



**ALL ABOUT
DUDLEY
BOROUGH**

Joint Strategic Needs Assessment 2012

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Appendix 1-3 Outcomes indicators

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INTRODUCTION

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

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

WHAT IS A JSNA?

The production of an annual JSNA has been a statutory duty placed on the Directors of Public Health, Children's Services and Adult Services since 2007. The Health and Social Care Act 2012 (which received Royal Assent on 27th March 2012) places "an equal & explicit obligation" on Local Authorities and Clinical Commissioning Groups (CCGs) to prepare a JSNA, and to develop a Joint Health & Wellbeing Strategy (JHWS) for meeting local needs identified in the JSNA from April 2013. This duty will be discharged by Health & Wellbeing Boards (HWBBs).

The JSNA brings together, in a single, continuous iterative process, all the information on the health and wellbeing needs of Dudley's population. It examines current and predicted health and social care needs, as well as the other main things that affect people's life-chances, quality of life and health and wellbeing. By identifying the major issues that need to be addressed regarding people's health and wellbeing it provides the evidence base needed to develop Dudley's JHWS. Its aim therefore is to underpin the work of the HWBB and be a tool that can be used to help make difficult decisions about investment and prioritisation such as "do you prioritise service responses which could be improved most quickly and cheaply or do you put more effort into slow burn activities with longer term outcomes?" There is a clear expectation within the Health & Social Care Act 2012 that the JSNA and JHWS will provide the basis for all health and social care commissioning in the local area. This synthesis should provide commissioners with the high level initial evidence that will point to the further analysis required for them to make effective commissioning decisions. The Adult Social Care, NHS and Public Health outcome indicators are included in Appendices 1-3 to act as a baseline.

OUR APPROACH

We believe that understanding health and wellbeing requires an understanding of people, place, and life course. There are factors about individual characteristics of people who live and work in Dudley (e.g. age, gender, ethnicity, religion, income, employment status, qualifications) and features of Dudley as a place (e.g. housing quality, green spaces, food environment and access to high quality public services)

that impact on health and wellbeing. Taken together, these people and place factors provide the background for explaining health and wellbeing and the potential for improving them for people in the borough.

In this 2012 synthesis of Dudley's JSNA we have structured what we know about health and wellbeing status, determinants, interventions and evidence of their effectiveness around the "life course" of an individual in Dudley (i.e. conception, birth, growing up, adulthood and growing old). This approach is consistent with the approach recommended by the Marmot Review¹ and the Department of Health's (DH) commitment to adopt the life course framework to address issues of health inequalities given in the 2010 Public Health White Paper: Healthy Lives, Healthy People².

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

Our life course approach utilises a "life stage" segmentation model developed by the Department of Health as part of the Ambitions for Health Programme³. The concept of a life-stage acknowledges that people develop at different rates. Also, thinking about health from a life-stage perspective provides a view of the population along a health continuum and enhances focus on keeping people on a good health journey or helping them get back on track should they deviate.

The diagram below shows the most critical life stages and life events as identified by the DH⁴. The Life stages were constructed following the Health Foundations survey and are based on a number of different elements:

Age

Presence of children

Presence of partners

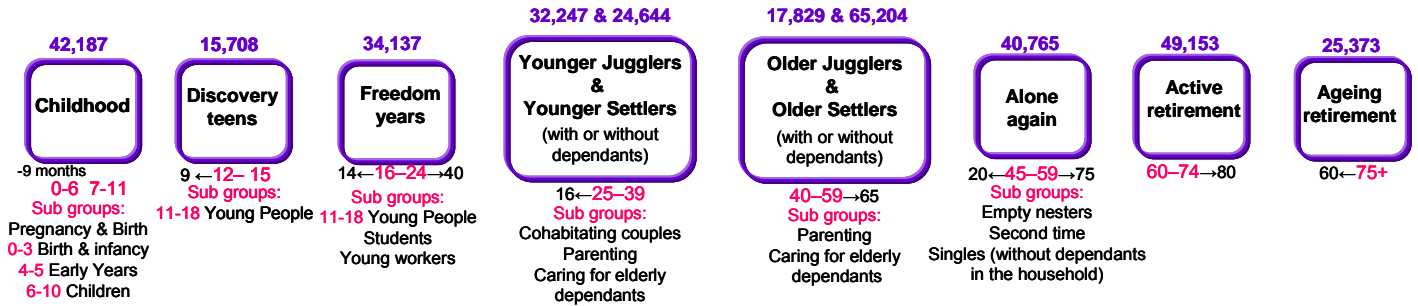
Whether people have significant caring responsibilities; and

Working status (whether retired or not).

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

The Healthy Foundations Segmentation Model Adapted to Reflect Childhood & Adolescents Life Stages – applied to Dudley Population 2008

Source: Department of Health, Census 2001, ONS mid-year population estimates 2008, Annual Population Survey 2008



The dependant / no dependant split has been made on dependant children only and does not include elderly dependants. The younger jugglers and older jugglers are likely to have a larger population size than estimated here.

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

NURTURING HEALTH - AN INTRODUCTION TO ASSET BASED APPROACHES

People in Dudley are working with our community development specialists to discover the resources and hidden talents that are out there in the neighbourhood, but might not be used mindfully. They are pulling together to make best use of these assets in order to improve the lives of their families and people in their neighbourhoods.

The kinds of resources we are talking about are the protective factors that can bring resilience to a community facing hard times:

The salt of the earth

People: Cheerful people who can rally the troops, confident people who can get the job done, people who like to help each other out, and the sort of people you can really trust.

The ties that bind us

Places: The school, the sports club, the children’s playground, or the corner shop.

Causes: A passion for music, good old-fashioned values, kids and grandkids, or wanting to clean up the neighbourhood.

The tools for change

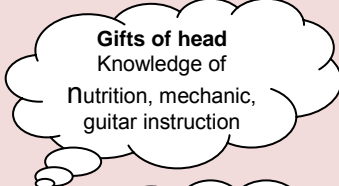
Influence: Being part of a well-respected community organisation, getting a proposal together for a local project, knowing how to make your voices heard at the Council.

The following case studies have been selected from many examples of assets-based approaches in action across Dudley borough, to show how people are taking the initiative to work collectively and creatively to improve their lives.


Case Study :Lions Boxing Club

The owners of the Lions Boxing Club are volunteers with a caring nature, and a passion for sport and the difference sport can make to young people's lives. With support from Dudley Public Health and Dudley CVS, they have started to identify community assets by talking to club members and asking them to share gifts of the head (what people know), gifts of the heart (things people care about) and gifts of the hand (what people can do). They displayed flipcharts in the reception area of the club and asked people to write down any gifts as they came into the building. They found out that lots of members are willing to help others and have been surprised to see all of the gifts that other people have.

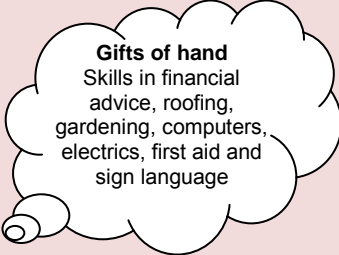
People are now being encouraged to use their gifts in a new or different way. Using the club building as a base, they are looking at ways to develop a time bank or skills exchange project to match people with gifts to those who need help or support, and in the process strengthen community connections and increase levels of trust within their local area.



Gifts of head
Knowledge of
Nutrition, mechanic,
guitar instruction



Gifts of heart
Passion for
conversation, cars and
health



Gifts of hand
Skills in financial
advice, roofing,
gardening, computers,
electrics, first aid and
sign language

Case study:Living Well, Feeling Safe

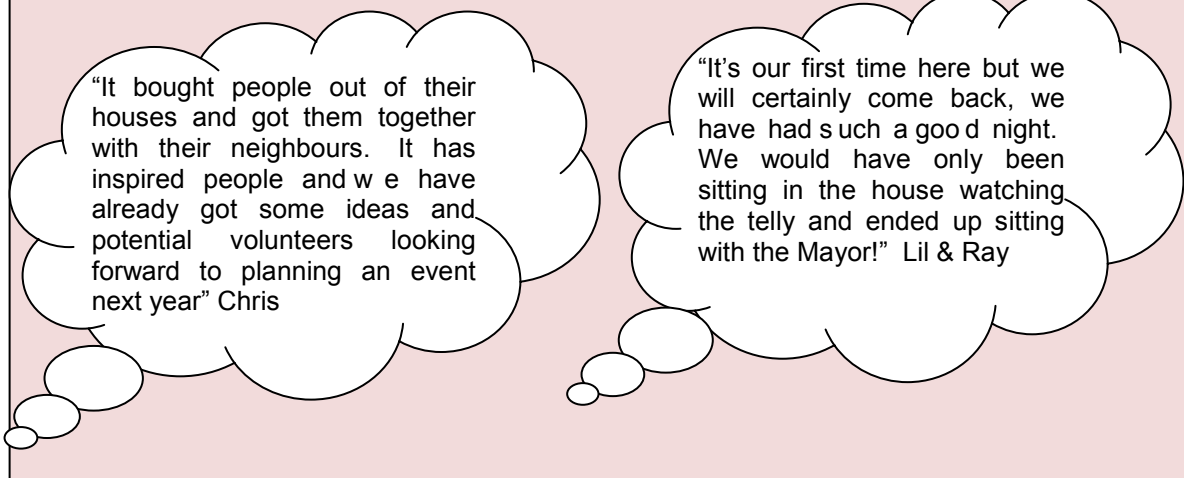
As part of the Living Well, Feeling Safe partnership initiative in Brockmoor, local residents were invited to a workshop to discuss local assets. They were encouraged to share their passions and interests with each other, as well as local opportunities and activities.

They discovered that many of them share an interest in gardening; some have land ready for cultivation, some have green fingers and are willing to pass on skills to the next generation, some have a desire to learn about horticulture, and others have the cooking skills to make the most of homegrown vegetables. A community gardening scheme was the one idea which motivated the residents of Brockmoor enough to share their contact details in order to get involved. A gardening scheme will offer residents "5 ways to wellbeing"; Be Active, Learn, Give, Take Notice and Connect. It will also improve the appearance of the neighbourhood and give residents a small taste of what they can achieve together.

As these ideas grow into tangible activity, we will be able to present a rich picture of assets that have been discovered and cultivated and how this process has improved people's lives. This will complement the needs assessment approach used in the JSNA.

Case Study: Big Local East Coseley

Residents are getting organised and involved as part of a 10 year drive and investment to make East Coseley a better place to live. Supported by Big Local and Dudley CVS, local people have come together to form a Community Forum which meets monthly to drink tea, share ideas about their vision for the area, and plan how to make things happen. A talented group of volunteers has started up a free newsletter "The Coseley Grapevine"; they have conducted interviews, written articles, taken photographs, produced and delivered the paper. Thanks to some friendly neighbours and some free events during the Jubilee and Olympics this summer, they have started up conversations with over 200 local people, who have said they would like to make better use of the well-kept parks and facilities like the church.



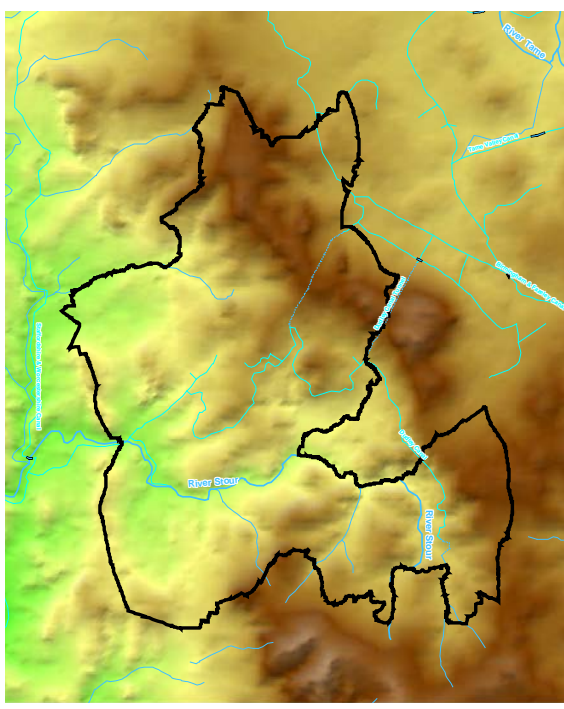
This can do approach will make people in Dudley more hopeful, confident and connected by taking a positive outlook and by increasing the control they have over their own lives and their neighbourhood.

DUDLEY “THE PLACE”

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

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

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



Topography

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

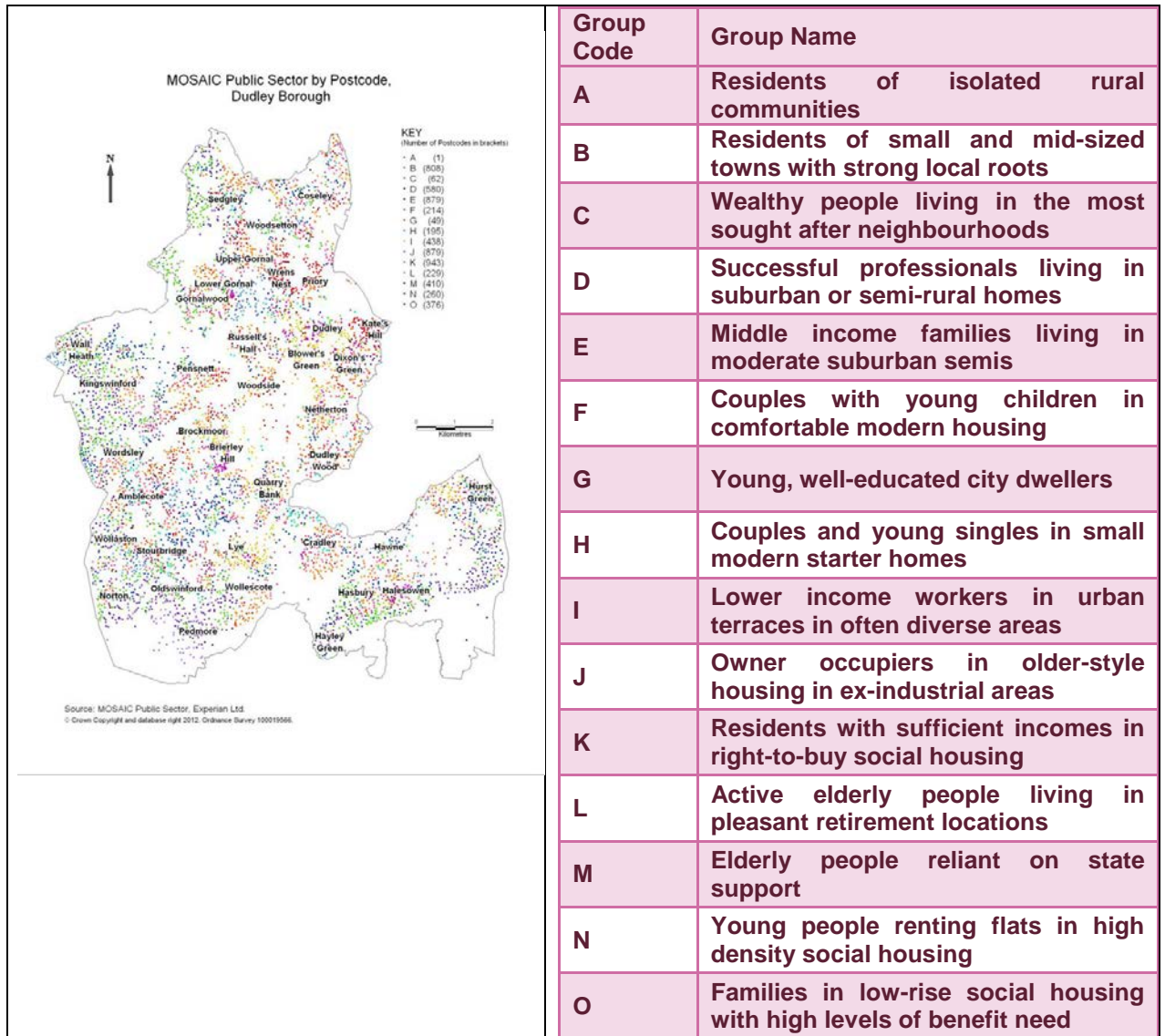
The Borough also has 16 miles of canal network running through it, and these plus the river Stour are a lasting testimony to its industrial past. Despite that legacy of heavy industry its urban morphology is bisected by wedges of good quality green space and is bordered by green belt to the south.

THE PATTERN OF NEIGHBOURHOODS

The map below summarises the spatial distribution of different types of neighbourhood as defined by MOSAIC groupings showing the prime household type in each locality. The geographic diversity of communities is clear from the map,

although the tendency is for more affluent households to be represented on the south and western fringes of the borough, with relatively deprived communities concentrating within the central Dudley, Netherton, Brierley Hill and Lye areas.

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

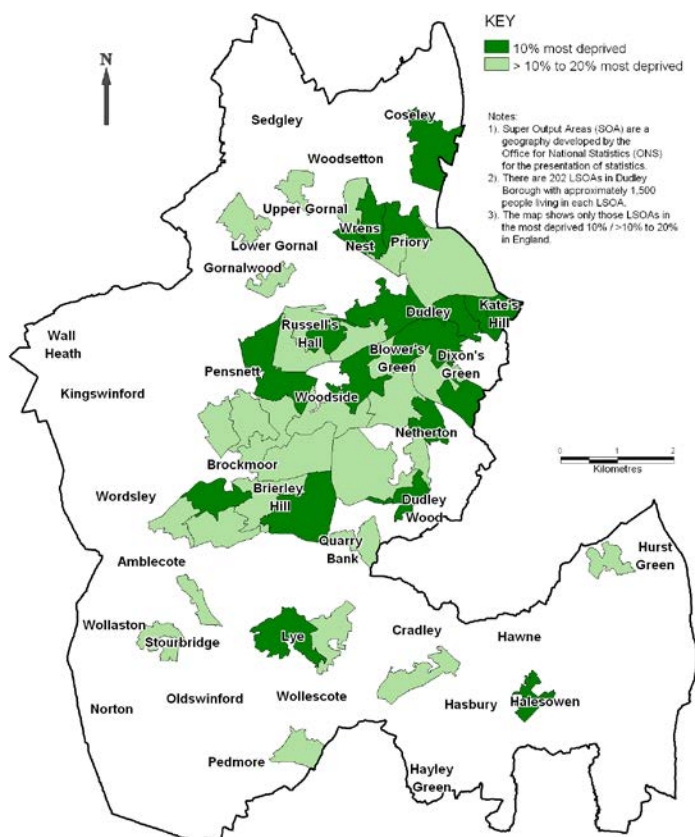


ECONOMY

Key Facts		
<p>104th most deprived local authority area in England (of 326 local authorities).</p> <p>9,800 businesses</p> <p>£9bn economy</p>	<p>13,745 children under 16 classified as living in poverty</p> <p>£7bn household income</p>	<p>192,400 people of working age 121,000 jobs</p> <p>137,600 employed people</p> <p>16,000 self employed</p> <p>26,900 people on out of work benefits</p>

The borough wide data suggests that Dudley is relatively affluent compared with the rest of the West Midlands conurbation. There are some small but severe pockets of deprivation within the area that are amongst the 10% most deprived in England. These are closely associated with our traditional manufacturing base, which suffered from economic decline in the latter half of the 20th century. Dudley was significantly affected by the 2008 recession, with above average increases in unemployment and high impact on manufacturing and engineering.

Most Deprived Areas, Index Of Multiple Deprivation, Lower Layer Super Output Areas (LSOA), Dudley Borough



Source: Indices of Deprivation 2010, Department for Communities and Local Government (DCLG)
© Crown Copyright and database right 2012, Ordnance Survey 100019556.

The Borough plays an important role in the West Midlands economy with around 9,800 businesses and a workforce of over 121,000 people. Whilst the majority of residents live and work within the Borough, Dudley also attracts a significant commuter workforce; for example, a total of 37,559 people lived outside the Borough and commuted to work here in 2001.

LOW GROWTH ECONOMY

Dudley Borough has a low growth economy and is significantly under-represented in high growth, knowledge intensive sectors (37% of total employment is in knowledge intensive industries compared with 44% for England). 64.2% of the businesses have only 0-4 employees and fewer than 10% have a turnover of over £1m per year. The service sector accounts for almost 79% of total employment and there is an over reliance on public sector employment. In 2010, the Public Administration, Education and Health sector accounted for just over a quarter of employment in Dudley Borough (26.4%).

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

In line with national trends, Dudley's manufacturing base has declined over several decades, although it remains above the national average: 14.1% of all employment compared with 8.6% for England. So having suffered the first effects of recession within the one sector, both private manufacturing (including construction) and job losses within the public sector has placed the borough in a particularly vulnerable position with the impact of government spending cuts and the onset of double-dip recession.

Historically Dudley has experienced lower than average earnings and qualifications. In 2011 the median gross annual pay of full time employees living in Dudley borough was £23,390, below the regional and national figures. The equivalent for those working in Dudley borough (£22,963) was the second lowest wage in the West Midlands metropolitan area. In 2001 14.8% of the working age population had Dudley Borough had no formal qualifications, by 2009 this had increased to 17% (33,000 people), compared with 16.2% for the West Midlands and 12.1% for England. Low skill levels are a fundamental weakness of the local economy. There is a well-established link between skill levels (and qualifications), earnings and productivity. The dominance of low wage sectors in the area is reflected in the low level of higher skills which is well below the national average. Continued development of high level skills is essential in building a competitive, knowledge driven economy.

LONG TERM UNEMPLOYED

Dudley's proportion of long term unemployed in July 2012 was similar to that seen in the Black Country as a whole, but higher than the West Midlands and England averages with 33.9% of all of Job Seeker's Allowance (JSA) claimants in the Borough having been claiming for over 12 months. This compares closely with the Black Country at 34% and both higher than the WM Region (29.4% and England (26.7%). One-third of all out of work benefit claimants have been claiming for longer than 5 years.

UNEMPLOYED YOUNG PEOPLE

Educational attainment has improved year on year over the last seven years. In 2011, 58.5% of pupils in Dudley Borough achieved 5 or more A*-C GCSE grades including English and Maths, up from 48.9% in 2009.

In 2011 5.3% of 16-18 year olds were not in education employment or training (NEET). This is lower than the West Midlands region (6.2%) and England (6.6%) but a marked increase from 4.1% in 2010 and the gap between the Borough and the West Midlands decreased from 2.1 percentage points in 2010 to 0.9 percentage points in 2011.

Already high before the recession, unemployment among young people has increased significantly; between July 2007 and July 2012, the proportion of the borough population under 25 claiming JSA increased from 5.6% to 9.5%. This is higher than that of both the West Midlands region (7.3%) and England (5.8%) and unemployment among this group now accounts for 31.2% of all JSA-based local unemployment. As of July 2012 around a quarter of all claimants (23.7%) aged under 25 in the Borough had been claiming JSA for longer than a year, higher than regional (18.3%) and national averages (16.2%).

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

FUTURE DEVELOPMENT - EMPLOYMENT SITES – BUSINESS START UP - EXPANSION

There is a lack of good employment sites in the Borough compared with elsewhere in the Black Country (8 employment land sites in Dudley Borough contained within the Regional Employment Land Study (RELS) Site Assessments (2010) compared to 32 sites in Walsall Borough, 24 sites in Sandwell Borough and 22 sites in Wolverhampton) and the limited numbers of high-quality sites in Dudley Borough are on sites with limited access to the principal highway network.

There is a low level of new business start ups in the Borough (in 2010 there were 900 new business start-ups in Dudley Borough, a rate of only 36 new business start-ups per 10,000 population aged 16 and over, compared to 48.9 start-ups per 10,000 nationally) and a difficulty in retaining / expanding companies as only a quarter of businesses have said they will expand or relocate in the Dudley Borough area (24%), but a third will expand elsewhere.

AGEING POPULATION

The proportion of Dudley Borough residents aged 65 and over is higher than regional and national averages (18.6% compared to 16.9% regionally and 16.3% nationally), resulting in an above average economically inactive population. This age group is projected to increase over time whilst, the overall population is projected to remain largely stable. Unless there is a marked increase in the age at which residents retire, a smaller working population will, in future, need to take on increased caring and financial responsibility for an ageing population.

CHILD POVERTY

In 2009, 13,745 (23.8%), or nearly one in four, children under 16 years of age in Dudley Borough were classified as living in poverty. This is slightly higher than the national rate of children in poverty – 21.9% but below the West Midlands Region (24.6%). The highest levels of child poverty are clustered in a relatively small concentration of deprived localities. For example in one area, three-quarters (75.1%) have been identified as living in poverty by this measure. Income deprivation is a key factor in this poverty. A significant proportion of these children and young people live in households where no-one works.

THE ECONOMY: CONNECTION TO HEALTH & WELL-BEING

Individual

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

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

Household

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

Neighbourhood

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

ENVIRONMENT

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

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

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

BUILT ENVIRONMENT: HOUSING

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

DUDLEY'S HOUSING STOCK

Around 72.1% of households are owner-occupiers. 20.7% are social housing tenants – lower than the national average of 24%. The private rented sector makes up 6.2% of all households – a third lower than the national average of 9%.

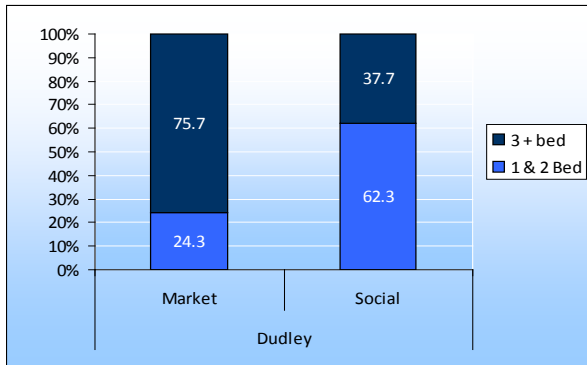
Tenure of Present Households

Tenure	2011 Survey %	Nos. implied	Local Census (%) *	Area 2001
Owner occupier (paying mortgage)	40.3	52,173	31.3	
Owner occupier (no mortgage)	31.8	41,125	39.4	
Private rented	6.2	7,976	3.9	
Council Housing rented	17.7	22,972	19.4	
HA rented	3.0	3,873	2.4	
Shared Ownership	0.2	344	0.6	
Tied to employment & Living rent free	0.8	1,053	3.0	
Total	100.0	129,516	100.0	

*© Crown Copyright (Census) Housing Market Intelligence Report 2011

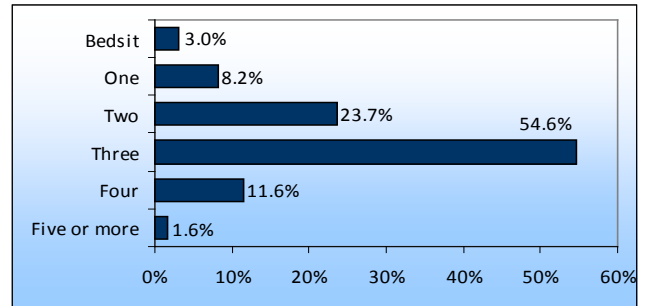
72.6% of properties in the Borough are either detached or semi-detached, 15.1% are terraced houses and 12.0% are flats. There are a small number of houseboat / caravan / mobile home properties (0.1%).

Market and Social Stock by Number of Bedrooms



Source: Dudley Housing Survey 2011

Number of Bedrooms



Source: Dudley Housing Survey 2011

Number of Bedrooms by Tenure

Tenure	Bedsit	One	Two	Three	Four	Five+	Total
Owner Occupied (Mortgage)	0.0	2.1	18.9	60.6	16.2	2.2	100.0
Owner Occupied (No Mortgage)	0.0	1.7	20.5	62.6	13.7	1.6	100.0
Private rented	0.0	16.8	35.8	40.3	5.7	1.4	100.0
Dudley Council Rented	1.5	26.4	32.3	37.8	1.7	0.4	100.0
HA Rented	2.0	31.9	41.0	24.0	1.1	0.0	100.0

Source: Dudley Housing Survey 2011

The 2008 Dudley MBC House Condition Survey estimated that 17.6% of the total private sector housing stock (18,994 dwellings) and 29% of the total private rented housing stock (1744 properties) did not meet the Decent Homes Standard. At an area level, the highest rates of failure were in Halesowen (30%) and Central Dudley (18.6%).

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

Data from a recent Housing Market Intelligence Report indicates that 91% of the Borough's residents are living in a home that is adequate for their needs. Residents living in the private rented sector reported the lowest levels of adequacy at 80.4%. The reasons why homes were inadequate varied between the different areas within the Borough. For example, in North Dudley and Stourbridge the most frequent reason for inadequacy was 'needs improvement/repairs' whereas in Brierley Hill, Dudley Central and Halesowen the most frequent reason was 'too small.'

THE HOUSING NEEDS OF DISABLED AND OLDER PEOPLE

The Housing Market Intelligence Report 2011 indicates that 25.9% of households included a member with a disability. This is higher than research has found elsewhere in the country at around 20%.

64.8% of all disabled household members were over the age of 60.

56.6% of disabled households have a walking difficulty.

9.9% (12,387 implied) properties have been adapted.

Most older people living in the Borough are in the owner occupied sector and mortgage free (53.9%).

73.1% of owners aged 60+ indicated that they had equity ownership of over £100,000.

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

BME households reported higher levels of disability/long term illness than the general Borough population (32.9% compared to 25.9%) and higher care/support needs (56.8 compared to 54.2%).

All requests from people irrespective of tenure or age with permanent and substantial disability or illness affecting their abilities to undertake activities of daily living are initially screened through the Access to Adult Social Care Team. This identifies eligibility for service, and will ensure that simple equipment, advice and information and referrals to other services are made promptly. Complex cases are referred to the Long Term Occupational Therapy Assessment Team. Annually over 7,500 enquiries are received through the Access Team prior to screening although not all require further assessment (approximately 15% of all cases are closed requiring no further action or signposted/provided with information), 23% are provided with equipment at point of contact and the remaining cases required assessment through either the Quick Response or Long Term OT Teams.

In 2010/11, 3,108 minor home adaptations each costing less than £500 were carried out i.e. external handrails, steps, small areas of slabbing and door entry systems.

In 2010/11, 833 referrals were made for major home adaptations i.e. ramps, wheelchair access, level access showers, ground floor WC's, lifts, extensions to provide additional bedroom / bathroom.

Following on from referral all properties across both sectors are surveyed and a decision is reached about whether the proposed adaptation is reasonable and practicable. Officers work closely with owner occupiers and tenants to identify adaptations required and alternative housing solutions including making the best use of council stock that has previously been adapted.

Proactive work is also carried out on the housing waiting list by identifying clients that have adaptation needs that can be met by adapting existing void stock to a suitable standard. The client is then re-housed into the adapted property and this assists in reducing waiting list numbers and void turn round times.

HOMELESSNESS

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

There has been a reduction in the number of households that are actually homeless and need assistance with rehousing. 158 households were accepted as homeless compared to 188 in the previous year. This is a very good performance given the current difficult economic climate.

The number of rough sleepers living in the borough is relatively low with only 4 recorded in 11/12, of which 2 have been successfully housed and support workers are working to ensure every chance of maintaining the tenancy.

2,388 people requested advice and assistance from Dudley MBC because they felt that they may be at risk of becoming homeless during 2011/12. This has increased slightly from last year when 2,223 people sought help.

93% of households that approached the MBC were provided with the advice and assistance that they needed to prevent them from becoming homeless.

The main cause of homelessness is households whose tenancies in the private rented sector have ended. In 11/12, 23 complaints were received against private sector landlords for illegal eviction and harassment. All cases were successfully resolved including 1 prosecution.

	2004/5	2005/6	2006/7	2007/8	2008/9	2009/10	2010/11
Full duty decisions	602	448	372	386	296	154	188
All presentations	2,103	2,09	2,143	2,569	2,701	2,280	2,223
% full duty	28%	22%	17%	15%	11%	7%	8%
Preventions (BVPI 213)	N/A	138	190	245	363	476	552

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

Housing and Health

Inadequate housing can result in poor health. Where conditions fall below standards of decency (electrical faults, fire, excess cold, dampness/mould and falls on steps or stairs) their potential effect on health is clear. However other pressures such as accommodation that no longer meets a changed household requirement, for example households who become overcrowded, or the social conditions of deprived estates, can also trigger health related problems.

In 2011/12, 312 complaints received from tenants living in the private rented sector resulted in pre enforcement action being taken against the landlord to improve housing standards. 300 of these cases were resolved without having to take formal enforcement action. 269 hazards were identified during the course of this work that

had the potential to cause death or serious injury to the occupants, all of which were ultimately rectified.

Over 60 Landlords operating in the Dudley area are now accredited through the Councils Landlord accreditation scheme which aims to improve housing and managements standards in the private rented sector.

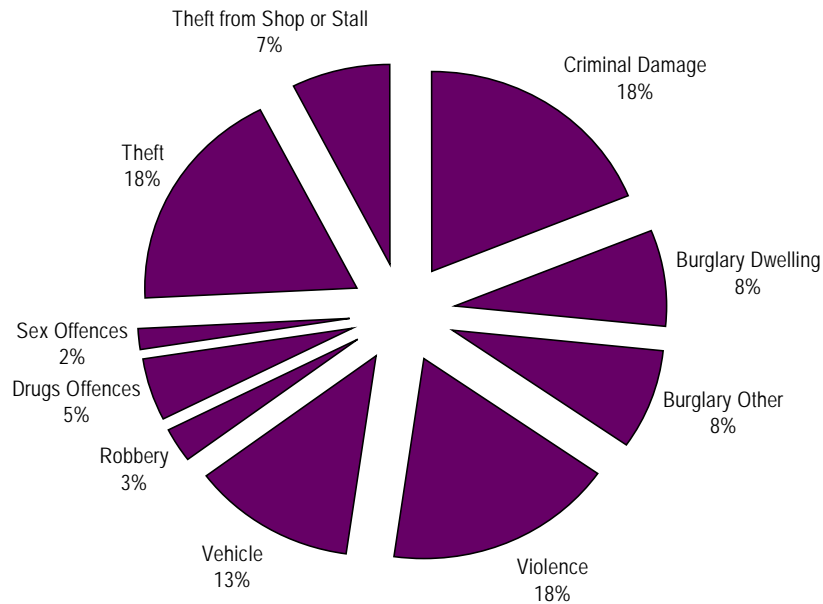
ENVIRONMENT: COMMUNITY SAFETY

Key Facts	
Crime levels are dropping and have been doing do for the last 7 years (2005 – 2012)	Dudley Borough is the safest borough within the West Midlands (June 2012)
An estimated just under 1 in every 100 people aged 15-64 years living in the Borough is a Problem Drug User (2009/10)	Dudley Borough is the third safest in our most similar family group in England & Wales (June 2012)

CRIME

Dudley is the safest Borough in the West Midlands and crime rates have fallen continuously for the last few years. The chart below shows the crime types and its proportion of total recorded Crime (TRC) in Dudley for the period 01 September 2010 to 31 August 2011. There has been a 11. 2% reduction in TRC compared to the same period in the previous year, along with a shift in the distribution of the crime types. Most notable of which was the growth of Theft Other, which is linked to metal theft.

Dudley Borough Total Recorded Crime by Crime Type
01 September 2010 to 31 August 2011



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

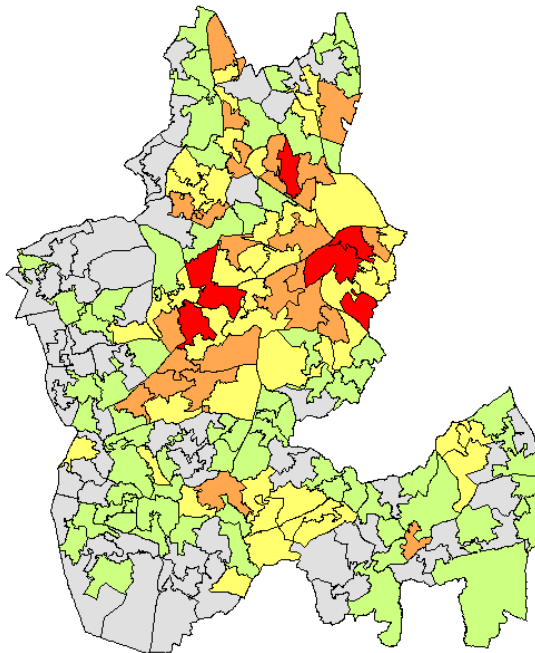
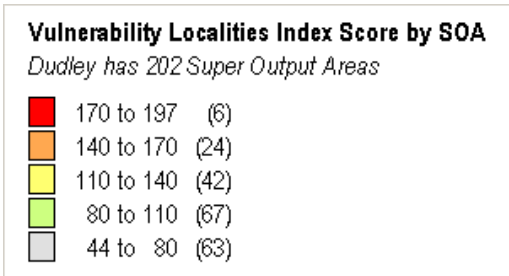
Four No Rogue Trader Zones have been established in identified hot spots within the borough within Belle Vale, Halesowen North, Halesowen South, Hayley Green & Cradley South. The zones are regularly inspected by Trading Standards and West Midlands Police. Advice booklets and door stickers have been delivered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

Tackling illegal money lenders

Trading Standards recovered over £243,000 in 2011-12 in redress for consumers as a result of direct intervention where consumers have been the victims of crime and £81,734 in redress for consumers as a result of advice, assistance and intervention. The combined total for redress is in the region of £325,000 which represents a 45% increase when compared with 2010-2011.

VULNERABLE LOCALITIES

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



The map above shows the VLI score by Super Output area which is a similar picture to the previous year (the main difference being a higher intensity presenting in Pensnett, and a reduction in intensity in Lye). The 3 identified priority vulnerable localities are: Wrens Nest Estate (Castle & Priory Ward), Pensnett (Brockmoor & Pensnett Ward), Kates Hill (St Thomas Ward)

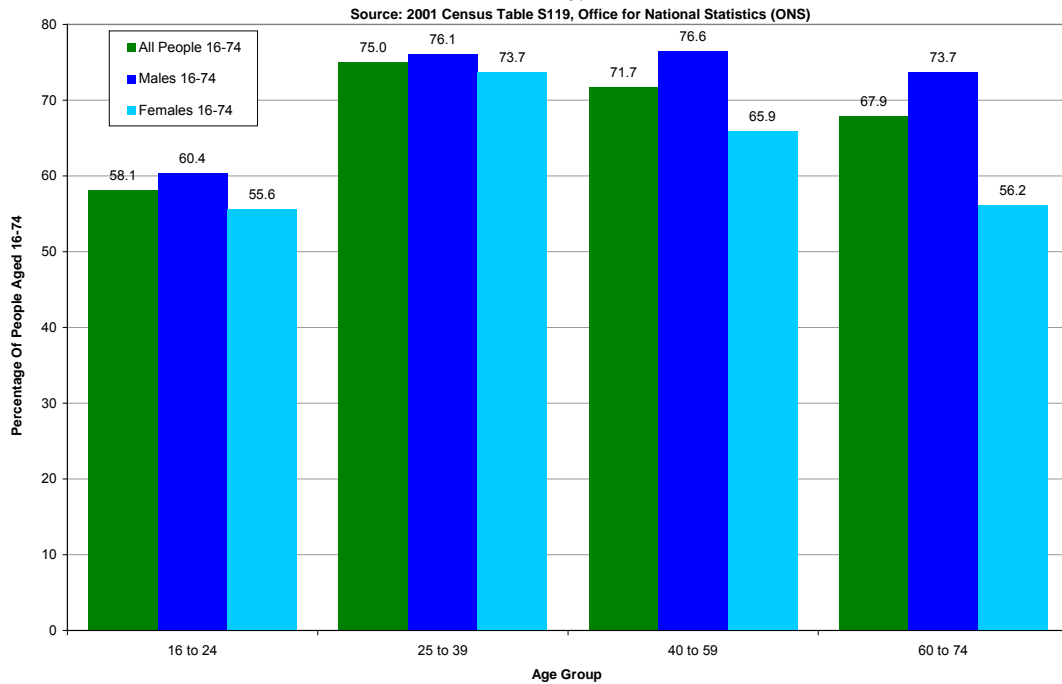
These areas highlighted are also in direct correlation with areas indicated in the Child Poverty Needs Assessment for households with dependant children claiming council tax / housing benefit.

ENVIRONMENT: TRAVEL

Mode of Travel

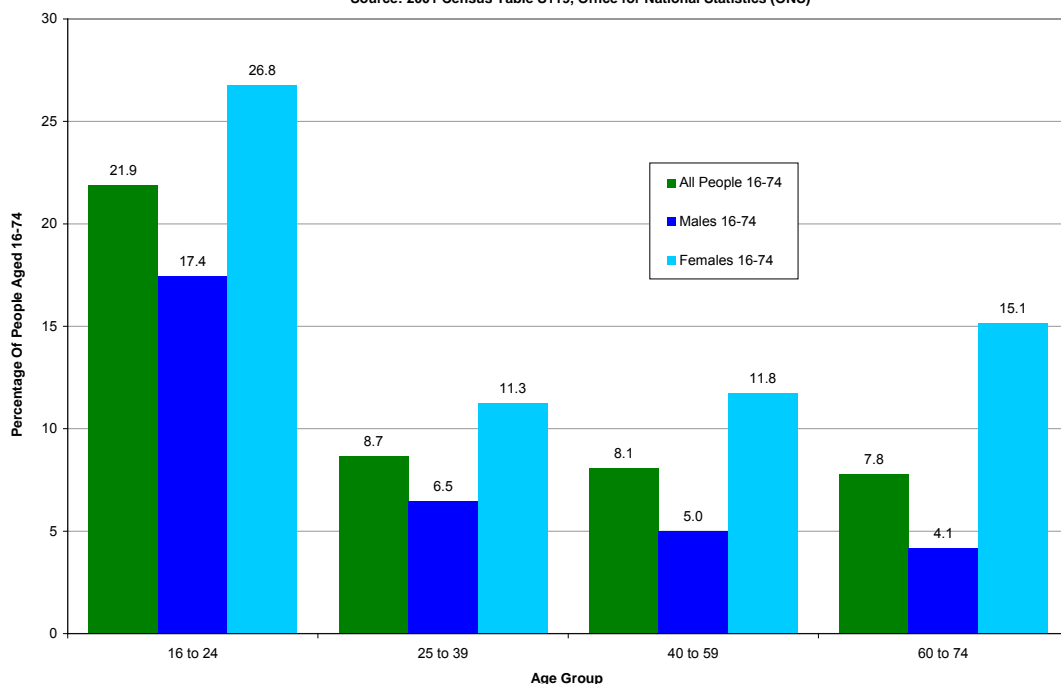
The majority of working 16 to 74 year olds travel to work by car / van, either driving (63.4%) or as a passenger (7.5%). 58.1% of those aged 16 to 24 use these methods; this increases to 75% for the 25 to 39 age group. Whilst at this age there is little difference between men's (76.1%) and women's (73.7%) use of the car to travel to work, at age 40 to 59 men maintain the use of a car (76.6%) but the proportion of women who do so falls to 65.9%.

Percentage Of People 16-74 Travelling To Work Using Car / Van (Driver Or Passenger) By Age Group And Sex



Women use public transport to a greater extent than men, with 26.8% using it to travel to work amongst the 16 to 24 age group compared to 17.4% of men. Though both sexes makes less use of these methods as age increases a consistently higher proportion of women use public transport to get to work. 8.6% of people walk to work with the proportion of women doing so (12.2%) more than twice that of men (5.7%). Whilst men become less likely to walk to work as age increases, with 11.7% of male 16 to 24 year olds doing so compared to 4.9% of the 40 to 59 age range, older women make more use of walking with equivalent figures of 12.7% and 16.8% respectively. 7.4% of all people work at or mainly from home and this becomes more prevalent as people get older. 3.6% of the 16 to 24 age group works from home, rising to 8.7% of 40 to 59 year olds and 13.5% of those aged 60 to 74.

Percentage Of People 16-74 Travelling To Work Using Public Transport By Age Group And Sex



Primary/Secondary/SEN

Mode of Transport		Usage (%)
Pedestrian/cycle	Walk	54.0
	Cycle	1.0
Private Transport	Car	32.0
	Car Share	2.0
	Taxi	1.0
Public Transport	Dedicated bus service	1.0
	Public service bus	4.0
	Bus service unknown	1.0
	Train	0.1
Other	Boarder	1.0
	Other	0.9
	No information given	2.0

Source: DMBC Transportation Dept.

Just over half of children in Dudley walk to school and only 1% cycle.

Travel to Town centres

Data for Dudley and Brierley Hill centres is collected every two years as part of the Local Transport Plan cordon monitoring process. Latest results for each centre are set out below:

2009/2010 Mode of transport for AM peak trips into Dudley and Brierley Hill Centres

Modal Share	Dudley	Brierley Hill
	%	%
Bus	20.2	19.3
Train	0.0	0.0
Metro	0.0	0.0
Private Vehicle	69.0	74.5
Cycle	0.7	0.6
Walk	10.1	5.6

Traffic Flow Data

One of the most significant road improvement projects in recent years is that at Burnt Tree on the eastern border between Dudley and Sandwell, changing this from a five-junction island to a controlled traffic light junction.

A comparison of the total traffic flow passing through the junction during the peak hours is included in the table below. An increase in the total volume of traffic passing through the new traffic signals has been observed in both the AM and PM peak hours.

Time Period	2008 Count data (vehicles) Roundabout	2011 Count Data (vehicles) Traffic Signals	% Change
AM Peak (8:00 – 9:00)	4,877	5,164	+5.6%
PM Peak (17:00-18:00)	4,853	5,260	+7.7%

Link Delay Time Comparisons

With the exception of Tividale Road in the morning peak and Bunns Lane in the evening peak all other approaches are showing an improvement in the before and after link delay times. It should be noted that improving the journey time at Bunns Lane may not be desirable as it could increase the attractiveness of this route and

encourage rat-running through the Kates Hill estate. The net effect therefore has been a reduction in waiting times, and therefore a faster throughput of traffic.

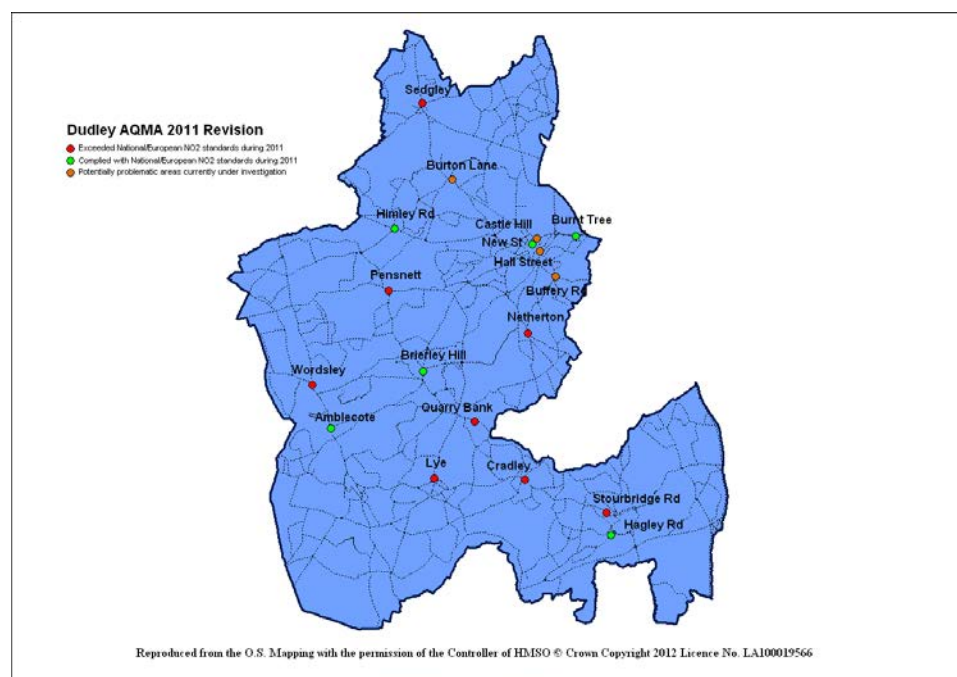
ENVIRONMENT: AIR QUALITY

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

Air quality is monitored for nitrogen oxides and particulate matter at 4 automatic air quality monitoring stations and for nitrogen dioxide at approximately 80 locations in the borough.

There has been an average decrease of 3.9% in nitrogen dioxide concentrations recorded at roadside locations in Dudley between 2007 and 2011. 6 out of 15 areas which had exceeded the annual mean nitrogen dioxide objective were found to comply with the objective during 2011 calendar year. Further focused interventions will be required in areas where the nitrogen dioxide content of air is in excess of the air quality objective: this includes Netherton, Cradley, Quarry Bank, Wordsley and Pensnett.

Dudley Air Quality Management Area map for 2011



ENVIRONMENT

Environmental Officers investigate allegations of noise and odour nuisances to protect the public from unwanted pollution and therefore remove stressors from the home environment. In 2011-12, environmental health dealt with 515 industrial and commercial noise complaints and 313 odour complaints.

EHTS dealt with 832 complaints and advice requests in relation to food premises and food purchased in the borough in 2011-12.

457 new food premises registrations were received in 2011-12, up by 41% in 3 years.

EMERGING THEMES

MORE IN-DEPTH ANALYSIS REQUIRED?

- The data implies an alarming rise in financial recovery for victims of crime by Trading Standards from the previous year. What is this reflecting – a symptom of the current economic climate, greater success in redress, or a growing trend of victimization?

KEY QUESTIONS FOR COMMISSIONERS

- Dudley has 25-30% of its land as 'open green space'. Is the potential of this for health benefit being fully exploited? Do future land use plans look to extend this?

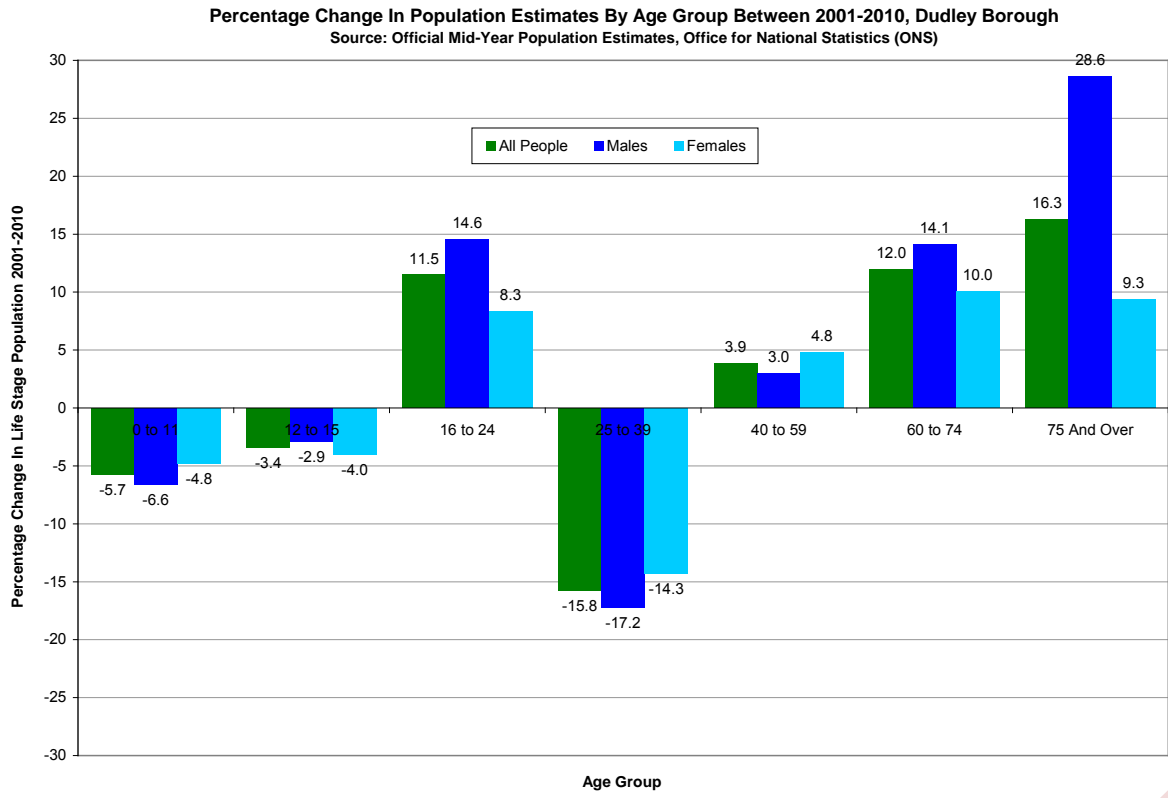
- Poor air quality is potentially detrimental to health and the areas of Cradley, Netherton, Pensnett, Quarry Bank and Wordsley are under particular stress from poor air quality. Are there measures, apart from increasing traffic flow that can be put in place in these areas?
- Housing stock is generally good in Dudley and most people say that it meets their needs, but 29% of private rented housing fails to meet minimum housing standards. What more can be done to improve standards in this sector?
- Wage levels in the Borough are low. Skill levels are low. One third of JSA claimants have been out of work for 12 months. Unemployment in 18-25 year olds has increased significantly over the last 5 years. Improvement in these indicators depends greatly on Government macro economic policy, but is there more that could be done locally to assist people achieve a healthy living income level?

DUDLEY "THE PEOPLE"

POPULATION

Key Facts		
<p>The 3rd largest Metropolitan authority in the West Midlands and the 12th largest in England</p> <p>Population projected to increase by 7.4% (22,600 people) to 328,900 people between 2008 and 2033.</p>	<p>Distribution of population across age groups has changed in last decade</p> <p>65+ age group projected to increase by 45.5% between 2008 & 2033</p>	<p>92.5% of the borough population White British</p> <p>77.7% of the borough population are Christian and 2.5% Muslim; all other religions constitute less than 1% of the borough population</p>

Dudley’s population, like most areas is growing. In 2001 the total population was 305,100 but in ten years it has risen to 312,900 in 2011. The structure of the population has also changed over the decade. (See below)



The number of children aged 0 to 11 and 12 to 15 have fallen by 5.7% and 3.4% respectively.

The 16 to 24 age group has grown by 11.5% to reach 33,900, but there has been a concurrent and significant decline in the 25 to 39 population, decreasing by 15.8% to stand at 54,900 by 2010.

The 40 to 59 age group has grown by just 3.9% to 84,500, whereas the number and proportion of those aged 60 and over has seen a more notable increase.

The population aged 60 to 74 reached 50,600 in 2010, a 12% increase on the 2001 figure. Although there are still more women (25,900) than men (24,700) in this age group, the male population has grown at a faster rate, increasing by 14.1% since 2001 compared to 10% for women.

The 75 and over group has experienced the largest relative increase, growing by 16.3% to reach 26,400. As with those aged 60 to 74 the male population has grown more rapidly, with 28.6% more men aged 75 compared to 2001. The number of women has increased to a lesser degree (9.3%) but still constitutes the majority of the population at this age, with 60% of those 75 and over being women.

The changes in the older age ranges reflect increased life expectancies and a narrowing of the gap between the life expectancy of the sexes.¹

FUTURE POPULATION CHANGE

Dudley's population is projected to increase by 7.4% in total (22,600 people) to 328,900 people between 2008 and 2033.

The most significant feature is the projected growth of the 65+ age group by 45.5% over the forecast period. This equates to 25,100 more people. The 85+ age group shows the largest increase overall of 9,900 people, around a 155% increase from 2008 to 2033

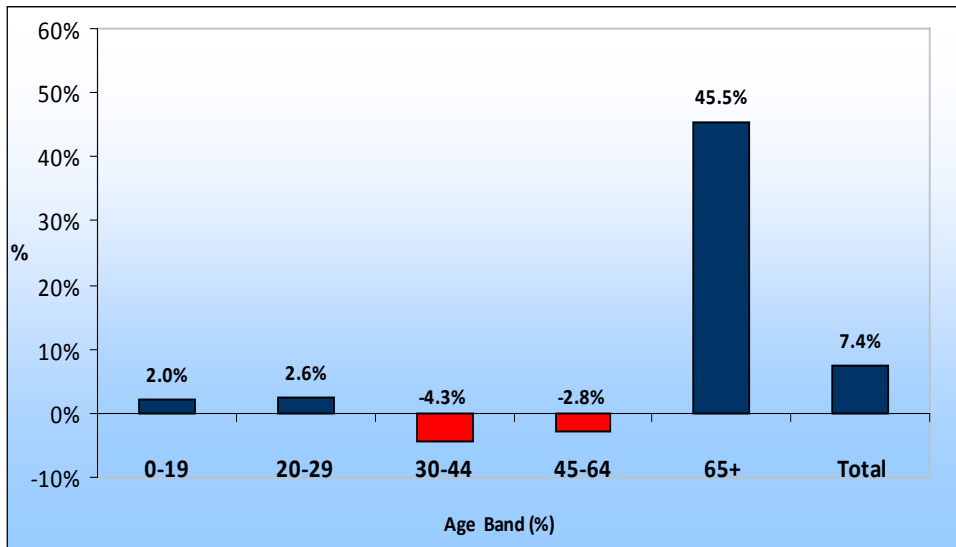
A small increase of 2.6% is forecast for the 20-29 age group – a group which comprises new households forming and will have implications for future affordable housing need both in the short and longer term.

Over a quarter of households are single person households but in the Council and Housing Association rented sectors this rises to 35.6% of households. 60% of these 8423 households are aged 60+.

The growth in the number of people aged 65+ and in particular people aged 85+ and the growth of single person households has a number of impacts including impacts on housing, support services and adaptations.

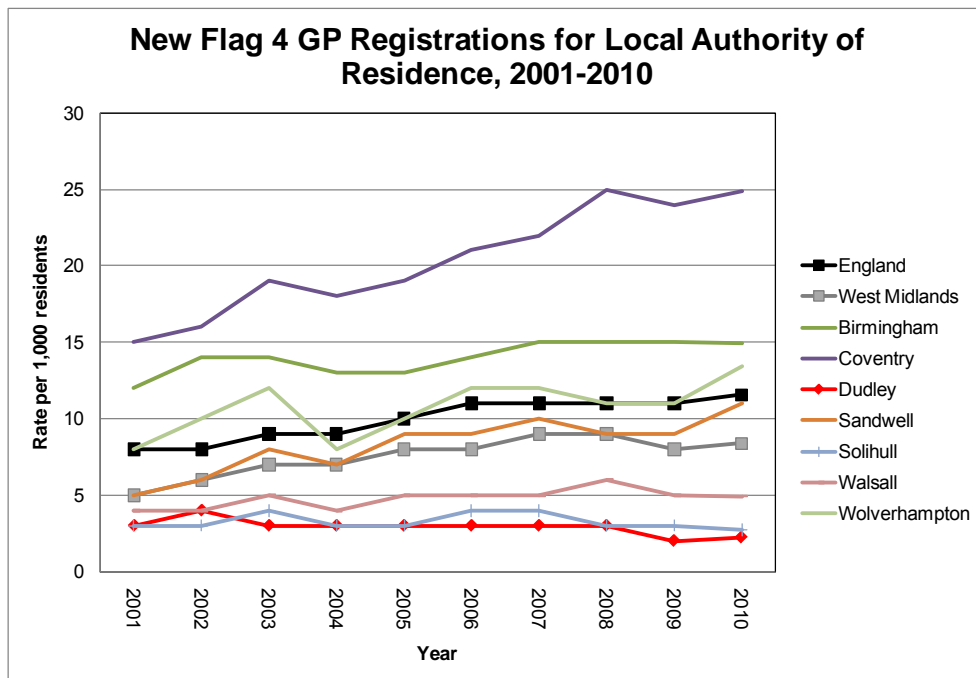
¹ Source Mid-Year Estimate revisions for 2002-2008 published by ONS in May 2010

% Change in Age Band Structure, 2008 – 2033



MIGRATION

Migration is measured by registration at GP practices called Flag 4. For Dudley the level of Flag 4 registrations is low and has shown a general trend downwards in the last 10 years, which is different from that occurring in the West Midlands as a whole and England.

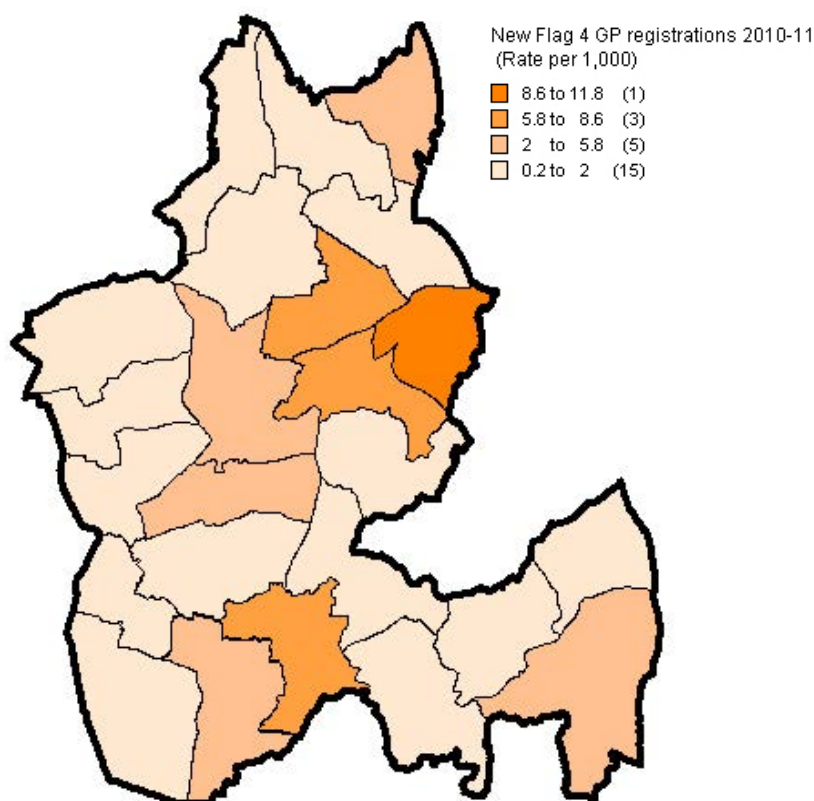


Source: Office of National Statistics www.ons.gov.uk/.../migration1/migration.../local-area-migration-indicators.xls

From the local GP registration data in 2010-2011 there were 704 new Flag 4 registrations from 90 different countries, with the highest proportions coming from Pakistan (24.0%), Poland (9.1%), India (10.1%), Romania (4.0%), Latvia and

Lithuania (2.8% each).. The main point to note is that although there are some specific areas within Dudley where groups from different countries settle, generally there is a dispersal across the whole borough.

Map of new Flag 4 GP registrations in 2010-2011 by 2001 Census ward



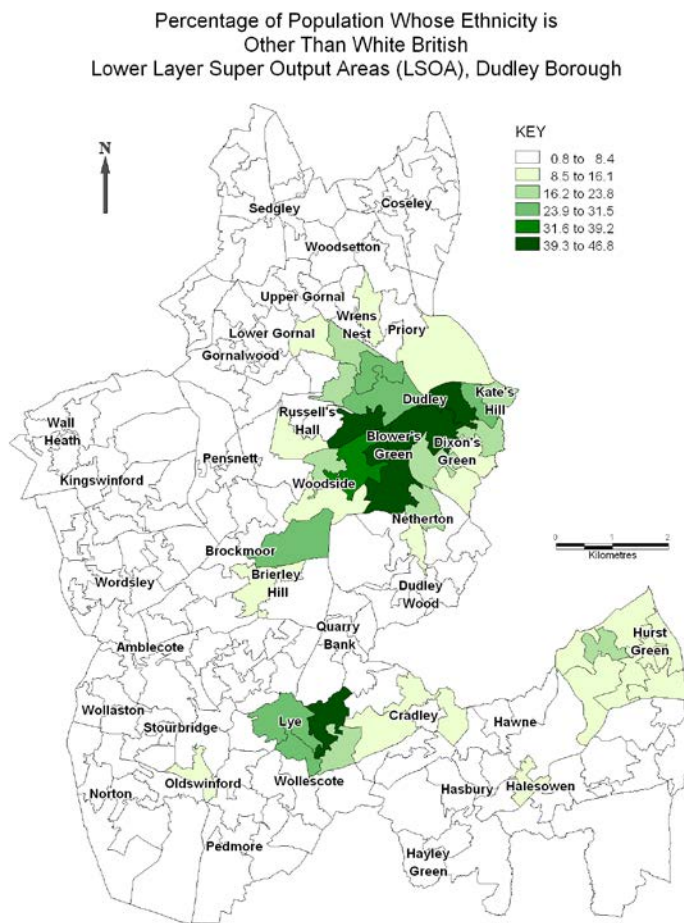
ETHNICITY

The White British ethnic group constitutes 92.5% of the borough population and is the predominant group amongst all age ranges. The percentage of the population that is non-White British is highest within child and young adult age groups.

11.7% of those aged 0 to 9 are non-White British, with Pakistani (4% of the 11.7% total), Mixed White / Black Caribbean (2.2%) and Indian (1.7%) groups most evident. 10.8% of 10 to 14 year olds and 11.8% of those aged 15 to 24 are from minority ethnic groups. From the 25 to 39 age group, where the figure is 7.9%, the proportion of people from non-White British groups decreases with age to reach 2.9% for those aged 75 and over. These patterns reflect the generally younger population structure of minority ethnic groups in the borough.²

² Source: 2001 Census, Table S101

The distribution of the non White British population is such that there are strong concentrations within certain neighbourhoods, pushing those local proportions up as high as 40%. These neighbourhoods include; Dudley, Blowers Green and Lye.



Source: 2001 Census, Table KS06, Office for National Statistics (ONS)
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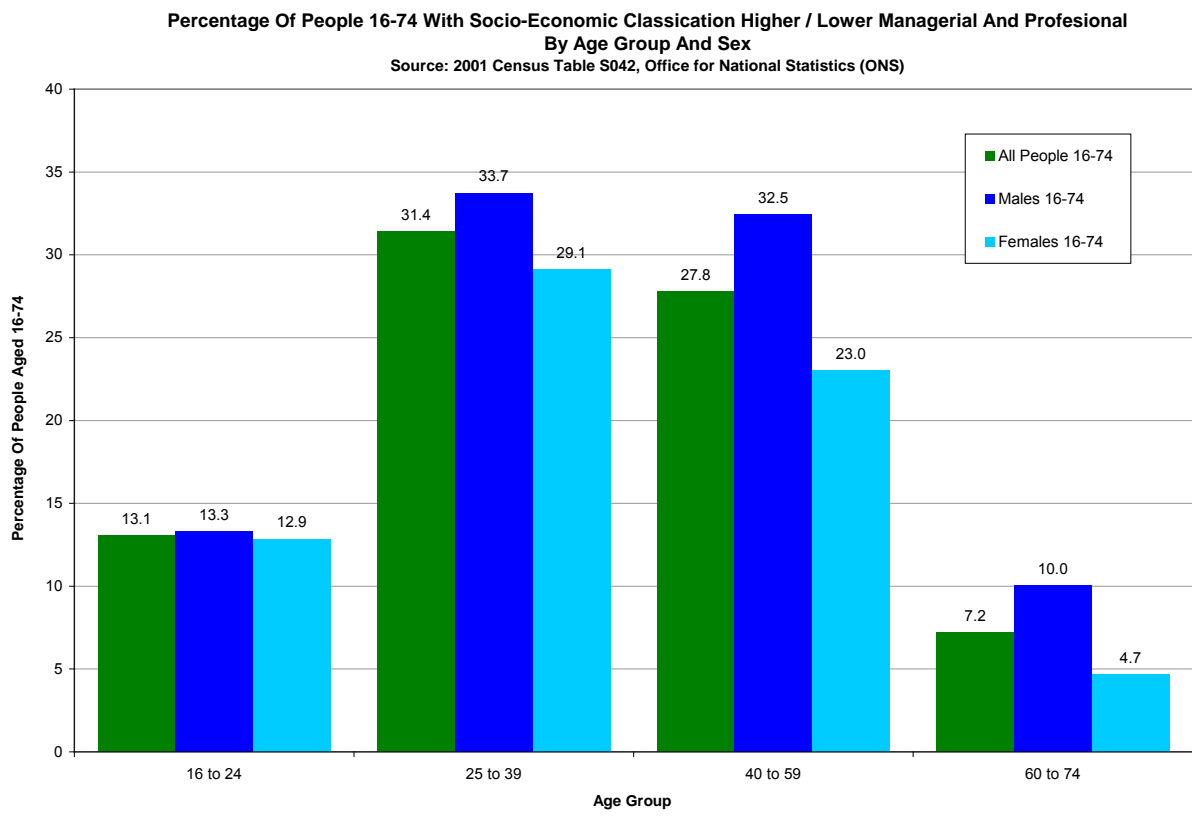
RELIGION

77.7% of the borough population are Christian and 2.5% Muslim; all other religions constitute less than 1% of the borough population. 10.7% of people have no religion and 7.4% did not state a religion; religion was an optional question on the 2001 Census so people were not required to give a response. Older people are more likely to identify themselves as Christian, with 87.2% of those 75 and over and 87.9% of those aged 60 to 74 doing so compared to 68.4% of 0 to 9 year olds and 74.5% of 10 to 14 year olds. People under 40 are also more likely to state they had no religion than those in older age groups.³

³ 2001 Census, Table S149

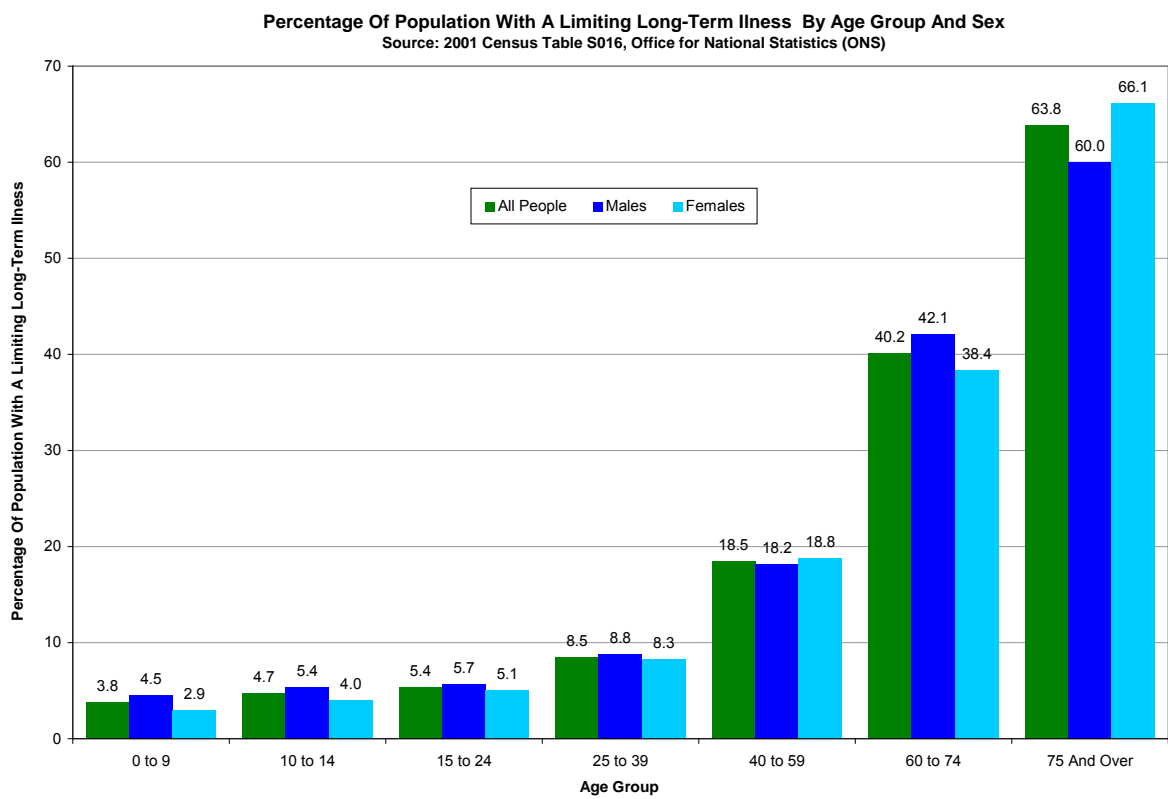
SOCIO ECONOMIC CLASSIFICATION

The Office for National Statistics uses occupation, employment status (employer, self-employed, employee) and a number of other factors, including those covering the non-working population, to construct the Socio-Economic Classification. This shows that 22.7% of people in Dudley aged 16 to 74 have higher / lower managerial and professional occupations.



At ages 16 to 24 the percentage of people in these roles is relatively low at 13.1% with little difference between the sexes. However, as age increases men are more likely to be employed in these high-end occupations than women, the figures being 32.5% and 23% respectively for the 40 to 59 age group. Across the 16 to 24, 25 to 39 and 40 to 59 age ranges a similar proportion of people are engaged in semi-routine and routine occupations, with around 16% in the former and 12% in the latter.

LIMITING LONG-TERM ILLNESS



Based on the 2001 Census household population data 18.5% of the borough’s household population has a limiting long-term illness, health problem or disability which limits their daily activities and the work they can do. This includes problems that are due to old age, so whilst only 3.8% of 0 to 9 year olds report having a limiting long-term illness the proportion increases as people get older to reach 40.2% of those aged 60 to 74 and 63.8% of people 75 and over. This pattern holds true for both sexes but there is some variation, with limiting long-term illness less prevalent amongst women before the age of 40. At age 75 and over women (66.1%) have a higher incidence of limiting long-term illness than men (60%), though this may be a consequence of their longer life expectancies and the health problems that come with extended age.⁴

CRIME

CRIME VICTIM PROFILE - GENDER

Men tend to be victims of crime more than females in Dudley. Last year, 45% of victims of recorded crime were female, and 55% male.

⁴ 2001 Census, Table S016

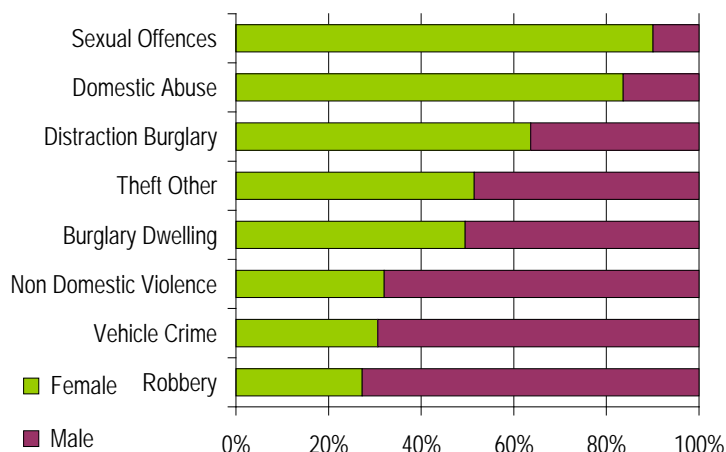
Victimisation varies by offence. Females are more likely to suffer sexual offences, domestic abuse and distraction burglary. Males are more likely to be victims of robbery and vehicle crime.

Gender profiles also vary with age. For under 19s, males make up 58% of victims. This reflects the volume of robbery and thefts against males at this age.

In young adulthood the risk is fairly even. This reflects the dominance of property crime (where there is less of a gender split).

From age 40 through to 70 males again make up the larger proportion of victims (59%). The volume of vehicle crime against males remains steady while the number against females decreases.

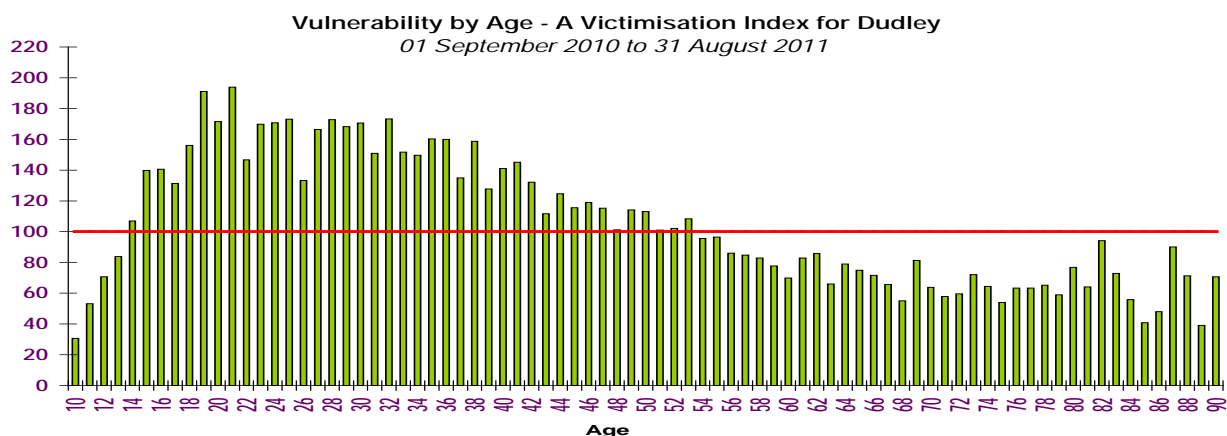
In later life, females are more likely to be victimised due to their longer life expectancy. They make up 57% of victims aged 75 and over.



Source: Strategic Assessment page 36

CRIME VICTIM PROFILE - AGE

Vulnerability to crime and disorder is strongly linked to age. This is illustrated in the graph below which displays risk of victimisation by age, taking into account the population structure of Dudley. A score over 100 signifies that the age is at greater risk than the Dudley average. The index shows that teenagers and young adults are most vulnerable to crime. Rates of victimisation rise steadily until age 14 where they surpass the borough average. The peak is between 19 and 21 years of age, but victimisation rates remain at more than 1.5 times the borough average throughout the twenties and up to the late thirties. The chances of being a victim of crime does not fall consistently below the borough average until people are in their mid-fifties.



CRIME VICTIM PROFILE - EMPLOYMENT:

West Midlands Police collect data on the employment of victims. This data, however, was only collected in 45% of cases. Some tentative findings have been made by comparing employment type of victims to the profile of Dudley residents taken from the 2001 Census. More robust and detailed analysis on the topic would be possible if more consistent recording practices are adopted. It is apparent that unemployment is a risk factor in terms of victimisation. Over a quarter of Dudley's working age victims (26%) were not in work (including those who are disabled and carers). This is 1.5 times more than the 17% of residents who claim benefits related to worklessness. This is a significant disparity indicating that crime affects the most vulnerable in society. This may be linked to place and the vulnerable localities previously highlighted, with these more income deprived neighbourhoods tending to have higher levels of crime. This does not mean however that the relatively poor people within them are also at a greater risk; the better off in a poorer area are more likely to suffer more acquisitive crime as they have more to steal. Poor area concentration patterns can be explained by the proximity of likely offenders to attractive crime targets.

CRIME VICTIM PROFILE – ETHNICITY

West Midlands Police data reveals that ethnicity has a slight influence on risk of victimisation. 12% of victims of crime in Dudley were recorded as being from a Black and Minority Ethnic (BME) group. The 2009 mid-year estimates put the BME population of the Borough at 10%. This indicates a slightly elevated risk of BME groups becoming a victim of crime locally. Vulnerability is highest amongst 'Asian' groups (8.2% of victims, 5.6% of the population), with Asian males at more than twice the risk of victimisation of Asian females. 'African-Caribbean' groups are also more likely to be victims (2.8%) relative to their population size (1.7%). The peak age of victimisation also varies by ethnic group, being 25-33 for Asian victims (31%) and 16-24 for African Caribbean victims (28%). The comparable figures in the overall victim profile are 17% and 18% respectively.

Whilst 93% of victims in Dudley are resident in the Borough, this fell to 87% of BME victims. Non resident BME victims primarily live in neighbouring Boroughs of

Sandwell (5%), Birmingham (4%) and Wolverhampton (3%) which have a far higher BME population. Therefore, whilst the ratio of BME victims in Dudley is above that of its residents, we can infer that this reflects the ethnic diversity of those from surrounding areas victimised in Dudley. BME residents of Dudley are therefore not at a notably elevated risk of crime.

REPEAT VICTIMISATION

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

Over the last year, 7% (699) of victims in Dudley were targeted on more than one occasion. These repeat victims accounted for 14% of all offences. When we consider that these 699 repeat victims make up just 0.2% of Dudley's population, but experience 14% of all reported crime, it is clear that a very small core of residents suffer disproportionately from offending.

10% of repeat victims are from the Asian ethnic group, compared to 8% for all victims. According to the latest population estimates 5.6% of Dudley's population are from Asian groups, which suggest that, in this case ethnic group is a factor in repeat victimisation. African-Caribbean groups are no more likely to be a repeat victim (2.7%) than a victim (2.8%). Repeat victims are more likely to be female (49%) than those who have only been a victim of one offence (44%). 22% of repeat victims are in the peak age range of 16 to 24, which compares to 17% for non-repeat victims.

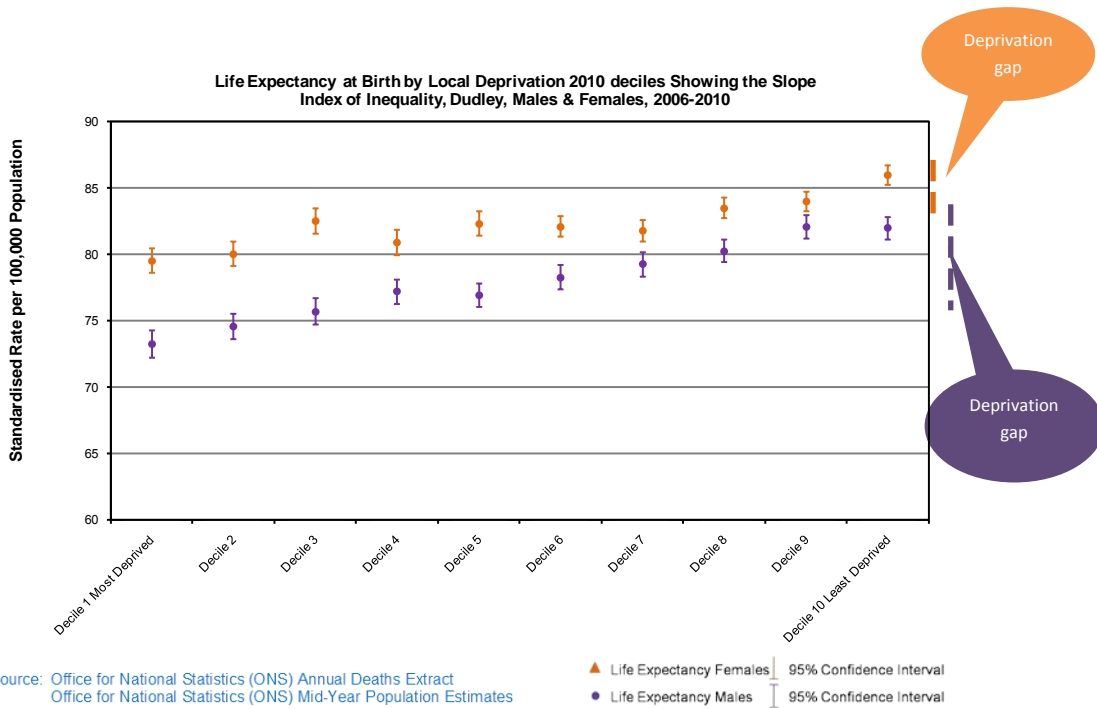
Where occupation was recorded, analysis shows the groups most likely to be repeat victims are the unemployed (26%), students (10%) and retired people (10%).

HEALTH INEQUALITY WITHIN THE BOROUGH

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

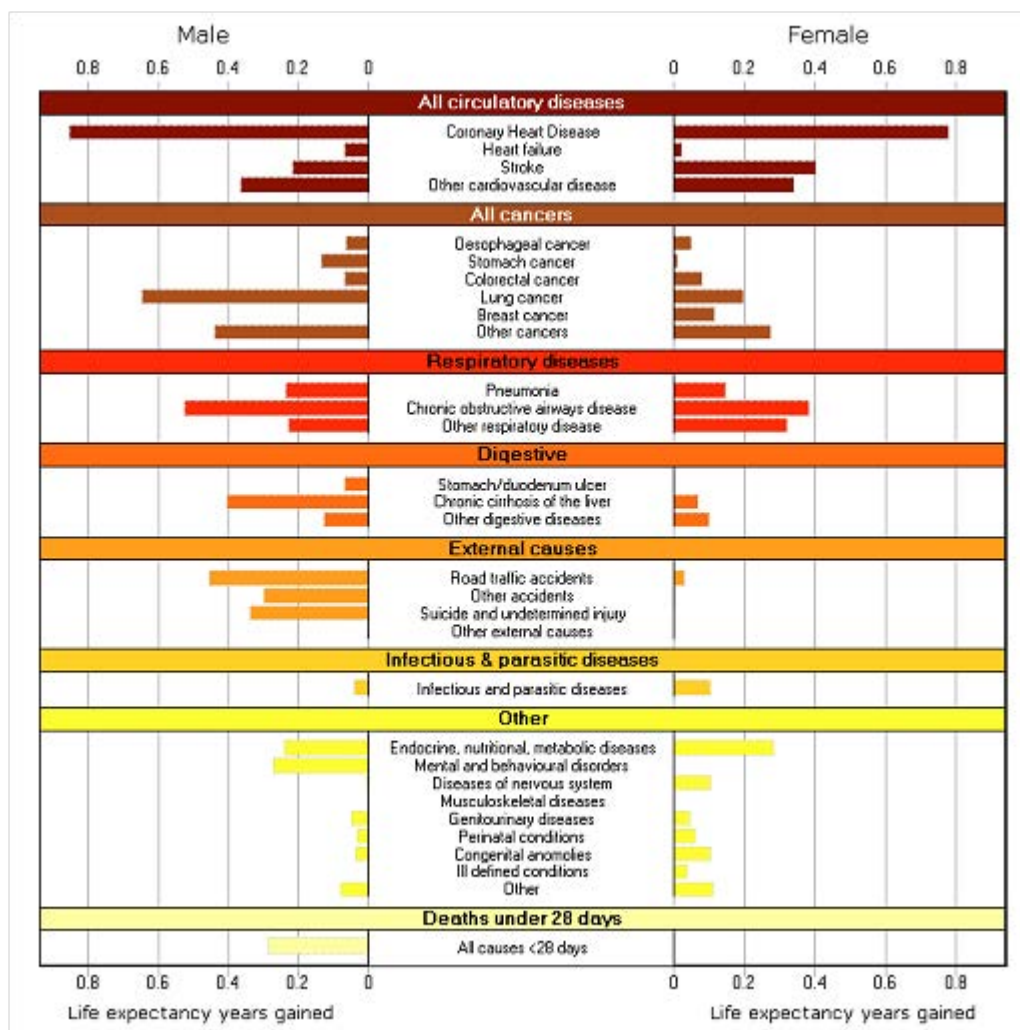
Although life expectancy has risen in line with national trends – the 2008-10 period shows no gap between the local and the national for females and only 0.4% lower for males – the hidden issue is that of variance within the borough.

Slope Index of Inequality



The chart below shows that variance for both genders between the most and least deprived neighbourhoods, indicating a link between life expectancy and deprivation. This gap has widened over time. Reduction in coronary heart disease, chronic obstructive pulmonary disease (COPD) and lung cancer in men in the deprived populations in Dudley would have the greatest impact on reducing inequality of life expectancy (see chart below). They are all smoking related diseases. Tobacco control, including smoking cessation services at scale, is the most cost effective intervention for tackling these diseases.

Life expectancy years gained if the Most Deprived Quintile (MDQ) of Dudley MCD had the same mortality rate as the least deprived quintile in the local authority for each cause of death (Deaths 2001-2005)



Source: The Health Inequalities Intervention Tool for All Areas (2008)
http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesAllAreas2008.aspx

TAKING PART: VOLUNTARY CLUBS, SOCIETIES AND TEAMS

It is estimated that there are around 1500 local voluntary organisations (including small charities and local branches of national charities), community groups, faith groups, clubs and societies operate in Dudley borough.

A survey carried out by Dudley CVS and Dosti in 2007, (returns from 299 organisations and groups) showed that:

There are 6 volunteers to every member of staff in Dudley's voluntary and community sector organisations.

Half of the organisations in the sector operate on under £5,000 each year. Less than one sixth of organisations in the sector have over £150,000 income per year.

Less than 20% of respondents had contracts with the public sector to deliver services.

Two-thirds of the sector had been awarded one or more grants in 2006-7.

Half of the organisations responding work across the whole Borough, while others serve communities in smaller geographical areas.

If the organisations surveyed are reflective of the whole sector, there are over 30,000 volunteer places filled, with nearly a third of those being voluntary positions on management committees and boards.

Staff and volunteers	Total
Number of full time paid staff	676
Number of part time paid staff	619
Number of volunteers (excluding those below)	5,898
Number of volunteers on management committee	1,667
Total number of volunteers involved	7,565

Income in the last year	% of all responses
£0 - £5,000	47
£5,000 - £10,000	12
£10,000 - £50,000	19
£50,000 - £150,000	7
£150,000 +	15

17% of respondents indicated that they had one or more public sector contracts in 2006-7. Some of them provided information about the value of their contracts. This is shown in the table below.

Value of total public sector contracts to group in the last year	Total number of groups	Proportion of all survey responses
£0 - £5,000	7	2.5%
£5,000 - £10,000	1	0.5%
£10,000 - £50,000	5	1.5%
£50,000 - £150,000	5	1.5%
£150,000 +	9	3.0%
Total	27	9.0%

Survey respondents were asked to indicate which of a list of activities or services best described their organisation's work.

Activities or services	Total no respondents	% of all responses
Children and Young People	139	46
Social/Leisure Activities	114	38
Families	107	36
Elderly	93	31
Community Development	86	29
Special Needs or Disability	83	28
Empowering Individuals or Self Help	74	25
Fundraising	73	24
Health	66	22
Sporting Activities	66	22
Support Voluntary/Community Groups	62	21
Education, Careers or Training	61	20
For women	60	20
Advice, Information or Advocacy	58	19
Faith or Religion	53	18
For men	48	16
Carers	38	13
Community Association/Centre	39	13
Community Safety	39	13
Counselling	38	13
Creative and Performing Arts	38	13
Conservation, Heritage or Environment	33	11
Mentoring	33	11
Housing/Accommodation	26	9
Domestic Violence	17	6
Gay/Lesbian/Bisexual	17	6
Anti-Poverty	16	5
Asylum seekers	13	4
Animal Welfare	3	1

Survey respondents were asked if they provided a Borough wide service, and if not, which wards they operated in.

Area covered	Total no. of respondents	% of all responses
Borough wide	155	52
Brierley Hill	44	15
Lye and Wollescote	32	11
Wordsley	33	11
Brockmoor and Pensnett	31	10
Halesowen North	30	10
Quarry Bank and Dudley Wood	29	10
Amblecote	27	9
Halesowen South	26	9
Kingswinford North and Wall Heath	27	9
Netherton, Woodside and St Andrews	26	9
Wollaston and Stourbridge Town	28	9
Cradley and Foxcote	23	8
Kingswinford South	24	8
Pedmore and Stourbridge East	23	8
Norton	22	7
Belle Vale	17	6
Castle and Priory	18	6
St Thomas's (Dudley Centre)	17	6
Gornal	14	5
Hayley Green and Cradley South	16	5
Coseley	12	4
Sedgley	12	4
St. James's (Dudley Centre)	12	4
Upper Gornal and Woodsetton	9	3

YOUNG PEOPLE VOLUNTEERING

In 2011, a Youth Survey was funded and carried out by Dudley Youth Service, Dudley MBC with support from partner organisations. Some of the findings are shown below.

MAKING A POSITIVE CONTRIBUTION

25.6% of respondents said that they take part in voluntary activities. Of these, the majority (78.4%) volunteer at least 1-5 hours per week; 13.4% between 6-10 hours; and 2.6% between 11- 20 hours. A smaller proportion (1.4%) volunteer more than 21hrs per week and 4.1% did not state how many hours per week they volunteer.

Generally, the reasons young people volunteer is to make a difference to their future. The highest percentage (22.1%) said volunteering work is good for their CV. 15.2% volunteer because their friends do. 14.2% said that it made them feel more confident and it's good for their self-esteem. 11.8% want to make a difference to where they live and see volunteering is a way to do this.

What are the main reasons why you volunteer?	Total no. of respondents	% of all responses
It is good for my CV and will help me to get a better job	264	22.2
My friends volunteer	180	15.2
It makes me feel confident and is good for my self-esteem	169	14.2
I want to make a difference where I live	140	11.8
It gives young people a voice and a better image with older people	116	9.8
Because someone asked me	77	6.5
To experience something new and to have fun	76	6.4
To learn about people from different backgrounds and cultures	58	4.9
To support charity or a cause that is important to me	57	4.8
Other	50	4.2
Total	1,187	100.0

Young people who do not volunteer said they are too busy with their education (30.4%), feel their social lives are too full (21.3%) and 17.8% are not interested in volunteering.

SPORTS VOLUNTEERING:

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

% 'Volunteering to support sport for at least one hour a week'.

	2011 (APS5)
Dudley	6.4
Sandwell	4.7
Walsall	4.4
Wolverhampton	6.7
Black Country	5.5
West Midlands	7.4
England	7.3

Source: Active People survey 5 October 10/11

SPORTS TEAMS: AN EXAMPLE FROM FOOTBALL:

The Football Association Participation report for 2011-12 showed that :

Dudley has 162 affiliated clubs with a total of 448 teams of which 414 play in Dudley

Of the 414 teams operating in Dudley 104 (25.1%) are adult teams, 200 (48.3%) are youth teams (all formats) and 110 (26.6%) are Mini-Soccer teams.

71.9% or 223 of the 310 Youth and Mini teams play in a club that has achieved a Charter Standard Award as compared to a national average of 75.6%.

Even with this number of teams there is a lower percentage of the adult population participating in football than found nationally.

	Active People Survey 5 - Football	
	1 x month	1 x week
Dudley	5.60%	3.33%
National average	7.33%	4.96%

Source: Active People survey 5 Oct 10/11

The number of teams has decreased by 44 teams overall in Dudley from season 2010/11 to season 2011/12:

- a decrease of 30 adult teams
- a decrease of 13 youth teams (all formats)
- a decrease of 1 Mini-Soccer team

LEISURE ACTIVITY

People in Dudley spend their leisure time on a wide variety of leisure activities – sport, visiting museums, reading books for pleasure, going to the cinema or theatre, participating in the arts, gardening for pleasure, pursuing hobbies and crafts – and many more besides. We have very little collated data which describes this adequately. Indeed there is little collated data which brings together information about the range of leisure services provided by the Dudley MBC. So we have an incomplete picture of how Dudley people enhance their wellbeing through their leisure activity.

EMERGING THEMES

MORE IN-DEPTH ANALYSIS REQUIRED?

- Further work is required to understand the nature and spread of how people in Dudley enhance their well-being through leisure activities.
- There is a recorded decline in local football teams. What is the position for other sports?

QUESTIONS FOR COMMISSIONERS

- The next two decades are forecast to see an additional 25,100 more people over the age of 65, 9,900 extra over 85. This presents both opportunities and challenges. Many of the challenges are set out in later chapters, what of the opportunities? Fit and healthy older people can make an immense contribution to the Borough. Have commissioning plans factored in sufficient measures to assist older people to stay fit and healthy and to make full use of their talents?
- 20% of single person householders are in the 60 + age group. Is the requirement for housing for older single person households sufficiently factored into long term housing plans? Is planning for care closer to home taking sufficient account of the growing number of older single person householders?
- Though small in number, new migrants to the Borough come from a wide range of countries (90 different countries in 2010-11), speaking many different languages. Are Commissioners confident that their providers have culturally competent services and ready access to interpreting when needed?
- One tenth (approximately 70 people) of repeat victims of crime come from Asian communities. What can Commissioners do to reduce vulnerability of these individuals?
- The gap in life expectancy between the least and most deprived within the Borough has widened over the last decade, mostly due to CHD, COPD and lung cancer in men. Are Commissioners investing sufficiently in preventive services which will have the greatest impact on reducing this gap?

GIVE EVERY CHILD THE BEST START IN LIFE

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

Birth – In 2010 live births in Dudley were 3,801, rising since 2003. Local birth projections suggest this increase in births may be maintained for the next few years⁵.

Age 0 to 4 years – The 2011 Census population estimate is 18,900

Age 5 to 9 years – The 2011 Census population estimate is 17,900

Ethnicity – Local estimates 22% BME in this age group (10% Asian, 5% mixed, 3% black, 3% other)⁶

Deprivation – 30% of this age band (~10,500) live in the most deprived quintile of deprivation⁷.

Child Poverty – 23.8% of 0-16 year olds live in poverty in Dudley, 13,745 children.

WHAT IS THEIR HEALTH STATUS?

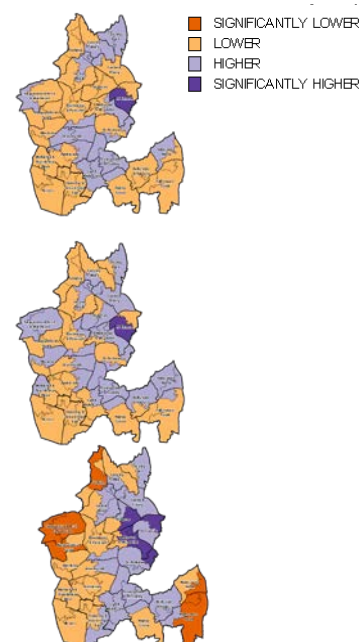
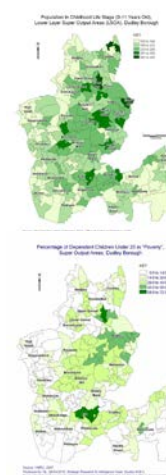
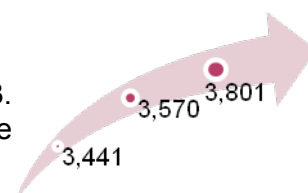
CONCEPTION TO AGE 1

Mortality

Dudley has infant mortality rate of 5.0, compared to 4.3 per 1,000 live births for England & Wales. Higher in males, in asian and black ethnic groups and for the 40% most deprived areas⁸. 19 deaths in 2010.

Stillbirths and deaths in the first 7 days (perinatal) are higher for Dudley (8.7 per 1,000 total births, 2010) than for E&W (7.4)⁴. Higher in asian and black ethnic groups and for the 20% most deprived areas. The main cause of stillbirth in 2010 was foetal growth restriction and congenital anomaly. The main cause of deaths in the first 7 days is congenital anomaly and immaturity related conditions.

Low birthweight (<2,500g) accounts for 8.8% of total births in Dudley (7.3% E&W) and has changed little over the last 5 years. The proportion of low birth weights are higher for the asian and black ethnicity groups and also higher for the two most deprived quintiles.



⁵ Office of National Statistics Annual Births

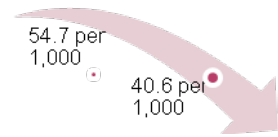
⁶ Dudley Child Health Information System responsible population

⁷ Department of Communities & Local Government Indices of Deprivation 2010

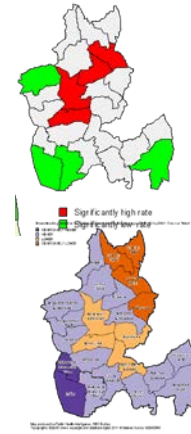
⁸ Office of National Statistics Annual Deaths

Teenage Conception

The under 18 conception rate for Dudley in 2010, was 40.6 per 1,000 compared to the E&W average of 35.5 per 1,000. It has decreased by 25.8% since 1998, slightly faster than the drop for E&W. Termination rates have increased in line with E&W. The under 18 conception rates vary across the borough.



Smoking in pregnancy (at delivery) was 17.3% in Dudley, higher than both the West Midlands and England (15.9 and 14.0% respectively, 2009/10). 34% of households with babies born in 2011/12 were recorded as being smoking. This was higher for Bangladeshi and mixed ethnic groups and significantly higher for the most deprived quintile.



Breastfeeding initiation is low at 57.2%, compared with 74% in England. Rates are lower in the 15-24 age band and significantly lower for the most deprived quintile of deprivation.

Breastfeeding continuation (6-8 weeks) was 28.8% for Dudley, 47% for England. Continuation is lowest for the 15-24 age band and again is significantly lower in the three most deprived quintiles of deprivation. Continuation is poorest for the white ethnic group.

Primary immunisation coverage within the first year of life within Dudley was above WHO 95% standard at 96.6%, England 94.2% (2011/12).

CHILDREN FROM BIRTH TO AGE 11 YEARS

Mortality

Between age 1 and 4, 29% of deaths were related to congenital malformations, deformations and chromosomal abnormalities, 18% to respiratory diseases, and 14% each for external causes and diseases of the nervous system.

Between age 5 and 9, there are few deaths but 30% where the cause was asthma.

Hospital admissions

30% of the 3732 emergency hospital admissions in 2011/12 for 0-5 age band were due to respiratory diseases, with 15.2% due to unspecified viral infection, 6.2% due to viral intestinal infection and 3.5% due to non-infective gastroenteritis.

DSR emergency admissions per 100,000						
Age 0-5 years	Dudley	Trend	Most deprived	Least deprived	Ethnicity	Ward
					High	High
Gastroenteritis	1,381		2106	772	Asian, Black, Chinese and other	Brockmoor & Pensnett, St. Andrews, Netherton & Woodside, St. Thomas
Lower respiratory tract	957		1,458	383	Asian, Chinese and other	Brockmoor & Pensnett, St. Andrews, Netherton & Woodside, St. Thomas
Asthma	188		314	107	Asian, Black	Wordsley, St. Andrews, Lye & Wollescote

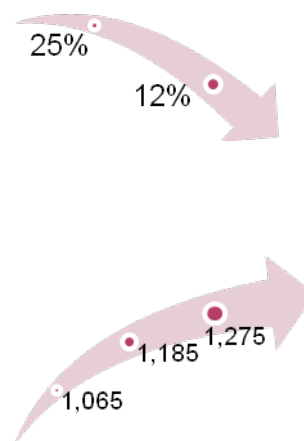
Around 12% of children aged 9-11 self-reported having asthma, and this has been declining since 2006.

Around 5,000 A & E attendances per year for Dudley residents at DGoH for accidents and 5.6% resulted in a hospital admission. Over two-thirds occurring to children living in the two most deprived quintiles.

Approximately 250 hospital admissions per year for accidents. Higher in males than females, and for those in the most deprived quintile of deprivation. 44% of the admissions were for falls, 21% for being struck by an object/person or a foreign body entering body, 13% from accidental poisoning or exposure to heat and hot substances. Majority of falls occur in the home involving furniture, steps or stairs.

Dental caries in 5 year olds is below the national average, but is poorer in children in the most deprived quintiles of deprivation.

The proportion of 9-11 year olds self-reporting having smoked in the last 7 days has remained at 1% in 2012⁹, England (2010, ever smoked), 1%¹⁰.



⁹ Dudley Primary Schools Lifestyle Survey

34% of households in Dudley with children born in 2011/12 are not smokefree. This is higher for mixed, and Bangladeshi ethnic groups and also in the most deprived quintile.

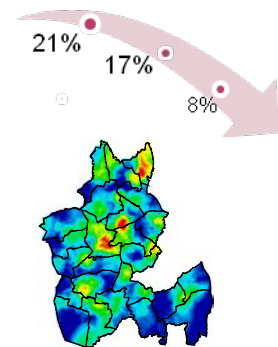
The proportion of 9-11 year olds self-reporting having had an alcoholic drink in the last 7 days has declined to 8% in 2012¹¹, England, 6.5% (ever had alcoholic drink).

Obesity is a key issue in Dudley. In 2010/11 10.7% children aged 5 were obese and 22.4% of children aged 10-11. Both significantly higher than the England average.

Children of black ethnic origin are the most overweight or obese.

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

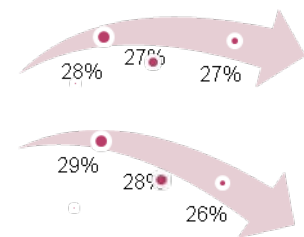
The proportion of 9 and 11 year olds self-reporting eating 5 or more portions of fruit and vegetables per day has remained relatively static at 28% in 2012, England (2010) 18.5%.



Well-being

The proportion of 9 and 11 year olds with a high self-esteem score (15-18) using the LAWSEQ set of questions¹² has remained relatively constant at 27% in 2012.

The proportion of 9 and 11 year olds bullied at or near their school has remained above 25% over the last 6 years.



Vulnerable Children

Based on the 2001 Census 3.8% (4.5% of males and 2.9% of females) of the household population in the 0-9 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

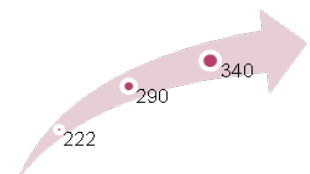
Looked after children

Children in care prevalence rate significantly higher in Dudley (93 per 10,000 aged under 18) than England (59 per 10,000 aged under 18).

Number of children in care in the 0-9 age band increased 222 in 2008 to 340 in 2012. Within this the rise has been in the 1-4 age band.

In 2011 proportionately more children in care in the 1-4 years age band (Dudley 23.8%, national 18%) and in 5-9 years age band (Dudley 21.7%, national 18%).

16.7% increase in admissions to care due to 'abuse and neglect' (all LAC no age breakdown for this 0-11yrs group).



¹⁰ Health Survey for England

¹¹ Dudley Primary Schools Lifestyle Survey

¹² Lawrence (1981) British Journal of Educational Psychology, 51, 245-251

Average time in care increased by 28.6% between 2008 and 2012 (2.3 years to 3.0 years (all admissions -no age breakdown for 0-11yrs admissions) .

The highest proportion of admissions to care 2011-12 in St. Thomas's, Netherton & Woodside, St. Andrews, Castle& Priory and Brockmoor & Pensnett wards (all admissions – no breakdown for this 0-11years group).

Special Educational Needs in Looked after children

13.9% of school age children in care in Dudley have SEN, and 25.4% had a SEN, School Action or School Action Plus programme (National, 28.2%). The majority of the mixed ethnic groups in care have a SEN.(All LAC no age breakdown for 0-11years).

Child Protection

Over 75% of children with a child protection plan are in the 0-9 age band.

Increasing trend in child protection plans in Dudley over the last 5 years, though rate of increase is beginning to slow with a significant increase in the number of de-registrations from 2011/12. (All LAC

The rate of children under 18 on child protection plans in Dudley for 2011/12 was 33 per 10,000 children aged under 18 years (national, 2010/11, 39; Dudley 2010/11, 36).

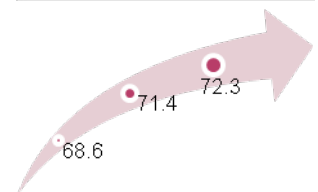
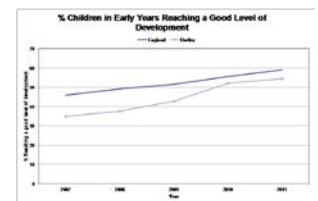
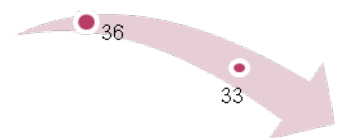
Of all child protection plans in Q1 2012/13, 48% were due to neglect and 37% were registered due to emotional harm.

Education

Percentage of all Early Years children reaching a good level of development (defined as scoring 78+ overall and 6+ points in: Personal, Social and Emotional Development; and Communication, Language and Literacy) has increased in Dudley but is still below that reported for England. Higher in girls than boys, (as England), and lowest in the quintile of most deprivation. Gap has narrowed slightly over the last 5 years.

Rate of improvement in % early years children reaching 'good' level of development greatest in the BME ethnic groups with the mixed ethnic group (58%) exceeding Dudley value (54.5%).

% all children in Key Stage 2 achieving level 4 or above in both Maths & English is improving in Dudley in line with the value for England (72.3 and 74.0% respectively in 2011). Lower for children from the quintile of most deprivation, though gap has narrowed over the last five years (most deprived quintile, 68.7%, least deprived 73.1%, 2011).



HEALTHY LIVING

Children's Centres

These centres are commissioned by Dudley MBC. There are now twenty children's centres in the borough, with fourteen on school sites, one at a maintained nursery, and five run by Action for Children in separately managed buildings. They have become an integral part of the network of support that is available for young children and are well placed to take forward the government's requirements to offer a universal service while ensuring that those children and families that require additional support are identified and helped.

Appropriate agencies, schools, and children and family organisations are involved with the centres in delivering their services on site; working together with centre staff in visiting or in sessional work; or in referring people for support that the centre can provide. Examples of this are:

Citizens Advice Bureau Sessions held at all Centres

Baby Clinics delivered by some Health Visitors at some Centres

Ante-natal/Midwifery appointment held at some Centres

Joint home visits with Health Visitors at some Centres

Attendance at MARAC (Multi Agency Risk Assessment Conference) to ensure effective partnership communication and risk management for children in Domestic abuse situations.

Tobacco Control

Smoke free enforcement activity helps to reduce for the unborn child and children exposure to tobacco smoke and future addiction to tobacco. In 2011-12, 1,202 smoke free enforcement visits were undertaken by environmental health including 304 visits to workplaces employing routine and manual workers where referrals were made to the Dudley Stop Smoking Service and awareness of illicit tobacco issues raised.

Smoking during pregnancy

Dudley Stop Smoking Service (DSSS) provide a bespoke specialist smoking and pregnancy service offering pregnant smokers, their partners and families intensive support to help them to quit. An opt out referral process operates for pregnant smokers, smokers are offered support to quit, and for those women who do decline the service are sent information about the importance of quitting in pregnancy as well as informing them about the service provided. A recent development is routine screening of women for Carbon Monoxide (CO) in

pregnancy, as per NICE guidance (PH26 2010). Referral for help to quit is offered at every stage in pregnancy, with a 'no waiting' list rule for pregnancy and most women offered an appointment within a week of referral.

Breastfeeding Buddies

Pilot July 2011, 2 paid buddies servicing 11 GP practices in areas with the lowest breast-feeding initiation rates, supported by approximately 50 volunteer buddies in each of the 20 children's centres. July 2012 further 4 paid buddies servicing areas with high breastfeeding drop-off rates.

Weight Management Services

Ten programmes are run over 50 venues across the borough for children and families. In 2010/11 245 children were supported (1.7% of target population), 66% completed the course and 71% reduced or maintained their body mass index. A further 116 pregnant women who were obese were supported to gain less than 10 kg during pregnancy.

Healthy Eating

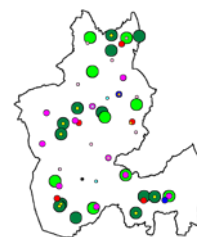
Twenty-five primary schools (including 2 special schools) have implemented Food Dudes¹³ during 2011/12. There has been 43% improvement in intake of fruit and 76% increase in intake of vegetables and a 28% reduction in the consumption of unhealthy snacks at lunchtime for the first 3 month follow-up.

Dudley Food for Health Award only applies to caterers, not to retailers. Few takeaways have the award and low income families are more likely to purchase food from takeaways and retailers. Local shops are not assisted to provide healthier options, such as fruit and vegetables. Takeaway proprietors may not have the knowledge, catering skills or language skills to apply for the award.

There are no standards laid down for nutritional quality of food served in nurseries (as there is in schools). There is no single source of authoritative guidance for nurseries on nutritional standards. A national survey on nutritional value of food provided by nurseries in 2009-10 showed none of the nurseries sampled were meeting all the current guidelines for food for this age group despite making efforts to provide healthy menus and this result was also reflected in the Dudley examples.

Between 65-100 Dudley Food for Health Awards are given each year to food premises in the borough which provide healthier menus. Currently 18 nurseries and 35 schools have achieved the award.

Approximately 1,100 food hygiene & safety inspections are carried out at food premises each year, including approx. 56 nurseries and childminders and 79 primary schools. The vast majority have achieved a hygiene rating of 4 or 5 (good or very good).



¹³ Food Dudes Bangor University

Accident Prevention

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

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

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

HEALTH SERVICES IN THE COMMUNITY

General Practice

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

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

Community Public Health Nursing Service (Health Visiting)

The Dudley PCT currently commissions this service with investment of ca £3.2m and planned increase in investment of £1.1m over 2012-13 and 2014 to expand the HV workforce to 74.3 by 2015 (including FNP see below). The service is provided by Black Country Partnership Foundation Trust. The specification covers the Health Visiting Services provided to all children up to the age of 5 years and their wider families/ carers. The service targets families with greatest need and work in partnership to promote health and well being. The service also includes community public health interventions, particularly for priority groups as identified by the Dudley Primary Care Trust Strategic Plan and the Children and Young People's Plan.

The Service is a key provider of the Healthy Child Programme (HCP) with Health Visitors as the lead professional at the local community level working across General Practice and Children's Centres.

Four key elements of Health Visiting practice, are fundamental to the service:

Safeguarding children and vulnerable adults

Child health surveillance and screening

Public Health

Engagement with Primary Care.

The service is principally provided in families homes, health centres, Children Centres and GP surgeries across Dudley PCT. It is also provided at other venues in response to the needs of the service.

The service meets some performance targets well (for example screening). A 2011 inspection by Ofsted/CQC identified that record keeping and care plans needed improvement with a more robust focus on outcomes and inclusion of the child's voice.

Family Nurse Partnership

There is currently no operational Family Nurse Partnership in Dudley but the PCT has commissioned its introduction during 2012-13 from Black Country Partnership Foundation Trust.

School Health Adviser Service

This service is commissioned by the Dudley PCT with investment level of £1.29m. The provider is Black Country Partnership Foundation Trust. The service provides health support for children and their families from entry to DMBC school provision until exit from school provision, including more intensive support targeted at children at risk of poor outcomes, according to the need at both individual and community level. The service is also provided to children who are excluded from school, educated at home or not attending school.

Key elements of the service are:

Delivery of the Healthy Child Programme (HCP) including promotion of healthy choices and lifestyles; delivery of immunisations; and the national child measurement programme.

Safeguarding the welfare of children and respond appropriately to children in need of protection from abuse, neglect and other risks, including engagement in Information Sharing and Assessment processes.

Management of lifelong conditions and complex needs, facilitating access to and delivery of evidence-based interventions to maximise health gains, including community based enuresis clinics.

Signposting and integrated working with other services and secondary care. The service is able to assess and identify the health needs of a school populations leading to a school health profile in relation to children and families and undertake health screening as required.

The service generally performs well on public health indicators.

A recent Ofsted/CQC inspection identified 'The HCP is well established in Dudley and school nursing staff have been effective in ensuring young people are immunised.'

Parents of children with disabilities rated support from school nurses in special schools ...but felt there is a need to strengthen support in mainstream schools.

Inspectors found that '*children and young people were not consistently engaged in developing and reviewing their care plans*'. Health care plans for older looked after children needed clearer actions and more timely review. Record keeping needed to improve.

Health Services for children with additional needs

The Dudley PCT commissions a range of services of specialist services for children in this age group who have additional need. These include:

Paediatric Speech and Language Therapy providing specialist assessment, diagnosis and therapy for children and young people with communication difficulties and/or feeding/swallowing difficulties. These difficulties may be part of delayed development, learning difficulties, hearing impairment or physical difficulties e.g. cleft palate. However, for many children there is no apparent reason why they are having communication difficulties. The service provides Universal, Targeted and Specialist services.

Paediatric Occupational Therapy providing specialist assessment, diagnosis and therapy for children who have a long term condition, causing moderate to significant decrease in functional ability to help them develop, maintain their skills for everyday living through activity, equipment or adaptation. The service also delivers the Get Moving Programme (a physiotherapy and occupational therapy school based exercise programme focusing on improving motor co-ordination, i.e. body image, balance, laterality, spatial awareness: aimed at children with Development of Coordination Disorder (DCD).

Paediatric Physiotherapy and Orthotics Service which is a Dudley-wide team, providing specialist assessment and/or treatment for children aged 0-19 years presenting with a range of conditions from mild developmental delay through to complex neurological conditions. Specialist areas of treatment include: Neo-natal Unit and Out-Patient follow-up, Hydrotherapy (see below), Orthotic Clinic, Serial Casting Clinic, Gait Clinic, DCD Provision, Gym Class, Assessment/and or provision of specialist provision. The service also provides Hydrotherapy to children following botulinum injections, surgery, children with neuro-muscular conditions etc. Children without associated Learning Difficulties are seen between the ages of 0 –16 and children with Learning Difficulties are seen until they are 19.

Haemoglobinopathy Service - The service is designed to provide specialist nurse support to any patient suffering from a haemoglobinopathy disorder whether a carrier or in disease state. The overall aim of the service is to improve quality of life for children and adults suffering from sickle cell disease or thalassaemia, and carry out antenatal screening. It is a primary care based specialist nurse led service, at Netherton Health Centre.

Paediatric Specialist Asthma & Allergy nurse who offers targeted, needs led healthcare designed to improve the standard of care and

outcomes for children and young people with asthma and co-morbid allergic conditions such as eczema and allergic rhinitis.

Children's Palliative Care Service (See-Saw Team) which provides support to children and young people who have life limiting conditions and their families. Referrals can be made by parents, carers or a variety of professionals, for children and young people who are likely to die before reaching adult life. Children and families are visited in their own homes, community or hospital settings e.g. arranging visits to children's hospices, taking children on outings, discharge planning from hospital. The See-Saw Team is available to children and young people aged 0 – 18 years with life limiting conditions.

Children's Assessment Unit

This service provides an in depth and holistic medical and social assessment to support children, from birth up to 5 years of age in need of additional support and input due to development delays and/or disability. It is commissioned from the Dudley Group Foundation Trust (DGFT). It is a dedicated self contained unit including a nursery with therapists based in the unit. There is clinical and therapeutic input from Paediatric Consultants, Occupational Therapy, Speech and Language Therapy, Physiotherapy, Audiology, Clinical Psychology and Orthoptics.

Children attend a five to eight-week period of medical assessment consisting of one period of pre-assessment, made up of 3 sessions attending the assessment unit nursery. There then follows a four-week period of assessment by the multi-disciplinary team. Children attend alone, for 3 hours, 4 days a week, for 4 weeks. Patients are referred to the Children's Assessment Unit at Russell's Hall Hospital via two Consultant Paediatricians at Dudley Group Foundation Trust.

Health Child Protection Team (Provider)

This Safeguarding Service works in partnership with DMBC Children's Services, all other relevant statutory and non statutory agencies, the clients and their families. The Service is headed by the Designated Nurse for safeguarding and comprises additional specialist nurses:-

The Lead Nurse for Looked after Children.

The Lead Nurse for Child Death and Rapid Response (CEDOP)

Paediatric Liaison Nurse

Lead Nurse for Domestic Abuse

The service accepts referrals for all children aged 0 – 18 years from any healthcare professional employed by NHS Dudley and from any acute service that NHS Dudley has a contract with. All referrals are made to the designated nurse.

SOCIAL CARE SERVICES IN THE COMMUNITY

These services are provided by Dudley MBC. Referrals to these services are received through 3 access points. There are 4 teams

dedicated to assessment and these undertake initial assessments including response to child protection enquiries. There are 4 care management teams dealing with longer term work and court applications. There is a single borough-wide disabilities team (jointly established with health service providers) . An out of hours service operates.

A 2011 Ofsted report on safeguarding and looked after children found that explicit transition protocols needed to be developed; quality standards for safeguarding practice and assurance processes needed to be developed further (jointly across the partnership);the electronic recording system needed to be improved; and audit processes needed to be extended.

HOSPITAL SERVICES

Dudley PCT commissions hospital paediatric (elective, non elective, out patient and A&E) services from Dudley Group FT. All elective paediatric referrals are triaged through a recently commissioned paediatric triage service. The PCT also commissions a much smaller volume of paediatric hospital services from neighbouring hospital Trusts.(Total investment £...).

A range of very specialised hospital services for children are commissioned by the West Midlands Specialised Group, mostly from Birmingham Childrens Hospital.

RESIDENTIAL SERVICES

The PCT commissions a residential short break service which provides a local short break care for children and young people from the ages of 0 to 18. with a learning disability and/or a complex health need or life limited condition as mandated under Section 17 of the Children Act 1998. The service is being tendered during 2012.

An Ofsted report of 2011 reported that there are 6 Council operated childrens homes in the borough and 6 non council homes. Of the 6 Council homes 5 have been rated as 'good' or 'outstanding' with 1 being 'satisfactory'. Of the 6 non -Council homes 1 is 'good or outstanding', 4 are 'satisfactory' and 1 is 'inadequate' though now improving.

EMERGING THEMES

MORE IN-DEPTH ANALYSIS REQUIRED ?

- The still birth rate in Dudley remains high and is higher in the Asian and Black ethnic groups. The main cause of deaths in the first 7 days is congenital anomaly and immaturity related conditions. Is consanguinity an issue?
- The rate (numbers per 10,000 population) of children in care is much higher in Dudley than for England as a whole, even though

Dudley has many deprivation and other population characteristics that are similar to England. Have the reasons for this been thoroughly investigated and known?

QUESTIONS FOR COMMISSIONERS

- Nearly one in four of children in Dudley live in a household in poverty. What can we do to alleviate/combat material disadvantage?
- Numbers of births are rising.
 - Are commissioners satisfied that sufficient maternity capacity is being commissioned for the next 3 to 5 years?
 - Are commissioners satisfied that the additional Health Visitor capacity being commissioned is sufficient?
- There is an increasing number of children in the early years age bands. Is the market prepared and are plans in place to deliver the required free offer for every child?
- Are sufficient primary school places likely to be available?
- There is a higher proportion of low birth weight babies in Dudley than in England and Wales. Are commissioners satisfied that an effective antenatal care pathway (particularly including midwife interventions for smoking cessation, substance misuse and domestic violence) are as effective and sufficient to impact on this?
- Recognising the successes achieved to date in reducing teenage pregnancy, the rate still remains higher than the England and Wales average. Are commissioners satisfied that the resources devoted to teenage pregnancy are all being used to maximum effect and are sufficient?
- One third of households with children are not smoke free. Are all contacts with families being maximised to increase the number of smoke free homes?
- Breastfeeding initiation and continuation rates are some of the lowest in the country. Are commissioners satisfied that there is sufficient focus, in the providers they commission from, on this issue?

- Admission rates for children suffering from accidental injury admissions are rising, particularly for children from the deprived quintiles of the population. At the same time accident prevention measures for children have been reduced due to a lack of resources and funding.
 - Are commissioners satisfied that the current child safety prevention investment is sufficient?
 - Are current efforts sufficiently focused/effective?

- Obesity in Children. 1 in 10 children are obese at school entry and just over 1 in 5 at age 10 to 11, with childhood obesity rates being higher in Dudley than in England. Are all commissioners making this issue a priority?

- Looked after children (LAC) numbers are rising and the rate per 10,000 of LAC per population is higher than in England. Are commissioners satisfied that there is good quality care and that enough is being done to identify and tackle neglect at an early stage to support parents to care for their children?

- The gap in early years development between the children in the most deprived parts of our community and those in the least deprived is not narrowing. What specific actions/interventions are being implemented by commissioners to accelerate a narrowing of this gap?

- Paediatric Asthma. Though only a small number, up to five children between the ages of 5 and 9 died from asthma over the last 7 years. What lessons have commissioners learned from Root Cause Analyses (RCAs)/child death reviews and have these been taken through into their commissions from providers?

- Though the rates of hospital admissions for children with asthma are generally reducing, this does not seem to be the case for Asian and Black communities. Are steps being taken to understand the reasons and tailor the commissions placed to tackle this?

DISCOVERY TEENS DEVELOPING INTO YOUNG ADULTHOOD

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

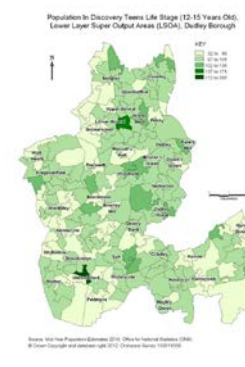
Age 10 to 14 years – The 2011 Census population estimate is 18,500

Age 15 to 19 years – The 2011 Census population estimate is 19,900

Ethnicity – ONS 2009 mid-year estimates 13.2% BME in this age group (7.3% Asian, 3.6% mixed, 1.7% black, 0.6% other)¹⁴

Deprivation – 26% of this age band (~19,000) live in the most deprived quintile of deprivation¹⁵.

Child Poverty – 22% of 0-16 year olds live in poverty in Dudley, around 15,000 children.



WHAT IS THEIR HEALTH STATUS?

AGE 10-19

Mortality

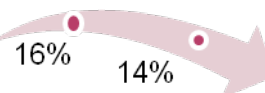
The directly standardised mortality rate for the 10-19 age band for 2004-2010 was 19.8 per 100,000 for Dudley and 22.3 for England & Wales. This equated to 8 deaths in 2010. Over 45% of deaths are from accidents and other external causes, and around 15% from cancers. Deaths in this age band tend to be higher for males.

Over 40% of the deaths occurred in the most deprived quintile of deprivation.

Hospital admissions

28% of the 688 emergency hospital admissions in 2011/12 for 10-14 age band were due to lower abdominal pain, headaches or other symptoms, with 26.4% due to injury or poisoning due to external causes, 8.6% diseases of the digestive system and 7.1% due to respiratory diseases.

Around 14% of children aged 13 and 15 self-reported having asthma in 2012, and this has remained relatively constant since 2006. There



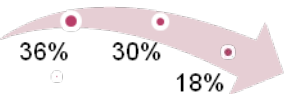
¹⁴ ONS mid-year population estimates

¹⁵ Department of Communities & Local Government Indices of Deprivation 2010

was a low level of emergency admissions for asthma of 104.6 per 100,000. This was significantly higher for the Asian ethnic group.

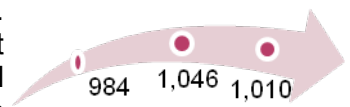
Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 89.9 per 100,000 aged 10-14 in 2009/10-2011/12. This was significantly higher for the most deprived quintile and significantly lower for the Asian ethnic group.

The proportion of 13 and 15 year olds self-reporting having had an alcoholic drink in the last 7 days has declined to 18% in 2012.



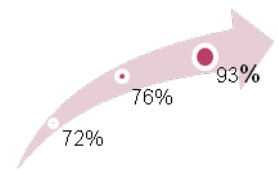
Around 3,500 A & E attendances per year for Dudley residents aged 10-14 at DGoH for accidents and 3.6% resulted in a hospital admission. Nearly 60% occurring to children living in the two most deprived quintiles.

Approximately 190 hospital admissions per year for accidents. Admissions are higher in males than females and for those in the most deprived quintile of deprivation. The trend in rate of hospital admissions for accidents for the 10-19 age band (per 100,000) has remained relatively static. 44% of the admissions were for falls, 20% for being struck by an object/person or a foreign body entering body, 19% from road transport accidents. Children self-reported that most accidents occurred at home for females and playing sport for boys.



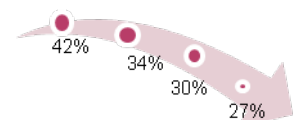
Dental caries in 12 year olds is below the national average.

School leaver booster vaccination for diphtheria, tetanus and polio uptake was 92.9% for Dudley in 2011/12, falling short of the WHO target of 95%. This has however been improving year on year.



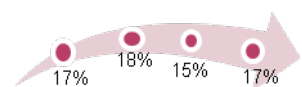
The HPV uptake (for 3 doses) in 2010/11 was 92.3%, better than the England value of 84.2%, but again short of the WHO target of 95%.

The proportion of 13 and 15 year olds self-reporting ever smoked has declined from 43% in 2006 to 27% in 2012¹⁶, England about 19%. Higher in females and tends to be higher in the most deprived quintile.



13% of pupils aged 15 self-reported having ever taken drugs.

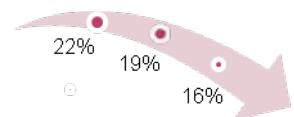
The proportion of 13 and 15 year olds self-reporting eating 5 or more portions of fruit and vegetables per day has remained relatively constant at 17% in 2012.



Well-being

The proportion of 13 and 15 year olds with a high self-esteem score (15-18) using the LAWSEQ set of questions¹⁷ has declined slightly in 2012 to 36% in 2012, from a maximum of 44% in 2006.

The proportion of 13 and 15 year olds bullied at or near their school has declined from 22% in 2008 to 16% in 2012.



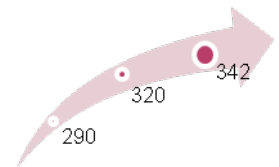
¹⁶ Dudley Secondary Schools Lifestyle Survey
¹⁷ Lawrence (1981) British Journal of Educational Psychology, 51, 245-251

Vulnerable Children

Based on the 2001 Census 4.7% (5.4% of males and 4.0% of females) of the household population in the 10-14 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

Looked after children

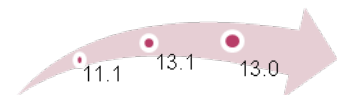
In Dudley the number of children in care in the 10-17 age band has been increasing in the 5 years from 290 in 2008 to 342 in 2012. The rise has been in the 10-15 age band. Compared with national as a percentage of all children in care (0-18 years) in 2011, Dudley has a higher proportion of children aged 10-15 (Dudley 38.3%, National 37%) and 16-17 in care (Dudley 11.9%, National 12%).



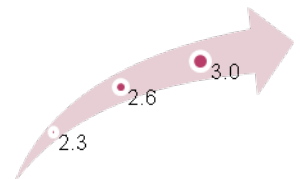
There are more boys than girls in care but Dudley has a higher percentage of girls in care than National (47%, 44% respectively).

47% of looked after children are placed in external foster care (National 33%), 19.1% are placed with family and friends (National, 11%).

The proportion of looked after children of BME in 2012 was 13% and this has increased slightly from 2008. 10.4% of looked after children are from mixed ethnic groups.

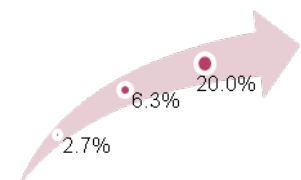


The duration children are looked after for, who have left care in the five years between 2008 and 2012 has increased from an average of 2.3 years in 2008 to 3.0 years in 2012 (National 2011, 2.7 years).



The highest proportion of admissions to care in 2012 were in St. Thomas's and Netherton, Woodside and St. Andrews wards.

In Dudley there has been an increase in admissions to care where the problem is "Child's Illness or Disability" and also "Absent parenting". Overall increase in admissions over five years of 21% (Nationally 14% increase).

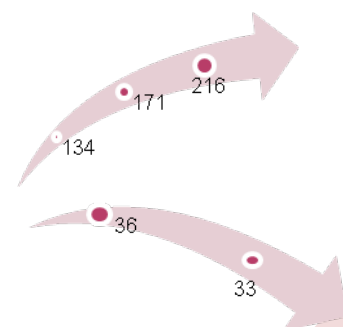


Special Educational Needs in looked after children

13.9% of school age children in care in Dudley have SEN, and 25.4% had a SEN, School Action or School Action Plus programme (National, 28.2%). The majority of the mixed ethnic groups in care have a SEN.

Child Protection

There has been an increasing trend in child protection plans in Dudley over the last 5 years, though the rate of increase is beginning to slow with a significant increase in the number of de-registrations from 2011/12.

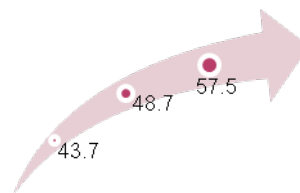


The rate of children under 18 on child protection plans in Dudley for 2011/12 was 33 per 10,000 children aged under 18 years (National, 2010/11, 39; Dudley 2010/11, 36).

Of all the child protection plans in Q1 2012/13, 48% were due to neglect and 37% were registered due to emotional harm. Under 25% of children with a child protection plan are in the 10-18 age band.

Education

Percentage of all children in Key Stage 4 achieving 5 or more A*-C grade GCSEs in both Maths & English is improving in Dudley in line with the value for England (57.5 and 58.2% respectively in 2011). This is lower for children from the quintile of most deprivation, and the gap has widened over the last five years (Most deprived quintile, 49.7%, least deprived 61.6%, 2011). There is little impact of ethnicity, though the Chinese and other ethnic group has poorer performance for achieving 5 or more GCSEs (other, 38.9%, 2011).



Crime

Throughout secondary school ages (12-16 years) risk of victimisation rises significantly. Violent crime is dominant, with the severity and number of incidents escalating as age increases. Robbery and theft shows a marked increase from age 13. This coincides with rising ownership of high value electronics such as mobile phones, which were the subject of 72% of thefts of unattended items for this age group. It may also reflect bullying behaviour and the different life style of this age group with 95% of the recorded offences located away from the victims' home address. Where a detailed location description was given, young people were most likely to be victimised in an educational setting (8%) or a park or play area (6%).

WHAT DO WE KNOW ABOUT CURRENT SERVICES?

HEALTHY LIVING

Weight Management Services

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

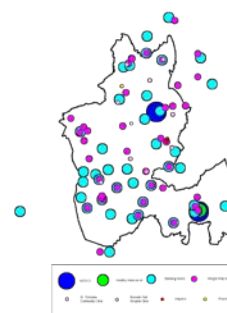
Healthy Eating

All secondary schools (21) within the borough are inspected for food hygiene and safety and all are broadly compliant or higher. 10 secondary schools have achieved the Dudley Food for Health Award.

Future planning policy in relation to restricting new fast food outlets in the vicinity (i.e. within 400m) of primary and secondary schools, is currently being considered with a view to implementation in 2013-14.

Tobacco Control And Reducing Alcohol Harm

In 2011/12, 59 people aged under 15 accessed the Dudley Stop Smoking Service (DSSS). Over 60% of these were from the most



deprived quintile. One quarter of these accessing the service had 4 week quit success. The service needs to further target females.

Trading Standards protect children from harm by enforcing under age sales legislation. In 2011-12, Trading Standards carried out 109 test purchases of alcohol and 9 test purchases of tobacco. As a result 6 alcohol licences were reviewed with one being revoked and 2 suspended for a period of 3 months. There is a target to increase the percentage of premises which request ID during test purchasing exercises.

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

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

Young People's Substance Misuse Treatment Service

Services are provided to under 18's by the Zone to address their drug, alcohol or volatile substance misuse. The service offers psychosocial interventions such as CBT, MI, ITEP, harm reduction, relapse prevention, liaison with CAMHS/Adult mental health, doctor appointments on site to assess the need for any medical or health interventions, auricular acupuncture, sexual health interventions, keep safe work including exploration of unhealthy relations/exploitation. A Connexions worker is available on site to explore education, training or employment needs. Support to parents is also provided if required.

CAMHS

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

Joint Accident Prevention

Safety in the use of the borough's playgrounds is an action in the Joint Accident Prevention Action Plan. In 2011-12, 60 play areas in parks and housing estates, 5 healthy hub multi-gyms and 12 multi use games areas/skateboard parks were inspected at least weekly for safety and annually by an independent contractor.

Environmental health deal with void and derelict commercial and industrial buildings to secure access to them to prevent under 18s using them as a play area. In 2011-12, 90 void building complaints were investigated with owners being required to secure access to them.

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

Air Quality

Dudley Joint Strategic Needs Assessment Synthesis for 2012

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

Active School Travel

There is a target in the Air Quality Action Plan to maintain the proportion of children travelling to school by non car modes between 2009-10 and 2015-16.

Sunbed Use

In April 2011, new legislation came into force which prohibits under 18s from using sun beds. This is enforced by environmental health. A project to mail shot sun bed salons and beauty parlours with guidance was carried out and 19 premises inspected for compliance in 2011-12. No issues were identified during inspections, although 2 complaints about under 18s using sun bed salons were also investigated. A further project is being carried out in 2012-13 to further raise awareness amongst school children in conjunction with PCT cancer prevention lead and health promoting school lead. School questionnaire asks about sun bed use and to be extended to identify commercial premises which are alleged to allow under 18s access to sun beds. Approx 12 further premises will be visited in 2012-13 and the possibility of test purchases considered.

Talent Match

Talent Match is funded through The Big Lottery to support disengaged young people into employment and secondly connect the local employer with the pool of young unemployed people. Dudley is part of a subregional bid to help secure £9.3 million of funding for the Black Country area.

Talent Match will endeavour to target 1946 young people in order to get them "job ready". However, all 3155 18-24 year old young people that fit the Talent Match criteria should receive some benefit from the Talent Match funding.

Housing

Private Sector Housing deal with void and derelict private residential buildings to secure access to them to prevent them from being used illegally and to bring them back into residential use. In 2011/12, 80 properties were brought back into use through a range of interventions from advice and assistance through to enforcement action.

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

Homelessness Service is provided for any resident who has become homeless or is at risk of losing their home. The service is focused on

prevention, but also works with partners to meet the needs of people who are already rough sleeping and people who are leaving hospital or other residential setting with no suitable home to return to.

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

EMERGING THEMES

MORE IN-DEPTH ANALYSIS REQUIRED?

- More research into reasons for declining self-esteem and what might be missing in the lives of this cohort against what opportunities exist for them to receive support.

QUESTIONS FOR COMMISSIONERS?

- Indicators for hospital admissions related to alcohol misuse, A&E attendances, admissions related to accidents, smoking prevalence and admissions to local authority care exhibit a social gradient with highest rates in those young people in the most deprived fifth. Are commissioners ensuring that resources are 'bent' and activity services enhanced for this quintile of the 10-14 year population?
- Are commissioners satisfied that there is sufficient awareness and education around the health dangers associated with alcohol, tobacco, volatile substances and poor diet?
- Recognising the successes achieved to date in reducing teenage pregnancy, the rate still remains higher than the England and Wales average. Are commissioners satisfied that the resources devoted to teenage pregnancy are all being used to maximum effect and are sufficient?
- Do commissioners consider that this age group is sufficiently aware of risks to personal safety reflecting the heightened visibility/exposure of this cohort to crimes against the person?
- There has been a decline in self-esteem in this age group. Do commissioners consider that there is sufficient focus on positive messages for this group, raising aspiration and highlighting role models to equip them to create a positive and healthy future for themselves.

FREEDOM YEARS - YOUNG ADULTHOOD

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

Age 15 to 19 years – The 2011 Census population estimate is 19,900

Age 20 to 24 years – The 2011 Census population estimate is 18,100

Ethnicity – ONS 2009 mid-year estimates 13.3% BME in this age group (7.3% Asian, 3.1% mixed, 2.1% black, 0.9% other)¹⁸

Deprivation – 27% of this age band (~10,000) live in the most deprived quintile of deprivation¹⁹.



WHAT IS THEIR HEALTH STATUS?

AGE 15-24

Mortality

The directly standardised mortality rate for the 15-24 age band for 2004-2010 was 40.1 per 100,000 for Dudley and 39.1 for England & Wales. This equated to 7 deaths in 2010. Over 50% of deaths are from accidents and other external causes. Deaths in this age band are significantly higher for males.

Over 50% of the deaths occurred in the most deprived quintile of deprivation.

Directly standardized mortality rates for males from drug-related diseases are significantly higher in Dudley than that for England and Wales (equates to an average of 2 deaths per year). Tends to be higher in the most deprived quintile.

Hospital admissions

19% of the 2554 emergency hospital admissions in 2011/12 for 15-24 age band were due to lower abdominal pain, headaches or other symptoms, with 23.8% due to injury or poisoning due to external causes, 15.4% from pregnancy related conditions, 10.3% diseases of the digestive system and 8.5% due to diseases of the genitourinary tract.

¹⁸ ONS mid-year population estimates

¹⁹ Department of Communities & Local Government Indices of Deprivation 2010

Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 349.6 per 100,000 aged 15-24 in 2009/10-2011/12. This was significantly higher for the most deprived quintile and significantly lower for the Asian ethnic group. The rate of emergency admissions for alcohol related conditions was 606.9 per 100,000.

The proportion of 18-24 year olds self-reporting binge drinking in the week prior to the survey was 28.2% in 2009. 37.3% reported being heavy drinkers. These were both higher for males. Overall there was no impact of deprivation on prevalence of drinking. Prevalence of drinking was significantly lower for all BME groups.

Around 5,900 A & E attendances per year for Dudley residents aged 15-24 at DGoH for accidents and 6.1% resulted in a hospital admission. Over 60% occurring to young people living in the two most deprived quintiles. Mainly occur in the home, public places and workplace.

Approximately, 395 hospital admissions per year, for accidents. Higher in males, than females and for those, in the most deprived quintile of deprivation. The trend in rate of hospital admissions for accidents for the 15-24 age band (per 100,000) has increased over the last 10 years. 25% of the admissions were for falls, 28% for being struck by an object or a foreign body piercing skin etc, 22% from road transport accidents. The rise, due mainly to increases in admissions for falls and exposure to mechanical forces.

The proportion of 18-24 year olds self-reporting current smoker was 30.4% in 2009 down from 33% in 2004, England, 25%. Higher in females and tends to be higher in the most deprived quintile.

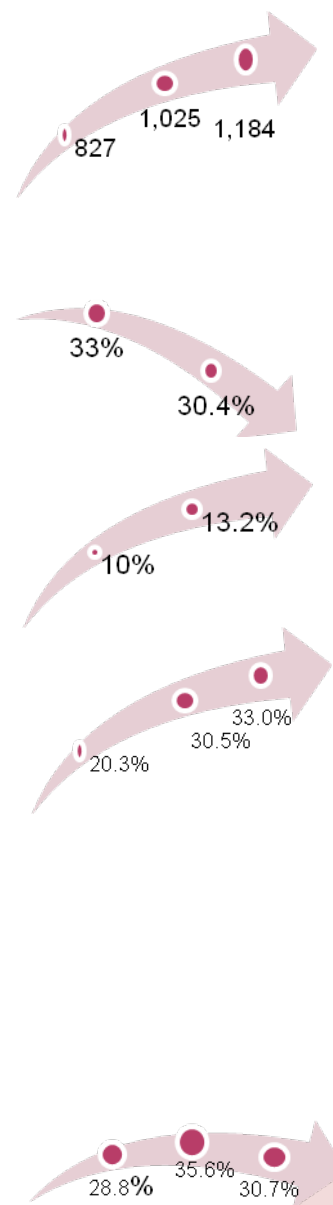
The proportion of 18-24 year olds self-reporting eating 5 or more portions of fruit and vegetables per day has risen from 10% in 2004 to 13.2% in 2009, England 20% eat 5 a day (16-24 year olds). Significantly lower for BME groups and in the most deprived quintile.

The proportion of 18-24 year olds self-reporting being overweight or obese in Dudley was 33%, England 33.4% (2010, 16-24 year olds). No gender effect. Significantly more BME females and significantly less BME males were overweight or obese. Prevalence of overweight and obese is significantly higher in the most deprived quintile.

The proportion of 18-24 year olds self-reporting that they get enough exercise in Dudley was 57.1%, England 45% (2008, 16-24 year olds). Higher in males and significantly lower for BME groups regardless of gender. Not affected by deprivation.

Using SF12, 31% of 18-24 year olds had poor self-reported mental health. This was significantly higher for females (42.2%). Poor self-reported mental health was significantly higher for BME groups and the most deprived quintile.

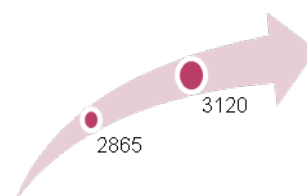
Termination rates for 16-24 year olds are 30 per 1,000 in Dudley in 2011/12 and have remained relatively constant over the last few years.



Of the sexually transmitted infections (STIs) in the 15-24 age group Chlamydia has the highest diagnosis rate of 19.7 per 1,000. Anogenital warts have a diagnosis rate of 14.8 per 1,000.

Economy

There were 3,120 borough residents aged 16 to 24 claiming Jobseeker's Allowance as of May 2012. This is 255 more than were doing so two years ago, and means that 9.4% of the age group are now claimants. This compares to 5.3% of the working age population (those aged 16 to 64). The number of claimants aged 16 to 24 has seen a general increase in the last two years, but in a recent reversal of this trend figures have been falling since February 2012.



Crime

For young people of college age (17-18), levels of victimisation are well above average. This is due to the increasing mobility and independence of this group and their participation in the night time economy.

Violence and robbery are the key offence types, and theft of / from motor vehicles becomes evident. At 18 the index score is almost 3 times higher than that of an 11 year old.

The 19-24 years age band is a key period, with vulnerability peaking at 19 and staying high across the age range. This group is active in the night time economy and levels of violence are high. Domestic violence is higher than for any other age group. We also see a big rise in property crime as people acquire cars, and begin to live independently from parents.

WHAT DO WE KNOW ABOUT CURRENT SERVICES?

HEALTHY LIVING

Dudley Stop Smoking Service

In 2011/12, 826 people aged 15-24 accessed the Dudley Stop Smoking Service (DSSS). Over 70% of these were from the most deprived quintile. Nearly 40% of these accessing the service had 4 week quit success.

Chlamydia Screening Programme

In 2011/12 22% of 15-24 year olds were screened for Chlamydia in Dudley, below the England screening of 28%. Over 50% of the screens were in the two most deprived quintiles. Positivity rates were in line with the target range of 5-12%

Condom Distribution – C-Card Scheme

In 2011/12 1,023 12-24 year olds registered with the C-Card scheme at 25 educational, youth centre and other venues and there were over 2,500 visits. Ethnic groups are well represented in the registrations and

40% of registrations are from young people living in the most deprived quintile. 23,011 condoms were distributed.

Emergency Hormonal Contraception

26 pharmacies deliver EHC enhanced service across the borough. Over 60% of the consultations were in the 15-24 age band. Ethnic groups are well represented in the consultations. 30% of the EHC consultations for 15-24 age band were from the most deprived quintile. EHC consultations are high in areas where C-Card registrations are low.

Youth Service

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

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

The service worked with 7772 young people in 2011/12 which equates to 29.97% of the 13 -19 borough population (including up to 25 with LDD). This represents all aspects of youth work delivery including centre based, detached youth work and work with partners including schools.

Crime/Detached youth work

Detached youth work is about making contact with young people who can not, or choose not, to access traditional centre base youth provision. Youth workers meet young people in their own space, for instance parks, bus shelters, shopping centres or on the street.

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

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

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

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

Disability

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

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

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

Looked After Children and Young People

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

Environmental Health and Trading Standards

Environmental Health Officers inspect skin piercers and tattooists, for compliance with, Dudley Byelaws and health & safety standards, to reduce risk of illness & infection. In 2011-12, 28 new skin piercing registrations were issued for 18 premises.

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

Trading Standards promote the Citizen Card scheme with schools in conjunction with PCT. 367 retailers take part in this scheme in the borough.

Environmental Health Officers work to reduce health effects from second hand smoke, during work and leisure time, by regulating smoke free places and workplaces. In 2011-12, 1202 workplaces were inspected, 9 fixed penalty notices issued and one prosecution taken for failing to prevent smoking in a smoke free place.

Talent Match

Talent Match is funded through The Big Lottery to support disengaged young people into employment and secondly connect the local employer with the pool of young unemployed people. Dudley is part of a subregional bid to help secure £9.3 million of funding for the Black Country area.

Talent Match will endeavour to target 1946 young people in order to get them "job ready". However, all 3155 18-24 year old young people that fit the Talent Match criteria should receive some benefit from the Talent Match funding.

Housing

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

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

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

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

EMERGING THEMES

MORE IN-DEPTH ANALYSIS REQUIRED?

- Adding additional triangulation on the data (area or temporal comparison where this is missing) would provide a more robust picture.
- It is important to focus on the underlying causes of many of these health and wellbeing issues, rather than on the symptoms. In particular, it is essential to recognize the impact of alcohol and drugs use on factors such as incidence of crime, violence, sexual exploitation and teenage pregnancy.

QUESTIONS FOR COMMISSIONERS?

- Are commissioners satisfied that there is sufficient investment in raising awareness of long-term health risks of over-exposure to alcohol, tobacco and drug use?
- Enhancing job prospects and the nurturing of aspiration will provide a significant key to improved health and well-being for this group. What might commissioners do to support this?

YOUNGER JUGGLERS AND SETTLERS

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

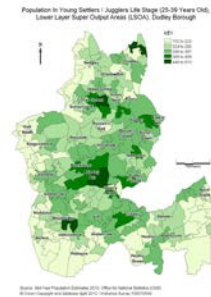
Age 25 to 29 years – The 2011 Census population estimate is 19,000

Age 30 to 34 years – The 2011 Census population estimate is 18,000

Age 35 to 39 years – The 2011 Census population estimate is 19,800

Ethnicity – ONS 2009 mid-year estimates 14.3% BME in this age group (9.0% Asian, 1.4% mixed, 2.4% black, 1.5% other)²⁰

Deprivation – 27% of this age band (~15,000) live in the most deprived quintile of deprivation²¹.



WHAT IS THEIR HEALTH STATUS?

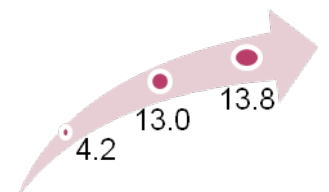
AGE 25-39

Mortality

The directly standardised mortality rate for the 25-39 age band for 2004-2010 was 78.9 per 100,000 for Dudley and 75.4 for England & Wales. This equated to 44 deaths in 2010. Over 30% of deaths are from accidents and other external causes. Deaths in this age band are significantly higher for males. The other main causes of death are from cardiovascular disease and cancers (16% each) and chronic cirrhosis of the liver (11.7%).

Over 35% of the deaths occurred in the most deprived quintile of deprivation.

Directly standardized mortality rates for males (7 year rate) from chronic liver disease and cirrhosis in Dudley have increased significantly from the 1993-1999 rate to 1998-2004 and have remained at this high level to 2004-2010 (13.8 per 100,000), higher than the rate for England and Wales (5.0 per 100,000). Significantly higher for the most deprived quintile.



Hospital admissions

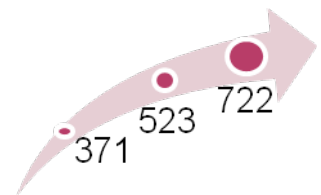
21.5% of the 3,766 emergency hospital admissions in 2011/12 for 25-39 age band were due to lower abdominal pain, headaches or other

²⁰ ONS mid-year population estimates

²¹ Department of Communities & Local Government Indices of Deprivation 2010

symptoms, with 17.5% due to injury or poisoning due to external causes, 16.3% from pregnancy related conditions, 11.1% diseases of the digestive system and 8.0% due to diseases of the genitourinary tract.

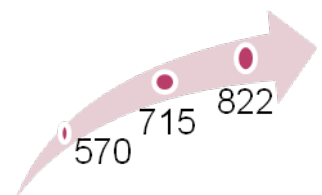
Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 722.2 per 100,000 aged 25-39 in 2009/10-2011/12. This was significantly higher for the most deprived quintile and significantly lower for the Asian ethnic group and significantly higher for black females. The rate of emergency admissions for alcohol related conditions was 1,134.9 per 100,000.



The proportion of 25-39 year olds self-reporting binge drinking in the week prior to the survey was 22.4% in 2009 (National 2010, age 25-34, 23%). 30.9% in Dudley reported being heavy drinkers. These were both significantly higher for males. Overall there was no impact of deprivation on prevalence of drinking. Prevalence of drinking was significantly lower for all BME groups.

Around 6,200 A & E attendances per year for Dudley residents aged 25-39 at DGoH for accidents and 6.5% resulted in a hospital admission. Over 60% occurring to people living in the two most deprived quintiles. Mainly occur in the home, public places and workplace. Sporting injuries decline across this age band.

Approximately, 460 hospital admissions per year, for accidents. DSR 822.1 per 100,000 in 2008/09-2010/11. Higher in males, than females and for those, in the most deprived quintile of deprivation. 29% of the admissions were for falls, 22% for being struck by an object or a foreign body piercing skin etc, 15% from road transport accidents. The rise, due mainly to increases in admissions for falls and exposure to mechanical forces.



The proportion of 25-39 year olds self-reporting current smoker was 23.6% in 2009, England, 28% for 25-34 year olds. Higher in males and tends to be higher in the most deprived quintile.

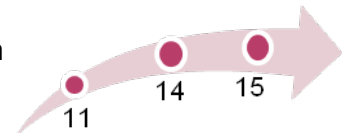
The proportion of 25-39 year olds self-reporting eating 5 or more portions of fruit and vegetables per day was 18.4% in 2009, England 25% eat 5 a day (25-34 year olds). Significantly lower for BME groups and in the most deprived quintile.

The proportion of 25-39 year olds self-reporting being overweight or obese in Dudley was 54%, England 53.1% (2010, 25-34 year olds). Significantly higher, in males than females. No effect of deprivation or ethnicity.

The proportion of 25-39 year olds self-reporting that they get enough exercise in Dudley was 54.8%, England 43% (2008, 25-34 year olds). Higher in males and significantly lower for BME groups regardless of gender. Not affected by deprivation.

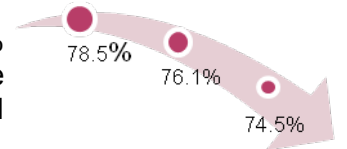
Using SF12, 28.6% of 25-39 year olds had poor self-reported mental health. This was higher for females (32.0%). Poor self-reported mental health was higher for BME groups and the most deprived quintile.

Termination rates for 25-39 year olds are 15 per 1,000 in Dudley in 2011/12 and have remained relatively constant over the last few years.



Of the sexually transmitted infections (STIs) in the 25-44 age group Anogenital warts has the highest diagnosis rate of 5.1 per 1,000. Chlamydia has a diagnosis rate of 4.6 per 1,000.

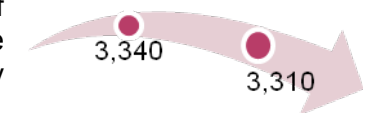
Cervical cancer screening uptake for the 25-39 age band was 74.5% as at 31st March 2011, below the national target of 80%. Uptake increases with age. Uptake tends to be lower in the most deprived quintile and in Asian ethnic group.



Based on the 2001 Census 8.5% (8.8% of males and 8.3% of females) of the household population in the 25-39 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

Economy

The 25 to 39 age group also has a higher claimant rate than those of working age at 6%, equal to 3,310 people in May 2012. Though the number has fluctuated over the last two years it is now only marginally less than the 3,340 seen in May 2010.



Crime

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

WHAT DO WE KNOW ABOUT CURRENT SERVICES?

HEALTHY LIVING

Tobacco Control

In 2011/12, 1,833 people aged 25-39 accessed the Dudley Stop Smoking Service (DSSS). Over 35% of these were from the most deprived quintile. 52% of those accessing the service had 4 week quit success.

Smoke free enforcement work ensures workplaces are free from second hand smoke. Advice is given to employers on smoking policies, smoking shelter compliance, smoking cessation and illicit tobacco issues. The project with routine and manual workers currently targets 300 workplaces a year with referrals onto smoking cessation and to Health at Work days delivered by PCT.

Emergency Hormonal Contraception

26 pharmacies deliver EHC enhanced service across the borough. Over 30% of the consultations were in the 25-39 age band. Ethnic groups are well represented in the consultations. 37% of the EHC consultations for 25-39 age band were from the most deprived quintile.



Joint Accident Prevention

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

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

Tradings Standards Officers enforce general product safety by carrying out inspections, issuing advice to businesses and investigating complaints to ensure goods supplied are safe which also helps to reduce accidents. 1,809 such requests for assistance were received by Trading Standards in 2011-12.

Trading standards carry out sampling of products and analysis for safety, with 49 products being tested in 2011-12.

Housing

Private Sector Housing deal with void and derelict private residential buildings to secure access to them to prevent them from being used illegally and to bring them back into residential use. In 2011/12 80 properties were brought back into use through a range of interventions from advice and assistance through to enforcement action.

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

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

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

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

EMERGING THEMES

QUESTIONS FOR COMMISSIONERS?

- Are commissioners satisfied that enough is being done to tackle the problem of increased presentation of liver disease/cirrhosis conditions?
- Cervical cancer screening uptake in this age group has declined from 78.5% in 2008/09 to 74.5% in 2010/11. What further can commissioners do to reverse the trend in declining cervical cancer screening uptake rates in this age group?

OLDER JUGGLERS AND SETTLERS

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

Age 40 to 44 years – The 2011 Census population estimate is 23,800

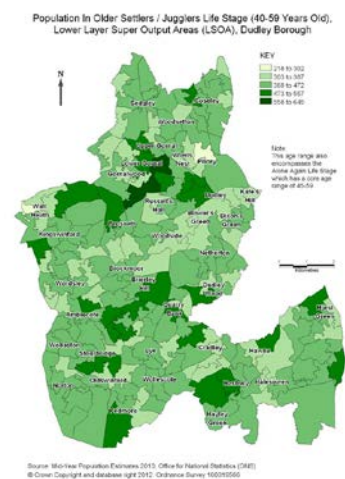
Age 45 to 49 years – The 2011 Census population estimate is 23,300

Age 50 to 54 years – The 2011 Census population estimate is 19,600

Age 55 to 59 years – The 2011 Census population estimate is 18,400

Ethnicity – ONS 2009 mid-year estimates 7.6% BME in this age group (4.5% Asian, 0.6% mixed, 1.9% black, 0.6% other)²²

Deprivation – 21.5% of this age band (~18,000) live in the most deprived quintile of deprivation²³.



WHAT IS THEIR HEALTH STATUS?

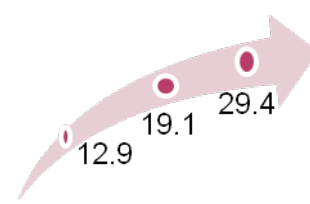
AGE 40-59

Mortality

The directly standardised mortality rate for the 40-59 age band for 2004-2010 was 317.7 per 100,000 for Dudley and 313.6 for England & Wales. This equated to 263 deaths in 2010. Over 38% of deaths are from cancers. Deaths in this age band are significantly higher for males. The other main causes of death are from cardiovascular disease (22.8%), chronic cirrhosis of the liver (10.55%) and injuries and accidents (7.1%).

Nearly 35% of the deaths occurred in the most deprived quintile of deprivation.

Directly standardized mortality rates from chronic liver disease and cirrhosis in Dudley, have increased significantly from 1995 to 2010 (29.4 per 100,000). They are higher than the rate for England and Wales (21.7 per 100,000). This is significantly higher for the most



²² ONS mid-year population estimates

²³ Department of Communities & Local Government Indices of Deprivation 2010

deprived quintile for both males and females. Mortality rates are now significantly higher for males than females.

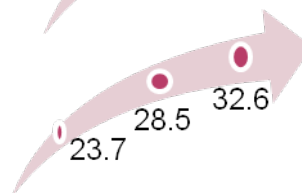
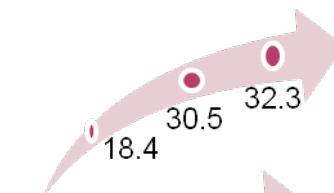
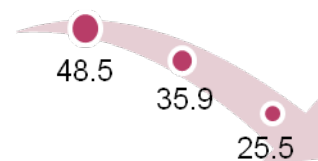
Mortality from lung cancer has declined for males over the last 20 years and is now not significantly higher than the mortality rate for females. This is significantly higher in the most deprived quintile.

Mortality rate for hypertensive disease in males from Dudley is now significantly higher than for England and Wales (5.5 per 100,000, 3.1 per 100,000 respectively).

Mortality rate for accidents in this age band have not changed with time and do not differ from England and Wales.

Mortality rate for respiratory diseases are significantly higher for males than females. For males the rates are significantly higher than the rate for England and Wales. Rates are higher in the most deprived quintile. Both COPD and pneumonia are the major contributing conditions.

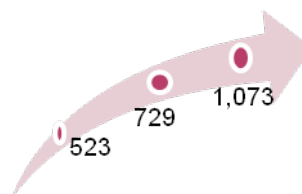
Mortality rates for alcohol related conditions in Dudley are significantly higher for both males and females than for England and Wales. There is an upward trend. Netherton and Woodside ward has the highest mortality rate.



Hospital admissions

28.3% of the 5,683 emergency hospital admissions in 2011/12 for 40-59 age band were due to chest pain, lower abdominal pain, headaches or other symptoms, with 15.3% due to injury or poisoning due to external causes, 12.4% diseases of the digestive system and 8.3% due to cardiovascular disease and 6.4% from respiratory disease.

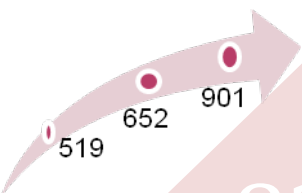
Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 1,073.4 per 100,000 aged 40-59 in 2009/10-2011/12. Significantly higher for men than women but the trend has been upwards for both. This was significantly higher for the most deprived quintile and significantly lower for the mixed, black and Asian ethnic groups. The rate of emergency admissions for alcohol related conditions was 1,813.7 per 100,000.



The proportion of 40-59 year olds self-reporting binge drinking in the week prior to the survey was 18.7% in 2009. 25.3% reported being heavy drinkers. These were both significantly higher for males. Overall there was no impact of deprivation on prevalence of drinking. Prevalence of heavy drinking was significantly lower for all BME groups.

Around 5,400 A & E attendances per year for Dudley residents aged 40-59 at DGoH for accidents and 8.3% resulted in a hospital admission, this increased across the age band from 8% to 10%. Over 55% occurring to people living in the two most deprived quintiles. Mainly occur in the home (~50%), public places (~15%) and workplace (~18%). Sporting injuries decline across this age band to almost nothing.

There are approximately, 750 hospital admissions per year, for accidents, a DSR of 900.6 per 100,000 in 2008/09-2010/11. This is



higher in males, than females and for those, in the most deprived quintile of deprivation. 40% of the admissions were for falls, 15% for being struck by an object or a foreign body piercing skin etc, 9% from road transport accidents and 26.5% from complications of medical and surgical care. The rise, due mainly to increases in admissions for falls, exposure to mechanical forces, complications of medical and surgical care and for road traffic accidents in males.

The proportion of 40-59 year olds self-reporting current smoker was 19.2% in 2009, England, 20% for 45-54 year olds. This is higher in males (not significant) and significantly higher in the most deprived quintile.

The proportion of 40-59 year olds self-reporting eating 5 or more portions of fruit and vegetables per day was 26.5% in 2009, England 27% eat 5 a day (45-54 year olds). Lower for BME groups and in the most deprived quintile (not significant).

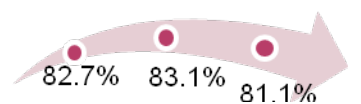
The proportion of 40-59 year olds self-reporting being overweight or obese in Dudley was 64%, England 71.1% (2010,45-54 year olds). This is significantly higher, in males than females. No effect of deprivation or ethnicity.

The proportion of 40-59 year olds self-reporting that they get enough exercise in Dudley was 49.6%, England 36% (2008, 45-54 year olds). This is significantly higher in males and lower for BME groups regardless of gender. Not affected by deprivation.

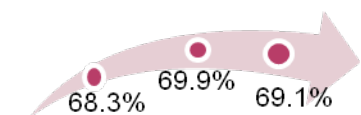
Using SF12, 25.6% of 40-59 year olds had poor self-reported mental health. This was significantly higher for females (28.9%). Poor self-reported mental health was higher for BME groups and the most deprived quintile.

The acute sexually transmitted infection (STI) rate is 110.5 per 100,000 population in the 45-64 age group (2010).

Cervical cancer screening coverage for the 40-59 age band was 81.1% as at 31st March 2011, above the national target of 80%. Uptake decreases with age within this age band. Uptake tends to be lower in the most deprived quintile and in Asian ethnic group.



Breast cancer screening coverage for the 50-59 age band was 69.1% as at 31st March 2011, below the national target of 80%. Uptake increases with age within this age band. Uptake tends to be lower in the most deprived quintile and in Asian ethnic group.



It is estimated that there are 99 people in Dudley aged 30-64 with early onset dementia and it is estimated that this will remain at this level for the next 10 years.

Based on the 2001 Census 18.5% (18.2% of males and 18.8% of females) of the household population in the 40-59 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

Economy

The claimant rate amongst 40 to 59 year olds is 4.1%. The number of claimants in this age group fell month-on-month from the May 2010 figure of 3,445 to 3,070 in November 2010, but has since been on an upward trajectory. By the beginning of 2012 it had surpassed the May 2010 levels and now stands at 3,500.

Crime

From 41 to 49 risk of victimisation starts to decrease, as levels of violent crime, burglary dwelling, criminal damage and vehicle crime all start to fall.

From 50 years onwards victimisation shows a general reduction with age, falling below the borough average by age 54 and continuing a general decrease up to around 79 years old. Criminal damage and burglary are the leading crime types, with vehicle crime levels tailing off.

WHAT DO WE KNOW ABOUT CURRENT SERVICES?

HEALTHY LIVING

Tobacco Control

In 2011/12, 2,105 people aged 40-59 accessed the Dudley Stop Smoking Service (DSSS). Over 30% of these were from the most deprived quintile. 52% of those accessing the service had 4 week quit success. Quit success was higher for people from the least deprived quintile.

Smoke free enforcement work ensures workplaces are free from second hand smoke. Advice is given to employers on smoking policies, smoking shelter compliance, smoking cessation and illicit tobacco issues. The project with routine and manual workers currently targets 300 workplaces a year with referrals onto smoking cessation and to Health at Work days delivered by PCT.

Joint Accident Prevention

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

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

Housing

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

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

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

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

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

EMERGING THEMES

QUESTIONS FOR COMMISSIONERS?

- The mortality rate for 40-59 year olds does not differ from national but it is higher for males and in the most deprived quintile of deprivation. Is access to services an issue?
- Hospital admission rates for 40-59 year olds suffering from alcohol specific conditions are rising, particularly for people from the deprived quintiles of the population. A quarter of this age group reported being heavy drinkers.
- Are current efforts sufficiently focused/effective?
- Is there sufficient lobbying of central government on minimum pricing of alcohol units?
- Nearly a quarter of deaths in the 40-59 age band are due to cardiovascular disease. Smoking, obesity and physical activity are major contributory factors .
- Are commissioners satisfied that the current lifestyle intervention services are sufficiently targeted at this age group particularly for males?
- Are commissioners satisfied that there is sufficient provision and uptake of Health Checks and other screening services?
- Nearly one fifth of 40-59 year olds are living with a limiting long term illness. What actions/interventions are being implemented by commissioners to support these individuals?

ALONE AGAIN AND ACTIVE RETIREMENT

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

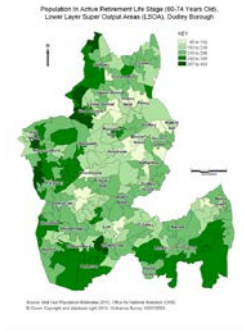
Age 60 to 64 years – The 2011 Census population estimate is 19,500

Age 65 to 69 years – The 2011 Census population estimate is 17,300

Age 70 to 74 years – The 2011 Census population estimate is 14,200

Ethnicity – ONS 2009 mid-year estimates 3.2% BME in this age group (2.0% Asian, 0.2% mixed, 0.8% black, 0.2% other)²⁴

Deprivation – 18.1% of this age band (~9,000) live in the most deprived quintile of deprivation²⁵.



WHAT IS THEIR HEALTH STATUS?

AGE 60-74

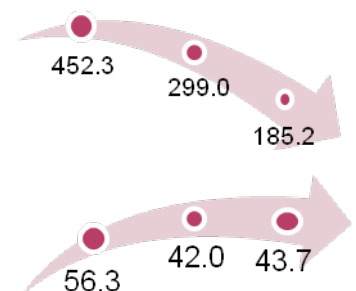
Mortality

The directly standardised mortality rate for the 60-74 age band for 2004-2010 was 1,415.6 per 100,000 for Dudley and 1,422.5 for England & Wales. This equated to 670 deaths in 2010. Over 45% of deaths are from cancers. Deaths in this age band are significantly higher for males. The other main causes of death are from cardiovascular disease (27.0%), respiratory diseases (12.0%), chronic cirrhosis of the liver (2.0%) and injuries and accidents (1.5%).

Nearly 28% of the deaths occurred in the most deprived quintile of deprivation.

Mortality from lung cancer has declined for males over the last 20 years, but still remains significantly higher than the mortality rate for females. Significantly higher in the most deprived quintile.

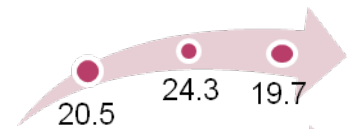
Mortality from stomach cancer has remained unchanged for males over the last 10 years (43.7 per 100,000), now is significantly higher than the mortality rate for females (14.7 per 100,000) and for males in England and Wales (27.4 per 100,000). No significant effect of deprivation.



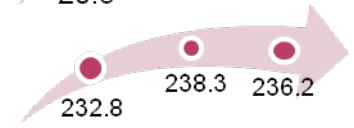
²⁴ ONS mid-year population estimates

²⁵ Department of Communities & Local Government Indices of Deprivation 2010

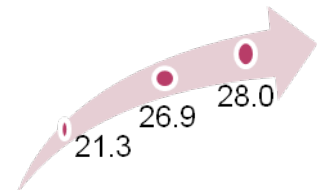
Mortality rate for hypertensive disease in males from Dudley is now significantly higher than for England and Wales (19.7 per 100,000, 12.2 per 100,000 respectively).



Mortality rate for respiratory diseases in males from Dudley is now significantly higher than for England and Wales (232.8 per 100,000, 182.5 per 100,000 respectively). The mortality rate is significantly higher in the most deprived quintile. COPD is the major contributing condition to this rise.



Mortality rates for alcohol related conditions in Dudley are rising in line with those for England and Wales. There is an upward trend. Mortality rates are significantly higher in the most deprived quintile.

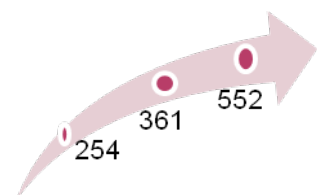


Excess winter deaths index for the 65-85 age band in Dudley over the period 2002-2009 was significantly higher than that reported for England (20%, 15% respectively). This age band shows the greatest variation with time for excess winter death index. The major contributory disease when EWDI is high are lung cancer, stroke and COPD.

Hospital admissions

26.3% of the 5,984 emergency hospital admissions in 2011/12 for 60-74 age band were due to chest pain, lower abdominal pain, headaches or other symptoms, with 13.1% due to cardiovascular disease, 12.2% from respiratory disease, 10.9% diseases of the digestive system, 7.2% due to injury or poisoning due to external causes and about 5% each from cancer and diseases of the genitourinary system.

Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 551.6 per 100,000 aged 60-74 in 2009/10-2011/12. Significantly higher for men than women but the trend has been upwards for both. This was significantly higher for the most deprived quintile. The rate of emergency admissions for alcohol related conditions was 2,202 per 100,000.



The proportion of 60-74 year olds self-reporting binge drinking in the week prior to the survey was 7.8% in 2009. 12.1% reported being heavy drinkers. These were both significantly higher for males. Binge drinking was significantly higher in the most deprived quintile. Prevalence of heavy drinking was lower for all BME groups.

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

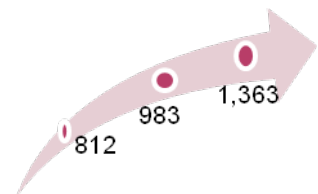
Emergency admissions for gastroenteritis have increased and tend to be higher for females (189 and 240 per 100,000 for males and females respectively). Admissions are significantly higher in the most deprived quintile (340 and 171 per 100,000 for most and least deprived quintile respectively) and they are significantly higher for the Asian ethnic group (365 per 100,000).

Emergency admissions from lower respiratory tract infections have increased significantly for females. Admissions are significantly higher

in the most deprived quintile regardless of gender and they are significantly lower in the Asian ethnic group.

Around 2,800 A & E attendances per year for Dudley residents aged 60-74 at DGoH for accidents and 15.1% resulted in a hospital admission, this increased across the age band from 10% to 22%. Over 45% occurring to people living in the two most deprived quintiles. Mainly occur in the home (~65%), public places (~20%) and workplace (~5%).

Approximately, 690 hospital admissions per year for accidents. DSR 1,362.9 per 100,000, in 2008/09-2010/11. There is no gender difference for rate of admissions. Rates were significantly higher in the most deprived quintile of deprivation. 50% of the admissions were for falls (almost double for females), 6% for being struck by an object or a foreign body piercing skin etc, 4.5% from road transport accidents and 35% from complications of medical and surgical care. The rise, due mainly to increases in admissions for falls, and complications of medical and surgical care.



The proportion of 60-74 year olds self-reporting current smoker was 11.7% in 2009, England, 13% for 65-74 year olds. Smoking prevalence is significantly higher both in males and in the most deprived quintile.

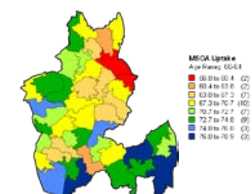
The proportion of 60-74 year olds self-reporting eating 5 or more portions of fruit and vegetables per day was 37.9% in 2009, England 32% eat 5 a day (65-74 year olds). Lower for BME groups (not significant) and in the most deprived quintile (significant).

The proportion of 60-74 year olds self-reporting being overweight or obese in Dudley was 65.7%, England 77.5% (2010, 65-74 year olds). Significantly higher, in males than females. No effect of ethnicity, but significantly higher in the most deprived quintile.

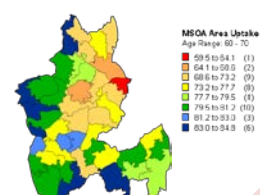
The proportion of 60-74 year olds self-reporting that they get enough exercise in Dudley was 45.1%, England 19% (2008, 65-74 year olds). Significantly higher in males. Not affected by either ethnicity or deprivation.

Using SF12, 17.5% of 60-74 year olds had poor self-reported mental health. This was significantly higher for females (21.0%). Poor self-reported mental health was higher for BME groups and the most deprived quintile.

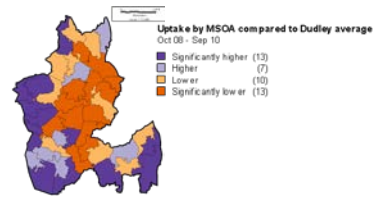
Cervical cancer screening coverage for the 60-64 age band was 70.7% as at 31st March 2011, below the national target of 80%. Uptake tends to be lower in the most deprived quintile. The trend for cervical cancer screening has been downwards for the last few years.



Breast cancer screening coverage for the 60-70 age band was 77.7% as at 31st March 2011, below the national target of 80%. Uptake declines with age within this age band. Uptake tends to be lower in the most deprived quintile and in Asian ethnic group.



Bowel cancer screening commenced in Dudley in October 2006 and runs on a two year cycle for 60-69 year olds initially and extended to include 70-74 year olds by 2014. For the period 2008-2010, Dudley responsible population had 59.1% adequate screens of those invited. The national target was 60%. Uptake was significantly higher in females and lower in the most deprived quintile.



Reported number of patients on the dementia register for GP surgeries as a percentage of estimated prevalence for Dudley was 35% in 2009/10. It is estimated that Dudley has 601 people aged 65-74 with late onset dementia in 2010.

Based on the 2001 Census 40.2% (42.1% of males and 38.4% of females) of the household population in the 60-74 years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

Disease Prevalence

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

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

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

QOF Disease Group	Prevalence 2010/11				Trend
	Dudley		West Midlands	National	
	%	Number on register	%	%	
Coronary Heart Disease Reported Prevalence	4.4	13,666	3.5	3.4	↗
Left Ventricular Dysfunction Reported Prevalence	0.5	1,457	0.4	0.4	→
Stroke and Transient Ischaemic Attack Reported Prevalence	2	6,147	1.8	1.7	↗
Hypertension Reported Prevalence	17.1	53,544	14.6	13.5	↗
Diabetes Reported Prevalence Aged >=17	5.9	14,961	6.2	5.5	↗
Chronic Obstructive Pulmonary Disease Reported Prevalence	1.6	4,997	1.6	1.6	↗
Epilepsy Reported Prevalence Aged >=18	0.9	2,173	0.8	0.8	→
Hypothyroidism Reported Prevalence	3.7	11,664	3.1	3	↗
Cancer Reported Prevalence	1.7	5,435	1.6	1.6	↗
Mental Health Reported Prevalence	0.7	2,146	0.8	0.8	↗
Asthma Reported Prevalence	6	18,903	6.2	5.9	↗
Heart Failure Reported Prevalence	0.9	2,711	0.8	0.7	→
Palliative Care Reported Prevalence	0.2	623	0.2	0.2	↗
Dementia Reported Prevalence	0.5	1,517	0.5	0.5	↗
Chronic Kidney Disease Reported Prevalence Aged >=18	5.7	14,120	4.5	4.3	↗
Atrial Fibrillation Reported Prevalence	1.8	5,505	1.5	1.4	↗
Obesity aged Reported Prevalence >=16	13.3	34,260	11.8	10.5	↗
Learning difficulties Reported Prevalence Aged >=18	0.5	1,196	0.5	0.4	→
Depression Aged >=18	9.8	24,498	11.2	11.2	↗

Bold black – Dudley significantly higher than national

Bold Blue – Dudley significantly lower than national

Actual vs modelled prevalence for 2010/11

Disease	2010/11			
	Dudley QOF prevalence register*	Modelled prevalence register ¹	Percentage ratio Dudley	Percentage ratio National (2008/09)
CHD	13,666	13,241	103.2	79.7
Hypertension	53,544	79,918	66.0	54.5
Stroke	6,147	6,627	92.8	84.7
Diabetes	14,961	18,699	80.0	88.3
COPD	4,997	8,384	59.6	54.3
Treated Epilepsy	2,173	2,201	98.7	87.5
Asthma	18,903	28,808	65.6	64.5

*Data from NHS Comparators

¹ Data not available from NHS Comparators therefore based on the APHO COPD prevalence projections v4

Economic

People aged 60 to 64 are the least likely within the working age populous to be in receipt of Jobseeker's Allowance, with just 0.9% of the age group claiming. While this may suggest a certain degree of employment stability, the number of claimants has exhibited a steady increase from 110 in May 2010 to 185 in May 2012. Despite this the proportion of people who claim is still considerably lower than for any other age group, but the fact that people are reaching retirement ages and not seeking work should also be taken into account when considering the low claimant rate amongst those aged 60 to 64.

Crime

From 50 years onwards victimisation shows a general reduction with age, falling below the borough average by age 54 and continuing a

general decrease up to around 79 years old. Criminal damage and burglary are the leading crime types, with vehicle crime levels tailing off.

Carers

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

WHAT DO WE KNOW ABOUT CURRENT SERVICES?

HEALTHY LIVING

Dudley Stop Smoking Services

In 2011/12, 852 people aged 60-74 accessed the Dudley Stop Smoking Service (DSSS). Over 30% of these were from the most deprived quintile. 57% of those accessing the service had 4 week quit success.

ADULT SOCIAL CARE

Information resources and signposting

Resources include the Dudley website, particularly the Community Information directory. In 2011/12 the Directory had 14,336 visits from 7,900 people.

Local Healthwatch will provide an information and signposting facility for local people from April 2013.

e-learning programmes, 'Carer Aware' and 'Introduction to Adult Social Care' provide training and are a rich source of information about services and resources that can assist people in meeting their care and support needs.

Social Worker Assessment – In 2011/12, a total of 5,638 assessments were carried out on people over the age of 65 in Dudley.

Three Dementia Gateways are available to support people with dementia and their carers. Additionally, the council supports the Alzheimer's Society to provide support services, including Alzheimer's Cafes and information and education for people who have or care for people with dementia.

The Hospital Social Worker Access team recorded 656 contacts during quarter 1 of 12/13, this figure demonstrates an 8 % decrease in the number of contacts. 88% of the contacts required further assessment activity.

Intermediate Care

Occupational Therapy completed 655 assessments during the period 01/04/2012 to 30/06/2012 equivalent to 10.1 per working day. 43% by the Quick response team, 31% by the long term team and 26% by the ALC team.

Hospital delays in discharge

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

Community Equipment

Over 8,000 Dudley people currently receive telecare call service. The service also supports sheltered housing schemes and telehealth (local NHS organizations). The gadget gateway scheme enables people to find information about the different telecare products on a web portal as well as enabling feedback and search facilities. Dudley Telecare is also looking at innovative ways to support people with dementia to be as independent as possible as part of the Dementia Gateway framework.

2,786 items of equipment have been issued by Community Equipment Store for Social Care clients to 1,080 social care clients so far in 2012/13 at a total cost of £108,187. The average cost of equipment per client was £100.17. Telecare equipment makes up 10% of the total equipment spend. In Q1 of 2012/13, 74% of the equipment was delivered within 5 days (84% in Q4 2011/12).

There are currently 3 extra Care Housing schemes commissioned by the council to provide individual apartments for people who want extra support with daily living. This will enable them to receive more intensive care in their homes if they become frailer.

Carers support – a range of information is available to carers e.g. a Carers Newsletter. A number of groups also support carers in specific service areas eg mental health. Carers are entitled to Social Worker assessment. On the council internet site there is an elearning and resource package 'Carer Aware' for workers carers and people who use services. All library staff have undertaken this to enable them to support people who access information in the libraries.

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

Community Centres – DACHS supports just under 30 Community Centres across the Borough. They represent the range of activity undertaken in many locations and amongst many groups which are accessed by people of all ages as part of their local or personal interest.

Where residential care is recommended as a result of the assessment, there are older people's homes (4) run by the council and a further 70

units run by private, voluntary and independent sector providers in the borough where local authority funded placement are made.

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

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

Advocacy services are commissioned in the borough (Dudley Advocacy service and Dudley Voices for Choice) for people who use services. They are primarily used by people with learning disabilities and mental health issues. The Council will be commissioning a complaints advocacy service which will provide independent support for people who require support in progressing NHS related complaints.

Housing

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

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

EMERGING THEMES

IS MORE IN DEPTH ANALYSIS REQUIRED?

- Self-neglect is reported mainly as occurring in older people, although it is also associated with mental ill health. Has the level of self-neglect in Dudley been sufficiently investigated and the needs addressed (RIPFA project)?
- There are an increasing supply of non-council commissioned care services not formally regulated. Are commissioners satisfied that there is information available on quality standards?
- Is sufficient being done to identify informal carers, at an early stage?
- Although mental health services are commissioned, the prevalence of depression in Dudley (QOF register) is below that recorded nationally.
- Is identification in Primary Care adequate?
- Is enough being done to develop self resilience and services to address lower level mental health needs such as depression, social isolation?

QUESTIONS FOR COMMISSIONERS?

- Though the numbers are few, the rate of delayed hospital discharge attributed to social care is higher than the national rate. Are commissioners satisfied that the pathways for hospital discharge are sufficiently effective?
- The mortality rate in the 60-74 age band is significantly higher for males. Are commissioners satisfied that services and interventions are sufficiently targeted and accessible to this age gender group?
- Emergency hospital admissions in the 60-74 age band for both gastroenteritis and lower respiratory diseases are increasing, particularly for females and people living in areas of the most deprived quintile of deprivation. Is this related to housing and environmental conditions?
- Disease prevalence as determined by the Primary Care disease registers are low compared with modeled prevalence. Are commissioners satisfied that providers are allocating sufficient resource to case finding?

AGEING RETIREMENT

HOW BIG IS THE TARGET POPULATION IN THIS LIFE STAGE?

Age 75 to 79 years – The 2011 Census population estimate is 11,400

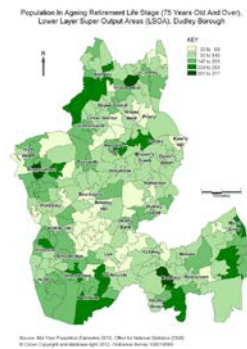
Age 80 to 84 years – The 2011 Census population estimate is 8,400

Age 85 to 89 years – The 2011 Census population estimate is 4,700

Age 90+ years – The 2011 Census population estimate is 2,200

Ethnicity – ONS 2009 mid-year estimates 2.6% BME in this age group (1.5% Asian, 0.1% mixed, 0.8% black, 0.2% other)

Deprivation – 20.6% of this age band (~5,500) live in the most deprived quintile of deprivation²⁶.



WHAT IS THEIR HEALTH STATUS?

AGE 75+

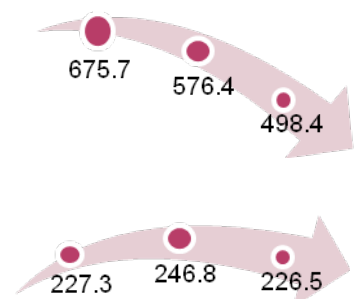
Mortality

The directly standardised mortality rate for the 75+ age band for 2004-2010 was 7,768.5 per 100,000 for Dudley and 8,691.4 for England & Wales. This equated to 1,918 deaths in 2010. Nearly 35% of deaths are from cardiovascular disease. Deaths in this age band are significantly higher for males. The other main causes of death are from cancers (21.6%), respiratory diseases (17.9%), mental and behavioural disorders (5.0%) and injuries and accidents (2.0%).

Nearly 23% of the deaths occurred in the most deprived quintile of deprivation.

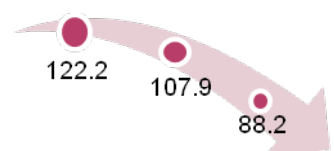
Mortality from lung cancer has declined for males over the last 20 years, but still remains significantly higher than the mortality rate for females, despite the increase in deaths from lung cancer in females. Dudley is in line with England and Wales. Significantly higher in the most deprived quintile.

Mortality from breast cancer in Dudley (226.5 per 100,000) is significantly above the rate for England and Wales (177.9 per 100,000). There is no significant effect of deprivation on breast cancer mortality.

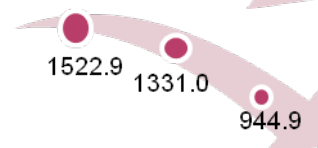


²⁶ Department of Communities & Local Government Indices of Deprivation 2010

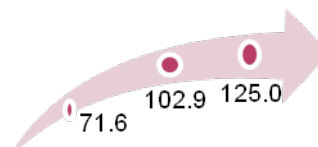
Mortality from stomach cancer in Dudley has declined (88.2 per 100,000) but it still remains above the rate for England and Wales (62.8 per 100,000). No significant effect of deprivation.



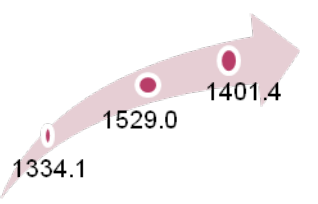
Mortality rate for stroke in Dudley is above the rate for England and Wales for both genders, though the gap has been closing over time. There is no clear impact of deprivation, but mortality rates are significantly high in St. Andrews, St. James, Netherton & Woodside, Coseley West, Wordsley and Brockmoor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



Mortality rate for hypertensive disease in males and females from Dudley has remained significantly higher than for England and Wales (125.0 per 100,000, 68.9 per 100,000 respectively).



Mortality rate for respiratory diseases in Dudley is now significantly higher than for England and Wales (1,401.4 per 100,000, 1,220.5 per 100,000 respectively). The mortality rate is significantly higher in the most deprived quintile. Lower respiratory tract infection is the major contributing condition to this rise. There is no clear impact of deprivation, but mortality rates are significantly high in St. Andrews, St. James, Netherton & Woodside, Kingswinford North & Wall Heath and Brockmoor & Pensnett.

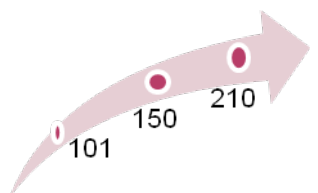


Excess winter deaths index for the 85+ age band in Dudley over the period 2002-2009 was significantly higher than that reported for England (28%, 24% respectively). The major contributory diseases when EWDI is high are lung cancer, stroke and COPD.

Hospital admissions

22.9% of the 9,208 emergency hospital admissions in 2011/12 for 75+ age band were due to chest pain, lower abdominal pain, headaches or other symptoms, with 12.7% due to cardiovascular disease, 15.3% from respiratory disease, 8.6% diseases of the digestive system, 16.1% due to injury or poisoning due to external causes and 8.4% from diseases of the genitourinary system.

Emergency admissions for alcohol specific conditions (mainly acute alcohol intoxication), was 209.5 per 100,000 aged 75+ in 2009/10-2011/12. Significantly higher for men than women but the trend has been upwards for both. This was significantly higher for the most deprived quintile. The rate of emergency admissions for alcohol related conditions was 4,474.4 per 100,000.



The proportion of 75+ year olds self-reporting binge drinking in the week prior to the survey was 2.0% in 2009. 3.6% reported being heavy drinkers. These were both significantly higher for males. Both binge and heavy drinking were significantly higher in the most deprived quintile.

Emergency admissions for all cardiovascular conditions have been declining with time, but they are significantly higher for males and also significantly higher in the more deprived quintile. Emergency admissions for angina and heart failure are significantly higher in the black and Asian ethnic groups.

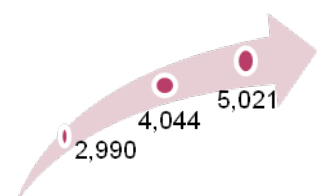
Emergency admissions for diabetes have remained relatively constant. There is no clear deprivation gradient but emergency admission rates are significantly higher in the Chinese and other ethnic group.

Emergency admissions for gastroenteritis have increased. Admissions are significantly higher in the most deprived quintile.

Emergency admissions have remained relatively constant for COPD, but there is a very clear and significant deprivation gradient, with rates higher in the most deprived quintile. Emergency admissions from lower respiratory tract infections have increased significantly for both males and females. Admissions are significantly higher in the most deprived quintile regardless of gender and they are significantly lower in the black ethnic group and higher in the Chinese and other ethnic group..

Around 2,200 A & E attendances per year for Dudley residents aged 75+ at DGoH for accidents and 36.7% resulted in a hospital admission, this increased across the age band from 25% to 50%. Over 45% occurring to people living in the two most deprived quintiles. Mainly occur in the home (~75%), public places (~12%).

Approximately, 456 hospital admissions per year, for accidents. DSR 5,020.8 per 100,000 in 2008/09-2010/11. There is a significantly higher rate of admissions for accidents in females. Rates were significantly higher in the most deprived quintile of deprivation. Nearly 75% of the admissions were for falls (81% for females), 2.5% from road transport accidents and 17% from complications of medical and surgical care. The rise, due mainly to increases in admissions for falls, and complications of medical and surgical care. An increase in admissions in females for Colles's fracture.



The proportion of 75+ year olds self-reporting current smoker was 4.7% in 2009, England, 6% for 75+ year olds. Significantly higher in the most deprived quintile.

The proportion of 75+ year olds self-reporting eating 5 or more portions of fruit and vegetables per day was 29.1% in 2009, England 29% eat 5 a day (75+ year olds). Lower for BME groups (not significant) and in the most deprived quintile (not significant).

The proportion of 75+ year olds self-reporting being overweight or obese in Dudley was 53.1%, England 69.6% (2010, 75+ year olds). Significantly higher, in males than females. No effect of ethnicity, or deprivation.

The proportion of 75+ year olds self-reporting that they get enough exercise in Dudley was 32.5%, England 7% (2008, 75+ year olds). Significantly higher in males. Not affected by ethnicity, but significantly higher for the least deprived quintile of deprivation.

Using SF12, 28.5% of 75+ year olds had poor self-reported mental health. This was higher for females (30.0%). Poor self-reported mental health was higher for BME groups and the most deprived quintile.

Reported number of patients on the dementia register for GP surgeries as a percentage of estimated prevalence for Dudley was 35% in

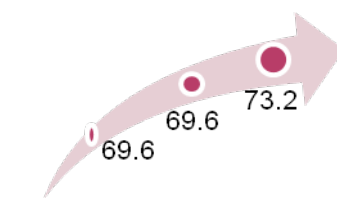
2009/10. It is estimated that Dudley has 3,141 people aged 75+ with late onset dementia in 2010.

Age-specific hospital admissions for people aged 75+ with a secondary diagnosis of dementia per 1,000 population was 45.4 for Dudley in 2009/10, significantly lower than the value for England of 125 per 1,000. It is estimated that 62% will have Alzheimer's, 17% vascular dementia, 11% mixed dementia's, 4% Lewy bodies, 2% Fronto Temporal dementia and 2% Parkinson's disease. Estimated that 60% of people with dementia live in their own home, with 40% in nursing/residential care.

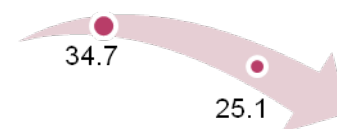
Based on the 2001 Census 63.8% (60.0% of males and 66.1% of females) of the household population in the 75+ years age band reported having a limiting long-term illness, health problem or disability that limits their daily activities.

Immunisations

In Dudley 2011/12 seasonal flu vaccination uptake was similar to that for England in the over 65 age band (Dudley 73.2%, England 2010/11, 72%). In the under 65 at risk age group 52.2% uptake was achieved (England, 50.4%). Patients with diabetes had the highest uptake at ~67% and lowest for patients with chronic liver disease ~39%. Uptake was also lowest in the under age 16 at risk group.

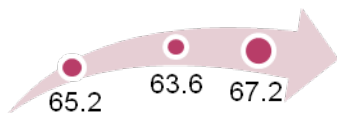


Seasonal flu vaccine uptake for pregnant women in Dudley was 25.1% in 2011/12 (England 2010/11, 38.0%), well below the target of 60% for 2011/12.



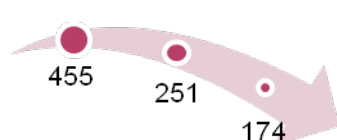
Seasonal flu vaccine uptake for frontline Health care workers was 26.9% for Dudley (England, 34.7%).

Pneumococcal vaccine uptake was 68% in Dudley in 2010/11 slightly lower than that recorded for England (70.5%).



Health Care Acquired Infections

C difficile has been reducing since 2007/08 with over 170 cases in the Dudley responsible population. Rates increase with the age of patient. Dudley has rates far in excess of those reported for England in 2011/12.



End of life care

In 2008-10 Dudley has an average rate of 20.3 % deaths at home (England, 20.3%) and 19.8% deaths in care homes (England, 17.8%).

Higher percentage of terminal admissions that are emergencies for Dudley (92.7%), than England (89.7%). The total spend per death on hospices in Dudley for 2010/11 was £254 (England, £525). The total spend per death on end of life care in Dudley for 2010/11 was £325 (England, £1,096).

Crime

Around age 80 the level of victimisation rises slightly, but by no means to the degree experienced for the peak ages. As age increases, so

does the proportionality of burglary, reflecting the onset of distraction burglary. The average age of a distraction burglary victim is 81. At 88 the victim index scoring was the same as for a 12 year old.

Carers

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

WHAT DO WE KNOW ABOUT CURRENT SERVICES?

Healthy living

Dudley Stop Smoking Service

In 2011/12, 80 people aged 75+ accessed the Dudley Stop Smoking Service (DSSS). Over 30% of these were from the most deprived quintile. 59% of those accessing the service had 4 week quit success.

Falls service

The Dudley Community Falls Service rate of falls assessment in Q1 2012/13 was 171.1 per 10,000 people aged 65+. Dudley's rate of falls prevention exercise programme was 49.5 per 10,000 people aged 65+.

Environmental Health and Trading Standards

Environmental Health Officers inspect care homes, nursing homes and hospitals for food hygiene compliance. There are approximately 128 care/nursing homes in borough, all at least achieve minimum of broad compliance with food hygiene legislation.

Food poisoning notifications for all ages are investigated and appropriate hygiene advice given to prevent recurrence; this includes elderly people who are more vulnerable.

Health and safety enforcement:

in residential homes. Includes inspections, complaint and accident investigations, requests for advice. Preventing falls in residents is a priority when such premises are visited for intervention.

Investigating accidents to members of the public in premises enforced by the local authority, e.g. residential homes, shopping centres.

Trading standards investigate complaints and deal with rogue traders & cold callers. "Who's after your money" is a new advice booklet and training package launched in partnership with Dudley's community safety partnership and West Midlands Police to raise awareness of doorstep scams and outline services offered. Since September 2010 the training package has been delivered to in excess of 400 delegates.

The "Fix a Home" Trader Approval Scheme supports vulnerable groups including the elderly by ensuring access to trusted traders,

operated in partnership with Age UK Dudley. As at March 2012 there were 140 members and 90% of customers were satisfied with the service they received.

Housing

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

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

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

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

EMERGING THEMES

QUESTIONS FOR COMMISSIONERS?

- Emergency hospital admissions from gastroenteritis in Dudley in the 75+ age band is increasing. Have commissioners investigated this?
- With the ageing population and increasing numbers living with Dementia, are commissioners satisfied that sufficient resources are being directed to advice and support services and interventions to maintain their independence for as long as possible?
- With the ageing population there is increasing numbers of older people who are carers of adult children with learning or physical disabilities. Are commissioners satisfied sufficient resources are directed to meet this need?
- Mortality from breast cancer in the 75+ age band for Dudley is significantly higher than national. The national breast screening programme runs to age 70 and uptake for this age band in Dudley is below the 80% target. Are commissioners satisfied that sufficient is being done to improve the uptake of screening at the earlier ages?

- Mortality from stroke and hypertensive diseases in Dudley are higher than nationally. How effective is the Stroke Care Pathway?
- Mortality from respiratory diseases in Dudley is significantly higher than national. Lower respiratory tract infection is the major contributing condition to this rise. Are commissioners satisfied that sufficient resource is allocated to improving flu and pneumococcal vaccination uptake?
- Hospital admissions from falls and fall injuries are significantly higher than national in Dudley. Is the current falls prevention pathway effective?
- In the 75+ age band 50% of deaths are from CVD and respiratory disease. Are commissioners satisfied there is sufficient focus on end of life care for people with these diseases?

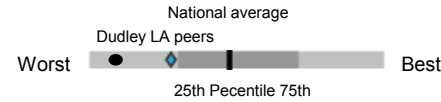
APPENDIX 1 – ADULT SOCIAL CARE OUTCOMES INDICATORS

ADULT SOCIAL CARE OUTCOMES FRAMEWORK INDICATOR SET FOR DUDLEY

Key:

- Significantly better than England average
- Not significantly different from England average
- Significantly worse than England average
- No significance can be calculated

Spine chart explanation:



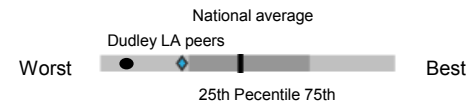
Domain	Indicator	Local Number	Local Value	Nat Avg	Nat Worst	National Range	Nat Best
1. Enhancing quality of life for people with care and support needs	Social Care-related quality of life 2011-12 (rating out of 24)		19.2	18.7	17.4		20.1
	The proportion of people who use services who have control over their daily life 2011-12 (%)		78.8	75.1	62.5		82.7
	Proportion of people using social care who receive self-directed support 2011-12 (%)	3795	23.5	43.0	3.9		90.6
	Proportion of people using social care who receive direct payments 2011-12 (%)	1160	7.2	13.7	3.9		43.0
	Carer-reported quality of life *						
	Proportion of adults with learning disabilities in paid employment 2011-12 (%)	45	5.1	7.1	0.9		25.8
	Proportion of adults in contact with secondary mental health services in paid employment 2011-12 (%)	90	5.9	8.0	1.5		25.0
	Proportion of adults with learning disabilities who live in their own home or with their family 2011-12 (%)	695	76.8	69.9	30.9		93.8
	Proportion of adults in contact with secondary mental health services living independently, with or without support 2011-12 (%)	870	58.3	57.8	0.9		92.6
2. Delaying and reducing the need for care and support	Permanent admissions of younger adults to residential and nursing care homes 2011-12 (per 100,000 population)	40	20.6	19.4	66.6		4.1
	Permanent admissions of older people to residential and nursing care homes 2011-12 (per 100,000 population)	360	629.4	705.9	1219.0		139.9
	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital 2011-12 (%)	200	87.3	82.7	56.9		100.0
	Proportion of older people (65 and over) who were offered reablement services following discharge from hospital 2011-12 (%) *	230	2.6	3.2	0.3		12.9
	Delayed transfers of care from hospital 2012-13 (Rolling monthly average for year-to-date) (per 100,000 population)	16	6.6	9.7	27.5		1.3
	Delayed transfers of care from hospital attributable to adult social care 2012-13 (Rolling monthly average for year-to-date) (per 100,000 population)	8	3.4	2.7	16.3		0.0
3. Ensuring that people have a positive experience of care and support	Overall satisfaction of people who use services with their care and support 2011-12 (%)		67.4	62.8	43.6		77.7
	Overall satisfaction of carers with social services *						
	The proportion of carers who report that they have been included or consulted in discussions about the person they care for (%) *						
4. Safeguarding vulnerable people	The proportion of people who use services who find it easy to find information about services 2011-12 (%)		79.3	73.8	62.2		85.6
	The proportion of people who use services who feel safe 2011-12 (%)		62.1	63.8	49.6		86.3
	The proportion of people who use services who say that those services have made them feel safe and secure 2011-12 (%)		78.9	75.4	54.4		92.4

N.B. The data used have come from the nationally available sources and as such some data have been rounded to the nearest 5. Hence local values may not exactly match those submitted.

NATIONAL HEALTH SERVICE OUTCOMES FRAMEWORK INDICATOR SET FOR DUDLEY

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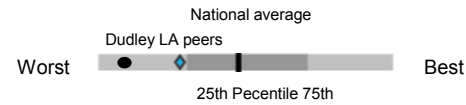
Spine chart explanation:


Domain	Indicator	Local Number	Local Value	Nat Avg	Nat Worst	National Range	Nat Best	Evidence Source (NICE code where available)	Strength and Quality of Evidence
Preventing people from dying prematurely	Potential years of life lost to causes considered amenable to healthcare (males) 2010 (age standardised years of life lost per 100,000 population)		2577.0	2459.5	4641.8		1031.8		
	Potential years of life lost to causes considered amenable to healthcare (females) 2010 (age standardised years of life lost per 100,000 population)		1784.0	1918.6	4129.6		950.8		
	Male life expectancy at age 75 2008-10 (years)		11.0	11.3	9.5		17.5		
	Female life expectancy at age 75 2008-10 (years)		12.9	13.1	11.3		19.3		
	Under 75 mortality rate from cardiovascular disease 2008-10 (per 100,000 population)	734	65.4	67.3	123.2		35.5		
	Under 75 mortality rate from respiratory disease 2009 (per 100,000 population)		23.1	24.2	62.1		6.9		
	Under 75 mortality from liver disease 2010 (per 100,000 population)		20.2	14.7	35.0		7.8		
	One-year survival from colorectal cancer 2005-09 (%)		77.1	74.5	66.7		77.1		
	Five-year survival from colorectal cancer 2001-05 (%)		52.1		44.6		58.1		
	One-year survival from breast cancer 2005-09 (%)		94.4	95.8	93.7		98.2		
	Five-year survival from breast cancer 2001-05 (%)		81.8	82.0	77.1		86.1		
	One-year survival from lung cancer 2005-09 (%)		24.9	31.0	23.3		35.5		
	Five-year survival from lung cancer 2001-05 (%)		6.7		5.6		8.1		
	Under 75 mortality rate from cancer 2008-10 (per 100,000 population)	1250	112.0	110.1	157.0		77.9		
	Excess under 75 mortality rate in adults with serious mental illness 2010-11 (per 100,000 population)		965.4	921.2	1863.2		210.4		
	Infant mortality 2010 (per 1,000 live births)	17	4.5	4.2	10.0		1.1		
Neonatal mortality and stillbirths 2010 (per 1,000 live births and stillbirths)	35	9.3	8.0	14.4		0.5			
Enhancing quality of life for people with long-term conditions	Reducing premature death in people with learning disabilities *								
	Health-related quality of life for people with long-term conditions *								
	Proportion of people feeling supported to manage their condition 2011-12 (%)	1556	70.6	69.6	54.0		77.1		
	Employment of people with long-term conditions 2011-12 Q1 (%)			11.9					

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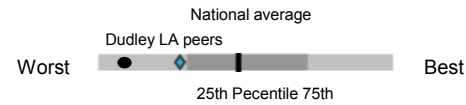
Spine chart explanation:


Domain	Indicator	Local Number	Local Value	Nat Avg	Nat Worst	National Range	Nat Best	Evidence Source (NICE code where available)	Strength and Quality of Evidence
Enhancing quality of life for people with long-term conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions 2011-12 Q4 (age standardised rate per 100,000 population)	686	112.5	105.3	191.8		22.1		
	Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s 2011-12 Q4 (age standardised rate per 100,000 population)	55	96.5	100.7	238.6		24.8		
	Health-related quality of life for carers *								
	Employment of people with mental illness 2011-12 Q1 (%)			43.1	5.1		57.5		
	Estimated diagnosis rate for people with dementia 2010-11 (%)			42.0					
Helping People to recover from ill health or following injury	Enhancing quality of life for people with dementia *								
	Emergency admissions for acute conditions that should not normally require hospital admission 2011-12 Q4 (age standardised rate per 100,000)	869	132.3	102.0	181.9		21.0		
	Emergency readmissions within 30 days of discharge from hospital 2010-11 (%)		11.7	11.8	14.5		8.1		
	Patient reported outcomes measure average health gain for hip replacement 2011-12 (score between -1 & 1)		0.4	0.4	0.3		0.5		
	Patient reported outcomes measure average health gain for knee replacement 2011-12 (score between -1 & 1)		0.3	0.3	0.1		0.4		
	Patient reported outcomes measure average health gain for groin hernia 2011-12 (score between -1 & 1)		0.1	0.1	0.0		0.1		
	Patient reported outcomes measure average health gain for varicose veins 2011-12 (score between -1 & 1)		0.1	0.1	-0.1		0.2		
	Emergency admissions for children with LRTI 2011-12 Q4 (per 100,000 population)	120	207.8	135.4	387.0		0.0		
	Improving recovery from injuries and trauma *								
	Improving recovery from stroke *								
	The proportion of patients recovering to their previous levels of mobility/walking ability at 30 days (%) *				25.9				
	The proportion of patients recovering to their previous levels of mobility/walking ability at 120 days (%) *				48.7				
	Proportion of older people (65 and over) who were still at home 91 days after discharge into rehabilitation 2010-11 (%)	150	85.1	82.0	44.9		99.3		

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Spine chart explanation:


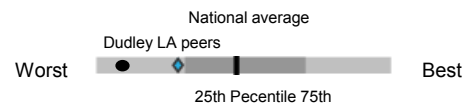
Domain	Indicator	Local Number	Local Value	Nat Avg	Nat Worst	National Range	Nat Best	Evidence Source (NICE code where available)	Strength and Quality of Evidence
Ensuring People have a positive experience of care	Proportion of older people (65 and over) who were offered rehabilitation following discharge from acute or community hospital *								
	Patient experience of GP services 2011-12 (score out of 100)	5155	88.9	88.3	77.6		93.2		
	Patient experience of GP out of hours services 2011-12 (score out of 100)	456	67.1	70.9	46.5		82.8		
	Patient experience of NHS dental services 2011-12 (score out of 100)	1585	88.6	83.4	73.4		92.9		
	Patient experience of hospital care 2011-12 (score out of 100)		72.5	75.6	67.4		87.8		
	Patient experience of outpatient services 2011 (score out of 100)		77.4	79.5	71.0		88.5		
	Responsiveness to in-patients' personal needs 2011-12 (score out of 100)		63.8	67.4	56.5		85.0		
	Patient experience of A&E services 2008 (score out of 100)		75.0	80.0	69.1		86.8		
	Access to GP services 2011-12 (score out of 100)	4416	76.3	79.1	64.3		87.4		
	Access to NHS dental services 2011-12 (score out of 100)	1747	98.1	94.5	87.2		98.5		
	Women's experience of maternity services 2010 (score out of 100)		77.1	77.0	74.4		80.5		
	Improving the experience of care for people at the end of their lives *								
	Patient experience of community mental health services 2011 (score out of 100)		86.5	86.8	81.9		91.4		
Treating and caring for people in a safe environment and protecting them from avoidable harm	Improving children and young people's experience of healthcare *								
	Patient safety incidents reported 2011-12 Q3&4 (rate per 100,000 population)	19	6.2	25.2	412.6		0.0		
	Safety incidents involving severe harm or death 2011-12 Q3&4 (rate per 100,000 population)	0	0.0	0.3	8.0		0.0		
	Incidence of hospital-related venous thromboembolism *								
	Incidence of MRSA 2011-12 (per 100,000 population)	4	1.3	2.1	6.3		0.0		
	Incidence of C. Difficile 2011-12 (per 100,000 population)	174	58.0	35.4	70.9		12.1		
	Incidence of newly acquired category 2, 3 and 4 pressure ulcers *								
	Incidence of medication errors causing serious harm 2011-12 Q3&4 (per 100,000 population)	14	4.7	4.9	65.2		0.0		

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Spine chart explanation:



Domain	Indicator	Local Number	Local Value	Nat Avg	Nat Worst	National Range	Nat Best	Evidence Source (NICE code where available)	Strength and Quality of Evidence
See Previous Page	Admission of full-term babies admitted to neonatal care 2010 (%)	114	3.3	5.1	57.1		0.8		
	Incidence of harm to children due to 'failure to monitor' 2011-12 (per 100,000 population aged 0-17 years)								

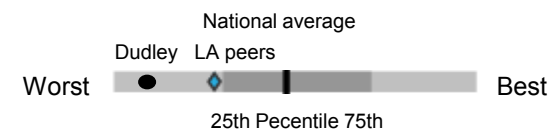
APPENDIX 3 – PUBLIC HEALTH OUTCOMES INDICATORS

PUBLIC HEALTH OUTCOMES FRAMEWORK FOR DUDLEY

Key:

- Significantly better than England average
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Spine chart explanation:



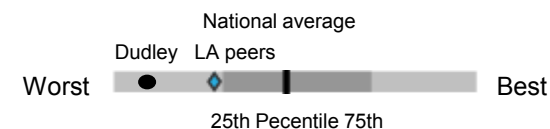
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
To improve and protect the Nation's health and wellbeing, and improve the health of the poorest fastest	Male Life expectancy at birth 2008-10 (years) *		78.1	78.6	73.6		85.1
	Female life expectancy at birth 2008-10 (years) *		82.5	82.6	79.1		89.8
	Male disability free life expectancy at age 16 2007-09 (years) *		49.4	49.1	40.2		57.7
	Female disability free life expectancy at age 16 2007-09 (years)*		48.9	50.1	41.3		59.5
	Male inequality in life expectancy 2006-10 (years)*		9.9	8.9	16.9		3.1
	Female inequality in life expectancy 2006-10 (years) *		5.7	5.9	11.6		1.2
	Male inequality in DFLE 1999-03 *		11.3	10.9	20.0		1.8
	Female inequality in DFLE 1999-03 *		8.6	9.2	17.1		1.3
Improvement against wider factors that affect health and wellbeing and health inequalities	Children in Poverty 2010 (%)	13309	23.1	21.1	45.9		2.5
	Good development at age 5 2011 (%) *		54.9	58.8	49.5		71.4
	School truancy 2010-11 (% half days lost to overall absence)		6.2	5.8	7.1		4.8
	First time entrants to the youth justice system 2010-11 (rate per 100,000)	193	642.1	876.4	2436.3		342.9
	16-18 year olds NEET 2011 (%)		5.3	6.1	11.8		0.9
	Adults with learning disabilities assessed in previous year in settled accommodation 2010-11 (%)	375	41.9	59.0	19.3		85.7
	Adults receiving secondary mental health services in settled accommodation 2010-11 (%)	1090	66.0	66.8	1.3		92.8
	Proportion of prisoners with mental or significant mental illness TBC *						

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Spine chart explanation:



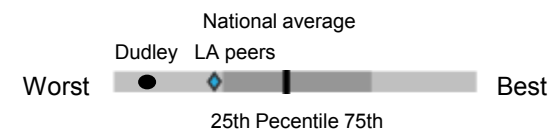
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Improvement against wider factors that affect health and wellbeing and health inequalities	Gap between employment rate of those with long-term health condition and overall employment rate 2011-12 Q1 (%)			11.9			
	Gap between employment rate of those with learning difficulty/disability and overall employment rate 2010-11 (%)	20	65.6	65.4	73.4		42.8
	Gap between employment rate of those with mental illness and overall employment rate TBC *						
	Employees with at least one day off sick in previous week 2010 (%)			2.5			
	Working days lost to sickness absence 2010-11 (per working day)			76563.5			
	Rate of fit notes issued per quarter TBC *						
	Killed and seriously injured on roads 2011 (rate per 100,000 population)		29.2	41.2	445.5		0.0
	Incidents of domestic abuse TBC *						
	Age-standardised rate of emergency hospital admissions for violence per 100,000 population TBC *						
	Rates of violent crime against persons 2010-11 (crude rate per 1,000)	2992	9.8	14.8	35.1		4.5
	Sexual Violence TBC *						
	Offenders who re-offend within 12 months 2009-10 (%)	635	22.6	26.6	35.7		14.3
	Average number of re-offences 2009-10 (per offender)	1669	0.6	0.8	1.2		0.4
	Complaints about noise 2010-11 (rate per 1,000)	1423	4.6	7.8	67.3		1.3
	Population exposed to transport noise of more than x dB(A), proportion of total population TBC *						
Population exposed to transport noise of more than x dB(A) at night TBC *							

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Spine chart explanation:



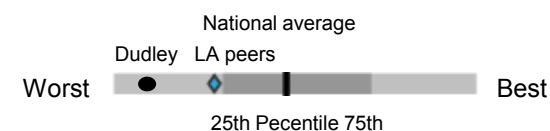
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Improvement against wider factors that affect health and wellbeing and health inequalities	Homelessness acceptances 2011-12 (per 1,000 households)	158	1.2	2.3	9.7		0.0
	Households in temporary accommodation 2011-12 (per 1,000 households)	36	0.3	2.3	32.4		0.0
	People using green space for exercise or health reasons 2009-12 (%)		19.7	14.0	2.2		29.1
	Households that are in fuel poverty 2010 (%)	26615	20.9	16.4	29.1		4.6
	Social connectedness TBC *						
	Older peoples perception of safety TBC *						
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Low birth weight babies under 2500g 2010 (%)	109	3.2	2.8	7.8		1.8
	Breastfeeding initiation 2012-13 Q1 (%)	531	57.1	74.0	0.0		93.5
	Breastfeeding at 6-8 weeks 2012-13 Q1 (%)	260	27.8	46.9	17.6		86.5
	Maternal smoking prevalence 2012-13 Q1 (%)	145	15.6	12.7	27.6		1.2
	Under 18 conception rates 2011-12 Q1 (per 1,000 females aged 15-17)	53	38.2	34.7	72.7		11.6
	Child development at 2 years TBC *						
	Year R obesity 2010-11 (%)		24.5	22.6	28.6		14.9
	Year 6 obesity 2010-11 (%)		36.4	33.4	41.8		24.6
	Accident admissions for under 18 year olds for injury 2010-11 (per 10,000 population)	848	129.4	124.3	235.1		69.7
	Emotional well-being of looked after children TBC *						

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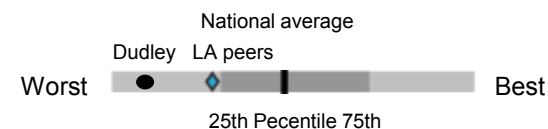
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Prevalence of smoking amongst 15 year olds TBC *						
	Self-harm admission 2010-11 (rate per 100,000 population)	675	241.7	212.0	509.8		49.6
	Diet TBC *						
	Obesity rates in adults 2006-08 (estimated) (%)		27.7	24.2	30.7		13.9
	Adults achieving 150 minutes of physical activity per week 2007-09 (%)	90	9.1	11.2	5.4		16.6
	Adults classified as inactive, proportion of all adults TBC *						
	Smoking prevalence in adults 2011-12 Q1 (%)		19.9	20.2	32.1		8.1
	Successful drug treatment service users not re-presenting within 6 months 2010-11 (% of total in drug treatment)	128	37.8	43.0	14.3		70.0
	Proportion of those entering prison identified as having substance dependence issues and are not previously known to community treatment						
	QOF recorded prevalence of diabetes (17 years and over) 2010-11 (%)	14961	5.9	5.5	8.9		3.3
	Alcohol related admissions 2011-12 (per 100,000 population)	9024	2343.9	1973.5	3562.7		917.9
	Cancer diagnosed in stages 1 and 2, (% of all cancers diagnosed) TBC *						
	Breast screening uptake age 53-70 2010-11 (%)	25542	77.7	77.2	59.4		84.9
	Cervical screening uptake age 25-64 2011-12 (%)	58570	78.1	78.6	65.9		83.8
	Pregnant women eligible for infectious disease screening tested for HIV leading to conclusive test 2010 (%)			0.2			
Women booked for antenatal care who have a screening test for syphilis, hepatitis B and susceptibility to rubella TBC (%) *							

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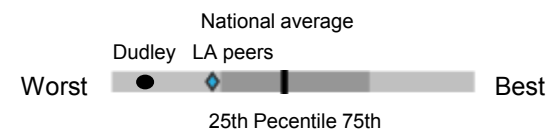
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities	Pregnant women eligible for antenatal sickle cell and thalassaemia screening for whom a result is available at same day TBC (%) *						
	Babies registered at birth and at time of report eligible for blood spot screening and have conclusive result on CHIS within the effective timeframe						
	Proportion of babies with the new born screening process completed within 4 weeks or five weeks corrected age TBC *						
	Proportion of babies eligible for the newborn physical examination who were tested within 72 hours of birth TBC *						
	Proportion of those offered screening for diabetic retinopathy who attend a digital screening event 2012-13 Q2 (%)	10795	74.9	80.3	67.8		94.3
	Take up of NHS health checks 2012-13 Q2 (%)	4962	5.4	3.6	0.0		13.1
	Percentage of respondents scoring 0-6 to the question "Overall, how satisfied are you with your life nowadays?" 2011-12 (%)		30.5	24.3	30.5		14.6
	The percentage of respondents scoring 0-6 to the question "Overall, to what extent do you feel the things you do in your life are worthwhile?" 2011-12 (%)		25.2	20.1	25.4		12.8
	The percentage of respondents who answered 0-6 to the question "Overall, how happy did you feel yesterday?" 2011-12 (%)		33.5	29.0	36.6		19.2
	The percentage of respondents scoring 4-10 to the question "Overall, how anxious did you feel yesterday?" 2011-12 (%)		38.5	40.1	48.3		34.4
	Average Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) score for adults (16+) TBC *						
	Falls and injuries in the over 65s TBC *						
	Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65 to 79 TBC * (per 100,000 population)						
	Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 80 and over TBC * (per 100,000 population)						
	Life years lost from air pollution TBC *						
Chlamydia diagnosis in 15-24 year olds 2010-11 (crude rate per 100,000)	367	960.7	1315.5	4395.6		473.3	

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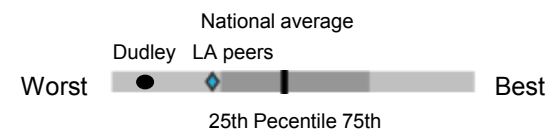
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
The population's health is protected from major incidents and other threats while reducing health inequalities	Hepatitis B vaccination coverage (one and two year olds) 2012-13 Q1 (%)	1	100.0	73.9	0.0		100.0
	BCG vaccination coverage (aged 1 and over) 2010-11 (%)	61	0.1	0.7	0.0		3.5
	DTaP/IPV/Hib uptake at 1 and 2 years 2012-13 Q1 (%) (5 year olds unavailable)*	1714	97.3	95.4	84.0		98.9
	MenC vaccination coverage (1, 2 and 5 year olds) 2012-13 Q1 (%)	2545	97.5	94.2	79.6		98.6
	PCV vaccination coverage (1, 2 and 5 year olds) 2012-13 Q1 (%)	2515	96.4	92.0	76.6		97.1
	Hib/MenC booster vaccination coverage (2 and 5 year olds) 2012-13 Q1 (%)	1623	94.0	92.0	72.9		97.7
	PCV booster vaccination coverage (2 and 5 year olds) 2012-13 Q1 (%)	1657	95.9	90.8	73.4		96.4
	MMR vaccination coverage for one dose (2 year olds) 2012-13 Q1 (%)	839	95.4	92.3	75.2		98.3
	MMR vaccination coverage for one dose (5 year olds) 2012-13 Q1 (%)	809	95.4	93.8	81.1		98.0
	MMR vaccination coverage for two doses (5 year olds) 2012-13 Q1 (%)	755	89.0	87.2	63.4		96.6
	Td/IPV booster vaccination coverage (13-18 year olds) 2010-11 (%)	2738	11.6	11.8	0.2		48.9
	HPV vaccination coverage (females in yr 8) 2010-11 (%) *	1760	92.3	84.2	56.4		95.3
	PPV vaccination coverage (over 65s) 2010-11 (%)	34004	67.2	70.5	46.8		76.0
	Flu immunisation uptake over 65 2011-12 (%)	44105	73.2	74.0	64.8		81.5
	Flu vaccination coverage (at risk individuals aged over 6 months and under 65) 2011-12 (%)	16326	52.2	51.6	43.4		66.3
People with HIV presenting at a late stage of infection 2009 (%)			51.3	87.5		16.7	

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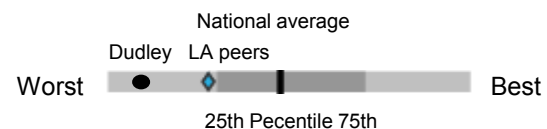
Domain	Indicator	Local Numerator	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
The population's health is protected from major incidents and other threats while reducing health inequalities	Treatment completion rates for TB 2007-09 (%)		84.0	80.8	46.0		100.0
	Treatment completion rates for TB TBC (%)						
	Percentage of NHS organisations with board approved sustainable development management plan TBC *						
	Comprehensive agreed inter-agency plans for responding to public health incident TBC *						
Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.	Infant mortality 2010 (per 1,000 live births)	19	5.0	4.3	10.0		0.0
	Rate of dental cavities in children aged 5 2007-08 (per child)		0.7	1.1	2.5		0.5
	Mortality from causes considered preventable TBC (age standardised rate per 100,000 population) *						
	Under 75s mortality from CVD 2008-10 (age standardised rate per 100,000 population)	734	65.4	67.3	123.2		35.5
	Under 75s mortality from CVD that is considered preventable TBC (age standardised rate per 100,000 population) *						
	Under 75s mortality from all cancers 2008-10 (age standardised rate per 100,000 population)	1250	112.0	110.1	159.1		30.1
	Under 75s mortality from all cancers that is considered preventable TBC (age standardised rate per 100,000 population) *						
	Under 75s mortality from liver disease 2010 (age standardised rate per 100,000 population)		20.2	14.7	35.0		0.0
	Under 75s mortality from liver disease that is considered preventable TBC (age standardised rate per 100,000 population) *						
	Under 75s mortality from respiratory diseases 2009 (age standardised rate per 100,000 population)		23.1	24.2	62.1		6.9
	Under 75s mortality from respiratory diseases that is considered preventable TBC (age standardised rate per 100,000 population) *						
	Age-standardised mortality rate from certain infectious and parasitic diseases TBC (per 100,000 population) *						

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Reduced numbers of people living with preventable ill health and people dying prematurely, while reducing the gap between communities.	Mortality rate for people with serious mental illness 2009-10 (per 100,000 population)			403.9			
	Suicide mortality all ages 2008-10 (per 100,000 population)	69	7.2	7.9	15.2		2.7
	Rate of emergency readmissions to hospital within 30 days 2010-11 (%)		11.7	11.8	14.5		8.1
	Crude rate of sight loss due to Age Related Macular Degeneration (AMD) in persons aged 65 and over TBC (per 100,000 population) *						
	Crude rate of sight loss due to glaucoma in persons aged 40 and over TBC (per 100,000 population) *						
	Crude rate of sight loss due to Diabetic Eye Disease in persons aged 12 and over TBC (per 100,000 population) *						
	Crude rate of sight loss certifications TBC (per 100,000 population) *						
	Health related quality of life for older people TBC *						
	Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 and over 2010-11 (per 100,000 population)	338	442.1	451.9	654.6		324.0
	Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 65 to 79 TBC (per 100,000 population) *						
	Age-sex standardised rate of emergency admissions for fractured neck of femur in persons aged 80 and over TBC (per 100,000 population) *						
	Excess winter mortality index 2007-10 (%)	654	23.8	18.7	35.0		4.4
Dementia and its impacts TBC *							

APPENDIX 4 – JSNA SYNTHESIS MEMBERSHIP

Valerie Little (Chair)	Director of Public Health	Primary Care Trust
Andrew Kinsella	Senior Information Analyst	Directorate of Children's Services
Andy Wright	Head of Corporate Policy & Research	Chief Executives Directorate
Angela Moss	Senior Public Health Intelligence Specialist	Primary Care Trust
Annette Roberts	Planning Policy Manager	Directorate of Urban Environment
Bob Dimmock	Performance and Commissioning Manager	Community Safety Team
Brendan Clifford	Assistant Director for Policy, Performance & Resources	Directorate of Adults, Communities and Housing Services
Dolores Nellany	Food & Occupational Safety Manager (Environmental Health)	Directorate of Urban Environment
Jane Prasher	Divisional Manager Children's Specialist Services	Directorate of Children's Services
Jayne Emery	Senior Development Officer	Dudley Council for Voluntary Services
Jenny Dixon	Performance Coordinator/Manager	Dudley Community Partnership
Helen Barlow	Head of Service Private Sector Housing	Directorate of Adults, Communities and Housing Services
Lorna Prescott	Senior Development Officer	Dudley Council for Voluntary Services
Lorraine Tozer	Performance & Development Manager	Directorate of Children's Services
Maggie Venables	Assistant Director for Adult Social Care	Directorate of Adults, Communities and Housing Services

Mike Wood	Head of Children's Trust Support	Directorate of Children's Services
Neill Bucktin	Head of Partnership Commissioning	Dudley Clinical Commissioning Group
Nighat Hussain	Planned Care Commissioner	Dudley Clinical Commissioning Group / Primary Care Trust
Peter Cox	Strategy Manager Troubled Families & Child Poverty	Directorate of Children's Services
Roy Perrett	Manager for Care Management North	Directorate of Children's Services
Shobha Asar-Paul	Head of Policy and Performance	Directorate of Adults, Communities and Housing Services
Andrew Packer	Head of Learning Commissioning	Directorate of Adults, Community & Housing
Andy Webb	Head of Sport & Physical Activity	Directorate of Urban Environment
Ian McGuff	Assistant Director Quality & Partnerships	Directorate of Children's Services
Clair Bunn	Research & Intelligence Officer	Chief Executives Directorate