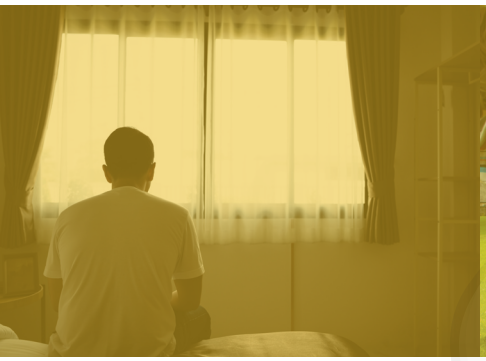


Stoke-on-Trent

DPH Annual Report 2023



stoke.gov.uk

City of
Stoke-on-Trent

Contents

Introduction from DPH

Welcome to my first Annual Report as the Director of Public Health for Stoke-on-Trent. This report is to reflect on the health and wellbeing of the City, improve understanding of these issues, gaps, and set priorities for action.

A recent development for the City has been the launch of our new interactive Joint Strategic Needs Assessment tool (www.stoke.gov.uk/jsna). The site presents essential information for the City, accessible to the public and decision makers in local services. Its launch has given an opportunity to take stock of the state of the key health and wellbeing issues of our City. Reviewing this information has led to five key areas which will be our priorities within Stoke-on-Trent over the coming years:

- **Cost of living**
  - People have been facing increased living costs over the last two years. This affects almost everyone, especially those with lower incomes who have less choice in food, leisure and in severe cases have to choose to either 'heat or eat'. These pressures can make it difficult for families to make choices that benefit health and can have an adverse effect throughout the life course.
- **Infant mortality**
  - Stoke has the highest rate of infant mortality across England, which is seen as an indicator that reflects the health of the wider population. There is a strong relationship between causes of infant mortality and wider determinants of health such as economic, social and environmental conditions.
- **Health inequalities**
  - The King's Fund describes health inequalities as '*unfair and avoidable differences in health across the population, and between different groups within society*'. The factors behind such inequalities are varied, including ethnicity, gender, age and economic factors.
- **Physical inactivity and obesity**
  - Low levels of physical activity and high levels of obesity have a causal link to many poorer outcomes throughout a person's life. Societal changes in how we live, the food we consume and access to opportunities around physical activity are some of the main drivers which in turn all can be linked to economic inequalities.
- **Premature (under-75) deaths**
  - Premature (under-75) mortality is a key indicator on the health of an area. Higher levels of deaths can be linked to behavioural factors, key determinants of wellbeing and the quality and access of care and support within an area.

To make improvements on these key health and wellbeing issues, collective action is needed from individuals, communities and my partners in the City to create healthier, happier lives and make Stoke-on-Trent an even better city in which to live and work.

Stephen Gunther

Director of Public Health

City of Stoke-on-Trent

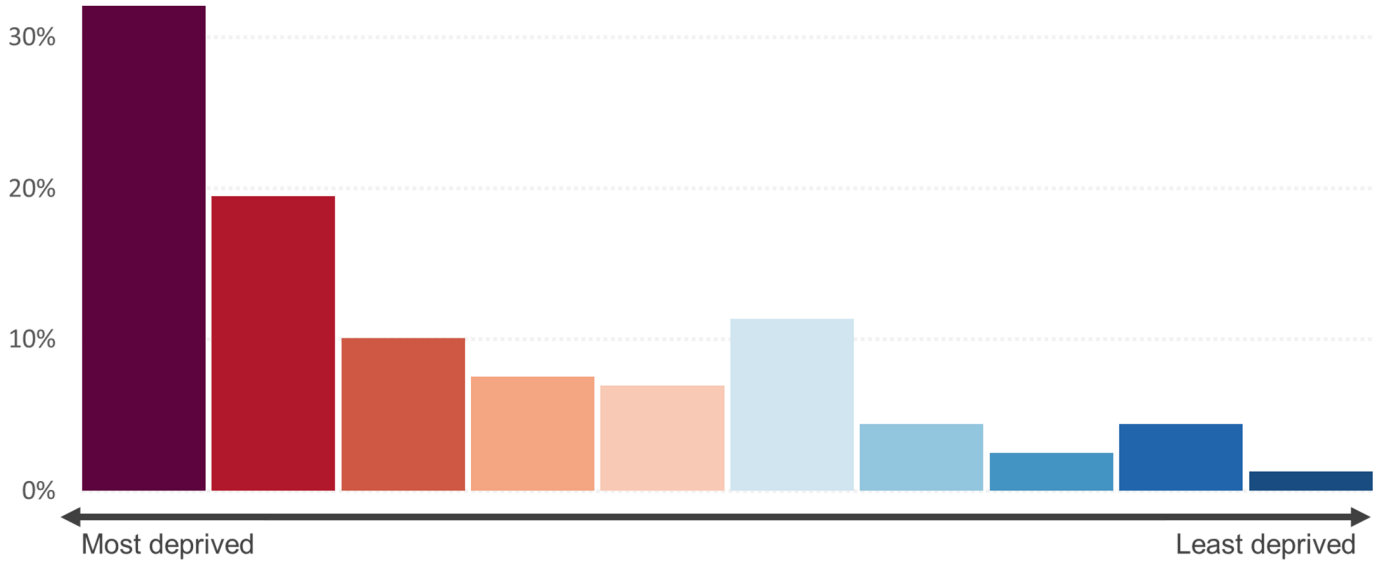
December 2023

1 - Cost of living

1.1 Deprivation

Over the past two years the cost of living within the UK has seen a marked increase. This in particular has put pressure upon energy and food prices nationally and locally within Stoke-on-Trent. Our city is one of the most deprived areas within the country, ranking 13th (out of 317) in England (based on the 2019 Indices of Multiple Deprivation), with over 50% of our residents in the two most deprived deciles.

Figure 1 – Deprivation deciles by Lower Super Output Area* within Stoke-on-Trent



(Gov.uk, 2023)

This trend continues when considering solely income deprivation within our city. Just under one fifth of Stoke-on-Trent was classed as income deprived in 2019, ranking 25th highest out of 316 local authorities in England.

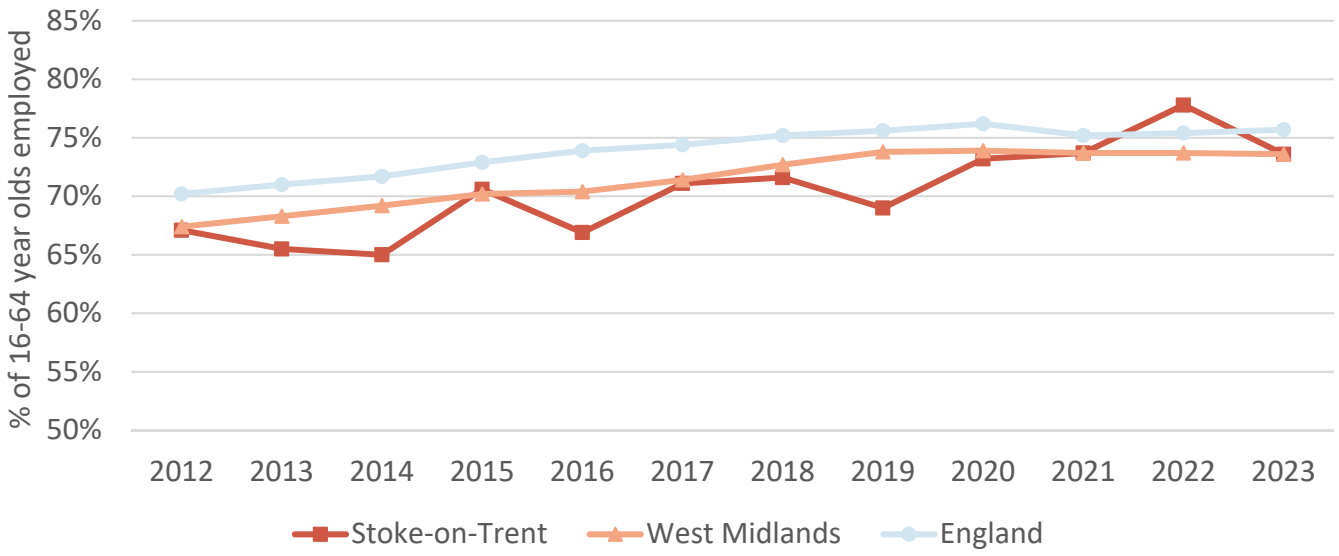
Also, considering the levels of income inequality within each LSOA* is a useful measure. 2.4% of people in the least deprived LSOA in Stoke-on-Trent are estimated to be income deprived whereas in the most deprived, 37.6% of people are projected to be income deprived.

*Lower-Layer Super Output Area, a 'building block' of ONS geography covering an area of around 1,600 population. There are 163 LSOAs in the city and over 32,000 in England.

1.2 Employment

In 2022 there were around 115,700 residents aged 16-64 in some form of employment (employed by a business, self-employed, government supported trainees and HM Forces) (figure 2). This equates to around three quarters (74%) of the working age population; slightly lower than the national average of 76% but in line with regional data. Generally, the rate of employment within the city over the past decade has improved, with a 9% growth since 2014. This however does not take into consideration the type or average wage of those employed.

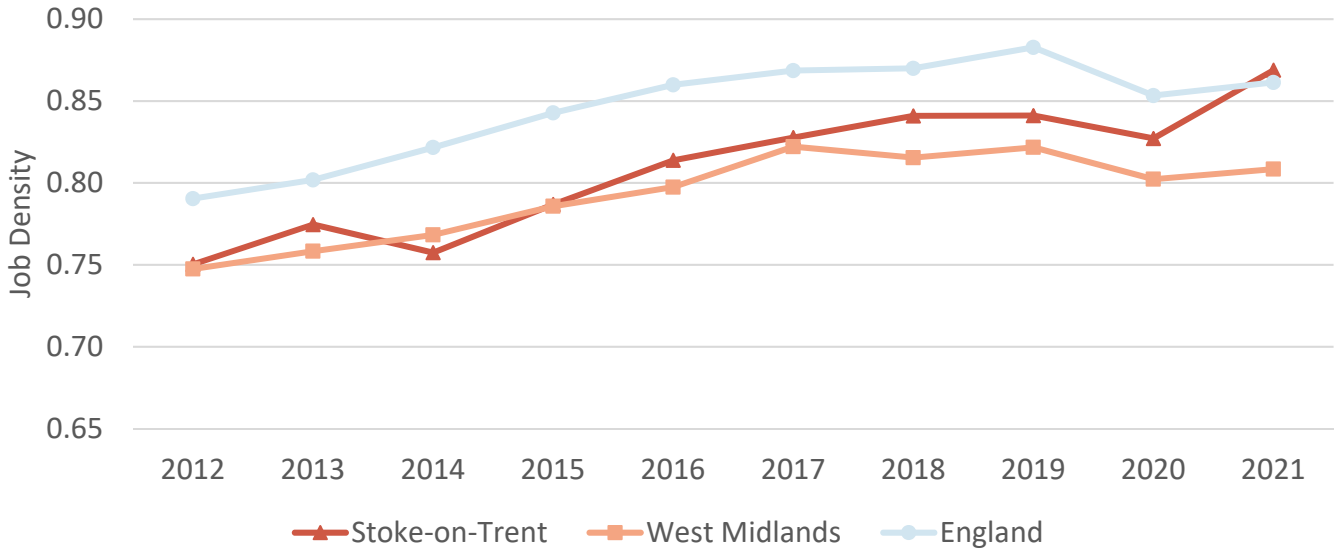
Figure 2 – Employment rate



(Office of National Statistics, 2023)

Job density is a useful measure in gauging the economic health of an area and compares the number of jobs against the number of those of working age within a population. In 2021 the rate of jobs within Stoke was higher than the regional (0.81) and national average (0.86) with 0.87 jobs per person of working age.

Figure 3 – Job density

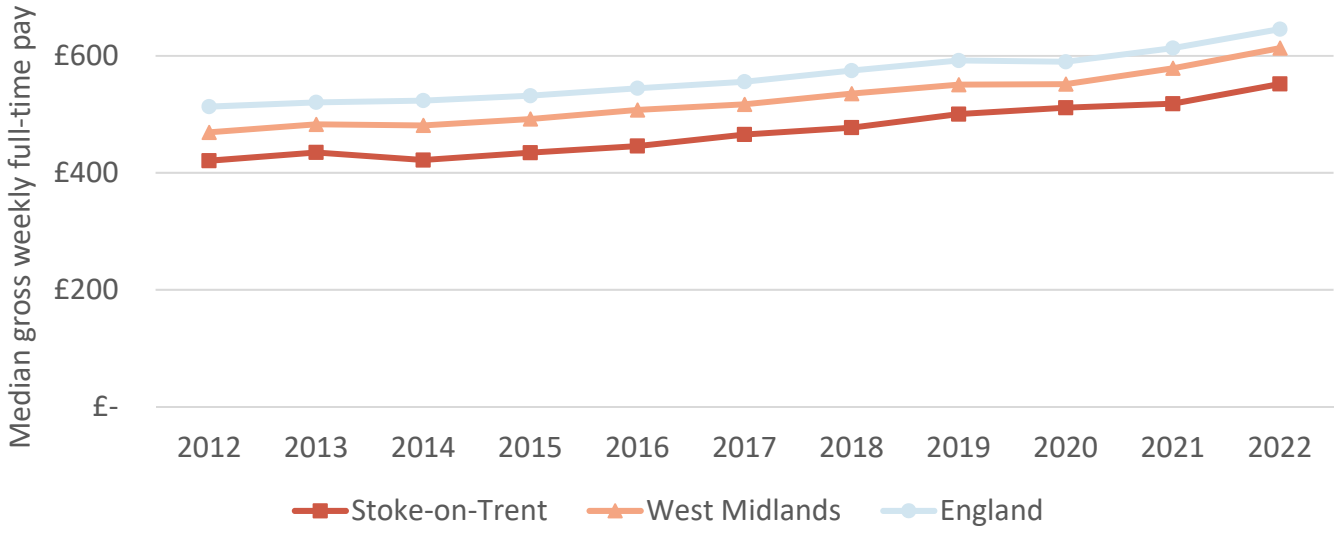


(Office of National Statistics, 2023)

1.3 Salary

Generally, there has been an upward trend when considering gross weekly pay of full-time workers (figure 4), however Stoke-on-Trent residents consistently earn less than their regional and national counterparts. Latest figures available (2022) show that the average weekly full-time wage of those living in the city was £552; £61.30 less than West Midlands and £93.80 less than national figures.

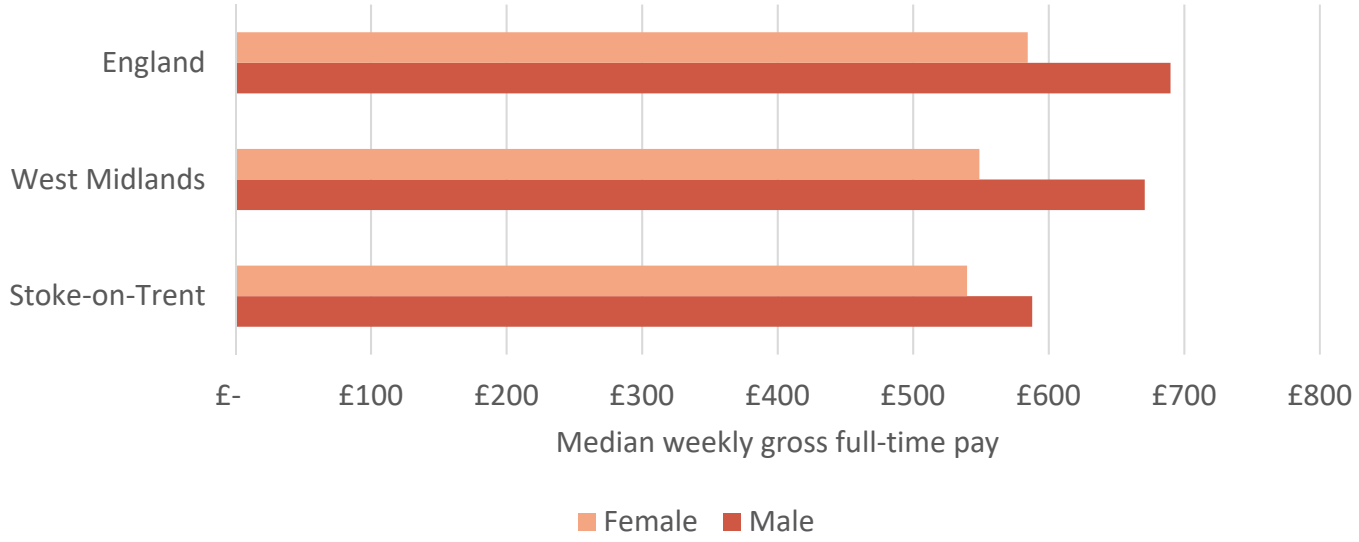
Figure 4 - Gross Weekly Pay - All Full Time Workers by place of residence



(Office of National Statistics, 2023)

There is also a pay disparity when considering gender (figure 5). In 2022, the median male employed full-time in Stoke-on-Trent received an extra £48 over the median female. However, this pay gap is less pronounced than regional or national gender pay gaps; the pay gap with national averages is larger for males (£102) than females (£45).

Figure 5 – Pay by gender, by place of work (2022)

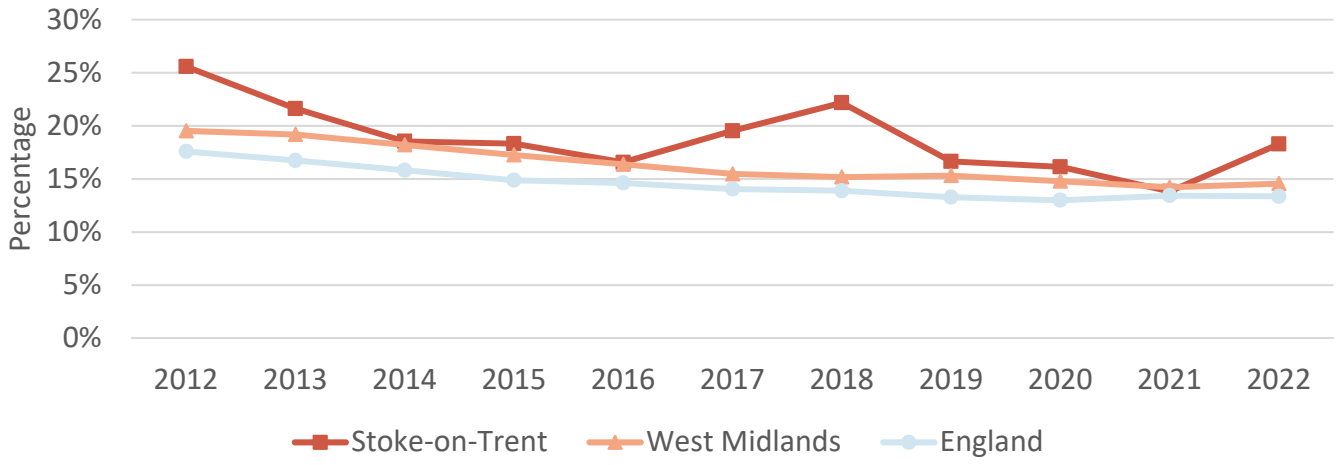


(Office of National Statistics, 2023)

1.4 Unemployment

The estimated percentage of workless households (only including those with at least one working-age occupant) generally has been on a slight decline since 2012 (figure 6) with the city seeing its lowest recorded rate in 2021 when 14% of Stoke-on-Trent fell into this category. The latest 2022 survey data showed a spike in these rates recording an increase to 18% (14,900 households), higher than both regional and national data.

Figure 6 – Percentage of workless households



(Office of National Statistics, 2023)

1.5 External factors

There are some positive internal economic factors within the city, such as reasonably high employment rates and job density, with steadily increasing gross weekly pay. Despite this, many of the main drivers of the current cost of living crisis have external causes and are felt nationally. Inflation, the rate at which prices rise, has increased dramatically over the last two years. Energy prices have been a key component of this, accompanied by increases in the prices of essentials such as food, fuel and housing costs. CPI-H, an

annual inflation measure including housing costs, peaked in November 2022 at 9.3%. This has fallen, i.e. the rate of price increases has slowed (6.3% in September 2023), however this remains far above the Bank of England target of 2%.

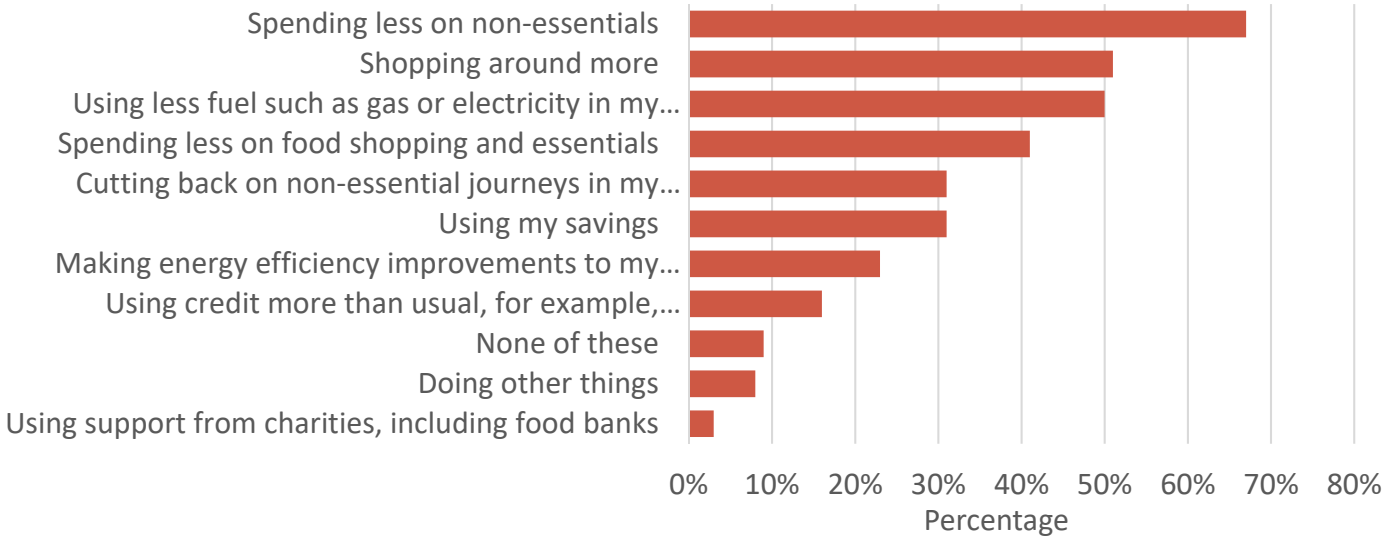
Figure 7 – Inflation (CPI-H)

(Statistics, 2023)

As inflation continues people have less available income to spend on non-essential goods and services, which can lead to higher rates of unemployment as companies struggle to adjust to financial pressures. Nationally (derived from sample survey):

- 67% of people are spending less on non-essentials
- 50% are using less energy at home
- 41% are spending less on food shopping and essentials

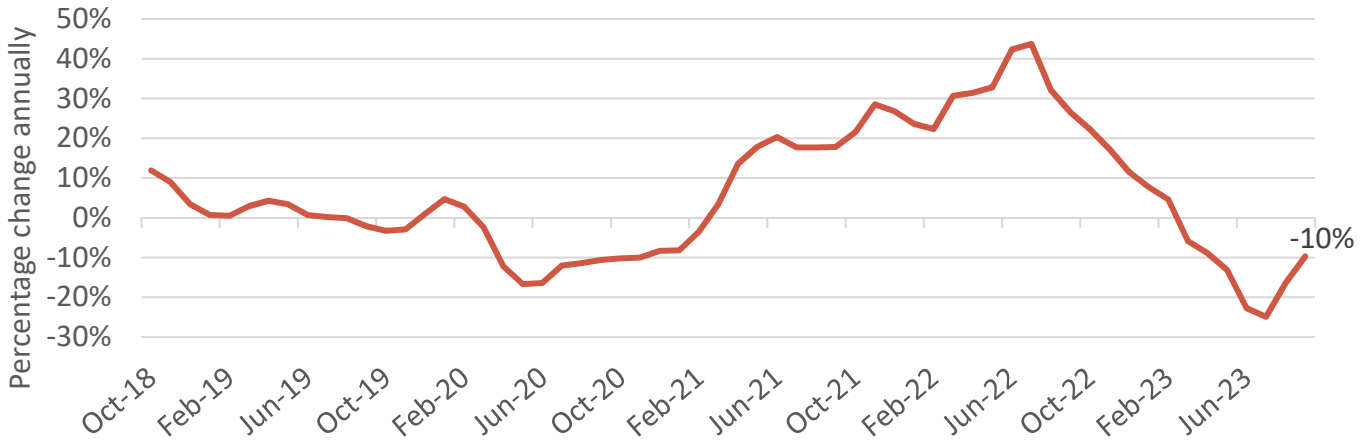
Figure 8 - Which of these, if any, are you doing because of the increases in the cost of living?



(Office for National Statistics, 2023)

Petrol and diesel prices are a key driver of inflation. The price of motor fuels fell by 9.7% in the year to September 2023, although petrol rose by 5.1 pence per litre between August and September 2023 to stand at 153.6 pence per litre in September 2023. Similarly, diesel prices rose by 6.3 pence per litre in the latest month.

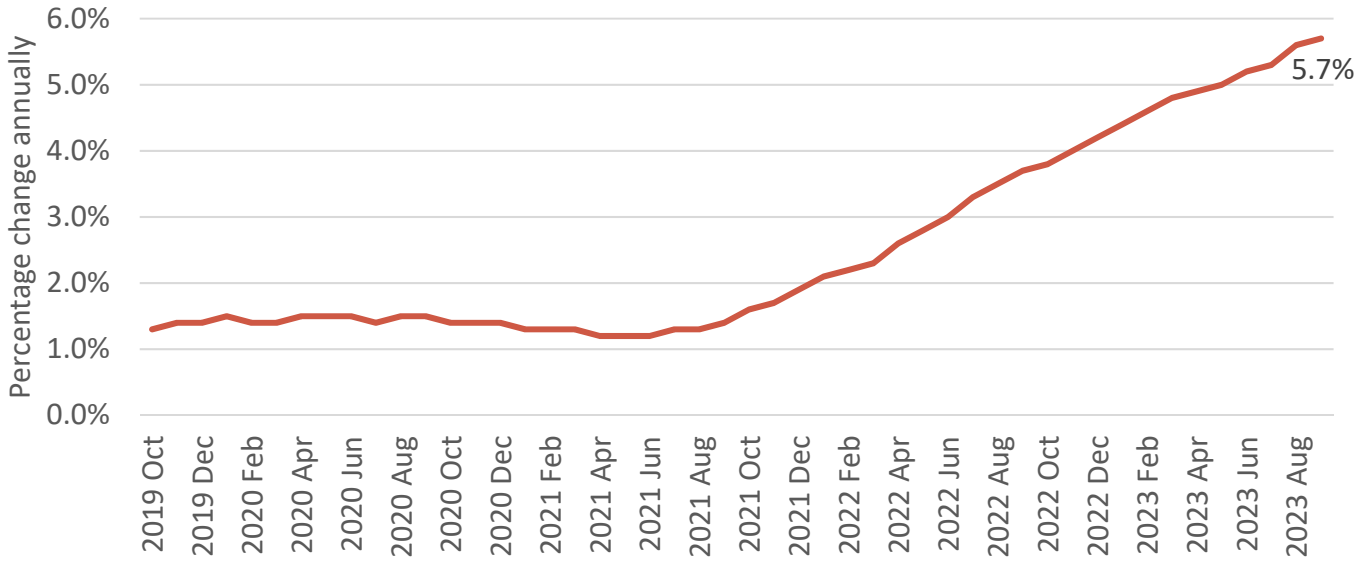
Figure 9 - Motor fuel annual inflation rate (component of CPI-H), UK



(Statistics, 2023)

Housing cost inflation affects private renters and those with mortgages. In a recent study, the Joseph Rowntree Foundation predicts that mortgage rate increases to 5.5% could result in an extra 120,000 households living in poverty. Rental costs have increased with landlords passing on some of their own increased costs. This in turn has a direct impact on the at risk of becoming homeless and owed a duty of care by their local government. Nationally private rental price inflation has steadily increased since June 2021 from 1.2% to 5.7% in August 2023.

Figure 10 - Index of Private Housing Rental Prices percentage change over 12 months



(Office for National Statistics, 2023)

Although there is no single cause for poor health outcomes; all the factors highlighted above can potentially lead to a variety of physical, emotional and mental conditions resulting in poorer Public Health outcomes. This is especially true for the vulnerable areas of society.

2 - Infant Mortality

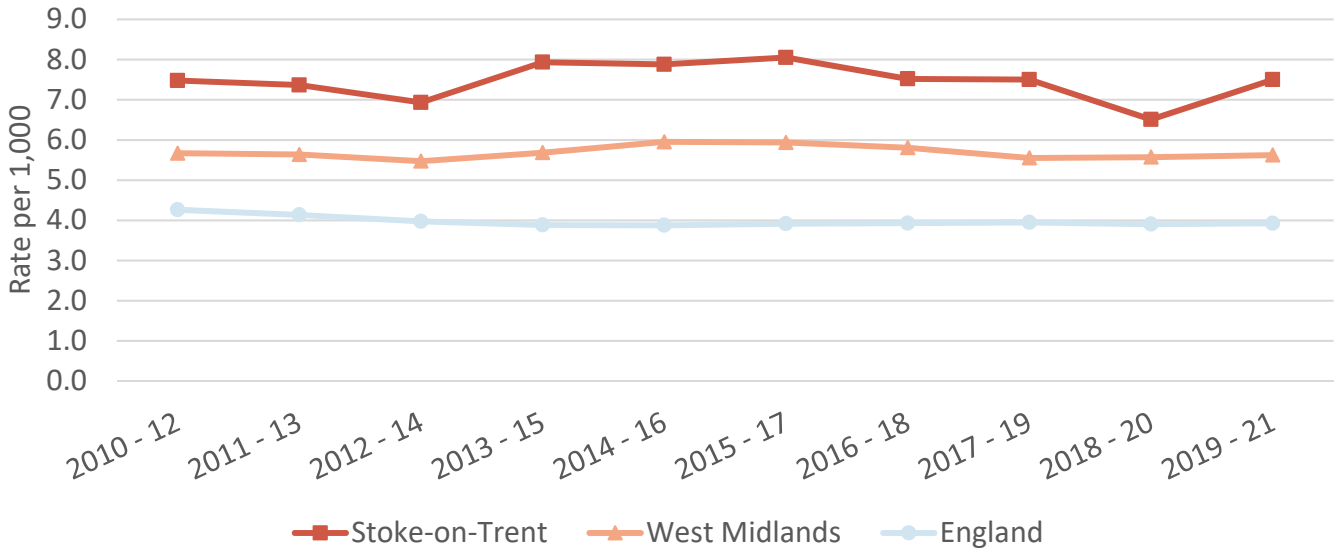
2.1 Infant mortality

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. Deaths taking place during the first 28 days of life reflect the health and care of both mother and new born.

From 2009-11 to 2019-21 the infant mortality rate has remained fairly static in Stoke-on-Trent. Latest data from 2019-21 showed an increase in the rate of infant deaths, returning to previous 2018-20 rates, with 7.5 per 1,000 live births. This is significantly higher locally compared with the national (3.9 per 1,000) and regional (5.6 per 1,000) rates.

During 2019-21, 70 infants died in Stoke-on-Trent during their first year of life. This means, that on average, an infant died every 16 days in the city. Compared with other local authorities in England, the infant mortality rate in Stoke-on-Trent was ranked highest in the country (Oldham was ranked second with a rate of 7.2, whilst Birmingham third with a rate of 6.9).

Figure 11 - Infant mortality rates in Stoke-on-Trent



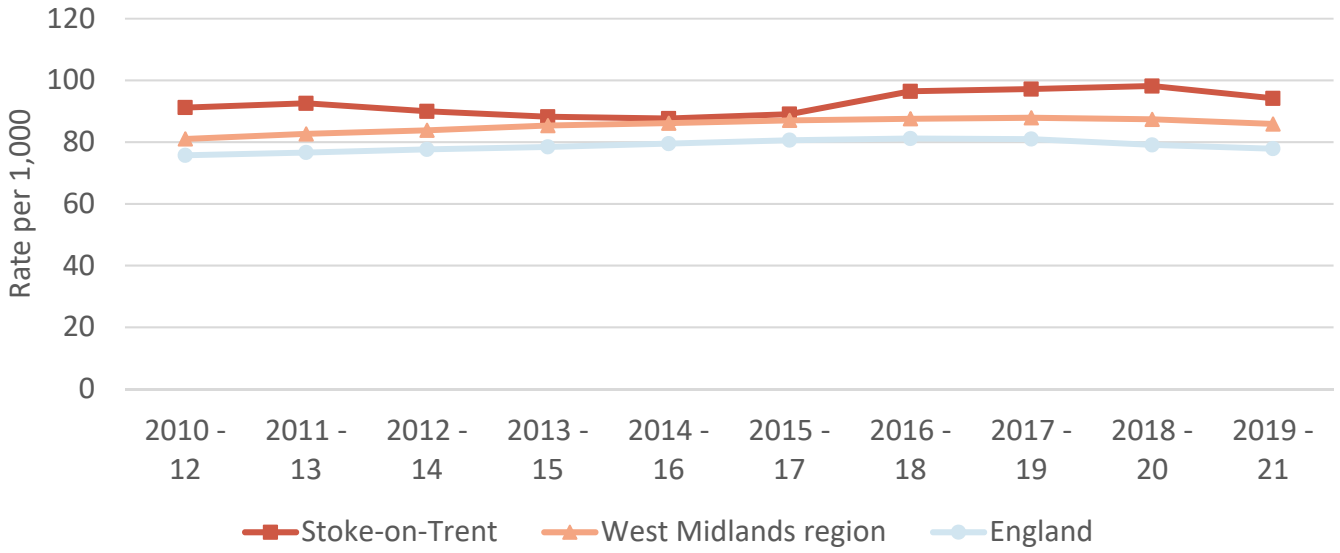
(Office for Health Improvement and Disparities, 2023)

2.2 Premature births

There are a wide variety of risk factors that can lead to infant mortality including preterm birth, low birth weight and complications during pregnancy. Worldwide, premature birth is the primary cause of death for children under the age of five (World Health Organization, 2023). Over the past decade the rate of premature births within the city, regionally, and nationally has remained fairly static between 75 and 100 births per 1,000 babies born. Within Stoke-on-Trent, the latest rate is 94.2 per 1,000 (2019-21, figure 12),

statistically higher than the England average of 77.9. Annual estimates put this number at just under 300 births which indicates that around 11 babies every fortnight are born early within the city.

Figure 12 - Premature births (less than 37 weeks gestation)



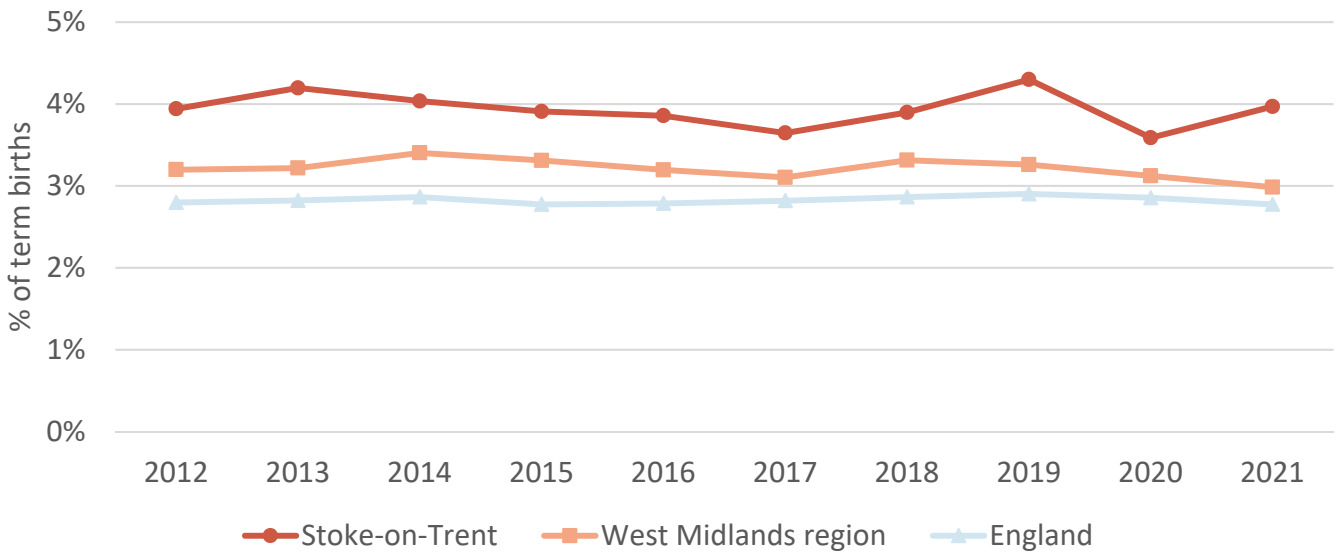
(Office for Health Improvement and Disparities, 2023)

2.3 Low birthweight

Low birthweight increases the risk of childhood morbidity and mortality and is associated with poorer health in later life (World Health Organisation, 2023). Babies weighing less than 2,500 grams (5lbs 8 oz) are considered to have a low birthweight.

The proportion of low birthweight full-term babies (live and stillbirths) has remained largely unchanged in Stoke-on-Trent since 2010, with the latest 2021 figures continuing to be significantly higher at 4% than the England average of 2.8%.

Figure 13 - Low birth weight of term babies

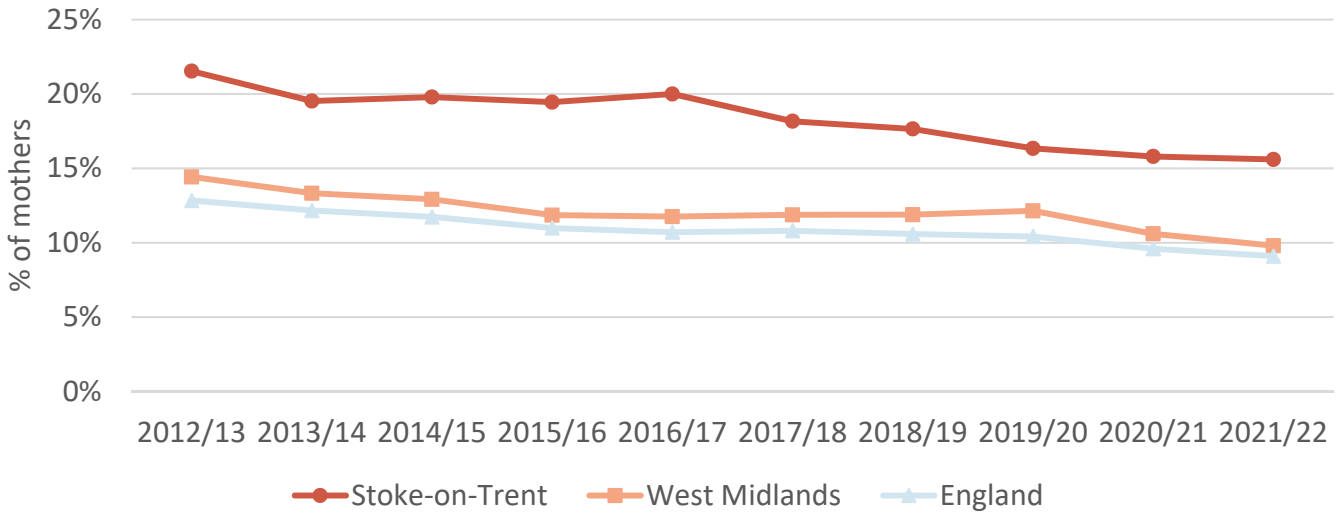


(Office for Health Improvement and Disparities, 2023)

2.4 Smoking status at time of delivery

A modifiable behaviour for preterm birth and low birth weight is mothers smoking during pregnancy. Stoke-on-Trent has the fifth highest rate in England, with just under one in six mothers smoking throughout pregnancy (15.6%) in 2021/22. Although this rate has steadily improved over the past decade, it still remains statistically higher than regional (9.8%) and national (9.1%) figures.

Figure 14 – Smoking status at time of delivery

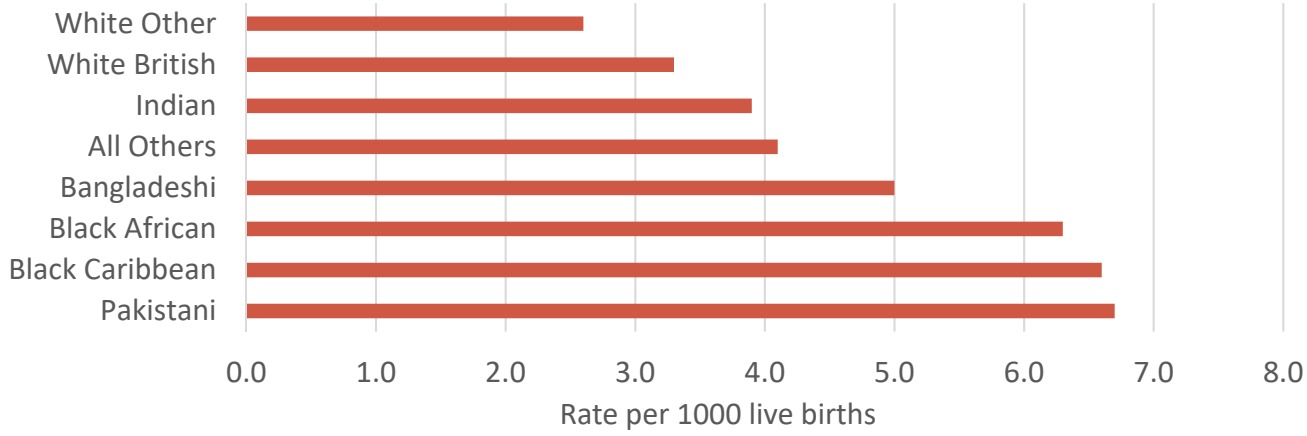


(Office for Health Improvement and Disparities, 2023)

2.5 Ethnicity

There is also some relationship between ethnicity, gestation and infant mortality with some research suggesting that Asian and Black ethnicities have a condensed gestation compared to those of White ethnicity. Whilst the variations in pregnancy by ethnicity may be explained by socio-economic, social and physical differences among ethnic groups (Ron Gray, 2009), there is also research to suggest that the foetus in Black and Asian pregnancies develop earlier (Roshni R Patel, 2004). Although there is no local level data readily available, a national audit of data conducted in 2015 (figure 15) show higher infant mortality rates within Black and Asian ethnicities.

Figure 15 – National infant mortality rates, by ethnicity, 2015



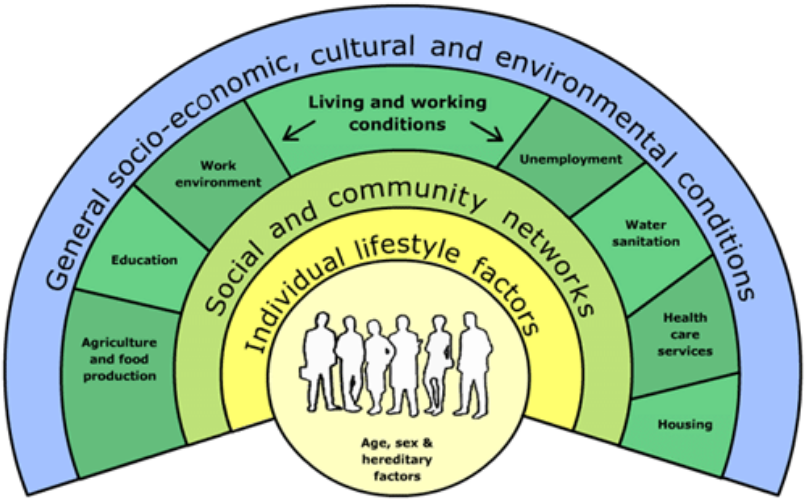
(Office for National Statistics, 2017)

3 - Health Inequalities

3.1 Health Inequalities

The King's Fund charity defines health inequalities as "avoidable, unfair and systemic differences in health across the population, and between different groups in society". These inequalities impact the health and wellbeing of people across the country and are influenced by a range of factors (or fundamentals). In addition to genetic factors and behavioural choices, these social determinants of health refer to the daily conditions in which people are born, grow, live, work and age. The communities in which people live, education, employment, housing and access to healthcare services are all examples of the social determinants of health (figure 16).

Figure 16 - Social determinants of health

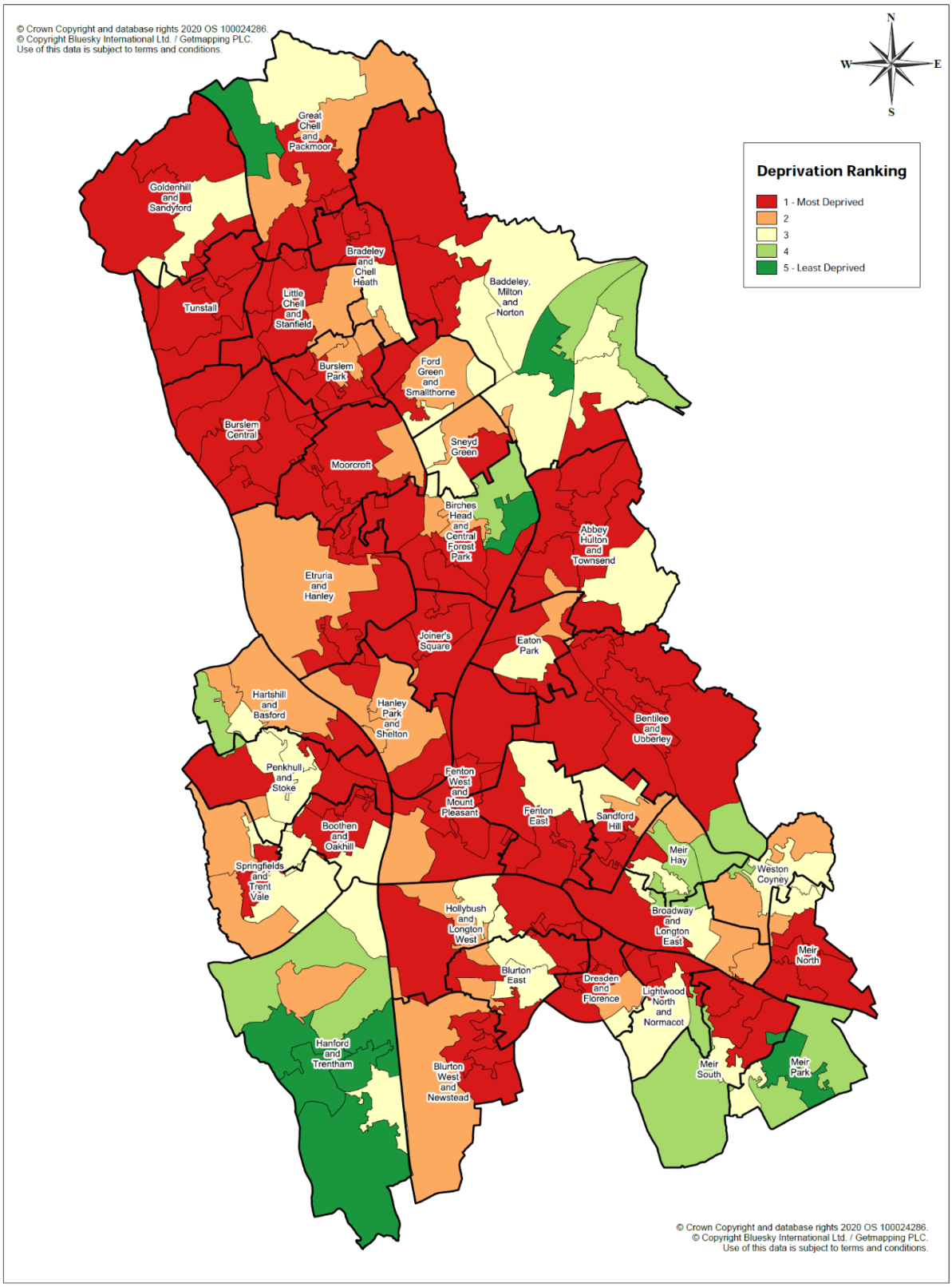


3.2 Deprivation

Socio-economic deprivation are one of the main causes of health inequalities, with those in lower socio-economic groups being more likely to develop multiple long-term conditions. Economic deprivation affects the risk of developing multiple long-term conditions, quality and access of support services, and the ability for patients to manage their own conditions.

Stoke-on-Trent is characterised by high levels of deprivation and is currently ranked the 13th most deprived local authority (out of 317) in England (based on the 2019 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 (figure 17). Over 136,700 people (54% of the population) in the city live in areas classified as being among the top 20% most deprived in England. This means that five out of every 10 people in Stoke-on-Trent are living in the most deprived areas of the country (compared with two out of 10 nationally).

Figure 17 - Index of Multiple Deprivation 2019



City of Stoke-on-Trent	Stoke on Trent City Council Civic Centre Glebe Street Stoke on Trent ST4 1HH UK	Scale	1:50000 @ A3
		Date	20 May 2020
		Drawn By	M Horwell
		Drawing Ref	SOT_IMD
		Revision	1

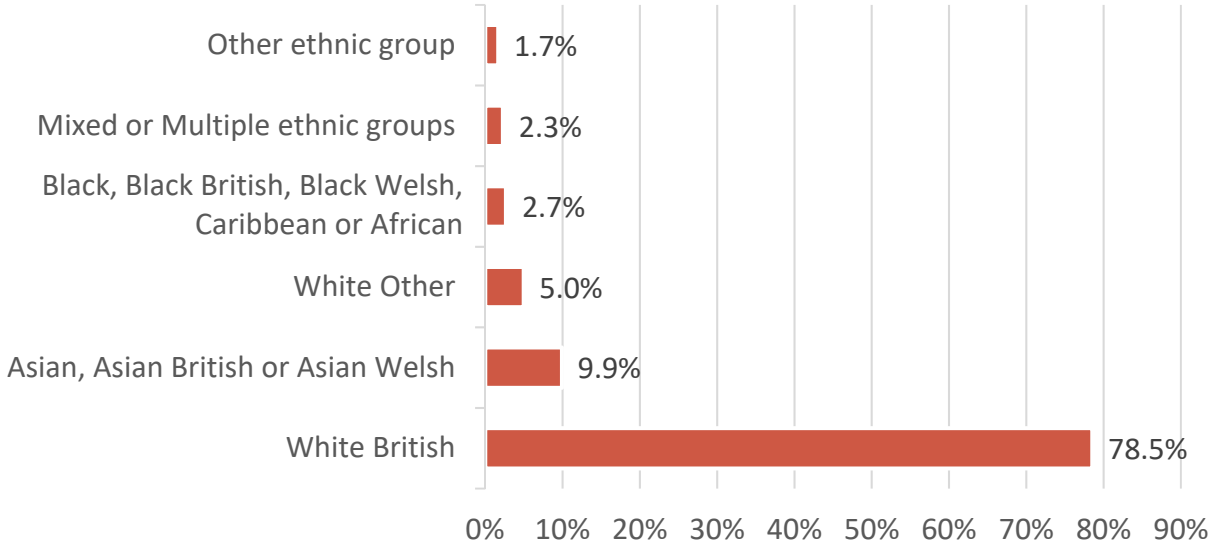
(Gov.uk, 2023)

3.3 Ethnicity

The role of identifiable traits such as age, ethnicity and disability are also important to consider when discussing health inequalities. These influences overlap with socio-economic disparities, leading to a higher risk of poor health outcomes.

2021 Census data highlight Stoke-on-Trent becoming an increasingly ethnically diverse city, with 21.5% of people of ethnicities other than White British. Nearly half of the non-White British population is made up from those of an Asian background (9.9% of the city total). The age 0-24 population has higher ethnic diversity with 25.5% of the population being from a non-White ethnicity. For the 65+ population the non-white population is 3.3% of the total 65+ population. As the older age group become more ethnically diverse there will likely be an impact on some long-term conditions such as diabetes and heart disease.

Figure 18 – Ethnic composition within Stoke-on-Trent, 2021 Census

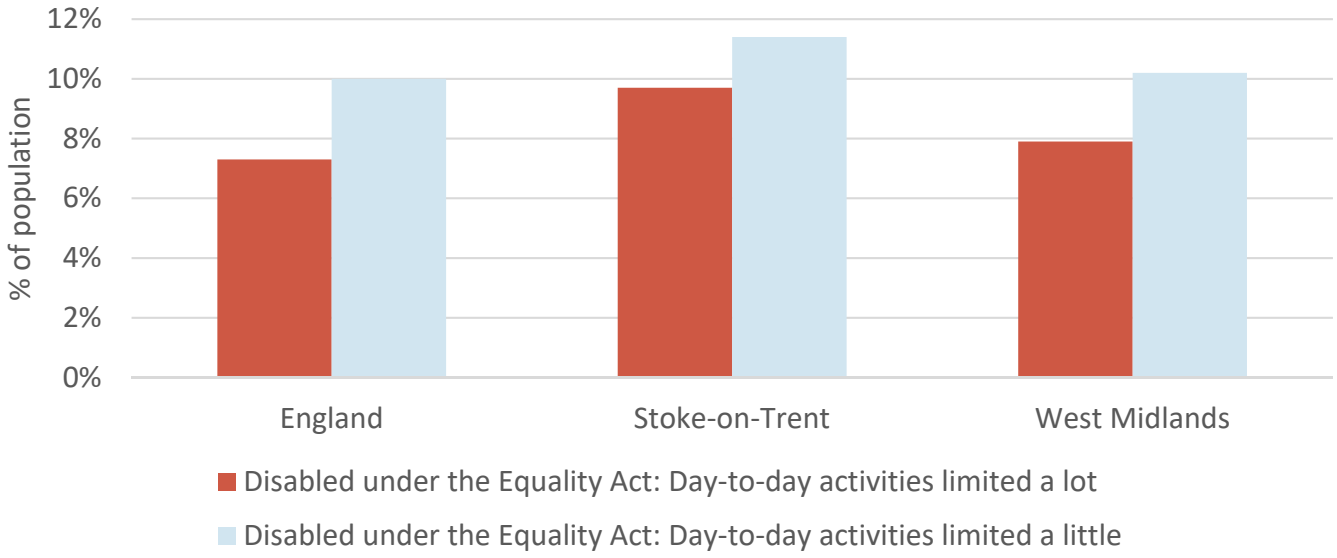


(Office for National Statistics, 2023)

3.4 Disability

Those living with a disability, particularly severe disabilities, face a greater challenge in meeting their healthcare needs, for example in areas such as transportation, waiting lists and costs associated with their condition. 2021 Census data show that Stoke-on-Trent has a higher percentage of individuals who are considered disabled under the Equality Act. Over 11% report day-to-day activities are limited a little and just under 10% whose day-to-day activities are limited a lot. This equates to around one fifth of our residents (54,607).

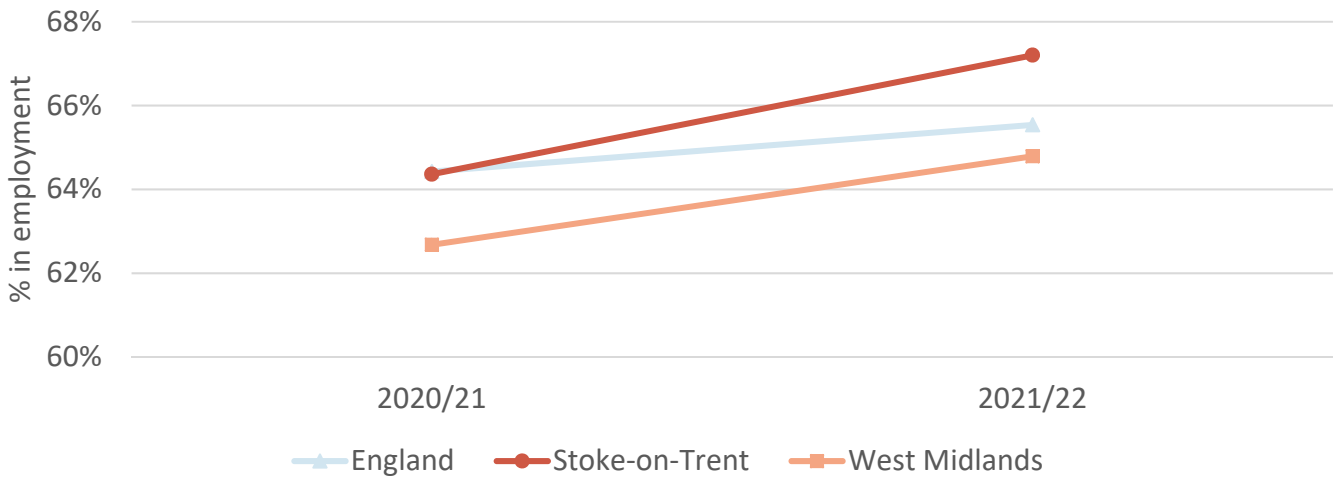
Figure 19 - Percentage of population classed as disabled under the Equality Act



(Office for National Statistics, 2023)

Inequality in employment of individuals with a disability is a consequence of a variety of barriers. It results in a great proportion of the population missing the positive benefits that paid employment can bring, including health and social outcomes. The chart below highlights the percentage of people with a physical or mental long-term health condition in employment. In 2021/22, of those contacted, 67% were employed, slightly higher than the regional (65%) and national average (66%).

Figure 20 - The percentage of the population with a physical or mental long-term health condition in employment (aged 16 to 64)



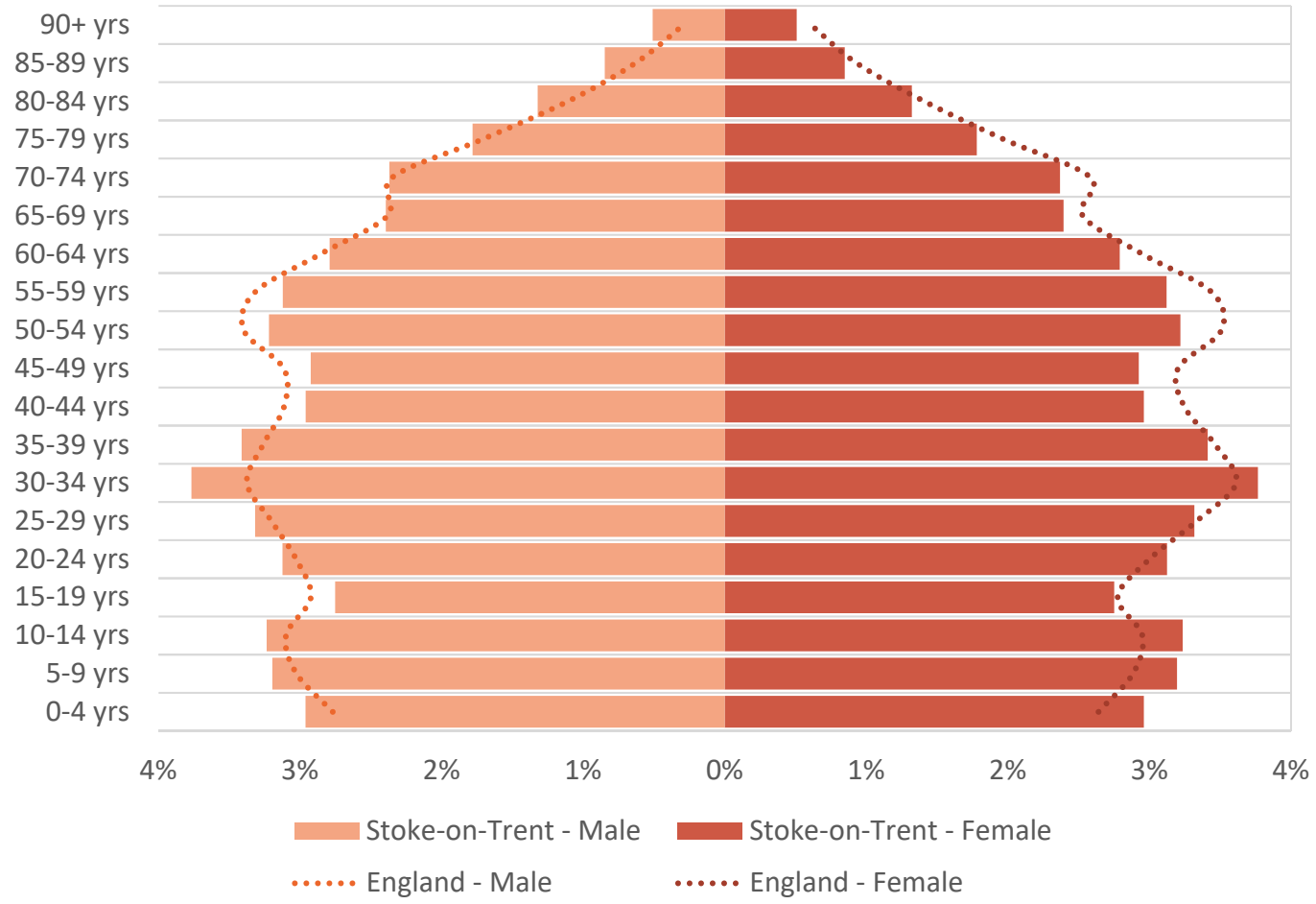
(Office for Health Improvement and Disparities, 2023)

3.5 Age

Age is a significant barrier when considering health inequalities. As a population ages, inequalities in earlier years are potentially compounded including social isolation, a possible lack of awareness regarding their own conditions or what services are available to them and financial difficulties. Mid-year ONS population estimates that within Stoke-on-Trent 17.3% of our population are aged 65 years and over, this equates to

around 44,500 people. ONS population projections estimate this number to rise by over 10,000 by 2043 to just over 55,600. Inequalities can occur at any age and start from birth.

Figure 21 - Population age profile - Resident population 2021

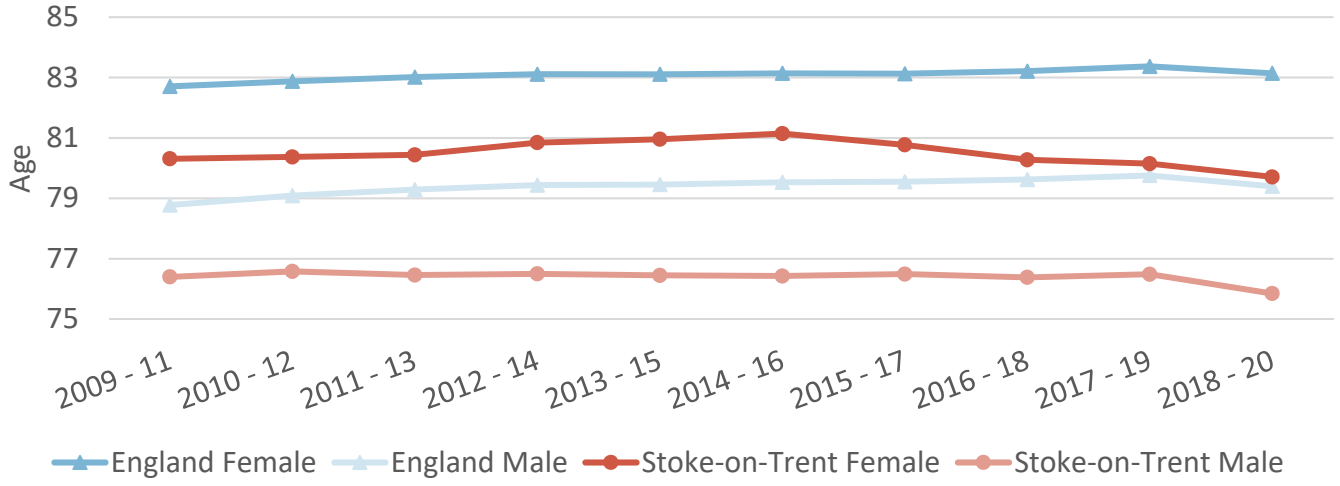


(Office for National Statistics, 2023)

3.6 Life expectancy

Life expectancy is one of the key measures of population health, and refers to the number of years a person can expect to live. Locally, the latest data show that life expectancy (at birth) for men in Stoke-on-Trent is 75.9 years compared with 79.4 in England in 2018-20. Locally, life expectancy for men has taken a slight downwards turn. Amongst women in the city, life expectancy at birth is 79.7 years compared with 83.1 years in England. Life expectancy levels for men and women in the city are significantly lower than national averages.

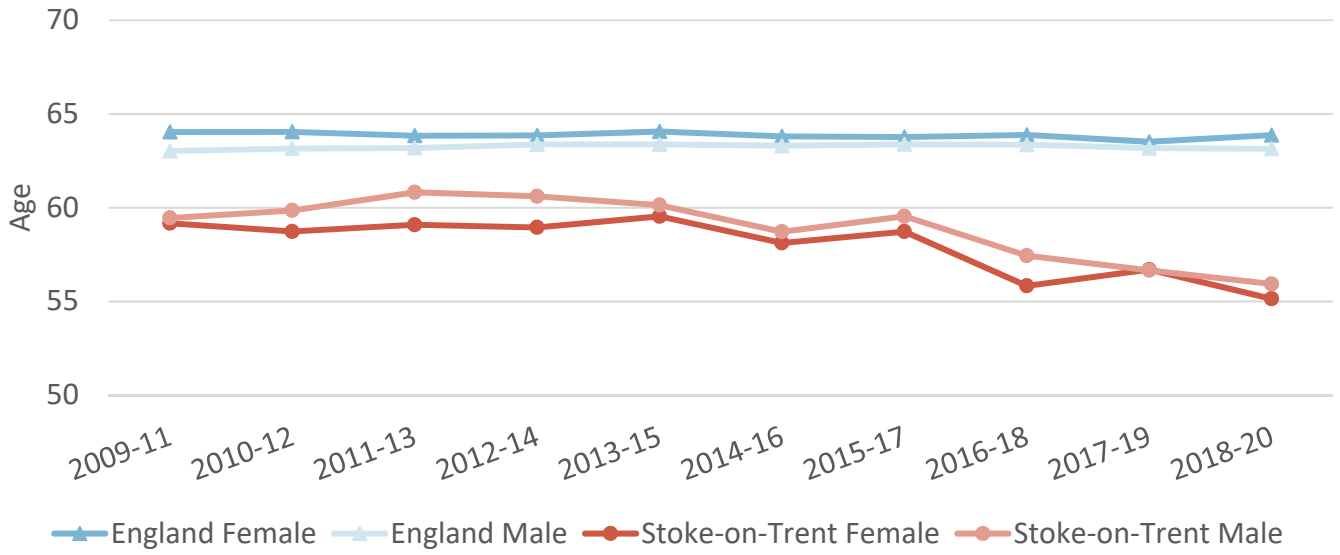
Figure 22 – Life expectancy at birth



(Office for Health Improvement and Disparities, 2023)

Improving life expectancy is not only about adding *years* to life, it is 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 (2018-20), healthy life expectancy for men was 55.9 years compared with 63.1 years in England (figure 23). This means that 71.8% of a man's life in Stoke-on-Trent is likely to be spent in good health (compared with 79.5% nationally). For women in the city, HLE was 55.1 years (compared with 63.9 years in England). This means that 69.1% of a woman's life in Stoke-on-Trent is likely to be spent in good health (compared with 76.9% in England). Although women in Stoke-on-Trent live longer than men, a larger proportion of their lives are spent in poorer health. HLE has been decreasing for both men and women locally.

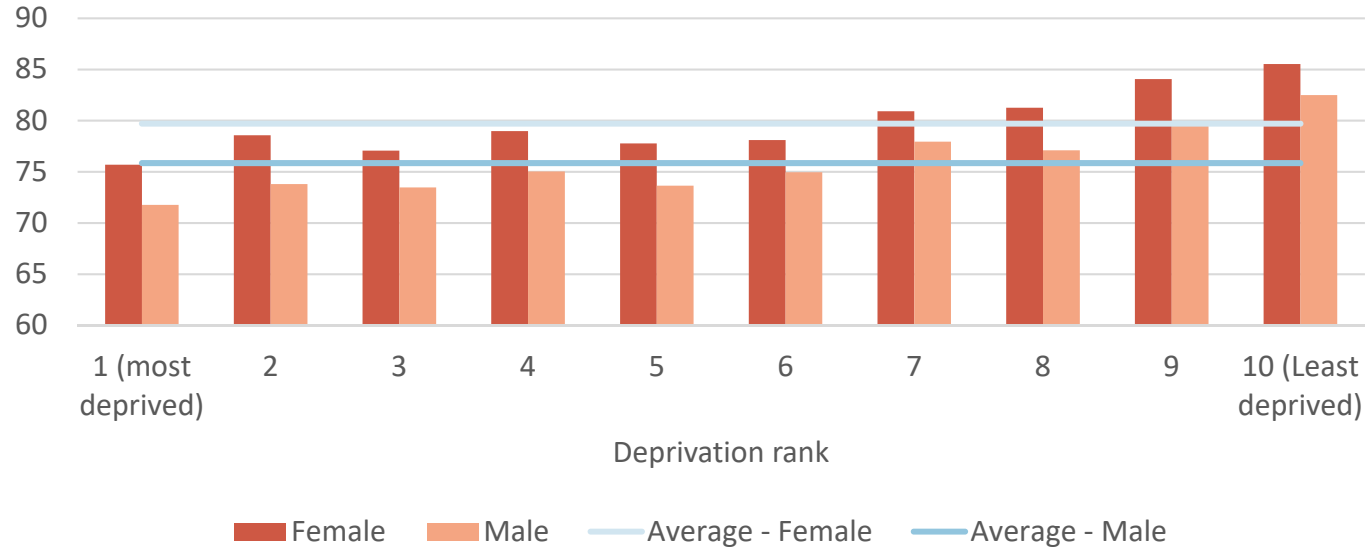
Figure 23 – Healthy life expectancy at birth



(Office for Health Improvement and Disparities, 2023)

The disparity between life expectancy at birth and deprivation can best highlighted in the chart below (figure 24). Both women and men in the most deprived areas of the city can expect to live around 10 fewer years than those in the least deprived areas.

Figure 24 –Life expectancy at birth by deprivation decile (2018-20)



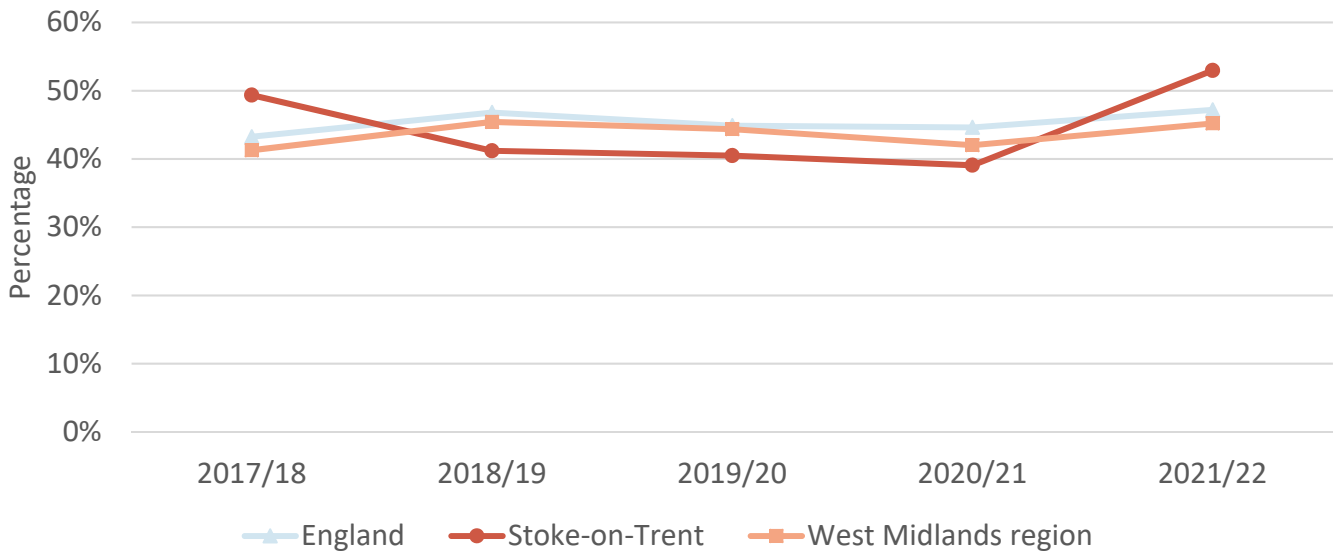
4 - Physical Activity and Obesity

Due to changed work and daily habits over the past century generally people are now a lot less active than previous generations. In not meeting the base level of physical activity to remain healthy, it is estimated that around 1 in 6 deaths in the UK are related to physical inactivity and is calculated to cost the UK £7.4 billion each year. Physical activity has substantial benefits to both physical and mental health and can help to avoid or manage a number of long-term conditions including hypertension, asthma, type 2 diabetes, heart disease and depression.

4.1 Childhood physical activity

Establishing good physical activity habits at an early age increases the chance that they will continue into adulthood, reducing demand on services and time spent in ill health. It is recommended that 5 to 18-year olds are physically active for an average of at least 60 minutes per day. In 2021/22 just over half (53%) of the city's children and young people reached the required level of physical activity; a 14 percentage point increase on the previous year.

Figure 25 - Physically active children and young people

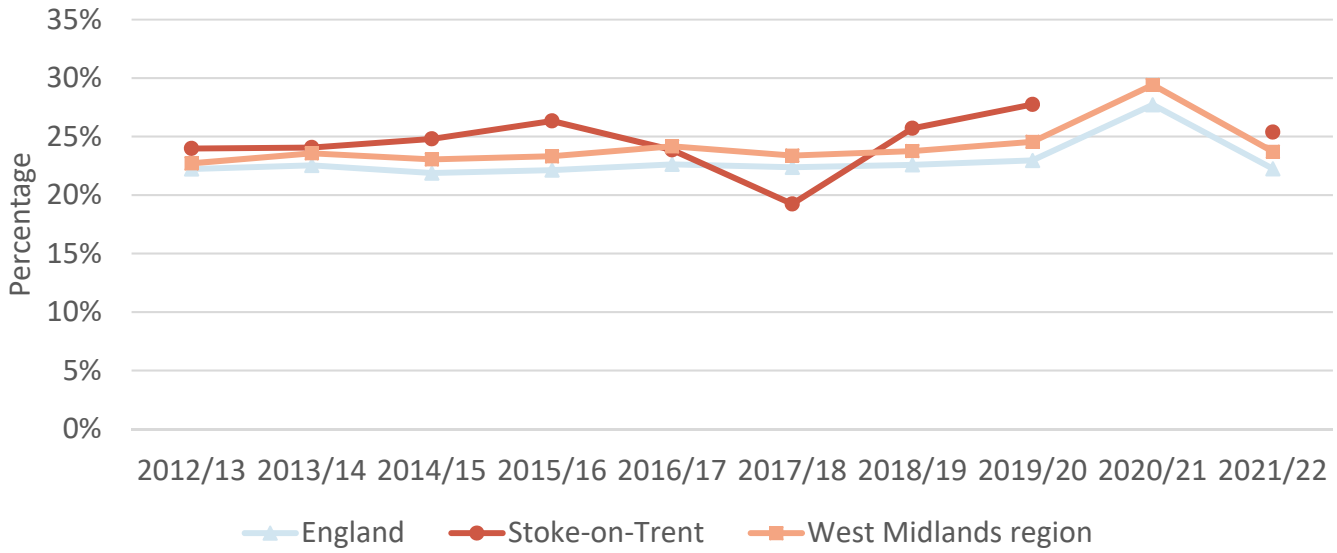


(Office for Health Improvement and Disparities, 2023)

4.2 Childhood obesity

Over the past decade the city's prevalence of overweight or obese children aged 4 to 5 has remained fairly static, along with regional and national figures. In 2021/22 just over a quarter (25.4%) of children measured were found to be overweight or obese, higher than the regional (23.7%) and national averages (22.3%).

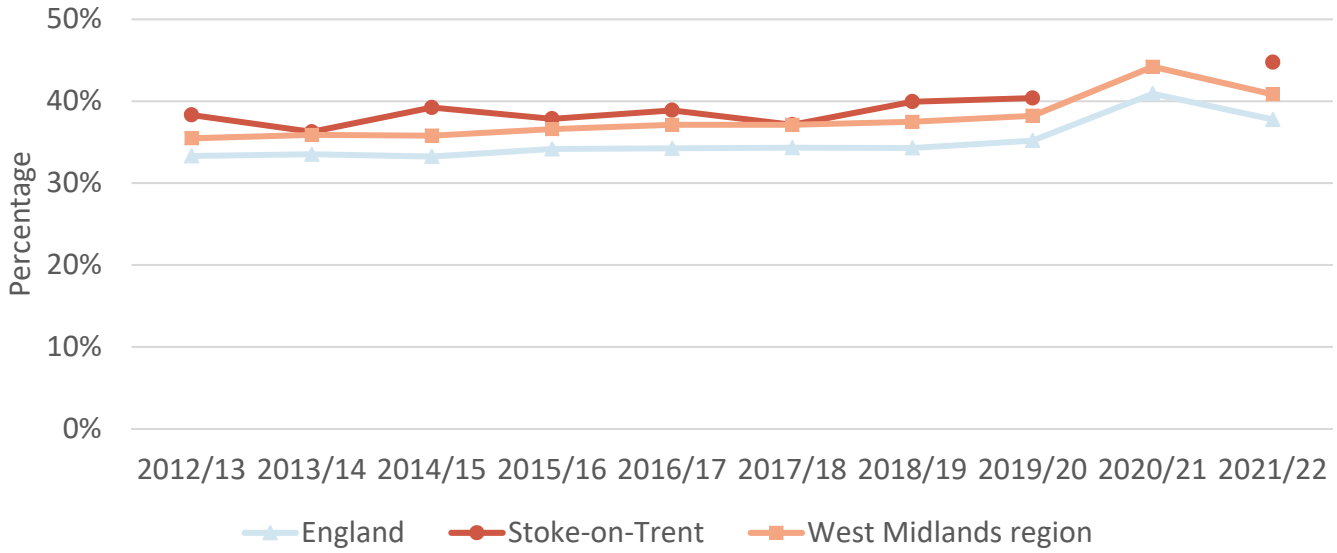
Figure 26 - Reception: prevalence of overweight (including obesity)



(Office for Health Improvement and Disparities, 2023)

By the time children within the city reach year 6 (10-11 years old), the percentage of those with excess weight increases. In 2021/22 the prevalence has increased to 44.7%; statistically higher that the regional (40.8%) and national average (37.8%).

Figure 27 - Year 6: prevalence of overweight (including obesity)

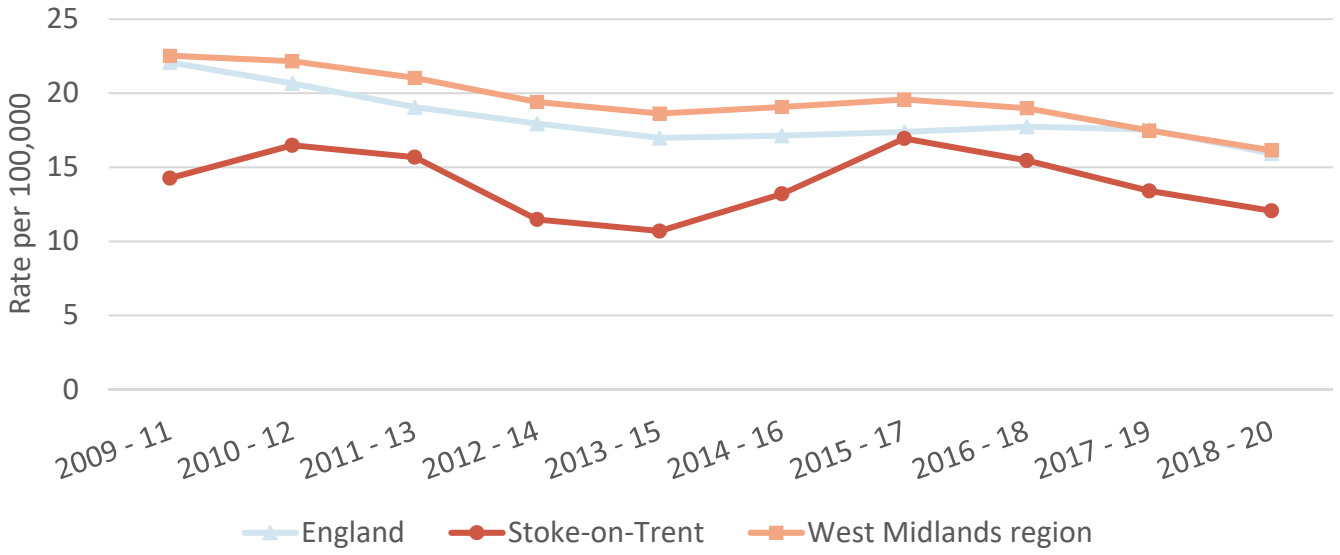


(Office for Health Improvement and Disparities, 2023)

4.3 Children killed and seriously injured (KSI) on roads

The rate of children killed and seriously injured on roads could deter physical activity. Parents concerned about the number and speed of cars are less likely to allow their children to walk or cycle, thus removing some chances for physical activity. Over the past 5 years, the rate of KSI accidents within Stoke-on-Trent has steadily fallen from 16.95 per 100,000 in 2015–2017 to 12.06 per 100,000 in 2018-2020. Although consistently below the national rate, this remains 'statistically similar' to the national average of 15.9.

Figure 28 - Children killed and seriously injured (KSI) on England's roads

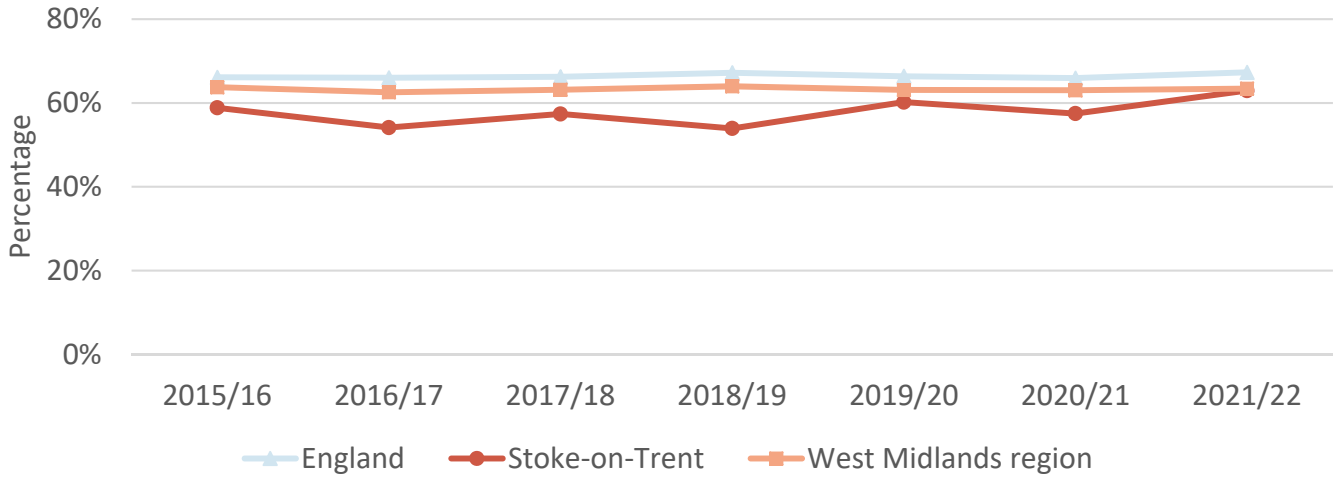


(Office for Health Improvement and Disparities, 2023)

4.4 Adult 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. In 2021/22, 63% of adults aged 19 and over in Stoke-on-Trent met the recommended levels of physical activity, which is significantly below the national average of 67.3% (figure 29).

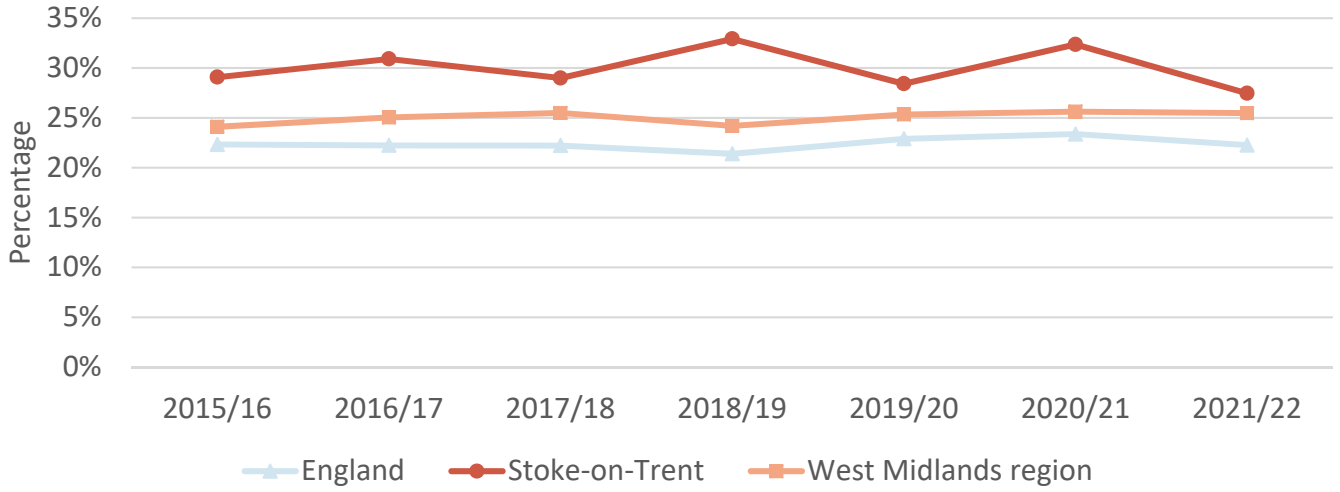
Figure 29 - Percentage of physically active adults



(Office for Health Improvement and Disparities, 2023)

In 2021/22, 27.5% 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). This was higher than the England average of 22.3%.

Figure 30 - Percentage of physically inactive adults

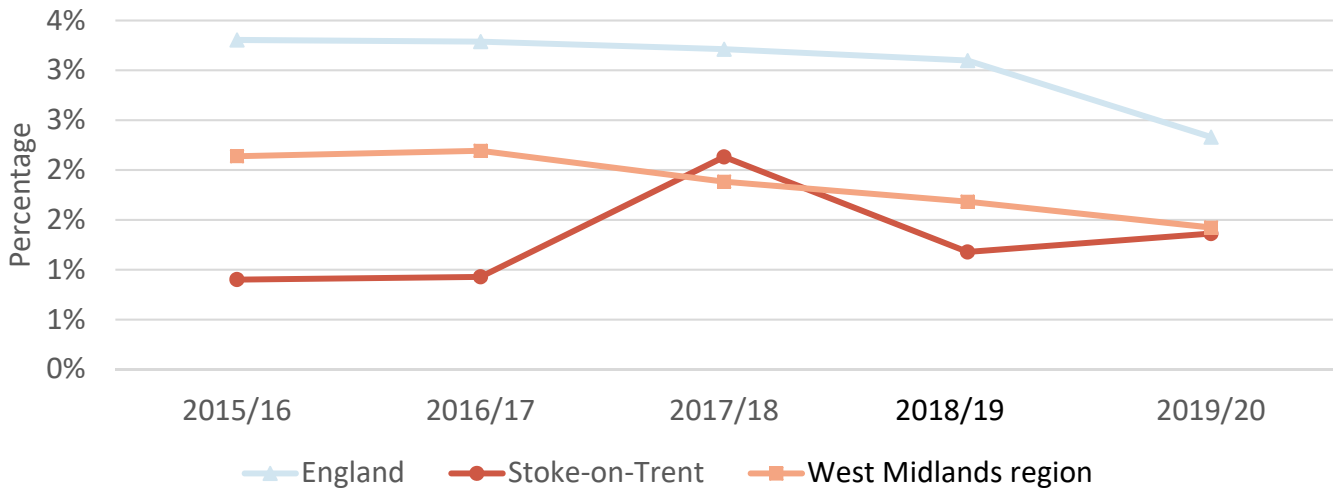


(Office for Health Improvement and Disparities, 2023)

Choosing to walk and cycle as part of everyday life can have a significant impact on public health and may reduce inequalities in health. It is a vital element of a strategic approach that increasing physical activity may be more cost-effective than other initiatives. In 2019/20, 1.4% of adults in Stoke-on-Trent

. This was lower than the England average of 2.3%.

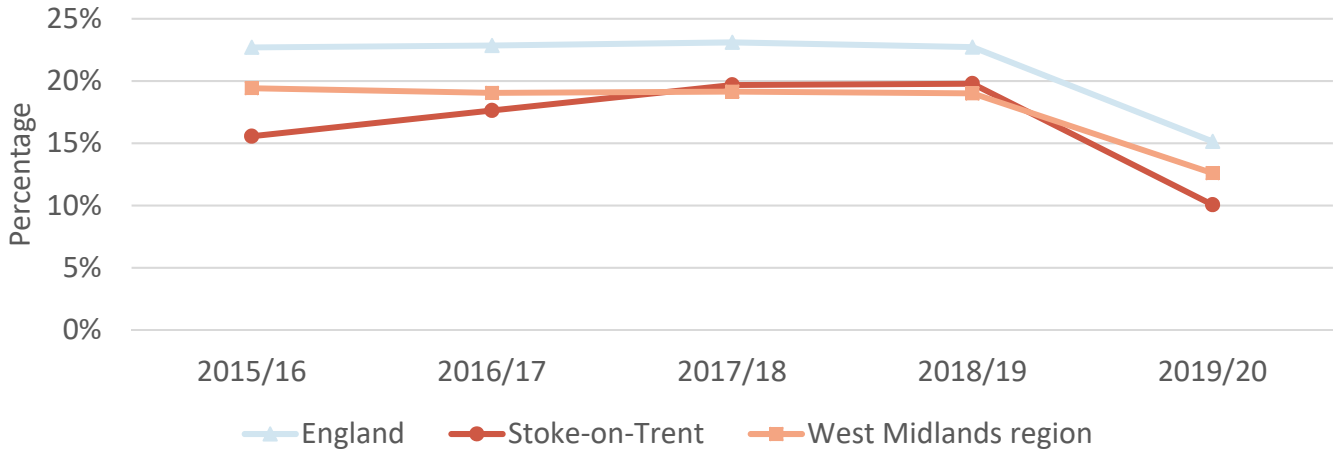
Figure 31 - Percentage of adults cycling for travel at least three days per week



(Office for Health Improvement and Disparities, 2023)

In 2019/20, 10% of adults walked for travel at least three days per week (figure 32). This was lower than the England average of 15.1%.

Figure 32 - Percentage of adults walking for travel at least three days per week

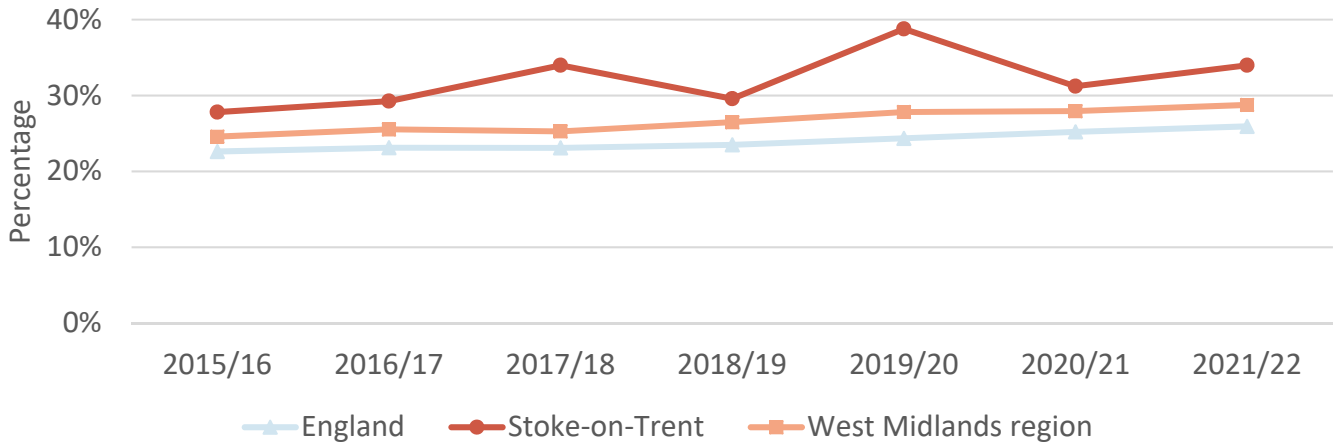


(Office for Health Improvement and Disparities, 2023)

4.5 Adult obesity

Over the last 40 years levels of obesity within England has increased considerably with a 1980 survey estimating the prevalence of obesity at 7.5% (now 25.9% in England). Latest 2021/22 data estimate the percentage of obese adults within the city at just over a third of all adults (34%). This continues to be significantly worse than the England average.

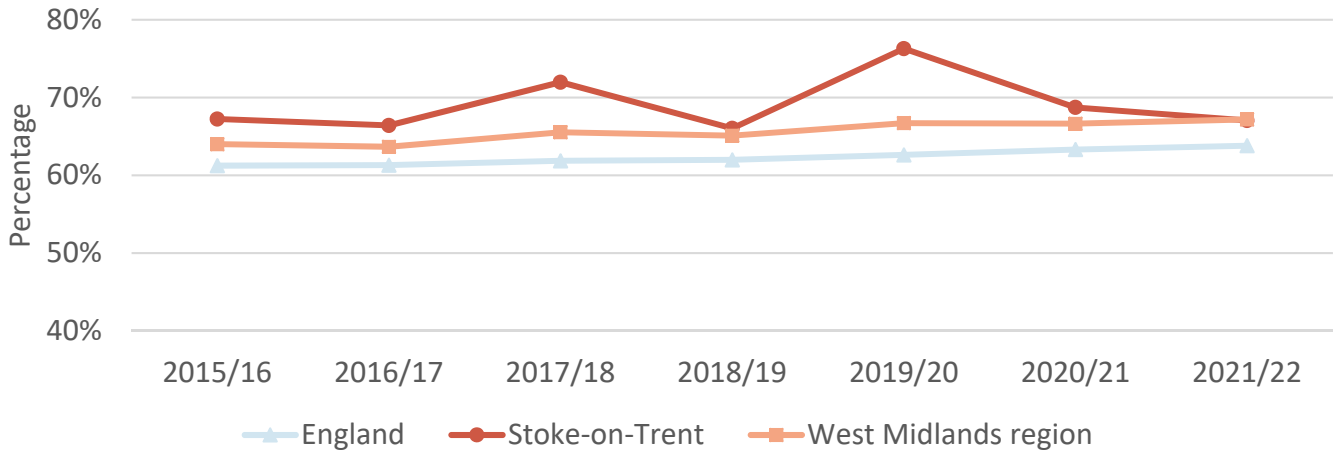
Figure 33 - Percentage of adults (aged 18+) classified as obese



(Office for Health Improvement and Disparities, 2023)

The overweight (including obesity) indicator (figure 34) displays Sport England's Active Lives Adult Survey estimates to help aid in the prevention of obesity at a local level. The latest 2021/22 data for Stoke-on-Trent estimates that just over two thirds (67.1%) of the population are classified as overweight or obese which is now statistically similar to the England average of 63.8%.

Figure 34 - Percentage of adults (aged 18 plus) classified as overweight or obese



(Office for Health Improvement and Disparities, 2023)

5 - Premature Deaths

5.1 Premature deaths (mortality) from all causes

In 2021* within Stoke-on-Trent a rate of 534.1 per 100,000 people died prematurely (before the age of 75 years). This rate is statistically higher than the regional (394.4) and national average (363.4) and equates to 1,165 deaths. Of these deaths almost three fifths were male (722) and over half of the total number of premature deaths (658) were considered preventable. Preventable meaning that all or most deaths from the underlying cause could be avoided through effective interventions.

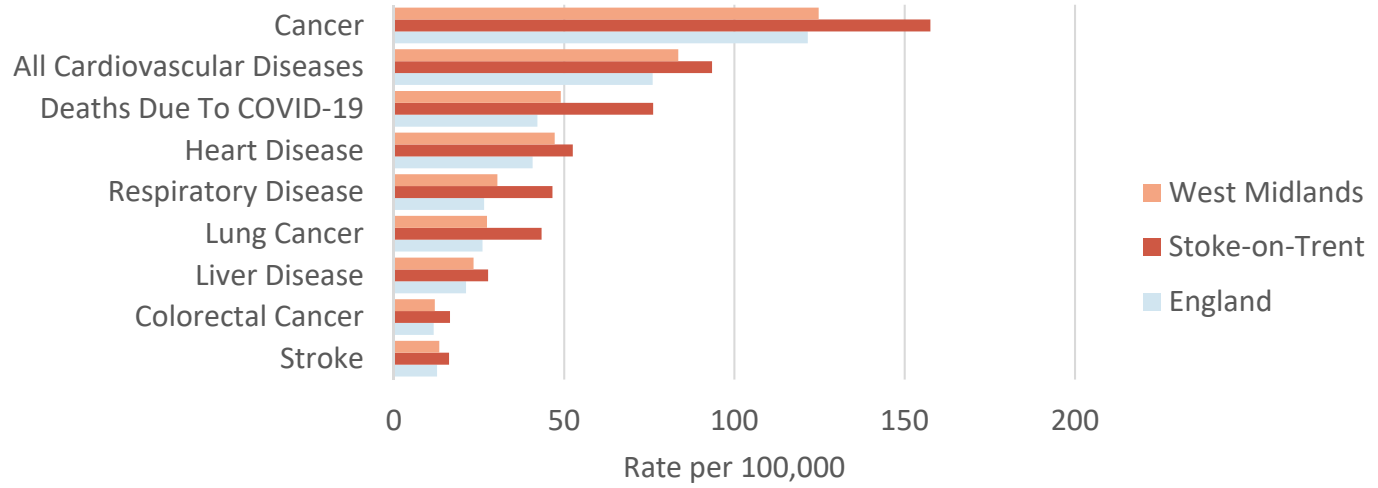
Figure 35 – Rate of ~~P~~premature mortality from all causes 2021

(Office for Health Improvement and Disparities, 2023)

In 2021, the primary cause of premature death within Stoke-on-Trent was cancer, amounting to 29% (341 cases) of all premature deaths, followed by cardiovascular diseases amounting to 17% (201 cases). The third biggest cause of premature death was Covid-19 with 14% (76 cases).

*During the development of this report the Office for National Statistics carried out rebasing of the mid-year population estimates. As such, the population estimates for years prior to the 2021 Census will be adjusted; only the latest data is currently available surrounding premature mortality.

Figure 36 – Premature mortality by cause of death 2021

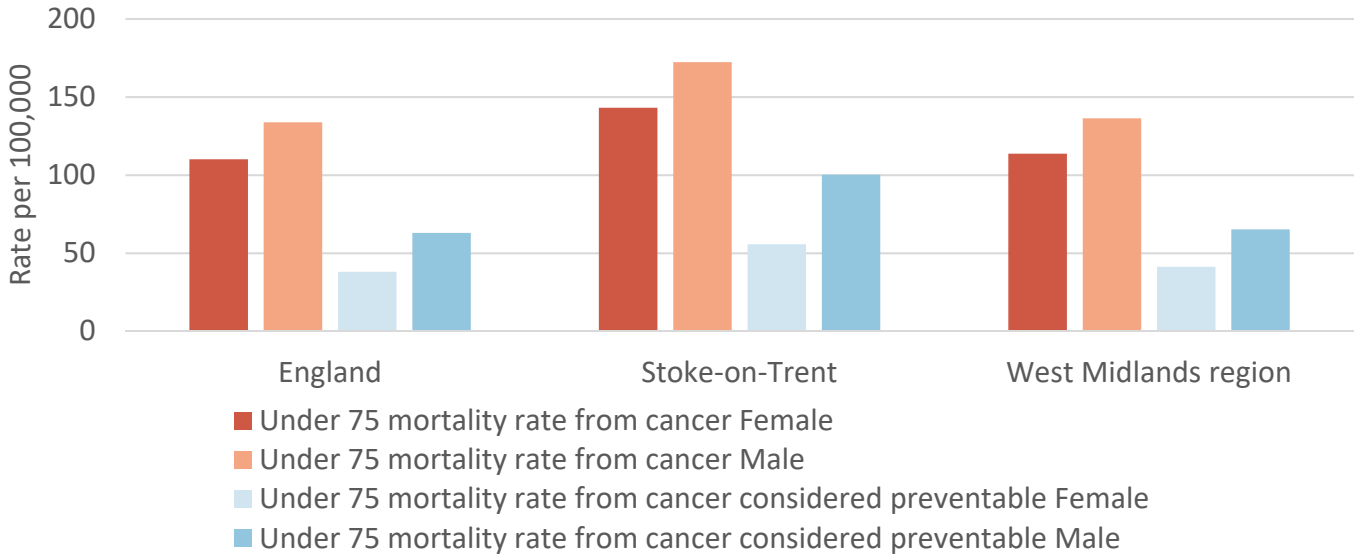


(Office for Health Improvement and Disparities, 2023)

5.2 Premature mortality from cancer

Globally, cancer is the leading cause of death, accounting for one in six deaths. Although types of cancer are varied the most common causes of cancer deaths are lung, bowel, prostate and breast cancer (together accounting for 45%). In 2021 within the city of Stoke-on-Trent, regionally and nationally more men died prematurely of cancer than women (figure 37). Factors could include poorer lifestyle choice, risk taking behaviour or being diagnosed at a later date. Over half (58%, 107 lives) of the premature deaths relating to cancer for males in Stoke-on-Trent could have potentially been avoided. For women, the percentage of avoidable premature deaths was 39% (96 lives).

Figure 37 – Premature mortality from cancer 2021



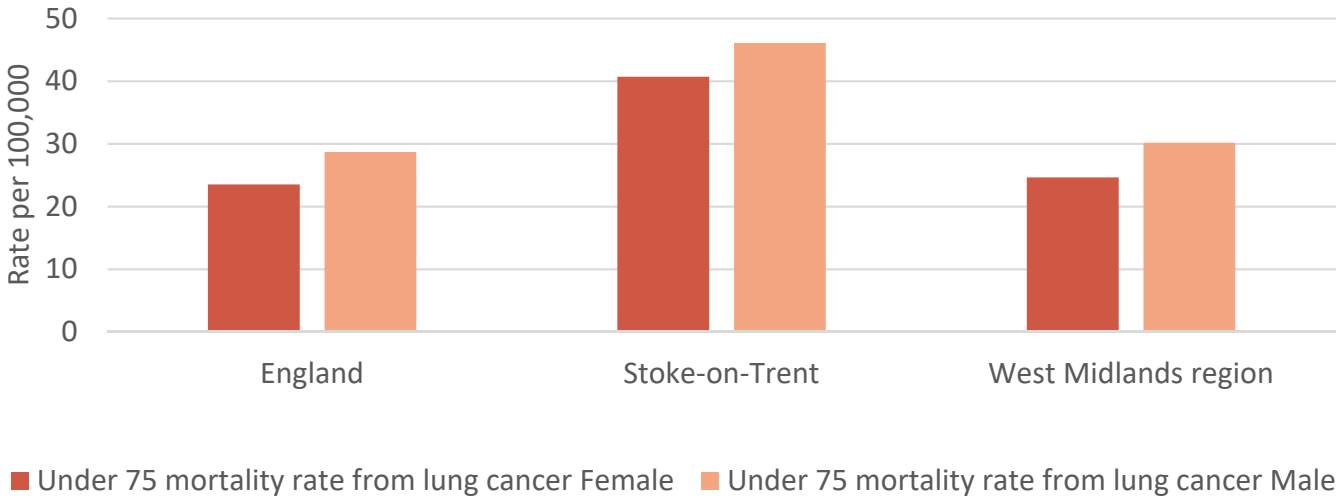
(Office for Health Improvement and Disparities, 2023)

5.3 Premature mortality from lung cancer

In 2021, there was a rate of 43.3 per 100,000 (93 cases) premature deaths due to lung cancer in Stoke-on-Trent which was statistically higher than the regional (27.3 per 100,000) and national average (26 per 100,000). Lung cancer was attributed to just over a quarter (27%) of all premature mortality from cancer.

Split by gender, across the board more men died prematurely than women due to lung cancer in 2021. This amounts to a rate of 46.1 per 100,000 males and 40.7 per 100,000 females in Stoke-on-Trent.

Figure 38 – Premature mortality from lung cancer 2021



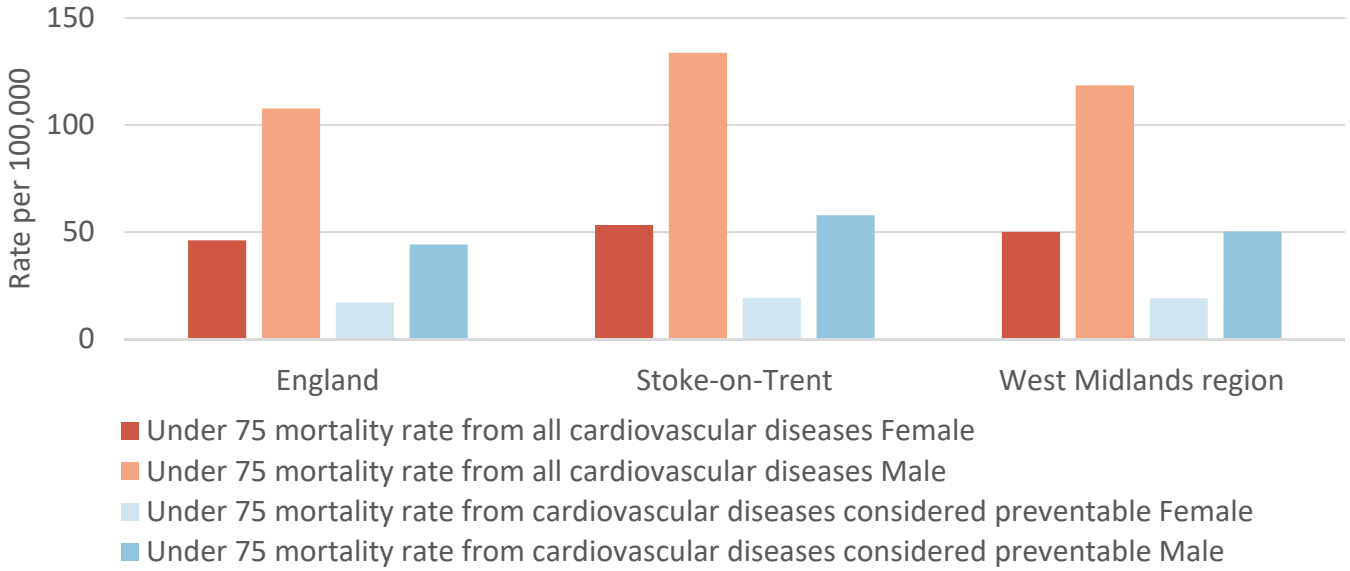
(Office for Health Improvement and Disparities, 2023)

5.4 Premature mortality from cardiovascular disease

Cardiovascular disease (CVD) is a broad term, describing a disease of the heart or of the blood vessels. In England CVD accounted for just under 15,000 deaths in 2021. In most cases under-75 mortality from CVD is largely preventable as most of the risk factors are lifestyle choices. In 2021 Stoke-on-Trent recorded a rate of 93.4 per 100,000 (201 deaths), statistically higher than the England average of 76 per 100,000. Of these deaths, 83 were considered preventable equating to around two in every five premature deaths as a result of CVD.

Split by gender, over two thirds of all cases of premature death from CVD were male at a local, regional and national level. In Stoke this equates to a rate of 133.9 per 100,000 (143 deaths) for males and 53.3 per 100,000 for females (58 deaths).

Figure 39 – Premature mortality from cardiovascular disease 2021



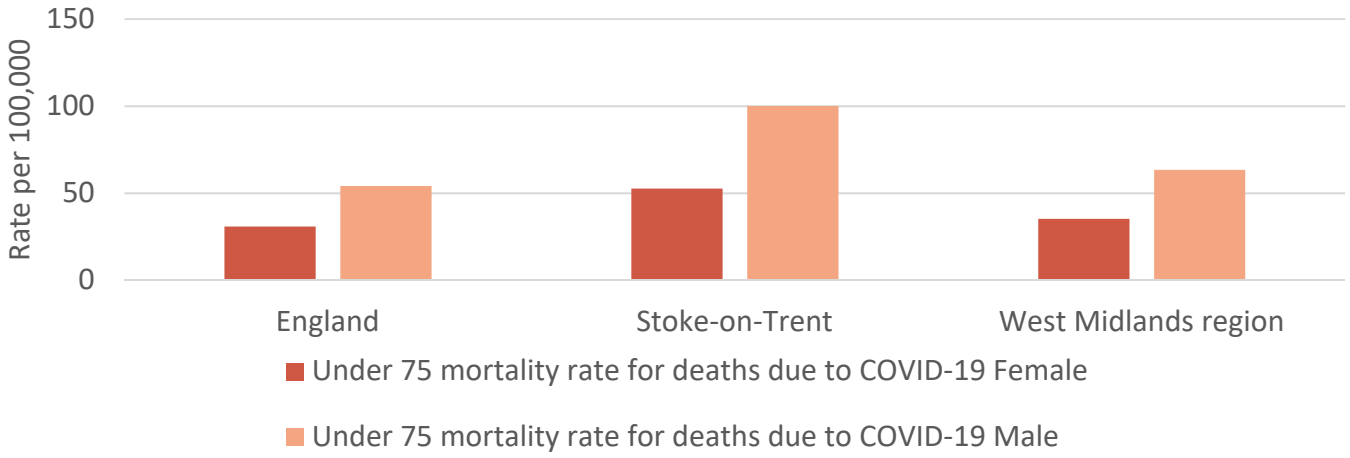
(Office for Health Improvement and Disparities, 2023)

5.5 Premature mortality due to COVID-19

Although COVID-19 is still highly transmissible, the vaccine programme has greatly reduced the numbers severely affected in 2022 and 2023. However, in 2021 the third highest cause of premature death within Stoke-on-Trent was due to COVID-19. This accounted for a rate of 76.1 per 100,000 (164 deaths), which is statistically higher than the England average of 42.2 per 100,000. An additional 179 premature deaths involved COVID-19, however as they were not the direct cause these have been omitted from the results.

Locally, regionally and nationally more males died prematurely of COVID-19 than females in the year 2021. Locally just under two thirds (65%) of all premature COVID-19 deaths were male, with a rate of 100.1 per 100,000 males and 52.7 per 100,000 females in Stoke-on-Trent.

Figure 40 – Premature mortality due to COVID-19 2021



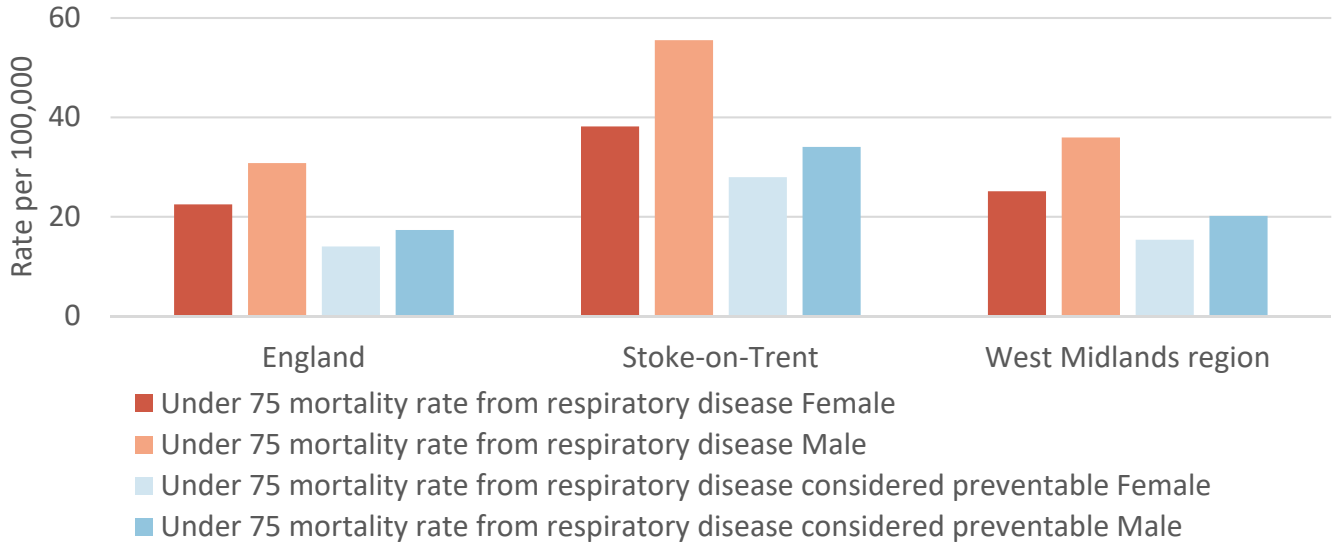
(Office for Health Improvement and Disparities, 2023)

5.6 Premature mortality from other respiratory disease

Respiratory disease is a general term for multiple diseases such as asthma, chronic obstructive pulmonary disease (COPD) or pneumonia. Within England, it is one of the main causes of premature death annually and many of these deaths can be traced back to lifestyle risk factors such as smoking. In 2021 premature deaths from respiratory diseases accounted for a rate of 46.6 per 100,000 within the city; statistically higher than the England rate of 26.5 per 100,000. Of these premature deaths within the city two thirds (66%) were considered preventable.

In Stoke-on-Trent more males died prematurely from respiratory diseases in 2021 than women, with the trend mirroring the regional and national gender split. This equates to just under three fifths (59%) of all premature deaths due to respiratory disease were male, with a rate of 55.5 per 100,000 males and 38.2 per 100,000 females.

Figure 41 – Premature mortality from respiratory disease



(Office for Health Improvement and Disparities, 2023)

5.7 Premature mortality from liver disease

Over the past 20 years there has been an increase of the premature mortality rate due to liver disease. Most liver disease is preventable and a large proportion of it is influenced by alcohol consumption and obesity. In 2021 premature deaths from liver disease accounted for a rate of 27.7 per 100,000 within the city; statistically similar to the England rate of 21.2 per 100,000. Of these premature deaths within the city the majority (89.9%) were considered preventable.

Split by gender, more men die prematurely of liver disease than women locally, nationally and regionally. Within the city, the rate per 100,000 of males is 33.5 and females 20.1, both statistically similar to the England average (males: 24.8, females: 13.3).

Figure 42 – Premature mortality from liver disease

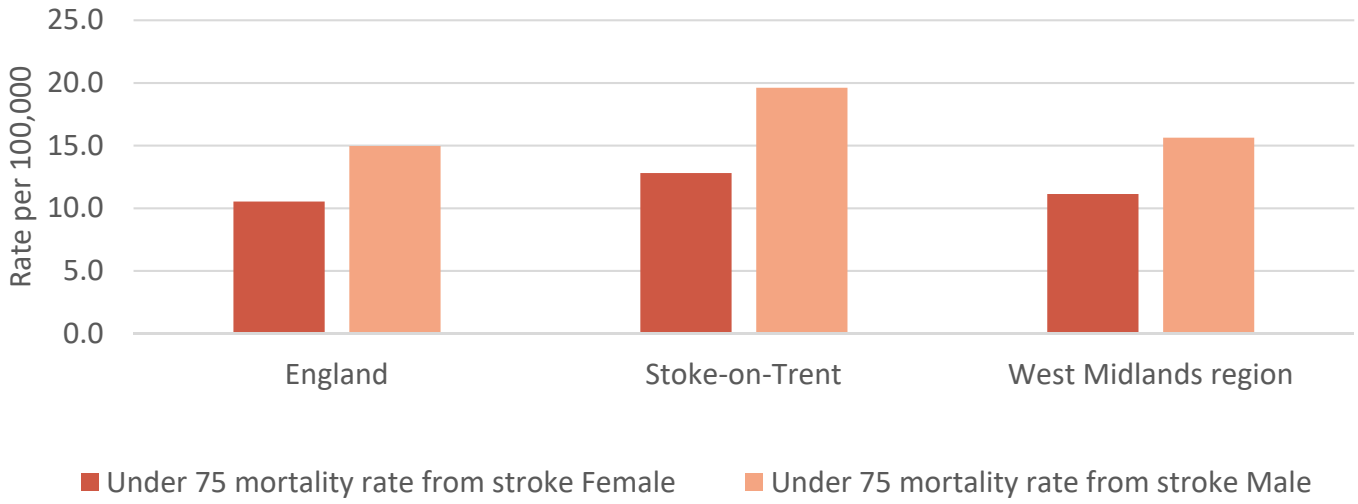
(Office for Health Improvement and Disparities, 2023)

5.8 Premature mortality from Stroke

Strokes are a serious life-threatening condition that occurs when blood to the brain is obstructed. It effects over 1 million people in England each year. Studies suggest that with appropriate diagnosis and management, outcomes can be effectively managed. In 2021 premature deaths from stroke accounted for a rate of 16.2 per 100,000 within the city; statistically similar to the England rate of 12.7 per 100,000.

Split by gender, more men die prematurely of stroke than women locally, nationally and regionally. Within the city, the rate per 100,000 of males is 19.6 and females 12.8, both statistically similar to the England average (males: 15.0, females: 10.5).

Figure 43 – Premature mortality from Stroke



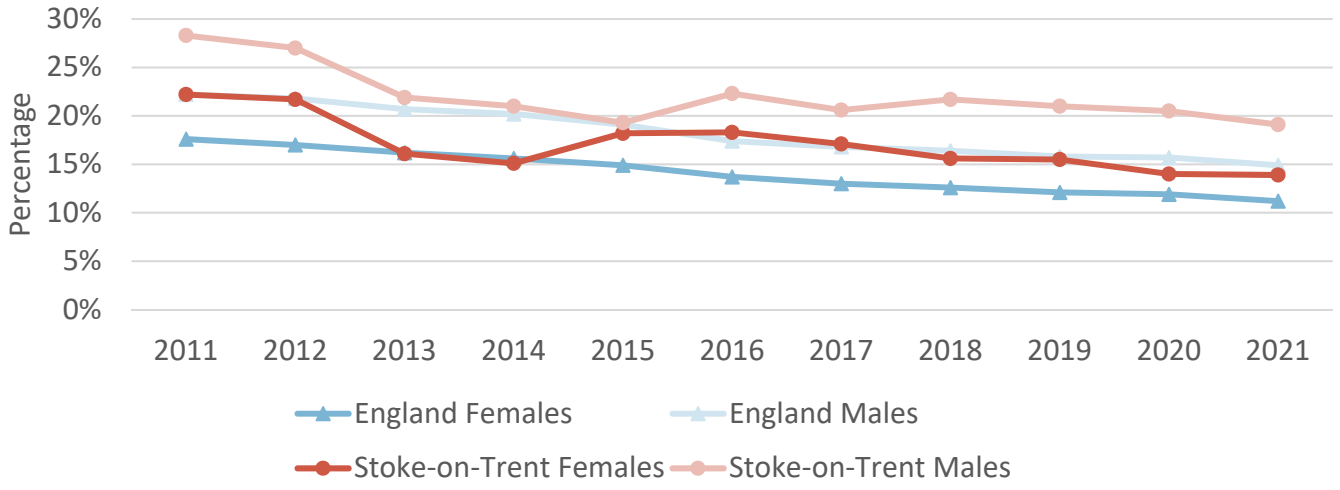
(Office for Health Improvement and Disparities, 2023)

5.9 Smoking

Along with deprivation being a driver to health inequalities, various behavioural risk factors have an adverse effect upon an individual's health and premature mortality risk.

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. The latest Annual Population Survey data (2021) estimates that 16.3% of adults in Stoke-on-Trent are current smokers, higher than the national average (12.7%). When comparing by gender, men are more likely to be smokers that women both locally and nationally. Locally this equates to 19.1% of men who are current smokers and 13.9% of women.

Figure 44 – Smoking Prevalence in adults (18+) current smokers (APS)



(Office for Health Improvement and Disparities, 2023)

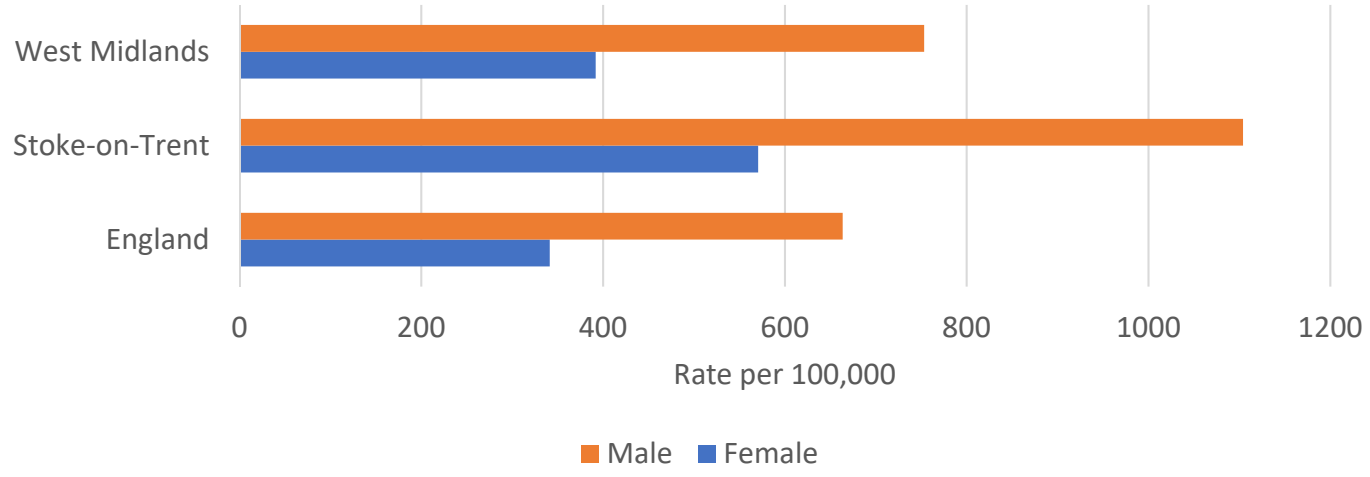
5.10 Alcohol

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.

Local estimates from the 2019 Adult Health and Lifestyle Survey found that around 43% of adults (aged 18 and over) were drinking at levels of increasing or higher risk in Stoke-on-Trent. In 2020/21 just under 2,000 people were admitted into hospital for alcohol-related conditions within the city (figure 45). With a rate of 828 per 100,000, this is statistically worse than regional (564 per 100,000) and national rates (494 per 100,000).

Figure 45 - Admission episodes for alcohol-related conditions (Narrow)



(Office for Health Improvement and Disparities, 2023)

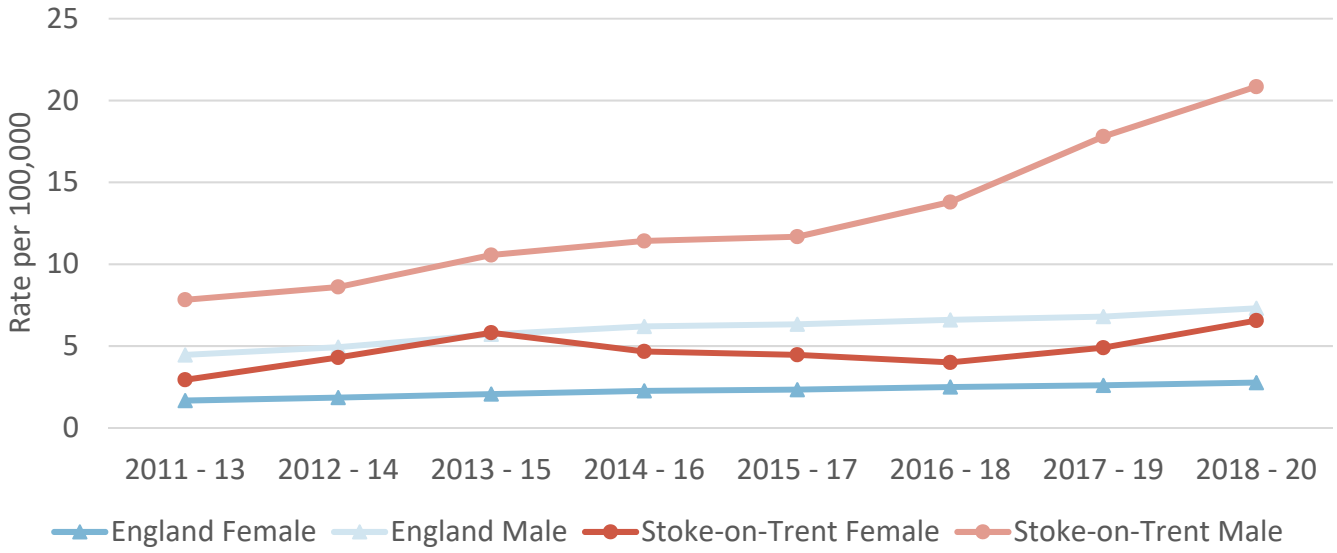
5.11 Drugs

Approximately 3 million adults in England reported drug use in the year ending June 2022. Increasing numbers of people are 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.

Within Stoke-on-Trent the number of drug related deaths has continued to increase since 2009-2011 and since 2010-2012 have been statistically higher that the national average. In 2018-2020 a rate of 13.9 drug misuse deaths per 100,000 was recorded in the city, translating to 99 deaths, almost two deaths per week.

Looking at data split by gender highlights the majority of Stoke-on-Trent's drug related deaths are male with more than three times the number of deaths occurring in 2018-2020 (76 males, 23 females).

Figure 46 - Deaths from drug misuse by gender



(Office for Health Improvement and Disparities, 2023)

Summary

The information provided within sections 1 to 5 give an opportunity to examine a range of key measures of health and the building blocks of good health and wellbeing in the city as the relate to Cost of living, Infant mortality, Health inequalities, Physical activity and obesity and Premature (under-75) mortality.

Through the surveillance of data in this report and that contained in the new interactive Joint Strategic Needs Assessment tool, there is the opportunity to better understand where leadership is required to reduce inequalities that impact on the lives of children, families and adults in Stoke-on-Trent.

6 – Conclusion

The intention of this year's annual report is to highlight some of the challenges that we face as an Authority and to stimulate united and collective action across the city. Each of the topics are interlinked by the communities in which are residents are born and grow, live and work.

Evidence and data tell us that currently in areas of Stoke-on-Trent the conditions people live and work and the decisions taken by individuals influenced by these environments are having impact on their ability to live well, exacerbating inequalities across the city. In part, this is driving high rates of infant mortality and premature deaths especially from non-communicable diseases such as cancer, stroke and CVD.

Therefore, by first focusing on the lived experiences of our communities, recognising individuals' gifts and talents and the assets in their neighbourhoods and towns we can build thriving communities and resilient individuals. This requires a pivot away from crisis driven service provision and the coproduction of preventative services delivered with and through communities and Community and Voluntary Sector Organisations.

Secondly, by understanding what it means to grow up and live in Stoke-on-Trent through the use of data and lived experiences we can identify groups in our city where there are opportunities to increase the quality and length of life in the city. By using tools such as Health Equality Assessment Tool (HEAT) across all services areas we can identify further areas for action. For example, we know that for the majority of residents in the city their doctor or health professional is the most trusted source of health information. However, for some groups this is not the case and mis- and dis-information can lead to decisions by these groups that results in poor health outcomes. To address the health inequalities in Stoke-on-Trent we must continue to raise levels of trust through ensuring communities see that the council and other statutory partners are competent, consistent and caring.

Thirdly, the enduring financial pressures experienced by local residents and organisations require continued and enhanced collective actions. These actions will require advocacy at a national level to improve the structural economics impacting the city and local work. For example, to enable residents to secure and retain well-paid employment, anchor organisations including the council, universities and NHS ensure apprenticeship opportunities for local young people and return to work programmes for people with health conditions.

The impact of the measures set out above will take time to achieve significant improvements to local public health priorities including infant mortality and healthy life expectancy. However, there is clear evidence that everyday life of local residents can be enhanced through improvements to the social fabric of our communities in the short-term.

7 – Recommendations

The recommendations which follow are actions which can be achieved during 2024. Individually, each will deliver outcomes to address one of the social determinants of health shown in Figure 16 of this report. However, it is the collective efforts that will provide a significant positive impact on wellbeing of our residents;

1. Strengthen the VCSE sector by enhancing the social fabric of all communities across the city through social listening, coproduction and delivery of interventions.
2. Introduce a Family Support approach for the city that helps families to give their children the best start in life, including better housing, education and help when things start to go wrong.
3. Develop support for people to stay in work or gain employment where their health is a primary barrier working collaboratively across the City with public and private and community organisations.
4. To take action to reduce Infant Mortality through an inter-agency working, bringing together stakeholders to implement evidenced based action.
5. Develop a city-wide approach to increasing physical activity, using the levers through policy and assets of the City to make being physically active easier.

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