

# Report of the Director of Public Health to the meeting of Bradford West Area Committee to be held on 17 September 2014

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**Subject: Public Health Function in Bradford Metropolitan District Council**

## Summary statement:

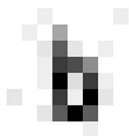
This Summary informs Bradford West Area Committee about the work of the Public Health Department, following the transfer of the Public Health function from the NHS to Local Government and a year's establishment in the Authority

**Dr Anita Parkin**  
**Director of Public Health**

**Portfolio: Adult Social Care and Health**

**Report Contact: Shirley Brierley**  
**Consultant in Public Health**  
**Phone: (01274) 433709**  
**E-mail:**  
**[shirley.brierley@bradford.gov.uk](mailto:shirley.brierley@bradford.gov.uk)**

**Overview & Scrutiny Area: Health**



**Suzan Hemingway, City Solicitor**

## 1. SUMMARY

This report informs West Area Committee about the authority's Public Health department following the transfer from NHS to Local Government and requests views and comments.

## 2. BACKGROUND

### Definition of Public Health

The science and art of promoting and protecting health and wellbeing, preventing ill health, and prolonging life, through the organised efforts of society. It is concerned with the health of the entire population.

On April 1<sup>st</sup> 2013, the responsibility for the public health function transferred from the NHS to Local Government and Public Health England. This represents a significant shift, with many transformational opportunities, and some risks.

Public health has a number of statutory functions (see Appendix 1 for a list of the statutory functions of the Director of Public Health). In simple terms, the practice of contemporary public health can be characterised into three partially overlapping domains – health improvement, health protection and health service improvement. The three domains of public health are:

- ❖ **HEALTH IMPROVEMENT** – This includes addressing inequalities, and influencing the economic, environmental and social factors that affect health. It also includes supporting people to towards a healthier lifestyle.
- ❖ **HEALTH PROTECTION** – This includes managing threats from infectious diseases and environmental hazards, and preparing for these threats.
- ❖ **HEALTH SERVICE IMPROVEMENT** – This focuses on ensuring that services are as effective and fair as possible whilst providing value for money.

One of the key drivers for the transfer of Public Health from the NHS to Local Government was to improve the input of PH into the development and implementation of local policies that have a major bearing on the health and well being of the population.

There are many factors operating on different levels that influence an individual's or a community's health. These include hereditary factors, lifestyle choices, the local community and surroundings, and societal factors (economic and cultural). The Director of Public Health and the Departmental Management Team provide leadership across the three domains of public health as described below.

### HEALTH IMPROVEMENT

#### A. Public Health Children and Maternity Services

As can be seen from the Index of Multiple Deprivation (IMD) in Appendix 2, geographical variations exist within the District and within the electoral wards. Bradford West Area has some of the most deprived wards in Bradford district and Manningham has the highest IMD score of all the 30 ward areas. As can be seen in Graph a) in Appendix 3, Bradford West also has the highest birth rate of the five areas. Tackling inequalities is therefore an essential part of the work of the Children and Maternity Team who work to improve health and wellbeing outcomes

for children, young people as well as maternal health and infant mortality. Public Health Lead Officer Ruksana Sardar-Akram ([ruksana.sardar-akram@bradford.gov.uk](mailto:ruksana.sardar-akram@bradford.gov.uk)). Areas of work include:

- School Nursing Service:

From April 2013 Local Authorities are accountable for School Nursing services. The aim is to improve the health and wellbeing of children and young people age 5-19 so they achieve the best possible health and education outcomes. Public Health lead on the commissioning of these services and the service is provided via Bradford District Care Trust to over 89,450 pupils of school age.

Public Health has also commissioned the Investors in Health Programme via the schools Health and Wellbeing Team to support and target schools according to deprivation and need. A multidisciplinary Strategic Health and Wellbeing Group for School Age Children has also been established within the district to oversee the development and implementation of this work.

- Children and Young People Lifestyle Survey:

Understanding the needs of children and young people is an important part of informing the commissioning and provision of services to meet the needs of young people. Public health are responsible for the coordination and dissemination of the Children and Young Peoples (CYP) Lifestyle Survey which now provides comparative data from 2010 and 2013 and contributes to a number of strategic priorities and policies including the Joint Strategic Needs Assessment (JSNA).

Findings from approximately 10,000 children from pupils in Years 4, 7 and 10 indicate some significant differences. Half of the children in the survey were from a South Asian background and were from Bradford East and Bradford West, the two most deprived constituencies of the district. The survey considered attitudes and behaviours including smoking, alcohol and substance misuse, bullying, oral Health and obesity, and also compared in relation to ethnicity, gender, deprivation and disability. Inequalities and differences were noted in the Bradford West Ward such as the percentage of pupils in 2013 that drunk alcohol was less in West than in all the other wards. However the percentage of pupils in 2013 who always wear a seatbelt in a car or van was lower in Bradford West Area especially in Year 10 compared to other constituencies.

- Oral Health Improvement:

Public Health in the Authority is now responsible for commissioning oral health improvement within the district since April 2013. Bradford is one of the worst areas in the country for poor oral health in children. Over the past five years the number of 5 year olds free from tooth decay has improved from 48% in 2007/08 to 54% in 2011/2012 and the average number of teeth affected by tooth decay has reduced from 2.42 in 2007/08 to 1.98 in 2011/2012.

Marked inequalities exist according to socio-economic status and ethnicity, with children and young people residing in the most deprived areas having significantly higher levels of dental disease when compared to those from the least deprived. South Asian 5 year old children have higher levels of disease than their white peers living in areas of similar socio-economic status. When the oral health of 5 year olds in 2011/2012 was examined by ward, stark inequalities were demonstrated with areas such as Toller (dmft 4.40) and Bradford Moor (dmft 4.00) and Little Horton (3.73) having significantly higher levels of disease than the average for Bradford District whilst Baildon (dmft 0.32); Worth Valley (dmft 0.35);

and Craven (dmft 0.44); had significantly lower levels of dental disease than the district average.

Because of poor oral health, Bradford has had an intensive and proactive approach, investing in improving oral health initiatives such as the community fluoride varnish and fluoride toothpaste and tooth brushing programmes in priority areas.

- Integrated Care Pathways and Health Visiting:  
A significant part of Public Health work includes working in partnership with Early Years and children centres. An integrated care pathway has now been developed between midwifery, health visiting and early year's services which will ensure that health and Early Years services operate in a cohesive and effective way to support women and young children in areas of greatest need.
- Health Visiting  
Public Health have been leading on the Health Visitor Implementation Group and another significant change to the local authority come April 2015 will be the responsibility for co-commissioning health visiting services within the district with full transfer from October 2015.
- Accident prevention  
Children and young people (aged 0-24 years) in the Bradford District were 19.5% more likely to be admitted to hospital due to unintentional injury than the England average (YHPHO, 2013). Many of these injuries are largely preventable hence a key priority area for Public Health is the Injury Minimisation Programme and Road Safety Team which targets unintentional injuries and accidents as highlighted in the key public health outcomes. This includes public health investment in:
  - Road Safety - A district wide service delivering education training and publicity programmes, works in close partnership with the police, fire and rescue, West Yorkshire Ambulance Service, schools, Bradford District Safeguarding Board, Bradford Under 5's, health professionals and others in delivering this essential service.
  - Injury Minimisation Programme – Targets all schools in Bradford
  - Keighley Worksafe – Commissioned Voluntary Community sector to target health and safety within schools
- Infant Mortality  
Bradford West has the highest birth rate of the five areas in Bradford and District, and at ward level Manningham has the highest birth rate of Bradford's 30 wards. Bradford West has the second highest percentage of low birthweight babies of the five areas in Bradford and District. Manningham, Thornton and Allerton and Heaton all have higher than average percentages of low birthweight babies (See Appendix 3).

A district wide Every Baby Matters (EBM) Action Plan is delivered against 10 key priority areas with the aim of reducing infant mortality. There is ongoing support and development in relation to these areas in all the wards with a particular focus on areas of greatest need. Health performance targets for Children's Centres now include infant mortality, immunisations, breastfeeding, obesity and oral health and will support partnership working to target inequalities in maternal and child health.

Additional investment is going into the Bradford District for a Breastfeeding peer coordinator and free access to healthy start vitamins for vulnerable groups.

Additional funding and resources are also being provided for a smoking in pregnancy midwife. Investment also includes commissioning Voluntary Community Sector organisations such as Homestart to deliver on a volunteering programme aimed at mothers with children up to age of 5.

## **B. Public Health Obesity Team:**

The Public Health Obesity Team work to prevent obesity by providing, and training other organisations to provide, weight management programmes for adults and children, and exercise referral for the population. Lead Officer Alison Moore ([Alison.moore@bradford.gov.uk](mailto:Alison.moore@bradford.gov.uk))

The National Child Measurement Programme which is undertaken in Reception (aged 4-5 years) and in Year 6 (aged 10-11) identifies children who are classified as overweight or obese. In Bradford District around 21.6% of Reception children and 35.4% of Year 6 children are overweight or obese. Bradford West however has the second highest percentage of Obese children in Reception Year rate of the five areas in Bradford and District as can be seen in Graph c) in Appendix 3. Manningham and Toller have particularly high levels of Obesity in Reception when compared with the rest of Bradford and district. In year 6, Bradford West also has the highest percentage of Obese children of the five areas in Bradford and District. Manningham and Toller continue to have particularly high rates, placing 3rd and 5th respectively out of Bradford's 30 electoral wards.

Obesity is a major factor in long term conditions including preventable ill health and death. We already know that Bradford West has the highest age-standardised coronary heart disease Mortality Rate of the five areas in Bradford and District. City is the ward with the highest coronary heart disease Mortality Rate of the 30 wards in Bradford and District. Bradford West has the highest age-standardised Cancer Mortality Rate of the five areas in Bradford and District. Clayton & Fairweather Green and Heaton have the 2<sup>nd</sup> and 3<sup>rd</sup> highest rates of Bradford's 30 wards. Of the five areas in Bradford and District, Bradford West has the highest age-standardised rate of admissions to hospital for Diabetes. Manningham has the highest rate amongst Bradford's 30 wards; Toller is 2<sup>nd</sup> and City 4<sup>th</sup>.

Early intervention and prevention is therefore an important part of the work of Public Health Improvement Team are responsible for the commissioning and delivery of the following services particularly within Bradford West:

- MIND in Bradford - Walking group, gentle exercise, Cook & Eats sessions
- Grange Interlink Ltd - Weight Management, Children's Weight Management, Cook & Eat, Physical Activity
- Bradford Community Environment Project - Food growing, Cook & Eat, Physical Activity
- Cafe West - Weight Management, Cook & Eat, Physical Activity
- Action for Business Ltd - Weight Management, Cook & Eat, Physical Activity
- BEAP (Bangladesh Educational Achievement Project) Community Partnership - Physical Activity Adults, Physical Activity Children, Weight Management or Cook & Eat sessions.
- Sport and Leisure have a sports club programme in Schools and a Dance programme.
- Working on a Green line Mile for the West, a marked 1 mile walking route from City Park up to the West. There is also a cycle hub in Lister Park and comprehensive cycling programmes, local led rides, go cycling. This includes our schools officer encouraging cycling, walking and scooting.

- HENRY (Health, Exercise, Nutrition for the Really Young) training also available
- Health Improvement Training (Modules in Weight Management/Cook & Eat)
- Exercise Referral - Bradford Encouraging Exercise in People (BEEP) - referral from Primary Care
- Weight Management - self referral
- Ministry of Food - Cooking classes
- Good Food Award - to improve healthy food choice availability (for businesses)

### **C. Stop Smoking Service:**

This team has a key role in reducing the prevalence of smoking across Bradford and Airedale. Lead Officer: Joanne Nykol [Joanne.nykol@bradford.gov.uk](mailto:Joanne.nykol@bradford.gov.uk)

Children are particularly vulnerable to the effects of second hand smoke (SHS) exposure and since the introduction of smokefree legislation in 2007 the major source of tobacco smoke exposure is in the home and in vehicles by parents and other household members. All Children's Centres in Bradford West have been provided with training and resources to raise awareness of the danger to children's health caused by SHS exposure. The tobacco team continue to work with the children's centres to identify a smokefree champion to sustain the work and messages in each centre.

Bradford District Stop Smoking Service has a network of trained stop smoking advisers and commissions' services in GP practices, pharmacies, and dental practices to provide stop smoking support in the Bradford West wards. The stop smoking service also provides support via its own advisers/specialists in identified areas of need.

The Tobacco Control Plan for England (2011) set a national ambition to reduce smoking as recorded at the time of delivery (SATOD) to 11%. Reducing smoking in pregnancy remains a challenge for the team with the current data identifying levels of SATOD locally at 16.4%; this is the average for the Bradford District and there are areas and communities with higher levels of smoking during pregnancy. The tobacco team have a pregnancy lead working closely with midwives, health visitors and children's centres through the Joint Smoking in Pregnancy Group with an action plan and targeted work delivered in partnership with various teams.

The Team have also been working closely with children's centres and local schools in the Manningham area, as well as training and supporting Muslim religious teachers, Imams, committee members and community staff to work as public health advocates to specifically promote smokefree homes and cars within their own communities.

### **D. Sex and Relationships Education team:**

This team promotes positive sexual health through sex and relationship education. Lead Officer Nicola Corrigan [Nicola.corrigan@bradford.gov.uk](mailto:Nicola.corrigan@bradford.gov.uk)

Examples of work undertaken in the Bradford West including City, Toller, Heaton, Clayton & Fairweather Green and Manningham Wards include Sexual health and contraceptive services delivered through a mixture of specialist clinics and enhanced GP services.

In addition to these services the Thornton and Allerton ward also provide TICTAC teenage advice and information centre at Thornton Grammar School gives advice and information on all health related topics to pupils including on sexual health and contraception. There are also plans to also taking the theatre and learning relationships and sex education production to year 9 pupils in September. Dixon's Allerton Academy (DAA) runs the Ur Choice Relationships and Sex Education programme in years 9 and 10. Also taking the theatre and learning relationships and sex education production to year 9 pupils in September

Also the theatre and learning relationships and sex education production to year 9 pupils in September who attend Samuel Lister and Beckfoot- some of whom may come from the Heaton and Toller wards. Sexual health VCS funding covers district wide services for young people, LGBT, education in independent school providing education for those disengaged from mainstream education.

#### **E. Drug and alcohol misuse:**

This team works to reduce the harm that drugs and alcohol cause across the District in order to enable individuals to move into recovery from alcohol or drug misuse. Lead Officer Ian Wallace. [ian.wallace@bradford.gov.uk](mailto:ian.wallace@bradford.gov.uk) .

The Bridge Project works in collaboration with GP's to target patients who are long time users of benzodiazepines. These are not illicit substance misusers but people who have become dependent on benzodiazepines through GP prescribing. There is work going on with GP's in Heaton and Frizinghall, and with the extra funding that has been made available, more GP practices in the Bradford West area will be contacted by The Bridge Project in order that more joined up working can take place.

A number of GP's in Bradford West have been proactive in this area, particularly in the Heaton and Frizinghall area. Further GP practices in the Bradford West area will be contacted by The Bridge Project in order that they can also hopefully work collaboratively to help individuals with these problems.

#### **F. Wider determinants of health**

Lead Officer Sarah Possingham. [Sarah.possingham@bradford.gov.uk](mailto:Sarah.possingham@bradford.gov.uk).

People's circumstances such as poverty, housing, unemployment and debt have a huge impact on the mental health and well being of individuals and communities. Public Health recognises the wider determinants to health and is working with existing partners as well as investing in new advice services in Bradford including:

- Age UK - Generalist advice for older people
- Cancer Support - Generalist advice for people with cancer/their carers
- Citizens Advice Bureau (CAB)- Benefits and tax credits advice to all groups
- Comm advice and debt - Benefits and tax credits to children's centre clients
- Bradford Disability Services Ltd - Benefits and tax credits to people with disabilities
- Bradford Law Centre - Specialist Immigration/Employment advice
- CHAS @ St Vincent's - Benefits and tax credits in GP's surgery clients
- Family Action - Benefits and tax credits in GP's surgery clients
- Gillingham Centre - Generalist advice in GP's surgery clients
- Keyhouse project - Benefits and tax credits in GP's surgery clients

- Manningham Project - Benefits and tax credits in GP's surgery
- South Bradford Advice - Benefits and tax credits as above
- Bradford CAB - Specialist, mental health & generalist services in a variety of settings as above
- West Bowling training and advice - Generalist advice in GP's surgery clients & children centres
- Royds Community association - targeted at older clients in own home

## **HEALTH PROTECTION**

Bradford West has the 2<sup>nd</sup> highest age-standardised mortality rate from communicable diseases (such as influenza, pneumonia and infectious and parasitic diseases) of all five areas in Bradford and District. Rates are generally above the district average in all wards within Bradford West, apart from Thornton and Allerton. Public Health work with our partners to:

- Prevent the spread of infectious diseases (e.g HIV, Hepatitis, flu) and to minimise the harm caused by environmental hazards (e.g chemical spillages, fires, floods).
- Undertake emergency planning to ensure that plans and staff are fit for purpose when threats do occur.
- Assure high quality vaccination (e.g. MMR) and screening programmes (e.g. breast cancer screening).
- Ensure that hygiene in hospitals and care homes meets high standards

## **HEALTH SERVICE IMPROVEMENT**

- Ensuring high quality and value for money services: We use published research and national guidance to develop effective and value for money services. We aim to ensure health and social care services are commissioned according to the needs of the Bradford district population.
- Children and young people: With our partners we plan and commission services according to need, aiming to ensure that all infants, children and young people are healthy and safe.
- Analysis of public health information and data: We use analysis of information and data for the commissioning and evaluation of services.

The key challenges and risks facing the service are:-

- Uncertainty regarding the ring fenced grant moving into the future, set against the statutory function of the Director of Public Health
- Ensuring Public Health funding is used in the most effective way in the context of austerity cuts across many services within the Council and within other key partners
- Ensuring focus on health inequalities reduction as well as overall health improvement for the population
- Ensuring coordination and high quality implementation of public health programmes that span across many agencies and sectors, many of which are not within the direct control of the Director of Public Health.

## **3. OTHER CONSIDERATIONS**

None



#### **4. OPTIONS**

That Bradford West Area Committee considers the issues raised in this report, and raises any specific issues it would wish to explore in more detail.

#### **5. FINANCIAL & RESOURCE APPRAISAL**

##### **5.1 FINANCIAL**

There are no significant financial implications for Bradford Council arising from this report. Currently the authority is consulting on the budget for 2014 / 15.

##### **5.2 STAFFING**

There are no significant staffing implications for Bradford Council arising from this report.

#### **6. RISK MANAGEMENT AND GOVERNANCE ISSUES**

There are no significant risks arising out of the proposed recommendations in this report.

#### **7. LEGAL APPRAISAL**

This work relates directly to the Local Government Act 2000 and to the Duty of Well being placed upon the Council to promote and improve the well-being of the District.

#### **8. OTHER IMPLICATIONS**

##### **8.1 EQUALITY & DIVERSITY**

The Equality Act 2010 sets out the new public sector Equality Duty replacing the three previous duties for race, disability and gender. In engaging with our stakeholders, the Public Health Department does have regard to our Equality and Diversity Policy.

We will consider our duties under the Act when designing, delivering and reviewing our business priorities – in business planning, commissioning and decommissioning services.

We will communicate and engage in ways that are accessible to people in our community, ensuring that people who do not have a voice, or may not have equal access to information or opportunities to engage, are not disadvantaged.

##### **8.2 SUSTAINABILITY IMPLICATIONS**

None

##### **8.3 GREENHOUSE GAS EMISSIONS IMPACTS**

None

##### **8.4 COMMUNITY SAFETY IMPLICATIONS**

Community safety issues are acknowledged as a key contributor to the quality of health in neighbourhoods. It is anticipated that improvements to health will have a

positive impact on community safety issues across Bradford West. The PH Dept is an active contributor to a number of council and multi sector programmes directly relevant to the Community Safety agenda.

## **8.5 HUMAN RIGHTS ACT**

No direct implications arising from the Human Rights Act.

## **8.6 TRADE UNION**

No direct Trade Union implications arise from this report.

## **8.7 WARD IMPLICATIONS**

The Public Health Department will support a more tailored approach to Service delivery in Wards across Bradford West. We have already commenced this discussion with our Neighbourhood Coordinator and are considering how we can best support Neighbourhood Services in furthering jointly held agenda. This includes developing action plans to enable and support Neighbourhood Hubs with the delivery of key milestones as identified in the Districts Health Inequalities Action Plan and various other Strategic policies and priorities.

## **8.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS**

None

## **9. NOT FOR PUBLICATION DOCUMENTS**

None

## **10. RECOMMENDATIONS**

The views and comments of the Bradford West Area Committee are requested.

## **11. APPENDICES**

- Appendix 1:** Statutory Functions of the Director of Public Health
- Appendix 2:** Index of Multiple Deprivation 2010: summary scores for 2010 electoral wards
- Appendix 3:** Health Statistics for the Bradford West Area
- Appendix 4:** Overview of Health and Well Being indicators for the whole district

### Statutory Responsibilities of the Director of Public Health

#### The role of the director of public health

The most fundamental duties of a DPH are set out in law and are described in the next section. How those statutory functions translate into everyday practice depends on a range of factors that will be shaped by local needs and priorities from area to area and over time.

Nevertheless, there are some aspects of the role that define it in a more complete way than the legislation can, and that should be shared across the entire DPH community. All DsPH should:

- be the person who elected members and senior officers look to for leadership, expertise and advice on a range of issues, from outbreaks of disease and emergency preparedness through to improving local people's health and concerns around access to health services
- know how to improve the population's health by understanding the factors that determine health and ill health, how to change behaviour and promote both health and wellbeing in ways that reduce inequalities in health
- provide the public with expert, objective advice on health matters
- be able to promote action across the life course, working together with local authority colleagues such as the director of children's services and the director of adult social services, and with NHS colleagues
- work through local resilience fora to ensure effective and tested plans are in place for the wider health sector to protect the local population from risks to public health
- work with local criminal justice partners and police and crime commissioners to promote safer communities
- work with wider civil society to engage local partners in fostering improved health and wellbeing.

Within their local authority, DsPH also need to be able to:

- be an active member of the health and wellbeing board, advising on and contributing to the development of joint strategic needs assessments and joint health and wellbeing strategies and commission appropriate services accordingly
- take responsibility for the management of their authority's public health services, with professional responsibility and accountability for their effectiveness, availability and value for money
- play a full part in their authority's action to meet the needs of vulnerable children, for example by linking effectively with the Local Safeguarding Children Board
- contribute to and influence the work of NHS commissioners, ensuring a whole system approach across the public sector.

#### Statutory functions of the director of public health

A number of the DPH's specific responsibilities and duties arise directly

from Acts of Parliament – mainly the NHS Act 2006 and the Health and Social Care Act 2012 – and related regulations. Some of these duties are closely defined but most allow for local discretion in how they are delivered. This section summarises and explains the main legal provisions in effect from April 2013.

In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the annual report on the health of the local population – the DPH has a duty to write a report, whereas the authority's duty is to publish it (section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.

Otherwise section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, gives the DPH responsibility for:

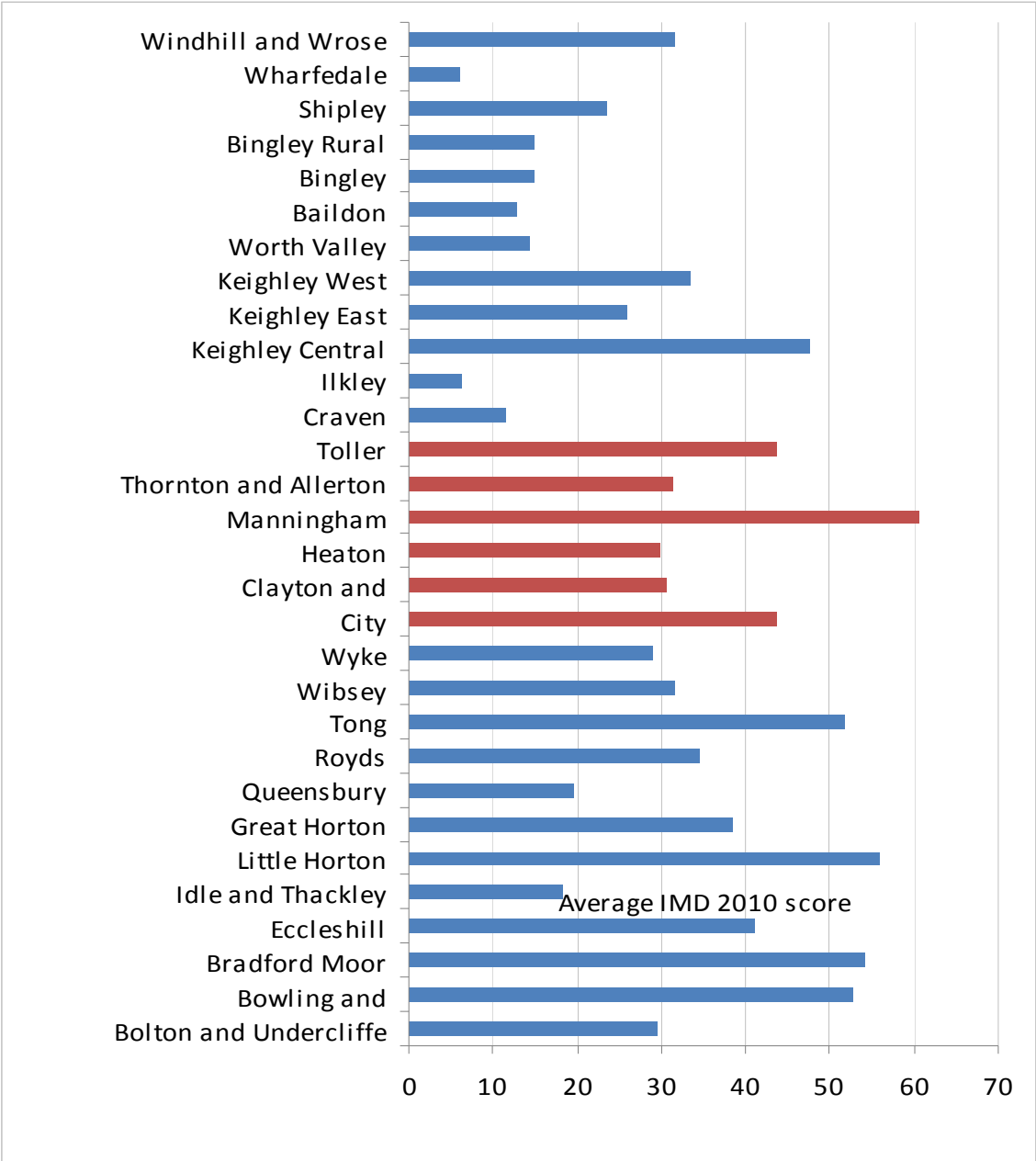
- all of their local authority's duties to take steps to improve public health
- any of the Secretary of State's public health protection or health improvement functions that s/he delegates to local authorities, either by arrangement or under regulations – these include services mandated by regulations made under section 6C of the 2006 Act, inserted by section 18 of the 2012 Act
- exercising their local authority's functions in planning for, and responding to, emergencies that present a risk to public health
- their local authority's role in co-operating with the police, the probation service and the prison service to assess the risks posed by violent or sexual offenders
- such other public health functions as the Secretary of State specifies in regulations (more on this below).
- As well as those core functions, the Acts and regulations give DsPH some more specific responsibilities from April 2013:
- through regulations made under section 73A(1) of the 2006 Act, inserted by section 30 of the 2012 Act, the Department intends to confirm that DsPH will be responsible for their local authority's public health response as a responsible authority under the Licensing Act 2003, such as making representations about licensing applications (a function given to local authorities by sections 5(3), 13(4), 69(4) and 172B(4) of the Licensing Act, as amended by Schedule 5 of the 2012 Act);
- if the local authority provides or commissions a maternity or child health clinic, then regulations made under section 73A(1) will also give the DPH responsibility for providing Healthy Start vitamins (a function conferred on local authorities by the Healthy Start and Welfare Food Regulations 2005 as amended)
- DsPH must have a place on their local health and wellbeing board (section 194(2)(d) of the 2012 Act).

## Appendix 2

### Index of Multiple Deprivation 2010: summary scores for 2010 electoral wards

2010 Electoral Ward	Area	Average IMD 2010 score	Rank
Bolton and Undercliffe	Bradford East	29.57	13
Bowling and Barkerend	Bradford East	52.85	27
Bradford Moor	Bradford East	54.10	28
Eccleshill	Bradford East	40.92	22
Idle and Thackley	Bradford East	18.24	8
Little Horton	Bradford East	56.01	29
Great Horton	Bradford South	38.32	21
Queensbury	Bradford South	19.63	9
Royds	Bradford South	34.49	20
Tong	Bradford South	51.63	26
Wibsey	Bradford South	31.59	17
Wyke	Bradford South	28.88	12
City	Bradford West	43.72	24
Clayton and Fairweather Green	Bradford West	30.50	15
Heaton	Bradford West	29.79	14
Manningham	Bradford West	60.62	30
Thornton and Allerton	Bradford West	31.33	16
Toller	Bradford West	43.56	23
Craven	Keighley	11.54	3
Ilkley	Keighley	6.34	2
Keighley Central	Keighley	47.43	25
Keighley East	Keighley	25.80	11
Keighley West	Keighley	33.37	19
Worth Valley	Keighley	14.24	5
Baildon	Shipley	12.81	4
Bingley	Shipley	14.85	6
Bingley Rural	Shipley	14.98	7
Shipley	Shipley	23.55	10
Wharfedale	Shipley	6.09	1
Windhill and Wrose	Shipley	31.69	18

**Bradford West Area has some of the most deprived wards in Bradford district.  
Manningham ward has the highest IMD score of all the wards in the district**



### Health Statistics for the Bradford West Area

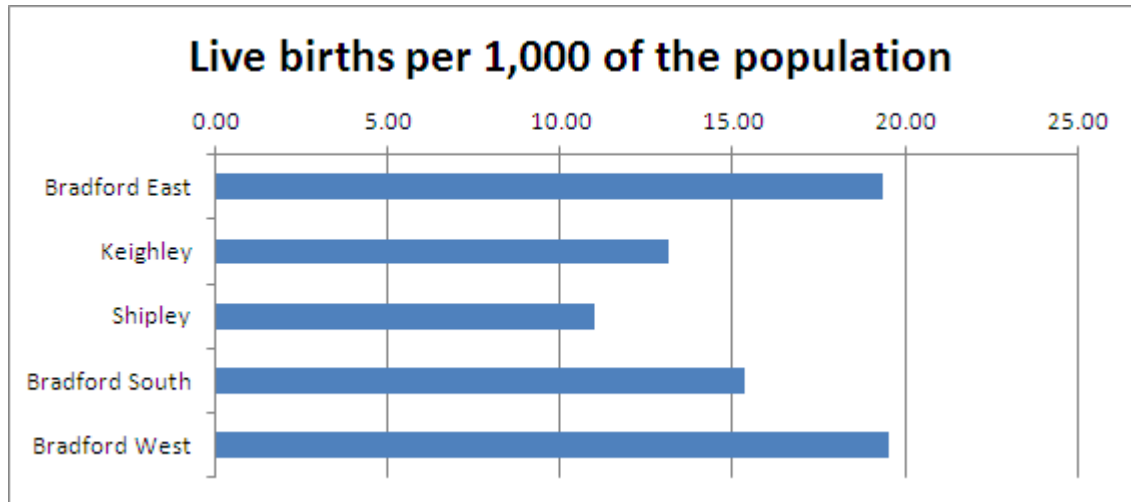
The following pages include a collection of indicators which help describe the nature of Public Health in the Bradford West area, and the challenges it faces. Broadly speaking, the indicators show that *at an Area level*, Bradford West tends to be the most, or second-most challenged area in Bradford and District. In each case, however, it can be seen that there is a marked variation between the six electoral wards within the Bradford West area.

The analysis has been prepared by the Public Health Analysis Team at City of Bradford Metropolitan District Council. The indicators have been presented in a very stark and simple way, with no detailed analysis of the definitions behind the data, nor the likely causes or effects of the situation described by the data.

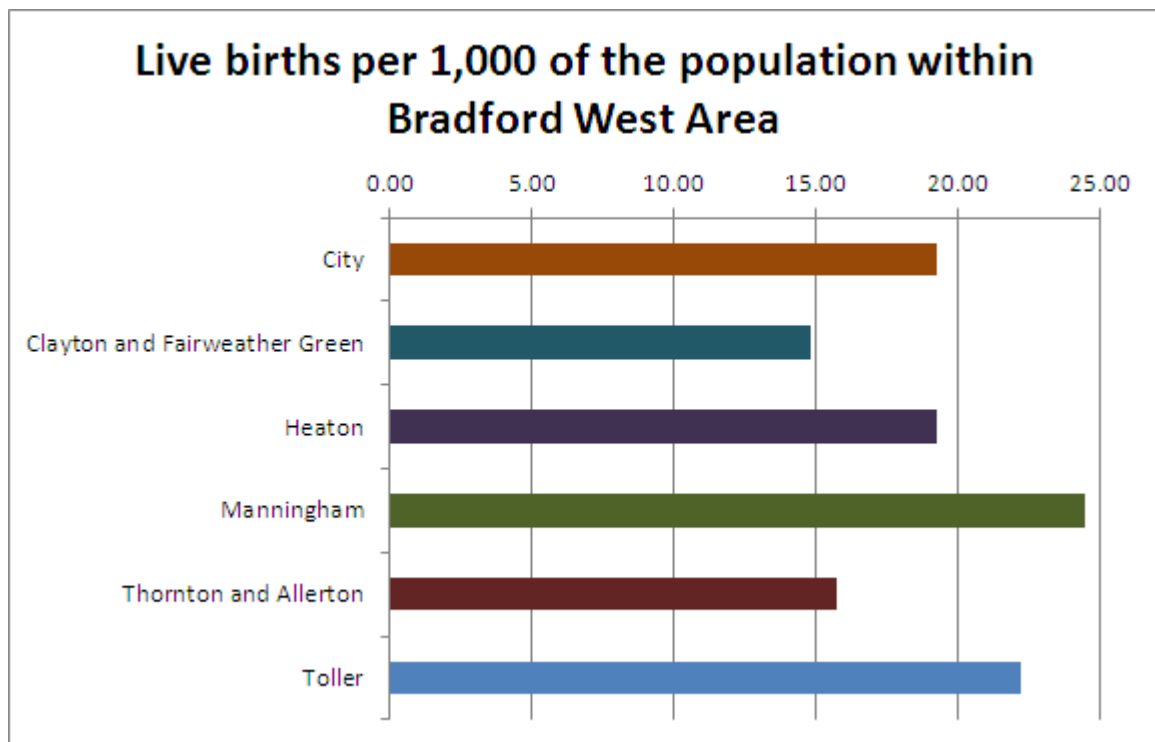
If you have any queries about the data, or would like to discuss whether a more detailed analysis may be possible, please contact [jonnie.dance@bradford.gov.uk](mailto:jonnie.dance@bradford.gov.uk).

a) **Live Birth Rate**

Bradford West compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford West



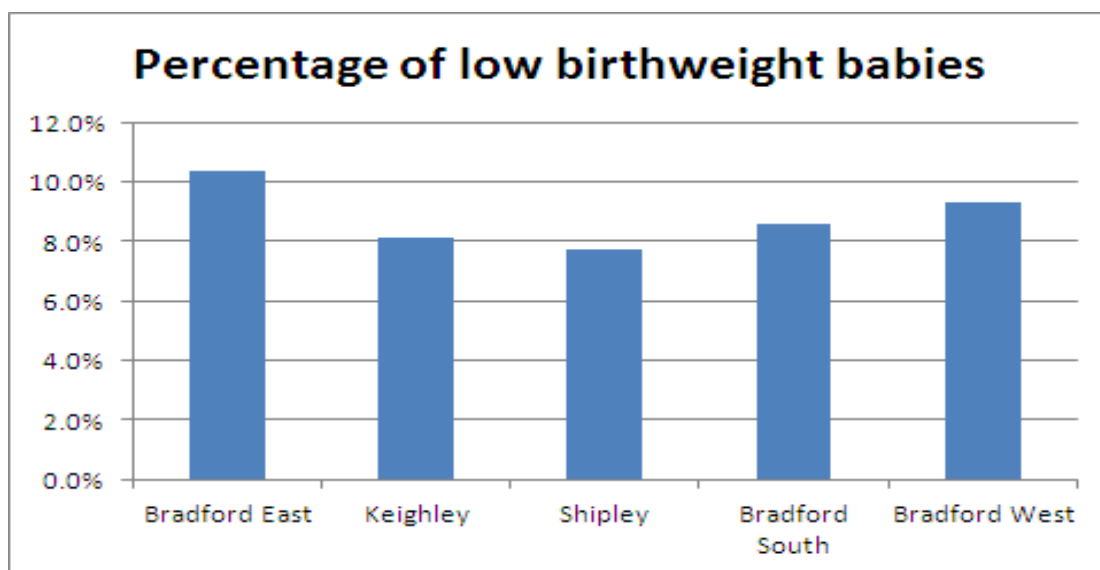
**Source: 2011 census (Office for National Statistics).**

Bradford West has the highest birth rate of the five areas in Bradford and District, and at ward level Manningham has the highest birth rate of Bradford's 30 wards.

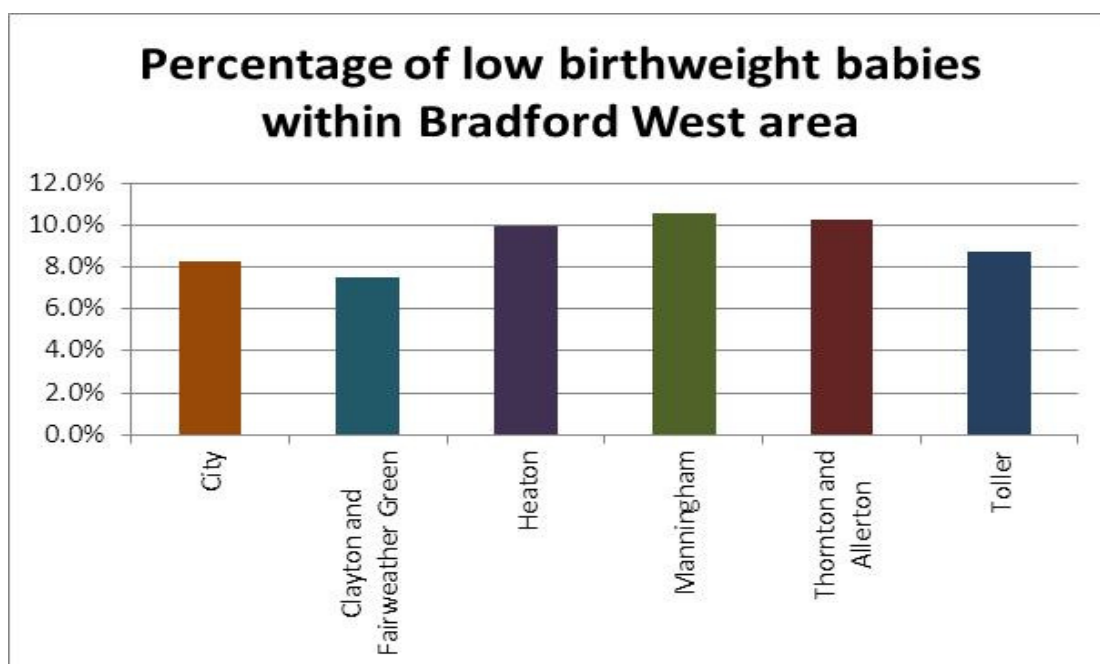


## b) Percentage of Low birthweight babies

Bradford West compared with the other areas of Bradford district



A comparison between the six electoral wards in Bradford West

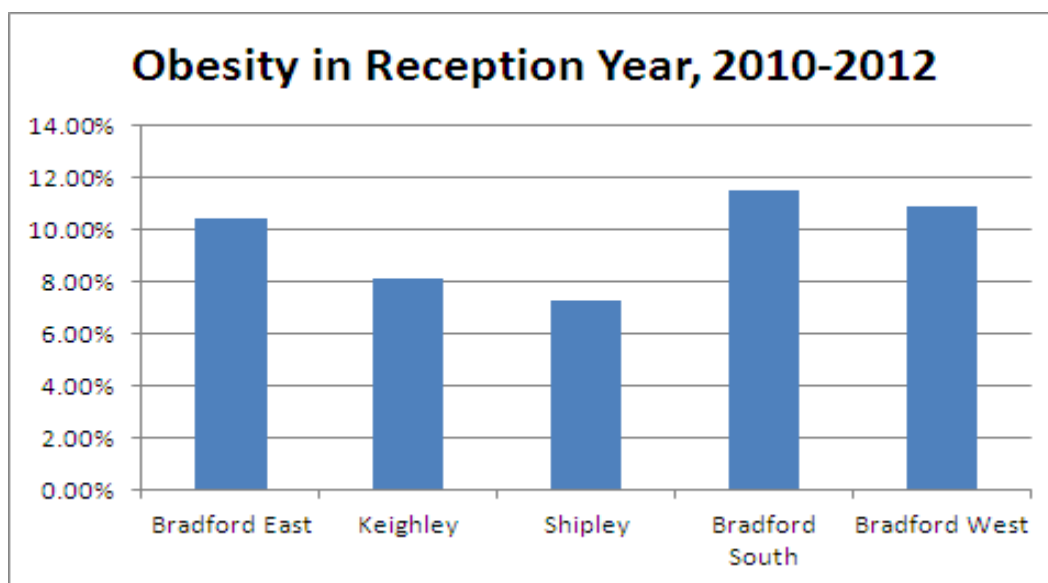


**Source: 2011 Births and Deaths**

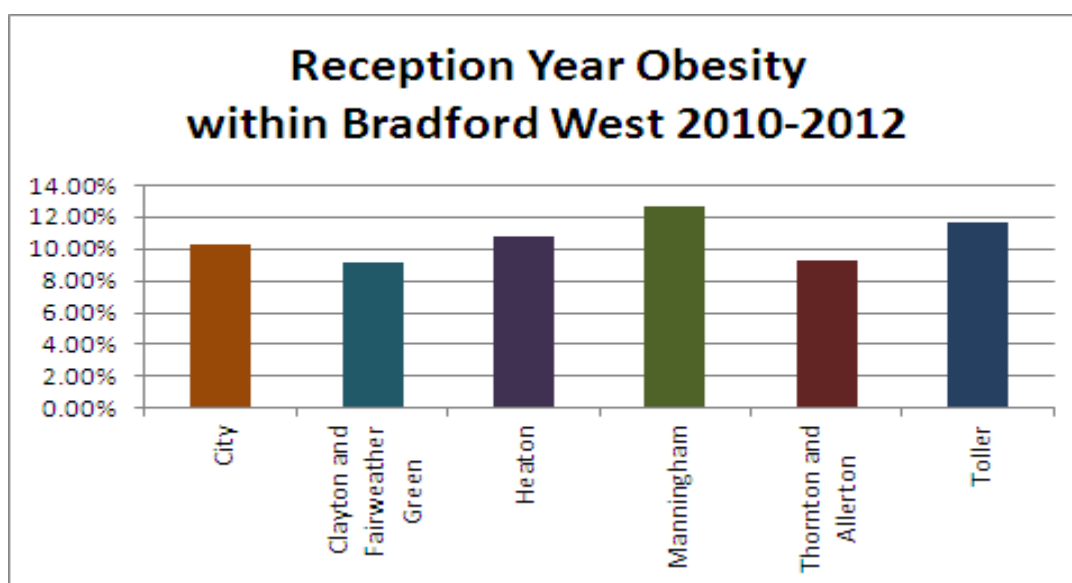
Bradford West has the second highest percentage of low birthweight babies of the five areas in Bradford and District. Manningham, Thornton and Allerton and Heaton all have higher than average percentages of low birthweight babies.

c) **Child Obesity Prevalence: Reception Year**

i).Bradford West compared with the other areas of Bradford district



ii).A comparison between the six electoral wards in Bradford West

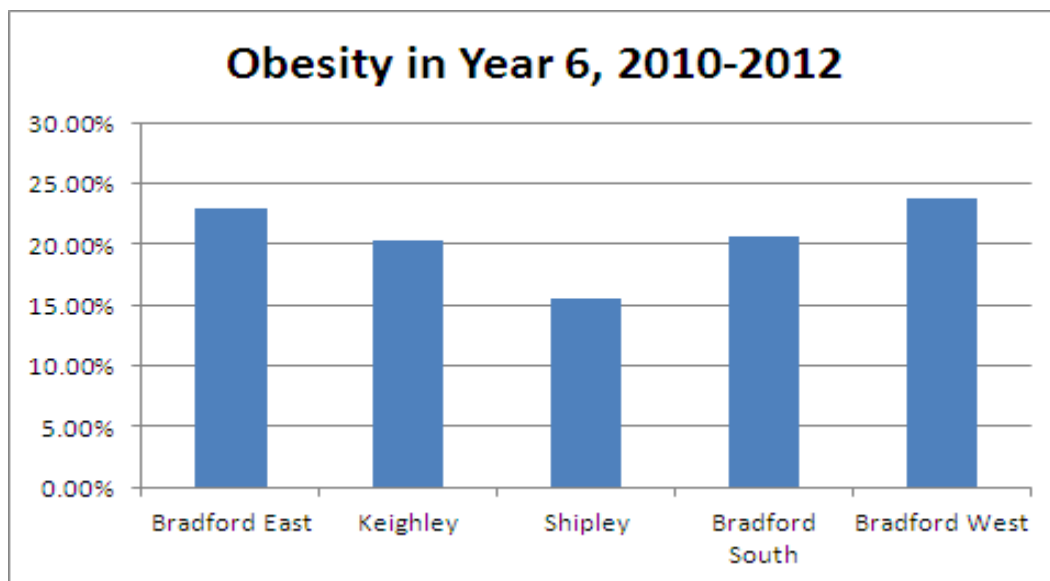


**Source: National Child Measurement Programme**

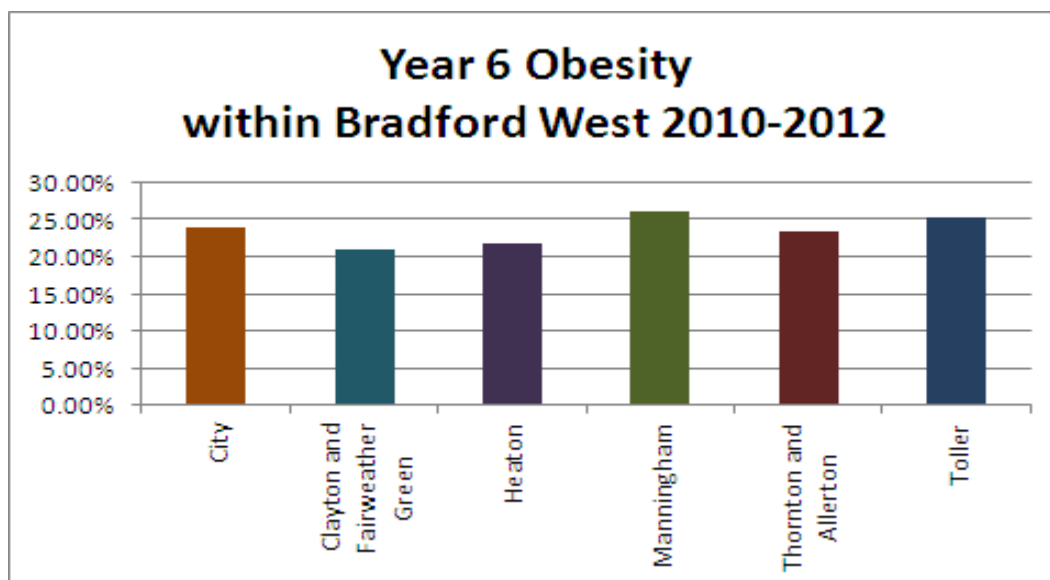
Based on this data - which is aggregated across three years - Bradford West has the second highest percentage of Obese children in Reception Year rate of the five areas in Bradford and District. Manningham and Toller have particularly high levels of Obesity in Reception when compared with the rest of Bradford and district. In the charts that follow, a similar picture emerges for Year 6.

**d) Child Obesity Prevalence: Year 6**

i). Bradford West compared with the other areas of Bradford district



- A comparison between the six electoral wards in Bradford West

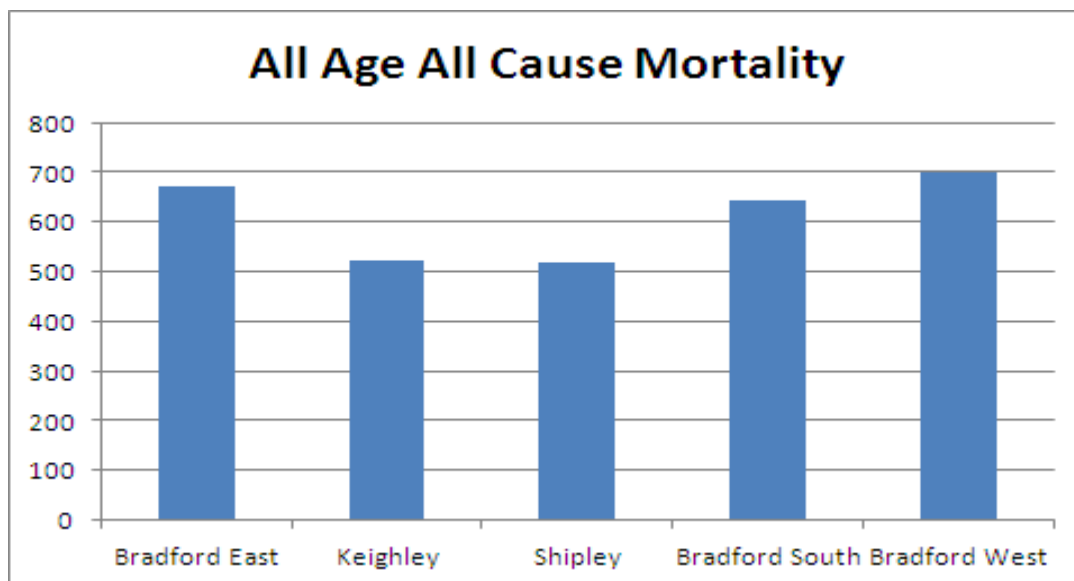


**Source: National Child Measurement Programme**

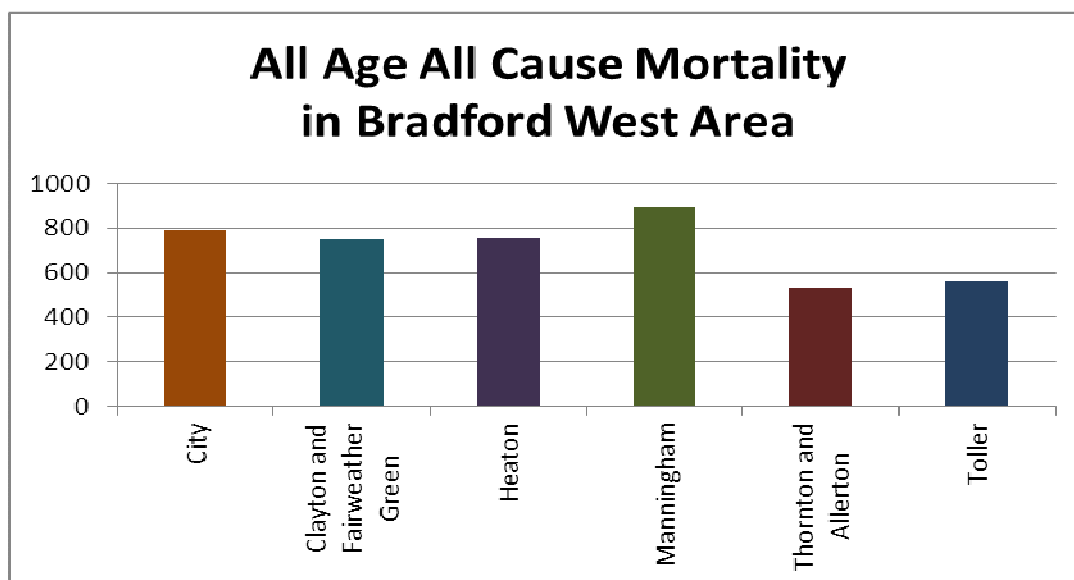
In year 6, Bradford West has (by a tiny margin) the highest percentage of Obese children of the five areas in Bradford and District. Manningham and Toller continue to have particularly high rates, placing 3rd and 5th respectively out of Bradford's 30 electoral wards – but by Year 6, all of Bradford West's wards are higher than the median rate for Bradford and District.

e) **All Age All Cause Mortality**

i). Bradford West compared with the other areas of Bradford district



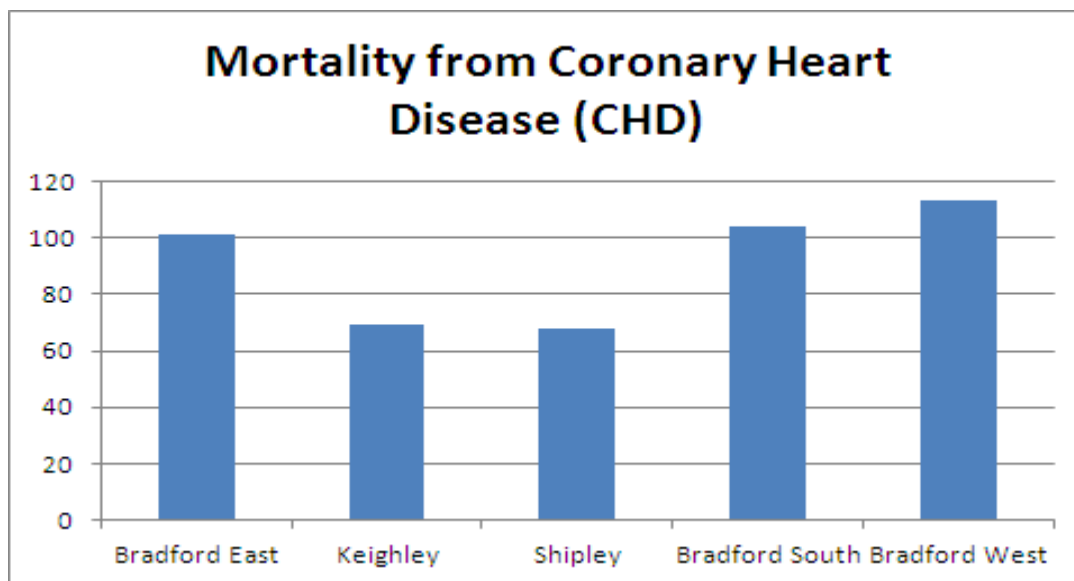
ii). A comparison between the six electoral wards in Bradford West



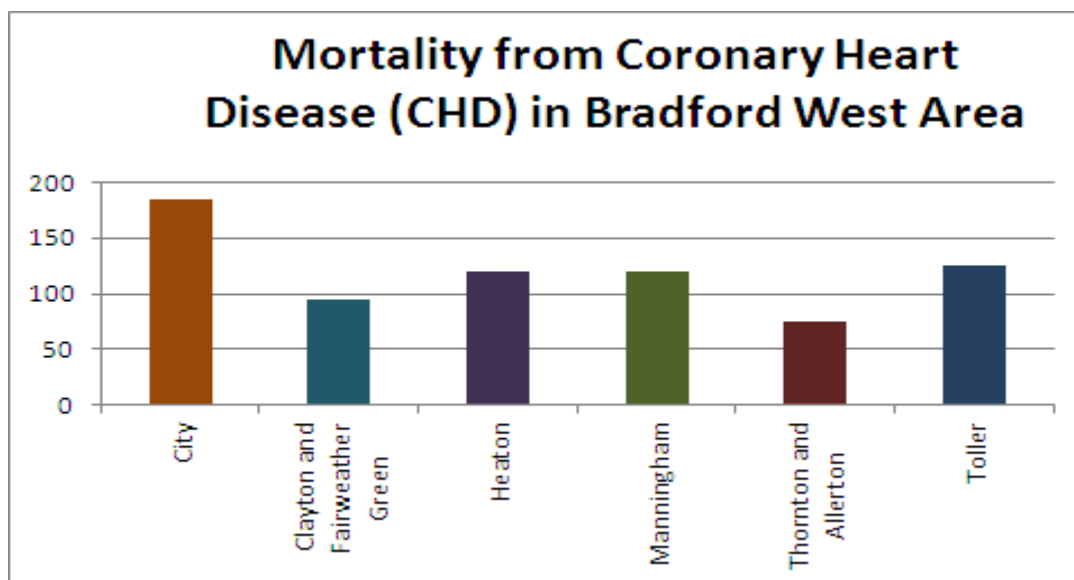
Bradford West has the highest age-standardised All Age All Cause Mortality (AAACM) Rate of the five areas in Bradford and District. Manningham is the ward with the highest AAACM Rate, with City, Clayton & Fairweather Green and Heaton, all in the highest 10 of the 30 wards in Bradford.

**f) Mortality from Coronary Heart Disease (CHD)**

i). Bradford West compared with the other areas of Bradford district



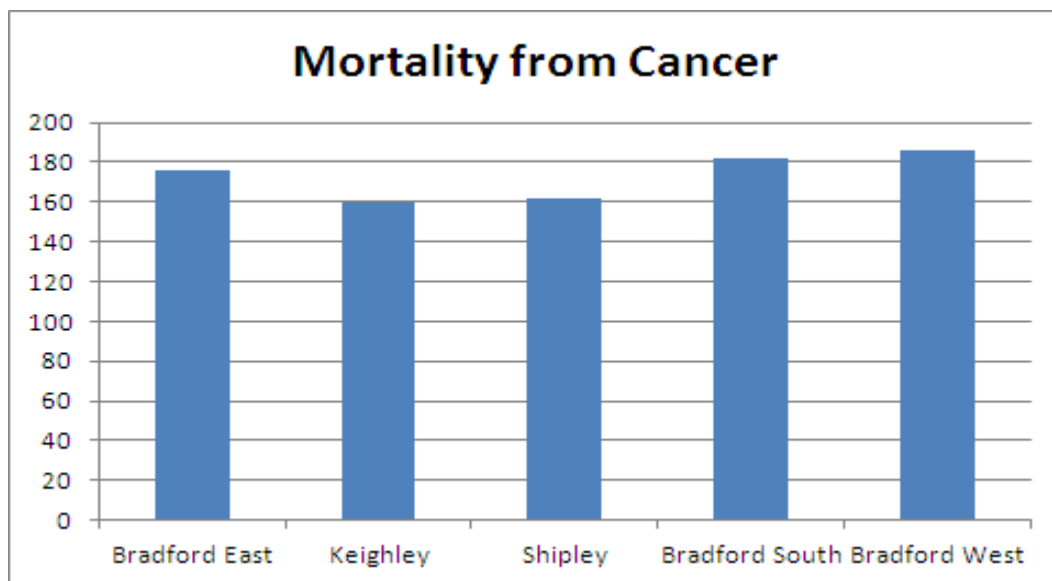
ii). A comparison between the six electoral wards in Bradford West



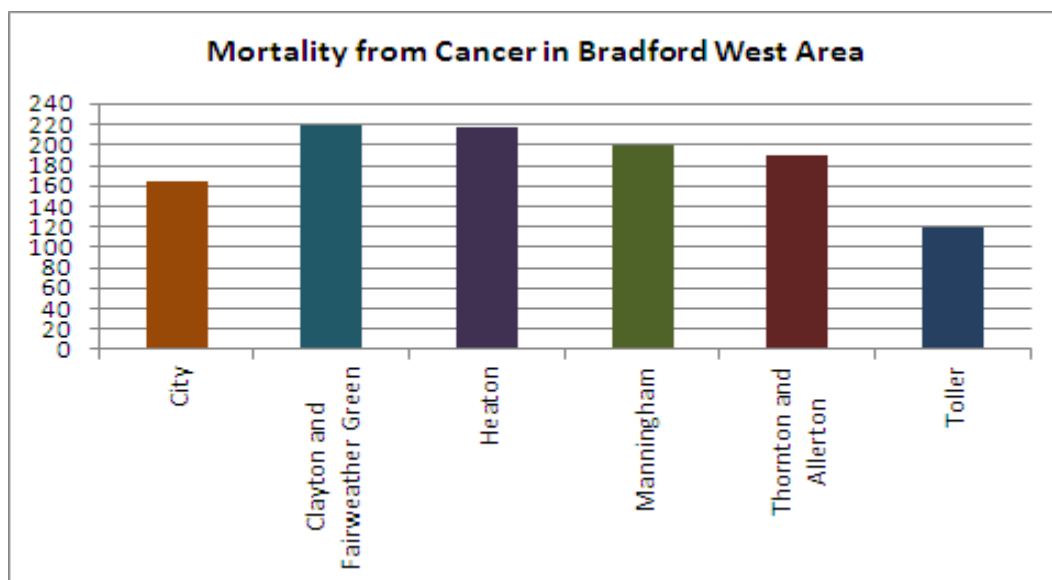
Bradford West has the highest age-standardised CHD Mortality Rate of the five areas in Bradford and District. City is – by some considerable margin – the ward with the highest CHD Mortality Rate of the 30 wards in Bradford and District.

**g) Mortality from Cancer**

i) Bradford West compared with the other areas of Bradford district



ii) A comparison between the six electoral wards in Bradford West

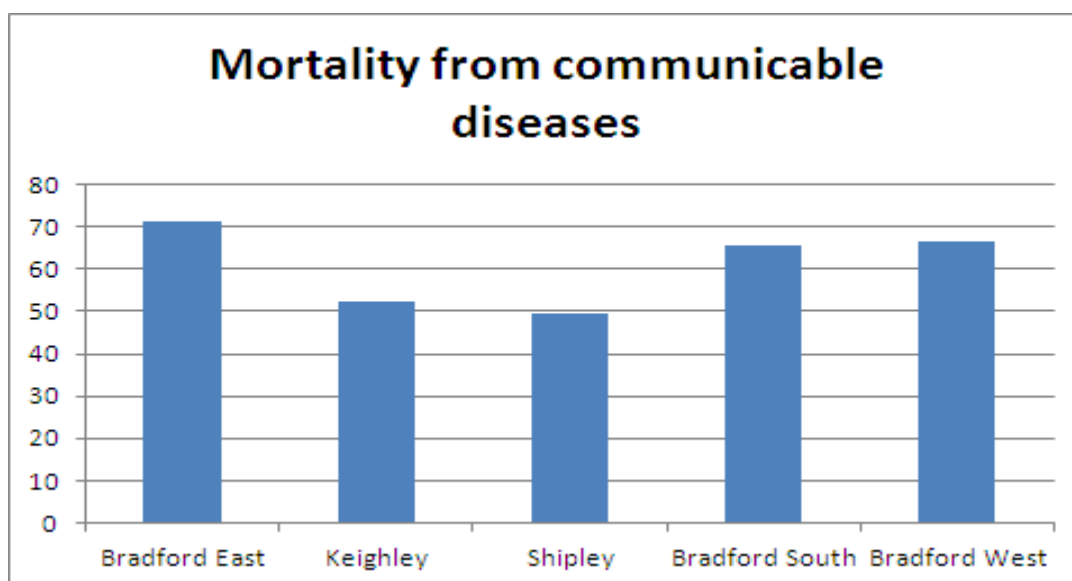


Bradford West has the highest age-standardised Cancer Mortality Rate of the five areas in Bradford and District. Clayton & Fairweather Green and Heaton have the 2<sup>nd</sup> and 3<sup>rd</sup> highest rates of Bradford's 30 wards. By contrast, Toller has the lowest rate of Cancer mortality of all of the wards in Bradford.

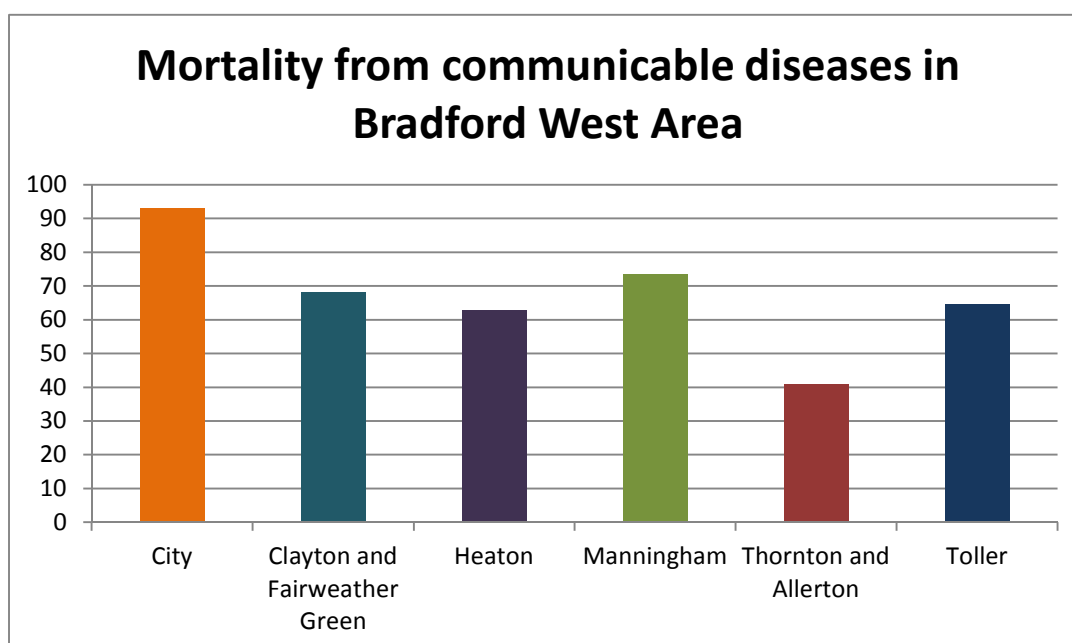
## h). Mortality from Communicable Diseases

This is indicator 4.08 on the Public Health Outcomes Framework

i) Bradford West compared with the other areas of Bradford district



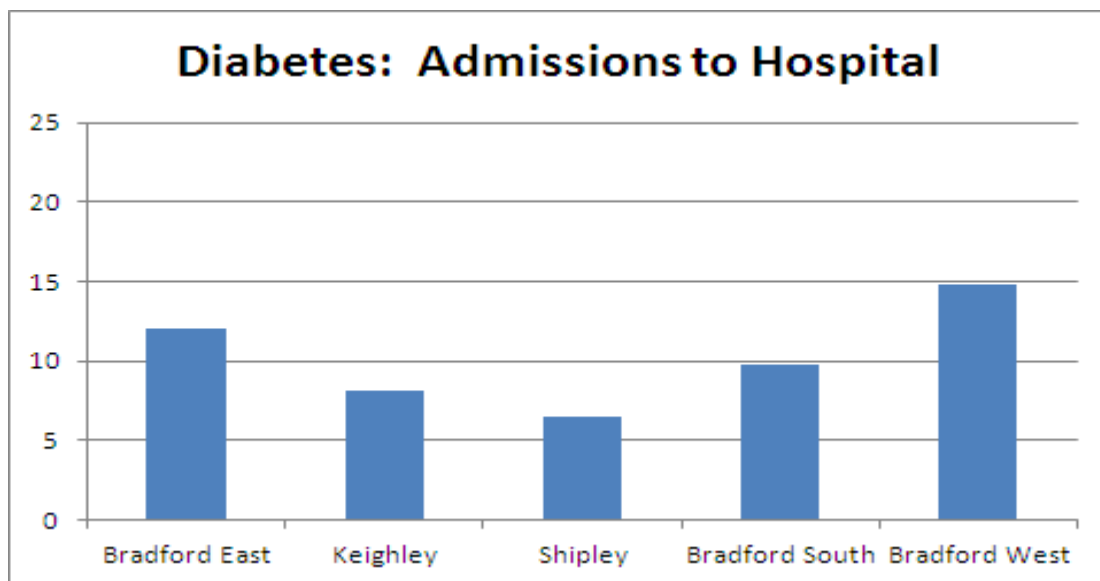
ii) A comparison between the six electoral wards in Bradford West



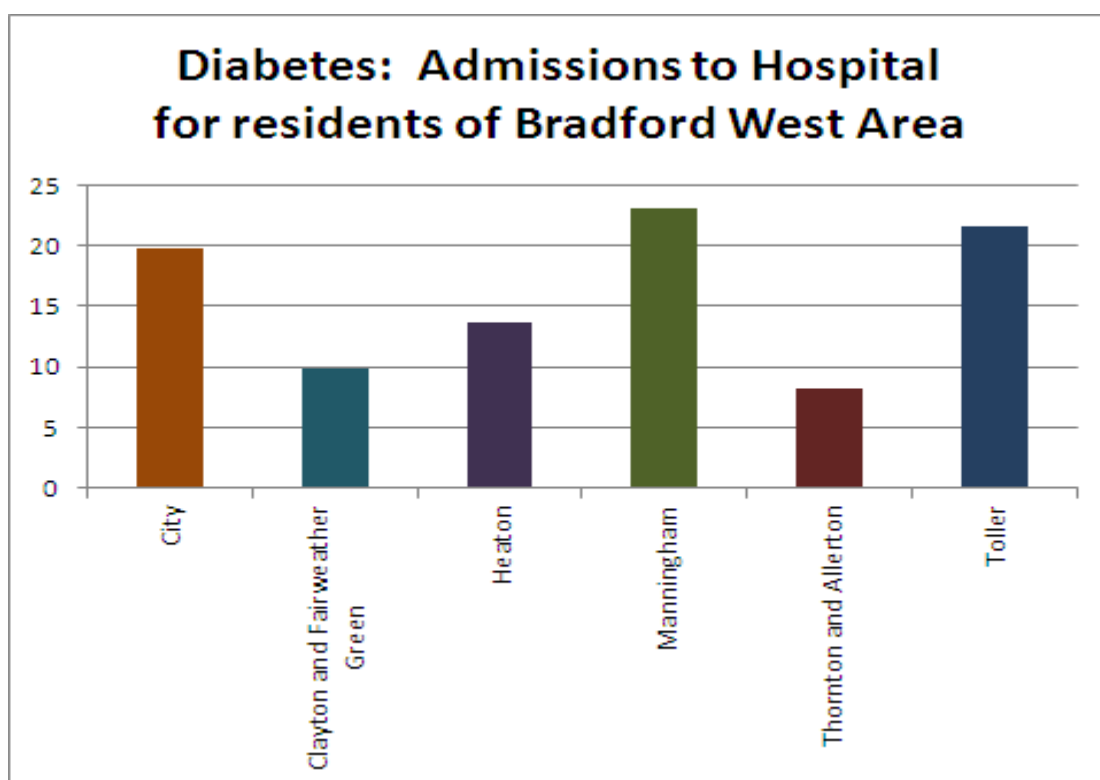
Bradford West has the second highest age-standardised mortality rate from communicable diseases of the five areas in Bradford and District. Rates are generally above the district average in all wards within Bradford West, apart from Thornton and Allerton.

**i). Admissions to Hospital for Diabetes**

i) Bradford West compared with the other areas of Bradford district



ii) A comparison between the six electoral wards in Bradford West



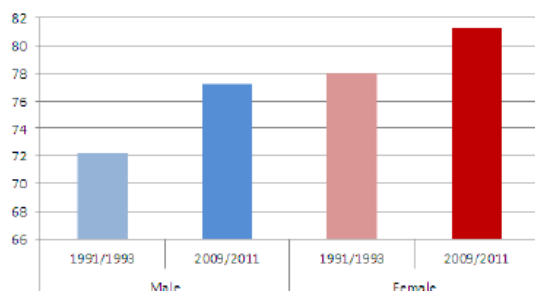
Of the five areas in Bradford and District, Bradford West has the highest age-standardised rate of admissions to hospital for Diabetes. Manningham has the highest rate amongst Bradford's 30 wards; Toller is 2<sup>nd</sup> and City 4<sup>th</sup>.



## Bradford and District: The Current Population

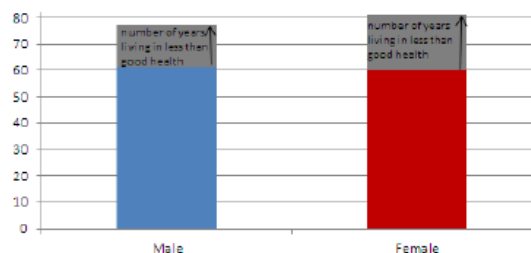
People are living **longer**. In men the average life expectancy is 78 – this compares to 81 in women.

**Life Expectancy in males and females in Bradford and Airedale**

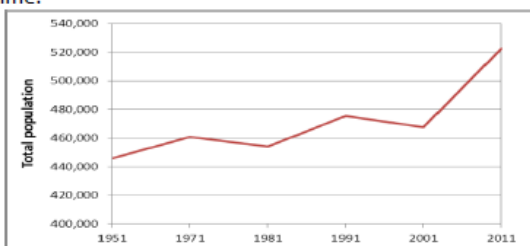


People – especially women - live a significant proportion of their lives in **poor health**.

**Life Expectancy and Healthy Life Expectancy in males and females in Bradford and Airedale**



Over the last 60 years the population of Bradford and Airedale has grown significantly – in the last ten years alone the population has grown by **11%** - that's a **rate of growth faster** than observed for a long time.



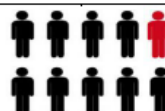
### Fast growing age groups in the last 10 years

**23%** increase in the number of 0-4 year olds

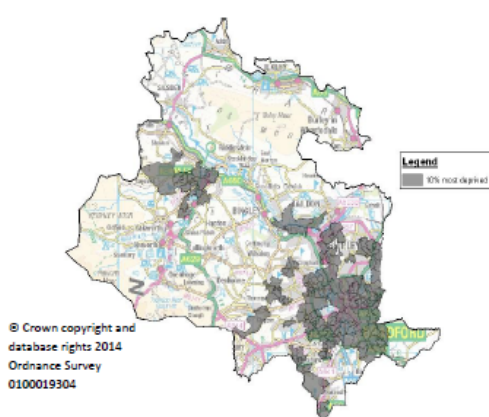
**26%** increase in the number of 55-59 year olds

**17%** increase in the number of over 85s

**157,287 people** or **31%** of the population- live in areas included in the 10% most deprived in England.



**One in ten** people provide some level of unpaid care.



Over **12,400** older people need assistance in maintaining independent living.

A further **8,200** people require help with one or more activities of daily living.

Almost **38,000** children live in relative poverty; that is **27%** of the population aged 18 years and under



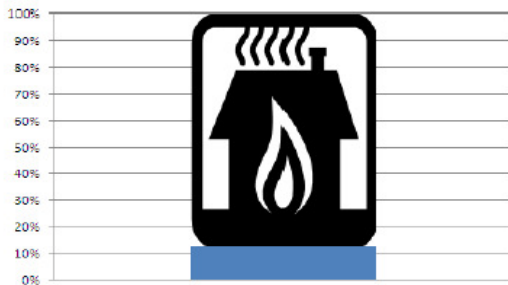
## Bradford and District: Wider determinants of health

The health and well-being of a population is greatly shaped by a wide variety of social, economic and environmental factors; improvements in health outcomes cannot be made without action on the **wider determinants of health**.

**27%** of Bradford households have an annual household income less than **£15,000**. In some areas of the district the proportion is as high as **40%**.



**12.6 %** of all households in Bradford and Airedale live in fuel poverty.



That is more than **25,000** households, and is the **highest rate** in Yorkshire and the Humber.

In extreme cases fuel poverty can lead to a deterioration in health requiring hospital admission and sometimes death (**excess winter deaths**) – especially in the elderly and those with long-term conditions such as COPD.

Between August 2011 and July 2012 there were **318 excess winter deaths** – **141** of these were in people aged 85+.



**10%** of houses in the district are overcrowded.

Overcrowding can impact on family relationships, child development and health.

Independent research suggests the **economic downturn** is likely to have **lasting consequences** on health and wellbeing (Source: UCL Institute of Health Equity).

**5.5%** of 16-18 year olds are not in education, employment or training (NEETs) – this is **lower** than the proportion regionally and nationally.



**48.8%** of children achieve a good level of development at the end of reception, however, the proportion of children achieving a good level of development varies across the district.

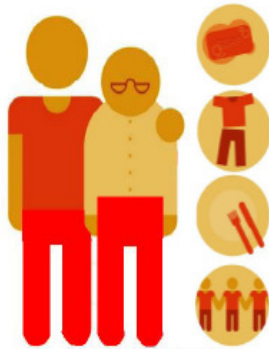


Educational attainment is improving, but remains lower than England and similar areas, and thus remains one of the biggest challenges to the district – **52%** of pupils gain 5+ A\*-C grade GCSEs inc. English and Maths.



## Bradford and District: Health and Social Care use

**2,400** people received short-term support by way of rehabilitation and re-ablement last year.



Graphics from Kings Fund

Each year **11,500** people receive longer-term services – **8,500** at any one time.



**1,940** people are supported to live in residential or nursing homes

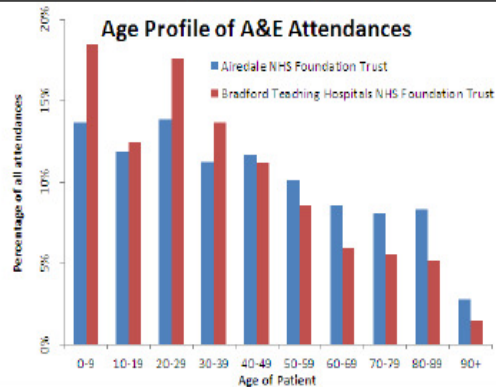
**90%** of patient contacts with the NHS occur in primary care.

In Bradford & Airedale there are an estimated **3.4 million** contacts with **primary care** each year.

The number of contacts is expected to increase as the population increases and grows older – this is despite a **real terms decrease in funding** for primary care.

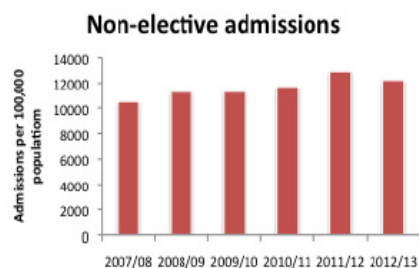


There are **more than 190,000** A&E attendances each year at the two hospital trusts.



However, the age profile of those attending A&E at the two trusts is very different: At BTHFT, **18%** of those who attend are aged under 10. At Airedale, it's only **14%**. Conversely, at Airedale **19%** of those who attend are aged over 70. At BTHFT, it's **12%**.

Historically **non-elective (unplanned) admission rates** have **increased** year on year; however, in the last year there has been a **small reduction**.



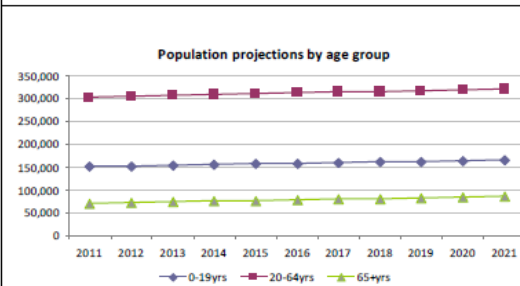
The Kings Fund estimates that ambulatory care-sensitive conditions (ACSCs) account for **1 in every 6** emergency hospital admissions in England – these cases could potentially have been managed in primary care. Rates also tend to be higher in areas which are **more deprived**.

## Bradford and District: Future Population

The population of Bradford and Airedale is growing – **by 2019** it is expected to increase by **7%**.

The population is ageing. By 2019 there will be:  
**12,013** more people aged 65+  
**2,194** more people aged 85+

As well as more older people, the **number of children** is also expected to **increase**. By 2019 there will be 4,525 more children aged 0-4 than at present



**Impact on housing:** with an increasing older population we need appropriate accommodation to support people to live independently in their own homes, meaning they are less reliant on health and care services.



Demographic change will mean that:

- The number of frail elderly will ↑
- The number of people with LTCs will ↑
- The number of people with more than 1 LTC will ↑

An increasing number of frail older people will have care needs and require **support to live at home**.

There will be an increasing number of older people **living on their own**. Living alone is a significant predictor of hospital admission.

The working age population is not expected to ↑ at the same pace as the older population. Age dependency ratios will become more and more important.

**Will the working age population be able to care for older relatives?**

There is a significant amount of uncertainty around the role of older people in the community in 20 years time. Much will depend on the health of the population as they enter old age, highlighting the importance of healthy ageing.

It is predicted that by 2020:

- Over **15,500** people aged 65+ will be unable to manage at least one activity on their own.
- **22,300** people aged 65+ will experience a fall, with **1,730** admitted to hospital as a result.
- More than **6,000** people aged 65+ will have dementia.
- More than **2,000** people age 65+ will have a longstanding health condition caused by a stroke.
- **7,153** people aged 65+ will be living with moderate or severe visual impairment.

As a result of the changing dynamics of Bradford and Airedale, A&E, inpatient and outpatient **hospital services** are expected to experience a **5% increase in cost and activity**.

**Non-elective** (i.e. unplanned) services will see the **greatest increases** with a 5.4% increase in costs and 5.5% increase in activity (Source: Public Health)

