NHS

Annual Report of the

Director of Public Health 2012

PASSING THE BATON

Dudley Metropolitan Borough Council

Dudley Public Health

Passing the Baton

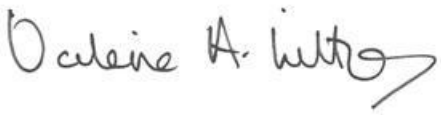
Foreword

In this Olympic year of 2012, there has been much talk of 'legacy'. Will hosting the Games in London have a lasting beneficial effect across the country? Right now we cannot tell. In this report, I reflect on a different legacy.

From April 2002 and into March 2013, local Public Health has been the responsibility of Dudley Primary Care Trust. In April 2013, that responsibility (and the local Public Health team) will transfer to Dudley Council. During this transition year of 2012, the baton is passing.

So, for this Annual Report, I have looked back over a decade of recommendations from my Annual Reports; and have also asked members of the team to offer their personal reflections on progress in some of our key areas of endeavour. Of course this doesn't cover all of local Public Health; nor does it capture the full range of achievement and challenge – but I hope it gives a flavour as our organisational landscape shifts in line with the Health & Social Care Act (2012). I also include a short reflection of my own, on taking Public Health forward in Dudley.

A new organisational setting for local Public Health will produce challenges, I'm sure; but it will also present new opportunities to protect and improve the health of Dudley people – opportunities which I know that I and my team are determined will be energetically grasped as we move through to the next decade of Public Health in Dudley.



Valerie A. Little

Director of Public Health

Introduction and Methodology

In Dudley for the past 10 years the Director of Public Health's annual reports have reviewed the state of health in Dudley. 2012 saw the implementation of the Health and Social Care Act and the move of the local Public Health function from the NHS to Local Authorities. This report reviews the last decade's recommendations and the progress made in implementing them.

The recommendations were taken from each report and grouped into common themes. Members of the Public Health Team were then interviewed and invited to reflect on the key changes and progress made. Five major themes were identified and it is the recommendations within these themes that are reflected upon in the early sections of the report. The five major themes were:

1. Children and young people
2. Sexual Health
3. Cardiovascular disease
4. Obesity
5. Equality and Diversity

All the recommendations are listed in the final chapter. For each recommendation there is an update of progress.

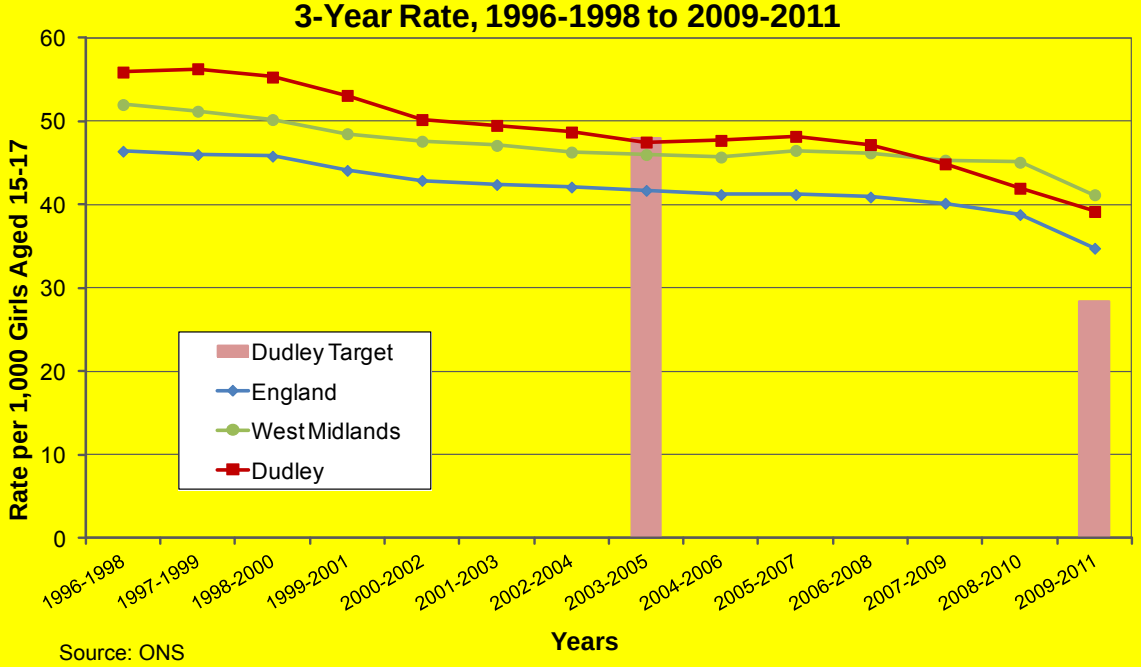
Children and Young People –

Dr Mayada Abuaffan

What changes have there been?

"There have been huge developments in this area since the 2003 Annual Report, and since I came into post in 2007. One of the big success stories is our work on **teenage pregnancies**. We now have two outreach sexual health nurses. The posts were developed and are funded by Public Health, but they are placed within social care in the Local Authority. They identify high risk teenagers from the social care database or from social care referrals. They provide contraception, wider sexual health support and awareness raising. They take part in teenage groups in terms of raising self-esteem and how to withstand peer pressure and I think this service has been successful in reducing the number of teenage pregnancies. If you have a look at the teenage pregnancy time trend, you will see there is a steep drop from 2006-08, which is immediately after we appointed the first nurse."

Figure 1 **Conception Rates Below Age 18 by Year, 3-Year Rate, 1996-1998 to 2009-2011**



Source: ONS

Passing the Baton

"Other areas have placed outreach nurses in maternity services, so they are able to help young mums avoid subsequent unplanned teenage pregnancy. Because our nurses are placed in social care, they can identify girls at high risk of pregnancy, and they are ideally placed to provide support to looked after children and teenagers who are already known to social care. A lot of these young people are very unlikely to access mainstream services; they lack the confidence and self-esteem. The outreach nurses work alongside them on all their self-esteem and confidence issues and within the social circumstances. They even go so far as to drive young people to and from their clinic appointments if they have decided to get a contraceptive coil or an implant fitted. This is one example of the level of support provided, it's a very personalised service, tailored to the needs of the young person.

It was really an innovative way of thinking. There were lots of outreach sexual health nurses being recruited in different Primary Care Trusts. To my knowledge, Dudley is The only one which placed them in social care and the only one who developed this package of interventions rather than just contraception provision. The package includes general support and parenting support.

By undertaking primary prevention, in other words contraception and at the same time secondary prevention, in terms of reducing the negative impact of becoming a parent as a teenager. It's not just about preventing pregnancy, it's about encouraging these young people to continue their education, and it's about improving their parenting skills and confidence if they do become parents.

We appointed a second nurse 6 months ago, doubling the capacity of the service and hope the decline in teenage pregnancy rates will continue to fall. It is to early to determine the level of impact that this new appointment will make."

Respect Yourself

In 2008, Public Health led the development and implementation of a Domiciliary Sexual Health Nurse led service in Dudley. This is an effective partnership between Children's Social Care, mainstream Sexual Health Services and Public Health to reduce teenage pregnancy in the Borough. The project is funded by Public Health. The nurses are employed by Dudley Group of Hospitals Foundation Trust (DGFT) and are placed within Children's Social Care team. The clinical accountability lies with DGFT and the performance accountability lies with Public Health and Children's Social Care.

The model of care includes better access to contraception, support to continue education, measures to improve self- esteem and ability to withstand peer pressure, and measures to improve parenting skills.

This model of care has enabled us to reach hard to reach teenagers who are on the Social Care Risk Register. This has resulted in the reduction of teenage pregnancy from 49.3 per 1000 girls aged 15-18 in 2005-2007 to 35.6 per 1000 in 2009-2011, a 28% decline.

Passing the Baton

"We are now in the process of introducing the Family Nurse Partnership (FNP). This has very restricted eligibility criteria, so anyone who doesn't fit the FNP criteria, will automatically be referred to the teenage pregnancy team in social care. They will be working very closely together. The programme will also link to the Breastfeeding Buddy support project and we are hoping it will contribute to the increase in breastfeeding rates in Dudley.

In terms of contraception services, all pharmacies in deprived areas provide Emergency Hormonal Contraception. We have targeted colleges, which are mostly in DY1 and DY2 postcode areas, because these are the hotspot areas for teenage pregnancy and sexually transmitted diseases, and we also have the Brook Clinic and Central Clinic providing contraceptive services within those areas. In the 2003 Annual Report, Castle and Priory ward was highlighted because it had the highest rate of teenage pregnancies in the borough. Now it does not have the highest rate, although the same wards are on the left side of the graph in Figure 2 but in a slightly different order; Figure 2 shows the link between deprivation and teenage pregnancy. But the good news is that the gap between the rates in the affluent wards and the deprived wards has narrowed, showing that health inequalities have reduced, which is one of the primary aims of Public Health."

Family Nurse Partnership (FNP)

The FNP is an intensive and structured preventative programme for first time mothers. It offers regular home visits, delivered by specially trained nurses, from early pregnancy until the child is two years old. The programme aims to improve pregnancy outcome, child development and breaks the cycle of poverty.

The FNP was developed in the USA 30 years ago and has the highest quality of evidence of effectiveness for preventative childhood programmes. In England, the parenting programme commissioning toolkit has recently evaluated the FNP and rated it as having the highest quality of evidence, one of only few programmes rated at this level. The programme aims to:

- Improve outcomes of pregnancy by helping young women improve their antenatal health and the health of their unborn baby.
- Enhancing child development and school readiness by helping parents provide consistent competent care for their children.
- Improve parental economic self sufficiency by encouraging the completion of their education and finding employment and planning of subsequent pregnancies.

Client Comments:

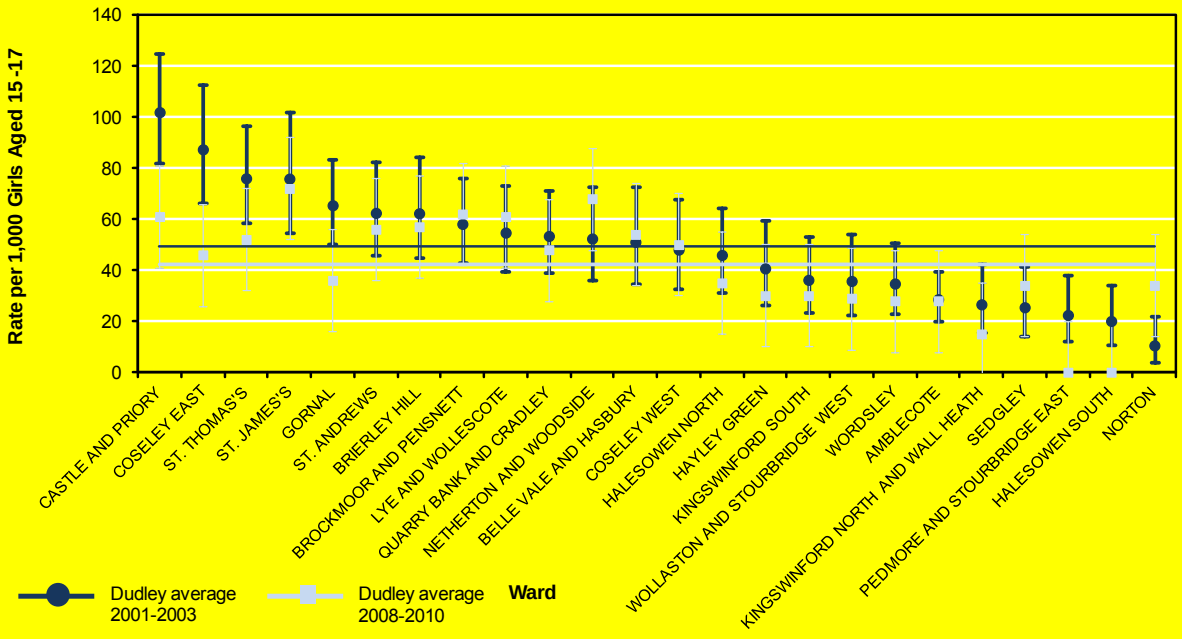
"We just want to say thank you for the support you gave us. We love you to be our Family Nurse. You give us loads of support and a perfect understanding of what we say" *Teenage Couple*

"I felt scared at first but then I became happy because a baby being born into the world is really important" *Teenage mum*

"My hopes for my baby's education is that he stays in education and don't get kicked out like me. Showing my son the right way" *Teenage dad*

Passing the Baton

Figure 2 **Conception Rates Below Age 18 with 95% Confidence Intervals**
3-Year Rates, by 2001 Census Ward in Dudley, 2001 -2003 and 2008-2010



Source: ONS

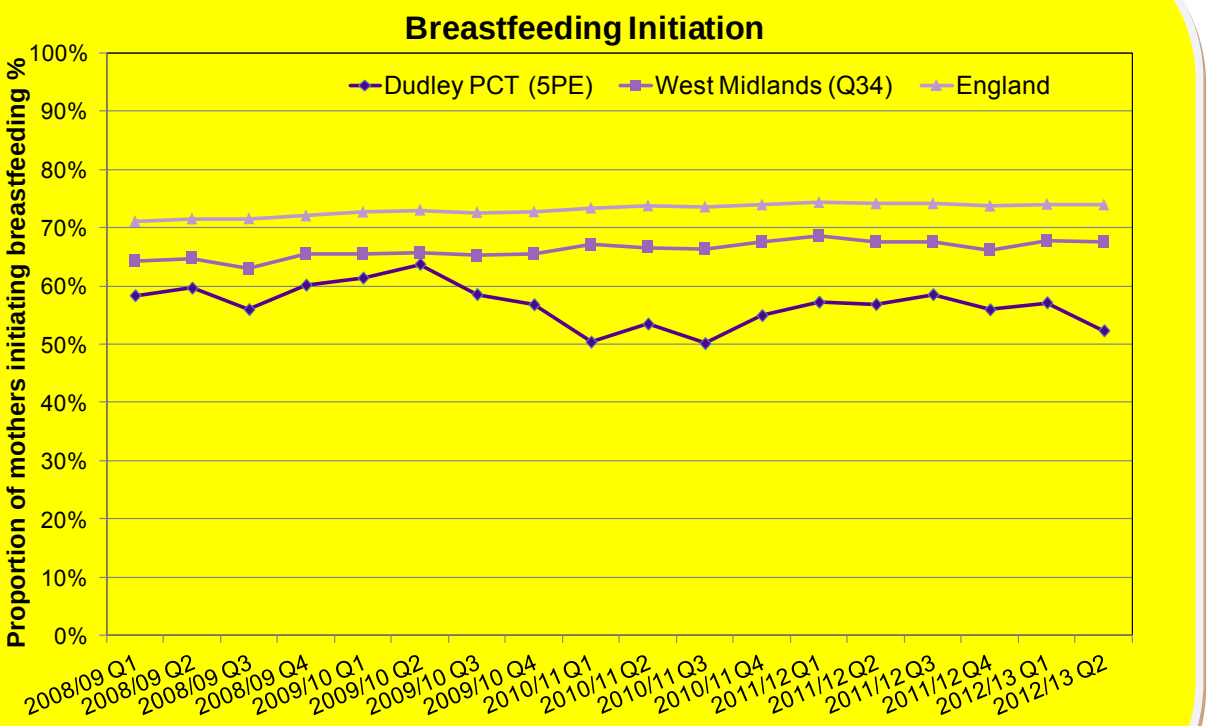
What are the current challenges?

"Breastfeeding. This is a major challenge. In spite of our best efforts, our breastfeeding rates remain lower than the West Midlands and England averages, and lower than we would expect given the population make-up of Dudley.

The starting point in our programme was to train all our frontline staff. We managed to get a place in a pilot study being conducted by Coventry University using a web-based training package supplemented by a small part of practical application. Coventry University did a before-and-after knowledge and skills assessment, and we fought hard to make it mandatory for all frontline staff; midwives, health visitors, children's centres staff, everyone. Despite the training there was no improvement in breastfeeding rates.

The Department of Health provided us with support to develop a trained breastfeeding buddy programme. They gave us £100,000 to spend over 5 years and we are match funding that. We've increased the breastfeeding training coordinator's time, and we appointed two paid breastfeeding buddies, who are employed by the Black Country Partnership Foundation Trust. And then in 2011 we appointed another four buddies in the community and four buddies in maternity services at Dudley Group of Hospitals. In spite of all this the rates are not improving."

Figure 3



Source: Department of Health Statistical Release

"And so now we've done a social marketing exercise, which told us several things:

Mums wanted to concentrate on the emotional bond of breastfeeding. The emotional bond worked two ways; some of them didn't want to breastfeed their second baby if the first was bottle-fed, because they didn't want to develop a different bond with different babies, so this highlighted the importance of providing support for the first pregnancy. We've also looked at communication for all frontline staff, so frontline staff are more confident in conveying the emotional benefits of breastfeeding.

The involvement of the wider family and dads was also highlighted, so based on that we've commissioned grandparents' classes in the hospital, once a month, run by a midwife, to encourage grandparents to support breastfeeding mothers. Maternity staff feel, that they don't have sufficient time to counsel women, and women really value the support of the buddies. And we know from the literature that buddy support works, but we need to find out how we are doing it wrong; this is the challenge. It's a real challenge, but we are not going to give up on it!"

Breastfeeding Buddies

Public Health has led the development and implementation of the Breastfeeding Peer Support Service (Buddies), which aims to contribute to reducing health inequalities, by training local mothers with breastfeeding experience, to support other mothers to breastfeed their babies. The Public Health Breastfeeding Buddy Coordinator continues to develop the service and to train Breastfeeding Buddies across Dudley, in partnership with the Local Authority and Dudley Group NHS Foundation Trust, by using the UNICEF Baby Friendly Initiative tool. (UNICEF UK 2008)

There are two strands to the Breastfeeding Buddy service:

- Volunteer Breastfeeding Buddies: These are local mothers who support pregnant women, expectant fathers and new mothers to breastfeed, volunteering within Children's Centres, or at Russells Hall hospital. They complete a 10 week Breastfeeding Buddy course consisting of two hours each week; this is delivered within the Children's Centres.
- Employed Breastfeeding Buddies: Public Health Department has commissioned Black Country Partnership NHS Foundation Trust (BCPFT) to employ Buddies, who make contact with families in the antenatal and postnatal period, within targeted GP areas, and Maternity Infant Feeding Assistants (MIFAs) (Dudley Group NHS Foundation Trust,) who support mothers in the Maternity Unit at Russells Hall hospital.

The Dudley Breastfeeding Buddy training programme is delivered using the Department of Health West Midlands Peer Support (DHWM) training package, as the chosen method of peer support training in Dudley, as agreed by Dudley Public Health Department, Dudley Children's Services and Dudley Group Russells Hall hospital. Anyone wishing to be a breastfeeding peer supporter in a Children's Centre in Dudley, or Russells Hall hospital, is required to complete this training. A Practical Skills Review is conducted for each Breastfeeding Buddy at the end of the training.

Upon completion of the training, each mother is inducted into the Children's Centre; Data Barring Service and safeguarding training in line with DMBC Children's Centre Policy. Volunteers then support families in groups, Midwife or Health Visitor led Children's Centre clinics or offer home visits, according to each Children's Centres remit. Volunteers receive support from their key worker. Yearly update training is offered,

Quotes from clients:
"I cannot fault the service I received. Your role as a Breastfeeding Buddy is so important.....The support I received was invaluable. I initially struggled to breastfeed ..... I am so glad I persevered. The bond between myself and my baby is incredible and I believe breastfeeding plays a huge role in this. One very happy mommy and baby."

Sexual Health – Dr Mayada Abuaffan

What are some key acievements since 2008?

"Our biggest achievement is the capacity for providing Long Acting Reversible Contraception (LARC) in primary care and mainstream sexual health services. Now every provider in mainstream sexual health services is trained to deliver at least one method of LARC, such as contraceptive coils, or implants. The training capacity in the borough was limited, so we commissioned training placements from outside the borough. Essentially what that means is that anybody who wants LARC should be able to find someone who's able to provide that. Although it hasn't been reflected in increasing uptake of LARC yet, I think it's an important first step to improve access. The main long term aim is to reduce the need for Emergency Hormonal Contraception and termination, by developing LARC capacity.

In terms of LARC as well, in addition to the training we've developed a course for social care and other non-clinical frontline staff and anyone taking part in the condom distribution scheme. It has become part of their mandatory training, so they can pass the message on and promote LARC amongst young people. The teenage pregnancy team from the Council do the training.

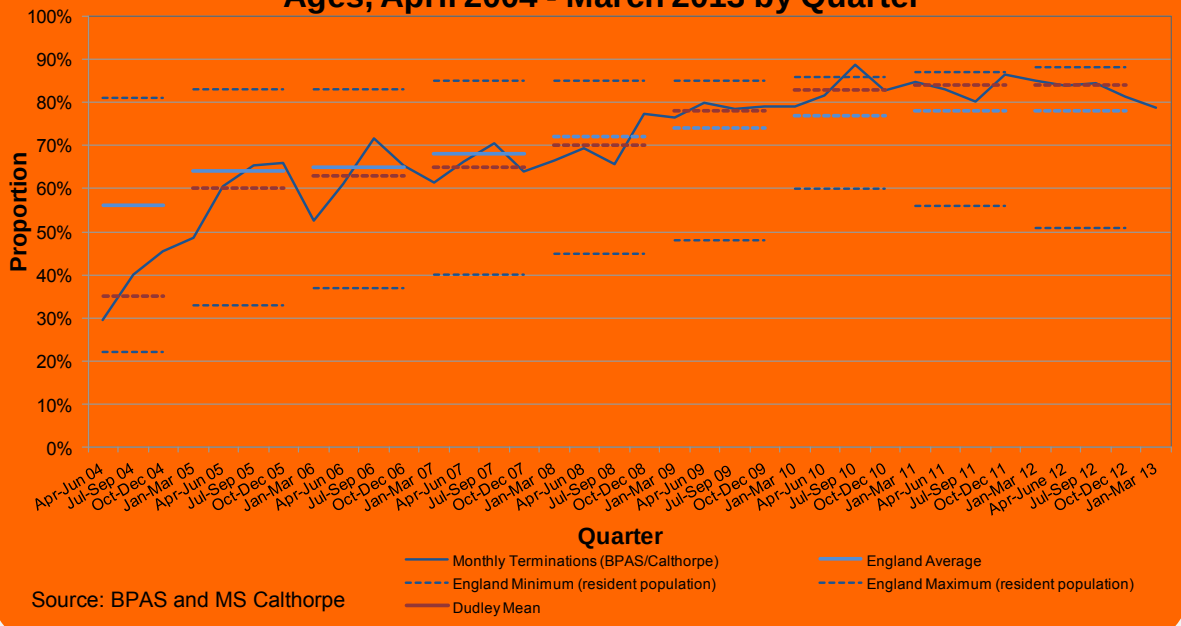
We've also developed testing protocols for drugs and alcohol services for young people, called 'The Zone'. In the past a contraception nurse used to attend 'The Zone' but the uptake was really low. Just having a nurse to attend 'The Zone', although it might have seemed a good idea at the start, it didn't work, at times it felt like a waste of the nurse's time, she sits there and no one approaches her or uses her services. So instead we've developed a testing and referral care pathway for 'The Zone', so everyone who comes is offered Chlamydia testing, condoms and information about sexual health. 'The Zone' staff are going to do the risk assessment in terms of who needs onward referral and then there are certain criteria, for example if they are intravenous drug users or sex workers they should be referred to the Genitourinary Medicine clinic and also be offered Hepatitis B vaccination, Hepatitis B, Hepatitis C and HIV screening. This has been adopted between 'The Zone' and mainstream sexual health services and Brook. We've also developed protocols for mainstream sexual health services to assess alcohol intake for young people. They use a standard questionnaire and then refer to 'The Zone' for further support if necessary. It's important because these are high risk clients and by having a clear pathway it will help staff to ensure that the needs of those clients are met in a seamless way. It's working very well.

We have implemented the National Chlamydia programme for young people aged 15-24 years old; all community pharmacies and the majority of GP surgeries offer Chlamydia testing. Testing is also available through Genitourinary Medicine clinic, contraception clinics and Dudley and Sandwell Brook located in central Dudley.

Passing the Baton

Figure 4

Proportion of all terminations carried out before 10 weeks gestation, MSI Calthorpe and BPAS Clinics, Dudley responsible population, All Ages, April 2004 - March 2013 by Quarter



Source: BPAS and MS Calthorpe

Early access to termination services allows women the option to have medical termination which is less invasive, much safer and less expensive than surgical termination. We have developed a termination pathway across primary and secondary care services. This has allowed GPs to directly refer women to termination services as well as self referral. As a result Dudley early access to termination rates, have increased and remained above 80% since 2009. ”

And what are you working on now and in the next few years?

“We are working on having a fully integrated service for contraception and Genitourinary Medicine, so anyone can access both services in the community and hospital, rather than being asked to come at different times and different places. That’s almost done - it is in its final stages. It started by training nurses and doctors. If they are contraception doctors they should be trained to provide standard levels of genitourinary service and vice versa, and contraception nurses will be able to provide testing for sexually transmitted infections. There will still be a level of speciality for complex cases or people who need specific expertise, level 3, which will be delivered separately. So essentially that means wherever somebody goes for help with contraception or sexual health, they should be able to access both. When we started before all this reform we had referral protocols from pharmacies so anyone who came for Emergency Hormonal Contraception was referred to sexual health services, but now we are re-developing those after the integration, they can be referred to the Genitourinary Medicine clinic or the Contraception and Sexual Health (CASH) clinic or Brook.

Passing the Baton

Although HIV infection rates remain low, in Dudley (below 2/1000), the rates in St. Andrews and St. James's wards have exceeded the 2/1000 threshold. This is why we are in the process of developing plans to increase awareness of the importance of HIV testing and make testing more available across primary care and other community venues in these two wards.

In the future, we will need to think about developing better sexual health services for older people. There might be a need for services focused on, for example, erectile dysfunction, Hormone Replacement Therapy, sexual health in long term conditions, and perhaps older people living with HIV. Now we have lots of dedicated clinics for young people so it's quite a change to be thinking about!"

Cardiovascular Disease – Karen Jackson

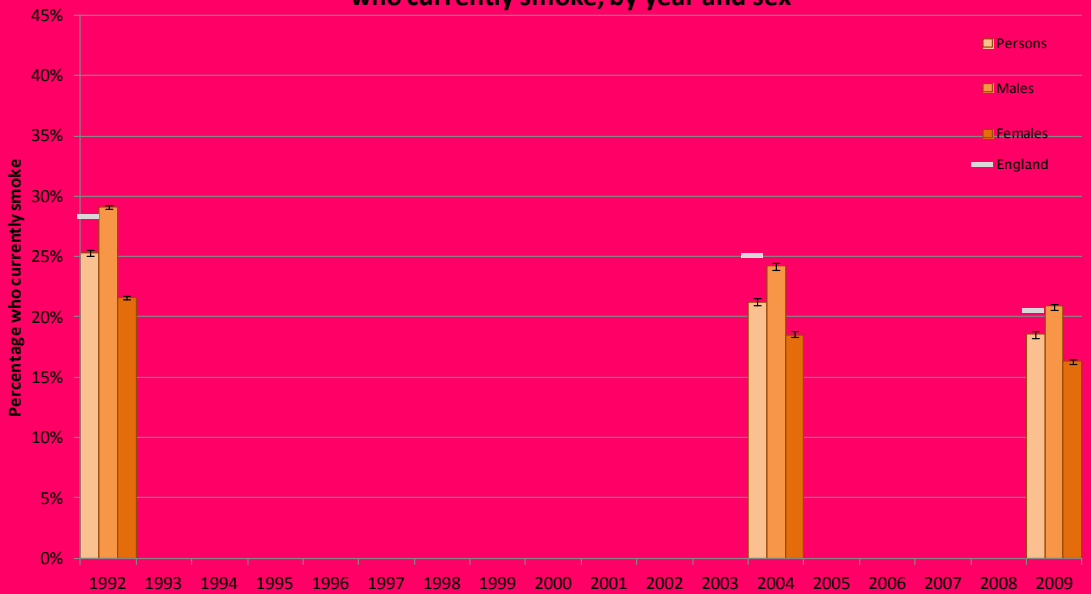
Casting your mind back to 2003, what have been the major changes since then?

"I've been in Dudley for 24 years but I'm not sure I can remember ten years ago! At that point we had just moved over into St. John's House in the previous NHS reforms when we shifted from Health Authorities to Primary Care Trusts. There was a big change because we moved from being Health Promotion, into being Public Health, and I think after that point we were able to expand the lifestyle services on offer considerably. For example the Stop Smoking Service delivery has expanded year on year. We introduced the weight management services, they didn't exist before then, and we've introduced exercise on prescription, get cooking services, the health trainers service and NHS health checks.

Our focus was to industrialise the services and the interventions that we had in place to reach more people. Some have been more successful than others. Some still need to expand more. We've been trying to get increased coverage across the whole of Dudley Borough but we're not quite there yet with some of them. So it's been increasing the capacity of our lifestyle services really, building in sustainability."

Figure 5

Dudley Health Survey 2009: Age-standardised proportion of respondents who currently smoke, by year and sex



Source: Dudley Health Survey 2009

Passing the Baton

"I think the Stop Smoking Service and tobacco control work particularly was key. We take a thorough, long term approach. We've a multi-faceted strategy incorporating actions across the life-course to have an impact overall on our population. We've got work on under-age sales, counterfeit tobacco, work in schools, peer education with young people, as well as the Stop Smoking Service.

Not much of that was in place ten years ago, it was just starting. We had smoking cessation and some prevention programmes, but nowhere near as wide-ranging and as evidence based. The data from our lifestyle surveys shows that our smoking prevalence has been reducing faster than the national picture (Figure 5).

We have also introduced a very robust NHS health checks service, with software to support GP and Local Authority level call/recall and delivery of the health check. The number of completed checks has been increasing year on year since the start of the programme."

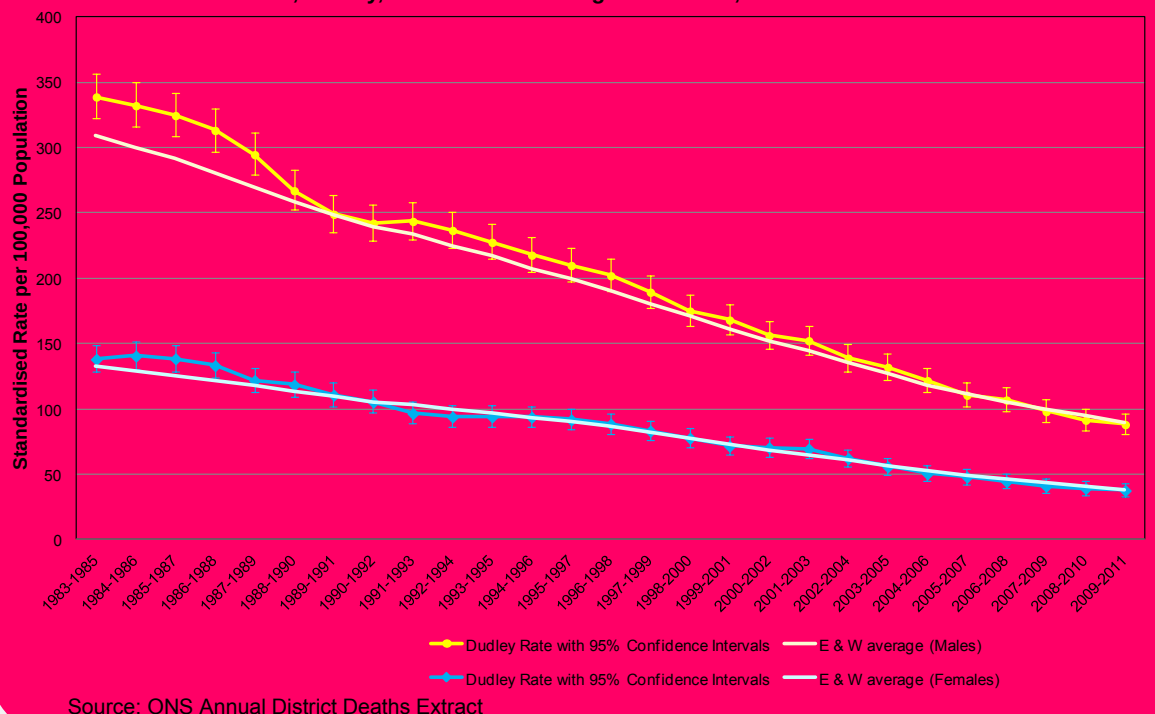
What are the key challenges for the next few years?

"With stroke, the challenge has been on getting access to universal treatment services in place - access to brain imaging, early discharge, stroke rehabilitation. At some point these services will need to be reviewed in relation to health equity to ensure there are no differences in outcomes due to deprivation, ethnicity, gender.

Although CVD mortality has been reducing (Figure 6), the impact of our unhealthy lifestyles, the rise in obesity and type 2 diabetes and alcohol use may jeopardise this reduction, if we're not careful, so this will continue to be a challenge."

Figure 6

Directly Standardised Mortality Rates from All Circulatory Diseases by Year 3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2009-2011



Source: ONS Annual District Deaths Extract
ONS mid year population estimates

Passing the Baton

"I think with Public Health moving to the council, there's the opportunity for more impact on the macro and environmental influences on cardiovascular disease; trying to change the environment to make it easier for people to choose healthier lifestyles. On the other hand we need to ensure that we don't lose momentum in other areas such as primary and secondary care. We've done a lot of work with GP practices such as auditing hypertension prevalence, supporting the development of practice plans, increasing hypertension identification and recording, developing identification and treatment guidelines, and training staff.

Our Vascular and Pharmacy teams work on many care pathways with the Clinical Commissioning Group. We also need to maintain general practice as a key service provider for many of our services including stop smoking and NHS health checks. We will be offering our specialist Public Health support to the Clinical Commissioning Group through what's called the "Core Offer", there's that opportunity as well.

We've taken a very systematic approach to the implementation of NHS Health Checks, and consistently offer checks to 20% of the eligible population on a yearly basis. However we are struggling to achieve a 50% uptake rate (Figure 7).

Overall the value used in the cost-effectiveness modelling for health checks was a 75% uptake rate, so we have some way to go. We are hoping Public health England will support with a national social marketing campaign that we can then build on locally. "

Figure 7

NHS Health Checks – Percentage of eligible (age 40–74) offered, percentage uptake of offered

Source: Health Checks

Obesity – Karen Jackson

The 2005 Annual Report said:
"Responsible organisations will be judged harshly if, in 5 years time, they have failed to tackle the challenge of the obesity epidemic in Dudley."

"Certainly since that was written in 2005 we have made vast progress in implementing actions to tackle obesity, although we haven't solved the issue yet! Our first Tackling Obesity strategy was published in 2005, which has led to the funding of comprehensive weight management treatment pathways for adults– with services now running for 5 years plus in some cases. We have several thousand going through these pathways yearly with about 33% achieving a 5% weight loss or more. You would hope this has had an impact on the population's obesity prevalence in Dudley, but we will have to wait until the next lifestyle survey to find out. We've also set up a children's weight management pathway, so the two treatment pathways are new.

We take a 3 pronged approach to tackling obesity- tackling the obeseogenic environment, education and skills and support for those already overweight or obese. Much work has been done locally on prevention and education, increasing exercise opportunities, and healthier eating programmes. In terms of environmental changes we have the Healthy Towns programme, looking at outdoor provision with outdoor gyms in our parks and healthy hub buildings providing a range of lifestyle services and active travel corridors connecting the hubs to key housing estates in Dudley. We are now developing an outdoor water based activity station in conjunction with the Clinical Commissioning Group, to include rowing, with links into schools.

Healthy Towns has been a springboard for developing other environmental work, for example we are in the process of agreeing a supplementary planning guidance for health which will put in place processes for challenging the constant proliferation of fast-food outlets on our high streets and by schools. Healthy Towns is huge legacy for Dudley. It's going to be sustained into the future - the buildings, the outdoor gyms, and the park ranger posts.

We've concentrated much resource into young children, - in schools where we continue a healthy schools programme. We've also commissioned Public Health Food Dudes, which is a psychological incentive based programme for primary schools. The impact is excellent, in terms of getting the kids to increase their intake of fruit and vegetables and reduce their fatty and sugary snacks. It's a whole school approach, and I'd like it in every school in Dudley eventually.

We've certainly made progress in terms of programme implementation, what will be interesting to know is what progress we have made in terms of outcomes. We're starting to see a difference in outcomes for children in schools, from the National Child Measurement Programme. We are halting the rise in obesity for children in Dudley, although we were starting from a higher prevalence level. For adults, until we do our next lifestyle survey we won't know. Nationally, adult obesity still seems to be on the increase, so it may be a big ask to see a reduction in Dudley."

Passing the Baton

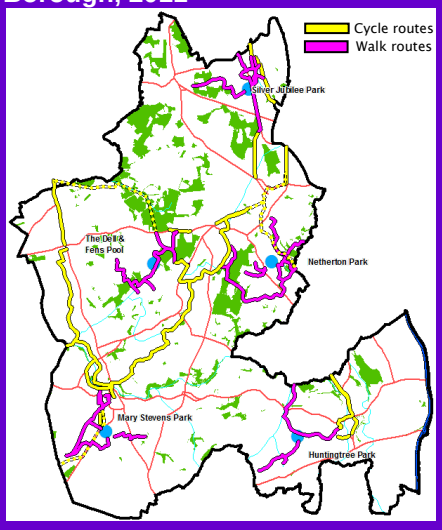
Healthy Towns

In 2008 Dudley was one of nine successful towns and cities to be awarded funding from the Community Challenge Fund for testing and evaluating different approaches to making regular physical activity and healthy food choices easier for local communities with the aim of preventing overweight and obesity in England. Dudley's Programme focussed on:

- The development of Family Healthy Hubs, (FHH) based in parks and open spaces.
- The development of active green corridors
- Service reform.
- Use of the Change 4Life brand

The programme developed one Hub in each of the five area committee areas (now nine community forum areas) containing physical facilities (buildings, toilets, outdoor gym equipment) as well as activity programmes, staff and community events. Active corridors were developed to link the five Healthy Hubs (via cycle and foot paths, signage and cycle storage).

Walk and Cycle Routes in Dudley Borough, 2011



Worcester University evaluated the programme in 2011. Outcomes measured were compared to the recorded baseline. Finding's included:

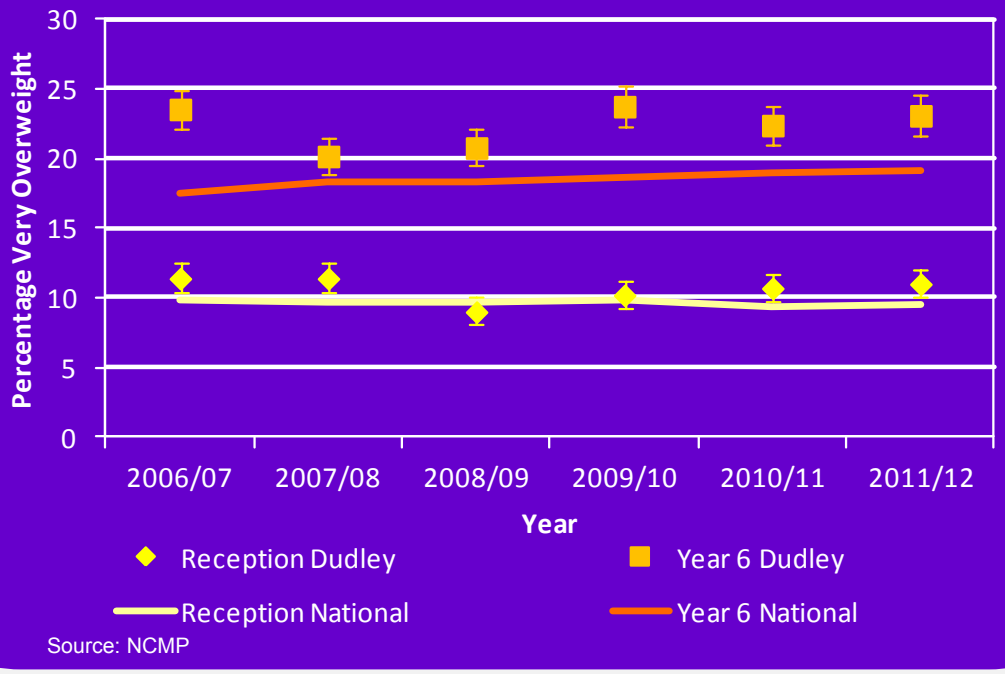
- More children and families more active over initial base line.
- An increase in Parks/Hub usage over baseline
- An increase in local policies and strategies that promote activity, healthy eating and obesity prevention.
- Increased perceptions of safety in and around the Hubs.
- An increase over baseline of numbers of children and families walking and cycling.
- An increased awareness and understanding of the Change 4 Life messages.

At the end of 2012/13 the attendance figures on the hubs were 35,523.

The Hubs are used by lots of organisations, groups and services including services on both the Adult and Child Weight Management Pathways, Dudley Stop Smoking Services, the Police, Youth Services, schools, Age UK , Children's services and sports development.

Figure 8

Prevalence of Very Overweight, Reception and Year 6 Children in Dudley Schools, by NCMP year, 2006/07 to 2011/12



Source: NCMP

"In our refreshed strategy that takes us to 2017, we are aiming to reduce the speed of increase of obesity prevalence in adults. I think we're strong in that we do have an overarching strategic direction, with a 5 year action plan, and we do try and implement what we've put in them, over a very long term approach."

And what else will you be doing over the next few years?

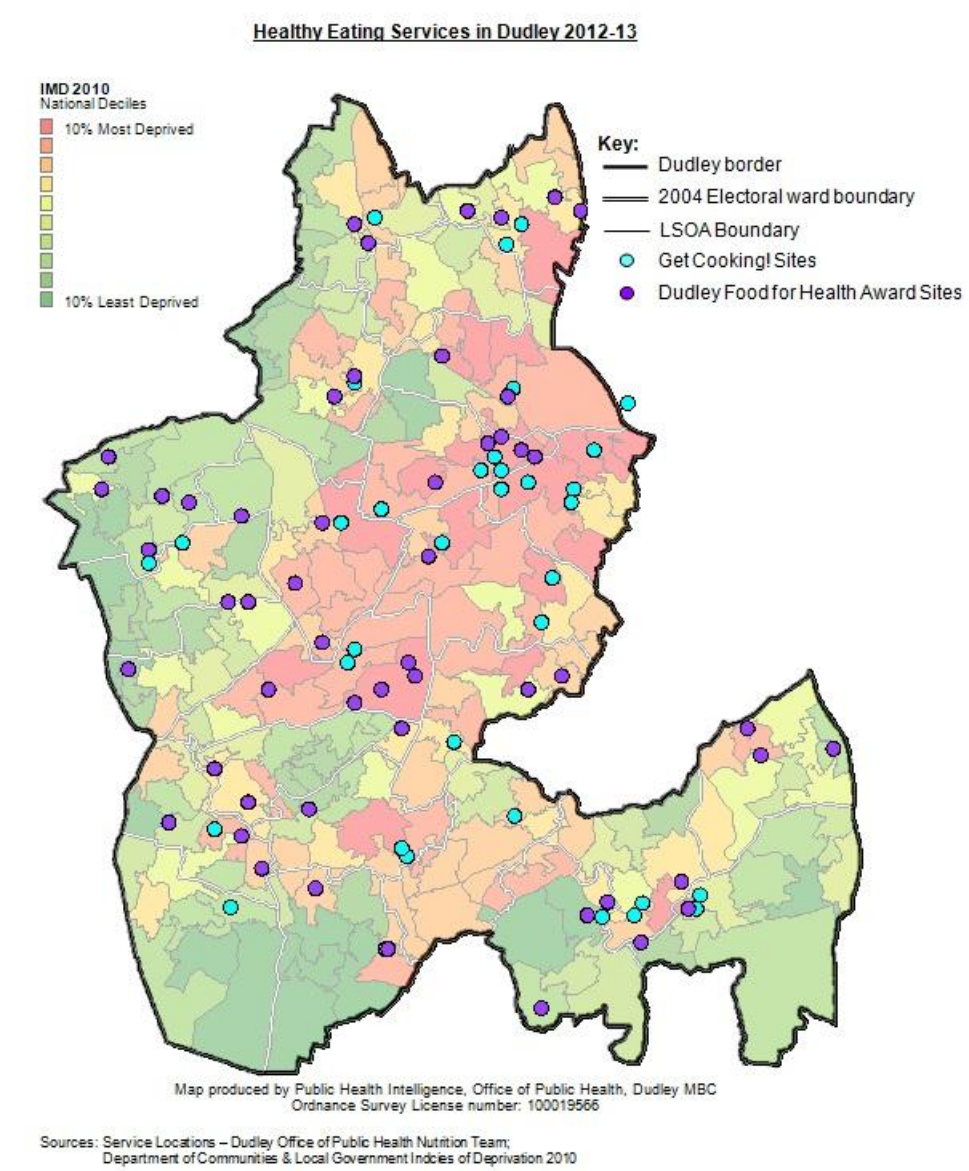
"Continuing our work on the environment, is crucial and is a focus of the new strategy. As I've mentioned, we're trying to implement a Supplementary Planning Guidance for health. We are also working within the council, to tackle the issue of mobile food vending, such as using prohibited streets legislation to reduce the availability of these close to schools.

We're also continuing our work on our Dudley Food for Health Award. We've tendered a retail commission to work with retailers to promote healthier options. This is all about making it easier for people to make healthy choices out of the home.

Early Years is also a focus for the refreshed strategy. We're looking at implementing an Early Years Charter in the PVI (Private, Voluntary and Independent) nurseries and childminders, working with the Children's Services directorate. That will be introducing a set of standards, in terms of developing health promoting nurseries. It looks at the environment, food choices, active play choices, and the curriculum."

Figure 9

Healthy Eating Services in Dudley – 2012-13



Equality & Diversity – Amarjot Birdi

Casting your mind back, what have been the major changes since then?

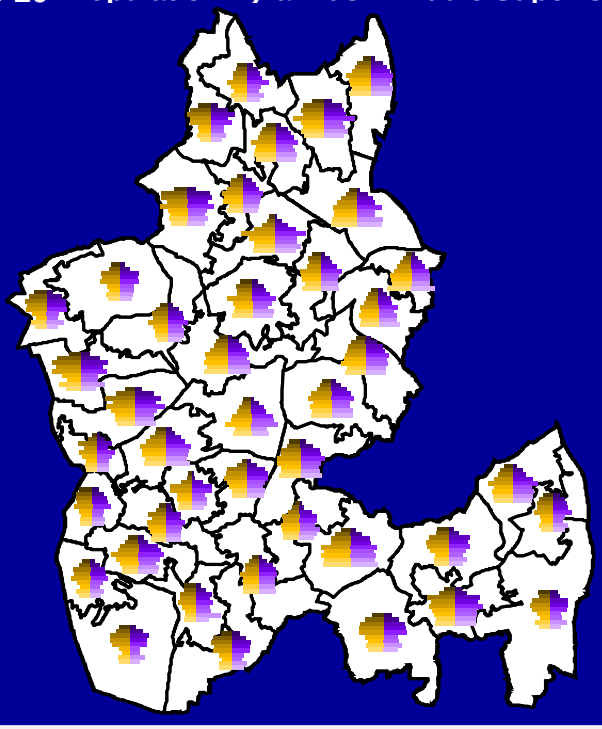
"When I first came to work here in 1994 with a remit to support health and wellbeing needs of minority ethnic communities, the targeted population was around 4.5%. Dudley Borough is home to vibrant communities with a wealth of cultural diversity between them and over the years its make-up has reflected both national and global changes. At the time of the previous report in 2003-4, it had increased to 6.3% and from the latest census we know it's now about 11.5%. Therefore trying to meet **everyone's** health needs is in itself an Olympian task!

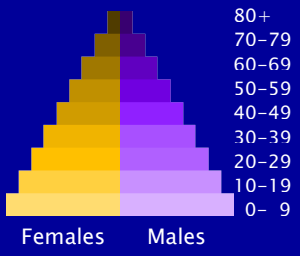
Our key achievement in this area of work has probably been keeping equality and diversity (E & D) issues high on the agenda and gaining commitment at a strategic level. However I think the biggest challenge over the years has been dispelling the myth that treating people the same is treating people equally. Actually it's about taking into account the complexity of need that is unique to specific groups and communities in an integrated way rather than being considered as an afterthought. If you plan services with the most vulnerable in mind, you will get it right for everyone, but if you only focus on the majority, you will perpetuate inequality - addressing equality and diversity should be 'part and parcel' of everything we do.

I would say that we've made lots of good progress in the right direction, but the key issues in addressing health needs of minority ethnic groups as identified in the 2004 report, largely remain the same. We still need to continue to improve data collection and identify gaps, to ensure services are accessible and culturally relevant, and to tackle the stigma and discrimination that people experience. One of the biggest levers we've had to support this area of work has been the Equality Act 2010, which brought together the different strands of equality legislation into one to cover the 'protected characteristics' of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation; a general equality duty has been placed on us as the public sector to work towards eliminating discrimination, harassment and victimisation; advancing equality of opportunity between different groups; and fostering good relations between different groups - of course how we interpret this into reality is the big test.

As we have a duty of care to meet the needs of all groups to ensure fair and equitable access, I see the issues related to E & D as the 'glue' that links strategies, policies and procedures to effective practice and outcomes. It continues through to involving and valuing individuals, groups and communities, no matter how they are defined, so they feel part of the process rather than passive receivers. I am happy to say that in Dudley we are very creative and often have to think differently in order to do what is best for our local population with limited resources - we've often missed out on pots of funding because our numbers can't compete with neighbouring towns and cities, even though we have some of the most deprived areas in the country."

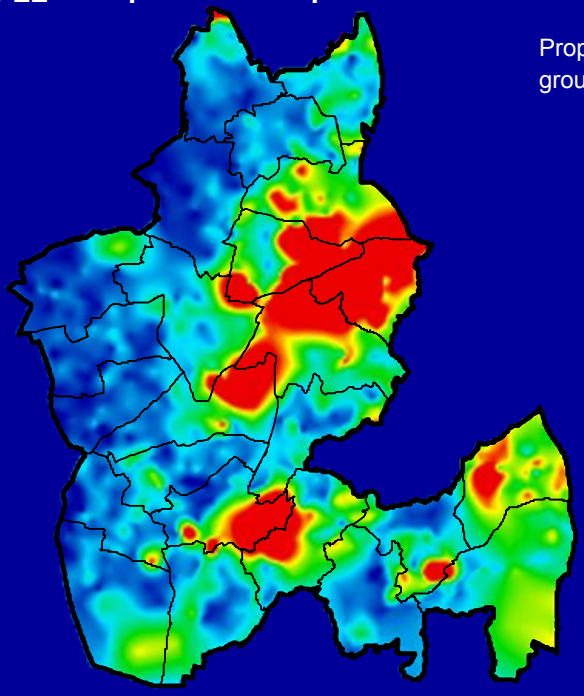
Figure 10 Population Pyramids – Middle Super Output Areas 2012

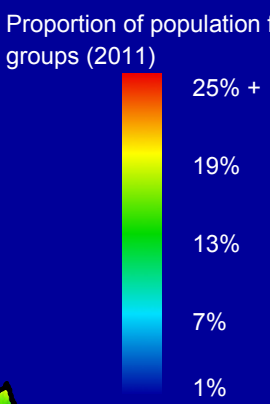




Source: Office of National Statistics (ONS) Mid-year population estimates 2012, Census 2011

Figure 11 Proportion of Population from Black and Minority Ethnic Groups





Source: Census 2011

Passing the Baton

"With regard to Public Health, health improvement work with minority ethnic communities and vulnerable groups has been well developed over the years and is integrated into our public health programmes, such as the Tandrusti Service, a physical activity and wellbeing project primarily targeting South Asian communities; the LEAP project for older people; weight management interventions tailored for people with learning disabilities; focused work on improving awareness and use of medicines amongst minority ethnic communities in their settings; accessible mental health promotion resources produced in community languages; bilingual Expert Patient courses delivered to non-English speaking groups; Get Cooking sessions targeting vulnerable groups in deprived areas; Healthy Schools programme working across primary, secondary and special schools; smoking cessation initiative with mental health service users; and cancer awareness with minority ethnic women's groups, to name a few.

Uniquely we've also established a mainstream programme for health inclusion issues to focus on the health inequalities experienced by minority ethnic communities and other vulnerable groups. Over the years this has enabled us to carry out meaningful work based on local need, for example, we set up frontline workers groups to support health-related needs of minority ethnic communities and improve links to health for people affected by homelessness respectively; we established a working group to support primary care health needs of asylum seekers, refugees and other migrant communities. We have actively supported the development and management of relevant specialist health projects such as the sickle cell and thalassaemia service, diabetes education, and support for Asian women experiencing domestic violence. Given the very little information available on local minority ethnic groups, we have carried out or commissioned small-scale research into health needs of specific groups to inform future developments (see Box below). Much of this work has been targeted in the five main wards with the largest minority ethnic population.

Most importantly we established commitment and leadership for E&D issues at corporate level in NHS Dudley which resulted in many positive actions to impact on health service experience, for example:

- Programme implemented to support and improve ethnicity monitoring systems in Primary Care
- Equality Impact Assessments carried out across a range of health services
- Primary Care 'mystery shopper' exercise with members of BME communities
- Survey of registered visually impaired people in Dudley
- NHS representation on partnership forums with a specific interest in equality matters
- Development of equality monitoring systems i.e. NHS Equality Delivery System; working with the Yemeni community to identify appropriate ethnicity category
- Staff training on Equality & Diversity
- Leading on community engagement and establishing strong links with community leaders and faith groups

Generally speaking over the last 10 years I think we have built strong relationships between sectors and promoted an ethos of working in partnership for our communities. In terms of minority ethnic health needs, specific services have been developed to address inequalities;"

Passing the Baton

"within the mental health trust we have community development workers supporting the needs of black and minority ethnic communities to improve their wellbeing and access to services; within the local authority we have services supporting communication, advocacy and social care needs of minority ethnic communities including travellers and other vulnerable groups; within the voluntary sector, the centre for equality and diversity has enabled greater links with health for migrant communities and supported community development, and Dudley Mind developed a BME service to support people experiencing mental health problems when it was most needed. Within the community, we have a strong well-established network of culturally diverse community groups and they include both religious and non-religious representation. Additionally we have a borough-wide interfaith network which includes leaders from all sections of the communities who are actively consulted and involved in partnership working. Collectively they bring fantastic assets to the Dudley community as a whole that surely will continue to be a huge credit to us in the future."

UNDERSTANDING LOCAL NEED
Examples of Public Health Work with black and minority ethnic communities

- A health needs assessment of vulnerable groups in Netherton & Woodside (2003)
- A mental health promotion needs assessment of elderly women from the Hindu-Gujarati community attending a Day Centre in Central Dudley (2003)
- A research study identifying the needs of Asian Female Single Parents in partnership with local authority and the Asian women's centre (2003)
- A qualitative mental health promotion needs assessment of asylum seekers and refugees in Dudley (June 2009)
- A health and lifestyle needs assessment of the Chinese community in the borough of Dudley (December 2009)
- A qualitative research study exploring men's mental health during unemployment (October 2012)
- 20 Voices - a series of monologues representing the real experience of people in Dudley seeking asylum/refuge and the workers supporting them. (Dudley PCT 2009)

Passing the Baton

What about the future direction?

"I feel encouraged that our key borough-wide strategies under the umbrella of the Health and Wellbeing Board acknowledge the importance of addressing inequalities and demonstrate commitment at all levels from key partners: the health inequalities strategy gives a commitment to focus on the social determinants of health in order to tackle inequalities for vulnerable groups and communities; we also have a community engagement strategy that has been developed in partnership and has sign up from all sectors.

Casting my mind back to the early days, I remember attending health and social care consultations with black and minority ethnic communities and every year the number one concern was the lack of interpreting services available across health services. Eventually this need was met by NHS Dudley to support access to primary care and community health services and was gratefully received, even evaluated with direct involvement from community representatives. Sadly, now with all the changes that the NHS transition has brought, there is once again uncertainty whether such services will continue - surely communication is the most fundamental factor in determining service access, experience and compliance? In this climate of economic pressure and change, I hope that we don't lose sight of the steps we have taken forward to improve access for very vulnerable groups and communities in the borough, because the need is still very much there.

As such, I am hopeful that we will continue in a resilient fashion to improve the health and wellbeing of all individuals, groups and communities in Dudley Borough, recognising their differences and valuing their diversity. Like a baton, equality and diversity is only as safe as the hands that hold it and I am optimistic that in Dudley we have the strongest hands!"

Public Health Going Forward –

Valerie A. Little

"One of the standout moments of 2012 was the Olympic opening ceremony, I think most people watched it and it really was spectacular, especially that moment when those glowing Olympic rings rose up into the air with sparks flying everywhere. It was a kind of retrospective, you had the agricultural setting and the kids dancing round a maypole, then the blokes in top hats appeared and the whole landscape completely changed with the Industrial Revolution. Then they had doctors and nurses wheeling hospital beds around to symbolise the creation of the NHS. Then towards the end you had all the popular culture references, music, mobile phones and partying.

It reminds me of a conference speech I heard by Professor Phil Hanlon, about the five waves of Public Health, there's a book as well (Hanlon et al., 2012). The idea is that Public Health goes through major shifts every so often, in line with big changes in culture or society:

→ The first wave in the 19th century was all about clean water and sewers, which happened when everyone started flocking to towns and cities in the Industrial Revolution.

→ Then there was the development of science in the early 20th century, which had an effect on engineering and transport, as well as Public Health; antibiotics, vaccines, scientific research methods.

→ The third wave was in the middle of the 20th century, after the war, when the Welfare State was created, so we had the NHS, social housing and free education.

→ Then in modern history, there has been a shift towards consumerism, convenience and disposable stuff, the decline of traditional industries and the rise of the service industry. In Public Health there has been a lot of focus on reducing the chronic diseases that result from this way of living, and providing services to help people who want to change their lifestyles; this is the fourth wave.

As time goes by, each wave starts to give diminishing returns.

The only thing that we definitely know about the future is that we can't carry on as we are; the oil supply is going to run out, global climate change is happening, and this focus on economic growth is unsustainable. Phil Hanlon is saying that when modernity comes to a crisis point, the modern way of life will have to give way to a different way of life, and Public Health will have to enter a new era; a fifth wave.

At the moment, the scientific paradigm dominates our thinking, but he argues for re-establishing a balance between **the**

true (science), **the good** (ethics) and **the beautiful** (aesthetics).

The idea got me quite excited when I first heard it. Health isn't just about living a long, disease-free life through the application of science. It's more than that; our social relationships, having compassion and seeing yourself as part of a community keeps you healthy. Being able to express yourself and be creative is therapeutic. And all this makes you more likely to thrive, despite the challenges that life throws at you; what you might call resilience.

Assets-based approaches to health improvement are all about resilience; helping people to realise what skills, passions, help or resources they have already got at their disposal, and helping them to use those assets in new, creative ways to see them through challenges that life throws up. It's about promoting mutual trust and enabling people to connect and take control of their lives, so they start to realise how much they can achieve between them. It's a contrast to the way we do things at the moment, which is often based on addressing needs, which fits with the modern age of consumerism. It's a change in mindset really. And it's something we are exploring at the moment as we move into the Office of Public Health in Dudley Council.

The decline of industry has had a profound impact on Dudley, and the whole Black Country, partly because people found it difficult to adapt, and we are still dealing with the consequences on people's health and wellbeing today. What can Public Health do to avoid the same thing happening in the next crisis?"

Reference

Hanlon, P., Carlisle, S., Hannah, M. and Lyon A., **'The Future of Public Health'**, Open University Press, Mc Graw Hill Education, Maidenhead England 2012.

Passing the Baton

LEGACY: PROGRESS ON DIRECTOR OF PUBLIC HEALTH RECOMMENDATIONS

Passing the Baton

Children and Young People			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
2003.27	Lye and Wollescote has nearly twice the proportion of young people with poor health as any other ward in Dudley. This warrants further exploration to understand what is behind this figure	Dudley Public Health	• 1.1% of people aged 16-24 have poor health in both Dudley and England & Wales Census 2011 (2.3% for Dudley (Census 2001)). • Only Brierley Hill (2011 Ward) had significantly higher than Dudley poor health recorded in 16-24 year olds (2.3%). • The Lye and Wollescote areas are no longer different. • Overall in Dudley 6.5% report poor health ranging from 4.7 to 8.2% across wards
2003.33	There is a need to develop support for lone parent families such as health promoting nurseries and pre-school groups linked to Sure Start, targeted parenting programmes and to improve breast feeding rates and reduce smoking rates amongst pregnant women	PCTs, Dudley Social Services, Dudley Early Years Partnership	• % of families are lone parent with dependent children in Dudley was 5.5% in 2001 and 6.6% in 2011 Census, with range across wards of 3.9 to 11.1%. • There are now 21 Children's Centres across the borough. • Breastfeeding initiation rates have declined slightly and smoking at delivery has reduced to 16% in 2011/12. • Introduced Baby friendly, Breastfeeding Buddies, Family Nurse Partnership, antenatal cotinine testing • Via Early Years and Parenting Strategy a range of evidence based parenting programmes now offered.
2003.34	Further investment in sexual health services for young people is required	PCTs	• Investment in Emergency Hormone Contraception, and long acting reversible contraception. • The rate of teenage conceptions per 1,000 girls aged 15-17 have declined from 49.5 in 2001-2003 to 39.2 in 2009-2011
2005.1	Investigate and further analyse data relating to stillbirths in 2005 to determine any possible causes of or associations with the apparent increase.	PCTs, West Midlands Perinatal Institute	• A report was completed in 2008, and concluded the change in stillbirth was due to natural variation. • Now produce biannual report to monitor
2006.1	Investigate and develop more robust data collection between maternity services and the Perinatal Institute to aid future audits.	PCT, Dudley Group of Hospitals NHS Trust, West	• Dudley took part in the West Midlands Investing for Health Perinatal & Infant Mortality Programme (2c). This initiative comprised routine data collection from hand held maternity

Passing the Baton

Children and Young People			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
		Midlands Perinatal Institute	notes by trained data clerks, and entry of the information on the Perinatal Institute's new NHSnet based software application (PEER - Perinatal Episode Electronic Record) and used reports to monitor and improve maternity services. • Dudley collected data from July 2009-March 2013 when funding to the WM Perinatal Institute ceased
2006.2	Further investigate teenage pregnancy rates in Castle & Priory ward and develop targeted programmes to reduce the rate.	PCT, Children's Services Dudley MBC	• Sexual health and teenage pregnancy work has been specifically targeted in DY1 and DY2 and high risk teenagers have been identified by sexual health nurses working in social care.
2003.13	There should be a focus on services for children of ethnic minority groups but there will be an increasing need for services for the elderly as the population ages	PCTs, Dudley Group of Hospitals NHS Trust, Dudley MBC	• There remains a need to develop health services which are culturally appropriate for the now ageing population from our ethnic minorities.

Passing the Baton

Year	Recommendation	Sexual Health Responsible organisations	Update on progress
2008.1	Sexual Health Planning and Implementation Group (SHPIG) is to develop a local performance framework for sexual health, which takes into account national and local targets and priorities.	SHPIG	• Local performance framework set up and reported on quarterly
2008.2	All sexual health services for young people across the Borough follow the DH "You're Welcome" quality standards for young people. Moreover, the standards are monitored on a regular basis.	SHPIG	• Standards were introduced into contracts for sexual health services • Many providers achieved compliance and were assessed by trained young people. • "You're Welcome" standards are now voluntary, but continue to be included in contracts and are self-assessed for compliance.
2008.3	Hotspot areas for teenage pregnancy and sexually transmitted diseases have readily accessible sexual health services, which provide contraception, TOP referral, EHC, and LARC prescribing.	SHPIG	• Contraception and sexual health services have been targeted particularly to DY1 and DY2. • Links to high risk young people have been established through placement of sexual health nurses in social care.
2008.4	Increase Chlamydia screening uptake through the main stream sexual health services (CASH, Brook, primary care, and community pharmacies) through ensuring that all SLA/contracts specify a target of Chlamydia screening uptake.	SHPIG	• Targets have been incorporated into SLA/contracts. • Increases in uptake are seen from specific targeted campaigns
2008.5	Develop and implement LARC strategy which includes advertisement and raising awareness of the effectiveness of LARC among the general public and sexual health care providers, increase LARC trained workforce and improve access to LARC across primary care and mainstream sexual health services.	SHPIG	• Training for all mainstream providers was commissioned. • All should now offer at least one method of LARC. • Awareness training for non-clinical frontline staff is mandatory.
2008.6	Improve the information system for CASH, Brook Birmingham and the EHC scheme.	SHPIG	• Sexual Health outcomes framework developed
2008.7	The development of integrated care pathways for teenage pregnancy, sexually transmitted diseases,	SHPIG	• This is in place

Passing the Baton

Year	Recommendation	Sexual Health Responsible organisations	Update on progress
	abortion and sexual health promotion to ensure functional integration of sexual health across the Borough.		
2008.8	Expand Emergency Hormone Contraception (EHC) scheme through community pharmacy, from its current 10% coverage.	Dudley PCT commissioning	• Scheme has been expanded, 34 Pharmacies provide EHC in Dudley Borough (48% of all pharmacies) • To date, 148 pharmacists and 20 other pharmacy staff have been trained to deliver EHC
2008.9	Include a clear care pathway for women requesting TOP to improve access to TOP before 9 weeks. This should cut across primary care, CASH and other family planning services and TOPs providers. It should enable patients self referral.	Dudley PCT commissioning	• Pathway was developed, which enables GPs to bypass CASH and refer directly to providers for uncomplicated cases. • Cases under 14 weeks or those requiring counselling can be referred to Brook or CASH. • This has resulted in increase of early access before 10 weeks gestation to above the 80% target since 2009.
2008.10	Opportunistic screening for Chlamydia is delivered effectively through main stream sexual health services (CASH, Brook, and primary care) to ensure high volume uptake.	Dudley PCT commissioning	• Primary Care delivers approximately 20% of the Chlamydia screens
2008.11	An Chlamydia opt-out policy across all services, including FE and school settings if possible.	Dudley PCT commissioning	• Opt-out is a quality standard in all sexual health commissioned contracts
2008.12	Agree and implement targets for early diagnosis of sexually transmitted diseases, including HIV and syphilis as part of the integrated care pathway for STIs. The care pathway should cut across primary care, TOPS services, CASH, Brook, Summit House, and secondary care GUM services.	Dudley PCT commissioning	• The sexual health contract includes testing for all sexually transmitted diseases according to the British Association for Sexual Health and HIV (BASHH) guidance • The contract includes development of care pathways for sexually transmitted diseases between Primary and Secondary care
2008.13	Improve provision of information and training of pharmacists and pharmacy staff on sexual health effective communication and sexual health risk	PH, commissioning and primary care	• To date, 168 pharmacists and 108 other pharmacy staff have been trained to deliver Chlamydia screening

Passing the Baton

Year	Recommendation	Sexual Health Responsible organisations	Update on progress
	assessment		• Information and training on sexually transmitted diseases and contraception provided.
2008.14	Awareness raising / educational sessions need to be delivered to minority groups in their local community, with the support of interpreting and translation services to ensure that people that are unable to speak English or read in any community language, are still able to access information.	PH, commissioning and primary care	• Health Inclusion, coordinated with Summit House HIV awareness training for GPs and practice nurses. • Also offered HIV awareness sessions to frontline Community workers.
2008.15	Activities / projects which train and support members of the community to deliver basic awareness-raising information / education to other members within their community, should be considered and resourced appropriately.	PH, commissioning and primary care	• Developed long acting reversible contraception awareness course for non-clinical staff. • Training delivered by 'Respect Yourself' team
2008.16	Each GP practice should include (or enable referral to) a female GP, so that women have the opportunity to speak to a GP about sexual health issues.	PH, commissioning and primary care	• Not yet full coverage
2008.17	Given that GPs are the most preferred point of access to sexual health services for some people, service provision should be culturally sensitive and all staff should be trained, skilled, and confident to work in a culturally competent way.	PH, commissioning and primary care	• No data/study available to assess extent of cultural competence in all GP practices.
2008.18	GP practices should aim to make the appointment booking system as accessible as possible and keep waiting times for appointments to a minimum.	PH, commissioning and primary care	• In 2012/13 70.5% of patients were satisfied with phone access to their GP. This has declined slightly and is below England (75%) • In 2012/13 80% of patients were satisfied with practice opening times, is in line with England, and is static with time.
2008.19	As per the national strategy (Great Britain. Department of Health, 2003b) sexual health	PH, commissioning and primary care	• Sexual health contract includes provision of up to date, culturally sensitive sexual health information

Passing the Baton

Year	Recommendation	Sexual Health Responsible organisations	Update on progress
	information should be clear, accurate, and up to date, provided in attractive and accessible forms and languages. This information should be readily available from GPs, nurses/clinics and also through other trusted professionals and community groups.		
2008.20	More use should be made of magazines, newspapers, the internet, and other advertising mediums (e.g. Buses) to raise awareness of sexual health issues, and advertise the full range of services available, and what they provide.	PH, commissioning and primary care	• Young people's website, proposed and in planning but not yet implemented.
2008.21	More education / preventative work should take place through schools to raise young people's awareness of the dangers of HIV and the possible consequences of particular lifestyle choices, whilst also ensuring that common stereotypes which may fuel stereotyping and discrimination are challenged.	PH, commissioning and primary care	• The SRE Toolkit which is being utilised by 16 secondary schools, has specific lesson plans and information for teaching staff to provide accurate HIV information and to equip them to explore the issues. • Links are also provided to local and national organisations where further information/input can be sought
2008.22	Services should review their opening hours to ensure they are as accessible as possible to service users, and that waiting times for appointments are kept to a minimum.	PH, commissioning and primary care	• GUM are open on weekends, and there is some provision at Brook on Saturdays.
2008.23	Appointments should be streamlined wherever possible to minimise the need for return/multiple visits and patients should be able to see the same doctor, to ensure consistency, wherever possible.	PH, commissioning and primary care	• GP patient survey 26% said they could not get an appointment when they wanted to or had to call back nearer the time. Of these 11% gave the reason was because they could not see the GP they wanted
2008.24	In line with the aims of the national strategy (Great Britain. Department of Health, 2003b), services should take practical steps towards reducing the stigma and discrimination associated with HIV and STIs.	PH, commissioning and primary care	• Sexual health contract includes working towards reducing the stigma and discrimination associated with HIV and STIs.
2008.25	GPs and clinics should endorse the standards taken from Effective Sexual Health Promotion (French,	PH, commissioning and primary care	• Included in sexual health contracts with both Primary and Secondary care providers

Year	Recommendation	Sexual Health Responsible organisations	Update on progress
	2007) and should use these as a framework to underpin their work, in order to be effective, sensitive, and appropriate.		
2008.26	GPs that have special interest in HIV/are HIV aware should be more accessible so that better HIV support can be provided at a local point of delivery.	PH, commissioning and primary care	• This is still to be developed
2008.27	All staff should provide services in a non-judgmental, respectful and sensitive way, and should be trained, skilled and confident to work in ways which exemplify this. They should also actively counter and challenge discrimination, stigma and prejudice. Confidentiality should be maintained at all times.	PH, commissioning and primary care	• Included in sexual health contracts with both Primary and Secondary care providers

Passing the Baton

Cardiovascular Disease			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
2003.1	All possible support should be given to national initiatives with the food industry to reduce salt levels in processed food	PCTs, DGoH, DMBC	• Trading Standards worked with local sausage manufacturer to reduce salt content of flavouring mix • Salt Awareness Week, a national campaign was supported by the team from 2009-2012. A display stand and information was made available for staff in the PCT canteen • Supported the Food Standards Agency campaign 'Sid the Slug' to reduce salt intake in 2004 by incorporating salt reduction and understanding food labels in healthy cooking sessions in the community
2003.2	An initiative should be developed with local restauranteurs/catering businesses to reduce the salt content of the food they offer	PCTs, DMBC	• Salt Shaker project in Nov 2010 – Jan 2011: 65 out of 82 fish and chip shops swapped/ exchanged their 17 hole salt shakers for 5 hole salt shakers to reduce salt consumption amongst customers • The Dudley food for Health award supports caterers including on the high street to provide healthy choices which includes salt reduction
2003.3	Institutional caterers (hospitals, residential and nursing homes, educational establishments) should review and, if necessary, reduce the salt content of their meals to ensure that recommended dietary levels of salt intake are not exceeded	DGoH, DMBC, Colleges of Further and Higher Education	• Reducing salt and processed foods on the menus is a criterion in the Dudley Food for Health Award scheme • 1 day healthy eating awareness training has been provided for 158 caterers in DGoH between 2007/8 – 2011/12
2003.4	Contracts with residential and nursing homes should include nutrition standards	PCTs, DMBC	• Nutrition standards have been included within the criteria for Dudley Food for Health Award and via training and support, not through contracts. This will be looked out in the next two years

Passing the Baton

Cardiovascular Disease			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
2003.5	Health promotion programmes designed to reduce smoking prevalence should continue and be expanded	PCTs	• Health Equity audits for the service are completed annually to inform areas for service development • National campaigns are supported locally • Developed workplace programmes • Coordinated Black Country Tobacco Control Alliance, covering underage sales, counterfeit tobacco, peer education. • Tobacco strategy in place and shortly to be refreshed.
2003.6	Current health promotion initiatives aimed at reducing excessive drinking should be reviewed for their coverage and effectiveness and additional programmes funded	PCTs, DAAT	• Targeted interventions were developed for males aged 35-54 as a response to the identified need relating to high rates of hospital admissions • The social marketing exercise resulted in the production of specific resources which have been tested and modified as a result.
2003.7	In implementing the new GP contract, particular attention should be paid to monitoring the adequacy of hypertension control in the at risk population, together with glycaemic control in diabetes; with audit, feedback and support to practices, by the PCTs, to ensure maximum and effective coverage	PCTs	• A range of Medicines Management audits were completed with feedback to GP practices
2003.8	Local hospital services should ensure that all patients with stroke are treated through co-ordinated acute a stroke unit care, including early and optimal access to brain imaging support	DGoH, Hospital Trusts	• Stroke and TIA Implementation Group (STIG) have implemented an early discharge group, stroke rehab, looking at access to brain imaging.
2003.9	Implementation of a stroke rehabilitation service should be a high priority for early implementation within the community investment strategy	PCTs, DGoH	• DGFT deliver a community stroke rehabilitation service • Dudley Stroke association commissioned via Public Health Physical Activity team, to deliver lifestyle advice and promote the FAST campaign, alongside bespoke exercise classes for stroke sufferer's completing rehabilitation.

Passing the Baton

Cardiovascular Disease			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
2003.10	The Expert Patients Programme should be expanded and sustainably funded	PCTs	• Dudley Public Health has supported the expansion of the team to enable the model to thrive, from modest beginnings in the PALS department to a 4 strong team of staff with 30+ volunteers and occasional sessional workers in support. • Dudley's programme has taken an innovative approach towards delivery, adopting a community development model to build capacity and establish income streams for local voluntary organisations. The goal is not only to equip individuals with valuable skills, but to use it as a tool to expand social capital through courses delivered by the community themselves, thereby improving access for all and making them socially and culturally relevant. • Achieving an average of 500 course completions per annum from approximately 60 courses throughout a year • The self management programme team, recognise the impact that self care can have on those experiencing health inequalities. 50% of course completions are resident in quintile 1 and 2 the areas of highest deprivation and a minimum of 14% of annual completions are delivered in languages other than English by trained and accredited volunteers from the community. • Dudley Public Health's self management programme team have developed an in-house training function enabling them to control quality assurance and reduce costs of training tutors and staff.

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
2005.6	The obesity epidemic presents a very serious threat to public health and the health service. The priority given to its prevention needs to be much higher than is currently apparent.	Dudley Community Partnership	• The 2005 5 year obesity strategy was implemented and subsequently evaluated. It has now been refreshed with an updated 5 year action plan to 2017. Work is on-going with partners and council directorates to embed obesity actions into delivery plans. Child obesity reduction is a priority within the CCG commissioning plans. Public marketing and awareness programmes are being stepped up. Public awareness campaigns are being stepped up.
2005.7	There can be no doubt that the epidemic is a result of the obesogenic environment which affluence and modern society has created. The main emphasis should therefore be on changing the environment.	Dudley Community Partnership	• Tackling the environment has been a priority in the obesity strategy since 2005. • Public Health Physical Activity team worked with parks development team to develop initiatives in parks that provided free accessible activity opportunities, but did not have the finances to support the behaviour change by creating supportive environments. • The Healthy Towns programme which began in 2008 aimed to address this through the production of five “outdoor leisure centres” connected by 30km of active travel corridors and signage. • The Refreshed strategy highlights restricting fast food outlets with the development of a supplementary planning guidance for health, and nutritional standards for pre-school care.
2005.8	The use of BMI measurement in conjunction with waist measurement should be routine in primary and secondary care practice.	Health Professionals	• Quality outcomes framework introduced a obesity register in 2011 for all aged over 16 • All Dudley GPs achieved maximum points in 2011 • Lifestyle guidelines for general practice include waist measurement.
2005.9	Whole population, preventative measures to tackle obesity should be implemented as a matter of	PCTs, Dudley MBC	• Since 2005, the strategy for Dudley has focused on 3 tiers-

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
	urgency and prioritised for resource allocation.		the environment, population prevention and treatment programmes and a whole range of programmes for adults and children are in place. • PCT additional investment of ~ £1 million over period 2005-2011 and this supported external funding of £4.5 million for Healthy Towns Programme. • The Healthy Towns programme was developed from the outset to provide a sustainable infrastructure that will provide communities with long term health enhancing opportunities.
2005.10	Environmental interventions are required across the Borough, and where targeted early action is possible, this should be focused on Coseley East, Brockmoor and Pensnett, Netherton and Woodside and Brierley Hill wards.	Dudley MBC, Dudley Community Partnership	• All the highlighted wards were in the catchments of the Five healthy Towns Hubs.
2005.11	Workplace interventions should be targeted for women in routine occupations.	Black Country Regeneration Consortium, Dudley Regeneration Partnerships, Dudley Community Partnership	• Dudley PCT recognised the importance of improving the health & wellbeing of the working population in Dudley and identified this area of work as one of its key World Class Commissioning priorities (Goal 4) in 2009. The PCT allocated £50K funding to develop a healthy workplace model through piloting a partnership approach with the 5 public sector organisations (PCT, Dudley Community Services (DCS), Dudley & Walsall Mental Health Trust (DWMHT), Dudley Group of Hospitals & Dudley Local Authority) with a view of rolling out to the business community. • A Dudley Staff Health & Wellbeing (DSH&W) working group was established and has been meeting since June 2010. All organisations were represented at the appropriate level and were committed to work jointly on key work streams. • The 2011 Organisational changes lead to reprioritisation of funding to support staff through change • DWMHT developed and launched a Staff health & wellbeing

Year	Recommendation	Obesity Responsible organisations	Update on progress
			strategy • Dudley's Select Committee on Health and Adult Social Care reviewed workplace health in 2009/10, recommending increased awareness of the value of investment in a healthy workplace; good sickness management and flexible return to work; development of a network of health and wellbeing champions; healthy eating policy and healthy journeys to work programmes. • Public Health teams have supported local workplace health events on a reactive basis (15 events in 2010-11)
2005.12	As with adults, child obesity should be tackled at the whole-population level. This is best achieved through interventions at the whole-school level.	Dudley MBC	• The healthy schools programme has a dedicated post that supports schools and early years settings to deliver a whole school approach to obesity reduction. • Food Dudes – a psychological based incentive scheme to increase children's fruit and vegetable intake, has been commissioned across primary and specials schools.
2005.13	The epidemic and effects of policy intervention should continue to be tracked – by further adult survey in 2008/9 and in children through the forthcoming national surveillance system.	PCTs, Dudley MBC, Dudley Community Partnership	• The National Child Measurement Programme (NCMP) was implemented in Dudley in 2005/06. • NCMP coverage has been in excess of 98% each year • The year on year rise in obesity for children has been halted. • A child weight management service is provided with 680 referrals in 2010/11 • An adult lifestyle survey was completed in 2009, including self-reported height and weight
2005.14	Expand capacity to deliver Dudley Food and Health Award to provide comprehensive Borough coverage.	PCTs, Dudley MBC	• In 2005/6, 36 premises achieved a Dudley Food for Health Award, this increased to 151 premises in 2010/11, of which 28% were high street food outlets • In 2009/10 a member of staff was recruited to work alongside high street food outlets including pubs/clubs,

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
			cafes/restaurants, takeaways and mobile food units
2005.15	Public sector agencies in Dudley should take action to ensure systematic availability of healthy choices through vending machines, hospitality and canteens/restaurants for staff and the public.	Dudley Community Partnership	• A Healthy Food Policy was ratified in 2009 within the PCT • A draft policy was piloted in Directorate of Urban Environment , Dudley MBC and Dudley Group of Hospitals in 2010 • Public Health and Environmental Health introduced a vending policy that was piloted with Directorate of Urban Environment settings. Still in place and just being reviewed to change to healthier ratios
2005.16	Retailers should be supported to improve access to fruit and vegetables within local shopping centres, particularly in disadvantaged wards with poor access.	Dudley MBC, Dudley Community Partnership	• A bid for Big Lottery funding was successful for a three year food access project, Dec 2007-Dec 2010. • This increased fruit and vegetable provision and consumption in Hawbush, Brierley Hill and involved the school, community and a local greengrocer. • The project was one of the National Social Marketing demonstration sites • A retail programme has now been commissioned to support local shops across Dudley
2005.17	Continue the PCTs 'Get Cooking' programme and expand coverage in disadvantaged wards	PCTs	• Two thirds of all participants accessing the Get Cooking! programme are within the 40% most deprived wards. The service has continued to improve dietary intake and increase fruit and vegetable intake in 75% or more of participants • The first sessional workers started in 2010/11 to expand the capacity of the programme, also volunteers have been trained with the opportunity to becoming sessional workers
2005.18	Continue Dudley Healthy Schools programme and expand settings based interventions to Early Years settings and Colleges in the Borough.	PCTs, Dudley MBC, Early Years Providers, Childrens Centres, Dudley Colleges	• Not yet addressed

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
2005.19	Review current Action Plan for improving breastfeeding rates, refocus efforts; and implement additional measures	Dudley Group of Hospitals	• Ongoing work. Breastfeeding training coordinator increased time, recruitment of breastfeeding buddies, training of all frontline staff made mandatory. • All Healthy Hubs were made breastfeeding friendly, with explicit signage and feeding quiet areas • Breastfeeding Buddies programme introduced • Breastfeeding rates have yet to improve
2005.20	Introduce a Health Trainers scheme for Dudley to support individual lifestyle change programmes	PCTs	• New service introduced in 2010. There were 8.5 wte Health Trainers and they predominantly work with clients in the most deprived areas of the borough to support them to be able to make changes to their lifestyles.
2005.21	Public education should raise the awareness of the link between obesity and exercise and good health	Dudley Community Partnership	• Awareness and public education campaigns via change 4 life • Social marketing with young mothers completed. • All Public Health commissioning includes public education. Including the exercises referral programme and Brief intervention resource. • Primary care professionals have been trained in exercise awareness and message sessions.
2005.22	Current provision of exercise schemes provides opportunities for a wide range of people. Adequate signposting, access and capacity should be ensured.	PCTs, Dudley MBC	• Walkzone website provides this across the life course • Physical Activity programme delivers within a cradle to grave approach • Healthy towns has walking/cycling corridors linking the five healthy hubs with increased signage • The 'making every contact count' (MECC) scheme is being implemented across providers and partners in order to increase the awareness and signposting to all lifestyle services.
2005.23	Barriers to behaviour change, such as community safety and appearance, should be addressed.	Dudley MBC, Dudley Community	• Healthy towns has addressed this via partnering with the police and developing increased lighting, CCTV and

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
		Partnership	community engagement at the Healthy Hubs
2005.24	Interventions or population strategies should specifically meet the needs of older age groups (35 and over) and less affluent populations as well as a whole population approach.	PCTs, Dudley MBC	• Public health Physical Activity team has two bespoke commissions that directly target and provide for older People. LEAP over 50 via Age UK Dudley and Tandrusti which targets older BME communities via the Workers' Educational Association (WEA)
2005.25	Local partners to work together from the planning stage on issues around infrastructure, policy and strategy development to create leptogenic environments.	Dudley MBC, Construction industry, Dudley Community Partnership, Brierley Hill Partnership, Black Country Consortium	• The Healthy Towns programme applied this model. This is being developed further through the development of the Planning for Health Supplementary Planning Document. • The Dudley Food for Health Award as a partnership programme aimed at supporting caterers on the high street to provide a choice of healthy food
2005.26	Establish criteria that can be used by various organisations to ensure impacts on physical activity, nutrition choices, food advertising, parental support are considered when developing local initiatives	PCTs	• A brief diet assessment questionnaire has been developed, also a comprehensive diet questionnaire to measure dietary behaviour change
2005.27	The importance of a family based approach to obesity is considered when planning interventions	Dudley MBC, PCTs, Dudley Group of Hospitals	• Support the National Change for Life campaign • Introduction of MEND programmes for children which involve the family in the treatment • The Healthy Towns programme and the development of parks is aimed at families.
2005.28	Increase and encourage use of public transport and alternate methods of transport such as cycling	Dudley MBC, Black Country Regeneration Consortium	• Increased cycle routes , infrastructure and signage introduced through Healthy Towns, and transportation work programmes • Active travel programmes developed in Brierley Hill, as part of the local transport plan bid.
2005.29	Engage local employers in supporting the development of leptogenic environments within the	PCTs, Dudley MBC, Dudley	• Not yet addressed

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
	workplace	Community Partnership	
2005.30	The local health partnership should aim to make health choices for the local population easy choices and address the WHO European Charter on Counteracting Obesity.	Dudley Community Partnership	• Dudley Community Partnerships' Community Strategy for Dudley highlights and prioritised work on obesity.
2005.31	A particular focus of intervention programmes should be socially deprived groups and ethnic minority groups.	Dudley Community Partnership, Dudley MBC, PCTs	• Built in to majority of public health programmes. Healthy Towns, although it did not have a grant requirement, linked to deprivation. The site selection criteria based around obesity, fruit and vegetable consumption and physical activity data amongst others meant that the services were delivered in mainly deprived areas and that inequality issues were minimised. • Providers commissioned in 2010/11 to expand the programme to work with the most vulnerable or at risk groups. They include Fit Food Fit Life CIC working with BME communities, Dudley MIND, Young Carers Project and St Thomas' Network
2005.32	Intervention programmes should be based on a lifecourse approach	Dudley MBC, PCTs, Dudley Group of Hospitals	• Not yet addressed
2005.33	Intervention programmes must tackle both diet and physical activity in an integrated way	PCTs, Dudley MBC, Dudley Group of Hospitals	• All intervention programmes delivered in the borough for adults and children include both diet and activity and are in line with NICE guidance. These include: Shapes programme, Healthy Towns, Exercise referral, Phases, Tandrusti, Leap over 50
2005.34	More effort needs to be made in preventing people becoming overweight/obese and in maintaining current weight.	Dudley MBC, PCTs	• The emphasis on previous and current obesity strategy since 2005, has been on a tiered approach- including interventions aimed at the environment, prevention programmes for adult and children to maintain a healthy weight and also for the development of treatment

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
			• programmes to support people in losing weight. • Expansion of the Get Cooking! Service, continue to provide training to staff working in health, education, catering and care, addressing food access issues with food growing projects and working alongside high street caterers
2005.35	Social marketing stratagems and techniques should be employed in tackling lifestyle issues of obesity e.g. Geo-demographic classification systems.	PCTs, Dudley MBC	• Social marketing exercise undertaken focussed on 16-24 year old women with high BMIs, their triggers around food, looking at their weight, use of services.
2005.36	The promotion of breastfeeding should be encouraged further.	Dudley Group of Hospitals, PCTs	• Ongoing work. Breastfeeding training coordinator increased time, recruitment of breastfeeding buddies, training of all frontline staff made mandatory.
2005.37	Primary care has a key role to play in the promotion of a healthy lifestyle.	PCTs	• Stop smoking service delivered in Primary care • Weight management referrals and delivery of counterweight programmes • Get Cooking! Referrals • Exercise and Nutrition training • Make Every Contact Count • NHS health check delivery
2005.38	Multi-component school programmes to tackle obesity should be encouraged.	Dudley MBC, PCTs	• The public health healthy schools programme adopts a whole school approach to tackling obesity, with policy work, staff training, pupil education and awareness including physical activity and diet. • Food Dudes – a psychological based incentive scheme to increase children's fruit and vegetable intake has been commissioned for primary and special schools
2005.39	Dudley's plan for tackling obesity should be further reviewed to ensure that it provides a complete implementation plan for the NICE guideline on obesity.	Community Partnership, Dudley MBC, PCTs	• All services and plans are reviewed against NICE guidance to ensure their criteria are met.
2005.40	Dudley PCT, in developing its investment plan for tackling obesity, is best advised to largely focus its	PCTs	• As part of the obesity strategy a number of community and

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
	resources on community intervention and lifestyle change at the individual level.		lifestyle programmes have been developed or expanded e.g. establishment of adult and child weight management pathways; expansion of Get Cooking! and physical activity programmes.
2005.41	In considering treatment services, establishing good quality specialist primary care or community based obesity clinics should be the priority.	PCTs	• Access good; in terms of deprived areas and lower income use, BME access was low, so developed a bespoke programme 'Slimmers' Kitchen'. • A range of community and primary care based treatment services are now available including Weight Watchers, Slimming World, Rosemary Conley, Slimmers' Kitchen, Shapes, Counterweight, specialist community weight management services and for children- Jumping Beans, MEND, Phases.
2005.42	Referral for surgery should be managed through the community-based specialist obesity clinics for all categories of patients. Referrals from other sources, including GP referral, should not be accepted by treating centres.	PCTs	• A specialist community weight management service now gatekeeps all bariatric referrals to ensure the right people go forward for surgery. This is lead by a GP with Specialist Interest.
2005.43	It is advisable to develop service standards for all levels of weight management service to ensure that they provide optimum intervention by offering comprehensive and competent services.	PCTs, Dudley Group of Hospitals	• All services are commissioned based on the NICE guidelines, with specific requirement detailed in the service specifications
2005.44	In order to target drugs most effectively, it is strongly recommended that access to orlistat and sibutramine is provided through specialist NHS obesity clinics only, according to protocol and monitored in the same way other high cost NIHCE drugs are.	PCTs	• Obesity reduction drugs are still accessed across primary care, however the comprehensive treatment pathway has contributed to a reduction in obesity treatment drugs being used across the Borough. The drug use is monitored and audits have been undertaken.
2005.45	Demand management presents a difficult challenge for the PCTs in this area. It is strongly advised that the GPs, commissioners and local providers of specialist clinics and surgery consider options to	PCTs	• The pathway through to bariatric surgery is now very carefully managed, via the DUBASCO scoring system (a validated scheme), developed locally. Those who meet the criteria, are managed by the specialist community services

Passing the Baton

Year	Recommendation	Obesity Responsible organisations	Update on progress
	more fairly determine access to surgery. (Some PCTs are now restricting access to specific sub-sets of patients as the most equitable way forward)		and hospital weight management clinic and discussed and agreed via a Multidisciplinary team process. • The DUBASCO system favours co-morbidities that benefit from surgery.

Passing the Baton

Equality & Diversity			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
2003.11	The potential of religious leaders and faith groups in communication with black and ethnic minority communities should be used	PCTs, DGoH, DBMC	• Strong links established across sectors with Dudley Borough Interfaith Network and other organisations. • Community Engagement Strategy for all sectors In It Together.
2003.12	All agencies' services should be sensitive to diversity as well as carrying out focused work in the 5 main wards which would reach the majority of ethnic minority people	PCTs, DGoH, DBMC	• Equality Impact Assessments carried out across services • Community Development Workers service delivered to minority ethnic communities to support mental health needs. • Diabetes educational support workers for minority ethnic communities.
2003.13	There should be a focus on services for children of ethnic minority groups but there will be an increasing need for services for the elderly as the population ages	PCTs, DGoH, DBMC	• Ethnic Minority Achievement Service supporting educational needs. • School Health and Lifestyle surveys include ethnicity monitoring. • Tandrusti service delivering to minority ethnic communities to support physical activity and wellbeing of people aged 50+.
2003.14	Ethnic minority data collection in all services but particularly primary care must be encouraged and supported	PCTs	• QOF 21, 100% collection for new registrants. • In 2010/11, 73% of Dudley GPs reach 100% recording and has increased year on year.
2003.15	Health Equity Audits should include ethnic minority status	PCTs	• Yes e.g. Tobacco Control equity audit

Passing the Baton

Equality & Diversity			
Year	**Recommendation**	**Responsible organisations**	**Update on progress**
2003.16	Preventative services and support and management for long-term conditions will need to be targeted, if the health of ethnic minority people is to improve at the same rate as that of the whole population	PCTs	• Expert patient programme delivers bilingual specific programmes for identified minority ethnic groups, • Cancer Awareness project with minority ethnic communities using arts and health (Life is Precious, 2012).
2003.17	Strategies in the areas of race equality, health inequalities, chronic disease management and a healthy start to life must all contribute to the improvement in health and access to high-quality health care for the black and ethnic minority population	PCTs	• Health Inequalities Strategy and action plan produced and being implemented.

Passing the Baton

Year	Recommendation	Other Responsible organisations	Update on progress
Primary Care			
2006.3	Feedback practice comparisons of emergency admissions for chronic conditions usually managed in primary care. GP practices to carry out audits for improvement.	PCT, Dudley GP Practices	• Shared comparative data on admission rates with GP practices
2009.1	Development and implementation of a post of General Practitioner with special interest in Public Health to develop the links between primary care practitioners and public health and help orchestrate the development of a more community based holistic vision for primary care that would realise the Alma-Ata ambition in Dudley	PCT	• Developed training programme with The West Midlands General Practice and Public Health Deaneries • Advertised the training post • Recruitment was unsuccessful
Cancer			
2006.5, 2007 and 2008	Continue measures to improve cervical screening uptake	PCT	• Epidemiological analysis of cervical screening uptake was undertaken annually, identifying areas and groups with poor uptake • Health improvement programmes were undertaken with these groups • National campaign was supported locally
2006.6, 2007	Work with Dudley Group of hospitals to undertake an audit of cervical cancer deaths in the last five years (a total of 46 deaths)	PCT, DGoH	• The resources have not been available to complete this.
Accidents			
2006.7	Analyse further the upturn in admissions and mortality from accident in the population aged 65 plus	PCT	• This was investigated and was related to an increase in falls, or fracture injuries where the cause was unspecified. • Discussion with Dudley Group NHS Foundation Trust identified coding difficulties, which were addressed.

Passing the Baton

Year	Recommendation	Responsible organisations	Update on progress
Other			
			• A revised falls pathway was implemented
2007.4	Implement the updated joint Accident Prevention Strategy	Dudley Health & Wellbeing Partnership	• Implemented within the budgetary restraints
2008-2010	Undertake further investigation to understand the recorded rise in deaths and hospital admissions due to accidents.	PCT	• Currently being reviewed
Alcohol			
2006.8	That the Dudley Community Safety Partnership re-examines it's strategy, investment and action plans to tackle the steep and continuing rise in alcohol- related deaths as a matter of urgency.	'Safe & Sound' - Dudley's Community Safety Partnership	• The 2010-2013 strategy has been implemented and high impact changes were introduced to reduce the rise in alcohol related deaths.The key interventions implemented were: • Identification and brief advice in Primary Care delivered through a Directed enhanced services (DES) for new patients and the Health Checks Programme for over 40s. A local enhanced services (LES) was introduced for all other patients. • An additional liaison worker was appointed to work in A & E and link them into community alcohol treatment services and other forms of support. • The capacity of the contracted service provider (Aquarius) was increased by funding an additional primary care liaison worker to work with GP surgeries with the highest number of hospital admissions for alcohol.

Passing the Baton

Year	Recommendation	Responsible organisations	Update on progress
			• The rate of increase in alcohol related conditions is now slowing down, but alcohol mortality is still significantly above average both regionally and nationally.
2007-2010	Dudley Community safety Partnership to implement its new strategy for alcohol with the key aim of reducing the harm that alcohol does to individuals, families and the community	'Safe & Sound' – Dudley's Community Safety Partnership	• The Partnership Strategy for 2010-2013 has been implemented and progress has been evaluated annually. A new national strategy was released in March 2012 and a new needs assessment and strategy will be developed to take account of the final strategy outturn and the national policy.
Health Inequalities			
2006.4	Continue to monitor and investigate the increasing inequalities gap for life expectancy	PCT, Local Strategic Partnership	• Monitored. Marmot introduced the Slope Index of Inequalities • A health inequalities needs assessment and revised strategy was adopted in 2012
2007	Take up the support offered by the National Support teams on infant mortality and health inequalities to review and refocus action on health inequalities in the Borough	Dudley Health & Wellbeing Partnership	• Reviewed stillbirths • Action on teenage pregnancy • Smoking in pregnancy programme • Smoke-free children programme
2010.1	Dudley Health Inequalities Strategy 2010 – 15 should be implemented in full; and that an annual monitoring report be produced and made publicly available for all to judge the progress of agencies and communities in tackling this deep and troubling problem.	Local Strategic Partnership, Dudley MBC, Dudley PCT	• Limited progress to date
JSNA			
2007.1	The model linking determinants of health with sustainability should be	Local Strategic	• Adopted in Dudley community

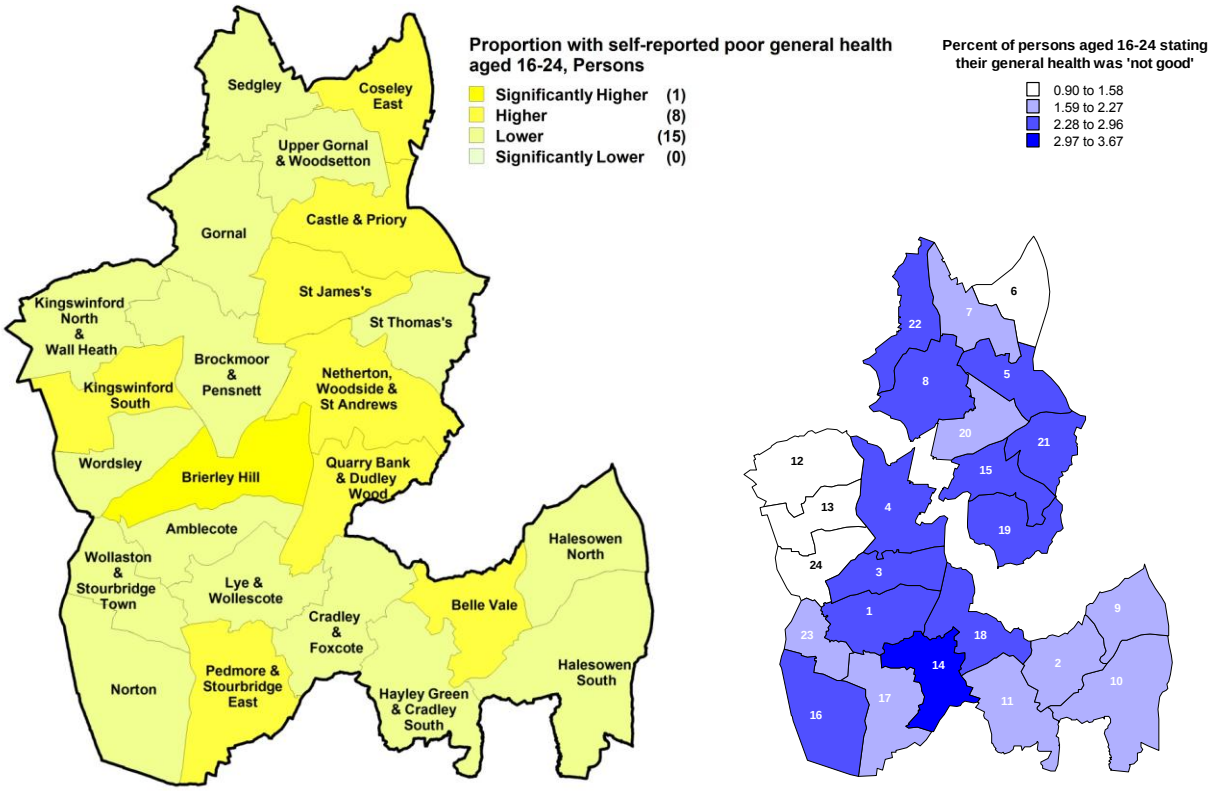
Passing the Baton

Year	Recommendation	Responsible organisations	Update on progress
Other			
	adopted as an underlying principle for the forthcoming re-write of Dudley's Sustainable Community Strategy, paying regard to the dynamic interactions between the different spheres of the model.	Partnership, Dudley MBC, Dudley PCT	strategy
2007.2	The analyses presented here should form the spatial dimension of Dudley's Joint Strategic Needs Analysis	Local Strategic Partnership, Dudley MBC, Dudley PCT	• Included in the JSNA
2007.3	Dudley's urban planning, through the Core Spatial Strategy and Local Development Frameworks, should give expression to evidence-based policies which promote health improvement in the Borough	Dudley MBC	• Yet to be developed
2007.4	Health Impact Assessments should be integrated into the Borough's Sustainable Environmental Assessments	Dudley MBC	• Not taken forward
Infectious diseases			
2009.4	The Burden of mortality from infectious diseases appears much higher than for England & Wales as a whole. Further investigations should be undertaken	PCT	• The investigation showed that this was due to a high level of mortality from Enterocolitis due to *Clostridium difficile* • The deaths for this peaked in 2007. • Continues to be tackled by a health economy comprehensive programme to tackle HCAI
2010.4	The national desire to reduce healthcare associated infection must continue to be mirrored and rigorously pursued in Dudley	Dudley Group Foundation Trust, NHS Dudley, Care Home providers	• Continues to be a National Priority. And will continue to be beyond the transfer of public health to the Local Authority • Public Health Intelligence team produce monthly HCAI monitoring reports and share these with the health economy. • Enhanced surveillance of *clostridium difficile*

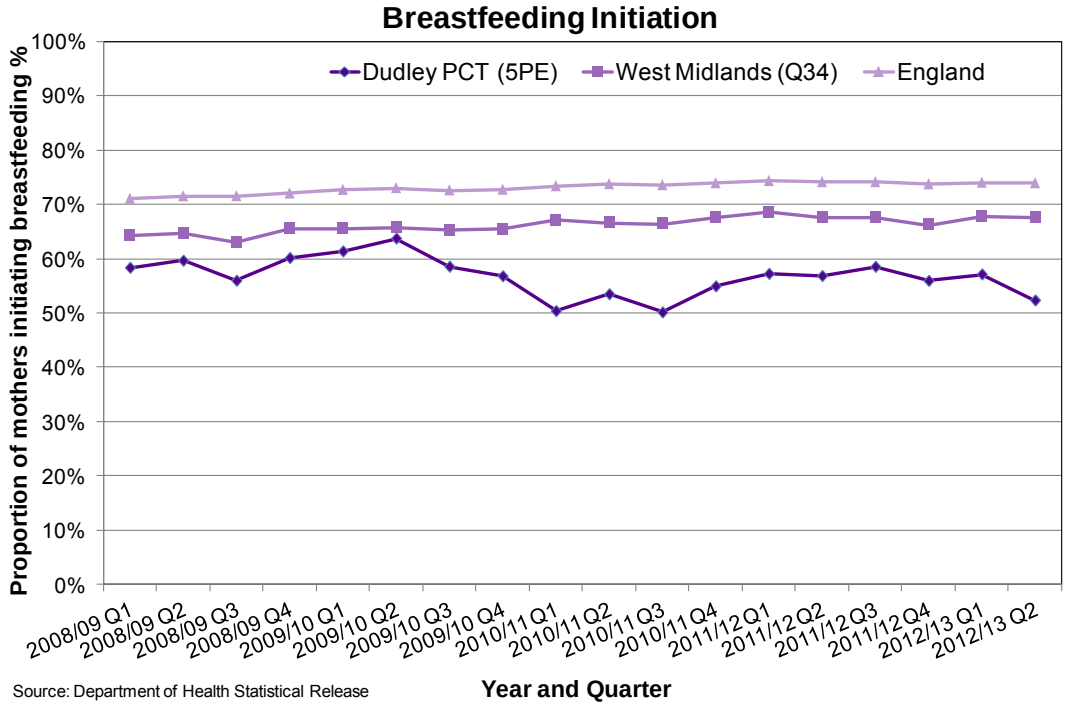
Children and Young People

Recommendation No. 2003.27

Figure 12

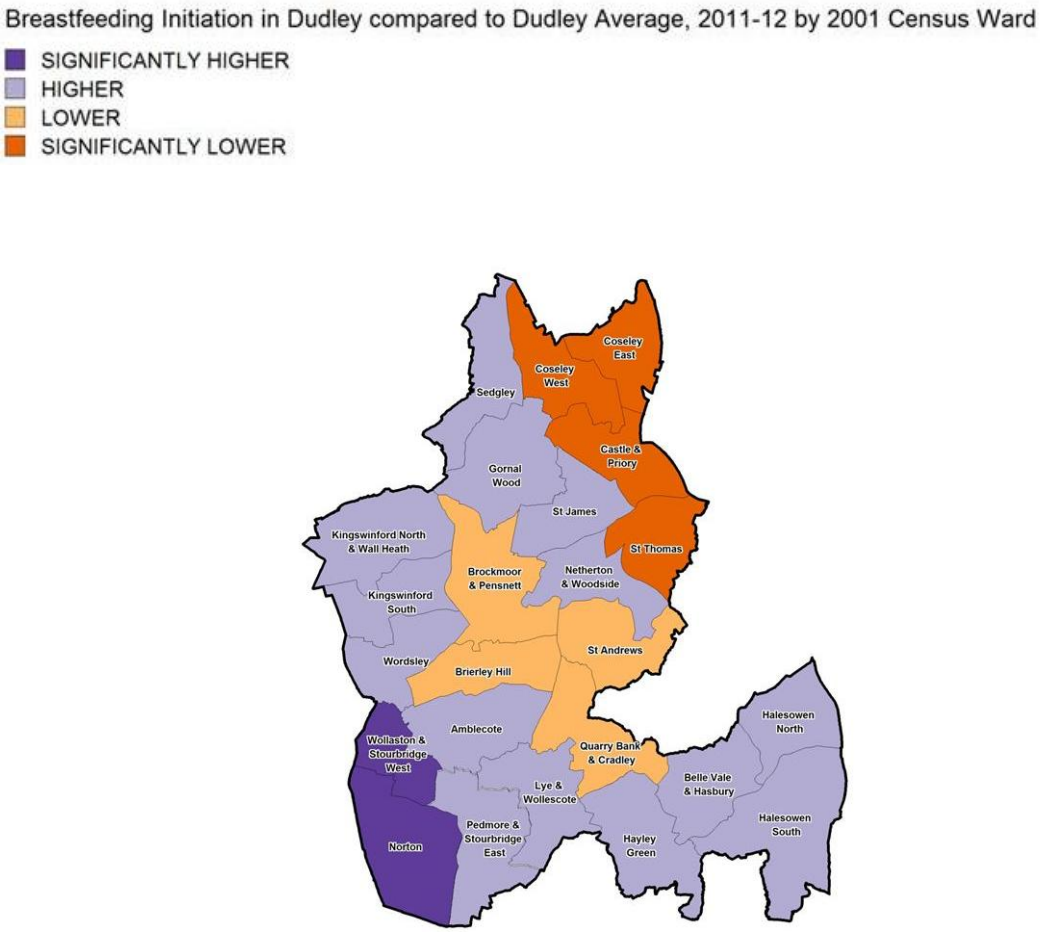


Breastfeeding Initiation – Figure 13



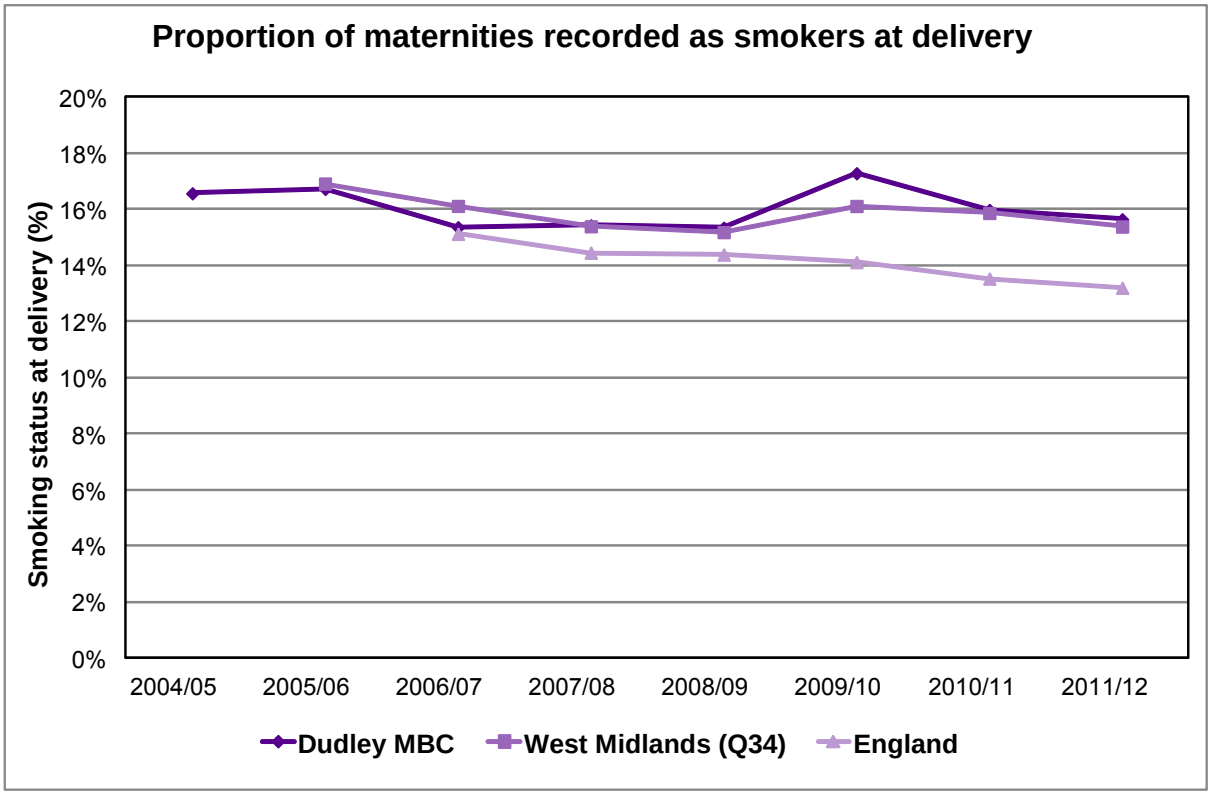
Source: Department of Health Statistical Release

Figure 14



Source: Public Health Intelligence, Dudley PCT

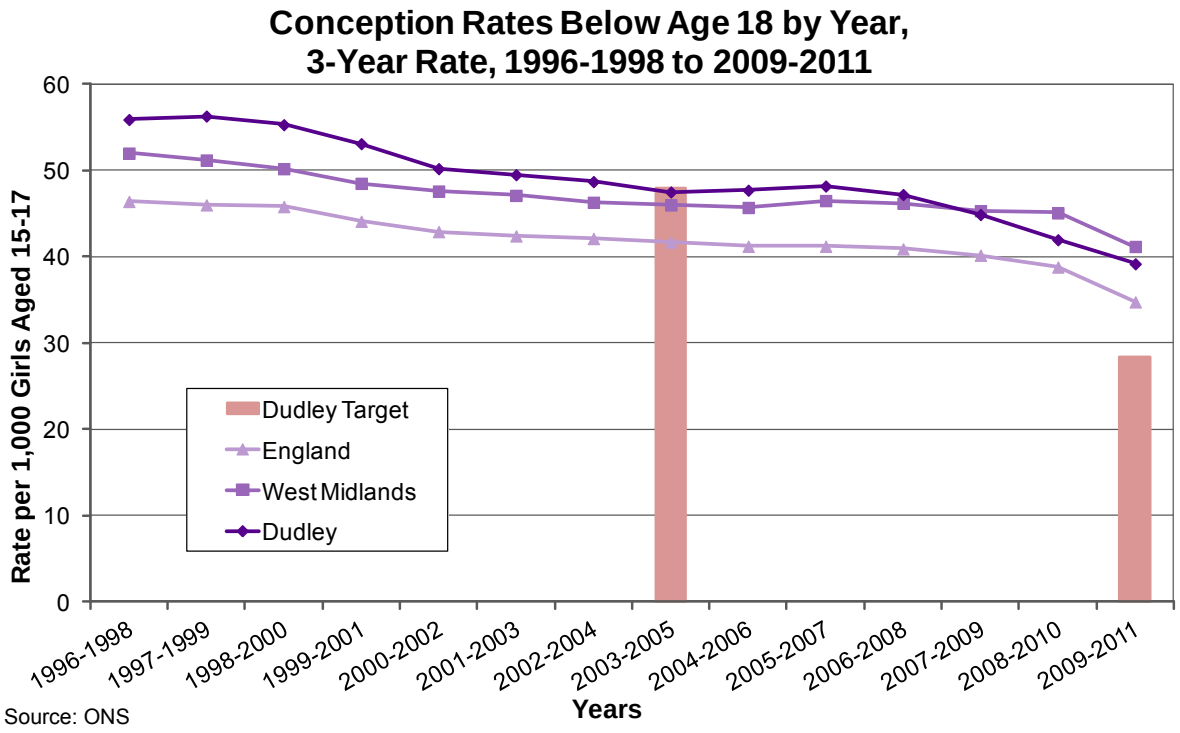
Figure 15



Source: The Health and Social Care Information Centre, Lifestyle Statistics / Omnibus

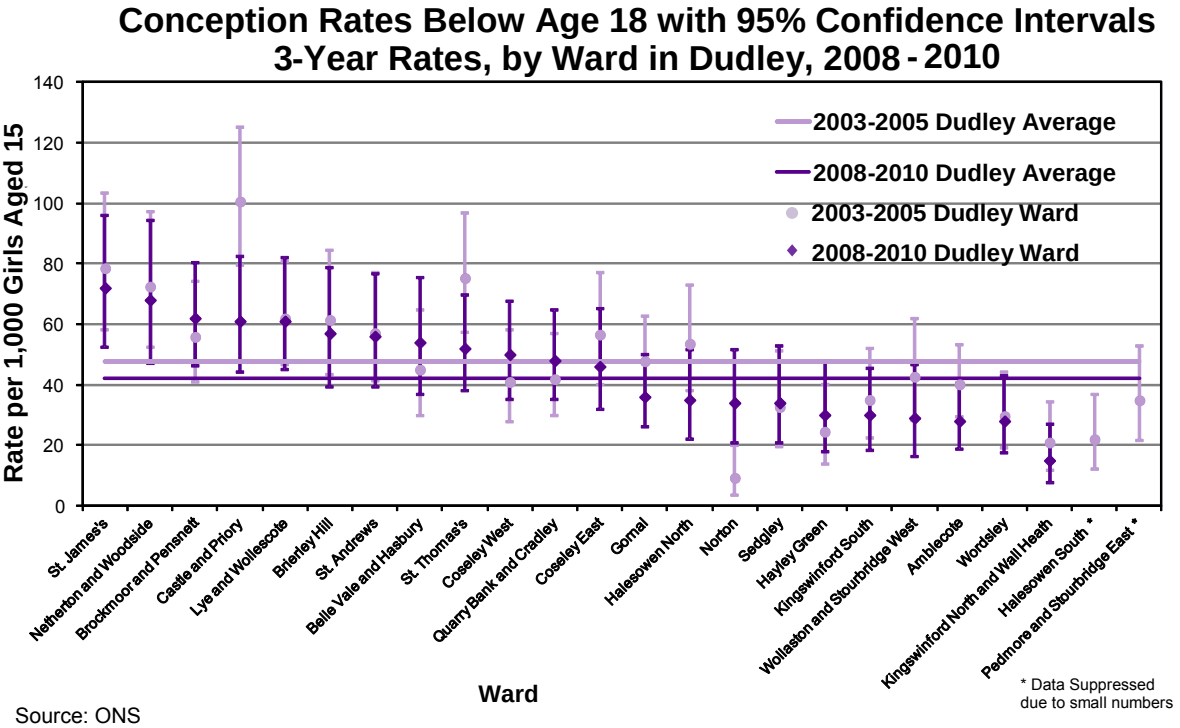
Recommendation No. 2003.34

Teenage Conceptions – Figure 16



Source: ONS

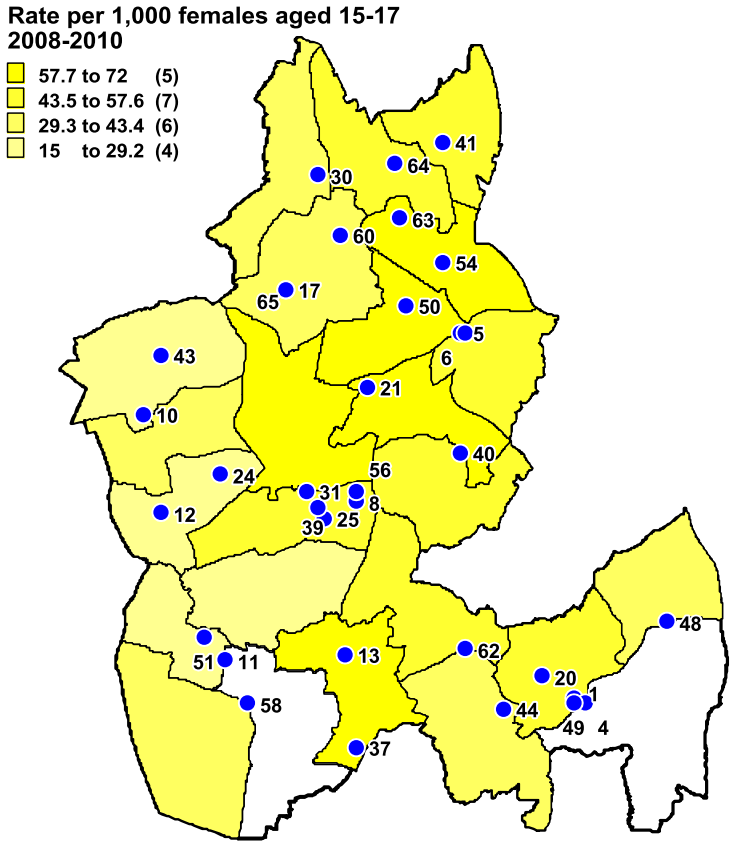
Figure 17



Source: ONS

Figure 18

Emergency Hormone Contraception Provision 2012 and Under 18 Conceptions 2008-2010 by 2001 Census Ward.

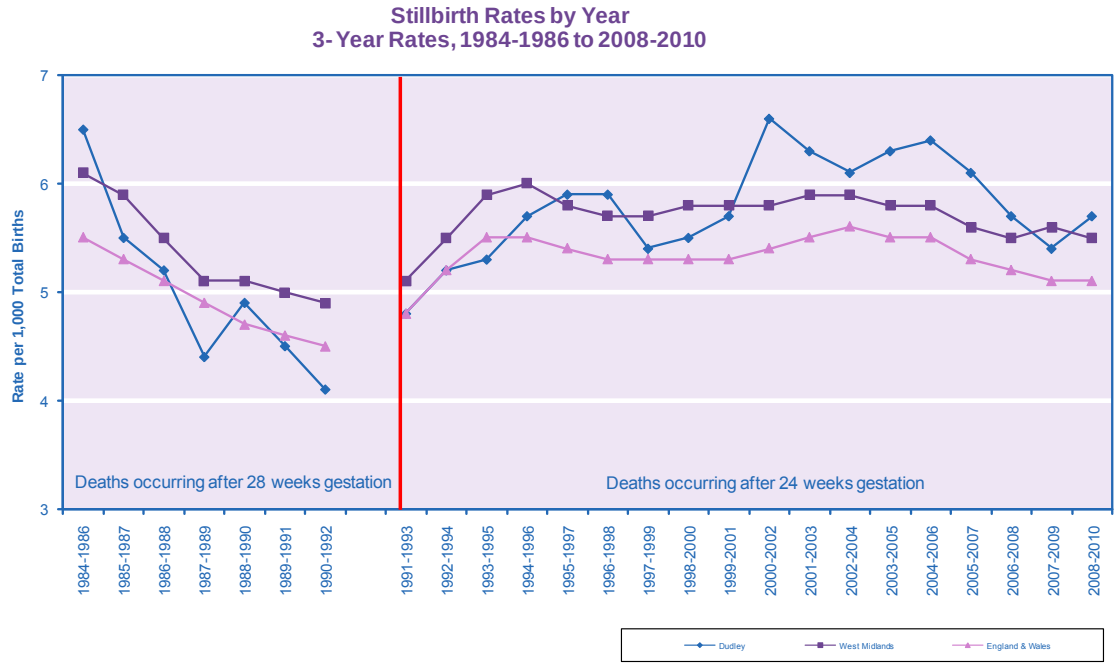


Source: Office of Public Health, Dudley MBC

ID	Organisation Name
1	ASDA STORES LTD
4	BOOTS UK LIMITED
5	BOOTS UK LIMITED
6	BOOTS UK LIMITED
8	BOOTS UK LIMITED
10	BOOTS UK LIMITED
11	BOOTS UK LIMITED
12	COUNTY PHARMACY LTD
13	DAY NIGHT PHARMACY
17	EGGINTON JT LTD
20	HAWNE CHEMIST
21	HOLLY HALL PHARMACY
24	LAD CHEMIST
25	LLOYDS PHARMACY LTD
30	LLOYDSPHARMACY
31	LLOYDSPHARMACY
37	LLOYDSPHARMACY
39	MCARDLE I LTD
40	MILAN CHEMIST
41	MILLARD & BULLOCK
43	MORRISONS PHARMACY
44	MURRAY CG & SON LTD
48	MURRAYS HEALTHCARE
49	MURRAYS HEALTHCARE
50	MURRAYS HEALTHCARE
51	MURRAYS HEALTHCARE
54	PRIORY COMMUNITY PHARMACY
56	SAINSBURY'S SUPERMARKETS LTD
58	SWINFORD PHARMACY
60	THE ARCADE PHARMACY
62	THE CO-OPERATIVE PHARMACY
63	THE CO-OPERATIVE PHARMACY
64	THE CO-OPERATIVE PHARMACY
65	THE CO-OPERATIVE PHARMACY

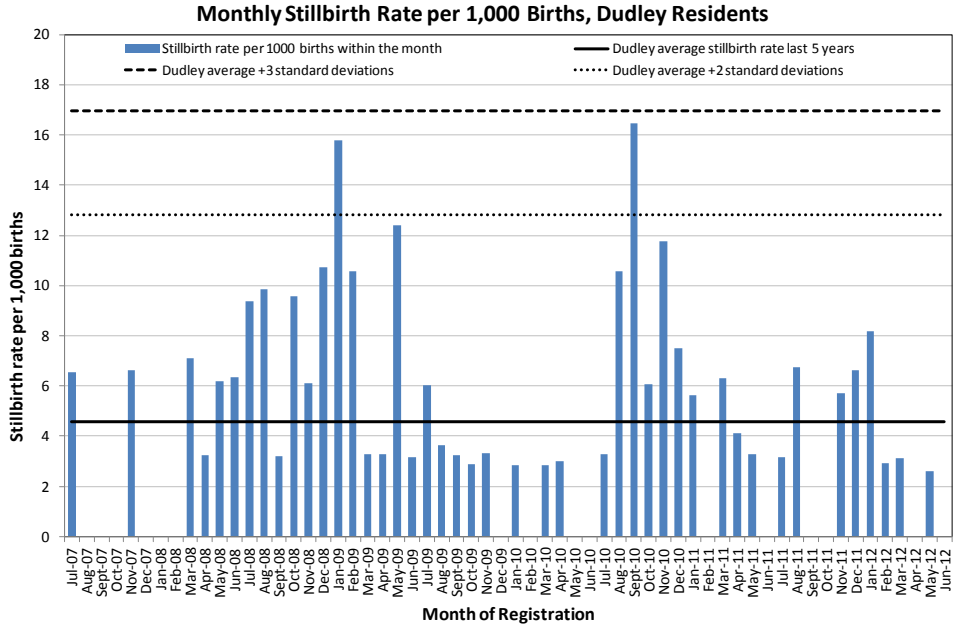
Recommendation No. 2005.1

Figure 19



Source: Health & Social Care Information Centre (HSCIC) Compendium of Population Health Indicators

Figure 20

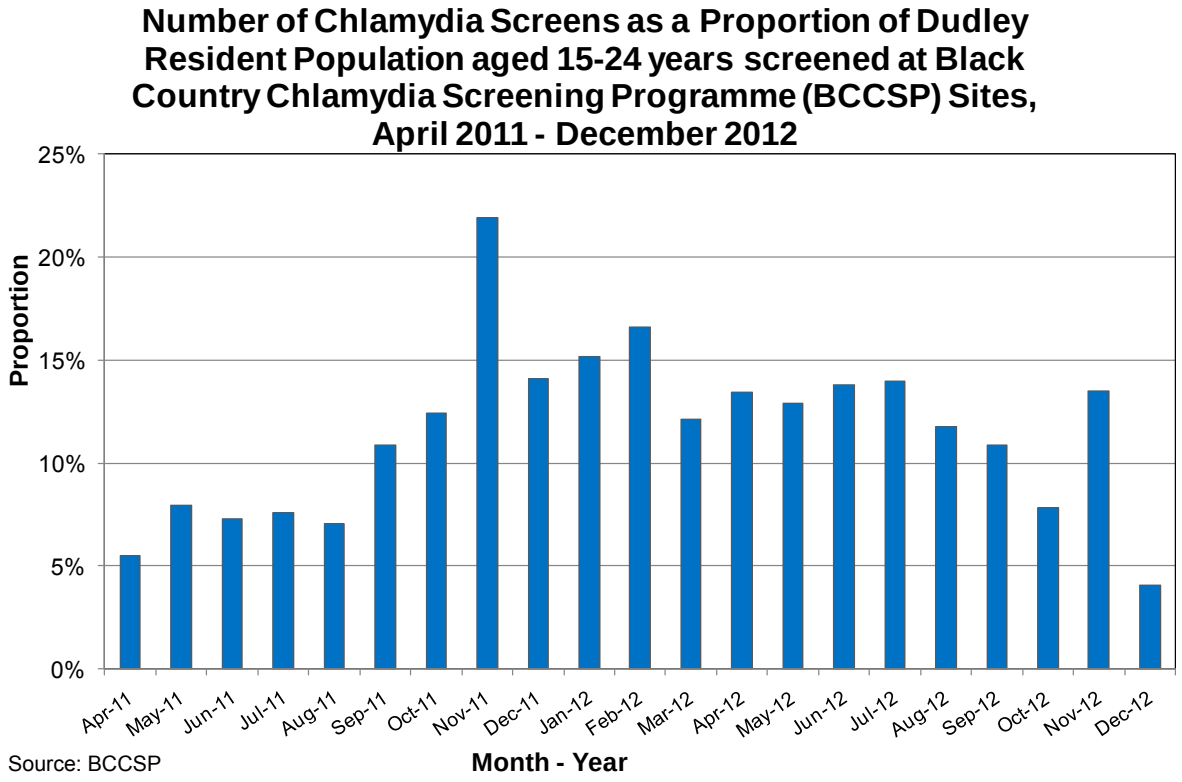


Source: ONS Births and Deaths Public Health files

Sexual Health

Recommendation No. 2008.4

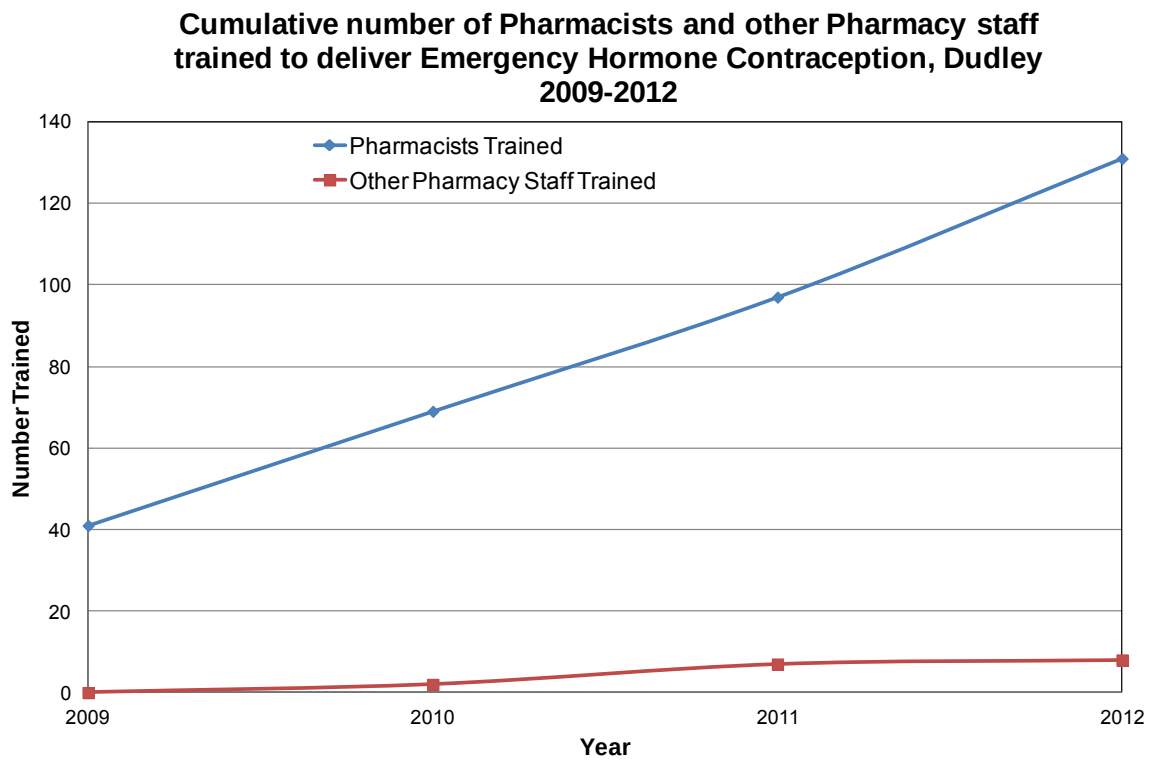
Figure 21



Source: BCCSP

Note: Information in the above chart refers to Dudley residents using BCCSP sites in Dudley, Sandwell, Walsall and Wolverhampton. The ONS mid-year population estimate for 2010 has been divided by 12 for each months calculation.

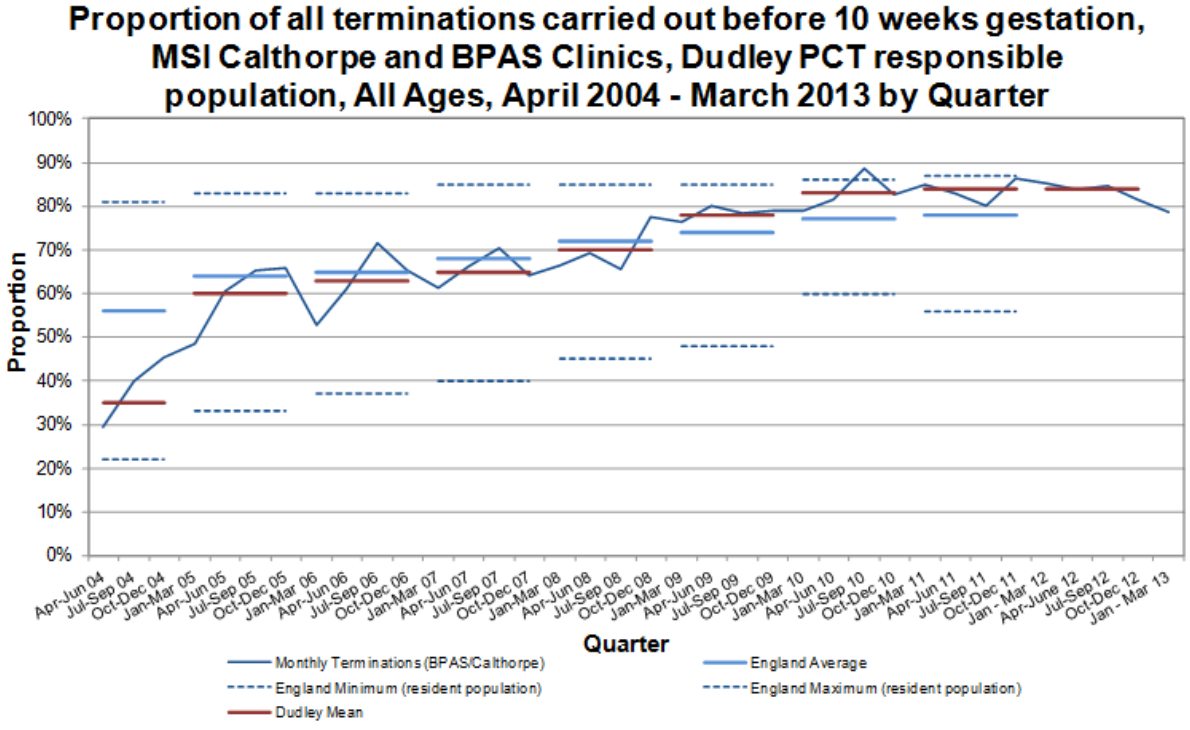
Figure 22



Source: Office of Public Health, Dudley MBC

Recommendation No. 2008.9

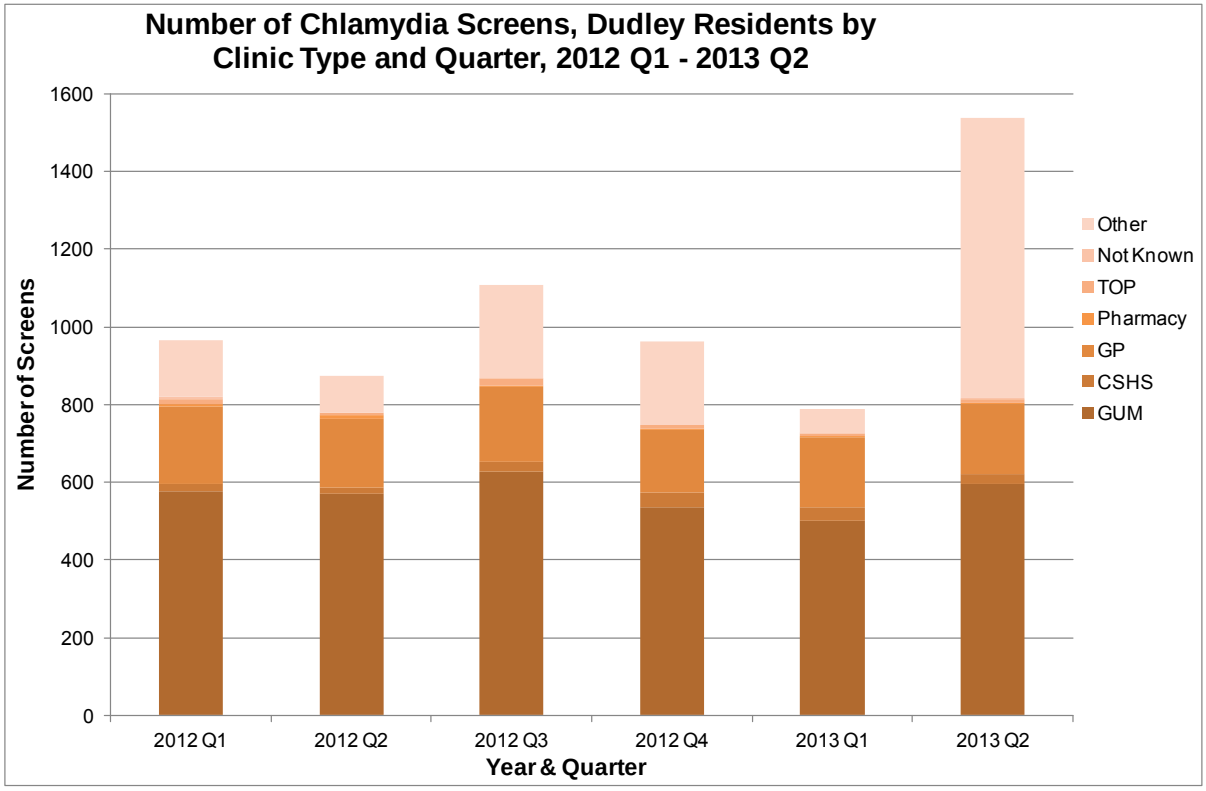
Figure 23



Source: MSI Calthorpe and BPAS

Recommendation 2008.10

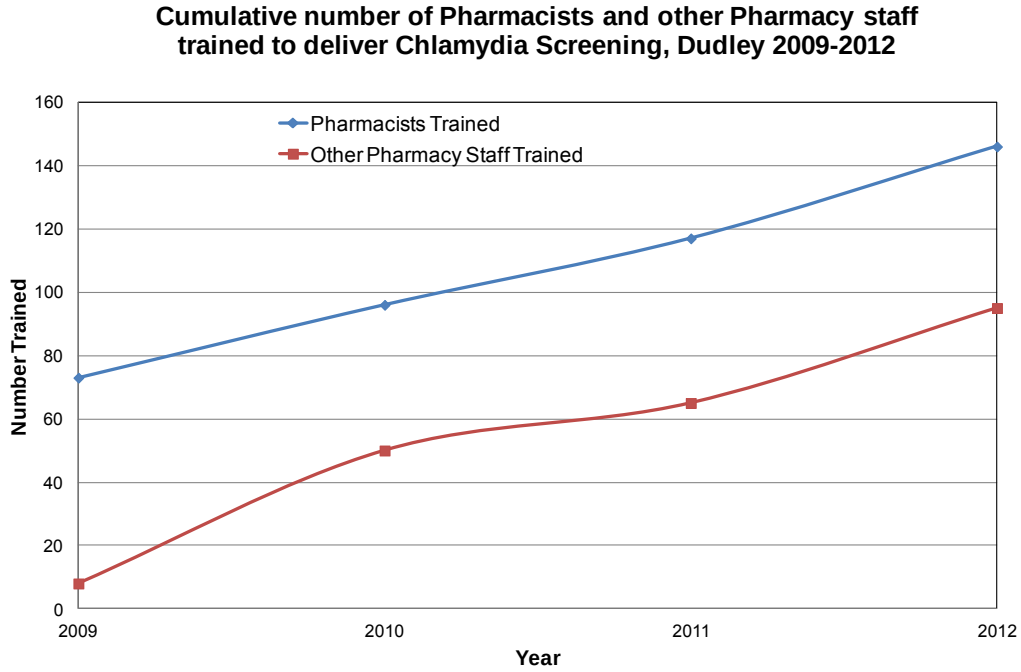
Figure 24



Source: BCSSP

Recommendation: 2008.13

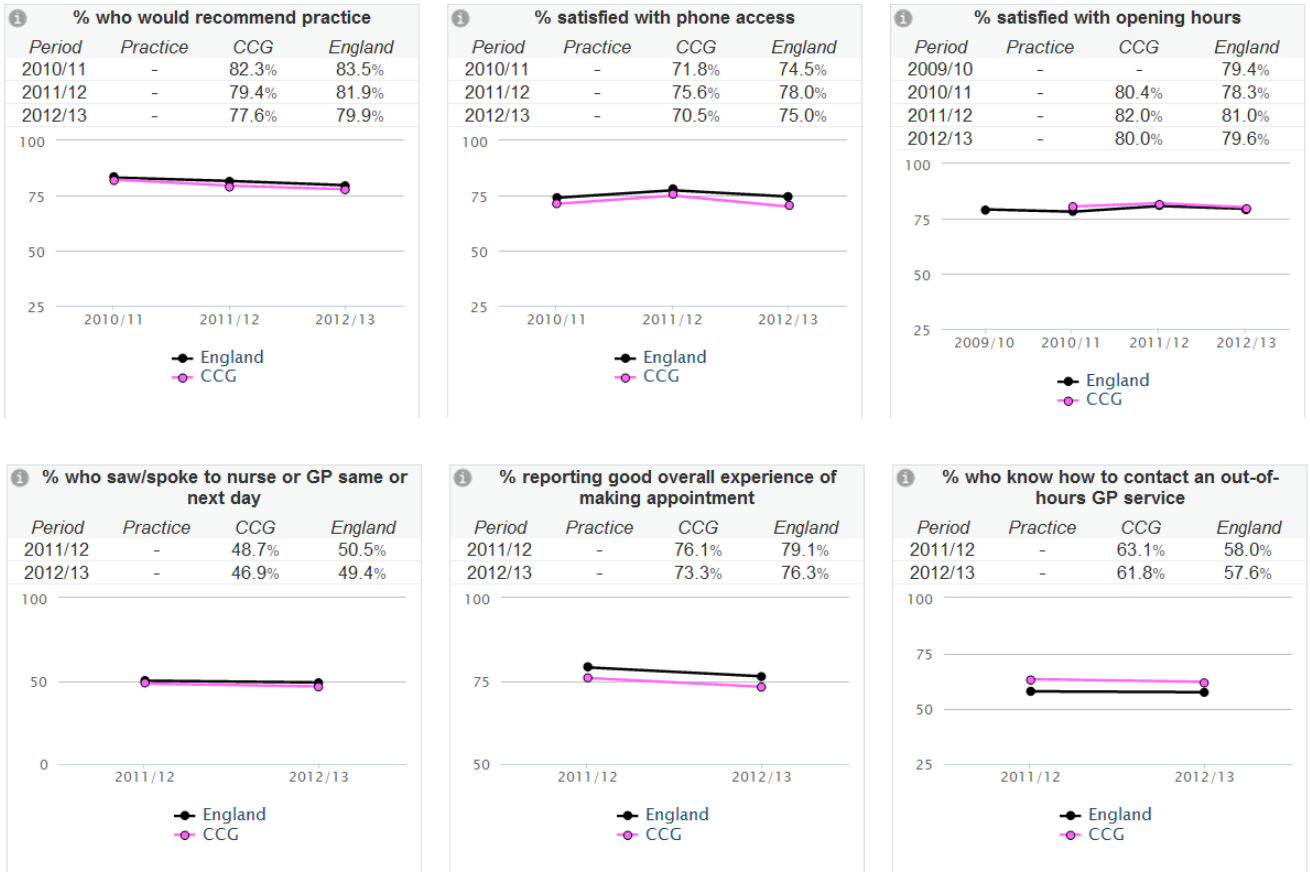
Figure 25



Source: Office of Public Health, Dudley MBC

Recommendation [2008.18]

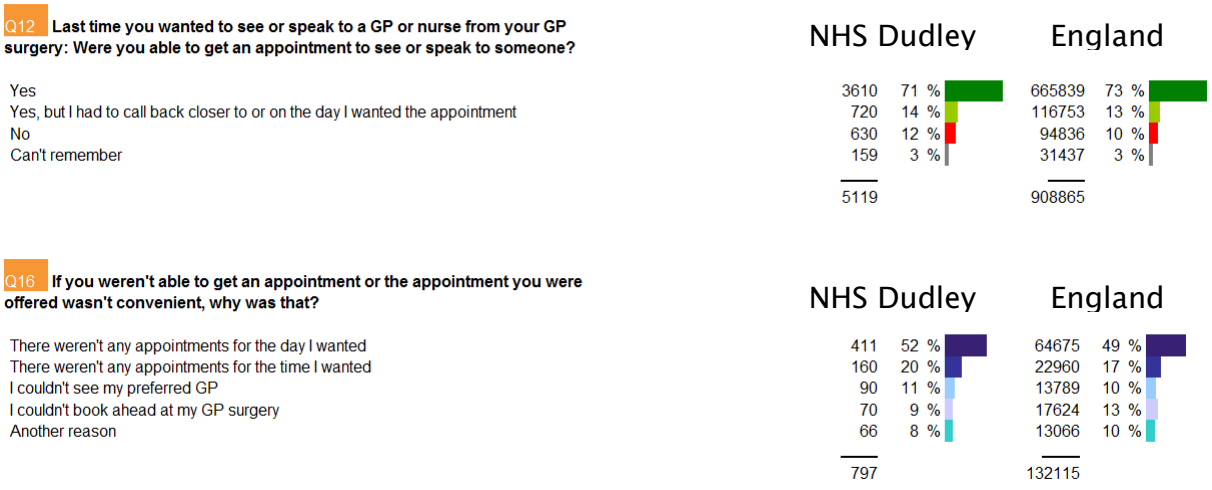
Figure 26



Source: GP Patient Survey

Recommendation [2008.23]

Figure 27



Source: GP Patient Survey 2012/13

Passing the Baton

Director or Public Health Annual Report 2012
ISBN No. 978-1-909032-01-9

Office of Public Health, Dudley MBC,
8th Floor Falcon House, The Minories,
Dudley, DY2 8PG