



# ALL ABOUT DUDLEY BOROUGH

Joint Strategic Needs Assessment 2014

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## INTRODUCTION

The purpose of this Joint Strategic Needs Assessment Synthesis (JSNA) for 2014 is to provide the starting point for discussion and debate about the health and wellbeing of people in Dudley and provide an update on what progress has been made on the actions of the JSNA 2012 document. It aims to: describe the health and wellbeing of people in the borough, understand what influences it, set out the evidence base for action, explore what is being done locally to make a difference, and highlight emerging issues.

Dudley's online JSNA resource (<http://allaboutdudley.info/>) is constantly updated as new information, evidence and local needs assessments (relating to specific issues, areas or populations) become available. There currently remains a need, though, to produce an annual borough wide position statement, summary or synthesis to draw together headline data and intelligence to inform the planning and commissioning of services. The breadth and complexity of health & wellbeing means that this summary document can only be high level and it should therefore be read with reference to the online resources where many of the issues discussed can be explored in more detail.

## WHAT IS A JSNA?

The production of an annual JSNA was a statutory duty placed on the Directors of Public Health, Children's Services and Adult Services in 2007. The Health and Social Care Act 2012 established that production of the JSNA is now one of the two core responsibilities of the Health and Wellbeing Board (HWBB), the other core responsibility being the publication of the Joint Health and Wellbeing Strategy (JHWBS). The HWBB is composed of leaders from across the local community with the aim of improving services in the local community to enable people to live healthier lives and have a better experience of healthcare services.

The JSNA brings together, in a single, continuous iterative process, all the information on the health and wellbeing needs of Dudley's population. It examines current and predicted health and social care needs, as well as the other main things that affect people's life-chances, quality of life and health and wellbeing. By identifying the major issues that need to be addressed regarding people's health and wellbeing it provides the evidence base needed to develop Dudley's JHWBS. Its aim therefore is to underpin the work of the HWBB and be a tool that can be used to help make difficult decisions about investment and prioritisation such as "do you prioritise service responses which could be improved most quickly and cheaply or do you put more effort into slow burn activities with longer term outcomes?" There is a clear expectation within the Health & Social Care Act 2012 that the JSNA and JHWBS will provide the basis for all health and social care commissioning in the local area. This synthesis should provide commissioners with the high level initial evidence that will point to the further analysis required for them to make effective commissioning decisions. The Health and Wellbeing spinechart, a composite of the Adult Social Care, NHS and Public Health outcome indicators is included in Appendix 1 to act as a baseline.

## OUR APPROACH

We believe that understanding health and wellbeing requires an understanding of people, place, and life course. There are factors about individual characteristics of people who live and work in Dudley (e.g. age, gender, ethnicity, religion, income, employment status, qualifications) and features of Dudley as a place (e.g. housing quality, green spaces, food environment and access to high quality public services) that impact on health and wellbeing. Taken together, these people and place factors provide the background for explaining health and wellbeing and the potential for improving them for people in the borough.

In this 2014 synthesis of Dudley's JSNA we have expanded on the structure of the 2012 JSNA synthesis document. This JSNA follows a similar structure, where progress has been made on the questions for commissioners identified in the previous JSNA a brief description of that progress has been added in the relevant chapter.

The report is structured around what we know about health and wellbeing status, determinants, interventions and evidence of their effectiveness around the "life course" of an individual in Dudley (i.e. conception, birth, growing up, adulthood and growing old). This approach is consistent with the approach recommended by the Marmot Review and the Department of Health's (DH) commitment to adopt the life course framework to address issues of health inequalities given in the 2010 Public Health White Paper: Healthy Lives, Healthy People<sup>1</sup>.

The Marmot Review highlights how a person's health depends on the 'accumulation of positive and negative effects on health and wellbeing' through the life course and sets out the evidence for action from before birth and throughout the life course. It also highlights that inequalities in health arise because of inequalities in society; and that there is a link between an individual's social and economic status and the health they experience throughout their life. It states "that reducing health inequalities is a matter of fairness and social justice" but that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is termed '*proportionate universalism*' and is an approach recommended to the HWBB.

Our life course approach utilises a "life stage" segmentation model developed by the Department of Health as part of the Ambitions for Health Programme<sup>2</sup>. The concept of a life-stage acknowledges that people develop at different rates. Also, thinking about health from a life-stage perspective provides a view of the population along a health continuum and enhances focus on keeping people on a good health journey or helping them get back on track should they deviate.

The diagram below shows the most critical life stages and life events as identified by the DH<sup>3</sup>. The Life stages were constructed following the Health Foundations survey and are based on a number of different elements:

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<sup>1</sup> 2010 Public Health White Paper: Healthy Lives, Healthy People

<sup>2</sup> Department of Health as part of the Ambitions for Health Programme

<sup>3</sup> critical life stages and life events as identified by the DH

## Age

Presence of children

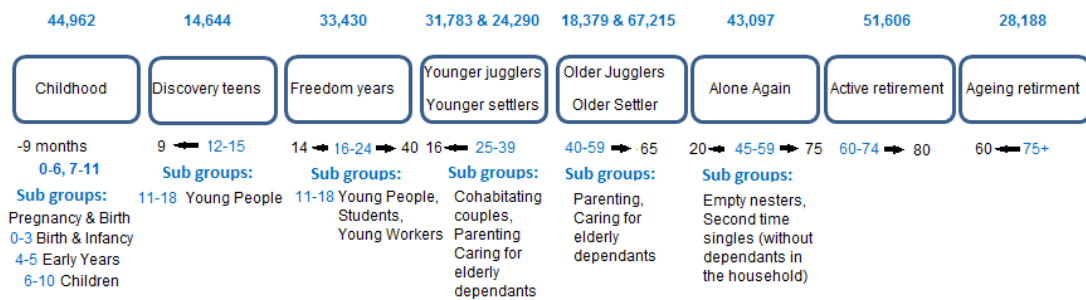
Presence of partners

Whether people have significant caring responsibilities; and

Working status (whether retired or not).

The outer ages form the maximum and minimum ages for that particular life stage, whilst those in red form the core of that stage. The journey through stages is typically linear for the first three and last two. It is possible for people to move between the 'settler', 'juggler' and 'alone again' stages as different life events are experienced. There is as yet, no formal method or new data for estimating the population in each group. Below are presented the best estimates for each group derived from existing population data sources.

The Healthy Foundations Segmentation Model Adapted to Reflect Childhood & Adolescents Life Stages  
 - applied to Dudley Population 2008  
 Source: Department of Health, Census 2001, ONS mid-year population estimates 2013



The dependant/no dependant split has been made on dependant children only and does not include elderly dependants.  
 The younger jugglers and older jugglers are likely to have a larger population size than estimated here.  
 Number of younger jugglers and settlers, older jugglers and settlers and alone again have been calculated based on the 2001 census ratios and 2013 Mid year population estimates

One of the key benefits in framing strategy and interventions in terms of the life course is that it is a model that can be readily understood and provides a natural structure for identifying relevant indicators that can then be explicitly linked to an outcome framework. It is also a useful method for identifying where there are gaps in the method of assessing need and encourages thinking around the broad range of factors that impact on health and wellbeing at different stages of life and promotes an integrated strategic approach across the partnership.

## SEEING BEYOND NEEDS – AN ASSET BASED APPROACH

Alongside an assessment of need, we also support the development of health-enhancing assets in our local communities. “A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing and to help to reduce health inequalities. These assets can operate at the level of the individual, family or community and population, as protective and promoting factors to buffer against life’s stresses”<sup>4</sup>

An asset based approach makes visible and values the capacity, skills, knowledge and connections of individuals and communities. It draws on the theory of ‘*salutogenesis*’ by identifying factors or assets that support the creation of health rather than the prevention of disease.<sup>5</sup>

The Chief Medical Officer<sup>6</sup> has advocated a greater focus on what creates health, alongside traditional approaches to preventing illness; and the growing evidence base around wellbeing and the importance of social-connectedness provides further evidence that an asset based approach is integral to the improvement of health and wellbeing and a reduction in health inequalities.

In terms of the JSNA, an asset based approach provides a different story of place – one which focuses on outcomes, and values what works well. A story of local people engaged and empowered as active participants and co-producers of health and wellbeing. The following case studies offer a snapshot and flavour of such activity in our borough. They provide examples of initiatives which are attempting to create the conditions for people-led, peer production – in which citizens are involved in designing and implementing their own activities which promote wellbeing, enabled and supported by paid professionals.

### **An open-ended approach: East Coseley Big Local**

Local residents have worked together in East Coseley for over two years to develop a shared vision for their area and a plan for their ‘Big Local’ activities. With support from Dudley Council for Voluntary Service (CVS) officers and leaders from local groups and organisations they have involved over 300 people who live, work, volunteer and/or use clubs or take part in activities in the area.

People in the area said that they want:

- To live in a community where families and people of different ages take part in activities together and to share community facilities and resources;
- To use public spaces in new ways e.g. vegetable growing in public spaces;
- Green spaces to be accessible, safe and used;

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<sup>4</sup> Morgan A, Ziglio E. (2007) Revitalising the evidence base for public health: an assets model. *Promotion and Education*;14:17.

<sup>5</sup> Lindström B, Eriksson M. (2005) Salutogenesis. *Journal of Epidemiology and Community Health*;59(6):440-442.

<sup>6</sup> Department of Health (2010) *On the state of Public Health. 2009 Annual Report of the Chief Medical Officer*. London: Department of Health.

- Businesses to be better linked to the local community;
- To help individuals with debt problems and support young people to get into work.

Residents recognise that they have skills, knowledge and passion in abundance and that East Coseley is rich in a variety of assets which can be used and connected in new ways to achieve their vision. Their Big local Plan for the next two years will focus on:

1. Doing more to communicate and connect people
2. Creating their own community activities and common spaces
3. Working with professionals when required
4. Researching, developing and testing new ideas
5. Making a positive impact through social investment

Useful links;

East Coseley Visions – a Big Local blog: <http://eastcoseleyvisions.wordpress.com>

Coseley Life – a resident run blog: <http://www.coseleylife.net>

Big Local – Local Trust site: <http://www.localtrust.org.uk/big-local/>

### **Space matters: Wrens Nest Community Centre**

Residents of Wrens Nest wanted to bring local people back into their community centre. At a 'Make Day' in July 2013 local residents carried out collaborative mapping and shared ideas for activities and projects which local people could start. They exposed the potential of two hidden orchards, as well as opportunities to strengthen connections with local services, groups and businesses.

A floor plan of the community centre showed that there were 17 spaces which have been used infrequently and/or for a limited type of activity. An inventory of equipment revealed a number of resources, purchased through various projects and grants in the past, which were now mostly kept in storage.

Residents were quickly able to match the spaces and equipment to ideas for collaborative projects. The 'Make Day' has prompted a number of experiments with spaces and equipment:

- A pop-up cinema created in a meeting room by two local parents, which proved a hit with children in the school holidays;
- Local residents who ran a weekly indoor football session asking children if they would like a change of activity, which resulted in other equipment and resources in the centre being used, such as table tennis tables.
- A book and DVD swap shop was initiated and continues to grow.
- A meeting room was transformed into a living room with donated furniture, and local resident Eileen bought in a china tea set. The living room is used by parents and toddlers while older children are in the dance class, and it is also used by young girls who come to Wrennas' Little Treasures.
- Families are eating together after the children's cooking club.

More activities are planned to stimulate local residents to come together and use the spaces in different ways, to share, make, learn, cook, work, trade, grow and socialise together.

Useful links:

Open Hub Facebook Page: <https://www.facebook.com/openhubwrenna>

### Creating new connections: Social Media Surgeries

Social media surgeries are a great example of how existing assets can be combined in new ways in order to address some unmet needs. A social media surgery is an informal gathering of people who want to learn how to use the web to communicate, campaign or collaborate. They were first started in Birmingham by Nick Booth in 2008, and in 2011 Dudley CVS learnt from Nick Booth and developed the concept in Dudley. Since then 382 appointments have been made for surgeries in Dudley borough, with 200 people looking for some help and 22 people giving their time and skills to help.

Social media surgeries don't use any funding to run. The people who run and help at them are just that – people. They don't need to be part of an organisation. The cafes and venues who host surgeries welcome the opportunity to bring in new customers. Our social media surgeries prove that we have an abundance of resources, knowledge and skills across Dudley borough that we can connect in new and different ways to meet all sorts of needs.

Ann Tee from a local fibromyalgia support group attended a number of surgeries to develop her blog. While she was there she helped Vicki Rowles from Mary Stephens Hospice to learn about the network of smaller organisations that are operating across Dudley borough.

*“People who come for the first time thinking they know nothing are delighted to find that little bit they do know is of help to the person they are sitting next to.”* (Nick Booth, Hand Made).

Asset based approaches to improving community health and wellbeing are becoming increasingly evident around the country. Whilst the case studies here provide examples of the asset approach being purposefully applied and developed, there are likely to be other projects and like-minded organisations in Dudley borough taking an assets or strength based approach, even if they are not using this terminology or recognising their work as such.

The language of 'assets' can be easily misunderstood. Learning from other areas suggests that it may be useful to adopt and adapt different terms to convey asset-



based working and approaches to different audiences – terms such as ‘strengths’ when focussing on individuals and ‘social growth’ when focussing on communities.<sup>7</sup>

Taking an asset based approach is not an alternative to addressing need; in practice there is not a simple and clear division between needs (or deficit based) approaches and asset (or strength based) approaches. When focussing on health improvement, it can be useful to:

- Maintain an integrated approach to needs and assets e.g. consider both risk and protective factors of healthy life expectancy, or the community assets that can contribute to reducing and managing illness and risk; the JSNA and All About Dudley should help to support this and in doing so, provide a richer, more insightful account of what it is like to live in Dudley borough.
- Recognise that each individual and community will determine what is of value to them, and therefore what constitutes an ‘asset.’ The East Coseley case study provides one example of a community defining its ambitions and recognising and combining its assets in a very local way; but there is no ‘one size fits all’ approach.
- Consider how existing work programmes or services can be re-designed to:
  - Help identify, mobilise and connect assets.
  - Focus on the creation of health by equipping individuals and communities with a set of core values, skills and abilities to manage and overcome future difficulties and to have a sense of worth and purpose.

Starting with small achievable actions, and acknowledging, building on and sharing successes, will help to redress the balance between deficit based and asset based working and support the large-scale changes which are required in the current system.

We welcome further examples or case studies which respond to Dudley Health and Wellbeing Board’s priority around making our neighbourhoods healthy, and supporting the development of health-enhancing assets in local communities. By sharing these examples we can expose valuable insight into the strengths, challenges and practical experiences of working in this way and the impact on health and wellbeing.

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<sup>7</sup> Stansfield, J. et. al. (2012) *Top tips for getting started in asset based working*. Available at: [www.champspublichealth.com](http://www.champspublichealth.com) (Last accessed: 05/09/2014).

## DUDLEY “THE PLACE”

Questions for commissioners, what progress has been made since the last JSNA?

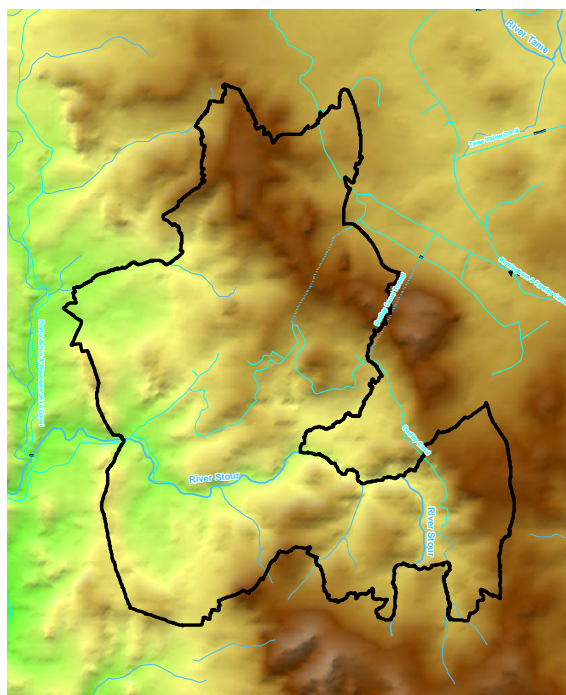
Question	Progress
Is the health potential of open green space being fully exploited? Do future plans look to extend green space?	Utilisation of green space with health benefits has been prioritised in several strategies, The Landscape Web, Active Travel strategy, The Planning for Health, Supplementary Planning Document. All existing physical activity (PA) and sport services that are delivered in green and open space settings are marketed to the public.
Can more be done locally to assist people achieve a healthy living income?	Dudley is performing well compared to our Black Country neighbours and has the highest average level of earnings as well as the lowest percentage of Job Seekers Allowance claimants. The employment rate is higher than the West Midlands average.
Tackling rogue traders including loan sharks. The data implies an alarming rise in financial recovery, why is this happening?	Addressing issues with rogue traders and loan sharks is an annual priority for trading standards. Castle and Crystal Credit Union are online and offer low interest alternatives to loan sharks and pay day lenders.
Air quality hot spots.	The Dudley MBC Air quality action plan and development of air quality strategy is addressing this through a partnership approach.

Dudley is a large metropolitan Borough at the heart of the Black Country, a part of England rich in terms of its cultural and economic heritage. It is located on the western part of the West Midlands conurbation, approximately 9 miles west of Birmingham and 6 miles south of Wolverhampton. To the west lies the urban fringe of South Staffordshire and to the southwest the rural parts of Worcestershire.

Table 1: Key Facts, Dudley the Place

Key Facts		
98 square kilometres /	25% - 30% open	1,700 hectares (17%)
38 square miles	“green” space	green belt

Dudley is predominantly an urban borough, but with a unique pattern to its urban fabric. It is polycentric in nature, with four main town centres rather than one primary centre. Arranged around these are a pattern of smaller towns and urban villages. This landscape has given rise to the very local feel that is a particular feature of the Borough's communities. The main town centres are: Dudley, Stourbridge in the southwest, Halesowen to the south and east, and Brierley Hill in the centre. The nationally known Merry Hill Shopping Centre and the Waterfront Business and Leisure complex now form part of Brierley Hill town centre.



### Topography

The Borough presents a contrasting mix of hills, valleys and plain with the Sedgley to Rowley Regis ridge running north-west to south-east in the north; the Clent Hills intruding from the south and the Stour Valley running east-west between the two. The Stour Valley and certain nodes on the road network can at times be at risk from flash flooding.

The Borough also has 16 miles of canal network running through it, and these plus the river Stour are a lasting testimony to its industrial past. Despite that legacy of heavy industry its urban morphology is bisected by wedges of good quality green space and is bordered by green belt to the south.

## THE PATTERN OF NEIGHBOURHOODS

The map below summarises the spatial distribution of different types of neighbourhood as defined by MOSAIC groupings showing the prime household type in each locality. The geographic diversity of communities is clear from the map, although the tendency is for more affluent households to be represented on the south and western fringes of the borough, with relatively deprived communities concentrated within the central Dudley, Netherton, Brierley Hill and Lye areas.

In many instances the nature of the Borough gives rise to neighbourhoods with great variation between affluence and poverty in close proximity to each other.

Map 1: MOSAIC Group by Postcode Name

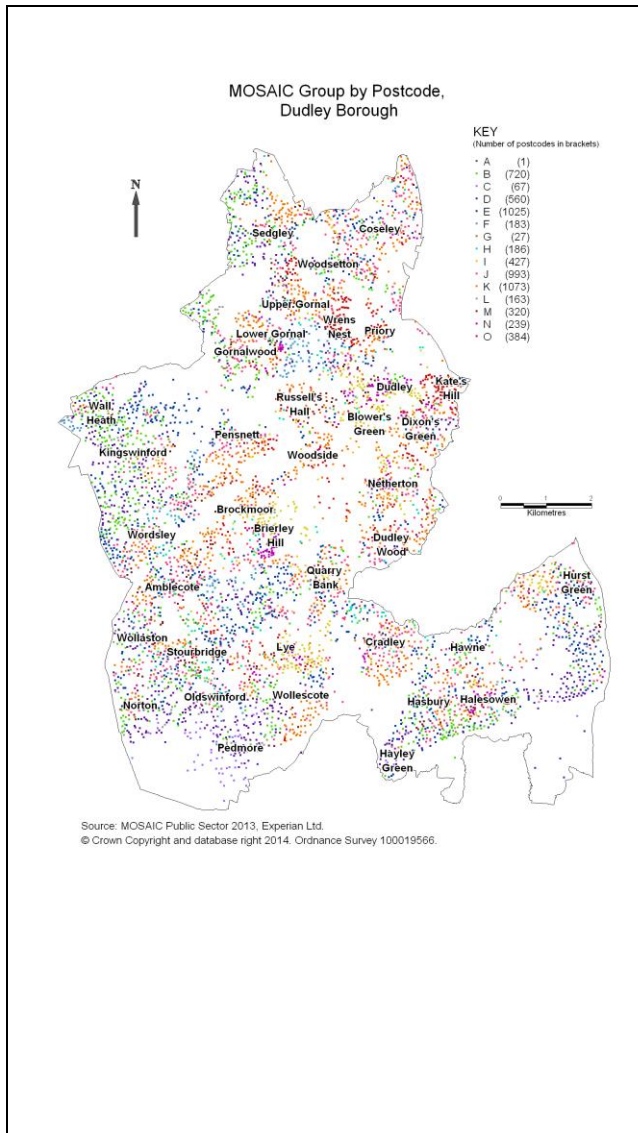


Table 2: MOSAIC Code & Group

Group Code	Group Name
A	Residents of isolated rural communities
B	Residents of small and mid-sized towns with strong local roots
C	Wealthy people living in the most sought after neighbourhoods
D	Successful professionals living in suburban or semi-rural homes
E	Middle income families living in moderate suburban semis
F	Couples with young children in comfortable modern housing
G	Young, well-educated city dwellers
H	Couples and young singles in small modern starter homes
I	Lower income workers in urban terraces in often diverse areas
J	Owner occupiers in older-style housing in ex-industrial areas
K	Residents with sufficient incomes in right-to-buy social housing
L	Active elderly people living in pleasant retirement locations
M	Elderly people reliant on state support
N	Young people renting flats in high density social housing
O	Families in low-rise social housing with high levels of benefit need



The Borough plays an important role in the West Midlands economy with around 10,335<sup>17</sup> businesses and a workforce of almost 110,000<sup>18</sup> people. Whilst the majority of residents live and work within the Borough, Dudley also attracts a significant commuter workforce; for example, a roughly 31,534 (Confidence limits 25,470 - 37,624)<sup>19</sup> people lived outside the Borough and commuted to work here in 2011.

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## LOW GROWTH ECONOMY

Dudley Borough has a low growth economy and is under-represented in high growth, knowledge intensive roles (37.6% of total employment is in knowledge intensive occupations compared with 44.4% for England).<sup>20</sup> 64.2% of the businesses have only 0-4 employees and 11.7% have a turnover of over £1m per year.<sup>21</sup> The service sector accounts for 79% of total employment and there is an over reliance on public sector employment. In 2012, the Public Administration, Education and Health sector accounted for almost one-third of employment in Dudley Borough (29.8%).<sup>22</sup>

In its initial phase the 2008 recession first hit jobs in the financial and related sectors (insurance, call centre operations etc) and Dudley experienced a greater impact within the subregion than its neighbours because it had attracted companies from that sector.

In line with national trends, Dudley's manufacturing base has declined over several decades, although it remains above the national average: 14.6% of all employment compared with 8.4% for England.<sup>23</sup> So having suffered the first effects of recession within the one sector, both private manufacturing (including construction) and job losses within the public sector has placed the borough in a particularly vulnerable position with the impact of government spending cuts, the long-lasting recessionary period and slow recovery.

Despite the effects of the recession business confidence in the Borough is relatively high with 47% of all businesses expecting their turnover to increase in 2013/14, 2014/15. 32% of Dudley businesses state that their main customer base is local (within the Black Country). 23% service the wider West Midlands region, 35% serve markets across the UK. 1 in 10 have a primarily overseas focus (1% in Europe; 9% worldwide). 24% of Dudley businesses are considering changes to their business premises in the next 5 years. 22% are considering upsizing or relocating; 2% are considering downsizing. Of those considering relocation 82% wish to remain in the Black Country.<sup>24</sup>

The largest increase in jobs between 2009 and 2012 has been seen in the healthcare sector, 2300 jobs. The highest average annual growth rate has been in the motor trades sector at almost 13%. The professional, scientific & technical and health sectors have seen average annual growth of 5%. The largest decrease in jobs over the period was in business administration and support services saw a decrease of almost 7,000 jobs followed by the construction sector which experienced a reduction

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<sup>17</sup> ONS UK Business Activity, Size and Location 2013, Number of local units in Enterprises

<sup>18</sup> ONS Business Register and Employment Survey (BRES) 2012

<sup>19</sup> ONS commuter data ref table 2010-2011

<sup>20</sup> ONS Annual Population Survey Jan-Dec 2013, Occupation groups 1, 2, 3, SOC 2010.

<sup>21</sup> ONS UK Business Activity, Size and Location 2013

<sup>22</sup> ONS BRES 2012

<sup>23</sup> ONS BRES 2012

<sup>24</sup> Black Country Business Survey (May 2013)



of 2,000 jobs. The information and communications and financial & insurance sectors saw reductions of almost 1,000.<sup>25</sup>

Historically Dudley has experienced lower than average earnings and qualifications. In 2013 the median gross annual pay of full time employees living in Dudley borough was £24,455, below the regional and national figures. The equivalent for those working in Dudley borough (£21,562) was the lowest in the West Midlands metropolitan area.<sup>26</sup>

Table 4: Median Annual Gross Pay, Full Time Employees

	Living in area (£)	Working in area (£)
Dudley	24,455	21,562
Sandwell	22,357	24,064
Walsall	22,305	23,279
Wolverhampton	23,908	24,930
West Midlands Region	25,359	25,341
England	27,375	27,376

In the 2001 Census 32.1% of people aged 16 to 64 had no qualifications. By the 2011 Census this had fallen considerably to 19.7%, but the proportion of people with no qualifications in Dudley was still above that for the West Midlands (18.1%) and England (14.8%). Low skill levels are a fundamental weakness of the local economy. There is a well-established link between skill levels (and qualifications), earnings and productivity. The dominance of low wage sectors in the area is reflected in the low level of higher skills which is well below the national average. Continued development of high level skills is essential in building a competitive, knowledge driven economy.

## FUTURE DEVELOPMENT - EMPLOYMENT SITES – BUSINESS START UP - EXPANSION

Dudley currently ranks poorly in the UK Competitiveness Index 2013 at 346 out of 379. This places us in second place in the Black Country with Sandwell ranked 356, Walsall ranked 370, Wolverhampton ranked 301. Overall the Black Country compares poorly to the West Midlands rank of 240. Dudley has become less competitive since the previous measurement in 2010 and has fallen 12 places.<sup>27</sup>

There is a lack of good employment sites in the Borough compared with elsewhere in the Black Country. 20 employment land sites in Dudley Borough are contained within

<sup>25</sup> Business Register & Employment Survey 2009-2012

<sup>26</sup> Annual Survey of Hours and Earnings 2013, ONS

<sup>27</sup> UK Competitiveness Index 2013

the Regional Employment Land Study (RELS) Site Assessments (2012) compared to 31 sites in Walsall, 64 sites in Sandwell and 38 sites in Wolverhampton)<sup>28</sup>, and the limited numbers of high-quality sites in Dudley Borough have limited access to the principal highway network.

Although the rate of new business start ups is comparable to neighbouring Black Country boroughs (in 2012 there were 960 start-ups in Dudley Borough, a rate of 37.8 per 10,000 population aged 16 and over) it is low when compared to the national figure (55.3 per 10,000)<sup>29</sup>.

However there are signs that local economic conditions have started to improve. A 2013 survey showed that business confidence was relatively high, with 46.8% of Dudley businesses expecting their turnover to increase in the next two years, the same level as for the Black Country as a whole. A further 24% thought that turnover would remain the same with only 9.3% predicting it would decrease.

The majority who thought turnover would increase suggest this is due to them obtaining new business in their existing home market (62.7%), while 13.9% cited development of new products / services and 12% entering a new home market. 37.7% of businesses were looking to recruit in the coming 12 months, with 22.5% considering upsizing or relocating in the next five years, 81% of which expect to remain in the Black Country.<sup>30</sup>

## ECONOMICALLY INACTIVE

### LONG TERM UNEMPLOYED

In September 2013 of the unemployed 38.1% of Job Seeker's Allowance (JSA) claimants in the Borough were claiming for over 12 months. This compares closely with the Black Country at 37.5%, but both are higher than the West Midlands Region (33.1%) and England (30.9%).<sup>31</sup>

A wider definition of working age people not in work is the key out-of-work benefits measure, which encompasses those in receipt of Job Seekers Allowance, Employment and Support Allowance, Incapacity Benefits, lone parents and those on other income related benefits. In August 2013 24,130 people in Dudley were key out-of-work benefits claimants, equivalent to 12.4% of the working age population. More than one-third (34.9%) had been claiming for five years or more, slightly higher than the Black Country figure of 33.1% but below the regional (35.8%) and national (37.6%) proportions. The number of working age people in Dudley claiming benefits has remained constant since 2008.<sup>32</sup>

### UNEMPLOYED YOUNG PEOPLE

In 2006 43.1% of pupils in Dudley Borough achieved 5 or more A\*-C GCSE grades including English and Maths compared to 47.6 for England in 2006/07. Following

<sup>28</sup> Regional Employment Land Site Assessments Survey 2012, JDT Mott MacDonald

<sup>29</sup> Business Demography 2012, ONS

<sup>30</sup> Black Country Business Survey, Black Country Consortium, May 2013

<sup>31</sup> JSA Claimant Data, ONS / NOMIS

<sup>32</sup> DWP Benefits data, DWP / NOMIS

year-on-year improvements in educational attainment this reached 58.5% in 2011. Following a small decrease in 2012, the latest results from 2013 show attainment at its highest level to date, with 59.7% achieving the standard which is higher than the England average of 59.2% in 2012/13.<sup>33</sup>

In 2012 6.6% of 16-18 year olds were not in education employment or training (NEET), higher than the West Midlands region (6.2%). This is an increase from 5.3% in 2011, whereas the rate for the region was the same in both years.<sup>22</sup>

Unemployment amongst young people increased significantly from June 2008, when 1,655 people or 4.9% of the borough population under 25 were claiming JSA, to a peak of 3,465 (10.2%) in February 2010. Rates remained consistently high for the next three years, and only in March 2013 did they start to fall, reaching 2,295 (6.9%) in January 2014. However, this is still higher than that of both the West Midlands region (5%) and England (3.9%) and unemployment amongst this age group accounts for 27.8% of all JSA claimants. As of January 2014 545 or around a quarter of all claimants (23.7%) aged under 25 in the Borough had been claiming JSA for longer than a year, higher than regional (20%) and national averages (18.1%).

This presents a significant risk since this group of young citizens would normally be expected to be playing a significant role in the local economy both now and in the future and has significant implications for the Borough's future economic potential and wealth creating capacity

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## AGEING POPULATION

The proportion of Dudley Borough residents aged 65 and over is higher than regional and national averages (19.3% compared to 17.4% regionally and 16.9% nationally), resulting in an above average population who are economically inactive through retirement. This age group is projected to increase over time and at faster rate than the overall population. Unless there is a marked increase in the age at which residents retire or a change in the Borough's demographic structure a smaller working population will, in future, need to take on increased caring and financial responsibility for an ageing population<sup>34</sup>.

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## CHILD POVERTY

In 2011, 15,005 (22.1%) dependent children under 20 years of age in Dudley Borough were classified as living in poverty by a measure based on low family income. This reports the proportion of children living in families in receipt of out-of-work benefits or in receipt of tax credits where their income is less than 60 percent of median income. The Dudley figure is slightly higher than the equivalent national rate (20.1%) but below the West Midlands Region (22.7%). The highest levels of child poverty are clustered in a relatively small concentration of deprived localities. For

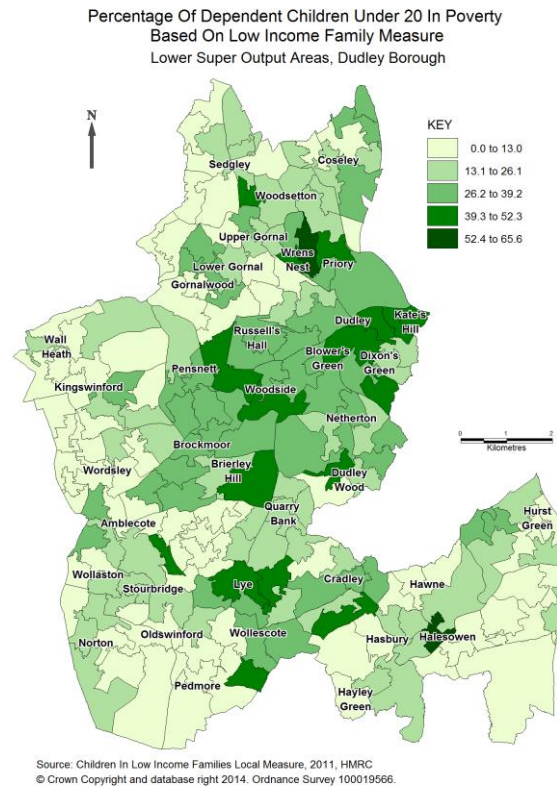
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<sup>33</sup> Department for Education performance tables web page

<sup>34</sup> 2012-based sub-national population projections, ONS

example in one area, two-thirds (65.6%) have been identified as living in poverty by this measure.<sup>35</sup> A significant proportion of children and young people live in households where no-one works.

Map 3: Percentage of dependent children under 20 in Poverty



## THE ECONOMY: CONNECTION TO HEALTH & WELL-BEING

### Individual

Notwithstanding the health hazards of a specific occupation, individuals who are earning (up to a point the more the better) have more (disposable) income, are better able therefore to control events in life rather than be controlled by them, have the degree of self-esteem that comes with being employable and actively employed, and are able to maintain a life balance. All these factors contribute positively to well-being and certainly mental health.

Lower income and earning power reduces the range of decisions people can make about their status and future, and the options for tackling unforeseen problems, especially financial.

<sup>35</sup> HMRC Children In Low Income Families Local Measure 2011

## Household

Household members benefit from having earning members that raises standards of living from poverty level. From a Maslow perspective, the basic needs are taken care of, leaving more opportunity to create opportunity for growing members of the household – to invest in them for their future. With more chance of a better awareness around health, diet and activity, the health of household members may benefit.

## Neighbourhood

Where levels of worklessness are reduced, neighbourhood problems such as antisocial behaviour are likely to be lower, although factors such as “sense of neighbourhood” and community spirit are important, and the latter does not necessarily rise in proportion to average neighbourhood affluence.

## Libraries

The Library service strives to ensure that an individual’s economic situation does not impede their ability to access services and information that impact on their health and wellbeing.

Libraries are trusted places where people come to find information to help with their health, second only to doctor’s surgeries. In addition, many of the activities on offer in libraries and archives directly enhance people’s wellbeing simply because they use the services and contribute to them as part of the community. Library and archive services include:

- Free Home Library Service for those who cannot otherwise access their local library
- Public Health Promotion Activity
- Books on Prescription – a national scheme with health professionals providing self-help resources for mental health issues.
- Non clinical setting for support and information to promote health and well-being
- Events and activities to support health and well-being held in libraries
- Literacy support including 6 book challenge and quick reads for emerging readers
- Regular, fun reading activities for children, families and adults with over 55,000 people attending a library activity last year
- Pedometers available for loan
- Alternative formats and tailored collections such as talking books and large print, e- books and downloadable talking books all available for free loan

33% of Library users aged over 16 said their Library had helped them with their Health & Wellbeing.

## ENVIRONMENT

One of the main determinants on our health and well-being is the environment in which we live. Town planning as we know it today arose as a mechanism for dealing with ill-health and poor sanitary conditions in the nineteenth century. In recent years much evidence has been collected which demonstrates how the physical, social and economic environment interacts and influences the state of health of those living and working within it. Recent concerns about obesity, lack of physical activity and environmental inequalities have allowed us to understand that the way in which we develop our built environment and live in our communities has a profound effect on our physical and mental health.

Our growth strategy for the Black Country is focussed on increased housing, economic prosperity and environmental improvements based within and around the 16 Regeneration Corridors set out in the Core Strategy (<http://blackcountrycorestrategy.dudley.gov.uk/>). Our vision is to create a network of cohesive, healthy and prosperous communities across the sub region, all which have equal access to quality housing and community services and an integrated transport network. Healthy sustainable development is a major component in achieving this vision and in eradicating the health inequalities which currently exist. There is an intricate relationship between social conditions, the lifestyles we lead, our genetic inheritance and the services available to treat any illnesses which may arise. It is also clear that these relationships and differences give rise to local inequalities in health.

Formulating and implementing planning policies allow health to be built into our environment and the thoughtful design of new places and spaces can address the inherent interaction between health and our environment. Dudley Borough recognises that if a community has access to a health centre, healthy food outlets and well designed public space, it will be happier, healthier and more stable. To this end, we are taking action to develop a sustainable network of community services, health care, sport and recreation facilities, education and employment opportunities and open green space, all of which are accessible to everyone. All residents will have access to the facilities they need, regardless of race, creed, disability, economic status or where they live. The result should be a more equal society where physical health and mental well-being are much improved as communities react positively to their healthier environment.



## BUILT ENVIRONMENT: HOUSING

Table 5: Key Facts, Dudley the Place, Built Environment: Housing

Key Facts		
91% of Dudley residents report their current home is adequate for their needs. <sup>36</sup>	25.9% of the Borough's households include a member with a disability.	9.9% of the Borough's housing stock (12,387 homes) has been adapted.
73% of owners aged 60+ have considerable levels of equity in their homes.	There is strong demand for sheltered accommodation and Extra Care housing.	29% of private rented housing fails to meet acceptable housing standards. <sup>37</sup>
53.1% of households have three bedrooms, and semi-detached is the dominant housing type, constituting 48.4% of accommodation. <sup>38</sup>	We would need to build 421 new homes each year for the next 15 years to meet current known demand for social housing.	4,492 concealed households and 69% of these cannot afford to rent a home and 72% cannot afford to buy.

### DUDLEY'S HOUSING STOCK

#### Household Tenure

68.7% of households are owner-occupiers, either outright or with a mortgage / loan. This is a higher proportion than in other Black Country local authorities (Wolverhampton 56.6%; Sandwell 56.9%; Walsall 62.4%) and England (63.4%). Although there are just over 800 more owner-occupied households compared to 2001, Dudley has experienced a decrease in the proportion of owner occupation over the last ten years (70.8% in 2001), a trend seen in other West Midlands metropolitan authorities and at the national level (England 68.1% in 2001).

19.8% of households are tenants with the council or other social provider. The proportion of households that rent from the local authority has decreased from 19.4% to 16.8% over the ten-year period, but there is still a greater reliance on the local authority housing stock compared to England as a whole (9.4%).

The number of households who rent their property from a private landlord or letting agency has increased from 4,384 (3.5%) in 2001 to 10,938 (8.4%) in 2011, but this housing sector is notably less prominent than at the national level where 15.4% of households are private renting.

<sup>36</sup> Housing Stock Condition Survey 2008

<sup>37</sup> Housing Market Intelligence Report 2011

<sup>38</sup> Three bedrooms /semi-detached 2011 Census

Table 6: Tenure of Occupied Households in Dudley, 2011

Tenure Of Occupied Households	Number	% Dudley	% England
Owned Outright	45,383	34.9	30.6
Owned With a Mortgage or Loan	43,921	33.8	32.8
Shared Ownership (Part Owned and Part Rented)	707	0.5	0.8
Rented From Council (Local Authority)	21,874	16.8	9.4
Other Social Rented	3,845	3.0	8.3
Rented From Private Landlord or Letting Agency	10,938	8.4	15.4
Other Private Rented	1,066	0.8	1.4
Living Rent Free	2,133	1.6	1.3
Total: All Households	129,867	100.0	100.0

(Source: 2011 Census Table KS402EW)

### Accommodation Type

The number of household spaces (including those not occupied on census day) increased by 4.4% from 128,343 in 2001 to 134,022 in 2011. Other West Midlands metropolitan local authorities saw growth rates of around 5-6%, with Sandwell highest at 6.3%; the national increase was notably greater at 8.4%.

Given the relatively small change in household space numbers the proportions of detached (22% 2001; 21.5% 2011), semi-detached (49.5%; 48.4%) and terraced (16.2%, 16.1%) accommodation are very similar to ten years ago.

Dudley has the second largest proportion of semi-detached household spaces of any local authority in England. The number of household spaces in flats / maisonettes / apartments has increased significantly, up by 18.3% from 15,722 to 18,599 in 2011. This means that just over 50% of household space increase since 2001 has been in the form of flats

Table 7: Household Accommodation Type Dudley, 2011

Household Space Accommodation Type	Number	% Dudley	% England
Detached	28,835	21.5	22.3
Semi-Detached	64,870	48.4	30.7
Terraced (Including End-Terrace)	21,636	16.1	24.5
Flat, Maisonette or Apartment:			
Purpose-Built Block of Flats or Tenement	15,743	11.7	16.7
Part of Converted/Shared House (inc. Bed-sits)	1,635	1.2	4.3
In a Commercial Building	1,221	0.9	1.1
Caravan or Other Mobile / Temporary	82	0.1	0.4
Total: All Household Spaces	134,022	100.0	100.0

(Source: 2011 Census Table KS401EW)

The 2011 Census was the first to ask households about their number of bedrooms. More than half of all households (53.1%) have three bedrooms; for owner-occupied housing, both owned outright (61.6%) and with a mortgage / shared ownership (58%) the proportion is greater. Households with four or more bedrooms are also mainly found in the owner-occupier categories, with all other tenures having 8% or less. Almost one quarter (24.3%) of households have two bedrooms, ranging from 19.7% of households with a mortgage / shared ownership to 37.5% amongst private renting from a landlord / letting agency. Only 9.3% of all households are one bedroom and these are much more prominent amongst the social and private rented sectors.

Table 8: Household Tenure and number of bedrooms Dudley, 2011

Household Tenure: % With Number of Bedrooms	1	2	3	4	5+
Owned Outright	2.5	21.3	61.6	12.6	2.0
Owned With a Mortgage or Loan or Shared Ownership	2.1	19.7	58.0	17.0	3.2
Rented From Council (Local Authority)	26.9	30.8	39.2	2.7	0.5
Other Social Rented	32.4	33.0	29.5	3.9	1.1
Rented From Private Landlord or Letting Agency	19.7	37.5	37.3	4.1	1.4
Other Private Rented or Living Rent Free	20.6	30.9	40.6	6.5	1.5
Total: All Households	9.3	24.3	53.1	11.3	2.1

(Source: 2011 Census Table QS411EW)

The 2008 Dudley MBC House Condition Survey estimated that 17.6% of the total private sector housing stock (18,994 dwellings) and 29% of the total private rented housing stock (1,744 properties) did not meet the Decent Homes Standard. At an area level, the highest rates of failure were in Halesowen (30%) and Central Dudley (18.6%).

The main reason for failure was disrepair with rates significantly higher in the private rented sector. 4% of properties were identified as having Category 1 hazards (likely to give rise to serious injury or worse through electrical faults, fire, excess cold, dampness/mould and falls on steps or stairs). Whilst numerically these dominate the owner occupied sector, proportionately the private rented sector is in a worse condition. Nearly 50% of households living in non decent homes and 42% living in homes with Category 1 hazards were elderly.

It is important to achieve a supply of housing to help meet the need of the Borough's lower income residents so that they are not socially excluded which can have a profound effect on mental health.

The target in Dudley from 2006 – 2026 is the construction of 2479 affordable dwellings (15% of gross completions).

So far Dudley is performing beyond its target and has delivered a total of 143 (the goal was 102 affordable dwellings) new affordable housing dwellings for the monitoring year 2012/13, this accounts for 19% of the total gross completions.

From 2006/07 to 2012/13 1192 new affordable housing dwellings have been built which represents an average of 170 new affordable housing dwellings per year (which exceeds the original target of 124 per year).

The affordable dwellings have been delivered through planning obligations and directly through Homes and Community Agency funding.<sup>39</sup>

### The housing needs of disabled and older people

The Housing Market Intelligence Report 2011 indicates that 25.9% of households included a member with a disability. This is higher than research has found elsewhere in the country at around 20%. 64.8% of all disabled household members were over the age of 60 and 56.6% of disabled households have a walking difficulty. BME households reported higher levels of disability/long term illness than the general Borough population (32.9% compared to 25.9%) and higher care/support needs (56.8 compared to 54.2%).

9.9% (12,387 implied) properties have been adapted. Most older people living in the Borough are in the owner occupied sector and mortgage free (53.9%). 73.1% of owners aged 60+ indicated that they had equity ownership of over £100,000.

There is strong demand for sheltered housing (3,152 units) and 666 Extra Care units from people who may move in the next three years. The demand is for both private sector and affordable (social) housing.

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## HOMELESSNESS

Being homeless presents an acute set of circumstances for households. There are many reasons for people becoming homeless. This includes relationship breakdown, mortgage/rent arrears, changes in income levels/financial circumstances, breakdown of relationship with parents/relatives and domestic abuse. Most households who experience homelessness rarely become homeless because of one factor, it is usually a complex mixture of causes. Most households who are rehoused as a result of becoming homeless are households with children or expectant mothers or other people who have vulnerabilities such as they are young or old or have physical or mental health issues.

During the 2012/13 financial year there were 2,270 enquiries to the Council's homeless prevention service. This number is fairly consistent with the number of annual enquiries over recent years. The majority of households making enquiries were able to resolve their own housing issues or were able to do so with the Council's help. 171 households were unable to avoid becoming homeless and were helped to find alternative accommodation by the Council. This figure is an increase from 158 in the previous year; nationally there has been an increase in the number of households who are homeless. Of the 171 homeless households, 122 were households containing children and / or expectant mothers.

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<sup>39</sup> Annual Monitoring Report (December 2013)

Table 9: Homeless prevention service enquires and Full duty decisions, Dudley, 2009/10-2012/13

	2009/10	2010/11	2011/12	2012/13
Full duty decisions	154	188	158	171
All presentations	2,280	2,223	2,388	2,270
% full duty	6.8%	8.5%	6.6%	7.5%
Preventions (BVPI 213)	476	552	645	577

The number of rough sleepers living in the borough remains relatively low with 6 recorded during the rough sleepers estimate that was carried out in October 2012. Since last year two of the longer term rough sleepers have been housed and are receiving support to ensure that they have every chance of maintaining their tenancy.

The main cause of homelessness is households whose tenancies in the private rented sector have ended. When homelessness occurs it is often due to a number of causes rather than one, for example, loss of a job can lead to money troubles through loss of earnings, relationship breakdown and ultimately being served with an eviction notice for non-payment of rent. The following table attempts to show the main cause.

Table 10: Causes of homelessness Dudley, 2009/10-2012/13

Causes of homelessness (number of cases)	2009/10	2010/11	2011/12	2012/13
Termination of assured shorthold tenancy	18	40	49	55
Relationship Breakdown	67	46	43	40
Of which: Violent	56	39	34	30
Non-violent	11	7	9	10
Breakdown of relationship with parents/ other host household	18	35	22	27
Of which: Parents	10	20	10	18
Family / Friends	8	15	12	9
Mortgage arrears	11	9	18	12

The full duty homelessness figures largely cover households with children or people with vulnerabilities. It should also be recognised, however, that many single people who are not vulnerable through age, health, disability etc are having difficulty in

securing stable long term suitable accommodation. The Council has a duty to provide advice and assistance to these people but does not always have to provide accommodation. There is a consensus amongst many agencies that operate in the Borough that there is a growing number of young people who are sofa surfing/staying with friends on a temporary basis who do not show in the homeless or rough sleeping figures but are at risk of becoming homeless in the future.

Dudley provides housing related support services to around 3,000 vulnerable people a year. This support prevents them from becoming homeless and helps them to live independently within their communities. There are a range of support services that specialise in offering support to older people, people with learning disabilities, people with mental health issues, young parents and many other people with vulnerabilities.

## FUEL POVERTY STRATEGY AND THE WINTER WARMTH PROGRAMME

Fuel poverty is a significant public health problem and contributes to considerable stress, illness and to excess winter mortality and cold-related deaths. The World Health Organisation estimates, between 30% and 50% of excess winter deaths can be attributable to cold indoor temperatures. This means on average at least 65 people a day die in the UK in winter as a result of illnesses due to cold homes.

Tackling fuel poverty is becoming increasingly difficult due to accelerating energy prices. Since 2007, the average domestic electricity bill has increased by 31% while the average domestic gas bill has increased by 55% over the same period. From 2011-2012, the average gas bill increased by 11.3% and the average electricity bill by 5.7%<sup>40</sup>. These increases are significantly greater than any increase in average household incomes. The latest figures from Ofgem November 2013, suggest the average annual dual fuel bill is £1,340 and we expect this figure to continue to rise.

Nearly 61% of households in Dudley earn below the national average income of £25,900 per annum, with nearly 30% earning below £10,000 per annum<sup>41</sup>.

Fuel Poverty is the inability of a household to afford sufficient heat and power to remain comfortable, healthy and safe. This is a result of:

- low household income;
- poor heating and insulation standards;
- high energy prices

Fuel Poverty is a problem which affects many of Dudley's least affluent and most vulnerable households. It has a range of significant negative impacts on quality of life including mental and physical health implications, social and fuel debt problems.

Whether a household qualifies as fuel poor depends on the interplay between its income and its housing and energy costs. Household energy usage depends on many variables, such as weather patterns, hours spent at home and the type and quality of a building's fabric. The remedy for fuel poverty is therefore, usually, a combination of education, income maximisation and measures to improve the energy efficiency of the dwelling and its appliances. These measures are a mix of technical improvements and information that leads to behaviour change.

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<sup>40</sup> Fuel Poverty Advisory Group (For England) 11<sup>th</sup> Annual Report 2012-13

<sup>41</sup> Housing Market Intelligence Report 2011



Despite all the improvements that have been achieved to date, from 2006 to 2011 Dudley had a higher than average rates of excess winter deaths (EWDs) than both the national average and the West Midlands as a whole. However, latest figures report that Dudley has shifted from being significantly worse than the England average, to not being significantly different (ONS Mortality File England and Wales 2011/12).

Table 11: Excess winter deaths, Dudley compared to England and Wales and the West Midlands 2005/06 – 2012/13

	England & Wales		West Midlands		Dudley	
	EWD	EWD Index	EWD	EWD Index	EWD	EWD Index
2005/06	23,740	15.8	2,710	16.3	140	14.2
2006/07	22,380	15.2	2,670	16.3	300	32.2
2007/08	23,290	15.7	2,790	17.2	180	19
2008/09	34,000	23.6	3,850	24.6	270	29.1
2009/10	25,810	16.8	2,810	18	210	23.2
2010/11	26,080	16.9	2,850	18.2	220	24.9
2011/12	24,200	15.5	2,200	13.9	117	12.8
2012/13*	31,100	19.6	3,400	21	160	16.3

\*Data is provisional and has been locally calculated

Dudley's latest Home Energy Conservation Act (HECA) report submitted to the Secretary of State for the Environment in March 2013, reported that 26,615 (20.9%) of households in the Borough are fuel poor<sup>42</sup>. This means these households currently spend more than 10% of their household income on heating their homes. Since the submission of the latest HECA report, the government has adopted a revised definition of fuel poverty known as the Low Income High Cost Indicator (LIHC).

Although Dudley's average SAP ratings for the energy efficiency of both the social stock and private sector are above the national average there are still very high levels of fuel poverty in the Borough. According to the 2011 Census data, 4,726 households in the Borough have no central heating, with the highest numbers associated with Brierley Hill, St Thomas's Coseley East, Quarry Bank, and Dudley Wood and the Netherton, Woodside and St Andrew's wards.

Since the Home Energy Conservation Act 1995 Dudley has seen sustained improvement in the energy efficiency of its domestic stock. Significant improvements have been made in insulating houses and improving and replacing boilers. For example between 2009 and 2013 Dudley secured £10.4m of Community Energy Saving Programme (CESP) funding that resulted in 2,069 homes benefiting from loft/cavity/solid wall insulation, double glazing, boiler replacements and fuel switching

<sup>42</sup> Richard Baines, Director of Sustainable Development, Black Country Housing Group, October 2013

and solar photovoltaic installations. It's estimated that this scheme resulted in a carbon saving of 445,547 tonnes of CO2 and £500,000 on annual household bills across the borough.

## CLEAN SPACE

Clean and well looked after environs, contribute to a sense of wellbeing and better mental health. There us a survey to measure the cleanliness of the local environment as a member of the public would see it based on the methodology of the Local Environmental Quality Survey of England, developed by Keep Britain Tidy, for monitoring a range of local environmental issues. The Council should aim to reduce the score year-on-year.

The four elements of the performance indicator, litter (NI 195a), detritus (NI 195b), graffiti (NI 195c) and fly-posting (NI 195d), are measured separately. Each site surveyed is given a grading assessment based on a four point scale set out in the Code of Practice on Litter and Refuse, ranging from a Grade A (clean) to Grade D (heavily affected). The following are reported as actual (lower score are better):

Table 12: Number of sites that failed to reach Grade B

indicator	2011/12	2012/13	2013/14
Litter	2.61%	3.30%	3.44%
Detritus	5.85%	6.30%	5.15%
Graffiti	1.94%	1.30%	1.06%
Fly posting	0%	0.10%	0.06%

Data Source: Local Environmental Quality Survey

In terms of Dudley's performance when compared nationally this is on the whole better than the national average as evidenced by the Keep Britain Tidy report (LEQS PRO Essential report, Local Environment Elements).

## BUILT ENVIRONMENT: LIBRARIES AND ARCHIVES

Libraries and Archives are at the heart of their local area and encourage people of all ages and interests to come together. They are often identified strongly by people as a vital part of the community and an expression of the sense of place that they feel.

Dudley Libraries and Archives deliver services across the Borough of Dudley from 13 Libraries, 4 Library Links and the new Archives building on the Castle Hill development. The current financial climate has meant that demand for these services has never been more urgent, with requests for information, help to use on-line services and attendance at free library events for babies, children and adults all increasing. Over 22,000 visits are made to libraries in Dudley Borough each week.

Libraries and Archives prevent people from needing to access further, more expensive support and are a cost-effective "department store" of local services. They

are often a starting point or catalyst for people at key moments in their lives and positively impact on their quality of life.

Libraries have always been trusted, safe, free spaces where people can rely on staff to help them with all of their information needs. It is a unique and highly valued service. They help people to access life-critical information for the 21st Century.

Our local libraries and Archives provide a free and neutral information service and uniquely, are trusted (and have a duty) to do this for anyone on any subject. Libraries offer a huge range of resources covering job seeking, financial and legal help, improving skills, business advice and start-up and generally, information to help with those moments in people's lives when they have decisions to make. Working with partners, they offer job clubs and accredited courses on site, giving a one-stop place for help and advice and can refer on whenever needed.

- On-line subscription based resources selected and made freely available 24/7
- Management of the Dudley Community Information Directory
- Supporting economic well-being for individuals and businesses
- Free public access to computers and the internet
- Library Staff trained to help customers access digital information
- Support to go online
- Free WIFI
- Free access to COBRA, an on line business information tool including start up advice.

Libraries are a key resource in improving growth by providing advice on business start up as well as providing access to training, helping with job seeking. 11% of library users aged over 16 are unemployed and 16% of users have said that libraries have helped them with job seeking.

## ENVIRONMENT: GREEN SPACE

Dudley Borough boasts a number of local nature reserves and one national nature reserve illustrating the areas of rich flora, fauna, geology and heritage.

The Borough's Nature Reserves are as follows:

Barrow Hill Local Nature Reserve  
Buckpool & Fens Pools Local Nature Reserve  
Bumble Hole and Warrens Hall Local Nature Reserve  
Cotwell End Local Nature Reserve  
Saltwells Local Nature Reserve  
Wren's Nest National Nature Reserve

All nature reserves have free public access seven days a week.

Within a heavily urbanised area such as Dudley, access to publicly accessible urban parks and other green space areas, close to where people live, shop and work is

essential, in order to improve the communities health and well being, and is critical for helping achieve sustainable communities. Green spaces help promote social inclusion, community cohesion, tourism, enhance local distinctiveness and landscape, and make the urban area an attractive place in which people choose to live, visit, work and invest.

There are 17 key parks in the Borough. Each park receives between 300,000 to 900,000 visits per year dependent on locality, amenities, and size, for example: Priory Park receives 300,000 visitors per year and Mary Stevens Park receives 900,000 visitors per year.

Table 13: Specific place included during visits to the West Midlands\* -MENE: March 2009-Feb 2013

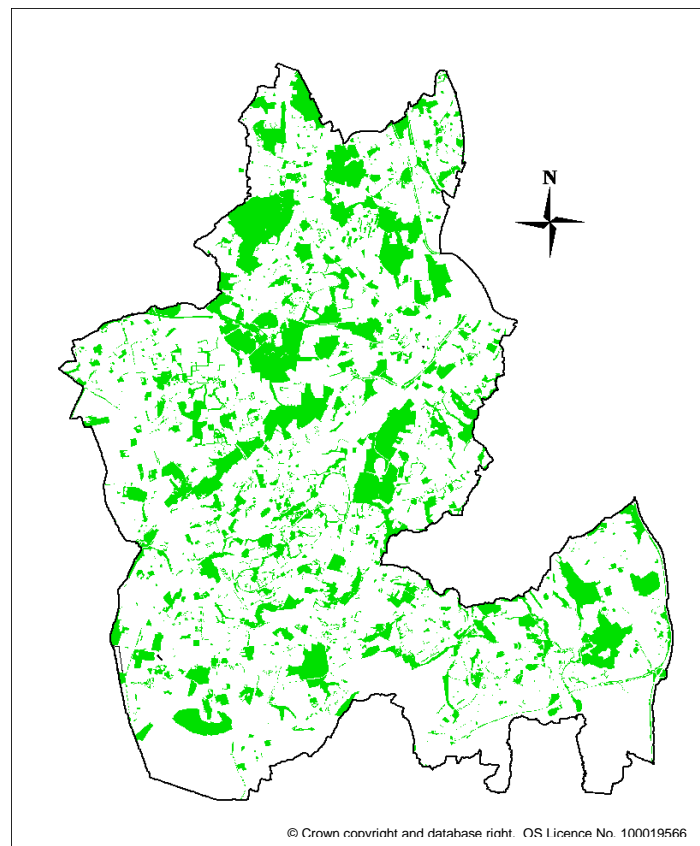
Locations where time was spent during the visit	Unweighted base	Total number of visits that included this location (millions)	Average number of visits per year that included this location (millions)
Park in a Town or City	1254	152.3	38.1
Country Park	523	66.8	16.7
Playing Field or Other Recreation Area	319	53.9	13.5
Open Space in a Town or City	279	42.4	10.6

\*Birmingham, Herefordshire, Shropshire, Staffordshire, Warwickshire, Worcestershire

Data Source: MENE; estimates are for the Upper Tier Local Authorities combined for the West Midlands region

The unweighted base is just the raw sample size, while the columns to the right provide an estimate of the total number of visits (in millions) that included the place specified for all 4 years and then as an average. NB. Because visits can include more than 1 type of place, the results above should not be combined in order to avoid double-counting.

Map 4: Green Space in Dudley



## ALLOTMENTS

- Dudley Borough has 36 Allotment sites in Dudley
- Of the 36 Allotments sites; 4 are managed by the Council. The other 32 sites are managed by 28 individual Allotment Associations
- There are approximately 1200 allotment plots across the Borough including those on Allotment Association run sites
- Of the 4 sites managed by the Council there are a total of 41 plots
- The average allotment is a plot of land comprising 253 square metres

All of our allotment sites are currently full with a number of them having waiting lists.

## ENVIRONMENT: COMMUNITY SAFETY

Table 14: Key Facts, Dudley the Place, Environment: Community Safety

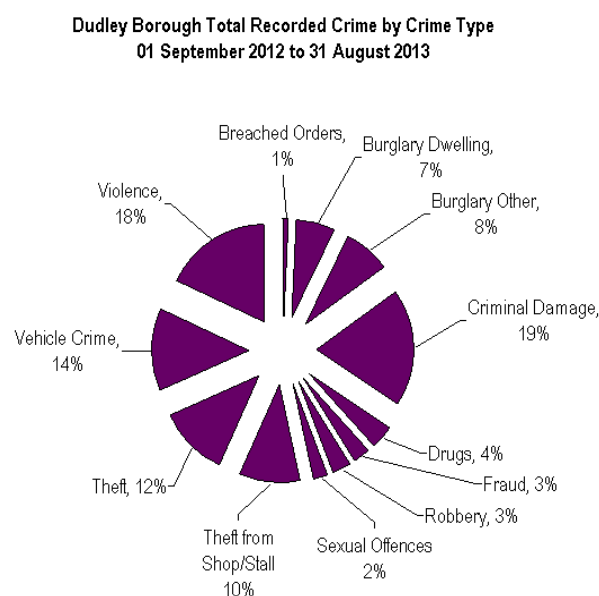
Key Facts	
Crime levels are dropping and have been doing so for the last 8 years (2005 – 2013) 43	Dudley Borough is the safest borough within the West Midlands (August 2013)
An estimated just under 1 in every 100 people aged 15-64 years living in the Borough is a Problem Drug User (2011/12) 44	Dudley Borough is the third safest in our most similar family group in England & Wales (August 2013)

## CRIME

Dudley is the safest Borough in the West Midlands metropolitan area, having the lowest rate of crimes per 1,000 population. A reduction in recorded crime has been seen in each of the last eight years. At the end of 2012/13 there was a 2.7% decrease compared to the end of 2011/12. When compared to 2005/06 the recorded crime totals show a 44.9% reduction.

The chart below shows the crime types and their proportion of Total Recorded Crime (TRC) in Dudley for the period 01 September 2012 to 31 August 2013. Although crime levels fell by 2.7% compared to the same period the previous year the distribution of the crime types was very similar in nature. Of note is Theft from Shop or Stall which increased its share of TRC by 1%; this is on the back of a 4% increase last year.<sup>45</sup>

Chart 1: Total recorded crime in Dudley by type, 01/09/2012-31/8/2013



<sup>43</sup> Safe & Sound Dudley Borough Strategic Assessment March 2014

<sup>44</sup> Problem Drug Users – Substance Misuse Needs Assessment 2012/13

<sup>45</sup> Source: Safe & Sound Dudley Borough Strategic Assessment March 2014



Trading standards help to reduce fear of crime by tackling doorstep crime.

Four No Rogue Trader Zones have been established in identified hot spots within the borough within Belle Vale, Halesowen North, Halesowen South, and Hayley Green & Cradley South. The zones are regularly inspected by Trading Standards and West Midlands Police. Advice booklets and door stickers have been delivered to 22,000 households within the zones.

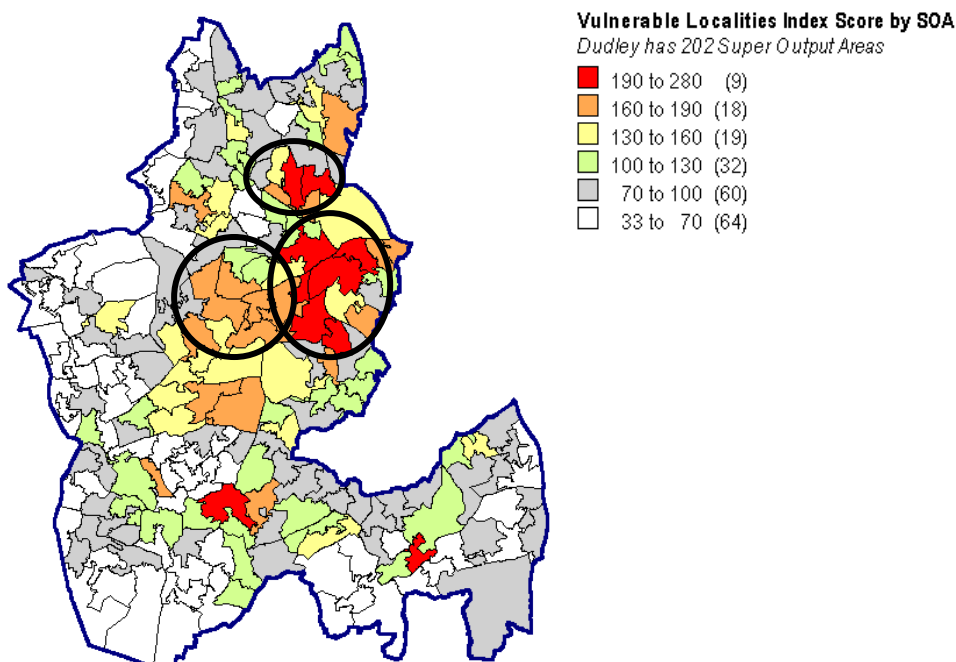
Tackling illegal money lenders

Trading Standards recovered over £156,385 in 2012-13 in redress for consumers as a result of direct intervention where consumers have been the victims of crime and £73,208 in redress for consumers as a result of advice, assistance and intervention.

## VULNERABLE LOCALITIES

Each year a range of datasets are used to create a Vulnerable Localities Index (VLI), to identify localities which suffer multiple inter-related social problems and where people are vulnerable in their own homes. The VLI is a composite index based on a range of crime data (Burglary Dwelling and Criminal Damage to Dwelling; data on where the offence location matches that of the victims home address), deprivation variables (income; employment) and socio-demographic indicators (educational attainment & skills; the population of young people).

Map 5: Vulnerable Localities Index 2013/14



Source: Calculated by Community Safety, Dudley MBC

The map above shows the VLI by Lower Super Output Area, with the identified vulnerable localities circled in black. These priority areas are the same as last year

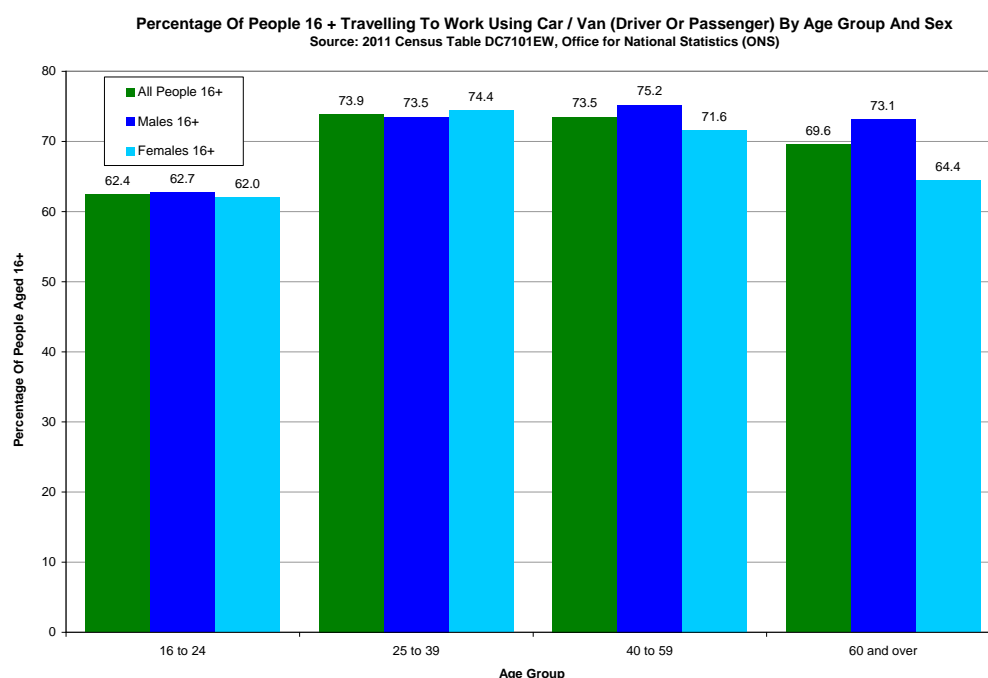
and are located within Castle & Priory Ward; St. James's / St. Thomas's / Netherton, Wooside & St. Andrews Ward; Brockmoor & Pensnett Ward.<sup>46</sup>

## ENVIRONMENT: TRAVEL

### Mode of Travel

The majority of working people aged 16 and over travel to work by car / van, either driving (66.2%) or as a passenger (5.7%). 62.4% of those aged 16 to 24 use these methods; this increases to 73.9% for the 25 to 39 age group. Whilst at this age there is hardly any difference between men's (73.9%) and women's (74.4%) use of the car to travel to work, at age 40 to 59 men maintain the use of a car (73.5%) but the proportion of women who do so falls to 71.6%. This pattern is further pronounced for those aged 60 and over, with figures of 73.1% and 64.4% for men and women respectively.

Chart 2: The percentage of people aged 16 and over travelling to work using a car or van by age group and sex



Women utilise public transport to a greater extent than men, with 22.5% using it to travel to work amongst the 16 to 24 age group compared to 16.4% of men. Though both sexes makes less use of these methods as age increases a consistently higher proportion of women across the age groups use public transport to get to work. 7.5% of people walk to work with the proportion of women doing so (10.1%) almost twice that of men (5.2%). Whilst men become less likely to walk to work as age increases, with 11.8% of male 16 to 24 year olds doing so compared to 3.8% of the 40 to 59 age range, older women make more use of walking with equivalent figures of 11.9% and 10.9% respectively. 7.8% of all people work at or mainly from home and this becomes more prevalent as people get older. 3.1% of the 16 to 24 age group works from home, rising to 8.8% of 40 to 59 year olds and 14% of those aged 60 and over.

<sup>46</sup> Safe & Sound Dudley Borough Strategic Assessment March 2014

Chart 3: Percentage of people aged 16 and over travelling to work using public transport by age band and sex

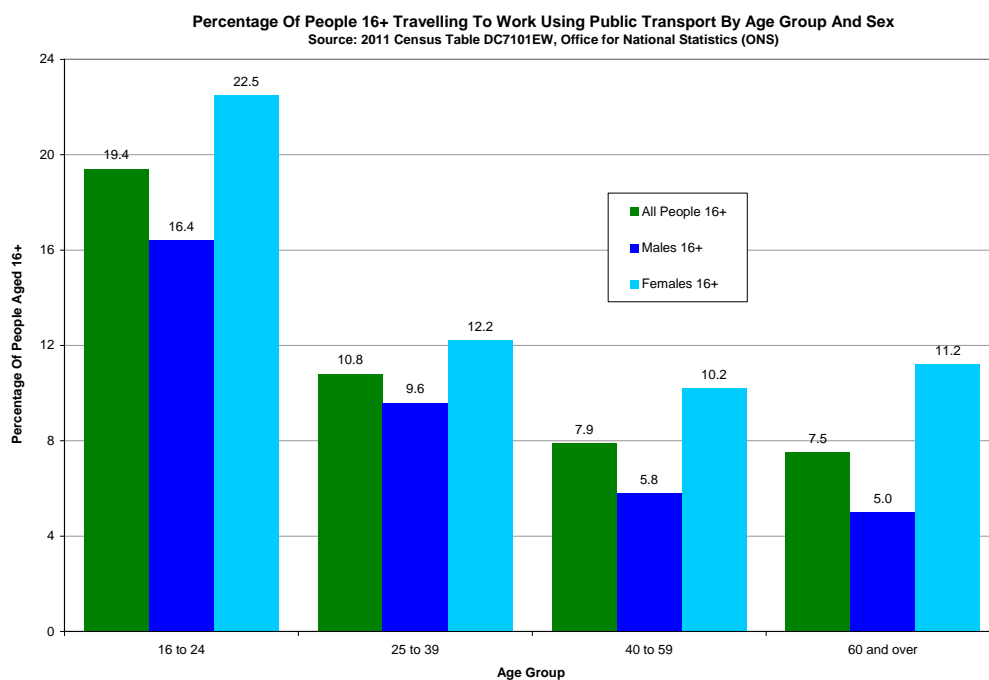


Table 15: Mode of Travel to School Data 2013

Primary/Secondary/Special Educational Needs

Mode of Transport		Usage (%)
Pedestrian/cycle	Walk	52.8
	Cycle	1.1
Private Transport	Car	32.9
	Car Share	1.1
	Taxi	0.9
Public Transport	Dedicated bus service	1.1
	Public service bus	3.7
	Bus service unknown	0.5
	Train	0.1
Other	Boarder	1.0
	Other	0.2
	No information given	4.6

Source: Dudley Schools Data, Dudley MBC.

Just over half of children walk to school (52.8%). 34% travel by car, with a small proportion car sharing (1.1%). Only 5.4% use public transport. The proportions using each transport method are similar to those in 2012. There has been a small decrease in those walking to school (54% in 2012) and an increase in car travel (32% in 2012).

Dudley MBC has been working on improving safer routes. Safer routes to school, School crossing patrols along with cycling tuition, pedestrian training, and road safety education ensures the health & wellbeing of vulnerable groups within the Borough.

There are currently the following within the Borough:

- 13 safer routes to school/8 local safety schemes
- 95 active School Crossing Patrol sites
- 2600 Bikeability places
- Monthly learn to ride sessions (all ages)
- 34 trainees independent travel training scheme
- 38 schools transition training for Year 6 (journey to 2ndry school)
- Approx 20 public activity sessions including the playmat road layout (play week, big toddle etc)
- 2 older driver courses (60 attendees)

All primary schools – walk to school week resources (May)/reception teachers pack (Sept)<sup>47</sup>

### Travel to Town Centres

Data on the number of inbound trips to Dudley and Brierley Hill centres via car and bus is collected every two years as part of the Local Transport Plan cordon monitoring process. The latest results for each centre are from 2012 for Dudley and 2013 for Brierley Hill, and are set out as part of the time series below:<sup>48</sup>

Table 16: Mode of transport for AM peak trips into Dudley<sup>49</sup>

Modal Share %	2002	2004	2006	2008	2010	2012
Car	85.4	85.2	85.6	85.2	86.5	85.0
Bus	14.6	14.8	14.4	14.8	13.5	15.0

Table 17: Mode of transport for AM peak trips into Brierley Hill

Modal Share %	2003	2005	2007	2009	2011	2013
Car	89.3	88.7	87.9	88.9	88.4	87.2
Bus	10.7	11.3	12.1	11.1	11.6	12.8

<sup>47</sup> Traffic & Transportation Team, DUE, 2014

<sup>48</sup> Local Transport Plan Monitoring Reports.

<sup>49</sup> Cordon monitoring surveys

Car is the predominant method of inbound travel to both centres. Its proportion of the modal share has fallen marginally between the last two measurement years; 86.5% to 85% for Dudley and 88.4% to 87.2% in Brierley Hill. However the time series shows a consistent pattern over time with only small variations in the modal share.

During 2014 adjustments will be made to the cordon monitoring process to fully encompass inbound cycling trips to both town centres. This will provide a base position from which cycling can be monitored in future years.

## THE PUBLIC ACCESS NETWORK

The public access network covers the urban centres, residential and industrial estates and the rural fringe through the green belt.

It provides significant provision for local people and visitors to access the borough's wide range of facilities including parks, nature reserves, town centres, local shops, schools, transport and other amenities.

Table 18: Changes to the public access network between 2009 and 2014

	Public Network 2009 (metres) <sup>50</sup>	Public Network 2014 (metres) <sup>51</sup>
Definitive Footpaths	145,815	153,428
Definitive Bridleways	7,359	7,874
Cycle paths	9,992	13,171
Byways	2,370	1,260
Non-Definitive Estate paths	33,289	34,974
Other Footpaths	9,791	14,097
Total Network	208,618	224,804

## CYCLING

The delivery of an improved and integrated cycle network is designed to encourage and allow better usage of cycle ways thereby positively impacting on the health of the patrons who use it. This supports the local indicators contained within the Black Country Core Strategy:

- (Indicator 1) 1% increase in cycle use of monitored routes
- (Indicator 2) Increase % implementation of missing links and overcoming barriers identified in the sub regional cycle network map<sup>52</sup>

<sup>50</sup> Dudley Rights of Way Improvement Plan 2009

<sup>51</sup> Traffic & Transportation Service, DUE, 2014

<sup>52</sup> Annual Monitoring Report (December 2013)

### Indicator 1

The figures below relate to the two cycle routes continuously monitored within Dudley, Turners Lane and Kidderminster Road. The annual usage data for both cycle ways for the monitoring period is:

**03/10 – 02/11** – 11,805

**03/11 – 02/13** – 14,272

**03/12 – 02/13** – 14,098

Other cycle routes are also now currently being monitored and will be reported on in future Annual Monitoring Reports.

There has been an increase overall in cycle route usage although 2012/13 registered a slight decrease

### Indicator 2

In terms of the implementation of new cycle links, 8.4 kilometres were implemented during 2012/13. The new links provide active travel corridors to access the facilities at the Five Healthy Hubs locations, whilst also building on and improving cycling routes across the Borough

As well as improving the cycling network in Dudley the Council is also working in partnership with British Cycling and Sky to encourage more people to ride by getting involved in the following events:

- Sky Ride Local guided rides supported by British Cycling ride leaders;
- Breeze bike ride for women;
- Ride Social for cycling in groups

In its first year, 2013/14, Sky ride local has seen 272 participants involved in 25 events, 120 participants on the breeze programme and 180 people participating in the Ride Social groups.

## ENVIRONMENT: AIR QUALITY

The extensive road network in Dudley Borough has become congested in places resulting in poor air quality; it is for this reason that the Council has declared the whole Borough as an Air Quality Management Area for ambient mean concentrations of nitrogen dioxide.

Air quality is monitored for nitrogen oxides and particulate matter at four automatic air quality monitoring stations and through a network of non-automatic devices for measuring nitrogen dioxide. During 2012 these were used to monitor at 99 sites with a minimum data capture period of three months.

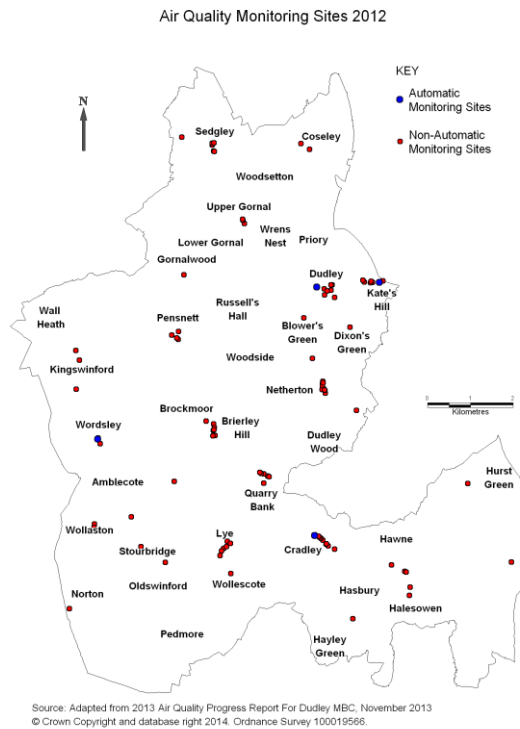
There has been an average decrease of 2.3% in nitrogen dioxide concentrations recorded at roadside locations in Dudley between 2008 and 2012. 2 out of 15 areas which had exceeded the annual mean nitrogen dioxide objective were found to comply with the objective during the 2012 calendar year. Further focused interventions will be required in areas where the nitrogen dioxide content of air is in



excess of the air quality objective: this includes Netherton, Cradley, Quarry Bank, Wordsley and Pensnett.<sup>53</sup>

A map of NO<sub>2</sub> concentrations is not currently available however information on levels recorded at various monitoring tools can be viewed in GISMO on the following link (<http://gismo.dudley.gov.uk/public/envprot/no2/default.asp>).

Map 6: Air quality monitoring sites in Dudley, 2012



<sup>53</sup> Dudley 2013 Air Quality Progress Report

### **Environment: Investigations and complaints**

Environmental Officers investigate allegations of noise and odour nuisances to protect the public from unwanted pollution and therefore remove stressors from the home environment. In 2012-13, environmental health dealt with 352 industrial and commercial noise complaints and 137 odour complaints.

EHTS dealt with 740 complaints and advice requests in relation to food premises and food purchased in the borough in 2012-13.

Food hygiene score are published on the national Food Hygiene Rating website accessible via <http://www.dudley.gov.uk/business/environmental-health/food-safety/>

578 new food premises registrations were received in 2012-13, up by 26% from the previous year and indicative of a high turnover rate in small food businesses and an increase in new micro food businesses such as mobile traders and home caterers.

## DUDLEY “THE PEOPLE”

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
Identifying how people in Dudley enhance their well-being through leisure activities?	Sports England segmentation data. Leisure centre Gladstone system Lets get website Black country in Motion programme
There is a recorded decline in local football teams. What is the position for other sports?	Leisure centre data available shows there is no change from May 13 to May 14. Swimming, pool use, cycling and rowing have seen an increase.
Are Commissioners confident that their providers have culturally competent services and ready access to interpreting when needed?	Translation services are available via a commission service called Tandrusti. We can be confident that people have access to culturally competent service provision in Dudley through a wide range of mechanisms.
Greater numbers of people are living longer. Are commissioning plans sufficient to assist older people to stay fit and healthy and to make full use of their talents	Dudley Libraries and Archives deliver services across the Borough from 13 Libraries, 4 Library Links and the new Archives building on the Castle Hill development, supporting requests for information, help to use on-line services and attendance at free library events
10% of repeated victims of crime come from Asian communities. What can be done to reduce their vulnerability?	A number of information initiatives have been launched targeting at risk groups and repeat victims
The deprivation gap in life expectancy has increase over the last decade. Is enough being done to reverse this trend?	Reducing health inequalities is a key objective in Dudley CCG's operational plan 2014-16. The aim is to reduce premature mortality by 3.5% potential years of life per year. Reduce emergency hospital admissions, childhood obesity and CVD mortality. This will be achieved by improving the uptake of smoking cessation, promoting physical activity, improving the quality of life of for people with long term conditions, reducing hospital stays and eliminating avoidable hospital deaths.

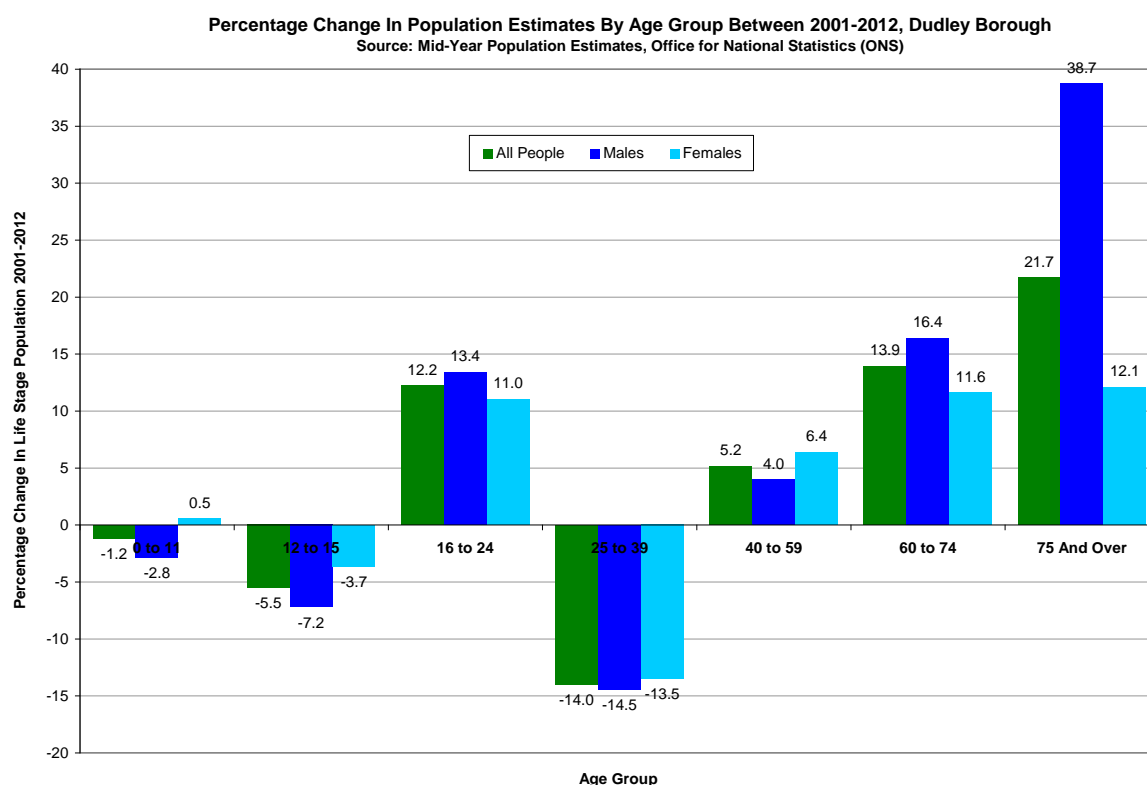
## POPULATION

Table 19: Key facts, Dudley the people

Key Facts		
<p>The 3rd most populous Metropolitan authority in the West Midlands and the 12th in England.<sup>54</sup></p> <p>Population projected to increase by 6.4% (20,000 people) to 334,000 between 2012 and 2037.<sup>55</sup></p>	<p>Distribution of population across age groups has changed in last decade<sup>56</sup></p> <p>60+ age group projected to increase by 32.9% and 75+ by 67.9% between 2012 and 2037</p>	<p>88.5% of the borough population is White British<sup>57</sup></p> <p>65.3% of the borough population are Christian and 4.1% Muslim; all other religions constitute less than 1.2% of the borough population<sup>48</sup></p>

Dudley’s population, like most areas, is growing. In 2001 the total population was 305,100 but by 2012, the latest year for which estimates are available, it had risen to 313,600. The structure of the population has also changed over this period.

Chart 4: Percentage change in population estimates by age group in Dudley, 2001-2012



<sup>54</sup> Mid year Population Estimates 2012, ONS

<sup>55</sup> 2012-based population projections, ONS

<sup>56</sup> Mid year Population Estimates, ONS

<sup>57</sup> Ethnic Group / Religion: 2011 Census

The number of children aged 0 to 11 and 12 to 15 have fallen by 1.2% and 5.5% respectively.

The 16 to 24 age group has grown by 12.2% to reach 33,500, but there has been a concurrent and significant decline in the 25 to 39 population, decreasing by 14% to stand at 56,100 by 2012.

The 40 to 59 age group has grown by just 5.2% to 85,600, whereas the number and proportion of those aged 60 and over has seen a more notable increase.

The population aged 60 to 74 reached 51,500 in 2012, a 13.9% increase on the 2001 figure. Although there are still more women (26,200) than men (25,200) in this age group, the male population has grown at a faster rate, increasing by 16.4% since 2001 compared to 11.6% for women.

The 75 and over group has experienced the largest relative increase, growing by 21.7% to reach 27,600. As with those aged 60 to 74 the male population has increased more rapidly, but to a significantly larger extent, growing by 38.7% (more than three times greater than the female population) compared to 2001. The number of women has increased by 12.1% but still constitutes the majority of the population at this age, with 58.8% of those 75 and over being women.

The changes in the older age ranges reflect increased life expectancies and a narrowing of the gap between the life expectancy of the sexes.<sup>58</sup>

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## FUTURE POPULATION CHANGE

Dudley's population is projected to increase by 6.4% (20,000 people) to 334,000 between 2012 and 2037.

The projections are published by five-year age bands; grouping these to best approximate the Life Stages allows analysis of the projected change in age groups. The most significant feature is the anticipated growth of older age groups, with the 60-74 population projected to increase by 11.5% and the 75+ age group by 67.9% over the forecast period. These age groups alone equate to 26,000 more people. Further analysis shows the population aged 85+ is projected to increase by 12,000, a 171% increase from 2012 to 2037.

A small increase of 1.8% is forecast for those aged 25-39. This group will result in new households forming who will be seeking accommodation, a process that in recent times has extended beyond those in their twenties due to the financial barriers to accessing the housing market experienced by young people. This will have implications for future affordable housing need both in the short and longer term.

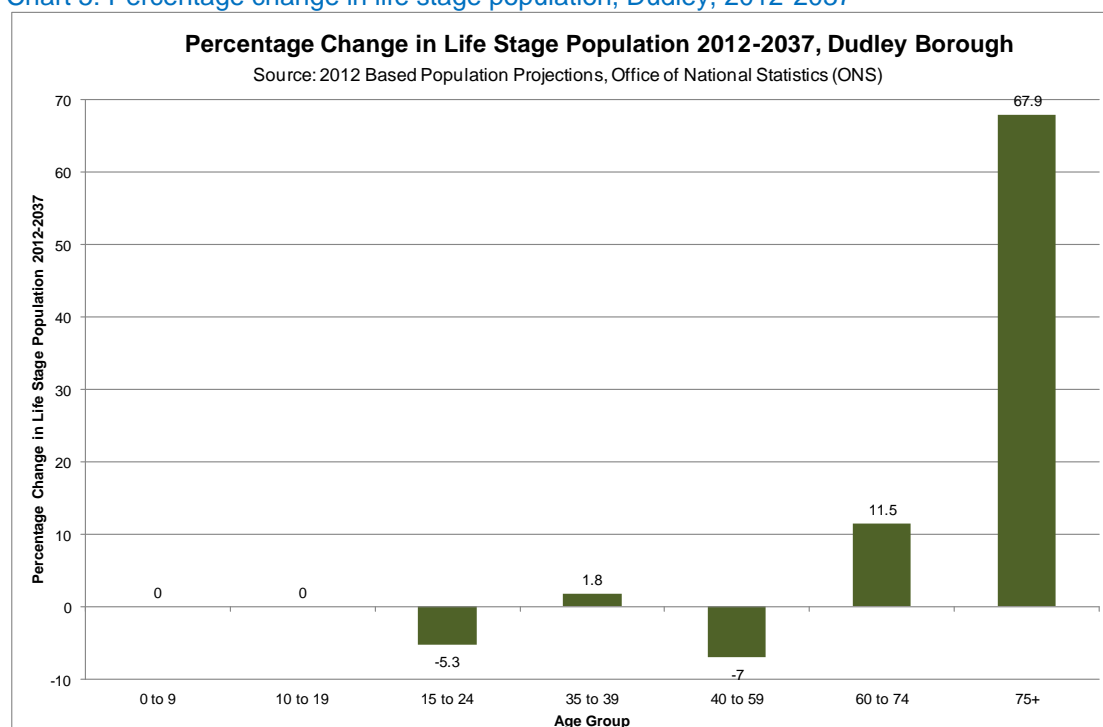
The 2011 Census shows that over a quarter of households (28.2%) have only one occupant, but in the Council and Housing Association rented sectors this rises to 40.6% and 41.9% of households respectively. 44.2% of these 10,491 households have a sole occupant aged 65+.

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<sup>58</sup> Source Mid-Year Estimate 2001-2012 published by ONS

The growth in the number of people aged 60+ and in particular people aged 85+ and the growth of single person households has a number of effects including impacts on housing, support services and adaptations.

Chart 5: Percentage change in life stage population, Dudley, 2012-2037



## MIGRATION

Migration details can be obtained from a range of data sources, however no one source can provide a complete picture.

The 2011 census highlights that 2% (6344) of Dudley residents were born outside the UK and have arrived since 2001. This is significantly lower than the West Midlands average of 5.2%. Of these approximately 2850(0.9%) have arrived from outside the UK within the last 5 years. The percentage of the non-UK born Dudley population to arrive in Dudley before 2001 is 3.3%, which is also lower than the West Midlands average of 6%.

ONS produce long term migration estimates, the 2011/12 figures estimate that 600 international migrants have arrived in Dudley and that 300 have left. The international migration estimates have been at a similar level since 2010.

The 2011 census identified 141 individuals as short time residents, the largest group arriving from the Middle East and Asia.

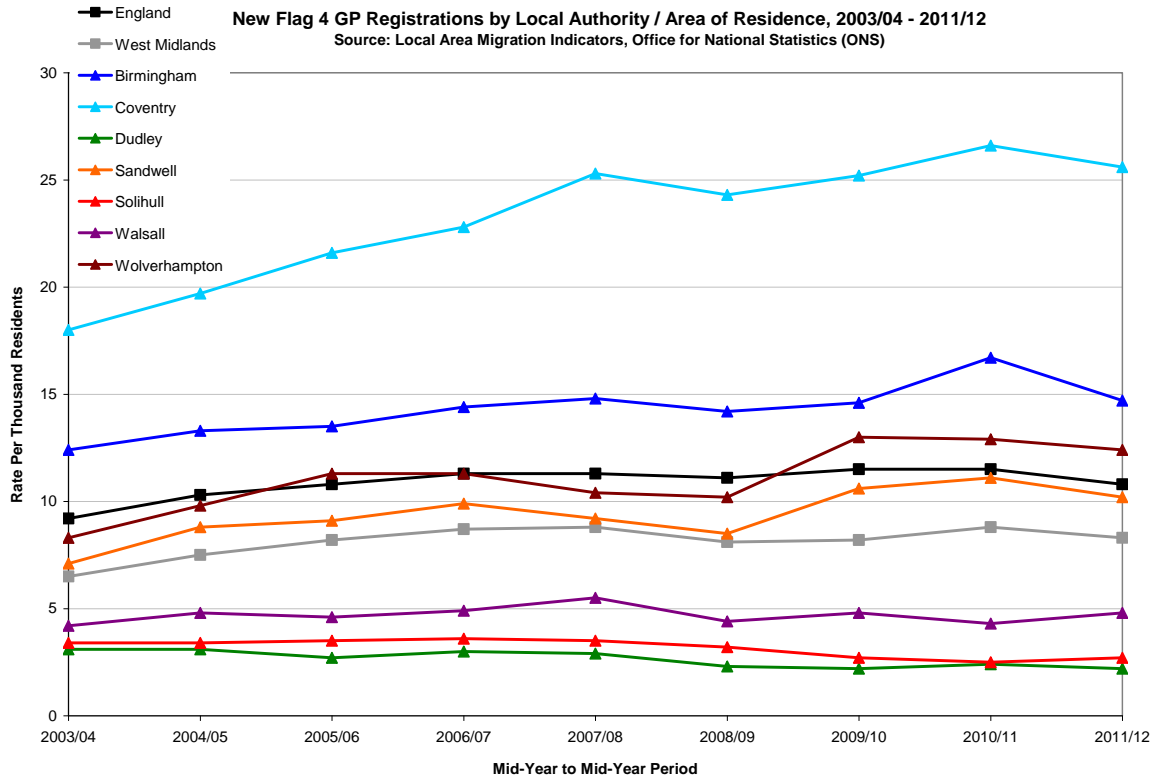
Dudley has the seventh largest proportion of primary and secondary school children with a non-English first language in the West Midlands. 11.8% of primary school aged children (compared to 18.9% in the West Midlands) and 7.7% of secondary school pupils (the regional average is 13.8%).

19.1% of primary school children and 17.7% of secondary school children recorded a non-white British ethnic origin in the 2011 census, much lower than the regional average of 30.6% and 25.9% respectively.



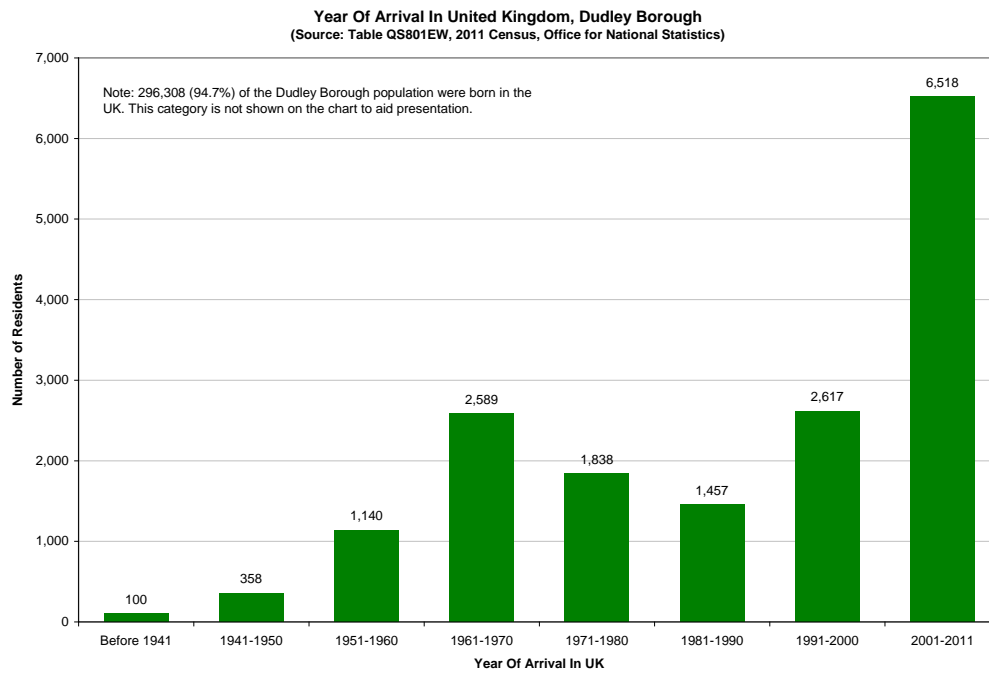
Migrant patients who have not previously registered with the NHS are given a marker for their first patient registration, known as flag 4. For Dudley Borough the level of Flag 4 registrations per thousand residents is low compared to other areas and has shown a general trend downwards in recent years, which is different from that occurring in the West Midlands as a whole and England.

Chart 6: New flag 4 GP registrations by local authority/ Area of residence 2003/04-2011/12



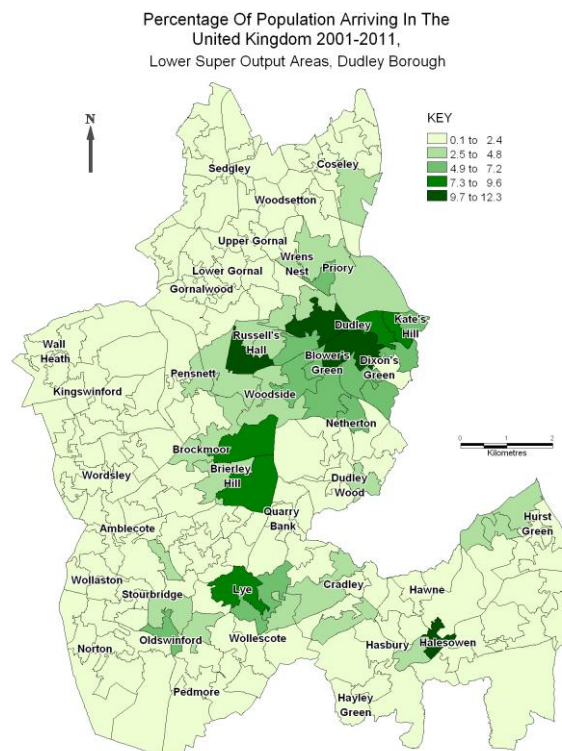
Looking at migration patterns using the 2011 Census shows that 6,518 Dudley residents (2.1% of the census population) migrated in to the United Kingdom since 2001, almost two and a half times as many as in the previous decade. 32.8% of migrants since 2001 originated in southern Asia, 16.8% came from the 'new' European Union (EU) countries that joined EU after April 2001, 10.5% from southern and eastern Africa, 8.1% from the Middle East and 6.5% from members of the EU before March 2001.

Chart 7: Year of arrival in the UK, Dudley borough



The distribution of those arriving between 2001 and 2011 demonstrates that migrants are more likely to settle in certain locations. Dudley, Brierley Hill, Lye and Halesowen have higher proportions of these migrants than the northern and western parts of the borough.

Map 7: Percentage of the population arriving in Dudley 2001-2011



Source: Table LC2804EW, 2011 Census, Office for National Statistics (ONS)  
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Births provide a useful source of migration data since the country of birth of the mother is recorded. The number of births in England has increased significantly over the past 10 years, in Dudley over 600 more babies were born in 2012 (3966) compared to 2001 (3313 births). The proportion of these births from non-UK mother is lower than the regional average but accounts of approximately 20% of the increase (120 births). Overall non-UK mothers accounted for 12.22% of all Dudley births in 2012, the West Midlands average percentage of births from non-UK mothers was 22.68%

National insurance data suggests that the number of migrants coming to Dudley to work is declining, 556 NINO's were issued in 2012, a decrease of 174 from the previous year. The three top countries of origin are Poland, Pakistan and India.

The number of Asylum Seekers has fallen significantly over the past 8 years. In quarter 1 of 2012 137 individuals were in receipt of accommodation and/or subsistence only payments (section 95 support) from the Home Office Dudley.

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## ETHNICITY

The 2011 Census shows that the White British ethnic group constitutes 88.5% of the borough population, compared to 92.5% in 2001, and is the predominant group amongst all age ranges. The percentage of the population that is non-White British is highest within child and young adult age groups as was the case ten years previously.

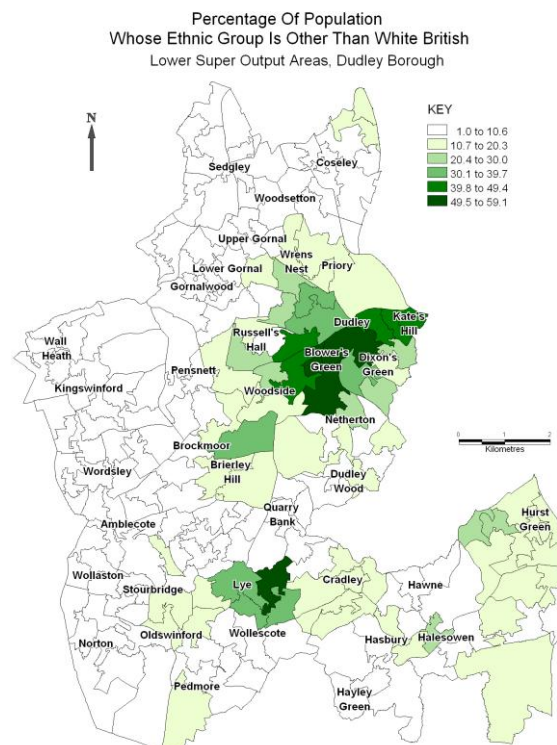
20.7% of those aged 0 to 9 are non-White British, approaching double the proportion seen in 2001 (11.7%). Of the 20.7% total, Pakistani (7.3%), Mixed White / Black Caribbean (3.1%) and Indian (2%) groups are the most evident. 16.3% of 10 to 14 year olds and 14.2% of those aged 15 to 24 are from minority groups. From the 25 to 39 age group, where the figure is 16%, the proportion of people from non-White British groups decreases with age to reach 4.1% for those aged 75 and over. These patterns reflect the generally younger population structure of minority ethnic groups in the borough.<sup>59</sup>

The distribution of the non-White British population is such that there are strong concentrations within certain neighbourhoods, with local proportions up as high as 59%. These neighbourhoods include; Dudley, Blower's Green and Lye.

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<sup>59</sup> Source: 2011 Census, Table DC2101EW

Map 8: Percentage non white ethnicity by Lower Super Output area



Source: Table KS201EW, 2011 Census, Office for National Statistics (ONS)  
 © Crown Copyright and database right 2014. Ordnance Survey 100019566.  
 Contains National Statistics data © Crown copyright and database right 2012

## RELIGION

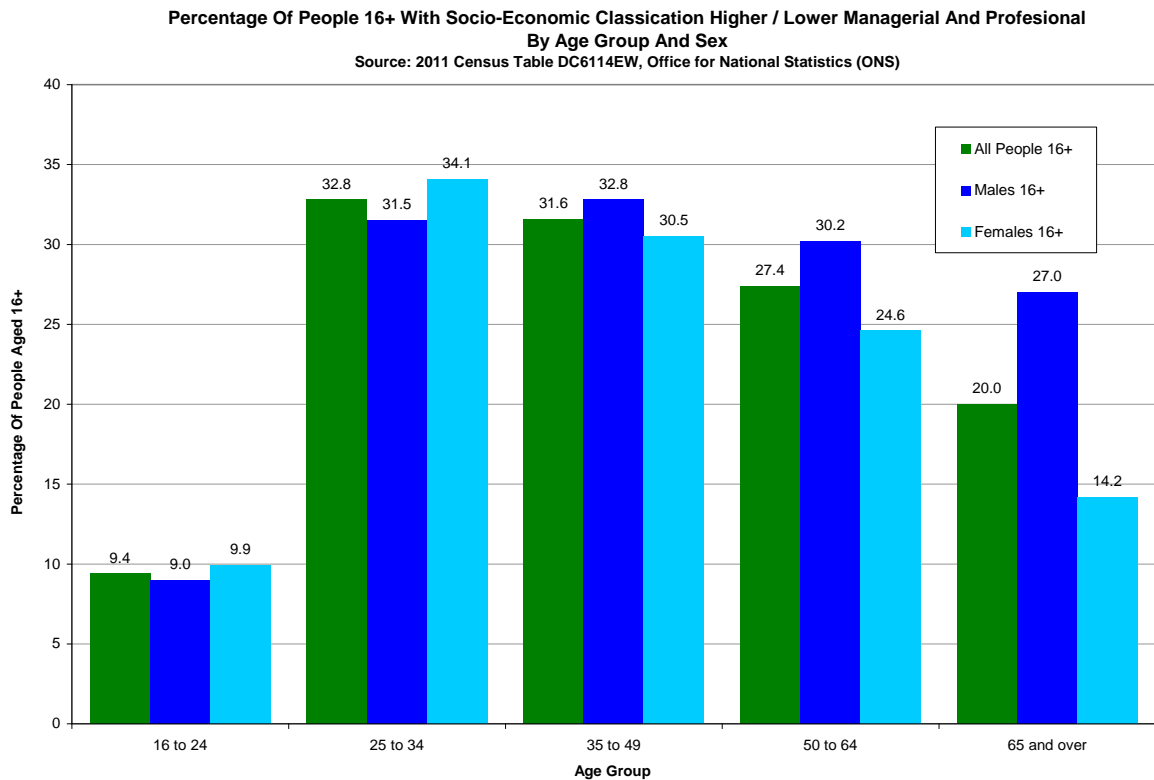
65.3% of the borough population are Christian and 4.1% Muslim; all other religions constitute less than 1.2% of the borough population. 22% of people have no religion and 6.2% did not state a religion; religion was an optional question on the 2011 Census so people were not required to give a response. Older people are more likely to identify themselves as Christian, with 86% of those 75 and over and 82.7% of those aged 60 to 74 doing so compared to 49% of 0 to 9 year olds and 58.4% of 10 to 14 year olds. People under 40 are also more likely to state they had no religion than the population as a whole and those in older age groups.<sup>60</sup>

## SOCIO ECONOMIC CLASSIFICATION

The Office for National Statistics uses occupation, employment status (self-employed, employee) and whether people supervise others to construct the Socio-Economic Classification. This shows that 25.2% of people in Dudley aged 16 and over have higher / lower managerial and professional occupations. The age ranges by which the data are published do not align with the Life Stage definitions but can highlight the patterns seen as age increases.

<sup>60</sup> 2011 Census, Table DC2107

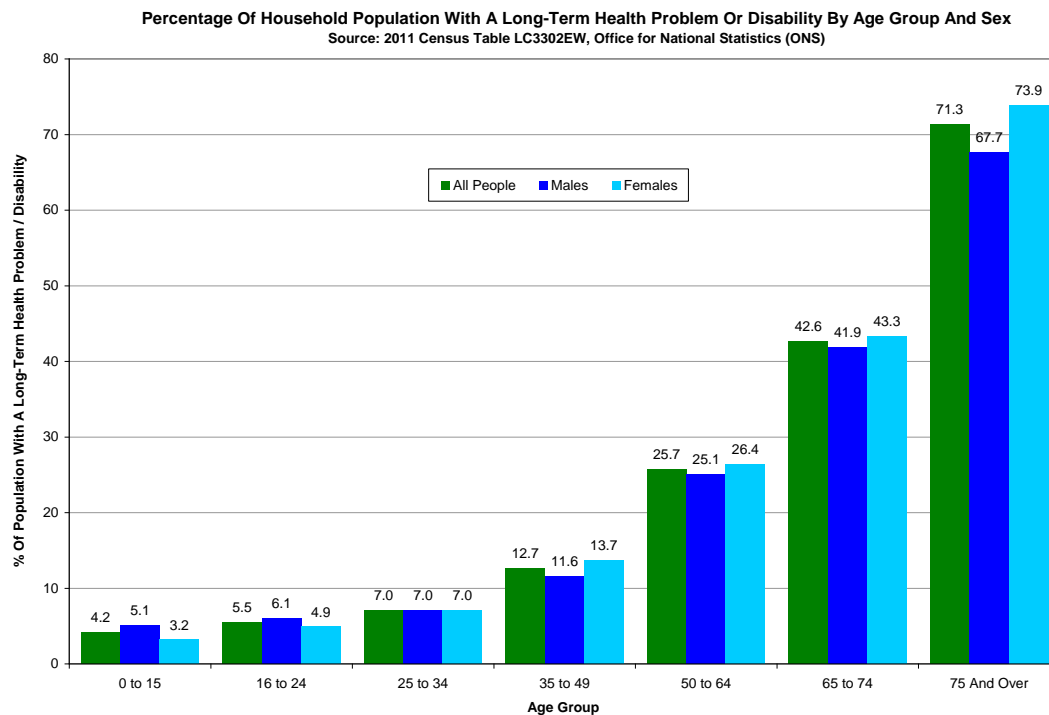
Chart 8: percentage of people aged 16 and over with managerial and professional socio-economic classification by age and sex, Dudley, 2011



At ages 16 to 24 the percentage of people in these roles is relatively low at 9.4% with little difference between the sexes. However, as age increases beyond the mid-thirties men become more likely to be classified in these high-end groups than women, the figures being 32.8% and 30.5% respectively for the 35 to 49 age group and 30.2% male / 24.6% female at age 50 to 64.

## LIMITING LONG-TERM HEALTH PROBLEM / DISABILITY

Chart 9: Percentage of household population with a long term health problem or disability by age group and sex

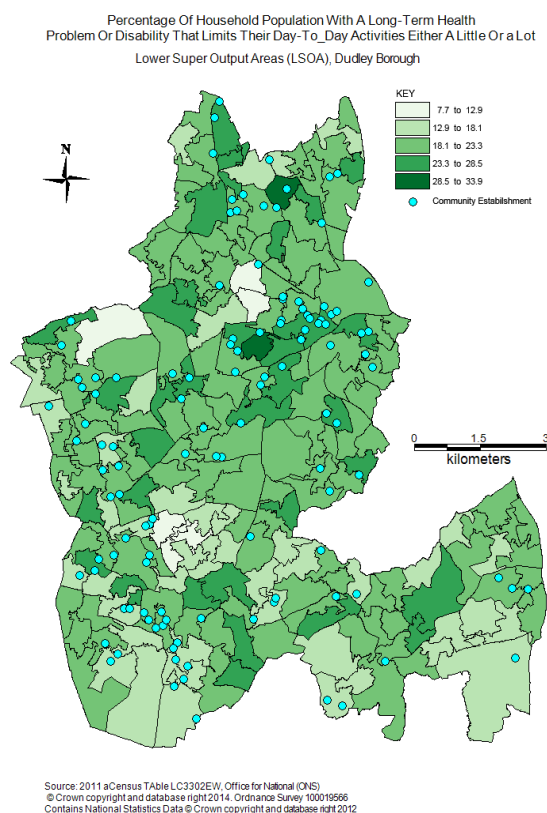


Based on 2011 Census data 19.8% of the borough's household population has a long-term health problem or disability which limits their daily activities - either a little or a lot - which has lasted or is expected to last a year or more. This includes problems that are due to old age. The age ranges for which the data are available do not match the Life Stage definitions but do illustrate the patterns seen as age increases. Whilst only 4.2% of 0 to 15 year olds report having a limiting long-term health problem, the proportion increases as people get older to reach 42.6% of those aged 65 to 74 and 71.3% of people 75 and over. This pattern holds true for both sexes but there is some variation, with limiting long-term health issues less prevalent amongst women before the age of 35. At age 35 and over women have a higher incidence of limiting long-term health problems than men the gap increases with age. In the 75 years and over age band 73.9% of women were recorded as having a long term limiting illness or disability compared to 71.3% of men, though this may be a consequence of their longer life expectancies and the health problems that come with extended age. Residents in Dudley have higher levels in long term limiting illness or disability in both genders and all age groups compared to England.<sup>61</sup>

People in the 60-74 and 75+ Life Stages are most prominent in the western and southern fringes of the borough. The distribution of the household population with a long-term health problem illustrates that age is not the only factor in determining health status. Those with a long-term health problem are more prevalent in lower super output areas spread across the borough; they display some clustering but do not necessarily match the patterns seen for older age groups.

<sup>61</sup> 2011 Census, Table LC3302EW

Map 9: Percentage of household population living with a long-term health problem or disability that limits their day to day activities, Dudley, 2011



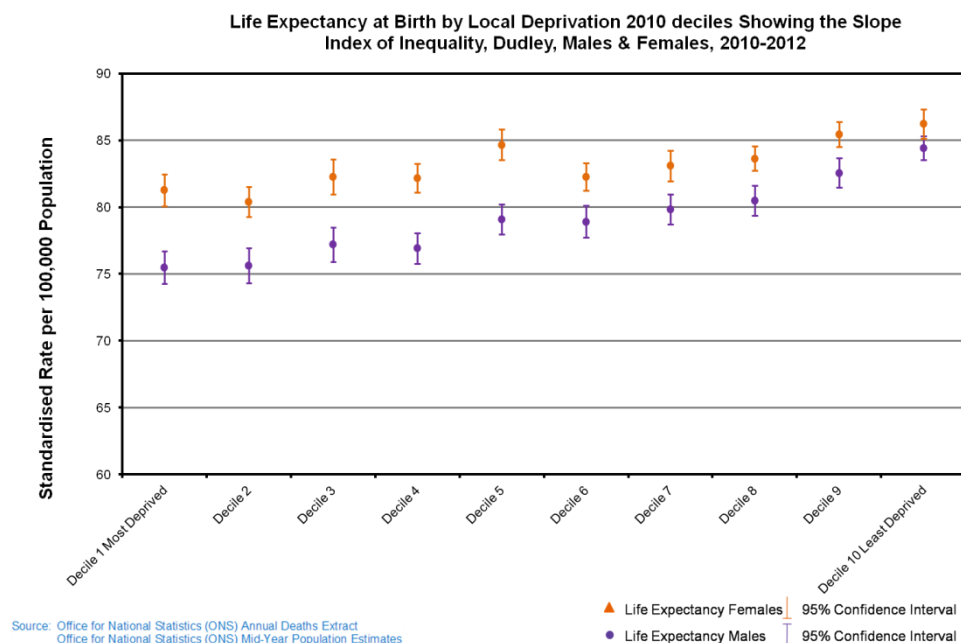
## HEALTH INEQUALITY WITHIN THE BOROUGH

Dudley Borough is a place of contrasts. In common with, and to an extent related to, the variance of relative deprivation across the borough, Dudley exhibits health disparities. This is effectively illustrated by life expectancy.

Although life expectancy has risen in line with national trends – the 2010-12 period shows female life expectancy is 0.1 years higher in Dudley than the national figure and only 0.2 years lower for males – the hidden issue is that of variance within the borough.



Chart 10: Life expectancy at birth by local Index of Multiple Deprivation, males and females 2010-2012

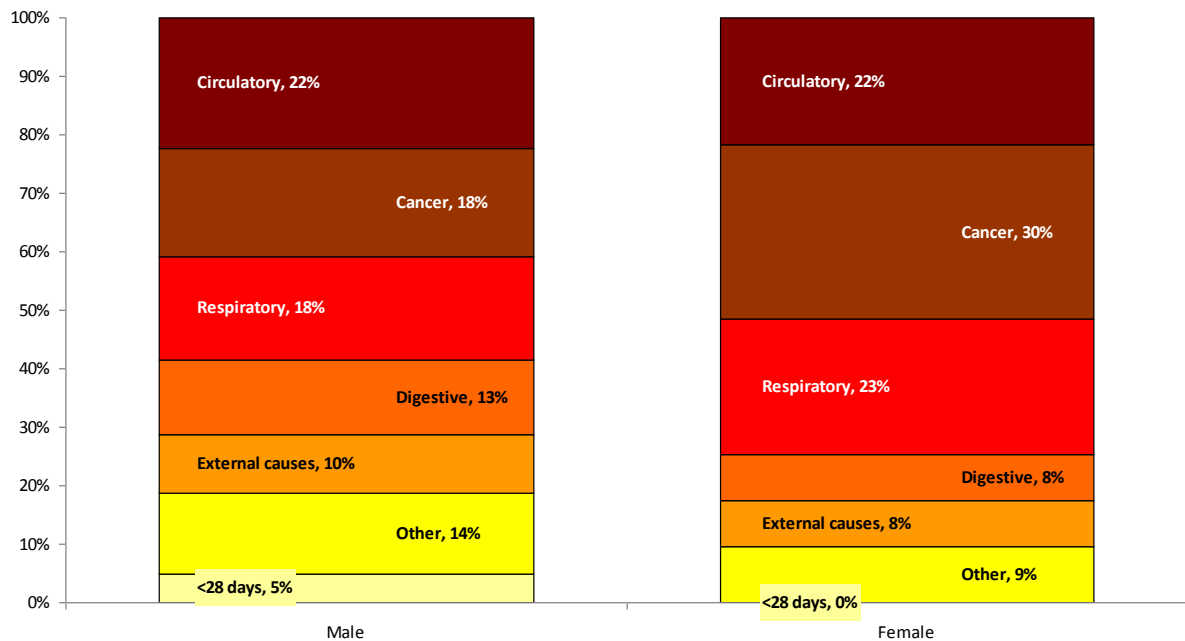


The gap in life expectancy between people living in the most and least deprived areas in Dudley Borough is 9.5 years for males and 5.8 years for females based on 2010-2012 data<sup>62</sup>. This indicates a clear link between life expectancy and deprivation. The chart below illustrates, for each broad cause of death, the percentage contribution it makes to the overall life expectancy gap for males and females between the most and least deprived areas in the borough.

Based on figures for 2009-2011, 454 male deaths and 341 female deaths would need to be prevented for the most deprived fifth of areas to achieve the life expectancy figures of the least deprived fifth of areas. Addressing circulatory disease, cancer and respiratory disease in the most deprived areas would therefore have the greatest impact in reducing inequality of life expectancy. Sub-analysis of cause of death shows that coronary heart disease, lung cancer and chronic obstructive airways disease constitute large proportions of the life expectancy gap. These are all smoking related diseases. Tobacco control, including smoking cessation services at scale, is the most cost effective intervention for tackling these diseases.

<sup>62</sup> Public Health Outcomes Framework, Indicator 0.2iii Males and Females

Chart 11: Scarf chart showing the breakdown of the life expectancy gap between the most deprived and most affluent IMD quintile in Dudley by cause of death, 2009-2011



Source: Public Health England Segment Tool (2009-2011)  
[http://www.lho.org.uk/LHO\\_Topics/Analytic\\_Tools/Segment/TheSegmentTool.aspx?](http://www.lho.org.uk/LHO_Topics/Analytic_Tools/Segment/TheSegmentTool.aspx?)

### Blind and partially sighted

In 2011 3.15% of the Dudley populations were estimated by the Royal National Institute of Blind People (RNIB) as living with sight loss, this is slightly higher than England (2.95%) and West Midlands (2.98%) values. The situation is expected to deteriorate based on projections, in 2020 it is estimated that 3.68% of the Dudley population will be living with sight loss compared to 3.36% in England and 3.42% in the West Midlands.

### Deafness and hearing impaired

Local data on numbers people with who are deaf or hard of hearing is limited. The most recent data identified was in 2009/10. 275 people we recorded as being deaf, 20 aged 0-17 years. 1905 people were recorded as being hard of hearing, 25 aged 0-17.

CRIME VICTIM PROFILE - GENDER

Men in Dudley tend to be victims of crime more than women. In 2012/13 54% of victims of recorded crime were male and 46% female. Victimization tends to vary by offence, with females far more likely to be recorded as victims of sexual offences and domestic abuse, whilst males are higher in number for robbery, burglary other and vehicle crime.

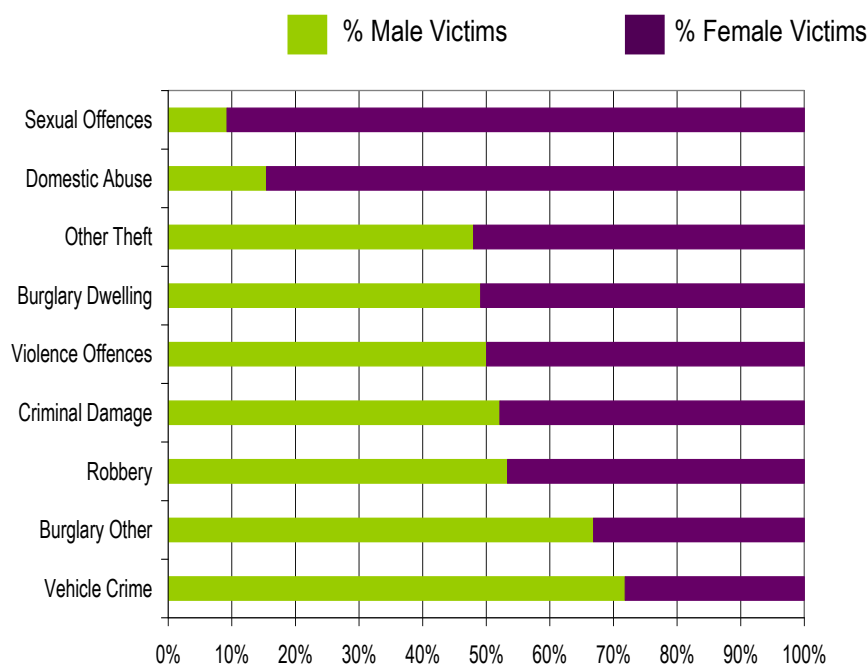
Gender profiles also vary with age. Males constitute 54% of all victims aged 18 or under. This reflects the volume of robbery, violence and in particular vehicle crime against males that escalates through the teenage years (91% of vehicle crime recorded against a victim aged 18 or under was male).

From the twenties through to the late forties risk is fairly even. This reflects the prevalence of property crime, where there is less of a gender split.

From age 50 through to the mid-seventies males again make up the larger proportion of victims (61%). The volume of vehicle crime against males remains steady while the number against females decreases.

In later life, more females are likely to be victimised due to their longer life expectancy. They make up 59% of victims aged 80 and over.

Chart 12: Proportion of victims by sex and crime

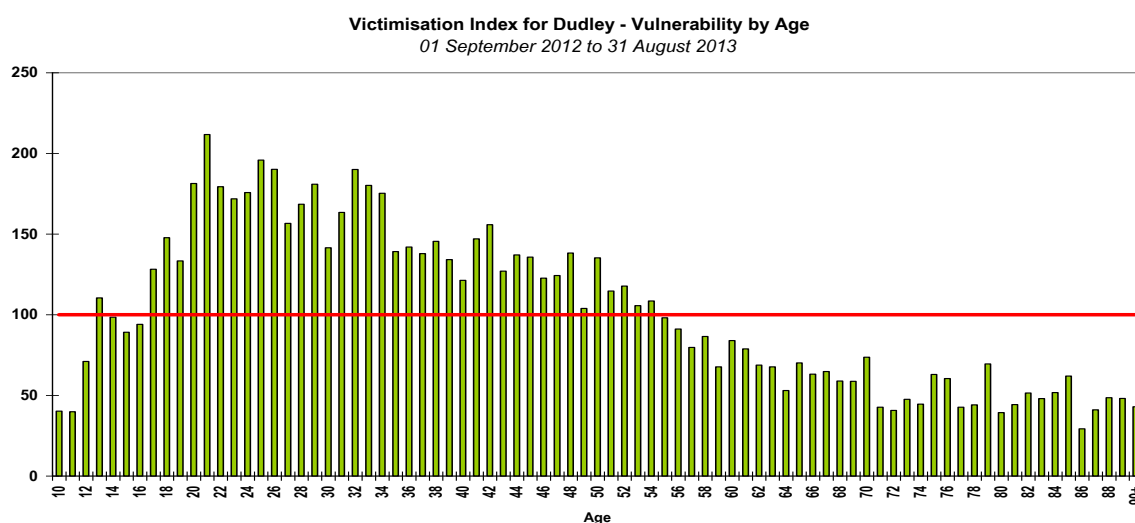


Source: Safe & Sound Dudley Borough Strategic Assessment 2014/15

## CRIME VICTIM PROFILE - AGE

Vulnerability to crime and disorder is strongly linked to age. This is illustrated in the chart below which displays risk of victimisation by age, taking into account the population structure of Dudley Borough. A score over 100 signifies that the age is at greater risk than the Dudley average. Those in the teenage and young adult ages are most likely to be vulnerable to crime. By the age of 17 the rate of victimisation surpasses the borough average and remains consistently above it until the age of 54. The main peak is between 21 and 26 years of age, but victimisation rates remain at around 1.5 times the borough average throughout the twenties and up to the mid thirties. The chances of being a victim of crime does not fall consistently below the borough average until people are in their mid-fifties.

Chart 13: Victimization Index for Dudley, vulnerability by age 1/9/2012-31/8/2013



## CRIME VICTIM PROFILE – ETHNICITY

West Midlands Police data reveals that ethnicity has a slight influence on risk of victimisation. 13% of victims of crime in Dudley were recorded as being from non-White ethnic groups. The 2011 Census puts the BME population of the Borough at 11.5%. This indicates a slightly elevated risk of BME groups becoming a victim of crime locally. Vulnerability is highest amongst 'Asian' groups (7.7% of victims, 5.8% of the population), with Asian males at twice the risk of victimisation of Asian females. Analysis by Asian sub-group shows that Pakistanis are the most likely group to be victimised (3.9% of victims), relative to the population (3.4%). Black groups are more likely to be victims (2.0%) relative to their population size (1.5%), with Black 'African-Caribbean' groups also more likely to be victims (1.5%) relative to their population (0.8%).

The age profile of victimisation also varies by ethnic group. For Asian groups the peak is between ages 25-39, constituting 47% of their victim profile. Black groups saw a younger peak age range, between 20 and 26 year old, accounting for 21% of victims. Both Asian and Black groups have relatively small proportions of victims aged over 70, (1.5% and 3.5% compared to 7.5% within the White groups.) This is reflective of their younger age structure as seen in population estimates. White groups show two peaks of victimisation, the first at 21-27 (15%) and a later peak at ages 41-47 (16%), but with the risk of being a victim remaining high between these two points. 9.6% of white victims are over 60. The number of victims from the 'Mixed'

ethnic group is too small to draw any firm conclusions but seems to indicate a peak in the teenage age groups (28% aged 13 – 19 years), which may also be linked to the young age profile of this group.

## REPEAT VICTIMISATION

Repeat victims are those most acutely affected by crime and disorder. Those who have been victims of crime once are found to be at a heightened risk of a further crime. This risk increases with the numbers of crimes experienced and is greatest in the immediate aftermath of a crime taking place<sup>63</sup>. Past victimisation predicts future victimisation; understanding this is vital in determining prevention initiatives.

Over the last year, 4.5% (447) of victims in Dudley were targeted on more than one occasion. This is the same proportion as last year, but in the context of repeat victim numbers this is an increase of 38 (6.8%). These repeat victims accounted for 13.6% of all offences. When we consider that these repeat victims make up just 0.2% of Dudley's population, but experience 13% of all reported crime, it is clear that a very small core of residents suffer disproportionately from offending.

Most repeat victims were victims of crime twice over the year; however some *acute victims* reported up to 7 offences against them in the 12 month period examined. Initial scoping indicates that these acute victims are vulnerable to crime for a variety of reasons depending on the individual. These factors include mental health, substance misuse, alcohol abuse, domestic abuse and interpersonal violence.

## COMMUNITY ENGAGEMENT

Dudley council works in partnership with a number of community groups. These groups are involved in a number of activities, for example, regenerating the local parks and open spaces and litter picking.

Friends of Park are a self sustaining network of community groups working in partnership with the Council towards the regeneration of the borough's parks and open spaces. Membership of the Friends Group is drawn from local areas but there are examples where membership is drawn from a much wider area, e.g. Wrens Nest which is of international importance. The number of Friends of Parks Groups is approximately 26 although this does vary from time to time.

Launched in February 2013 the 'love your community' campaign is designed to encourage local people to report incidents of fly tipping, graffiti, dog fouling, get involved in community clean ups & litter picks

Community litter picks have targeted environmental hotspots in the borough. Since May 2012 there have been over 300 community litter picks supported by numerous community group

Volunteering is a valuable resource, as well as providing support for people in need, improving community cohesion it also provides a financial gain. It is estimated that 19,000 volunteer hours were contributed for 2013/14 (Lottery Fund monetary value is £6.66 per hour = £126,540).

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<sup>63</sup> Crime Prevention. Willan Publishing @ Nick Tilley 2009

Examples of volunteering activities include support to the management of Local Nature Reserves, supporting the Bumble Hole visitor centre. Volunteers also provide assistance in one off projects, e.g. fencing, tree planting.

Volunteering also provides valuable job experience and experience of working in different environments. In 2012-13, 845 hours were volunteered by volunteers within the Libraries and over 2,101 hours were volunteered within Archives (excluding work experience placements).

Volunteering opportunities are promoted through the Dudley Community Information Directory and over 1000 clubs, societies and sport related groups listed in the Community Information Directory.

The Healthy Communities volunteer programme in Public Health provides a range of opportunities for local people to gain new knowledge, skills and experience whilst supporting the delivery of healthy lifestyle services and messages. In 2012/13 public health volunteers contributed 2804 hours, and 9 volunteers gained employment.

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## YOUNG PEOPLE VOLUNTEERING

In 2013, a Youth Survey was funded and carried out by Dudley Council's Youth Service with support from partner organisations. Some of the findings are shown below.

Of library users aged up to 16, 34% were definitely interested in volunteering at their local Library, with a further 50% expressing potential interest in volunteering.

Libraries run an established and successful programme of work experience placements for local schools. Placements are subject to an interview and offer a varied and informative insight into the work of public libraries.

Dudley Libraries offer young people opportunities to volunteer throughout the year; they support the Reading Offer at key points during the year particularly encouraging children to participate in the Summer Reading Challenge. 25 young people volunteered in 2013 and we are aiming for 30+ in 2014 with 19 recruited so far.

Young volunteers also provide a valuable service to the adult and community learning contributing 2714 hours of their time in 2012/13.

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## MAKING A POSITIVE CONTRIBUTION

19.7% of respondents said that they take part in voluntary activities; this compares to 25.6% from the previous Youth Survey in 2011. Of those volunteering in 2013 the majority (78.1%) volunteer 1-5 hours per week; 13.9% between 6-10 hours; and 3.6% between 11- 20 hours. A smaller proportion (1.7%) volunteer more than 21hrs per week and 2.6% did not state how many hours per week they volunteer. These proportions are similar to those seen in the 2011 survey.

The main reason given for volunteering was to put on a CV and help get a better job (23.8%), which was also the most frequent response in 2011 (22.2%). Other principal reasons were to experience something new and have fun (16%) and to make people feel confident and it being good for their self-esteem. 9.6% want to make a difference to where they live and see volunteering is a way to do this, and 9.5% volunteer to support a charity that is important to them.

Table 20: The main reasons for volunteering, young people in Dudley 2011 and 2013

What are the main reasons why you volunteer?	2011 % n = (1606)	2013 % n = (1534)
It is good for my CV and will help me to get a better job	22.2	23.8
To experience something new and to have fun	6.4	16.0
It makes me feel confident and is good for my self esteem	14.2	11.8
I want to make a difference where I live	11.8	9.6
To support charity or a cause that is important to me	4.8	9.5
It gives young people a voice and a better image with older people	9.8	8.8
To learn about people from different backgrounds and cultures	4.9	6.1
My friends volunteer	15.2	5.4
Because someone asked me	6.5	4.7
Other	4.2	4.3

The main reasons why young people said they do not volunteer were a lack of opportunities within their area of interest (33.8%), being too busy with their education (32.9%) and not being interested in volunteering (32.4%).

## SPORTS VOLUNTEERING

The national 'Active People' survey for 2011 shows that the proportion of people volunteering to support sport in Dudley is lower than that for the West Midlands and for England:

Table 21: Adults aged 16 and over who volunteer in sport, Dudley, 2011

	% Volunteering to support sport for at least one hour a week	% Volunteered in sport last 28 days
Dudley	6.4	10.2
Sandwell	4.7	7.2
Walsall	4.4	8.0
Wolverhampton	6.7	12.1
Black Country	5.5	9.3
West Midlands Region	7.4	12.9
England	7.3	13.6

Source: Active People survey (APS) 5 2010/11



Voluntary activities include coaching, refereeing / umpiring / officiating, administrative roles (e.g. committee member), fundraising, providing transportation or stewarding. Activities done solely to support family members or activities where payment is received (except expenses) are excluded. Since the 2010/11 survey the APS has not produced statistically valid figures on volunteering at the local authority level, so the data from APS 5 is the most recent available.

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## SPORTS PARTICIPATION

Dudley has 180 football pitches, 17 cricket pitches, 37 rounders pitches, 11 rugby union pitches and 6 synthetic turf pitches currently in use. There are 41 nationally accredited clubs and 35 asset owning or lease clubs, including those who serve Dudley but are outside the borough boundary.<sup>64</sup> The borough has 44 leisure and recreation facilities per 100,000 people.<sup>65</sup> This is lower than both the regional (53 per 100,000) and National average (60 per 100,000).

There are 450 football teams in the borough competing in 24 different competitions, 126 are senior teams and 324 are junior teams broken down into 420 are male and 30 are female teams. There are 3 Rugby clubs in the borough with 54 teams, 18 senior teams, 1 women's team and 35 mini or youth teams. There are 46 Saturday; 25 Sunday; 5 midweek; and 97 junior cricket teams in the borough. There are 3 Hockey clubs in the borough with 12 teams attached.<sup>66</sup>

The national Active People Survey 2012/13 reported that 28.6% of Dudley adults (16+) participate in sport for 30 minutes at least once a week, this has remained fairly constant since the Sports England started collecting data in 2005 ranging from 27.8% in 2009/10 and 2011/12 to 34.8% in 2008/09. With the exception of 2008/09 scores in Dudley remain below the regional and national values. As with other areas, considerably fewer participate in sport for 30 minutes three times a week or more (12.1%), this is a considerable drop from the previous value of 18.1 in 2010-2012 and the third consecutive year the percentage has fallen. 57.7% said they had not participated in any sport. 21.3% of people in the borough reported they were doing more sport than 12 months ago.

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<sup>64</sup> Sport England (2014) Active Places Power

<sup>65</sup> UK Active (2014) Turning the Tide on Inactivity

<sup>66</sup> National Governing Body (NGB) Data for 2014

## SPORTS PARTICIPATION OF ADULTS 16+

Table 22: Sports participation in adults aged 16 and over, Dudley, 2012/13

	% Participating in sport for 30 minutes three or more times a week	% Participating in sport for 30 minutes at least once a week	% Not participating in sport	% Participating in more sport than 12 months ago
Dudley	12.1	28.6	57.7	21.3
Sandwell	10.5	23.2	66.6	19.9
Walsall	15.1	32.3	60.1	23.1
Wolverhampton	14.1	31.0	57.1	24.4
Black Country	12.8	28.6	60.5	22.0
West Midlands Region	16.2	33.3	55.5	23.6
England	17.4	35.7	52.0	23.5

Source: Active People Survey (APS) 7 2012/13

## LEISURE ACTIVITY

People in Dudley spend their leisure time on a wide variety of leisure activities – sport, visiting museums, reading books for pleasure, going to the cinema or theatre, participating in the arts, gardening for pleasure, pursuing hobbies and crafts – and many more besides.

## PHYSICAL ACTIVITY

Just over a third (36.7%) of Dudley adults do less than 30 minutes of physical activity a week<sup>67</sup>. However, almost half (46.5%) do at least 150 minutes per week<sup>68</sup> which meets the recommendations for health enhancing physical activity.

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and colon/breast cancer and with improved

<sup>67</sup> Public Health Outcomes Indicator 2.13ii (2013)

<sup>68</sup> Public Health Outcomes Indicator 2.13i (2013)

mental health. In older adults physical activity is associated with increased functional capacities<sup>69</sup>.

The cost for physical inactivity in Dudley is increasing and was estimated to be almost £6 million per annum in 2009/10. This is based on the treating of major diseases that can be attributed to people being inactive; specific cancers, Diabetes, Coronary Heart Disease and Cerebrovascular disease. The total cost of treating these diseases is much higher, but the cost is that proportion the research estimated as being related to physical inactivity.<sup>70</sup> Dudley takes this seriously, with 6.8% of the Public Health budget for Dudley allocated to physical activity.<sup>71</sup>

A Dudley Physical Activity and Sports Strategy for 2014-2019 is being developed that will seek to encourage a more active borough and ensure there are appropriate services and opportunities to meet increased demand. The link between physical activity and health means there is the potential to increase the general wellbeing of the population as a whole and address health inequalities across the borough.

The strategy is at a draft stage, but its proposed targets over the five year period from 2014 include:

- 14,749 more adults participating in at least one sport session per week for at least 30 minutes
- 6,612 less adults reporting undertaking no sporting activity per week
- 9,663 more adults achieving at least 150 minutes of physical activity per week
- 12,715 less adults reporting an inactive lifestyle and taking up physical activity (undertaking less than 30 minutes of activity per week)

Table 23: Activity in programmes aim at “at risk” groups by site, Dudley, 2013/14

Site	Male	Females	N/A	Grand Total
Action Heart	257	222	21	500
Crystal Leisure Centre	7	26	3	36
Dudley Leisure Centre	26	72	13	111
Park	2	1	0	3
Halesowen Leisure Centre	6	29	1	36
Not recorded	3	1	0	4
Grand Total	301	351	38	690

Source: GP referral data

Programmes are also run which are aimed at ‘at risk’ groups, patients with medical conditions can be referred by their GP for a supervised activity programme.<sup>72</sup>

Steps to Health is a partnership scheme between the Sport & Physical Activity Service, Dudley MBC and NHS Primary Care Trust to improve the health of the people in Dudley, 250 people are members and have on average attended 4 sessions in 2012/13.

<sup>69</sup> Public Health Outcomes Framework physical activities indicator rationale

<sup>70</sup> Sport England (2013) Updated Cost of Inactivity for Local Areas

<sup>71</sup> UK Active (2014) Turning the Tide on Inactivity

<sup>72</sup> GP Referral Data (2013/14)

Data is available on the number of visitors through the door in 2013/14. In total 1,275,557 visits were recorded broken down in to three leisure centres, Crystal 579,061, Dudley 296,808 and Halesowen 399,688.

A total of 12,632 casual bookings occurred in 2013/14 at the three leisure centres for activities such as badminton, 5 a side football, squash and table tennis as well as 283,315 attendances recorded for swimming.

54,808 course attendances were booked for climbing, gymnastics, swimming a trampolining classes and fitness classes relate to aerobics, body pump classes, were attended on 100,885 occasions.

Dudley leisure centres offer a discount scheme called *Options+*. People on benefits, blue badge holders, residents in a Dudley Managed Neighbourhood, asylum seekers, foster families, children in residential care, armed forces veterans and full time students are eligible for the scheme.

In total 5,919 people are registered for the scheme, the gender divide is approximately 60% females and 40% males. Under 16s form the largest group representing 33% of members, followed by 30-39 year olds and 40-49 year olds with 18% and 16% of member respectively.<sup>73</sup>

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## MUSEUMS

The purpose of the Museums Service is to preserve, promote, enrich and provide access to the local heritage through the Council's glass, geology, art and other collections giving a sense of place and identity and contributing to the enjoyment and wellbeing of individuals

Total number of visitors to museums in 2013/14 was 76,121. Broadfield House received 10,016 visitors; Dudley Museum 29,942 visitors, and Redhouse Cone 36,163 visitors. Dudley Museum Services hold a number of events throughout the year including art & craft based events, glass blowing demonstrations and weekend events such as craft markets and themed events; i.e. Black Country weekend, 1940s weekend, etc.

Events within the Dudley Museum Services tend to be art & craft based and also include glass blowing demonstrations. Some may include weekend events such as craft markets, themed; i.e. Black Country weekend, 1940s weekend, etc. A breakdown of events held in 2012 and 2013 are listed below.

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<sup>73</sup> Sports & Physical Activity, DUE, 2014

Table 24: Dudley museum service events, 2012 and 2013

	2012	2013
Broadfield House Glass Museum	12 different children's events scheduled across 80 dates  23 different adult events scheduled across 57 dates	13 different children's events scheduled across 88 dates  21 different adult events scheduled across 37 dates
Dudley Museum & Art Gallery	15 different children's events scheduled across 49 dates  4 different adult events scheduled across 6 dates	10 different children's events scheduled across 42 dates  3 different adult events scheduled across 4 dates
Redhouse Cone	9 different children's events scheduled across 32 dates  16 different adult events scheduled across 97 dates	14 different children's events scheduled across 28 dates  10 different adult's events scheduled across 119 dates

Visitors support a number of events held at halls as follows:

- Includes community drama, music, and sport groups
- Use by schools (infants/ juniors/seniors)
- Professional & amateur dance groups & workshops
- Concerts/events
- Weddings

Table 25: Number of visitors at events held in halls 2013/14

Name of hall	No of visitors 2013/14
Brierley Hill Civic Hall	25498
Dudley Town Hall	38815
Halesowen Cornbow Hall	26090
Stourbridge Town Hall	37304

Source: Attractions & Amenities Service, DUE, 2014

## LIBRARIES

84% of library users aged under 16 have read a book for pleasure within the last year.

Dudley Libraries support 51 reading groups across the Borough, attended by over 500 people who come together to share the joy of reading.

Reading events are held throughout the year, offering opportunities to meet authors and discover creative writing and poetry.

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## ADULT AND COMMUNITY LEARNING

Dudley MBC runs a comprehensive Adult learning service. This service engages with the community, voluntary and statutory partners to identify learning needs, provide infra-structure and deliver a high quality service.

Services are targeted at priority groups and cater for people of any age and background. Twenty three percent of adult learners are in the 60+ age bracket and 18% of all adult learners come from BME backgrounds. Six percent of learners have declared they have a learning disability, 17% have declared a disability and 2% have declared they suffer with a mental ill-health condition.

Dudley's adult learning offer includes:

- Consulting with individuals, communities, employers and local groups about their learning needs
- Providing high quality information, advice and guidance to enable informed choice and progression for learners.
- Providing adult and family learning to meet the needs of priority groups in Dudley Borough.
- Providing a universal offer of fee paying community learning for adults 19 plus
- Facilitating an infra-structure of informal learning opportunities.
- Ensuring high quality and standards of community learning delivery.
- Working with voluntary and statutory partners to ensure learner progression routes in the community and to further learning.
- Implementing a pound plus financial strategy to maximise funding for community learning.
- Co-ordinating the Post 19 Learning Employment and Skills Partnership for the Borough.

32% of all adult learners are unemployed with different lengths of time ranging from 0 – 6 months to Unemployed 5 or more years. 31% of learners are from the 20% most deprived areas in the borough. Learning new skills can increase the opportunities for employment as well as improving self esteem and wellbeing.

### Connection to Economic Wellbeing, Health and Wellbeing

5,821 people within Dudley borough have either started or continued with an Adult Learning programme in 2012/13, programmes range from digital media, sewing, keep fit and skills for life which include literacy and numeracy.

59% of those learners are new learners, which mean they are completely new to the service or are returning learners from 3 or more years previous. A range of classes are available, for example:

- 1,244 learners were involved in ICT programmes.
- 2,205 learners participated in and Arts & Culture class.
- 762 joined Maths and English programmes.
- 256 learners were involved in English Speakers of Other Languages (ESOL) courses.
- 1,402 learners attended Family learning programmes.
- 1,027 learners have participated in health, fitness and sports programmes.

The outcomes from adult learning classes are also impressive:

- 94% of learners who took a class where they attain a qualification achieved that qualification.
- 94% of learners achieved 75% or more of their learning outcomes.
- A 96% attendance rate was recorded for 2012/13 across all of adult and community learning and a 95% of those learners were retained within the same period.



## GIVE EVERY CHILD THE BEST START IN LIFE

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
Are maternity and Health Visitor capacity sufficient for the increasing numbers of births?	The West Midlands Quality Review Service undertook a review of Dudley Group NHS Foundation Trust in early 2014. Increasing the proportion of midwife led births was advised due to the excellent environment on the unit. Improving the integration between community midwives and midwife led birthing unit would improve competencies and allow for more births at home
One third of households with children are not smoke free.	Families are given smoke free homes message at key contacts with health professionals. Dudley Smoke Free Children programme includes protecting children from second hand smoke in homes and cars. The programme is undergoing a review to establish commitment and input from health professionals.
Breastfeeding initiation and continuation rates are some of the lowest in the country.	Initiation and duration rates are improving, and the H&WBB championed a spotlight event on breast-feeding with stakeholders to look at what could be taken forward. From this an action plan has been developed and a behaviour change campaign aimed at normalising breast feeding in the Borough commissioned and implemented. Further commitment from GPs is still required.
Up to five children between the ages of 5 and 9 died from asthma over the last 7 years. What lessons have commissioners learned from Root Cause Analyses (RCAs)/child death reviews.	The Child Death Overview Panel (CDOP) have reviewed the asthma related death and recommended that there is a need to update asthma policy in schools. The policy have been updated, ratified and implemented in 2013.
Childhood obesity rates are higher in Dudley than in England. Are all commissioners making this issue a priority?	Dudley borough has recently refreshed the <i>tackling obesity strategy</i> and a <i>5 year action plan</i> agreed and ratified by the health and wellbeing board. Dudley CCG has also identified child obesity as a key commissioning priority.

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
<p>Looked After Children (LAC) numbers are rising and the rate per 10,000 of LAC per population is higher than in England.</p>	<p>Early help offer being refreshed and action planned.                      Troubled families programme to be expanded.</p>
<p>The rate (number per 10,000 population) of children in care is much higher in Dudley than for England as a whole. Have the reasons for this been thoroughly investigated and known?</p>	<p>Reasons are being thoroughly investigated. We understand the main contributory factors.</p>
<p>The gap in early years development between the children in the most deprived parts of our community and those in the least deprived is not narrowing.</p>	<p>Schools and in future early years settings will access Pupil Premium funding to enable the planning of interventions that will improve the outcomes of disadvantaged children. Early years teams and local authority advisors will also be working in a variety of settings to close the gap. Improving the quality of vulnerable two year old educational provision is a priority.</p>
<p>Nearly one in four of children in Dudley live in a household in poverty. What can we do to alleviate/combat material disadvantage?</p>	<p>Material disadvantage can only be reduced by a reduction in poverty. Many existing strategies seek to tackle this, but the major cause of material poverty in children i.e. too little well paid employment for adults is beyond the control of the Directorate of Children Services</p>

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
<p>There is an increasing number of children in the early years age bands. Is the market prepared and are plans in place to deliver the required free offer for every child? Are sufficient primary school places likely to be available?</p>	<p>As at January 2013; 85% of eligible 2yr olds meeting 'Phase 1' criteria, are accessing the targeted early learning place. Place development and market management plans are facilitating the increase in capacity of private, voluntary and independent daycare providers to offer more 2yr old places. 99% of 3 and 4yr olds in the Dudley borough are accessing their universal free early education place of 15hrs per week or 570hrs per annum. Steps are being taken to ensure sufficient primary school places will be available.</p>
<p>Recognising the successes achieved to date in reducing teenage pregnancy, the rate still remains higher than the England and Wales average. Are resources devoted to teenage pregnancy sufficient and being used to maximum effect.</p>	<p>Meetings have been arranged to review this piece of work. Currently capacity is an issue and needs to be addressed.</p>

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Birth** – In 2012 live births in Dudley were 3,966, rising since 2003.

**Age 0 to 4 years** – The 2012 mid-year population estimate is 19,096

**Age 5 to 9 years** – The 2012 mid-year population estimate is 18,192

**Ethnicity** – Local estimates 17.6% BME in this age group (10.5% Asian, 4% mixed, 1.6% black, and 1.6% other)<sup>74</sup>

**Deprivation** – 30% of this age band (~11,200) live in the most deprived quintile of deprivation<sup>75</sup>.

**Child Poverty** – 22.8% of 0-16 year olds in 2011 live in poverty in Dudley, 13,095 children.

<sup>74</sup> Dudley Child Health Information System responsible population

<sup>75</sup> Department of Communities & Local Government Indices of Deprivation 2010

## WHAT IS THEIR HEALTH STATUS?

### CONCEPTION TO AGE ONE

#### Mortality

In 2012 Dudley had an infant mortality rate of 4.8, compared to 4.1 per 1,000 live births for England & Wales (19 deaths in 2012). Deprivation remains a strong indicator of infant death with 7 times as many infants dying in the most deprived quintile of Dudley compared to the least deprived quintile of Dudley for 2010-2012.

Stillbirths and deaths in the first 7 days (perinatal mortality) are slightly higher in Dudley 7.5 per 1,000 total births for 2012, compared to 7.1 per 1000 births for E&W<sup>76</sup>.

Low birth weight (<2,500g) accounts for 7.9% of total births in Dudley (7.3% E&W) and has changed little over the last 5 years.

#### Teenage Conception

The under 18 conception rate for Dudley in 2012 was 34.6 per 1,000 compared to the E&W average of 27.9 per 1,000. It has decreased by 30.24% since 1998. Termination rates have decreased in line with E&W. The under 18 conception rates vary across the borough. Based on 2009-2011 aggregated data, St James, Brockmoor and Pensnett, Netherton and Woodside and St Andrews all have significantly higher rates compared to the Dudley average.

Smoking in pregnancy (at delivery) was 14.3% in Dudley, higher than both the West Midlands and England (14.2 and 12.7% respectively, 2012/13). 31% of households with babies born in 2012/13 were recorded as being smoking. The proportion of these babies from Bangladeshi, mixed ethnic groups and white Irish ethnic groups was significantly higher than for Dudley overall. The two most deprived quintiles have a significantly higher proportion of babies born in smoking homes than Dudley as a whole.

Breastfeeding initiation in 2012/13 is low at 54.1%, compared with 73.9% in England. Maternal age and breastfeeding rates are closely correlated with the lowest rates in the 15-24 year age band. Deprivation is also a risk factor with the most deprived population having significantly lower rates than the least deprived population.

Breastfeeding continuation (6-8 weeks) in 2012/13 was 28.0% for Dudley, 47.2% for England. Continuation is lowest for the 15-19 age band. The relationship between breastfeeding at 6-8 weeks and deprivation is not as clear as in breastfeeding initiation prevalence, the 3 most deprived groups (1, 2 and 3) and the most affluent group (5) have a statistically lower prevalence of breastfeeding than group 4. Continuation is poorest for the white ethnic group.

Primary immunisation coverage in 2012/13 within the first year of life within Dudley was above WHO 95% standard at 97.4%, England 94.7% (2012/13).

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<sup>76</sup> Office of National Statistics births data

## CHILDREN FROM BIRTH TO AGE 11 YEARS

### Mortality




Over the last 10 years the main causes of death between age 1 and 4 were related to congenital malformations, deformations and chromosomal abnormalities (26.5%) and to diseases of the nervous system (20.6%).

Between age 5 and 9, there are few deaths but asthma and leukaemia each account for 20% of deaths in 2006-2012.

### Hospital Admissions

35% of the 3,861 emergency hospital admissions in 2012/13 for 0-4 age band were due to respiratory diseases, with 16.0% due to unspecified viral infection, 5.2% due to viral intestinal infection and 3.0% due to non-infective gastroenteritis.

Table 26: Directly Standardised Rate (DSR) of emergency admissions per 100,000 population aged 0-4 years, Dudley, 2006/07 - 2012/13

Condition	DSR emergency admissions per 100,000 2006/07 – 2012/13				Ethnicity	Ward
	Dudley	Trend	Most deprived	Least deprived		
Gastroenteritis	1,750		2,011	1,416	Asian, Black, Chinese and other	St. Thomas, Netherton & Woodside, St. Andrew's
Lower respiratory tract	1,319		1,522	730	Chinese and other, Asian	Brockmoor & Pensnett, St. Andrews, Netherton & Woodside, Lye & Wollescote
Asthma	253		310	196	Chinese & Other, Mixed, Asian, Black	Lye & Wollescote, Wordsley, St. Andrews

Around 6% of children aged 9-11 self-reported having asthma in 2014, and this has been declining since 2006.

In 2012/13 around 5,000 A & E attendances for Dudley residents at DGoH were for accidents and 5.6% resulted in a hospital admission. Over two-thirds occurring to children living in the two most deprived quintiles.

In 2012/13 there were approximately 240 hospital admissions per year for accidents for Dudley residents aged 0-4. Numbers were higher in males than females, and for those in the most deprived quintile of deprivation. 52% of the admissions were for falls, 16% for being struck by an object/person or a foreign body entering body, 11% from accidental poisoning and 8% exposure to heat and hot substances.

Dudley has a significantly lower rate of tooth decay in 5 year olds than both the national and regional average.

The proportion of 9-11 year olds self-reporting having smoked in the last 7 days has declined to 0.4% in 2014<sup>77</sup>, the only comparable data is children who has ever smoked for England in 2010 which was 1%<sup>78</sup>.

31% of households in Dudley with children born in 2012/13 are not smoke free. The proportion of these babies from Bangladeshi, Mixed White & Black Caribbean, Mixed White & Asian and White Irish ethnic groups was significantly higher than for Dudley overall. The two most deprived quintiles (IMD2010) had a significantly higher proportion of babies born into smoking homes than Dudley as a whole.

The proportion of 9-11 year olds self-reporting having had an alcoholic drink in the last 7 days has declined to 6.3% in 2014<sup>73</sup>, England, 6.5%<sup>74</sup> (ever had alcoholic drink).

Obesity is a key issue in Dudley. In 2012/13 9.9% children aged 5 and 22.6% of children aged 10-11 were classified as obese. Obesity in children aged 10-11 is statistically higher than the England average.

Children of black ethnic origin are the most overweight or obese although not statistically different to other ethnicities in the reception year age group.

The proportion of obese children is higher in the most deprived quintiles of deprivation.

The proportion of 9 and 11 year olds self-reporting eating 5 or more portions of fruit and vegetables per day has increased from at 28% in 2012 to 37.4% in 2014, England (2010) 18.5%<sup>74</sup>.

### **Wellbeing**

The proportion of 9 and 11 year olds with a high self-esteem score (15-18) using the LAWSEQ set of questions<sup>79</sup> has increased from 27% in 2012 to 34% in 2014<sup>8</sup>.

The proportion of 9 and 11 year olds bullied at or near their school has remained above 25% over the last 8 years<sup>67</sup>.

### **Vulnerable Children**

Based on the 2011 Census 4.7% (5.1% of males and 3.2% of females) of the household population in the 0-15 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

### **Looked After Children**

According to the Department of Education, the prevalence rate of Children Looked After in England as at 31<sup>st</sup> March 2013 (including adoption tables), is significantly higher in Dudley (108 per 10,000 aged under 18) than England (60 per 10,000 aged under 18).

The total number of children in care (excluding overnight short breaks) has increased from 545 in 2009 to 730 in 2013. The most significant percentage increase was in the under 1 age group which has risen from 20 children in 2009 to 35 children in

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<sup>77</sup> Dudley Primary Schools Lifestyle Survey

<sup>78</sup> Health Survey for England

<sup>79</sup> Lawrence (1981) British Journal of Educational Psychology, 51, 245-251

2013, an increase of 75% The next largest increase (58%) was in the 1 to 4 age group.

As at the end of 2013 there were proportionately more children in care in the 5 to 9 years age band (Dudley 23%, national 19%) and in the 1 to 4 years age band (Dudley 21%, national 18%).

The largest proportion (72%) of children who were admitted to care during 2012/13 were admitted due to Abuse and Neglect (national 62%).

The average duration in care for children ceasing to be looked after in Dudley increased by 37% between 2009 and 2013 from 933 days (2.6 years) to 1,277 days (3.5 years).

The highest proportion of admissions to care in 2012/13 were in St. Thomas's ward, Dudley Central, Castle & Priory, Netherton and Woodside & St. Andrews wards.

One mechanism for support of looked after children are Dudley libraries, children are supported through provision of information in the Year 6 transition packs and by highlighting opportunities in libraries for young volunteers through links with the LACES team.

### **Special Educational Needs in Looked After Children**

As at 31/03/2013, 11% of school aged children in care in Dudley had a statement of Special Educational Needs (SEN). 20.5% had an SEN, School Action or School Action Plus programme.

90.9% of children in care with SEN are from a White – British background and the remaining 9.1% are BME (local data).

### **Child Protection**

Over 75% of children registered on a child protection plan during 2012/13 were in the 0-9 age band.

There has been an increasing trend in the number of child protection plans in Dudley over the last 6 years. At the end of the financial year 2012/13, a total of 242 children were registered on a child protection plan in Dudley.

The rate of children who became the subject of a child protection plan during 2012/13 was 46.4 per 10,000 children aged under 18 years in Dudley. Dudley's rate of children on child protection plans is similar to the national average rate of 46.2 plans per 10,000 children aged under 18 (Source: Department for Education: Children in Need Census, 2013).

Of all child protection plans starting during the year 2012/13, 48% were due to neglect and 29% were due to emotional harm.

### **Education**

The Framework for assessment of the Early Years Foundation Stage changed in 2013. The percentage of children achieving a 'good level of development' under the new framework (*i.e. children achieving at least the expected level in the early learning goals in the prime areas of learning and in the specific areas of mathematics and literacy*) was 51% in Dudley in 2013. In England 52% of children achieved a good level of development.



In 2013 more girls achieved a good level of development than boys, girls 61% compared with boys 42%. The same pattern of attainment between boys and girls is reflected in the results for England, girls 60% and boys 44%).

The percentage of children from the most deprived quintile achieving a good level of development was 40% compared to 66% of children from the least deprived quintile.

The achievement gap between the lowest 20 percent of achievers and their peers was 39.9%, a larger gap than England where the achievement gap was 36.6%<sup>80</sup>.

The percentage of children at the end of Key Stage 2 achieving level 4 or above in Reading, Writing and Mathematics has improved in Dudley from 72% in 2012 to 74% in 2013. This is close to the figures for England where 74% of children achieved level 4 or above in Reading, Writing and Mathematics in 2012 and 75% in 2013.

In the most deprived quintile in 2012 61% of children achieved level 4 or above in Reading, Writing and Mathematics and 64% did so in 2013. In the least deprived quintile 85% of children achieved level 4 or above in Reading, Writing and Mathematics in 2012 and 85% did so in 2013.<sup>81</sup>

## WHAT DO WE KNOW ABOUT CURRENT SERVICES?

### HEALTHY LIVING

#### Children's Centres

The Local Authority delivers children's centre services to under 5's and their families. The focus of the work is early help, intervention and prevention. The service is actively promoted and publicised to all families with children's under the age of 5, but families are not obliged to access services delivered through children's centres; families make their own choices as to whether they access children's centre provision. Other professionals, working with families with children under the age of 5, are actively included in any publicity and they are encouraged to support families in accessing children's centre services.

Children's centres receive all pregnancy and new birth data and actively make contact with each prospective parent, or make contact with the family after baby is born. Families can refer themselves for universal or targeted provision, whenever they wish; therefore there are no barriers to access.

The numbers of under 5's in the borough is currently rising year on year. The number of children aged 0-4 years in Dudley Borough Council area (Census 2011) is 18,867. The children aged 0-4 years registered at a children's centre at 31<sup>st</sup> March 2013 is 14,991 (79% of total children).

A range of services is available to children and families. These are either provided directly by the centres themselves in conjunction with partners or by partners including volunteers. From September 2014, due to a reduction in funding, a remodelled service will be in place. Centres are to be clustered into 5 clusters on a township basis. Delivery will not be the same in each of the clusters as cluster needs

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<sup>80</sup> Department for Education Statistical First Release 43 2013. Index of Multiple Deprivation 2010

<sup>81</sup> Department for Education Key Stage 2 Performance Tables 2014. Index of Multiple Deprivation 2010

will vary. However, children's centres will all deliver services based on the core purpose i.e. child development and school readiness, parenting aspirations and parenting skills, child and family health and life chances and will continue to be inspected externally by Ofsted.

### **Tobacco Control**

Smoke free enforcement activity helps to de-normalise smoking and protect employees from exposure to tobacco smoke. It also encourages smokers to quit and reduce prevalence. In 2012-13, 1,257 smoke free enforcement visits were undertaken by environmental health including 299 visits to workplaces employing routine and manual workers where referrals were made to the Dudley Stop Smoking Service and awareness of illicit tobacco issues raised.

### **Smoking During Pregnancy**

Dudley Stop Smoking Service (DSSS) provides a specialist smoking and pregnancy service, including intensive support to help pregnant women and their families quit. The Office of Public Health (OPH) works in partnership with Dudley group of Hospital NHS Foundation Trust to ensure the recommendations from NICE guidance PH26 & PH47 (2013) are followed. Jointly we have produced and implemented 'Guidelines for the Management of Pregnant Smokers' (2014) with the aim being to ensure the management of antenatal care is appropriate and consistent for pregnant women who smoke. Carbon monoxide screening is performed as part of routine antenatal care by midwives to identify, inform and encourage pregnant smokers to quit. Additional support is offered by healthy pregnancy support service advisors working alongside community midwives and has shown increased access of women setting a quit date in 2013/14.

In 2012/13 DSSS commissioned an innovative social marketing campaign called Bloomin' to research and find new ways to engage with pregnant women who smoke and support them to make smokefree choices. One of the initiatives is the production of a contemporary magazine called Bloomin' for a healthy pregnancy, received at booking by all pregnant women who live in Dudley, which includes inspirational case studies from pregnant smokers who have quit with support from the DSSS.

### **Breastfeeding Buddies**

There are 3 paid buddies servicing 29 GP practices, supported by approximately 30 volunteer buddies in each of the 20 children's centres. Seven Maternity Infant Feeding Assistants are also employed at Russells Hall Maternity Unit. The number of babies being breastfed at 6-8 weeks was significantly higher in 2013/14 than the previous 4 years. Considerable work still needs to be done to reach the England average however the gap is closing.

### **Weight Management Services**

Eleven child weight management programmes were delivered between 1<sup>st</sup> January – 31<sup>st</sup> December 2013. One hundred and one children were recruited to weight management programmes and 69 children completed a programme (68%). A further 570 referrals were received for the Healthy Pregnancy support service of which 52.8% engaged with the service.

## Healthy Eating

Thirty three primary schools (including 3 special schools) have been through the Food Dudes<sup>82</sup> Full Force programme since September 2011, a further 15 schools have been through the Food Dudes Forever and Next Generation programmes. The most recent evaluation has demonstrated that as a result of the programme there has been a 71% increase in the percentage of children who eat fruit at snacktime and a 163% increase in the number of children consuming vegetables at snacktime at the end of phase 1.

Dudley Food for Health Award only applies to caterers, not to retailers. Few takeaways have the award and low income families are more likely to purchase food from takeaways and retailers. Local retailers are being assisted to provide healthier options in a scheme being developed from 2013-14. Takeaway proprietors may not have the knowledge, catering skills or language skills to apply for the award but additional training is being delivered in this area.

There is now a standard laid down for nutritional quality of food served in nurseries, the Voluntary Food and Drink Guidelines for Early years Settings in England - a Practical Guide, although it is not yet mandatory as it is in schools.

Between 65 and 100 Dudley Food for Health Awards are given each year to food premises in the borough which provide healthier menus. Currently 11 nurseries and 45 schools have achieved the award.

Approximately 1,100 food hygiene & safety inspections are carried out at food premises each year, including approx. 70 nurseries and childminders and 79 primary schools. The vast majority have achieved a hygiene rating of 4 or 5 (good or excellent).

## Accident Prevention

Health Visitors deliver safety advice to parents of children at 8 months and 2 years of age. Dudley MBC funding for resources and 'Homechecks' service ceased in 2011. The West Midlands Fire Service deliver a range of safety services (checking car restraints, installing smoke alarms etc.). Playground inspections are completed weekly. Due to funding restrictions many accident prevention services have been withdrawn since April 2011.

The Joint Accident Prevention Plan actions for children have been reduced over previous years due to loss of Homecheck Service (where free home safety equipment was provided to needy families) and Health Promoting Schools projects (such as Safety Town) and the Survive Alive project.

Trading Standards Officers investigate complaints about unsafe children's products and where necessary seize unsafe products likely to harm children (e.g. toys, pushchairs).

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<sup>82</sup> Food Dudes Bangor University

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## HEALTH SERVICES IN THE COMMUNITY

### General Practices

There are 53 General Practices in Dudley. Practices in the Borough generally perform well on the implementation of the universal components of the Health Care Program, though some unacceptable variation remains.

A 2011 Ofsted/CQC report on safeguarding and looked after children in Dudley found that 'the role of GPs in information sharing and monitoring outcomes for children subject to child protection plans, children looked after or exposed to domestic abuse is not fully embedded'.

### Family Nurse Partnership

Family Nurse Partnership is an intensive, preventative, home visiting service for first time teenage mums that are residents of Dudley. The licensed programme commences in pregnancy and continues until the child reaches the age of 2 years old. The Family Nurse Partnership team consists of 6 specially trained Family Nurses and 1 Supervisor. The first referral was received on the 14<sup>th</sup> of February 2013 and currently has 86 mothers and 51 babies enrolled and actively engaged with their Family Nurse. Outcomes of the Service are closely monitored and reviewed at the 3 monthly Advisory Board meetings.

### Libraries

As part of the Tell Us Once Service at the registration of a birth, parents are made aware of library services for families and offered the option of joining the child as a library member.

Dudley libraries are part of Bookstart, the world's first national books for babies programme, delivering free packs of book to babies and toddlers. Working with partners, the libraries gift books to children at seven to nine months and 18 to 24 months when they go for their health centre checks and at 36 to 48 months through nurseries and other early year's settings.

Children joining the Bookstart Book Crawl loyalty scheme at any Dudley library receive stickers with every visit and a Bookstart Bear after 20 visits.

Libraries in Dudley offer Bookstart rattle 'n' rhyme sessions where parents and carers can share rhymes and songs with their children – and even play a musical instrument!

These hugely popular sessions encourage communication and language development and help children to socialise from an early age. The most important thing, however, is that the sessions are fun – children enjoy coming to the library and parents and carers are encouraged to borrow stories and rhymes to share at home.

Children aged 4 and over also have the opportunity to take part in the Summer Reading Challenge. This event is organised by the Reading Agency and is the largest UK reading promotion for young people aged four to eleven. The challenge involves reading six books over the summer holidays, collecting rewards along the way and earning an extra special gift on completion of the challenge. Prizes are donated by local attractions and businesses in order to provide extra incentives. In 2012-13 over 3,100 children took part in the Summer Reading Challenge with 64% completing the Challenge.

76% of library users in Preschool to Key Stage 1 said their library helped them with being ready to go to school, 83% of them also said that their library helped them with their reading.

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## CHILDREN'S SOCIAL CARE SERVICES IN THE COMMUNITY

These services are provided by Dudley MBC. Referrals to these services are received through 3 access points. There are 4 teams dedicated to assessment and these undertake initial assessments including response to child protection enquiries. There are 4 care management teams dealing with longer term work and court applications. There is a single borough-wide disabilities team (jointly established with health service providers). An out of hours service operates.

## DISCOVERY TEENS DEVELOPING INTO YOUNG ADULTHOOD

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
10-19 year olds: There has been a decline in self-esteem in this age group. Is there sufficient focus on positive messages for this group, raising aspiration and highlighting role models?	A whole school approach to emotional health & wellbeing is offered to schools. An emotional health & wellbeing training programme is offered to all schools to support staff in early detection and identification, clarifying referral pathways and informing on additional sources of support.
10-19 year olds, is there sufficient awareness and education around the health dangers associated with alcohol, tobacco, volatile substances and poor diet?	A rapid review was carried out in June 2014. This report identified the strengths and gaps in current provision and also recommended short and longer term goals that need to be addressed. A social norms pilot programme has been operating in 10 of the 20 secondary schools with year 9 students Cooking will be compulsory in the school curriculum from September 2014. Tobacco education is delivered using a creative approach with the involvement of young people.
Indicators for hospital admissions related to alcohol misuse, A&E attendances, admissions related to accidents, smoking prevalence and admissions to local authority care exhibit a social gradient. Are resources being focused on those most in need?	Specialist stop smoking services are commissioned for young people in school, various youth settings and pharmacies who offer regular support sessions and access to stop smoking treatments. Service providers target schools and youth groups in the most deprived areas using local data.
10-19 year olds: Do commissioners consider that this age group is sufficiently aware of risks to personal safety of crime	It is difficult to measure if young people are sufficiently aware of risks to personal safety. However, the Community Safety Team and Safe & Sound Dudley's Community Safety Partnership have developed a number of methods for disseminating information

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Age 10 to 14 years** – The 2012 mid-year population estimate is 18,062<sup>83</sup>

**Age 15 to 19 years** – The 2012 mid-year population estimate is 19,514<sup>79</sup>

**Ethnicity** – ONS 2011 census estimates 14.5% BME in this age group (7.9% Asian, 4.1% mixed, 1.7% black and 0.9% other)<sup>84</sup>

**Deprivation** – 23% of this age band live in the most deprived quintile of deprivation<sup>85</sup>.

**Child Poverty** – 22.8% of 0-16 year olds live in poverty in Dudley, around 13,095 children.

## WHAT IS THEIR HEALTH STATUS?

### AGE 10-19

#### Mortality

The directly standardised mortality rate for the 10-19 age band for 2006-2012 was 17.5 per 100,000 for Dudley and 19.6 for England & Wales. All cause mortality has been dropping in males in line with England and Wales, in females the standardised rate has remained constant since 2001. Deaths in this age band are higher for males than females. 35.4% of deaths are due to accidents and suicide or undetermined injury. The accident mortality rate has been falling in both genders and remains statistically higher in males than females. The suicide rate in males has been dropping, there is now no statistical difference in the suicide rate between males and females. Around 21% of deaths are from cancers of which leukaemia is the most common.

Over 60% of the deaths occurred in the two most deprived quintiles of deprivation however due to the low numbers of deaths there is no statistically significant difference between any of the deprivation quintiles.

#### Hospital Admissions

There were 724 emergency hospital admissions in 2012/13 for 10-14 age band and were due to other and unspecified abdominal pain, viral infection or other symptoms. 22% were due to injury or poisoning because of external causes, 10.1% resulted from diseases of the digestive system and 10.5% due to respiratory diseases.

Around 7% of children aged 13 and 15 self-reported having asthma in 2014, and this has dropped considerably since 2012. There was a low level of emergency admissions for asthma of 121.8 per 100,000 in 2012/13. This was significantly higher for the Asian and Black ethnic groups.

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<sup>83</sup> ONS mid-year population estimates

<sup>84</sup> 2011 Census

<sup>85</sup> Department of Communities & Local Government Indices of Deprivation 2010



Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 61.3 per 100,000 aged 10-14 in 2010/11-2012/13. (89.9 per 100,000 aged 10-14 in 2009/10-2011/12). This was higher for the most deprived quintile and significantly lower for the Asian ethnic group.

The proportion of 13 and 15 year olds self-reporting having had an alcoholic drink in the last 7 days has declined to 11% in 2014<sup>83</sup>.

Around 2,800 A & E attendances are recorded per year for Dudley residents aged 10-14 for unintentional or deliberate injury and 3.2% resulted in a hospital admission. Nearly 60% occurring to children living in the two most deprived quintiles.

2012/13 had approximately 150 hospital admissions for accidents in Dudley residents aged 10-19. Admissions are higher in males than females and for those in the most deprived quintile of deprivation. The trend in rate of hospital admissions for accidents for the 10-19 age band (per 100,000) has remained relatively static. 42% of the admissions were for falls, 16% for being struck by an object/person or a foreign body entering body, and 20% from road transport accidents.

School leaver booster vaccination for diphtheria, tetanus and polio uptake was 97.4% for Dudley in 2012/13, exceeding the WHO target of 95%.

The Human papilloma virus (HPV) uptake (for 3 doses) in 2012/13 school year was 92.0%, better than the England value of 86.1% and regional uptake of 89.3%, however the local uptake still fell short of the WHO target of 95%.

The proportion of 13 and 15 year olds self-reporting that they smoked regularly in the 2014 was 6.7%<sup>83</sup>.

6.3% of 13 and 15 year olds self reported having taken drugs in the Health Related Behaviour Survey 2014<sup>83</sup>.

The proportion of 13 and 15 year olds self-reporting eating 5 or more portions of fruit and vegetables per day has increased since 2012 from 17% to 22.5% in 2014<sup>83</sup>.

### Wellbeing

The proportion of 13 and 15 year olds with a high self-esteem score (15-18) using the LAWSEQ set of questions<sup>86</sup> has remained at the same level as in 2012 at 36%<sup>83</sup>.

The proportion of 13 and 15 year olds bullied at or near their school has increased from 16% in 2012 to 19% in 2014<sup>87</sup>.

### Vulnerable Children

In 2011 census 5.4% (6.5% of males and 4.3% of females) of the 10-19 year age household population were recorded as having a long term health problem or disability that affected their day to day activities.

### Looked After Children

In Dudley, the number of children in care in the 10-17 age band has increased slightly from 300 in 2009 to 370 in 2013. The increase has been in the 10-15 age

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<sup>86</sup> Lawrence (1981) British Journal of Educational Psychology, 51, 245-251

<sup>87</sup> Dudley Secondary Schools Lifestyle Survey

band; Dudley has a higher proportion of children in care aged 10-15, 39% than the national figure of 36%.

52.7% of children in care in Dudley as at 31 March 2014 were placed in provision provided by the Local Authority (national 58%). 35.6% were placed in private provisions (national 32%).

The percentage of White-British children in care in Dudley has varied little over the period from 2009 to 2013, ranging between 85% and 89%; these figures are in line with the total Dudley population. The National 2013 figure was 79.1%.

### Child Protection

There has been an increasing trend in the number of child protection plans in Dudley over the last 6 years. At the end of the financial year 2012/13, a total of 242 children were registered on a child protection plan in Dudley.

The rate of children who became the subject of a child protection plans during 2012/13 was 46.4 per 10,000 children aged under 18 years in Dudley. Dudley's rate of children on child protection plans is similar to the national average rate of 46.2 plans per 10,000 children aged under 18 (Source: Department for Education: Children in Need Census, 2013).

Under 25% of children registered on a child protection plan during 2012/13 were in the 10-17 age band.

### Education

The percentage of all children in Key Stage 4 achieving 5 or more A\*-C grade GCSEs including GCSE English & Mathematics is improving in Dudley in line with the value for England (59.7% and 60.6% respectively in 2013). This is lower for children from the quintile of most deprivation, (most deprived quintile, 44.6%, least deprived 80.2%, in 2013). The attainment gap between the most deprived quintile and the least deprived has closed from 40.2 percentage points in 2009 to 35.6 percentage points in 2013.

The percentage of non-White British children achieving 5 or more A\*-C grade GCSEs including GCSE English & mathematics has improved from 45.6% in 2009 to 54.5% in 2013. However, the attainment gap between Non White British and White British children has increased from 4.2 percentage points in 2009 to 6.2 percentage points in 2013.<sup>88, 89, 90</sup>

### Crime

Throughout secondary school ages (12-16 years) risk of victimisation rises significantly. Violent crime is dominant, with the severity and number of incidents escalating as age increases. Robbery and theft shows a marked increase from age 13. This coincides with rising ownership of high value electronics such as mobile phones, which were the subject of 72% of thefts of unattended items for this age group. It may also reflect bullying behaviour and the different life style of this age group with 95% of the recorded offences located away from the victims' home

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<sup>88</sup> Department for Education Statistical First Release 05 2014. Deprivation based on

<sup>89</sup> Department for Education Key Stage 4 Performance Tables 2014.

<sup>90</sup> Index of Multiple Deprivation 2010.

address. Where a detailed location description was given, young people were most likely to be victimised in an educational setting (8%) or a park or play area (6%).

## WHAT DO WE KNOW ABOUT CURRENT SERVICES?

### HEALTHY LIVING

#### Weight Management Services

Eight programmes are run over 100 venues across the borough for children and families. In 2010/11 175 children were supported (1.7% of target population), 69% completed the course and 80% reduced or maintained their body mass index.

#### Healthy Eating

All secondary schools (21) within the borough are inspected for food hygiene and safety and all are broadly compliant or higher. 6 secondary schools have achieved the Dudley Food for Health Award.

Future planning policy in relation to restricting new fast food outlets in the vicinity (i.e. within 400m) of primary and secondary schools, has been agreed and implemented

#### Tobacco Control and Reducing Alcohol Harm

In 2012/13, 63 people aged under 15 accessed the Dudley Stop Smoking Service (DSSS). 48% of those were from the most deprived quintile. 37% of these accessing the service had 4 week quit success with the highest quit success rates being seen in the 2 most deprived quintiles.

Trading Standards protect children from harm by enforcing under age sales legislation. In 2012-13, Trading Standards carried out 15 exercises relating to alcohol, visiting 130 premises with 13 sales. This resulted in 1 revocation and 1 suspension of licence, and 13 licence reviews with additional conditions added to licence. In addition Trading Standards carried out 8 exercises to test purchase tobacco by under age children visiting 83 premises with 3 sales. These sales resulted in warning letters being sent to the sellers.

Trading standards work with licensed premises to advise on proof of age schemes for purchasing age restricted products.

Smoke free enforcement work is carried out by environmental health, in particular advising schools and children's homes on smoke free policies.

#### Young People's Substance Misuse Treatment Service

Services are provided to under 18's by Switch to address their drug, alcohol or volatile substance misuse. The service offers psychosocial interventions using techniques from therapies such as cognitive behavioural therapy (CBT), motivational interviewing (MI), harm reduction and relapse prevention. Switch has strong links with Children and Adolescent Mental Health Service (CAMHS) and other health services, including providing nurse/doctor appointments on site if necessary. Switch also offers auricular acupuncture, smoking cessation, sexual health interventions, keep safe work including exploration around unhealthy relations. A Connexions worker is available on site to explore education, training or employment needs. Support to parents is also provided if required.

## **CAMHS**

In 2009, 2501 referrals were made to the service of which 1968 were accepted. In 2009/10 the total budget for CAMHS services per head of population aged under 18 in Dudley was £10.73, this is lower than both the west midlands and England average which are £40.90 and £44.75 respectively.

## **Joint Accident Prevention**

Safety in the use of the borough's playgrounds is an action in the Joint Accident Prevention Action Plan. In 2012-13, 60 play areas in parks and housing estates, 5 healthy hub multi-gyms and 12 multi use games areas/skateboard parks were inspected at least weekly for safety and annually by an independent contractor.

Environmental health deal with void and derelict commercial and industrial buildings to secure access to them, to prevent under 18s using them as a play area. In 2012-13, 90 void building complaints were investigated with owners being required to secure access to them.

Environmental health advise the Council's Child Employment Officer (CEO) in Children's Services on health and safety of children at work, e.g. in newspaper delivery. In 2012-13 a project to improve safety in newspaper delivery was carried out in conjunction with the CEO.

## **Air Quality**

Education in schools on air quality issues (approx 5 schools per year visited). Air quality monitoring for nitrogen dioxide is carried out by environmental health at a number of schools with school children assisting in exchanging diffusion tubes and the data relayed back to schools for educational purposes. Teaching resources have been developed to explain air quality issues to children. There is an air quality area on Dudley MBC website for schools.

## **Active School Travel**

There is a target in the Air Quality Action Plan to maintain the proportion of children travelling to school by non car modes between 2009-10 and 2015-16, results of this are available in chapter 2, Dudley the place.

## **Sunbed Use**

In April 2011, new legislation came into force which prohibits under 18s from using sun beds. This is enforced by environmental health. Projects to raise awareness of business proprietors and under 18s were carried out in 2011-12 and 2012-13.

67 sun bed premises were identified and a partnership group with the Office of Public Health skin cancer prevention lead set up. A resource pack for businesses was developed including a refusal notice for under 18s. Lifestyle survey questions for school children were adapted to ask where children have access to sun beds (home or business). Results of the healthy School Survey 2013/14 show that occasional and regular sun bed use has declined since 2012.

## **Libraries**

Libraries across Dudley offer a number of universal services. These include:

- Books to support the curriculum
- Friendly and helpful staff
- Free internet access
- Free photocopying and printing available to students doing homework in libraries
- High quality, reliable and informative e-resources
- A place to study
- Access to virtual learning space on Dudley grid for learning and the ability to save work via the portal system
- Home work clubs

### **The Virtual Library**

Dudley libraries e-resources are available remotely through computers at home or in public libraries. All members of the library may use them. Excellent resources are available such as:

- Britannica, Theory test pro (for people preparing for their driving theory test).
- Go Citizen (for people preparing for the Life in the UK test, Who else writes like..?)
- Cobra ('a business reference advisor' aimed at people setting up new businesses).
- Who's Who and Who was who.
- Various Oxford University titles.
- Ancestry (only available for use on library PCs).
- Downloadable ebooks.
- Downloadable eaudiobooks.
- Zinio downloadable magazines.

## FREEDOM YEARS - YOUNG ADULTHOOD

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
15-24 year olds: It is important to focus on the underlying causes of many of these health and wellbeing issues. In particular, the impact of alcohol and drugs use on factors such as incidence of crime, violence, sexual exploitation and teenage pregnancy.	A rapid review was carried out in June 2014. This report identified the strengths and gaps in current provision and also recommended short and longer term goals that need to be addressed. There was widespread agreement to this approach and a clear commitment to implementing the changes from the Health and Wellbeing Board
15-24 year olds: Are commissioners satisfied that there is sufficient investment in raising awareness of long-term health risks of over-exposure to alcohol, tobacco and drug use?	The evidence from scoping work suggested that a more generic approach to risk taking would be beneficial. The Office of Public Health is working on a multi-component intervention to address substance misuse, sexual health and tobacco from a risk taking perspective

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Age 15 to 19 years** – The 2012 mid-year population estimate is 19,514<sup>91</sup>

**Age 20 to 24 years** – The 2012 mid-year population estimate is 17,958<sup>87</sup>

**Ethnicity** – ONS 2011 Census reports 13.1% BME in this age group (7.3% Asian, 3.5% mixed, 1.6% black, and 0.8% other)<sup>92</sup>

**Deprivation** – 24.4% of this age band (9145) live in the most deprived quintile of deprivation<sup>93</sup>.

<sup>91</sup> ONS mid-year population estimates

<sup>92</sup> 2011 Census

<sup>93</sup> Department of Communities & Local Government Indices of Deprivation 2010

## WHAT IS THEIR HEALTH STATUS?

### AGE 15-24

#### Mortality

The directly standardised mortality rate for the 15-24 age band for 2006-2012 was 35.8 per 100,000 for Dudley and 35.2 for England & Wales. Almost two thirds of the deaths occurred in the two most deprived quintiles of deprivation (66%).

34% of deaths are from accidents of which road traffic accidents form the largest proportion (16% of all deaths). Accident and road traffic accident rates are significantly higher for males than females.

19% of mortality in this age group is due to cancer of which leukaemia is the most common. There is no significant difference in cancer mortality rates by gender or deprivation.

Suicide and undetermined injury is the next highest causes of mortality, accounting for 13% of deaths. Suicide and undetermined injury mortality disproportionately affects males in this age group, the numbers of deaths are higher in the more deprived quintiles however the numbers of deaths are too small for the variation to be statistically significant.

#### Hospital Admissions

22% of the 2254 emergency hospital admissions in 2012/13 for 15-24 age band were due to lower abdominal pain, headaches or other symptoms, with 19.3% due to injury or poisoning due to external causes, 16.1% from pregnancy related conditions, 8.7% due to diseases of the digestive system and 9.7% caused by diseases of the genitourinary tract.

The directly standardised rate of emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 319.8 per 100,000 aged 15-24 in 2010/11-2012/13. This was significantly higher for the most deprived quintile and significantly lower for the Asian ethnic group.

Around 5,500 A&E attendances occur per year for Dudley residents aged 15-24 for unintentional or deliberate injury and 6.0% resulted in a hospital admission. Over 60% occurring to young people living in the two most deprived quintiles. The accidents mainly occur in the home or public places.

In 2012/13 415 hospital admissions were recorded for accidents in Dudley residents aged 15-24. Counts were higher in males than females and for those in the most deprived quintile of deprivation. The trend in the rate of hospital admissions for accidents for the 15-24 age band (per 100,000) has increased over the last 10 years. 36% were due to poisonings, 21% of the admissions were for falls, 25% for being struck by an object or a foreign body piercing skin and 12% from road transport accidents.

Termination rates for 16-24 year olds are 30.1 per 1,000 in Dudley in 2012/13 and have remained relatively constant over the last few years.

Of the sexually transmitted infections (STIs) in the 15-24 age group in 2012-13, Chlamydia has the highest diagnosis rate of 8.97 per 1,000. The diagnosis rate for Anogenital warts is 4.05 per 1,000.



## Economy

There were 2,050 borough residents aged 16 to 24 claiming Jobseeker's Allowance as of May 2014. This is 1,070 less than were claiming two years ago, and means that 6.1% of the age group are now claimants. This compares to 3.8% of the working age population (those aged 16 to 64). The number of claimants aged 16 to 24 has seen a general decline in the last two years.

## WHAT DO WE KNOW ABOUT CURRENT SERVICES?

### HEALTHY LIVING

#### Dudley Stop Smoking Service

In 2012/13, 717 people aged 15-24 accessed the Dudley Stop Smoking Service (DSSS). 39% of these were from the most deprived quintile. Almost 45% of these accessing the service had 4 week quit success.

#### Chlamydia Screening Programme

In 2012/13 11.6% of 15-24 year olds were screened for Chlamydia in Dudley, below the England screening of 25.3%. Positivity rates were in line with the target range of 5-12%. These figures are not comparable to previous data due to changes in the data sources and methodology.

#### Condom Distribution – C-Card Scheme

In 2012/13 1,051 12-24 year olds registered with the C-Card scheme at 25 educational, youth centre and other venues. The number of registrations was highest in the most deprived quintile and lowest in the least deprived quintile. 20,600 condoms were distributed in the 2012/13 financial year.

#### Emergency Hormonal Contraception

Thirty four (out of 70) pharmacies deliver EHC enhanced service across the borough in 2014.

#### Youth Service

Youth work delivery supports young people's personal and social development. Through the provision of a range of interventions including targeted support, signposting, strong social support networks that develop and strengthen resilience and access to safe and supportive environments to challenge and be challenged, young people are able to raise aspirations and to contribute to decision making amongst peers and the wider community.

Delivery is based at 10 Youth Centres across the borough. In addition part time clubs are run from St Thomas' Network, Greenhill Youth Centre and Pensnett Neighbourhood Centre.

#### Crime/Detached Youth Work

Detached youth work is about making contact with young people who cannot, or choose not, to access traditional centre base youth provision. Youth workers meet

young people in their own space, for instance parks, bus shelters, shopping centres or on the street.

It is not to be confused with outreach work, which contacts individuals and groups with the intention to encourage take up of centre based provision.

In its widest sense, detached work can include work in schools, mobile provision, drop-in facilities and the development of projects, such as the Duke of Edinburgh Award.

The work is recognised as contributing to social inclusion and community cohesion. The main impact of detached youth work is the ability to divert from anti social behaviour and reduce the associated risks to young people.

Detached youth work teams identify routes and priority areas based on information received from West Midlands Police and Community Safety with regard to anti social behaviour. There is a detached youth work team in each of the townships.

### **Disability**

There are 5 youth clubs for young people with learning disabilities of which four provide sensory rooms and additional equipment. All run holiday activity programmes.

In addition Dudley Deaf Youth Club runs on a Thursday at Russells Hall Neighbourhood Centre.

A Friday project is working with young people aged 18+ with learning disabilities in order to support their personal and social development with particular focus on transition to adult life and mental health.

### **Looked After Children and Young People**

Whilst encouraging Looked After young people to access wider youth facilities, the service provides targeted sessions specifically for Looked After young people such as the Fantastic Fun Club on Monday evenings at Kingswinford Youth Centre.

### **Environmental Health and Trading Standards**

Environmental Health Officers inspect skin piercers and tattooists, for compliance with, Dudley Byelaws and health & safety standards, to reduce risk of illness & infection. In 2012-13, 70 new skin piercing registrations were issued for 44 premises. This represents an increase of 150% in registrations in 2012-13 over the previous year. It is believed to be due to more people becoming self employed and using existing beauty salons etc for start up businesses involving skin piercing.

Trading Standards Officers respond to complaints about underage drinking that is causing anti-social behaviour, including test purchases and joint working with police and retailers.

Trading Standards promote the Citizen Card scheme with schools in conjunction with the Office of Public Health. 457 cards were distributed in 2012-13.

Environmental Health Officers work to reduce health effects from second hand smoke, during work and leisure time, by regulating smoke free places and workplaces. In 2012-13, 1,257 workplaces were inspected, 4 fixed penalty notices issued and one prosecution was taken for failing to prevent smoking in a smoke free place

## Libraries

All libraries offer a collection of study and revision guides at GCSE and A/AS level based on consultation with local schools. All libraries cover core subjects and information on a wider range of subjects is available in larger libraries. Guides are updated on a regular basis to reflect changes in the syllabus.

A collection of information leaflets on issues such as, drugs, abuse, and sexual health are available at larger libraries. These are displayed in folders for young people to help themselves.

## Housing

Support services across all tenures are provided to residents with a range of needs to enable them to sustain their current accommodation through the provision of advice and support.

Homelessness Service is provided for any resident who has become homeless or is at risk of losing their home. The service is focused on prevention, but also works with partners to meet the needs of people who are already rough sleeping and people who are leaving hospital or other residential setting with no suitable home to return to.

Private Sector Housing Services improving housing and management standards in the private rented sector. Enabling residents in housing need access and maintain a tenancy in this sector through advice, information and access to a range of appropriate schemes.

The investigation of allegations of noise nuisances and anti social behaviour arising from residential properties are carried out to protect the public and to remove unwanted stressors from the home environment.

## YOUNGER JUGGLERS AND SETTLERS

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
Are commissioners satisfied that enough is being done to tackle the problem of increased presentation of liver disease/cirrhosis conditions?	Alcohol specific diseases take many years to develop. The recently re-commissioned alcohol services are committed to identifying and treating people at an earlier stage so they do not become acutely ill. Dudley is taking part in a 'Blue Light' project focused on the treatment resistant population which represent the greatest burden.
Cervical cancer screening uptake in 25-39 year olds has declined, what can be done to reverse the trend.	The Area Team and CCG are working together to improve uptake of cervical screening. Variations in uptake and quality of screening are being investigated before action is taken using contractual levers and the CCG's primary care quality improvement programme. The Office of Public Health has a cervical cancer health improvement programme in place which aims to increase uptake in this age group through social marketing campaigns and targeted interventions with primary care staff.

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Age 25 to 29 years** – The 2012 mid-year population estimate is 19,114

**Age 30 to 34 years** – The 2012 mid-year population estimate is 18,760

**Age 35 to 39 years** – The 2012 mid-year population estimate is 18,221

**Ethnicity** – ONS 2011 Census estimates 13.6% BME in this age group (9.4% Asian, 1.5% mixed, 1.8% black, and 0.9% other)<sup>94</sup>

**Deprivation** – 25% of this age band (~14,000) live in the most deprived quintile of deprivation<sup>95</sup>.

<sup>94</sup> ONS mid-year population estimates

<sup>95</sup> Department of Communities & Local Government Indices of Deprivation 2010

## WHAT IS THEIR HEALTH STATUS?

### AGE 25-39

#### Mortality

The directly standardised mortality rate for the 25-39 year age band for 2006-2012 was 69.9 per 100,000 for Dudley and 71.5 for England & Wales. Over 19% of deaths are due to accidents. Deaths in this age band are significantly higher for males compared to females at local and national levels. The local trend in accident related male mortality had been increasing year on year but has declined for the first time since 2007.

Cancer is the most common cause of death in women and the fifth highest cause of death in men in this age group. The standardised mortality rate for all cancers is identical for males and females and there is no significant difference in the cancer mortality rates between deprivation groups. Breast cancer is the most common cause of cancer mortality in females accounting for 25% of all female cancer deaths in this age group. The breast cancer mortality rate has been decreasing over the past 10 years.

Cardiovascular disease accounts for 16% of total deaths and is the second highest cause of death in males (18% of male deaths aged 25-39, 2006-2012) and third highest cause of death in females (14% of female deaths aged 25-39, 2006-2012). The mortality rate is significantly higher in men than women. Mortality rates have declined slightly in both males and females in 2006-12 compared to the 2005-11. Numbers of deaths are higher in the more deprived areas however there is no significant difference in the mortality rate between deprivation quintiles.

Alcohol related diseases accounted for 14% of deaths in 2006-12. Overall the trend is down for men and up for women. 37% of the alcohol related deaths occurred in the most deprived quintile of deprivation. Mortality rates for both males and females are significantly higher in the two most deprived quintiles.

Directly standardised mortality rates for chronic liver disease and cirrhosis in Dudley males and females are 10.4 per 100,000 and 5.3 per 100,000 respectively. The rates for males and females in Dudley are significantly higher than England and Wales. The male rate remains significantly higher than the female rate in Dudley. The mortality rate in men has decreased for three consecutive years, however the mortality rate continues to increase in women. When analysed as a three year period males and females don't have significantly different rates in 2010-2012. The more deprived areas have higher rates of chronic liver disease and cirrhosis than the more affluent areas however the difference is not significant.

#### Hospital Admissions

23.2% of the 3,595 emergency hospital admissions in 2012/13 for 25-39 age band were due to lower abdominal pain, headaches or other symptoms, with 15.5% due to injury or poisoning due to external causes, 15.7% from pregnancy related conditions, 9.8% diseases of the digestive system and 8.0% due to diseases of the genitourinary tract.

Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 609.1 per 100,000 aged 25-39 in 2010/11-2012/13. This was significantly higher for the most deprived quintile and black women and significantly

lower for the Asian and Chinese and other ethnic groups. The rate of emergency admissions for alcohol related conditions was 958.7 per 100,000.

Around 5,300 A&E attendances per year for Dudley residents aged 25-39 for unintentional and deliberate injury and 6.7% resulted in a hospital admission. Over 65% occurring to people living in the two most deprived quintiles. Mainly occur in the home, public places and workplace. Sporting injuries decline across this age band accounting for nearly 6% of A&E attendances.

There are approximately 540 hospital admissions per year for accidents in 2012/13. Higher in males, than females and for those, in the most deprived quintile of deprivation. 40% of the admissions were for poisoning, 22% for falls, 11% for being struck by an object or a foreign body piercing skin etc, 9.4% from road transport accidents.

Termination rates for 25-39 year olds are 15.7 per 1,000 in Dudley in 2012/13 and have remained relatively constant over the last few years.

Of the sexually transmitted infections (STIs) in the 25-44 age group Chlamydia has the highest diagnosis rate of 2.1 per 1,000. The diagnosis rate for Anogenital warts is of 1.8 per 1,000. The number of syphilis cases in males in this age group is also rising and is now at 0.08 per 1000 population.

Cervical cancer screening uptake for the 25-39 age band was 70.2% as at 31<sup>st</sup> March 2013, below the national target of 80%. Uptake increases with age.

Based on the 2011 Census 8.2% (7.9% of males and 8.5% of females) of the household population in the 25-39 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

### **Economy**

The 25 to 39 age group have a higher claimant rate than those of working age (3.8%) at 4.6%, equal to 2,555 people in May 2014. Though the number has fluctuated over the last two years it is now on a downward trend.

### **Crime**

From age 25 to 40 years, the level of victimisation remains high. Criminal damage is at its highest rates, and acquisitive crime dominates heavily, notably vehicle crime and burglary dwelling.

## **WHAT DO WE KNOW ABOUT CURRENT SERVICES?**

### **HEALTHY LIVING**

#### **Tobacco Control**

In 2012/13, 1,597 people aged 25-39 accessed the Dudley Stop Smoking Service (DSSS). Over 38% of these were from the most deprived quintile. 56% of those accessing the service had 4 week quit success.

Smoke free enforcement work delivered by environmental health officers ensures workplaces are free from second hand smoke. Advice is given to employers on smoking policies, smoking shelter compliance, smoking cessation and illicit tobacco

issues. The project with routine and manual workers currently targets 300 workplaces a year with referrals onto smoking cessation and to Health at Work days delivered by the Office of Public Health.

#### **Emergency Hormonal Contraception**

34 pharmacies deliver EHC enhanced service across the borough.

#### **Joint Accident Prevention**

Environmental Health delivers the health and safety enforcement service including inspections, accident and complaint investigations. Approx 250 health and safety inspections in the borough's workplaces are conducted each year. Reportable injuries, diseases and dangerous occurrences are investigated as appropriate.

Environmental Health Officers work to improve occupational health by tackling common causes of absence from work, e.g. stress, musculoskeletal conditions, dermatitis, slips & trips.

Trading Standards Officers enforce general product safety by carrying out inspections, issuing advice to businesses and investigating complaints to ensure goods supplied are safe which also helps to reduce accidents. 985 such requests for assistance were received by Trading Standards in 2012-13.

Trading standards carry out sampling of products and analysis for safety, with 66 products being tested in 2012-13.



## OLDER JUGGLERS AND SETTLERS

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
<p>Nearly one fifth of 40-59 year olds are living with a limiting long term illness. What actions/interventions are being implemented by commissioners to support these individuals?</p>	<p>Improving quality of life for people with one or more long term conditions is an objective in the CCG operational plan 2014-16. This is to be achieved by improving access to psychological therapies and recovery rates, increasing diagnosis rates for dementia and hypertension, improving disease recording in primary care registers and working with the Office of Public Health to improve the uptake of vascular checks and reduce childhood obesity.</p>
<p>25% of 40-59 year olds reported being heavy drinkers and hospital admissions from alcohol specific conditions are rising. Are current efforts sufficiently focused?</p>	<p>All the high impact changes that will make a difference to reducing the rates of alcohol related admissions are in place and the overall rate of increase in admissions has now slowed down. Social marketing is targeting at risk groups. An alcohol Health Needs Assessment has been completed and the H&amp;WB Board championed a spotlight event on alcohol with stakeholders. The alcohol strategy is currently being refreshed.</p>
<p>Nearly a quarter of deaths in the 40-59 age band are due to cardiovascular disease. Smoking, obesity and physical activity are major contributory factors. Are sufficiently targeted</p>	<p>We can be confident that obesity services are targeting this age group. Additionally the NHS health checks programme for 40 -74 year olds with no vascular disease, invites all those eligible on a 5 yearly basis, yearly for people at risk of CVD. Exercise referral service dominant age group matches the at risk group. Food and nutrition services have 30% uptake from males and 30% are from the 40—59 age group. Stop smoking services are widely available for all adult age groups</p>
<p>Are commissioners satisfied that there is sufficient provision and uptake of Health Checks and other screening services?</p>	<p>The health checks programme is well funded in Dudley however uptake is below the target. An ambitious recovery plan is in place. Diabetic eye screening uptake is also not optimal, this is planned to be incorporated in a 'healthy living opticians' programme and through work with the provider contracted by NHS England.</p>
<p>Is there sufficient lobbying of central government on minimum pricing of alcohol units?</p>	<p>Response to government consultation sent from Dudley</p>

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Age 40 to 44 years** – The 2012 mid-year population estimate is 23,417

**Age 45 to 49 years** – The 2012 mid-year population estimate is 23,419

**Age 50 to 54 years** – The 2012 mid-year population estimate is 20,375

**Age 55 to 59 years** – The 2012 mid-year population estimate is 18,371

**Ethnicity** – The 2011 Census reports 7.4% BME in this age group (4.6% Asian, 0.7% mixed, 1.8% black, and 0.3% other)

**Deprivation** – 21.9% of this age band (~18,800) live in the most deprived quintile of deprivation<sup>96</sup>.

## WHAT IS THEIR HEALTH STATUS?

### AGE 40-59

#### Mortality

The directly standardised mortality rate for the 40-59 age band for 2006-2012 was 308.4 per 100,000 for Dudley, higher than England & Wales which has a standardised mortality rate of 301.6 per 100,000. Mortality in this age band is significantly higher for males at both local and national levels.

Over 38% of deaths are due to cancers. Both genders have similar mortality rates due to cancers and mortality rates have been declining over time in line with England and Wales. Lung cancer is the most common cause of death in men and the second most common cause of death in women, 26.2 per 100,000 and 13.8 per 100,000 respectively. The lung cancer mortality trend follows the same pattern as England and Wales, in males it is slowly decreasing, in females the rate is stable. Lung cancer and deprivation are linked, although the only significant difference in lung cancer mortality is between the most deprived and least deprived quintiles (in both males and females), however there is an increase in the mortality rate with increasing levels of deprivation.

The breast cancer mortality rate for females is more than double the lung cancer mortality rate, a standardised rate of 32.5 per 100,000. The mortality trend has been declining in line with the England and Wales average. Breast cancer mortality is influenced by deprivation with the least deprived quintile having a rate almost 3 times higher than the most deprived quintile.

Colorectal cancer is the third most common cause of cancer mortality across both genders, second in males and third in females. Males have a slightly (but significantly) higher mortality rate than females, 12.8 per 100,000 compared to 10.5 per 100,000. The recent trend for males and females has been an increase in colorectal cancer mortality despite a decrease nationally. The mortality rate in females has increased each in the last 4 years and is now significantly higher than the England and Wales average. Colorectal cancer mortality shows no significant

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<sup>96</sup> Department of Communities & Local Government Indices of Deprivation 2010

variation by deprivation group however larger numbers of deaths are seen in less deprived females than more deprived females.

Following cancers, cardiovascular disease is the next highest cause of mortality, resulting in over a quarter of all deaths in men (DSR of 103.2 per 100,000, 2006-12) and one seventh of all deaths in women (DSR of 33.7 per 100,000, 2006-12). The trend for both genders is declining in line with the England and Wales average. There is no significant difference in mortality rates by deprivation quintile in males however no deaths have been observed in the 3 least deprived quintiles for females.

Smoking related diseases are the third most common cause of death in both males (97.9 per 100,000, 2006-12) and females (34.5 per 100,000, 2006-12). Smoking related disease mortality is decreasing more quickly than the England and Wales average however the standardised mortality rate for males is higher than England and Wales. Deprivation and smoking related disease mortality are closely correlated with deprivation, males in the two most deprived quintiles and females in the most deprived quintile have significantly higher mortality rates than the two most affluent quintiles.

The other prominent causes of death are from chronic heart disease (CHD) (68.7 per 100,000) and alcohol related disease in males (47.7 per 100,000) and potentially avoidable causes in females (40.7 per 100,000). The mortality rate for CHD and potentially avoidable causes is dropping in line with England and Wales. The alcohol related disease mortality rate in men is increasing consistently despite the England and Wales trend remaining static. Potentially avoidable causes, alcohol related disease and CHD are all influenced by deprivation in both males and females. The difference between the mortality in the most deprived and least deprived quintiles in CHD and alcohol related conditions is sizable. The male mortality rate in the most deprived quintile for CHD is 112.4 per 100,000 compared to 35.2 per 100,000 in the least deprived quintile. The difference is even bigger for alcohol related conditions, 102.8 per 100,000 in quintile 1 (the most deprived) compared to 19.5 in quintile 5 (the most affluent).

### **Hospital Admissions**

There were a total of 5,815 emergency hospital admissions in 2012/13 for 40-59 age band. Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 798.3 per 100,000 aged 40-59 in 2010/11-2012/13. Significantly higher for men than women but the trend has been upwards for both with a levelling for men in the last year. This was significantly higher for the most deprived quintile and significantly lower for the Chinese and other, Black and Asian ethnic groups. The rate of emergency admissions for alcohol related conditions was 1,521.7 per 100,000.

Around 5,200 A&E attendances per year for Dudley residents aged 40-59 for unintentional and deliberate injury and 8.6% resulted in a hospital admission, this increased across the age band from 7% to 10%. Over 55% occurring to people living in the two most deprived quintiles. Mainly occur in the home (~40%), public places (~19%) and workplace (~20%). Sporting injuries decline across this age band to almost nothing.

In 2012/13 there are approximately 820 hospital admissions per year, for accidents in the Dudley resident population aged 40-49, a DSR of 914.7 per 100,000 in 2009/10-2011/12. This is higher in males, than females and for those, in the most deprived quintile of deprivation. 34% of the admissions were for falls, 11% for being struck by

an object or a foreign body piercing skin etc, 9% from road transport accidents and 35% from poisoning.

The acute sexually transmitted infection (STI) rates in 2012/13 in this age group are low. Anogenital warts are the most common infection with an incident rate of 0.24 per 1000. Chlamydia rates are the second highest at 0.1 cases per 1000.

Cervical screening coverage for the 40-59 age band is 76.8% as at 31<sup>st</sup> March 2013, below the national target of 80%. In this cohort uptake increases with age, with coverage in the 40-49 age band being 75.7% whereas in the 50-59 age band coverage is 78.2%. The two age bands have different criteria; women aged 25-49 should be screened every 3.5 years whilst women aged 50-64 should be screened every 5.5 years.

Breast cancer screening coverage for the 50-59 age band was 71.3% for 2012/13, below the national target of 80%. Uptake increases with age within this age band.

It is estimated that in 2014 there are currently 80 people in Dudley aged 30-64 with early onset dementia and it is estimated that this will increase to 85 by 2020.

Based on the 2011 Census 12.7% (11.6% of males / 13.7% of females) of the household population aged 35-49 and 25.7% (25.1% males / 26.4% females) of those in the 50-64 age band reported having a long-term health problem or disability that limits their daily activities.

### **Economy**

The number of Job Seeker's Allowance (JSA) claimants in the 40 to 59 age group was at its recessionary peak in September 2009 at 3,890 (4.6%). Claimant numbers started to decrease month-on-month from November 2012, but remained above 3,000 until November 2013. As of January 2014 2,960 40 to 59 year olds (3.5% of the age group) were claiming JSA.

### **Crime**

From 43 to 54 risk of victimisation begins a gradual decrease, but remains above average. Violent crime tends to fall; burglary dwelling, criminal damage and vehicle crime stay at higher levels.

From 55 years onwards victimisation shows a general reduction with age, and had fallen below the borough average; there is a continued general decrease up to around 70 years old. Criminal damage, burglary and vehicle crime are the leading crime types, with levels of each tailing off as age increases.

## **WHAT DO WE KNOW ABOUT CURRENT SERVICES?**

### **HEALTHY LIVING**

#### **Tobacco Control**

In 2012/13, 1,888 people aged 40-59 accessed the Dudley Stop Smoking Service (DSSS) of which 37% were from the most deprived quintile. 56% of those accessing the service had successfully quit when followed up after 4 weeks. Quit success was higher for people from the least deprived quintile.

Smoke free enforcement work ensures workplaces are free from second hand smoke. Advice is given to employers on smoking policies, smoking shelter compliance, smoking cessation and illicit tobacco issues. The project with routine and manual workers currently targets 300 workplaces a year with referrals onto Dudley Stop Smoking Service and to Workplace Health & Wellbeing days delivered by the Office of Public Health.

#### **Joint Accident Prevention**

Environmental Health delivers the health and safety enforcement service including inspections, accident and complaint investigations. Approx 250 health and safety inspections in the borough's workplaces are conducted each year. Reportable injuries, diseases and dangerous occurrences are investigated as appropriate.

Environmental Health Officers work to improve occupational health by tackling common causes of absence from work, e.g. stress, musculoskeletal conditions, dermatitis, slips & trips.

## ALONE AGAIN AND ACTIVE RETIREMENT

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
<p>The prevalence of depression in Dudley (QOF register) is below that recorded nationally. Is identification in Primary Care adequate?</p>	<p>Dudley CCG is working jointly on the Healthy Neighbourhoods programme. The CCG is also working with the Office of Public Health to tackle poor access by people with mental illness to public health interventions. A review of mental health services is being carried out by the CCG in conjunction with local mental health services and the police.</p>
<p>Is enough being done to develop self resilience and services to address lower level mental health needs such as depression, social isolation?</p>	
<p>The mortality rate in the 60-74 age band is significantly higher for males. Are services and interventions sufficiently targeted and accessible to this age gender group?</p>	<p>Increasing the life expectancy of males aged 60-74 is in the CCG operational plan 2014-16. This is to be achieved by improving prescribing of drugs to control blood pressure, cholesterol and anticoagulants, improving diagnosis of hypertension, improving blood sugar control for patients with diabetes and increasing the number of smoking cessation services.</p>
<p>Disease prevalence in Primary Care disease registers are low compared with modelled prevalence. Are resources sufficient for case finding?</p>	<p>Dudley CCG are incentivising practices to improve recording in disease registers, particularly around hypertension, heart disease, chronic kidney failure and mental health.</p>
<p>The rate of delayed hospital discharge attributed to social care is higher than the national rate. Are the pathways effective?</p>	<p>Dudley CCG has introduced new performance challenges for the discharge of patients. All emergency admissions should be ready for discharge by 10:00 and discharged by 13:00. Targets have been set to increase the numbers of older people living at home 91 days after discharge. The number of supported and unsupported discharges will be monitored and used by the Urgent Care Working Group to hold the system to account for performance.</p>

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Age 60 to 64 years** – The 2012 mid-year population estimate is 18,678

**Age 65 to 69 years** – The 2012 mid-year population estimate is 18,453

**Age 70 to 74 years** – The 2012 mid-year population estimate is 14,330

**Ethnicity** – The 2011 Census reports 3% BME in this age group (2% Asian, 0.2% mixed, 0.7% black, and 0.1% other)

**Deprivation** – 18.1% of this age band (~9,000) live in the most deprived quintile of deprivation<sup>97</sup>.

The proportion of Dudley Borough residents aged 65 and over is higher than regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally).

## WHAT IS THEIR HEALTH STATUS?

### AGE 60-74

#### Mortality

The directly standardised mortality rate in the 60-74 age band for 2006-2012 was 1,405.4 per 100,000 for Dudley and 1,398.6 for England & Wales. Over 45% of deaths are from cancers, lung cancer mortality is the most common causing 10% of all deaths in this age group. Deaths in this age band are significantly higher for males. The mortality rate for males is slightly higher in Dudley compared to England and Wales and slightly lower in females. The other main causes of death are from smoking related diseases (25.7%), circulatory diseases (25.6%), coronary heart disease (14.4%) and respiratory diseases (12.1%).

The mortality rate in the most deprived quintile is significantly higher than the other deprivation quintile groups in both males and females. Over 25% of the deaths occurred in the most deprived quintile of deprivation.

Mortality from lung cancer has declined for males over the last 20 years, but still remains significantly higher than the mortality rate for females. The directly standardised mortality rate in men is much higher in the most deprived quintile however it is not significantly higher. The difference in the standardised female lung cancer mortality rate is significantly higher in the most deprived quintile than the other quintiles.

Mortality from stomach cancer has declined for males over the last 10 years (30.9 per 100,000 for 2010-12), and has remained significantly higher than the female rate (11.7 per 100,000 for 2010-12) and England and Wales rates (15.9 per 100,000 for 2010-12). There is no significant effect of deprivation.

The mortality rate for smoking related diseases in Dudley is similar to the national picture. Rates have been falling in both males (490 per 100,000 in 2010-12) and females (213.9 per 100,000). The male mortality rate is significantly higher than the females' mortality rate but is dropping more quickly.

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<sup>97</sup> Department of Communities & Local Government Indices of Deprivation 2010



Mortality rate for respiratory diseases in males from Dudley is significantly higher than for England and Wales (202.6 per 100,000, 181.5 per 100,000 respectively). The mortality rate is significantly higher in males from the most deprived quintile. The trend has been declining over the past 10 years. COPD is the major contributing condition to this rise accounting for more than 50% of all respiratory disease mortality in 2010-12.

Mortality rates for alcohol related conditions in Dudley are significantly higher in males in 2010-12 than England and Wales. There is an upward trend.

Excess winter deaths index for the 65-74 age band in Dudley over the period 2010-2013 was lower than that reported for England (7%, 10% respectively). This age band shows the greatest variation over time for the excess winter death index. The major contributory diseases when the excess winter deaths index is high are lung cancer, stroke and COPD.

### Life Expectancy

At age 65, males have a life expectancy of 18.4 years and females 21.2 for 2010-2012. This is continuing to increase over time and will impact on growing numbers of the Aging Retirement population.

### Hospital Admissions

24.1% of the 6,107 emergency hospital admissions in 2012/13 for 60-74 age band were due to chest pain, lower abdominal pain, headaches or other symptoms, with 12.7% due to cardiovascular disease, 15.0% from respiratory disease, 9% diseases of the digestive system, 11% due to injury or poisoning due to external causes and about 5% each from cancer and diseases of the genitourinary system.

Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 464.7 per 100,000 aged 60-74 in 2010/11-2012/13. Significantly higher for men than women but the trend has been upwards for both. This was significantly higher for the most deprived quintile. The rate of emergency admissions for alcohol related conditions was 2,188 per 100,000.

Emergency admissions for all cardiovascular conditions have been declining with time, but they are significantly higher for males and also significantly higher in the more deprived quintile.

Emergency admissions for gastroenteritis have decreased recently but remain higher for females (173 and 234 per 100,000 for males and females respectively). Admissions are significantly higher in the most deprived quintile (324 and 194 per 100,000 for most and least deprived quintile respectively) and they are significantly higher for the Asian ethnic group (479 per 100,000).

Emergency admissions from lower respiratory tract infections continue to rise. Admissions are significantly higher in the most deprived quintile regardless of gender.

Around 1,741 A&E attendances per year for Dudley residents aged 60-74 for unintentional and deliberate injury and 13.4% resulted in a hospital admission, this increased across the age band from 10% to 20%. Over 45% occurring to people living in the two most deprived quintiles and mainly occur in the home (~54%), public places (~17%) and workplace (~8%).

In 2012/13 approximately, 580 hospital admissions were recorded for accidents in residents aged 60-74. A DSR 1,463.4 per 100,000, in 2009/10-2011/12. There is no gender difference for rate of admissions. Rates were significantly higher in the most deprived quintile of deprivation. 72% of the admissions were for falls, 4% for being struck by an object or a foreign body piercing skin etc, 4.6% from road transport accidents and 10% from poisoning. The rise, due mainly to increases in admissions for falls.

Cervical cancer screening coverage for the 60-64 age band was 70.2% as at 31<sup>st</sup> March 2013, below the national target of 80%. Uptake tends to be lower in the most deprived quintile. The trend for cervical cancer screening has been downwards for the last few years.

Breast cancer screening coverage for the 60-70 age band was 75.6% as at 31<sup>st</sup> March 2013, below the national target of 80%. Uptake declines with age within this group.

Reported number of patients on the dementia register for GP surgeries as a percentage of estimated prevalence for Dudley was 42.1% in 2012/13. It is estimated that Dudley has 644 people aged 65-74 with late onset dementia in 2014.

Based on the 2011 Census 38.4% (38.1% of males and 38.8% of females) of the household population in the 60-74 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

## Disease Prevalence

**N.B.-**All the following disease prevalence's are taken from the Quality Outcomes Framework (QOF) for the **registered** population of Dudley PCT.

QOF data is not broken down by age band, though some registers only count those above 16 (Obesity), 17 (Diabetes Mellitus), or 18 (Epilepsy, Depression, Chronic Kidney Disease and Learning Disability) years of age. It is also not available for the resident population of an area as it is based upon GP practice submissions.

Only those recorded on a practices disease register are shown, these figures contain no estimates for undiagnosed prevalence in the population.

Table 27: Quality and Outcomes Framework (QOF) disease prevalence, Dudley 2012/13

QOF Disease Group Reported prevalence (All ages unless otherwise stated)	Prevalence 2012/13				Trend
	Dudley		Midlands and East Commissioning region	National	
	%	Number on register	%	%	
Coronary Heart Disease Reported Prevalence	4.1	12,968	3.4	3.3	↘
Left Ventricular Dysfunction Reported Prevalence	0.5	1,447	0.4	0.4	→
Stroke and Transient Ischaemic Attack Reported Prevalence	2	6,251	1.7	1.7	→
Hypertension Reported Prevalence	17.3	54,606	14.3	13.7	↗
Diabetes Reported Prevalence Aged >=17	6.5	14,961	6.3	6.0	↗
Chronic Obstructive Pulmonary Disease Reported Prevalence	1.8	5,606	1.7	1.7	↗
Epilepsy Reported Prevalence Aged >=18	0.9	2,185	0.8	0.8	→
Hypothyroidism Reported Prevalence	4.0	12,709	3.4	3.2	↗
Cancer Reported Prevalence	2.2	6,808	2.0	1.9	↗
Mental Health Reported Prevalence	0.7	2,283	0.8	0.8	→
Asthma Reported Prevalence	6.2	19,671	6.2	6.0	↗
Heart Failure Reported Prevalence	0.8	2,644	0.8	0.7	↘
Palliative Care Reported Prevalence	0.3	832	0.2	0.2	↗
Dementia Reported Prevalence	0.5	1,717	0.6	0.6	→
Chronic Kidney Disease Reported Prevalence Aged >=18	6.1	15,172	4.6	4.3	↗
Atrial Fibrillation Reported Prevalence	1.9	6,091	1.6	1.5	↗
Obesity aged Reported Prevalence >=16	14.0	36,140	11.2	10.7	↗
Learning difficulties Reported Prevalence Aged >=18	0.5	1,275	0.5	0.5	→
Depression Aged >=18	5.5	13,804	6.0	5.8	*

Table 28: Actual vs modelled prevalence for 2012/13

	2012/13			
Disease	Dudley QOF prevalence register* <sup>98</sup>	Modelled prevalence register <sup>99</sup>	Percentage ratio Dudley	Percentage ratio National (2008/09)
CHD	12,968	11,899	109.0	79.7
Hypertension	54,606	80,831	67.6	54.5
Stroke	6,251	6,757	92.5	84.7
Diabetes	16,515	18,341	90.0	88.3
COPD	5,606	6,829	82.1	54.3
Treated Epilepsy	2,185	2,215	98.7	87.5
Asthma	19,671	28,870	68.1	64.5

### Economic

People aged 60 to 64 are the least likely within the working age populous to be in receipt of Jobseeker's Allowance, with just 1.1% of the age group claiming as of January 2014; the fact that people are reaching retirement ages and not seeking work should also be taken into account when considering the low claimant rate amongst those aged 60 to 64. While this may suggest a certain degree of employment stability, and the percentage of claimants is small, it has remained at the level seen during the recessionary period whereas the proportion has decreased for other age groups.

### Crime

From 55 years onwards victimisation showed a general reduction with age, and had fallen below the borough average; there is a continued general decrease up to around 70 years old. Criminal damage, burglary and vehicle crime are the leading crime types, with levels of each tailing off as age increases.

<sup>98</sup> Data from NHS Comparators

<sup>99</sup> Data not available from NHS Comparators therefore based on the APHO COPD prevalence projections v4

## Carers

Many older carers are also looking after partners or elderly relatives. There may be a mutual dependency, but they need continuing Community Support to maintain their independence and prevent or delay the need for more intensive services.

Dudley Adult Social Care Carer's Network had 3,400 members in 2012-13 and during the year 7,500 newsletters were delivered with 1,000 carer's and organisations receiving fortnightly e-bulletins.

Feedback from the 2011-12 national carers' survey found that carer's in Dudley reported a higher quality of life compared to carer's in other West Midlands areas.

## WHAT DO WE KNOW ABOUT CURRENT SERVICES?

### HEALTHY LIVING

#### Tobacco Control

In 2012/13, 664 people aged 60-74 accessed the Dudley Stop Smoking Service (DSSS). 32% of these were from the most deprived quintile. 59% of those accessing the service had 4 week quit success.

### ADULT SOCIAL CARE

Adult Social Care receives on average 33 requests for an assessment every day, the majority of which will be for older people. We anticipate that the Care Bill legislation will see this rise in the coming years.

Peoples' satisfaction with Adult Social Care Services has been rated at over 90% for the four years that the national Adult Social Care Survey has been run.

#### Information Resources and Sign-posting

Resources include the Dudley website, particularly the Community Information Directory. In 2012/13 the Directory had 103,712 visits from 9,000 people in comparison to 14,336 visits the previous year.

Local Healthwatch has been providing an information and signposting facility for local people since April 2013. Dudley Healthwatch has already played a key role in the delivery of the Adult Social Care Local Account and will increasingly be able to offer a voice for the people of Dudley in the delivery of Health and Social Care in the borough.

E-learning programmes include: - 'Carer Aware' 'Young Carer Aware', 'Autism Aware', 'Introduction to Adult Social Care' and 'Safeguarding Adults in Dudley'. They provide training and are a rich source of information about services and resources that can assist people in meeting their care and support needs.

Three Dementia Gateways is available, including the refurbished Crystal Gateway on Brettle Lane, are available to support people with dementia and their carer's. The centres support 1,300 people with a diagnosis of dementia, 770 of whom are supported through universal services. 915 carers are also supported by the service.

Additionally, the council supports the Alzheimer's Society to provide support services, including Alzheimer's Cafes and information and education for people who have or care for people with dementia.

1,895 people made contact with the Hospital Social Worker Access team during 2012/13 with 616 (33%) being new clients. On average 36 people a week needed an assessment.

Disability in Action (DIA) is a user-led organisation which helps local people to have increased choice and control on how they access information and advice. It is made up of people who use services and is based at the council's Queens Cross Network. DIA provides peer support, signposting and advocacy, to disabled people, helping them to access a wide range of community-based activities.

The Adult Community Enablement Team (ACET) provides similar support for older people. They help people to find activities and organisations that suit their interests and hobbies and offer a more fulfilling quality of life for people who feel isolated and vulnerable.

### **Intermediate Care**

Occupational Therapy completed 3,211 assessments during 2012-13, equivalent to 12.4 per working day. 47% by the Quick response team, 31% by the long term team and 23% by the ALC team.

### **Hospital Delays in Discharge**

Delayed transfers of care attributable to Social Care averaged at 14 per month in 2012-13 compared to 32 a month the previous year. In the first half of 2012-13 there were 6.9 delayed transfers from hospital at discharge per 100,000 population (aged 18+) in Dudley (National 9.7). Those attributed to adult social care were 3.5 per 100,000 population in Dudley (National, 2.7). These rates for Dudley have reduced over the last three years.

### **Community Equipment**

Over 8,000 Dudley people currently receive telecare call service. Dudley Telecare is also looking at innovative ways to support people with dementia to be as independent as possible as part of the Dementia Gateway framework.

6,798 individuals received this equipment during 2012-13 with 19,316 items issued at an average cost of £158 per person. 68% of people who use this service did not go on to receive another mainstream service during the period.

In December 2013 Dudley Telecare services received the highest level of accreditation when they were assessed as being a platinum service by the national telecare industry body. The service also supports sheltered housing schemes and telehealth (local NHS organizations). The gadget gateway scheme enables people to find information about the different Telecare products on a web portal as well as enabling feedback and search facilities.

11,737 items of equipment have been issued by Community Equipment Store for Social Care clients during 2012-13 to 3,762 individuals. The average cost of equipment per client was £147.55

## Preventative and Supporting Services

Adult Social Care provide re-ablement/intermediate care services and provided 2,587 services during 2012-13 with 1,948 being community based and 639 in a residential setting. Three homes provide the residential intermediate support and there were 639 admissions in 2012/13. Current activity is focused around scoping the use of the beds to ensure maximum benefit for people who use them.

The living well, feeling safe services, is a partnership with the Council and other statutory and voluntary services working to support vulnerable and older people to keep well, safe and secure in their own homes. During 3 community events in 2012-13 3,316 homes were contacted and provided safety and security advice. 1,246 people were signposted to other services and 245 people visited community HUBs to gain advice from preventative services.

The Falls Service is one of our key preventative services with demand steadily rising from 678 referrals in 2010-11, 978 in 2011-12 and 985 in 2012-13. The Dudley Community Falls Service provided 1,240 services during 2012-13 (373 equipment, 603 advisory & 264 home safety services) and were used by 756 individuals at an average cost of £288. 71% of people using this service did not go on to receive another mainstream service during the period.

The First on scene pilot has seen telecare staff trained by West Midlands Ambulance Service to provide an initial response to people who have fallen. During 2012/13 495 visits were carried out and action taken that saved 423 call outs by paramedics.

There are currently 3 extra Care Housing schemes commissioned by the council to provide individual apartments for people who want extra support with daily living. This will enable them to receive more intensive care in their homes if they become frailer. In addition there are 11 sheltered housing schemes across the borough with 356 units available during 2012-13.

Carer's support – a range of information is available to carer's through the grant funded carer's network which provides a key information and advice service. A fortnightly e-bulletin is produced and a postal newsletter three times a year. During 2012/13, 1,000 carer's received the e-bulletin and 4,500 newsletters were delivered. A number of groups also support carer's in specific service areas e.g. mental health. Carer's are entitled to Social Worker assessment and the new care bill will extend this to include eligible services arising from that assessment. On the council internet site there is an e-learning and resource package 'Carer Aware' for workers, carer's and people who use services. All library staff have undertaken this to enable them to support people who access information in the libraries.

Carer's are enabled to access specialist support via the DMBC Carer's coordinator and the Carer's advisor based at DGH.

Community Centres – DACHS supports 31 Community Centres across the Borough. The centres are managed by voluntary sector organisations usually in the form of community associations. A wide range of activities are available for older people in Dudley such as Friendship groups, coffee mornings, bingo sessions and social activities such as trips and dancing. While some of the centres operate Youth Groups and playgroups the largest use of the centres is made by older members of the communities.

Approximately 150 schemes received grant funding support from the council in 2012/13 with funding ranges from £500 to £213,750. Approximately 10,000 people use these services.



Where residential care is recommended as a result of the assessment, there are older people's homes (4) run by the council and a further 70 units run by private, voluntary and independent sector providers in the borough where local authority funded placement are made.

If domiciliary care is required, the council has contracts with 18 private and independent home care providers. There is a service currently run by the council which focuses on reablement, mental health and end of life care specialist areas.

In order to develop the range of provision and choice available to people, the council has a project to support the development of social care micro providers (organisations with 5 or fewer workers). Currently there are approximately 30 organisations either operating or developing as a result to this project.

Advocacy services are commissioned in the borough (Dudley Advocacy service, Dudley Voices for Choice and NHS Complaints advocacy through POhWER) for people who use services. The first two are primarily used by people with learning disabilities and mental health issues.

## Housing

Dudley Home Improvement Service for all vulnerable home owners to enable them to continue to live independently in warm, safe, secure and well maintained homes through their repair, improvement or adaptation. The services provide advice, support and practical and financial assistance and works closely with other professional service providers to achieve the best outcome to meet the client's needs.

Support services across all tenures are provided to residents with a range of needs to enable them to sustain their current accommodation through the provision of advice and support.

Homelessness Service is provided for any resident who has become homeless or is at risk of losing their home. The service is focused on prevention, but also works with partners to meet the needs of people who are already rough sleeping and people who are leaving hospital or other residential setting with no suitable home to return to.

Private Sector Housing Services improving housing and management standards in the private rented sector. Enabling residents in housing need access and maintain a tenancy in this sector through advice, information and access to a range of appropriate schemes.

The investigation of allegations of noise nuisances and anti social behaviour arising from residential properties are carried out to protect the public and to remove unwanted stressors from the home environment.

## Libraries

27.6% of library users aged 16 or over are from this age group.

The Home Library Service (HLS) provides a library service to those who are unable to visit a library, or live in care/residential homes. The most recent user survey suggests that 12% of users are from this age group.

Although we are unable to split by age, 93.4% of all Home Library Service borrower state they have mobility problems, 41.5% state they have eyesight problems, 37.3% have hearing problems and 30.7% have difficulties with dexterity.

The HLS made 65,573 issues during 2012/13 which included Talking Books and large print editions.

The HLS provides a library service to those who are unable to visit a library, or live in care/residential homes. The most recent user survey suggests that 12% of users are from this age group.

### **Adult Learning**

23% of all adult learners are in the 60+ age bracket, they are participating in a wide variety of classes.

## AGEING RETIREMENT

Questions for commissioners, what progress has been made since the last JSNA?

Question	Progress
The number of people with dementia is increasing, are services sufficient to help people maintain their independence as long as possible?	Dudley CCG working jointly on the healthy neighbourhoods programme. The CCG is also working with the Office of Public Health to tackle poor access by people with mental illness to public health interventions. A review of mental health services is being carried out by the CCG in conjunction with local mental health services and the police.
Mortality from stroke and hypertensive diseases in Dudley are higher than nationally. How effective is the Stroke Care Pathway?	Primary and Secondary services in Dudley are good. Regionally services are being redesigned which should further improve the situation.
Mortality from breast cancer in the 75+ age band for Dudley is significantly higher than national. The national breast screening programme runs to age 70 and uptake for this age band in Dudley is below the 80% target	The Area Team has undertaken an options appraisal which identified concerns on variations in breast cancer screening and clinical outcomes. Uptake is below the minimum standard and the trend is declining, therefore the Area Team will complete an open procurement exercise during 2014/15 with the aim of addressing the variations, improving uptake and other quality measures.
Mortality from respiratory diseases in Dudley is significantly higher than national. Lower respiratory tract infection is the major contributing condition to this rise.	Uptake for 13/14 for influenza vaccination remained in line with areas previous achievements except for pregnant women, where uptake dropped by 0.9%. Influenza vaccination of 2 and 3 year olds started in 13/14 and will be extended to 4 year olds in 14/15. The Fluenz programme for children in secondary school across Dudley in years 7 and 8 is being introduced after the pilot demonstrated positive results. A community pharmacy flu vaccination pilot is being negotiated to increase patient choice. The current DES only allows for pneumococcal payments for 6 month of the year (the flu season). The Area Team have made arrangements for these payments to be available all year round.
Hospital admissions from falls and fall injuries are significantly higher than national in the 75+ in Dudley	The Dudley falls prevention pathway has been developed in line with NICE guidance. Some elements of the pathway have undergone change, simplifying access and increasing throughput, and are under review. The focus is also shifting to focus on primary prevention of falls and increasing awareness. A needs assessment is currently being undertaken.

## HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

**Age 75 to 79 years** – The 2012 mid-year population estimate is 11,741

**Age 80 to 84 years** – The 2012 mid-year population estimate is 8,682

**Age 85 to 89 years** – The 2012 mid-year population estimate is 4,785

**Age 90+ years** – The 2012 mid-year population estimate is 2,421

**Ethnicity** – The 2011 Census reports 2.8% BME in this age group (1.6% Asian, 0.2% mixed, 0.7% black, and 0.2% other)

**Deprivation** – 20.6% of this age band (~5,500) live in the most deprived quintile of deprivation<sup>100</sup>.

The proportion of Dudley Borough residents aged 65 and over is higher than regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally).

## WHAT IS THEIR HEALTH STATUS?

### AGE 75+

#### Mortality

The directly standardised mortality rate for the 75+ age band for 2006-2012 was 7,357 per 100,000 for Dudley and 7,215 for England & Wales. This equated to 1,998 deaths in 2012. Nearly 34% of deaths are from circulatory diseases. Deaths in this age band are significantly higher for males. The other main causes of death are from cancers (21.7%), respiratory diseases (16.1%) and digestive diseases (3.4%). Nearly 23% of the deaths occurred in the most deprived quintile of deprivation.

Mortality from lung cancer has declined for males over the last 20 years, but still remains significantly higher than the mortality rate for females, despite the increase in deaths from lung cancer in females. Dudley is in line with England and Wales. Mortality in females is significantly higher in the most deprived quintile, but no significant effect of deprivation can be seen in males.

Mortality from breast cancer in Dudley (218.5 per 100,000) is significantly above the rate for England and Wales (172.9 per 100,000). There is no significant effect of deprivation on breast cancer mortality.

Mortality from stomach cancer in Dudley has declined (77.1 per 100,000) but it still remains above the rate for England and Wales (58.4 per 100,000). No significant effect of deprivation.

Mortality rate for stroke in Dudley is above the rate for England and Wales for both genders, though the gap has been closing over time. There is no clear impact of deprivation, but mortality rates are significantly high in St. Andrews, St. James and Netherton & Woodside.

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<sup>100</sup> Department of Communities & Local Government Indices of Deprivation 2010

Mortality rate for hypertensive disease in males and females from Dudley has remained significantly higher than for England and Wales (123.6 per 100,000, 72.4 per 100,000 respectively).

Mortality rate for respiratory diseases in Dudley is now significantly higher than for England and Wales (1,320.5 per 100,000, 1,189.9 per 100,000 respectively). The mortality rate is significantly higher in the most deprived quintile. Mortality rates are significantly high in St. Andrews, St. James, Netherton & Woodside, Lye & Wollescote and Brockmoor & Pensnett.

Excess winter deaths index (EWDI) for the 85+ age band in Dudley over the period 2009/10-2011/12 was significantly higher than that reported for England (28.9%, 22.6% respectively). The major contributory diseases when EWDI is high are lung cancer, stroke and COPD.

### Hospital Admissions

19.8% of the 10,072 emergency hospital admissions in 2012/13 for 75+ age band were due to chest pain, lower abdominal pain, headaches or other symptoms, with 13.1% due to cardiovascular disease, 17.0% from respiratory disease, 6.9% diseases of the digestive system, 13.4% due to injury or poisoning due to external causes and 10.0% from diseases of the genitourinary system.

Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 208.3 per 100,000 aged 75+ in 2010/11-2012/13. Significantly higher for men than women but the trend has been upwards for both. This was significantly higher for the most deprived quintile. The rate of emergency admissions for alcohol related conditions was 4,852.5 per 100,000.

Emergency admissions for all cardiovascular conditions have remained steady, and they are significantly higher for males and also significantly higher in the more deprived quintile. Emergency admissions for angina and heart failure are significantly higher in the Black and Asian ethnic groups.

Emergency admissions for diabetes have increased in the last 3 years. There is now a deprivation gradient and emergency admission rates are significantly higher in the Asian, Black and Chinese and other ethnic groups.

Emergency admissions for gastroenteritis have remained static in recent years. Admissions are significantly higher in the most deprived quintile.

Emergency admissions have remained relatively constant for COPD, but there is a very clear and significant deprivation gradient, with rates higher in the most deprived quintile. Emergency admissions from lower respiratory tract infections have increased significantly for both males and females. Admissions are significantly higher in the most deprived quintile regardless of gender and they are significantly higher in the Asian group.

Around 1,111 A&E attendances per year for Dudley residents aged 75+ for unintentional and deliberate injury and 28.7% resulted in a hospital admission, this increased across the age band from 21% to 42%. Over 45% occurring to people living in the two most deprived quintiles and mainly occur in the home (~70%) or public places (~12%).

There were approximately 1350 hospital admissions in 2012/13, for accidents in the Dudley resident population aged 75 year and over. The DSR was 5,096.7 per 100,000 in 2009/10-2011/12. There is a significantly higher rate of admissions for

accidents in females. Rates were significantly higher in the most deprived quintile of deprivation. Nearly 89% of the admissions were for falls (90% for females), 2.7% from road transport accidents and 2.9% from poisonings. The rise is due mainly to increases in admissions for falls.

Reported number of patients on the dementia register for GP surgeries as a percentage of estimated prevalence for Dudley was 41% in 2012/13. It is estimated that Dudley has 3,594 people aged 75+ with dementia in 2014.

### Immunisations

In Dudley 2012/13 seasonal flu vaccination uptake was lower than England in the over 65 age band (Dudley 72.7%, England 2012/13, 73.4%).

Pneumococcal vaccine uptake was 69% in Dudley in 2012/13 slightly higher than that recorded for England (69.1%).

### Health Care Acquired Infections

*C.difficile* has been reducing since 2007/08. 106 cases were reported in the Dudley responsible population in 2012/2013. Rates increase with the age of patient. Dudley (34.6 per 100,000) has higher rates than those reported for England (27.7 per 100,000) in 2012/13.

### End of Life Care

In 2010-2012 Dudley has an average rate of 21% deaths at home (England, 21.5%) and 18.4% deaths in care homes (England, 19.6%).<sup>101</sup>

Dudley had a higher percentage of terminal emergency admissions (92.7%), than England (89.7%) in 2010/11. The percentage of deaths where the underlying cause were respiratory disease, renal disease or Alzheimer's, dementia and senility are all significantly higher than the England average<sup>102</sup>.

### Disabilities

25,300 people aged 75 or over in the Dudley area consider themselves to have a long term health problem or disability. Of these, 40% (10,100) believe that their day to day activities are limited a lot<sup>103</sup>.

### Crime

Around age 70 the level of victimisation rises slightly, but by no means to the degree experienced for the peak ages. As age increases, so does the proportionality of burglary, reflecting the onset of distraction burglary. With the exception of 2 offences, all distraction breaks were committed against Dudley's older population, the eldest of which was 94 years old. Theft other was the top offence for this age group, with lead flashing, fence panels and garden ornaments in particular being reported stolen.

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<sup>101</sup> <http://www.endoflifecare-intelligence.org.uk/profiles/CCGs>

<sup>102</sup> <http://www.endoflifecare-intelligence.org.uk/view?rid=560>

<sup>103</sup> Census 2011 data (NOMIS)

## Carers

Many older carers are also looking after partners or elderly relatives. There may be a mutual dependency, but they need continuing Community Support to maintain their independence and prevent or delay the need for more intensive services.

Dudley Adult Social Care's Carer's Network had 3,400 members in 2012/13 and during the year 7,500 newsletters were delivered with 1,000 carer's and organizations receiving fortnightly e-bulletins.

Feedback from the 2011/12 national carers' survey found that carer's in Dudley reported a higher quality of life compared to carer's in other West Midlands areas.

## WHAT DO WE KNOW ABOUT CURRENT SERVICES?

### HEALTHY LIVING

#### Tobacco Control

In 2012/13, 56 people aged 75+ accessed the Dudley Stop Smoking Service (DSSS). Over 62.5% of these were from the two most deprived quintile groups. 66.1% of those accessing the service had 4 week quit success.

#### Adult Social Care

Adult Social Care receives on average 33 requests for an assessment every day, the majority of which will be for older people. We anticipate that the Care Bill legislation will see this rise in the coming years.

Peoples' satisfaction with Adult Social Care Services has been rated at over 90% in every year since the National Adult Social Care Survey began in 2010

#### Falls Service

The Dudley Community Falls Service provided 1,240 services during 2012/13 (373 equipment, 603 advisory & 264 home safety services) and were used by 756 individuals at an average cost of £288. 71% of people using this service did not go on to receive another mainstream service during the period.

#### Preventative Services

Dudley's Dementia Gateways service, in partnership with NHS Dudley, supported 900 people during 2012/13 who have been diagnosed with dementia. It provides a clear and improved pathway of care and support.

#### Residential Care

While not exclusive to people aged over 75, Dudley has a relatively high proportion of older people permanently admitted into care homes compared to the national average.<sup>104</sup>

Work is in progress on the third extra care housing scheme in the borough. Developed with social housing provider Midland Heart, the scheme will offer 120 bed-

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<sup>104</sup> Adult Social Care Outcomes Framework, Indicator 2Aii, 2012-13



roomed apartments at Slade Lane, Cradley when completed in 2015. This follows the success of the two existing extra care housing schemes at Russell's Hall and Coseley. Local people have told us that extra care housing offers Dudley's older population an opportunity to lead an active and independent lifestyle, while having help and support on site if and when required.

### **Libraries**

10% of library users aged 16 or over are from this age group. However, Dudley's Home Library Service (HLS) served 696 people during 2012-13. Of these, 88.6% fall into this age group and can be broken down as follows: 19.6% are aged 70-79 years, 45.5% are aged 80-89 years and 23.5% are aged 90 years +.

The Home Library Service provides a library service to those who are unable to visit a library, or live in care/residential homes. The most recent user survey suggests that 87% of users are from this age group.

Although we are unable to split by age, 93.4% of all Home Library Service borrower state they have mobility problems, 41.5% state they have eyesight problems, 37.3% have hearing problems and 30.7% have difficulties with dexterity.

The HLS made 65,573 issues during 2012-13 which included Talking Books and large print editions.

Libraries also run reminiscence sessions which aid recall and stimulate discussion which are held in dementia gateways and care homes. Centre staff are further encouraged to use these collections in libraries.

The Dudley Community Information Directory provides information for people seeking to organise their own care and support network.

### **Adult Learning**

23% of all adult learners are in the 60+ age bracket, they are participating in a wide variety of classes.

### **Environmental Health and Trading Services**

Environmental Health Officers inspect care homes, nursing homes and hospitals for food hygiene compliance. There are approximately 128 care/nursing homes in borough, all at least achieve minimum of broad compliance with food hygiene legislation.

Food poisoning notifications for all ages are investigated and appropriate hygiene advice given to prevent recurrence; this includes elderly people who are more vulnerable.

Health and safety enforcement in residential homes includes inspections, complaint and accident investigations, and requests for advice. Preventing falls in residents is a priority when such premises are visited for intervention.

Investigating accidents to members of the public in premises enforced by the local authority, e.g. residential homes, shopping centres.

Trading standards investigate complaints and deal with rogue traders & cold callers. "Who's after your money" is a new advice booklet and training package launched in partnership with Dudley's community safety partnership and West Midlands Police to

raise awareness of doorstep scams and outline services offered. Since September 2010 the training package has been delivered to in excess of 600 delegates.

The “Fix a Home” Trader Approval Scheme supports vulnerable groups including the elderly by ensuring access to trusted traders, operated in partnership with Age UK Dudley. As at March 2013 there were 130 members and 92% of customers were satisfied with the service they received.

#### **End of Life Care**

Dudley has a joint LA/Health palliative care team enabling people to return or remain at home receiving care at the end of their life.

21,723 hours of palliative care were provided during 2012/13 used by 326 people.

# APPENDIX 1 – HEALTH AND WELLBEING OUTCOMES FRAMEWORK SPINECHART

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

### Source

Public Health outcomes framework

NHS outcomes framework

Adult social care outcomes framework

### Spine chart explanation:

National average

Dudley LA peers

Worst Best

25th Percentile 75th

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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*	
Overarching	0.1i males		62.8	63.4	52.5		70.0	<span style="color: blue;">●</span>	
	0.1i females		64.7	64.1	55.5		71.0	<span style="color: blue;">●</span>	
	0.1ii males		78.9	79.2	74.0		82.1	<span style="color: blue;">●</span>	
	0.1ii females		83.0	83.0	79.5		85.9	<span style="color: blue;">●</span>	
	0.2ii Females	Number of upper tier local authorities for which the local slope index of inequality in female life expectancy (as defined in 0.2iii) has decreased (Number)			73.0				<span style="color: blue;">●</span>
	0.2ii Males	Number of upper tier local authorities for which the local slope index of inequality in male life expectancy (as defined in 0.2iii) has decreased (Number)			73.0				<span style="color: blue;">●</span>
	0.2iii males	Slope index of inequality in male life expectancy at birth within English local authorities, based on local deprivation deciles within each area 2010 - 12 (Ratio)		9.5		3.9		16.0	<span style="color: blue;">●</span>
	0.2iii females	Slope index of inequality in female life expectancy at birth within English local authorities, based on local deprivation deciles within each area 2010 - 12 (Ratio)		5.8		1.3		11.4	<span style="color: blue;">●</span>
	1bi	Life expectancy at 75, males 2010-12 (Years)		11.4	11.5	10.0		13.6	<span style="color: blue;">●</span>
	1bii	Life expectancy at 75, females 2010-12 (Years)		13.3	13.3	11.6		15.9	<span style="color: blue;">●</span>
	4.03 Males	Mortality rate from causes considered preventable (Males) 2010-12 (Rate per 100,000 population)	1096	250.3	238.4	430.9		164.9	<span style="color: grey;">●</span>
	4.03 Females	Mortality rate from causes considered preventable (Females) 2010-12 (Rate per 100,000 population)	621	133.7	140.6	253.9		94.7	<span style="color: grey;">●</span>
	4.03 Persons	Mortality rate from causes considered preventable (Persons) 2010-12 (Rate per 100,000 population)	1717	190.3	187.8	340.5		136.2	<span style="color: blue;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

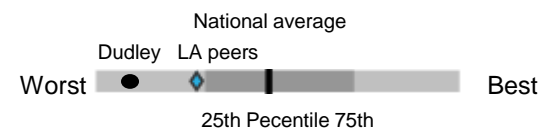
Source

**Public Health outcomes framework**

**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:



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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Overarching	4.04i Males	460	114.0	114.0	204.4		79.3	
	4.04i Females	198	47.5	50.1	88.4		28.6	
	4.04i Persons	658	80.3	81.1	144.7		55.7	<span style="color: blue;">●</span>
	1.1 Persons		74.2	77.7	130.0		35.7	<span style="color: blue;">●</span>
	4.04ii Males	443	54.1	53.5	95.2		29.3	
	4.04ii Females	102	24.7	27.6	54.4		15.0	
	4.04ii Persons	443	54.1	53.5	95.2		29.3	<span style="color: blue;">●</span>
	4.05i Males	713	176.5	163.6	238.9		122.8	
	4.05i Females	573	136.4	130.8	181.3		105.3	
	4.05i Persons	1286	155.9	146.5	207.3		113.5	<span style="color: blue;">●</span>
	4.05ii Males	405	100.1	92.7	154.4		53.1	
	4.05ii Females	320	76.0	77.9	121.4		54.6	

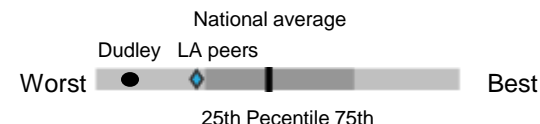
## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

### Source

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

- Public Health outcomes framework
- NHS outcomes framework
- Adult social care outcomes framework

### Spine chart explanation:



Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Overarching	4.05ii Persons Mortality rate from all cancers that is considered preventable in Persons less than 75 years of age 2010-12 (Rate per 100,000 population)	725	87.7	84.9	134.9		53.8	<span style="color: blue;">●</span>
	4.06i Males Mortality rate from liver disease in Males less than 75 years of age 2010-12 (Rate per 100,000 population)	131	31.8	23.7	58.4		13.0	
	4.06i Females Mortality rate from liver disease in Females less than 75 years of age 2010-12 (Rate per 100,000 population)	77	18.8	12.6	25.0		6.9	
	4.06i Persons Mortality rate from liver disease in Persons less than 75 years of age 2010-12 (Rate per 100,000 population)	208	25.2	18.0	41.6		10.3	<span style="color: red;">●</span>
	1.3 Persons Under 75 mortality rate from liver disease 2012 (Rate per 100,000 population)		27.4	17.7	40.9		3.1	<span style="color: red;">●</span>
	4.06ii Males Mortality rate from liver disease that is considered preventable in Males less than 75 years of age 2010-12 (Rate per 100,000 population)	121	29.3	21.1	54.9		10.8	
	4.06ii Females Mortality rate from liver disease that is considered preventable in Females less than 75 years of age 2010-12 (Rate per 100,000 population)	69	16.8	10.6	21.4		6.3	
	4.06ii Persons Mortality rate from liver disease that is considered preventable in Persons less than 75 years of age 2010-12 (Rate per 100,000 population)	190	23.0	15.8	38.2		9.0	<span style="color: red;">●</span>
	4.07i Males Mortality rate from respiratory diseases in Males less than 75 years of age 2010-12 (Rate per 100,000 population)	164	40.8	39.6	92.1		24.6	
	4.07i Females Mortality rate from respiratory diseases in Females less than 75 years of age 2010-12 (Rate per 100,000 population)	119	28.4	27.9	71.5		12.6	
	4.07i Persons Mortality rate from respiratory diseases in Persons less than 75 years of age 2010-12 (Rate per 100,000 population)	283	34.5	33.5	81.6		20.5	<span style="color: blue;">●</span>
	1.2 Persons Under 75 mortality rate from respiratory disease 2012 (Rate per 100,000 population)		29.3	32.7	81.6		7.2	<span style="color: blue;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

Source

**Public Health outcomes framework**

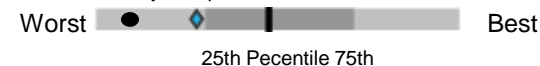
**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:

National average

Dudley LA peers



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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*	
Overarching	4.07ii Males	78	19.3	20.1	50.4		10.6		
	4.07ii Females	58	13.9	15.2	40.2		7.3		
	4.07ii Persons	136	16.5	17.6	45.0		7.9	<span style="color: blue;">●</span>	
	4.08 - Males								
	4.08 - Females								
	4.08 - Persons							<span style="color: blue;">●</span>	
	4.14i	Emergency admissions for fractured neck of femur in persons aged 65 and over 2012/13 (Rate per 100,000 population)	370	596.6	568.1	808.4		403.1	<span style="color: blue;">●</span>
	4.14ii	Emergency admissions for fractured neck of femur in persons aged 65-79 2012/13 (Rate per 100,000 population)		249.4	237.3	401.7		121.8	<span style="color: blue;">●</span>
	4.14iii	Emergency admissions for fractured neck of femur in persons aged 80 and over 2012/13 (Rate per 100,000 population)		1603.2	1527.6	2150.0		1107.7	<span style="color: blue;">●</span>
	4.15i	Excess winter deaths single year all ages Aug 11 - Jul 12 (Ratio)	116	12.7	16.1	30.7		2.1	<span style="color: blue;">●</span>
	3.05ii	Incidence of Tuberculosis 2010-12 (Rate per 100,000 population)		10.5	15.1	112.3		0.0	<span style="color: green;">●</span>
	1a males	Potential Years of Life Lost from causes considered amenable to healthcare (males) 2012 (Rate per 100,000 population)		2490.6	2556.2	4581.8		0.0	<span style="color: blue;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

Source

**Public Health outcomes framework**

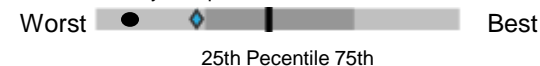
**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:

National average

Dudley LA peers



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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Overarching	1a females Potential Years of Life Lost from causes considered amenable to healthcare (females) 2012 (Rate per 100,000 population)		2122.1	2063.2	3368.2		547.8	<span style="color: red;">●</span>
	1.4i One-year survival from all cancers (%)			68.2				<span style="color: blue;">●</span>
	1.4ii Five-year survival from all cancers (%)			47.9				<span style="color: blue;">●</span>
	1.4iii One-year survival from colorectal cancer (%)			69.5				<span style="color: blue;">●</span>
	1.4iv Five-year survival from colorectal cancer (%)			51.4				<span style="color: blue;">●</span>
	1.7 Premature mortality for people with a learning disability (TBC)							<span style="background-color: grey; color: grey;">●</span>
Healthy Children	1.01i Children in poverty (all dependent children under 20) 2011 (%)	15005	22.1	20.1	46.1		2.9	<span style="color: red;">●</span>
	1.01ii Children in poverty (under 16s) 2011 (%)	13095	22.8	20.6	43.6		2.8	<span style="background-color: grey; color: grey;">●</span>
	1.02ia School Readiness: The percentage of children achieving a good level of development at the end of reception 2012/13 (%)	1928	51.1	51.7	27.7		69.0	<span style="color: red;">●</span>
	1.02ib School Readiness: The percentage of children with free school meal status achieving a good level of development at the end of reception 2012/13 (%)	261	33.9	36.2	17.8		60.0	<span style="background-color: grey; color: grey;">●</span>
	1.02iaa School Readiness: The percentage of Year 1 pupils achieving the expected level in the phonics screening check 2012/13 (%)	2467	68.0	69.1	58.8		79.0	<span style="background-color: grey; color: grey;">●</span>
	1.02iab School Readiness: The percentage of Year 1 pupils with free school meal status achieving the expected level in the phonics screening check 2012/13 (%)	400	52.4	55.8	37.2		70.9	<span style="background-color: grey; color: grey;">●</span>



## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

Source

**Public Health outcomes framework**

**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:

National average

Dudley LA peers



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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*	
Healthy Children	1.03 Pupil absence 2012-13 (%)		5.6	5.3	6.3		3.6	<span style="color: red;">●</span>	
	1.04 First time entrants to the youth justice system 2013 (Rate per 100,000 population)		384.5	440.9	846.5		171.0	<span style="color: green;">●</span>	
	1.05 16-18 year olds not in education employment or training 2013 (%)		5.9	5.3	9.8		1.8	<span style="color: red;">●</span>	
	2.08 Emotional well-being of looked after children 2012/13 (Score out of 40)		12.8	14.0	9.4		21.5	<span style="color: black;">●</span>	
	2.01 Low birth weight of term babies 2011 (%)		3.4	2.8	5.3		1.6	<span style="color: blue;">●</span>	
	4.01 Infant mortality 2010 - 12 (Rate per 1,000 live births)	50	4.4	4.1	7.5		0.0	<span style="color: blue;">●</span>	
	1.6i Infant mortality 2012 (Rate per 1,000 live births)	19	4.8	4.0	10.5		0.0	<span style="color: blue;">●</span>	
	1.6iii Five year survival from all cancers in children (TBC)				81.3				
	5.5 Admission of full term babies to neonatal care 2011 (%)	165	4.8	6.0	25.1		0.9	<span style="color: green;">●</span>	
	3.2 Emergency admissions for children with Lower Respiratory Tract Infections (LRTIs) 2012-13 (Rate per 100,000 population)		584.1	371.2	745.0		115.9	<span style="color: blue;">●</span>	
	5.6 Incidence of harm to children due to 'failure to monitor' (Number)				1017.0				
	4.8 Children and young people's experience of healthcare (TBC)								

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

Source

**Public Health outcomes framework**

**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:

National average

Dudley LA peers

Worst Best

25th Percentile 75th

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Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Healthy Children	2.06i Excess weight in 4-5 and 10-10 year olds - 4-5 year olds 2012-13 (%)	865	23.6	22.2	32.2		16.1	<span style="color: red;">●</span>
	2.06ii Excess weight in 4-5 and 10-11 year olds - 10 -11 year olds 2012-13 (%)	1244	37.1	33.3	44.2		24.1	<span style="color: red;">●</span>
	4.02 Tooth decay in children aged 5 2011-12 (%)		0.6	0.9	2.1		0.0	<span style="color: green;">●</span>
	2.07ia Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years) 2012-13 (Rate per 10,000 population)	525	94.9	103.8	191.3		61.7	<span style="color: blue;">●</span>
	2.07ib Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-4 years) 2012/13 ()	259	135.6	134.7	282.4		76.0	<span style="color: grey;">●</span>
	2.07ii Hospital admissions caused by unintentional and deliberate injuries in young people (aged 15-24) 2012-13 (Rate per 10,000 population)	433	115.6	130.7	277.3		63.8	<span style="color: blue;">●</span>
	3.02ii Males Chlamydia diagnoses Males - CTAD Data 2013 (Rate per 100,000 population)	212	1109.6	1387.5	4262.0		599.4	<span style="color: grey;">●</span>
	3.02ii Females Chlamydia diagnoses Females - CTAD Data 2013 (Rate per 100,000 population)	456	2482.8	2633.5	1093.7		6358.2	<span style="color: grey;">●</span>
	3.02ii Persons Chlamydia diagnoses Persons - CTAD Data 2013 (Rate per 100,000 population)	672	1793.3	2015.6	5758.5		840.0	<span style="color: green;">●</span>
	2.04i Under 18 conceptions 2012 (Rate per 1,000 female population aged 15-17)	203	34.6	27.7	52.0		14.2	<span style="color: grey;">●</span>
	2.04ii Under 18 conceptions: conceptions in those aged under 16 2011 (Rate per 1,000 female population aged 13-15)		6.7	6.1	2.2		11.5	<span style="color: grey;">●</span>
	3.03i (1yr olds) Hepatitis B vaccination coverage (one year olds) 2012-13 (%)	4	100.0		40.0		100.0	<span style="color: grey;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

Source

**Public Health outcomes framework**

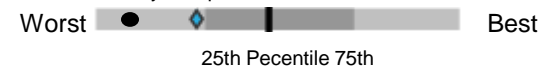
**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:

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Dudley LA peers



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Healthy Children	3.03i (2yr olds) Hepatitis B vaccination coverage (two year olds) 2012-13 (%)	4	100.0		9.1		100.0	
	3.03ii BCG vaccination coverage (aged under 1 year) 2011-12 (%)	518	100.0	96.5	2.1		100.0	<span style="color: green;">●</span>
	3.03iii (1 year olds) DTaP/IPV/Hib vaccination coverage (one year old) 2012-13 (%)	3640	97.4	94.7	79.0		99.0	
	3.03iii (2 year olds) DTaP/IPV/Hib vaccination coverage (two year old) 2012-13 (%)	3569	97.9	96.3	81.9		99.4	
	3.03iv MenC vaccination coverage (one year olds) 2012-13 (%)	3629	97.1	93.9	75.9		98.8	<span style="color: green;">●</span>
	3.03v PCV vaccination coverage (one year olds) 2012-13 (%)	3645	97.5	94.4	78.7		99.0	<span style="color: green;">●</span>
	3.03vi (2 Year olds) Hib/MenC booster vaccination coverage (two year olds) 2012-13 (%)	3467	95.1	92.7	77.0		98.3	
	3.03vi (5 Year olds) Hib/MenC booster vaccination coverage (five year olds) 2012-13 (%)	3363	93.4	91.5	75.7		98.1	
	3.03vii PCV booster vaccination coverage (two year olds) 2012-13 (%)	3522	96.7	92.5	75.1		97.5	<span style="color: green;">●</span>
	3.03viii MMR vaccination coverage for one dose (two year olds) 2012-13 (%)	3502	96.1	92.3	77.4		98.4	<span style="color: green;">●</span>
	3.03ix MMR vaccination coverage for one dose (five year olds) 2012-13 (%)	3427	95.2	93.9	82.1		98.3	<span style="color: green;">●</span>
	3.03x MMR vaccination coverage for two doses (five year olds) 2012-13 (%)	3207	89.1	87.7	68.9		97.0	<span style="color: green;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

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Healthy Children	3.03xi Td/IPV booster vaccination coverage (13-18 year olds) 2011-12 (%)	2893	12.1	11.4	2.7		24.7	<span style="color: green;">●</span>
	3.03xii HPV vaccination coverage (females 12-13 year olds) 2012-13 (%)	1617	92.0	86.1	62.1		96.2	<span style="color: green;">●</span>
Healthy Lifestyles	2.02i Breastfeeding - Breastfeeding initiation 2012-13 (%)	2028	54.1	73.9	40.8		94.7	<span style="color: red;">●</span>
	2.02ii Breastfeeding - Breastfeeding prevalence at 6-8 weeks after birth 2012-13 (%)	1073	28.0	47.2	17.5		83.3	<span style="color: red;">●</span>
	2.03 Smoking status at time of delivery 2012-13 (%)	535	14.3	12.7	30.8		2.3	<span style="color: red;">●</span>
	2.14i Smoking Prevalence 2012 (%)		18.7	19.5	29.8		12.1	<span style="color: blue;">●</span>
	2.14ii Smoking prevalence - routine & manual 2012 (%)		27.7	29.7	44.3		14.2	
	2.12 Excess weight in adults 2012 (%)	565	70.2	63.8	74.4		45.9	<span style="color: red;">●</span>
	2.13i Percentage of physically active and inactive adults - active adults 2013 (%)		46.5	55.6	43.4		71.2	<span style="color: red;">●</span>
	2.13ii Percentage of active and inactive adults - inactive adults 2013 (%)		36.7	28.9	39.2		16.3	<span style="color: red;">●</span>
	2.18 Alcohol related admissions to hospital 2012/13 (Rate per 100,000 population)	2381	777.7	636.9	1120.6		365.0	<span style="color: black;">●</span>
	2.20i Cancer screening coverage - breast cancer 2013 (%)	25493	75.1	76.3	58.2		84.5	<span style="color: red;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

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Healthy Lifestyles	2.20ii Cancer screening coverage - cervical cancer 2013 (%)	56548	73.8	73.9	58.6		83.2	<span style="color: blue;">●</span>
	2.21vii Access to non- cancer screening programmes diabetic retinopathy 2011-12 (%)	10320	72.9	80.9	66.7		95.0	<span style="color: red;">●</span>
	2.22iii Take up of NHS Health Check Programme by those eligible - health check offered 2013/14 (%)	19903	20.9	18.5	0.8		44.4	<span style="color: green;">●</span>
	2.22iv Take up of NHS Health Check programme by those eligible - health check take up of those offered 2013/14 (%)	7867	39.5	49.0	14.6		100.0	<span style="color: red;">●</span>
	2.22v Take up of NHS Health Check programme by those eligible - health check take up 2013/14 (%)	7867	8.2	9.0	0.9		29.1	<span style="color: grey;">●</span>
Healthy Minds	2.10 Self-harm 2011-12 (Rate per 100,000 population)	684	234.3	207.9	542.4		51.2	<span style="color: red;">●</span>
	4.09 Excess under 75 mortality in adults with serious mental illness 2011/12 (Rate per 100,000 population)		342.8	337.4	510.4		124.7	<span style="color: blue;">●</span>
	2.23i Self-reported well- being - people with a low satisfaction score 2012-13 (%)		4.2	5.8	10.1		3.4	<span style="color: red;">●</span>
	2.23ii Self-reported well- being - people with a low worthwhile score 2012-13 (%)		4.6	4.4	8.2		2.9	<span style="color: red;">●</span>
	2.23iii Self-reported well- being - people with a low happiness score 2012-13 (%)		8.9	10.4	15.8		5.5	<span style="color: red;">●</span>
	2.23iv Self-reported well- being - people with a high anxiety score 2012-13 (%)		19.6	21.0	29.0		10.9	<span style="color: blue;">●</span>
	2 Health related quality of life for people with long-term conditions 2012/13 (Number)	1917	0.7	0.7	0.6		0.8	<span style="color: black;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

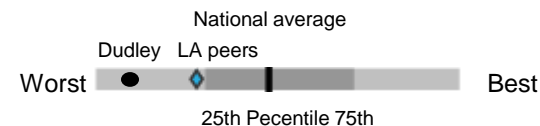
### Source

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NHS outcomes framework

Adult social care outcomes framework

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Healthy Minds	2.4	910	0.8	0.8	0.8		0.9	<span style="color: grey;">●</span>	
	1.06ii Males	500	50.8	53.8	3.1		91.1	<span style="color: grey;">●</span>	
	1.06ii Females	465	46.2	55.5	2.7		94.2	<span style="color: grey;">●</span>	
	1.06ii Persons	600	30.0	58.5	5.5		94.1	<span style="color: red;">●</span>	
	1.08iii		69.2	62.3	75.1		53.1	<span style="color: grey;">●</span>	
	1F	Proportion of adults in contact with secondary mental health services in paid employment 2013-14 (%)		4.4	7.1	1.6		17.5	<span style="color: red;">●</span>
	1.06i Males	Male adults with a learning disability who live in stable and appropriate accommodation 2012/13 (%)	300	70.7	73.2	32.2		97.9	<span style="color: grey;">●</span>
	1.06i Females	Female adults with a learning disability who live in stable and appropriate accommodation 2012/13 (%)	190	68.8	74.0	33.3		97.9	<span style="color: grey;">●</span>
	1.06i Persons	Adults with a learning disability who live in stable and appropriate accommodation 2012/13 (%)	495	70.0	73.5	32.6		96.6	<span style="color: grey;">●</span>
	1H	Proportion of adults in contact with secondary mental health services living independently, with or without support 2013-14 (%)		52.4	60.9	12.6		93.3	<span style="color: red;">●</span>
	2.6i	Estimated diagnosis rate for people with dementia (%)			48.7				<span style="color: grey;">●</span>
	2.6ii	Effectiveness of dementia post-diagnosis care in sustaining independence and improving quality of life (TBC)							<span style="color: grey;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

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### Spine chart explanation:

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Healthy Neighbourhoods	4.7		87.6	85.8	80.9		90.9	<span style="color: grey;">●</span>
	1.10	283	30.1	40.5	665.6		0.0	<span style="color: green;">●</span>
	3.01		5.2	5.1	8.3		3.0	<span style="color: grey;">●</span>
	1.16		14.3	15.3	0.0		41.2	<span style="color: blue;">●</span>
	3.06	2	40.0	59.0	16.7		100.0	<span style="color: blue;">●</span>
	1.12ii	2157	6.9	10.6	69.9		4.1	<span style="color: green;">●</span>
	1.12i	583	62.2	57.6	167.8		9.3	<span style="color: red;">●</span>
	1.12iii	262	0.8	0.8	4.7		0.3	<span style="color: green;">●</span>
	1.13i	548	23.1	26.9	36.3		14.4	<span style="color: green;">●</span>
	1.13ii	1554	0.7	0.8	1.3		0.3	<span style="color: green;">●</span>
	1.14i	1528	4.9	7.5	116.0		1.4	<span style="color: green;">●</span>
	1.14ii	16410	5.2	5.2	28.5		0.0	<span style="color: grey;">●</span>



## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

### Source

**Public Health outcomes framework**

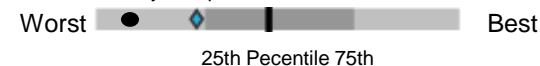
**NHS outcomes framework**

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Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Healthy Neighbourhoods	1.14iii The percentage of the population exposed to road, rail and air transport noise of 55 dB(A) or more during the night- time 2011 (%)	22020	7.0	8.0	42.4		0.0	
	1.15i Statutory homelessness - homelessness acceptances 2012/13 (Rate per 1,000 households)	171	1.3	2.4	11.4		0.2	<span style="color: green;">●</span>
	1.15ii Statutory homelessness - households in temporary accommodation 2012/13 (Rate per 1,000 households)	55	0.4	2.4	33.2		0.0	<span style="color: green;">●</span>
	1.17 Fuel Poverty 2012 (%)	18129	14.3	10.4	21.3		2.4	<span style="color: red;">●</span>
Healthy Services	2.17 Recorded diabetes 2012-13 (%)	16515	6.5	6.0	8.4		3.7	<span style="color: red;">●</span>
	4.11 Males Emergency readmissions within 30 days of discharge from hospital (Male) 2011/12 ( )	2107	12.0	12.1	14.9		8.7	
	4.11 Females Emergency readmissions within 30 days of discharge from hospital (Female) 2011/12 (%)	2180	11.6	11.5	14.7		8.3	
	4.11 Persons Emergency readmissions within 30 days of discharge from hospital (Persons) 2011/12 ( )	4287	11.8	11.8	14.5		7.9	<span style="color: blue;">●</span>
	2.15i Successful completion of drug treatment - opiate users 2012 (%)	89	9.2	8.2	0.0		17.6	<span style="color: blue;">●</span>
	2.15ii Successful completion of drug treatment - non-opiate users 2012 (%)	80	44.0	40.2	0.0		68.4	<span style="color: blue;">●</span>
	2.24i Females Injuries due to falls in people aged 65 and over (Females) 2012/13 (Rate per 100,000 population)	1050	2981.7	2419.9	4041.3		1452.1	
	2.24i Males Injuries due to falls in people aged 65 and over (Males) 2012/13 (Rate per 100,000 population)	481	2009.6	1602.1	2974.8		902.9	

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

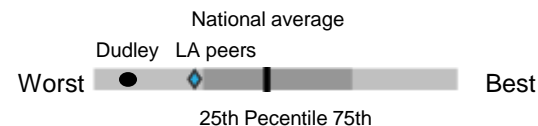
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Healthy Services	2.24i Injuries due to falls in people aged 65 and over (Persons) 2012/13 (Rate per 100,000 population)	1531	2495.6	2011.0	3508.0		1177.5	<span style="color: red;">●</span>
	2.24ii Emergency hospital admissions for injuries due to falls in persons aged 65 to 79 2012/13 (Rate per 100,000 population)	525	1194.9	975.0	1826.4		544.3	<span style="color: blue;">●</span>
	2.24iii Emergency hospital admissions for injuries due to falls in persons aged 80 and over 2012/13 (Rate per 100,000 population)	1006	6267.9	5015.3	9118.7		2875.6	<span style="color: red;">●</span>
	2.3i Unplanned hospitalisation for chronic ambulatory care sensitive conditions 2012-13 (Rate per 100,000 population)		855.8	820.5	1596.7		217.3	<span style="color: blue;">●</span>
	2.3ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s 2012-13 (Rate per 100,000 population)		341.3	340.6	892.8		0.0	<span style="color: blue;">●</span>
	3a Emergency admissions for acute conditions that should not usually require hospital admission 2012-13 (Rate per 100,000 population)		1612.5	1204.3	2209.1		299.7	<span style="color: red;">●</span>
	3b Emergency readmissions within 30 days of discharge from hospital 2011-12 (%)		11.8		14.5		7.9	<span style="color: blue;">●</span>
	3.1i Total health gain as assessed by patients for elective procedures - Unilateral Hip Replacements 2011-12 (Health score)		0.4	0.4	0.3		0.5	<span style="color: grey;">●</span>
	3.1ii Total health gain as assessed by patients for elective procedures - Unilateral Knee Replacements 2011-12 (Health score)		0.3	0.3	0.2		0.4	<span style="color: grey;">●</span>
	3.1iii Total health gain as assessed by patients for elective procedures - Groin Hernia Surgery 2011-12 (Health score)		0.0	0.1	0.0		0.1	<span style="color: grey;">●</span>
	3.1iv Total health gain as assessed by patients for elective procedures - Varicose Vein Surgery 2011-12 (Health score)		0.1	0.1	0.1		0.2	<span style="color: grey;">●</span>
	3.1v Total health gain as assessed by patients for elective procedures - Psychological Therapies (Health score)							<span style="color: grey;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

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Healthy Services	3.3							
	3.4							
	3.5i			21.7				
	3.5ii			47.3				
	3.6i	220	87.4	81.4	53.7		98.1	<span style="color: green;">●</span>
	3.6ii	255	2.8	3.2	0.4		25.4	
	4ai	4663	85.5	86.7	74.1		92.6	<span style="color: blue;">●</span>
	4aaii	412	66.6	70.2	54.5		82.8	<span style="color: blue;">●</span>
	4aiii	1626	89.2	84.0	73.4		92.9	<span style="color: green;">●</span>
	4b		74.9	76.9	67.1		87.0	<span style="color: grey;">●</span>
	4ci		61.0		-11.0		93.0	
	4cii		76.0	71.0	41.0		100.0	<span style="color: grey;">●</span>

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

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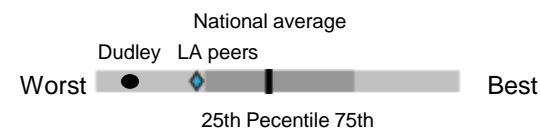
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Healthy Services	4.1		77.4	79.5	71.0		88.5	●
	4.2		66.5	68.7	54.4		84.2	●
	4.3		78.5	79.1	0.0		86.6	●
	4.4i	3932	73.3	76.3	59.3		86.8	●
	4.4ii	1751	95.9	93.0	83.0		97.4	●
	4.5			78.9				●
	4.6			77.3				
	4.9							
	5a			715.4				
	5b			4.8				
	5c							
	5.1							

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Healthy Services	5.2i		2.0		18.0		0.0	
	5.2ii		106.0		269.0		12.0	
	5.3							
	5.4			0.3				●
	3.03xiii	42512	69.4	69.1	55.3		77.0	●
	3.03xiv	44871	72.7	73.4	65.5		80.8	●
	3.03xv	17120	53.0	51.3	44.2		68.8	●
	3.04	12	48.0	48.3	80.0		0.0	●
	3.05i		74.3	82.8	100.0		22.6	●
	4.12i	94	155.6	104.4	221.3		31.7	●
	4.12ii	12	7.3	12.5	29.3		2.8	●
	4.12iv	168	53.6	42.3	79.8		13.5	●

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

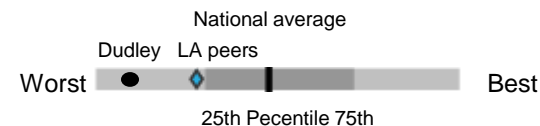
Source

**Public Health outcomes framework**

**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:



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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Healthy Services	2.1		63.7	65.6	54.3		78.9	●
	1.08i		4.7	7.1	21.7		-5.3	●
	1.08ii		65.7	63.2	73.1		40.2	●
	1G	595	74.8	74.8	47.7		94.5	●
	1E	55	7.0	6.8	0.9		23.1	●
	1A	590	19.4	19.0	17.7		20.5	●
	1B	625	77.5	76.7	64.4		90.9	●
	1Cii	4135	63.5	62.1	25.4		138.1	●
	1Cii	1260	19.3	19.1	6.1		47.1	●
	1D	355	8.3	8.1	6.6		9.8	●
	1I							
	2Ai	35	18.3	14.4	44.8		3.6	●

## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

Source

**Public Health outcomes framework**

**NHS outcomes framework**

**Adult social care outcomes framework**

Spine chart explanation:

National average

Dudley LA peers



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

Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*	
Healthy Services	2Aii	480	794.5	668.4	1277.4		207.5	<span style="color: red;">●</span>	
	2Bi	265	87.4	81.9	58.9		100.0	<span style="color: green;">●</span>	
	2Bii	300	3.3	3.3	0.6		25.8	<span style="color: blue;">●</span>	
	2Ci	27	10.8	9.7	27.2		1.3	<span style="color: blue;">●</span>	
	2Cii	18	7.3	3.1	13.7		0.3	<span style="color: blue;">●</span>	
	2D	The outcomes of short-term services: sequel to service (%)							
	2E	The effectiveness of reablement services (TBC)							
	2F	Dementia - a measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (TBC)							
	3A	Overall satisfaction of people who use services with their care and support 2013-14 (%)		63.8	64.9	45.5		83.7	<span style="color: blue;">●</span>
	3B	Overall satisfaction of carers with social services 2012-13 (%)	155	45.9	42.7	25.8		65.4	<span style="color: blue;">●</span>
	3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for 2012-13 (%)	215	74.5	72.9	55.0		100.0	<span style="color: blue;">●</span>
	3D	The proportion of people who use services and carers who find it easy to find information about services 2013-14 (%)		76.7	74.7	65.0		86.4	<span style="color: grey;">●</span>



## HEALTH AND WELLBEING PRIORITIES -OUTCOMES FRAMEWORKS

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

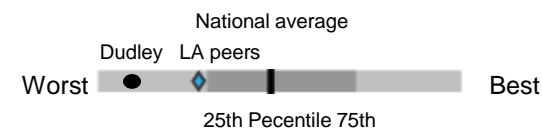
### Source

**Public Health outcomes framework**

**NHS outcomes framework**

**Adult social care outcomes framework**

### Spine chart explanation:



Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best	Previous value*
Healthy Services	3E							
	4A		70.8	66.0	54.7		81.8	<span style="color: red;">●</span>
	4B		90.9	79.2	53.8		94.3	<span style="color: blue;">●</span>

Notes: \* This column shows whether Dudley was significantly better or worse than England in the previous spine chart. The key for the colour of the dot is the same as used for the Dudley position in the spinechart. (e.g. green = significantly better than England average, Blue = not significantly different from England average etc)

## APPENDIX 2 – JSNA SYNTHESIS MEMBERSHIP

Valerie Little (Chair)	Director of Public Health	Office of Public Health
Andy Webb	Head of Sport & Physical Activity	Directorate of Urban Environment
Andy Wright	Head of Corporate Policy & Research	Chief Executives Directorate
Angela Moss	Senior Public Health Intelligence Specialist	Office of Public Health
Annette Roberts	Planning Policy Manager	Directorate of Urban Environment
Bob Dimmock	Performance and Commissioning Manager	Community Safety Team
Brendan Clifford	Assistant Director for Policy, Performance & Resources	Directorate of Adults, Communities and Housing Services
Dolores Nellany	Food & Occupational Safety Manager (Environmental Health)	Directorate of Urban Environment
Greg Barbosa	Senior Public Health Epidemiologist	Office of Public Health
Helen Barlow	Head of Service Private Sector Housing	Directorate of Adults, Communities and Housing Services
James Gray	Policy Manager	Directorate of Urban Environment
Jayne Emery	Senior Development Officer	Dudley Council for Voluntary Services
Joanne Gutteridge	Commissioning Manager - Preventative Care	Dudley Clinical Commissioning Group
Jody Prichard	Programme Manager	Office of Public Health
Julia Simmonds	DCS Divisional Lead, Health and Wellbeing	Directorate of Children's Services
Karen Jackson	Deputy Director of Public Health	Office of Public Health
Lorna Prescott	Senior Development Officer	Dudley Council for Voluntary Services
Lorraine Tozer	Performance & Development Manager	Directorate of Children's Services
Mike Wood	Head of Children's Trust Support	Directorate of Children's Services
Neill Bucktin	Head of Partnership Commissioning	Dudley Clinical Commissioning Group
Nick Powell	Head of Environmental Health & Trading Standards	Directorate of Urban Environment
Shobha Asar-Paul	Head of Policy and Performance	Directorate of Adults, Communities and Housing Services