Staffordshire Needs Assessment

The Staffordshire Joint Strategic Needs Assessment

April 2012

Staffordshire County Council

NHS North Staffordshire
South Staffordshire PCT

Staffordshire Needs Assessment

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1 Purpose of report

This report provides a summary of the information and intelligence already available on the health and social care needs of Staffordshire residents from our existing Joint Strategic Needs Assessment (JSNA) evidence base. This information and intelligence will inform the Shadow Health and Wellbeing Board about the current picture of needs and will provide a robust evidence base on which to agree the priorities to be included in the Joint Health and Wellbeing Strategy. Our current picture of needs does not fulfil all the requirements of an ***enhanced*** JSNA, i.e. a JSNA that considers assets as well as needs and which provides a comprehensive 'picture of place', but our current knowledge is extensive on a range of key health needs – both a Staffordshire view and at district and borough level. Sections 2 and 3 below outline the background to our JSNA work to date and Section 4 summarises the health and social care issues for Staffordshire. Further sections summarise the key issues across the life course and for each district and borough in Staffordshire. Some suggestions of where partnership working can provide the most benefit for Staffordshire residents are included.

The report is a summary - it does not contain detail about the health and social care needs highlighted. For further detail, refer to StaffordshireJSNA2010.pdf.

2 What is a Joint Strategic Needs Assessment?

The Joint Strategic Needs Assessment (JSNA) has been a statutory responsibility jointly held by the NHS and upper-tier local authorities since 2007. The aim of a JSNA is to identify the "big picture" in relation to health and wellbeing needs and inequalities of the local population. The JSNA was identified in Our Health Our Care Our Say (2006) and the Department of Health's Commissioning Framework for Health and Wellbeing (2007). It is the starting point for the commissioning cycle providing an analysis of current and future health needs. The JSNA should not be a one off document or isolated process but should be continuously cyclical. There is no blue print for a JSNA and whilst the Department of Health issued guidance and a set of core components, the process, management and presentation is left to local discretion.

The Health and Social Care Bill 2011 proposes a central role for the JSNA as the primary focus for local leaders to identify local health and social care needs, and building a robust evidence base on which local commissioning plans can be developed. From April 2013, upper-tier local authorities and clinical commissioning groups will have an equal and explicit obligation to do a JSNA - a duty which will be discharged through the Health and Wellbeing Board. The board will bring together partners from across the NHS, local government other partners including the voluntary sector to analyse current and future health needs of populations and to produce a joint health and well-being strategy informed by the JSNA to guide the commissioning of health, wellbeing and social care services in a local authority area. In the future the JSNA will be an essential part of the commissioning cycle, guiding decisions made at all stages from strategic planning and service provision through to monitoring and evaluation (Figure 1).

Figure 1 : The role of the JSNA across the commissioning cycle

3 The Staffordshire JSNA approach to date

As already mentioned, the JSNA is not new. We have nearly five years experience of developing and using JSNA evidence in the commissioning cycle and the Staffordshire approach has been highlighted nationally as an example of good practice and officers have been involved in sharing Staffordshire's approach at regional NHS and national Local Government Association conferences.

Initially, a wide range of stakeholders were involved in planning the JSNA approach in Staffordshire and participatory workshops with key stakeholders were held across the county followed up by a series of presentations on JSNA key findings to district local strategic partnerships and other groups / organisations as required (including the voluntary sector and health scrutiny committees). Different approaches were taken in North and South Staffordshire, but in 2011 a joined up approach, across the life course was agreed and overseen by a multiagency JSNA delivery group.

3.1 JSNA process and products

In Staffordshire, the JSNA has been thought of as both a process of conducting a needs assessment and the publication of report/s or product/s.

- The **'process'** aims to identify the priority needs of commissioners and then provide a comprehensive picture of current and future health needs.

- The resulting **'product'** is intended to provide the evidence base to improve health and wellbeing outcomes and help address persistent health inequalities which will be used by local commissioners.

Staffordshire has developed a JSNA brand, i.e. 'working together for better health'.

Using this process and product approach, Table 1 highlights priorities that have been identified since 2008/09 with associated detailed profiles or needs assessments.

Table 1: Priorities identified in Staffordshire to date

Phase 1 priorities: 2008/09	▪ Health and social care profile for adults ▪ Health and social care profile for children and young people ▪ Themed reports on priority groups, i.e. o Adult mental health o Older people's mental health o Alcohol o End of life
Phase 2 priorities: 2009/2011	▪ Update on Staffordshire health and social care profiles ▪ Health and wellbeing profiles for each of the eight districts and boroughs in Staffordshire ▪ Reports modelling the impact of demographic change: o Long term conditions o Physical and sensory disabilities o Mental health and learning disability ▪ Summary document 'JSNA - The Story So Far'
Phase 3 priorities: Current - 2011/12	▪ Staffordshire and district/borough profile updates ▪ JSNA refresh on mental health and alcohol ▪ Reports on learning disabilities, autism and long term conditions
In addition, a series of other reports and intelligence profiles have been produced for sub-district and other geographies, for example:	
GP profiles – individually tailored practice profiles for all general practices in Staffordshire	▪ Long term conditions ▪ Screening ▪ Immunisation ▪ Seasonal flu uptake
School pyramid profiles	Individually tailored profiles for each high school and its feeder primary schools in Staffordshire to inform the Healthy Schools Partnerships

3.2 The Story So Far

By 2010, there had been considerable activity around the JSNA brand, but the increasing number of reports meant that users were finding it hard to identify what the Staffordshire JSNA was about. Therefore 'The Story So Far' was published in order to summarise the work to date and the progress that had been made. The report summarised the key health issues identified from all the reports and the consultation that had taken place as part of the JSNA process and outlined the use that had been made and the service improvements that had resulted.

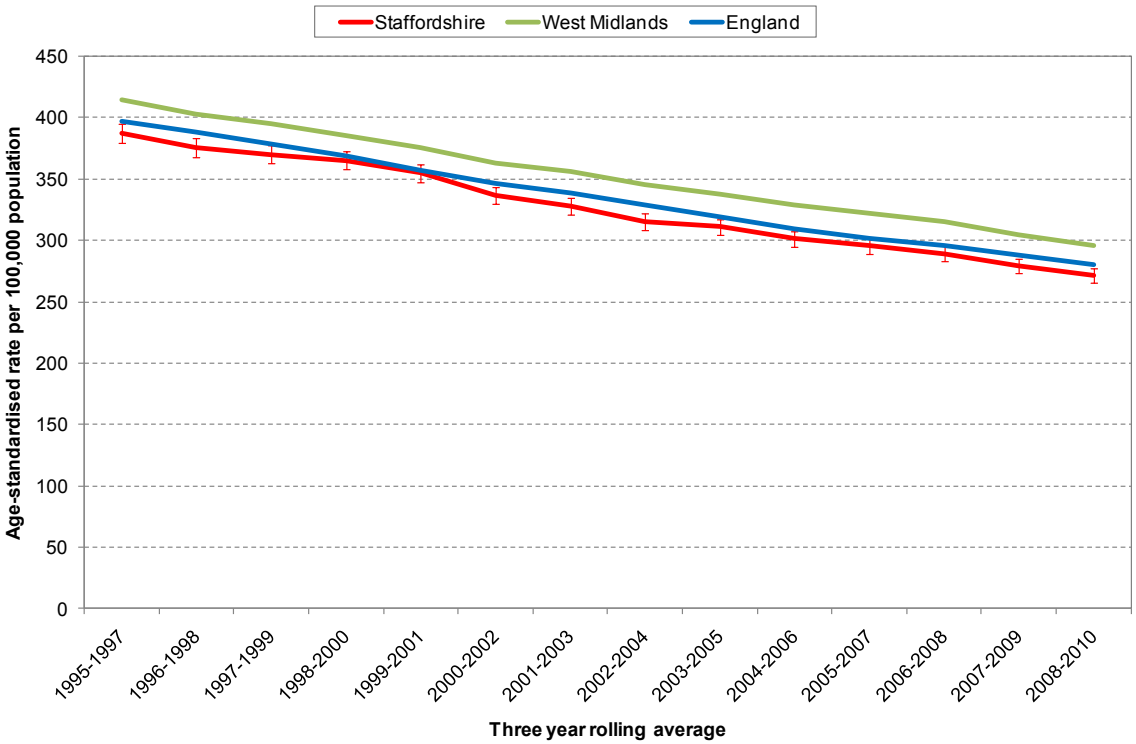
4 What is the health in Staffordshire like?

4.1 Overall health status

Overall the health of the population is improving – particularly death rates in the under 75 age group which are considered to be preventable. Figure 2 to Figure 5 show reductions in premature (preventable) death rates for all causes, cardiovascular diseases and cancer and overall mortality for chronic obstructive pulmonary disease (COPD). These three make up the biggest proportion of deaths (see section 5.7).

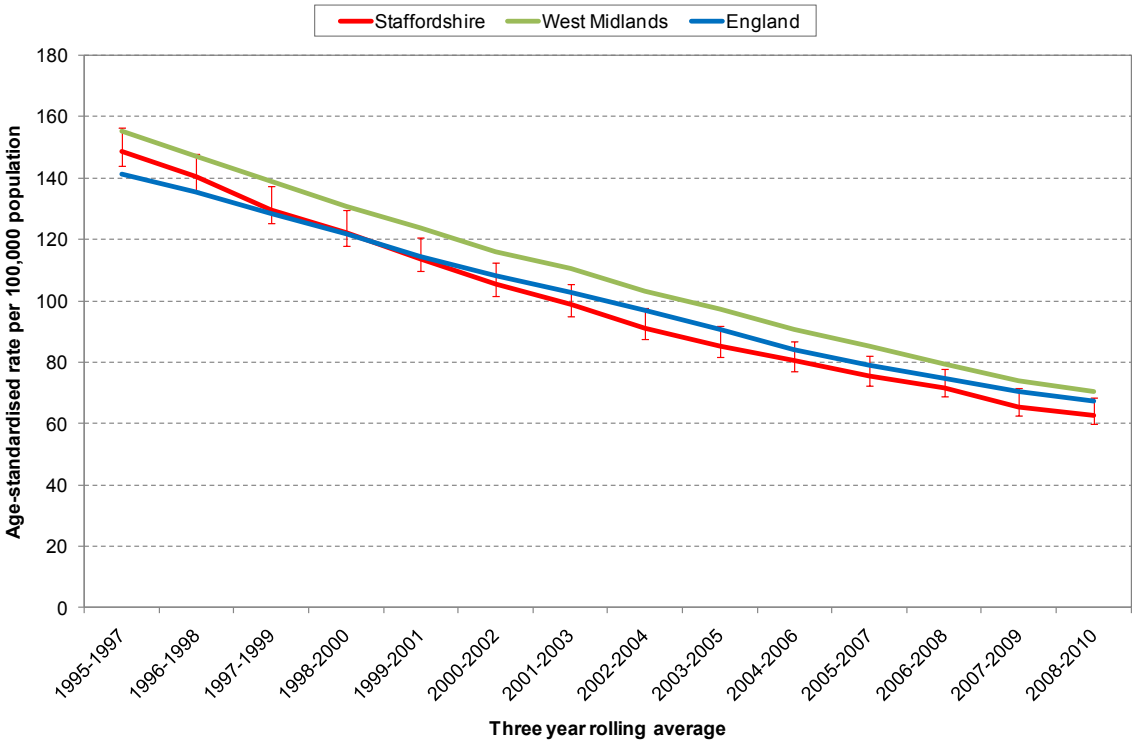
Reductions in mortality rates in Staffordshire are amongst the best in England - premature mortality rates for cardiovascular disease and overall mortality from COPD are amongst the best 20% (quintile) of values (ranked 11th and 20th of 152 upper tier authorities respectively) whilst premature deaths from all causes and cancer are in the second best quintile (ranked 52nd and 36th respectively).

Figure 2: Trends in premature mortality from all causes



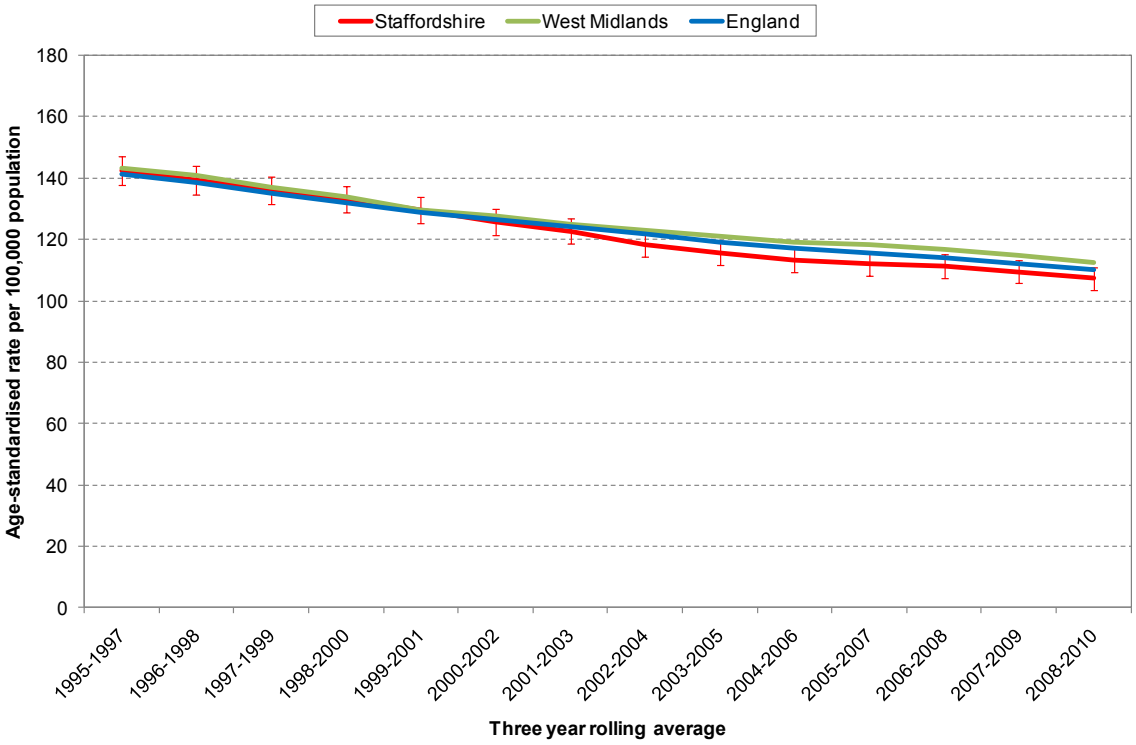
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. © Crown Copyright

Figure 3: Trends in premature mortality from cardiovascular diseases



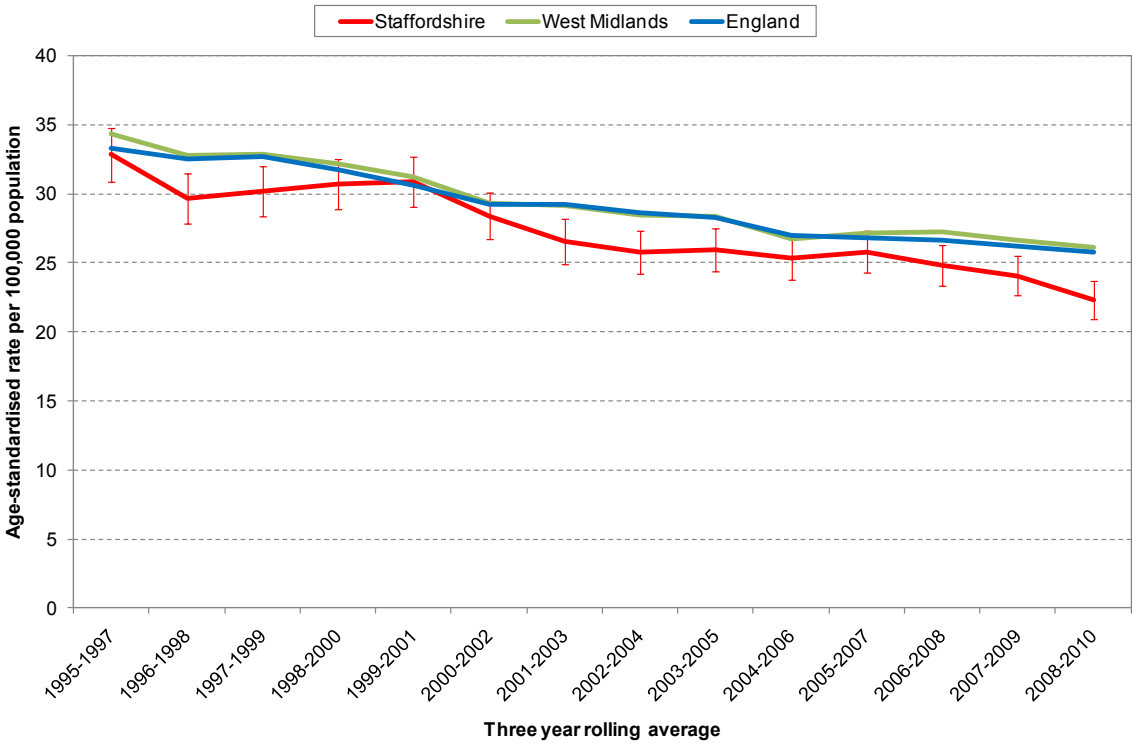
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. © Crown Copyright

Figure 4: 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

Figure 5: Trends in mortality from chronic obstructive pulmonary disease



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

These reductions can be attributed to a range of factors, for example, the success of the 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. These gains show what can be achieved.

4.2 Health inequalities: life expectancy and healthy life expectancy

However, inequalities in Staffordshire exist. For example, there are significant inequalities in life expectancy across the county. Men and women in Cannock Chase have lower life expectancy that the national average: 15 months and 10 months less respectively. Men in East Staffordshire also have lower life expectancy at 14 months less than the England average, whilst women in Lichfield and Newcastle-under-Lyme both have nine months less life expectancy (Table 2).

Overall there is a 4.5 year difference between the average life expectancy of a man in Cannock Chase, compared to a woman in Stafford. Furthermore, men and women living in the most deprived areas of Staffordshire live eight and seven years less than those living in less deprived areas (Figure 6).

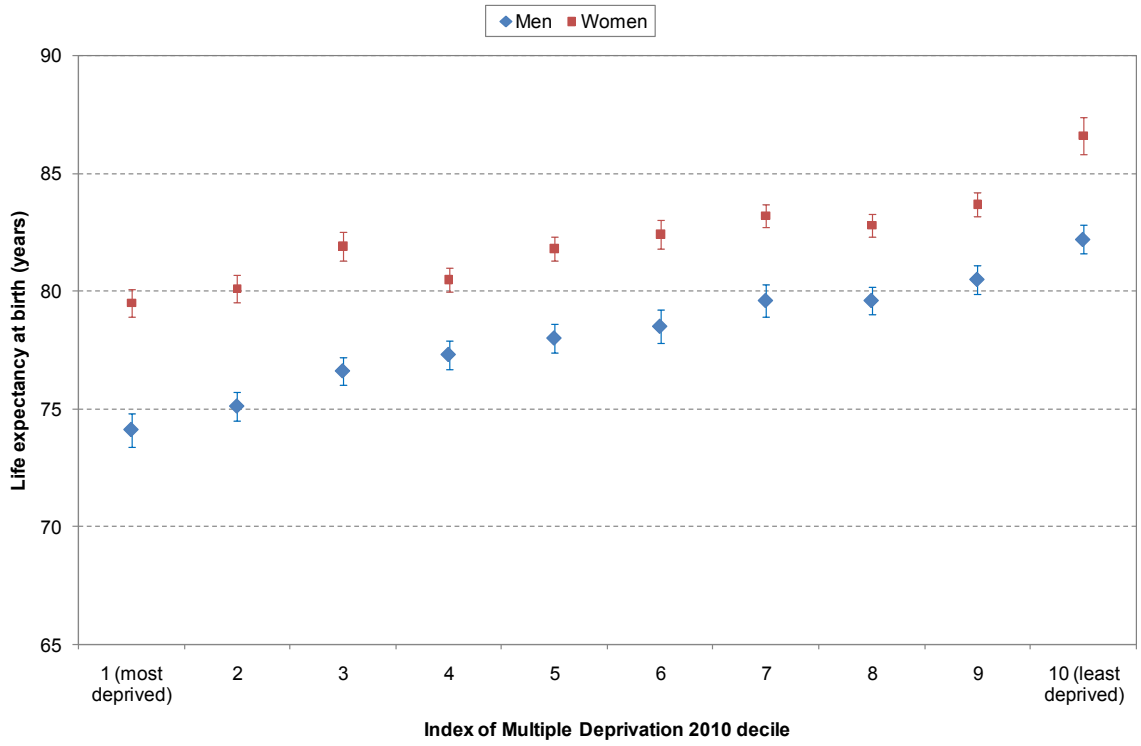
Table 2: Life expectancy in Staffordshire, 2008-2010

	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 higher than England; 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

Figure 6: Life expectancy by decile, 2006-2010



Source: Health Inequality Indicators for Local Authorities, 2012, London Health Observatory and East Midlands Public Health Observatory on behalf of the Public Health Observatories of England

Gains in life expectancy should also be accompanied by gains in healthy life expectancy. Currently in Staffordshire, healthy life expectancy is estimated to be 69 years for men and 72 years for women. However there are also inequalities in the time lived in poor health. In Cannock Chase, Newcastle-under-Lyme and Tamworth men and women spend more time living in poor health compared to the England average.

5 Staffordshire residents' health experience along the disease pathway

"Differences in health outcomes are the result of a toxic combination of poor social policies & programmes, unfair economic arrangements and bad politics"

Marmot 2010

5.1 The disease pathway

Poor life chances lead to the major causes of poor health in our communities and to health inequalities, as demonstrated in the life expectancy gap identified in Table 2. This is illustrated in Figure 7 below.

Figure 7: Pathway to illness and health inequalities

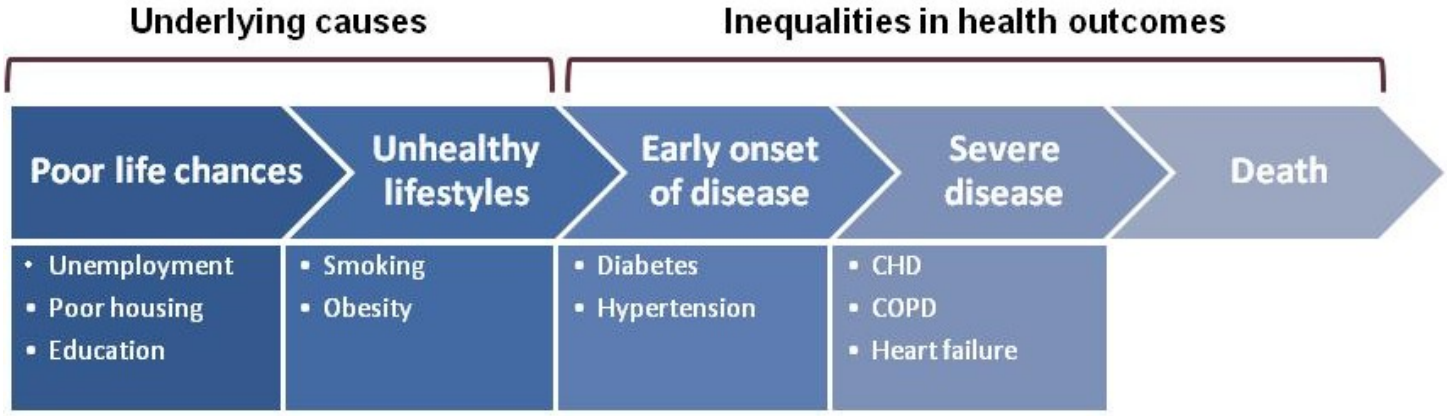
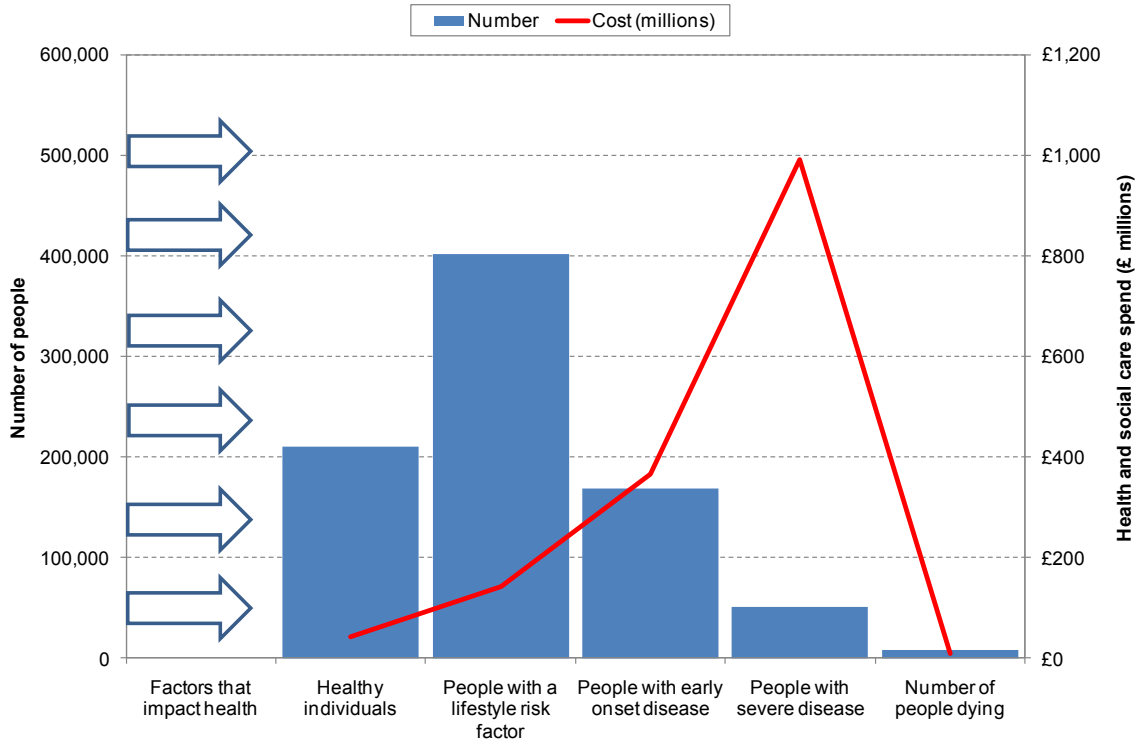


Figure 8 below expands on the pathway from good health to severe disease and death with estimates of the numbers of Staffordshire residents in each stage in the pathway. Whilst the numbers towards the right of the diagram are a small proportion of the population, i.e. numbers of people with severe disease, Figure 8 also shows that the amount of the NHS and social care budget spent here is very high (about £1 billion in Staffordshire).

Figure 8: Distribution of health need and spend across the disease pathway in Staffordshire, 2010/11



Analysed and compiled by Population Health Intelligence, Staffordshire Public Health

This 'pathway' model gives a framework for understanding the health of Staffordshire residents and how to increase the numbers of the healthy population and reduce those with lifestyle risk factors so that we reduce the impact of severe disease on the population. Not only will this improve the health and quality of life for Staffordshire people but it will reduce the costs of providing care.

The following sections summarise the health of Staffordshire residents along the disease pathway under the following headings, using the most up to date intelligence produced from the JSNA process and products to date.

- Factors that impact on health – the wider determinants of health
- Overall population characteristics
- Lifestyle risk factors (adults and children)
- Long term conditions
- Severe disease (hospital admissions)
- Deaths

5.2 Factors that impact on health – the wider determinants of health

This section highlights some of the factors that impact on health and an individual's life chances. Some of these are the responsibility of upper tier authorities, some are the responsibility of the lower tier authority and some are the responsibility of, or are impacted by, partner agencies. Therefore, all stakeholders have a role to play in influencing these wider determinants.

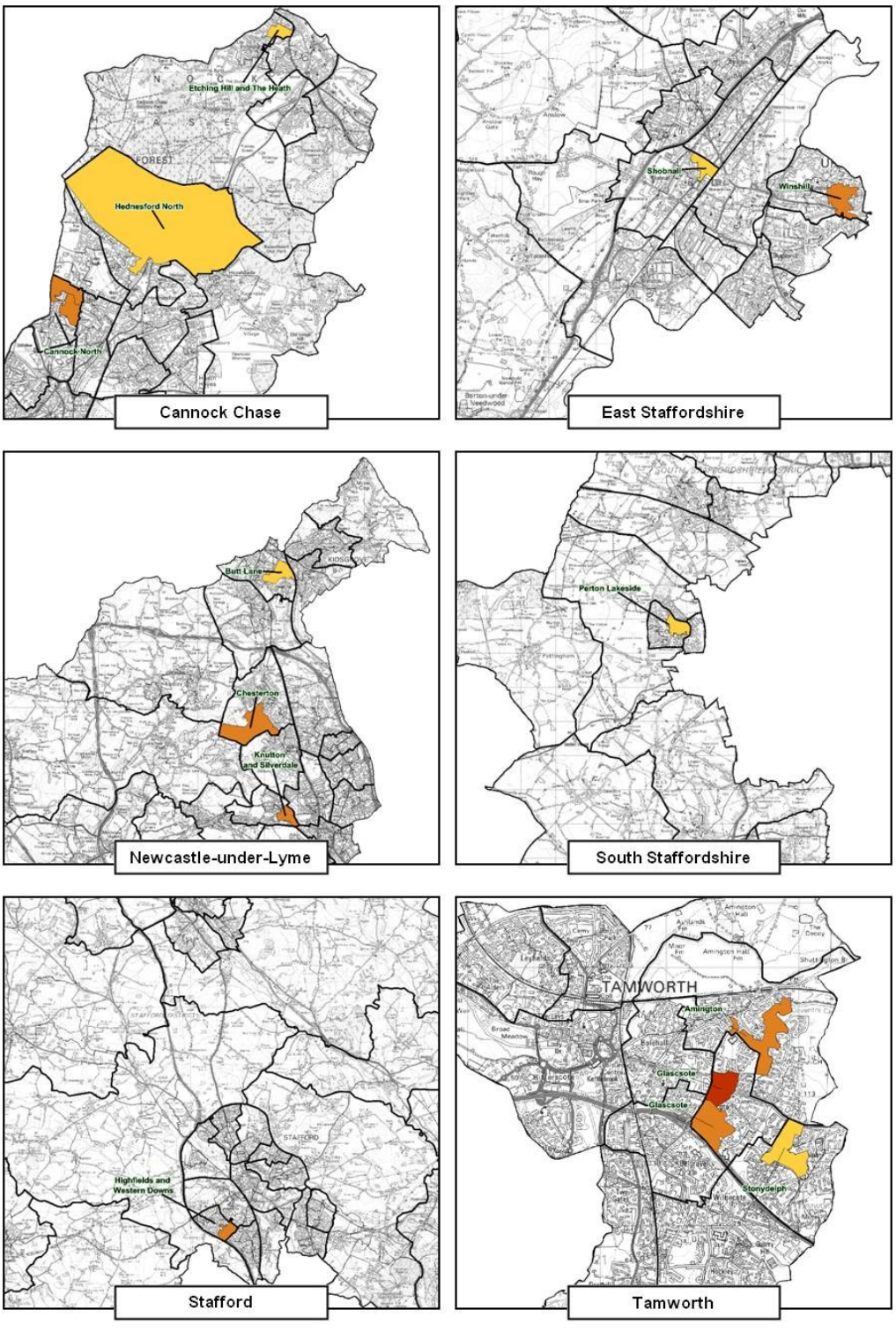
- **Deprivation** - one of the purposes of measuring deprivation is to highlight small localities which are deprived but may be hidden, especially within a generally less deprived area such as Staffordshire. Only nine of the 525 lower super output areas in Staffordshire are in the top 10% most deprived areas in England. These areas fall in Glascote ward in Tamworth, Cross Heath, Knutton and Silverdale, and Chesterton wards in Newcastle-under-Lyme, Winshill, Stapenhill, Eton Park and Shobnall wards in East Staffordshire and Cannock North ward in Cannock Chase. Over 12,500 people live in these areas making up 2% of the population.

- **Income deprivation affecting children** - just over 22,000 children under 16 in Staffordshire live in income deprived households. Areas falling in the top 10% nationally include: Winshill ward in East Staffordshire, Knutton and Silverdale and Chesterton wards in Newcastle under Lyme, Cannock North ward in Cannock Chase, Highfields and Western Downs ward in Stafford, Glascote and Amington wards in Tamworth.

- **Income deprivation affecting older people** - nearly 31,600 people aged over 60 live in low income households. Areas falling in the top 10% nationally include: Glascote and Stonydelph wards in Tamworth, Etching Hill and The Heath and Hednesford North wards in Cannock Chase, Shobnall ward in East Staffordshire, Perton Lakeside in South Staffordshire and Butt Lane in Newcastle-under-Lyme.

Figure 9 shows the location of these areas within each local authority.

Figure 9: Income deprivation affecting children and/or older people



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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- **Local economy** - the health of the local economy is vital as it impacts on different aspects of people's lives. A thriving economy will provide a basis for the improvement in the general health and quality of life of Staffordshire residents. However there are a number of threats facing Staffordshire that may stifle growth and the restructuring of the economy has seen a decrease in traditional manufacturing employment, with large reductions in the number of jobs over previous years. Nevertheless, manufacturing is likely to continue to be of importance in the future, with increasing high-technology manufacturing being a significant opportunity in developing the local economy. Staffordshire is also likely to experience a significant fall in public sector employment as Government cutbacks continue to be implemented. There were around 58,000 employee jobs in Staffordshire in 2009 and it is uncertain how the Government's drive to reduce the national deficit will impact on the sustainability of public sector employment in the future.

- **Unemployment** - the number of people unemployed (measured by the working age population claiming Job Seekers allowance) in Staffordshire has doubled in the last five years from 1.5% in January 2008 (8,000 claimants) to 3% in January 2012 (almost 16,000 claimants). Rates over this period have remained lower than the England average. The largest job seekers allowance caseloads are in Newcastle-under-Lyme and Cannock Chase where there were 2,600 (3%) and 2,500 (4%) claimants respectively at January 2012.

- **Education** - Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. In 2011, nearly 56% of Staffordshire pupils achieved five or more A*-C GCSE grades (including English and Maths). However this varies from 64% in Staffordshire Moorlands to 49% in Tamworth. A further indicator of later unemployment, low income, teenage motherhood, depression and poor physical health is the proportion of 16 to 18 years olds not in education, employment or training (NEET). This is 5% overall in Staffordshire and again varies from under 4% in Stafford to 9% in Cannock Chase.

- **Crime and antisocial behaviour** - The rate of crime recorded in Staffordshire is lower than the national rate and shows a clear downward trend over the last three years, although there is some variation by crime type, for example there have been increases in reported domestic violence across Staffordshire. This may be due to proactive work over recent years to increase reporting. Serious acquisition crime and anti-social behaviour have shown a downward trend. Anti-social behaviour however remain a key issue for Staffordshire due to the high volumes reported particularly in relation to 'rowdy and inconsiderate behaviour' where over 16,000 incidents were recorded in 2010/11, and 'neighbourhood disputes' due to the increasing trend. A local survey revealed that the main crime and anti-social behaviour issues are felt to be drugs (37% of respondents), teenagers hanging around (34%), rubbish or litter lying around (31%) and people being drunk and rowdy in public places (29%).

- **Housing** - the links between poor health and housing are well established. Multiple housing deprivation poses a health risk of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption. The health effects of poor housing also fall disproportionately on vulnerable groups including older people, disabled people and children. The greatest health impact is likely to be achieved when the following conditions are targeted:

    - Cold and damp housing
    - Overcrowded and under-occupied housing
    - The incidence of accidents in the home
    - Poor security and high crime
    - Inadequate public and open space

- **Planning/environment** - local planning can help to improve prosperity and positively influence health by creating sustainable communities, identifying sites and allocating land for facilities and job opportunities. Planning can also improve the environment and positively influence health by making physical activity an attractive option and making sure that green spaces are well maintained, accessible and safe. Planning can also ensure that physical activity and health equity can be maximised and considered through the planning processes and by using powers to govern the location of certain businesses and activities.

- **Transport** – lack of physical access to transport can lead to social isolation, particularly for vulnerable groups, for example people with mental health problems, older people, those living in rural areas and without access to a car. Those without good access to transport can also lead to barriers in accessing services and accessing information. There may also be concerns about safety, all 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 health. 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.

Table 3 below shows how some of the above inequalities can persist as health inequalities in old age as poor life chances lead to unhealthy lifestyles which lead to early onset of disease, severe disease and death. The table illustrates the differences in life experience and health outcomes amongst those living in the least and most deprived parts of Staffordshire.

Table 3: Inequalities in Staffordshire: comparison of babies born in the least deprived and most deprived areas in Staffordshire

		Least deprived	Most deprived
Health	Claim incapacity benefit	3%	12%
	Have a limiting long term illness	14%	23%
	Smoke	16%	34%
Education	Get a least five GCSEs A*-C	70%	37%
	16-18s not in education, training or employment	4%	15%
	Claim free school meals	4%	33%
Work	Become a professional or manager	36%	12%
	Are employment deprived	5%	19%
	Live on benefits	6%	26%
Home and family	Live in poverty as a child	5%	39%
	Live in income deprived households	4%	28%
	Go home to a council house	1%	29%
	Are part of a lone parent family	3%	11%
	Have no access to a car or van	8%	42%
Experience of crime	All crime	3%	15%
	Anti-social behaviour	2%	10%
	Burglary	0.3%	0.6%
	Deliberate fire	0.1%	0.6%
And finally	Live alone as a pensioners	10%	16%
	Live in poverty when they are aged 60 and over	8%	32%
	Live to the age of (for men)	81	74
	Live to the age of (for women)	85	79

Data analysed and compiled by Population Health Intelligence, Staffordshire Public Health

5.3 The healthy population

5.3.1 Population characteristics

An ageing population

Almost 19% of the population are aged over 65 years (154,900 people). The proportion is particularly high in Lichfield, South Staffordshire, Stafford and Staffordshire Moorlands. As in the rest of the country, Staffordshire has experienced a significant ageing of its population and there are now 88,000 more people over 50 than there were 20 years ago. This trend is likely to continue. At the same time the number of children and young adults has fallen. Over the next 20 years, from 2010 to 2030, the number of people aged 65 and over will increase by 87,400 people - a 56% increase. This will have an impact on the numbers of people experiencing long term conditions and who will be in need of health and social care.

Ethnicity and migration

The estimated number of people from minority ethnic groups in Staffordshire has increased from 19,700 (2.4%) in 2001 to 44,100 (5.3%) in 2009. East Staffordshire has the highest proportion of non white population in Staffordshire at 7.8% compared to 5.3% overall and England (12.5%). Asian and Mixed ethnic groups are the largest groups across the County. There are also high concentrations of Pakistani communities in East Staffordshire and Indian communities in Stafford and South

Staffordshire. In terms of ill health of people in minority ethnic groups, the Irish population (particularly females) and Black Caribbean females record higher proportions in poor health.

International migration has always played a role in shaping the demographic profile of Staffordshire. All migrant workers are required to register for national insurance purposes. Across Staffordshire these figures show a dramatic increase from 1,260 people in 2002/03 to 2,920 people in 2010/11. The largest numbers of migrant workers are from Latvia and Poland and geographically the largest numbers are in East Staffordshire and Stafford.

Similarly the number of Flag 4 GP registrations (which identifies individuals who were born outside the UK and have entered England and Wales for the first time and registered with a NHS GP) has shown an increase from 1,300 new registrations in 2000/01 to almost 2,940 in 2009/10. Preliminary analysis of GP patient data shows that the largest migrant populations in Staffordshire are from Poland, Latvia and China (Table 4) and living in East Staffordshire, Newcastle-under-Lyme and Stafford. The data also suggests that migrants are much younger with the majority being under the age of 45 and the largest proportion aged 20-24.

Table 4: GP Flag 4 registrations for Staffordshire, year ending November 2011

	Males	Females	Persons	Rate per 10,000 population
European Union	807	831	1,638	19.0
Poland	248	236	484	5.6
Latvia	147	187	334	3.9
Bulgaria	54	53	107	1.2
Hungary	58	42	100	1.2
Germany	48	49	97	1.1
Romania	44	50	94	1.1
Lithuania	44	45	89	1.0
Spain	29	42	71	0.8
Asia other	201	313	514	6.0
China	105	143	248	2.9
Hong Kong	30	37	67	0.8
South Asia	191	161	352	4.1
Pakistan	85	64	149	1.7
India	68	58	126	1.5
Africa	44	59	103	1.2
Rest of Europe	42	56	98	1.1
Middle East	58	33	91	1.1
Other (not including UK)	53	65	118	1.4
USA	22	47	69	0.8
Unknown	34	46	80	0.9
Total (excluding UK)	**1,452**	**1,611**	**3,063**	**35.6**

Source: GP Flag 4 registration data extract, Exeter System

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. 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. Over 70% of Staffordshire's population falls within five Mosaic groups:

- B – Small Town Diversity (15%)
- D – Professional Rewards (14%)
- J – Industrial Heritage (13%)
- K – Ex Council Community (12%)
- E – Suburban Mindsets (12%)

5.3.2 Screening and disease prevention

There are a number of factors that can help prevent ill health or diagnose problems early to enable better treatment, especially immunisation and screening. This section reports on some interventions designed to keep Staffordshire's population healthy by preventing ill health or detecting disease early to improve outcomes of treatment.

- **Breastfeeding** - initiation rates in Staffordshire were lower than the England average in 2010/11 - 66% compared with 74% - however this has risen from 64% in 2006/07. Furthermore there is a significant drop in breastfeeding rates at six to eight weeks (34% in Staffordshire compared with 46% nationally).

- **Low birthweight babies** - the proportion of babies with a low birthweight (LBW) (under 2,500 grams) is 7%, similar to the national average. However Cannock Chase and Newcastle-under-Lyme have higher proportions of LBW babies.

- **Immunisation** - rates on the whole are higher than the England average. MMR rates are also higher than the England average but do not reach the 95% optimum protective target. There is also variation between practices across Staffordshire.

- **Screening** - uptake of screening programmes varies across Staffordshire. Factors which affect screening uptake include deprivation, ethnicity and age.

5.4 Lifestyle risk factors (adults and children)

About 495,400 adults aged 18 and over in Staffordshire have at least one lifestyle risk factor: either being a smoker, consuming too much alcohol, having a diet low in fruit and vegetables or not taking enough physical activity. Many people have more than one lifestyle risk factor (36%, 237,200 people). Over one in two adults in deprived areas have more than one risk factor compared with three in ten in the least deprived areas.

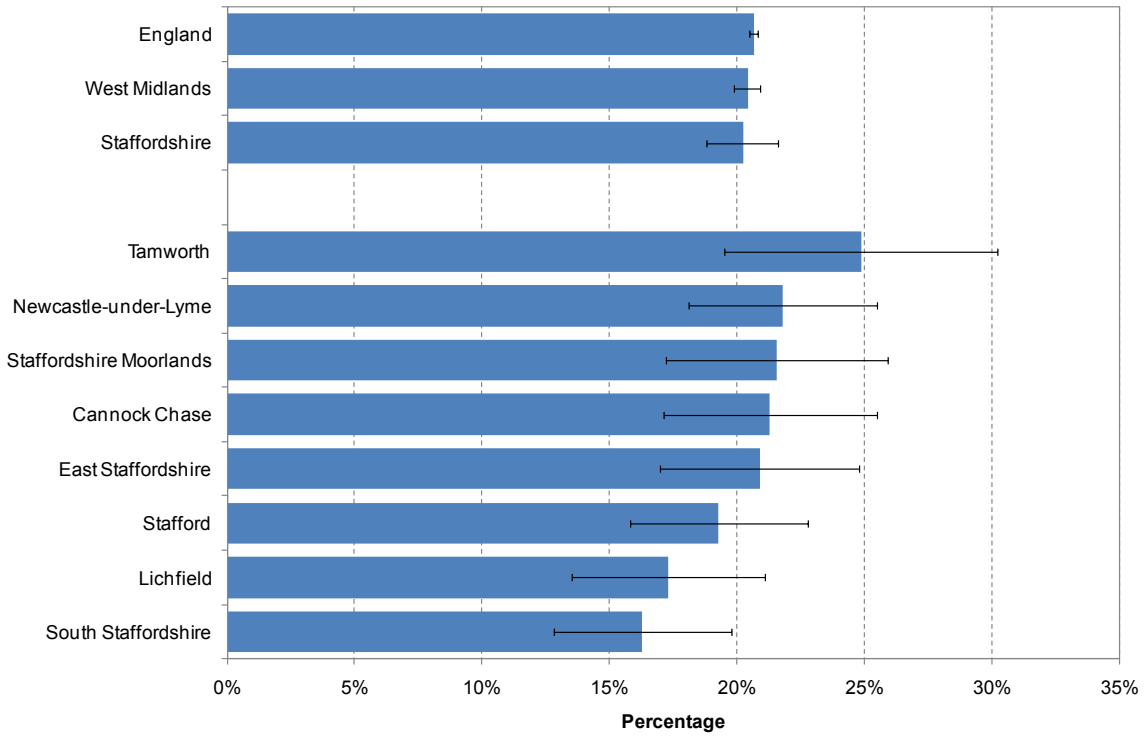
Poorer lifestyles, combined with an ageing population will mean that not only are there more older people in the population, but they will be suffering from more of the conditions related to poor lifestyles than in previous generations.

5.4.1 Smoking

The good news is that smoking rates in Staffordshire have decreased by 2% between 2009/10 and 2010/11. However, it is estimated that one in five adults (134,200) still smoke, varying between 16% (lowest, South Staffordshire) and 25% (highest, Tamworth) (Figure 10). Smoking is much more common in manual groups (34%), contributing to increases in health inequalities.

More people die from smoking related diseases in Newcastle-under-Lyme than the England average whilst smoking attributable admission rates are high in Cannock Chase and East Staffordshire.

Figure 10: Smoking prevalence in adults aged 18 and over, 2010/11



Source: Integrated Household Survey, Office for National Statistics (experimental statistics)

- **Smoking in pregnancy** - between 2006/07 to 2010/11 rates in Staffordshire have risen whilst England rates have reduced. In 2006/07, Staffordshire had lower smoking in pregnancy rates than England, but from 2010/11 onwards Staffordshire rates have been higher than the national average.

- **Smoking in children and young people** - based on national data, 2,200 children aged 11-15 in Staffordshire are estimated to be regular smokers (smoking at least once a week).

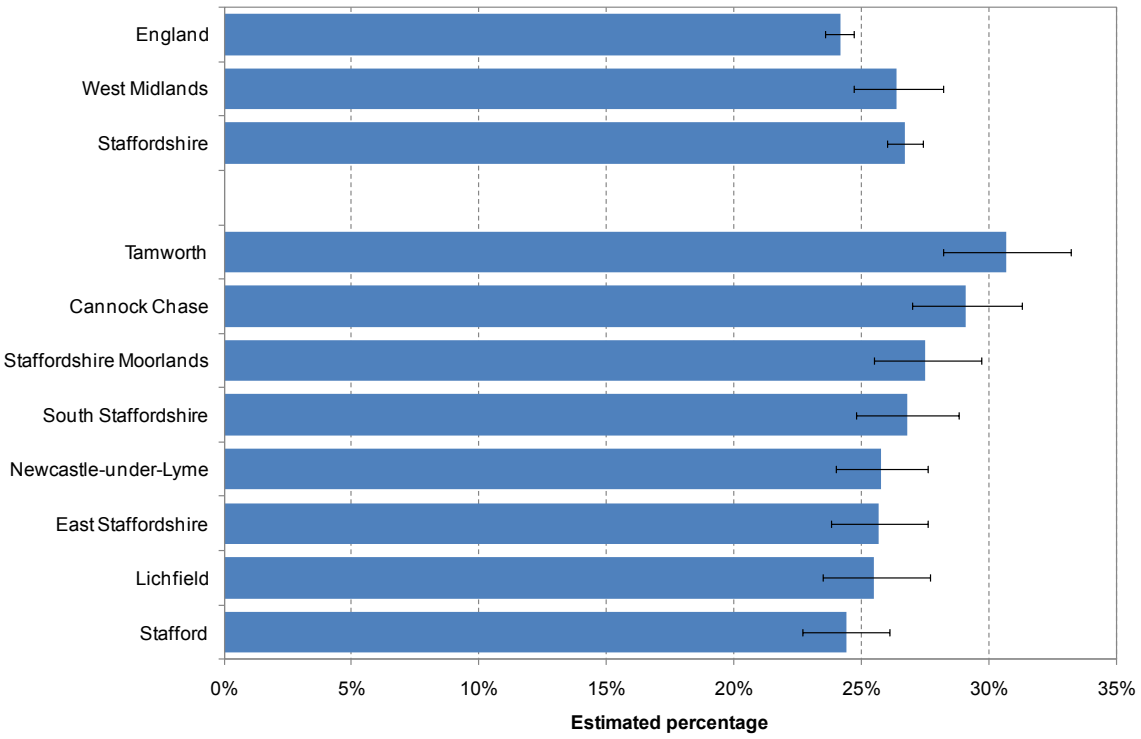
5.4.2 Obesity, physical activity and healthy eating

Nationally the obesity epidemic in adults is increasing. Unlike children, the trend in adults is still upwards and by 2015 it is expected that 29% of men and women will be obese. Estimates show Cannock Chase, South Staffordshire, Staffordshire Moorlands and Tamworth to be higher than the England average (Figure 11).

Tamworth and Cannock Chase are also estimated to have lower proportions of adults consuming five portions of fruit and vegetables a day compared to England.

In Staffordshire, only 11% men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 51% of men and women were inactive, higher than England. Levels of inactivity are particularly low in Newcastle-under-Lyme and Tamworth.

Figure 11: Estimates of adult obesity, 2006-2008



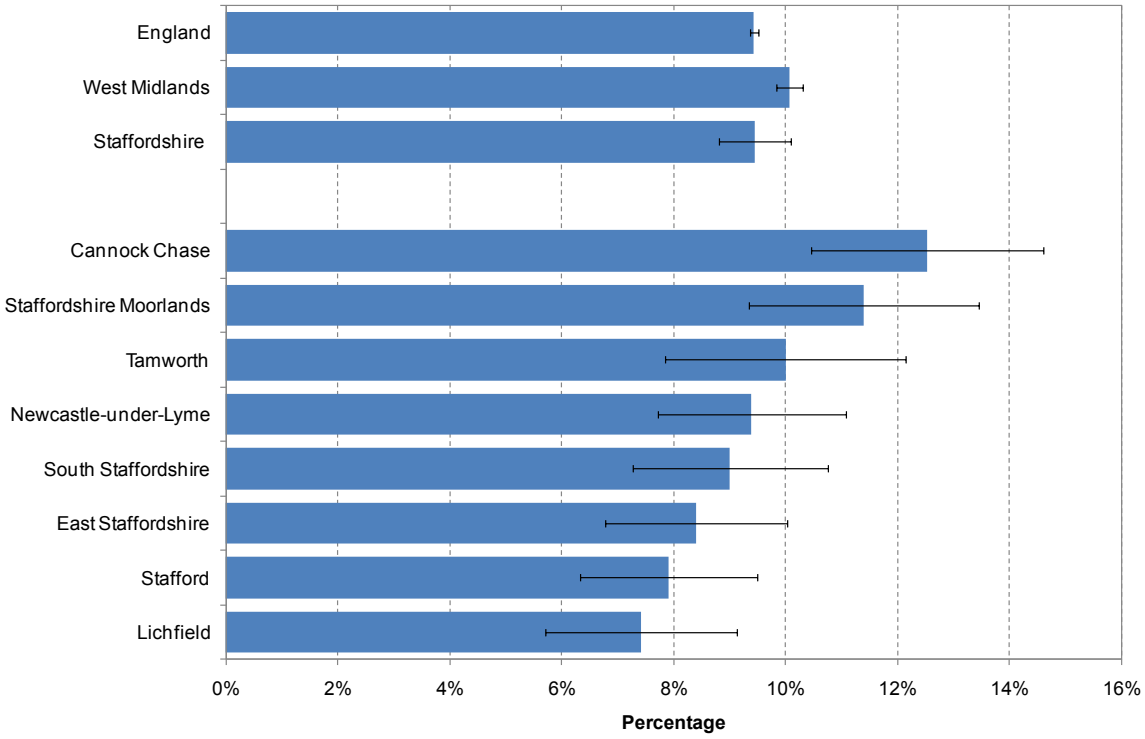
Source: Health Profiles 2011, Association of Public Health Observatories (APHO) and Department of Health, Crown Copyright

Childhood obesity and physical activity

Since a peak in 2004 and 2005, nationally, obesity trends in children have shown a slight downward trend. Based on national data, it is estimated that there are nearly 20,700 children aged between two and 15 who are obese in Staffordshire. In addition it is estimated that 18,600 children are overweight.

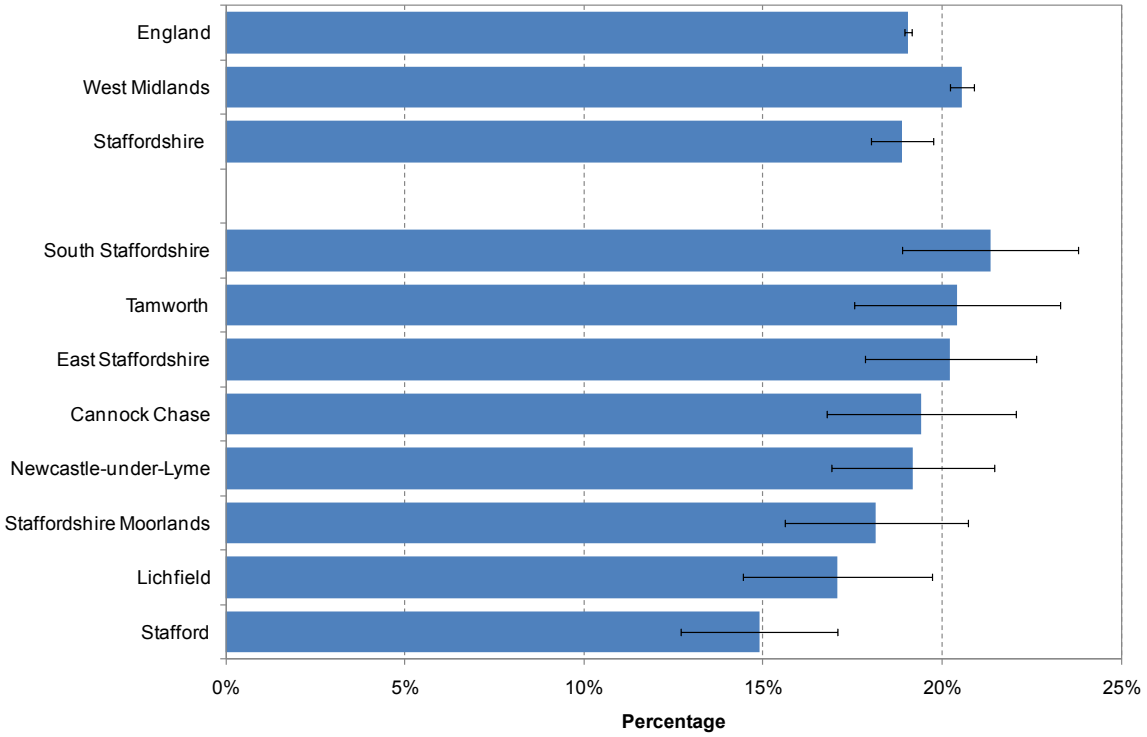
From the national child measurement programme (NCMP) data collection, 9% of reception (age four to five) children and 19% of Year 6 children (aged 10 to 11) are obese, similar to the national average (Figure 12 and Figure 13). Rates for reception children in Cannock Chase are higher than England. Additionally in Staffordshire, 14% and 15% of children in reception and Year 6 are overweight. The prevalence of children who are either overweight or obese is high in Cannock Chase and Staffordshire Moorlands for reception children and high in South Staffordshire for Year 6.

Figure 12: Prevalence of obesity in Reception children, 2010/11



Source: National Child Measurement Programme: results from the school years 2010/11 – headline results, Copyright 2011, The Information Centre for Health and Social Care. All Rights Reserved

Figure 13: Prevalence of obesity in Year 6 children, 2010/11



Source: National Child Measurement Programme: results from the school years 2010/11 – headline results, Copyright 2011, The Information Centre for Health and Social Care. All Rights Reserved

It is recommended that children undertake at least 60 minutes of physical activity each day of the week, but by the age of 15 only 32% of boys and 15% of girls do. Children in the lower income groups exercise more than those with higher incomes.

There is little local data on the levels of physical activity in children, however generally physical activity levels need to be increased. Based on national estimates, 36,600 children in Staffordshire meet recommended levels whilst 34,300 children are thought to have very low levels of activity.

School sport data shows that Staffordshire is better then average. In four of the eight districts (East Staffordshire, South Staffordshire, Staffordshire Moorlands and Tamworth), activity is significantly higher than England. However, Cannock Chase, Lichfield, Newcastle-under-Lyme and Stafford are lower.

5.4.3 Alcohol

Estimates show that almost one in four adults in Staffordshire drink more than the recommended levels of alcohol consumption, similar to the national level.

Levels of alcohol-related crime and alcohol-related violent crimes are higher than the national average in Cannock Chase and Tamworth.

Nationally the proportion of children who are regular drinkers (drinking at least once a week) has declined with the 2010 survey finding that only 8% of children aged 11-15 drank once a week compared with 18% the previous year. Based on these estimates around 3,100 children aged 11-15 in Staffordshire would be considered regular drinkers (see also sections 5.6.2 and 5.7.5).

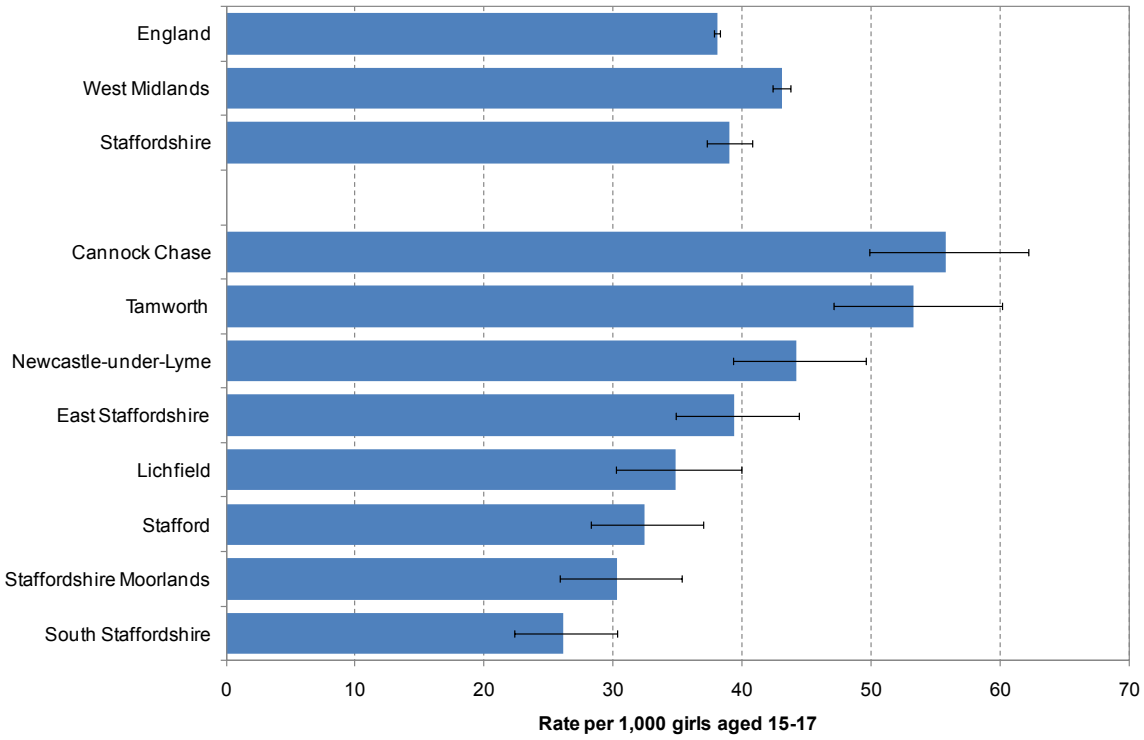
5.4.4 Sexual health

Sexually transmitted infections (STIs) are increasing, especially chlamydia, herpes and genital warts. Locally (as nationally), the chlamydia screening programme is failing to met the Department of Health's target of 50% of all young people aged 16-24 being screened. The Staffordshire figure of 30% screened is higher than the national figure of 25%. Around 5% of those screened test positive.

5.4.5 Teenage pregnancy

Staffordshire teenage pregnancy rates are not reducing as quickly as was predicted. Under-18 conception rates in Staffordshire reduced by 14% compared to 24% nationally, between 1998 and 2010. Cannock Chase, Newcastle-under-Lyme and Tamworth have higher teenage pregnancy rates than England (Figure 14). Over a three year period, Cannock Chase has the highest under 18 conception rate. However while teenage conceptions are reducing in Cannock Chase and Newcastle-under-Lyme, they are consistently increasing over the last three years in Tamworth and based on 2010 figures, Tamworth records the sixth highest 15-17 conception rate nationally. Table 5 gives the number of conceptions, by year, over the last three years.

Figure 14: Teenage pregnancy: under 18 conception rates, 2008-2010



Source: Office for National Statistics and Department for Education

Table 5: Teenage pregnancy: trends in numbers of under-18 conceptions

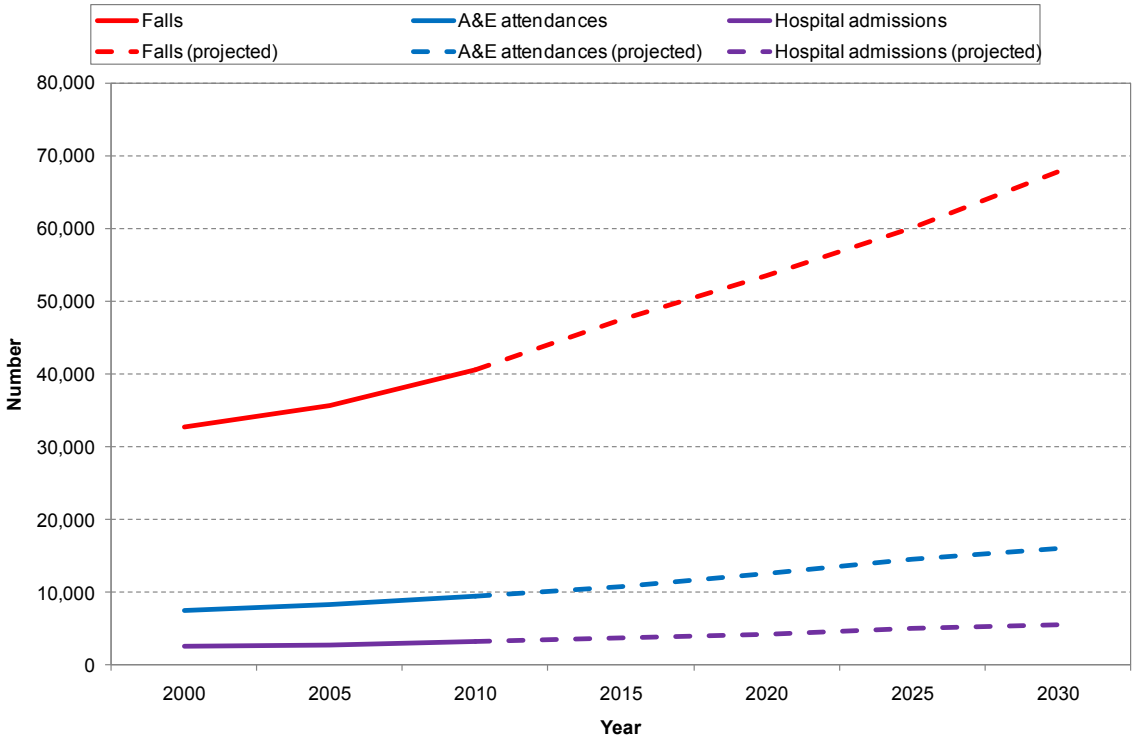
	2008	2009	2010
Cannock Chase	112	110	87
East Staffordshire	94	87	78
Lichfield	73	69	58
Newcastle-under-Lyme	119	96	68
South Staffordshire	49	66	52
Stafford	68	66	81
Staffordshire Moorlands	54	54	53
Tamworth	72	83	94
Staffordshire	**641**	**631**	**571**

Source: Office for National Statistics and Department for Education

5.4.6 Falls

It is estimated that annually around 41,700 people aged 65 and over will fall at least once. Around 9,300 of these will result in an accident and emergency (A&E) attendance and 3,100 results in a hospital admission. Based on population projections, there will be an increase in falls, and consequently increases in numbers of fall related A&E attendances and admissions (Figure 15). Admissions from fall related injuries in people aged 65 are higher in East Staffordshire than the England average (see section 5.6.3). Almost 110 people die following an accidental fall every year in Staffordshire (see section 5.7.7).

Figure 15: Staffordshire current and projected trends in falls in people aged 65 and over



Source: Projecting Older People Population Information (POPPI)

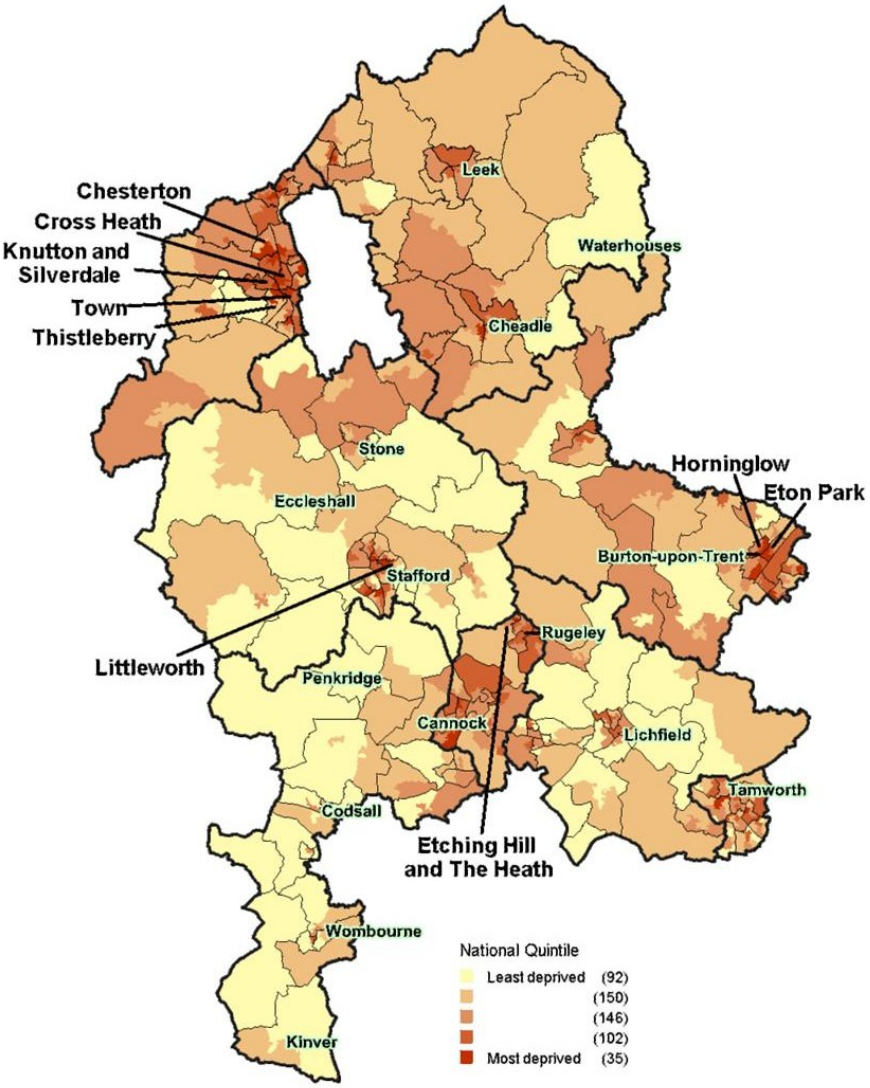
5.5 Long term conditions

5.5.1 Health deprivation and disability index

An overall index combining poor health (both physical and mental), early mortality and disability shows that there are 13,300 people in Staffordshire whose health is in the worst 10% nationally.

Newcastle under Lyme has very poor health levels with areas in Cross Health, Knutton and Silverdale, Chesterton, Thistleberry and Town being in the worst 10%. There are also other areas: Littleworth ward (Stafford), Eton Park and Horninglow wards (East Staffordshire), and Etching Hill and The Heath (Cannock Chase) that are in the most 10% health deprived areas of the country (Figure 16).

Figure 16: Health deprivation and disability index in Staffordshire



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

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5.5.2 Long term conditions

It is estimated that around one in five people in Staffordshire have a limiting long term condition which increases significantly with age.

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.

Expected prevalence shows that significant numbers of people with long term conditions may be undiagnosed or unrecorded on GP disease registers with the largest under-recording seen in chronic kidney disease, hypertension, COPD and dementia. With an ageing population, Staffordshire is also predicted to see an increase in numbers of long term conditions, placing an increasing burden on available health and social care resources (Table 6).

Table 6: Summary of current, expected and projected prevalence for selected long term conditions in Staffordshire for people aged 16 and over

	Recorded prevalence (QOF 2010/11)	Expected prevalence (2010)	Estimated under recording (percentage)	Projected prevalence		
				2015	2020	2025
Cardiovascular disease	n/a	83,900 (12.3%)	n/a	92,100 (13.1%)	99,200 (13.8%)	106,400 (14.4%)
Coronary heart disease	31,900 (4.7%)	39,100 (5.7%)	18%	43,400 (6.2%)	47,100 (6.6%)	50,600 (6.9%)
Stroke	16,400 (2.4%)	17,400 (2.5%)	6%	19,400 (2.8%)	21,300 (3.0%)	23,400 (3.2%)
Chronic kidney disease (18 and over)	27,000 (4.1%)	65,000 (9.8%)	58%	72,400 (10.6%)	80,400 (11.5%)	89,300 (12.5%)
Hypertension	123,700 (18.1%)	220,100 (32.2%)	44%	237,400 (33.8%)	251,000 (34.9%)	262,000 (35.5%)
Diabetes	39,400 (5.8%)	49,300 (7.2%)	20%	55,400 (7.9%)	60,900 (8.5%)	66,100 (9.0%)
Chronic obstructive pulmonary disease	13,700 (2.0%)	21,600 (3.2%)	37%	23,400 (3.3%)	24,700 (3.4%)	25,900 (3.5%)
Dementia (65 and over)	4,200 (2.7%)	10,300 (6.7%)	60%	12,100 (6.7%)	14,400 (7.2%)	17,400 (7.9%)

Compiled by Staffordshire Public Health

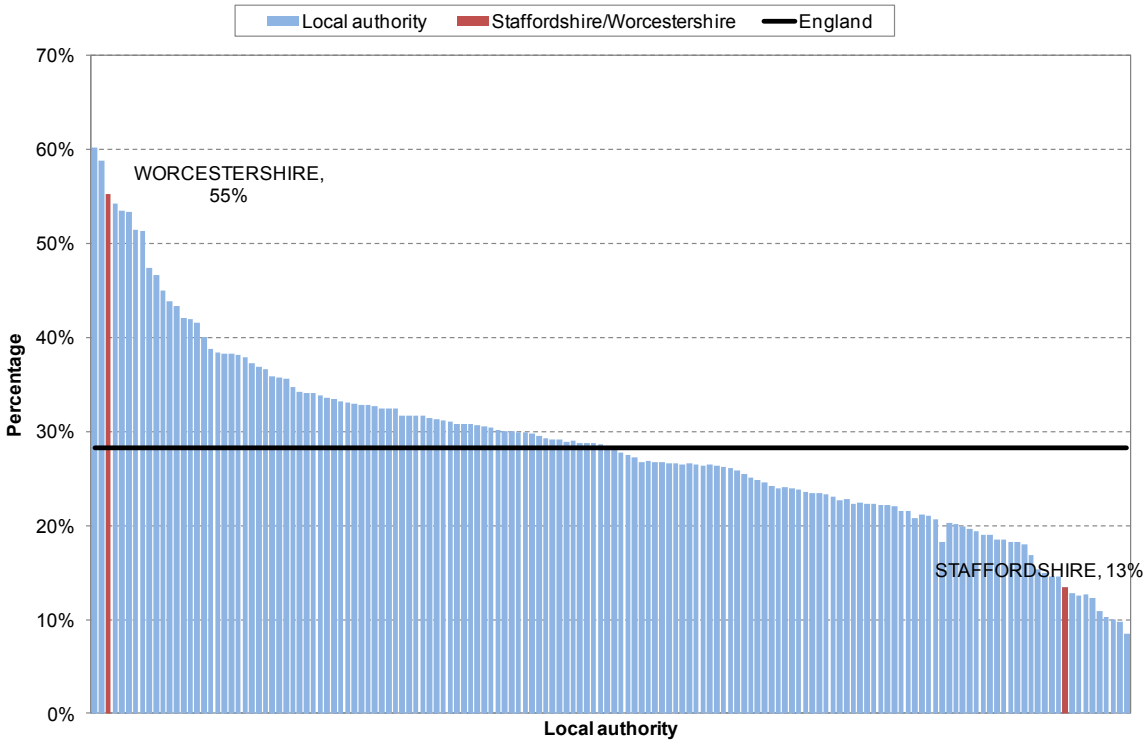
Source: Disease prevalence models, Association of Public Health Observatories (APHO), http://www.apho.org.uk/diseaseprevalencemodels, accessed February 2012, Quality and Outcomes Framework (QOF) for April 2010 to March 2011, Quality Management and Analysis System (QMAS) database - 2010/11 data as at 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, 2008 based population projections, Office for National Statistics, Crown copyright and Projecting Older People Population Information (POPPI)

5.5.3 Carers' services

In Staffordshire, the total number of carers receiving a carer's specific service or advice and information is 3,525. As a proportion of the total number of people receiving community services, Staffordshire is at the very bottom end of the distribution of local authorities for this indicator at 13%. Staffordshire is consistently below the England average and consistently below its statistical neighbour Worcestershire (Figure 17) which has trebled the proportions of carers receiving specific carers' services in the last three years (18% to 55%).

To achieve the England average of 28% receiving an assessment for carer's specific services in 2010/11, Staffordshire would need to provide services to 7,444 carers; an increase of over 3,900 new carers receiving services.

Figure 17: Carers receiving needs assessment or review and a specific carer's service, or advice and information, 2010/11 (NI 135)



Source: National Indicator Set (provisional), Social Care and Mental Health Indicators

In Staffordshire, 10% or less of carers caring for specific client groups receive specific carer's services, i.e. carers of a service user aged 18-64 with a physical disability was 10.1% (360 clients) compared to 9.5% (165 clients) for carers of a service user aged 18-64 with a mental health problem and 8.3% (135 clients) for carers of a service user aged 18-64 with a learning disability. Table 7 shows the number of carers that would be expected to receive services if Staffordshire achieved the England averages for these client groups.

Table 7: Gap analysis for carers' services in Staffordshire

	Number of carers receiving services	Number of carers required to achieve England average	Increase needed from current Staffordshire levels of services
Adults with a physical disability	360	1,142	782
Adults with a mental health problem	165	318	153
Adults with a learning disability	135	536	401

Source: National Indicator Set (provisional), Social Care and Mental Health Indicators

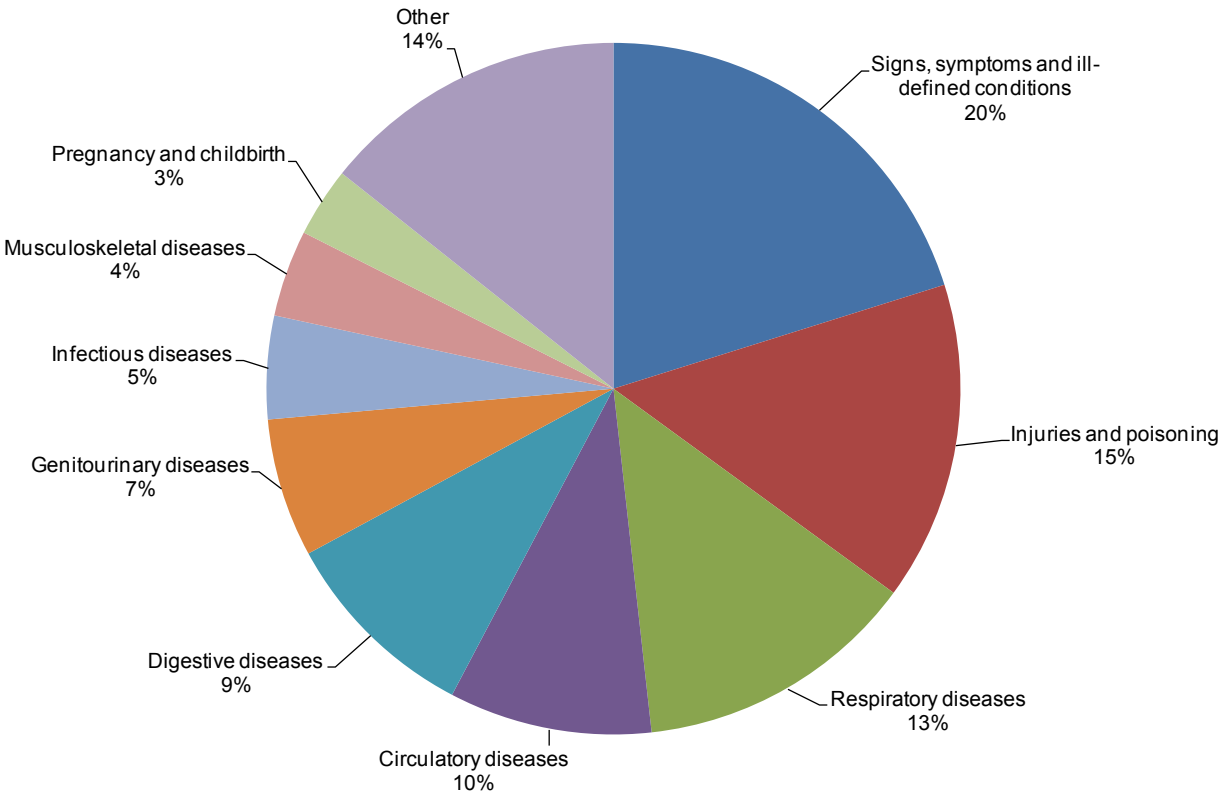
5.6 Severe disease

5.6.1 Hospital admissions

During 2010/11, there were 68,700 emergency (unplanned) admissions to Staffordshire residents. Around 6% of the population were admitted at least once, and over 1% admitted more than once.

Common causes of unplanned admissions include signs and symptoms and ill-defined conditions, injuries and poisonings, respiratory, circulatory and digestive diseases (Figure 18 and Table 8).

Figure 18: Common causes of emergency admissions by ICD10 chapter in Staffordshire, 2010/11



Source: Hospital In-patient Data Extract, Healthcare Commissioning Services (HCS)

Table 8: Common causes of emergency admissions in Staffordshire, 2010/11

ICD10 code	Diagnosis	Number	Percentage
R07	Pain in throat and chest	3,016	4.4%
R10	Abdominal and pelvic pain	2,910	4.2%
N39	Other disorders of urinary system	2,063	3.0%
B34	Viral infection of unspecified site	1,914	2.8%
J18	Pneumonia, organism unspecified	1,860	2.7%
J44	Other chronic obstructive pulmonary disease	1,380	2.0%
J22	Unspecified acute lower respiratory infection	1,346	2.0%
J06	Acute upper respiratory infections multiple and unspecified sites	952	1.4%
R55	Syncope and collapse	944	1.4%
I20	Angina pectoris	905	1.3%
K52	Other non-infective gastroenteritis and colitis	885	1.3%
S72	Fracture of femur	875	1.3%
M79	Other soft tissue disorders, not elsewhere classified	873	1.3%
I48	Atrial fibrillation and flutter	862	1.3%
I50	Heart failure	844	1.2%
	Top 15 admissions	**21,629**	**31.5%**
	All admissions	**68,703**	**100%**

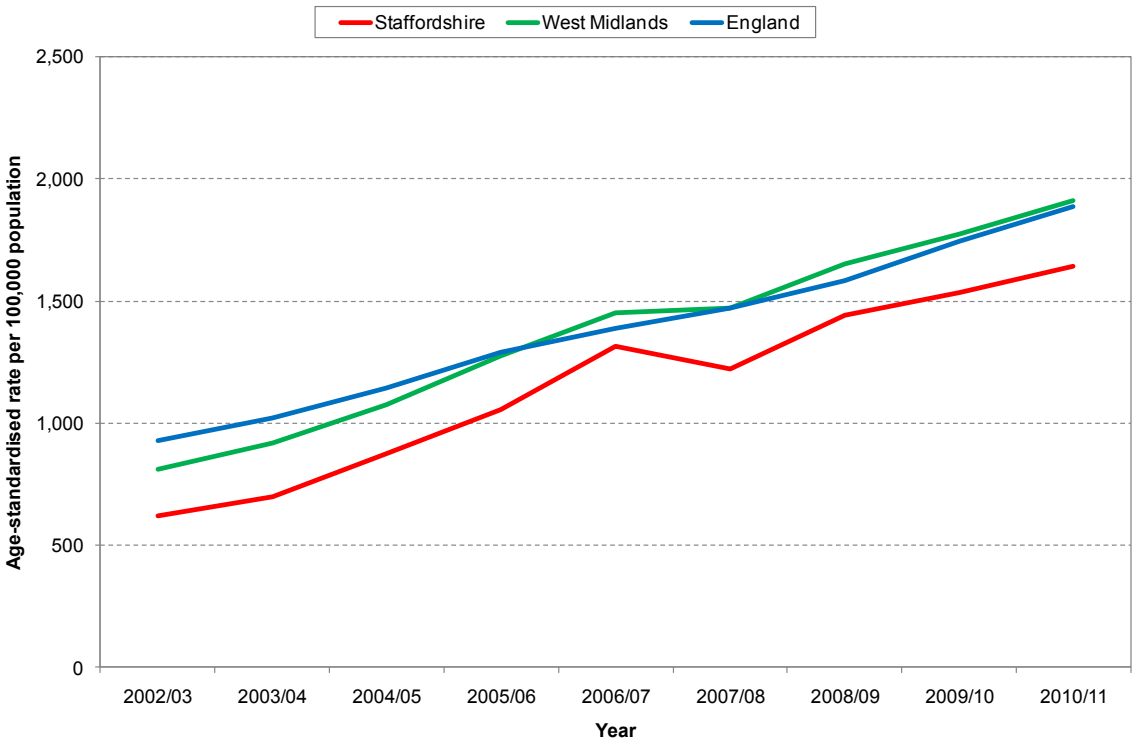
Source: Hospital In-patient Data Extract, Healthcare Commissioning Services (HCS)

5.6.2 Alcohol-related admissions

Similar to the national picture, alcohol-related admissions (which include alcohol-specific conditions such as alcoholic liver disease as well as alcohol-related conditions such as hypertension, where the proportion of those admissions attributable to alcohol are included in the metric) in Staffordshire are on the increase (Figure 19 and Figure 20). The rate of increase from 2002/03 to 2010/11 in Staffordshire is much higher (164% overall, up to 220% in East Staffordshire) than national (104%) and regional rates (136%).

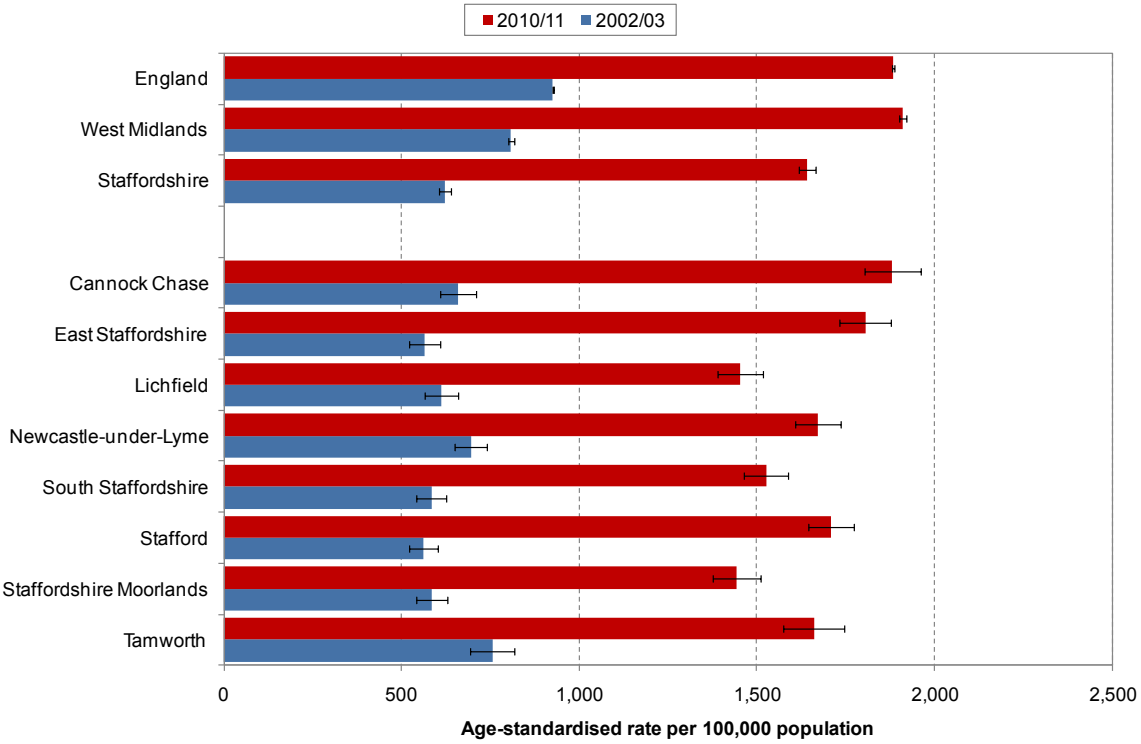
Each year there are on average 120 hospital admissions related to alcohol in children and young people under 18. Rates in Cannock Chase, Lichfield and Stafford are higher than the England average.

Figure 19: Trends in alcohol-related admission rates



Source: Local Alcohol Profiles for England, North West Public Health Observatory, http://www.lape.org.uk, Accessed October 2011

Figure 20: Alcohol-related hospital admissions per 100,000 population

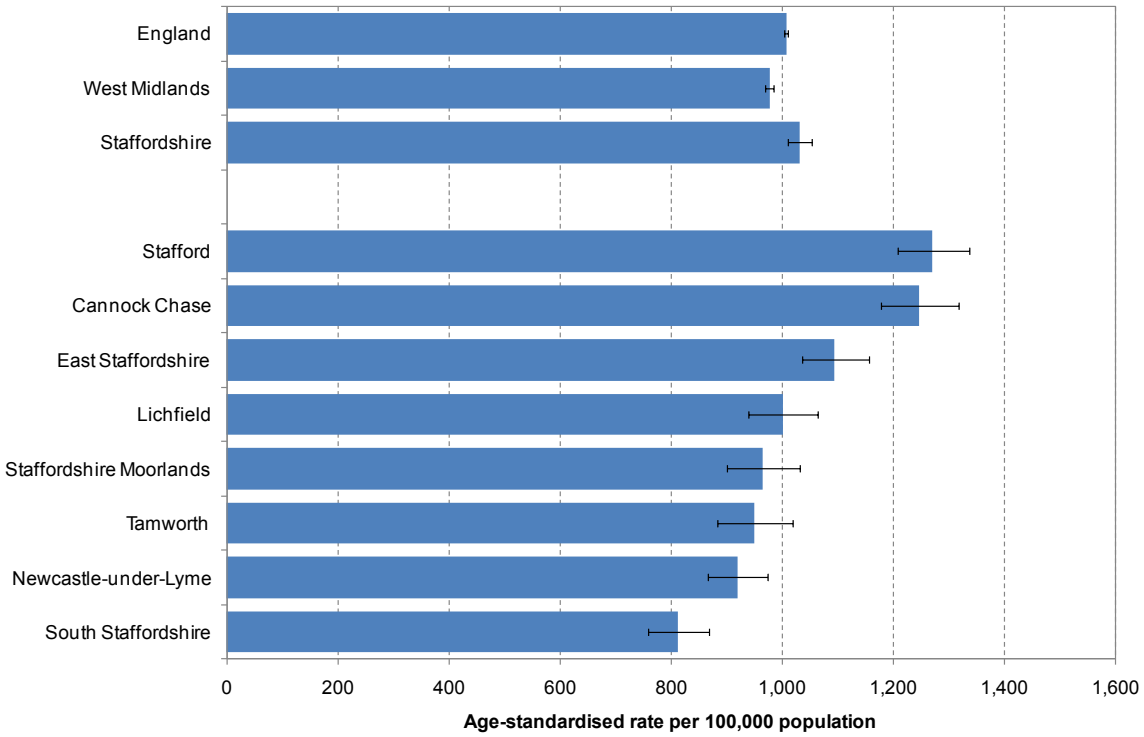


Source: Local Alcohol Profiles for England, North West Public Health Observatory, http://www.lape.org.uk, Accessed October 2011

5.6.3 Admissions from accidents (unintentional injuries)

During 2010/11 there were over 10,300 admissions to hospital in Staffordshire due to unintentional injuries. Admission rates in Staffordshire are higher than the England average and in particular Cannock Chase, East Staffordshire and Stafford. Overall admission rates from unintentional injuries in Staffordshire are higher in children and young people under 18 and in particular in Cannock Chase and Stafford. Further investigation is required to understand the reasons for this.

Figure 21: Admissions due to unintentional injuries, 2010/11

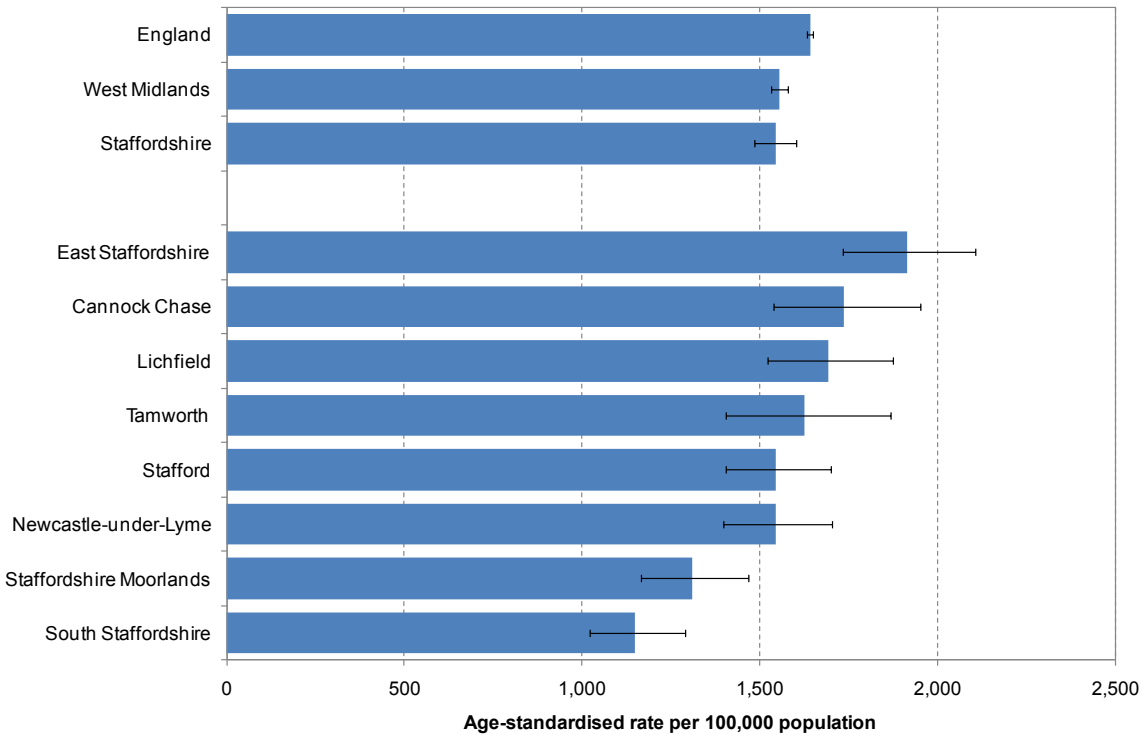


Source: Injury Profiles 2012, South West Public Health Observatory

Almost 3,000 people aged 65 and over in Staffordshire were admitted to hospital for a fall related injury during 2010/11 with rates similar to the national average. Admissions from fall related injuries in people aged 65 are higher in East Staffordshire than the England average (Figure 22).

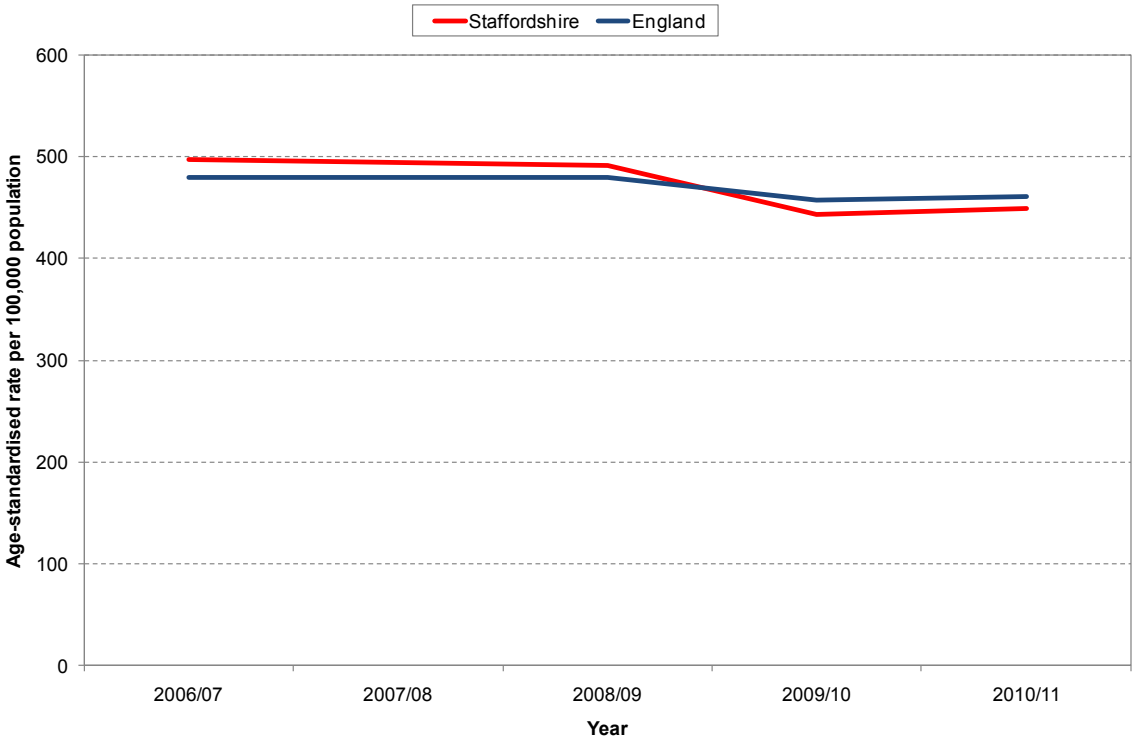
National research indicates that only one in three people who have a hip fracture return to their former level of independence and one in three have to leave their own home and move to long-term care (resulting in social care costs). The good news is that in Staffordshire hip fracture rates in people aged 65 and over appear to be decreasing (Figure 23). Rates across the districts are similar to the England average.

Figure 22: Admissions due to falls in people aged 65 and over, 2010/11



Source: Injury Profiles 2012, South West Public Health Observatory

Figure 23: Trends in hip fracture admissions in people aged 65 and over



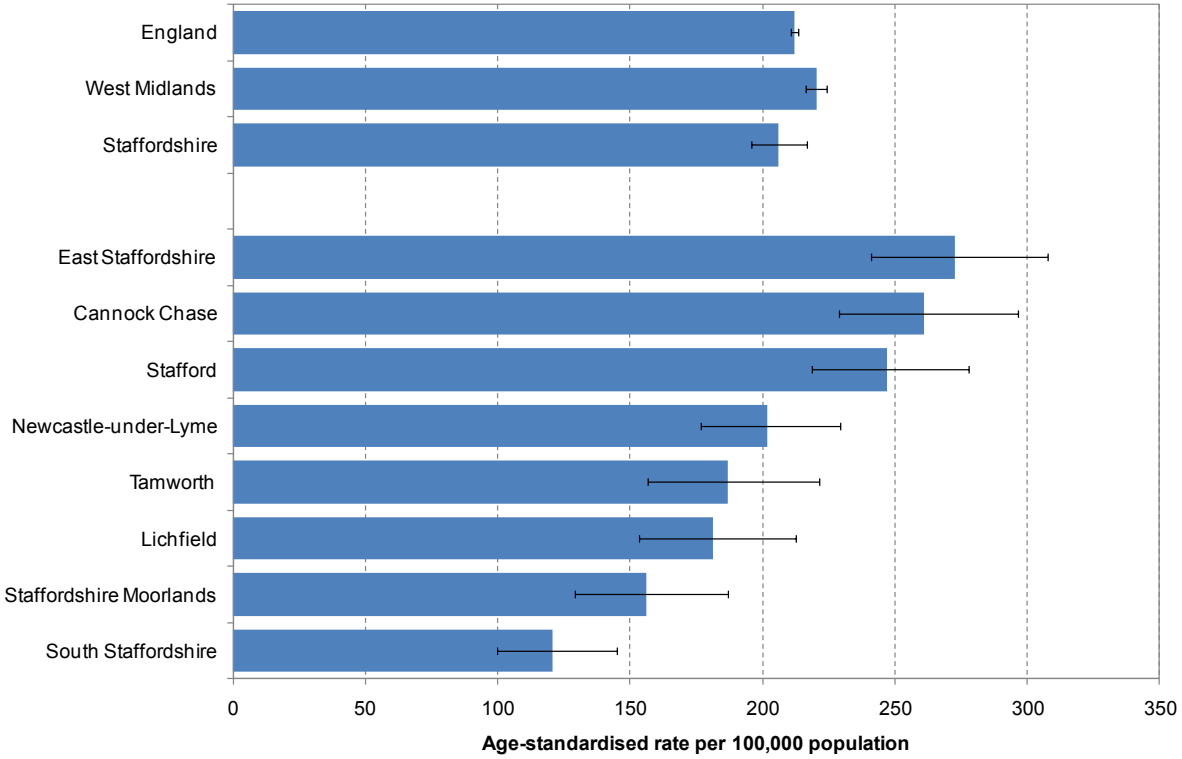
Source: Health Profiles 2011, Association of Public Health Observatories (APHO) and Department of Health, Crown Copyright and Injury Profiles 2012, South West Public Health Observatory

5.6.4 Self-harm admissions

Nationally self-harm is one of the top five causes of acute medical admission and those who self harm have a one in six chance of repeat attendance at A&E within the year. During 2010/11 there were over 1,500 admissions due to self-harm in Staffordshire with overall rates being similar to the national average (Figure 24). However self harm admission rates in Cannock Chase, East Staffordshire and Stafford are 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 (see section 5.7.6).

Figure 24: Self-harm admissions, 2010/11

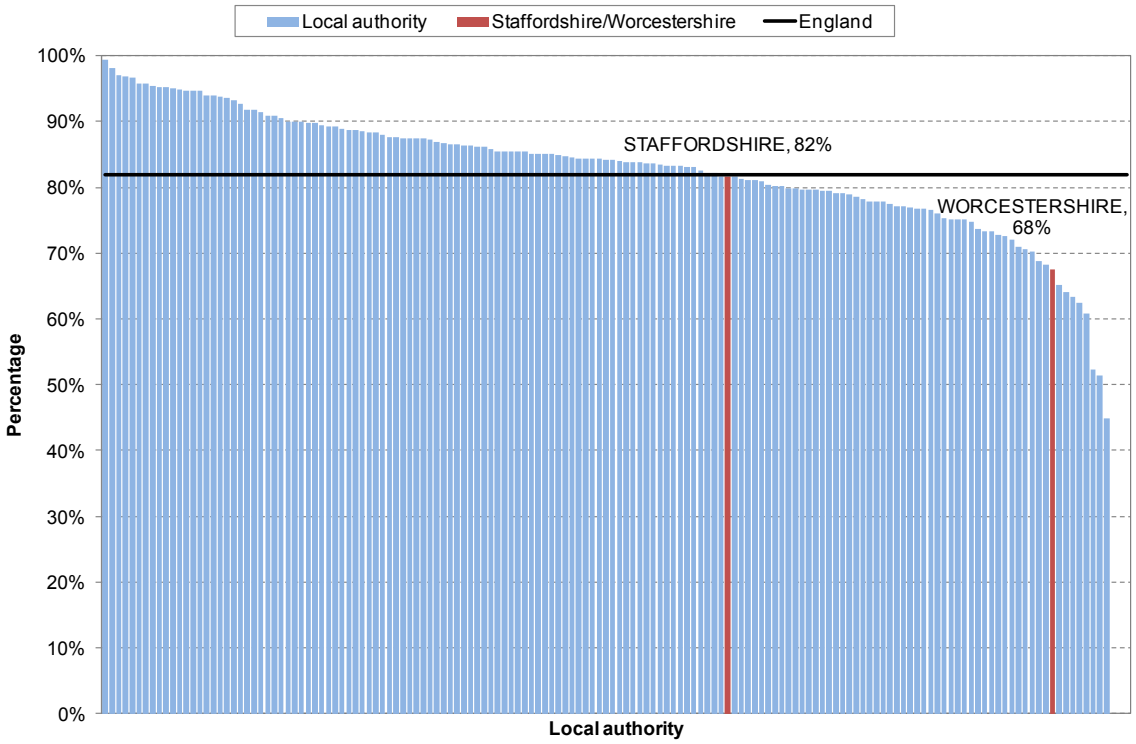


Source: Injury Profiles 2012, South West Public Health Observatory

5.6.5 Older people discharged from hospital

In Staffordshire, the number of older people (aged 65 and over) discharged from hospital to intermediate care/rehabilitation/reablement was 1,850 of which 1,510 (82%) were still 'at home' after 91 days, slightly higher than in 2009/10 (81%). Staffordshire was about the England average in 2010/11 and higher then its statistical neighbour Worcestershire (Figure 25).

Figure 25: Achieving independence for older people: proportion of people aged 65 and over discharged from hospital to intermediate care, rehabilitation or reablement who are still living 'at home' three months after discharge, 2010/11 (NI 125)



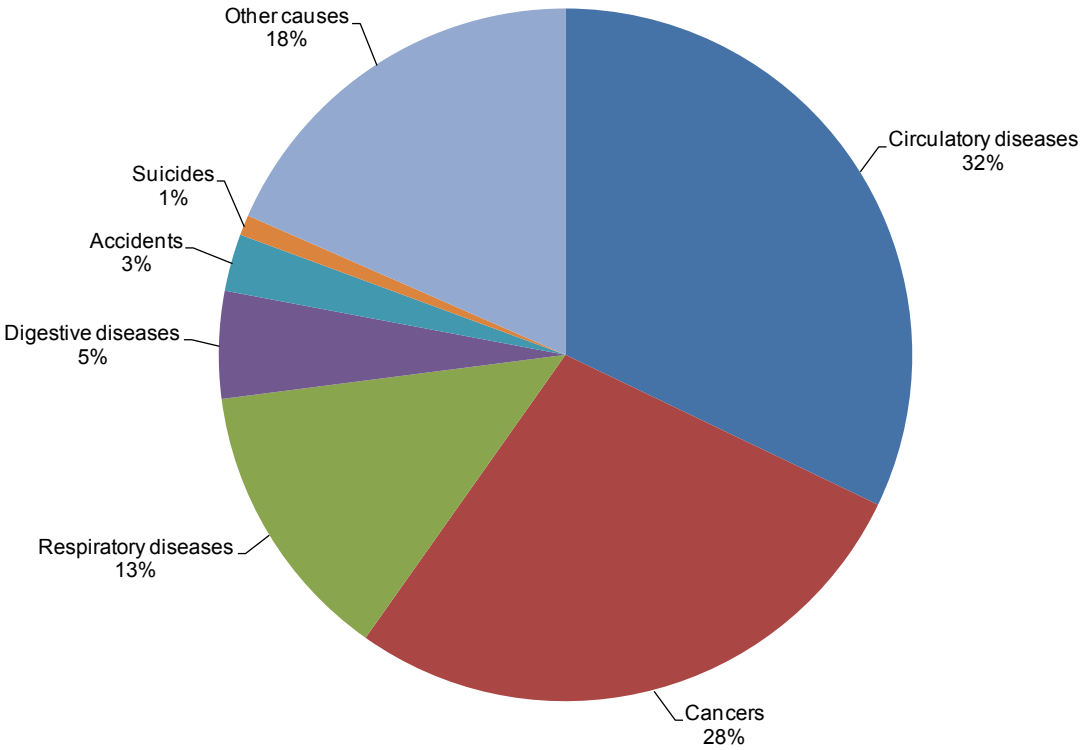
Source: National Indicator Set (provisional), Social Care and Mental Health Indicators

5.7 Deaths

5.7.1 Common causes of death

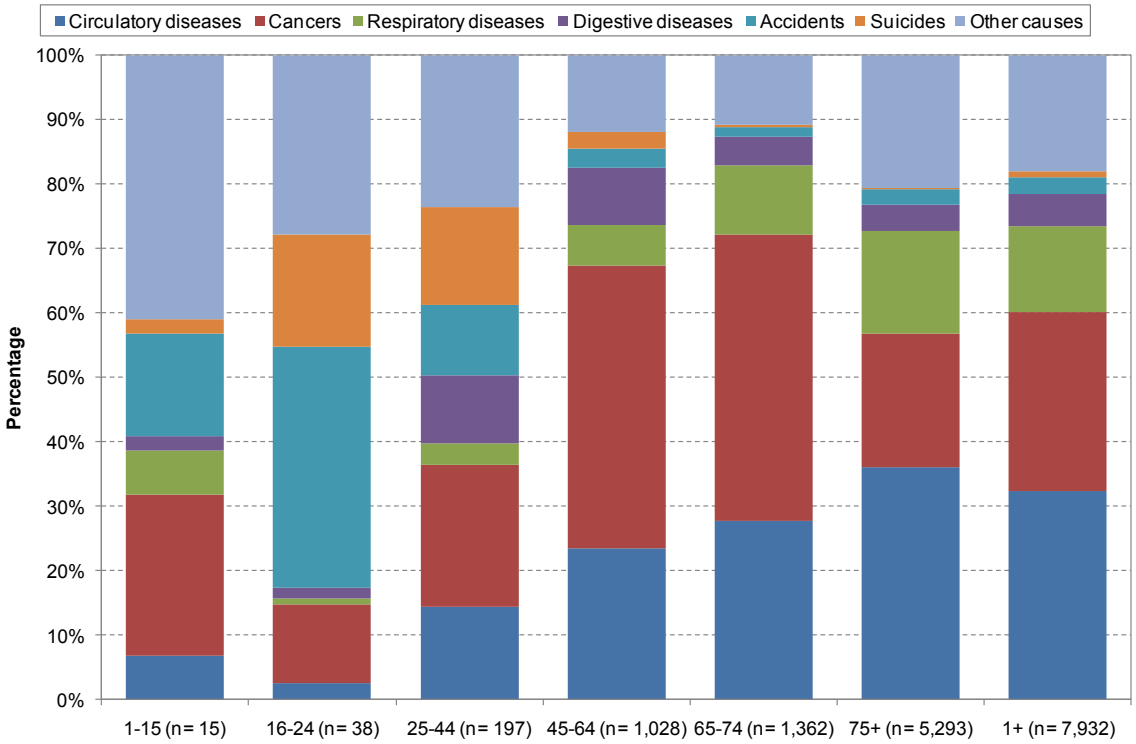
Around 8,000 people die every year in Staffordshire of which around a third are premature (aged under 75). A breakdown of common causes is shown in Figure 26. Almost three quarters of deaths are due to cardiovascular disease, cancer and respiratory diseases. Analysis by age group show that suicides and accidents make a larger proportion of deaths in young people aged 16-24 (Figure 27).

Figure 26: Common causes of deaths in Staffordshire, 2008-2010



Source: Death extracts, Office for National Statistics

Figure 27: Common causes of deaths in Staffordshire (ages one and over), 2008-2010

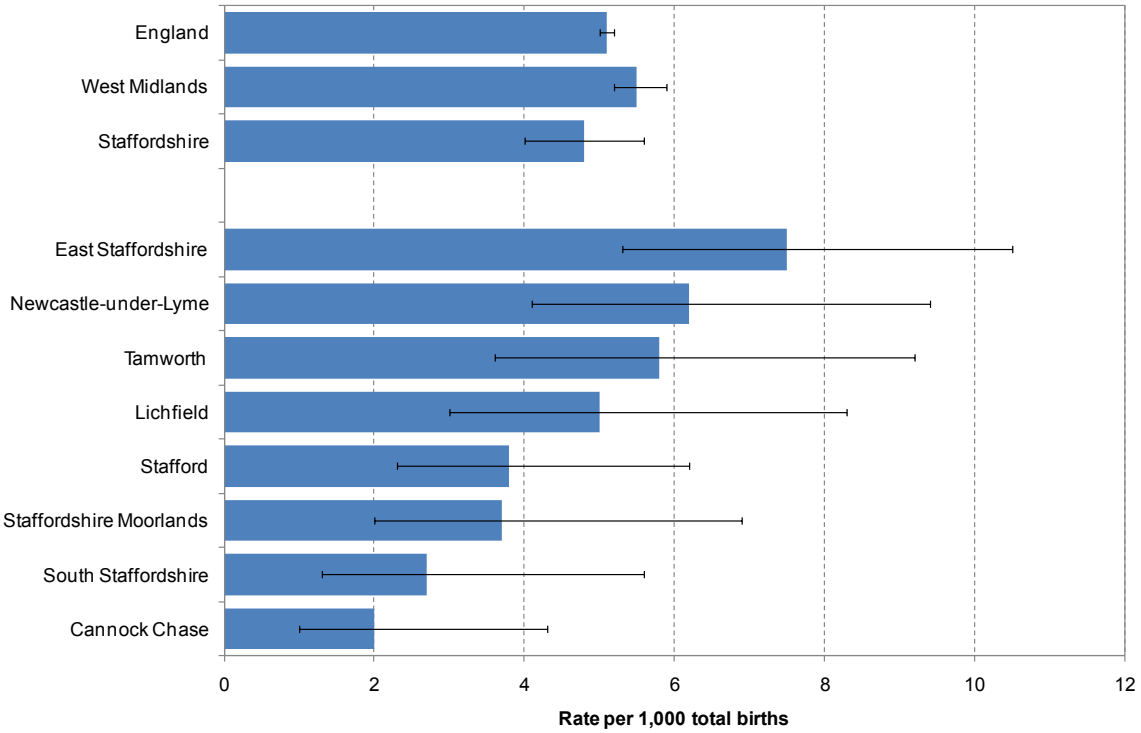


Source: Death extracts, Office for National Statistics

5.7.2 Stillbirths, perinatal and infant mortality

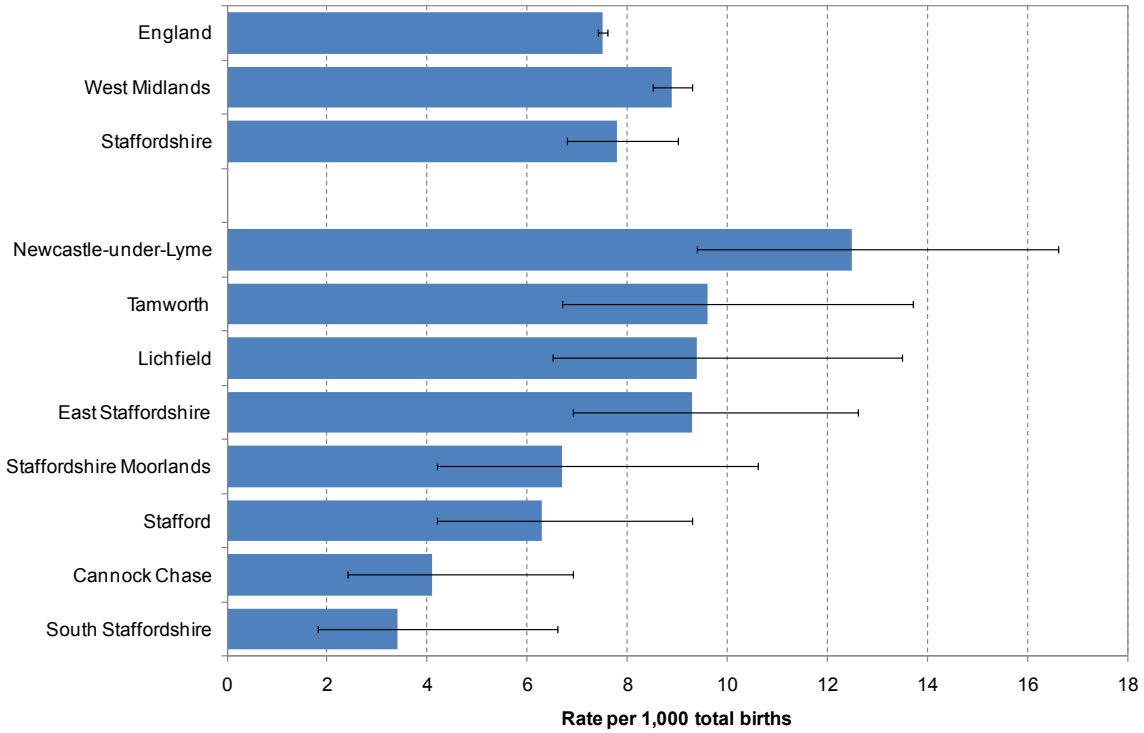
The latest data shows that stillbirth rates in East Staffordshire are now higher than England (Figure 28). Both perinatal and infant mortality rates for Newcastle-under-Lyme also remain higher than the national average (Figure 29 and Figure 30). Trends show that after having significantly high rates, infant deaths in East Staffordshire have been similar to the England average since 2007-2009 (Figure 31). Perinatal deaths in East Staffordshire for 2008-2010 are also now similar to the England average.

Figure 28: Stillbirth rates, 2008-2010



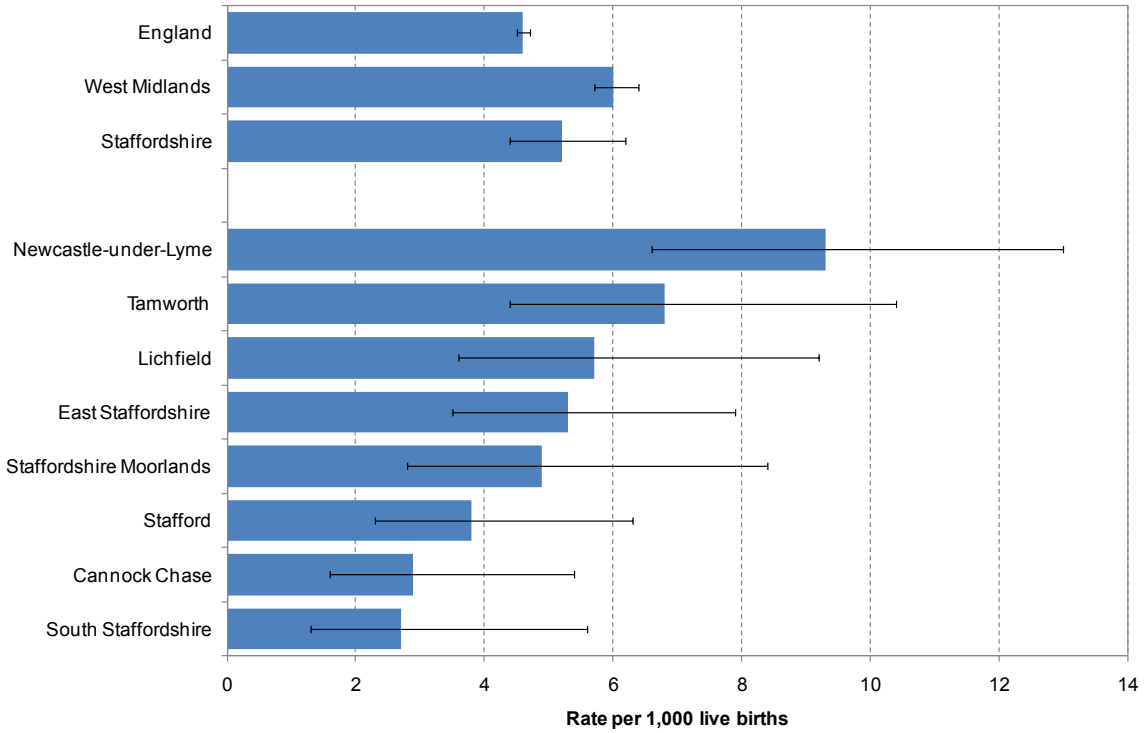
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. © Crown Copyright

Figure 29: Perinatal mortality rates, 2008-2010



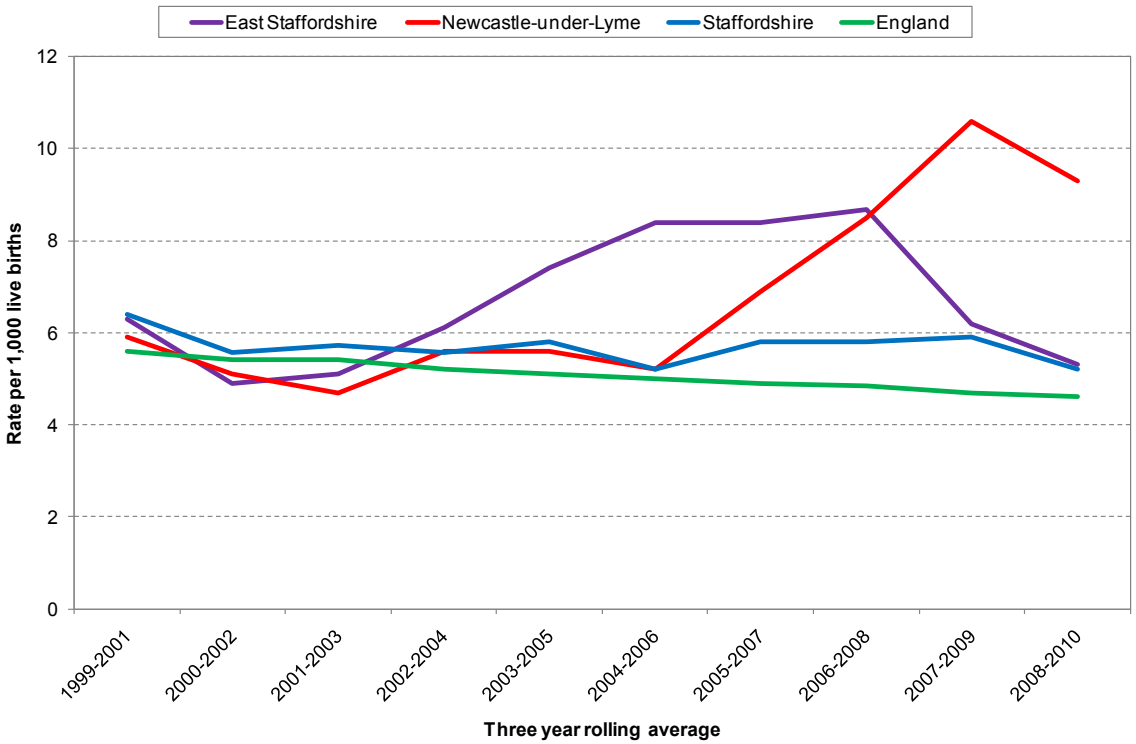
Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. © Crown Copyright

Figure 30: Infant 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

Figure 31: Trends in infant mortality rates

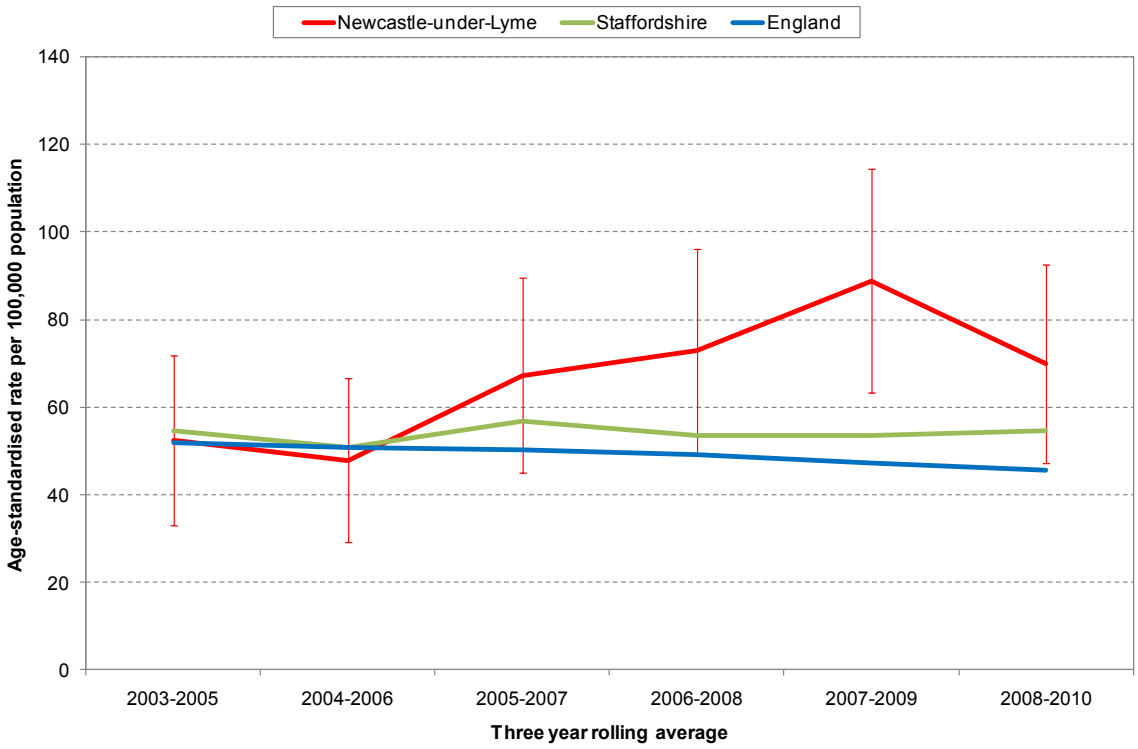


Source: Compendium of Population Health Indicators (www.indicators.ic.nhs.uk or nww.indicators.ic.nhs.uk), The NHS Information Centre for health and social care. © Crown Copyright

5.7.3 Child mortality

Significantly more children under 15 die in Newcastle-under-Lyme every year than the England average. However since the peak in 2007-2009, rates appear to have reduced (Figure 32). Note: the largest component in this indicator is infant deaths (see previous section).

Figure 32: Trend in child mortality rates (under 15s)



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

5.7.4 Premature mortality (deaths before the age of 75)

There is some good news with less people dying younger, i.e. before the age of 75 with rates reducing by 30%, similar to England between 1995-1997 and 2008-2010 (see section 4.1). Whilst rates have decreased across all Staffordshire districts, premature death rates in Cannock Chase remain higher than England (Figure 33).

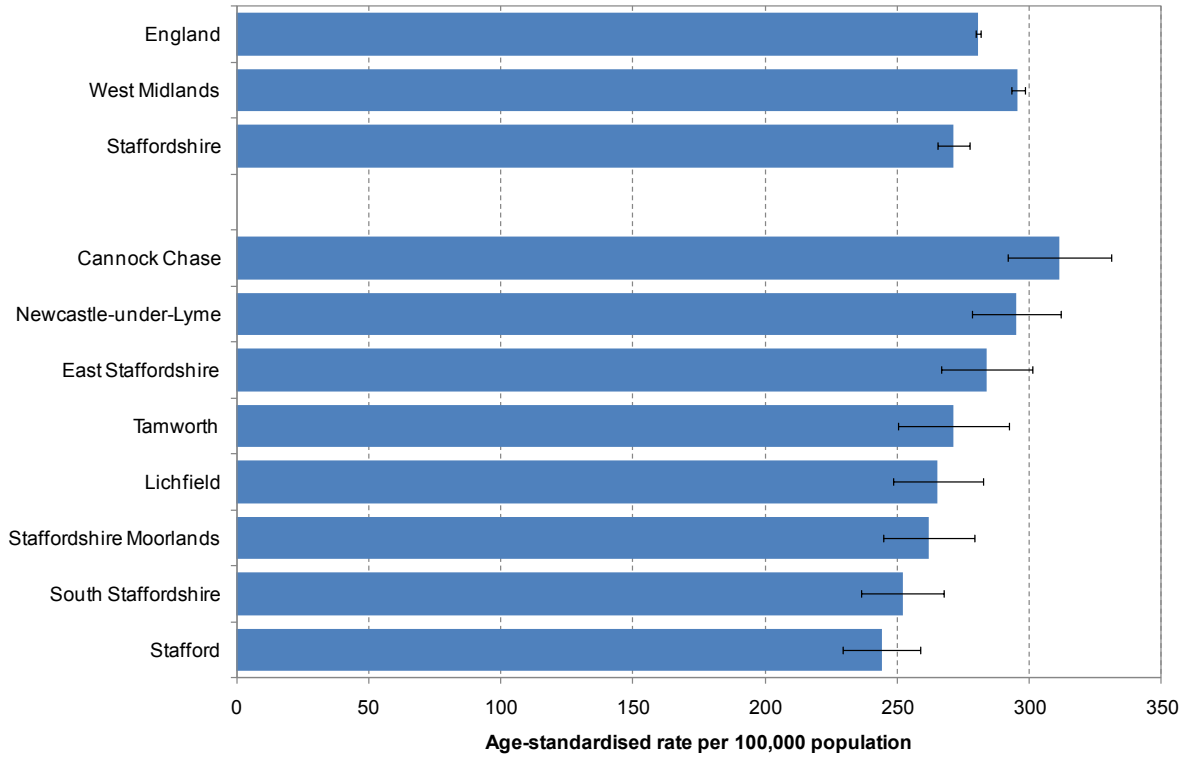
- Premature mortality rates for cardiovascular disease in Lichfield, South Staffordshire, Stafford and Staffordshire Moorlands are lower than the national average.

- Early death from cancer is high in Cannock Chase and in particular lung cancer mortality for men. Premature cancer death rates are lower than England in Stafford.

- Deaths from diabetes in Cannock Chase were also higher than England.

- Rates are also lower than the national average for chronic obstructive pulmonary disease in Staffordshire as a whole, and Lichfield, South Staffordshire and Stafford.

Figure 33: Premature 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

5.7.5 Alcohol-related deaths

In Staffordshire annually around 285 deaths are either caused wholly or caused in part by alcohol. Alcohol-specific deaths are high for men in Newcastle-under-Lyme and for women in Cannock Chase.

5.7.6 Suicides

Although suicide rates have fallen nationally and in the north of the county, in recent years they did show an upward trend in the south, where between 2006 and 2009 the number of suicides and undetermined injuries doubled from 36 to 73. The 2010 data shows that the numbers have fallen in the south (35 suicides and injuries undetermined). Suicide rates for men are over treble those for women.

5.7.7 Accidental deaths

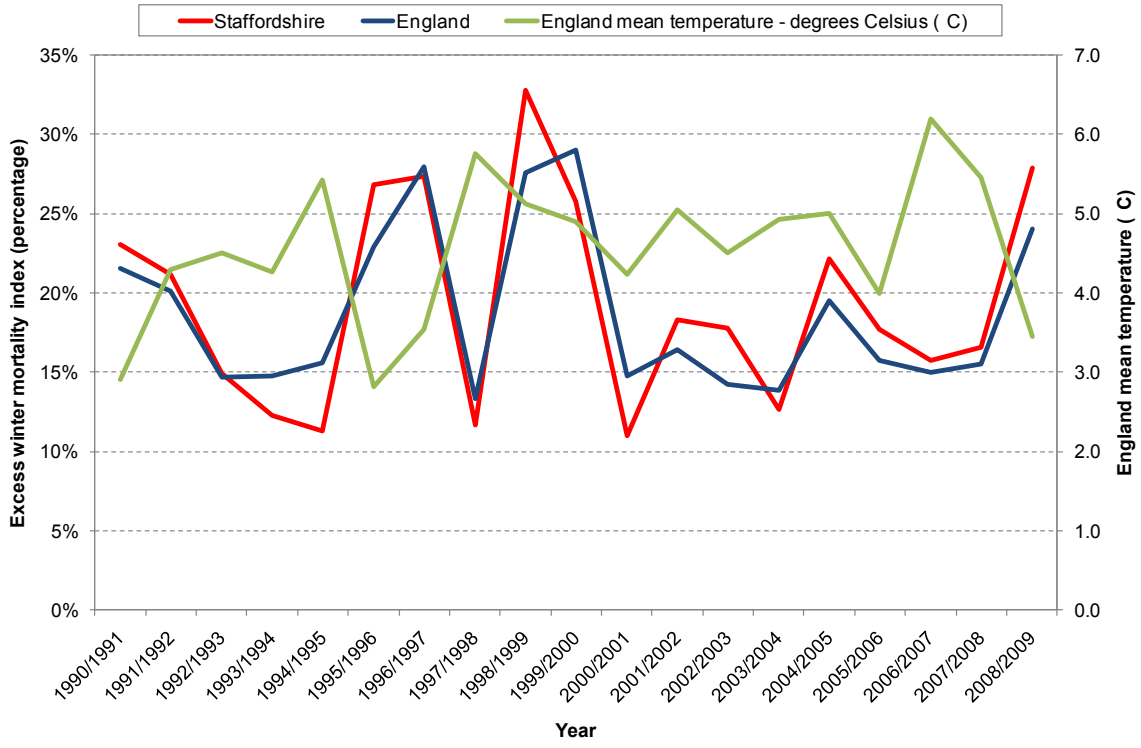
There are over 210 deaths from accidental causes in Staffordshire per year and death rates from accidents are significantly higher in Staffordshire than England. Rates are particularly high in Cannock Chase, Lichfield and Stafford. Mortality from accidental causes is also higher amongst the elderly (over 65s) in Staffordshire, and in particular Cannock Chase, Lichfield, Stafford and Tamworth.

Hospital admission rates for accidents in Staffordshire are also higher than the national average (see section 5.6.3). They are also higher in Cannock Chase, East Staffordshire and Stafford. However rates in other areas with high mortality from accidents either for all ages or over 65s, i.e. Tamworth and Lichfield, are similar to England. Further investigation is needed as to reasons for this.

5.7.8 Excess winter deaths

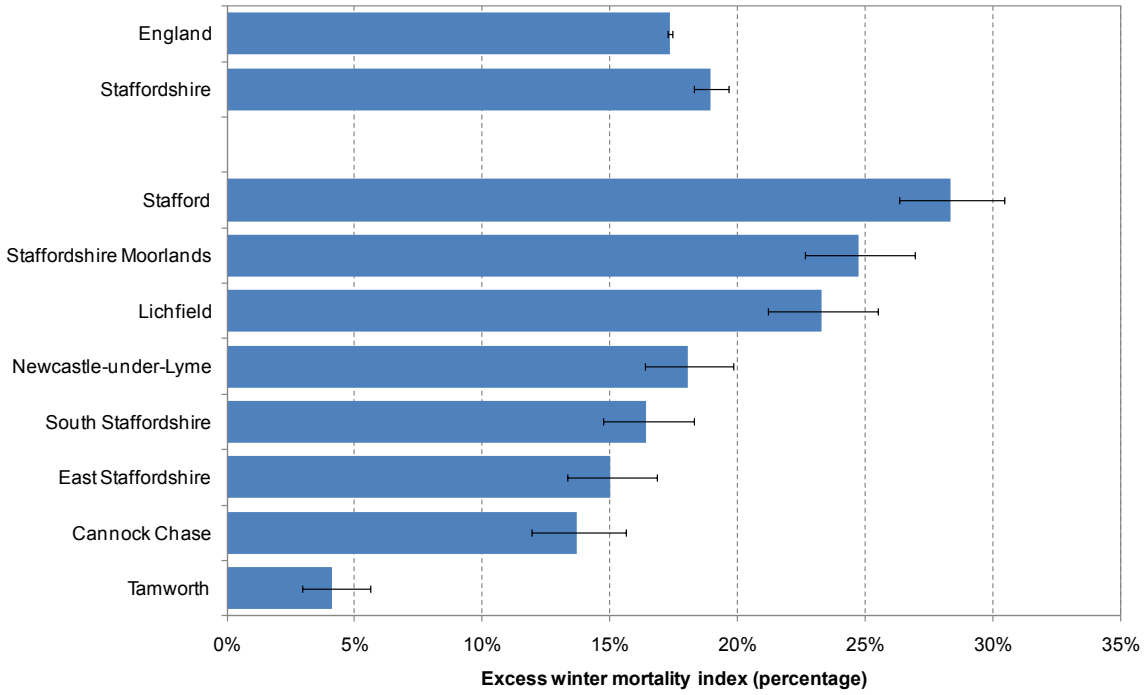
There are on average 500 excess winter deaths (EWD) annually in Staffordshire, mainly amongst older people. The EWD index is the number of excess winter deaths expressed as a ratio of the expected deaths based on the non-winter deaths. Excess winter deaths (EWD) are variable as Figure 34 illustrates. The Staffordshire EWD index trend mirrors that nationally, however the peaks and troughs seen in the EWD does not mirror the mean winter temperatures experienced each year. Therefore, the EWD index depends on many factors and in order to make a reduction in the number of EWD it is important that services work together to look after the health of older people. During 2005-2010 excess winter deaths in Stafford, Staffordshire Moorlands and Lichfield were higher than England (Figure 35).

Figure 34: Excess winter trends with England mean winter temperature



Source: West Midlands Public Health Observatory

Figure 35: Excess winter deaths, August 2005 to July 2010



Source: Public Health Mortality Files, Office for National Statistics and mid-year population estimates, Office for National Statistics, Crown copyright

6 Life course summary of needs

6.1 Key issues for children and young people

Infant and child mortality

- **Stillbirth, perinatal and infant mortality** - Stillbirth rates in East Staffordshire are higher than the England average. Rates of perinatal and infant mortality remain high in Newcastle-under-Lyme.

- **Child mortality** - significantly more children under 15 die in Newcastle-under-Lyme every year than the England average. Note: the largest component in this indicator is infant deaths.

Smoking in pregnancy

- Between 2006/07 to 2010/11 rates in Staffordshire have risen whilst England rates have reduced. In 2006/07, Staffordshire had lower smoking in pregnancy rates than England, but from 2010/11 onwards Staffordshire rates have been higher than the national average.

Breastfeeding rates

- Initiation rates in Staffordshire were lower than the England average in 2010/11 - 66% compared with 74% - however this has risen from 64% in 2006/07. Furthermore there is a significant drop off in breastfeeding rates at six to eight weeks (34% compared with 46%).

Low birthweight babies

- The proportion of babies with a low birthweight (LBW) (under 2,500 grams) is 7%, similar to the national average. However Cannock Chase and Newcastle-under-Lyme have higher proportions of LBW babies.

Childhood immunisation

- Immunisation rates on the whole are higher than the England average. MMR rates are also higher than the England average but do not reach the 95% optimum protective target. There is also variation between practices across Staffordshire.

Dental health

- Overall tooth decay in Staffordshire children (23%) is better than the national average (31%) but there are higher rates in Newcastle-under-Lyme (38%) where children aged five have on average over one decayed, missing or filled teeth.

Childhood obesity and physical activity

- Based on national data, it is estimated that there are nearly 20,700 children aged between two and 15 who are obese in Staffordshire. In addition it is estimated that 18,600 children who are overweight. From the national child measurement programme (NCMP) data collection, 9% of reception (age four to five) children and 19% of Year 6 children (aged 10 to 11) are obese, similar to the national average. Rates for reception children in Cannock Chase are higher than England. Additionally in Staffordshire, 14% and 15% of children in reception and Year 6 are overweight. The prevalence of children who are either overweight or obese is high in Cannock Chase and Staffordshire Moorlands for reception children and high in South Staffordshire for Year 6.

- It is recommended that children undertake at least 60 minutes of physical activity each day of the week, but by the age of 15 only 32% of boys and 15% of girls do. Children in the lower income groups exercise more than those with higher incomes. Based on national estimates, 36,600 children in Staffordshire meet recommended levels whilst 34,300 children are thought to have very low levels of activity.

Alcohol

- Based on national estimates where 8% of children aged 11-15 drink at least once a week around 3,100 children in Staffordshire would be considered regular drinkers.

- Each year there are on average 120 hospital admissions related to alcohol in children and young people under 18. Rates in Cannock Chase, Lichfield and Stafford are higher than the England average.

Teenage pregnancy

- Staffordshire teenage pregnancy rates are not reducing as quickly as was predicted. Under 18 conception rates in Staffordshire reduced by 8% compared to 18% nationally, between 1998 and 2009. Cannock Chase, Newcastle-under-Lyme and Tamworth have higher teenage pregnancy rates than the national average. Numbers of teenage conceptions are increasing year on year in Tamworth, which has the sixth highest annual rate in England.

Sexual health

- Sexually transmitted infections (STIs) are increasing, especially chlamydia, herpes and genital warts. Locally (as nationally), the chlamydia screening programme is failing to meet the Department of Health's target of 50% of all young people aged 16-24 being screened. The Staffordshire figure of 30% screened is higher than the national figure of 25%. Around 5% of those screened test positive.

Accidents

- Overall admission rates from unintentional injuries in Staffordshire are higher in children and young people under 18 and in particular in Cannock Chase and Stafford.

Education

- Areas of low educational attainment and skills are often associated with high levels of worklessness, deprivation and poor health. In 2011, 56% of Staffordshire pupils achieved five or more A*-C GCSE grades (including English and Maths). However this varies from 64% in Staffordshire Moorlands to 49% in Tamworth. A further indicator of later unemployment, low income, teenage motherhood, depression and poor physical health is the proportion of 16 to 18 years olds not in education, employment or training (NEET). This is 5% overall in Staffordshire and again varies from under 4% in Stafford to 9% in Cannock Chase.

Income deprivation affecting children

- Just over 22,000 children under 16 in Staffordshire live in income deprived households. Areas falling in the top 10% nationally include: Winshill ward in East Staffordshire, Knutton and Silverdale and Chesterton wards in Newcastle under Lyme, Cannock North ward in Cannock Chase, Highfields and Western Downs ward in Stafford, Glascote and Amington wards in Tamworth.

6.2 Key issues for adults

Life expectancy

- There are significant inequalities in life expectancy across the county. Men and women in Cannock Chase have lower life expectancy than the national average: 15 months and 10 months less respectively. Men in East Staffordshire also have lower life expectancy at 14 months less than the England average, whilst women in Lichfield and Newcastle-under-Lyme both have nine months less life expectancy.

Healthy life expectancy

- Currently in Staffordshire, healthy life expectancy is estimated to be 69 years for men and 72 years for women. However there are also inequalities in the time lived in poor health. In Cannock Chase, Newcastle-under-Lyme and Tamworth men and women spend more time living in poor health compared to England.

Premature mortality (deaths before the age of 75)

- There is some good news with less people dying younger, i.e. before the age of 75 with rates reducing by 30%, similar to England between 1995-1997 and 2008-2010. Whilst rates have decreased across all Staffordshire districts, premature death rates in Cannock Chase remain higher than England.

- Early death from cancer is high in Cannock Chase and in particular lung cancer mortality for men.

- Deaths from diabetes in Cannock Chase were also higher than England.

Health deprivation and disability

- An overall index combining poor health (both physical and mental), early mortality and disability shows that there are 13,300 people in Staffordshire whose health is in the worst 10% nationally. Newcastle under Lyme has very poor health levels with areas in Cross Health, Knutton and Silverdale, Chesterton, Thistleberry and Town being in the worst 10%. There are also other areas: Littleworth ward (Stafford), Eton Park and Horninglow wards (East Staffordshire), and Etching Hill and The Heath (Cannock Chase) that are in the most 10% health deprived areas of the country.

Long term conditions

- It is estimated that around one in five people in Staffordshire have a limiting long term condition which increases significantly with age. Data from the 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.

- Expected prevalence shows that significant numbers of people with long term conditions may be undiagnosed or unrecorded on GP disease registers. With an ageing population, Staffordshire is also predicted to see an increase in numbers of long term conditions, placing an increasing burden on available health and social care resources

Screening

- Uptake of screening programmes varies across Staffordshire. Factors which affect screening uptake include deprivation, ethnicity and age.

Suicides

- During 2010/11 there were over 1,500 admissions due to self-harm in Staffordshire with overall rates being similar to the national average. However self harm admission rates in Cannock Chase, East Staffordshire and Stafford are higher than the England average.

- Although suicide rates have fallen nationally and in the north of the county, in recent years they did show an upward trend in the south, where between 2006 and 2009 the number of suicides and undetermined injuries doubled from 36 to 73. The 2010 data shows that the numbers have fallen in the south (35 suicides and injuries undetermined). Suicide rates for men are over treble those for women.

Accidents

- There are over 210 deaths from accidental causes in Staffordshire per year and death rates from accidents are significantly higher in Staffordshire than England. Rates are particularly high in Cannock Chase, Lichfield and Stafford.

- Hospital admission rates for accidents (unintentional injuries) in Staffordshire are also higher than the national average. They are also higher in Cannock Chase, East Staffordshire and Stafford. Further investigation is needed as to reasons for this.

Healthy lifestyles

There are still significant lifestyle challenges in Staffordshire. For example, the data indicates that:

- Smoking rates in Staffordshire have decreased by 2% between 2009/10 and 2010/11. However one in five adults still smoke (134,200), varying between 16% (lowest, South Staffordshire) and 25% (highest, Tamworth). Smoking is much more common in manual groups (34%), contributing to increases in health inequalities. More people die from smoking related diseases in Newcastle-under-Lyme than the England average whilst smoking attributable admission rates are high in Cannock Chase and East Staffordshire.

- In Staffordshire annually around 285 deaths are either caused wholly or caused in part by alcohol. Alcohol-specific deaths are high for men in Newcastle-under-Lyme and for women in Cannock Chase.

- Almost one in four adults in Staffordshire are estimated to drink more than the recommended levels of alcohol consumption.

- Levels of alcohol-related crime and alcohol-related violent crimes are higher than the national average in Cannock Chase and Tamworth.

- Nationally the obesity epidemic in adults is increasing. Unlike children, the trend in adults is still upwards and by 2015 it is expected that 29% of men and women will be obese. Estimates show Cannock Chase, South Staffordshire, Staffordshire Moorlands and Tamworth to be higher than the England average.

- Tamworth and Cannock Chase are also estimated to have lower proportions of adults consuming five portions of fruit and vegetables a day compared to England.

- In Staffordshire, only 11% men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 51% of men and women were inactive, higher than England. Levels of inactivity are particularly low in Newcastle-under-Lyme and Tamworth.

Ethnicity and migration

- The estimated number of people from minority ethnic groups in Staffordshire has increased from 19,700 (2.4%) in 2001 to 44,100 (5.3%) in 2009. East Staffordshire has the highest proportion of non white population in Staffordshire at 7.8% compared to 5.3% overall and England (12.5%). Asian and Mixed ethnic groups are the largest groups across the County. There are also high concentrations of Pakistani communities in East Staffordshire and Indian communities in Stafford and South Staffordshire. In terms of ill health of people in minority ethnic groups, the Irish population (particularly females) and Black Caribbean females record higher proportions in poor health.

- International migration has always played a role in shaping the demographic profile of Staffordshire. All migrant workers are required to register for national insurance purposes; across Staffordshire these figures show a dramatic increase from 1,260 people in 2002/03 to 2,920 people in 2010/11. The largest numbers of migrant workers are from Latvia and Poland and geographically the largest numbers are in East Staffordshire and Stafford.

- Similarly the number of Flag 4 GP registrations (which identifies individuals who were born outside the UK and have entered England and Wales for the first time and registered with a NHS GP) has shown an increase from 1,300 new registrations in 2000/01 to almost 2,940 in 2009/10. Preliminary analysis of GP patient data shows that the largest migrant populations in Staffordshire are from Poland, Latvia and China and living in East Staffordshire, Newcastle-under-Lyme and Stafford. The data also suggests that migrants are much younger with the majority being under the age of 45 and the largest proportion aged 20-24.

Socioeconomic factors impacting on health (wider determinants of health)

- **Deprivation** - one of the purposes of measuring deprivation is to highlight those small localities which have different types of deprivation, especially within a generally less deprived area such as Staffordshire. Only nine of the 525 lower super output areas in Staffordshire are in the top 10% most deprived areas in England. These areas fall in Glascote ward in Tamworth, Cross Heath, Knutton and Silverdale, and Chesterton wards in Newcastle-under-Lyme, Winshill, Stapenhill, Eton Park and Shobnall wards in East Staffordshire and Cannock North ward in Cannock Chase. Over 12,500 people live in these areas making up 2% of the population.

- **Unemployment** - the number of people unemployed (measured by the working age population claiming Job Seekers allowance) in Staffordshire has doubled in the last five years from 1.5% in January 2008 (8,000 claimants) to 3% in January 2012 (almost 16,000 claimants). Rates over this period have remained lower than the England average. The largest job seekers allowance caseloads are in Newcastle-under-Lyme and Cannock Chase where there were 2,600 (3%) and 2,500 (4%) claimants respectively at January 2012.

- **Crime and antisocial behaviour** - the rate of crime recorded in Staffordshire is lower than the national rate and shows a clear downward trend over the last three years, although there is some variation by crime type, for example, there have been increases in reported domestic violence across Staffordshire. This may be due to proactive work over recent years to increase reporting. Serious acquisition crime and anti-social behaviour have shown a downward trend. Anti-social behaviour however remain a key issue for Staffordshire due to the high volumes reported particularly in relation to ‘rowdy and inconsiderate behaviour’ and ‘neighbourhood disputes’. A local survey revealed that the main crime and anti-social behaviour issues are felt to be drugs (37% of respondents), teenagers hanging around (34%), rubbish or litter lying around (31%) and people being drunk and rowdy in public places (29%).

- **Housing** - The links between poor health and housing are well established. Multiple housing deprivation poses a health risk of the same magnitude as smoking and, on average, greater than that posed by excessive alcohol consumption. The health effects of poor housing also fall disproportionately on vulnerable groups including older people, disabled people and children. The greatest health impact is likely to be achieved when the following conditions are targeted:

    - Cold and damp housing
    - Overcrowded and under-occupied housing
    - The incidence of accidents in the home
    - Poor security and high crime
    - Inadequate public and open space

- **Planning/environment** - local planning can help to improve prosperity and positively influence health by creating sustainable communities, identifying sites and allocating land for facilities and job opportunities. Planning can also improve the environment and positively influence health by making physical activity an attractive option and making sure that green spaces are well maintained, accessible and safe. Planning can also ensure that physical activity and health equity can be maximised and considered through the planning processes and by using powers to govern the location of certain businesses and activities

- **Transport** – lack of physical access to transport can lead to social isolation, particularly for vulnerable groups, for example people with mental health problems, older people, those living in rural areas and without access to a car. Those without good access to transport can also lead to barriers in accessing services and accessing information. There may also be concerns about safety, all 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 health. 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.

6.3 Key issues for older people

An ageing population

- Almost 19% of the population are aged over 65 years (154,900 people). The proportion is particularly high in Lichfield, South Staffordshire, Stafford and Staffordshire Moorlands. As in the rest of the country, Staffordshire has experienced a significant ageing of its population and there are now 88,000 more people over 50 than there were 20 years ago. This trend is likely to continue. At the same time the number of children and young adults has fallen. Over the next 20 years the number of people aged 65 and over will increase by 87,400 people - a 56% increase.

Income deprivation affecting older people

- Nearly 31,600 people aged over 60 live in low income households. Areas falling in the top 10% nationally include: Glascote and Stonydelph wards in Tamworth, Etching Hill and The Heath and Hednesford North wards in Cannock Chase, Shobnall ward in East Staffordshire, Perton Lakeside in South Staffordshire and Butt Lane in Newcastle-under-Lyme.

Accidents including falls

- Mortality from accidental causes is also higher amongst the elderly (over 65s) in Staffordshire, and in particular Cannock Chase, Lichfield, Stafford and Tamworth.

- It is estimated that annually around 41,700 people aged 65 and over will fall at least once. Around 9,300 of these will result in an accident and emergency (A&E) attendance and 3,100 results in a hospital admission. Projections show there will be an increase in falls, and consequently increases in numbers of fall related A&E attendances and admissions. Almost 110 people die following an accidental fall every year in Staffordshire. Admissions from fall related injuries in people aged 65 are higher in East Staffordshire than the England average. Trends in hip fracture admissions across Staffordshire appear to be decreasing.

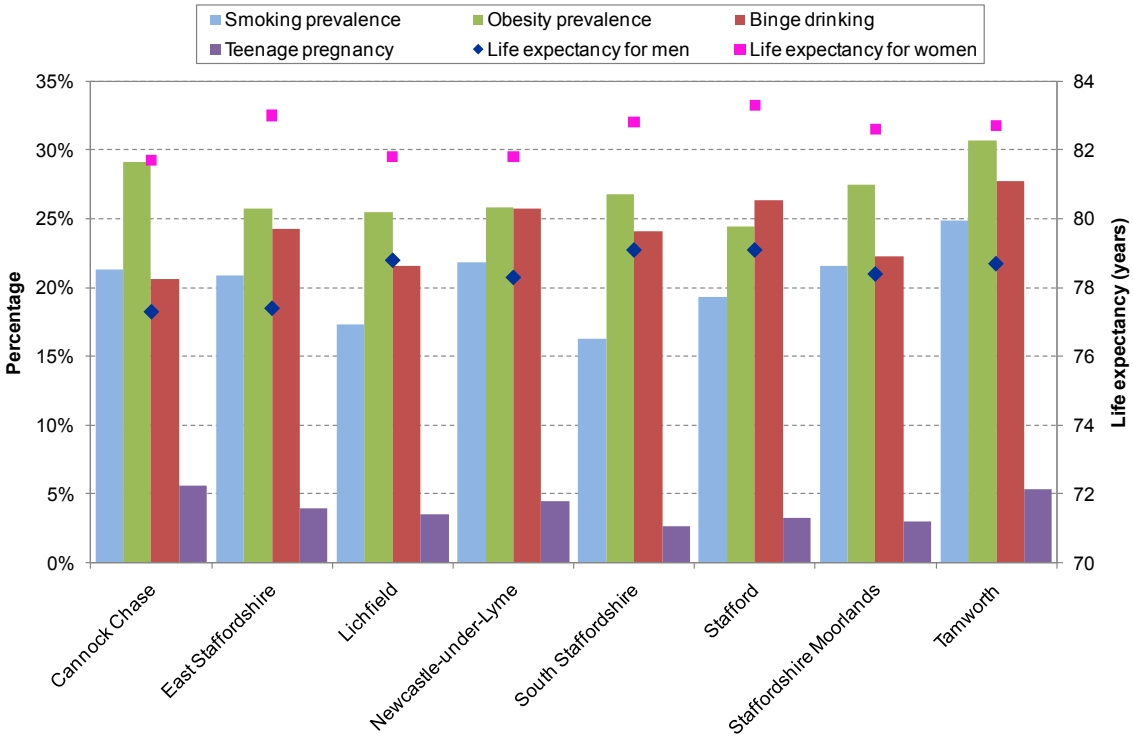
Excess winter deaths

- There are on average 500 excess winter deaths (EWD) annually. The EWD index is the excess winter deaths expressed as a ratio of the expected deaths based on the non-winter deaths. Over a five year period between August 2005 and July 2010, excess winter deaths were higher than the England average in Stafford, Staffordshire Moorlands and Lichfield.

7 District profile summaries

Across Staffordshire, and in all its component eight local authority areas, the main causes of death are from circulatory diseases, cancer and respiratory diseases. Therefore, in all areas, priority should be given to interventions that reduce mortality across these disease pathways, including the wider determinants of health, for example poverty, education, employment, housing and transport. Figure 36 shows all districts have high rates of smoking, obesity and alcohol consumption.

Figure 36: Key indicators for Staffordshire districts



Source: Integrated Household Survey, Office for National Statistics (experimental statistics), Health Profiles 2011, Association of Public Health Observatories (APHO) and Department of Health, Crown Copyright, Office for National Statistics and Department for Education 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

However, Figure 36 also shows that needs are not evenly distributed across the county and some districts will need to do more while other districts will face additional challenges. The JSNA work to date outlines where each district faces particular health and wellbeing challenges, set out below, under the following headings:

- Demography
- Maternal and child health
- Mortality and morbidity
- Healthy lifestyles

7.1 Cannock Chase

7.1.1 Demography

- In 2010, there were approximately 94,700 people living in Cannock Chase.
- Overall the population is expected to grow by 7% (6,600 people) by 2030. During this period, there will be a slight decline in young people aged 15-24 (7%, 800 people) but significant increases in people aged 65 and over (8,700 people, 57%) with a particular high increase in those aged 75 and over (5,700 people, 86%).
- 2009 estimates reveal that 4% of the population are from minority ethnic groups.
- Using the Index of Multiple Deprivation 2010, 12% of Cannock Chase's population live in the 20% most deprived areas in England.

7.1.2 Maternal and child health

- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Cannock Chase is higher than the West Midlands average.
- The proportion of babies born with a low birthweight in Cannock Chase is higher than the England average.
- Breastfeeding initiation rates are lower than the England average.

7.1.3 Mortality and morbidity

- Men and women in Cannock Chase continue to have shorter lives than the England average. They also spend more time in poor health compared to the national average.
- Overall premature mortality in Cannock Chase is higher than England. Cannock East, Cannock North, Hednesford North and Norton Canes specifically all have high levels of overall premature mortality.
- Hednesford North and Norton Canes wards also have high premature mortality rates from cardiovascular disease compared to the England average.
- The rate of cancer incidence (new cases) in people aged under 75 is higher than the England average. Premature mortality from cancer and in particular lung cancer is also high.
- The number of people under 75 who die from diabetes in Cannock Chase is also higher than the England average.
- Accidental death rates are higher in Cannock Chase. Death rates from accidental falls and accidents in people aged 65 and over are particularly high. Hospital admission rates for accidents (unintentional injuries) in Cannock Chase are also higher than the national average and in particular in children and young people under 18.
- Mental health needs are predicted to be higher than the England average.
- Self harm admission rates in Cannock Chase are higher than the England average.

7.1.4 Healthy lifestyles

Smoking

- Around 21% of adults aged 18 and over are smokers in Cannock Chase. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.
- Smoking attributable admission rates are high in Cannock Chase.

Alcohol

- Alcohol-related admissions in children and young people under 18 are higher than the England average.
- Alcohol-related admissions are similar to the national average. The rate of increase between 2002/03 and 2010/11 in Cannock Chase is much higher (185%) compared with Staffordshire (164%) and England (104%).
- Alcohol-specific mortality for women and in particular chronic liver disease is higher than the England average.
- Levels of alcohol-related crime and alcohol-related violent crimes are higher than the national average in Cannock Chase.

Obesity, physical activity and healthy eating

- Childhood obesity rates for reception children in Cannock Chase are higher than England. The prevalence of children who are overweight or obese is also high for children in reception.
- Estimates for adult obesity show Cannock Chase to be higher than the England average.
- Cannock Chase is also estimated to have lower proportions of adults consuming five portions of fruit and vegetables a day compared to England.
- In Cannock Chase, only 10% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 53% of men and women were inactive, similar to England.

Sexual health

- Cannock Chase has a higher teenage pregnancy rate than both Staffordshire and England. Cannock East, Cannock North, Cannock South and Hednesford North wards have rates higher than England.
- 34% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.2 East Staffordshire

7.2.1 Demography

- In 2010, there were approximately 109,400 people living in East Staffordshire.
- Overall the population is expected to grow by 18% (19,900 people) by 2030. During this period there will be a slight increase in under 15s (16%, 3,100 children) and significant increases in people aged 65 and over (12,200 people, 64%) with a particular high increase in those aged 75 and over (7,400 people, 84%).
- 2009 estimates reveal that 8% of the population are from minority ethnic groups, with the largest single minority group being Pakistani (4%).
- Data from both National Insurance Number registrations to migrant workers and Flag 4 GP registrations reveals significant increases in the number of migrants living and working in East Staffordshire.
- Over a quarter of the East Staffordshire population is classified as rural (slightly higher than Staffordshire overall and England).
- Using the Index of Multiple Deprivation 2010, 19% of East Staffordshire's population live in the 20% most deprived areas in England.

7.2.2 Maternal and child health

- Fertility rates in East Staffordshire are higher than the national average.
- Stillbirth rates in East Staffordshire have been increasing and during 2008-2010 were higher than the national average. Meanwhile, perinatal and infant mortality rates are now similar to England.
- Access to maternity services (under 13 weeks) is particularly low in Anglesey, Horninglow, Shobnall and Tutbury and Outwoods wards.
- Breastfeeding initiation rates are lower than the England average.

7.2.3 Mortality and morbidity

- Men in East Staffordshire continue to have shorter lives than the England average.
- Overall premature mortality rates are higher than the England average in Eton Park, Horninglow, Shobnall, Stapenhill and Winshill wards.
- Premature mortality from cardiovascular disease is high in Eton Park, Horninglow, Shobnall and Stapenhill wards. Horninglow also has a high premature cancer mortality rate.
- Hospital admission rates for accidents in East Staffordshire are higher than the national average. Admissions from fall related injuries in people aged 65 are also higher in East Staffordshire than the England average.
- Mental health needs are predicted to be higher than the England average in Horninglow and Shobnall wards.
- Self harm admission rates in East Staffordshire are higher than the England average.

7.2.4 Healthy lifestyles

Smoking

- Around 21% of adults aged 18 and over are smokers in East Staffordshire. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.
- Smoking attributable admission rates are high in East Staffordshire.

Alcohol

- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in East Staffordshire is much higher (220%) compared with Staffordshire (164%) and England (104%).

Obesity, physical activity and healthy eating

- In East Staffordshire, only 12% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 51% of men and women were inactive, similar to England.

Sexual health

- Overall rates of teenage pregnancy in East Staffordshire are similar to the national average; however Stapenhill, Heath, Eton Park and Burton wards have rates that are higher than England.
- 25% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.3 Lichfield

7.3.1 Demography

- In 2010, there were approximately 98,700 people living in Lichfield.
- Overall the population is expected to grow by 15% (15,300 people) by 2030. During this period there will be a slight increase in under 15s (9%, 1,400 children) and significant increases in people aged 65 and over (12,000 people, 61%) with a particular high increase in those aged 75 and over (9,100 people, 111%).
- 2009 estimates reveal that almost 6% of the population are from minority ethnic groups.
- Around 29% of Lichfield's population is classified as rural (slightly higher than Staffordshire overall and England).
- Using the Index of Multiple Deprivation 2010, 4% of Lichfield's population live in the 20% most deprived areas in England.

7.3.2 Maternal and child health

- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Chadsmead ward is higher than the West Midlands average.
- Estimates of breastfeeding initiation suggest rates are low in Boney Hay and Chadsmead wards.

7.3.3 Mortality and morbidity

- Women in Lichfield have shorter lives than the England average, and trends show that the gap in recent years has widened.
- Accidental death rates are higher in Lichfield. Death rates from accidental falls and accidents in people aged 65 and over are particularly high.
- During 2005-2010, excess winter mortality rates in Staffordshire Moorlands were higher than the England average.

7.3.4 Healthy lifestyles

Smoking

- Around 17% of adults aged 18 and over are smokers in Lichfield. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.

Alcohol

- Alcohol-related admissions in children and young people under 18 are higher than the England average.
- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in Lichfield is 138%, lower than Staffordshire (164%) but higher than England (104%).
- Alcohol-related road traffic accidents in Lichfield are higher than the England average.

Obesity, physical activity and healthy eating

- In Lichfield, only 13% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 49% of men and women were inactive, similar to England.

Sexual health

- Overall rates of teenage pregnancy in Lichfield are similar to the national average; however Chasetown and Chadsmead wards have rates that are higher than England.
- 51% of young people aged 16-24 were screened for chlamydia during 2010/11 which met the national Department of Health target of 50%.

7.4 Newcastle-under-Lyme

7.4.1 Demography

- In 2010, there were approximately 124,500 people living in Newcastle-under-Lyme.
- Overall the population is expected to grow by 10% (12,100 people) by 2030. During this period there will be a slight increase in under 15s (6%, 1,200 children) and significant increases in people aged 65 and over (10,200 people, 45%) with a particular high increase in those aged 75 and over (6,600 people, 61%).
- 2009 estimates reveal that 5% of the population are from minority ethnic groups.
- There appears to around 500 new Flag 4 GP registrations annually in Newcastle-under-Lyme and around 250 new National Insurance Number registrations to migrant workers. This suggests that the migrants coming into Newcastle-under-Lyme are not here to work. Further analysis of Flag 4 data suggests they are mainly aged 16-24 and may be students.
- A fifth of the population is classified as rural (slightly lower than Staffordshire overall and similar to England).
- Using the Index of Multiple Deprivation 2010, 14% of Newcastle-under-Lyme's population live in the 20% most deprived areas in England.

7.4.2 Maternal and child health

- Perinatal and infant mortality rates in Newcastle-under-Lyme remain higher than the England average. Child mortality rates (under 15s) are also higher than England.
- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Newcastle-under-Lyme is higher than the West Midlands average.
- The proportion of babies born with a low birthweight in Newcastle-under-Lyme is higher than the England average.
- The proportion of children aged five with tooth decay (have on average over one decayed, missing or filled teeth) in Newcastle-under-Lyme (38%) is higher than the Staffordshire (23%) and national average (31%).

7.4.3 Mortality and morbidity

- There have been significant improvements in life expectancy for men in Newcastle-under-Lyme. However women in Newcastle-under-Lyme have shorter lives than the England average.
- Both men and women in Newcastle-under-Lyme spend more time in poor health compared to the national average.
- Premature mortality rates are higher than the England average in Bradwell, Cross Heath, Holditch, Knutton and Silverdale, Silverdale and Parksite and Town wards.

- Butt Lane ward has a high premature mortality rate for cardiovascular disease whilst Holditch and Knutton and Silverdale wards have high premature cancer mortality rates.
- Death rates from accidental falls and accident mortality in people aged 65 and over are particularly high in Newcastle-under-Lyme.
- Mental health needs are predicted to be higher than the England average.

7.4.4 Healthy lifestyles

Smoking

- Around 22% of adults aged 18 and over are smokers in Newcastle-under-Lyme. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.
- More people die from smoking related diseases in Newcastle-under-Lyme than the England average.

Alcohol

- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in Newcastle-under-Lyme is 141%, lower than Staffordshire (164%) but higher than England (104%).
- Alcohol-specific mortality for men is higher than the England average.

Obesity, physical activity and healthy eating

- In Newcastle-under-Lyme, only 11% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 53% of men and women were inactive, higher than England.

Sexual health

- Newcastle-under-Lyme has a higher teenage pregnancy rate than both Staffordshire and England, specifically Silverdale and Parksite, Knutton and Silverdale, Holditch, Cross Heath and Butt Lane wards have rates higher than England.
- 25% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.5 South Staffordshire

7.5.1 Demography

- In 2010, there were approximately 106,600 people living in South Staffordshire.
- Overall the population is expected to grow by 6% (6,300 people) by 2030. During this period, there will be a decline in young people aged 15-24 (12%, 1,500 people) but significant increases in people aged 65 and over (12,000 people, 54%) with a particular high increase in those aged 75 and over (9,200 people, 95%).
- 2009 estimates reveal that over 5% of the population are from minority ethnic groups.
- Around 40% of the population is classified as rural (higher than Staffordshire overall and England).
- Using the Index of Multiple Deprivation 2010, none of South Staffordshire's population lives in the 20% most deprived areas in England. However 13% of its population live in the second most deprived areas in England.

7.5.2 Maternal and child health

- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Perton Lakeside ward is higher than the West Midlands average.
- Estimates of breastfeeding initiation suggest rates are low in Cheslyn Hay North and Saredon and Huntington and Hatherton wards.

7.5.3 Mortality and morbidity

- Himley and Swindon and Huntington and Hatherton wards have high premature mortality rates compared to the England average.
- Premature mortality rates from both cardiovascular disease and cancer is particularly high in Huntington and Hatherton ward.

7.5.4 Healthy lifestyles

Smoking

- Around 16% of adults aged 18 and over are smokers in South Staffordshire. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.

Alcohol

- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in South Staffordshire is 162% similar to Staffordshire (164%) and higher than England (104%).

Obesity, physical activity and healthy eating

- The prevalence of children in Year 6 who are either overweight or obese is high in South Staffordshire.
- Synthetic estimates for obesity show South Staffordshire to be higher than the England average.
- In South Staffordshire, only 12% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 46% of men and women were inactive, similar to England.

Sexual health

- Overall rates of teenage pregnancy in South Staffordshire are lower than the national average.
- 26% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.6 Stafford

7.6.1 Demography

- In 2010, there were approximately 126,000 people living in Stafford.
- Overall the population is expected to grow by 13% (16,800 people) by 2030. During this period there will be a slight increase in under 15s (10%, 2,000 children) and significant increases in people aged 65 and over (13,900 people, 56%) with a particular high increase in those aged 75 and over (10,100 people, 91%).
- 2009 estimates reveal that 5% of the population are from minority ethnic groups.
- Data from both National Insurance Number registrations to migrant workers and Flag 4 GP registrations reveals significant increases in the number of migrants living and working in Stafford.
- Around 31% of Stafford's population is classified as rural (higher than Staffordshire overall and England).
- Using the Index of Multiple Deprivation 2010, 6% of Stafford's population live in the 20% most deprived areas in England.

7.6.2 Maternal and child health

- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Highfields and Western Downs and Penkside wards is higher than the West Midlands average. These two wards also have low breastfeeding initiation rates.

7.6.3 Mortality and morbidity

Forebridge and Highfields and Western Downs wards have high premature mortality rates compared to the England average.

- Premature mortality rates from cardiovascular disease are particularly high in Forebridge ward.
- Accidental death rates are higher in Stafford. Death rates from accidental falls and accidents in people aged 65 and over are particularly high. Hospital admission rates for accidents (unintentional injuries) in Stafford are also higher than the national average and in particular in children and young people under 18.
- Self harm admission rates in Stafford are higher than the England average.
- During 2005-2010, excess winter mortality rates in Stafford were higher than the England average.

7.6.4 Healthy lifestyles

Smoking

- Around 19% of adults aged 18 and over are smokers in Stafford. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.

Alcohol

- Alcohol-related admissions in children and young people under 18 are higher than the England average.
- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in Stafford is much higher (204%) compared with Staffordshire (164%) and England (104%).

Obesity, physical activity and healthy eating

- In Stafford, only 11% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 49% of men and women were inactive, similar to England.

Sexual health

- Overall rates of teenage pregnancy in Stafford are lower than the national average; however Penkside, Highfields and Western Downs wards have significantly higher rates than England.
- 30% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.7 Staffordshire Moorlands

7.7.1 Demography

- In 2010, there were approximately 95,400 people living in Staffordshire Moorlands.
- Overall the population is expected to grow by 8% (7,400 people) by 2030. During this period there will significant increases in people aged 65 and over (10,300 people, 51%) with a particular high increase in those aged 75 and over (7,400 people, 81%).
- 2009 estimates reveal that 3% of the population are from minority ethnic groups.
- A third of the population is classified as rural (higher than Staffordshire overall and England).
- Using the Index of Multiple Deprivation 2010, 5% of Staffordshire Moorlands' population live in the 20% most deprived areas in England.

7.7.2 Maternal and child health

- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Staffordshire Moorlands is higher than the West Midlands average.
- The proportion of babies born with a low birthweight in Biddulph West ward is higher than the England average.
- Estimates of breastfeeding initiation suggest rates are low in Manifold ward.

7.7.3 Mortality and morbidity

- Biddulph East and Leek North wards have high premature mortality rates compared to the England average.
- Leek North ward has a high premature mortality rate for cardiovascular disease.
- Death rates from accidental falls are particularly high in Staffordshire Moorlands.
- During 2005-2010, excess winter mortality rates in Staffordshire Moorlands were higher than the England average.
- Mental health needs are predicted to be higher than the England average in Biddulph East ward.

7.7.4 Healthy lifestyles

Smoking

- Around 22% of adults aged 18 and over are smokers in Staffordshire Moorlands. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.

Alcohol

- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in Staffordshire Moorlands is 147%, lower than Staffordshire (164%) but higher than England (104%).

Obesity, physical activity and healthy eating

- The prevalence of children who are either overweight or obese is high in Staffordshire Moorlands for reception children.
- Estimates for obesity show Staffordshire Moorlands to be higher than the England average.
- In Staffordshire Moorlands, only 10% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 52% of men and women were inactive, similar to England.

Sexual health

- Overall rates of teenage pregnancy are lower than the national average; however Leek North ward has a rate higher than England.
- 21% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.8 Tamworth

7.8.1 Demography

- In 2010, there were approximately 76,000 people living in Tamworth.
- Overall the population is expected to grow by 12% (9,300 people) by 2030. During this period there will be an increase in under 15s (9%, 1,300 children) and significant increases in people aged 65 and over (8,300 people, 75%) with a particular high increase in those aged 75 and over (5,600 people, 119%).
- 2009 estimates reveal that over 5% of the population are from minority ethnic groups.
- Using the Index of Multiple Deprivation 2010, 13% of Tamworth's population live in the 20% most deprived areas in England.

7.8.2 Maternal and child health

- Fertility rates in Tamworth are higher than the national average.
- Estimates from the West Midlands Perinatal Institute indicate that the prevalence of mothers who continue to smoke throughout pregnancy in Tamworth is higher than the West Midlands average.
- Breastfeeding initiation rates are lower than the England average.

7.8.3 Mortality and morbidity

- Both men and women in Tamworth spend more time in poor health compared to the national average.
- Belgrave and Bolehall wards have high premature mortality rates from cardiovascular disease compared to the England average.

7.8.4 Healthy lifestyles

Smoking

- Around 25% of adults aged 18 and over are smokers in Tamworth. Significantly more smokers are from routine and manual groups contributing to increases in health inequalities.

Alcohol

- Whilst alcohol-related admissions are lower than the national average, the rate of increase between 2002/03 and 2010/11 in Tamworth is 120%, lower than Staffordshire (164%) but higher than England (104%).
- Levels of alcohol-related crime and alcohol-related violent crimes are higher than the national average in Tamworth.

Obesity, physical activity and healthy eating

- Estimates for obesity show Tamworth to be higher than the England average.
- In Tamworth, only 9% of men and women achieved the recommended levels of physical activity which although similar to the national average is too low. 57% of men and women were inactive, higher than England.
- Tamworth is also estimated to have lower proportions of adults consuming five portions of fruit and vegetables a day compared to England.

Sexual health

- Tamworth has a higher teenage pregnancy rate than both Staffordshire and England, specifically Stonydelph, Bolehall and Belgrave wards have rates higher than England. Single year figures for 2010 show Tamworth to have the 6th highest rate nationally for conceptions under 18.
- 37% of young people aged 16-24 were screened for chlamydia during 2010/11, significantly short of the national Department of Health target of 50%.

7.9 Summary of public health issues for districts

Note: A yellow box may still indicate an important public health problem, for example rates of teenage conceptions are already high across England so even if an area does not have a significantly high rate this does not mean that it is not a public health issue.

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England	Year
Life expectancy											
Life expectancy for males (years)	**77.3**	**77.4**	78.8	78.3	79.1	79.1	78.4	78.7	78.4	78.6	2008-2010
Inequality in male life expectancy (Slope Index of Inequality)	6.7	**9.9**	7.1	9.9	5.1	7.7	4.3	9.8	8.0	8.9	2006-2010
Life expectancy for females (years)	**81.7**	83.0	**81.8**	**81.8**	82.8	**83.3**	82.6	82.7	82.5	82.6	2008-2010
Inequality in female life expectancy (Slope Index of Inequality)	2.5	7.1	7.2	**10.0**	5.0	7.0	4.3	5.6	6.2	5.9	2006-2010
Life chances											
School readiness: foundation stage profile attainment for starting Key Stage 1 (age five)	61%	61%	**73%**	58%	**72%**	**66%**	**68%**	**63%**	**65%**	59%	2011
GCSE achievement five A*-C including English and Maths	**51%**	**54%**	58%	59%	58%	58%	**64%**	**49%**	**56%**	59%	2011
Young people aged 16-18 not in employment, education or training (NEETS)	**8.9%**	**4.9%**	5.1%	5.0%	**3.9%**	**3.7%**	**4.1%**	**4.7%**	**4.9%**	6.0%	2010/11
Percentage of people of working age with no qualifications	**7.0%**	11.6%	7.8%	13.7%	**6.4%**	14.6%	13.5%	16.2%	11.4%	11.2%	2010
Claimant count rate (as a proxy for unemployment)	4.0%	**3.1%**	**2.6%**	**3.2%**	**2.8%**	**2.4%**	**2.4%**	**3.8%**	**3.0%**	4.0%	Jan 2012
Infant health											
Infant mortality rates per 1,000 live births	2.9	5.3	5.7	**9.3**	2.7	3.8	4.9	6.8	5.2	4.6	2008-2010
Perinatal mortality rates per 1,000 total births	**4.1**	9.3	9.4	**12.5**	**3.4**	6.3	6.7	9.6	7.8	7.5	2008-2010
Smoking in pregnancy (estimates from PCT returns)	15.9%	15.9%	15.9%	**17.4%**	15.9%	15.9%	**17.7%**	15.9%	**16.3%**	14.0%	2009/10
Low birthweight (proportion under 2,500 grams)	**8.4%**	7.9%	7.7%	**8.4%**	**6.2%**	6.7%	7.0%	7.1%	7.5%	7.4%	2008-2010
Teenage pregnancy rates per 1,000 girls aged 15-17	**55.8**	39.4	34.8	**44.2**	**26.1**	**32.4**	**30.3**	**53.3**	39.0	38.1	2008-2010
Mortality and preventable death											
Premature mortality from all causes per 100,000 population	**312**	284	265	295	**252**	**244**	**262**	271	**271**	281	2008-2010
Premature mortality rates from circulatory diseases per 100,000 population	71	67	**59**	70	**55**	**54**	**58**	74	**63**	67	2008-2010
Premature mortality rates from cancers per 100,000 population	**124**	104	107	109	109	**96**	107	108	107	110	2008-2010
Premature mortality rates from chronic obstructive pulmonary disease per 100,000 population	11	10	**9**	10	**6**	**7**	9	9	**9**	12	2008-2010
Excess winter mortality index	**13.7%**	**15.0%**	**23.3%**	18.0%	16.4%	**28.4%**	**24.7%**	**4.1%**	**19.0%**	17.3%	July 2005 - Aug 2010
Lifestyle risk factors											
Smoking prevalence (adults aged 18 and over)	21%	21%	17%	22%	**16%**	19%	22%	25%	20%	21%	2010/11
Smoking prevalence in routine and manual groups (adults aged 18 and over)	34%	33%	22%	32%	25%	28%	37%	36%	31%	30%	2010

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	England	Year
Childhood obesity (Reception)	**13%**	8%	**7%**	9%	9%	8%	11%	10%	9%	9%	2010/11
Childhood obesity (Year 6)	19%	20%	17%	19%	21%	**15%**	18%	20%	19%	19%	2010/11
Obesity (adults) (synthetic estimates)	**29%**	26%	26%	26%	**27%**	24%	**28%**	**31%**	**27%**	24%	2006-2008 revised
Physical activity - at least three days a week of 30 minutes moderate participation	21%	20%	22%	21%	24%	23%	**17%**	19%	21%	22%	2009/10
Physical activity - at least five days a week of 30 minutes moderate participation	10%	11%	12%	11%	12%	11%	11%	10%	11%	11%	2008-2010
Healthy eating – eating at least five portions of fruit and vegetables daily (adults) (synthetic estimates)	**23%**	27%	28%	26%	27%	29%	26%	**22%**	**26%**	29%	2006-2008 revised
Increasing and higher risk drinking (adults) (synthetic estimates)	21%	24%	22%	26%	24%	26%	22%	28%	24%	24%	2008
Alcohol-related hospital admissions per 100,000 population	1,882	**1,805**	**1,452**	**1,672**	**1,527**	**1,709**	**1,443**	**1,660**	**1,641**	1,884	2010/11
Accidents and unintentional injuries											
Mortality from accidents per 100,000 population	**20**	18	**21**	14	13	**19**	16	18	**17**	15	2008-2010
Mortality from accidental falls per 100,000 population	**9.1**	5.8	**7.8**	**7.7**	3.2	**8.1**	**8.5**	6.7	**7.1**	3.8	2008-2010
Admissions from fall related injuries in people aged 65 and over per 100,000 population	1,737	**1,914**	1,692	1,544	**1,149**	1,546	**1,310**	1,625	**1,544**	1,642	2010/11
Hip fracture admissions in people aged 65 and over per 100,000 population	529	484	490	471	423	373	389	507	449	452	2010/11
Mental health											
Self harm admissions per 100,000 population	**261**	**273**	181	202	**121**	**247**	**156**	187	206	212	2010/11
Suicides and injuries undetermined per 100,000 population	10.7	8.9	6.9	7.5	9.1	8.9	8.9	9.8	8.8	7.9	2008-2010
Mental health - people identified on dementia registers	**0.5%**	**0.5%**	**0.6%**	**0.7%**	**0.4%**	**0.6%**	0.7%	**0.6%**	**0.6%**	0.8%	2010/11
Violent crime rate per 1,000 population	**19.7**	14.6	**9.5**	15.1	**9.4**	15.1	**11.4**	**19.4**	**14.1**	14.8	2010/11

*Key: **denotes statistically better than England**; **denotes statistically worse than England***

Note: synthetic estimates are used for adult obesity, healthy eating and increasing and higher risk drinking in the absence of local survey data across Staffordshire. These indicate the expected prevalence for an area based on national surveys and the area's characteristics (e.g. age, gender and deprivation levels) and should be treated with caution and cannot be used to measure performance or change over time.

Compiled by Population Health Intelligence, Staffordshire Public Health