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**Appendix - Main Findings**

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1. SUMMARY

Whilst there have been improvements across a number of key health outcomes in Stoke-on-Trent in recent years, the health of local people is generally worse than the England average. Life expectancy levels among men and women in Stoke-on-Trent have stalled, whilst health outcomes across the city vary considerably. Men living in the most deprived areas of the city, for instance, live nearly 10 years less than men in the most affluent areas. For women, this gap is around 6.5 years.

This Joint Strategic Needs Assessment (JSNA) provides an assessment of the current and future health and social care needs of people living in Stoke-on-Trent.

The JSNA brings together a range of key information which broadly reflects the principles of the Marmot Review\(^1\) These have been grouped into seven themes:

- Best start in life – from birth to age five
- Developing well – childhood into young adulthood (5-19 year olds)
- Living well – working age adults
- Ageing well – older people (65 and over)
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities

A population profile and some overarching measures of health have been included to give greater context to these themes.
255,378 people live in Stoke-on-Trent

- 20.3% (51,790) are children 0-15
- 62.8% (160,387) are aged 16-64
- 16.9% (43,201) are aged 65 and over

Around 3,300 babies born a year

20.2% of people are from minority ethnic groups

£136,221 people in the city live in the top 20% most deprived areas

14th most deprived local authority in England (out of 326)

OVERARCHING MEASURES OF HEALTH

- Average 76.5 years
  - 79.6 years in England
  - 77.8% likely to be spent in good health
  - 79.7% in England
  - Life expectancy in most deprived areas 9.6 years less

- Average 80.8 years
  - 83.1 years in England
  - 72.7% likely to be spent in good health
  - 76.7% in England
  - Life expectancy in most deprived areas 6.4 years less
BEST START IN LIFE – FROM BIRTH TO AGE FIVE

- **23.8%** of children (under 16) live in poverty (England 16.8%)
- **9.5%** of babies have a low birthweight (England 7.3%)
- **18.2%** of women smoke whilst pregnant (England 10.8%)

### Highest infant mortality in England
- One baby dies every two weeks locally

### Breastfeeding rates

- **74.5%** in England
- **60.1%** in Stoke-on-Trent
- **42.7%** in England
- **27.1%** in Stoke-on-Trent

- **32.6%** of five years old have tooth decay (England 23.3%)
- **90%** of children vaccinated for main illnesses (better than England)
DEVELOPING WELL – CHILDHOOD INTO YOUNG ADULTHOOD

40,027 schoolchildren
7,952 have free school meals
2,523 have a learning disability

58% of Key Stage 2 pupils (10-11 year olds) meet expected standards (England 65%)
53.3% of Key Stage 4 pupils (15-16 year olds) achieved a 9-4 pass including English and maths (England 59.1%)

19.2% of Reception pupils (4-5 year olds) are overweight or obese (England 22.4%)
37.1% of Year 6 pupils (10-11 year olds) are overweight or obese (England 34.3%)

12.8% of 5-19 year olds estimated to have a mental health disorder

Hospital admissions for self-harm getting worse (10-24 year olds)

Teenage pregnancies (15-17 year olds) have fallen by 47% between 2012 and 2016
### LIVING WELL – WORKING AGE ADULTS

**Around 2,500 deaths a year**

**Top 3 killers**
- **28.7%** Cancer
- **23%** Circulatory Disease
- **16.1%** Respiratory Disease

**24,674 adults (18-64) have a common mental health disorder**

**3,758 adults (18-64) with a learning disability**

**20.7% of adults (18+) smoke**

**9 smokers die each week**

**66.0% of adults (18+) are overweight or obese**

**45.2% of adults (16+) do not eat enough fruit and veg**

**54.1% (19+) Do enough exercise**

**30.9% (19+) Don’t do any exercise**

**23%**

**28.7%**

**24,674**

**30,000**

**7.6%**

**38.3%**

**21.9%**

**3,758**

**12.3%**

---

**Top 3 killers**

- Cancer
- Circulatory Disease
- Respiratory Disease

**Deaths and hospital admissions from alcohol are higher than England: 3 drinkers die each week.**

**More people use drugs in the city.**

**2,500 deaths a year**

**30,000 of adults (18+) are drinking at dangerous levels**

**44.0% of adults (16-64) have no qualifications (England 7.6%)**

**12.3% of adults are qualified to NVQ level 4 and above (England 38.3%)**

**23.4% of alcohol users successfully complete treatment (England 38.9%)**

**20.7% of adults (18+) smoke**

**9 smokers die each week**

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**Top 3 killers**

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- Respiratory Disease

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**30.9% (19+) Don’t do any exercise**
44.0% of adults (18+) are drinking at dangerous levels

21.9% of alcohol users successfully complete treatment (England 38.9%)

Deaths and hospital admissions from alcohol are higher than England: 3 drinkers die each week

More people use drugs in the city

12.3% of adults (16-64) have no qualifications (England 7.6%)

23.4% of adults are qualified to NVQ level 4 and above (England 38.3%)

Around 30,000 recorded crimes – an increase of 9,500 since 2012/13
AGEING WELL – HEALTHY OLDER PEOPLE

An extra **9,300** people aged 65 and over by 2030

Increasing numbers of: limiting long-term illness, dementia, depression, falls

- **7 out of 10** people (65+) had a flu jab
- **956** emergency hospital admissions due to falls
- **260** emergency admissions for hip fractures
- **38%** of people died at home (England 46.6%)
- **6 out of 10** people cared for by local carers are aged 65 and over
- **39,000** people estimated to be in fuel poverty
- **3,595** requests for support from new clients (aged 65+) to Adult Social Care – an average of **10** a day
- **66.8%** of service users were satisfied with the care and support they received from social services (England 65.0%)
- **2.7%** of service users did not feel safe (England 1.8%)
CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

71.6% of people (aged 16-64) are working (England 75.2%)

29% of people (16+) are working in managerial and professional jobs (England 46.5%)

6,600 people (16+) are unemployed

19.5% of households are ‘workless’ (England 14.0%)

11,000 people (aged 16-64) are economically inactive due to long-term sickness

2.6% of workers had at least one day off work due to sickness (England 2.1%)
ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Average pay in the city is around **£100 lower** a week lower than the rest of England.

- 20.8% of people are experiencing deprivation due to low incomes (England 14.6%)
- 12,400 people (aged 16-64) are underemployed, they would like to work more hours
- 16,400 people (aged 16-64) are overemployed, they would like to work fewer hours
- 22% of children (aged 0-15) live in out-of-work benefit households (England 14.0%)
CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

89% of people were satisfied with the area as a place to live

77% of people feel safe outside after dark

23% of people feel likely to be a victim of crime

Biggest problems locally

- Drugs: 23%
- Anti-social behaviour: 21%
- Alcohol: 20%

778 households on the Housing Register have a housing need or urgent need

195 households were accepted as being homeless
This Joint Strategic Needs Assessment (JSNA) provides an assessment of the current and future health and social care needs of people living in Stoke-on-Trent. The purpose of this JSNA is to help inform the city council’s Health and Wellbeing Strategy, and to enable local commissioners and a range of organisations to plan and deliver services for the future that will meet the needs of local people.

Although this JSNA does not provide any detailed commissioning plans, standalone needs assessments or ‘deep dives’, it is essential that it informs the commissioning process. To aid this, this JSNA brings together a range of key information which broadly reflects the principles of the Marmot Review. These have been grouped into seven themes:

- Best start in life – from birth to age five
- Developing well – childhood into young adulthood (5-19 year olds)
- Living well – working age adults
- Ageing well – older people (65 and over)
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities

To give greater context to these themes, two additional areas have been included – a population profile and some overarching measures of health.

### 2.1 Health and wellbeing vision

The city council’s Health and Wellbeing Strategy (2016-2020) is shaped by the JSNA. The strategy aims to help Stoke-on-Trent be:

- A **vibrant** city where everyone will live, work and play in a successful, attractive environment which supports them to live healthy and fulfilling lives.
- A **healthy** and successful city where children enjoy the best start in life and everyone will live longer and healthier lives with equal access to health and care services should they need them.
- A **caring** city where everyone is supported to live independent lives with fair access to high quality, integrated health and social care services when needed.

This JSNA is integral in helping drive this agenda forward, and helping to build on the vision for Stoke-on-Trent to be a “vibrant, healthy and caring city which supports its citizens to live more fulfilling, independent and healthy lives.”

3. SOCIAL DETERMINANTS OF HEALTH

The health and wellbeing of people across all ages is influenced by a range of factors (or determinants). These social determinants of health refer to the daily conditions in which people are born, grow, live, work and age. Genetic factors, lifestyle choices, the communities in which people live, education, employment, housing and access to healthcare services are all examples of the social determinants of health (figure 1).³

Figure 1  Social determinants of health

In helping to understand the health and wellbeing needs of people living in Stoke-on-Trent, the social determinants of health approach has been adopted throughout this JSNA.
4. POPULATION PROFILE

- There were an estimated 255,378 people living in Stoke-on-Trent in 2017 (figure 2). Over the past 10 years, the local population has increased at a slower rate compared with England (4.8% versus 8.2%). This lower increase locally is projected to continue over the next 10 years.

- This increase in the local population has largely been the result of net international migration into the city, with the largest increases being among children under five and young adults aged 20-35 years of age.

Figure 2 2017 population estimates for Stoke-on-Trent

Source: Office for National Statistics 2018
• Around 43,200 people in Stoke-on-Trent are aged 65 years and over (which is a lower proportion than England – 16.9% compared with 18.0%). Of these, nearly 5,100 are aged 85 and over (2.0% of the population compared to 2.4% nationally).

• By 2030, the numbers of people aged 65 and over in the city are projected to increase by around 9,300, taking the number aged 65 and over up to 52,400. This means that nearly 1 in 5 local people (19.9%) will be aged 65 and over by 2030 (compared with 21.7% in England).

• There were nearly 51,800 children (aged 0-15) in the city, which is a similar proportion (20.3%) compared with England (19.1%). By 2030, it is projected that the numbers of 0-15 year olds locally will broadly remain the same.

• In 2017, there were just under 3,300 live births in Stoke-on-Trent, which is the lowest number there has been since 2010. Since 2010 the numbers of live births to mothers aged under 25 years has fallen in the city, but have increased among women aged 25-44 years. This mirrors the national picture.

• Stoke-on-Trent’s crude birth rate in 2017 was marginally higher than England (12.9 per 1,000 live births versus 11.6). The general fertility rate (which takes account of the number of women of child bearing age) was also higher locally compared with England (68.0 versus 61.2 per 1,000 live births to women aged 15-44).

• The percentage of deliveries to mothers from Black and Minority Ethnic (BME) groups has increased locally from 19.4% in 2012/13 to nearly one quarter (23.5%) in 2016/17 (which is similar to the national average of 23.3%). This equates to around 780 births to BME women in the city a year.

• Stoke-on-Trent is becoming an increasingly ethnically diverse city, with the proportion of people from ‘Non-White British’ backgrounds growing from 6.4% in 2001 to an estimated 20.2% in 2016. This is an increase of around 35,500 people (from 15,500 to 51,000). This growth will likely have an impact on some long-term conditions such as diabetes and heart disease, as well as the areas in which people live and the types of employment provided and undertaken.

• Locally, the largest increase in the ‘Non-White British’ population between 2001 and 2016 has been among people classified as ‘Other White’ (which consists mainly of people from the European Union) – the number has increased from around 3,000 to 11,000 over the past 15 years. Nationally, the largest increase has been among people from an ‘Asian’ background.

• Stoke-on-Trent is characterised by high levels of deprivation and is currently ranked the 14th most deprived local authority (out of 326) in England (based on the 2015 Index of Multiple Deprivation). The most deprived areas of the city are located around the wards of Tunstall, Burslem Central, Etruria and Hanley, Bentilee and Ubberley, and Blurton West and Newstead (map 1 overleaf).

• Over 136,200 people in the city live in areas classified as being among the top 20% most deprived in England, which is over 53% of the total population. This means that 5 out of every 10 people in Stoke-on-Trent are living in the most deprived areas of the country (compared with 2 out of 10 nationally).
Map 1  
2015 Index of Multiple Deprivation in Stoke-on-Trent

Deprivation ranking
- Quintile 1 (most deprived)
- Quintile 2
- Quintile 3
- Quintile 4
- Quintile 5 (least deprived)

Source: Department for Communities and Local Government 2015
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5. OVERARCHING MEASURES OF HEALTH

5.1 Life expectancy

Life expectancy is one of the key measures of a population's health, and refers to the number of years a person can expect to live. Locally, the latest data shows that:

- Life expectancy (at birth) for men in Stoke-on-Trent is 76.5 years compared with 79.6 in England in 2015-17 (figure 3). Locally, life expectancy for men has remained unchanged since 2010-12.
- Life expectancy among women in the city is 80.8 years compared with 83.1 years in England. Life expectancy has remained unchanged locally for women since 2012-14. Life expectancy levels for men and women in the city are significantly lower than national averages.
- Life expectancy is 9.6 years lower for men and 6.4 years lower for women living in the most deprived areas of Stoke-on-Trent compared with those in the most affluent areas of the city.

Source: Public Health England 2018

* The vertical bars on the charts show the 95% confidence intervals (95% CI), and have been used to test whether there is a statistically significant difference between Stoke-on-Trent and England. If the bars of the 95% CI overlap, then there is said to be no difference (statistically) between areas. If the bars do not overlap, there is a significant difference (statistically) between areas.

1 Statistical tests have been used to see whether the differences between Stoke-on-Trent and England are the result of chance. A statistically significant result happens when the test shows that the difference between Stoke-on-Trent and England is unlikely to be the result of chance.
### 5.2 Healthy life expectancy

Improving life expectancy is not only about adding years to life, it’s also about adding quality to life. Healthy life expectancy (HLE) is an estimate of the number of years someone would expect to live in good health.

- In Stoke-on-Trent (in 2015-17), healthy life expectancy for men was 59.5 years compared with 63.4 years in England. This means that 77.8% of a man’s life in Stoke-on-Trent is likely to be spent in good health (compared with 79.7% nationally).

- For women in the city, HLE was 58.7 years (compared with 63.8 years in England). This means that 72.7% of a woman’s life in Stoke-on-Trent is likely to be spent in good health (compared with 76.7% in England).

- Although women in Stoke-on-Trent live longer than men, a larger proportion of their lives are spent in poorer health.

- Men and women living in the most deprived areas of Stoke-on-Trent have a HLE which is around 13 years lower than those living in the most affluent areas of the city.

### 5.3 Health literacy

Health literacy is important when thinking about the current and future health and social care needs of people living in Stoke-on-Trent. Health literacy refers, broadly, to the ability of people to ‘gain access to, understand and use information in ways which promote and maintain good health’ for themselves, their families and their communities.

Health literacy is not just a personal issue, and it is important for health and social care providers to ensure they present clear, accurate and accessible information for a range of people.

A local study undertaken in 2015 found that 49% of adults in Stoke-on-Trent had inadequate levels of health literacy.
6. BEST START IN LIFE – FROM BIRTH TO AGE FIVE
23.8% of children (under 16) live in poverty (England 16.8%)

9.5% of babies have a low birthweight (England 7.3%)

18.2% of women smoke whilst pregnant (England 10.8%)

Breastfeeding rates

- 74.5% in England
- 60.1% in Stoke-on-Trent

Highest infant mortality in England

- One baby dies every two weeks locally

32.6% of five years old have tooth decay (England 23.3%)

90% of children vaccinated for main illnesses (better than England)
6.1 Children in poverty

The Marmot Review\(^1\) suggests there is evidence that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy.

- Levels of child poverty continue to reduce in Stoke-on-Trent, and the percentage of children under 16 living in poverty locally has fallen from 29.6% in 2006 to 23.8% in 2015, the lowest for the past decade (figure 4).\(^2\)

- Although this fall is encouraging, child poverty levels locally remain significantly higher than the England average of 16.8%, and around 12,400 local children are likely to be living in poverty across the city.

![Figure 4: Children (under 16) living in poverty in Stoke-on-Trent (2006-2015)](source)

Source: Public Health England 2018
6.2 Low birthweight babies

Low birthweight increases the risk of childhood morbidity and mortality and is associated with poorer health in later life. Babies weighing less than 2,500 grams are considered to have a low birthweight.

- The proportion of low birthweight babies (live and stillbirths) has remained largely unchanged in Stoke-on-Trent since 2010 and currently stands at 9.5% (compared with 7.3% in England, figure 5). This is significantly higher than the England proportion.

- The proportion of full-term babies with a low birthweight in Stoke-on-Trent has increased from 3.1% in 2010 to 3.9% in 2016. This remains significantly higher than the England proportion of 2.8%.

Figure 5 Low birthweight of all babies and full-term babies* in Stoke-on-Trent (2010-2016)

Source: Public Health England 2018

* All babies = live and stillbirths; full-term babies = live births >= 37 weeks
6.3 Infant mortality

Infant mortality (deaths during the first year of life) is an indicator of the general health of an entire population. It reflects the relationship between the causes of infant mortality and the wider determinants of health such as economic, social and environmental factors.

- The infant mortality rate continues to increase in Stoke-on-Trent, and in 2015-17 the local rate was 8.1 (per 1,000 live births) compared with 3.9 in England (figure 6).
- Locally, this is the highest the rate has been since 2004-06.
- The current mortality rate is significantly higher locally compared with England.
- During 2015-17, 82 infants died in Stoke-on-Trent during their first year of life. This means, that on average, one infant died every two weeks in the city.
- Compared with other local authorities in England, the infant mortality rate in Stoke-on-Trent in 2015-17 was ranked the highest in the country (Birmingham was ranked second highest with a rate of 7.8, whilst Sandwell was third highest with a rate of 6.5).

Figure 6 Infant mortality rates in Stoke-on-Trent (2001-03 to 2015-17)

Source: Public Health England 2018
6.4 Smoking during pregnancy

Smoking whilst pregnant has detrimental effects on the growth and development of babies (such as low birthweight) and on the health of mothers. Smokers, on average, have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes.

- The proportion of women smoking during pregnancy in Stoke-on-Trent is the lowest it has been in nearly a decade (figure 7). In 2017/18, 18.2% of local women smoked during pregnancy compared with 10.8% in England. 24
- In spite of the recent fall, the current proportion of women smoking during pregnancy remains significantly higher in Stoke-on-Trent compared with England.

Figure 7  Smoking in pregnancy in Stoke-on-Trent (2010/11 to 2017/18)

![Smoking in pregnancy in Stoke-on-Trent (2010/11 to 2017/18)](image)

Source: Public Health England 2018

6.5 Breastfeeding

Breast milk provides the ideal nutrition for babies, and has a range of health benefits to both mother and child. Babies who are breastfed are likely to have lower levels of gastro-intestinal and respiratory infections, and lower levels of child obesity. Mothers who do not breastfeed have an increased risk of breast and ovarian cancer and may find it more difficult to return to their pre-pregnancy weight.

- The proportion of women initiating breastfeeding (in the first 48 hours after delivery) has remained largely unchanged in Stoke-on-Trent since 2010/11 and was 60.1% in 2016/17 (compared with 74.5% in England). 25 This is significantly lower than England.
- The proportion of mothers in Stoke-on-Trent who continued to breastfeed at 6-8 weeks was 27.1% in 2017/18, which was significantly lower than the national average of 42.7%. 26
6.6 Vaccination coverage

- Childhood immunisation rates across Stoke-on-Trent are generally high, with over 90% of local children being immunised against the main health protection outcomes (figure 8). However, immunisation rates in the city continue to fall. In 2015/16, 8 of the 9 main immunisation rates were above the recommended 95% protective target set by the World Health Organisation - in 2017/18, there were only three.

Figure 8  Childhood immunisations in Stoke-on-Trent (2017/18)

Source: Public Health England 2018
6.7 Tooth decay

Tooth decay is mainly a preventable disease. However, significant levels of decay remain, resulting in pain, sleep loss, time off school, and in some cases, treatment under general anaesthetic.

- The latest 2016/17 dental survey for five year olds found that nearly one third of local children (32.6%) were suffering from tooth decay (figure 9). In spite of a local fall since 2007/08, current levels of tooth decay remain significantly higher than the national average of 23.0%.

Figure 9 Tooth decay among five year olds in Stoke-on-Trent (2007/08 to 2016/17)

Source: Public Health England 2018

6.8 School readiness

- At the end of Reception (4-5 year olds), 66.1% of schoolchildren in Stoke-on-Trent had achieved a good level of development and were considered 'ready for school' (in 2016/17). This compares with 70.7% in England.

- Although the proportion of local children being ready for school has increased from 52.0% in 2012/13, current levels remain significantly below the England average.

- The 2012/13 dental survey for three year olds found that 7.1% of local children reported having tooth decay (compared with 11.2% in England). This indicates that tooth decay among children appears to increase significantly between the ages of three and five.

- Among Reception children in Stoke-on-Trent who were eligible for free school meals, 55.9% had achieved a good level of development and were 'ready for school', similar to the national average of 56.0%.

- This means, however, that local schoolchildren who were eligible for free school meals were less likely to be 'ready for school' at the end of Reception compared with other schoolchildren (55.9% versus 66.1%).
7. DEVELOPING WELL – CHILDHOOD INTO YOUNG ADULTHOOD
DEVELOPING WELL – CHILDHOOD INTO YOUNG ADULTHOOD

40,027 schoolchildren have free school meals
7,952 have a learning disability
2,523

58% of Key Stage 2 pupils (10-11 year olds) meet expected standards (England 65%)
53.3% of Key Stage 4 pupils (15-16 year olds) achieved a 9-4 pass including English and maths (England 59.1%)

19.2% of Reception pupils (4-5 year olds) are overweight or obese (England 22.4%)
37.1% of Year 6 pupils (10-11 year olds) are overweight or obese (England 34.3%)

12.8% of 5-19 year olds estimated to have a mental health disorder

Hospital admissions for self-harm getting worse (10-24 year olds)

Teenage pregnancies (15-17 year olds) have fallen by 47% between 2012 and 2016
7.1 School characteristics

The January 2018 school Census\textsuperscript{32,33} for Stoke-on-Trent showed that:

- There were around 40,000 pupils attending schools in the city.
- Nearly 8,000 pupils attending a school were eligible for and claiming a free school meal (20.1\% compared with 13.5\% for England).
- Just over 12,000 pupils attending a school were from a ‘Non-White British’ background (30.7\% versus 32.2\% for England).
- Over 8,200 pupils do not have English as their first language (21.0\% compared with 19.3\% for England).
- Almost 1,500 pupils attending schools had a Statement of Special Educational Needs or an Education, Health and Care Plan (3.6\% compared with 2.9\% for England).
- A further 5,300 pupils received Special Educational Need support in Stoke-on-Trent (13.3\% versus 11.7\% nationally).

7.2 Learning disabilities

In regards to schoolchildren with learning disabilities\textsuperscript{ii} known to schools, 2018 data for Stoke-on-Trent showed there were:\textsuperscript{34}

- Over 2,500 pupils with learning disabilities known to schools in the city, which is a rate of 63.0 (per 1,000 pupils) compared with 33.9 for England.
- A rate of 58.2 (per 1,000 pupils) with moderate learning disabilities known to schools in the city compared with 28.9 in England.
- A rate of 3.6 (per 1,000 pupils) with severe learning disabilities known to schools across the city compared with 3.7 in England.
- A rate of 1.3 (per 1,000 pupils) with profound and multiple learning disabilities known to schools in Stoke-on-Trent (which was the same as England).

7.3 Pupil absence

- Overall absence rates among primary and secondary school children in Stoke-on-Trent were slightly higher compared with England in 2016/17 (4.3\% versus 4.0\% for primary pupils, and 5.7\% versus 5.4\% for secondary pupils).\textsuperscript{35}
- Persistent absence rates were higher among local primary and secondary pupils compared with England (9.7\% versus 8.3\% for primary pupils, and 15.6\% versus 13.5\% for secondary pupils).\textsuperscript{35}
- The rate of fixed period exclusions (6.7\% versus 4.8\%), along with the rate of permanent exclusions (0.15\% versus 0.10\%), were both higher in Stoke-on-Trent (in 2016/17) compared with England.\textsuperscript{36}

7.4 School attainment

- At Key Stage 2 (10–11 year olds), 58\% of pupils in Stoke-on-Trent met the expected standards in reading, writing and maths compared with 65\% in England (in 2017/18).\textsuperscript{37}
- Locally, the proportion meeting the expected standards has improved from 56\% in 2016/17 (nationally, it has improved from 62\%).
- In 2017/18, 42\% of Key Stage 2 pupils in Stoke-on-Trent eligible for free school meals met the expected standards in reading, writing and maths compared with 63\% of all other pupils (nationally, 46\% of pupils eligible for free school meals met the expected standards compared with 68\% of all other pupils).\textsuperscript{37}
- At Key Stage 4 (15–16 year olds), just over half of pupils in Stoke-on-Trent (53.3\%) achieved a 9-4\textsuperscript{iii} pass (including English and Maths) compared with 59.1\% in England in 2017/18.\textsuperscript{38}
- Just under one third of local pupils (32.3\%) achieved a strong (9-5) pass (including English and Maths) compared with 39.9\% in England.
- Stoke-on-Trent had a lower average Attainment 8\textsuperscript{iv} score for pupils in secondary school compared with England (in 2017/18) – 41.7 versus 44.3.\textsuperscript{38}

\textsuperscript{ii} Based on pupils recorded as having moderate, severe or profound and multiple learning difficulties.

\textsuperscript{iii} A new grading system was introduced in 2017/18 for secondary schools in England. Under the new system, a score of 9-4 is broadly equivalent to the old *A-C GCSE. A score of 9-4 is considered a ‘standard pass’, whilst a score of 9-5 is considered a ‘strong pass’.

\textsuperscript{iv} Attainment 8 is a measure of a pupil’s average grade across a set of eight subjects in secondary school.
7.5 Not in education, employment or training

• The proportion of young people aged 16-17 who were not in education, employment or training (NEET) or whose activity is not known was 4.4% in Stoke-on-Trent compared with 6.0% in England (in 2016). This equates to 240 local young people.

7.6 Children’s weight

The health consequences of childhood obesity are far reaching and can include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, exacerbation of conditions such as asthma and psychological problems such as social isolation, low self-esteem, teasing and bullying.

• The prevalence of schoolchildren in Stoke-on-Trent who were overweight or obese in Reception (4-5 year olds) has fallen recently from 26.3% in 2015/16 to 19.2% in 2017/18 (figure 10). This is below the national average of 22.4%.

• The proportion of schoolchildren with excess weight in Year 6 (10-11 year olds) has remained largely unchanged over the past several years in Stoke-on-Trent and is currently 37.1% (compared with 34.3% in England).

• This means that around 1,100 of the 3,000 Year 6 pupils in the city were either overweight or obese.

• Levels of excess weight in Year 6 locally are significantly higher than England.

Being underweight, just like being overweight or obese, can affect a child’s health. Children need the right vitamins and nutrients to help them grow and develop, and being underweight may be a sign that a child is malnourished.

• The proportion of Reception schoolchildren across the city who are underweight has increased from 0.8% in 2012/13 to 2.5% in 2017/18 (nationally, the proportion has increased slightly from 0.9% to 1.0%).

• During this time, the number of Reception children underweight locally has increased from 26 to 83. Levels of children underweight locally are significantly higher than England.

• The proportion of Year 6 children in Stoke-on-Trent underweight has increased from 1.3% in 2013/14 to 1.8% in 2017/18 (nationally, the proportion has remained around 1.4%).

• During these years, the number of Year 6 pupils underweight in the city has increased from 32 to 54.

• The 2017/18 data suggests that nearly 140 Reception and Year 6 schoolchildren were underweight in the city.

Figure 10 Schoolchildren overweight or obese in Stoke-on-Trent (2006/07 to 2017/18)

Source: Public Health England 2018
7.7 Smoking, alcohol and drug use
Local data from the Young People’s Lifestyle Survey found that:43

- The proportion of current smokers among secondary school pupils in the city has fallen from 13% in 2009 to 5% in 2017.
- The proportion of pupils who had ever tried smoking fell from 40% in 2009 to 17% in 2017.
- The proportion of young people exposed to secondhand smoke in their homes fell from 28% in 2009 to 14% in 2017. The proportion exposed to secondhand smoke in their bedrooms fell during this time from 16% to 3%.
- In 2017, 7% of pupils were current e-cigarette users.
- The proportion of pupils who drank alcohol in the last month has fallen steadily from 48% in 2009 to 27% in 2017.
- Two thirds of Year 11 pupils (15-16 year olds) had ever tried alcohol in 2017 compared with 84% in 2009.
- The proportion of young people who had taken any sort of drug in the last month fell from 6% in 2009 to 2% in 2017.
- The proportion of pupils who had ever taken cannabis has fallen from 10% in 2009 to 4% in 2017.

7.8 Referrals to children’s social care

- In 2017/18 there were nearly 4,700 referrals to children’s social care in Stoke-on-Trent.44 Referral rates locally have increased from 604.7 (per 10,000 children under 18) in 2009/10 to 815.1 in 2017/18. The current national rate is 552.5 and has remained largely unchanged since 2009/10.
- Nearly one quarter (23.3%) of referrals in Stoke-on-Trent were repeat referrals (that is, referrals which were within 12 months of a previous referral). The proportion of re-referrals locally is slightly higher than the England average (21.9%).

7.9 Children’s safeguarding

- There were 3,200 children in need in Stoke-on-Trent (as at 31 March 2018), and locally this is the lowest number since 2012/13.44
- The current rate of children in need is higher locally compared with England (558.7 (per 10,000 children) versus 341.0).
- There were 280 children who were the subject of a child protection plan (CPP) in Stoke-on-Trent (as at 31 March 2018).44 This number has fallen sharply from the 411 in the previous year.
- At the commencement of the CPPs across the city, 61% were due to neglect, 29% due to emotional abuse, 6% due to sexual abuse and 4% due to physical abuse. Nationally, the respective figures for these categories of abuse were: 48%, 35%, 4% and 8% (5% were due to multiple types of abuse).
- The current rate of children subject to a CPP is higher in Stoke-on-Trent compared with England (48.9 (per 10,000 children) versus 43.3).
- There were 740 looked after children (LAC) in Stoke-on-Trent (as at 31 March 2018).45 The number of LAC in the city has increased year on year since 2009/10 when there were 405 LAC.
- The latest LAC rate (per 10,000 children under 18) was double the national average (129.0 compared with 64.0).

7.10 Wellbeing of pupils

- The proportion of all school pupils in Stoke-on-Trent with social, emotional and mental health needs was 2.6% compared with 2.4% in England in 2018.46 This means there are around 1,000 local pupils with social, emotional and mental health needs.
- Among secondary school pupils, the proportion with social, emotional and mental health needs locally was 2.7% (2.3% in England); for primary age children, the proportion locally was 2.3% compared with 2.2% nationally.
7.11 Wellbeing of looked after children

The mental health of all children is important. With half of adult mental health problems starting before the age of 14, early intervention to support children and young people with mental health and emotional wellbeing issues is very important.

An average ‘difficulties’ score has been used to measure the wellbeing of looked after children (LAC) who have been in care continuously for at least 12 months. A higher score indicates greater difficulties (a score under 14 is considered normal, 14-16 is borderline cause for concern and 17 or over is a cause for concern).

- The average difficulties score for LAC (aged 5-16) who had been in care continuously (for at least 12 months) was 14.3 in Stoke-on-Trent compared with 14.1 for England (in 2016/17). This score has remained unchanged since 2012/13.

- Just under half (49.0%) of LAC who had been in care continuously (for at least 12 months) in the city had an average difficulties scored which was considered normal, 9% were borderline cause for concern, whilst a further 42% were a cause for concern (similar to national averages).

7.12 Wellbeing of all children

Based on national estimates:

- 9.5% of children aged 5-10 were estimated to have a mental health disorder, which equates to around 1,900 children in the city.

- 14.4% of children aged 11-16 were estimated to have a mental health disorder, which equates to around 2,400 children in Stoke-on-Trent.

- 16.9% of young people aged 17-19 were estimated to have a mental health disorder, which equates to around 1,500 young people across the city.

- Overall, 12.8% of 5-19 year olds were estimated to have a mental health disorder, which equates to around 5,900 children and young people in Stoke-on-Trent.
7.13 Self-harm

Self-harm is not only an important indicator of mental distress, it also remains one of the most significant risk factors for suicide. Hospital admission data for self-harm shows that:

- There were 302 hospital admissions as a result of self-harm among children and young adults aged 10-24 years in Stoke-on-Trent in 2016/17 (figure 11).\(^46\)

- The number of admissions locally has increased year on year since 2011/12, and the current admissions rate of 640.0 (per 100,000) is significantly higher than the national average of 407.1.

- Admissions to hospital as a result of self-harm among both 15-19 and 20-24 year olds are increasing, with local rates significantly higher than national averages. Among 10-14 year olds, rates have fallen in recent years and are now similar to the national average.\(^46\)

Figure 11 Hospital admissions as a result of self-harm in people aged 10-24 years in Stoke-on-Trent (2011/12 to 2016/17)

Source: Public Health England 2018
7.14 Unintentional and deliberate injuries

Injuries are a leading cause of hospitalisation and represent a major cause of premature mortality for children and young people. They are also a cause of long-term health issues.

- There were 194 hospital admissions among children aged 0-4 years for unintentional and deliberate injuries in Stoke-on-Trent in 2016/17.\(^{50}\) The admission rate locally has fallen in recent years, and the current rate of 108.6 (per 10,000) is significantly lower than the national average of 126.3 (figure 12).

- Among 0-14 year olds, there were 459 admissions locally in 2016/17.\(^{50}\) The admission rate continues to fall across the city (figure 13), with the current rate of 94.7 (per 10,000) being similar to the national rate (101.5).

- For children and young people aged 15-24, there were 511 admissions in Stoke-on-Trent in 2016/17.\(^{51}\) Admission rates have remained unchanged locally since 2010/11, and the current rate of 157.9 (per 10,000) in the city is significantly higher than the national rate of 129.2 (figure 14).

Figure 12 Hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in Stoke-on-Trent (2010/11 to 2016/17)

![Graph showing hospital admissions caused by unintentional and deliberate injuries in children aged 0-4 years in Stoke-on-Trent (2010/11 to 2016/17).]

Source: Public Health England 2018
Figure 13  Hospital admissions caused by unintentional and deliberate injuries in children aged 0-14 years in Stoke-on-Trent (2010/11 to 2016/17)

Figure 14  Hospital admissions caused by unintentional and deliberate injuries in people aged 15-24 years in Stoke-on-Trent (2010/11 to 2016/17)

Source: Public Health England 2018
### 7.15 Hospital admissions for asthma, diabetes or epilepsy

This measure is concerned with how successfully the NHS manages to reduce avoidable emergency hospital admissions for children with asthma, diabetes or epilepsy. These three conditions are important as they account for around 94% of emergency admissions for children (aged under 19) with long-term conditions.

- After steadily increasing between 2003/04 and 2013/14, the rate of emergency admissions to hospital for asthma, diabetes and epilepsy has fallen more recently among those aged under 19 in Stoke-on-Trent (figure 15).\(^{52}\) There were 266 admissions locally in 2016/17.
- In spite of this fall, the current admission rate in the city remains significantly higher than England (435.5 (per 100,000) compared with 303.7).
- The rate of emergency admissions to hospital for lower respiratory tract infections among those aged under 19 has increased in Stoke-on-Trent since 2012/13 (figure 16).\(^{53}\) There were 504 admissions locally in 2016/17.
- The current admission rate of 823.9 (per 100,000) is significantly higher in Stoke-on-Trent than the England average of 446.4.

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**Figure 15**  
Emergency admissions for asthma, diabetes and epilepsy (under 19 year olds) in Stoke-on-Trent (2003/04 to 2016/17)

Source: NHS Digital 2018

**Figure 16**  
Emergency admissions for lower respiratory tract infections (under 19 year olds) in Stoke-on-Trent (2003/04 to 2016/17)

Source: NHS Digital 2018
7.16 Teenage pregnancy

While for some young women having a child when young can be a very positive experience, for many other teenagers bringing up a child is extremely difficult and often results in poor outcomes (for both the teenage parent and the child).

Teenage mothers are less likely to finish education, more likely to bring up their child alone and in poverty and have a higher risk of poor mental health than older mothers. Health and social outcomes for children of teenage parents are often poorer.

- The under 18 conception rate in Stoke-on-Trent has fallen dramatically in recent years and in 2016 was 28.6 (per 1,000 females aged 15-17) compared with 18.8 in England (figure 17).\(^54\) There were 116 conceptions across the city in 2016 compared with 314 a decade earlier.

- In spite of this fall, the current conception rate in Stoke-on-Trent remains significantly higher than England.

- The number of conceptions to girls under 16 in Stoke-on-Trent remains low and in 2016 the local conception rate was similar to the national average — 4.9 versus 3.0 (per 1,000 females aged 13-15).\(^55\) There were 19 conceptions in the city in 2016, the lowest number there has been.

**Figure 17** Under 18 teenage conception rates (females aged 15-17) in Stoke-on-Trent (1998-2016)

Source: Public Health England 2018
7.17  **First time entrants to the Youth Justice System**

Children and young people at risk of offending or within the youth justice system often have more unmet health needs than other children.

- In 2017 there were 86 first time entrants (FTE) to the Youth Justice System in Stoke-on-Trent – this compares with 208 in 2010.56
- The current 2017 rate of FTEs in Stoke-on-Trent is significantly higher than the England average (385.6 (per 100,000 10-17 year olds) versus 292.5, figure 18).

**Figure 18  First time entrants to the Youth Justice System (10-17 year olds) in Stoke-on-Trent (2010-2017)**

Source: Public Health England 2018

7.17  **Reoffending**

- The proportion of juvenile offenders (aged 10-17) who reoffend in Stoke-on-Trent has remained unchanged between 2006 and 2016 with 41.3% of offenders reoffending in 2006 compared with 41.7% in 2016.57
- Nationally, levels of reoffending have increased from 38.4% in 2006 to 41.6% in 2016.

7.18  **Road traffic accidents**

- The number of children under 16 killed and seriously injured on roads in Stoke-on-Trent remain low, with just 20 casualties between 2014 and 2016.58 The local rate of 13.2 (per 100,000 under 16) is lower than the England rate of 17.1.
8. LIVING WELL – WORKING AGE ADULTS
LIVING WELL – WORKING AGE ADULTS

Around 2,500 deaths a year

Top 3 killers

28.7% Cancer
23% Circulatory Disease
16.1% Respiratory Disease

24,674 adults (18-64) have a common mental health disorder
3,758 adults (18-64) with a learning disability

20.7% of adults (18+) smoke

9 smokers die each week

66.0% of adults (18+) are overweight or obese

45.2% of adults (16+) do not eat enough fruit and veg

54.1% (19+) Do enough exercise
30.9% (19+) Don’t do any exercise
44.0% of adults (18+) are drinking at dangerous levels

21.9% of alcohol users successfully complete treatment (England 38.9%)

Deaths and hospital admissions from alcohol are higher than England:
3 drinkers die each week

More people use drugs in the city

12.3% of adults (16-64) have no qualifications (England 7.6%)

23.4% of adults are qualified to NVQ level 4 and above (England 38.3%)

Around 30,000 recorded crimes - an increase of 9,500 since 2012/13
8.1 Burden of disease

Stoke-on-Trent is the 14th most deprived local authority (out of 326) in England (based on the 2015 Index of Multiple Deprivation). Deprivation, along with the wider determinants of health such as individual lifestyles, housing and working conditions, have a big impact on people’s health.

Latest data from the Global Burden of Disease project shows that, when compared with the other 150 upper tier local authorities in England, Stoke-on-Trent has:

- The second highest rate of premature mortality (under 75) – Blackpool is highest.
- Is the worst area in England for the number of years of lost life to congenital birth defects and the third worst for neonatal preterm births.
- It is the third worst area for loss of years to pancreatic cancer and among the top 10 worst areas for chronic obstructive pulmonary disease.
- People in Stoke-on-Trent also lose a significantly higher number of years of life to coronary heart disease and lung cancer compared with the England average.

8.2 Major killers

- Around 2,500 people die each year in Stoke-on-Trent.
- The three leading causes of deaths in the city (in 2015–2017) were: cancer (28.7% of all deaths), circulatory disease (23.0%), and respiratory disease (16.1%). These three conditions were responsible for over two thirds of all deaths (67.8%), which is similar to England (66.9%).

8.3 Preventable mortality

Preventable mortality looks at deaths which could be avoided by public health interventions in the broadest sense. The major causes of preventable deaths are the wider determinants of health, such as individual lifestyles, education, housing, employment, along with the wider economic conditions.

- In Stoke-on-Trent, there were over 1,700 deaths (in 2015–17) that were considered preventable. This means that nearly one quarter of local deaths (22.8%) could have been prevented, which is higher than the England average (18.9%).
- Rates of premature mortality have remained unchanged in Stoke-on-Trent since 2010–12, whilst they have continued to fall in England (figure 19). Locally, the 2015–17 rate...
8.4 Premature mortality (under 75)

- During 2015-17, around 2,800 people died prematurely under the age of 75 in Stoke-on-Trent.\(^6\)

- The premature mortality rate from all causes has fallen slightly in the city from 467.0 (per 100,000) in 2011-13 to 435.1 in 2015-17 (figure 20).

- In spite of this fall, the current all cause mortality rate in the city is significantly higher than the England average of 331.9.

- Premature mortality rates from the three leading causes of death – cancer,\(^6\) circulatory disease\(^4\) and respiratory disease\(^5\) – continue to fall in Stoke-on-Trent (figures 21-23).

Mortality rates from circulatory disease have reduced more quickly locally (53%) compared with cancer (17%) and respiratory disease (11%).

Cancer is responsible for the largest proportion of premature deaths in the city (37.8%; circulatory disease = 20.5%, respiratory disease = 11.3%).

In spite of the falls, mortality rates from the three leading causes remain significantly higher in the city compared with England.

Premature mortality rates from liver disease continue to increase locally, with the local rate being significantly higher than England (figure 24).\(^6\)

Figure 20  Mortality from all causes (aged under 75) in Stoke-on-Trent (2011-13 to 2015-17)

Source: Public Health England 2018
Figure 21  Mortality from cancer (aged under 75) in Stoke-on-Trent (2001-03 to 2015-17)

Figure 22  Mortality from circulatory disease (aged under 75) in Stoke-on-Trent (2001-03 to 2015-17)

Source: Public Health England 2018
Figure 23  
Mortality from respiratory disease (aged under 75) in Stoke-on-Trent (2001-03 to 2015-17)

Source: Public Health England 2018

Figure 24  
Mortality from liver disease (aged under 75) in Stoke-on-Trent (2001-03 to 2015-17)

Source: Public Health England 2018
8.5 Wellbeing

People with higher levels of wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Four outcomes of wellbeing are routinely measured: satisfaction, things that are worthwhile, happiness and anxiety. In Stoke-on-Trent in 2017/18:

- 78.0% of people (aged 16 and over) were satisfied with their lives (82.0% in England)
- 79.8% felt the things they did in their lives were worthwhile (84.2% nationally)
- 70.4% of people felt happy (compared with 75.3% in England)
- 62.9% did not feel anxious (63.4% nationally, figure 25)

- 5.3% of adults were not satisfied with their lives (4.4% in England)
- 4.1% felt the things they did in their lives were not worthwhile (3.6% nationally)
- 10.1% of people did not feel happy (8.2% in England)
- 20.1% felt anxious (20.0% nationally, figure 26)

Since 2011/12, levels of wellbeing in Stoke-on-Trent have improved across all four outcomes.

Figure 25 Wellbeing outcomes (aged 16 and over) in Stoke-on-Trent (2017/18)

Figure 26 Wellbeing outcomes (aged 16 and over) in Stoke-on-Trent (2017/18)
8.6 Mental health conditions

- There were nearly 32,000 patients (aged 18 and over) with depression that were registered with general practices in the area covered by Stoke-on-Trent Clinical Commissioning Group in 2017/18 (figure 27). This is 14.0% of all patients compared with 9.9% across England.

- The prevalence of dementia, epilepsy and other severe mental health conditions were higher locally compared with England.

- Across all four conditions, around 39,900 patients across the city were on GP registers (notwithstanding that some patients may have more than one condition, whilst others may not be recorded as having a mental health condition).

- The number of adults (aged 18-64) in Stoke-on-Trent with a common mental health disorder (such as anxiety and depression) is currently around 24,700 (in 2017). By 2030, this number is predicted to fall slightly to around 24,300.

Figure 27 Prevalence of patients on GP registers with mental health conditions in Stoke-on-Trent (2017/18)

Source: Public Health England 2018
8.7 Suicides

Suicide is a significant cause of death in young adults, and is seen as an indicator of underlying rates of mental ill-health.

- The suicide rate has fallen in Stoke-on-Trent from a high of 14.1 in 2011-13 to 9.1 (per 100,000, 10 years and over) in 2015-17 (figure 28).70

- The current rate in the city of 9.1 remains below the national average of 9.6.

Figure 28 Mortality from suicides (aged 10 years and over) in Stoke-on-Trent (2001-03 to 2015-17)

Source: Public Health England 2018
8.8 Intentional self-harm

Self-harm results in over 100,000 admissions to hospital a year in England, and 99% of these are emergency admissions. Self-harm is an indication of personal distress, and there is a significant and persistent risk of future suicide following an episode of self-harm.

The following indicator is being used as a proxy measure of the prevalence of severe self-harm, and as such, is likely to be only the tip of the iceberg in regards to the health and wellbeing burden and impact of self-harm.

- The emergency hospital admission rate for intentional self-harm has increased recently in Stoke-on-Trent and was 348.4 (per 100,000, all ages) in 2016/17 compared with 185.3 in England (figure 29). This is significantly higher than the England rate.

- This means locally there were 889 emergency admissions in 2016/17 compared with 596 in 2010/11, an increase of nearly 300 over the past six years.

8.9 Learning disabilities

- There were an estimated 3,800 adults (aged 18-64) with a learning disability in Stoke-on-Trent (in 2017). This number is predicted to remain unchanged by 2030.

- There were around 860 adults (aged 18-64) estimated to have a moderate or severe learning disability (and hence likely to be receiving services) in Stoke-on-Trent in 2017. This number is predicted to remain unchanged by 2030.

- Around 1,600 adults (aged 18-64) were estimated to have autistic spectrum disorders locally in 2017. This number is predicted to remain unchanged by 2030.
8.10 Smoking

Smoking is the most important cause of preventable ill-health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease and heart disease. It is associated with a range of other cancers such as lip, mouth, throat, bladder, kidney, stomach, liver and cervix.

- Local data from the 2018 Adult Health and Lifestyle Survey\textsuperscript{72} shows that the prevalence of smoking in Stoke-on-Trent (among adults aged 18 and over) has fallen from 28.0\% in 2012 to 20.7\% in 2018 (figure 30).

- This means that around 49,500 adults (aged 18 and over) are likely to be current smokers across the city.

Other findings from the survey show that:\textsuperscript{72}

- 20\% of men smoked compared with 22\% of women
- young adults aged 18-24 were most likely to smoke (28\%)
- 27\% of people living in the most deprived area of the city smoked
- 6\% of people living in the least deprived areas smoked
- ‘White’ people (21\%) were more likely to smoke compared with Asians (11\%)

Figure 30  Prevalence of smoking (aged 18 and over) in Stoke-on-Trent (2012-2018)

Smoking accounts for around 1 in 6 of all deaths in England, and there exist huge inequalities in smoking related deaths: areas with the highest death rates from smoking are about three times as high than areas with the lowest death rates attributable to smoking.

- In 2015-17, there were 1,474 smoking attributable deaths in Stoke-on-Trent\textsuperscript{73}

- The current mortality rate from smoking has fallen locally from 435.9 (per 100,000, 35 and over) in 2007-09 to 382.4 in 2015-17. In spite of this fall, the current mortality rate in Stoke-on-Trent remains significantly above the England average of 262.6

Source: Public Health England 2018, Stoke-on-Trent City Council 2018
8.11 Excess weight

Being obese can increase a person’s risk of developing many potentially serious health conditions, including: type 2 diabetes, high blood pressure, high cholesterol, coronary heart disease and stroke, liver disease and kidney disease, along with several types of cancer, including breast and bowel cancer. Obesity can reduce life expectancy by an average of 3 to 10 years, depending on how severe it is.

Obesity can also affect people’s quality of life and lead to a range of psychological problems, such as depression and low self-esteem. Other day-to-day problems related to obesity include: breathlessness, difficulty doing physical activity, feelings of tiredness, joint and back pain, low confidence and feeling isolated.

- Data from the Active Lives Survey found that just under two thirds (66.0%) of adults aged 18 and over in Stoke-on-Trent were either overweight or obese in 2016/17. This compares with 61.3% in England.

- This means locally that around 131,000 adults (aged 18 and over) are likely to have a weight problem in the city.

8.12 Healthy eating

Poor diet (and obesity) are leading causes of premature death and mortality, and are associated with a wide range of diseases including circulatory disease and some cancers. The costs of diet related chronic diseases to the NHS are considerable. Average intakes of saturated fat, sugar, and salt are above recommended levels, while intakes of oily fish, fibre and some vitamins and minerals remain below recommendations.

- In 2018, 55.6% of food outlets in Stoke-on-Trent were classified as fast food outlets (compared with 38.4% in the UK). Between 2010 and 2018, the average number of fast food outlets across the city increased from 48.5 (per 100,000) to 69.5. Locally, an extra 55 takeaways opened in Stoke-on-Trent between 2010 and 2018.

- Data from the Active Lives Survey found that just over half (54.8%) of adults aged 16 and over reported that they had eaten the recommended five portions of fruit and vegetables (on a usual day) in Stoke-on-Trent in 2016/17. This was similar to the England average of 57.4%.

- This means locally that around 92,000 adults (aged 16 and over) are not eating the recommended five portions of fruit and vegetables on a daily basis in the city.
8.13 Physical activity

Physical inactivity is the fourth leading risk factor for global mortality, accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of circulatory disease compared with those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, colon and breast cancer and with improved mental health.

The Chief Medical Officer (CMO) recommends that adults should undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week.

- Just over half (54.1%) of adults aged 19 and over in Stoke-on-Trent met the recommended levels of physical activity in 2016/17, which is significantly below the national average of 66.0% (figure 31).77

- This means that an estimated 89,500 adults in Stoke-on-Trent are not meeting the recommended levels of physical activity as set out by the CMO.

- In 2016/17, 30.9% of adults (aged 19 and over) in Stoke-on-Trent were classed as being physically inactive (doing less than 30 minutes of moderate intensity activity per week).78 This was higher than the England average of 22.2%.

- This means that, across the city, an estimated 60,300 adults are physically inactive.

- Locally, 12.6% of adults (aged 16 and over) used outdoor green space for exercise or health reasons, which is significantly below the England average of 17.9% (March 2015 to February 2016).79

In regards to the quantity of green space available in the city, information from the city council’s 2018 Green Space Strategy found that:

- Adults believe there is ‘not enough’ provision of recreation amenities across the city, whereas young people tend to think provision is ‘about right’ or ‘more than enough’.

- People believe that there is ‘not enough’ or ‘about right’ provision of parks and gardens in the city.

- People believe there is ‘not enough’ provision of playgrounds across the city.

- People believe there is ‘not enough’ or ‘about right’ provision of green corridors, rivers or canals in the city.

- People believe that there is ‘not enough’ or ‘about right’ provision of allotments in the city.

![Figure 31: Physical activity levels (aged 19 and over) in Stoke-on-Trent (2016/17)](source: Public Health England 2018)
8.14 Alcohol

Alcohol is a causal factor in more than 60 medical conditions, including circulatory and digestive diseases, liver disease, a number of cancers and depression. Alcohol is the leading risk factor for ill-health, early mortality and disability among people aged 15-49 years in the UK. Alcohol-related harm falls disproportionately on poorer families.

Binge drinking can lead to injuries, anti-social behaviour and other harm to communities. Alcohol misuse also causes losses to business and the local economy through absenteeism, poor performance and workplace accidents. Alcohol also causes harm to others. It is associated with family and relationship problems, and is a significant contributory factor in offences of violence and disorder including domestic violence.

- In 2017, there were over 2,200 years of life lost due to alcohol-related conditions in Stoke-on-Trent.81
- On average, nearly three people (2.8) die a week in the city from an alcohol-related problem.82

Latest data from the Local Alcohol Profiles for England show that (when compared with England), Stoke-on-Trent had significantly higher levels of:83

- alcohol-related mortality (all ages, 2017)
- alcohol-specific mortality (all ages, 2015-17)
- mortality from chronic liver disease (all ages, 2015-17)
- hospital admissions for alcohol-specific conditions (all ages, 2016/17)
- hospital admissions for alcohol-related conditions (all ages, 2016/17)
- admissions for alcohol-related conditions (ages 40-64, 65 and over, 2016/17)

- Admissions to hospital due to alcohol for a range of conditions such as circulatory disease, mental and behavioural disorders, and intentional self-poisoning are all significantly higher locally.
- Around 1 in 5 alcohol users (21.9%) in Stoke-on-Trent successfully completed treatment for alcohol in 2017, which is significantly below the national average of 38.9%.84 This has fallen locally from a high of 47.8% in 2014.
- Local estimates from the 2018 Adult Health and Lifestyle Survey found that around 44% of adults (aged 18 and over) were drinking at levels of increasing or higher risk in Stoke-on-Trent.72 This equates to around 87,200 people across the city.

8.15 Drugs

An estimated 300,000 people in England are dependent on heroin and/or crack cocaine. Increasing numbers of people are reportedly having problems with other drugs such as cannabis, new psychoactive substances and image and performance-enhancing drugs. Concern is also growing about the misuse of, and dependence on, prescribed and over-the-counter medicines.

A person’s drug use or dependence can significantly affect their families, friends, communities, along with their own health. Data for Stoke-on-Trent shows there were:

- An estimated 2,654 opiate and crack users aged 15-64 (2014/15).85
- A higher rate of opiate and crack use in the city (16.4) compared with England (8.6 (per 1,000, 15-64 year olds), 2014/15).85
- A higher proportion of local people (27.4%) in drug treatment (aged 18 and over) who were in contact with the criminal justice system compared with England (20.9%, 2017/18).86
- A lower proportion of local opiate users (aged 18 and over) successfully completing drug treatment compared with England (2.0% versus 6.5%, 2017). This proportion has fallen locally year on year from a high of 7.1% in 2012.87
- A lower proportion of local non-opiate users (aged 18 and over) successfully completing drug treatment compared with England in 2017 (19.2% versus 36.9%). This proportion has fallen locally from a high of 48.4% in 2014.88
- 57 deaths (all ages) from drug misuse in the city in 2015-17 (a local rate of 8.1 (per 100,000) compared with 4.3 in England).89
**8.16 NHS Health Checks**

The NHS Health Checks programme aims to help prevent heart disease, stroke, diabetes and kidney disease through the identification of those at risk or undiagnosed. Everyone aged 40-74 (who has not already been diagnosed with one of these conditions) should be invited to have a check to assess their risk and given support and advice to help them reduce or manage that risk.

A high take up of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions.

- By the beginning of 2018/19, 45.7% of eligible people (aged 40-74) had received an NHS Health Check in Stoke-on-Trent compared with 37.0% in England (figure 32).90
- This means that nearly 32,000 eligible local people have received a Health Check.

**Figure 32**  People receiving an NHS Health Check (40-74 year olds) in Stoke-on-Trent (2014/15 to 2018/19, rolling quarters)

Source: Public Health England 2018
8.17 Qualifications and skills

• The Stoke-on-Trent skills profile shows that 12.3% (of 16-64 year olds) have no formal qualifications compared with 7.6% in England (in 2017).91

• Just under one quarter of local people (23.4%) were qualified to NVQ level 4 and above compared with 38.3% in England.91

• Around 7% of employers in Stoke-on-Trent said they had vacancies due to a skills shortage in the available labour market (in 2015), which is similar to the national average of 6%.92

• Around 23% of local employers said they had staff who were not fully proficient due to skills gaps (in 2015) compared with the England average of 14%.92

8.18 Crime and violence

Headline findings from the 2017/18 Crime Survey for England and Wales show that in Stoke-on-Trent there were:93

• over 8,200 recorded offences for violence
• nearly 4,200 offences of criminal damage and arson
• just under 2,800 offences of shoplifting
• over 1,850 offences of burglary
• around 1,200 sexual offences
• just over 600 drug offences
• a total of 29,958 recorded offences across the city

• Since 2012/13, the number of recorded offences in the city has increased by over 9,500 – a rise of 46.5% compared with a rise of 35.3% in England and Wales.

Other national data shows that:

• Rates of violent crime (including sexual offences) continue to increase in Stoke-on-Trent, and the 2017/18 local rate of 42.7 (per 1,000, all ages) is significantly higher than the England average of 23.7 (this increase could in part be explained by greater reporting and recording of incidents).94

• Rates of domestic abuse-related incidents and crime were higher in Stoke-on-Trent than England in 2016/17 (28.5 versus 22.5 (per 1,000, 16 and over)).95 This is likely to be an underestimate as the incidents of domestic abuse tend to be under-reported.

• The proportion of adult offenders (aged 18 and over) who reoffend in Stoke-on-Trent has remained unchanged between 2006 and 2016 with 31.5% of offenders reoffending in 2006 compared with 32.8% in 2016.97

• Levels of reoffending have remained unchanged nationally and are currently 28.6%.
8.19 Road traffic accidents

Motor vehicle traffic accidents are a major cause of preventable deaths and morbidity (particularly among younger ages). For children and for men aged 20-64 years, mortality rates for motor vehicle traffic accidents are higher in lower socioeconomic groups. The vast majority of road traffic accidents are preventable and can be avoided through improved education, awareness, road infrastructure and vehicle safety.

- Nearly 180 people were killed and seriously injured on roads in Stoke-on-Trent in 2014-16. This is the highest number since 2009-11.
- Although the rate locally is the highest it has been over the last five years (23.4 per 100,000, all ages), it remains significantly lower than the national rate of 39.7 (figure 33).

Figure 33  Killed and seriously injured casualties on roads (all ages) in Stoke-on-Trent (2009-11 to 2014-16)

Source: Public Health England 2018
9. AGEING WELL – HEALTHY OLDER PEOPLE
AGEING WELL – HEALTHY OLDER PEOPLE

An extra 9,300 people aged 65 and over by 2030

Increasing numbers of: limiting long-term illness, dementia, depression, falls

7 out of 10 people (65+) had a flu jab

956 emergency hospital admissions due to falls

260 emergency admissions for hip fractures

38% of people died at home (England 46.6%)

3,595 requests for support from new clients (aged 65+) to Adult Social Care – an average of 10 a day

6 out of 10 people cared for by local carers are aged 65 and over

39,000 people estimated to be in fuel poverty

66.8% of service users were satisfied with the care and support they received from social services (England 65.0%)

2.7% of service users did not feel safe (England 1.8%)
9.1 Future needs

By 2030, the numbers of people aged 65 and over living in Stoke-on-Trent are projected to increase by around 9,300, to 52,400. This means that nearly 1 in 5 local people (19.9%) will be aged 65 and over (compared with 16.9% currently).

This progressively older population for Stoke-on-Trent will mean the numbers of people with increasingly complex and long-term conditions (such as hypertension, diabetes, chronic obstructive pulmonary disease, dementia) will continue to grow, which in turn will impact on the need and provision for social care support. Among people aged 65 and over in the city, it is predicted that:

- Those with a limiting long-term illness (whose day-to-day activities are limited a lot) are predicted to increase from 14,429 to 18,400 between 2017 and 2030, a rise of 27.5%.

- The proportion of people with dementia is predicted to rise by over one third by 2030 (with the number increasing from 2,823 to 3,877).

- The number of people living with a longstanding health condition caused by a stroke is predicted to increase from 992 in 2017 to 1,265 by 2030, a rise of 27.5%.

- Those with a longstanding health condition caused by a heart attack are predicted to rise by 25.5% during this period (from 2,105 to 2,642).

- The numbers of people with depression are predicted to increase from 3,704 in 2017 to 4,580 in 2030, a rise of 23.7%. The proportion with severe depression is predicted to rise by 27.4% (from 1,158 to 1,475).

- The numbers of falls among people aged 65 and over are predicted to increase from 11,292 in 2017 to 14,379 in 2030, a rise of 27.3%. This could see a further rise of around one third in admissions to hospital due to falls (an increase from 865 admissions to 1,158 by 2030).

- The number unable to manage at least one self-care activity on their own (such as bathing, getting dressed, feeding) is predicted to increase from 13,999 in 2017 to 18,068 by 2030, a rise of 29.1%.

- The number unable to manage at least one domestic task on their own (such as washing and drying dishes, household shopping, using a vacuum) is predicted to increase from 17,074 to 22,084 between 2017 and 2030, a rise of 29.3%.

- The proportion of people unable to manage at least one mobility activity on their own (such as getting up and down the stairs, going out of doors and walking down the street) is predicted to rise by 30.7% (increasing from 7,615 in 2017 to 9,949 by 2030).

- The numbers of people aged 65 and over providing unpaid care is predicted to increase locally from 6,515 in 2017 to 7,905 by 2030 (a rise of 21.3%).
9.2 Long-term conditions

Long-term conditions (LTCs) or chronic diseases are conditions for which there is currently no cure, and which are managed with drugs and other treatment. Examples of LTCs include diabetes, chronic obstructive pulmonary disease, arthritis and hypertension.

The numbers of people suffering from LTCs have risen dramatically in recent years, largely as a result of the ageing population and lifestyle factors such as smoking, drinking and overeating.

LTCs are more common among older people (58% of people over 60 suffer from an LTC compared with 14% of people under 40).98 Research has found that nearly two thirds of people aged 65–84 have two or more LTCs, whilst among people aged 85 and over, this proportion rises to over 80%.99

Data from patients registered with general practices in the area covered by Stoke-on-Trent Clinical Commissioning Group in 2017/18 show that (table 1):68

- around 48,000 patients (all ages) were recorded as having hypertension
- nearly 32,000 patients (aged 18 and over) were suffering from depression
- almost 19,000 patients (aged 17 and over) had diabetes
- 8 of the 10 LTCs were higher in Stoke-on-Trent compared with England
- Based on the GP Patient Survey for 2016/17, 64.1% of people surveyed in Stoke-on-Trent felt supported to manage their long-term condition, which is similar to the national average (64.0%).100

<table>
<thead>
<tr>
<th>Condition</th>
<th>Stoke-on-Trent</th>
<th>England</th>
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<tbody>
<tr>
<td>Hypertension*</td>
<td>16.4</td>
<td>13.9</td>
</tr>
<tr>
<td>Depression (18+)</td>
<td>14.0</td>
<td>9.9</td>
</tr>
<tr>
<td>Diabetes (17+)</td>
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<tr>
<td>Asthma</td>
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<td>5.9</td>
</tr>
<tr>
<td>Chronic kidney disease (18+)</td>
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<td>4.1</td>
</tr>
<tr>
<td>Coronary heart disease</td>
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<td>3.1</td>
</tr>
<tr>
<td>Cancer</td>
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</tr>
<tr>
<td>COPD**</td>
<td>2.6</td>
<td>1.9</td>
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<tr>
<td>Stroke &amp; TIA***</td>
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</tr>
<tr>
<td>Dementia</td>
<td>0.9</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Source: NHS Digital 2018

* All ages (unless specified otherwise)
** COPD = chronic obstructive pulmonary disease
*** TIA = transient ischaemic attack (mini-stroke)
9.3 Social care outcomes

- There were 3,595 requests for adult social care support from new clients aged 65 and over in Stoke-on-Trent in 2017/18.\textsuperscript{101} This is equivalent to almost 10 requests for support received every day by the city council.

- Nearly one quarter of new requests (22.3%) for older people came from those discharged from hospital.\textsuperscript{101}

- There were 3,345 adults aged 65 and over who accessed long-term funded social care support during 2017/18.\textsuperscript{101} Of these, 2,015 (60.2%) received a community service (including those receiving a direct payment or a managed personal budget), 790 (23.6%) were in residential care whilst 540 (16.1%) were in a nursing home.

- Locally, a higher proportion of adults who accessed long-term social care support were in nursing homes compared with England (16.1% versus 13.6%), a lower proportion were in residential care (23.6% versus 25.6%), whilst the proportions who received a community service were similar (60.2% locally versus 60.8% nationally).

The latest findings from the 2017/18 Adult Social Care Outcomes Framework show that:\textsuperscript{102}

- The long-term support needs of older adults (aged 65 and over) met by residential and nursing care homes was lower locally compared with England (414.3 versus 585.6 per 100,000, 65 and over).

- There was a lower proportion of older people (aged 65 and over) at home 91 days after leaving hospital into reablement or rehabilitation services (79.0% versus 82.9% in England).

- There was a lower proportion of older people (aged 65 and over) in the city receiving reablement or rehabilitation services following discharge from hospital (0.8% versus 2.9% in England).

- There was a higher rate of delayed transfers of care from hospital (25.7 versus 12.3 per 100,000, 18 and over).

- A higher rate of delayed transfers of care from hospital (25.7 versus 12.3 per 100,000, 18 and over).

The Adult Social Care Survey is an annual survey for England which looks at the views of service users (aged 18 and over) in receipt of long-term support services funded or managed by social services. It is designed to help the adult social care sector understand more about how services are affecting lives to enable choice and for informing service development.

Results from the latest 2017/18 survey show that:\textsuperscript{103}

- Two thirds of service users (66.8%) in Stoke-on-Trent reported they were satisfied with the care and support they received (compared with 65.0% in England); 2.7% of local users reported they were dissatisfied (versus 2.0% nationally).

- 61.6% of local users said that their quality of life was good which was similar to the England average of 62.6%.

- 28.8% of users felt they did not have enough choice over the care and support services they received (compared with 25.8% in England).

- 3 in 10 service users (29.5%) said they had as much control over their daily lives as they wanted compared with 33.5% in England.

- Just over 70% of users felt as safe as they wanted to (69.9% in England); 2.7% did not feel safe at all (compared with 1.8% in England).

- Under half of local service users (46.7%) said they had enough social contact with the people they liked (46.0% in England).

- 33.8% of users were able to spend time on the things they valued or enjoyed (compared with 37.3% in England).

The Survey of Adult Carers in England is a national survey which takes place every other year. The survey covers informal, unpaid carers aged 18 and over, caring for a person (aged 18 and over). Results from the latest 2016/17 survey show that:\textsuperscript{104}

- 70.1% of carers in Stoke-on-Trent who received support or services were satisfied whilst 14.3% were dissatisfied (England 71.0% and 13.3%).

- 17.2% of local carers said they don’t do anything they value or enjoy with their time (15.0% in England).
14.5% of carers felt they had no control over their daily lives (13.9% in England).

14.7% of carers felt they were neglecting themselves (15.8% in England).

Nearly 1 in 5 local carers (18.2%) said they had some worries about their personal safety (compared with 15.9% in England).

16.6% of carers felt socially isolated locally (16.2% in England), whilst a further 45.3% felt that, although they had contact with people, it was not enough (48.3% in England).

Over one fifth (22.0%) of carers felt they had no encouragement or support in their role (compared with 19.5% in England).

57.0% of local carers who looked for information and advice about support or services in the last 12 months found it easy whilst 43.0% found it difficult (64.2% and 35.8% in England).

Nearly 90% of carers (88.8%) found the information and advice they received helpful (87.1% in England).

71.9% of local carers felt they were involved or consulted about the support or services provided to the person they cared for (compared with 70.6% in England).

6 out of 10 people cared for by carers were aged 65 and over (67.3% in England).

Over one third of carers (36.0%) had a longstanding illness themselves (28.6% in England), 22.4% had sight or hearing loss (16.7% in England) whilst a further 20.5% had a physical impairment or disability (20.6% in England).

### 9.4 Loneliness

Loneliness can be felt by people of all ages, but as people get older, the risk factors that can lead to loneliness (such as poor health, loss of sight, loss of mobility, retirement, becoming a carer) increase.

Loneliness is harmful to our health: lonely people are more likely to suffer from dementia, heart disease and depression, whilst loneliness increases the likelihood of dying by around 25%. The effect of loneliness on mortality is comparable to the impact of well-known risk factors such as obesity, and has a similar influence as cigarette smoking.

The national Community Life Survey is a household online/paper self-completion study of adults aged 16 and over in England. The survey asks about a range of issues such as social cohesion, community engagement, along with issues around loneliness.

Based on findings from the 2017/18 survey:

- 2.8% of adults in England aged 65 and over said they felt lonely ‘often/always’, which equates to around 1,200 people over 65 in Stoke-on-Trent.
- 12.5% of adults in England over aged 65 felt lonely ‘some of the time’, which equates to around 5,400 people over 65 in the city.
- This means around 6,600 people aged 65 and over across the city could be experiencing loneliness (often/always or some of the time).

### 9.5 Fuel poverty

- Around 17,200 households in Stoke-on-Trent were estimated to be experiencing fuel poverty in 2016, which is 15.4% of all local households (compared with 11.1% in England).
- This means that around 39,000 local people could be experiencing fuel poverty in the city.
- Fuel poverty levels in the city were ranked 9th highest in the country in 2016.
9.6 Pneumococcal and flu vaccinations

Pneumococcal disease is a significant cause of morbidity and mortality, particularly among people aged 65 and over. Pneumococcal infections can be non-invasive such as bronchitis or invasive such as septicaemia, pneumonia and meningitis. Cases of invasive pneumococcal infection usually peak in the winter during December and January.

- Nearly 26,000 eligible adults aged 65 and over received the pneumococcal (PPV) vaccination in Stoke-on-Trent during 2017/18.108
- Since 2010/11, the proportions of vaccinations locally have fallen from 69.0% to 64.9% in 2017/18 (figure 34).
- This is below the current national level of 69.5%.
- 72.3% of eligible adults aged 65 and over were vaccinated against flu in Stoke-on-Trent in 2017/18 (figure 35).109
- This means that around 35,000 older adults across the city were vaccinated.
- Local vaccination levels are similar to the national average (72.3% versus 72.6%).

Figure 34 PPV vaccinations (aged 65 and over) in Stoke-on-Trent (2010/11 to 2017/18)

Source: Public Health England 2018

Figure 34 Flu vaccinations (aged 65 and over) in Stoke-on-Trent (2010/11 to 2017/18)

Source: Public Health England 2018
9.7 Excess winter deaths

The number of excess winter deaths depends on the temperature, the ability of people to adequately heat their homes (fuel poverty), levels of disease as well as other factors, such as how well people can cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly.

- In 2016/17 there were 190 excess winter deaths (all ages) in Stoke-on-Trent, the highest number locally since 2008/09 (when there were 240).

- The excess winter deaths index (percentage) has fluctuated over time, with the current percentage being higher in the city compared with England (23.9% versus 21.2%, figure 36).

Figure 36 Excess winter deaths (all ages) in Stoke-on-Trent (2001/02 to 2016/17)

Source: Public Health England 2018
9.8 Falls and hip fractures

Falls are the largest cause of emergency hospital admissions for older people. Falls can lead to serious injury and death, and can often result in older people moving from their own homes to long-term nursing or residential care.

- There were 956 emergency hospital admissions due to falls among people aged 65 and over in Stoke-on-Trent in 2016/17.\textsuperscript{111}

- Although the current rate of admissions in the city is the lowest it has been since 2011/12 (figure 37), it remains significantly higher than the national average (2,365.5 versus 2,113.8 per 100,000).

- Hip fracture is a debilitating condition. Only 1 in 3 sufferers return to their former levels of independence and 1 in 3 ends up leaving their own home and moving to long-term care.

- There were 260 emergency hospital admissions for hip fractures in Stoke-on-Trent among people aged 65 and over in 2016/17.\textsuperscript{112}

- The rate of hip fractures has fluctuated locally since 2010/11, but is currently the lowest it has been since 2011/12 (figure 38). However, the current admission rate is higher than the national average (644.1 versus 575.0 per 100,000).

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{emergency_hospital_admissions_falls_hip_fractures.png}
\caption{Emergency hospital admissions due to falls (aged 65 and over) in Stoke-on-Trent (2010/11 to 2016/17)}
\end{figure}

Source: Public Health England 2018
9.9  End of life

Compared with hospital, people in general would choose to die either at home, in a hospice or a care home. Reducing the amount of deaths in hospital not only helps decrease the number of unnecessary admissions, but also helps to ensure that people’s preferences are met as much as possible.

- The proportion of people dying at home (or their usual place of residence) in 2017 was lower in Stoke-on-Trent (38.0%) compared with the national average (46.6%)
  \(^{113}\)

- Between 2010 and 2017, the proportion of people dying at home increased by 12.8% in Stoke-on-Trent compared with a 17.4% increase across England.\(^{114}\)
10. CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL
CREATE FAIR EMPLOYMENT AND GOOD WORK FOR ALL

71.6% of people (aged 16-64) are working (England 75.2%)

29% of people (16+) are working in managerial and professional jobs (England 46.5%)

6,600 people (16+) are unemployed

19.5% of households are ‘workless’ (England 14.0%)

11,000 people (aged 16-64) are economically inactive due to long-term sickness

2.6% of workers had at least one day off work due to sickness (England 2.1%)
10.1 Economy

- The performance of the economy in Stoke-on-Trent (£20,763) was below regional (£22,144) and national averages (£27,060), as measured by the economic output indicator Gross Value Added (GVA) per head of population (in 2016).  

- Between 2011 and 2016, the average levels of GVA (per head of population) increased by more in Stoke-on-Trent (18.9%) than the national average (16.5%), but by less than the regional average (19.4%).

10.2 Employment

- There were 3,010 apprenticeship starts in Stoke-on-Trent in 2016/17, with the rate of starts per head being higher in the city compared with the England average.

- The number of apprenticeship starts in the city has fallen over the past five years by 8.0% compared with a 5.7% fall in England.

- The proportion of people (aged 16-64) working in Stoke-on-Trent has increased from 65.0% in 2013/14 to 71.6% in 2017/18. Although high, the current rate in the city remains below the national average of 75.2%.

- Whilst the number of jobs available locally continues to increase, the annual rate of growth over the past five years (2011-16) has been slower in Stoke-on-Trent compared with England (1.5% versus 2.1% per year).

- One third (33.1%) of people working in Stoke-on-Trent were employed on a part-time basis in 2017 (similar to the national average of 32.2%).

- 6,600 people (16 and over) were unemployed in Stoke-on-Trent (June 2018), which is equivalent to 5.4% of economically active people in the city (compared with 4.2% in England).

- The number of workless households in Stoke-on-Trent increased from 13,600 to 15,600 between 2016 and 2017, the biggest single year on year increase since 2004. The proportion of workless households across the city in 2017 was 19.5%, far higher than the national average of 14.0%. Locally, this is the largest proportion since 2013.

- There were around 21,000 people (aged 16-64) claiming the main out-of-work benefits in Stoke-on-Trent (November 2016). This proportion (13.1%) is higher than the national average of 8.1%.

- 44.4% of out-of-work benefit claimants in the city had been claiming benefits for more than five years (similar to the England average of 45.0%).

- There were 11,000 people (aged 16-64) who were economically inactive in the city due to long-term sickness (June 2018), which accounts for 29.0% of all economic inactivity in Stoke-on-Trent (compared with 21.5% in England).

- In Stoke-on-Trent (June 2018), there were a lower proportion of people (aged 16 and over) working in managerial and professional jobs compared with England (29.0% versus 46.5%), and a higher proportion working in routine jobs (26.0% versus 16.8%).

- The three largest sectors (in 2017) that people in Stoke-on-Trent were employed in were: human health and social work activities (20.3% of employees), the wholesale and retail trade (17.8%) and manufacturing (11.9%).

- The gap in the employment rate in Stoke-on-Trent between people with a long-term health condition (aged 16-64) and the overall employment rate was 27.9% in 2016/17 (compared with a slightly higher gap nationally of 29.4%).

- For people with a learning disability (aged 18-64), the gap in the employment rate across the city was 67.6% (compared with 68.7% in England).

- For people in contact with secondary mental health services (aged 18-69), the gap in the employment rate was 67.1% in Stoke-on-Trent compared with 67.4% in England.

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* In economics, Gross Value Added (GVA) is the measure of the value of goods and services produced in an area, industry or sector of an economy.
10.3  A healthy workforce

Good work can be good for health. The more we do to help and encourage people into work, and to help them be healthy when they are in work, the more likely we are to have a healthier working population.

The British Heart Foundation (BHF) has found that healthier staff have:¹²¹

- better morale
- take less time off work
- are less likely to leave
- perform better
- are more productive

The BHF also notes that, for employers:

- The potential return on investment for a UK business that invests in workplace health initiatives is £4.17 for every £1 spent.

- Promoting good health at work can see a 25% to 40% reduction in absenteeism.

In regards to sickness absence locally, the latest data shows that:

- The proportion of employees (aged 16 and over) in Stoke-on-Trent having at least one day off work due to sickness in the previous working week was 2.6% (during 2015-17), which was slightly higher than the England average of 2.1%.¹²²

- Locally, this means that around 2,500 employees on average had at least one day off work due to sickness in the previous working week (between 2015-17).
11. ENSURE A HEALTHY STANDARD OF LIVING FOR ALL
ENSURE A HEALTHY STANDARD OF LIVING FOR ALL

Average pay in the city is around **£100 lower** a week lower than the rest of England

20.8% of people are experiencing deprivation due to low incomes (England 14.6%)

12,400 people (aged 16-64) are **underemployed** they would like to work more hours

16,400 people (aged 16-64) are **overemployed** they would like to work fewer hours

22% of children (aged 0-15) live in out-of-work benefit households (England 14.0%)
11.1 Income and wages

- The average levels of gross disposable household income\(vi\) (GDHI) per head of population (in 2016) were lower in Stoke-on-Trent (£14,075) compared with regional (£16,766) and national averages (£19,878).\(^\text{123}\)

- Between 2011 and 2016, the average levels of GDHI (per head of population) increased by more in Stoke-on-Trent (14.7%) than the national average (13.0%), but by less than the regional average (15.5%).

- In 2018, the gross weekly pay of someone working full-time in Stoke-on-Trent was £478 per week compared with a national average of £575, a weekly difference of nearly £100.\(^\text{91}\)

- Based on the Income Domain of the 2015 Indices of Deprivation,\(^\text{11}\) there are an estimated 52,000 people in Stoke-on-Trent living in income deprived households (20.8% locally compared with 14.6% in England).

11.2 Employment

- Across the UK, around 8% of people employed would like to work more hours than they currently do (September 2018).\(^\text{124}\) This could mean that around 12,400 people (aged 16–64) in Stoke-on-Trent are underemployed.

- Levels of underemployment tend to be more prevalent among people working in lower skilled jobs, those working part-time and among young people.

- Around 1 in 10 workers in the UK are overemployed, meaning they would like to work fewer hours for less pay.\(^\text{124}\) This equates to around 16,400 people in Stoke-on-Trent.

- 11,260 children (under 15) live in out-of-work benefit households in Stoke-on-Trent (May 2016), which is 22.0% of all local children (compared with 14.0% in England).\(^\text{125}\)

\(^{vi}\) Gross disposable household income (GDHI) is the amount of money all individuals in a household have available to spend (or save) after taxes and other benefits have been deducted.
12. CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES
CREATE AND DEVELOP HEALTHY AND SUSTAINABLE PLACES AND COMMUNITIES

89% of people were satisfied with the area as a place to live.

77% of people feel safe outside after dark.

23% of people feel likely to be a victim of crime.

Biggest problems locally:
- Drugs: 23%
- Anti-social behaviour: 21%
- Alcohol: 20%

778 households on the Housing Register have a housing need or urgent need.

195 households were accepted as being homeless.
12.1 Environment

- Stoke-on-Trent is ranked 98th (out of 326, 1 = worst) local authorities in England in regards to the quality of the local environment (based on the Living Environment Domain of the 2015 Indices of Deprivation).11

- Nearly one quarter (23.9%) of local areas in the city were classified as being among the top 20% most deprived in England in regards to the quality of the environment.

- This may in part explain why only 12.6% of adults (aged 16 and over) in Stoke-on-Trent used outdoor green space for exercise or health reasons compared with 17.9% in England (March 2015 to February 2016).79

- In 2016, each person living in Stoke-on-Trent produced 5.3 tonnes of carbon dioxide (CO2), the same as the England average (CO2 is the main greenhouse gas in the UK, accounting for over 80% of UK greenhouse emissions).126

- Compared with England, emissions of CO2 in Stoke-on-Trent were higher for industry (2.5 tonnes versus 1.9) but lower for transport (1.3 tonnes versus 1.9). Domestic emissions were the same (1.6 and 1.5).

- Levels of air pollution were lower in Stoke-on-Trent compared with England in 2016 – 8.9 versus 9.3 micrograms per cubic metre (as measured by exposure to fine particulate matter, also known as PM2.5).127

- During 2015/16 in Stoke-on-Trent, there were nearly 1,800 complaints about noise by local residents.128 Although the current rate of complaints is higher in the city than the national average (7.1 versus 6.3, per 1,000, all ages), the rate has more than halved locally from a high of 15.0 in 2011/12.
12.2 Satisfaction with local area

Feeling the Difference is a longstanding public opinion survey giving people in Stoke-on-Trent and Staffordshire the opportunity to share their views on their local area as a place to live, their safety, wellbeing and local public services. The survey is undertaken twice a year (March and September) with each survey involving around 1,700 people.

The survey examines a number of broad themes, including: the local area, local services, safety, policing and justice, volunteering. Based on Waves 21-24\textsuperscript{vii} (latest Wave = March 2018), the main findings for Stoke-on-Trent were:\textsuperscript{129}

<table>
<thead>
<tr>
<th>Local area</th>
<th>Local services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 89% of people were satisfied with their local area as a place to live</td>
<td>• 79% of people were satisfied with the level of service provided by the police</td>
</tr>
<tr>
<td>• 23% reported that people using or dealing drugs was a big problem</td>
<td>• 62% were satisfied with the level of service provided by the city council</td>
</tr>
<tr>
<td>• 21% of respondents reported that anti-social behaviour was a big problem</td>
<td>• 26% of respondents felt well informed about the work done by the police</td>
</tr>
<tr>
<td>• 20% said that people misusing alcohol or being alcohol dependent was a big problem</td>
<td>• 33% felt well informed about the work done by the city council</td>
</tr>
<tr>
<td>• 6% reported that community tension or discrimination was a big problem</td>
<td>• 9% of people had heard about their local Healthwatch</td>
</tr>
<tr>
<td></td>
<td>• 7% had heard about their local Clinical Commissioning Group</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Safety, policing and justice</th>
<th>Volunteering</th>
</tr>
</thead>
<tbody>
<tr>
<td>• 96% of people feel safe outside during daytime</td>
<td>• 9% of people had given unpaid help to groups, clubs or organisations</td>
</tr>
<tr>
<td>• 77% said they feel safe outside after dark</td>
<td>• 27% had given unpaid help to friends or neighbours</td>
</tr>
<tr>
<td>• 8% had been a victim of crime during the last 12 months</td>
<td></td>
</tr>
<tr>
<td>• 23% of people said they feel likely to be a victim of crime</td>
<td></td>
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<tr>
<td>• 73% of respondents agreed the police can be relied on to be there when needed</td>
<td></td>
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<tr>
<td>• 60% said the police deal with things that matter to the community</td>
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</tbody>
</table>

\textsuperscript{vii} In Waves 21-24 of Feeling the Difference, 1,801 people from Stoke-on-Trent took part.
12.3 Housing

- There are around 85,000 private homes and 18,500 council owned properties across the city.  

- House prices in Stoke-on-Trent are lower than the England average – £112,000 compared with £247,900.  

- Although average house prices across the city are lower, houses may not necessarily be more affordable locally as lower wages in the city often offset lower house prices, making it difficult for local people to access the housing ladder.

- The number of households on the housing register with a housing need or urgent need (bands 1 and 2) in Stoke-on-Trent was 778 (November 2018).  

- There were 195 households accepted as being homeless (and in priority need) in Stoke-on-Trent in 2017/18. The current rate of homelessness is lower in the city compared with England (1.8 versus 2.4 per 1,000 households).  

- 62.1% of accepted applications for homelessness came from people aged 25-44 (compared with 58.8% nationally), whilst 17.9% were from young adults aged 16-24 years of age (compared with 21.2% nationally).  

- Just over half of accepted homelessness applications (52.3%) in the city came from lone parent households with dependent children (compared with 51.1% nationally), whilst 17.9% came from one person households (compared with 24.3% nationally).

- The main three reasons given for homelessness in Stoke-on-Trent in 2017/18 were: other relatives or friends no longer willing or able to accommodate (19.5%), loss of rented accommodation (18.5%) and required to leave accommodation by the Home Office as asylum support (12.3%).

- Nationally, the main three reasons given for homelessness in 2017/18 were: loss of rented accommodation (27.4%), parents no longer willing or able to accommodate (14.8%) and other relatives or friends no longer willing or able to accommodate (12.1%).

- There is a predicted shortage of authorised gypsy and traveller sites in the city which will meet the needs and demands of these families, both in the short term and over the next decade.

12.4 Walking and cycling

Creating an environment where people actively choose to walk and cycle as part of everyday life can have a significant impact on health outcomes and may help reduce inequalities in health. It is an essential component of a strategic approach to increasing physical activity, and it may be more cost-effective than other initiatives that promote exercise, sport and active leisure pursuits.

- The proportion of adults (aged 16 and over) who walk for travel (on at least three days per week) was 17.6% in Stoke-on-Trent (in 2016/17). This was significantly below the national average of 22.9%.

- The proportion of adults (aged 16 and over) who cycled for travel (on at least three days per week) was 0.9% in Stoke-on-Trent (in 2016/17). This was significantly below the national average of 3.3%.

12.5 Public transport

Public transport remains a key issue for individuals and local communities, especially for people who do not have access to a car. Whilst around 80% of UK households have a car, this proportion falls to 37% (among people with the lowest 10% of incomes) and 53% (among people with the lowest 20% of incomes). Based on the 2011 Census, 30.9% of households in Stoke-on-Trent had no cars or vans compared with 25.8% in England.

There are said to be three indicators of ‘transport poverty’:  

- Areas of low income (where the costs of running a car or using public transport would place a significant strain on household budgets).  

- Areas where a significant proportion of residents live further than a mile from their nearest bus stop or railway station.  

- Areas where it would take longer than an hour to access essential goods and services by walking, cycling and public transport.

Low incomes (‘affordability’) and long public transport journey times (‘accessibility’) are key barriers for many people in accessing essential services, including employment. Whilst access to local buses is reasonable, it is often the relatively infrequent services, slow speeds and need to change buses which can create problems.

Whilst the city’s off-road cycling network can still be improved, access by cycling is unlikely to be a major physical barrier for local people, with most of the city accessed within one hour.
12.6 Community action

Against the backdrop of high levels of deprivation and poorer health outcomes, the city of Stoke-on-Trent continues to offer much to its local people. The recently published Cultural Strategy\textsuperscript{139} and Community Cohesion Strategy\textsuperscript{140} highlight how the city council is working together with local people to provide activities and opportunities for engagement. Alongside this, many different community and residential groups across the city are involved in and organising events for their local areas, whilst the city’s libraries continue to be a great source of learning, education and support for people living in Stoke-on-Trent.
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Main findings

Population

- Around 255,400 people live in Stoke-on-Trent.
- 51,800 (20.3%) are children aged 0-15.
- 43,200 (16.9%) of people are aged 65 and over.
- There are around 3,300 live births each year in the city.
- 23.5% of births are to mothers from Black and Minority Ethnic groups.
- The city is becoming increasingly ethnically diverse: the 'Non-White British' population has increased from 6.4% in 2001 to an estimated 20.2% in 2016.
- Stoke-on-Trent is the 14th most deprived local authority in England (out of 326).
- 136,200 people in the city live in areas classified as being among the top 20% most deprived in England.

Overarching measures of health

Life expectancy is one of the key measures of a population's health, and refers to the number of years a person can expect to live.

- Life expectancy (at birth) for men in Stoke-on-Trent is 76.5 years compared with 79.6 years in England.
- Life expectancy for local women is 80.8 years compared with 83.1 years in England.
- Locally, life expectancy has remained unchanged since 2010-12 for men and since 2012-14 for women.
- Life expectancy is 9.6 years lower for men and 6.4 years lower for women living in the most deprived areas of Stoke-on-Trent compared with those living in the most affluent areas of the city.

Improving life expectancy is not only about adding years to life, it’s also about adding quality to life. Healthy life expectancy (HLE) is an estimate of the number of years someone would expect to live in good health.

- HLE for men in the city was 59.5 years compared with 63.4 years in England. This means that 77.8% of a man’s life in Stoke-on-Trent is likely to be spent in good health (compared with 79.7% in England).
- For women in the city, HLE was 58.7 years compared with 63.8 years in England. This means that 72.7% of a woman's life in Stoke-on-Trent is likely to be spent in good health (compared with 76.7% in England).
- Men and women living in the most deprived areas of the city have a HLE which is around 13 years lower than those living in the most affluent areas of the city.

Best start in life – from birth to age five

- 23.8% of children (under 16) are living in poverty in Stoke-on-Trent (16.8% in England) – which is around 12,400 children.
- 9.5% of local babies had a low birthweight (below 2,500 grams) compared with 7.3% in England.
- The infant mortality rate in Stoke-on-Trent is the highest in the country. On average, one infant dies every two weeks in the city (during their first year of life).
- 18.2% of local women smoked during pregnancy – the lowest it has been locally – compared with 10.8% in England.
- Levels of breastfeeding (in the first 48 hours after delivery) and at 6-8 weeks are both lower in Stoke-on-Trent compared with England (60.1% versus 74.5% for the first 48 hours, and 27.1% versus 42.7% for breastfeeding at 6-8 weeks).
- Childhood immunisation rates across the city are generally high, with over 90% of local children being vaccinated against the main diseases.
- Just under one third of children aged five in the city were suffering from tooth decay, which is far higher than the national average of 23.0%.
- At the end of Reception (4-5 year olds), two thirds of schoolchildren in Stoke-on-Trent were considered ‘ready for school’ (similar to the England average of 70.7%).
Developing well – childhood into young adulthood

- 40,000 pupils attend local schools in the city – 8,000 claim free school meals.
- 8,200 pupils do not have English as a first language.
- 2,500 pupils have a learning disability.

- At Key Stage 2 (10–11 year olds), 58% of pupils in Stoke-on-Trent met the expected standards in reading, writing and maths (65% in England).
- At Key Stage 4 (15–16 year olds), 53.3% of pupils in Stoke-on-Trent achieved a 9–4 pass (including English and Maths) compared with 59–1% in England.

- The proportion of 16–17 year olds who were not in education, employment or training (NEET) was 4.4% locally compared with 6.0% in England.

- 19.2% of Reception schoolchildren (4–5 year olds) in Stoke-on-Trent were overweight or obese – the lowest it has been locally – compared with 22.4% in England.

- 37.1% of Year 6 schoolchildren (10–11 year olds) in the city were overweight or obese (34.3% in England).

- Levels of smoking, exposure to secondhand smoke, drinking and drug use have all fallen locally among pupils in Stoke-on-Trent in recent years.

- There were 4,700 referrals to children’s social care locally – referral rates continue to increase across the city.

- There were 3,200 children in need locally.

- There were 740 looked after children (LAC) across the city – the local LAC rate is double the national average.

- 12.8% of 5–19 year olds were estimated to have a mental health disorder, which equates to around 5,900 children and young people.

- There were 302 hospital admissions for self-harm among children and young adults aged 10–24 – admission rates continue to increase across the city.

- Hospital admission rates for unintentional and deliberate injuries among local children aged 0–14 continue to fall in the city.

- The number of teenage conceptions (among 15–17 year olds) has fallen dramatically in the city from 219 in 2012 to 116 in 2016 – a fall of 47%.

- There were 86 first time entrants across the city to the Youth Justice System in 2017 compared with 208 in 2010 – a fall of 59%.

Living well – working age adults

- Around 2,500 people die each year in Stoke-on-Trent – cancer (28.7%), circulatory disease (23.0%) and respiratory disease (16.1%) are the three major killers.

- Nearly one quarter of local deaths are considered ‘preventable’.

- Premature morality rates (under the age of 75) from the three leading causes of death – cancer, circulatory disease, respiratory disease – continue to fall locally.

- Overall levels of mental wellbeing continue to improve across the city.

- The prevalence of dementia, epilepsy and other severe mental health conditions were higher locally compared with England.

- There are around 24,700 adults (aged 18–64) with a common mental health disorder (such as anxiety and depression) in the city.

- The suicide rate has fallen dramatically locally and is now below the national average.

- There were 900 emergency hospital admissions for intentional self-harm – this rate is increasing locally.

- There were an estimated 3,800 local adults (aged 18–64) with a learning disability.

- 20.7% of adults (aged 18 and over) smoke in the city – the lowest it has been.

- Around 9 people die each week in the city due to smoking.

- Two thirds of adults (aged 18 and over) are overweight or obese in Stoke-on-Trent, which equates to around 131,000 local people.

- 55.6% of food outlets in Stoke-on-Trent are fast food outlets compared with 38.4% in the UK.

- 92,000 people (aged 16 and over) do not eat the recommended five portions of fruit and veg a day across the city.

- 54.1% of local adults (aged 19 and over) met the recommended weekly levels of physical activity compared with 66.0% in England.

- 30.9% of local adults were physically inactive (22.2% in England), which equates to around 60,300 people.

- 12.6% of adults (aged 16 and over) used outdoor green space in the city for exercise or health reasons.
• Levels of mortality and hospital admissions for alcohol are higher in Stoke-on-Trent compared with England across a number of outcomes.

• Locally, 44% of adults (aged 18 and over) are estimated to be drinking at levels of increasing or higher risk, which equates to around 87,200 people.

• 21.9% of alcohol users successfully completed treatment locally compared with 38.9% in England.

• Around three people die each week in the city due to alcohol.

• There are higher rates of opiate and crack users locally, along with lower levels of opiate/non-opiate users successfully completing treatment compared with England.

• A higher proportion of local people (27.4%) in drug treatment (aged 18 and over) were in contact with the criminal justice system compared with England (20.9%).

• Around 32,000 local people have received an NHS Health Check.

• 12.3% of adults (aged 16-64) have no formal qualifications in the city compared with 7.6% in England.

• Just under one quarter of local people (23.4%) were qualified to NVQ level 4 and above (38.3% in England).

• Around 23% of local employers said they had staff that were not fully proficient due to skills gaps (in 2015) compared with the England average of 14%.

• There were around 30,000 recorded offences in Stoke-on-Trent in 2017/18, an increase of more than 9,500 since 2012/13.

• The rate of people killed and seriously injured on roads in Stoke-on-Trent is lower than the national average.

Ageing well – healthy older people

• By 2030, the numbers of older people aged 65 and over in Stoke-on-Trent are projected to increase by around 9,300, to 52,400. This means that 1 in 5 local people will be aged 65 and over by 2030 (compared with 16.9% currently).

• By 2030 there will be increasing numbers of older people in the city with: limiting long-term illnesses, dementia, depression, falls, unable to manage one self-care activity/domestic task/mobility activity, providing unpaid care.

• The prevalence of the most common long-term conditions – hypertension, depression, diabetes, asthma and chronic kidney disease – are all higher in the city compared with England.

• There were around 3,600 requests for support from new clients (aged 65 and over) to adult social care in the city in 2017/18 – an average of 10 requests every day.

• Over 3,300 adults (aged 65 and over) accessed long-term funded social care support in the city.

• Around 3,600 older people (aged 65 and over) in the city were estimated to be experiencing loneliness.
• 17,200 households in Stoke-on-Trent were estimated to be in fuel poverty, which equates to around 39,000 local people.

• 7 out of 10 local people (aged 65 and over) had received their flu jab; 3 out of 10 had not.

• There were 190 excess winter deaths (all ages) in Stoke-on-Trent in 2016/17, the highest number locally since 2008/09.

• There were 956 emergency hospital admissions due to falls and 260 emergency admissions for hip fractures locally among people 65 and over in 2016/17.

• The proportion of people dying at home (or their usual place of residence) in 2017 was lower in Stoke-on-Trent (38.0%) than the national average (46.6%).

Create fair employment and good work for all

• There were 3,000 apprenticeship starts in Stoke-on-Trent in 2016/17, although the number of starts has fallen by 8% over the past five years (compared with a 5.7% fall in England).

• 71.6% of people (aged 16-64) are working in Stoke-on-Trent (75.2% in England).

• One third of people working in the city are employed part-time.

• 6,600 people (aged 16 and over) were unemployed in the city (June 2018).

• There were around 15,600 workless households in the city. This proportion (19.5%) is far higher than the national average of 14.0%.

• 21,000 people (aged 16-64) were claiming the main out-of-work benefits in the city (November 2016).

• 11,000 local people (aged 16-64) were economically inactive due to long-term sickness.

• 29.0% of local people (aged 16 and over) were working in managerial and professional jobs (46.5% in England).

• 2.6% of employees in the city had at least one day off work due to sickness in the previous working week compared with 2.1% in England.

Ensure a healthy standard of living for all

• Between 2011 and 2016, the average levels of gross disposable household income (per head of population) increased by more in Stoke-on-Trent (14.7%) than the national average (13.0%).

• The gross weekly pay of someone working in Stoke-on-Trent was £478 per week compared with a national average of £575, a weekly difference of nearly £100.

• There are an estimated 52,000 people living in income deprived households in Stoke-on-Trent (20.8% locally versus 14.6% in England).

• 12,400 people (aged 16-64) in Stoke-on-Trent were underemployed – they would like to work more hours.

• 16,400 people (aged 16-64) in Stoke-on-Trent were overemployed – they would like to work fewer hours.

• Around 11,300 children (aged 0-15) live in out-of-work benefit households in Stoke-on-Trent, which is 22.0% of all local children (compared with 14.0% in England).

Create and develop healthy and sustainable places and communities

• The city is ranked 98th (out of 326, 1 = worst) local authorities in England in regards to the quality of the local environment.

• Nearly one quarter of local areas in the city were classified as being among the top 20% most deprived in England in regards to the quality of the environment.

• 89% of people were satisfied with the local area as a place to live.

• The biggest problems locally were: drug dealing (23%), alcohol (20%) and anti-social behaviour (21%).

• 77% of local people feel safe outside after dark.

• 23% of local people said they feel likely to be a victim of crime.

• There are around 85,000 private homes and 18,500 council owned properties across the city.

• There were 778 households on the housing register with a housing need or urgent need.

• 195 households were accepted as being homeless across the city in 2017/18.
• 17.6% of adults (aged 16 and over) in Stoke-on-Trent walk to work (22.9% in England); 0.9% of local people cycle to work (3.3% in England).

• 30.9% of households in Stoke-on-Trent had no cars or vans compared with 25.8% in England (based on the 2011 Census).