

Report of the Director of Public Health to the meeting of Shipley Area Committee to be held on 2 December 2015

Subject:

V

Public Health Function in Bradford Metropolitan District Council

Summary statement:

This Summary informs Shipley Area Committee about the work of the Public Health Department, and in particular how the work contributes to the Health and Wellbeing of the population of Shipley Area.

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1. SUMMARY

This report informs Shipley Area Committee about the authority's Public Health department. The report covers various domains of public health, but due to Shipley Area level data not being available for all elements, some of the narrative describes activity at a Bradford district level.

2. BACKGROUND

2.1 Public Health is concerned with the health of the entire population, and one of the most widespread definitions of its work is:

'the science and art of promoting and protecting health and wellbeing, preventing ill health, and prolonging life, through the organised efforts of society' (Faculty of Public Health).

2.2 The Public Health Outcomes Framework (PHOF) sets out the desired outcomes for Public Health and how these will be measured. There is a large number of indicators in the PHOF. Some indicators are very precisely defined and complex; others are easier to understand. The indicators are separated into the following categories, known as 'domains':

Improving the wider determinants of health: including the local environment, housing, employment and fuel poverty.

Health Improvement: encouraging people to make healthy lifestyle choices e.g. smoking cessation, healthy eating, physical activity.

Health Protection: protecting the local population from harm e.g. protection from communicable diseases including sexually transmitted infections; screening and immunisation, emergency planning.

Healthcare Public Health and preventing premature mortality: reducing numbers living with preventable ill health and people dying prematurely.

2.3 In order to achieve the outcomes, CBMDC Public Health employs staff directly to work on key areas, and commissions services from other providers. Important areas of work include obesity and nutritional support services, infant mortality, drug and alcohol services, smoking cessation and sexual health services.

2.4 WIDER DETERMINANTS OF HEALTH

2.4.1 In 2013/14 Public Health funded additional welfare advice services across the district, in recognition of the impact a lack of income, or debt and/or benefit problems can have on vulnerable households. The associated worry and anxiety caused as a result can lead to an increased use of local GP services and rises in lower level mental health issues. Over the past two years this programme has provided services in GP surgeries, children's centres and community centres.



- 2.4.2 Adult and Community Services and Public Health are jointly running a commissioning programme to identify the future needs for welfare advice services across the district. This is an excellent example of the cross-department working that has been enabled by the Public Health department's move into the Local Authority. Advice services will be commissioned for 2016-19 to deliver high-quality and cost-effective services that are person-centred and focused on outcomes for clients.
- 2.4.3 The Food Strategy for the district has been reviewed and priorities updated to reflect the complexity of needs in the area. Three new priorities now encompass the previous five, 'Growing to Eat', 'Healthy Eating' and 'Affordable Food'. These are not standalone and are linked across one another in many ways.
- 2.4.4 The 2015-16 Warm Homes programme has commenced; this offers short term additional support for vulnerable households during the winter months, with strong links to other strategies such as the Food Strategy and the developing Self-Care Programme. Previous programmes have delivered interventions to give advice on staying warm and well during the winter, in order to reduce fuel debt, alleviate food poverty, improve energy efficiency and reduce social isolation. In winter 2014-15 the programme delivered additional food parcels via food banks, home energy checks to help people in fuel debt reduce their energy bills, and helped households to apply for Winter Fuel payments available from energy suppliers to qualifying customers.
- 2.4.5 Various services are commissioned to target inequalities in relation to accidental injuries. This includes a district wide service delivering education training and publicity programmes in schools. The Casualty Reduction and Road Safety team works in close partnership with the police, fire and rescue services, ambulance services, schools, BSCB, Bradford Under 5's, health professionals and others in delivering this essential service.
- 2.4.6 To date the 2015-16 programme of the Health and Wellbeing Board has largely focused on system change within the Health and Social Care system, but has also considered how to improve outcomes in 'Early Years', through the District's new Integrated Early Years Strategy and Better Start Programme. In the remainder of 2015-16, the Board will receive major reports on how Adult and Children's Services in the District are working together on the safety of vulnerable adults, children and young people, on the impact of housing, work and environmental factors on health and wellbeing, and on the links between employment and mental health and wellbeing.

2.6 Health Improvement

2.6.1 Tobacco control and Stop Smoking Services

The Public Health team is helping to drive Breathe 2025, the overarching campaign to eliminate tobacco-related harms and health inequalities across Yorkshire and The Humber. The vision of Breathe 2025 is to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual (For more



information visit www.breathe2025.org.uk).

To support and drive this vision, all Children's Centres in Shipley have been provided with training and resources to raise awareness of the danger to children's health caused by second hand smoke (SHS) exposure. Each Children's Centre has identified a smoke free champion to sustain the work and messages. A midwifery-based stop smoking service has also been commissioned to address smoking in pregnancy and provide additional support to pregnant smokers and their families.

The trade in cheap, illegal tobacco - with cigarettes usually sold at half or even a third of the price - makes it easier for children to smoke, and brings crime into local communities. To create economies of scale and ensure a consistent approach Public Health has, in partnership with the other West Yorkshire local authorities, commissioned Trading Standards to address the trade in illegal tobacco.

Support to quit is available at a range of times and venues across the Shipley area including GP practices and Pharmacies.

2.6.2 Sexual Health and Teenage Pregnancy

District wide sexual health and reproductive services are available to the whole population with clinics in a range of settings to provide contraception and testing and treatment for sexually transmitted infections. The new provider, Locala CIC, commenced delivery of the new service from 31st July 2015, and has re-located some clinics to enable wider access by the population as a whole. Bradford continues to have a range of clinics based in both specialist clinics and GP surgeries, including Windhill Green Medical Centre, and a central clinic at Hillside Bridge which can be accessed on a drop in or an appointment basis.

Teenage pregnancy rates across the district continue to fall and are now at their lowest rates for over 70 years. Despite success in the reduction of teenage conceptions, challenges remain for the PHOF indicators relating to Chlamydia diagnosis 15-24 year olds and reducing late diagnosis of HIV. Ward level data is unavailable for these outcomes as all data reported on sexual health is at district level. Work has started to look at joint commissioning of HIV testing with the CCGs and NHS England to enable a strategic approach to this important public health issue.

The Public Health Sexual Health team continues to coordinate the delivery of the Ur Choice Relationships and Sex Education (RSE) programme in Titus Salts School. The team are continuing their efforts to engage other secondary schools in the area to take on the programme however often find the barriers are the fears of schools to the reactions of parents and local communities. This programme has been developed this year to include teenage relationship abuse, forced marriage and Female Genital Mutilation (FGM).

The parents' education programme, Speakeasy, is delivered across the area in primary schools and Children's Centres and the development of a programme to



support parents of children with learning disabilities is being rolled out to schools. In addition to this, a new piece of work has been developed to support these parents educating their children about relationships and sexual health, using the Boardmaker software package. This partnership work with the library service will enable parents to develop their own 'storyboards' to help their children better understand personal relationships, puberty, changes to their bodies and keeping safe. Parents can use the computers in Shipley and other libraries across the district, to develop and print out their storyboards and then take home for use with their children.

Chlamydia detection rate is below what is achieved nationally. The team is seeking assurance that the provider of the screening programme is addressing this and is able to demonstrate an improvement in performance.

2.6.3 Obesity and nutrition

The Shipley constituency has a relatively low obesity rate compared to many other areas in the Bradford district, ranking in 23rd position out of the 30 electoral wards. 8% of reception children are classed as obese and 17.2% of Year 6 children (Source - NCMP data 2011-2014). Shipley area has the lowest obesity rate (at reception and year 6 age) when compared with the four other areas making up the district.

The Health Improvement Team currently funds a variety of initiatives across the Shipley area, aimed at addressing obesity and improving the health and wellbeing of residents. Initiatives have been commissioned from the following organisations during 2015-16 including:

- *Cook and Eat (Adults and Children)*

The aim of the service is to provide evidenced based 6 week Cook & Eat Programmes to meet the need of the local population in a wide range of community venues across the district. The service is a self-referral scheme which will support participants in making healthy lifestyle changes with the aim of increasing the intake of fruit and vegetables, providing knowledge and skills to enable them to prepare healthy meals. The sessions are currently delivered by the following VCS organisations in the Shipley area: Shipley & Bingley Voluntary Services (at Cardigan House), Windhill Community Centre (North East) Community and Advice Centre. and Age UK Bradford & District (at Denholme Elders).

- *Adult's Healthy Weight Programmes*

The aim of the service is to provide an evidence based adults' weight management intervention (Healthy Weight Programme) to meet the need of the local population in a wide range of community venues across the district. The service will support participants in making healthy lifestyle changes with the aim of losing 5% body weight over 12 weeks. It is a self-referral scheme for adults 18 and over. The sessions are currently delivered by the following VCS organisation in the Shipley area: Windhill Community Centre (North East) Community and Advice Centre.



- *Children's Healthy Weight Programmes*

The aim of the service is to provide an evidence based children's weight management intervention (BHealthy 2-4, BHealthy 5 – 11, BHealthy 12+) to meet the need of the local population in a wide range of community venues across the district. The service will support children and their families in making healthy lifestyle changes. Children and families can self-refer or be referred through a health professional e.g. a School Nurse. The Health Improvement Team currently provides advice to organisations based in the Shipley area.

- *Physical Activity (Adults)*

The aim of the service is to provide an appropriate physical activity intervention to meet the needs of the local population in a wide range of community venues across the district. The service will support participants in making healthy lifestyle choices with the aim of achieving and sustaining the Government recommendations of 30 minutes per day of moderate intensity activity five times a week. Sessions range from seated exercise to football, from walking groups to swimming sessions. The sessions are currently delivered by the following VCS organisation in the Shipley area: Windhill Community Centre (North East) Community and Advice Centre.

- *Health and Wellbeing*

Wellbeing and Health services offer a range of activities which, whilst social in nature, are designed to be stimulating, therapeutic and appropriate to both the aims and aspirations of the service user group and the individual. For example this may include sessions like, Arts and Craft, be-friending and singing etc. Wellbeing health activities provide opportunities for people to stay physically and mentally active, to make new and retain friendships and social contacts, which will address social isolation. A wide range of fun- based recreational activities across the district have been funded to meet the needs of diverse communities and neighbourhoods. The sessions are currently delivered in the Shipley area by Age UK Bradford & District (at Denholme Elders).

- *Food and Nutrition (ie Luncheon clubs/nutrition drop in sessions)*

Luncheon clubs' main aim is to provide a healthy balanced meal whilst providing evidence based nutritional messages. The luncheon club will help to improve quality of life, mental wellbeing and social isolation for those who need it. The aim of the nutrition service is to provide knowledge and understanding of the health benefits associated with eating a healthy, balanced diet. The service will provide evidence based messages tailored to the individual or group. The sessions are currently delivered by the following VCS organisation in the Shipley area: Shipley & Bingley Voluntary Services (at Cardigan House).



2.6.4 Substance misuse

Public Health and the local Clinical Commissioning Groups (CCGs) have undertaken a full review of the substance misuse recovery system with regards to both Drug and Alcohol use. The review has looked at substance misuse as a system rather than specifically on individual components or discrete services with the aim being to identify improvement in prevention, access, treatment and recovery.

Council Executive on 13th October 2015 recommended that the Substance Misuse system be re-commissioned jointly by the three CCGs and CBMDC. A new model will be designed with a proposed start date of October 2017.

CBMDC have provided accommodation for Police, Probation, NHS and a VCS organisation co-located at Merchants House, Shipley. The premises were leased for a period of 7 years and this recently expired. Estates Department identified available space within Shipley Town Hall and all services were relocated on 27th February 2015. The relocation provided cost savings and the making use of available Council owned office space. There were some concerns over the perception of an increase in crime and impact upon local businesses and the services have worked hard with the local community to prevent any escalation in crime which has so far been successful.

2.7 Health Protection

2.7.1 Tuberculosis

Tuberculosis (TB) remains a major Public Health challenge for Bradford and Airedale. The incidence of TB in Bradford and Airedale is higher than the national and regional averages.

Collaborative work has been undertaken between tuberculosis (TB) and substance misuse services to develop more joined up working, seeking to address the issues around TB incidence within the substance misuse cohort

A latent TB Infection (LTBI) screening pilot was developed and managed through joint working between Public Health England, CBMDC and primary care. This ran during autumn 2014 and contributed to the development of the national LTBI screening programme, due to be implemented in 2015.

2.7.2 Cancer screening

Shipley has the lowest age-standardised cancer mortality rate of the five areas in Bradford District. Cancer mortality rates vary across Shipley, with Windhill and Wrose and Bingley rural having the highest cancer mortality rates and Wharfedale having one of the lowest cancer mortality rates in the district. (see Appendix).

One preventative measure for tackling Cancer is through screening. Low adult cancer screening coverage and uptake continues to be a major issue across in



areas served by Bradford City and District CCGs. Local data for Bradford indicate that breast cancer and cervical screening uptake has been declining for all Bradford CCGs which mirrors a national picture. Bowel cancer screening has a low uptake and the worst performing area (based on CCG) in West Yorkshire is Bradford City CCG. There is no breakdown of cancer screening rates below CCG level to indicate which wards are worst affected.

NHS England has led the development of a screening improvement plan which seeks to address the generally low uptake across the three adult cancer screening programmes (bowel, breast and cervical). This includes development of a CQUIN (financial incentive) with Bradford City CCG with a view to increase cancer screening coverage by asking GPs to explicitly promote screening to patients they identify as at increased risk. Also, work with Bradford Talking Media is ongoing to develop a resource aimed at those with learning difficulties and those whose first language is not English which also aims to address poor screening coverage. A Bradford wide Cancer Research UK bowel cancer screening campaign and road show in Autumn/Winter 2015-16 will promote the need to screen to the wider population.

2.7.3 Air Quality

Air quality within Bradford district, along with the West Yorkshire region, is known to be the third worst in the country. There is a strong correlation between air pollution and mortality, with 222 attributable deaths annually linked to particulate air pollution across Bradford district. There is therefore a continued need to focus resources on addressing atmospheric pollution at a local level. CBMDC is driving forward this agenda through development of a Low Emission Strategy and a Low Emission Zone feasibility study.

The Air Quality research project delivered in partnership with Environmental Health, Public Health and the Born in Bradford team is now in its second year. This West Yorkshire wide project is also planning to work alongside the Better Start Bradford programme to examine and develop the impact of the 'built environment' on our wider community's health and wellbeing. To aid this a health impact assessment is being completed in relation to the 'Core Strategy' which will guide planning and building developments into the future.

2.7.4 Seasonal flu vaccination

Over the past 12 months, uptake of the seasonal flu vaccine has varied within target groups and across CCG areas. Although in some cases seasonal flu vaccination uptake is meeting national targets and exceeds regional or national uptake levels, there is a need to strive for improved performance with regard to influenza vaccination uptake across all cohorts.

Work continues across the health economy with a view to supporting improved flu vaccine uptake. NHS England leads on this agenda and continues to work with GP practices with a view to improving uptake going forward. For the 2014-15 flu season NHS England commissioned local pharmacies to deliver the influenza vaccination,



with a focus on improving uptake amongst the 'at risk' population. Pharmacies vaccinated a total of 2,543 eligible residents across the three CCG areas covering Bradford district, including 102 pregnant women. Although this is a small number compared to the number vaccinated in General Practice, it is important as it represents a number of people that may not have accessed vaccination otherwise. Access to flu vaccination through pharmacies continues in 2015/16. CBMDC are also funding flu vaccination (through a flu voucher pharmacy scheme) for frontline health and social care workers.

2.8 Public Health Services for Children

2.8.1 0-5 Service Review (Health Visiting and Family Nurse Partnership)

Health visitors play a crucial role in ensuring children have the best possible start in life, and lead delivery of the 0-5 elements of the Healthy Child pathway which is a prevention and early intervention Public Health programme offered to all families. The Family Nurse Partnership (FNP) complements the health visiting service and provides more intense support. The responsibility for commissioning services for 0-5s transferred from NHS England to the Local Authority on 1 October 2015, with CBMDC becoming the responsible commissioner locally.

The Health Visiting contract is one of the largest funded contracts managed within Public Health and is delivered by Bradford District Care NHS Foundation Trust (BDCFT). The transfer of commissioning responsibilities to the Council has provided an opportunity to review the Health Visiting and FNP Service with the overall aim of improving health and wellbeing outcomes for children and their families and providing a service based on local need. The review is currently being undertaken with engagement and consultation with key stakeholders and service users.

2.8.2 Oral Health Promotion

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 (compared to national average of 1.11 in 2007/08 to 0.94 in 2011/12).

Since the introduction of new health and social care reforms which came into effect in April 2013, responsibility for improving oral health has transferred to the Local Authority. Improving oral health in the under 5s has also been identified as one of the 18 priorities in the Health Inequalities Action Plan (HIAP) and therefore a key priority for the Health and Wellbeing Board. Whilst the oral health of children is improving overall in the district, when the oral health of 5 year olds in 2011-12 was examined by ward, stark inequalities were demonstrated. Of the five areas (Bradford East, Bradford South, Bradford West, Keighley Shipley), Shipley has lower levels of disease than average. See below for breakdown of decayed, missing, filled teeth (dmft) for the Shipley wards.



2011/12 Average dmft for Shipley Wards

Baildon	0.3
Wharfedale	0.7
Bingley	0.8
Shipley	0.9
Bingley Rural	1.4
Windhill and Wrose	1.8

Public Health continues to commission oral health improvement within the district across 12 service descriptor areas and includes an intensive and proactive approach, investing in improving oral health initiatives such as the community fluoride varnish and fluoride toothpaste and tooth brushing programmes. It is important that these evidence based programmes continue in order to maintain these improvements and address inequalities which have demonstrated significant improvements in oral health in Bradford children in the last four years.

2.8.3 Better Start Bradford

Public Health is working closely with the 10 year Better Start Bradford Programme, funded by Big Lottery - this programme is focused on improving outcomes for pregnant women and young children. The learning from this work is influencing district wide practice for delivery of services for families and young children. In addition, Public Health has a key role in the Integrated Early Years Strategy 2015-2017 for the district which is focused on improving outcomes and reducing inequalities for all children 0-7 years with all partners working closely together on the key workstreams.

2.8.4 School nursing

In April 2013 the responsibility for commissioning Public Health services for children and young people aged 5-19 years (including the contract for School Nursing) transferred to the Council. The annual value of the School Nursing contract is £3.3 million making it one of the largest value (single service) contracts within Public Health. The contract is delivered by BDCFT and is incorporated within the wider BDCFT contract.

Jointly with the CCGs, the Public Health department is in the early stages of a review of School Nursing and Special School Nursing. The review will consider if and how the current service model meets current and emerging need, taking into consideration the changing demographic profile of children and young people within the Bradford District. The review will aim to identify opportunities to make improvements in prevention and early intervention in partnership with key stakeholders such as schools, primary care, Children's Social Care, voluntary and community groups and other organisations.

A Project Team has been identified to conduct the review and a plan has been



developed to identify the key tasks, stakeholders and methods of engagement. Stakeholders will include school nurses, children and young people, parents, schools, and Children's Services.

2.9 Other considerations

2.9.1 Local authority public health allocations 2015/16: in-year savings

In July, the Treasury announced that the Department of Health (DoH) is required to deliver savings of £200m in 2015/16 through reductions to the Public Health Grant to local authorities. A consultation was launched by the DoH on 31.7.15

Following the announcement, detailed examination of all expenditure in public health was conducted in order to manage the reduction in funding; positive negotiations with NHS England resulted in a transfer of non-recurrent funding of £0.6m. In addition, further negotiations regarding dental and HIV costs concluded that public health would retain funding of £0.3m. Planned procurement within 2015-16 however, was either delayed or discontinued.

In early November, it was announced that the DoH would proceed with the savings by reducing each LA grant by an equal percentage, this being £2.571m for Bradford. The saving will be implemented through a reduction in the fourth quarterly instalment of the grant, which will be brought forward from January 2016 to November 2015. It is anticipated that this reduction will also apply to the 2016/17 budget.

2.10 Conclusion

In the 2 years since transfer into the council, Public Health has become deeper embedded into the wider structures and departments. This is starting to produce results which are demonstrating direct improvements in the population's health. New commissioning relationships are giving the opportunity to build prevention work into many services that had previously been concerned with simply treating the effects of ill health. There has also been the opportunity to review some commissioned services to reflect the changes in both the commissioning landscape and attitudes of the population towards their own health outcomes and lifestyles.

However, Bradford continues to face significant challenges to improve the health of its population, though the Shipley area is generally healthier than other areas of the District. There are, for example, lower levels of childhood obesity, better outcomes for Coronary Heart Disease than in most other areas of the district, except Keighley, and a lower overall mortality for the population when compared with other areas. Shipley has the lowest birth rate of any area in Bradford, and the lowest infant mortality rate. Cancer mortality follows this trend, with Shipley showing the lowest mortality in the District, with all six wards below the district average. Lower than average levels of cancer screening in Bradford continue to be a challenge but increased partnership work to raise awareness amongst the population will improve outcomes for Shipley.



It is clear that only through partnership work to tackle the wider determinants of health (e.g. food and fuel poverty, poor quality housing, traffic casualty reduction, welfare advice), to improve the health of individuals (e.g. healthy weight programmes, stop smoking services, substance misuse treatment, and sexual health services) and to protect health (e.g. air quality improvement, TB screening, flu vaccinations) can we begin to make an impact on these issues. In addition, a key emerging priority for all public services is early intervention, ensuring children and young people get the best start in life; Public Health's contribution to this agenda through the Healthy Child Programme (including Health Visiting, Family Nurse Partnership, and School Nursing) is large.

3. OTHER CONSIDERATIONS

3.1 None.

4. FINANCIAL & RESOURCE APPRAISAL

4.1 FINANCIAL

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

4.2 STAFFING

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

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

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

6. LEGAL APPRAISAL

6.1 This work relates directly to the Local Government Act 2000, the Health and Social Care Act 2012 and to the Duty of well-being placed upon the Council to promote and improve the well-being of the District and protect the health of the local population.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

7.1.1 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.



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

7.1.3 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.

7.2 SUSTAINABILITY IMPLICATIONS

7.2.1 None.

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

7.3.1 None.

7.4 COMMUNITY SAFETY IMPLICATIONS

7.4.1 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 Shipley. The Public Health Department is an active contributor to a number of council and multi sector programmes directly relevant to the Community Safety agenda.

7.5 HUMAN RIGHTS ACT

7.5.1 No direct implications arising from the Human Rights Act.

7.6 TRADE UNION

7.6.1 No direct Trade Union implications arise from this report.

7.7 WARD IMPLICATIONS AND WARD PLANS

7.7.1 The Public Health Department will support a more tailored approach to Service delivery in Wards across Bradford; this will include supporting the development of 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. Health is also a key priority in all six Shipley wards.

8. NOT FOR PUBLICATION DOCUMENTS

8.1 None.

9. OPTIONS

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



10. RECOMMENDATION

- 10.1 It is recommended that the report be welcomed and that the views and comments of the Shipley Area Committee are requested.

11. APPENDICES

- 11.1 Appendix 1: Health Statistics for the Shipley Area



Appendix 1 - Health Statistics for the Shipley Area

The following pages include a collection of indicators which help describe the nature of Public Health in the Shipley area, and the challenges it faces. Although at an Area Level, Shipley is one of the less challenged areas within Bradford, within the area itself Windhill and Wrose is generally one of the more challenged wards of the district.

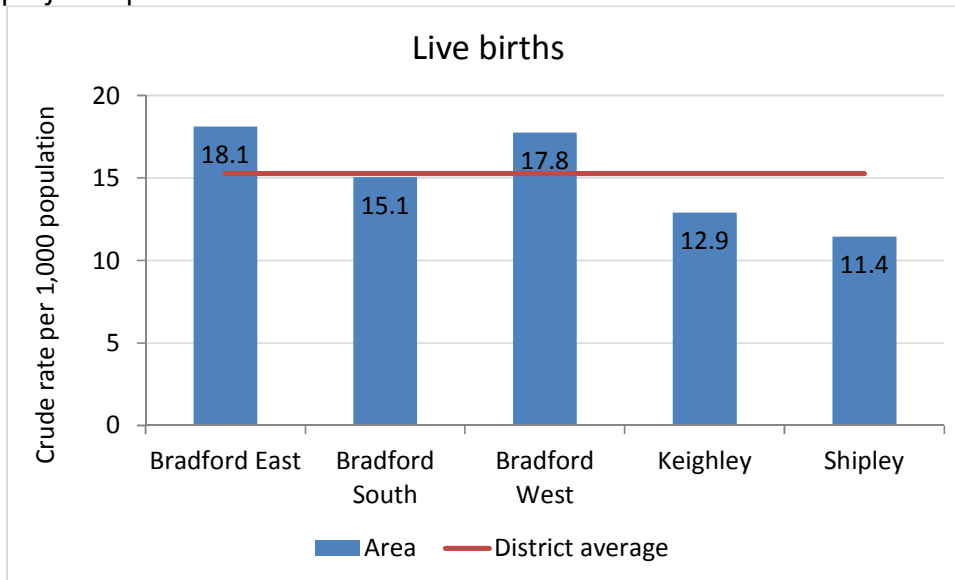
The analysis has been prepared by the Public Health Analysis Team at City of Bradford Metropolitan District Council. The indicators have been presented in a very stark and simple way, with no detailed analysis of the likely causes or effects of the situation described by the data.

If you have any queries about the data, or would like to discuss whether a more detailed analysis may be possible, please contact jonathan.stansbie@bradford.gov.uk

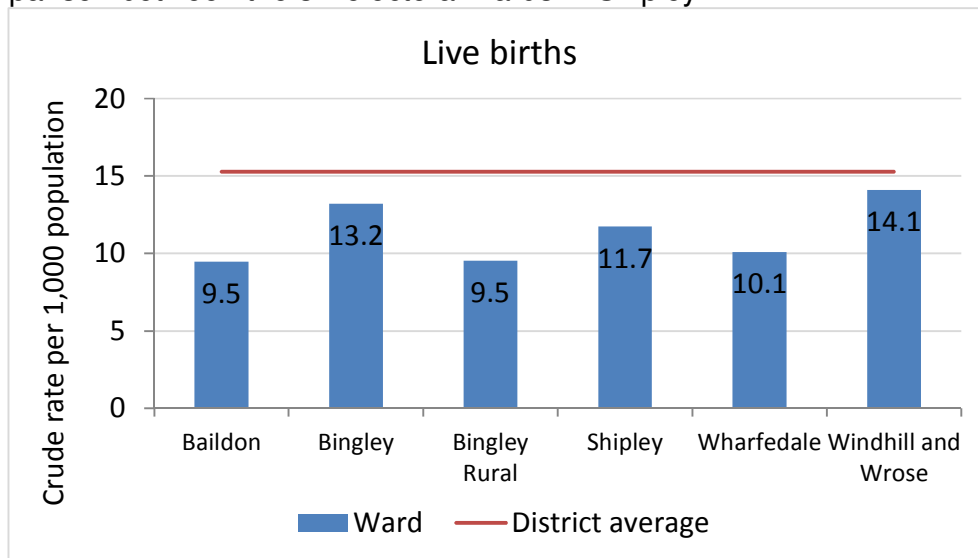


a) Live Birth Rate, 2013

Shipley compared with the other areas of Bradford District



A comparison between the six electoral wards in Shipley



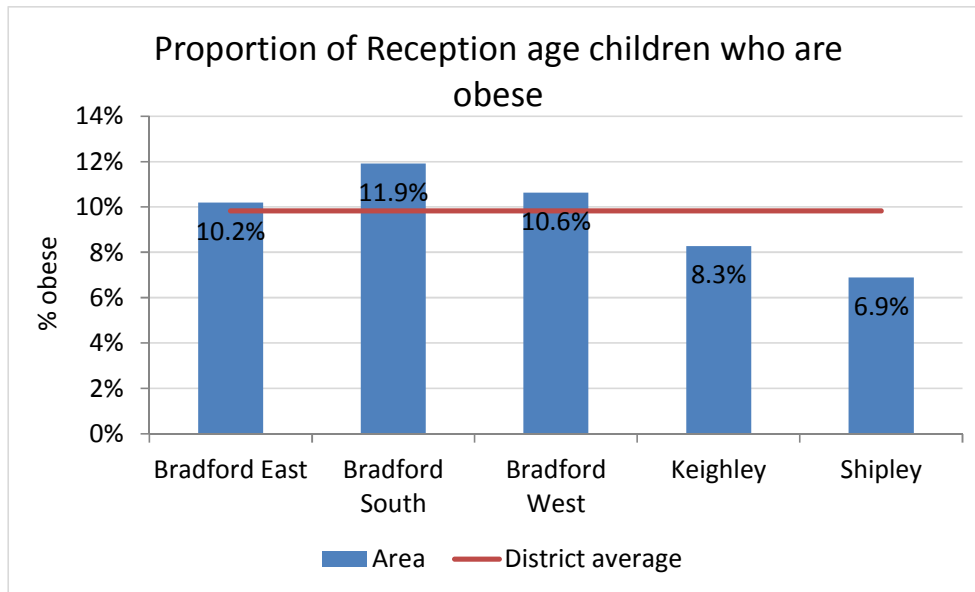
Source: Bradford Public Health Analysis

Shipley has the lowest live birth rate of the five areas in Bradford District. Apart from Windhill and Wrose, the majority of the wards within Shipley have similar birth rates.

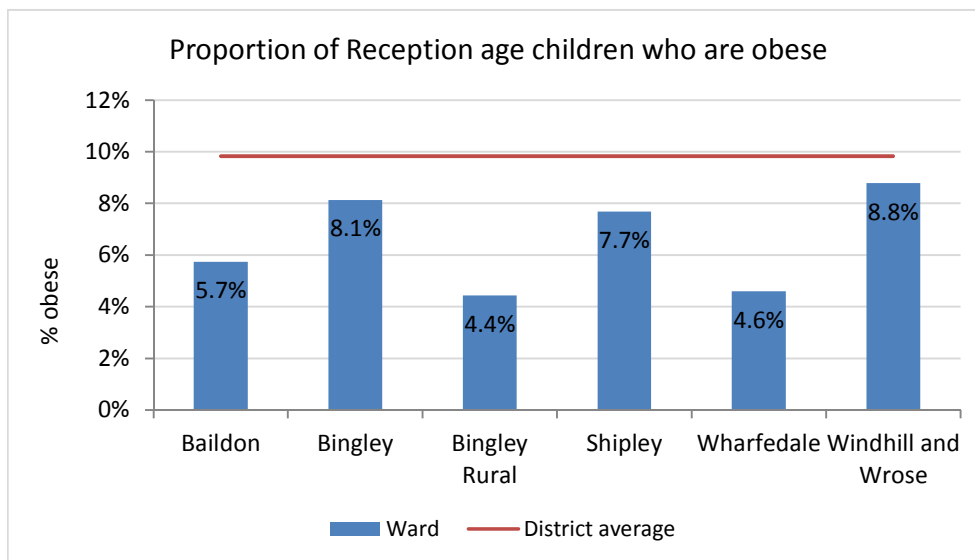


b) Child Obesity Prevalence: Reception Year, 2013/14

Shipley compared with the other areas of Bradford District



A comparison between the six electoral wards in Shipley



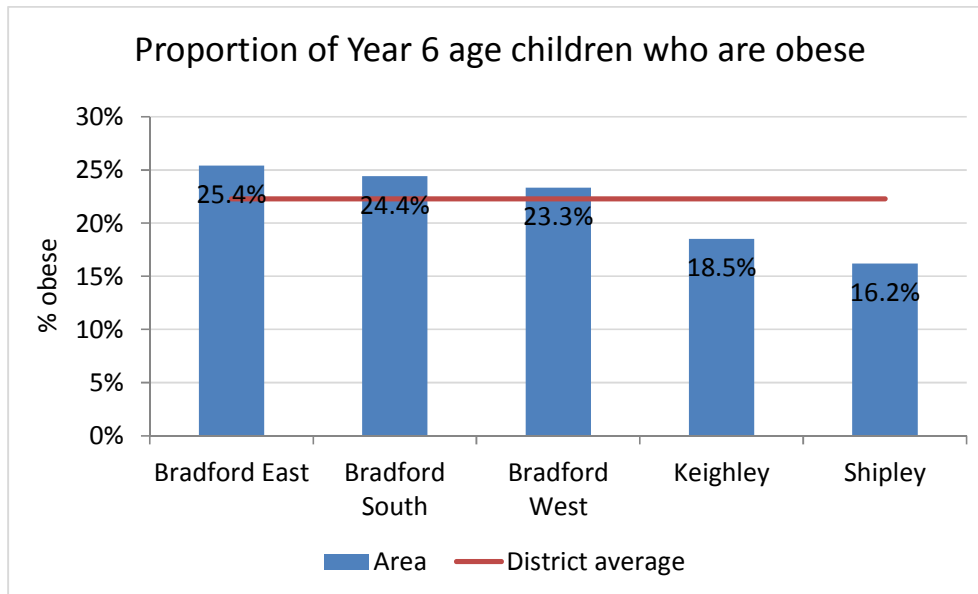
Source: National Child Measurement Programme

Shipley has the lowest percentage of obese children in Reception Year of the five areas in Bradford District.

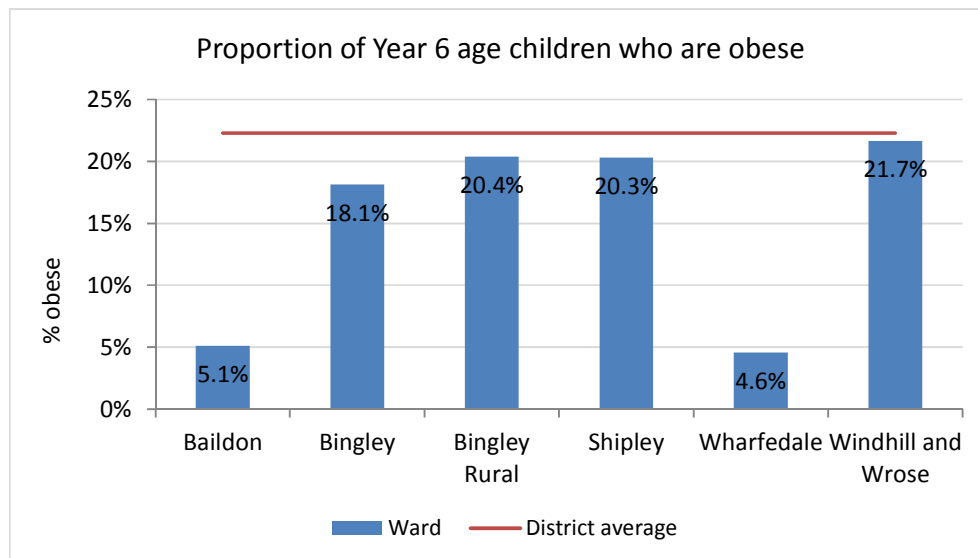


c) Child Obesity Prevalence: Year 6, 2013/14

Shipley compared with the other areas of Bradford District



A comparison between the six electoral wards in Shipley



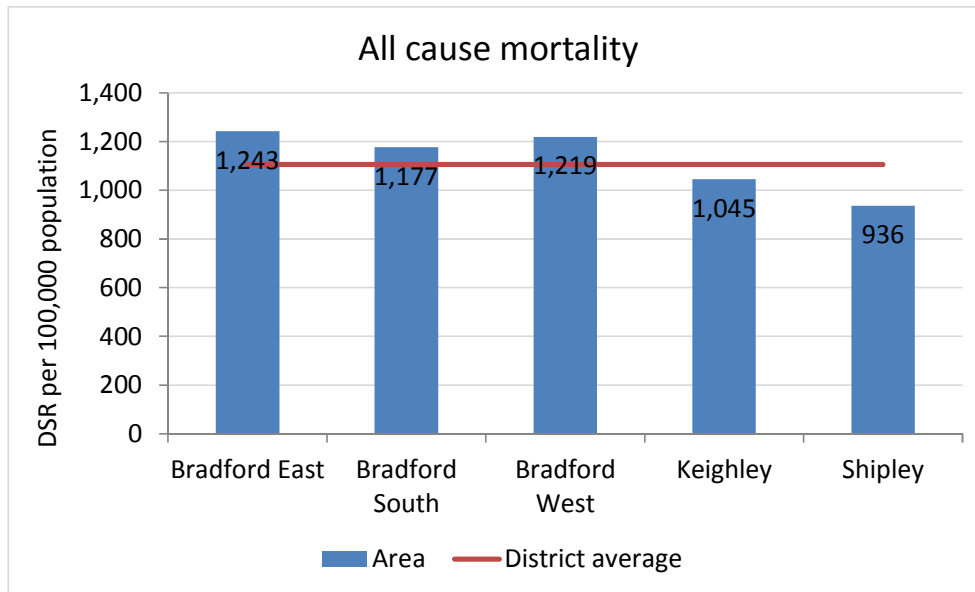
Source: National Child Measurement Programme

Shipley Area also has the lowest percentage of obese children in Year 6. Whilst Windhill and Wrose, Bingley and Shipley wards all have the higher obesity rates within Shipley Area for both Reception Year and Year 6, Bingley Rural only sees higher obesity rates in Year 6.

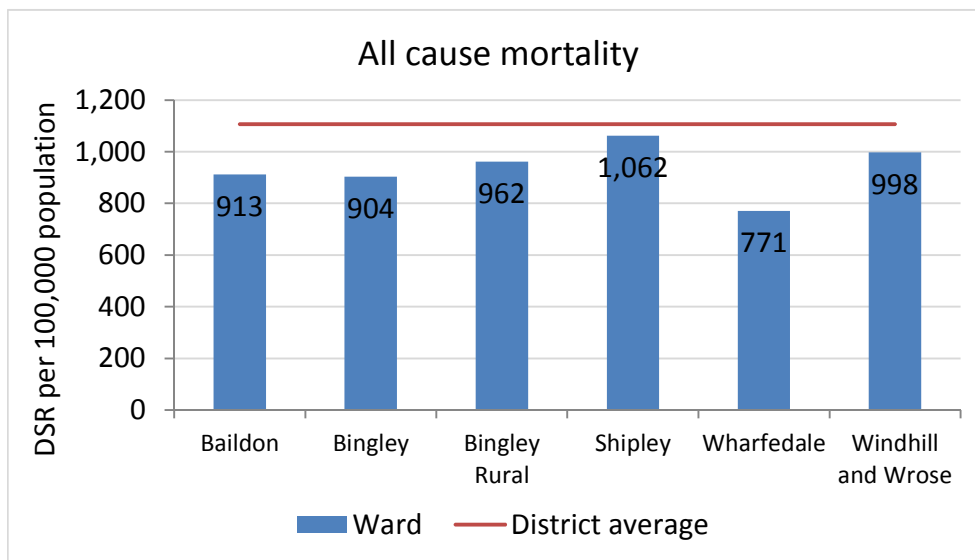


d) All Age All Cause Mortality, 2011-2013

Shipley compared with the other areas of Bradford District



A comparison between the six electoral wards in Shipley



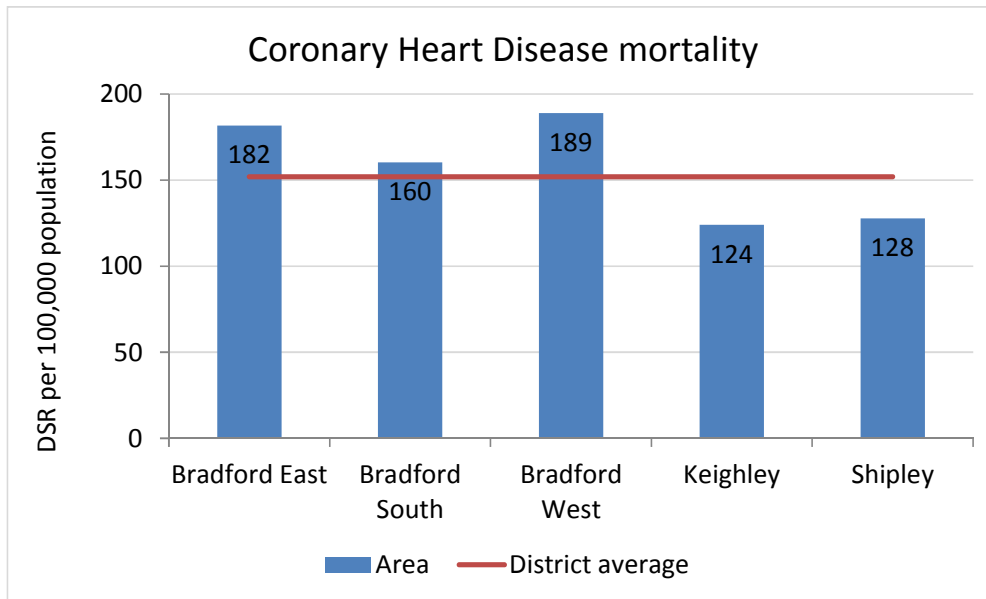
Source: Bradford Public Health Analysis

Shipley has the lowest age-standardised All Age All Cause Mortality (AAACM) rate of the five areas in Bradford District. The majority of the wards within Shipley Area have similar mortality rates apart from Shipley, which has a rate that is similar to the average mortality rate for the district.

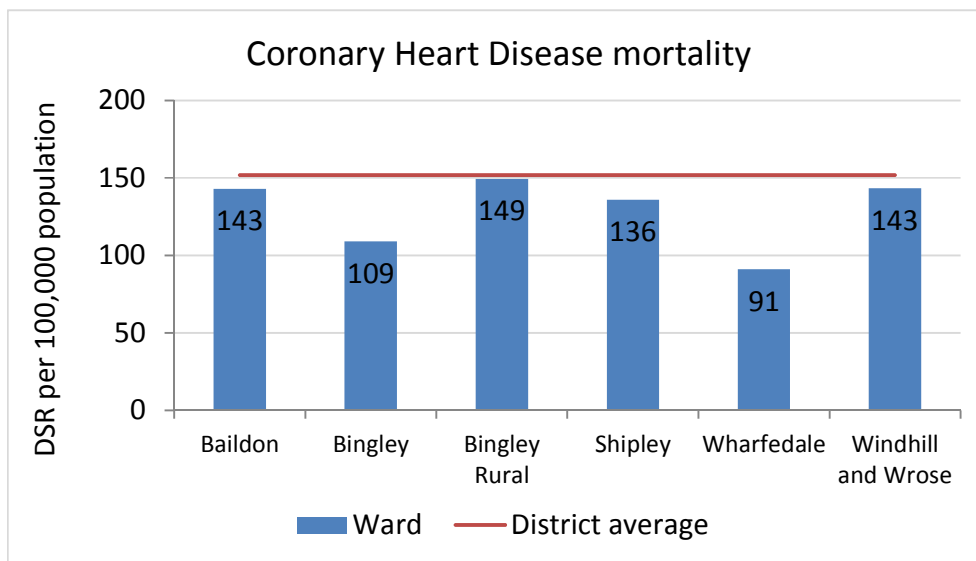


e) Mortality from Coronary Heart Disease (CHD), 2011-2013

Shipley compared with the other areas of Bradford District



A comparison between the six electoral wards in Shipley



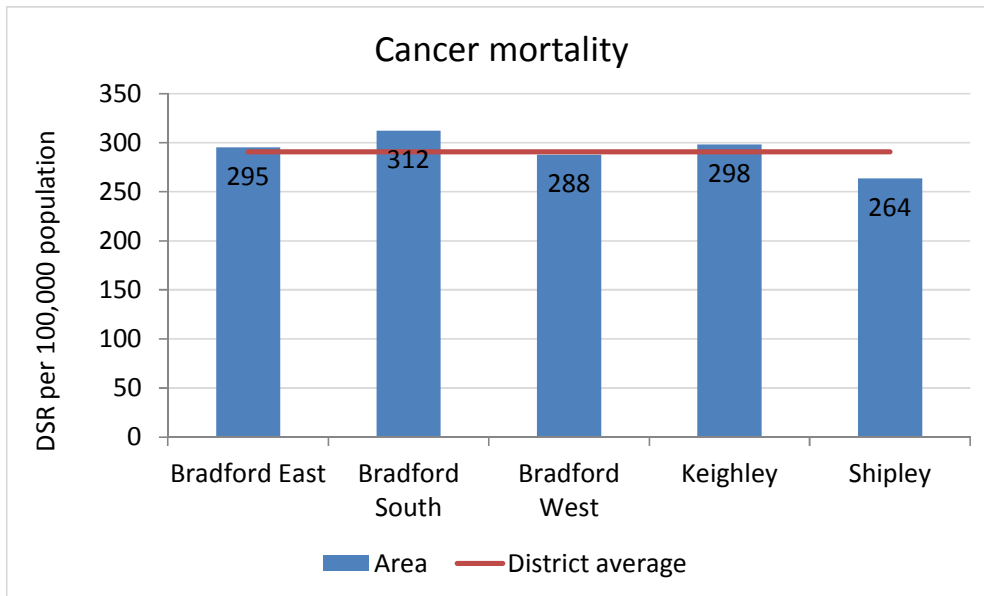
Source: Bradford Public Health Analysis

Shipley has the fourth highest age-standardised CHD mortality rate of the five areas in Bradford District. Rates vary throughout the Shipley Area, with Wharfedale having the second lowest CHD mortality rate in the district and Bingley Rural and Windhill and Wrose having rates which are similar to the average for the district.

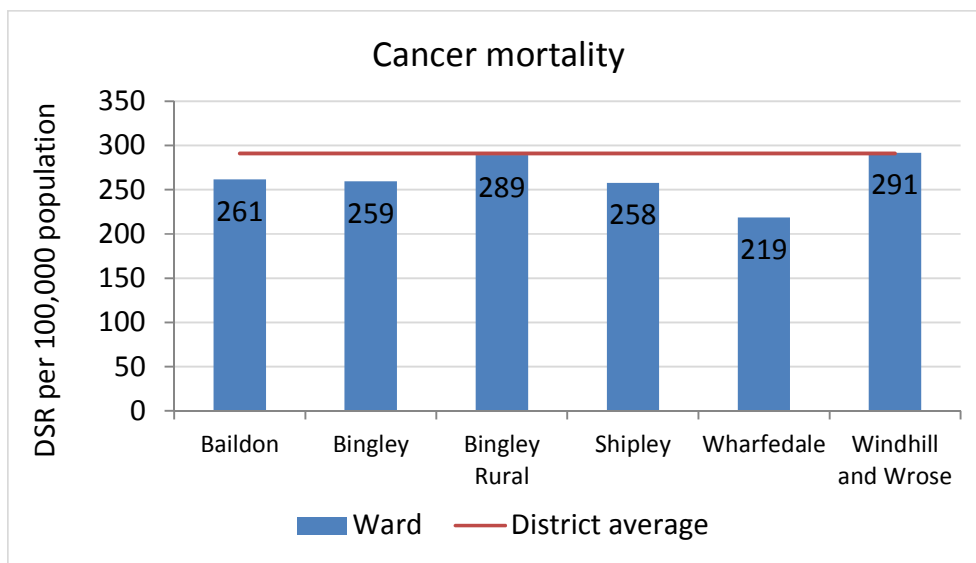


f) Mortality from Cancer, 2011-2013

ShIPLEY compared with the other areas of Bradford District



A comparison between the six electoral wards in ShIPLEY



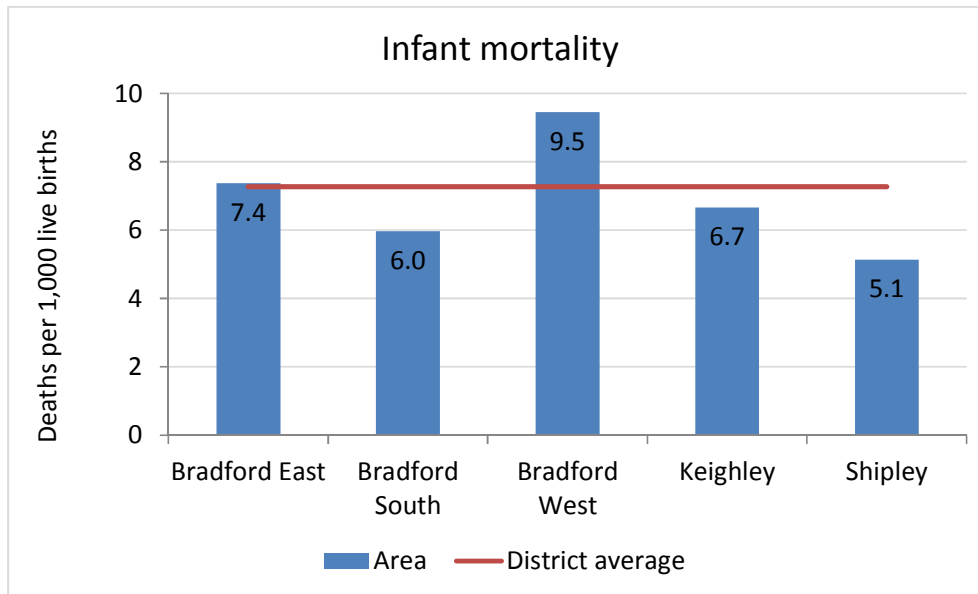
Source: Bradford Public Health Analysis

ShIPLEY has the lowest age-standardised cancer mortality rate of the five areas in Bradford District. Although rates are generally lower than the average for the district across the wards in ShIPLEY Area, mortality rates for cancer are higher than the district average within Windhill and Wrose.

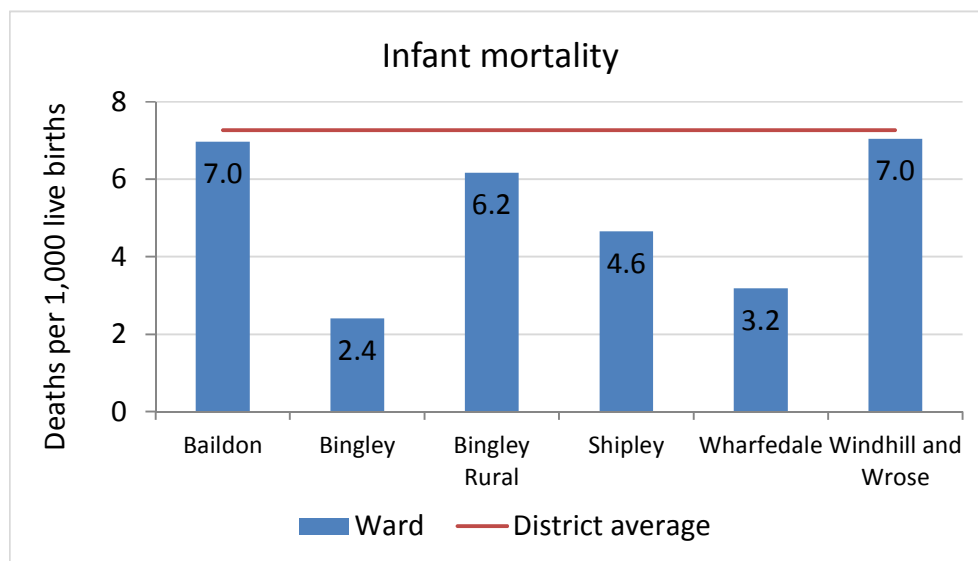


g) Infant mortality, 2006-2013

Shipley compared with the other areas of Bradford District



A comparison between the six electoral wards in Shipley



Source: Bradford Public Health Analysis

Shipley Area has the lowest infant mortality rate within Bradford District. At a ward level, infant mortality rates are vary across Shipley, with higher rates seen in both Windhill and Wrose and Baildon.

