

# The Joint Strategic Needs Assessment for Staffordshire

## Summary Document

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## Introduction

The Joint Strategic Needs Assessment (JSNA) is a statutory requirement for all Upper Tier Local Authorities and Integrated Care Boards. It provides an overview of the health and well-being needs of the population and can be used to identify areas of greatest need, monitor trends, target interventions and evaluate impact. The JSNA informs the Health and Well-being Board Strategy as well as the Integrated Care Partnership Strategy.

Staffordshire County Council, Staffordshire and Stoke on Trent Integrated Care Board, Healthwatch and the District and Borough Councils have developed an interactive online JSNA dashboard that offers easily accessible up to date data and intelligence at different levels (e.g. county, district/borough, primary care network). This allows end users to self-serve their own data, with the functionality of the dashboard built to draw through new data automatically whenever it is updated.

Alongside the JSNA dashboard, this summary document highlights the key findings and trends from the dashboard. It follows the life course approach, mirroring the dashboards, and provides interpretation of the data. The JSNA will continue to be developed and will include information on specific topics and issues for Staffordshire. This will include a greater depth of information to enable a better understanding of key issues in Staffordshire. As the JSNA dashboard is developed, this summary report will also be updated.

## Staffordshire Demographics

Staffordshire is a large inland county in the West Midlands of England. The total population is 898,500. The county includes eight districts and boroughs:

- Cannock Chase, population 102,800
- East Staffordshire, population 127,600
- Lichfield, population 110,200
- Newcastle-under-Lyme, population 128,100
- South Staffordshire, population 113,100
- Stafford Borough Council, population 140,700
- Staffordshire Moorlands, population 95,800
- Tamworth, population 80,300

Staffordshire has an ageing population.

Healthy Life Expectancy is decreasing, meaning people are living fewer years in good health.

### Age

The proportion of people aged 65 years and over is 22.4%, significantly higher than the England average of 18.6%. Staffordshire Moorlands has the highest proportion (26.6%) of people aged 65 years and over, and East Staffordshire has the lowest (19.0%).

The population of people aged under 18 years old in Staffordshire is 19.3% which is lower than the national average of 20.8%. East Staffordshire has the highest proportion (21.4%) of people under 18, and South Staffordshire and Staffordshire Moorlands have the lowest (17.7%).

Populations change over time and understanding what change is going to take place and when is important for planning and delivering services. Over the next 20 years in Staffordshire there is going to be a substantial increase in the number of people over 65 and especially over 85. The number of people of working age will increase much more slowly.

This will have implications for the economy. People who are retired are likely to pay less tax than those who are economically active and more likely to receive public spending, including pensions as well as health and social care services.

## Ethnicity

The population in Staffordshire is 90.2% white British, 3.5% white non-British and 6.3% non-white ethnicities. There are a diverse range of ethnic groups living in the county, and overall, there has been an increase in non-white ethnicities in Staffordshire.

## Life Expectancy and Healthy Life Expectancy

Life expectancy at birth in Staffordshire is similar to England and higher than the West Midlands average. Life expectancy at birth is 79.1 years for males and 82.8 years for females.

Male life expectancy at birth is highest in Lichfield at 80.5 years and lowest in Cannock at 77.9 years. Female life expectancy at birth is highest in Stafford at 83.9 years and lowest in Cannock Chase at 81.8 years.

Life expectancy at birth in Staffordshire has reduced for both males and females since 2017-19. Life expectancy at birth for males has increased in Lichfield since 2011-13 and in Stafford it has increased for females. Life expectancy at birth has decreased for both males and females in Cannock Chase, East Staffordshire, Newcastle-under-Lyme and Tamworth since 2011-13.

Healthy life expectancy is an indicator of the number of years a person can expect to live in good health. Healthy life expectancy in Staffordshire for males is 63.1 years, the same as the England average, and for females is 60.7 years, lower than the England average of 63.9 years. Healthy life expectancy in Staffordshire for both males and females has decreased since 2009-11. This suggests that the population has become less healthy over the last decade.

## What does this mean for Staffordshire?

The ageing population will have significant implications for the county. As the ratio of working age to retirement age adults falls there will be relatively fewer people paying for public services and relatively more people receiving them.

This is particularly the case with health and care. Unless population health increases it is likely that we will see a progressively larger number of people living with long term conditions such as diabetes, cancer, and dementia and requiring health and care services. This increase could be avoided or reduced by addressing some of the risk factors for poor health such as obesity.

With the number and range of people from different ethnicities increasing, public services and businesses will need to ensure that they are able to respond to a variety of cultural needs.

## Children and young people

Ensuring the best start in life for children and young people is vital for their future health and well-being. Pregnancy and early years have lifelong impacts on health behaviours, health outcomes and life chances.

Infant mortality in Staffordshire is high, as is smoking in pregnancy, and the breast-feeding rate is low.

Overall childhood immunisation rates are good, and more targeted work is needed to increase uptake in some areas and groups.

Childhood obesity is high, both at reception and year 6.

Educational outcomes are good with relatively high rates of school readiness and attendance and similar rates of attainment as the England average.

Mental health is a national and local concern; an increasing proportion of children have a social, emotional, or mental health need.

## Health in infancy

In Staffordshire 5.1 infants per 1,000 live births die before they are one year old. This rate is higher than the England average of 3.9 per 1,000. Infant mortality rates are statistically higher than national in Cannock Chase and Tamworth; the other districts and boroughs have infant mortality rates similar to the England average.

There are a number of causes of infant mortality including congenital problems, maternal health problems, smoking in pregnancy, prematurity, low birth weight and the quality of obstetric care. In Staffordshire 9.9% of mothers are still smoking at birth, higher than the England average of 8.8%. Giving up smoking in pregnancy is one of the most beneficial things a mother can do for her own health and that of her baby.

Breast feeding supports bonding between mother and baby, protects against infectious diseases, reduces the risk of obesity in childhood and reduces risk of cancer for mothers. In Staffordshire 63.3% of mothers initiate breast feeding, lower than the England average of 71.7%.

## Child poverty

There is a wealth of evidence linking child poverty to poor health. Children from more deprived areas are more likely to die in infancy or childhood, and more likely to have unhealthy lifestyles, be admitted to hospital and have mental health problems than those from more affluent areas. Staffordshire has relatively fewer children living in poverty than the England average, although there are more in Cannock Chase and Tamworth, similar to the England average.

## Immunisation

Childhood immunisation protects the individual as well as the rest of the population. Childhood immunisation rates in Staffordshire overall are above England averages, however there are some areas and groups where childhood immunisation rates are lower, for example areas with a high proportion of the population from ethnic minorities and children in care.

## Childhood obesity

Children who are overweight and obese have a higher risk of obesity as well as long term conditions and early death as adults. 22.4% of children in Staffordshire are overweight and obese at reception and 37.6% at year 6, higher than the England averages of 21.3% and 36.6%.

## Lifestyle risk factors in young people

Behaviours that are formed during adolescence are often continued into adulthood. Young people seem to be adopting more healthy behaviours. A national survey undertaken in 2021 indicated that young people aged 11-15 years old are less likely to have ever smoked (12%) and ever taken illicit drugs (18%) than in 2018<sup>i</sup> (16% and 24% respectively); with a similar proportion (6%) stating that they usually drank alcohol once or more per week.

## School

School readiness captures cognitive, social, emotional, and physical preparedness for formal education. Children who are school ready are better equipped to succeed academically. 69% of children in Staffordshire achieve a good level of development at the end of reception year, slightly above than the England average of 67%, and higher for girls than for boys.

Achieving good educational outcomes ensures that children develop knowledge and skills that they need to succeed in the future. This is important for individual wellbeing of children and the nation as a whole. Attainment 8 is a score that is used to measure the average academic performance of a secondary school pupil, school or Local Authority. It is calculated by adding together the pupils highest scores across eight government approved school subjects. In Staffordshire the 2022/23 attainment 8 score for Staffordshire pupils was 45.2, which is similar to the national score of 46.2.

Attendance at school is important for children's achievement, wellbeing and wider development. The higher a pupil's attendance, the more likely they are to achieve better GCSE and A Level results. Pupil absence is defined as the percentage of half days missed by pupils due to overall absence in the academic year (including authorised and unauthorised absence). In Staffordshire for 2021/22 persistent pupil absence from primary school is lower than the England average (17.7% compared to 16%), but slightly higher for secondary school pupils, (28.9% compared to 27.7%).

Special educational needs are learning difficulties and disabilities that affect children's ability to learn. This can include difficulties with reading and writing, or difficulties with concentration, behaviour or ability to socialise. 16.3% of children in Staffordshire have been diagnosed with a special educational need, lower than the England average of 17.3%. This has been increasing as a greater range and number of special educational needs are recognised.

## Mental health

The national Mental Health in Children and Young People Survey 2023<sup>ii</sup> highlighted that mental health in children and young people has worsened since 2017. The survey identified that 1 in 5 children and young people aged between 8 and 25 years old had a probable mental health disorder. In Staffordshire there has been an increase in the percentage of school pupils with social, emotional and mental health needs from 1.4% in 2015/16 to 2.6% in 2022/23. This trend is apparent in children of primary and secondary school age and is consistent with trends regionally and nationally.

The trend can be attributed at least in part to the legacy of the Covid pandemic. Disruption to home and school routines and prolonged isolation contributed to an increased vulnerability to social, emotional and mental health problems. Nationally, over the next five years, around 15% of 15-19 year olds will need new or additional support for their mental health and it is important that they are able to access this in a timely way.

## Looked after and vulnerable children

A child who has been in the care of their local authority for more than 24 hours is known as a looked after child. Looked after children face significant

risks in their lives including school exclusion, offending behaviour, and poor health outcomes. Staffordshire has a relatively higher number of children in care (81 per 10,000 population aged under 18 years old) than the England average (71 per 10,000 population aged under 18 years old), and this has been increasing.

## Teenage pregnancy

Teenage pregnancy (i.e. pregnancy in under 18s) is associated with adverse outcomes for teenage mothers such as living in poverty, being unemployed, having low educational attainment and more likely to experience poor mental health. Children of teenage mothers are more likely to become teenage parents themselves and suffer from poorer health outcomes. Infant mortality<sup>1</sup> and low birth weight are also more common in children born to teenage mothers. The rate of teenage pregnancies in Staffordshire has reduced significantly in the last 20 years from 42.3 per 1,000 females aged 15-17 in 1998 to 16.2 in 2021, although the most recent figure is higher than the England average of 13.1. There is variation in the rate of teenage pregnancies between the districts in Staffordshire, with the highest rates in Tamworth and the lowest in Lichfield.

## What does this mean for Staffordshire?

There are a number of health indicators where children and young people in Staffordshire appear to be doing worse than the England average – infant mortality and childhood obesity in particular. To improve both quality of life in childhood and lifelong health outcomes we need renewed efforts to address the causes.

Work is ongoing to try and improve health in infancy and childhood. The Families Health and Well-being 0-19 service brings together health visiting and school nursing to deliver the national healthy child programme to improved health and well-being of children, young people and families. A smoking in pregnancy service is offered to all pregnant women, their partners and other household members who smoke. The Time4Sport weight managements service offers information, advice and support about exercise and diet to help families set and achieve lifestyle goals.

On educational indicators Staffordshire compares more favourably with relatively high rates of school readiness and attendance and similar levels of attainment. Health and education are inextricably linked with good health leading to better educational outcomes and good education leading to better health. The risk is that if health remains poor then education will suffer.

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<sup>1</sup> Infant mortality is the death of an infant before the infant's first birthday



In line with the national picture, mental health in children and young people in Staffordshire appears to be getting worse. People who have mental health problems in childhood have a higher risk of poor mental and physical health, substance misuse and unemployment as adults, especially if their problems are unaddressed.

## Working age adults

Living well is important for people's quality of life. There are a range of protective factors that contribute to well-being: healthy lifestyles, secure income, good housing and good mental health.

More than half of adults in Staffordshire have a long-term health condition, disability, or illness.

Smoking is on the decline, but obesity is on the rise and a major contributor to long term conditions.

GP recorded depression is increasing in Staffordshire and has more than doubled in the last 10 years.

Employment is high – however a significant number of adults are economically inactive.

## Overall health

Early deaths (under 75 years) in Staffordshire have been increasing but the early death rate is lower than the England average. The leading cause of early death is cancer.

Around 58% of adults in the Staffordshire and Stoke-on-Trent area reported some sort of long-term physical or mental health condition, disability or illness to the last GP Patient Survey, higher than the England average of 55%. These are conditions, disabilities and illnesses that are of more than 6 months duration such as asthma, diabetes, high blood pressure and mental health problems.

## Healthy lifestyles

Healthy lifestyles are an important factor in determining health. Regular exercise, a healthy diet, not smoking and drinking alcohol within recommended limits all contribute to better health. Many long term conditions such as diabetes, cancer and dementia are linked to unhealthy lifestyles.

- Smoking is on a long-term decline with only 9.3% of adults in Staffordshire still smoking, significantly better than the England average. Around 1,100 smokers quit every year with the help of quit smoking services – they feel better, save money and reduce the risk of a whole range of diseases.
- Unfortunately, obesity is on the rise. 68.5% of adults in Staffordshire are now overweight or obese, higher than the England average of 63.9%. The rise in obesity is undermining the gains in health due to the decline in smoking.
- 68% of adults in Staffordshire report undertaking the recommended amount of physical activity, similar to the England average.
- 15% of households in Staffordshire report food insecurity - defined as not having access at all times to enough food that is both sufficiently varied and culturally appropriate to sustain an active and healthy life. There is a large variation amongst districts with 28% of households in East Staffordshire and 6% in Stafford.
- Nationally 57% of adults report drinking within the recommended limits of 14 units per week, roughly a pint or beer or a glass of wine a day. A small number of adults are dependent on alcohol and support is available to reduce harmful drinking.
- Nationally around 10% of adults aged 16-59 years old have reported using any illegal drug within the last year. This is a decrease since 2004 when around 12% stated they had used any illegal drug. Again, support is available to reduce and abstain from harmful drug taking.

## Income and employment

There is a well-documented reciprocal relationship between income and health. Secure employment with a decent income leads to better health, and good health increases people's ability to work productively and contribute to economic growth.

80.7% of adults in Staffordshire were employed in 2022/23, higher than the England average of 75.7%. However 17.5% of adults are economically inactive (not employed and not available for work) in the same period. This figure has decreased since 2011/12. One of the main reasons for this is some kind of limiting long-term illness.

## Housing

Families and individuals who are living in housing that is not their permanent home are referred to as 'households in temporary accommodation'. People living in this situation are either homeless or facing housing insecurity, which is

often due to eviction. There are a lower proportion of households in temporary accommodation in Staffordshire compared to the England average.

## Mental health

Poor mental health can have implications for how a person copes in life and whether they can handle stress, interpersonal relationships and decision-making. In addition there are strong association between poor mental health and physical health problems, homelessness<sup>iii</sup> and unemployment.

Mental health problems are common and increasing in the UK, with 1 in 4 people experiencing them each year<sup>iv</sup>. In Staffordshire GP recorded depression prevalence has more than doubled in the last 10 years, from 5.9% in 2012/13 to 14.2% in 2022/23 which is similar to the England average of 13.2%.

Suicide rates in Staffordshire are similar to the England average (10.5 per 100,000 population compared to 10.7 per 100,000 population). The rates have remained fairly stable in the last 10 years.

Emergency admission rates from self-harm have decreased significantly since 2017/18 in Staffordshire and are now 135.3 per 100,000 population. However, the rate is still higher than the England average which is 126.3 per 100,000 population.

There are many negative consequences of poor mental health, one of which is homelessness. Mental illness can lead to someone becoming homeless. Ensuring that people suffering from mental health problems have a stable accommodation where they can receive appropriate care can improve their quality of life, prevent admission to hospital and support their recovery. In Staffordshire 62% of adults in contact with secondary mental health services live in stable and appropriate accommodation. This is higher than the England (58%) and West Midlands (48%) average.

## What does this mean for Staffordshire?

There are some positive trends including the reduction in early deaths and the decline in smoking. However, there are also some concerns including the large number of adults with a long-term condition, the rise in obesity and the high prevalence of mental health problems. If unchecked this will increasingly affect people's ability to work productively and the county's economic growth, as well as lead to unsustainable demand for health and care services.

We need to influence the determinants of health and lifestyles such as the environment, housing and employment. Efforts should be focused on those groups at highest risk of poor health outcomes, including people living in more deprived areas, people from ethnic minority groups, and people with disabilities.

Better Health Staffordshire has been created as a strategic partnership approach to promoting a healthy weight active lifestyles and healthy diet by influencing the environment in which people make lifestyle choices as well as information and advice to help them make healthy choice.

A joint Local Authority and NHS strategy has been developed in Staffordshire. The Good Mental Health in Staffordshire sets out local priorities for improving and maintaining mental health and well-being. This includes supporting those with short term problems to regain mental health and wellbeing and also those with severe longer term mental health issues to live productive and fulfilling lives<sup>v</sup>.

Staffordshire County Council's economic development strategy sets out several aims that will support the local economy to achieve economic growth. This includes key ambitions that would directly impact improving the health of the local population, such as enabling people to benefit from better paid local jobs and supporting people to start and grow businesses<sup>vi</sup>.

## Healthy Ageing

Ageing well is important for people to maintain their health and independence in later life as well as to ensure the sustainability of public services, especially health and care. Healthy lifestyles remain important to maintaining a good quality of life and preventing long term conditions. Appropriate housing, good social networks and accessible services are also important.

In Staffordshire there are growing numbers of people with a range of long-term conditions and being admitted to hospital due to falls.

This is placing a rising demand on health and care services.

People tend to die in hospital after repeated admissions rather than peacefully in their own home.

### Long term conditions

**Diabetes** is a chronic metabolic disease of which there are two main types: type 1 has a largely genetic basis and starts in childhood; type 2 is largely lifestyle related and typically starts in middle and older age. Diabetes can lead over time to complications such as heart disease, kidney disease and blindness. In the Staffordshire and Stoke-on-Trent area 8.5% of the population are recorded as having diabetes, which is higher than the England figure of 7.7%.

**Dementia** is a range of progressive conditions that affect the brain, affecting people's ability to remember, think and speak. Dementia can affect a person at any age but is more common in people over 65. In Staffordshire around 3.8% of the population aged 65 years and over has diagnosed dementia, similar to the England average (4%).

**Falls:** Older people are at a higher risk of falling and fractures than younger adults due to vision and balance problems, multiple medications and weaker bones. This leads to increases in emergency hospital admissions and additional requirements for social care. Falls and subsequent hip fractures are a major cause of disability and death. The 2022/23 rate of emergency hospital admissions from falls was 2,025 per 100,000 population in Staffordshire which is significantly higher than the England average (1,933 per 100,000 population). Emergency hospital admissions have fallen over the last 7 years which may reflect fewer falls and fractures or better management in the community.

Hip fractures are a leading cause of disability and death in older people, with only 1 in 3 people that have a hip fracture returning to their former levels of

independence and 1 in 3 requiring long term care. The estimated health and social cost of hip fractures in the UK is around £2 billion.

In England the rate of emergency admissions for hip fractures is 558 per 100,000 population aged 65 years and over and this rate has been decreasing for the last ten years, although the number of people suffering a hip fracture has increased due to the increasing population of over 65's. The figure for Staffordshire is similar to the national figure at 578 per 100,000 population aged 65 years and over and has also seen a downward trend. Although for the last three years the trend has increased.

## Use of health and care services

Use of health and care services increases with age and is a consequence of the growing burden of long-term conditions. This is something that is a national issue, but it is also a local issue in Staffordshire.

The number of people receiving publicly funded adult social care services in Staffordshire has risen from 9,150 in April 2021 to 10,500 in April 2024.

Local hospital activity data for Staffordshire and Stoke-on-Trent ICB has shown an increase in both emergency and elective admissions for people aged 65 years and over. There has been an increase of 4.7% in emergency admissions and 3.6% for elective admissions between 2018/19 and 2022/23 for the over 65's.

## End of life care

Most people want to die at home. However most people actually die in hospital. In Staffordshire in 2022 47% of all deaths were in hospital, 19% were in a care home and 27% were in the person's own home. There is much to do to offer more compassionate care during people's final years and months.

## Housing

17% of Staffordshire's population is living in fuel poverty, higher than the national average of 13%. It is likely that this is due to older housing with poor energy efficiency as well as housing located in rural areas that are not serviced by mains gas. Fuel poverty is defined as a living in a property with a Fuel Poverty Energy Efficiency Rating of band D or below and having a residual income below the poverty line after fuel and housing costs.

Cold homes are a particular risk for older people and can lead to an increase in long term conditions such as heart and lung disease as well as increase the risk of falls. The Staffordshire Warmer Homes helps residents to install measures to improve the energy efficiency of their homes.

## What does this mean for Staffordshire?

As the population ages we are seeing a growing number of people living with long term conditions such as diabetes, cancer and dementia and this is leading to rising demand for health and care services.

We need to support healthy ageing so that people can maintain their quality of life into older age, and so that public services, especially health and care, remain sustainable. This will require a shift away from reactive high-cost hospital based care and towards a more compassionate model of care that promotes independence, supports people to maintain their quality of life for as long as possible and allows them to make informed choices about how they end their life.

Healthy ageing is a priority for the Staffordshire Health and Wellbeing Board and the Staffordshire and Stoke on Trent Integrated Care System, which has resulted in the development of a shared Healthy Ageing Plan. The Plan draws on the evidence for healthy ageing and is based on 4 outcomes: Enjoying Independence, Feeling Connected, Maintaining a Healthy Lifestyle and Planning for the Future. It is a multi-agency Plan and includes a role for housing, communities, aids and technologies as well as health and care services.

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<sup>i</sup> [Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS England Digital](#)

<sup>ii</sup> [Mental Health of Children and Young People in England, 2023 - wave 4 follow up to the 2017 survey - NHS England Digital](#)

<sup>iii</sup> [Homelessness and mental health | Crisis UK](#)

<sup>iv</sup> [Mental health facts and statistics - Mind](#)

<sup>v</sup> [Good Mental Health in Staffordshire](#)

<sup>vi</sup> [Economic strategy: 2023-2030 - Staffordshire County Council](#)