



ALL ABOUT DUDLEY BOROUGH

Joint Strategic Needs Assessment 2014 Executive Summary



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Preface

Welcome to the executive summary of Dudley's Joint Strategic Needs Assessment (JSNA) 2014. The JSNA 2014 Synthesis document follows the same basic structure as the first JSNA Synthesis document produced for 2012. This executive summary is in place of the key questions for commissioners asked in the previous document. This executive summary starts with an introduction describing what a JSNA is and how it is developed.

This document gives a brief summary of the key points in each of the 10 chapters. The first two chapter summaries provide an overview of Dudley the Place and the People of Dudley and how it is anticipated this may change in the future. The remaining chapters follow the Marmot life-course approach and the summary for each describes the key issues for that segment of the population. The final section identifies actions to be considered further.

The full version of the JSNA can be found on All About Dudley Borough website:

www.allaboutdudleyborough.info

We hope you find this helpful and interesting. We are grateful for any comments and feedback you might have on the JSNA in order to improve it in future years.

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What is a JSNA?

The Joint Strategic Needs Assessment is a means of drawing together information about the population, in order to identify the most important health and well-being issues, and helping local decision-makers to make informed decisions about how to address these issues and at the same time reduce inequalities.

The Department of Health defines the Joint Strategic Needs Assessment as:

- a process that identifies current and future health and well-being needs in light of existing services, and informs future service planning taking into account effectiveness;
- a means to identify the “big picture” in terms of the health and well-being needs and inequalities of a local population;
- a document that informs strategic planning and commissioning to achieve better health and well-being outcomes.

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 Joint Health and Well-being Strategy (JHWBS). Its aim therefore is to underpin the work of the HWBB and be a tool that can be used to help make difficult decisions about investment and prioritisation such as “do you prioritise service responses which could be improved most quickly and cheaply or do you put more effort into slow burn activities with longer term outcomes?” There is a clear expectation within the Health & Social Care Act 2012 that the JSNA and JHWBS will provide the basis for all health and social care commissioning in the local area. This synthesis should provide commissioners with the high level initial evidence that will point to the further analysis required for them to make effective commissioning decisions.

In the future we aim to develop our JSNA to include more of a focus on health-enhancing assets – the things which support the creation of health. In doing so, we hope to achieve a more integrated approach which recognises both the risk and the protective factors contributing to a healthy life expectancy. This will provide a richer, more insightful account of what it is like to live in Dudley borough.

DUDLEY “THE PLACE”

- Large metropolitan borough of 98 square kilometres. A quarter of which is open green space, and 17% is green belt. Dudley has 4 main town centres surrounded by smaller towns and urban villages providing a very local feel with strong communities.

DEPRIVATION

- 24.5% of Dudley’s population (using IMD 2010) now live within the 20% most deprived areas of England, compared with 22.9% in 2007
- The most deprived lower level super output area (LLSOA) in Dudley is in St James’s Ward. This is the 824th most deprived in England out of 32,482 LLSOA’s.

ECONOMY

- Number of people of working age has increased to 193,900 (0.8% increase) though the number of jobs has decreased to 109,600 jobs (9.4% decrease).
- In 2012 Dudley had £3.95bn gross value added (GVA), a 2.8% reduction from 2011, and still lower than the 2007 peak of £4.5bn. England and the other areas of Black Country continue to see a year on year rise in GVA.
- In 2011 Dudley had £3.88bn gross domestic household income (GDHI) and in line with England there has been a year on year increase. Per head GDHI index for UK = 100, England 101.4 and Dudley is 78.7 and this remains static.
- There has been a reduction in the numbers of self employed people in Dudley in the past year which differs from the trend regionally and nationally.
- Dudley has shown a slight increase in it’s manufacturing base (14.6%) and remains above the nationally declining percentage (8.4%).
- Business confidence in the borough is

relatively high with 47% of all businesses expecting turnover to increase. 68% of Dudley businesses have a business base outside of Dudley. Rate of business start-ups is low.

- 19.7% of people aged 16-64 in Dudley had no qualifications (14.8% England) Census 2011.
- Dudley ranks 346/379 for business competitiveness index in 2013 and has dropped 12 places since 2010.

LOW GROWTH ECONOMY

- 6.6% of 16-18 year olds in Dudley were not in education, employment or training (NEET) in 2012, and unlike the region showed an increase compared to 2011.
- Unemployment in people aged under 25 (JSA claimants) has started to decline but remain at a level higher than the West Midlands region and nationally 6.9% (January 2014) and nearly one quarter of these have been claiming for more than one year (England 18.1%)

EDUCATION

- 59.7% of pupils in Dudley borough attained 5 or more A*-C GCSE grades including maths and English in 2012/13 in line with England average of 59.2%
- Adult learning is accessible to a wide cross-section of the population including unemployed, older people, ethnicity, disability, deprivation. Nearly one quarter of learners attended family learning programmes.

CHILD POVERTY

- Child poverty has remained static in Dudley with 22.1% (~15,000) dependent children under 20 years of age and remains higher than national figure of 20.1%.

HOUSING TENURE

- As seen nationally, Dudley since 2001 has seen a decline in the proportion of owner-

occupiers but remains above the national level (68.7%, 63.4% of households respectively)

- Dudley residents are more reliant on the council for housing provision than nationally reported at 16.8%
- In 2011 9% of Dudley residents reported their accommodation was not adequate for their needs. This was nearly 20% for those living in the private rented sector.
- In 2012/13 Dudley delivered 143 new affordable housing dwellings ahead of the target of 102.

HOMESLESSNESS

- The number of households unable to avoid becoming homeless has stayed relatively static (171 households 2012/13). In line with national data 71% of these households contained dependent children or pregnant women.
- There has been a year on year rise in the proportion of households becoming homeless due to termination of assured short hold tenancy (32% 2012/13).

FUEL POVERTY

- In the last two years Dudley has moved its position from being worse than E&W for excess winter death index to being the same. The Winter Warmth Programme and funding secured for improvements in the energy efficiency of housing stock is proving worthwhile.

CLEAN SPACE

- Overall Dudley has scored better than nationally for the cleanliness of the local environment. There has been an increase in the number of sites failing for litter.

GREEN SPACE

- The 17 parks within the borough continue to receive between 300,000 and 900,000 visits per year.

The total public access network has increased from 208,618 metres in 2009 to 224,804 metres in 2014 with a significant increase in cycle paths.

CRIME

- Dudley borough is the safest borough within the West Midlands conurbation with crimes per 1,000 population continuing to fall. Despite this fall in overall crime level the number attributable to violent crime has not followed this trend.
- There has been an increase in the proportion of crimes attributable to theft from shop or stall.

TRAVEL

- Women are more likely than men to walk or use public transport to get to work. For both genders cars remain the transport of choice for work.
- More than 50% of children walk to school, with one third using a car. There has been no increase in proportion walking or cycling to school despite the work to provide safer routes to school.

ENVIRONMENT

- The Dudley borough remains an Air Quality Management Area with 17 areas identified exceeding nitrogen dioxide objectives in 2012.
- Nitrogen dioxide concentrations are monitored at 99 sites across the borough. In 2012, 42 of these sites showed an exceedance of the annual mean concentration of nitrogen dioxide objective.
- There were fewer industrial and commercial noise complaints (352) and odour complaints (137) dealt with by Environmental Health in 2012/13 compared with 2011/12.
- 578 new food premise registrations were received in 2012/13 (+26% on 2011/12). High turnover of small food businesses and an increase in mobile traders and home caterers.

DUDLEY “THE PEOPLE”

- Dudley is the 3rd most populous metropolitan authority in the West Midlands and the 12th in England.
- Following the 2011 census and the latest population projections (2012) suggest the population of Dudley will increase by 6.4% (20,000) by 2037. This is a third lower than 2010 projections.
- The largest projected population increases are in the 60+ age band (26,000) with 12,000 expected in the 85+ age band.

MIGRATION

- The 2011 census shows that 6518 (2.1%) Dudley residents migrated into the UK since 2001 two and half times more than the previous decade.
- One third of these migrants originated from Southern Asia, nearly 20% from new European Union (EU) countries and 10% from Eastern and Southern Africa.
- The migrants have tended to settle in Dudley centre, Brierley Hill, Lye and Halesowen.
- 11.8% of primary school aged children and 7.7% of secondary school pupils have a non-English first language.
- Dudley births have increased since 2001 and births to non-UK born mothers accounted for one fifth of this increase.
- The number of new national insurance number registrations for migrants has reduced by 174 to 556 in 2012. The majority of these were from Poland, Pakistan and India.

ETHNICITY

- Census 2011 recorded 88.5% of the Dudley population as white British ethnic group. Black and minority ethnic (BME) group has increased since census 2001 to 11.5%.
- The BME group have a much younger age

profile where by 20.7% of those aged 0-9 are in this group.

Areas with the highest number of people who are from BME backgrounds are Blowers Green, Kates Hill, Netherton, Brierley Hill, Lye, Halesowen and Hurst Green.

LIMITING LONG TERM ILLNESS

- Nearly 20% of the Dudley population have a limiting long term illness or disability (census 2011) an increase from census 2001 (18.5%). Poorer than national.
- This increase has occurred across the age ranges and is particularly notable in the 75+ age band where 71.3% have a limiting long term illness.

CRIME

- Being a victim of crime is more likely if you are male and in the 18-34 age band. Ethnicity has a slight influence on risk of victimisation.
- 4.5% of victims of crime were repeat victims within the year. These people account for 0.2% of the population but experience 13% of the crime. They tend to be from vulnerable groups.

LIFE EXPECTANCY

Female life expectancy

- Female life expectancy is 82.7 years (2010-2012) in Dudley which is similar to The average female life expectancy across England of 82.8 years.
- Female life expectancy varies across the borough with Castle and Priory Ward having the lowest at 79 years and Belle Vale having the highest of 86.7 years (a gap of 7.7 years)
- The slope index of inequality for female life expectancy has stayed constant over the last few years at 5.8 years.
- To close the inequalities gap in life expectancy across Dudley 113 female deaths would need to be prevented.

Cancer particularly lung cancer, circulatory and respiratory diseases should be targeted.

- Female healthy life expectancy at birth is 64.7 years (2010-12) and similar to England.

Male life expectancy

- Male life expectancy is 78.5 years (2008-12) in Dudley which is lower than the average male life expectancy across England of 78.9 years.
- Male life expectancy varies across the borough with Netherton, Woodside and St Andrews. having the lowest of 73.9 years and Halesowen South having the highest of 82.1 years (a gap of 8.2 years)
- The slope index of inequality for male life expectancy has stayed consistent over the last few years and still remains at 9.5 years.
- To close the inequalities gap in life expectancy across Dudley 151 male deaths would need to be prevented. Circulatory diseases, cancer particularly lung cancer, respiratory diseases and chronic liver disease should be targeted.
- Male healthy life expectancy at birth is 62.8 years (2010-2012) and similar to England.

SIGHT LOSS

- In 2011, 3.15% of the Dudley population are estimated to be living with sightloss which is higher than the England (2.95%) and is projected to increase.

PHYSICAL ACTIVITY

- Dudley has 44 leisure and recreation facilities per 100,000 people, this is lower than West Midlands region (53 per 100,000) and national average (60 per 100,000)
- As recorded by the Active People Survey 2012/13 12.1% of adults (aged 16+) participate in sport for 30 minutes three or more times a week, this is showing a

downward trend and is below the national average (17.4%)

GIVE EVERY CHILD THE BEST START IN LIFE

INFANT MORTALITY

- The infant mortality rate in Dudley is 4.5 deaths per 1,000 live births for 2010-2012. This is higher than for England and Wales (4.3 deaths per 1,000 live births).
- The infant mortality rate represents very small numbers of deaths and each one of these are reviewed in order to ascertain the cause and any lessons to be learned.
- Babies born in the most deprived areas of England can be up to 6 times more likely to die than those from more affluent areas. Male babies born in the most deprived areas of Dudley are up to four times more likely to die than those from the more affluent areas.

TEENAGE PREGNANCY

- Teenage pregnancy rates in Dudley have continued their downward trend reaching 34.6 per 1,000 aged 15-17 years in 2012, but this rate is still above the England and Wales average (27.9 per 1,000).
- The levels of teenage pregnancy within the borough remain high in St. James, Brockmoor and Pensnett and Netherton, Woodside and St. Andrew's wards.

SMOKING IN PREGNANCY

- Smoking at delivery was 14.3% in Dudley, higher than both the West Midlands and England (14.2 and 12.7% respectively, 2012/13). However the trend over time is downward.

BREASTFEEDING

- Initiation rates of breastfeeding at birth and rates of breastfeeding at 6-8 weeks for Dudley are both lower than in England. Rates are lower in the more deprived areas of the borough and in the younger mothers.

- A rise in the rates is projected for continuation of breastfeeding over the next three years.

IMMUNISATION

- Primary immunisation coverage in Dudley continues to be above the WHO national target of 95%.

CHILDHOOD HOSPITAL ADMISSIONS

- Emergency hospital admissions have risen slightly in the last year for 0-4 year olds (2012/13). This is particularly prominent for lower respiratory tract infections, especially in the most deprived areas of Dudley.
- A disproportionate amount of A & E attendances for unintentional and undetermined injuries are from the most deprived areas of the borough for 0-4 year olds. There were approximately 240 admissions with over 50% of these resulting from falls.

Weight

- Numbers of children who are overweight or obese attending Dudley borough schools have stabilised in line with the national average in Reception and Year 6.
- Children aged 10-11 years in Dudley have a higher rate of obesity than the national average.
- The proportion of obese children is higher in the most deprived areas of Dudley.

DIET

- For 9-11 year olds nearly 40% now (2014) report eating the recommended 5 or more portions of fruit and vegetables per day. This is an upward trend.

WELL-BEING

- Self-esteem is continuing to improve in 9-11 year olds, though bullying remains at 25% of pupils.

LOOKED AFTER CHILDREN (LAC)

- The national trend has seen increases in the number of LAC and this change has been matched in Dudley borough, though the rate is nearly double the national rate (108, 60 per 10,000 aged under 18

respectively, 2012/13).

- The largest increase in LAC has been in the under 5 age group. The main reason for being admitted in to care was due to abuse or neglect.
- The trend in length of stay in care is upward and has increased by one third over the last four years.
- LAC are known to be a particularly vulnerable group and are at a high risk of inequalities. They are more likely to have a statement of special education needs.

CHILD PROTECTION

- The rate of children who became the subject of a child protection plan is increasing in Dudley, though this rate still remains in line with the national rate.

EDUCATION

- Outcomes for pupils at the end of early years foundation stage in Dudley are in line with the national levels. 51% of children achieved a good level of development in Dudley.

The proportion achieving a good level of development is strongly affected by levels of deprivation.

Children's Centres in Dudley have 79% of 0-4 year olds registered.

At key stage 2, achievement of level 4 or above in reading, writing and mathematics is improving in line with the national average. The improvement has been in the most deprived areas.

DISCOVERY TEENS, DEVELOPING INTO YOUNG ADULTHOOD

MORTALITY

- Mortality rates for the 10-19 age group are in line with national figures and the trend is downward.
- Accidents including suicide and undetermined injury account for 36% of the deaths in this age band and the rate is higher in males.

HOSPITAL ADMISSIONS

- Emergency hospital admissions have increased for the 10-19 age group. The proportion due to injury or poisoning has shown a downward trend.
- Despite a low rate of emergency hospital admissions for asthma, but this is higher for Asian and black ethnic groups.
- The rate of A & E attendances and admissions for accidents in this age group has stabilised. Health inequalities for this indicator still remains.

IMMUNISATION

- School leaver booster vaccination uptake continues to exceed the WHO target of 95%.
- In Dudley the uptake of HPV vaccine exceeds that for the West Midlands and England but continues to be below the 95% target.

WELL-BEING

- The proportion of 13-15 year olds reporting being bullied has increased to nearly 20%.

LOOKED AFTER CHILDREN

- Looked after children in the 10-17 age band has increased.

CHILD PROTECTION

- One quarter of the children on a child protection plan are in the 10-17 age band in Dudley.

EDUCATION

- Outcome for pupils at the end of key stage 4 at school in Dudley is now similar to national levels.
- There is a widening gap in attainment between the most and least deprived areas in Dudley (35.6% points) and also between non-white British and white British (6.2% points).

CRIME

- Victimization increases across this the 12-16 age group with most theft occurring away from the home.

FREEDOM YEARS - YOUNG ADULTHOOD

MORTALITY

- The mortality rate for persons aged 15-24 in Dudley is equivalent to national rates. Two-thirds of the deaths occur in the 40% most deprived areas of the borough.
- The rate of drug-related deaths has stayed static but remains above the national rate.
- The rate of suicide and undetermined injury mortality in Dudley remains high in males.

HOSPITAL ADMISSIONS

- Rates of hospital admissions for accidents continues to rise with 36% due to poisonings and 25% for being struck by an object or foreign body piercing the skin.

SEXUALLY TRANSMITTED DISEASES

- Diagnosis rates of sexually transmitted diseases have declined in this age group.

ECONOMY

- The numbers of 16-24 year olds claiming job seekers allowance is now on a downward trend, but the proportion claiming is still double that of the working age population.

YOUNGER JUGGLERS AND SETTLERS

MORTALITY

- Mortality rates for alcohol related diseases continues to be significantly higher than national and the rate is rising for females aged 25-39. The rates are higher in the most deprived areas of Dudley.
- Although the number of deaths are low for epilepsy, the rate is higher than the national rate.

HOSPITAL ADMISSIONS

- Approximately 15% of emergency hospital admissions are due to injury or poisoning from external causes and a further 15% due to pregnancy related conditions.
- Nearly two-thirds of A & E attendances are for people living in the 40% most deprived group in the borough.

ECONOMY

- The 25 to 39 years age group continues to have a higher job seekers claimant rate than those of working age at 4.6%. It is now on a downward trend.

CRIME

- Victimisation remains high for the 25 to 40 age group. Criminal damage is at its highest rate along with vehicle crime and burglary.

OLDER JUGGLERS AND SETTLERS

MORTALITY

- The Dudley mortality rate for the 40-59 age band is higher than the national rate and is higher for males.
- Nearly 40% of deaths were due to cancer. Colorectal cancer is the third most common cause of cancer mortality with an increasing trend in Dudley, against the decreasing national trend.
- Mortality due to smoking related diseases is important in this age group and for males the rate in Dudley is higher than the national rate. Smoking related diseases mortality is correlated with deprivation.

HOSPITAL ADMISSIONS

- Emergency admissions for alcohol specific conditions increases from the 40-59 age group. The increasing trend with time is beginning to level.
- The proportion of A & E attendances from accidents that result in a hospital admission begins to increase for the 40-59 age group (8.6%).
- The proportion of admissions from accidents relating to falls increases for this age group.

CANCER SCREENING

- Uptake for both cervical and breast cancer screening in Dudley is below the national target of 80%

DEMENTIA

- It is estimated that there are currently 80 people aged 30-64 years with early onset dementia and this is projected to increase.

ECONOMY

- The rate of people in the 40-59 age group claiming job seekers allowance has declined in the last year to 3.5% for the age group.

CRIME

- Victimisation from crime begins to decline across the 40-59 age group, with a reduction in violent crime and an emphasis on burglary and vehicle crime.

ALONE AGAIN AND ACTIVE RETIREMENT

MORTALITY

- The mortality rate for the 60-74 age group is similar to the national rate. There are clear health inequalities with a quarter of deaths occurring in the 20% most deprived group.
- Cancers account for 45% of the deaths. Death rates from stomach cancer are higher for Dudley than nationally and is also higher in males.
- Mortality rate for respiratory diseases in males is higher in Dudley than nationally. The rate is higher in the most deprived group. COPD is the main contributing disease to this rise.
- Mortality rate for alcohol related conditions in Dudley males is significantly higher than the national rate and the trend is continuing upwards.

HOSPITAL ADMISSIONS

- Numbers of emergency hospital admissions have an increasing trend with time.
- Emergency admissions for alcohol specific conditions are lower in the 60-74 age group, but the trend continues upwards.
- The percentage of A & E attendances for accidents resulting in an admission rises further across this age band and the majority of these admissions are for falls.

CANCER SCREENING

- The uptake continues to be below the target of 80% and is reducing with time. Uptake is also lower in the more deprived areas of the borough.

DEMENTIA

- In Dudley it is estimated that 644 people

aged 65-74 have late onset dementia.

DISEASE PREVALENCE

- Estimated prevalence of diseases in Dudley against the actual recorded prevalence have improved for coronary heart disease, hypertension, diabetes, chronic obstructive pulmonary disease (COPD) and asthma. This has been most marked for COPD.

ECONOMIC

- A small percentage of people aged 60-64 years are claiming job seekers allowance (1.1%), but this has not declined as has been the case in the other age groups.

AGEING RETIREMENT

MORTALITY

- The mortality rate for those aged 75+ years is the highest of all the age groups. And in Dudley is higher than the national rate. In 2012 there were 1,998 deaths in the 75+ age group in Dudley.
- One third of the deaths are attributable to circulatory diseases. The deprivation gradient is low for this age group.
- Mortality from breast cancer in Dudley is higher than the national rate in the 75+ age group.
- Mortality rate for stroke and hypertensive disease in Dudley still remains higher than the national rate.
- Mortality rate for respiratory diseases in Dudley is above the national rate. This rate is higher in the most deprived groups.

HOSPITAL ADMISSIONS

- The number of emergency admissions for Dudley residents aged 75+ have increased year on year and account for 10,000 admissions.
- Emergency admissions for angina, heart failure and diabetes are higher in the Asian, black and Chinese ethnic minority groups.

- Emergency admissions for diabetes have risen in the last 3 years.

- Emergency admissions for lower respiratory tract infections have been increasing and are higher in the most deprived quintile group and in the Asian ethnic group.

- A & E attendances for unintentional and deliberate injury have declined and a lower proportion resulted in an admission.

- The majoring of admissions from A & E are for falls.

DEMENTIA

- It is estimated that Dudley has 3,594 people aged 75+ with dementia.

IMMUNISATION

- Dudley seasonal flu vaccination uptake in the 65+ age group was below the national rate at 72.7%.
- Pneumococcal vaccination uptake was 69% in Dudley in 2012/13.

HEALTHCARE ASSOCIATED INFECTIONS

- The level of reported cases of *Clostridium difficile* in the Dudley responsible population has been declining, but the rate remains higher than the national rate.

END OF LIFE CARE

- The rate of deaths at home and in care homes has remained static for Dudley with levels similar to the national average.
- Dudley has a higher percentage of terminal admissions that are emergencies than England.
- Dudley has a very low total spend per death on end of life care when compared to England.

CRIME

- In the 70+ age group there is an increase in the number of burglary related to distraction burglary.

ACTIONS NEEDED

This section provides a summary of the actions needed as determined by the review of healthcare, social care and health improvement needs of the population included in the JSNA synthesis document for 2014. These are not recommendations as these will be developed within the Joint Health and Well-being strategy and commissioning plans.

ACTIONS NEEDED FOR DUDLEY “THE PLACE”

- Support economic development and businesses in Dudley to maximise employment for everyone particularly young people.
- Continue to develop higher level skills in order to build a competitive knowledge based economy.
- Raise the levels of educational attainment and training across the borough, concentrating on those areas and communities where attainment is currently lower.
- The Dudley population is projected to increase proportionately in the 65+ age group which suggests a contracting working age population and a need to take on increased caring and financial responsibility for the ageing population.
- Continue to tackle child poverty in line with the child poverty strategy.
- Take opportunities to maintain an environment that enables people to be physically active and enhances mental health through strategic planning.
- Look to raise the standard of housing to adequate for all particularly within the private rental sector.
- Investigate the reasons for termination of assured shorthold tenancies that impact on homelessness.
- Continue to support the winter warmth programme.

- Maintain the standard of Dudley borough being the safest within the West Midlands. Support retailers to combat the rise in thefts from shops and stalls.
- Within transport planning consider the road user hierarchy of pedestrians (disabled and able bodied), cyclists, public transport and motorists.
- Work to reduce the number of air quality exceedances in the borough, to minimise the impact of air quality on health.

ACTIONS NEEDED FOR DUDLEY “THE PEOPLE”

- Although Dudley has an ageing population, it is prudent to acknowledge the needs of children and young people as well as the older and vulnerable adults as they are inter-related.
- Our services need to account for the differences in population demographics across the neighbourhoods of Dudley.
- Ensure that commissioners include a requirement to record all statutory data in contracts to maximise the ability to analyse and understand the changing population and their needs.
- Services should take account of and meet the needs of the increasing size and growing diversity of the population.

ACTIONS NEEDED FOR CHILDREN AND YOUNG PEOPLE

- Improve antenatal care across all services.
- Continue to fund the work to improve the uptake and continuation of breastfeeding across all maternities.
- Ensure learning from child death reviews are implemented.

- The focus should be maintained to support vulnerable teenagers to continue the reduction in teenage conception rates.
- Ensure services are maintained to continue to reduce the risks of smoking and obesity in pregnancy and to reduce child health inequalities.
- Continue to deliver evidence based interventions as informed by NICE guidelines to address childhood obesity and ensure the referral pathway to these services are incorporated into service specifications of services for children and families (maternity, health visiting, school nursing, early years and children's centres).
- Deprivation and poverty are the major drivers of health inequalities in children and these need to be addressed further.
- Schools should continue to address the levels of bullying.
- The numbers of looked after children and those with child protection plans continues to increase and it is therefore important to address this through preventative and early intervention services.
- There is an inequalities gap in outcomes for early years foundation stage which needs to be addressed.
- The suicide prevention strategy should be implemented and be extended to cover self-harm.

ACTIONS NEEDED FOR ADULTHOOD

- The key health and well-being challenges in this age group are chronic conditions and diseases resulting from poor lifestyle choices.
- There is a need to fully implement the alcohol harm strategy to tackle the current and future impact of alcohol consumption.
- Continue to implement the Dudley stop smoking service, assuring provision in the most deprived areas.
- Obesity and its two major components

food and physical activity is a major problem and the obesity strategy should be fully implemented.

Cancer continues to be a leading cause of death, but many cancers are preventable or have improved outcomes with early diagnosis. Should ensure improved uptake of national screening programmes across the lifecourse. Raise awareness of cancer symptoms to support early detection.

Continue to improve case finding for the major diseases e.g. hypertension, COPD etc. and the uptake of health checks.

Review the COPD care pathway to reduce unnecessary hospital admissions.

ACTIONS NEEDED FOR OLDER PEOPLE

Dudley has an ageing population, with over 70% of the 75+ age group having a limiting long term illness or disability. The gap between healthy life expectancy and life expectancy is 16.1 and 18.3 years for males and females respectively.

Emphasis on supporting people to continue to live independently by engaging with local community organisations and the voluntary sector.

Early interventions for falls prevention are required.

The self-management programme should be further developed.

Housing plans will need to consider the ageing population and the potential need for more single occupant dwellings.

Dementia case finding should be implemented.

Improve the uptake of flu and pneumococcal vaccinations in the 65+ age group and in vulnerable groups.

Investigate the end of life care pathway to minimise terminal admissions as emergencies.

