

# CHAPTER 5—IMPROVING HEALTH & A SENSE OF WELL-BEING

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## Included in this section

- Reducing health inequalities and promoting healthier living
- Reduce the harm caused by drugs and alcohol
- Empowering and supporting carers
- Improving the quality of and access to services for those in excluded communities
- Reducing obesity
- Tackling the causes and consequences of neglect of children

## Further reading

- Choosing Health: Making Healthier Choices Easier, White Paper 2004
- Our Health, Our Care, Our Say, White Paper 2006
- Changing Lives 2006
- Ageing with Opportunity 2007
- Investing for Health 2007-12
- Children and Young Persons Plan 2008
- Staffordshire Adult's Joint Strategic Needs Assessment 2008
- Staffordshire Children and Young People's Joint Strategic Needs Assessment 2009

## Future reading

- Staffordshire Adult's Joint Strategic Needs Assessment 2009

## Key Findings

- Circulatory diseases make up 34% of all deaths in Staffordshire and 27% of premature deaths (i.e. those occurring before the age of 75).
- The infant mortality rate in Staffordshire for 2005-07 is 5.8 per 1000 live births.
- Synthetic estimates suggest that there are around 150,600 adult smokers in Staffordshire. Access rates to cessation services in Staffordshire are lower than the national average. In 2007/08 61.1% of smokers in Staffordshire accessed smoking cessation services compared to 68.3% nationally.
- Diagnoses of Sexually Transmitted Diseases (STIs) have increased from 7,748 in 2002 to 10,859 in 2006, a 40% increase and workloads have increased from 8,342 to 23,790.
- There are 30 teenage conception hotspot wards (in the highest 20% nationally) in Staffordshire.
- During 2008/09 there were 1,715 problematic drug users (PDUs) in effective treatment in Staffordshire. Heroin is the most prevalent main presenting substance of those in effective treatment, with 77% of PDUs using this class A drug.
- According to the Census 2001, we depend on about 90,000 carers in Staffordshire and it is estimated that they contribute well over £1,000 millions worth of care.
- Obesity is a major public health issue. In 2007/08, 9.5% of reception year children and 19% of Year 6 pupils were obese. Estimates for 2003-05 put the adult obesity rate at over 27%.
- In Staffordshire between 2007/08 and 2008/09, there was a 40% increase in the numbers of children who became the subject of a Child Protection Plan on the grounds of neglect.
- Over 13,500 children and young people in Staffordshire are estimated to be suffering from a mental health disorder.

## 5.1 Reducing health inequalities and promoting healthier living

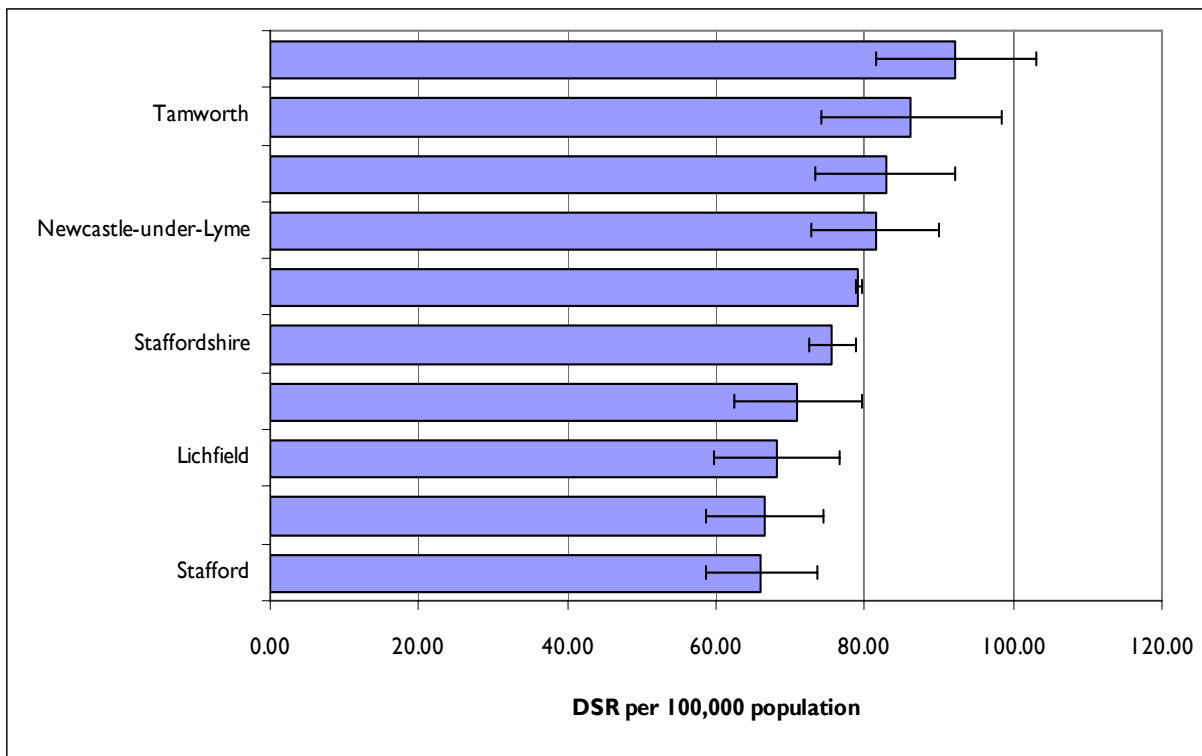
### **Mortality rate from all circulatory diseases**

In 2005-07, circulatory diseases made up 34% of all deaths in Staffordshire and 27% of premature deaths (i.e. those occurring before the age of 75).

Overall in Staffordshire premature mortality rates from circulatory diseases are lower than the national average but remain significantly high in Cannock Chase.

Coronary heart disease makes up 18% of all deaths and 16% of premature deaths in Staffordshire. Strokes makes up 11% of all deaths and 6% of premature deaths.

**Figure 5.1—Premature Mortality Rates from Circulatory Diseases for Local Authorities in Staffordshire 2005-07**



Source: National Centre for Health Outcomes Development (NCHOD)

### **Infant mortality**

Infant mortality refers to all deaths in children under 1 year old. Over the last eight years (1998-2000 to 2005-07) there has been no significant change in the infant mortality rate for Staffordshire. The 2005-07 rate for Staffordshire is 5.8 per 1,000 live births, which is not statistically different from the England rate (4.9). The rate for Staffordshire Moorlands (2.0) is significantly lower than the County rate; the rates for all other districts are similar to the County rate.

### **Physical activity**

Physical activity reduces the risk of cardiovascular disease, some cancers and diabetes. Physical activity can improve musculoskeletal conditions such as osteoarthritis and low back pain, osteoporosis and falls, control body weight and help reduce obesity, reduce symptoms of depression and anxiety and improve general mental wellbeing.

Opportunities for people to be physically active exist in their day-to-day lives: at work (especially if the job involves manual labour); transport (for example, walking or cycling to work); at home (for example, housework or gardening); or in leisure time (for example, walking or participating in sports or recreational activities).

The Chief Medical Officer recommended that adults undertake 30 minutes of moderate intensity activity at least five times a week. During 2005/06 Sport England commissioned a survey of adults aged 16+ living in England (Active People Survey) and this survey was replicated in 2007/08. A total of 191,325 adults living in England took part in the second survey with approximately 500 people from each local authority area.

Results from this are available at local authority level and are shown in Figure 5.2. These figures show that for Staffordshire between 17.7% and 26.3% of men and 13.1% and 23.3% of women reported achieving the physical activity recommendations for adults. These figures are similar to the national average of 20.0% of men but slightly higher than the 13.2% of women.

When the variance from the first survey is examined it shows a mixed picture across Staffordshire. There is a fall in the percentage of people taking at least three sessions of physical activity in five out of the eight local authorities the highest reduction being in Tamworth, where the proportion of those taking at least three sessions has fallen by 3.5%. The biggest increase is in Newcastle-under-Lyme where the proportion has risen by 3.8%.

The proportion of children in Staffordshire accessing two hours of physical education and school sport in a typical week has increased from 72% in 2005/06 to 86% in 2007/08. The largest increase has been seen in Newcastle-under-Lyme, up from 49% of children in 2005/06 to 79% of children in 2007/08. However, Cannock Chase has seen a decrease. In 2007/08, 87% of children in Cannock Chase accessed two hours of physical education and school sport in a typical week, down from 92% in 2005/06.

### Smoking

Smoking is the leading cause of preventable disease and premature mortality. Smoking is a major factor in the development of heart disease and cancer and causes over 80% of deaths from lung cancer and chronic obstructive pulmonary disease. Smoking is also the key factor in health inequalities, for example the difference in death rates between rich and poorer populations. Literature suggests that almost 70% of all smokers want to quit smoking.

Synthetic estimates suggest that there are around 150,600 adult smokers in Staffordshire with the highest percentage of smokers in Tamworth. However, Staffordshire Moorlands, South Staffordshire and Stafford

**Figure 5.2—Percentage of the population who take at least three 30 minute sessions of moderate physical activity a week**



Source: Active People Survey, 2007/08 (Sport England)

local authority areas have significantly lower smoking prevalence than England.

Data on access to the smoking cessation services in Staffordshire shows the numbers of people setting a quit date per 1,000 estimated numbers of smokers in the population in 2007/08, this is illustrated in table 5.1. This data is at PCT level and shows that access rates are lower than the national average.

**Table 5.1—Access to smoking cessation services 2007/08**

	Estimated number of smokers	Estimated number accessing service	Access Rate	95% confidence interval	
				Lower Limit	Upper Limit
South Staffordshire PCT	112,021	6,820	60.9	59.5	62.3
North Staffordshire PCT	39,598	2,450	61.9	59.5	64.3
<b>Staffordshire County</b>	151,619	9,270	61.1	59.9	62.4
<b>England</b>	9,967,437	680,289	68.3	68.1	68.4

Source: Stop Smoking Services data extract, South Staffordshire PCT

National research suggests that almost a quarter of smokers are delaying their plans to give up smoking during the economic downturn<sup>1</sup>. 28% blamed concerns over their job security, feeding their family or paying household bills for them not being able to give up smoking successfully during the previous six months.

### **Sexual health**

Sexually Transmitted Diseases (STIs) have steadily been on the increase across the UK and Staffordshire. Data from genitourinary medicine (GUM) clinics shows that the number of diagnoses and workload has increased considerably between 2002 and 2006. All diagnoses have increased from 7,748 to 10,859, a 40% increase and workloads have increased from 8,342 to 23,790.

In young people, aged 16-24, there is no data available for Chlamydia prevalence and screening data is used as a proxy for this measure. Based on the current positive rate from the national screening programme, 10% of those screened will have a positive result. During 2008/09 15.4% of 15-24 years olds in Staffordshire were screened, similar to the England rate of 15.9%. Three districts had screening rates lower than the County rate: Tamworth (12.0%), Stafford (12.4%) and East Staffordshire (14.0%).

### **Under 18 conception rates**

The Government set the target to 'decrease by 50% the number of under 18 conceptions' from the baseline in 1998 by 2010. The national rate per thousand under 18 year old young women, in 1998 was 46.6. The rate in Staffordshire was below this at 43.2 conceptions per thousand females aged 15 to 18; however this average does not truly reflect the picture in the County. Certain districts were above this level, most notably Tamworth, Cannock Chase, Newcastle-under-Lyme and East Staffordshire, whilst other areas were below the County average, for example South Staffordshire.

There has been considerable work in the county over the past 10 years to address this issue, with varying success. Staffordshire County has increased conceptions, with a percentage change of 0.2% (whilst England has fallen by 8.5%), between 1998-00 and 2005-07.

<sup>1</sup> Source: BBC News Website, <http://news.bbc.co.uk/1/hi/health/8112222.stm>

**Table 5.1—Under 18 Conception rate by district**

Area of usual residence	1998-00		2001-03		2004-06		2005-07		% change in rate
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	98/00 - 05/07
<b>ENGLAND</b>	<b>119,036</b>	<b>45.0</b>	<b>117,364</b>	<b>42.5</b>	<b>118,567</b>	<b>41.2</b>	<b>119,272</b>	<b>41.2</b>	<b>-8.5%</b>
<b>WEST MIDLANDS</b>	<b>14,785</b>	<b>50.0</b>	<b>14,563</b>	<b>47.2</b>	<b>14,659</b>	<b>45.7</b>	<b>14,946</b>	<b>46.5</b>	<b>-7.0%</b>
<b>Staffordshire County</b>	<b>1,780</b>	<b>40.1</b>	<b>1,767</b>	<b>38.3</b>	<b>1,816</b>	<b>37.8</b>	<b>1,947</b>	<b>40.2</b>	<b>0.2%</b>
Cannock Chase	289	55.2	277	50.9	268	46.5	284	49.0	-11.2%
East Staffordshire	267	46.7	262	42.0	245	37.0	282	41.8	-10.5%
Lichfield	163	33.0	170	32.9	192	35.5	194	35.2	6.5%
Newcastle-under-Lyme	295	43.3	276	42.2	265	37.6	286	40.8	-5.8%
South Staffordshire	175	31.4	169	27.3	200	31.4	208	32.1	2.2%
Stafford	201	31.0	219	33.4	252	38.1	265	40.2	29.6%
Staffordshire Moorlands	169	33.4	141	27.3	149	27.8	187	34.8	4.2%
Tamworth	221	48.7	253	51.8	245	50.1	241	49.2	1.1%

Source: Teenage Pregnancy Unit

Rates in Tamworth, Stafford, Lichfield, South Staffordshire and Staffordshire Moorlands have all increased between 1998-00 and 2005-07. Rates in Cannock Chase, East Staffordshire and Newcastle-under-Lyme have all reduced over the same period. Examination of the data demonstrates that more targeted work needs to be developed in certain districts, with lessons learnt from those areas which have shown improvement.

The teenage conception rate is also available by ward and can help highlight hotspot areas that require major interventions to reduce the numbers and rate. Table 5.2 illustrates the top ten wards in Staffordshire with the highest rates of teenage conceptions in 2004-06. Of the ten wards, three are in Cannock Chase, two each in Tamworth and Newcastle-under-Lyme and one each in East Staffordshire, South Staffordshire and Stafford. 30 wards across Staffordshire have been identified as hotspot wards for teenage pregnancy (in the highest 20% nationally).

**Table 5.2—2004-06 Ward under 18 conception rate**

Ward name	Local authority	Number of conceptions	Conception rate	95% CI	
				Lower Limit	Upper Limit
Burton	East Staffordshire	16	127.0	72.6	206.2
Penkside	Stafford	26	87.8	57.4	128.7
Glascote	Tamworth	47	80.9	59.4	107.6
Hednesford North	Cannock Chase	30	80.2	54.1	114.5
Western Springs	Cannock Chase	27	74.4	49.0	108.2
Cannock North	Cannock Chase	33	72.4	49.8	101.6
Huntington and Hatherton	South Staffordshire	21	69.8	43.2	106.6
Butt Lane	Newcastle-under-Lyme	21	69.1	42.8	105.6
Clayton	Newcastle-under-Lyme	14	67.3	36.8	112.9
Castle	Tamworth	22	67.1	42.0	101.5

Source: Teenage Pregnancy Unit

## 5.2 Reduce the harm caused by drugs and alcohol

Reducing the harm caused by drugs and alcohol to individuals and communities is a key priority for the County of Staffordshire. The delivery plan for drugs users in effective treatment has a countywide focus and targets all drug users with a need for services, offenders in prisons and custody, prolific offenders, offenders on Drug Rehabilitation Requirements, young people at risk of using drugs (between the ages of 11 and 18 years) and their families, young people through education in schools and recreational drug users.

During 2008/09 there were 1,715 Problematic Drug Users (PDUs) in effective treatment in Staffordshire. This is a reduction of 21% (464 fewer clients) when compared with the number recorded at the end of the previous year. All districts across Staffordshire have recorded a decrease in PDUs, ranging from a reduction of 12% in Newcastle-under-Lyme to a 43% reduction in South Staffordshire.

Heroin is the most prevalent main presenting substance of those in effective treatment, with 77% of PDUs using this class A drug, followed by 'other opiates' used by 5.5% and Cannabis used by 5.3%. Despite an overall reduction in the number of PDUs in effective treatment during 2008/09, the number using Heroin as their main substance has increased by 4% (56 users). However, 'other opiates' has increased by 46% (37 users) and Cocaine use has increased by a third (19 users).

Almost a quarter of all PDUs in Staffordshire have a housing problem or no fixed abode, which is an increase of 3 percentage points when compared with the previous year. This may have been influenced by the recession, with drug users finding it increasingly difficult to fund both a drug habit and suitable accommodation. This figure differs across the County, with the largest increases recorded in South Staffordshire, Tamworth and Cannock Chase.

The latest data available for alcohol related hospital admissions (National Indicator 39) reveals that there were 12,254 admissions recorded in Staffordshire during 2007/08, which is a reduction of 5% (619 fewer admissions) when compared with the previous year. Figure 5.4 shows how the rate of admissions varies across Staffordshire's districts.

When measured relative to the resident population, the rate of alcohol related hospital admissions is highest in Cannock Chase, Newcastle and East Staffordshire. Alcohol related admissions recorded in these three districts made up over 40% of the total recorded across Staffordshire during 2007/08 and each of these districts recorded a rate that was above the Staffordshire average. Cannock Chase and Lichfield recorded the biggest rise in admissions, with an increase of 28% recorded in each of these districts since 2006/07.

**Figure 5.4 - Rate of alcohol-related hospital admissions per 100,000 population (EASR)<sup>2</sup>, by Local Authority District, 07/08**

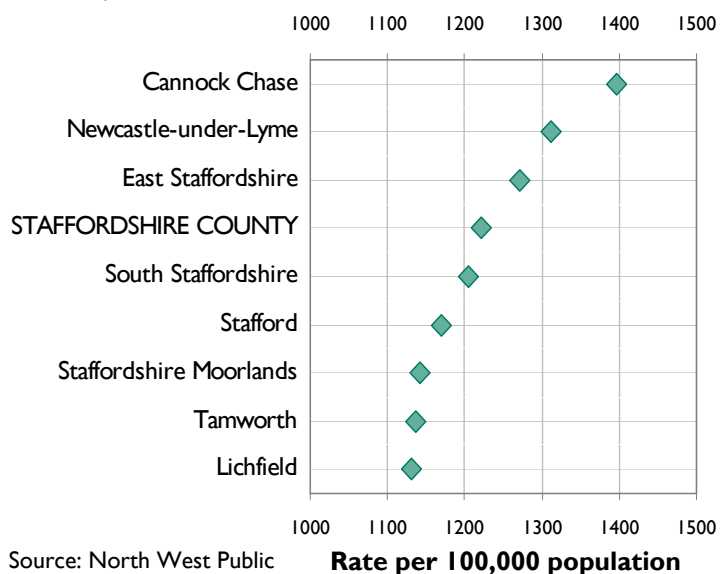
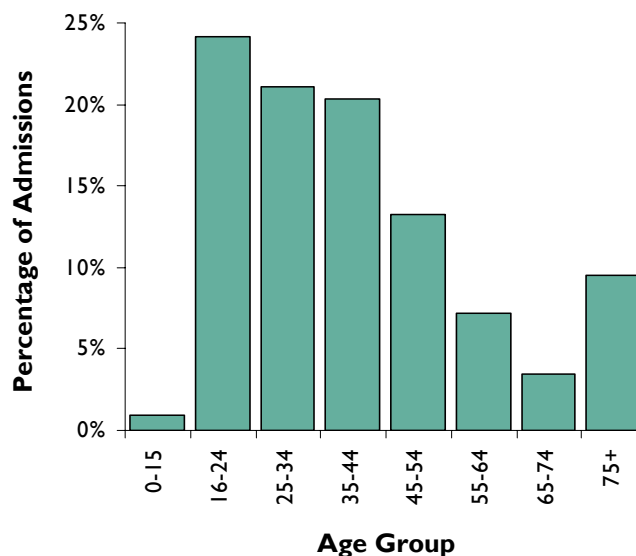


Figure 5.5 (on the next page) shows the age distribution of individuals admitted to hospital in Staffordshire for acute effects of alcohol

Source: North West Public Health Observatory

<sup>3</sup> Acute includes both alcohol-specific and alcohol-attributable conditions with acute effects of consumption (acute intoxication) and effects associated with long term heavy alcohol use (dependence syndrome, withdrawal state etc). Including: drowning, fall injuries, firearm injuries, assault, road accidents etc. Note that according to the NI39 definition, children aged under 16 are only counted for those conditions which are wholly attributable to alcohol. Consequently, nearly all relevant admissions for the 0-15 age group fall into the two categories of Mental and Behavioural, and Acute conditions.

**Figure 5.5 - Acute alcohol related hospital in Staffordshire 2006/07, by age**



Source: North West Public Health Observatory (NWPHO)

consumption<sup>3</sup> (assaults are included within the 'acute' category of admissions).

It is clear that the age group to record the highest number of admissions is those aged between 16 and 24 years, accounting for nearly a quarter of the total.

### 5.3 Empowering and supporting carers

According to the Census 2001, we depend on about 90,000 carers in Staffordshire and it is estimated that they contribute well over £1,000 millions worth of care. Demographic changes indicate that there will be, approximately, a 60% increase in the demand for support from carers over the next 35 years. However, if current patterns of caring remain the same, there could be a shortfall of about 33,000 carers in Staffordshire.

Caring can have a negative impact on health: in Staffordshire 13.4% of those caring for 20-49 hours per week reported they were not in good health and this rose to over one in five for those caring 50 hours or more per week. A survey by Carers Association South Staffordshire showed 43% of respondents reported that they suffered from depression.

Many carers struggle to combine paid employment with caring. In Staffordshire, 14,108 households had one carer working full time and 7,808 part time. National research using Census information shows that working carers with heavy caring responsibilities are two to three times more likely than workers without caring responsibilities to be in poor health.

Carers lose out financially. A Carers UK survey indicated that 3 out of 4 carers are worse off as a result of caring. Over half had given up work to care. Half end up subsidising the costs of disability of the person they care for. On average, carers retire eight years early, losing income and pension contributions.

### 5.4 Improving the quality of and access to services for those in excluded communities

Our Health, Our Care, Our Say advocated work in different ways, based on the principles of promoting independence, well being, choice and inclusion. The Local Authority Circular, "Transforming Social Care", states that social services should emphasise enablement and early

intervention to maintain independence and reduce the need for crisis intervention. This change in direction requires a strategic shift in the way social care is delivered. The Changing Lives programme aims to transform Staffordshire's service delivery in line with these principles.

A National CSIP survey in 2005 showed that 11% of people with learning disabilities accessed some kind of paid work (minimum of 16 hours per week) whilst that figure is below 1% in Staffordshire.

A more recent Government survey indicated that across all working age groups 24% of vulnerable adults now access some kind of paid work. Again in Staffordshire the figure is much lower.

### 5.5 Reducing obesity

Obesity has been recognised as one of the major public health issues of our time in England. In response to this the Government developed a Public Service Agreement (PSA) target to 'halt the year-on-year rise in obesity among children aged under 11 by 2010'. North and South Staffordshire PCTs complete the measurements in line with the PSA guidance.

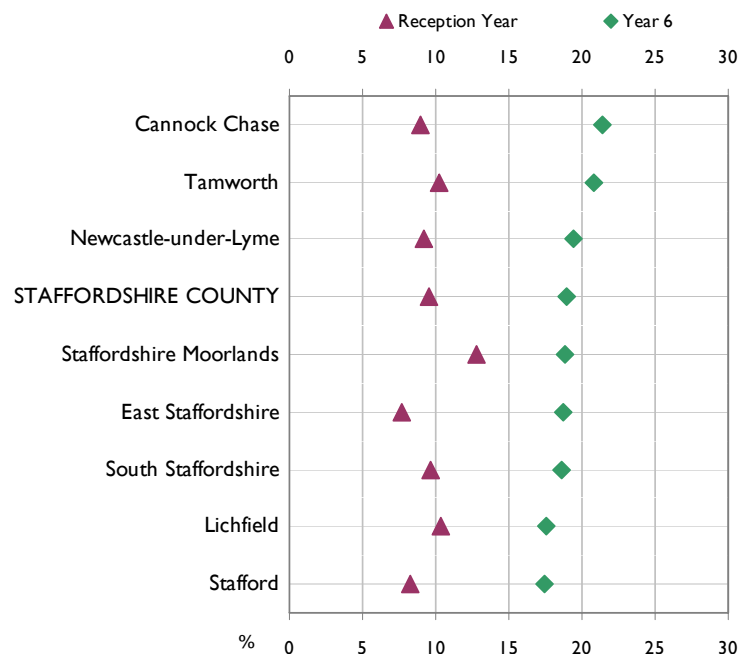
For childhood obesity, height and weight data is collected in schools and converted into a Body Mass Index (BMI) score, which, if high enough, can be allocated into either the overweight or obese category. This proportion is then measured as a percentage of the total school population for the selected years.

In 2007/08, the prevalence of obesity in reception year in Staffordshire (9.5%) was very similar to the national average (9.6%) and in Year 6 the Staffordshire rate (19.0%) was just above the national comparator (18.3%) for obesity.

**Figure 5.6—Prevalence of obesity in Reception Year and Year 6 by district 2007/08**

Figure 5.6 illustrates the prevalence of childhood obesity in Staffordshire by district. Staffordshire Moorlands has the highest rate of obesity at reception age (12.8%), whereas Cannock Chase has the highest rate of obesity at Year 6 (21.4%). Lichfield has high levels of obesity at reception age (10.3%) but has one of the lowest rates for obesity at Year 6 (17.6%).

In adults, levels of obesity are increasing and projections show that 30% of men and women will be obese by 2010. The main reason for this is a combination of increased sedentary lifestyles and changes in diet and eating patterns. Synthetic estimates for Staffordshire put obesity rates at 27.4% for 2003-05.



Source: The Health and Social Care Information Centre, 2007/08

Healthy eating is an important element of staying free from ill health in later life and maintaining a healthy weight. The proportion of people eating five or more portions of fruit and vegetables a day is estimated at 23.8% across Staffordshire (2003-05), with variations across the districts, from 19.9% in Cannock Chase and 27.2% in Stafford.

## 5.6 Tackling the causes and consequences of neglect of children

Neglect is a key priority for Central and Local Government as it is recognised that the effects of neglect are life-long. Staffordshire has seen a year-on-year increase in the numbers of children who became the subject of a Child Protection Plan on the grounds of neglect which indicates that the County needs to tackle the causes of neglect and impact on the long-term outcomes.

In Staffordshire between 2007/08 and 2008/09, there was an 40% increase in the numbers of children who became the subject of a Child Protection Plan on the grounds of neglect. In 2008/09, neglect was the most common reason for a child to become subject of a Child Protection Plan (47%), up from 41% in 2007/08.

The percentage of referrals to children's social care going on to initial assessment is closely linked to the issue of thresholds for referral and appropriateness of interventions at an early stage. The implementation of the Common Assessment Framework (CAF) over the next three years should lead to more targeted referral to agencies such as social care. More appropriate referrals should lead to a direct correlation with the numbers going on to initial assessment.

The purpose of the child and adolescent mental health service (CAMHS) programme is to ensure that emotional health and wellbeing services are commissioned, promoting the delivery of a comprehensive CAMHS and its markers of best practice, and the five outcomes in Every Child Matters.

Table 5.6 presents estimates of the current number of children and young people in Staffordshire with specific mental health disorders. The estimates are based on a study undertaken by the Office for National Statistics. Over 13,500 children and young people in Staffordshire are estimated to be suffering from a disorder.

**Table 5.6—Estimates of current need by mental health condition**

	Emotional Disorder	Conduct Disorder	Hyperkinetic Disorder	Autism Spectrum Disorder	<b>Any Disorder</b>
Cannock Chase	633	992	257	154	1,642
East Staffordshire	717	1,124	291	174	1,861
Lichfield	603	946	245	147	1,565
Newcastle-under-Lyme	763	1,196	309	186	1,980
South Staffordshire	667	1,045	270	162	1,729
Stafford	731	1,146	296	178	1,897
Staffordshire Moorlands	573	898	232	139	1,486
Tamworth	525	823	213	128	1,362
<b>Staffordshire County</b>	<b>5,212</b>	<b>8,171</b>	<b>2,113</b>	<b>1,268</b>	<b>13,524</b>

Source: ONS, 2004, 'Mental health of children and young people in Great Britain

### **Number of households living in temporary accommodation**

There is a central government target that the use of all temporary accommodation will be halved by 2010.

Progress has been made by councils to achieve this aim, with all authorities reviewing their Homelessness Strategies by July 2008 which will include actions which will further progress this target. Reducing this type of accommodation usage will also help to meet the national target.

### Child Well-being Index

In January 2009, a deprivation index was published exclusively for children. It is an indicator of well-being rather than deprivation and demonstrates how well children are doing in different areas of their life (table 5.7).

Overall Tamworth has the worst ranking for child well-being (223 out of 354) and South Staffordshire has the best (59 out of 354) and is within the top 20% nationally. There are hotspot wards that are in the worst 10% nationally in Cannock Chase, Newcastle-under-Lyme, Stafford and Tamworth. Tamworth is in the top 10% nationally for the environment domain and Stafford is in the worst 10% nationally in the health and disability domain.

**Table 5.7—Child well-being index, local authority rank**

	<b>Overall CWI</b>	Material well- being	Health and disability	Education	Crime	Housing	Environment	Children in need
Cannock Chase	208	181	311	249	207	123	167	192
East Staffordshire	185	186	133	178	199	284	112	161
Lichfield	92	102	168	71	87	55	284	102
Newcastle-under-Lyme	155	180	223	185	172	127	64	202
South Staffordshire	59	81	131	62	114	54	169	64
Stafford	145	83	323	94	52	97	116	106
Staffs Moorlands	78	79	76	81	136	149	124	114
Tamworth	223	187	281	301	301	129	22	206

Source: Local Index of Child Well-Being—Department for Communities and Local Government

Note: Rank 1 is the best. There are 354 local authorities, therefore ranks 1-35 are in the top 10% and ranks 320-354 in the top 10% worst.

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## Implications for service delivery

- Sport Across Staffordshire and Stoke-on-Trent is a partnership of agencies working together to champion participation, enjoyment and success through sport, physical education and active recreation.
- In Staffordshire it is estimated there are around 131,000 hazardous drinkers; 32,000 harmful drinkers and 21,000 dependent drinkers. All may benefit from some kind of intervention or treatment.
- A number of key areas for health improvement have been identified including smoking. Central to the delivery are the promotion of individual health, development of the workforce and the use of good robust data and health intelligence.
- Reducing teenage pregnancy and supporting teenage parents is a high national and local priority and being a teenage parent can have adverse effects on an individual's health, including increased mortality and morbidity and on other long term outcomes around education and employment.
- Innovative CAMHS projects/services linking with the school community are making services more accessible. The 'Raising Awareness of Mental Health' training programme also aims to improve early identification, build local workforce capacity, and improve pathways to support.

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## Indicators in the Staffordshire LAA relevant to this area

- NI 8: Adult participation in sport and active recreation
  - NI 39: Rate of hospital admissions per 100,000 for alcohol related harm
  - NI 40: Drug users in effective treatment
  - NI 51: Effectiveness of child and adolescent mental health services (CAMHS)
  - NI 56: Obesity among primary school children in year 6
  - NI 68: Percentage of referrals to children's social care going on to initial assessments
  - NI 112: Under 18 conception rate
  - NI 156: Number of households living in temporary accommodation
  - NI 121: Mortality rate from all circulatory diseases at ages under 75
  - NI 123: Stopping smoking
  - NI 135: Carers receiving needs assessment or review and a specific carer's service or advice and information
  - NI 136: People supported to live independently through social services (all adults)
  - NI 146: Adults with learning disabilities in employment
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