



Health Strategy 2008 – 2013

Health and Well-being for our Community



OUR VISION
is to lead a Community
and Borough which is
PROSPEROUS
SAFE
HEALTHY
CLEAN AND GREEN





Foreword - Investing in the Health of Stafford Borough

This Health Strategy sets out our aspirations of how we want Stafford Borough Council to work with other partners to improve the health and wellbeing of the local community over the next five years.

As well as looking to the future it also reflects the excellent work that is already happening in the Borough, by the Council and other Public Sector Organisations and by the 3rd Sector.

It is important that this is not just seen as producing another plan or creating a vision, it is about actually working together to tackle the important issues of health inequalities, improving individual's lifestyles and providing the advice and guidance on health issues that affect peoples' lives on a daily basis.

The agenda to improve the health of people living and working in the Borough can only be achieved through partnerships with key stakeholders; particularly in partnership with South Staffordshire Primary Care Trust who has a duty to co-operate and share responsibility to improve health and well-being.

A shared response is called for from partner agencies in order to improve the life chances and wellbeing of people living in the Borough. Stafford Borough Council will work closely with agencies in the Borough to oversee the development and implementation of various projects contained within this strategy.

This strategy sets out what we will be doing to improve the health and well-being of people living in our communities. The strategy will be driven by targets and well defined outcomes. We are excited by the opportunities the Strategy creates and the challenges it offers.

Judith Dalgarno
Leader of Stafford Borough Council

Chief Executive
Stafford Borough Council



MORE INFORMATION. This document is available in large print – this can be obtained from:

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This document is available in large print, Braille, on tape and in the following languages. Arabic, Hindi, Punjab and Urdu. If you would like a copy in one of these formats, or another language, then contact 01785 619000.

[Arabic]

ولو كنت بحاجة إلى مزيد من المعلومات بخصوص هذا المنشور فيرجى الاتصال بمجلس بلدة ستافورد [Stafford Borough Council] على الرقم 01785 619 000 .

[Hindi]

यदि आपको इस प्रकाशन के बारे में अधिक जानकारी की आवश्यकता हो तो कृपया स्टैफोर्ड बरो परिषद [Stafford Borough Council] से 01785 619 000 पर संपर्क करें।

[Punjabi]

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪ੍ਰਕਾਸ਼ਨ ਦੇ ਬਾਰੇ ਵਿੱਚ ਹੋਰ ਜਾਣਕਾਰੀ ਚਾਹੀਦੀ ਹੈ ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਸਟੈਫੋਰਡ ਬਾਰੋ ਪਰਿਸ਼ਦ [Stafford Borough Council] ਨੂੰ 01785 619 000 ਉੱਤੇ ਸੰਪਰਕ ਕਰੋ।

[Urdu]

اگر آپ کو اس اشاعت کے بارے میں مزید معلومات کی ضرورت ہو تو براہ کرم اسٹیفورڈ بروکونسل [Stafford Borough Council] سے 01785 619 000 پر رابطہ کریں۔



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Chapter 1 - Health Strategy for Stafford Borough Council

Purpose of a Health Strategy for the Borough

Local authorities provide a wide range of services that impact on public health: from the obvious – food safety, occupational health and safety, housing standards, air quality, cultural and leisure services, sustainable development projects and programmes; to the less obvious services which never the less can impact on the health of people living in the Borough such as planning, refuse collection and the benefits services. As a major employer with over 800 employees, the Council has a responsibility to their staff to support their health and wellbeing, and in so doing set standards for other organisations.

The National Health Service (NHS) has traditionally been seen as the key delivery agent on health issues; until recently it has been focussing on its role as a 'sickness service' rather than a health service. Many of the major determinants of health lie beyond the reach of the NHS, in people's living and working conditions and their health related behaviour.

The Public Health White Paper 'Choosing Health' and its associated Delivery Plan makes it clear that, although the NHS is responsible for taking forward the health improvement agenda, this can only be done effectively through partnerships with key stakeholders; particularly in partnership with local authorities who are responsible for co-delivery of Choosing Health priorities. As a consequence local Councils and Primary Care Trusts have a duty to co-operate and share responsibility to improve health and well-being.

Corporate Priorities

The Council has produced a Six-Year Corporate Plan for 2007 – 2013 (approved by the Council 11 December 2007).

Priority Two: Cleaner, Greener, Safer Communities – To create an attractive environment in which our community feels safe.

- Make Stafford Borough a safer place
- Promote sustainable development

Priority Three: Health and Wellbeing – To improve the health and wellbeing of citizens and communities.

- Promote healthy living across the Borough
- Develop leisure opportunities and cultural activities



How does this Strategy link to the Local Area Agreement

The Local Area Agreement (LAA) is primarily between Government Office for the West Midlands and Staffordshire County Council. However, in order to achieve the various targets within the Agreement the County Council must work with a number of partners at both County and District level across the public, private, community, voluntary and environmental sectors. The LAA consists of a number of outcomes and targets around four priority service areas, each having their own Local Delivery Board, these being: -

- Children and young people
- Safe and stronger communities
- Healthier communities and older people
- Economic development and enterprise

The Government has indicated that from 1 April 2008 Local Area Agreements will be simplified with a maximum of 35 targets together with 18 statutory targets relating to education and early years. Staffordshire County Council's Local Area Agreement is being refreshed at present to reflect the need for greatly reduced targets.

The Local Government White Paper entitled 'Strong and Prosperous Communities' indicated that the outcomes and targets within the Local Area Agreement should become the action plan of the Sustainable Community Strategy for a particular area.

The Local Delivery Boards have identified 24 projects which are specific to Stafford Borough and which assist in the achievement of Local Area Agreement sub-outcomes and targets. In relation to the Health Strategy the key outcomes/targets are:

The Health and Social Care Board

- *Reducing health inequalities in the Borough*
- *Service knowledge and advice across the health and social care sector - creation of one signpost point*

The Children's Trust Board

- *Reduction in the prevalence of obesity and over weight children and young people also including schools with an approved travel plan*
- *Reduction in alcohol consumption and drugs misuse amongst children and young people*
- *Children and Young People provided with good access to high quality leisure, cultural and sport experience*



The Community Safety Partnership Board

- *Reduction in the harm caused within the community by the mis-use of drugs and alcohol*

Details of these together with the full set of outcomes and targets can be found on the Stafford Borough Council web site.

What are the Governance arrangements for the Health Strategy?

The Local Area Agreement has emerged with increased importance as a local strategic planning and delivery mechanism. Following the Comprehensive Spending Review the Government has published 198 new indicators. Many of these have direct links with the issues of health and wellbeing. Many of the factors that influence health, both directly and indirectly, are beyond the scope and reach of health organisations acting alone. In many ways the core activities of local authorities and other public services make a difference to 'peoples physical and mental well-being.

Each year during the span of the Health Strategy the projects and initiatives that support these objectives will be reported on and form part of our annual performance management framework.

Joint Strategic Needs Assessments (JSNA)

The Local Government and Public Involvement in Health Act 2007 places a duty on Local Authorities and Primary Care Trusts to undertake JSNAs, defined as a "joint analysis of public health and well-being outcomes, what the community wants and a view of future needs", which will be carried out as part of the 3 year LAA cycle.

What does this strategy cover?

The Health Strategy 2008 is the first such strategy produced by the Stafford Borough Council. The Council recognizes that there are many factors that can affect the health and wellbeing of individuals. The aim of this strategy is to focus attention on those areas that can be influenced by the work of the Council and its partners working together. For this reason the strategy focuses on,

- | | |
|-----------------------|--------------------------------------|
| ▪ Health Inequalities | ▪ Limiting long term illness |
| ▪ Healthy eating | ▪ Physical activity |
| ▪ Obesity | ▪ Alcohol |
| ▪ Smoking | ▪ Substance misuse |
| ▪ Cancer | ▪ Health and sustainable development |

Chapter 2 – Stafford Borough Council Profiles

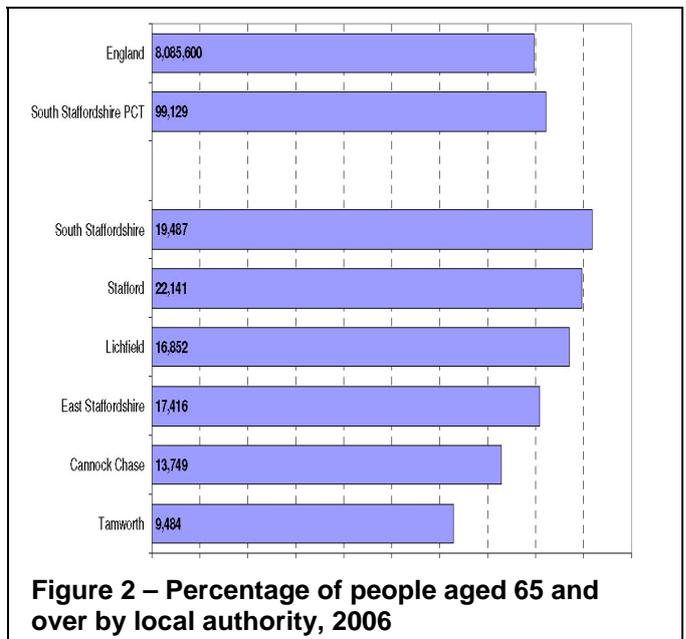
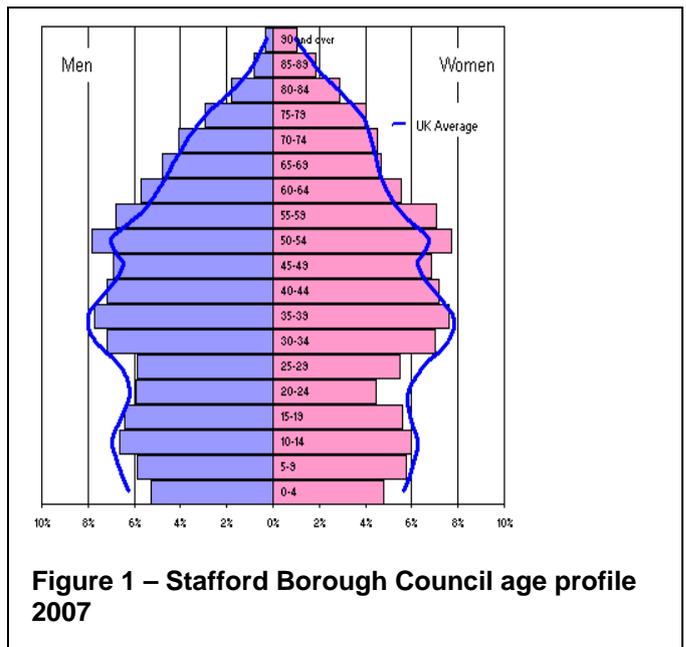
Demographics and deprivation

The population

The population of the Borough at just over 123,000 is split between Stafford (59,000), Stone (15,000) and 35 rural parishes (49,000).

The local population, in line with national trends, is ageing with the proportion of people over 65 expected to increase over the next ten years. The population has an average age of 40.4 years; which makes it “older than national average” (38.6). Between 1991 and 2004 the percentage of over 65s in the overall resident population of Stafford grew by 2.51%. Compared with the rest of the South Staffordshire Primary Care Trust the Borough has a lower number of young people and a higher percentage of older people

The overall population of Stafford is expected to rise over the next 20 years by around 5.8% to 131,300 people. The age structure of the population is also expected to change, with the older age groups making up a greater proportion of the population, and a subsequent reduction in the proportion of the population from younger age groups





Population Age Profile Projections

The overall population of Stafford district is expected to rise with the older age groups making up a greater proportion of the population, and a subsequent reduction in the proportion of the population from younger age groups.

These changing demographics will undoubtedly influence the way in which services need to be delivered throughout the district in the intermediate and longer term future.

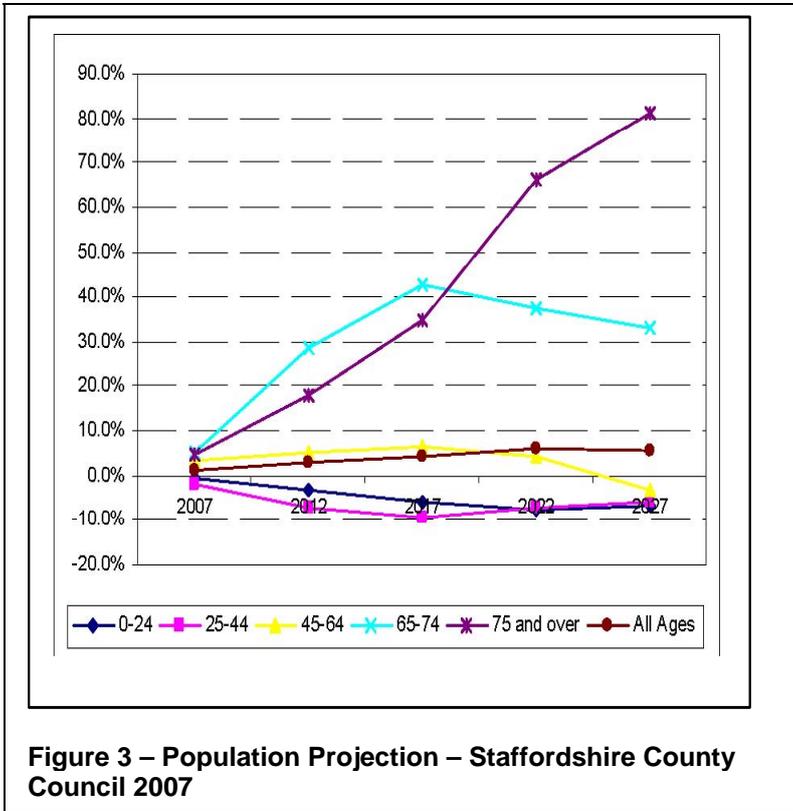


Figure 3 – Population Projection – Staffordshire County Council 2007

Deprivation indicators

Health inequalities, at the simplest level, can be defined as the differences in the health status of one group of people compared with another. There are marked differences in health between people from different social classes and occupations, which are partly explained by their circumstances such as income, education and the kind of housing and physical environment in which they live. The differences in health can be measured in terms of both ill health and life expectancy

The Government’s standard measure of deprivation and inequality in England is the index of

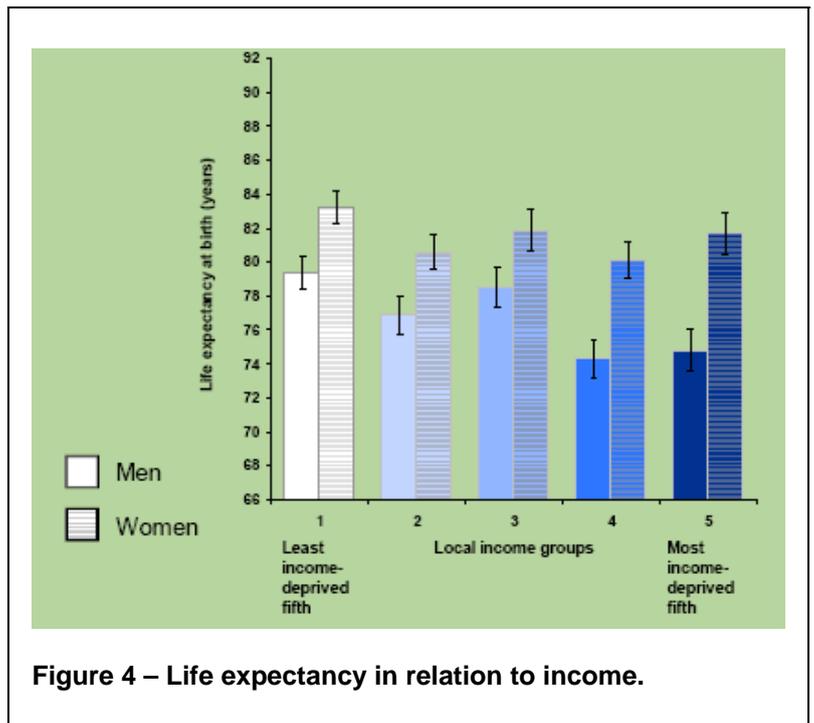


Figure 4 – Life expectancy in relation to income.



multiple deprivation (IMD). This covers a range of topics, including disadvantage in education, income, employment, health, housing, environment and crime. Stafford is one of the less deprived parts of England, ranking 253rd out of 354 districts.

Stafford district has some isolated pockets of multiple deprivation. According to the Index of Multiple Deprivation (2004); there are 2 Super Output Areas (SOAs) which fall into the most deprived 20% of SOAs nationally. Stafford district is ranked 244 out of 354 districts in England based on the average of ward scores (it falls into the 30-40% least deprived districts nationally by this measure). The most deprived parts of Stafford District are found around the areas of Highfields and Western Downs, Penkside, Manor, Holmcroft and Forebridge. There is a clear correlation between life expectancy and income

Ethnicity

The proportion of residents describing themselves, as from a white background is 97.4%; above the national average of 91.3%. The largest ethnic minority group is Indian (0.6%). (Mixed race 0.8%; Asian or Asian British 1.0%; Black or Black British 0.5%; Chinese or other 0.2%). The greatest concentration of Black Minority Ethnic population is found in the Coton and Forebridge wards.

Health

Britain's health has been steadily improving over the last century. Between 1901 and 1998, life expectancy for both men and women rose by approximately thirty years. However, despite these increases, life expectancy in Britain varies considerably. Figures in the following table illustrate that Stafford is in the top quartile of British local authority districts. Life expectancy of 79.4 years is the highest within the Borough. This is the highest in the family group and is above the regional average of 78.5.

Stafford ranks 155th out of 407 authorities for health with a score of 101.2. Infant mortality figure of 5.5per cent is above the British average at 4.9per cent (compared to 6.9per cent in 2006) but is below the Staffordshire and West Midlands averages.



		Stafford	Amber Valley	Bedford	Crewe and Nantwich	East Staffordshire	Gloucester	Lichfield	Newcastle-under-Lyme	Rugby	Vale Royal	Worcester	Newark and Sherwood	West Midlands	Staffordshire
Health score (2003 - 2005)	Percentile	60.74	46.91	54.07	30.37	30.37	34.81	34.81	36.54	32.84	43.21	49.63	51.85	44.44	32.69
	GB=100	101.2	100.4	100.9	99.55	99.55	99.74	99.74	99.81	99.68	100.2	100.6	100.7	99.68	99.37
Rank		155	216	183	278	278	259	259	256	266	229	200	196	6 out of 11	
Life expectancy (2003 - 2005)	Percentile	60.59	42.61	54.68	31.77	34.73	31.77	30.79	40.89	44.33	45.81	48.77	48.77	44.44	32.69
	Years	79.4	78.6	79.1	78.2	78.3	78.2	78.1	78.55	78.7	78.75	78.85	78.85	78.5	78.25
Estimated obesity (2000/02)	Percentile	60.68	87.18	31.05	66.95	74.93	18.23	62.96	84.9	61.82	50.71	56.98	90.6	75	93.48
	%	22.89	24.87	20.71	23.2	23.8	19.6	22.96	24.78	22.92	22.24	22.63	25.19	23.23	24.33
Estimated smoking (2000/02)	Percentile	27.92	47.58	43.3	67.81	51	78.92	17.09	63.25	30.77	43.59	62.39	60.97	50	67.39
	%	21.24	24.08	23.52	26.97	24.59	28.55	20.08	26.4	21.83	23.63	26.37	26.15	25.66	26.06
Infant mortality rate (2003/05)	Percentile	72.99	49.2	49.2	69.52	94.65	87.97	98.13	74.87	66.31	60.43	55.88	31.02	100	98.08
	per 000	5.5	4.6	4.6	5.4	7.4	6.5	8	5.6	5.2	5	4.8	3.8	7.4	7.43
Mortality rate - cancer (2003/05)	Percentile	43.06	49.86	38.24	77.9	73.09	62.32	50.99	55.24	71.1	28.05	66.57	54.96	62.5	71.74
	100000 pop	112.6	114.7	111.1	126.6	123.8	119.3	115.2	116.4	122.7	107	121.1	116.3	121.7	123.9
Mortality rate - circulatory disease (2003/05)	Percentile	56.94	50.67	37.39	67.14	52.41	68.84	71.95	90.08	56.94	81.87	52.97	75.64	42.86	11.11
	100000 pop	100	98	87.8	106.8	96.5	107.8	109.7	130.5	100	119.5	97.1	113.8	110.9	84.77
Standardised Mortality Ratio (2005)	Percentile	59.79		46.92	65.68	68.1	59.79	55.76	70.24	74.53	70.24	44.24	59.79	55.56	81.25
	GB=100	101		97	103	104	101	100	105	106	105	96	101	104	107

Figure 5 – Health related Quartile indicator for Stafford



Limiting long term illness

The proportion of people suffering from a Limiting Life Long Illness in the district is lower than for Staffordshire, the West Midlands Region or nationally. However parts of the Borough do have high levels of limiting long term illness, particularly Barlaston and Oulton, Fulford, Littleworth, and Manor.

People with long-term conditions are more likely to see their GP, be admitted to hospital, and stay in hospital longer than people without long term conditions

The combined effect of increasing numbers of older people and increase in the prevalence of conditions such as diabetes, hypertension and heart disease due to increased risk

factors, e.g. poor diet and physical inactivity has led to an increasing prevalence of some long term conditions.

GP practices also maintain disease registers for selected conditions that provide an insight in the number of people suffering form long-term illness.

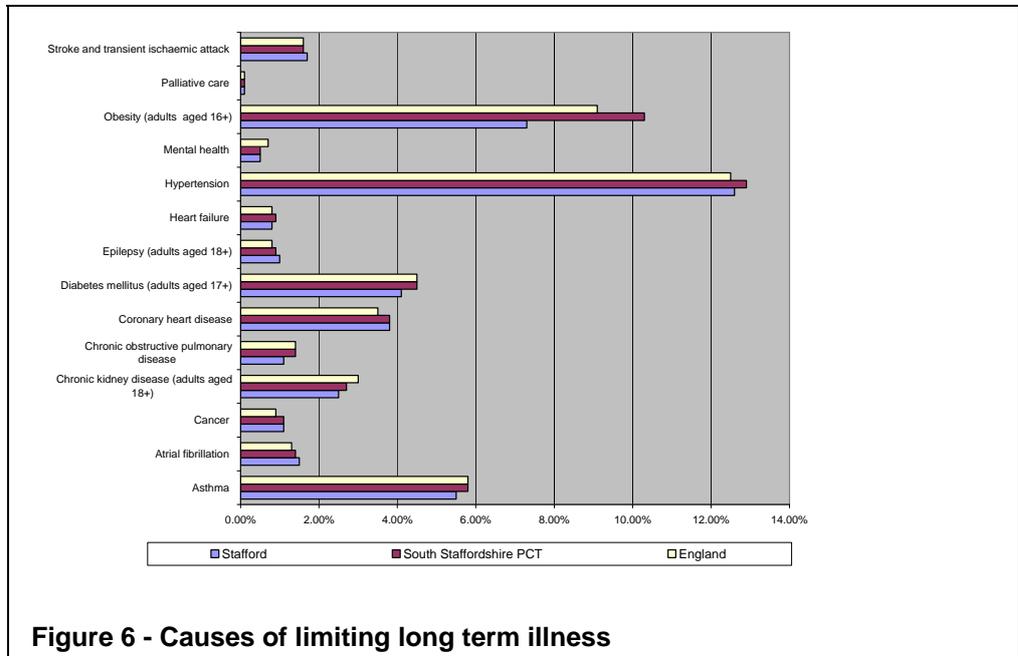


Figure 6 - Causes of limiting long term illness

Chapter 3 – Factors Affecting Healthy Lifestyles

Improving the personal lifestyle behaviour of individuals, such as smoking, poor diet and lack of physical exercise, both for adults and children, particularly in the most deprived parts of the Borough, is an important priority. Lifestyle changes, especially reduced smoking and cholesterol levels are important factors in the declining death rates, together with reducing obesity levels and increasing physical activity which are important factors in the prevention of heart disease and other conditions such as diabetes. Stroke mortality has also continued to fall but in Stafford Borough, mortality from stroke is only marginally below the national average.

Smoking

Smoking is the leading cause of preventable disease and premature mortality. Smoking is a major factor in the development of heart disease, cancer and causes over 80% of deaths from lung cancer and chronic obstructive pulmonary disease.

Smoking is also the key factor in health inequalities; the difference in death rates between rich and poorer populations.

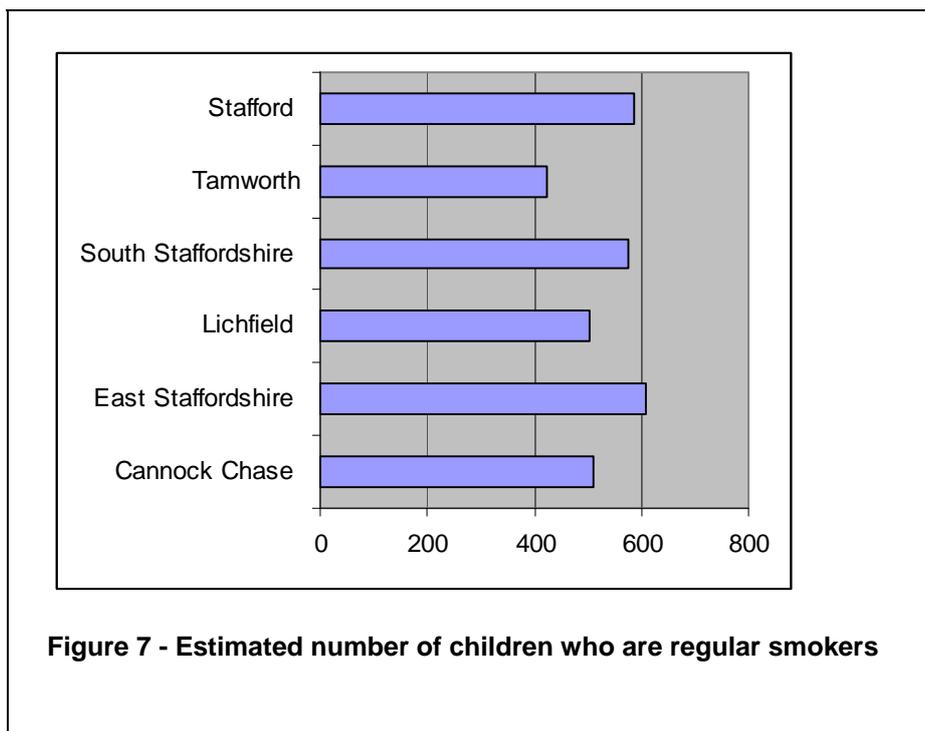


Figure 7 - Estimated number of children who are regular smokers

Literature suggests that almost 70% of all smokers want to quit smoking.

Estimates suggest that 23% of the adult population in the Primary Care Trust area are smokers. The figure for the Stafford Borough is below both the Primary Care Trust and National average. (Figure 7) This trend is not reflected in the

estimated number of children aged 11 – 15 who are regular smokers (Figure 6). Estimates suggest that the Borough has the second highest number of children in the PCT area who regularly smoke. Smoking is also the most important causal factor in gum disease/health decay.

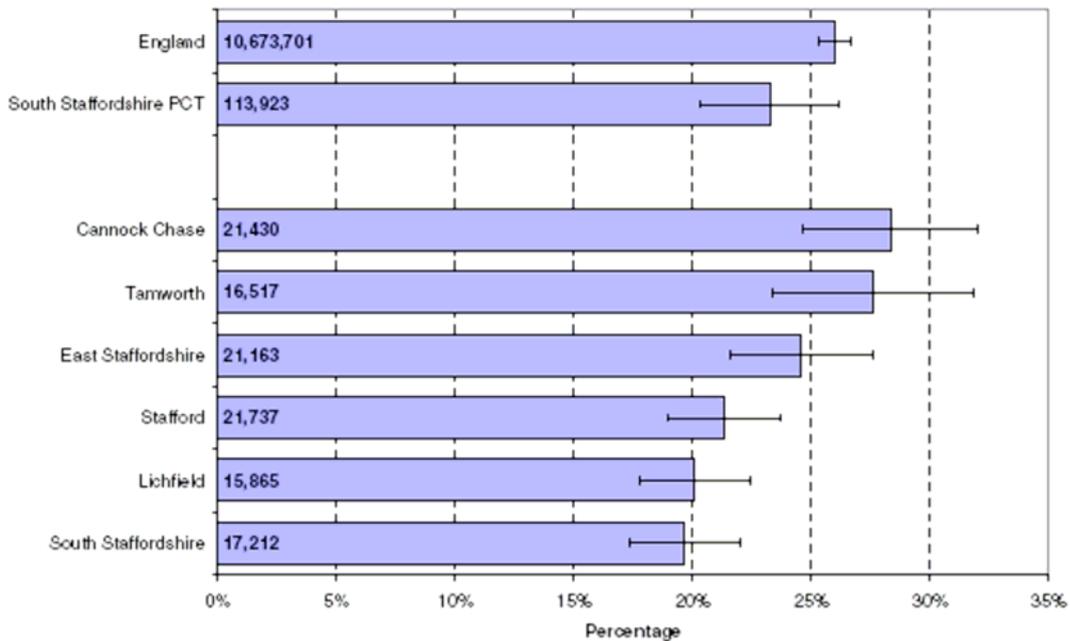


Figure 8 - Prevalence of smoking, 2000 - 2002

Obesity

Obesity increases the risk of heart disease and stroke, diabetes, hypertension (high blood pressure) and some cancers and can reduce life expectancy on average by nine years through premature death. It can lead to social and psychological problems, for example depression and low self-esteem. It can also lead to stigmatisation, particularly in children. Obesity also has significant financial costs to the NHS and the wider economy

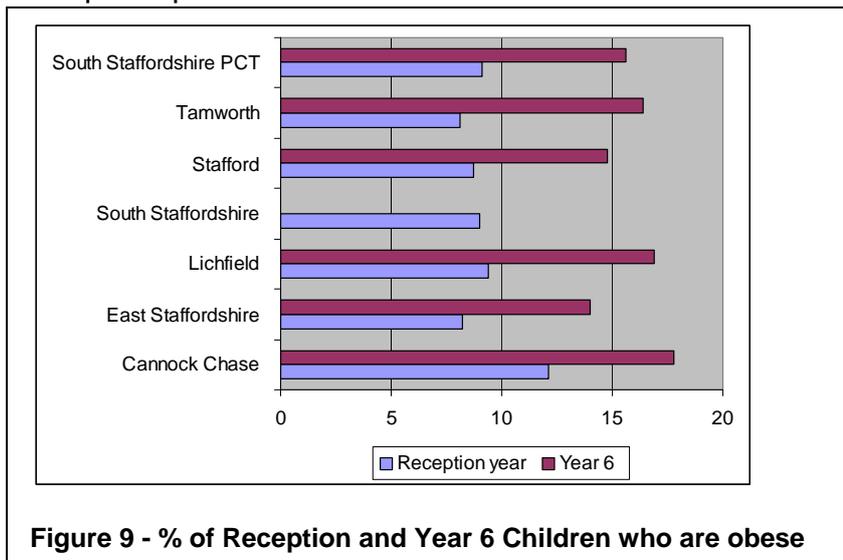


Figure 9 - % of Reception and Year 6 Children who are obese

in children. Obesity also has significant financial costs to the NHS and the wider economy

“Tackle the underlying determinants of ill health and health inequalities by halting the year-on-year rise in obesity among children under 11 by 2010 (from the 2002-04 baseline) is a key priority. The 2007 Comprehensive Spending Review identified the halting of childhood obesity as a key priority and set clear targets to halt the rise in obesity.

priority and set clear targets to halt the rise in obesity.

People who are obese or overweight are at increased risk of a wide range of diseases including coronary heart disease, stroke, diabetes, high blood pressure, osteoarthritis



and other musculoskeletal diseases and some types of cancer. Additionally obese people suffer poor levels of fitness and possibly poor self esteem and reduced quality of life.

Obesity is the most serious, and growing, health challenge for children. Between 1995 and 2005, obesity among boys aged 2-10 rose from 9.6 per cent to 16.6 per cent, and for girls aged 2-10 from 10.3 per cent to 16.7 per cent. The Government wants to make a significant impact on this problem reducing the rate of increase in obesity among children under 11 as a first step towards a long-term national ambition by 2020 to reduce the proportion of overweight and obese children to 2000 levels in the context of tackling obesity across the population.

The PCTs estimate of the number of children between the age of 2 – 15 years identifies Stafford and East Staffordshire as having the highest level of obesity in children in this age range.

Promoting Healthy Body Weight

Body weight depends on the balance between energy used and energy consumed. Strategies to reduce over weight and obesity must thus be based on promoting healthy eating patterns and encouraging physical activity. Over the last three years the average energy consumed has increased by 35 calories per day. Even a modest increase in calories consumed, unless accompanied by an increase in energy used, can cause weight gain. A prolonged excess intake of only 10 calories each day will result in a weight gain of about 0.5 kg (1lb) per year unless compensated by increased physical activity.

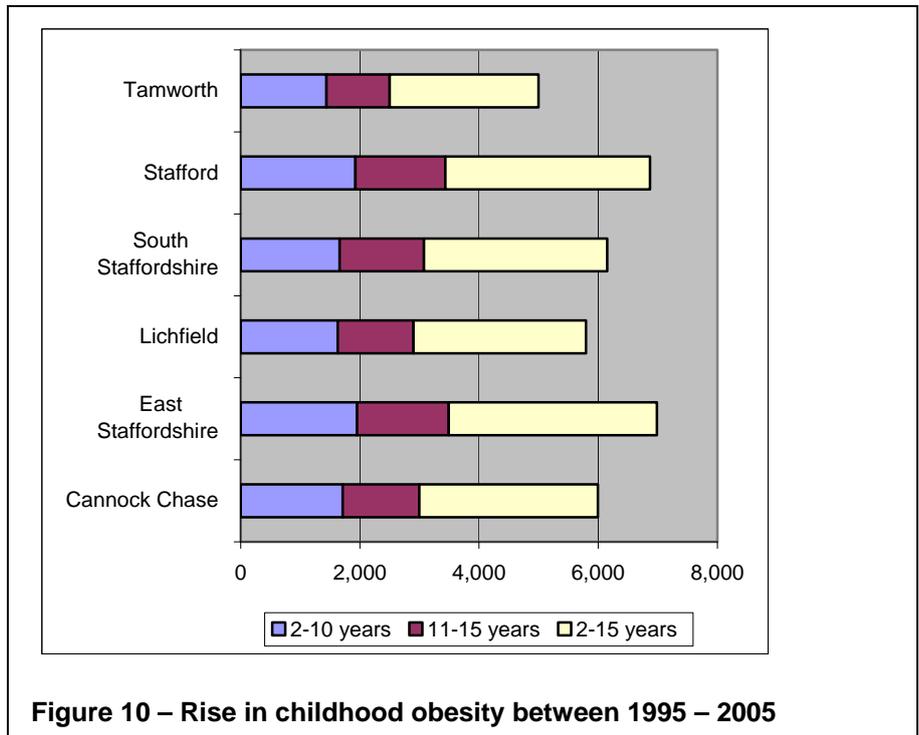


Figure 10 – Rise in childhood obesity between 1995 – 2005

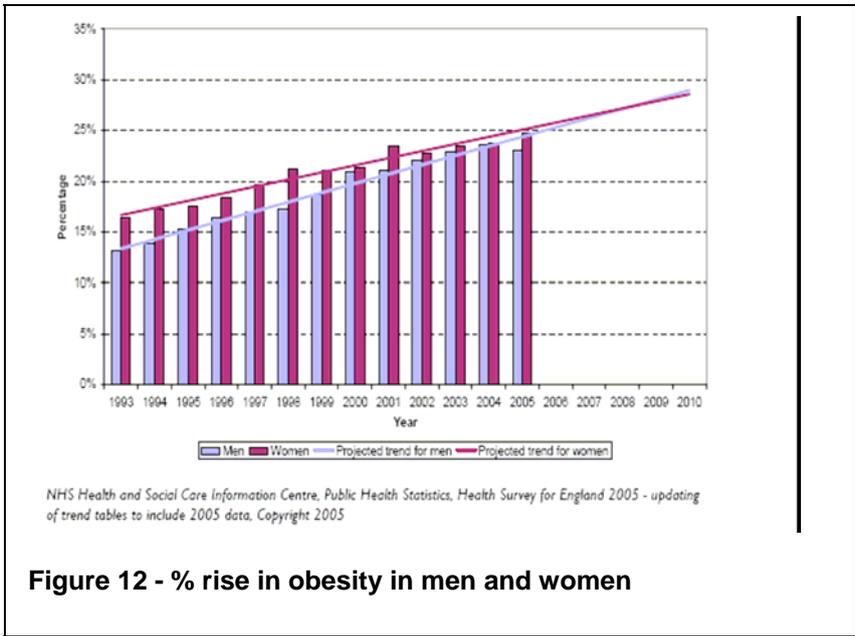


Figure 12 - % rise in obesity in men and women

Healthy eating

A healthy and balanced diet is important in the prevention of ill health later in life. Eating at least five portions of a variety of fruit and vegetables a day is estimated to reduce the risk of deaths from chronic diseases such as heart disease, stroke, and cancer by up to 20%. Children growing up in less affluent families are about 50% less likely to eat fruit and vegetables than those in high-income families. The 2005

Health Survey for England found that 28% of adults consumed the recommended five portions of fruit and vegetables daily with the average number of portions eaten being 3.7 per day. Consumption of the recommended levels of portions of fruit and vegetables is lower in men than women (26% compared with 30% respectively). A lower proportion of young adults also tend to eat the recommended portions (17% of people aged 16-24 compared with 31% aged 55 and over). A survey in 2002 established that in the South Staffordshire Primary Care Trust consumption of five or more portions of fruit and vegetables was 22%, similar to the England average.

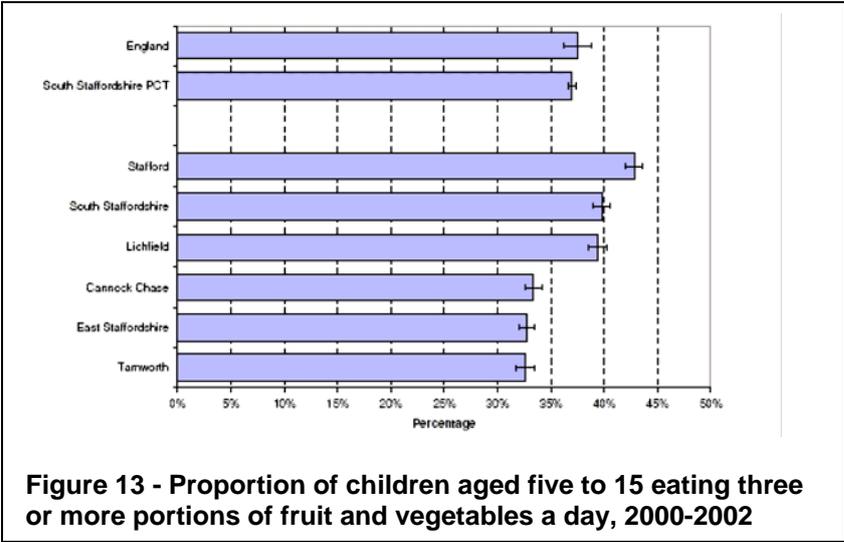


Figure 13 - Proportion of children aged five to 15 eating three or more portions of fruit and vegetables a day, 2000-2002



Physical activity

During 2005/06 Sport England commissioned a survey of adults aged 16+ living in England (Active People Survey). Results show that for the South Staffordshire Primary Care Trust, 12% of men and 11% women reported achieving the physical activity recommendations for adults. This is similar to the national average of 13% of men and 10% of women. The proportions of men and women reporting undertaking no physical activity is alarmingly high - 44% for men and 53% for women. Women are less likely to undertake any physical activity during the week and levels of inactivity also tend to increase with age. In the Primary Care Trust, only 31% of the population aged under 35 years are inactive compared with 76% for people aged 65 and over.

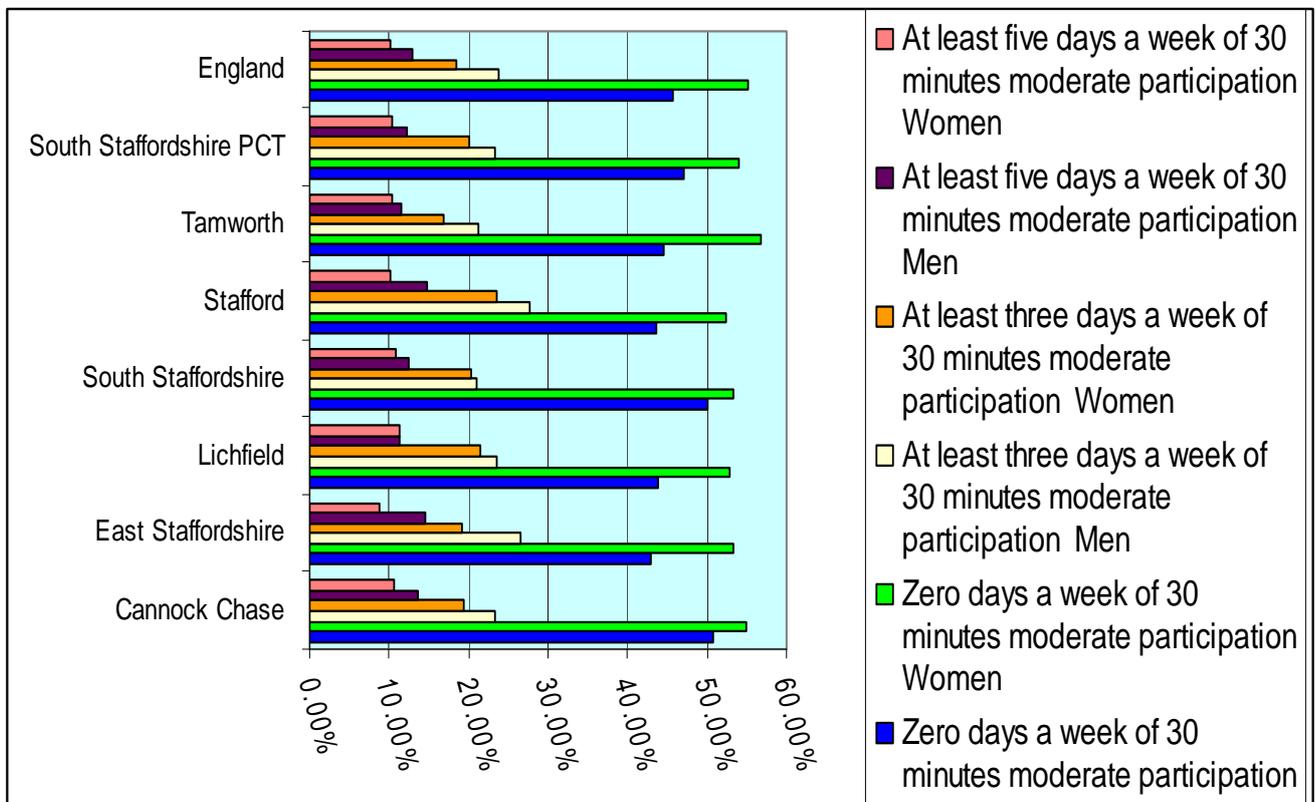


Figure 14 – % exercise taken each week by men and women

Alcohol

The misuse of alcohol has been shown to contribute to a number of health problems, ranging from alcohol-induced pancreatitis, chronic liver disease, cancer, strokes, gastritis, high blood pressure, mental health problems, suicide, fertility problems and impotence. Alcohol misuse is also linked to social problems such as antisocial behaviour, crime and domestic violence.



People who are affected by alcohol cause much of the behaviour that is unacceptable within the community. This is a national problem and not restricted to the Stafford Borough area. This can and often does result in violence. This feedback is coming from all sections of the community and is a major concern within the Borough.

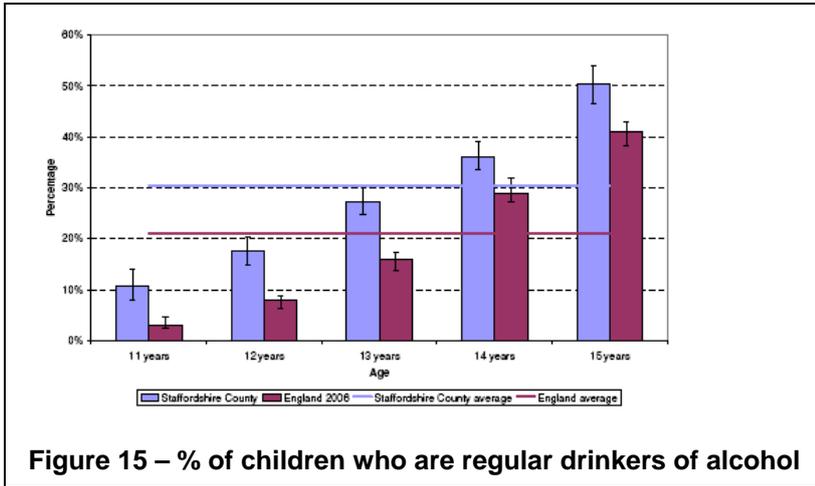


Figure 15 – % of children who are regular drinkers of alcohol

Children are considered regular drinkers if they consume alcohol at least once a week. Findings from the 2007 Staffordshire Children’s Alcohol Survey carried out in school by the County Council show that.

- one in two children aged 15 across Staffordshire are likely to have consumed alcohol in the last seven days compared with one in 10 children aged 11
- 30% of children aged 11-15 reported drinking alcohol in the week prior to interview in the Primary Care Trust compared with 21% nationally
- the prevalence of children who drank in the last seven days is similar for boys and girls in the Primary Care Trust (30% for both)

Substance misuse

Reducing harm caused by illegal drugs is one of the Government’s top priorities. The British Crime Survey 2006/07 shows that one in ten people aged 16-59 use illicit drugs. The majority of these are cannabis (8.2%), cocaine (2.6%) and ecstasy (1.8%) users. For young people aged 16-24, 24% have used illegal drugs in the last year with the most common being cannabis (21%). 8.3% of these young people are classified as frequent users (more than once a month in the last year). About 5% of drug users are known as problematic drug users, who cause harm to themselves and to

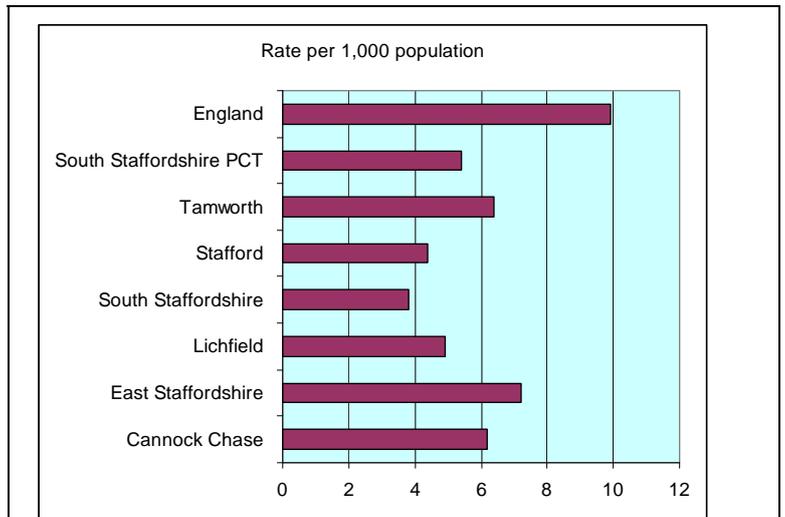


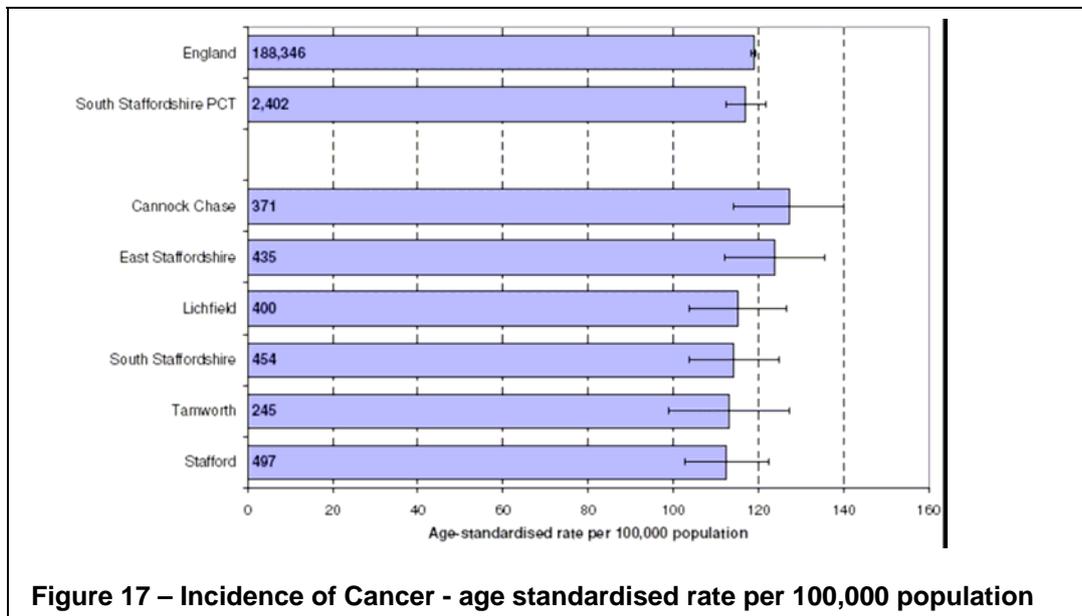
Figure 16 - Proportion of problem drug users (crack and opiates), 2004



others through their use. These are users who are often dependent on Class A drugs, who live extremely chaotic lives with high levels of risk to their health and that of others, and who are often involved in crime to fund their addiction

Cancer

Cancer deaths make up 26% of all deaths in the Primary Care Trust and 39% of all premature deaths. Major causes of cancer death are lung cancer and prostate cancer for men and lung cancer and breast cancer for women. Trends for the Primary Care Trust for premature death from cancer show a significant reduction over the last two decades.



Domestic Violence

Domestic violence has a devastating effect both physically and mentally on its victims and their families. It also affects the wider community as well as having a huge economic impact on society.

Using national research we can estimate the prevalence of domestic violence in Stafford Borough to be:



Research Finding	Equivalent for Stafford Borough
1 in 9 women experience domestic violence in one year	5,560 women are likely to experience domestic violence in any one year in Stafford Borough
1 in 4 women experience domestic violence in their lifetime	12,510 women are likely to experience domestic violence in their lifetime in Stafford Borough
1 in 6 men will be affected by domestic violence in their lifetime	8,024 men are likely to be affected by domestic violence in their lifetime in Stafford Borough

The Community Safety in Staffordshire 2006 report showed that there had been a very significant increase in the number of domestic violence incidents reported during the last three years. Over this time, rates have increased from 6.8 to 7.8 per 1,000; a rise of 967 cases. In Staffordshire and Stoke-on-Trent, 8,138 incidents of domestic violence were recorded during 2005, at a rate of 7.8 per 1,000 population. This accounts for 32% of all recorded violent crime. In Stafford Borough and East Staffordshire, inequalities in domestic violence are marked, with certain wards experiencing particularly high levels of domestic violence compared to the rest of the area. The report also showed that repeat victimisation was a particular problem for the County with some of the highest rates in Stafford Borough where 38.7% of domestic violence offences were repeat incidents.

Of all murders in Staffordshire 60% are domestic violence murders.

Environment

Achieving good health is fundamentally and ultimately dependent on a healthy environment. Our health and well being are inextricably linked to the quality of our air, water, soils and biological resources.

However, across the UK and including within Stafford Borough, there are still significant problems relating to degraded and poor quality environments, as well as a continued decline in our natural resources, including loss of biodiversity and accessible natural green space.

The UK Sustainable Development Strategy, launched in 2005, provides further impetus and commitment to tackling the combined issues of health and environment.



Whilst degraded environments can be a causal factor in poor health, access to green space and natural environments can, on the other hand, contribute towards good health.

Natural England (NE), the Government's advisory body on nature conservation emphasises the role that ecosystems and green areas can play in reducing the negative impacts of factors such as heavy traffic and densely built-up areas, on the health of local communities and the 'liveability' of an area. These effects, along with psychological responses of relaxation and stress reduction, can provide measurable health benefits. The importance of local accessible public green space close to where people live should therefore not be underestimated.

There is evidence that the natural environment acts as a motivator to physically active. For instance, walking outdoors is an ideal form of exercise and provides another reason why local green space is so valuable. Recent research suggests that a Health Walk through a local wildlife area can in fact magnify the health benefits of a 'normal' Health Walk. Various studies suggest that 'green exercise' has important public and environmental health consequences and clearly a fitter and emotionally more content population costs the economy less.



Section 4 – Public Service Agreement Targets

As part of the 2007 Comprehensive Spending Review the Government has introduced a number of National Public Service Agreements (PSAs).

New PSAs set out the key priority outcomes the Government wants to achieve in the next spending period (2008-2011). Those that relate to the Health Strategy are set out below.

Relationship with the Health Strategy

The new PSAs will require local authorities, the health service and the third sector to work in partnership to deliver on the new priorities. This strategy will identify how the Council, working with its partners, will meet the challenges set by the new Public Service Agreements. Through the Strategy the Council will bring forward clear measurable targets to that address the

PSA Delivery Agreement 12: Improve the health and wellbeing of children and young people

Indicator 1: Prevalence of breastfeeding at 6 – 8 weeks

Indicator 2: Percentage of pupils who have school lunches

Indicator 3: Levels of childhood obesity

Indicator 4: Emotional health and wellbeing, and child and adolescent mental health services (CAHMS)

Indicator 5: Parents' experience of services for disabled children and the 'core offer'

PSA Delivery Agreement 14: Increase the number of children and young people on the path to success

Indicator 1: Reduce the percentage of 16-18 year olds not in education, employment or training (NEET)

Indicator 2: More Participation in Positive Activities

Indicator 3: Reduce the proportion of young people frequently using illicit drugs, alcohol or volatile substances

Indicator 4: Reduce the under-18 conception rate

Indicator 5: Reduce the number of first-time entrants to the Criminal Justice System aged 10-17



PSA Delivery Agreement 18: Promote better health and wellbeing for all.

Indicator 1: All Age All Cause Mortality (AAACM) rate

Indicator 2: Difference in All Age All Cause Mortality (AAACM) between England average and spearhead areas¹

Indicator 3: Smoking prevalence

Indicator 4: Proportion of people supported to live independently (all ages)

Indicator 5: Access to psychological therapies

PSA Delivery Agreement 22: Deliver a successful Olympic Games and Paralympic Games

Indicator 4: Number of people across the nations and regions of the UK and in other countries taking part in government-supported programmes associated with the 2012 games.

Indicator 5: Percentage of 5-16 year olds participating in at least 2 hours per week of high-quality PE and sport at school and the percentage of 5-19 year olds participating in at least 3 further hours per week of sporting opportunities.

PSA Delivery Agreement 25: Reduce the harm caused by Alcohol and Drugs

Indicator 1: The number of drug users recorded as being in effective treatment

Indicator 2: The rate of alcohol-related hospital admissions

Indicator 3: The rate of drug-related offending

Indicators 4 & 5: The percentage of the public who perceive drug use or dealing/ drunk and rowdy behaviour to be a problem in their area



Section 5 - What are we already doing?

	Children	Adults	Obesity	Smoking	Over 50	Older People	Our Work force	Delivered through Partnership
Environmental and Health Services								
Food safety training	✓	✓			✓			✓
Food Safer Better Business training	✓	✓	✓	✓	✓	✓	✓	✓
Heart of Stafford campaign	✓	✓	✓	✓	✓	✓	✓	✓
Young Heart of Stafford	✓		✓					✓
Smokefree policy and enforcement	✓	✓	✓	✓	✓	✓	✓	✓
Walking Working Group promotes walking in Stafford Borough for health, environmental and leisure purposes and as a means of travel to work and school.	✓	✓	✓		✓	✓	✓	✓
Eco-Schools	✓							✓
Walking for Health programme (inc Volunteer Walk Leader Training)	✓	✓	✓		✓	✓	✓	✓
Health and Safety	✓	✓			✓	✓	✓	
Local Food Links programme	✓	✓	✓			✓	✓	✓
Biodiversity Officer and biodiversity programme (practical conservation tasks, green exercise cleaner greener agenda)	✓	✓	✓		✓	✓	✓	✓



	Children	Adults	Obesity	Smoking	Over 50	Older People	Our Work force	Delivered through Partnership
Cycling Activities (Cycling Working Group, promotional events, cycling infrastructure and facilities, cycle training)	✓	✓	✓		✓	✓	✓	✓
Back 2 Bikes (Bike Recycling Project)	✓	✓	✓		✓	✓	✓	✓
Affordable warmth	✓	✓			✓	✓		✓
Housing advice & renewal strategy	✓	✓			✓	✓		
Homelessness	✓	✓		✓	✓	✓		
Green Travel Plan		✓	✓				✓	✓
Leisure Services								
Leisure centres	✓	✓	✓	✓	✓	✓	✓	✓
Parks and other public open spaces	✓	✓	✓	✓	✓	✓	✓	
GP referrals		✓	✓	✓	✓	✓		
Play Areas	✓		✓					
Local coach education and qualifications	✓	✓	✓		✓	✓		
Allotments	✓	✓	✓		✓	✓		
Theatres	✓	✓	✓	✓	✓	✓	✓	
Financial Services								
Benefit take-up campaign	✓	✓	✓		✓	✓		



	Children	Adults	Obesity	Smoking	Over 50	Older People	Our Work force	Delivered through Partnership
Development Control								
Development of open spaces	✓	✓	✓		✓	✓	✓	
Local Development Framework	✓	✓			✓	✓	✓	
Creating sustainable communities	✓	✓						
Open space & biodiversity	✓	✓	✓		✓	✓		
Human Resources								
Smokefree policy		✓		✓	✓	✓	✓	
Green Travel Plan		✓		✓	✓	✓	✓	
Streetscene								
(Cleaner, greener agenda)	✓	✓			✓	✓	✓	
Corporate								
Sustainable Development Officer Working Group	✓	✓			✓	✓	✓	
Community Safety Partnership								
Alcohol & Related Violence	✓	✓			✓	✓	✓	✓
Anti Social Behaviour	✓	✓			✓	✓	✓	✓
Drug Abuse	✓	✓			✓	✓	✓	✓
Road Safety	✓	✓			✓	✓	✓	✓
Domestic Violence	✓	✓			✓	✓	✓	✓



Section 6 - Health Strategy Action Plan 2008 – 2013

No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
HS1	Reduce the number of adults who are obese; implementation of an adult weight management programme.	2008 - 2011	Corporate Plan 3a, 3b Local Area Agreement NI 8 NI 121	South Staffordshire PCT	Programme plan developed. Implementation by October 08	Adult participation in sport and active recreation. Mortality rate from all circulatory diseases at ages under 75.
HS2	Reduce the number of children who are overweight or obese based on the MEND programme	2008 - 2001	Corporate Plan 3a, 3b Local Area Agreement NI 56 NI110	Children & Young Persons Board Subject to successful bid for resources to fund project	Bid to PCT accepted. Programme plan developed. Implementation by September 08 Targets/outcomes to be set by PCT as part of the tender process	Decrease in the number of recorded children and young people who are obese through the promotion and encouragement of active lifestyles Obesity among primary school children in Year 6 Young people



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
						participating in positive activities.
3	Develop in partnership with the South Staffordshire PCT a Health Trainers Programme to support programme of life style changes.	2008 - 2011	Corporate Plan 3a, 3b Local Area Agreement NI 40 NI 39 NI 123	South Staffordshire PCT Subject to successful bid for resources to fund project	Programme plan developed. Implementation by September 08 Targets/outcomes to be set by PCT as part of the tender process	Obesity levels in 16+ reduced. 16+ current smoking rate prevalence. Drug users in effective treatment
4	Development of the Health Inequalities Project to extend the principles of the Signpost Project to other parts of Stafford Borough Council.	2008 – 2009	Corporate Plan 3a, 3b Local Area Agreement NI 40 NI 39 NI 123	To be identified as part of the Feasibility project.	Feasibility study completed.	Alcohol harm related hospital admissions 16+ current smoking rate prevalence. Drug users in effective treatment
5	Investigate development of a one stop shop in the Stafford Town Centre to	2008 - 2009	Corporate Plan 3a, 3b	To be identified as part of the feasibility	Decision of feasibility to open one stop shop.	Alcohol harm related hospital



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
	provide community safety and health and well-being advice		Local Area Agreement NI 40 NI 39 NI 123	project.		admissions 16+ current smoking rate prevalence. Drug users in effective treatment
6	Support the Signpost Project	2008 – 2011	Corporate Plan 3a, 3b Local Area Agreement NI 40 NI 39 NI 123	PCT, SCC, Stafford Borough Council, Police, Stafford Signpost Short term funding from Partners agreed. Lottery bid to secure long term submitted by Stafford Signpost Lease of Building to Stafford Signpost Project.	Long term funding secured, December 2009 Programme of Lifestyle improvement initiatives introduced – March 2009	Alcohol harm related hospital admissions 16+ current smoking rate prevalence. Drug users in effective treatment
7	Development and expansion of the Walking For Health project	2008 - 2011	Corporate Plan 2d, 3a, 3b Local Area	Stafford Borough Council Mix of Stafford	Series of new led Health Walks linked to community centres, GP surgeries,	New walks developed Mortality rate from



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
			Agreement NI 121 NI 175	Borough Council & PCT funding.	Children's Centre etc Increased number of Volunteer Walk Leaders Increase in number of Volunteer Walk Leader Training Courses Increase number of people participating in led Health Walks	all circulatory diseases at age under 75. Access to services and facilities by public transport, walking and cycling.
8	Support an ongoing programme of education in relation the dangers of alcohol misuse.		Stafford Borough CDRP Alcohol and Alcohol Related Violence Strategy 2005 – 2008 Corporate Plan 2c 3a Local Area Agreement NI 39	Stafford Borough Crime and Disorder Reduction Partnership (CDRP)		Alcohol harm related hospital admissions. Mortality rate from all circulatory diseases at age under 75. Repeat Incidents of domestic violence.



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
			NI 121 NI 32			
9	Support an ongoing programme of education in relation the dangers of substance misuse.		Stafford Borough CDRP - Substance Misuse Strategy 2005 – 2008 Corporate Plan 2c, 3a Local Area Agreement NI 40 NI 168	Stafford Borough CDRP		Drug users in effective treatment. Referrals to children's social care going on to initial assessment.
10	Increase reporting of domestic violence and reduce repeat incidents	2008 - 2011	Corporate Plan 2c Local Area Agreement	Stafford Borough CDRP		Increased reporting of and reduction of harm caused by domestic violence- Reduction in the % of domestic violence offences resulting in



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
			NI 32 Sustainable Community Strategy Plan 2008 – 2020			serious assault Repeat incidents of domestic violent
11	Reduction in alcohol consumption and drugs misuse amongst children and young people	2008 - 2011	Corporate Plan 2c Local Area Agreement NI 39 Sustainable Community Strategy 2008 – 2020	Children & Young Persons Board		Decrease in the number of children and young people who drank alcohol in the last week or accessing substance misuse advice/information. Alcohol harm related hospital admissions
12	Children and young people provided with good access to high quality leisure, cultural and sport experience	2008 – 2011	Corporate Plan 3a, 3b Local Area Agreement NI 110	Children & Young Persons Board		1% increase in the participation in physical activity and recreation. · Increased



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
			NI 51 NI 68 Sustainable Community Strategy 2008 – 2020			participation both in terms of active participation and support structures. Young people's participation in positive activities
13	Reducing health inequalities in the Borough (Improved Health and sense of wellbeing)	2008 – 2011	Corporate Plan 3a Local Area Agreement Ni 28 Ni 39 Ni 40	Health & Social Care Board	Provision of a multi-agency Healthy Living facility providing community focus and increased access to a wide range of services for residents	Alcohol harm related hospital admissions Drug users in effective treatment



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
14	Support activities which promote sustainable food production and healthy eating e.g. Farmers Markets, Staffs Local Food Directory and other local food sector initiatives.	2008 – 2011	Corporate Plan 2d, 3a Local Area Agreement Stone Market Town Initiative NI 56 NI 121			Mortality rate for all circulatory diseases. Obesity among primary school children in year 6
15	Investigate feasibility of introducing 'green gyms' or 'trim trails' to incorporate environmental work, gardening and allotments or exercise in parks.	October 2009	Corporate Plan 2d, 3a Local Area Agreement NI 8 NI 110			Adults participating in sport Young people's participation in positive activities
16	Encourage all schools in borough to sign up to Healthy Schools scheme to meet criteria on school	2009 – 2010	Corporate Plan 2d, 3a, 3b	Staffordshire County Council Education Services, Stafford Borough Council Sport		Obesity among primary school children in Year 6



No.	Area of Focus	Timescale	Links to other themes	Lead Partnership & Resources	Key Dates & Milestones	Outcomes
	meals, vending machines etc and raise the profile of these schools.		Local Area Agreement NI 56 NI 110	and Leisure.		Young people's participation in positive activities
17	Ensure health and well-being needs of carers are addresses and hard to reach individuals are identified.		Corporate Plan 3a, 3b Local Area Agreement NI 135 NI 136 NI 142	SBC, SCC, PCT, Third Sector		People supported to live independently Number of vulnerable people achieving independent living

