Public Health Compendium

Directors of Public Health Annual Report 2005 Volume 1

Dudley Public Health

Compendium 2005

Acknowledgements

Contributors

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Contents

Introduction

This is volume one of the 2005 Annual Report of the Directors of Public Health in the two Dudley PCTs and takes the form of a compendium of routine health data.

The purpose of an annual report on the state of the public health in Dudley is to provide a yearly update on the health of our people and set this in the context of longer-term changes.

For the 2005 Annual Report Compendium, we have revised both the content and the layout. We hope that the changes we have made make it easier to understand the data included in this document and that we have the most up-to-date relevant data.

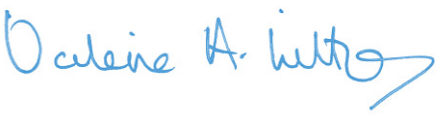
The Compendium is a collection of routine Public Health outcome data that is available for, and relevant to, Dudley. We have organised these data into sections relating to life stages. So, after an opening section on the demography and make-up of the Dudley population and health services, we have sections 'From Conception to One', 'Morbidity' and 'Mortality'.

In the chapter 'From Conception to One' we look at general fertility rates and low birth weight, infant mortality and teenage conception rates. We then go on to look at cancer incidence and hospital admissions for important conditions in the chapter on morbidity. Finally we examine mortality from the major causes in the last chapter.

The appendices provide background information on targets, sources of data and definitions used.

An annual examination of routine data of this sort is an important part of the general health surveillance of a PCT. It allows issues to be picked up and recommendations for action or further analysis to be made and we have done this in the next section of the report.

Some of the trends and changes in trends observed will be down to data issues, such as changes in coding practice or definition and the data should never be looked at in isolation, but the charts and maps give a useful summary of long-term trends and inequalities within Dudley. To help with the interpretation of graphs and data, we have provided a few bullet points with each highlighting the main issues shown.



Director of Public Health
Dudley Beacon & Castle PCT

Director of Public Health
Dudley South PCT

Commentary & Recommendations

Written by Peter Fryers (Head of Public Health Intelligence)

Demography

The main demographic issues facing Dudley are similar to those facing much of the country. That is, a rapidly aging population and the concomitant impacts on services, an increasing ethnic minority and increasingly an older ethnic minority population. The number of people aged 85+ in the Dudley population is projected to increase by over 50% over the next 15 years. As people in this group are the highest users of health services this will have a major impact on commissioning and providing these services.

Between the census of 1991 and 2001 there was an increase in single people, people living on their own and lone parent households in Dudley; mirroring national trends. There was also an increase in people living with a long-term illness that limits their daily activities, as would be expected within an ageing population.

The deprivation indices published in 2004 show Dudley to be generally more deprived than the national average, but there are differences in the detail. The indicator consists of several 'domains' and the relative position of Dudley on these domains differs. Apart from the barriers to housing and services domain, which is generally an indicator of rurality, Dudley wards are mostly in the bottom half nationally, but with relatively few in the most deprived 10%. Interestingly the most extreme example of this is in the health domain where no ward is in the bottom 10% nationally, but only one is outside the bottom half. This would indicate that health outcomes are possibly more evenly distributed than nationally.

Educational attainment in Dudley is not keeping up with the national average, with the proportion of pupils achieving 5 or more grade A* to C GCSEs increasing at a slower rate. Unemployment, as measured by those seeking job-seekers allowance, is also higher than the national average. As has been the case nationally, this has risen over the last year, following a steady fall over the last 10 years.

Conception to One

Fertility rates in Dudley are similar to the national average, whilst overall birth rates have increased slower than nationally over the last 3 years, following the long decline since 1990. This pattern will have an impact on children's services over the next few years.

Teenage pregnancies continue to go down in Dudley. The rate in the under 16s has decreased by more than the national rate, although it remains higher than this. Whilst the 2004 target of a 15% reduction from 1996 was missed by a small margin, a consistent decrease in the under 18 conception rate has been achieved. However in order to meet the target of a 50% reduction on 1996 rates by 2010, the decrease needs to be increased significantly. Rates of teenage conception vary considerably between wards, with four wards accounting for around a quarter of all teenage conceptions in Dudley.

Abortion rates remain fairly consistent although changes in the age groups reported on nationally make monitoring them over time difficult. Around a quarter of the 941 abortions in Dudley are in women aged under 20.

Dudley has a low rate of low-birth-weight babies born and a relatively low rate of mortality in the first 4 weeks of life and within the first year. However it has the highest stillbirth rate of any local authority in the Birmingham and the Black Country area. There was a marked increase in the stillbirth rate in 2005 in Dudley and this was almost entirely due to particularly high numbers in the first half of that year. This requires further investigation to try to determine any possible cause.

The infant mortality rate also increased in 2005 over the 2004 figure. This followed three unusually low years, so it is likely that this is more to do with small number fluctuations than an underlying change.

Recommendation

1 Investigate and further analyse data relating to stillbirths in 2005 to determine any possible causes of or associations with the apparent increase. (PCTs, West Midlands Perinatal Institute)

Morbidity

Overall cancer incidence has not changed much over the last two decades. The rate for women has risen slightly and has been about the same as that for men for the last 6 to 7 years. All cancers includes a wide variety of different diseases with different causes and prognoses and the make-up of this overall figure is changing significantly. For men prostate cancer has overtaken lung cancer as the most common cancer in the under 75s. Whilst lung cancer incidence has halved over the last 20 years, prostate cancer incidence has doubled in the last decade.

For women, breast cancer remains the most common. Following the introduction of screening throughout the UK, incidence rates have risen, but mortality rates have continued to fall. Cervical cancer incidence has fallen since 1990, but has remained steady for the last 6-7 years, in contrast to national rates which have decreased gradually over this period.

Skin cancer (or, more specifically, malignant melanoma) incidence increased rapidly between 1996 and 2000, much more so than nationally, but the incidence has dropped back since then and is now not significantly different from the national rates.

Chronic conditions considered amenable to primary care intervention to prevent emergency admissions include asthma and diabetes. The number and rate of emergency admissions to hospital from these conditions have gone down in Dudley since 1996/97, but have not fallen for the last 3 years and there are still nearly 500 such admissions each year.

Emergency admissions for neurotic disorders (including Anxiety disorders, obsessive-compulsive disorder, reaction to severe stress and somatoform disorders) are nearly double the number of a decade ago. This increase was halted by 2000/01 and there has been a slight, though not significant, decline since then. A similar pattern is seen with schizophrenia, especially in men. Some of the increases in these may be due to better diagnosis and coding.

Admissions for accidents have increased in the last five years and this increase appears to be largely due to an increase of nearly 50% in the rate in those aged 65 plus. With the upturn in deaths from accidents in this age group, further investigation is warranted to determine possible causes and associations.

Mortality

Life expectancy at birth in Dudley has increased in line with the national picture, but in the last few years the male life expectancy has fallen away from the national line slightly and is now significantly lower than male life expectancy in England and Wales. There are clear inequalities within Dudley, with the wards with the lowest life expectancy 6.6 years lower than those with the highest. When compared with the map of deprivation, it can be seen clearly that those areas with the lowest life expectancy also have the highest levels of deprivation.

Premature circulatory disease mortality continues to fall rapidly and the target of a 40% reduction from 1996 rates will be met by next year if the trend continues. Fewer than half the number of people aged under 75 die from these diseases than two decades ago, which equates to more than 400 fewer premature deaths every year. More than half of these deaths are from coronary heart disease (CHD), with a further fifth dying from stroke. Whilst a similar number of men and women die prematurely from stroke, nearly three

times as many men die from CHD before the age of 75 than do women.

Premature mortality from cancers also continues to fall, though not at such a rapid rate, and the 20% reduction target from "Our Healthier Nation" by 2010 should be achieved. A major factor in this overall decline is the decrease in lung cancer premature deaths in men, which have nearly halved in 20 years. Other cancers from which fewer people are dying prematurely include colorectal cancer and breast cancer in women. Skin cancer mortality has increased especially in the last few years and is significantly higher than the national average, whilst prostate cancer in men and cervical cancer in women are not significantly changing. In the latter, rates actually increased from 1998 to 2001 and have since not fallen back down, in contrast to national figures and are for the first time in 20 years significantly higher than national rates. Measures need to be continued to improve uptake of screening for cervical cancer and an audit of cervical deaths is recommended to try to determine any links.

Although mortality rates from accidents in Dudley are still lower than national rates, they are currently higher than in 1996, which was the baseline set for the target of a 20% reduction by 2010. If the long-term trend is continued, the target will be met, but if the recent trend continues then it will not. Accident mortality rates in young people have decreased, but there has been an upturn in the rates amongst older people. This along with the similar increase in hospital admissions due to accidents in people aged 65 plus, as mentioned above, warrants further investigative analysis.

Suicide rates have not changed significantly in Dudley over the last two decades and the current trajectory will not achieve the "Our Healthier Nation" target by 2010.

The comparison of major causes of death with national rates reveals certain causes that appear to be a bigger problem in Dudley than on average. Respiratory diseases and particularly chronic respiratory conditions in men are significantly high. This may be related to the types of industry prevalent in Dudley in the recent past and it will be of interest to see how these change as the industrial landscape of the area changes.

Also for men, rates of chronic liver disease and cirrhosis are significantly high. As alcohol is the major cause of these, it is not surprising that alcohol-related diseases is also significantly high for men. In fact rates of mortality from these causes have increased rapidly over the last decade in particular and are a cause of concern. Alcohol will soon kill more people aged under 75 than die from strokes. For this reason we recommend that 'Safe & Sound', Dudley's Community Safety Partnership, redoubles it's efforts to tackle this as a matter of urgency.

Recommendations

2 Continue measures to improve cervical screening uptake. (PCTs)

3 Work with Dudley Group of Hospitals to undertake an audit of cervical cancer deaths in the last 5 years (a total of 41 deaths). (PCTs, Dudley Group of Hospitals NHS Trust)

4 Analyse further the upturn in admissions and mortality from accidents in the population aged 65 plus. (PCTs)

5 That the Dudley Community Safety Partnership re-examines it's strategy, investment and action plans to tackle the steep and continuing rise in alcohol-related deaths as a matter of urgency. ('Safe & Sound' - Dudley's Community Safety Partnership)

Demography

Dudley Wards, 2001

Dudley Health Service Locations
- GP Surgeries
- Health Centres
- Pharmacies
- Dentists
- Opticians

Population
- 2005 Estimate
- Projected Population 2005-2020

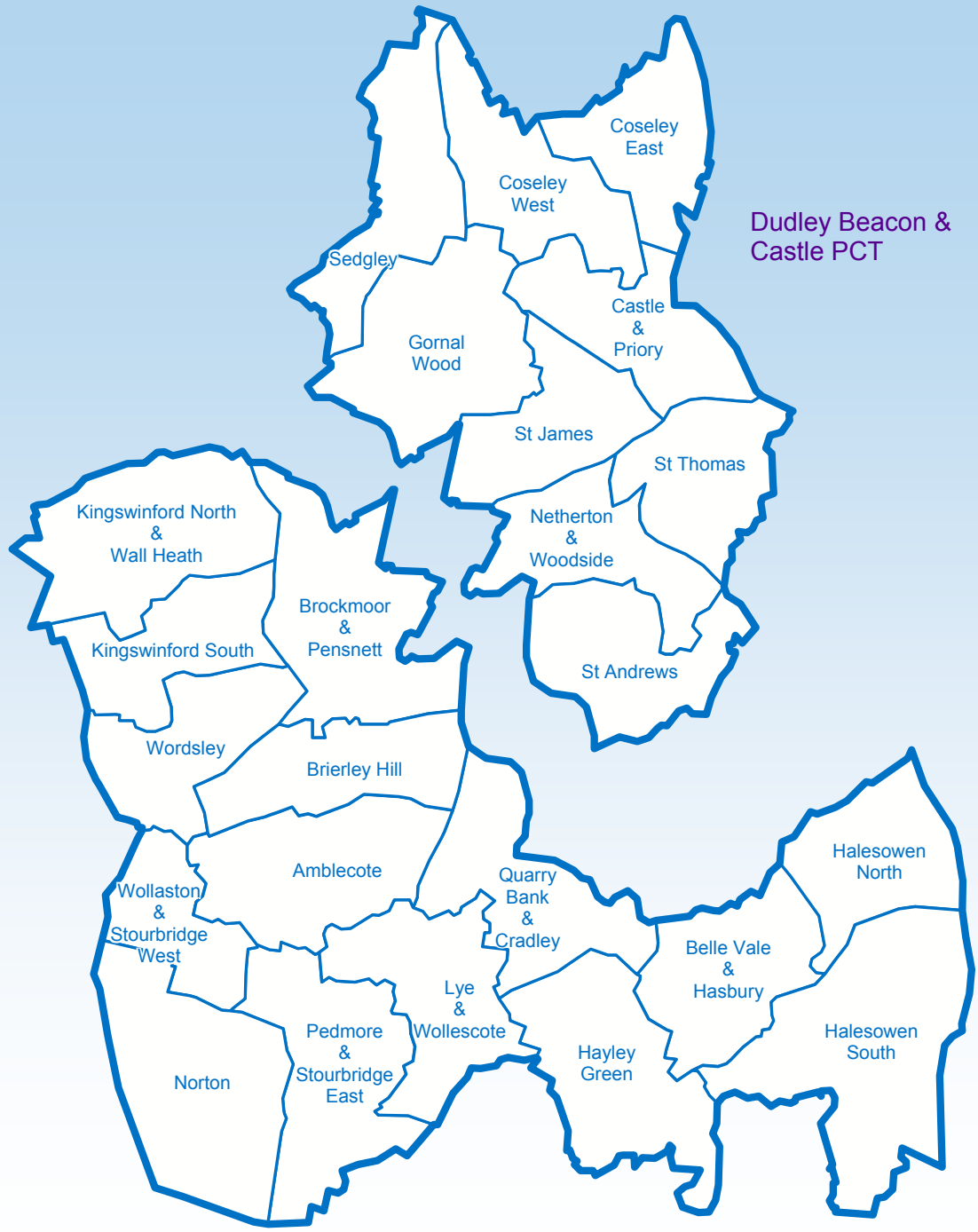
Census Indicators

Index of Multiple Deprivation 2004
Low Educational Attainment
Unemployment

Demography

Dudley Wards, 2001

- There are 24 wards in Dudley, with 9 wards in Dudley Beacon and Castle PCT and the remaining 15 wards in Dudley South PCT.
- In 2004 electoral ward boundaries were redefined. However, as these do not match other existing boundaries or data, the 2001 Census wards are still more widely used.



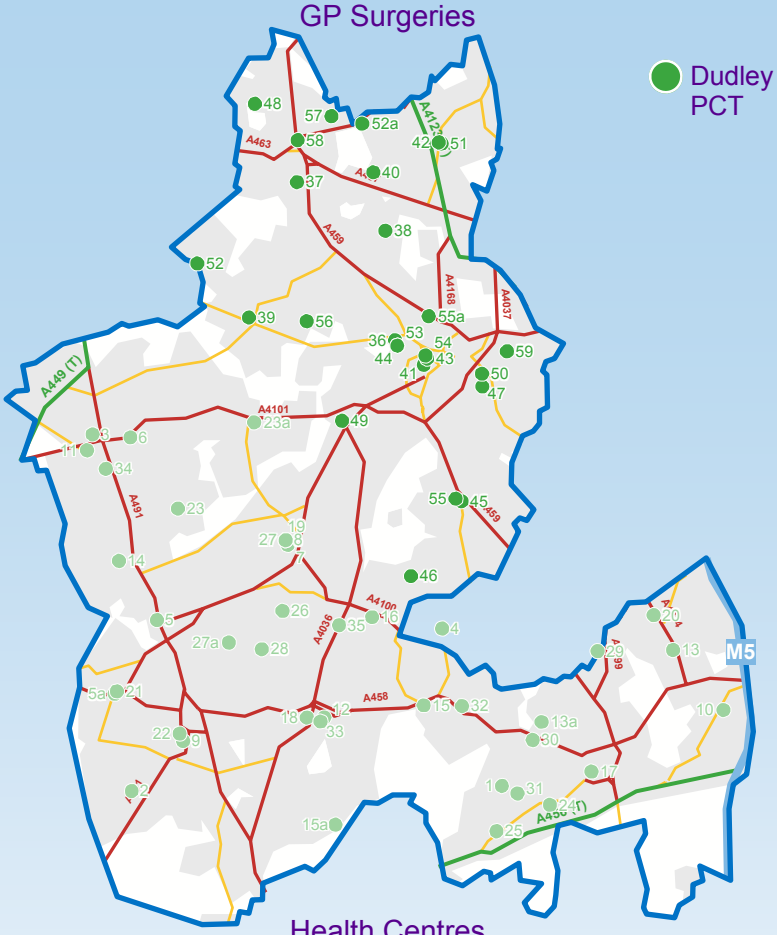
GP Surgeries

Dudley South PCT

1 Cooke MJ
2 Powell DJS
3 Cripps DF
4 PCT Locum
5 Powell DF
5a Powell DF
6 Skilbeck AB
7 Bundred MA
8 Sumaria MKM
9 Watt AJM
10 Lewis RA
11 Plant NA
12 Gallimore DJ
13 Bamford CS
13a Bamford CS
14 Rees DA
15 Yarwood-Smith CH
15a Yarwood-Smith CH
16 Karim H
17 Johnson RA
18 Killin WP
19 Sahni PK
20 Vamadevan T
21 Firth J
22 Dingwall IM
23 Bloor JA
23a Bloor JA
24 Darby JH
25 Khetani MJ
26 Jones TEG
27 Mary JSG
27a Mary JSG
28 Merotra SK
29 Akufo-Tetteh HN
30 Shameem NA
31 Modi V
32 Mittal VK
33 Prashara BK
34 Chisholm IT
35 Shah RM

Dudley Beacon & Castle PCT

36 Blackman AJ
37 Irani S
38 Smith MH
39 Gee RW
40 Broad MVJ
41 Welch NCC
42 De SK
43 Parry DG
44 White NC
45 Conlon DM
46 Ingle PR
47 Das Gupta S
48 Hampson WT
49 Cartwright ST
50 Brettell PBV
51 Arsiwala IS
52 Jain SK
52a Jain SK
53 Porter WAB
54 Pall J
55 Gupta PD
55a Gupta PD
56 Rathore JS
57 Sarkar PK
58 Shather N
59 Basu S



Health Centres

Dudley South PCT

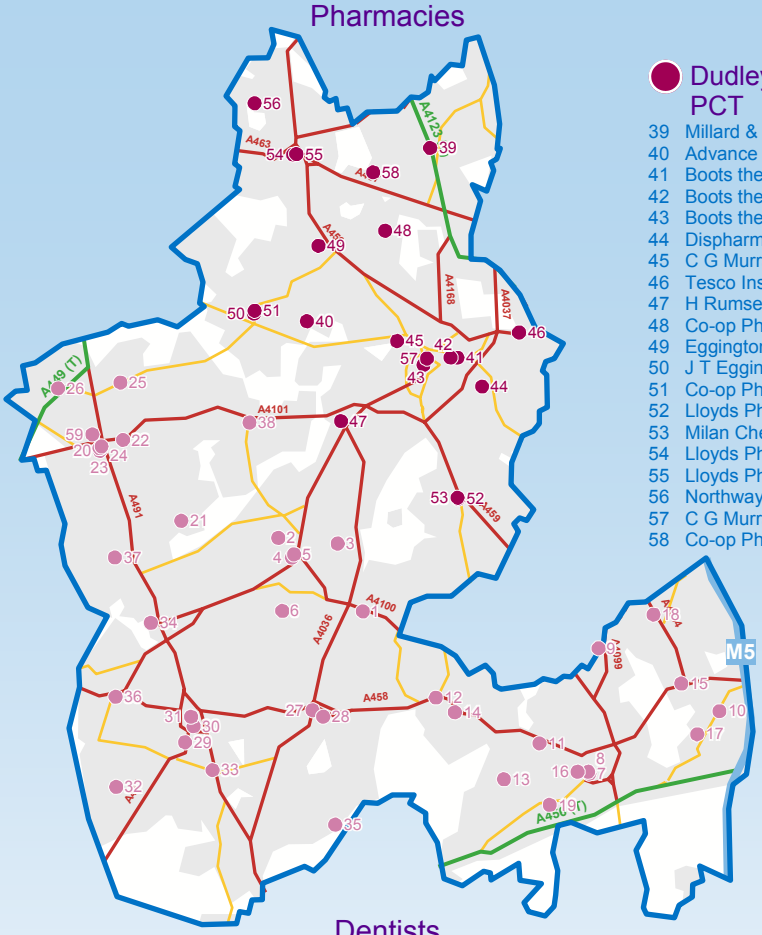
Dudley Beacon & Castle PCT

Demography

Pharmacies

Dudley South PCT

1 C G Murray & Son Ltd
2 Lloyds Pharmacy
3 Boots the Chemist
4 Boots the Chemist
5 Ian McArdle
6 Withymoor Pharmacy
7 Lloyds Pharmacy
8 Boots the Chemist
9 Gibbs Chemist
10 Grange Pharmacy
11 Hawne Chemist
12 Modi Chemist
13 C G Murray & Son Ltd
14 Co-operative Chemist Ltd
15 J R Smith (Chemists) Ltd
16 C G Murray & Son Ltd
17 Turners Pharmacy
18 Rajja Ltd
19 Lloyds Pharmacy
20 Boots the Chemist
21 Lad Chemist
22 Lloyds Pharmacy
23 Lloyds Pharmacy
24 C G Murray & Son Ltd
25 Safeway Pharmacy
26 Wall Heath Pharmacy
27 Lloyds Pharmacy
28 Lloyds Pharmacy
29 Lloyds Pharmacy
30 Boots the Chemist
31 C G Murray & Son Ltd
32 The Broadway Pharmacy
33 Swinford Pharmacy
34 Audnam Pharmacy
35 Lloyds Pharmacy
36 Moss Chemist
37 County Pharmacy
38 The Pharmacy Galleira
59 Lloyds Pharmacy



Dudley Beacon & Castle PCT

39 Millard & Bullock
40 Advance Pharmacy
41 Boots the Chemist
42 Boots the Chemist
43 Boots the Chemist
44 Dispharma
45 C G Murray & Son Ltd
46 Tesco Instore Pharmacy
47 H Rumsey-Williams
48 Co-op Pharmacy
49 Eggington
50 J T Egginton Ltd
51 Co-op Pharmacy
52 Lloyds Pharmacy
53 Milan Chemist
54 Lloyds Pharmacy
55 Lloyds Pharmacy
56 Northway Pharmacy
57 C G Murray & Son Ltd
58 Co-op Pharmacy

Dentists

Dudley South PCT

1 AM Williams & Associates
2 Amblecote Dental Practice
3 Andrew Hargreaves Dental Practice
4 Bhandal
5 Bhandal Dental Practice
6 Brierley Hill Dental Surgery
7 Cockram, Westwood & Cockram
8 Colin G Bromage
9 Dr Annette Southall
10 GT Durant & Associates
11 Haden Hill Dental Practice
12 IR Dale
13 Integrated Dental Holdings
14 JM Robinson
15 John Rowlands
16 Lock & Warren
17 Morgan Dental Practice
18 Moss Grove Dental Practice
19 Mr AS Bhandal
20 Mr NJ Waller & Associate
21 Mucklow & Homer & Associates
22 Oakleigh Dental Practice
23 Quarry Bank Dental Surgery
24 RE Harper
25 RH Moore & Associates
26 St James Dental Centre
27 Stevens Dental Health Centre
28 The Dental Practice
29 The Hollies
30 Thompson & Gibbs

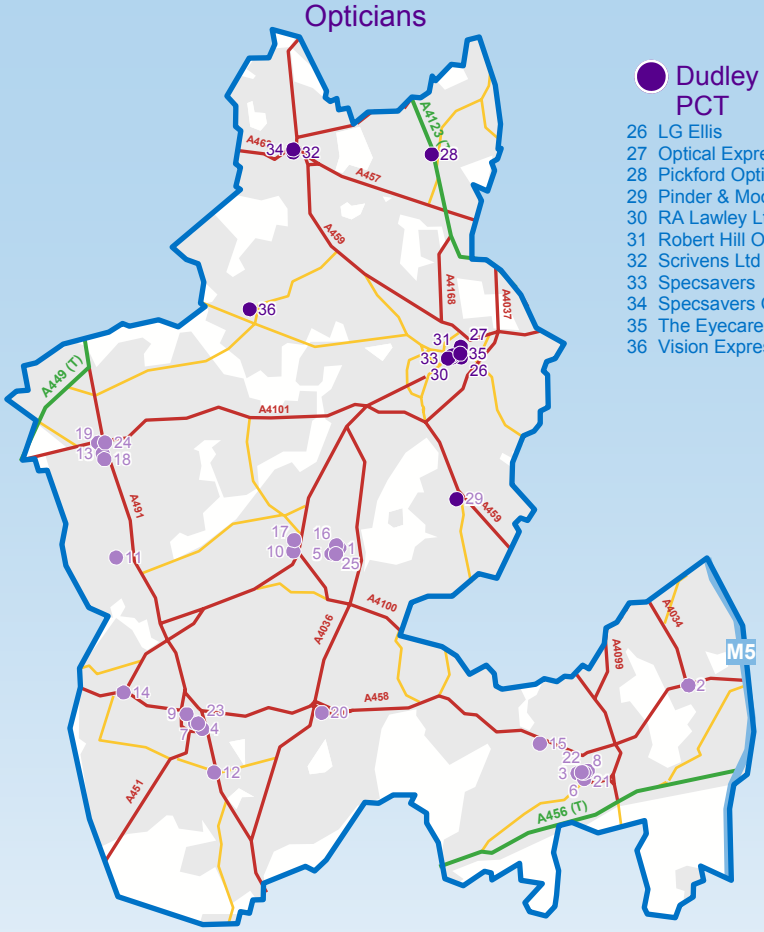
Dudley Beacon & Castle PCT

31 Bhandal Dental Practice
32 Bhandal Dental Surgery
33 BS Bhandal
34 BS Bhandal
35 Complete Dental
36 David H Roberts Dental Practice
37 Dr RS Kudhail Dental Surgery
38 Highview Dental Practice
39 J Walker
40 JA Holden
41 Mr RN McEvoy
42 PL Mole & Associates
43 SL Rees
44 Sedgley Dental Care
45 The Briars Dental Practice

Opticians

Dudley South PCT

1 4 Sight
2 AJ Moore
3 Chapman Opticians Ltd
4 David Wright Opticians
5 Dollond & Aitchison
6 JS Edmunds
7 Knight Opticians
8 Peter Bainbridge Opticians
9 Specs Direct
10 Specsavers Opticians
11 The Eyecare Centre Ltd
12 Boots Opticians & Hearing Care
13 C Cacoullis
14 Chapman & Myers Opticians
15 Docker & Wilson Opticians
16 Dollond & Aitchison
17 Dollond & Aitchison
18 Dollond & Aitchison
19 Eye Society Opticians
20 Eyewise Opticians
21 JS Edmunds
22 John Hamer Opticians
23 Julian Hill Opticians
24 Krystal Vision
25 LA Mayne



Dudley Beacon & Castle PCT

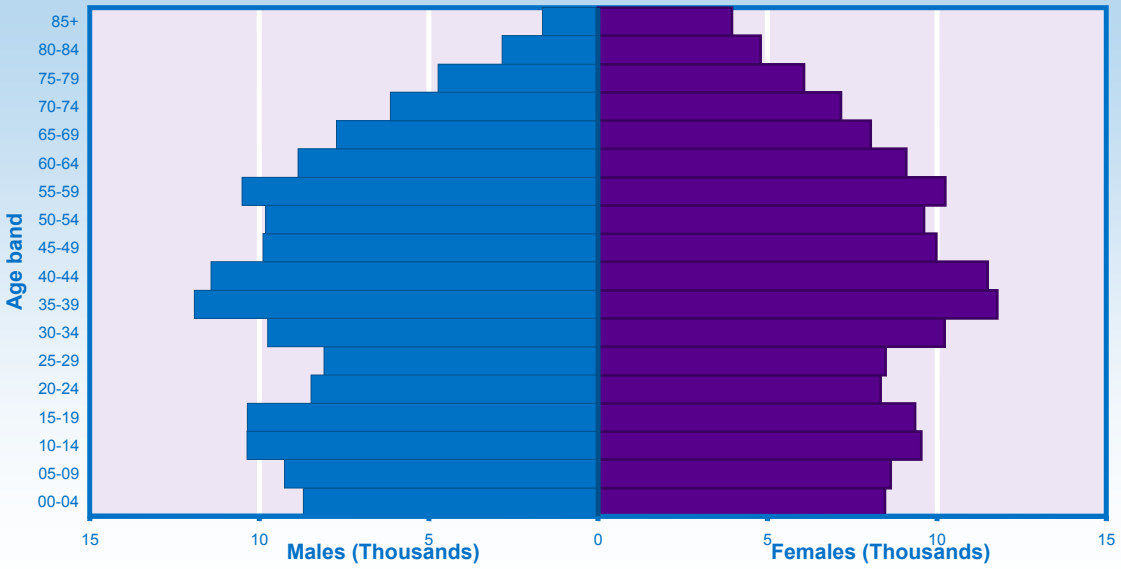
26 LG Ellis
27 Optical Express Southern Ltd
28 Pickford Opticians
29 Pinder & Moore Optometrists
30 RA Lawley Ltd
31 Robert Hill Opticians
32 Scrivens Ltd
33 Specsavers
34 Specsavers Opticians
35 The Eyecare Centre Ltd
36 Vision Express (UK) Ltd

Demography

Population estimate 2005

- For the age groups 0-24 and 50-59 years there are more males than females with the opposite true for the ages 25-34 and 60+ years. The latter due to higher premature mortality in males.
- The population pyramid is wide across all age groups and only narrows from age 65+.

Dudley Borough Residents

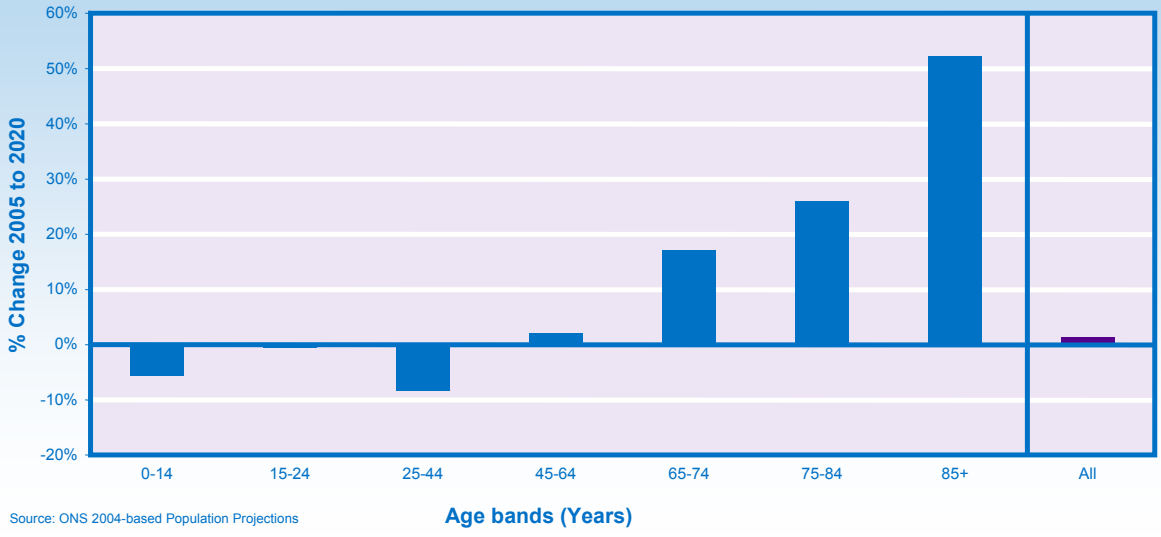


Source: ONS Mid-year Population estimate

Projected population change 2005-2020

- The population is projected to rise in the older age groups over the next 15 years.
- The overall population is not projected to increase significantly.

Projected percentage population change for Dudley 2005-2020



Source: ONS 2004-based Population Projections

Census Indicators, 1991 and 2001

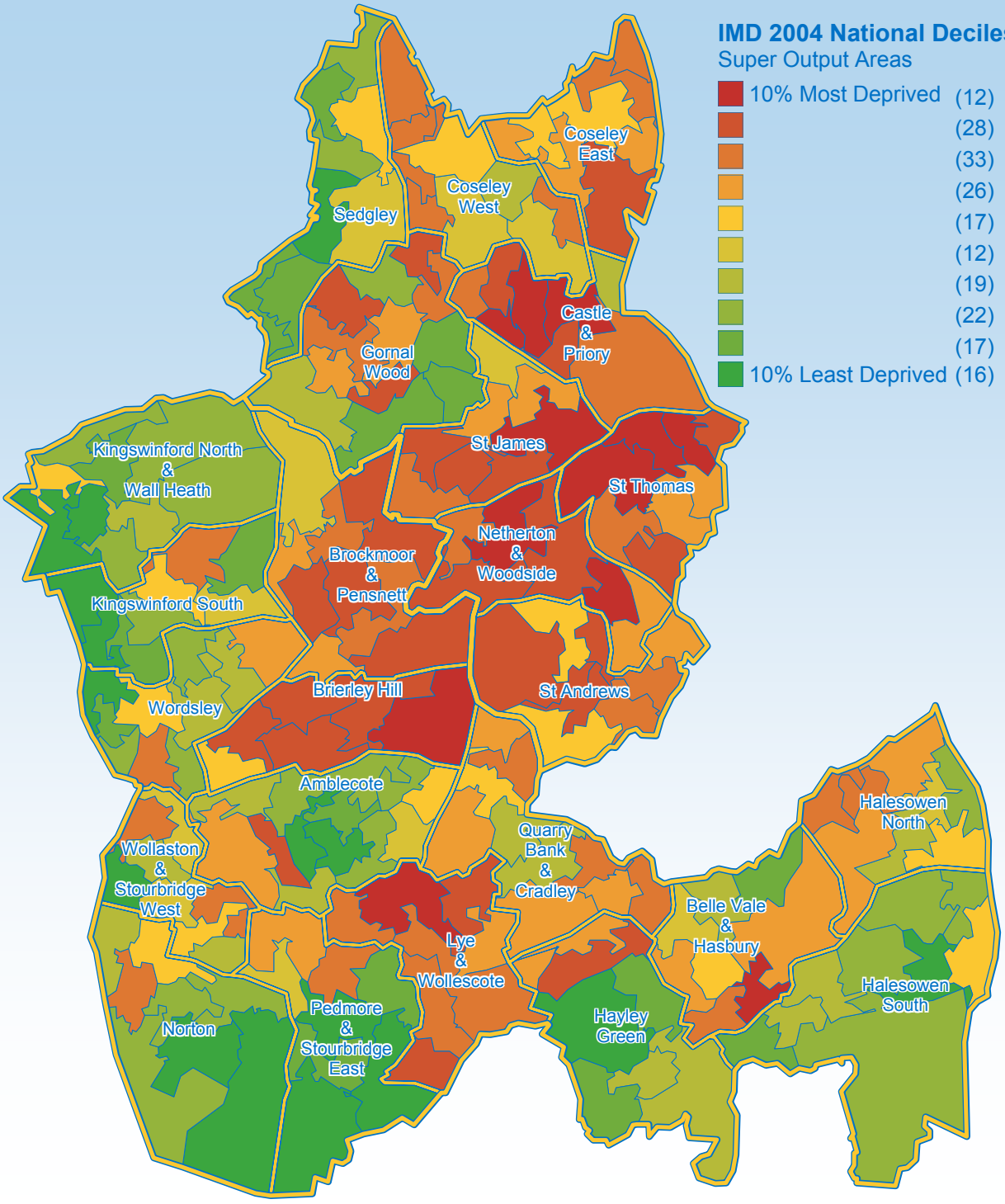
- The number of single people and number of one-person households has increased since 1991.
- The percentage of people in Dudley with no qualifications is higher than for England & Wales.
- The percentage of households without central heating and without their own bathroom facilities has decreased since 1991.

Census Indicator	Dudley 2001		England & Wales 2001	Dudley 1991	
	Number	%	%	%	Change from 1991 to 2001
People, places & families					
People who are 'white'	285930	93.7	91.3	95.9	▼
Single people	124918	40.9	30.1	38.3	▲
Married or re-married people	135961	44.6	50.9	50.4	▼
Separated or divorced people	22461	7.4	10.6	7.3	▲
Widowed people	21187	7.1	8.4	4	▲
Households without car/van	31665	25.3	26.8	30.9	▼
One-person households	33806	27	30	23.3	▲
Lone-parent households (with dependent children)	6874	5.5	6.5	2.7	▲
Health					
Limiting long-term illness	56089	18.5	18.2	12	▲
General health 'not good'	29685	9.8	9.2	n/a	
People providing unpaid care	35002	11.6	10	n/a	
Providing unpaid care 50+ hours/week	7244	2.4	2.1	n/a	
Work & qualifications					
Employed	136019	61.3	60.6	n/a	
Unemployed	8743	3.9	3.4	n/a	
Long-term unemployed	6350	2.9	1	n/a	
Student (economically active)	4525	2	2.6	n/a	
Retired	33286	15	13.6	n/a	
Student (economically inactive)	6347	2.9	4.7	n/a	
Looking after home/family	14397	6.5	6.5	n/a	
Permanently sick or disabled	11803	5.3	5.5	n/a	
Other inactive	6600	3	3.1	n/a	
Travel to work by car	99193	70.9	61.5	n/a	
Travel to work by Public transport	14182	10.1	14.5	n/a	
Qualifications at degree level or higher	28250	12.7	19.8	n/a	
No Qualifications	82905	37.4	29.1	n/a	
Housing					
Average household size	2.4		2.4	n/a	
Owner-occupied	88494	70.8	68.9	68.6	▲
Without central heating	18412	14.7	8.5	29.4	▼
Without own bath/shower and toilet	280	0.2	0.5	0.9	▼
Overcrowding indicator	5781	4.6	7	1.8	▲

Source: 1991 and 2001 Census, Nomisweb

Index of Multiple Deprivation (IMD) 2004 by Super Output Area

- There are 202 Super Output Areas within Dudley borough with 12 of these falling into the 10% most deprived Super Output Areas nationally.
- Dudley Beacon & Castle PCT has more deprived Super Output Areas than Dudley South PCT but there are pockets of deprivation throughout the borough.



Source: Office of the Deputy Prime Minister (ODPM) Indices of Deprivation 2004

Ranking of Dudley wards on Indices of Multiple Deprivation (IMD) 2004

- Three of the wards in Dudley are in the 10% most deprived wards nationally and 16 wards are among the 50% most deprived nationally.
- Eight wards in Dudley are in the 10% most deprived nationally for the education, skills and training domain and for the health and disability domain all but one ward in Dudley falls into the top 50% most deprived wards nationally.

Ward Name	IMD 2004 National Rank (1 = Most Deprived, 7932 =Least Deprived)	IMD 2004	Income	Employment	Health & Disability	Education, Skills & Training	Barriers to Housing and Services	Living Environment	Crime
Castle & Priory	523								
St. Thomas	679								
Netherton & Woodside	694								
Brierley Hill	794								
Lye & Wollescote	992								
St. James	1019								
Brockmoor & Pensnett	1154								
St. Andrews	1274								
Coseley East	1669								
Belle Vale & Hasbury	2049								
Quarry Bank & Cradley	2115								
Coseley West	2312								
Gornal Wood	2353								
Halesowen North	2519								
Wollaston & Stourbridge West	2902								
Hayley Green	3786								
Wordsley	4125								
Amblecote	4153								
Pedmore & Stourbridge East	4608								
Kingswinford South	4638								
Norton	5098								
Halesowen South	5489								
Sedgley	5690								
Kingswinford North & Wall Heath	5919								
Number of Wards in Dudley in the 10% most deprived wards nationally		3	5	4	0	8	0	5	1

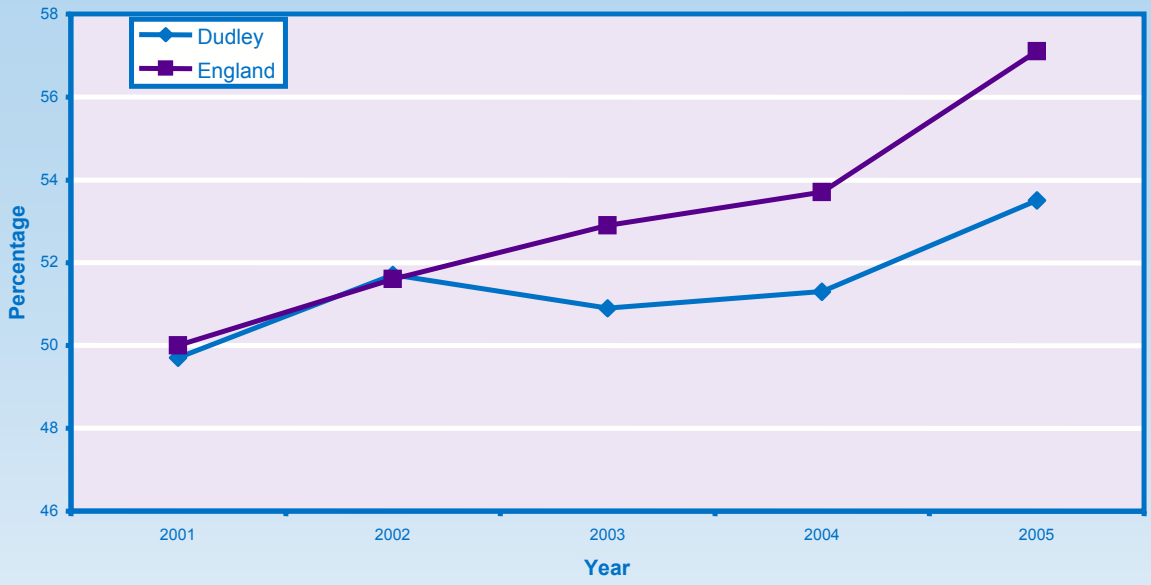
Among the 10% most deprived wards nationally
Among the 10%-50% most deprived wards nationally
Among the 50% least deprived wards nationally

Source: Office of the Deputy Prime Minister (ODPM) Indices of Deprivation 2004

Low educational attainment and unemployment

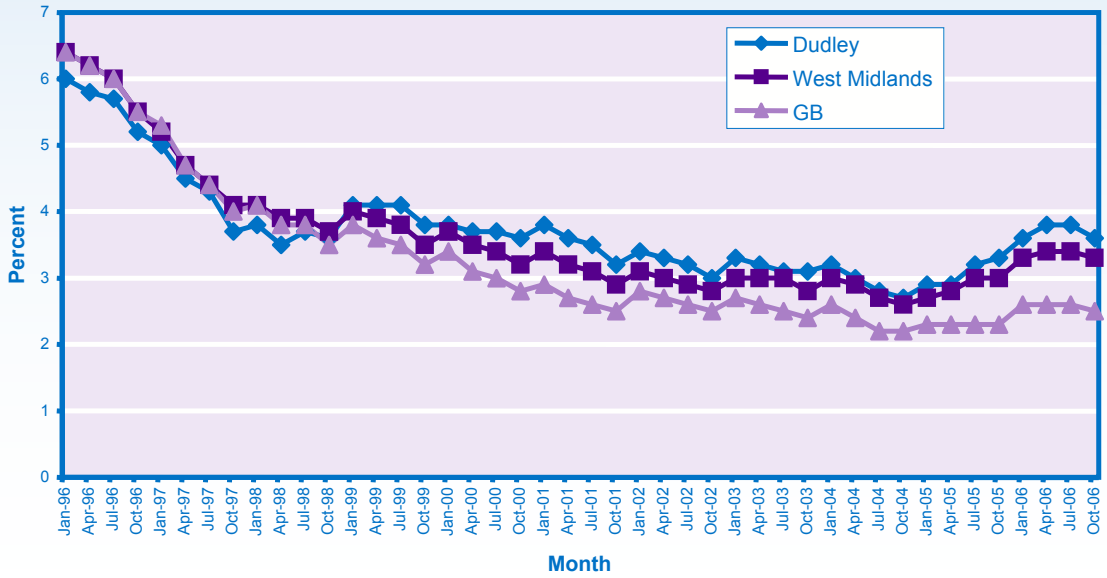
- The proportion of pupils gaining at least 5 GCSE grades A*-C is lower in Dudley than England.
- Since 2002 the gap between local and national has been widening.
- The proportion of people claiming job seekers allowance (JSA) is higher in Dudley than the national average and this difference has widened in the last five years.
- The rates for all areas have fallen over the last decade and are falling again following a rise in 2005.

Percentage of pupils gaining 5 or more GCSE grade A* - C 2001-2005



Source: Department for Education and Skills (DfES) Annual Performance Tables

People claiming Job Seekers Allowance as a percentage of the working-age population, 1996 - 2006



Source: Office of National Statistics (ONS) Claimant counts

Conception to One

General Fertility Rates

Conceptions

- Under 16 Conception Rate
- Under 18 Conception Rate
- Under 18 Conception Rate by Ward

Abortion Rates

Birth Rates

- Low Birth Weight Births
- Still Birth Rates

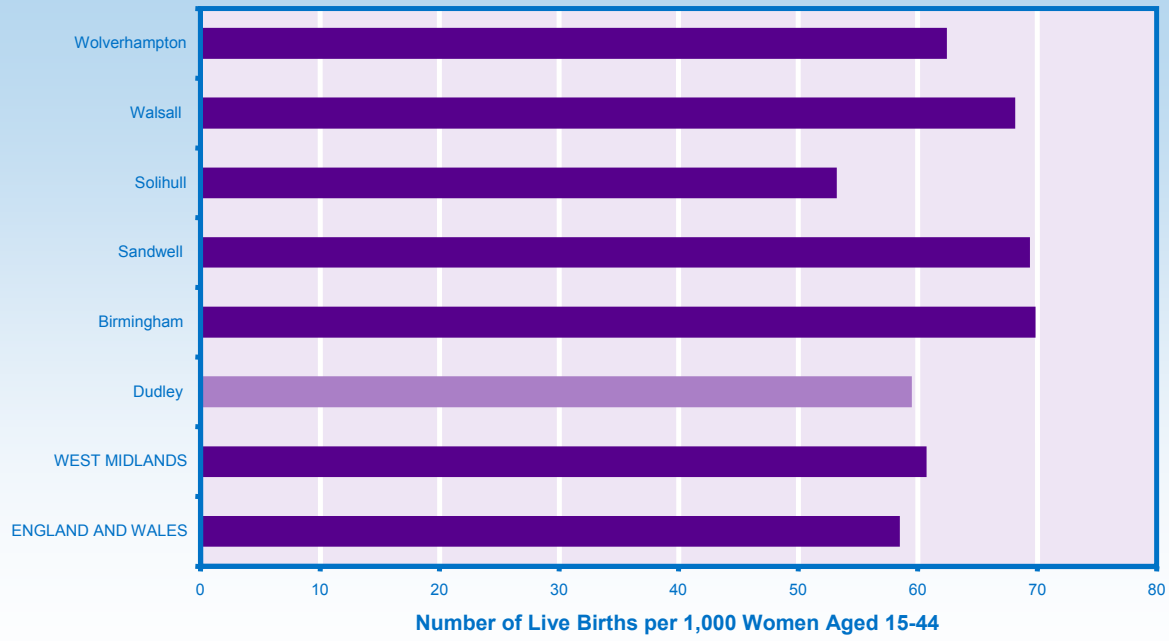
Perinatal Mortality

Infant Mortality

General Fertility Rates, 2005

- The number of live births per 1,000 women aged 15-44 in Dudley during 2005 was 59.4; slightly lower than the general fertility rate in the West Midlands but higher than that for England & Wales.
- Of the boroughs in Birmingham and the Black Country, Dudley was second only to Solihull for the lowest general fertility rate in 2005.

General Fertility Rates, 2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

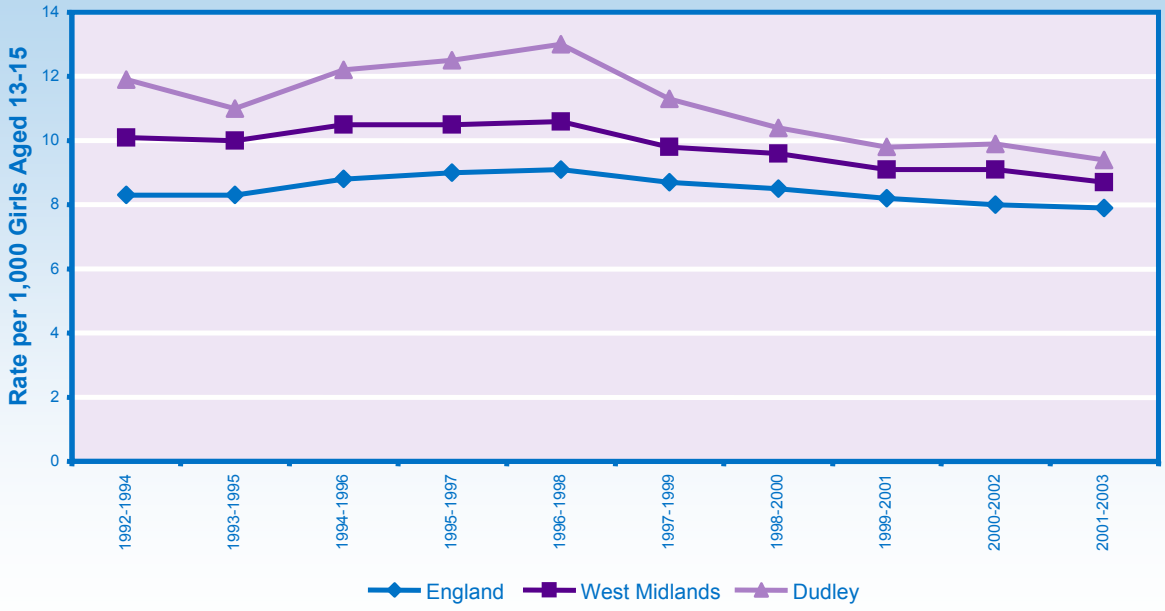
General Fertility Rates by Year, 2005

Area	Number of Live Births per 1,000 Women Aged 15-44
ENGLAND & WALES	58.39
WEST MIDLANDS	60.65
Dudley	59.40
Birmingham	69.75
Sandwell	69.27
Solihull	53.11
Walsall	68.07
Wolverhampton	62.34

Under 16 Conception rate trend, 1992-2003

- The under 16 conception rate has continued to decline in Dudley and the gap between Dudley and the West Midlands and England is closing.
- There were 160 under 16 conceptions in Dudley over the period of 2001-2003.

Conception Rates Below Age 16 by Year, 3-Year Rate, 1992-1994 to 2001-2003



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

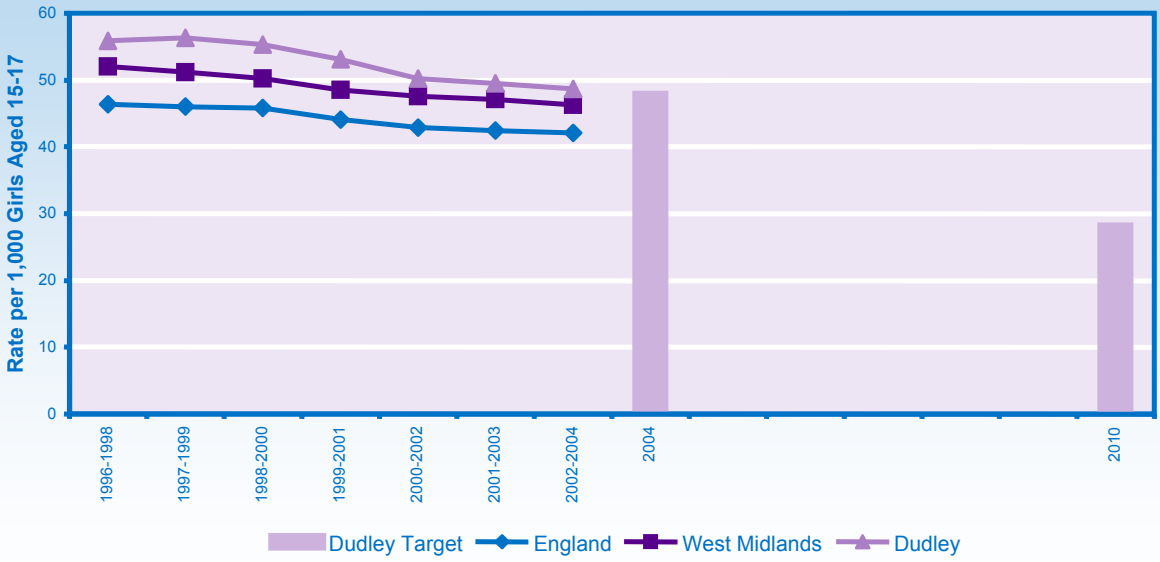
Conception Rates Below Age 16, 3-Year Rate 2001-2003

Area	Rate per 1,000 Girls Aged 13-15	Number
ENGLAND	7.9	22,360
WEST MIDLANDS	8.7	2,763
Dudley	9.4	160
Birmingham	8.5	547
Sandwell	13.6	234
Solihull	4.9	60
Walsall	10.6	166
Wolverhampton	14.1	200

Under 18 Conception rate trend, 1996-2004

- The under 18 conception rate has continued to decline in Dudley and the gap between Dudley and the West Midlands and England is closing.
- The under 18 conception rate for 2004 in Dudley was 48.1, just 0.1 less than the 2004 target of 48.
- The 2010 target of 28.3 per 1,000 girls aged 15-17 remains challenging.

Conception Rates Below Age 18 by Year, 3-Year Rate, 1996-1998 to 2002-2004



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

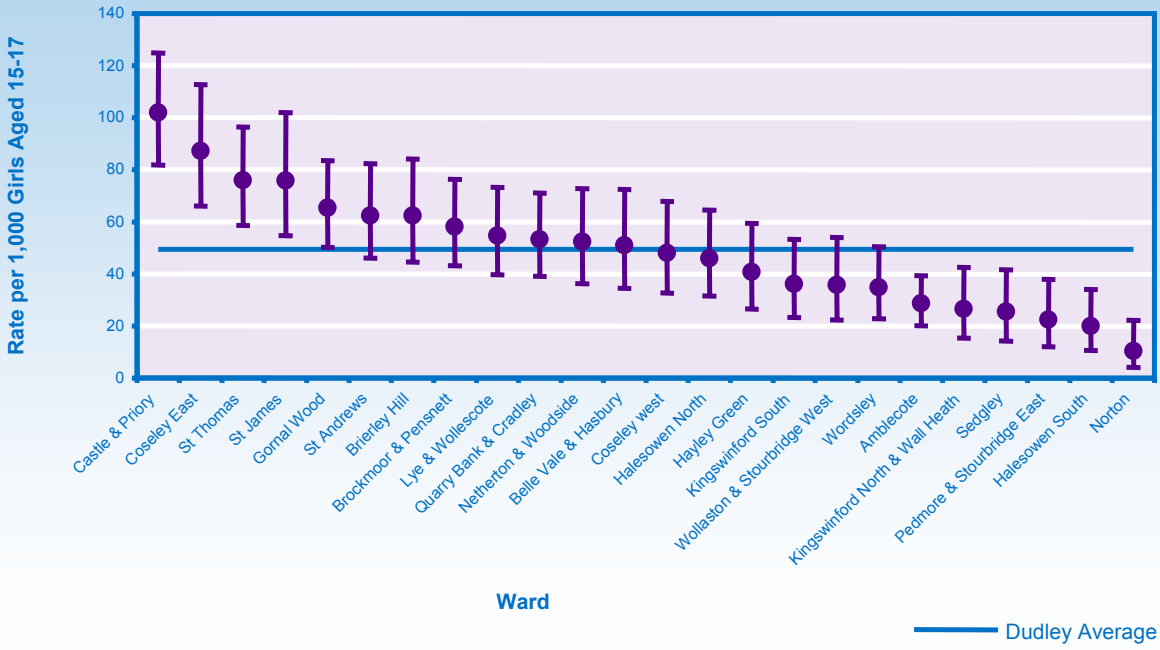
Conception Rates Below Age 18, 2004

Area	Rate per 1,000 Girls Aged	Number
ENGLAND	41.5	39,545
WEST MIDLANDS	45.0	4,790
Dudley	48.1	272
Birmingham	51.5	1,115
Sandwell	56.6	327
Solihull	43.2	178
Walsall	48.7	251
Wolverhampton	60.8	290

Under 18 Conception rates by Ward, 2001-2003

- The under 18 conception rate is significantly higher than the Dudley average of 49.5 in five of the 24 Dudley wards and significantly lower in 7 wards.
- Castle & Priory ward had the highest under 18 conception rate; nearly 10 times the rate for the ward with the lowest rate and over 2 times the Dudley average.
- The range in the under 18 conception rates across the wards suggests that there is a need to target services and any intervention programmes according to geography.

Conception Rates Below Age 18 with 95% Confidence Intervals
3-Year Rates, by Ward in Dudley, 2001-2003



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

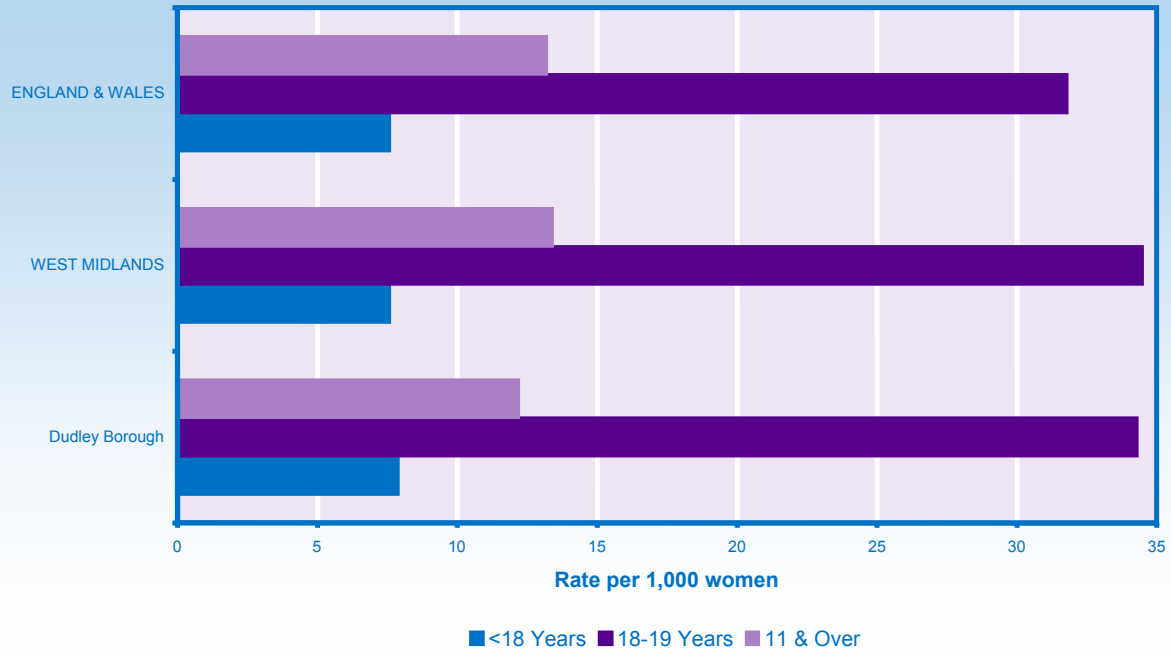
Conception Rates Below Age 18 by Ward, 3-Year Rate, 2001-2003

Ward	Rate per 1,000 Girls Aged 15-17 (95% Confidence Intervals)
Amblecote	28.6 (20.12,39.39)
Belle Vale & Hasbury	51.0 (34.45,72.49)
Brierley Hill	62.3 (44.65,84.15)
Brockmoor & Pensnett	58.1 (43.15,76.31)
Castle & Priory	101.9 (81.87,124.91)
Coseley East	87.3 (66.10,112.68)
Coseley West	48.1 (32.65, 67.89)
Gornal Wood	65.4 (50.29,83.41)
Halesowen North	45.9 (31.43,64.58)
Halesowen South	20.1 (10.73,34.08)
Hayley Green	40.7 (26.49,59.46)
Kingswinford North & Wall Heath	26.6 (15.42,42.52)
Kingswinford South	36.2 (23.32,53.37)
Lye & Wollescote	54.7 (39.70,73.22)
Netherton & Woodside	52.4 (36.32,72.76)
Norton	10.5 (4.06,22.09)
Pedmore & Stourbridge East	22.4 (11.99,38.04)
Quarry Bank & Cradley	53.4 (39.06,71.02)
Sedgley	25.4 (14.31,41.63)
St. Andrews	62.4 (46.07,82.40)
St. James	75.8 (54.73,101.85)
St. Thomas	76.0 (58.62,96.55)
Wollaston & Stourbridge West	35.7 (22.26,54.12)
Wordsley	34.7 (22.82,50.49)

Abortion rates by maternal age group, 2004

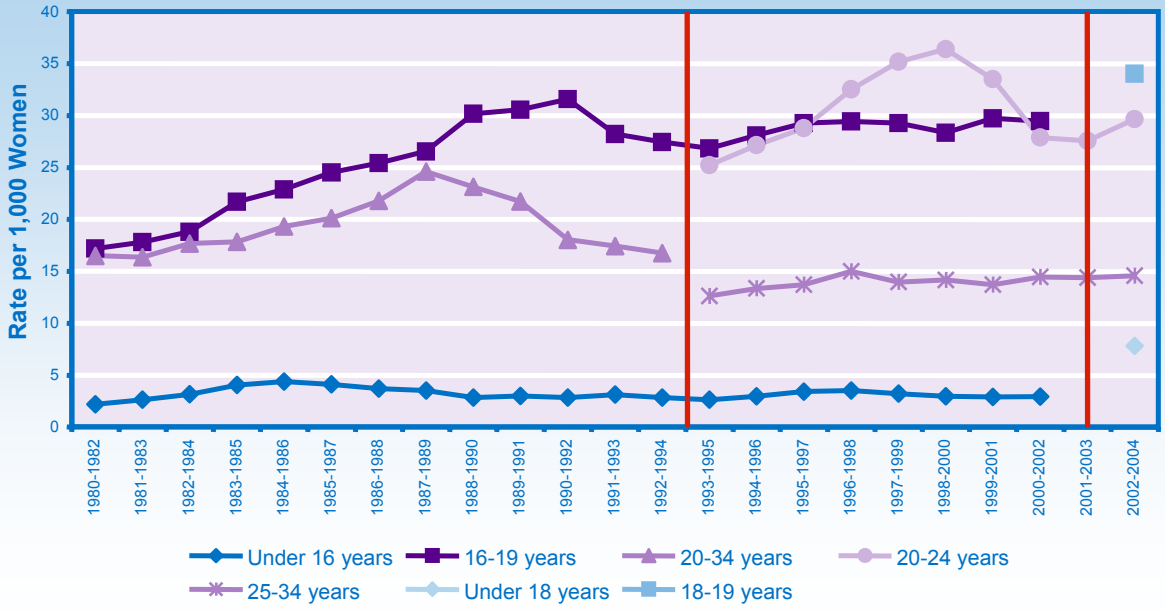
- In Dudley in 2004 there were 941 abortions, 106 of which were in the under 18 maternal age group and a further 123 were in the 18-19 maternal age group.
- Overall Dudley had a slightly lower abortion rate than both England & Wales and the West Midlands, but for the under 25 age group Dudley had a higher abortion rate.
- The abortion rate has remained relatively constant in the last 10 years for all age groups with the exception of the 20-24 age group where it peaked and has subsequently declined.

Abortion Rates by Maternal Age Group, 2004



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

Abortion Rates by Maternal Age by Year
3-Year Rates, Dudley, 1980-1982 to 2002-2004

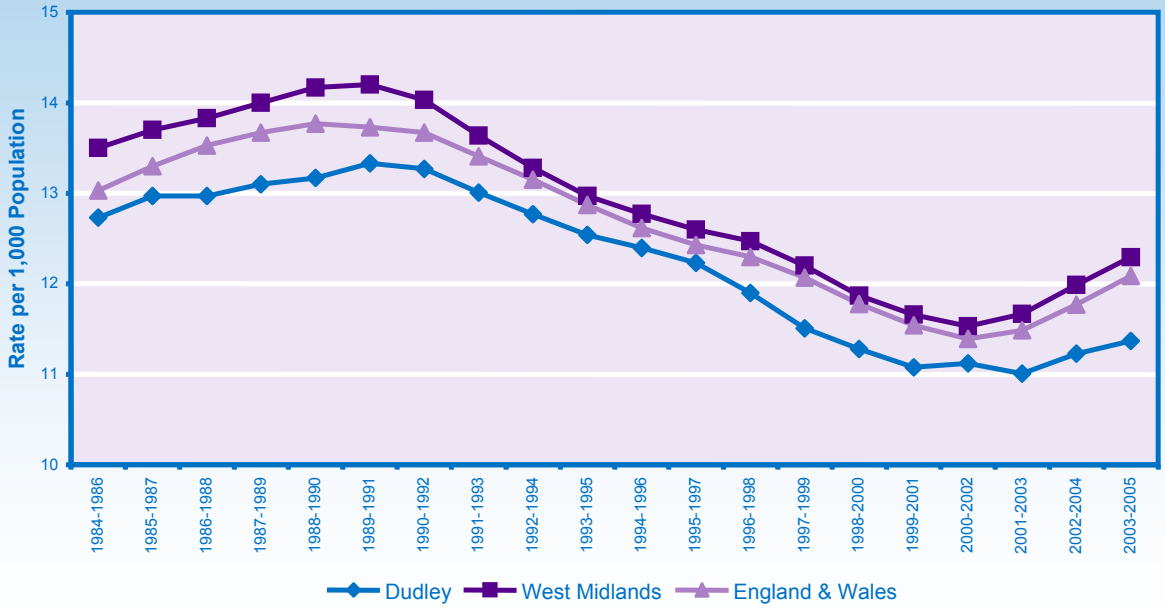


Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

Birth Rates, 1984-2005

- The birth rate per 1,000 population for all areas peaked in the period 1989-1991 and has shown a downward trend since then.
- The birth rate reached its lowest for England and Wales and the West Midlands in the period 2000-2002 and for Dudley this was during the period 2001-2003.
- The Dudley birth rate has started to rise since this time albeit at a slower rate than in England & Wales and the West Midlands.

Birth Rates by Year
3-Year Rates, 1984-1986 to 2003-2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

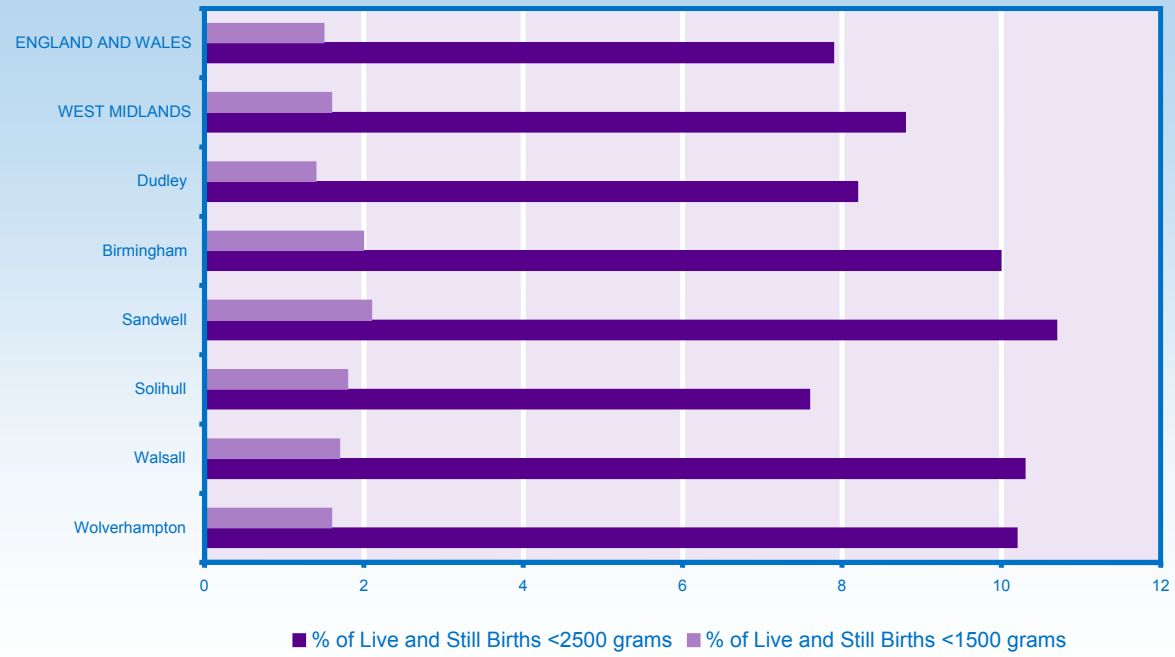
Birth Rates, 2005

Area	Rate per 1,000 Population	Number of Births
ENGLAND & WALES	12.1	645,621
WEST MIDLANDS	12.3	65,956
Dudley	11.6	3,546
Birmingham	15.9	15,893
Sandwell	14.6	4,171
Solihull	10.1	2,028
Walsall	13.5	3,424
Wolverhampton	13.0	3,105

Low Birth Weight Births, 2005

- The percent of live and still births under 1,500 grams in Dudley was lower than the figure for England and Wales
- Of the boroughs in Birmingham and the Black Country Dudley had the lowest proportion of births under 1,500 grams and was second only to Solihull for the lowest percent under 2,500 grams in 2005.

Low Birth Weight Births, All Maternal Ages, 2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

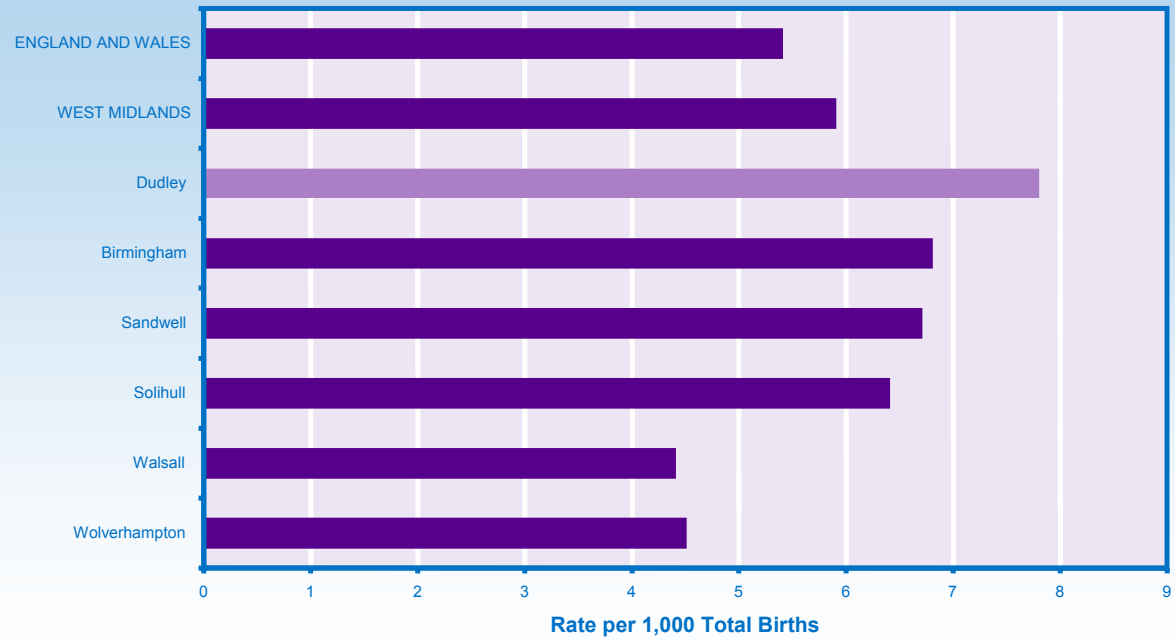
Low Birth Weight Births, all Maternal Ages, 2005

Area	% of Live and Still Births <1500 grams	% of Live and Still Births <2500 grams
ENGLAND & WALES	1.5	7.9
WEST MIDLANDS	1.6	8.8
Dudley	1.4	8.2
Birmingham	2.0	10.0
Sandwell	2.1	10.7
Solihull	1.8	7.6
Walsall	1.7	10.3
Wolverhampton	1.6	10.2

Still Birth Rates, 2005

- The still birth rate in Dudley in 2005 was 7.8 per 1,000 total births and was higher than the rate for both England & Wales and the West Midlands
- The still birth rate for Dudley was also higher than those reported for all the other boroughs in Birmingham and the Black country.

Still Birth Rates, 2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

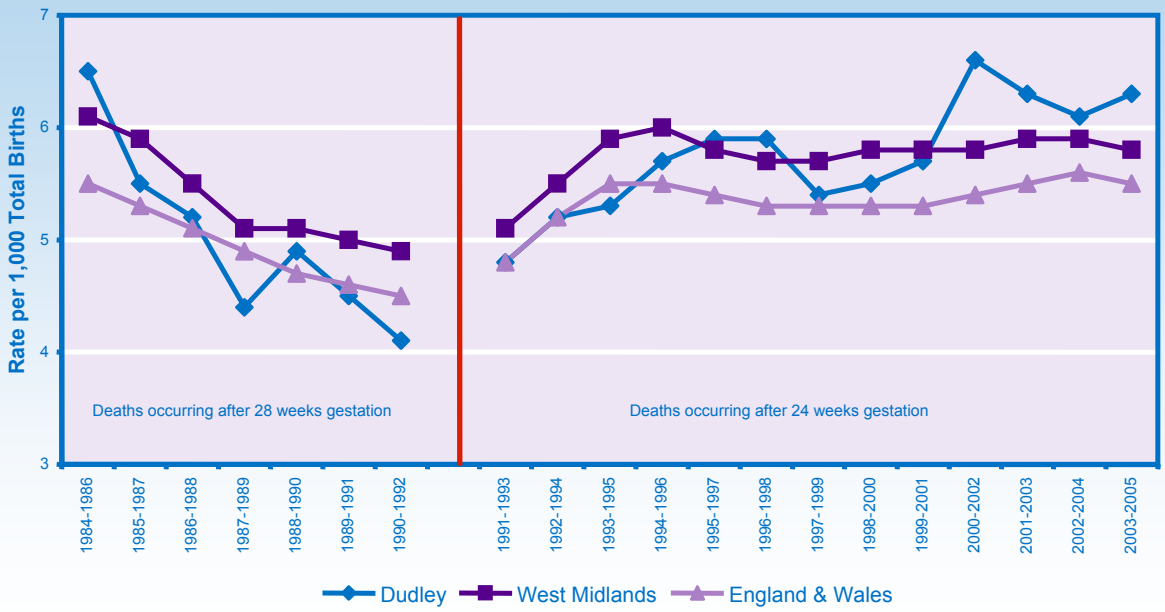
Still Birth Rates, 2005

Area	Number of Still Births per 1,000 Total Births
ENGLAND & WALES	5.4
WEST MIDLANDS	5.9
Dudley	7.8
Birmingham	6.8
Sandwell	6.7
Solihull	6.4
Walsall	4.4
Wolverhampton	4.5

Still Birth Rates, 1984-2005

- The still birth rate per 1,000 total births nationally and regionally peaked in the period 1994-1996 and has shown a fairly static trend since then.
- The still birth rate for Dudley followed that trend until 1999-2001, but then increased and now exceeds that for England & Wales and the West Midlands.
- The rise in the Dudley still birth rate showed some signs of slowing in the last couple of years but has risen again in 2005

Still Birth Rates by Year
3- Year Rates, 1984-1986 to 2003-2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

Number of Still Births by Maternal Age, 2003-2005

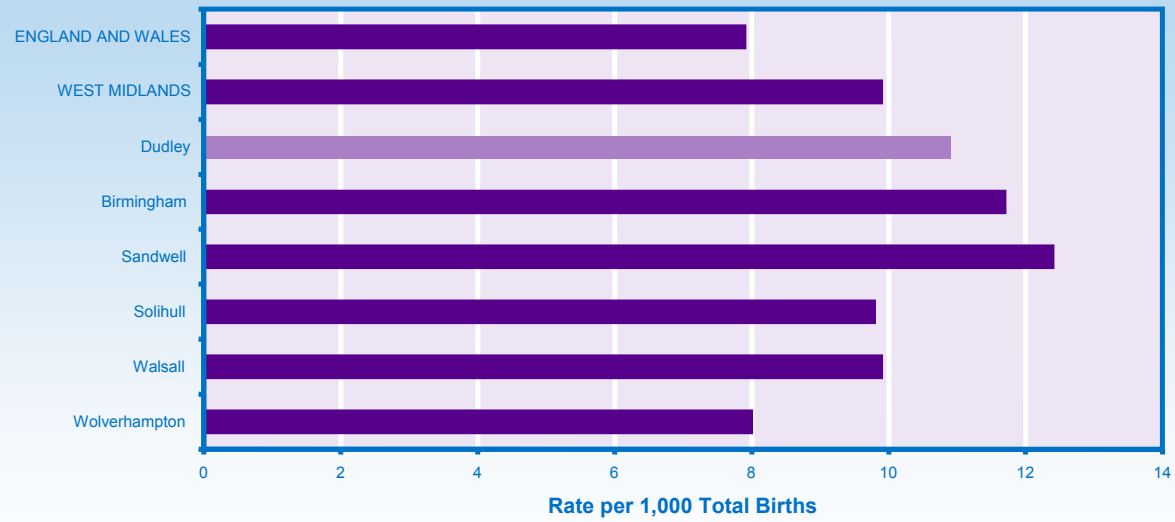
AREA	AGE						
	11-15	16-19	20-24	25-34	35-39	40+	11+
ENGLAND AND WALES	30	890	1937	5444	1749	505	10555
WEST MIDLANDS	*	111	249	603	139	*	1148
Dudley	0	*	11	42	7	*	66
Birmingham	0	29	105	191	41	12	378
Sandwell	0	12	20	30	7	6	75
Solihull	0	*	7	16	4	*	33
Walsall	0	7	12	29	*	*	56
Wolverhampton	0	*	10	26	9	*	49

* Data that may potentially identify an individual have been removed

Perinatal Mortality rates, 2005

- The perinatal mortality rate in Dudley was higher than that recorded for England & Wales and the West Midlands.
- The high rate for Dudley compared with the West Midlands average is due mainly to the high still birth rate.

Perinatal Mortality Rates by Year
Number of Still Births and Deaths of Infants Aged Under 7 Days, 2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

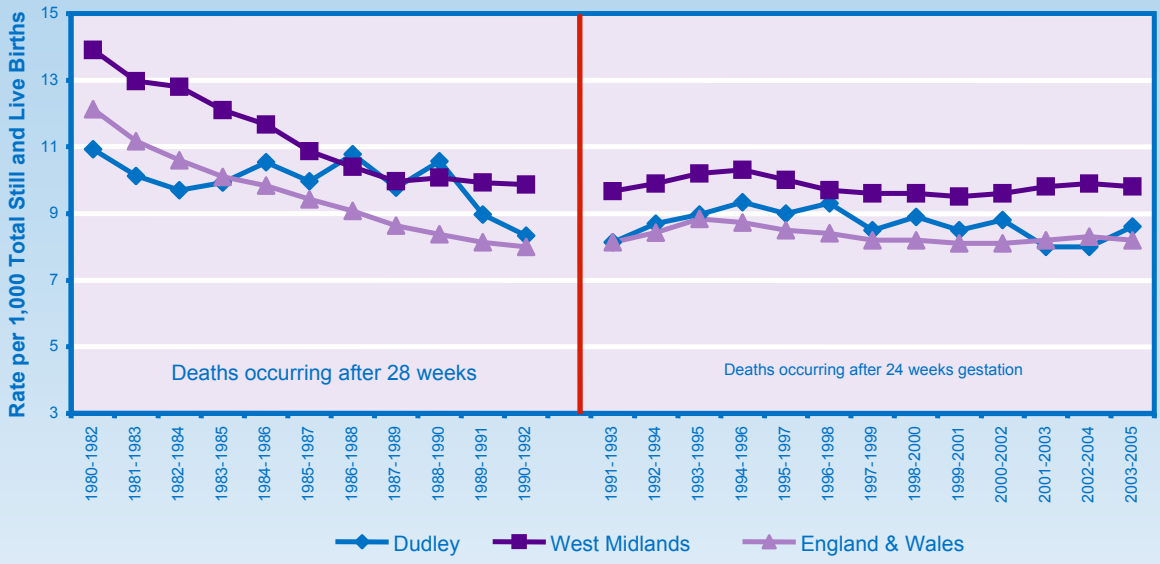
Perinatal Mortality Rates (Aged Under 7 days), 2005

Area	Rate per 1,000 Total Births	Number
ENGLAND & WALES	7.9	5,154
WEST MIDLANDS	9.9	656
Dudley	10.9	39
Birmingham	11.7	188
Sandwell	12.4	52
Solihull	9.8	20
Walsall	9.9	34
Wolverhampton	8.0	25

Perinatal Mortality rates trend, 1980-2005

- The perinatal mortality rate in Dudley has consistently been between the England & Wales and the West Midlands rate over the last 20 years.
- The Dudley perinatal mortality rate trend closely follows the still birth rate trend.

Perinatal Mortality Rates by Year
Still Births and Deaths Under 7 days Combined,
3-Year Rates, 1980-1982 to 2003-2005

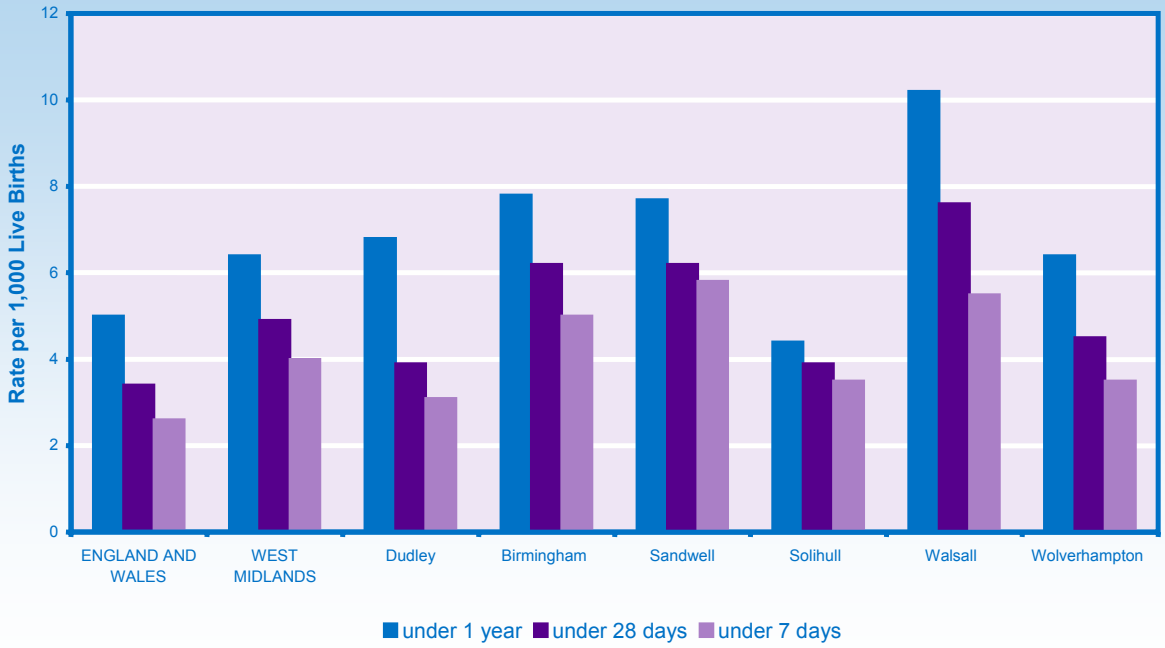


Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

Infant Mortality, 2005

- The infant mortality rate in the under 1 age group was higher in Dudley than both England & Wales and the West Midlands.
- Dudley has the lowest infant mortality rates for groups aged under 28 days and under 7 days in the Birmingham and the Black Country area.

Mortality Rates in Infancy, 2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

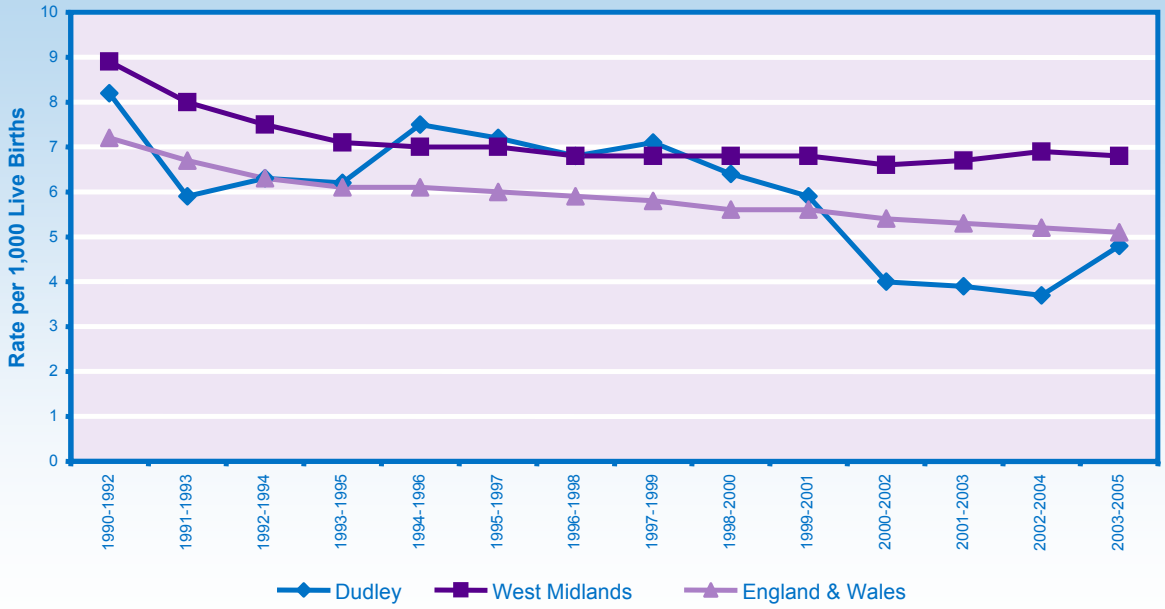
Mortality Rates in Infancy, 2005

Area	Aged Under 1 year		Aged Under 28 days		Aged Under 7 days	
	Number	Rate per 1,000 Live Births	Number	Rate per 1,000 Live Births	Number	Rate per 1,000 Live Births
ENGLAND AND WALES	3,217	5.0	2,205	3.4	1,681	2.6
WEST MIDLANDS	425	6.4	323	4.9	262	4.0
Dudley	24	6.8	14	3.9	11	3.1
Birmingham	124	7.8	99	6.2	79	5.0
Sandwell	32	7.7	26	6.2	24	5.8
Solihull	9	4.4	8	3.9	7	3.5
Walsall	35	10.2	26	7.6	19	5.5
Wolverhampton	20	6.4	14	4.5	11	3.5

Infant Mortality rate trends, 1990-2005

- Mortality rates in infancy in Dudley had declined over the last 4 years to below the England & Wales rate, but rose in 2005 to above both the England & Wales and the West Midlands rate.

Mortality Rates in Infancy (Aged Under 1) by Year
3-Year Rates, 1990-1992 to 2003-2005



Source: National Centre for Health Outcomes Development (NCHOD) Compendium of Clinical and Health Indicators

Mortality Rates in Infancy (Aged Under 1), 2005

Area	Rate per 1,000 Live Births	Number
ENGLAND & WALES	5.0	3,217
WEST MIDLANDS	6.4	425
Dudley	6.8	24
Birmingham	7.8	124
Sandwell	7.7	32
Solihull	4.4	9
Walsall	10.2	35
Wolverhampton	6.4	20

Morbidity

Incidence of Cancers
- All Cancers <75
- Lung Cancer <75
- Colorectal Cancer <75
- Female Breast Cancer <75
- Cervical Cancer <75
- Prostate Cancer <75
- Skin Cancer All Ages

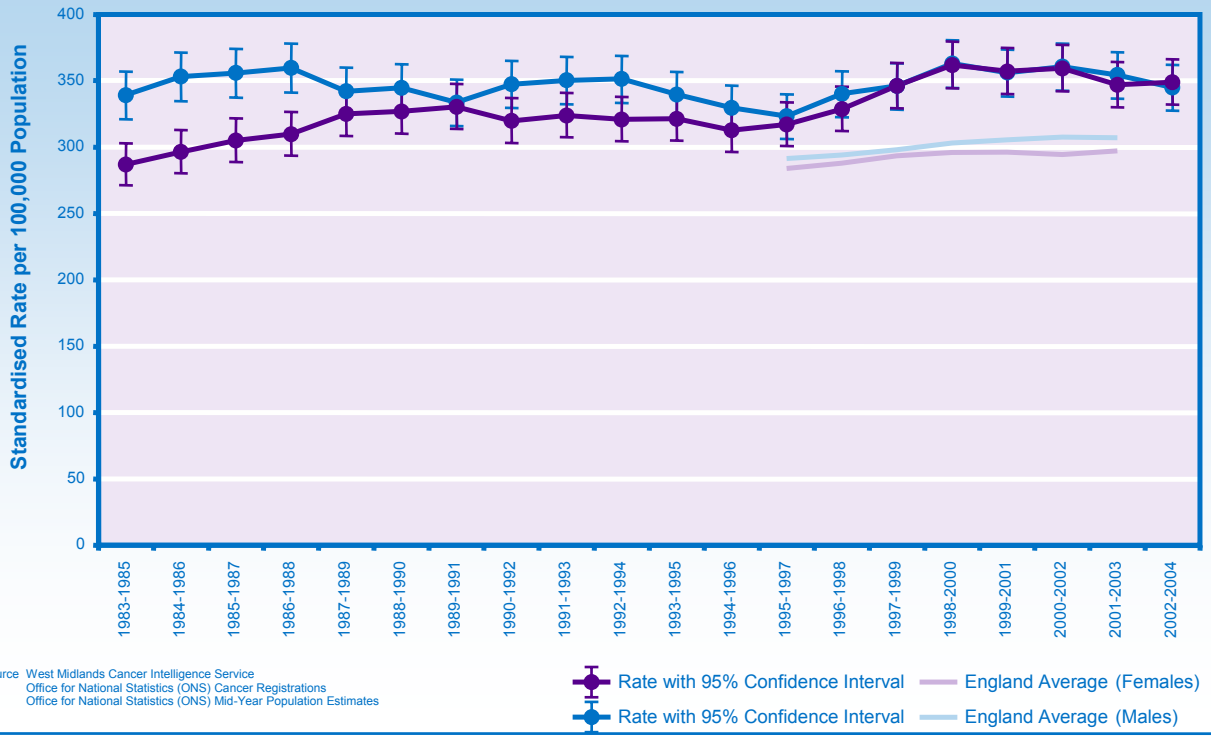
Emergency Admissions
- Chronic Conditions All Ages
- Neuroses All Ages
- Schizophrenia All Ages

Hospital Admissions
- Accidents All Ages
- Accidents 65+
- Primary Hip Replacement 65+
- Acute Myocardial Infarction 65+
- Heart Failure 65+

All Cancers — Aged Under 75 (ICD10 C00 to C97)

- The chart shows that the directly standardised incidence rates (DSIR) for all cancers, have been increasing since 1983-1985.
- The gap in incidence rate between males and females has narrowed and disappeared in the last ten years.
- The DSIRs for all cancers in Dudley are significantly higher than for England.

Directly Standardised Incidence Rates from All Cancers by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

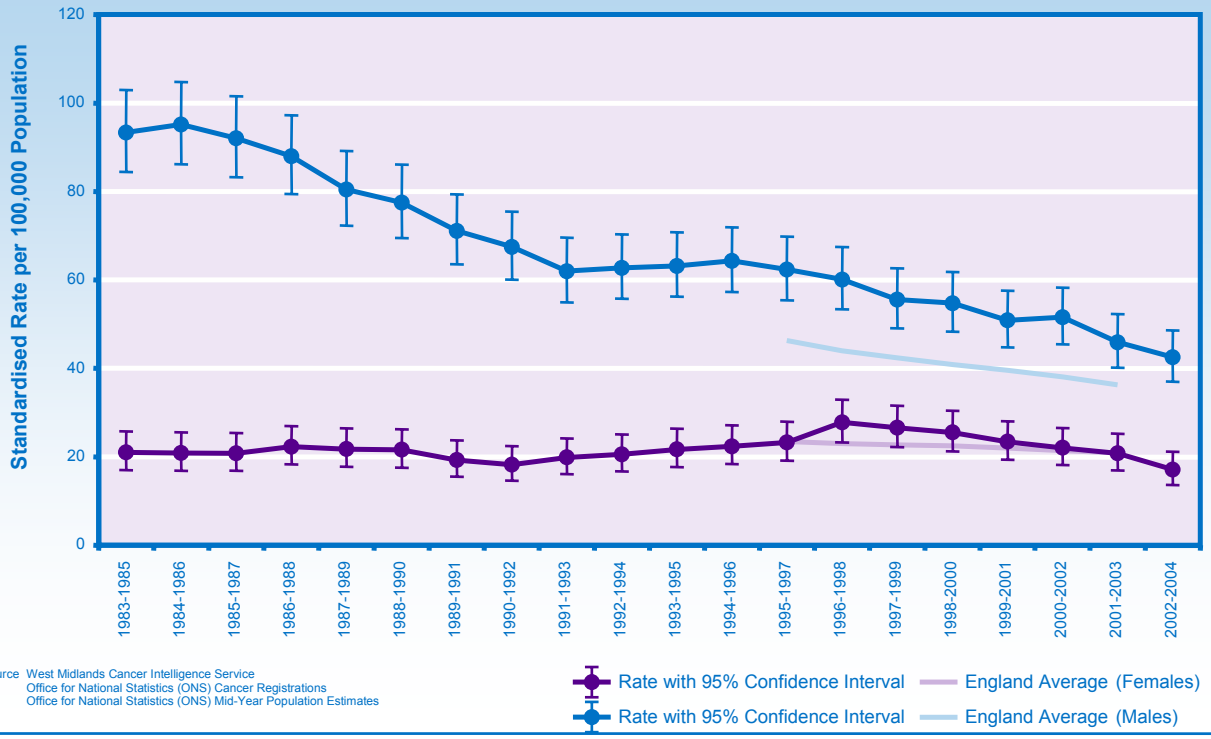
Incidence of All Cancers in people aged under 75

	Dudley						England		
	Number of New Cases			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	1,538	1,476	3,014	323.3 (306.2,339.9)	317.2 (300.9,334)	337.3 (325.2,349.7)	312.4	290.0	313.5
96-98	1,617	1,536	3,153	340.3 (322.7,357.3)	328.6 (312.2,345.8)	352.9 (340.5,365.5)	315.9	295.4	316.9
97-99	1,650	1,632	3,282	346.2 (328.5,363.4)	346.1 (329.3,363.6)	366.1 (353.5,378.9)	321.2	303.3	322.5
98-00	1,739	1,706	3,445	363.1 (344.8,380.7)	361.7 (344.5,379.5)	383.4 (370.6,396.5)	328.4	308.4	327.8
99-01	1,721	1,688	3,409	356.1 (338.1,373.5)	357.2 (340.1,374.9)	377.4 (364.7,390.4)	332.8	311.1	330.8
00-02	1,765	1,693	3,458	360.7 (342.7,378)	359.3 (342.1,377)	380.5 (367.8,393.5)	337.2	311.7	332.6
01-03	1,746	1,645	3,391	354.5 (336.7,371.6)	347.0 (330.2,364.4)	370.9 (358.4,383.7)	338.9	316.3	335.2
02-04	1,708	1,658	3,366	345.1 (327.6,361.9)	348.8 (332,366.3)	367.1 (354.6,379.8)			

Lung Cancer — Aged Under 75 (ICD10 C33 to C34)

- Incidence rates for men have halved over the last two decades and continue to decline.
- Incidence rates for women have not changed significantly for twenty years.
- Incidence rates for men are higher than the national average, but rates for women are similar.

Directly Standardised Incidence Rates from Lung Cancer by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

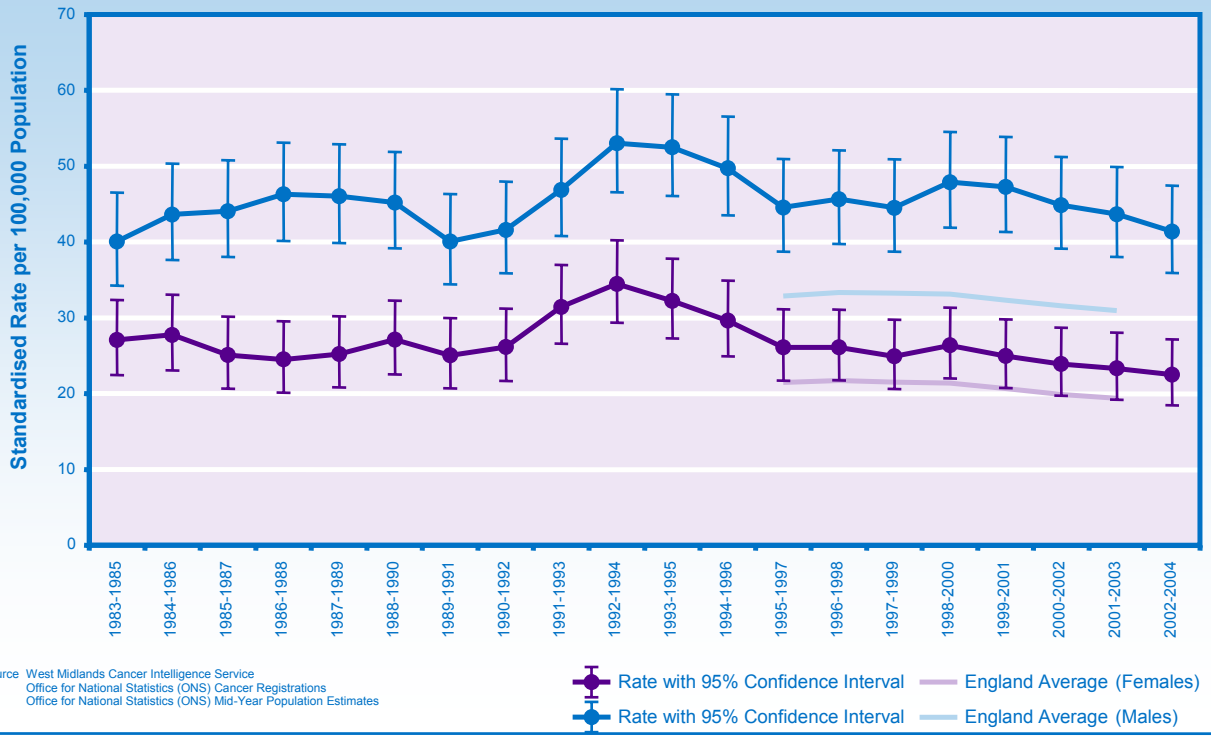
Incidence of Lung Cancer in people aged under 75

	Dudley						England		
	Number of New Cases			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	301	116	417	62.3 (55.4,69.8)	23.3 (19.2,28)	44.7 (40.5,49.3)	46.3	23.4	34.2
96-98	290	140	430	60.1 (53.4,67.5)	27.8 (23.3,32.9)	46.3 (41.9,50.9)	44.0	23.0	32.9
97-99	269	134	403	55.6 (49.1,62.6)	26.6 (22.2,31.6)	43.3 (39.2,47.8)	42.4	22.7	32.0
98-00	267	130	397	54.7 (48.3,61.7)	25.6 (21.3,30.4)	42.4 (38.3,46.8)	40.9	22.5	31.2
99-01	252	121	373	50.9 (44.7,57.6)	23.5 (19.4,28.1)	39.2 (35.3,43.4)	39.5	22.0	30.1
00-02	259	114	373	51.6 (45.5,58.3)	22.0 (18.1,26.6)	38.8 (34.9,43)	38.0	21.4	29.0
01-03	232	106	338	45.9 (40.2,52.3)	20.8 (17,25.2)	35.2 (31.5,39.2)	36.2	20.9	27.7
02-04	217	87	304	42.5 (37,48.6)	17.1 (13.7,21.2)	31.4 (27.9,35.2)			

Colorectal Cancer — Aged Under 75 (ICD10 C18 to C20)

- The incidence rate for colorectal cancer in Dudley has remained relatively constant over the last two decades.
- Incidence rates for men are higher than those for women.
- Incidence rates are higher than national rates, being more marked in men compared with women.

Directly Standardised Incidence Rates from Colorectal Cancer by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

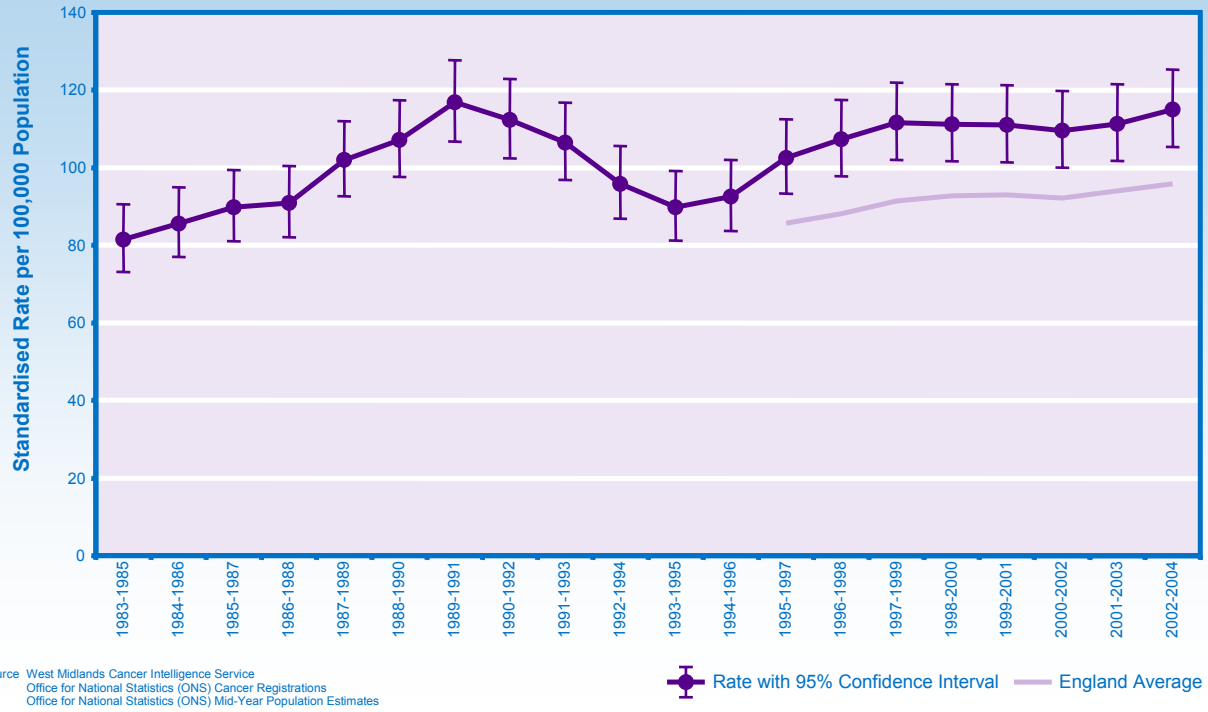
Incidence of Colorectal Cancer in people aged under 75

	Dudley						England		
	Number of New Cases			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	213	129	342	44.5 (38.7,51)	26.1 (21.7,31.1)	37.2 (33.3,41.4)	32.9	21.5	27.1
96-98	219	131	350	45.6 (39.8,52.1)	26.1 (21.8,31.1)	37.9 (34,42.1)	33.3	21.8	27.2
97-99	214	123	337	44.5 (38.7,50.9)	24.9 (20.6,29.8)	36.7 (32.8,40.8)	33.2	21.5	27.0
98-00	231	133	364	47.9 (41.9,54.5)	26.4 (22,31.3)	39.4 (35.4,43.7)	33.1	21.4	26.8
99-01	229	126	355	47.3 (41.3,53.8)	25.0 (20.7,29.8)	38.3 (34.4,42.6)	32.3	20.7	26.0
00-02	220	120	340	44.9 (39.1,51.2)	23.9 (19.8,28.7)	36.4 (32.6,40.6)	31.6	19.9	25.3
01-03	217	116	333	43.7 (38,49.9)	23.3 (19.2,28.1)	35.4 (31.7,39.5)	31.0	19.4	24.8
02-04	208	113	321	41.4 (35.9,47.4)	22.5 (18.5,27.2)	33.9 (30.2,37.8)	31.1	19.3	24.9

Female Breast Cancer — Aged Under 75 (ICD10 C50)

- Amongst women, the incidence of breast cancer is higher in Dudley than any other cancer.
- Overall the incidence of breast cancer has increased steadily over the last two decades. The decline in incidence rates between 1990-1992 and 1993-1995 halted in 1994-1996 and there has been a subsequent increase.
- Incidence rates are significantly higher than for England as a whole.

Directly Standardised Incidence Rates from Breast Cancer by Year
3-Year Rates, Dudley, Females Aged Under 75, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

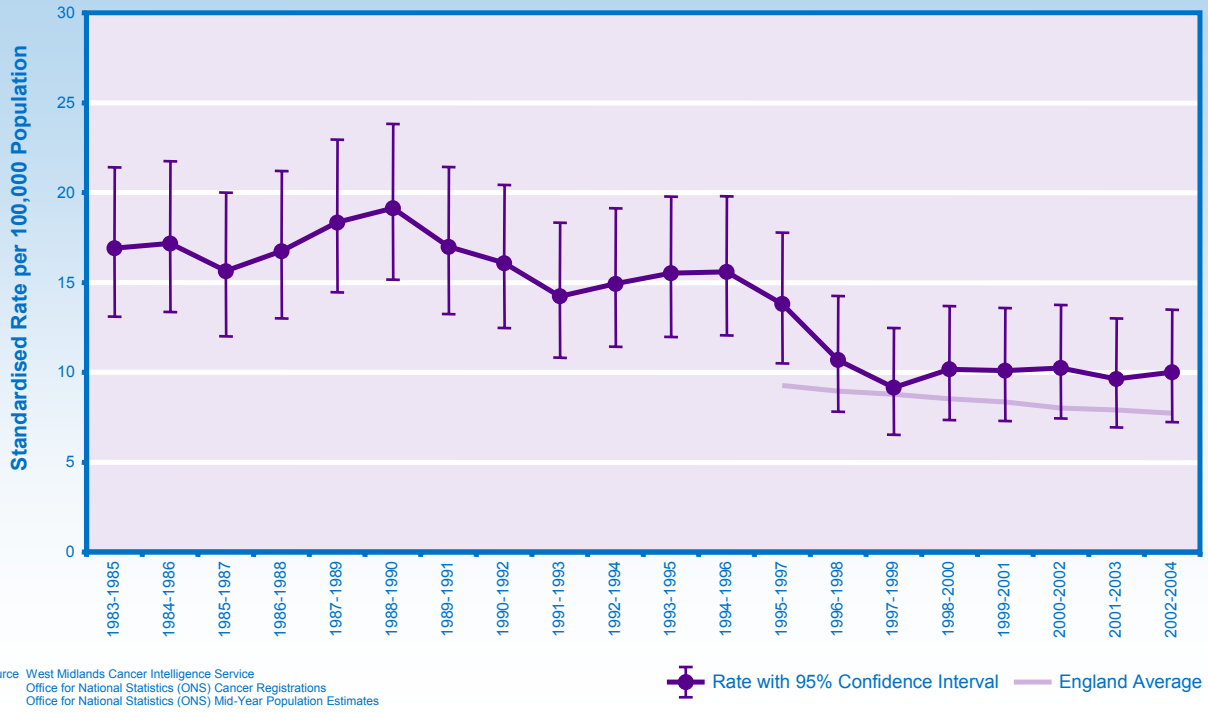
Incidence of Breast Cancer in women aged under 75

	Dudley		England
	Number of New Cases	DSR per 100,000 Population	DSR per 100,000 Population
95-97	457	102.6 (93.3,112.6)	85.8
96-98	477	107.3 (97.8,117.5)	88.1
97-99	501	111.6 (102,122)	91.4
98-00	500	111.2 (101.6,121.5)	92.8
99-01	500	111.0 (101.4,121.3)	93.0
00-02	496	109.6 (100,119.8)	92.1
01-03	512	111.3 (101.8,121.5)	94.0
02-04	534	115.0 (105.4,125.3)	95.8

Cervical Cancer — Aged Under 75 (ICD10 C53)

- Incidence rates have decreased in the last twenty years.
- Incidence rates in England continue to decline at a steady rate but this has not been mirrored in Dudley.
- The incidence rate for Dudley came down to that of England five years ago but Dudley now has higher rates.

Directly Standardised Incidence Rates from Cervical Cancer by Year
3-Year Rates, Dudley, Females Aged Under 75, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

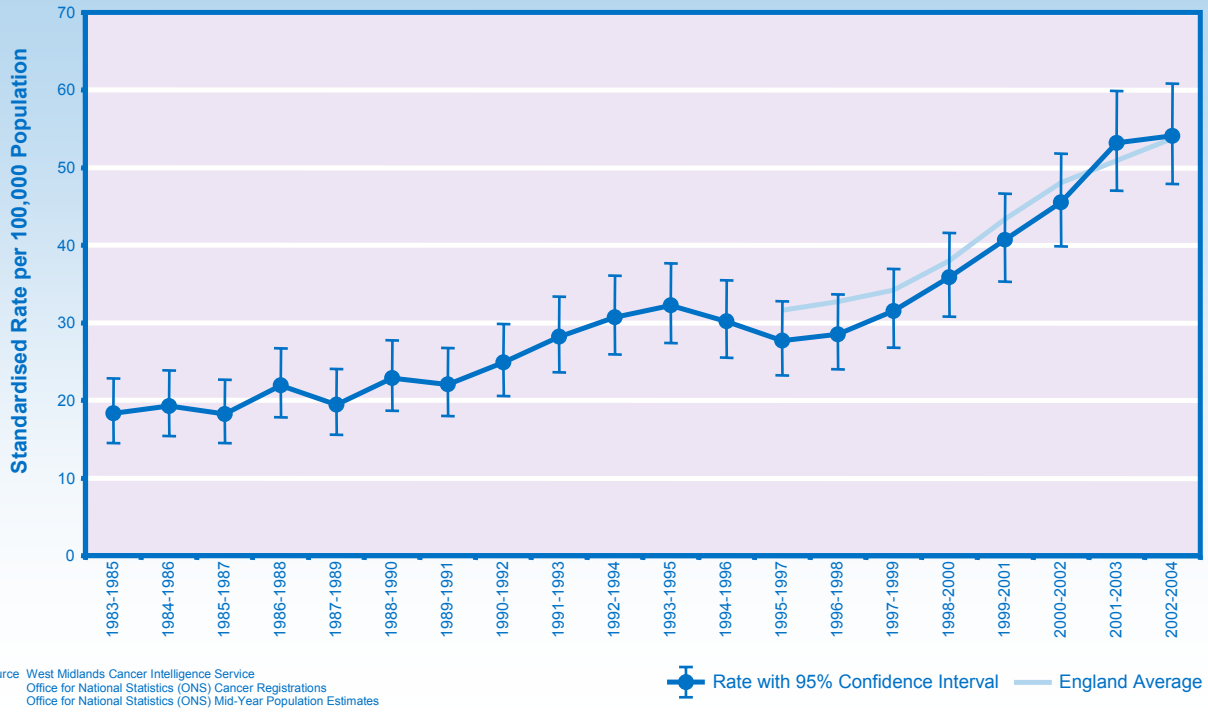
Incidence of Cervical Cancer in women aged under 75

	Dudley		England
	Number of New Cases	DSR per 100,000 Population	DSR per 100,000 Population
95-97	61	13.8 (10.5,17.8)	9.3
96-98	47	10.7 (7.8,14.2)	9.0
97-99	41	9.2 (6.5,12.5)	8.8
98-00	44	10.2 (7.3,13.7)	8.5
99-01	44	10.1 (7.3,13.6)	8.4
00-02	45	10.2 (7.4,13.7)	8.0
01-03	43	9.6 (6.9,13)	7.9
02-04	44	10.0 (7.2,13.5)	7.7

Prostate Cancer — Aged Under 75 (ICD10 C61)

- Prostate cancer now has the highest incidence rate of all the cancers for men under 75.
- Incidence rates are significantly higher than twenty years ago, and have increased rapidly over the last ten years.
- Incidence rates in Dudley are not significantly different to the England rate.

Directly Standardised Incidence Rates from Prostate Cancer by Year
3-Year Rates, Dudley, Males Aged Under 75, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

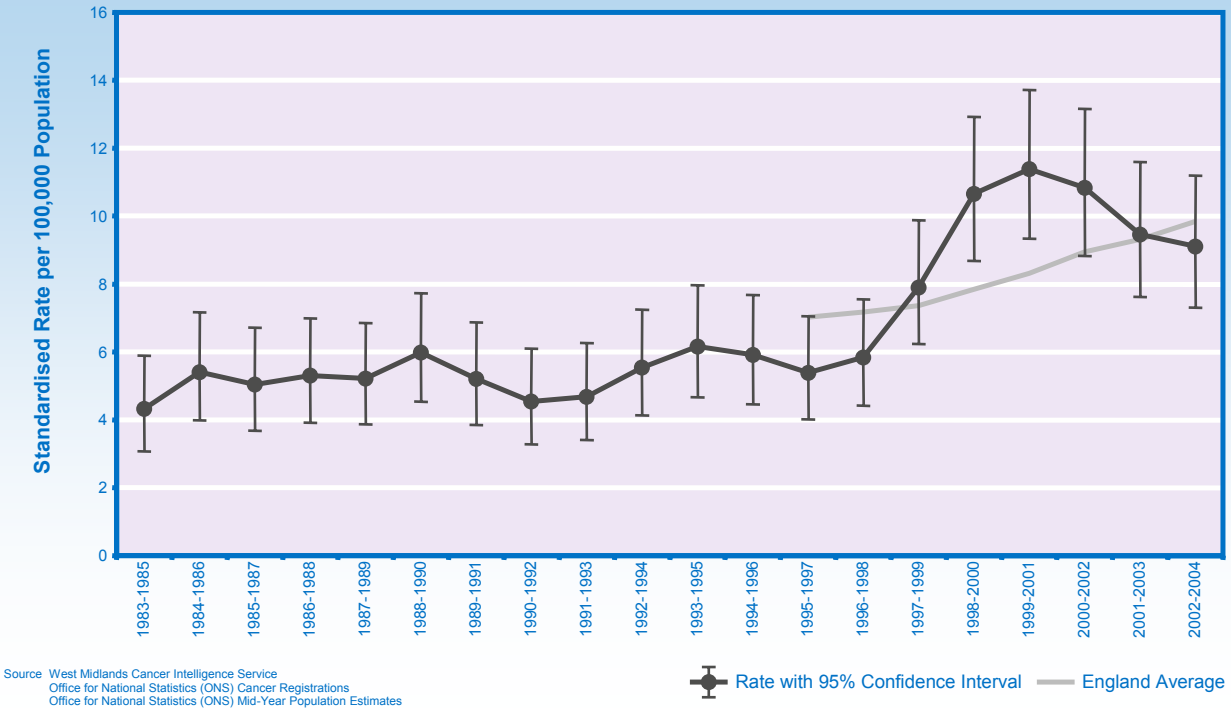
Incidence of Prostate Cancer in men aged under 75

	Dudley		England
	Number of New Cases	DSR per 100,000 Population	DSR per 100,000 Population
95-97	137	27.7 (23.2,32.8)	31.6
96-98	140	28.6 (24,33.7)	32.8
97-99	156	31.6 (26.8,37)	34.3
98-00	179	35.9 (30.8,41.6)	38.0
99-01	207	40.7 (35.3,46.7)	43.4
00-02	233	45.6 (39.9,51.8)	48.0
01-03	274	53.2 (47.1,59.9)	50.9
02-04	279	54.1 (47.9,60.9)	53.7

Malignant Melanoma (Skin Cancer) — All Ages (ICD10 C43)

- Incidence rates from skin cancer have doubled in Dudley over the last two decades.
- There has been a sharp upturn in the last 6 years data following a relatively constant trend.
- Rates for the latest eight years have oscillated around the England average.

Directly Standardised Incidence Rates from Skin Cancer by Year
3-Year Rates, Dudley, Both Sexes Aged All Ages, 1983-1985 to 2002-2004



Source West Midlands Cancer Intelligence Service
Office for National Statistics (ONS) Cancer Registrations
Office for National Statistics (ONS) Mid-Year Population Estimates

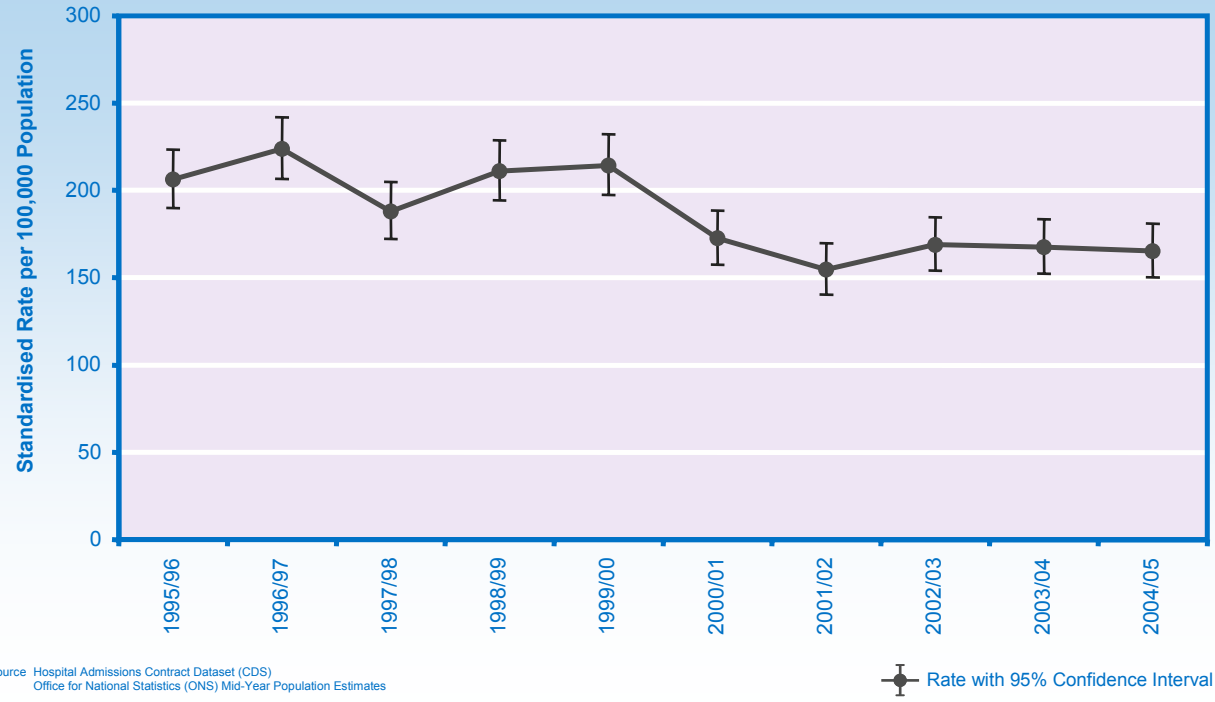
Incidence of Skin Cancer in people of all ages

	Dudley		England
	Number of New Cases	DSR per 100,000 Population	DSR per 100,000 Population
95-97	54	5.4 (4,7.1)	7.0
96-98	60	5.8 (4.4,7.6)	7.2
97-99	81	7.9 (6.2,9.9)	7.4
98-00	108	10.7 (8.7,12.9)	7.9
99-01	115	11.4 (9.3,13.7)	8.3
00-02	107	10.8 (8.8,13.2)	9.0
01-03	96	9.5 (7.6,11.6)	9.3
02-04	94	9.1 (7.3,11.2)	9.8

Emergency Admissions for Chronic Conditions usually managed in Primary Care — All Ages (ICD10 E10 to E14, J45 to J46)

- The chart shows that the directly standardised rates for emergency admissions for chronic conditions usually managed in primary care, have been declining since 1996/97.
- The rates from 2000/2001 are significantly lower than those for 1998/99 and 1999/00.

Directly Standardised Rates of Emergency Admissions for Chronic Conditions usually managed in Primary Care by Year
Dudley, Males & Females All Ages, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

Emergency Admissions for Chronic Conditions usually managed in Primary Care in people of all ages

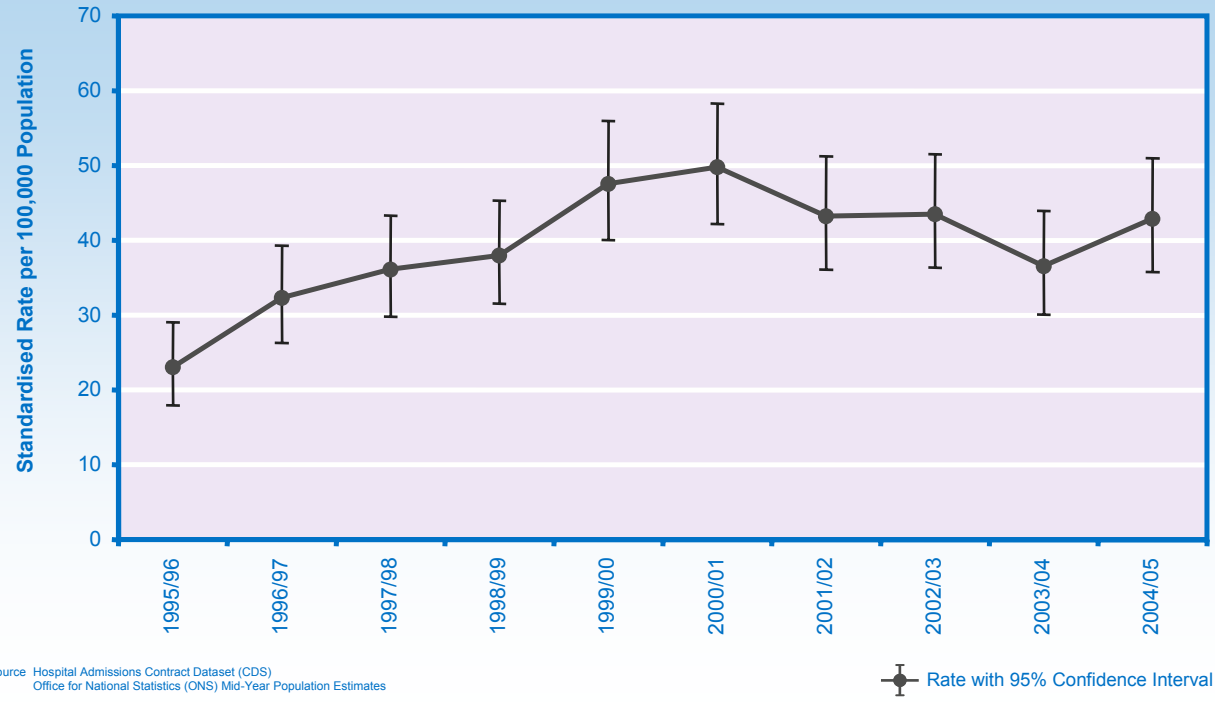
	Dudley	
	Number of Admissions	DSR per 100,000 Population
95/96	612	206.3 (189.9,223.6)
96/97	653	223.9 (206.7,242.1)
97/98	543	188.0 (172.2,204.9)
98/99	617	211.1 (194.3,228.9)
99/00	632	214.3 (197.4,232.1)
00/01	515	172.5 (157.5,188.4)
01/02	452	154.5 (140.2,169.8)
02/03	518	168.9 (154.0,184.7)
03/04	489	167.5 (152.4,183.5)
04/05	493	165.1 (150.4,180.9)

Emergency Admissions for Neuroses* — All Ages (ICD10 F40 to F48)

- The chart shows that the directly standardised rates for emergency admissions for neuroses, have been increasing since 1996/97 to 2000/01 when they peaked.
- The rates since 2000/01 to date have declined though not significantly.

* See Glossary

Directly Standardised Rates of Emergency Admissions for Neuroses by Year
Dudley, Males & Females All Ages, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

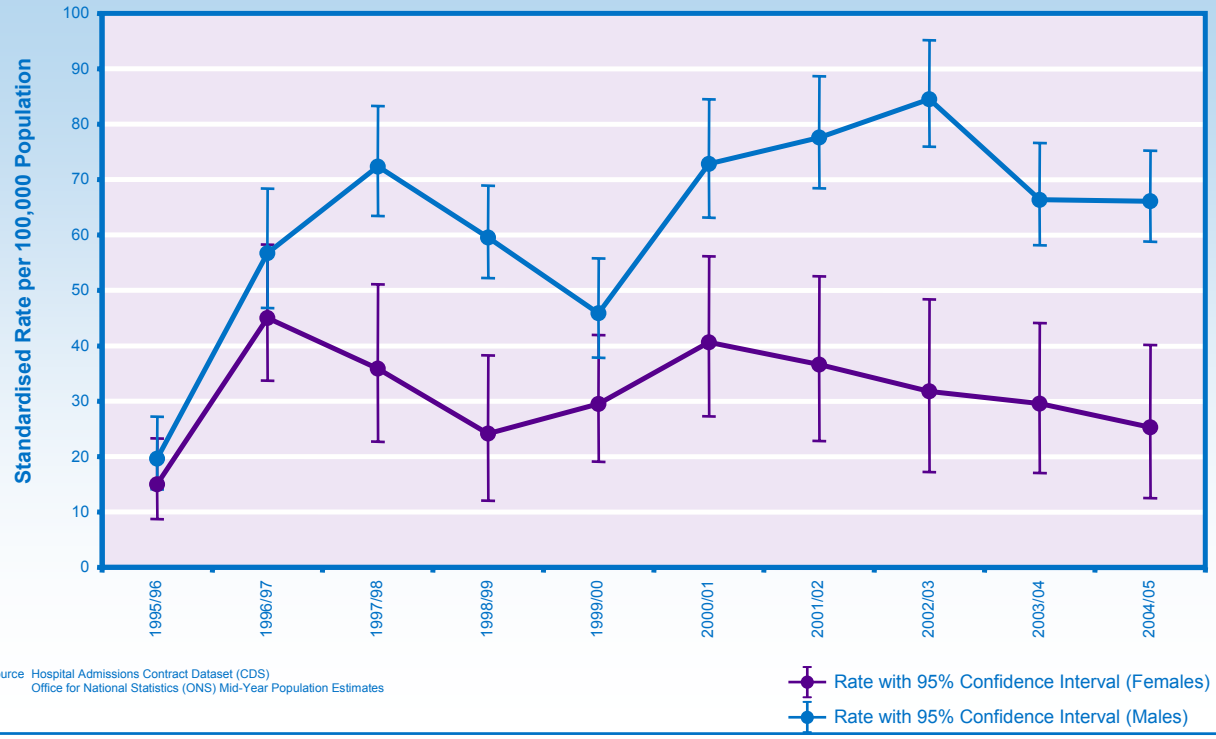
Emergency Admissions for Neuroses in people of all ages

	Dudley	
	Number of Admissions	DSR per 100,000 Population
95/96	73	23.0 (18.0,29.0)
96/97	104	32.3 (26.3,39.3)
97/98	120	36.1 (29.8,43.3)
98/99	128	38.0 (31.5,45.3)
99/00	151	47.5 (40.0,56.0)
00/01	161	49.8 (42.2,58.3)
01/02	137	43.2 (36.1,51.3)
02/03	139	43.5 (36.4,51.5)
03/04	117	36.5 (30.1,44.0)
04/05	135	42.9 (35.8,51.0)

Emergency Admissions for Schizophrenia — All Ages (ICD10 F20, F21, F23.2, F25)

- The directly standardised rates for emergency admissions for schizophrenia show no significant difference between males and females for first two years in the period shown.
- The rates for females have remained fairly stable over the period.
- The rates for males have increased over the same period, leading to a widening gap between males and females.

Directly Standardised Rates of Emergency Admissions for Schizophrenia by Year
Dudley, Males & Females All Ages, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

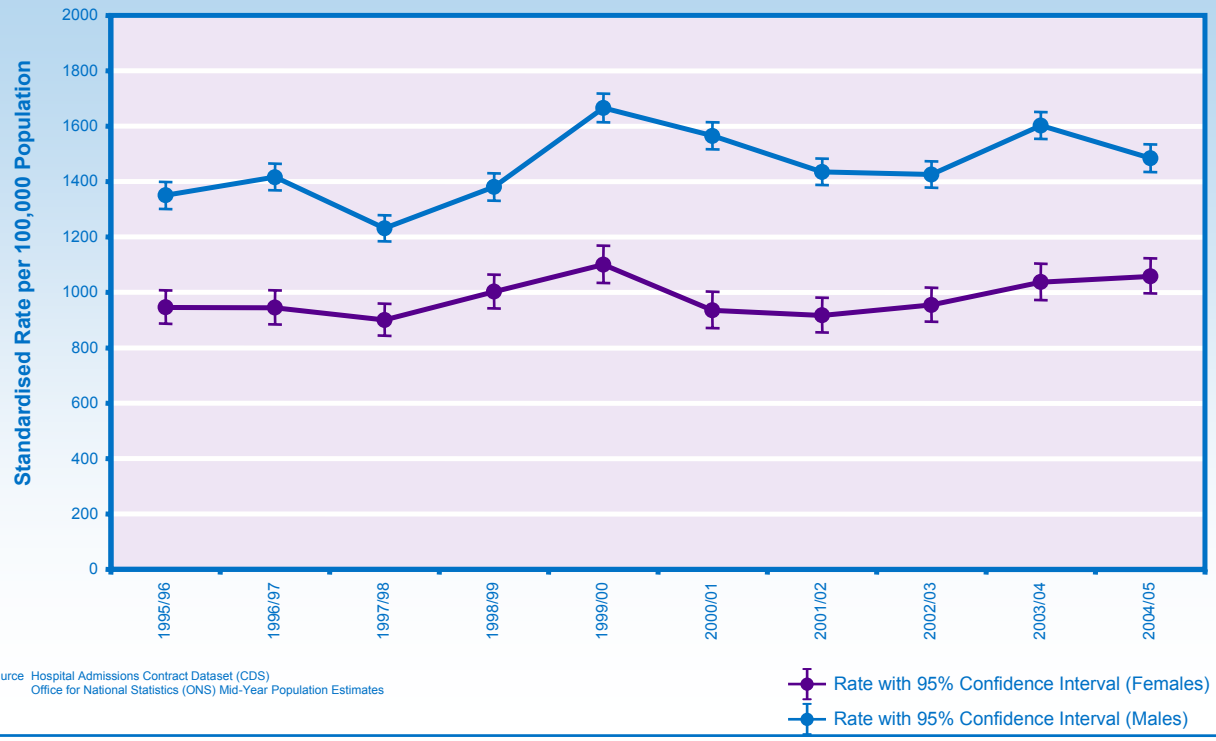
Emergency Admissions for Schizophrenia in people of all ages

	Dudley					
	Number of Admissions			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total
95/96	31	23	54	19.7 (13.3,27.9)	15.0 (9.5,22.6)	17.3 (12.9,22.6)
96/97	88	76	164	56.7 (45.4,70)	45.1 (35.2,56.7)	51.4 (43.8,60)
97/98	108	58	166	72.4 (59.2,87.7)	35.9 (26.9,46.8)	54.4 (46.2,63.5)
98/99	87	37	124	59.6 (47.5,73.7)	24.2 (16.9,33.5)	41.9 (34.8,50.2)
99/00	68	47	115	45.9 (35.5,58.4)	29.5 (21.5,39.4)	37.5 (30.8,45.2)
00/01	106	62	168	72.8 (59.4,88.3)	40.6 (31,52.3)	56.5 (48.1,65.8)
01/02	112	56	168	77.6 (63.7,93.5)	36.6 (27.5,47.8)	57.0 (48.6,66.4)
02/03	121	47	168	84.5 (70,101.2)	31.8 (23.2,42.4)	58.0 (49.5,67.6)
03/04	99	44	143	66.4 (53.8,81)	29.6 (21.4,39.8)	47.9 (40.3,56.5)
04/05	95	42	137	66.1 (53.3,80.9)	25.3 (18,34.5)	45.7 (38.3,54.2)

Admissions for Accidents — All Ages (ICD10 S00 to T98 AND V01 to X59, Y40 to Y84)

- Males have significantly higher directly standardised rates than females for all ages for admissions from accidents.
- The trend over time has remained relatively constant, and the gap between males and females has stayed the same.

Directly Standardised Rates of All Admissions for Accidents by Year
Dudley, Males & Females All Ages, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

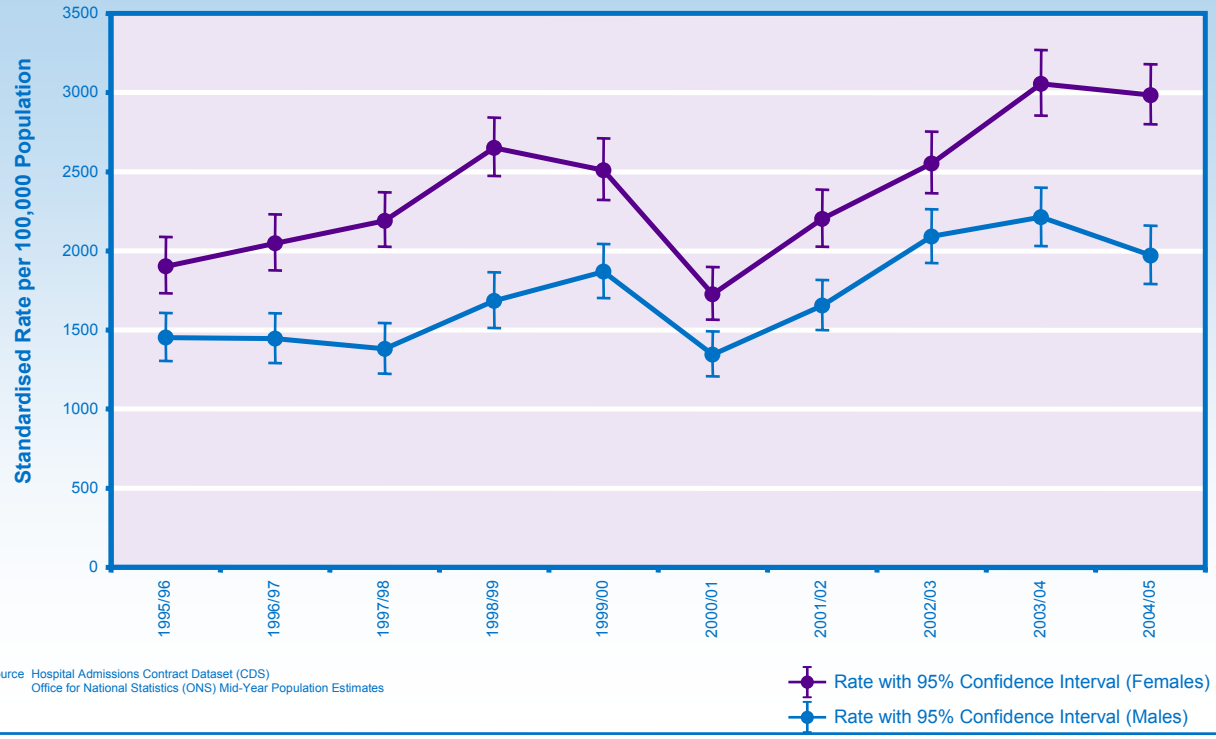
All Admissions for Accidents in people of all ages

	Dudley					
	Number of Admissions			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total
95/96	1,995	1,664	3,659	1,350.3 (1291.5,1411)	946.6 (898.9,996)	1,161.8 (1123.7,1200.8)
96/97	2,085	1,690	3,775	1,416.3 (1355.9,1478.6)	945.7 (898.1,995)	1,195.3 (1156.6,1234.9)
97/98	1,804	1,680	3,484	1,231.9 (1175.2,1290.5)	900.9 (855,948.5)	1,082.9 (1046.1,1120.6)
98/99	2,029	1,895	3,924	1,380.8 (1320.8,1442.8)	1,002.7 (954.3,1052.7)	1,210.5 (1171.7,1250.3)
99/00	2,417	2,024	4,441	1,665.8 (1599.6,1734.1)	1,100.6 (1049.5,1153.3)	1,398.1 (1356,1441.1)
00/01	2,262	1,636	3,898	1,565.2 (1500.9,1631.4)	936.4 (888.5,986.1)	1,260.4 (1220.1,1301.5)
01/02	2,095	1,737	3,832	1,435.3 (1373.9,1498.7)	917.9 (871.4,966.1)	1,189.3 (1150.6,1228.9)
02/03	2,152	1,881	4,033	1,425.7 (1365.3,1488)	955.4 (908.6,1003.7)	1,206.8 (1168.4,1246.2)
03/04	2,364	2,096	4,460	1,602.0 (1537.3,1668.6)	1,037.6 (989.3,1087.5)	1,333.7 (1293.2,1375)
04/05	2,210	2,088	4,298	1,484.4 (1422.2,1548.5)	1,058.8 (1009.6,1109.5)	1,286.7 (1246.8,1327.4)

Admissions for Accidents — Aged 65+ (ICD10 S00 to T98 AND V01 to X59, Y40 to Y84)

- Females have significantly higher directly standardised rates than males in the 65 and over age group for admissions from accidents.
- The trend over time is upward, and the gap between males and females appears to be widening.

Directly Standardised Rates of All Admissions for Accidents by Year
Dudley, Males & Females Aged 65+, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

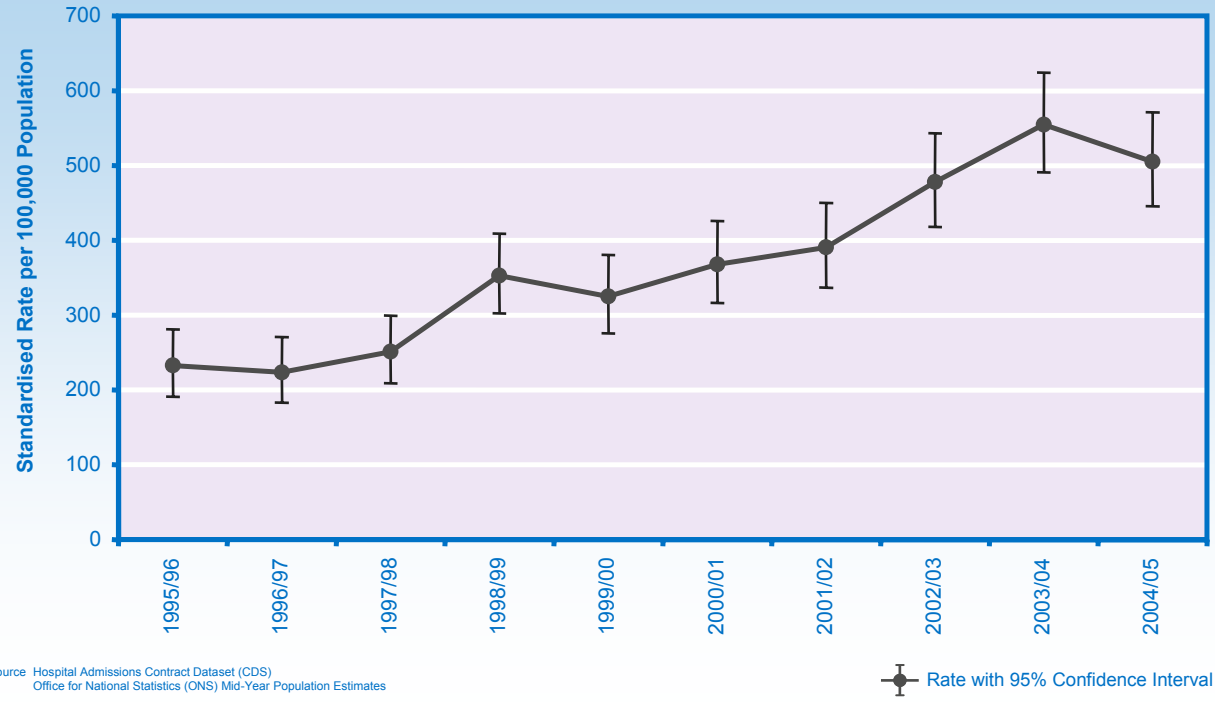
All Admissions for Accidents in people Aged 65+

	Dudley								
	Number of Admissions			DSR per 100,000 Population					
	Males	Females	Total	Males		Females		Total	
95/96	274	641	915	1,451.7	(1281.9,1637.2)	1,903.3	(1755.9,2059.2)	1,767.0	(1654.1,1885.4)
96/97	276	696	972	1,444.8	(1276,1629.1)	2,047.9	(1895.1,2209.2)	1,839.7	(1725.5,1959.2)
97/98	270	768	1,038	1,380.8	(1217.5,1559.3)	2,190.8	(2035.2,2354.5)	1,909.7	(1794.9,2029.7)
98/99	340	922	1,262	1,683.8	(1506.3,1875.8)	2,651.1	(2479.1,2831.3)	2,314.8	(2188.8,2446.1)
99/00	369	882	1,251	1,869.2	(1681,2072)	2,509.5	(2343.1,2683.9)	2,296.0	(2170.2,2426.9)
00/01	270	607	877	1,345.5	(1187.2,1518.5)	1,726.3	(1587.9,1873)	1,596.1	(1491.4,1705.9)
01/02	343	807	1,150	1,653.8	(1480.4,1841.4)	2,201.1	(2047.8,2362.2)	2,024.2	(1908,2145.4)
02/03	464	945	1,409	2,090.4	(1902.4,2291.5)	2,552.0	(2387.4,2724.4)	2,445.3	(2318.2,2577.2)
03/04	464	1,122	1,586	2,212.7	(2013,2426.3)	3,055.1	(2874.6,3243.2)	2,746.0	(2611.6,2885.2)
04/05	441	1,077	1,518	1,971.7	(1789.2,2167.2)	2,983.8	(2803.4,3172)	2,597.1	(2467,2732)

Admissions for Primary Hip Replacement — Aged 65+ (OPCS 4.3 W37.1,8,9, W38.1,8,9, W39.1,8,9)

- The directly standardised rates for all admissions for primary hip replacements have more than doubled over the last 9 years.

Directly Standardised Rates of All Admissions for Primary Hip Replacement by Year
Dudley, Males & Females Aged 65+, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

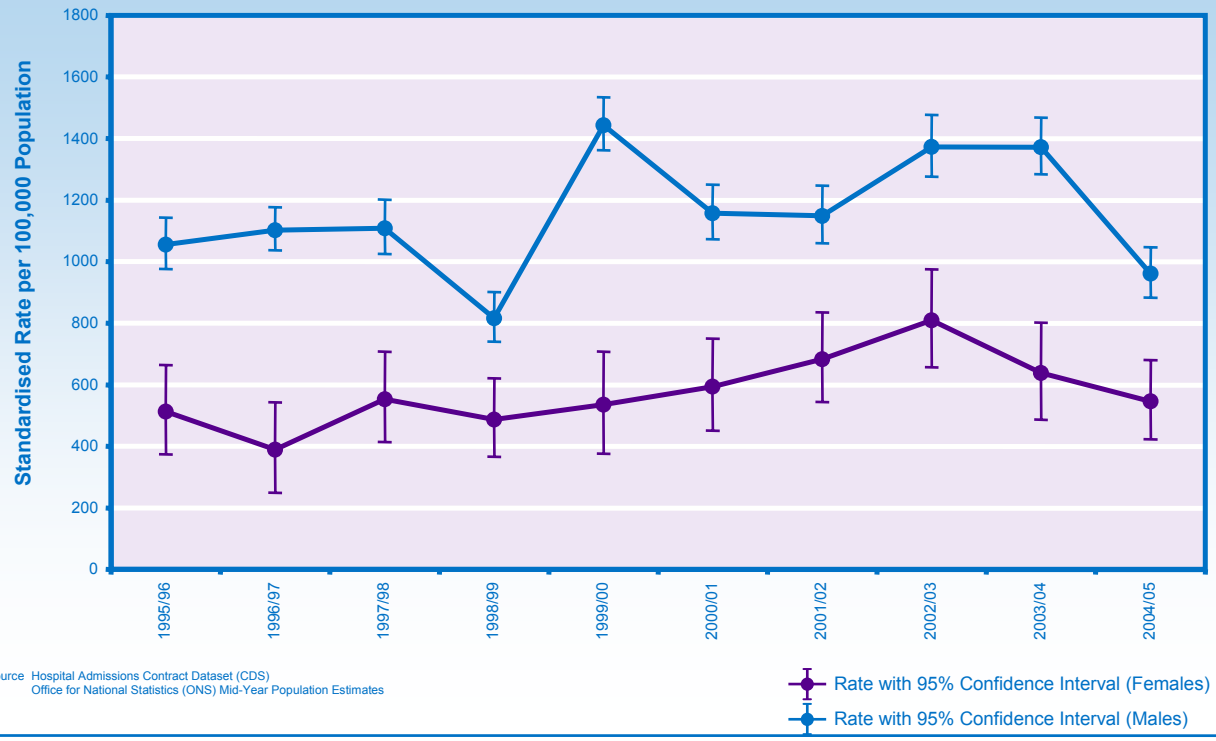
All Admissions for Primary Hip Replacement in people Aged 65+

	Dudley	
	Number of Admissions	DSR per 100,000 Population
95/96	111	232.9 (191.3,280.9)
96/97	107	223.8 (183,270.9)
97/98	126	251.2 (208.7,299.7)
98/99	179	352.9 (302.4,409.2)
99/00	160	325.0 (275.9,380.2)
00/01	184	368.0 (316,426)
01/02	194	390.5 (336.7,450.3)
02/03	239	477.9 (418.2,543.6)
03/04	286	554.9 (491.4,624.2)
04/05	266	505.3 (445.2,571)

Admissions for Acute Myocardial Infarction — Aged 65+ (ICD10 I21 to I22)

- The directly standardised rates for all admissions for acute myocardial infarction have not changed significantly for males and females over the last two decades.
- The rates for females have remained lower than males over the same period.

Directly Standardised Rates of All Admissions for Acute Myocardial Infarction by Year
Dudley, Males & Females Aged 65+, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

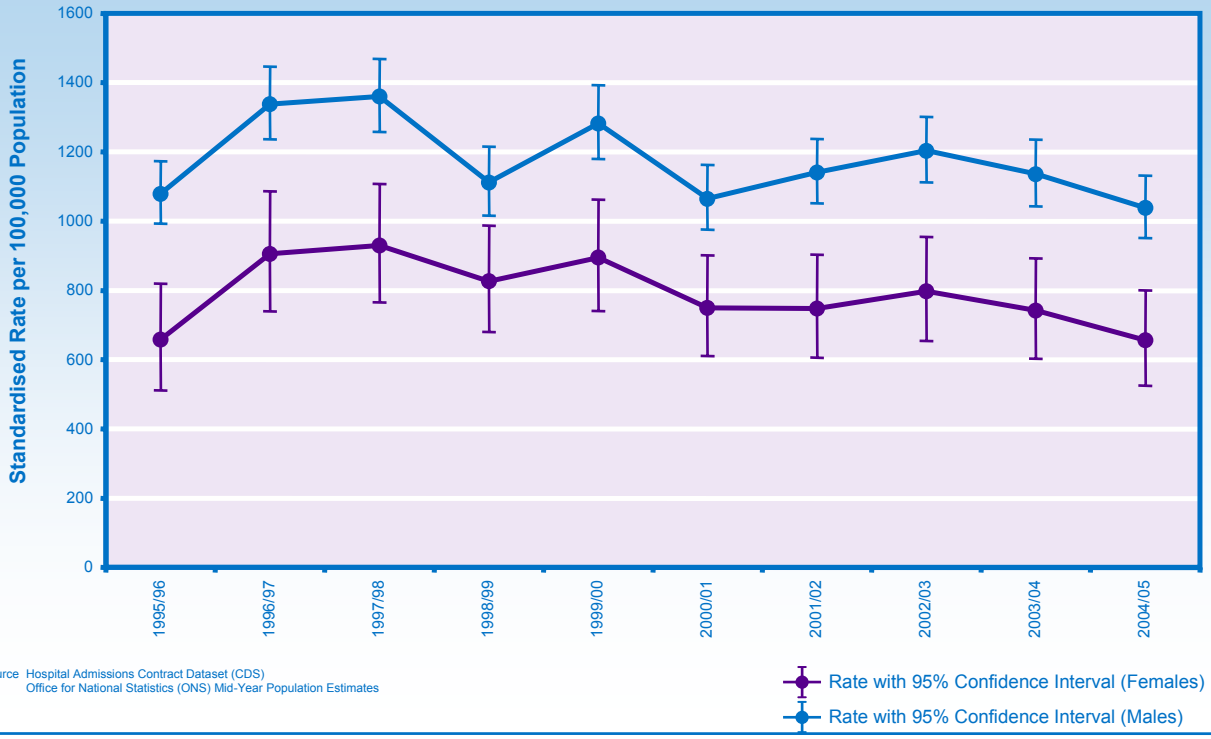
All Admissions for Acute Myocardial Infarction in people Aged 65+

	Dudley					
	Number of Admissions			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total
95/96	213	160	373	1,055.3 (917.7,1207.5)	512.3 (433.8,600.4)	742.8 (668.7,822.8)
96/97	226	132	358	1,102.5 (962.8,1256.4)	389.3 (323.7,464)	706.1 (634.1,783.9)
97/98	229	167	396	1,108.5 (968.4,1262.7)	553.6 (470,647.2)	785.6 (709.3,867.7)
98/99	170	156	326	816.2 (696.5,950.2)	487.1 (411.1,572.5)	623.2 (556.6,695.5)
99/00	301	166	467	1,443.7 (1284.6,1616.6)	535.3 (454,626.4)	929.1 (845.7,1018.4)
00/01	242	191	433	1,157.2 (1014.7,1313.7)	593.5 (509.1,687.5)	833.6 (755.8,917)
01/02	249	227	476	1,149.0 (1009.3,1302.2)	683.3 (593.8,782)	894.1 (814.3,979.3)
02/03	303	282	585	1,372.5 (1220.1,1538.1)	810.1 (714.2,914.7)	1,049.1 (964.1,1139.3)
03/04	306	206	512	1,371.9 (1220.8,1536.2)	638.0 (550.6,734.8)	947.9 (866.2,1035)
04/05	225	191	416	960.7 (838,1096)	545.8 (468.1,632.2)	736.4 (666,812.1)

Admissions for Heart Failure — Aged 65+ (ICD10 I50)

- The directly standardised rates for all admissions for heart failure show that rates are higher for males than females.
- The rates for both males and females have remained fairly stable over the period 1995/96 to 2004/05.

Directly Standardised Rates of All Admissions for Heart Failure by Year
Dudley, Males & Females Aged 65+, 1995/96 to 2004/05



Source Hospital Admissions Contract Dataset (CDS)
Office for National Statistics (ONS) Mid-Year Population Estimates

All Admissions for Heart Failure in people Aged 65+

	Dudley					
	Number of Admissions			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total
95/96	204	222	426	1,078.6 (932.5,1240.5)	658.3 (573,752.4)	803.5 (728.6,884)
96/97	249	312	561	1,337.5 (1172.4,1518.5)	905.6 (805.2,1014.6)	1,054.3 (968.3,1145.8)
97/98	264	322	586	1,359.5 (1196.4,1537.8)	929.5 (828.3,1039.1)	1,070.7 (985.2,1161.6)
98/99	219	288	507	1,111.7 (965.7,1272.8)	826.4 (731.1,930.4)	915.5 (836.9,999.5)
99/00	259	300	559	1,282.0 (1128.3,1450.3)	894.7 (793.1,1005.3)	1,039.2 (954,1129.7)
00/01	220	271	491	1,065.3 (926.7,1218.1)	749.4 (660.1,846.9)	882.4 (805.2,964.8)
01/02	243	273	516	1,140.7 (998.9,1296.5)	748.1 (659.2,845.3)	905.1 (827.7,987.6)
02/03	265	300	565	1,203.2 (1059.6,1360.1)	798.1 (707.4,896.8)	965.9 (886.7,1050.2)
03/04	258	258	516	1,135.7 (997.6,1286.9)	742.1 (650.3,842.6)	879.3 (803.6,960.1)
04/05	235	228	463	1,038.0 (906.8,1182.3)	655.8 (570.1,750.4)	803.1 (730.4,881)

Mortality

Life Expectancy at Birth

Mortality from Circulatory Diseases
- All Circulatory Diseases <75
- CHD <75
- Stroke <75

Mortality from Cancers
- All Cancers <75
- Lung Cancer <75
- Colorectal Cancer <75
- Female Breast Cancer <75
- Cervical Cancer <75
- Prostate Cancer <75
- Skin Cancer All Ages

Mortality from Accidents
- Accidents All Ages
- Accidents <15
- Accidents 15-24
- Accidents 65+

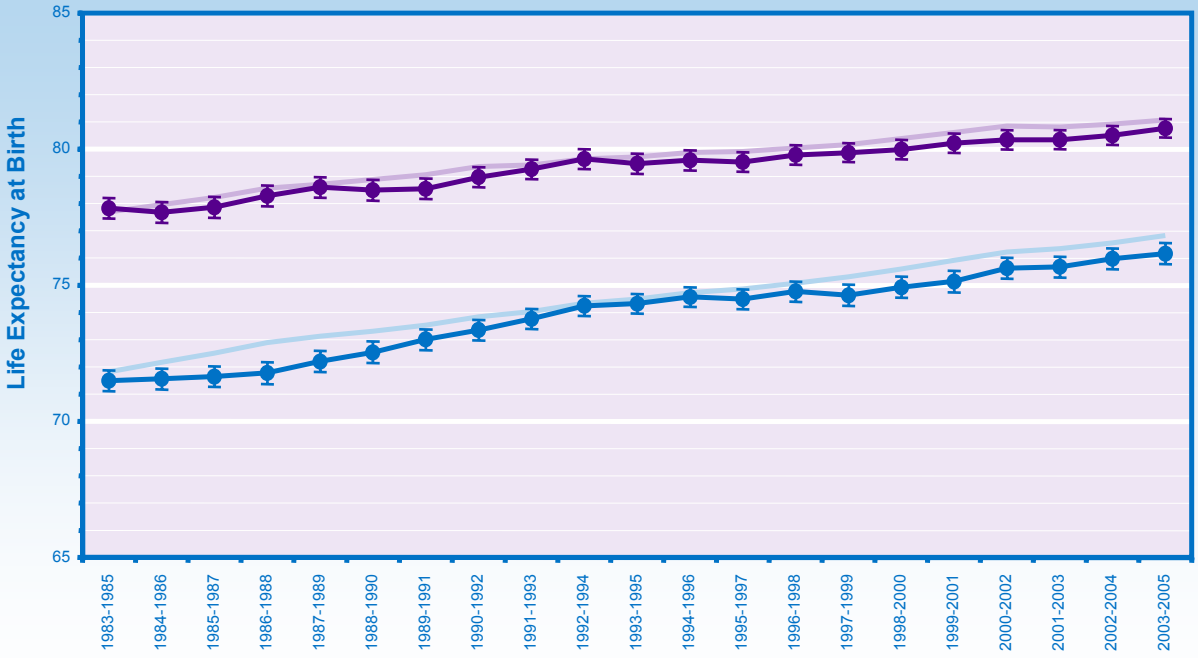
Mortality from Suicides & Undetermined Injury

Directly Standardised Rates by Cause
Standardised Mortality Ratios by Cause
Years of Life Lost by Cause

Life Expectancy at Birth

- Life expectancy at birth has risen steadily over the last 20 years and life expectancy at birth is now 3.8 years longer than in 1983-1985.
- The life expectancy for men is 4.6 years lower than that for women and has been so for the last decade.
- The gap to the England & Wales figure has widened slightly in the last few years and Dudley is now just below the national average.

Life Expectancy at Birth by Year
3-Year Rates, Dudley, Males & Females, 1983-1985 to 2003-2005



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

Rate with 95% Confidence Interval — E&W Average (Females)
Rate with 95% Confidence Interval — E&W Average (Males)

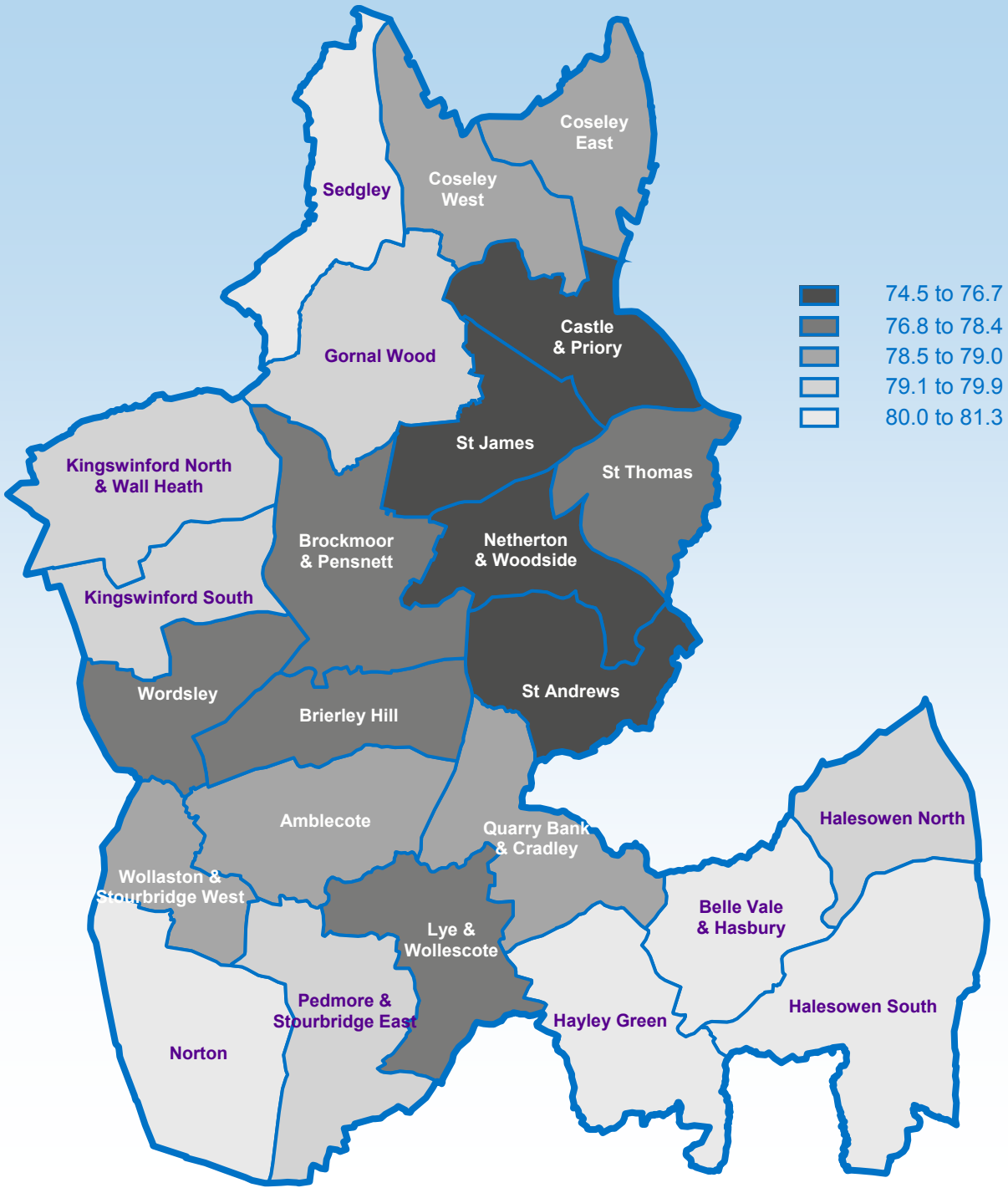
Life Expectancy at Birth

	Dudley Life Expectancy in Years						England & Wales Life Expectancy in Years		
	Males		Females		Total		Males	Females	Total
95-97	74.5	(74.1,74.9)	79.5	(79.2,79.9)	77.1	(76.8,77.3)	74.9	79.9	77.5
96-98	74.8	(74.4,75.1)	79.8	(79.4,80.2)	77.3	(77.1,77.6)	75.1	80.0	77.6
97-99	74.6	(74.3,75.0)	79.9	(79.5,80.2)	77.3	(77.0,77.6)	75.3	80.2	77.8
98-00	74.9	(74.5,75.3)	80.0	(79.6,80.4)	77.5	(77.2,77.8)	75.6	80.4	78.1
99-01	75.1	(74.8,75.5)	80.2	(79.9,80.6)	77.7	(77.5,78.0)	75.9	80.6	78.3
00-02	75.6	75.3,76.0)	80.3	(80.0,80.7)	78.0	(77.8,78.3)	76.2	80.9	78.6
01-03	75.7	(75.3,76.1)	80.4	(80.0,80.7)	78.1	(77.8,78.3)	76.3	80.8	78.6
02-04	76.0	(75.6,76.4)	80.5	(80.2,80.9)	78.3	(78.0,78.5)	76.6	80.9	78.8
03-05	76.2	(75.8,76.6)	80.8	(80.4,81.1)	78.5	(78.2,78.8)	76.8	81.1	79.0

Life Expectancy at Birth by Ward

- Life expectancy at birth varies considerably between wards.
- The lowest life expectancy (St James) is 6.6 years lower than the highest (Norton).
- The life expectancy in the north of the borough are generally lower than in the south.
- St James, Netherton & Woodside, St. Andrews, Castle & Priory, Lye & Wollescote and Brockmoor & Pensnett all have significantly lower life expectancy at birth than the Dudley average.

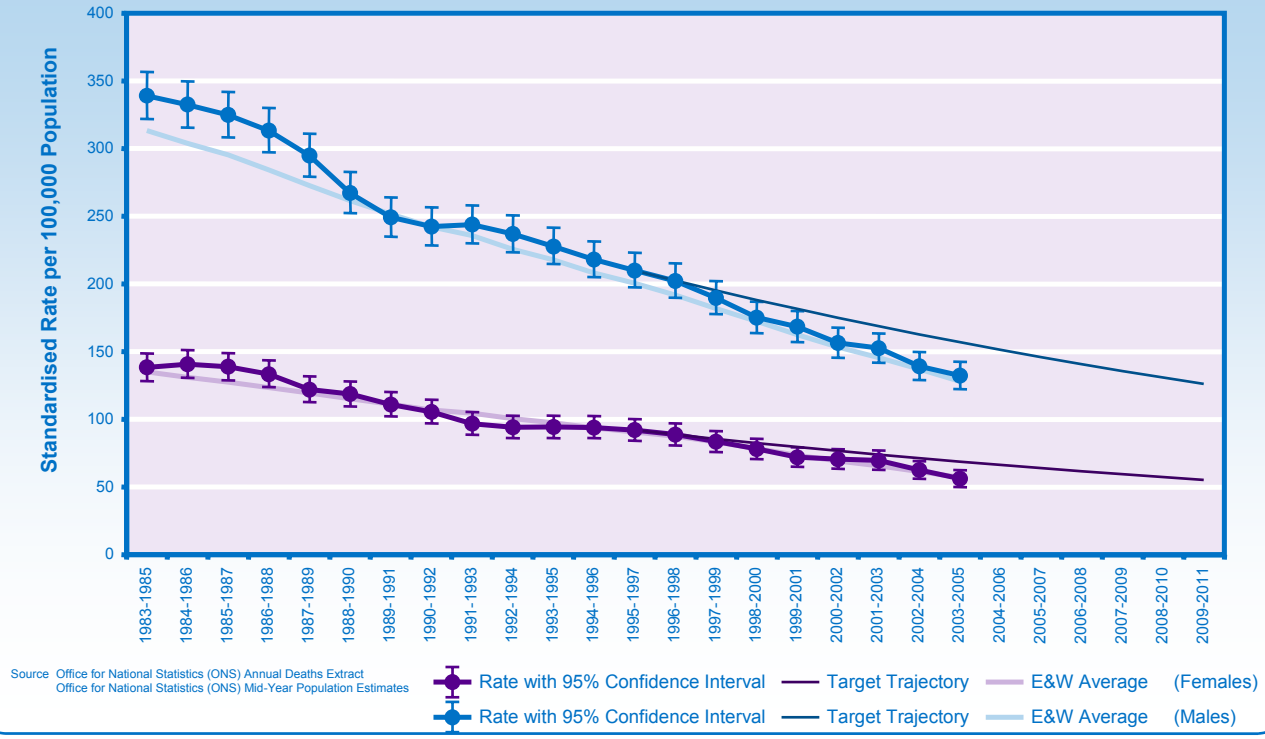
Life Expectancy at Birth by Ward
3-Year Rates, Dudley, Both Sexes, 2003-2005



All Circulatory Diseases — Aged Under 75 (ICD10 I00 to I99)

- Rates have fallen steadily over the last 20 years and are now 42% of the 1983-1985 rate.
- The rate for men is more than double that for women and has been for the last two decades.
- The gap to the England & Wales rate has been closed and Dudley is now about on the average.
- Rates are comfortably in line to meet the target of a 40% reduction by 2010.
- **The current trajectory will achieve target by 2005-2007.**

Directly Standardised Mortality Rates from All Circulatory Diseases by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2009-2011
Target: Reduce mortality from All Circulatory Diseases by 40% by 2010 from 1996



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

Rate with 95% Confidence Interval — Target Trajectory — E&W Average (Females)
Rate with 95% Confidence Interval — Target Trajectory — E&W Average (Males)

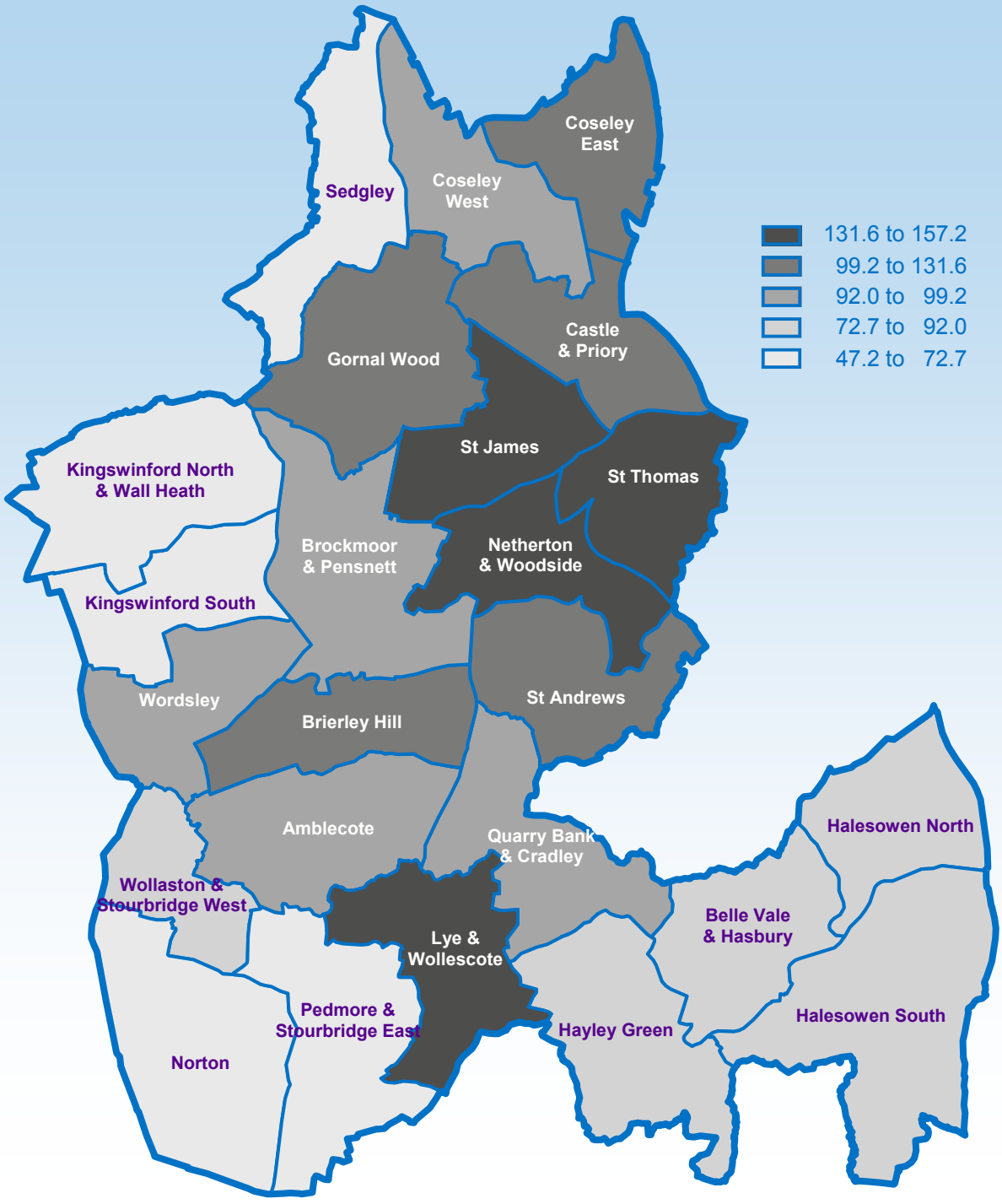
Mortality from All Circulatory Diseases in people aged under 75

	Dudley									England & Wales		
	Number of Deaths			DSR per 100,000 Population						DSR per 100,000 Population		
	Males	Females	Total	Males		Females		Total		Males	Females	Total
95-97	1,045	529	1,574	210.0	(197.4,223.2)	91.9	(84.1,100.2)	148.6	(141.2,156.2)	200.4	90.5	142.7
96-98	1,011	504	1,515	202.2	(189.8,215.1)	88.6	(80.9,96.8)	143.1	(135.9,150.5)	191.8	87.4	137.2
97-99	959	473	1,432	189.6	(177.7,202.0)	83.4	(75.9,91.4)	134.3	(127.4,141.5)	181.9	83.1	130.3
98-00	895	445	1,339	175.1	(163.8,187.1)	77.9	(70.7,85.6)	124.7	(118.0,131.6)	172.3	78.5	123.4
99-01	866	410	1,276	168.3	(157.2,179.9)	71.8	(64.9,79.2)	118.4	(111.9,125.1)	162.4	73.6	116.2
00-02	806	401	1,207	156.3	(145.7,167.6)	70.6	(63.7,77.9)	112.0	(105.7,118.6)	153.4	69.3	109.8
01-03	783	395	1,178	152.4	(141.9,163.6)	69.6	(62.8,77.0)	109.9	(103.6,116.4)	145.6	65.8	104.3
02-04	717	357	1,074	139.1	(129.0,149.7)	62.3	(55.9,69.3)	99.8	(93.9,106.0)	137.0	61.4	97.9
03-05	686	321	1,007	132.1	(122.3,142.5)	56.0	(50.0,62.6)	93.2	(87.4,99.2)	128.2	57.1	91.5
2010 Target				126.0		55.1		89.1				

All Circulatory Diseases — Aged Under 75 (ICD10 I00 to I99)

- Rates vary considerably between wards.
- The highest rate (St Thomas) is about 3½ times the lowest (Sedgley).
- The rates in the north of the borough are generally higher than in the south.
- St Thomas, Netherton & Woodside, Lye & Wollescote, St James and Castle & Priory all have significantly higher rates than the Dudley average.

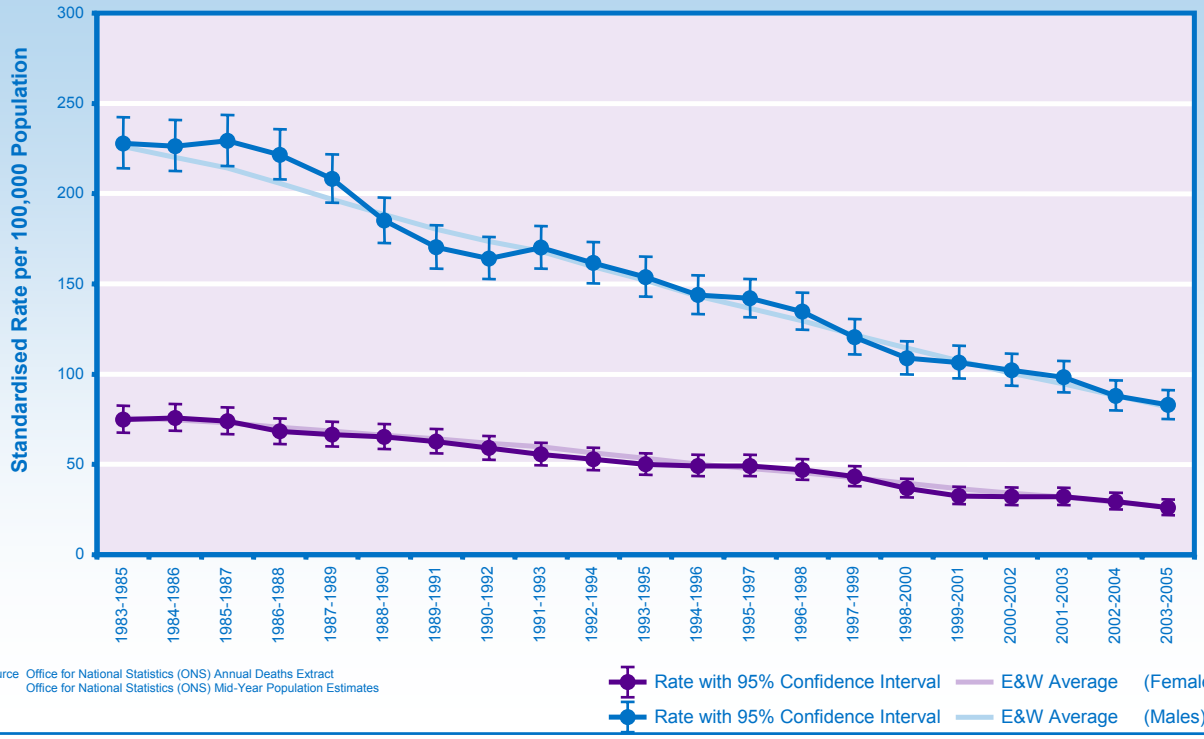
Directly Standardised Mortality Rates from All Circulatory Diseases by Ward
3-Year Rates, Dudley, Both Sexes Aged Under 75, 2003-2005



Coronary Heart Disease (CHD) — Aged Under 75 (ICD10 I20 to I25)

- CHD is the biggest single cause of death within circulatory diseases.
- Rates have come down steadily and rapidly over the last two decades.
- Rates are now less than 40% of what they were in 1983-1985.
- Rates for men have been consistently about 3 times the rates for women.
- Rates in Dudley have consistently been very close to the national average.

Directly Standardised Mortality Rates from CHD by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2003-2005



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

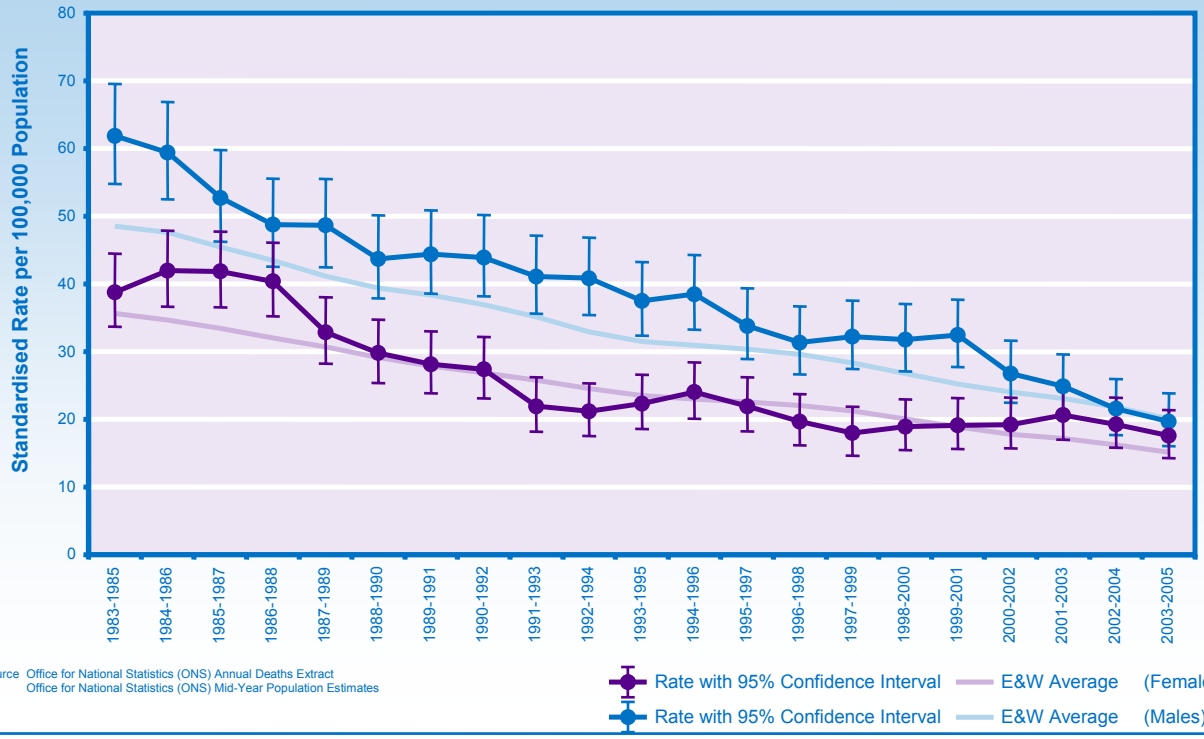
Mortality from CHD in people aged under 75

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	706	290	996	141.9 (131.6,152.9)	49.2 (43.6,55.3)	93.7 (87.9,99.8)	136.3	47.7	89.9
96-98	674	272	946	134.6 (124.6,145.3)	47.0 (41.4,53.0)	89.0 (83.4,94.9)	129.4	45.5	85.5
97-99	611	247	859	120.4 (111.0,130.4)	43.3 (38.0,49.1)	80.3 (74.9,85.9)	121.6	42.5	80.4
98-00	555	212	768	108.8 (99.9,118.3)	36.6 (31.8,42.0)	71.4 (66.4,76.7)	114.4	39.5	75.4
99-01	545	188	733	106.4 (97.6,115.8)	32.5 (28.0,37.6)	68.3 (63.4,73.5)	107.2	36.6	70.5
00-02	524	185	709	102.2 (93.6,111.4)	32.1 (27.6,37.1)	66.1 (61.3,71.2)	100.4	34.1	66.0
01-03	502	184	686	98.3 (89.8,107.4)	32.0 (27.5,37.1)	64.4 (59.6,69.4)	94.5	31.9	62.1
02-04	452	170	622	88.0 (80.0,96.6)	29.5 (25.2,34.4)	58.1 (53.6,62.9)	88.0	29.1	57.6
03-05	428	150	578	83.0 (75.2,91.3)	26.1 (22.0,30.7)	53.9 (49.5,58.5)	81.7	26.5	53.2

Cerebrovascular Disease (Stroke) — Aged Under 75 (ICD10 I60 to I69)

- Rates have decreased by over 60% over the last 20 years.
- For men the decrease is by about two thirds, whereas for women it is by only just over a half.
- Rates for men are now virtually the same as for women.
- Compared to England & Wales, rates for men in Dudley are now about the same, having been much higher previously. For women they remain slightly higher.

Directly Standardised Mortality Rates from Stroke by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2003-2005



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

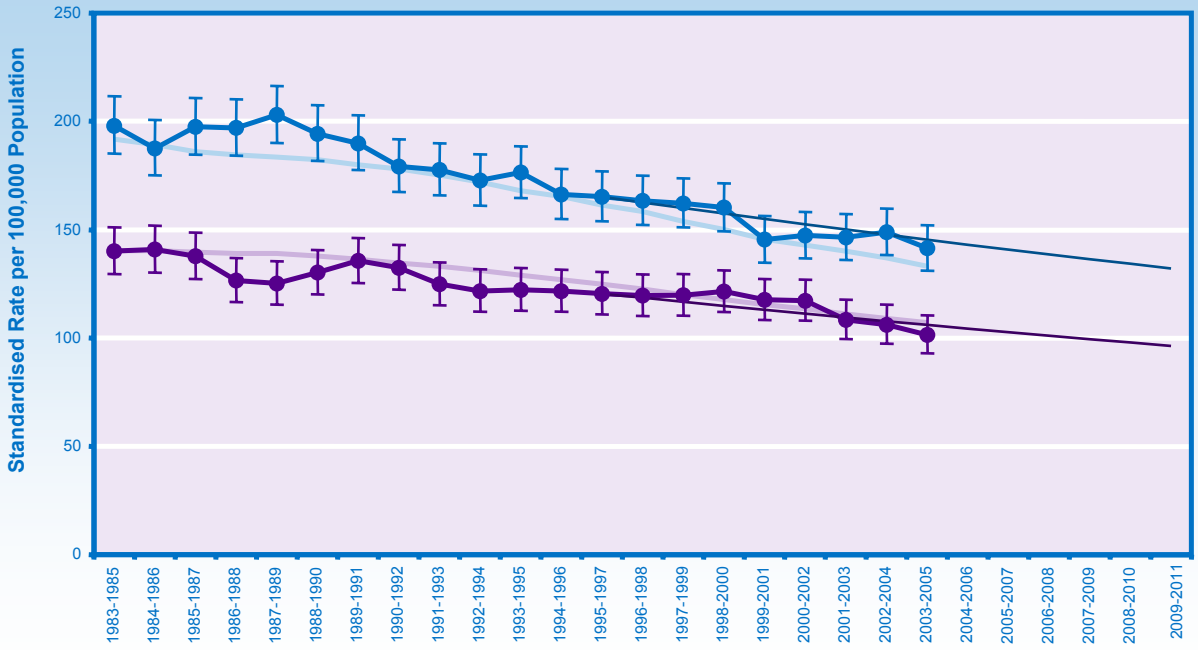
Mortality from Stroke in people aged under 75

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	170	126	295	33.8 (28.9,39.3)	21.9 (18.2,26.2)	27.6 (24.5,31.0)	30.4	22.5	26.2
96-98	157	114	271	31.3 (26.6,36.7)	19.7 (16.2,23.7)	25.4 (22.4,28.6)	29.6	22.0	25.6
97-99	164	103	267	32.2 (27.4,37.5)	18.0 (14.6,21.8)	24.8 (21.8,28.0)	28.3	21.2	24.6
98-00	166	108	274	31.8 (27.1,37.0)	18.9 (15.4,22.9)	25.0 (22.1,28.2)	26.7	20.1	23.2
99-01	171	108	279	32.4 (27.7,37.7)	19.1 (15.6,23.2)	25.4 (22.5,28.6)	25.2	18.9	21.9
00-02	139	109	248	26.8 (22.5,31.6)	19.2 (15.7,23.2)	22.8 (20.0,25.9)	24.0	17.8	20.8
01-03	129	116	245	24.9 (20.7,29.6)	20.6 (17.0,24.8)	22.6 (19.8,25.7)	23.1	17.2	20.0
02-04	112	111	223	21.5 (17.7,26.0)	19.2 (15.8,23.2)	20.4 (17.7,23.2)	21.8	16.2	18.9
03-05	105	102	207	19.7 (16.0,23.8)	17.6 (14.3,21.4)	18.6 (16.1,21.3)	20.1	15.1	17.5

All Cancers — Aged Under 75 (ICD10 C00 to C97)

- More people aged under 75 in Dudley now die of cancers than of circulatory diseases.
- Rates have fallen over the last 20 years but more slowly than for circulatory diseases.
- Rates for men have generally been slightly higher and for women slightly lower than nationally.
- Since 1995-1997 rates have fallen in line with the target of a 20% reduction by 2010.
- **The current trajectory will achieve target by 2009-2011.**

Directly Standardised Mortality Rates from All Cancers by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2009-2011
Target: Reduce mortality from All Cancers by 20% by 2010 from 1996



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

Rate with 95% Confidence Interval — Target Trajectory — E&W Average (Females)
Rate with 95% Confidence Interval — Target Trajectory — E&W Average (Males)

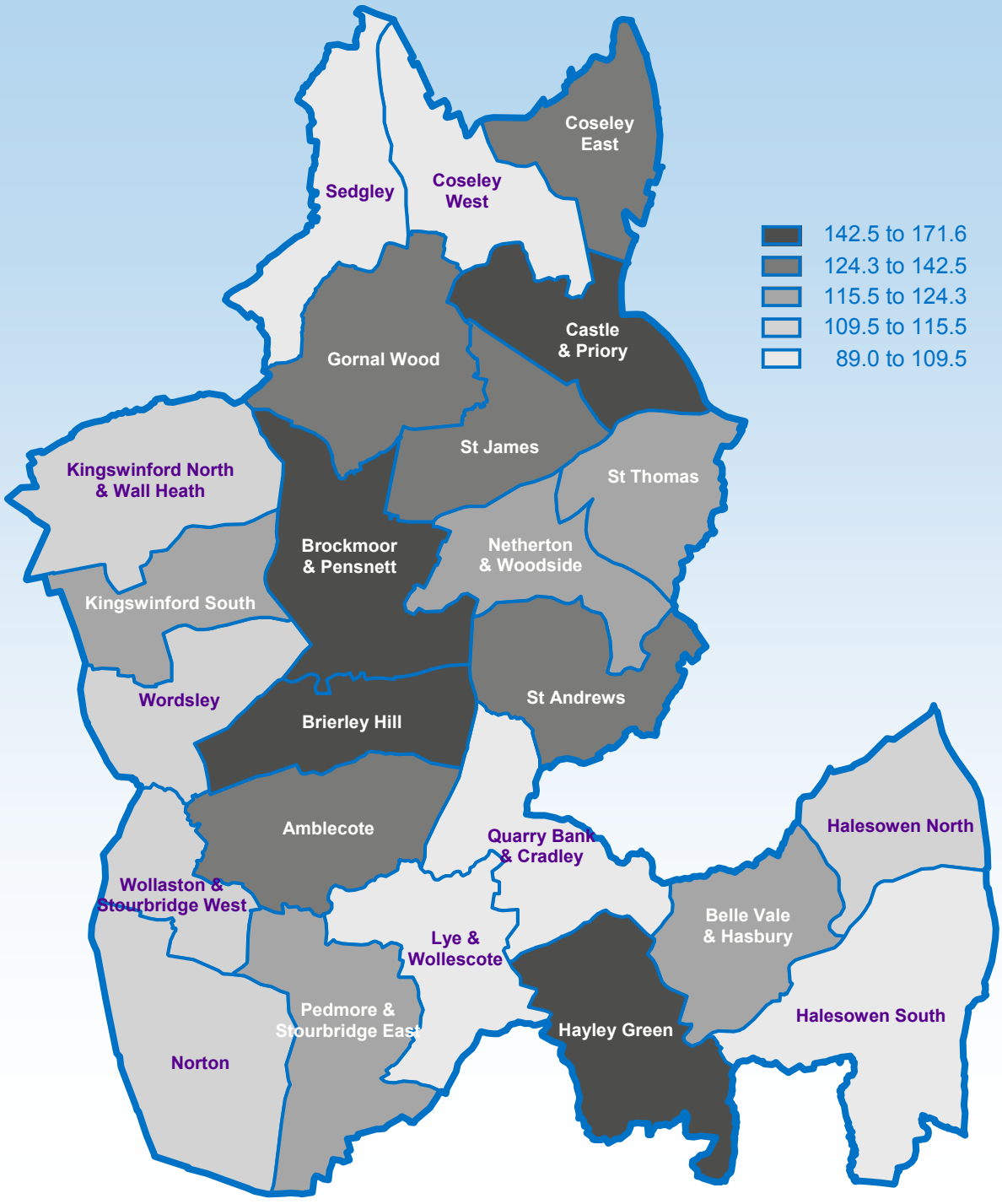
Mortality from All Cancers in people aged under 75

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	817	625	1,442	165.2 (154.0,176.9)	120.5 (111.0,130.5)	141.1 (133.8,148.6)	161.3	124.8	141.6
96-98	812	623	1,435	163.3 (152.2,175.0)	119.5 (110.2,129.5)	139.8 (132.6,147.3)	158.5	122.6	139.2
97-99	810	628	1,438	162.1 (151.1,173.7)	119.7 (110.4,129.6)	139.6 (132.4,147.1)	153.9	120.0	135.8
98-00	805	638	1,443	160.1 (149.2,171.6)	121.4 (112.1,131.4)	139.6 (132.4,147.1)	150.2	117.7	132.8
99-01	732	619	1,350	145.3 (134.9,156.3)	117.6 (108.3,127.3)	130.6 (123.7,137.8)	145.5	115.4	129.5
00-02	749	617	1,366	147.3 (136.9,158.3)	117.2 (108.0,126.9)	131.3 (124.3,138.5)	142.8	113.4	127.2
01-03	750	573	1,323	146.4 (136.0,157.3)	108.4 (99.5,117.8)	126.5 (119.7,133.5)	140.0	111.1	124.8
02-04	773	560	1,333	148.8 (138.4,159.7)	106.1 (97.4,115.4)	126.3 (119.5,133.3)	136.9	109.0	122.2
03-05	737	537	1,274	141.4 (131.3,152.0)	101.4 (92.9,110.5)	120.4 (113.8,127.3)	133.1	107.1	119.4
2010 Target				132.1	96.4	112.9			

All Cancers — Aged Under 75 (ICD10 C00 to C97)

- Variation in rates is less marked than for circulatory diseases.
- The highest rate (Castle & Priory) is less than twice the lowest (Halesowen South).
- No ward has a rate significantly higher than the Dudley average.
- Only Halesowen South has a rate significantly lower than the Dudley average.

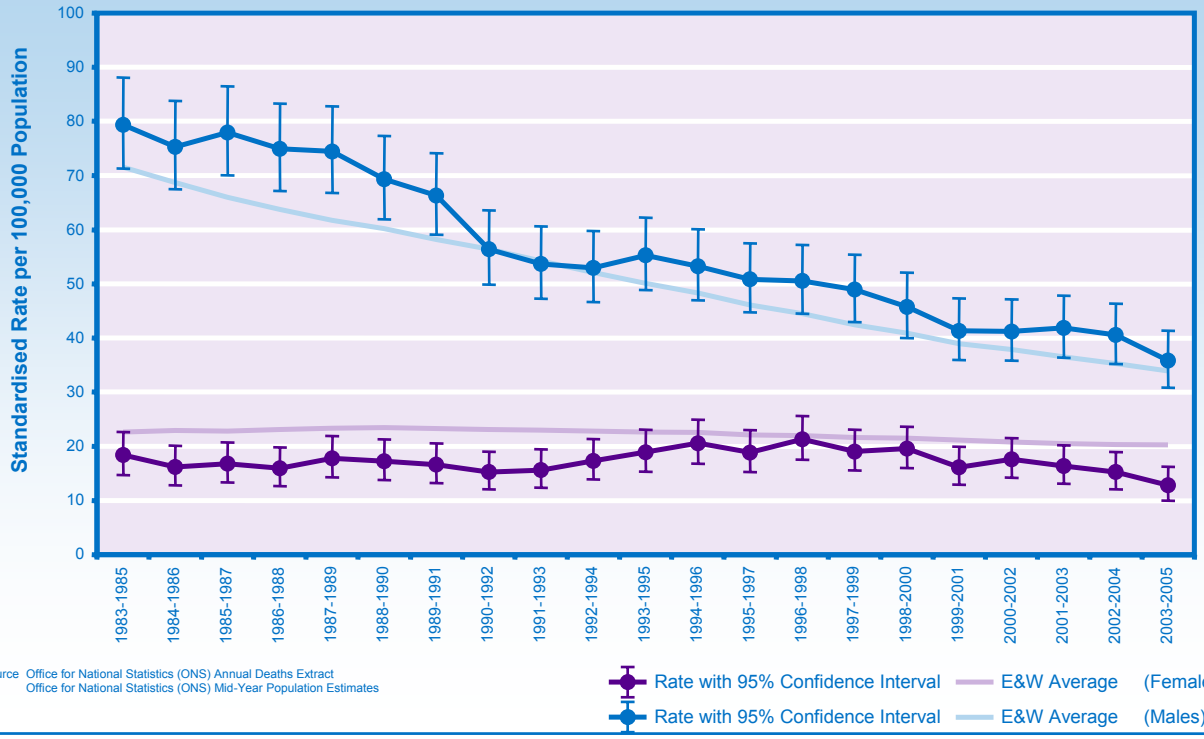
Directly Standardised Mortality Rates from All Cancers by Ward
3-Year Rates, Dudley, Both Sexes Aged Under 75, 2003-2005



Lung Cancer — Aged Under 75 (ICD10 C33 to C34)

- Of all cancers, lung cancer causes the most deaths in under 75s in Dudley.
- Rates for men have halved over the last two decades although they have changed little in the last four years.
- Rates for women have not changed significantly for twenty years.
- Rates for men are slightly higher than the national average, but have come closer.
- The rates for women are significantly lower than the national average.

Directly Standardised Mortality Rates from Lung Cancer by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2003-2005



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

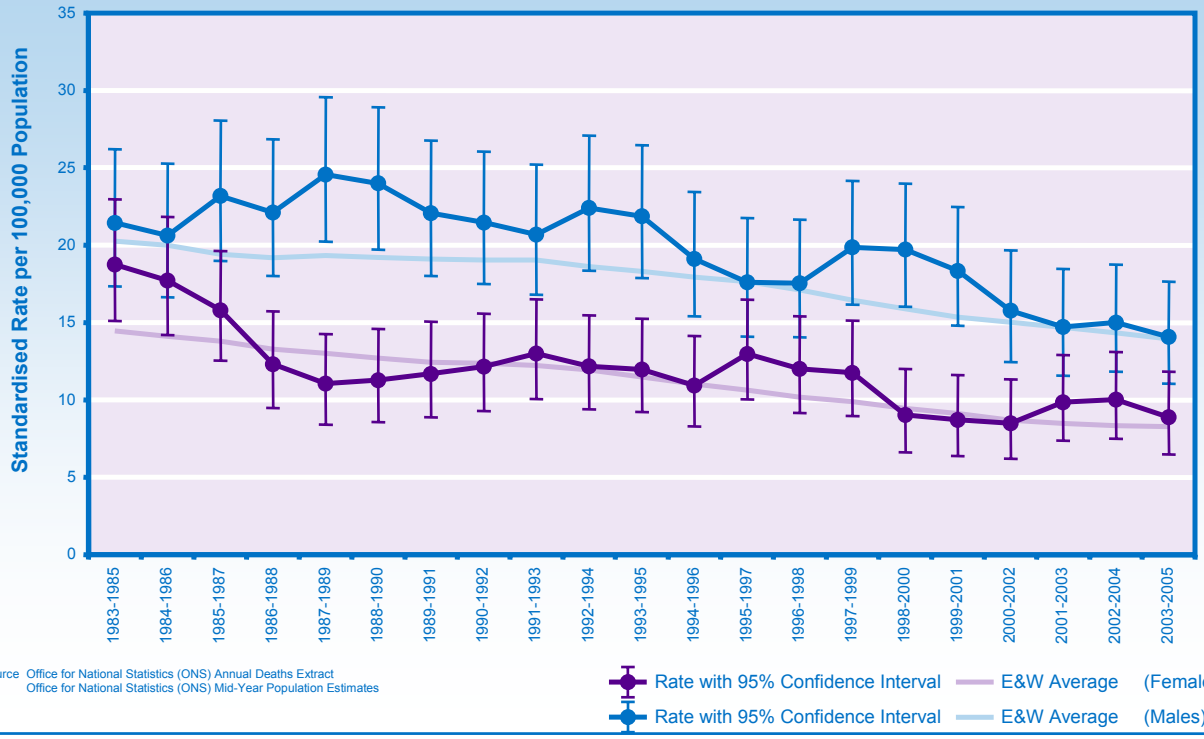
Mortality from Lung Cancer in people aged under 75

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	254	100	354	50.8 (44.7,57.5)	18.8 (15.3,23.0)	34.0 (30.5,37.7)	46.1	22.1	33.4
96-98	254	117	371	50.5 (44.5,57.2)	21.3 (17.5,25.6)	35.2 (31.7,39.0)	44.5	22.0	32.6
97-99	246	105	351	48.9 (43.0,55.5)	19.0 (15.5,23.1)	33.4 (30.0,37.1)	42.5	21.6	31.5
98-00	232	109	341	45.8 (40.0,52.1)	19.5 (16.0,23.6)	32.2 (28.9,35.8)	40.9	21.5	30.7
99-01	211	90	301	41.3 (35.9,47.3)	16.2 (12.9,19.9)	28.3 (25.2,31.7)	39.0	21.2	29.6
00-02	214	98	311	41.2 (35.8,47.1)	17.6 (14.3,21.6)	29.0 (25.8,32.4)	37.9	20.8	29.0
01-03	217	89	306	41.8 (36.4,47.8)	16.4 (13.1,20.2)	28.7 (25.5,32.1)	36.5	20.5	28.2
02-04	214	82	296	40.5 (35.3,46.4)	15.2 (12.1,19.0)	27.4 (24.3,30.7)	35.3	20.3	27.5
03-05	189	71	260	35.8 (30.9,41.3)	12.8 (10.0,16.3)	24.0 (21.1,27.1)	33.9	20.3	26.8

Colorectal Cancer — Aged Under 75 (ICD10 C18 to C20)

- Colorectal cancer causes more deaths in under 75s than any cancer apart from lung cancer.
- There has been an overall downward trend in Dudley.
- Rates for men are higher than those for women.
- Rates are roughly in line with national rates, although there are fluctuations year-on-year.

Directly Standardised Mortality Rates from Colorectal Cancer by Year
3-Year Rates, Dudley, Males & Females Aged Under 75, 1983-1985 to 2003-2005



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

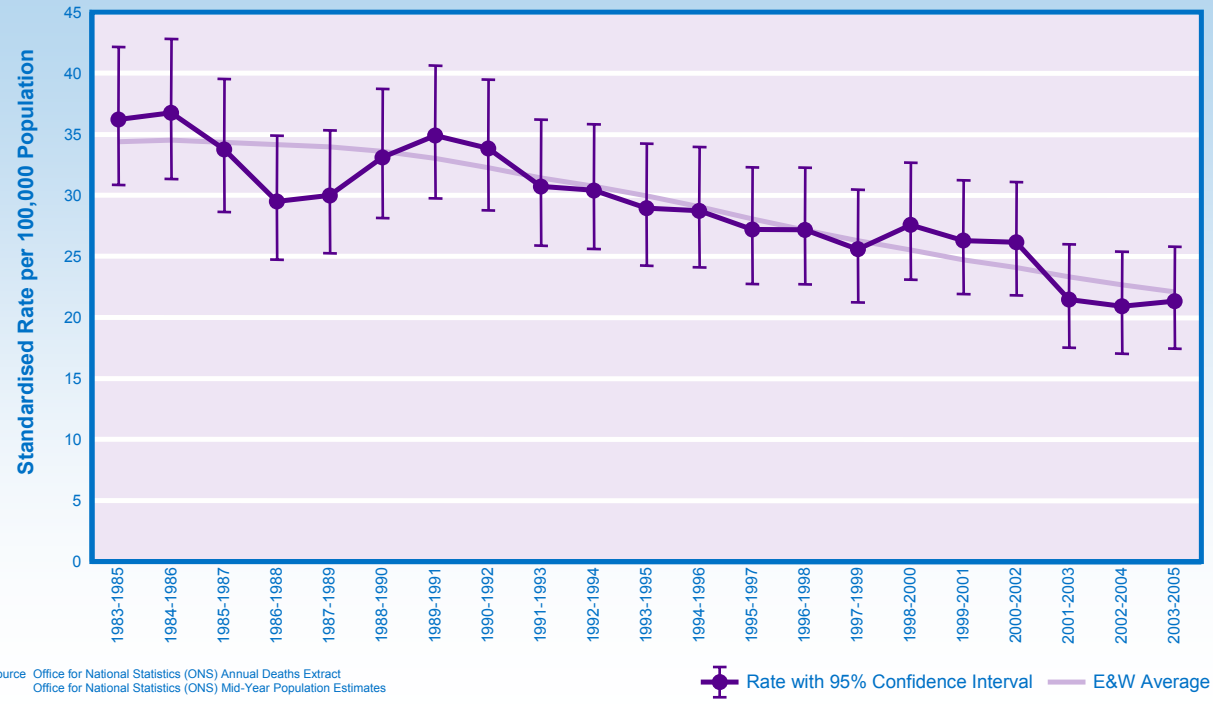
Mortality from Colorectal Cancer in people aged under 75

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	87	69	156	17.6 (14.1,21.8)	13.0 (10.0,16.5)	15.1 (12.8,17.7)	17.6	10.6	13.9
96-98	88	63	151	17.6 (14.0,21.7)	12.0 (9.2,15.4)	14.6 (12.3,17.1)	17.1	10.2	13.5
97-99	101	62	163	19.9 (16.2,24.2)	11.7 (9.0,15.1)	15.5 (13.2,18.1)	16.5	9.9	13.0
98-00	101	48	149	19.7 (16.0,24.0)	9.0 (6.6,12.0)	14.1 (11.9,16.6)	15.9	9.5	12.5
99-01	94	47	141	18.4 (14.8,22.5)	8.7 (6.4,11.6)	13.3 (11.2,15.7)	15.4	9.1	12.1
00-02	79	47	126	15.8 (12.5,19.7)	8.5 (6.2,11.3)	12.0 (10.0,14.4)	15.0	8.7	11.7
01-03	75	54	129	14.7 (11.6,18.5)	9.9 (7.4,12.9)	12.2 (10.2,14.5)	14.7	8.5	11.5
02-04	78	54	132	15.0 (11.8,18.7)	10.0 (7.5,13.1)	12.4 (10.4,14.7)	14.3	8.3	11.2
03-05	75	47	122	14.1 (11.0,17.6)	8.9 (6.5,11.8)	11.3 (9.4,13.5)	13.9	8.3	11.0

Female Breast Cancer — Aged Under 75 (ICD10 C50)

- Amongst women, breast cancer causes more deaths in Dudley than any other cancer.
- Mortality rates have decreased steadily over the last two decades.
- Rates are not significantly different than for England and Wales as a whole.

Directly Standardised Mortality Rates from Breast Cancer by Year
3-Year Rates, Dudley, Females Aged Under 75, 1983-1985 to 2003-2005



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

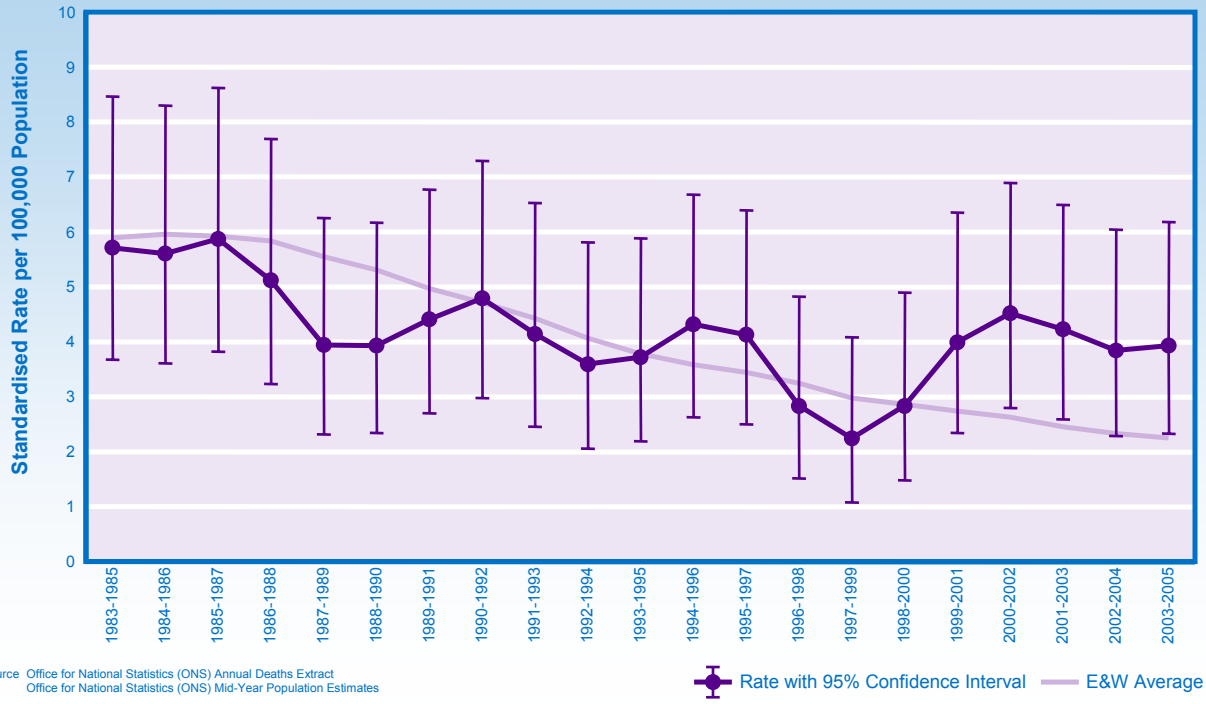
Mortality from Breast Cancer in women aged under 75

	Dudley		England & Wales DSR per 100,000 Population
	Number of Deaths	DSR per 100,000 Population	
95-97	135	27.2 (22.7,32.3)	28.1
96-98	135	27.2 (22.7,32.3)	27.1
97-99	127	25.6 (21.3,30.5)	26.3
98-00	137	27.6 (23.1,32.7)	25.5
99-01	132	26.3 (21.9,31.2)	24.7
00-02	130	26.2 (21.8,31.1)	24.1
01-03	107	21.5 (17.5,26.0)	23.3
02-04	104	20.9 (17.0,25.4)	22.7
03-05	108	21.3 (17.4,25.8)	22.1

Cervical Cancer — Aged Under 75 (ICD10 C53)

- Although cervical cancer accounts for relatively few deaths it is considered treatable and any deaths are therefore of concern.
- Rates have decreased nationally by about two thirds in twenty years.
- Rates over the same period have not fallen significantly in Dudley.
- From being about average ten years ago, Dudley now has significantly high rates.

Directly Standardised Mortality Rates from Cervical Cancer by Year
3-Year Rates, Dudley, Females Aged Under 75, 1983-1985 to 2003-2005



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

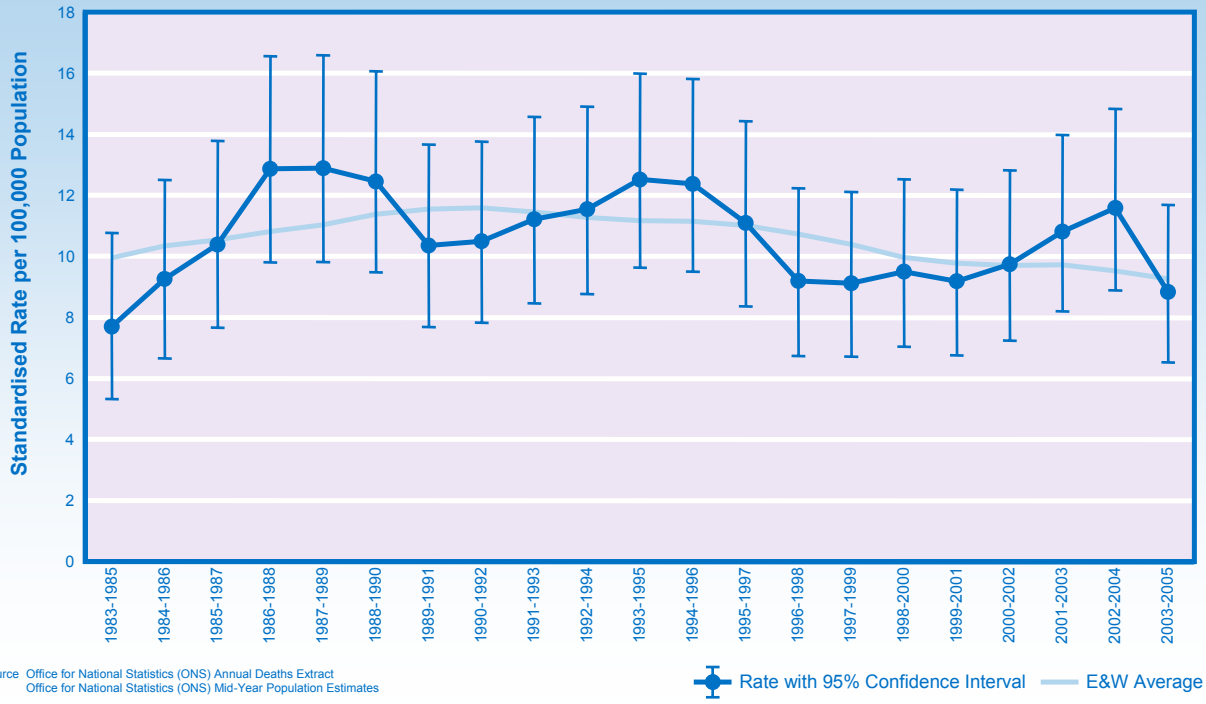
Mortality from Cervical Cancer in women aged under 75

	Dudley		England & Wales DSR per 100,000 Population
	Number of Deaths	DSR per 100,000 Population	
95-97	21	4.1 (2.5,6.4)	3.4
96-98	14	2.8 (1.5,4.8)	3.2
97-99	11	2.2 (1.1,4.1)	3.0
98-00	13	2.8 (1.5,4.9)	2.9
99-01	18	4.0 (2.3,6.4)	2.7
00-02	22	4.5 (2.8,6.9)	2.6
01-03	21	4.2 (2.6,6.5)	2.5
02-04	19	3.8 (2.3,6.0)	2.3
03-05	19	3.9 (2.3,6.2)	2.2

Prostate Cancer — Aged Under 75 (ICD10 C61)

- Prostate cancer accounts for the third most deaths from cancer in men under 75 (after lung and colorectal cancer).
- Rates are significantly higher than twenty years ago, but have not changed significantly for the last fifteen years.
- Rates in Dudley are not significantly different to the national rate.

Directly Standardised Mortality Rates from Prostate Cancer by Year 3-Year Rates, Dudley, Males Aged Under 75, 1983-1985 to 2003-2005



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

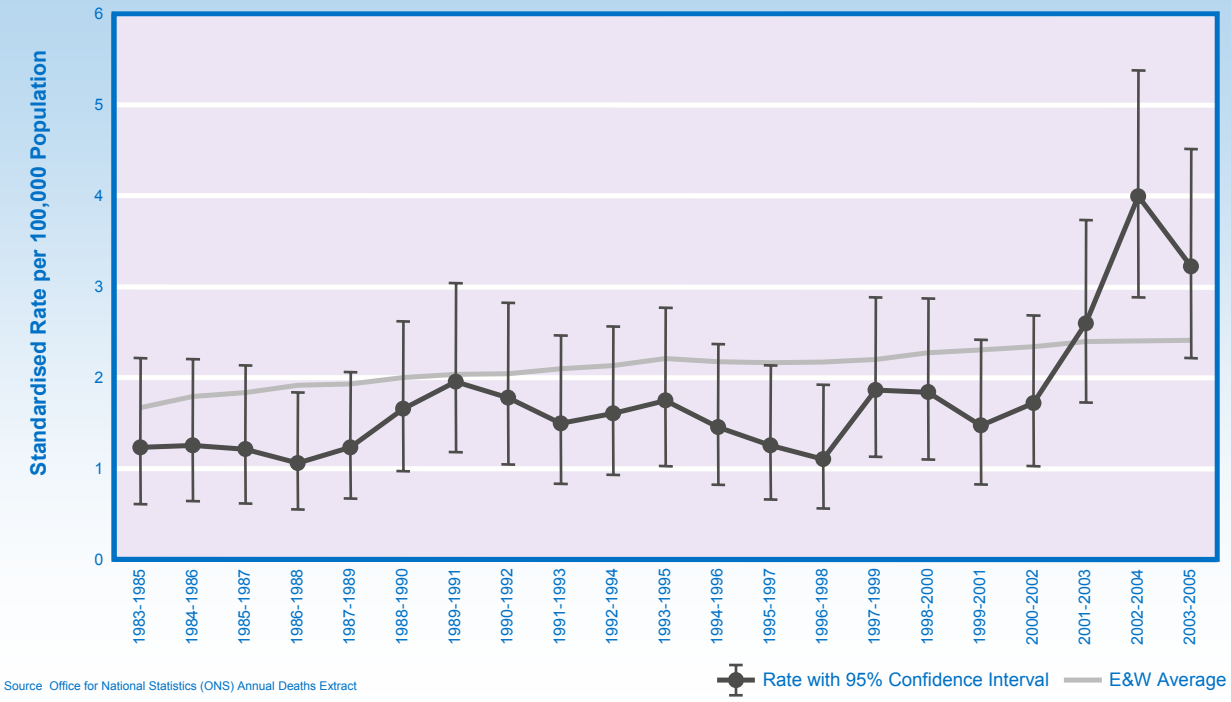
Mortality from Prostate Cancer in men aged under 75

	Dudley		England & Wales DSR per 100,000 Population
	Number of Deaths	DSR per 100,000 Population	
95-97	56	11.1 (8.4,14.4)	11.0
96-98	47	9.2 (6.7,12.2)	10.7
97-99	48	9.1 (6.7,12.1)	10.4
98-00	50	9.5 (7.0,12.5)	10.0
99-01	48	9.2 (6.8,12.2)	9.8
00-02	51	9.7 (7.2,12.8)	9.7
01-03	58	10.8 (8.2,14.0)	9.7
02-04	63	11.6 (8.9,14.8)	9.5
03-05	49	8.8 (6.5,11.7)	9.3

Malignant Melanoma (Skin Cancer) — All Ages (ICD10 C43)

- Death rates from skin cancer have quadrupled in Dudley over the last two decades.
- There has been a sharp upturn in the last 3 years data following a slowly increasing trend.
- Rates for the latest years are significantly higher than the national average.

Directly Standardised Mortality Rates from Skin Cancer by 3-Year Rates, Dudley MBC, Both Sexes All Ages, 1983-1985 to 2003-



Source Office for National Statistics (ONS) Annual Deaths Extract

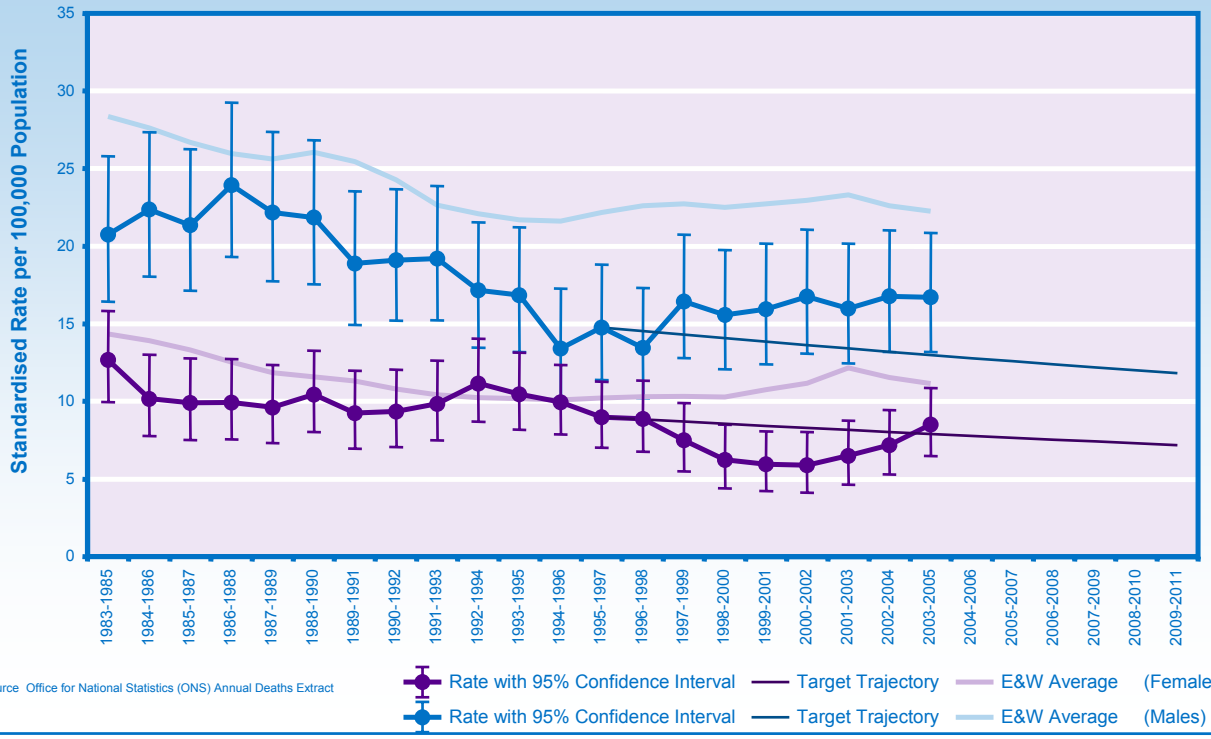
Mortality from Skin Cancer in people of all ages

	Dudley		England & Wales DSR per 100,000 Population
	Number of Deaths	DSR per 100,000 Population	
95-97	14	1.3 (0.7,2.1)	2.2
96-98	13	1.1 (0.6,1.9)	2.2
97-99	21	1.9 (1.1,2.9)	2.2
98-00	20	1.8 (1.1,2.9)	2.3
99-01	16	1.5 (0.8,2.4)	2.3
00-02	21	1.7 (1.0,2.7)	2.3
01-03	31	2.6 (1.7,3.7)	2.4
02-04	46	4.0 (2.9,5.4)	2.4
03-05	35	3.2 (2.2,4.5)	2.4

Accidents — All Ages, Under 15, 15-24 & 65+ (ICD10 V01 to X59)

- Death rates from accidents in Dudley are significantly lower than the national average, but have not fallen significantly since the mid-90s and are significantly higher for men than for women.
- Rates in the under 15s have decreased overall, whereas for 15-24s they have not changed significantly. For under 15s they decreased to 94-96, but have since risen slightly.
- Rates in the 65+ age group have risen over the last few years back to 1996 levels.
- **The current trajectory will not achieve target and is not significantly downward at all.**

Directly Standardised Mortality Rates from Accidents by Year
3-Year Rates, Dudley, Males & Females All Ages, 1983-1985 to 2009-2011
Target: Reduce mortality from Accidents by 20% by 2010 from 1996

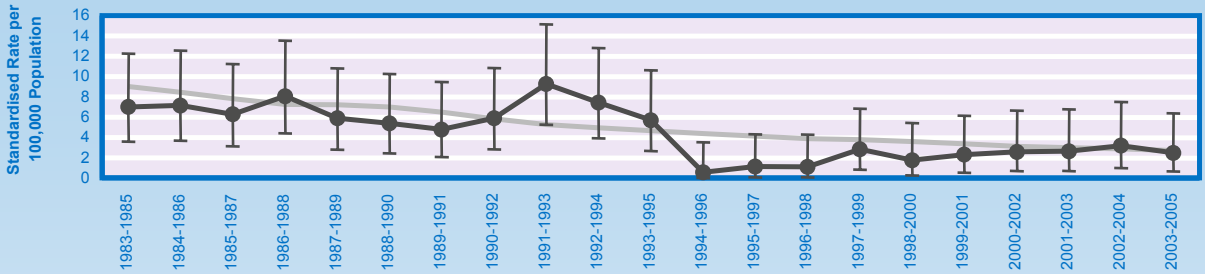


Source Office for National Statistics (ONS) Annual Deaths Extract

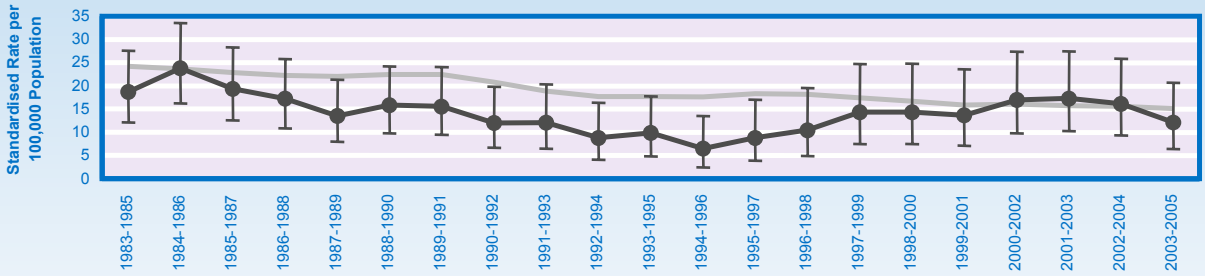
Mortality from Accidents in people of all ages

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	68	83	151	14.8 (11.4,18.8)	9.0 (7.0,11.3)	12.2 (10.2,14.4)	22.2	10.2	16.1
96-98	62	75	137	13.4 (10.2,17.3)	8.9 (6.8,11.4)	11.4 (9.5,13.6)	22.6	10.3	16.4
97-99	74	59	132	16.4 (12.8,20.7)	7.5 (5.5,9.9)	12.0 (9.9,14.3)	22.7	10.3	16.4
98-00	71	47	118	15.6 (12.1,19.8)	6.2 (4.4,8.5)	10.8 (8.8,13.1)	22.5	10.3	16.3
99-01	73	49	122	15.9 (12.4,20.2)	5.9 (4.2,8.1)	10.6 (8.7,12.8)	22.7	10.8	16.7
00-02	76	47	123	16.7 (13.1,21.1)	5.9 (4.1,8.0)	10.9 (8.9,13.1)	23.0	11.2	17.0
01-03	75	52	127	16.0 (12.5,20.2)	6.5 (4.6,8.8)	10.9 (8.9,13.1)	23.3	12.2	17.8
02-04	79	62	141	16.8 (13.2,21.0)	7.2 (5.3,9.4)	11.7 (9.7,14.0)	22.6	11.6	17.1
03-05	82	79	161	16.7 (13.2,20.8)	8.5 (6.5,10.9)	12.6 (10.5,14.8)	22.3	11.2	16.7
2010 Target				11.8	7.2	9.7			

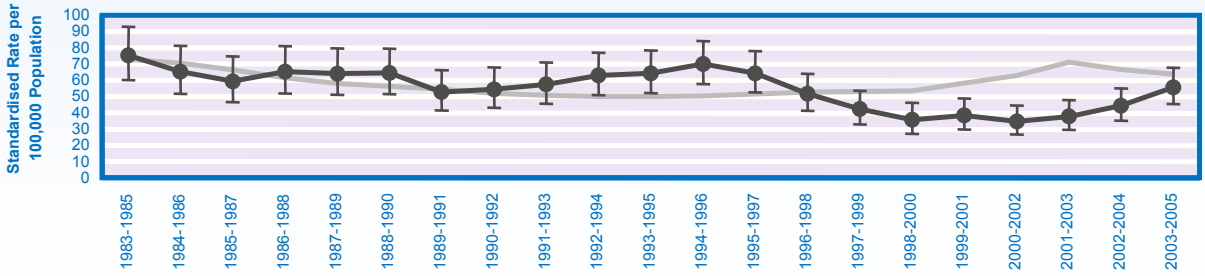
Mortality from Accidents by Year, 3-Year Rates, Dudley, Both Sexes, 1983-1985 to 2003-2005
Aged Under 15



Aged 15-24



Aged 65+



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

Rate with 95% Confidence Interval — E&W Average

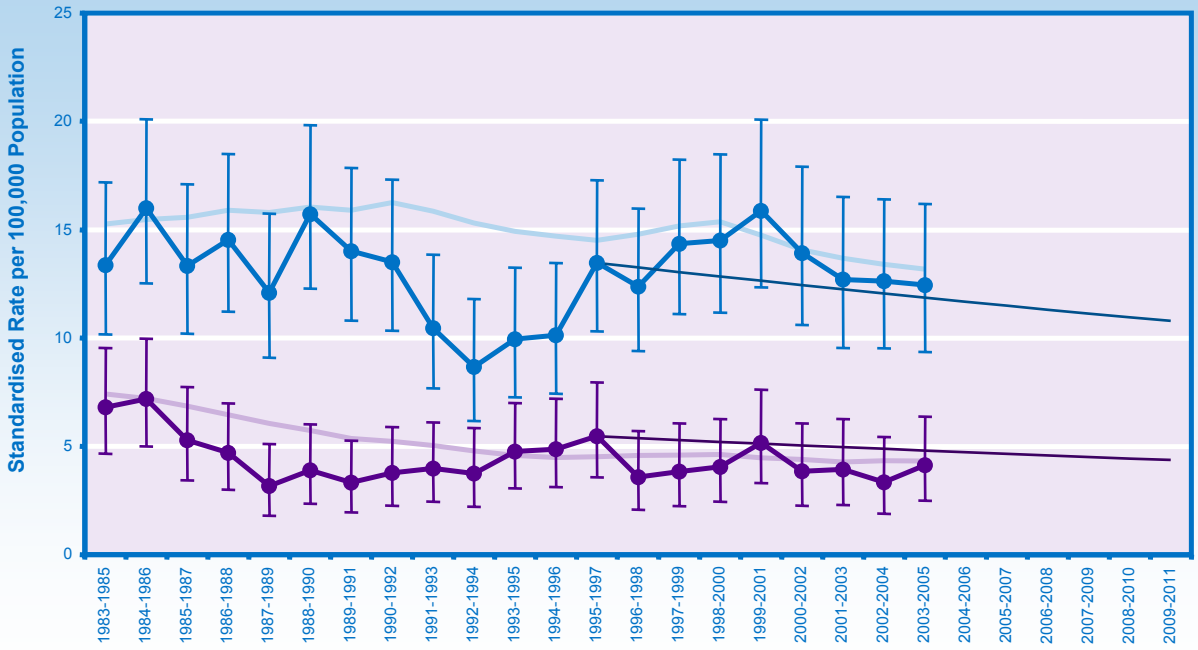
Mortality from Accidents in people aged under 15, 15-24 & 65+

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Under 15	15-24	65+	Under 15	15-24	65+	Under 15	15-24	65+
95-97	2	9	106	1.1 (0.1,4.3)	8.8 (3.9,17.0)	64.4 (52.6,78.0)	4.1	18.3	51.6
96-98	2	10	87	1.1 (0.1,4.3)	10.5 (4.9,19.5)	51.8 (41.4,64.0)	3.9	18.2	52.7
97-99	5	13	71	2.8 (0.8,6.8)	14.3 (7.5,24.7)	42.3 (32.9,53.5)	3.8	17.4	53.2
98-00	3	13	60	1.8 (0.3,5.4)	14.4 (7.5,24.8)	35.8 (27.2,46.2)	3.6	16.7	53.5
99-01	4	13	68	2.3 (0.5,6.1)	13.6 (7.1,23.5)	38.4 (29.7,48.8)	3.4	15.9	58.3
00-02	4	17	64	2.6 (0.7,6.7)	17.0 (9.8,27.3)	34.9 (26.8,44.7)	3.1	16.1	63.0
01-03	4	18	71	2.6 (0.7,6.8)	17.3 (10.2,27.4)	37.9 (29.5,47.9)	3.0	15.7	71.1
02-04	5	17	84	3.2 (1.0,7.5)	16.1 (9.4,25.9)	44.4 (35.3,55.2)	2.9	15.6	66.5
03-05	4	13	106	2.5 (0.7,6.4)	12.1 (6.4,20.7)	55.8 (45.5,67.7)	2.7	15.1	63.9

Suicide & Undetermined Injury — All Ages (ICD10 V01 to X59)

- Suicide & undetermined injury accounted for 77 deaths in Dudley in the three years 2003-2005.
- The overall rate has not changed significantly for twenty years, but what trend there is, is slightly downwards, especially for women.
- Rates for men are significantly higher than for women.
- **The current trajectory will not achieve target by 2009-2011.**
- **On the current trajectory a 20% reduction from 1995-1997 will be achieved in 2015-2017.**

Directly Standardised Mortality Rates from Suicide & Undetermined Injury by Year
3-Year Rates, Dudley, Males & Females All Ages, 1983-1985 to 2009-2011
Target: Reduce mortality from Suicide & Undetermined Injury by 20% by 2010 from 1996



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

Rate with 95% Confidence Interval — Target Trajectory — E&W Average (Females)
Rate with 95% Confidence Interval — Target Trajectory — E&W Average (Males)

Mortality from Suicide & Undetermined Injury in people of all ages

	Dudley						England & Wales		
	Number of Deaths			DSR per 100,000 Population			DSR per 100,000 Population		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
95-97	63	28	91	13.5 (10.3,17.3)	5.5 (3.6,8.0)	9.4 (7.5,11.6)	14.5	4.5	9.4
96-98	60	18	78	12.4 (9.4,16.0)	3.6 (2.1,5.7)	7.8 (6.2,9.8)	14.8	4.6	9.6
97-99	68	19	87	14.4 (11.1,18.2)	3.8 (2.2,6.1)	9.0 (7.1,11.1)	15.2	4.6	9.8
98-00	67	21	88	14.5 (11.2,18.5)	4.1 (2.5,6.3)	9.2 (7.3,11.4)	15.4	4.6	9.9
99-01	71	26	97	15.9 (12.3,20.1)	5.2 (3.3,7.6)	10.4 (8.4,12.8)	14.7	4.5	9.5
00-02	61	19	81	13.9 (10.6,17.9)	3.8 (2.3,6.1)	8.8 (7.0,11.0)	14.1	4.4	9.1
01-03	56	18	74	12.7 (9.5,16.5)	3.9 (2.3,6.3)	8.2 (6.4,10.4)	13.7	4.3	8.9
02-04	57	17	74	12.6 (9.5,16.4)	3.3 (1.9,5.4)	8.0 (6.2,10.1)	13.4	4.3	8.8
03-05	56	21	77	12.4 (9.4,16.2)	4.1 (2.5,6.4)	8.2 (6.5,10.3)	13.2	4.3	8.7
2010 Target				10.8	4.4	7.5			

Directly Standardised Mortality Rates (DSR) per 100,000 Population by Cause
Dudley, 2003-2005

Cause of Death	Age Group	MALES Number of Deaths	MALES Directly Standardised Rate (95% Confidence Interval)	MALES E&W DSR		FEMALES Number of Deaths	FEMALES Directly Standardised Rate (95% Confidence Interval)	FEMALES E&W DSR		PERSONS Number of Deaths	PERSONS Directly Standardised Rate (95% Confidence Interval)	PERSONS E&W DSR	
All Causes	All Ages	4,624	811.6 (787.9, 835.8)	764.5	▲	5,001	553.9 (537.4, 570.8)	534.9	▲	9,625	669.3 (655.4, 683.3)	637.2	▲
	<15	40	54.2 (38.6, 73.8)	57.1	—	30	41.6 (28, 59.4)	47.1	—	70	47.9 (37.3, 60.6)	52.3	—
	15-64	1,004	313.2 (294, 333.3)	295.0	—	591	183.1 (168.6, 198.6)	179.8	—	1,595	248.2 (236.1, 260.7)	236.8	—
	65-74	1,079	2,603.3 (2452.1, 2761.2)	2,472.0	—	697	1,497.6 (1388.8, 1612.5)	1,551.9	—	1,776	2,021.6 (1929.4, 2117)	1,986.4	—
All Circulatory Diseases	<75	686	132.1 (122.3, 142.5)	128.2	—	321	56.0 (50, 62.6)	57.1	—	1,007	93.2 (87.4, 99.2)	91.5	—
Hypertensive Disease	<75	22	4.2 (2.6, 6.4)	2.3	▲	9	1.5 (0.7, 2.9)	1.3	—	31	2.9 (1.9, 4.1)	1.8	▲
CHD	<75	428	83.0 (75.2, 91.3)	81.7	—	150	26.1 (22, 30.7)	26.5	—	578	53.9 (49.5, 58.5)	53.2	—
Stroke	<75	105	19.7 (16, 23.8)	20.1	—	102	17.6 (14.3, 21.4)	15.1	—	207	18.6 (16.1, 21.3)	17.5	—
All Cancers	<75	737	141.4 (131.3, 152)	133.1	—	537	101.4 (92.9, 110.5)	107.1	—	1,274	120.4 (113.8, 127.3)	119.4	—
Stomach Cancer	<75	42	8.0 (5.7, 10.8)	5.6	▲	19	3.4 (2, 5.4)	2.3	—	61	5.6 (4.3, 7.2)	3.9	▲
Colorectal Cancer	<75	75	14.1 (11, 17.6)	13.9	—	47	8.9 (6.5, 11.8)	8.3	—	122	11.3 (9.4, 13.5)	11.0	—
Lung Cancer	<75	189	35.8 (30.9, 41.3)	33.9	—	71	12.8 (10, 16.3)	20.3	▼	260	24.0 (21.1, 27.1)	26.8	—
Skin Cancer	All Ages	20	3.7 (2.2, 5.7)	2.9	—	15	2.8 (1.5, 4.7)	2.0	—	35	3.2 (2.2, 4.5)	2.4	—
Breast Cancer	<75	-	-	-		108	21.3 (17.4, 25.8)	22.1	—	-	-	-	
Cervical Cancer	<75	-	-	-		19	3.9 (2.3, 6.2)	2.2	▲	-	-	-	
Prostate Cancer	<75	49	8.8 (6.5, 11.7)	9.3	—	-	-	-		-	-	-	
Leukaemia	<75	35	7.0 (4.8, 9.7)	4.3	▲	13	2.5 (1.3, 4.4)	2.6	—	48	4.7 (3.4, 6.2)	3.4	▲
All Respiratory Diseases	<75	217	41.6 (36.2, 47.6)	32.2	▲	136	23.4 (19.6, 27.8)	22.4	—	353	32.3 (29, 35.9)	27.1	▲
Pneumonia	<75	51	9.9 (7.3, 13.1)	8.7	—	38	6.5 (4.6, 9)	5.8	—	89	8.2 (6.5, 10.1)	7.2	—
Lower Respiratory Infection	<75	4	0.8 (0.2, 2.1)	0.4	—	6	1.3 (0.5, 2.9)	0.4	▲	10	1.1 (0.5, 2)	0.4	▲
Chronic Respiratory Conditions	<75	119	22.7 (18.8, 27.2)	16.8	▲	63	10.6 (8.1, 13.6)	12.8	—	182	16.5 (14.2, 19.1)	14.7	—
COPD	<75	104	19.5 (15.9, 23.7)	15.2	▲	51	8.5 (6.3, 11.2)	11.1	—	155	13.9 (11.7, 16.2)	13.1	—
Bronchitis & Emphysema	<75	22	4.1 (2.6, 6.3)	1.4	▲	7	1.1 (0.4, 2.3)	0.7	—	29	2.6 (1.7, 3.7)	1.1	▲
Asthma	<75	9	2.0 (0.9, 3.8)	0.9	—	5	1.0 (0.3, 2.4)	1.1	—	14	1.5 (0.8, 2.5)	1.0	—
Bronchiectasis	<75	6	1.2 (0.4, 2.5)	0.6	—	7	1.1 (0.4, 2.3)	0.6	—	13	1.1 (0.6, 2)	0.6	▲
Diabetes Mellitus	<75	27	5.2 (3.4, 7.5)	4.2	—	19	3.5 (2.1, 5.4)	2.7	—	46	4.3 (3.1, 5.7)	3.5	—
Epilepsy	<75	13	2.9 (1.5, 5)	1.9	—	10	2.2 (1, 4.1)	1.2	—	23	2.6 (1.6, 3.9)	1.6	▲
Gastric, Duodenal & Peptic Ulcers	<75	11	2.0 (1, 3.6)	2.5	—	14	2.6 (1.4, 4.4)	1.3	▲	25	2.3 (1.5, 3.4)	1.9	—
Chronic Liver Disease & Cirrhosis	<75	84	17.7 (14.1, 21.9)	13.1	▲	41	8.8 (6.3, 11.9)	6.6	—	125	13.2 (10.9, 15.7)	9.8	▲
Chronic Renal Failure	<75	6	1.1 (0.4, 2.5)	0.7	—	1	0.2 (0, 1.1)	0.5	—	7	0.6 (0.3, 1.3)	0.6	—
Accidents	All Ages	82	16.7 (13.2, 20.8)	22.0	▼	79	8.5 (6.5, 10.9)	10.7	—	161	12.6 (10.5, 14.8)	16.3	▼
	<15	3	3.4 (0.7, 10.1)	3.4	—	1	1.5 -	2.0		4	2.5 (0.7, 6.4)	2.7	—
	15-24	10	18.4 (8.8, 33.9)	24.0	—	3	5.6 (1.2, 16.5)	5.9	—	13	12.1 (6.4, 20.7)	15.1	—
	65+	40	62.7 (44.3, 86)	65.2	—	66	49.9 (38.4, 63.6)	55.5	—	106	55.8 (45.5, 67.7)	60.1	—
Road Traffic Accidents	<75	26	6.3 (4.1, 9.2)	8.0	—	6	1.4 (0.5, 3)	2.2	—	32	3.9 (2.6, 5.5)	5.1	—
Accidental Falls	<75	9	1.9 (0.9, 3.6)	2.6	—	2	0.5 (0.1, 1.6)	1.2	—	11	1.2 (0.6, 2.1)	1.9	—
Suicide & Undetermined Injury	<75	53	12.4 (9.3, 16.3)	13.0	—	19	4.1 (2.5, 6.5)	4.2	—	72	8.3 (6.5, 10.5)	8.6	—
Infectious & Parasitic Diseases	<75	17	3.3 (1.9, 5.4)	4.1	—	13	2.6 (1.4, 4.5)	3.0	—	30	2.9 (1.9, 4.2)	3.6	—
Alcohol-Related Diseases	<75	92	19.4 (15.6, 23.8)	15.2	▲	44	9.4 (6.8, 12.7)	7.4	—	136	14.4 (12, 17)	11.2	▲
Drug-Related Diseases	<75	29	7.2 (4.8, 10.4)	7.0	—	11	2.3 (1.1, 4.1)	3.1	—	40	4.8 (3.4, 6.5)	5.1	—
Smoking-Related Diseases	<75	564	108.8 (99.9, 118.2)	103.5	—	228	40.7 (35.5, 46.5)	46.9	▼	791	73.9 (68.8, 79.3)	74.2	—

Source: Office for National Statistics (ONS) Annual Deaths Extracts
Office for National Statistics (ONS) Mid-year Population Estimates
National Aggregate Data Provided by West Midlands Public Health Observatory (WMPHO)

▲ Significantly higher rate than England & Wales Average
— Not Significantly different from England & Wales Average
▼ Significantly lower rate than England & Wales Average

Indirectly Standardised Mortality Ratios (SMR) by Cause
Dudley, 2003-2005 (England & Wales = 100)

Cause of Death	Age Group	MALES Number of Deaths	MALES Standardised Mortality Ratio (95% Confidence Interval)			FEMALES Number of Deaths	FEMALES Standardised Mortality Ratio (95% Confidence Interval)			PERSONS Number of Deaths	PERSONS Standardised Mortality Ratio (95% Confidence Interval)		
All Causes	All Ages	4,624	106.1	(103.1, 109.2)	▲	5,001	105.1	(102.2, 108.1)	▲	9,625	105.5	(103.4, 107.6)	▲
	<15	40	93.6	(66.9, 127.4)	—	30	88.3	(59.6, 126.1)	—	70	91.2	(71.1, 115.2)	—
	15-64	1,004	106.0	(99.5, 112.7)	—	591	101.9	(93.9, 110.5)	—	1,595	104.7	(99.7, 110)	—
	65-74	1,079	105.1	(99, 111.5)	—	697	96.4	(89.4, 103.8)	—	1,776	101.5	(96.9, 106.3)	—
All Circulatory Diseases	<75	686	102.5	(95, 110.4)	—	321	98.0	(87.6, 109.3)	—	1,007	101.3	(95.1, 107.7)	—
Hypertensive Disease	<75	22	182.4	(114.3, 276.2)	▲	9	118.5	(54.2, 225)	—	31	158.1	(107.4, 224.4)	▲
CHD	<75	428	100.3	(91.1, 110.3)	—	150	97.2	(82.2, 114)	—	578	99.9	(91.9, 108.3)	—
Stroke	<75	105	99.3	(81.2, 120.2)	—	102	118.7	(96.8, 144.1)	—	207	108.1	(93.9, 123.9)	—
All Cancers	<75	737	106.1	(98.6, 114.1)	—	537	93.1	(85.4, 101.3)	—	1,274	100.3	(94.8, 105.9)	—
Stomach Cancer	<75	42	142.8	(102.9, 193)	▲	19	148.4	(89.4, 231.8)	—	61	144.8	(110.8, 186)	▲
Colorectal Cancer	<75	75	102.2	(80.4, 128.1)	—	47	102.2	(75.1, 135.9)	—	122	102.3	(85, 122.2)	—
Lung Cancer	<75	189	105.6	(91.1, 121.7)	—	71	63.0	(49.2, 79.5)	▼	260	89.2	(78.7, 100.8)	—
Skin Cancer	All Ages	20	128.0	(78.2, 197.7)	—	15	113.5	(63.5, 187.1)	—	35	121.4	(84.5, 168.8)	—
Breast Cancer	<75	-	-			108	95.5	(78.3, 115.3)	—	-	-		
Cervical Cancer	<75	-	-			19	172.2	(103.7, 268.9)	▲	-	-		
Prostate Cancer	<75	49	96.3	(71.3, 127.4)	—	-	-			-	-		
Leukaemia	<75	35	161.4	(112.4, 224.4)	▲	13	96.8	(51.5, 165.5)	—	48	136.8	(100.9, 181.4)	▲
All Respiratory Diseases	<75	217	127.2	(110.9, 145.3)	▲	136	106.2	(89.1, 125.6)	—	353	118.3	(106.3, 131.3)	▲
Pneumonia	<75	51	112.6	(83.8, 148)	—	38	115.8	(81.9, 158.9)	—	89	114.0	(91.6, 140.3)	—
Lower Respiratory Infection	<75	4	187.5	(51.1, 480)	—	6	318.6	(116.9, 693.4)	▲	10	249.0	(119.4, 457.9)	▲
Chronic Respiratory Conditions	<75	119	131.6	(109.1, 157.5)	▲	63	84.5	(64.9, 108.1)	—	182	110.4	(94.9, 127.6)	—
COPD	<75	104	125.8	(102.8, 152.4)	▲	51	77.8	(57.9, 102.3)	—	155	104.6	(88.8, 122.5)	—
Bronchitis & Emphysema	<75	22	287.5	(180.2, 435.3)	▲	7	175.7	(70.6, 362)	—	29	249.6	(167.2, 358.4)	▲
Asthma	<75	9	201.7	(92.3, 383)	—	5	90.7	(29.5, 211.7)	—	14	140.3	(76.7, 235.3)	—
Bronchiectasis	<75	6	197.2	(72.4, 429.2)	—	7	205.9	(82.8, 424.2)	—	13	201.7	(107.4, 344.9)	▲
Diabetes Mellitus	<75	27	122.8	(81, 178.7)	—	19	123.4	(74.3, 192.7)	—	46	123.2	(90.2, 164.3)	—
Epilepsy	<75	13	152.0	(80.9, 259.9)	—	10	191.1	(91.6, 351.4)	—	23	167.1	(105.9, 250.7)	▲
Gastric, Duodenal & Peptic Ulcers	<75	11	84.5	(42.2, 151.3)	—	14	183.5	(100.3, 307.9)	▲	25	121.4	(78.6, 179.3)	—
Chronic Liver Disease & Cirrhosis	<75	84	135.8	(108.3, 168.1)	▲	41	128.2	(92, 174)	—	125	133.7	(111.3, 159.3)	▲
Chronic Renal Failure	<75	6	163.4	(60, 355.7)	—	1	33.5	(0.8, 186.9)	—	7	105.3	(42.3, 217)	—
Accidents	All Ages	82	76.9	(61.1, 95.4)	▼	79	92.0	(72.9, 114.7)	—	161	83.7	(71.2, 97.6)	▼
	<15	3	104.3	(21.5, 304.9)	—	1	62.7	(1.6, 349.4)	—	4	89.7	(24.4, 229.6)	—
	15-24	10	76.9	(36.9, 141.5)	—	3	96.5	(19.9, 282)	—	13	80.8	(43, 138.2)	—
	65+	40	94.3	(67.3, 128.3)	—	66	100.2	(77.5, 127.5)	—	106	97.9	(80.1, 118.4)	—
Road Traffic Accidents	<75	26	77.9	(50.9, 114.2)	—	6	64.8	(23.8, 141.1)	—	32	75.2	(51.4, 106.1)	—
Accidental Falls	<75	9	70.3	(32.1, 133.5)	—	2	33.1	(4, 119.5)	—	11	58.5	(29.2, 104.7)	—
Suicide & Undetermined Injury	<75	53	93.8	(70.3, 122.7)	—	19	100.9	(60.8, 157.6)	—	72	95.7	(74.9, 120.6)	—
Infectious & Parasitic Diseases	<75	17	86.7	(50.5, 138.8)	—	13	86.6	(46.1, 148.1)	—	30	86.8	(58.5, 123.9)	—
Alcohol-Related Diseases	<75	92	129.1	(104.1, 158.4)	▲	44	124.4	(90.4, 167)	—	136	128.1	(107.4, 151.5)	▲
Drug-Related Diseases	<75	29	98.6	(66.1, 141.7)	—	11	80.3	(40.1, 143.7)	—	40	92.7	(66.2, 126.2)	—
Smoking-Related Diseases	<75	564	104.6	(96.2, 113.7)	—	228	86.3	(75.5, 98.3)	▼	791	98.9	(92.1, 106)	—

Source: Office for National Statistics (ONS) Annual Deaths Extracts
Office for National Statistics (ONS) Mid-year Population Estimates
National Aggregate Data Provided by West Midlands Public Health Observatory (WMPHO)

▲ Significantly higher rate than England & Wales Average
— Not Significantly different from England & Wales Average
▼ Significantly lower rate than England & Wales Average

Years of Life Lost (YLL) and Standardised Years of Life (SYLL) Lost per 10,000 Population by Cause Dudley, 2003-2005

		MALES			FEMALES			PERSONS		
Cause of Death	Age Group	YLL	SYLL	E&W	YLL	SYLL	E&W	YLL	SYLL	E&W
All Causes	<75	27,961	629.4	660.9	16,461	367.5	359.2	44,422	497.6	475.8
All Circulatory Diseases	<75	7,676	166.7	172.3	2,867	60.4	63.3	10,543	113.3	108.4
Hypertensive Disease	<75	295	6.1	3.5	67	1.3	1.5	362	3.6	2.3
CHD	<75	4,833	105.0	107.2	1,283	27.0	25.5	6,116	65.8	60.4
Stroke	<75	945	20.3	25.9	921	19.1	18.0	1,866	19.7	20.6
All Cancers	<75	7,877	169.8	180.9	7,093	154.7	152.4	14,969	161.9	157.3
Stomach Cancer	<75	420	9.0	6.8	188	3.8	2.9	608	6.4	4.5
Colorectal Cancer	<75	670	14.0	17.3	618	13.5	10.0	1,287	13.7	12.7
Lung Cancer	<75	1,800	37.8	40.1	755	16.0	23.5	2,554	26.8	29.7
Skin Cancer	<75	247	5.6	4.5	266	6.1	3.1	512	5.8	3.5
Breast Cancer	<75	-	-	-	1,729	37.7	37.3	-	-	-
Cervical Cancer	<75	-	-	-	378	8.9	4.9	-	-	-
Prostate Cancer	<75	313	6.1	7.7	-	-	-	-	-	-
Leukaemia	<75	461	10.8	8.1	278	6.7	5.1	738	8.7	6.1
All Respiratory Diseases	<75	2,358	51.3	39.3	1,219	25.9	24.7	3,577	38.4	29.9
Pneumonia	<75	636	14.3	12.3	328	7.0	7.1	964	10.6	9.1
Lower Respiratory Infection	<75	57	1.2	0.8	129	3.0	0.5	186	2.1	0.6
Chronic Respiratory Conditions	<75	1,206	26.0	18.0	531	11.0	12.5	1,736	18.4	14.3
COPD	<75	918	19.1	14.6	339	6.4	9.5	1,257	12.7	11.2
Bronchitis & Emphysema	<75	210	4.3	1.7	35	0.6	0.8	245	2.4	1.1
Asthma	<75	235	5.7	2.6	149	4.0	2.3	383	4.8	2.3
Bronchiectasis	<75	53	1.2	0.8	44	0.7	0.7	97	0.9	0.7
Diabetes Mellitus	<75	312	6.4	6.1	222	5.0	3.4	533	5.6	4.4
Epilepsy	<75	334	8.2	7.0	272	6.7	3.8	606	7.5	5.1
Gastric, Duodenal & Peptic Ulcers	<75	80	1.5	3.8	178	4.3	1.6	258	2.9	2.5
Chronic Liver Disease & Cirrhosis	<75	1,873	41.7	30.3	757	17.4	13.8	2,630	29.5	20.5
Chronic Renal Failure	<75	59	1.3	1.0	13	0.2	0.7	72	0.8	0.8
Accidents	<75	1,710	43.2	67.5	516	13.3	18.0	2,226	28.3	39.5
Road Traffic Accidents	<75	1,055	26.5	36.5	212	5.5	8.4	1,267	16.1	20.7
Accidental Falls	<75	214	5.0	6.1	60	1.4	2.2	274	3.2	3.8
Suicide & Undetermined Injury	<75	1,824	45.3	48.4	532	12.7	13.4	2,355	29.0	28.4
Infectious & Parasitic Diseases	<75	151	3.7	9.6	175	4.0	6.4	326	3.8	7.6
Alcohol-Related Diseases	<75	2,048	45.7	36.1	828	19.0	15.7	2,876	32.3	24.0
Drug-Related Diseases	<75	1,239	32.0	29.6	262	5.8	10.5	1,500	18.9	18.6
Smoking-Related Diseases	<75	6,116	132.1	137.1	2,325	49.7	53.0	8,441	90.7	87.6

Source: Office for National Statistics (ONS) Annual Deaths Extracts
Office for National Statistics (ONS) Mid-year Population Estimates
National Aggregate Data Provided by West Midlands Public Health Observatory (WMPHO)

Glossary & Annexes

Glossary

Confidence Intervals (CI) - Confidence intervals are used to indicate the uncertainty associated with an observed value. Strictly, they represent the range of values within which we can be confident that the true value lies. Usually 95% confidence intervals are used, meaning that there is a 95% chance that the true value lies in the interval range or that there is only a 1 in 20 chance that it falls outside this range. In general rates based on small numbers will have a wide confidence interval indicating the greater degree of chance variation that can occur with small numbers.

Life Expectancy - Life expectancy at birth is defined as the age to which the average new born would live if they were to experience the current average mortality rates.

Directly Standardised Rates (DSR) - A rate that allows comparisons between populations with differing population characteristics (age/sex). Annex 3 explains the method more fully.

Family Health Service Register (FHS Register) - A register of any Dudley resident who is registered with a doctor.

Finished Consultant Episodes (FCEs) - A period of care under one consultant within one hospital. Each treatment under a new consultant results in a new episode being recorded, see Annex 5 for more information.

Hospital Episode Rates - These are rates that are calculated using FCEs. They are not calculated using the number of admissions to hospital. Further details are included in Annex 5.

Index of Multiple Deprivation (IMD) - The IMD was published in 2004. It takes a range of variables and calculates an overall index. It can also be broken down to various domains looking at specific aspects of deprivation.

International Classification of Disease (ICD) - The International Classification of Disease coding system.

Neuroses - Neuroses includes severe phobias, severe anxiety disorders, obsessive-compulsive disorder, reaction to severe stress and adjustment disorders, dissociative disorders (where the integration of past memories and awareness of identity and immediate sensation is lost), somatoform disorders (in which physical symptoms appear to have no physical basis) and other rarer neurotic disorders and those of an unspecified nature.

NHS Plan - Published in July 2000, this is the governments 10 year plan for the modernisation of the NHS in England. It aims to provide a wider range of choice, introduce new services, reduce patient appointment waiting times and move health care closer to people's homes.

Our Healthier Nation (OHN) - The government White Paper outlining the strategy to improve the nations general health.

Output Area (OA) - The smallest area at which 2001 Census data are published.

Office for National Statistics (ONS) - Government agency responsible for the collection and dissemination of data within the UK. www.statistics.gov.uk

Primary Care Trust (PCTs) - NHS trust responsible for the planning and securing of health services and improving the health of the local population.

Standardised Mortality Ratio (SMR) - SMRs allow comparisons to be made between populations with different characteristics (age/sex). See Annex 3 for a more detailed explanation.

Super Output Area (SOA) - SOAs are a grouping of output areas for more robust analysis. The grouping aims to keep OAs with similar characteristics together

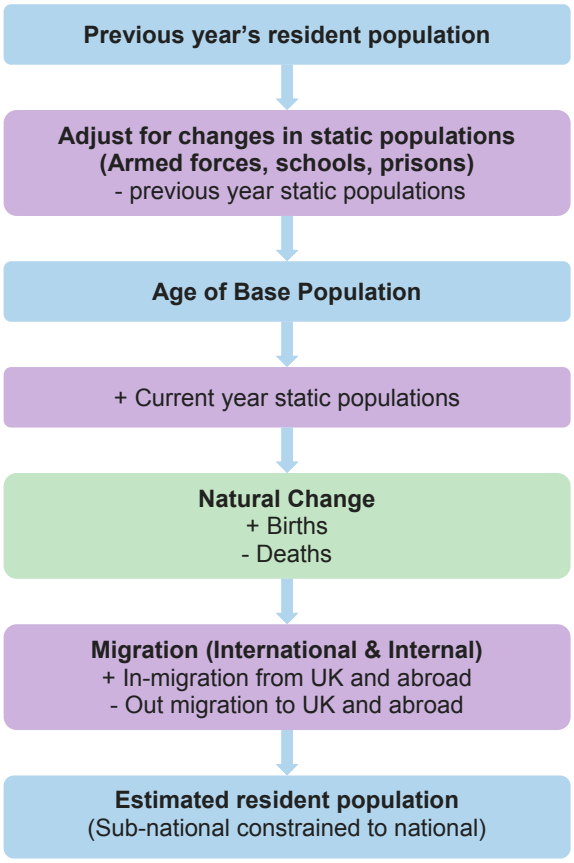
Years of Lost Life (YLL) - This is a measure of the impact of a disease on the life expectancy of a population. The YLL are the difference between the expected age at death (74.5 years) and the observed age at death, see Annex 3 for more details.

Source of Population Data

There are a number of different possible sources of population data that can be used. These are listed below with a description of the data and any limitations.

Census data - The Census is a survey that is carried out every 10 years. The last census was in 2001. By law every person in England and Wales should be counted in the Census. However, there are problems with certain groups being under-enumerated; for example certain ethnic groups. The Census gives us the most comprehensive population data. Information is recorded for a number of variables and this is disseminated at a number of levels; Nationally, Counties, Strategic Health Authorities, Local Authorities, PCTs, Wards and where disclosure rules enable output areas. Output areas usually cover approximately 125 households. One thing to consider when using Census data is its timeliness. Obviously if you are using data close to when the Census was carried out then this shouldn't be an issue, however if you are using it say 9 years after it was carried out then it is pertinent to question the validity of data that is almost 10 years old.

Mid-year population estimates - The latest series of mid-year population estimates (mid-2001 onwards) are based on the 2001 Census and relate to the usually resident population as at 30 June. The estimated resident population of an area includes all people who usually live there, whatever their nationality. Members of HM and US Armed Forces in England and Wales are included. HM Forces stationed outside England & Wales are not included. Students are taken to be resident at their term time address. A cohort component method is used in the calculation of the population estimates:



Annex 2

Changes to Mortality Data

From January 2001 information on cause of death in England and Wales has been coded using the International Classification of Disease version 10 (ICD 10). Prior to this ICD 9 was used and had been in place since 1979. Obviously since 1979 there have been many developments in medical knowledge and ICD 10 reflects these changes and developments. This change has an impact on mortality data by cause of death, such as a discontinuation of trends for certain causes of death.

The main differences between ICD 10 and ICD 9 are:

- 20 chapters instead of 18.
- Some movement of conditions between ICD chapters (for example conditions of blood). There are some new codes for conditions that have not been previously identified separately.
- Changes in codes assigned to terms in the index.
- Changes in inclusions and exclusions.
- Changes in linkages between categories.
- An expansion of categories – more detailed classification.
- A collapsing of some categories where distinctions are no longer relevant.

There have also been changes in how the underlying cause of death is selected and a modification of the rules that are used to select the underlying cause. The main reason for these changes is to reduce the number of deaths that are assigned to conditions like pneumonia and to increase the number of deaths that are assigned to chronic debilitating diseases. This will have a large impact on the mortality data as on average about 20% of deaths are assigned to pneumonia. These changes will mean that deaths will be coded to different causes of death in ICD 10 compared to ICD 9 and a result of this is that the data won't be easily comparable.

Due to the number of changes from ICD 9 to ICD 10 and the changes in the underlying cause of death selection there are issues around trend analysis and comparing deaths using the two different classifications. In order to enable trend analysis to be carried out and comparisons to be made comparability ratios can be used. These are used to 'transform' the deaths that have been coded using ICD 9 into the number of expected deaths that there would have been if ICD 10 were used.

It is only possible to apply the comparability ratios to mortality data from 1993 onwards as ONS have stated that they are only valid from this point due to an automated coding system that was introduced in 1993.

Further information about the changes from ICD 9 to ICD 10 can be found on the following website:

www.statistics.gov.uk/icd10mortality

Statistical Methods Used

Within the document there are a number of statistical methods that have been used. This Annex gives a brief explanation of why these methods are used and what they are.

Rates

When comparing different areas it can be misleading to look only at the number of events, as an area that has a larger population will most probably have a greater number of events. The following table demonstrates this:

Area	Population	Number of population with disease	Percentage of population with disease
A	350	**30**	8.57
B	500	**30**	6

In the above table both areas have the same number of patients with the disease, however if you look at the percentage of the population that has the disease, then you can see that this is higher in area A. If any conclusions had been based on the raw numbers then these would have been incorrect. A percentage is a crude rate, it expresses the frequency that something happens per 100 people. Rates express the frequency that an event has occurred for a given population, for example per 100, per 1,000, per 100,000. Confidence intervals can be calculated around rates to determine the statistical significance of any differences observed.

Standardised rates

Population groups vary in a number of ways, for example different age and sex structures. The different population compositions can influence rates. For example if an area has a higher proportion of females than another area then there is a possibility that this area will have a greater number of people with typically female diseases (e.g. breast cancer). If crude rates are used it would not take into account the differing population structures and again conclusions can be drawn that aren't valid. In order to account for these differences a technique called standardisation is used. When comparing standardised rates, if there is still a difference between areas, then this difference can't be attributed to the different underlying population characteristics that have been taken into account. It can be said that there is a 'real' difference. Confidence intervals can be calculated for standardised rates to determine whether observed differences are statistically significant, Rates are often standardised by age or sex to remove the effect of the population differences and enable valid comparisons to be made.

There are two types of standardisation that are used; direct and indirect.

Direct Standardisation

A directly standardised rate is the rate of events that would occur in a standard population, if that population were to experience the population characteristics of the population of interest. Generally the population that is used as the standard is the European Standard Population. If we were to calculate directly age standardised rates (DASRs) with Dudley as our population of interest, we would apply the mortality rates that occurred in Dudley, to the standard population. This would give us the expected number of deaths that would occur, if the standard population had the same age structure as Dudley. Direct standardisation is the preferred method to use when comparing a number of populations against each other using the same standard population.

Indirect Standardisation

Indirect Standardisation uses the opposite method to direct standardisation. The Standard Population rates are applied to the population of interest to give an expected number of events, these expected number of events are then compared to the observed number of events. This is generally Indirect Standardisation and is expressed as a ratio, the ratio is usually multiplied by 100. The standard popula-

tion will have a ratio of 100. Ratios greater than 100 in the populations of interest indicate that the number of events that occurred is higher than expected. Ratios below 100 indicate that the observed number of events was lower than expected.

Years of Life Lost

Another statistical measure or method that is used is Years of Life Lost (YLL). This is a measure of premature mortality. It is used to compare the importance of different causes of death within populations. Diseases that cause the greatest number of YLL, have the greatest impact on the population. YLL quantifies the impact that a disease has on a population.

YLL can be age standardised, as mentioned previously standardisation can eliminate the effects of population differences, enabling geographical comparisons to be made.

Small Numbers

When carrying out analysis on smaller geographical areas the number of events in question are likely to be much smaller than looking at the larger areas. Small numbers can be unstable, a small fluctuation in numbers can lead to a large fluctuation or change in the rate that has been calculated. There are a number of ways of adding stability to data. Years of data can be aggregated and trend data can be used. Commonly, Confidence Limits are calculated. The limits give the range in which we can be fairly certain that the true figure or rate will lie. Normally 95% limits are calculated, giving us a range that we can be 95% certain that the true value lies.

Life Expectancy

The calculation of life expectancy requires two sets of data, all cause mortality and population. Both need to be broken down by age and sex. The method used in this report uses data broken down by 5-year age bands, with under 1s and 0-4s being separated because the mortality patterns in these groups are very different. The calculation involves calculating the average proportion dying in each age group and the average age in that age group being applied to this proportion. For all but the last age group this average age is simply the mid-point of the group (e.g. for 60-64 year-olds it is 62.5—as this group includes people up to age 64 years and 364 days). The final age-group is open ended and the calculation of the average age in this group is based on an assumption of an exponential distribution of deaths.

Confidence intervals are then calculated around the life expectancy using a method developed by Chiang (Chiang C L (1978) Life Table and Mortality Analysis, World Health Organisation).

Our Healthier Nation

Our Healthier Nation is an action plan for tackling poor health. There are two goals of Our Healthier Nation:

- Improving the health of everyone and
- Narrowing the health gap, by improving the health of the worst off.

To reach these targets it was decided to tackle four major causes of preventable illness and premature death. These four areas are:

- Cancer;
- Circulatory Disease (coronary heart disease, stroke and related diseases);
- Accidental injury;
- Mental Illness.

These four disease areas account for approximately 75% of all deaths in England under the age of 75, therefore any change or reduction in these areas should have a significant impact on the health of the population.

Nationally targets have been set for the above areas, the aim of these targets is to concentrate action where it is needed, they focus strategy. The targets have also been applied locally. The targets are:

- Cancers - To reduce the death rate from all cancers amongst those aged under 75 by at least 20% by the year 2010;
- Circulatory Diseases - To reduce the death rate from heart disease, stroke and related conditions in those aged under 75 years by at least 40% by the year 2010;
- Accidents - To reduce the death rate from accidents amongst people of all ages by at least 20% by the year 2010 and to reduce the rate of serious injury by at least 10% by 2010;
- Mental Health - To reduce the suicide rate amongst people of all ages by at least 20% by the year 2010;

The targets are calculated using 1995-1997 as the baseline year, that is, the improvement is compared with 1995-1997 data. The exception to this is the serious injury from accidents target. This has a baseline year of 1995/1996 (single financial year). The reason that this target is based on a single year is that the numbers are relatively large and there are problems with the consistency of definitions for previous years, this inconstancy is an implication of the move to ICD 10 coding for Hospital Episode Statistics.

The table over the page shows the local targets for each of the indicators and also gives some detail about the definition of the target.

It has not been possible to calculate the targets for the PCTs as population data that are required or the calculations are not available at this level. Due to the organisational changes that have occurred within the NHS in recent years, some historical data are not available for the new boundaries (i.e. PCTs) and this therefore limits the trend analysis that can be done but also means that some targets are not yet available for the new organisations, see Annex 3.

Our Healthier Nation Targets

Target Areas	National Target	Local Target	Baseline Year	Definition of target
Cancer	Reduce death rate from all cancers in the under 75s by at least 20% by the year 2010	2010 target 113.4 per 100,000	1995-1997 141.8 per 100,000	ICD 10 C00-C97 ICD 9 140-208
Circulatory Diseases	Reduce death rate from circulatory diseases in the under 75s by at least 40% by 2010	2010 target 88.9 per 100,000	1995-1997 148.3 per 100,000	ICD 10 I00-I99 ICD 9 390-459
Accidents	Reduce deaths from accidents in people of all ages by at least 20% by 2010 Reduce serious injury from accidents (injury must require a stay of 4 or more days in hospital in people of all ages by at least 10% by 2010	2010 target for death rates 9.7 per 100,000	1995-1997 for death rates 12.1 per 100,000	ICD 10 V01-X59 ICD 9 E800-E928 excluding E870-E879
Suicide	Reduce deaths from intentional self harm and injury undetermined (excluding verdict pending) in people of all ages by at least 20% by 2010	2010 target 7.4 per 100,000	1995-1997 9.2 per 100,000	ICD 10 X60-X84, Y10-Y34 excluding Y33.9 ICD 9 E950-E959, E980-E989 excluding E988.8

Hospital Episode Data

Hospital Episode data or Hospital Episode Statistics (HES) is a database that is collated by the Department of Health. This database is a record of each patient that has been admitted to hospital to receive treatment.

These data are useful to monitor morbidity (illness) within populations. A measure that is used is Finished Consultant Episodes (FCEs). When a patient is admitted to hospital they are allocated to a consultant for care, once the patient leaves the care of that particular consultant, this is called an FCE. This can be said to be a - measure of patients receiving care for particular conditions.

There are a number of things that need to be considered about FCEs, there is an element of over-counting using FCEs. This is because a patient can be admitted to hospital and then allocated to a consultant, however they can then be assigned to or transferred to another consultant. This transfer would then be considered a new episode. There would be an FCE for the first consultant and once care is completed with the second consultant this would be another FCE. FCEs are not admissions to hospital. If admissions were considered in the above example there would only be one admission but two FCEs.

Another factor that needs to be taken into consideration when using these data are their accuracy or quality. There may be a variation in the completeness of hospital records, the accuracy of coding of procedures and general coding quality. This is an issue both in terms of comparing areas using HES but also when comparing trend data.

Information about HES is available on the Department of Health website:

http://www.doh.gov.uk/hes/

Annex 6

ICD Code Definitions

Cause	ICD 10 Codes	Equivalent ICD9 Codes
All Circulatory Diseases	I*	390 to 459
Hypertensive Disease	I10 to I15	401 to 405
CHD	I20 to I25	410 to 414
Acute Myocardial Infarction	I21 to I22	410
Heart Failure	I50	428
Stroke	I60 to I69	430 to 438
All Cancers	C*	140 to 208
Stomach Cancer	C16	151
Colorectal Cancer	C18 to C20	153, 154.0, 154.1
Lung Cancer	C33 to C34	162
Skin Cancer	C43	172
Breast Cancer	C50	174
Cervical Cancer	C53	180
Prostate Cancer	C61	185
Leukaemia	C91 to C95	204 to 208
All Respiratory Diseases	J00 to J99	460 to 519
Pneumonia	J12 to J18	480 to486
Lower Respiratory Infection	J20 to J22	466
Chronic Respiratory Conditions	J40 to J47, J67	490 to 496
COPD	J40 to J44	490 to 492, 496
Bronchitis and Emphysemia	J40 to J43	490 to 492
Asthma	J45 to J46	493
Bronchiectasis	J47	494
Chronic Respiratory Failure	J96.1	519
Diabetes Mellitus	E10 to E14	250
Epilepsy	G40 to G41	345
Schizophrenia	F20, F21, F23.2, F25	
Neuroses	F40 to F48	
Gastric, Duodenal and Peptic Ulcers	K25 to K27	531 to 533
Chronic Liver Disease and Cirrhosis	K70, K73 to K74	571
Chronic Renal Failure	N18	585
Accidents[a]	V01 to X59	E800 to E928 except E870 to E879
Road Traffic Accidents	V01 to V79	E810 to E819
Accidental Falls	W00 to W19	E880 to E886, E888
Suicides and Undetermined Injury	X60 to X84, Y10 to Y34 except Y33.9	950 to 959, 980 to 989, except 988.8
Infectious and Parasitic Diseases	A00 to B99	001 to 139

a The definition for hospital admissions for accidents is ICD10 S00 to T98 AND an external cause code V01 to X59 or Y40 to Y84

ICD Code Definitions

Cause	ICD 10 Codes	Equivalent ICD9 Codes
Chronic Conditions Usually Managed in Primary Care		
Includes		
• Asthma	J45 to J46	493
• Diabetes Mellitus	E10 to E14	250
Alcohol Related Diseases		
Includes		
• Mental and behavioural disorders due to alcohol	F10	291, 303, 305.0
• Alcoholic cardiomyopathy	I42.6	425.5
• Chronic liver disease and cirrhosis	K70, K73, K74	571
• Accidental poisoning by exposure to alcohol	X45	E860
Drug Related Diseases		
Includes		
• Mental and behavioural disorders due to use of drugs, solvents and other psychoactive substances	F11 to F16, F18 to F19,	292, 304, 305.2 to 305.9 E850 to E858
• Accidental poisoning due to drugs	X40 to X44	E950.0 to E950.5
• Intentional self-poisoning due to drugs	X60 to X64	E962.0
• Assault by drug substances	X85	E980.0 to E980.5
• Poisoning by drugs with undetermined intent	Y10 to Y14	
Smoking Related Diseases		
Includes proportions[a] of:		
• Upper Respiratory Tract Cancer (73%)	C14.0, C32	149.0, 161
• Oesophageal Cancer (71%)	C15	150
• Stomach Cancer (27%)	C16	151
• Pancreatic Cancer (29%)	C25	157
• Lung Cancer (87%)	C33 to C34	162
• Endometrial Cancer (-20%)[b]	C54	182
• Bladder Cancer(40%)	C67	188
• Kidney Cancer 28%)	C64	189.0
• Cancer of Unspecified Site (20%)	C80	199.1
• Myeloid Leukaemia (16%)	C92	205
• Parkinson's Disease (-45%)[b]	G20	332.0
• CHD (9%-58%)[c]	I20 to I25	410 to 414
• Myocardial Degeneration (20%)	I51.5	429.1
• Cerebrovascular Disease (2%-55%)[c]	I60 to I69	430 to 438
• Atherosclerosis (19%)	I70	440
• Aortic Aneurism (64%)	I71	441
• Pneumonia (19%-40%)[c]	J18	486
• COPD (86%)	J44	496
• Stomach/Duodenal Ulcer (56%)	K25 to K26	531 to 532

a From studies, it has been calculated that proportions of these diseases are attributable to smoking. The percentages shown are for both sexes, actual figures used in this report differ for males and females.

b There is a negative association between smoking and Endometrial Cancer and Parkinson's Disease, indicated by the negative percentage attribution.

c The proportion of deaths from CHD, cerebrovascular disease (stroke) and pneumonia attributable to smoking varies with age group as well as sex.

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