

The Story of Health & Care

Population Insights

Insight, Planning & Performance Team

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working
together
for better
health



Document Details

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Produced by	Insight, Planning & Performance Team Staffordshire County Council
Contact	Phillip Steventon, Public Health Analyst, Insight, Planning & Performance phillip.steventon@staffordshire.gov.uk 01785 276529
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1 Introduction

This report describes the citizens of Staffordshire, how the population has changed and likely future changes. The report includes the statistics about our population size and structure, the houses we live in, inequalities and the health and care services we use. It sets the scene for a more in-depth understanding of the implications for health and care in Staffordshire with some emerging observations, issues and future challenges.

This report focuses on the things that have the most impact of our health and wellbeing throughout our lives but the focus is around the size, structure and other key characteristics of our population and how they might impact on the health and social care needs in the future.

In this report we describe our population in terms of how many of us there are, our age, where we live, our ethnic backgrounds, our socio-economic characteristics, who we live with and the characteristics of our communities.

This is one of a series of resources for the Joint Strategic Needs Assessment in Staffordshire and follows on from 'The Story of Staffordshire' published in December 2015.

1.1 Context

The health and care system is under extreme pressure both locally and nationally. The reasons for this pressure are well-documented and include:

- demographic changes in the population, i.e. an ageing profile, particularly in the very old age groups
- increasing burden of unhealthy lifestyles that contribute to the development or early onset of preventable diseases
- growing demand, annual costs of health and care are disproportionately high for people with long-term conditions, some of which is driven by multi-morbidities
- newer improved interventions, treatments and therapies coming onto the market which are more expensive
- greater public expectations and rising demand for services
- limited growth in NHS and care budgets which is not commensurate with needs

The responses to these challenges are underway and include the pan Staffordshire and Stoke Collaborative Commissioning Consortia's 'Better Together' – an approach involving health and care commissioners which aims to undertake a significant programme of change over the next few years to substantially improve health, integrate services and reduce costs.

In addition to these challenges, new policies as yet unknown will impact on Staffordshire. At present we are already aware of several significant national policies and initiatives, including the continued impact of austerity and 2015 Spending Review, the introduction of the living wage, Health & Social Care integration, Devolution and the Housing Bill 2015.

But whatever the role and formation of public sector in the future and however partners procure services and support for residents there will always be a need for good intelligence around the health and wellbeing issues and priorities within our population and evidence around how to address them effectively.

2 Staffordshire's Population – past and present

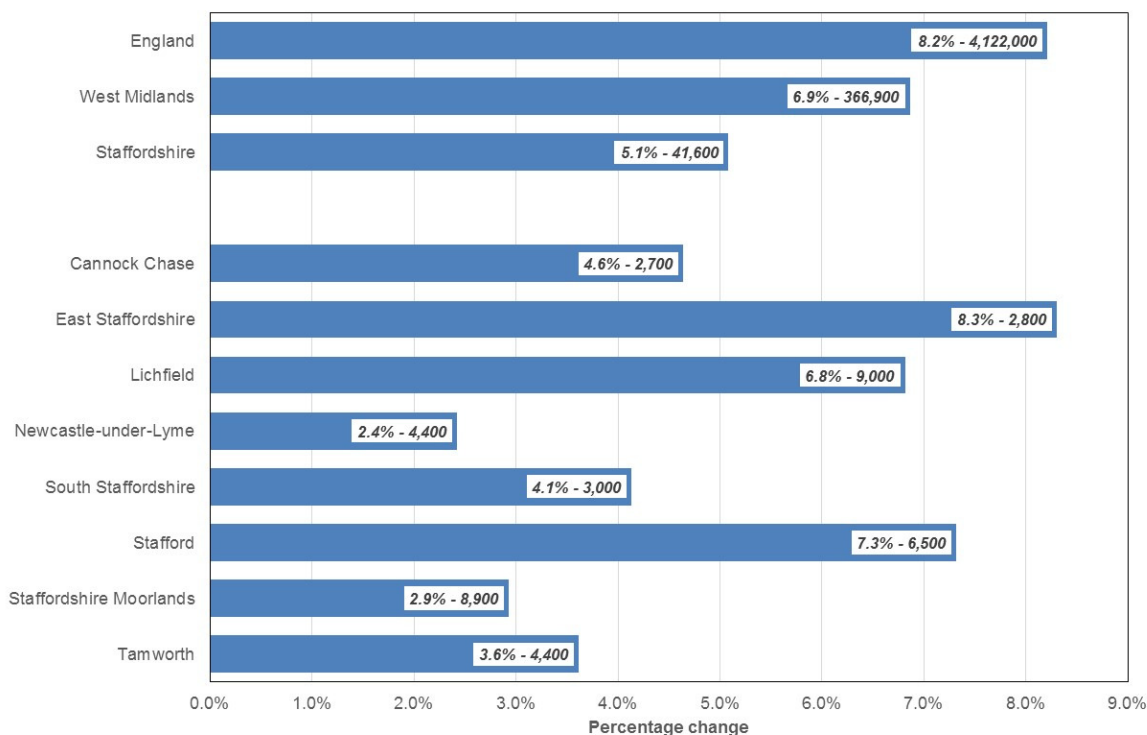
The latest figures from the 2014 mid-year estimates show that Staffordshire is home to around 860,165 people; an increase of approximately 3,158 people (or 0.4%) since 2013.

Over the past decade the number of people in Staffordshire increased by an estimated 41,602 people or 5.1%. This was lower than the increase in population across the UK as a whole, which was 7.8%. Net migration of 25,528 people accounted for the largest proportion of the rise. An increase to the population of 7,876 was due to changes in the armed forces and prison populations. The increase also included natural growth of 8,198 people (88,103 births minus 79,905 deaths).

Staffordshire covers a large geographical area of over 1,010 square miles. There is a mixture of towns and villages with small urban conurbations and numerous rural communities.

Population trends are different across Staffordshire's eight districts. Since 2004, East Staffordshire has seen the largest increase in population across the county, an increase of 8.3% (8,900 people) from 2004 to 2014. The area with the lowest population change is Newcastle-under-Lyme, which increased by just 2.4% from 2004.

Figure 1: Percentage change in population, 2004-2014



Source: 2004-mid-year population estimates and 2014-mid-year population estimates, Office for National Statistics, Crown copyright.

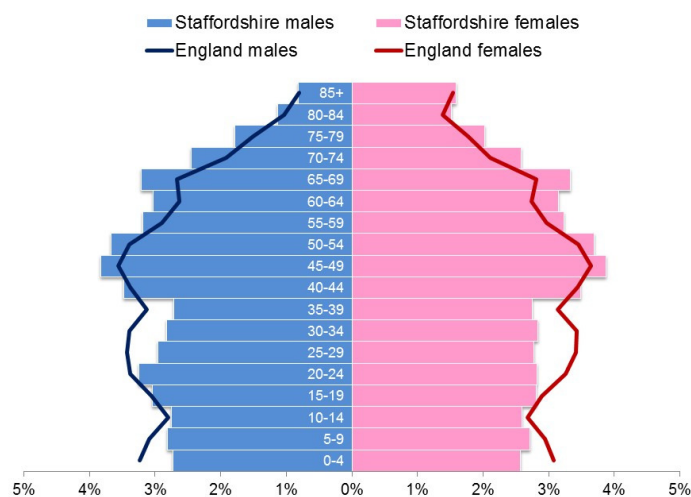
2.1 Age Structure

Having accurate information about the current and future population is important for planning the effective delivery of public sector services.

Overall Staffordshire has a relatively high concentration of people in the older age groups. The proportion of people aged 65 and over in Staffordshire is higher than England (20% compared with 18%).

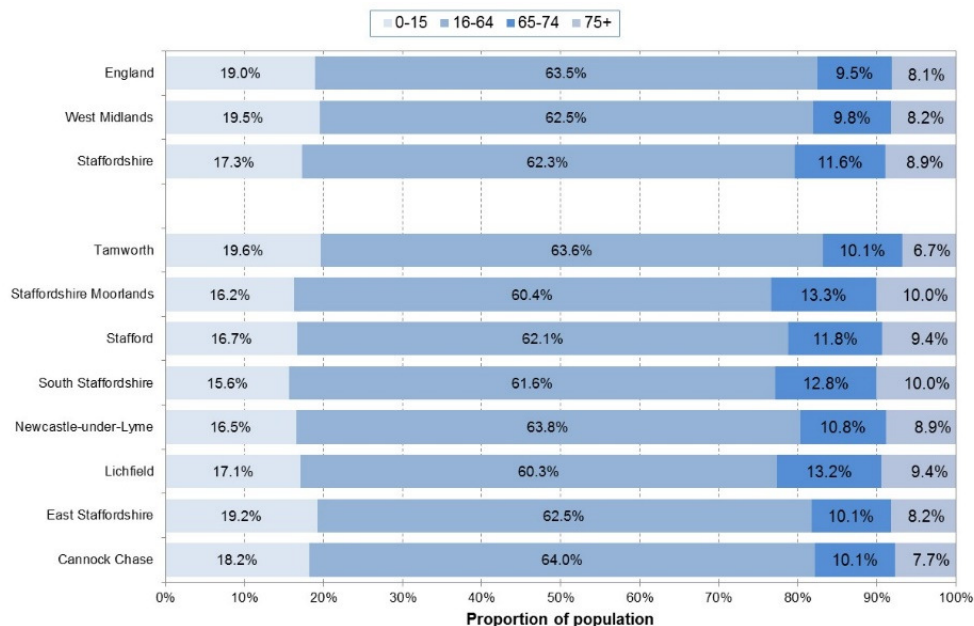
At a district level this ranges from 17% in Tamworth to over 23% in Staffordshire Moorlands. Tamworth is the only district in Staffordshire that has a significantly younger population than the national average (20% compared with 19%).

Figure 2: Age and gender distribution of Staffordshire's population, 2014



Source: 2004-mid-year population estimates and 2014-mid-year population estimates, Office for National Statistics, Crown copyright.

Figure 3: Population by age group and district, 2014



Source: 2014-mid-year population projections, Office for National Statistics, Crown copyright.

Figure 4: Population structure by age group and district, 2014

Area	0-4	5-15	16-24	25-49	50-64	65-69	70-74	75-79	80-84	85+	All ages
Cannock Chase	5,700 (5.8%)	12,300 (12.4%)	10,800 (10.9%)	33,300 (33.8%)	18,900 (19.2%)	5,700 (5.8%)	4,300 (4.3%)	3,300 (3.3%)	2,200 (2.2%)	2,100 (2.1%)	98,500 (100.0%)
East Staffordshire	7,300 (6.3%)	14,900 (12.9%)	12,100 (10.5%)	38,100 (32.9%)	22,200 (19.2%)	6,600 (5.7%)	5,100 (4.4%)	3,900 (3.4%)	2,900 (2.5%)	2,600 (2.3%)	115,700 (100.0%)
Lichfield	5,200 (5.1%)	12,200 (12.0%)	9,800 (9.6%)	31,200 (30.5%)	20,600 (20.1%)	7,500 (7.3%)	6,000 (5.9%)	4,200 (4.1%)	2,900 (2.8%)	2,600 (2.5%)	102,100 (100.0%)
Newcastle-under-Lyme	6,400 (5.0%)	14,500 (11.5%)	17,100 (13.6%)	39,100 (31.0%)	24,200 (19.2%)	7,900 (6.2%)	5,800 (4.6%)	4,700 (3.7%)	3,400 (2.7%)	3,100 (2.4%)	126,100 (100.0%)
South Staffordshire	5,000 (4.5%)	12,300 (11.1%)	11,500 (10.3%)	33,000 (29.8%)	23,700 (21.4%)	7,800 (7.1%)	6,300 (5.7%)	4,900 (4.4%)	3,300 (3.0%)	3,000 (2.7%)	110,700 (100.0%)
Stafford	6,600 (5.0%)	15,500 (11.7%)	14,100 (10.7%)	41,300 (31.3%)	26,600 (20.1%)	8,800 (6.6%)	6,900 (5.2%)	5,300 (4.0%)	3,600 (2.7%)	3,500 (2.7%)	132,200 (100.0%)
Staffordshire Moorlands	4,600 (4.7%)	11,300 (11.6%)	9,200 (9.4%)	28,800 (29.5%)	21,000 (21.5%)	7,500 (7.7%)	5,600 (5.7%)	4,300 (4.4%)	2,900 (3.0%)	2,700 (2.7%)	97,800 (100.0%)
Tamworth	4,900 (6.3%)	10,300 (13.3%)	8,200 (10.6%)	26,300 (34.1%)	14,600 (18.9%)	4,500 (5.9%)	3,200 (4.2%)	2,300 (3.0%)	1,600 (2.0%)	1,300 (1.7%)	77,100 (100.0%)
Staffordshire	45,600 (5.3%)	103,200 (12.0%)	92,700 (10.8%)	271,100 (31.5%)	171,800 (20.0%)	56,300 (6.5%)	43,200 (5.0%)	32,800 (3.8%)	22,700 (2.6%)	20,800 (2.4%)	860,200 (100.0%)
West Midlands	364,800 (6.4%)	749,400 (13.1%)	681,800 (11.9%)	1,861,900 (32.6%)	1,025,700 (18.0%)	313,900 (5.5%)	244,700 (4.3%)	195,100 (3.4%)	141,400 (2.5%)	134,400 (2.4%)	5,713,300 (100.0%)
England	3,431,000 (6.3%)	6,872,600 (12.7%)	6,210,200 (11.4%)	18,447,400 (34.0%)	9,817,800 (18.1%)	2,975,500 (5.5%)	2,187,400 (4.0%)	1,785,000 (3.3%)	1,314,400 (2.4%)	1,275,500 (2.3%)	54,316,600 (100.0%)

Key: statistical difference to England

Higher	Lower	Similar
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Note: Numbers may not add up due to rounding

Source: 2014-mid-year population estimates, Office for National Statistics, Crown copyright

2.2 Demographic Change

People in Staffordshire are living longer; the proportion of the population aged 65+ is now greater than the 0-15 age group which is in contrast to the position 10 years ago.

Figure 5: Change in population 2004 – 2014 by age group

0-15 Years: 17%

The 0-15 years age group has reduced in size by 6,856 people, from approximately 155,700 in 2004 when it accounted for 19% of the population, to 148,854 in 2014. It now accounts for 17% of the population.

Working Age: 62%

The 16-64 years (working-age) population has experienced a moderate rise of 6,285 people, from 529,296 in 2004 when it accounted for 65% of the population, to 535,581 people



65+ Years: 20%

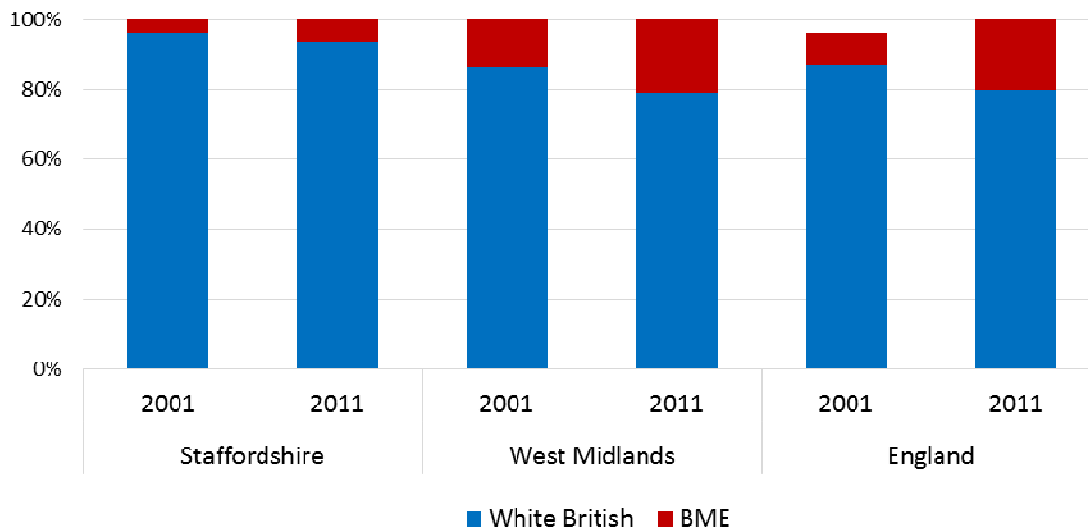
The number and proportion of older people continues to rise. The 65+ age group has risen by 42,173 people, from 133,557 in 2004 when it accounted for 16% of the population, to 175,730 in 2014. One in 5 people in Staffordshire are now aged 65+.

The 80+ years age group has risen dramatically, from 33,525 in 2004 to 43,507 in 2014. This is an increase of 30%, almost **10,000** people.

2.3 Ethnicity

Across Staffordshire as a whole the population is predominantly White British. According to the 2011 Census there were 54,700 people (6.4% of the total) from a Black of Minority Ethnic (BME) group in Staffordshire. Whilst this is an increase from the 2001 Census (3.8%), it is notably lower than the England average of 20%. At a district level East Staffordshire has the highest proportion of BME residents, mainly concentrated in Burton-on-Trent.

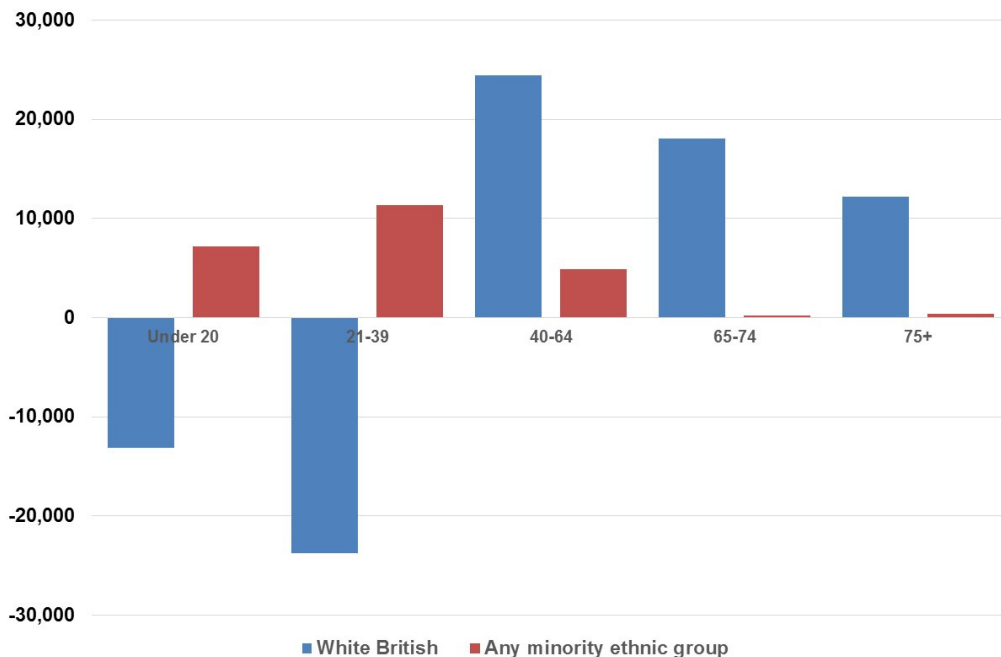
Figure 6: Percentage of the population by broad ethnic group, 2001 and 2011 comparison



Source: 2001 Census, 2011 Census, Office for National Statistics, Crown copyright

Overall there has been a 78% increase (24,000) in the number of people from a BME group between 2001 and 2011. This varies by age and Figure 7 shows that the largest increase is in the 21-39 age group with over 11,000 additional people.

Figure 7: Population change by broad ethnic group between 2001 and 2011



Source: 2001 Census, 2011 Census, Office for National Statistics, Crown copyright

Figure 8: Population by district and broad ethnic group, 2011

	Total population	White British	White other	Mixed	Asian	Black	Other ethnic group	Any minority ethnic group
Cannock Chase	97,462 (100.0%)	94,042 (96.5%)	1,214 (1.2%)	867 (0.9%)	982 (1.0%)	280 (0.3%)	77 (0.1%)	3,420 (3.5%)
East Staffordshire	113,583 (100.0%)	97,854 (86.2%)	4,850 (4.3%)	1,619 (1.4%)	7,864 (6.9%)	1,023 (0.9%)	373 (0.3%)	15,729 (13.8%)
Lichfield	100,654 (100.0%)	95,263 (94.6%)	2,136 (2.1%)	1,034 (1.0%)	1,623 (1.6%)	481 (0.5%)	117 (0.1%)	5,391 (5.4%)
Newcastle-under-Lyme	123,871 (100.0%)	115,510 (93.3%)	2,152 (1.7%)	1,490 (1.2%)	3,512 (2.8%)	828 (0.7%)	379 (0.3%)	8,361 (6.7%)
South Staffordshire	108,131 (100.0%)	102,339 (94.6%)	1,361 (1.3%)	1,495 (1.4%)	2,122 (2.0%)	578 (0.5%)	236 (0.2%)	5,792 (5.4%)
Stafford	130,869 (100.0%)	121,160 (92.6%)	3,148 (2.4%)	1,694 (1.3%)	3,288 (2.5%)	1,107 (0.8%)	472 (0.4%)	9,709 (7.4%)
Staffordshire Moorlands	97,106 (100.0%)	94,657 (97.5%)	1,168 (1.2%)	602 (0.6%)	502 (0.5%)	120 (0.1%)	57 (0.1%)	2,449 (2.5%)
Tamworth	76,813 (100.0%)	72,984 (95.0%)	1,777 (2.3%)	803 (1.0%)	763 (1.0%)	393 (0.5%)	93 (0.1%)	3,829 (5.0%)
Staffordshire	848,489 (100.0%)	793,809 (93.6%)	17,806 (2.1%)	9,604 (1.1%)	20,656 (2.4%)	4,810 (0.6%)	1,804 (0.2%)	54,680 (6.4%)
West Midlands	5,601,847	79.2%	3.6%	2.4%	10.8%	3.3%	0.9%	20.8%
England	53,012,456	79.8%	5.7%	2.3%	7.8%	3.5%	1.0%	20.2%

Source: 2011 Census, Office for National Statistics, Crown copyright

2.4 Rurality

Living in a rural area has a positive association with people's overall life satisfaction. However it can also present difficulties in accessing services. In addition, the structural demographic change towards an older population is the single most significant factor in an increasing prevalence of rural isolation.

Based on the 2011 Rural and Urban Classification, around a quarter of Staffordshire residents live in rural areas. South Staffordshire (39%), Stafford (32%), Staffordshire Moorlands (30%) and Lichfield (29%) are particularly rural whilst Tamworth's population is classified as fully urban.

2.5 Geodemographic Profiles

Staffordshire is diverse in both population and geography. The better we understand the behaviours and characteristics of the people who live here, the more effective will be our commissioning decisions. Engaging with people in an appropriate style, language and channel, for example, will allow more targeted and effective communications and will enable us to recognise and embrace opportunities to maximise the use of new, digital technologies.

Mosaic Public Sector is designed specifically for use by public sector organisations and focuses on highlighting the needs and likely behaviours of residents. The data classifies all UK residents into one of 15 groups and 66 sub-types and provides a detailed understanding of citizens' locations, demographics, lifestyles and behaviours.

This segmentation tool uses data from a wide range of public and private sources, with links to specific data sources from the health, education and criminal justice sectors, as well as local and central government.

Around 52% of Staffordshire's population belong to five of the 15 Mosaic Groups:

- Aspiring Homemakers 12.5%
- Suburban Stability 10.7%
- Senior Security 10.2%
- Domestic Success 9.6%
- Country Living 9.2%

Geographically, much of Staffordshire is categorised as 'Country Living' with around 60% of the area of Staffordshire being in this group. This group is particularly prevalent in the Western and North Eastern areas of Staffordshire.

Figure 9: Key features of Mosaic groups

Mosaic group	Key features
A Country Living	Rural locations, well-off homeowners, attractive detached homes, higher self-employment, high car ownership, high use of internet
D Domestic Success	Families with children, upmarket suburban homes, owned with a mortgage, three or four bedrooms, high internet use, own new technology
E Suburban Stability	Older families, some adult children at home, suburban mid-range homes, three bedrooms, have lived at same address some years, research on internet
F Senior Security	Elderly singles and couples, homeowners, comfortable homes, additional pensions above state, don't like new technology, low mileage drivers
H Aspiring Homemakers	Younger households, full-time employment, private suburbs, affordable housing costs, starter salaries, buy and sell on eBay

Source: Experian Public © 2015 Experian. All rights reserved

The dominant Group varies by district:

Figure 9: Dominant Mosaic Groups by district

Area	Dominant Mosaic Group
Cannock Chase	H Aspiring Homemakers (20.7%)
East Staffordshire	L Transient Renters (13.8%)
Lichfield	B Prestige Positions (16.9%)
Newcastle-under-Lyme	F Senior Security (13.0%)
South Staffordshire	B Prestige Positions (14.7%)
Stafford	A Country Living (15.1%)
Staffordshire Moorlands	A Country Living (15.8%)
Tamworth	H Aspiring Homemakers (23.4%)
Staffordshire	H Aspiring Homemakers (12.5%)

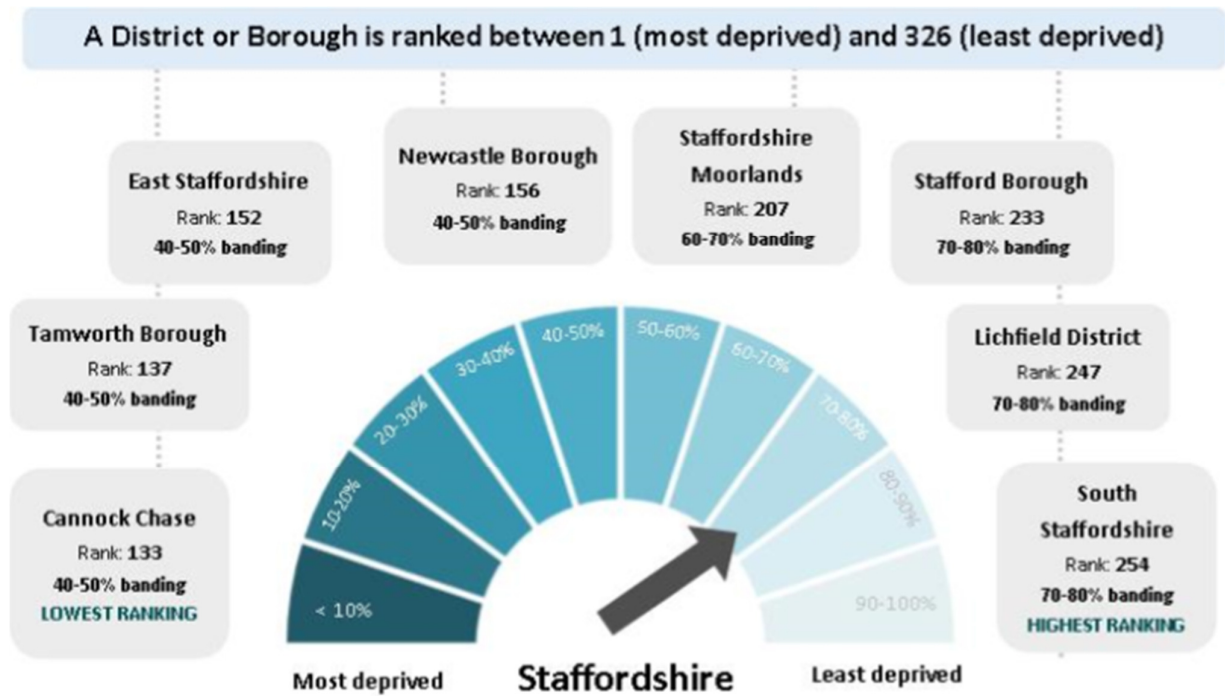
Source: Experian Public © 2015 Experian. All rights reserved

2.6 Deprivation

Compared with England there are very few areas in Staffordshire which have high levels of deprivation. As such, it is ranked of 116 out of 152 upper tier local authorities nationally. This ranking is four places higher than in 2010 (despite a similar average score) and positions Staffordshire within the 70-80% banding, reflecting no change since IMD¹ 2010.

¹ Index of Multiple Deprivation

Figure 10: Summary of deprivation by district in Staffordshire



Source: Indices of Multiple Deprivation 2015

However, Staffordshire has notable pockets of high deprivation in some urban areas with 9% of the total population (77,200 people) living in the most deprived fifth of areas nationally (Figure 11). In addition, some of the remote rural areas in Staffordshire also have issues with hidden deprivation, and in particular around access to services.

2.7 Health Inequality

Health inequalities are preventable and unjust differences in health outcomes between different population groups. They often arise as a result of social inequalities, for example poverty, poor education and poor housing. Improving how we live also offers greater opportunities for improving health. However the personal, economic or social circumstances in which we find ourselves impact on the opportunities for some adults to make healthier choices.

A combination of six indicators has been used to identify geographical areas which experience the poorest health and care outcomes across Staffordshire. Based on how wards compare with England for these key indicators, Figure 12 shows the variation in need across Staffordshire. Wards that are worse than England for three or more of these indicators make up around a fifth of the total population. These indicators are:

- Index of Multiple Deprivation, 2015
- Income Deprivation Affecting Older People (IDAOP), 2015
- Premature mortality (under 75s), 2010-2014
- Preventable mortality (all ages), 2010-2014
- Emergency (unplanned) admissions, 2014/15
- Long-term adult social care users, 2014/15

Figure 11: Deprivation in Staffordshire, 2015

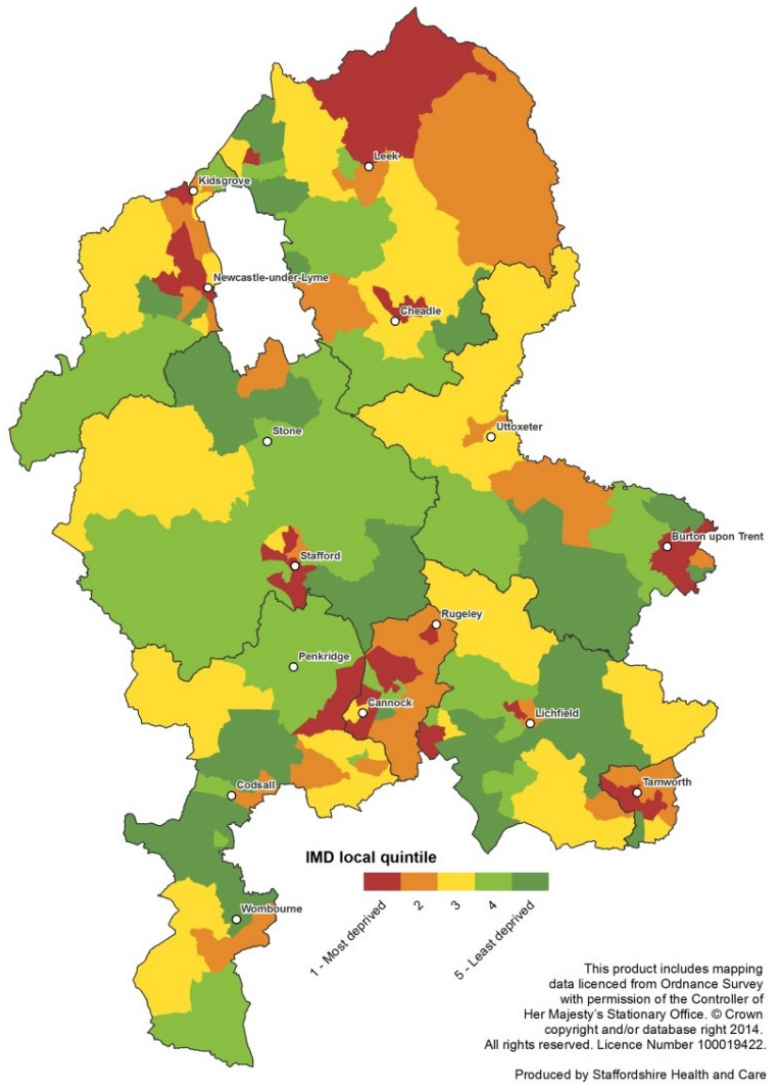
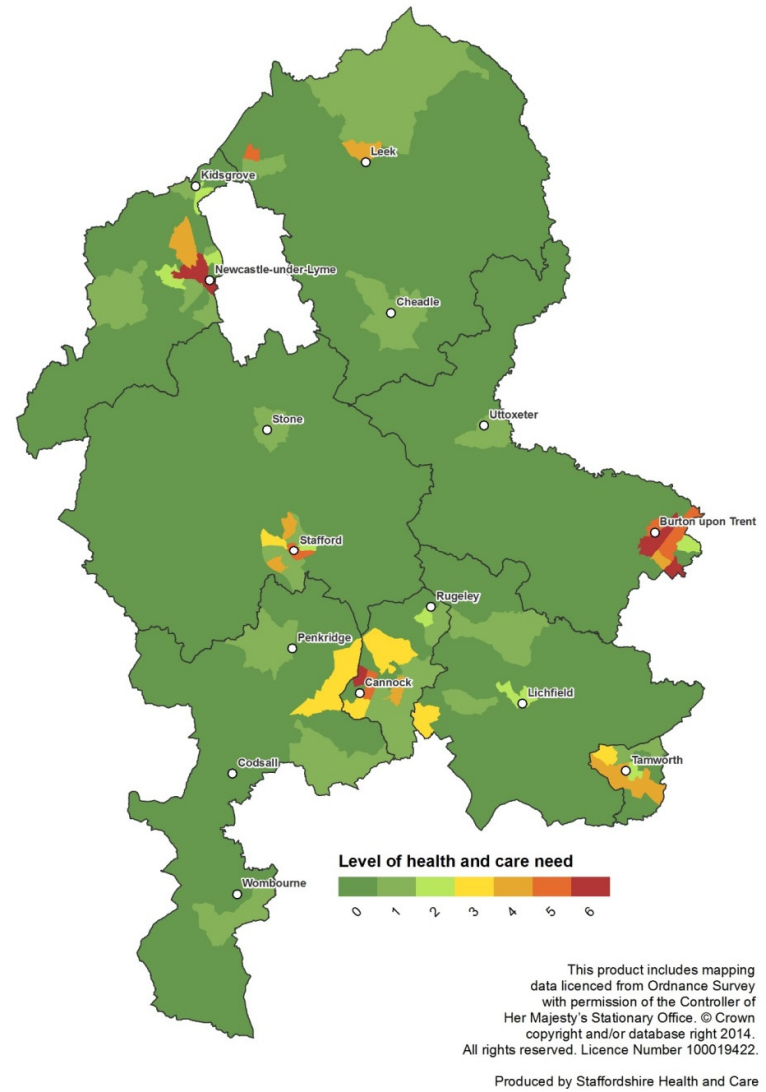


Figure 12: Areas with high health and care needs across Staffordshire



Source: Indices of Deprivation 2015, Communities and Local Government, Crown Copyright 2015

3 Staffordshire's Future Population

Similar to national trends Staffordshire is experiencing a significant shift with older individuals becoming a significantly larger proportion of the population. This is the consequence of the combination of fertility decline (reducing birth rates) and increased longevity (people living for longer) and will have a significant impact on a broad range of economic, political and social conditions².

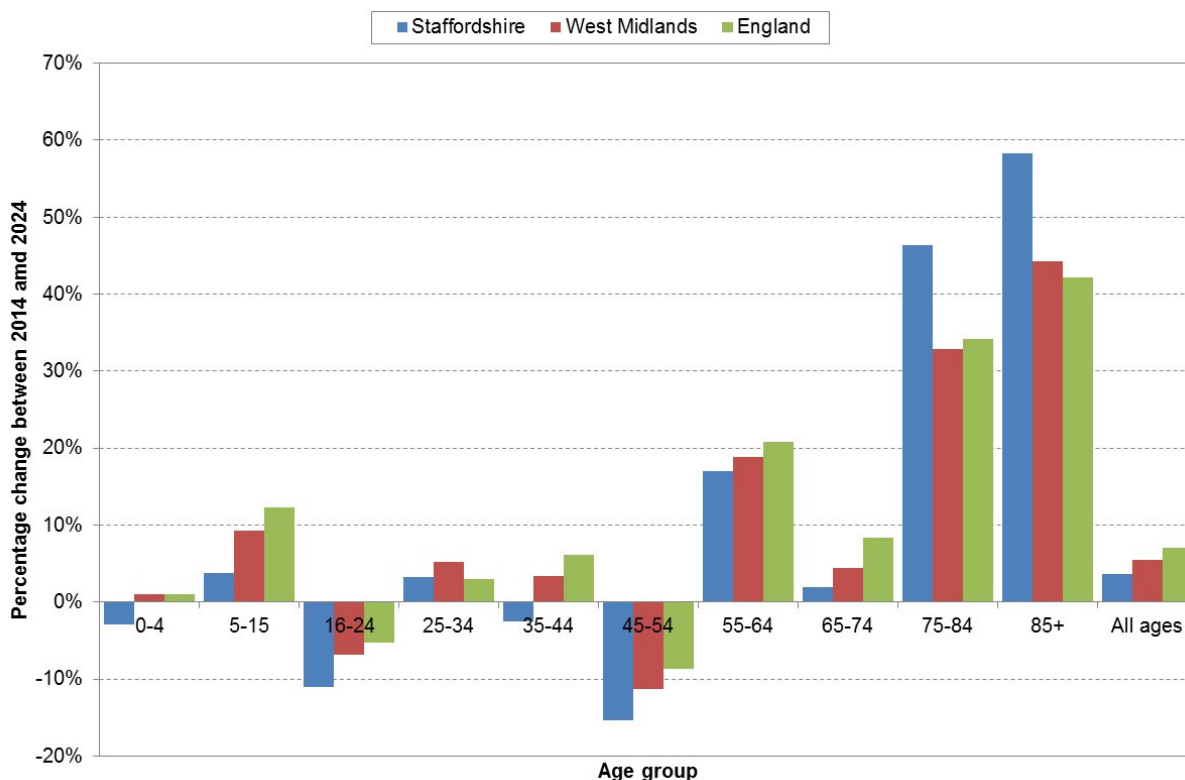
There are now 97,600 more people over 50 than there were 20 years ago. At the same time the number of children and young adults has fallen. This trend is predicted to continue with Staffordshire's older population growing faster than the national average.

Between 2014 and 2024, the overall population for Staffordshire is expected to rise by 4% and the number of older people is projected to increase more rapidly:

- Over 65s are expected to increase by 23% (40,100)
- 75s and over will increase by 50% (38,100)
- 85s and over will increase by 58% (12,300)

Conversely, the number of working age people (16-64) will reduce by 2% (10,900).

Figure 13: Projected population change for Staffordshire by age group, 2014-2024

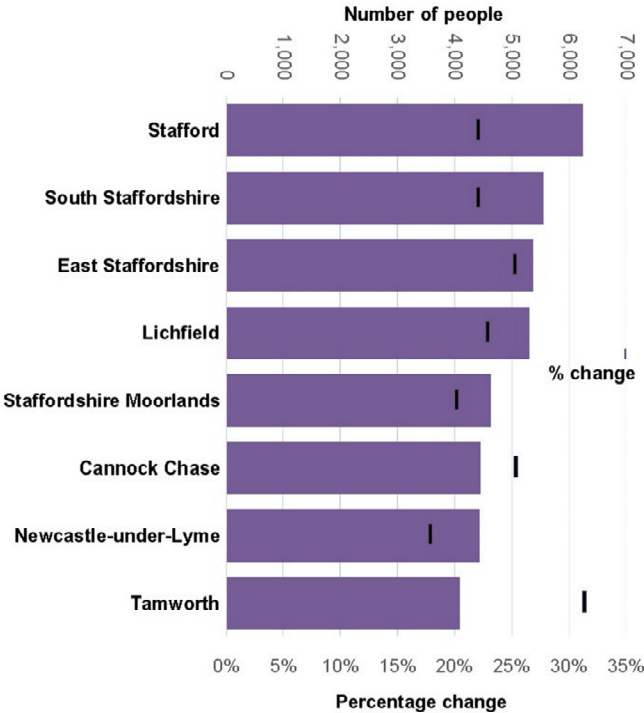


Source: 2014-based population projections, Office for National Statistics, Crown copyright.

² United Nations Department of Economic and Social Affairs | Population Division

There are also considerable differences between districts, for example the growth in people aged 65 and over varies between 19% in Newcastle to 34% in Tamworth (Appendix 1 and Figure 14).

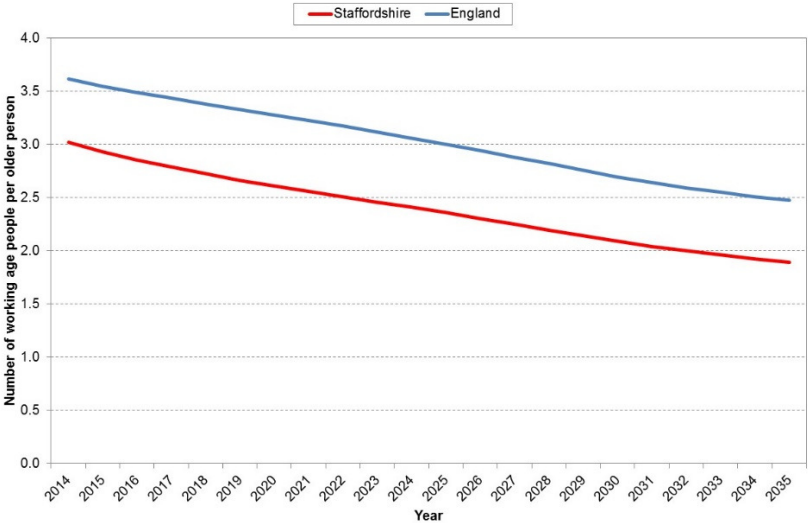
Figure 14: Population projections by district, 2014-2024, aged 65+



Source: 2014-based population projections, Office for National Statistics, Crown copyright

These changes will mean an increase in the dependency ratio of older people to working age people across Staffordshire. There are currently about three residents of working age for every older person. By 2034 this will reduce to two people of working age for every older person. This is likely to put strains on the formal care workforce and may mean a necessary increase in informal, unpaid care from family and friends in the future.

Figure 15: Number of working age people per older person



Source: 2012-based population projections, Office for National Statistics, Crown copyright

3.1 The impact of demographic changes in Staffordshire

It is clearly a positive that individuals are living longer. If these extra years are spent in good health then the growing number of older people may create new economic and social opportunities such as volunteering, community development and social cohesion.

However, whilst hard to predict, it is likely that this demographic change will also present many challenges to Staffordshire County Council and its partners (such as increasing demand on health and care) and reinforces the importance of maintaining health and wellbeing for as long as possible.

As acknowledged earlier the numbers of working age people per older person suggests that in the future there will be an even greater responsibility on working age people to support older (and sicker) adults than in any previous generation. In many cases this can result in family and friends providing unpaid care in their free time. Local data from the 2011 Census data tells us that a greater proportion of the Staffordshire population (11.6%) provide unpaid care, compared to the Regional (11%) and National (10.3%) populations.

The provision of informal unpaid care in Staffordshire makes an important contribution to the supply of care; assuming that rates of caring have remained the same since the census, this translates into around 102,000 people providing unpaid care in the county, with 23,000 providing 50+ hours of unpaid care—worth a combined value in the county of £1.1bn per year, or an average of £10,875 per person per year.

Figure 16 shows a large increase in the number of older people who are likely to become carers, at a stage in life when they may be struggling to look after themselves. Unpaid carers aged 65 and over will increase by around a third to 35,800 by 2030. For those over the age of 85, providing unpaid care will more than double across all three care types.

Figure 16: Growth in numbers of older people providing unpaid care in Staffordshire, 2014-2030

	Age & care type	2014	2030	% change
Providing 1-19 hours of unpaid care	People aged 65-69	6,210	6,804	9.6%
	People aged 70-74	3,303	3,915	18.5%
	People aged 75-79	1,841	2,503	36.0%
	People aged 80-84	1,000	1,837	83.7%
	People aged 85 and over	524	1,119	113.5%
Providing 20-49 hours of unpaid care	People aged 65-69	1,430	1,567	9.6%
	People aged 70-74	949	1,125	18.5%
	People aged 75-79	674	917	36.1%
	People aged 80-84	405	744	83.7%
	People aged 85 and over	236	504	113.6%
Providing 50+ hours of unpaid care	People aged 65-69	2,849	3,121	9.5%
	People aged 70-74	2,738	3,245	18.5%
	People aged 75-79	2,314	3,146	36.0%
	People aged 80-84	1,596	2,932	83.7%
	People aged 85 and over	1,064	2,273	113.6%

Source: Projecting Older People Population Information System, Crown Copyright, 2014.

The provision of unpaid informal care makes an important contribution to the supply of care in Staffordshire, and as the population grows and ages this will continue. Carers attribute their health risk to a lack of support with 64% citing a lack of practical help, and 66% felt that healthcare staff did not help to signpost them to relevant information or support and when information is given, it comes from charities and support groups.

By recognising and valuing this contribution Staffordshire County Council need to ensure the best possible outcomes for carers and those they support³. Four key priority areas are⁴:

- Supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages.
- Enabling those with caring responsibilities to fulfil their educational and employment potential.
- Personalised support both for carers and those they support, enabling them to have a family and community life.
- Supporting carers to remain mentally and physically well.

4 Housing and Household Composition in Staffordshire

Based on 2014 dwelling stock returns there are around 372,130 dwellings in Staffordshire, of which 86% are in the private sector, 3% are owned by the local authority and 12% by a socially registered provider (housing association).

Data from the 2011 Census suggests that there are three main housing sectors in Staffordshire: around 73% of households are owner occupied (bought either outright or through a mortgage), 15% socially rented (either from local authorities or a housing association), 11% rented privately whilst a smaller proportion live rent free.

Figure 17: Housing tenure, 2001 and 2011

Year	All households	Owner occupied households (includes shared ownership)	Privately rented households	Socially rented households	Rent free households
Staffordshire					
2001	328,234	251,571 (77%)	25,845 (8%)	50,818 (15%)	n/a
2011	355,263	258,673 (73%)	40,090 (11%)	52,151 (15%)	4,349 (1%)
England					
2001	20,451,427	14,054,122 (69%)	2,456,577 (12%)	3,940,728 (19%)	n/a
2011	22,063,368	14,148,784 (64%)	3,715,924 (17%)	3,903,550 (18%)	295,110 (1%)

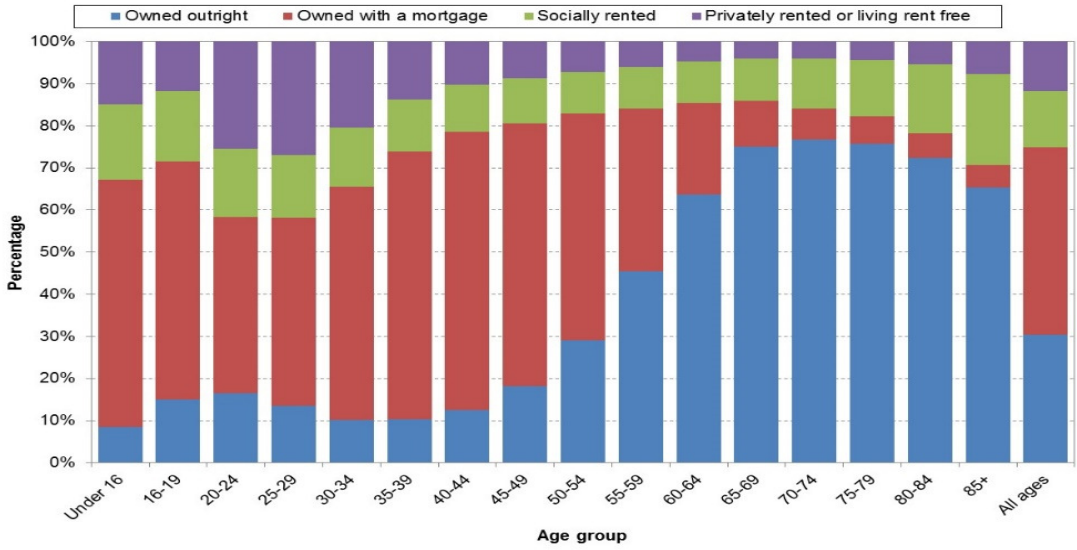
Source: 2001 and 2011 Census, Office for National Statistics, Crown copyright.

³ It is important to recognise the potential impact that providing many hours of care each week may have on carers' own quality of life – their physical and mental health, education and employment potential, social and leisure activities. They are more than twice as likely to suffer from poor health and quality of life outcomes compared to people without caring responsibilities, with nearly 21 percent of carers providing over 50 hours of care, in poor health compared to nearly 11 percent of the non-carer population. This in turn can affect a carer's effectiveness and lead to the admission of the cared for person to hospital or residential care.

⁴ Recognised, valued and supported: Next steps for the Carers Strategy. November 2010.

As expected the proportion of owner occupied homes increases with age with around four in five people aged 50 and over living in owner occupied households and high proportions owning their own house outright having paid off their mortgages. Around a fifth of older people aged 80 and over are living in socially rented accommodation. This may partially due to their ability to live independently in houses that are not age-friendly or their financial ability to maintain larger homes.

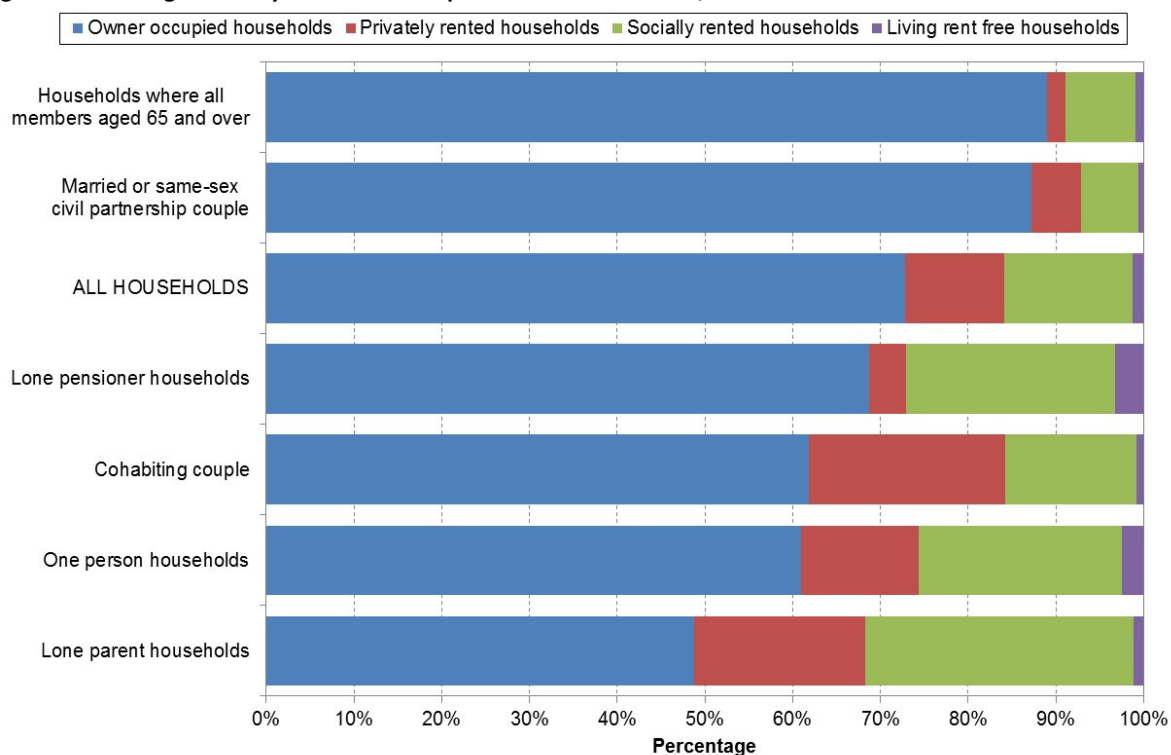
Figure 18: Staffordshire population by tenure and age group, 2011



Source: 2011 Census, Office for National Statistics, Crown copyright

A higher proportion of lone parent households, lone pensioners and single person households live in socially rented accommodation. Married couples (with or without children) and households where all members are aged 65 and over tend to live in owner-occupied households.

Figure 19: Housing tenure by household composition in Staffordshire, 2011



Source: 2011 Census, Office for National Statistics, Crown copyright

Figure 20: Occupancy by age and tenure in Staffordshire, 2011

	Under-occupied (two or more spare bedrooms)	Under-occupied (one spare bedroom)	Standard	Overcrowded (at least one less bedroom)
Proportion of households				
All tenures	40.7%	35.5%	21.3%	2.5%
Owned occupied	50.2%	35.8%	12.6%	1.4%
Privately rented or living rent free	20.2%	41.1%	34.5%	4.2%
Socially rented	11.1%	29.2%	53.6%	6.1%
Proportion of population				
All ages	34.5%	36.1%	24.8%	4.6%
0-15	17.5%	37.8%	36.5%	8.2%
16-49	25.2%	39.1%	29.9%	5.8%
50-64	52.0%	31.4%	14.5%	2.0%
65 and over	54.2%	32.4%	12.5%	0.9%

Source: 2011 Census, Office for National Statistics, Crown copyright

Lone pensioners are particularly at risk of loneliness and social isolation. In terms of lone pensioner households, the proportion for Staffordshire is slightly higher than the England average equating to around 44,800 people.

Figure 21: Lone pensioner households, 2011

Area	Number	Percentage	Statistical difference to England
Cannock Chase	4,636	11.4%	Lower
East Staffordshire	5,862	12.4%	Similar
Lichfield	5,032	12.2%	Similar
Newcastle-under-Lyme	7,115	13.5%	Higher
South Staffordshire	5,932	13.3%	Higher
Stafford	7,123	12.8%	Higher
Staffordshire Moorlands	5,637	13.5%	Higher
Tamworth	3,434	10.9%	Lower
Staffordshire	44,771	12.6%	Higher
West Midlands	289,571	12.6%	Higher
England	2,725,596	12.4%	

Source: 2011 Census, Office for National Statistics, Crown copyright

4.1 Non-decent homes

Research suggests that living in poor housing can lead to an increased risk of cardiovascular and respiratory disease as well as to anxiety and depression. Damp and cold homes are linked to asthma, wheezing, chest infections and hypothermia and are also one of the major causes for excess winter deaths in the older population.

The housing environment is also important in terms of:

- mental wellbeing
- prevention of accidents and falls
- access in and around the house to support living independently

Good quality housing can have positive effects on an individual's health and wellbeing. Poor housing in England costs the NHS between £1.4 and £2.5 billion a year.^{5,6} This equates to between £22.2million and £39.6million every year in Staffordshire.

Most houses in Staffordshire have central heating and there are less overcrowded households (i.e. having fewer bedrooms than the recommended standard) than average.

Estimates from a BRE study⁷ on housing suggest that around a third (34%) of households would not meet the decent homes standard in Staffordshire which is lower than the England estimate of 36%. More than one in ten households (11.3%) in Staffordshire were in fuel poverty and this is higher than the national average (10.4%).

⁵ Nicol S, Roys M and Garrett H, Briefing paper: The cost of poor housing to the NHS, Building Research Establishment (BRE) Trust, © BRE 2015

⁶ Local Government Association, Healthy homes, healthy lives, © Local Government Association, May 2014

⁷ BRE Housing Stock Models Update for the West Midlands Kick Start Partnership, May 2011.

4.2 Household projections

Household projections⁸ can be used as a starting point to estimate the overall housing need. Overall, Staffordshire has around 362,700 households⁹ which is projected to rise to 407,500 by 2035 (a 12% increase compared with 20% nationally). The average household size is projected to decrease from 2.37 persons to 2.25 persons between 2014 and 2035 which will fuel the need for more homes.

Reasons for this increase in household numbers and the fall in household size both locally and nationally include more lone parent families, smaller family sizes, divorce, longevity, and, in particular, more single person households.

Figure 22: Housing projections in Staffordshire, 2014-2035

Year	Population	Additional population from 2014 baseline	Households	Additional households from 2014 baseline	Average household size
2014	860,200		362,700		2.37
2015	860,600	400	365,300	333,000	2.36
2020	876,700	16,500	377,800	345,500	2.32
2025	892,100	31,900	389,000	356,700	2.29
2030	904,800	44,600	399,100	366,800	2.27
2035	915,000	54,800	407,500	375,200	2.25

Source: Household projections for England and local authority districts, Neighbourhood Analysis Division, DCLG

4.3 Housing affordability

Housing costs are the most important factor in the relationship between housing and poverty with more people experiencing poverty once housing costs are taken into account. Poverty is highly correlated with poor health and wellbeing¹⁰.

In 1997 the housing affordability ratio for Staffordshire was just under four, meaning that somebody in the lowest quintile for earnings would need four times their annual income to purchase a property in the lowest quartile of house prices. Median house prices increased by more than £90,000 between 1997 and 2013 (from around £59,900 to £157,900)¹¹; and the ratio increased to 6.1.

Figure 23 displays the housing affordability gap across Staffordshire. Median house prices for each district have increased between 1997 and 2013, and the affordability ratio has increased also, indicating that houses across Staffordshire are now less affordable compared to 17 years ago. Lichfield is the least affordable area of the county to live in, Newcastle-under-Lyme the most affordable.

⁸ Department for Communities and Local Government

⁹ Based on 2012-based projections.

¹⁰ Housing affordability is a measure that assesses what proportion of income is spent on housing costs – either mortgage or rent – and is used to identify whether those on the lowest incomes can afford to buy the lowest priced housing.

¹¹ [House Prices Report for Staffordshire](#).

Although homes in Staffordshire have become slightly more affordable in recent years, large variations exist between affordability across the county.

Figure 23: The housing affordability gap across Staffordshire



Source: Housing Summary Measures Analysis, Office for National Statistics and Department for Communities and Local Government

5 Who are our health and care users?

Understanding the numbers and characteristics of those who use health and care services and why they use them helps us to predict the impact that the changing population will have on health and care provision.

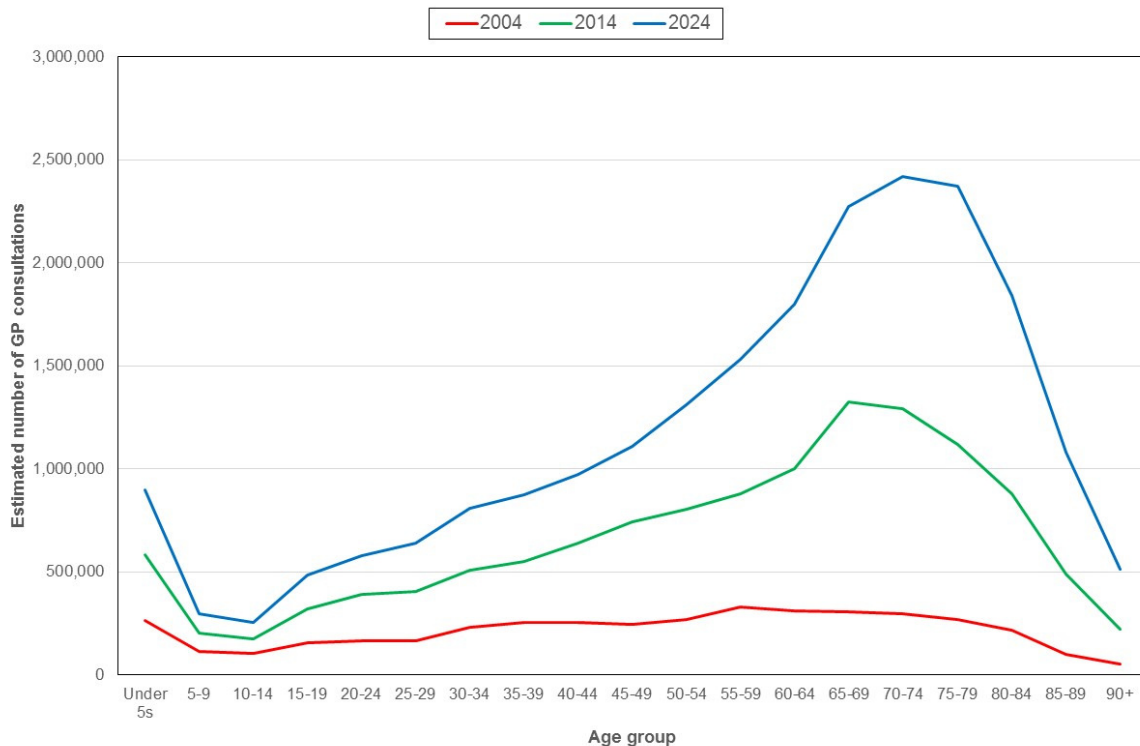
We have detailed data about people who use secondary care services (hospitals) and improving data on people who use adult social care services but we have limited information on general practice (GP) consultations.

5.1 Primary care users

Since 1995, GP consultation rates nationally have grown steadily year on year, adding to demands on both primary care¹² and secondary care.

There were an estimated 8.4 million GP consultations in Staffordshire in 2014¹³, more than double those in 1995 (4.1 million). If this trend continues there could be around 9.5 million consultations in 2024, an increase of 13%. The number of consultations by age group has also changed over time with estimates suggesting a significant increase in the number of consultations for older people.

Figure 24: Estimated number of GP consultations in Staffordshire, 2004-2024



Source: Q-Research published by HSCIC 1995 – 2008, 2014-mid-year population projections and 2012-based population projections, Office for National Statistics, Crown copyright

¹² General practice in the UK, British Medical Association, July 2014 and Improving General Practice – a call to action, NHS England, 2013/14.

¹³ Q-Research published by HSCIC 1995 – 2008,

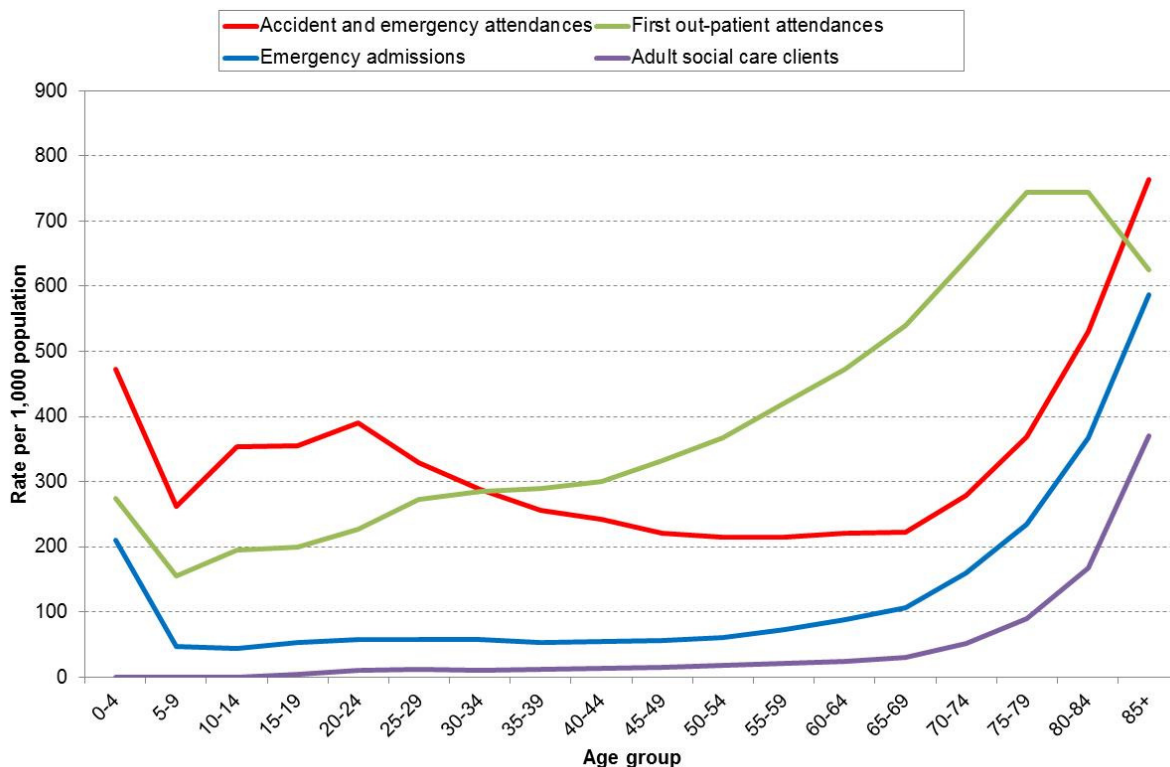
5.2 Acute hospital services user profile

Most care will occur in primary care or community settings however, a higher than average proportion in Staffordshire also occurs in hospital settings compared to the national average. Every day in Staffordshire:

- Around 700 patients attend an accident and emergency department;
- Over 2,700 patients attend an out-patient clinic, of which 800 are new patients whilst 1,900 are follow-up attendances;
- Over 600 patients are admitted to hospital, of which 240 are unplanned admissions and 40 are readmissions within 30 days of discharge.

The demand on health and care has been rising. For example, between 2009/10 and 2014/15 new outpatient attendances increased by 21% and emergency hospital admissions by 12%. These increases can only be partially explained by demographic change alone and are likely to continue with increased complexity of needs within the population. Young children and older patients tend to be greater users of hospital services.

Figure 25: Health and care utilisation by age group in Staffordshire, 2014/15

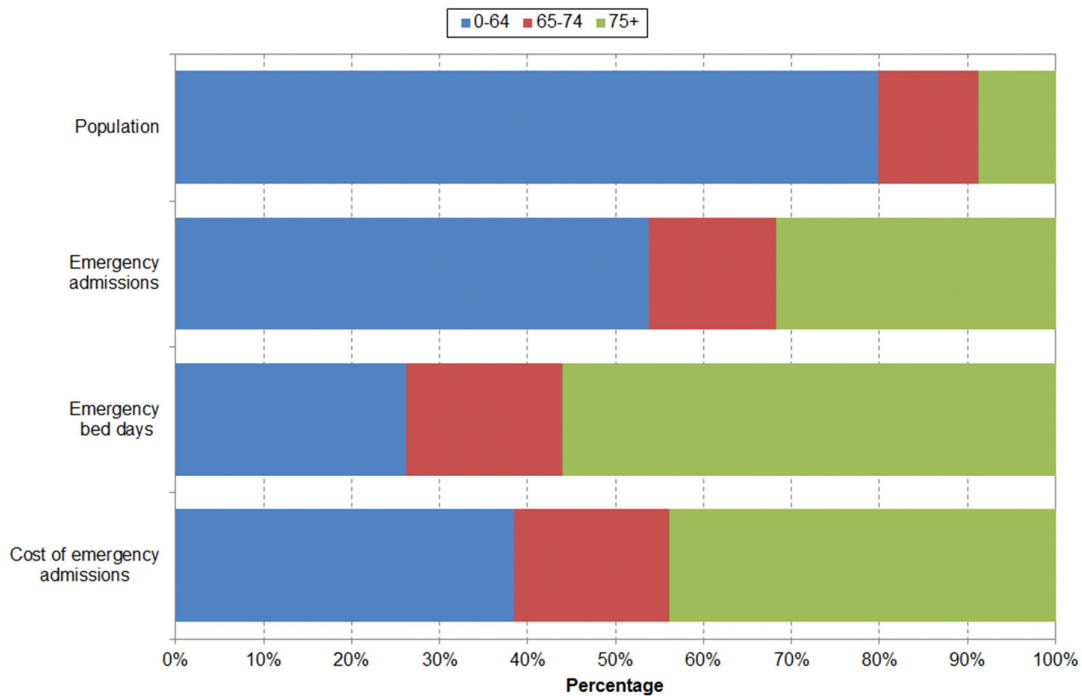


Source: Hospital In-patient Data Extract, Midlands and Lancashire Commissioning Support Unit and Numbers of patients registered at a GP practice, Health and Social Care Information Centre. All rights reserved. SCC Operational Performance and Intelligence

Despite making up only a fifth of the population in Staffordshire, older patients make up 44% of all unplanned (emergency) admissions, 74% of unplanned hospital bed days and 62% of costs. They also spend longer in hospital because their needs are often more complex. For example, people aged 65 and over spend on average of 7.7 days in hospital for unplanned admissions

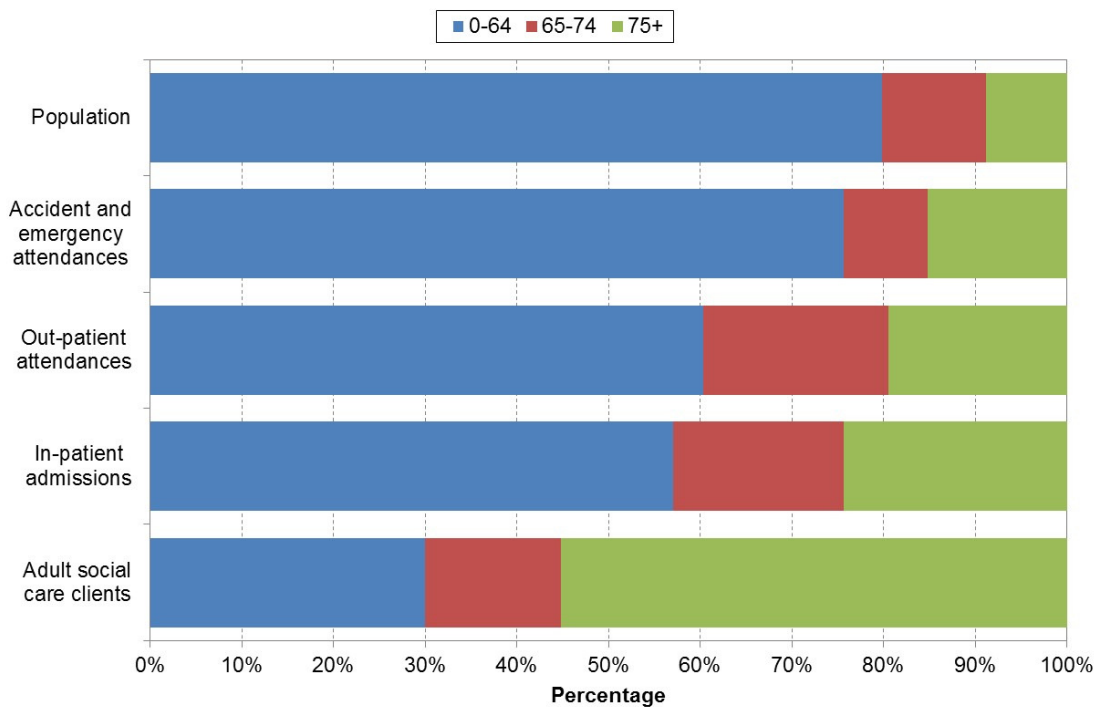
compared to 2.4 days for those under 65 (Figure). Evidence suggests that longer hospital stays themselves can lead to significant functional decline and harm.

Figure 26: Population and emergency admissions in Staffordshire, 2014/15



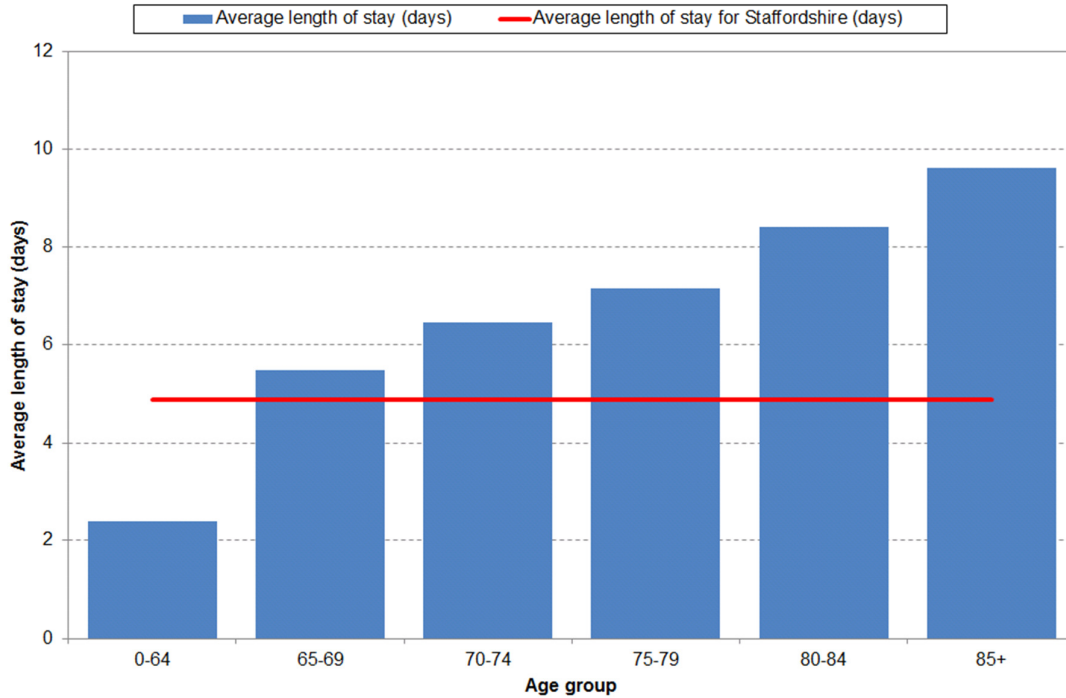
Source: Hospital In-patient Data Extract, Midlands and Lancashire Commissioning Support Unit and Numbers of patients registered at a GP practice, Health and Social Care Information Centre. All rights reserved

Figure 27: Health and care utilisation by broad age group in Staffordshire



Source: Hospital In-patient Data Extract, Midlands and Lancashire Commissioning Support Unit and Numbers of patients registered at a GP practice, Health and Social Care Information Centre. All rights reserved. SCC Operational Performance and Intelligence

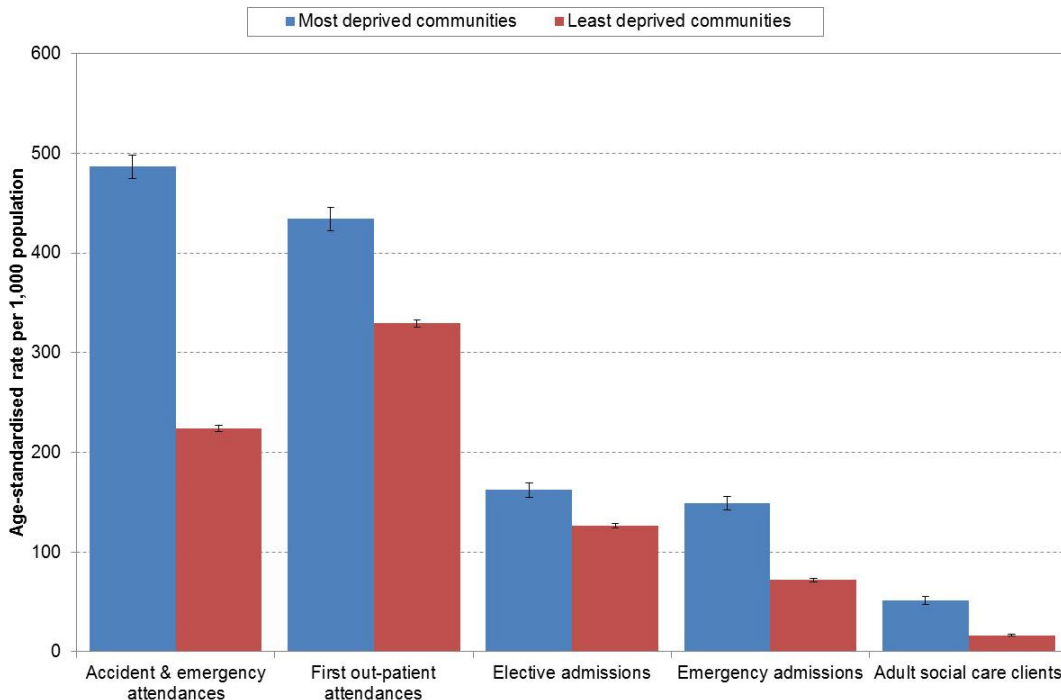
Figure 28: Length of stay for emergency admissions in Staffordshire, 2014/15



Source: Hospital In-patient Data Extract, Midlands and Lancashire Commissioning Support Unit

People from deprived communities also tend to use hospital care more than people from less deprived communities. The rate of attendance at A&E for those living in the most deprived area in Staffordshire is more than twice that of the rate recorded for the least deprived areas.

Figure 29: Hospital and adult social care activity and deprivation, 2014/15



Source: Hospital In-patient Data Extract, Midlands and Lancashire Commissioning Support Unit, Adult Social Care data – Referrals, Assessments and Packages (RAP) extract – SCC Operational Performance and Intelligence

5.3 Adult social care

Adult social care includes:

- preventive services,
- assessment and care management,
- nursing and residential homes,
- community services (home care, day care, meals),
- reablement to prevent hospital admission or enable continued independence,
- intermediate care (after a spell in hospital),
- supported and other accommodation,
- individual budgets and direct payments to service users,
- safeguarding, and
- provision of equipment.

Service users include older people, adults with learning disabilities or mental health issues and with physical or sensory impairments.

- There were around 21,700 new clients requesting short-term support during 2014/15 and just under 17,000 people were receiving long-term care.
- Just under half of the requests for short-term care were ‘universal services/signposted to other services’ and no services were provided to around a quarter.
- ‘Short-term support to maximise independence’ accounted for 14% of the requests from new clients. Almost three-quarters of clients in long-term care are being cared for in the community setting.

Figure 30: Adult social care service activity, 2014/15

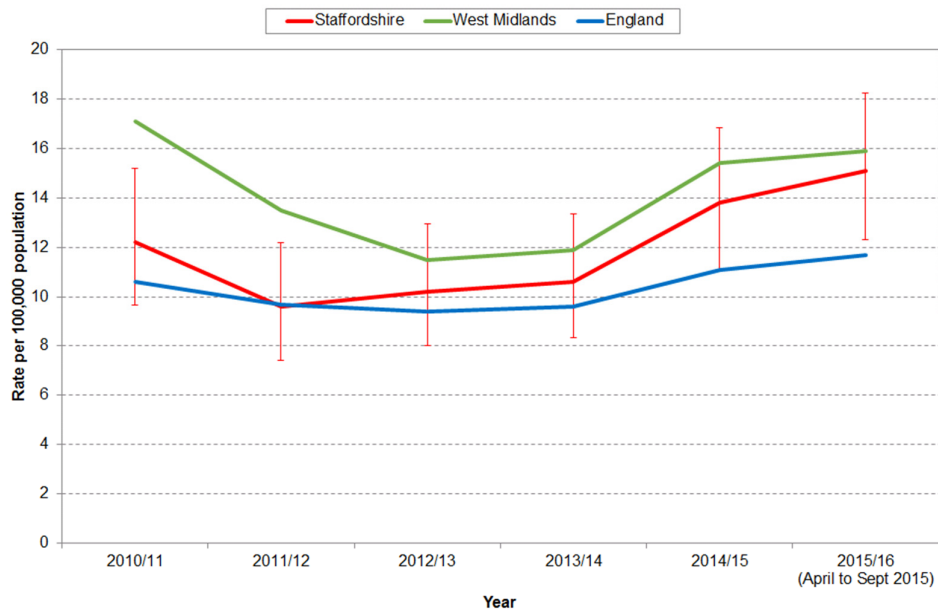
	Short term: New clients		Long term: Clients accessing care (LA funded*)	
	No	%	No	%
Short term support to maximise independence	3,022	14%		0%
Nursing care	148	1%	1,742	10%
Residential care	100	0%	2,907	17%
Community	1,424	7%	12,145	72%
End of life	23	0%		0%
Ongoing low level support	1,204	6%		0%
Short term support (Other)	575	3%		0%
Universal services / signposted to other services	9,987	46%		0%
No services provided - any reason	5,188	24%		0%
Total	21,671	100%	16,794	100%

Source: SCC Operational Performance Intelligence Team, SALT return

*These figures exclude self-funders which are estimated at around 35% of residential care and 30% of nursing care

- During 2014/15 there were around 1,130 permanent admissions to people aged 65 and over to residential and nursing care homes, the rate being similar to the national average.
- In the same year, 89% of older people (aged 65 and over) who were discharged from hospital to intermediate care/rehabilitation/reablement were still at home after 91 days, compared with 82% across England. However the number of people who were offered reablement services was much lower than the national average.
- Between 2009/10 and 2014/15 there have also been increased delays for appropriate care upon discharge from hospital.

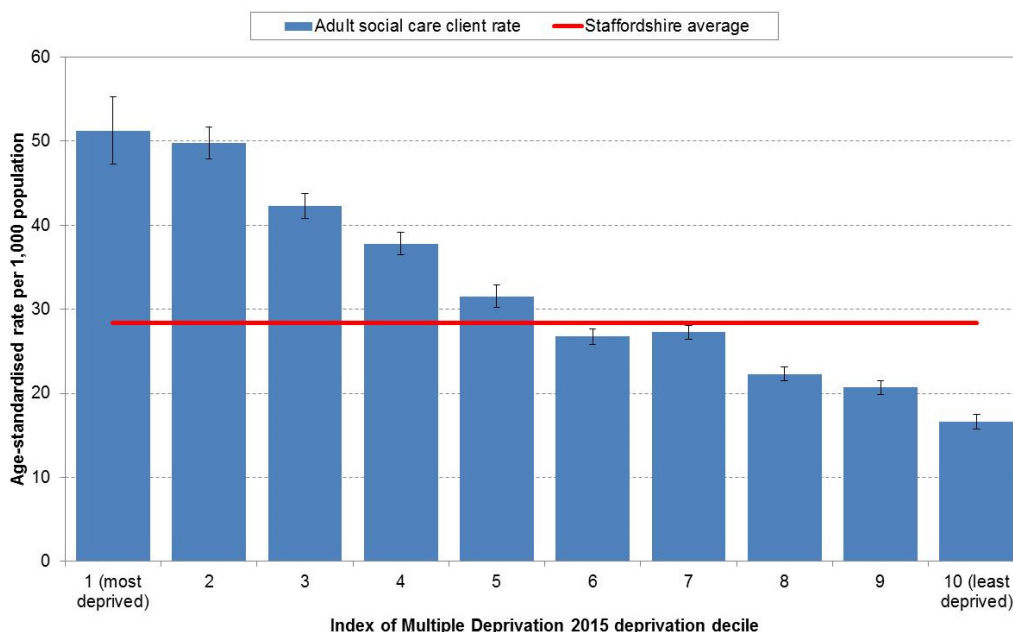
Figure 31: Trends in delayed transfers of care



Source: National Adult Social Care Intelligence Service (NASIS) and Delayed transfers of care monthly statistics, NHS England

As with many services there is a notable social gradient for adult social care services and this is illustrated in Figure 33, clearly showing the relationship between care users and deprivation.

Figure 33: Adult social care – client rates by deprivation decile, 2014/15

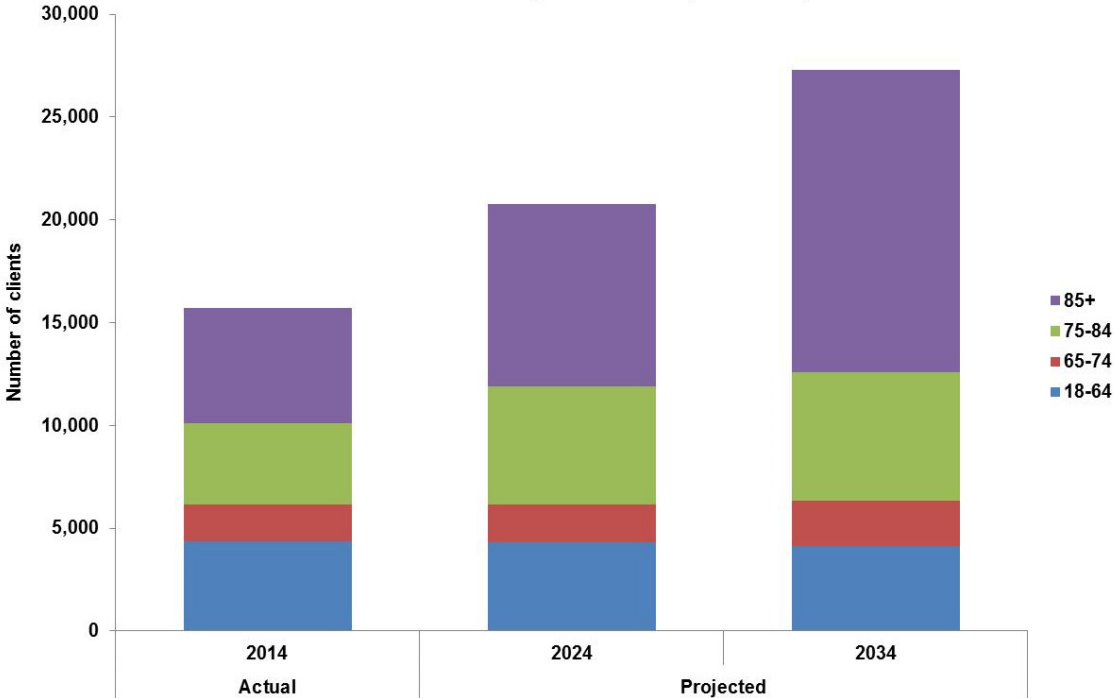


Source: 2014-based population projections, Office for National Statistics, Crown copyright. SCC Operational Performance and Intelligence

5.4 Future demand for adult social care services

The ageing population will have a significant impact of the requirement for adult social care support. Around 60% of long-term care users are 75 or over and 35% are 85 or over. Based on population growth alone the number of people in SCC funded long term care will increase by around 5,000 by 2024 and 11,500 by 2024. This estimate does not reflect the changing morbidities of the older population who are likely to have more care needs to reflect the likely higher prevalence of musculoskeletal conditions, dementia, diabetes, mental ill-health, coronary heart conditions, stroke, sensory impairment, respiratory condition, frailty, multiple-morbidities and so on. The projection assumes that the same proportion of those in care is self-funding.

Figure 32: Projections for long term adult social care



Source: 2014-based population projections, Office for National Statistics, Crown copyright. SCC Operational Performance and Intelligence

6 Key Findings

- Staffordshire's population is changing.
- Despite growing at a slower rate than the rest of country we have seen a 5% increase in the number of people living in the county over the last decade.
- Some districts have also seen more considerable growth, notably East Staffordshire.
- In the main this growth has come from migration rather than in increase in birth rates.
- This trend is contributing to a more significant finding that our population is ageing.
- The proportion of people over the age of 65 is now greater than the 0-15 age group.
- By 2024 our population is expected to rise by a further 4% however within this the working age populations is only expected to increase by 3%:
 - Those aged over 65 are expected to increase by 23%
 - Over 75s by 50%
 - Over 85s by 58%
- As a county there is relatively low diversity amongst the population and this can create pockets of need and isolated communities.
- The nature of homeownership is changing too. More people in Staffordshire own their own homes than the national average however this proportion has been falling.
- We have also seen an increase in the need for more homes as family composition has changed.
- Staffordshire has notable pockets of high deprivation in some urban areas with 9% of the total population (77,200 people) living in the most deprived fifth of areas nationally.
- Demand on health and social care services has increased considerably over the last decade.
- Increased usage of GPs and acute services is significantly beyond changes in demographic demand and Staffordshire has a particular issue with high admission rates to hospitals.
- Such trends require considerable intervention and are the focus of the programme of reform being led by the Collaborative Commissioning Congress.
- This also needs to feed into wider public sector reform which looks at building resilience within communities and families as opposed to commissioning services and more costly state interventions.

7 Further information and other resources to support the JSNA process

Further information on the characteristics of Staffordshire's population is available on the Staffordshire Observatory [website](#).

Appendix

Appendix 1: 2024 projected population estimates for Staffordshire districts (percentage change between 2014 and 2024)

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire	West Midlands	England
0-4	5,400 (-4.6%)	7,200 (-0.9%)	5,100 (-2.1%)	6,200 (-2.3%)	4,900 (-0.7%)	6,500 (-2.7%)	4,400 (-6.2%)	4,700 (-4.3%)	44,400 (-2.8%)	366,700 (1.0%)	3,468,100 (1.1%)
5-15	12,400 (1.6%)	16,200 (9.1%)	12,600 (3.0%)	15,100 (5.0%)	12,600 (2.6%)	15,500 (1.1%)	11,500 (2.9%)	10,800 (3.7%)	106,700 (3.7%)	812,900 (9.3%)	7,661,200 (12.3%)
16-24	9,200 (-14.7%)	10,800 (-9.3%)	8,400 (-11.9%)	15,000 (-8.8%)	9,000 (-17.5%)	13,500 (-7.5%)	7,700 (-12.4%)	7,600 (-8.4%)	81,300 (-11.0%)	631,600 (-6.8%)	5,903,300 (-5.2%)
25-34	13,100 (3.0%)	14,900 (1.6%)	11,200 (7.1%)	14,800 (2.7%)	11,200 (6.0%)	15,600 (5.4%)	9,300 (1.0%)	10,200 (-0.7%)	100,300 (3.3%)	776,900 (5.2%)	7,662,600 (3.0%)
35-44	12,800 (0.0%)	15,500 (5.2%)	12,400 (-3.6%)	15,000 (-0.8%)	12,100 (-4.1%)	15,600 (-4.9%)	10,700 (-9.7%)	10,100 (-3.3%)	104,000 (-2.5%)	737,400 (3.4%)	7,509,200 (6.1%)
45-54	12,600 (-16.9%)	15,100 (-13.0%)	13,600 (-11.7%)	15,100 (-15.5%)	13,500 (-21.2%)	16,800 (-15.9%)	12,600 (-17.3%)	10,000 (-9.4%)	109,200 (-15.4%)	702,200 (-11.3%)	6,959,400 (-8.6%)
55-64	14,500 (23.6%)	17,000 (24.2%)	15,500 (18.5%)	17,300 (13.0%)	17,000 (13.7%)	19,800 (18.6%)	15,200 (13.2%)	10,500 (11.1%)	126,800 (17.1%)	761,300 (18.9%)	7,349,600 (20.8%)
65-74	10,700 (7.1%)	12,800 (9.2%)	12,800 (-5.5%)	14,100 (2.7%)	14,100 (0.3%)	15,800 (0.4%)	12,800 (-2.1%)	8,600 (9.5%)	101,600 (2.0%)	583,700 (4.4%)	5,582,300 (8.3%)
75-84	7,900 (45.8%)	9,700 (41.2%)	11,200 (58.2%)	10,900 (35.1%)	11,600 (41.9%)	13,100 (47.1%)	10,600 (47.2%)	6,300 (64.0%)	81,400 (46.3%)	447,200 (32.8%)	4,157,200 (34.2%)
85+	3,400 (58.6%)	4,200 (54.7%)	4,500 (73.5%)	4,300 (40.5%)	5,100 (70.2%)	5,600 (54.4%)	4,200 (55.7%)	2,200 (64.9%)	33,500 (58.3%)	195,200 (44.2%)	1,819,800 (42.2%)
0-15	17,800 (-0.4%)	23,400 (5.8%)	17,700 (1.5%)	21,300 (2.8%)	17,500 (1.7%)	22,000 (-0.1%)	15,900 (0.2%)	15,500 (1.2%)	151,100 (1.7%)	1,179,700 (6.5%)	11,129,200 (8.5%)
16-64	62,200 (-1.6%)	73,300 (1.3%)	61,100 (-0.4%)	77,100 (-2.5%)	62,800 (-5.1%)	81,200 (-1.4%)	55,600 (-5.1%)	48,300 (-2.2%)	521,600 (-2.1%)	3,609,400 (1.3%)	35,384,100 (2.7%)
65+	22,000 (25.4%)	26,700 (25.3%)	28,500 (22.9%)	29,300 (17.9%)	30,700 (22.0%)	34,500 (22.0%)	27,600 (20.2%)	17,100 (31.4%)	216,500 (22.7%)	1,226,100 (18.9%)	11,559,300 (21.3%)
All ages	101,900 (3.4%)	123,400 (6.6%)	107,400 (5.2%)	127,700 (2.5%)	111,100 (2.2%)	137,700 (3.8%)	99,100 (1.7%)	80,900 (4.1%)	889,200 (3.7%)	6,015,200 (5.5%)	58,072,600 (7.1%)

Note: Numbers may not add up due to rounding.

Source: 2014-based population projections, Office for National Statistics, Crown copyright.