Joint Strategic Needs Assessment of Health and Wellbeing in Dudley

An update for 2009

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DUDLEY COMMUNITY PARTNERSHIP
achieving together

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1. INTRODUCTION

Dudley completed a JSNA and a major strategic review in 2007, ahead of national guidance. 2008 saw the publication of the spatial dimension to the JSNA. As a *strategic* assessment the JSNA has driven the Borough Partnership's renewal of Dudley Community Plan, Dudley PCT's Strategic Plan and the Borough's Local Area Agreement with Central Government.

In 2009, effort has been focused on the inequalities dimension of the JSNA, examining in more depth the nature and extent of inequalities in the Borough. These assessments are published separately. JSNA predictive modeling has also been extended, looking at the impact of additional investment in smoking cessation and interventions to reduce alcohol misuse, as well as demographic modeling of health service demand. This, too, is published in a separate paper. In addition, led by the PCT, the Dudley Community Partnership has dramatically improved access to the JSNA by all partners, through the development of its JSNA website. This not only provides access to all JSNA documents, but also includes on-line JSNA indicators, all updated as new data is published. The website's community voice area provides access to reports on community consultations and engagement and a link to the consultation database. The website can be accessed at:

www.dudleylsp.org

This report (which is posted on the website) revisits the JSNA's main strategic conclusions in the light of the most recent data available, assessing any impact upon strategic direction.

2. DUDLEY JSNA – THE STRATEGIC SUMMARY

The baseline report, published in March 2007, highlighted key findings in ten areas in relation to health and wellbeing need in the borough.

Population

- From the 2004 mid-year population projections, the population in Dudley was projected to increase by only about 1% overall from 305,600 in 2005 to 309,400 in 2020.
- The populations aged 65+ and aged 85+ were projected over the same period to rise by 24% and 52% respectively.
- Births were projected to remain relatively static, with in and out migration although small, being the major contributor to the projected population rise.

Ethnicity

- From the Census of 2001 the black and ethnic minority (BME) population accounted for 6.3% of the population in Dudley, and had a much younger population profile than the white population.
- In 2001 only 8% of the BME population was over 65 (compared to 17.5% in the population as a whole in 2005). Suggesting that over the next 15-20 years there will be an increasing demand for services generally applicable to older people in the BME population.

Deprivation

- Dudley's overall deprivation status differed little from the national average, but is concentrated in an inner urban 'core'.
- The future success of the local economy will be the key to future deprivation status.

Longevity

- Life expectancy in Dudley had risen in the last twenty years but at a slower rate than nationally in more recent years.
- There had been some narrowing of within Borough differences, but the gap still stood at 6.6 years (2003-2005) between the Dudley wards with the highest and lowest life expectancy.

Health Risks Identified

- The two biggest causes of premature mortality were circulatory diseases and cancer, though both had decreased over the last 20 years.

- Inequalities were greatest for circulatory disease, with some areas of Dudley lagging 10 years behind the Dudley average. Reducing smoking rates was likely to have the biggest impact.
- Accident rates were no lower now than ten years ago and there had been an upturn in mortality rates from accidents for women aged 65+.
- Monitoring of disease prevalence in the community was becoming much better, though some diseases were seriously under-diagnosed (stroke, diabetes and chronic obstructive pulmonary disease (COPD)).
- The most important lifestyle factor affecting health was still smoking, though this rate was falling.
- Alcohol misuse was increasing.
- Obesity prevalence was rising.

Other Potential Risks

- Pandemic Flu
- Climate change

Work and the Economy

- Dudley had a lower proportion of people of a working age than nationally, but had lower unemployment levels and higher proportion economically inactive. Dudley earnings were lower than nationally.
- The total worklessness for Dudley was 10% of the Borough's working age population (10% nationally).
- Dudley had a higher proportion of Job seeking Allowance (JSA) claimants compared to the national figures.
- The proportion of people in Dudley working in manufacturing had declined over the last 25 years and been replaced by a rising proportion of people employed in the service industry.
- The proportion of people in Dudley with no qualifications was higher than the national figure and the proportion of people with qualifications at NVQ3 and above was lower than national.
- Dudley had a marginally lower rate of VAT registrations than nationally.

Housing Demand and Supply

- The average price of small dwellings in Dudley was making affordability a major issue for new forming households. This was confounded by low levels of supply of private rented stock.
- Home ownership was beyond the reach of 43% of concealed households.
- The social stock was 22% and provided 1,855 re-let units each year. Annually 2,404 affordable housing units were needed, 549 more than re-let supply.

- There was a requirement to develop a more balanced housing stock in both sectors with a need for more flats and terraced houses particularly in the private sector.

Assistive Technology and Support to Older People

- 1,381 households in Dudley were receiving telecare support of pendant alarm system and patch based warden services (2006).

Adult Social Care Service Provision

- Numbers of people contacting adult social care for services tended to be higher than most other authorities regionally and nationally.
- The difference in the level of service provision was accounted for by the high numbers of physical disability, frailty and sensory impairment receiving services.

3. WHAT HAS CHANGED?

Since the JSNA was completed, regular data flows have been updated and some new data sources have become available. The extent to which those data modify the strategic assessment needs to be examined. There have been changes in the external environment and these, too, need to be factored into the strategic assessment.

4. NEW AND REFRESHED DATA

The JSNA is underpinned by a core dataset, which contains a range of indicators sectioned into the following domains:

- Demography
- Social and Environmental Context
- Lifestyle/risk factors
- Burden of ill-health
- Services

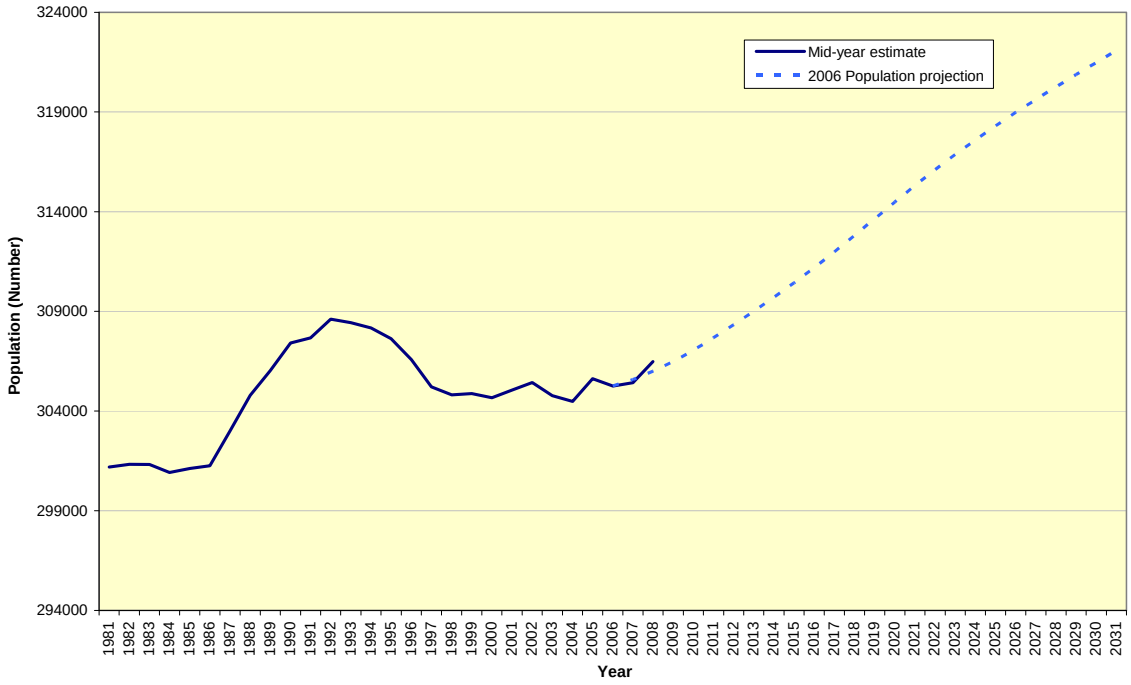
Many of the indicators included in these five domains are updated at least annually, so it is possible to develop trends over time and to produce projections, and to compare the local situation with both the regional and national situation. The updated core data set is available at www.dudleylsp.org and will be developed to include the data at a lower geography.

Demography

Population Change

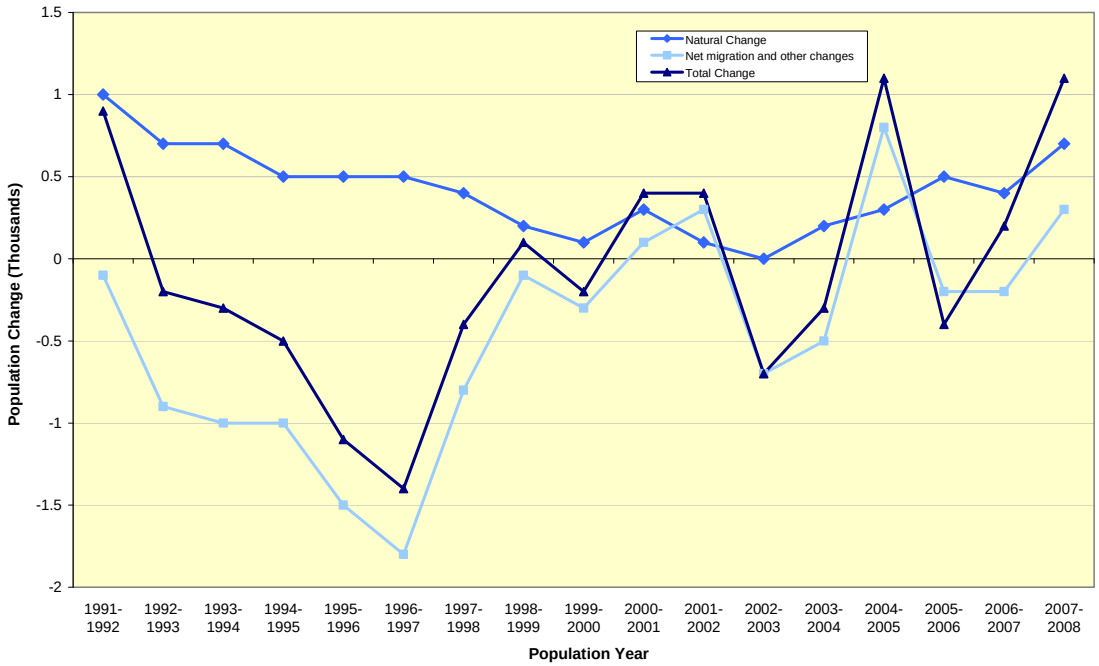
The latest Office of National Statistics (ONS) mid-year population estimate (2008) for Dudley stands at 306,500, approximately 1,000 people higher than the projected population in the baseline JSNA. Following a period of fairly stable population, this is now increasing. If recent trends continue then it is projected that the population may increase by 8,000 people by the year 2020 (+2.6%) although as with any projection, this is subject to change (Figure 1). The primary reason for the projected population change is mainly due to an upward trend in natural change over the last 5 years and a smaller and more variable upward trend in net migration (Figure 2).

Figure 1. Trend in Mid-year Total Population Estimates and Population Projections to 2031 for Dudley



Source: Office of National Statistics, 2006 Mid-year population projections

Figure 2. Components of Population Change Mid-1991 to Mid-2008 for Dudley



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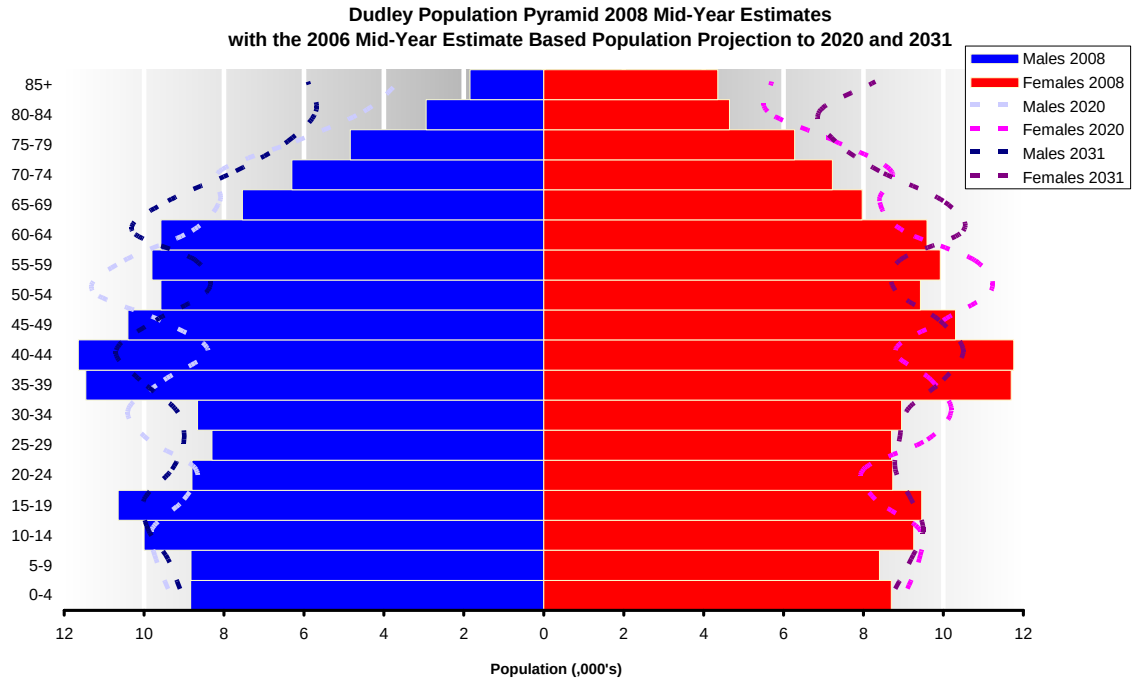
Source: Office of National Statistics, Mid-year Components of population change.

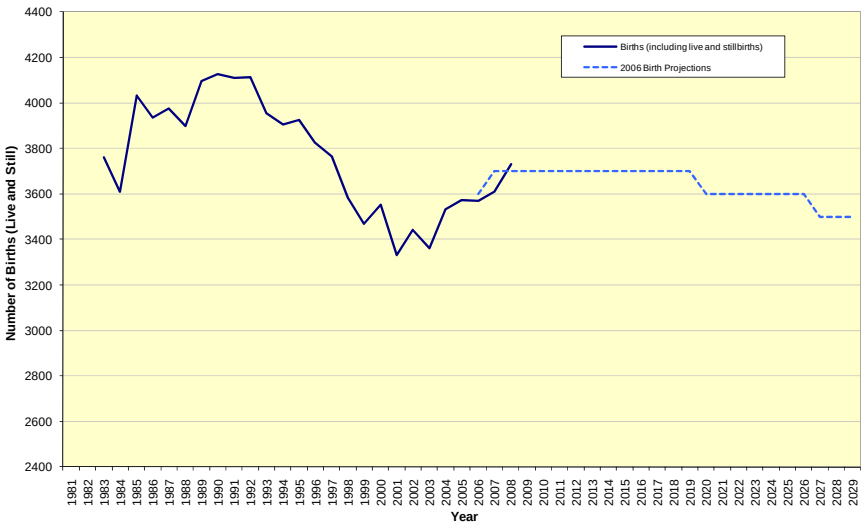
The small increase in population seen since the baseline in 2005 has included a disproportionate increase in the people aged 65+ and hence a further increase in the projected population in this age group. In 2008 there were around 54,900 people aged 65 or over in Dudley, with about 25,300 of these aged 75 or over and about 6,400 aged 85+. These are projected to rise to 66,200, 32,900 and 9,300 respectively by 2020 (Figure 3).

Figure 3.



Births in the borough have steadily been rising since 2000, probably as a result of the 1983-1993 cohort. The birth projections have been revised using the mid-year population estimates for 2006 and estimate births to remain at this new higher level of 3,700 until 2020. Projections are uncertain, and become increasingly so the further they are carried forward (Figure 4).

Figure 4. Trends in Births (Live and Still) and Birth Projections to 2029 for Dudley



Source: Office of National Statistics, 2006 Mid-year population projections

Support Ratios

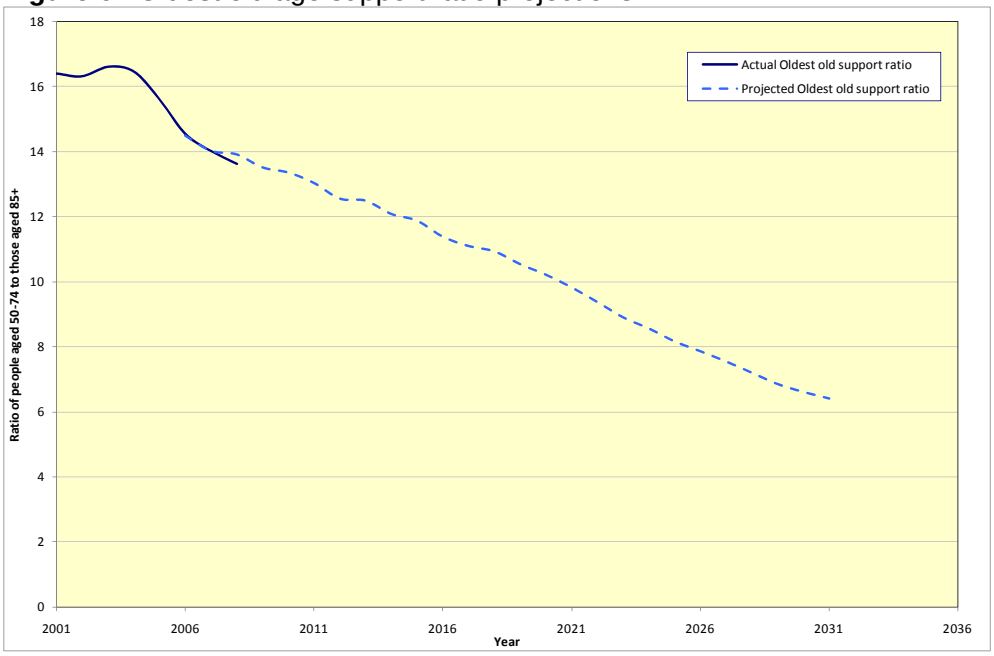
If past trends continue, the Dudley population is projected to rise over the next 20 years and, in common with the rest of the UK, has an ageing population. The proportion of people aged 65 and over is projected to increase from 17.5% in 2006 to 23.7% in 2031. This is largely a consequence of improving life expectancy and the ageing of the large number of people born after the Second World War and during the 1960s baby boom. As a result, despite the rises in state pension age, old age support ratios (the ratio of working age to those aged above state pension age) will fall. In 2006, there were 2.9 people of working age for every person of state pensionable age. This ratio is projected to fall to 2.6 by 2031 (Figure 5).

With the increase in the proportion of the population who are very elderly (aged 85+), there will be a shift in the structure of intergenerational relationships, with younger retired people (aged 50-74) contributing to the long term care of very elderly people by providing informal care to their parents. The oldest old support ratio is shown in Figure 6 and is projected to reduce from 14.5 in 2006 to 6.4 in 2031. This indicator is a rough guide of informal care resources for very elderly people and complements the older people support ratio.

Figure 5. Young and Old person Dependency Ratio Projections

Source: Office of National Statistics, 2006 Mid-year population projections. The cut-off point between working age and pension age varies by projection year, in accordance with the increases in state pension age taking place between 2010 and 2031 as a result of Government legislation.

Figure 6. Oldest old age support ratio projections



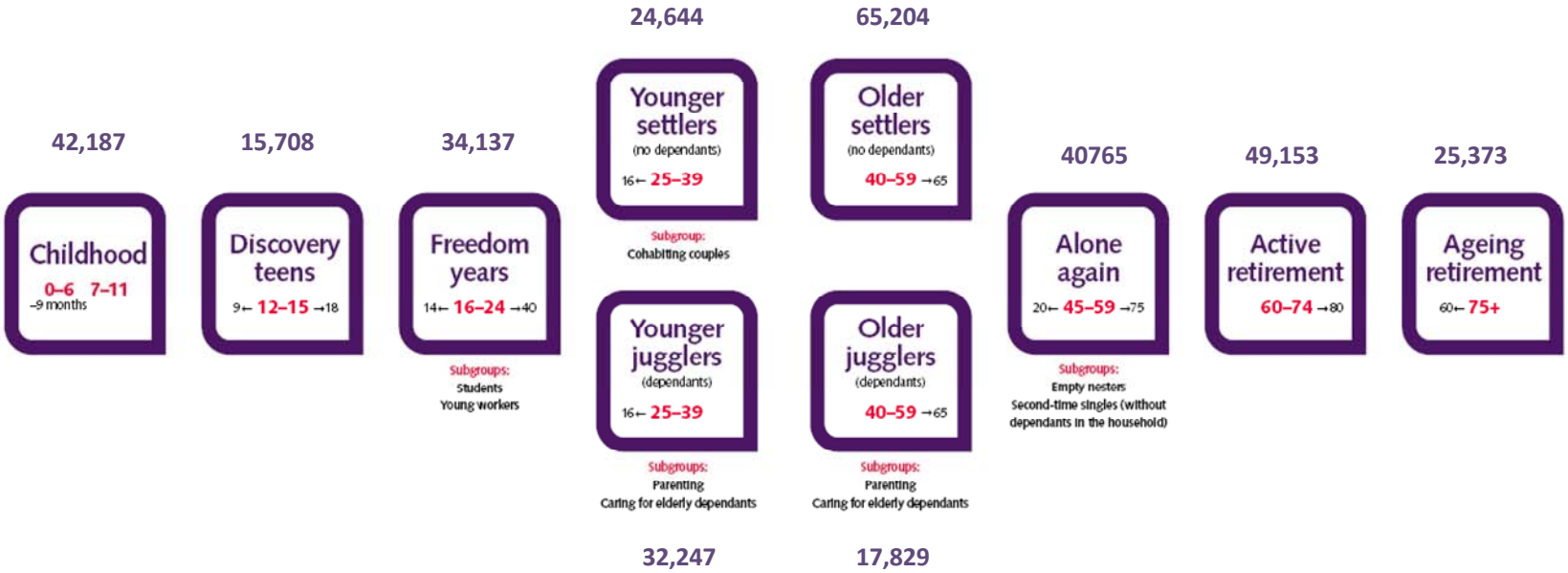
Source: Office of National Statistics, 2006 Mid-year population projections

Life Stage Segmentation

It is now recognised that the design of interventions to improve health must move beyond consideration of traditional epidemiological variables, to consider life stage and health beliefs. To aid these considerations the Department of Health, as part of the Ambitions for Health Programme, has developed a segmentation model which is intended to be applied across all public health risk reduction programmes. The model has 3 dimensions – life stage, circumstances and health beliefs. At the time of writing the work is not yet complete but the life stage dimension has been published, with the most critical life stages and life events identified. These are shown in the diagram below. The outer ages form the maximum and minimum ages for that particular life stage, whilst those in red form the core of that stage. The journey through stages is typically linear for the first three and last two. It is possible for people to move between the 'settler', 'juggler' and 'alone again' stages as different life events are experienced. There is as yet, no formal method or new data for estimating the PCT population in each group. Below are presented the best estimates for each group derived from existing population data sources.

The Healthy Foundations Segmentation Model – Life stages applied to the Dudley Population 2008

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



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

Ethnicity

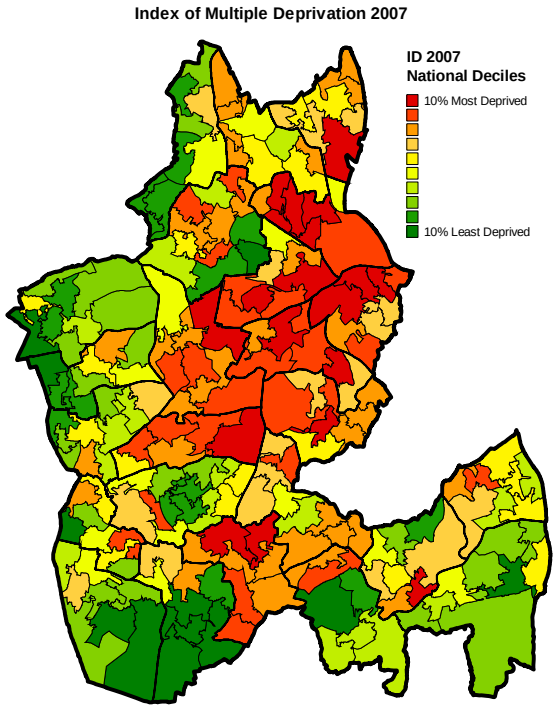
Estimates of the population by ethnic group are now published by ONS. These are experimental statistics and are subject to change as methodologies are changed, but within these limitations they offer an update to that produced from the 2001 Census. In 2001 the Black and Minority Ethnic group (BME) proportion of the Dudley population was estimated at 6.3% or 19,700 people. In 2007, this is estimated to have risen to 8.7%, an increase of approximately 9,000 people from BME groups. This is balanced partly by a reduction of 6,500 white British, white Irish and white other, during the same period.

The annual school census 2008 (PLASC) showed that 15.9% of pupils in Dudley schools are from BME backgrounds, compared to the estimate of 8.7% for the population as a whole. This is a reflection of the younger age profile of the BME population compared with that of the overall population.

Deprivation

The national indices of deprivation (IMD) calculated by the Department of Communities & Local Government were revised from the previous 2004 edition in 2007. The index of multiple deprivation, is made up of a number of domains (income, employment, health, education, housing, living environment and crime). These are developed from specific variables and then combined into a single index for every super output area (SOA) nationally (Figure 7). The two maps (Figure 8), show income deprivation as it affects children and older people. The three maps are very similar, although the child poverty map has fewer areas in the most deprived 10%. Income deprivation appears to have a larger impact for older people. The deprived areas on all three maps are mainly found in an area running from Castle & Priory in the northern part of the borough through Netherton, St. James, St. Thomas and St. Andrews to Brockmoor & Pensnett and Brierley Hill in the central part of the borough. There is also a cluster of deprived SOAs in Lye, with a further few scattered throughout the borough and these seem to be more strongly associated with older people.

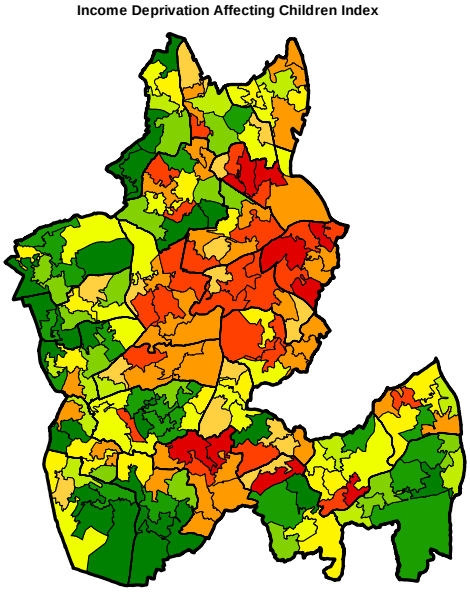
Figure 7.



Source: Department of Communities & Local Government Indices of Deprivation 2007

Figure 8.

(a)



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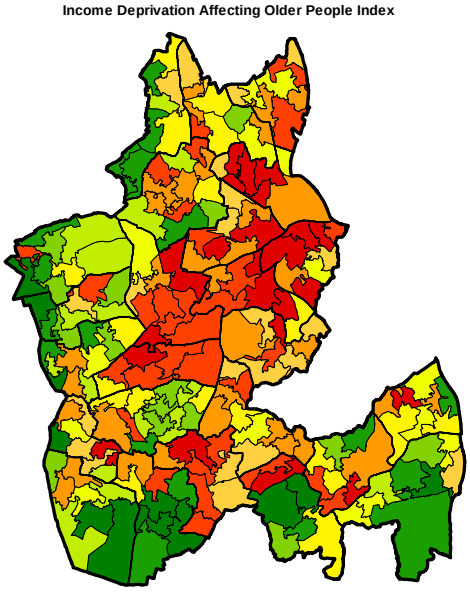


Source: Department of Communities & Local Government Indices of Deprivation 2007

The 2004 index used data from 2001 (2004 was the year it was released), whilst the 2007 index uses data from 2005. Some indicators have been combined together over several time periods (years, quarters etc.) to increase their robustness and remove seasonal variation. The main change to the indicators used is in the Income domain, due to alterations in the benefits system since the IMD 2004 was published. When looking at change between the two indices, the DCLG say that "…some change will be occasioned by the substitution of some new indicators in the ID 2007 – especially in the Income Deprivation Domain", but that "…most change is likely to reflect relative change between the two time periods". Changes between the two Indices can be analysed by comparing the ranks and number of deprived SOAs in 2004 and 2007.

It is important to note that an increase in rank (moving closer to 1) does not necessarily mean that an area has become more deprived. In theory every Local Authority may have become less deprived, but because any change in rank reflects *relative* change, an area may be less deprived but move closer to the rank of 1 due to other areas also becoming less deprived but to a greater extent.

Dudley Borough has 202 Super Output Areas (SOAs) each with an average population of 1,511. Each SOA is given a rank based on its score for the overall IMD and the seven domains. The ranks can then be used to see how many SOAs are in the 10% and 20% most deprived in England (Table 1).

Table 1. Number of SOAs in the 10% and 20% most deprived in England, IMD and individual domains, 2004 and 2007, Dudley Borough

	Number of SOAs in 10% most deprived in England		Change 2004 to 2007	Number of SOAs in 20% most deprived in England		Change 2004 to 2007
	2004	2007		2004	2007	
Overall Index of Multiple Deprivation	12	19	+7	40	45	+5
Individual Domains						
Income Deprivation	15	18	+3	41	51	+10
Employment Deprivation	13	17	+4	38	47	+9
Health Deprivation & Disability	2	6	+4	20	31	+9
Education, Skills & Training Deprivation	28	36	+8	67	74	+7
Barriers to Housing & Services	0	2	+2	0	5	+5
Crime	3	3	0	15	15	0
Living Environment Deprivation	24	21	-3	62	56	-6

Dudley has experienced an increase in the number of SOAs in the 10% most deprived in England under the overall IMD, with the number rising from 12 to 19. The number in the 20% most deprived category has risen from 40 to 45.

The Income, Employment, Health, Education and Barriers domains have also seen an increase in the number of SOAs in both categories. The numbers have remained

the same for the Crime domain, and the number of deprived SOAs has fallen in the Living Environment domain.

Dudley's relative position has worsened in keeping with most of the West Midlands in contrast to other conurbations. Dudley's problem of deprivation remains a hidden one despite its severity – it appears to continue to fall below the radar of attracting comparable discretionary funding, judging by its "transitional" definition in terms of the allocation of the Working Neighbourhoods Fund. The City Strategy and linked Neighourhood Management service is focused on the most deprived areas, but more neighbourhoods now fall into the 10% most deprived in England.

Geodemographic Segmentation

Geodemographic segmentation provides further valuable insights into the health needs of the population by clustering small geographical areas on the basis of their similarity across a range of variables. The PCT and partners uses the Experian Mosaic tool to identify the spatial distribution of 11 clusters of neighbourhood populations with similar deprivation/affluence and lifestyle characteristics (Figure 9).

Mosaic is a typing method that takes information from numerous sources, including Census, benefits, income, housing and lifestyle data for areas and individuals and produces a grouping of postcodes into similar types. The map has all of the postcodes for Dudley shown with their cluster group indicated.

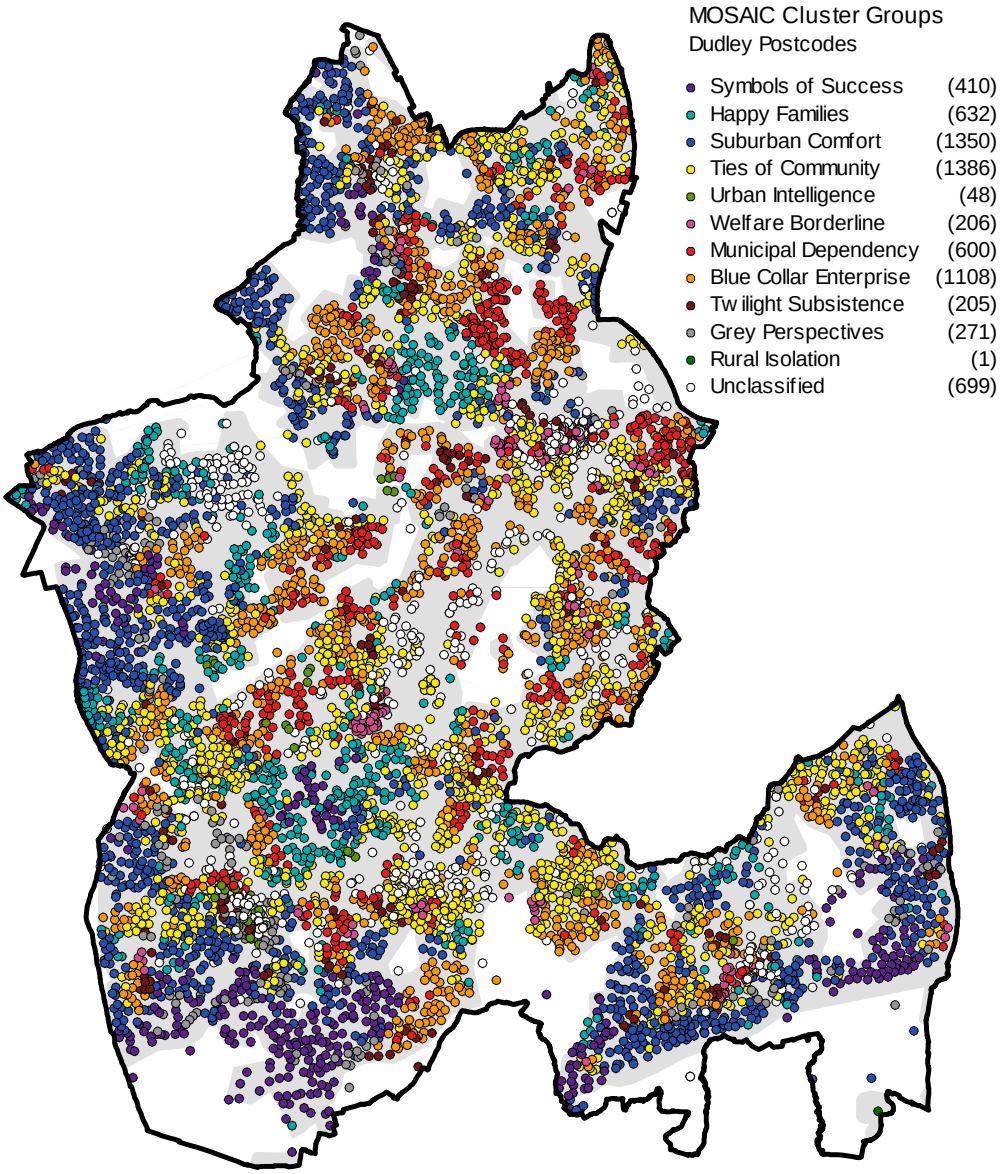
The most dominant cluster groups are 'Suburban Comfort', 'Ties of Community' and 'Blue Collar Enterprise'.

- 'Symbols of Success', dominate around the west and south, with relatively few of these in the central and northern parts of the Borough.
- 'Ties of Community' and 'Blue Collar Enterprise' dominate the rest of the borough.
- 'Municipal Dependency' has three clusters, in Castle and Priory, St Thomas and Brierley Hill, with a scattering elsewhere sometimes within geographical areas considered to have relative low levels of deprivation and hence can easily be missed when targeting interventions.
- Twilight subsistence is a group that is increasing within the borough and is spread throughout the borough in small pockets.
- 'Happy Families' is strongly clustered in Gornal Wood and Amblecote.
- The majority of 'Symbols of Success' postcodes are found in Stourbridge and Halesowen.

Each of the cluster groups are defined by their main characteristics in the table below:

Mosaic Public Sector Group	2007 Mid – year Population	Key Characteristics
Symbols of Success	17,100	People with rewarding careers who live in sought after locations, affording luxuries and premium quality products
Happy Families	34,800	Families with focus on career and home, mostly younger age groups now raising children
Suburban Comfort	62,300	Families who are successfully established in comfortable, mature homes. Children are growing up and finances are easier
Ties of Community	66,000	People living in close-knit inner city and manufacturing town communities, responsible workers with unsophisticated tastes
Urban Intelligence	2,300	Young, single and mostly well-educated, these people are cosmopolitan in tastes and liberal in attitudes
Welfare Borderline	10,700	People who are struggling to achieve rewards and are mostly reliant on the council for accommodation and benefits
Municipal Dependency	33,100	Families on lower incomes who often live in large council estates where there is little owner-occupation
Blue Collar Enterprise	58,000	People who though not well-educated are practical and enterprising and may well have exercised their right to buy
Twilight Subsistance	10,700	Elderly people subsisting on meagre incomes in council accommodation
Grey Perspectives	10,400	Independent pensioners living in their own homes who are relatively active in their lifestyles
Rural Isolation	50	People living in rural areas where country life has not been influenced by urban consumption patterns
Not Classified	400	

Figure 9. Distribution of Mosaic Cluster groups in Dudley



Source: Experian Ltd. MOSAIC

Longevity

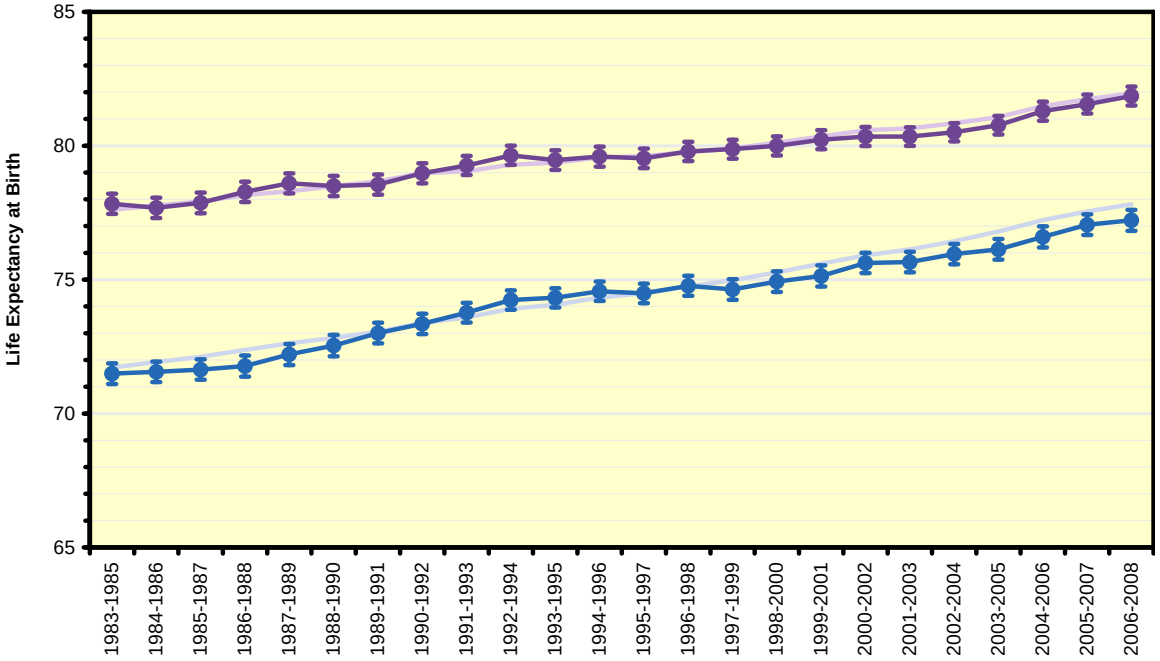
Overall life expectancy at birth for men and women has continued to rise but remains lower than (significantly so for males) the England and Wales average in 2006-2008 (Figure 10). At the local level, life expectancy at birth varies considerably between wards, with the lowest life expectancy now in Brockmoor and Pensnett ward being 8.6 years lower than the highest, recorded for Halesowen South ward. The gap has

widened from 6.6 years in 2003-2005 to 8.6 years in 2006-2008 and is most apparent for men (Figure 11).

Life expectancy at birth is related to deprivation with lower life expectancy in the most deprived area of the borough. The gap for life expectancy between the most and least deprived national quintiles has begun to widen again in the last few years and continues to be wider for men than women (Figure 12).

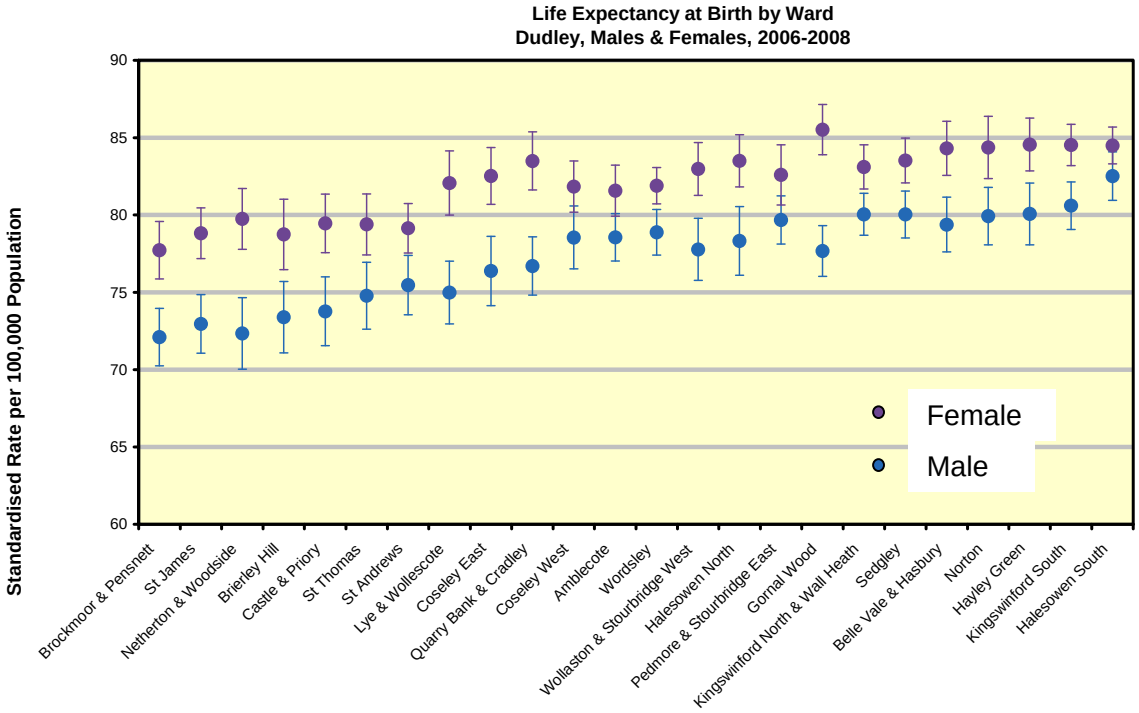
Figure 10.

Life Expectancy at Birth by Year
3-year rates, Dudley, Males & Females, 1983-1985 to 2006-2008



Source: Office of National Statistics (ONS) Annual Death Extract
Office of National Statistics (ONS) Mid-Year Population Estimates

Figure 11.



Source: Office of National Statistics (ONS) Annual Death Extract
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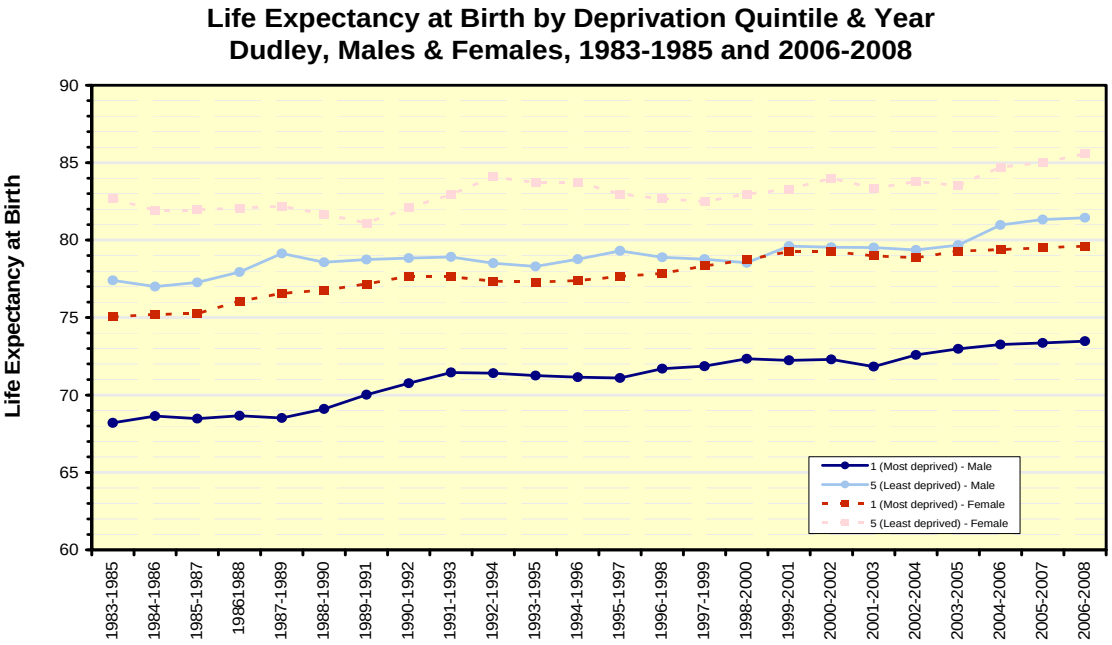
Figure 12.



Burden of Ill-health

Coronary Heart Disease (CHD)

CHD is still the biggest cause of premature death in Dudley of any single disease, accounting for around 150 deaths in the under 75s in Dudley each year. However rates have continued to decline (Figure 13). There is some evidence that for men the rate of decline is beginning to slow.

Circulatory diseases as a whole, of which CHD accounts for more than one half, continue to be a major factor in overall health inequalities, with rates in some wards being more than three times those in other wards. So, although there has been an overall reduction in the rate of premature deaths from coronary heart disease for the borough, the gap between the wards with the highest and lowest rates has widened for men, but not for women (Figure 14 & 15). In 2006-2008 Brockmoor and Pensnett ward had significantly higher mortality from all circulatory diseases than the PCT average for both men and women. The deprivation gradient in premature mortality from circulatory diseases is much steeper in men than in women (Figure 16). In order to continue the downward trend in premature mortality from circulatory diseases a greater degree of targeting resources at the more deprived male population will be required.

Of the circulatory diseases coronary heart disease is of most significance for premature mortality, but there has been a slow-down in the rate of decline for stroke, particularly for men in the last few years. The rate of premature mortality for stroke in men is now significantly higher than the England & Wales average (Figure 17).

Figure 13.

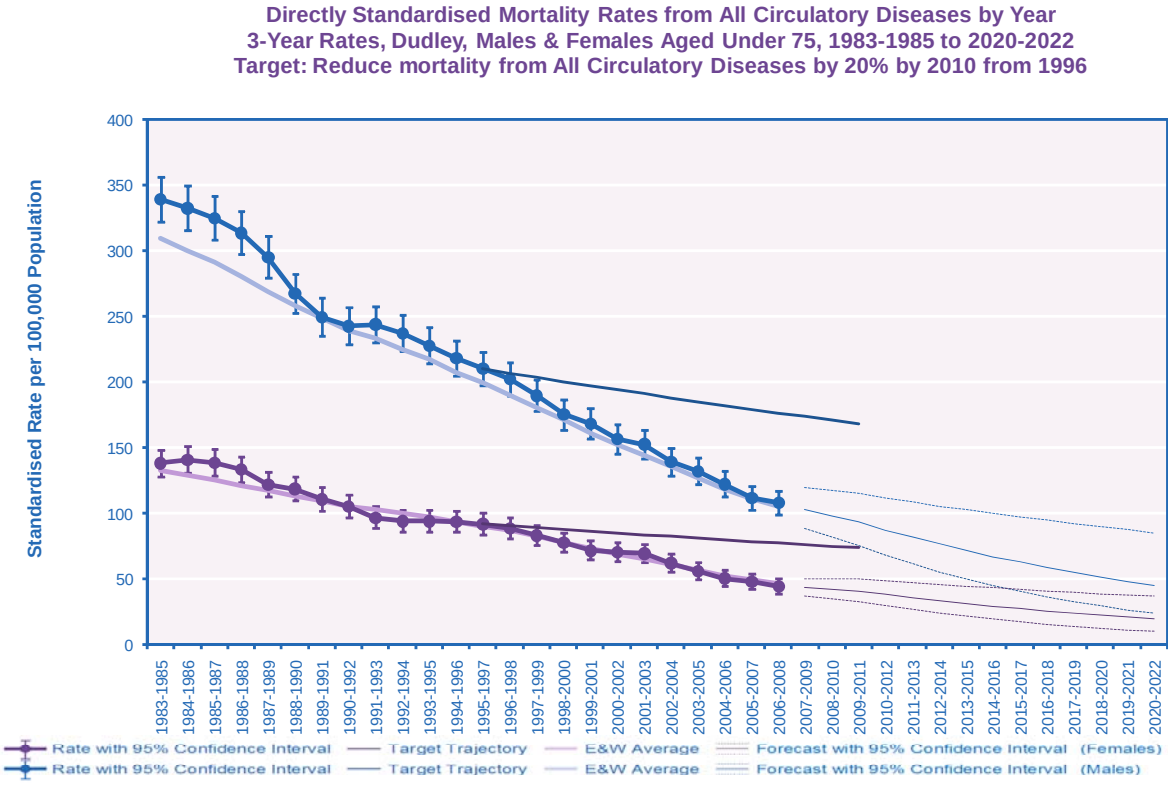


Figure 14.

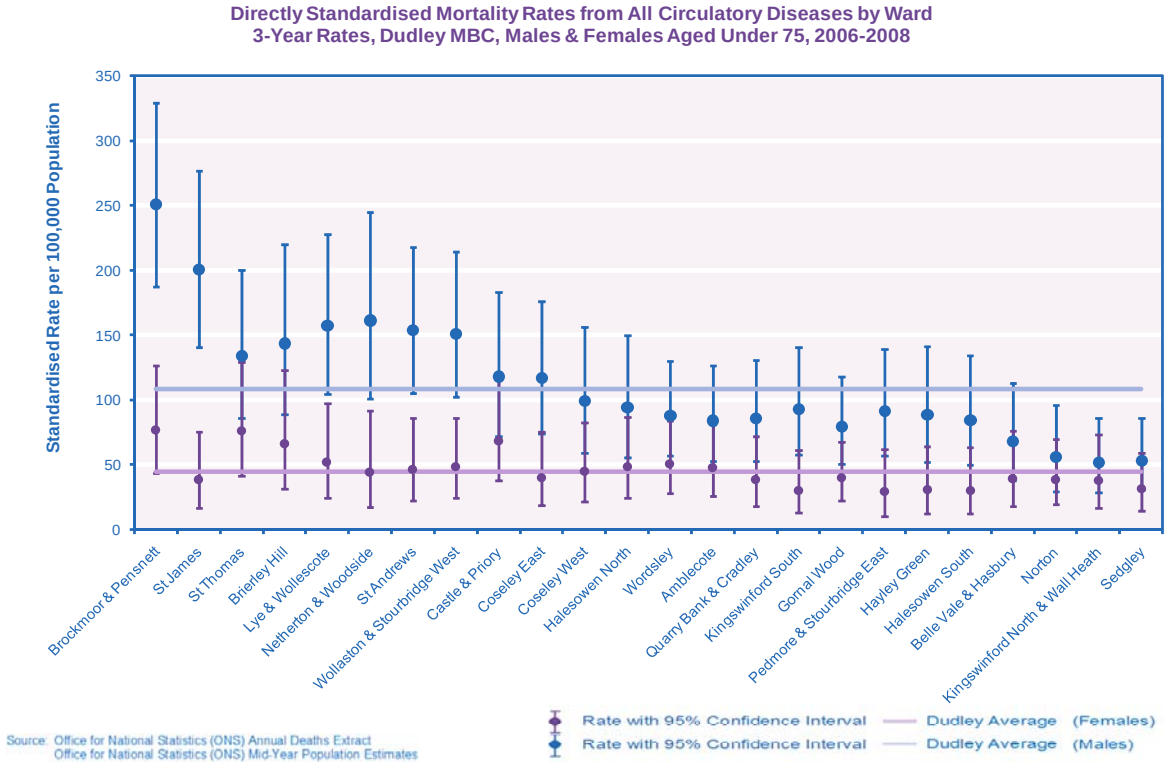


Figure 15.

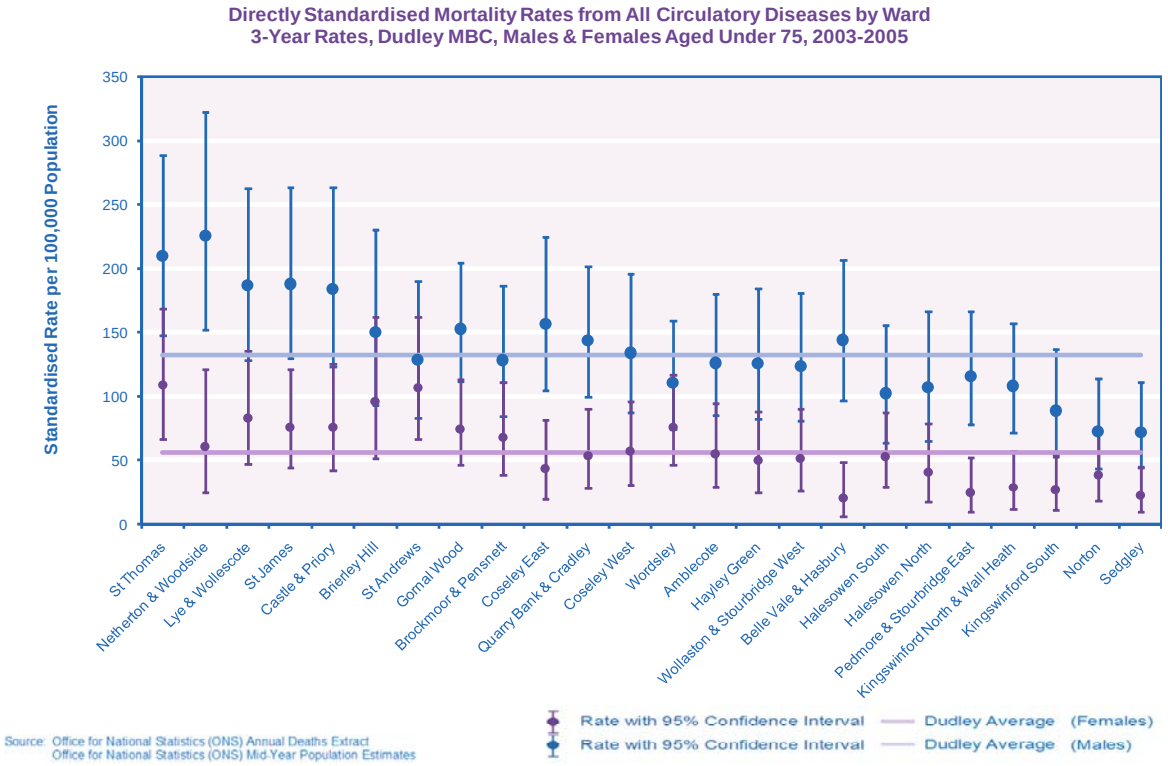


Figure 16.

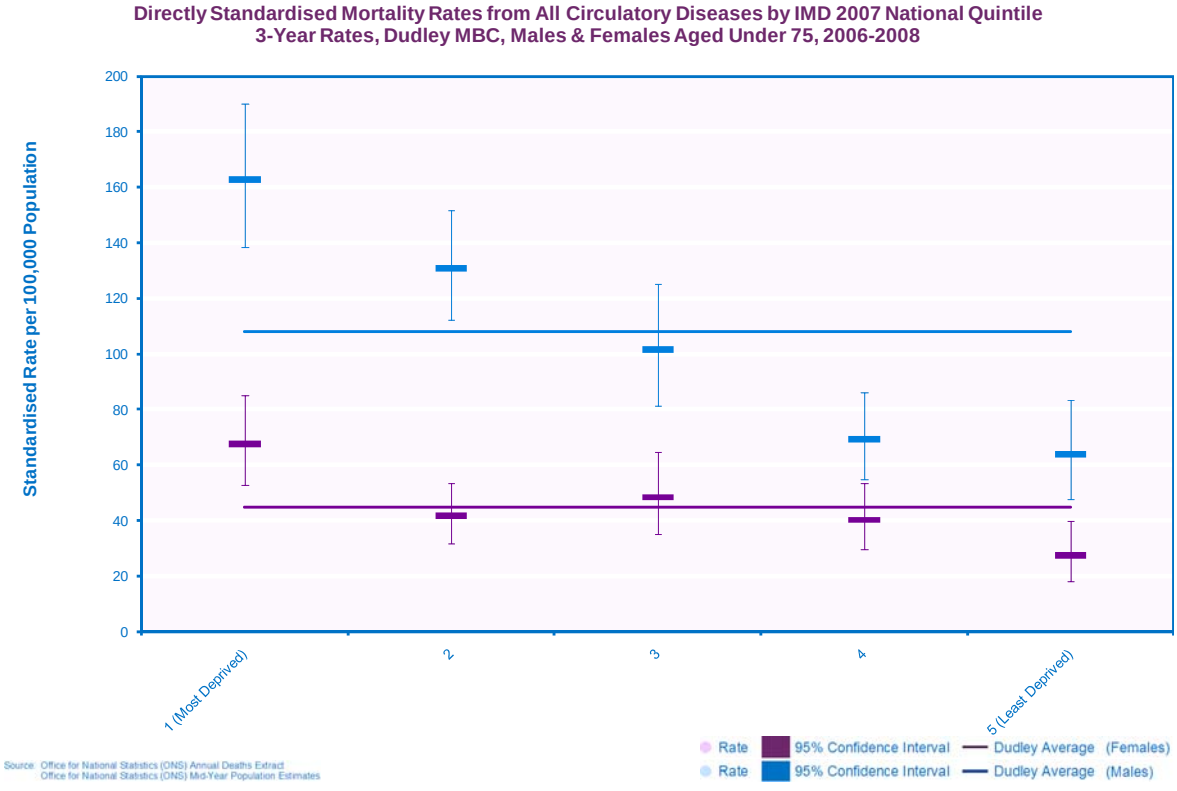
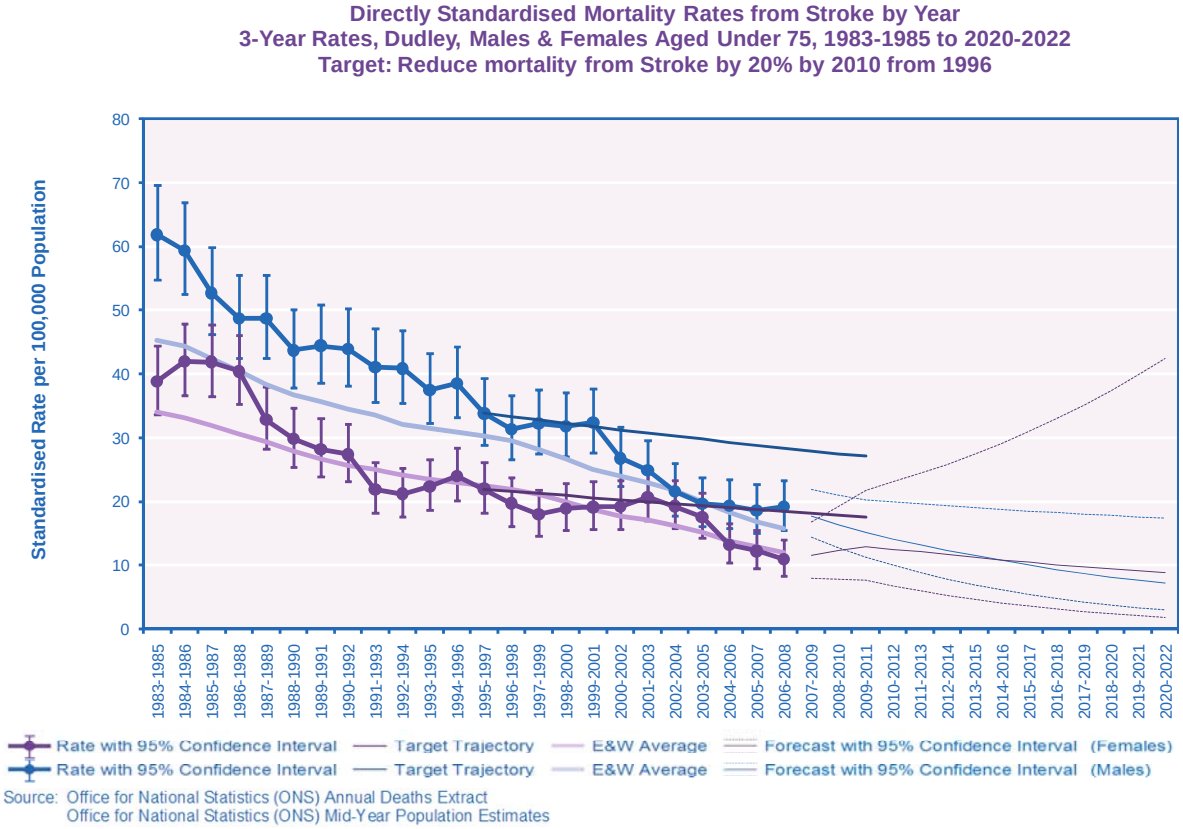


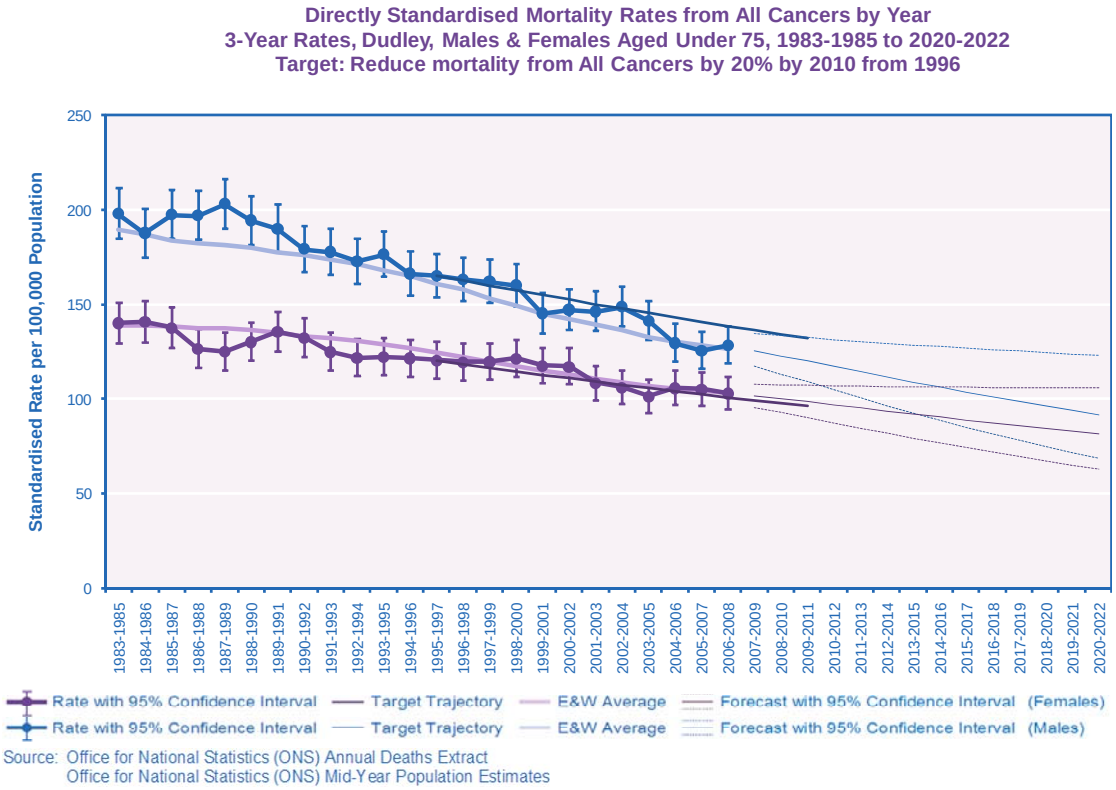
Figure 17.



Cancer

Cancer as a group of diseases continues to cause more premature mortality in Dudley than circulatory diseases do. Cancer mortality continues to decline over time but at a slower rate than for circulatory diseases. There is now an indication that the gap between premature mortality from cancer for men and women is closing, due to the increased rate of decline in rate for men (Figure 18).

Figure 18.



There is a significant deprivation gradient for premature mortality due to all cancers for both men and women (Figure 19).

Lung cancer is still the biggest cause of premature mortality of any cancer overall and particularly so for men (Figure 20), whereas breast cancer is the biggest cancer cause for women. The premature mortality rate for lung cancer has declined most rapidly for men, and the deprivation gradient has lessened due mainly to the decline in mortality rate for the men from the most deprived quintile (Figure 21). Lung cancer is strongly linked with smoking.

Figure 19.

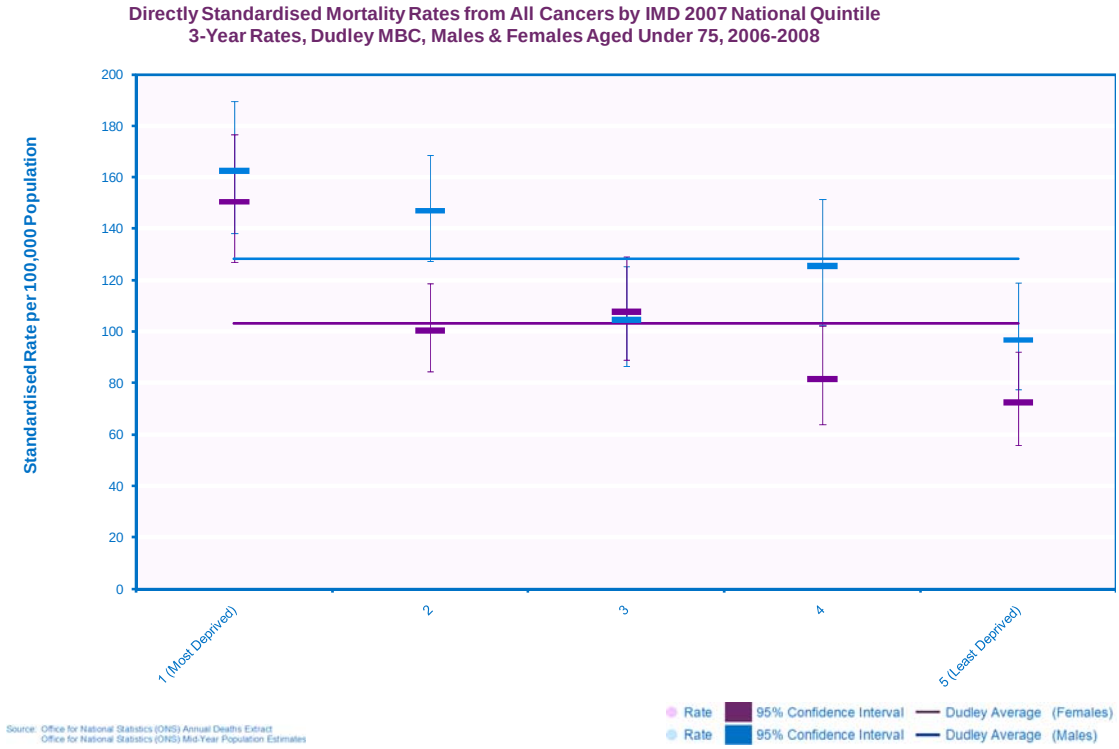


Figure 20.

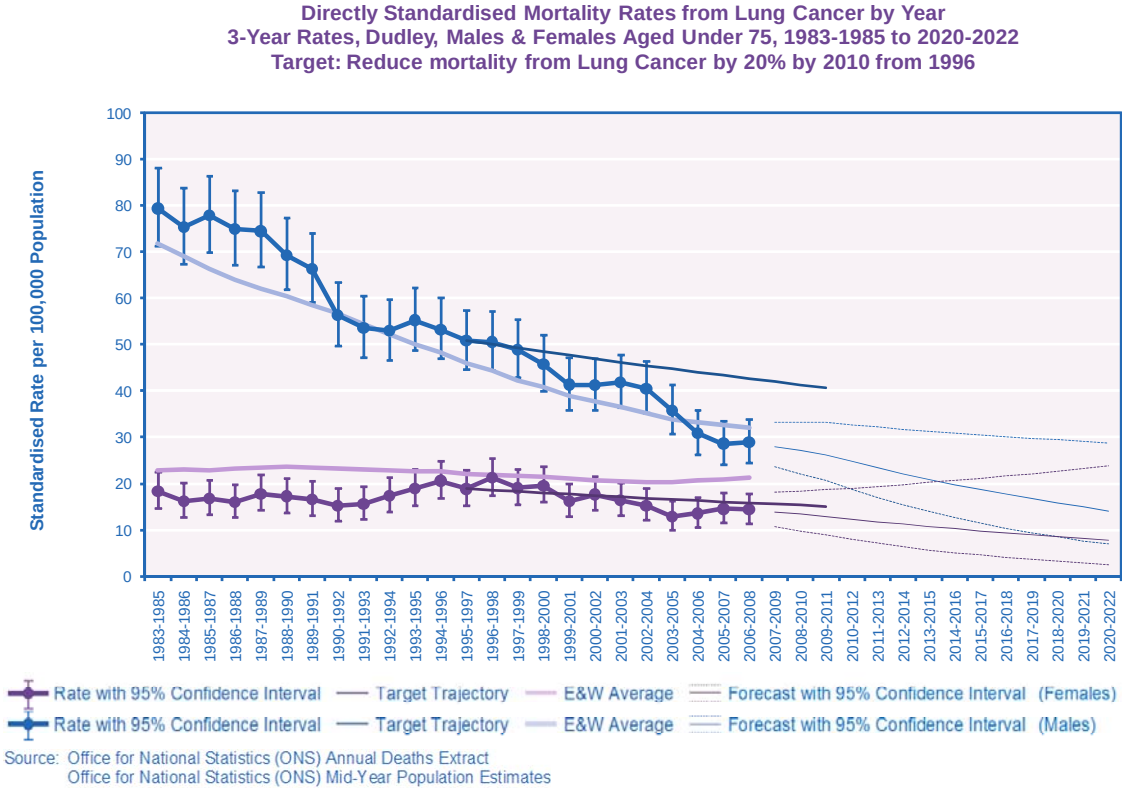
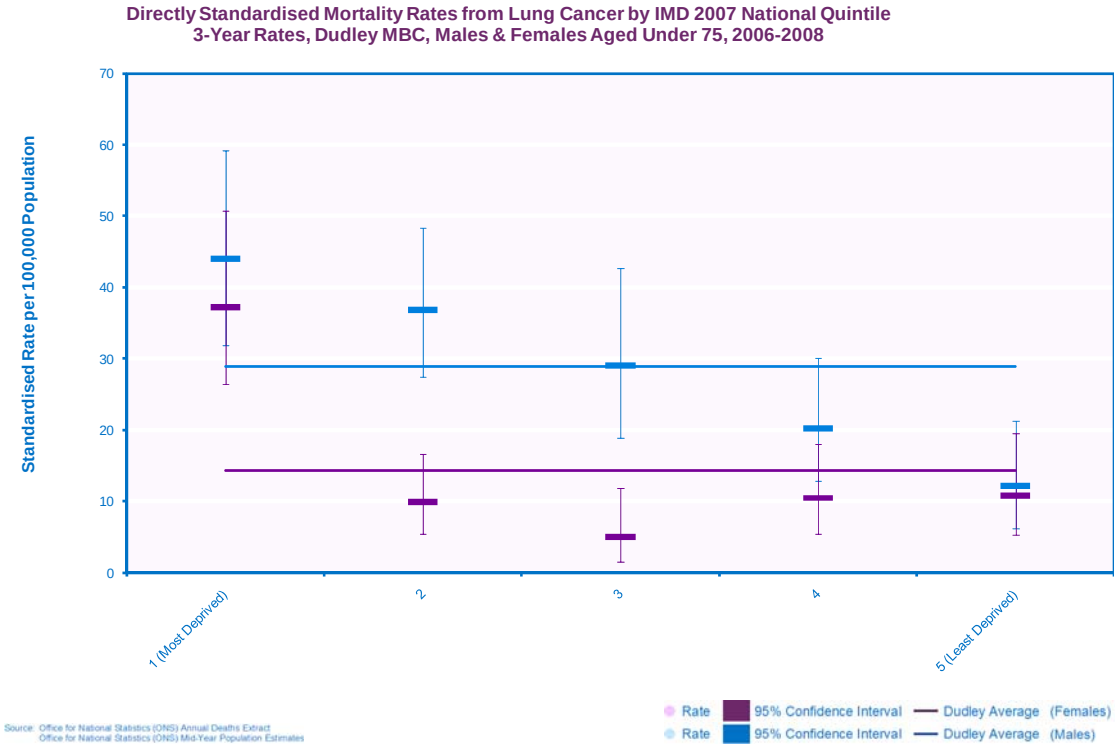


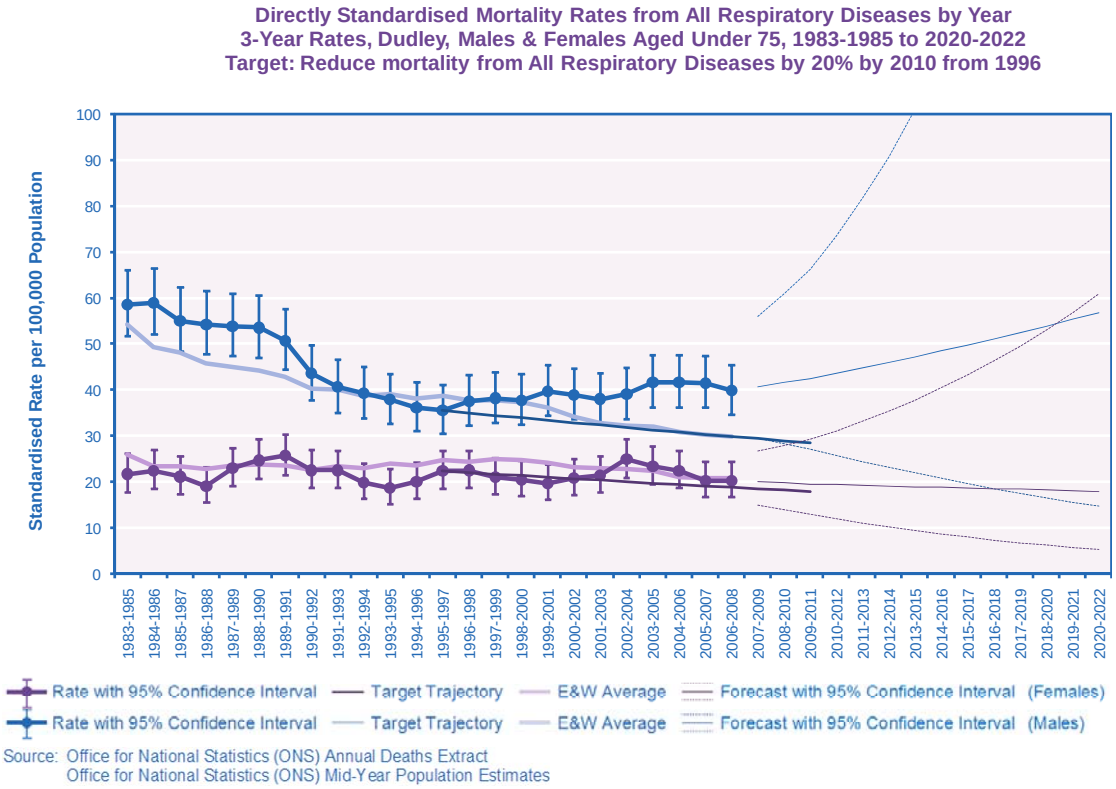
Figure 21.



Respiratory Disease

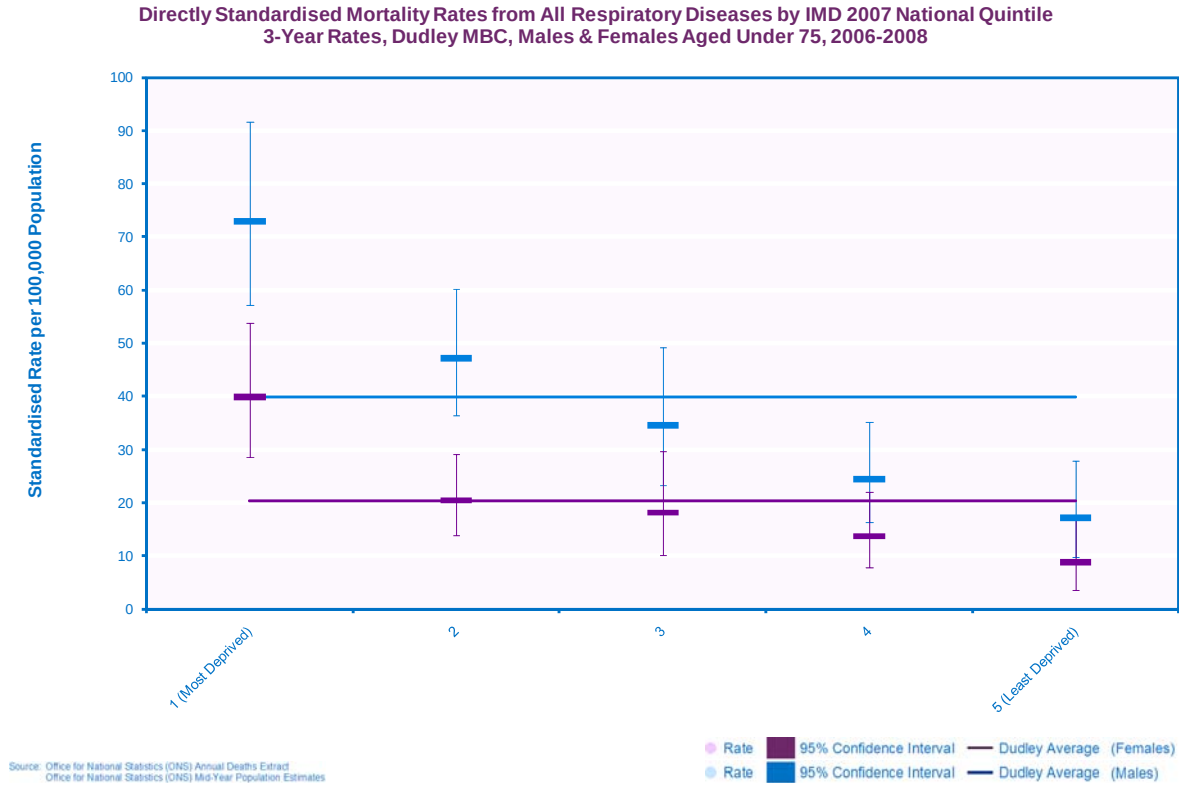
After cardiovascular disease and cancer, respiratory diseases have third next significant impact on premature mortality. In recent years there has been a steady rise in the rate for men (Figure 22) significantly above that for England & Wales. Unlike cardiovascular disease and cancer Dudley is not likely to meet the Health of the Nation target value. There is a strong deprivation gradient for premature mortality from respiratory diseases, particularly in the 20% most deprived areas of the borough (Figure 23). Respiratory disease is linked to both smoking and environmental causes related to the historic manufacturing industry of the borough. The biggest contributing diseases to this trend are chronic obstructive pulmonary disease (COPD) and bronchitis and emphysema.

Figure 22.



Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

Figure 23.



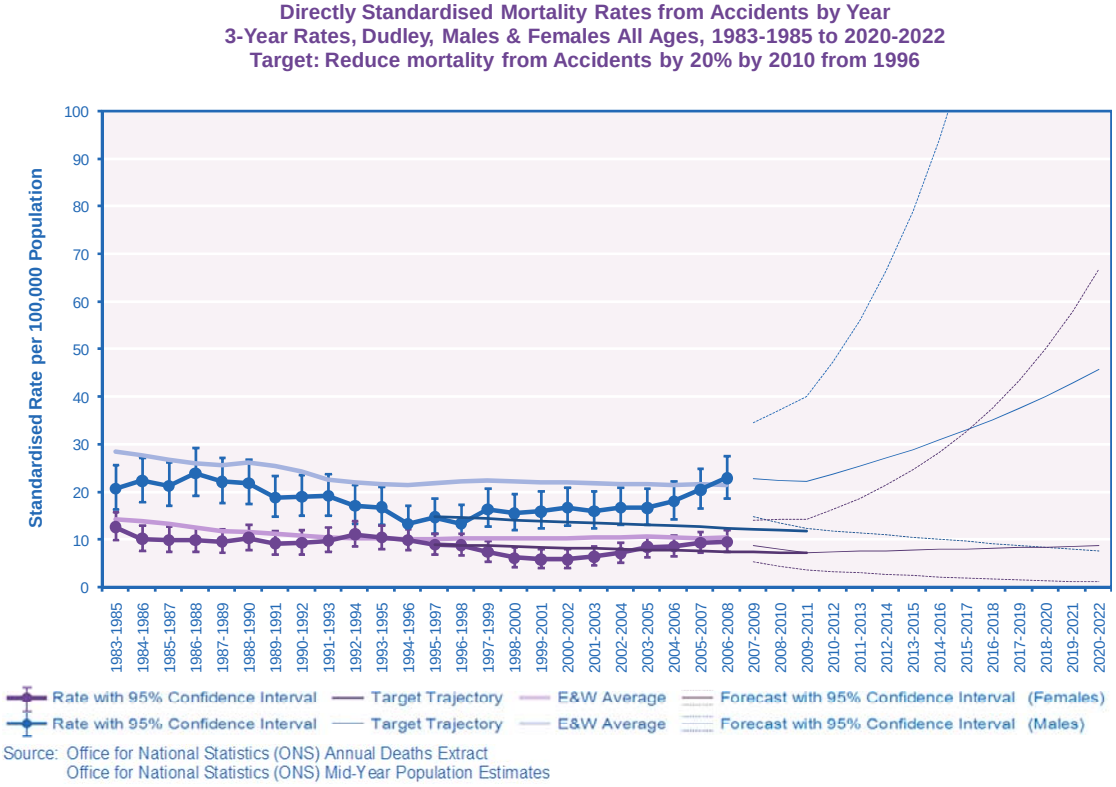
Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

Accidents

Although the numbers of deaths from accidents is small compared to the above three causes, they are all considered avoidable and therefore it is an important area of concern. The target set in "Our Healthier Nation" was to reduce mortality from accidents by 20% by 2010, and it is apparent that this target is likely to be missed. From the JSNA baseline the trend for mortality from accidents is increasing for both men and women and is now equal again to the rates for England & Wales (Figure 24). This increase is almost entirely in the 65+ age group with nearly all the deaths from accidents for women occurring in this age band (Figure 25). For men there has been an upturn for accidents in the younger age group as well (Figure 26). In the age 65+ group the biggest cause of deaths from accidents are related to falls, though issues with coding attributes many of these to other miscellaneous accident. The upturn in mortality from accidents in young men is related to road traffic accidents and poisoning.

There appears to be little impact of deprivation on deaths from accidents.

Figure 24.



Source: Office for National Statistics (ONS) Annual Deaths Extract
Office for National Statistics (ONS) Mid-Year Population Estimates

Figure 25.

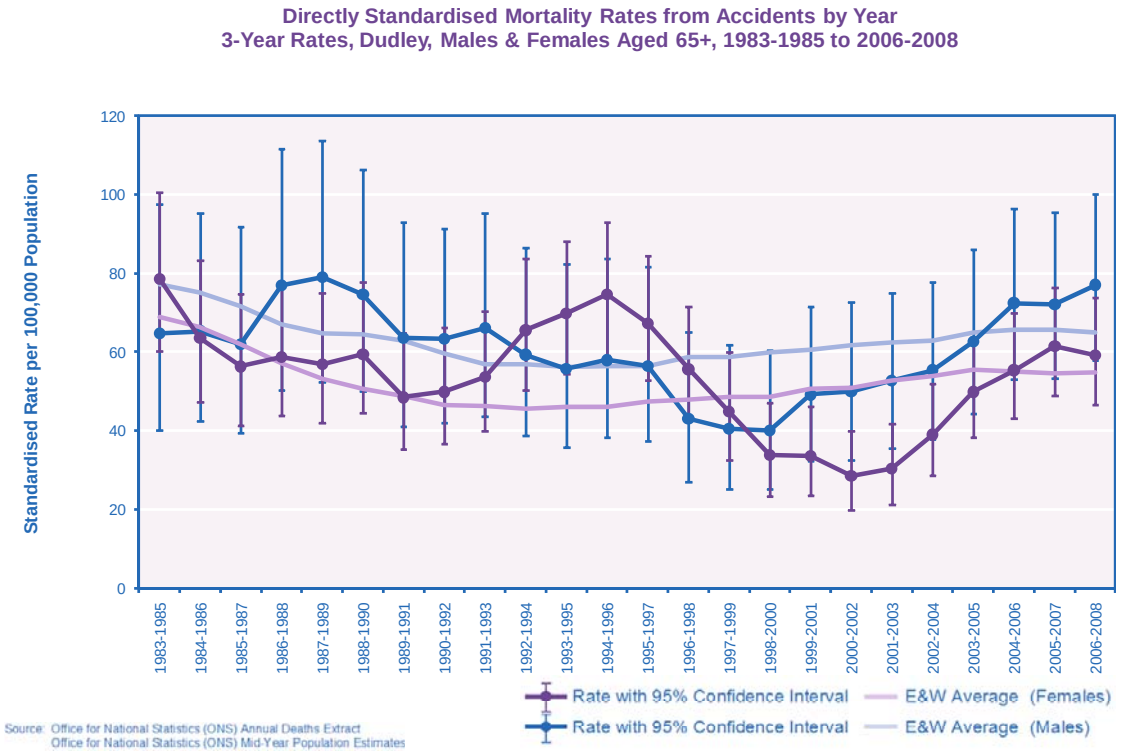
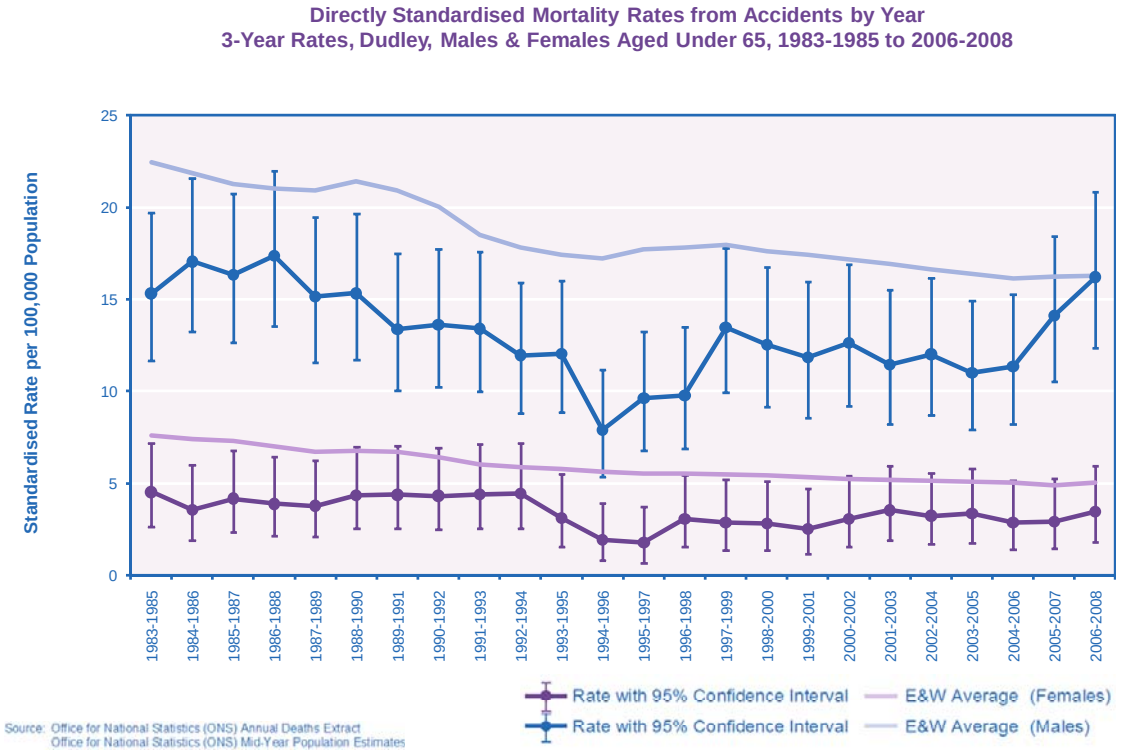


Figure 26.



Prevalence of major diseases

The Quality and Outcome Framework (QOF) of GP contracts has required GPs to report the number of people on the various special disease registers. Over the years since its introduction a wider number of diseases have been included in the contract. Table 2 below gives the ratio of the number of people on the register and the modelled prevalence (NHS Comparators) for 2008/09. The QOF disease registers give an estimation of disease prevalence but are likely to provide an under-estimate of true prevalence due to undiagnosed disease. Disease prevalence models provide estimates of underlying prevalence derived from population statistics and scientific research on the risk factors for each disease. Comparing the observed and expected registers for a population can give an indication of areas with potential under-diagnosis. For all the major diseases Dudley PCT has percentage ratios below 100 but close to those reported nationally. However there was some variation between the actual number of patients diagnosed with the major diseases in 2008 - 2009 within some GP practices and the expected number of patients with these diseases. These differences are highlighted for hypertension in figure 27 where the percentage ratio ranges from 42 to 98%. Where practices have significantly different numbers of patients from the number expected it could possibly be due to poor data reporting; a need to improve case finding; or alternatively a lower or higher actual prevalence of hypertension in that GP practice population. These are the important areas to concentrate on in order for the PCT to have an impact on reducing health inequalities in the borough.

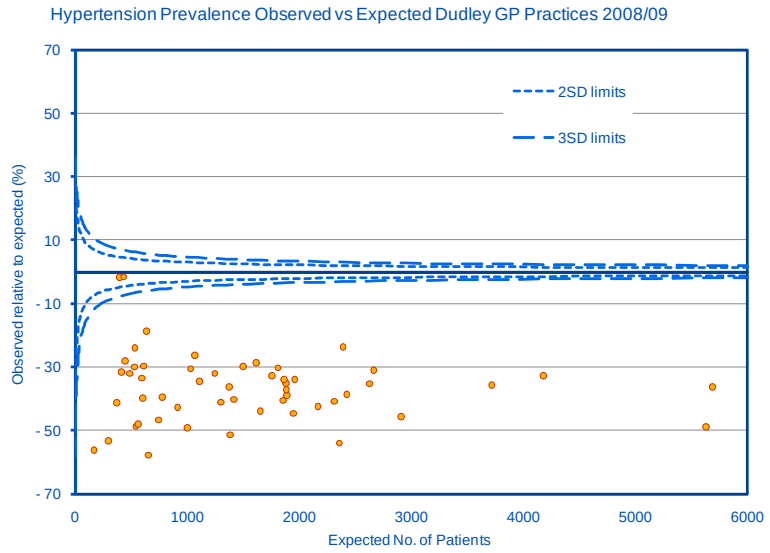
Table 2. Actual vs modelled prevalence for 2008/09

	2008/09			
Disease	QOF prevalence register	Modelled prevalence register*	Percentage ratio Dudley	Percentage ratio National
CHD	12,416	16,238	76.5	79.7
Hypertension	51,367	82,443	62.3	54.5
Stroke	5,623	6,983	80.5	84.7
Diabetes	13,541	15,585	86.9	88.3
COPD[1]	4,678	12,750	36.7	54.3
Treated Epilepsy	2,145	2,201	97.5	87.5
Asthma	18,575	28,960	64.1	64.5

*Data from NHS Comparators

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

Figure 27.



Source: QOF 2008/09 Hypertension Register and APHO Hypertension Prevalence Model, NHS Comparators

Note on chart interpretation
The plot shows each GP practice as a red dot. The X axis shows the % difference between the observed prevalence and the expected (modelled) prevalence e.g. If the observed equals the expected the GP will rest on the zero line. The Y axis shows practice size, with confidence intervals narrowing as size increases. The dotted lines show the 95% and 99.8% confidence limits. A summary of the model used is available from: http://www.apho.org.uk/resource/item.aspx?RID=83194 (accessed January 2010).

Table 3 shows projected expected prevalence, for four of the major diseases using national disease prevalence models and gives an indication of the level of changing need based on demography. The projections are calculated using the ONS population projections adjusted for PCT registered population and assume that age-specific community disease prevalence will not change significantly over the period.

Table 3. Projected Disease Prevalence Model expected numbers 2006 – 2020

Disease	Modelled Projected Expected Prevalence (estimated numbers)						
	2006	2007	2008	2009	2010	2015	2020
CHD	16,174	16,315	16,541	16,689	16,845	17,930	19,091
Hypertension	80,662	81,085	81,872	82,354	82,813	85,954	89,197
Stroke	6,751	6,806	6,905	6,973	7,041	7,544	8,055
COPD	12,544	12,618	12,750	12,823	12,908	13,430	14,048

Source: APHO Disease Prevalence Model Projections (http://www.apho.org.uk/resource/view.aspx?RID=48308 Accessed January 2010), based on ONS mid-year 2006 population projections applied to PCT populations.

Major Lifestyle/Risk Factors

Prevalence of major health risk factors

The prevalence of the major health risk factors in Dudley were reported from the Dudley Health Survey 2004, this survey was repeated in 2009 and the new prevalence figures will be available in early 2010.

Since the baseline JSNA was produced Sport England introduced an annual national Active People Survey for adults (age 16+) providing reliable statistics on participation in sport and active recreation for all 354 local authorities in England (a minimum of 1,000 interviews were completed in every Local Authority in England). The survey was first introduced in 2005/06. The main indicators for sport participation from the survey are the proportion of the adult population taking part on at least 3 days a week in moderate intensity sport and active recreation (at least 12 days in the last 4 weeks, participation includes recreational walking and cycling) for at least 30 minutes continuously in any one session and the National Indicator 8 which is adult participation in sport adjusted to take account of light intensity activities undertaken by the over 65 age group (including yoga, pilates, bowls etc.) (Table 4). The survey has been run for three years with a general improvement in the participation in sport within Dudley and relative to England.

Table 4. Participation rates (3 x 30 mins) and NI 8 for 2006 to 2009

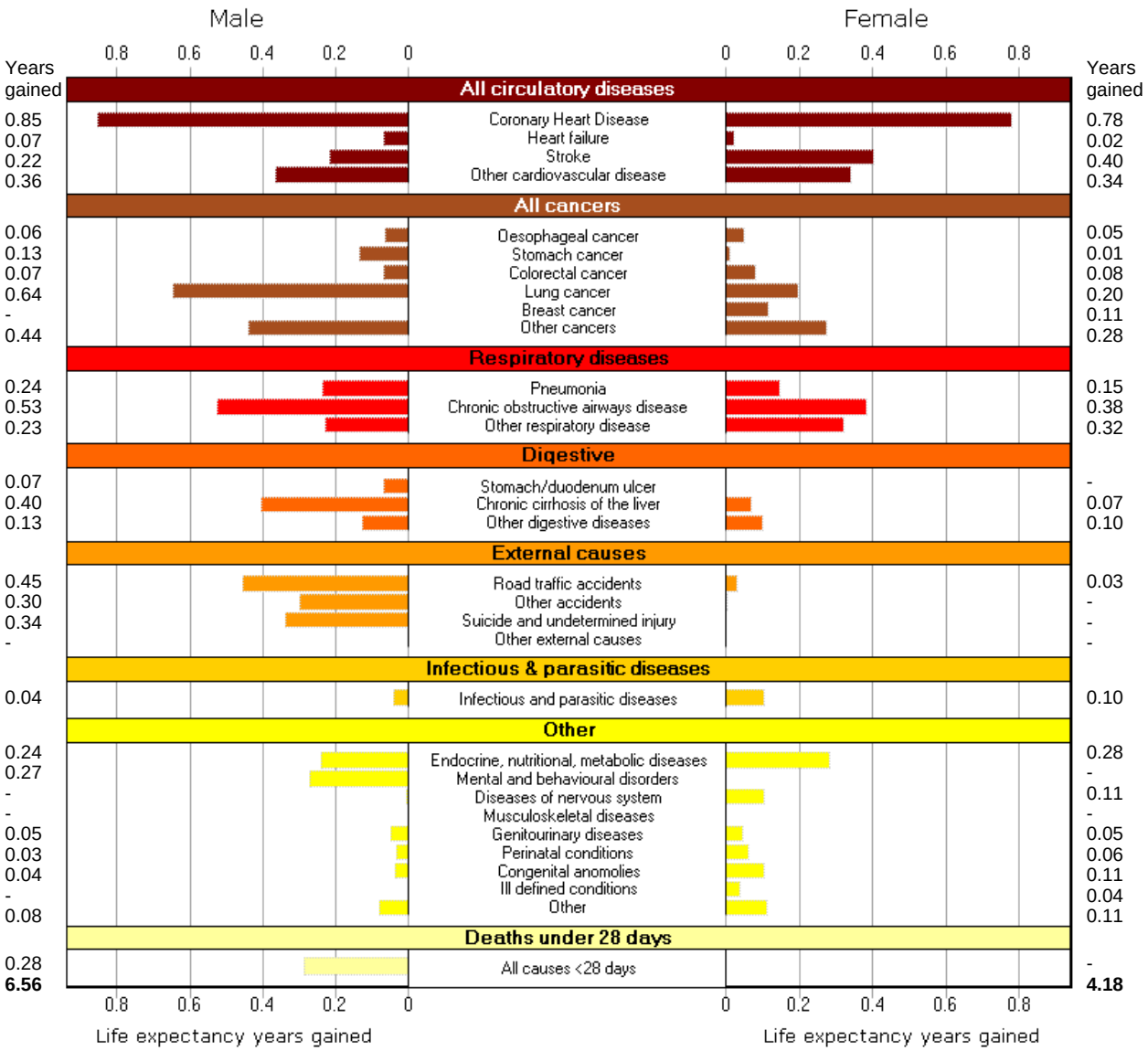
	2006 (APS1)		**2008 (APS2)**	**2009 (APS3)**	
	Participation rate	NI 8	Participation rate	Participation rate	NI 8[1]
Dudley	16.7	17.0	16.9	19.7	18.2
Black Country	16.0	14.9	15.4	17.7	15.0
West Midlands	19.3	16.1	19.1	20.1	16.8
England	21.0	16.1	21.3	21.6	16.2

[1] 2008 and 2009 combined

Deprivation and inequalities

A major factor cutting across all these outcomes and behaviours is deprivation. Below (Figure 28) is a copy of the Department of Health, Health inequalities toolkit for Dudley highlighting years of life that would be gained if the Most Deprived Quintile (MDQ) of Dudley MCD had the same mortality rate as the least deprived quintile for each cause of death. This again highlights the issues stated previously regarding the impact of deprivation on different diseases between men and women. If the mortality rates in the most deprived quintile were reduced for these major diseases to those recorded for the least deprived quintile (and also for the other quintiles), then the life expectancy for Dudley would be raised above that for England and Wales for both men and women.

Figure 28. Life expectancy years gained if the Most Deprived Quintile (MDQ) of Dudley MCD had the same mortality rate as the least deprived quintile in the local authority for each cause of death.



Major new health risks

The two most important recent trends in health risk factors highlighted in the baseline JSNA have continued to emerge and remain of concern. The two areas were the rising trend in obesity and the increase in alcohol-related diseases.

Obesity

Obesity was previously highlighted as a problem both nationally and in Dudley. The obesity strategy for Dudley was written in 2005 and is currently being implemented. From the 2004 Dudley Health Survey it was estimated that over 40,000 adults resident in Dudley were obese. The 2008/09 QOF register for obesity (body mass index 30 kg m^{-2} and over, (BMI)) in the adult Dudley GP registered population (age 16+) is 32,102. If the national prevalence of obesity is applied to the Dudley registered adult population it is expected there would be approximately 60,000 obese. It is difficult to determine an estimate for the number of obese adults in Dudley but it is likely to be between 35,000 and 70,000.

The National Child Measurement Programme (NCMP) was introduced in 2005/06 for reception and year 6 pupils to monitor the levels of overweight and obese children with a view to halting the year on year rise in prevalence of obesity in year 6 children by 2010. In the first year of the NCMP there was insufficient measurement coverage for the prevalence levels to be considered reliable, but the coverage since then has been in excess of 90% for Dudley. Table 5 shows the obesity levels for reception and year 6 pupils in Dudley and England for the last three years. Obesity levels in 2008/09 are higher in Dudley than England for both boys and girls for year 6 group, but now match the England levels for Reception year. The levels of obesity are similar for boys and girls in reception but are higher for boys in year 6. The levels of obesity in both age groups appear to have remained static for the last two years.

Table 5. Levels of obesity in Reception and Year 6 pupils in Dudley schools

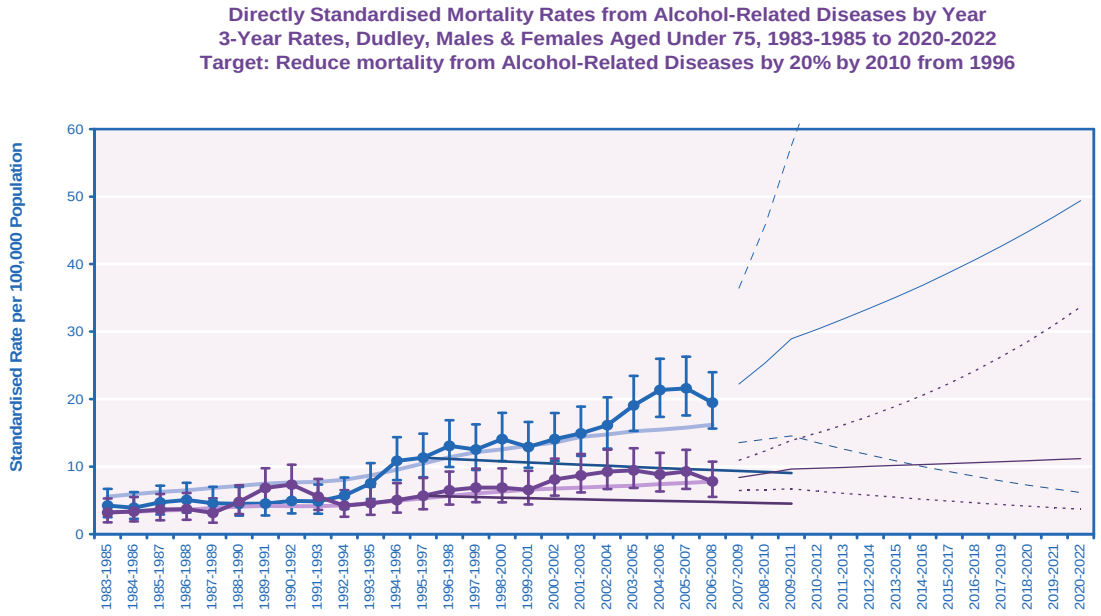
	2006/07		2007/08		2008/09	
	Dudley	England	Dudley	England	Dudley	England
Reception						
Boys	11.6	10.7	12.3	10.4	9.1	10.2
Girls	11.2	9.0	10.5	8.8	8.9	8.9
Year 6						
Boys	25.2	19.0	21.9	20.0	23.3	20.0
Girls	21.9	15.8	18.3	16.6	18.3	16.5

Alcohol

Alcohol related mortality rates have continued to increase rapidly since the JSNA baseline period, though there does now appear to be an indication of the rate of

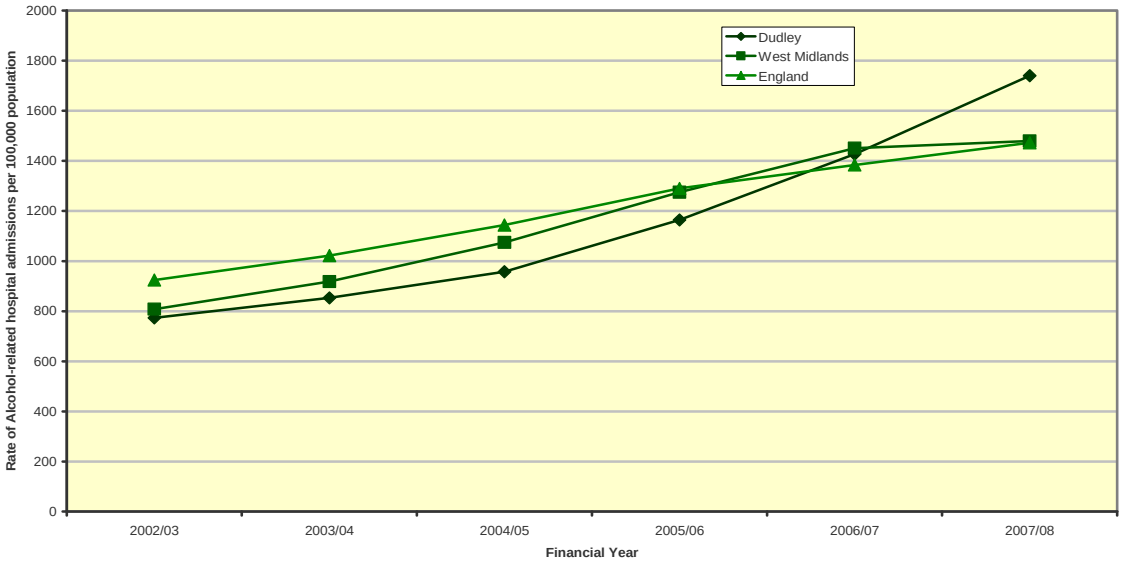
increase slowing (Figure 29). The rate of alcohol related hospital admissions for Dudley is rising rapidly and at a faster rate than seen in both the region and nationally (Figure 30).

Figure 29.



Source: Office of National Statistics (ONS) Annual Death Extract
Office of National Statistics (ONS) Mid-Year Population Estimates

Figure 30. Alcohol related hospital admission rates by year, Dudley, all ages, 2002/03 to 2007/08



Source: Hospital admissions data supplied by West Midlands Public Health Observatory from HES

Services and Social Care

Citizen Reported Outcome Measures (CROMS)

Whilst patient reported outcome measures (PROMS) have been introduced to capture self reported health for hospital patients, the newly instituted 'Place Survey' captures self reported health in the general population. For this survey residents were asked to provide a self-reported measure of their general health. Just over 70% of Dudley residents consider their health to be 'good', with the remainder stating their health was fair or bad (Figure 31). Dudley compares well with the Black Country for this indicator but is worse than that reported nationally (76% 'good' health) (Figure 32). When compared with previous surveys (Figures 33 and 34), the self-reported health for Dudley has improved since the 2001 Census and remains similar to that reported in the Dudley Health Survey 2004.

Figure 31. Self-reported health and well-being (NI 119)

Q How is your health in general? Would you say it is…

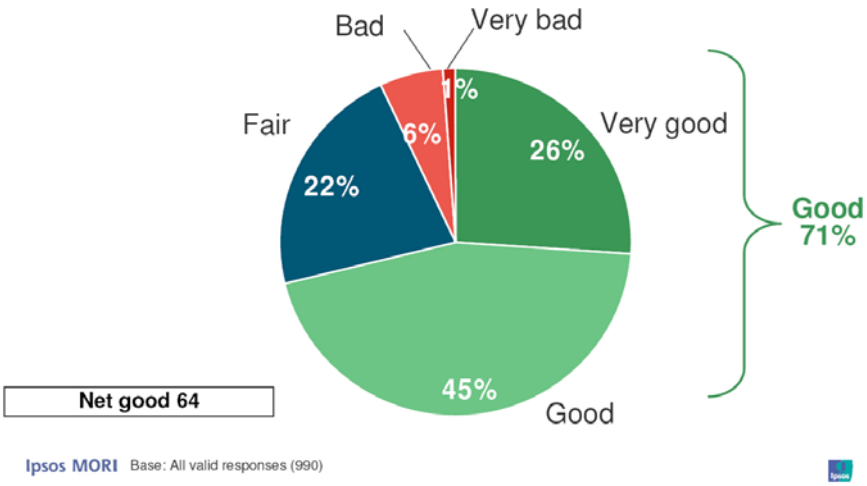


Figure 32. Health and well-being (NI 119)

Q How is your health in general? Would you say it is…

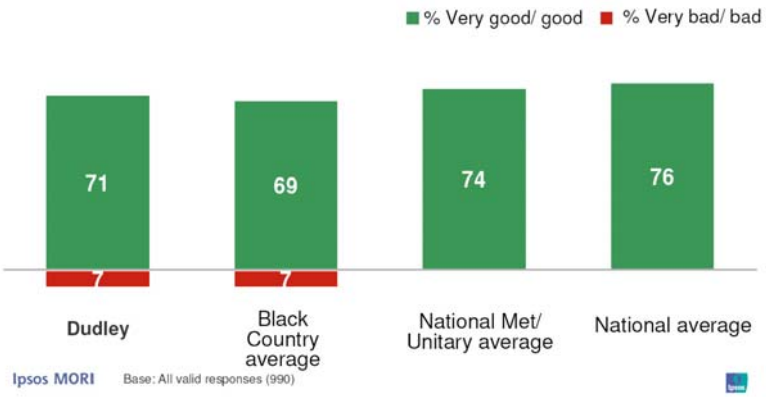


Figure 33. Self-reported health in Dudley, Census 2001

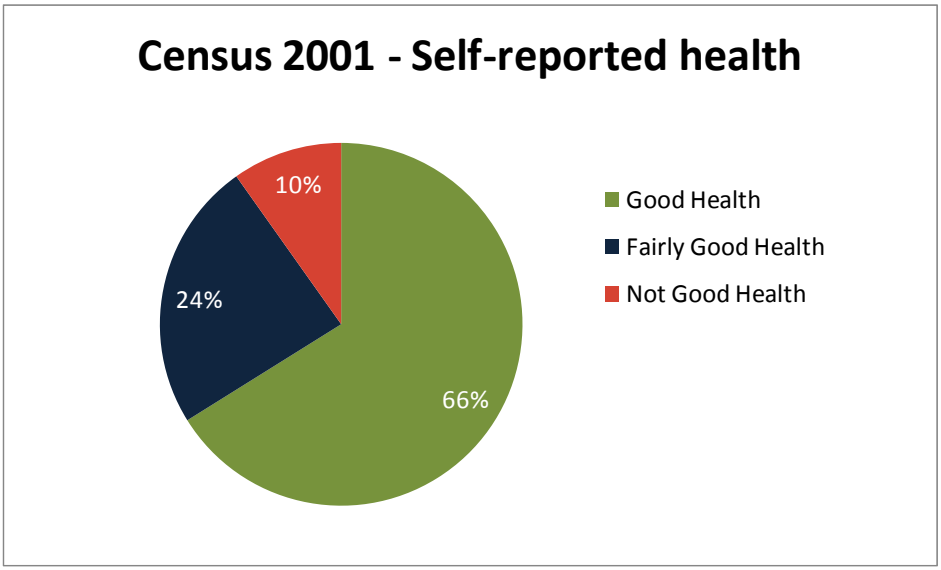
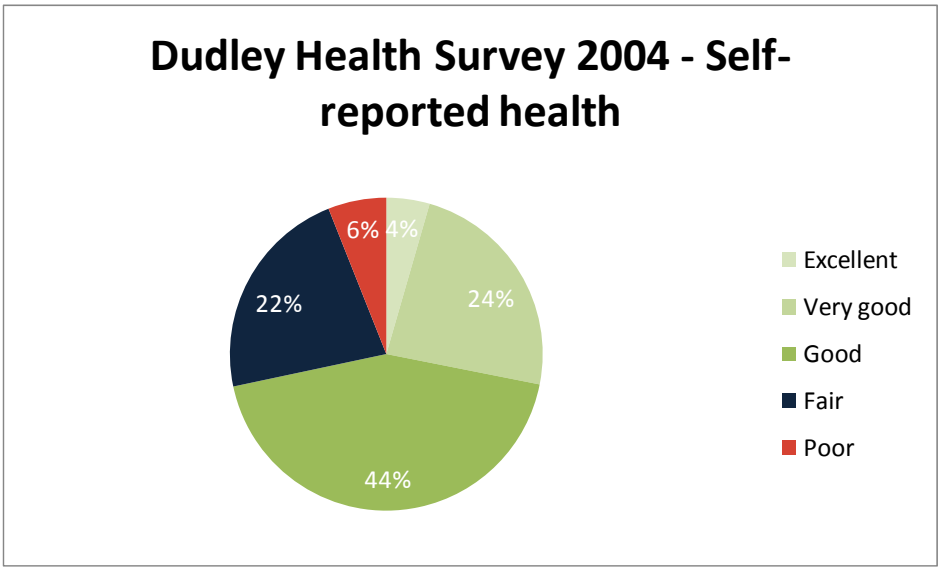


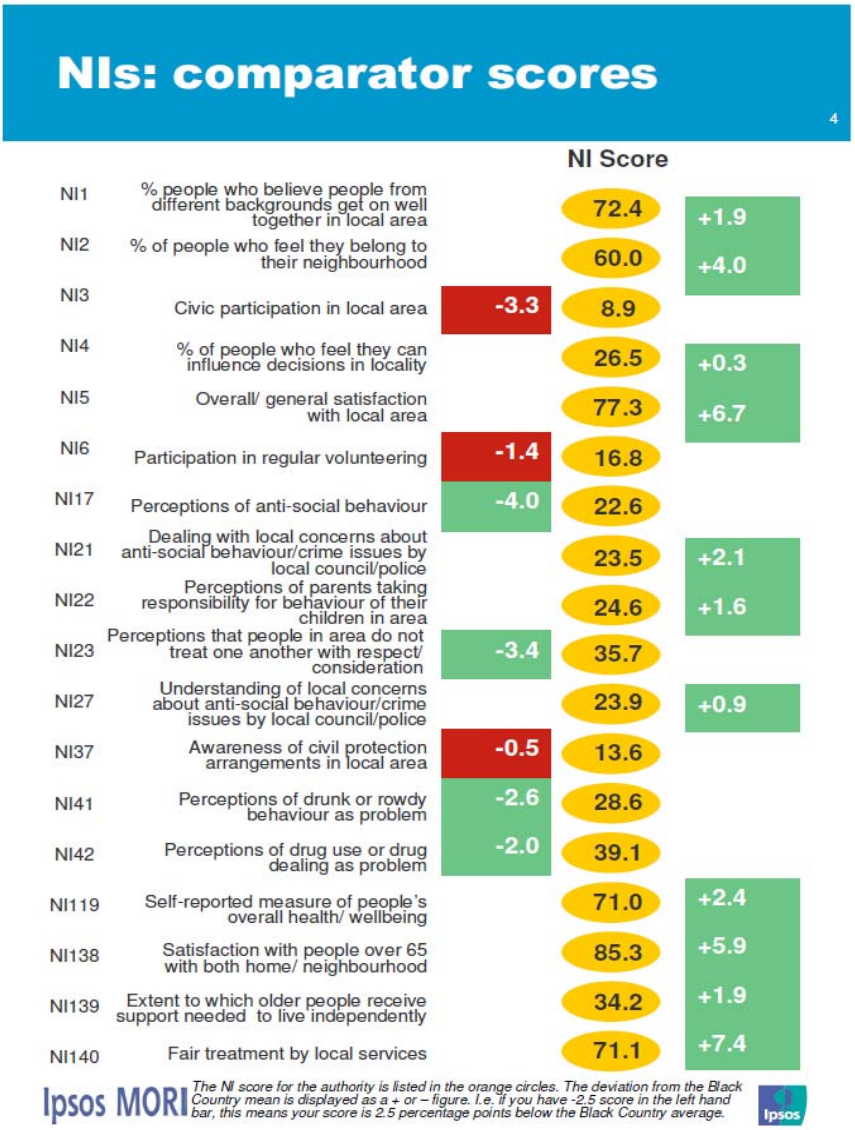
Figure 34. Self-reported Health in Dudley, Dudley Health Survey 2004



Local Voice – Quality of Life

The Place Survey also provides new data on the Governments 'Citizens Perspective' indicators – 18 indicators relating to satisfaction with the area and quality of life. Dudley compares favourably against the Black Country for the 18 citizen perspective indicators (Figure 35). In Dudley there is a good overall satisfaction with the local area, but participation is lower.

Figure 35.



The priorities for the local area can be identified by comparing what residents see as important to making somewhere a good place to live generally and what they think needs improving most in their local area (Figure 36). The closer to the top right hand corner a factor lies, the more priority it is viewed it has, i.e. residents consider it important and in need of improvement. The level of crime emerges as the top public priority in Dudley followed by clean streets, similar to findings for other authorities. However it is important to note that although not ranked as high in terms of general importance, residents identify activities for teenagers, road and pavement maintenance and traffic congestion as particularly in need of improvement locally.

Job prospects are felt by residents to be of equal importance and in need of improvement.

Figure 36. Developing priorities for improving quality of life

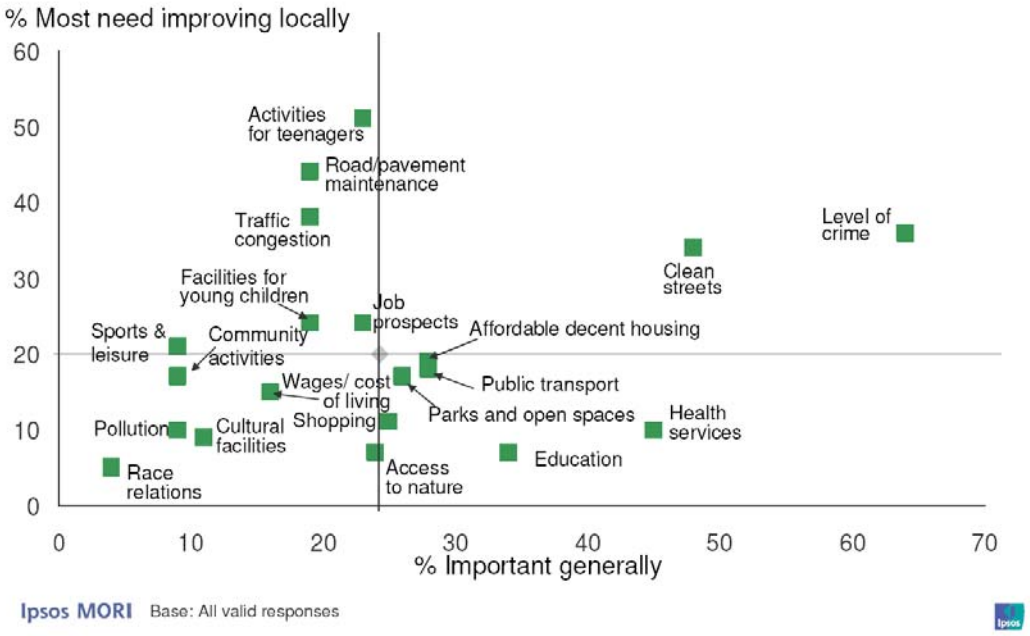
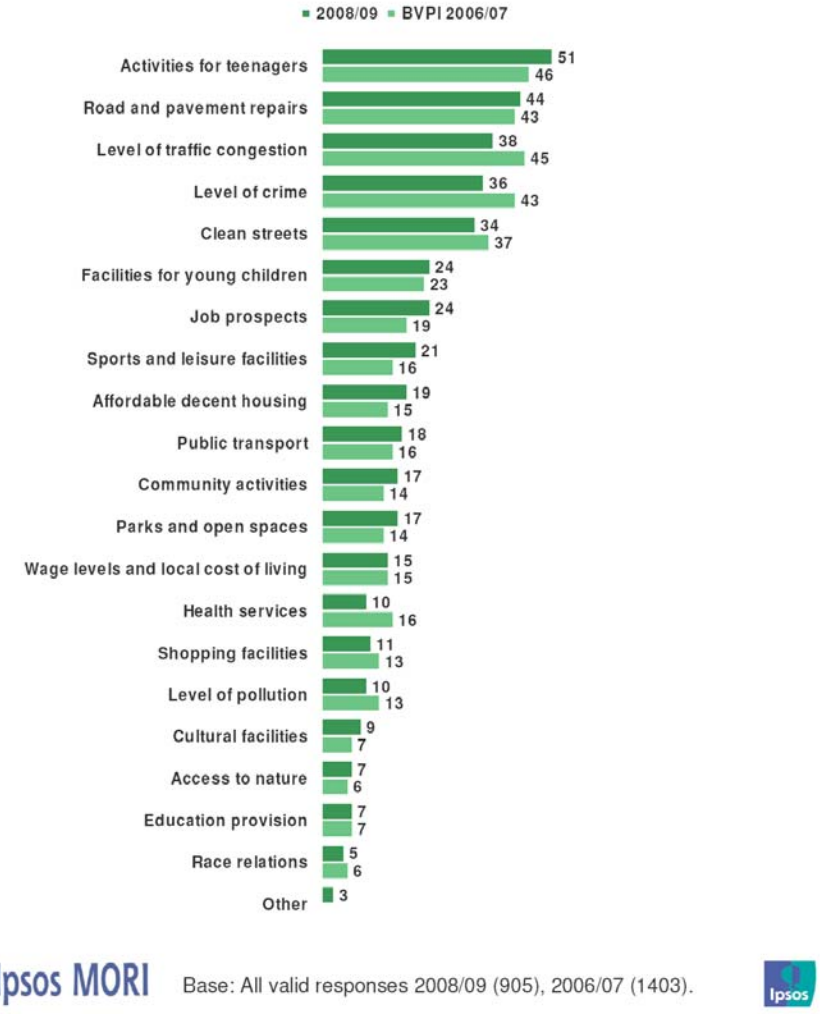


Figure 37 shows how priorities for improvement have changed since 2006/07. While it remains an important issue in need of improvement, the level of crime and traffic congestion have both declined by 7 percentage points as priorities. Activities for teenagers and road and pavement repairs remain top local issues for improvement.

Figure 37. Priorities for improvement and changes over time



Anti-Social Behaviour

A positive finding for Dudley is that perceptions of anti-social behavior are consistently lower than in 2006/07 (Figure 38). There is a significant fall in the perception of people using or dealing of drugs as a problem and less of a concern with teenagers hanging around on streets. The perception of these as a problem are worse though in Dudley Central and people in social housing tend to rate these problems more seriously. Contextually Dudley is now better than the Black Country as a whole and approaching the national figure (Figure 39).

Figure 38. Perceptions of anti-social behavior and changes over time

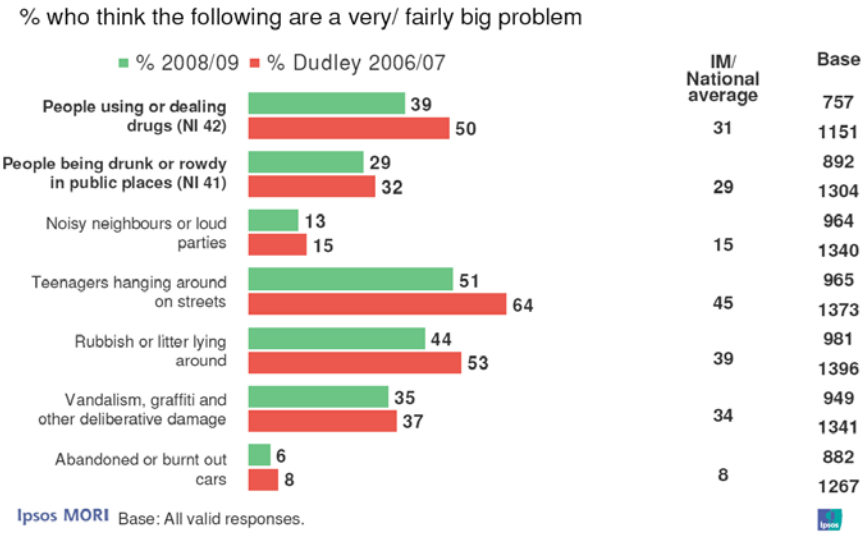
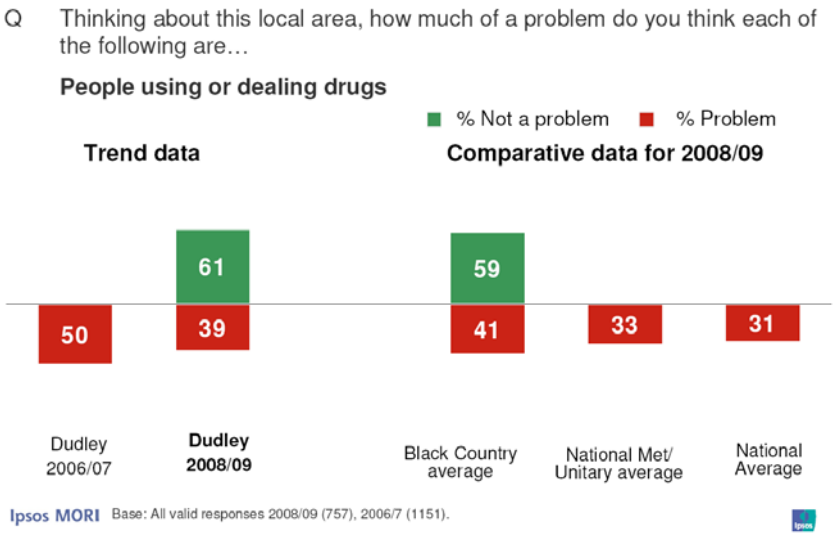


Figure 39. People using or dealing drugs (NI 42)



Civic Participation

Local partnerships want to better engage the more disadvantaged groups in civic participation, as a means of encouraging a more empowered and inclusive society. The Council engages with the community over a wide range of issues seeking public input into the decision making process. The Council web site includes pages detailing community engagement Here. The Councils engagement with Dudley Citizens both in the past and planned future events can be found Here. Working with tenants to develop local standards is a key priority for the Councils Housing

Department in the coming year. In the past 12 months, less than 10% of Dudley residents say that they have been a member of some form of decision making body (NI 3), this is below the rate of participation in the Black Country and low in relation to the national Metropolitan and Unitary average and national average (12.5, 14.0 and 14.0% respectively).

Being kept informed of local public services

Residents were asked for their overall views about how well informed they feel about local public services overall. A third of people in Dudley (34%) feel either fairly or very well informed about their local public services. This rate is similar to the Black Country, but less than the national average (39%).

Health Service satisfaction

Satisfaction with local health services, particularly the general practitioner (74% net satisfaction), but also the local hospital and dentist (net satisfaction 58 and 59% respectively) were high and better than for their Black Country counterparts.

Satisfaction with support for older people

The Place survey asked residents for their views on whether older people in the locality are getting the support and services they need to live independently (NI 139). Over a third of Dudley residents (34%) believe older people do receive sufficient support for their needs, compared with 16% who say they do not. Half the people say that they do not know. People in Dudley are more likely than their counterparts in the Black Country (32%) and nationally (30%), to say older people have the correct support.

Satisfaction with Home Care Support

The PSS Home Care Survey for 2008-09 found strong support for Home Help services provided within Dudley. 66.8% of those surveyed were extremely/very satisfied with the help they received and only 1.8% expressed any dissatisfaction. 73.2% were always happy with how the carers treated them and a further 23.7% stating they were usually satisfied. 59.8% felt they were in control of their daily lives because of the help received with 86.9% of respondents feeling they had control of their daily life.

Satisfaction with culture and recreation

Satisfaction is greatest with libraries (66%) and parks and open spaces (59%), which are the cultural and recreational services most used, though the level of satisfaction for these has declined since the last survey. The level of satisfaction for sports/leisure facilities is poor, with over one quarter dissatisfied. When looking at a comparison across Dudley towns, sports and leisure facilities find greatest levels of satisfaction in Halesowen (53% compared with 41% overall), and parks and open spaces evoke greatest satisfaction in Stourbridge (72% compared with 59% overall), with Dudley North residents least satisfied with them (31% compared with 19% overall).

In terms of service usage, parks and open spaces are used at least once per month by 44% of residents compared with only 27% for sports/leisure facilities. Only 8% of residents never use parks and open spaces compared with 24% for sports/leisure facilities. For sports/leisure facilities both the level of satisfaction and the level of usage have declined over time, and the levels are similar to the Black Country but lower than national.

Housing demand and supply

Priority needs for housing in 2010-11 have been identified as progression with the regeneration of the North Priory Estate, the completion of two extra care housing schemes and progress towards a further three and to ensure that all homes in the Councils Housing stock meet Decent Homes Standard by December 2010.

Adult social care service provision

The numbers of people contacting adult social care for services for the period 2008-2009 numbered 30,646 an 8% increase from the previous year. New referrals rose by 1% from the previous year. 92% of assessments were started within 48 hours and 84% were completed within four weeks of assessment both being improvements on the previous year when 88.2% & 80.6%, respectively, were achieved. 93.2% of services were provided within four weeks of the assessment being completed.

As of December 2009, 9,293 services were provided for residents of Dudley ranging from residential and nursing placements to the provision of Occupational Therapy equipment. The provision of Direct Payments is an expanding service offering independence and choice to citizens of Dudley wishing to remain in the community. Recipients of Direct payments numbered 655 on 31st December 2009. That compared to 554 in 2008-09 and 346 in 2007-08.

As of December 2009, 2,418 citizens of Dudley have pendant alarms with patch based wardens providing support to 850 bungalows and 336 sheltered accommodation flats. There are 3,455 hardwired Council properties where the wiring for assistive technology is part of the building fabric. An increasing amount of assistive technology equipment is used in Dudley ranging from smoke detectors, bogus caller alarms and intruder alarms to pill dispensers, temperature sensors and just checking systems.

Support for people with a learning disability

The Joint Commissioning Strategy for learning disabilities sets out the commissioning intentions of the Council and the PCT in respect of specialist services for people with learning disabilities. All community services should be accessible to people with a learning disability and there is a wider responsibility on all Council and NHS services to be considering how well they are serving people with a learning disability.

Achieving and maintaining independence is of key importance to people with a Learning disability and their carers and families. The choice to live independently is a significant one and the council seeks to encourage people in meeting their aspirations. This is achieved through reviewing and social work involvement to identify needs, both present and future. This information is shared with the housing department to develop a specific strategy that ensures the path from entering the waiting list to receiving suitable property is a smooth and supported journey.

National prevalence rates suggest that approximately 25 people in every 1000 have a mild to moderate learning disability, and that between 3 and 4 in every 1000 have a severe or profound learning disability. A high proportion of Council and PCT resources are targeted at people with severe learning disabilities, as people with this degree of disability will usually require intensive services in order to lead a safe and healthy lifestyle.

Studies suggest that there will be an increase in the prevalence of severe learning disabilities of around 1% per annum. (Valuing People) This is a reflection of:

a. Increased life expectancy, especially amongst people with Down's Syndrome. Overall, the number of adults with learning disabilities aged over 60 was predicted to rise by 36% between 2001 and 2021 (Foundation for People with Learning Disabilities)

b. An increase in the number of children with autistic spectrum disorder identified

c. Children with complex needs surviving into adulthood

d. A greater prevalence amongst some minority ethnic populations of South Asian origin.

On this basis, the numbers of adults with severe learning disability in Dudley is likely to rise from 934 (the current number on Dudley Special Needs Register) to 1031 in the next 10 years.

As people with a learning disability and their carers get older, the likelihood that they will need to be supported outside of the family home greatly increases. Approximately 40% of people aged 40 – 49 are still living in the family home. This declines to 29% for people 50 – 59 and reduces to 11% for people in their 60s. However, it is interesting to note that 70% of people are living with their family in the age group 20 - 29 and that this falls to 53% in the next age group of 30 – 39, representing a 17% difference and one of the largest changes between the different age groups.

These statistics would suggest that if the same proportion of people, continue to live with their families over the next ten years an additional 80 people will require alternative accommodation and support during that time. This does not take account of younger people who by reason of very high levels of care needs or family breakdown will also require alternative accommodation and support. Neither does it take account of the changing expectations of families; families may not accept in the future that they should continue to be lifelong carers for their son/daughter.

Another indication of the potential future demand for care and support outside of the family home is the number of people with a learning disability living with older carers. The Special Needs Register (SNR) shows that 120 people are living with a family carer in the age range 60 – 69; 82 people are living with a carer 70 – 79; 35 are living with a carer 80 – 89; and two people have a carer who is over 90. These figures need to be seen in the context of a significant growth in the proportion of older people in the general population of Dudley.

A total of 86 people with a learning disability are identified as coming from a BME community. This represents 8.6% of the SNR population. These figures may underestimate some of the ethnic group numbers, particularly those of Pakistani origin.

There are only three clusters of more than 5 people identified. These are:-

Mixed race – 10
African Caribbean - 15
Pakistani- 35

It is interesting to note that the majority of African Caribbean people (9) are in residential care whilst only 2 people are in residential care from the Pakistani community.

As of September 2009 there were 819 open referrals held by the Community Teams for Learning Disability receiving 1,846 supporting services. These services include

residential care, home care support including direct payments, court of protection support and ongoing social work support.

Support for people with Mental Health needs

The Joint Commissioning Strategy for Mental Health sets out the commissioning intentions of Dudley Council and Dudley Primary Care Trust (PCT) in respect of specialist services for people with mental health. The strategy is presently in consultation that is scheduled to end 14th February 2010.

Support is provided through the Dudley and Walsall Mental Health Partnership Trust whose web page can be found Here.

5. CHANGES IN THE EXTERNAL ENVIRONMENT

Pandemic Flu

A new influenza A/H1N1 virus (swine flu) emerged in Mexico in April 2009 and subsequently spread rapidly to over 200 countries. The outbreak from this strain was declared a pandemic by the World Health Organisation (WHO, pandemic alert phase 6) on 11th June 2009.

Dudley had its first case of swine flu confirmed on 8th June 2009 (though swabbing of suspected cases started on 28th April 2009), and saw a further 16 confirmed cases to 2nd July 2009 when the Department of Health announced a national change in strategy from containment to treatment of swine flu. As a result suspected cases were no longer swabbed, and the data reported were restricted to the number of anti-viral treatments issued. On the 23rd July 2009 the National Flu-line was implemented. Figure 40 shows the suspected and confirmed flu cases for Dudley up to the end of the containment phase. Figure 41 shows the number of antiviral treatments issued from 26th June 2009. At the end of the containment phase there were 68 confirmed cases of swine flu in Dudley. The number of antiviral treatments issued peaked in the week ending 31st July 2009 (Week 13), returned to a minimum in the week ending 28th August 2009 (week 17), started to rise again two weeks later and has continued to stay at this new low level (November 2009).

In Dudley, similar to nationally, the highest number of cases were among children, particularly the 1-14 age group and younger adults. The majority of cases have experienced mild symptoms and made a full and rapid recovery. Hospitalisation rates have been low, with up to 25% having an underlying health condition.

The swine flu vaccine was made available in Dudley to priority groups and front line health care workers in November 2009. Swine flu vaccine is in addition to the seasonal flu vaccine.

Figure 40.

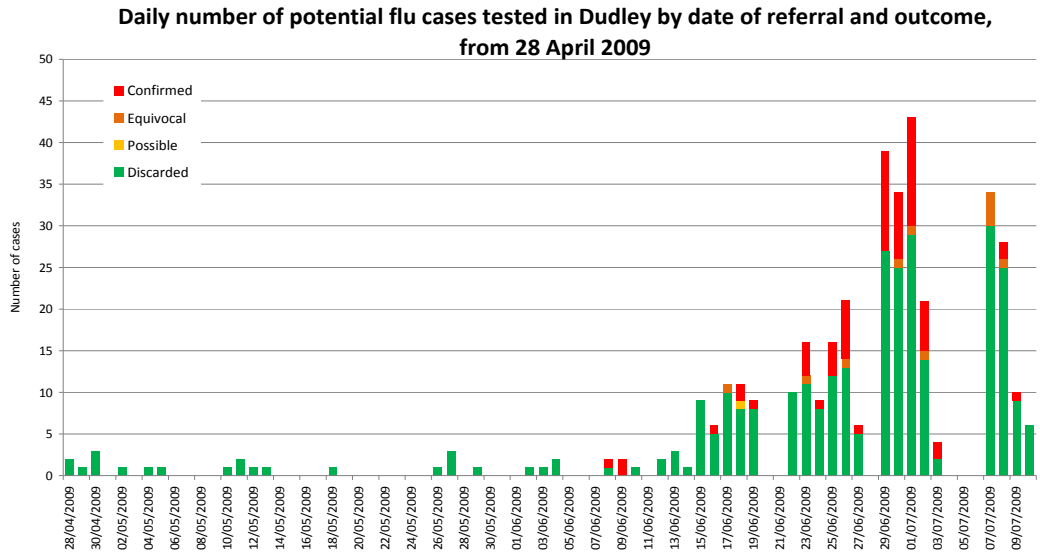
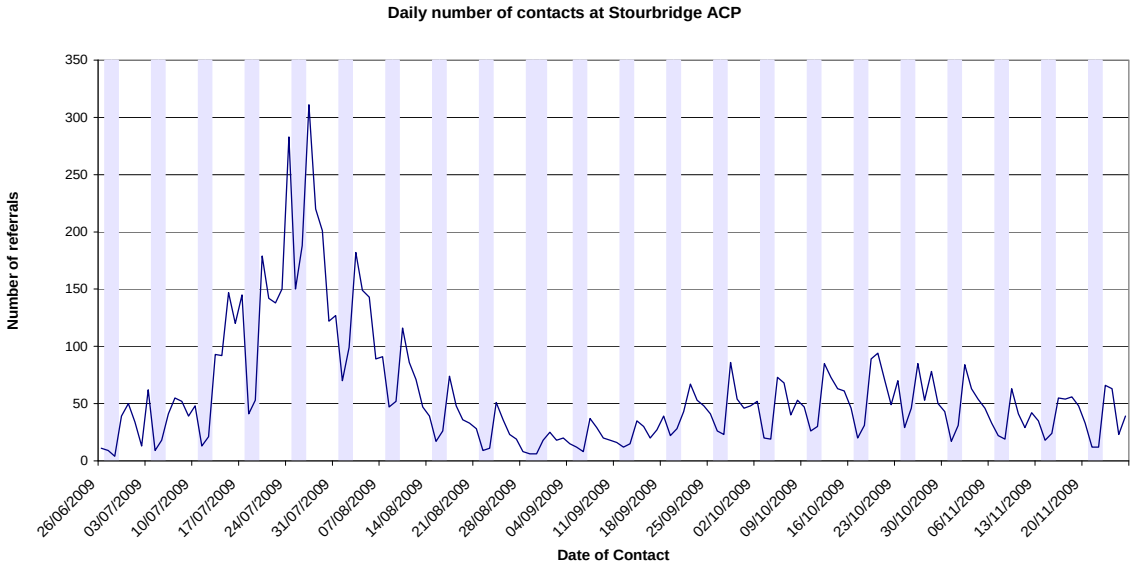


Figure 41.



Though posing some novel and not inconsiderable challenges for public health, primary and community services in the Borough, the swine flu pandemic has not been as severe as planning scenarios suggested it might be. At the time of writing the course of the pandemic remains uncertain, with a second smaller wave in progress. The potential for further waves in the next 2-3 winter seasons remains.

Climate Change

The Department for Communities and Local Government (CLG) as part of the Comprehensive Spending Review 2007 published a single set of 198 national indicators to underpin the Local Government Performance Framework. Within this set there is a national indicator on climate change mitigation which measures "Per capita reduction of CO_2 emissions in the Local Authority area" (NI186). The indicator includes all CO_2 emissions with the exception of those emissions from motorways and emissions from some installations in the EU Emissions Trading Scheme. The table below shows the baseline (2005) and reduction targets to 2010/11 on per capita emissions (based on population estimates published by the Office for National Statistics at the Local Authority level). There is a two year time lag for the data for this indicator. The 2006 data indicate that Dudley rather than decreasing, continues to increase its carbon emissions.

Dudley's baseline and targets for National Indicator 186

Overarching Indicator		**Baseline and Year**	**2006 Position**		**Reduction target**		
Description	**Data Source**		**National Rating**	**Direction of Travel**	**2008/09 (2006 data)**	**2009/10 (2007 data)**	**2010/11 (2008 data)**
Per capita reduction in CO2 emissions in the LA area	DEFRA CO2 emission estimates (Note: data lag currently 2yrs)	5.6 tonnes per capita (2005)	Lowest in BC, 2nd lowest in WM, equal 42nd lowest nationally (06)	CO2 emission levels worsening	Overall to reduce by 3.2% **ACTUAL: Increased by 3.6%** (5.8 tonnes per capita)	Overall to reduce by 6.4%	Overall to reduce by 9.7%
				From local interventions	*1.0%*	*2.0%*	*3.0%*
				From National interventions	*2.2%*	*4.4%*	*6.7%*

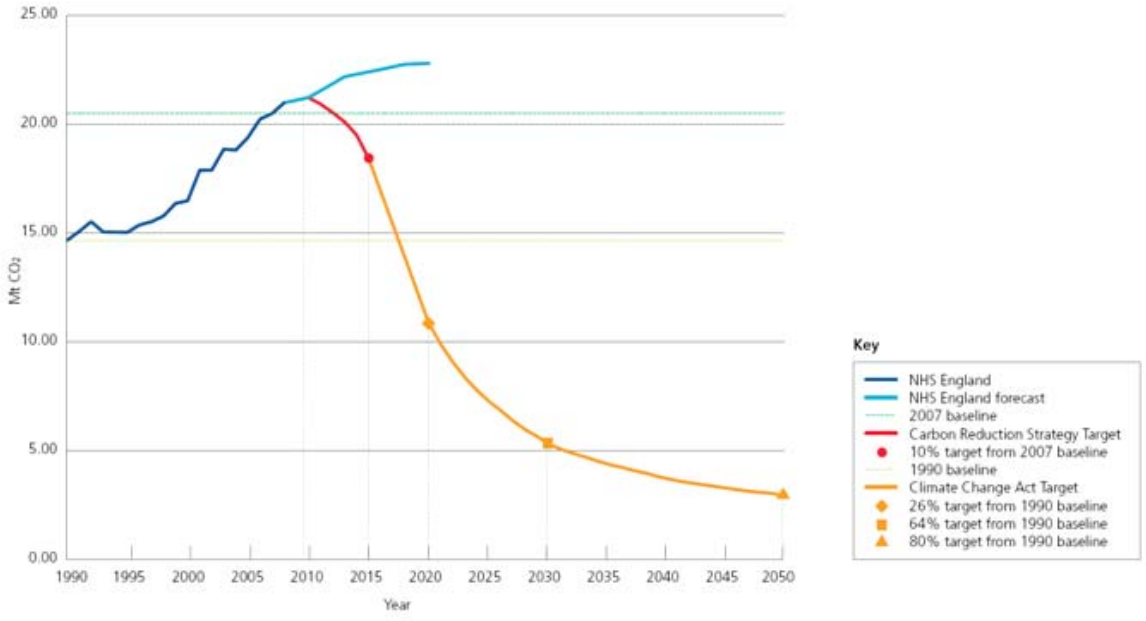
Source: Local and Regional CO_2 Emissions Estimates for 2005-2006, published by AEA on 15th September 2008

The Dudley Community Partnership has made a commitment to tackle climate change. A Climate Change Group was created in April 2008 to develop and deliver activities to reduce the borough's carbon emissions. The membership of the Climate Change Group is wide and includes 'service provider' organisations from the public and voluntary sector, along with community representatives through Dosti.

The NHS Carbon Reduction Strategy for England was published in January 2009, and sets an ambition for the NHS to help drive change towards a low carbon society. The strategy shows the scale of reduction in carbon required for the NHS to progress towards the Climate Change Act requirements and recommends key actions for the NHS to become a leading sustainable and low carbon organisation.

In order to meet the requirements of the Climate Change Act, a reduction in carbon of 26% by 2020 and 80% by 2050 on a 1990 baseline, the NHS will need to reduce its 2007 carbon footprint by 86%. Figure 42 shows the current trajectory modelled to 2020. The strategy outlines that the NHS should reduce its carbon footprint by 10% by 2015. This will require not only reducing the current level of growth, but also to start reversing this trend and reduce absolute emissions. The aim is therefore to return to 2007 levels of carbon emissions by 2013. This significant reversal in the carbon emissions profile within the next five years requires a huge commitment from all organizations and for the NHS to work in partnership to achieve this. Once a downward trend is established, the rate of reduction will need to increase in order to meet the required 26% reduction by 2020 identified in the Climate Change Act.

Figure 42. Graph of the NHS England Carbon dioxide Emissions Baseline and Climate Change Act Targets



Source: Department of Health Saving Carbon, Improving Health. NHS Carbon Reduction Strategy for England, January 2009

Recession

The global economy is in a deep recession. In the United Kingdom, the jobless rate is at its highest in over a decade (Figure 43). The Office of National Statistics figures for Gross Domestic Product (GDP) in the UK reported a shrink of 2.4% in the first quarter of 2009 and the British Chambers of Commerce has said it was far too early to say that recovery is secure. The claimant count situation in Birmingham and the Black Country and for Dudley specifically is worse than for England (Figure 44) and had increased more rapidly in the younger age group (Figure 45). Levels of job seekers allowance tend to be higher within the more deprived wards in Dudley (Figure 46).

Evidence suggests that any financial crisis affects poor people the most and recessions tend to increase the distance between rich and poor, which results in a widening of health inequalities, increases in the use of alcohol and drugs, increase in mental health problems and an increase in unhealthy eating.

Figure 43.

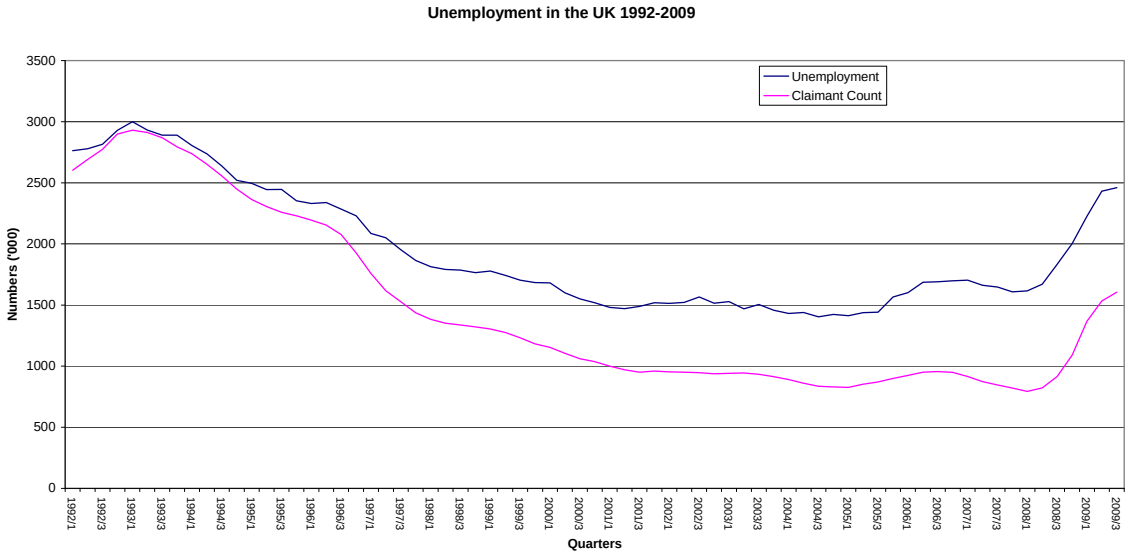


Figure 44.

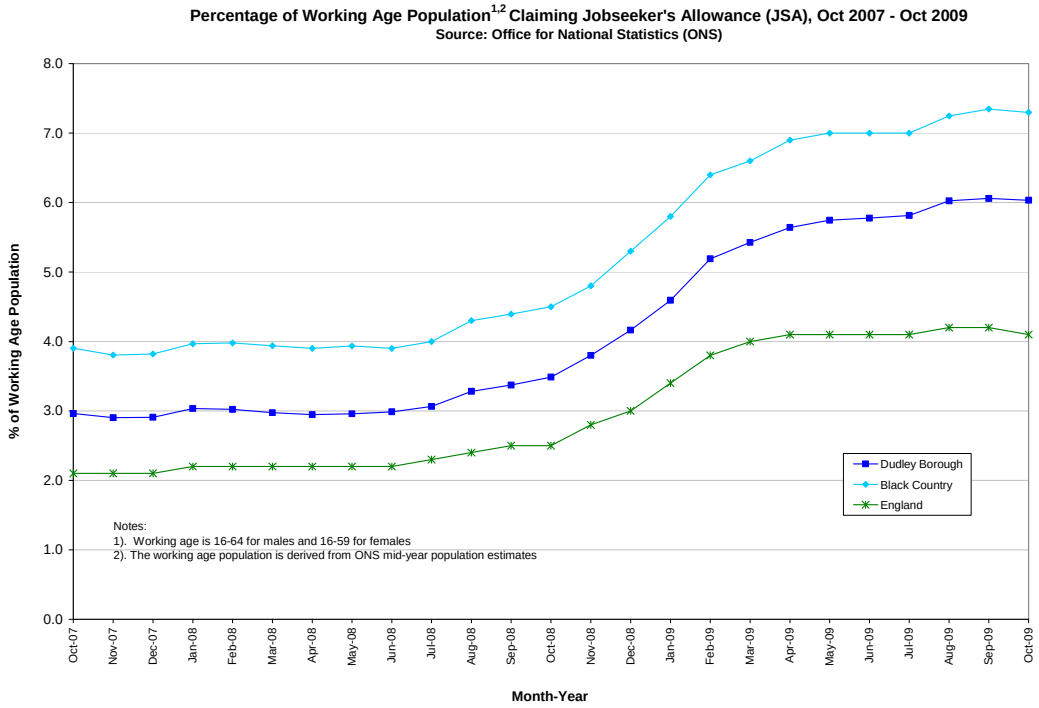


Figure 45.

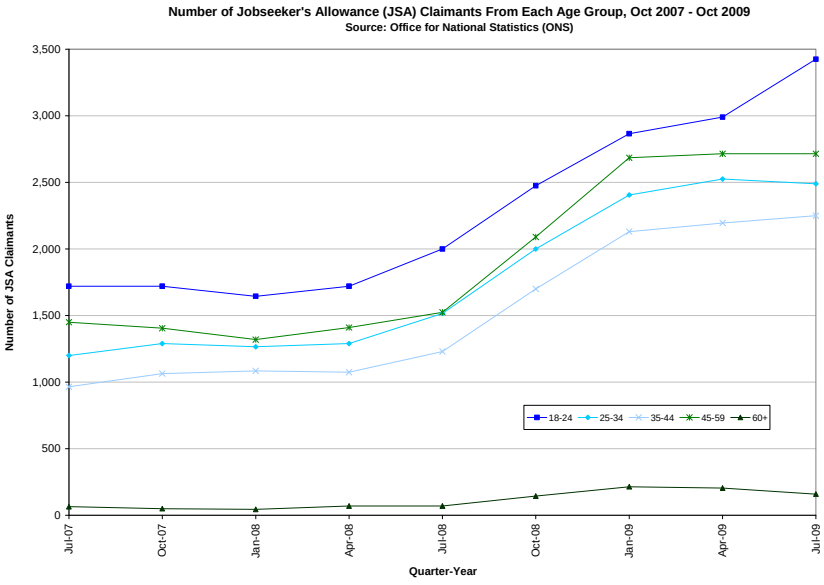
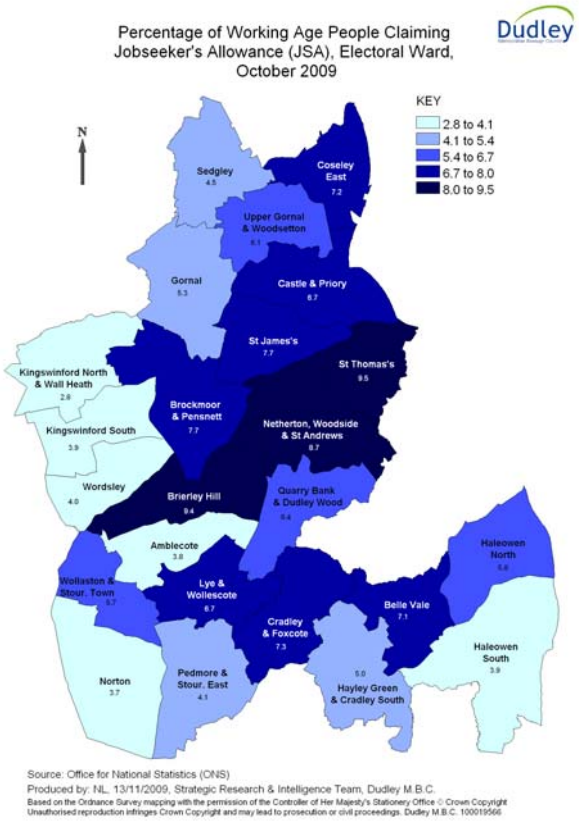
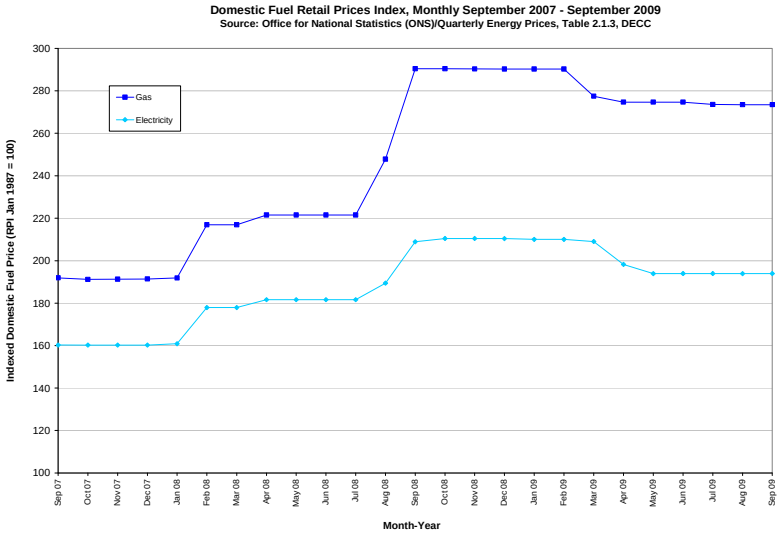


Figure 46.



During the period of the recession domestic fuel prices have continued to rise (Figure 47). This could have an impact on the number of individuals suffering fuel poverty and ultimately an increase in the seasonal winter mortality rates.

Figure 47.


Domestic Fuel Retail Prices Index, Monthly September 2007 - September 2009
Source: Office for National Statistics (ONS)/Quarterly Energy Prices, Table 2.1.3, DECC
Gas
Electricity
Indexed Domestic Fuel Price (RPI Jan 1987 = 100)
300
280
260
240
220
200
180
160
140
120
100
Sep 07
Oct 07
Nov 07
Dec 07
Jan 08
Feb 08
Mar 08
Apr 08
May 08
Jun 08
Jul 08
Aug 08
Sep 08
Oct 08
Nov 08
Dec 08
Jan 09
Feb 09
Mar 09
Apr 09
May 09
Jun 09
Jul 09
Aug 09
Sep 09
Month-Year

6. KEY CHANGES FROM BASELINE

- The mid-year population estimates for the periods following the baseline and the revised population projection has shown an upward trend for Dudley, with the expectation that the population may rise by 8,000 people (2.6%) over the period 2008 to 2020, two and half times the rise projected at baseline.
- This rise is attributed mainly to an increase in natural change (births), with some variable changes in net migration.
- The population continues to age but at a slightly lower rate due to the increasing natural change in births.
- It is estimated that the proportion of the population in BME communities has increased from 6.3% in 2001 to 8.7% (an increase of 9,000) in 2007. The indications are that the BME population still has a younger population profile than the overall population which may influence service requirements.
- Deprivation has worsened across the borough relative to England, with 19 LSOAs in the 10% most deprived LSOAs nationally. The shift has been most pronounced in the income, employment, education, health and barriers to housing domains.
- The life expectancy for the people of Dudley has continued to rise, but the gap between the most and least deprived wards has widened from 6.6 years at baseline to 8.6 years in 2006-2008. Mortality from cardiovascular disease, cancers and respiratory disease contribute most to this differential for both men and women. For men mortality from digestive diseases and external causes are also big contributors.
- Disease prevalence as recorded in General Practice has shown an improvement in actual versus expected prevalence, but there is considerable variation in this across GP practices which needs to be targeted if health inequalities are to be addressed. There is still potential under-diagnosis for coronary heart disease, hypertension, stroke, diabetes, asthma and COPD particularly.
- The incidence of alcohol related admissions has increased rapidly for Dudley and is above that for England.
- With the introduction of the National Child Measurement Programme, there are now accurate obesity prevalence data for Reception and Year 6 students. Dudley has excellent coverage for this programme and although the level of obesity is higher in Dudley than England there are indications that the previous rise in obesity has been halted.
- The flu pandemic was declared in 2009 and Dudley was able to respond rapidly due good preparedness planning for pandemic flu. The potential for further waves of pandemic flu are unknown.
- The number of people contacting adult social care for services has increased year on year since baseline.
- As people with a learning disability and their carers age, there is an increased likelihood that care will be required outside of the family home. This is estimated to be an additional 80 people over the next ten years.

- Self-reported health in the borough although still below national is improving.
- Level of crime is the top priority area of concern for the residents of Dudley followed by cleaner streets. Areas in need of improvement are activities for teenagers, pavement maintenance, traffic congestion and job prospects.
- The recession has had a huge impact nationally but more so in Dudley, with a rapid rise in claimants for job seekers allowance above the national level and worse in young people and in the more deprived areas of the borough. This is known to impact on widening health inequalities with increased problems with alcohol, drugs, mental health problems and unhealthy eating.
- Fuel poverty is likely to worsen.