

# *Staffordshire Joint Strategic Needs Assessment (JSNA)*

## **Annual Update 2019**

Start  
well

Grow  
well

Live well

Age well

End well

## *Staffordshire's JSNA Approach*

- JSNA sets out current and future health and care needs, to inform and guide planning and commissioning of services
- Supports development of Joint Health and Wellbeing Strategy (JHWS) health and wellbeing priorities for action
- In September 2018 Staffordshire's Health and Wellbeing Board agreed to:
  - Quarterly exception reporting
  - Deep dive analysis programme based on priorities and intelligence gaps
  - Full annual update

# Staffordshire 2019 JSNA Annual Update

- Provides an annual overview of key issues health and wellbeing for Staffordshire
- Set out by life course stages, alongside broader population challenges
- Complemented by a range of other JSNA products, as set out below



# ***Annual JSNA update 2019 - Key Themes***

## **Ageing population**

- Significant impact on health and care services, carers, with implications for isolation and loneliness. Life expectancy increases are slowing and healthy life expectancy is decreasing

## **Education**

- Education is the foundation for good outcomes across a whole lifetime - as pupils progress through the education system in Staffordshire performance gets worse; by year 11 only 38% achieve a 9-5 pass in English and Maths GCSE.

## **Skills, employment and jobs**

- Evidence that adult skills are improving, employment is high but the average salary is lower than England reflecting lower skilled, lower paid jobs.

## **Staying healthy - lifestyles**

- Around 40% of ill-health is thought to be preventable through healthier lifestyles. Whilst adult smoking rates in Staffordshire have fallen there are large numbers of our population who drink too much over the life course, eat unhealthily and remain inactive.

## **Inequalities**

- Overall Staffordshire is a good place to live but there are significant inequalities between the most and least deprived areas. These result in differences in life expectancy, people with a severe mental illness are 3 times more likely to die early than the general population and GCSE attainment varies across the county.

## ***Health and Wellbeing Board (HWBB) Activity***

### **What has the HWBB done?**

- Successfully focused on work with children and families
- Learned from using public health funding to deliver locality commissioning
- Continued to work with district councils
- Started to open up conversations with the public
- Explored approaches that identify and help isolated older people
- Developed and adapted our approach to alcohol and drugs strategy

### **What does the HWBB plan to do?**

- Develop an approach to considering health in all decision making (Health in All Policies)
- Develop a Place Based Approach working with district councils, local GP groups and communities
- Champion work to reduce physical inactivity

## *An Overview Of Staffordshire's Population*

**Staffordshire has a population of 870,800**

It is the 9<sup>th</sup> largest upper tier authority England

**1.3%** of the **working age population** are claiming **universal credit**, compared to **2.1%** nationally.

**5.5%** of the working age population have **no qualifications**

**1 in 10** live in the **20%** most **deprived areas** in England.

**1 in 5 children** under 16 live in **low income families** (after housing costs)

**185,900** aged **65 and over** - **21.3%** of the population compared to **18.0%** nationally. Staffordshire's population is **ageing more quickly** than England

Healthy life expectancy is **63** for men and **64** for women.

**BUT** this is **below retirement age**. There are significant health inequalities across Staffordshire

**More residents in Staffordshire (12%) provide unpaid care, compared to 10% nationally.**

15% of those aged 65+ provide care, higher than England (14%)

## *Staffordshire has an ageing population*

### By 2029

2% increase overall

18% more people aged 65+ (34,870)

48% more people aged 85+ (11,150)

Unlike the national trend working age population in Staffordshire is projected to decline by 2%

And dependency ratio for older people in Staffordshire is already higher than England



Average age is 45 years

UK: 40 years

Variation across Staffordshire, from 41 in Tamworth to 48 in South Staffordshire and Staffordshire Moorlands

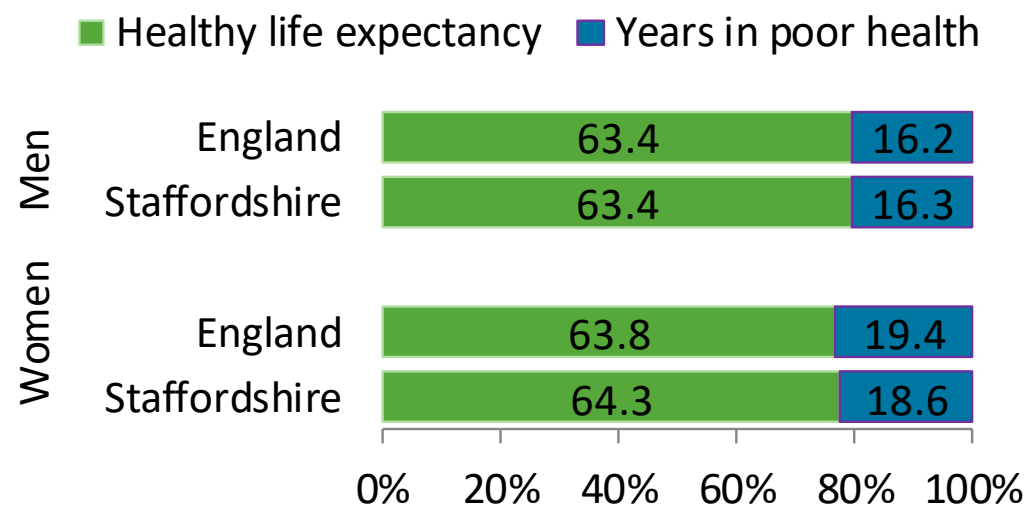
### Key issues:

Ageing population; rural isolation; inappropriate housing and related support for vulnerable adults; increasing demand on acute services; growing number of older people with long term conditions; carers, poor lifestyles

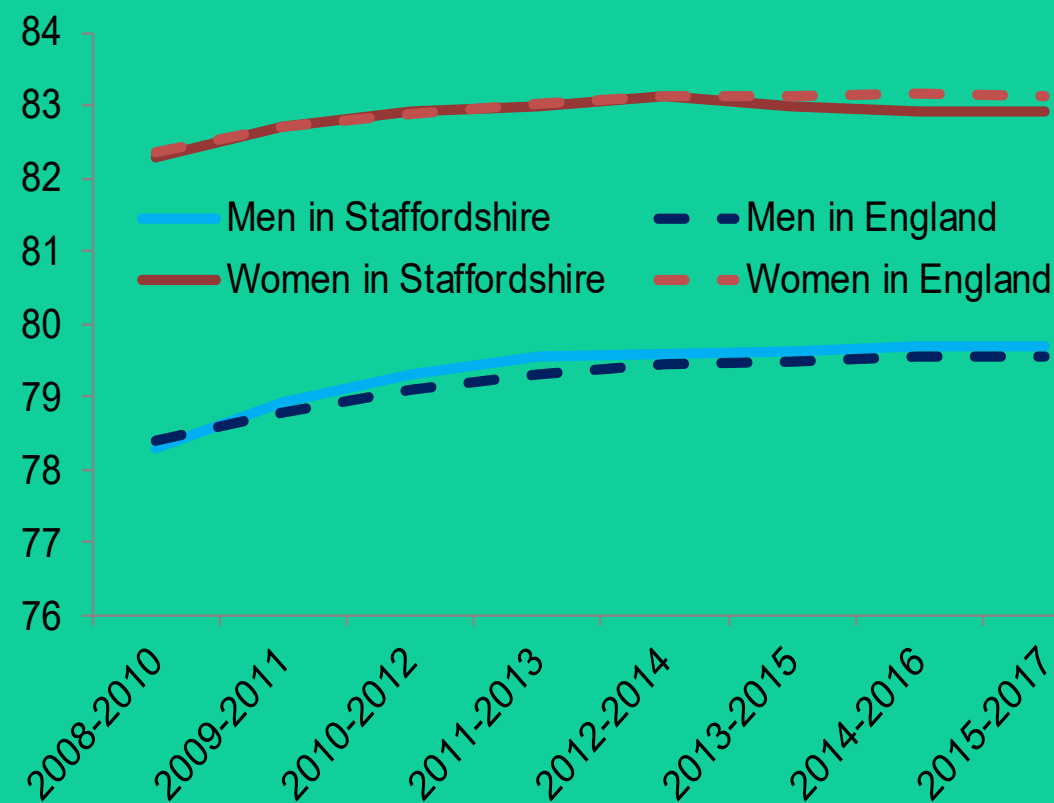
## *Increases in life expectancy have slowed*

Overall people in Staffordshire are healthy – **life expectancy is - almost 80 years for men and 83 years for women** (both are similar to the national average) **but increases are slowing**

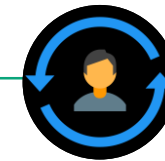
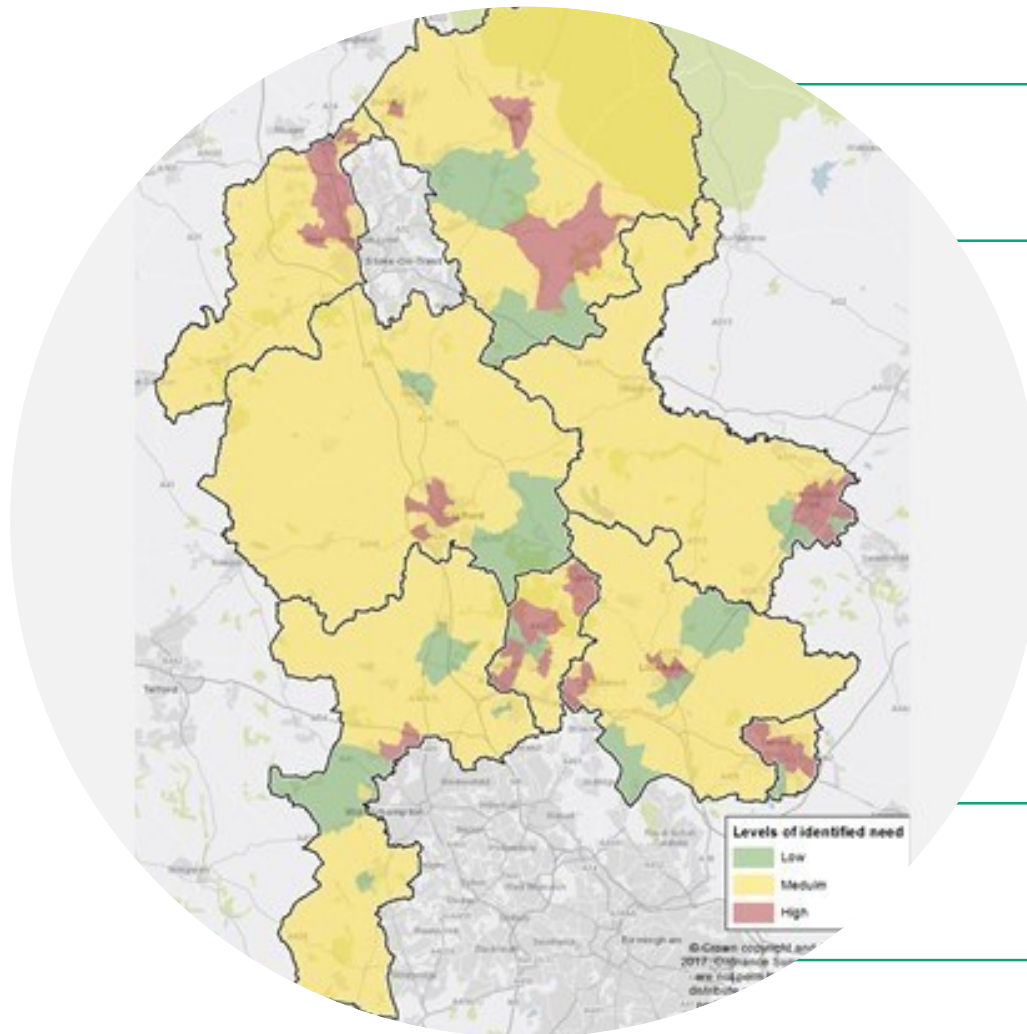
**Healthy life expectancy** in Staffordshire is 63 years for men and 64 years for women BUT this is **below retirement age...**



### Life expectancy trends



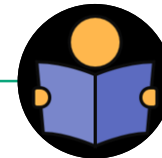
# *Overall Staffordshire is a good place to live, but there are significant inequalities*



Between the most and least deprived areas result in differences in life expectancy - 7 years for females and 8 years for males



People with severe mental illness are three times more likely to die than the general population



GCSE attainment varies between 21% in are most deprived areas to 52% in the least



In our most deprived areas 22% have a limiting long term illness compared with 15% in our least deprived



The gap between communities in reception age excess weight (overweight & obese) is two fold (15% vs 35%)



In our least deprived areas 40% become a professional or manager compared to 15 % in our least deprived

# Key Issues By Life Course Stage – Start Well

## Start well

*Giving children  
the best start*

Grow  
well

Live well

Age well

End well



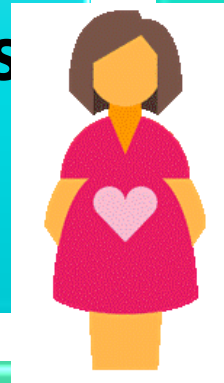
### **Quick glance**

*areas where Staffordshire needs to  
improve the most:*

- *Infant mortality is amongst the highest in England*
- *13% of mums smoke during pregnancy*
- *Teenage pregnancy is high*
- *Breastfeeding is low (1:4 at 6 weeks still breastfeed)*

## *Giving children the best start*

Not all children have the best start in life:  
rates of **Infant mortality** amongst  
**the very highest in England**



Most children in Staffordshire live a comfortable life:

**1 in 5 children** live in poverty (after housing costs) in Staffordshire

### **Many factors contribute to infant mortality:**

**13%** of Staffordshire mums **smoke during pregnancy** (worse than England)

**Only half** of Staffordshire mums get their free **flu vaccine** (**below target**)

Rates of **teenage pregnancy** are high in Staffordshire (**worse than England**)

**Only 1 in 4** Staffordshire mums are still breastfeeding 6 weeks after birth (**worse than England**)

## ***Giving children the best start***

**Keeping our children safe from disease:**

**19/20 immunised** by ages 1 and 2  
(better than England)

**9/10 immunised** by age 5  
(better than England)

**Looking after our children's teeth:**

**84%** of five year olds are **free from tooth decay**  
(better than England)



**Making sure our five-year olds are 'ready for school' to start school equipped to succeed:**

**3 out of 4** Staffordshire children achieve a **good level of development** at the end of reception year

The best of all similar counties to Staffordshire and better than England

## Key Issues By Life Course Stage – Grow Well

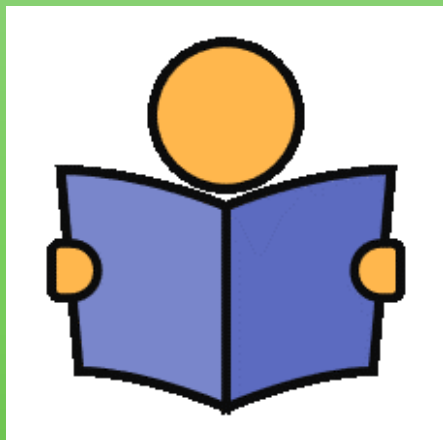


### Quick glance

*areas where Staffordshire needs to improve the most:*

- *Employment of people with long-term conditions*
- *% of vulnerable adults who live in stable and appropriate accommodation*
- *% of students who are qualified above GCSE by age 19*
- *Excess weight in children*

# *Education is the foundation for good outcomes across a whole lifetime*



**82%** of children go to a **good or outstanding school** (worse than England)

**65%** achieve the **expected standard** during **Year 6** (Age 10/11, KS2 - similar to national)

By **Year 11** only **38%** achieve a **9-5 pass** in **English and Maths GCSE** (worse than similar areas to Staffordshire and **below** England)

**1 in 3** have not passed English and Maths equiv. at **age 19** (worse than national)

**Only 5.5% of adults have no formal qualifications** (better than national and the best of similar areas)

**55%** of 19 year olds are qualified to level 3 (e.g. A levels) (below the national average)

The proportion of **pupils** with **statement of special educational needs** or **education, health and care plans** has **increased** (higher than England)

*Children of a healthy weight tend to be fitter, healthier, better able to learn, more self-confident and less likely to have health problems in later life*

**1 in 4** reception children (aged 4-5) are **overweight or obese**

(worse than England, only 1 similar county is worse)

**1 in 3** year 6 children (aged 10-11) are **overweight or obese**

(similar to England, only 1 similar county is worse)



over **300** teenage pregnancies in 2016 - **rates**

are **high** in Staffordshire  
(more than England and the worst of similar counties)

Children admitted to hospital for alcohol specific conditions are **reducing** (similar to England)

**8% of 15 year olds smoke**  
(similar to national)



# *Good mental health and wellbeing is important for our physical health, relationships, education, training, work and in achieving our potential*

**Many of the factors that affect emotional wellbeing for children operate at individual, family, school and community levels**

**50%** of lifetime mental illness starts by the age of 14 and 75% by 24

**1 in 8**, 5 to 19-year olds have at least one mental disorder

**1 in 4** Year 7 students have emotional wellbeing issues



**640 self harm admissions** to hospital (age 10-24) per year (similar to national)

**Increasing** numbers of children referred to **specialist treatment** for moderate to severe emotional, behavioural or mental health needs

**Transitioning to adulthood can be difficult:**

**1 in 4** girls aged 17-19 had a mental disorder

**Half** of girls aged 17-19 with a disorder self-harmed or made a suicide attempt



# *We are seeing growing demand for health and care services for children and young people*

Hospital admissions from injuries have fallen since 2011/12, but...

**High** hospital admissions for **asthma, diabetes and epilepsy** in under 19s

**High** hospital admissions for lower respiratory tract infections in under 19s

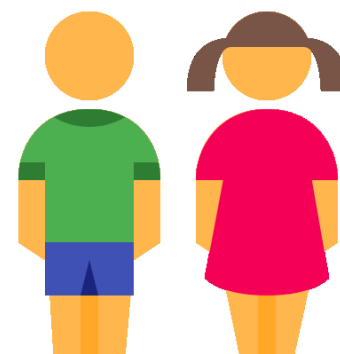
**High** emergency hospital admissions in under 18s



**6,000 children in need** (increasing rate, higher than national and most similar counties)

**Increasing numbers of child protection plans**

**1,100 looked after children** (steadily increasing and similar to national)



**Increasing** numbers of children referred to specialist treatment for moderate to severe emotional, behavioural or mental health needs

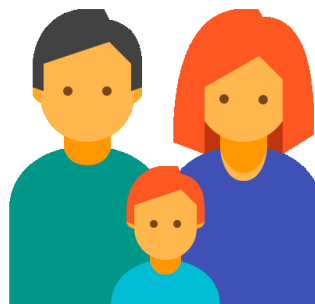
## ***There are significant differences in outcomes for children and young across Staffordshire***

**More than twice as many** reception age children (aged 4/5) from deprived communities have excess weight (15% vs 35%)

Across Staffordshire districts there is a **two fold difference** in rates of **teenage pregnancy** with rates in some wards very high

**GCSE attainment** in English and Maths varies between **27%** in Cannock Chase to **50%** in Lichfield, between **11%** for those with special educational needs and **42%** without and between **18%** for those claiming free school meals and **42%** for those that don't.

**8 out of 10** Staffordshire **CPP** cases had at least one of the **toxic trio** issues (parental domestic abuse, mental ill-health and /or alcohol and substance misuse) identified.



*Poor mental health and emotional wellbeing in children can stem from a number of factors including; poverty, a parent with mental illness, special educational needs, being bullied, being in or leaving care, getting less family support, living in a divided family and the impact of social media.*

## Key Issues By Life Course Stage – Live Well



### Quick glance

areas where Staffordshire needs to improve the most:

- Employment of people with long-term conditions
- % of vulnerable adults who live in stable and appropriate accommodation
- Excess weight in children
- % with diabetes
- % in drug and alcohol treatment
- Screening rates

# *The economy and income are important influences on health and wellbeing*



## Why is the economy important to our health and wellbeing?

Levels of disposable income affect our ability to meet basic needs – the way we live, the quality of the home and work environment, and the ability of parents to provide the kind of care they need for their children.

450,400 economically active residents

**But** employment rates vary across groups

**2%** with learning disabilities in paid employment

**8%** of adults in contact with secondary mental health services in paid employment

**10%** gap between people with LTC in paid employment and overall employment rate



**Job creation:** 4<sup>th</sup> highest rate of job growth in the West Midlands

**Employment rate** is above national average

**Average annual earnings** continue to improve **BUT** are **lower** than average

Inadequate income and unemployment is associated with an increased risk of mortality and morbidity

**7,115** people claiming JSA/UC  
(2<sup>nd</sup> lowest rate in WM)

Around **1 in 4** are estimated to be financially stressed

# *Live well – good quality housing can have a positive effect on health and wellbeing*



## **Poor housing costs the NHS between £22 and £39 million every year in Staffordshire**

Homes that are stable, warm, safe and suitable will improve outcomes and support independent living for longer whilst at the same time help reduce demand on health and care sectors related to housing.

## **Living in a cold home increases preventable mortality and morbidity**

An estimated **1 in 3 households** would not meet the decent homes standard in Staffordshire

**12% fuel poor households** in Staffordshire (worse than national)

Excess of unplanned winter admission rates in Staffordshire

Around 1 in 10 households NOT connected to gas network

## **The home can present particular risks to the health & wellbeing of vulnerable groups**

**41** rough sleepers in Staffordshire, **420** households accepted as being homeless and in priority need  
around **1 in 10** residents live in low income households, **1 in 5 children** >16 living in poverty  
(after housing costs)

**1 in 4** supported working age adults with a learning disability living in unsettled accommodation  
(worse than England)

around **1 in 5 people aged 65** and over are thought to be frail and more susceptible

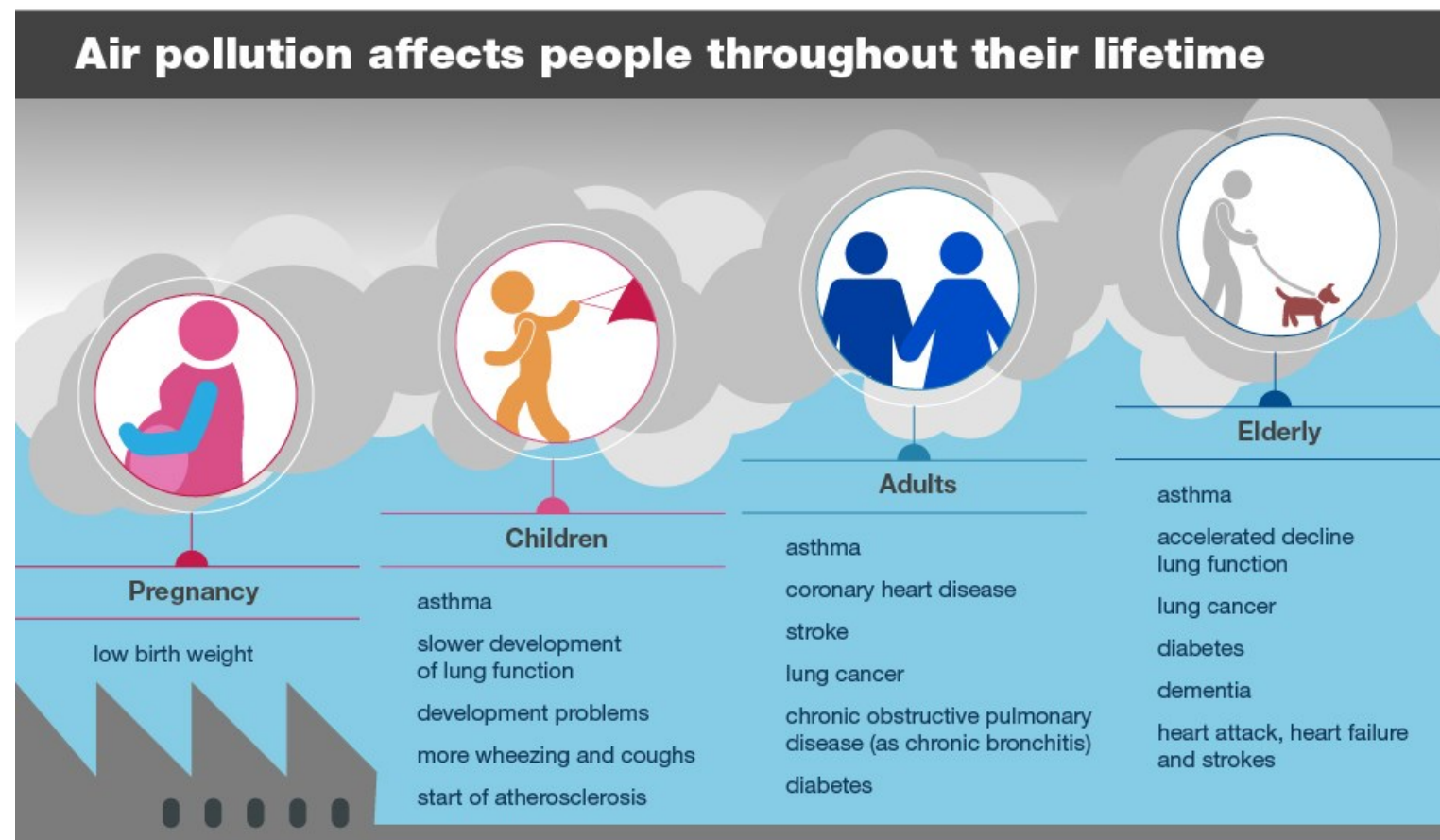
# ***Air quality – we all have a role to play in tackling air pollution***

**Clean air is essential for life, health, the environment and the economy.**

Air pollution affects people throughout their lifetime, shortening lifespans and damaging quality of life. It also harms the natural environment.

**Walking, cycling and other forms of active travel are good for improving health and reducing air pollution.**

In Staffordshire **15%** of adults walk for travel, 3 days p/w  
**1.6%** of adults cycle for travel, 3 days p/w



# *Crime and anti-social behaviour are considered the most important thing in making somewhere a good place to live*

**Crime and fear of crime can have a major impact on the health and wellbeing of individuals and on communities as a whole.**

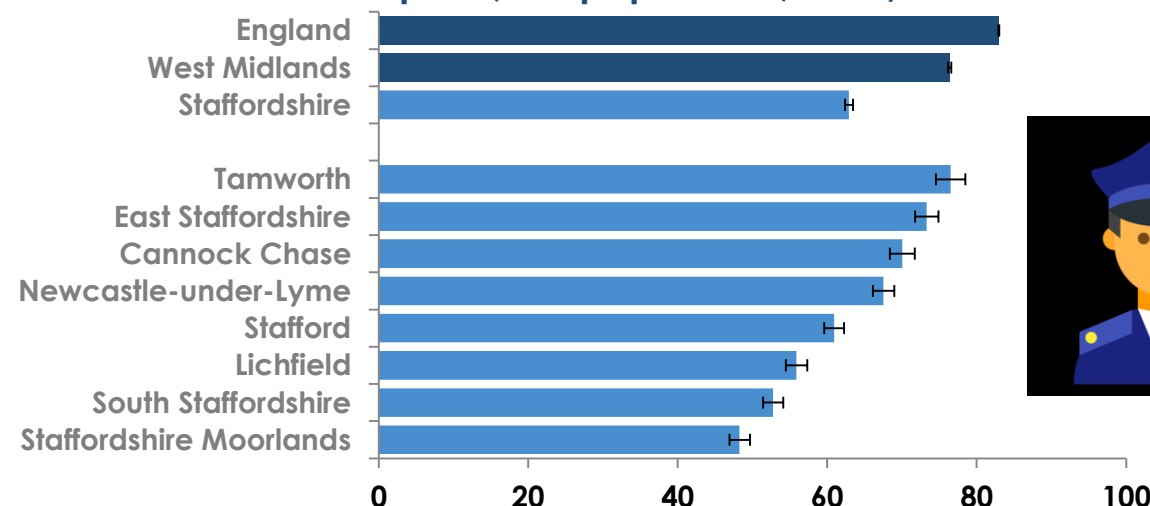
**Criminality is changing** - domestic abuse and anti-social behaviour are still very important, but cyber-enabled crimes are a growing concern.

**Tackling the root causes of crime and anti-social behaviour** in a holistic way that recognizes the multiple needs of individuals and families helps to improve outcomes and make communities safer.

Rates of crime in Staffordshire are lower than the national average.

However, more than twice as many people are fearful of being a victim of crime compared with those who have experienced crime.

**All crime per 1,000 population, 2017/18**



## ***Making good lifestyle choices – physical wellbeing***



Tackling obesity and helping people achieve a healthy weight are key to preventing future illness. With an increasing population and rising numbers of people projected to live longer, helping to prevent future ill health, such as diabetes, cancer and heart disease, **is vitally important** if health and social care services are going to be able to cope in the future.

About **40%** of ill-health can be prevented if people stop smoking, drink less, eat more healthily

Around **1 in 10** adults in Staffordshire smoke, rated the lowest it has been since 2012 (below England)

**729 per 100,000** alcohol-related admissions in Staffordshire (**worse** than England)

Around **2 in 3** adults have excess weight (**worse** than England)

**2 in 10** adults physically inactive (around **159,400** people)

Around **4 in 10** adults are not eating >5 portions of fruit & vegetables per day



## *Mental health and wellbeing*

**Good mental health and wellbeing is important for our physical health, relationships, education, training, work and in achieving our potential.**

However, **1 in 4** adults will experience a mental health problem during their lifetime

**1 in 6** people experiencing a common mental health problem in any given week

**People with mental health are a marginalised and vulnerable group, suffering poorer health and wellbeing outcomes than the general population.**

Around **16%** of hospital admissions also had a recorded diagnosis of a mental health condition

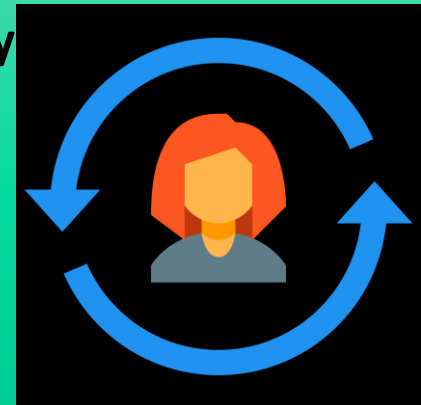
Those with severe mental illness are **3 times** more likely to **die early**

**84%** of Staffordshire residents feel **satisfied** with their lives and **78%** of residents feel **happy** but.....

Around **12%** of adults aged 18-64 are estimated to have a **common mental health disorder**

Around **one in ten** Staffordshire adults are on a **depression register**.

Rate of hospital admissions caused by **self-harm** are **high** (worse than national average)



## *Key issues by life course stage – age well*



### **Quick glance**

*areas where Staffordshire needs to improve the most:*

- *% living in fuel poor households*
- *% of residents aged 65+ taking up their flu vaccination or offer of a pneumococcal vaccine*
- *Admissions for acute ambulatory care sensitive conditions*
- *Delayed transfers of care*

## *Ensuring old age is enjoyed and not endured*

Men can expect to reach 63 and women 64 years of age before health issues start to become a problem, thus spend nearly  $\frac{1}{4}$  of their lives in progressively poorer health

There are **3 people** of working age for every older person (higher than England)  
This is predicted to **reduce** to **2 people** of working age in next 20 years

### Some of the Staffordshire challenges include:

Around **30%** have a **long term condition**, about **70%** of the **total health and social care spend**

There is an **increasing** number of older people with multiple long-term conditions

Around **79,500** residents **aged 65+** have an **illness limiting daily activity**

**Fewer** residents aged 65+ take up their flu vaccination or their offer of a pneumococcal vaccine

**High** number of unpaid carers which is predicted to increase.



## *Increasing demand for services*

Increasing demand on acute services is a challenge for Staffordshire - there remains high pressures on our urgent care system with more of our residents being admitted to hospital and remaining in hospital:

**High emergency admissions to hospital** for acute and chronic ASC conditions **which should not normally require hospitalisation**

**High** proportion of **delayed days due to transfer** in Staffordshire (both NHS and social care attributable)  
**46,400 emergency admissions** to hospital in over 65s per year (**1 in 4 over 65s**)

**Over the next 20 years demand for health and social care services will increase**

The number of **people aged 65 + will increase by 36%** (by 68,000 people)

The **dementia** prevalence is set to **increase by 66%** (by 7,600 people)

The **frail elderly** to increase by **72%** (by 31,000 people)

**Obesity and diabetes** both set to **increase by a third**

...this will all have a significant **impact** on **health and social care services**



## *Key issues by life course stage – end well*



### **Quick glance**

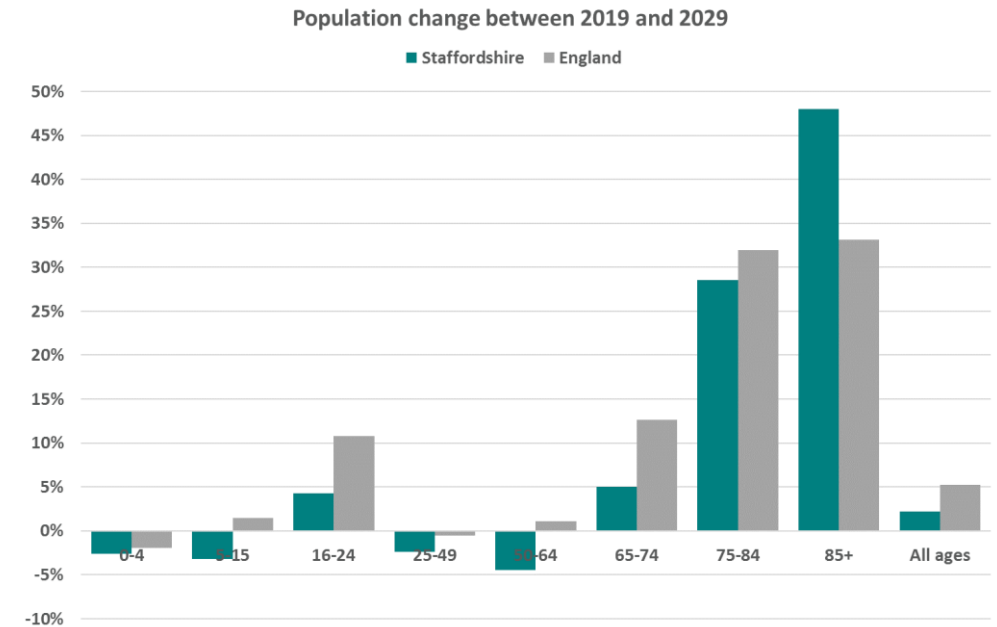
*areas where Staffordshire needs to improve the most:*

- *% dying at home or usual place of residence*
- *Inequalities in premature mortality rates across Staffordshire*

# Getting it right at the end of life

Older people now spend more time in poor health before they die.

Staffordshire has a growing older population so planning for the end of life will be increasingly important for individuals, their families, carers and the health & care services that support them.



**55%** more Staffordshire residents aged 65+ than 20 years ago, trend predicted to continue and faster than England

Around 7,400 Staffordshire residents aged 65+ die every year

Common causes of death in 65+ are cancer (27%), cardiovascular disease (27%) and respiratory disease (15%)

**Dementia** is now a leading cause of death in Staffordshire (12% of all deaths)

End of life care is a key issue for Staffordshire, around **2 in 5 dying at home** or usual place of residence (**worse than England**)

## *Supporting Data Sources*

The following sources have been used to inform the development of this JSNA Annual Update. Please click on the links below.

- [Staffordshire Observatory - Health and Wellbeing Outcomes Report Dec 2018](#)
- [Staffordshire Locality Data Packs](#)
- [Staffordshire Community Safety Strategic Assessments](#)
- [Public Health England Fingertips Profiles](#)

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