

# **Bradford Area Occupational Health and Safety Forum**

**Statistical report on occupational health and  
safety in Bradford**



**September  
2009**

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### **Population numbers in Bradford**

485,000 Bradford Populations (Bradford, Projection Outputs 2005-2030 *School of Geography, Ethnic Projection Model, 2006*).

467,655 (supplied by Dominic Whowell, Jobcentre Plus, 2006)

94,000 people are aged between 50-69 (Corinna Stowell, Third Age Network 2006)

### **Numbers in/out of work**

287,600 Working Age Population (Annual Population Survey 2006)

269,826 Working age population (supplied by Dominic Whowell, Jobcentre Plus, 2006)

202,000 Total in employment -working age (Key Economic Statistics Updated 25/04/05 Bradford Council)

198,500 Employed (Annual Population Survey 2006)

28,480 Sick and disabled (supplied by Dominic Whowell, Jobcentre Plus, March, 2007)

6% of the total population sick and disabled (Lorraine Thacker, Employability/Mindful Employer 2006)

56,905 Benefit Claimants (supplied by Dominic Whowell, Jobcentre Plus, March, 2007)

89,100 workless (Annual Population Survey 2006)

48,000 (51%) of 50-69 year olds are in employment. (Corinna Stowell, Third Age Network 2006) -Yorkshire and Humber rate 71%.

10% of the working age population are sick or disabled (BAOHSF - 6% of 280,000 or approx 30,000)

### **Mental Health Problems/Stress and work**

A high number of the Sick or Disabled have declared a problem around their mental health

78% of those with depression/anxiety want to work (Lorraine Thacker, Employability/Mindful Employer 2006)

86% with phobias/stress disorders want to work (Lorraine Thacker, Employability/Mindful Employer 2006)

24% of with long term mental health are in employment (Lorraine Thacker, Employability/Mindful Employer 2006)

40%+ employers will not employ someone who has experienced mental ill health (Lorraine Thacker, Employability/Mindful Employer 2006).

More than 900,000 adults in England claim sickness and disability benefits for mental health conditions. This group is now larger than the total number of unemployed people claiming Jobseeker's Allowance in England. (Health Profiles 2009, Indicator 19 Mental Health)

In June 2004 the Social Exclusion Unit of the Office of the Deputy Prime Minister (ODPM) published the 'Mental Health and Social Exclusion' report. This report highlights the large number of adults in England claiming sickness and disability benefits for mental health conditions (approximately 40% of all claims) with the statistics showing that more adults now fall into this group than the total number of unemployed people claiming Jobseeker's Allowance. The report draws attention to the fact that adults with long-term mental health problems are one of the most excluded groups in society facing numerous barriers that only serve to stop them from achieving their full potential as individuals and members of the community as a whole.

Badly managed workplace stress costs Britain billions, Mind revealed in a report in May 2005. Stress costs 10% of the UK's Gross National Product – yet fewer than 10% of companies have official policy to tackle it.

### **The Big Plan - Health and Well-being**

Our health and sense of wellbeing is affected by every aspect of our lives, including where we work. (The Big Plan)

Over 86,000 people in the Bradford District consider they have a long-term, limiting disability. (The Big Plan)

Health and Wellbeing for All Priorities 2009-2011 include \*Improve people's mental health and wellbeing (The Big Plan)

### **National Indicators that impact on and Public Service Agreements that impact on Occupational Health and Wellbeing**

NI 119 - Self-reported measure of people's overall health and well-being

NI 120 - all-age all cause mortality rate (also PSA 18 – to promote better health and well-being for all)

NI 121 - Mortality rate from all circulatory diseases at ages under 75

NI 122 - Mortality rate from all cancers at ages under 75

NI 146 - Adults with learning disabilities in employment (also PSA 16 – to increase the proportion of socially excluded adults in employment etc.)

NI 150 - Adults receiving secondary mental health services in employment. (also PSA 16 – to increase the proportion of socially excluded adults in employment etc.)

NI 151 - Overall Employment rate (working-age) (also PSA 7,8 – Reduce the gap of economic growth rates and Maximise employment opps for all)

NI 152 - Working age people on out of work benefits (also PSA 8 – Maximise employment opps for all)

NI 153 - Working age people claiming out of work benefits in the worst performing neighbourhoods

NI 173 - Flows on to incapacity benefits from employment

## **Deprivation /Gap in the provision of Occupational Health Services**

Of the 354 local authority areas in England, Bradford District is the 32<sup>nd</sup> most deprived (The Big Plan)

One of the sizeable challenges in Bradford is low pay, reliance on benefits, and low expectations of Success (The Big Plan)

There is a gap in the provision of occupational health services in Bradford, (this is also a national problem). Bradford Area Occupational Health and Safety Forum undertook some research in 2005 around the provision of Occupational Health services provided by General Practitioners *Survey of Bradford GPs on work related ill health – July 2005*. This research backed up the knowledge that more occupational health services need to be provided in Bradford. The survey did show that 67% of GPs in Bradford believe they can identify workplace ill health from symptoms; and 80% of GPs found that the most useful method for them to deal with Occupational Health was by having Occupational Health specialists that they could pass referrals to.

82% of the businesses in the Bradford area employ 1-10 workers. 14% employ 11- 49 workers. 4% employ 50-199 workers and **less than 1% employ over 200 workers**. (Bradford Council Key Economic Statistics).

There are 15,100 businesses providing 191,000 jobs (The Big Plan)

The Working-age population is forecast to be the fastest growing of any major UK city (The Big Plan)

Bradford Area Occupational Health and Safety Forum surveyed the larger businesses who have 200+workers in, 2004 this stood at 55. It found that even out of these massive companies that make only 1% of the employers in Bradford 44% of these companies had no occupational health provision for employees. The survey did indicate however, that 80% of large Companies in the Bradford Area have experienced improvements in productivity due to reviewing their attitude to Occupational Health and Safety i.e. implementation of new schemes and approaches to work practice.

HSE commissioned research showed 15% of all British firms provided basic occupational health support and only 3% provided comprehensive support (see Health Work and Well-being strategy).

Priorities 2008-2011 Secure Employment - Prosperity and Regeneration (The Big Plan)

## **Work related ill health**

5.2% of people ever employed suffer from an illness which they believe was caused or made worse by their current or past work in the Yorkshire and Humber region – these are the most local HSE statistics we can get (Yorkshire and the Humber government office region summary of statistics of occupational ill health, safety and enforcement 2005/2006).

75% (approx ) of cases of people suffering ill health, which they think is work related, are musculoskeletal disorders or stress, depression or anxiety. The rest are made up from other illnesses including: skin disease, respiratory disease, infection and audiological problems. (Self reported ill health SWI Labour Force Survey 2005/06 – a national survey of over 50 000 households each quarter.

## **Injuries at work**

136,771 injuries to employees were reported to RIDDOR (HSE 2007/08)

299,000 reportable injuries occurred, according to the Labour Force Survey. (HSE 2007/08)

7079 total injuries for West Yorkshire 2004/2005 (HSE)

## **Evaluation of the Dispelling the Myths around the employment of people with disabilities**

35 Bradford District Employers took part in the research in July 2009

These 35 employers influence the health and safety of 51,256 workers - this is approximately 20% of the districts workforce.

### **The key challenges and barriers around the employment of disable workers were:**

Attitudes of Businesses

Commercial barriers - business needs support to overcome the adjustments required

The misconception of non-disabled recruiting employers

Having all the skills needed for the post.

The protected time off work.

knowledge, understanding, individual perceptions

Cost.

Stereotypical thinking amongst colleagues etc i.e. That all black people are mentally disturbed and aggressive

Prejudice and ignorance.

Reducing fears of employers

Training Managers to identify and deal with disability

Lack of education.

Finance

Not 'Thinking outside the box'

Attitudes and prejudice

Cost of equipment.

Stigma, especially with mental health problems

Cover all aspects of getting someone into a job and not turn anyone away.

Convincing employers

The capability of SMEs to deal with these situations

Preconceived ideas amongst employers and an unwillingness to put in the effort.

The impact on other workers of employing someone who may need additional time off.

Cost for the employer and making employees aware of the issues

Introduce more innovative means of working incentives. Policies and procedures of larger and public sector employer need to aid the secondment

Stigma and perception

Public perceptions and lack of understanding

lack of knowledge about conditions and the fear of the implications involved including the price of reasonable adjustments

lack of understanding in the workplace and general society.

Education in the workplace

Preconceived ideas held by others. Employers expects an expense of the employment of disabled workers

Building understanding and awareness

Lack of up to date training of those doing the short listing and recruiting.

Employers need to give people the opportunity to prove they can do the job and overcome barriers.

It appears that support to implement the policies of the managers/team leaders is lacking in NHS and LA with practical issues.

Concepts of what managers have to do to facilitate employment of disabled persons.

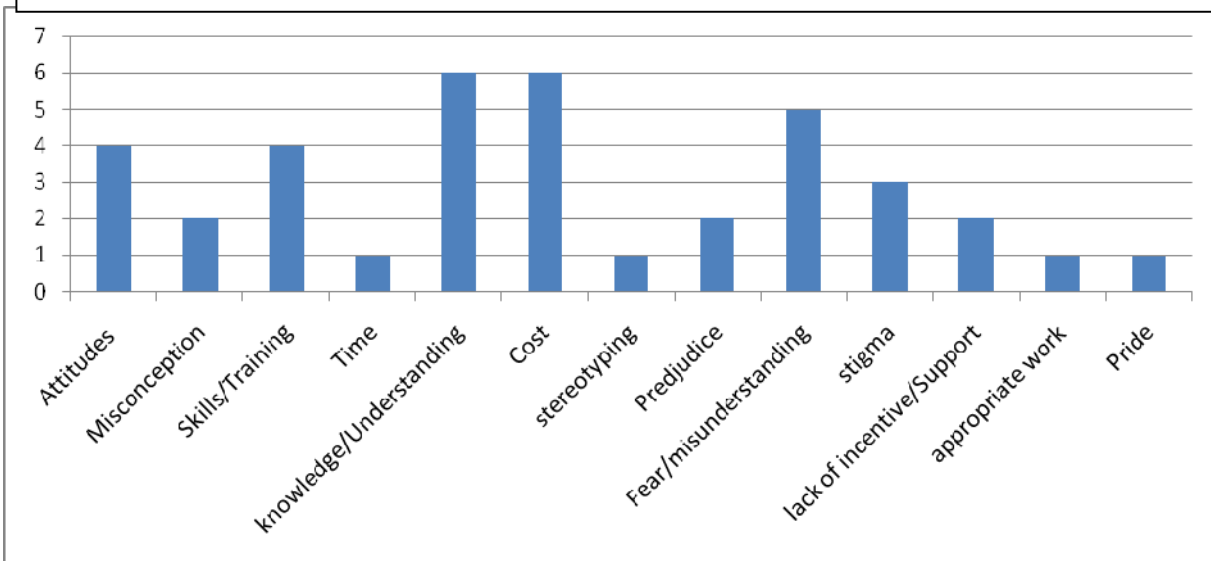
Practical issues e.g. risk implications, health and safety risk assessments, reasonable adjustments and obligations of employers to disabled persons.

Identifying appropriate work that suits the applicant

Peoples attitudes towards disabled workers

Stigma. Pride.

Graph showing key challenges to the employment of people with disabilities as seen by employers



**The best suited jobs for people with disabilities was found to be:**

All jobs

It depends on what disabilities people have.

I feel organisations should be made aware of funding and adaptations available to enable them to employ more people that are disabled.

Potentially any role with reasonable adjustments made.

Assemblers

Office based and some manual roles

All jobs would be able to accommodate disabled persons, they may need adjustments.

Has to be on an individual bases

All jobs potentially. Disabled people are very varied.

Depends on the disability

It would depend on the disability

Call centre, stock control, HR and Finance - all office based

It would depend on the disabilities as we undertake a range of work

All areas can be done with the right kind of support

Depends on the individual but it should be all jobs.

Depends on applicants skills and experience irrespective of disability.

Depending on disability, all jobs can be suitable with reasonable adjustments made.

All jobs at college with relevant adjustment on a case by case basis.

Our organisation specializes in working with people with Autism and Asperger syndrome; the best suited jobs for this group are generally well structured ones.

I think the best suited jobs come down to what the individual is looking for and how that job can be adapted to accommodate regardless of a persons aspirations.

Any, it is the person who is the best for the job

Self employment is an alternative for people with disabilities

All jobs are possible, recruiters need to look outside of the box, stop labeling disabled as one group.

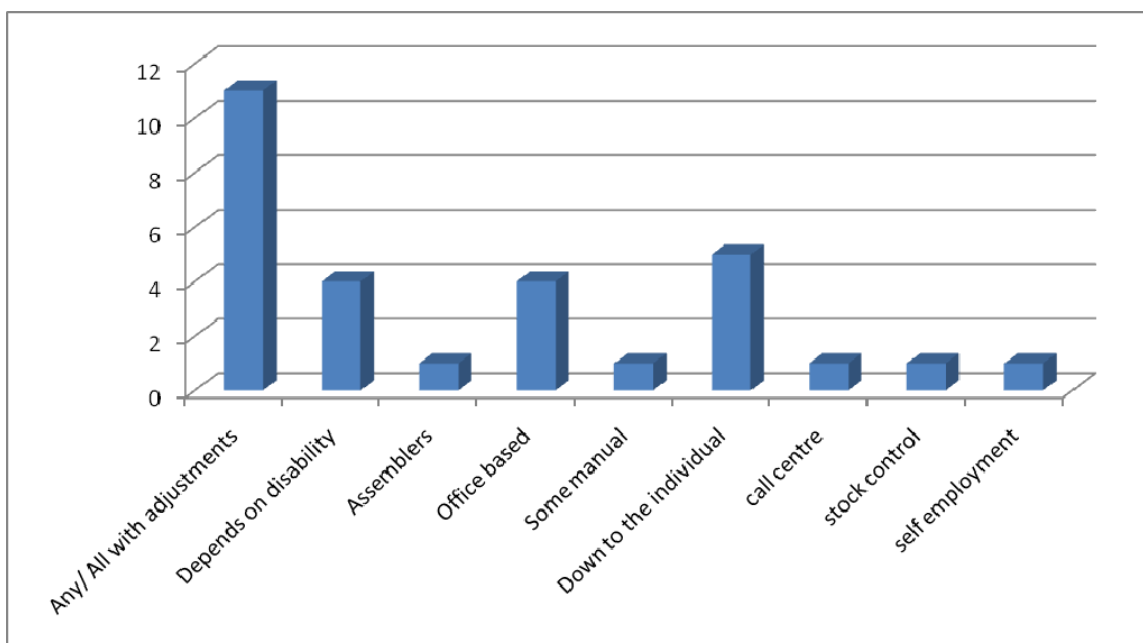
All types of work.

Find out what are the capabilities of the disabled person and if they are suitable for the posts available after reasonable adjustments.

Office based work

Telephone advisors, drop-in workers, admin

Graph showing summary of jobs recommended for disabled people by employers



### Work-related Cancer

The HSE estimates that there are 6,000 occupational cancer death each year, but recent analyses suggest the real number is at least 12,000 (Hazards 2007, Report *Burying the Evidence*). We have no way of monitoring the number of these in Bradford at the moment.

Causes of work-related cancer: Workplace exposure to chemical, physical and biological agents. Metals, arsenic, chromium and nickel – bladder, lung and skin cancer. Chlorination by-products. Natural substances, asbestos and silica. Petrochemicals and combustion products (including motor vehicle exhaust fumes) – bladder, lung and skin cancer. Pesticides – brain cancer, leukaemia and lymphoma. Reactive chemicals eg Vinyl Chloride – liver cancer. Metalworking fluids and mineral oils – bladder, larynx, nasal, rectum, skin and stomach cancers. Ionising radiation – just about every kind of cancer imaginable. Solvents. Benzene – leukaemia. Tetrachloroethylene – bladder cancer. Trichloroethylene – Hodgkin’s disease, leukaemia, kidney and liver cancer.

## **HSE/LA blitz on Bradford Businesses October 2008**

For a two-week period, beginning 20th October, 13 inspectors hit the streets of Bradford in an attempt to improve standards of health and safety. All companies in the selected areas were visited by either a HSE inspector or an Environmental Health Officer from the Local Authority. The types of premises visited included retail outlets, garages, engineers, and many others.

The size of businesses ranged from the self-employed to larger companies with 25+ employees. During the two-week period 164 companies were visited (100 by the HSE and 65 by the LA) and both managers and employees were provided with advice and guidance on various health and safety topics.

There was a need for enforcement action to be carried out in some instances with 54 Improvement Notices and 10 Prohibition Notices being issued by the HSE and 12 improvement notices handed out by the Local Authority.

The common issues that resulted in enforcement action included:

- no thorough examination and testing of extraction systems;
- no thorough examination and testing of lifting equipment
- poor management of hand arm vibration exposure
- poor management of working at height practices
- poor welfare facilities

These could lead to either, serious problems with ill health, or an injury to employees. Several companies will be receiving follow-up visits in the forthcoming months to ensure they have made the necessary improvements.

HSE and Bradford Council worked alongside the Bradford Occupational Health and Safety Forum in 2009 and organised a free seminar that looked to address some of these issues. The seminar was open to all companies in the Bradford area. For information from this seminar please visit the Forum's website [www.baohsf.org.uk](http://www.baohsf.org.uk)

This blitz on Bradford Businesses which was carried out on a total of 164 visits resulted in 66 Improvement Notices being handed out and 10 Prohibition notices. This blitz shows that 45% of businesses in certain areas of Bradford are operating below legal health and safety standards.

## **The business benefits of work-life balance**

Increased productivity, mediated through the factors listed below, as well as:

- The degree of control an employee has over their tasks impacts their effectiveness at work.
- A 2003 DTI study revealed that 49% of companies saw a positive increase in productivity. (DTI The second work-life balance study. Results from the employers survey – executive summary 2003).

Improved recruitment and retention:

- Labour turnover is expensive, both in terms of direct replacement costs and the loss of skills and knowledge.
- A DTI poll found all workers were interested in good work-life balance policies, but they are particularly important to carers, parents (mothers and fathers), graduates and older workers
- BT saved £3m in recruitment costs in the year to March 2003, since 98% of women returned after maternity leave. Read this case study

Lower rates of absenteeism:

- The CBI believes that absenteeism levels are the main reason why UK productivity lags behind the US and some parts of Europe, costing the UK £11.6bn per year.
- Good work-life balance policies take account of long term absence, the causes of stress and the needs of different groups. See our work on Health and Wellbeing
- The London Borough of Camden experienced a 2.5% reduction in the cost of sickness absence in the first year it introduced a work-life balance strategy. Read this case study

Reduced overheads:

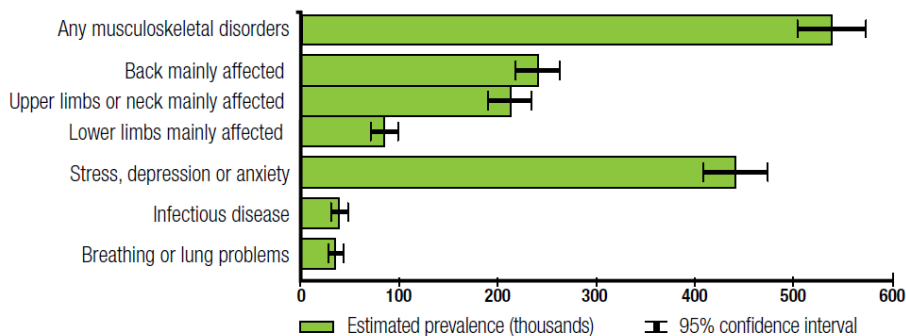
- BT saved £52m in overheads in the year to March 2003 by increasing its number of home workers; this also means an annual saving of £10m in fuel costs.
- An improved customer experience
- A more motivated, satisfied and equitable workforce.

The below is taken from HSE LFS (Labour Force Survey)

## Self-reported ill health

- In 2007/08 an estimated 2.1 million people suffered from ill health which they thought was work-related, according to the LFS.
- Over half of these cases (1.3 million) are estimated to have been suffered by people who had worked in the last 12 months, with musculoskeletal disorders and stress being the most commonly reported illness type.

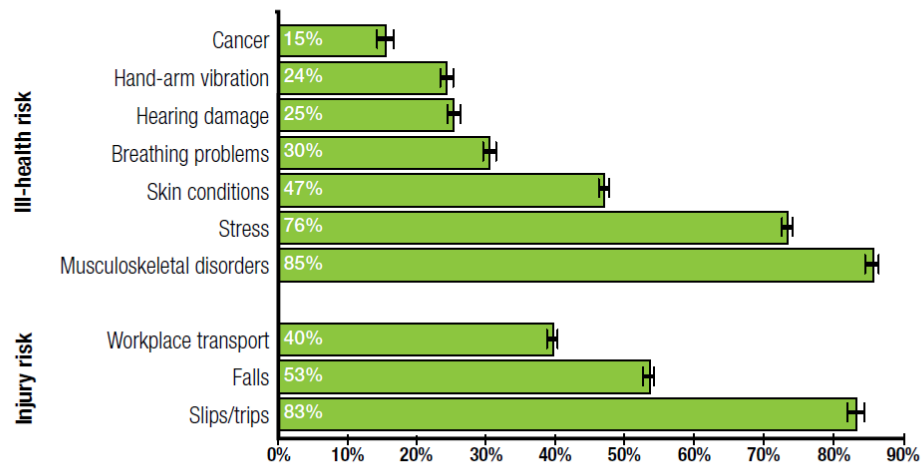
**Figure 1:** Estimated prevalence of self-reported work-related illness, by type of complaint, for people working in the last 12 months, 2007/08



## Working conditions – Employer perspective

- Musculoskeletal disorders, slipping and tripping, and stress were the three most commonly reported health and safety risks by British employers in 2007.

**Figure 11:** Percentage of employers stating their workers could be exposed to various work-related ill-health or injury risks\*



\* Source: Fit3 employer survey 2007.

Health and Safety Profile  
 Date created: 18/10/2007  
 Region: Yorkshire & the Humber

## Bradford West Yorkshire

This profile provides a snap shot of the local authority in terms of its health & safety statistics and the local economy. Figures on ill health and days lost are illustrative and should be considered "ball park" figures. See also 'LA profile user guide'.

### Self-reported work-related ill health

Musculoskeletal disorders, stress and respiratory conditions make up over 80% of prevalence cases nationally.

|   | Bradford<br>(estimated no.) | Yorkshire & the<br>Humber<br>(per cent) | Great Britain<br>(per cent) |
|---|-----------------------------|---|-----------------------------|
| Prevalence – limited to people who worked in the last 12 months | 8 500                       | 4.22                                    | 3.93                        |
| Incidence (new cases in last 12 months)                         | 3 800                       | 1.88                                    | 1.64                        |

Source: LFS 'illustrative estimates' (see over page).

### Work-related working days lost

|                                | Bradford<br>(estimated no.) * | Yorkshire & the Humber<br>(per worker) 2005/06 | Great Britain<br>(per worker) 2005/06 |
|--------------------------------|-------------------------------|--|---------------------------------------|
| Due to work-related ill health | 215 000                       | 1.23   | 1.05                                  |
| Due to work-related injury     | 60 000                        | 0.34   | 0.26                                  |

Source: LFS 'illustrative estimates' (see over page).

\* Estimated from FOD Regional 3 year average rate 2003/04 to 2005/06

### Reported workplace injuries

| 2006/07 provisional<br>(excluding railways) | Bradford<br>(number) | Bradford<br>(rate)* | Yorkshire & the Humber<br>(rate)* | Great Britain<br>(rate)* |
|---|----------------------|---------------------|-----------------------------------|--------------------------|
| Fatal & Major injuries to employees         | 262                  | 133.8               | 132.8                             | 107.0                    |
| Over-three-day injuries to employees        | 1 081                | 552.1               | 503.5                             | 422.6                    |
| Total injuries to employees                 | 1 343                | 685.9               | 636.3                             | 529.5                    |

Source: RIDDOR, FOD & LA

\*rate per 100 000 employees

### Estimated Costs

The estimated economic cost of health and safety incidents (accidents and ill health) in Bradford is £103 million.

### Mesothelioma mortality 1985-2004

|  | Bradford              | Yorkshire & the Humber   | Great Britain               |
|--|-----------------------|--------------------------|-----------------------------|
| Number of deaths                         | 146 male<br>29 female | 1 869 male<br>365 female | 22 133 male<br>3 552 female |
| Standard mortality ratio                 | 89 male<br>106 female | 96 male<br>116 female    | 100 male<br>100 female      |
| Ranking of LA within GB (out of 408 LAs) | 122 male<br>67 female |                          |                             |

Source: British Mesothelioma Register

Health and Safety Profile  
 Date created: 18/10/2007  
 Region: Yorkshire & the Humber

### Background information

|  | Bradford         | Yorkshire & the Humber | Great Britain |
|--|------------------|------------------------|---------------|
| Total resident population (2006)   | 493 100          | 5 142 400              | 58 845 700    |
| Working age population (2006)  | 303 100<br>61.5% | -<br>62.2%             | -<br>62.2%    |
| People in employment (Jan 06 – Dec 06)<br><i>(as percentage of working age population)</i> | 208 100<br>69.2% | -<br>73.7%             | -<br>74.3%    |
| <i>Of which: Managerial / professional</i>   | 37.5%            | 37.4%                  | 42.3%         |
| <i>Admin / skilled trades</i>  | 22.9%            | 23.3%                  | 23.0%         |
| <i>Personal / customer service</i>   | 17.0%            | 16.6%                  | 15.7%         |
| <i>Operatives / elementary</i>   | 22.6%            | 22.5%                  | 18.7%         |
| Employee jobs (2005)   | 195 700          |                        |               |
| <i>Of which: Manufacturing</i>   | 16.2%            | 13.8%                  | 11.1%         |
| <i>Construction</i>  | 3.4%             | 5.1%                   | 4.6%          |
| <i>Services</i>  | 79.6%            | 79.9%                  | 82.9%         |
| Number of premises (2006)  | 12 735           | 155 520                |               |
| <i>Of which: &lt;10 employees</i>  | 80.1%            | 79.8%                  | 81.9%         |
| <i>10-49 employees</i>   | 15.6%            | 16.1%                  | 14.4%         |
| <i>50-249 employees</i>  | 3.7%             | 3.6%                   | 3.2%          |
| <i>250+ employees</i>  | 0.6%             | 0.6%                   | 0.5%          |

Sources: APS, ABI, IDBR (see below).

### Local Authority Inspection visits 2005/06

|                                  | Bradford | Yorkshire & the Humber<br>(responding LAs only) | Great Britain |
|----------------------------------|----------|---|---------------|
| Number of LA controlled premises | 9 317    | 87 805  | 1 126 000     |
| Number of visits                 | 1 608    | 11 934  | 222 000       |
| Visits per 1000 premises         | 173      | 136   | 197           |

Source: LAE1 returns  
 \* Figures not available

#### Data sources

**RIDDOR:** The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995, under which workplace injuries are reported by employers and others.

**Labour Force Survey (LFS):** A national survey of over 50 000 households each quarter, giving estimates of self-reported work-related ill health and injuries.

**Illustrative estimates:** Derived simply by multiplying total employment in the Local Authority by the relevant regional illness/days lost rates, and then scaling so that the total of all LAs equals the published regional total. For prevalence and incidence, 2005/06 rates have been used. For days lost, an average rate from 2003/04 to 2005/06 has been used.

**Estimated costs:** The estimated cost shown is the full societal cost (human and economic cost) and is based on Department for Transport methodology. The costs have been estimated using national average figures for different accident severities and cases of work-related ill health.

Dame Carol Black has estimated that the costs to the economy of occupational ill health in the UK is £100 billion a year.

Key facts for 2007/08 from the HSE are:

**Ill health**

**2.1 million** people were suffering from an illness (long-standing as well as new cases) they believed was caused or made worse by their current or past work.

**1.3 million** of these cases were suffered by people working during the year, of which **563 000** were new cases.

**2056** people died of mesothelioma (2006), and thousands more from other occupational cancers and lung diseases.

**Injuries**

**229** workers were killed at work, a rate of 0.8 per 100 000 workers.

**136 771** other injuries to employees were reported under RIDDOR, a rate of 517.9 per 100 000 employees.

**299 000** reportable injuries occurred, according to the Labour Force Survey (LFS), a rate of 1000 per 100 000 workers.

**Working days lost**

**34 million** days were lost overall (1.4 days per worker), 28 million due to work-related ill health and 6 million due to workplace injury.

**HSE Health and Safety of Great Britain \\ Be part of the solution strategy 2009**

We need to respond to a wide range of risks – from more small businesses.

Today's headline figures indicate that the combined incidence of injury and ill health in Great Britain is much the same now as it was five years ago. (HSE June 09 Strategy).

It is estimated that the annual cost to society of work-related accidents and ill health is £20 billion (approximately 2% of GDP) (HSE June 09 Strategy)

One of the main HSE Goals is 'To reinforce the promotion of worker involvement and consultation in health and safety matters throughout unionised and non-unionised workplaces of all sizes'. (HSE June 09 Strategy).

Another major goal of HSE is 'To adapt and customize approaches to help the increasing numbers of SMEs in different sectors comply with their health and safety obligation'. (HSE June 09 Strategy).

# Bradford

This is a Spearhead area

This profile gives a snapshot of health in your area. It is designed to help local government and primary care trusts tackle health inequalities and improve people's health.

Health Profiles are produced annually by the Association of Public Health Observatories and funded by the Department of Health.

Visit the Health Profiles website to:

- View profiles for other areas
- Use interactive maps
- Access updated information
- See more indicator data

[www.healthprofiles.info](http://www.healthprofiles.info)



Based on Ordnance Survey material. © Crown Copyright. All rights reserved. DH 100020290 2009. Other map data © Collins Bartholomew.

**POPULATION 497,400**

Mid-2007 population estimate

Sources: National Statistics website: [www.statistics.gov.uk](http://www.statistics.gov.uk)



## Bradford at a glance

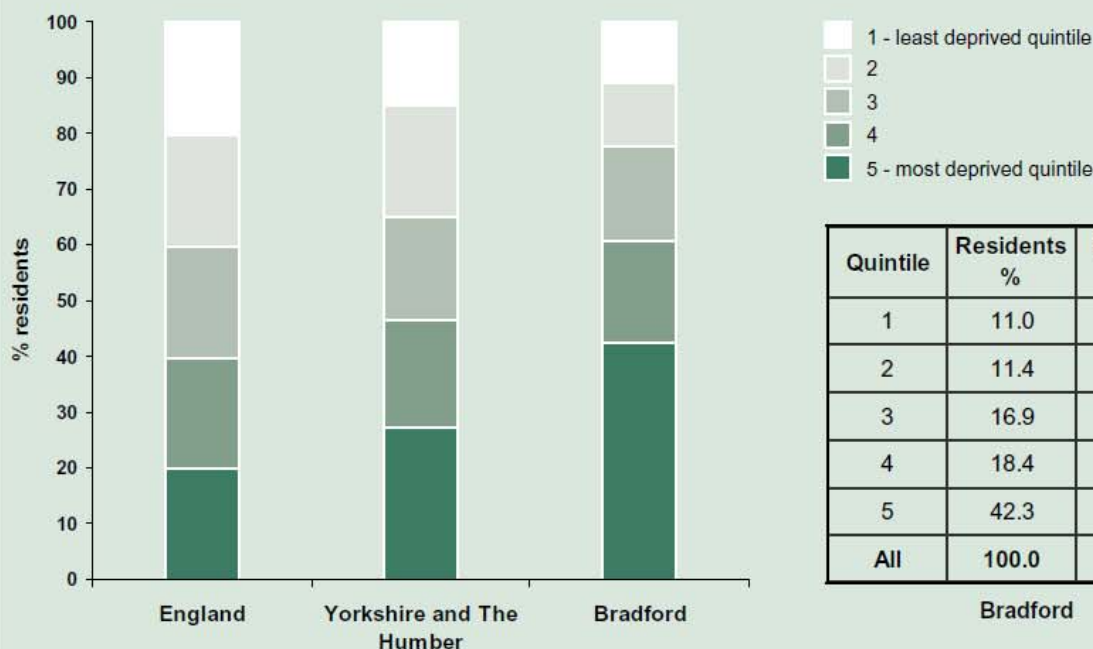
- The health of the people in Bradford is generally worse than the England average. Deaths from smoking and early deaths from heart disease and stroke are all worse than the England average.
- There are inequalities within Bradford by gender, deprivation and ethnicity. Men from the most deprived parts of the district have about eight years shorter life expectancy than those in the least deprived areas.
- The percentage of children who are eligible for free school meals (a marker of deprivation and poor health) is higher than the England average, and particularly high locally for children from Asian ethnic backgrounds.
- Over the last ten years, all age all cause mortality and early deaths from heart disease and stroke have decreased in Bradford but remain worse than the England average. Early deaths from cancer are now similar to the England average.
- Rates of breast feeding initiation, children classified as obese, teenage pregnancies, and infant mortality are all worse than the England average.
- NHS Bradford and Airedale, with its strategic partners, has prioritised tackling infant mortality, obesity, sexual health, mental health and the harm caused by alcohol, tobacco and illegal drug use. The Primary Care Trust also has a strong focus on improving access to services for disadvantaged groups and promoting independent living.
- Further local health information is available via the Bradford Observatory: <http://www.bradford.nhs.uk>



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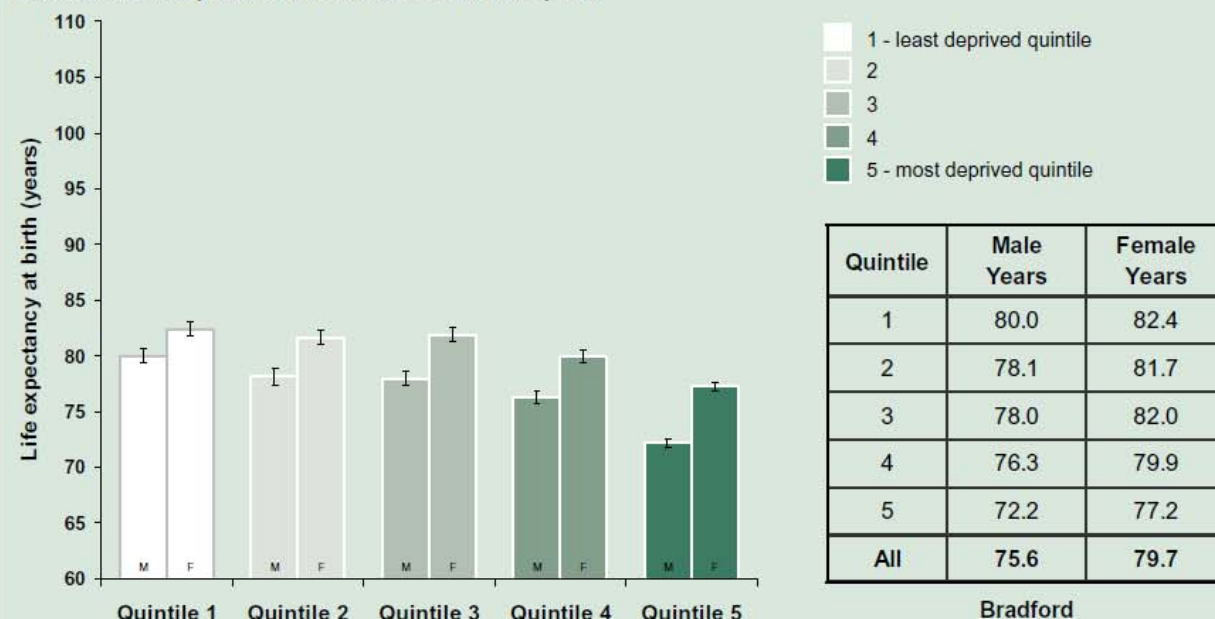
## Deprivation

This chart shows the proportion of residents within England, the region and the local authority living in neighbourhoods belonging to each of the five national deprivation quintiles. These quintiles were derived by arranging all the small areas (Lower Super Output Areas) in England in rank order according to the deprivation scores in the Index of Multiple Deprivation 2007 and dividing them into five equal groupings. The resident numbers are based on the 2005 population figures.



## Health inequalities: life expectancy

This chart shows the life expectancy at birth for males and females (2003-2007) within the local authority by national deprivation quintiles. Note the figures in this chart are based on data for five years. The life expectancy figures presented in the health summary chart are based on data for three years.



95% confidence interval. These indicate the level of uncertainty about each value on the graph. Longer/wider intervals mean more uncertainty.

Where the total male or female population (2003-2007) is less than 5,000 the life expectancy figures are not shown (n/a).

## Health inequalities: changes over time

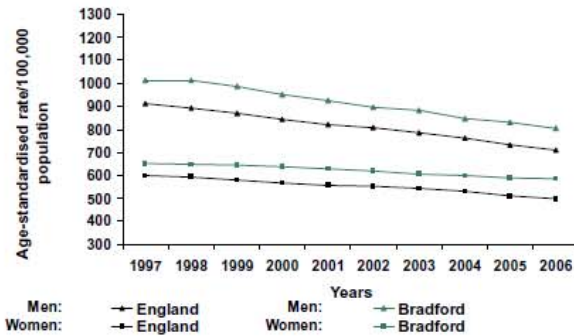
These trend graphs show how changes in health for this local authority compare with changes for the whole of England. Data points are mid-points of 3 year moving averages of annual rates e.g. 1997 represents the 3 year period 1996-98.

Trend 1 compares death rates (at all ages and from all causes) in this local authority with those for England.

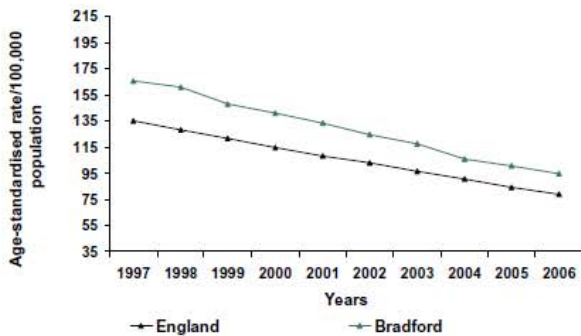
Trend 2 compares rates of early death from heart disease and stroke (in people under 75) in this local authority with those for England.

Trend 3 compares rates of early death from cancer (in people under 75) in this local authority with those for England.

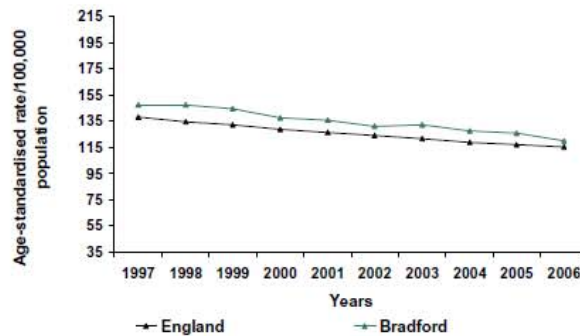
**Trend 1:**  
All age, all cause mortality



**Trend 2:**  
Early death rates from heart disease and stroke

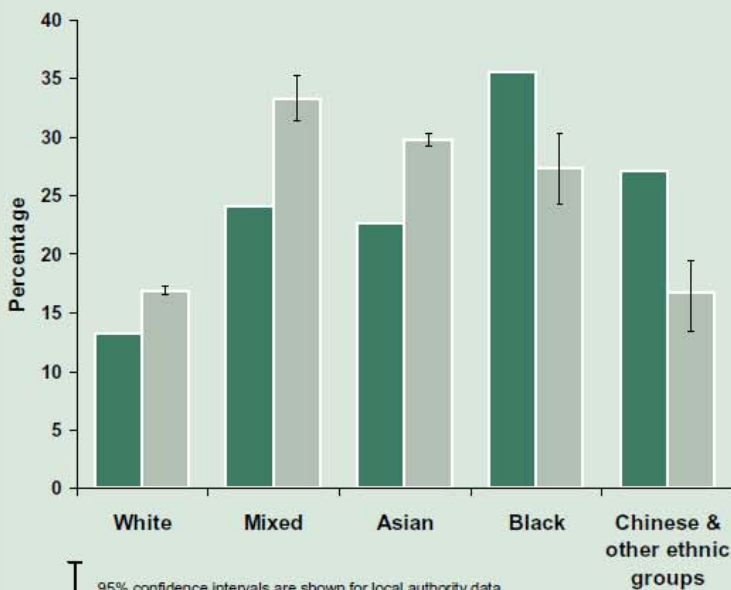


**Trend 3:**  
Early death rates from cancer



## Health inequalities: ethnicity

This chart compares the percentage of children in each ethnic group who are eligible for free school meals (2008). Eligibility for free school meals is an indicator of deprivation, and people who suffer more deprivation tend to have poorer health. Comparing deprivation by ethnic group helps identify potential health inequalities between the groups.



Legend:  
■ England  
■ Bradford

| Ethnic Groups | % eligible | Number eligible |
|---------------|------------|-----------------|
| White         | 16.9       | 6,910           |
| Mixed         | 33.3       | 770             |
| Asian         | 29.8       | 7,820           |
| Black         | 27.4       | 230             |
| Chinese/other | 16.7       | 100             |

All numbers are rounded to the nearest 10. Where the total school population in an ethnic group in the local authority is less than 30, or the number eligible is less than 5, the table shows n/a.

## Health summary for Bradford

The chart below shows how people's health in this local authority compares to the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which is shown as a bar. A green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- No significance can be calculated

\* relates to National Indicator Set 2009



| Domain                               | Indicator                                    | Local No. Per Year | Local Value | Eng Avg | Eng Worst | England Range   | Eng Best |
|--------------------------------------|--|--------------------|-------------|---------|-----------|-----------------|----------|
| Our communities                      | 1 Deprivation                                | 206634             | 42.3        | 19.9    | 89.2      | [Red circle]    | 0.0      |
|                                      | 2 Children in poverty *                      | 35110              | 31.7        | 22.4    | 66.5      | [Red circle]    | 6.0      |
|                                      | 3 Statutory homelessness                     | 837                | 4.2         | 2.8     | 8.9       | [Red circle]    | 0.0      |
|                                      | 4 GCSE achieved (5A*-C inc. Eng & Maths) *   | 2239               | 36.9        | 48.3    | 26.5      | [Red circle]    | 73.3     |
|                                      | 5 Violent crime *                            | 8780               | 17.8        | 17.6    | 38.4      | [Red circle]    | 4.8      |
|                                      | 6 Carbon emissions *                         | 2945               | 6.0         | 7.2     | 15.7      | [White circle]  | 4.6      |
| Children's and young people's health | 7 Smoking in pregnancy                       | 1173               | 14.4        | 14.7    | 37.8      | [Yellow circle] | 3.7      |
|                                      | 8 Breast feeding initiation *                | 5253               | 65.2        | 71.0    | 32.5      | [Red circle]    | 92.2     |
|                                      | 9 Physically active children *               | 61627              | 88.6        | 90.0    | 77.5      | [Red circle]    | 100.0    |
|                                      | 10 Obese children *                          | 635                | 10.6        | 9.6     | 16.2      | [Red circle]    | 3.9      |
|                                      | 11 Children's tooth decay (at age 5)         | n/a                | 2.4         | 1.5     | 3.2       | [Red circle]    | 0.0      |
|                                      | 12 Teenage pregnancy (under 18) *            | 492                | 47.7        | 41.2    | 79.1      | [Red circle]    | 15.0     |
| Adults' health and lifestyle         | 13 Adults who smoke *                        | n/a                | 23.9        | 24.1    | 40.9      | [Yellow circle] | 13.7     |
|                                      | 14 Binge drinking adults                     | n/a                | 20.1        | 18.0    | 28.9      | [Yellow circle] | 9.7      |
|                                      | 15 Healthy eating adults                     | n/a                | 23.2        | 26.3    | 15.8      | [Red circle]    | 46.8     |
|                                      | 16 Physically active adults                  | n/a                | 11.4        | 10.8    | 4.4       | [Yellow circle] | 17.1     |
|                                      | 17 Obese adults                              | n/a                | 21.6        | 23.6    | 31.2      | [Yellow circle] | 11.9     |
| Disease and poor health              | 18 Over 65s 'not in good health'             | 16626              | 25.2        | 21.5    | 32.5      | [Red circle]    | 13.5     |
|                                      | 19 Incapacity benefits for mental illness *  | 10230              | 33.4        | 27.7    | 59.4      | [Red circle]    | 8.7      |
|                                      | 20 Hospital stays for alcohol related harm * | 8509               | 1670.7      | 1472.5  | 2615.1    | [Red circle]    | 639.9    |
|                                      | 21 Drug misuse                               | 5303               | 16.6        | 9.8     | 27.5      | [Red circle]    | 1.3      |
|                                      | 22 People diagnosed with diabetes            | 23501              | 4.7         | 4.1     | 6.3       | [Red circle]    | 2.6      |
|                                      | 23 New cases of tuberculosis                 | 156                | 32.0        | 15.0    | 102.1     | [Red circle]    | 0.0      |
|                                      | 24 Hip fracture in over-65s                  | 426                | 494.7       | 479.8   | 699.8     | [Yellow circle] | 219.0    |
|                                      | 25 Excess winter deaths                      | 214                | 15.0        | 17.0    | 30.3      | [Yellow circle] | 4.0      |
| Life expectancy and causes of death  | 26 Life expectancy - male *                  | n/a                | 75.9        | 77.7    | 73.2      | [Red circle]    | 83.7     |
|                                      | 27 Life expectancy - female *                | n/a                | 79.8        | 81.8    | 78.1      | [Red circle]    | 87.8     |
|                                      | 28 Infant deaths                             | 68                 | 8.3         | 4.9     | 9.6       | [Red circle]    | 1.3      |
|                                      | 29 Deaths from smoking                       | 808                | 260.6       | 210.2   | 330.2     | [Red circle]    | 134.4    |
|                                      | 30 Early deaths: heart disease & stroke *    | 437                | 94.6        | 79.1    | 130.5     | [Red circle]    | 39.6     |
|                                      | 31 Early deaths: cancer *                    | 548                | 119.8       | 115.5   | 164.3     | [Yellow circle] | 75.7     |
|                                      | 32 Road injuries and deaths *                | 252                | 51.6        | 54.3    | 188.3     | [Yellow circle] | 18.4     |

### Notes (numbers in bold refer to the above indicators)

1 % of people in this area living in 20% most deprived areas of England 2007 2 % of children living in families receiving means-tested benefits 2007 3 Crude rate per 1,000 households 2007/08 4 % at Key Stage 4 2007/08 5 Recorded violence against the person crimes crude rate per 1,000 population 2007/08 6 Total end user CO2 emissions per capita (tonnes CO2 per resident) 2006 7 % of mothers smoking in pregnancy where status is known 2007/08 8 % of mothers initiating breast feeding where status is known 2007/08 9 % 5-16 year olds who spent at least 2 hours per week on high quality PE and school sport 2007/08 10 % of school children in reception year 2007/08 11 Average number of teeth per child age 5 which were actively decayed, filled or had been extracted 2005/06 12 Under-18 conception rate per 1,000 females (crude rate) 2005-2007 13 %. Modelled estimate from Health Survey for England 2003-2005 14 %. Modelled estimate from Health Survey for England 2003-2005 15 %. Modelled estimate from Health Survey for England 2003-2005 16 % aged 16+ 2007/08 17 %. Modelled estimate from Health Survey for England 2003-2005 18 % who self-assessed general health as 'not good' (directly age and sex standardised) 2001 19 Crude rate per 1,000 working age population 2007 20 Directly age and sex standardised rate per 100,000 population 2007/08 21 Crude rate per 1,000 population aged 15-64 2006/07 22 % of people on GP registers with a recorded diagnosis of diabetes 2007/08 23 Crude rate per 100,000 population 2004-2006 24 Directly age-standardised rate for emergency admission 2006/07 25 Ratio of excess winter deaths (observed winter deaths minus expected deaths based on non-winter deaths) to average non-winter deaths 1.08.04- 31.07.07 26 At birth, 2005-2007 27 At birth, 2005-2007 28 Rate per 1,000 live births 2005-2007 29 Per 100,000 population age 35+, directly age standardised rate 2005-2007 30 Directly age standardised rate per 100,000 population under 75 2005-2007 31 Directly age standardised rate per 100,000 population under 75 2005-2007 32 Rate per 100,000 population 2005-2007

More information is available in The Indicator Guide: [www.healthprofiles.info](http://www.healthprofiles.info) For information on your area contact your regional PHO: [www.apho.org.uk](http://www.apho.org.uk)

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