

Healthier communities

Introduction

The Government's Index of Deprivation 2004 shows that Bradford District is one of the most deprived areas in the country. Compared with other local authorities in West Yorkshire, Bradford is the most deprived in terms of the average score, rank, extent and concentration; whereas Leeds is slightly more deprived in terms of income and employment.

There is considerable evidence linking deprivation to ill health, and local people experience ill health in excess of the national averages. The following table shows the Standardised Mortality Ratio (SMR) for West Yorkshire. (The Standardised Mortality Rate shows how much more likely a resident in one area is to die relative to the national average [England]. A score higher than 100 is worse than average, and a score lower than 100 is better than average).

Mortality for all causes 2005				
Local Authority	Numbers of deaths – persons	Standard mortality ratios – persons	Standard mortality ratios – males	Standard mortality ratios – females
Bradford	4,537	111	110	113
Calderdale	1,943	105	105	105
Kirklees	3,754	107	106	108
Leeds	6,583	100	103	97
Wakefield	3,262	111	112	110

Source: <http://www.statistics.gov.uk> December 2006

As the table shows, Bradford and Wakefield had the highest SMR for men, and the second highest (after Wakefield) SMR for women in West Yorkshire in 2005.

National Health Priorities

The Government produced a strategy called “[Tackling Health Inequalities – A Programme for Action](#)” in 2003. This strategy lays the foundation for meeting the Public Service Agreement (PSA) target of reducing inequalities in health outcome by 10% by 2010, as measured by infant mortality and life expectancy at birth. This target is underpinned by two more detailed objectives:

- Infant Mortality – The target is a 10% reduction in the relative gap in infant mortality rates between “routine and manual” socio-economic groups and England as a whole from the baseline year of 1998 to the target year 2010.

- Life Expectancy – The target is a 10% reduction in the relative gap (i.e. Percentage difference) in life expectancy at birth between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and England as a whole.

The Government White Paper on Public Health “Choosing Health” produced in 2004, set out 12 national health inequality indicators. These include:

- Tackling obesity
- Improving sexual health.
- Tackling health inequalities
- Reducing the numbers of people who smoke
- Improving mental health and well being
- Encouraging sensible drinking and reducing harm

Local Health Priorities

Bradford is one of 70 local authorities in the Spearhead Group. This is based upon local authority areas in the bottom fifth nationally for 3 or more of the following five indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in the under 75s
- Cardio vascular disease mortality rate in the under 75s
- Index of Multiple Deprivation 2005 average score

Bradford is in the bottom fifth for all the indicators apart from cancer mortality rates in the under 75s.

The government have set PSA targets which will be assessed in 2010. One of the targets for the Spearhead local authorities is to reduce health inequalities by increasing life expectancy. This can be assessed by the All Age All Cause Mortality rate [AAACM] – which excludes any differences in mortality rates which might be due to age. Bradford’s targets for 2006-2008 are 801 for men and 553 for women.

All age, all cause age standardised mortality rates for the Bradford District									
	Actual rate per 100,000						Target rate per 100,000		
	1998-2000	1999-2001	2000-2002	2001-2003	2002-2004	2003-2005	2004-2006	2005-2007	2006-2008
Male	986	951	923	896	881	842	840	820	801
Female	646	637	630	618	607	599	579	566	553

Source: Bradford Health Informatics Service

The Bradford District Local Area Agreement aims to reduce health inequalities and increase life expectancy.

The Strategic Health Improvement Partnership has agreed the following significant priority areas for the District:

- Reduction in the rate of cancers and improved survival rates
- Reductions in coronary heart disease
- Improving the quality of life for older people
- Improving the quality of life for people with mental health needs
- Reducing health inequalities and increasing life expectancy
- Reducing alcohol harm
- Improving sexual health and reducing unwanted teenage pregnancies

They have identified four key areas for action to improve health in the District: diet and nutrition, physical activity, breastfeeding, and smoking.

Life Expectancy

This indicator shows the average life expectancy in years (this is an estimate of the number of years men and women are expected to live, based on the mortality rates for the area).

The Government target is to increase life expectancy at birth in England to 78.6 years for men and 82.5 years for women.

Life Expectancy at birth for men and women 2003 - 2005		
	Males	Females
England	76.87	80.1
Bradford	75.4	79.6
Calderdale	75.7	80.8
Kirklees	75.9	80.1
Leeds	76.2	81.2
Wakefield	75.8	79.9
<i>Source: http://www.nchod.nhs.uk Life expectancy at birth December 2006</i>		

Life expectancy figures for Bradford are lower than the national averages, and lowest in West Yorkshire. Life expectancy varies across the District. In the lowest fifth of wards life expectancy is 74 years, compared with 80.1 years for the

highest fifth of wards, life expectancy for men and women varies across the most and least deprived fifths (quintiles) by 9 years for men and 5 years for women.

Cancer

Cancer is one of the most common causes of death in this country, and a significant cause of premature death in the District. One in three people are diagnosed with cancer and one in four dies from cancer (126,000 deaths in England in 2004). The Government target is to reduce the death rate from cancer for people under 75 years by at least a fifth by 2010, saving up to 100,000 lives in total.

The Yorkshire and Humber region has a significantly higher rate of mortality from all cancers than England and Wales as a whole; and a higher death rate from lung cancer for both males and females.

Mortality from all cancers 2003 - 2005 (pooled), Directly Standardised Rates (DSR) in people aged under 75, per 100,000 European Standard population

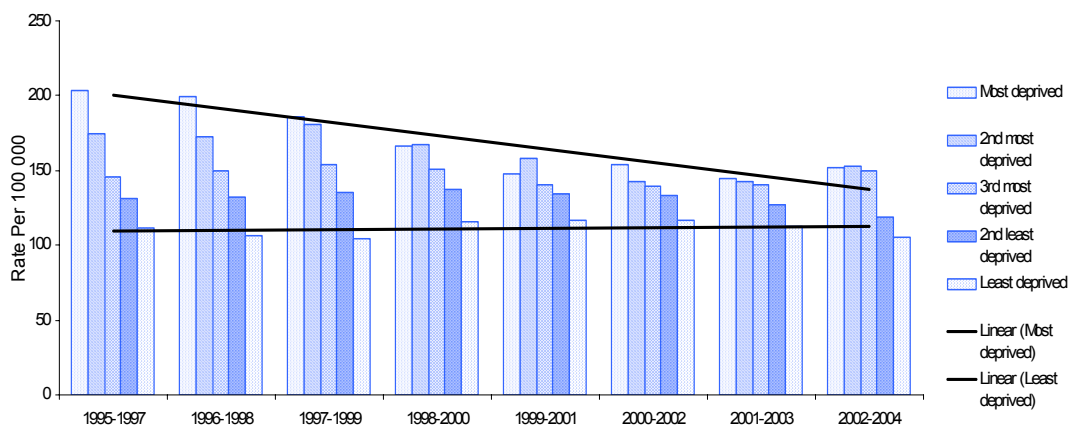
England	118.95
Bradford	127.69
Calderdale	121.87
Kirklees	124.92
Leeds	126.69
Wakefield	128.28

Source: <http://www.nchod.nhs.uk> Mortality from all cancers ICD10 C00-C97 December 2006

Like all the other local authorities in West Yorkshire, Bradford has a higher mortality rate from cancer in people aged under 75 than the national average.

Within the District, the Standardised Mortality Ratio from all cancers for men and women aged less than 75, (for 1995-2002) were the highest for South and West Primary Care Trust. Airedale PCT experienced a lower than average rate for women, and Bradford City PCT experienced a lower than average rate for men. The graph below shows that the mortality rates for the most deprived fifths (quintiles) are improving significantly and closing the gap with the least deprived areas.

Cancer Rate by Deprivation Quintiles for Bradford



Examining the death rates for individual cancers produces less significant results, as smaller numbers are involved overall. Breast cancer death rates are lower overall in Bradford, and there have been only small actual numbers of Cervical cancer deaths. There are larger numbers for Colorectal and Lung cancers, with the rate for Lung cancer being significantly higher than the UK average.

Circulatory Diseases

Circulatory Diseases are a major cause of early death in the UK, accounting for a third of all deaths in men and a quarter of all deaths in women, aged under 65 years. The Government have identified heart disease as a top priority and set a target to reduce the death rate from coronary heart disease and stroke and related diseases in people aged under 75 years by at least two fifths (to 83.8 deaths per 100,000 population) by 2010.

Coronary Heart Disease kills more than 110,000 people in England every year, and accounts for 3% of admissions to hospital. Trends show that premature death rates from Cardiovascular Disease (heart disease, stroke and related diseases) in the UK have been falling; for adults under 75 years they have fallen by 35.9% since 1996 – although the fastest falls have taken place in the younger age groups. Despite recent improvements, the death rate from Coronary Heart Disease in the UK is still amongst the highest in the world.

Coronary Heart Disease epitomises inequalities in health. The premature death rate from Coronary Heart Disease for unskilled working men is nearly three times higher than for men in management or professional occupations; and the premature death rate for female manual workers is twice as high as that for female non-manual workers.

There are also ethnic variations, South Asians living in the UK have a higher premature death rate from Coronary Heart Disease than average; the rate is 38% higher for men and 43% higher for women.

Mortality from coronary heart disease 2003 - 2005 (pooled) Directly Standardised Rates (DSR) in people aged under 75 years, per 100,000 European Standard Population

England	52.50
Bradford	64.55
Calderdale	55.08
Kirklees	59.62
Leeds	59.37
Wakefield	64.26

Source: <http://www.nchod.nhs.uk> Mortality from coronary heart disease ICD10 I20-I25 December 2006

The mortality rates for coronary heart disease from 2003-2005, for people aged under 75 years show that Bradford has a higher rate than the other local authorities in West Yorkshire and higher than the average for England.

Infant Mortality

The Government's Infant Mortality Target announced in February 2001, is: "Starting with children under one year, by 2010 to reduce by at least 10 per cent the gap in mortality between the 'routine and manual' economic group and the population as a whole."

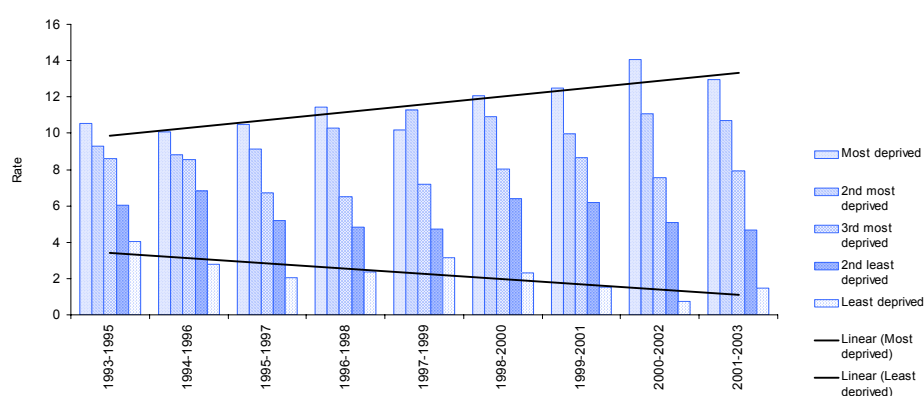
The infant mortality rate for Bradford District fell substantially between 1974 and 2003. However in the period 1999 to 2003 the infant mortality rate had not significantly changed. In the years 2001 – 2003 combined Bradford babies were 1.7 times more likely to die in their first year than babies in England and Wales as a whole. This gives an infant mortality rate of 9.0 infant deaths per 1,000 live births in the Bradford District compared with 5.4 per 1,000 live births in England and Wales. (2001 – 2003 figures are used, as uncertainty exists about the infant mortality figures for 2004)

Within the district, the wards of Bradford Moor, Toller, Manningham, and City had the highest infant mortality rates; and Craven, Ilkley, Wharfedale, Baildon, Bingley and Worth Valley had the lowest. From 1993 – 2003 as a whole, a baby born in the most deprived fifth (quintile) in the District was almost five times as likely to die in their first year compared to the least deprived fifth (quintile).

An independent commission established in 2004 to examine the issue of Infant Mortality within the District published an interim report in 2006, which found that:

- Poverty and disadvantage remain strongly associated with infant mortality for babies born to both Pakistani-origin mothers and white mothers.
- 88% of Pakistani-origin babies and 41% of white babies are born into the most deprived two-fifths of neighbourhoods.
- For both populations, a reduction in the number of very low birthweight babies would significantly reduce the number of babies who die in their first year of life.
- The trend lines on the graph below demonstrates that the gap in infant mortality between the most and least deprived areas of the Bradford District widened between 1993 to 1997 and 1999 to 2003.

Infant mortality in Bradford by Fifths (quintiles) of Deprivation 1993 - 2003



Teenage Pregnancy

Teenage pregnancy can be linked to deprivation, girls from poorer backgrounds are ten times more likely to become teenage mothers than girls from professional backgrounds. One in every ten babies born in England is to a teenage mother, and one fifth of all births to mothers under the age of 18 are second pregnancies. The infant mortality rate for babies born to mothers aged under 18 is twice the national average.

One of the Government's key targets is to halve the rate of conceptions to women aged under 18 in England by the year 2010.

In Bradford District there has been an 11% reduction in the rate of teenage pregnancy since 1998. In 2005, the national rate of pregnancies to women under 18 was 41.1 per 1,000 women aged 15-17. The rate for Bradford District was 50.1, higher than both the national and West Yorkshire rate.

Pregnancy rate per 1,000 female population aged 15-17						
2000 - 2005						
	2000	2001	2002	2003	2004	2005
England	43.6	42.5	42.6	42.1	41.5	41.1
West Yorkshire	47.7	46.4	45.7	44.2	45.9	48.1
Bradford	48.9	47.4	46.4	45.2	44.1	51.0
Calderdale	43.6	51.2	37.5	50.4	43.0	42.5
Kirklees	43.6	41.2	46.1	41.9	43.6	43.3
Leeds	49.8	46.8	47.5	41.1	46.5	49.0
Wakefield	48.7	47.1	45.0	48.1	52.0	51.0

Source: <http://www.everychildmatters.gov.uk>

Obesity

The 2004 Health Survey for England shows that among adults there had been no significant change since 2003, 43% of men and 33% of women are overweight. There was, however, a marked increase in the number of adults who were obese, these had increased from 13.2% of men in 1993 to 23.6% in 2004, and from 16.4% of women in 1993 to 23.8% in 2004. This means that the health of approximately 2/3 of men and half of all women is at risk through their being overweight.

A survey commissioned by the Department of Health forecast what the levels of obesity in England may be in 2010 if current trends in obesity prevalence continue unchanged. Trends analysis between 1993 – 2003 have shown a greater rate of increase in obesity among men than women (10 percentage points increase for men, seven percentage points increase for women). The largest increase in male obesity is forecast for the Yorkshire and Humber region.

Between 1995 and 2001, mean Body Mass Index (BMI) increased among boys (from 17.6 to 18.1) and girls (from 18.0 to 18.4) aged 2 – 15. Among girls aged 0 – 15, mean BMI increased from 18.2 in 2001 to 19.0 in 2004, but there was no significant change for boys over this period.

The Regional Public Health Group for Yorkshire and Humber found, in their report “Our Region, Our Health” (2004) that between 1998 and 2002:

- The prevalence of obesity increased from 19% to 26% in men and from 22% to 24% in women
- The region has the second lowest proportion of adults eating five or more portions of fruit and vegetables daily.
- Levels of physical activity in Yorkshire and Humber are lower than the national average
- There are 3,600 extra deaths in the Yorkshire and Humber region compared to the national average.

A new cross-departmental Public Service Agreement (PSA) target was announced in May 2004: ‘ to halt the rise in obesity among children under 11 by 2010, in the context of a broader strategy to halt obesity in the population as a whole.’

The Public Health White Paper “Choosing Health” published in November 2004 commits the Government to raising awareness of the health risks of obesity and the steps people can take through diet and physical activity.

Data provided by Bradford Health Informatics Service about obesity in children in 2006 shows that children are more likely to be overweight or obese by the time they reach 11, and that boys are slightly more likely than girls to be overweight or obese.

Weights for five year olds in Bradford District in 2006				
	Underweight	Normal weight	Overweight	Obese
Males	5% (120)	72% (1878)	11% (295)	12% (298)
Females	4% (101)	75% (1918)	11% (267)	10% (256)
‘Expected’	5%	80%	10%	5%

Source: Bradford Health Informatics Service

Weights for eleven year olds in Bradford District in 2006				
	Underweight	Normal weight	Overweight	Obese
Males	4% (118)	62% (1696)	14% (392)	20% (536)
Females	5% (133)	63% (1633)	13% (333)	19% (481)
‘Expected’	5%	80%	10%	5%

Source: Bradford Health Informatics Service

Health Needs Assessments within schools in Airedale PCT reveals that:

- 50% of 11-12 year olds and 59% of 14-15 year olds eat two or less portions of fruit and vegetables daily
- 18% of 11-12 year olds and 29% of 14-15 year olds do not eat breakfast regularly.

Some of the initiatives to tackle obesity include: the elimination of fats, sugar and levels of salt in school meals; providing subsidised swimming classes and Passports to Leisure in areas of disadvantage; and training health advisors to promote healthy eating, diet and exercise. In 2006, 75 primary schools (47% of Bradford's primary schools) achieved the DfES national physical education, school sport and club links "active mark" recognition awards.

Smoking

Tobacco use has been estimated to account for 70% of the difference in health status between the poorest and the most well-off in society.

Despite a reduction in the overall prevalence of tobacco smoking over the past 30 years, its use has become increasingly concentrated amongst the most disadvantaged in society. People living on lower incomes are more likely to take up smoking, less likely to quit, likely to be more nicotine-dependent, and more likely to be exposed to tobacco smoke pollution. Cancer, coronary heart disease, respiratory illness and early death all have a link with smoking.

Yorkshire and the Humber region had the second highest rate of tobacco use in 2002 - 2004. Following Leeds and Sheffield, Bradford District had the third highest number of smoking attributable deaths in 2002-4.

The Council's Environmental Health Department has additional resources for both education and enforcement, and the Strategic Health Improvement Partnership has promoted and funded a range of smoking cessation initiatives.

Long term illness

The 2001 Census asked people to describe their health over the previous 12 months as 'good', 'fairly good', or 'not good'. People were also asked if they had any limiting long-term illness, health problem, or disability that restricted their daily activities or the work they could do. 10% of the resident population in the District described their health as 'not good', compared with 9% nationally. 18% described themselves as having a limiting long-term illness – in line with the national figure; although 36% of the District's households had one or more people with a limiting long-term illness – compared with 34% in England and Wales.

Carers and benefits

A carer can be defined as " a person of any age, and not employed to care, nor a member of any voluntary organisation providing care, whose life is in some way restricted because of the need to take responsibility for the care of a person who is mentally ill, has a learning or physical disability, or whose health is impaired by sickness or old age. The person being cared for may be any age".

The 2001 Census asked a question about any voluntary care provided to look after, or give any help or support to family members, friends, neighbours or others. 10% of the resident population in the District provided unpaid care, in line with the national figure. Of the people providing unpaid care, 22% gave 50 or more hours a week, compared with 21% in England and Wales. Each day, another 6,000 people take on a caring responsibility –this can lead to a financial cost (most carers become worse off) and a health cost (people with caring responsibilities of 50 hours or more a week, are twice as likely to be in poor health than someone with no caring responsibilities).

Most carers look after one person, but one-fifth look after more than one. 15% of all women and 12% of all men are carers, although women are significantly more likely to be looking after sick or disabled children.

There are two major benefits associated with health that are paid to people who need help with personal care. They are the Disability Living Allowance and the Attendance Allowance.

Disability Living Allowance is a benefit paid to people under 65 who are disabled and need help with personal care and/or getting around. In May 2006, 25,200 people in Bradford District received this benefit – this represents 6.1% of all people aged less than 65 in the District, compared with 6.4% nationally.

Attendance Allowance is paid to people aged 65 or over who are disabled, either physically or mentally, and who need supervision or assistance with personal care over a prolonged period of time. In May 2006, 11,110 people in the District received this allowance which represented 16.4% of all people aged 65 and over in the District, compared with 19.8% nationally.

In May 2006, 25,150 people in Bradford between the ages of 16 and 65 claimed Incapacity Benefit or Severe Disability Allowance because they had been unable to work for at least 28 consecutive weeks because of illness or disability. Of these people, 27% were under the age of 30.

More information

Population statistics (Office for National Statistics)
<http://www.statistics.gov.uk>

Health statistics (nationwide)
<http://www.nchod.nhs.uk/>

Bradford's Infant Mortality Commission
<http://www.bdimc.bradford.nhs.uk/>

Health Profile for Bradford (Department of Health)
<http://www.communityhealthprofiles.info/profiles/00CX-HP.pdf>

This chapter was last updated: 13/3/2007