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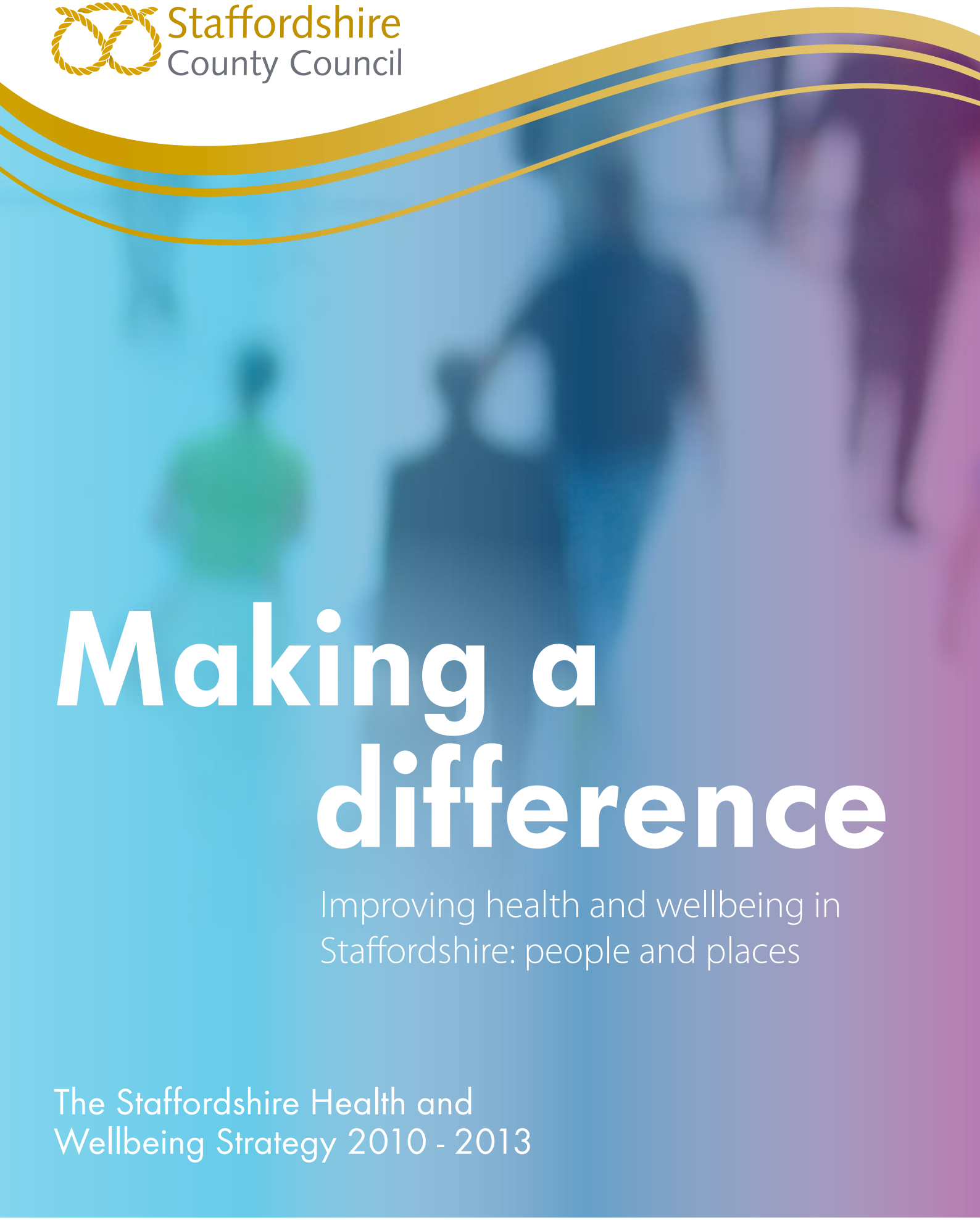


Making a difference

Improving health and wellbeing in Staffordshire: people and places

The Staffordshire Health and Wellbeing Strategy 2010 - 2013

NHS North Staffordshire

South Staffordshire NHS Primary Care Trust

Contents

Our vision for health and wellbeing in Staffordshire

Staffordshire will be a healthier place to live, work, and enjoy and where opportunities for improved health and wellbeing are experienced by all members of our community.

Foreword

This strategy outlines our three year vision for improving health and wellbeing and reducing health inequalities.

As partners we're committed to improving health and wellbeing, especially amongst those groups, places and communities, which have the worst health outcomes.

We will:

- Invest in prevention and wellbeing across communities.
- Ensure leadership for health directs resources so that health and wellbeing are mainstreamed.
- Embed health and wellbeing into all agendas at the highest level.
- Make health a priority across local authorities, the NHS, the community and voluntary sectors, other public bodies and local businesses.
- Improve health outcomes and reduce inequalities by 2013.

We will lead this in a number of ways:

- Leading policy change, robust governance and scrutiny.
- Commissioning services for improved health and wellbeing.
- Influencing and enabling people to make healthy choices.
- Ensuring services deliver the best outcomes.

But the responsibility does not rest with the public sector alone. Employers, retailers, the voluntary and community sectors can make a difference to the lives of their employees, their families, and to local communities. They have a vital role to play in improving the wellbeing of communities.

Staffordshire has many fresh opportunities to drive forward the health and wellbeing agenda. Improved health and wellbeing will focus on the wider determinants of health and how we can tackle the key lifestyle and deprivation issues that add to the poor health of our communities. It identifies what will be done and the outcomes we will achieve.

This strategy demonstrates our promise to improve health, wellbeing and inequalities together and produce some visible results for the people of Staffordshire.

County Councillor Matthew Ellis
Cabinet Member for Adults and Wellbeing, Staffordshire County Council

Alex Fox
Chair, South Staffordshire NHS Primary Care Trust

George Wiskin
Chair, NHS North Staffordshire Primary Care Trust

Summary of key health issues by local authority

	Cannock Chase	East Staffordshire	Lichfield	Newcastle-under-Lyme	South Staffordshire	Stafford	Staffordshire Moorlands	Tamworth	Staffordshire County	England	Year
Life expectancy (males)	76.3	77.0	78.7	77.0	79.0	78.2	78.4	78.2	77.8	77.9	2006-2008
Life expectancy (females)	80.4	81.2	81.5	81.9	82.0	82.3	82.0	81.2	81.6	82.0	2006-2008
Premature mortality rates from circulatory diseases	86	81	67	75	62	64	65	85	72	75	2006-2008
Premature mortality rates from cancers	131	108	106	119	108	99	108	121	112	114	2006-2008
Mortality from accidents	20.1	21.2	20.8	16.6	15.4	21.3	21.5	16.4	19.0	15.9	2006-2008
Suicides and injuries undetermined	9.4	5.9	4.9	5.4	7.2	9.9	7.4	6.8	7.1	7.8	2006-2008
Infant mortality rates	4.1	8.7	4.3	8.5	3.3	5.9	2.3	6.7	5.8	4.8	2006-2008
Teenage pregnancy rates	49.0	41.8	35.2	40.8	32.1	40.2	34.8	49.2	40.2	41.2	2005-2007
Childhood obesity (Reception)	9%	9%	9%	10%	13%	8%	10%	11%	10%	10%	2008/09
Childhood obesity (Year 6)	22%	15%	18%	20%	20%	16%	18%	19%	19%	18%	2008/09
Smoking prevalence (adults)	25%	26%	20%	23%	20%	19%	21%	29%	22%	24%	2003-2005
Obesity (adults)	30%	26%	25%	28%	26%	26%	29%	30%	27%	24%	2003-2005
Physical activity - at least three days a week	19%	19%	23%	23%	25%	23%	20%	19%	22%	22%	2008/09
Physical activity - at least five days a week of 30 minutes moderate	11%	11%	10%	12%	11%	11%	10%	6%	10%	11%	2007/08
Healthy eating (5-A-Day) (adults)	20%	25%	25%	25%	22%	27%	24%	21%	24%	26%	2003-2005
Binge drinking (adults)	18%	17%	17%	18%	17%	18%	18%	18%	18%	18%	2003-2005
Alcohol related hospital admissions	1,654	1,372	1,195	1,704	1,326	1,532	1,395	1,243	1,445	1,583	2008/09

Key: yellow denotes statistically better than England; orange denotes statistically worse than England

Source: National Centre for Health Outcomes Development (NCHOD), Teenage Pregnancy Unit and Office for National Statistics, National Child Measurement Programme: results from the school year 2008/09 - headline results, December 2009, Copyright 2009, The Information Centre for health and social care. All Rights Reserved, Healthy Lifestyle Behaviours: Model Based Estimates for Middle Layer Super Output Areas (MSOAs) and Local Authorities (LAs) in England, 2003-2005, National Centre for Social Research and The Information Centre for health and social care. Copyright 2007, All Rights Reserved, Active People Diagnostic, Sports England Active People Survey 2007/08, data extracted March 2009 and Sport England Active People Survey 2008/09 and National Indicator (NI39) datasets (DH data), North West Public Health Observatory, www.nwph.net/alcohol/lape/

Why a Staffordshire health and wellbeing strategy?

This strategy recognises that action to improve health and reduce inequalities must be delivered at county, district and local community and neighbourhood levels. It recognises the vital role of district and borough local authorities where protecting public health is at the heart of their role in ensuring health improvements locally.

Working in collaboration with district and borough local authorities can offer real opportunities for delivering added value which will result in better health improvement outcomes and reduce health inequalities.

Why is it countywide when a lot is done locally?

There are some very strong reasons where having a countywide strategy and focus will benefit the people and communities of Staffordshire:

- A Staffordshire wide consumer based approach for some health issues will increase public awareness and enable wider shifts in cultural and behaviour change around health.
- Having a single voice for Staffordshire will improve and increase our ability to influence and lobby at a national level on key issues.
- There are major public health issues around alcohol misuse in particular, which are common to the whole county, and where a single Staffordshire message will achieve greater economy of scale, better value for money and increase our opportunity to work on wider mass media messages.
- A countywide, coordinated and regular approach to best practice sharing and learning.
- Good work being carried out in one area can be expanded to other areas.
- A Staffordshire strategy means all partners are working to the same outcomes. This means that some services will be delivered locally but to the same common goals, reducing duplication.

Making a visible difference

So what?

We will establish an Innovation Fund to expand good local health initiatives across all districts.

How do we ensure fair, healthy and sustainable places in Staffordshire?

The Staffordshire strategy shares many of the commitments from the recent Marmot review of health inequalities in England: 'Fair Society, Healthy Lives'.

1. **To create a society that maximises individual and community potential.**
2. **To ensure social justice, health and sustainability are at the heart of all policies.**
3. **Give every child the best start in life.**
4. **Enable all children, young people and adults to maximise their capabilities and have control over their lives.**
5. **Create fair employment and good work for all.**
6. **Ensure a healthy standard of living for all.**
7. **Create and develop healthy and sustainable places and communities.**
8. **Strengthen the role and impact of prevention.**

We will play our part in delivering these objectives for Staffordshire people.
We recognise that it requires action across all sectors – this is the reason for our Staffordshire strategy. This has at its heart the need to tackle health inequalities and build strong, local sustainable communities. We recognise that to reduce health inequalities, our actions and services must be universal, but at a level which is appropriate to the level of disadvantage.

Making a visible difference

So what?

- We will embed and consider the impact on health, wellbeing and health inequalities on our local communities when making policy, planning decisions and developing services.
- We will improve the overall length and quality of life across Staffordshire, ensuring that people live longer, healthier lives and health inequalities are reduced.

Staffordshire's demographic profile

In 2008, the population of Staffordshire was estimated to be 828,900 with the age and gender of residents generally similar to that of England. However Tamworth, East Staffordshire and Cannock Chase have particularly high numbers of young people, whilst Staffordshire Moorlands, South Staffordshire, Stafford, Lichfield and Newcastle-under-Lyme have higher numbers of older people.

The county population is expected to increase over the next 10 years by 5% compared to 8% across England with particular growth in the number of people aged 75 and over.

Almost a quarter of the population live in rural areas, with high proportions of rural populations seen in South Staffordshire, Staffordshire Moorlands and Stafford districts and very low proportions in Tamworth and Cannock Chase.

The 2007 estimated ethnic population for Staffordshire has increased to 4.5% from the 2001 position of 2.4% but remains lower than the national average of 11.8%. The highest proportion of people from minority ethnic groups is in East Staffordshire (7.6%). Immigration into the county from Europe has also increased, particularly in East Staffordshire and Stafford.


Staffordshire Moorlands
Newcastle-
under-Lyme
Stafford
East Staffordshire
Cannock Chase
Lichfield
South Staffordshire
Tamworth

Making it happen in Staffordshire

There is increasing recognition of the need to invest in prevention services which promote healthier lifestyle choices for people, places and communities.

Despite the wider economic pressures facing the country, public services in Staffordshire will prioritise the development and delivery of evidence based public health strategies and prevention programmes.

Staffordshire has many new opportunities to drive forward the health and wellbeing agenda. These are exciting times with actions and opportunities now in place to create changes and improvements.

Our picture of health

- Understanding the picture of health in Staffordshire through the Joint Strategic Needs Assessment.
- External assessments have shown that we need to focus our efforts on making a difference to those with the worst health outcomes.

Leadership and partnership

- The joint appointment of the Director of Public Health.
- Creation of new commissioning arrangements through the Joint Commissioning Unit, practice based commissioning and the NHS.
- Partnership working through Local Strategic Partnerships and Children's Trust Boards.

New approaches

- Our focus on multi-agency, locality working in those neighbourhoods which experience the greatest disadvantage, concentrating on reducing and narrowing the gap in health inequalities of children and young people and older people.
- Our focus on 'One Staffordshire', combining resources on single, key priorities in a local area, to ensure that we achieve better outcomes for local people at good value for money.
- 'Families First' delivering early intervention and prevention for vulnerable children and families.
- Streamlined and more integrated health and social care services, especially at key points in people's lives.
- 'Staffordshire Cares', our role in developing a fuller, wider and more accessible range of community and preventative services to meet the needs of vulnerable adults and older people.

Workplace health

- A new focus on workplace health across all sectors, including an Investors in Health award and funding to tackle smoking and improve health in the workplace

Why do we need to improve health and wellbeing in Staffordshire?

The human cost

The good news is that the overall health of Staffordshire residents has improved over the last decade. People are living longer, and fewer people die from cancer, heart and respiratory disease.

However, there are unacceptable differences. Women live six months less than the England average. Also in some areas people live much shorter lives; for example men in Perton East in South Staffordshire can expect to live 19 years longer than those in Anglesey in East Staffordshire and Town in Newcastle-under-Lyme. Women in Weeping Cross in Stafford live on average 15 years longer than women in Biddulph South in Staffordshire Moorlands.

We also have an ageing population set to rise significantly in the next 20 years and in particular numbers of people over 65. Long term conditions such as heart disease, stroke, diabetes and high blood pressure are set to increase with the ageing population, as are levels of dementia in people aged 65 and over.

Overall, avoidable death from heart disease and cancer is lower or on par with England. However the chances of dying early from heart disease or cancer are higher in Cannock Chase.

If you live in South Staffordshire you are more likely to die or be seriously injured from a road traffic accident than if you live in Tamworth. Accidental deaths in those aged 65 and over are high across some parts of the county.

Rates of babies dying before their first birthday have fallen. However unacceptable differences still exist with levels of infant deaths being high in East Staffordshire and Newcastle-under-Lyme.

Educational attainment has been improving but there are still large inequalities. In 2008, 51% children achieved five or more GCSEs at grades A* to C. This compares with only 26% in the most deprived areas and 68% in the least deprived areas.

The percentage of young people not in employment, education or training was 5.3% for 16-18 year olds compared with 6.7% for England. There are higher levels in Burton, Cannock, Newcastle-under-Lyme and Tamworth.

Teenage pregnancy rates are similar to the national average but are not reducing fast enough. Teenage pregnancies are high in Cannock Chase, Tamworth and Newcastle-under-Lyme.

Nationally around three in ten people have mental health problems with one in six having significant health problems.

Similar to the national picture, in Staffordshire there are more people living unhealthy lifestyles. Specifically:

- There is a general increase in the amount of alcohol consumed. There are 131,000 hazardous drinkers, 32,000 harmful drinkers and 21,000 alcohol dependent drinkers. Alcohol related harm is higher for males than females.

- There were 14,800 alcohol related hospital admissions and the number of young people in treatment for alcohol increased by 17%.

- One in five adults smoke. One in four in Cannock and Newcastle-under-Lyme compared with less than one in six in Lichfield. As a consequence, rates of people dying from smoking in Cannock Chase and Newcastle-under-Lyme are significantly higher than the England average.

- Obesity and being overweight is increasing amongst adults and children and by 2020 almost a third of adults will be obese and by 2050 two thirds of children will be overweight or obese. Three in ten adults in Cannock Chase and Tamworth are obese compared with one in four in Lichfield. Coupled with this fewer children and adults have regular exercise compared to the national average.

The level of crime recorded has decreased by 18% over the last five years. Rates of violent crime are higher in Cannock Chase, Newcastle-under-Lyme and Tamworth than the England average

There are also differences in the health and wellbeing of the population overall and for some groups including people with disabilities, people with mental health problems, the unemployed and some minority ethnic groups.

some groups including people with disabilities, people with mental health problems, the unemployed and some minority ethnic groups.

The financial cost

It's estimated nationally that inequality in illness accounts for productivity losses of £31-33 billion per year, lost taxes and higher welfare payments in the range of £20-32 billion per year and additional NHS healthcare costs associated with inequality are in excess of £5.5 billion per year.

Estimated costs to the Staffordshire economy:

- Alcohol related harm is £322 million.
- Obesity is £113 million.
- Smoking related harm is £191 million.
- Drug misuse is £161-£274 million.
- Accidents are £32 million.
- Fires are £107 million.
- Sickness absence is £129 million.

Residents of Staffordshire leading a healthier lifestyle benefit both the NHS and the economy. Looking after ourselves by keeping active, not smoking, not drinking too much, eating a good diet and having good mental health makes us feel better.

Quality of life can be further improved if residents have a good education, a job, a decent home with an income, live in a safe community, have equitable access to services such as GP's and social networks.

What are our priorities for action by 2013?

The priorities we will deliver in this strategy focus on improving the health and wellbeing of vulnerable individuals, families, and communities in Staffordshire.

We will:

- Implement an innovative and value for money approach, focussing on people and places.
- Work with people and organisations to recognise and realise their potential impact on community health and wellbeing.
- Provide every opportunity and support for individuals and communities to take responsibility for their own health and wellbeing.

To improve the health of children and young people we will:

- Improve services and joint working to address health inequalities in the areas of obesity, teenage conceptions and infant mortality.
- Increase our understanding of children, young people and family needs.
- Deliver better services through Community and Learning Partnerships.
- Improve services at key stages in children and young people's lives.

To improve mental health and wellbeing:

- Through mental health promotion.
- Modernise and personalise services that are locally accessible, delivering high quality outcomes with a focus on recovery.
- Help communities understand mental health and wellbeing by breaking down barriers, and reducing stigma about mental illnesses.

To improve the health and wellbeing of older people:

- 'Staffordshire Cares' will guarantee that there is no wrong door to health or social care services with a range of preventative wellbeing services in local communities.
- Ensure older people are involved in making decisions about issues affecting their lives and the communities in which they live.

To reduce the harm caused by alcohol misuse:

- By promoting a responsible attitude to drinking.
- By reducing the numbers of chronic, binge, hazardous, harmful and dependent drinkers.
- By breaking down barriers, reducing stigma and helping communities to understand alcohol misuse, chronic drinking and dependency.

To reduce health inequalities:

- Increase opportunities for employment and training.
- Deliver a Staffordshire workplace health and wellbeing programme to benefit, employees and communities.
- Reduce the health gap by tackling the wider determinants leading to premature deaths from heart disease, strokes and cancer.

To improve housing, local areas and communities:

- Work in partnership to increase affordable warmth and reduce fuel poverty.
- Improve housing stock, housing conditions and energy efficiency.
- Promote active travel using green spaces, and access to affordable food and healthy lifestyle choices.
- Develop and support local communities through community development and our focus on locality working.

To listen to our communities:

- Work together to provide effective engagement opportunities that help services better respond to community needs.
- Ensure that communities are involved in decision making about issues that affect their lives and the neighbourhoods in which they live.
- Continue to listen to residents, patients and service user groups and develop a Patient Council.
- Demonstrate how feedback has been used to improve service delivery.

Focus on children, young people and families

A healthy start to life is the best way of ensuring people can grow into healthy, happy, confident adults who are able to enjoy their life and make a positive contribution to society.

Due to medical and technological advances, children and young people are now thought to be healthier than ever before, however many inequities remain and some children experience poor health outcomes.

Opportunities for prevention should be available to children and families at key stages throughout their lives:

- pregnancy
- early years
- teenage years
- family support – such as parenting.

Staffordshire has a population of 192,200 children and young people under 20, making up nearly a quarter of the total population. However, stark differences remain. The life chances of babies living in deprived areas are compromised.

Public health challenges for children young people and families

- There are higher than average rates of infant deaths in East Staffordshire and Newcastle-under-Lyme.

- Low birth weights in Staffordshire are significantly higher than the England percentage, particularly in Cannock Chase and East Staffordshire.

- 15% of mothers continued to smoke throughout their pregnancy in 2008/09.

- The proportion of breastfeeding drops dramatically. Breastfeeding from birth in Staffordshire is 60% which is lower than England (71%). Only one in four mothers still breastfeed at six months.

- Obesity levels for both children and adults are a concern across the majority of Staffordshire. As a result, more people are suffering from diabetes, especially in Newcastle-under-Lyme, Staffordshire Moorlands and East Staffordshire. Linked to this, fewer children and adults exercise regularly compared to the national average. Staffordshire Moorlands in particular has the highest number of overweight children aged four and five.

- An estimated 11,200 children aged five to 16 in Staffordshire lived with some kind of mental health disorder in 2008.

- There are an increasing number of children living with complex needs and disabilities who require intensive support servic**es.**

Making it happen for children and young families

The Staffordshire Children's Trust Partnership is committed to developing integrated ways of working which will improve service delivery and outcomes for children and young people, therefore having a direct impact on health inequalities in the short and long term.

Improve emotional health and wellbeing

- Increase access to health promotion and early intervention in communities, schools, primary care and children's centres.
- Improve access to high quality adolescent mental health services.
- Promote the Social Emotional Aspects of Learning (SEAL) programme in schools.
- Reduce bullying

Improve physical health

- Reduce infant mortality.
- Halt the rise in obesity in children and young people.
- Increase levels of physical activity among young people and families.
- Reduce the number of young people with sexually transmitted infections.
- Reduce the number of unplanned teenage conceptions.
- Reduce the harm caused by alcohol and drugs.

Improve quality of life

- Actively engage with and listen to children, young people and parents/carers.
- Support young people in volunteering.
- Encourage the use of leisure facilities and uptake of activities.
- Reduce the number of children and young people not in education, employment or training.
- Tackle negative adult behaviours which impact on parenting.

Making a visible difference

So what?

- Improve the health and wellbeing of children, young people and families through the Nurturing Health award. There will be 2,000 children in early years settings receiving improved nutritious food and more physical activity. 30 early years nurseries will receive the award.
- Improve emotional resilience and mental health of children and young people through training in community and learning partnerships and mental health promotion in schools.

Comparison of babies born in the least deprived and most deprived parts of Staffordshire County

		Least deprived	Most deprived
Health	Claim incapacity benefit	3%	13%
	Have a limiting long term illness	14%	23%
	Smoke	16%	34%
Education	Get a least five GCSEs A*-C	68%	26%
	16-18s not in education, training or employment	4%	15%
	Claim free school meals	3%	27%
Work	Become a professional or manager	35%	12%
	Are unemployed	5%	17%
	Live on benefits	6%	25%
Home and family	Live in poverty as a child	5%	39%
	Live in income deprived households	4%	29%
	Go home to a council house	1%	30%
	Are part of a lone parent family	3%	11%
	Have no access to a car or van	9%	42%
Experience of crime	All crime	3%	15%
	Anti-social behaviour	2%	10%
	Burglary	0.3%	0.6%
	Deliberate fire	0.1%	0.6%
In later life	Live alone as a pensioners	10%	16%
	Live in poverty when they are aged 60 and over	8%	31%
	Live to the age of (for men)	80	74
	Live to the age of (for women)	84	78

Data analysed and compiled by Public Health Intelligence Team, South Staffordshire PCT

Our focus on mental health and wellbeing

Emotional wellbeing is more than the absence of mental illness, but is a state "…in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". (World Health Organisation, 2005)

We will move beyond clinical intervention by mainstreaming mental health promotion to improve the wellbeing of the local population. Local solutions will promote interpersonal support and social action.

Services will become more personalised. We want to improve outcomes for local people through better use of resources, working together more closely and placing the person at the heart of the process.

Public health challenges for mental health and wellbeing

- Around three in ten people have mental health problems, and around one in six people have significant mental health problems. Anxiety and depression affect the largest number of people and often occurs in conjunction with relationship and social problems, substance misuse or physical illness.
- In 2007/08 there were 4,400 people registered with a severe mental illness on GP registers across Staffordshire and 3,400 people with dementia.
- During 2008 the number of people aged 18-64 with mental health problems who were helped to live at home was 1,060. Around 140 were in supported residential and nursing care during the year.
- In 2008 it was estimated that of those people aged 18-64, 13,100 had depression, 84,500 had a neurotic disorder, 22,600 had a personality disorder and 2,800 had a psychotic disorder, with numbers in future years remaining similar.
- There are around 60 suicides annually with three in four being male.

Making it happen - breaking down barriers

- Adopt a more holistic approach to improving physical, emotional and mental wellbeing.
- Improving access to information making it more widely available through libraries, pharmacies, supermarkets, youth centres and police stations. 'Staffordshire Cares' will ensure this is available through information points in the community.

Finding solutions

- Work with employers to strengthen emotional wellbeing in the workplace.
- Improve access to education, employment and leisure.
- Improve psychological support into all clinical pathways, specifically long term conditions and chronic disease management.
- Make services available in appropriate community locations, targeting deprived areas, the unemployed, isolated and other at risk populations.

Making a visible difference

So what?

- Improve access to mental health promotion and wellbeing in local communities.
- Work to support people with mental health needs to live in and be supported by their local community. 600 people will benefit from a wider range of community opportunities designed to promote wellbeing and independence.
- 3,000 people will benefit from mental health promotion programmes to maintain their own good mental health and promote action for good mental health at an individual and community level.
- 100 organisations and groups throughout Staffordshire will deliver mental health promotion in the community.
- 200 more volunteers will be in place.
- 4,000 people will be able to access information, self help, and support reducing the isolation arising from mental illness.

Our focus on reducing the harm caused by alcohol misuse in Staffordshire and changing the culture and our attitudes to drinking

Alcohol and drugs undermine family and community life. The problems that arise out of misuse, addiction and dependency destroy potential and hope, and have a devastating effect on the most vulnerable in our society.

Substance misuse contributes to antisocial behaviour, acquisitive and violent crime. Jobs and homes can be lost, friendships and family ties broken and for the children of families where alcohol and drug misuse is prevalent there is a danger of abandonment and neglect.

Public opinion surveys suggest that most people think alcohol consumption is a problem and the root of the problem lies in the English drinking culture and that many people are too willing to tolerate drunkenness and antisocial behaviour as an accepted part of life.

For increasing numbers of people, getting drunk has become the definition of 'a good night out'. Many take little personal responsibility for their behaviour in getting drunk in the first place, or their subsequent actions when drunk.

Public health challenges in Staffordshire around alcohol misuse

- There are 131,000 hazardous drinkers, 32,000 harmful drinkers and 21,000 alcohol dependent drinkers. Data from the Local Alcohol Profiles for England shows that generally alcohol related harm using these measures is greater for males than for females.
- Similarly to other parts of the UK, Staffordshire has seen an increase in the amount of alcohol consumed by the general public and the subsequent impact of that increase.
- Hospital admissions for under 18's was higher for females than for males in six out of the eight districts — Newcastle-under-Lyme and East Staffordshire being the exceptions.
- The district areas of Cannock Chase and Newcastle-under-Lyme tend to be the two areas which record the highest levels of alcohol related harm.
- Binge drinking estimates are highest in Tamworth and Stafford. All districts have a higher estimate of binge drinking than for the West Midlands as a whole and the estimate for Tamworth is also higher than the estimate for England.
- The number of months of life lost attributable to alcohol are highest in Newcastle-under-Lyme where the figure reaches over a year (12.1 months). The inequality between males and females is also highest in Newcastle-under-Lyme (5.8 months higher for males than females).
- 30% of children aged 11-15 reported drinking alcohol in the week compared with 21% nationally.
- One in ten young people arrested by police during 2008/09 claimed to have recently consumed alcohol, demonstrating the link between underage drinking and criminal behaviour.
- During 2008/09 there were 14,748 alcohol related hospital admissions, equal to a rate of 1,485 per 100,000 people. The number of young people in treatment for alcohol misuse increased by 17% in 2008/09.

Making it happen to reduce the harm caused by alcohol

By 2013 we will:

- Promote a responsible attitude to drinking.
- Reduce the numbers of chronic, binge, hazardous, harmful and dependent drinkers.
- Ensure good quality information is easily accessible that enables a responsible attitude to drinking whilst reducing the stigma of asking for help with alcohol addiction, dependency and misuse.

This will be done by:

- Improving access in the community to information about alcohol misuse.
- Creating prevention, education, treatment, follow-on support and aftercare services.
- Strengthening links and encouraging community ownership to reduce the stigma of seeking help and advice.
- Strengthening links with marginalised groups through the support of community alcohol workers.
- Raising awareness and developing an understanding in mainstream services of alcohol misuse, psychological wellbeing and social inclusion.
- Working with employers to build an understanding of the issues around alcohol misuse in the workplace.
- Making services available in appropriate community locations where the target population are deprived areas, unemployed, isolated populations.
- Providing carer and family support, particularly where there are children, with greater support options available to reduce the damage caused to young children living in an environment where a family member has an alcohol misuse problem.
- Support Practice Based Commissioning colleagues developing effective primary care services that are timely and appropriate with an emphasis on early recognition of alcohol related issues.
- Ensuring that prevention, education and counselling services are delivered in schools.
- Develop an alcohol education programme focused on links between physical health and sensible drinking levels.

Making a visible difference

So what?

We will promote a responsible attitude to drinking alcohol and an improved understanding of its potential to cause harm to the health and wellbeing of individuals and communities.

- 10,000 employees will receive advice and information on safe alcohol consumption levels in their workplace.
- 3,000 people will access alcohol treatment services.
- 5,000 children in secondary school settings will receive advice and information about alcohol related harm.
- 100 organisations and groups throughout Staffordshire will deliver alcohol promotional material in the community.
- We will deliver a Staffordshire wide social marketing campaign which will promote responsible drinking.

Our focus on older people

TWe live in an ageing society where people are living longer and for the first time, there are more people aged over 60 than children under 16 in the UK. Older people can now look forward to many more years of healthy life after retirement than ever before. We will work together with our partners in the voluntary and independent sectors to improve things for the better and meet the challenges of the future.

Recognising older people's need to live life to the full is important. We will invest to support older people in staying healthy and active, promoting inclusion in everyday life to enable people to lead active lives. For those whose health is failing, they will receive the services and support they need to manage their condition and remain independent for as long as possible.

Challenges for older people and ageing well

- The Staffordshire population will continue to age, with significant increases in numbers of older people. By 2025 the number of older people aged 85 and over will almost double.
- Numbers of people with long term conditions such as heart disease, stroke, diabetes and hypertension (high blood pressure), are predicted to increase.
- Around 71,100 people aged 65 and over have a limiting long term illness (LLTI). Higher proportions are found in Cannock Chase, Newcastle-under-Lyme and Tamworth.
- Levels of dementia in older people are predicted to increase significantly with an ageing population.

Improving physical health

- Reducing early deaths due to coronary heart disease and stroke.
- Reducing early deaths due to cancer.
- Decreasing the number of older people getting long term and serious illnesses by enabling them to care for themselves and manage conditions.

Improving mental wellbeing

- Increasing access to open and green spaces by encouraging active recreation.
- Reducing perception related to the fear of crime and increase older people's perception of control over their own lives or where they live.
- Promoting independence and self care.

Quality of life

- Improving access, mobility and easy transport for older people.
- Creating a transport infrastructure to support independence for all.
- Enabling people to live healthy and active lives, and encourage the use of open spaces including the countryside, beach, parks and gardens.
- Reducing social exclusion of older people and other vulnerable adults.

Community capacity building

- Reducing isolation in older people and the medical and social consequences of isolation.
- Empowering people to take charge of their own lives and to help shape their local communities.
- Supporting people to have more choice and control over services provided to help them remain independent regardless of their circumstances.

Making a visible difference

So what?

Through the £1million Community Wellbeing Fund we will enable small and local, grass roots community groups to provide local services to improve the health, independence and wellbeing of vulnerable adults and older people in their community.

- 10,000 older people and vulnerable adults will benefit.
- 500 local grass-roots community organisations will provide community based health and wellbeing programmes.
- 500 new local services.
- 50 luncheon clubs.
- 50 befriending schemes.
- 50 social activities.

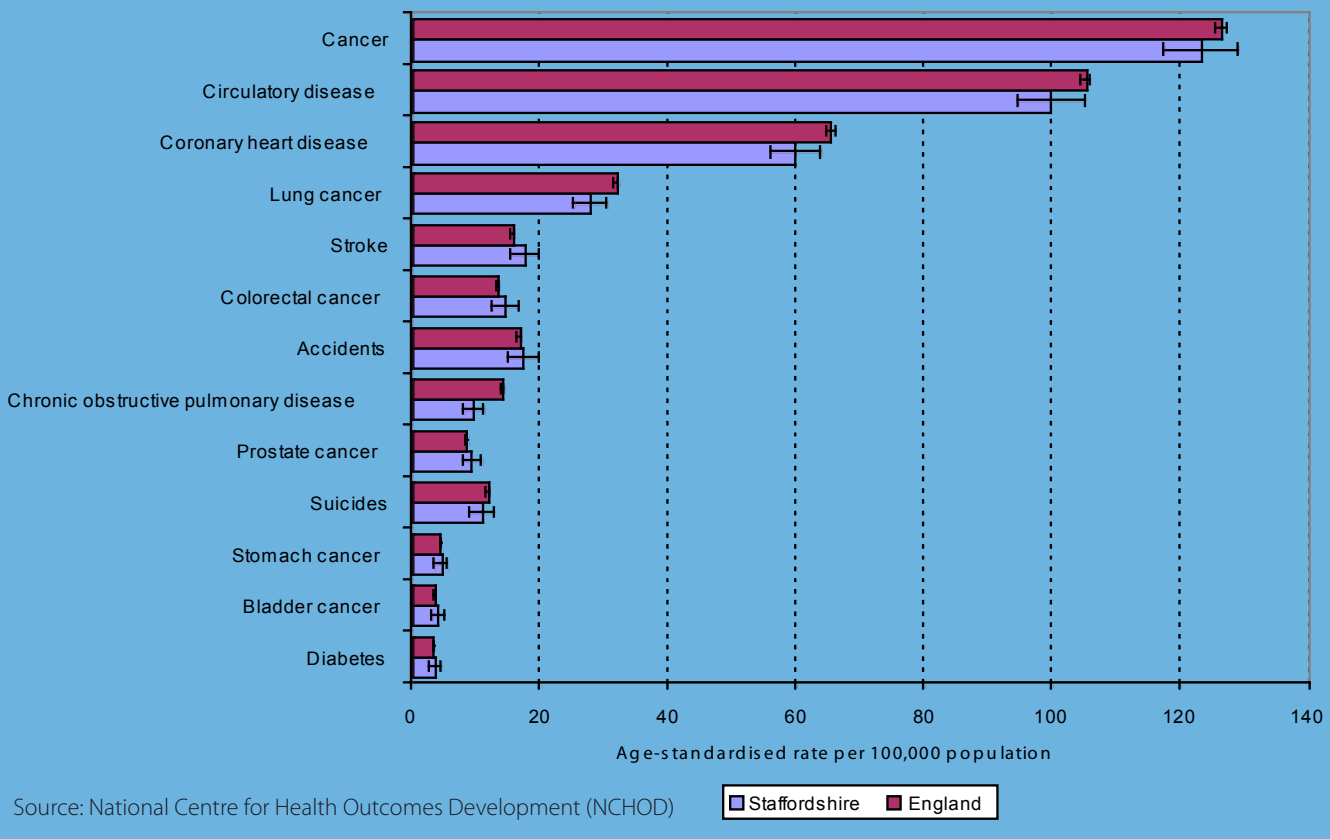
Inequalities factfile

Health inequalities are the medical (physical and psychological) consequences experienced by people in their everyday lives. These relate to income, economic activity, gender, age, race, sexual orientation, religion or belief and disability status or combinations of these factors.

Sources of inequality in health are broad ranging, but include:

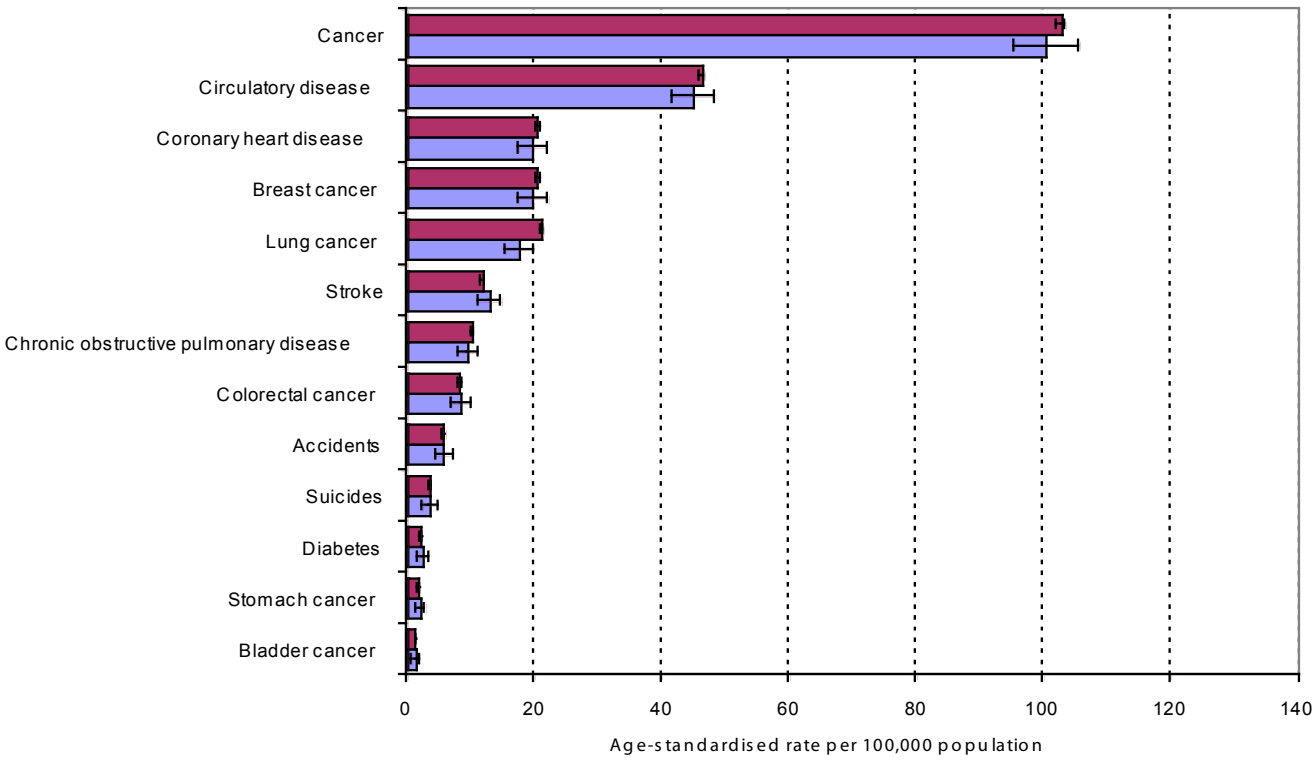
- Life circumstances/social and economic determinants.
- Differential access/care.
- Health behaviours.
- Discrimination.

Premature mortality rates for males, 2006-2008



Source: National Centre for Health Outcomes Development (NCHOD)

Premature mortality rates for females, 2006-2008



Source: National Centre for Health Outcomes Development (NCHOD)

Deprivation

Poverty, poor education and poor housing can all have an adverse effect on individual health. People living in deprived communities often experience poorer health outcomes compared with those living in more affluent communities.

Others who have poorer health outcomes compared with the average include prisoners, people from some black and ethnic minority communities, people with disabilities and people with severe mental illness.

By benchmarking we can determine the level of deprivation of a neighbourhood. This shows that overall Staffordshire is a fairly affluent county. However, there are a few communities that endure significant deprivation and we need to focus on these over a long time for change to happen.

Deprivation in Staffordshire

The Index of Multiple Deprivation 2007 (IMD 2007) is one method of identifying deprived areas. It measures deprivation in its broadest sense by including 37 indicators which assess income, employment, health and disability, education, skills and training, barriers to housing and services, crime and living environment at a Super Output Area (SOA) level.

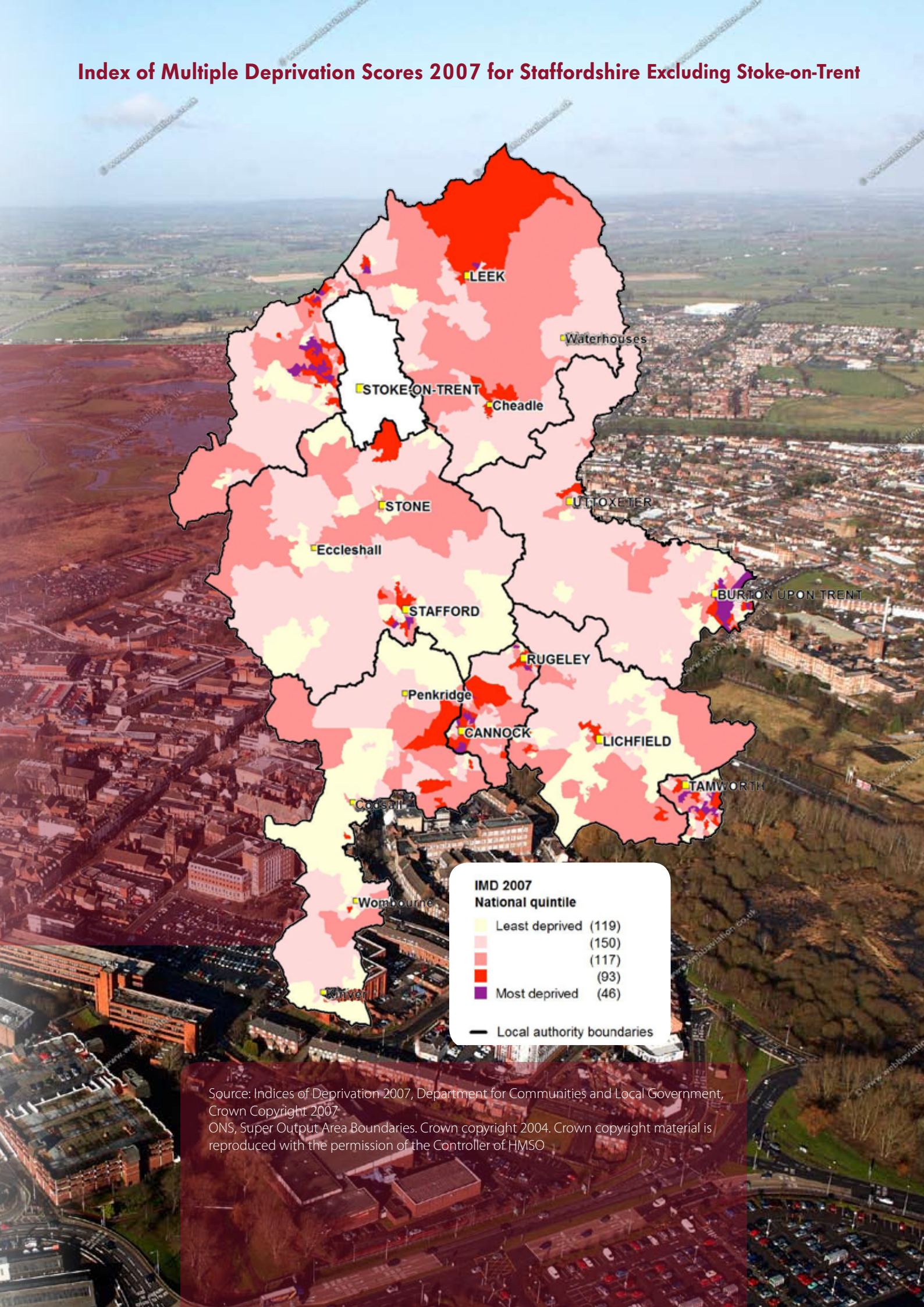
As stated previously, overall Staffordshire is a fairly affluent county. For example, in the average weighted ward score the county is ranked as the 107th most deprived of 149 county and unitary authorities in England. Only six of the 525 SOA's in Staffordshire fall in the 10% most deprived nationally (in Cross Heath, Glascote, Eton Park, Knutton and Silverdale, Shobnall and Chesterton wards). Another 40 fall in the 20% most deprived nationally. These 46 SOA's make up 9% of the population.

Staffordshire population by most deprived national deciles

	National deciles				
	10%	20%	30%	40%	50%
Number of Super Output Areas					
IMD 2007	6	46	89	139	185
Income	6	51	95	140	182
Employment	10	59	118	168	234
Health deprivation and disability	11	49	104	158	236
Education, skills and training	37	86	138	185	246
Barriers to housing and services	29	67	107	147	192
Crime and disorder	10	34	70	116	169
Living environment	18	29	57	94	146
Mid year 2005 population estimate (proportion of total population)					
IMD 2007	8,139 (1%)	69,732 (9%)	135,717 (17%)	211,221 (26%)	284,637 (35%)
Income	8,727 (1%)	77,241 (9%)	143,478 (18%)	214,353 (26%)	277,965 (34%)
Employment	13,440 (2%)	88,584 (11%)	178,584 (22%)	256,764 (31%)	359,460 (44%)
Health deprivation and disability	15,438 (2%)	73,962 (9%)	157,749 (19%)	241,815 (30%)	361,875 (44%)
Education, skills and training	56,463 (7%)	131,769 (16%)	210,408 (26%)	282,516 (35%)	378,630 (46%)
Barriers to housing and services	47,316 (6%)	108,051 (13%)	170,499 (21%)	234,138 (29%)	305,208 (37%)
Crime and disorder	15,837 (2%)	52,398 (6%)	107,499 (13%)	179,628 (22%)	260,304 (32%)
Living environment	28,041 (3%)	45,861 (6%)	87,186 (11%)	142,230 (17%)	224,034 (27%)

Source: Indices of Deprivation 2007, Department for Communities and Local Government, Crown Copyright 2007

Index of Multiple Deprivation Scores 2007 for Staffordshire Excluding Stoke-on-Trent



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The wider determinants of health

Poor health, illness, disease and early death have many causes. Some are a consequence of our age, gender, race and hereditary factors; others are the result of individual lifestyle choices, or where we live. Evidence shows that some social groups have much higher rates of illness, disease and death than others. The causes of these health inequalities lie in the wider structures of society and communities.

The role of education, skills and employment

These factors play a number of roles in influencing inequalities in health.

Educational qualifications and skills are a determinant of an individual's labour market position, which in turn influences income, housing and other material resources. These are related to health and health inequalities.

Challenges for education, skills and employment

- Almost a third of Staffordshire's population have no qualifications compared with a national average of 29%. This is highest in Cannock Chase (35%), Newcastle-under-Lyme (34%) and Staffordshire Moorlands (34%). Those with no qualifications rises over 60% in some wards.
- Fewer people in Staffordshire have a degree (17%) compared with the national average of 21%.
- Less people in Cannock Chase (11%) and Tamworth (12%) have a degree compared with Stafford (23%) and Lichfield (21%).
- The more skilled people are enables a more productive economy.
- In 2008, 22% of Staffordshire's working age population was unemployed compared to 26% nationally.
- Some areas have higher levels of unemployment, including Cannock with 30% and Newcastle-under-Lyme with 24%.
- Men in Staffordshire get paid more than women.
- Both men and women in Cannock Chase, East Staffordshire, Newcastle-under-Lyme, Stafford and Tamworth get paid significantly less than the England average.
- Staffordshire has the second highest number of job seeker allowances in the region after Birmingham with a 129% increase in the number of claimants.
- Employment in Staffordshire is more concentrated in the manufacturing and construction sectors than is the average across the country.
- During the 12 month period to February 2009, unemployment in Staffordshire rose by a greater proportion than any other authority in the West Midlands region.


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Health inequalities in the workplace

Because individuals spend up to 60% of their waking hours at work, the workplace offers an ideal opportunity to improve health and reduce inequalities:

- A large proportion of time (40%) is lost at work in long term absence of 20 days or more.
- In a twelve month period in the UK there were 5.8 million working days lost to sickness or injury.
- Risk factors linked to sickness absence include overall health, job satisfaction and adverse social circumstances.
- The negative impacts on organisations include statutory sick pay, cost of replacement staff and loss of output estimated at 13.2 billion in 2007.
- Routine and manual working groups smoke more which has an adverse impact on their health.

Making it happen to reduce inequalities

Making a difference by:

- Ensuring the reduction of health inequalities is at the forefront of the county council and NHS business.
- Providing more accessible health care and lifestyle services.
- Increasing opportunities for employment and training.
- Tackling social isolation and providing sustainable ways of improving prosperity and disadvantage.
- Delivering more patient focused health services.
- Developing new and innovative approaches to reduce health inequalities.
- Establishing an Investors in Health healthy workplace scheme, with the public sector leading by example.
- Improving services and joint working and target resources to address health inequalities in the areas of smoking, alcohol consumption and obesity.

Making a visible difference

So what?

- We will embed and consider the impact on health, wellbeing and health inequalities on our local communities when making policy, planning decisions and developing services.
- We will improve the overall length and quality of life across Staffordshire, ensuring that people live longer, healthier lives and reduce health inequalities.
- Through the Investors in Health award 10,000 employees will receive advice and information on health in their workplace.

Our focus on healthy places and communities

This recognises the relationship between the quality of our physical and social environment and the state of our health and wellbeing. Ensuring Staffordshire is a healthy place to live is a shared responsibility between partners.

All people have the right to live in good quality housing, which is energy efficient and which they can afford to heat. Poor housing conditions, their design and homelessness can lead to ill health. Cold, damp, mould and poor maintenance are linked to physical and mental illnesses including respiratory conditions, anxiety and depression. Improvements to housing and affordable fuel are essential for those residents in greatest need.

Transport is also essential to support stronger and safer, sustainable communities. Good transport systems connect people to local services, work and social and community networks and green and open spaces.

The environment where people live: their home, street and neighbourhood have a huge impact on quality of life. It's important to create conditions that enable a healthy way of life at both an individual and community level. Encouraging active travel, improving and maintaining open spaces and ensuring equal access to good healthy food must be delivered alongside measures to address climate change, improve living conditions and building safer communities by reducing crime and fear of crime.

Making a visible difference

So what?

- Work in partnership to increase affordable warmth and reduce fuel poverty.
- Improve housing conditions and energy efficiency.
- Promote active travel, using green spaces, and access to affordable food and healthy lifestyle choices.
- Develop and support local communities through supporting local community development and our focus on locality working.
- Ensure that communities are involved in decision making about issues that affect their lives and the neighbourhoods in which they live.

Our focus on listening to communities

Over the last 10 years, consultation and engagement has become a key feature in developing public services. The number of different ways in which public services involve people continues to develop, and we will ensure that our engagement methods are appropriate, effective and community based.

Involving people

We are committed to involving patients, partners and the public to improve health outcomes. We will do this by working together to provide effective community engagement opportunities that help services better respond to community needs.

Genuine involvement has many benefits for local people, their communities, patients, service users, health and local authorities, helping us to reduce health inequalities, supporting people to look after themselves and make the best use of services, and to ensure that we develop responsive services.

Our range of structures and consultation mechanisms include:

- Staffordshire People's Panel.
- Community based engagement.
- Surveys, focus groups and patient/service user involvement forums.
- Carers Board.
- Adult Care Panel.
- Health promotion and service user events.
- Analysis of complaints issues from Patient Advice and Liaison Service (PALS).
- Joint Commissioning Unit.
- Staffordshire Families Commissioner.

Our statement of committment

This strategy has described our joint vision, the major challenges and our priorities for Staffordshire over the next three years.

To ensure leadership, action and delivery of these priorities we will:

- As a priority, focus resources to improve health and wellbeing and reduce health inequalities.
- Deliver an annual programme of work with stated outcomes and monitoring.
- Have accountable senior officers leading on delivery plans.
- Introduce accountable governance groups.
- Actively use the powers of Health Scrutiny to ensure commitments are delivered and monitored.
- Embed and consider the impact on health and wellbeing when making policy, planning decisions and service development.