DRAFT 2

CLOSING THE GAP:

TACKLING HEALTH INEQUALITIES IN DUDLEY

Editorial Team May 2005

ENDORSEMENT OF DUDLEY HEALTH INEQUALITIES STRATEGY

The Dudley Health Inequalities Strategic Plan has been prepared in response to Government directives. The Local Authority, Health and Voluntary Sector jointly endorse the plan as demonstrated by the signatures below.

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ACKNOWLEDGEMENTS

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CONTENTS

1. INTRODUCTION

The Health and Well-being Partnership was tasked with the production of a borough wide health inequalities strategy in 2004. This was as a response to the government's announcement in 2001 of new national targets to reduce health inequalities. These were incorporated into a single Public Service Agreement target (PSA) to:

'Reduce health inequalities by 10% by 2010 as measured by infant mortality and life expectancy at birth'

As a starting point, a stakeholders workshop was held in early December 2004 to give as many agencies and services as possible an opportunity to take part in the process. This document is the result of work carried out by contributors on that day and following consultations.

2. THE VISION

As part of the Borough Challenge, a vision for Dudley has emerged based on the views of the people who live and work in the Borough. This vision encompasses the concept of building stronger communities over the next 15 years.

A strong community is a place where all people are happy to live:
'It has decent housing and a clean environment and it is safe, prosperous, attractive, vibrant and harmonious. In a strong community people would not be disadvantaged by where they live, their culture or social background, their age, gender, or how much money they earn'

Tackling health inequalities is fundamental to achieving this vision. Reducing health inequalities will make a significant contribution to creating stronger communities where the people:

- ☺ are healthy and prosperous
- ☺ take an interest in where they live and others they are involved with
- ☺ know their neighbours and are tolerant of people different to themselves
- ☺ help and support one another through friendship and shared activities
- ☺ work together and take pride in their community
- ☺ keep an eye on elders living there and look out for children
- ☺ make use of the facilities in their areas, particularly the green spaces
- ☺ do not liver under endless pressure from the stresses of life
- ☺ have opportunities to access worthwhile jobs
- ☺ provide positive role models for each other
- ☺ have self-determination and feel that they have some control over their lives
- ☺ are able to affect decisions about delivery of local services
- ☺ know they have a place in their community
- ☺ have a good idea about what is on offer from service providers, and how to access those services
- ☺ have pride in their environment, don't drop litter and keep tidy gardens

As a means of building stronger communities, the Dudley Borough Challenge has identified 5 key themes:

- making Dudley a safe and peaceful place to live
- promoting good health and well-being for all
- creating a prosperous and attractive borough
- a learning community
- safeguarding and improving our environment.

All of these themes will play an important part in tackling health inequalities across the borough. There is also a wide range of local plans and strategies already in place that will contribute to the reduction of health inequalities. This strategic plan has been developed as a tool to coordinate and prioritise targets related to health inequalities within Dudley. Implementation of this strategic plan will ensure that health inequalities issues are integrated into all relevant local plans and strategies.

In line with the Dudley Borough Challenge, the aim of this strategy is:

'Improving health for everyone, no matter where they live or how much they earn'

The principles underpinning the aim are:

- The reduction of health inequality is everyone's business - commitment and ownership are essential. Agencies need to work together in ways that will make a sustainable difference in the long term.
- Everyone benefits: all agencies, communities and individuals - those experiencing inequality and those not - we all benefit from a fairer society.
- To have the maximum effect, the reduction of health inequality needs to be integrated into the work and mind-set of all agencies/services.
- Tackling inequalities requires a whole systems change, with a focus on the evidence base - using what works
- Tackling health inequalities means reducing the gap in health status between the most deprived communities and the general population. This requires a different approach to that of general health improvement. There needs to be a focus on
  - tackling the underlying determinants of health
  - supporting families and children
  - prevention of ill-health and promotion of health and healthier lifestyles
  - community development to strengthen communities so they can contribute to improving their own health
  - services being responsive to the distinctive needs of deprived communities, vulnerable groups and individuals
  - reviewing traditional roles and delivery mechanisms to break down professional and cultural barriers.

3. THE CAUSES OF HEALTH INEQUALITIES

What Is Health Inequality?

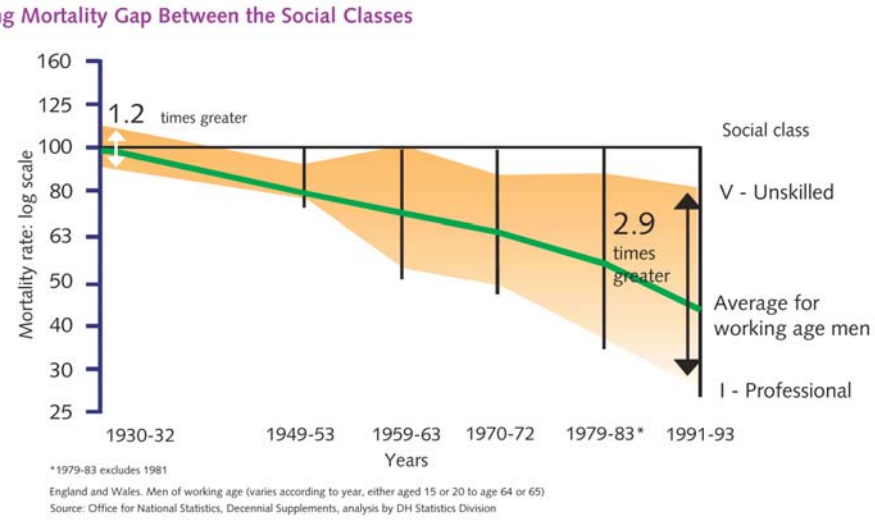
Health status and life expectancy are still linked to social circumstances and childhood poverty. Generally, disadvantaged people have worst health, poorer quality of life and an earlier death. These effects are passed from generation to generation. These differences in health are both avoidable and unjust. They result from the consequences of:

- reduced social and educational opportunities
- less material resources
- lifestyle choices constrained by disadvantage
- less healthy work patterns and conditions
- poor housing conditions
- unequal access to, awareness and use of all services, specifically health services.

Inequalities prevent people from achieving their full potential in life.

The Health Gap

Figure shows that the gap in mortality between professional and unskilled manual men – social classes I and V – since 1930/32 has increased almost two and a half times.



We are in the midst of a worsening crisis - the gap in health status between the rich and the poor is widening - there is a step gradient in health status that relates principally to poverty.

Tackling inequalities in health requires us to close this 'health gap' and focus on improving the health of those people who fair worst. This approach does not exclude a whole population approach to improving health, but the intention is to improve the health of the poorest fastest. This is not about reducing the health of the rich, but is about 'levelling-up' the health status across the borough.

This may mean a redistribution of resources, or a redesign to work differently, or additional investment to target response to the areas of greatest need and reduce barriers to access.

Who Is Most At Risk?

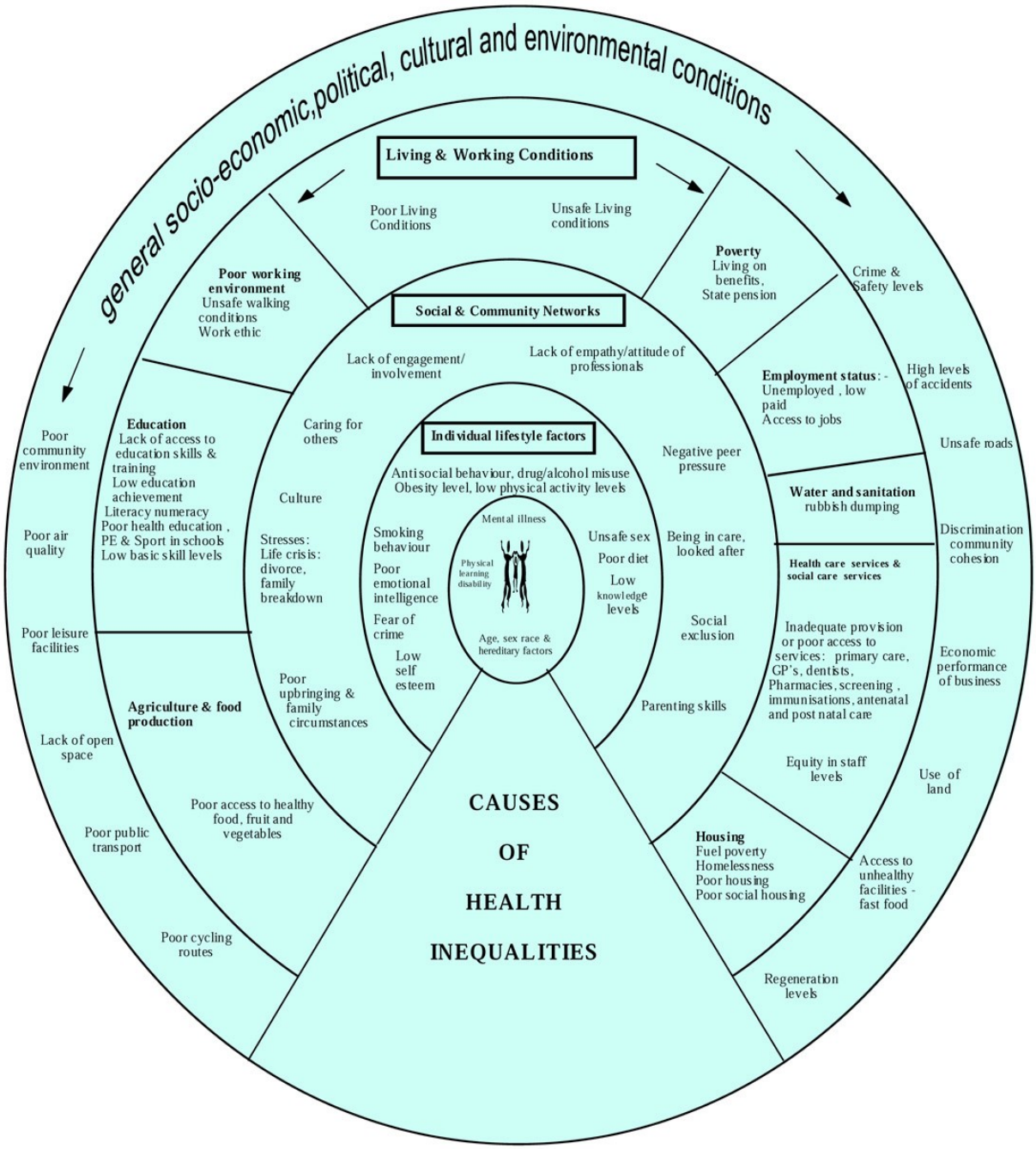
Certain groups are more at risk of experiencing health inequalities, often referred to as marginal or socially excluded groups/communities. These include:

- people with hearing, speech or visual impairments
- people with learning, communication or cognitive difficulties
- people with physical disabilities
- people from black and minority ethnic communities, including newly arrived communities seeking asylum/refuge and travelling communities
- non-english speakers
- mental health service users
- older people
- people who are housebound
- people on benefits or low incomes
- young people
- children who are looked after and in care
- young offenders
- prisoners
- homeless people

This is not a definitive list and may vary depending on a particular strategy, policy or service, but it gives an idea of which communities may need to be targeted to make a real difference to health inequalities. Tackling health inequalities involves targeting either geographical areas of deprivation, or by key vulnerable groups or individuals.

The Underlying Causes

The causes and triggers of health inequalities are highlighted in the diagram below. This diagram illustrates the causes as layers, radiating out from a central point, all of which have the potential to promote or damage health. At the core of the model is the individual, with a set of characteristics – age, sex, and constitutional factors that affect their health, but are fixed. Surrounding this core are layers of influences that can, in theory, be modified:



Individual lifestyle factors:
The knowledge, skills and attitudes of individuals act to develop their health behaviour in a positive or negative way - their lifestyle and self perception.

Social and Community Networks:
Individuals interact with friends, relatives and their immediate community. These social networks and the support they offer can affect an individual's health.

Living and working Conditions:
The environments in which people live and work will affect their health, including their access to essential goods and services, such as health and social services, education, nutritious food, jobs, and adequate housing. Value judgements made by society about people who live in poor environments also have an impact on people's health.

General socio-economic, cultural, political and environmental conditions:
The overall economic, cultural and environmental conditions within society as a whole will impact on a person's health. e.g. the legislative framework such as anti-discrimination, government policy such as transport and the welfare state, and the prevailing culture and attitudes of society.

These causes and influences tend to cluster in deprived neighbourhoods, although not everybody at risk lives in a deprived area and not everybody in a deprived area is at risk. Although the outcomes are health related, the causes and influences are very broad - social, political, economic, educational, cultural and environmental, and they can act together. There is a need for action to impact on all causes and influences in order to have a sustainable impact on health inequalities. **As the range of influences is broad, no one agency can tackle health inequalities on its own - action needs to be cross-agency.**
The Department Of Health has split these determinants into 4 key themes for action:

- ***Supporting families, mothers and children*:** including early years, action on parenting, parenting support, improvement of maternity services
- ***Preventing illness and providing effective treatment and care:*** by improving primary care and tackling the big killers of CHD and cancer. The NHS has a key part to play in contributing to national health inequalities targets at the local level through targeted prevention programmes and the development of equitable services
- ***Engaging communities and individuals*:** strengthening capacity to tackle problems, pools of deprivation and needs of socially excluded groups
- ***Addressing underlying determinants of health*:** emphasising the need for a concerted action across agencies at a local level to reduce poverty, improve housing, combat homelessness, reduce worklessness and reduce poverty of aspiration and educational attainment.

It is crucial to note the timescale of potential impacts. A useful way is to think in terms of a '**2010 agenda'**-where action to develop equity in service delivery and support local people to make lifestyle changes will give us early health gain, and the '**2020 agenda**' where action to address the underlying determinants of health will improve the health of the next generation. There needs to be a focus on both agendas for sustainable change. **Achieving long term gain means we have to understand how complex a task it is to improve health, whilst also identifying achievable milestones and targets. Health inequalities has to become the core business of the borough.**

4. THE POLICY CONTEXT

The government has set a number of national targets intended to reduce health inequalities that are included in the strategies and plans across most government departments.

In July 2003 *Tackling Health Inequalities: A Programme for Action* was published by the Department of Health, which laid the foundation for achieving the PSA target of reducing inequalities in health outcomes by 10% by 2010. It set two more detailed objectives:

- **Starting with children under one year, by 2010 to reduce by at least 10% the gap in mortality between manual groups and the population as a whole**

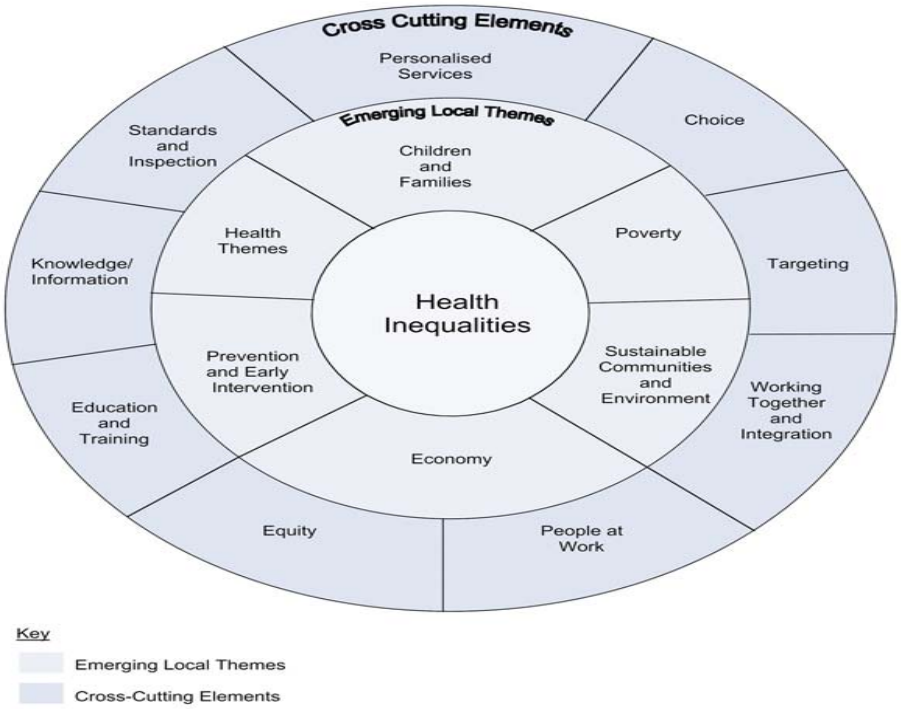
- **Starting with local authorities, by 2010, to reduce by at least 10% the gap between the fifth of areas with the lowest life expectancy at birth and the population as a whole**

Progress towards reducing health inequalities locally will be monitored using 12 national headline indicators, identified in the Programme for Action:

- Access to Primary Care
- Accidents
- Child Poverty
- Diet – 5 a day
- Education
- Homelessness
- Housing
- Influenza vaccinations
- PE and School Sport
- Smoking Prevalence
- Teenage Conceptions
- Mortality from the Major Killer Diseases

A local basket of health indicators has been established to support the monitoring process. These are summarised in appendix 1.

From these national targets, local themes emerge, which can be categorised into 6 key themes, represented in the middle ring of the diagram below. In the outer ring of the diagram are a number of cross cutting elements from the national targets that will impact on the local themes.



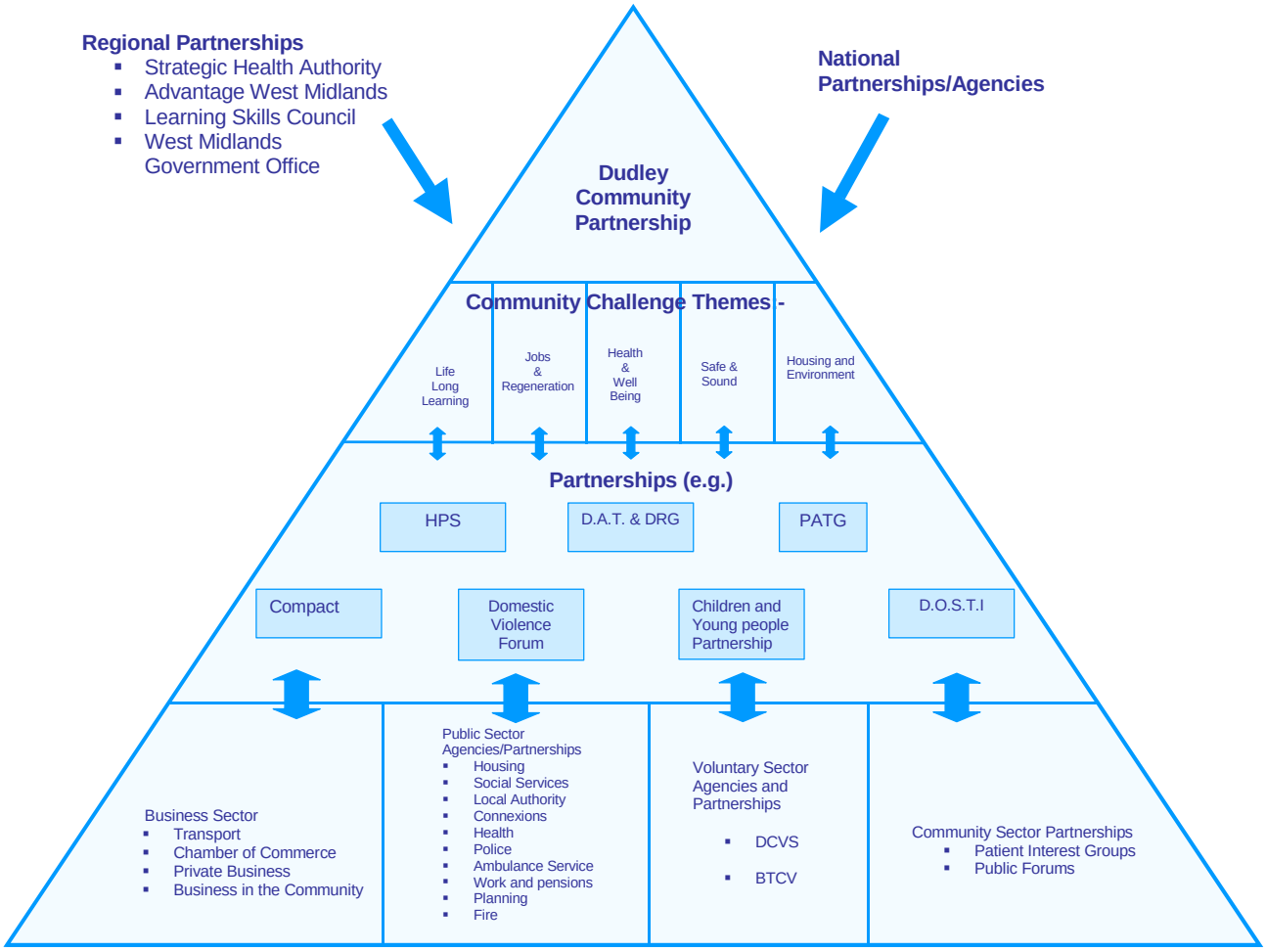
These local themes need to be reflected in the planning and service delivery of all agencies and organisations in the borough.

Local Policy Context And Partners

All agencies have a role to play in tackling health inequality, hence at a local level the public sector, voluntary sector, community and business sector are all key partners.

The diagram below gives a flavour of the layers of partnerships involved, all of which link into the overarching Dudley Community Partnership. This gives a structure for performance management of the health inequalities strategy.

The diagram is not exhaustive.



It is through this complex network of existing partnerships, involving all the sectors in Dudley, that the health inequalities strategy and action plan needs to be implemented and performance managed.

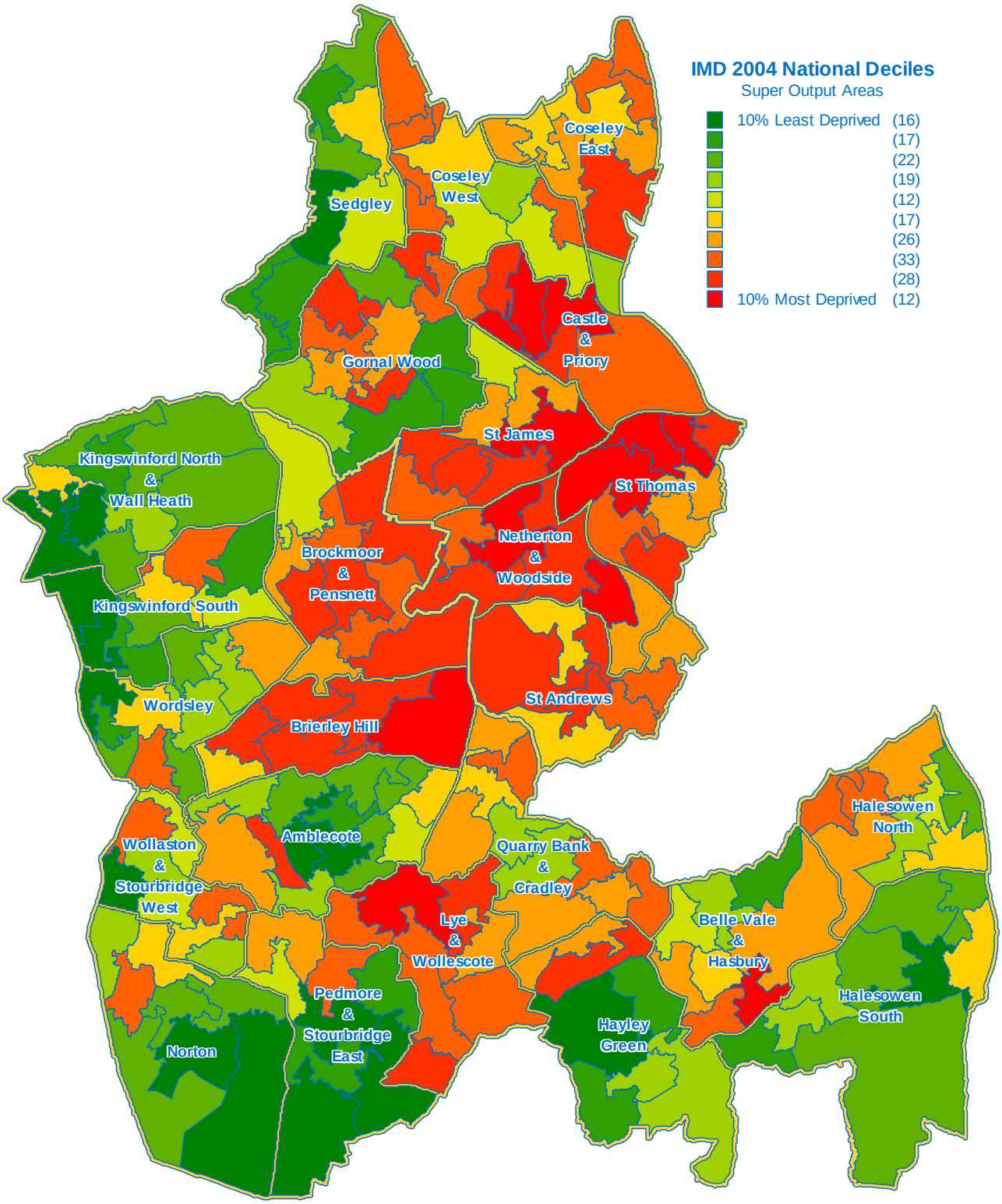
To do this key actions will need to be integrated into existing relevant work plans and policies. There is a plethora of local policies/strategies/action plans that result from the national/regional policy context and local priorities. Some of these have a direct and major impact on health inequalities and others contribute in a smaller way, but they all have a role to play.

5. THE CURRENT HEALTH INEQUALITIES STATUS IN DUDLEY

This section provides a summary picture of Dudley in relation to the causes of health inequalities and key targets. Further information can be found in appendix 2. The key findings are:

Deprivation Levels

Index of multiple deprivation by super output area
Dudley, 2004



The index of multiple deprivation (IMD 2004) provides an aggregate score for deprivation based on a range of weighted determinants including income deprivation, crime, the living environment - indoors and outdoors, housing and services including barriers, education, skills and training deprivation for children and adults, health deprivation, disability and employment. It gives a picture of which key areas are experiencing such multi-faceted causes of poverty, to a very detailed 'super-output' level which is a small area of about 1000 people based on realistic neighbourhoods. In Dudley the map overleaf identifies 12 areas with a total population of about 18,000 as among the most deprived 10% of people in the country. These areas largely fall into the following wards: Netherton and Woodside, Castle and Priory, St Thomas, St Andrews, Brierley Hill, Lye and Wollescote, St James, Brockmoor and Pensnett, Coseley East and Quarry Bank and Cradley. However there are also large pockets of deprivation in other wards. The key deprived areas across all wards have been prioritised in the Borough as 'managed neighbourhoods' (see appendix 2, diagram 1).

Vulnerable Groups

Although over the whole of Dudley the black and minority ethnic (BME) population is relatively small at 6.3%, appendix 2, diagram 2 shows that certain wards have very high numbers and these tend to be in the poorest wards. For instance, St Thomas has the highest population comprising of 25%. However this masks the detail of which ethnic groups live in these areas. For example the highest concentration of the Indian population is around Dudley town centre – 55% in one output area. The Pakistani population is concentrated around Dudley town, Brierley Hill and Lye. These differences are reflected in the different religions in these areas.

Appendix 2 diagram 3, highlights the key wards with high proportions of pensioners living alone, which again reflects the deprivation distribution, but also highlights other key wards such as Wollaston and Stourbridge West and Norton.

At 5.3% in Dudley, the number of permanently sick and disabled of working age is the same as England but appendix 2 diagram 4, shows that the variation is from 3.2% in Halesowen South to 8% in Castle and Priory, again reflecting the deprivation distribution.

The Health Gap
Diagram (to be added)

The Health Inequalities strategy is about reducing the 'health gap' and diagram above shows Dudley's health gap. This charts all cause mortality rates against the IMD 2000 from 1983 to the present to show the overall difference in rate between the least and most deprived areas in Dudley and shows (awaiting information).

Headline Targets

Appendix 2 diagram 5 shows that **Infant mortality** has fallen in Dudley as it has across the country, and the rate of decrease has been higher than other areas, meaning that infant mortality is now **lower** than national and regional levels. This decrease is largely due to a fall in mortality in the most deprived wards since 1998, with little change in the least deprived wards. This is an extremely positive finding suggesting a levelling-up through interventions such as 'Surestart'. However, **low**

birth weight (appendix 2, diagram 6) can be seen as a proxy for infant mortality when looking at ward levels, as the numbers are greater, allowing a more accurate analysis and provision of a more sensitive measure. Low birth weight gives the proportion of babies born weighing below 2.5kg and there is a strong association between birth weight and adverse health outcomes. Low birth weight in Dudley continues to show a variation that matches deprivation across wards from 5% of babies born in Hayley Green to 11% in St Thomas. This shows there is still targeted work required within deprived wards.

Life expectancy (appendix 2 diagram 7) for Dudley overall is similar to the national average for men and women and has risen in line with the national average over the last 20 years. However life expectancy in the least deprived quintile is about 10% higher for men and 5% higher for women than that in the most deprived quintile. For example men in Netherton can expect to live 8.5 years less than men in Norton. Differences also exist between the sexes. For example men in Castle and Priory can expect to live 8.5 years less than women in the same ward.

Key Indicators

The income domain (appendix 2, diagram 8) which measures (awaiting information) gives an indication of relative **poverty** levels within the borough, and shows awaiting information). Comparing this to unemployement levels (appendix 2, diagram 9). The ID 2004 **Child Poverty** index, appendix 2, diagram 10, measures (awaiting information). For Dudley it shows the levels of child poverty concentrating in key wards - Netherton and Woodside, Castle and Priory, St Thomas, Brierley Hill, Lye and Wollescote, St James, Brockmoor and Pensnett, St Andrews, Coseley East and Quarry Bank and Cradley. This matches the deprivation distribution very closely.

In terms of **housing**, in 2002 nearly 5,000 private houses in the borough were unfit (4.9% of the stock with 8.4% among BME groups) and 27% of social housing in the borough was statutorily non-decent.

Homelessness (awaiting information)

Appendix 2 diagram 12 shows that the distribution by ward of **adult literacy and numeracy** are virtually identical with a high percentage of people with poor literacy and numeracy in Sedgley (34% and 39%), Castle and Priory (34% and 39%) Lye and Wollescote (31% and 34%) and Brierley Hill (30% and 34%). Sedgley is something of an anomaly as on most of the markers it is not deprived, with low long-term unemployment and high life expectancy, low teenage conception rates and no areas of high deprivation on the IMD 2004.

Appendix 2 diagram 13 show educational attainment levels by ward, which can also be seen to match the deprivation distribution.

The major killers: The 2 largest causes of mortality in Dudley as elsewhere in the UK are **Coronary Heart Disease (CHD) and Cancers** (appendix 2, diagrams 14 & 15). CHD tends to follow the deprivation map in its distribution but there are differences between men and women. With Cancer the differences between men and women are more marked, and the association with deprivation much weaker. This will be influenced by the incidence of breast cancer, which is one of the few diseases more prevalent among more affluent communities.

Appendix 2, diagram 16 shows (incidence of cancer to mortality suggesting better outcomes for least deprived) (awaiting information)

Mental health index - awaiting information: The 2002 survey of managed neighbourhood residents showed that the highest cause of worry or stress experienced over the last 12 months was ill health in the family (42% of respondents)

Healthy lifestyles via ward (awaiting adult lifestyle data)
Influenza, vaccinations by ward (awaiting information).

The rate of **teenage conceptions** in Dudley in 2003 was 48.0 per 1,000 girls aged 15 to 17, a 12.2% decrease from 1998. This rate is now lower than the overall rate for the west midlands (54.3) through still higher than the rate for England (42.1). However, within Dudley, (appendix 2, diagram 20) rates vary by more than 10 times from 10/1000 girls aged 15-17 in Sedgley, to 105 in Castle and Priory and 104 in Brierley Hill.

Local needs assessments within the Lye and Netherton and Woodside wards, show that marginalised communities such as black and minority ethnic and deprived communities **experience difficulties in accessing health services**. The reasons include: access issues such as poor public transport and availability of suitable appointments; communication issues such as language barriers, low service awareness and staff attitudes; lack of confidence in using services and, service provision such as the need for more local services and health checks/prevention advice/signposting.

In summary, there are significant health inequalities within Dudley, which are hidden when looking at averages across the borough as a whole. It is clear that the same wards have poor outcomes and high levels of deprivation and that people who suffer one way are more likely to suffer in other ways. It is also clear that vulnerable groups such as the young, old as well as BME populations are more likely to be in areas of high deprivation and therefore experience these adverse factors.

6. STRATEGIC PRIORITIES

As part of the strategy development process, national targets and local needs assessments including the Borough Challenge were considered. A preliminary mapping exercise was also carried out to identify the vision, what needed to be in place, what existing activity contributed to that vision, and to highlight resulting areas for development.

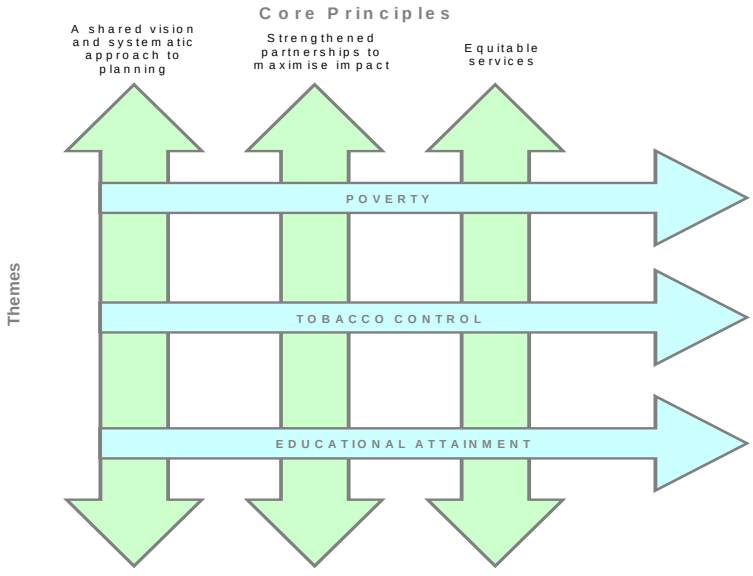
This process identified the existence of many excellent projects and services across all agencies contributing to the reduction of health inequalities (see appendix 3). Many prevention programmes across the borough already tackle health inequalities by targeting disadvantaged and key vulnerable groups, and this is also evident in some service provision.
However, the mapping identified:

- ***A shared vision*** - **a systematic approach to planning –** the need for an overarching systematic approach to planning for tackling inequalities proactively:
- ***Strengthened Partnerships To Maximise Impact*** - the need for a more coordinated approach by all partners to build on existing work and take full advantage of all opportunities to tackle health inequalities
- ***Equitable services -*** a commitment by all service providers to ensure that they are addressing health inequalities by providing equitable services

In addition to these core principles, 3 priority themes were identified for action in Dudley:

- **Poverty**
- **Educational Attainment**
- **Tobacco Control**

This provides a framework for action:



Priority Themes

1. Poverty:
A multi-agency coordinated response to maximise the potential for reducing poverty, including:

- reducing homelessness
- increasing access to supported housing and adequate housing
- increasing employment opportunities through welfare to work schemes
- increasing access to financial services and advice on the uptake of eligible benefits
- regenerating deprived neighbourhoods to improve local environments and access to services and facilities
- re-orientating job creation from low-skilled, low paid jobs, to higher skilled, better paid jobs

2. Tobacco Control
To support and implement a 'smoke free generation' programme in Dudley with a focus on deprived areas. This will involve a 6 strand approach:-

- Reduce exposure to second hand smoke
- Reduce tobacco promotion by enforcing legislation
- Ensure compliance with relevant tobacco regulation legislation
- Reduce availability and supply of illegal tobacco products
- Build stop smoking services, focussing on deprived areas and vulnerable groups
- Develop a local media programme

3. Educational Attainment
Action to increase educational attainment, aspirations and life skills of adults, children and young people in deprived areas and of key vulnerable groups through the implementation of Every Child Matters:

- implement Children's Centres programme
- implement Extended Schools programme
- further develop Health Promoting School Programme
- a focus on parenting skills and family support networks
- a focus on key vulnerable children e.g. looked after children.

Core Principles

In order for the themes to be successfully tackled, there are 3 core principles that need to be addressed:

1. A shared vision - a systematic approach to planning:
Reducing health inequalities in a substantial way will not be achieved through small projects, but through mainstream action. The mainstreaming of health inequalities involves developing equitable and socially inclusive strategies, policies, programmes and services across all agencies. This requires a wide understanding and ownership by all agencies and professionals at all levels of the rationale for tackling health inequalities, and the capacity to understand and monitor the impact of their work.

In order to achieve this, the following key actions need to be addressed:

- A planning and performance management structure for health inequalities as an integral part of the Dudley Community Partnership (DCP), with clear lines of accountability across all DCP partnership themes.
- Joint training at all organisational levels to develop knowledge, understanding and skills
- Development and application of a 'checklist' to provide an audit process for assessing the inclusion of health inequality in all strategies, policies and services (see appendix 4)
- Adequate resourcing: achieving change in deprived areas requires the disproportionate application of resources for two reasons. Firstly, there is greater need and secondly achieving change in these communities requires a disproportionate amount of extra resources for the same outcome. This needs to be taken into account.

2. Strengthened Partnerships To Maximise Impact

Strengthening partnership arrangements to maximize the potential for tackling health inequalities, both in terms of delivery and impact, is critical to success. This would provide:

- greater co-ordination of borough strategies
- ability to link relevant and overlapping themes
- integrated workforces
- pooled budgets
- joint priority areas for action
- joint intelligence systems
- joint consultation and involvement

3. Equitable services

A focus on addressing the equity of service provision across agencies, with all mainstream services:

- Identifying inequalities and addressing them
- Targeting services to areas of greatest need, vulnerable groups and deprived areas
- Being responsive to diverse needs e.g. providing additional support to access services where needed
- Providing localised community services
- Aligning facilities with public transport and transport alternatives in deprived areas

The framework will be progressed through the Dudley Community Partnership, by commitment to these overarching strategic priorities that are then delegated to the appropriate existing partnerships for action. The action plan in appendix 5 details the specific actions delegated so far to particular partnerships or policy groups.

7. CONCLUSION

This strategic plan consists of:

- A framework that provides a set of priorities by which to progress health inequalities in the Borough
- An action plan which is starting point that needs to be built on, reviewed, developed on monitored
- A monitoring template that provides a tool for the DCP to performance manage and show the linkages to key national targets
- A checklist that should be used by all agencies and services in the borough to ensure health inequalities is integrated into their work.

The framework needs to be discussed by DCP to identify how to take it forward – the different strands, lead person and group.

The next steps:
The framework and key actions within it, need to be discussed and ratified by the Dudley Health and Wellbeing Partnership (DHWP). The DHWP need to forward the strategy to the DCP for their comments and to request that the DCP adopts the strategy and identifies how the partnership will take the strategy and framework forward. The outcome of this will then form the basis of the conclusion in the strategic plan.

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APPENDIX 1: NATIONAL TARGETS FOR HEALTH INEQUALITIES – FOR LOCAL MONITORING PURPOSES

These tables will form the basis of the performance management process for monitoring implementation. This is a template and current position will need to be completed at a later date using a traffic light system for the second column:
Key:
Red: no action/not achieved **Amber: partial achievement** **Green: target met**

POVERTY			
TARGETS	**CURRENT POSITION**		**COMMENTS**
STRATEGIC HOUSING AND ENVIRONMENT PARTNERSHIP			
• Reduce the number of homeless families with children living in temporary accommodation			Health Inequalities National Headline Indicator
• Continue neighbourhood management to narrow the gap in poorer health, worklessness, crime, skills, housing and physical environment between the most deprived neighbourhoods and the rest of the Dudley			Local target
• Expand and promote Supporting People programme by expanding consultation by 10% each year over the next 5 years and securing funding from key partners			
• By 2010 bring all social housing into a decent condition with the most improvement taking place in deprived areas	27% homes non-decent in Dudley (6960)		ODPM PSA 7 and Floor Target Monitored at borough level
• And for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition	4.9% unfit Among BME = 8.4%		ODPM PSA 7 and Floor Target DfES. Every Child Matters, Achieve Economic Well-being outcome Housing Surveys, 2001 Census
• Increase the Standard Assessment Procedure rating for energy efficiency for public sector housing stock by 14% by 2008	Baseline rating is 49		Local Neighbourhood Renewal & Dudley Housing Strategy target. Directorate of Housing, Energy efficiency grants

TARGETS	CURRENT POSITION		COMMENTS
• Lead the delivery of cleaner, safer and greener public spaces and improve the quality if the built environment in deprived areas and across the country, with measurable improvement by 2008			ODPM PSA 8 and Floor Target DfES. Every Child Matters, Achieve Economic Well-being outcome
• Improve air quality by meeting the Air Quality Strategy targets for carbon monoxide, lead, nitrogen dioxide, particles, sulphur dioxide, benzene and 1,3 butadiene.			DEFRA PSA 8 and Department for Transport PSA 6
• Increase earnings in the lower 10% average full-time earnings in the borough to match regional figure by2004	Not achieved gap widening		Local Neighbourhood Renewal target Directorate of the Environment Economic Strategy, New Earnings Survey
JOBS THEME GROUP			
• Increase the employment rates of disadvantaged groups (lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications and those living in the local authority wards with the poorest initial labour market position)	Local information only available on job entries by lone parents, disabled and long-term unemployed or related to specific project targets		DWP PSA 4 and Floor Target AWM and the Arc of Opportunity should sit at the centre of this pulling the partners together through the delivery of regeneration centres.
• And significantly reduce the difference between the employment rates of the disadvantaged groups and the overall rate			As above Neighbourhood Renewal Floor target
• A continual year on year reduction in long-term unemployment in the disadvantaged wards of Dudley and the borough as a whole in relation to the regional and national average	Increase in worst ward and reduction in Dudley less than regional and national average		Local Neighbourhood Renewal target National statistics

TARGETS	CURRENT POSITION		COMMENTS
• Halve the number of children in relative low-income households between 1998-99 and 2010-11on the way to eradicating child poverty by 2020			Joint Performance Target between DWP (PSA 1) and Treasury DfES. Every Child Matters, Achieve Economic Well-being outcome Economic Strategy Government statistics (NOMIS)
• By reducing the proportion of children living in workless households by 5% between Spring 2005 & Spring 2008			As above
• By 2008, be paying Pension Credit to at least 3.2 million pensioner households, while maintaining a focus on the most disadvantaged by ensuring that at least 2.2 million of these are in receipt of the Guarantee Credit			Dept. of Work & Pensions PSA 6 Pensions Service
• Eliminate fuel poverty in vulnerable households in England by 2010 in line with the Governments Fuel Poverty Strategy			Joint Performance Target between DEFRA (PSA 7) and DTI Directorate of Housing PCTs Health Through Warmth Initiative
TOBACCO CONTROL			
HEALTH AND WELL-BEING PARTNERSHIP			
▪ Reduce adult smoking rates to 21% or less by 2010, with a reduction in the prevalence of smoking among manual groups to 26% or less			DOH PSA spending review 2004 Headline indicators NHS plan

TARGETS	CURRENT POSITION		COMMENTS
▪ Reduction in cancer death rates of at least 20% in under 75s with at least a 6% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole			DOH PSA spending review 2004
▪ Reduction in death rates from CHD, strokes and related diseases by at least 40% in under 75s with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole			DOH PSA spending review 2004
EDUCATIONAL ATTAINMENT			
CHILDREN AND YOUNG PEOPLES PARTNERSHIP			
• Improve children`s communication, social and emotional development so that by 2008, 50% of children reach a good level of development at the end of Foundation Stage and reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England			DfES PSA 1 and Floor Target Every Child Matters, enjoy & achieve outcome. Developmental tests KS1/2
• By 2008, 60% of those aged 16 to achieve the equiv of 5 GCSEs at A* to C	58.8%(2003) 51% (2004)		DfES PSA 10 and Floor Target 2004 Every Child Matters, enjoy & achieve outcome Annual information at schools level and individual data can be aggregated to required areas
• In all schools at least 20% of pupils achieve this standard by 2004, rising to 25% by 2006 and 30% by 2008	no school below 20% in Dudley 2003		DfES PSA 10 and Floor Target 2004 As above

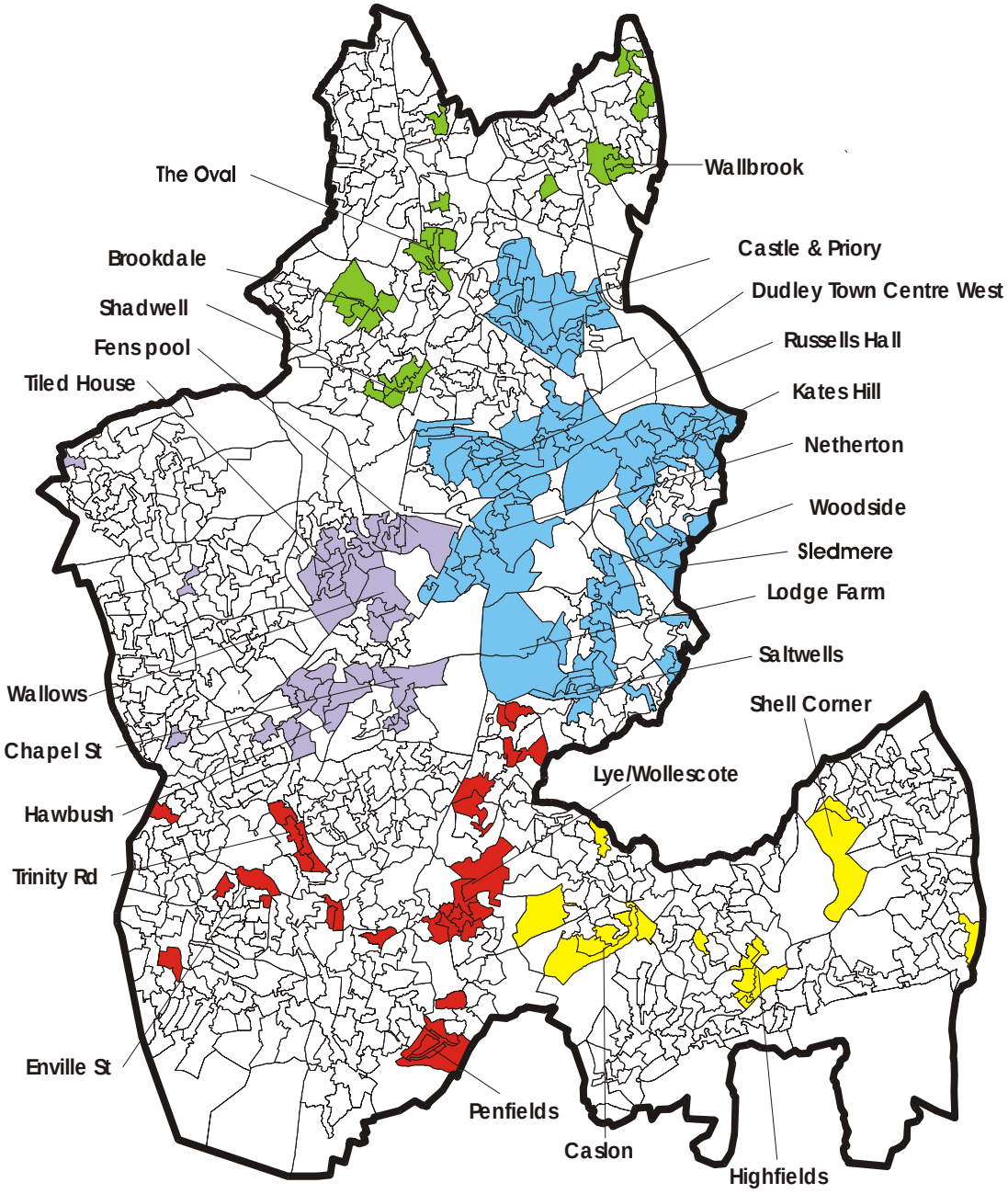
TARGETS	CURRENT POSITION		COMMENTS
• Raise standards in English, maths, ICT and science in secondary education so that by 2007, 85% of 14 year olds achieve Level 5 or above in English, maths and ICT (80% in science) nationally, with this level of performance sustained to 2008	English = 68% Maths = 72% Science = 66% ICT = 74% (2004)		DfES PSA 7 and Floor Target 2004 Every Child Matters, enjoy & achieve outcome As above
• Improve the level of education, training and employment outcomes for care leavers aged 19, so that levels for this group are at least 75% of those achieved by all young people in the same areas by March 2004, and maintain this level to 2006			Every Child Matters, enjoy & achieve outcome Children's National Service Framework Surestart/Chidlren's Centres Social Services monitoring of care leavers
• Improve the educational support and the stability of their lives so that by 2008, 80% of children under 16 who have been looked after for 2.5 years or more will have been living in the same placement for at least 2 years, or are placed for adoption			DfES PSA 5 Directorate of Social Services
• Under-performing ethnic minority groups in schools make at least 2% greater progress than the Dudley borough average	2003 baseline available		Local Neighbourhood Renewal Target Monitored with other education attainment data
• Improve levels of school attendance so that by 2008, school absence is reduced by 8% compared to 2003			DfES PSA 8, Every Child Matters, enjoy & achieve outcome. As above measured as half days missed through absence
▪ 24 full service extended schools by April 2006			Local target
• Reduce the Under -18 conception rate by 50% by 2010, from 54.2 to 27.1 per 1000 conceptions. • A 15% reduction in the under 18s conception rate by 2004			DfES PSA 3/DOH National Teenage Pregnancy Strategy
• % of children who are regular smokers • average alcohol consumption			Every child matters: be healthy outcome area Young people's lifestyle survey

TARGETS	CURRENT POSITION		COMMENTS
▪ % 11-15 year olds who state they have been bullied in last 12 months			Every Child Matters, stay safe outcome area Young people's lifestyle survey
• % of permanent and fixed period exclusions			DfES. Every Child Matters, make a positive contribution outcome
• Increase the stock of OFSTED - registered childcare by 10%			DfES PSA DfES. Every Child Matters, Achieve Economic Well-being outcome
• Increase parenting education			Local target
• All schools with 20% & above free school meals to achieve level 3 national health school standard for 2003/4	Target met		NHSS
• Increase the uptake of formal childcare by lower income working families by 50%			DfES PSA Objective 1
• Increase the number of adults with the skills required for employability and progression to higher levels of training through reducing by at least 40% the number of adults in the workforce who lack NVQ 2 or equivalent qualifications by 2010			DfES PSA 13
• % of 19yr olds not in education, employment or training			DfES. Every Child Matters, Achieve Economic Well-being outcome
• % of 19yr olds achieving level 2+ in NVQ or equivalent			DfES. Every Child Matters, Achieve Economic Well-being outcome

APPENDIX 2: CURRENT HEALTH INEQUALITIES STATUS IN DUDLEY

Diagram 1:

Deprivation By Township in Dudley Borough
From the Index of Multiple Deprivation 2004



Source: DMBC Strategic Research & Intelligence Team

Diagram 2
Black and Minority Ethnic Groups

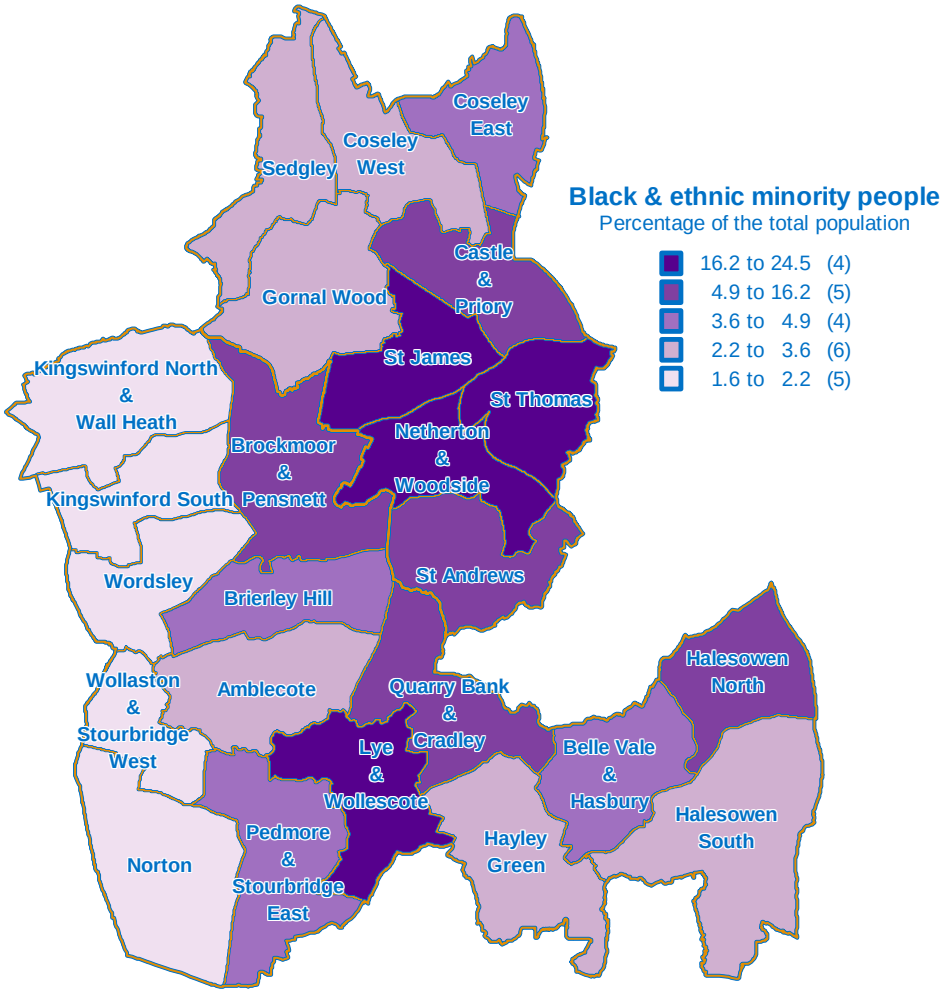


Diagram 3

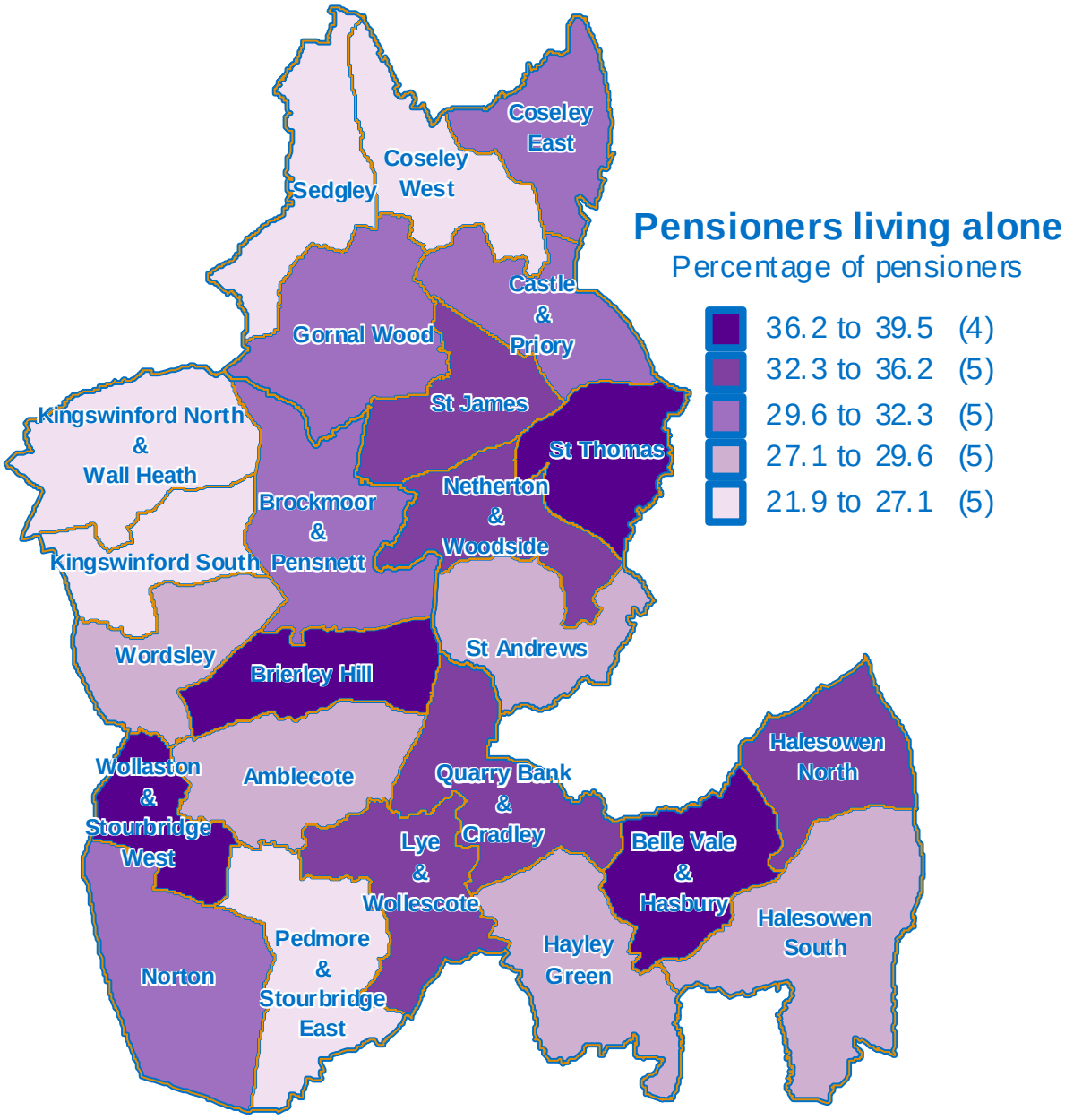

Coseley East
Coseley West
Sedgley
Castle & Priory
Gornal Wood
St James
St Thomas
Kingswinford North & Wall Heath
Netherton & Woodside
Brockmoor & Pensnett
Kingswinford South
Wordsley
Brierley Hill
St Andrews
Halesowen North
Wollaston & Stourbridge West
Amblecote
Quarry Bank & Cradley
Lye & Wollescote
Belle Vale & Hasbury
Halesowen South
Pedmore & Stourbridge East
Norton
Hayley Green
Pensioners living alone
Percentage of pensioners
36.2 to 39.5 (4)
32.3 to 36.2 (5)
29.6 to 32.3 (5)
27.1 to 29.6 (5)
21.9 to 27.1 (5)

Diagram 4 - Waiting

Diagram 5

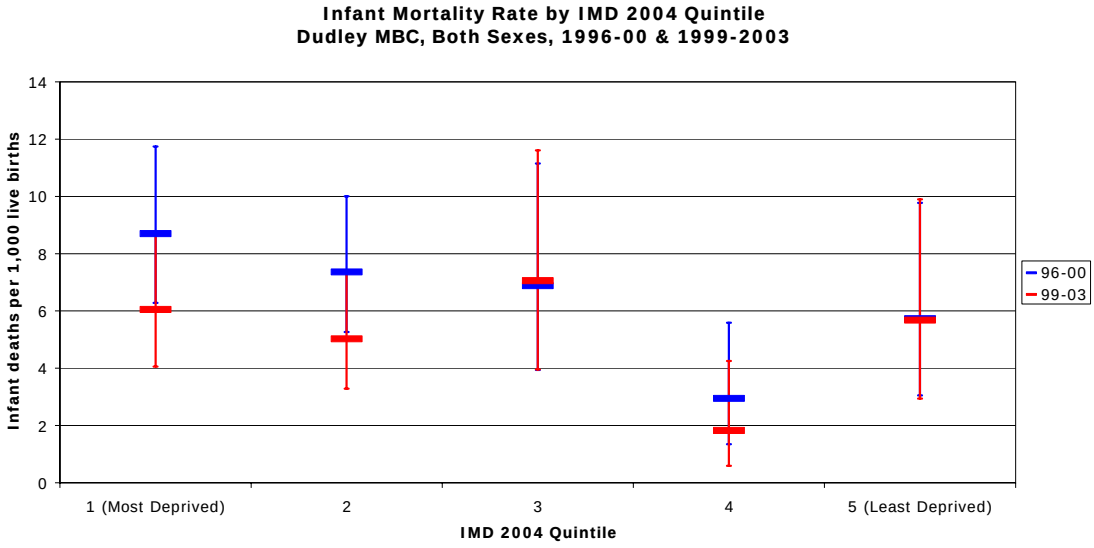


Diagram 6

Low Birth Weight

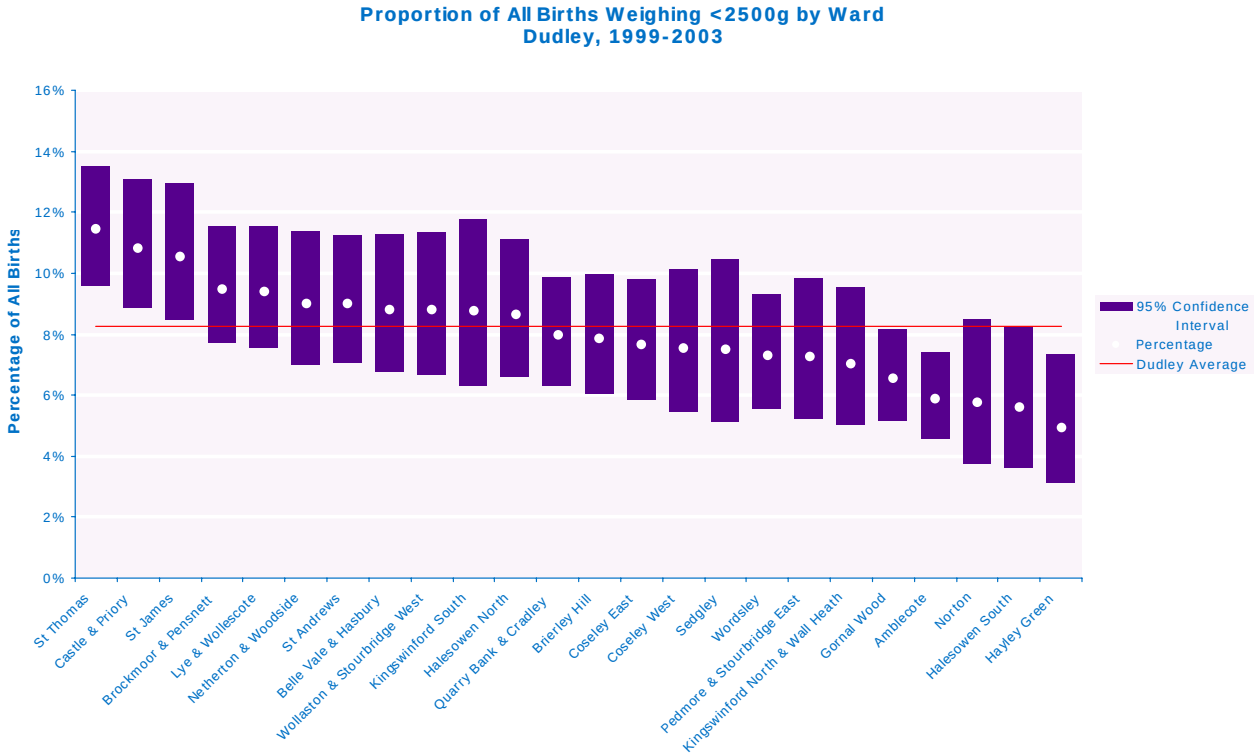
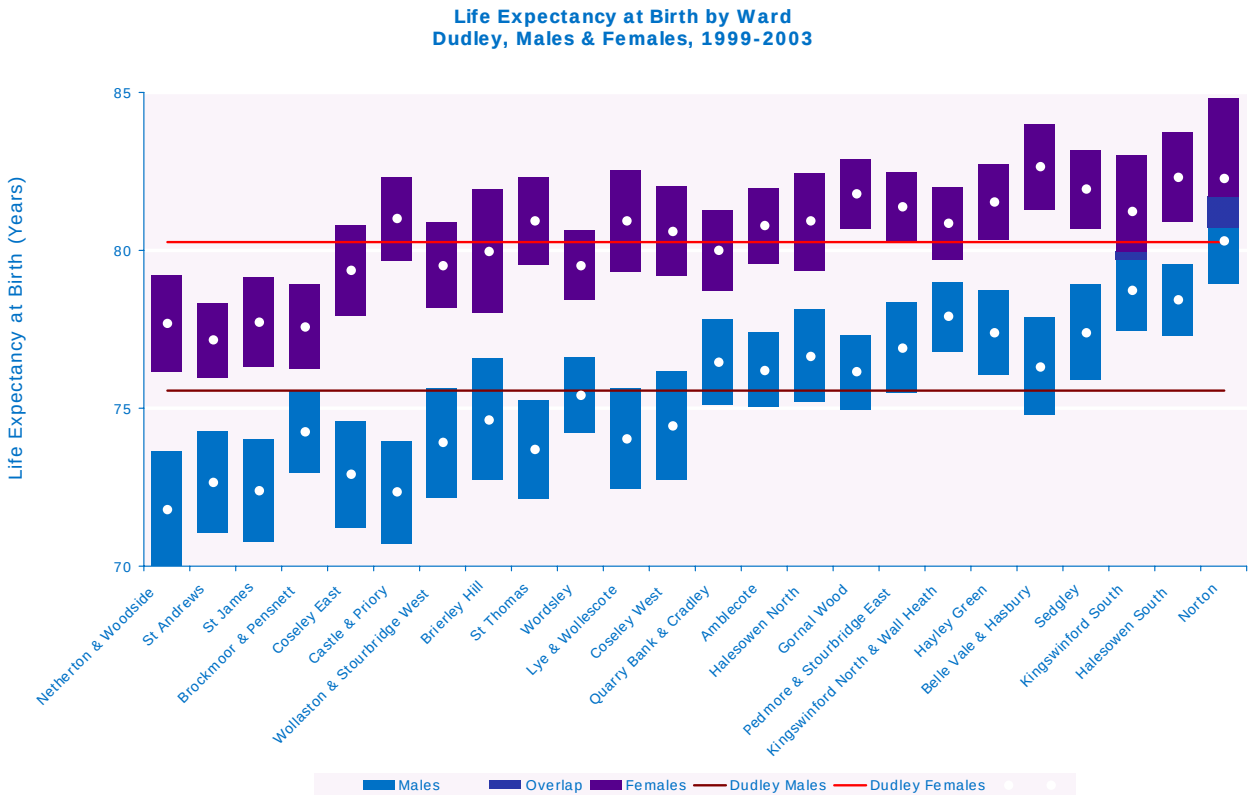
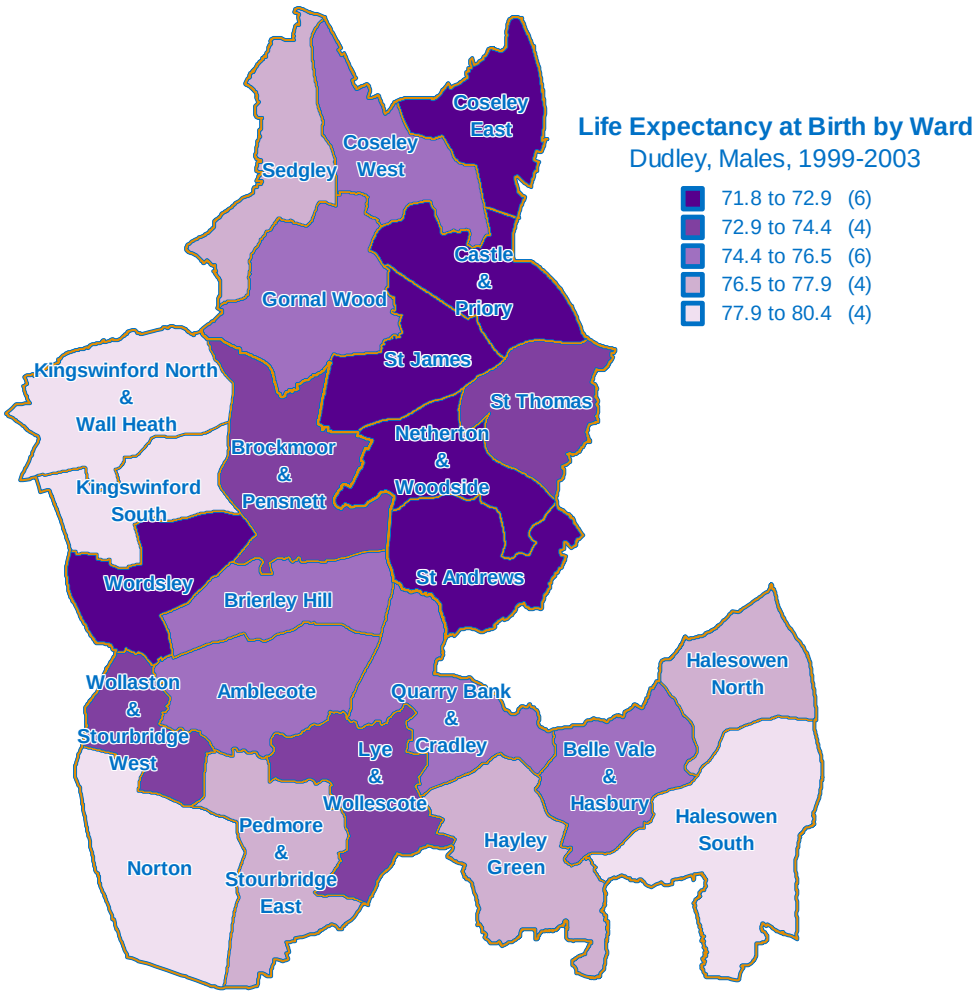


Diagram 7 Life Expectancy





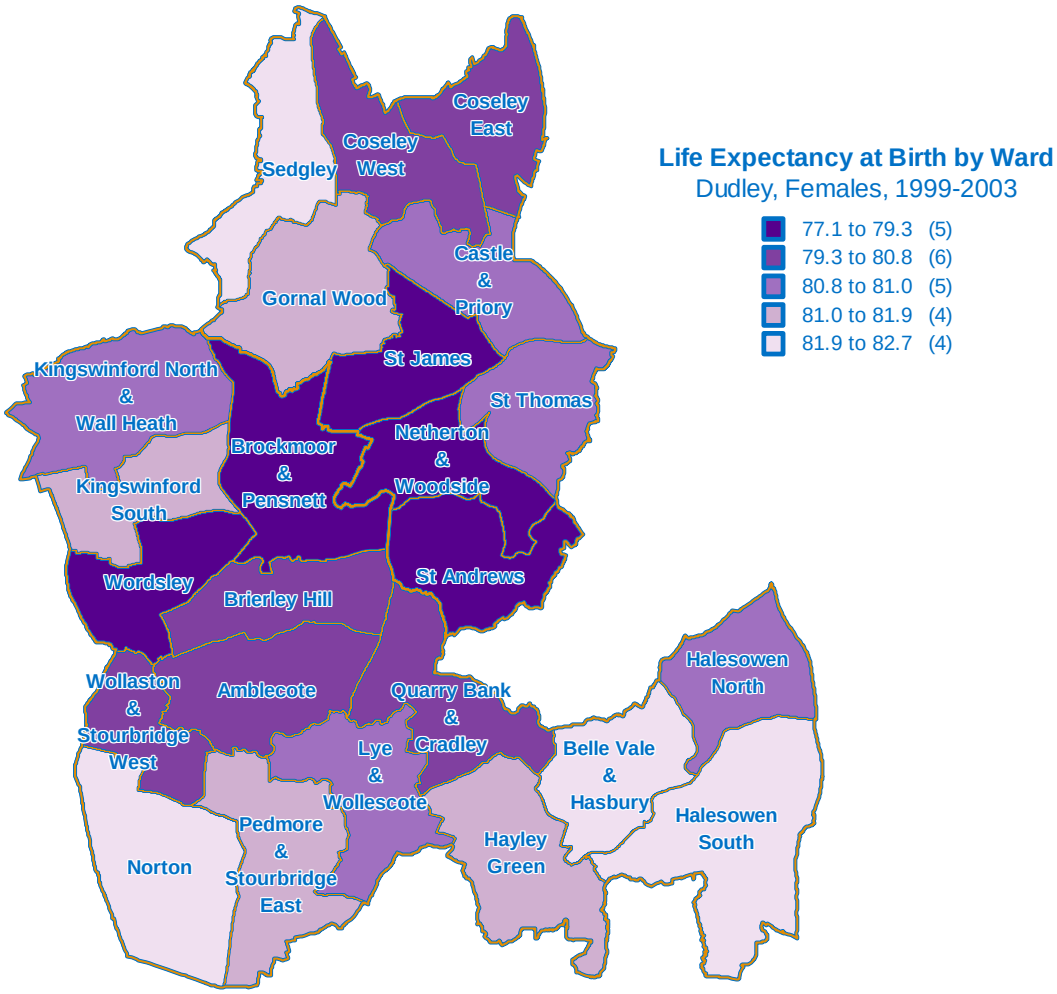


Diagram 8 Waiting

Diagram 9
Unemployment

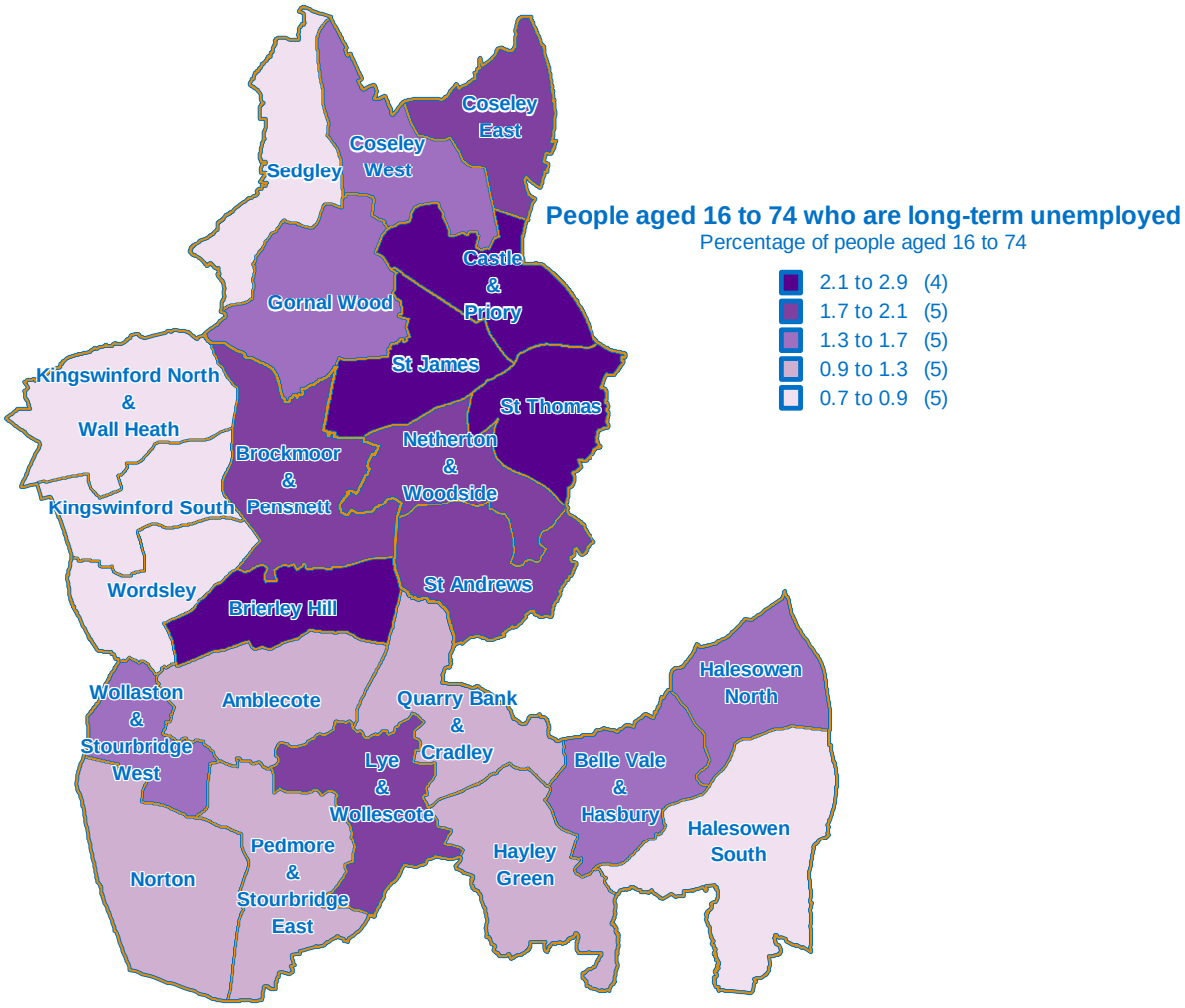


Diagram 10

ID 2004 child poverty index by super output area
Dudley, 2004

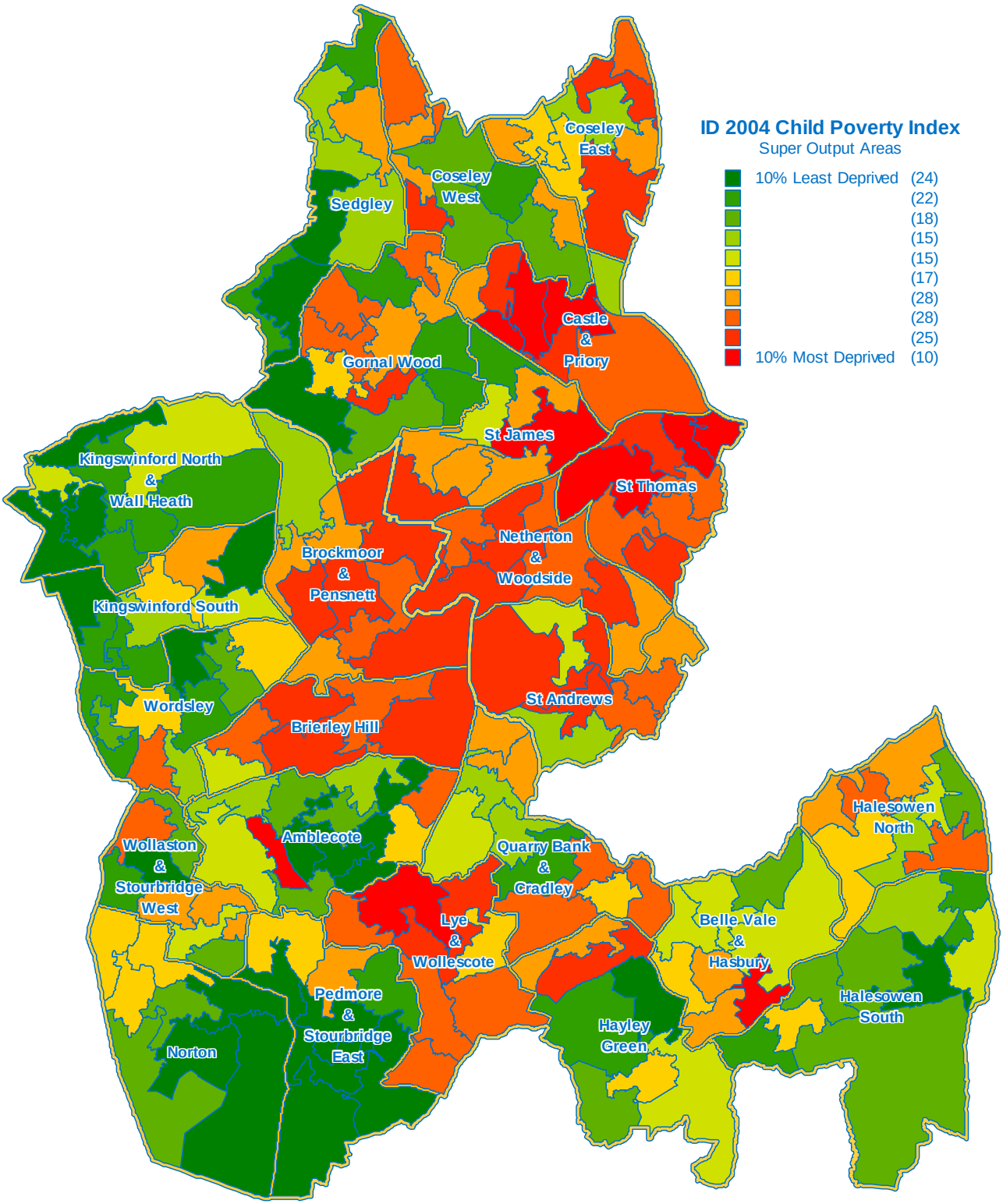
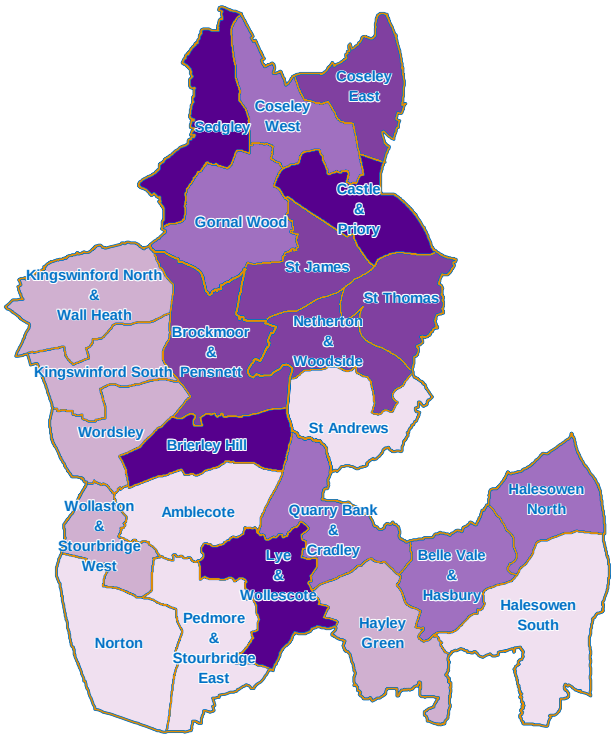


Diagram 11 - Waiting

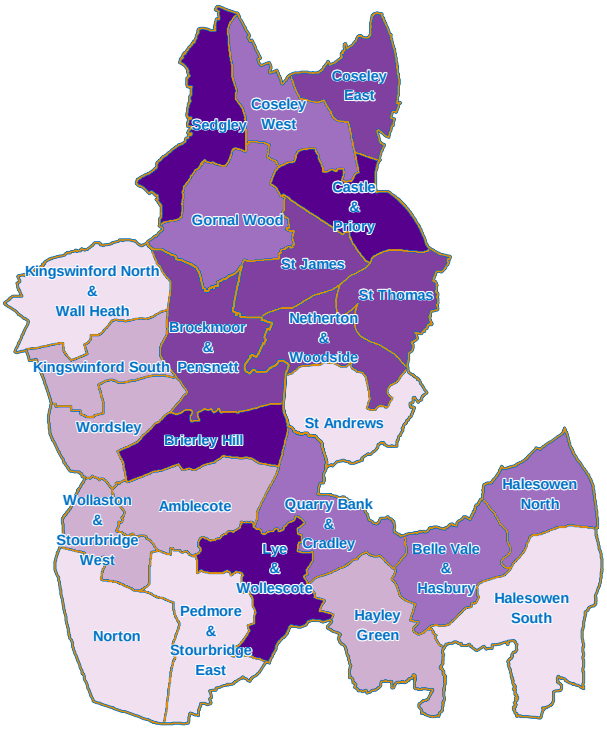
Diagram 12 Adult Numeracy and Literacy



People aged 16 to 60 with poor literacy

Percentage of people aged 16 to 60

- 30.1 to 34.1 (4)
- 28.4 to 30.1 (5)
- 24.2 to 28.4 (5)
- 20.4 to 24.2 (5)
- 18.1 to 20.4 (5)



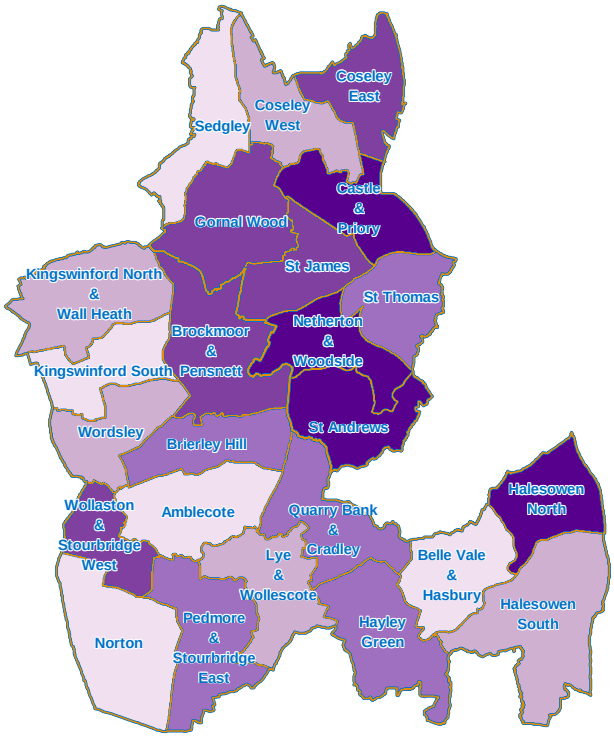
People aged 16 to 60 with poor numeracy

Percentage of people aged 16 to 60

- 33.7 to 38.7 (4)
- 30.3 to 33.7 (5)
- 25.4 to 30.3 (5)
- 18.8 to 25.4 (5)
- 16.8 to 18.8 (5)

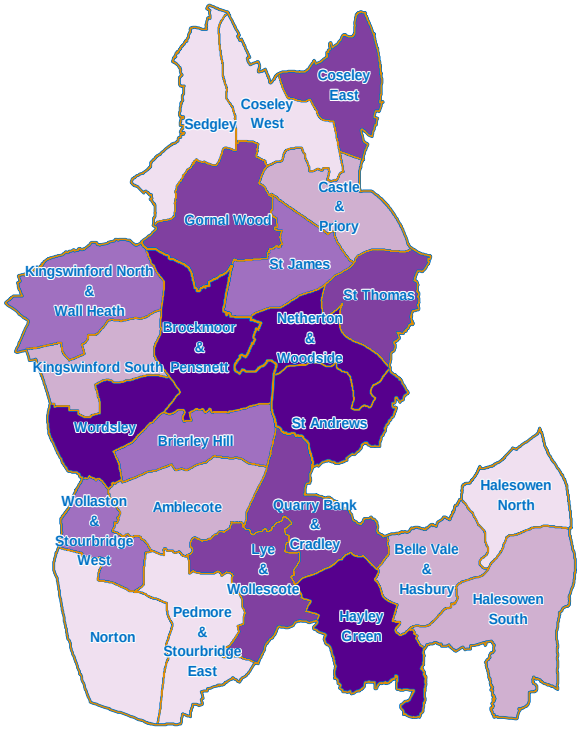
Diagram 13 - Waiting

Diagram 14 Coronary Heart Disease Mortality Rates



DSR Mortality from coronary heart disease
Males, all ages, 1999-2003

226 to 244	(4)
187 to 226	(5)
175 to 187	(5)
156 to 175	(5)
136 to 156	(5)



DSR Mortality from coronary heart disease
Females, all ages, 1999-2003

103 to 149	(5)
90 to 103	(5)
82 to 90	(4)
66 to 82	(5)
52 to 66	(5)

Diagram 15

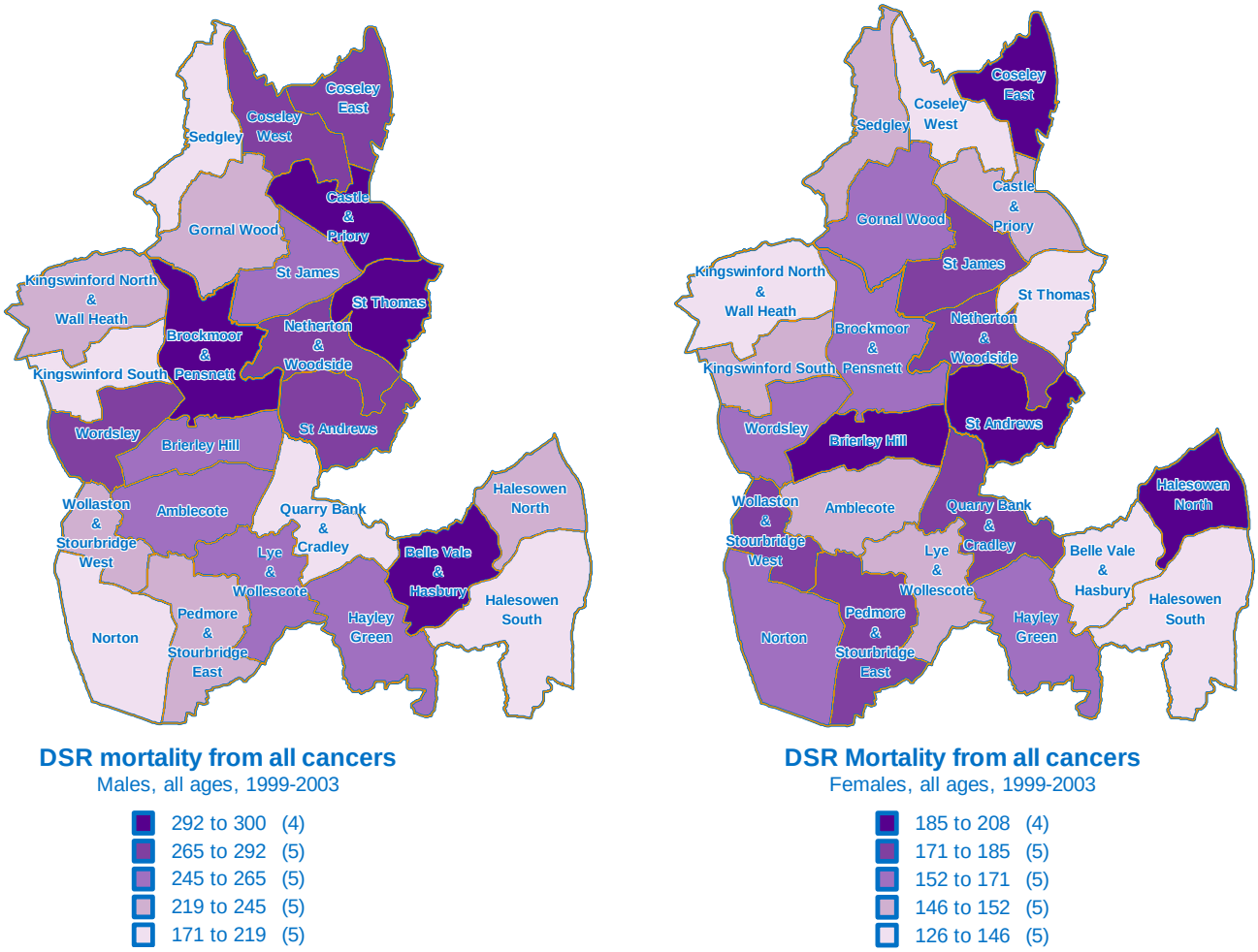


Diagram 16

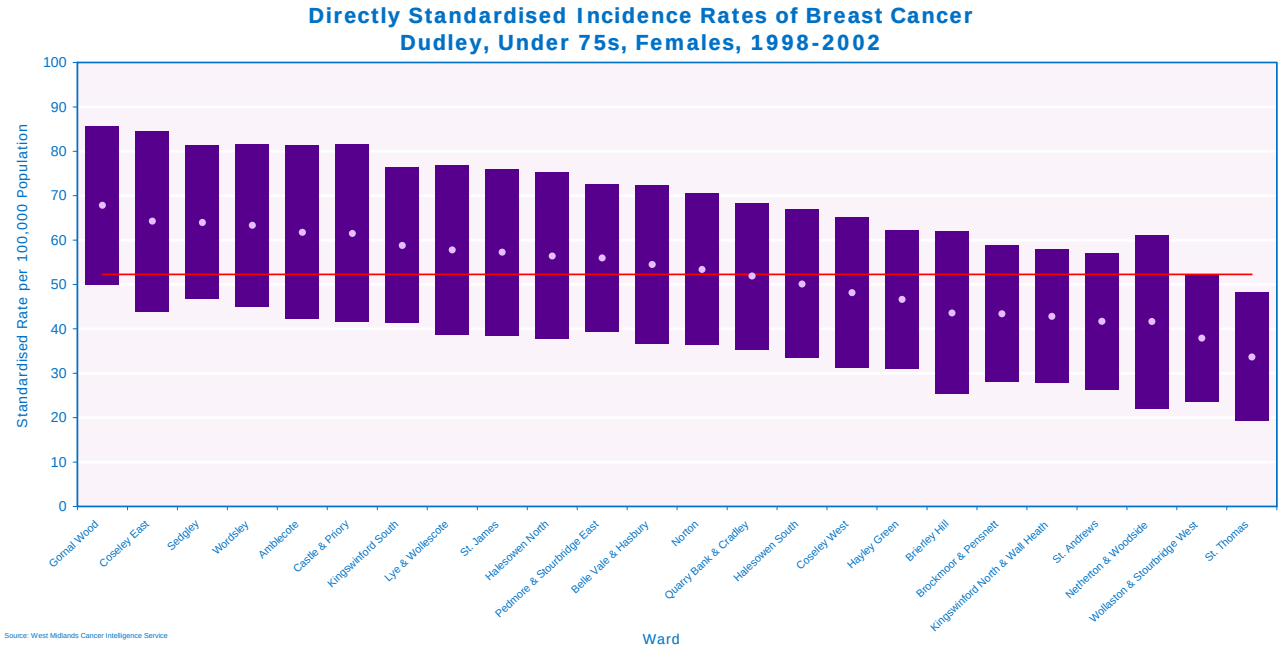
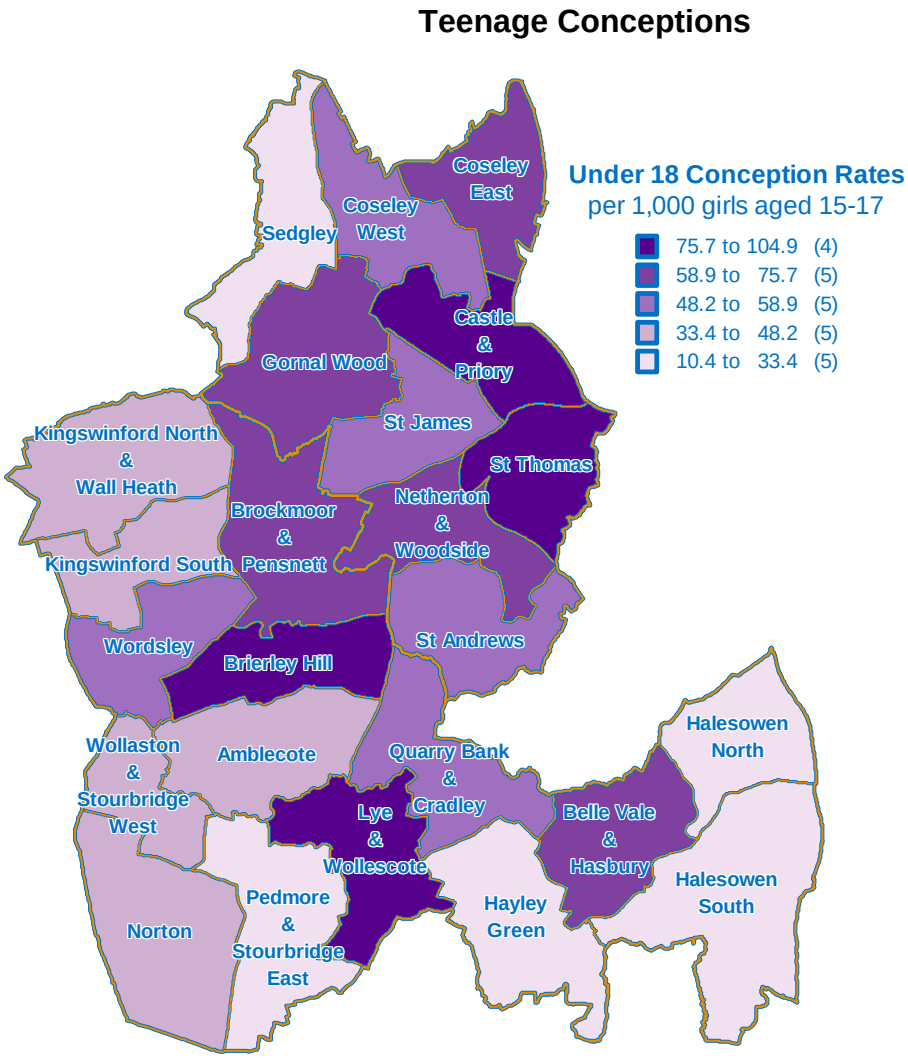


Diagram 17 – Mental Health Index

Diagram 18 – Healthy Lifestyles

Diagram 19 – Immunisations and flu vac

Diagram 20



APPENDIX 3

CURRENT/ PLANNED ACTIVITY CONTRIBUTING TO TACKLING HEALTH INEQUALITIES
(Please note this is not an exhaustive list)

POVERTY

- **Neighbourhood Management** focus on the most deprived areas
- **Housing**: Flatted estates review
- **Benefits uptake and financial support**
    - Citizens Advice Bureau– debt counselling
    - Health through warmth programme signposting to reducing fuel poverty
- **Volunteering and employment Programmes**
    - Local people for local jobs programme
    - Jobs Club
    - BTCV, Rethink, (for people with mental health problems)
- **Environment in deprived areas:**
    - ***Borough Physical Activity Action Plan***:
        - Make use of all open spaces- transforming open space programme
        - Coordinate public transport with good access in deprived areas and links to key facilities e.g. hospitals, GPs, social care
    - ***Local development Schemes (LDS) and local area action plans:***
        - to deliver effective local land-use plans
        - Implementation of B/Hill Air Quality Action Plan
    - Fluoridation of Stourbridge
    - Community Transport and hospital transport schemes

EDUCATIONAL ATTAINMENT

- 'Plays the thing' mental health promotion theatre work to reduce barriers to educational opportunities for people with mental health problems
- Surestart Programmes

EQUITABLE SERVICES AND PROGRAMMES

- Establish 'keyring' initiative for vulnerable people- older people, learning disabilities, less able
- Arrest and referral schemes for drug/substance misuse
- Development of treatment foster placement programme
- Implementation of the Care Leavers Action Plan
- Development of Looked After Children health team based at cross street
- Health awareness work with specific BME community groups
- Implementation of Seesaw palliative care team based at 8 Ednam Road
- Work with Carers and Carers groups
- Expert patients programmes especially in deprived areas and with vulnerable groups
- Establishment of the Priory community pharmacy as a social business
- Implementation of the Teenage Pregnancy Action Plan
- Health Promotion events targeted at specific groups, e.g. 'Keep Me Healthy' for Learning Disability patients.
- All Public authorities having Race Equality Schemes and working towards the equality and diversity agenda

- **Involving communities:**
    - Development of neighbourhood forums and health forums in deprived areas
    - Existing groups/networks to engage with communities-*DCVS / Global Group link, DOSTI – CEN, health forums, Forum Support Organisation*
    - Implementation of health needs assessments targeted at deprived areas –Lye, Netherton and Woodside
    - Implementation of Borough Challenge consultation into community plan

PREVENTION: COMMUNITY DEVELOPMENT AND HEALTHY LIFESTYLES:

- ***Borough Physical Activity Action Plan and Leisure And Culture Strategy:***
    - Increase investment in safer routes to school,
    - cycling and walking initiatives
    - Increase availability and use of school sports facilities by general public
    - Trial free swimming programme for children
    - Mainstream pilot GP exercise referral programme – 'Steps to Health'
    - Map facilities & activities to ensure coverage at local level for all targeting deprived communities

- ***Food For Health Plan For Dudley***
    - Free school meals for all primary schools
    - Developing nutrition standards in early years
    - Encouraging cooking lessons in schools
    - Mapping of food desserts to improve local access to fresh produce linked to regeneration of deprived neighbourhoods
    - Dudley Food for Health Award
    - Get Cooking programme targeted at deprived areas

- **Borough Obesity Action Plan**
    - Develop a weight control service for adults and children targeted to areas of greatest need
    - Tackling of obeseogenic environment
    - Promotion of breast feeding particularly in deprived areas

- **Accident Prevention Strategy - Targeting vulnerable groups**
    - Home safety check audit for homes with children under 5s, including supply and fitting of safety equipment,
    - Over 65s targeted with falls prevention programme

- **Community Nursing Reviews**
    - Changing front line delivery of health staff to a population perspective
    - Development of the public health role of health visitors, school health advisors and practice nurses

- **Community Volunteers Programme**
    - Training local volunteers to act as mentors to improve health in deprived areas:

- ***Health Promoting Schools Programme***
    - Support for schools in deprived areas
    - Support to schools on equality and diversity issues

    - Promotion of inclusion of children and young people with emotional and behavioural difficulties
    - Emotional literacy programme
    - Personal health and social education: drug and alcohol education, sexual health and relationships education, emotional well-being

- ***Mental Health Promotion Action Plan****:*
    - Proposals for schools post to further develop positive self esteem and emotional literacy in children with targeting at schools in deprived areas and key vulnerable groups
    - Proposals to focus of anti-stigma work at key vulnerable groups in the community- BME, deprived areas, older people, young people, unemployed, young offenders

- ***Workwell programme***
    - Health and Safety week – Asbestos

- ***Community Cohesion Strategy***
- ***Community Safety Strategy***

APPENDIX 4: Health Inequalities Checklist for Strategies and Plans

Agencies and organisations need to ensure that the reduction of health inequalities is an integral part of all their strategies and plans. This checklist is designed to assist in the development of these strategies by highlighting some of the issues that need to be considered in relation to health inequalities**.**

Key Actions		**Yes/No**
1	Does the strategy/policy make specific reference to reducing health inequalities? Has a monitoring evaluation process been established?	
2	Is there evidence to illustrate the inequality?	
3	Are all relevant partners engaged in the process?	
4	Is there a named person with lead responsibility?	
5	Is there a national or local target set?	

Background Information

1. Reference to Health Inequalities

- Does the strategy/plan make specific reference to reducing health inequalities?
- Will it have a negative or positive impact on health?
- What and how will it contribute to reducing health inequalities?
- Have specific actions been identified to address inequality rather than just identifying the problems.

2. Is there evidence to illustrate the inequality?

- Is there a greater need in certain groups or areas?
- Does the strategy/policy highlight this?
- What type of inequality is it?
    - Service provision – the provision of services maybe unfairly distributed
    - Access to services – services maybe inaccessible to some groups in society
    - Service use – lack of awareness of service/poor uptake with certain groups
    - Health/illness – different illness and death rates for people from different social or ethnic groups, age and gender.

- Has a baseline been established:
    - What is the current position?
    - Is there a need to carry out a health impact assessment or health equity audit?

3. Are all relevant partners engaged in the process?

- Is there representation from all involved groups i.e. staff, your statutory and next statutory organisations, voluntary sector and users?
- Do they all attend regular meetings?
- Do they have a shared understanding of the issues?

- Are they committed to the implementation of the strategy/plan?

4. Is there a named person with lead responsibility for the plan/strategy?

- Do they have a clear remit?
- Do they have the support of all involved partners?
- Do they have a clear understanding of the Health Inequality Strategy?

5. Is there a national or local inequalities target set relating to this strategy/plan?

- How will progress towards targets be monitored?
- How will we know if health inequalities have been reduced?

Health Inequalities Checklist for Services

Reducing health inequality is not about taking services away from more affluent areas or groups, it is about being flexible enough in service delivery terms to meet the different needs people have in accessing and using services. It is about breaking down barriers, offering additional or different support and providing services differently to prevent exclusion of the most vulnerable groups in our borough.

This checklist has been designed to ensure that issues contributing to the reduction of health inequalities can be automatically built into the planning and redesign of services across all agencies and organisations in the borough.

Actions Does the service take into account the following factors?	**Yes/No**
• Evidence of need	
• Baseline monitoring data	
• Accessibility	
• User-friendliness	
• Information about the service	
• Users' views	
• Staff understanding of health inequality issues	
• Groups with special needs	

Explanatory Notes

These notes have been produced to help with the completion of the checklist, and pose a range of questions that should be considered when planning or redesigning a service to ensure that it is delivered on an equitable basis.

Baseline Monitoring Data

Is there a system in place to enable the identification of health inequality e.g. health equity audits, reviews of data on service use or satisfaction surveys by different groups/communities, needs assessment processes?

Are there monitoring systems in place such as ethnicity monitoring data, gender, age, postcode and DNAs (Did Not Attends)

Does this information highlight particular geographical areas of deprivation/need?

Are there particular groups that are vulnerable/at risk? Would you expect these groups to be using your service more frequently because they have greater needs. Collection of monitoring data on ethnicity, gender and postcode (for geographical, area) will allow simple health equity audits to be conduced for example baseline data, can be analysed to see if key vulnerable groups or geographical areas are using the service at the level expected.

Evidence of need

What evidence is available to prove that there is a need?

- clients views
- professionals' perceptions based on profiles, experience of working with client group, discussions with clients
- health trends, research showing the disease levels or health needs of particular groups of people

Accessibility

This is not just about where the service is based, but also links to a range of factors which act as 'hidden' barriers such as the attitude of the service

Physical

- Is the service in walking distance?
- How near is service to the client group?
- What facilities are in place to take the service to the housebound?
- Is there adequate, low cost public transport available to ensure access?
- Are there adequate facilities for the disabled, such as disabled access, induction loops?
- Flexible opening times- taking account of how these link with local public transport arrangements

Hidden barriers to access

- awareness of services and how to use them
- Information on services, how to get to them, how to contact them, how to use them and what to expect.
- treatment/care episodes in different languages and formats to cover different literacy levels/ visual impairments
- Some communities don't feel confident in accessing and using services. This may be due to previous bad experiences, unfamiliarity, fear. So we need to go to them:
  - by utilising venues in the community that they feel more comfortable using
  - by providing additional support to bridge the gap between services and communities e.g. through link workers in mental health and schools
  - by building capacity in the community to understand services
  - through providing services differently – e.g. CDW mental health workers for BME communities
  - working to break down barriers within communities eg perceptions of mental health and mental health services

NB. DNAs are a useful way of auditing accessibility and use. The people having difficulty accessing the service, and therefore not attending, are usually those with the greatest need. DNAs can be monitored in a number of ways, such as by postcode, ethnicity and age, to identify if inequalities exist. A different model of service delivery may help reach these particular groups.

<u>User friendliness</u>

- How easy is it to contact service?
- Are the opening times and appointment systems flexible enough to facilitate access? Do they fit in with local transport timetables? Do they fit in with people who work, or have children at school?

<u>Information about service</u>

- Is information provided to help users use the service effectively?
- Is health advice supported with material that can be taken away to reinforce the messages?
- Is information provided in an appropriate form ie different languages, written, verbal?

<u>Users Views</u>

- Is there a common working routine of asking for users' views?
- Is the service modified as a result of feedback from users?
- Are communities, individuals, patients involved in the ongoing development of the service (especially from excluded or hard to reach groups)?

<u>Staff understanding of health inequality issues</u>

- Are staff trained and aware of the equality and diversity agenda-ie needs of different groups, difficulties people have in using services
- Do they have a friendly, non judgemental attitude towards clients?

<u>Needs of specific users groups</u>

- Is there provision for Interpreting
- Is there flexibility to offer longer appointments for people with learning disability/mental health
- Are there crèche facilities for parents with young children

APPENDIX 5: DELEGATED ACTION PLAN FOR DUDLEY COMMUNITY PARTNERSHIP THEME GROUPS)

N.B. 1= Lead Partnership 2= Lead Partnership Group 3=Key Strategy/Policy

ACTION	LEAD/RESPONSIBILITY	TARGETS
POVERTY		
Work in partnership to reduce Homelessness by o extension of Tenancy Sustainment Scheme, with Specialist sustainment for special needs and the furniture scheme o developing guidelines on arrangement for homeless families and their children o eliminating use of B&B accommodation for homeless families with children	1. **Strategic Housing and Environment Partnership,** 2. Homelessness Review Group 3. Homelessness Strategy	▪ Reduce homelessness by 10% year on year for 3 years. ▪ Reduce the number of homeless families with children living in temporary accommodation
Expand and promote Supporting People programme by expanding consultation by 10% each year over the next 5 years and securing funding from key partners	1. **Strategic Housing and Environment Partnership/Health and Well-being Partnership** 2. Supporting People Commissioning Group 3. Supporting People Strategy	
Strengthen and continue the managed neighbourhood focus on the most deprived wards to facilitate regeneration in deprived areas	1. **Strategic Housing and Environment Partnership/Health and Well-being Partnership** 2. Neighbourhood Management	• To narrow the gap in poorer health, worklessness, crime, skills, housing and physical environment between the most deprived neighbourhoods and the rest of the Dudley

	Steering Group 3. Neighbourhood Management Plan	
PROPOSED ACTION	**LEAD/RESPONSIBILITY**	**TARGETS**
Housing: o Achieve `decent homes` standard in Dudley for all social housing and use housing improvement scheme to improve the standard of private rented housing occupied by vulnerable groups- o Ensure enough good quality affordable housing in the borough by: – maximising use of Section 106 Planning Agreements to incorporate affordable housing provision in private sector developments. – working with partner RSLs & Housing Corporation to bring forward surplus council owned sites for affordable housing development. – Implementation of Housing With Care Strategy o Take action on poorly insulated homes	**1. Strategic Housing and Environment Partnership/ Health and well-Being partnership** 2. N/A 3. Housing Strategy	• By 2010 bring all social housing into a decent condition with the most improvement taking place in deprived areas and for vulnerable households in the private sector, including families with children, increase the proportion who live in homes that are in decent condition • Increase the Standard Assessment Procedure rating for energy efficiency for public sector housing stock by 14% by2008
Regenerate deprived communities o Continue regeneration partnerships: **local-** Netherton and Woodside, Castle and Priory, Brierley Hill, **blackcountry wide**: Arc –of Opportunity Partnership. o Review and develop job creation programmes to move from a low to a high income jobs base	1. **Strategic Housing and Environment Partnership/ Jobs Theme Group** 2. N/A 3. Neighbourhood Renewal strategy, community strategy (2005-2020)	▪ Lead the delivery of cleaner, safer and greener public spaces and improve the quality if the built environment in deprived areas and across the country, with measurable improvement by 2008 • Improve air quality by meeting the Air Quality Strategy targets for carbon monoxide, lead, nitrogen dioxide, particles, sulphur dioxide, benzene and 1,3 butadiene.

		• Increase earnings in the lower 10% average full-time earnings in the borough to match regional figure by 2004

PROPOSED ACTION	LEAD/RESPONSIBILITY	TARGETS
Develop a joined up approach- services and organisations working to progress people from welfare dependency to work including a focus on improving employment opportunities for key vulnerable groups.	**1. Jobs Theme Group/ Health And Well-Being Partnership** 2. N/A 3. Job Centre Plus action Plan	• Increase the employment rates of disadvantaged groups (lone parents, ethnic minorities, people aged 50 and over, those with the lowest qualifications and those living in the local authority wards with the poorest initial labour market position) and significantly reduce the difference between the employment rates of the disadvantaged groups and the overall rate • A continual year on year reduction in long-term unemployment in the disadvantaged wards of Dudley and the borough as a whole in relation to the regional and national average • Halve the number of children in relative low-income households between 1998-99 and 2010-11on the way to eradicating child poverty by 2020 by reducing the proportion of children living in workless households by 5% between Spring 2005 and Spring 2008 • By 2008, be paying Pension Credit to at least 3.2 million pensioner households, while maintaining a focus on the most disadvantaged by ensuring that at least 2.2 million of these are in receipt of the Guarantee Credit • Eliminate fuel poverty in vulnerable households in England by 2010 in, line with the governments fuel poverty strategy objectives
Work in partnership to maximise uptake of entitlements by key vulnerable and deprived groups: eligible benefits, financial advice and services, fuel grants, business advice etc. To include: Expanding provision of citizens advice, counselling, welfare benefits advice & other social elements, available in primary care especially in deprived areas and benefits checks of older people through social services	**1. Jobs Theme Group/ Health And Well-Being Partnership** 2. N/A 3.	

TOBACCO CONTROL		
Support & implement a 'smoke-free generation' programme in Dudley with a focus on deprived areas. This will involve a six strand approach: 1. Reduce exposure to second- hand smoke in key settings: • Workplaces • Homes • Public places	**1. Health and Well-being Partnership** 2. Public Health/Urban Environment Department 3. Tobacco Control Action Plan	▪ Reduce adult smoking rates to 21% or less by 2010, with a reduction in the prevalence of smoking among manual groups to 26% or less ▪ Reduction in cancer death rates of at least 20% in under 75s with at least a 6% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole ▪ Reduction in death rates from CHD, strokes and related diseases by at least 40% in under 75s with at least a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole
2. Reduce Tobacco Promotion by enforcing legislation aimed to restricting the sale and promotion of tobacco products.	**1. Health and Wellbeing Partnership** 2. Trading Standards 3. Environment Policy	
3. Ensure compliance with relevant Tobacco Regulation legislation	**1. Health and Wellbeing Partnership** **2.** Trading Standards **3.** ?	
4. Reduce availability and supply of illegal tobacco products	**1. Health and Wellbeing Partnership** 2. Trading Standards 3. ?	

5. Build Stop Smoking Services focussing on community led cessation programmes in deprived areas and with vulnerable groups	**1. Health and Wellbeing Partnership** **2.** Dudley Stop Smoking Service **3.** Tobacco Control Action Plan	
6. Develop local media programme to support National Education Campaigns	**1. Health and Wellbeing Partnership** 2. Public Health/Urban Environment Document 3. Tobacco Control Action Plan	

PROPOSED ACTION	LEAD/RESPONSIBILITY	TARGETS
EDUCATIONAL ATTAINMENT		
Improve educational attainment in deprived wards through excellence cluster	**1. Children's & Young People's Strategic Partnership** 2. N/A 3. Education Plan	• Improve the educational attainment of children and young people in care by increasing to 15% by 2003/4 . The proportion of children leaving care aged 16+ with 5 GCSEs at Grade A*-C and maintain this level up to 2006. • Improve children's communication, social and emotional development so that by 2008, 50% of children reach a good level of development at the end of the Foundation Stage. And reduce inequalities between the level of development achieved by children in the 20% most disadvantaged areas and the rest of England. • By 2008 , 60% of those aged 16 to achieve the equiv of 5 GCSEs at A* to C and in all schools at least 20% of pupils achieve this standard by 2004, rising to 25% by 2006 and 30% by 2008 • Under-performing ethnic minority groups in schools make at least 2% greater progress than the Dudley borough average • Improve the level of education, training and employment outcomes for care leavers aged 19, so that levels for this group are at least 75% of those achieved by all young people in the same areas by March 2004, and maintain this level to 2006

PROPOSED ACTION	LEAD/RESPONSIBILITY	TARGETS
Implement basic skills action plan- to develop integrated `basic skills` training for adults within all local communities, particularly the most disadvantaged	**1. Dudley Learning Partnership** 2. 3. Basic Skills Strategy and Action plan	▪ Increase the number of adults with the skills required for employability and progression to higher levels of training through reducing by at least 40% the number of adults in the workforce who lack NVQ 2 or equivalent qualifications by 2010
Implement children's centre plans in key deprived areas –giving 6 children's centres by 2006 providing integrated services- health, early education, family support, childcare for under 5's Draw up an action plan to develop capacity of workforce to deliver	**1. Children's & Young People's Strategic Partnership** **2.** 3. Children and Young People's Strategic Plan	▪ Every Child Matters, all key targets in 5 outcome areas: o be healthy, o stay safe o enjoy and achieve o make a positive contribution o achieve economic well-being
Implement extended schools programme to cover Dudley borough	**1. Children's & Young People's Strategic Partnership** 2. N/A 3. Extended schools programme	▪ 24 full service extended schools by April 2006 ▪ Every Child Matters, all key targets in 5 areas (as above)

PROPOSED ACTION	LEAD/RESPONSIBILITY	TARGETS
Extend and target programmes to develop parenting skills and provide parenting support particularly for vulnerable groups Generic workers need training to increase their awareness and understanding	1. **Children & Young People's Partnership** 2. N/A 3. Children and Young People's Strategic Plan	▪ Reduce the Under-18 conception rate by 50% by 2010, from 54.2 to 27.1 per 1000 conceptions. ▪ A 15% reduction in the under 18s conception rate by 2004 ▪ Increase parenting education • Increase the uptake of formal childcare by lower income working families by 50% • Increase the stock of OFSTED-registered childcare by 10%
Continue implementation of Health Promoting Schools action plan Implement health promoting early years programme pilot, focusing on 20% most deprived areas and including an emphasis on parenting skills and emotional literacy	1. **Children & Young People's Partnership** 2. HPS steering group 3. HPS action plan	▪ All schools with 20% or more free school meals to achieve level 3 Health Promotion, Schools Standards by 2006 ▪ 77% of all schools engaged with the HPS service achieving level 3 during 2003/4 ▪ Every Child Matters, all key targets in 5 outcome areas (as above)
Act locally to reduce truancy	1. **Children & Young People's Partnership** 2. N/A 3. Education Plan	• Improve levels of school attendance so that by 2008, school absence is reduced by 8% compared to 2003 • By 2008 , 60% of those aged 16 to achieve the equiv of 5 GCSEs at A* to C and in all schools at least 20% of pupils achieve this standard by 2004, rising to 25% by 2006 and 30% by 2008 ▪ Every Child Matters, all key targets in 5 outcome areas (as above):