



Public Health Profile

2005/06

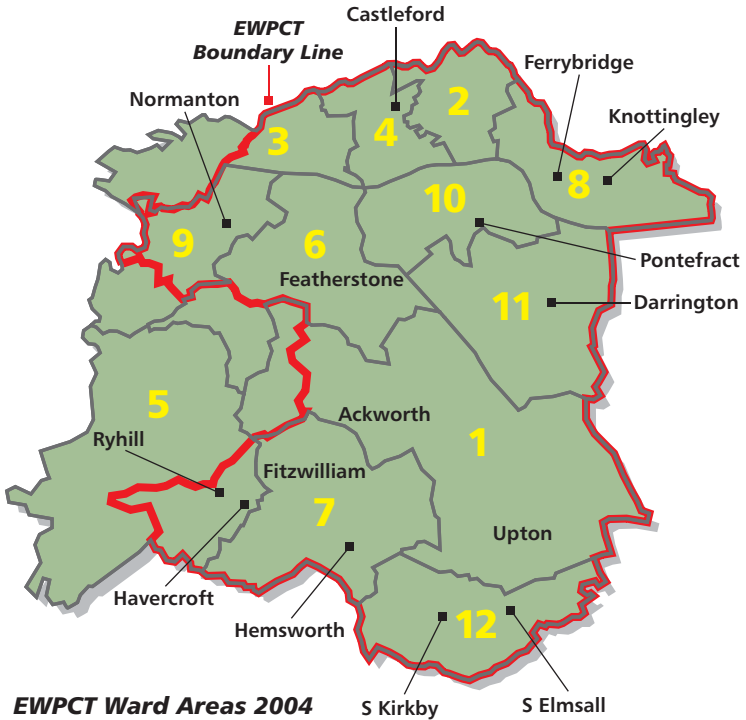
Introduction

Eastern Wakefield Primary Care Trust (EWPCT) is situated within the West Yorkshire Strategic Health Authority Area. The PCT commissions and provides services for a total population of approximately 190,000. It serves the towns of Castleford, Pontefract, Normanton, Featherstone and Knottingley to the North and the communities of Ackworth, Kinsley, Hemsworth, South Kirkby, South Elmsall, Ryhill, Havercroft, Fitzwilliam and Upton.

This profile of the health of the population of EWPCT presents a range of indicators and determinants of health. Information is presented on a ward or district wide basis.

According to the Index of Multiple Deprivation 2004, Wakefield District has 5 of its 21 wards in the 10% most deprived in the country. In 2004 the ward boundaries were amended. Whilst the IMD rankings may have changed slightly, the levels of deprivation in EWPCT remain largely the same. This is reflected in the high rates of death from cancer, coronary heart disease and stroke (the major causes of death overall) compared to the country as a whole. Other indicators of deprivation and well being are consistently worse than average including housing, educational attainment, employment, teenage pregnancy, child poverty and long-term limiting illness.

This profile complements the information in the Annual Report of the Director of Public Health.

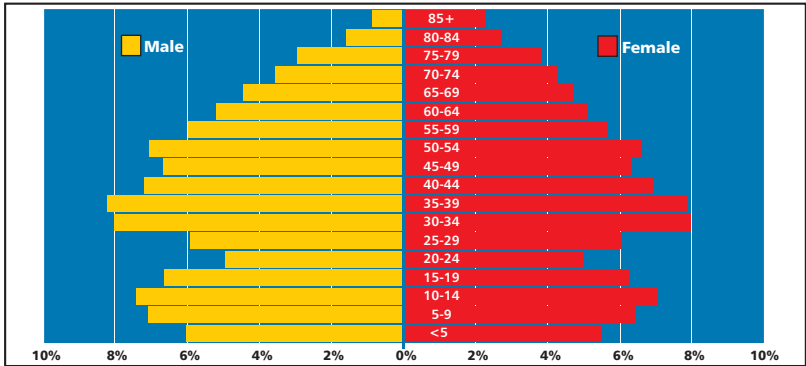


EWPCT Ward Areas 2004

- | | |
|---|------------------------------------|
| 1. Ackworth, North Elmsall and Upton | 7. Hemsworth |
| 2. Airedale and Ferry Fryston | 8. Knottingley |
| 3. Altofts and Whitwood | 9. Normanton |
| 4. Castleford Central and Glasshoughton | 10. Pontefract North |
| 5. Crofton, Ryhill and Walton | 11. Pontefract South |
| 6. Featherstone | 12. South Elmsall and South Kirkby |

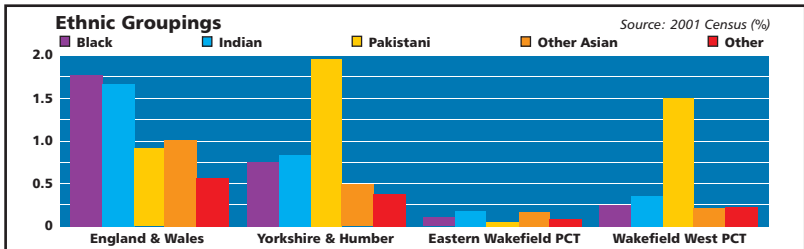
Population Profile

Over the next ten years there will be comparatively more older people in line with national trends. There are slightly fewer young adults aged 20-30 years living locally compared with the national average.



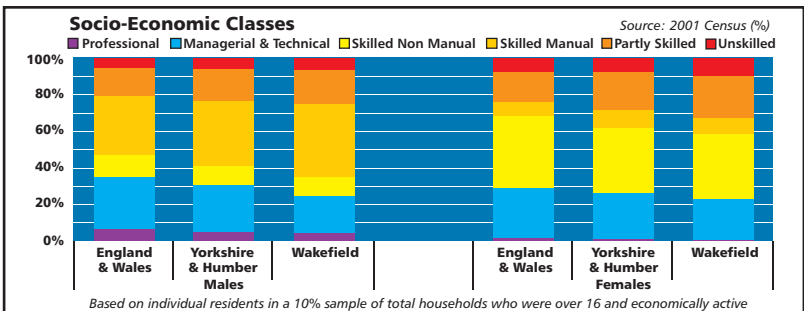
Ethnic and vulnerable groups

England has a diverse multi-cultural population. In West Yorkshire, there is a significant Asian population from both India and Pakistan associated with the rise of the mills and textile industry. In Wakefield, which has a mining background, the ethnic mix is different from the urban areas of Leeds, Bradford and Huddersfield. Here the ethnic population is under 3% and lower still in the East of the District. This includes small numbers of people from Travelling Communities, Asylum-seekers and Economic Migrants. Amongst this population are South Asians from India and Pakistan, Chinese, and other groups from Africa, Eastern Europe and the Middle East.



Socio economic indicators

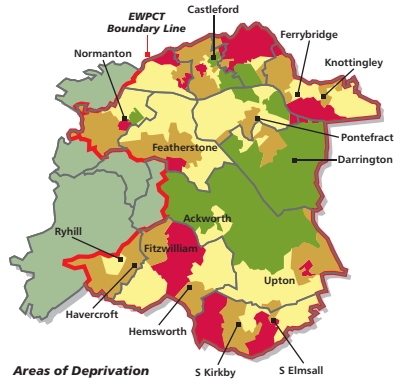
Health is closely related to measures of deprivation and social class can be used as an approximation of the opportunities available to individuals. In Wakefield, there is a larger proportion of unskilled and partially skilled workforce than in the region or nationally.



Based on individual residents in a 10% sample of total households who were over 16 and economically active

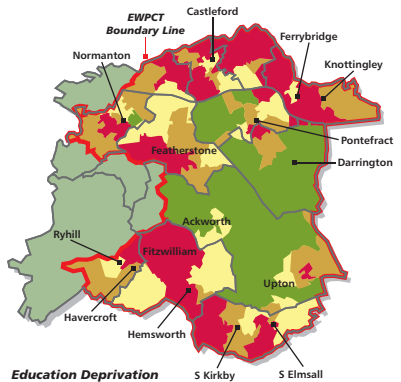
IMD 2004 Ranking – Deprivation

The 2004 Index of Multiple Deprivation describes the distribution of deprivation around the country. The Index covers a number of domains including Employment, Health and Education. This map shows the local ranking. Of the 12 wards covering Eastern Wakefield, 6 fall into the most deprived 20% in the country. Three wards (Airedale and Ferry Fryston, Hemsworth, and South Elmsall and South Kirkby) are in the most deprived 10% in the country. Five wards span areas which cross the boundary between Wakefield West and Eastern Wakefield PCTs.



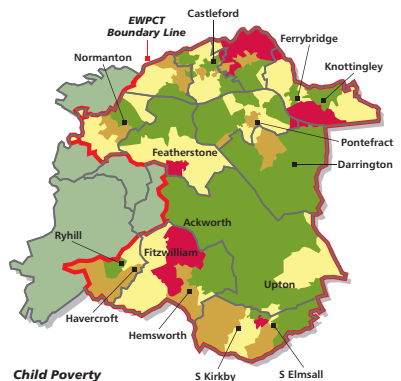
IMD 2004 Ranking – Education

This map shows education deprivation across the area as measured by the lack of qualifications amongst adults and children of different ages. Using this measure, 9 of the 12 wards fall within the top 20% of most educationally deprived wards in England. Education deprivation is the single biggest poverty issue within Wakefield after Health deprivation.



IMD 2004 Ranking – Child Poverty Index

The Child Poverty Index is based on income data for the families of children aged under 16 and is not an element of the 2004 Index of Multiple Deprivation. Eight of the 12 local wards rank in the worst 20% of English wards for the number of children living in low-income families.



Key to the Index of Multiple Deprivation 2004 Rankings

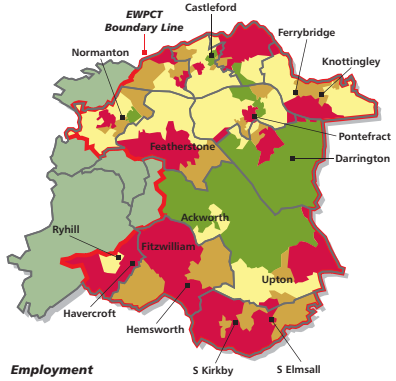
- | | |
|---|---|
| Most Deprived 10% | More Deprived 40% |
| Most Deprived 20% | Least Deprived 60% |

IMD 2004 Ranking – Employment

Unemployment is acknowledged to be one of the main causes of poverty and social exclusion in this country. People not in work are more likely to experience ill health and more likely to die prematurely. Children in workless households are less likely to have a healthy diet and more likely to have accidental injuries and smoke in later life.

This map looks at “employment deprivation” i.e. those people who want to work but are unable to do so due to unemployment, sickness or disability. This shows that 10 of the 12 wards are within the 20% of most “employment deprived” wards in England.

In Wakefield, there is larger proportion of unskilled and partially skilled workforce than in the region or nationally.

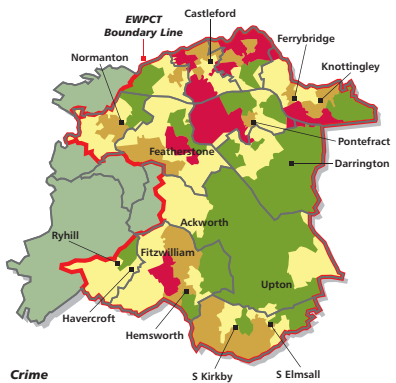


IMD 2004 Ranking – Crime

EWPCT is an active member of the Wakefield District Community Safety Partnership and the Partnership Strategy for 2005 – 2008 prioritises the following issues for action in our communities:

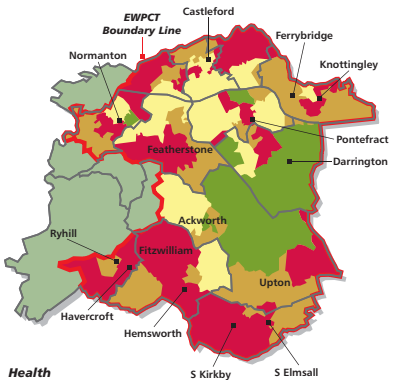
- Anti-social behaviour;
- Violent Crime;
- Domestic Abuse;
- Acquisitive crime – burglary, vehicle crime and business crime; and
- Substance Misuse - alcohol and drugs.

These will be measured against targets agreed with the Home Office.



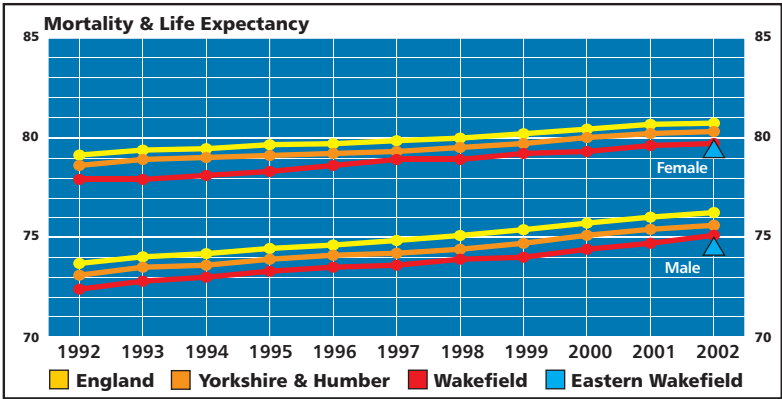
IMD 2004 Ranking – Health

This map shows the Health domain within the Index of Multiple Deprivation. All wards in Eastern Wakefield are in the 20% most deprived wards in England from a Health perspective, with 6/12 wards in the bottom 5% most deprived wards. There are widespread long-term public health issues.



Mortality and Life Expectancy

The chart shows that Life Expectancy at birth has increased from 79 years to 81 years for females and from 74 years to 76 years for males over the last decade in England as a whole. In Eastern Wakefield, Life Expectancy is a year and a half less than nationally for both sexes. Overall Wakefield lags 5-10 years behind the national trend in terms of life expectancy.

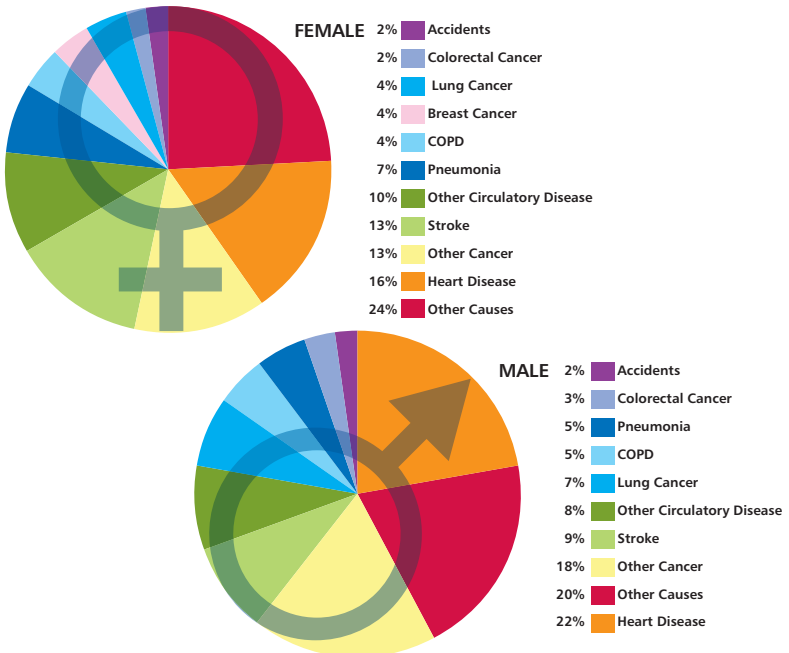


Causes of Death

These pie charts show the most common causes of death in Eastern Wakefield. Circulatory diseases and Cancer account for 35% and 30% of all deaths.

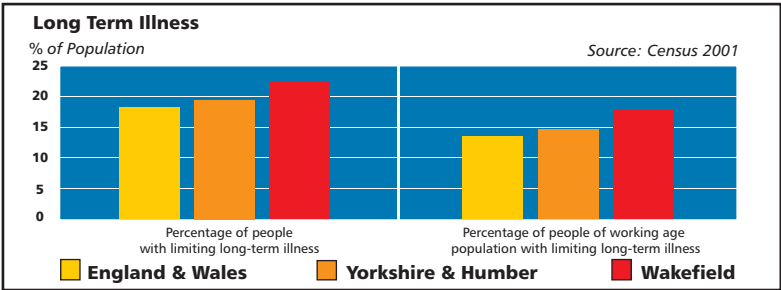
The charts illustrate that circulatory disease, particular Coronary Heart Disease (CHD) is the biggest killer in men, but in women the largest group is Cancer.

The other largest cause of premature death is respiratory disease which accounts for 10% of all deaths.



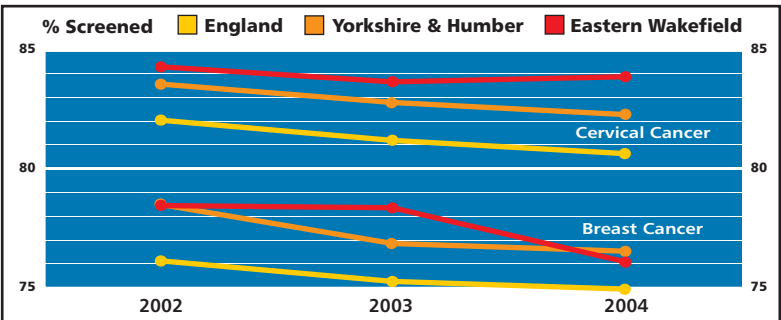
Illness and Health

In the Wakefield wards, significantly more people have a long term illness, compared with both the region and nationally.



Cancer Screening

With Cancer causing many deaths, it is important to take preventative measures to screen against cancers. In Wakefield, screening rates are higher than the national average and we are preventing some deaths. However there are still a quarter of women who are not screened against Breast Cancer and a fifth of women who would benefit from Cervical Cancer screening. The screening rates are falling both locally and nationally.



Pregnancy

Wakefield had one of the highest teenage pregnancy rates in the country, and the UK is by far the highest in Europe. A number of initiatives in the Wakefield District have led to a significant reduction in conception rate.

Under 18 years conception rate per 1000 young women.

	1997	1999	2001	2003
England	46	45	42	42
Yorkshire & Humberside	55	51	47	47
Wakefield	58	57	47	48

Child Poverty & Infant Mortality

Infant mortality in Wakefield is comparable with the national and regional average. The rates are based on small numbers.

Infant Mortality peer 1000 Births

	2000	2003
England	5.6	5.3
Yorkshire & Humberside	6.9	5.8
Wakefield	9.5	4.5

Smoking

Smoking is responsible for the major part of mortality differentials by social class in middle age. Amongst males aged 35–69, it has been estimated that, if smoking rates among social class V were the same as those in social class I, this would remove around half of the inequality.

Smoking Prevalence	All Adults
England	26.5%
Yorkshire & Humberside	29.9%
Eastern Wakefield	35%

Statistics on Smoking

- In males 91% of deaths from lung cancer are caused by smoking (80% in females).
- 106,000 smokers in the UK, die annually as a result of their habit.
- Smokers who use nicotine replacement therapy combined with motivational support, are four times more likely to quit than those trying to quit 'cold turkey'.

Alcohol

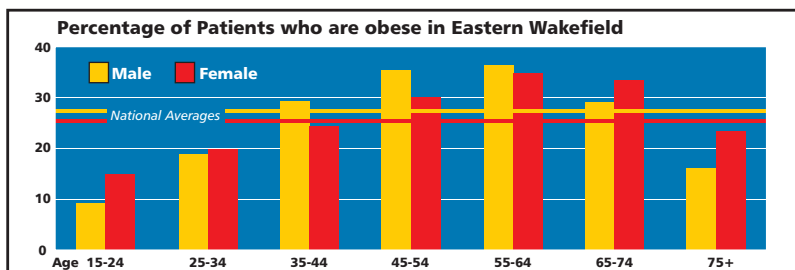
Alcohol is a significant problem in the UK and a major cause of illness such as liver cirrhosis, cancers, heart disease, and social problems including unemployment, homelessness, violence, teenage pregnancy and accidents.

As a population, we are drinking more. Almost 1 in 3 men and 1 in 5 women now drink more than the daily recommended guidelines with consequent adverse effects on local NHS provision.

Nationally, one third of A&E attendances are due to alcohol misuse; there are 150,000 hospital admissions per year as a consequence of alcohol; approximately 20,000 people die prematurely due to their alcohol misuse; and the cost to the NHS of treating alcohol misuse is approximately £1.7 billion per year.

Obesity and Physical Activity

Nationally and locally obesity represents an epidemic of serious public health concern. Obesity, lack of exercise and poor diet are high risk factors for CHD and Diabetes. In England, around 45% of men and 34% of women are overweight and a further 20% of men and 19% of women are classed as obese. The graph shows that data collected from Eastern Wakefield General Practices suggest that more than 25% of men and women are obese (BMI > 30kg/m²).



Domestic Violence

Domestic violence affects 1 in 4 women. In Wakefield, each week there are 100+ incidents reported to the police - this equates to 25% of all reported violent crime.

Immunisations

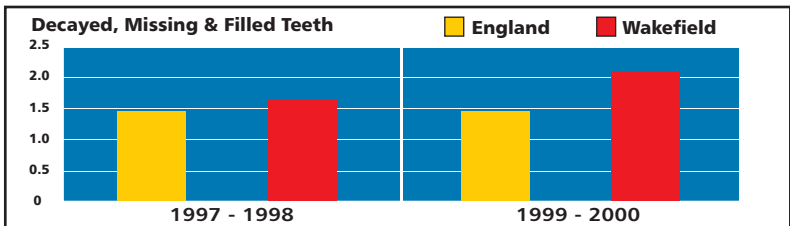
Local childhood immunisation rates are in line with the national average, but these rates are only just sufficient to control disease, and in the case of MMR especially there is room for improvement.

Childhood Immunisation - Coverage Rates (%) - 2002	England	Wakefield
Diphtheria	90	90
Pertussis	90	89
Complete Hib	90	90
Meningitis C	89	88
MMR	84	81
Flu vaccination of persons over 65 years - Coverage Rates (%) - 2001/2002		
Flu Vaccine	66	71

For many elderly people, there are many different issues which have a combined effect on their health. Influenza is one factor which we can prevent through annual vaccination programmes. However the level of coverage remains poor; even though better than the national average. A quarter of local elderly people are missing the benefits of annual 'flu vaccinations'.

Dental Health

Children in Wakefield have poor levels of dental health, which are considerably worse than the rest of the country. Their dental health has been worsening rather than improving. The water supply in Wakefield does not have added fluoride.



Drugs

Drug misuse affects the health of individuals and communities. Figures published by the National Treatment Agency (NTA) in October 2005 indicate that 89% more drug misusers were in contact with drug treatment services in 2004/5 compared to 1998/9.

The results from the National Drug Treatment Monitoring System (NDTMS) reveal that 160,450 people received specialist, structured drug treatment in England during 2004/5 – an increase of 27% on 2003/4 and 89% on the 1998/9 baseline of 85,000.

The data also indicated that over 30,000 more people had either successfully completed or continued treatment at the end of March 2005, when compared to March 2004.

2004/5	Numbers in treatment	Numbers retained for 12 weeks or more
England	160,450	53%
Yorkshire & Humberside	21,178	60%
Wakefield	1,217	63%

Contacts

This profile has been collated by members of the public health department at Eastern Wakefield PCT. For further information please contact:

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Information sources

Internet Sources:

<http://www.statistics.gov.uk>

(National Statistics Online)

<http://www.nchod.nhs.uk>

(National Centre for Health Outcomes Development website)

<http://www.nycris.org.uk>

(North Yorkshire Cancer Registry)

<http://www.nypho.org.uk>

(Northern & Yorkshire Public Health Observatory)

Other Sources:

WYCSA (Practice List Sizes by Gender – for responsible population by gender chart)

KC63 & KC53 Korner Statutory Returns

SaFFR (Service and Financial Framework Return) Performance Indicators

Wakefield Diabetes Register

Framework for Tobacco Control, Yorkshire & the Humber

The Smoking Epidemic in England, (Health Development Agency)

Doll, R and Peto, R. 'Mortality in relation to smoking: 40 years observations on male British doctors.' British Medical Journal 1994; 309:901-11

'Thorax', Journal of the British Thoracic Society. December 1998

Wakefield District Community Safety Strategy 2005-2008

National Harm Reduction Strategy - Interim Analysis - September 2003

British Crime Survey 2004