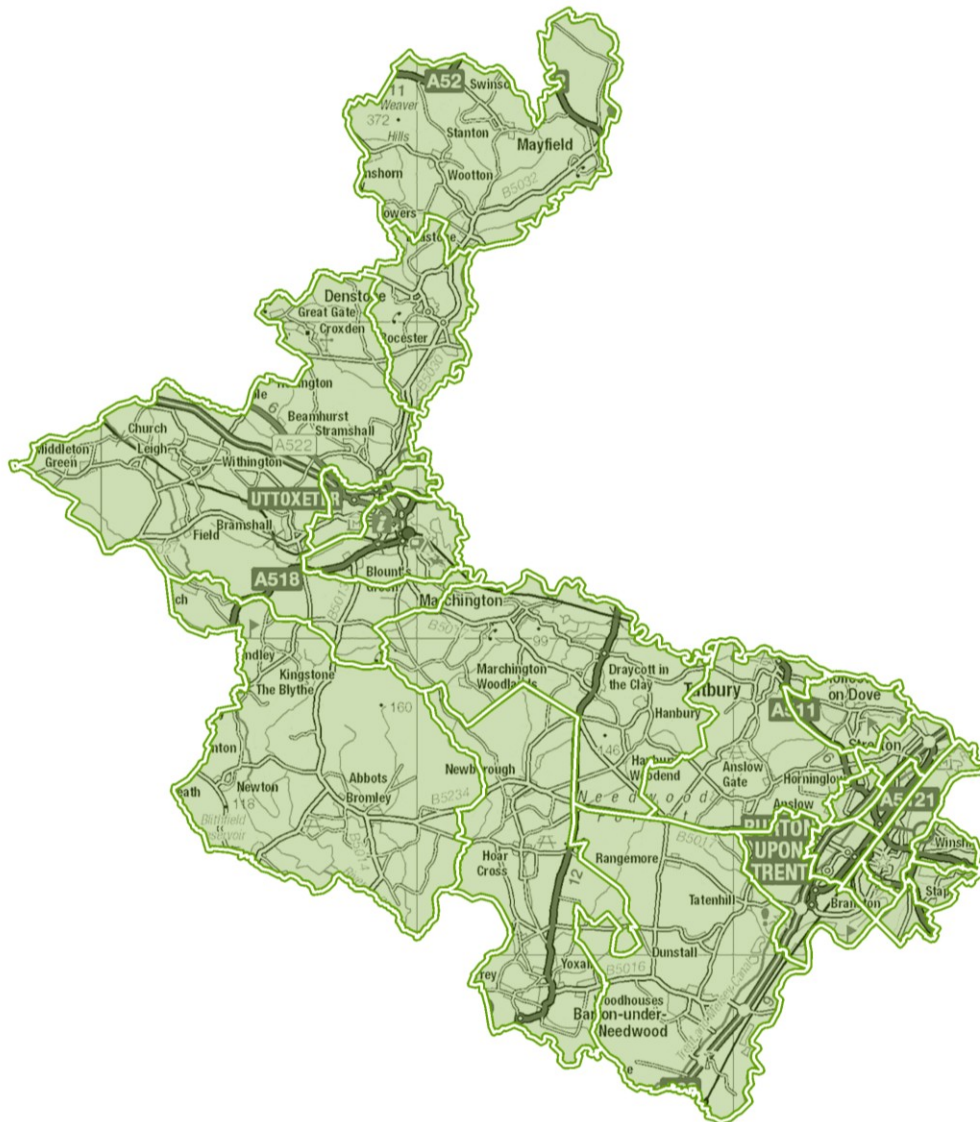# Health and wellbeing profile for East Staffordshire Borough Council

May 2012

**Population Health Intelligence
Staffordshire Public Health**

Contents

Summary

Introduction

There are a wide range of factors that affect the health of individuals. These factors include genetic, demographic (e.g. age, gender and ethnic group), socio-economic, environmental (e.g. income, employment, educational attainment, housing and crime) and lifestyle (e.g. smoking, diet and physical activity levels).

The health and wellbeing profile provides an overview of the key health and demographic issues facing the East Staffordshire Borough Council population by drawing upon numerous sources of data. The profile presents information for East Staffordshire and makes comparisons with Staffordshire, West Midlands and England where available.

East Staffordshire is comprised of 21 electoral wards and data is presented at ward level, where available, to highlight particular geographical areas experiencing health and social deprivation.

The purpose of the profile is to provide commissioners with an evidence base across a range of health and wellbeing issues.

Population characteristics

Population estimates

The 2010 mid-year population estimate for East Staffordshire was 109,400. Overall the population of East Staffordshire is slightly different to that of England. There are lower proportions of adults aged 20-39 years in East Staffordshire but larger proportions of children aged 15-19 and adults aged 40 and over.

At ward level the population age structure differs across the district. Anglesey, Eton Park, Heath, Horninglow, Shobnall and Winshill wards have high proportions of children under 16 compared with England. 13 of East Staffordshire's 21 wards have high proportions of older people aged 65 and over.

Population projections

Population projections for East Staffordshire from 2010 to 2035 suggest there will be an overall growth in population (22%). There will also be an increase in the number of children under 16 (14%) and people aged 16-64 (8%). The population is however projected to see significant growth in people aged 65 and over (81%) and in particular those aged 75 and over (109%).

Rural and urban area classification

Under the Rural and Urban Area Classification (2004), 25% of the East Staffordshire population is classified as rural, compared with 19% nationally and 24% of Staffordshire.

Ethnicity and migration

The proportion of people from minority ethnic groups within East Staffordshire is lower than the national average (8%, or 8,500 people, compared with 13%) but is higher than the Staffordshire average (5%).

There is no single comprehensive source of information on migrants in the UK. During 2010/11 the total number of national insurance number (NINo) registrations to adult overseas nationals in East Staffordshire was 1,030, an increase from 730 in the previous year. The number of individuals who were born outside the UK and have entered England and Wales for the first time and registered with a NHS GP (Flag 4 data) shows that there were 820 new registrations in 2009/10.

Geodemographic profile

Mosaic Public Sector 2009 allows populations to be segmented in terms of individual's demographics, lifestyles and behaviours. This allows interventions to be targeted more effectively in an appropriate style and language suited to the different lifestyle groups. Over 70% of the East Staffordshire population falls within one of five Mosaic groups: Terraced Melting Pot (14%), Industrial Heritage (14%), Professional Rewards (13%), Small Town Diversity (11%) and Suburban Mindsets (9%).

The wider determinants of health

Index of multiple deprivation

The Index of Multiple Deprivation 2010 (IMD 2010) is a way of identifying deprived areas. There are 12 lower super output areas (LSOAs) that fall within the most deprived national quintile in East Staffordshire, making up 19% of the total population. These areas fall within Eton Park, Stapenhill, Shobnall, Winshill, Horninglow, Anglesey and Burton.

Child wellbeing index

The child wellbeing index (CWI) 2009 provides useful information at a small area level for the wellbeing of children. In East Staffordshire, ten of the 70 LSOAs fall within the fifth most deprived areas in England making up 18% (about 3,800 children) of the child population (aged under 16). These areas fall within Anglesey, Eton Park, Shobnall, Stapenhill and Winshill.

Education

School readiness

Through the Early Years Foundation Stage Profile (EYFSP) children are assessed by a teacher in the year in which they turn five. In 2011, the proportion of children who had reached a good level of development was 61%, similar to the England average of 59% but slightly lower than the Staffordshire average of 65%.

GCSE attainment

Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. In 2011, 54% of East Staffordshire pupils achieved five or more A*-C grades at GCSE level including English and Maths. This is five percentage points lower than the England average and three percentage points lower than the Staffordshire average.   In addition there are inequalities within the district with achievement ranging from 33% in Churnet ward to 85% in Yoxall ward.

Young people not in education, employment or training (NEET)

Being NEET between the ages of 16-18 is seen as a major predictor of later unemployment, low income, depression, involvement in crime and poor physical and mental health. The proportion of young people who were NEET during the winter of 2010/11 for East Staffordshire was 5%. This is lower than the England average.

Children with special education needs

Some children need extra help during their time at school. The proportion of children identified with some type of special educational need in East Staffordshire is 20% (2,930 children). This is similar to the England average of 19%.

Income deprivation

Child poverty

Child poverty is defined as the proportion of children under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income. In 2009, one in five children in East Staffordshire were defined as living in poverty. This is lower than the national average but varies significantly across the district from 5% in Yoxall to 33% in Stapenhill.

Adults of working age

The Indices of Deprivation 2010 found that 13,300 people (12%) were deemed to be living in income deprived households.

The average household income for East Staffordshire was £37,800. However there are inequalities with average income ranging from £25,200 in Eton Park to £56,300 in Yoxall.

Older people living in poverty

Around 3,900 people (15%) aged 60 and over in East Staffordshire are deemed to be living in income deprived households. This is lower than the England average (18%).

Employment deprivation

Around 5,400 people (9%) in East Staffordshire live in employment deprivation as measured by the numbers of people who would like to work but are unable to do so because of unemployment, sickness or disability. This is slightly lower than the England average of 10%.

The number of Jobseeker's Allowance claimants in East Staffordshire has doubled between between 2008 (1,000 claimants) and 2012 (2,300 claimants). In addition there are inequalities across the district with high proportions of claimants in Eton Park, Burton, Anglesey, Shobnall and Stapenhill.

Housing

Households that are accepted as being homeless or are in temporary accommodation have greater health needs than the average population. During 2010/11, 50 households were accepted as being homeless in East Staffordshire.

Transport

In East Staffordshire, around 32,400 people (30%) are defined as living in the most disadvantaged quintile nationally for geographical access to services. These are located in Abbey, Bagots, Branston, Brizlincote, Crown, Eton Park, Heath, Horninglow, Needwood, Shobnall, Stretton, Tutbury and Outwoods, Weaver and Yoxall.

Crime

Crime can have a direct impact on health and wellbeing, for example, violence and injury to an individual which may also be alcohol or drug-related or feeling socially isolated due to the fear of crime.

During 2011/12 there were around 6,160 crimes recorded in East Staffordshire, equal to a rate of 56 crimes per 1,000 population. There were also 1,590 incidents of violent crime, which is similar to the national average.

Maternal and infant health

General fertility rates

Within East Staffordshire there are around 1,460 live births annually and fertility rates are higher than the national average. Fertility rates vary across East Staffordshire and seven wards (Anglesey, Shobnall, Burton, Eton Park, Stapenhill, Winshill and Horninglow) are higher than the England average.

Stillbirths, perinatal and infant mortality

Rates of stillbirths in East Staffordshire are higher than the England average whilst perinatal and infant mortality rates are similar to national levels. Trends in stillbirths have shown a steady increase since 2003-2005, whilst after peaking in 2006-2008 both perinatal mortality and infant mortality now appear to be falling in East Staffordshire. In East Staffordshire during the period 2008-2010 there were in total 33 stillbirths, 41 perinatal deaths and 23 infant deaths.

Access to maternity services

All pregnant women should have prompt access to maternity services. Data from the West Midlands Perinatal Institute found that during 2010/11 less women (81%) in East Staffordshire had access to a health and social risk assessment under 13 weeks gestation compared to 85% across the West Midlands and 88% across Staffordshire. Tutbury and Outwoods, Horninglow, Anglesey and Shobnall in particular have low proportions of women accessing services before 13 weeks gestation.

Smoking in pregnancy

More mothers in Staffordshire continue to smoke throughout their pregnancy than the England average (15% compared to 14% during 2010/11). Various estimates suggest that 11% to 16% of pregnant women in East Staffordshire continued to smoke throughout pregnancy. Ward data for smoking in pregnancy ranges from 7% in Shobnall to 20% in Horninglow ward.

Low birthweight babies

The proportion of babies born with a birthweight of less than 2,500 grams in East Staffordshire is 8%, which is similar to the England average of 7%.

Breastfeeding

Sources of information on breastfeeding vary, but all indicate low breastfeeding prevalence. A model by the Network of Public Health Observatories suggests that around 66% of mothers in East Staffordshire initiated breastfeeding in 2009/10 which is lower than the England average of 74%.

Data from the West Midlands Perinatal Institute also suggests that initiation rates in East Staffordshire are lower than the West Midlands average and highlights that Eton Park and Shobnall wards have particularly low levels of breastfeeding initiation rates (both below 50%).

Provisional data from child health information systems in Staffordshire has been used to provide some analysis at district level. This shows that East Staffordshire also has a particularly low breastfeeding prevalence rate at six to eight weeks.

Childhood immunisation

The immunisation of children is the single most cost-effective form of prevention and protects children against serious diseases. Uptake rates for the local authority show that overall levels are higher than the England average. However, for some diseases such as measles, mumps and rubella, coverage rates do not reach the 95% optimum protective target set by the World Health Organisation.

Dental health

Dental decay experience is measured by recording the number of decayed teeth, missing teeth and filled teeth (dmft) for each child. During 2007/08 the overall experience of tooth decay for five year olds across East Staffordshire was better than the national average at 24% compared to 31%. The percentage of children aged 12 with at least one dmft was measured in 2008/09 and was also 24% compared to an England average of 33%.

Mortality and ill-health

Life expectancy and healthy life expectancy

Overall life expectancy at birth has increased both nationally and locally. However, life expectancy for men in East Staffordshire continues to be lower than the England average by 14 months. Life expectancy for women is similar to the England average.

The gap between the ward with the lowest life expectancy and the ward with the highest life expectancy is ten years for men and eight years for women. Seven of East Staffordshire's 21 wards have low life expectancy compared to England. Women in Anglesey, Churnet, Horninglow and Winshill wards have shorter life expectancy than the England average.

Healthy life expectancy is estimated to be 69 years for men and 73 years for women in East Staffordshire. For men this is similar to the England average (also 69 years) whilst women spend more time in good health compared to the national average of 72 years.

Main causes of death

Around 1,020 East Staffordshire residents die every year, with the most common causes of death being circulatory diseases (330 deaths, 33%), cancers (270 deaths, 27%) and respiratory disease (130 deaths, 13%).

Trends for the local authority show that overall mortality is reducing for both men and women. All-age all-cause mortality (AAACM) rates in East Staffordshire are similar to the England average. However, seven wards within East Staffordshire have a higher AAACM rate than England.

Premature mortality

The rates of people dying before the age of 75 (which are considered to be preventable) continue to decline in East Staffordshire. Rates have reduced by 29% between 1995-1997 and 2008-2010, compared with 30% for Staffordshire and 29% for England. Also over this time premature mortality rates from cardiovascular disease have been halved (56%) whilst cancer rates have reduced by over a quarter (28%). This compares with 52% and 22% respectively for England.

These reductions can be attributed to a range of factors including the success of prevention initiatives and campaigns that run both locally and nationally, for example, smoking cessation services and cancer screening programmes, as well as better treatments, quicker access to treatments, more effective partnership working and a population more informed about health issues.

Data from 2008-2010 shows that East Staffordshire has similar premature mortality rates from all causes, cardiovascular disease and cancer to the England average. However there are inequalities within East Staffordshire with Eton Park, Horninglow, Stapenhill, Shobnall and Winshill wards having high levels of overall premature mortality. Shobnall, Stapenhill, Eton Park and Horninglow have high levels of premature mortality from cardiovascular disease. Horninglow also has a high premature cancer mortality rate.

Health deprivation and disability

The health deprivation and disability domain from the Indices of Deprivation 2010 identifies areas where there are higher rates of people dying prematurely or where their quality of life has been impaired by poor health or disability. Around 13,000 people (12%) in East Staffordshire live in the 20% most deprived areas in England for health deprivation and disability. A further 23,800 people (22%) live in the second most deprived quintile.

Cancer

The number of newly diagnosed cases (incidence) of cancers both locally and nationally continues to increase. In East Staffordshire there has been a 12% increase in new diagnoses between 1995-1997 (annual average of 430 cases) and 2007-2009 (annual average of 490 cases). Incidence rates of cancer for East Staffordshire are lower than the England average. The most common types of cancer in East Staffordshire between 2007 and 2009 were breast cancer (80 cases annually), colorectal cancer (80 cases annually) and prostate cancer (60 cases annually).

Breast and cervical screening coverage rates are higher than the England average, at 80%, but slightly lower than some of the other districts in Staffordshire. Information on the national coverage for the bowel screening programme is not currently available. However, comparison with other districts shows that coverage in East Staffordshire is lower than the Staffordshire average, at 56% compared to 60%.

Mental health

The estimated numbers of people suffering mental ill-health in the community is between 22,900 and 27,300 people. Levels of severe mental illness (defined as people with schizophrenia, bipolar disorder and other psychoses) recorded on GP disease registers in East Staffordshire are significantly lower than England with approximately 680 people on a register in 2010/11.

In East Staffordshire, there are approximately 10 suicides per year accounting for about 1% of deaths, with rates being similar to the England average. However during 2010/11 there were around 270 self-harm admissions in East Staffordshire with rates being higher than the England average. Self-harm is often an expression of personal distress and there is a significant and persistent risk of future suicide following an episode of self-harm.

Accidents

Accidental deaths account for over 25 deaths per year in East Staffordshire with rates being similar to England. Common causes of accidental mortality are falls (41%) and road traffic accidents (23%). Death rates from accidental falls are also similar to the England average.

During 2010/11 there were over 1,470 admissions to hospital in East Staffordshire due to unintentional injuries (accidents). Hospital admission rates from unintentional injuries in East Staffordshire are higher than the national average.

Around 460 people aged 65 and over in East Staffordshire were admitted to hospital for a fall-related injury during 2010/11, with rates being higher than the England average.

National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care (resulting in social care costs). During 2010/11, there were 130 hip fracture admissions to people aged 65 and over in East Staffordshire with rates being similar to the England average.

Long-term conditions

Children with disabilities or limiting long-term conditions

There is no dataset that provides us with a complete picture of the number of children who are disabled or who have a limiting long-term illness. Figures from a variety of sources estimate that the numbers of children with a disability in East Staffordshire range between 700 and 4,800.

Adults with long-term conditions

The 2001 Census found that the proportion of people with a limiting long-term illness in East Staffordshire was lower than the England average. However levels in Burton, Stapenhill, Horninglow and Shobnall wards are higher than England.

The numbers of patients recorded on general practice disease registers when compared with the expected numbers of people on registers with specific conditions, shows that there are potentially large numbers of undiagnosed or unrecorded cases, especially for chronic kidney disease, dementia, heart failure, hypertension, learning disabilities and obesity. Higher numbers of cases on the registers than would be expected are recorded for depression, hypothyroidism and severe mental health.

Analysis of 2008 data from a sample of practices revealed that at least one in four people have a registered disease with one tenth of the population having more than one condition. Of all patients with a specified registered disease, around one third are also obese, around 14% are smokers and 19% are ex-smokers.

With an ageing population, East Staffordshire is also predicted to see an increase in numbers of long-term conditions. This will place an increased burden on future health and social care resources.

Excess winter deaths

There is some evidence to suggest that some deaths that occur during the winter months are preventable. National research shows that winter deaths increase more in England compared to other European countries with colder climates. This suggests that it is more than just lower temperatures that are responsible for the excess mortality. The excess winter deaths index (EWD index) indicates whether there are higher than expected deaths in the winter compared to the rest of the year.

There are on average 50 excess winter deaths annually in East Staffordshire, mainly amongst older people. During 2005-2010 the EWD index in East Staffordshire was lower than England.

Adult immunisation

The proportion of people aged 65 and over who have been vaccinated against flu in 2010/11 was 70%, which is lower than the England average of 73%.   Lower proportions of other people eligible for the vaccine actually received it, i.e. those aged under 65 at risk, carers and pregnant women. Pneumococcal vaccine coverage in East Staffordshire is 72%, which is higher than the Staffordshire average of 66%.

Living well

Smoking

It is estimated that there are approximately 310 children aged 11-15 who are considered regular smokers.

The latest data from the Integrated Household Survey suggest that the smoking prevalence in East Staffordshire was 19% - meaning 16,500 people aged 18 and over smoke. Estimates suggest that this percentage varies across areas of East Staffordshire from 13% to 30% and that the percentage of the routine and manual groups that smoke is about 33%, thus contributing to increases in health inequalities.

Smoking-attributable hospital admissions in East Staffordshire were higher than the England average, whilst smoking-attributable deaths in adults aged 35 and over were similar to the national average.

In 2010/11, 1,730 people accessed stop smoking services in East Staffordshire and 660 people quit at four weeks. The numbers of people accessing stop smoking services in East Staffordshire per 1,000 smokers is similar to the England average. However the number of people who quit at four weeks is lower than the England average.

Alcohol and substance misuse

A local Staffordshire survey found 11% of children aged 11-15 across Staffordshire reported drinking alcohol in the week prior to interview, similar to the national average of 13%. The survey also found that drinking alcohol was more prevalent with boys and older children.

Over a three year period (2007/08-2009/10), there were around 40 alcohol-related hospital admissions in children and young people under 18 in East Staffordshire, with rates being similar to the England average.

Estimates suggest approximately 16,800 (19%) adults in East Staffordshire consume alcohol at 'increasing risk' and a further 4,600 (5%) at 'higher risk'. Estimates also suggest that 18,000 (20%) adults are binge drinkers. Across different areas of East Staffordshire the proportion of binge drinkers ranges from 16% to 22%.

Alcohol-specific and attributable mortality rates in East Staffordshire are similar to the England average. Alcohol-related admissions are increasing and during 2010/11 there were 2,400 alcohol-related admissions in East Staffordshire. Rates remain lower than England but are higher than Staffordshire.

Overall alcohol-related crime levels in East Staffordshire are lower than England.

Nationally, the prevalence of drug use amongst 11 to 15 year olds has fallen from 29% in 2001 to 18% in 2010. Applying national estimates to the East Staffordshire population it is estimated that approximately 420 children aged 11-15 used drugs in the last month, 810 used drugs in the last year and 1,160 had used drugs at some time.

According to Home Office figures it is estimated that there are around 650 problem drug users, defined as opiate and/or crack cocaine users aged 15-64 in East Staffordshire. The percentage of these estimated to be in effective treatment (59%) is similar to the England average.

Obesity, healthy eating and physical activity

Using national estimates, about 2,900 children aged two to 15 are obese with a further 2,200 children thought to be overweight.

Using figures from the National Child Measurement Programme (NCMP), levels of obesity in East Staffordshire for children in Reception appear to be reducing (8% in 2010/11). However, levels of obesity for children in Year 6 are much higher (20%) and have increased over the last two years but remain similar to national levels. Rates of children who were overweight or obese were higher in Yoxall for Reception and in Anglesey, Burton, Heath and Shobnall wards for Year 6 children.

Estimates suggest that 26% of adults in East Staffordshire are obese, which is similar to the England average of 24%. The prevalence of obesity across East Staffordshire varies with the percentage estimated to range between 22% and 30%.

In East Staffordshire consumption of five or more portions of fruit and vegetables by adults is estimated as 27%, similar to the England average (29%). There are also inequalities in consumption in East Staffordshire with estimates for areas ranging from 20% to 34%.

In East Staffordshire the proportion of children who spend at least three hours of high quality PE and school sport within and beyond the curriculum per week is over 60%, which is higher than the County and national average.

Adult activity levels are significantly lower. Data from the Active People Survey (2009/10) shows that only 12% of men and women in East Staffordshire achieved the recommended levels of physical activity, which although similar to the national average is still too low. In addition 51% of men and women were inactive.

Teenage pregnancy

Between 1998 and 2010 under 18 conception rates across East Staffordshire have reduced by 21% compared with 14% across Staffordshire and 24% across England. Overall rates for East Staffordshire are similar to England. However Burton, Eton Park, Heath and Stapenhill have higher rates than the national average.

Sexually transmitted infections (STIs)

The number of diagnoses of new STIs is falling in Staffordshire compared to a rise nationally. It is not known if this reflects less disease in the community or if it is due to issues with data, access to services or case finding. The overall rate for acute STIs in East Staffordshire is similar to England.

Chlamydia infection remains the most commonly diagnosed STI both in England and in local Staffordshire clinics. Young people under 25 make up almost three quarters of all chlamydia cases. Data from 2010/11 shows that 25% of young people in East Staffordshire were screened for chlamydia, similar to the England average but falling short of the 35% target. Of the 3,180 young people living in East Staffordshire who were screened approximately 180 (6%) had a positive result.

Summary of key health and wellbeing indicators for East Staffordshire

	Abbey	Anglesey	Bagots	Branston	Brizlincote	Burton	Churnet	Crown	Eton Park	Heath	Horninglow	Needwood	Rolleston on Dove	Shobnall	Stapenhill	Stretton	Town	Tutbury and Outwoods	Weaver	Winshill	Yoxall	East Staffordshire	Staffordshire	England / * Great Britain / ** West Midlands	Year
Mid-year population estimate	2,800	6,400	2,600	7,300	5,300	3,000	2,700	3,300	5,800	5,900	8,200	5,500	3,200	6,700	7,800	7,600	6,800	5,700	2,000	8,100	2,700	109,400	831,300	52,234,000	2010
Percentage of population aged under 16	17%	25%	18%	19%	18%	17%	19%	12%	24%	20%	21%	17%	17%	24%	18%	18%	19%	18%	16%	21%	17%	19%	18%	19%	2010
Percentage of population aged 65 or over	20%	10%	23%	15%	17%	13%	19%	19%	11%	17%	18%	22%	26%	13%	18%	20%	16%	21%	21%	18%	24%	17%	19%	16%	2010
Percentage of population that are from a minority ethnic group	0.6%	28.2%	1.7%	2.4%	2.2%	12.2%	3.2%	0.6%	15.3%	1.1%	5.9%	2.1%	1.2%	25.4%	2.9%	2.0%	1.2%	1.7%	2.5%	3.2%	1.0%	6.1%	2.4%	9.1%	2001
Index of Multiple Deprivation 2010 (IMD 2010) weighted score	12.2	33.6	9.2	9.9	7.5	37.2	13.8	12.3	36.8	16.2	24.4	7.4	7.3	34.7	33.2	9.2	12.3	11.5	12.4	24.1	7.7	19.1	16.4	n/a	2010
Percentage of population in the most deprived IMD 2010 national quintile	0%	54%	0%	0%	0%	100%	0%	0%	76%	0%	24%	0%	0%	50%	38%	0%	0%	0%	0%	20%	0%	19%	9%	20%	2010
Percentage of population in the second most deprived IMD 2010 national quintile	0%	46%	0%	0%	0%	0%	0%	0%	0%	52%	40%	0%	0%	24%	62%	0%	0%	25%	0%	38%	0%	19%	17%	20%	2010
Percentage of children under 16 in the most deprived Child Wellbeing Index 2009 national quintile	0%	54%	0%	0%	0%	0%	0%	0%	51%	0%	0%	0%	0%	55%	43%	0%	0%	0%	0%	43%	0%	18%	7%	20%	2010
Percentage of children under 16 in the second most deprived Child Wellbeing Index 2009 national quintile	0%	46%	0%	0%	100%	59%	0%	0%	25%	28%	70%	0%	0%	23%	20%	0%	0%	27%	0%	20%	0%	22%	15%	20%	2010
GCSE achievement of at least five A*-C grades including English and Mathematics	65%	43%	60%	59%	63%	S	33%	65%	41%	42%	51%	75%	67%	41%	49%	76%	57%	64%	67%	34%	85%	54%	56%	59%	2011
Child poverty	5%	31%	6%	12%	7%	29%	17%	9%	30%	16%	23%	7%	6%	31%	33%	6%	9%	11%	5%	28%	5%	19%	16%	22%	2009
Average household income *	£55,700	£25,700	£54,000	£41,600	£46,700	£33,100	£41,500	£51,000	£25,200	£30,600	£27,700	£50,500	£49,100	£26,100	£27,300	£42,800	£44,700	£43,100	£40,500	£35,300	£56,300	£37,800	£39,000	£38,600*	2010
Claimant count rate (as a proxy for unemployment)	0.9%	6.5%	0.8%	1.9%	1.3%	7.2%	1.9%	0.5%	7.3%	2.4%	4.4%	1.4%	1.9%	6.0%	5.0%	1.5%	2.0%	1.9%	1.6%	4.3%	1.4%	3.3%	3.0%	4.0%	March 2012
General fertility rate per 1,000 women aged 15-44	48.3	114.3	61.6	55.8	57.1	99.1	58.0	53.0	95.3	62.9	72.2	52.5	63.7	101.4	77.7	59.6	62.2	60.1	59.2	73.6	36.0	72.2	58.5	64.4	2008-2010
Percentage of births with a low birthweight (under 2,500 grams)	S	9.3%	6.5%	7.8%	8.4%	9.2%	8.4%	S	8.9%	6.2%	7.4%	8.3%	6.8%	9.0%	10.1%	7.9%	5.8%	4.7%	S	8.0%	S	7.9%	7.5%	7.4%	2008-2010
Access to maternity services under 13 weeks **	89%	76%	68%	79%	82%	82%	87%	100%	79%	88%	74%	97%	93%	77%	88%	91%	86%	63%	n/a	85%	90%	81%	88%	85%**	2010/11
Smoking throughout pregnancy **	S	12.1%	S	8.1%	S	13.0%	S	S	13.7%	S	19.6%	S	S	6.8%	14.3%	S	9.1%	S	n/a	16.7%	S	10.6%	13.6%	13.5%**	2010/11
Breastfeeding initiation rate **	70%	54%	57%	56%	44%	66%	57%	91%	41%	44%	54%	64%	50%	44%	51%	53%	70%	65%	n/a	51%	S	53%	60%	61%**	2010/11
Life expectancy for men (years)	78.7	74.0	75.0	77.5	79.7	75.9	76.6	78.0	75.1	77.4	75.4	83.6	81.6	74.4	74.1	78.7	75.0	79.1	80.7	75.1	78.7	77.1	78.2	78.3	2006-2010
Life expectancy for women (years)	82.3	79.9	83.7	83.9	82.9	81.7	80.3	84.1	79.3	82.3	79.5	86.5	87.4	81.7	82.1	83.7	82.7	81.7	84.7	80.6	80.9	82.0	82.1	82.3	2006-2010
All-age all-cause mortality rate per 100,000 population	535	765	592	529	539	620	724	531	703	601	716	400	387	680	674	520	607	580	454	757	558	597	575	566	2006-2010
Premature mortality rate from all causes per 100,000 population under 75	230	343	255	249	219	362	284	245	467	323	406	203	172	367	406	253	314	239	216	344	272	298	279	287	2006-2010
Premature mortality rate from circulatory diseases per 100,000 population under 75	52	79	53	45	61	72	78	69	123	96	104	51	30	141	126	47	70	36	78	93	53	75	67	71	2006-2010
Premature mortality rate from cancers per 100,000 population under 75	64	88	112	108	93	104	89	95	114	113	170	82	72	106	125	111	119	105	81	122	117	108	109	112	2006-2010
Percentage of population with a self-reported limiting long-term illness	14.0%	17.9%	14.3%	12.9%	13.3%	22.4%	17.0%	14.7%	17.2%	16.1%	19.8%	15.0%	16.2%	18.6%	20.4%	13.3%	13.7%	16.1%	16.8%	17.8%	13.9%	17.1%	18.3%	17.9%	2001
Teenage pregnancy rate per 1,000 girls aged 15-17	S	35.7	S	30.9	29.5	122.8	22.0	S	85.8	80.3	42.3	15.9	S	50.8	70.9	31.8	43.0	21.8	S	59.9	41.4	42.7	40.6	40.9	2007-2009
Childhood overweight and obesity (Reception)	17.0%	22.0%	21.5%	14.4%	20.6%	18.8%	23.6%	29.8%	21.6%	23.9%	24.8%	22.2%	25.0%	24.1%	24.2%	19.4%	23.3%	17.5%	14.3%	23.9%	26.5%	21.9%	23.5%	22.8%	2006/07 to 2010/11
Childhood overweight and obesity (Year 6)	27.3%	40.8%	23.1%	31.6%	30.2%	44.3%	31.1%	23.9%	29.7%	41.4%	31.9%	29.1%	30.4%	40.7%	35.8%	28.2%	30.1%	29.1%	29.2%	30.9%	28.4%	32.4%	32.8%	32.8%	2006/07 to 2010/11

Key: * compared with Great Britain; ** compared with West Midlands, S - suppressed; n/a - data not available

Statistically better than England	Statistically similar to England	Statistically worse than England

Compiled by Population Health Intelligence, Staffordshire Public Health

1 Introduction

A wide range of factors affect the health that an individual experiences. These include genetic, demographic (e.g. age, gender and ethnic group), socio-economic and environmental factors (e.g. income, employment, educational attainment, housing and crime) and lifestyle factors (e.g. smoking, diet and physical activity levels).

The health and wellbeing profile provides an overview of the key health and demographic issues facing the East Staffordshire Borough Council population by drawing upon numerous sources of data.

The profile presents information for East Staffordshire and makes comparisons with Staffordshire, West Midlands and England where available.

East Staffordshire is comprised of 21 electoral wards (Figure 1) and data is presented at ward level, where available, to highlight particular geographical areas experiencing health and social deprivation. Indicators at local authority or ward level are not always routinely available and in some cases limitations to the availability of small area data have meant that the indicators are only presented at local authority or County level.

The purpose of the profile is to provide commissioners with an evidence base across a range of health and wellbeing issues.

All the information used in the profile is the latest available at the time of writing. Updated figures for a range of key datasets will be made available via Staffordshire Local Intelligence System.

Further information and other resources are available at:

- Staffordshire Public Health at www.staffordshire.gov.uk/health/PublicHealth

- Staffordshire Observatory at www.staffordshireobservatory.org.uk/IAS/

Figure 1: Electoral wards in East Staffordshire
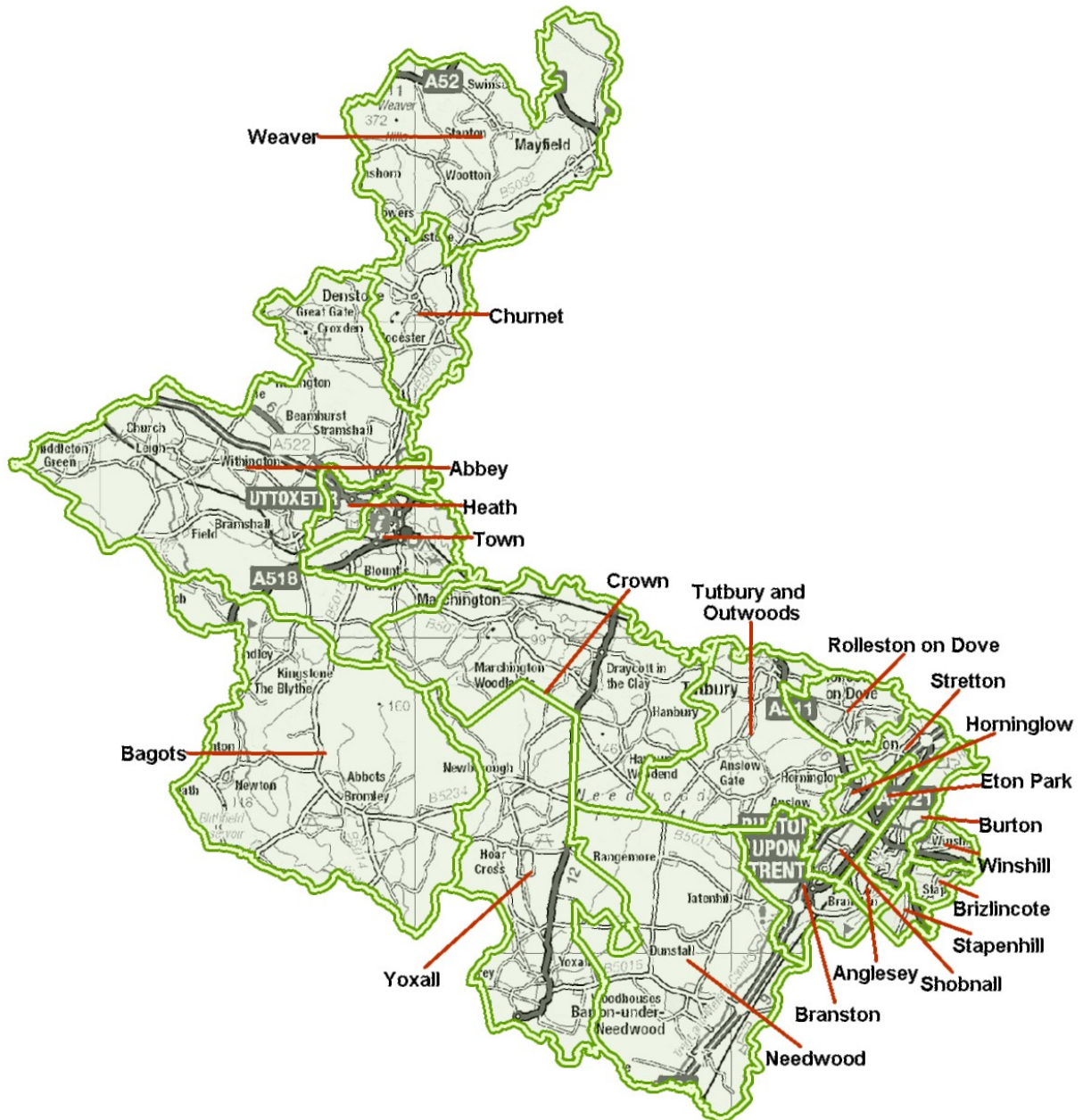
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2 Glossary of terms

Definitions of some terminology that is used within the profile are described below.

- **Age-standardised rates**
  These are used in sections of the profile to allow direct and fair comparisons of disease or mortality to be made between different areas or groups which may have very different age structures. The method adjusts the crude rate by eliminating the effect of differences in age structure. Throughout the profile, age-specific rates of the local population are applied to a standard population. The overall rate provides a summary rate of what would occur in the local population if it had the standard population's age structure.

- **Confidence intervals and statistical significance**
  The profile uses upper and lower limits to indicate the uncertainty or variability of the value and also for comparison purposes. The upper and lower limits have been calculated to a 95% confidence level. Therefore when a value has lower and upper limits, we can be 95% sure that the value will be within this range.

  Throughout this profile, confidence intervals are used to compare different values so it is possible to compare a local value to a national one to see if it is statistically similar, lower or higher. These confidence intervals are displayed on some of the charts at the end of the bar to illustrate the possible variability of the value. If the confidence interval overlaps the England (or other comparator) interval, the difference is not statistically significant. If it does not overlap the difference is statistically significant.

- **Emergency hospital admissions**
  An unplanned hospital admission is known as an emergency admission of a patient to hospital.

- **Incidence**
  Incidence quantifies the number of new cases of disease that develop in a population of individuals at risk during a specified time period.

- **Prevalence**
  Prevalence is a snapshot of the proportion of individuals in a population who have a disease or condition at a particular point in time.

- **Synthetic estimates**
  Synthetic estimates give the expected prevalence of a behaviour for an area (e.g. local authority), given the demographic and social characteristics of that area based on national prevalence data from national surveys (e.g. Health Survey for England).

3 Population characteristics

3.1 Population estimates

The 2010 mid-year population estimate for East Staffordshire was 109,400.

The age structure of a population gives us an indication of potential utilisation of health services, for example people aged over 50 are more likely to have long-term conditions and are consequently greater users of health services and resources.

The population age structure of East Staffordshire is shown in Figure 2. There are lower proportions of adults aged 20-39 years in East Staffordshire but larger proportions of children aged 15-19 and adults aged 40 and over.

Figure 2: Population age structure of East Staffordshire, 2010
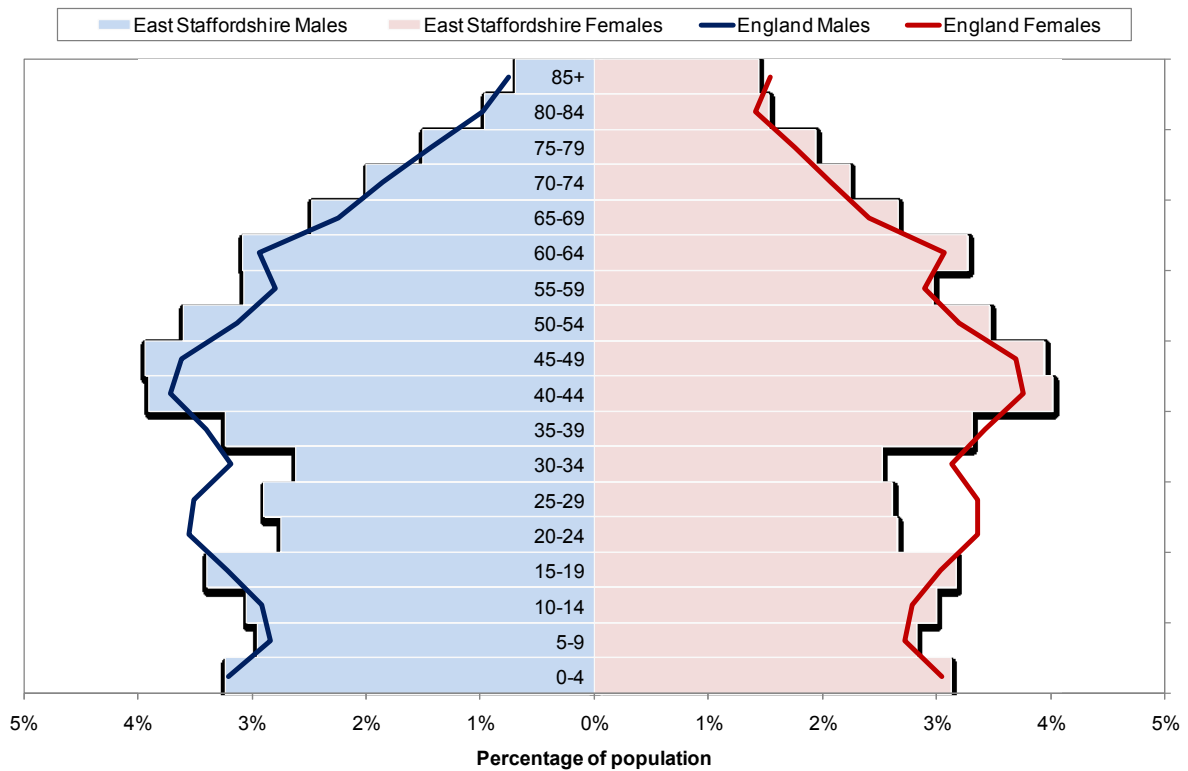
Source: 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Table 1 shows the population structure for electoral wards in East Staffordshire. Anglesey, Eton Park, Heath, Horninglow, Shobnall and Winshill wards have high proportions of children under 16 compared with England. 13 of East Staffordshire's 21 wards have high proportions of older people aged 65 and over.

Table 1: Population structure by ward and age group, 2010

	0-4	5-15	16-24	25-49	50-64	65-74	75+	All ages
Abbey	100 (3.8%)	400 (13.4%)	300 (9.3%)	800 (30.0%)	700 (23.7%)	300 (10.7%)	300 (9.1%)	2,800 (100.0%)
Anglesey	700 (11.1%)	900 (13.9%)	800 (12.7%)	2,500 (39.1%)	800 (13.0%)	300 (5.2%)	300 (5.0%)	6,400 (100.0%)
Bagots	100 (4.5%)	300 (13.1%)	200 (7.9%)	700 (28.0%)	600 (23.9%)	400 (15.8%)	200 (6.8%)	2,600 (100.0%)
Branston	400 (5.7%)	1,000 (13.4%)	800 (11.1%)	2,600 (36.1%)	1,400 (18.9%)	600 (8.4%)	500 (6.4%)	7,300 (100.0%)
Brizlincote	300 (5.0%)	700 (12.9%)	500 (10.2%)	1,800 (33.6%)	1,100 (21.4%)	500 (9.7%)	400 (7.3%)	5,300 (100.0%)
Burton	200 (7.2%)	300 (10.2%)	400 (13.0%)	1,200 (41.9%)	400 (14.9%)	200 (6.9%)	200 (6.0%)	3,000 (100.0%)
Churnet	200 (5.6%)	400 (13.8%)	300 (10.7%)	900 (32.1%)	500 (19.2%)	300 (11.6%)	200 (7.0%)	2,700 (100.0%)
Crown	100 (3.4%)	300 (8.4%)	300 (9.1%)	1,200 (37.6%)	700 (22.1%)	300 (10.3%)	300 (9.1%)	3,300 (100.0%)
Eton Park	500 (9.2%)	900 (15.0%)	800 (13.4%)	2,100 (36.6%)	900 (15.0%)	300 (5.5%)	300 (5.2%)	5,800 (100.0%)
Heath	400 (6.6%)	800 (13.6%)	700 (11.6%)	1,800 (31.0%)	1,200 (20.0%)	500 (9.2%)	500 (8.0%)	5,900 (100.0%)
Horninglow	600 (7.4%)	1,100 (13.9%)	1,000 (11.6%)	2,600 (31.8%)	1,400 (17.2%)	700 (8.9%)	800 (9.3%)	8,200 (100.0%)
Needwood	200 (3.8%)	700 (13.0%)	500 (8.4%)	1,600 (28.5%)	1,300 (24.4%)	600 (11.8%)	600 (10.1%)	5,500 (100.0%)
Rolleston on Dove	200 (5.0%)	400 (11.6%)	200 (6.9%)	900 (27.3%)	700 (22.8%)	500 (15.0%)	400 (11.4%)	3,200 (100.0%)
Shobnall	700 (10.1%)	1,000 (14.2%)	800 (11.9%)	2,400 (35.1%)	1,000 (15.4%)	400 (6.3%)	500 (6.9%)	6,700 (100.0%)
Stapenhill	500 (6.1%)	900 (12.1%)	900 (12.0%)	2,500 (31.8%)	1,600 (20.1%)	700 (9.2%)	700 (8.7%)	7,800 (100.0%)
Stretton	400 (5.3%)	1,000 (12.8%)	800 (9.9%)	2,400 (31.1%)	1,600 (21.3%)	800 (10.7%)	700 (8.9%)	7,600 (100.0%)
Town	400 (5.5%)	1,000 (14.0%)	700 (10.6%)	2,400 (35.0%)	1,300 (18.7%)	500 (7.9%)	600 (8.3%)	6,800 (100.0%)
Tutbury and Outwoods	300 (5.1%)	700 (12.7%)	500 (8.4%)	1,700 (30.4%)	1,300 (22.2%)	700 (11.6%)	500 (9.6%)	5,700 (100.0%)
Weaver	100 (4.2%)	200 (11.6%)	200 (9.0%)	600 (28.3%)	500 (26.2%)	200 (11.8%)	200 (8.8%)	2,000 (100.0%)
Winshill	600 (6.8%)	1,100 (13.8%)	900 (10.8%)	2,600 (31.7%)	1,500 (19.1%)	800 (9.4%)	700 (8.3%)	8,100 (100.0%)
Yoxall	100 (3.9%)	300 (13.0%)	200 (7.2%)	800 (29.3%)	600 (22.4%)	300 (12.9%)	300 (11.3%)	2,700 (100.0%)
East Staffordshire	**7,000 (6.4%)**	**14,400 (13.1%)**	**11,700 (10.6%)**	**36,100 (33.0%)**	**21,300 (19.5%)**	**10,300 (9.4%)**	**8,800 (8.1%)**	**109,400 (100.0%)**
Staffordshire	**45,000 (5.4%)**	**102,300 (12.3%)**	**91,900 (11.1%)**	**267,300 (32.2%)**	**169,800 (20.4%)**	**86,000 (10.3%)**	**69,000 (8.3%)**	**831,300 (100%)**
West Midlands	**6.4%**	**13.0%**	**12.2%**	**33.1%**	**18.2%**	**9.1%**	**8.1%**	**5,455,200**
England	**6.3%**	**12.4%**	**12.0%**	**34.8%**	**18.0%**	**8.6%**	**7.9%**	**52,234,000**

*Note: Numbers may not add up due to rounding*

Source: 2010 mid-year population estimates, Office for National Statistics, Crown copyright

The dependency ratio measures the number of young people (under 16) and older people (over 65) who depend on people of working age (16-64) and gives an indication of both the economic and social responsibility of those of working age for children and older people.

The dependency ratio for England, based on mid-year 2010 population estimates was 54 dependants (29 children and 25 older people) for every 100 people of working age. In East Staffordshire the dependency ratio is higher than England: 59 dependants (31 children and 28 older people) for every 100 people of working age (Figure 3).

At a ward level, Abbey, Bagots, Churnet, Heath, Horninglow, Needwood, Rolleston on Dove, Shobnall, Stapenhill, Stretton, Tutbury and Outwoods, Weaver, Winshill and Yoxall all have a higher dependency ratio than the national average. Whilst the majority of these have a high number of older dependants, some have high numbers of child dependants and therefore face very different demands on their health, social care and voluntary services.

Figure 3: Dependency ratio - number of dependants per 100 working age population
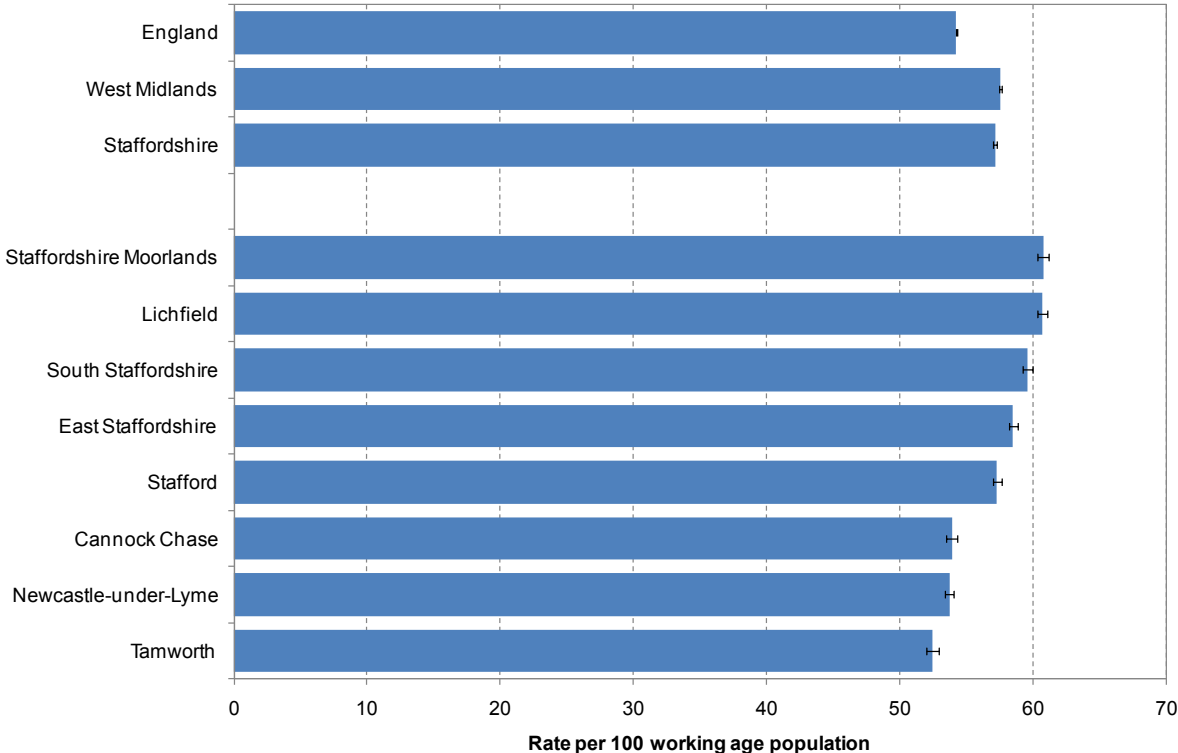
Source: 2010 mid-year population estimates, Office for National Statistics, Crown copyright

3.2 Population projections

Population projections for 2010-2035, based on 2010 mid-year population estimates for East Staffordshire are shown in Figure 4 and Table 2. This shows that in East Staffordshire there is likely to be a significant growth in older people and particularly in those aged 75 and over. During the same period the working age group is increasing less rapidly, placing a burden on the economy and health and social care services. Projections for the next 25 years show that East Staffordshire will see:

- a growth in the overall population (22% compared with 19% for England)
- an increase in the numbers of children aged under 16 (14% increase compared with 13% increase nationally)
- an increase in working age people aged 16-64 (8% increase compared with a 9% increase for England)
- a significant growth in people aged 65 and over (81% compared with 65% nationally), with particular growth in the numbers of people aged 75 and over (109% compared to 81% nationally).

Figure 4: Projected population trends for East Staffordshire
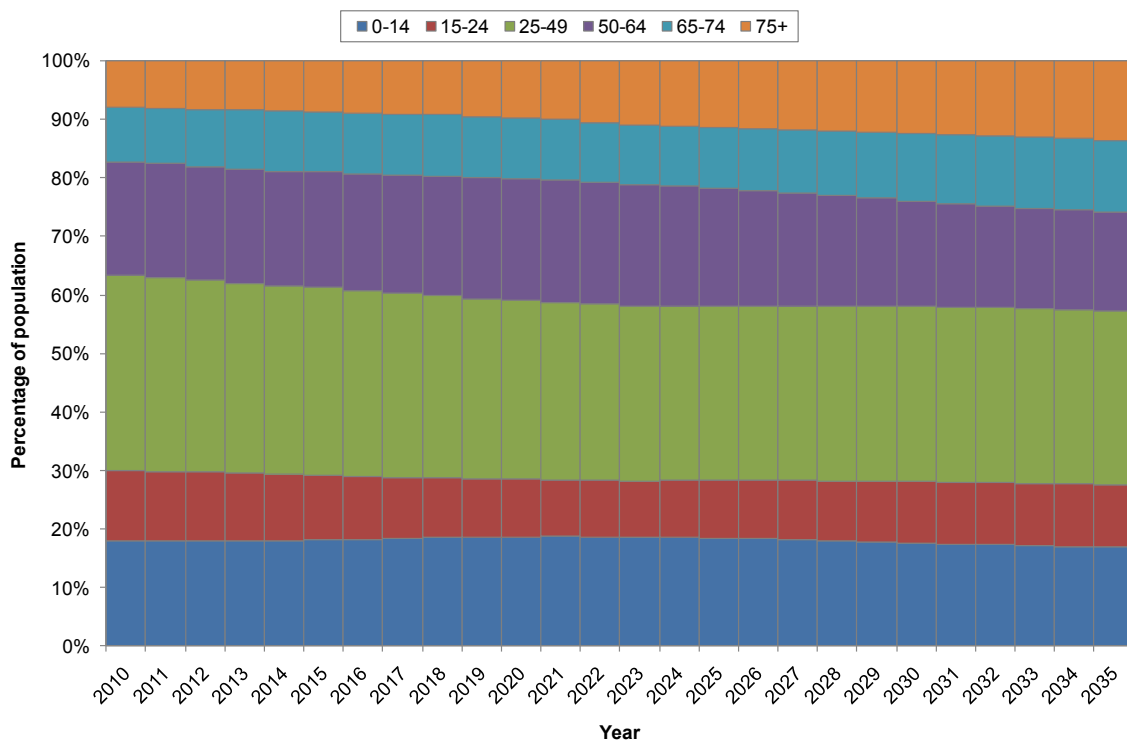
Source: 2010-based sub-national population projections 2010-2035, Population Projections Unit, Office for National Statistics, Crown copyright 2012

Table 2: Population projections for East Staffordshire

	2010	2015	2020	2025	2030	2035
0-14	19,900	21,100 (6%)	22,600 (14%)	23,200 (17%)	23,000 (16%)	22,800 (15%)
15-24	13,200	12,700 (-4%)	12,000 (-9%)	12,500 (-5%)	13,700 (4%)	14,300 (8%)
25-49	37,000	37,100 (0%)	37,100 (0%)	37,500 (1%)	38,900 (5%)	40,000 (8%)
50-64	21,400	22,800 (7%)	25,200 (18%)	25,400 (19%)	23,600 (10%)	22,800 (7%)
65-74	10,200	12,000 (18%)	12,600 (24%)	13,000 (27%)	15,000 (47%)	16,300 (60%)
75+	8,800	10,000 (14%)	11,800 (34%)	14,400 (64%)	16,200 (84%)	18,400 (109%)
0-15	**21,400**	**22,400 (5%)**	**23,900 (12%)**	**24,700 (15%)**	**24,600 (15%)**	**24,400 (14%)**
16-64	**70,100**	**71,400 (2%)**	**72,900 (4%)**	**74,000 (6%)**	**74,700 (7%)**	**75,500 (8%)**
65+	**19,100**	**22,200 (16%)**	**24,500 (28%)**	**27,500 (44%)**	**31,200 (63%)**	**34,600 (81%)**
All ages	**110,600**	**115,900 (5%)**	**121,300 (10%)**	**126,200 (14%)**	**130,500 (18%)**	**134,500 (22%)**

Note: Numbers may not add up due to rounding

Source: 2010-based sub-national population projections 2010-2035, Population Projections Unit, Office for National Statistics, Crown copyright 2012

3.3   The rural and urban area classification

There is some evidence to suggest that poor access and availability of good transport, both private and public, can mean that some people living in rural areas may not make use of the health services that they need. This is sometimes known as 'distance decay' where uptake of services decreases with increasing geographical remoteness from the service.

The Rural and Urban Area Classification 2004 classifies output areas as urban or rural simply on the basis of their geographic relationship to settlements with a population of 10,000 or more, i.e. when the majority of the population of an output area lives within settlements with a population of more than 10,000 people that output area is treated as urban. All other output areas are then classified as rural and are subdivided into two further categories: 'town and fringe' and 'village, hamlet and isolated dwellings' based on the settlements in that area.

Using these definitions, 25% of East Staffordshire's population is classified as rural, compared with 19% nationally, 16% regionally and 24% of Staffordshire (Table 3). Figure 5 illustrates rural and urban wards in East Staffordshire.

Table 3: Rural and urban populations, 2010

	Urban >10K	Rural			Total population
		Town and fringe	Villages, hamlet & isolated dwellings	Total rural	
Cannock Chase	85,900 (91%)	7,100 (8%)	1,600 (2%)	8,700 (9%)	94,700 (100%)
East Staffordshire	81,800 (75%)	11,400 (10%)	16,300 (15%)	27,700 (25%)	109,400 (100%)
Lichfield	69,700 (71%)	14,800 (15%)	14,100 (14%)	29,000 (29%)	98,700 (100%)
Newcastle	99,500 (80%)	11,800 (9%)	13,200 (11%)	25,000 (20%)	124,500 (100%)
South Staffordshire	64,700 (61%)	29,300 (27%)	12,600 (12%)	41,900 (39%)	106,600 (100%)
Stafford	85,300 (68%)	15,900 (13%)	24,700 (20%)	40,600 (32%)	126,000 (100%)
Staffordshire Moorlands	66,500 (70%)	6,400 (7%)	22,500 (24%)	28,900 (30%)	95,400 (100%)
Tamworth	76,000 (100%)	0 (0%)	0 (0%)	0 (0%)	76,000 (100%)
Staffordshire	**629,600 (76%)**	**96,700 (12%)**	**105,000 (13%)**	**201,700 (24%)**	**831,300 (100%)**
West Midlands	**84%**	**6%**	**9%**	**16%**	**100%**
England	**81%**	**9%**	**10%**	**19%**	**100%**

Note: Numbers may not add up due to rounding

Source: The Rural and Urban Area Classification 2004, Office for National Statistics, Crown copyright and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 5: Rural and Urban Area Classification in East Staffordshire
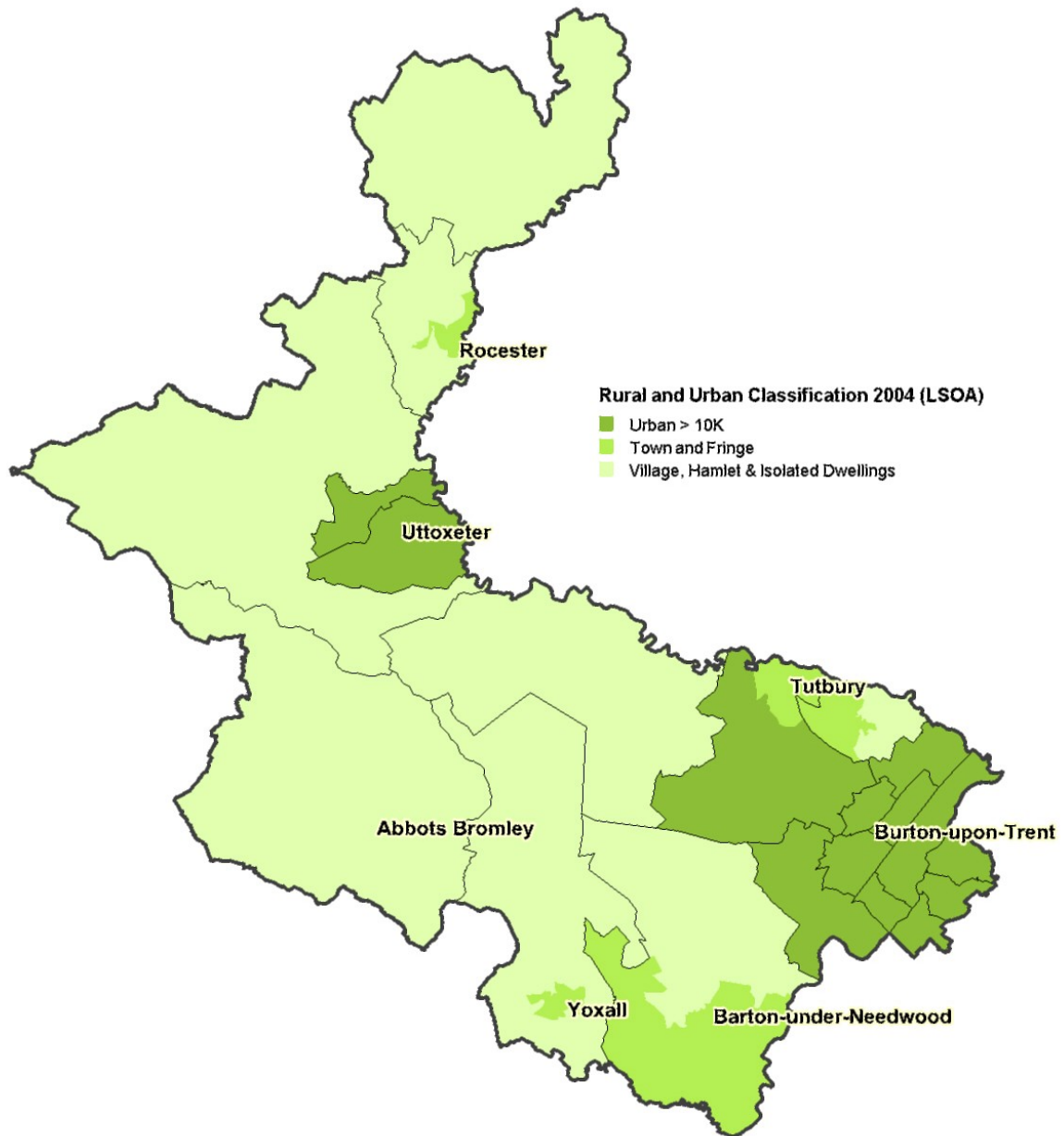
Source: The Rural and Urban Area Classification 2004, Office for National Statistics, Crown copyright

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3.4 Ethnicity

People from some ethnic minority groups often experience poorer health outcomes. This may be as a result of multiple factors including poor access to services, language barriers and cultural differences. According to 2009 mid-year experimental estimates there were 8,500 people from a black or minority ethnic background in East Staffordshire, which is 8% of the population. This shows an increase from 2001 (6,300 people, 6%). It remains significantly lower than the England average of 13% (Table 4).

Table 4: Population by ethnic group, 2009

	Total population	White	Mixed	Asian	Black	Chinese or other	Any minority ethnic group
Number							
Cannock Chase	94,500	90,700	1,000	1,900	500	500	3,900
East Staffordshire	108,800	100,100	1,300	5,600	1,000	600	8,500
Lichfield	98,300	92,400	1,000	3,000	1,000	600	5,600
Newcastle-under-Lyme	124,200	117,900	1,300	3,200	800	900	6,200
South Staffordshire	106,300	100,500	1,200	2,900	1,000	600	5,700
Stafford	125,500	118,900	1,400	3,200	1,100	800	6,500
Staffordshire Moorlands	95,400	92,400	800	1,400	400	400	3,000
Tamworth	75,700	71,800	900	1,900	800	400	4,000
Staffordshire	828,700	784,700	9,200	23,000	7,000	4,900	44,100
Proportion of population							
Cannock Chase	100%	96.0%	1.1%	2.0%	0.5%	0.5%	4.1%
East Staffordshire	100%	92.0%	1.2%	5.1%	0.9%	0.6%	7.8%
Lichfield	100%	94.0%	1.0%	3.1%	1.0%	0.6%	5.7%
Newcastle-under-Lyme	100%	94.9%	1.0%	2.6%	0.6%	0.7%	5.0%
South Staffordshire	100%	94.5%	1.1%	2.7%	0.9%	0.6%	5.4%
Stafford	100%	94.7%	1.1%	2.5%	0.9%	0.6%	5.2%
Staffordshire Moorlands	100%	96.9%	0.8%	1.5%	0.4%	0.4%	3.1%
Tamworth	100%	94.8%	1.2%	2.5%	1.1%	0.5%	5.3%
Staffordshire	**100%**	**94.7%**	**1.1%**	**2.8%**	**0.8%**	**0.6%**	**5.3%**
West Midlands	**100%**	**85.6%**	**1.9%**	**8.5%**	**2.7%**	**1.3%**	**14.4%**
England	**100%**	**87.5%**	**1.8%**	**6.1%**	**2.9%**	**1.6%**	**12.5%**

Note: Numbers may not add up due to rounding

Source: Estimated resident population by ethnic group, mid-2009 (experimental statistics), Office for National Statistics, Crown copyright

3.5   Migration

Migration patterns in the UK have changed over the past 20-30 years - from larger waves of migrants moving to major cities to smaller, dispersed groups moving into more rural areas less accustomed to immigration.

There is no single, comprehensive source of information on migrants in the UK. This section draws on two key data sources (national insurance numbers and Flag 4 GP registration data) to estimate patterns of recent migration in East Staffordshire.

A national insurance number (NINo) is generally required by any overseas national looking to legally work or claim benefits or tax credits in the UK. This includes people who are self-employed or students working part time. This information provides us with a proxy measure of in-migration (inflow) for adult overseas nationals registering for a NINo. The geographical location of migrants is based on the most recently recorded home address of the NINo recipient.

Flag 4 data are codes used within GP patient registration systems which indicate individuals who were born outside the UK and have entered England and Wales for the first time and registered with a NHS GP. Flag 4 is also generated if the previous address of an individual is reported as outside the United Kingdom.

During 2010/11 the total number of NINo registrations to adult overseas nationals in East Staffordshire was 1,030, an increase from the previous year. The number of Flag 4 GP registrations shows there were 820 new registrations in 2009/10 (Table 5).

Table 5: Trends in national insurance number (NINo) registrations and Flag 4 GP patient registration data

	National insurance number registrations			Flag 4 GP registrations		
	East Staffordshire	Staffordshire	England	East Staffordshire	Staffordshire	England
2002/03	380	1,260	309,970	340	1,790	445,150
2003/04	350	1,420	331,980	370	2,180	460,710
2004/05	530	2,130	388,030	640	2,710	520,900
2005/06	900	3,060	579,520	710	3,100	551,600
2006/07	1,040	3,250	607,950	910	3,420	581,280
2007/08	1,030	3,340	636,880	870	3,380	587,990
2008/09	840	3,080	607,880	760	2,920	577,570
2009/10	730	2,270	515,120	820	2,940	604,360
2010/11	1,030	2,920	636,450	n/a	n/a	n/a
Change from 2002/03						
Number	650	1,660	326,480	480	1,150	159,210
Percentage change	171%	132%	105%	141%	64%	36%

Notes: (1) Numbers may not add up due to rounding; (2) Flag 4 GP registrations for 2010/11 not yet available

Source: National Insurance Number Allocations to Adult Overseas Nationals entering the UK, Department for Work and Pensions and Flag 4 GP registrations, Office for National Statistics, Crown copyright

3.6 Geodemographic profile

Geodemographic segmentation tools are a way of analysing people by where they live with the underlying principle that similar people live in similar places, do similar things and have similar lifestyles. In response to differing individual needs and where the 'one size fits all' approach is no longer accepted within the public sector, these tools are now more commonly being used for targeting interventions more effectively in an appropriate style and language suited to different lifestyle groups.

The recently published Mosaic Public Sector 2009 allows populations (households and postcode level) to be segmented into one of 15 lifestyle groups, 69 lifestyle types and 146 person types in terms of their demographics, lifestyles and behaviours.

Mosaic Public Sector 2009 is constructed from around 440 indicators of which 62% are annually updated and sourced from Experian's UK Consumer Dynamics Database which includes the edited electoral roll, Council Tax property valuations, house sale prices, self-reported lifestyle surveys and other compiled consumer data. The remaining 38% are based on 2001 Census projected estimates.

Table 6 shows that over 60% of the East Staffordshire population falls within five Mosaic groups:

- I Terraced Melting Pot (14%)
- J Industrial Heritage (14%)
- D Professional Rewards (13%)
- B Small Town Diversity (11%)
- E Suburban Mindsets (9%)

Some of the key features for these five groups and communication methods are described in Table 7.

Table 6: Mosaic lifestyle groups in East Staffordshire

	East Staffordshire	Staffordshire	England
I Lower income workers in urban terraces in often diverse areas	14%	5%	9%
J Owner occupiers in older-style housing in ex-industrial areas	14%	13%	8%
D Successful professionals living in suburban or semi-rural homes	13%	14%	9%
B Residents of small and mid-sized towns with strong local roots	11%	15%	9%
E Middle income families living in moderate suburban semis	9%	12%	13%
F Couples with young children in comfortable modern housing	8%	8%	6%
K Residents with sufficient incomes in right-to-buy social housing	8%	12%	9%
A Residents of isolated rural communities	5%	5%	4%
M Elderly people reliant on state support	4%	4%	4%
O Families in low-rise social housing with high levels of benefit need	3%	3%	6%
H Couples and young singles in small modern starter homes	3%	3%	4%
L Active elderly people living in pleasant retirement locations	3%	3%	4%
N Young people renting flats in high density social housing	2%	1%	5%
G Young, well-educated city dwellers	1%	1%	9%
C Wealthy people living in the most sought after neighbourhoods	1%	2%	4%
U Unclassified	0%	1%	1%
Total population	**100%**	**100%**	**100%**

Note: Numbers may not add up due to rounding

Source: Mosaic Public Sector 2009, Experian Group 2009

Table 7: Key features of main Mosaic groups in East Staffordshire

	Key features	Accessing information	Accessing services
I Terraced Melting Pot	Few qualifications, routine occupations, young singles and couples, some young children, ethnic diversity, small homes, crowded, below average income, sport	Receptive: SMS text, interactive TV, national papers, local papers Non-receptive: telephone	Receptive: none significant Non-receptive: post
J Industrial Heritage	Traditional, married, below average incomes, approaching retirement, outgrown homes, personal responsibility, manufacturing industries, careful with money, reliant on cars, manual skills	Receptive: face-to-face, local papers Non-receptive: internet, national papers, SMS text	Receptive: face-to-face Non-receptive: post
D Professional Rewards	Suburban or semi-rural, executive and managers, small businesses, senior positions, significant equity, married with children, comfortable, good education, theatre / arts, car ownership	Receptive: telephone, magazines Non-receptive: SMS text, face-to-face, national papers, local papers	Receptive: internet, telephone, post Non-receptive: face-to-face
B Small Town Diversity	Strong roots, lower incomes, varying ages, home improvement, mixed housing, small towns, traditional, mid-market papers, grandchildren	Receptive: face-to-face, local papers, magazines Non-receptive: internet, SMS text, national papers, interactive TV	Receptive: face-to-face, post Non-receptive: none significant
E Suburban Mindsets	Manual and white collar, married, middle age, children, leafy suburbs, comfortable affordable housing, home improvement, family life, industrious, mainstream brands	Receptive: telephone, internet, interactive TV Non-receptive: face-to-face	Receptive: internet, telephone, post, mobile phone Non-receptive: face-to-face

Source: Mosaic Public Sector 2009, Experian Group 2009

4   The wider determinants of health

4.1   Index of multiple deprivation

Poverty, poor education and inappropriate housing can all have an adverse effect on an individual's health with people living in deprived communities often experiencing poorer health outcomes compared with those living in more affluent communities. Other groups of people who have poorer health outcomes compared to the average include prisoners, people with disabilities and people with severe mental illness. These particular groups also need to be considered when tackling health inequalities.

The Index of Multiple Deprivation 2010 (IMD 2010) is one way of identifying deprived areas. The IMD 2010 measures deprivation in its broadest sense by including 38 indicators which assess deprivation by combining seven areas (called domains), which are weighted as follows:

- Income (22.5%)
- Employment (22.5%)
- Health and disability (13.5%)
- Education, skills and training (13.5%)
- Barriers to housing and services (9.3%)
- Crime and disorder (9.3%)
- Living environment (9.3%)

East Staffordshire has an overall average weighted deprivation score of 19.1 and is ranked as being 149th most deprived district of 326 local authorities and is the third most deprived district in Staffordshire.

There are 12 lower super output areas (LSOAs) in East Staffordshire that fall within the most deprived fifth of areas in England making up 19% of its population (Table 8 and Figure 6).

Table 8: Areas falling in the most deprived national quintile in East Staffordshire

LSOA	Ward name	IMD 2010 score	National rank (1= most deprived)	2010 population estimate
E01029427	Eton Park	54.2	1,522	1,400
E01029453	Stapenhill	49.5	2,270	1,500
E01029445	Shobnall	46.7	2,825	1,700
E01029468	Winshill	45.3	3,153	1,600
E01029450	Stapenhill	43.8	3,496	1,500
E01029447	Shobnall	41.6	4,073	1,700
E01029426	Eton Park	39.9	4,595	1,600
E01029437	Horninglow	38.0	5,189	2,000
E01029409	Anglesey	37.3	5,423	1,500
E01029421	Burton	37.2	5,457	3,000
E01029408	Anglesey	36.9	5,521	1,900
E01029429	Eton Park	35.6	6,008	1,400

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011 and 2010 mid-year population estimates for Lower Super Output Areas, Office for National Statistics, Crown copyright

Figure 6: Index of Multiple Deprivation 2010 for East Staffordshire
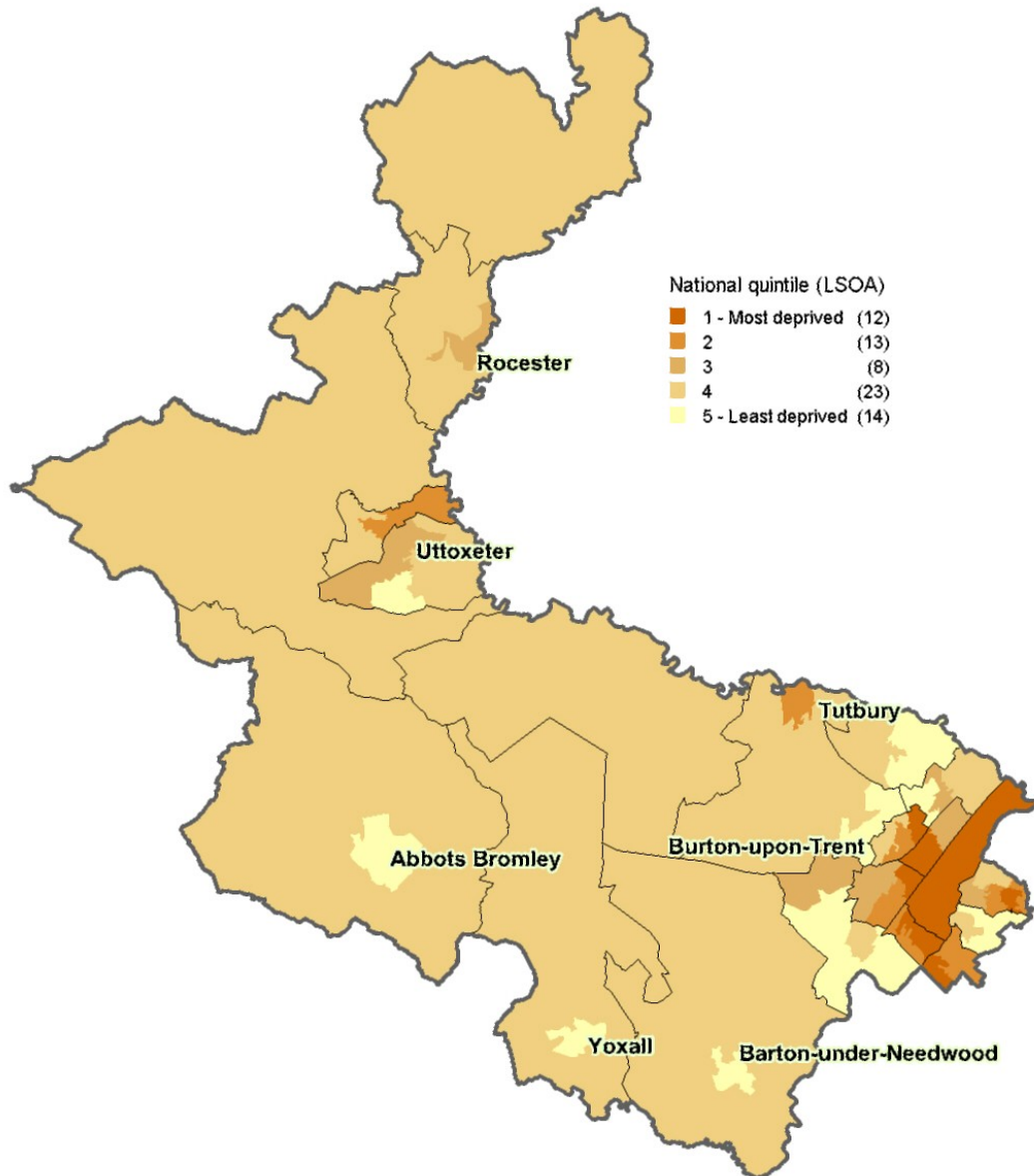
Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011

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In terms of the differing aspects of deprivation, East Staffordshire has over a quarter of its population falling within the most deprived quintile of England for living environment and just under a quarter falling in the most deprived national quintile for education, skills and training compared with 6% and 18% respectively for Staffordshire (Table 9).

Table 9: Summary of indices of deprivation 2010 by domain for East Staffordshire

	National quintile					Total
	1 (most deprived)	2	3	4	5 (least deprived)	
Number of lower super output areas (LSOAs)						
Index of Multiple Deprivation 2010	12	13	8	23	14	70
Income	12	10	9	20	19	70
Employment	10	14	13	17	16	70
Health deprivation and disability	8	14	22	22	4	70
Education, skills and training	16	11	11	18	14	70
Barriers to housing and services	12	3	9	14	32	70
Crime and disorder	6	12	12	22	18	70
Living environment	18	22	13	9	8	70
2010 population estimates						
Index of Multiple Deprivation 2010	20,800	20,300	12,400	34,500	21,500	109,400
Income	19,400	16,900	14,400	29,600	29,200	109,400
Employment	17,600	22,000	19,600	25,500	24,700	109,400
Health deprivation and disability	13,000	23,800	33,200	33,600	5,800	109,400
Education, skills and training	25,500	18,500	17,200	26,900	21,300	109,400
Barriers to housing and services	17,300	5,600	14,900	22,100	49,500	109,400
Crime and disorder	10,900	19,200	19,800	31,900	27,600	109,400
Living environment	30,100	33,100	19,700	13,500	13,100	109,400
Percentage of population for East Staffordshire						
Index of Multiple Deprivation 2010	19%	19%	11%	32%	20%	100%
Income	18%	15%	13%	27%	27%	100%
Employment	16%	20%	18%	23%	23%	100%
Health deprivation and disability	12%	22%	30%	31%	5%	100%
Education, skills and training	23%	17%	16%	25%	19%	100%
Barriers to housing and services	16%	5%	14%	20%	45%	100%
Crime and disorder	10%	18%	18%	29%	25%	100%
Living environment	27%	30%	18%	12%	12%	100%
Percentage of population for Staffordshire						
Index of Multiple Deprivation 2010	9%	17%	21%	30%	23%	100%
Income	9%	16%	21%	28%	26%	100%
Employment	14%	20%	25%	22%	19%	100%
Health deprivation and disability	6%	19%	27%	29%	18%	100%
Education, skills and training	18%	18%	24%	23%	17%	100%
Barriers to housing and services	12%	12%	18%	23%	34%	100%
Crime and disorder	9%	16%	22%	29%	24%	100%
Living environment	6%	13%	26%	27%	27%	100%

Note: Numbers may not add up due to rounding

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011 and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

4.2 Child wellbeing index

The child wellbeing index (CWI) 2009 provides useful information at a small area level for the wellbeing of children. The CWI is based on the approach, structure and methodology that were used in the construction of the Indices of Multiple Deprivation. It is made from 29 indicators that assess seven domains:

- Material wellbeing
- Health and disability
- Education
- Crime
- Housing
- Environment
- Children (at risk of being) in need

Staffordshire has the 35th highest level of overall child wellbeing in England and the fourth highest level of overall child wellbeing across the West Midlands, behind Shropshire, Warwickshire and Worcestershire.

In East Staffordshire, ten of the 70 LSOAs fall within the most deprived fifth of areas in England making up 18% of the child population (aged under 16) falling within Anglesey, Eton Park, Shobnall, Stapenhill and Winshill wards (Table 10 and Figure 7).

Table 10: Child Wellbeing Index 2009

	National quintile					Total
	1 (most deprived)	2	3	4	5 (least deprived)	
Number of lower super output areas (LSOAs)						
Cannock Chase	3	16	20	18	3	60
East Staffordshire	10	13	9	20	18	70
Lichfield	0	4	11	26	16	57
Newcastle-under-Lyme	5	11	18	28	19	81
South Staffordshire	1	3	14	17	33	68
Stafford	4	8	27	21	20	80
Staffordshire Moorlands	0	7	9	18	25	59
Tamworth	7	9	19	12	3	50
Staffordshire	**30**	**71**	**127**	**160**	**137**	**525**
2010 population estimates (under 16s)						
Cannock Chase	1,000	5,200	5,600	5,500	500	17,900
East Staffordshire	3,800	4,700	2,300	5,300	5,200	21,300
Lichfield	0	1,600	3,200	8,300	4,400	17,600
Newcastle-under-Lyme	1,500	3,600	4,500	6,600	4,600	20,700
South Staffordshire	400	900	3,600	4,600	8,000	17,500
Stafford	1,600	2,300	7,000	4,800	5,400	21,100
Staffordshire Moorlands	0	2,100	2,600	5,100	6,200	16,000
Tamworth	2,600	2,400	6,100	3,300	800	15,200
Staffordshire	**10,900**	**22,800**	**35,000**	**43,400**	**35,200**	**147,300**
Percentage of population						
Cannock Chase	5%	29%	32%	31%	3%	100%
East Staffordshire	18%	22%	11%	25%	24%	100%
Lichfield	0%	9%	18%	47%	25%	100%
Newcastle-under-Lyme	7%	17%	22%	32%	22%	100%
South Staffordshire	2%	5%	21%	26%	46%	100%
Stafford	8%	11%	33%	23%	25%	100%
Staffordshire Moorlands	0%	13%	16%	32%	39%	100%
Tamworth	17%	16%	40%	21%	5%	100%
Staffordshire	**7%**	**15%**	**24%**	**29%**	**24%**	**100%**

Note: Numbers may not add up due to rounding

Source: Local Index of Child Wellbeing 2009, Department for Communities and Local Government, Crown copyright 2009 and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 7: Child wellbeing index 2009 in East Staffordshire
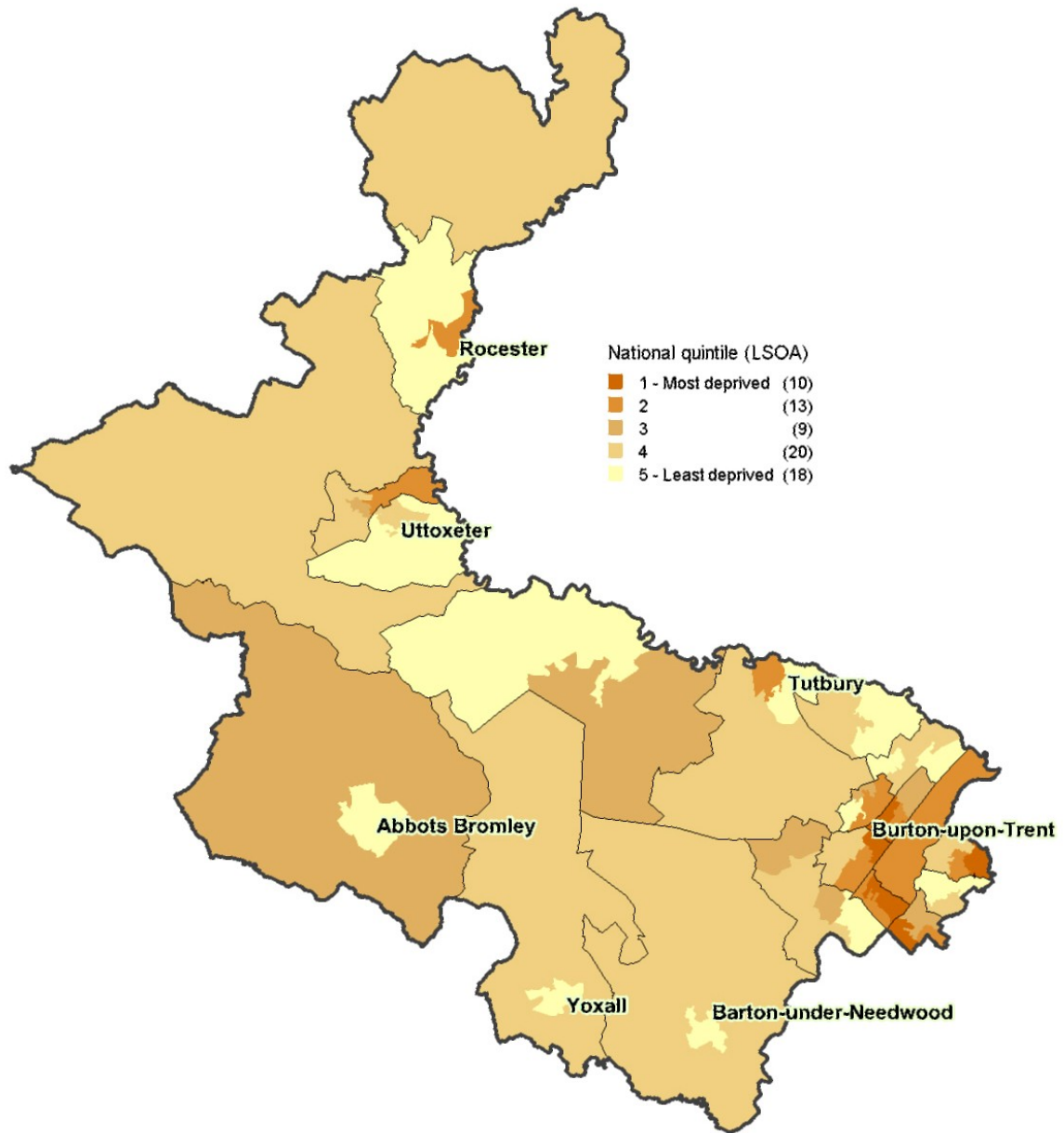
Source: Local Index of Child Wellbeing 2009, Department for Communities and Local Government, Crown copyright 2009

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4.3 Education

4.3.1 School readiness

The highest priority in the Marmot Review was to give every child the best start in life, as this is considered crucial to reducing health inequalities across the life course. A proxy indicator for this is based on data collected from the Early Years Foundation Stage Profile (EYFSP) on which children are assessed by a teacher in the year in which they turn five. The assessment is based on observation of the child across six areas of learning covering children's physical, intellectual, emotional and social development against 13 assessment scales. Children who achieve 78 points across all 13 scales (including a minimum number in particular areas of learning and development) are considered to have reached 'a good level of development'.

In 2011, the proportion of children who had reached a good level of development was 61%, similar to the England average of 59% (Table 11).

Table 11: Children achieving a good level of development, 2011

	Estimated number of children	Proportion achieving a good level of development	Statistical difference to England
Cannock Chase	660	61.0%	Similar
East Staffordshire	800	61.0%	Similar
Lichfield	740	73.0%	Higher
Newcastle-under-Lyme	700	58.0%	Similar
South Staffordshire	710	72.0%	Higher
Stafford	850	66.0%	Higher
Staffordshire Moorlands	590	68.0%	Higher
Tamworth	560	63.0%	Higher
Staffordshire	**5,770**	**65.0%**	**Higher**
West Midlands	**39,130**	**60.0%**	**Higher**
England	**352,170**	**59.0%**	

Note: Numbers may not add up due to rounding

Source: Early Years Foundation Stage Profile Attainment by Pupil Characteristics in England, 2010/11, Department for Education, http://www.education.gov.uk/rsgateway/DB/SFR/s001044/index.shtml

4.3.2 GCSE attainment

Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health.

In 2011, 54% of East Staffordshire pupils achieved five or more A*-C grades at GCSE level including English and Mathematics, which is lower than the England average. In addition there are inequalities within the district with achievement ranging from 33% in Churnet ward to 85% in Yoxall ward (Table 12).

Table 12: Children achieving five or more A*-C GCSEs including English and Mathematics, 2011

	Number	Percentage	Statistical difference to England
Churnet	10	33%	Lower
Winshill	40	34%	Lower
Shobnall	30	41%	Lower
Eton Park	30	41%	Lower
Heath	30	42%	Lower
Anglesey	30	43%	Lower
Stapenhill	50	49%	Similar
Horninglow	60	51%	Similar
Town	50	57%	Similar
Branston	50	59%	Similar
Bagots	20	60%	Similar
Brizlincote	40	63%	Similar
Tutbury and Outwoods	40	64%	Similar
Abbey	20	65%	Similar
Crown	20	65%	Similar
Rolleston on Dove	20	67%	Similar
Weaver	10	67%	Similar
Needwood	50	75%	Higher
Stretton	70	76%	Higher
Yoxall	30	85%	Higher
Burton	Suppressed		
East Staffordshire	**700**	**54%**	**Lower**
Staffordshire	**4,850**	**56%**	**Lower**
West Midlands	**31,670**	**57%**	**Lower**
England	**291,680**	**59%**	

Note: Numbers may not add up due to rounding

Source: Educational Research and Analysis, Staffordshire County Council and Department for Education

4.3.3 Young people not in education, employment or training (NEET)

The proportion of young people aged 16-18 not in education, employment or training (NEET) is a Government priority as it not only measures youth unemployment but also those young people who are not being prepared for work as an adult and most at risk from exclusion from the labour market. Being NEET between the ages of 16-18 is seen as a major predictor of later unemployment, low income, depression, involvement in crime and poor physical and mental health.

The proportion of young people who were NEET during the winter of 2010/11 for East Staffordshire was 5% which is lower than the England average (Table 13).

Table 13: Proportion of children not in education, employment or training, 2010/11 winter average (provisional data)

	Percentage of 16-18 year olds who are NEET	Statistical difference to England
Cannock Chase	8.9%	Higher
East Staffordshire	4.9%	Lower
Lichfield	5.1%	Similar
Newcastle-under-Lyme	5.0%	Similar
South Staffordshire	3.9%	Lower
Stafford	3.7%	Lower
Staffordshire Moorlands	4.1%	Lower
Tamworth	4.7%	Lower
Staffordshire	**4.9%**	**Lower**
West Midlands	**6.2%**	**Similar**
England	**6.0%**	

Source: Staffordshire Connexions, Staffordshire County Council and Department for Education

4.3.4 Children with special education needs

Some children need extra help during their time at school. In most cases, staff in mainstream schools can help children overcome difficulties quickly and easily. They do this through providing a teaching programme suitable for each child's needs and level of ability. However, a few children will have difficulties that require help in addition to this. These children are said to have special educational needs and may have difficulties with:

- all of the work in school
- literacy, Mathematics or understanding information
- expressing themselves or understanding others
- making friends or relating to others
- a hearing or visual impairment
- a physical or medical condition

There are currently three levels of support for children:

- **School Action** - If the school thinks that a child has a special educational need, they may require additional support termed School Action. This simply means that they will be given extra help within school to meet the child's needs.

- **School Action Plus** - If a child continues to make little or no progress over a long period of time, additional specialist help may be required. The school may need to seek advice and support from specialist services outside the school. This will also be the case if a child has significant emotional or behavioural difficulties or specific needs that require regular contact with or advice from specialists.

- **Statement of Special Educational Needs** - A small number of children with significant and complex needs may need a Statutory Assessment. This could lead to a Statement of Special Educational Needs, which describes a child's difficulties and sets out the appropriate educational provision they need.

The proportion of children identified with some type of special educational need in East Staffordshire are similar to the England average (Table 14).

Table 14: Children with special education needs by local authority, 2012

	School Action	School Action Plus	Fully Statemented	Any special education need
Cannock Chase	1,400 (10.9%)	810 (6.3%)	470 (3.6%)	2,670 (20.8%)
East Staffordshire	1,880 (12.5%)	740 (4.9%)	310 (2.1%)	2,930 (19.6%)
Lichfield	1,190 (9.9%)	640 (5.3%)	350 (2.9%)	2,170 (18.1%)
Newcastle-under-Lyme	1,500 (10.9%)	580 (4.2%)	370 (2.7%)	2,440 (17.7%)
South Staffordshire	910 (7.9%)	750 (6.6%)	260 (2.2%)	1,910 (16.7%)
Stafford	1,420 (9.9%)	840 (5.9%)	320 (2.3%)	2,580 (18.1%)
Staffordshire Moorlands	820 (7.4%)	450 (4.1%)	240 (2.1%)	1,510 (13.7%)
Tamworth	1,260 (12.2%)	570 (5.5%)	300 (2.9%)	2,140 (20.6%)
Staffordshire	**10,380 (10.3%)**	**5,370 (5.3%)**	**2,610 (2.6%)**	**18,350 (18.2%)**
West Midlands (2011)	**10.8%**	**7.2%**	**1.2%**	**19.3%**
England (2011)	**11.3%**	**6.6%**	**1.4%**	**19.3%**

Note: Figures may not add due to rounding

Source: School Census, January 2012, Educational Research and Analysis, Staffordshire County Council and Special Educational Needs in England: January 2011, Department for Education

4.4   Income deprivation

Income deprivation is an important public health indicator. Poor economic circumstances and deprivation are associated with poorer health outcomes, higher demand for primary care services and poor lifestyle behaviours.

Child poverty is also linked to the life chances of children and can be a barrier in children achieving their full potential. Research shows that childhood poverty also leads to premature mortality and poor health outcomes in later life.

4.4.1   Child poverty

Child poverty is defined as the proportion of children under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income.

In 2009, nearly one in five children in East Staffordshire were defined as living in poverty, lower than the national average although this varies significantly across the district from 5% in Yoxall to 33% in Stapenhill (Table 15).

Table 15: Child poverty in East Staffordshire, 2009

	Number of children under 16 living in poverty	Proportion of children under 16 living in poverty	Statistical difference to England
Stapenhill	470	32.5%	Higher
Shobnall	480	31.2%	Higher
Anglesey	510	30.8%	Higher
Eton Park	445	30.2%	Higher
Burton	160	29.2%	Higher
Winshill	485	28.3%	Higher
Horninglow	365	22.5%	Similar
Churnet	85	16.6%	Lower
Heath	185	15.8%	Lower
Branston	170	12.4%	Lower
Tutbury and Outwoods	110	10.9%	Lower
Town	125	9.3%	Lower
Crown	35	8.9%	Lower
Brizlincote	65	6.6%	Lower
Needwood	60	6.6%	Lower
Rolleston on Dove	35	6.4%	Lower
Bagots	25	6.1%	Lower
Stretton	85	6.0%	Lower
Abbey	25	5.1%	Lower
Weaver	15	5.0%	Lower
Yoxall	20	4.5%	Lower
East Staffordshire	**3,960**	**18.5%**	**Lower**
Staffordshire	**23,930**	**16.4%**	**Lower**
West Midlands	**262,545**	**24.6%**	**Higher**
England	**2,131,350**	**21.9%**	

Note: Numbers may not add up due to rounding

Source: http://www.hmrc.gov.uk/stats/personal-tax-credits/child_poverty.htm, Accessed 12 April 2012

4.4.2 Adults of working age

The Indices of Deprivation 2010 found that 12% (13,300 people) were deemed to be living in income deprived households (Table 16).

Table 16: Income deprivation in Staffordshire

	Number of adults in deprived households	Proportion of adults in deprived households	Statistical difference to England
Cannock Chase	13,100	13.9%	Lower
East Staffordshire	13,300	12.2%	Lower
Lichfield	9,200	9.4%	Lower
Newcastle-under-Lyme	14,700	11.9%	Lower
South Staffordshire	9,900	9.3%	Lower
Stafford	10,600	8.4%	Lower
Staffordshire Moorlands	8,900	9.3%	Lower
Tamworth	10,200	13.5%	Lower
Staffordshire	**89,900**	**10.8%**	**Lower**
West Midlands	**918,600**	**17.0%**	**Higher**
England	**7,518,400**	**14.5%**	

Note: Numbers may not add up due to rounding

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011

The average household income for East Staffordshire was £37,800. However there are inequalities with income ranging from £25,200 in Eton Park which is less than half the average income of £56,300 in Yoxall (Table 17).

Table 17: Average household income, 2010

	Average household income
Eton Park	£25,200
Anglesey	£25,700
Shobnall	£26,100
Stapenhill	£27,300
Horninglow	£27,700
Heath	£30,600
Burton	£33,100
Winshill	£35,300
Weaver	£40,500
Churnet	£41,500
Branston	£41,600
Stretton	£42,800
Tutbury and Outwoods	£43,100
Town	£44,700
Brizlincote	£46,700
Rolleston on Dove	£49,100
Needwood	£50,500
Crown	£51,000
Bagots	£54,000
Abbey	£55,700
Yoxall	£56,300
East Staffordshire	**£37,800**
Staffordshire	**£39,000**
West Midlands	**£35,500**
Great Britain	**£38,600**

Source: Acxiom IncomeX 2010

4.4.3 Older people living in poverty

Fewer people aged 60 and over in East Staffordshire are deemed to be living in income deprived households than the England average (Table 16 and Figure 8).

Table 18: Income deprivation affecting older people index in Staffordshire

	Number of older people aged 60 and over living in deprived households	Proportion of older people aged 60 and over living in deprived households	Statistical difference to England
Cannock Chase	4,500	20.9%	Higher
East Staffordshire	3,900	14.8%	Lower
Lichfield	3,500	12.8%	Lower
Newcastle-under-Lyme	4,900	15.7%	Lower
South Staffordshire	4,500	14.7%	Lower
Stafford	3,900	11.4%	Lower
Staffordshire Moorlands	3,900	14.0%	Lower
Tamworth	3,400	21.0%	Higher
Staffordshire	**32,300**	**15.1%**	**Lower**
West Midlands	**262,300**	**20.7%**	**Higher**
England	**2,131,900**	**18.1%**	

Note: Numbers may not add up due to rounding

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011 and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Figure 8: Income deprivation affecting older people index, 2010
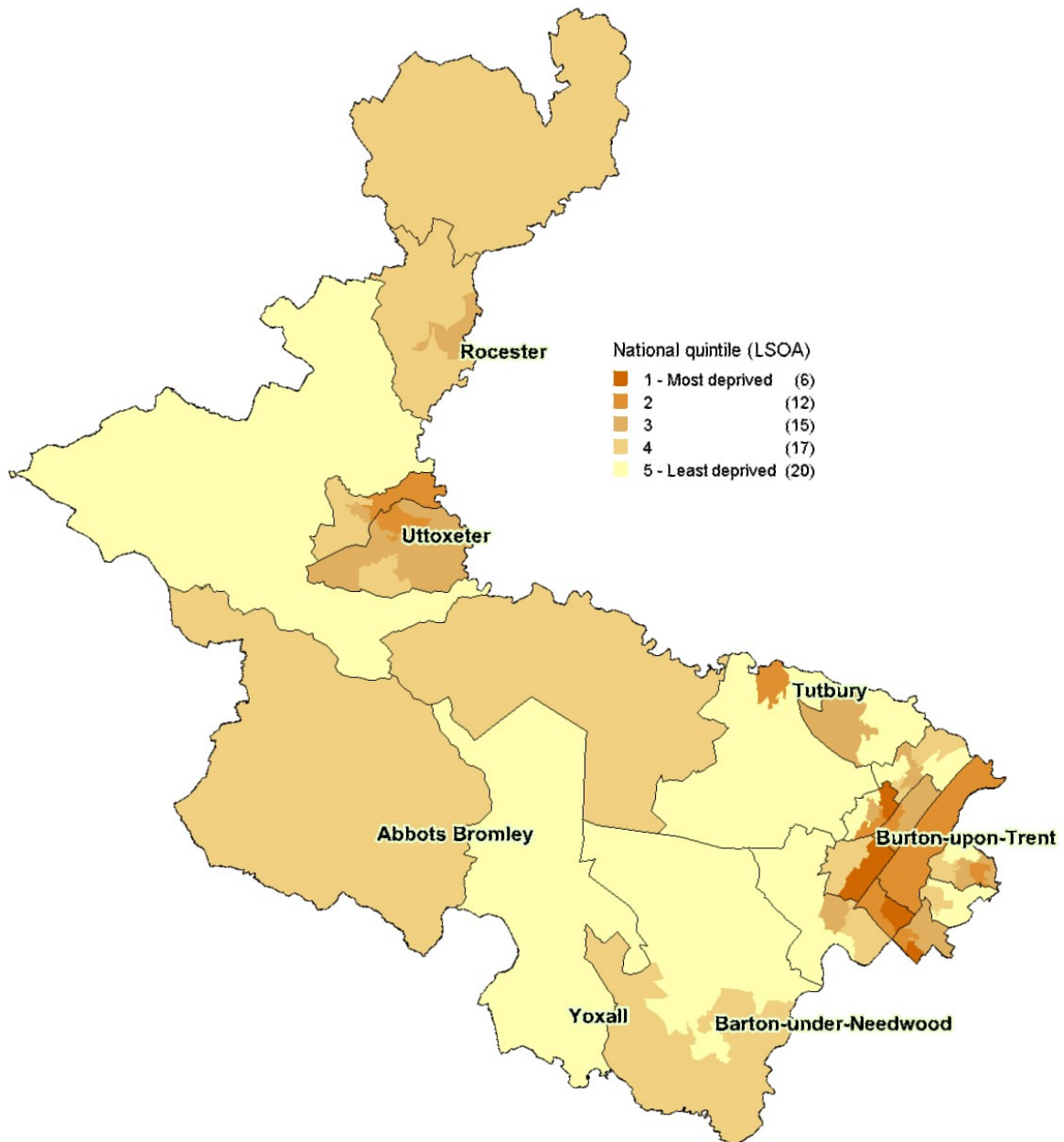
National quintile (LSOA)
- 1 - Most deprived (6)
- 2 (12)
- 3 (15)
- 4 (17)
- 5 - Least deprived (20)

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011

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4.5   Employment deprivation

As well as the obvious links to low income and worklessness, detachment from the labour market can lead to a number of social and psychological disadvantages. People who are unemployed tend to have higher levels of premature mortality and poorer general health than those who work. People who have been unemployed for a long duration also tend to visit their GP more frequently and have higher hospital admission rates.

The employment deprivation domain from the Indices of Deprivation 2010 measures the number and proportion of working-aged people (men aged 18-64 and women aged 18-59) in areas who would like to work but are unable to do so through unemployment, sickness or disability. Table 19 shows that around 5,400 people live in employment deprivation in East Staffordshire with levels being lower than the England average (9% compared with 10%).

Table 19: Employment deprivation

	Number	Percentage	Statistical difference to England
Cannock Chase	6,100	11.0%	Higher
East Staffordshire	5,400	8.8%	Lower
Lichfield	4,000	7.4%	Lower
Newcastle-under-Lyme	8,000	11.0%	Higher
South Staffordshire	4,100	6.9%	Lower
Stafford	5,500	7.7%	Lower
Staffordshire Moorlands	5,100	9.7%	Similar
Tamworth	4,200	9.2%	Lower
Staffordshire	**42,300**	**9.0%**	**Lower**
West Midlands	**357,600**	**11.4%**	**Higher**
England	**3,005,200**	**9.8%**	

Note: Numbers may not add up due to rounding

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011

A more up-to-date measure, often used as a proxy indicator, is the number (and proportion) of people of working age who are claiming unemployment-related benefits, i.e. Jobseeker's Allowance. Trends for the last five years are shown in Table 20. This shows that the number of claimants in East Staffordshire has more than doubled between 2008 (1,000 claimants) and 2012 (2,300 claimants).

In addition there are inequalities across the district with high proportions of claimants in Eton Park, Burton, Anglesey, Shobnall and Stapenhill wards (Table 21).

Table 20: Trends in Jobseeker's Allowance claimants

	March 2008	March 2009	March 2010	March 2011	March 2012
Cannock Chase	1,200 (1.9%)	3,300 (5.3%)	2,900 (4.7%)	2,400 (3.9%)	2,400 (3.9%)
East Staffordshire	1,000 (1.5%)	2,800 (4.0%)	2,400 (3.5%)	2,100 (3.0%)	2,300 (3.3%)
Lichfield	800 (1.2%)	2,100 (3.4%)	1,800 (2.9%)	1,600 (2.5%)	1,600 (2.7%)
Newcastle-under-Lyme	1,500 (1.8%)	3,100 (3.8%)	2,900 (3.5%)	2,500 (3.1%)	2,600 (3.2%)
South Staffordshire	1,000 (1.5%)	2,100 (3.1%)	2,100 (3.1%)	1,800 (2.6%)	1,800 (2.7%)
Stafford	1,100 (1.3%)	2,300 (2.9%)	2,200 (2.7%)	1,900 (2.4%)	1,900 (2.3%)
Staffordshire Moorlands	700 (1.1%)	1,700 (2.8%)	1,500 (2.5%)	1,300 (2.2%)	1,300 (2.2%)
Tamworth	1,000 (1.9%)	2,500 (5.1%)	2,400 (4.7%)	1,800 (3.5%)	1,900 (3.7%)
Staffordshire	**8,100 (1.5%)**	**19,800 (3.7%)**	**18,100 (3.4%)**	**15,300 (2.9%)**	**15,800 (3.0%)**
West Midlands	**99,100 (2.9%)**	**173,100 (5%)**	**178,000 (5.1%)**	**162,800 (4.7%)**	**172,400 (5.0%)**
England	**700,400 (2.1%)**	**1,272,900 (3.8%)**	**1,333,700 (3.9%)**	**1,246,600 (3.7%)**	**1,370,500 (4.0%)**

Note: Numbers may not add up due to rounding

Source: NOMIS

Table 21: Jobseeker's Allowance claimants in East Staffordshire, March 2012

	Number of people claiming Jobseeker's Allowance	Percentage of people claiming Jobseeker's Allowance	Statistical difference to England
Eton Park	280	7.3%	Higher
Burton	150	7.2%	Higher
Anglesey	270	6.5%	Higher
Shobnall	250	6.0%	Higher
Stapenhill	250	5.0%	Higher
Horninglow	220	4.4%	Similar
Winshill	220	4.3%	Similar
Heath	90	2.4%	Lower
Town	90	2.0%	Lower
Branston	90	1.9%	Lower
Churnet	30	1.9%	Lower
Rolleston on Dove	40	1.9%	Lower
Tutbury and Outwoods	60	1.9%	Lower
Weaver	20	1.6%	Lower
Stretton	70	1.5%	Lower
Needwood	50	1.4%	Lower
Yoxall	20	1.4%	Lower
Brizlincote	50	1.3%	Lower
Abbey	20	0.9%	Lower
Bagots	10	0.8%	Lower
Crown	10	0.5%	Lower
East Staffordshire	**2,300**	**3.3%**	**Lower**
Staffordshire	**15,800**	**3.0%**	**Lower**
West Midlands	**172,400**	**5.0%**	**Higher**
England	**1,370,500**	**4.0%**	

Note: Numbers may not add up due to rounding

Source: NOMIS and mid-year population estimates, Office for National Statistics, Crown copyright

4.6 Housing

The relationship between health and housing is well documented and the environment we live in can be an important influence on the demand for health and social care.

Certain characteristics, such as overcrowding, sanitation and poor heating can have adverse affects on an individual's health. Overcrowding is linked to a number of health problems including TB, dysentery, heart attacks, chest problems and poor mental health conditions. Damp and cold homes are linked to asthma, wheezing, chest infections and hypothermia and are also one of the major causes for excess winter deaths in the older population.

Up-to-date information on household characteristics (e.g. numbers of lone parent or pensioner households and overcrowding) will become available when data from the 2011 Census is released.

Households that are accepted as being homeless or are in temporary accommodation often have greater health needs than the average population. Statutory homelessness is one of the key public health outcomes indicators.

During 2010/11, 50 households were accepted as being homeless in East Staffordshire (Table 22).

Table 22: Statutory homelessness, 2010/11

	Number	Rate per 1,000 households	Statistical difference to England
Cannock Chase	50	1.2	Lower
East Staffordshire	50	1.0	Lower
Lichfield	110	2.7	Higher
Newcastle-under-Lyme	10	0.1	Lower
South Staffordshire	60	1.4	Lower
Stafford	50	0.9	Lower
Staffordshire Moorlands	100	2.3	Similar
Tamworth	70	2.3	Similar
Staffordshire	**510**	**1.4**	**Lower**
West Midlands	**8,440**	**3.6**	**Higher**
England	**44,160**	**1.9**	

Source: Office for National Statistics, Crown copyright

4.7 Transport

Transport enables access to work, education, social networks and services that can improve peoples' opportunities. Lack of physical access to transport can lead to social isolation, particularly for vulnerable groups, for example people with mental health conditions, older people and those living in rural areas without access to a car. There may also be concerns about safety, all of which can affect an individual's quality of life.

Improved accessibility helps to support economic regeneration and attract investors; facilitate the transition from welfare to work; improve participation and attendance in education and improve people's general physical heath. A good transport system can positively influence health by connecting people to jobs, services, affordable, nutritious and sustainable food; encouraging engagement in the community; reducing social isolation; encouraging physical activity by accessing green spaces; improving walking and cycle routes.

The 'geographical barriers' sub-domain from the Indices of Deprivation 2010 measures geographical access to local services that are important for people's day-to-day life such as supermarkets, post offices, GP surgeries and primary schools. The 'geographical barriers' measure is particularly relevant for some of the more rural areas of Staffordshire where individuals have to travel long distances to key services and are therefore disadvantaged.

In East Staffordshire, around 32,400 people are disadvantaged in terms of geographical access to services (defined as living in the most deprived quintile nationally). These are located in Abbey, Bagots, Branston, Brizlincote, Crown, Eton Park, Heath, Horninglow, Needwood, Shobnall, Stretton, Tutbury and Outwoods, Weaver and Yoxall wards (Figure 9).

Figure 9: Geographical access to services domain
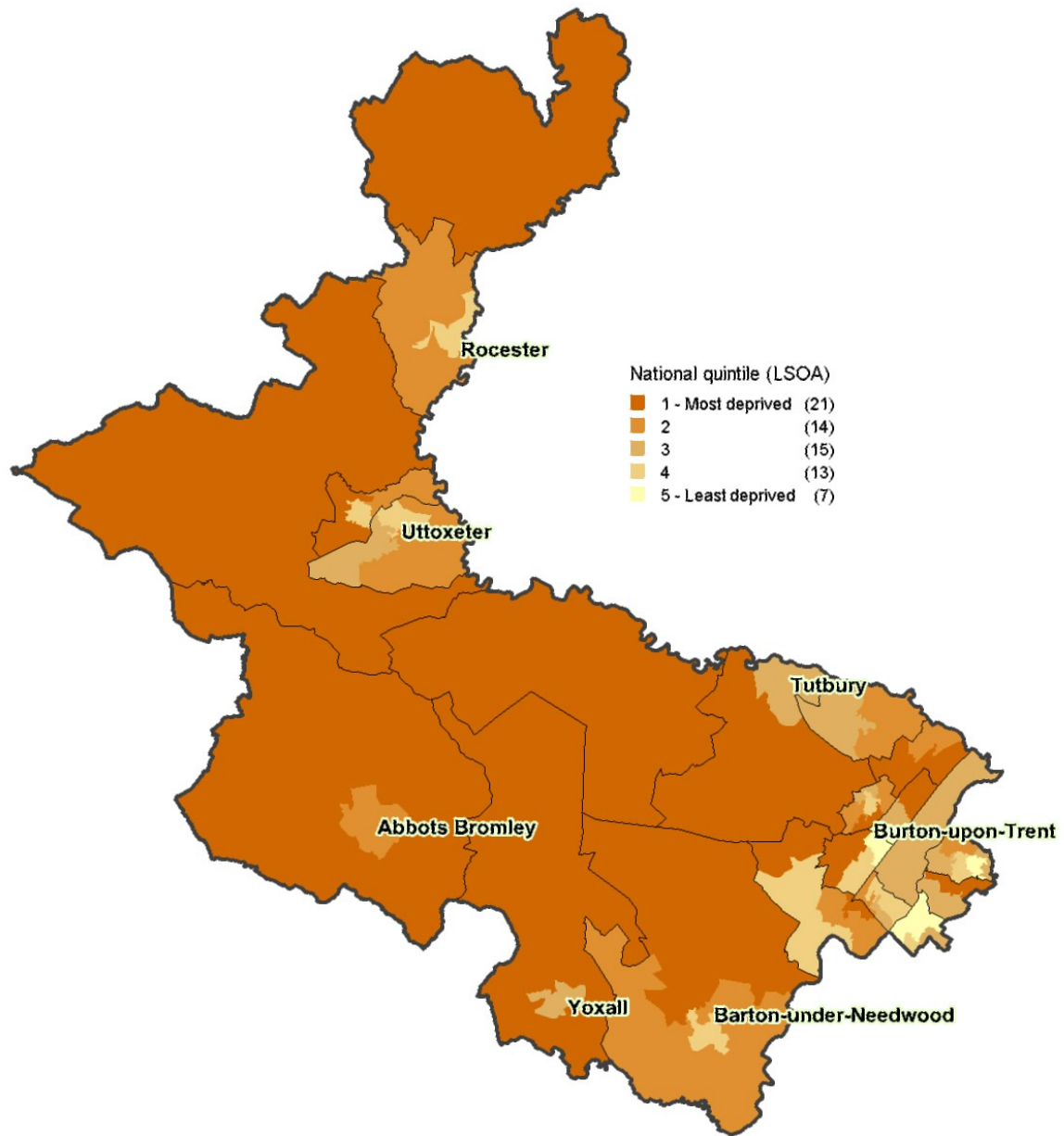
National quintile (LSOA)

- 1 - Most deprived (21)
- 2 (14)
- 3 (15)
- 4 (13)
- 5 - Least deprived (7)

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011

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4.8 Crime

Crime can have a direct impact on health, e.g. through violence and injury to an individual, which may also be alcohol or drug-related. It also has an affect on wellbeing, e.g. domestic violence or feeling socially isolated due to fear of crime.

During 2011/12 there were around 6,160 crimes recorded in East Staffordshire, equal to a rate of 56 crimes per 1,000 population.

Violent crime is one of the public health outcome indicators. During 2010/11 there were 1,590 incidents of violent crime in East Staffordshire, rates being similar to the national average (Table 23).

Table 23: Violent crime, 2010/11

	Number of recorded violent crimes	Crude rate per 1,000 population	Statistical difference to England
Cannock Chase	1,870	19.7	Higher
East Staffordshire	1,590	14.6	Similar
Lichfield	930	9.5	Lower
Newcastle-under-Lyme	1,870	15.1	Similar
South Staffordshire	1,000	9.4	Lower
Stafford	1,900	15.1	Similar
Staffordshire Moorlands	1,090	11.4	Lower
Tamworth	1,470	19.4	Higher
Staffordshire	**11,710**	**14.1**	**Lower**
West Midlands	**79,720**	**14.6**	**Similar**
England	**765,620**	**14.7**	

Source: Crime in England and Wales 2010/11, Findings from the British Crime Survey and police recorded crime, Home Office, Crown copyright 2011

Information on alcohol-related crime can be found in section 7.2.

5 Maternal and infant health

5.1 General fertility rates

General fertility rates (GFRs) are a measure of the number of live births per 1,000 women of child-bearing age (conventionally taken as those aged 15-44 years). The number of live births is a useful indicator for the level of maternity and early years care required within an area.

Based on data for 2008-2010, there are on average around 1,460 live births annually to women living in East Staffordshire and rates being higher than England. Fertility rates vary across East Staffordshire with seven wards (Anglesey, Shobnall, Burton, Eton Park, Stapenhill, Winshill and Horninglow) higher than the England average (Table 24).

Table 24: General fertility rates in East Staffordshire, 2008-2010

	Average number of live births per year	Live births per 1,000 women aged 15-44	Statistical difference to England
Anglesey	170	114.3	Higher
Shobnall	140	101.4	Higher
Burton	70	99.1	Higher
Eton Park	120	95.3	Higher
Stapenhill	110	77.7	Higher
Winshill	110	73.6	Higher
Horninglow	120	72.2	Higher
Rolleston on Dove	30	63.7	Similar
Heath	70	62.9	Similar
Town	80	62.2	Similar
Bagots	30	61.6	Similar
Tutbury and Outwoods	60	60.1	Similar
Stretton	80	59.6	Similar
Weaver	20	59.2	Similar
Churnet	30	58.0	Similar
Brizlincote	60	57.1	Similar
Branston	80	55.8	Lower
Crown	20	53.0	Similar
Needwood	40	52.5	Lower
Abbey	20	48.3	Lower
Yoxall	20	36.0	Lower
East Staffordshire	**1,460**	**72.2**	**Higher**
Staffordshire	**8,930**	**58.5**	**Lower**
West Midlands	**71,620**	**66.7**	**Higher**
England	**676,960**	**64.4**	

Note: Numbers may not add up due to rounding

Source: Birth extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

5.2   Terminations of pregnancy

During 2010, there were over 2,400 terminations to women registered with practices in Staffordshire; a rate of 16 per 1,000 women aged 15-44, slightly lower than the England average of 17 per 1,000 women (Figure 10).

Access to terminations can be monitored in a number of ways: two indicators often used are the number of terminations in an area that are NHS funded and the number of late terminations (over 13 weeks).

Slightly more terminations were NHS funded in Staffordshire than the England average (97% compared with 96% respectively). 8% of Staffordshire terminations occurred over 13 weeks gestation, similar to the England average of 9%.

Figure 10: Terminations by age group, 2010
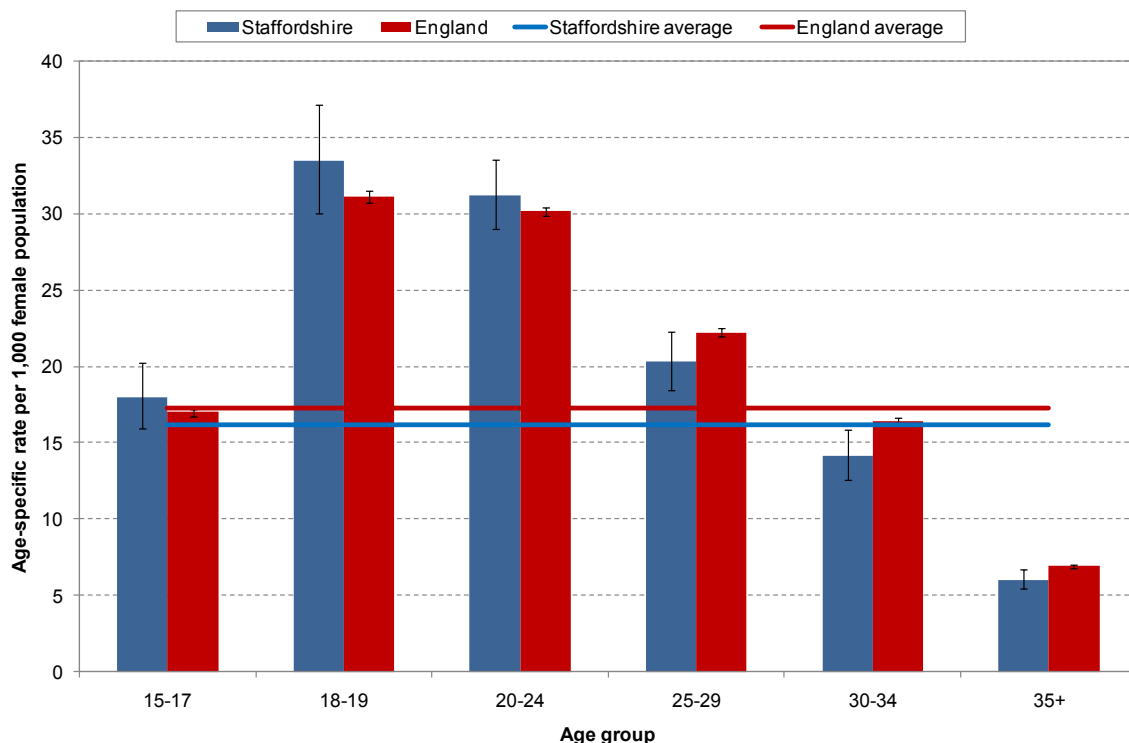
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

5.3   Stillbirths, perinatal and infant mortality

Reducing infant deaths (under one year) can be achieved by improving health before conception, during pregnancy and in the first few months of life. Reducing levels of smoking and drinking in pregnancy, improving diet and nutrition both before and during pregnancy, reducing levels of teenage pregnancy, increasing breastfeeding initiation and duration and improving access to high quality maternity care are some of the factors that contribute to reducing levels of infant mortality.

Rates of stillbirths in East Staffordshire are higher than the England average whilst perinatal and infant mortality rates are similar to national levels (Table 25). Trends in stillbirths show a steady increase since 2003-2005, whilst after peaking in 2006-2008 both perinatal mortality and infant mortality now appear to be falling in East Staffordshire (Figure 11 to Figure 13).

Table 25: Stillbirths, perinatal mortality and infant mortality, 2008-2010

|	Total number 2008-2010	* Rate per 1,000 total births ** Rate per 1,000 live births	Statistical difference to England
Stillbirths *			
Cannock Chase	7	2.0	Lower
East Staffordshire	33	7.5	Higher
Lichfield	15	5.0	Similar
Newcastle-under-Lyme	23	6.2	Similar
South Staffordshire	7	2.7	Similar
Stafford	15	3.8	Similar
Staffordshire Moorlands	10	3.7	Similar
Tamworth	18	5.8	Similar
Staffordshire	**128**	**4.8**	**Similar**
West Midlands	**1,198**	**5.5**	**Similar**
England	**10,420**	**5.1**	
Perinatal mortality *			
Cannock Chase	14	4.1	Lower
East Staffordshire	41	9.3	Similar
Lichfield	28	9.4	Similar
Newcastle-under-Lyme	46	12.5	Higher
South Staffordshire	9	3.4	Lower
Stafford	25	6.3	Similar
Staffordshire Moorlands	18	6.7	Similar
Tamworth	30	9.6	Similar
Staffordshire	**211**	**7.8**	**Similar**
West Midlands	**1,920**	**8.9**	**Higher**
England	**15,311**	**7.5**	
Infant mortality **			
Cannock Chase	10	2.9	Similar
East Staffordshire	23	5.3	Similar
Lichfield	17	5.7	Similar
Newcastle-under-Lyme	34	9.3	Higher
South Staffordshire	7	2.7	Similar
Stafford	15	3.8	Similar
Staffordshire Moorlands	13	4.9	Similar
Tamworth	21	6.8	Similar
Staffordshire	**140**	**5.2**	**Similar**
West Midlands	**1,294**	**6.0**	**Higher**
England	**9,260**	**4.6**	

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 11: Stillbirth trends
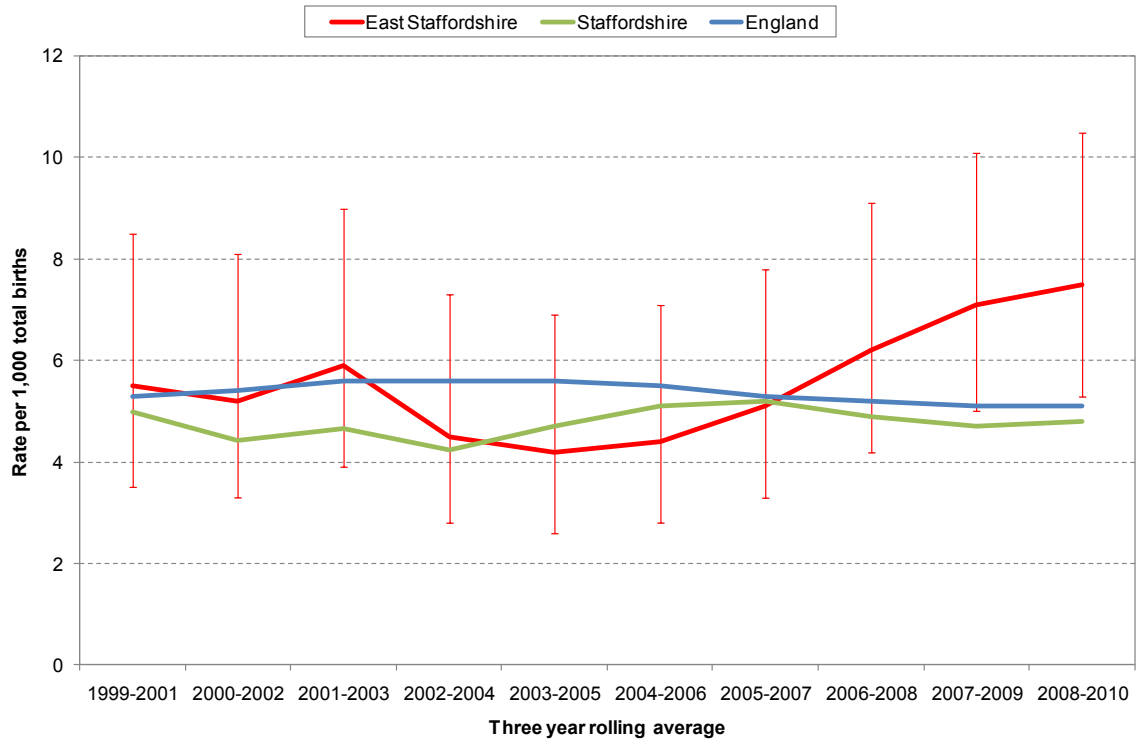
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 12: Trends in perinatal mortality
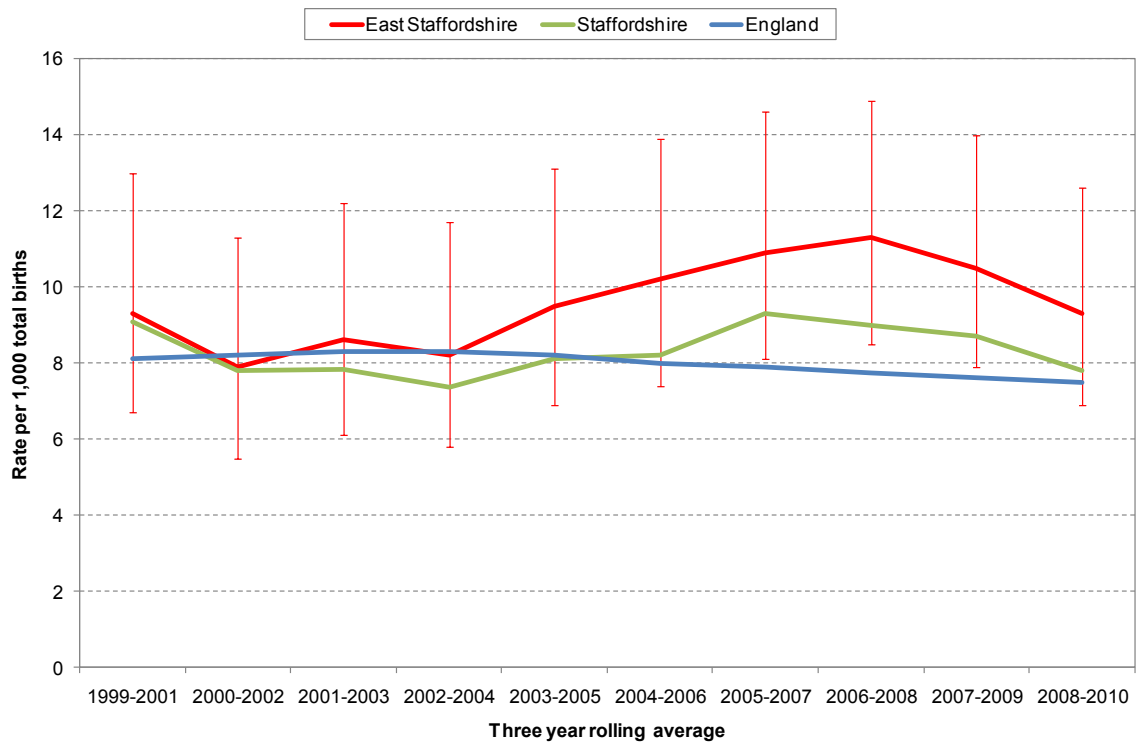
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 13: Trends in infant mortality

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

5.4 Access to maternity services

All pregnant women should have prompt access to maternity services. An indicator that measures early access and intervention is the proportion of women who have a health and social risk assessment completed by 13 weeks gestation.

The West Midlands Perinatal Institute publishes this indicator as part of the Perinatal Episode Electronic Record (PEER) project. This project collects a core dataset as part of its West Midlands Maternity Core Dataset from all West Midlands maternity providers but excludes providers outside the region, e.g. Derby Hospital and Macclesfield Hospital. Data collection across the West Midlands commenced in mid-2009 and data submissions account for around 70% of all births in the region providing a rich data source.

This dataset provides information on approximately 75% of Staffordshire births (varies across districts from 56% in Staffordshire Moorlands to 93% in Stafford) and provides an insight into inequalities in maternity care across the County.

The PEER sample found that during 2010/11, less women (81%) in East Staffordshire had access to a health and social assessment under 13 weeks gestation compared with 85% across the West Midlands. Tutbury and Outwoods, Horninglow, Anglesey and Shobnall in particular have low proportions of women accessing services before 13 weeks gestation compared to the West Midlands average (Table 26).

Table 26: Access to maternity services, 2010/11

	Number of women accessing services under 13 weeks	Percentage of women accessing services under 13 weeks	Statistical difference to West Midlands
Tutbury and Outwoods	30	63%	Lower
Bagots	10	68%	Similar
Horninglow	70	74%	Lower
Anglesey	100	76%	Lower
Shobnall	90	77%	Lower
Eton Park	80	79%	Similar
Branston	60	79%	Similar
Burton	40	82%	Similar
Brizlincote	30	82%	Similar
Winshill	60	85%	Similar
Town	40	86%	Similar
Churnet	10	87%	Similar
Stapenhill	70	88%	Similar
Heath	40	88%	Similar
Abbey	20	89%	Similar
Yoxall	10	90%	Similar
Stretton	40	91%	Similar
Rolleston on Dove	10	93%	Similar
Needwood	30	97%	Similar
Crown	10	100%	Similar
Weaver	Data not available		
East Staffordshire	**850**	**81%**	**Lower**
Staffordshire	**6,220**	**88%**	**Higher**
West Midlands	**44,500**	**85%**	

Note: Numbers may not add up due to rounding

Source: West Midlands Maternity Core Dataset from Perinatal Episode Electronic Record (PEER) data, West Midlands Perinatal Institute

5.5   Smoking in pregnancy

Smoking during pregnancy is associated with adverse effects for both the mother and her unborn baby. Women who smoke during pregnancy are at greater risk of giving birth to low birthweight babies. On average, babies born to women who smoke during pregnancy are almost half a pound lighter than to women who don't smoke. Smoking throughout pregnancy also increases the risk of a premature birth, miscarriage and perinatal death.

Reducing smoking in pregnancy remains a national priority - the Department of Health's Tobacco Control Plan sets out ambitions to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015 (measured at the time of giving birth). National data from the Infant Feeding Survey indicates that smoking in pregnancy has fallen significantly from 23% in 1995 to 19% in 2000, 17% in 2005 and 12% in 2010.

Mothers who smoke throughout pregnancy are often young and come from more deprived backgrounds, for example, findings from the 2010 Infant Feeding Survey which revealed that teenage mothers were almost six times more likely to smoke throughout their pregnancy than women aged 35 and over (35% compared with 6% respectively).

More mothers in Staffordshire (15.3%) continue to smoke throughout their pregnancy than the England average (13.5%) during 2010/11 (Figure 14).

Figure 14: Trends for mother smoking throughout pregnancy
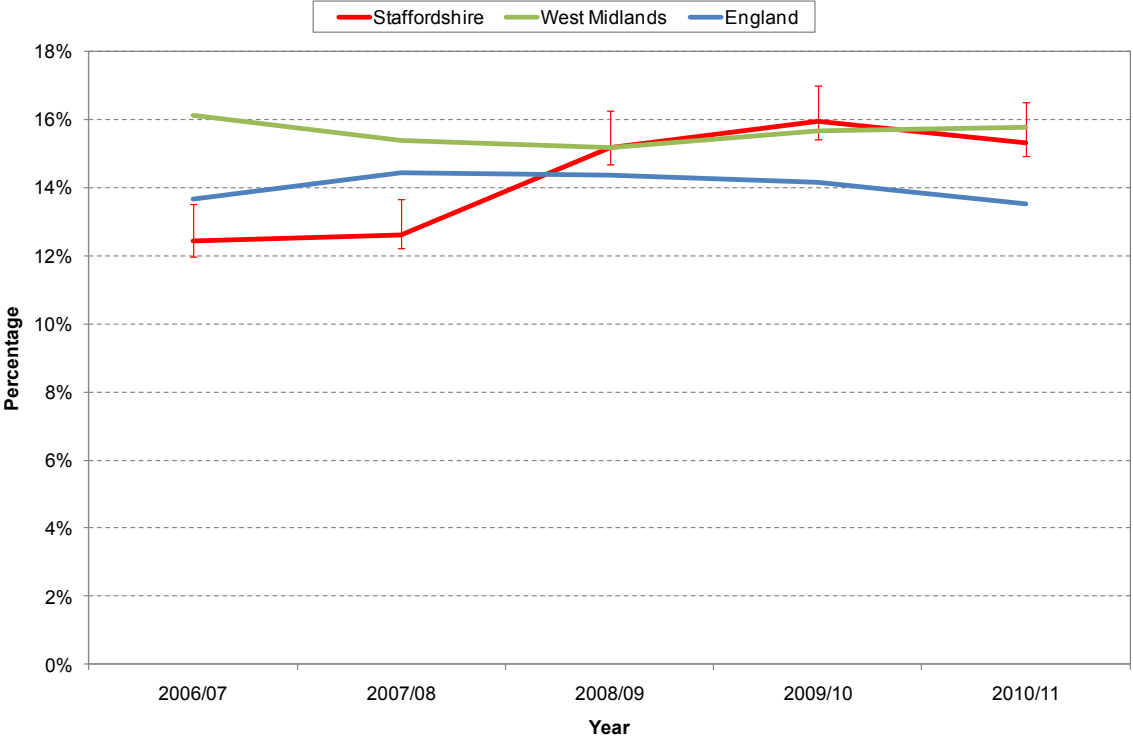
Source: Statistical release: smoking at delivery - Quarter 4, 2010/11, Department of Health, Data release 26 May 2011, Crown copyright 2011

Data is not currently available through this routine data collection at a district level although other estimates of smoking in pregnancy are available as follows:

- The Network of Public Health Observatories have used data from PCTs to model estimates of the proportion of mothers who continue to smoke throughout pregnancy at local authority level. This suggests that 16% of pregnant women in East Staffordshire continued to smoke throughout pregnancy in 2009/10, similar to the England average.

- Estimates from the 2010/11 PEER sample which suggests that 11% of women in East Staffordshire continue to smoke during pregnancy - which is lower than the PEER recorded average for West Midlands (14%).

Note: The PEER derived Staffordshire average for women who continue to smoke throughout pregnancy is 14%, similar to the 15% recorded from PCT statistical returns. Discrepancies in these figures may be due to the PEER sample not including all Staffordshire births.

The PEER data sample also allows for some analysis at electoral ward level. There is considerable variation across East Staffordshire wards although statistically they are all similar to the West Midlands, with the exception of Shobnall where smoking at the time of delivery is statistically lower than the West Midlands (Table 27).

Table 27: Smoking at booking and delivery, 2010/11

	Percentage (number) of women smoking at booking	Statistical difference to West Midlands	Percentage (number) of women smoking at delivery	Statistical difference to West Midlands
Horninglow	22% (20)	Similar	20% (20)	Similar
Winshill	24% (20)	Similar	17% (10)	Similar
Stapenhill	28% (20)	Similar	14% (10)	Similar
Eton Park	21% (20)	Similar	14% (10)	Similar
Burton	20% (10)	Similar	13% (10)	Similar
Anglesey	18% (20)	Similar	12% (20)	Similar
Town	15% (10)	Similar	9% (10)	Similar
Branston	8% (10)	Lower	8% (10)	Similar
Shobnall	13% (20)	Similar	7% (10)	Lower
Brizlincote	14% (10)	Similar	Suppressed	
Abbey	Suppressed		Suppressed	
Bagots	Suppressed		Suppressed	
Churnet	Suppressed		Suppressed	
Crown	Suppressed		Suppressed	
Heath	Suppressed		Suppressed	
Needwood	Suppressed		Suppressed	
Rolleston on Dove	Suppressed		Suppressed	
Stretton	Suppressed		Suppressed	
Tutbury and Outwoods	Suppressed		Suppressed	
Yoxall	Suppressed		Suppressed	
Weaver	Data not available		Data not available	
East Staffordshire	**16% (170)**	**Lower**	**11% (110)**	**Lower**
Staffordshire	**19% (1,350)**	**Similar**	**14% (920)**	**Similar**
West Midlands	**19% (9,800)**		**14% (6,200)**	

Note: (1) Numbers may not add up due to rounding; (2) Numbers and percentages based on small numbers (under five individuals) have been suppressed to prevent disclosure

Source: West Midlands Maternity Core Dataset from Perinatal Episode Electronic Record (PEER) data, West Midlands Perinatal Institute

5.6   *Low birthweight babies*

Babies weighing less than 2,500 grams at birth are considered to have a low birthweight. The risk of low birthweight is increased with deprivation, poor nutrition, multiple pregnancies, teenage pregnancy, and smoking and drinking during pregnancy. Low birthweight is one of the leading causes of infant illness, disability and death and is a good indicator of poor health experience in both early and later life.

The proportion of babies born with a birthweight of less than 2,500 grams in East Staffordshire is 8%, which is similar to both the Staffordshire and national average. The proportion of low birthweight babies is similar to England for all East Staffordshire wards (Table 28).

Table 28: Low birthweight babies in East Staffordshire, 2008-2010

	Total number of low birthweight babies (under 2,500 grams)	Percentage of babies with a low birthweight	Statistical difference to England
Stapenhill	30	10.1%	Similar
Anglesey	50	9.3%	Similar
Burton	20	9.2%	Similar
Shobnall	40	9.0%	Similar
Eton Park	30	8.9%	Similar
Brizlincote	10	8.4%	Similar
Churnet	10	8.4%	Similar
Needwood	10	8.3%	Similar
Winshill	30	8.0%	Similar
Stretton	20	7.9%	Similar
Branston	20	7.8%	Similar
Horninglow	30	7.4%	Similar
Rolleston on Dove	10	6.8%	Similar
Bagots	10	6.5%	Similar
Heath	10	6.2%	Similar
Town	10	5.8%	Similar
Tutbury and Outwoods	10	4.7%	Similar
Abbey	Suppressed		
Crown	Suppressed		
Weaver	Suppressed		
Yoxall	Suppressed		
East Staffordshire	**350**	**7.9%**	**Similar**
Staffordshire	**2,010**	**7.5%**	**Similar**
West Midlands	**18,190**	**8.5%**	**Higher**
England	**150,240**	**7.4%**	

Note: (1) Numbers may not add up due to rounding; (2) Numbers and percentages based on small numbers (under five individuals) have been suppressed to prevent disclosure

Source: Birth extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

5.7 *Breastfeeding*

Breastfeeding has many health benefits for both mother and child. Breastfeeding protects babies against infections and diseases such as asthma and eczema. Breastfeeding also helps protect mothers against ovarian and breast cancer and weak bones later in life. Mothers who breastfeed their babies also return to their pre-pregnancy figure faster. The World Health Organisation (WHO) recommends that mothers breastfeed exclusively for the first six months.

Early findings from the 2010 Infant Feeding Survey found that 83% of women initiated breastfeeding in England. Prevalence data is currently being collated and will be released in 2012. However the previous survey in 2005 found that the proportion of mothers continuing to breastfeed dropped dramatically: 75% of mothers initiating breastfeeding, 66% continuing to breastfeed at one week, 50% at six weeks, 35% at four months and only 26% at six months.

Factors such as age, level of education, and deprivation are all associated with breastfeeding initiation and duration rates, for example, teenage mothers and those from deprived areas are less likely to breastfeed their babies and those who do tend to have higher drop out rates.

In Staffordshire, the proportion of women initiating breastfeeding in 2010/11 was 66%, similar to the West Midlands (67%) but lower than England (74%). Trends in Staffordshire have increased slightly over the last five years but remain lower than the England average (Figure 15).

Figure 15: Breastfeeding initiation trends

The Network of Public Health Observatories have again used data from PCTs to model breastfeeding estimates at local authority level. This suggests that around 66% of mothers in East Staffordshire initiated breastfeeding in 2009/10, lower than the England average.

The PEER dataset from West Midlands Perinatal Institute suggests that initiation rates in East Staffordshire are lower than the PEER reported West Midlands average. However, the PEER derived breastfeeding rates for Staffordshire is 60%, lower than breastfeeding prevalence derived from PCT returns (66%). Discrepancies in these figures are likely to be due to the PEER sample not including all Staffordshire births.

The PEER data also allows for data to be examined at electoral ward level which highlights Eton Park and Shobnall wards to have particularly low levels of breastfeeding initiation rates (Table 29).

Table 29: Breastfeeding initiation rates, 2010/11

	Number of babies that were breastfed	Proportion of babies that were breastfed	Statistical difference to West Midlands
Eton Park	40	41%	Lower
Shobnall	40	44%	Lower
Heath	20	44%	Similar
Brizlincote	10	44%	Similar
Rolleston on Dove	10	50%	Similar
Stapenhill	40	51%	Similar
Winshill	40	51%	Similar
Stretton	20	53%	Similar
Horninglow	40	54%	Similar
Anglesey	60	54%	Similar
Branston	40	56%	Similar
Bagots	10	57%	Similar
Churnet	10	57%	Similar
Needwood	20	64%	Similar
Tutbury and Outwoods	20	65%	Similar
Burton	30	66%	Similar
Abbey	10	70%	Similar
Town	30	70%	Similar
Crown	10	91%	Similar
Yoxall	Suppressed		
Weaver	Data not available		
East Staffordshire	**470**	**53%**	**Lower**
Staffordshire	**3,860**	**60%**	**Similar**
West Midlands	**27,520**	**61%**	

Note: (1) Numbers may not add up due to rounding (2) Numbers and percentages based on small numbers (under five individuals) have been suppressed to prevent disclosure

Source: West Midlands Maternity Core Dataset from Perinatal Episode Electronic Record (PEER) data, West Midlands Perinatal Institute

Since 2008/09, primary care trusts have also been required to submit quarterly data on the prevalence of breastfeeding at six to eight weeks. Data from 2010/11 shows that only a third of mothers continue to breastfeed their babies at six to eight weeks in Staffordshire, significantly lower than 38% regionally and 46% nationally.

Data from the child health information systems in Staffordshire have been used to provide some provisional analysis at district level. This shows that the East Staffordshire breastfeeding prevalence rate at six to eight weeks is statistically lower than England but similar to the West Midlands and Staffordshire (Figure 16)

Figure 16: Breastfeeding prevalence rates at six to eight weeks, 2010/11 (provisional data)
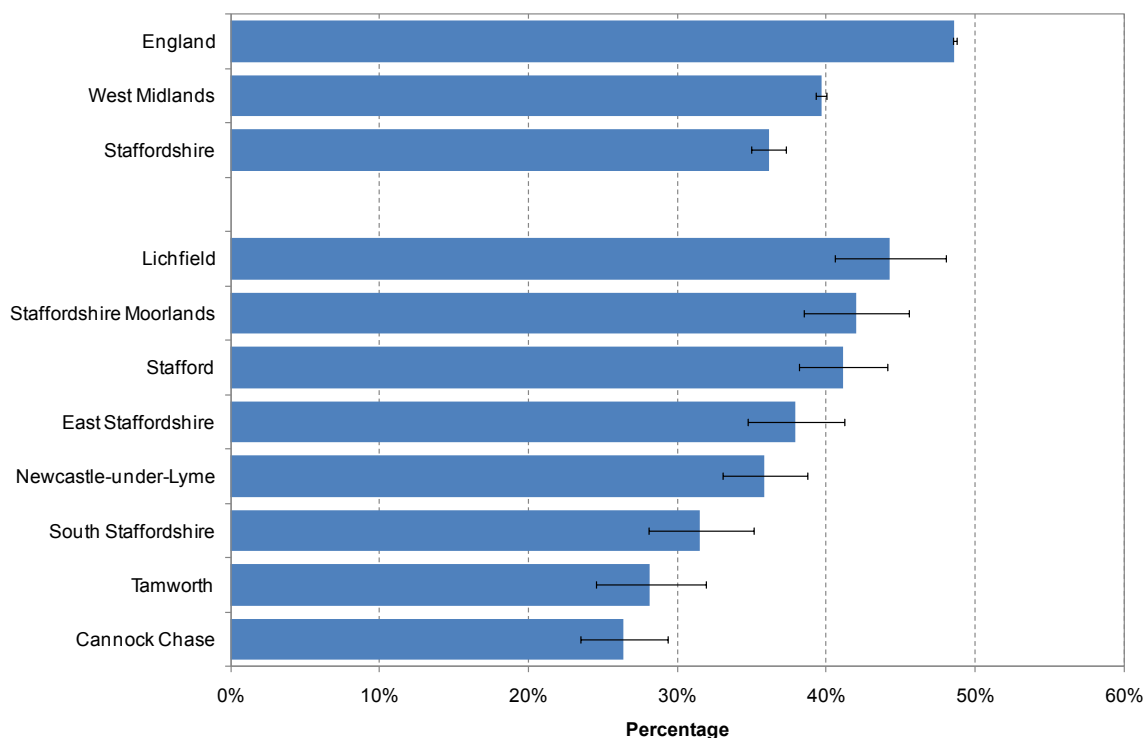
Source: Child Health Surveillance Database, North Staffordshire Health Intelligence Service, Child Health Surveillance Database, South Staffordshire Health Intelligence Service and Statistical release: Breastfeeding initiation and prevalence at six to eight weeks, Department of Health, February 2012
www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_124185

5.8   Childhood immunisation

The immunisation of children is the single most cost-effective form of prevention and protects children against serious diseases. Since 1995 the targets for immunisation uptake have been set at 95% and they are considered by the World Health Organisation to be the only effective means of eradication of vaccine preventable childhood disease. A combination of adverse media reporting on vaccine safety and difficulties with vaccine supply has made it increasingly difficult to meet these targets. The current routine immunisation programme is described in Table 30. In addition, at risk babies are offered vaccines for protection against Hepatitis B and tuberculosis.

Table 30: Routine childhood immunisation programme

When to immunise	Diseases protected against	Vaccine given
Two months old	Diphtheria, tetanus, pertussis (whooping cough), polio and haemophilus influenza type b (Hib), pneumococcal infection	▪ Five in one: DTaP/IPV/Hib ▪ Pneumococcal conjugate vaccine (PCV)
Three months old	Diphtheria, tetanus, pertussis, polio and haemophilus influenza type b (Hib), meningitis C	▪ Five in one (second dose): DTaP/IPV/Hib ▪ MenC
Four months old	Diphtheria, tetanus, pertussis, polio and haemophilus influenza type b (Hib), pneumococcal infection, meningitis C	▪ Five in one (third dose): DTaP/IPV/Hib ▪ MenC (second dose) ▪ PCV (second dose)
Between 12-13 months	Haemophilus influenza type b (Hib), meningitis C, measles, mumps, rubella (German measles), pneumococcal infection	▪ Single jab: Hib (fourth dose) and MenC (third dose) booster ▪ MMR ▪ PCV (third dose)
Three years and four months, or soon after	Measles, mumps, rubella diphtheria, tetanus, pertussis and polio,	▪ MMR (second jab) ▪ DTaP/IPV (pre school booster)
Girls aged 12 to 13 years	Cervical cancer caused by human papillomavirus types 16 to 18	▪ HPV (three jabs given within six months)
13 to 18 years old	Tetanus, diphtheria and polio	▪ Td/IPV (thee in one teenage booster)

Note: Human papillomavirus vaccine was introduced into the routine immunisation programme in September 2008

Source: http://immunisation.dh.gov.uk/

Childhood immunisation rates in Staffordshire are consistently higher than the England average, although trends in the last five to six years show that the gap has been reducing (Figure 17 to Figure 19).

During 2010/11, uptake rates for East Staffordshire were also higher than the England average. However, for some diseases e.g. measles, mumps and rubella, coverage rates do not reach the 95% optimum protective target set by the World Health Organisation (Table 31).

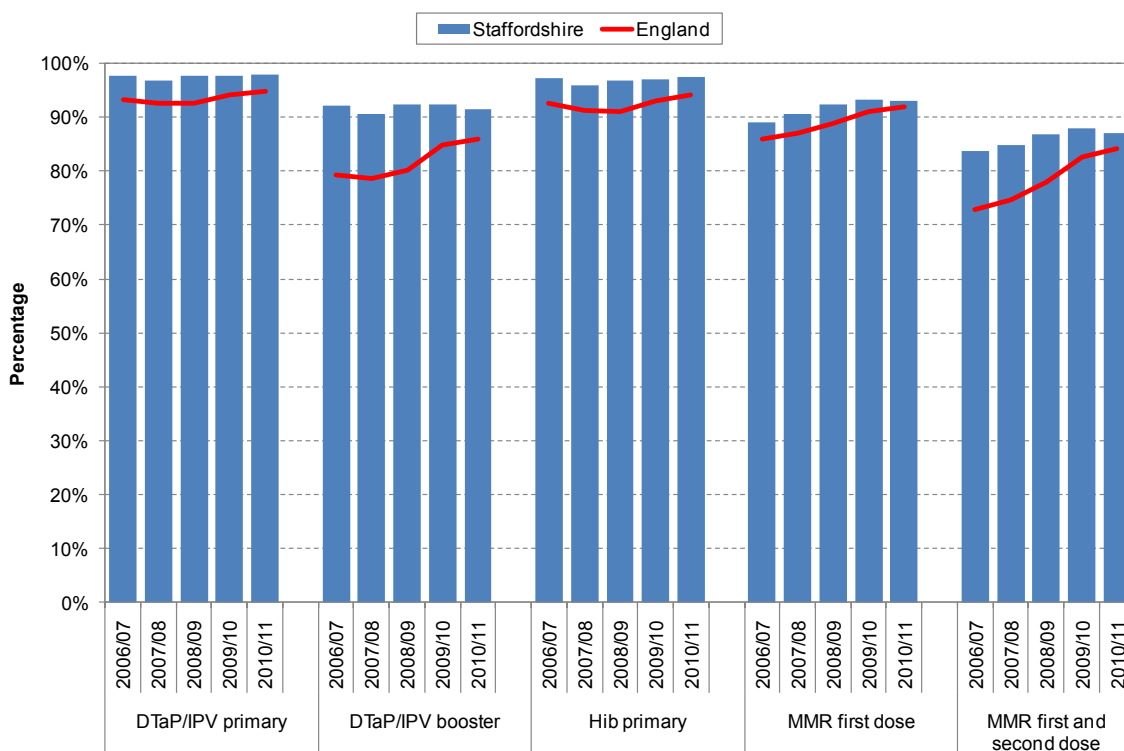## Figure 17: Percentage of children immunised by their first birthday
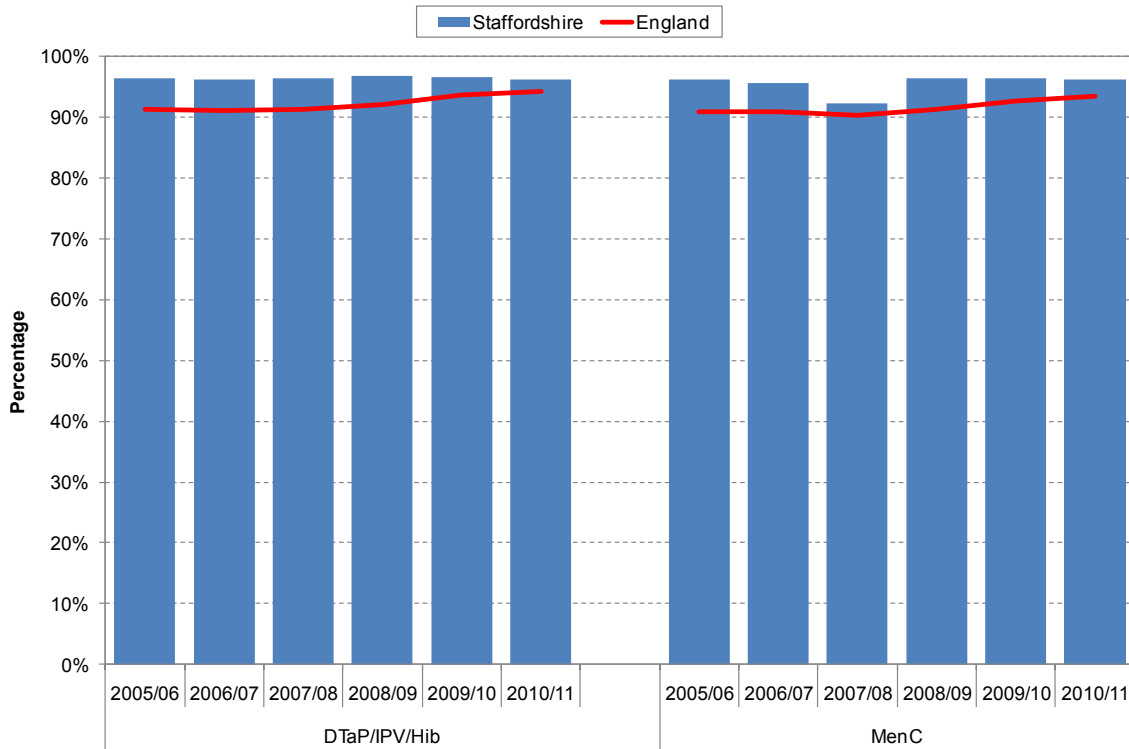
Source: NHS Immunisation Statistics 2005/06 to 2010/11, The Information Centre for health and social care, Crown copyright

Figure 18: Percentage of children immunised by their second birthday
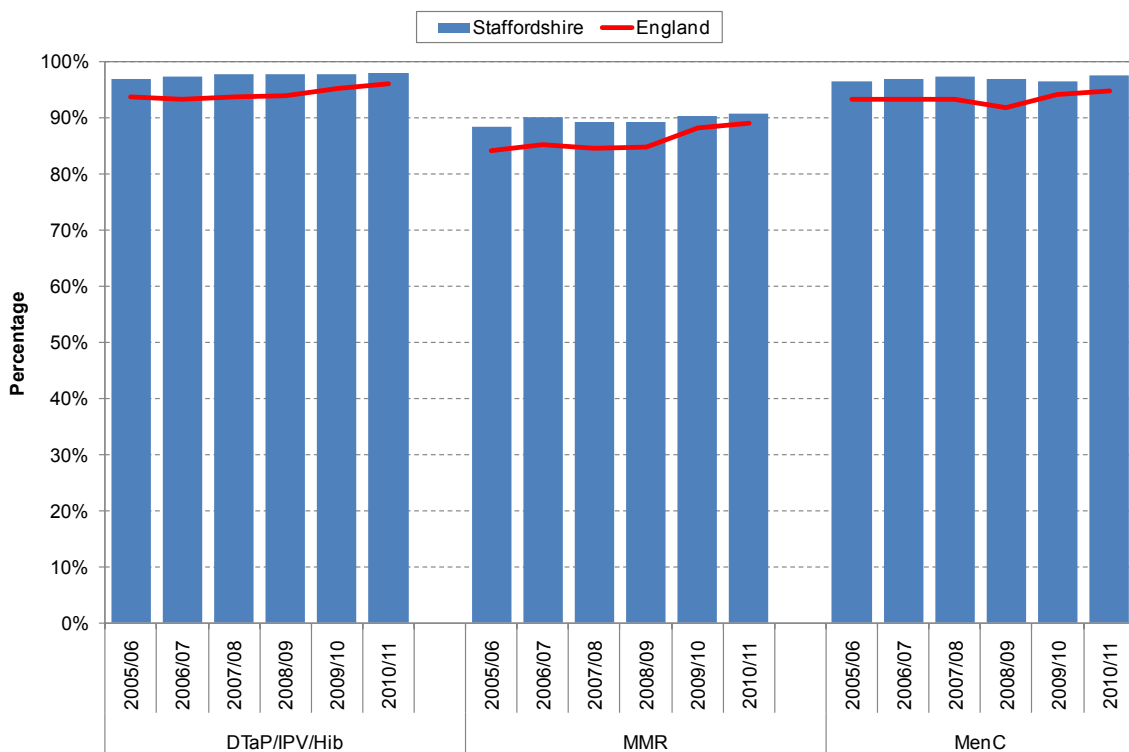
Source: NHS Immunisation Statistics 2005/06 to 2010/11, The Information Centre for health and social care, Crown copyright

Figure 19: Percentage of children immunised by their fifth birthday

Table 31: Childhood immunisation uptake rates, 2010/11

	East Staffordshire	Staffordshire	West Midlands	England
Percentage immunised by their first birthday				
Number of children aged one	1,450	8,760	69,040	674,530
Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib)	96.1%	96.2%	94.8%	94.2%
Meningitis C (second dose)	95.7%	96.2%	94.5%	93.4%
Pneumococcal (PCV) (second dose)	95.9%	96.0%	94.4%	93.6%
Percentage immunised by their second birthday				
Number of children aged two	1,520	9,120	69,420	669,800
Diphtheria, tetanus, polio, pertussis, haemophilus influenza type b (Hib)	98.2%	98.0%	97.3%	96.0%
Measles, mumps and rubella	95.3%	90.8%	91.5%	89.1%
Meningitis C	97.3%	97.5%	96.1%	94.8%
Haemophilus influenza type b (Hib) / Meningitis C	96.3%	94.8%	93.6%	91.6%
Pneumococcal Conjugate Vaccine (PCV)	95.6%	92.4%	92.5%	89.3%
Percentage immunised by their fifth birthday				
Number of children aged five	1,390	8,700	62,590	620,340
Diphtheria, tetanus, polio, pertussis (primary)	95.5%	97.8%	96.6%	94.7%
Diphtheria, tetanus, polio, pertussis (booster)	95.5%	91.4%	90.3%	85.9%
Haemophilus influenza type b (Hib) (primary)	95.5%	97.5%	95.4%	94.2%
Measles, mumps and rubella (first dose)	94.9%	93.1%	94.0%	91.9%
Measles, mumps and rubella (first and second dose)	92.3%	87.1%	87.4%	84.2%

5.9 Dental health

Tooth decay is particularly high amongst children who have poor weaning practices, poor diet (high or frequent uptake of food containing sugar) and inadequate use of fluoride toothpaste.

Dental decay experience is measured by recording the number of decayed teeth, missing teeth and filled teeth for each child. The average decay experience (mean number of decayed, missing or filled teeth) assesses the severity of the disease in populations.

The latest data published by the British Association for the Study of Community Dentistry (BASCD) was collected during the 2007/08 academic year for five year old children and during 2008/09 for 12 year olds.

Across Staffordshire around 5,500 children aged five and 1,800 children aged 12 had their teeth examined. This represents over two thirds of the five year old population and just under a fifth of the 12 year old population.

The survey shows that the overall experience of tooth decay for five and 12 year olds across Staffordshire is significantly better than both the regional and national average. Results for East Staffordshire show that:

- the percentage of children aged five with at least one decayed, missing or filled tooth in East Staffordshire was 24%, lower than the England average of 31% (Figure 20). The average number of decayed, missing or filled teeth per child, measuring severity of tooth decay, in East Staffordshire was 0.70, again lower than the England average of 1.11 (Table 32).

- the percentage of children aged 12 with at least one decayed, missing or filled tooth in East Staffordshire was also 24% and lower than the England average of 33% (Figure 20). The average number of decayed, missing or filled teeth per child in East Staffordshire was 0.46, again lower than the England average of 0.74 (Table 32).

Figure 20: Percentage of children aged five and 12 with tooth decay (measured by having at least one decayed, missing or filled tooth), 2007/08 and 2008/09
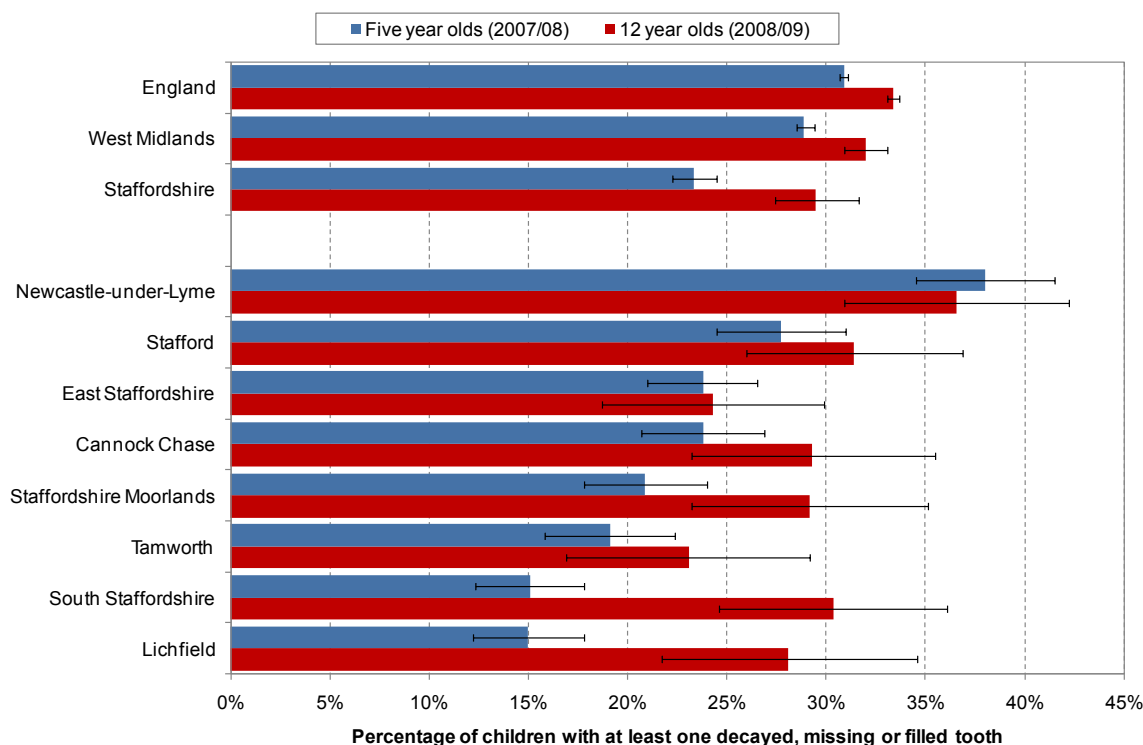
Source: The British Association for the Study of Community Dentistry. NHS Dental Epidemiology Programme for England Oral Health Survey of five year old children, 2007/08, http://www.bascd.org/annual_survey_results.php

Table 32: Mean decayed, missing and filled teeth (dmft) in children aged five and 12, 2007/08 and 2008/09

	Five year olds (2007/08)		12 year olds (2008/09)	
	Mean dmft	**Statistical difference to England**	**Mean dmft**	**Statistical difference to England**
Cannock Chase	0.53	Lower	0.62	Similar
East Staffordshire	0.70	Lower	0.46	Lower
Lichfield	0.33	Lower	0.49	Lower
Newcastle-under-Lyme	1.27	Similar	0.80	Similar
South Staffordshire	0.35	Lower	0.57	Lower
Stafford	0.75	Lower	0.54	Lower
Staffordshire Moorlands	0.65	Lower	0.63	Similar
Tamworth	0.43	Lower	0.41	Lower
Staffordshire	**0.64**	**Lower**	**0.57**	**Lower**
West Midlands	**0.97**	**Lower**	**0.68**	**Lower**
England	**1.11**		**0.74**	

Source: The British Association for the Study of Community Dentistry. NHS Dental Epidemiology Programme for England Oral Health Survey of five year old children, 2007/08, http://www.bascd.org/annual_survey_results.php

6 Mortality and ill-health

6.1 Life expectancy

Life expectancy is often used as a high level indicator of the overall health status of the population. Life expectancy measures the average number of years a baby born in a particular population can be expected to live if it experienced the current age-specific mortality rates for that particular area throughout its life. Increases in life expectancy will be achieved through a wide range of actions including initiatives that tackle major causes of premature death such as cancer and heart disease.

Overall life expectancy at birth has increased both nationally and locally. Men in East Staffordshire continue to have shorter life expectancy than the England average by 14 months whilst women have life expectancy similar to the national average (Figure 21 and Table 33).

For men, the gap between the ward with the lowest life expectancy and the ward with the highest life expectancy is ten years, with seven of East Staffordshire's 21 wards experiencing lower life expectancy than the England average (Table 34). For women the gap between the ward with lowest and highest life expectancy is eight years. Women in Anglesey, Churnet, Horninglow and Winshill wards have shorter life expectancy than the England average.

Figure 21: Life expectancy trends for men and women
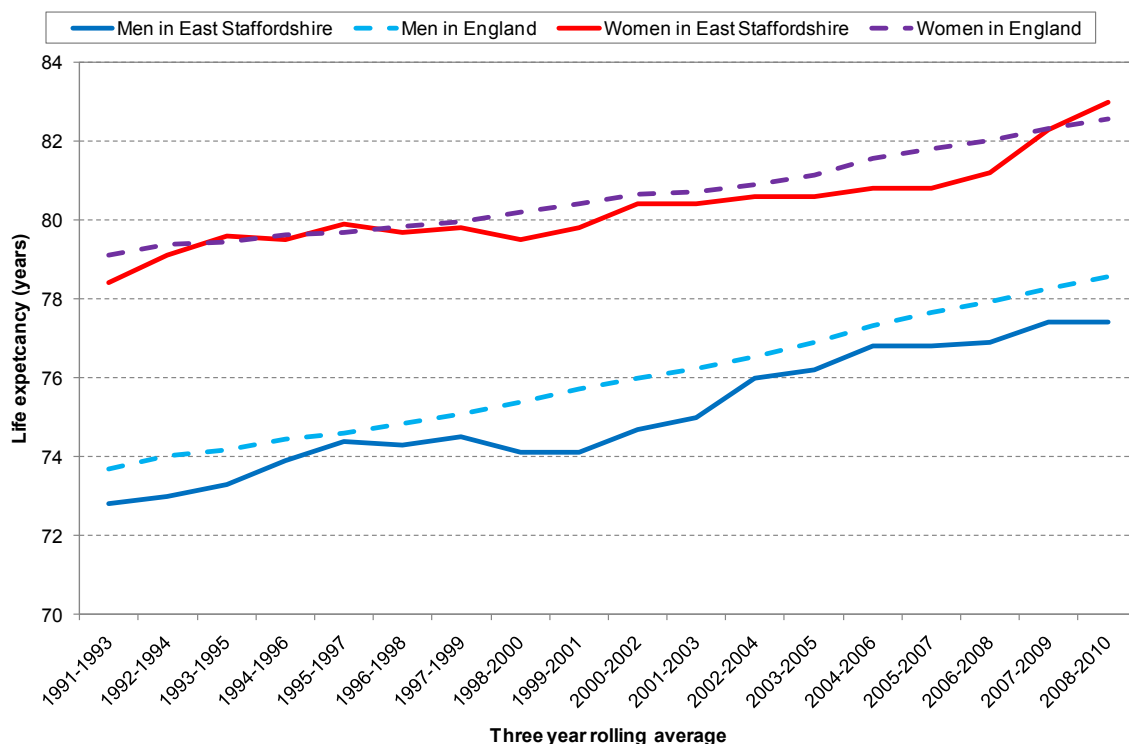
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Table 33: Life expectancy in Staffordshire, 2008-2010

	Men		Women	
	Life expectancy at birth (years)	Difference to England (months)	Life expectancy at birth (years)	Difference to England (months)
Cannock Chase	77.3	-15	81.7	-10
East Staffordshire	77.4	-14	83.0	5
Lichfield	78.8	3	81.8	-9
Newcastle-under-Lyme	78.3	-3	81.8	-9
South Staffordshire	79.1	6	82.8	3
Stafford	79.1	6	83.3	9
Staffordshire Moorlands	78.4	-2	82.6	0
Tamworth	78.7	1	82.7	2
Staffordshire	**78.4**	**-2**	**82.5**	**-1**
West Midlands	**77.9**	**-8**	**82.2**	**-4**
England	**78.6**		**82.6**	

Key: Statistically lower than England

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Table 34: Life expectancy at birth, 2006-2010

	Men		Women	
	Life expectancy (years)	Statistical difference to England	Life expectancy (years)	Statistical difference to England
Abbey	78.7	Similar	82.3	Similar
Anglesey	74.0	Lower	79.9	Lower
Bagots	75.0	Similar	83.7	Similar
Branston	77.5	Similar	83.9	Similar
Brizlincote	79.7	Similar	82.9	Similar
Burton	75.9	Similar	81.7	Similar
Churnet	76.6	Similar	80.3	Lower
Crown	78.0	Similar	84.1	Similar
Eton Park	75.1	Lower	79.3	Similar
Heath	77.4	Similar	82.3	Similar
Horninglow	75.4	Lower	79.5	Lower
Needwood	83.6	Higher	86.5	Higher
Rolleston on Dove	81.6	Similar	87.4	Higher
Shobnall	74.4	Lower	81.7	Similar
Stapenhill	74.1	Lower	82.1	Similar
Stretton	78.7	Similar	83.7	Similar
Town	75.0	Lower	82.7	Similar
Tutbury and Outwoods	79.1	Similar	81.7	Similar
Weaver	80.7	Similar	84.7	Similar
Winshill	75.1	Lower	80.6	Lower
Yoxall	78.7	Similar	80.9	Similar
East Staffordshire	**77.1**	**Lower**	**82.0**	**Similar**
Staffordshire	**78.2**	**Similar**	**82.1**	**Lower**
West Midlands	**77.6**	**Lower**	**81.9**	**Lower**
England	**78.3**		**82.3**	

Source: Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital Statistics Table 3 for West Midlands and England, Office for National Statistics, Crown copyright

Gains in life expectancy should also be accompanied by gains in healthy life expectancy. Healthy life expectancy measures the period of time that an individual might expect to remain in good or fairly good health. It is based on age-specific mortality rates and self-reported general health data from the 2001 census for particular areas. It is a useful measure of population health and can be used to monitor health inequalities and the overall impact of health policies. The difference between life expectancy and healthy life expectancy will give an indication of how long people live in ill-health.

Healthy life expectancy is estimated to be 69 years for men and 73 years for women in East Staffordshire. For men this is similar to the England average whilst women spend more time in good health compared to the national average (Table 35).

Table 35: Healthy life expectancy at birth, 1999-2003

	Life expectancy (years)	Healthy life expectancy (years)	Difference between life expectancy and healthy life expectancy (years)
Men			
Cannock Chase	74.8	66.7	8.1
East Staffordshire	74.7	68.8	5.9
Lichfield	76.0	70.1	5.9
Newcastle-under-Lyme	75.3	67.5	7.8
South Staffordshire	77.2	71.0	6.2
Stafford	76.6	70.6	6.0
Staffordshire Moorlands	76.2	69.3	6.9
Tamworth	75.2	67.8	7.4
West Midlands	**75.3**	**68.0**	**7.3**
England	**75.9**	**69.0**	**6.9**
Women			
Cannock Chase	79.6	69.9	9.7
East Staffordshire	80.1	72.9	7.2
Lichfield	79.6	72.5	7.1
Newcastle-under-Lyme	80.3	71.2	9.1
South Staffordshire	80.3	72.8	7.5
Stafford	81.0	73.3	7.7
Staffordshire Moorlands	80.7	72.5	8.2
Tamworth	80.4	71.2	9.2
West Midlands	**80.2**	**71.3**	**8.9**
England	**80.6**	**72.3**	**8.3**

Source: Healthy life expectancy and disability-free life expectancy at birth, 1999 to 2003, Office for National Statistics, Crown copyright

6.2 Main causes of death

Around 1,020 East Staffordshire residents die every year. Circulatory disease, cancer and respiratory disease account for over 70% of all deaths in East Staffordshire (Table 36 and Figure 22).

Similar to the England and Staffordshire picture, overall mortality rates are reducing in East Staffordshire (Figure 23 and Figure 24). All-age all-cause mortality rates between 2008 and 2010 in East Staffordshire were similar to the England average.

Table 36: Common causes of deaths in East Staffordshire, 2008-2010

	Annual average number of deaths			Percentage		
	Males	**Females**	**Persons**	**Males**	**Females**	**Persons**
Circulatory diseases	170	170	330	33%	33%	33%
Coronary heart disease	90	60	150	17%	13%	15%
Stroke	40	60	100	8%	11%	9%
Cancers	150	120	270	30%	24%	27%
Lung cancer	30	20	50	6%	4%	5%
Upper gastrointestinal cancer	20	20	40	5%	3%	4%
Colorectal cancer	20	10	30	4%	3%	3%
Breast cancer	-	20	20	0%	4%	2%
Prostate cancer	20	-	20	4%	0%	2%
Bladder cancer	10	< 5	10	2%	1%	1%
Respiratory diseases	60	70	130	12%	14%	13%
Chronic obstructive pulmonary disease	20	20	40	5%	3%	4%
Digestive diseases	30	30	60	6%	6%	6%
Accidents	20	10	30	3%	2%	3%
Suicides	10	< 5	10	1%	0%	1%
Other causes	80	100	180	16%	21%	18%
All deaths	**520**	**500**	**1,020**	**100%**	**100%**	**100%**

Note: Numbers may not add up due to rounding

Source: Death extracts, Office for National Statistics

Figure 22: Common causes of death in East Staffordshire, 2008-2010
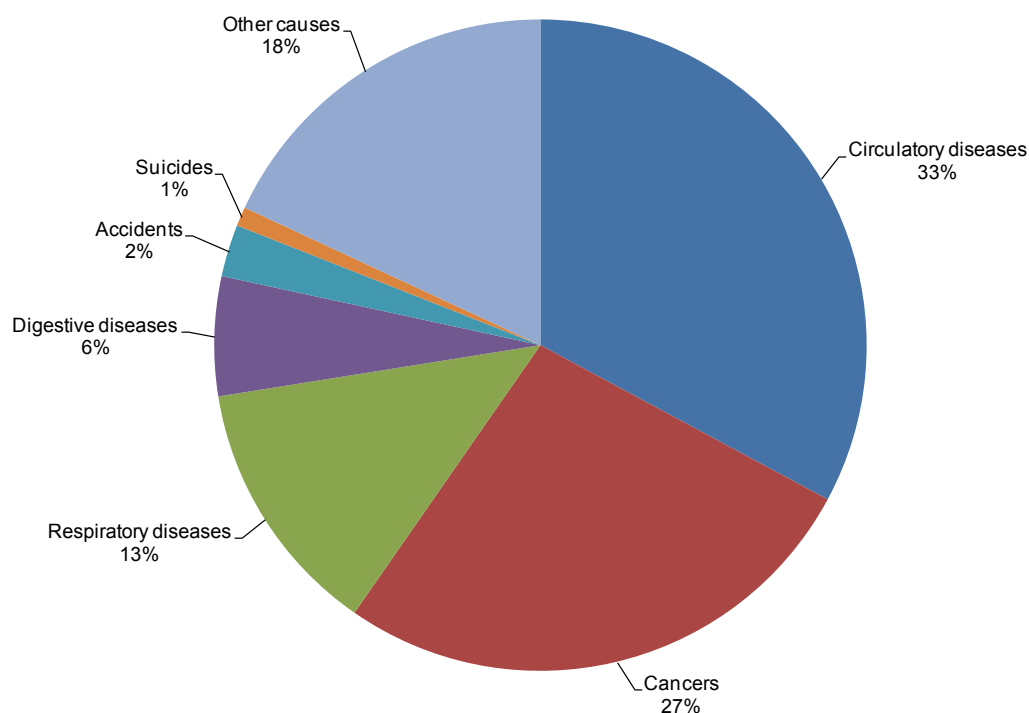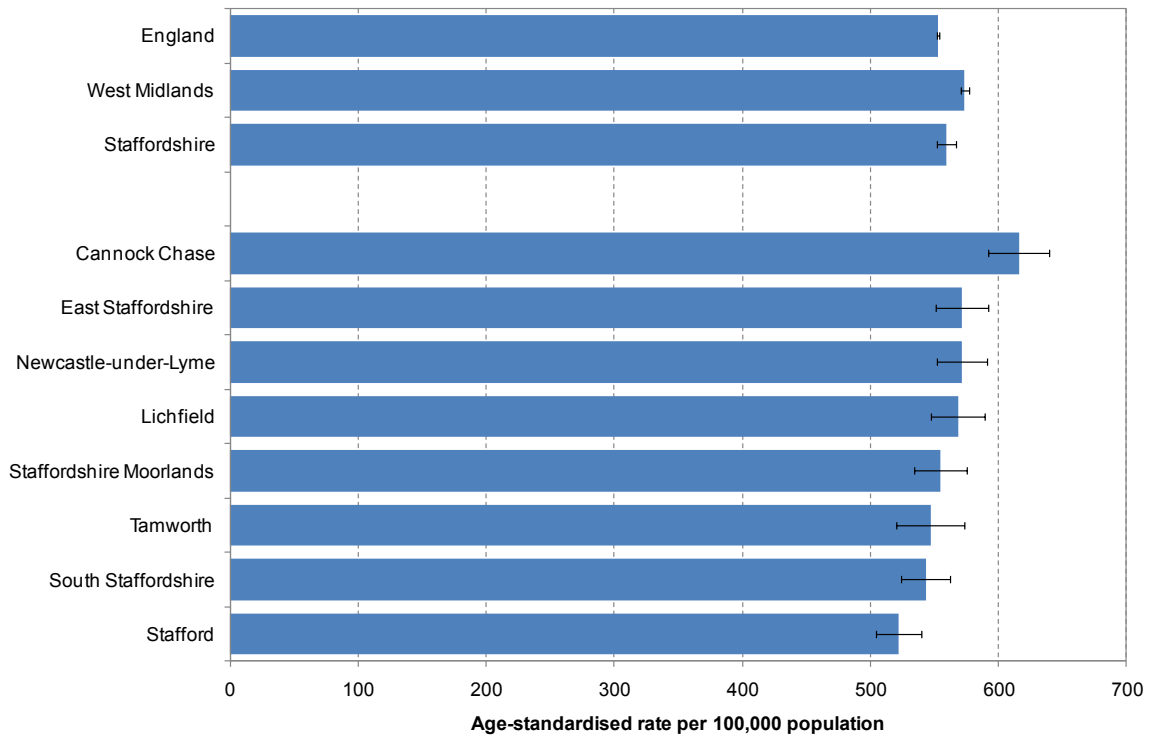

Source: Death extracts, Office for National Statistics

Figure 23: Trends in all-age all-cause mortality rates
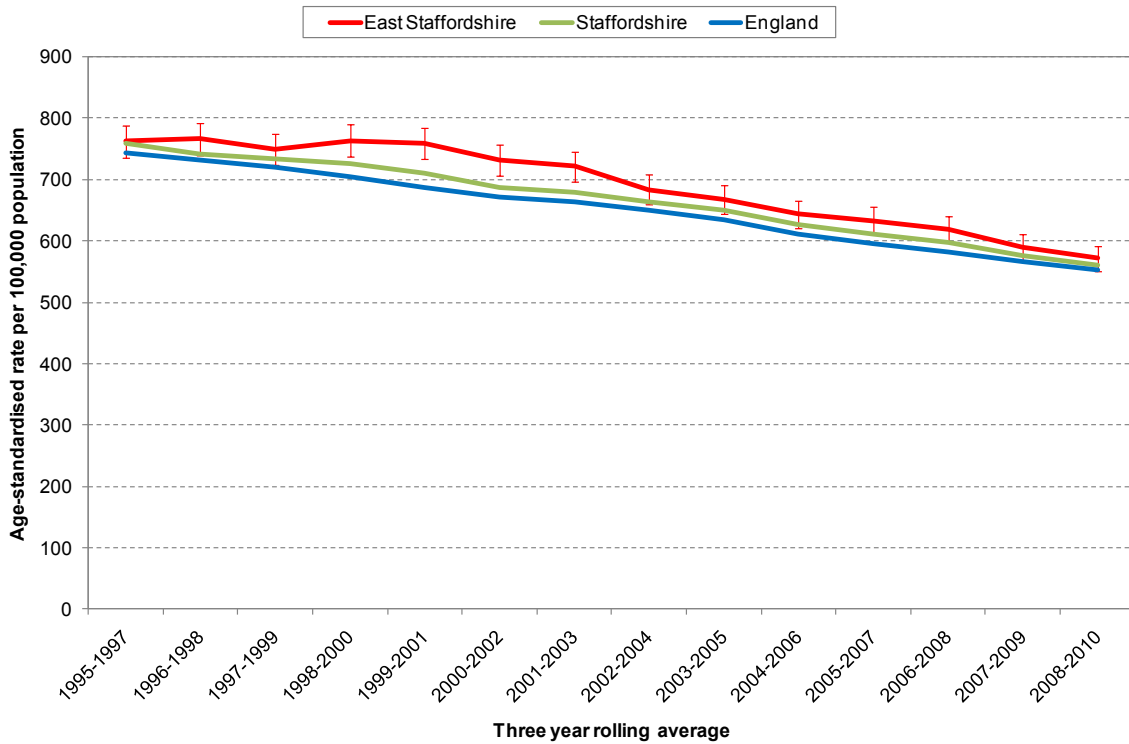
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 24: All-age all-cause mortality rates, 2008-2010

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

All-age all-cause mortality rates are high in seven of the 21 wards in East Staffordshire (Table 37).

Table 37: All-age all-cause mortality rates, 2006-2010

	Total number of deaths	Age-standardised rate per 100,000 population	Statistical difference to England
Anglesey	270	765	Higher
Winshill	520	757	Higher
Churnet	140	724	Higher
Horninglow	500	716	Higher
Eton Park	210	703	Higher
Shobnall	320	680	Higher
Stapenhill	420	674	Higher
Burton	110	620	Similar
Town	320	607	Similar
Heath	280	601	Similar
Bagots	120	592	Similar
Tutbury and Outwoods	290	580	Similar
Yoxall	160	558	Similar
Brizlincote	210	539	Similar
Abbey	160	535	Similar
Crown	150	531	Similar
Branston	250	529	Similar
Stretton	340	520	Similar
Weaver	90	454	Lower
Needwood	210	400	Lower
Rolleston on Dove	130	387	Lower
East Staffordshire	**5,170**	**597**	**Higher**
Staffordshire	**40,070**	**575**	**Higher**
West Midlands	**256,840**	**589**	**Higher**
England	**2,337,070**	**566**	

Note: Numbers may not add up due to rounding

Source: Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital Statistics Table 3 for West Midlands and England, Office for National Statistics, Crown copyright
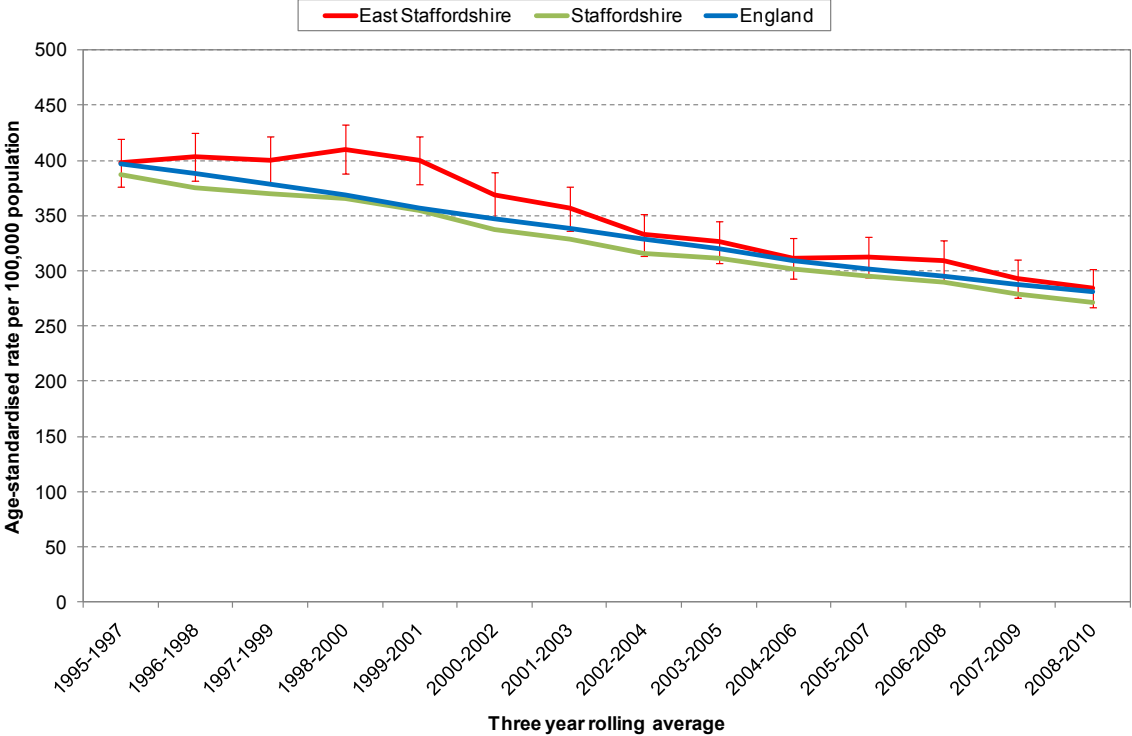
6.3   Premature mortality

The rates of people dying before the age of 75 (which are considered to be preventable) continue to decline in East Staffordshire. Figure 25 to Figure 27 show reductions in premature death rates for all causes, cardiovascular diseases and cancer which make up the biggest proportion of premature deaths.

Premature rates in East Staffordshire have reduced by 29% between 1995-1997 and 2008-2010, compared with 30% for Staffordshire and 29% for England. Over this time period rates from cardiovascular disease have been halved (56%) whilst cancer rates have reduced by over a quarter (28%). This compares with 52% and 22% respectively for England.

These reductions can be attributed to a range of factors, for example, the success of prevention initiatives and campaigns run both locally and nationally, for example, smoking cessation services and cancer screening programmes, as well as better treatments, quicker access to treatments, more effective partnership working and a population more informed about health issues.

Figure 25: Trends in premature mortality from all causes
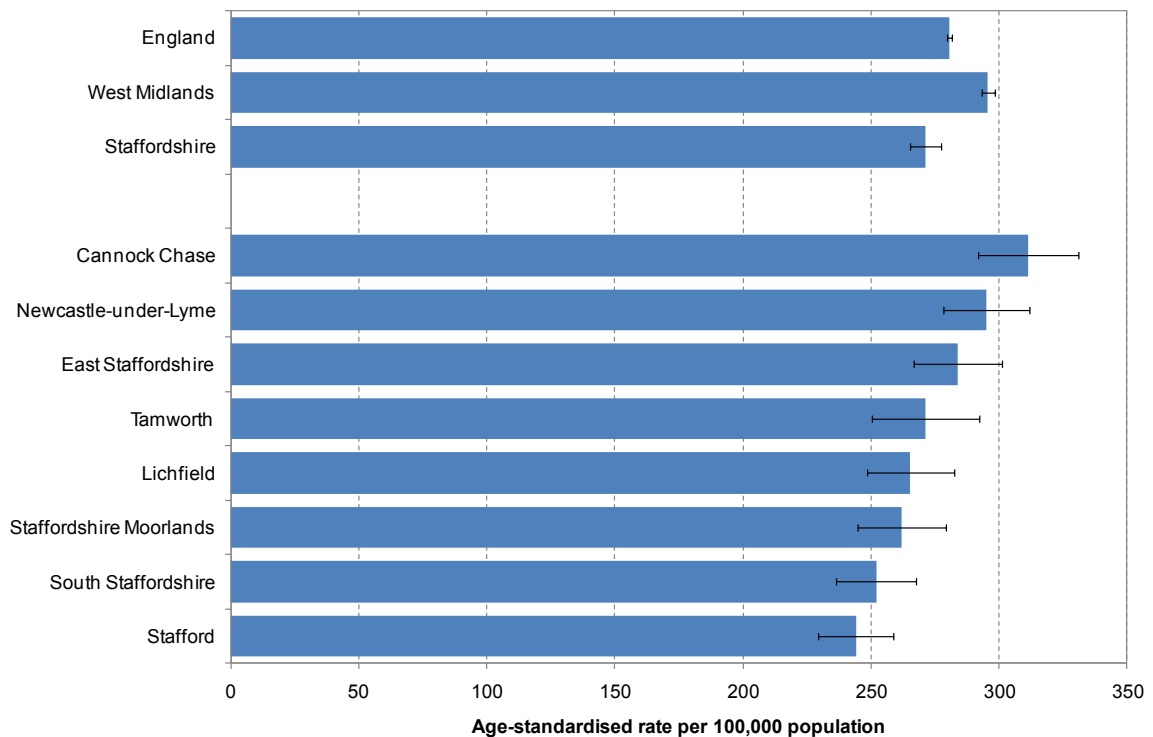

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 26: Trends in premature mortality from cardiovascular diseases
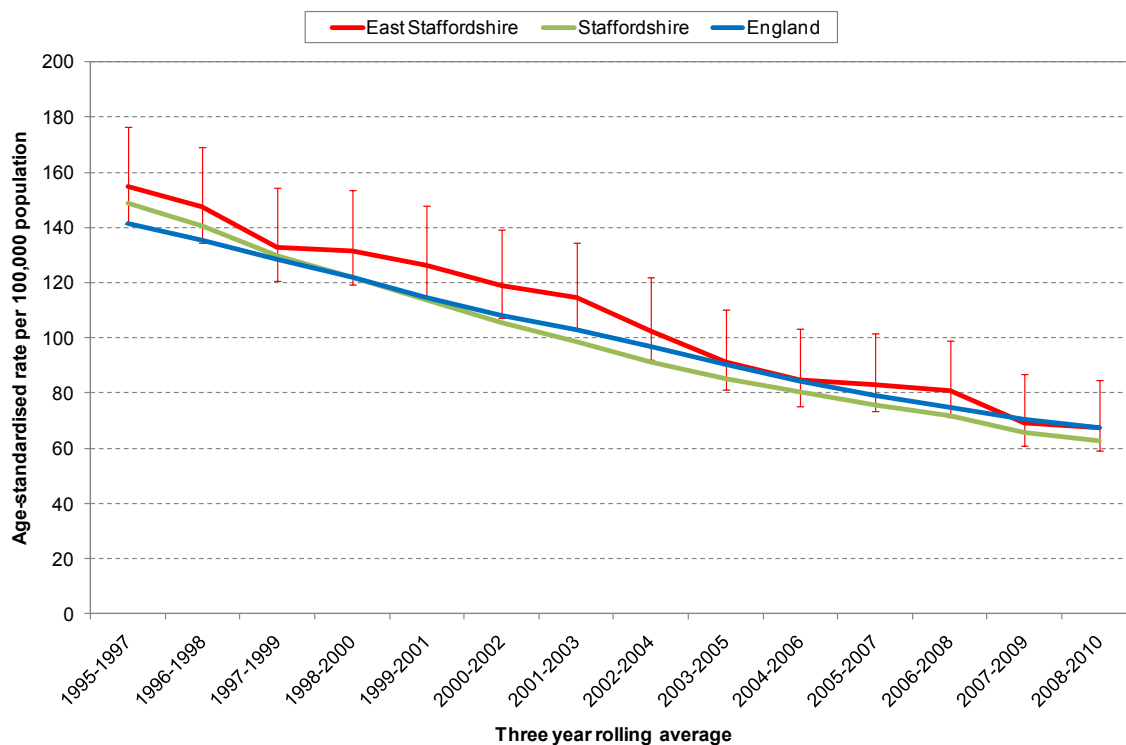
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 27: Trends in premature mortality from cancer
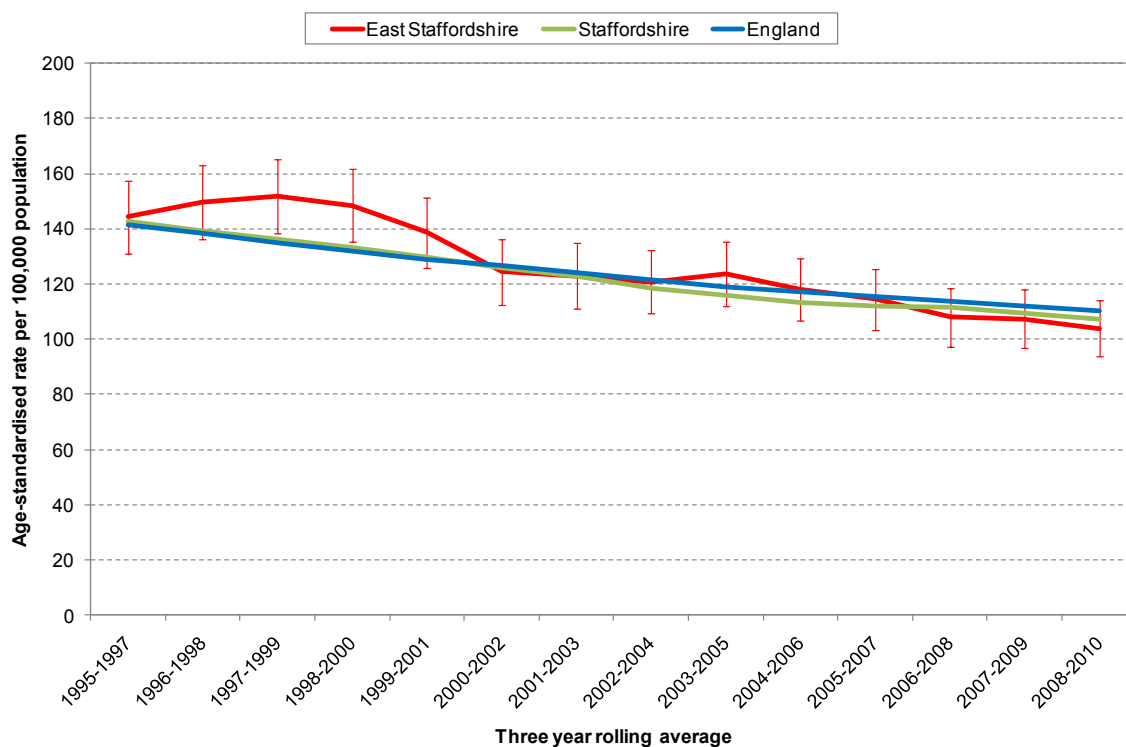
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Data from 2008-2010 shows that East Staffordshire has similar premature mortality rates from all causes, cardiovascular disease and cancer to the England average (Figure 28 to Figure 30).

However there are inequalities within East Staffordshire with Eton Park, Horninglow, Stapenhill, Shobnall and Winshill wards having particularly high levels of overall premature mortality. Shobnall, Stapenhill, Eton Park and Horninglow have high levels of premature mortality from cardiovascular disease, whilst Horninglow also has high levels of premature mortality from cancer (Table 38 to Table 40).

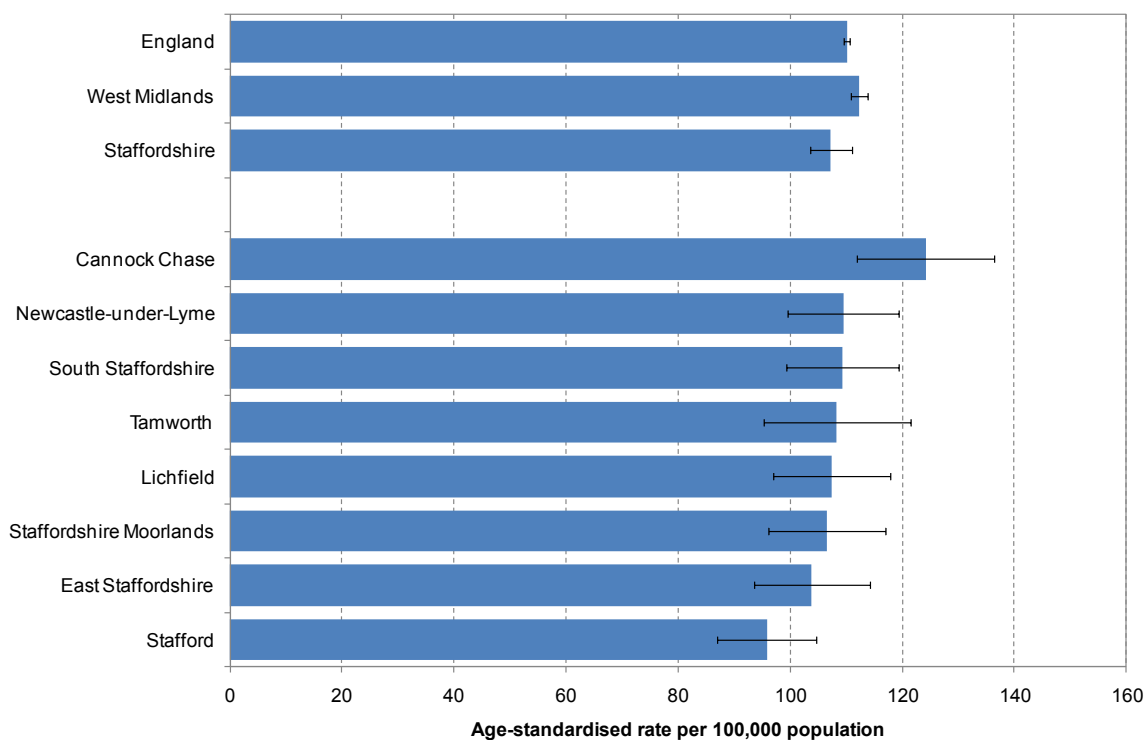**Figure 28: Premature mortality from all causes, 2008-2010**

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 29: Premature mortality from cardiovascular diseases, 2008-2010
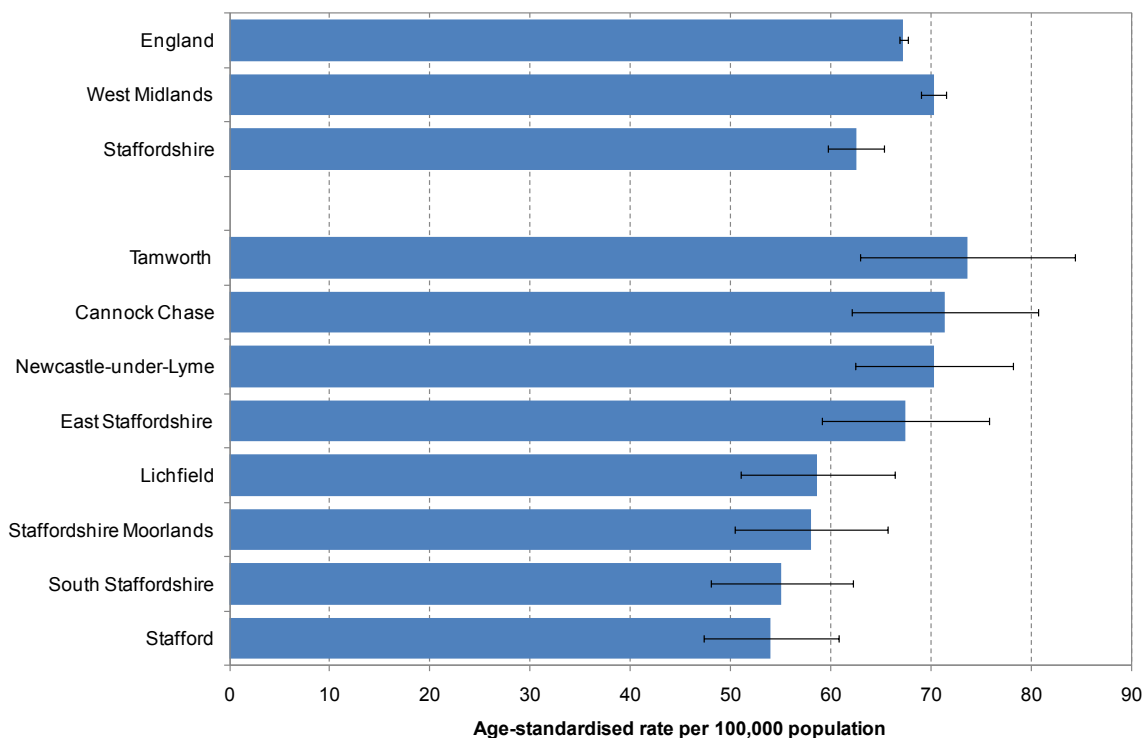
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 30: Premature mortality from cancer, 2008-2010

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Table 38: Premature mortality rates, 2006-2010

	Total number of deaths	Age-standardised rate per 100,000 population	Statistical difference to England
Eton Park	110	467	Higher
Horninglow	170	406	Higher
Stapenhill	180	406	Higher
Shobnall	110	367	Higher
Burton	50	362	Similar
Winshill	160	344	Higher
Anglesey	90	343	Similar
Heath	110	323	Similar
Town	110	314	Similar
Churnet	50	284	Similar
Yoxall	40	272	Similar
Bagots	40	255	Similar
Stretton	120	253	Similar
Branston	90	249	Similar
Crown	40	245	Similar
Tutbury and Outwoods	90	239	Similar
Abbey	40	230	Similar
Brizlincote	70	219	Lower
Weaver	30	216	Similar
Needwood	70	203	Lower
Rolleston on Dove	40	172	Lower
East Staffordshire	**1,800**	**298**	**Similar**
Staffordshire	**13,570**	**279**	**Lower**
West Midlands	**88,840**	**304**	**Higher**
England	**781,660**	**287**	

Note: Numbers may not add up due to rounding

Source: Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital Statistics Table 3 for West Midlands and England, Office for National Statistics, Crown copyright

Table 39: Premature mortality rates from cardiovascular disease, 2006-2010

	Total number of deaths	Age-standardised rate per 100,000 population	Statistical difference to England
Shobnall	40	141	Higher
Stapenhill	60	126	Higher
Eton Park	30	123	Higher
Horninglow	50	104	Higher
Heath	30	96	Similar
Winshill	40	93	Similar
Anglesey	20	79	Similar
Churnet	10	78	Similar
Weaver	10	78	Similar
Burton	10	72	Similar
Town	20	70	Similar
Crown	10	69	Similar
Brizlincote	20	61	Similar
Bagots	10	53	Similar
Yoxall	10	53	Similar
Abbey	10	52	Similar
Needwood	20	51	Similar
Stretton	20	47	Lower
Branston	20	45	Lower
Tutbury and Outwoods	10	36	Lower
Rolleston on Dove	10	30	Lower
East Staffordshire	**470**	**75**	**Similar**
Staffordshire	**3,410**	**67**	**Lower**
West Midlands	**22,510**	**75**	**Higher**
England	**197,950**	**71**	

Note: Numbers may not add up due to rounding

Source: Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital Statistics Table 3 for West Midlands and England, Office for National Statistics, Crown copyright

Table 40: Premature mortality rates from cancer, 2006-2010

	Total number of deaths	Age-standardised rate per 100,000 population	Statistical difference to England
Horninglow	70	170	Higher
Stapenhill	60	125	Similar
Winshill	60	122	Similar
Town	40	119	Similar
Yoxall	20	117	Similar
Eton Park	30	114	Similar
Heath	40	113	Similar
Bagots	20	112	Similar
Stretton	50	111	Similar
Branston	40	108	Similar
Shobnall	30	106	Similar
Tutbury and Outwoods	40	105	Similar
Burton	10	104	Similar
Crown	20	95	Similar
Brizlincote	30	93	Similar
Churnet	20	89	Similar
Anglesey	20	88	Similar
Needwood	30	82	Lower
Weaver	10	81	Similar
Rolleston on Dove	20	72	Lower
Abbey	10	64	Lower
East Staffordshire	**670**	**108**	**Similar**
Staffordshire	**5,510**	**109**	**Similar**
West Midlands	**34,290**	**115**	**Higher**
England	**309,510**	**112**	

Note: Numbers may not add up due to rounding

Source: Death extracts, Office for National Statistics, Mid-year population estimates, Office for National Statistics, Crown copyright and Vital Statistics Table 3 for West Midlands and England, Office for National Statistics, Crown copyright

6.4 Health deprivation and disability

The health deprivation and disability domain from the Indices of Deprivation 2010 identifies areas where there are higher rates of people dying prematurely or where their quality of life has been impaired by poor health or disability.

The domain considers both physical and mental health indicators which are standardised for age and gender.

Around 12% (13,000 people) of East Staffordshire's population live in the 20% most deprived areas in England for health deprivation and disability. A further 22% (23,800 people) live in the second most deprived quintile.

Figure 31: Health deprivation and disability in East Staffordshire
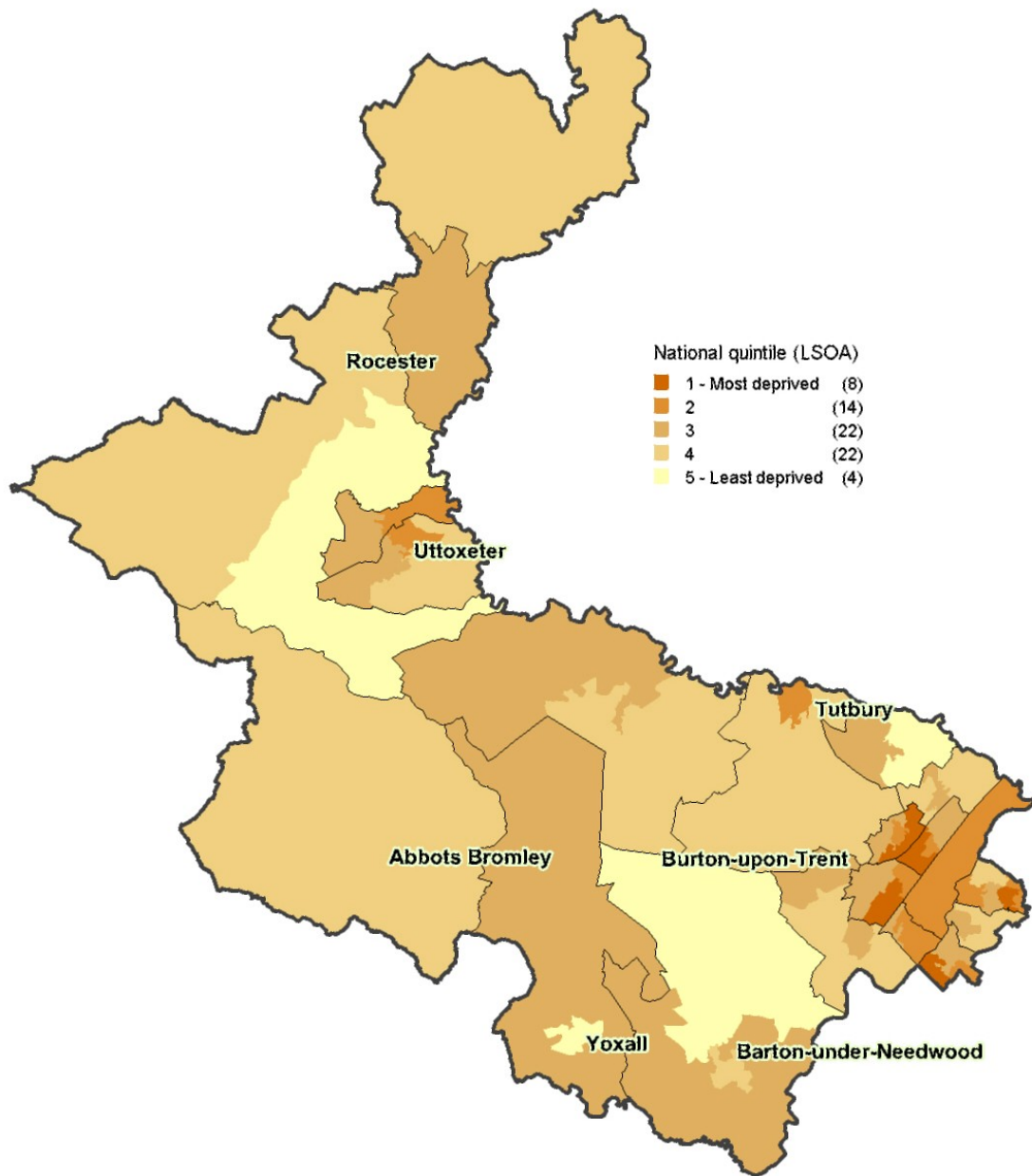
National quintile (LSOA)

- 1 - Most deprived (8)
- 2 (14)
- 3 (22)
- 4 (22)
- 5 - Least deprived (4)

Source: Indices of Deprivation 2010, Department for Communities and Local Government, Crown copyright 2011

ONS, Super Output Area Boundaries. Crown copyright 2004. Crown copyright material is reproduced with the permission of the Controller of HMSO

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6.5 Cancer

Almost one in four people die from cancer (see section 6.2) and many more live with the after-effects of cancer. With early diagnosis and advances in treatment and care, survival rates from cancer have improved dramatically and premature mortality rates from cancer over the last two decades have declined significantly.

The number of newly diagnosed cases (incidence) of cancers both locally and nationally continues to increase. There has been a 12% increase in new diagnoses between 1995-1997 (annual average of 430 cases) and 2007-2009 (annual average of 490 cases) in East Staffordshire. However, age-standardised rates have reduced by 5% over this period suggesting that the main increase in numbers is due to the ageing population (Figure 32). Other factors for the increase include better awareness and diagnosis. Incidence rates of cancer for East Staffordshire are lower than the England average (Table 41).

The most common types of cancer in East Staffordshire are breast cancer, colorectal cancer and prostate cancer (Table 42).

Figure 32: Trends in incidence rates for all cancers
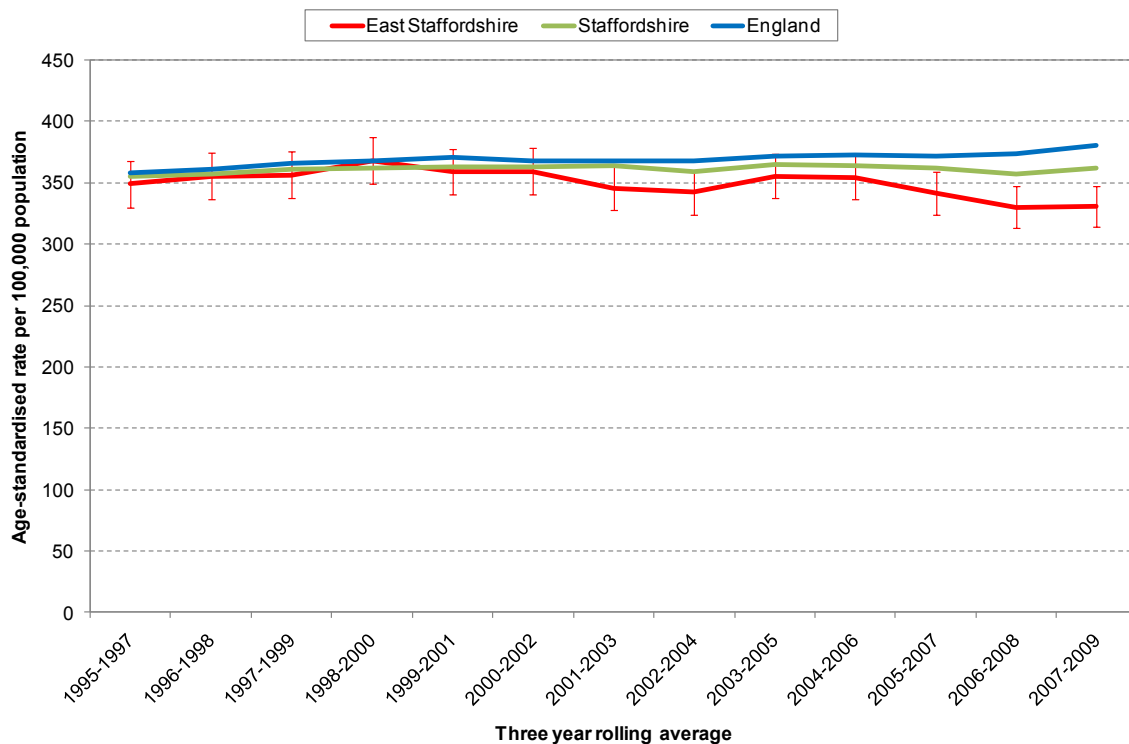
Note: Registrations for all cancers exclude 'skin cancers other than malignant melanoma' (C44) as these are believed to be greatly under reported

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Table 41: Incidence rates for all cancers, 2007-2009

	Annual average number of new cases	Age-standardised rate per 100,000 population	Statistical difference to England
Cannock Chase	490	410	Higher
East Staffordshire	490	331	Lower
Lichfield	510	358	Lower
Newcastle-under-Lyme	640	370	Similar
South Staffordshire	610	372	Similar
Stafford	680	369	Similar
Staffordshire Moorlands	470	325	Lower
Tamworth	330	373	Similar
Staffordshire	**4,220**	**362**	**Lower**
West Midlands	**26,710**	**374**	**Lower**
England	**254,940**	**380**	

Notes: (1) Registrations for all cancers exclude 'skin cancers other than malignant melanoma' (C44) as these are believed to be greatly under reported (2) Numbers may not add up due to rounding

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Table 42: Common cancers: annual average number (percentages), 2007-2009

	East Staffordshire	Staffordshire	West Midlands	England
Bladder	20 (4%)	145 (3%)	3%	3%
Breast	80 (17%)	675 (16%)	16%	15%
Cervical	5 (1%)	45 (1%)	1%	1%
Colorectal	80 (16%)	600 (14%)	14%	13%
Lung	55 (11%)	490 (12%)	12%	13%
Malignant melanoma	15 (3%)	150 (4%)	3%	4%
Oesophageal	15 (3%)	125 (3%)	3%	3%
Prostate	60 (12%)	560 (13%)	13%	13%
Stomach	15 (3%)	115 (3%)	3%	2%
Other cancers	140 (29%)	1,320 (31%)	32%	33%
All cancers	**490 (100%)**	**4,220 (100%)**	**100%**	**100%**

Notes: (1) Registrations for all cancers exclude 'skin cancers other than malignant melanoma' (C44) as these are believed to be greatly under reported (2) Numbers may not add up due to rounding

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

There are a series of national screening programmes that are designed to detect disease, or increased risk of disease, in asymptomatic patients earlier in order to improve treatment outcomes. Factors which affect screening uptake include deprivation, ethnicity and age.

A summary of the current cancer screening programmes is shown in Table 43. This shows that breast and cervical screening coverage rates are higher than the England average, but slightly lower than some of the other districts in Staffordshire. Information on the national coverage for the bowel screening programme is not currently available. However, comparison with other districts shows that coverage in East Staffordshire is lower than the Staffordshire average.

Table 43: Summary of cancer screening programmes, 2010/11

	Breast screening coverage: percentage (number)	Cervical screening coverage: percentage (number)	Bowel screening uptake: percentage (number)
Cannock Chase	79.1% (7,980)	80.6% (18,860)	56.6% (3,730)
East Staffordshire	79.8% (9,460)	79.6% (22,670)	56.1% (5,220)
Lichfield	80.4% (8,750)	81.4% (18,280)	61.2% (4,550)
Newcastle-under-Lyme	77.5% (9,830)	80.4% (22,670)	59.5% (4,220)
South Staffordshire	82.3% (8,900)	81.7% (17,680)	62.3% (5,650)
Stafford	81.7% (11,510)	79.2% (23,590)	61.1% (4,820)
Staffordshire Moorlands	81.3% (8,670)	82.2% (16,960)	63.7% (3,790)
Tamworth	78.9% (6,900)	81.7% (17,140)	59.3% (3,390)
Staffordshire	**80.2% (72,000)**	**80.7% (157,840)**	**59.9% (35,360)**
West Midlands	**77.2%**	**78.0%**	**n/a**
England	**77.2%**	**78.6%**	**n/a**

Note: Numbers may not add up due to rounding

Source: Form KC63: Breast screening coverage, Form KC53: Cervical screening coverage, Bowel screening uptake, Midlands and Northwest Bowel Cancer Screening Programme Hub, Breast Screening Programme - England, 2010-2011, Copyright 2012, The Health and Social Care Information Centre. All rights reserve and Cervical Screening Programme - England, 2010-11, Copyright 2011, The Health and Social Care Information Centre. All rights reserved

6.6   Mental health

Deaths from mental health conditions account for approximately 5% of all deaths in East Staffordshire. One in five workers suffer from stress-related conditions which are the most common cause of sickness absence. Almost one in four people attend primary care for mental health related conditions. Causes of mental illness include factors relating to the environment, social circumstances and culture. People living in very deprived settings, particularly the unemployed or socially excluded, are far more likely to suffer from stress related depression and anxiety.

Estimated numbers of adults with mental ill-health for East Staffordshire are shown in Table 44.

Table 44: Estimated number of adults aged 16 and over with mental ill-health and levels of care in East Staffordshire

	National prevalence	Estimated number
Mental ill-health in the community	26%-31%	22,900 - 27,300
Attends primary care	23%	20,300
GP identified disorder	10%	8,800
GP refers to mental health services	2%-3%	1,800 - 2,600
Psychiatric in-patients	1%	400

Source: Based on figures from Goldberg, D. & Huxley, P, 1992, Common mental health disorders - a bio social model, Routledge and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Severe mental illness is defined as people with schizophrenia, bipolar disorder and other psychoses. Levels of severe mental illness recorded on GP disease registers in East Staffordshire are significantly lower compared to England.

**Table 45: Number and proportion of severe mental health illness, 2010/11**

	Number on register	Percentage	Statistical difference to England
Cannock Chase	500	0.52%	Lower
East Staffordshire	680	0.53%	Lower
Lichfield	550	0.60%	Lower
Newcastle-under-Lyme	870	0.70%	Lower
South Staffordshire	400	0.43%	Lower
Stafford	750	0.60%	Lower
Staffordshire Moorlands	640	0.74%	Similar
Tamworth	480	0.57%	Lower
Staffordshire	**4,860**	**0.59%**	**Lower**
West Midlands	**44,040**	**0.76%**	**Lower**
England	**437,910**	**0.79%**	**Lower**

Note: Numbers may not add up due to rounding

Source: Quality and Outcomes Framework (QOF) for April 2010 to March 2011, Quality Management and Analysis System (QMAS) database - 2010/11 data as at end of July 2011, Copyright 2011, The Health and Social Care Information Centre, Prescribing and Primary Care Services. All rights reserved

In East Staffordshire, there are approximately 10 suicides per year accounting for about 1% of deaths. Rates in 2008-2010 were similar to the England average (Figure 33). However during 2010/11 there were around 270 self-harm admissions in East Staffordshire with rates being higher than the England average (Figure 34). Self-harm is often an expression of personal distress and there is a significant and persistent risk of future suicide following an episode of self-harm.

Figure 33: Suicides and injuries undetermined, 2008-2010
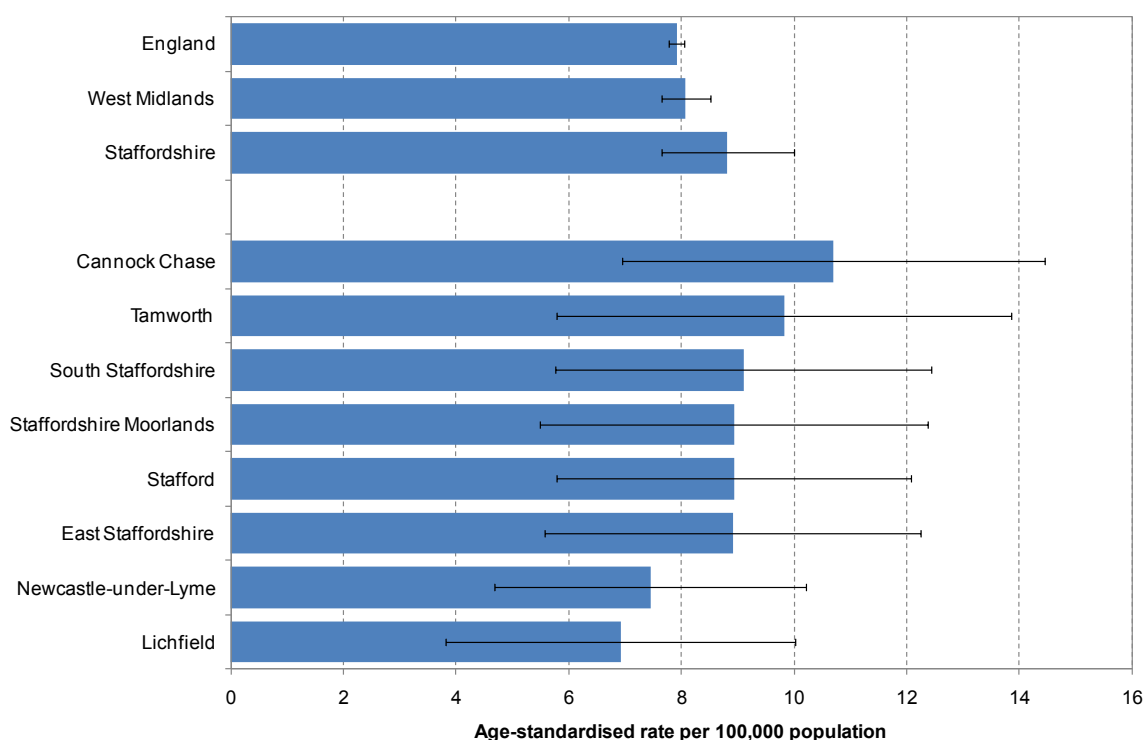
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 34: Self-harm admissions, 2010/11
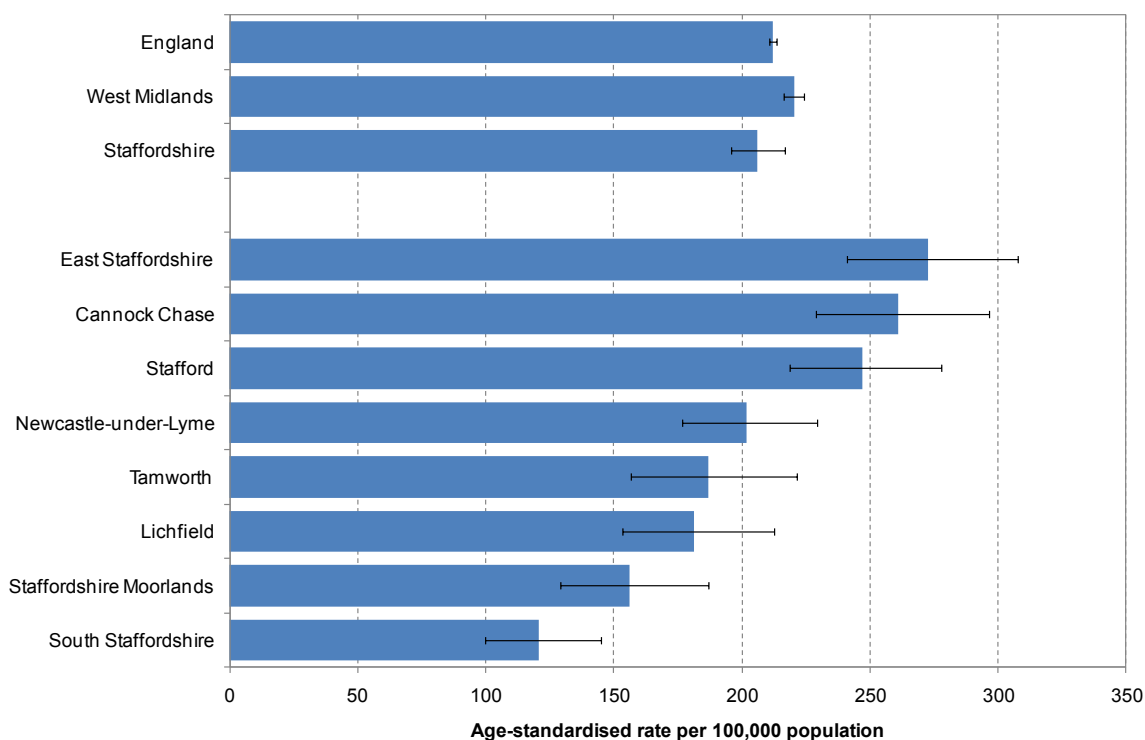
Source: Injury Profiles 2012, South West Public Health Observatory

6.7   Accidents

Accidental deaths account for over 25 deaths per year in East Staffordshire with rates being similar to the England average (Table 46). Common causes of accidental mortality are falls (41%) and road traffic accidents (23%). Death rates from accidental falls are also similar to the England average (Figure 35).

Table 46: Mortality rates from accidents, 2008-2010

	Number of accidental deaths	Age-standardised rate per 100,000 population	Statistical difference to England
Cannock Chase	75	20.1	Higher
East Staffordshire	80	17.6	Similar
Lichfield	85	20.7	Higher
Newcastle-under-Lyme	85	13.6	Similar
South Staffordshire	70	13.2	Similar
Stafford	115	19.5	Higher
Staffordshire Moorlands	75	15.8	Similar
Tamworth	50	17.9	Similar
Staffordshire	**640**	**17.1**	**Higher**
West Midlands	**3,910**	**16.7**	**Higher**
England	**32,640**	**15.2**	

Note: Numbers may not add up due to rounding

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

Figure 35: Mortality from accidental falls, 2008-2010
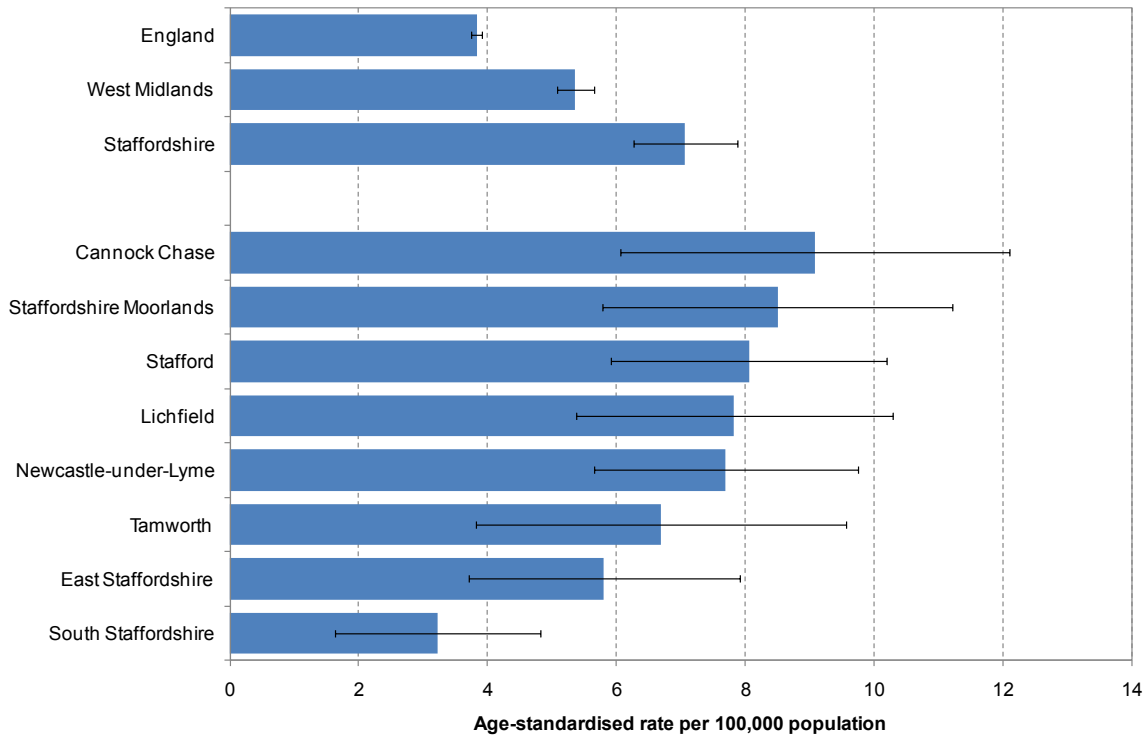
Age-standardised rate per 100,000 population

Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. Crown copyright

During 2010/11 there were over 1,470 admissions to hospital in East Staffordshire due to unintentional injuries (accidents). Hospital admission rates from unintentional injuries in East Staffordshire are higher than the national average (Figure 36).

**Figure 36: Admissions due to unintentional injuries, 2010/11**
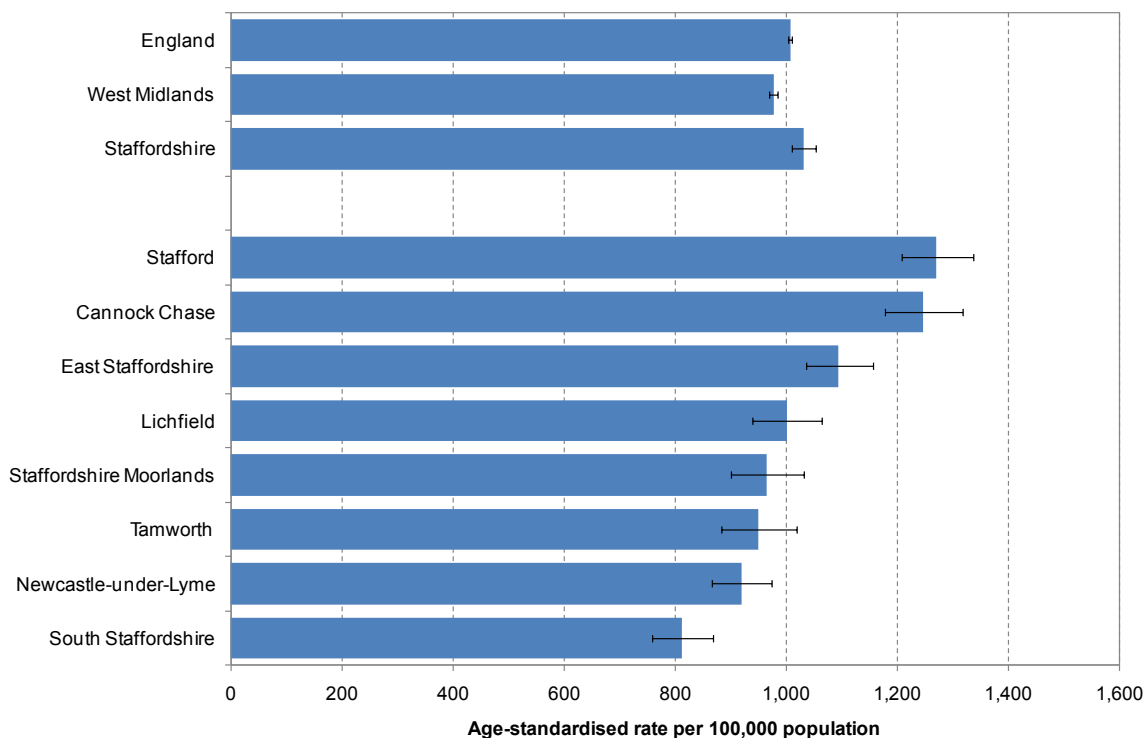
Source: Injury Profiles 2012, South West Public Health Observatory

Around 460 people aged 65 and over in East Staffordshire were admitted to hospital for a fall-related injury during 2010/11, with rates being higher than the England average (Figure 37).

National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care (resulting in social care costs). During 2010/11, there were 130 hip fracture admissions to people aged 65 and over in East Staffordshire with rates being similar to the England average (Table 47).

Figure 37: Admissions due to falls in people aged 65 and over, 2010/11
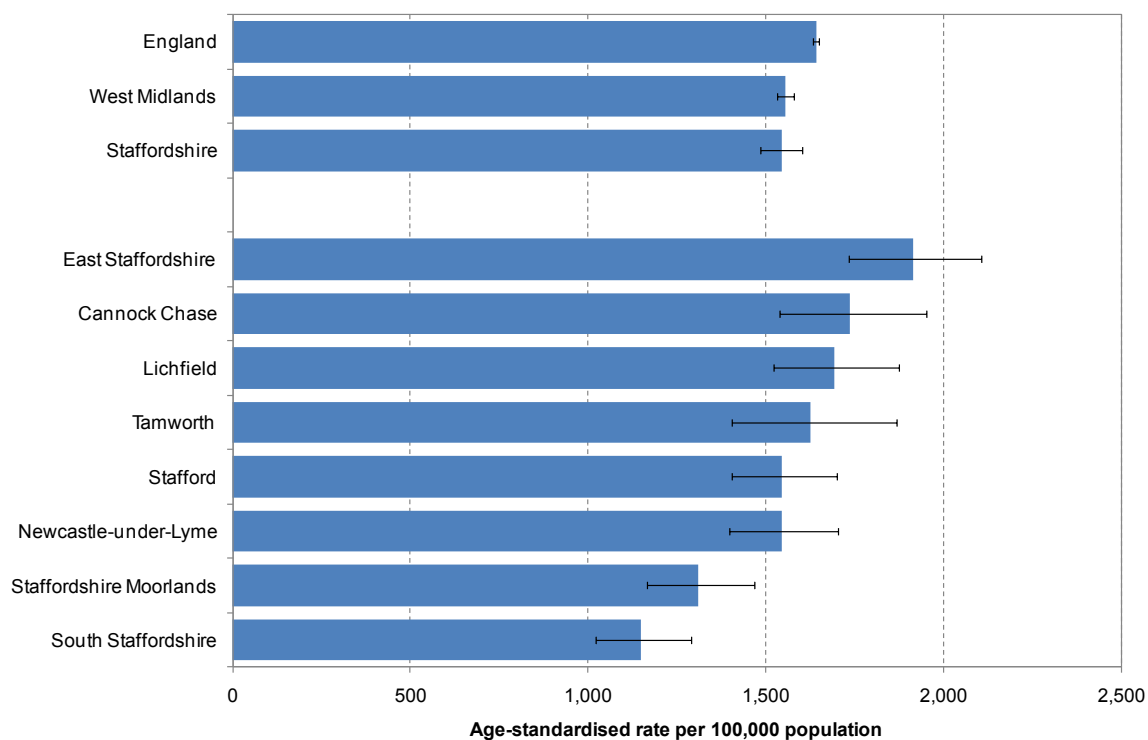
Source: Injury Profiles 2012, South West Public Health Observatory

Table 47: Hip fracture admissions in people aged 65 and over, 2010/11

	Number of admissions	Age-sex standardised rate per 100,000 population	Statistical difference to England
Cannock Chase	100	529	Similar
East Staffordshire	130	484	Similar
Lichfield	120	490	Similar
Newcastle-under-Lyme	140	471	Similar
South Staffordshire	130	423	Similar
Stafford	120	373	Similar
Staffordshire Moorlands	100	389	Similar
Tamworth	60	507	Similar
Staffordshire	**900**	**449**	**Similar**
West Midlands	**5,870**	**461**	**Similar**
England	**54,070**	**452**	

Note: Numbers may not add up due to rounding

Source: Injury Profiles 2012, South West Public Health Observatory

6.8 Long-term conditions

6.8.1 Children with disabilities or limiting long-term conditions

Children who are disabled experience significant inequalities in a range of indicators, including health outcomes, educational attainment and employment opportunities in adulthood.

There is no complete dataset that provides us with the numbers of children who are disabled or have limiting long-term illness. Several measures can be used to estimate levels of disability which are described below. Table 48 shows estimates based on these sources.

- **Disability benefit statistics** - this provides a proxy for numbers of children and adults who are disabled. Disability Living Allowance (DLA) is payable to people who are disabled and who have personal care needs, mobility needs or both, although it is not available for children under three.

- **Family Resources Survey** - a study published in 2010 examined data collected in the 2004/05 survey to establish an estimate of disability prevalence in children under 19.

- **Census data** - information from the most recent 2011 Census has not yet been published. Although over a decade ago, the 2001 Census collected information on self-reported limiting long-term illness which can be used as a proxy for overall disease and disability within a community.

- **General Household Survey** - the 2000 survey reports on the prevalence of self-reported long-standing illness and disabilities in the population. Predominant long-standing illness or disabling conditions amongst GHS respondents were asthma and skin conditions.

Estimates of children with a disability in East Staffordshire range between 700 and 4,800 (Table 48).

Table 48: Estimates of children and young people under 20 with disabilities and / or limiting long-term illnesses

	In receipt of disability living allowance, August 2011	Family Resources Survey 2005-06 (estimates)	Limiting long-term illness, 2001 Census	General Household Survey, 2000 (estimates)
Cannock Chase	900 (3.9%)	1,700 (7.5%)	1,100 (4.7%)	4,100 (17.9%)
East Staffordshire	700 (2.6%)	2,000 (7.4%)	1,200 (4.4%)	4,800 (17.8%)
Lichfield	600 (2.6%)	1,700 (7.6%)	900 (3.9%)	4,000 (18.0%)
Newcastle-under-Lyme	700 (2.5%)	2,100 (7.6%)	1,300 (4.6%)	4,900 (17.9%)
South Staffordshire	600 (2.8%)	1,700 (7.5%)	900 (3.7%)	4,100 (18.0%)
Stafford	800 (3.0%)	2,000 (7.3%)	1,100 (4.0%)	4,800 (17.8%)
Staffordshire Moorlands	500 (2.4%)	1,500 (7.4%)	800 (3.7%)	3,700 (18.0%)
Tamworth	800 (4.2%)	1,400 (7.3%)	1,000 (5.0%)	3,400 (17.8%)
Staffordshire	**5,700 (3.0%)**	**14,100 (7.4%)**	**8,300 (4.2%)**	**33,900 (17.9%)**
West Midlands	**3.3%**	**7.4%**	**4.5%**	**17.8%**
England	**3.0%**	**7.3%**	**4.4%**	**17.8%**

Note: Numbers may not add up due to rounding

Source: Department for Work and Pensions, Blackburn CM et al; Prevalence of childhood disability and the characteristics and circumstances of disabled children in the UK: secondary analysis of the Family Resources Survey, BMC Paediatrics 2010, 10:21, 2001 Census, Office for National Statistics, Crown copyright, General Household Survey 2000, Office for National Statistics, Crown copyright and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

6.8.2 Adults with long-term conditions

Long-term conditions (LTCs) are those that cannot currently be cured but can be controlled with the use of medication or other therapies. People with LTCs are more likely to see their GP, be admitted to hospital and stay in hospital longer than people without LTCs.

People with LTCs account for a significant and growing proportion of health and social care resources. The Department of Health's best estimate is that the treatment and care of people with LTCs account for 70% of the total health and social care spend in England.

Across England, it is estimated that around 30% of the population have a long-term condition. These people account for:

- more than 50% of all GP consultations
- 65% of all out-patient appointments
- over 70% of hospital inpatient bed days

The 2001 Census found that the proportion of people with a limiting long-term illness in East Staffordshire was lower than the England average. However levels in Burton, Stapenhill, Horninglow and Shobnall wards are higher than England (Table 49).

Table 49: Self-reported limiting long-term illness, 2001

	Number	Crude percentage	Statistical difference to England
Burton	500	22.4%	Higher
Stapenhill	1,600	20.4%	Higher
Horninglow	1,500	19.8%	Higher
Shobnall	1,100	18.6%	Higher
Anglesey	1,000	17.9%	Similar
Winshill	1,400	17.8%	Similar
Eton Park	900	17.2%	Similar
Churnet	400	17.0%	Similar
Weaver	400	16.8%	Similar
Rolleston on Dove	500	16.2%	Similar
Tutbury and Outwoods	800	16.1%	Lower
Heath	1,000	16.1%	Lower
Needwood	800	15.0%	Lower
Crown	400	14.7%	Lower
Bagots	300	14.3%	Lower
Abbey	400	14.0%	Lower
Yoxall	300	13.9%	Lower
Town	800	13.7%	Lower
Brizlincote	700	13.3%	Lower
Stretton	1,000	13.3%	Lower
Branston	900	12.9%	Lower
East Staffordshire	17,700	**17.1%**	**Lower**
Staffordshire	**148,000**	**18.3%**	**Higher**
West Midlands	**993,500**	**18.9%**	**Higher**
England	**8,809,200**	**17.9%**	

Note: Numbers may not add up due to rounding

Source: 2001 Census, Office for National Statistics, Crown copyright

Practices also maintain disease registers for selected conditions. Analysis of 2008 data from a sample of practices revealed that at least one in four people have a registered disease with one tenth of the population having more than one condition. Almost a third of all patients with a specified registered disease are also obese, around 14% are smokers and 19% ex-smokers.

The numbers of patients recorded on practice disease registers, as part of the Quality and Outcomes Framework (QOF) are shown in Table 50. They are presented alongside information from prevalence modelling tools that show expected numbers of people on registers and provide an estimate of possible undiagnosed or unrecorded cases. This will hopefully prompt clinicians into more active case-finding where there are considerable identified gaps.

Expected prevalence shows that significant numbers of people with LTCs may be undiagnosed or unrecorded on GP disease registers with the largest under-recording seen in chronic kidney disease, dementia, heart failure, hypertension, learning disabilities and obesity.

The NHS Health Check programme is one way of increasing the identification of people with undiagnosed disease and therefore reducing the difference between the actual number of people on disease registers and the expected number of people with the disease.

Table 50 presents projections of LTCs to assist commissioners plan future demand of services and resources. East Staffordshire is predicted to see an increase in LTCs, placing an increasing burden on available health and social care resources.

Table 50: Summary of current, expected and projected prevalence for selected long-term conditions in East Staffordshire

	Recorded prevalence (QOF 2010/11)	Expected prevalence (2010)	Estimated under recording (percentage)	Projected prevalence		
				2015	2020	2025
Asthma	7,700 (6.1%)	10,100 (9.2%)	23%	10,700 (9.2%)	11,200 (9.2%)	11,700 (9.3%)
Atrial fibrillation	2,000 (1.6%)	1,500 (1.4%)	-32%	1,700 (1.5%)	1,900 (1.6%)	2,200 (1.7%)
Cardiovascular disease	n/a	10,300 (11.7%)	n/a	11,500 (12.3%)	12,400 (12.7%)	13,500 (13.4%)
Chronic kidney disease (ages 18+)	3,900 (3.8%)	8,100 (9.5%)	52%	9,100 (10.1%)	10,100 (10.7%)	11,400 (11.6%)
Chronic obstructive pulmonary disease	2,000 (1.6%)	2,600 (2.4%)	25%	2,900 (2.5%)	3,100 (2.6%)	3,300 (2.6%)
Coronary heart disease	4,400 (3.5%)	4,900 (4.5%)	9%	5,500 (4.8%)	6,000 (4.9%)	6,600 (5.2%)
Dementia	700 (0.5%)	1,700 (1.5%)	59%	1,900 (1.7%)	2,200 (1.8%)	2,600 (2.0%)
Depression (ages 18+)	12,200 (12.2%)	7,100 (8.3%)	-73%	7,500 (8.2%)	7,700 (8.1%)	7,900 (8.0%)
Diabetes (ages 17+)	6,000 (5.8%)	4,700 (5.4%)	-28%	5,100 (5.6%)	5,500 (5.8%)	6,000 (6.0%)
Epilepsy (ages 18+)	860 (0.9%)	850 (1.0%)	-1%	900 (1.0%)	950 (1.0%)	1,000 (1.0%)
Heart failure	1,100 (0.8%)	1,700 (1.6%)	38%	2,000 (1.7%)	2,300 (1.9%)	2,600 (2.1%)
Hypertension	17,400 (13.7%)	28,600 (26.2%)	39%	31,500 (27.2%)	33,700 (27.7%)	35,800 (28.3%)
Hypothyroidism	4,400 (3.4%)	2,300 (2.1%)	-90%	2,500 (2.2%)	2,700 (2.2%)	2,800 (2.2%)
Learning disabilities (ages 18+)	500 (0.5%)	1,800 (2.1%)	75%	1,900 (2.1%)	2,000 (2.1%)	2,100 (2.1%)
Mental health	680 (0.5%)	440 (0.4%)	-55%	460 (0.4%)	470 (0.4%)	490 (0.4%)
Obesity (ages 16+)	12,600 (12.1%)	20,400 (23.2%)	38%	21,700 (23.3%)	22,800 (23.4%)	23,800 (23.4%)
Stroke or transient ischaemic attacks (TIA)	2,200 (1.8%)	2,100 (1.9%)	-5%	2,400 (2.1%)	2,600 (2.2%)	2,900 (2.3%)

Note: Numbers may not add up due to rounding

Source: Disease prevalence models, Public Health Observatories in England, http://www.apho.org.uk/diseaseprevalencemodels, accessed February 2012, NHS Comparators, NHS Doncaster QOF Benchmarking Tool, Quality and Outcomes Framework (QOF) for April 2010 to March 2011, Quality Management and Analysis System (QMAS) database - 2010/11 data as at end of July 2011, Copyright 2011, The Health and Social Care Information Centre, Prescribing and Primary Care Services. All rights reserved, 2010 mid-year population estimates, Office for National Statistics, Crown copyright, 2010 based population projections, Office for National Statistics, Crown copyright and Projecting Older People Population Information (POPPI)
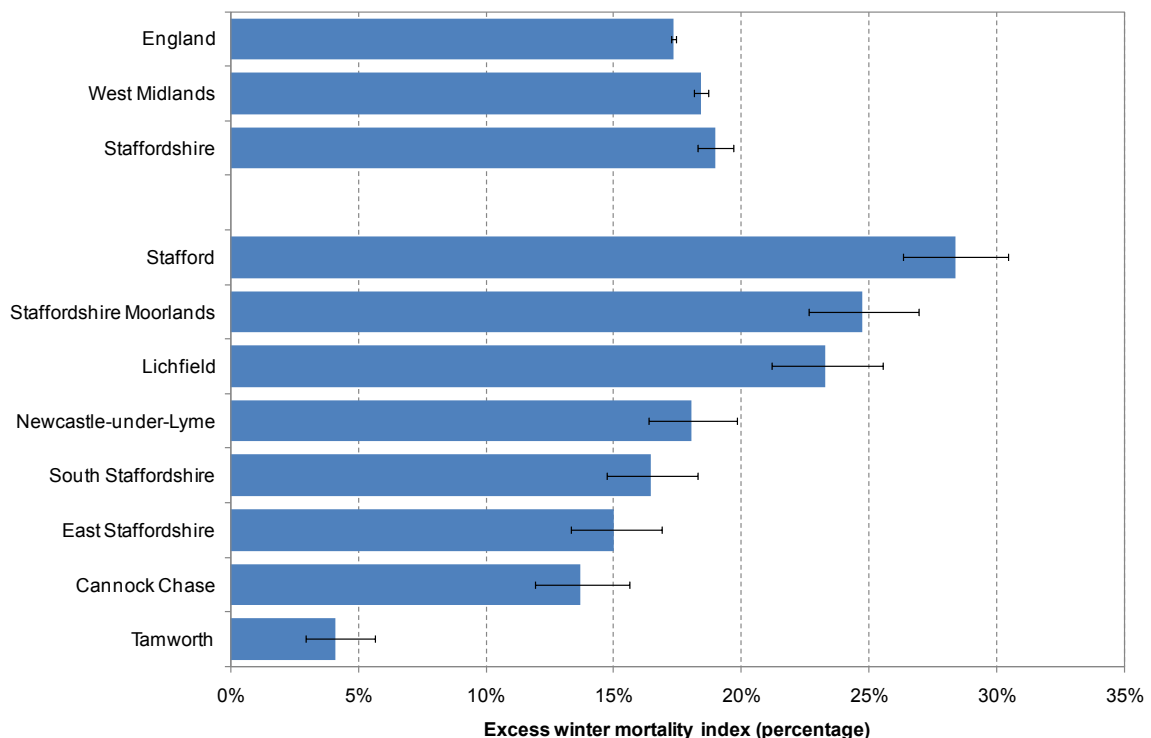
6.9 Excess winter deaths

There is some evidence to suggest that excess winter deaths are preventable. National research shows that winter deaths increase more in England compared to other European countries with colder climates. This suggests that it is more than just lower temperatures that are responsible for the excess mortality. Reducing excess winter mortality is one of the public health outcomes indicators. It is also a key measure for the Cold Weather Plan for England.

The excess winter deaths index (EWD index) is the excess of deaths in winter (December to March) compared with non-winter months from the preceding August to November and the following April to July expressed as a percentage. The EWD index indicates whether there are higher than expected deaths in the winter compared to the rest of the year.

The EWD index is variable and depends on many factors and in order to make a reduction in the number of excess winter deaths it is important that services work together to look after the health of older people.

There are on average 50 excess winter deaths annually in East Staffordshire, mainly amongst older people. During 2005-2010 the EWD index in East Staffordshire was lower than England (Figure 38).

Figure 38: Excess winter deaths, August 2005 to July 2010

Source: Death extracts, Office for National Statistics and Trends in excess winter mortality for England and West Midlands, Office for National Statistics, Crown copyright

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6.10 Adult immunisation

Similar to childhood immunisation programmes, vaccination coverage is the best indicator of the level of protection the population has against preventable infectious diseases. There are two routine programmes in place for adults:

- Annual flu vaccine which protects against flu (including swine flu) for all people aged 65 years and over, those with a long-term health condition, carers and pregnant women at any stage of pregnancy

- Pneumococcal vaccine (PPV) which protects against pneumococcal disease for all people aged 65 years and over and those with a long-term health condition

The proportion of people aged 65 and over who have been vaccinated against flu in 2010/11 is lower than the England average (Table 51). Pneumococcal vaccine coverage in East Staffordshire is higher than the Staffordshire average.

Table 51: Adult immunisation uptake rates, 2010/11

	East Staffordshire	Staffordshire	West Midlands	England
Flu vaccination				
People aged 65 and over	15,420 (70.4%)	107,130 (71.1%)	71.3%	72.8%
People aged under 65 at risk	5,820 (48.2%)	38,670 (48.6%)	50.0%	50.4%
Carers (under 65 and not at risk)	170 (50.7%)	1,630 (44.4%)	30.4%	38.0%
Pregnant women	270 (49.1%)	1,470 (44.0%)	47.4%	42.7%
Pneumococcal vaccine				
People aged 65 and over (upto 31st March 2011)	15,690 (71.9%)	103,650 (66.3%)	n/a	n/a

Note: Numbers may not add up due to rounding

Source: ImmForm Services, Department of Health and NHS Immunisation Statistics 2010/11, The Information Centre for health and social care, Crown copyright

7 Living well

7.1 Smoking

Smoking is the biggest preventable cause of disease and death in England and remains a key public health challenge. Tobacco use is one of the most significant causes of health inequalities (e.g. differences in preventable death rates between the least and most deprived communities). Smoking is harmful not only to smokers but also to the people around them.

The Department of Health's Tobacco Control Plan for England sets out to:

- reduce smoking prevalence in adults aged 18 and over to 18.5% or less by the end of 2015

- reduce rates of regular smoking among 15 year olds to 12% or less by the end of 2015

The Health Survey for England reported that smoking prevalence in adults aged 16 and over has reduced from 27% in 1993 to around 20% in 2010.

In England, the prevalence of regular smoking (defined as smoking at least one cigarette a week) in 2010 for children aged 11-15 was 5%. The prevalence of regular smoking increases sharply with age: less than 0.5% of 11 year olds compared with over 12% of 15 year olds. Girls are more likely than boys to be regular smokers (6% and 4% respectively).

There is very little local data on smoking prevalence in children. Based on national prevalence it is estimated that there are approximately 310 children aged 11-15 who are considered regular smokers in East Staffordshire.

Data from the latest Integrated Household Survey suggest that the smoking prevalence in East Staffordshire was 19% - meaning 16,500 people aged 18 and over smoke (Figure 39). Data from the same survey in 2010 found that the prevalence of smoking in routine and manual groups was 33%, thus contributing to increases in health inequalities.

Modelled synthetic estimates have been published at middle super output area (MSOA) level by the Public Health Observatories in England. This shows that the prevalence of smoking ranges from 13% to 30% in East Staffordshire (Figure 40).

Figure 39: Smoking prevalence, July 2010 - June 2011
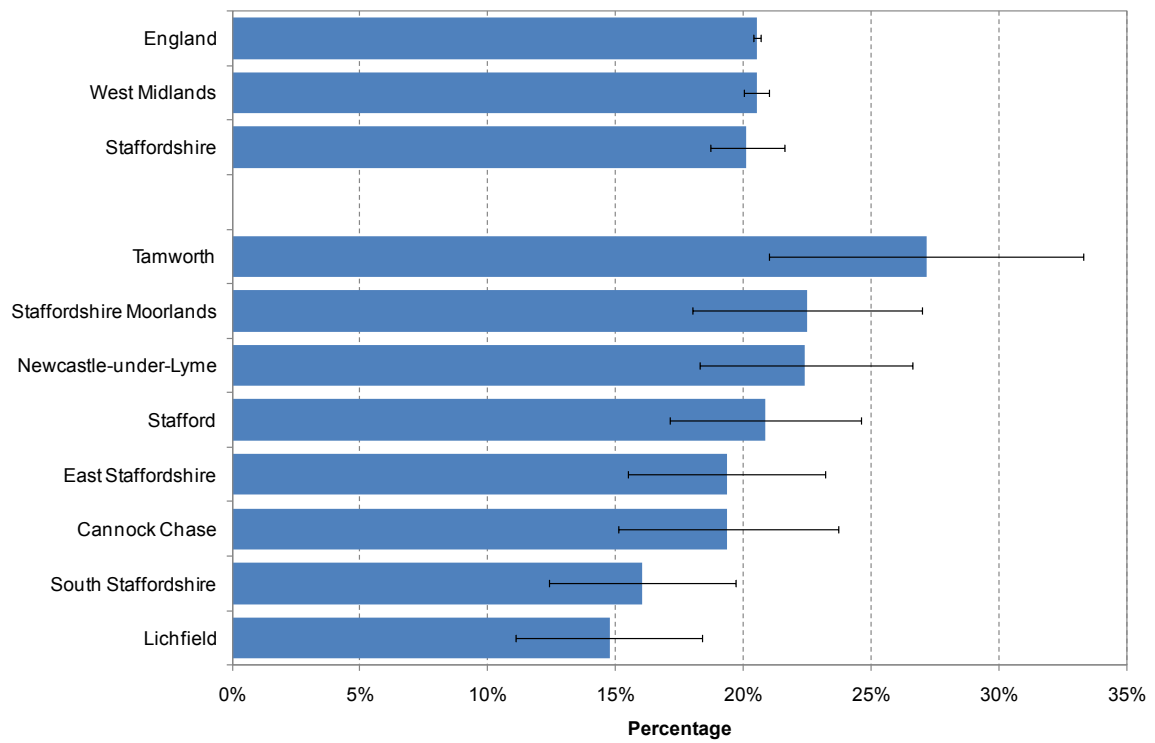
Source: Integrated Household Survey, Office for National Statistics (experimental statistics)

Figure 40: Synthetic estimates of smoking prevalence, 2006-2008
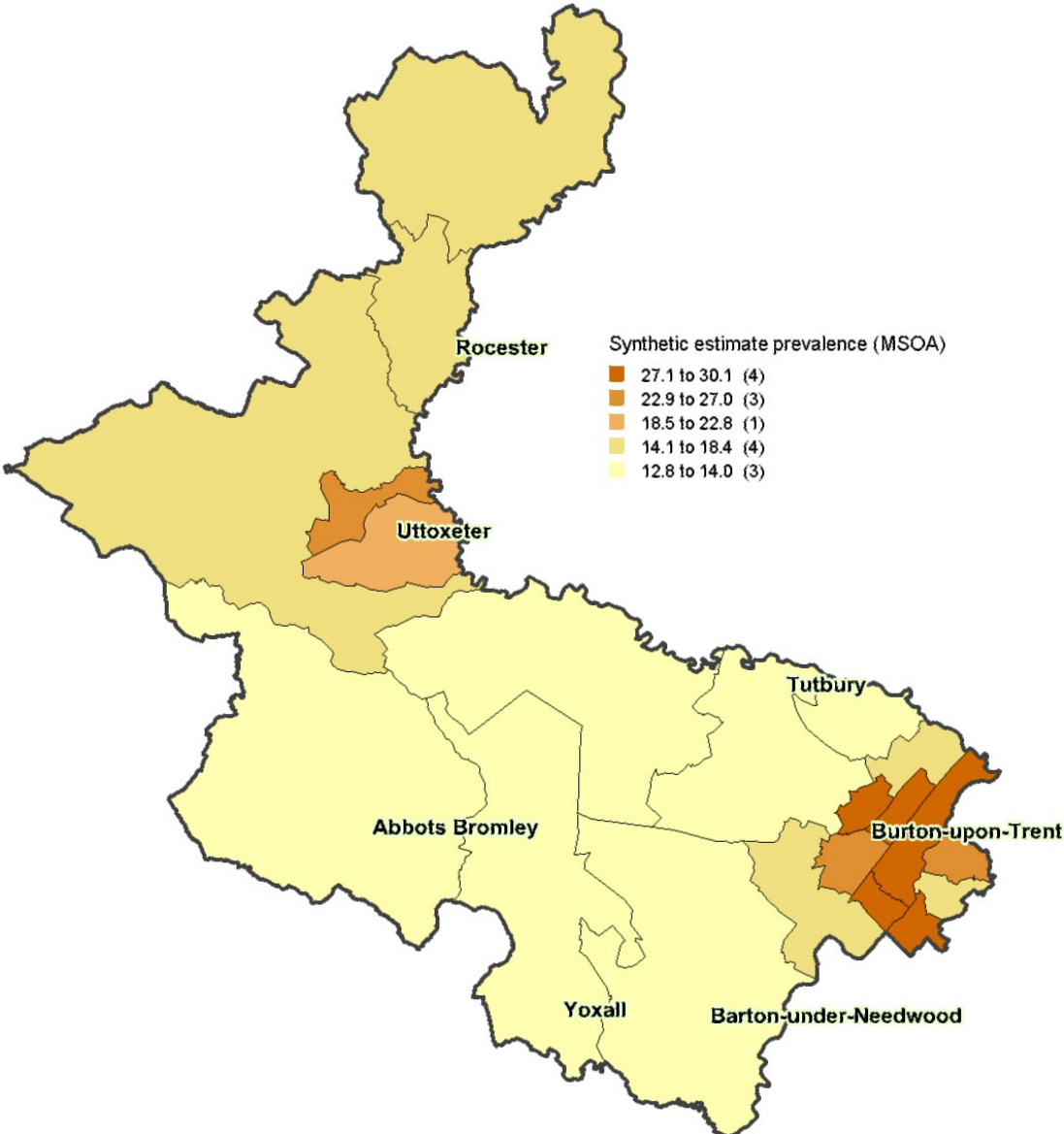
Source: Estimates of adults' health and lifestyles, Association of Public Health Observatories

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Smoking-attributable hospital admissions in East Staffordshire were higher than the England average, whilst smoking-attributable deaths in adults aged 35 and over were similar to the national average (Table 52).

Table 52: Smoking-attributable hospital admissions and mortality

	Admissions 2010/11		Mortality (35+), 2007-2009	
	Rate per 100,000 population	Statistical difference to England	Rate per 100,000 population	Statistical difference to England
Cannock Chase	1,598	Higher	236	Similar
East Staffordshire	1,590	Higher	215	Similar
Lichfield	1,269	Lower	173	Lower
Newcastle-under-Lyme	1,427	Similar	245	Higher
South Staffordshire	1,488	Similar	181	Lower
Stafford	1,452	Similar	182	Lower
Staffordshire Moorlands	1,151	Lower	189	Lower
Tamworth	1,454	Similar	205	Similar
Staffordshire	**n/a**		**202**	**Lower**
West Midlands	**1,452**	**Higher**	**217**	**Similar**
England	**1,417**		**216**	

Note: Numbers may not add up due to rounding

Source: Local Tobacco Control Profiles for England, Public Health Observatories in England

In 2010/11, 1,730 people accessed stop smoking services in East Staffordshire and 660 people quit at four weeks. The numbers of people accessing stop smoking services in East Staffordshire per 1,000 smokers is similar to the England average. However the number of people who quit at four weeks is lower than the England average (Table 53).

Table 53: Access and quit rates to stop smoking services, 2010/11

	Accessing stop smoking services			Four-week quitters		
	Number	Rate per 1,000 smokers	Statistical difference to England	Number	Rate per 1,000 smokers	Statistical difference to England
Cannock Chase	1,580	100	Higher	700	44	Similar
East Staffordshire	1,730	97	Similar	660	37	Lower
Lichfield	1,450	106	Higher	670	49	Higher
Newcastle-under-Lyme	1,750	79	Lower	800	36	Lower
South Staffordshire	1,250	89	Similar	510	36	Lower
Stafford	1,950	99	Higher	950	48	Similar
Staffordshire Moorlands	1,750	105	Higher	490	30	Lower
Tamworth	1,810	124	Higher	760	52	Higher
Staffordshire	**13,250**	**99**	**Higher**	**5,530**	**41**	**Lower**
West Midlands	**90,490**	**104**	**Higher**	**40,990**	**47**	**Higher**
England	**787,530**	**93**		**383,550**	**45**	

Note: Numbers may not add up due to rounding

Source: Integrated Household Survey, Office for National Statistics (experimental statistics), Lifestyle Services data extract 2010/11 (as at 15 August 2011), NHS Healthcare Commissioning Services (HCS), NHS North Staffordshire Stop Smoking Services data extract and Smoking cessation statistics 2010/11, Lifestyle Statistics. The NHS Information Centre, Copyright. The Health and Social Care Information Centre, Lifestyles Statistics. All rights reserved

7.2   Alcohol

The misuse of alcohol has been shown to contribute to a number of health problems, for example, alcohol-induced pancreatitis, chronic liver disease, cancer, strokes, gastritis, high blood pressure, mental health problems, suicide, fertility problems and impotence. Alcohol misuse is also linked to social problems such as anti-social behaviour, crime and domestic violence.

People who become drunk are much more likely to be involved in an accidental injury, assault or be charged with a criminal offence. Intoxication may also lead to unplanned and unprotected sex, which may result in unplanned pregnancy or sexually transmitted infections.

The government's 2012 alcohol strategy sets out ambitions to:

- change behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others
- reduce the amount of alcohol-fuelled violent crime
- reduce the number of adults drinking above the NHS guidelines
- reduce the number of people binge drinking
- reduce the number of alcohol-related deaths
- sustain a reduction in both the numbers of 11-15 year olds drinking alcohol and the amounts consumed

Children and young people who misuse alcohol are more likely to take drugs, trigger or exacerbate mental conditions and increase their risk of liver damage. There is also a close relationship between alcohol misuse, low educational achievement and adult criminal behaviour. Children are considered regular drinkers if they consume alcohol at least once a week.

Findings from the 2010 Staffordshire Children's Alcohol Survey carried out in four schools by Staffordshire County Council show that:

- 11% of children in Year 7 to Year 11 (aged 11-15) across Staffordshire reported drinking alcohol in the week prior to interview, similar to the national average of 13%

- Slightly more boys had drunk alcohol in the last seven days (13% compared to 9% of girls)

- 14% of children in Year 11 across Staffordshire are likely to have consumed alcohol in the last seven days compared with 5% of children in Year 7

Over a three year period (2007/08-2009/10), there were around 40 alcohol-related admissions in children and young people under 18 in East Staffordshire, with rates being similar to the England average (Table 54).

Table 54: Alcohol-related admissions in under 18s, 2007/08-2009/10

	Number	Crude rate per 1,000 population	Statistical difference to England
Cannock Chase	75	119	Higher
East Staffordshire	40	52	Similar
Lichfield	55	87	Higher
Newcastle-under-Lyme	35	47	Similar
South Staffordshire	30	45	Similar
Stafford	80	107	Higher
Staffordshire Moorlands	25	45	Similar
Tamworth	40	75	Similar
Staffordshire	**370**	**72**	**Higher**
West Midlands	**2,320**	**65**	**Similar**
England	**20,405**	**62**	

Note: Numbers may not add up due to rounding

Source: 2011 Local Alcohol Profiles for England, North West Public Health Observatory

The North West Public Health Observatory (NWPHO) has published synthetic estimates of alcohol consumption, i.e. proportions of the population reporting either abstaining or engaging in lower risk, increasing risk or higher risk drinking. The definitions used are:

- **Abstainers** - weekly consumption reported as zero in previous 12 months

- **Lower risk drinking** - usual consumption of less than 22 units of alcohol per week for men and less than 15 units of alcohol for women

- **Increasing risk drinking** - usual consumption between 22 and 50 units of alcohol per week for men and between 15 and 35 units for women

- **Higher risk drinking** - usual consumption of more than 50 units of alcohol per week for men and more than 35 units for women

They also publish an estimate for binge drinking, i.e. drinking too much alcohol over a short period of time, for example, over an evening. It is defined as drinking twice the recommended daily limit or more. In terms of units, this is drinking eight or more units a day for men, or four or more a day for women.

Using these estimates, approximately 16,800 adults consume alcohol at 'increasing risk' and a further 4,600 at 'higher risk'. Estimates also suggest that 18,000 adults aged 16 and over are binge drinkers (Table 55).

**Table 55: Estimates of alcohol consumption in adults aged 16 and over, 2008**

	Abstaining from drinking	Lower risk drinking	Increasing risk drinking	Higher risk drinking	Binge drinking (2007-2008)
Cannock Chase	8,100 (10.5%)	52,800 (68.8%)	11,200 (14.6%)	4,600 (6.0%)	13,900 (18.1%)
East Staffordshire	9,300 (10.5%)	57,500 (65.2%)	16,800 (19.0%)	4,600 (5.2%)	18,000 (20.4%)
Lichfield	8,600 (10.6%)	55,000 (67.7%)	13,700 (16.9%)	3,800 (4.7%)	18,800 (23.2%)
Newcastle-under-Lyme	10,600 (10.3%)	66,400 (64.0%)	20,400 (19.7%)	6,300 (6.1%)	21,600 (20.9%)
South Staffordshire	8,500 (9.5%)	59,100 (66.3%)	16,600 (18.6%)	4,900 (5.5%)	20,700 (23.2%)
Stafford	9,200 (8.8%)	68,000 (64.9%)	20,800 (19.9%)	6,800 (6.5%)	22,900 (21.9%)
Staffordshire Moorlands	8,100 (10.2%)	53,600 (67.5%)	14,000 (17.7%)	3,600 (4.6%)	17,200 (21.7%)
Tamworth	5,400 (8.9%)	38,500 (63.3%)	12,100 (20.0%)	4,700 (7.8%)	10,300 (17.0%)
Staffordshire	**67,900 (9.9%)**	**450,900 (65.9%)**	**125,700 (18.4%)**	**39,500 (5.8%)**	**143,500 (21.0%)**
West Midlands	**759,600 (17.3%)**	**2,793,100 (63.5%)**	**658,900 (15.0%)**	**189,300 (4.3%)**	**828,500 (18.8%)**
England	**6,582,100 (15.5%)**	**25,881,100 (60.9%)**	**7,451,800 (17.5%)**	**2,552,700 (6.0%)**	**8,546,000 (20.1%)**

Note: Numbers may not add up due to rounding

Source: 2011 Local Alcohol Profiles for England, North West Public Health Observatory and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

At a MSOA level, the proportion of binge drinkers in East Staffordshire range from 16% to 22% (Figure 41).

Figure 41: Synthetic estimates for binge drinking, 2007-2008
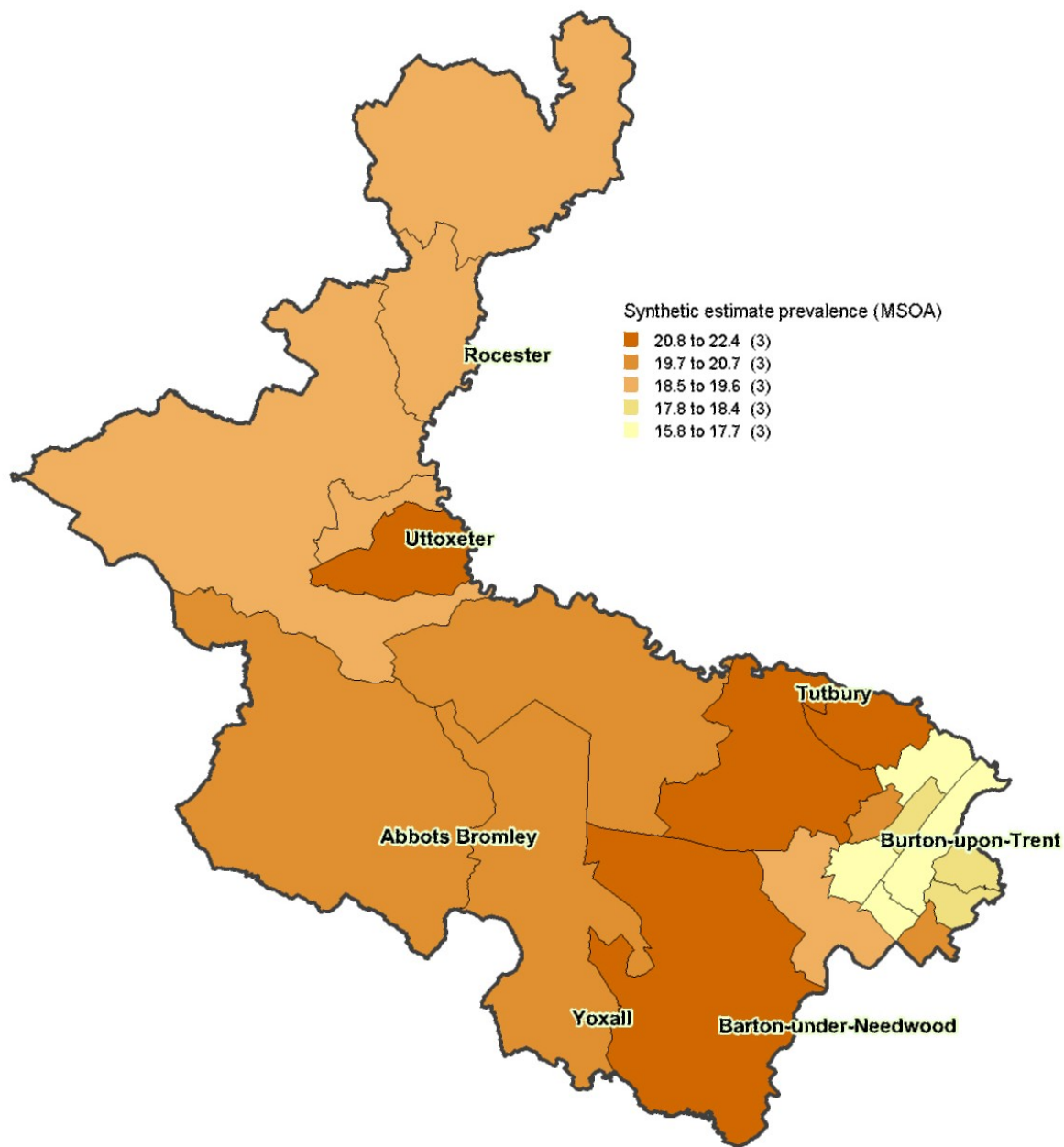
Source: Estimates of adults' health and lifestyles, Association of Public Health Observatories

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Alcohol morbidity and mortality can be entirely related to alcohol (alcohol-specific) or influenced only in part by alcohol (alcohol-attributable). For example all cases of alcoholic liver disease, mental or behavioural disorders due to alcohol and alcoholic poisoning are alcohol-specific. However road traffic accidents, certain cancers and heart disease can be attributed to alcohol for a proportion of deaths, for example 20% of stomach cancer deaths are thought to be attributable to alcohol.

Both alcohol-specific and alcohol-attributable mortality rates for men and women in East Staffordshire are similar to the England average.

Alcohol misuse is thought to be responsible for around 35% of all emergency department attendances and ambulance costs. During recent years, both nationally and locally, in-patient hospital admissions as a result of increased consumption of alcohol and consequently alcohol harm have increased significantly. During 2010/11 there were 2,400 alcohol-related admissions in East Staffordshire, which is lower than England but higher than the Staffordshire average (Figure 42).

Figure 42: Trends in alcohol-related admissions
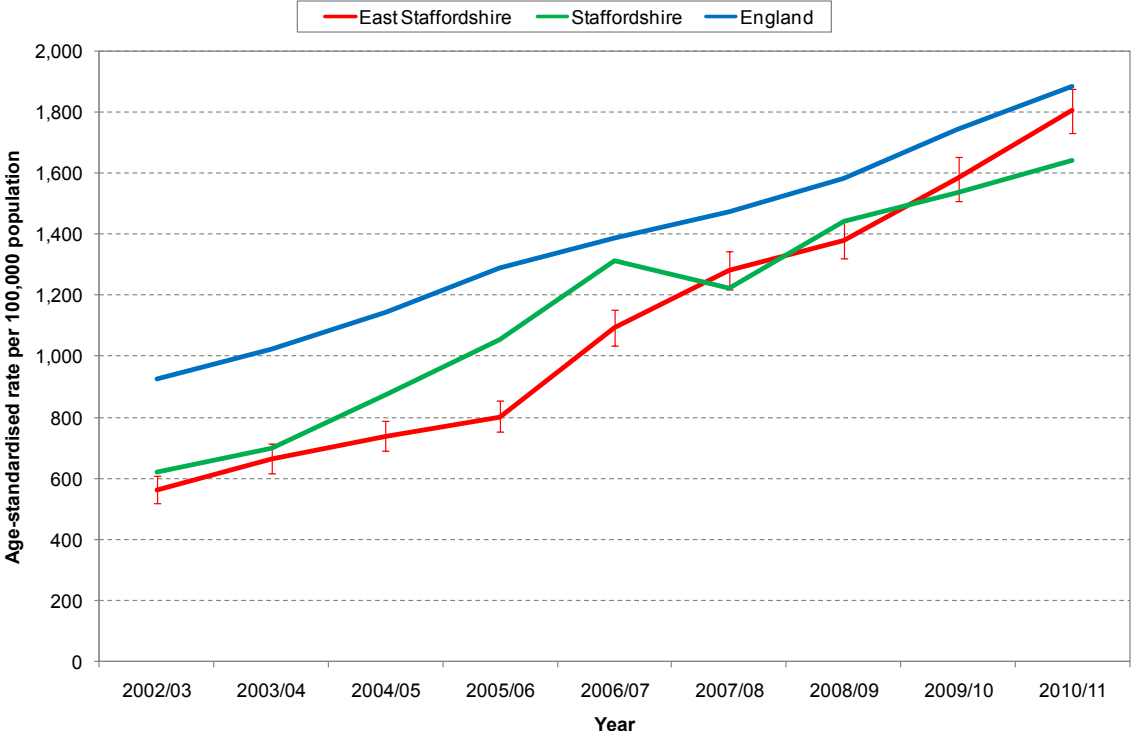
Source: Local Alcohol Profiles for England, North West Public Health Observatory

Alcohol-related crime is most likely to be linked to violence. The 2010/11 British Crime Survey revealed that in 44% of violent incidents, the victim believed the offender to be under the influence of alcohol. During 2010/11, levels of alcohol-related crime in East Staffordshire were lower than the England average. Rates of alcohol-related violent crime were similar to the England average (Table 56).

Table 56: Alcohol-related crime, 2010/11

	Alcohol-related crime			Alcohol-related violent crime		
	Number	Crude rate per 1,000 population	Statistical difference to England	Number	Crude rate per 1,000 population	Statistical difference to England
Cannock Chase	840	8.9	Higher	690	7.3	Higher
East Staffordshire	710	6.5	Lower	590	5.4	Similar
Lichfield	490	5.0	Lower	340	3.5	Lower
Newcastle-under-Lyme	850	6.8	Lower	690	5.6	Similar
South Staffordshire	520	4.9	Lower	370	3.5	Lower
Stafford	840	6.7	Lower	700	5.6	Similar
Staffordshire Moorlands	480	5.0	Lower	400	4.2	Lower
Tamworth	640	8.4	Higher	540	7.2	Higher
Staffordshire	**5,350**	**6.4**	**Lower**	**4,330**	**5.2**	**Lower**
West Midlands	**42,020**	**7.7**	**Higher**	**29,500**	**5.4**	**Similar**
England	**392,790**	**7.6**		**283,110**	**5.5**	

Note: Numbers may not add up due to rounding

Source: 2011 Local Alcohol Profiles for England, North West Public Health Observatory and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

7.3   Substance misuse

Substance misuse, similar to alcohol dependence, is one of the key causes of societal harm, including crime, family breakdown and poverty. The Government's 2010 drug strategy aims to:

- reduce illicit and other harmful drug use
- increase the numbers recovering from their dependence

The use of illegal drugs can lead to immediate health risks. Use of recreational drugs amongst young people can lead to suicide, depression, disruptive behaviour disorders and regular use can lead to dependence and psychotic symptoms. An increased likelihood of drug use in young people is linked to truancy, exclusion from school, homelessness, time in care and offending.

Nationally, the prevalence of drug use amongst 11 to 15 year olds has fallen from 29% in 2001 to 18% in 2010. There were also decreases in the proportion of children who reported taking drugs in the last year (from 20% in 2001 to 12% in 2010) and in the last month (from 12% to 7%). As with alcohol, illegal drug use is more common amongst older children: 9% of 11 year olds reported taking drugs at least once compared with 32% of 15 year olds. As in previous years, the 2010 survey found that cannabis remains the most commonly used drug with 8% of children aged 11-15 reporting taking it in the last year. 2% of children reported using Class A drugs in the last year.

Applying national estimates to the East Staffordshire population it is estimated that approximately 420 children aged 11-15 used drugs in the last month, 810 used drugs in the last year and 1,160 had used drugs at some time.

The British Crime Survey 2010/11 estimates that 9% of people aged 16-59 used illicit drugs in the last year, which is lower than the 11% reported in the 1996 survey. The majority of these are cannabis (7%), cocaine (2%) and ecstasy (1%) users. One in five young people aged 16-24 reported having used illegal drugs in the last year, again a decline from the 1996 survey (30%). The most common drugs used were cannabis (17%), cocaine (4%) and ecstasy (4%).

Most of these individuals will take drugs occasionally, without causing harm to themselves or others, or becoming involved in crime. This is known as recreational use. However about 5% of drug users are known as problematic drug users, who cause harm to themselves and to others through their use. These are users who are often dependent on Class A drugs, who live extremely chaotic lives with high levels of risk to their health and that of others and who are often involved in crime to fund their addiction.

According to Home Office figures, it is estimated that there are around 650 problem drug users (PDUs), defined as opiate and/or crack cocaine users aged 15-64 in East Staffordshire. The percentage estimated to be in effective treatment is similar to the England average (Table 57).

Table 57: Estimated problem drug users (PDUs) using crack and/or opiates

	Rate per 1,000 population aged 15-64 (2008/09)	Statistical difference to England	Estimated number of PDUs (2010)	Number in effective treatment (2010/11)	Percentage in effective treatment	Statistical difference to England
Cannock Chase	9.5	Similar	600	380	63%	Higher
East Staffordshire	9.2	Similar	650	380	59%	Similar
Lichfield	4.6	Lower	290	110	38%	Lower
Newcastle-under-Lyme	8.3	Lower	680	320	47%	Lower
South Staffordshire	4.0	Lower	270	60	22%	Lower
Stafford	5.6	Lower	460	230	51%	Lower
Staffordshire Moorlands	7.7	Lower	460	300	65%	Higher
Tamworth	8.0	Lower	410	230	57%	Similar
Staffordshire	**7.1**	**Lower**	**3,820**	**2,020**	**53%**	**Lower**
West Midlands	**10.5**	**Higher**	**37,160**	**n/a**		
England	**9.4**		**324,340**	**191,130**	**59%**	

Source: Health Profiles 2011, Association of Public Health Observatories (APHO) and Department of Health, Crown copyright, 2010 mid-year population estimates, Statistics from the National Drug Treatment Monitoring System (NDTMS) 1 April 2010 - 31 March 2011, National Treatment Agency for Substance Misuse (NTA), Crown copyright and Evaluation of Drug Treatment in Staffordshire in 2010-11, Staffordshire Observatory, Staffordshire County Council

7.4 Obesity

Being obese increases the risk of diseases such as diabetes, hypertension (high blood pressure), cancer and heart disease. It can also lead to social and psychological problems, for example, depression, low self-esteem and stigmatisation, particularly in children. Excess weight can have an impact on many daily activities and on people's relationships. Obesity also has significant financial costs to the NHS and the wider economy.

Levels of obesity for adults in England continue to increase. The 2010 Health Survey for England reported the prevalence of obesity as 26% for men and women compared with 13% and 16% for men and women respectively in 1993. Projections based on these trends show that 29% of men and women will be obese by 2015. The main reason for the rising prevalence is a combination of increased sedentary lifestyles and changes in diet and eating patterns.

Nationally, among boys and girls aged two to 15, the proportion who were obese increased between 1995 and 2010, from 11% in 1995 to 17% in 2010 among boys, and from 12% in 1995 to 16% in 2010 among girls. Since the peak in 2004 and 2005, obesity trends in children have shown a slight downward trend.

The Government's healthy weights strategy aims to achieve:

- a sustained downward trend in the level of excess weight in children by 2020
- a downward trend in the level of excess weight averaged across all adults by 2020

Using the national prevalence figures reported in the 2010 Health Survey for England, the number of children in East Staffordshire aged between two and 15 estimated to be obese is 2,900, with a further 2,600 children thought to be overweight (Table 58).

Table 58: Estimated number of children who are overweight and obese, 2010

|	Overweight	Obese	Overweight or obese
Cannock Chase	2,200	2,500	4,800
East Staffordshire	2,600	2,900	5,600
Lichfield	2,200	2,500	4,700
Newcastle-under-Lyme	2,600	2,900	5,500
South Staffordshire	2,300	2,500	4,800
Stafford	2,600	2,900	5,600
Staffordshire Moorlands	2,000	2,300	4,300
Tamworth	1,900	2,100	4,000
Staffordshire	**18,600**	**20,700**	**39,300**

Note: Numbers may not add up due to rounding

Source: Health Survey for England - 2008 trend tables, Copyright 2009, The Information Centre for health and social care, All rights reserved and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Every year, as part of the National Child Measurement Programme (NCMP), children in Reception (aged four to five) and Year 6 (aged 10-11) are weighed and measured during the school year.

Levels of obesity for children in Reception were at 8% in 2010/11 and appear to have reduced. Levels of obesity for children in Year 6 are much higher (20%) and although are similar to England, have increased significantly over the last two years (Figure 43). Additionally in East Staffordshire, 15% and 14% of children in Reception and Year 6 were overweight in 2010/11.

Figure 43: Trends in childhood obesity
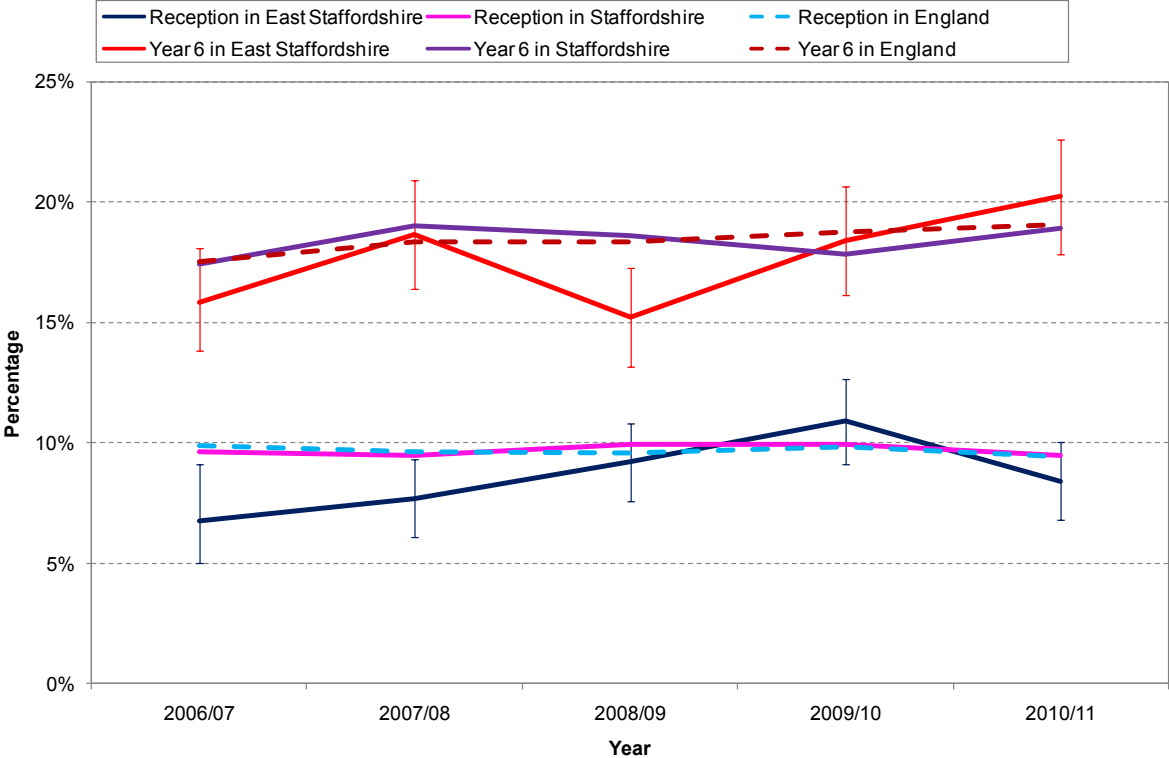
Data from the NCMP for the last five years has been aggregated to allow rates of children who are overweight or obese to be presented at ward level. For children in Reception, Yoxall ward has rates that are statistically higher than England. For children in Year 6, Anglesey, Burton, Heath and Shobnall wards all have rates that are higher than England (Table 59).

Table 59: Children who are overweight or obese by ward, 2006/07 to 2010/11

|	Reception		Year 6	
	Prevalence (number)	Statistical difference to England	Prevalence (number)	Statistical difference to England
Burton	18.8% (30)	Similar	44.3% (50)	Higher
Heath	23.9% (50)	Similar	41.4% (130)	Higher
Anglesey	22.0% (90)	Similar	40.8% (130)	Higher
Shobnall	24.1% (90)	Similar	40.7% (130)	Higher
Stapenhill	24.2% (80)	Similar	35.8% (130)	Similar
Horninglow	24.8% (100)	Similar	31.9% (140)	Similar
Branston	14.4% (50)	Lower	31.6% (120)	Similar
Churnet	23.6% (30)	Similar	31.1% (40)	Similar
Winshill	23.9% (90)	Similar	30.9% (140)	Similar
Rolleston on Dove	25.0% (30)	Similar	30.4% (40)	Similar
Brizlincote	20.6% (40)	Similar	30.2% (80)	Similar
Town	23.3% (80)	Similar	30.1% (100)	Similar
Eton Park	21.6% (80)	Similar	29.7% (100)	Similar
Weaver	14.3% (10)	Similar	29.2% (10)	Similar
Tutbury and Outwoods	17.5% (40)	Similar	29.1% (80)	Similar
Needwood	22.2% (40)	Similar	29.1% (80)	Similar
Yoxall	26.5% (30)	Similar	28.4% (40)	Similar
Stretton	19.4% (80)	Similar	28.2% (110)	Similar
Abbey	17.0% (20)	Similar	27.3% (40)	Similar
Crown	29.8% (30)	Similar	23.9% (30)	Similar
Bagots	21.5% (20)	Similar	23.1% (30)	Lower
East Staffordshire	**21.9% (1,090)**	**Similar**	**32.4% (1,740)**	**Similar**
Staffordshire	**23.5% (7,940)**	**Higher**	**32.8% (12,190)**	**Similar**
West Midlands	**23.4%**	**Higher**	**34.4%**	**Higher**
England	**22.8%**		**32.8%**	

Notes: (1) Numbers may not add up due to rounding; (2) In line with the national guidance and data sharing agreements, results based on small numbers (under six individuals) have been suppressed to prevent disclosure

Source: National Child Measurement Programme: Staffordshire datasets 2006/07 to 2010/11 and National Child Measurement Programme: results from the school years 2006/07 to 2010/11 – headline results, Copyright, The Information Centre for Health and Social Care. All Rights Reserved

Estimates of adult obesity suggest that about 26% of adults in East Staffordshire are obese, which is similar to the England average (Figure 44). The prevalence of obesity at MSOA level across East Staffordshire varies with the percentage estimated to range between 22% and 30% (Figure 45).
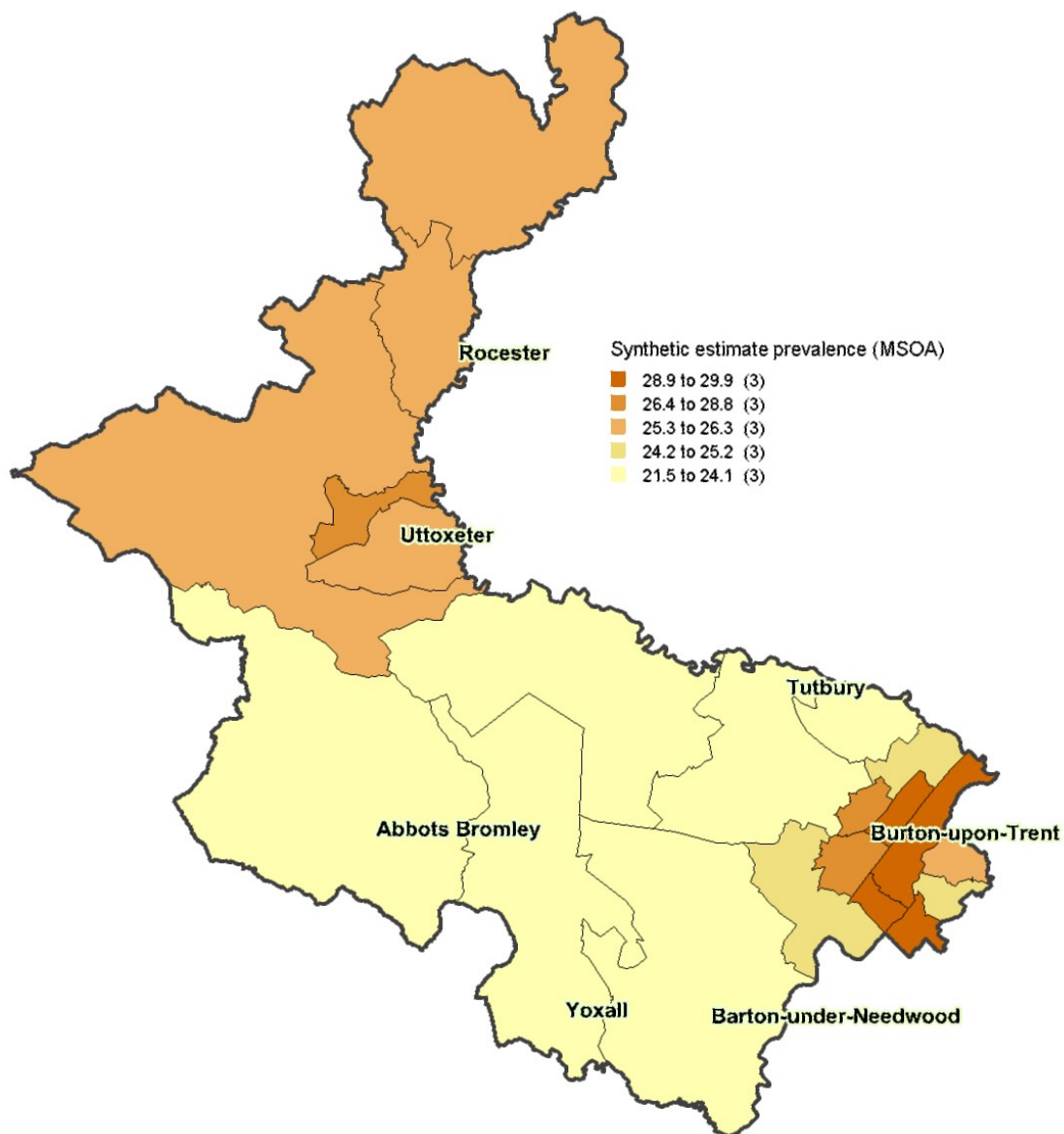
GP disease registers collate data on adults who have a recorded Body Mass Index (BMI) of over 30 in the last 15 months. This suggests that the prevalence of obesity in East Staffordshire in 2010/11 was 12%.

Figure 44: Estimates of adult obesity, 2006-2008
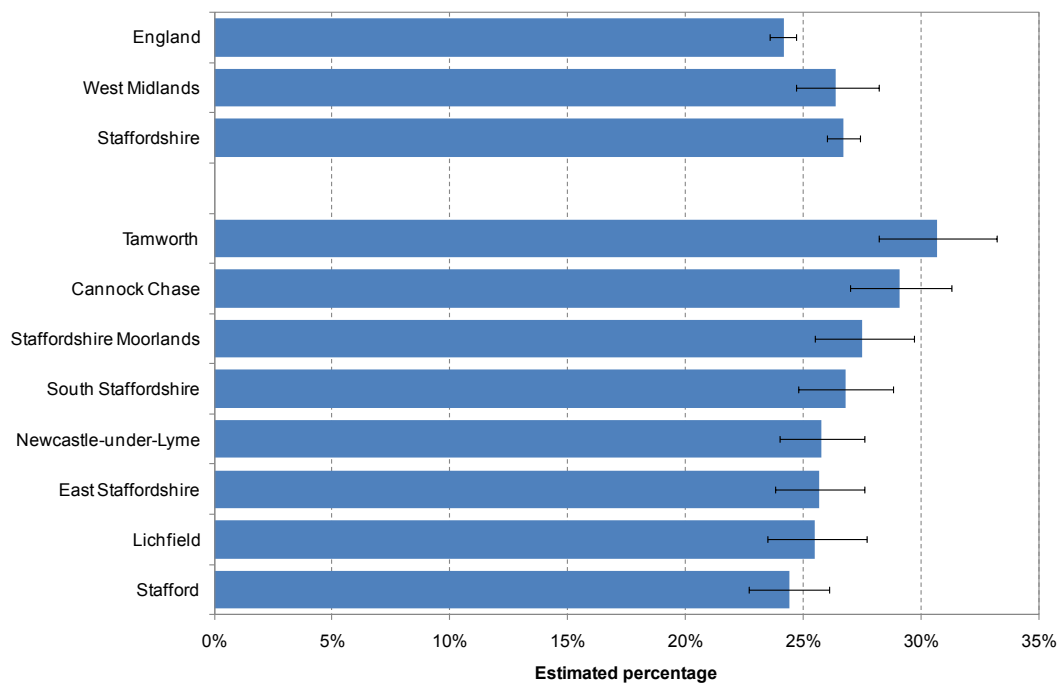
Source: Health Profiles 2011, Association of Public Health Observatories (APHO) and Department of Health, Crown copyright

Figure 45: Synthetic estimates of adult obesity prevalence, 2006-2008

Synthetic estimate prevalence (MSOA)
- 28.9 to 29.9 (3)
- 26.4 to 28.8 (3)
- 25.3 to 26.3 (3)
- 24.2 to 25.2 (3)
- 21.5 to 24.1 (3)

Source: Estimates of adults' health and lifestyles, Association of Public Health Observatories

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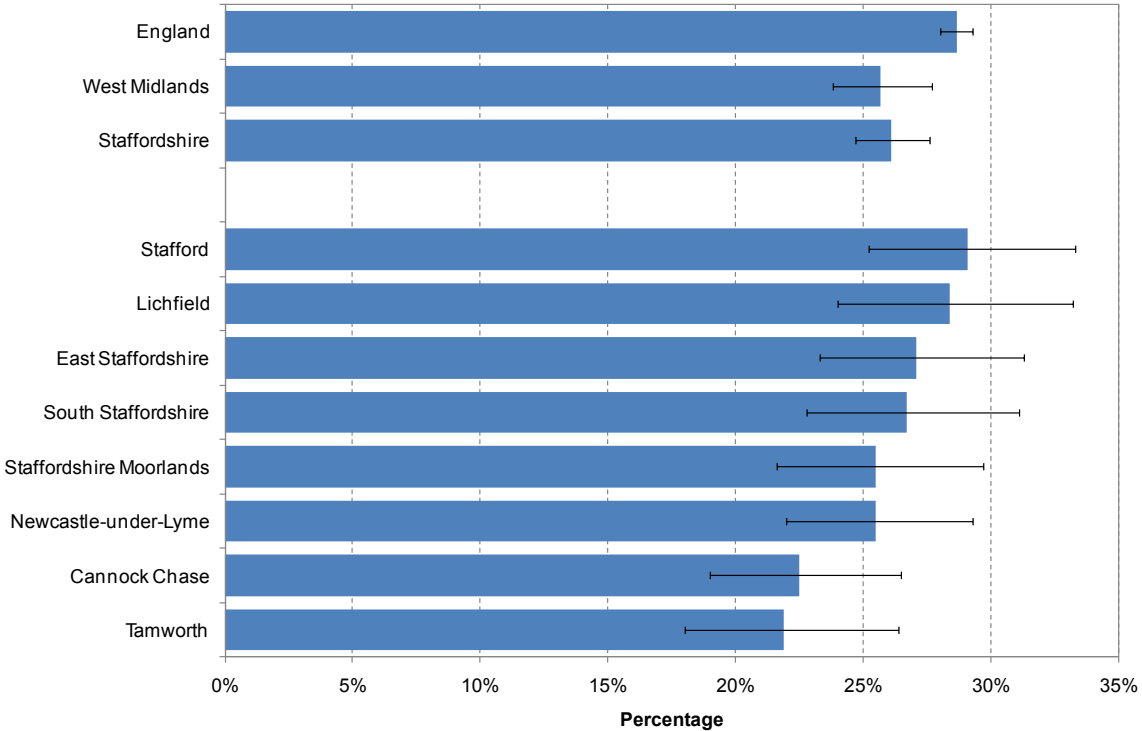
7.5 Healthy eating

A healthy and balanced diet is important in the prevention of ill-health later in life. Consumption of at least five portions of a variety of fruit and vegetables a day reduces the risk of deaths from some chronic diseases. National trends show that some of the greatest nutritional inequalities are found in fruit and vegetable consumption. Children growing up in less affluent families are about 50% less likely to eat fruit and vegetables than those in high-income families.

Using the 2010 Health Survey for England, 19% of boys and 20% of girls aged five to 15 ate five or more portions of fruit and vegetables per day. Boys consumed a mean of 3.2 portions and girls consumed a mean of 3.3 portions per day.

The 2010 Health Survey for England found that 25% of men and 27% of women consumed the recommended five portions of fruit and vegetables daily with the average daily number of portions eaten being 3.4 for men and 3.7 for women. A lower proportion of young adults tend to eat the recommended portions. The proportion of men aged 16-24 eating five a day was 19% whereas the highest proportion of consumption was in men aged 65-74 (32%). The proportion of women aged 16-24 eating five a day was 21% whereas the highest proportion of consumption was in women aged 55-64 (32%).

In East Staffordshire consumption of five or more portions of fruit and vegetables using synthetic estimates was 27%, similar to the England average (29%) (Figure 46). There are also inequalities in East Staffordshire with modelled estimates for MSOAs ranging from 20% to 34% (Figure 47).

Figure 46: Estimated prevalence of adults who eat healthily: consumption of five portions of fruit and vegetables daily, 2006-2008

Source: Health Profiles 2011, Public Health Observatories in England and Department of Health, Crown copyright

Figure 47: Synthetic estimates of healthy eating: consumption of at least five portions of fruit and vegetables daily, 2006-2008
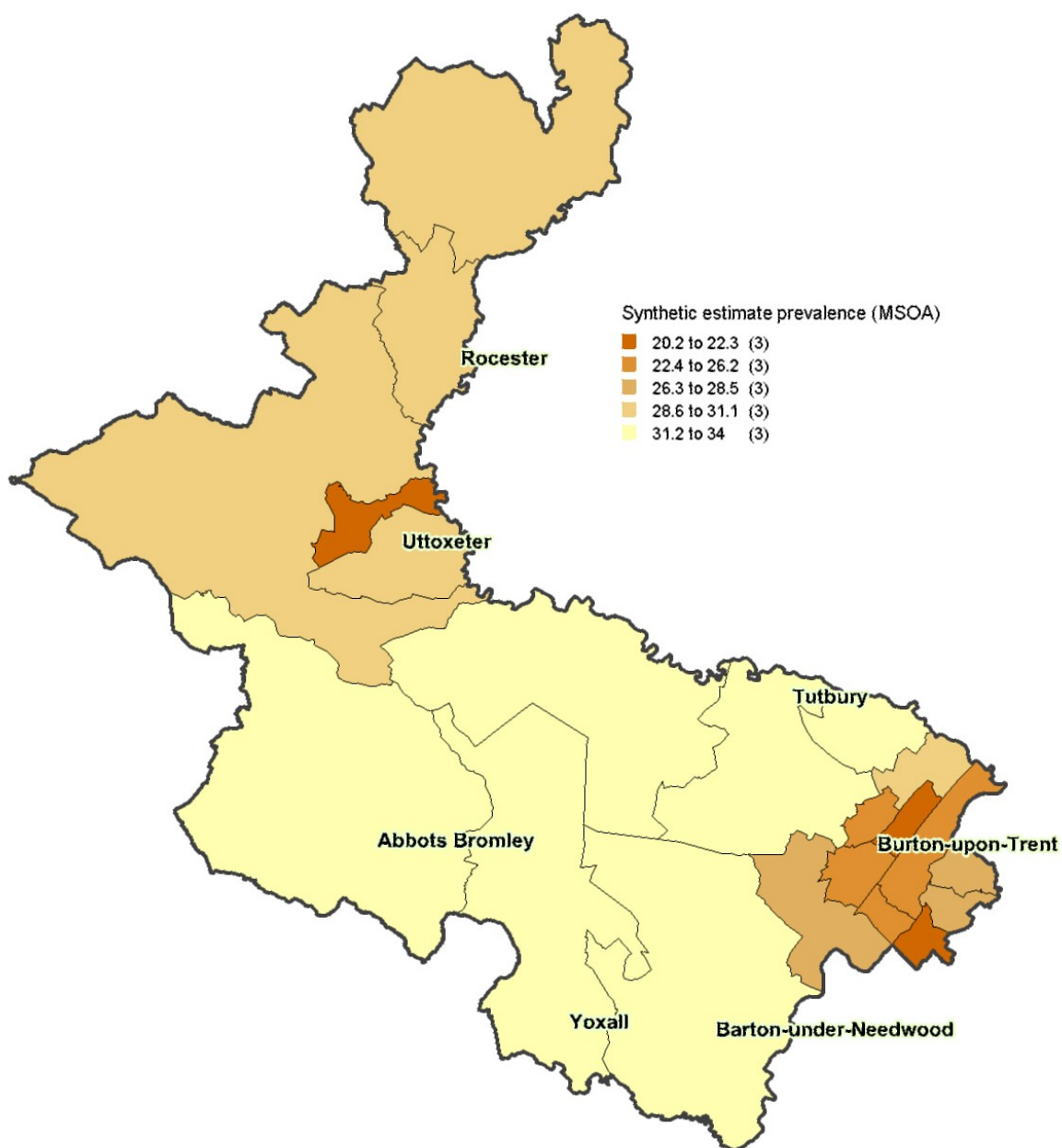
Source: Estimates of adults' health and lifestyles, Association of Public Health Observatories

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7.6 Physical activity

People who have a physically active lifestyle reduce the risk of cardiovascular disease, some cancers and diabetes. Physical activity can improve musculoskeletal conditions such as osteoarthritis, low back pain, osteoporosis and reduce the risk of falls. Physical activity can also control body weight and help reduce obesity, reduce symptoms of depression and anxiety and improve general mental wellbeing.

Opportunities for people to be physically active exist in their day-to-day lives: at work (especially if the job involves manual labour), transport (for example, walking or cycling to work); at home (for example, housework or gardening) or in leisure time (for example walking or participating in sports and recreational activities).

Physical activity guidelines are shown in Table 60.

Table 60: Physical activity guidelines

- Physical activity should be encouraged from birth, particularly through floor-based play and water-based activities in safe environments. Children of pre-school age who are capable of walking unaided should be physically active daily for at least 180 minutes, spread throughout the day.

- All children and young people aged five to 18 should engage in moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week.

- Adults aged 19-64 should aim to be active daily. Over a week, activity should add up to at least 150 minutes of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least five days a week. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous intensity activity. Adults should also undertake physical activity to improve muscle strength on at least two days a week.

- Older adults who participate in any amount of physical activity gain some health benefits, including maintenance of good physical and cognitive function. Some physical activity is better than none, and more physical activity provides greater health benefits. Older adults should aim to be active daily. Over a week, activity should add up to at least 150 minutes of moderate intensity activity in bouts of 10 minutes or more – one way to approach this is to do 30 minutes on at least five days a week. For those who are already regularly active at moderate intensity, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or a combination of moderate and vigorous activity. Older adults should also undertake physical activity to improve muscle strength on at least two days a week. Older adults at risk of falls should incorporate physical activity to improve balance and co-ordination on at least two days a week.

- All children and adults should minimise the amount of time spent being sedentary (sitting) for extended periods.

Source: Start Active, Stay Active, A report on physical activity for health from the four home countries' Chief Medical Officers, Department of Health, 2011

Data from the Health Survey for England 2008 found that:

- 32% of boys and 24% of girls aged two to 15 achieved the government's recommended minimum of 60 minutes physical activity each day of the week.

- For girls the percentage meeting the government's recommendations generally decreased with age, 35% of girls aged two compared to 12% of those aged 14.

- Levels of physical activity varied according to household income with those in the lower income groups exercising more than the higher. For boys the proportion meeting the recommended levels of physical activity was 25% in the highest quintile and 36% in the lowest one, for girls the proportion was 22% in the highest and 30% in the lowest.

- Children in the low exercise category are more likely to have parents in the low exercise category.

There is little local data for levels of physical activity in children. An indicator that is often used is the proportion of children who spend at least three hours of high quality PE and school sport within and beyond the curriculum per week. This shows that levels of activity for children in East Staffordshire are higher than the national average (Figure 48).

Figure 48: Physically active children, 2009/10
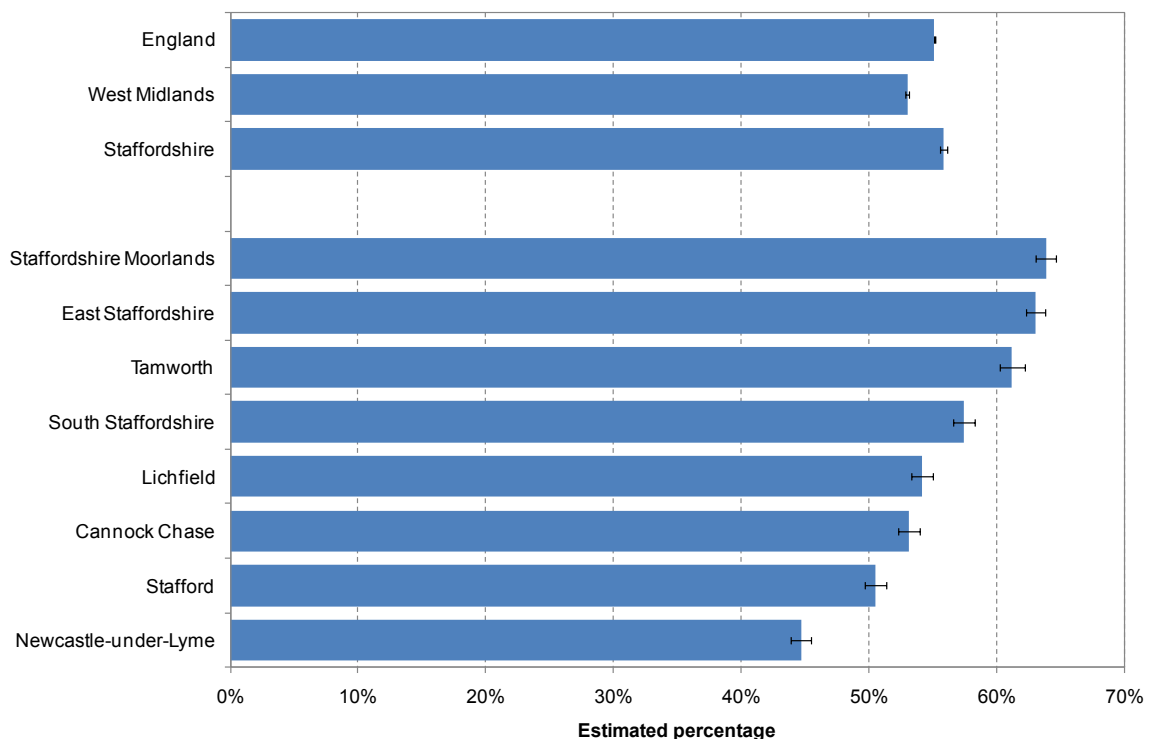
Source: Health Profiles 2011, Public Health Observatories in England and Department of Health, Crown copyright

The Active People Survey (APS) includes 250 sport and recreation activities and now includes dancing and gardening. From APS 4 (2009/10) data, only 12% of men and women in East Staffordshire achieved the recommended levels of physical activity which although similar to the national average is still too low. In addition 51% of men and women were inactive (Table 61).

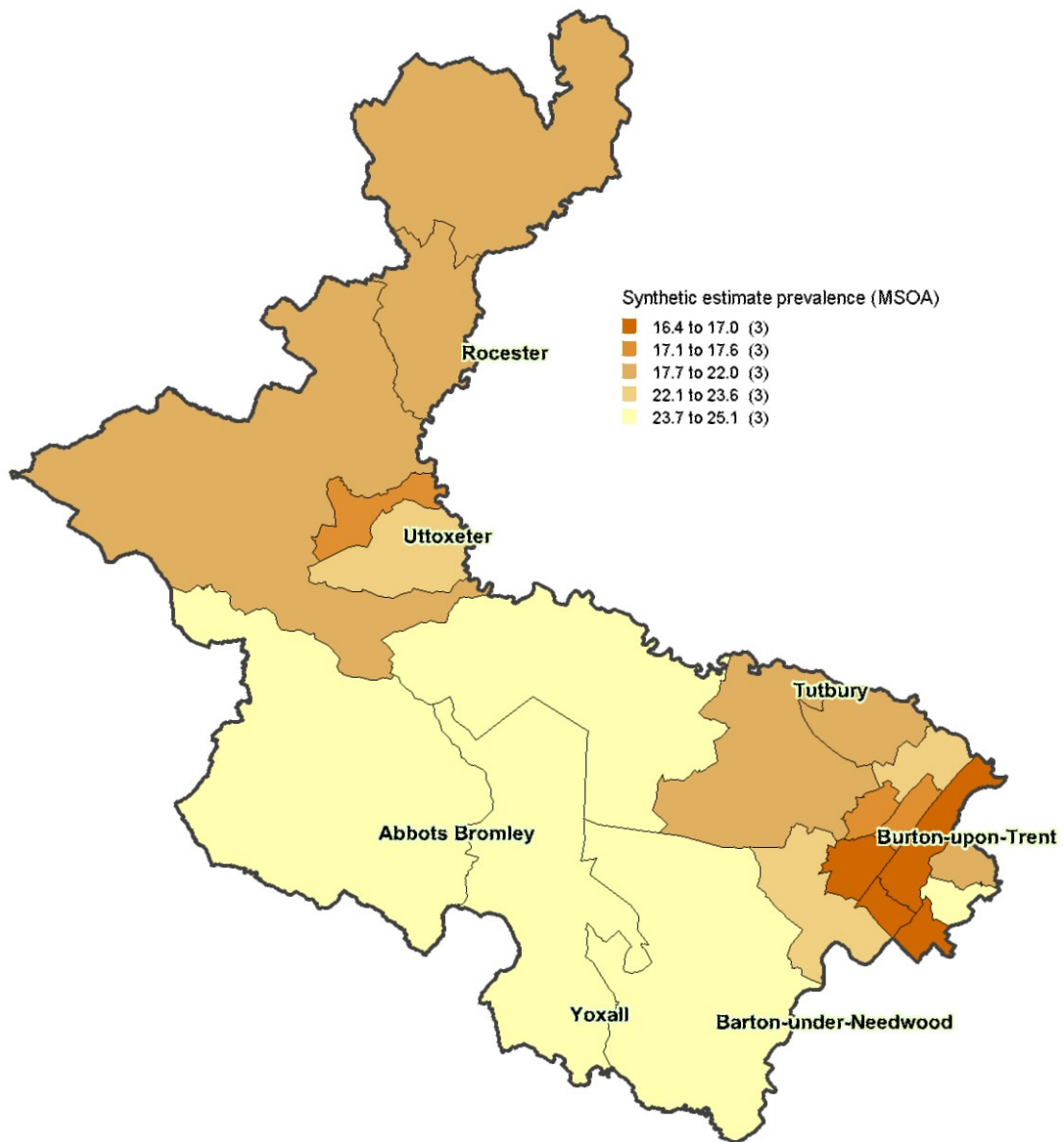**Table 61: Physical activity levels, 2009/10**

	No moderate activity in last four weeks		30 minutes moderate participation at least five days a week	
	Percentage (estimated number)	Statistical difference to England	Percentage (estimated number)	Statistical difference to England
Cannock Chase	53% (40,500)	Similar	10% (7,900)	Similar
East Staffordshire	51% (45,100)	Similar	12% (10,900)	Similar
Lichfield	49% (40,100)	Similar	13% (10,300)	Similar
Newcastle-under-Lyme	53% (55,200)	Higher	11% (11,700)	Similar
South Staffordshire	46% (41,000)	Similar	12% (10,300)	Similar
Stafford	49% (51,500)	Similar	11% (12,000)	Similar
Staffordshire Moorlands	52% (41,000)	Similar	10% (7,600)	Similar
Tamworth	57% (34,600)	Higher	9% (5,500)	Similar
Staffordshire	**51% (348,900)**	**Higher**	**11% (76,200)**	**Similar**
West Midlands	**51%**	**Higher**	**11%**	**Lower**
England	**48%**	**Similar**	**11%**	

Note: Numbers may not add up due to rounding

Source: Active People Diagnostic, Sports England Active People Survey 4 (APS4) 2009/10, data extracted November 2011 and 2010 mid-year population estimates, Office for National Statistics, Crown copyright

Synthetic estimates at MSOA level suggest that the proportion of adults who undertake at 30 minutes of activity at least three times a week ranges between 16% and 25% (Figure 49).

Figure 49: Synthetic estimates for physical activity: proportion of adults who are moderately active for 30 minutes at least three times a week, 2008-2010

Synthetic estimate prevalence (MSOA)
- 16.4 to 17.0 (3)
- 17.1 to 17.6 (3)
- 17.7 to 22.0 (3)
- 22.1 to 23.6 (3)
- 23.7 to 25.1 (3)

Source: Sport England Active People Survey 3 (Oct 2008-Oct 2009) and Active People Survey 4 (October 2009-October 2010)

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7.7 Sexual health
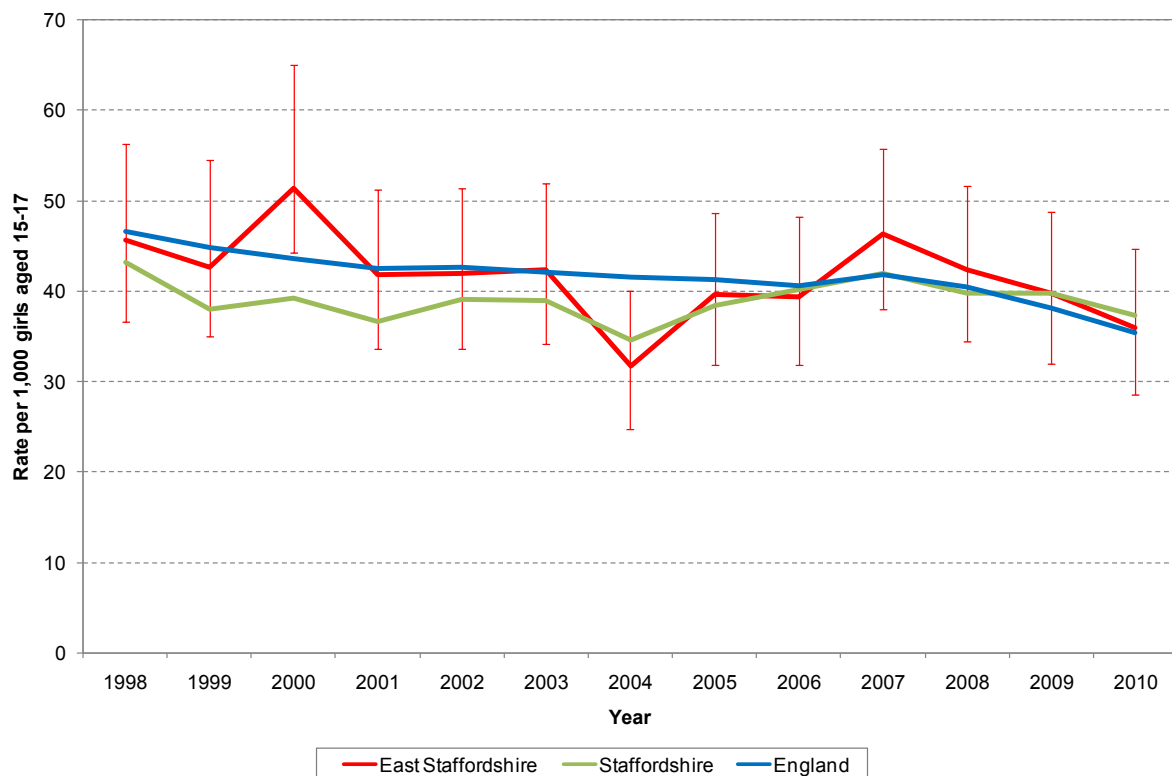
7.7.1 Teenage pregnancy

Being a teenage parent can have adverse affects on an individual's life chances, for example, teenage mothers often have poor educational attainment and reduced employment opportunities. Being a teenage mother also has an additional risk of increased mortality and morbidity for both mother and infant. Teenage pregnancy is associated with deprivation and young people from lower socio-economic groups tend to have higher levels of teenage pregnancy.

Between 1998 and 2010, across East Staffordshire, under-18 conception rates have reduced by 21% compared with 14% across Staffordshire and 24% across England (Figure 50). Rates are similar to both Staffordshire and England (Figure 51).

Under-16 conceptions make up around 20% of under-18 pregnancies. Rates in East Staffordshire were similar to the Staffordshire and England average (Figure 52).

Burton, Eton Park, Heath and Stapenhill wards all have higher rates than the national average (Table 62).

Figure 50: Teenage pregnancy trends: under-18 conception rates

Source: Office for National Statistics and Department for Education

Figure 51: Teenage pregnancy: under-18 conception rates, 2008-2010
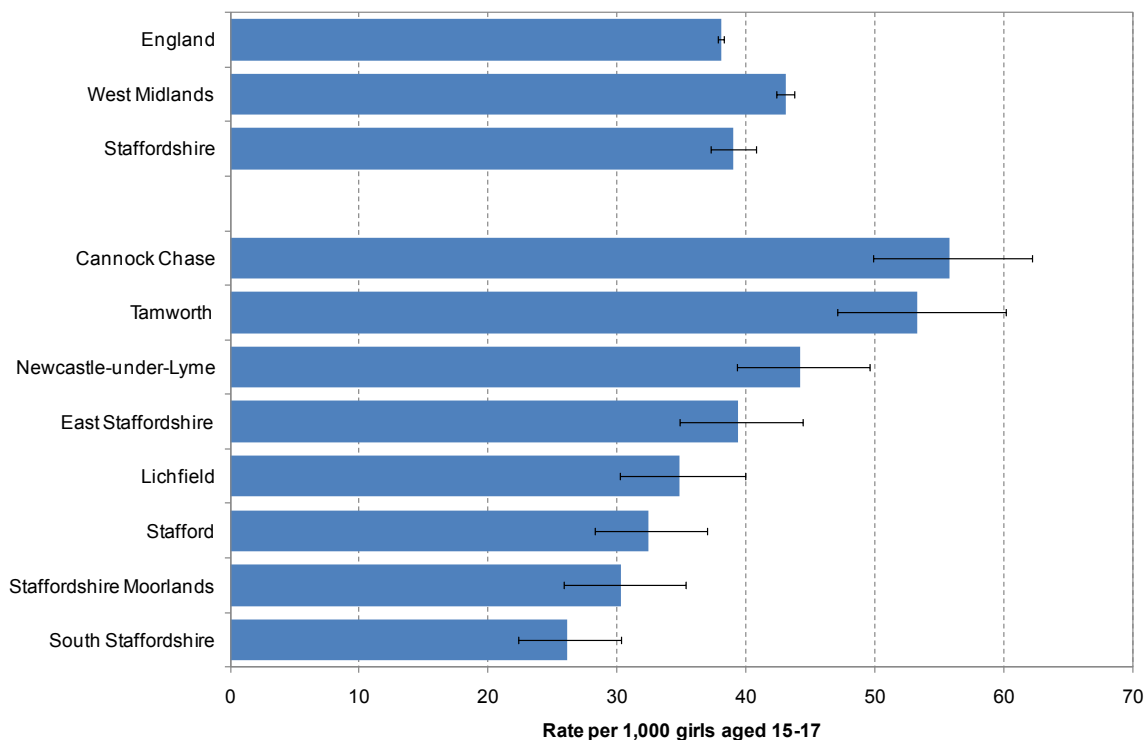
Source: Office for National Statistics and Department for Education

Figure 52: Teenage pregnancy: under-16 conception rates, 2008-2010

Source: Office for National Statistics and Department for Education

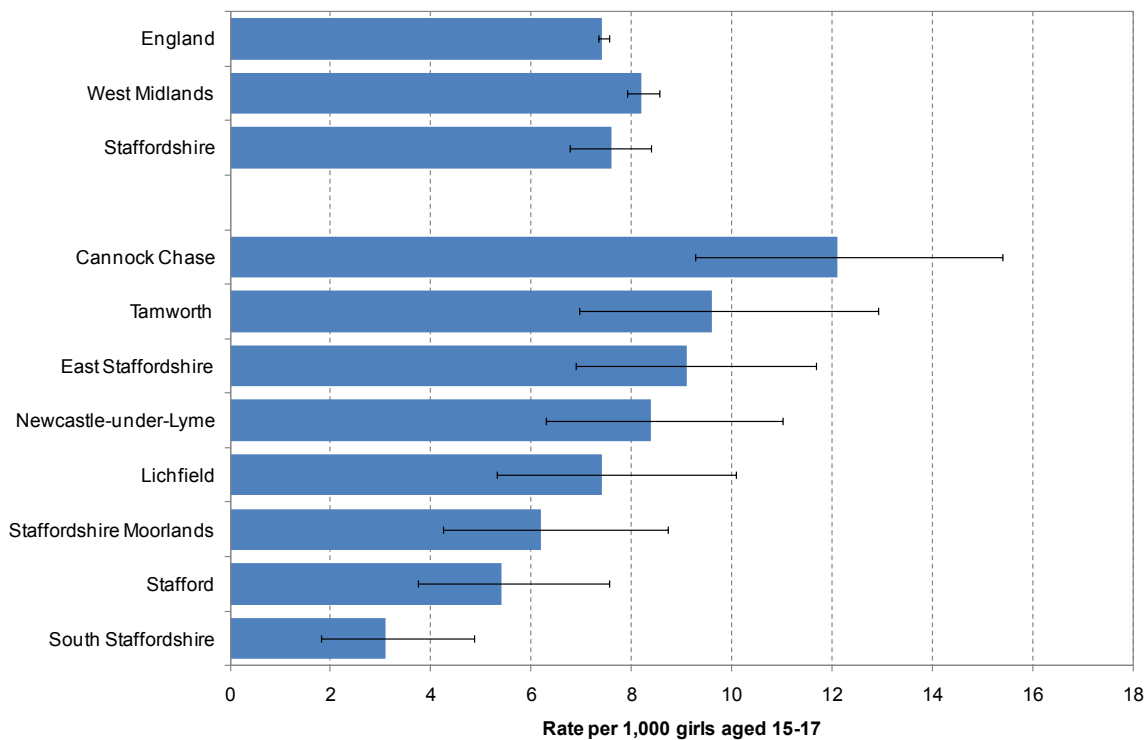**Table 62: Under-18 conception rates by ward, 2007-2009**

	Number	Rate per 1,000 girls aged 15-17	Statistical difference to England
Burton	10	122.8	Higher
Eton Park	30	85.8	Higher
Heath	30	80.3	Higher
Stapenhill	40	70.9	Higher
Winshill	30	59.9	Similar
Shobnall	20	50.8	Similar
Town	20	43.0	Similar
Horninglow	30	42.3	Similar
Yoxall	10	41.4	Similar
Anglesey	10	35.7	Similar
Stretton	20	31.8	Similar
Branston	10	30.9	Similar
Brizlincote	10	29.5	Similar
Churnet	10	22.0	Similar
Tutbury and Outwoods	10	21.8	Similar
Needwood	10	15.9	Lower
Abbey	Suppressed		
Bagots	Suppressed		
Crown	Suppressed		
Rolleston on Dove	Suppressed		
Weaver	Suppressed		
East Staffordshire	**286**	**42.7**	**Similar**
Staffordshire	**1,950**	**40.6**	**Similar**
West Midlands	**14,360**	**46.2**	**Higher**
England	**115,080**	**40.9**	

Notes: (1) Numbers may not add up due to rounding; (2) Numbers and percentages based on small numbers (under five individuals) have been suppressed to prevent disclosure

Source: Office for National Statistics and Department for Education and mid-year population estimates, Office for National Statistics, Crown copyright

7.7.2 Sexually transmitted infections

Sexually transmitted infections (STIs) continue to be on the increase and between 2008 and 2011 the number of new diagnoses of STIs in genitourinary medicine (GUM) clinics in England rose by 10% from 358,200 to 394,700.

Whilst data from KC60 returns from GUM clinics is incomplete, particularly as STI testing and diagnosis is increasingly done within primary and community settings (e.g. GP practices, family planning and young persons clinics), it does give us an indication of the overall trend of STIs.

The number of diagnoses of the various sexually transmitted diseases is falling in Staffordshire, compared to a rise nationally (Table 63). It is not known if this reflects less disease in the community or if it is due to issues with data, access to services or case finding.

Table 63: Trends in numbers of sexually transmitted infections in Staffordshire

	2008	2009	2010	2011	Percentage change 2008-2011	Percentage change for West Midlands	Percentage change for England
Chlamydia	2,430	2,720	2,730	2,355	12%	12%	9%
Gonorrhoea	135	105	110	135	-19%	24%	55%
Syphilis	30	30	20	10	-31%	-51%	20%
Herpes	375	380	405	355	7%	12%	28%
Warts	1,125	1,025	1,060	930	-6%	-4%	8%
New STIs	**5,095**	**5,245**	**5,460**	**4,765**	**-6%**	**7%**	**10%**
Other STIs	**880**	**850**	**820**	**815**	**-8%**	**1%**	**25%**

Note: Numbers may not add up due to rounding

Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) report generated from the Health Protection Agency (HPA) HIV and STI Web Portal, data extracted 25 April 2012

Chlamydia infection remains the most commonly diagnosed STI both locally and nationally with young people making up almost three quarters of chlamydia cases. The public health outcomes framework includes an indicator on the chlamydia diagnosis rate in 15-24 year olds.

Some data is now becoming available at local authority level and rates per 100,000 population for selected STIs are shown in Table 64. The overall rate for acute STIs in East Staffordshire is similar to England.

Table 64: Rates of sexually transmitted infections per 100,000 population, 2010

	Chlamydia			Gonorrhoea	Syphilis	Herpes	Warts	Acute STIs
	15-24	25+	Total					
Cannock Chase	2,709	84	400	11	3	51	143	840
East Staffordshire	2,385	66	335	14	1	58	180	751
Lichfield	3,274	44	390	12	1	50	127	729
Newcastle-under-Lyme	1,881	89	344	14	2	52	130	609
South Staffordshire	2,540	48	334	14	0	44	103	630
Stafford	2,064	72	306	17	4	53	124	689
Staffordshire Moorlands	1,543	40	193	6	4	42	102	388
Tamworth	2,474	99	387	18	5	69	144	799
Staffordshire	**2,320**	**67**	**334**	**13**	**3**	**52**	**132**	**675**
West Midlands	**2,229**	**82**	**357**	**30**	**3**	**47**	**124**	**706**
England	**2,219**	**93**	**359**	**31**	**5**	**56**	**142**	**779**

Source: Genitourinary Medicine Clinic Activity Dataset (GUMCAD) report and Health Protection Agency (HPA)

Chlamydia is often asymptomatic so a large proportion of cases remain undiagnosed. The National Chlamydia Screening Programme (NCSP) was set up to control and prevent the spread of chlamydia, targeting the high risk group, i.e. young people aged under 25 who are sexually active. This allows young people to be diagnosed by undertaking a simple test themselves and be treated where necessary. Evidence suggests that screening levels greater than 35% will produce a faster fall in prevalence.

The 2010/11 target was to ensure 35% of men and women aged 15-24 are tested for chlamydia in both healthcare and non healthcare settings, excluding genitourinary medicine (GUM) activity. The long-term aim of the Department of Health's sexual health strategy is that between 35-50% of all young people aged 15-25 are screened for chlamydia.

Data from 2010/11 shows that 25% of young people in East Staffordshire were screened for chlamydia, similar to the England average but falling short of the 35% target (Table 65). Of the 3,180 young people living in East Staffordshire who were screened approximately 180 (6%) had a positive result.

Table 65: Chlamydia screening in young people aged 15-24

	Total number of tests	Percentage of population aged 15-24 tested	Positive tests reported from the NCSP and laboratory reports	Percentage of young people testing positive
Cannock Chase	4,100	34.4%	210	5.1%
East Staffordshire	3,180	24.7%	180	5.7%
Lichfield	5,520	50.6%	230	4.2%
Newcastle-under-Lyme	4,580	25.2%	230	5.1%
South Staffordshire	3,240	25.8%	190	5.7%
Stafford	4,490	29.9%	180	4.1%
Staffordshire Moorlands	2,150	20.6%	110	5.2%
Tamworth	3,770	37.1%	150	4.0%
Staffordshire	**31,030**	**30.4%**	**1,490**	**4.8%**
West Midlands	**195,340**	**26.8%**	**9,570**	**4.9%**
England	**1,733,220**	**25.2%**	**90,570**	**5.2%**

Note: Numbers may not add up due to rounding

Source: National Chlamydia Screening Programme, Vital Signs Indicator data for 2010/11, http://www.chlamydiascreening.nhs.uk/ps/data/data_tables.html