

The target population being chosen in the present study is the adult life stage in the 19 to 64 year age group. The population of Dudley as per 2018 statistics was estimated to be 320,626. There were 193,442 adults in Dudley.

The target population is important to the present study because early intervention for the adult's population is important for improving the social care needs of the local area of Dudley. It is important to focus on adult life chances as well as the quality of life along with social wellbeing. The drive for the creation of culture relevant to early intervention was highlighted by the Joint Strategic Needs Assessment, 2014. Different early interventions have been assessed in the local area for adults who are majorly affected by deprivation as 24.5% of Dudley's adults live in 20% of most deprived areas of England (Psn.org.uk, 2021), in comparison with 22.9 percent to that recorded in the fiscal year in 2007. The main theme for intervening early in life is to improve their quality of life by reducing deprivation and improving its rank as presently its ranked number 1 as the most deprived area as compared to 114th as recorded in previous IMD from 2015. Also, Dudley's local authorities have experienced a relative increase in deprivation in the last decade which largely affects the quality of life of adults. There is a need to improve the quality of life and social care in Dudley for adults to improve life-chances in later life via early interventions to improve quality of life in later aged stages, as supported by the life-course approach as linked with lives" and social ties to others (Rogers, 2021). The plan for assessing the deprivation is a major concern for the local authorities as well as the JSNA. The suspected health outcomes for this target population are that low levels of social care and deprivation result in poor lifestyle choices (Westmidlands-vru.org, 2021). These ultimately impact the overall quality of life. There is a need to introduce interventions and improvise strategies such as alcohol harm strategy for tackling the current as well as the future effect of alcohol consumption. The poor lifestyle choices due to low access to social care must be tracked via the implementation of Dudley upliftment service (Allaboutdudley.info, 2021) in association with social care service providers. These services for improving the lifestyle must be assured for large-scale provision in the most deprived territory. The healthcare outcomes for this include improved lifestyle with the improved provision of social care (Swigost-Kapocsi, 2017). This has relevant concerns for reducing the deprivation status of the adults which in turn reduces the inequalities in older life. Also, suicide prevention strategy will be implanted in adherence with reduced deprivation strategy should be implemented and be extended for high coverage of reducing self-harm. The health outcomes include improved case finding relevant to major lifestyle-related diseases to reduce incidence in the coming elderly generation and hence reduce derivation. It will help the high-end uptake of health checks.

The improved health checks in turn decrease the number of unnecessary hospital admissions.

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