Stoke-on-Trent
Health and Wellbeing Board



Stoke-on-Trent Joint Health and Wellbeing Strategy 2021-2025



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FOREWORD

This is a pivotal moment in the story of Stoke-on-Trent, as the city emerges from the COVID-19 pandemic. Members of the Joint Health and Wellbeing Board also wear different hats alongside their roles on the board. Each member provides a unique view of what is going on in our great city: how health and care services support our most vulnerable residents; how the economy is being transformed; how we work with other agencies and partners to protect and nurture our children; the work that goes on with key partners to make Stoke-on-Trent a safe place to live and visit. Health and wellbeing completes the picture and make all the other pieces more relevant and important. The health and wellbeing outcomes for Stoke-on-Trent tell us whether we are doing the other big things well, and whether people are benefiting from improvements in the right ways.

There is a huge amount of work still to do to ensure that the people in our great city can share the rewards of economic growth and prosperity. More people are now benefitting from progress, but too many are still prevented from living happier, healthier and more productive lives in this city by long-standing inequalities. It shouldn't be the case that babies who are born in the same ward of the Royal Stoke Hospital will go on to live longer, healthier lives if they are from Burslem, Longton, or Stoke than if their families live in Fenton, Tunstall or Hanley. Nor should people in Stoke-on-Trent receive less health funding per person than their neighbours in Newcastle-under-Lyme. We need to end all of these local inequalities and focus on closing the gap between our city and the rest of the UK.

This moment represents a huge opportunity for the city's health partners to deliver improved outcomes which will not only transform the quality of people's lives, but help the city to achieve its economic ambitions, too. We will develop effective, holistic approaches to mental health to reduce self-harm and suicide rates and support more adults to stay in, or return to, employment. Everyone needs a purpose, a home and a friend, and if we can address these fundamental needs then we can transform mental health and wellbeing levels in our city and give many more people the opportunity to live their lives well.



Our board is ambitious and committed to making this strategy come alive. We will do this by focusing on high impact delivery of four obsessions for the first year: early years and best start; economic growth and social inequalities; lifestyle and health inequalities; and mental health.

These are significant challenges, but the city's response to the pandemic demonstrated what can be achieved through partnership, compassion, resilience. The communities in Stoke-on-Trent have these qualities in spades, the board believes the same strengths which served us so well in combating the virus will enable us to deliver this important and exciting vision for the health and wellbeing of our great city.

This is a joint foreword from all members of the Stoke-on-Trent Health and Wellbeing Board:

Councillor Abi Brown
Stoke-on-Trent City Council
(Chair of Health and Wellbeing Board)

Dave Wheat
Changes Health and Wellbeing

Dr Lorna Clarson
Stoke-on-Trent Clinical Commissioning Group

Dr Paul Edmondson-Jones MBE
Stoke-on-Trent City Council

Sarah Parker
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Diane Thompson
Honeycomb Group

Neil Carr
Midlands Partnership NHS Trust

Peter Axon
North Staffordshire Combined Healthcare NHS Trust

Prem Singh
Staffordshire and Stoke-on-Trent STP/ICS

Howard Watts
Staffordshire Fire and Rescue Service

Jennifer Mattinson
Staffordshire Police

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Councillor Ally Simcock
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Tracy Bullock
University Hospital North Midlands

Charlotte Bennet
Voluntary Action Stoke-on-Trent





OUR VISION

We will build on the strength and kindness which characterises the people and communities of Stoke-on-Trent, by working with and supporting our residents to live longer, happier and more fulfilling lives.

This strategy sets out our four-year vision for health and wellbeing in Stoke-on-Trent.

It will be used by local health and care partners to inform plans for commissioning services and shape how we work together to meet health and social care needs and address the social determinants of health.

OUR PRIORITIES FOR ACTION

Start well

Priorities	Outcomes
 Getting the most healthy start in life	• Reduce infant mortality • Children meet their early development milestones • Supporting parents and carers
 Developing well into adulthood	• Prevent serious mental health difficulties amongst teenagers • Reduce teenage pregnancy

Live well

Priorities	Outcomes
 Promoting good physical health	• Reduce obesity • Reduce smoking • Increase physical activity • Reduce drug and alcohol misuse
 Promoting good mental health	• Increase mental health awareness • Improve emotional and mental wellbeing • Improve access to mental health services
 Supporting people to maintain independence	• People feel safe, secure and maintain their independence within their home • Carers are recognised, valued and supported • Young people with additional needs receive the information and support they need to develop and maintain independence

Age well

Priorities	Outcomes
 Living well into old age	• Older people have a voice in the design and delivery of services related to ageing • Clear and concise pathways for supporting people who are frail elderly • Supporting people with dementia to live well
 Providing the best end of life care	• Coordinated end of life planning • Personalised clinical care in emergency medical situations • Proactive, personalised care for residents in care homes

Healthy city

Priorities	Outcomes
Building strong communities	• Improve community safety • Improve community cohesion • Community development
Living in a healthy home and environment	• People live healthily in good quality and safe homes • Prevent and reduce homelessness • Increase use of greenspace
Supporting sustainable employment, skills and local economy	• Increase employment, particularly youth employment • Increase numbers of apprenticeships and work based learning • Increase the number of higher skilled jobs, raising skill levels and productivity amongst the city's workforce



Getting the most healthy start in life

Focussing on the first years of life will improve long-term life chances of local children and help them fulfil their potential.

Developing well into adulthood

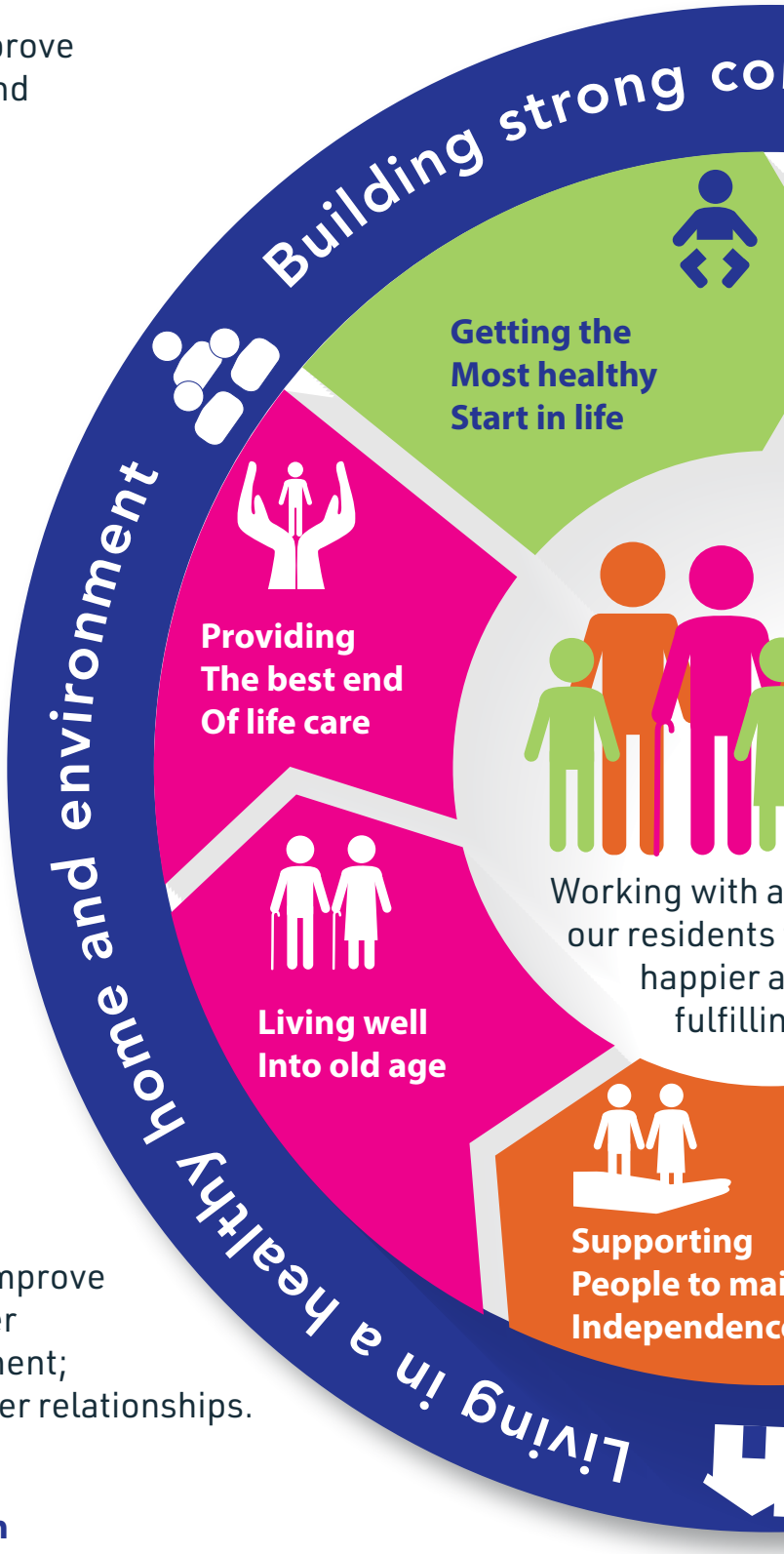
Young people will be empowered to make good choices and ensure they receive the right support to achieve good physical, mental and emotional wellbeing.

Promoting good physical health

Helping people to make good lifestyle choices and do more physical activity will bring immediate and long-term health benefits and improved quality of life.

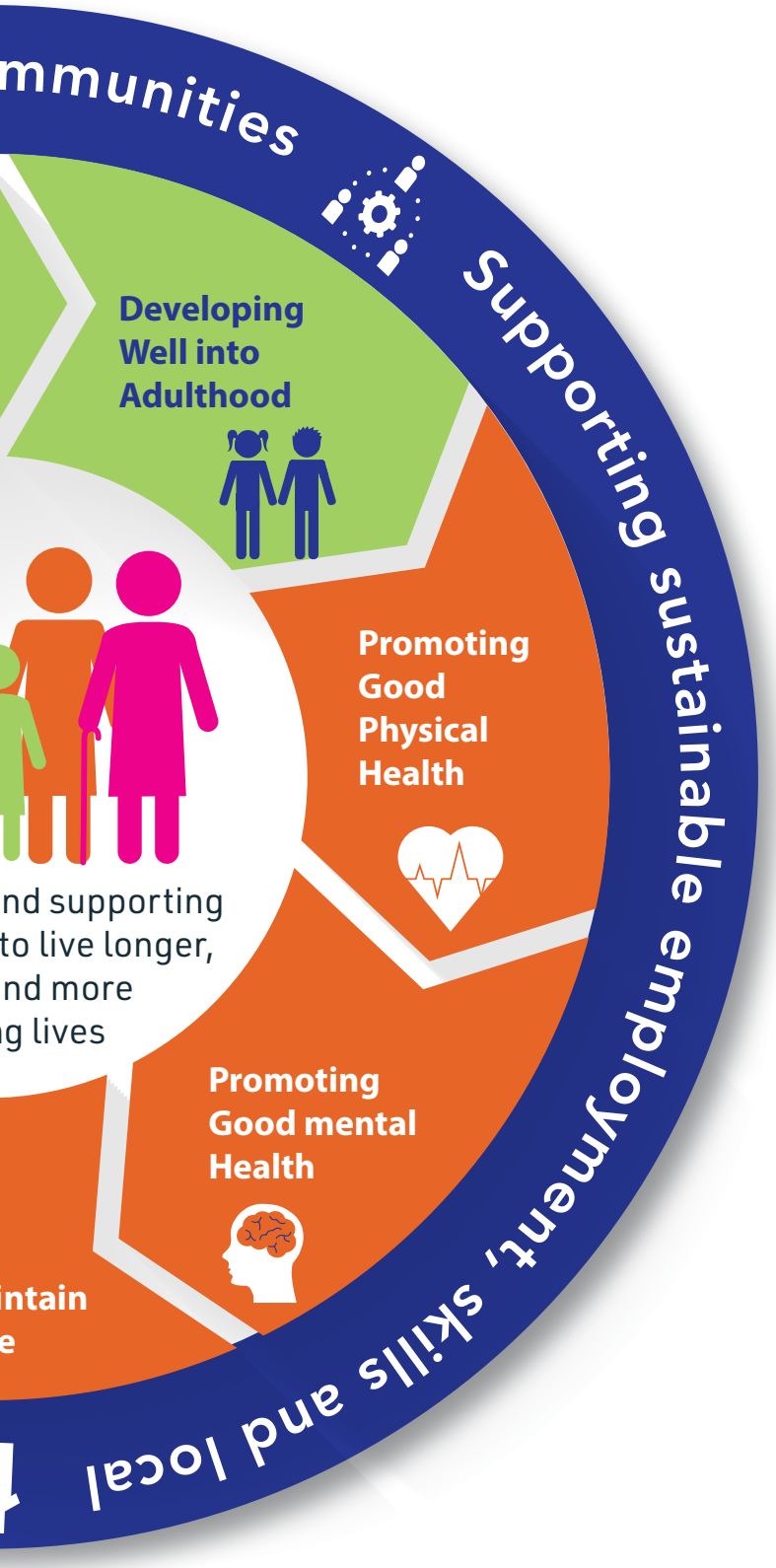
Promoting good mental health

Promoting positive mental wellbeing will improve quality of life in many ways including: better physical health; higher educational attainment; greater likelihood of employment; and better relationships.



Supporting people to maintain independence

We want to enable people to better manage their own health conditions and support them to maintain independence and wellbeing within their local communities for as long as possible.



Living well into old age

We want to support people to stay healthy for as long as possible, live well and have fulfilling lives into old age.

Providing the best end of life care

Personalising and co-ordinating end of life care will improve outcomes and support people to make choices about their care, including their preferred place of death.

Living in a healthy home and environment

Having a healthy, safe and good quality home and access to greenspace supports the physical health and mental wellbeing of our residents.

Building strong communities

Communities are at the heart of health and wellbeing and have a vital contribution in helping people maximise their independence.

Supporting sustainable employment, skills and local economy

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

INTRODUCTION

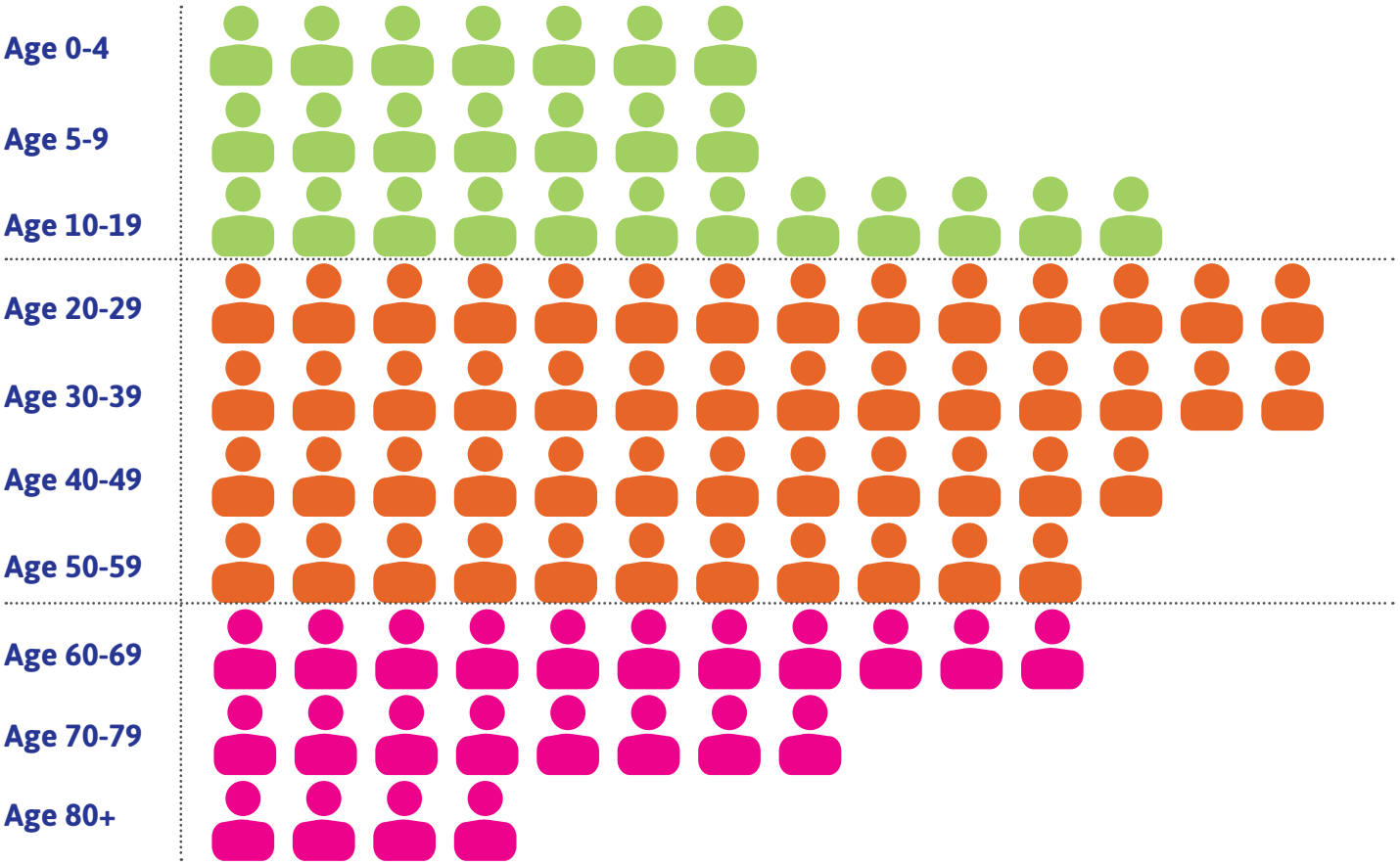
The Joint Health and Wellbeing Strategy 2021-2025 is the city's plan for reducing health inequalities and improving health and wellbeing for residents of all ages. Using the local needs identified in our Joint Strategic Needs Assessment we have developed local evidence-based priorities for the commissioning of local services.

We have defined the objectives for each priority and indicated outcomes and measures for partners in order to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. This strategy, more than ever before, recognises those health related services and the need to work better together on wider services such as those in housing, transport, environment and the local economy.

This strategy would be incomplete without recognising the direct and indirect impacts of COVID-19 on health and wellbeing. The pandemic has disrupted and changed the delivery of health and social care services. It has both exposed and exacerbated longstanding inequalities in society. It is expected that long term conditions will have worsened for many people over the course of the lockdowns. There are particular concerns about the impact of delayed cancer diagnoses, mental ill health and the knock-on effect as services are resumed. The priorities and objectives of this strategy respond to the challenges and opportunities arising for the city's recovery.

Our city and its people

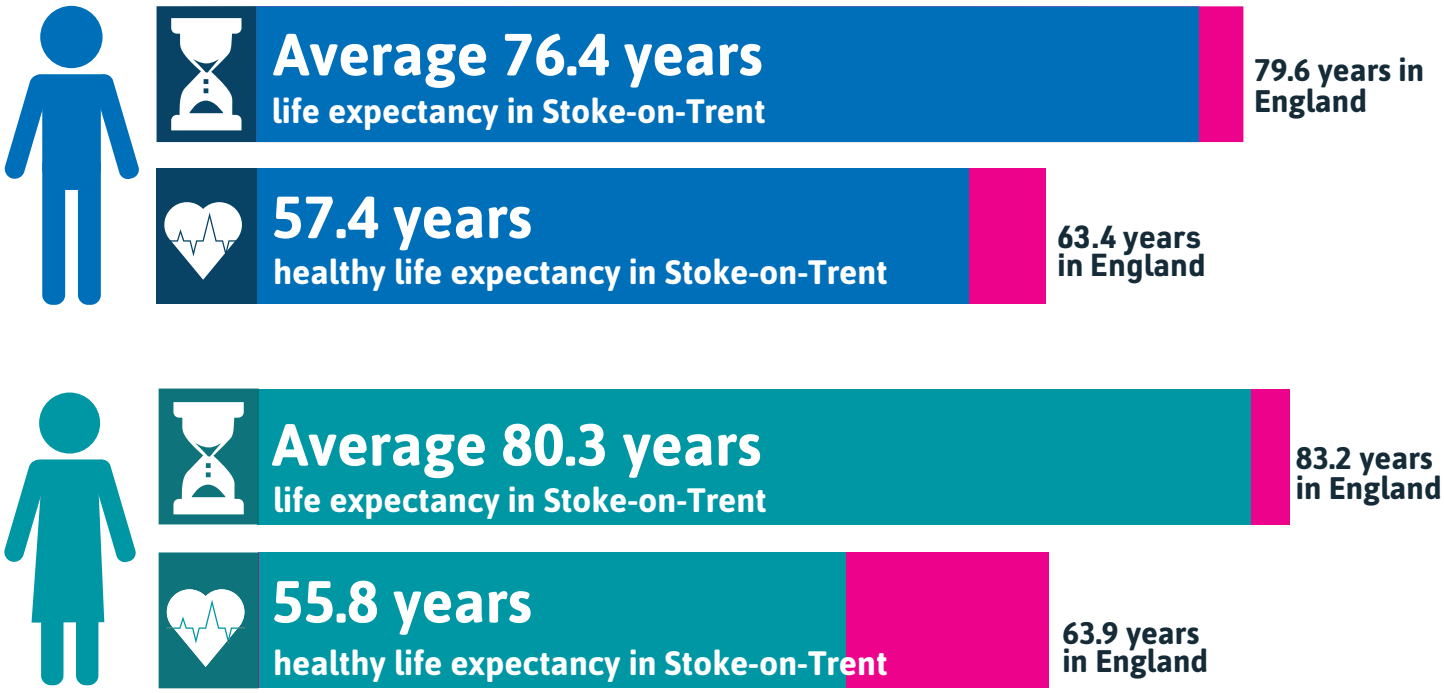
Around 255,800 people live in Stoke-on-Trent. The city is becoming increasingly ethnically diverse with the 'Non-White British' population now accounting for one in five of the population. If the population of Stoke-on-Trent were 100 people, it would look like this:



The city's Joint Strategic Needs Assessment (JSNA) is produced annually to provide an assessment of the current and future health and social care needs of people living in Stoke-on-Trent. A summary of our JSNA is shown in appendix and the full version is online at stoke.gov.uk/JSNA

Whilst there have been improvements across a number of key health outcomes, the health of local people is generally worse than the England average. Life expectancy is lower for those living in the most deprived areas of Stoke-on-Trent compared with those living in the most affluent areas of the city.

Graph showing life expectancy and healthy life expectancy in Stoke-on-Trent compared to England (by gender and age)

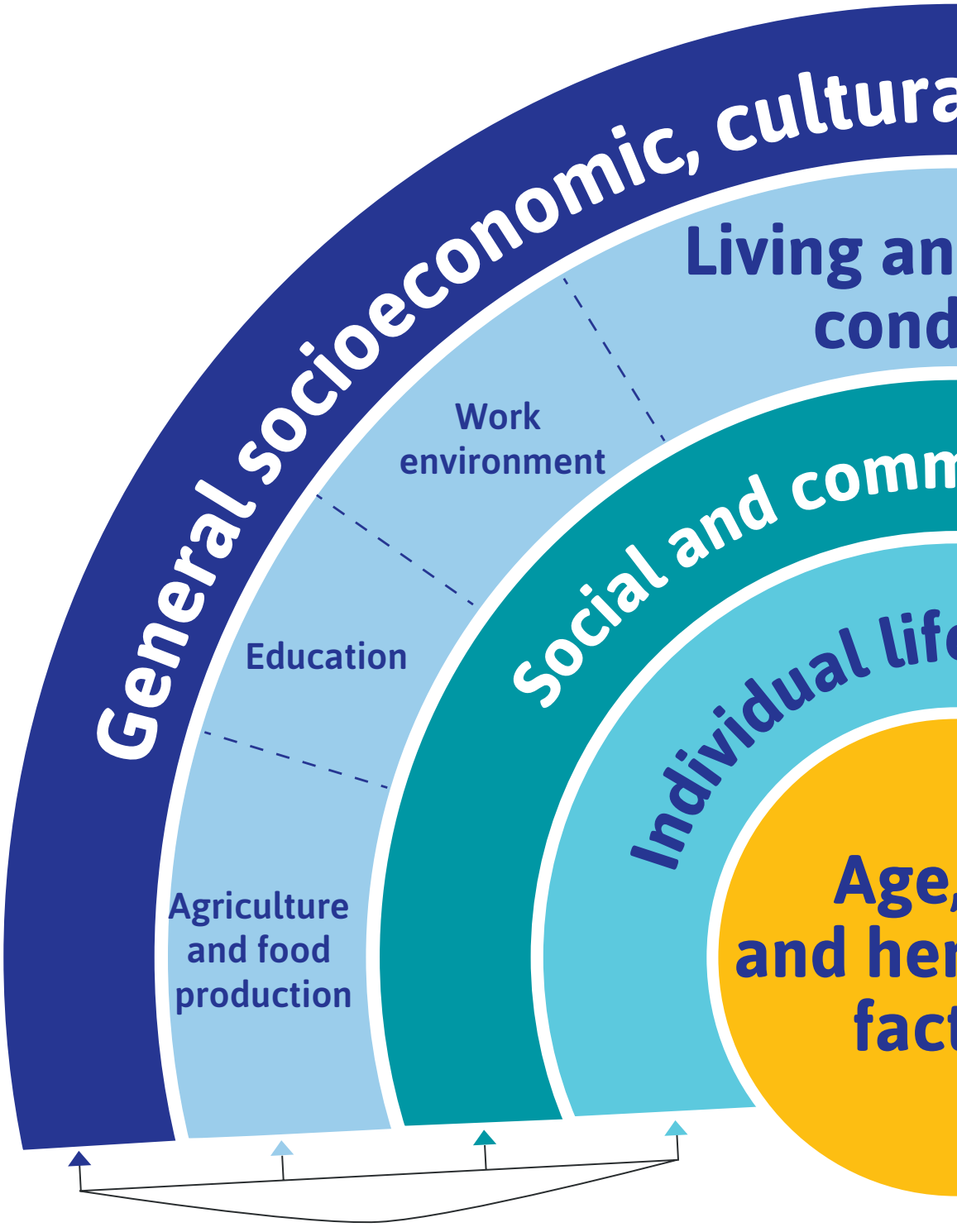


Improving life expectancy is not only about adding years to life, it's also about adding quality to life. Healthy life expectancy is an estimate of the number of years someone would expect to live in good health. People in Stoke-on-Trent live a smaller proportion of their lives in good health than those in England overall. Healthy Life expectancy in the most deprived areas of the city is around 13 years lower than that of those living in the most affluent areas of the city.

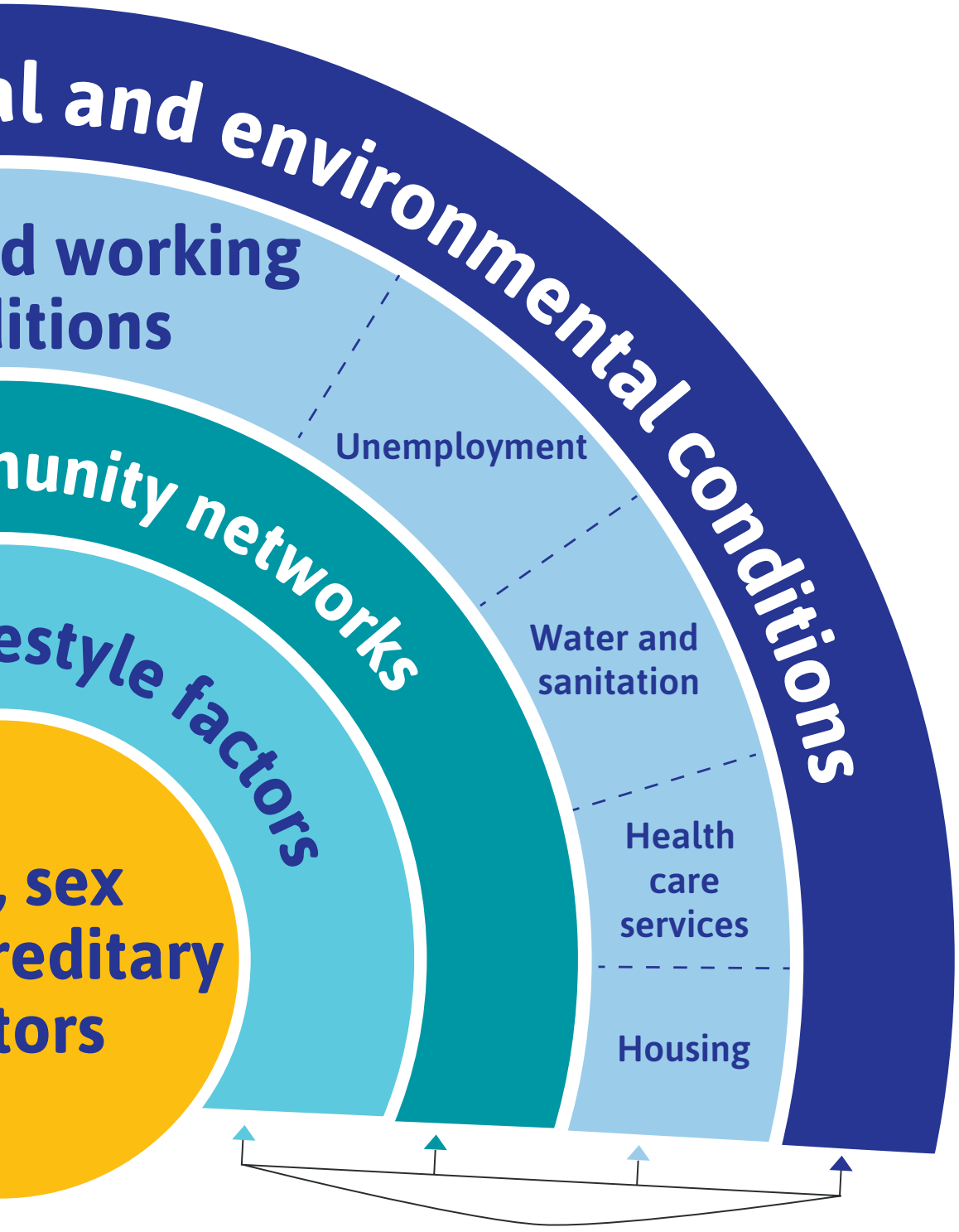
Wider determinants of health and wellbeing

The wider determinants of health and wellbeing are a diverse range of social, economic and environmental factors which influence people's mental and physical health. Systematic variation in these factors constitutes social inequality, an important driver of health inequalities.

Diagram of the determinants of health and wellbeing



The determinants relate to the daily conditions in which people are born, grow, live, work and age. Genetic factors, lifestyle choices, the communities in which people live, education, employment, housing and access to healthcare services are all examples of the social determinants of health. In considering what needs to be done to address the health and wellbeing of our population, we have identified priorities that address the wider determinants in the city.



Challenges and opportunities

COVID-19

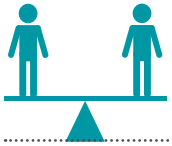
During the life of this strategy we will be living with, and recovering from, the impacts of COVID-19. As we look forward, we are aware that health outcomes for people in the city are likely to have stalled and for some cohorts will have got worse. The pandemic exposed and amplified underlying health inequalities in society and as we move beyond the more acute pressures of COVID-19 we remain committed to addressing these underlying inequalities.

Areas with higher levels of deprivation such as Stoke-on-Trent, in particular our black and minority ethnic communities, will have been affected disproportionately so we must refocus our efforts on improving health outcomes for all residents of our city. Many people will have missed health care appointments or treatment. Others may have suffered financial hardship or mental ill health during 2020. There will be an impact on our children and young people through disrupted education.

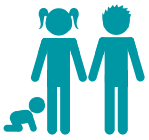
Job security and employment, household incomes and the predicted impact on the economy are some of the economic determinants on health that we must face as we emerge from the pandemic. As we look forward we remain committed to not just building back to better, but to building a fairer and healthier city.



Impacts of COVID-19 include;



- Exposed and worsened inequalities in society, including older people, those with existing health conditions, black and minority ethnic communities and those from more deprived areas.



- The risk of family violence and abuse arising from greater stress and reduced access to services for vulnerable children and their families.
- Lockdown has exacerbated food insecurity and food need, particularly among children.



- School closures may widen existing inequalities in educational attainment.
- The impact of school closures will hit families in the least well-off households hardest.



- Social isolation and loneliness have impacted on wellbeing for many.
- Increase in mental ill health as a result of the direct and indirect impact of COVID-19 and through its impacts on the wider determinants.



- Care for long-term conditions has been disrupted.
- Reduction in emergency department attendances.



- Increased numbers of people are cycling, although it remains to be seen whether this is short lived.
- People consume more alcohol during periods of lockdown.



- The predicted economic downturn will have significant health impacts in the short and longer term.
- Household incomes have fallen and more are facing poverty as a result of the pandemic.



- More time at home in lockdown may play a role in exacerbating the health impacts of poor-quality housing and over-crowded accommodation.



- Increased civic participation in response to the pandemic.
- Improved social cohesion.



- Health and social care collaborative approach to testing, managing outbreaks and vaccination.
- Primary care networks have worked together to develop capacity to deliver vaccinations.

Primary Care Networks (PCN)

To support the delivery of the NHS Long Term Plan, Primary Care Networks were formed - seven across Stoke-on-Trent. Primary Care Networks are groups of GP practices based around GP registered lists of approximately 30,000 to 50,000 patients. The network brings practices together in order to offer care on a scale which is small enough for patients to get the continuous and personalised care they value, but large enough to be resilient, through the sharing of workforce, administration and other functions of general practice. The benefits of these services working together include longer opening hours; better access to specialist health professionals; and services closer to home. Primary Care Networks are an important building block to develop current community services to support better delivery of hands-on, personalised, coordinated and more joined-up health and social care.

Integrated Care System (ICS)

Through the Staffordshire and Stoke-on-Trent Sustainability and Transformation Partnership, local leaders have been working together with local people to join up and improve health and care within the budgets available. There has been considerable progress in recent years towards working in a more integrated way.

There is a collective ambition to build on this progress and expand the scale and nature of the opportunities for integration. This will see a fully functioning Integrated Care System (ICS) supported by an Integrated Care Partnership (ICP) based model of care. By working together, NHS bodies the city council, together with the voluntary sector, other provider organisations and public bodies, will develop a 'place-based' focus to enable a whole population perspective with a common purpose of harnessing provider expertise to integrate health and care services.

New national policy on the arrangements for integrating care across England is continuing to emerge and is likely to develop significantly over the next twelve months. It is expected that local arrangements will evolve and will change over the life of this strategy.

Community led support

We are fundamentally changing how we provide health and social care in the city by focusing on what people can do, not what they can't do. This approach builds on our commitment to work with a strength based approach and to work collaboratively with our local communities and our staff to redesign a service that works for everyone.

We will look at a person's strengths and provide support to enable them to live a better life. This might be a health or social care service but it's just as likely to be connecting someone to a community group, helping them find new ways of doing things, or helping them volunteer. The pandemic has encouraged more people to help others. These important acts of kindness, along with the surge in numbers of residents volunteering, demonstrate the strength and assets that can be unlocked in our communities.

How we will work



Consultation

This strategy has been developed with our partners and considers feedback received from public consultation in autumn 2020. The feedback supports the priorities and objectives identified for the coming four years. Comments have been used to shape this strategy and will help us develop delivery plans for the coming years.

START WELL





Priority: Getting the most healthy start in life

Objectives	Reduce infant mortality	Children meet their early development milestones	Supporting parents and carers
Outcomes include	• Improve the rates of initiation and continuation of breastfeeding. • Parents and carers feel able to parent well and confidently. • Reduced still births and deaths in infants before their first birthday.	• Improved integration of pathways across early years landscape. • Improved parental understanding of development milestones. • Children are able to access learning and development opportunities.	• Parents and carers are able to access the right support at the right time. • Parents and carers are equipped to give their child the best start in life. • Parents and carers views shape early help and support.
Measures include	• Number of babies born with low birth weight • Reduce demand for emergency mental health support. • Smoking status at time of delivery. • Breastfeeding rates at 6 weeks.	• Ages and Stages Questionnaire (ASQ) 3 outcomes. • Achievement against the national benchmark for school readiness .	• Increase the range of preventative and early help services available to meet the needs of parents. • Engagement in 'coping with crying'. • Engagement in perinatal mental health support.
Enablers	• Children, Young People and Families Strategic Partnership Board. • Early Help and Prevention Board. • Maternity Transformation Board • Staffordshire and Stoke-on-Trent Prevention Group.	• Children, Young People and Families Strategic Partnership Board Early Help and Prevention Board • Maternity Transformation Board • Staffordshire and Stoke-on-Trent Prevention Group.	• Children, Young People and Families Strategic Partnership Board. • Early Help and Prevention Board. • Maternity Transformation Board. • Staffordshire and Stoke-on-Trent Prevention Group.

Why it is a priority

We need to focus on the first years of life to improve long-term life chances of local children and help them fulfil their potential.



Evidence

Many children aged 0-5 years in Stoke-on-Trent have significant challenges to their health and wellbeing. The city has had one of the highest birth rates in England and Wales in recent years and local babies are more likely to be born with a low or very low birthweight. The infant mortality rate is the highest in the country and almost twice as high as the average for England. Despite the proportion of women smoking during pregnancy being the lowest it has been in nearly a decade, figures remain above the national average (16.3% versus 10.4%).

Factors

Giving every child the best start in life is crucial for securing health and reducing health inequalities across the life course. The first 1,000 days of life, from conception to age 2, is a critical phase during which the foundations of a child's development are laid – physical, intellectual and emotional. What happens in these early days has life-long effects on many aspects of health and wellbeing and life chances including educational achievement, progress at work and physical and mental health.

Wider determinants

Children growing up in Stoke-on-Trent have to overcome more economic problems and barriers than those in most other parts of the country. Higher levels of poverty create serious difficulties for families and put those children at a great disadvantage. Families already at risk of poorer outcomes have suffered the most during the COVID-19 pandemic – those with lower incomes; from Black, Asian and minority ethnic communities; and young parents.

Priority: Developing well into adulthood

Objectives	Prevent serious mental health difficulties amongst teenagers	Reduce teenage pregnancy
Outcomes include	• Young people adopt healthy lifestyles • All children 8 – 18 can access positive social activities. • Fewer young people engaged in crime and anti-social behaviour.	• Reduction in teenage pregnancy rates • Improved mental health of teenage parents. • Improve access to preventative and early help services available to meet the needs of teenage parents.
Measures include	• Number accessing positive social activities. • Number accessing emotional health advice. • Rate of offending and reoffending.	• Under 18 conception rate. • Number accessing contraception services. • New sexually transmitted infection diagnoses (per 100,000).
Enablers	• Children, Young People and Families Strategic Partnership Board. • Early Help and Prevention Board. • Integrated Care Partnership.	• Children, Young People and Families Strategic Partnership Board. • Early Help and Prevention Board. • Integrated Care Partnership.





Why it is a priority

We want to empower young people to make good choices and ensure they receive the right support to achieve good physical, mental and emotional wellbeing.

Evidence

Children in the city are more likely to be admitted to hospital for a range of health problems, including controllable long-term conditions and injuries. They are more likely to experience mental health and emotional wellbeing problems; increasing numbers of children are overweight or obese; not enough young people are fulfilling their educational potential; and are more likely to be involved in the Youth Justice System than children in the rest of England. The numbers of teenage conceptions more than halved between 2009 and 2018/19 but the rate in the city remains significantly higher than the national average.

Factors

Young people experience significant physical, psychological and behavioural changes as they progress to adulthood – it is a critical period for their mental health and wellbeing. Appropriate and timely support at this point in a child's life can prevent problems from escalating and continuing into adulthood. One in seven 11 to 16-year olds have a diagnosable mental health disorder and over half of all mental health problems are established by age 14 and 75% by age 24. Many teenage mothers struggle to raise their child, are less likely to finish education and more likely to live in poverty and experience worse physical and mental health than older mothers. Health and social outcomes for children of teenage parents are often poorer.

Wider determinants

Particular groups of children are more likely to experience poor outcomes linked, for example, to gender, socioeconomic status, ethnicity, disability, sexual orientation, being a young carer, a looked after child or being in the youth justice system. Local young people have to overcome more economic problems and barriers than those in most other parts of the country, with higher levels of poverty creating serious difficulties for families and putting children at a great disadvantage.

LIVE WELL



Priority: Promoting good physical heath

Objectives	Reduce obesity	Reduce smoking	Increase physical activity	Reduce drug and alcohol misuse
Outcomes include	• All health, education and social care. settings support healthy eating, physical activity and active travel. • The number of fast food outlets are restricted in key locations. • Avoidable instances of Type 2 Diabetes are prevented.	• Improved mortality rates from smoking.	• New health enhancing physical activity programme for priority groups. • Increase cycling in the city.	• Improved access to support services. • Residents feel safer in their community. • Reduced hospital admissions.
Measures include	• Percentage of year 6 children classified as overweight or obese children. • Percentage of adults classified as overweight or obese and adults. • Percentage of physically active children and young people.	• Number of people smoking. • Percentage of pregnant women smoking at time of delivery.	• Number of people accessing leisure centres. • Number of people using local parks for exercise. • Levels of physical activity.	• Reduced numbers of people drinking at dangerous levels. • Alcohol related hospital emergency admissions.
Enablers	• Early Help and Prevention Board. • One You Stoke Alliance.	• One You Stoke Alliance.	• One You Stoke Alliance.	• Community Safety Partnership Board. • One You Stoke Alliance.

Why it is a priority

Good lifestyle choices, physical activity and exercise can have immediate and long-term health benefits and improve quality of life.

Evidence

The physical health of local people is generally worse than the England average, and health inequalities exist. The prevalence of smoking in the city is the highest in the West Midlands region and the mortality rate remains high. Too many children and adults are an unhealthy weight and too few adults meet recommended levels of physical activity. The city has a high proportion of fast food outlets. Drugs and alcohol misuse impacts on communities and there are high levels alcohol- related and alcohol-specific mortality and hospital admissions.

Cardiovascular disease (CVD) is a leading cause of death worldwide and poor cardiovascular health can cause heart attacks, strokes, heart failure and other illnesses. Improving physical health such as reducing obesity and preventing Type 2 Diabetes can help to prevent CVD.

Factors

Having an unhealthy diet, overeating, smoking and drinking, coupled with low levels of physical activity and exercise, can impact hugely on an individual's physical health. People with higher levels of wellbeing have lower rates of illness, recover more quickly and for longer, and generally have better physical and mental health. Smoking is a major risk factor for many diseases and alcohol is a causal factor in more than 60 medical conditions. Obesity is a leading cause of premature death, impacts on mental health and is a risk factor for chronic diseases. Being overweight or obese puts many children at greater risk of bullying and low self-esteem in childhood, as well as developing serious health conditions in later life. Lockdown has exacerbated food insecurity and food need; particularly among children. People who are overweight or living with obesity who contract COVID-19 are more likely to be admitted to hospital and to die compared to those of a healthy body weight. A positive impact has been seen with more people cycling, but the lasting impact remains to be seen.

Wider determinants

The wider determinants of health are a diverse range of social, economic and environmental factors which influence people's mental and physical health. The city is becoming increasingly ethnically diverse - this will likely have an impact on some long-term conditions such as diabetes and heart disease. The prevalence of obesity is highest in most deprived groups. Alcohol-related harm falls disproportionately on poorer families and those in the most deprived groups are least likely to take part in physical activity.





Priority: Promoting good mental health

Objectives	Increase mental health awareness	Improve emotional and mental wellbeing	Improve access to mental health services
Outcomes include	• People are aware of the link between their physical and mental health. • The principles of Make Every Contact Count are embedded across the city. • A mental health plan for the city.	• Improved emotional and mental wellbeing is promoted within families, communities, schools and workplaces. • Preventative approaches to reduce the incidence of mental health disorders. • Support to recover from the impact of COVID-19 and lockdown.	• Simple and timely access to support for people experiencing poor mental health across all care settings. • Services delivered as the most local level. • Choice of on-line treatment options • Increased access by those with 'protected characteristics'.
Measures include	• Response to citywide mental health awareness campaigns including those relating to awareness of and need to seek support for negative impacts of COVID-19 and lockdown on wellbeing. • Number of front line staff trained in Make Every Contact Count. • Demand for preventative mental health services including that related to COVID-19.	• Pharmaceutical prescriptions. • Referrals to social prescribing and take-up of positive activities. • Number of people engaging in self-help.	• Number of those who require clinical intervention accessing services. • Range of interventions catering for mild to moderate and moderate to severe mental distress. • Sustained recovery rates • Admissions to hospital relating to self-harm. • Suicide rates.
Enablers	• Mental Health Programme Board.	• Mental Health Programme Board.	• Mental Health Programme Board.

Why it is a priority

Positive emotional and mental wellbeing improves quality of life in many ways including better physical health; higher educational attainment; greater likelihood of employment; and better relationships.



Evidence

The mental health of local people is generally worse than the England average, and health inequalities exist. Children from the city are more likely to experience mental health and emotional wellbeing problems compared to data for England. Predictions indicate that by 2030 the number of people with depression will rise by 18% and the proportion of local people with dementia will increase by over one third. Hospital admission rates for self-harm among children and young adults are increasing and are almost 50% higher than the national average rate.

Factors

There is a spectrum of mental distress that must be recognised – from mild to severe. In addition to continued support for people accessing services, there will be an increased demand for mental health support as a result of the COVID-19 pandemic for many reasons including: the impact of isolation, illness and bereavement from COVID-19, economic hardship as well as increased prevalence of hazardous alcohol use.

Self-harm is an important indicator of mental distress and one of the most significant risk factors for suicide.

Wider determinants

Genetic factors, education, employment, unemployment, income, debt, housing, lifestyle choices and access to healthcare are examples of social determinants that impact on health and wellbeing, including mental health. Historically there is lower take-up of access to GP services from residents in black and minority ethnic communities.



Priority: Supporting people to maintain independence

Objectives	People feel safe, secure and maintain their independence within their home	Carers are recognised, valued and supported	Young people with additional needs receive the information and support they need to develop and maintain independence
Outcomes include	• Homes are adapted to prevent the incidence of slips, trips and falls. • Improved health and wellbeing. • A strength based approach to health and social care.	• Carers of all ages are identified. • Carers receive advice and suitable interventions to meet their needs. • Carers maintain a balance between caring and their life outside of caring. • Supporting young carers though education and transition to adulthood.	• Children and young people have equal opportunities to health and wellbeing. • Young people are happy and fulfilled, feeling physically, mentally and emotionally well.
Measures include	• Number of falls • Number of homes adapted with minor works (SCOTs). • Number of homes adapted with major works (private sector housing).	• Physical and emotional wellbeing. • Reduction in emergency care. • Number accessing support. • Engagement of young carers.	• Number of young people living in a home that they choose. • Measures to be developed as part of the Learning Disability Strategy. This will include the impact and learning from COVID-19.
Enablers	• Learning Disabilities Partnership Board. • Adult Social Care, Health Integration and Wellbeing Recovery Transformation Board. • Integrated Care Partnership. • Stoke-on-Trent City Council (Housing, Development and Growth).	• Integrated Care Partnership. • Carers Partnership Board.	• Inclusion Partnership Board. • Learning Disabilities Partnership Board.

Why it is a priority

We want to enable people to better manage their own health conditions and support them to maintain independence and wellbeing within their local communities for as long as possible.

Evidence

36% of carers in Stoke-on-Trent have a long term illness (England average 28.6%) and over a quarter (26.7%) felt they had no encouragement or support in their role (20.7% in England). Reliance on services is high and services supporting transition between childhood and adulthood, including mental health, are not as joined up as they need to be.

Factors

An estimated 26% of the UK adult population is providing unpaid care and one in five children and young people are young carers. Many carers suffer from deterioration in their health and wellbeing, financial pressures, employment restrictions, education restrictions and social isolation. Having a safe, accessible and warm home helps enable residents participate in society and provides a stable and safe environment for them to flourish. Good housing stock underpins the health of the population, impacting on nearly all aspects of our lives.

Wider determinants

Genetic factors, housing and lifestyle choices are examples of social determinants that impact a person's ability to maintain independence. Employment/income opportunities are an issue for sandwich carers (those caring for children and parents) and, for those who have reduced or given up work to care.



AGE WELL



Priority: Living well into old age

Objectives	Older people have a voice in the design and delivery of services related to ageing	Clear and concise pathways for supporting people who are frail elderly	Support people with dementia to live well
Outcomes include	• Services will be designed in collaboration with older people and their carers based on lived experience.	• Older people are living independently or inter-dependently for longer.	• Increased awareness of dementia. • Timely diagnosis. • People living well with dementia.
Measures include	• A network of engaged older people influencing the design and delivery of services.	• Reduction in number of falls. • Reduction in hospital admissions. • Number of homes improved using safe and warm homes grant to prevent falls and hospitalisation.	• Increased numbers of people with dementia have care plans to support their independence and wellbeing. • Reduction in crisis situations.
Enablers	• Integrated Care Partnership.	• Integrated Care Partnership.	• Dementia Steering Group. • Integrated Care Partnership. • Urgent Emergency Care Steering Group.





Why it is a priority

People can now expect to live for far longer than ever before, but extra years of life are not always spent in good health. We want to support residents to stay healthy for as long as possible, live well and have fulfilling lives into old age.

Evidence

Nearly two thirds of people aged 65-84 have two or more long term conditions. Fewer people aged 65+ have carers than the England average (60% vs 66%), however local carers are more likely to have health conditions or disabilities themselves. Local diagnosis rates for dementia exceed national targets and the proportion of people with dementia is predicted to rise by around one quarter by 2030.

Factors

Older people are now more likely to live with frailty, dementia or multiple and complex long-term conditions, largely as a result of the ageing population and lifestyle factors. This in turn will impact on carers and the need for social care support. Dementia was the leading cause of death for women and the second leading cause of death for men in the UK in 2017.

Wider determinants

Genetic factors, education, employment, unemployment, housing, lifestyle choices and access to healthcare are examples of social determinants that impact on health and wellbeing into adult life and old age.

Priority: Providing the best end of life care

Objectives	Coordinated end of life planning	Personalised clinical care in emergency medical situations	Proactive, personalised care for residents in care homes
Outcomes include	• City-wide application of the Gold Standards Framework. • Earlier recognition of patients with life-limiting conditions. • Patients live as well as possible and their preferences are met.	• City-wide application of ReSPECT documentation in all settings. • Patient preferences are met.	• Implementation of the Enhanced Health in Care Homes Framework. • Care home workforce skilled and confident in end of life care. • Patient preferences are met.
Measures include	• Number of people identified as being at end of life.	• Number of completed ReSPECT documents. • Number of avoidable non-elective emergency admissions. • Number of people dying in hospital within 48 hours of admission.	• Number of care home staff trained in End of Life care. • Number of avoidable non-elective emergency admissions from care homes. • Percentage of personalised care plans.
Enablers	• Urgent and Emergency Care Steering Group.	• Urgent and Emergency Care Steering Group.	• Integrated Care Partnership.





Why it is a priority

It is important to provide personalised and coordinated end of life care in order to improve outcomes and to support people to make choices about their care, including their preferred place of death.

Evidence

In general people would prefer to die at home (or their usual place of residence). There has been a 12.8% increase in the proportion of local people dying at home between 2010 and 2017, however the proportion remains lower than nationally (38.0% vs 46.6%).

35-40% of emergency admissions of care home residents to hospital are potentially avoidable and are often the result of needs not being assessed and addressed as well as they could be.

Factors

The national 'recommended summary plan for emergency care and treatment' (ReSPECT) initiative is yet to be fully rolled out locally.

Reducing unnecessary admissions helps reduce the number of deaths in hospital and ensure that people's preferences are met.

COVID-19 highlighted: the importance of having a personalised care plan in place; increased use of ReSPECT; decisions must be made on an individual basis according to need; and, with the right support and training, care homes can deliver good end of life care.

Wider determinants

Those who are older, male, from ethnic minority populations, not married, without a home carer, are socioeconomically disadvantaged, and who do not have cancer are all less likely to access community palliative care.

HEALTHY CITY



Priority: Building strong communities

Objectives	Improve community safety	Improve community cohesion	Community development
Outcomes include	• Reduced levels of crime and anti-social behaviour. • Reduced levels of offences relating to drugs and alcohol. • Reduced levels of domestic abuse.	• Communities are strong and supportive. • Communities are more inclusive and diversity is valued. • People with learning disabilities feel safe within and valued by their community.	• People and communities create improved health and wellbeing through community-based solutions. • Health-enhancing assets in communities are utilised. • Community Champions feel supported and are active across the city.
Measures include	• All crime – number of incidents reported. • Number of Domestic Abuse incidents reported. • Anti-social behaviour - number of incidents reported.	• Recorded incidents of hate crime. • Number of referrals to Hate Crime Service. • Deliveries of Cohesion sessions to young people. • Number of visits to faith institutions and community organisations for the statutory sector, local communities, schools and colleges.	• The number of Community Health Champions recruited.
Enablers	• Community Safety Partnership.	• Community Safety Partnership. • Learning Disabilities Partnership.	• Integrated Care Partnership.

Why it is a priority

Communities are at the heart of health and wellbeing and have a vital contribution in helping people maximise their independence

Evidence

89% of residents are satisfied with the local area as a place to live, with the biggest problems related to drugs, anti-social behaviour and alcohol. Residents agree that working closely with them to build stronger communities will: increase pride and respect for the local area; reduce risks to young people; and help communities get on better together.

Factors

The COVID-19 pandemic has had both positive and negative impacts on social and community networks. There is evidence of increased civic participation in response to the pandemic and a positive impact on social cohesion. However, social isolation and loneliness have impacted on wellbeing for many. There is limited awareness of the scale and scope of services available to people.

Wider determinants

The community in which a person lives and the social connections they make are social determinant of health. Asset based approaches will promote and build community networks and relationships that provide support and create change.



Priority: Living in a healthy home and environment

Objectives	People live healthily in good quality and safe homes	Prevent and reduce homelessness	Increase use of greenspace
Outcomes include	• Eradicate serious hazards in the private housing stock in the city. • Developing homes to lifetime home standards. • Improve energy efficiency of private sector housing stock.	• Prevent households from becoming homeless. • Reduce the numbers of people sleeping rough.	• Increase in the usage of existing greenspace. • Remove barriers to usage of existing greenspaces (for example steps, paths, lighting).
Measures include	• Number of serious hazards eradicated by the Private Sector Housing Team. • Value of empty homes grants and total investment into the city's private housing stock. • Number of energy efficiency and safety measures delivered through the safe and warm homes grant.	• Percentage of homelessness duties accepted and closed as a result of successfully preventing or relieving homelessness. • Number of people sleeping rough. • Number of illegal evictions and harassments prevented.	• Number of adults with mental health conditions. • Number of children with mental health conditions. • Percentage of year 6 children classified as overweight or obese. • Percentage of adults classified as overweight or obese.
Enablers	• Stoke-on-Trent City Council (Housing, Development and Growth).	• Stoke-on-Trent City Council (Housing, Development and Growth).	• One You Stoke Alliance. • Mental Health Partnership Board.



Why it is a priority

Having a healthy, safe and good quality home and access to greenspace supports the physical health and mental wellbeing of our residents.

Evidence

The city's population is growing steadily meaning more households will need accommodation. 54% of the population live in areas that are amongst the most deprived in England, 81% of dwellings are within the lowest council tax bands, and 15% of residents are in fuel poverty. People are facing greater challenges in accessing affordable suitable and secure housing, with a third of households owed a homeless duty having additional support needs, most particularly around mental health issues and substance misuse.

Factors

Access to good quality, affordable and safe housing is a vital component in good physical and mental health. Issues including debt, relationship breakdown, previous trauma, mental and physical ill-health, substance misuse and anti-social behaviour can result in people becoming homeless and rough sleeping, and experiencing a range of health and social needs. The city has high rates of: pre-1919 construction; private rented housing (27%); overcrowding; disrepair and non-decency; fuel poverty and resident churn.

Access to greenspace has benefits for health and wellbeing including positive mental health benefits. Whilst the city has a large amount of public greenspace, factors such as fear of crime and social isolation can prevent the use of these greenspaces. Research during the COVID-19 pandemic suggests the benefits of green space on mental health may relate to active participation in useable green spaces near to the home and observable green space in the neighbourhood environment.

Wider determinants

80% of people sleeping in the city have reported issues of physical and mental ill-health and substance misuse, often all 3, with numbers of people without a secure home increasing during the pandemic, as a result of the breakdown of family relationships or ad hoc arrangements. Levels of homelessness generally are anticipated to increase as we come out of lockdown and restrictions on landlords evicting tenants are lifted. In 2019/20 5.59 households per 1000 were assessed as threatened with homelessness in Stoke-on-Trent compared to 4.42 in the West Midlands and 6.31 for England and 8.48 per 1000 were assessed as actually homeless compared to 6.80 and 5.94 per 1000 for the West Midlands and England respectively.

The most vulnerable tenants are unable to access credible letting agents; feel unable to report repairs; fear eviction and are reluctant to seek help. Many are unaware of their rights and the support available. During the pandemic people have spent more time at home – this has highlighted inequalities in communities in terms of greenspace and may exacerbate the health impacts of poor-quality housing.

Priority: Supporting sustainable employment, skills and local economy

Objectives	Increase employment, particularly youth employment	Increase numbers of apprenticeships and work based learning	Increase the number of higher skilled jobs, raising skill levels and productivity amongst the city's workforce
Outcomes include	• More residents, particularly young people aged 18-24 will be in sustainable employment, making best use of their skills and experience, and supporting longer term career ambitions. • A higher proportion of business start-ups across the city, promoting self-employment, innovation and job creation.	• More employers recruit apprentices and offer opportunities for work experience, particularly for young people to encourage them to choose vocational pathways in key economic growth sectors.	• Employers invest in their workforce, up-skilling and re-skilling to improve productivity. • Better skilled workers are able to take advantage of more highly skilled and better paid jobs.
Measures include	• Percentage of working population claiming Universal Credit. • More businesses start-ups per 10,000 capita.	• Number of apprenticeship starts and vocational work placements.	• Percentage of 16 to 64 year olds at skills Level 3 and above. • Average weekly salary. • Inward investment enquiries and conversations.
Enablers	• Children, Young People and Families Strategic Partnership Board. • Local Enterprise Partnership.	• Children and Young People's Strategic Partnership Board. • Learning Disabilities Partnership Board. • Local Enterprise Partnership. • Mental Health Partnership Board. • Adult Social Care, Health Integration and Wellbeing Recovery Transformation Board.	• Children, Young People and Families Strategic Partnership Board. • Local Enterprise Partnership.

Why it is a priority

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

Evidence

In the last decade the city has experienced economic recovery and growth, outperforming many other parts of the country. Despite reduced levels of worklessness and other improvements over recent years, the city is affected by child poverty; low levels of education, skills and training, and poor health and disability levels. The proportion of people working and disposable incomes remain below the national average. The number of apprenticeships starting in the city has fallen over the past five years by 35.5% (20.8% in England).

Factors

Research shows that children living in high poverty households struggle to do well at school. Low educational attainment can reduce the choices and opportunities that children will go on to have as adults and may mean that they end up in less rewarding, lower-paid work, which is linked to a higher risk of poverty, worse physical and mental health, and other problems. With a diverse economic base the city is well positioned to recover from the impact of the COVID-19 outbreak, but young workers and low earners have been impacted the most; household incomes have fallen particularly among the lowest earners; and increased numbers have signed up to receive benefits.

Wider determinants

Life chances for children in some areas the city is behind the country as a whole and fewer children in the city go on to achieve the higher grades needed to enter the best universities or secure higher-paid work. The social determinants of education, employment and unemployment impact on a person's health and wellbeing.



HOW WE WILL DELIVER

The Joint Health and Wellbeing Board is a statutory partnership which brings together senior leaders from Stoke-on-Trent City Council, NHS commissioners and health service providers, Healthwatch, voluntary sector organisations, education providers and emergency services.

Our board

- City Council Director(s) of adult social services and children's services
- City Council Director of Public Health
- Accountable Officer/representative of the Stoke-on-Trent Clinical Commissioning Group
- Chief Executive/representative of Stoke-on-Trent Healthwatch
- Chair of the Stoke-on-Trent Community Safety Partnership Board.
- Chair of the Stoke-on-Trent Children and Families Strategic Partnership Board
- Chief Fire Officer/representative of Staffordshire Fire and Rescue Service
- Chief Constable/representative of Staffordshire Police
- Clinical representation by a GP from the city
- Three representatives from the Voluntary and Community Sector
- Chief Executive/representative of University Hospital North Midlands
- Chief Executive/representative of North Staffordshire Combined Healthcare NHS Trust
- Chief Executive/representative of Midlands Partnership NHS Trust
- Chair/representative of the Staffordshire and Stoke-on-Trent STP/ICS
- Chair/representative of the Stoke-on-Trent and Staffordshire Local Enterprise Partnership
- Vice Chancellor/representative of Staffordshire University

NHS England will be invited to attend at the Board's request when it is considering a matter relating to the exercise, or proposed exercise, of their commissioning functions.

For more information on the Stoke-on-Trent Health and Wellbeing Board visit stoke.gov.uk/healthandwellbeing

Governance and responsibilities

Our partnership has strong relationships with other local and regional boards that enable action and delivery against the city's priorities for improving the health and wellbeing of local people. Key to delivering our ambitions will be strong governance, effective leadership, joint working and robust assurance arrangements. Statutory, voluntary and community sector partners all need to play their part, working alongside communities and individuals, in order to meet the ambitions we have set out in our strategy. Board members have given their collective commitment to deliver the priorities set out in this strategy over the next four years. A new performance framework will be developed to seek assurance from partners on the delivery of these priorities.

Delivering the strategy

Reducing health inequalities and improving health outcomes will require working with a range of partners and our community. The board will work to, and with, a broad governance model in pursuit of its vision.



Each of these enablers is described in Appendix B. This is not an exhaustive list and many other groups and boards will contribute to the delivery of the priorities set out in this strategy.

APPENDIX A

About our city and its people

Introduction

This appendix is based on some of the most recent data available in relation to health and wellbeing levels and outcomes for people who live in Stoke-on-Trent. The data is captured in the Joint Strategic Needs Assessment (JSNA) 2020 to provide an assessment of the current and future health and social care needs of people living in Stoke-on-Trent.

The data is used to illustrate the overall scale of the challenge involved in improving these outcomes, as well as the relationships between various causes and factors, including deprivation, inequality and low educational attainment. The aim is to provide a three-dimensional picture of how health and wellbeing relate to the real lives of people in the city, and where potential opportunities may exist to deliver vital improvements.

The appendix uses the Joint Health and Wellbeing Strategy priorities to illustrate the current picture regarding corresponding outcomes, as well as to show the direction of travel in the city and where Stoke-on-Trent stands in relation to national average levels for key outcomes and performance indicators.

Most of the data on which this appendix is based dates from before the COVID-19 pandemic, and therefore may not provide a truly accurate and up-to-date account of current health and wellbeing levels, or the factors affecting them at this point in time. However, the appendix has been updated to include information about the known impacts of COVID-19 on individuals and local health and care systems.



An overview of health and wellbeing in Stoke-on-Trent

While there have been improvements across a number of key health outcomes in Stoke-on-Trent in recent years, the health of local people is generally worse than the England average. People in Stoke-on-Trent do not tend to live as long, on average, as those in most other parts of the country. The average lifespan for someone in Stoke-on-Trent is the lowest in the West Midlands and lower than most other places in England. On average, men born in the city die 3.2 years earlier than the national average, at 76.4 years. The difference is not as large for women in the city, who live to an average age of 80.3 years, compared to 83.2 years in England. Local life expectancy has not improved significantly in the last decade, and there is significant inequality even within the city itself. The life expectancy gap between those living in the city's most deprived and most affluent areas is 8.2 years for men and 7.2 years for women.

Healthy life expectancy – the average age when people develop significant health problems as they get older – is also lower than the average for England. Healthy life expectancy for men in 2018 was 57.4 years in Stoke-on-Trent – six years less than the average English man, while the gap was 8.1 years for women in the city, whose average healthy life expectancy was just 55.8 years. The gap between those in the most deprived and most affluent city areas is about 13 years for both men and women. We know that the causes of this deficit often start early in life.

The causes of these significant variations are mainly rooted in persistent inequalities and above-average levels of social and economic deprivation which exists in parts of the city. Stoke-on-Trent is one of the most deprived areas in England, ranked 13th out of 317 local areas, with more than half of the city's residents currently living in areas classed as being among the most deprived nationally. These factors not only affect life expectancy, but also impact on a much wider range of health levels and outcomes throughout people's lives, and even before they are born. One of the aims of this Joint Health and Wellbeing Strategy is to use this evolving understanding of the issues and challenges that affect health outcomes to develop more effective approaches to prevention and support to help more residents to overcome significant problems in their lives which can prevent them from living healthy, happy and productive lives.

COVID-19 – the likely implications for health and wellbeing

Stoke-on-Trent had detected 18,303 cases of COVID-19 by 18th February, 2021, which is higher than both the average English unitary authority (13,561) and the average median cumulative total for all English councils (7,721). The city's cumulative case rate was 7,139 per 100,000 people, compared to the English unitary authority median rate of 5,802. Case numbers in the city were highest between October 2020 and January 2021. A total of 710 residents died as a result of becoming infected with the virus between March 2020 and February 2021.

According to the NHS, there are an estimated 60,000 people in the UK thought to be experiencing Long COVID, although this is likely to be higher and will continue to grow as COVID-19 infection rates rise. The number of local people who are likely to have ongoing symptoms are not yet known, but are likely to be higher than the average per head of population due to the relatively high infection rates in the city and the aggravating impacts of deprivation and comparatively worse levels of health and wellbeing before the virus spread to Stoke-on-Trent. The prevalence of 'long COVID' and other health implications due to the virus is likely to lead to a significant increase in people with multiple chronic illnesses and create additional demand for the city's health and care services for the foreseeable future.

Population

As a city, Stoke-on-Trent has been growing in size in recent years. If things stay the same, the city's population will keep getting gradually larger, and could increase by 16,080 people, to 269,739, by 2041. This growth is mainly due to people migrating from outside the UK, as well as the number of births in the city increasing by a third. More than a fifth of the city's 3,300 live births each year are to mothers from Black and Minority Ethnic groups, which means that Stoke-on-Trent is rapidly becoming more ethnically diverse. The non-white population more than trebled from 6.4 per cent to 20.2 per cent between 2001 and 2016.

The birth rate increase has gradually led to a rise in the number of children living in the city, with around a fifth more 5 to 9-year-olds in 2018 than there were in 2011 and about 1,000 more 10 to 14-year-olds. Stoke-on-Trent has slightly more children aged 0 to 10 and adults aged 20 to 34 than an average English city. While relatively low housing and living costs and the city's two universities attract young adults to Stoke-on-Trent, a number of families and older adults move out each year to live in surrounding areas.

The city's older population broadly mirrors national average age distribution rates, although the number of adults aged over 70 declines more rapidly than elsewhere in the UK, reflecting the lower levels of life expectancy in Stoke-on-Trent. However, the numbers of people aged over 65 in the city are forecast to increase from 43,000 to more than 52,000 by 2030, which would mean that one in five adults are in this age group, compared with one in six now.

Start Well: Getting the most healthy start in life

The first five years of a child's life have been shown to have a major impact on their development and how they will go on to live their lives as adults. The majority of children in Stoke-on-Trent benefit from having a good start to life in the first five years, despite almost a quarter of children under 16 (12,700) in Stoke-on-Trent living in poverty, and one in five (10,800) children growing up in households which rely on out-of-work benefits. However, a significant number do not start life well, which can cause serious problems later in their lives and prevent them from fulfilling their potential. For some, these difficulties start before they are born.

Infant mortality

Tragically, more babies and infants die in Stoke-on-Trent than almost anywhere else in England. The city has the second highest infant mortality rate nationally, with one child under the age of one dying every two weeks on average. The overall infant mortality rate in the city is 7.5 deaths for every 1,000 live births, which is almost twice as high as the average for England (3.9), although it has improved slightly in the last five years. The reasons for this are complex and difficult to address, but become easier to understand when we look at the key factors that enable young children to thrive.

Low birthweight is a factor in infant mortality. Babies that are born with a birthweight under 2.5 kilograms (5lb 8oz) are more likely to die earlier, to suffer from childhood illnesses and have worse health in later life. In Stoke-on-Trent, one in 11 babies has a low birthweight (9.1 per cent). The average for England is one in 13 babies (7.4 per cent). Many of these are born prematurely or stillborn. Only one in 25 babies (3.9 per cent) that are born after a full pregnancy has a low birthweight, but this is still higher than the national average of one in 34 (2.9 per cent).
Smoking in pregnancy has been shown to harm babies' growth and development and has been linked to problems during pregnancy and labour. More mothers in Stoke-on-Trent smoke while pregnant than in the rest of the country, but the gap is getting smaller. In 2018, more than one in six pregnant women in the city smoked (17.6 per cent), compared to one in 10 in England.

Early development

Babies born in Stoke-on-Trent are much less likely to be breastfed than other babies in England. Just over half (53.2 per cent) of Stoke-on-Trent babies' first feed is known to be breastmilk, whereas the average for England is two thirds (67.4 per cent). Almost half of new mothers in England continue to breastfeed at six to eight weeks (46.2 per cent), but in Stoke-on-Trent this falls to just over a quarter (28 per cent).

Oral health is also an important indicator of wellbeing. Almost a third (30.7 per cent) of five-year-old have tooth decay – something which affects fewer than a quarter of children at this age nationally (23.4 per cent).

However, childhood immunisation rates across the city are generally high, with over 90 per cent of local children being vaccinated against the main diseases. This rate is slightly lower for the second dose of the MMR vaccine, which has uptake of 88.6 per cent in Stoke-on-Trent.

Readiness to start school is a national measuring tool to assess whether children have developed well in their first five years. At the end of their Reception year, two thirds (67%) of schoolchildren in Stoke-on-Trent were considered 'ready for school' in 2018/19, compared to 71.8 per cent in England. This small difference matters because development at this age has been shown to influence many children's lifelong development.



Start Well: Developing well into adulthood

Most children and young people in Stoke-on-Trent are in good health. However, the proportion who are not is higher than for children and young people across the country as a whole. Local children and young people are more likely to be admitted to hospital for a range of health problems, including controllable long-term conditions and injuries.

General health

Hospital admissions for asthma, diabetes or epilepsy account for around 94 per cent of emergency admissions to hospital for children under 19 with long-term health conditions. There were 215 emergency child admissions locally for these conditions in 2018/19. The rate of admissions in Stoke-on-Trent has fallen slightly since 2014, but is still much higher than the national average.

Injuries can lead to hospitalisation, long-term health issues and even premature deaths among children and young people. In 2018/19 there were 560 hospital admissions for both unintentional and deliberate injuries among children under 15 in Stoke-on-Trent, including 240 admissions for under-fives. There were also 570 injury-related hospital admissions among 15 to 24-year-olds in the city. These are higher than the national average admission rate for injuries in these age ranges.

In terms of broader social indicators for children and young people, there has been a significant drop in the numbers of children getting into trouble with the law, with just 80 children entering the youth justice system for the first time in 2018, compared to 208 in 2010 (a 62 per cent reduction). Following concerted intervention, the rate of teenage conceptions has stopped increasing and has remained roughly the same for the past four years, at almost 31 conceptions per 1,000 girls aged 15-17.

Child protection

While most children in Stoke-on-Trent live healthy, stable lives, a significant number are affected by serious problems which put them at risk of harm. The biggest threats to children and young people's safety are neglect and abuse – often at the hands of family members. To protect vulnerable children from potential harm, authorities can make them subject to a child protection plan, or take them into local authority care. The number of children who are the subject of a child protection plan has been increased significantly, from 319 in 2019 to 499 in March 2020. This number is higher than that of other councils similar to Stoke-on-Trent (known as Statistical Neighbours). There were at least 850 children in care across the city at any one time last year, which amounts to more than twice the national average level.

Live Well: Promoting good physical health

Adults in Stoke-on-Trent are more likely to make unhealthy life choices which can affect their health and wellbeing. Just over a quarter of all adults in the city smoke, while almost two thirds (129,700) are overweight or obese, broadly similar to the rest of the UK. Poor diet and exercise levels are also significant problems locally. Data suggests that 92,200 people aged 16 and over don't eat five portions of fruit and vegetables each day, while 40 per cent of adults don't manage to achieve the recommended amount of physical activity and a third (65,240 adults) are inactive. About a fifth of local working adults walk to work regularly, but only two per cent cycle to work.

In addition, 43 per cent of adults drink excessively, and problem drinkers in the city are a third less likely to complete treatment than the average for the UK. Usage of class A drugs is also more prevalent in Stoke-on-Trent than the country as a whole, and local drug user are more likely to be in trouble with the law.

Almost a quarter of all deaths in the city are regarded as 'preventable' in that they could be avoided through better lifestyle choices or earlier intervention. One in 220 people in Stoke-on-Trent will die prematurely, compared to one in 300 in the UK as a whole. Of the 2,600 or so deaths each year in the city, more than a quarter are caused by cancer (27.6 per cent).

Live Well: Promoting good mental health

People living in Stoke-on-Trent have worse levels of mental health than the average person in England, and are more likely to experience depression. There are around 28,800 adults in the city who are diagnosed with a common mental health disorder, such as anxiety and depression. Suicide rates have been falling in the city in the past decade, from 14.1 deaths per 100,000 residents in 2011-13 to 11.4 during 2016-18. However, self-harm rates are increasing and account for 975 hospital admissions each year.

Children and young people from the city are also more likely to experience mental health and emotional wellbeing problems. About one in eight children in Stoke-on-Trent aged 5 to 19 (almost 6,000) are estimated to have a mental health disorder (based on national figures). The rate is higher among older teenagers (one in six 17 to 19-year-olds) than for younger children (about one in ten 5 to 10-year-olds, and one in seven 11 to 16-year-olds). There were 310 hospital admissions for self-harm among children and young adults aged 10-24, and the admissions rate for self-harm is increasing.

Live Well: Supporting people to maintain independence

Almost three quarters of carers in Stoke-on-Trent who receive support or services are satisfied with the provision they get, but about a fifth feel socially isolated, and more than a third (35.2 per cent) have longstanding illnesses to contend with on top of their caring responsibilities.

More than two thirds of adults who use care services in the city were reported to be satisfied with the care and support that they received from social services, while a similar proportion said that their quality of life was good. This is in line with average satisfaction levels nationally. More than three quarters of local care service users feel as safe as they wanted to, compared with 70 per cent nationally. Around 34,700 local people are recorded as having received an NHS Health Check since April 2015.

Age Well: Living well into old age

Increasing numbers of older people in Stoke-on-Trent mean that there are likely to be more people with limiting long-term illnesses and other health risks over the next decade. There were 995 emergency hospital admissions due to falls and 265 emergency admissions for hip fractures locally among people 65 and over in 2018/19. Loneliness is also a concern, affecting about 7,700 older people citywide.

About 3,050 adults aged over 65 access long-term funded social care support in the city, and adult social care services receive about 3,700 new requests for support from this age group each year. Two thirds of all adults who access social services are satisfied with the care and support they receive, and three quarters feel safe using local services, while just over a quarter feel that their choice of services is too limited.

Age Well: Providing the best end of life care

Stoke-on-Trent residents are less likely to die at home than people living elsewhere in England (38 per cent die at home in the city compared to 46.6 per cent nationally).



Healthy City: Building strong communities

Almost nine out of 10 people living in Stoke-on-Trent (89 per cent) are satisfied with their local area as a place to live. However, the city falls into the bottom third of local authorities in England in terms of the quality of the local environment.

Residents said that the biggest problems locally were drug dealing (23 per cent), anti-social behaviour (21 per cent) and alcohol-related problems (20 per cent). There were around 27,100 recorded criminal offences committed in Stoke-on-Trent between 2018/19 and 2019/20, however fewer than a quarter of residents feel likely to be a victim of crime and more than three quarters feel safe outside in the city after dark.

Healthy City: Living in a healthy home and environment

Stoke-on-Trent contains around 85,000 private homes and 18,500 council-owned properties for social rent. Last year there were 778 households on the housing register with a housing need or urgent need, while 195 households were accepted as being homeless across the city in 2017/18.

The city has seen rising numbers of excess winter deaths (290 in 2017/18), which are at their highest level for more than a decade. This suggests that many people are not living in accommodation that is safe and of sufficiently high quality. Poverty is also a major factor, with 14,400 households in Stoke-on-Trent estimated to be in fuel poverty, which equates to around 31,750 local people.

Healthy City: Supporting sustainable employment, skills and local economy

Working age adults in Stoke-on-Trent are less likely to be in work (69 per cent) than those in the UK as a whole (75.2 per cent). In March 2020 there were 13,500 people classed as economically inactive due to long-term sickness. 7,400 people aged 16-64 were claiming Universal Credit in Stoke-on-Trent in March 2020. However, due to the economic impacts of the COVID-19 pandemic, this figure has increased to 29,448, which is almost one in five working age adults in the city (18.4 per cent). During the same period, the city's unemployment claimant count increased from 7,320 to 12,720 claimants (8 per cent of the working age population).

For those in work, gross weekly pay locally is about £75 less than the national average. With almost a third of adults working part-time, underemployment is a significant issue affecting 12,300 people in the city, while 17,100 would prefer to work fewer hours, possibly because they are holding down multiple part-time jobs. There are an estimated 47,800 working people who are living in income deprived households in Stoke-on-Trent.

Stoke-on-Trent lags behind the rest of the country for education and skill levels. More than 12 per cent of adults have no formal qualifications, although this figure has fallen from more than 20 per cent a decade ago. Fewer than a quarter (22.5 per cent) have higher level qualifications, compared to 40 per cent for the UK. Figures from 2015 showed that almost a quarter (23 per cent) of local employers said they had staff that were not fully proficient due to skills gaps compared with the England average of 14 per cent. Numbers of apprenticeships being offered in the city are also declining. There were 2,020 apprenticeship starts in Stoke-on-Trent in 2018/19, but the number of starts has fallen by 35 per cent over the past five years (compared with a 20.8 per cent fall in England).

View the city's latest and full Joint Strategic Needs Assessment at www.stoke.gov.uk/jsna

APPENDIX B

A guide to our partnerships

Adult Social Care, Health Integration and Wellbeing Recovery Transformation Board

The board is overseeing the Recovery and Transformation Programme for adult social care, health and integrated wellbeing. The programme sets out: how services in Stoke-on-Trent will recover from the pandemic; and how health and care services will be transformed so that they are community based and delivered in a way better than before to meet people's health and care needs now and in the future. The programme outlines the key priorities and actions that will be delivered through partnership to meet the needs of Stoke-on-Trent residents.

Carers Partnership Board

The board will be set up in 2021 to oversee the delivery of the priorities set out within the Stoke-on-Trent Joint All Age Carers Strategy 2021-25. It will be co-chaired by the lead Cabinet Member for Adult Social Care and Health Care and lead Cabinet Member for Children and Young People, along with representation from Stoke-on-Trent Clinical Commissioning Group, health and social care, commissioned carer support services and carers. The Carers' Partnership Board will also work in partnership with statutory and voluntary agencies and the independent sector to outline and deliver the key priorities. This will inform future strategic planning, service delivery and commissioning of support for carers' across the city, along with overseeing the implementation of local and national priorities and strategies.

Children, Young People and Families' Strategic Partnership Board

This is the overarching coordinating board for the delivery of 'Room to Grow', the Children and Young People's Strategy 2020-24. It is chaired by the lead Cabinet Member for Children and Young People from Stoke-on-Trent City Council and has representation from across the Partnership at senior level. It has oversight of the delivery of the portfolio of programmes and projects. This is the board that will assess the progress being made against the priorities in the strategy, including mitigation of risk. It is where the partners can hold each other to account for their relative contributions to the delivery of the strategy and programmes.

Community Safety Partnership

The Community Safety Partnership is made up of a group of statutorily defined responsible authorities that together must seek to protect their communities from crime and help people feel safer. In the context of this Strategy, the Community Safety Partnership will have a crucial role with respect to prevention and early intervention. This includes work that supports the building stronger communities, including violence prevention. The Partnership will prioritise those who are most vulnerable.

Stoke-on-Trent and North Staffordshire Dementia Steering Group

The group provides the local steer for commissioning and development of services for people who are living with dementia and their carers. The aim of the group is to draw together all parties across health and social care provision including statutory, voluntary agencies, independent sector and users of services, to implement local and national priorities and strategy, to enable people living with dementia and their carers to live well. The group is made up of people living with dementia and representatives from local statutory and voluntary sector organisations.

Early Help and Prevention Board

The Early Help and Prevention Board is non-statutory board that reports directly to the Children, Young People and Families' Strategic Partnership Board. It is charged with coordinating the development and delivery of the Early Help Plan to ensure that families receive the support they require before they are no longer able to cope and crisis occurs. It has a wide membership across the partnership, with a particular emphasis on the role of the voluntary and community sector and schools. It has a significant span of oversight from its work on early years development through to support to adolescents as they enter adulthood.

Health and Wellbeing Board

The Health and Wellbeing Board is a statutory board convened by every upper tier authority. Our board develops and oversees the delivery of a local Health and Wellbeing Strategy for the city, based on a Joint Strategic Needs Assessment that is produced by the Director of Public Health. The core purpose of the board is to bring about improvements in the health of the population. Health commissioners have, by law, to take account of the objectives of the Health and Wellbeing Strategy in setting their commissioning strategies. The statutory role of Healthwatch on this board should ensure that the voice of the local population on health matters is heard.

Inclusion Partnership Board

The board is responsible for development and implementation of the Inclusion Partnership Strategy and Improvement Plan, supporting collaboration between all stakeholders and partners and co-producing an improved Local Offer to meet children, young people and their families' needs. The board's governance arrangements provide the necessary decision making and accountability to deliver the best possible outcomes for our special education needs and disabilities (SEND) children, young people, parents and carers within the resources available and in accordance with Department for Education rules and guidance.

Integrated Care Partnership

The Integrated Care Partnership is a coalition of willing partners who have agreed to collaborate to improve delivery of local health and care services – this could range from addressing issues/barriers through to redesign of pathways of care. Decisions on health and care services will be retained by the relevant statutory organisations and remain subject to legislation. During 2021 new system architecture will be in place enabling a focus centred on three key elements: operational liaison and local coordination; delivery of transformation aligned to Integrated Care Systems priorities; and a clear focus on how we tackle health inequalities.

Learning Disabilities Partnership Board

The board's partnership work is focused on the development and implementation of the All Age Learning Disability Strategy, ensuring the development of co-produced action plans, overseeing delivery and accountability. The board is co-chaired by a member of the Reach Parliament and Stoke-on-Trent City Council Cabinet Member for Adult Social Care and Healthcare. The board is attended by Learning Disability and Autism leads across the system.

Local Enterprise Partnership (LEP)

This is a voluntary partnership between local authorities and businesses with the purpose of promoting the economic development of their geography by creating the conditions for business development and growth. It has a strong focus on skills that includes the future workforce and is therefore a crucial partner in providing the opportunities for local people to fulfil their potential. Our LEP covers Stoke-on-Trent and Staffordshire and has many important projects that bring benefit to our city.

Maternity Transformation Board

Following the recommendations from the National Maternity Review in 2016 (Better Births), a Local Maternity and Neonatal System (LMNS) was established called the Staffordshire and Stoke-on-Trent Maternity and Neonatal Transformation Programme. The programme brings together providers, commissioners and service users across the Staffordshire and Stoke-on-Trent footprint. The purpose of the LMNS is to provide place-based planning and leadership to enable local maternity and neonatal services to improve safety, and sustain personalised maternity care to the family unit, care should be empathetic and professional.

Mental Health Programme Board

This forum operates across the Staffordshire and Stoke-on-Trent geography to coordinate the implementation of the NHS Long Term Plan for Mental Health. The board aims to: ensure a holistic approach across all relevant sectors in responding to the mental health needs of the local population; develop a preventative approach to mental health; prevent interventions by modifying risk exposure and strengthening coping mechanisms; establish a system-wide commitment to developing a place based pathway approach to mental health services; ensure that anticipated increase in post COVID-19 mental health demand optimises resources through integrated services; and ensures that people experiencing poor mental health are able to access appropriate services.

One You Stoke Alliance

The One You Stoke Alliance is made up of a range of partners across the city with all our member organisations having a strong background of working within their own fields to improve the health and wellbeing of our population. Currently the alliance supports the leadership, development and implementation of the Healthy Weight Plan. Other plans including substance misuse, sexual and reproductive health; and mental wellbeing and suicide prevention will be added later. The alliance is chaired by the Cabinet Member for Culture, Leisure and Public Health and reports quarterly to Health and Wellbeing Board.

Staffordshire and Stoke-on-Trent Prevention Group

Governance of the prevention programme across Staffordshire and Stoke-on-Trent reflects the strategic collaboration between key agencies. The group is chaired by a Chief Officer from Staffordshire County Council and includes representation from Stoke-on-Trent City Council, the CCGs, NHS Provider Trusts and other partners. This group also reports to the two Health and Wellbeing Boards. Due to COVID-19 the Prevention Group has been temporarily on hold and is aiming to reconvene at an appropriate time to bring partners together. This group also has a countywide sub-group focusing on Cardio Vascular Disease Prevention, chaired by a lead from Stoke-on-Trent City Council's Public Health Team and which also includes a range of partners. This sub-group has similarly been on hold and also aims to reconvene at the earliest opportunity.

Urgent Emergency Care Board

The Staffordshire and Stoke-on-Trent Urgent and Emergency (UEC) Board is constituted from senior clinical and managerial leaders from a range of organisations including commissioners, acute hospitals, ambulance and community providers, including NHS111. The board is responsible for the delivery and maintenance of urgent care standards within the county and for the ensuring compliance with agreed care pathways across health and social care, including surge planning and system resilience.



Stoke-on-Trent
Health and Wellbeing Board