

Health and Wellbeing Board Strategy - Quarterly Data Update - November 2025

Compared to England:	Better	Similar	Worse	Lower	Similar	Higher
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 denotes data refreshed since last quarter

Theme	Aim	Measure Name	Latest Period	Frequency of Reporting	Measure Type	England			Staffordshire		
						Period 1	Period 2	Period 3* (Latest Period)	Period 1	Period 2	Period 3 (Latest Period)
Overarching	To Increase Healthy Life Expectancy	Healthy Life Expectancy at birth - Male (years)	2021-23	Annual	Years	62.7	62.3	61.5	63.3	62.0	63.3
		Healthy Life Expectancy at birth - Female (years)	2021-23	Annual	Years	63.7	62.8	61.9	63.7	62.0	63.0
		Healthy Life Expectancy at 65 - Male (years)	2021-23	Annual	Years	10.4	10.2	10.1	10.5	9.9	10.5
		Healthy Life Expectancy at 65 - Female (years)	2021-23	Annual	Years	11.7	11.4	11.2	11.3	10.7	11.4

* Explanation of time periods available in the glossary

Theme	Aim	Measure Name	Latest Period	Frequency of Reporting	Measure Type	England			Staffordshire		
						Period 1	Period 2	Period 3 (Latest Period)	Period 1	Period 2	Period 3 (Latest Period)
Health in Early Life	To Reduce Infant Mortality	Deaths under 1 year per 1,000 live births	2022-24	Annual	Rate per 1,000 live births	3.9	4.1	4.2	5.1	5.2	4.9
		Proportion of New Birth Visits completed within 14 days	2024-25	Annual	%	79.7	83.0	85.2	78.9	84.2	84.8
	Stages of development (School readiness / Attainment levels)	% achieving a good level of development (Early Years)	2023-24	Annual	%	65.2%	67.2%	67.7%	67.5%	68.8%	69.9%
	Stages of development (School readiness / Attainment levels)	% achieving 9-5 pass in English and Maths (Key Stage 4, end of secondary school)	2024-25	Annual	%	45.3%	45.9%	45.2%	41.4%	40.9%	40.5%
	To Reduce Smoking in Pregnancy	Smoking status at time of delivery (% of maternities with known smoking status)	2024-25	Annual	%	8.8%	7.4%	6.1%	9.9%	7.7%	6.1%
	To Increase Breastfeeding	Breastfeeding prevalence at 6-8 weeks	2024-25	Annual	%	49.2%	52.7%	55.6%	39.3%	40.7%	43.0%

** Unavailable due to no national data collection taking place during Covid-19

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						Period 1	Period 2	Period 3 (Latest Period)	Period 1	Period 2	Period 3 (Latest Period)
Good Mental Health	To Reduce Hospital Admissions for Self-Harm	Emergency hospital admissions for intentional self-harm ***	2023-24	Annual	DSR per 100,000	163.7	126.2	117.0	169.9	135.2	137.0
	To Reduce the Suicide Rate	Suicide rate - All persons	2022-24	Annual (3 year pooled)	DSR per 100,000	10.3	10.7	10.9	11.1	10.5	10.1
		Suicide rate - Males	2022-24	Annual (3 year pooled)	DSR per 100,000	15.8	16.4	16.8	15.4	15.6	15.6
		Suicide rate - Females	2022-24	Annual (3 year pooled)	DSR per 100,000	5.2	5.4	5.5	7.0	5.6	4.7
	Improved mental health in young people	New referrals to secondary mental health services (age < 18 years)	2022-23	Annual	DSR per 100,000	6604	9305	9684	7,921	10,190	11,408
	To reduce emergency admissions with a mental health diagnosis in adults	Emergency acute admissions with a mental health diagnosis adults 20+	2024-25	Annual	DSR per 100,000	3,931	4,242	4,184	4,206	4,869	4,068
	To improve the management of depression in Primary Care	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis	2023-24	Annual	%	54.9%	65.9%	69.9%	57.7%	69.6%	73.3%
	To improve the management of depression in Primary Care	GP recorded depression (age 18+) %	2022-23	Annual	%	12.3	12.7	13.2	13.3	13.4	14.2

*** Self harm hospital admissions have been revised to use re-based ONS population estimates following the 2021 census

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						Period 1	Period 2	Period 3 (Latest Period)	Period 1	Period 2	Period 3 (Latest Period)
Healthy Weight	To Reduce Childhood Overweight and Obesity	Reception prevalence of overweight/obesity	2024-25	Annual	%	21.3	22.1	23.5	22.4	24.4	25.3
	To Reduce Childhood Overweight and Obesity	Year 6 prevalence of overweight/obesity	2024-25	Annual	%	36.6	35.8	36.2	37.6	36.5	36.8
	To reduce adult overweight & obesity	Percentage of adults (aged 18+) classified as overweight or obese	2023-24	Annual	%	63.8	64.0	64.5	68.2	68.5	65.8
	To reduce the prevalence and complications, and improve the management of Type 2 diabetes	Diabetes Prevalence (17+) %	2023-24	Annual	%	7.3	7.5	7.7	7.7	8.0	8.2

**** Value not published for data quality reasons

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						Period 1	Period 2	Period 3 (Latest Period)	Period 1	Period 2	Period 3 (Latest Period)
Healthy Ageing and Frailty	To reduce emergency hospital admissions in older people	Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)	2019-20	Annual	DSR per 100,000	3,471	3,480	3,517	3,342	3,863	4,146
	Reduce the number of Older People in Care Homes	SCC brokered Care Home Clients (aged 65 years and over)* Excludes Mental Health & Learning Disability	Sep-25	Quarterly	Number of Clients	N/A	N/A	N/A	2,155	2,310	2,361
	To reduce deaths in Hospital	Percentage of deaths that occur in hospital (85+ yrs)	2023	Annual	%	38.8	39.4	38.6	43.1	43.2	41.5
		Percentage of deaths that occur in hospital (75-84 yrs)	2023	Annual	%	47.5	46.9	46.3	49.8	50.7	49.5
		Percentage of deaths that occur in hospital (65-74 yrs)	2023	Annual	%	48.6	47.3	47.0	50.6	49.7	49.8
	To improve the management of dementia	Estimated dementia diagnosis rate (age 65 and over)	2025	Annual	%	63	64.8	65.6	66.2	68	67.9
	To reduce falls in older people	Emergency hospital admissions due to falls in people aged 65 and over *****	2023-24	Annual	DSR per 100,000	2,100	1,933	1,984	2,111	2,025	2,299

***** Falls hospital admissions have been revised to use re-based ONS population estimates following the 2021 census

Glossary:

DSR	Directly Standardised Rate	Allows for differences in the age structure of populations therefore providing fair comparisons to be made between geographic areas, over time and between sexes.
HLE	Healthy Life Expectancy	A measure of the average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self reported good health.
Period 3 (Latest Period)	Period 3 (Latest Period)	Provides data for the most recent period as per the latest period column of the table.
Period 2	Period 2	Provides data for the period prior to Period 3 (latest period). The frequency of reporting column can be used to ascertain how long ago this was e.g. the previous month, the previous year etc.
Period 1	Period 1	Provides data for the period prior to Period 2. The frequency of reporting column can be used to ascertain how long ago this was e.g. the previous month, the previous year etc.

Measure Definitions:

Measure	Description	Numerator	Denominator	Additional Notes
Healthy Life Expectancy at birth	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self reported good health.	Number of deaths registered and the weighted prevalence of people reporting good or very good health from the Annual Population Survey.	ONS mid-year population estimates, Annual Population Survey sample weighted to local authority population totals.	-
Healthy Life Expectancy at 65	A measure of the average number of years a person aged 65 years would expect to live in good health based on contemporary mortality rates and prevalence of self reported good health.	Number of deaths for ages 65 years and over and the weighted prevalence of people reporting good or very good health from the Annual Population Survey.	ONS mid year population estimates for ages 65 years and over, Annual Population Survey sample weighted to local authority population totals.	-
Deaths under 1 year per 1,000 live births	Infant deaths under 1 year of age per 1000 live births	Number of registered infant deaths aged under 1 year.	Number of live births.	-
Proportion of New Birth Visits (NBVs) completed within 14 days	The proportion of infants receiving a new birth visit (NBV) by a Health Visitor within 14 days of birth.	Number of infants receiving a New Birth Visit (NBV) within 14 days by a Health Visitor	The total number of infants who turned 30 days old in the time period. (The denominator is 30 days and not 14 days because a new birth visit is valid up to 30 days)	-
% achieving a good level of development (Early Years)	Children are defined as having a good level of development at the end of the Early Years Foundation Stage if they are at the expected level for the 12 Early Learning Goals within the 5 areas of learning relating to: communication and language; personal, social and emotional development; physical development; literacy; and mathematics.	Number of children achieving a good level of development	Total number of children	Data based on pupil residency not school attended.
% achieving 9-5 pass in English and Maths (Key Stage 4)	The percentage of pupils achieving grade 5 or above in both English and maths GCSEs. To count for this measure a pupil would have to achieve a grade 5 or above in either English literature or English language. There is no requirement to sit both.	Number of pupils achieving 9 to 5 passes in both English and maths	Total number of pupils	Data based on pupil residency not school attended.
Smoking status at time of delivery (% of maternities with known smoking status)	The number of mothers known to be smokers at the time of delivery as a percentage of all maternities with known smoking status. A maternity is defined as a pregnant woman who gives birth to one or more live or stillborn babies of at least 24 weeks gestation, where the baby is delivered by either a midwife or doctor at home or in a NHS hospital	Number of women known to smoke at time of delivery.	Number of maternities where smoking status is known.	Smoking in pregnancy is associated with various poor health outcomes including the risk of complications in pregnancy and birth, it also increases the risk of low birth weight, premature birth, stillbirth and sudden infant deaths syndrome. (https://www.nhs.uk/pregnancy/keeping-well/stop-smoking/)
Breastfeeding prevalence at 6-8 weeks	Percentage of infants totally or partially breastfed	Number of infants totally or partially breastfed	Infants due a 6 to 8 week review	Important due to breast milk helping to protect from infections, which may result in fewer visits to hospital. It can also reduce the future risk of sudden infant death syndrome, obesity and cardiovascular disease as an adult. (https://www.nhs.uk/conditions/baby/breastfeeding-and-bottle-feeding/breastfeeding/benefits/)
Emergency hospital admissions for intentional self-harm	Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages, Persons.	The number of first finished emergency admission episodes in patients, with a recording of self harm in financial year in which episode ended.	Mid-year Population Estimates: Single year of age and sex for local authorities in England and Wales. Source: Office for National Statistics.	High rates may be due to more self-harm in an area or a lower threshold for hospital admission.

Measure	Description	Numerator	Denominator	Additional Notes
Suicide rate	Age-standardised mortality rate from suicide and injury of undetermined intent per 100,000 population	Number of deaths from suicide and injury of undetermined intent.	Population-years (aggregated populations for the three years) for people of ages 10+ only.	-
New referrals to secondary mental health services (age < 18 years)	Directly standardised rate of new referrals to secondary mental health services, per 100,000 population	Number of referrals opening in the financial year to secondary mental health services	Estimates of resident population, Office for National Statistics (ONS)	Data may not represent the activity being delivered, but may be more indicative of the level of recording
Emergency acute admissions with a mental health diagnosis adults 20+	Emergency Hospital Admissions with a mental health diagnosis in any diagnosis field, directly age standardised rate, age 20+, Persons.	The number of first finished emergency admission episodes in patients with a recording of mental health in financial year in which episode ended.	Mid-year Population Estimates: Five year of age and sex for local authorities in England and Wales. Source: Office for National Statistics.	Low rates may be due to low rates of diagnosis or good management in the community of those diagnosed.
The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis.	Patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis.	Patients on disease register, with a new diagnosis of depression and assessment of severity recorded the preceding year.	-
GP recorded depression (age 18+) %	The percentage of patients aged 18 and over with depression, as recorded on practice disease registers.	All patients aged 18 or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.	All patients aged 18 or over registered at a GP Practice in England.	High rates may be due to more depression in an area or improved diagnosis locally.
Reception prevalence of overweight/obesity	Proportion of children aged 4-5 years classified as overweight or living with obesity. For population monitoring purposes children are classified as overweight (including obesity) if their body mass index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Number of children in Reception (aged 4-5 years) with a valid height and weight measured by the National Child Measurement Programme with a Body Mass Index classified as overweight or living with obesity.	Number of children in Reception (aged 4-5 years) with a valid height and weight measured by the National Child Measurement Programme.	-
Year 6 prevalence of overweight/obesity	Proportion of children aged 10-11 years classified as overweight or living with obesity. For population monitoring purposes children are classified as overweight (including obesity) if their body mass index (BMI) is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.	Number of children in Year 6 (aged 10-11 years) with a valid height and weight measured by the National Child Measurement Programme with a Body Mass Index classified as overweight or living with obesity.	Number of children in Year 6 (aged 10-11 years) with a valid height and weight measured by the National Child Measurement Programme.	-
Percentage of adults (aged 18+) classified as overweight or obese	Percentage of adults aged 18 and over classified as overweight or obese	Number of adults aged 18+ with a Body Mass Index (BMI) classified as overweight (including obese), calculated from the adjusted height and weight variables. Adults are defined as overweight (including obese) if their BMI is greater than or equal to 25kg/m ² .	Number of adults aged 18+ with valid height and weight recorded.	-
Diabetes Prevalence (17+) %	The percentage of patients aged 17 or over with diabetes mellitus, as recorded on practice disease registers.	Patients aged 17+ yrs with diabetes mellitus.	Total number of patients aged 17+ yrs registered with the practice.	Percentage may be high due to an area having more diabetics or due to better local identification/diagnosis. Diabetes diagnosis rates in Staffordshire are high compared to the national average, so the high prevalence of diabetes locally is possibly linked to good identification.
Dementia: Direct standardised rate of emergency admissions (aged 65 years and over)	Directly age standardised rate of emergency inpatient hospital admissions for people with a mention of dementia or alzheimer's in any of the diagnosis code positions (aged 65+) per 100,000 population.	The number of finished emergency admissions with any mention of dementia or alzheimer's in any diagnostic field, in people aged 65+.	Resident population for ages 65 years+.	-
SCC brokered Care Home Clients (aged 65 years and over)* Excludes MH & LD	Number of people aged 65+ in a care home at month end.	Number of clients 65+, excluding learning disability and mental health clients. Staffordshire County Council brokered places only. Clients are Staffordshire resident based.	N/A	-

Measure	Description	Numerator	Denominator	Additional Notes
Percentage of deaths that occur in hospital	The annual percentage of registered deaths in each area for persons within the age range specified and where the place of death is recorded as hospital.	Number of registered deaths where the place of death is recorded as hospital.	Total number of registered deaths.	-
Recorded Dementia Diagnoses (age 65 and over)	The rate of persons aged 65 and over with a recorded diagnosis of dementia per person estimated to have dementia given the characteristics of the population and the age and sex specific prevalence rates of the Cognitive Function and Ageing Study II, expressed as a percentage with 95% confidence intervals.	Patients aged 65+ registered for General Medical Services with an unresolved diagnosis of dementia.	Applying the reference rates to the registered population yields the number of people aged 65+ one would expect to have dementia within the subject population	-
Emergency hospital admissions due to falls in people aged 65 and over	Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.	Emergency admissions for falls injuries. Age at admission 65 and over.	Local Authority estimates of resident population, Office for National Statistics (ONS)	-