



do you feel good?

# Rochdale Borough Lifestyle Survey Report June 2008



# Executive Summary

It is important for the Primary Care Trust and Local Authority to take every opportunity to understand the health and community needs of the people they serve. This Rochdale Borough Lifestyle Survey undertaken in 2006 represents one opportunity to gather baseline data about health and lifestyles from a resident's perspective.

The information gained from the survey will influence the work of the Multi-agency Healthy Lifestyle Strategy Steering Group and will be shared with partners from both the statutory and voluntary agencies. The work undertaken as a result of the survey may include stepping up the targeting of services, undertaking equity audits of some service/interventions, undertaking needs assessments of specific client groups and using social marketing approaches in order to increase uptake of services and health promotion messages.

The Lifestyle Survey will be repeated every 3 years so that comparisons can be made both within the Borough and at a regional level. The Primary Care Trust and the Local Authority are committed to working in partnership to improve the health of the residents of the Borough and in particular to close the gap in terms of health outcomes for those residents living in the Neighbourhood Renewal Funded areas.

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# 1. Introduction

The Rochdale Borough Lifestyle Survey of the adult population was undertaken, in March 2006, by the Institute for Public Health Research at the University for Salford, on behalf of the Primary Care Trust.

Rochdale Borough has an adult population of 156,340. As a 'Spearhead' Authority, the population experiences high levels of deprivation and high mortality rates for cardiovascular disease and cancer. Life expectancy is shorter than the national average, and reducing the health inequalities that exist within the Borough is challenging.

The shorter life expectancy experienced by people in the borough is known to be due to lifestyle-related conditions such as cardiovascular disease, respiratory disease and cancer. Factors such as tobacco, poor diet, lack of physical activity, and being overweight are all proven to be major contributors to these conditions. Evidence shows that making even small improvements to these lifestyle factors can result in real improvements to health. Focusing resources upon those groups and communities in the population with the greatest need will also help reduce health inequalities gap.

## **2. Rationale for Undertaking the Rochdale Borough Lifestyle Survey**

The Choosing Health White Paper puts lifestyle issues and empowering people to make healthier choices at the heart of public health policy. Gathering and collating baseline information on people's lifestyles makes prioritisation and the development of interventions easier. At a local level, lifestyle surveys are a cost-effective and appropriate mechanism for collecting detailed population measures of individual behaviours that impact on health. The data gathered can be used to support decision-making within public health and other areas of local and regional government. In addition, the data can be helpful to the implementation of Choosing Health, practice based commissioning and Local Area Agreements. The results of the survey will also be of value in undertaking health needs assessments, health equity audits and the development of plans for targeted health promotion activities.

## **3. Aims of the Rochdale Borough Lifestyle Survey**

The aims of the Rochdale Borough Lifestyle Survey were to:

- Provide baseline information about the lifestyles of the adult population living within the Rochdale Borough.
- Assess the need for lifestyle interventions across the borough.
- Inform provision of interventions, ensuring equity.
- Be an evaluation tool for lifestyles interventions, to demonstrate any changes in lifestyles patterns over time.

## 4. Methodology

The survey of residents living within the Borough of Rochdale was conducted during March 2006. The target sample was 9300 respondents, therefore, questionnaires were posted to 9300 adults aged eighteen or over: names were selected from the lists of GP patients held by the Primary Care Trust. This target sample was initially stratified into 10 groupings, by gender and level of deprivation. Five such types of area were defined, based on quintiles of the Index of Multiple Deprivation for super output areas. A set number of respondents (930 men and 930 women) were targeted in each of these types of area, the intention being to guarantee a reasonable number of respondents for analysis at local level. In effect, the survey consisted of a stratified random sample with variable sampling fractions.

### 4.1 The Questionnaire

The questionnaire (appendix 1) was a structured, self-reporting document designed for postal administration. There were forty-nine questions, many of which were designed to be grouped together to form composite indicators. The questions included lifestyle issues such as smoking, drinking, exercise, and long-standing illness. Additionally, the questionnaire included a number of items relating to the wider determinants of health. These items covered neighbourhood connections, community involvement and urban problems such as crime, safety and access to services. Further questions related to social circumstances and the extent of informal care.

The survey was launched with a poster publicity campaign. The questionnaire which was sent to adult residents was accompanied by a letter from the Director of Public Health (appendix 2). This explained the purpose of the exercise and the process by which people had been randomly recruited. An assurance of confidentiality was also given. Up to three reminders were sent to residents who did not reply. The first reminder was in the form of a brief postcard message; the second and third reminders involved a further copy of the questionnaire and a follow-up letter from the Director of Public Health.

## 4.2 Weighting

The main part of this report consists of tables of key indicators. The figures in the tables are not simply prevalences from the sample's responses. The aim of selecting a survey sample is to make sure that those who respond are as representative of the whole population as possible in terms of age, gender and levels of deprivation. The responses were therefore adjusted so that the sample reflected the whole population of the borough as far as possible by gender and deprivation, and age.

To achieve this, the sample was divided into 30 strata according to gender, type of area, and age bands. The numbers of responses per stratum were compared with the numbers to be expected in a completely representative sample. Stratum estimates were then weighted to reflect the distribution of population across Rochdale as a whole.

Weighting improves the survey's best estimates. At the same time its importance should not be exaggerated. For one thing, weighting can be carried out in a number of different ways. Moreover, weighting involves its own assumptions. In particular, it relies on population estimates, which may be inherently inaccurate themselves.

## 5. The Results of the Lifestyle Survey

The overall number of valid questionnaires received was 4249. After discounting void addresses and allowing for the movement of patients on and off General practitioner lists, the response rate was 49%, which is comparable with a number of recent surveys undertaken elsewhere in the North West. Of respondents 59% were women and 41% men.

Results were presented for the Borough as a whole, for the four Township areas and for Neighbourhood Renewal (NRF) areas. Results were presented in the form of percentage prevalences, along with 95% confidence intervals (C.I.s) calculated for all the estimates.

## 5.1 Poor Self- assessed Health

The questionnaire of the Lifestyle Survey required that residents rated their health in general, over the last twelve months. Residents were asked to choose from the following options: 'excellent', 'very good', 'good', 'fair' or 'poor'.

**Table 1: Poor self-assessed health, by Township and NRF Area**

Township	NRF Status	People with poor health	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	35	75	47.1	34.5– 60.1
	Non - NRF	118	398	29.8	25.4 – 34.5
	All	153	472	32.5	28.3 – 37.0
Middleton	NRF	127	358	35.5	30.5 – 41.0
	Non - NRF	159	601	26.4	23.1 – 30.0
	All	286	959	29.8	27.0 – 32.8
Pennine	NRF	43	96	44.7	32.6 – 57.4
	Non - NRF	201	824	24.4	21.6 – 27.4
	All	244	920	26.5	23.7 – 29.6
Rochdale	NRF	220	599	36.8	32.5 – 41.2
	Non - NRF	318	1255	25.4	23.1 – 27.8
	All	538	1854	29.0	27.0 – 31.2
Borough	NRF	425	1127	37.7	34.6 – 40.9
	Non - NRF	796	3078	25.9	24.4 – 27.4
	All	1221	4205	29.1	27.7 – 30.4

The prevalence of poor (self-assessed) health in Rochdale Borough was 29.1% (95% confidence interval 27.7% – 30.4%).

There was a significantly higher proportion of people who reported poor health in the NRF areas compared to the non-NRF areas. The relevant figures being 37.7% (95% confidence interval 34.6% - 40.9%) and 25.9% (95% confidence interval 24.4% - 27.4%) respectively.

**Table 2: Self-assessed health, by sex and age band - Rochdale MB (% prevalence)**

				Self-assessed health	
				Fair/poor	Good
<b>Sex</b>	<b>Female</b>	<b>Age</b>	18 - 39 yrs	16.2%	83.8%
			40 -64 yrs	30.5%	69.5%
			65 or more yrs	52.9%	47.1%
			All ages	29.8%	70.2%
	<b>Male</b>	<b>Age</b>	18 - 39 yrs	15.7%	84.3%
			40 -64 yrs	32.2%	67.8%
			65 or more yrs	48.0%	52.0%
			All ages	28.3%	71.7%
	<b>Both sexes</b>	<b>Age</b>	18 - 39 yrs	16.0%	84.0%
			40 -64 yrs	31.4%	68.6%
			65 or more yrs	50.9%	49.1%
			All ages	29.1%	70.9%

More than half of the older age group, 65 or more years, assessed their health as fair/poor (50.9%) compared with 16% in the youngest age group (18-39 years).

In terms of gender, within the older age group, more females (52.9%) than males (48.0%) consider their health to be fair/poor.

## 5.2 Long-standing, Limiting Illness

Residents were asked whether or not they perceived themselves to have a long-standing illness, disability or infirmity. In addition, residents were asked whether this illness or disability limited their activity in any way compared with other people of their age.

**Table 3: Long-standing, limiting illness, by Township and NRF Area**

Township	NRF Status	People with long-standing illness	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	28	74	37.8	26.6 – 50.5
	Non - NRF	113	390	29.1	24.7 – 33.9
	All	141	464	30.4	26.3 – 34.9
Middleton	NRF	137	351	39.0	33.5 – 44.7
	Non - NRF	147	592	24.8	21.6 – 28.4
	All	284	943	30.1	27.2 – 33.2
Pennine	NRF	48	96	50.4	37.9 – 62.9
	Non - NRF	193	817	23.7	20.8 – 26.8
	All	242	913	26.5	23.5 – 29.6
Rochdale	NRF	191	592	32.3	28.3 – 36.5
	Non - NRF	313	1236	25.3	23.0 – 27.7
	All	504	1828	27.6	25.6 – 29.7
Borough	NRF	404	1112	36.3	33.2 – 39.5
	Non - NRF	766	3035	25.3	23.8 – 26.8
	All	1171	4148	28.2	26.9 – 29.6

28.2% (95% confidence interval 26.9% - 29.6%) of Borough residents had a long-standing illness, which limits their capacity.

Residents of NRF areas are significantly more likely than non-NRF residents to manifest such illness. The respective prevalences are 36.3% (95% confidence interval 33.2% - 39.5%) and 25.3% (95% confidence interval 23.8% - 26.8%).

There are no significant differences between the Townships on this indicator.

**Table 4: Long-standing limiting illness, by sex and age band - Rochdale MB  
(% prevalence)**

				Limiting illness	
				Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	18 - 39 yrs	14.5%	85.5%
			40 -64 yrs	29.4%	70.6%
			65 or more yrs	51.5%	48.5%
			All ages	28.2%	71.8%
	<b>Male</b>	<b>Age</b>	18 - 39 yrs	16.3%	83.7%
			40 -64 yrs	32.4%	67.6%
			65 or more yrs	46.2%	53.8%
			All ages	28.3%	71.7%
	<b>Both sexes</b>	<b>Age</b>	18 - 39 yrs	15.4%	84.6%
			40 -64 yrs	30.9%	69.1%
			65 or more yrs	49.2%	50.8%
			All ages	28.2%	71.8%

For both sexes, residents in the older age group were more likely to have a long standing limiting illness the figure being 49.2%.

In terms of gender, the prevalence of long standing limiting illness was very similar, for males the figure is (28.3%) and for females (28.2%).

More males (16.3%) than females (14.5%) in the 18-39 year age group considered themselves to have a long standing limiting illness.

Within the 40-64 years age group just over a third of males (32.4%) and just under a third of females (29.4 %) assessed themselves as having a long standing limiting illness.

Within the 65 year age group, more females (51.5%) than males (46.2%) considered themselves to have a long standing limiting illness.

## 5.3 Smoking and Passive Smoking

Table 5: Smoking, by Township and NRF Area

Township	NRF Status	People who smoke	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	30	74	40.1	27.9 – 53.7
	Non - NRF	83	390	21.3	17.2 – 26.1
	All	113	465	24.3	20.2 – 28.9
Middleton	NRF	115	345	33.2	27.8 – 39.2
	Non - NRF	128	592	21.5	18.2 – 25.3
	All	242	937	25.8	22.9 – 29.1
Pennine	NRF	41	92	43.8	31.4 – 57.0
	Non - NRF	191	820	23.3	20.3 – 26.6
	All	231	912	25.4	22.4 – 28.7
Rochdale	NRF	162	582	27.9	23.8 – 32.4
	Non - NRF	229	1232	18.6	16.4 – 21.0
	All	392	1814	21.6	19.6 – 23.8
Borough	NRF	347	1093	31.8	28.6 – 35.1
	Non - NRF	631	3034	20.8	19.3 – 22.4
	All	978	4128	23.7	22.3 – 25.2

The estimated prevalence of smoking in Rochdale Borough was 23.7% (95% confidence interval 22.3% – 25.2%).

People from NRF areas in general reported significantly higher levels of smoking than the rest of Rochdale, the figures were 31.8% (95% confidence interval 28.6% – 35.1%) and 20.8% (95% confidence interval 19.3% – 22.4% respectively).

There were no significant differences between Townships However, despite the sample numbers being low; the prevalence of smoking in the NRF status areas of Pennine, 43.8% (95% confidence interval 31.4% - 57.0%) should be noted.

Residents were asked whether they were regularly exposed to smoke from other smokers in their household.

**Table 6: Passive smoking, by Township and NRF Area**

Township	NRF Status	People exposed to smoke	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	19	72	26.9	16.0 – 41.4
	Non - NRF	64	378	17.0	13.0 – 21.9
	All	83	450	18.5	14.6 – 23.2
Middleton	NRF	65	337	19.3	14.8 – 24.7
	Non - NRF	91	561	16.2	13.3 – 19.6
	All	156	898	17.4	14.8 – 20.2
Pennine	NRF	33	90	36.2	24.3 – 50.0
	Non - NRF	120	784	15.4	12.8 – 18.3
	All	153	875	17.5	14.8 – 20.6
Rochdale	NRF	158	548	28.9	24.5 – 33.7
	Non - NRF	169	1165	14.5	12.4 – 16.8
	All	327	1713	19.1	17.1 – 21.3
Borough	NRF	275	1047	26.3	23.2 – 29.6
	Non - NRF	444	2888	15.4	14.0 – 16.9
	All	720	3935	18.3	17.0 – 19.7

18.3% (95% confidence interval 17% – 19.7%) of Rochdale Borough residents reported being exposed to passive smoking from others living in the household.

This exposure was significantly greater in NRF areas than the rest of the Borough – the overall figures were 26.3% (95% confidence interval 23.2% – 29.6%) compared with 15.4% (95% confidence interval 14.0% – 16.9%) respectively.

There were no significant differences between Townships.

**Table 7: Smoking and passive smoking, by sex and age band - Rochdale MB  
(% prevalence)**

				Smoking status		Exposed to smoke?	
				Smoker	Non-smoker	Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	18 - 39 yrs	25.4%	74.6%	24.5%	75.5%
			40 -64 yrs	23.3%	76.7%	17.0%	83.0%
			65 or more yrs	12.1%	87.9%	6.5%	93.5%
			All ages	21.8%	78.2%	17.7%	82.3%
	<b>Male</b>	<b>Age</b>	18 - 39 yrs	31.3%	68.7%	26.1%	73.9%
			40 -64 yrs	25.5%	74.5%	16.8%	83.2%
			65 or more yrs	12.5%	87.5%	7.1%	92.9%
			All ages	25.7%	74.3%	19.0%	81.0%
	<b>Both sexes</b>	<b>Age</b>	18 - 39 yrs	28.3%	71.7%	25.3%	74.7%
			40 -64 yrs	24.4%	75.6%	16.9%	83.1%
			65 or more yrs	12.2%	87.8%	6.7%	93.3%
			All ages	23.7%	76.3%	18.3%	81.7%

The smoking rate for all people was 23.7% (95% confidence interval 22.3% – 25.2%) (Table 3). The highest rate of smoking (28.3%) was found in the youngest age group (18-39) In terms of gender, the prevalence of smoking is highest amongst all males 25.7%.

Within the youngest 18-39 year age group, the prevalence of smoking was higher in males (31.3%) compared with females (25.4%).

In relation to passive smoking the rate for all people was (18.3%). In terms of gender more males were exposed (19.0%) than females (17.7%).

For both sexes the highest rates of passive smoking were seen in the 18-39 year age group (25.3%). Within the 18-39 year age group, the exposure to passive smoking for males is (26.1%) and for females (24.5%).

## 5.4 Alcohol Consumption

**Table 8: People drinking ‘unsafe’ levels of alcohol, by Township and NRF Area**

Township	NRF Status	People drinking unsafely	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	8	68	11.1	5.3 – 21.6
	Non - NRF	60	377	15.9	12.4 – 20.2
	All	68	445	15.2	12.0 – 19.0
<b>Middleton</b>	NRF	60	342	17.6	13.5 – 22.7
	Non - NRF	104	580	17.9	14.8 – 21.5
	All	164	922	17.8	15.3 – 20.7
<b>Pennine</b>	NRF	10	81	12.8	6.8 – 22.8
	Non - NRF	172	793	21.6	18.7 – 24.9
	All	182	874	20.8	18.1 – 23.9
<b>Rochdale</b>	NRF	65	568	11.4	8.8 – 14.8
	Non - NRF	221	1193	18.5	16.3 – 20.9
	All	286	1761	16.2	14.5 – 18.1
<b>Borough</b>	NRF	143	1058	13.5	11.4 – 16.0
	Non - NRF	556	2943	18.9	17.5 – 20.4
	All	699	4001	17.5	16.3 – 18.8

17.5% (95% confidence interval 16.3% - 18.8%) of respondents reported that they consumed unsafe levels of alcohol.

NRF residents were significantly less likely to drink unsafely than non-NRF residents the figures are 13.5% (95% confidence interval 11.4% - 16.0%) and 18.9% (95% confidence interval) 17.5% - 20.4% respectively.

Alcohol consumption is measured in units of alcohol. For women the risk categories are defined as 14 units or less per week ('low risk'), while greater than 14 units are 'unsafe'. For men the equivalent figures are 21 units or less per week ('low risk'), and greater than 21 units ('unsafe'). Units are measured as follows: a pint of beer, lager, cider (2 units), a glass of wine, sherry, martini (1.5 units), and a tot of spirits or liqueurs (1 unit).

**Table 9: Alcohol status, by sex and age band - Rochdale MB (% prevalence)**

				Alcohol status		
				Unsafe	Low risk	Non-drinker
<b>Sex</b>	<b>Female</b>	<b>Age</b>	18 - 39 yrs	11.1%	63.6%	25.3%
			40 -64 yrs	15.9%	64.0%	20.1%
			65 or more yrs	4.9%	53.3%	41.9%
			All ages	11.8%	61.6%	26.6%
	<b>Male</b>	<b>Age</b>	18 - 39 yrs	20.9%	56.8%	22.3%
			40 -64 yrs	30.4%	55.7%	13.9%
			65 or more yrs	11.6%	61.6%	26.8%
			All ages	23.5%	57.1%	19.4%
	<b>Both sexes</b>	<b>Age</b>	18 - 39 yrs	16.0%	60.2%	23.8%
			40 -64 yrs	23.1%	59.8%	17.0%
			65 or more yrs	7.8%	56.8%	35.4%
			All ages	17.5%	59.4%	23.1%

In terms of age residents in the middle age band, 40-64 years, had the highest rate of 'unsafe' alcohol consumption (23.1%).

The prevalence of consumption of 'unsafe' levels of alcohol was highest amongst males (23.5%), this was more than double that of females (11.8%).

Within the 18-39 year age group the prevalence of consumption of 'unsafe' levels of alcohol was higher in males (20.9%) compared to females (11.1%).

Within the 40-64 years age group, the prevalence of consumption of 'unsafe' levels of alcohol for males is (30.4%) nearly double that of females (15.9%).

Within the 65 or more years age group the prevalence of 'unsafe' alcohol consumption in males was 11.6% more than twice that of females 4.9%.

## 5.5 Obesity

The questionnaire required that residents self report their height and usual weight (in light clothing, without shoes). This information was then used to calculate the Body Mass Index of individual residents.

**Table 10: Obesity, by Township and NRF Area**

Township	NRF Status	People who are obese	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	12	74	16.9	9.0 – 29.6
	Non - NRF	82	381	21.6	17.6 – 26.2
	All	95	455	20.8	17.1 – 25.1
<b>Middleton</b>	NRF	68	334	20.3	16.0 – 25.5
	Non - NRF	96	565	17.0	14.0 – 20.4
	All	164	899	18.2	15.7 – 21.1
<b>Pennine</b>	NRF	18	85	21.3	12.2 – 34.5
	Non - NRF	119	811	14.7	12.4 – 17.3
	All	137	895	15.3	13.0 – 18.0
<b>Rochdale</b>	NRF	106	527	20.1	16.7 – 24.1
	Non - NRF	176	1199	14.6	12.7 – 16.8
	All	282	1726	16.3	14.6 – 18.2
<b>Borough</b>	NRF	205	1020	20.1	17.5 – 22.9
	Non - NRF	473	2956	16.0	14.7 – 17.4
	All	678	3976	17.0	15.9 – 18.3

The prevalence of obesity in Rochdale Borough is 17% (95% confidence interval 15.9% - 18.3%).

NRF areas in general have significantly higher levels of obesity than non-NRF areas – the relevant figures are 20.1% (95% confidence interval 17.5% - 22.9%) and 16.0% (95% confidence interval 14.7% - 17.4%).

Differences between Townships are not significant.

**Table 11: Overweight or obese, by Township and NRF Area**

Township	NRF Status	People who are overweight or obese	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	46	74	62.6	49.5 – 74.1
	Non - NRF	211	381	55.3	50.0 – 60.5
	All	257	455	56.5	51.5 – 61.3
<b>Middleton</b>	NRF	193	334	57.7	51.7 – 63.5
	Non - NRF	295	565	52.3	48.0 – 56.5
	All	488	899	54.3	50.8 – 57.7
<b>Pennine</b>	NRF	32	85	37.9	26.1 – 51.3
	Non - NRF	407	811	50.2	46.6 – 53.8
	All	439	895	49.0	45.6 – 52.5
<b>Rochdale</b>	NRF	276	527	52.3	47.3 – 57.2
	Non - NRF	605	1199	50.4	47.5 – 53.4
	All	880	1726	51.0	48.5 – 53.5
<b>Borough</b>	NRF	547	1020	53.6	50.1 – 57.1
	Non - NRF	1518	2956	51.4	49.5 – 53.2
	All	2065	3976	51.9	50.3 – 53.6

51.9% (95% confidence interval 50.3% - 53.6%) of people in the Borough are overweight or obese. NRF residents do not differ significantly from non-NRF residents on this indicator, the relevant figures being 53.6% (95% confidence interval 50.1% – 57.1%) and 51.4% (95% confidence interval 49.5% – 53.2%).

The differences between Townships are not significant

**Table 12: BMI status, by sex and age band - Rochdale MB (% prevalence)**

				BMI status			
				> 30	25 - 30	All 25 +	< 25
<b>Sex</b>	<b>Female</b>	<b>Age</b>	18 - 39 yrs	15.2%	23.4%	38.6%	61.4%
			40 -64 yrs	21.5%	33.2%	54.7%	45.3%
			65 or more yrs	18.3%	36.1%	54.4%	45.6%
			All ages	18.5%	30.1%	48.5%	51.5%
	<b>Male</b>	<b>Age</b>	18 - 39 yrs	11.2%	32.0%	43.2%	56.8%
			40 -64 yrs	20.5%	44.8%	65.3%	34.7%
			65 or more yrs	12.8%	46.6%	59.4%	40.6%
			All ages	15.5%	40.1%	55.6%	44.4%
	<b>Both sexes</b>	<b>Age</b>	18 - 39 yrs	13.2%	27.6%	40.9%	59.1%
			40 -64 yrs	21.0%	39.0%	60.0%	40.0%
			65 or more yrs	15.9%	40.6%	56.5%	43.5%
			All ages	17.0%	34.9%	51.9%	48.1%

The survey found that the obesity rate overall was 17.0%. The highest prevalence of obesity was within the 40-64 years age group, the figure being 21.0%.

In terms of gender, more females (18.5%) than males (15.5%) were obese.

In the 18-39 year age group more females (15.2%) than males (11.2%) were obese.

Overall the prevalence of people who were either overweight or obese was 51.9%.

For both sexes overweight or obese was more prevalent in the middle age group, the figure being 60.0%.

In terms of gender more males (55.6 %) than females (48.5%) were either overweight or obese.

Within the 65 or more years age group, the prevalence of overweight or obese was higher in males (59.4%) than females (54.4%).

## 5.6 Consumption of Fruit and Vegetables, Diet and Access to Fresh Food Shops

The Department of Health recommends eating at least five portions of fruit and/or vegetables every day (a “portion” is defined as a piece of fruit/ a glass of fruit juice/ a serving of a particular vegetable, excluding potatoes). As part of the survey adult residents were asked about their own behaviour in this regard.

**Table 13: Consumption of fruit and vegetables, by Township and NRF Area**

Township	NRF Status	People eating less than '5 a day'	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	66	73	89.9	77.1 – 95.9
	Non - NRF	313	393	79.6	75.1 – 83.6
	All	379	466	81.3	77.1 – 84.8
Middleton	NRF	298	355	84.1	79.7 – 87.8
	Non - NRF	492	591	83.2	80.0 – 86.0
	All	791	946	83.6	81.0 – 85.8
Pennine	NRF	89	92	96.3	90.4 – 98.6
	Non - NRF	632	815	77.6	74.6 – 80.3
	All	721	907	79.5	76.7 – 82.0
Rochdale	NRF	510	584	87.3	83.9 – 90.1
	Non - NRF	997	1244	80.1	77.9 – 82.2
	All	1507	1828	82.4	80.6 – 84.1
Borough	NRF	963	1104	87.2	84.9 – 89.2
	Non - NRF	2434	3043	80.0	78.5 – 81.4
	All	3397	4147	81.9	80.7 – 83.1

The survey found that 81.9% (95% confidence interval 80.7% - 83.1%) of people in the Borough eat less than 5 portions of fruit and vegetables per day.

In general residents of NRF areas are significantly more likely than non-NRF residents to miss the '5-A-Day' target. The relevant figures are 87.2% (95% confidence interval 84.9% - 89.2%) and 80.0% (95% confidence interval 78.5% - 81.4%) respectively.

There are no significant differences between Townships on this measure.

**Table 14: People with ‘poor’ diet, by Township and NRF Area**

Township	NRF Status	People with poor diet	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	22	69	32.3	20.4 – 46.9
	Non - NRF	55	377	14.7	11.0 – 19.2
	All	78	446	17.4	13.7 – 21.9
Middleton	NRF	78	318	24.5	19.4 – 30.5
	Non - NRF	100	563	17.8	14.6 – 21.4
	All	178	881	20.2	17.4 – 23.3
Pennine	NRF	31	86	35.6	23.3 – 50.3
	Non - NRF	101	792	12.7	10.3 – 15.6
	All	131	878	15.0	12.4 – 18.0
Rochdale	NRF	120	532	22.6	18.6 – 27.1
	Non - NRF	164	1190	13.8	11.7 – 16.2
	All	285	1722	16.5	14.6 – 18.6
Borough	NRF	251	1005	25.0	21.9 – 28.4
	Non - NRF	420	2922	14.4	13.0 – 15.9
	All	671	3927	17.1	15.8 – 18.5

Just over 17% (95% confidence interval 15.8% - 18.5%) of people in the Borough have a ‘poor diet’ on this definition.

People in NRF Areas are significantly more likely to have a poor diet. The figures are 25.0% (NRF) (95% confidence interval 21.9% - 28.4%) and 14.4% (non-NRF) (95% confidence interval 13.0% - 15.9%).

There are no differences within the Townships on this indicator.

**Table 15: Daily portions of fruit and vegetables, and two or more poor diet behaviours, by sex and age band - Rochdale MB (% prevalence)**

				Vegetable portions		Poor diet habits	
				< 5	5 +	2 or 3	< 2
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	83.6%	16.4%	16.2%	83.8%
			<b>40 -64 yrs</b>	75.3%	24.7%	10.1%	89.9%
			<b>65 or more yrs</b>	79.8%	20.2%	12.5%	87.5%
			<b>All ages</b>	79.4%	20.6%	13.0%	87.0%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	89.6%	10.4%	28.5%	71.5%
			<b>40 -64 yrs</b>	80.8%	19.2%	17.8%	82.2%
			<b>65 or more yrs</b>	82.4%	17.6%	13.3%	86.7%
			<b>All ages</b>	84.6%	15.4%	21.5%	78.5%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	86.6%	13.4%	22.2%	77.8%
			<b>40 -64 yrs</b>	78.0%	22.0%	14.0%	86.0%
			<b>65 or more yrs</b>	80.9%	19.1%	12.8%	87.2%
			<b>All ages</b>	81.9%	18.1%	17.1%	82.9%

Overall the prevalence of people eating less than five portions of fruit or vegetables a day was 81.9%.

In terms of age, residents in the 18-39 year age band were more likely to eat less than 5 portions of fruit or vegetables every day (86.6%).

In all age groups more males (84.6%) than females (79.4%) ate less than 5 portions of fruit or vegetables every day

Within the 18-39 year age group (89.6%) of males compared with (83.6%) of females ate less than five portions of fruit and vegetables a day.

Focusing on those residents with poor dietary habits, overall the prevalence was 17.1%.

The prevalence was highest in the 18-39 year age group (22.2%).

For all ages more males (21.5%) than females (13.0%) exhibit this behaviour.

In the 18-39 year age group more males (28.5%) than females (16.2%) had poor dietary habits and within the 40-64 year age group again, more males (17.8%) than females (10.1%) had poor dietary habits.

**Table 16: People with poor access to fresh food shops, by Township and NRF Area**

Township	NRF Status	People with poor access to shops	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	8	73	10.5	4.3 – 23.4
	Non - NRF	30	386	7.7	5.4 – 10.8
	All	37	459	8.1	5.8 – 11.2
<b>Middleton</b>	NRF	49	347	14.2	10.6 – 18.7
	Non - NRF	62	590	10.4	8.1 – 13.3
	All	111	937	11.8	9.8 – 14.2
<b>Pennine</b>	NRF	17	90	19.1	10.1 – 33.3
	Non - NRF	141	815	17.3	14.8 – 20.1
	All	158	905	17.5	15.0 – 20.3
<b>Rochdale</b>	NRF	60	575	10.5	7.9 – 13.9
	Non - NRF	109	1239	8.8	7.4 – 10.5
	All	170	1813	9.4	8.0 – 10.9
<b>Borough</b>	NRF	134	1085	12.4	10.2 – 14.9
	Non - NRF	341	3030	11.3	10.2 – 12.5
	All	476	4115	11.6	10.6 – 12.7

11.6% (95% confidence interval 10.6% - 12.7%) of respondents evaluated their access to fresh food shops as poor.

There were no significant differences between NRF and non-NRF areas on this indicator.

Variations between Townships on this indicator were significant, with access to fresh food shops being seen as poorest in Pennine, 17.5% (95% confidence interval 15.0% - 20.3%).

**Table 17: People evaluating their access to fresh food shops as ‘poor’, by sex and age band - Rochdale Borough (% prevalence)**

				Fresh food shops	
				Poor	Alright
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	10.1%	89.9%
			<b>40 -64 yrs</b>	11.9%	88.1%
			<b>65 or more yrs</b>	17.8%	82.2%
			<b>All ages</b>	12.4%	87.6%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	11.9%	88.1%
			<b>40 -64 yrs</b>	8.4%	91.6%
			<b>65 or more yrs</b>	14.2%	85.8%
			<b>All ages</b>	10.7%	89.3%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	11.0%	89.0%
			<b>40 -64 yrs</b>	10.2%	89.8%
			<b>65 or more yrs</b>	16.3%	83.7%
			<b>All ages</b>	11.6%	88.4%

In terms of age the prevalence of people who considered themselves to have poor access to fresh food shops was highest in the 65 or more years age group, the figure being 16.3 %.

More females (12.4%) than males (10.7%) considered themselves to have poor access to fresh food shops.

Within the 40-64 years age group the prevalence was highest amongst females (11.9%) compared to males (8.4%). Again, within the 65 or more years age group more females (17.8%) than males (14.2%) considered themselves to have poor access to fresh food shops.

## 5.7 Physical Activity and Access to Leisure Facilities

Exercise reduces the risk of premature mortality and of developing chronic disease. The adult population were asked how many times in the last week they undertook strenuous (heart beats rapidly), moderate (not exhausting) or mild (minimal effort) physical activity.

**Table 18: Sedentary living, by Township and NRF Area**

Township	NRF Status	People who are sedentary	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	24	54	44.0	30.2 – 58.8
	Non - NRF	150	336	44.6	39.1 – 50.3
	All	174	390	44.6	39.4 – 49.8
<b>Middleton</b>	NRF	183	319	57.5	51.2 – 63.5
	Non - NRF	263	557	47.3	43.1 – 51.5
	All	446	876	51.0	47.5 – 54.5
<b>Pennine</b>	NRF	44	81	54.7	40.5 – 68.2
	Non - NRF	336	767	43.8	40.2 – 47.5
	All	380	848	44.8	41.3 – 48.4
<b>Rochdale</b>	NRF	280	498	56.4	51.1 – 61.4
	Non - NRF	556	1133	49.1	46.1 – 52.1
	All	837	1630	51.3	48.7 – 53.9
<b>Borough</b>	NRF	532	951	55.9	52.2 – 59.5
	Non - NRF	1305	2792	46.7	44.9 – 48.6
	All	1837	3744	49.1	47.4 – 50.8

The survey showed that about half the people, 49.1% (95% confidence interval 47.4% - 50.8%), in Rochdale Borough lead a sedentary lifestyle.

In general the residents living in the NRF areas have significantly higher levels of sedentary living than the rest of the Borough – the figures are 55.9% (95% confidence interval 52.2% – 59.5%) and 46.7% (95% confidence interval 44.9% - 48.6%) respectively.

There are no significant differences between Townships on this measure.

**Table 19: Sedentary living, by sex and age band - Rochdale MB (% prevalence)**

				<b>Sedentary lifestyle?</b>	
				<b>Yes</b>	<b>No</b>
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	39.0%	61.0%
			<b>40 - 64 yrs</b>	46.0%	54.0%
			<b>65 or more yrs</b>	72.2%	27.8%
			<b>All ages</b>	48.3%	51.7%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	39.0%	61.0%
			<b>40 -64 yrs</b>	53.8%	46.2%
			<b>65 or more yrs</b>	67.0%	33.0%
			<b>All ages</b>	49.9%	50.1%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	39.0%	61.0%
			<b>40 - 64 yrs</b>	49.9%	50.1%
			<b>65 or more yrs</b>	70.0%	30.0%
			<b>All ages</b>	49.1%	50.9%

The survey showed that, overall nearly half (49.1%) of people in Rochdale Borough have a sedentary lifestyle. Increasing age appears to correspond to a more sedentary lifestyle so that for both sexes, the highest prevalence of sedentary living is within the 65 or more years age group (70.0%).

Overall slightly more males (49.9%) than females (48.3%) had a sedentary lifestyle.

The prevalence of a sedentary lifestyle is highest (72.2%) in females age 65 or more years compared with males (67.0%). Conversely, for the 40-64 years age group more males (53.8%) than females (46.0%) have a sedentary lifestyle. For the 18-39 year age group the prevalence of sedentary living is the same in both sexes (39.0%).

**Table 20: People with poor access to leisure facilities, by Township and NRF Area**

Township	NRF Status	People with poor leisure facilities	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	24	69	34.9	22.7 – 49.5
	Non - NRF	58	378	15.4	11.9 – 19.6
	All	82	447	18.4	14.7 – 22.7
<b>Middleton</b>	NRF	85	344	24.8	20.1 – 30.2
	Non - NRF	79	582	13.6	11.0 – 16.6
	All	164	925	17.8	15.3 – 20.5
<b>Pennine</b>	NRF	53	89	59.3	46.1 – 71.3
	Non - NRF	372	794	46.9	43.3 – 50.5
	All	425	883	48.1	44.6 – 51.7
<b>Rochdale</b>	NRF	154	555	27.8	23.8 – 32.2
	Non - NRF	296	1205	24.6	22.2 – 27.2
	All	450	1759	25.6	23.5 – 27.8
<b>Borough</b>	NRF	316	1057	29.9	26.8 – 33.2
	Non - NRF	806	2958	27.2	25.6 – 28.9
	All	1122	4015	27.9	26.5 – 29.5

Just over a quarter of residents, 27.9% (95% confidence interval 26.5% - 29.5%) evaluated their access to leisure facilities as poor.

There were no differences between NRF and non-NRF areas on this indicator.

Variations between Townships on this indicator were significant, with access to leisure facilities being considered poorest in Pennine, 48.1% overall, (95% confidence interval 44.6% - 51.7%) and more so in the NRF area of Pennine, 59.3% (95% confidence interval 46.1% - 71.3%).

**Table 21: People evaluating their access to leisure facilities as ‘poor’, by sex and age band - Rochdale Borough (% prevalence)**

				Leisure facilities	
				Poor	Alright
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	21.8%	78.2%
			<b>40 - 64 yrs</b>	27.5%	72.5%
			<b>65 or more yrs</b>	36.9%	63.1%
			<b>All ages</b>	26.9%	73.1%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	27.0%	73.0%
			<b>40 -64 yrs</b>	30.0%	70.0%
			<b>65 or more yrs</b>	31.8%	68.2%
			<b>All ages</b>	29.0%	71.0%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	24.3%	75.7%
			<b>40 - 64 yrs</b>	28.7%	71.3%
			<b>65 or more yrs</b>	34.7%	65.3%
			<b>All ages</b>	27.9%	72.1%

In terms of age the prevalence of people who considered themselves to have poor access to leisure facilities was highest in the 65 or more years age group, the figure being 34.7%. More males (29.0%) than females (26.9%) evaluated their access to leisure facilities as poor.

Within the 18-39 year age group more males (27.0%) than females (21.8%) considered themselves to have poor access to leisure facilities.

Within the 40-64 years age group the prevalence was highest amongst males (30.0%) compared to females (27.5%).

Within the 65 or more years age group, more females (36.9%) than males (31.8%) consider themselves to have poor access to leisure facilities.

## 5.8 People with Three Specific Coronary Heart Disease (CHD) 'Risks'

People with three Coronary Heart Disease risks are those who smoke, have a sedentary lifestyle, and are overweight / obese.

**Table 22: People with three specific Coronary Heart Disease 'risks', by Township and NRF Area**

Township	NRF Status	People with three CHD risks	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	6	53	11.0	4.9 – 22.9
	Non - NRF	21	315	6.8	4.1 – 11.1
	All	27	367	7.4	4.8 – 11.2
Middleton	NRF	32	288	11.3	7.9 – 15.9
	Non - NRF	24	511	4.7	3.2 – 7.0
	All	57	799	7.1	5.4 – 9.2
Pennine	NRF	10	69	15.2	6.7 – 31.1
	Non - NRF	33	745	4.4	3.1 – 6.4
	All	43	814	5.3	3.8 – 7.5
Rochdale	NRF	36	425	8.4	5.9 – 12.1
	Non - NRF	53	1059	5.0	3.8 – 6.6
	All	89	1483	6.0	4.8 – 7.5
Borough	NRF	85	834	10.1	8.0 – 12.8
	Non - NRF	132	2629	5.0	4.2 – 6.0
	All	217	3463	6.3	5.4 – 7.2

6.3% (95% confidence interval 5.4% - 7.2%) of people in the Borough manifest all three CHD risk behaviours.

Such combinations of risk are significantly more likely amongst NRF residents, with a prevalence of 10.1% (95% confidence interval 8.0% - 12.8%) compared to 5.0% (95% confidence interval 4.2% - 6.0%) amongst non-NRF residents.

The Townships do not differ on this indicator.

**Table 23: Three Specific Coronary Heart Disease ‘Risks’, by sex and age band - Rochdale MB (% prevalence)**

				Three CHD risks?	
				Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	3.7%	96.3%
			<b>40 - 64 yrs</b>	7.0%	93.0%
			<b>65 or more yrs</b>	4.4%	95.6%
			<b>All ages</b>	5.2%	94.8%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	7.4%	92.6%
			<b>40 -64 yrs</b>	9.0%	91.0%
			<b>65 or more yrs</b>	2.6%	97.4%
			<b>All ages</b>	7.4%	92.6%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	5.5%	94.5%
			<b>40 - 64 yrs</b>	8.0%	92.0%
			<b>65 or more yrs</b>	3.6%	96.4%
			<b>All ages</b>	6.3%	93.7%

For both sexes residents in the middle years were more likely to have three coronary heart disease risk factors (8.0%).

Males (7.4%) fared worse than females (5.2%) in terms of prevalence of three CHD ‘risks’.

In the 18-39 year age group more males (7.4%) than females (3.7%) had three CHD ‘risks’.

Again the prevalence of three CHD ‘risks’ in the 40-64 year age group was higher in males (9.0%) compared with females (7.0%).

Within the 65 or more years age group more females (4.4%) than males (2.6%) had three CHD ‘risks’.

## 5.9 Diabetes and Angina

**Table 24: People consulting their General Practitioner for diabetes, by Township and NRF Area**

Township	NRF Status	People consulting for diabetes	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	4	55	7.0	2.6 – 17.5
	Non - NRF	25	323	7.6	5.0 – 11.4
	All	28	378	7.5	5.1 – 10.9
<b>Middleton</b>	NRF	25	290	8.7	5.9 – 12.8
	Non - NRF	26	516	5.1	3.7 – 7.1
	All	52	806	6.4	5.0 – 8.2
<b>Pennine</b>	NRF	5	82	5.8	2.4 – 13.6
	Non - NRF	30	712	4.3	3.1 – 5.9
	All	35	794	4.4	3.3 – 6.0
<b>Rochdale</b>	NRF	44	495	8.9	6.7 – 11.6
	Non - NRF	64	1092	5.9	4.7 – 7.3
	All	108	1587	6.8	5.7 – 8.1
<b>Borough</b>	NRF	78	922	8.4	6.8 – 10.4
	Non - NRF	145	2643	5.5	4.7 – 6.4
	All	223	3565	6.3	5.5 – 7.1

An estimated 6.3% (95% confidence interval 5.5% - 7.1%) of residents consulted for diabetes in the previous year.

In general, the consultation rate was significantly higher in the NRF areas than elsewhere, the respective figures being 8.4% (95% confidence interval 6.8% - 10.4%) and 5.5% (95% confidence interval 4.7% - 6.4%).

The rate of consultation for diabetes did not vary significantly from one Township to the next.

**Table 25: People consulting their General Practitioner for angina, by Township and NRF Area**

Township	NRF Status	People consulting for angina	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	10	55	17.6	9.4 – 30.4
	Non - NRF	19	331	5.9	3.9 – 8.9
	All	29	385	7.6	5.4 – 10.5
<b>Middleton</b>	NRF	23	292	7.9	5.2 – 11.8
	Non - NRF	18	512	3.6	2.4 – 5.4
	All	42	804	5.2	3.9 – 6.9
<b>Pennine</b>	NRF	6	84	6.9	3.0 – 15.0
	Non - NRF	30	712	4.2	3.0 – 5.9
	All	36	796	4.5	3.3 – 6.1
<b>Rochdale</b>	NRF	35	501	7.0	5.1 – 9.7
	Non - NRF	58	1096	5.3	4.2 – 6.8
	All	94	1597	5.9	4.8 – 7.1
<b>Borough</b>	NRF	74	931	7.9	6.3 – 9.9
	Non - NRF	126	2650	4.8	4.1 – 5.6
	All	200	3581	5.6	4.9 – 6.3

5.6% (95% confidence interval 4.9% - 6.3%) of residents in the Borough consulted for angina in the past year.

In general, the consultation rate was significantly higher in NRF areas than the rest of the Borough. The relevant figures are 7.9% (NRF) (95% confidence interval 6.3% - 9.9%) and 4.8% (non-NRF) (95% confidence interval 4.1% - 5.6%).

Consultations for angina did not vary significantly between Townships.

**Table 26: People consulting their General Practitioner for diabetes and angina in the last year, by sex and age band - Rochdale MB (% prevalence)**

				Consulted for diabetes?		Consulted for angina?	
				Yes	No	Yes	No
<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	9%	99.1%	1.2%	98.8%	
		<b>40 -64 yrs</b>	6.0%	94.0%	3.5%	96.5%	
		<b>65 or more yrs</b>	20.4%	79.6%	18.1%	81.9%	
		<b>All ages</b>	6.0%	94.0%	4.8%	95.2%	
<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	1.8%	98.2%	2.0%	98.0%	
		<b>40 -64 yrs</b>	7.5%	92.5%	7.0%	93.0%	
		<b>65 or more yrs</b>	18.5%	81.5%	18.4%	81.6%	
		<b>All ages</b>	6.5%	93.5%	6.4%	93.6%	
<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	1.3%	98.7%	1.6%	98.4%	
		<b>40 -64 yrs</b>	6.7%	93.3%	5.2%	94.8%	
		<b>65 or more yrs</b>	19.5%	80.5%	18.2%	81.8%	
		<b>All ages</b>	6.3%	93.7%	5.6%	94.4%	

For both sexes, residents in the older age group were more likely to have consulted their GP for diabetes the figure being 19.5%.

In terms of gender, the prevalence of people who consulted their GP for diabetes is similar for males (6.5%) and females (6.0%).

The figures for the 18-39 years age group for both sexes are comparable for males (1.8%) and for females (.9%) as are the figures for those in the middle years age group the figures being, for males (7.5 %) and for females (6.0%).

19.5% of the adult population in the 65 or more years age group consulted their GP for diabetes with slightly more females (20.4%) than males (18.5%) consulting.

The prevalence of people consulting their G.P. for angina overall was 5.6%. The highest prevalence was amongst the 65 or more years age group being (18.2%).

More males (6.4%) than females (4.8%) consulted their G.P. for angina.

In the 40-64 year age group twice as many males (7.0%) than females (3.5%) consulted their G.P. for angina.

In the 65 or more years age group slightly more males (18.4%) than females (18.1%) consulted their G.P. for angina.

## 5.10 Asthma and Bronchitis

Table 27: People consulting for asthma, by Township and NRF Area

Township	NRF Status	People consulting for asthma	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	5	55	8.5	3.5 – 19.3
	Non - NRF	19	323	5.9	3.8 – 9.0
	All	24	378	6.3	4.3 – 9.1
<b>Middleton</b>	NRF	19	285	6.8	4.4 – 10.2
	Non - NRF	14	509	2.7	1.7 – 4.3
	All	33	794	4.2	3.0 – 5.7
<b>Pennine</b>	NRF	8	85	9.0	4.1 – 18.8
	Non - NRF	22	715	3.1	2.1 – 4.5
	All	30	801	3.7	2.7 – 5.2
<b>Rochdale</b>	NRF	23	487	4.7	3.0 – 7.2
	Non - NRF	41	1091	3.8	2.9 – 5.0
	All	64	1579	4.1	3.2 – 5.1
<b>Borough</b>	NRF	54	912	6.0	4.6 – 7.8
	Non - NRF	96	2638	3.6	3.0 – 4.4
	All	151	3551	4.2	3.7 – 4.9

10.3 (95% confidence interval 9.3% - 11.4%) percent of PCT residents reported consulting their GP for asthma.

The prevalence of asthma was significantly higher in NRF areas than non-NRF areas. The relevant figures are 13.6% (95% confidence interval 11.2% - 16.4%) and 9.2% (95% confidence interval 8.1% - 10.3%) respectively.

There were no significant differences in asthma at the level of Townships.

**Table 28: People consulting for bronchitis, by Township and NRF Area**

Township	NRF Status	People consulting for bronchitis	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	4	57	7.8	3.2 – 17.9
	Non - NRF	43	331	12.8	9.6 – 16.9
	All	47	389	12.1	9.2 – 15.7
<b>Middleton</b>	NRF	42	289	14.4	10.5 – 19.6
	Non - NRF	38	518	7.3	5.4 – 9.8
	All	80	807	9.9	7.9 – 12.2
<b>Pennine</b>	NRF	14	83	17.4	8.6 – 32.1
	Non - NRF	64	725	8.8	6.8 – 11.2
	All	78	807	9.6	7.6 – 12.2
<b>Rochdale</b>	NRF	67	507	13.1	10.0 – 17.1
	Non - NRF	101	1100	9.2	7.6 – 11.1
	All	168	1608	10.4	8.9 – 12.2
<b>Borough</b>	NRF	127	936	13.6	11.2 – 16.4
	Non - NRF	245	2675	9.2	8.1 – 10.3
	All	372	3611	10.3	9.3 – 11.4

An estimated 4.2% (95% confidence interval 3.7 – 4.9%) of Borough residents reported consulting their GP for bronchitis.

In general the rate of consultation was significantly higher in the NRF areas, with 6.0% (95% confidence interval 4.6% - 7.8%) of people consulting compared to 3.6% (95% confidence interval 3.0% - 4.4%) of non-NRF residents.

The prevalence of bronchitis did not vary significantly at the level of Townships.

**Table 29: People consulting their General Practitioner for asthma and bronchitis in the last year, by sex and ageband - Rochdale MB (% prevalence)**

				Consulted for asthma?		Consulted for bronchitis?	
				Yes	No	Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	9.3%	90.7%	1.1%	98.9%
			<b>40 -64 yrs</b>	9.9%	90.1%	4.2%	95.8%
			<b>65 or more yrs</b>	19.5%	80.5%	13.1%	86.9%
			<b>All ages</b>	11.1%	88.9%	4.2%	95.8%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	7.8%	92.2%	1.1%	98.9%
			<b>40 -64 yrs</b>	9.9%	90.1%	4.1%	95.9%
			<b>65 or more yrs</b>	13.5%	86.5%	15.1%	84.9%
			<b>All ages</b>	9.5%	90.5%	4.3%	95.7%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	8.5%	91.5%	1.1%	98.9%
			<b>40 -64 yrs</b>	9.9%	90.1%	4.2%	95.8%
			<b>65 or more yrs</b>	16.9%	83.1%	14.0%	86.0%
			<b>All ages</b>	10.3%	89.7%	4.2%	95.8%

The highest prevalence of the adult population who consulted their GP for asthma in the last year were those in the 65 or more years age group (16.9%).

In terms of gender, more females (11.1%) than males (9.5%) consulted their GP for asthma.

In the younger age group slightly more females (9.3%) than males (7.8%) consulted their G.P. for asthma. Again, in the older age group more females (19.5%) than males (13.5%) consulted their G.P. for asthma.

Overall the prevalence of people who consulted their G.P. for bronchitis in the last year was 4.2%. People in the 65 or more years age group had the highest prevalence (14.0%).

Slightly more males (4.3%) than females (4.2%) consulted their G.P. for bronchitis in the last year.

Within the older age group more males (15.1%) than females (13.1%) consulted their G.P. for bronchitis in the last year.

## 5.11 Back Pain and Arthritis

**Table 30: People consulting their General Practitioner for back pain, by Township and NRF Area**

Township	NRF Status	People consulting for back pain	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	5	53	10.3	4.2 – 22.9
	Non - NRF	57	336	17.1	13.4 – 21.6
	All	63	389	16.2	12.7 – 20.3
<b>Middleton</b>	NRF	61	295	20.8	16.0 – 26.5
	Non - NRF	77	525	14.7	12.0 – 17.8
	All	138	820	16.9	14.4 – 19.7
<b>Pennine</b>	NRF	16	85	19.0	10.3 – 32.4
	Non - NRF	94	731	12.8	10.5 – 15.5
	All	110	816	13.4	11.1 – 16.1
<b>Rochdale</b>	NRF	87	512	16.9	13.5 – 20.9
	Non - NRF	149	1116	13.4	11.6 – 15.4
	All	236	1628	14.5	12.8 – 16.3
<b>Borough</b>	NRF	169	944	17.9	15.3 – 20.9
	Non - NRF	377	2708	13.9	12.7 – 15.3
	All	547	3653	15.0	13.8 – 16.2

15.0% (95% confidence interval 13.8% - 16.2%) of PCT residents reported that they had consulted their GP for back pain.

In general, NRF residents were significantly more likely than other residents to consult for this reason. The relevant consultation rates were 17.9% (95% confidence interval (15.3% - 20.9%) and 13.9% (95% confidence interval 12.7% - 15.3%) respectively.

Variations in this indicator at Township level are not significant.

**Table 31: People consulting their General Practitioner for arthritis, by Township and NRF Area**

Township	NRF Status	People consulting for arthritis	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	11	60	18.9	10.7 – 31.2
	Non - NRF	64	343	18.6	15.0 – 22.8
	All	75	403	18.6	15.3 – 22.5
<b>Middleton</b>	NRF	62	305	20.4	16.2 – 25.3
	Non - NRF	75	531	14.2	11.6 – 17.2
	All	137	836	16.4	14.2 – 19.0
<b>Pennine</b>	NRF	17	83	20.4	11.4 – 34.0
	Non - NRF	94	745	12.6	10.6 – 15.0
	All	111	828	13.4	11.3 – 15.9
<b>Rochdale</b>	NRF	102	534	19.1	15.9 – 22.7
	Non - NRF	179	1148	15.6	13.8 – 17.6
	All	281	1682	16.7	15.1 – 18.4
<b>Borough</b>	NRF	192	982	19.6	17.2 – 22.2
	Non - NRF	412	2767	14.9	13.8 – 16.1
	All	604	3749	16.1	15.1 – 17.2

An estimated 16.1% (95% confidence interval 15.1% - 17.2%) of residents in Rochdale Borough reported that they had consulted their GP for arthritis.

Overall, the level of consultation for arthritis is significantly higher in NRF areas than non-NRF areas. The figures are 19.6% (95% confidence interval 17.2% - 22.2%) and 14.9% (13.8% - 16.1%) respectively.

The variations between Townships on this indicator are not significant.

**Table 32: People consulting their General Practitioner for back pain and arthritis in the last year, by sex and ageband - Rochdale MB (% prevalence)**

				Consulted for backpain?		Consulted for arthritis?	
				Yes	No	Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	10.2%	89.8%	3.4%	96.6%
			<b>40 -64 yrs</b>	19.4%	80.6%	21.8%	78.2%
			<b>65 or more yrs</b>	25.8%	74.2%	50.5%	49.5%
			<b>All ages</b>	16.5%	83.5%	19.4%	80.6%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	6.9%	93.1%	2.7%	97.3%
			<b>40 -64 yrs</b>	17.8%	82.2%	15.5%	84.5%
			<b>65 or more yrs</b>	19.7%	80.3%	32.6%	67.4%
			<b>All ages</b>	13.4%	86.6%	12.5%	87.5%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	8.6%	91.4%	3.1%	96.9%
			<b>40 -64 yrs</b>	18.6%	81.4%	18.8%	81.2%
			<b>65 or more yrs</b>	23.1%	76.9%	42.8%	57.2%
			<b>All ages</b>	15.0%	85.0%	16.1%	83.9%

Overall 15.0% of people consulted their G.P. for back pain in the last year. The highest prevalence (23.1%) was in the 65 or more years age group.

More females (16.5%) than males (13.4%) consulted their G.P. for back pain in the last year.

In the 18-39 year age group more females (10.2%) than males (6.9%) consulted their G.P. for back pain in the last year.

In the 40-64 year age group more females (19.4%) than males (17.8%) consulted their G.P. for back pain in the last year.

In the 65 or more years age group more females (25.8%) than males (19.7%) consulted their G.P. for back pain in the last year.

Overall 16.1% of people consulted their G.P. for arthritis in the last year. The highest prevalence (42.8%) was in the 65 or more years age group.

More females (19.4%) than males (12.5%) consulted their G.P. for arthritis in the last year.

In the 40-64 year age group more females (21.8%) than males (15.5%) consulted their G.P. for arthritis in the last year.

Again in the 65 or more years age group more females (50.5%) than males (32.6%) consulted their G.P. for arthritis in the last year.

## 5.12 Mental Well-being

**Table 33: Symptoms of psychiatric morbidity, by Township and NRF Area**

Township	NRF Status	People with 3+ GHQ symptoms	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	29	72	40.3	28.1 – 53.8
	Non - NRF	106	388	27.2	22.8 – 32.1
	All	134	460	29.3	25.0 – 33.9
Middleton	NRF	108	341	31.5	26.4 – 37.2
	Non - NRF	151	584	25.8	22.4 – 29.6
	All	259	925	27.9	25.0 – 31.1
Pennine	NRF	48	95	50.7	38.0 – 63.4
	Non - NRF	229	813	28.1	25.0 – 31.5
	All	277	908	30.5	27.3 – 33.9
Rochdale	NRF	220	571	38.6	34.0 – 43.4
	Non - NRF	309	1224	25.3	22.8 – 27.9
	All	530	1795	29.5	27.3 – 31.9
Borough	NRF	405	1079	37.6	34.2 – 41.0
	Non - NRF	794	3009	26.4	24.8 – 28.1
	All	1200	4088	29.3	27.9 – 30.9

29.3% (95% confidence interval 27.9% - 30.9%) of residents in the Borough show three or more symptoms on the General Health Questionnaire measure of mild psychiatric morbidity.

Such morbidity is significantly more likely in the NRF areas, the relevant figures being 37.6% (NRF) (95% confidence interval 34.2% - 41.0%) and 26.4% (non-NRF) (95% confidence interval 24.8% - 28.1%).

The variations between Townships on this indicator are not significant.

**Table 34: People consulting their General Practitioner for ‘nerves or depression’, by Township and NRF Area**

Township	NRF Status	People consulting for nerves	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	9	56	15.5	7.4 – 29.5
	Non - NRF	49	335	14.6	11.1 – 18.9
	All	57	391	14.7	11.4 – 18.7
<b>Middleton</b>	NRF	45	296	15.2	11.3 – 20.1
	Non - NRF	57	521	10.9	8.5 – 13.9
	All	102	817	12.4	10.3 – 15.0
<b>Pennine</b>	NRF	14	85	16.5	9.3 – 27.8
	Non - NRF	80	723	11.0	8.8 – 13.6
	All	94	808	11.6	9.4 – 14.1
<b>Rochdale</b>	NRF	81	505	16.1	12.8 – 20.1
	Non - NRF	112	1105	10.1	8.5 – 12.1
	All	194	1610	12.0	10.4 – 13.8
<b>Borough</b>	NRF	149	941	15.8	13.4 – 18.6
	Non - NRF	297	2685	11.1	9.9 – 12.3
	All	446	3626	12.3	11.2 – 13.5

12.3% (95% confidence interval 11.2% - 13.5%) of Borough residents are estimated to have consulted their GP for nerves or depression.

In general NRF areas manifest significantly higher consultation levels on this indicator. The relevant figures are 15.8% (NRF) (95% confidence interval 13.4% - 18.6%) and 11.1% (non-NRF) (95% confidence interval 9.9% - 12.3%).

There is little variation between Townships on this indicator.

**Table 35: Three or more symptoms on the General Health Questionnaire measure of potential psychiatric morbidity, and people visiting their General Practitioner for nerves or depression, by sex and age band - Rochdale MB (% prevalence)**

				GHQ symptoms		Consulted for nerves?	
				3 +	< 3	Yes	No
Sex	Female	Age	18 - 39 yrs	32.4%	67.6%	14.9%	85.1%
			40 -64 yrs	31.9%	68.1%	16.9%	83.1%
			65 or more yrs	30.5%	69.5%	13.3%	86.7%
			All ages	31.8%	68.2%	15.5%	84.5%
	Male	Age	18 - 39 yrs	26.9%	73.1%	6.2%	93.8%
			40 -64 yrs	27.9%	72.1%	12.2%	87.8%
			65 or more yrs	22.6%	77.4%	7.5%	92.5%
			All ages	26.7%	73.3%	8.9%	91.1%
	Both sexes	Age	18 - 39 yrs	29.7%	70.3%	10.6%	89.4%
			40 -64 yrs	29.9%	70.1%	14.6%	85.4%
			65 or more yrs	27.1%	72.9%	10.7%	89.3%
			All ages	29.3%	70.7%	12.3%	87.7%

The 40-64 year age group had the highest prevalence of showing three or more symptoms on the General Health Questionnaire measure of mild psychiatric morbidity the figure being 29.9%.

In terms of gender, the prevalence was higher amongst females (31.8%) compared to males (26.7%).

In the 18-39 year age group the prevalence was higher in females (32.4%) compared to males (26.9%).

Again in the middle years the prevalence was higher in females (31.9%) compared to males (27.9%).

This is also the case in the older age group the figures being 30.5% for females and 22.6% for males.

Overall the prevalence of people visiting their GP for nerves or depression was 12.3%. The 40-64 year age group had the highest prevalence of people visiting their GP for nerves or depression the figure being 14.6%.

In terms of gender, the prevalence of people visiting their GP for nerves or depression was higher amongst females (15.5%) compared to males (8.9%).

More than twice as many females in the 18-39 year age group (14.9%) than males (6.2%) had visited their GP for nerves or depression.

In the 40-64 year age group more females (16.9%) than males (12.2%) had visited their GP for nerves or depression.

Again, in the older age group more females (13.3%) than males (7.5%) visited their GP for nerves or depression.

## 5.13 Accidents

**Table 36: People suffering accidents in previous year, by Township and NRF Area**

Township	NRF Status	People having accidents	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	9	75	12.6	5.8 – 25.0
	Non - NRF	42	393	10.6	7.7 – 14.5
	All	51	469	10.9	8.1 – 14.6
<b>Middleton</b>	NRF	35	351	10.0	7.0 – 14.0
	Non - NRF	71	598	11.8	9.3 – 14.8
	All	106	949	11.1	9.2 – 13.5
<b>Pennine</b>	NRF	23	95	24.3	14.1 – 38.5
	Non - NRF	85	817	10.4	8.4 – 12.9
	All	108	912	11.9	9.6 – 14.5
<b>Rochdale</b>	NRF	78	594	13.1	10.0 – 16.9
	Non - NRF	133	1252	10.6	9.0 – 12.5
	All	211	1846	11.4	9.9 – 13.2
<b>Borough</b>	NRF	145	1116	13.0	10.8 – 15.7
	Non - NRF	330	3060	10.8	9.7 – 12.0
	All	476	4176	11.4	10.4 – 12.5

11.4 % (95% confidence interval 10.4% - 12.5%) of people in the Borough had experienced accidents which required medical attention in the previous twelve months.

The apparent difference between NRF and non-NRF areas on this indicator is not significant.

Townships themselves are remarkably similar in their prevalence of accidents.

**Table 37: Accidents requiring medical attention, by sex and age band - Rochdale Borough (% prevalence)**

				Accident in last year	
				Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	11.1%	88.9%
			<b>40 - 64 yrs</b>	8.3%	91.7%
			<b>65 or more yrs</b>	12.9%	87.1%
			<b>All ages</b>	10.3%	89.7%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	16.3%	83.7%
			<b>40 -64 yrs</b>	10.0%	90.0%
			<b>65 or more yrs</b>	10.4%	89.6%
			<b>All ages</b>	12.6%	87.4%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	13.6%	86.4%
			<b>40 - 64 yrs</b>	9.1%	90.9%
			<b>65 or more yrs</b>	11.8%	88.2%
			<b>All ages</b>	11.4%	88.6%

Overall the prevalence of people suffering accidents requiring medical attention in the last year was 11.4%.

The highest prevalence of accidents requiring medical attention was amongst the 18-39 years age group (13.6%).

In terms of gender, the prevalence of accidents requiring medical attention was higher in males (12.6%) than females (10.3%).

Within the 18-39 year age group, the highest prevalence of accidents requiring medical attention was amongst males (16.3 %) than females (11.1%).

In the 40-64 year age group the prevalence of accidents was highest in males (10.0%) compared with females (8.3%).

In the 65 years or more age group the prevalence of accidents was higher in females (12.9%) compared to males (10.4%).

## 5.14 Disability

**Table 38: People with two or more functional disabilities, by Township and NRF Area**

Township	NRF Status	People with 2+ disabilities	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	21	65	32.2	21.1 – 45.9
	Non - NRF	59	363	16.4	12.9 – 20.6
	All	80	428	18.8	15.3 – 22.8
<b>Middleton</b>	NRF	84	315	26.6	21.7 – 32.2
	Non - NRF	89	553	16.2	13.4 – 19.4
	All	173	868	19.9	17.4 – 22.8
<b>Pennine</b>	NRF	15	82	18.7	10.6 – 30.8
	Non - NRF	116	783	14.8	12.6 – 17.4
	All	131	865	15.2	13.0 – 17.7
<b>Rochdale</b>	NRF	115	535	21.5	18.0 – 25.4
	Non - NRF	173	1162	14.9	13.1 – 17.0
	All	288	1697	17.0	15.3 – 18.8
<b>Borough</b>	NRF	235	997	23.5	20.9 – 26.4
	Non - NRF	438	2862	15.3	14.1 – 16.6
	All	673	3859	17.4	16.3 – 18.6

People with a 'disability score' of 2+ have difficulties in two or more areas of daily living (from locomotion, reaching, dexterity, sight or hearing).

17.4% (95% confidence interval 16.3% - 18.6%) of Borough residents are estimated to have two or more disabilities on this definition.

The NRF areas manifest significantly higher levels of disability than non-NRF areas, the prevalence figures being 23.5% (95% confidence interval 20.9% - 26.4%) and 15.3% (95% confidence interval 14.1% - 16.6%) respectively.

The variations between Townships on this indicator are not significant.

**Table 39: People with two or more difficulties with day-to-day activities, by sex and age band - Rochdale MB (% prevalence)**

				Disability score	
				2 +	< 2
Sex	Female	Age	18 - 39 yrs	6.6%	93.4%
			40 - 64 yrs	18.3%	81.7%
			65 or more yrs	48.7%	51.3%
			All ages	18.7%	81.3%
	Male	Age	18 - 39 yrs	6.6%	93.4%
			40 -64 yrs	18.6%	81.4%
			65 or more yrs	35.4%	64.6%
			All ages	16.1%	83.9%
	Both sexes	Age	18 - 39 yrs	6.6%	93.4%
			40 - 64 yrs	18.4%	81.6%
			65 or more yrs	42.7%	57.3%
			All ages	17.4%	82.6%

The highest prevalence of people who had two or more difficulties with day-to-day activities were those in the older age group the figure being 42.7%.

In terms of gender, the prevalence of people, with two or more difficulties with day-to-day activities was higher amongst females (18.7%) compared to males (16.1%).

Within the older age group significantly more females (48.7%) than males (35.4%) were affected.

## 5.15 Visits to the General Practitioner

**Table 40: People making six or more General Practitioner visits per year, by Township and NRF Area**

Township	NRF Status	People with 6 + GP visits	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	18	75	24.1	15.2 – 35.0
	Non - NRF	66	400	16.5	13.2 – 20.6
	All	84	475	17.7	14.5 – 21.5
Middleton	NRF	80	359	22.4	18.2 – 27.1
	Non - NRF	96	603	15.9	13.3 – 18.9
	All	176	962	18.3	16.0 – 20.9
Pennine	NRF	28	93	30.4	19.9 – 43.6
	Non - NRF	151	827	18.2	15.8 – 21.0
	All	179	920	19.5	16.9 – 20.9
Rochdale	NRF	163	600	27.2	23.4 – 31.4
	Non - NRF	231	1261	18.3	16.3 – 20.5
	All	394	1861	21.2	19.3 – 23.2
Borough	NRF	290	1128	25.7	23.0 – 29.7
	Non - NRF	544	3091	17.6	16.3 – 18.9
	All	834	4219	19.8	18.6 – 21.0

Nearly a fifth, 19.8% (95% confidence interval 18.6% - 21.0%) of Borough residents make frequent visits to their GP, here defined as six or more visits per annum.

Residents of NRF areas are significantly more likely to be frequent visitors. The figures for NRF and non-NRF areas are 25.7% (95% confidence interval 23.0% - 29.7%) and 17.6% (95% confidence interval 16.3% - 18.9%) respectively.

Townships themselves do not vary in the frequency of GP consultation.

**Table 41: People visiting their General Practitioner on six or more occasions, by sex and age band - Rochdale Borough (% prevalence)**

				6 + GP visits?	
				Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	17.0%	83.0%
			<b>40 - 64 yrs</b>	22.3%	77.7%
			<b>65 or more yrs</b>	30.7%	69.3%
			<b>All ages</b>	22.1%	77.9%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	9.1%	90.9%
			<b>40 - 64 yrs</b>	19.4%	80.6%
			<b>65 or more yrs</b>	31.5%	68.5%
			<b>All ages</b>	17.3%	82.7%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	13.0%	87.0%
			<b>40 - 64 yrs</b>	20.9%	79.1%
			<b>65 or more yrs</b>	31.0%	69.0%
			<b>All ages</b>	19.8%	80.2%

The highest prevalence of the adult population visiting their GP on six or more occasions in the last year was those in the 65 or more years (31.0%).

In terms of gender, the prevalence of people, visiting their GP on six or more occasions in the last year was highest amongst females (22.1%) compared to males (17.3%).

In the 18-39 years age group more females (17.0%) than males (9.1%) visited their GP on six or more occasions in the last year.

Again, in the middle years age group more females (22.3%) than males (18.3%) visited their G.P. on six or more occasions in the last year.

Conversely, in the older years age group slightly more males (31.5%) than females (30.7%) visited their GP on six or more occasions in the last year.

## 5.16 Informal Carers

Table 42: People providing informal care, by Township and NRF Area

Township	NRF Status	People providing care	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	7	72	9.3	4.4 – 18.6
	Non - NRF	39	387	10.0	7.3 – 13.7
	All	46	459	9.9	7.4 – 13.2
Middleton	NRF	50	350	14.2	10.7 – 18.5
	Non - NRF	69	597	11.6	9.3 – 14.2
	All	119	948	12.5	10.6 – 14.8
Pennine	NRF	9	95	9.3	4.0 – 19.9
	Non - NRF	111	821	13.5	11.4 – 15.9
	All	119	916	13.0	11.0 – 15.4
Rochdale	NRF	82	590	13.9	11.1 – 17.3
	Non - NRF	148	1236	12.0	10.3 – 13.9
	All	230	1825	12.6	11.1 – 14.2
Borough	NRF	147	1107	13.3	11.2 – 15.6
	Non - NRF	366	3042	12.0	11.0 – 13.2
	All	513	4149	12.4	11.4 – 13.4

An estimated 12.4% (95% confidence interval 11.4% - 13.4%) of residents in the Borough provide informal care to sick or disabled relatives or friends.

There are no significant differences in the prevalence of such caring between NRF areas and non-NRF areas.

There are no significant differences on this indicator between Townships.

**Table 43: Extent of informal care for people with disabilities and chronic illness, by sex and age band - Rochdale MB (% prevalence)**

				Carer?	
				Yes	No
Sex	Female	Age	18 - 39 yrs	9.2%	90.8%
			40 - 64 yrs	19.9%	80.1%
			65 or more yrs	12.3%	87.7%
			All ages	14.2%	85.8%
	Male	Age	18 - 39 yrs	5.9%	94.1%
			40 - 64 yrs	12.0%	88.0%
			65 or more yrs	16.9%	83.1%
			All ages	10.4%	89.6%
	Both sexes	Age	18 - 39 yrs	7.6%	92.4%
			40 - 64 yrs	15.9%	84.1%
			65 or more yrs	14.3%	85.7%
			All ages	12.4%	87.6%

The highest prevalence of the extent of informal care was amongst the 40-64 years age group (15.9%).

More females (14.2%) than males (10.4%) were informal carers.

Within the 18-39 year age group the extent to which informal care exists was more than double in females (16.9%) than males (5.9%).

Again within the middle years age group, the extent of informal care was highest amongst females (19.9 %) compared to males (12.0%).

Conversely, for the older age group the extent to which informal care exists was more prevalent in males (16.9%) than females (12.3%).

## 5.17 Social Capital

Table 44: People with poor social contacts, by Township and NRF Area

Township	NRF Status	People with poor contacts	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	14	74	19.7	10.5 – 33.8
	Non - NRF	29	398	7.3	5.0 – 10.3
	All	43	472	9.2	6.7 – 12.6
Middleton	NRF	38	353	10.8	7.9 – 14.7
	Non - NRF	54	600	9.0	6.9 – 11.6
	All	92	953	9.6	7.9 – 11.8
Pennine	NRF	14	94	15.0	7.5 – 27.9
	Non - NRF	75	829	9.0	7.2 – 11.3
	All	89	923	9.6	7.7 – 12.0
Rochdale	NRF	90	592	15.1	12.0 – 18.9
	Non - NRF	140	1255	11.1	9.4 – 13.1
	All	229	1846	12.4	10.8 – 14.2
Borough	NRF	156	1113	14.1	11.8 – 16.7
	Non - NRF	297	3082	9.6	8.6 – 10.8
	All	453	4195	10.8	9.8 – 11.9

An estimated 10.8% (95% confidence interval 9.8% - 11.9%) of residents in Rochdale Borough had not seen a friend in the last two weeks.

This lack of social contact was significantly more prevalent in the NRF areas than non-NRF areas. The figures were respectively 14.1% (95% confidence interval 11.8% - 16.7%) and 9.6% (95% confidence interval 8.6% - 10.8%).

Poor social contact did not vary significantly between Townships.

**Table 45: People with no confidantes, by Township and NRF Area**

Township	NRF Status	People with no confidantes	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	6	75	8.2	3.7 – 17.3
	Non - NRF	38	392	9.7	7.0 – 13.3
	All	44	466	9.5	7.0 – 12.7
Middleton	NRF	49	355	13.7	10.2 – 18.2
	Non - NRF	43	596	7.3	5.5 – 9.6
	All	92	951	9.7	7.9 – 11.8
Pennine	NRF	11	95	11.6	5.9 – 21.5
	Non - NRF	73	824	8.9	7.0 – 11.2
	All	84	919	9.2	7.3 – 11.4
Rochdale	NRF	101	592	17.0	13.7 – 20.8
	Non - NRF	113	1254	9.0	7.5 – 10.8
	All	214	1846	11.6	10.1 – 13.3
Borough	NRF	166	1116	14.9	12.7 – 17.4
	Non - NRF	268	3066	8.7	7.8 – 9.8
	All	434	4182	10.4	9.4 – 11.4

10.4% of residents claimed to have no one to talk to about their problems (95% confidence interval 9.4% – 11.4%).

NRF residents were significantly more isolated than their non-NRF counterparts, with 14.9% (95% confidence interval 12.7% - 17.4%) and 8.7% (95% confidence interval 7.8% - 9.8%) respectively lacking a confidante.

The availability of confidantes does not vary between Townships.

**Table 46: Social contact, and availability of confidants to discuss personal problems, by sex and age band - Rochdale Borough (% prevalence)**

				Social contact		Confidants?	
				Poor	Alright	No	Yes
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	9.5%	90.5%	9.9%	90.1%
			<b>40 -64 yrs</b>	10.9%	89.1%	9.7%	90.3%
			<b>65 or more yrs</b>	10.6%	89.4%	9.0%	91.0%
			<b>All ages</b>	10.3%	89.7%	9.6%	90.4%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	11.2%	88.8%	9.5%	90.5%
			<b>40 -64 yrs</b>	12.0%	88.0%	14.2%	85.8%
			<b>65 or more yrs</b>	10.2%	89.8%	7.4%	92.6%
			<b>All ages</b>	11.3%	88.7%	11.2%	88.8%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	10.3%	89.7%	9.7%	90.3%
			<b>40 -64 yrs</b>	11.4%	88.6%	12.0%	88.0%
			<b>65 or more yrs</b>	10.4%	89.6%	8.3%	91.7%
			<b>All ages</b>	10.8%	89.2%	10.4%	89.6%

Overall the prevalence of people with poor social contacts was 10.8%. The prevalence was highest in people in the middle years age group (11.4%).

In terms of gender, slightly more males (11.3%) than females (10.3%) had poor social contacts.

Within the 18-39 year age group more males (11.2%) than females (9.5%) had poor social contacts. For the middle years age group the prevalence was 12.0% for males and 10.9% for females. The prevalence for the 65 or more years age group was similar the figures being 10.6% for females and 10.25 for males.

In terms of the prevalence of people having the availability of confidants to discuss personal issues, overall the figure was 10.4%.

The prevalence was highest in people in the middle years age group (12.0%).

More males (11.2%) than females (9.6%) had no confidants.

Within the middle years age group the prevalence of no confidants was significantly higher for males (14.2) than for females (9.7%). Within the 65 or more years age group the prevalence of no confidants was higher in females (9.0%) compared to males (7.4%).

**Table 47: People with high levels of social disorganisation, by Township and NRF Area**

Township	NRF Status	People perceiving high levels	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	33	65	50.3	36.1 – 64.5
	Non - NRF	93	349	26.7	22.0 – 32.0
	All	126	414	30.4	25.7 – 35.6
<b>Middleton</b>	NRF	132	319	41.5	35.6 – 47.6
	Non - NRF	141	564	25.0	21.4 – 28.9
	All	273	883	30.9	27.8 – 34.3
<b>Pennine</b>	NRF	61	85	72.1	59.6 – 81.9
	Non - NRF	231	779	29.7	26.4 – 33.2
	All	292	863	33.8	30.5 – 37.4
<b>Rochdale</b>	NRF	288	536	53.8	48.8 – 58.8
	Non - NRF	278	1158	24.0	21.5 – 26.8
	All	567	1694	33.5	31.1 – 35.9
<b>Borough</b>	NRF	515	1005	51.2	47.6 – 54.8
	Non - NRF	743	2849	26.1	24.4 – 27.8
	All	1258	3854	32.6	31.1 – 34.2

People who perceive a high level of social disorganisation were those who scored in the top quartile of a 36-point scale derived from twelve statements about the extent of local problems such as vandalism, lack of safe places to play, and discarded needles and syringes.

32.6% (95% confidence interval 31.1% - 34.2%) of residents across the Borough had a high sense of social disorganisation.

This sense of disorganisation rose dramatically (and significantly) for NRF residents, the relevant figures being 51.2% (NRF) (95% confidence interval 47.6% - 54.8%) and 26.1% (non-NRF) (95% confidence interval 24.4% - 27.8%).

Variations between Townships on this indicator are not significant.

**Table 48: People with poor neighbourhood connections, by Township and NRF Area**

Township	NRF Status	People with poor connections	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	29	67	42.6	29.2 – 57.2
	Non - NRF	105	381	27.6	22.9 – 32.8
	All	134	449	29.8	25.3 – 34.8
Middleton	NRF	120	337	35.5	29.9 – 41.6
	Non - NRF	148	581	25.5	22.0 – 29.5
	All	268	917	29.2	25.3 – 34.8
Pennine	NRF	44	88	49.4	36.3 – 62.6
	Non - NRF	191	801	23.8	20.8 – 27.2
	All	235	889	26.4	23.3 – 29.7
Rochdale	NRF	196	565	34.7	30.3 – 39.4
	Non - NRF	319	1216	26.2	23.7 – 29.0
	All	515	1781	28.9	26.6 – 31.3
Borough	NRF	388	1058	36.7	33.3 – 40.2
	Non - NRF	763	2978	25.6	24.0 – 27.3
	All	1151	4036	28.5	27.0 – 30.1

People with ‘poor neighbourhood connections’ were those who scored in the top quartile of a 45-point scale derived from nine statements concerning neighbourhood value (such as ‘I feel like I belong to this neighbourhood’).

An estimated 28.5% (95% confidence interval 27.0% – 30.1%) of residents in the Borough considered that they have poor support in their neighbourhoods. This lack of support rose significantly for NRF residents, with 36.7% (95% confidence interval 33.3% - 40.2%) considering themselves poorly ‘connected’ compared to 25.6% (95% confidence interval 24.0% - 27.3%) of non-NRF residents.

At the level of Township itself, however, there are no significant differences on this indicator.

**Table 49: Neighbourhood connections, and perceived social disorganisation, by sex and age band - Rochdale Borough (% prevalence)**

				Neighbourhood connections		Sense of disorganisation	
				Poor	Not poor	High	Not high
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	33.8%	66.2%	35.1%	64.9%
			<b>40 -64 yrs</b>	24.2%	75.8%	34.0%	66.0%
			<b>65 or more yrs</b>	17.5%	82.5%	24.6%	75.4%
			<b>All ages</b>	26.7%	73.3%	32.8%	67.2%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	35.2%	64.8%	36.9%	63.1%
			<b>40 -64 yrs</b>	30.2%	69.8%	31.7%	68.3%
			<b>65 or more yrs</b>	18.3%	81.7%	22.2%	77.8%
			<b>All ages</b>	30.4%	69.6%	32.5%	67.5%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	34.5%	65.5%	36.0%	64.0%
			<b>40 -64 yrs</b>	27.2%	72.8%	32.9%	67.1%
			<b>65 or more yrs</b>	17.8%	82.2%	23.5%	76.5%
			<b>All ages</b>	28.5%	71.5%	32.6%	67.4%

Overall 28.5% of residents in the Borough considered that they have poor support in their neighbourhoods. In terms of age the highest prevalence was amongst the 18-39 years age group, the figure being 34.5%.

More males (30.4%) than females (26.7%) had poor neighbourhood connections.

In the 18-39 year age group more males (35.2%) than females (33.8%) had poor neighbourhood connections. Within the middle years age group again more males (30.2%) than females (24.2%) had poor neighbourhood connections.

Overall 32.6% of people perceived a high level of social disorganization.

In terms of age the prevalence was highest in the 18-39 years age group, the figure being 36.0%.

Slightly more females (32.8%) than males (32.5%) perceived a high level of social disorganisation.

In the 18-39 year age group more males (36.9%) than females (35.1%) perceived a high level of social disorganisation. Within the 40-64 years age group more females (34.0%) than males (31.7%) perceived a high level of social disorganisation. In the 65 or more years age group more females (24.6%) than males (22.2%) perceived a high level of social disorganisation.

**Table 50: People with no community involvement, by Township and NRF Area**

Township	NRF Status	People with no involvement	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	56	76	72.9	59.4 – 83.1
	Non - NRF	211	403	52.5	47.3 – 57.6
	All	267	479	55.7	50.9 - 60.4
<b>Middleton</b>	NRF	235	363	64.7	59.1 – 70.0
	Non - NRF	309	606	50.9	46.8 – 55.0
	All	544	970	56.1	52.8 – 59.4
<b>Pennine</b>	NRF	69	96	71.8	59.2 – 81.8
	Non - NRF	427	830	51.4	47.8 – 55.0
	All	496	926	53.5	50.1 – 56.9
<b>Rochdale</b>	NRF	381	605	63.0	58.4 – 67.3
	Non - NRF	640	1269	50.4	47.6 – 53.3
	All	1021	1874	54.5	52.1 – 56.9
<b>Borough</b>	NRF	741	1141	64.9	61.6 – 68.1
	Non - NRF	1587	3108	51.1	49.2 – 52.9
	All	2328	4249	54.8	53.2 – 56.4

People with 'no community involvement' have no active participation in any community group or organisation (sports and supporters clubs, social clubs, voluntary organizations, hobby groups, religious groups, political parties, neighbourhood watch schemes, tenants and residents' groups, neighbourhood cooperatives, and so on).

More than half the residents of the Borough, 54.8% (95% confidence interval 53.2% - 56.4%) had no involvement in any organised community groups.

This lack of community involvement increases significantly amongst NRF residents compared to non-NRF residents, the relevant figures being 64.9% (95% confidence interval 61.6% - and 51.1% 95% confidence interval 49.2% - 52.9%) respectively.

For Townships however, reported levels of community involvement are remarkably similar.

**Table 51: People with no community involvement by sex and age band - Rochdale Borough (% prevalence)**

				Community participation	
				None	Some
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	60.9%	39.1%
			<b>40 - 64 yrs</b>	58.6%	41.4%
			<b>65 or more yrs</b>	54.9%	45.1%
			<b>All ages</b>	58.7%	41.3%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	50.3%	49.7%
			<b>40 - 64 yrs</b>	51.5%	48.5%
			<b>65 or more yrs</b>	49.0%	51.0%
			<b>All ages</b>	50.6%	49.4%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	55.7%	44.3%
			<b>40 - 64 yrs</b>	55.1%	44.9%
			<b>65 or more yrs</b>	52.4%	47.6%
			<b>All ages</b>	54.8%	45.2%

Overall the prevalence of people with no community involvement was 54.8%.

In terms of age the highest prevalence was amongst the 18-39 years age group (55.7%).

In terms of gender, the prevalence of people with no community involvement was higher in females (58.7%) than males (50.6%).

In the 18-39 year age group, the highest prevalence was amongst females (60.9%) the figure for males being (50.3%). In the 40-64 year age group the prevalence of people with no community involvement was higher in females (58.6%) compared with males (51.5%). In the 65 years or more age group the prevalence of people with no community involvement was higher in females (54.9%) compared to males (52.4%).

## 5.18 People With Financial Difficulties and People Who Feel Relative Deprivation

Table 52: People with financial difficulties, by Township and NRF Area

Township	NRF Status	People with financial difficulties	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	10	74	14.0	6.2 – 28.7
	Non - NRF	27	395	6.7	4.6 – 9.8
	All	37	468	7.9	5.5 – 11.2
Middleton	NRF	53	353	14.9	11.3 – 19.5
	Non - NRF	52	601	8.7	6.7 – 11.3
	All	105	954	11.0	9.1 – 13.3
Pennine	NRF	16	93	17.5	9.3 – 30.3
	Non - NRF	66	824	8.0	6.2 – 10.3
	All	82	917	9.0	7.0 – 11.4
Rochdale	NRF	91	590	15.4	12.2 – 19.2
	Non - NRF	94	1248	7.6	6.1 – 9.4
	All	185	1838	10.1	8.6 – 11.8
Borough	NRF	170	1110	15.3	13.0 – 18.0
	Non - NRF	239	3068	7.8	6.8 – 8.9
	All	409	4178	9.8	8.8 – 10.9

Nearly 10% of residents across the Borough reported having financial difficulties (95% confidence interval 8.8% – 10.9%).

Residents of NRF areas were significantly more likely than their non-NRF counterparts to report such difficulties, the relevant figures being 15.3% (95% confidence interval 13.0% - 18.0%) and 7.8% (95% confidence interval 6.8% - 8.9%) respectively.

Levels of financial difficulty did not vary at the level of Township.

**Table 53: People who feel relatively deprived, by Township and NRF Area**

Township	NRF Status	People who feel deprived	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	13	74	17.5	10.4 – 27.9
	Non - NRF	35	396	8.9	6.5 – 12.1
	All	48	471	10.3	7.9 – 13.3
<b>Middleton</b>	NRF	40	356	11.2	8.1 – 15.1
	Non - NRF	62	596	10.4	8.3 – 13.1
	All	102	952	10.7	8.9 – 12.9
<b>Pennine</b>	NRF	16	94	17.4	9.4 – 30.0
	Non - NRF	90	823	10.9	8.9 – 13.3
	All	106	917	11.6	9.5 – 14.0
<b>Rochdale</b>	NRF	62	597	10.4	8.0 – 13.4
	Non - NRF	115	1244	9.2	7.8 – 11.0
	All	177	1841	9.6	8.3 – 11.1
<b>Borough</b>	NRF	131	1122	11.7	9.8 – 14.0
	Non - NRF	302	3059	9.9	8.9 – 11.0
	All	433	4181	10.4	9.5 – 11.4

Around 10% (95% confidence interval 9.5% - 11.4%) of Borough residents consider themselves deprived relative to other people in their neighbourhoods.

There were no differences between NRF and non-NRF areas on this indicator.

The variations between Townships on this indicator are not significant.

**Table 54: People with financial difficulties, and sense of relative deprivation, by sex and age band - Rochdale Borough (% prevalence)**

				Financial difficulties?		Feel deprived?	
				Yes	No	Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	11.2%	88.8%	8.5%	91.5%
			<b>40 -64 yrs</b>	9.1%	90.9%	12.1%	87.9%
			<b>65 or more yrs</b>	5.9%	94.1%	12.2%	87.8%
			<b>All ages</b>	9.3%	90.7%	10.7%	89.3%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	12.1%	87.9%	6.3%	93.7%
			<b>40 -64 yrs</b>	11.2%	88.8%	12.4%	87.6%
			<b>65 or more yrs</b>	4.1%	95.9%	12.3%	87.7%
			<b>All ages</b>	10.4%	89.6%	10.0%	90.0%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	11.7%	88.3%	7.4%	92.6%
			<b>40 -64 yrs</b>	10.2%	89.8%	12.2%	87.8%
			<b>65 or more yrs</b>	5.1%	94.9%	12.2%	87.8%
			<b>All ages</b>	9.8%	90.2%	10.4%	89.6%

9.8% of residents across the Borough reported having financial difficulties.

In terms of age the prevalence of people who reported having financial difficulties was highest in the 18-39 year age band, the figure being 11.7%.

Overall more males (10.4%) than females (9.3%) reported having financial difficulties. Within the 18-39 year age group more males (12.1%) than females (11.2%) reported having financial difficulties. Within the 40-64 years age group the prevalence was highest amongst males (11.2%) compared to females (9.1%). Conversely, within the 65 or more years age group the prevalence was highest in females (5.9%) compared to males (4.1%).

10.4% of Borough residents consider themselves deprived relative to other people in their neighbourhoods.

In terms of age the prevalence of people who considered themselves to be relatively deprived was highest in the 40-64 years and the 65 or more years age bands, the figures being 12.2 %.

Within the 18-39 year age group more females (8.5%) than males (6.3%) considered themselves to be relatively deprived. Within the 40-64 years age group the prevalence was highest amongst males (12.4%) compared to females (12.1%).

## 5.19 Experience of Crime

**Table 55: Experience of crime, by Township and NRF Area**

Township	NRF Status	People with experience of crime	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	9	75	11.5	5.7 – 21.6
	Non - NRF	48	391	12.3	9.1 – 16.5
	All	57	465	12.2	9.2 – 15.9
Middleton	NRF	44	352	12.4	8.8 – 17.2
	Non - NRF	93	596	15.6	12.8 – 18.8
	All	137	949	14.4	12.1 – 17.0
Pennine	NRF	28	91	30.4	19.9 – 43.5
	Non - NRF	153	825	18.6	15.9 – 21.6
	All	181	917	19.7	17.1 – 22.7
Rochdale	NRF	114	590	19.4	15.8 – 23.6
	Non - NRF	197	1255	15.7	13.7 – 17.9
	All	311	1844	16.8	15.0 – 18.9
Borough	NRF	194	1108	17.5	15.0 – 20.4
	Non - NRF	491	3067	16.0	14.7 – 17.4
	All	685	4175	16.4	15.2 – 17.7

An estimated 16.4% (95% confidence interval 15.2% - 17.7%) of Borough residents have personal experience of a crime.

In general there is no significant difference between NRF and non-NRF areas on this indicator.

Variations in this indicator are significant at Township level, with the highest perceived experience of crime occurring in Pennine (19.7%).

**Table 56: People with no community involvement by sex and age band - Rochdale Borough (% prevalence)**

				Experience of crime	
				Yes	No
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	18.0%	82.0%
			<b>40 - 64 yrs</b>	16.1%	83.9%
			<b>65 or more yrs</b>	8.8%	91.2%
			<b>All ages</b>	15.3%	84.7%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	21.0%	79.0%
			<b>40 - 64 yrs</b>	18.0%	82.0%
			<b>65 or more yrs</b>	7.7%	92.3%
			<b>All ages</b>	17.6%	82.4%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	19.5%	80.5%
			<b>40 - 64 yrs</b>	17.1%	82.9%
			<b>65 or more yrs</b>	8.3%	91.7%
			<b>All ages</b>	16.4%	83.6%

Overall the prevalence of people who had a personal experience of crime was 16.4%. In terms of age, the 18-39 year age group had the highest prevalence of people who had a personal experience of crime the figure being 19.5%.

In terms of gender, the prevalence of people who had a personal experience of crime was higher amongst males (17.6%) compared to females (15.3%).

In the 18-39 year age group more males (21.0%) than females (18.0%) had a personal experience of crime. In the 40-64 year age group more males (18.0%) than females (16.1%) had a personal experience of crime. In the 65 or more years age group more females (8.8%) than males (8.3%) had a personal experience of crime.

## 5.20 Access to General Practitioner and Access to Accident & Emergency

Table 57: People with 'poor' access to GP surgery, by Township and NRF Area

Township	NRF Status	People with poor GP access	Sample number	Prevalence (%)	95% CIs (%)
<b>Heywood</b>	NRF	3	75	3.6	1.1 – 10.6
	Non - NRF	26	389	6.6	4.6 – 9.6
	All	29	464	6.1	4.3 – 8.7
<b>Middleton</b>	NRF	32	346	9.1	6.2 – 13.4
	Non - NRF	56	595	9.5	7.4 – 12.1
	All	88	940	9.4	7.6 – 11.5
<b>Pennine</b>	NRF	17	94	18.6	10.2 – 31.3
	Non - NRF	91	816	11.2	9.1 – 13.7
	All	109	910	12.0	9.8 – 14.5
<b>Rochdale</b>	NRF	80	584	13.7	10.9 – 17.1
	Non - NRF	146	1255	11.7	9.9 – 13.7
	All	226	1839	12.3	10.8 – 14.0
<b>Borough</b>	NRF	132	1098	12.0	9.9 – 14.4
	Non - NRF	320	3056	10.5	9.4 – 11.7
	All	452	4153	10.9	9.9 – 11.9

Nearly eleven per cent (95% confidence interval 9.9% - 11.9%) of residents in the Borough considered that they have poor access to their GP surgery.

Residents of NRF areas were more likely than their non-NRF counterparts to consider that they had poor access to their GP surgery, the relevant figures being 12.0% (95% confidence interval 9.9% - 14.4%) and 10.5% (95% confidence interval 9.4% - 11.7%) respectively.

The variations between Townships on this indicator are not significant.

**Table 58: People with poor access to A &E, by Township and NRF Area**

Township	NRF Status	People with poor A&E access	Sample number	Prevalence (%)	95% CIs (%)
Heywood	NRF	12	76	16.4	9.5 – 26.7
	Non - NRF	78	389	20.1	16.4 – 24.5
	All	91	464	19.5	16.1 – 23.5
Middleton	NRF	77	347	22.1	17.6 – 27.4
	Non - NRF	83	595	14.0	11.3 – 17.1
	All	160	942	17.0	14.5 – 19.7
Pennine	NRF	14	92	14.8	7.7 – 26.7
	Non - NRF	141	818	17.3	14.8 – 20.1
	All	155	910	17.0	14.6 – 19.7
Rochdale	NRF	74	583	12.8	10.0 – 16.1
	Non - NRF	99	1257	7.8	6.4 – 9.5
	All	173	1841	9.4	8.1 – 10.9
Borough	NRF	177	1098	16.1	13.8 – 18.8
	Non - NRF	401	3060	13.1	11.9 – 14.4
	All	579	4158	13.9	12.9 – 15.1

Nearly fourteen per cent (95% confidence interval 12.9% - 15.1%) of residents in Rochdale Borough consider that they have poor access to a Hospital Accident and Emergency Department.

Residents of NRF areas were significantly more likely to evaluate their access as poor than non-NRF residents, the relevant figures being 16.1% (95% confidence interval 13.8% - 18.8%) and 13.1% (95% confidence interval 12.9% - 15.1%) respectively.

Since Accident and Emergency provision is based at Rochdale Infirmary, it not surprising that significantly less people living in the Rochdale Township evaluated their access to a hospital Accident and Emergency Department as poor. The figure being 9.4% (95% confidence interval 8.1%-10.9%).

**Table 59: People evaluating their access to their GP surgery and hospital (with A&E) as 'poor', by sex and age band - Rochdale Borough (% prevalence)**

				GP surgery		Hospital with A&E	
				Poor	Alright	Poor	Alright
<b>Sex</b>	<b>Female</b>	<b>Age</b>	<b>18 - 39 yrs</b>	10.5%	89.5%	12.8%	87.2%
			<b>40 -64 yrs</b>	11.2%	88.8%	13.1%	86.9%
			<b>65 or more yrs</b>	16.3%	83.7%	20.7%	79.3%
			<b>All ages</b>	12.0%	88.0%	14.5%	85.5%
	<b>Male</b>	<b>Age</b>	<b>18 - 39 yrs</b>	10.1%	89.9%	11.6%	88.4%
			<b>40 -64 yrs</b>	8.8%	91.2%	12.8%	87.2%
			<b>65 or more yrs</b>	11.2%	88.8%	18.8%	81.2%
			<b>All ages</b>	9.7%	90.3%	13.3%	86.7%
	<b>Both sexes</b>	<b>Age</b>	<b>18 - 39 yrs</b>	10.3%	89.7%	12.2%	87.8%
			<b>40 -64 yrs</b>	10.0%	90.0%	12.9%	87.1%
			<b>65 or more yrs</b>	14.1%	85.9%	19.9%	80.1%
			<b>All ages</b>	10.9%	89.1%	13.9%	86.1%

10.9% of residents in the Borough considered that they have 'poor' access to their GP surgery.

In terms of age the prevalence of people who evaluated their access to their General Practitioner as 'poor' was highest in the 65 or more years age group, the figure being 14.1%. More females (12.0%) than males (9.7%) evaluated their access to their General Practitioner as 'poor'.

Within the 18-39 year age group more females (10.5%) than males (10.1%) evaluated their access to their General Practitioner as 'poor'.

Within the 40-64 years age group the prevalence was highest amongst females (11.2%) compared to males (8.8%). More females (16.3%) than males (11.2%) within the 65 or more years age group evaluated their access to their General Practitioner as 'poor'.

13.9% of residents in Rochdale Borough consider that they have poor access to a Hospital Accident and Emergency Department.

In terms of age the prevalence of people who evaluated their access to a hospital with an Accident and Emergency Department as 'poor' was highest in the 65 or more years age group, the figure being 19.9%. More females (14.5%) than males (13.3%) evaluated their access to a hospital with an Accident and Emergency Department as 'poor'.

Within the 18-39 year age group more females (12.8%) than males (11.6%) evaluated their access to a hospital with an Accident and Emergency Department as 'poor'.

Within the 40-64 years age group the prevalence was highest amongst females (13.1%) compared to males (12.8%). More females (20.7%) than males (18.8%) within the 65 or more years age group evaluated their access to a hospital with an Accident and Emergency Department as 'poor'.

## **6.0 Links to the Borough of Rochdale Healthy Lifestyle Strategy 2006-2010**

The aim of the Rochdale Borough's Healthy Lifestyles Strategy is to improve health and reduce health inequalities by empowering local people to adopt healthier lifestyles. The work focuses upon four key lifestyle issues which are proven to have significant impact on health; smoking, diet, weight management and physical activity.

The approach adopted is to overcome barriers to healthier lifestyles and supporting those people who are particularly vulnerable to poor health, whilst also providing for the population as a whole.

The Healthy Lifestyles Strategy is being delivered by a number of partners in the borough, including the PCT, Pennine Acute Trust, the Local Authority, private and voluntary organisations and local communities. The work is being delivered across several key settings.

The findings of the Lifestyle Survey will inform the evidenced-based action plan of the Healthy Lifestyle Strategy. In addition, the findings will form the baseline upon which to build up a picture of the changes, year on year, of the health related behaviour of the residents of Rochdale. The survey findings, therefore, will be one way in which the impact of the Healthy Lifestyle Strategy can be measured.

## **7.0 Discussion and Recommendations for Further Action**

In undertaking the Rochdale Borough Lifestyle Survey a large amount of information has been generated about the health of the adult population and their perception of the communities in which they live. In many lifestyle areas residents living in N.R.F. areas fared worse than residents living in non N.R.F. areas. In recognition of these differences in health experience both the Primary Care Trust and the local authority target the services they provide to those residents in greatest need. This first survey provides an excellent starting point in understanding the health and community needs of residents; future surveys will build upon this local picture which can then be compared with other regions across the country.

### Rochdale Borough Lifestyle Survey - Recommendations:

- To share anonymised data gathered from the lifestyle survey with the North West Public Health Observatory in order to contribute to the development of an enhanced regional picture.
- To feed back the results of the survey to local residents so they can see the issues they collectively identified and be assured that these issues will be addressed through local action plans.
- The Multi-Agency Healthy Lifestyle Strategy Group to commission on 3 yearly basis a lifestyle survey of the residents of the Borough.
- The Multi-Agency Healthy Lifestyle Strategy Group to decide how far future surveys require regional consistency in questions and methods.
- To improve engagement of residents in the Lifestyle Survey so that uptake of subsequent surveys is improved particularly in relation to BME residents.

### Poor self-assessed health and long-standing, limiting illness

The survey highlighted that within the borough the prevalence of poor self-assessed health was 29.1%. There was a significantly higher proportion of people who reported poor health in the NRF areas compared to the non-NRF areas. More than half of the older age group (50.9%) assessed their health as fair/poor. 28.2% of residents had a longstanding illness, which limits their capacity. Again, residents of NRF areas are significantly more likely than non-NRF residents to manifest such illness.

During 2008 and beyond, in recognition of the level of poor health amongst residents, the Primary Care Trust will develop new, and extend existing initiatives in order to support people with poor self assessed health in addition to those living with long standing limited illness.

These programmes will include:

- The Expert Patient programme (EPP) for people living with a long term condition. The PCT now has a dedicated EPP co-ordinator to support the development and delivery of the programme and is supported by the Health Trainer team. Additional volunteer tutors continue to be identified and provided with relevant training. Raising the profile of EPP is now underway across the borough.
- The 'Looking After Me' course which supports carers of people with long term conditions who themselves live with a long term condition.

- As a spearhead PCT we are piloting the development of the Working in Partnership Project 'Self Care for People course – a project that adopts the principals of the Expert Patient programme but is aimed at those people in the hardest to reach groups. Links have been established with public health colleagues to ensure a joined up approach to implementation. A steering group is being developed with an associated action plan drafted for implementation.
- A proposal for the provision of appropriate psychological support for people with long term conditions has been developed in conjunction with the PCT Primary Mental Health service and a decision on funding is awaited.

### **Smoking and Passive Smoking**

Deaths from smoking related disorders are the biggest single contributors to the life expectancy gap in the borough. Additionally, a range of smoking related disorders, principally respiratory and circulatory diseases, contribute to a decrease in the quality of life lived. A major public health priority in the Rochdale Borough therefore, is to reduce the numbers of people who smoke.

The estimated prevalence of smoking in Rochdale Borough was 23.7%. The highest rate of smoking (28.3%) was found in the youngest age group (18-39) In terms of gender, the prevalence of smoking is highest amongst all males 25.7%.

However, the overall prevalence figure should be used with caution as a recent National Health profile modeled the percentage of adults who smoked in Rochdale based on the Health Survey for England, which is generally accepted as an underestimate at 28.7% of adults compared to 26% for England as a whole and 27.4% in the North West. The NRF area figure of 31.8 reflecting more closely the National Health profile figure.

In terms of passive smoking 18.3% of Rochdale Borough residents reported being exposed from other smokers living in the household. This exposure was significantly greater in NRF areas than the rest of the Borough.

It will be interesting to see changes to the prevalence of smoking in light of the Smoke Free Legislation which came into effect in July 2007. It is hoped that together with the wide ranging initiatives on offer (from both the Primary Care Trust and the Local Authority) to support residents to stop smoking the legislation will encourage quitting and reduce the prevalence of residents smoking in their homes.

The Stop Smoking Service is working to address the higher prevalence rates of smoking amongst residents living in Neighbourhood Renewal Fund areas by ensuring that service provision is targeted to these areas. The Service targets and provides appropriate services for key population groups, namely manual workers, pregnant women, young people and ethnic minorities and people with mental health problems.

- The Service targets these groups of residents by working with partner organisations to train community members in Stop Smoking techniques so that they can reach out to residents who might be reluctant to use the service based in traditional settings.
- The Healthy Living Initiative and the Community Health Development Team deliver neighbourhood based smoking cessation advice for example, 'Fit and Quit'. Both these services host a Health Trainer, (one in the township of Rochdale and one in the Township of Middleton) and support the Health Trainers based at Rochdale Centre for Diversity.
- The skills of the Health Trainers are being utilised to deliver smoking cessation advice, again at a neighbourhood level and targeting ethnic minority groups.
- The Service is committed to providing smoking cessation training to front line staff such as school health practitioners, midwives, health trainers and pharmacists to ensure that residents have access to smoking cessation advice and support including where appropriate, nicotine replacement therapy.
- Pharmacists provide information to residents about the Stop Smoking Service when selling pregnancy testing kits.
- The midwives are very proactive in promoting the smoke free homes campaign and successfully encourage many families to pledge to make their homes smoke free.
- All pregnant women on their first antenatal appointment are asked by their midwife whether they or their family need smoking cessation advice.
- Smoking cessation is an integral part of the Baby Friendly action plan.
- Both midwives and health visitors, many of whom are intermediate trained, raise the issue of smoking to clients, in the post natal period.
- Rochdale Metropolitan Council and the Primary Care Trust continue to promote the Smoke-free Home Campaign which encourages families to pledge to make their home smoke-free. A wide range of front line staff from both organisations are trained in the promotion of the campaign.
- The Smoke-free Home Campaign has been extended to include Smoke-free Cars.

- Both organisations also work to raise awareness of the risks of chewing tobacco amongst South Asian communities and health professionals, and work with retailers to ensure compliance with legislation relating to the sale of these products
- The Environmental Health and Licensing Service of Rochdale Metropolitan Borough Council continue to have the sole responsibility of enforcing the new Smoke Free legislation which was introduced in summer 2007. They proactively visit premises to assess compliance, and have committed to visit all workplaces and public places within the Borough by July 2008 and to visit all high priority premises within the first 6 months of the new legislation. They are on target and to date have made in excess of 4000 smoke free visits.
- Where the Smoke Free legislation has limited exemptions (such as for residential settings, e.g. care homes, prisons, hostels), the service works within these settings to minimise the exposure of staff to second-hand smoke as far as reasonably practical.

#### Smoking/Passive Smoking - Recommendations:

- The Stop Smoking Service should monitor the prevalence of smoking in the NRF areas and ensure that the Stop Smoking service targets residents living within these areas.
- The Stop Smoking Service should continue to target males particularly those living in the Heywood and Middleton Townships.
- Consideration should be given to how best the Stop Smoking Service can be marketed to males, particularly in the 18-39 year age group
- To undertake a survey of the specific needs of smokers from South-Asian communities residing in Rochdale.
- To continue to support midwives and health visitors in delivering pre-conceptual advice on tobacco free.

## Alcohol Consumption

The survey found that 17.5% of residents reported that they consumed unsafe levels of alcohol. NRF residents were significantly less likely to drink unsafely than non-NRF residents.

It is possible that respondents who drink alcohol may underestimate the amount they consume. This is especially significant when the findings from the survey are compared with national statistics ([www.statistics.gov.uk/goeography/soa.asp](http://www.statistics.gov.uk/goeography/soa.asp)) which demonstrate that the most deprived fifth of the population of the country suffer two or three times greater loss of life attributable to alcohol; three to five times greater mortality due to alcohol-specific causes; and two to five times more admission to hospital because of alcohol than the more affluent areas.

The survey found that residents in the middle age band, 40-64 years, had the highest rate of 'unsafe' alcohol consumption. In terms of gender, the prevalence was highest amongst males, being more than double that of females. The gender issue is an important one in that nationally men suffer greater inequalities related to alcohol use than women.

Encouraging everyone who drinks to do so in a safe, sensible and social way is a challenge. Locally the Rochdale Safer Communities Partnership has been working not only to reduce the level of alcohol related crime (which is the second highest in Greater Manchester) but to develop improved preventative and treatment services for those whose alcohol consumption is affecting their health and wellbeing. In addition, the Partnership aims to improve the quality of life of people with alcohol problems and reduce the impact alcohol misuse can have on local residents as well as the local economy.

The Rochdale Safer Communities Partnership have been successful in achieving the following outcomes:

- Implementing 'Town Centre Safe', an initiative to tackle alcohol-related disorder in Rochdale Town Centre using high-visibility Police patrols
- Increasing the number of alcohol misusers accessing and gaining support for their problems
- Working with Trading Standards colleagues to carry out enforcement activity relating to under-age sales of alcohol
- Organising a number of publicity and awareness-raising campaigns on safe and sensible drinking at key times of the year

The priorities for the partnership for the period 2008 – 2011 includes:

- Reducing the level of alcohol-related crime in the Borough
- Focusing in particular on tackling anti-social behaviour associated with alcohol
- Reducing the level of 'binge drinking' in the Borough
- Reducing the number of males in the Borough who are hospitalised as a consequence of alcohol misuse
- Increasing further the number of alcohol misusers accessing treatment through greater numbers of direct referrals from custody suites and A&E units
- Focusing activity on those neighbourhoods in the Borough that experience the most significant problems relating to alcohol misuse

#### Alcohol Consumption - Recommendations:

- The results of the survey to be presented to the Drug and Alcohol Strategy Group and used in the review of the Boroughwide Alcohol Strategy.
- Consideration should be given to re-focusing the alcohol prevention work on men and residents in the middle age range whilst continuing to target the younger age group.
- Further develop the awareness raising campaigns, at key times during the year, aimed at non-dependant drinkers

## Obesity and Overweight

Being overweight can lead to obesity; in turn obesity contributes to heart disease, diabetes, joint and back problems. Nationally there has been a marked increase in levels of obesity. Data from the Health Survey for England show that in the North West in 2004, nearly a quarter of men (23.6%) and women (23.8%) were obese. These figures are predicted to rise to approximately 33% in men and 28% in women by 2010. Within the Borough, prevalence estimates indicate that there are 37,000 people with Body Mass Index of more than 30. As of December 2007 there were 17,643 people on Body Mass Index registers within general practice.

According to the Lifestyle survey the figure for obesity prevalence was lower at 17% for the Borough as a whole and 20.1% for NRF areas. 51.9% of people in the Borough are either overweight or obese. However, residents were self reporting and therefore may have underestimated their weight. The data from the survey is therefore unreliable in this regard.

In recognition of the significant levels of obesity within the Borough the Specialist Obesity Service have developed a range of services for eligible residents.

- Slimming on referral scheme, a free twelve week programme with commercial slimming groups ('Weight watchers' or 'Slimming World'). The scheme aims to provide patients with effective, lasting support for weight loss and targets overweight and obese patients who consequently may be at risk of developing coronary vascular disease. As of December 2007 465 patients have been referred to the programme via their General Practitioner.
- A 12 week programme the 'gym scheme' giving free access to Link4Life leisure activities via the GP.
- 1 to 1 personalised support from registered dietitians in the Healthy Weight Team via their GP.
- Dietary Advice Direct (DAD) scheme giving access to dietary advice on line and e-mail communication with dietitians via their GP or dietitian.
- The MEND Programme (mind, exercise, nutrition, DO IT !!), a 10 week programme to support families where a child is overweight or obese
- The Healthy Living Initiative and the Community Health Development Service deliver health walks, healthy eating programmes, Middleton Family Fit and the Asian Healthy Families Projects.

In addition, it is planned that staff working in primary care will be provided with the following to guide their work with obese and overweight patients:

- A training programme on diet, physical activity, weight management, behaviour change and obesity care pathways.
- Local guidelines based on National Institute for Clinical Excellence (N.I.C.E.) guidance for the prescribing of anti-obesity drugs and the commissioning of surgical interventions for those requiring such treatment.

#### Obesity and Overweight - Recommendations:

- Residents should be encouraged and supported to manage their weight at times of significant life events such as giving up smoking, pre and post pregnancy, and menopause.
- Residents will have a range of weight management support options to choose from (see above examples).
- A range of staff will have training to support people to achieve realistic weight management goals.
- Children and their families will be encouraged and supported through knowledge, skills and affordable access, to opportunities to reach and maintain a healthier weight.
- Residents will be made aware of relevant key messages and the approaches available to them to reach and maintain a healthier weight.

## Consumption of Fruit and Vegetables, Diet and Access to Fresh Food Shops

Poor nutrition is a major health risk. Studies have shown that at least 30% of coronary heart disease deaths and 33% of all cancers can be attributed to poor diet. In the United Kingdom, the poorer people are, the worse their diet and the more nutrition-related diseases they suffer from. The survey found that a high percentage of respondents (81.9%) of residents eat less than 5 portions of fruit and vegetables per day, significantly more residents living in NRF areas missed their '5-A-Day' target. Residents in the 18-39 year age band were more likely to eat less than 5 portions of fruit or vegetables every day (86.6%). More males (84.6%) than females (79.4%) ate less than 5 portions of fruit or vegetables every day.

In addition, 17% of residents have a 'poor diet'. People living in NRF areas are significantly more likely to have a poor diet. The prevalence was highest in the 18-39 year age group (22.2%). More males (21.5%) than females (13.0%) exhibit this behaviour.

The Rochdale Borough Lifestyle Survey mirrors the findings of the Health Survey for England 2006. The national survey also found that fruit and vegetable consumption was higher among women than men and for both women and men consumption was lowest among those in the lowest age band (16-24 years).

Those people in the lowest quintiles are the least likely to eat at least five portions of fruit and vegetables a day (20% and 22% among men in the lowest two quintiles, 23% among women in the lowest).

The Rochdale Borough Lifestyle survey found that 11.6% of respondents evaluated their access to fresh food shops as poor. The prevalence was highest in the older age group, the figure being 16.3 %. Access to fresh food shops was seen as poorest in the Township of Pennine.

These findings are disturbing finding considering the wide range of initiatives which are in operation to improve the knowledge, skills and attitude of residents in relation to the importance of healthy eating.

The following initiatives are established or in progress within the Borough:

- A Borough wide Food Network group provides a central point of contact to co-ordinate all food and health issues within the borough.
- 5 A DAY Programme
- Community Food Development Team
- SureStart Food Team

- The Community Food Development Worker is using the findings of a food mapping study to work with a range of food suppliers such as caterers, retailers, allotments and community food enterprises to improve the accessibility, availability and sustainability of food across the Borough.
- The Healthy Living Initiative and the Community Health Development Team encourage and support interested residents in completing a variety of food/health related courses, many of which lead to an accredited qualification.
- Working towards implementing the Baby Friendly Initiative is seen as imperative in order to create a supportive culture for mothers to initiate and continue breastfeeding.
- Partnership working with Greater Manchester Public Transport Executive to improve access of healthy foods to vulnerable groups by improving transport routes to shops.
- Work to influence town planning in the appropriate siting of food outlets within the Borough
- The development of a Healthy Food Award in recognition of the need to promote healthier eating policies within the local Trusts, the local authority and commercial businesses.

#### Food, Diet and Access to Fresh Food Shops - Recommendations:

- To re-emphasise the 5 A DAY message particularly within the Neighbourhood Renewal Fund areas
- To re-focus community development work on food issues for example the development of food co-operatives and community cafés.
- To design and implement a social marketing approach focusing on improving the consumption of fruit and vegetables and improving the “poor” diet of males living in Neighbourhood Renewal Fund areas.
- Consideration to be given to understanding better, the specific barriers faced by males in eating a healthy diet. Once identified, food work within the Borough should focus removing these barriers.
- Women should be targeted pre-conceptually and during pregnancy in order to raise awareness of the importance of good maternal nutrition. (from equity audit)
- To re-focus the work on food mapping so that it can be used as a basis for improving access, availability and sustainability of food across the Borough but in particular the Township of Pennine.

## Physical Activity

The survey showed that about half the people, 49.1% in Rochdale Borough lead a sedentary lifestyle. Residents in the NRF areas had significantly higher levels of sedentary living than the rest of the Borough. Increasing age appears to correspond to a more sedentary lifestyle.

Just over a quarter of residents evaluated their access to leisure facilities as poor. However, there were no differences between NRF and non-NRF areas on this indicator. Access to leisure facilities was considered poorest in the Township of Pennine.

The Health Survey for England 2006 echos these findings in that the proportion of the population meeting the recommended level decreased with age for both men and women. Indeed, the amount of physical activity undertaken was significantly related to equivalised household income among men. In the 'low' physical activity level group there was a clear gradient across the income quintiles for both men and women with those in the lowest quintiles more likely to be in the low activity group than those in the highest income quintile.

In terms of promoting physical activity the aim of the Healthy Lifestyle Strategy is: "To improve the health of local people by creating a lifelong culture of activity." To this end a local Physical Activity Network has been set up in order to co-ordinate the range of initiatives in the Borough. Partnerships between the N.H.S., the local authority, the private sector and the voluntary sector have been formed to ensure that access and opportunities for physical activity amongst priority groups is improved.

The Physical Activity Network is committed to supporting and encouraging children and young people to take up sport and other recreational activities as part of a more active lifestyle, both within and outside of school. In addition, the Network is focused on encouraging all residents living in the Borough to establish physical activity as part of their daily lives.

The following initiatives have been established by the Network:

- The development of an active transport system as well as progressing environmental regeneration work in order to create an environment conducive to increased levels of physical activity. The partner agencies are committed to ensuring that this work benefits priority groups as well as the resident population as a whole.
- The establishment of School Travel Plans in all schools across the Borough with the aim of encouraging children and young people to walk to school.
- Expansion of the opportunities for physical activity in the wider community by developing appropriate facilities and infrastructure so that facilities are more accessible to people in their neighbourhoods and daily lives.

- Expansion of the Borough wide Health Walks programme which has been successfully mainstreamed, including progress on escalating the cycling for health aspect of this programme.
- A successful Lottery bid will ensure the development of better cycling networks across the Borough. Funding has also been secured for the establishment of a Cycling Development Officer post through the Cycle Touring Club. Additional funding applications have been completed as part of the Sport and Physical Activity Alliance proposals.
- The staff of the Healthy Living Initiative and the Community Health Development Team, via the Asian Healthy Families and Middleton Family Fit Project, support local people living in Neighbourhood Renewal Funded areas to engage in a range of physical activity programmes. For example, encouraging uptake of health walks (including training community volunteers to become Walk Leaders), swimming vouchers schemes, membership of local community gyms and encouraging participation in locally based fitness sessions held in community venues.
- The Partnerships for Older People Project (POPPS) is a 2 year the Department of Health funded project. Working in partnership with the Healthy Living Initiative identified and the needs of older isolated people are addressed. For example T'ai Chi and Chair based Exercise classes are popular as a form of exercise. Older people are signposted to their nearest sessions. Where there is an identified unmet need in an area, more classes are commissioned.

In developing capacity and provision for residents who are infirm, housebound, at risk of falling or have learning and physical disabilities a number of initiatives have been developed. These include:

- Establishing a Boroughwide Disability Sports Development Group.
- Commissioning a sport and physical activity survey amongst disabled residents.
- Establishing, in Heywood Middleton and Rochdale Townships swimming sessions for disabled residents.
- Establishing, in Rochdale and Heywood Townships two sports sessions for disabled residents.
- Submitting a funding bid, (Sport and Physical Activity Alliance) to establish additional sports activities for disabled residents living in the Borough.

### Physical Activity – Recommendations:

- Consideration should be given to undertaking an equity audit examining how far the middle and older age groups as well as residents living in the NRF areas of the Borough are taking up the physical activity programmes on offer.
- Consideration should be given to developing further, alternative means of exercise for the residents of the Township of Pennine.
- Priority should be given to marketing the exercise opportunities available within the Township of Pennine.
- The ease at which informal physical activity (such as walking, taking the stairs), can be incorporated into our daily lives should be marketed to residents living in NRF areas.

### Access to Leisure Facilities

It is significant that just over a quarter of residents in the borough evaluated their access to leisure facilities as poor. This response needs further investigation since the rationale for such a response could be based on a number of factors such as a lack of physical leisure facilities in an area, a lack of green spaces in which to walk or a lack of knowledge of the leisure services on offer.

In the last two years significant investment has been made at Littleborough Sports Centre. Further investment is planned at Hollingworth Lake Water Activity Centre. In addition, a proposal in the Sports and Physical Activity Alliance bid will seek to extend community use of Wardle High School through the Extended Schools initiative. Despite this sustained programme of work in developing leisure facilities/opportunities within the borough there appears to be a gap in service provision within the Township of Pennine.

### Access to Leisure Facilities - Recommendations:

- To undertake a mapping exercise of the leisure facilities on offer within the Borough in order to assess the level of provision including the level of accessibility of such provision.
- Leisure services to investigate the apparent gap and take action where necessary, to expand the opportunities for leisure service provision within the Township of Pennine as a whole with particular reference to the NRF area of Pennine.
- Consideration should be given to expanding the range of leisure facilities suitable for the 65 or more years age group.

## People with Three Specific Coronary Heart Disease “CHD “risks”

6.3% of people in the Borough manifest all three CHD risk behaviours. Such combinations of risk are significantly more likely amongst NRF residents. Residents in the middle years were more likely to have three coronary heart disease risk factors additionally, males fared worse than females.

The Strategic Health Authority estimate that there should be 17,639 people on coronary health disease ‘risk registers’ held by general practitioners. As of January 2008 there are 3,582 people on the ‘risk registers’.

The work undertaken by the Primary Care Trust in relation to obesity contributes to the reduction of coronary heart disease within the Borough. In addition, specific work relating to coronary heart disease includes the following:

- As part of the Improvement Foundation’s Healthy Communities Collaborative a new programme manager post has been developed in order to increase public awareness of coronary heart disease.

### People with Three Specific Coronary Heart Disease “risks”- Recommendation:

- To continue to target preventive work to the middle age group in the light of the new research.

## Diabetes and Angina

An estimated 6.3% of residents consulted for diabetes in the previous year. The consultation rate was significantly higher in the NRF areas than elsewhere, the respective figures being 8.4% and 5.5%. Residents in the older age group were more likely to have consulted their GP for diabetes the figure being 19.5%.

The Health Survey for England 2006 found that the prevalence of doctor - diagnosed diabetes in 2006 was higher in men (5.6%) than in women (4.2%). The prevalence increased with age with 15.7% of men aged 65-74 years and 13.5% of men aged 75 and over having a diagnosis of diabetes. In women aged 75 and over the prevalence was 10.6%.

As of December 2007, 9,053 people (4.12%) in the Borough were diagnosed as diabetic. Whilst the number of people being identified with diabetes continues to rise at a rate of 8% per annum, this does not yet represent the expected borough wide prevalence of 4.83% (9,793 people) as predicted by the York & Humber Public Health Observatory. In addition, the Observatory has predicted that taking into account the rising trend of obesity the prevalence of diabetes will be (5.48%), 11,518 people. Should the trend remain static then the prevalence will be (5.02%), 10,542 people. Finally, should the obesity trend be reversed then the prevalence of people with diabetes will be 4.59% (9,641).

Over recent months investment has been made into the provision of a number of services to support people with diabetes with others in development. These include:

- Provision of a locally developed comprehensive structured education programme for people with Type 2 diabetes - 'Taking Control'.
- Investment into the availability of structured education for people with Type 1 diabetes 'DAFNE (Dose Adjustment for Normal Eating).
- Expansion of the local diabetic retinopathy screening service
- Proposals for the development of a comprehensive foot care pathway for people with diabetes are currently being considered by local commissioners.

5.6% of residents consulted their general practitioner for angina in the past year. The consultation rate was significantly higher in NRF areas than the rest of the Borough. In the middle years group twice as many males (7.0%) as females (3.5%) consulted their general practitioner.

General Practitioners are responsible for reviewing, on an annual basis, the care of all patients who have been diagnosed with angina. The Primary Care Trust, via the Quality and Outcomes Framework monitors this programme of work. The referral pathway for patients suspected of having onset angina is via the Rapid Access Chest Pain Clinic.

It is not possible to ascertain from the survey results whether people consulted their General Practitioner due to experiencing symptoms of angina or whether they consulted as part of the annual review re-call system. Despite this, the data showed that people living in NRF areas are significantly more likely to consult their GP for angina. Males are generally more likely than females to consult and in the 40-64 year age group males are twice as likely as females to consult their GP for angina.

There appears to be a gap in the referral process to cardiac rehabilitation classes in that not all patients who are diagnosed with angina via their General Practitioner or the Rapid Access Chest Pain Clinic are invited to attend.

#### Diabetes and Angina - Recommendations:

- Whilst screening of at risk groups needs to become more systematic, a targeted approach to those at greatest risk i.e. BME groups, is also required.
- During 2008, a comprehensive review of services currently provided to local people needs to be undertaken in an effort to ensure that adequate capacity exists to accommodate the expected numbers of people likely to be identified as having diabetes and that provision is accessible, equitable and meets the needs of different patient groups.
- Consideration to be given to ensuring that cardiac rehabilitation is offered to all patients diagnosed with angina as well as to those who have stabilised following deterioration in their condition.
- The Primary Care Trust to develop an Angina Management Plan.

## **Asthma and Bronchitis**

10.3% of residents reported consulting their GP for asthma in the last year. The prevalence of asthma was significantly higher in NRF areas than non-NRF areas. Those in the 65 or more years age group (16.9%) had the highest prevalence. More females (11.1%) than males (9.5%) consulted their GP for asthma.

4.2% of Borough residents reported consulting their GP for bronchitis. The rate of consultation was significantly higher in the NRF areas. People in the 65 or more years age group had the highest prevalence (14.0%).

Within primary care, practice nurses support patients with respiratory disease. A number of practice nurses have undertaken a Diploma in asthma/chronic obstructive pulmonary disease (C.O.P.D.) in order to advance their skills. In relation to C.O.P.D. work has been undertaken to identify the current prevalence within the Borough and the predicted need. This information has been used to develop a proposal for a community based C.O.P.D service. This service will proactively screen at risk patients in order to provide support and to diagnose those people with undiagnosed C.O.P.D. symptoms.

## **Back Pain and Arthritis**

15.0% of residents reported that they had consulted their GP for back pain. Residents living in NRF areas were significantly more likely than other residents to consult for this reason.

The highest prevalence (23.1%) was in the 65 or more years age group. In this age group more females (25.8%) than males (19.7%) consulted their G.P. for back pain in the last year. In terms of gender overall, more females (16.5%) than males (13.4%) consulted their G.P. for back pain in the last year.

An estimated 16.1% of residents in Rochdale Borough reported that they had consulted their GP for arthritis. Overall, the level of consultation for arthritis is significantly higher in NRF areas than non-NRF areas.

The highest prevalence (42.8%) was in the 65 or more years age group. In this group more females (50.5%) than males (32.6%) consulted their G.P. for arthritis in the last year. Overall more females (19.4%) than males (12.5%) consulted their G.P. for arthritis in the last year.

## Mental Well-being

29.3% of residents in the Borough show three or more symptoms on the General Health Questionnaire measure of mild psychiatric morbidity. Such morbidity is significantly more likely in the NRF areas.

12.3% of Borough residents are estimated to have consulted their General Practitioner, in the last year, for nerves or depression. Again, the NRF areas manifest significantly higher consultation levels on this indicator. More than twice as many females in the 18-39 year age group than males had visited their GP for nerves or depression.

Mental health is a very important aspect of health and wellbeing and as such is a cross cutting theme of the Healthy Lifestyle Strategy. The recognition of the value of promoting and protecting mental well being has resulted in a shift in emphasis from not only providing services for the treatment of mental illness but the provision of social prescribing services, including Books and Exercise on Prescription. The programmes of work which contribute to promoting mental health include:

- The development of the Mental Health Promotion Strategy which is overseen by the Mental Health Promotion Implementation Group.
- A Mental Wellbeing Impact Assessment Toolkit.
- The Healthy Living Initiative and the Community Health Development Service which aim to promote social support, in turn, protecting mental health. A number of mental health promotion sessions are delivered including Healthy Lifestyle, Health & Well-being and Alternative Therapy.
- The Rochdale Borough Environment Partnership is responsible for improving the “liveability” of the local environment to ensure that the “streetscene” is clean, safe and green the resulting neighbourhoods will be health enhancing and contribute to diminishing stress.
- A ‘Books on Prescription’ scheme incorporating the prison population.
- A successful bid to establish a ‘Creativity on Prescription’ scheme within the Township of Heywood.
- Broadcasting, via Crescent Radio, regular mental health awareness sessions in three community languages.

### Mental Wellbeing - Recommendations:

- The Healthy Lifestyle Strategy Leads to ensure that mental wellbeing is embedded within the action plans of the Healthy Lifestyle Strategy.
- To ensure that residents in the NRF areas as well as females in the 18-39 year age group are targeted in terms of mental health promotion.

## Accidents

The survey found that 11.4 % of people in the Borough had experienced accidents which required medical attention in the previous twelve months. The highest prevalence of accidents was amongst the 18-39 years age group. Within this age group more males than females suffered.

## Disability

17.4% of Borough residents are estimated to have two or more disabilities. The NRF areas manifest significantly higher levels of disability than non-NRF areas.

The highest prevalence of people who had two or more difficulties with day-to-day activities were those in the older age group the figure being 42.7%.

Significant investment has been made into the development of the local case management service which aims to provide a co-ordinated approach to the care of people living with the most complex health and social care needs. The revised model to be implemented from January 2008 is linked to practice based commissioning clusters. The service will adopt a proactive approach to the co-ordination of care for this group of people in an effort to reduce unnecessary emergency admissions to hospital and where possible reduce unnecessary lengths of stay.

The Primary Care Trust has a key core principle of reducing health inequalities and to keep the issues of equality and diversity at the heart of its work. The Trust recognises that it can only achieve this principle by embedding the principles of integrating diversity as a standard throughout all aspects of the organisations services, its people and structures.

The Disability Duty 2005 provided the Trust with a further opportunity to reinforce its commitment to equality and diversity by publishing a Disability Equality Scheme and action plan for 2006 – 2009. This scheme is part of the Primary Care Trusts wider equality and diversity strategy and covers all disabled people as patients, service users and employees.

The purpose of the Disability Equality Scheme is to show how the PCT will meet its duties under the Disability Discrimination Act 2005 as a health care provider, commissioner and employer.

In conjunction with key stakeholders, including Rochdale Centre Of Diversity, Rochdale and District Disability Action Group (RADDAG) Learning Disabilities, the PCT set up a number of task groups - Disability Equality Scheme Task Group, Equality Impact Assessment Task Group and Interpreting, Translation and Communication Support Task

Group to support the process. The Primary Care Trust has produced a Disability Equality Action Plan (2006-2009). This is incorporated into the PCT business plans and is also included in the organisations Directorate Equality Action Plans. The scheme will be monitored and progress reported on every year in the Equalities Report incorporated into the Annual Report.

The Primary Care Trust has developed and reviewed an Equality Impact Assessment Toolkit and pathway. This enables the assessment of policies and practices and their impact upon disabled people, those from black and minority ethnic communities, gender, age, religion and sexual orientation.

Within the Primary Care Trust, the work of Health Trainers is focused on people with disabilities in supporting them to make healthier choices.

#### Disability - Recommendations:

- In order to meet its duties under the Disability Discrimination Act, The Primary Care Trust, as part of the review of its current training provision should consider developing and implementing a comprehensive equality and diversity training programme for all employees.
- The survey highlights that NRF areas have a higher percentage of people experiencing disabilities. A significant proportion of Multi Agency Health Lifestyle Strategy Steering Group work is focused in NRF areas with short term external funding to March 2008. Consideration should be given to securing future funding for this work.

#### Visits to General Practitioner

Nearly a fifth, (19.8%) of Borough residents make six or more GP visits per year. Residents of NRF areas are significantly more likely to be frequent visitors. The highest prevalence of the adult population visiting their GP on six or more occasions in the last year was those in the 65 or more years (31.0%).

In terms of gender, the prevalence of people, visiting their GP on six or more occasions in the last year was highest amongst females compared to males. This is despite the fact that other findings from the survey would suggest that males have need to access their GP frequently. For example more males than females in the young and middle age groups have three coronary heart disease risks (smoking, sedentary lifestyle, and are overweight / obese), in addition, more than double the number of males compared to females drink 'unsafe' levels of alcohol.

#### People Making Six or More General Practitioner Visits Per Year- Recommendations:

- Explore the reasons for the apparent lower use by males of general practitioner services.
- Undertake an assessment of the health needs of males living in the Borough.

## Carers

12.4% of residents in the Borough provide informal care to sick or disabled relatives or friends. The highest prevalence of the extent of informal care was amongst the 40-64 years age group. More females than males were informal carers. Within the 18-39 year age group the extent to which informal care exists was more than double in females than males.

- The Primary Care Trust is committed to supporting its staff in their caring responsibilities and to this end are reviewing the policies in relation to carers of both children and adult relatives.
- Working with the Carers Resource Centre, the Patient Advice and Liaison Service has developed an Emergency Carers Card so that contact with all the named carers of patients is made possible.
- The Patient Advice and Liaison Service has supported general practitioners to set up a register of carers from the practice population with a view to setting up Carers Health Clinics.

## Social Capital

### People With Poor Social Contacts/People With No Confidantes

An estimated 10.8% of residents had not seen a friend in the last two weeks. This lack of social contact was significantly more prevalent in residents living in the NRF areas of the Borough.

In terms of the prevalence of people having the availability of confidants to discuss personal issues, overall the figure was 10.4%. The prevalence was highest in people in the middle years age group. Within this age group the prevalence was significantly higher for males than for females.

The links between lack of social support and ill health are well established. A major influence on a person's health is the strength of their social support networks, since social support protects against stress.

- One of the aims of the Community Health Development Service is to promote social support amongst residents. The Healthy Living Initiative works together with the Community Health Development Team, towards this aim but currently only in specific areas which have received Big Lottery funding (BIG). Inner Rochdale funding ceased in July 07, and is now restricted to the new 5 year BIG Wellbeing Project 'Asian Healthy Families. Middleton HLI continues until July 08 when funding

ceases and is delivering 'Middleton Family Fit Project' as part of the BIG Wellbeing programme across the NW. The Primary Care Trust and Local Authority are working to establish the service as one, which is jointly funded and mainstreamed.

People With Poor Social Contacts/People With No Confidantes - Recommendation:

- To investigate the barriers to social support for people in the Borough particularly those living within NRF areas.

People with high levels of social disorganisation

32.6% of residents across the Borough had a high sense of social disorganisation. This sense of disorganisation rose dramatically (and significantly) for NRF residents.

People with poor neighbourhood connections/People with no community involvement

An estimated 28.5% of residents considered that they have poor support in their neighbourhoods. This lack of support rose significantly for NRF residents.

- The Community Health Development Team and the staff of the Healthy Living Initiative support local people in both one to one and group settings to develop their confidence as well as their social skills. This work includes assisting in them gaining qualifications and volunteering opportunities. E.g. First Aid Food Safety, Health Walk Leader, OCNW Healthy Eating and Fitness qualifications.

People with poor neighbourhood connections/people with no community involvement - Recommendation:

- Seek to explore the reasons for poor social support amongst residents particularly those living in NRF areas.

People with financial difficulties and People who feel relatively deprived

Nearly 10% of residents across the Borough reported having financial difficulties. Residents of NRF areas were significantly more likely than their non-NRF counterparts to report such difficulties. Around 10% of residents consider themselves deprived relative to other people in their neighbourhoods.

- The staff of the Healthy Living Initiative and the Community Health Development Team assist people in the development of their confidence and skills to enable them to be successful in the job market and thereby have a degree of economic stability.

Social Capital - Recommendation:

- The issues raised here in relation to social capital should be discussed with the local authority in order to agree a way forward.

## Experience of Crime

An estimated 16.4% of residents have personal experience of a crime. In terms of age, the 18-39 year age group had the highest prevalence of people who had a personal experience of crime the figure being. The highest perceived experience of crime occurred in Pennine.

The Rochdale Safer Communities Partnership, in implementing the Safer Communities Strategy has made significant progress in reducing the types of crime that effect communities the most. Examples of the work undertaken by the partnership includes:

- Working in partnership to target the most prolific offenders in the Borough
- Participating in the Greater Manchester scheme to tackle doorstep crime
- Running a number of pro-active police operations to identify key targets and curtail their activities
- Establishing the Community Safety Shop
- Undertaking crime prevention surveys in the home and for local businesses
- Implementing the Borough wide Alleygating Programme
- Investing in upgrade of CCTV provision across the Borough
- Implementing the domestic Violence Strategy
- Establishing a network of over 50 Hate crime Reporting Centres across the Borough

Some of the priorities for the Rochdale Safer Communities Partnership for the period 2008-2011 include:

- Working with council partners, local people ad businesses to help them design out crime in the local environment, in their neighbourhood and at business, retail and leisure premises across the Borough
- Continuing to develop the role of the Tactical Partnership Business Group
- Extending the Alleygating Programme
- Implementing measures to address the problem of alcohol-related crime and disorder in the Borough
- Working to ensure that the progress made in reducing serious violent crime continues.

#### Experience of Crime - Recommendations:

- Crime levels in Pennine should be monitored closely to ensure that the actual levels of crime do not correspond to the perceived levels.
- Should it be found that the perceived level of crime in Pennine is higher than the actual, initiatives should be put in place to remove the perception.

#### Access to General Practitioner

10.9% of residents in the Borough considered that they have poor access to their GP surgery. Residents of NRF areas were more likely than their non-NRF counterparts to consider that they had poor access to their GP surgery. In terms of age the highest prevalence was in the older age group.

- Local General Practitioners and the Primary Care Trust are working in partnership to make it easier for patients to see their General Practitioner. A range of measures have been put in place to this end. Many practices are keen to explore new technology using websites and advanced telephony to enable patients to use automated systems for booking appointments and ordering repeat prescriptions. Some practices are considering the use of text messaging software so they can extend the advanced booking period whilst minimising the risk of non-attendance. The Primary Care Trust understands that using new technology is available to people with computer access whilst others will continue and prefer to use traditional methods of contacting the General Practitioner.
- Practices have begun demand modeling of appointments with the primary care team and then will see if changes to appointment systems can be made to re-profile appointment slots according to varying levels of demand during the week.
- Patient information leaflets are in the process of being prepared explaining what people should expect from their surgery in terms of access. A condensed message will soon be screened on the Life Channel which is broadcast in many surgeries and clinics across the Borough. Both will be produced in various languages.
- The recently published Interim NHS Next Stage Review report written by Lord Ara Darzi made a commitment to increase the funding available to the 25% of Primary Care Trusts with the lowest numbers of General Practices in the country. The Primary Care Trust has been named as one of the 38 Primary Care Trusts to receive additional funding. This means there could be about three new General Practitioner surgeries opening over the next two years.

- Every Primary Care Trust in the country will also receive additional funding to open very modern primary care centres which will operate from 8am until 8 pm, 7 days a week with general Practitioners, nurses and healthcare assistants delivering primary care to registered and non-registered patients. The Primary Care Trust is working closely with the Local Medical Committee to ensure these new services complement and work together with the existing practices in the Borough.
- There is a direct relationship between low numbers of doctors and low quality of care, therefore this funding presents the Primary Care Trust and local General Practitioners with an opportunity to make a real difference to the health of the local community. The Borough has excellent General Practitioners locally but improved access to General Practitioners should ensure patients health needs are addressed more readily, reducing inappropriate presentation at other services and reducing the likelihood of a worsening condition.

### **Access to Accident and Emergency**

13.9% of residents in Rochdale Borough consider that they have poor access to a Hospital Accident and Emergency Department.

Residents of NRF areas were significantly more likely than non-NRF residents to evaluate their access as poor.

- The Primary Care Trust will be shortly be producing an Urgent Care Strategy and will seek to include within this key document the Lifestyle Survey results main themes and specific issues to ensure that residents views are taken into account.

## Conclusion

This report has set out the findings from the Rochdale Borough Lifestyle Survey and highlights health experiences of residents living within the different Townships. For some lifestyle areas there are significant differences between the health of residents living in Neighbourhood Renewal Areas compared to those living in non-Neighbourhood Renewal Areas. The recommendations contained within the report seek to redress these inequalities and will be incorporated into the action plans of the Healthy Lifestyle Strategy.

For further information on the data compiled via the Rochdale Borough Lifestyle Survey contact Richard Pinkney, Public Health Intelligence Analyst on 01706 652887.

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# Appendix 1

## The Questionnaire

### HEALTH AND COMMUNITY SURVEY: ROCHDALE 2006

<b>THANK YOU FOR HELPING US TO PLAN YOUR HEALTH SERVICES</b>
<b>THIS IS HOW YOU COMPLETE THE QUESTIONS:</b>
The questionnaire is easy to fill in. For some of the answers you just circle the number against the right answer, like this:  What sex are you?                      Female . . (1)                      Male . . . 2  For other questions you write the answer in the space provided like this:  What is your age? <u>  53  </u>  Finally, please don't write in the margins, which appear at the right of each page. We use these margins to process your replies.
<b>NOW PLEASE START THE SURVEY BY COMPLETING THE FOLLOWING QUESTIONS ABOUT YOURSELF:</b>
<b>ABOUT YOU</b>

1. *What sex are you?*    Female . . . 1                      Male . . . 2
2. *What is your age?*    \_\_\_\_\_

<b>ABOUT YOUR HEALTH IN GENERAL</b>
-------------------------------------

The following questions ask about your health in general. If you are unsure about the answer to any question, give the best answer you can.

3. *Over the last twelve months, would you say that on the whole your health has been:*  
  
Excellent . . . . . 1  
Very good . . . . . 2  
Good . . . . . 3  
Fair . . . . . 4  
Poor . . . . . 5

4. *Do you have any long-standing illness, disability or infirmity?*

By long-standing, we mean anything that has troubled you over a period of time, or that is likely to trouble you over a period of time?

Yes . . . 1                      No . . . 2

PLEASE GO TO QUESTION 6 IF YOU SAID 'NO'

5. *Does this illness or disability limit your activity in any way compared with other people your age?*

Yes . . . 1                      No . . . 2

6. *Has a doctor ever told you that you have had .....*

A heart attack?                      Yes . . . 1                      No . . . 2

A stroke ?                      Yes . . . 1                      No . . . 2

High blood pressure?                      Yes . . . 1                      No . . . 2

7. *In the last twelve months have you suffered from any of the following problems, and if you have, have you seen a doctor about it?*

Please circle **ONE** number in each row.

	NO	Yes, but I have not seen a doctor	Yes, and I have seen a doctor
Bronchitis	1	2	3
Arthritis	1	2	3
Sciatica, lumbago or recurring backache	1	2	3
Angina (severe chest pain on exertion)	1	2	3
Asthma	1	2	3
Nervous trouble or persistent depression	1	2	3
Diabetes	1	2	3

8. *In the last year, how often have you visited your doctor's surgery/health centre or been visited at home by your doctor? Please count all visits about your health.*

- |                              |   |
|------------------------------|---|
| Not at all . . . . .         | 1 |
| Once only . . . . .          | 2 |
| Two or three times . . . . . | 3 |
| Four or five times . . . . . | 4 |
| Six or more times . . . . .  | 5 |

9. *Are you taking any prescribed drugs or medicines at the moment (please do not include the contraceptive pill)?*

- Yes . . . 1                      No . . . 2

10a) *In the last 12 months have you had an accident which required medical attention?*

- Yes . . . 1                      No . . . 2

If YES, what kind of accident? Please circle ANY which apply below

- |                                 |   |
|---------------------------------|---|
| Road traffic accident . . . . . | 1 |
| Accident at work . . . . .      | 2 |
| Fall at home . . . . .          | 3 |
| Fall outside the home . . . . . | 4 |
| Accident in the home . . . . .  | 5 |
| Other . . . . .                 | 6 |

10b) *Please think again of the last 12 months. Has an accident requiring medical attention happened to any child under 15 in your household?*

- |  |   |
|--|---|
| No children under 15 in the household. . . . . | 1 |
| No . . . . .                                   | 2 |
| Yes . . . . .                                  | 3 |

If YES, what kind of accident was involved?

Please circle **ANY** which apply below.

- |                                 |   |
|---------------------------------|---|
| Road traffic accident . . . . . | 1 |
| Accident at school . . . . .    | 2 |
| Accident in the home . . . . .  | 3 |
| Other . . . . .                 | 4 |

11. *In your day to day activities, do you have any of the following difficulties due to long term health problems or disabilities, either physical or mental?*

**Please circle Yes or No for each difficulty**

Difficulty walking for a quarter of a mile on a level	Yes . . . 1	No . . . 2
Great difficulty walking up or down steps or stairs	Yes . . . 1	No . . . 2
Difficulty bending down and straightening up, even when holding on to something	Yes . . . 1	No . . . 2
Falling or having great difficulty keeping balance	Yes . . . 1	No . . . 2
Difficulty using arms to reach and stretch for things	Yes . . . 1	No . . . 2
Great difficulty holding, gripping or turning things	Yes . . . 1	No . . . 2
Difficulty recognizing a friend across the road, even if glasses or contact lenses are worn	Yes . . . 1	No . . . 2
Difficulty reading ordinary newspaper print, even if glasses or contact lenses are worn.	Yes . . . 1	No . . . 2
Difficulty hearing someone talking in a quiet room	Yes . . . 1	No . . . 2
Severe suffering from noises in the head or ears	Yes . . . 1	No . . . 2
Difficulty going outside the house or garden without help	Yes . . . 1	No . . . 2
Great difficulty following a conversation if there is background noise, e.g. a TV, radio or children playing	Yes . . . 1	No . . . 2

12. *How tall are you?*

\_\_\_\_\_ metres \_\_\_\_\_ cm or \_\_\_\_\_ feet \_\_\_\_\_ inches

13. *What is your usual weight? (in light clothing, without shoes)*

\_\_\_\_\_ kilograms or \_\_\_\_\_ stones \_\_\_\_\_ pounds

### ABOUT YOUR FEELINGS

14. *These questions are about how you have been feeling in general over the past few weeks. Please answer all of the questions by ringing the answer which you think most applies to you. Please circle just one answer on each line. For example:*

1 Better  
than usual

2 Same  
as usual

3 Less than  
usual

4 Much less  
than usual

Have you recently:

A been able to concentrate on whatever you are doing?

1 Better  
than usual

2 Same  
as usual

3 Less than  
usual

4 Much less  
than usual

B lost much sleep over worry?

1 Not at all  
than usual

2 No more  
than usual

3 Rather more  
than usual

4 Much more

C felt you were playing a useful part in things?

1 More so  
than usual

2 Same  
as usual

3 Less useful  
than usual

4 Much less  
useful

D felt capable of making decisions about things?

1 More so  
than usual

2 Same  
as usual

3 Less so than  
usual

4 Much less  
capable

Have you recently:

E felt consistently under strain?

1 Not at all  
than usual

2 No more  
than usual

3 Rather more  
than usual

4 Much more

F felt you couldn't overcome your difficulties?

1 Not at all  
than usual

2 No more  
than usual

3 Rather more  
than usual

4 Much more

G been able to enjoy your normal day-to-day activities?

1 More so  
than usual

2 Same  
as usual

3 Less so than  
usual

4 Much less  
than usual

H been able to face up to your problems?

1 More so  
than usual

2 Same  
as usual

3 Less able than  
usual

4 Much less  
able

I been feeling unhappy and depressed?

1 Not at all  
than usual

2 No more  
than usual

3 Rather more  
than usual

4 Much more

J been losing confidence in yourself?

1 Not at all  
than usual

2 No more  
than usual

3 Rather more  
than usual

4 Much more

K been thinking of yourself as a worthless person?

1 Not at all  
than usual

2 No more  
than usual

3 Rather more  
than usual

4 Much more

L been feeling reasonably happy, all things considered?

1 More so  
than usual

2 Same  
as usual

3 Less so than  
usual

4 Much less  
than usual

15. *In the last 2 weeks, excluding people you live with, have you:*

- |  |             |            |
|--|-------------|------------|
| seen someone in your family to chat to?                          | Yes . . . 1 | No . . . 2 |
| had contact by telephone or letter with a member of your family? | Yes . . . 1 | No . . . 2 |
| seen a friend to chat to?  | Yes . . . 1 | No . . . 2 |
| had contact by telephone or letter with a friend?                | Yes . . . 1 | No . . . 2 |

16. *Do you feel you have people you can talk to when you have problems?*

- Yes . . . 1                      No . . . 2

17. *Loneliness can be a serious problem for some people and not for others. Do you feel lonely :*

- |                             |   |
|-----------------------------|---|
| most of the time . . . . .  | 1 |
| quite often . . . . .       | 2 |
| only occasionally . . . . . | 3 |
| seldom . . . . .            | 4 |
| never . . . . .             | 5 |

18. *How much bodily pain have you had during the past four weeks?*

- |                    |   |
|--------------------|---|
| None . . . . .     | 1 |
| Mild . . . . .     | 2 |
| Moderate . . . . . | 3 |
| Severe . . . . .   | 4 |

19. *Are you actively involved in any of the following clubs or associations? Please circle all the numbers that apply.*

Remember to circle 14 if none apply.

- |                                 |   |
|---------------------------------|---|
| sports club . . . . .           | 1 |
| sports supporters club. . . . . | 2 |
| social club. . . . .            | 3 |

volunteers e.g. St. John's Ambulance . . . . .	4
hobby or interest group. . . . .	5
church or religious groups. . . . .	6
political party. . . . .	7
neighbourhood watch scheme. . . . .	8
tenants' group. . . . .	9
resident's association. . . . .	10
neighbourhood council . . . . .	11
food co-operative . . . . .	12
Other* . . . . .	13

( \* please describe)

None 14

**PHYSICAL ACTIVITY**

20. *In the last week, how many times, during your free time or as part of your daily routine, did you do the following kinds of physical activity for more than 15 minutes? (Please write the appropriate number in every box. If none write '0')*

**A) Strenuous physical activity (heart beats rapidly)**

For example running, jogging, hockey, football, rugby, squash, basketball, judo, vigorous swimming, long distance cycling, using cardio-vascular gym equipment (for example rowing, running, cycling machines), aerobics.

**B) Moderate physical activity (not exhausting)**

For example walking at a brisk pace, tennis, easy cycling, volleyball, badminton, easy swimming, golf, dancing, digging, cleaning windows, washing/mopping floors

**C) Mild physical activity (minimal effort)**

For example walking at slow pace, bowling, fishing, yoga  
Dusting, hoovering.

**ALCOHOL**

21. *On average, how often do you drink alcoholic drinks? (e.g. beer, lager, cider, wine, sherry, vermouth or spirits)*

- Never . . . . . 1
- Less than one day a month . . . . . 2

GO TO QUESTION 24

- A couple of times a month . . . . . 3
- One to three times a week . . . . . 4
- Four to six times a week . . . . . 5
- Every day of the week . . . . . 6

22. *In an average week, how many of the following do you drink?  
(Please put '0' if you do not drink the type mentioned)*

Pints of beer, lager, cider \_\_\_\_\_ pints

Glasses of sherry / wine \_\_\_\_\_ glasses

Tots of spirits / liqueurs \_\_\_\_\_ tots

23. *Do any of the following statements apply to you? Please circle all the numbers which apply - circle number 7 if none apply*

- I have felt that I ought to cut down on my drinking . . . . . 1
- People have annoyed me by criticizing my drinking . . . . . 2
- I have felt ashamed or guilty about my drinking . . . . . 3
- I have found that my hands were shaking in  
the morning after drinking the previous night . . . . . 4
- There have been times when I felt that I was  
unable to stop drinking . . . . . 5
- I have had a drink first thing in the morning to  
steady my nerves or get rid of a hangover . . . . . 6
- None of the above apply to me . . . . . 7

<b>DIET</b>
-------------

24. *What kind of bread, rolls, hard dough bread, chapattis or parathas do you eat most often?*

- Don't eat any type of bread. . . . . 1
- White . . . . . 2
- Brown . . . . . 3
- Whole meal . . . . . 4

25. *What kind of butter, margarine or spread do you usually use?*

- Don't use a spread . . . . . 1
- Low fat spread or half fat ghee. . . . . 2
- Cholesterol-lowering spread  
(such as 'Benecol' or 'Pro-active') . . . . . 3

- Butter, full fat ghee or 'hard' margarine . . . 4
- Other spread . . . . . 5

26. *What kind of fat or oil is used most often when cooking?*

- Butter . . . . . 1
- Lard / dripping . . . . . 2
- Olive oil . . . . . 3
- Corn / sunflower / rapeseed / soya oil . . . . 4
- Other vegetable oils or fat . . . . . 5
- Ghee . . . . . 6
- Other . . . . . 7

27. *What milk do you usually use for drinks or cereals?*

- Don't use milk . . . . . 1
- Whole milk . . . . . 2
- Semi-skimmed milk  
(including dried semi-skimmed milk) . . . . . 3
- Skimmed milk (including dried). . . . . 4
- Other milk . . . . . 5

28. *About how often do you eat the following foods? Please circle ONE number on each line*

	Less than once a week	1 or 2 times a week	3 - 6 times a week	Once a day	More than once a day
Breads	1	2	3	4	5
Potatoes (not chips), rice or pasta	1	2	3	4	5
Fruit or fruit juice (not squash)	1	2	3	4	5
Vegetables / salad (except potatoes)	1	2	3	4	5
Fried foods	1	2	3	4	5
Oil - rich fish (e.g. herring, salmon, mackerel, trout, tuna)	1	2	3	4	5
Beef, pork, lamb (red meat)	1	2	3	4	5
Chicken or turkey (white meat)	1	2	3	4	5
Beef burgers / sausages	1	2	3	4	5
Cheese (not cottage cheese, fromage frais)	1	2	3	4	5
Sugar-sweetened soft drinks (not diet drinks)	1	2	3	4	5



32e) *On average, how much tobacco (pipe or roll-ups) do you smoke in a week?  
(If none please write 0)*

\_\_\_\_\_ grams or \_\_\_\_\_ ounces tobacco per week

33. *Are you regularly exposed to smoke from other smokers in your household?*

Yes . . . 1                      No . . . 2

34. *Do you use chewing tobacco?*

Yes . . . 1                      No . . . 2

**ABOUT YOUR NEIGHBOURHOOD**

35. *Approximately, how long have you lived in your neighbourhood?*

Years \_\_\_\_\_ Months \_\_\_\_\_

36. *The next questions ask about things that may be a problem in your area.  
Please circle one number on each line.*

How well placed do you think your home is for ...	Less than once a week	1 or 2 times a week	3 - 6 times a week	Once a day	More than once a day
Getting to work . . . . .	1	2	3	4	5
Job opportunities . . . . .	1	2	3	4	5
Food stores with fresh fruit and vegetables . . . . .	1	2	3	4	5
Your doctors surgery . . . . .	1	2	3	4	5
The nearest hospital with a casualty department . . . . .	1	2	3	4	5
Schools . . . . .	1	2	3	4	5
Libraries . . . . .	1	2	3	4	5
Public transport (buses, trains) . . . . .	1	2	3	4	5
General shopping . . . . .	1	2	3	4	5
Leisure facilities . . . . .	1	2	3	4	5

37. *In the last 12 months have any of the following happened to you?*

Personal experience of a crime . . . . .	Yes . . . 1	No . . . 2
Verbal abuse due to race or colour . . . . .	Yes . . . 1	No . . . 2
Physical attack due to race or colour . . . . .	Yes . . . 1	No . . . 2

38. *Would you feel safe if you were out in your neighbourhood?*

During the day . . . . .	Yes . . . 1	No . . . 2
After dark . . . . .	Yes . . . 1	No . . . 2

39. *In this area, how much of a problem are the following:*

	<b>Serious problem</b>	<b>Some problem</b>	<b>Not a problem</b>
Vandalism . . . . .	1	2	3
Litter and rubbish . . . . .	1	2	3
Smells and fumes . . . . .	1	2	3
Assaults and muggings . . . . .	1	2	3
Burglaries . . . . .	1	2	3
Disturbance by children or youngsters . . . . .	1	2	3
Speeding traffic . . . . .	1	2	3
Discarded needles and syringes . . . . .	1	2	3
Lack of safe places for children to play . . . . .	1	2	3
Lack of leisure facilities (parks, pools etc) . . . . .	1	2	3
Walking around after dark . . . . .	1	2	3
Noise . . . . .	1	2	3

40. *How much do you agree with the following statements about your neighbourhood?  
Please circle ONE number in EACH row.*

	<b>Strongly agree</b>	<b>Agree</b>	<b>Neither agree or disagree</b>	<b>Disagree</b>	<b>Strongly disagree</b>
Overall I am very attracted to living in this area . . . . .	1	2	3	4	5
I feel like I belong to this neighbourhood . . . . .	1	2	3	4	5
The friendships and associations I have with other people in my neighbourhood mean a lot to me . . . . .	1	2	3	4	5
If I need advice about something I could go to someone in my neighbourhood . . . . .	1	2	3	4	5
I borrow things and exchange favours with my neighbours . . . . .	1	2	3	4	5
I would be willing to work together with others on something to improve my neighbourhood . . . . .	1	2	3	4	5
I plan to remain a resident of this neighbourhood for a number of years . . . . .	1	2	3	4	5
I like to think of myself as similar to the people who live in my neighbourhood . . . . .	1	2	3	4	5
I regularly stop and talk with people in my neighbourhood . . . . .	1	2	3	4	5

## ABOUT YOU AND YOUR HOUSEHOLD

The following questions ask about things that may affect your health, for example work, housing and cultural differences.

41. *What is your current employment status?*

Please ring the ONE number which most closely describes you

Working full time (30 hours or more a week) . . . . .	1
Working part-time (less than 30 hours a week) . . . . .	2
Unemployed and looking for a job . . . . .	3
I have never had a paid job . . . . .	4
Unable to work due to illness or disability . . . . .	5
Retired . . . . .	6
Student . . . . .	7
Caring for home / family . . . . .	8

42. *Is the accommodation in which you live:*

Owned/mortgage by your family . . . . .	1
Rented from the council . . . . .	2
Rented from a housing association . . . . .	3
Rented from a private landlord . . . . .	4
Other . . . . .	5

43. *At home, do you have*

a telephone?	Yes . . . 1	No . . . 2
internet access?	Yes . . . 1	No . . . 2
regular access to a car / van ?	Yes . . . 1	No . . . 2

44. *Would you describe yourself as:*

White British .....	1
Irish .....	2
Other white background.....	3
Mixed	
White and Black Caribbean.....	4
White and Black African.....	5
White and Asian.....	6
Other mixed background.....	7
Asian or Asian British	
Indian .....	8
Pakistani.....	9
Bangladeshi.....	10
Other Asian background.....	11
Black or Black British	
Caribbean.....	12
African.....	13
Other Black Background.....	14
Chinese.....	15
Any other group.....	16

45. *Thinking of other people around here and comparing your standard of living, would you say you are . . .*  
*(please circle one number only)*

much better off. . . . .	1
a little better off . . . . .	2
about the same . . . . .	3
a little worse off . . . . .	4
much worse off . . . . .	5

46. *How well do you feel that you are managing financially?*

Living comfortably . . . . .	1
doing all right . . . . .	2
just about getting by . . . . .	3
finding it difficult . . . . .	4
finding it very difficult . . . . .	5

47. *Do you live alone?*

Yes . . . 1                      No . . . 2

48a) *Do you care regularly for someone with a long-standing illness or disability - other than as part of your job?*

Yes . . . 1                      No . . . 2

PLEASE GO TO Q 49 IF YOU SAID 'NO'

48b) *How many people do you care for?*

Living with you in your own home                      \_\_\_\_\_

Living somewhere else                      \_\_\_\_\_

48c) *Please think of the person to whom you give the most care. What problem(s) does she / he have? Please circle ALL which apply below.*

- Long - term illness . . . . . 1
- Physical disability . . . . . 2
- Loss of sight . . . . . 3
- Loss of hearing . . . . . 4
- Learning disability (mental handicap) . . . . . 5
- Mental health problems . . . . . 6
- Problems of old age . . . . . 7
- Senile dementia (Alzheimer's) . . . . . 8
- Other . . . . . 9

49. *Do you receive care from a relative, friend or neighbour because you have a long-standing illness or disability? Please don't count care you have to pay for.*

Yes . . . 1                      No . . . 2

That's it! Please check that you have answered all the relevant questions.

Thank you for filling in this questionnaire. Please now return to us in the FREE POST envelope provided.

## Appendix 2



February 2006

Dear Resident

5th Floor, Telegraph House  
Baillie Street  
Rochdale  
OL16 1JA  
Telephone: 01706 652786  
Facsimile: 01706 652884

### Survey of Health and Life in Rochdale Borough

The Primary Care Trusts in Rochdale Borough want to ensure that local people receive the health services they need. To do this we need to know what residents feel about their health and the things which might affect it. To get this information we are asking over 9,000 local people to fill in a questionnaire. Your name is one of those picked at random from the lists of people who are registered with local doctors.

We would be very grateful if you would spare the time to fill in the questionnaire and return it in the FREE-POST envelope provided. It should only take about 15 minutes. Even if you are well and have little contact with the health service, your answers are still important.

What you tell us will be strictly confidential and you will not be identified in any report. You will see that the return address is given as the Institute for Public Health Research at the University of Salford. This is the group of independent staff who are doing the survey on our behalf. Only these staff will see your questionnaire.

You will also notice that the questionnaire has an identification number. This is linked to the names and addresses of people in the survey, so that we can send out reminders to people who don't reply. To get an accurate picture we need as many people as possible to fill in the form.

As soon as we have collected the information we will delete your name and address from our records. However we will keep a note of postcodes so that we can plan the services which are needed in different parts of the Borough. Once the information is analysed we will destroy the questionnaires themselves.

Please help us plan your local health service by taking part in the survey. Participation is voluntary, but your experience is important and we hope you will help us. If you want more information, please telephone 0800 587 3083.

Thank you for your help.

Yours sincerely,

**Dr Sheila Will**  
Director of Public Health



## Appendix 3

### Key Healthy Lifestyle Contacts

Healthy Lifestyles Lead: Michelle Loughlin, Consultant in Public Health	0161 655 1455
Tobacco Free Lead: Lisa Baker	01706 924638
Physical Activity Lead: Rebecca Caygill	01706 517612
Healthy Eating Lead: Anika Neill	07794 072359
Obesity Lead: Bernadine O'Sullivan	0161 655 1432
Health Settings Lead: Helen Benson	0161 655 1458
Market Health:	
Barbara Lloyd, Link4Life	01706 924319
Laura Baker, HMR PCT	01706 652826
Healthy Living Initiative: Geraldine Meagher	01706 745125
Healthy Workplace Advisor: Martin Morris	0161 624 1444
Healthy Schools: Sue Hackett	01706 652968
Health Trainers: Angela Aitken	0161 655 1477
Healthy Prison: Frances Carberry	01706 652873

## Glossary

Accidents	People experienced accidents which required medical attention in the previous twelve months.
Body Mass Index	Body Mass Index is the accepted assessment for identifying the weight range into which individuals fall. It is calculated as weight in kilograms divided by height in metres squared.
Carers	Carers are people who regularly care on an unpaid basis for a friend, relative or neighbour with a disability or long-standing illness.
Long-standing (illness, disability or infirmity)	Anything that has troubled you (the resident) over a period of time, or that is likely to trouble you (the resident) over a period of time.
Obesity	The World Health Organization classifies obesity in adults as those with a Body Mass Index greater than 30.
Overweight	A Body Mass Index score between 25 and 30 is regarded as 'overweight'.
'Poor diet habits'	People with 'poor diet habits' are those with two or three behaviours from 'fruit less than three times a week', 'vegetables less than three times a week', and 'fried foods more than twice a week'.
Poor social contacts	People with poor social contacts are those who have not had face-to-face contact with a friend in the last two weeks.
Sedentary lifestyle	A lifestyle in which an adult takes fewer than three fifteen-minute sessions per week of 'vigorous' or 'moderate' activity.
Vigorous exercise	Activity lasting more than 30 minutes which makes the individual breathless.

