

CHAPTER 4—HEALTHIER COMMUNITIES AND OLDER PEOPLE

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Included in this section

- Adult participation in sport and active recreation
- Rate of hospital admissions per 100,000 for alcohol related harm
- Drug users in effective treatment
- Effectiveness of child and adolescent mental health services (CAMHS)
- Obesity among primary school children in year 6
- Percentage of referrals to children's social care going on to initial assessments
- Under 18 Conception rate
- Number of households living in temporary accommodation
- Mortality rate from all circulatory diseases at ages under 75
- Stopping smoking
- Carers receiving needs assessment or review and a specific carer's service or advice and information
- People supported to live independently through social services (all adults)
- Adults with learning disabilities in employment

Further reading

- Choosing Health: Making Healthier Choices Easier, White paper 2004
- Our Health, Our Care, Our Say, White paper 2006
- Changing Lives 2006
- Ageing with Opportunity 2007
- Investing for Health 2007-12
- Children and Young Persons Plan 2008
- Staffordshire Adult's Joint Strategic Needs Assessment 2008
- Staffordshire Children's Joint Strategic Needs Assessment 2008

Key Findings

- The result of alcohol misuse is thought to be responsible for around 41% of Accident & Emergency attendances
- There are around 3,500 problematic drug users in Staffordshire.
- Circulatory diseases make up 37% of all deaths in Staffordshire and 29% of premature deaths (i.e. those occurring before the age of 75).
- According to the Census 2001, we depend on about 90,000 carers in Staffordshire and it is estimated that they contribute well over £1,000 millions worth of care.

4.1 Adult participation in sport and active recreation

Physical activity reduces the risk of cardiovascular disease, some cancers and diabetes. Physical activity can improve musculoskeletal conditions such as osteoarthritis and low back pain, osteoporosis and falls, control body weight and help reduce obesity, reduce symptoms of depression and anxiety and improve general mental wellbeing.

Opportunities for people to be physically active exist in their day-to-day lives: at work (especially if the job involves manual labour); transport (for example, walking or cycling to work); at home (for example, housework or gardening); or in leisure time (for example walking or participating in sports or recreational activities).

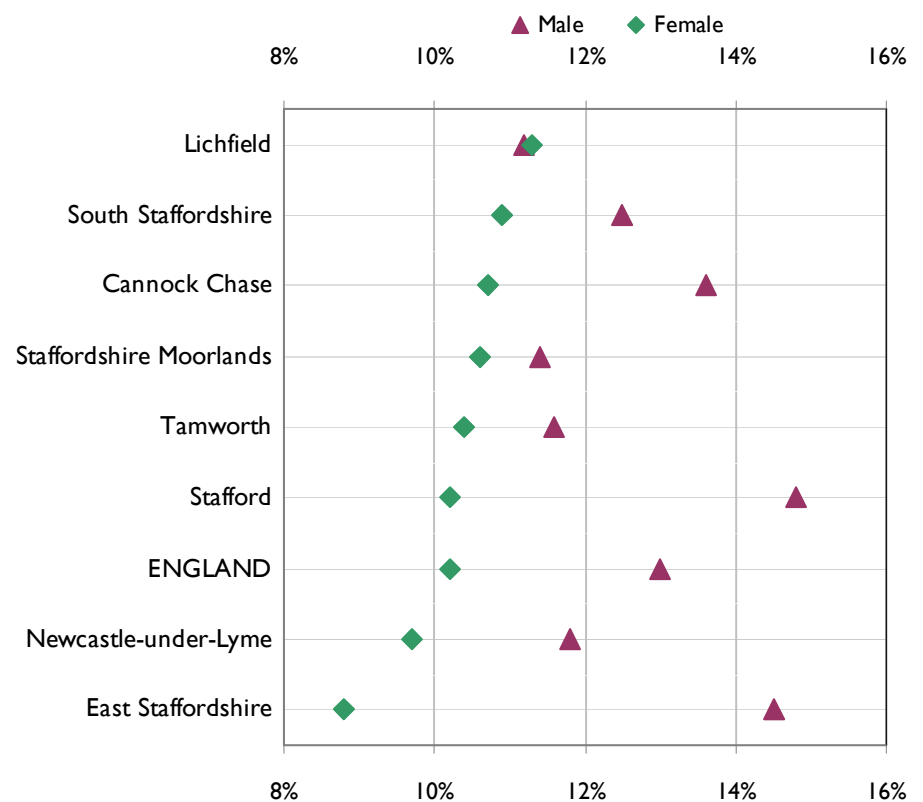
The Chief Medical Officer recommended that adults undertake 30 minutes of moderate intensity activity at least five times a week. During 2005/06 Sport England commissioned a survey of adults aged 16+ living in England (Active People Survey). A total of 363,724 adults living in England took part in the survey with approximately 1,000 people from each local authority area.

Results from this are available at local authority level and are shown in Figure 4.1, right. These figures show that for Staffordshire between 14.8% and 11.2% of men and 10.9% and 8.8% of women reported achieving the physical activity recommendations for adults. These figures are similar to the national average of 13% of men and 10% of women. More worryingly are the proportions of men and women reporting undertaking no physical activity during the week – 46% for men and 55% for women in England.

Women are less likely to undertake any activity during the week and levels of inactivity also tend to increase with age.

Using these proportions of the level of physically inactive people for Staffordshire, it is estimated that 354,000 people in Staffordshire are physically inactive.

Figure 4.1—Percentage of the population who take over four 30 minute sessions of moderate physical activity a week



Source: Active People Survey, 2005/06 (Sport England)

4.2 Rate of hospital admissions per 100,000 for alcohol related harm

The result of alcohol misuse is thought to be responsible for around 41% of Accident & Emergency attendances. During recent years, in-patient hospital admissions, as a result of increased consumption of alcohol and consequently alcohol harm, have also increased significantly. The North West Public Health Observatory Local Authority Alcohol Profiles and further analysis of alcohol specific admissions show that:

- Local authority areas in Staffordshire have significantly lower alcohol-specific admission rates than the regional and national average for both men and women.
- Admission rates in Tamworth are almost twice those in Lichfield for men, whilst rates for women in Cannock Chase are almost double that for South Staffordshire.
- With the exception of the under 25 age group, rates in men are higher than women across all age groups.
- Alcohol-specific admission rates are particularly high in men aged between 35 and 64.
- Men from deprived areas are four times more likely to be admitted to hospital compared with those living in least deprived areas.

Table 4.1 (next page) shows the estimated hospital admissions that are attributable to alcohol for Staffordshire local authorities for both males and females.

Table 4.1—Rate of Admissions Attributable to Alcohol, 2005-2006 for males and females

	rate per 100,000 population (males)	95% confidence interval		rate per 100,000 population (females)	95% confidence interval	
		lower	upper		lower	upper
England	908.96	905.28	912.63	510.4	507.73	513.06
Tamworth	742.62	653.66	831.57	424.99	360.72	489.26
East Staffordshire	708.07	636.26	779.89	398.82	347.51	450.13
Cannock Chase	700.69	624.29	777.09	457.9	398.39	517.41
Newcastle-under-Lyme	674.23	610.2	738.25	412.78	363.98	461.57
Stafford	638.09	576.42	699.76	418.43	368.43	468.43
Lichfield	599.90	531.14	668.66	413.39	357.79	468.99
South Staffordshire	599.69	535.78	663.61	362.2	313.57	410.82
Staffordshire Moorlands	551.76	486.66	616.86	347.54	296.29	398.8

Source: North West Public Health Observatory, Local Alcohol Profiles for England

4.3 Drug users in effective treatment

The overall aims of this of having drug users in effective treatment are to reduce the harm that drugs cause to society, communities' individuals and their families; to increasingly engage the participation of problematic drug users in treatment services and to expand accessibility to treatment by responding to diverse needs and improving the impact of treatment on the individual.

There are around 3,500 problematic drug users in Staffordshire, the majority of which are crack and opiate users and there were 1,929 drug users in effective treatment in Staffordshire (in 2005/06) from an estimated total problem drug user population of 3,542.

Drug offences account for around 2,500 (3%) of offences in Staffordshire, mostly for possession. This equates to a rate of 1.4 drug related offences³ per thousand population in Staffordshire Moorlands to 4.5 per thousand population in South Staffordshire. (The latter is largely attributable to the annual 'V' Festival.) Drug offences have increased over the last three years, largely as a result of an increase in offences for possession of Class A drugs (cocaine).

Trafficking offences for Heroin have more than doubled in the last 3 years; going from 61 in 2003-04 to 125 in 2005-06. Newcastle-Under-Lyme is the district with the highest offence rate for drug trafficking, (0.6 per 1,000 population), and where there has been the most significant increase in heroin trafficking in the last 3 years; increasing from 4 offences to 62 offences in 2005-06.

In Staffordshire up to 4,500 children have one or both parents with a serious drug problem. Similarly, drug misuse costs between £227 million a year in Staffordshire in social and economic costs within the NHS and Criminal Justice System.

4.4 Number of households living in temporary accommodation

There is the central government target that the use of all temporary accommodation will be halved by 2010. This is compared to a baseline of the number of households reported on the PIE as being in all forms of temporary accommodation as at 31st December 2007.

Progress has been made by councils to achieve this aim, with all authorities reviewing their Homelessness Strategies by July 2008 which will include actions which will further progress this target. Reducing this type of accommodation usage will also help to meet the national target.

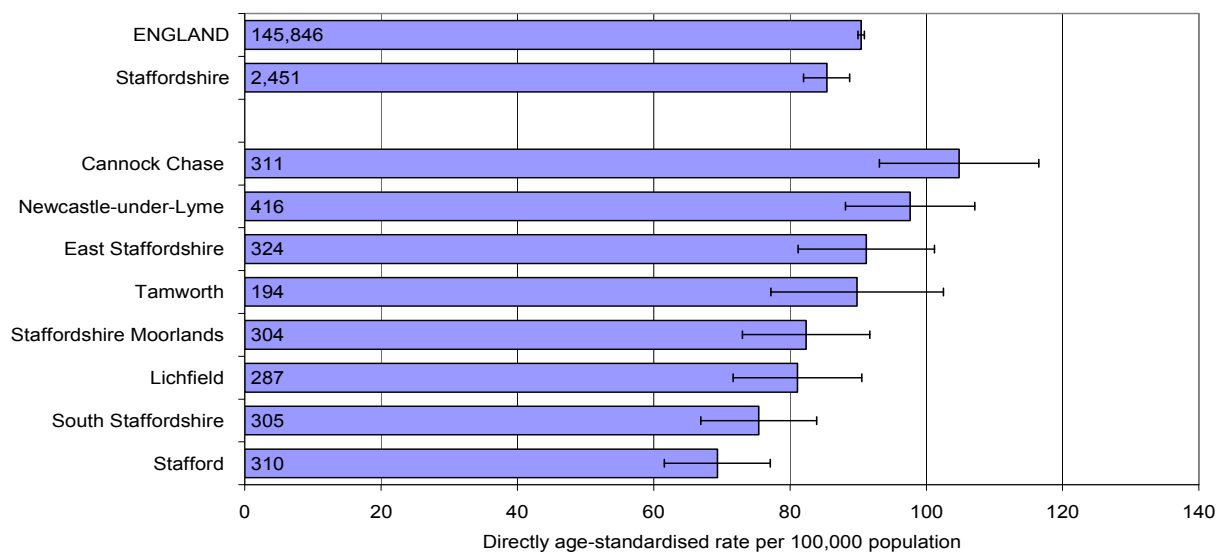
4.5 Mortality rate from all circulatory diseases at ages under 75

Circulatory diseases make up 37% of all deaths in Staffordshire and 29% of premature deaths (i.e. those occurring before the age of 75).

Overall in Staffordshire premature mortality rates from circulatory diseases are significantly below the national average but remain significantly high in Cannock Chase.

Coronary heart disease makes up 18% of all deaths and 17% of premature deaths in Staffordshire. Stroke makes up 10% of all deaths and 6% of premature deaths.

Figure 4.2—Premature Mortality Rates from Circulatory Diseases for Local Authorities in Staffordshire



Source: National Centre for Health Outcomes Development (NCHOD)

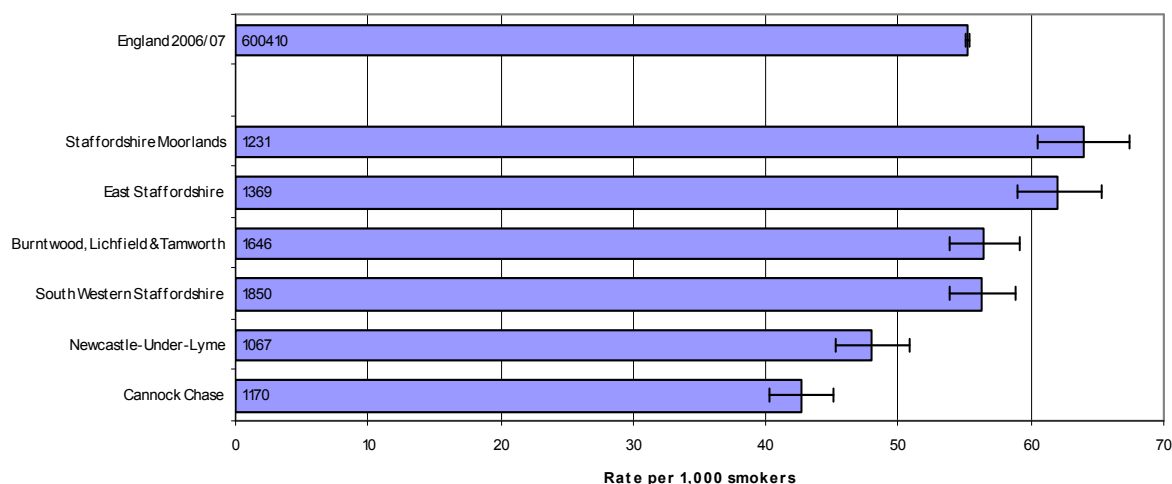
4.6 Stopping smoking

Smoking is the leading cause of preventable disease and premature mortality. Smoking is a major factor in the development of heart disease and cancer and causes over 80% of deaths from lung cancer and chronic obstructive pulmonary disease. Smoking is also the key factor in health inequalities, for example the difference in death rates between rich and poorer populations. Literature suggests that almost 70% of all smokers want to quit smoking.

Synthetic estimates suggest that there are around 159,600 adult smokers in Staffordshire with the highest percentage of smokers in Cannock Chase. No local authority estimates are statistically higher than the England average, but Lichfield, South Staffordshire and Stafford local authority areas have significantly lower smoking prevalence than England.

Data on access to the smoking cessation services in Staffordshire shows the numbers of people setting a quit date per 1,000 estimated numbers of smokers in the population. This data is for pre-October 2006 PCT areas and shows that access rates in Staffordshire Moorlands and East Staffordshire areas are higher than the national average whilst Newcastle-under-Lyme and Cannock Chase areas are significantly lower than in England.

Figure 4.3—Access to smoking cessation services 2006/07



Source: Stop Smoking Services data extract, South Staffordshire PCT

4.7 Carers receiving needs assessment or review and a specific carer's service or advice and information

According to the Census 2001, we depend on about 90,000 carers in Staffordshire and it is estimated that they contribute well over £1,000 millions worth of care. Demographic changes indicate that there will be nearly a 60% increase in the demand for support from carers over the next 35 years. However, if current patterns of caring remain the same, there could be a shortfall of about 33,000 carers in Staffordshire.

Caring can have a negative impact on health: In Staffordshire 13.4% of those caring for 20-50 hours/week reported they were not in good health and this rose to over one in five for those caring hours/week. A survey by Carers Association South Staffordshire showed 43% of respondents reporting that they suffered from depression.

Many carers struggle to combine paid employment with caring. In Staffordshire 14,108 households had one carer working full time and 7808 part time. National research using Census information shows that working carers with heavy caring responsibilities are two to three times more likely than workers without caring responsibilities to be in poor health.

Carers lose out financially. A Carers UK survey indicated that 3 out of 4 carers are worse off as a result of caring. Over half had given up work to care. Half end up subsidising the costs of disability of the person they care for. On average, carers retire eight years early, losing income and pension contributions.

4.8 People supported to live independently through social services (all adults)

Our Health, Our Care, Our Say advocated work in different ways, based on the principles of promoting independence, well being, choice and inclusion. The Local Authority Circular, "*Transforming Social Care*", states that social services should emphasise enablement and early intervention to maintain independence and reduce the need for crisis intervention. This change in direction requires a strategic shift in the way social care is delivered. The Changing Lives programme aims to transform Staffordshire's service delivery in line with these principles.

Looking at the mean relative position of five current indicators that provide components of this indicator, Staffordshire is 24% below the three-star average (as at March 2007).

4.9 Adults with learning disabilities in employment

A National CSIP survey in 2005 showed that 11% of people with learning disabilities accessed some kind of paid work (minimum of 16 hours per week) whilst that figure is below 1% in Staffordshire.

A more recent Government survey indicated that across all working age groups 24% of vulnerable adults now access some kind of paid work. Again in Staffordshire the figure is much lower.

4.10 Health Deprivation and Disability

The Indices of Deprivation 2007 includes a domain for health deprivation and disability. The purpose of this domain is to identify areas with relatively high rates of people who die prematurely or whose quality of life is impaired by poor health or who are disabled, across the whole population. Health deprivation and disability impacts on multiple deprivation as it can restrict an individual's ability to work, take part in certain activities and ability to access services.

In Staffordshire around 15,801 people (6,778 households) live in 11 LSOAs that fall into the most 10% deprived nationally and a further 58,081 people (24,242 households) live in the 38 LSOAs that fall within the most deprived 10%-20% nationally in terms of health deprivation and disability. This represents 9.2% of the population living in the most 20% health and disability deprived nationally.

Newcastle-Under-Lyme has very poor health levels; having 8 LSOAs which fall into the 10% worst nationally for health deprivation and disability. The top ten most deprived LSOAs in Staffordshire County in terms of Health deprivation and disability can be seen in figure X below.

Table 4.2—Top ten most deprived LSOAs in Staffordshire for health deprivation and disability

District	Ward	LSOA	Population ¹	Households ¹
Newcastle-under-Lyme	Cross Heath	E01029554	1,428	715
Newcastle-under-Lyme	Knutton and Silverdale	E01029566	1,140	489
Newcastle-under-Lyme	Chesterton	E01029548	1,485	650
Newcastle-under-Lyme	Butt Lane	E01029543	1,264	469
Newcastle-under-Lyme	Chesterton	E01029547	1,474	630
Newcastle-under-Lyme	Town	E01029604	1,470	813
Newcastle-under-Lyme	Bradwell	E01029538	1,698	652
Staffordshire Moorlands	Biddulph East	E01029763	1,568	648
Newcastle-under-Lyme	Holditch	E01029560	1,497	638
Tamworth	Glascote	E01029845	1,105	475

Source: The English Indices of Deprivation 2007, Communities and Local Government
<http://www.communities.gov.uk/publications/communities/indicesdeprivation07>

Implications for service delivery

- Sport Across Staffordshire and Stoke-on-Trent is a Partnership of agencies working together to champion participation, enjoyment and success through sport, physical education and active recreation.
- In Staffordshire it is estimated there are around 131,000 hazardous drinkers; 32,000 harmful drinkers and 21,000 dependent drinkers. All may benefit from some kind of intervention or treatment.
- A number of key areas for health improvement have been identified including smoking. Central to the delivery is the promotion of individual health, development of the workforce and the use of good robust data and health intelligence.
- Reducing teenage pregnancy and supporting teenage parents is a high national and local priority and being a teenage parent can have adverse effects on an individual's health including increased mortality and morbidity and on other long term outcomes around education and employment

Government Priorities

The Government Officer for West Midlands (GOWM) highlighted the following priorities for the region:

- Tackling health inequalities
- Reducing the number of people who smoke
- Tackling obesity
- Improving sexual health
- Improving mental health and well being
- Reducing harm and encouraging sensible drinking
- Helping children and young people to lead healthy lives
- Promoting healthy and active life amongst older people

Indicators in the Staffordshire LAA relevant to this area

- NI 8: Adult participation in sport and active recreation
 - NI 39: Rate of hospital admissions per 100,000 for alcohol related harm
 - NI 40: Drug users in effective treatment
 - NI 51: Effectiveness of child and adolescent mental health services (CAMHS)
 - NI 56: Obesity among primary school children in year 6
 - NI 68: Percentage of referrals to children's social care going on to initial assessments
 - NI 112: Under 18 Conception rate
 - NI 156: Number of households living in temporary accommodation
 - NI 121: Mortality rate from all circulatory diseases at ages under 75
 - NI 123: Stopping smoking
 - NI 135: Carers receiving needs assessment or review and a specific carer's service or advice and information
 - NI 136: People supported to live independently through social services (all adults)
 - NI 146: Adults with learning disabilities in employment
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