

# Annual report of the Director of Public Health for Brent

## Foreword from the Leader of the Council

Brent Council is committed to helping local people protect their health and promoting wellbeing and independence.

As this report will show, working with partners and the community, the council has launched a number of initiatives which are making a real difference to the lives of many residents.

There are big challenges in Brent, not least the difference in health and life expectancy between our wealthiest and our poorest residents.

It is worth noting that Brent is healthier than you might expect given these high levels of deprivation and many people describe their health as good.

But the health of some children and young people is a concern. Oral health is poor and levels of obesity are too high. Through new projects such as The Healthy Early Years Scheme, we are working with hundreds of families with the aim of giving local children the best start in life.

Another priority is dementia, which is predicted to increase. With our partners, we have set up the Brent Dementia Action Alliance to raise awareness about the condition.

Diabetes rates are too high in the borough. But treatment here in Brent is good and together with Diabetes UK, we are informing the public how to prevent it.

Reducing tobacco use is another priority. Our Brent Stop Chewing Campaign aims to cut paan chewing among our South Asian communities.

And last year we opened green gyms in parks with the aim of raising levels of physical activity, which are lower in Brent than they should be.

With these kinds of innovative approaches, working closely with our partners and the community, I believe we can make a big difference to the health and wellbeing of Brent residents.

*Signature*

Photograph

**Cllr Mohammed Butt**

**Leader of Brent Council**

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## **Brent's population**

There are an estimated 317,264 people living in Brent. The population has grown dramatically over recent years: increasing by eighteen percent, or almost 50,000 people, between the 2001 and 2011 censuses. The growth in population in Brent has been particularly marked for young children, where the 0 – 4 years age group increased by thirty eight percent between 2001 and 2011.

The first years of life have a profound and lasting impact on later health and wellbeing. In Brent, the Council is working with early years settings and Brent parents to promote and protect the health of preschool children.

### **Healthy Early Years (HEY) Scheme**

The HEY scheme is an accreditation and award scheme for early years settings in Brent including nurseries, child minders and children's centres. The scheme focuses on seven key health improvement areas for the under fives: healthy eating, oral health, physical activity, breastfeeding, immunisations, smoke free homes and emotional wellbeing.

In 2013/14, forty two settings achieved accreditation and five hundred parents were engaged. The scheme has been very positively evaluated through a parent survey which shows real behaviour change: for example, an increase in children registered with a dentist of almost a quarter at nurseries and children's centres and of a third at child minders.

### **Parent Champion Scheme**

The Council has also teamed up with a national charity, the Family Childcare Trust, to recruit and train a group of Parent Champions to deliver positive messages on health and wellbeing to other parents in their communities. We have worked closely with the employment and enterprise team and the CVS to recruit people who are currently unemployed, as this experience could be a route into employment. There will be at least one parent champion working from each of our six children centre localities

Photograph of HEY activities

Brent's population is predicted to continue to increase in the future, albeit at a slower rate. The Office for National Statistics (ONS) predicts that between 2011 and 2012 the population of Brent will grow by seven percent. The increase is expected to be particularly marked for older age groups, with a predicted growth of sixteen percent in 65 to 74 years old, a similar increase in those aged 75 to 84 and a seventy two percent increase in those aged 85 and over. While population projection is not an exact science, these estimates highlight the need to promote healthy ageing in Brent.

### **Over 55s Physical Activity Programme**

Levels of physical activity amongst those aged 55 and over are particularly low in Brent with nearly eighty percent of older people surveyed reporting that in the preceding month, there had been no days when they undertook physical activity.

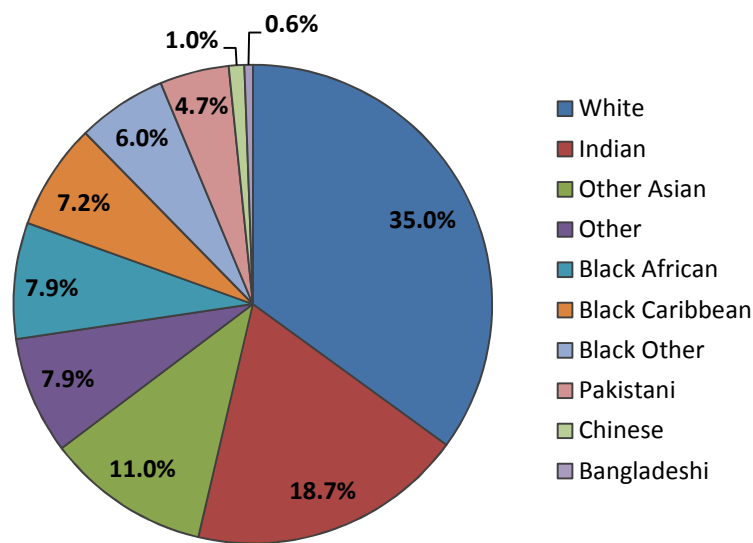
The Council has piloted a programme of physical activity in residential homes with qualified instructors leading weekly sessions of exercise appropriate to older participants. Fourteen homes and one hundred and eighty three people have already taken part. Four of the homes and their residents have already decided to continue the programme with their own funding.

### **Photograph of one of the exercise classes**

Brent is one of the most ethnically diverse boroughs in the Country. According to the 2011 census, Black, Asian and Minority Ethnic (BAME) groups make up sixty four percent of Brent's population compared to forty two percent across London and fifteen percent nationally.

Forty six per cent of those aged 75 and over in Brent are from a BAME group (nationally this figure is four per cent). Ninety two per cent of school children in Brent are from a BAME group.

Figure 1 Brent's population by ethnic group



Source: GLA ethnic population projections 2013, based on ONS 2012 mid-year estimates

Brent has a high proportion of people born abroad including in countries with high rates of tuberculosis. This is reflected in the high rate of TB locally. Brent has the second highest rate of tuberculosis in the UK at 100 cases per 100,000 population, compared to a rate for England of 15 per 100,000. More than ninety percent of those diagnosed with TB in Brent were born abroad with twenty percent having entered the country in the last two years. This suggests the majority of disease seen in Brent was reactivation of infection acquired in high prevalence countries, in particular India.

Some cultural practices, such as breast feeding, which are common amongst Brent's communities are associated with health benefits. In Brent almost three quarters of new mothers are breastfeeding at the 6 to 8 week check compared to less than half of new mothers nationally.

## Health and wellbeing in Brent

There is a strong relationship between deprivation and health. Brent is considerably more deprived than the England average. However, given the levels of deprivation in Brent, analysis by Public Health England shows that levels of mortality are better than might be expected.

Figure 2 Mortality rankings for local authorities with similar levels of deprivation

Rank		Local authority	Population	Premature deaths per 100,000
1		Brent	314,660	334
2		Greenwich	260,068	387
3		Lewisham	281,556	392
4		Walsall	270,924	399
5		Lambeth	310,200	402
6		Bradford	524,619	415
7		Wolverhampton	250,970	423
8		Leicester	331,606	431
9		Barking and Dagenham	190,560	435
10		Hartlepool	92,238	444
11		Blackburn with Darwen	147,713	450
12		Rochdale	212,020	459
13		Halton	125,692	462
14		Nottingham	308,735	466
15		Salford	237,085	493

Key	
	Best
	Better than average
	Worse than average
	Worst

Source: PHE Longer Lives

This analysis shows that for similar levels of deprivation, premature mortality between local authorities can vary by almost 150%. The relationship between deprivation and ill health is strong. But it is not immutable and it can be mitigated. Although we do not fully understand how this happens, individual and family behaviours and community resilience are both likely to play a part. Well London Chalkhill show how community resources can be mobilised to help people make healthier choices.

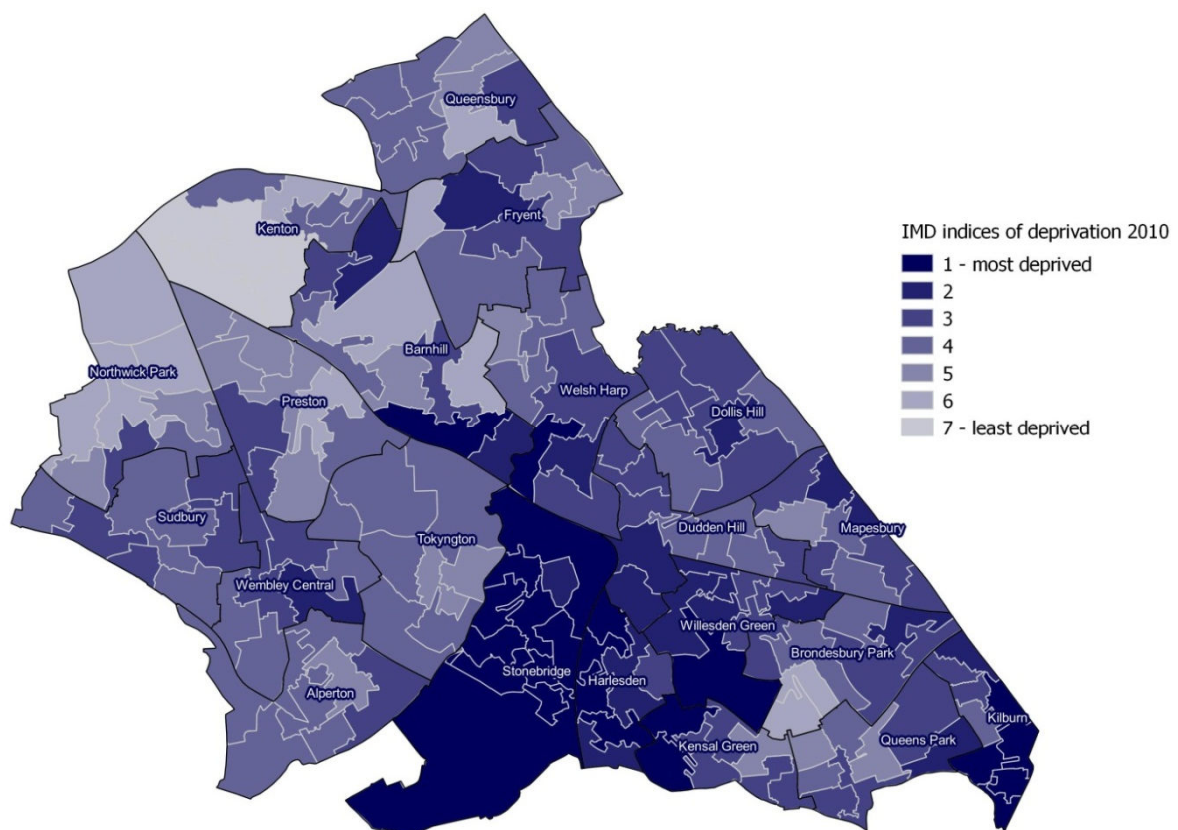
## Well London Chalkhill

Funded by the Big Lottery and the GLA, the Well London Chalkhill programme has been running on the Chalkhill estate since August 2012. CVS Brent manage the programme which aims to improve the health and wellbeing of Chalkhill residents through mobilising local resident volunteers who host and promote healthy living programmes on the estate for local residents.

The programme includes cooking classes, an employment advisory service, a free internet café, a local running group, local allotments and a fruit and vegetable stall.

Within Brent there are marked variations in levels of deprivation between different parts of the Borough.

Figure 3 Levels of deprivation in Brent



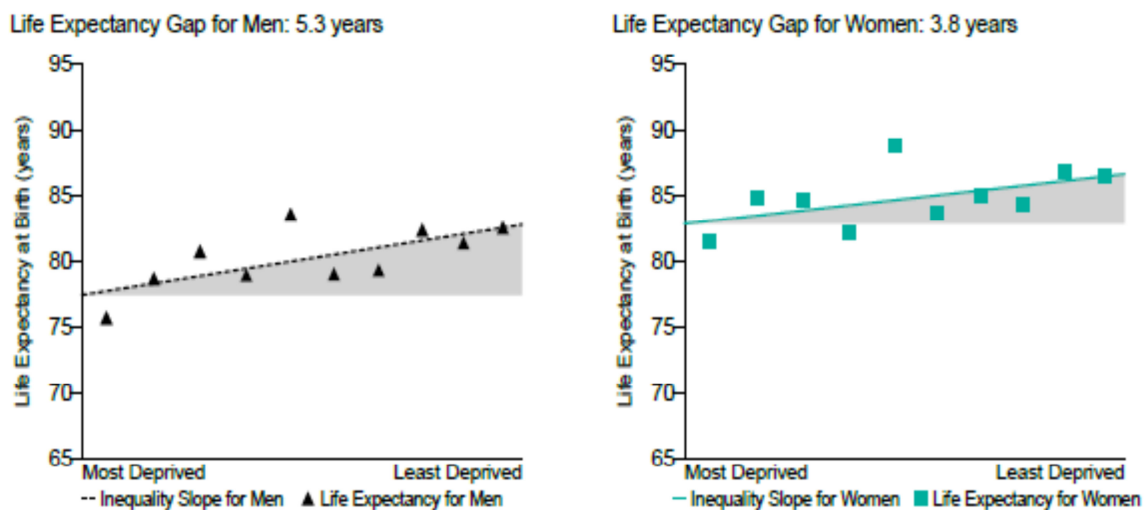
Source: Source: IMD 2010. data.gov.uk

Photographs contrasting different parts of the Borough

This pattern of deprivation is mirrored in the variation in life expectancy seen within the Borough.

Life expectancy in Brent is better than the England average at almost 80 years for men and 86 years for women. However, within the borough there is a gap in life expectancy between the most and least deprived areas of over 5 years for men and almost 4 years for women.

Figure 4 Life expectancy at different levels of deprivation in Brent: men and women



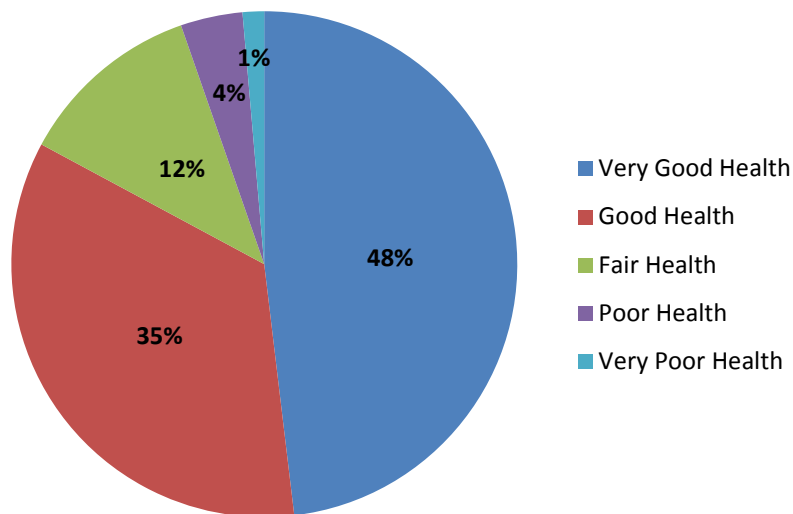
Source: PHE, Brent health profile, 2014

Life expectancy is an important measure of the health of the population but also important is healthy life expectancy, that is the length of time that someone born in Brent now could expect to live in good health. Healthy life expectancy in Brent is considerably less than life expectancy at 62 years for men and for women.

As important as any objective measure of health is the extent to which people feel healthy and the impact this has on their lives. In the 2011 Census, the vast majority of people in Brent described their health as good or very good (eighty one percent), only five percent of local people reported poor or very poor health.

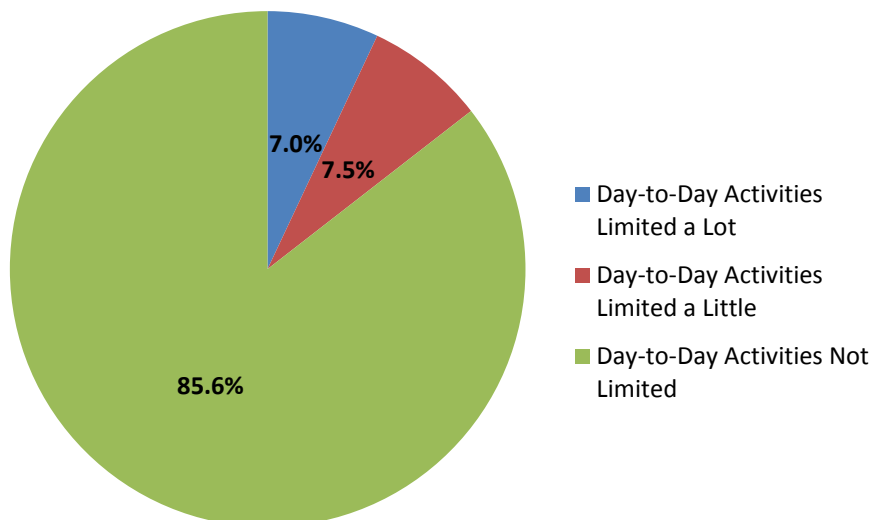


Figure 5 How people describe their own health



Even those who do not view their health as good are not necessarily limited by it. Almost eighty six per cent of the population of Brent said their day-to-day activities were not limited at all in the 2011 Census. In contrast seven per cent felt their activities were limited a lot.

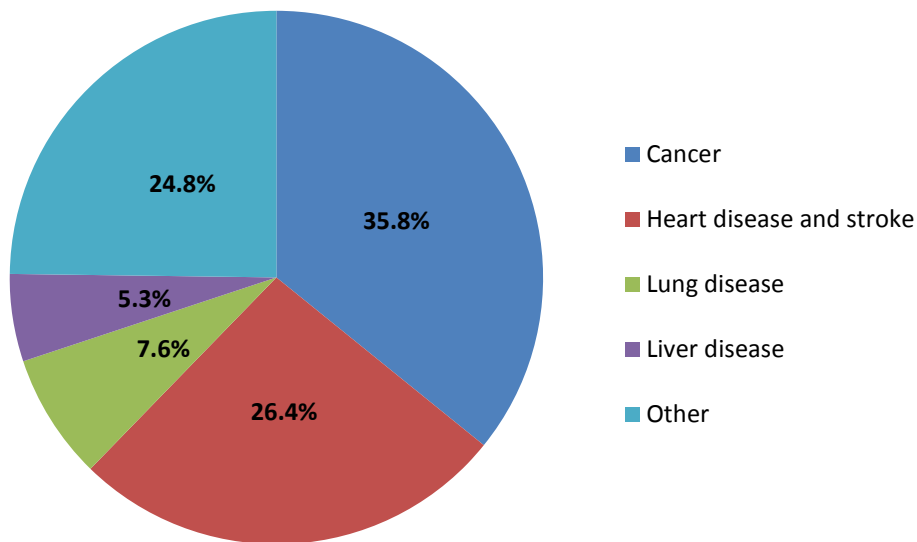
Figure 6 How people feel their health impacts on their day-to-day activities



Source: 2011 Census, ONS

Premature mortality is defined as death before the age of 75 years. Although the premature mortality rate in Brent, at 334 deaths per 100,000 population, is better than in areas with similar levels of deprivation, this still means there are on average 650 premature deaths each year in Brent. The main causes of premature deaths are cancer, cardiovascular disease (heart disease and stroke) and respiratory disease.

Figure 7 The main causes of death before 75 years in Brent



Source: ONS Mortality statistics, 2010-12

Many of these deaths are potentially preventable. The Council commissions the NHS Health Check Programme in Brent which aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia.

### NHS Health Checks

Local people aged between 40 and 74 years are invited every five years to attend their GP for a health check. The health check programme is a preventive programme. People who have already been identified as being at high risk of, or who already have, cardiovascular disease should be under regular review by their GP and will therefore not be invited to a health check.

A health check involves measurement of body mass index, blood pressure, pulse, cholesterol and a risk assessment for alcohol problems, diabetes and kidney disease.

The identification of cardiovascular risk is only worthwhile if that risk is reduced. For some people, their GP may prescribe medication to reduce blood pressure or cholesterol. But many people will need to change their lifestyle to reduce their risk. From April 2015, a new Council funded service will be in place, to which GPs can refer people found to be at high risk at their health check, and which will help people eat more healthily and become more active.

Infant mortality, children dying in the first year of life, in Brent is similar to the England average at almost 5 deaths per 1,000 live births. The child mortality rate measures deaths between 1 and 17 years and is worse for Brent than for England. Fortunately, the numbers of infant and child deaths in any one borough is very low. However, the Child Death Overview Panel (CDOP) reviews every death to identify any preventive actions which could be taken in future.

### **CDOP: Child death overview panel**

The Brent CDOP brings together medical, nursing, midwifery, children's safeguarding, social work, police and public health expertise. Through a comprehensive and multidisciplinary review of child deaths, Brent CDOP aims to better understand how and why children in Brent die and use our findings to take action to prevent other deaths and improve the health and safety of our children

Co-sleeping and bed sharing is a risk factor for Sudden Infant Death Syndrome (SIDS). CDOP has provided training for health professions on these issues. It recommends that health professionals should share information with expectant mothers about safe sleeping for babies and recommends information produced by the Lullaby Trust be used to support these messages.

Surveys of Brent residents by ONS show that almost one in five Brent residents report high levels of daily anxiety and just over one in ten report low levels of happiness. These levels are similar to those seen nationally.

Levels of severe and enduring mental illness, such as schizophrenia and bipolar disorder, in Brent are higher than the England average: just over one percent of the population in Brent is living with severe and enduring mental illness.

### **Mental Health First Aid**

Mental illness and distress is not uncommon, at least one in four of us will experience a mental health problem at some point in our life. Recognising that Brent Council front line staff will come into contact with people experiencing mental health problems, the Healthy Lifestyles team are piloting Mental Health First Aid training.

This training, developed in Australia in 2000 and now internationally recognised in twenty three countries, teaches people how to identify, understand and help a person who may be developing a mental health problem.

Staff from housing, benefits and adult social care attended the training, which they rated very positively: participants' confidence in their ability to support someone with a mental health problem markedly improved following training. An evaluation is now underway to ascertain the impact of the training and to determine if it should be rolled out more widely.

## Community MARAC

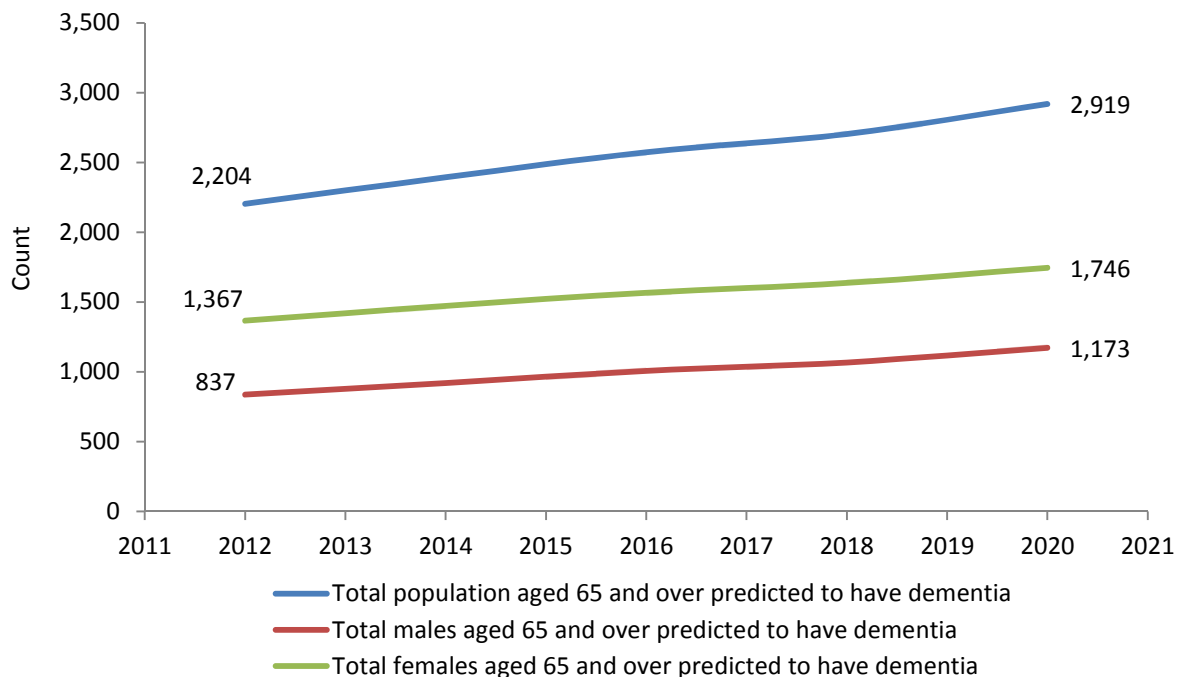
The Community Multi Agency Risk Assessment Conference brings together agencies to case manage those individuals deemed highly vulnerable, through being a victim of crime, social exclusion, disability, drug and alcohol problems or mental ill health.

The Council, the Police, Health, London Fire Brigade, the Clinical Commissioning Group and Social Landlords are all involved. The MARAC will work with people who do not meet adult safeguarding thresholds and seeks to refer them into alternative service provision, for example voluntary sector, residents or community groups in order to reduce their risk and vulnerability.

Currently it is estimated that there are nearly 2,400 people aged 65 or over in Brent living with dementia. Around an additional 70 people in Brent aged less than 65 have early onset dementia. This is far less than the number of people affected by dementia, which includes the family, friends and neighbours of those with the condition.

It is projected that the number of people living with dementia in Brent will increase markedly, by thirty two per cent in those aged 65 and over.

Figure 8 Predictions for the Future Prevalence of Dementia in Brent and England



Source: Projecting Older People Population Information (POPPI)

## **Brent Dementia Action Alliance**

Public services alone cannot meet the scale of the challenge of responding to the predicted increases in the numbers of people living with dementia nor can they deliver the improvements we want to see in the lives of people who are affected by dementia.

Prompted by a call to action by the voluntary sector, a Brent Dementia Action Alliance is forming with membership from the voluntary, community and private sectors as well as the Council, NHS, Police and Fire Service.

The challenge the Brent DAA has set itself is how can we ensure that:

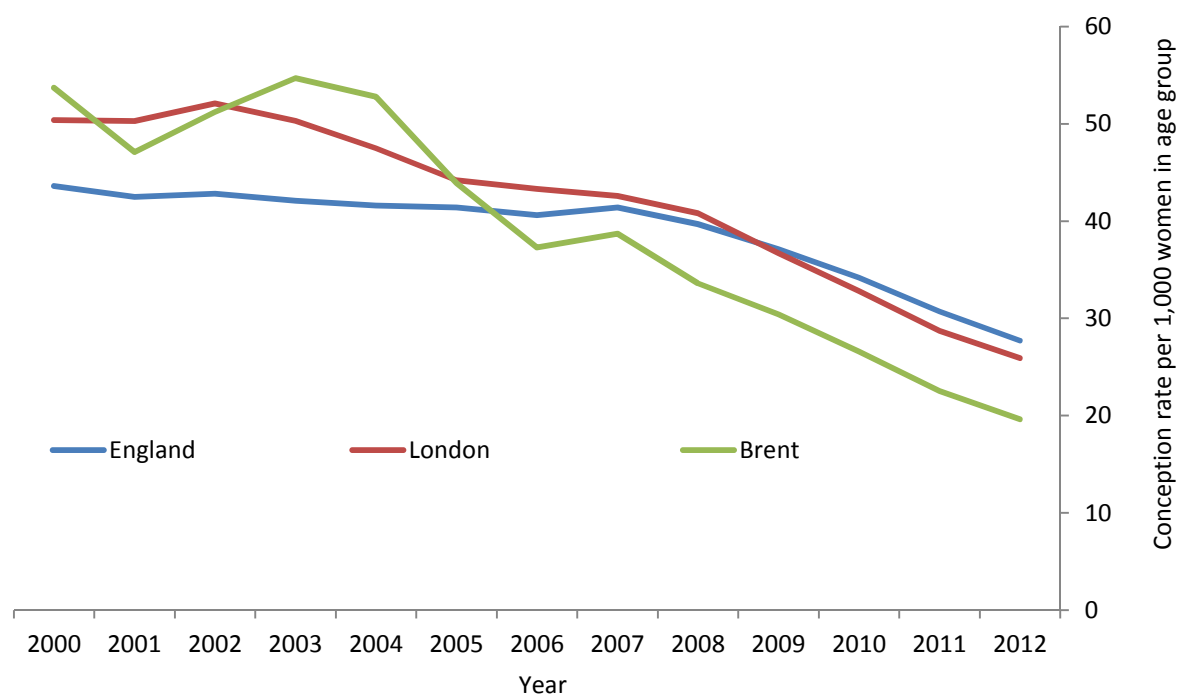
- Families are able to better support their loved ones
- Universal services support people, for example public transport responding to the needs of people with dementia through driver awareness training
- Inclusive public spaces are designed and signed to make them accessible to all
- Private companies know how to respond to the needs of people living with dementia, for example slow lanes in supermarkets

In common with most of London, Brent has high rates of sexually transmitted infections (STIs). The borough is ranked the 21<sup>st</sup> highest for diagnosed STIs. Our rates of gonorrhoea, syphilis and genital herpes are particularly high.

There are around 800 people diagnosed with HIV in Brent. Scientific advances have transformed the prognosis of HIV infection: diagnosed early and appropriately treated, HIV infection is compatible with normal lifespan. However too many people are diagnosed with HIV at a late stage of the disease when their immune system is already compromised. Currently fifty six per cent of HIV diagnoses in Brent are made at a “late stage” compared to fifty two per cent in London. Both of these figures are far too high and the promotion of earlier testing is a priority for the Council in it’s commissioning of sexual health services.

By way of contrast to STI rates and HIV late diagnosis, teenage pregnancy is a remarkable success story for Brent. Rates of teenage pregnancy have fallen below those in London and England and have more than halved since 2000.

Figure 9 Teenage pregnancy rates in Brent since 2000



Source: ONS, Conception Statistics

### Family Nurse Partnership

Although rates of teenage pregnancy are falling, those teenagers who decide to proceed with their pregnancy face a higher risk of poor pregnancy outcomes, such as low birth weight; poorer mental health; and exclusion from education, training or employment.

The Family Nurse Partnership in Brent is funded by and licensed by NHS England. All teenage mothers to be are offered one to one support from a family nurse from early in their pregnancy to their child's second birthday

Childhood obesity rates in Brent are worryingly high and show no sign of improvement. Under the National Child Measurement Programme (NCMP) which the Council now commissions, all children in reception and year 6 are weighed and measured each year. The most recent figures show that over eleven percent of Brent children in reception are obese and twenty four percent of children in year 6. The proportion of children who are overweight or obese has remained disappointingly high over the past 3 years.

Figure 10 The percentage of children who are overweight and obese in Brent schools: Reception

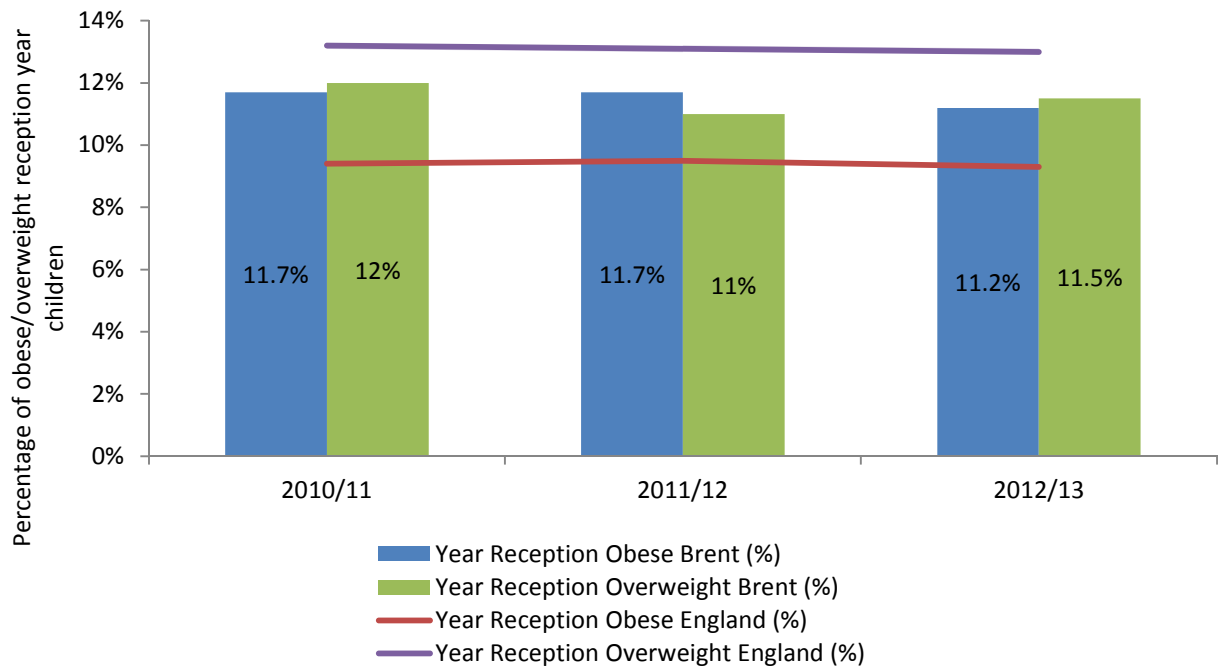
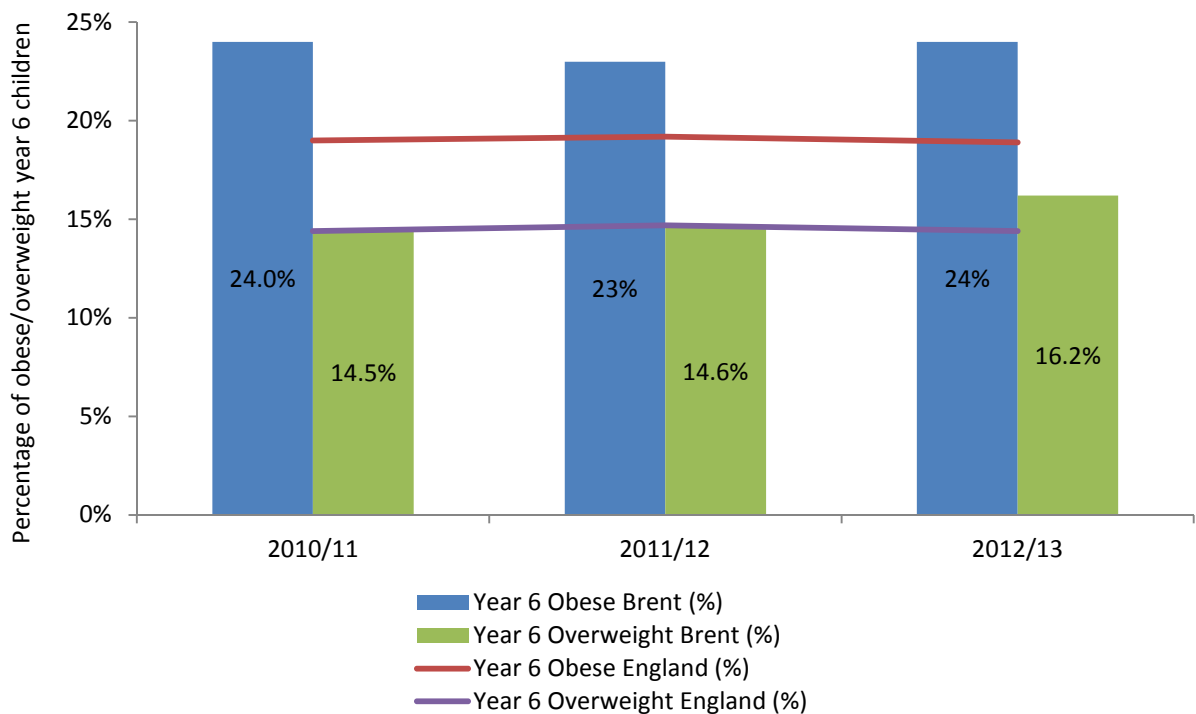


Figure 11 The percentage of children who are overweight and obese in Brent schools: Year 6



Source: NCMP, Health and Social Care Information Centre

Not only do many children start school carrying excess weight, the proportion who are overweight or obese increases during primary school years. Accordingly, healthy diet and physical exercise are a priority for many schools in the Healthy Schools Programme.

### **The Brent Healthy Schools Programme**

The Brent Healthy Schools Programme is a voluntary scheme which schools in Brent can apply to join. In the academic year 2014/15, thirty eight schools have made applications. Of these twenty six schools have plans to promote healthy eating, cooking clubs, growing and eating clubs and the promotion of physical activity, including two outdoor gym trails for primary school children, walk to school programmes, taster sports sessions and a roller skating clubs for secondary pupils.

Many schools are working with their caterers to ensure the uptake of universal infant free school meals, including taster sessions for parents, and to promote healthy eating.

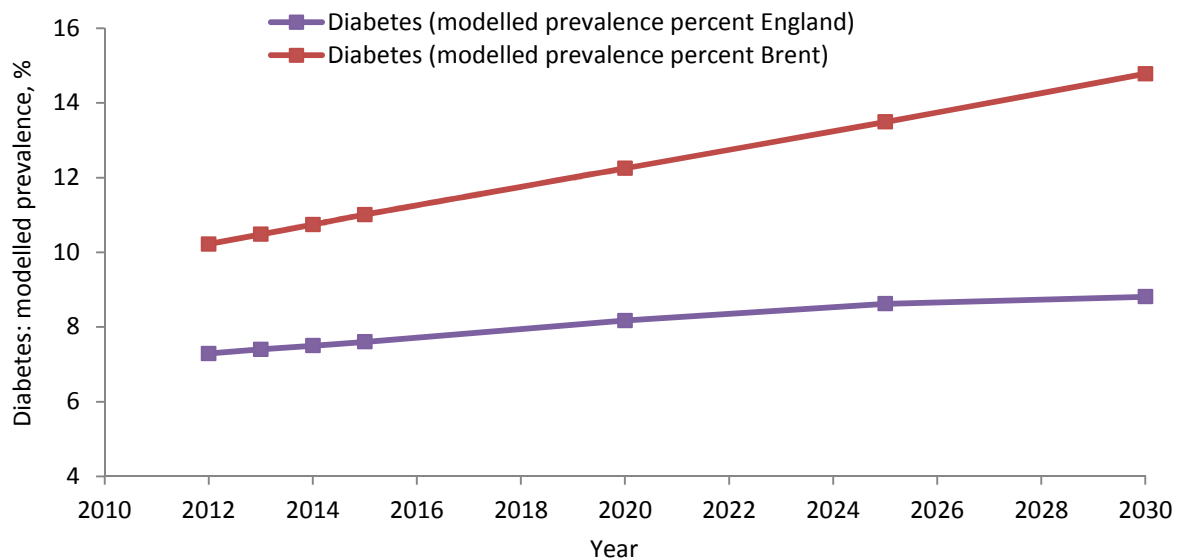
According to Public Health England, significantly fewer adults in Brent are overweight or obese than the average for England. However, national levels of obesity are so high that Brent can still perform well on a national league table when over half our population is overweight and an estimated one in five of our population is obese.

Rates of diabetes are high in Brent and expected to rise. Over twenty three thousand people are recorded as having a diagnosis of diabetes on GP registers. At nearly eight percent of the population this is well above the England average of six percent but, as it is estimated that one in four people with diabetes in London are undiagnosed, the true burden of disease is likely to be greater.

Reflecting the ageing of the local population, the numbers of people who are obese and overweight and the large numbers of Black and South Asian people locally (who are at greater risk of developing diabetes), the prevalence of diabetes in Brent is predicted to rise. By 2030, it is estimated that nearly fifteen percent of people aged 15 and over in Brent will have diabetes.



Figure 12 Predictions for the Future Prevalence of Diabetes in Brent and England



Source: Public Health England, Diabetes Prevalence Model for Local Authorities and CCGs

Diabetes increases the risk of a number of other conditions and complications. Early diagnosis, good diabetic care and self management can reduce these risks. While rates of diabetes in Brent are high, rates of heart disease, stroke, kidney disease and amputation are all considerably lower in people with diabetes in Brent than elsewhere in England, as are mortality rates.

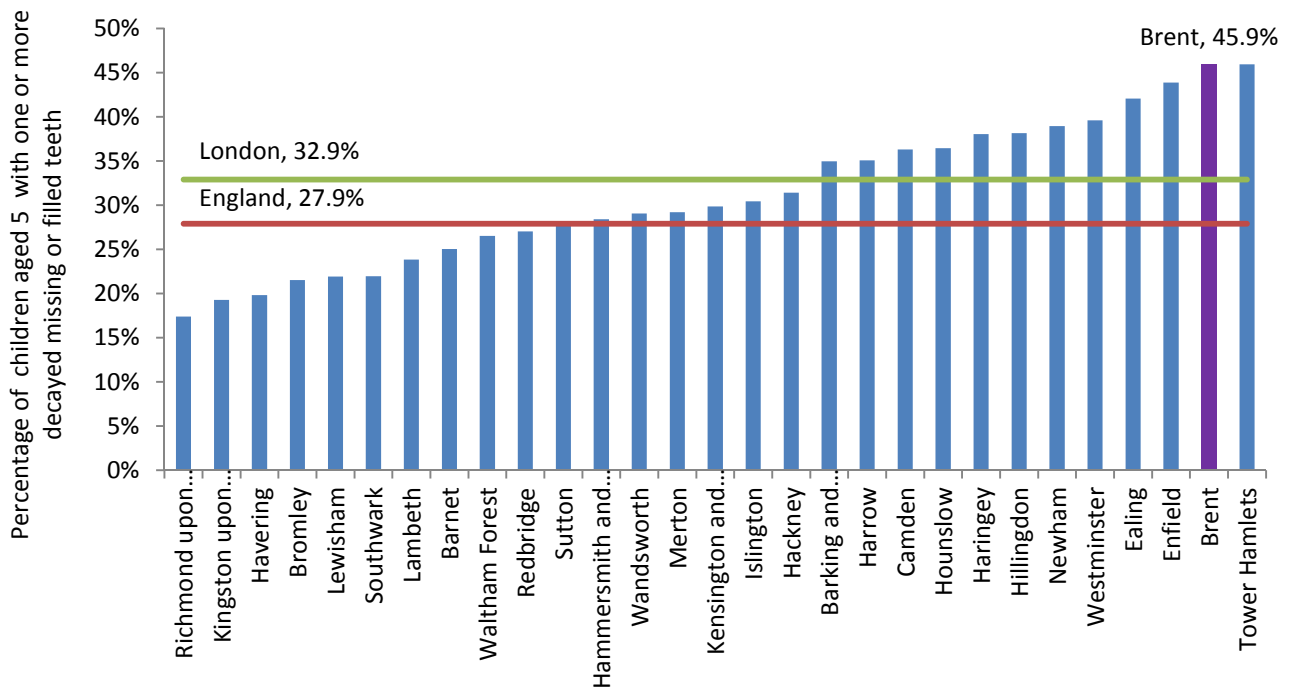
### Diabetes Roadshows

The Council is developing a partnership with Diabetes UK to raise awareness of the risks of diabetes and how these can be reduced, as well as promoting early diagnosis. Diabetes UK delivered a Diabetes Roadshow as part of the Council's Week of Action in Tokynton Ward in August 2014.

Working from a customised trailer parked at Butlers Green, Diabetes UK professionals offered and undertook risk assessments to local people. These provide participants with an estimate of their risk of developing diabetes based upon factors including their age, ethnicity, BMI, waist measurement and family history.

Reflecting the high level of risk in the population in Brent, forty four per cent of people who took part were assessed as being at moderate or high risk and advised to consult their GP.

Children in Brent have very poor oral health. On starting school, forty six percent of children have at least one decayed, missing or filled tooth. Dental extraction is the commonest cause of planned hospital admission for children in Brent. Childhood tooth decay causes pain and school absence. It is associated with low self esteem and with adult ill health including oral cancer. But this is avoidable. Regular teeth brushing, healthy eating habits and regular attendance at an NHS dentist (free for children) could change this



Source: National Dental Epidemiology Programme for England, 2012

### Healthy Smiles Brent

Healthy Smiles Brent is a joint initiative between the Council, Public Health England and NHS England. Ten primary schools and six dental practices in Brent are signed up.

Dentists and oral health promoters will visit local primary schools to promote oral hygiene and tooth brushing. Children will receive free packs with toothbrushes, toothpaste and brushing charts. Parents will be encouraged to join in the oral health days, meet the dental team and receive information on how to access local dentists – including the fact that dental care for children is free.

As well as health promotion, parents of children in nursery and infants will be asked to consent to their children receiving a free fluoride varnish treatment which will protect their teeth.

The project is a pilot to test the feasibility and acceptability of offering fluoride varnish in a school setting and aims to recruit a thousand children.

## **Health related behaviour in Brent**

### **Tobacco Use**

Smoking is the primary cause of preventable morbidity and mortality. It accounts for over one-third of respiratory deaths, over one-quarter of cancer deaths, and about one-seventh of cardiovascular disease deaths. In Brent, there are an estimated two hundred and forty one deaths related to smoking each year. Nicotine addiction is often acquired during childhood, nationally two thirds of smokers start before they are eighteen.

While rates of smoking are lower in Brent than national or regional averages at an estimated fifteen percent, there is a marked variation within the Borough from just under twelve percent of the population in the least deprived areas to almost twenty six percent in the most deprived neighbourhoods.

Cigarettes are not the only form of tobacco used in Brent. While official statistics are not available, it is evident that chewing or smokeless tobacco is widely used, particularly by the borough's South Asian communities. Furthermore, there are a growing number of shisha cafes and premises within the borough.

Unlike cigarettes, the health harm of chewing tobacco and of shisha is not necessarily widely recognised. Neither has been as extensively researched as smoking. However, smokeless tobacco use is associated with oral cancer, cardiovascular disease and dental disease, while preliminary research suggests waterpipe smoking is associated with many of the same risks as cigarette smoking.

#### **Brent Stop Chewing Campaign**

Alongside its stop smoking service, Brent Council now provides a stop chewing service for users of smokeless tobacco. Specialist advisors can provide the service across the Borough or by phone (020 8795 6669). A promotional campaign was carried out in the Wembley and Sudbury wards during the Weeks of Action, July 2014.

Working with a local oral surgeon and his team, who regularly see the effects of paan chewing, the Brent Tobacco Control Alliance is raising awareness of the health risks of chewing tobacco, particularly in South Asian communities and training healthcare professionals to conduct brief interventions with paan users.

### **Drugs and Alcohol**

A range of illegal drugs is used in Brent and it is only possible to estimate the size and nature of the problem as, by its very nature, drug misuse is an activity which seeks to avoid attention. The most problematic drugs of misuse are generally held to

be opiates and crack cocaine and it is estimated that over one thousand eight hundred people are using opiates and / or crack cocaine in Brent. In the year ending March 2014 there were 1,367 drug users in treatment services and 367 alcohol users.

Alcohol use in Brent is polarised. The proportion of local residents who abstain from alcohol is, at thirty one per cent, almost twice as high as the national average. However, the proportion of the population who are estimated to be high risk drinkers is, at seven percent, slightly higher than the national average.

There is a strong drug and alcohol treatment and recovery sector in Brent. Nationally, Brent is ranked in the top quartile for the number of drug users that successfully completed their drug treatment. Forty percent of alcohol users in treatment services successfully completed their treatment. A cornerstone of this success is the involvement of our service users, not only in monitoring quality of services and shaping commissioning decisions but also in actually delivering services to support recovery.

### **Recovery champions and BSAFE**

B3 is a service user led organisation which provides services to Brent Council to support recovery from substance misuse

Their Recovery Champions course runs for 2 days a week over 5 weeks for those who are completing their recovery and aftercare programmes. The course covers a range of opportunities for Champions to improve their skills and knowledge, such as peer support, service monitoring, volunteering and advocacy. Graduates act as peer mentors, undertake mystery shopping, participate in the DAAT and deliver the BSAFE weekend service.

In 2013/14, forty eight Recovery Champions graduated from the course. Public Health England have identified the programme as an example of good practice in not only sustaining individual recovery but encouraging others to lead drug and alcohol free lives.

BSAFE provides social support to service users and their families in Brent at weekends and is entirely run by ex service users

### **Eating well**

While the nuances of what constitutes a healthy diet are debated in the popular and scientific literature, the benefits of five portions of fruit and vegetables a day are uncontested. Unfortunately, Public Health England estimate that only thirty seven per cent of people in Brent are achieving their 5-a-day.

Eating well depends upon knowledge, skills and opportunities. Set against this are the increasing opportunities to eat badly. These include the apparent saturation of our high streets with food takeaways.

### **Brent Students and Takeaway Food**

To inform the Council's planning policies, the Council public health team undertook a survey of secondary school students to explore associations between the presence of fast food takeaways close to the school and students' use of takeaways and general food knowledge.

In the seven schools that participated, all year 7 and year 10 students were surveyed. Nearly two and a half thousand students responded resulting in a unique insight into student behaviour.

Students who attended schools less than 400m from a takeaway ate more takeaways at lunch, on the journey home from school and at home for their evening meal with their family.

The survey supports the policy of a buffer zone around schools which the Council is now implementing.

### **Physical activity**

Too few people in Brent are sufficiently physically active to protect their health. Average levels of physical activity in Brent are considerably less than for England or for London.

It is recommended that adults should undertake muscle strengthening activities and at least two and a half hours of moderate intensity aerobic activity each week. Meeting these recommendations reduces the risk of heart disease, stroke and type 2 diabetes by up to 50%. However, over half the adult population of Brent undertake less than thirty minutes of moderate intensity activity each week.

Regular physical activity is also associated with improved mood and a reduction in the risk of dementia and depression.

## **Green gyms**

In the summer of 2013, six outdoor gyms were installed in parks in Brent to encourage, facilitate and promote physical activity among residents. The gyms are located in Chalk Hill, Gibbons Recreational Ground, Roe Green Park, King Edward VII Park, Gladstone Park and Tiverton Park.

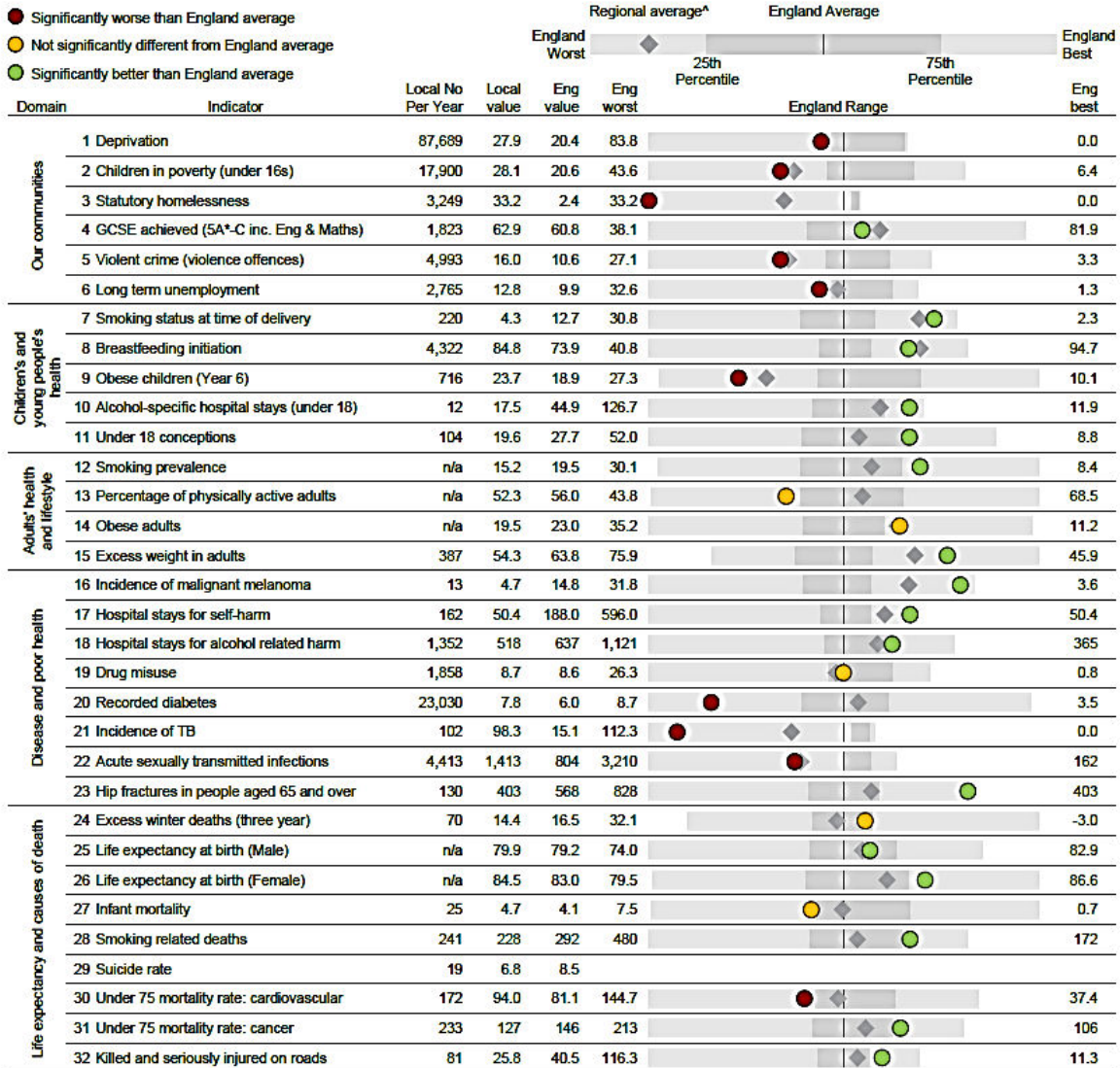
Eight hundred and seventy eight outdoor gym users took part in an evaluation of the gyms which showed very positive results. Forty one percent of users had increased their activity levels; twenty six percent of those using the green gyms had previously been active less than three times a month, and of those over eighty two percent are now active weekly;

Photograph of the Leader using the green gym

Map showing the location of the green gyms

## Health Summary for Brent

The chart below shows how the health of people in this area compares with the rest of England. This area's result for each indicator is shown as a circle. The average rate for England is shown by the black line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator; however, a green circle may still indicate an important public health problem.



**Indicator Notes**

1 % people in this area living in 20% most deprived areas in England, 2010 2 % children (under 16) in families receiving means-tested benefits & low income, 2011 3 Crude rate per 1,000 households, 2012/13 4 % key stage 4, 2012/13 5 Recorded violence against the person crimes, crude rate per 1,000 population, 2012/13 6 Crude rate per 1,000 population aged 16-64, 2013 7 % of women who smoke at time of delivery, 2012/13 8 % of all mothers who breastfed their babies in the first 48hrs after delivery, 2012/13 9 % school children in Year 6 (age 10-11), 2012/13 10 Persons under 18 admitted to hospital due to alcohol-specific conditions, crude rate per 100,000 population, 2010/11 to 2012/13 (pooled) 11 Under-18 conception rate per 1,000 females aged 15-17 (crude rate) 2012 12 % adults aged 18 and over, 2012 13 % adults achieving at least 150 mins physical activity per week, 2012 14 % adults classified as obese, Active People Survey 2012 15 % adults classified as overweight or obese, Active People Survey 2012 16 Directly age standardised rate per 100,000 population, aged under 75, 2009-2011 17 Directly age sex standardised rate per 100,000 population, 2012/13 18 The number of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause, directly age standardised rate per 100,000 population, 2012/13 19 Estimated users of opiate and/or crack cocaine aged 15-64, crude rate per 1,000 population, 2010/11 20 % people on GP registers with a recorded diagnosis of diabetes 2012/13 21 Crude rate per 100,000 population, 2010-2012 22 Crude rate per 100,000 population, 2012 (chlamydia screening coverage may influence rate) 23 Directly age and sex standardised rate of emergency admissions, per 100,000 population aged 65 and over, 2012/13 24 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.09-31.07.12 25 At birth, 2010-2012 26 At birth, 2010-2012 27 Rate per 1,000 live births, 2010-2012 28 Directly age standardised rate per 100,000 population aged 35 and over, 2010-2012 29 Directly age standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2010-2012 30 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 31 Directly age standardised rate per 100,000 population aged under 75, 2010-2012 32 Rate per 100,000 population, 2010-2012 ^ "Regional" refers to the former government regions.

More information is available at [www.healthprofiles.info](http://www.healthprofiles.info) Please send any enquiries to [healthprofiles@phe.gov.uk](mailto:healthprofiles@phe.gov.uk)

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