

# Knowing our patch

**Equality related demographic profile for  
Staffordshire and Stoke on Trent CCGs:**

NHS East Staffordshire CCG

NHS North Staffordshire CCG

NHS South East Staffordshire CCG and Seisdon Peninsula CG

NHS Cannock Chase CCG

NHS Stafford and Surrounds CCG

NHS Stoke on Trent CCG

**Collated by MLCSU Equality and Inclusion Team  
July 2020**



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## 1.0 Introduction

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When considering service design / policy changes, CCGs are required by legislation to consider the needs and requirements of each protected characteristic group and ensure that appropriate involvement / consultation takes place with these groups.

Consideration of requirements relating to protected characteristic groups at the beginning of service redesign process will help to identify any potential negative impact that may arise relating to protected characteristic and will help demonstrate 'due regard' to the Public Sector Equality Duty.

CCGs are better equipped to understand the needs of their communities by being able to understand the demographic profiling of their area. This helps understand the make-up of different groups within the CCG area and identify the potential barriers for access / particular needs of different groups.

This report provides data on the following:

- Demographic profiles for the area
- Health inequality information from public health and JSNA data

### **The Staffordshire and Stoke-on-Trent CCGs' area**

The Staffordshire and Stoke-on-Trent CCGs are located in the Midlands of England and are part of the Together We're Better Sustainability and Transformation Partnership (NHS STP).

The CCGs have a combined membership of 152 GP practices and serve a patient population of approximately 1,163,698. Currently, there are 26 primary care networks established across the area.

The main NHS service providers in the Staffordshire and Stoke-on-Trent area include:

- Mid Staffordshire NHS Foundation Trust
- Midlands Partnerships NHS Foundation Trust
- North Staffordshire Combined Healthcare NHS Trust
- University Hospitals of North Midlands NHS Trust
- University Hospital of Derby and Burton NHS Foundation Trust
- West Midlands Ambulance Service University NHS Foundation Trust

Local authority areas that fall within the area are:

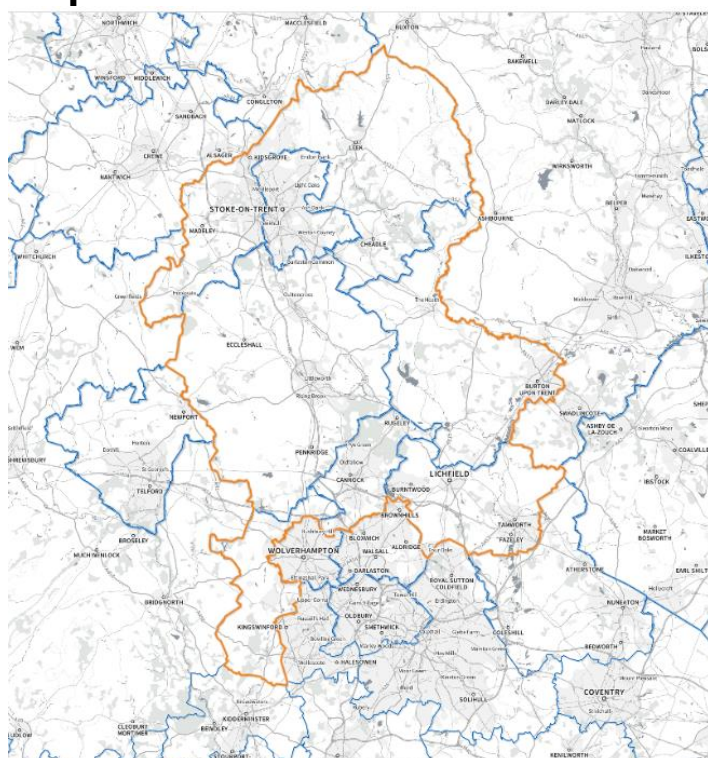
- Cannock Chase
- East Staffordshire
- Lichfield
- Newcastle-Under-Lyme
- South Staffordshire

- Stafford
- Staffordshire Moorlands
- Stoke-on-Trent
- Tamworth

Key transport links include the M6 motorway and the west coast rail line. Other key infrastructure in the CCG area include 337 care homes, over 450 schools, and two Universities based in the Stoke-on-Trent locality (University of Staffordshire and Keele University).

There are eight prisons located in the CCG area of varying category.

### Map of the Staffordshire and Stoke On Trent area:

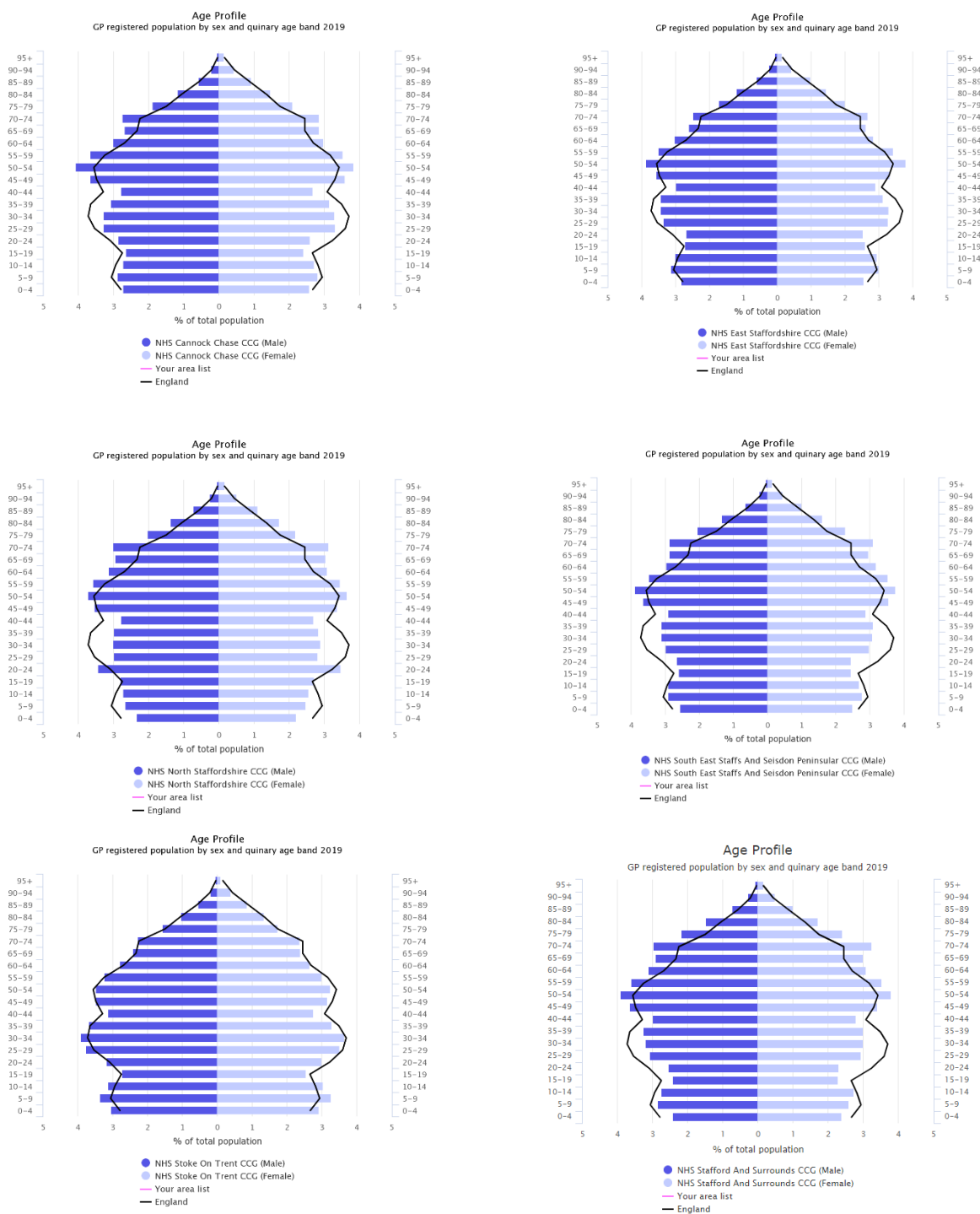


Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

All data sources and links are contained within section 19.0.

## 2.0 Protected characteristic of Age

The following age profiles are shown for each CCG with male and female population:



Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020



**Analysis:**

- Across the area there is notable variation in age rates when compared with the England rates
- Overall, there is a slightly older population across Staffordshire in comparison to England
- Most people across the area are aged 50 - 54
- Stoke on Trent has a similar age demographic when compared national rates
- Cannock Chase, East Staffordshire, North Staffordshire and South East Staffs and Seisdon all have lower rates of people in the age ranges 40- 44 and 25 – 29
- Cannock Chase, South East Staffs and Seisdon and Stafford and Surrounds have lower rates of younger people aged 15-29
- North Staffordshire has a slightly higher rate of people between ages 20-24 – this may be due to Universities in the area and an increase in the student population

**Equality considerations relating to age:**

- Aging population may add additional pressures on existing services
- Certain health conditions are more prevalent in particular age groups e.g. dementia rates are higher in over 65s
- There may be links with disability for older age groups due to issues such as long-term health conditions and frailty
- Older people are more likely to develop hearing and sight impairments
- Older people and younger people are less likely to have access to a car and therefore may rely on public transport to access services
- Older people are more likely to be widowers and experience social isolation
- Working age groups may experience barriers to accessing services during working hours
- Cross referencing with disability, young men are more likely to commit suicide

## 3.0 Protected characteristic of Disability

### Learning disability / long term conditions / carers:

Compared with benchmark: Better Similar Worse Lower Similar Higher Not com

Recent trends: — Could not be calculated ➡ No significant change ⬆ Increasing / Getting worse ⬆ Increasing / Getting better ⬇ Decreasing / Getting worse ⬇ Decreasi Getting b

Display Values Trends Values & Trends Export table as image Export tabl

Indicator	Period	England	your area list	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffs And Sealsion...	NHS Stafford And Surrounds CCG	NHS Stoke On Trent CCG	NHS Cannock Chase CCG
Learning disability: QOF prevalence	2018/19	0.5*	-	0.5	0.4	0.5	0.3	0.6	0.6
% with a long-standing health condition	2019	51.5*	54.8*	53.5	55.0	54.8	55.5	54.8	54.9
% with caring responsibility	2019	16.9*	18.6*	16.9	19.6	18.7	18.6	18.7	18.6
Recording of employment status: % of people in contact with mental health and learning disability services with employment status recorded (end of quarter snapshot)	2019/20 Q2	29.2*	23.0*	23.9*	26.2*	16.6*	18.9*	28.2*	17.3*
Recording of accommodation status: Percentage of people in contact with mental health services with accommodation status recorded (end of quarter snapshot)	2019/20 Q2	31.8*	24.4*	26.2*	29.2*	16.4*	19.2*	30.2*	16.8*
Service users with crisis plans: % of people in contact with mental health services (end of quarter snapshot)	2019/20 Q2	12.2*	0.4*	0.3*	0.5*	0.7*	0.1*	0.2*	0.5*
% reporting learning disability	2019	1.6*	1.6*	1.1	2.2	1.3	1.2	2.0	1.3

Source: Public Health England. Public Health Profiles. 27/4/2020 <https://fingertips.phe.org.uk> © Crown copyright 2020

#### Analysis:

- Across the Staffordshire and Stoke On Trent area, there is some variation across disability.
- For Learning Disability prevalence, the area is fairly in line with national prevalence.
- The STP area has a higher rate of people with long term conditions and there is some variation in this across the area.
- People with mental health conditions across the STP linked to receiving support suggests lower rates compared to the England rate.
- The percentage of people across the STP area with caring responsibility is slightly above the national rate. There is some variation with the highest rate in North Staffordshire



## Disability prevalence:

Government data shows that:

Disability prevalence by region/country 2017/18, United Kingdom		
Region/Country	Millions of people	Percentage of people
United Kingdom	13.3	21
Country		
England	10.9	20
Region		
North West	1.6	23
East Midlands	1.0	22
West Midlands	1.2	21

<https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201718>

## Physical disabilities

### Visual impairment:

2020 data set: RNIB	England	STP area	East Staffs	North Staffs	SE Staffs and Seisdon	Stafford and Surrounds	Cannock Chase	Stoke on Trent
Number of people living with sight loss	182,000	32,100	3930	3950	4650	5120	3330	7460
Percentage of people from population with sight loss	3.21%	3.66%	3.31%	4.01%	4.15%	3.78%	3.37%	2.90%

Best fit data – Local Authority and District level. Further visual impairment data is available on age, ethnic group.

### Hearing impairment:

Estimated prevalence (%) of hearing loss of 25 dBHL or more in the adult population (people aged 18 and over)

CCGs	2015	2020	2025	2030	2035
<b>East Staffordshire</b>	22	23	25	27	28
<b>North Staffordshire</b>	23	25	26	27	28
<b>SE Staffordshire and Seisdon</b>	23	25	27	29	30
<b>Cannock Chase</b>	21	23	25	27	28
<b>Stafford and Surrounds</b>	24	25	27	29	30
<b>Stoke On Trent</b>	20	21	22	23	24
<b>England</b>	21	22	23	24	25

### Dementia:

Data table showing prevalence of dementia diagnosis:

	England	STP area	East Staffs	North Staffs	SE Staffs and Seisdon	Stafford and Surrounds	Cannock Chase	Stoke on Trent
Dementia prevalence all ages	0.8%	0.9%	0.8%	1.1%	0.9%	1.0%	0.9%	1.0

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Mental Health:

Indicator	Period	England	your area list	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffs And Selesdon..	NHS Stafford And Surrounds CCG	NHS Stoke On Trent CCG	NHS Cannock Chase CCG
<b>Common Mental Disorders</b>									
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	16.9*	-	16.3*	16.0*	14.4*	13.9*	20.1*	16.7*
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	10.2*	-	9.8*	10.1*	9.2*	8.7*	12.4*	10.6*
Depression: QOF incidence (18+) - new diagnosis	2017/18	1.6	1.9*	1.2	1.9	1.5	1.6	2.6	1.9
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2016/17	13.7	-	11.7	14.6	12.4	13.2	17.5	15.5
Depression: Recorded prevalence (aged 18+)	2017/18	9.9	11.2*	8.5	11.7	9.8	9.6	14.0	11.7
<b>Severe Mental Illness</b>									
Long-term mental health problems (GP Patient Survey): % of respondents	2018/19	9.9	-	7.9	10.6	10.4	9.2	10.6	10.8
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	18.1*	19.3*	17.5*	17.8*	17.8*	17.6*	24.3*	17.6*

Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Analysis:

- In terms of mental health, prevalence of mental health was lower or in-line with the England rate with the exception of Stoke on Trent which has higher rates

### Equality considerations relating to disability:

- Access to services
- Language needs and information needs – accessible information e.g. large font, Easy Read, BSL
- Reasonable adjustments
- Physical environment
- Travel and parking
- Facilities
- Carers and support

### Equality considerations for carers:

The health needs of this carers are highlighted in a report by Carers UK – State of Caring 2017. This report is important in highlighting significant disadvantages faced by carers nationally. The report highlights:

- Caring can have a significant impact on health – both physically and mentally
- GP patient surveys found that 3 in 5 carers have a long term health condition
- Health conditions in 40% of young carers (aged 18-24 years) compared to 29% of non-carers in the age group
- Back and mobility health problems are often exacerbated by lack of access to proper lifting equipment and aids
- Carers health often compromised by lack of time to attend medical check-up for their own wellbeing

- 6 out of 10 carers (61%) reported that their physical health has worsened due to caring
- 7 out of 10 carers (70%) reported that their mental health had worsened due to caring
- Worsening health reporting was more prevalent in carers providing more than 50 hours per week
- Carers looking after a disabled child were most likely to suffer from depression – 54%
- Carers report that keeping healthy is more difficult due to difficulty in finding time for exercise and maintaining a healthy diet

## **4.0 Protected characteristic of Gender Reassignment**

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Population data for this group is not collected within national census data, however, estimate figures are thought to be in the region of 0.5%

Combined, the Staffordshire and Stoke-on-Trent CCGs serve a population of 1,163,399 people, therefore, the local trans population is estimated at approximately 5817.

Estimated figures also suggest that around 1% of the population identify as non-binary.

### **Equality considerations relating to Gender Reassignment/Trans:**

- LGBT rights charity Stonewall published a report on transgender experiences in 2018. The report highlights that a significant number of trans people face inequalities and discrimination when accessing healthcare services, despite the legal duty of all health and social care organisations to provide equal treatment and tackle discrimination
- Poorer experiences of health care – staff attitudes and understanding
- More likely to experience poor mental health/more likely to attempt suicide
- Lower rates of health screening e.g. cervical
- More likely to be a victim of hate crime
- Fear of prejudice can create a barrier to access services
- More likely to be a victim of domestic abuse

## 5.0 Protected characteristic of Marriage and Civil Partnership

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Area	Married	In a registered same-sex civil partnership
England	46.6	0.2
NHS East Staffordshire	50.9	0.2
NHS North Staffordshire	49.9	0.1
NHS South East Staffs and Seisdon and Peninsular	52.5	0.1
NHS Stafford and Surrounds	52.8	0.1
NHS Cannock Chase	50.5	0.1
NHS Stoke on Trent	44.2	0.1

The protected characteristic relates only to employment and not service provision. Within the context of this assessment the impact can relate to workforce issues.

Analysis:

- There is some variation across the area with most areas having higher rates of marriage compared to England – with the exception of Stoke On Trent
- Rates of civil partnership not significantly different to the England rate

**Equality considerations for marriage and civil partnership:**

- Discrimination in the workplace/lack of promotion opportunities and unfavourable treatment
- Flexible working arrangements

## 6.0 Protected characteristic of Race

Ethnic Group	England	NHS Cannock Chase	NHS East Staffordshire	NHS North Staffordshire	NHS South East Staffs and Seisdon and Peninsular	NHS Stafford and Surrounds	NHS Stoke on Trent	Combined area
	%	%	%	%	%	%	%	%
All usual residents	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0%
White	85.4	97.6	91.0	96.5	96.4	95.3	89.0	94.1%
White: English/Welsh/Scottish/Northern Irish/British	79.8	96.4	86.9	95.0	94.4	93.0	86.8	91.9%
White: Irish	1.0	0.4	0.5	0.3	0.6	0.6	0.3	0.4%
White: Gypsy or Irish Traveller	0.1	0.0	0.1	0.0	0.0	0.1	0.1	0.1%
White: Other White	4.6	0.8	3.5	1.2	1.4	1.6	1.8	1.7%
Mixed/multiple ethnic groups	2.3	0.9	1.4	1.0	1.2	1.3	1.8	1.3%
Mixed/multiple ethnic groups: White and Black Caribbean	0.8	0.5	0.7	0.4	0.6	0.6	0.7	0.6%
Mixed/multiple ethnic groups: White and Black African	0.3	0.0	0.1	0.1	0.1	0.1	0.2	0.1%
Mixed/multiple ethnic groups: White and Asian	0.6	0.2	0.4	0.3	0.3	0.3	0.5	0.4%
Mixed/multiple ethnic groups: Other Mixed	0.5	0.1	0.2	0.2	0.2	0.2	0.3	0.2%

Asian/Asian British	7.8	1.0	6.5	1.9	1.7	2.3	7.2	3.6%
Asian/Asian British: Indian	2.6	0.5	0.8	0.5	1.0	1.0	0.9	0.8%
Asian/Asian British: Pakistani	2.1	0.1	4.6	0.3	0.2	0.2	4.1	1.6%
Asian/Asian British: Bangladeshi	0.8	0.0	0.1	0.1	0.1	0.1	0.4	0.2%
Asian/Asian British: Chinese	0.7	0.2	0.3	0.5	0.2	0.3	0.5	0.4%
Asian/Asian British: Other Asian	1.5	0.2	0.7	0.5	0.3	0.6	1.3	0.7%
Black/African/Caribbean/Black British	3.5	0.3	0.9	0.4	0.5	0.8	1.5	0.8%
Black/African/Caribbean/Black British: African	1.8	0.1	0.3	0.3	0.1	0.3	1.0	0.4%
Black/African/Caribbean/Black British: Caribbean	1.1	0.2	0.4	0.1	0.3	0.4	0.3	0.3%
Black/African/Caribbean/Black British: Other Black	0.5	0.0	0.2	0.0	0.1	0.1	0.1	0.1%
Other ethnic group	1.0	0.1	0.3	0.2	0.2	0.3	0.6	0.3%
Other ethnic group: Arab	0.4	0.0	0.1	0.1	0.0	0.2	0.2	0.1%
Other ethnic group: Any other ethnic group	0.6	0.1	0.2	0.1	0.1	0.2	0.5	0.2%

#### Analysis:

- The combined area is mainly white British (91.9%) compared to the England rate of 79.8%
- Across the combined area that is some variation in BME representation with Stoke On Trent having higher representation compared to the surrounding areas although this is still slightly lower than the England rate

#### Equality considerations for race:

- Access to language support
- Cultural considerations
- Certain health conditions affect different ethnic groups e.g. diabetes prevalence in South East Asian men
- Health inequalities in relation to BAME groups – cross reference with deprivation
- Poorer experiences of healthcare for BAME groups



- Poorer experiences of BAME groups in the workplace
- Health needs of BAME groups often not well understood
- BAME groups more likely to be a victim of hate crime

## 7.0 Protected characteristic of Religion and Belief

Religion	NHS Cannock Chase CCG	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffs and Seisdon and Peninsular CCG	NHS Stafford and Surrounds CCG	NHS Stoke on Trent CCG	Combined CCGs	England
Christian	69.9%	64.6%	68.5%	68.0%	68.8%	61.4%	66.5%	59.4%
Buddhist	0.2%	0.2%	0.3%	0.2%	0.3%	0.3%	0.3%	0.5%
Hindu	0.2%	0.3%	0.3%	0.3%	0.6%	0.5%	0.4%	1.5%
Jewish	0.01%	0.03%	0.04%	0.04%	0.03%	0.03%	0.03%	0.5%
Muslim (Islam)	0.2%	5.6%	0.7%	0.4%	0.8%	5.8%	2.4%	5.0%
Sikh	0.4%	0.3%	0.1%	0.6%	0.4%	0.2%	0.3%	0.8%
Other religion	0.3%	0.3%	0.3%	0.3%	0.4%	0.4%	0.3%	0.4%
No religion	22.9%	22.0%	22.9%	23.9%	22.1%	24.9%	23.4%	24.7%
Religion not stated	6.1%	6.6%	6.7%	6.2%	6.6%	6.4%	6.4%	7.2%

Source: Census 2011 data, NOMIS official labour market statistics, <https://www.nomisweb.co.uk/>

Please note the data in the table above relates to the 2011 Census, and therefore may not reflect current populations in CCG areas.

### Analysis

- The most common religious affiliation in the CCG area is Christianity, with the proportion of people identifying as Christian higher than the England comparator
- The data highlights that the area is less diverse in terms of the strands of religion and belief followed compared to England in general – the proportion of people who identify as following religions other than Christianity across the Staffordshire and Stoke-on-Trent CCG area is lower than the national equivalents (particularly in terms of people who identify as Muslim, Jewish, and Hindu)

### Equality considerations relating to religion and belief:

- Facilities e.g. prayer rooms / changing rooms
- End of life plans – spiritual needs of patients considered
- Chaplaincy service
- Human resource policies relating to religious festivals/needs e.g. Ramadan
- Workforce considerations - dress
- Belief impacting on how patients view their care
- Ingredients of medication/compatibility of religious belief
- Cultural considerations for care – chaperone
- Dietary requirements

## 8.0 Protected characteristic of Sex

Cross reference with Age section which contains population profiles for male and females cross referenced with age.

Chart showing males and females with comparison of national population:

Population sex profile (GP registered population)							
	NHS Cannock Chase CCG	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffordshire and Seisdon Peninsular CCG	NHS Stoke On Trent CCG	Combined Staffordshire CCGs	England
<b>Male</b>	66,646	72,233	109,015	108,500	149,513	505,907	29,849,678
<b>Female</b>	67,216	71,602	109,223	110,329	144,849	503,219	29,909,960
<b>Total</b>	133,862	143,835	218,238	218,829	294,362	1,009,126	59,759,638

Source: Public Health England. Public Health Profiles. [08/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Analysis:

- Across the area, there are slightly more males than females overall
- This differs from the national demographic of slightly more females than males across the population
- The difference in the number of males to females is most notable in the NHS Stoke On Trent area in which there are 4664 more males than females living in the area
- There are more females living in the NHS South East Staffordshire and Seisdon Peninsular CCG than males

**Equality considerations relating to Sex:**

- Certain conditions affect males/females
- Females have longer life expectancy compared to males
- Workforce considerations:
  - Human resource policies – menopause, caring responsibilities
  - Gender pay gap
  - Flexible working arrangements
- Personal safety
- Facilities – single sex changing rooms etc.
- Chaperone services
- Young men are more likely to experience mental health issues/commit suicide
- Health promotion and screening

## 9.0 Protected characteristic of Sexual Orientation

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Table showing estimated Lesbian, Gay and Bisexual population:

Estimate source	% LGB	Estimate population who are Lesbian, gay and bisexual	% heterosexual
England – Stonewall	5-7%	-	93-95%
England - ONS	2.2%	-	94.6%
ICS area	2.2 to 7%	22,200 to 70,638	

In terms of age and sexual orientation, ONS data shows that people aged 16-24 were more likely to identify as LGB compared to other age groups. The proportion of people identifying as LGB decreases in each successive age group.

### Equality considerations relating to sexual orientation:

- National research notes that the LGB community face barriers and disadvantage when accessing health and social care
- Stonewall found that 52% of people surveyed in 2018 had experienced depression in the previous year, and 31% of LGB people had thought about taking their own life
- 15% of people surveyed by Stonewall in 2018 smoked almost every day, which is slightly higher compared to ONS data regarding the proportion of the general population (14.7%)
- Stonewall's 2018 report found that one in six LGBT (16%) people surveyed drank alcohol every day, compared with one in ten people in the general population. 13% of LGBT people surveyed took drugs at least once a month
- Information from Public Health England suggests that cancer screening coverage is lower in LGB and T communities. In particular, lesbian and bisexual

women are less likely to attend cervical screening: 15% of lesbian and bisexual women over 25 have never had a test, compared to 7% of the general population

- Barriers to accessing healthcare include;
  - Fear, or experience, of discrimination when accessing services
  - Assumptions of sexuality
  - Inappropriate curiosity and insensitive questions
  - Lack of understanding from healthcare staff regarding LGB health needs

## 10.0 Protected characteristic of Pregnancy and maternity

The table below shows pregnancy and birth data captured from the PHE Fingertips website:

Indicator	Year	NHS CC CCG	NHS ES CCG	NHS NS CCG	NHS SESSP CCG	NHS SAS CCG	NHS SOT CCG	England
Percentage of deliveries to mothers from BAME groups	2018/19	3.7%	15.5%	5.8%	4.2%	7.8%	21.4%	20.6%
General fertility rate	2017	61.4 per 1000	65.5 per 1000	51.5 per 1000	59.9 per 1000	55.0 per 1000	67.5 per 1000	61.2 per 1000
Caesarean section	2018/19	27.2%	29.6%	32.5%	31.9%	28.0%	30.7%	29.7%
Multiple births	2017	17.1 per 1000	15.8 per 1000	17.6 per 1000	21.7 per 1000	11.8 per 1000	11.8 per 1000	15.9 per 1000
Low birth weight of all babies	2017	8.1%	6.9%	7.6%	7.2%	6.1%	9.0%	7.4%
Very low weight of all babies	2017	1.08%	1.27%	0.72%	1.36%	1.02%	1.57%	1.14%
Stillbirth rate	2016-18	3.6 per 1000	3.7 per 1000	2.6 per 1000	3.5 per 1000	3.8 per 1000	5.2 per 1000	4.2 per 1000
Admissions of babies under 14 days	2018/19	93.3 per 1000	113.4 per 1000	132.2 per 1000	74.1 per 1000	126.9 per 1000	119.8 per 1000	75.0 per 1000
Teenage mothers	2018/19	1.1%	0.7%	0.8%	0.5%	0.8%	1.2%	0.6%
Baby's first feed breastmilk	2018/19	51.2%	59.8%	60.1%	57.0%	65.4%	52.9%	67.4%

Source: Public Health England. Public Health Profiles. [28/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

## Analysis

- There is variance across the Staffordshire and Stoke-on-Trent CCGs area in the proportion of births to mothers from BAME groups; in the NHS Stoke-on-Trent CCG area, the data is in line with national rates, however across the Staffordshire CCGs area in general there largely a much lower percentage of births to mothers from BAME groups (except for NHS East Staffordshire CCG)
- The general fertility rate, and the proportion of caesarean section births across the Staffordshire and Stoke-on-Trent locality is generally in line with national rates
- There is an increased incidence of multiple births in the NHS South East Staffordshire and Seisdon Peninsula CCG area compared to the Staffordshire and Stoke-on-Trent area as a whole / England
- Low / very low birth weight rates are largely in line with national rates, however there is increased incidence of low birth weight in the NHS Cannock Chase CCG and NHS Stoke-on-Trent CCG areas
- The incidence of hospital admissions for babies under 14 days old is generally higher across the CCG areas compared to England in general
- There is variance in the rates of teenage mothers across the Staffordshire and Stoke-on-Trent CCGs, with NHS Cannock Chase CCG and NHS Stoke-on-Trent CCG seeing the highest rates in the locality

## Equality considerations for pregnancy and maternity:

- Workforce issues: Human resource policies – pregnancy, maternity and paternity
- Facilities such as baby changing, parent and child parking, breast feeding rooms, pram space/parking
- Better Births Report – disproportionate experiences for BAME mothers and mothers from lower income backgrounds
- Cultural considerations – link with care plans
- Link to certain conditions during perinatal period e.g. post-natal depression

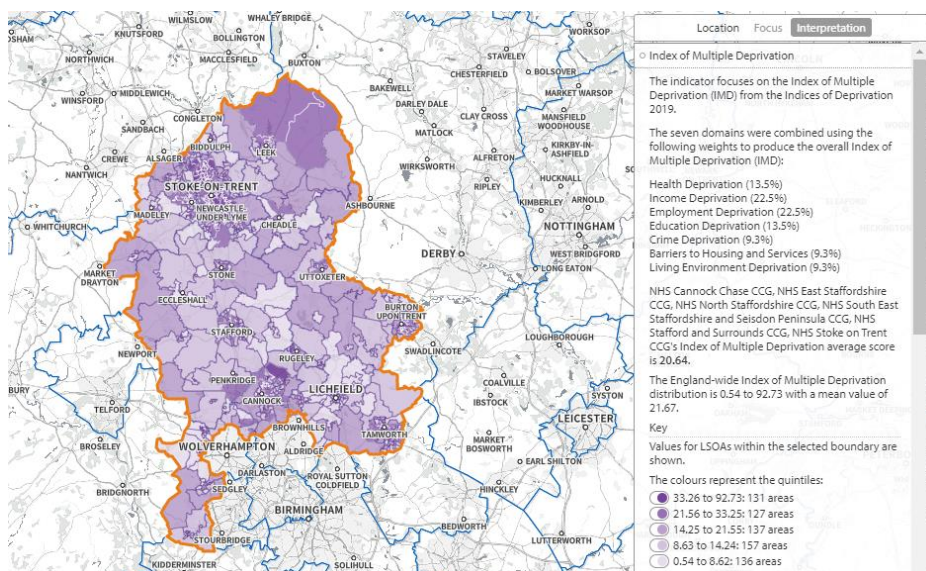
# 11.0 Vulnerable groups: Deprivation

Deprivation data for the area:

Indicator	Period	England	your area list	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffs And Seisdon...	NHS Stafford And Surrounds CCG	NHS Stoke On Trent CCG	NHS Cannock Chase CCG
Deprivation score (IMD 2019)	2019	21.7	-	18.2	17.5	15.5	13.5	33.7	19.2
Deprivation score (IMD 2015)	2015	21.8	-	18.0	17.3	15.0	13.1	33.6	19.7

Source: Public Health England. Public Health Profiles. [01/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

Higher deprivation areas denoted by darker shades of purple:



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

Analysis:

- Deprivation levels are generally lower compared to England rates across the area with exception to Stoke on Trent which has highest rates
- The deprivation map shows that there are some smaller areas of high deprivation within urban areas – these exist within local areas

See section on health inequalities for details on link between health outcomes and deprivation.

## 12.0 Vulnerable groups: Asylum and Refugees

### Asylum and Refugee (ASR) population information

As of 31 December 2019, there were 43,549 asylum seekers in receipt of Section 95 support in the UK. Best fit local authority level data for the local area shows that there were approximately 894 asylum seekers in receipt of Section 95 support:

Number of ASR in receipt of Section 95 support in CCG area as of 31 December 2019	
England	35,997
West Midlands region	5236
Cannock Chase	0
East Staffordshire	1
Lichfield	0
Newcastle Under Lyme	0
Stafford	0
Staffordshire Moorlands	1
South Staffordshire	0
Stoke-on-Trent	892
Tamworth	0

Further information regarding the ASR local area e.g. population trends is available via The Migrant Observatory Local Data Guide.

### Asylum and Refugee health related information

People claiming asylum or holding refugee status are recognised as being at risk of experiencing complex health problems. The most common health problems are:

- Communicable diseases (e.g. hepatitis, TB, HIV / AIDS, malaria)
- Chronic diseases (e.g. COPD, cardiovascular disease, diabetes)
- Sexual health related needs
- Dental conditions
- Injury due to torture



- Poor mental health / psychosomatic disorders. Compared to the general population, the incidence of mental illness is higher in this group
- Women’s health issues and disability issues

## 13.0 Vulnerable groups: Homelessness

	Total Assessment	Owed a prevention / relief of duty	Rough sleepers
<b>ENGLAND</b>	<b>75,520</b>	<b>71,570</b>	<b>2466</b>
East Staffordshire	215	60	5
South Staffordshire	28	28	1
Stafford	60	54	5
Staffordshire Moorlands	63	62	4
Cannock Chase	62	62	1
Stoke-on-Trent	449	427	16

Best data set data used where available.

People who don’t have a home are described as homeless; this is not just people living on the streets. Homelessness can include people:

- Staying with friends or family
- Staying in a hostel or bed & breakfast accommodation
- Squatting
- At risk of violence or abuse in their home
- People living in poor conditions that affects their health
- Living apart from their family because they don’t have a place to live together

There is no single reason why someone can end up without a home. Personal circumstances and wider factors both play their part. Homelessness can be devastating, dangerous and isolating for those who experience it.

## 14.0 Vulnerable groups: Veterans and Military families

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Military Veterans data set:

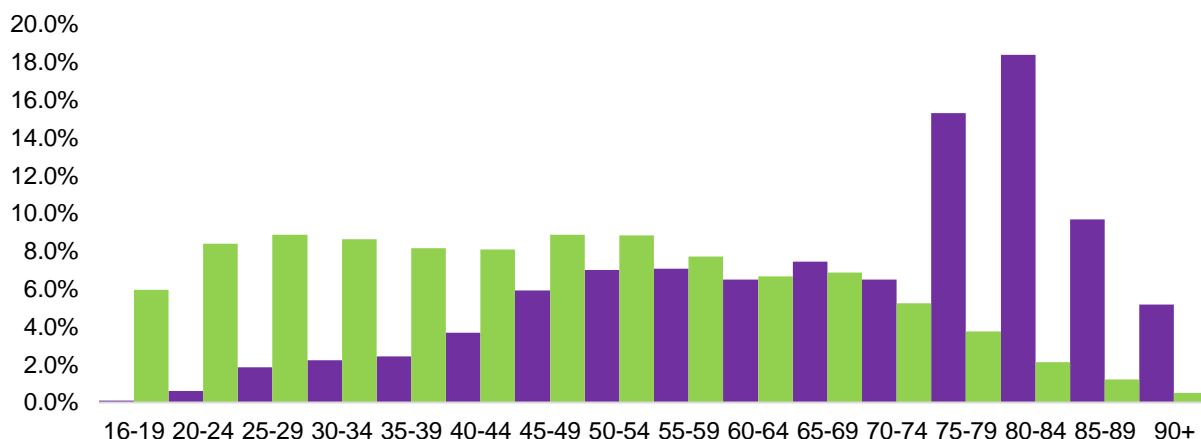
A veteran is someone who has served in the armed forces for at least one day.

	2017	
	% Veterans	% Non-veterans
	2,401	48,903
UK	5%	95%
Staffordshire	5%	95%

Royal British Legion produce the national household survey which summarises data and needs of military veterans. Summary data includes:

- 90% of veterans are male.
- Veterans are less likely to be single (10%) and more likely to be widowed (16%) compared to non-veterans (10%).
- Veterans are predominantly white (98%). Although 2% of veterans are from Black and Minority Ethnic groups (BAME) this may include Gurkhas – from Nepal served in the British Army

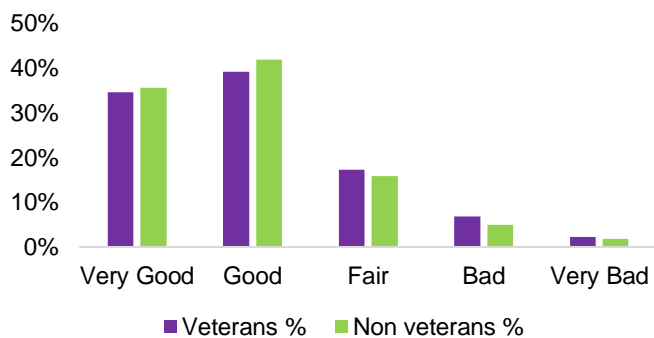
### Age profile percentage - veterans compared to non veterans



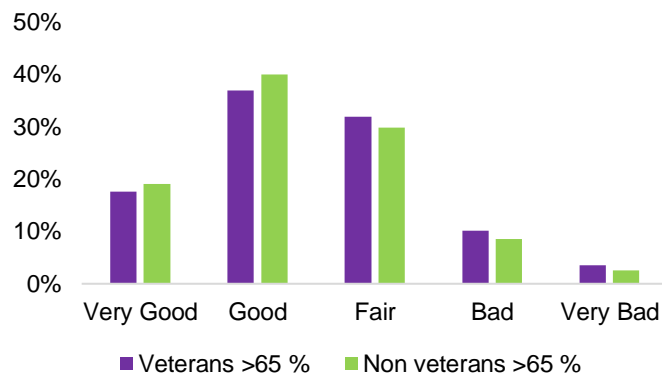
**Key:** Purple: veterans. Green: Non-Veterans

### General health of veterans:

General health of veterans compared to non veterans aged 16-64



General health for veterans and non veterans aged over 65



### Analysis:

- 2016: there were estimated 2.5 million UK Armed Forces veterans.
- UK Veteran population is elderly and declining in size. 49% of veterans are aged over 75 compared to non-veterans 8%
- The high rate of older veterans can be related to those who undertook National Service which officially ended at the end of 1960

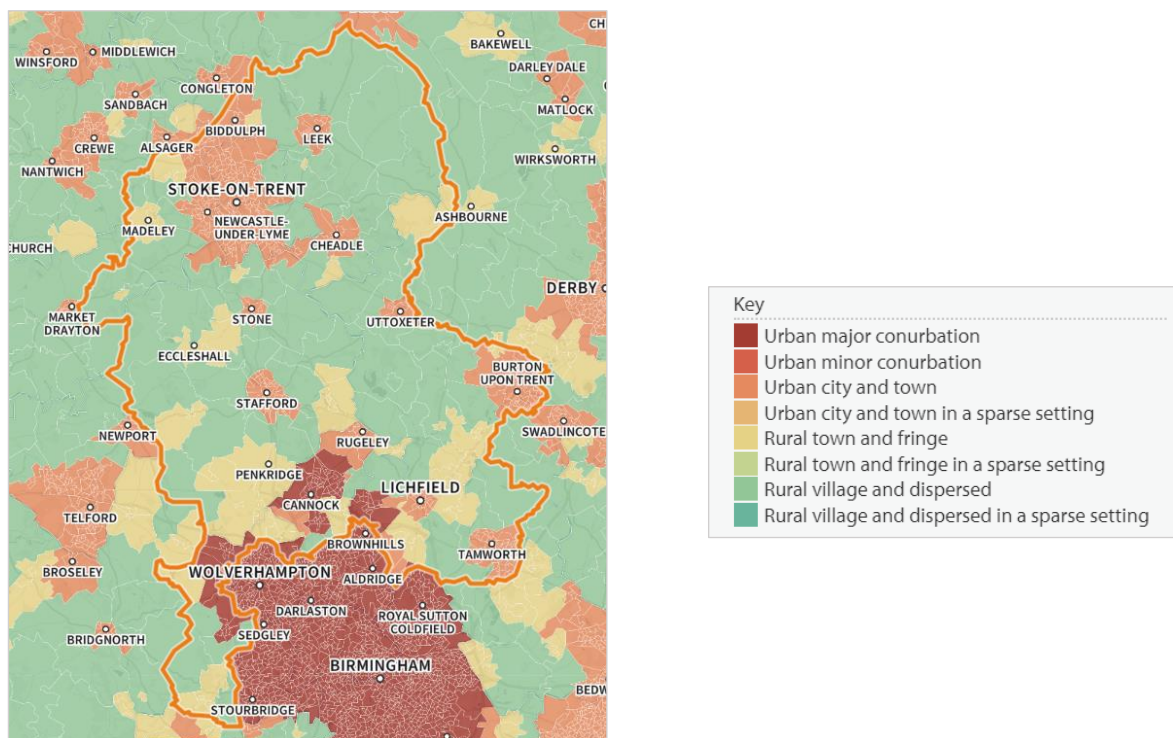
## 15.0 Vulnerable Groups: Rural Communities

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The Office for National Statistics rural-urban classification (RUC2011) allows for a consistent approach when viewing rural/urban datasets.

Output areas are defined as rural if there is a population size of 10,000 or less. Output areas with a population size of over 10,000 are classed as urban. Further information regarding the rural-urban classification is available on the ONS website.

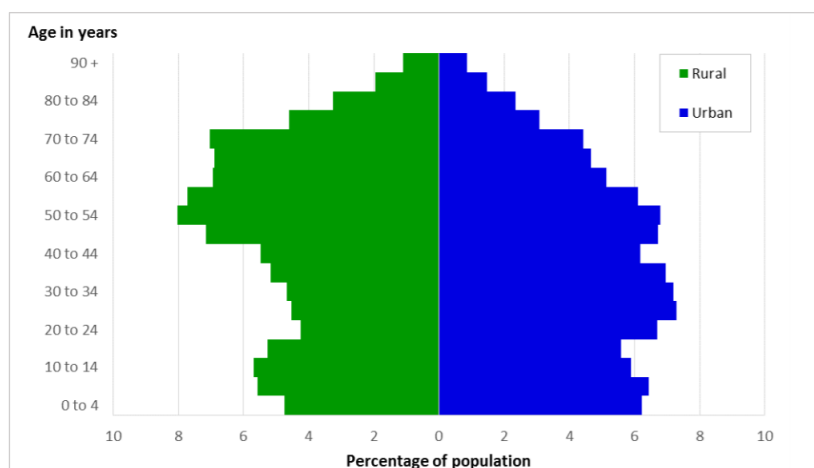
**Map showing Staffordshire and Stoke-on-Trent CCGs area rural-urban population**



Source: SHAPE © Crown copyright and database rights 2018 Ordnance Survey 100016969 accessed 28/5/2020

9.5 million (17% of population) people live in areas defined as rural in England. It is challenging to fully understand rural areas as available data is limited and less specific in focus compared to urban data. The population in rural areas has a higher proportion of older people compared with urban areas.

Percentage of population within age bands by rural-urban classification (LSOA) in England, 2018:



### Analysis:

- In terms of ethnicity, the proportion of BME groups has risen slightly over the last five years in rural areas, however 97.6% of the rural population in England falls into White ethnic groups
- The Staffordshire and Stoke-on-Trent CCG locality comprises a mixture of major urban areas in the south of the region, along with a number of urban centres including Stoke-on-Trent, Stafford, Rugeley and Lichfield. The area also includes rural spaces made up of towns and villages, for example Madeley, Eccleshall and Penkridge

### Rural communities health related information

As there is complexity and diversity in rural areas that make it difficult to understand rural areas as a whole, caution must be taken when considering rural communities. However, available data highlights that there are general demographic and health-related considerations for this vulnerable group:

- Population pattern – outward migration of young people and inward migration of older people, are leading to a rural population that is increasingly older than the urban population, with accompanying health and social care needs
- Access to health and social care services e.g. longer travel distances, increased travel costs and scarcity of public transport links to access services
- Digital exclusion resulting from a combination of older population and the unavailability of high-speed broadband / mobile phone networks are leading to an increasing digital gap
- Social isolation / exclusion. This may also include marginalisation and lack of social connections felt by protected groups such as LGBT and/or people living with a disability, as well as those who are divorced or living alone
- Health impacts of rural housing and/or fuel poverty

### **Equality considerations relating to vulnerable groups listed above:**

- People living in deprived areas are more likely to have poorer health outcomes
- Veterans – mental illness, MSK, hearing loss and liver, kidney and digestion problems. Veterans are more likely to smoke compared to non-veterans
- Asylum and Refugees – social invisibility, stereotyping, social stigma, cultural considerations, language/communication needs, barriers to accessing services, healthcare needs related to ASR status (as detailed in section 12.0)
- People experiencing homelessness – complex and multiple health needs, poorer health outcomes, lower life expectancy, barriers to accessing primary care services, lack of understanding of health and social care entitlements, stigma and stereotyping
- Rural communities – social isolation, barriers to accessing health and social care due to longer travel distances, poor public transport links and/or digital exclusion

## **16.0 Health Inequalities**

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Health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. Significant inequalities in health exist between individuals and different groups in society. In particular, there is a 'social gradient' in health; neighbourhood areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy.

Key themes relating to health inequalities include:

### Life expectancy

Best fit data used for Local Authority areas.

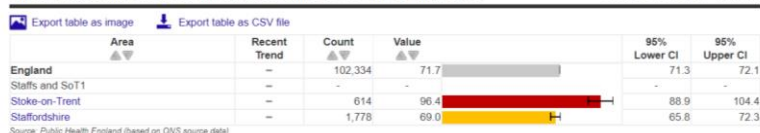
Indicator	Period	England	your area list	Staffordshire	Stoke-on-Trent
Life expectancy at birth (Male)	2016 - 18	79.6	-	79.7	76.4
Life expectancy at birth (Female)	2016 - 18	83.2	-	83.1	80.3

### Mortality profiles

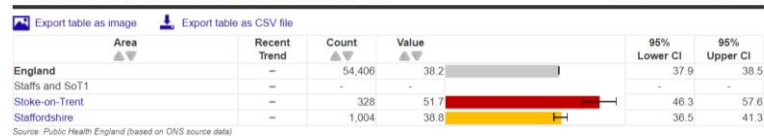
Table showing Under 75 mortality rates from all causes:

Indicator	Period	England	your area list	Staffordshire	Stoke-on-Trent
Under 75 mortality rate from all causes (Persons)	2016 - 18	330	-	323	454
Under 75 mortality rate from all causes (Male)	2016 - 18	402	-	385	543
Under 75 mortality rate from all causes (Female)	2016 - 18	263	-	263	365

Under 75 mortality rate from all cardiovascular diseases (Persons) 2016 - 18 Directly standardised rate - per 100,000



Under 75 mortality rate from heart disease (Persons) 2016 - 18 Directly standardised rate - per 100,000



**Under 75 mortality rate from stroke (Persons) 2016 - 18** Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	18,309	12.6	12.6	13.0
Staffs and SoT1	—	—	—	—	—
Stoke-on-Trent	—	93	14.5	11.7	17.8
Staffordshire	—	281	10.9	9.6	12.2

Source: Public Health England (based on ONS source data)

**Under 75 mortality rate from cancer (Persons) 2016 - 18** Directly standardised rate - per 100,000

Export table as image | Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	188,722	132.3	131.7	132.9
Staffs and SoT1	—	—	—	—	—
Stoke-on-Trent	—	1,067	167.6	157.7	178.0
Staffordshire	—	3,399	131.2	126.8	135.7

Source: Public Health England (based on ONS source data)

**Under 75 Mortality rate from breast cancer 2016 - 18** Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	14,973	20.4	20.1	20.7
Staffs and SoT1	—	—	—	—	—
Staffordshire	—	294	22.7	20.2	25.4
Stoke-on-Trent	—	57	17.7	13.4	22.9

Source: Public Health England (based on ONS source data)

**Under 75 mortality from colorectal cancer (Persons) 2016 - 18** Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	16,946	11.9	11.7	12.1
Staffs and SoT1	—	—	—	—	—
Stoke-on-Trent	—	83	13.1	10.4	16.2
Staffordshire	—	308	11.9	10.6	13.3

Source: Public Health England (based on ONS source data)

**Under 75 mortality rate from liver disease (Persons) 2016 - 18** Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	26,558	18.5	18.3	18.7
Staffs and SoT1	—	—	—	—	—
Stoke-on-Trent	—	189	29.6	25.5	34.2
Staffordshire	—	483	19.2	17.5	21.0

Source: Public Health England (based on ONS source data)

**Under 75 mortality rate from respiratory disease (Persons) 2016 - 18** Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	49,351	34.7	34.4	35.0
Staffs and SoT1	—	—	—	—	—
Stoke-on-Trent	—	346	54.6	48.9	60.6
Staffordshire	—	809	31.0	28.9	33.2

Source: Public Health England (based on ONS source data)

**Under 75 mortality rate from injuries (Persons) 2016 - 18** Directly standardised rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	—	19,490	13.2	13.0	13.4
Staffs and SoT1	—	—	—	—	—
Stoke-on-Trent	—	142	21.6	18.1	25.4
Staffordshire	—	305	12.7	11.3	14.2

Source: Public Health England (based on ONS source data)

Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

**Analysis:**

- Nationally and locally, there is variation across life expectancy for males and female. Males have higher mortality rates across all causes compared to females

- There are variations for life expectancy across the area with Stoke on Trent area having significantly lower life expectancy compared to England rate. Staffordshire area has similar rates to England
- Across the Staffordshire and Stoke on Trent (SoT) area, there is variation in mortality causes of which SoT has higher mortality than the England rate for all causes with the exception of causes due to breast cancer and colorectal cancer
- Staffordshire LA area has generally similar or better mortality rates compared to England rates with the exception of mortality rate relating to liver disease – females

Further information can be found within the Rightcare Health Equality and Inequality report: <https://www.england.nhs.uk/publication/equality-and-health-inequalities-packs-2018-north/>

## **17.0 Other health related data – from Public Health England – fingertip data**

## Child health data set:

Indicator	Period	England	your area list	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffs And Sealedon..	NHS Stafford And Surrounds CCG	NHS Stoke On Trent CCG	NHS Cannock Chase CCG
Infant mortality rate	2016 - 18	3.9	-	8.9	4.5	5.1	5.0	7.4	4.1
Child mortality rate (1-17 years)	2016 - 18	11.0	-	12.7	15.5	14.4	*	12.5	*
MMR vaccination for one dose (2 years)	2018/19	89.9*	93.1*	92.0	94.5	94.5	93.5	91.7	93.7
Dtap / IPV / Hib vaccination (2 years)	2018/19	94.1*	96.6*	95.7	97.9	97.8	97.3	94.9	97.7
Children killed and seriously injured (KSI) on England's roads	2016 - 18	17.7	14.9*	17.6	15.9	15.0	13.0	15.7	5.5
Obese children Reception Year, three year average	2016/17 - 18/19	9.6	-	10.0*	11.6*	10.0*	8.6*	10.7*	10.7*
Obese children Year 6, three year average	2016/17 - 18/19	20.1	-	19.7*	*	19.3*	17.9*	24.1*	21.0*
Children with one or more decayed, missing or filled teeth	2016/17	23.3	-	15.2	21.0	11.5	18.4	32.5	13.0
Hospital admissions for dental caries (0-5 years)	2016/17 - 18/19	299.1	29.5*	34.7	*	36.4	*	22.9	*
Teenage mothers	2018/19	0.6	0.9*	0.7	0.5	0.5	0.5	1.2	1.1
Admission episodes for alcohol-specific conditions - Under 18s	2016/17 - 18/19	31.4	24.3*	22.7	25.2	31.4	24.5	21.4	19.3
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	74.6	-	84.3	87.5	87.6	66.5	86.7	76.7
Smoking status at time of delivery	2018/19	10.6	-	11.4	13.8	12.9	11.5	17.6	13.8
Baby's first feed breastmilk	2018/19	67.4	-	59.8	60.1	57.0	55.4	52.9	51.2
A&E attendances (0-4 years)	2018/19	672.2	655.7*	475.5	689.4	737.8	536.0	721.4	662.9
Hospital admissions caused by injuries in children (0-14 years)	2018/19	95.3	98.4*	113.1	64.6	64.2	79.5	108.3	89.1
Hospital admissions caused by injuries in young people (15-24 years)	2018/19	130.4	147.8*	115.3	145.9	122.5	161.8	175.1	147.0
Hospital admissions for asthma (under 19 years)	2018/19	176.8	-	225.4	155.9	134.5	138.2	202.5	109.6
Hospital admissions for mental health conditions	2018/19	87.8	89.0*	84.6	115.0	94.4	72.7	85.7	77.1
Hospital admissions as a result of self-harm (10-24 years)	2018/19	429.9	-	413.2	653.1	449.9	576.8	629.8	735.6

Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Analysis:

- There is some variation in infant mortality across the area with worse rates in Stoke on Trent and East Staffordshire
- MMR vaccination rates are better than the England rate
- A&E admissions across different data sets is variable across the area with worse rates in Stoke on Trent

## Diabetes data set:

Compared with benchmark: Lower Similar Higher Not compared

Recent trends: Could not be calculated No significant change Increasing / Getting worse Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better Increasing Decreasing

### Diabetes: QOF prevalence (17+) 2018/19

Proportion - %

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Area	Recent Trend	Count	Value	99.8% Lower CI	99.8% Upper CI
England	↑	3,319,266	6.9*	6.9	6.9
Staffordshire CCGs	→	72,461	7.7*	7.6	7.8
NHS Stoke On Trent CCG	↑	19,571	8.4	8.2	8.6
NHS Cannock Chase CCG	↑	8,751	8.0	7.8	8.3
NHS North Staffordshire CCG	↑	14,067	7.8	7.6	8.0
NHS East Staffordshire CCG	↑	8,675	7.5	7.3	7.7
NHS South East Staffs And Seisdon Penins...	↑	12,967	7.3	7.1	7.5
NHS Stafford And Surrounds CCG	↑	8,430	6.9	6.7	7.1

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

Source: Public Health England. Public Health Profiles. 03/07/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Analysis:

- Across the area, there are higher rates of diabetes prevalence when compared with the England rate
- There is a significantly higher rate of diabetes prevalence in the NHS Stoke On Trent area in comparison to England
- There are higher rates of disability prevalence compared to England in each area across the region with the exception of NHS Stafford and Surrounds which has a similar rate of prevalence to England
- The recent rate of diabetes prevalence is increasing across the whole area in line with the England rate

### Sexual Health data sets:

Compared with benchmark: Lower Similar Higher Not compared

Recent trends: Could not be calculated No significant change Increasing / Getting worse Increasing / Getting better Decreasing / Getting worse Decreasing / Getting better Increasing Decreasing

### Chlamydia diagnostic rate / 100,000 2018

Crude rate - per 100,000

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	→	213,785	384	383	386
Staffordshire	→	2,039	284*	272	296
Stoke-on-Trent	→	899	348	326	372

### STI testing positivity (exc chlamydia aged <25) % 2018

Proportion - %

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Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	145,853	2.3	2.3	2.3
Staffordshire	→	1,228	2.0*	1.9	2.1
Cannock Chase	↑	188	2.5	2.1	2.9
Stoke-on-Trent	↑	533	2.0	1.8	2.2
South Staffordshire	↑	134	1.9	1.6	2.3
East Staffordshire	↑	190	1.9	1.6	2.2
Stafford	→	183	1.7	1.4	1.9

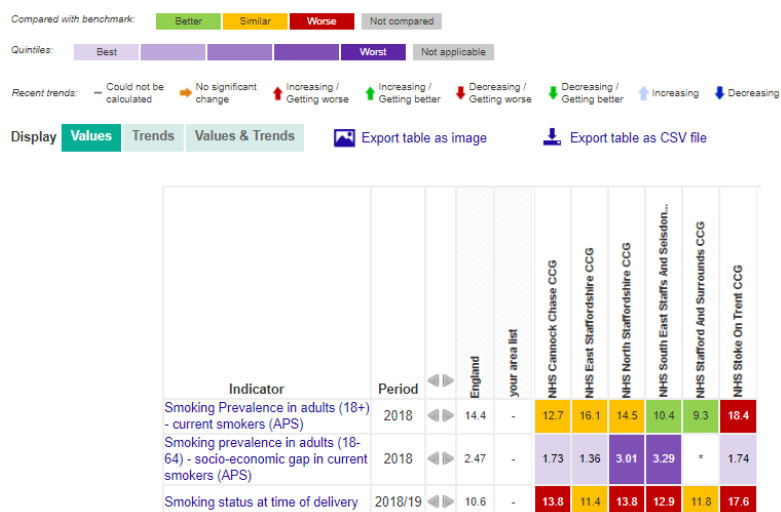
Source: Public Health England

Source: Public Health England. Public Health Profiles. [18/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Analysis:

- Across the area, there are lower rates of Chlamydia diagnosis overall when compared with England rate
- The diagnostic rate of Chlamydia is highest in the Stoke On Trent area
- South Staffordshire the lowest rates of Chlamydia diagnosis across the area when compared to the national rate
- Across the area, there are lower rates of people testing positive for STIs overall when compared to England
- Cannock Chase has the highest rate of positive STI testing across the area – this rate is similar to the national rate
- Stafford has the lowest rate of people testing positive for STIs across the Staffordshire area

### Smoking and Tobacco data set:



Source: Public Health England. Public Health Profiles. [11/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Analysis:

- Across the area, there is variation in the rate of smoking prevalence in adults
- Overall, there are similar or lower rates of smoking prevalence in adults across the Staffordshire area in comparison to the national rate
- NHS Stoke On Trent has significantly higher rates of smoking prevalence in comparison to the rest of the area and England
- NHS Stafford and Surrounds and NHS South East Staffs and Seisdon have the lowest and best rates of smoking prevalence across the area

- There is variation in the rate of a socio-economic gap and smoking prevalence across the area, with higher rates in the NHS Stafford and Surrounds and NHS South East Staffs and Seisdon areas

### Obesity data set:

Compared with benchmark: Better Similar Worse Lower Similar Higher Not compared

Quintiles: Best   Worst Not applicable

Indicator	Period	England	your area list	NHS Cannock Chase CCG	NHS East Staffordshire CCG	NHS North Staffordshire CCG	NHS South East Staffs And Seisdon...	NHS Stoke On Trent CCG	NHS Stafford And Surrounds CCG
Obesity: QOF prevalence (18+)	2018/19	10.1*	11.9*	12.2	10.3	12.1	10.0	15.2	9.8
Obese children Reception Year, three year average	2016/17 - 18/19	9.6	-	10.7*	10.0*	11.6*	10.0*	10.7*	8.6*
Obese children Year 6, three year average	2016/17 - 18/19	20.1	-	21.9*	19.7*	*	19.3*	24.1*	17.9*
Children with excess weight Reception Year, three year average	2016/17 - 18/19	22.5	-	26.5*	24.5*	25.8*	24.7*	22.9*	23.1*
Children with excess weight Year 6, three year average	2016/17 - 18/19	34.3	-	36.9*	33.9*	34.6*	33.9*	38.6*	32.3*

Source: Public Health England. Public Health Profiles. [12/06/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

### Analysis:

- Across the area, there are higher rates of obesity prevalence overall when compared to the national rate
- NHS Stoke On Trent has the highest (worst) rate of obesity prevalence across the area at 15.2 and in comparison to the national rate of 10.1
- NHS Stafford and Surrounds has the lowest (best) rate of obesity prevalence across the area at 9.8, lower than the England rate
- There are generally higher (worse) rates of obese children across the area in Reception
- There is variation across the area in the rates of obese children in year 6
- There is variation in the rates of children with excess weight across the area

### Alcohol and substance misuse data set:



Indicator	Period	England	your area list	Staffordshire	Stoke-on-Trent
Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison	2018/19	34.2	35.9*	25.0	43.8
Concurrent contact with mental health services and substance misuse services for drug misuse	2016/17	24.3	19.9*	20.5	19.1
Concurrent contact with mental health services and substance misuse services for alcohol misuse	2016/17	22.7	23.0*	21.7	25.9
Hospital admissions due to substance misuse (15-24 years)	2016/17 - 18/19	83.1	-	84.2	92.4

Source: Public Health England. Public Health Profiles. [29/05/2020] <https://fingertips.phe.org.uk> © Crown copyright 2020

#### Analysis:

- There is some variation across the area
- Substance misuse data for those engaging with mental health services / misuse services is lower compared to the England rate
- The rates of hospital admissions (15-24 years) are similar to the England rate for Staffordshire and slightly higher for Stoke on Trent when compared to the England rate

#### Equality considerations relating to public health data in this section:

- Child health: children and young people living in households experiencing deprivation are more likely to have poor health outcomes
- Adverse child experiences that may relate to poorer health outcomes. A child's health can be impacted by environmental, social, economic and health-related factors
- Health and wellbeing of women before and during pregnancy is associated with health outcomes for infants e.g. substance abuse, smoking, and poor diet before and during pregnancy are associated with adverse health outcomes for infants
- Diabetes may be a 'hidden disability' that requires workplace consideration e.g. reasonable adjustments such as a flexibility of break times to eat, safe space to inject insulin, and adjustments relating to diabetes-related health conditions including modified equipment for visual impairment
- Sexual health inequalities such as variability to access can impact upon an individual's general health, wellbeing and upon their quality of life. Considerations in relation to culture, religion, sexual orientation and age should be given.
- Smoking and tobacco: link between likelihood of smoking and level of deprivation in area, impact of smoking and tobacco on health and availability of health

services, consideration of age, sex, ethnicity (men more likely to be smokers than women)

- Obesity and prevalence of associated health conditions (e.g. hypertension, cardiovascular disease, diabetes, mental health conditions etc.) are closely linked to deprivation
- Alcohol and substance misuse: impact upon individual health and wellbeing – health conditions related to alcohol/substance misuse may fall under definition of disability, consideration of prevalence by age, sex, level of deprivation in area and links to higher prevalence in certain protected groups e.g. younger men, LGB

## 18.0 Evaluation of data sets:

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- Collation of the data has used both Public Health Profiles, JSNA and ONS
- The majority of data sets is not current however is the latest available

Data collated by Equality and Inclusion Project Team July 2020

## 19.0 List of data sources

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### Sexual orientation sources

Student Frequently Asked Questions <https://www.stonewall.org.uk/help-advice/student-frequently-asked-questions-faqs>

Office for National Statistics Sexual Orientation, UK: 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2018>

Office for National Statistics, adult smoking habits in the UK: 2018, <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2018>

Public Health England, Addressing inequalities in LGBT cancer screening coverage, <https://phescreening.blog.gov.uk/2019/03/15/addressing-inequalities-in-lgbt-cancer-screening-coverage/>

Government Equalities Office, National LGBT Survey Summary Report, 2018, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/722314/GEO-LGBT-Survey-Report.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/722314/GEO-LGBT-Survey-Report.pdf)

### Pregnancy/Maternity sources

NHS Cannock Chase CCG <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/46/par/E39000032/ati/165/are/E38000028/iid/92974/age/1/sex/2/cid/4/page-options/car-do-0 eng-vo-0 eng-do-0>

NHS Stoke On Trent CCG <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/46/par/E39000032/ati/165/are/E38000175/iid/92974/age/1/sex/2/cid/4/page-options/car-do-0 eng-vo-0 eng-do-0>

NHS Stafford and Surrounds CCG <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/46/par/E39000032/ati/165/are/E38000173/iid/92974/age/1/sex/2/cid/4/page-options/car-do-0 eng-vo-0 eng-do-0>

NHS South East Staffordshire & Seisdon Peninsula CCG <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/46/par/E39000032/ati/165/are/E38000153/iid/92974/age/1/sex/2/cid/4/page-options/car-do-0 eng-vo-0 eng-do-0>

NHS North Staffordshire CCG <https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/1/gid/1938133222/pat/46/par/E39000032/ati/165/are/E38000126/iid/92974/age/1/sex/2/cid/4/page-options/car-do-0 eng-vo-0 eng-do-0>

## Asylum seekers sources

MLCSU Commissioning guidance for Asylum Seekers and Refugees, [https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality\\_and\\_inclusion/Asylum-Guidance.pdf](https://www.midlandsandlancashirecsu.nhs.uk/download/publications/equality_and_inclusion/Asylum-Guidance.pdf)

Section 95 support by local authority, <https://www.gov.uk/government/statistical-data-sets/asylum-and-resettlement-datasets>

Health needs assessment of asylum seekers and refugees in Lancashire, [https://www.lancashire.gov.uk/media/902306/hna\\_asylum-seekers-and-refugees\\_lancashire.pdf](https://www.lancashire.gov.uk/media/902306/hna_asylum-seekers-and-refugees_lancashire.pdf)

Migrant Health Guide, Public Health England, <https://www.gov.uk/topic/health-protection/migrant-health-guide>

The Migration Observatory Local Data Guide, <https://dataguide.migrationobservatory.ox.ac.uk/>

## Rural Communities sources

<https://www.ons.gov.uk/methodology/geography/geographicalproducts/ruralurbanclassifications/2011ruralurbanclassification>

<https://shapeatlas.net/place/E54000008#9/53.2274/-2.4545/l-ruc/b-01C,b-01R,b-02F,b-02D/sc-pc/m-CCG,ml-CCG/u->

Source: Statistical Digest of Rural England, March 2020, [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/875793/03\\_Statistical\\_Digest\\_of\\_Rural\\_England\\_2020\\_March\\_edition.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875793/03_Statistical_Digest_of_Rural_England_2020_March_edition.pdf)

Health and Wellbeing in Rural Areas, <https://www.local.gov.uk/health-and-wellbeing-rural-areas>

Older People in Rural Areas: Vulnerability Due to Poor Health Paper, <https://ruralengland.org/wp-content/uploads/2015/12/Final-report-Poor-Health.pdf>

Rural Ageing, [https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/housing-and-homes/ppp\\_rural\\_ageing\\_uk.pdf](https://www.ageuk.org.uk/globalassets/age-uk/documents/policy-positions/housing-and-homes/ppp_rural_ageing_uk.pdf)

An evidence summary of health inequalities in older populations in coastal and rural areas, <https://www.gov.uk/government/publications/health-inequalities-in-ageing-in-rural-and-coastal-areas>

## Health inequality sources

Sources: <https://www.gov.uk/government/publications/health-profile-for-england/chapter-5-inequality-in-health>

<https://www.england.nhs.uk/wp-content/uploads/2016/02/national-maternity-review-report.pdf>

## Map data

<https://shapeatlas.net/place/E54000010#9/52.8258/-2.0278/b-04Y,b-05D,b-05G,b-05Q,b-05V,b-05W/sc-pc/m-CCG,ml-CCG/u->

## Age data

<https://fingertips.phe.org.uk/profile/child-health-profiles/data#page/12/gid/1938133222/pat/15/par/E92000001/ati/165/are/E38000189/ijd/92266/age/179/sex/2/cid/4/page-options/map-ao-4 tre-ao-0 tre-do-0 tre-so-0 car-do-0 cin-ci-4 eng-vo-0 eng-do-0 ovw-tdo-0>

## Disability data

<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

<https://www.england.nhs.uk/publication/joint-strategic-needs-assessment-toolkit/>

<https://fingertips.phe.org.uk/search/dementia#page/0/gid/1/pat/30000/par/al-Bd9spmuKXU/ati/165/are/E38000056/cid/4/page-options/ovw-tdo-0>

<https://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool>

[www.carersuk.org/stateofcaring](http://www.carersuk.org/stateofcaring)

## Gender Reassignment

Stonewall, LGBT Life in Britain – Trans Report, 2018,  
[https://www.stonewall.org.uk/system/files/lgbt\\_in\\_britain\\_-\\_trans\\_report\\_final.pdf](https://www.stonewall.org.uk/system/files/lgbt_in_britain_-_trans_report_final.pdf)

Government Equalities Office, Trans People in the UK, 2018:  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/721642/GEO-LGBT-factsheet.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/721642/GEO-LGBT-factsheet.pdf)

## Race

<https://www.nomisweb.co.uk/query/construct/submit.asp?menuOpt=201&fmt=xls&lr=geography&lc=Ethnic%20Group&fn=>

### **Marriage and Civil Partnership:**

<https://www.nomisweb.co.uk/query/construct/submit.asp?forward=yes&menuopt=201&subcomp=>

### **Religion and Belief**

Census 2011 data, NOMIS official labour market statistics,

<https://www.nomisweb.co.uk/>

### **Homelessness**

<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness#statutory-homelessness-live-tables>

### **Veterans**

<https://www.gov.uk/government/statistics/annual-population-survey-uk-armed-forces-veterans-residing-in-great-britain-2017>

[https://www.local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20resource\\_v06.pdf](https://www.local.gov.uk/sites/default/files/documents/1.17%20LAs%20Mythbuster%20resource_v06.pdf)

### **Other health related data**

Alcohol and substance misuse - NHS Digital: <https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-drug-misuse/2019/part-1-hospital-admissions-related-to-drug-misuse>

Smoking - ONS:

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/drugusealcoholandsmoking/articles/likelihoodofsmokingfourtimeshigherinenglandsmostdeprivedareasthanleastdeprived/2018-03-14#:~:text=Smoking%20contributes%20to%20health%20inequality&text=In%2085%25%20of%20cases%20where,in%20the%20least%20deprived%20areas.>

NHS Digital (age/sex/ethnicity and other protected group info):

<https://digital.nhs.uk/data-and-information/publications/statistical/statistics-on-smoking/statistics-on-smoking-england-2019/part-3-smoking-patterns-in-adults-copy>