

The Kirklees Joint Strategic Assessment (KJSA) provides our local picture of health and wellbeing

What are the big issues?

How do we tackle them?

This informs the Health and Wellbeing Plan...

...and influences the 7 Kirklees outcomes

Health and Wellbeing Plan

HEADLINE SHARED PRIORITIES

- 1 | Create communities where people can start well, live well and age well
- 2 | Create integrated person-centred support for the most complex individuals
- 3 | Develop our people to deliver the priorities and foster resilience
- 4 | Develop our estate to deliver high quality services which serve the needs of local communities
- 5 | Harness digital solutions to make the lives of people easier

Kirklees 7 Outcomes



Children have the best start in life

best start



People have aspiration and achieve their ambitions through education, training, employment and lifelong learning

achieve



People live independently and have control over their lives

independent



People are as well as possible for as long as possible

well



People live in cohesive communities, feel safe and are safe/protected from harm

safe



People experience a high quality, clean, and green environment

green



Kirklees has sustainable economic growth and provides good employment for and with communities and businesses

economy

Wider determinants of health

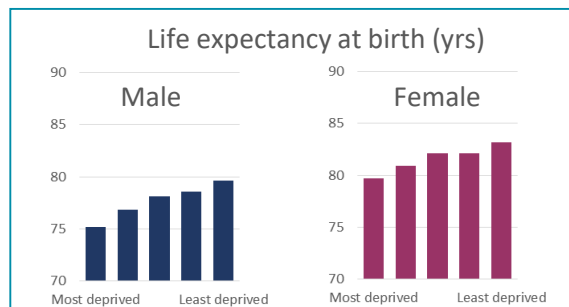
As little as
10% of a population's **health and wellbeing** is linked to access to health care

Wider determinants are a diverse range of **social, economic and environmental factors** which impact on people's health. Social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources.

We need to look at the bigger picture...



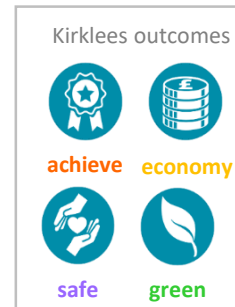
Socioeconomic Status: There is a clear social gradient for all health indicators, including life expectancy



Physical Environment: Our local environment impacts directly on our health – from adverse weather conditions to exposure to air pollution, access to green spaces and safe spaces to walk and cycle, and the housing and neighbourhoods we live in

Education: There is a strong correlation between children's socioeconomic environment and educational attainment, which in turn is linked to better health outcomes. It can determine future employment and income, which can also determine an individual's overall health outcomes.






Social Environment: Support from family, friends and the local community helps prevent isolation and loneliness, contributing to good mental wellbeing and therefore improving overall health



Impact of wider determinants

Those living in the **most deprived areas** are **4 X more likely** to say their **health is bad/very bad** compared to those living in the least deprived areas

Those living in most **deprived** areas:

- Less likely to regularly use green spaces 
- More likely to be **overweight/obese** (adults and children) 
- More likely to worry about money 
- More likely to feel **lonely/isolated** 
- Less likely to feel **confident managing their health** 

Those with **lowest household income** (under £20k):

- 2 X** more likely to smoke 

Those in **social rented** housing **more likely** to have...

- Mental health issues
- Respiratory issues
- Fallen and hurt themselves in the last year

Those living in the **least deprived areas** are **more likely** to have **higher educational attainment**, be **employed** and have **higher incomes**, and **experience a range of better health outcomes** compared to those in the most deprived areas

People with higher **education** levels:

- More likely to feel **confident managing their health**
- More likely to report **good/very good health**
- Less likely to have a **long-term condition**

Kirklees outcomes



well



independent

Those in **employment**:

- More likely to eat **5+ portions** of fruit/veg per day





safe



green

PLACE & HEALTH



are intrinsically linked

Those dissatisfied with their local area are more likely to feel their home isn't suitable for their needs

& Those feeling their home isn't suitable for their needs are more likely to be dissatisfied with their local area

Those who are **satisfied** with their local area are...

more likely to report having good/very good health



less likely to feel lonely/isolated

1 in 20 DEATHS attributable to **AIR POLLUTION**



Good **spatial planning** is integral to creating **healthy environments**



Showcasing... Local Assets



A wealth of **countryside, green spaces** and parks...



...and **heritage sites** and historic and cultural venues



A highly rated **University**, high performing **educational establishments** and many third sector **lifelong learning** groups, networks and activities

Leisure centres which have over 3 million visits a year – **1 in 10 Kirklees citizens are members of KAL**



A thriving volunteer network

Community hubs bringing schools, families and local communities together to achieve shared outcomes



World-leading **engineering and manufacturing** companies

A **Premier League football** team, a **Super league rugby** team



and an active network of VCS sports groups and activities

Good road and rail connections and short commuting distances



Diversity

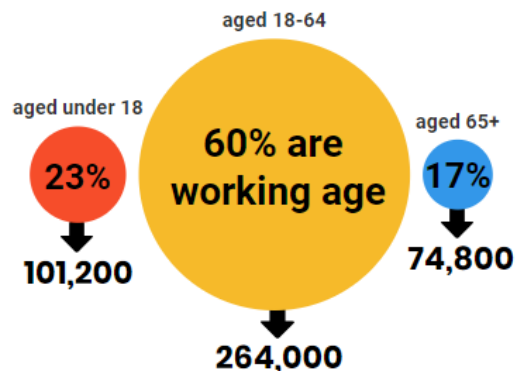
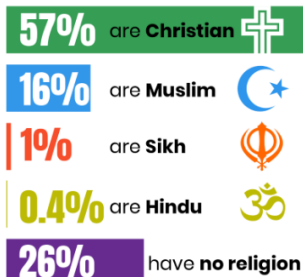
There are approximately **440,000** people in Kirklees. Of these...

Kirklees has a very **varied and diverse population**. Different demographic and socioeconomic groups in society can experience great **differences and inequalities in outcomes**.

This means that someone's chances of experiencing good outcomes is affected by their age, gender, ethnicity, whether they have a disability, etc.



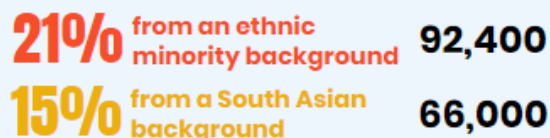
Around half the population are **female** and half are **male**
It is estimated that **0.6%** of the population are **transgender**



Kirklees ethnic groups



Diversity & inequalities example: ethnicity



People from **ethnic minority** backgrounds are **more likely to experience worse outcomes** than the overall population....

significantly lower average household incomes



more likely to experience fuel poverty

worse health outcomes and greater risk of certain diseases

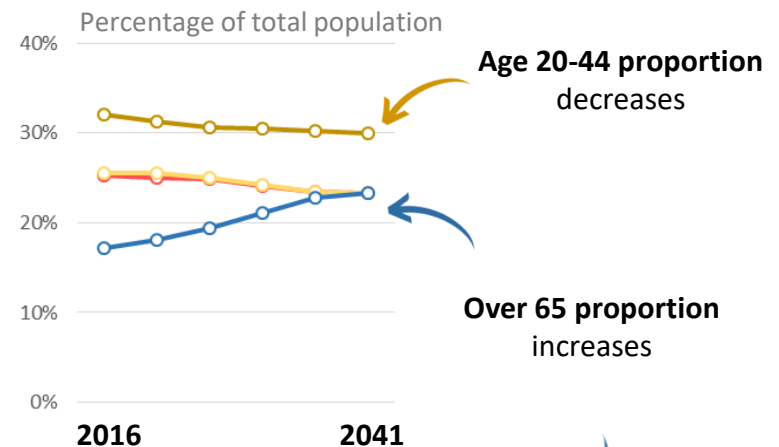
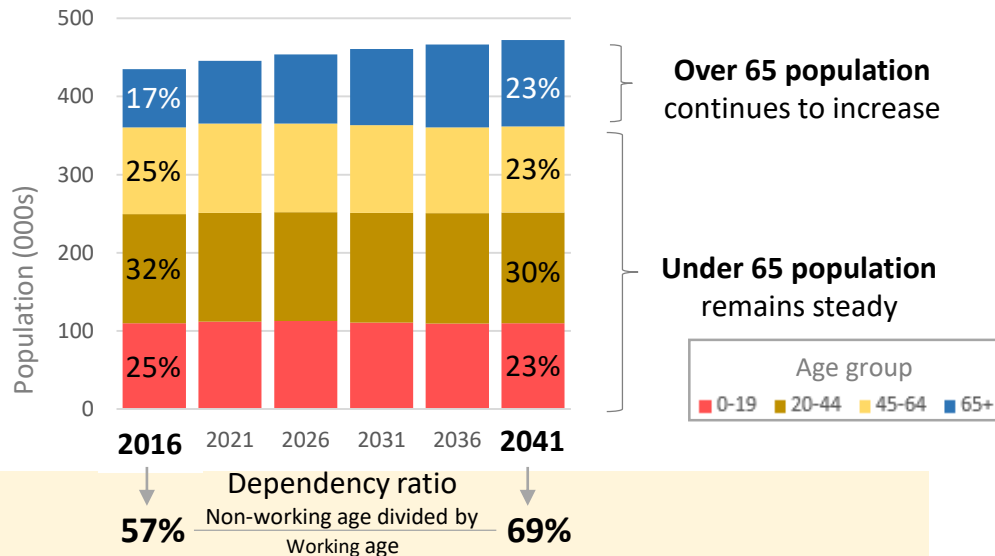


the prevalence of diabetes in people of South Asian ethnicity is twice that of people of White ethnicity

The changing population

The number of older people in Kirklees is predicted to rise...

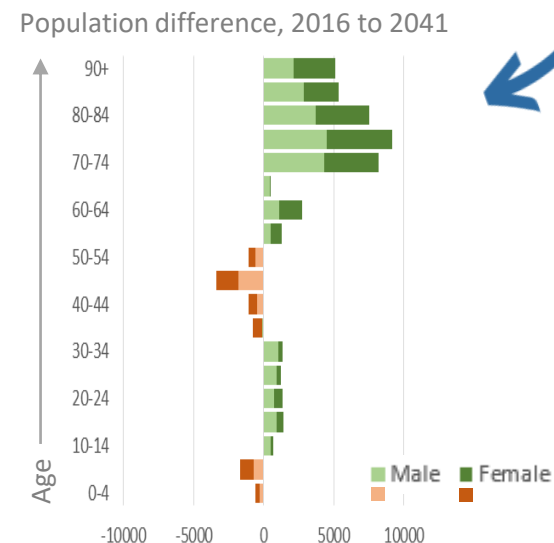
...and the proportion of working age people will decrease...



...leading to an increase in the dependency ratio

2016
100 PEOPLE OF
 NON-WORKING AGE
 SUPPORTED BY
175 PEOPLE OF
 WORKING AGE

2041
100 PEOPLE OF
 NON-WORKING AGE
 SUPPORTED BY
146 PEOPLE OF
 WORKING AGE



Ethnicity

Kirklees has an ethnically diverse population, and the ethnic profile continues to change

Language problems and cultural differences can affect people's health

23% of Kirklees births in 2017 were to non-UK-born mothers



White British
77% || **59%**
Total population | School children

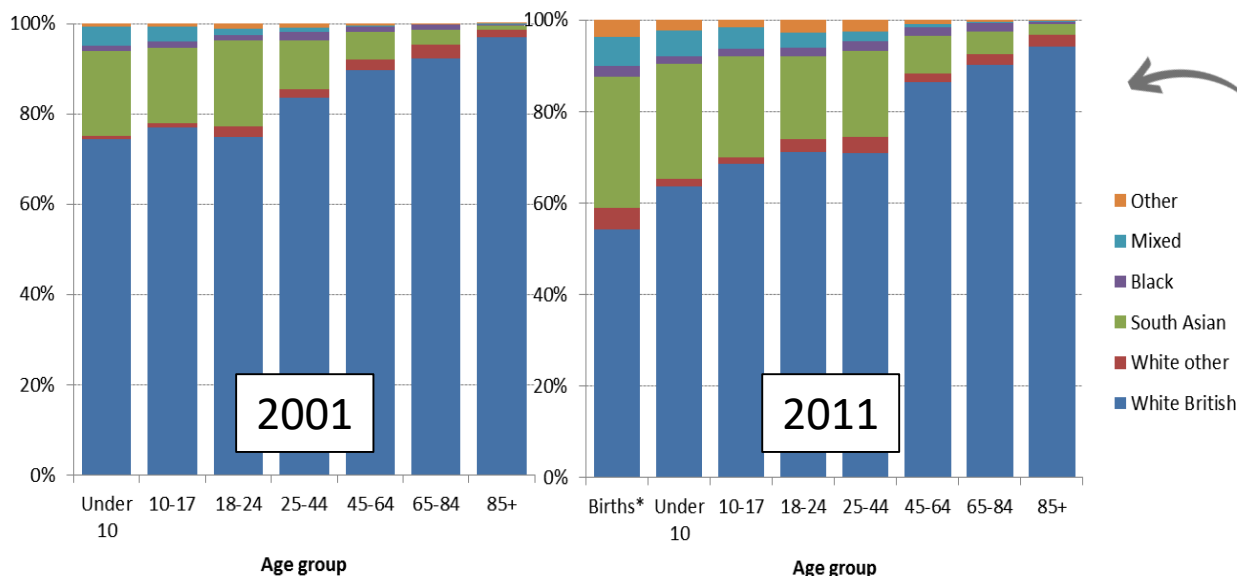
Pakistani
1 in 10 || **1 in 5**
People | Mothers of new babies

English is not the first language for
3 in 10 primary school pupils

Non-English spoken languages



Ethnicity by age group



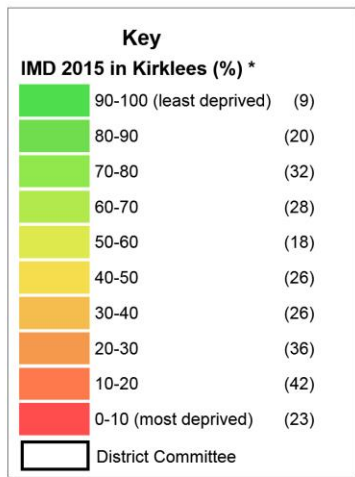
Between 2001 and 2011 the proportion of minority ethnicities has increased, particularly in the younger age groups

% of under 18s that are S Asian:
In 2001 | In 2011
19% | **24%**

* Birth ethnicity uses mother's ethnicity (births 2016/17)

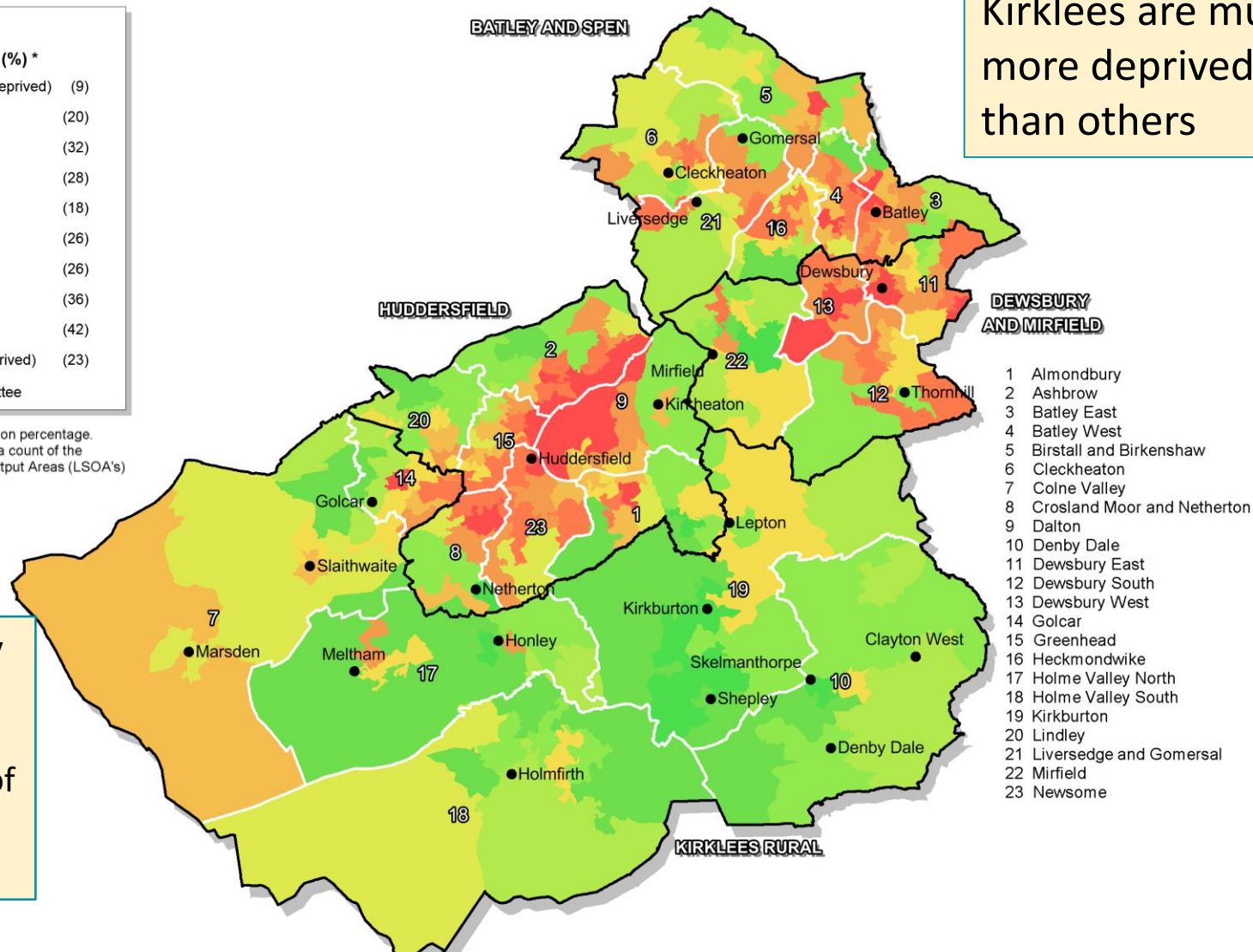
Understanding inequalities

Index of Multiple Deprivation 2015 (%) in Kirklees



* Index of multiple deprivation percentage.
The number in brackets is a count of the
number of Lower Super Output Areas (LSOA's)
in each band.

Some parts of
Kirklees are much
more deprived
than others



There are many
similarities
between the
urban centres of
Huddersfield
and Dewsbury

Inequalities in life and healthy life expectancy



Largest gap between overall life expectancy and number of years in good health

In some wards, people will spend on average more than **20 years** in poor health
& most people will spend part of their working life in poor health

Healthy life expectancy (HLE)

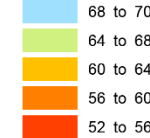
Kirklees
outcome



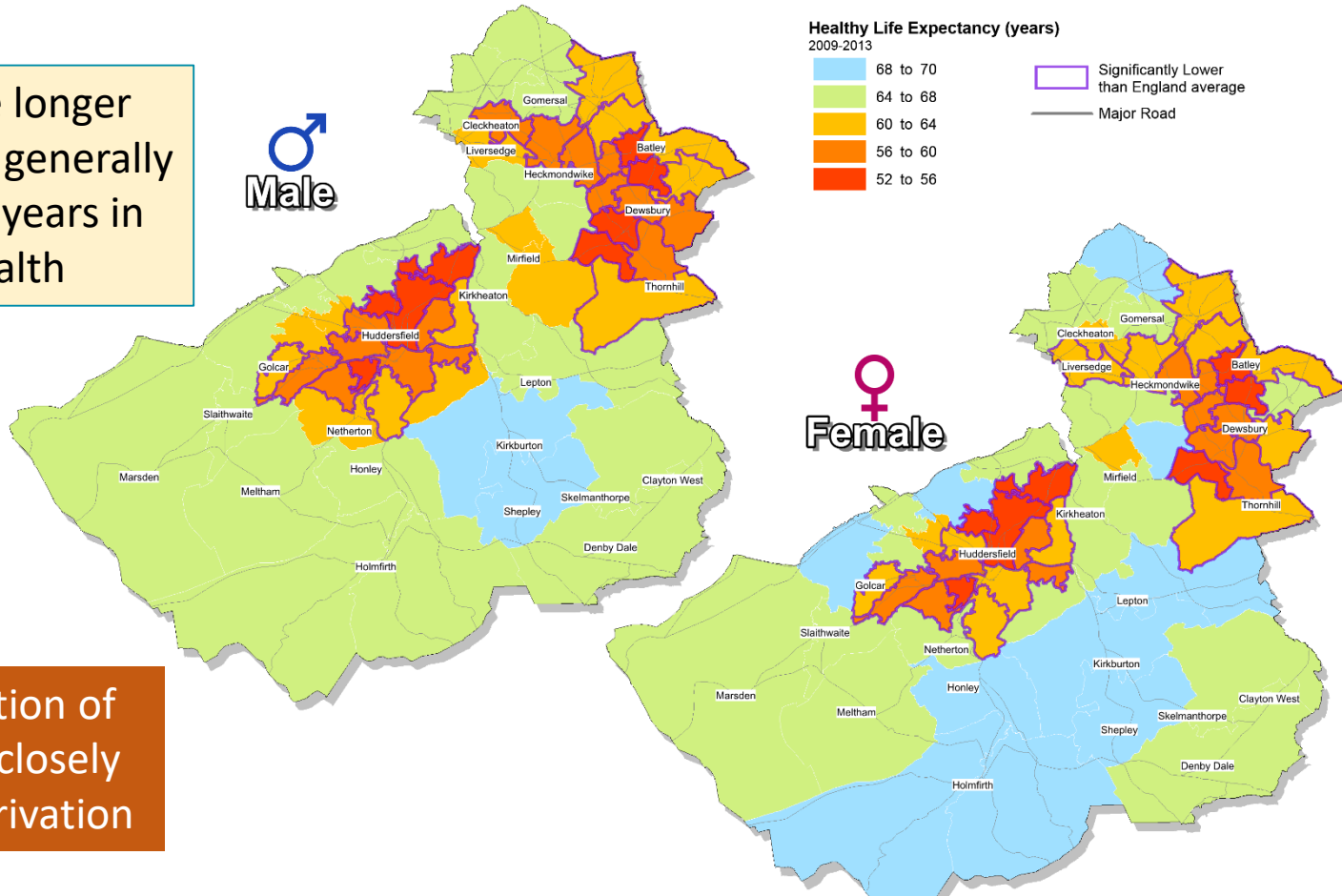
Women live longer
than men but generally
spend more years in
poor health

♂
Male

Healthy Life Expectancy (years)
2009-2013



Significantly Lower
than England average
Major Road



The distribution of
poor health closely
matches deprivation

Healthy Life Expectancy

Ward with
worst HLE:

Dewsbury W

55.0 56.3



Kirklees

59.4 61.6



Ward with
best HLE:

Kirkburton

68.6 69.1



Years

50

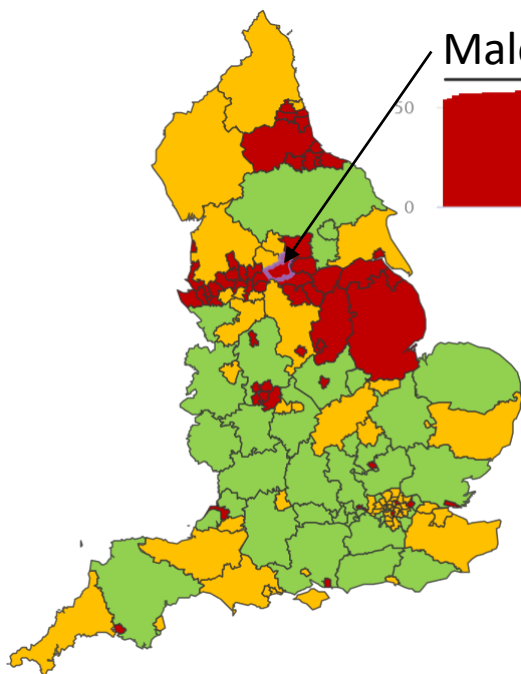
55

60

65

70

Healthy life expectancy in context



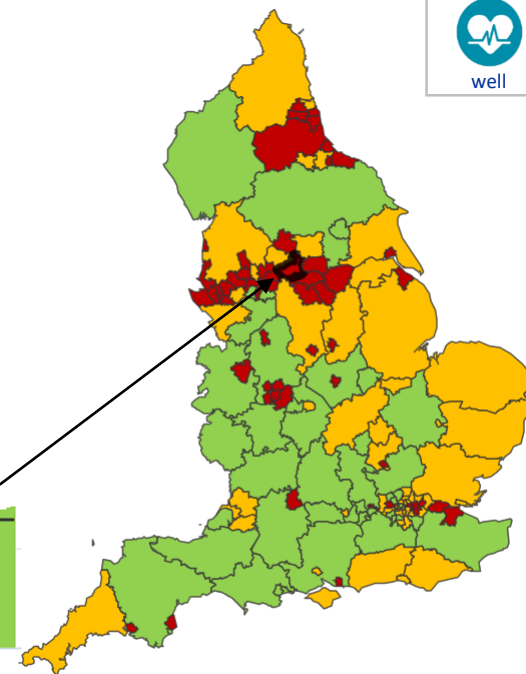
Male healthy life expectancy

Kirklees
61.6 Years
LCI: 60.0 Years
UCI: 63.3 Years
Rank: 61
England: 63.3 Years

Kirklees male and female HLE are both worse than the national average

Female healthy life expectancy

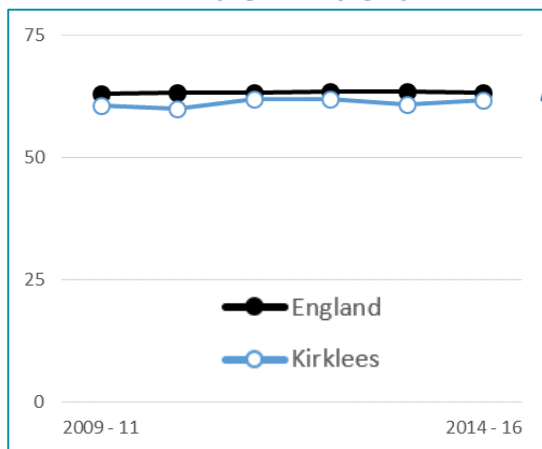
Kirklees
59.4 Years
LCI: 57.5 Years
UCI: 61.3 Years
Rank: 28
England: 63.9 Years



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Map data ©2018 GeoBasis-DE/BKG (©2009), Google, Inst. Geogr. Nacional

Male HLE trend

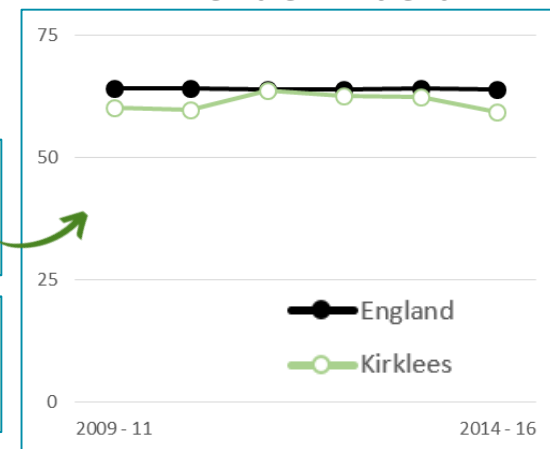


Male HLE consistent over time

Female HLE on a downward trend

Similar trend in Wakefield

Female HLE trend

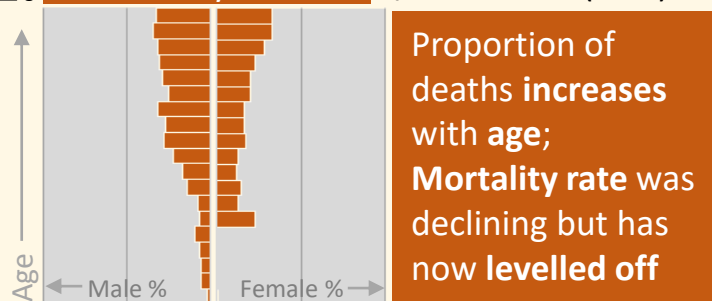


Causes of death

There are **4,234** deaths per year on average in Kirklees

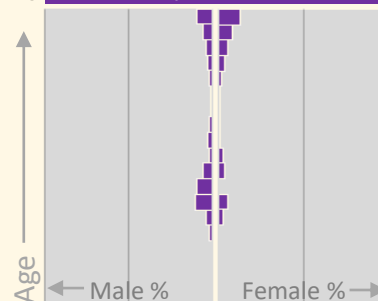
The **6** major causes of death in Kirklees

1. Circulatory disease 1,229 deaths (29%)



Trend: →

4. Mental/behavioural disorders 261 deaths (6%)

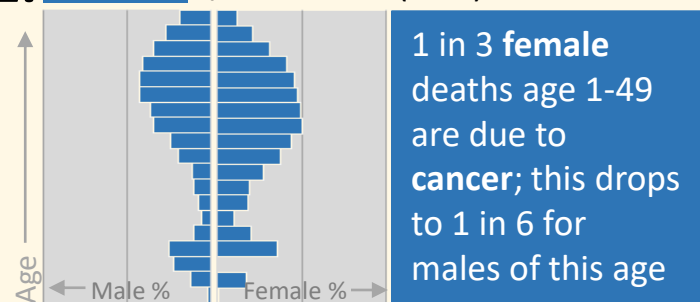


More likely in **men** aged **25-39** and people **over 80**



Trend: →

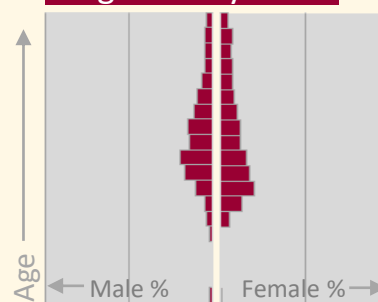
2. Cancer 1,117 deaths (26%)



"C"

Trend: →

5. Digestive system 254 deaths (6%)

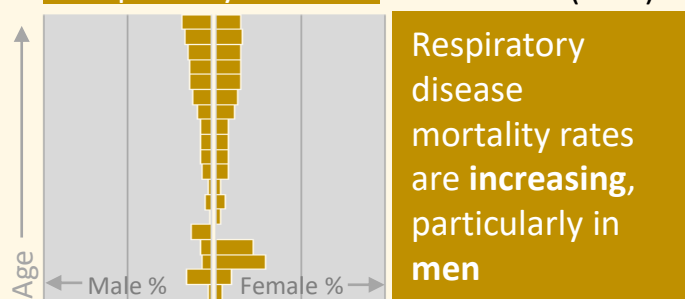


Mortality rates due to liver disease are **increasing**, particularly in **men**



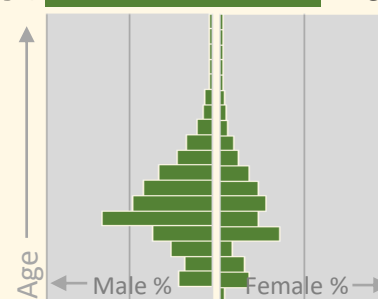
Trend: →

3. Respiratory disease 571 deaths (13%)



Trend: →

6. External causes 123 deaths (3%)



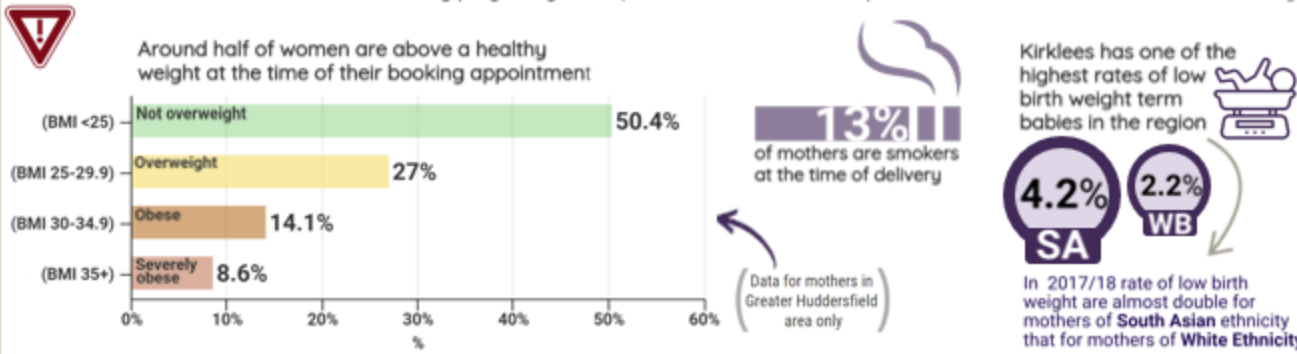
Young men are much more likely to die from **external causes** (e.g. accident, assault, suicide)



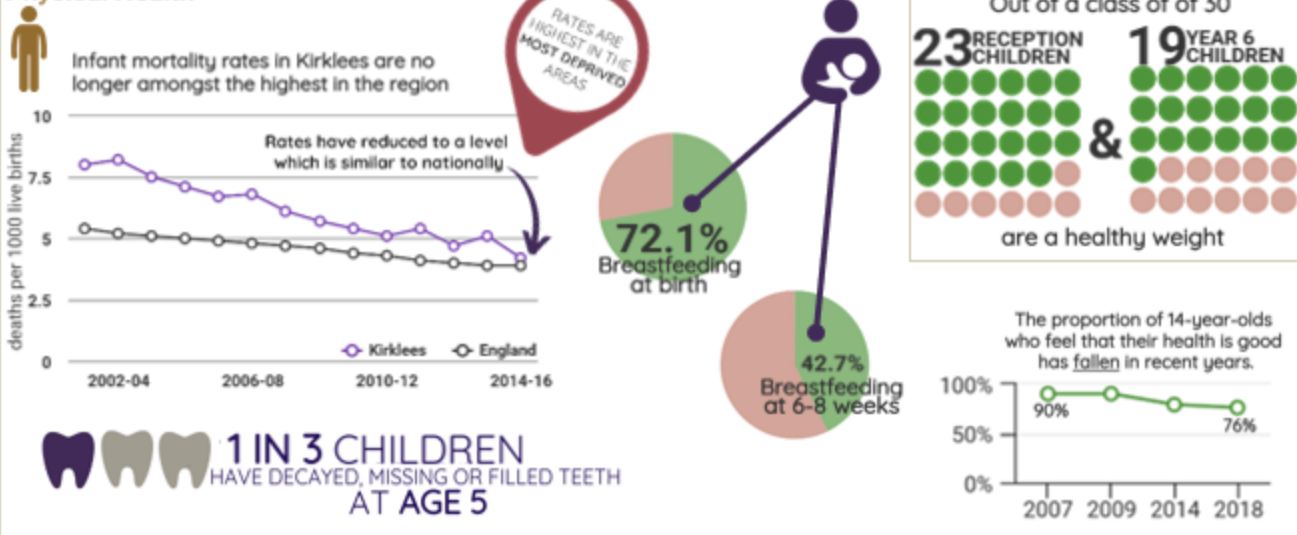
Trend: →

Starting well

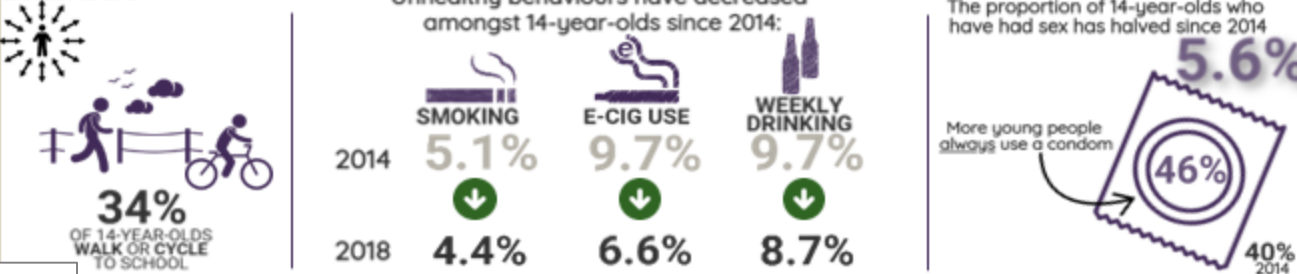
Risk Factors Good health before and during pregnancy are important to ensure the best possible health outcomes for mother and baby



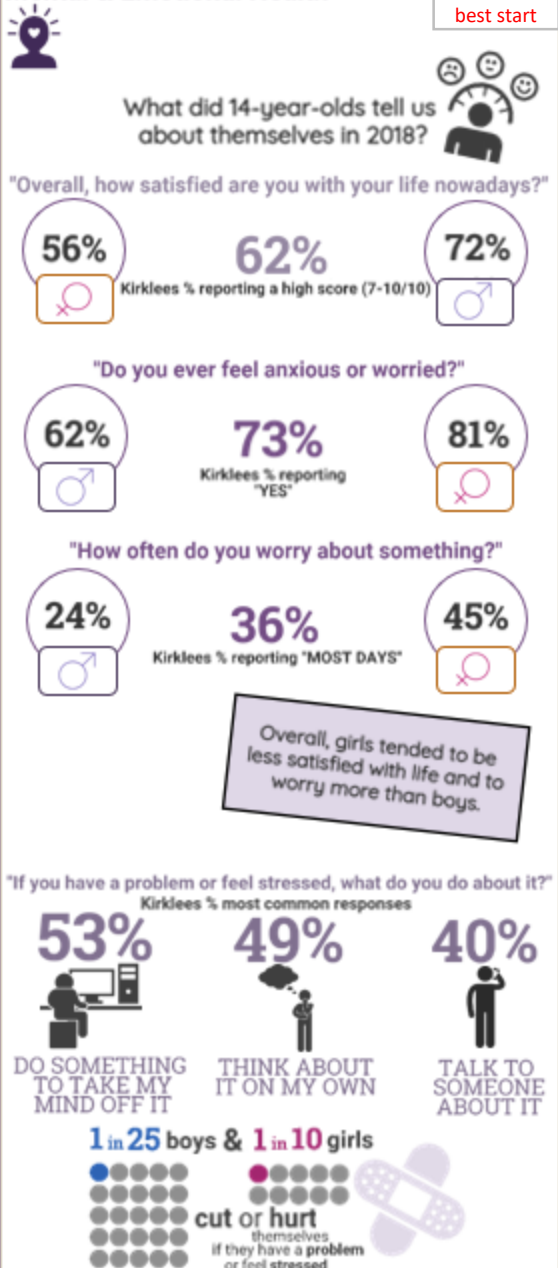
Physical Health



Behaviours

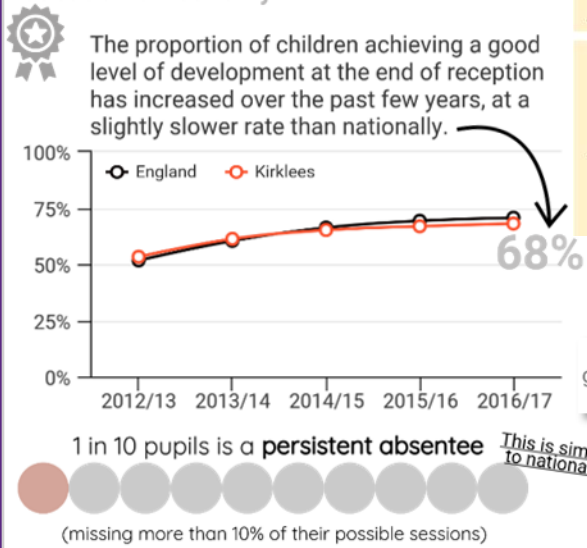


Mental & Emotional Health



Starting well: Wider factors

Education & Economy



Average Attainment 8 Scores

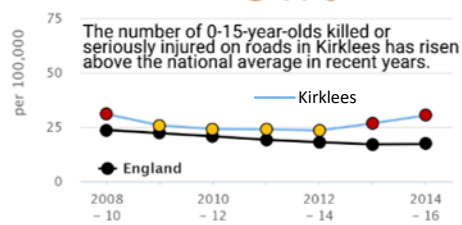
	Overall	Children receiving free school meals	Children in Care
KIRKLEES	45.3	34.7	26.3
YORKSHIRE & HUMBER	45.4	n/a	21.4
ENGLAND	44.6	35	34.2

Kirklees has the highest average Attainment 8 score for looked after children in the region

Career aspirations at age 14:

Something professional which requires a degree	49%
Something creative, artistic or sporting	24%
Don't know	11%
Something else	7%
Skilled tradesperson	5%
Still in education/training	3%
Raising a family/caring for a family member	1%

Environment & Community



Inequalities & Vulnerable Groups

We gained some insight into the lives of LGBT+ young people in Kirklees for the first time in 2018 through the Young People's Survey...



There were some significant differences between Young People overall and those who identified as being LGBT+

40%	WORRY most days	64%
5%	current SMOKER	17%
34%	BULLIED in last 6 months	57%
52%	feeling in GOOD HEALTH	76%
19.1	mean WELLBEING score	22.2
57%	have SOMEONE TO SPEAK TO at home	79%

Showcasing...



We carried out our Young People's Survey during June and July 2018. Over 2000 year 9 students took part and provided some valuable insight into...

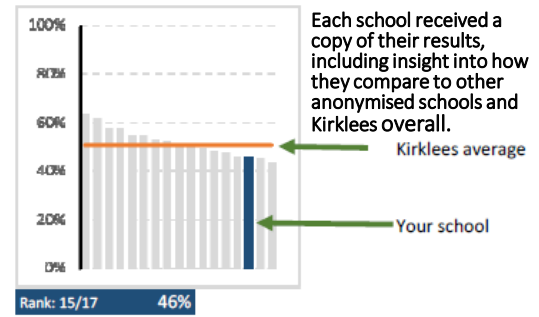


...amongst other things.

The survey helps to inform commissioning and service provision and increase our understanding of the behaviour and views of young people. We use this data to update the Kirklees Joint Strategic Assessment (KJSA) and monitor the achievement of outcomes.

Many of the local indicators relating to children in this Overview and throughout the KJSA come from our Young People's Survey

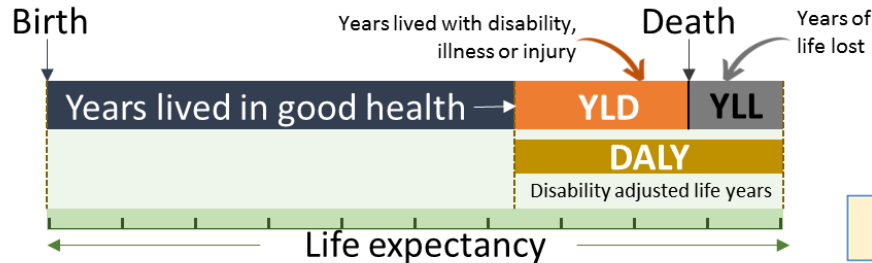
The last time a survey like this was carried out was in 2014. Some of the questions stayed the same to tell us whether things have changed and some questions were brand new.





Risk Factors

Health-related risk factors may increase years lived in poor health or lead to early death



Risk factors for Kirklees adults

Disability adjusted life years (DALY):

Age 15-49	Age 50-69
Alcohol & drug use	1. Tobacco
High BMI	2. Dietary risks
Tobacco	3. High BMI
Dietary risks	4. High blood pressure
Occupational risks	5. Alcohol & drug use

Highest risk factors for years lived with disability

Risk can be mitigated by making healthy choices the easy choices



Behaviours

Physical activity levels in Kirklees are much worse than England, and getting worse

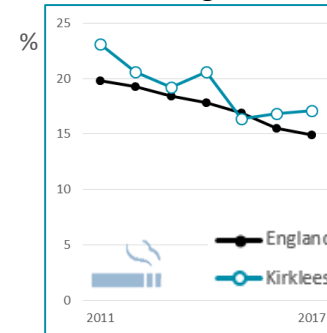
61% Kirklees
66% England

Multiple unhealthy behaviours (e.g. lack of exercise, poor diet, alcohol, smoking, drugs) more common in:



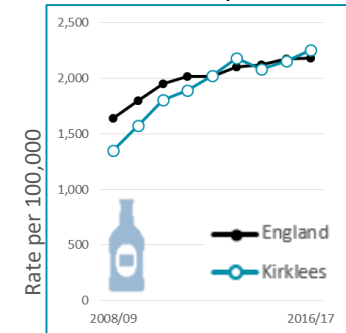
- Males
- Economically inactive (non-working adults)
- Those from more deprived areas

Smoking rates



Worse than England
Long-term downward trend

Alcohol-related hospital admissions



Significantly worse than England
Upward trend

Physical health outcomes

1 in 4 adults under 65 have 3 or more long-term health conditions (LTCs)

32,000 people aged 18-44

37,000 people aged 45-64

Co-morbidities increase with age

Most common LTCs (self-reported):

Age 18-44	Age 45-64
Mental health	1. Mental health
Recurring backache	2. Cardiovascular disease
Other long-term pain	3. Musculoskeletal



Levels of excess weight in adults are increasing



Living well: Mental health



Anxiety or depression affects



3 in 10

Kirklees adults



Rates are higher for younger adults
and those who are not physically active



2 in 3 adults
who never exercise have
a mental health condition



Levels of emotional wellbeing are lower for:

People in more deprived areas...
...and those that are socially isolated



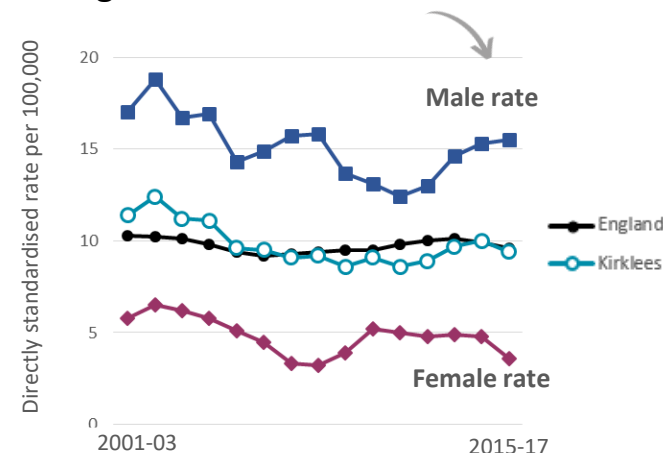
Levels of happiness are lower for
those with a long-term health condition



Showcasing...

Reducing suicide rates

Kirklees suicide rates have increased in recent years; rates are currently **four times higher** for males than for females



Showcasing... Mental Health Needs Assessment

Published in January 2018, to support commissioning of health and wellbeing services across Kirklees

Key findings:

- Promote mental wellbeing and prevention of poor mental health
- Integration across and between services
- Holistic treatment of the person
- Clear pathways and access
- Utilise third sector assets
- Reduce mental health stigma



Kirklees is working with **West Yorkshire Police** and health partners to pilot a 'real-time surveillance' scheme for suspected suicides. This will provide valuable insight to help reduce the risk of further suicides



**WEST YORKSHIRE
POLICE**



**University of
HUDDERSFIELD**

World-leading research at the **University of Huddersfield** is using predictive modelling to identify those at highest risk of suicide

Living well: Wider factors

Kirklees outcomes



Education & Economy



Median gross household income:

Kirklees: **£29,222** | England: £32,090



Ward range: £20,744 (Newsome) to £43,035 (Kirkburton)

8,475 unemployment benefits claimants (3.1% of working age people)

Around **30%** of working age people do some kind of volunteering



Kirklees has over **100** registered and **1000+** unregistered voluntary organisations



Around **20,602** people age 18-64 have a **moderate** physical disability | **6,063** are **severely** physically disabled
6,451 have a **learning** disability

Environment & Community



77% are satisfied with their local area as a place to live

94% have access to park/green space within a mile of their home **69%** use it at least once a month

88% Feel safe in their local area **65%**

67% own home outright or with mortgage/loan
16% private rented | 12% social rented from council

Showcasing... The Wellness Model

Kirklees Council and partners are commissioning and designing an Integrated Wellness model.

This approach will help adults build their capacity to maintain good health and be independent



Our Wellness Model takes a holistic, person-centred and community approach to improving health and wellbeing

We've collated and commissioned specific insight on health and wellbeing, including views on barriers, motivators and support

The model brings together individual health improvement services and resources into one integrated approach

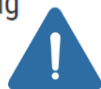
The first phase goes live in April 2019, with further elements phased in over the subsequent year



Inequalities & Vulnerable Groups

Working-age carers have:

- Lower emotional wellbeing
- Lower life satisfaction
- Poorer general health



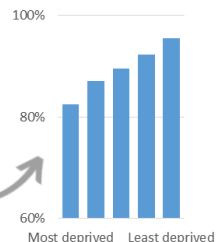
Adults with a disability are much more likely to:

- Have low life satisfaction
- Worry about money
- Have a household income below £10k

Diabetes and asthma rates are strongly correlated with deprivation

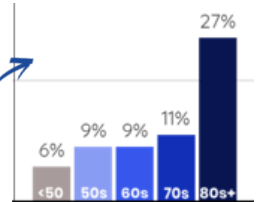


Confidence managing health increases as deprivation decreases



Ageing well

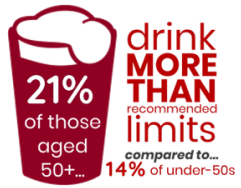
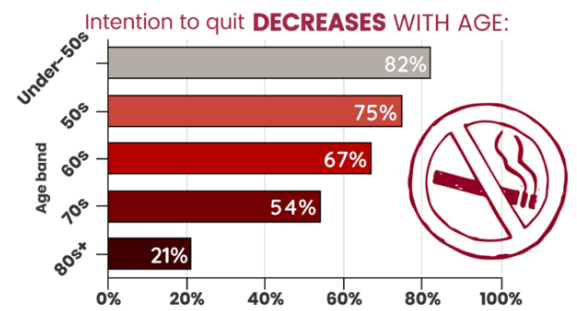
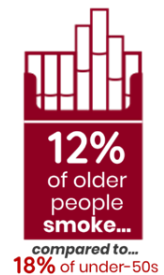
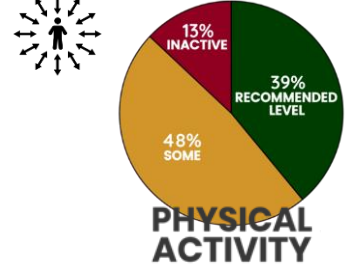
Risk Factors



Mobility problems are
more prevalent in older
people with a **higher BMI**

Those who use **mobility aids** are significantly **less likely**
to **feel safe** during the day than those who don't:

Behaviours




older people are **LIKELY**
to eat **5+** portions of
fruit and veg per day

Physical Health



Co-morbidities increase with age

Half of those age 65+
have cardiovascular disease 

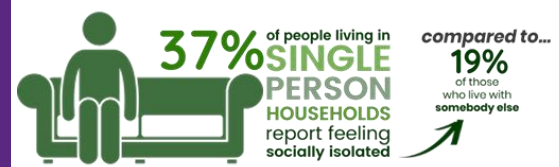


[LTC = Long-term Condition]

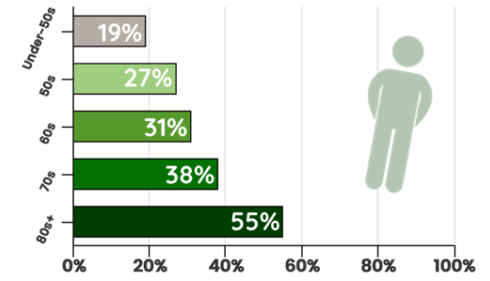
Mental & Emotional Health



Males and those who live in the
least deprived areas are less likely
to report a mental health condition



The proportion of people living alone **INCREASES** WITH AGE:



Ageing well: Wider factors

Kirklees outcomes



Education & Economy



Employment status is associated with how **CONFIDENT** older people feel about **managing** their **OWN HEALTH**

Employment in later life is positively associated with having a **sense of purpose** and **reduced feelings of isolation**.

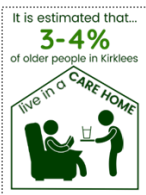
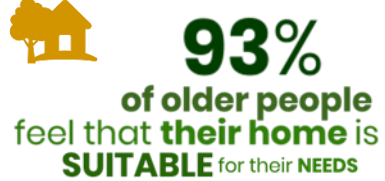
Older **employees** have a lower rate of **multiple long-term conditions** than those who are **unemployed, retired** or on **long-term sick**.



These skills can improve people's retirement savings and their work and health outcomes



Environment & Community



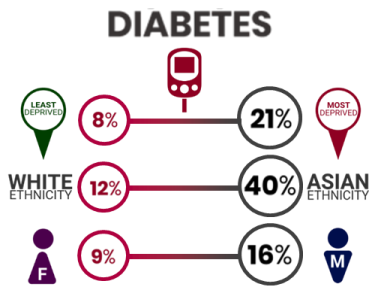
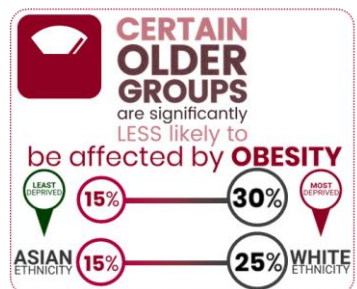
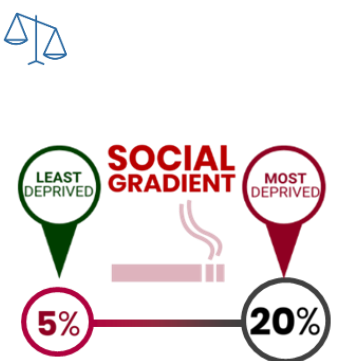
VOLUNTEERING in later life IS ASSOCIATED WITH HIGHER WELLBEING SCORES*:

THOSE LIVING IN THE **LEAST DEPRIVED AREAS** ARE **MOST** LIKELY TO FORMALLY VOLUNTEER

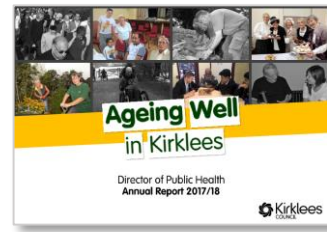


7 OUT OF 10 people across Kirklees feel that **PEOPLE OF DIFFERENT AGES GET ON WELL TOGETHER**

Inequalities & Vulnerable Groups



Showcasing...



Director of Public Health Annual Report 2017/18

This report describes effective ways to help people age as healthily as possible, by highlighting issues that can impact on health and wellbeing as people age, and things that can be done to tackle these more effectively. It takes an asset-based approach and specifically highlights...



Mental wellbeing: Reducing feelings of loneliness and isolation through, for example, intergenerational work; utilising 'mental health first aid' to help prevent depression



Intelligence-led commissioning: Better use of data and intelligence to improve outcomes; designing social care provision in equal partnership with service users



Working with people: Not 'doing to' or 'doing for' people; working together in communities to solve problems and making the most of opportunities



Equity: Inclusivity, avoiding age-based discrimination, mitigating the impact of sensory impairment; embedding the 'Carers Charter'

In summary: In Kirklees we have...

... some fantastic local strengths/ assets and unique features:

- + A culturally diverse population with large numbers of resilient, motivated and active citizens
- + A wealth of countryside, green spaces and heritage and cultural venues
- + High performing educational establishments and world-leading engineering/manufacturing companies
- + Good road and rail connections and short commuting distances to work
- + Top-flight sports teams and an active network of VCS sports groups and activities
- + Many networks of volunteers and carers contributing to improved health outcomes for individuals, groups and communities
- + A thriving network of community hubs
- + Amongst the lowest pupil absence rates and highest childhood vaccination rates in the region

... some key health and wellbeing challenges:

- Amongst the highest rates of low birth weight of term babies in the region
- Lower emotional wellbeing, and more negative coping mechanisms, amongst teenage girls (compared to boys)
- Increasing numbers of children and adults who are overweight/obese and physically inactive (one of the worst adult physical activity rates in the region)
- Large numbers of people with multiple risky behaviours, poor social support networks and low motivation levels
- Rising male suicide rates
- Increasing numbers of older people with complex health and social care needs
- An increasing dependency ratio
- Increasing inequalities in key health and wellbeing indicators and a recent decrease in female healthy life expectancy
- Low wages, low skill levels and a shortage of affordable housing
- Areas with poor air quality (linked to traffic congestion) which contributes significantly to poor health and premature deaths

So we need to...

... build on our strengths and assets to:

- ✓ Ensure changes are driven by community **assets** and strengths to achieve positive and sustainable outcomes for **people** and **places**
- ✓ Work **with** citizens to co-produce solutions rather than doing things 'to' or 'for' people
- ✓ Support **place-based** approaches to finding local solutions which build on community assets and what's already working well
- ✓ Work with all Kirklees **Partners** to improve health outcomes and embed '**Health in all Policies**'
- ✓ Work with Kirklees **Partners** to develop and implement '**whole system**' approaches to health and wellbeing (e.g. tackling obesity, developing an **integrated** Health & Social Care system)

... tackle our health and wellbeing challenges by:

- ✓ Prioritising the reduction of health **inequalities** through targeted interventions that reach **individuals** and **communities** most in need
- ✓ Ensuring access to decent **housing**, good **work** and safe and cohesive **neighbourhoods**
- ✓ Shifting activity from reaction to **prevention** and **early intervention** across the life course, with particular emphasis on the first 1000 days of a child's life
- ✓ Creating environments that enable healthy behaviours (making **healthy choices** the easy choices)
- ✓ Harnessing **technology** to promote **independence** and resilience across the life course
- ✓ Focusing on achieving shared **outcomes** and monitoring what **difference** we are making rather than how much we are doing

Data sources: Slides 1-12

Slide	Description	Source
2	Proportion of wellbeing linked to health care access Life expectancy by deprivation quintile	McGovern L, Miller G, Hughes-Cromwick P. Health Policy Brief: The relative contribution of multiple determinants to health outcomes. Health Affairs. 21 August 2014 Mortality from Primary Care Mortality Database, 2015-17; Population from ONS mid-year estimate (2016); Index of Multiple Deprivation 2015
3	Wider determinants	Current Living in Kirklees (CLiK) adult population survey (2016)
4	Satisfied with local area/home Deaths attributable to air pollution KAL membership	CLiK 2016 DEFRA/Air Pollution and Climate Change Group Public Health England, 2018 Kirklees Active Leisure, November 2018
5	Demographics Inequalities	ONS: Census 2011, 2017 mid-year population estimates, sexual identity report 2016 (available here); Gender Identity Research and Education Society report 2009 (available here); DfE pupil characteristics from school census January 2016 (available here) CLiK 2016
6	Actual population (2016) Projected population (2021-2041)	ONS mid-year population estimates 2016 ONS projections (2016 base)
7	Population ethnicity Mother of new baby ethnicity Mother's country of birth School children ethnicity, non-English first language Non-English spoken languages	ONS, Census (2001, 2011) Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2017/18) ONS live births 2017 (available here) DfE school census (Jan 2018) Information from Kirklees Council Community Languages Service (interpreter requests 2017/18)
8	Index of Multiple Deprivation 2015	Department for Communities and Local Government
9	Ward-level life expectancy Ward-level healthy life expectancy	Mortality from Primary Care Mortality Database, 2015-17; Population from ONS mid-year estimate (2016) Data from ONS, 2009-13 (available here)
10	Healthy life expectancy	Data from ONS (2009-13) by Middle Layer Super Output Area (via localhealth.org)
11	Male and female Kirklees-level healthy life expectancy	Data from ONS 2014-16 (via Public Health Outcomes Framework)
12	Mortality rates, causes of death	Primary Care Mortality Database (2008-2017)

Data sources: Slides 13-20

Slide	Description	Source
13	Healthy weight at booking Smoking status at time of delivery, low birth weights Infant mortality rates Decayed, missing or filled teeth (5-year-olds) Breastfeeding at birth Breastfeeding at 6-8 weeks Healthy weight Reception and Year 6 children Indicators for 14-year-olds	Calderdale & Huddersfield Foundation Trust, Kirklees wards (2017/18) Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2017/18) ONS, taken from Public Health Outcomes Framework National Dental Epidemiology Programme for England: oral health survey of 5-year-old children 2016/17 Calderdale & Huddersfield Foundation Trust, Mid-Yorkshire Health Trust (2017/18) Calderdale & Greater Huddersfield Child Health; Locala Child Health (2017/18) National Child Measurement Programme (2017/18) Kirklees Young People's Survey 2018
14	Good level of development at end of Reception Persistent absenteeism Attainment 8 scores Children in out-of-work families Indicators for 14-year-olds Children killed or seriously injured on roads	Department for Education (DfE), EYFS Profile: EYFS Profile statistical series Kirklees Council, Department for Children, Schools and Families (DCSF), 2016/17 Overall and FSM: Kirklees Council, Department for Children, Schools and Families (DCSF), 2016/17 Children in care: Department for Education, 2016/17 Department for Work and Pensions, 2016 Kirklees Young People's Survey 2018 Department for Transport (DfT), Road accidents and safety statistics (via PHE Public Health Profiles)
15	Risk factors Smoking rates Alcohol hospital admissions Physical activity levels and excess weight prevalence Multiple unhealthy behaviours, LTCs/health outcomes	Global burden of disease study 2017, Institute for Health Metrics and Evaluation (available here) Annual Population Survey (via PHE Public Health Profiles for Kirklees) Hospital admissions partly attributable to alcohol (broad definition, directly standardised rate per 100,000 population) calculated by PHE (via Local Alcohol Profiles for England) Active Lives Survey, Sport England, 2016/17 (via PHE Public Health Profiles for Kirklees) CLiK 2016
16	Anxiety/depression, emotional wellbeing, happiness Suicide rates	CLiK 2016; Kirklees Mental Health and Wellbeing Needs Assessment ONS (via PHE Public Health Profiles for Kirklees)
17	Median gross household income Unemployment benefits claimants Volunteering, local area indicators, inequalities Numbers of people with disabilities Tenancy	CACI Ltd (Paycheck model) 2018, taken from Kirklees Observatory Jobseekers Allowance and out of work Universal Credit claimants (% of all working age people) September 2018, taken from Kirklees Observatory CLiK 2016 Projecting Adult Needs and Service Information System (PANSI, www.pansi.org.uk), 2017 ONS, Census 2011
18	Frailty All other figures	NHS England. Older people living with frailty [Internet]. [cited 2018 Jul 6]. Available here CLiK 2016
19	Proportion living in care home All other figures	Kirklees Director of Public Health Annual Report 2017/18 CLiK 2016
20	Pupil absence rates Childhood vaccination rates	Public Health Outcomes Framework, 2016/17 Public Health Outcomes Framework, 2017/18