



**STAFFORDSHIRE**  
HEALTH AND WELLBEING BOARD

## **Health & Wellbeing Board**

### **Joint Strategic Needs Assessment Health and Care**

5<sup>th</sup> March 2020



# Introduction

- Assessment of the population's strategic health and care needs through a shared evidence base.
- Builds on comprehensive JSNA undertaken in 2019
- Reporting focused on those key health and care issues in Staffordshire, as identified from the data.
- A separate but aligned Children's JSNA produced, received by the Families Strategic Partnership Board on behalf of the Health & Wellbeing Board, to guide its work.
- Opportunity to discuss the key issues, in readiness for the review of Health & Wellbeing Board existing metrics used to monitor performance.

# Analysis Approach

- Review of existing statistical analysis and regular outcome surveillance of 100+ core performance measures.
- Utilised range of national and local data sources - Public Health Outcomes Framework, Quality and Outcome Framework, NHS data (NHS digital), education data etc.
- Additional analysis to understand new or emerging issues.
- Supported with resident voice intelligence where appropriate, previous research findings and national evidence.

# Health and Care Improvements

## Areas of improvement, identified from the data include:

- 3 in 4 children are classed as school ready, with Staffordshire top performing of similar authorities. Also, higher than average employment rates, increasing from 71% to 80% in the last 4 years, and one of the lowest unemployment rates among peers.
- Fuel poverty reducing and lower than national, with Staffordshire Warmer Homes Fund expected to support 194 of 1000 eligible homes by end of February 2020, and further expansion planned.
- Teenage conception rates in line with national, and fallen by 27% in last 3 years from 25.5 per 1,000 to 18.6 per 1,000. In the last 10 years rates have more than halved.
- Smoking prevalence in adults reducing since 2012, from 17% to 12% - lower than national and among the lowest of statistical neighbours. Similarly, smoking related deaths have fallen by almost 10% in 2 years, and faster than national (8% fall).
- Estimated diabetes diagnosis rates have improved in the last 4 years, are higher than national and second best of statistical neighbours, enabling better management of the condition.

# Health and Care Improvements

- The rate of people aged 65+ admitted to long-term residential or nursing homes has fallen between 2014/15 (642 per 100,000) and 2018/19 (538 per 100,000).
- Deaths rates (under 75 years) relating to cardiovascular, cancer and respiratory diseases reduced over last 15 years. Cardiovascular deaths fell by 48% and cancer related deaths by 22%, during this period.
- Under 75 mortality from all causes also reduced by 26%, from 439 per 100,000 to 323 per 100,000, and has been consistently lower than national for the last 9 years.

## **Some examples of wider system highlights include:**

- Quality of services providing long term care and support is improving - 79% of services were rated 'Good' by CQC in August 2019, an improvement on 52% in January 2016.
- The opening of Amber Wood; a brand new, purpose-built specialist dementia Centre of Excellence in Burton on Trent. The care model that is delivered promotes independence and person-centred care for people with dementia in a 'home-like' environment.
- A new Supportive Communities programme is developing links between social care services and community-led organisations (charities, sports clubs etc.) to help to enable people maintain their independence.
- Improved information, advice and guidance through digital technology.

# Health and Care Key Issues

1. Wider Determinants
2. Ageing Well
3. Staying Mentally Well
4. Healthy Lifestyles
5. Alcohol and Drugs
6. Maternal and Infant Health

# Key Headlines

# 1: Wider Determinants

- Wider determinants have a significant impact on people's health outcomes, and therefore play a key role in reducing health inequalities.
- Two thirds of Staffordshire's young people do not achieve a core level of attainment by the time they leave school, impacting on future health outcomes.
- Higher than average employment in Staffordshire, however annual earnings are below national, and 1 in 10 residents (and 13% of children) live in low income households.
- Poor housing estimated to cost the NHS in Staffordshire between £22-£39m per year. Fuel poverty has been higher than average for 5 of the last 7 years.
- 559 households homeless/at risk of becoming homeless (April-June 2019), an increase from the previous year. Of these, 256 (46%) are in priority need, higher than national (45%) and West Midlands (37%).
- Some of our more deprived communities within Cannock Chase, Newcastle and Tamworth are more at risk.



## 2: Ageing Well

- There are 65,900 more people aged 65+, than there were 20 years ago. By 2030 there will be 12,250 more older people aged 85+.
- Healthy life expectancy is 63 for men and 65 for women, both below retirement age. For women this is above national, and men in line with the national position.
- 22% of Staffordshire adults have a limiting long term illness (20% nationally), rising to 53% for older people (52% nationally). Over half of Staffordshire wards have a higher than average proportion of adults living with this.
- Increasing demand on acute services - 3,900 falls admissions in Staffordshire per year (2,144 per 100,000 aged 65+), increasing by 10% between 2017/18 and 2018/19. A national estimated cost of fragility fractures is £4.4bn per year.

## 2: Ageing Well

- Overall, around 50,300 emergency admissions in Staffordshire per year for people aged 65+, of which 8% relate to falls. Important to note any excess is likely to be a combination of both demand and practice.
- High proportion of delayed days due to transfer of care in Staffordshire (both NHS and social care attributable). High levels of hospital acquired functional deconditioning will contribute to this.
- Staffordshire has highest rate of its 15 statistical neighbours for excess winter deaths, and ranked fourth worst in England. Stafford has the highest rate and is ranked fifth worst in the country.

# 3: Staying Mentally Well

- Mental health and wellbeing is key issue in Staffordshire for both young people and adults, leading to significant demand on acute services.
- In Staffordshire 1 in 8 (12%) emergency hospital admissions with mental health diagnosis in under 25s, lower than national (15%). However, this increases to 1 in 4 for adults (26%), compared to 30% nationally. Admissions for intentional self-harm (all ages) also higher than average, and among the highest of its peers.
- CAMHS referrals increased by 11% between 2017/18 and 2018/19, and GP recorded depression trend is rising, with a widening gap between Staffordshire and national.
- Newcastle records the highest prevalence for both recorded depression and severe mental health.
- Mental health is the second most common factor cited in 60% of children's social care assessments (2018/19), rising from 56% in 2017/18.
- Staffordshire's Make Your Mark 2019 survey highlighted mental health as one of young people's top concerns (24%), similar to recent years.

# 4: Healthy Lifestyles

- Up to 40% of ill health could be prevented through healthier lifestyles, therefore a key driver of health outcomes and reduced demand on public services.
- 1 in 4 Staffordshire adults are physically inactive – second highest of its 15 statistical neighbours and also ranked tenth worst area in England.
- Excess weight in both children and adults is a key concern - 1 in 4 reception children, 1 in 3 Year 6 children, and 2 in 3 adults are overweight or obese.
- Highest rates often in those more deprived localities:
  - Newcastle: third worst area in the country for reception aged obesity
  - Cannock: fifth worst area in the country for excess weight in adults.
- Leads to increased pressure on the system – diabetes prevalence trend is rising, faster than England. Similarly, higher than average prevalence of heart disease, with all localities (except East Staffordshire) experiencing a higher than average prevalence.

# 5: Alcohol and Drugs

- Presents harm, significant costs and burden on public services – nationally alcohol alone is estimated to cost the NHS £3.5bn annually, and drug misuse treatment £500m.
- Alcohol for adults is a key issue. Alcohol admission rates in Staffordshire increased from 692 per 100,000 to 814 per 100,000 in the last 4 years, is consistently higher than national, and has the highest rate of its 15 statistical neighbours. Nationally recognised as a measure that's indicative of the general health in a locality.
- More than half of Staffordshire's districts have a higher than average alcohol admission rate, and is highest in Stafford and Cannock Chase.
- Key risk factor impacting on acute services – preventable liver disease rates risen by 22% during a 5 year period (2011-13 to 2016-18), with highest rates in similar localities.
- Substance misuse is the third most common factor in 54% of children's social care assessments, with alcohol (85%) more common than drugs (81%). Witnessed rising demand into children's social care in recent years

## 6: Maternal and Infant Health

- Staffordshire experiencing rising Infant Mortality in recent years – 121 infant deaths (2012-14) to 141 at its highest (2015-17).
- Latest data places Staffordshire statistically higher than national, and the highest rate of its 15 statistical neighbours.
- Staffordshire would need 10 less infant deaths per year to reach the national average position.
- Half of infant deaths in Staffordshire in the top 2 deprived quintiles. Tamworth and East Staffordshire have the highest rates, ranked fifth and sixth worst areas in England respectively. (Please note small numbers at district level).
- Key risk factors where performance is below average:
  - Smoking during pregnancy, and
  - Access to early infant healthcare checks, with work underway to understand contributory factors. Low number of families participating in mandated checks is due to a higher volume of Did Not Attends (DNAs).

# Health and Care Issues - Discussion

1. Are there any other system wide key issues, that you feel are missing and need to be considered alongside these?
2. What are you currently doing, or plan to do, as a Board, to collectively respond to these issues?
3. Which of the issues do you feel are the priority areas of focus?

# Next Steps

- Collate and agree key activities in response to the issues - March/April 2020
- Opportunity to review and refine existing approach to measuring performance and impact - 11 June 2020 meeting
- HWBB Quarterly performance monitoring by exception – to commence from June 2020.



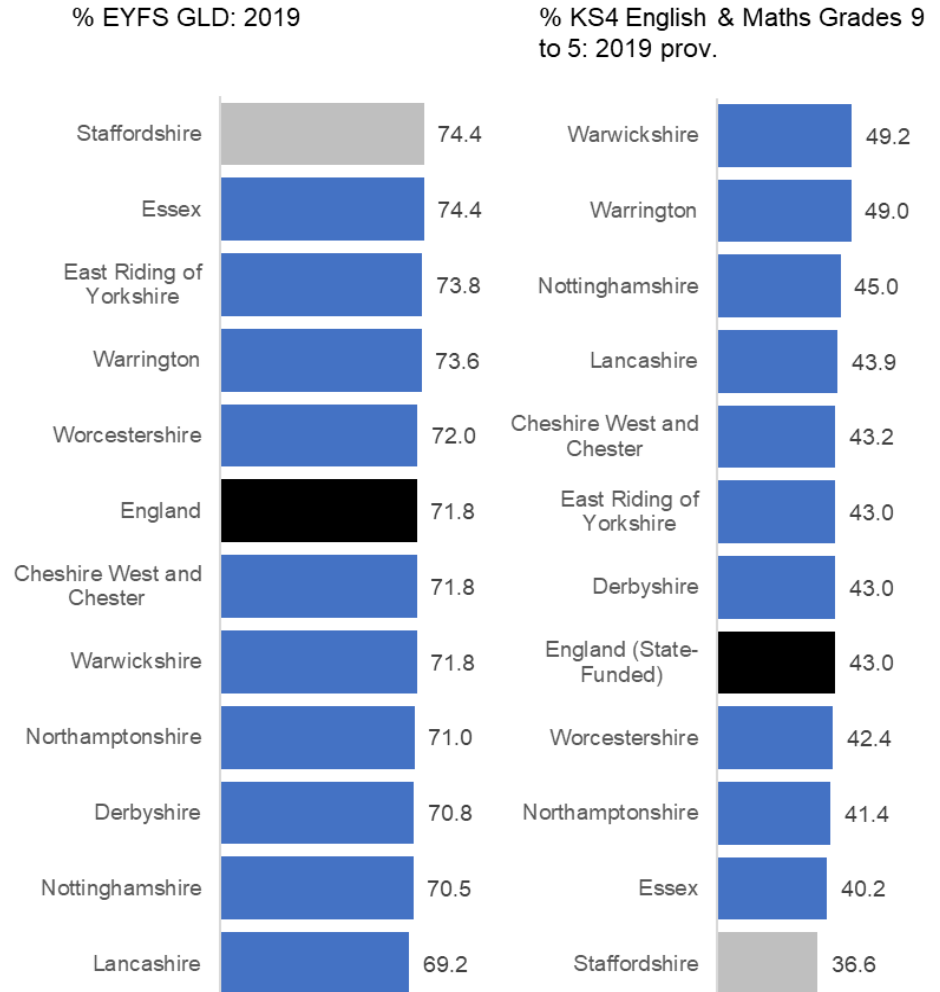
# Detailed Evidence Base

# Wider Determinants

# Educational Attainment

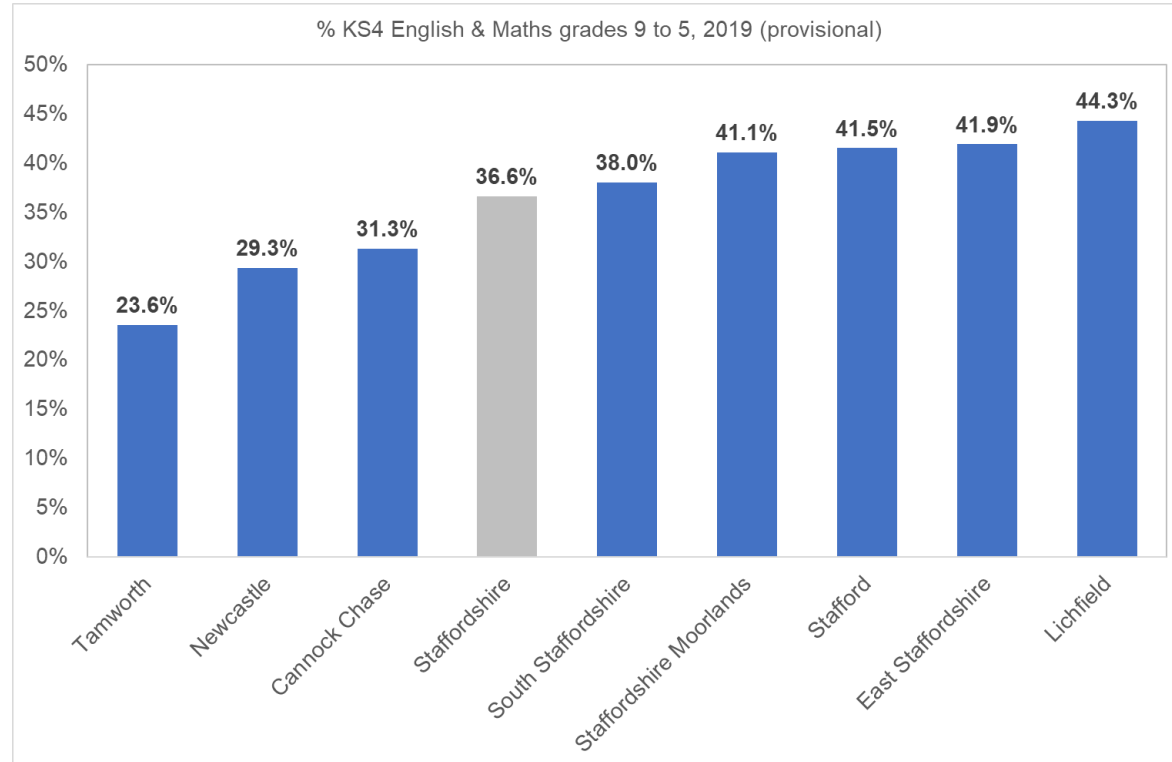
Educational attainment strongly linked with health behaviours and outcomes, such as long term diseases and mental health issues.

- Strong Early Years performance, with the majority (74%) school ready. Staffordshire remains above national and top performing of similar authorities.
- However, performance starts to dip by the end of primary school, and by KS4 attainment is the lowest among similar authorities (rank 11/11) and below national.



# Educational Attainment – KS4

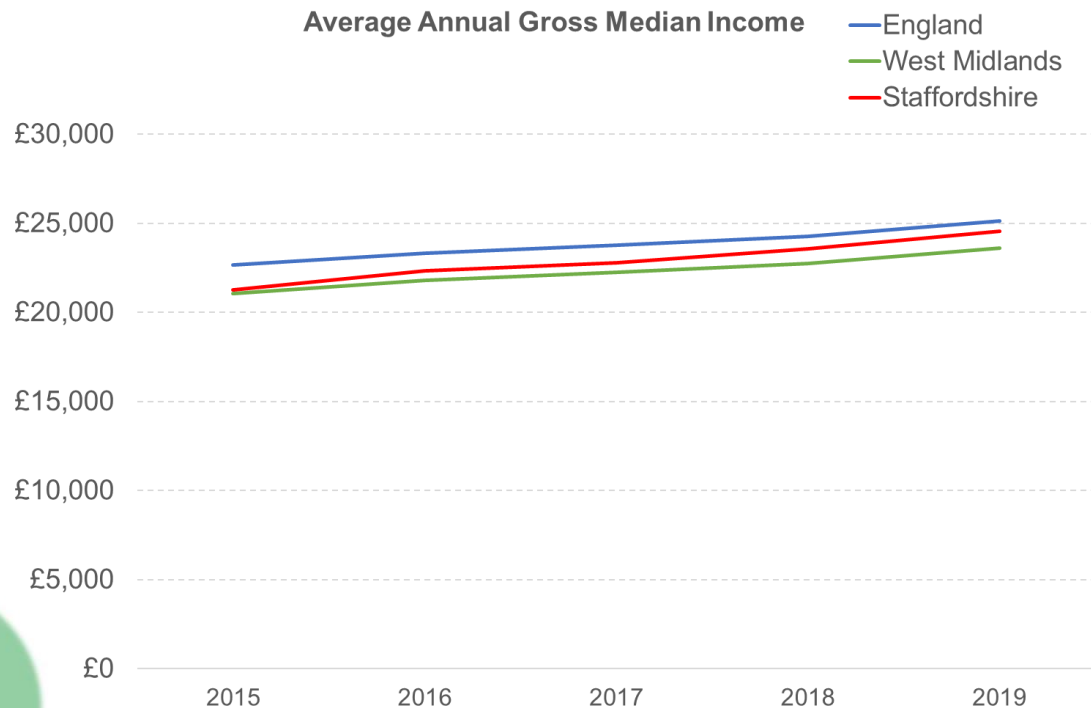
- 30 (of our 55 secondary schools) are significantly below national in the measure (2019 provisional).
- Latest (provisional) data for 2019 reflects a worsening picture compared to last year.
- Lichfield is the only district to perform significantly above national.
- Lower attainment linked to areas facing multiple socio-economic inequalities - Cannock Chase, Newcastle, South Staffs and Tamworth.



Source: Department for Education from LAIT and Nexus

# Jobs and Income

Income is often linked to life expectancy, disability free life expectancy and self reported good/poor health. In Staffordshire, higher than average employment (80%) and unemployment rates remain well below national and regional averages.

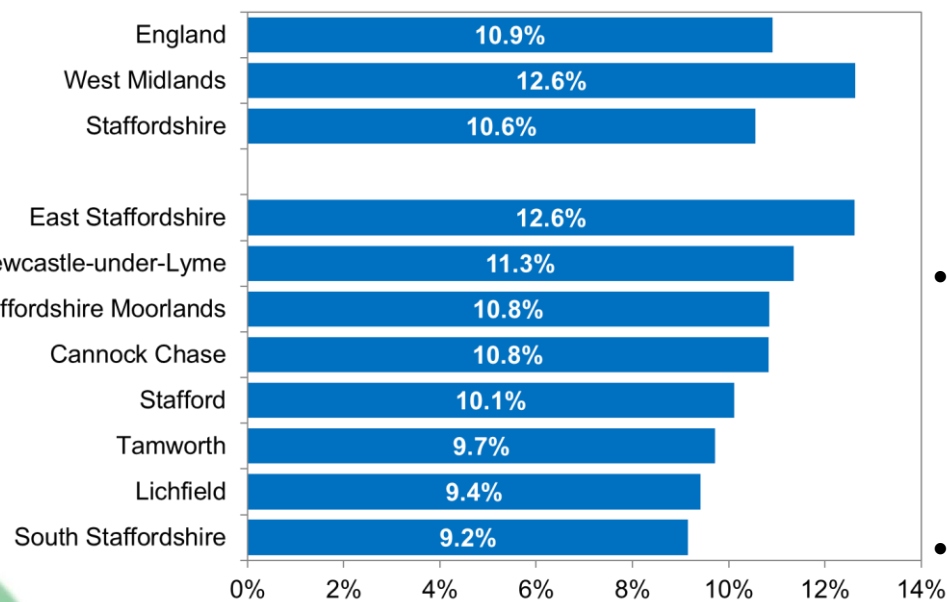


- Lower than average annual earnings.
- Cannock Chase and Newcastle have the lowest levels of income, and also experience health issues such as lower life expectancy and excess weight.
- More Staffordshire residents are in lower paid, more manual and routine jobs, compared to national.
- Positively, house prices remain low in Staffordshire and therefore more affordable.

# Housing

The housing environment is a key factor contributing to positive mental wellbeing, prevention of accidents and falls and living independently.

Percentage of Households in Fuel Poverty, 2017



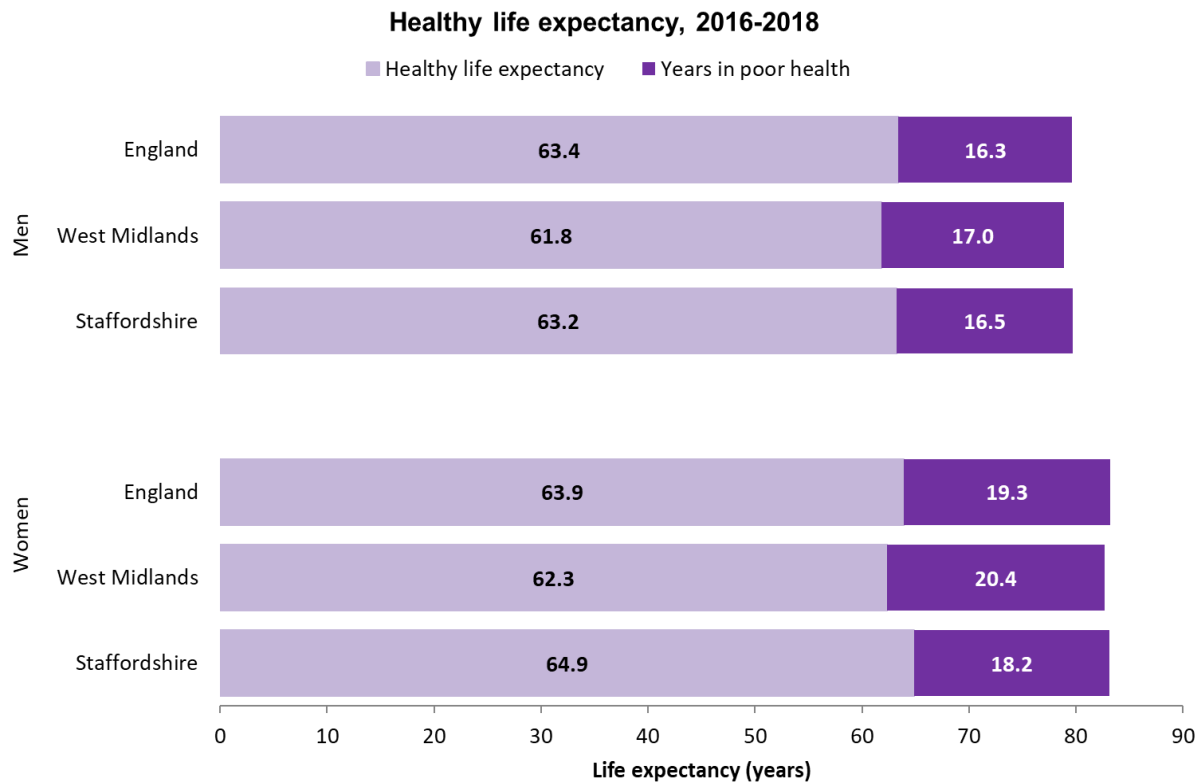
- Fuel poverty (10.6%), although just below national, it has been higher than average for 5 of the last 7 years, and represents over 39,000 households who may struggle to maintain a warm, dry home.
- Primarily in East Staffordshire and Newcastle. Also the areas with higher unplanned admissions for respiratory conditions.
- 559 households homeless/at risk of becoming homeless (April-June 2019), an increase from the previous year.
- Of these, 256 (46%) are in priority need, higher than national (45%) and West Midlands (37%).

# Ageing Well

# Healthy Life Expectancy

Life expectancy is a good measure of the quality of life years of a population.

- On average in Staffordshire women spend over 18 years of their lives in poor health, and Men spend 16.5 years in poor health.
- Compared with national, men spend less of their lives in good health while women spend more of their life in good health.
- Staffordshire residents living in the most deprived areas have a HLE which is around 12 years shorter than those living in less deprived areas.



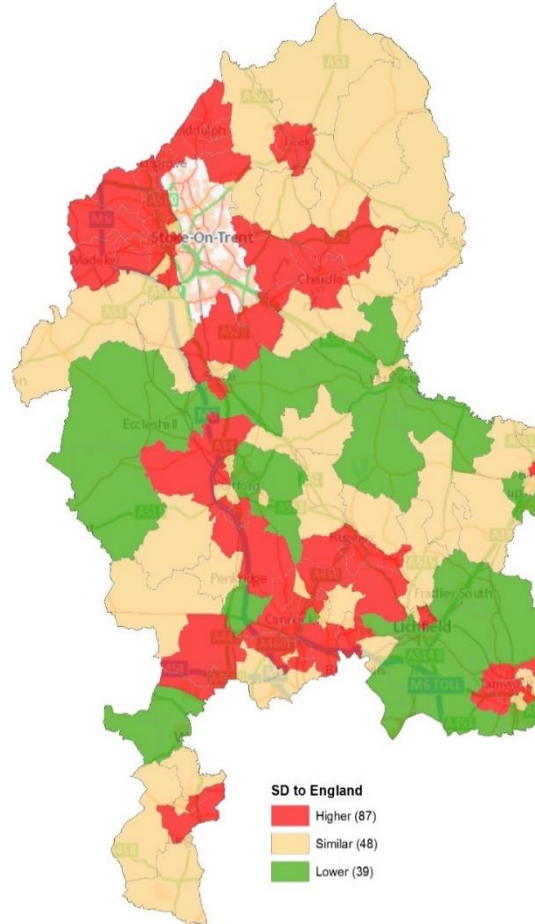
Source: Office for National Statistics



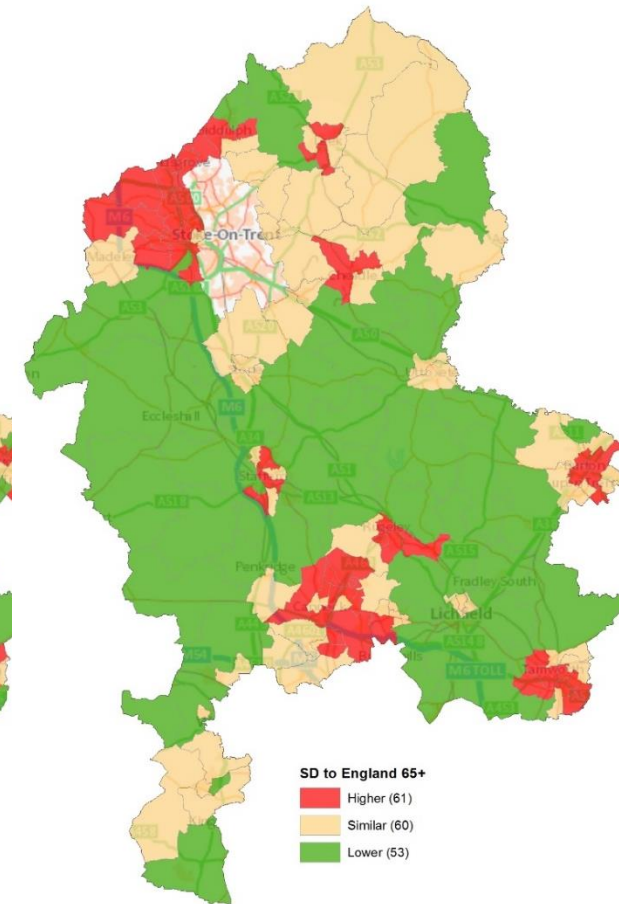
# Limiting Long Term Illness

- 22% of Staffordshire adults have a limiting long term illness. In older people (aged 65+) this increases to 53%. Both statistically higher than national (20.4% and 51.5%).
- Half of Staffordshire's wards have a higher than average proportion of all adults living with a limiting long term illness, and around a third for older people.
- This varies widely, ranging from 11% in Hawks Green (Cannock Chase) to 32% in Biddulph South (Staffordshire Moorlands)

LLTI – all adults



LLTI – aged 65+



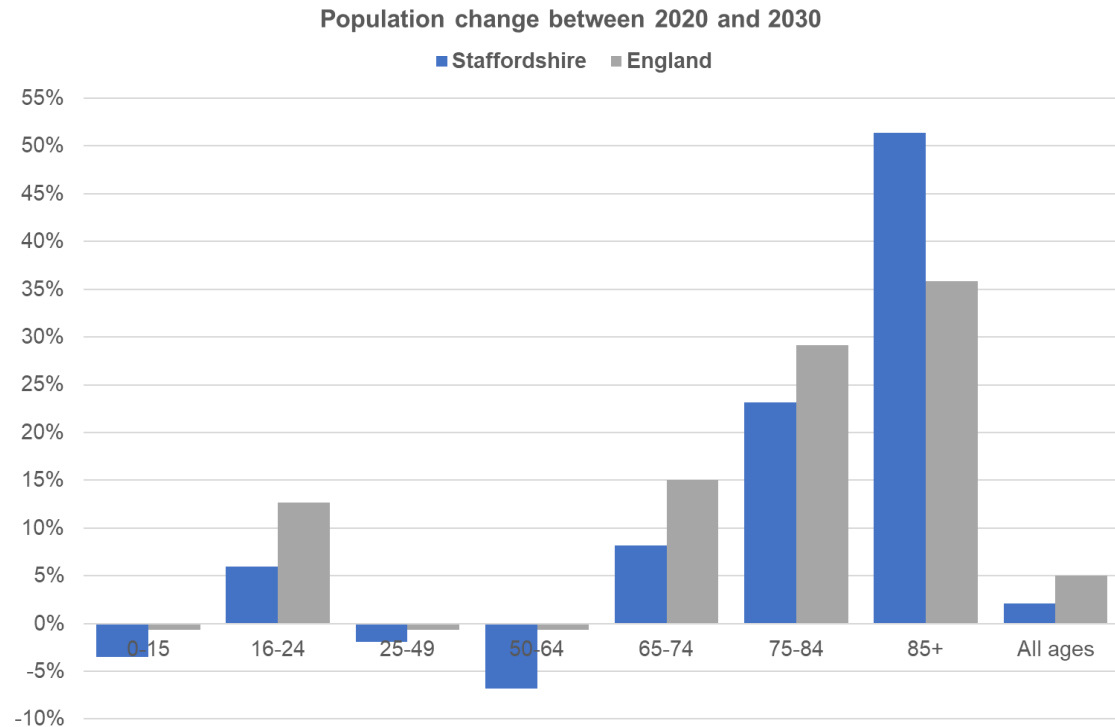
**By 2030 over 19,000 more Staffordshire residents living with a limiting long term illness**

Source: Census, 2011

# Projected Growth in Older Population

By 2030:

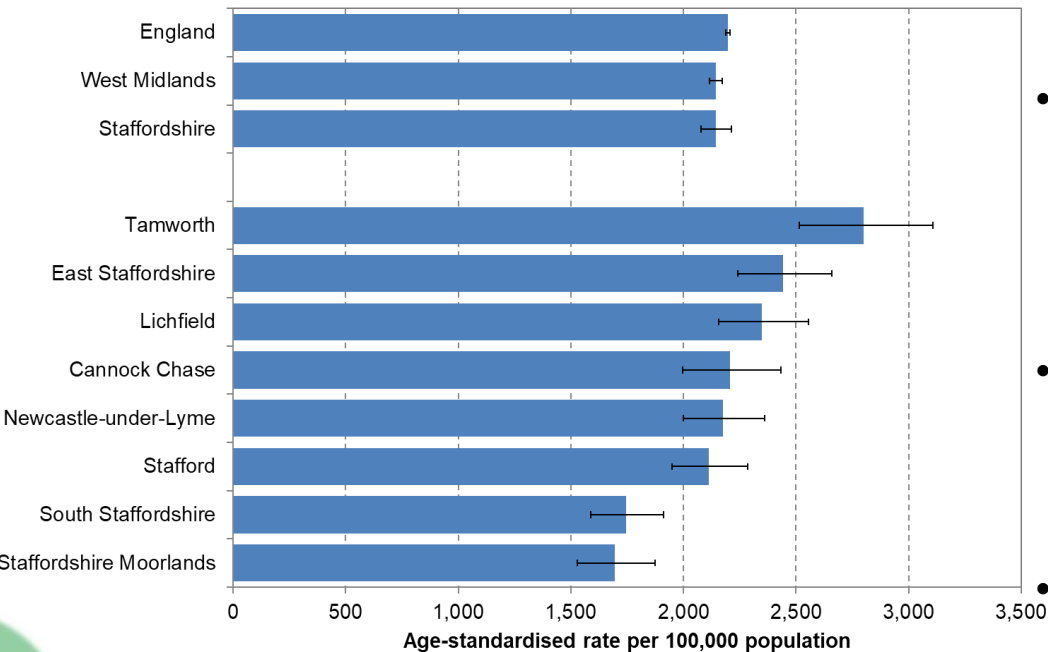
- Staffordshire's elderly population (85+) will increase by 12,250 people.
- Unlike the national trend, working age population projected to decline and the older population will increase.
- Fewer working age people to support the young and the old.
- All represent an increasing demand on public services.



Source: Office for National Statistics

# Frail Elderly – Falls Admissions

Admissions from falls in people aged 65 and over, 2018/19

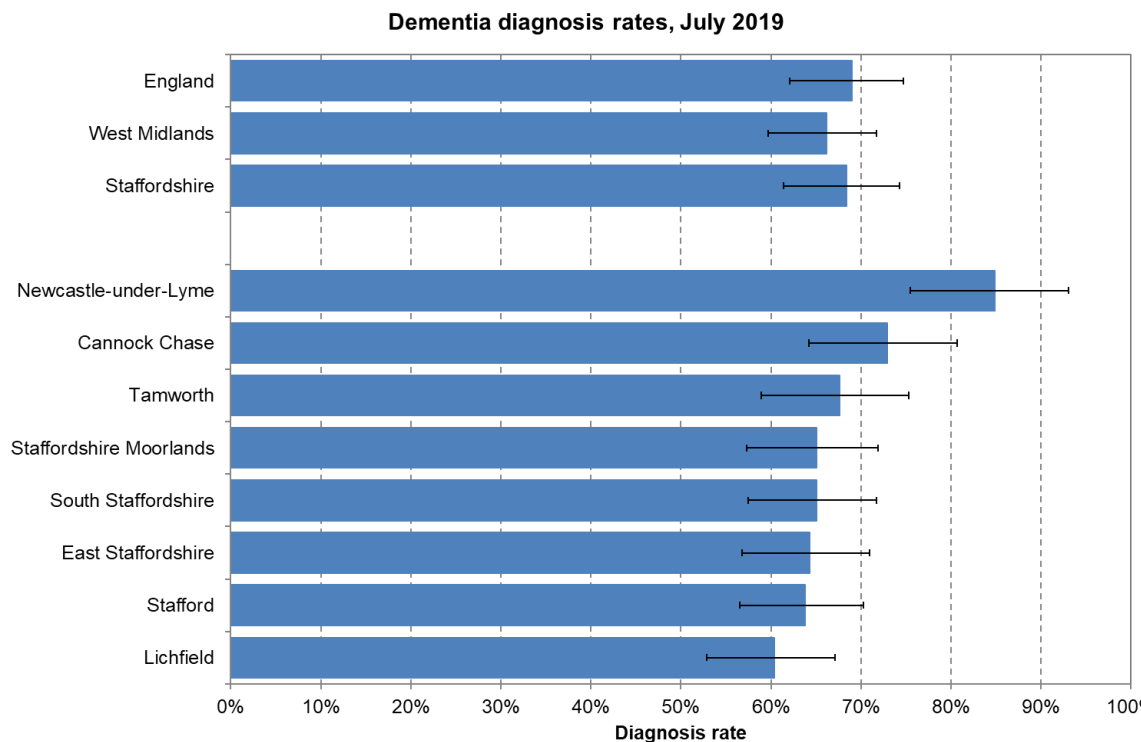


- Over 3,900 admissions to hospital for Staffordshire people aged 65+ for a fall-related injury (2018/19).
- Staffordshire falls admission rate increased by 10% between 2017/18 and 2018/19, and now similar to national average.
- Falls lead to increased risk of hip fracture - over 1,000 hip fracture admissions in Staffordshire each year.
- People aged 75+ account for three quarters of hip fractures, with rates higher in women.
- Highest in Tamworth and East Staffordshire (higher than National) .

**By 2030, an additional 870 falls admissions per year, if admissions grow at the same rate as 65+ population.**

# Dementia Prevalence

- Over 13,000 older people in Staffordshire are estimated to suffer from Dementia.
- Diagnosis rate in Staffordshire is 68%, as at end of July 2019, and in line with national.
- Although all districts are similar to national, diagnosis rates are at their lowest for Lichfield.
- Prevalence set to increase by 4,300 people by 2030.
- A higher diagnosis rates does however enable people to receive appropriate treatment.

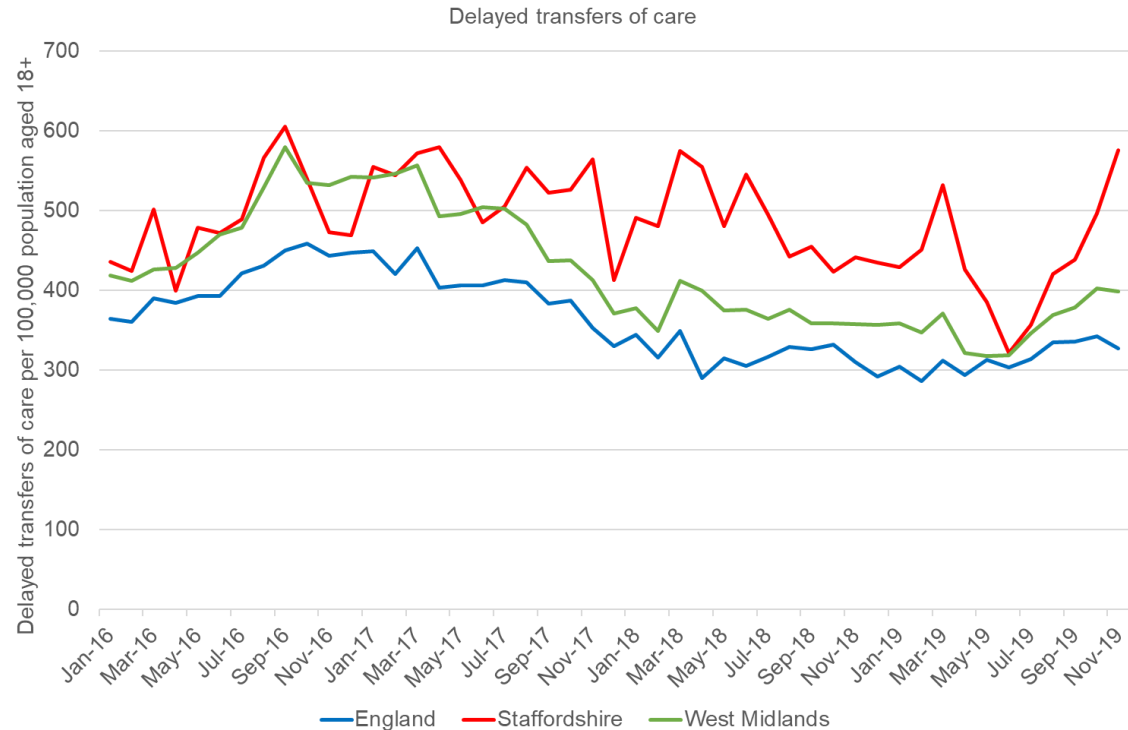


Source: Health and Social Care Information Centre

# Delayed Transfers of Care

Staffordshire has high levels of delayed transfers of care. Two thirds are attributable to the NHS and one third to social care. These are due to high numbers of hospital admission of the frail elderly, hospital acquired functional deconditioning, and difficulty in discharging people to ‘discharge to assess’ services.

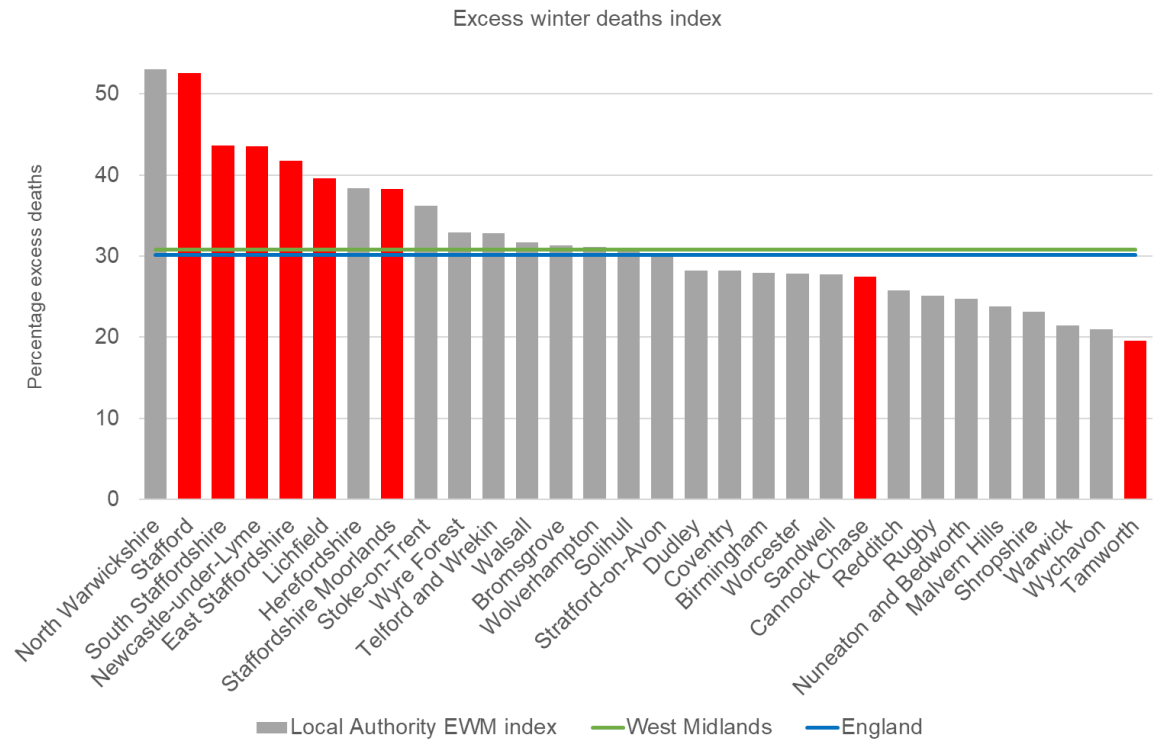
- Delayed transfers of care have increased over the winter, after a decline in the summer, and remain higher than regional and national levels.
- A third of delayed transfers of care related to University Hospitals North Midlands.



# Excess Winter Deaths

Excess winter deaths has potential to impact on lower life expectancy, with common causes being respiratory diseases and mental health.

- Staffordshire has the highest rate of its statistical neighbours, with 6 districts falling into the 10 worst performing Local Authorities in the West Midlands.
- Higher than average rates compared to national (2017-18).
- Highest rates experienced in Stafford (52.5%), who rank the fifth worst area in England. Lowest rates in Tamworth (19.6%).
- Over one third of all excess winter deaths were caused by respiratory diseases.



Source: Public Health England. Public Health Profiles. Feb 2020  
<https://fingertips.phe.org.uk> © Crown copyright 2020

# Staying Mentally Well

# Mental Health Prevalence - Children and Young People

- Limited data on the prevalence of emotional and mental disorders; but estimates from national surveys provide an indication of possible scale:

Between 1 and 2 in 10 children in Early Years have poor emotional wellbeing.



**2,780 to 5,550**

Staffordshire children

Almost 1 in 10 children of school age have a mental health disorder.



**10,353**

Staffordshire children/young people

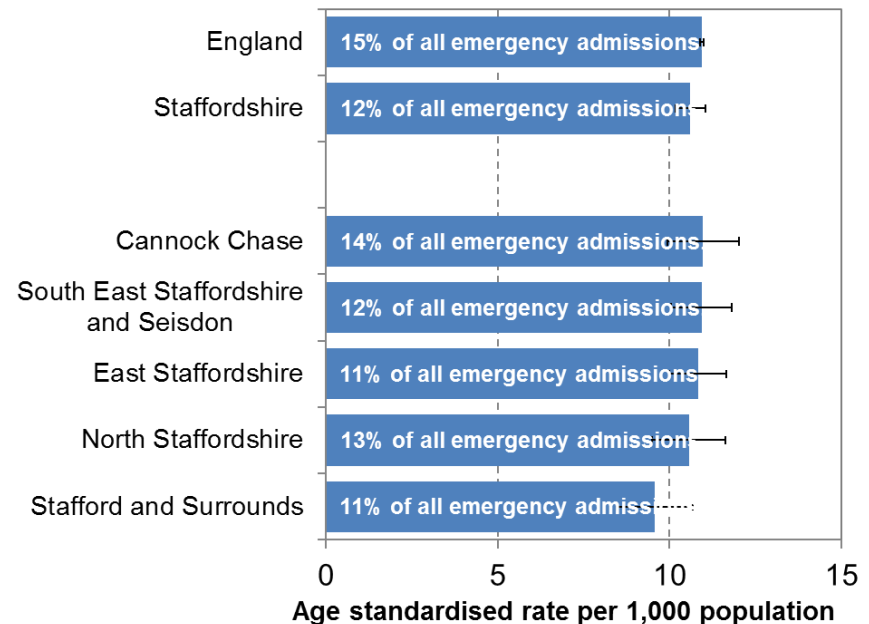
- Mental Health is the second most commonly cited factor in children's social care assessments - 60% (3,748) of children's social care assessments in 2018/19, up from 56% in 2017/18.
- 7,500 responses to Make Your Mark Survey (2019) also highlight mental health as a top concern (24%) in younger people.



# Hospital Admissions - Mental Health Under 25s

- 1 in 8 (12%) emergency hospital admissions for under 25s with a mental health diagnosis in Staffordshire (2018/19), lower than national (15%).
- The number of referrals to Child and Adolescent Mental Health Services (CAMHS) increased by 11% between 2017/18 and 2018/19\*.
- The number of C&YP accessing NHS funded community mental health services increased by 2% between 2017/18 and 2018/19.

**Emergency admissions to hospital by under 25s with a mental health diagnosis in any diagnosis record, 2018/19**

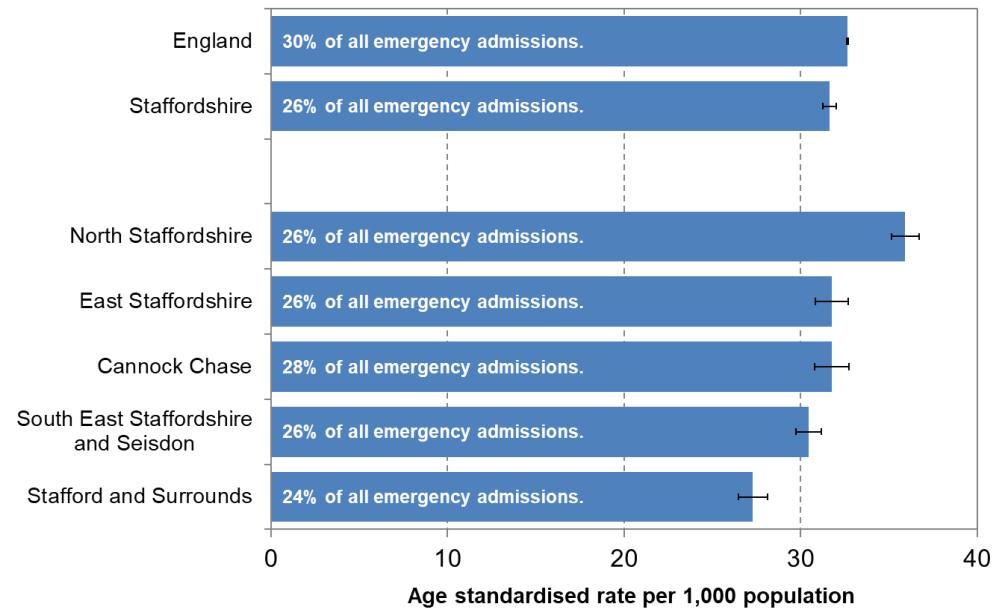


\* Includes referrals to North Staffs Combined and MPFT services only, does not include referrals to third sector organisations.

# Hospital Admissions – Mental Health Adults

- 1 in 4 (26%) emergency hospital admissions for adults with a mental health diagnosis in 2018/19, also lower than national (30%).
- North Staffordshire has the highest admission rate with a mental health diagnosis.
- Staffordshire also has fourth highest rate of its statistical neighbours for emergency admissions for intentional self harm (all ages.)
- Newcastle and Staffordshire Moorlands also have higher GP recorded levels of depression/severe mental illness.

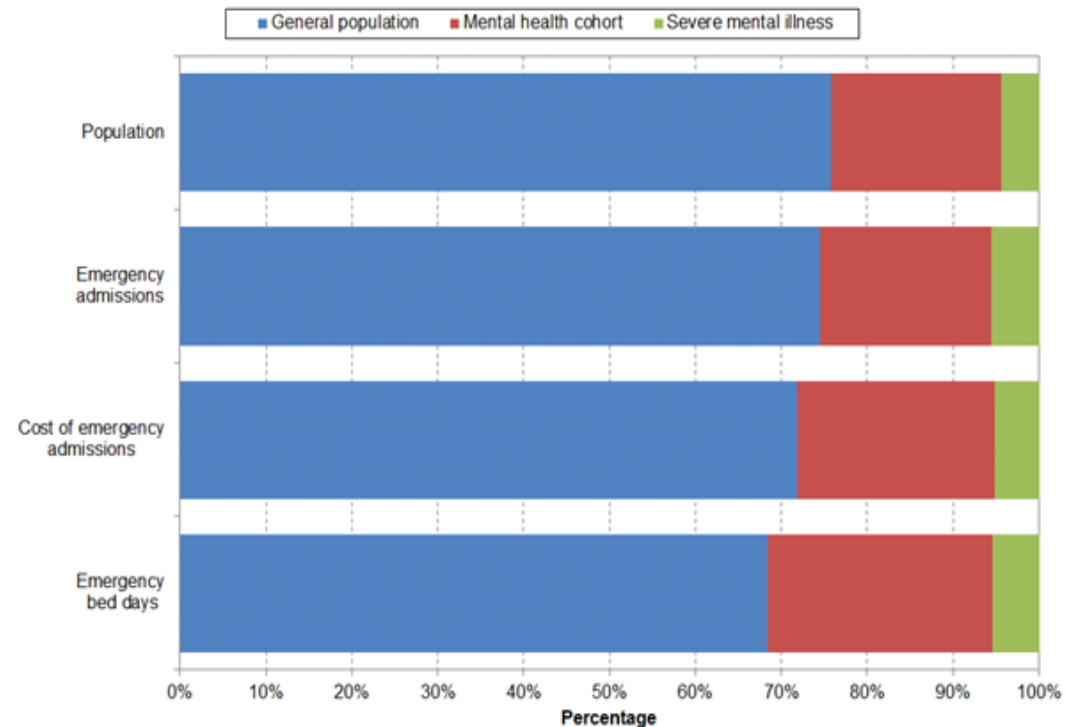
**Emergency admissions to hospital with a mental health diagnosis in any diagnosis record, 2018/19**



# Hospital Admissions – Mental Health Adults

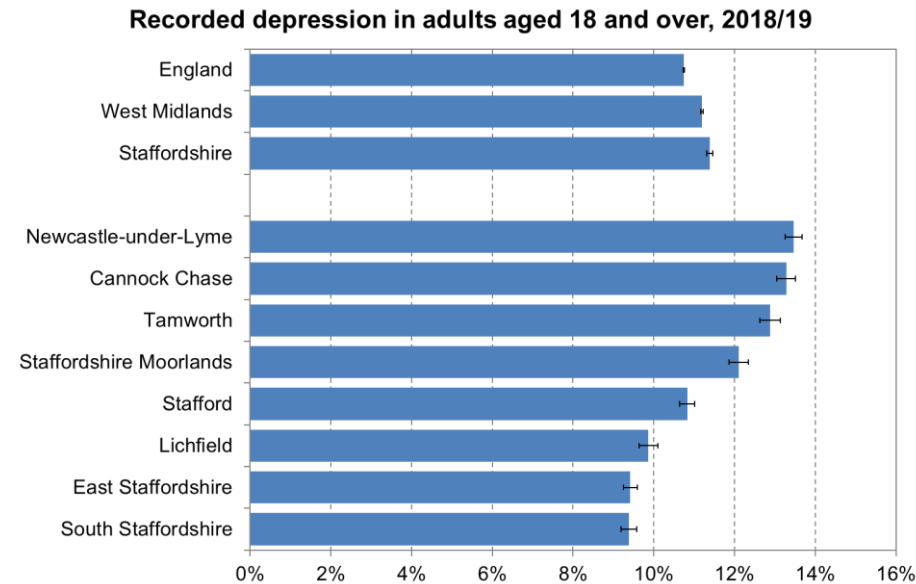
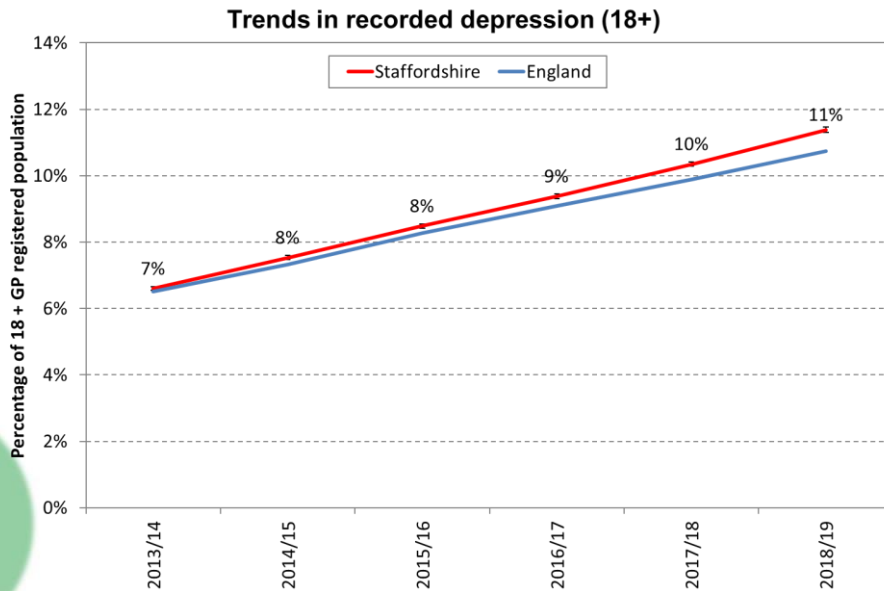
- In Staffordshire, once admitted to hospital, people with a mental health condition have longer spells in hospital (4.9 days) compared with the general population (2.8 days).
- People with a mental health condition also make up around one third of all emergency bed days, and 28% of all costs in Staffordshire.
- Average cost of an admission for a patient with a mental health condition in Staffordshire is around £420 more than the general population.

**Population and emergency admissions for Staffordshire patients aged 16+ (2014/15)**



# GP Recorded Depression - Adults

- GP recorded depression (11%) is increasing and is higher than the national average.
- Recorded prevalence of depression is higher than national in Newcastle, Cannock Chase, Tamworth and Staffordshire Moorlands.

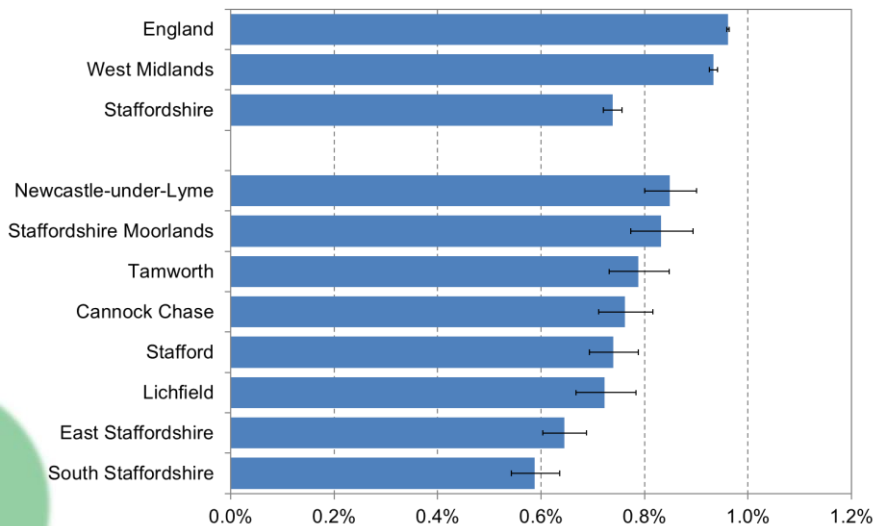


Source: Quality and Outcomes Framework (QOF), NHS Digital

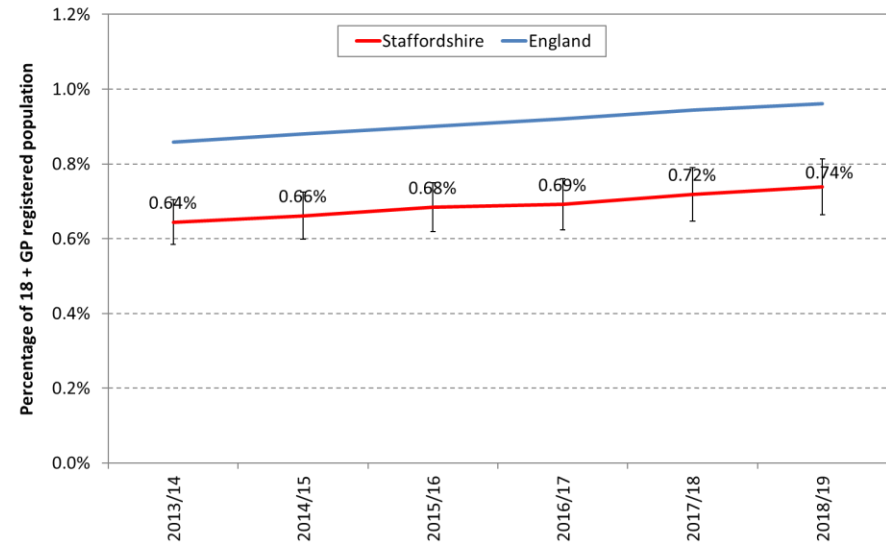
# Severe Mental Illness

- GP recorded severe mental illness is below the national average but is increasing.
- The prevalence is higher in Newcastle and Staffordshire Moorlands.

Recorded severe mental illness, 2018/19



Trends in recorded severe mental illness



Source: Quality and Outcomes Framework (QOF), NHS Digital

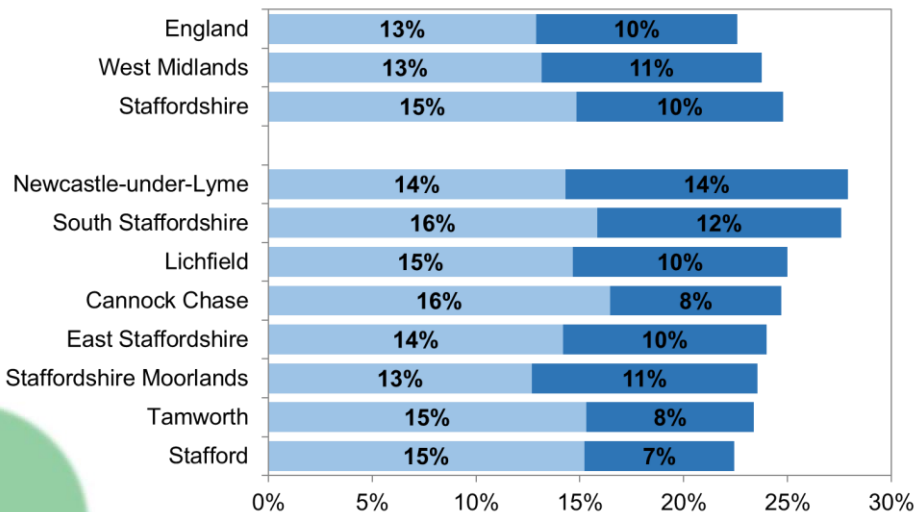
# Healthy Lifestyles

# Excess Weight

- In Staffordshire 1 in 4 reception aged children, 1 in 3 at the end of primary school and 2 in 3 adults are overweight or obese.
- **Excess weight** (overweight and obese) for both reception aged children and adults is higher than the England average.

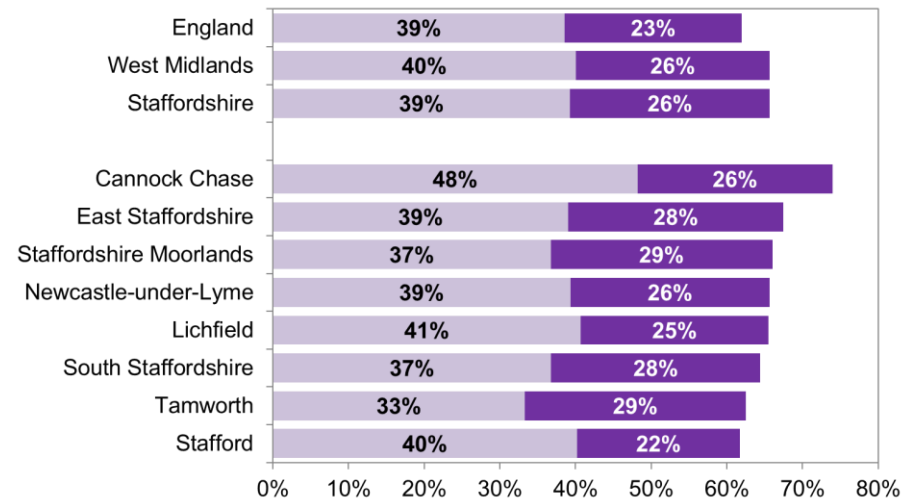
Excess Weight in Reception aged Children, 2018/19

Overweight Obese



Excess Weight in Adults aged 16 and over, 2017/18

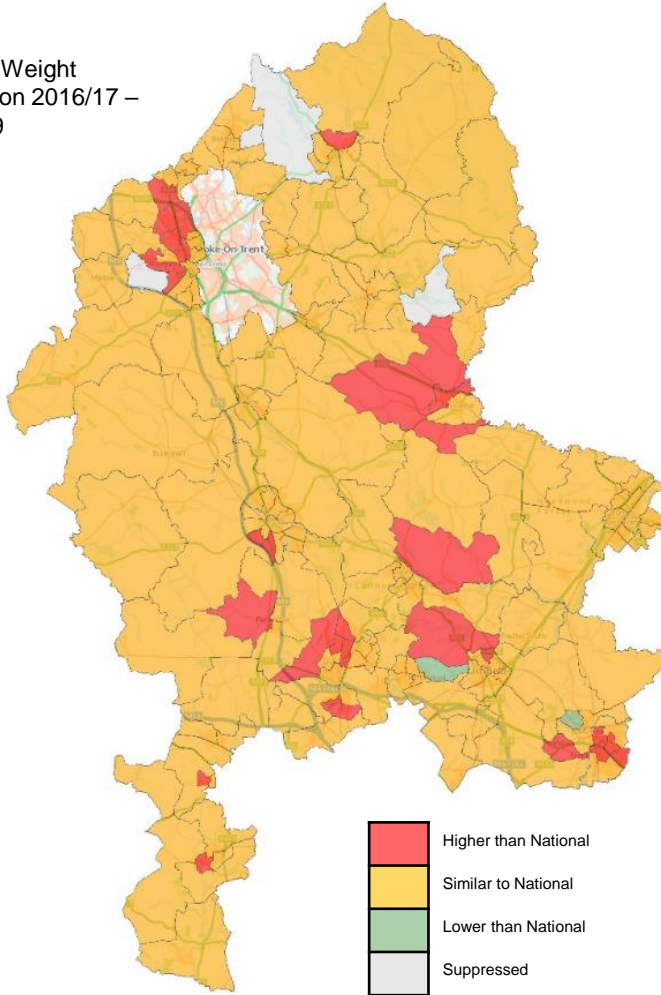
Overweight Obese



- Similar localities with higher than average **Obesity** levels:
- **Reception children:** Newcastle & South Staffordshire. **Adults:** Cannock & East Staffs.

# Excess Weight in Reception Aged Children – Locality Focus

Excess Weight  
Reception 2016/17 –  
2018/19



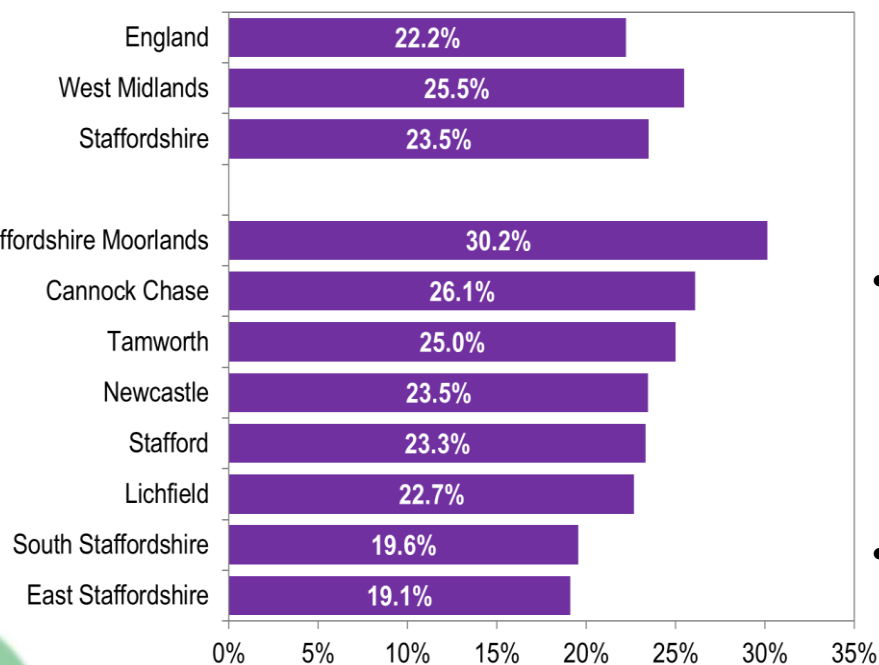
- **Newcastle** is the third worst area in England for Obesity, and levels have increased from 7.4% (2014/15) to 13.6% (2018/19).
- Over a quarter of Newcastle's wards have significantly higher levels of Excess Weight and Obesity than national.
- Overall, 29 Staffordshire wards have higher levels of **Excess Weight** for reception aged children, with each district having at least one ward affected.
- Two thirds (18) of these wards also have higher levels of deprivation than the Staffordshire average.



# Physical Inactivity in Adults

Regular physical activity is linked to reduced risk of obesity, various health conditions and improved wellbeing.

Percentage of Physically Inactive Adults, 2017/18



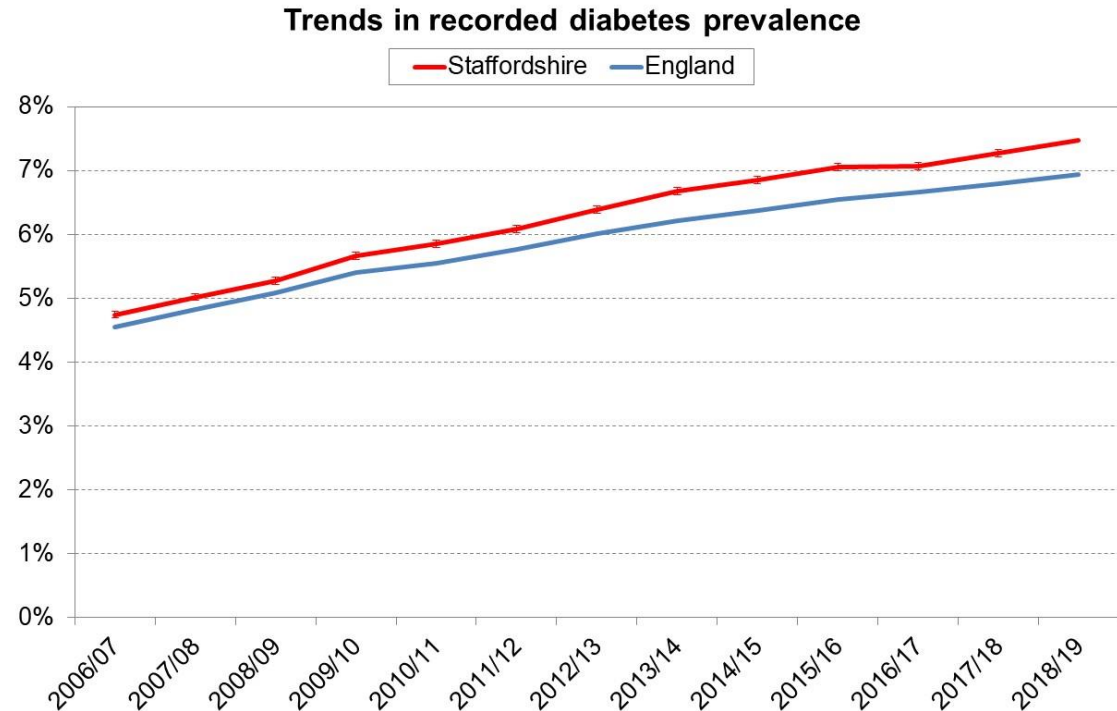
Source: Adult Weight – Public Health England (Using Active People Survey Data) from Fingertips

- 1 in 4 Staffordshire adults are physically inactive, second highest of its statistical neighbours, ranked 10<sup>th</sup> worst area in England, and almost statistically above national.
- Staffordshire Moorlands has a higher than average proportion of inactive adults, and also experiences the highest levels of obesity and coronary heart disease.
- 1 in 5 people aged 25-54 are inactive, which increases with age.
- Staffordshire is also the lowest of its statistical neighbours, and statically worse than national, for walking five times a week.

# Diabetes Prevalence Trends

Lifestyle challenges such as obesity, are key risk factors for wider health conditions which often lead to increased pressure on the system.

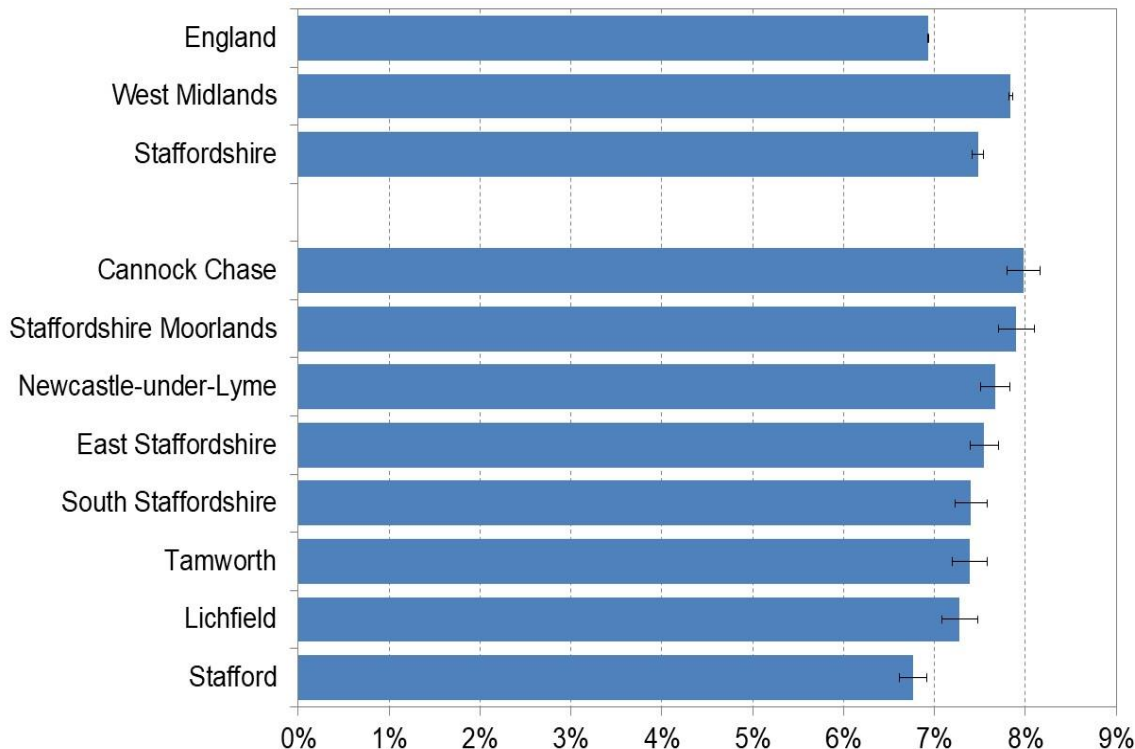
- Increasing trend in diabetes across Staffordshire, which continues to be faster than England.
- Likely to be a combination of poorer lifestyles amongst residents, as well as improvements in awareness, early diagnosis and recording over time.
- Estimated diagnosis rates have improved during the last 4 years, enabling better management of the condition.



Source: Quality and Outcomes Framework (QOF), NHS Digital

# Diabetes Prevalence by District

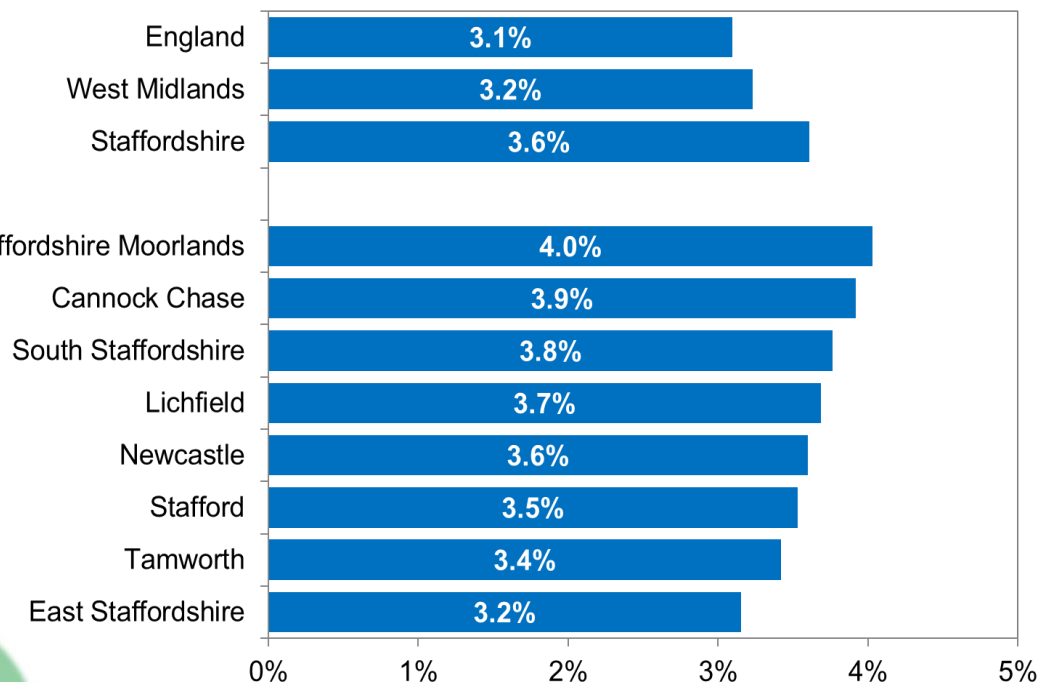
Recorded diabetes in adults aged 17 and over, 2018/19



- With the exception of Stafford, which is lower, the recorded prevalence of diabetes (2018/19) is higher across all districts in Staffordshire.
- Localities experiencing higher prevalence of diabetes linked to areas with high levels of adult weight, with Cannock Chase a key area of focus for both.

# Coronary Heart Disease

Coronary Heart Disease, 2018/19

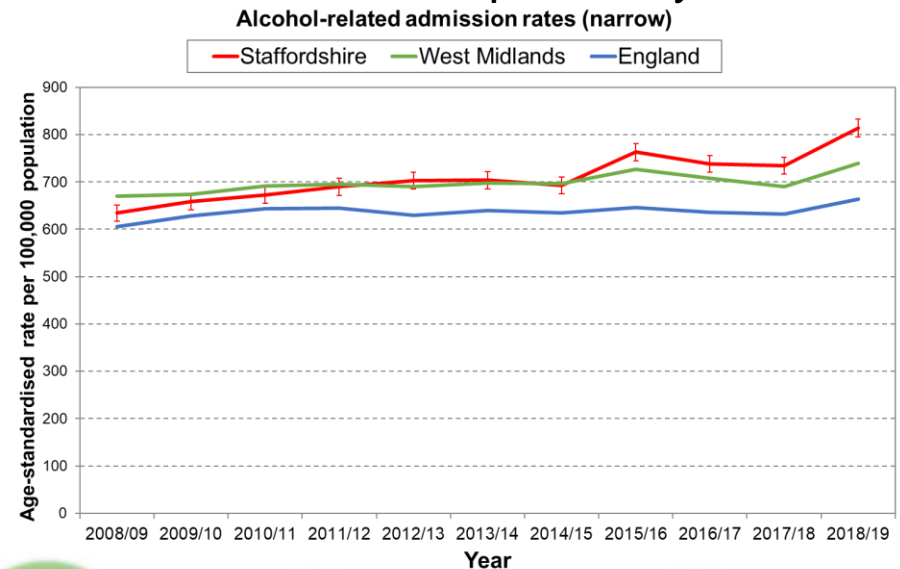
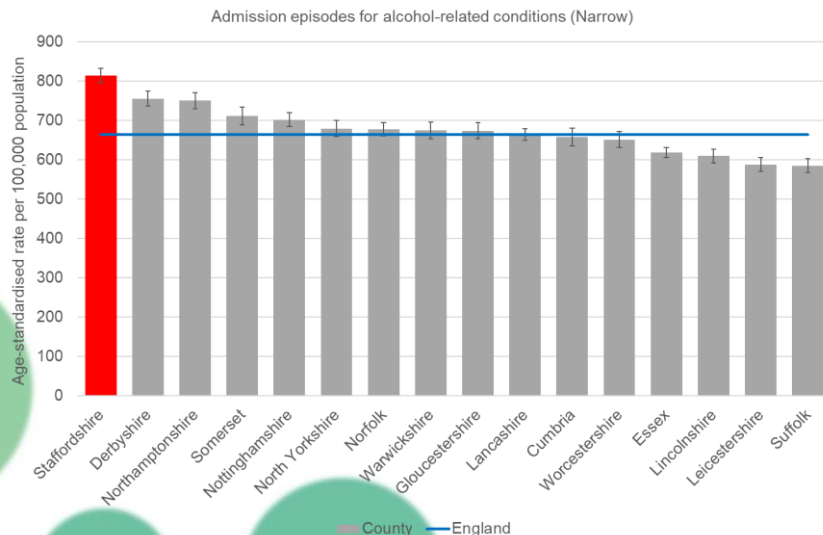


- Similarly, higher levels of excess weight and diabetes may have an impact on the prevalence of heart disease in Staffordshire.
- Staffordshire has a prevalence higher than national, and all localities, with the exception of East Staffordshire, also remain statistically higher than the national average.
- The districts with the highest levels, Staffordshire Moorlands and Cannock Chase, are also among those areas with higher levels of inactivity, obesity and diabetes prevalence.

# Alcohol and Drugs

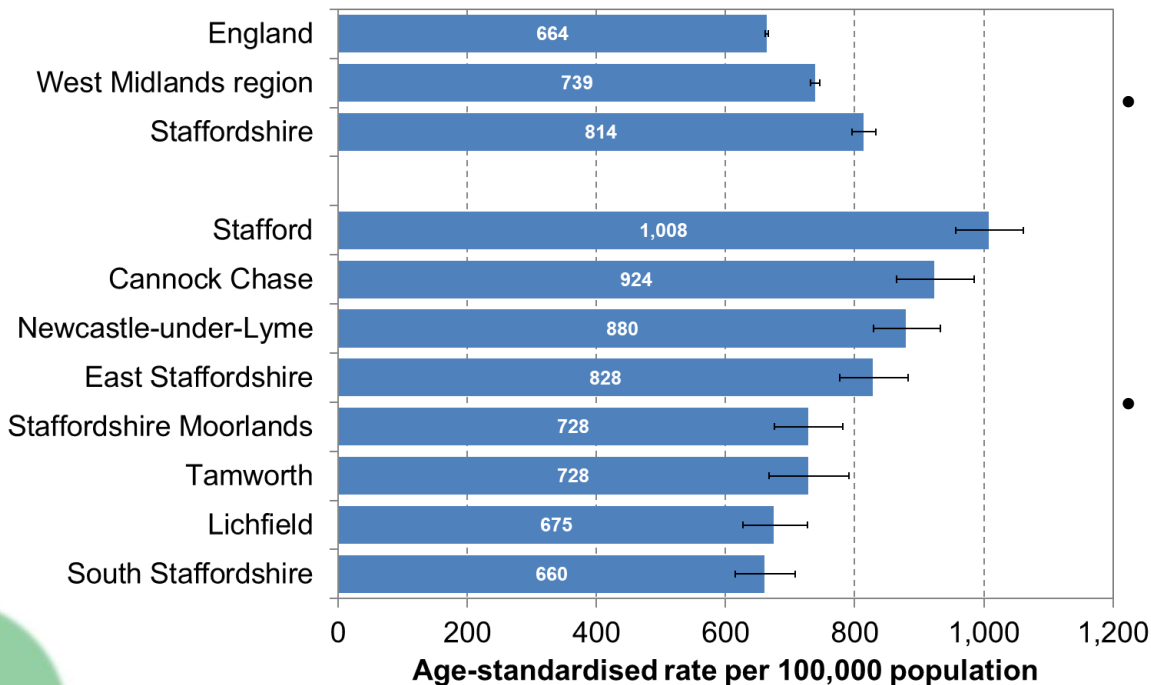
# Alcohol-Related Hospital Admissions for Adults

- 7,300 alcohol-related admissions (2018/19) for adults in Staffordshire, with rates increasing. Staffordshire also has the highest rate of its statistical neighbours. Nationally acknowledged as a measure that's indicative of the general health in a locality.
- National estimates (2019) applied to Staffordshire, suggest 6% (30,877) of adults are dependent on alcohol.
- One in 3 adults drink over 14 units of alcohol a week, and highest among males and the 55-64 age group. There is no income variation for alcohol dependency.



# Alcohol-Related Hospital Admissions by District

Alcohol-related admission rates (narrow), 2018/19

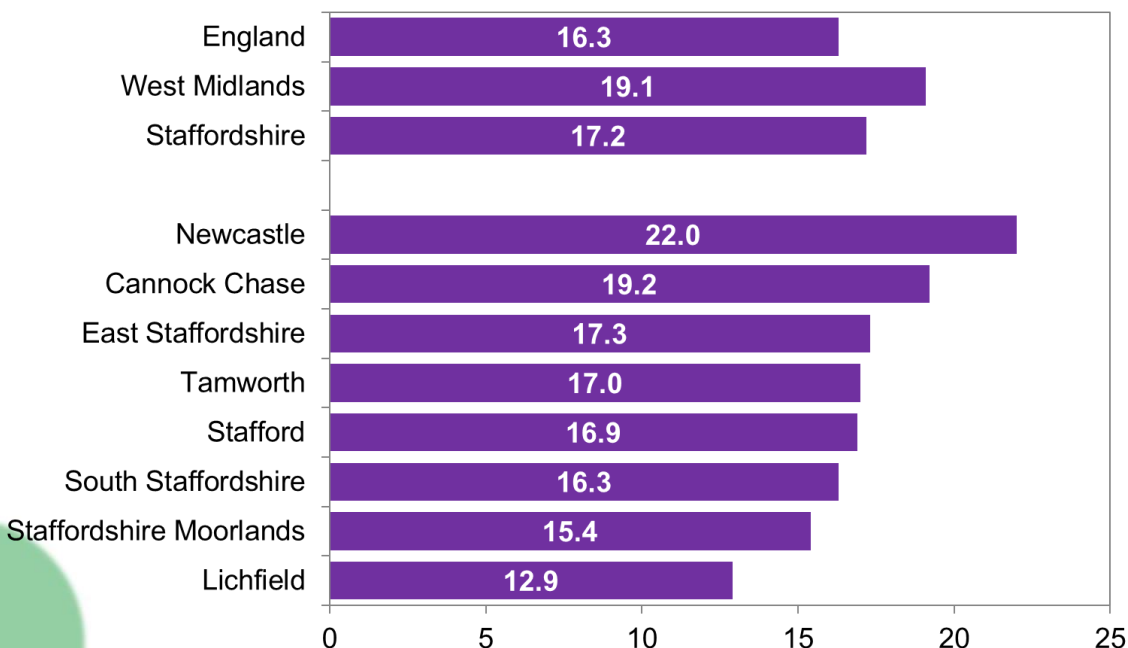


- Over half of Staffordshire's districts have higher than average rates.
- Stafford, Cannock Chase, Newcastle, East Staffordshire, Staffordshire Moorlands and Tamworth are all key areas of focus.
- 616 years of life lost due to alcohol related conditions in under 75 years (per 100,000), rising to 793 in East Staffordshire and 761 in Newcastle.
- Newcastle also has the highest preventable liver disease mortality rate.

# Preventable Liver Disease

Over 90% of liver disease is preventable, with alcohol consumption and obesity being two key risk factors.

**Under 75 Mortality from Liver Disease Considered Preventable, Rate per 100,000 ; 2016-18**

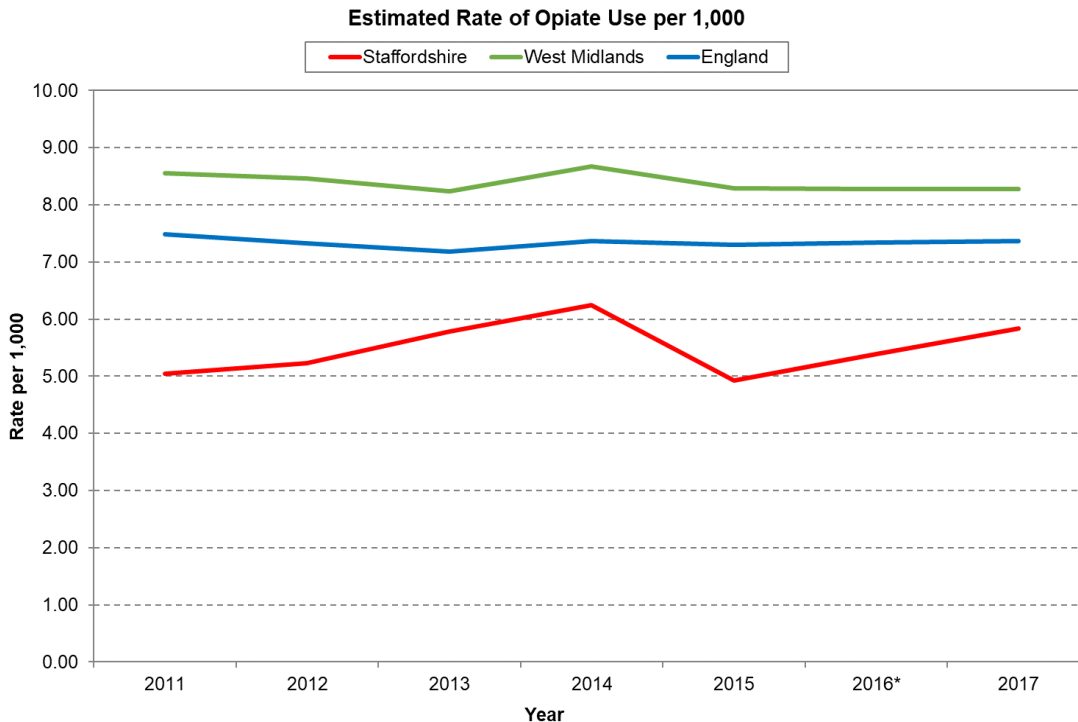


- Around 160 adults die each year from liver disease, with rates among females above national average.
- Rates have risen by 22% between 2011-13 and 2016-18, and is above national (but not significantly so).
- Similar to alcohol related hospital admissions, Newcastle, Cannock Chase and East Staffordshire have higher rates.
- These localities also experience multiple social economic issues e.g. higher excess weight levels, low KS4 education attainment.



# Prevalence of Drug Misuse

Similar to alcohol, drug use is also a key cause of societal harm, including crime, family breakdown and deprivation.

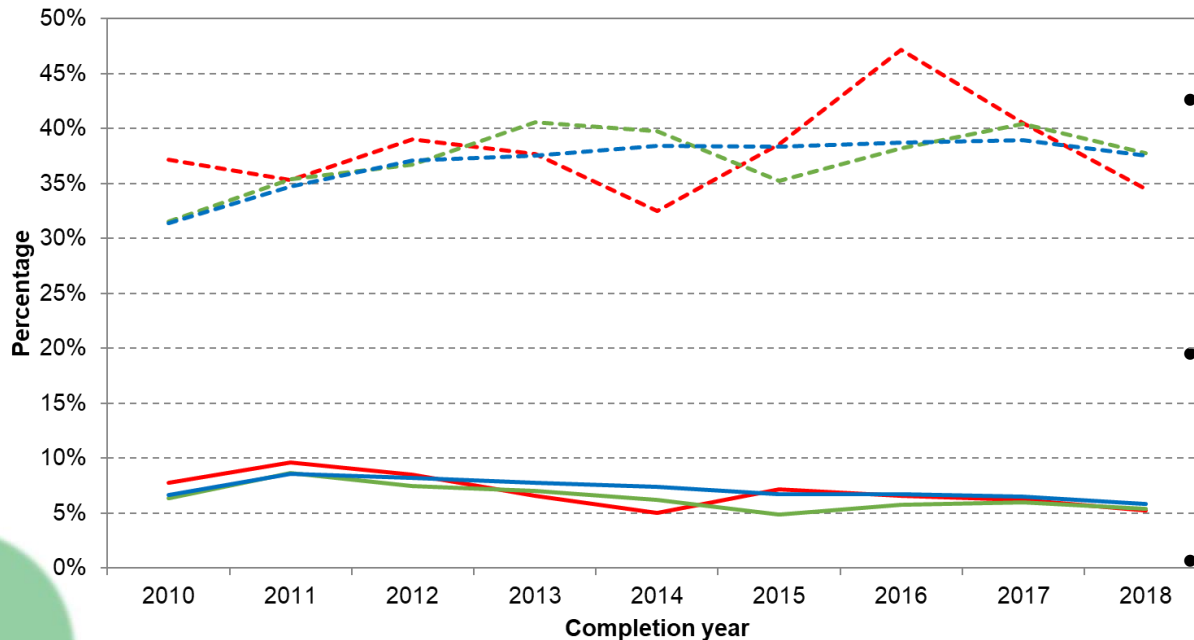


- It is estimated 17,472 Staffordshire adults have a drug dependence (2019), with two thirds (67%) being male.
- Prevalence is greater in those from lower income groups.
- Opiate use has a greater prevalence in Staffordshire (5.84 per 1,000), compared to crack cocaine use (3.56 per 1,000), however both remain in line with national.

# Drug and Alcohol Treatment Outcomes

Successful completion of drug treatment - opiates (PHOF 2.15i) and alcohol treatment (PHOF 2.15iii)

— Opiates: Staffordshire    — Opiates: West Midlands    — Opiates: England  
- - - Alcohol: Staffordshire    - - - Alcohol: West Midlands    - - - Alcohol: England

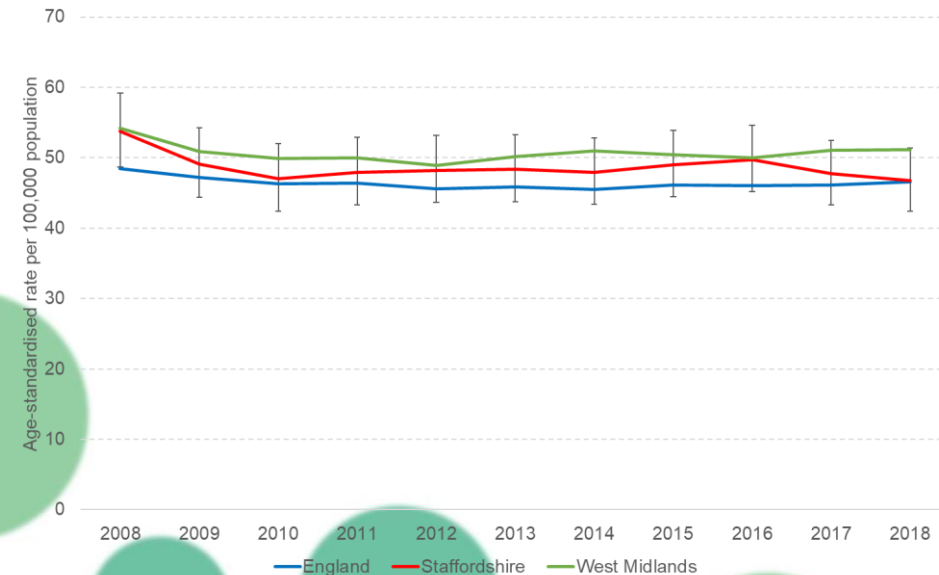


- Successful completion of drug and alcohol treatment is used as the key proxy measure of recovery.
- 34.5% of alcohol users successfully completed treatment, below national (37.6%) but not significantly.
- Also, recent decline in successful outcomes for alcohol users (2017 / 2018).
- 5.3% (88) of opiate users in Staffordshire successfully completed treatment, below national, but not significantly.

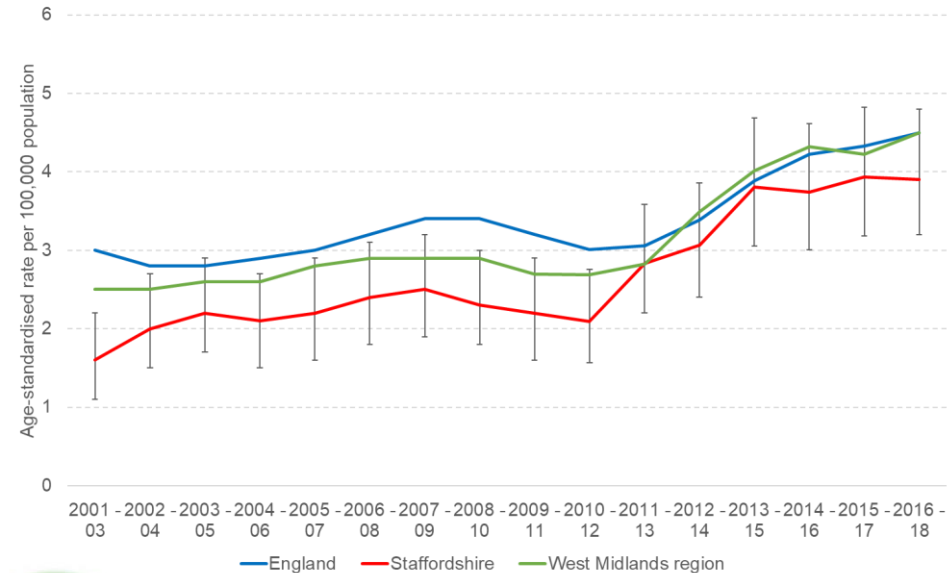
# Alcohol and Drugs - Mortality Rates

- Nearly 430 alcohol related deaths recorded in Staffordshire (2018), with a slight decline since 2016. Similarly, rates among males are over twice as high as females.
- Death rates for drug misuse remain lower than national and regional rates. Whilst small numbers, Staffordshire has seen a rise in the last 6 years, a similar trend to national. 97 Staffordshire residents died from drug misuse (less than 1% of all deaths during 2016-18). Nationally recognised as a key impact of an ageing population of people who use drugs.

Alcohol-related mortality



Deaths from drug misuse



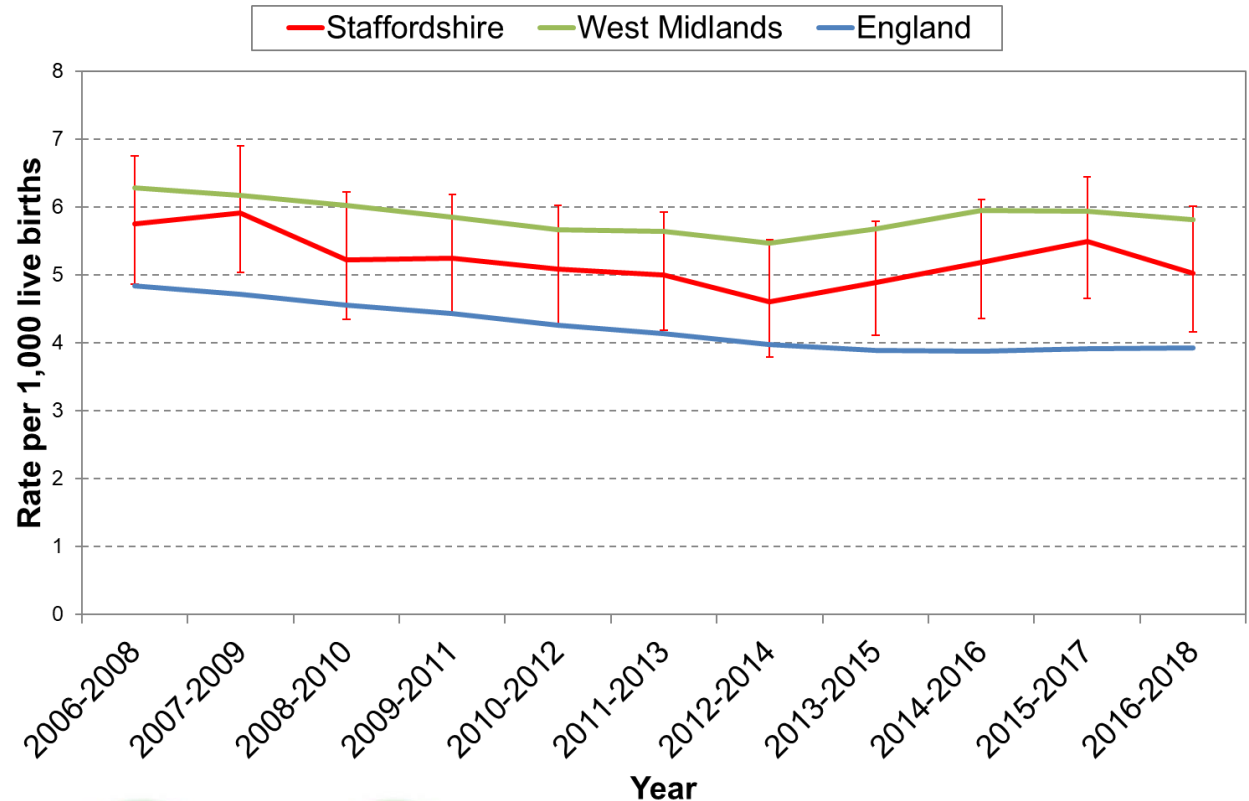
# Maternal and Infant Health

# Infant Mortality – Rising Trend

A key indicator of the general health of an entire population.

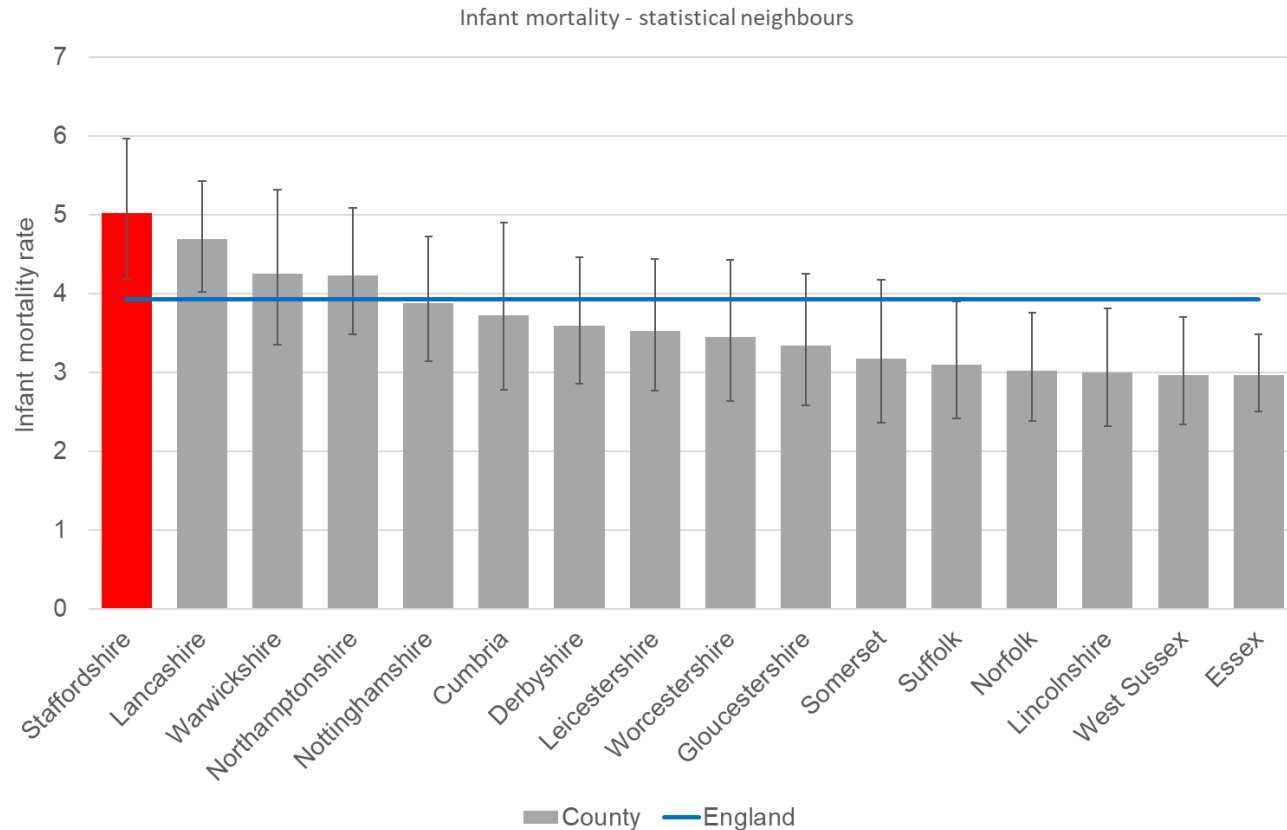
- A total of 128 infant deaths (5 per 1,000 births) within their first year of life (2016-18). Of these, 102 (80%) occurred in the first 28 days (neonatal deaths).
- Rates recently been increasing, and despite recent reduction current rates remains higher than national and statistical neighbours.
- Tamworth and East Staffordshire with a higher than average rate – 7.1 and 6.8 per 1,000 births. Also ranked 5<sup>th</sup> and 6<sup>th</sup> worst areas in England respectively.

**To reach the national average, Staffordshire would need to reduce the number of infant deaths by 10 each year.**



# Infant Mortality - Statistical Neighbour Comparator

- Staffordshire has the highest rate of all its statistical neighbours.
- To reach the statistical neighbour average we would need to reduce the deaths by 11 a year.
- Higher rates linked to areas facing multiple socio-economic issues – half of infant deaths are in Staffordshire’s top 2 deprived quintiles.



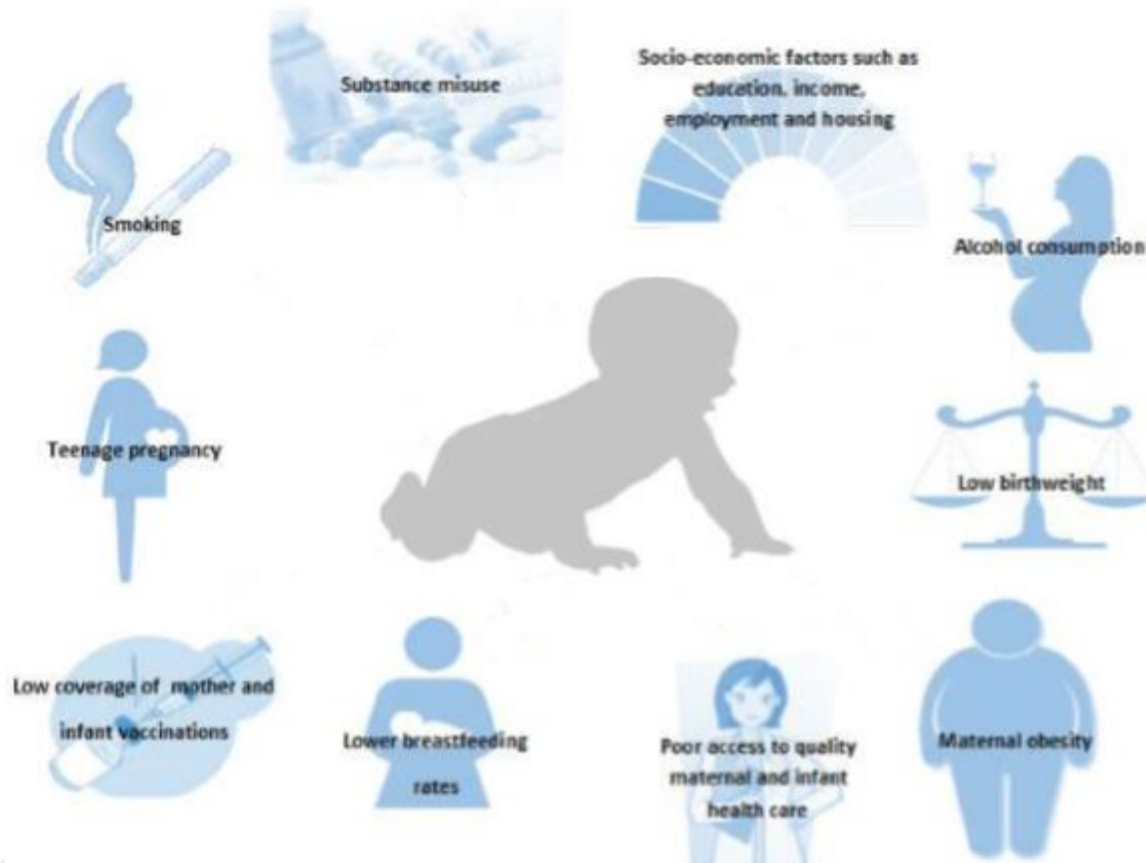
# Child Death Overview Panel – Key Findings

Local Safeguarding Children Boards (LSCBs) required to review the deaths of all children, to learn lessons and reduce number of preventable child deaths.

- The total number of deaths in Staffordshire and Stoke-on-Trent between April 2017 and March 2019 was 135, of which 62% were in Staffordshire. Most were boys (56%).
- Where reviews details are available, modifiable factors were identified in 30 deaths:
  - 25 cases related to children aged under one year.
  - 11 cases associated with sleeping arrangements.
  - Smoking was identified in 18 of the 30 cases.
  - Alcohol / Drug use was identified in 8 cases.
  - Other factors identified included: domestic violence, neglect, not accessing healthcare, consanguinity and environment.

# Infant Mortality: Key Risk Factors

A number of factors are known to increase infant mortality, therefore understanding these provides an opportunity for early intervention and prevention strategies.






# Tackling Infant Mortality


**13%**

of mothers  
smoked during  
pregnancy




**1 in 13**

Babies born with  
low birthweight




**1 in 3**

Mums don't start  
breastfeeding



**1 in 5**

New birth visits  
not completed  
within 14 days



**2 in 100**

conceptions in  
girls aged 15-17



**53%**

Of pregnant  
women in  
Staffordshire  
don't get a Flu  
vaccine




**2 in 3**

Mums not  
breastfeeding at  
6-8 weeks



**1 in 5**

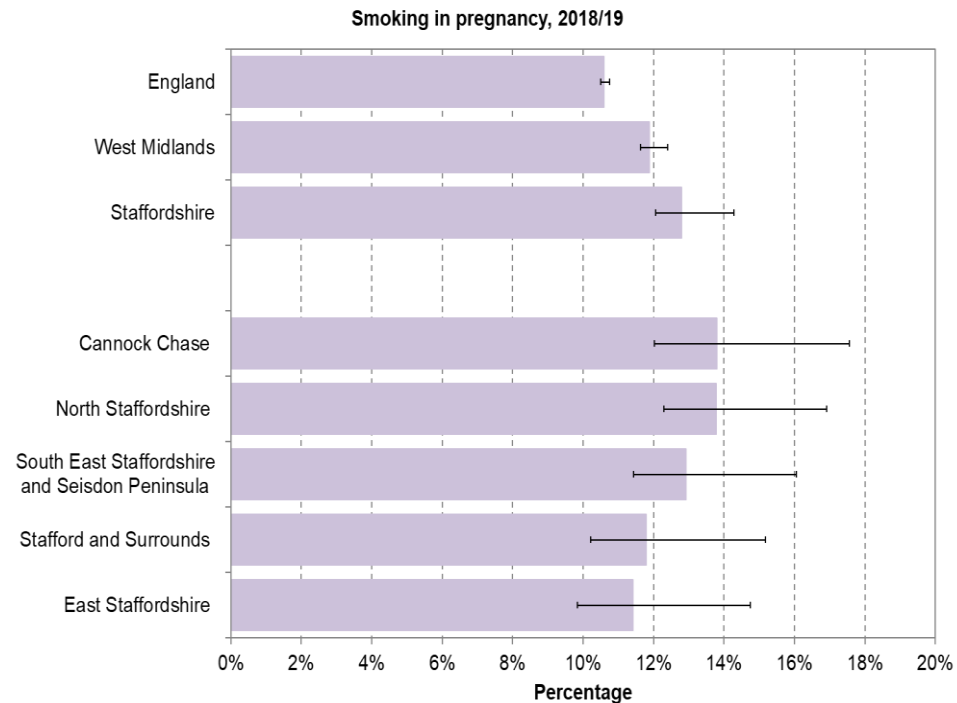
Did not receive a  
6-8 week review



# Infant Mortality Risk Factors: Smoking

Smoking in pregnancy is a known risk factor leading to infant mortality, and remains an area of focus for Staffordshire

- More women (13%) smoked during pregnancy, than the national average (2018/19). However, rates have remained stable since 2016.
- Rates higher across all localities, particularly Cannock Chase and North Staffordshire.
- Also highest in routine and manual occupations (25%).

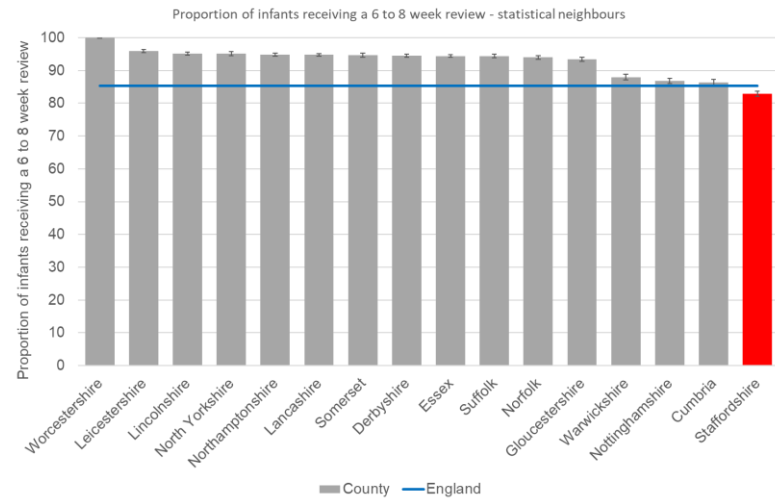
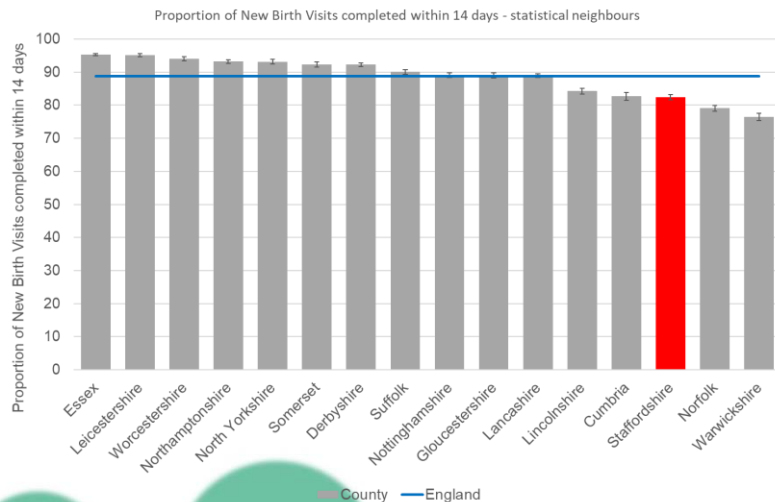


Source: Health and Social Care Information Centre, Lifestyle Statistics

# Access to Maternal and Infant Health Care

Effective post natal support can help reduce the risk for infant mortality.

- 82.5% of new birth visits were completed within 14 days, and 83% of infants received a 6-8 week review.
- For both checks Staffordshire is significantly below national, and for 6-8 week reviews Staffordshire reports the lowest proportion of its statistical neighbours.
- Similar trend can be seen for early years - 1 in 4 children do not receive a 2-2½ year child development review. Note: low number of families participating in mandated checks is due to a higher volume of Did Not Attends (DNAs).



# Locality Summary

- The table below shows which districts were highlighted for each issue.
- Cannock Chase, Newcastle and Tamworth were identified for more issues than other districts.
- East Staffordshire was also identified across multiple issues.

	Cannock Chase	East Staffs	Lichfield	Newcastle	South Staffs	Stafford	Staffs Moorlands	Tamworth
1. Wider Determinants	■			■				■
2. Ageing Well		■	■	■	■	■		■
3. Staying Mentally Well	■			■			■	■
4. Healthy Lifestyles	■	■		■	■		■	
5. Alcohol and Drugs	■	■		■		■	■	■
6. Maternal and Infant Health	■	■						■