◆	N/A	N/A
Bronchitis, emphysema & other COPD*	aged under 75 years	0.13	X	0.18	X	X	0.09	✓	=
Biological Factors		%		%			%		
Heart disease	aged under 65 years	2	✓	2	✓	NND	2	✓	NND
	aged 65 years and over	14	✓	13	✓	NND	16	=	NND
High blood pressure	aged under 65 years	15	X	16	=	NND	13	✓	NND
	aged 65 years and over	36	=	38	✓	NND	35	✓	NND
Stroke	aged under 65 years	<1	✓	<1	=	NND	◆	N/A	NND
	aged 65 years and over	3	✓	4	X	NND	3	=	NND
Asthma	aged under 65 years	12	X	12	=	NND	12	=	NND
	aged 65 years and over	13	✓	15	X	NND	12	✓	NND
Diabetes	aged under 65 years	4	X	4	✓	NND	4	✓	NND
	aged 65 years and over	15	X	15	✓	NND	14	✓	NND
Incontinence of urine	aged under 65 years	4	✓	4	✓	NND	4	✓	NND
	aged 65 years and over	14	=	15	✓	NND	13	✓	NND

Indicator			Valleys	vs 2009 report	Colne Valley	CV vs Kirklees	CV vs 2009 report	Holme Valley	HV vs Kirklees	HV vs 2009 report
Pain problems including arthritis	aged under 65 years (male)		27	=	27	✓	NND	27	✓	NND
	aged under 65 years (female)		23	✓	21	✓	NND	24	X	NND
	aged 65 years and over (male)		46	=	46	=	NND	46	=	NND
	aged 65 years and over (female)		56	✓	60	X	NND	53	✓	NND
Back pain	aged under 65 years		26	X	28	X	NND	24	=	NND
	aged 65 years and over		28	X	28	✓	NND	28	✓	NND
Depression, anxiety or other nervous illness	aged 18 years and over		20	X	20	✓	NND	20	✓	NND
Obesity	Obese - Body Mass Index 30+	aged 18 years and over	16	=	16	✓	NND	15	✓	NND
	Either obese or overweight	aged 18 years and over	51	N/A	53	✓	NND	50	✓	NND
Women of child bearing age	Either obese or overweight	aged 18-44 years	42	N/A	44	X	NND	40	✓	NND
<b>Health Behaviours</b>			%		%		%			
Smoking	At least 1 daily	aged 18 years and over	17	✓	19	✓	NND	16	✓	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18 years and over	30	X	30	✓	NND	30	✓	NND
Alcohol	Over sensible limits	aged 18 years and over (male)	38	✓	36	=	NND	39	X	NND
		aged 18 years and over (female)	26	✓	26	=	NND	25	✓	NND
	Binge drinking	aged 18 years and over (male)	37	=	41	X	NND	33	✓	NND
		aged 18 years and over (female)	36	X	40	X	NND	31	✓	NND
Women of child bearing age										
Smoking	Smoking at least 1 daily	aged 18-44 years	19	N/A	19	✓	NND	20	✓	NND
	Smoking at birth	all deliveries (excl. South Asian)	11	X	13	✓	X	9	✓	X
Alcohol	Over sensible limits	aged 18-44 years	27	N/A	28	✓	NND	26	✓	NND
	Binge drinking	aged 18-44 years	41	N/A	46	X	NND	36	✓	NND
Physical activity	Moderate activity at least 30 mins 5 times weekly	aged 18-44 years	34	N/A	33	✓	NND	34	✓	NND
<b>Economic wellbeing and community</b>			%		%		%			
Income support claimants	aged 16-64 years		2.8	N/A	3.4	✓	X	2.2	✓	X
Council Tax Benefit claimants	aged 16 years and over		17	N/A	21	✓	X	14	✓	X
Household income average gross £000s			37.2	✓	34.1	✓	N/A	40.5	✓	N/A
Disability Living Allowance claimants	all ages		4.1	N/A	4.7	✓	X	3.5	✓	✓
Claimants of Severe Disability Allowance or Incapacity Benefit or Employment Support Allowance	aged 16-64 years		4.4	N/A	5.1	✓	N/A	3.6	✓	N/A
Home perceived as NOT adequate for household's needs (all household types)	households		23	NND	25	✓	NND	22	✓	NND
Home perceived as NOT adequate for needs of pensioner households	pensioner households		26	NND	29	X	NND	23	✓	NND
Older people living in income deprived households	aged 60 years and over		15	NND	18	✓	N/A	13	✓	N/A

**Key:**

✓ Better    X Worse    = Same    NND No New Data    N/A Not Available    \* Small numbers    ◆ Suppressed



# Kirklees

PARTNERSHIP

Published July 2011

T: 01484 464188

E: [deborah.collis@kirklees.nhs.uk](mailto:deborah.collis@kirklees.nhs.uk)

[www.kirklees.gov.uk/jsna](http://www.kirklees.gov.uk/jsna)