

Informing the Integrated Strategic Needs Assessment

*A population profile of Staffordshire and Stoke-on-Trent ICB
and review of health inequalities and emerging priorities.*

January 2026



Summary

An increasing and ageing population:

- Resident population of around 1.17 million people (2024) which is likely to increase to 1.2 million by 2032
- The largest population increases will be amongst older people and numbers around dementia, frailty, end-of-life care and admissions due to falls are likely to see an increase
- There is also likely to be an increase in the number of complex patients with multiple morbidities and those with social care needs. Demand for health services is expected to see a steady increase
- There is likely to be an overall decrease in the child population within the ICB

Health inequalities:

- Over half of the population in Stoke-on-Trent live in the most deprived quintile, whilst there are pockets of deprivation across Staffordshire most notably in urban centres
- Stoke-on-Trent has some of the lowest life expectancy and health life expectancy in England, meaning its residents are not only likely to have shorter lives but spend more years living in poor health
- Circulatory disease, cancers and respiratory diseases are the biggest drivers in differences in life expectancy by deprivation. Relative to England, deaths under 28 days is another notable factor.
- Premature deaths due to respiratory disease and alcohol-related conditions have the biggest inequalities by deprivation
- Admission rates tend to be higher for more deprived patients
- Asian patients tend to have higher rates of emergency admissions for cardiovascular diseases
- Some significant variation in patients waiting the longest for treatment by deprivation and for some ethnic minority groups
- Flu vaccination rates are lowest amongst most deprived and amongst certain ethnic minority groups

Maternity, children and young people:

- High levels of infant mortality + premature babies
- High rate of admissions for babies and for children under 18
- High rate of admissions for dental caries aged 0 to 5 and aged under 19
- High rate of admissions for diabetes aged under 19
- High levels of childhood obesity

Working age adults:

- Adult obesity is high for the ICB (most notably for Stoke-on-Trent, Cannock Chase and Tamworth)
- Alcohol-related admissions and alcohol-related mortality are high with some LTLAs amongst the highest in England
- Smoking prevalence remains high in Stoke-on-Trent and in some of our LTLAs
- High prevalence of depression
- Cancer: 55.4% diagnosed at Stage 1 or Stage 2 (national target is 75%), whilst the ICB also has a high rate of emergency admissions with cancer

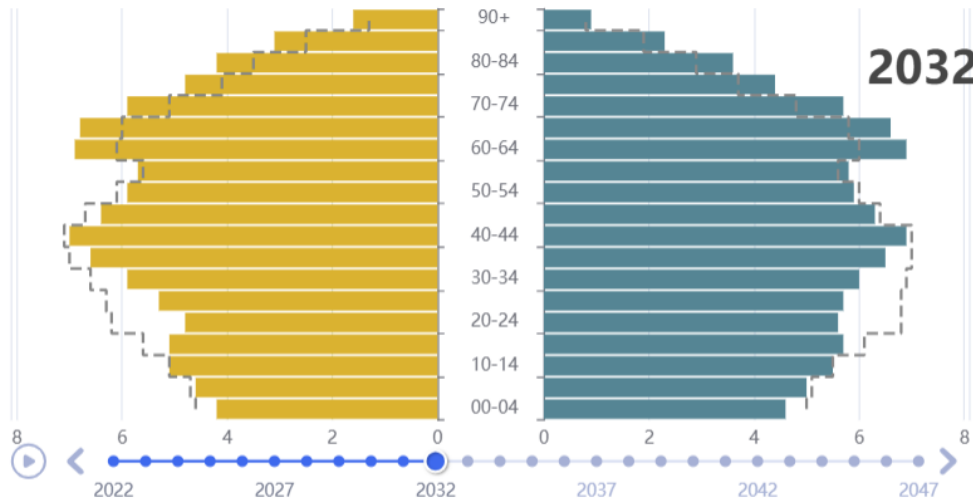
Older adults:

- The ICB is performing worse than England on key CVD prevent measures relating to hypertension patient management
- Very high rates of emergency admissions for COPD and respiratory disease
- High mortality rate relating to influenza and pneumonia
- High rate of emergency admissions due to falls
- High prevalence of palliative care patients
- High proportion of patients 75+ with three or more emergency admissions in the last 90 days of life
- High proportion of deaths in hospital compared to England

Future demographic changes within Staffordshire and Stoke-on-Trent

Staffordshire UTLA population pyramid: female and male

Source: 2022-based sub-national projections, ONS.



Staffordshire UTLA in 2032:

Projected Population

937,039.4

people

up from 886,294 people in 2022

Change since 2022

▲ +5.7%

compared to 5% in Eng

Median Age

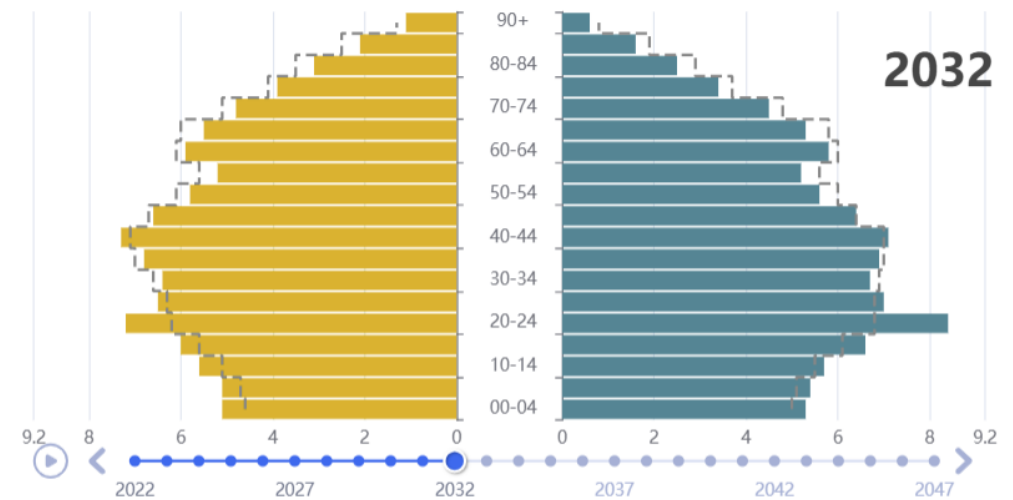
44 yrs

similar to Eng (44 yrs)

and no change from 44 yrs in 2022

Stoke-on-Trent population pyramid: female and male

Source: 2022-based sub-national projections, ONS.



Stoke-on-Trent in 2032:

Projected Population

263,646.9

people

up from 260,008 people in 2022

Change since 2022

▲ +1.4%

compared to 5% in Eng

Median Age

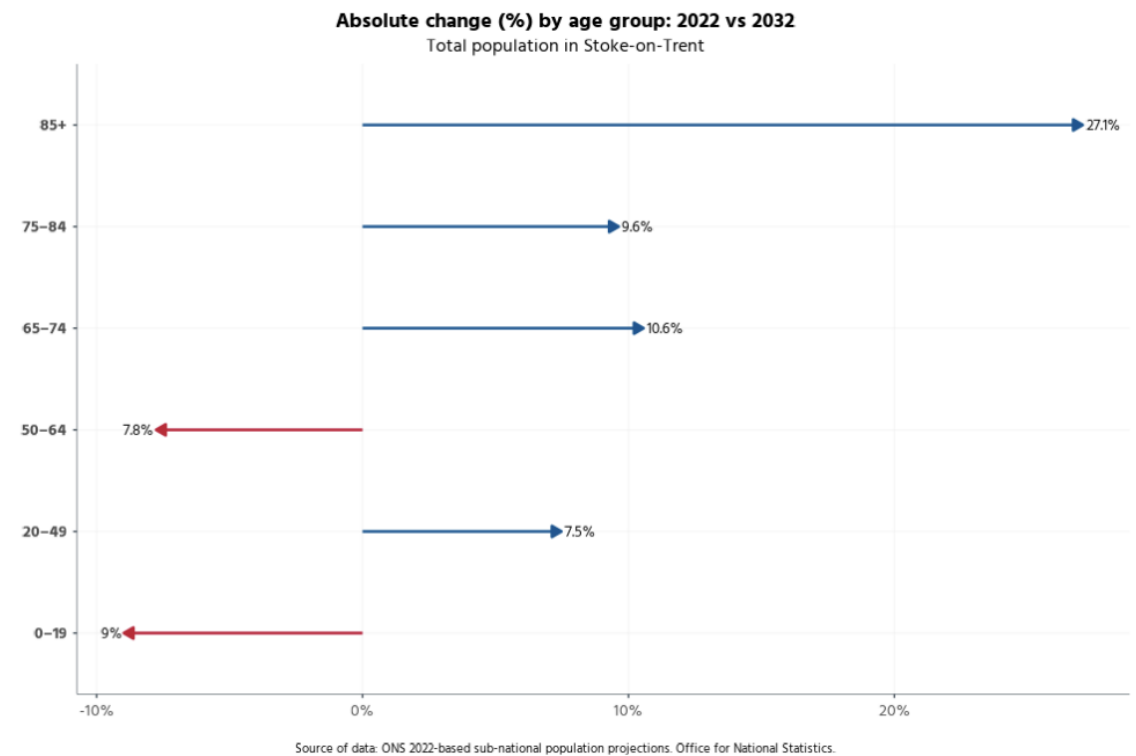
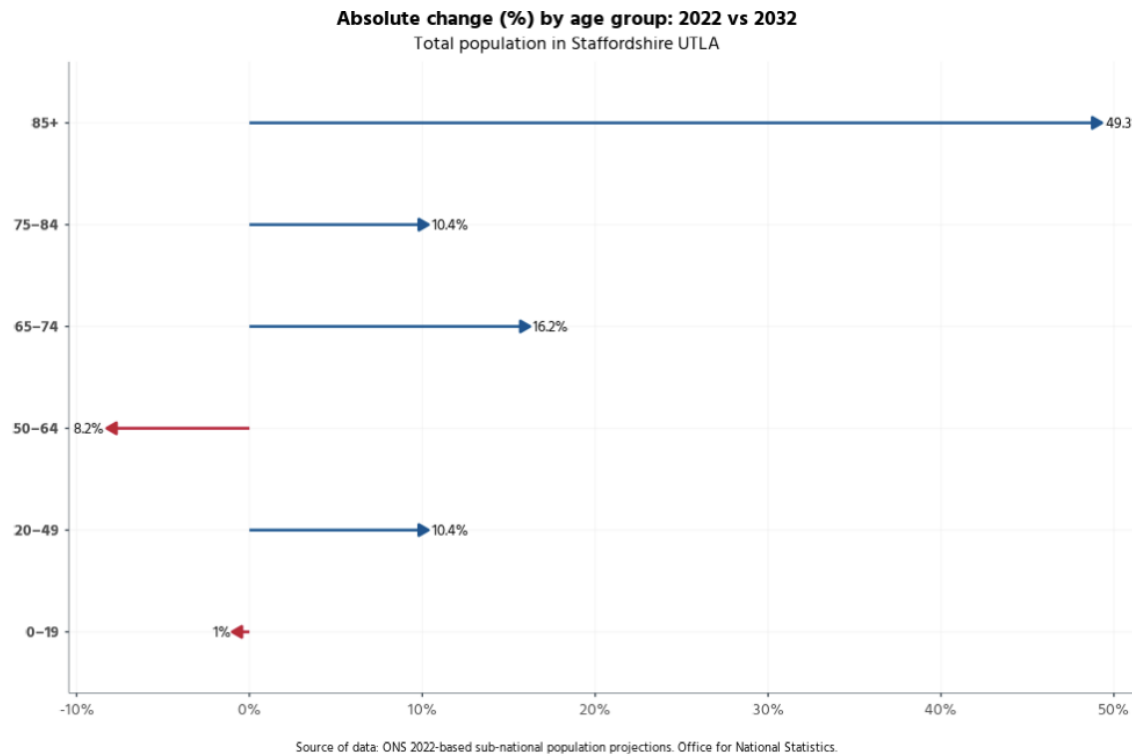
39 yrs

younger than Eng (44 yrs)

and up from 38 yrs in 2022

- The Staffordshire population is expected to by 5.7% between 2022 and 2032, whilst Stoke-on-Trent is expected to see a more modest increase of 1.4% in the same period.
- Staffordshire has an older population than England whilst Stoke-on-Trent has a younger population than England

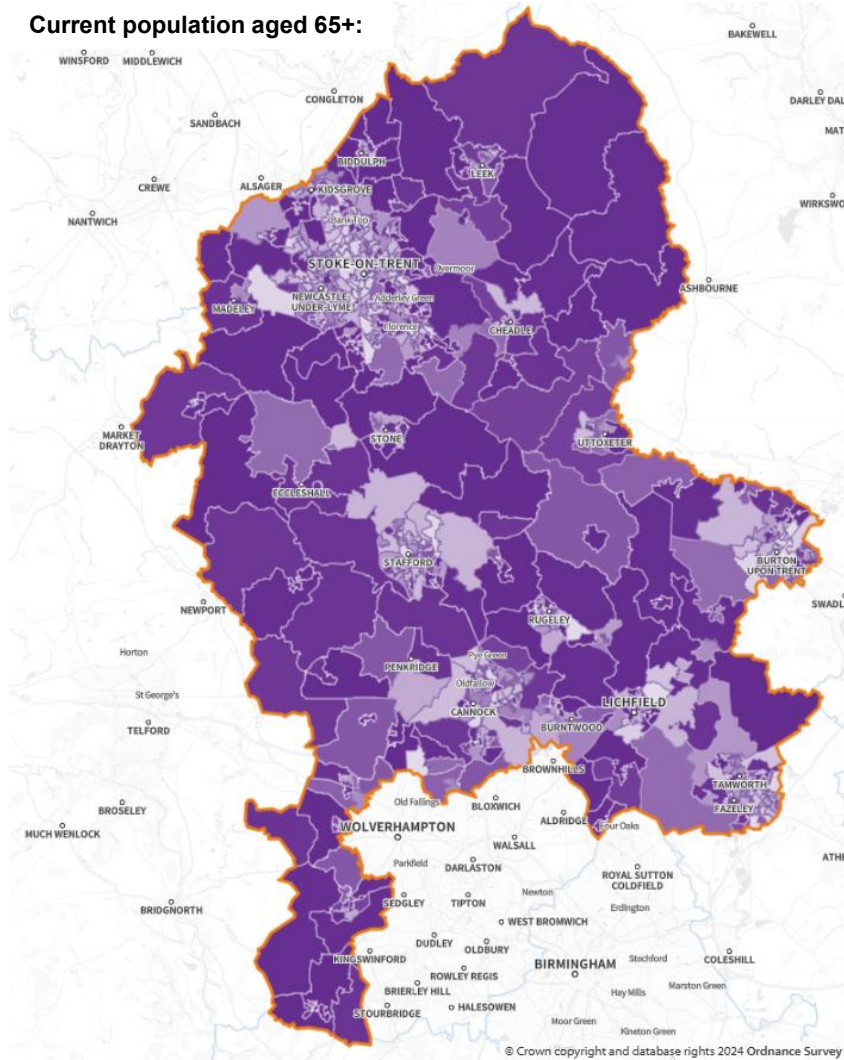
Future demographic changes within Staffordshire and Stoke-on-Trent



- Population growth is uneven across age-bands and varies by each UTLA within the ICB
- Both UTLAs are expected to see a large increase in elderly populations aged 85+. For Staffordshire, the 85+ population will be 49% higher in 2032 than it was in 2022, whilst for Stoke-on-Trent it will be 27% higher
- Stoke-on-Trent is expected to see a decrease in the children and young people population (aged 0-19) with about about 9% fewer children in 2032 compared to 2022. For Staffordshire, it will only see a 1% decrease.

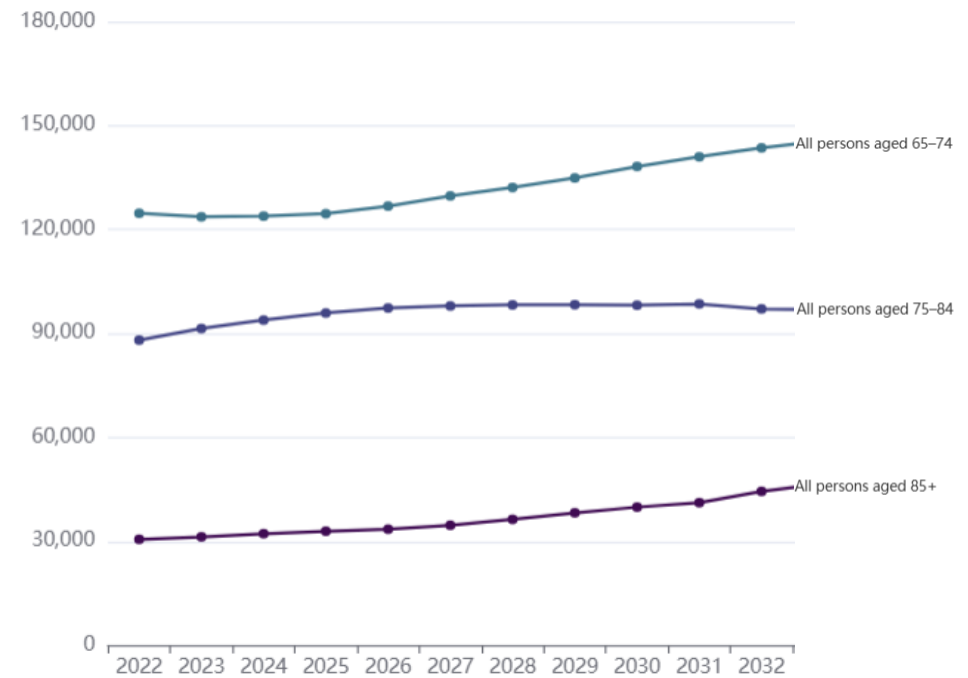
Population aged 65+

Current population aged 65+:

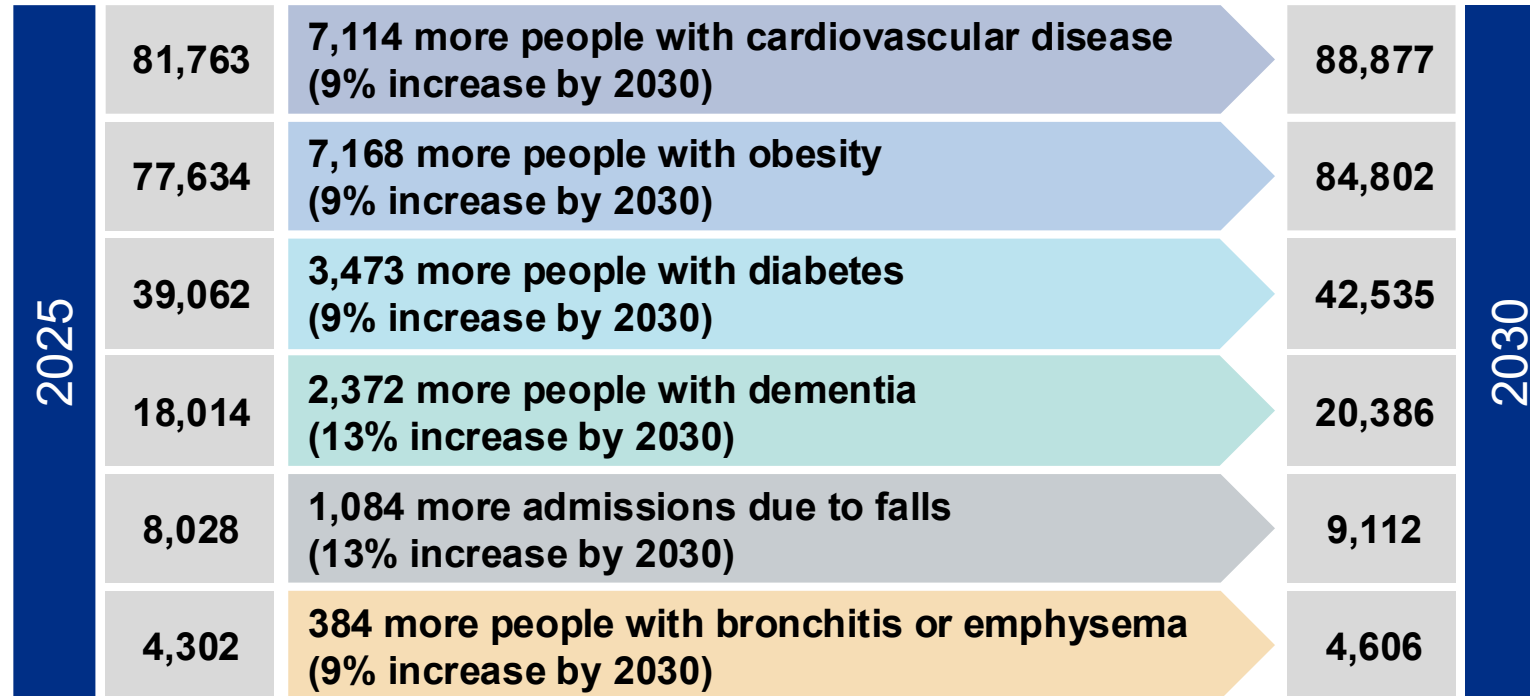


- The total ICB population aged 65+ is expected to increase from 230,100 people in 2022 to 269,200 people in 2032. This represents an increase of 17% (39,100 more people aged 65+)
- In Staffordshire, the 65+ population is expected to increase by 18% (33,800 more people aged 65+)
- In Stoke-on-Trent, the 65+ age population will see a more modest increase of 12.6% (5,300 more people aged 65+)

Population aged 65+ in Staffordshire and Stoke-on-Trent, 2022 – 2032:



Long-term condition projections in Staffordshire and Stoke-on-Trent (aged 65 years and over)



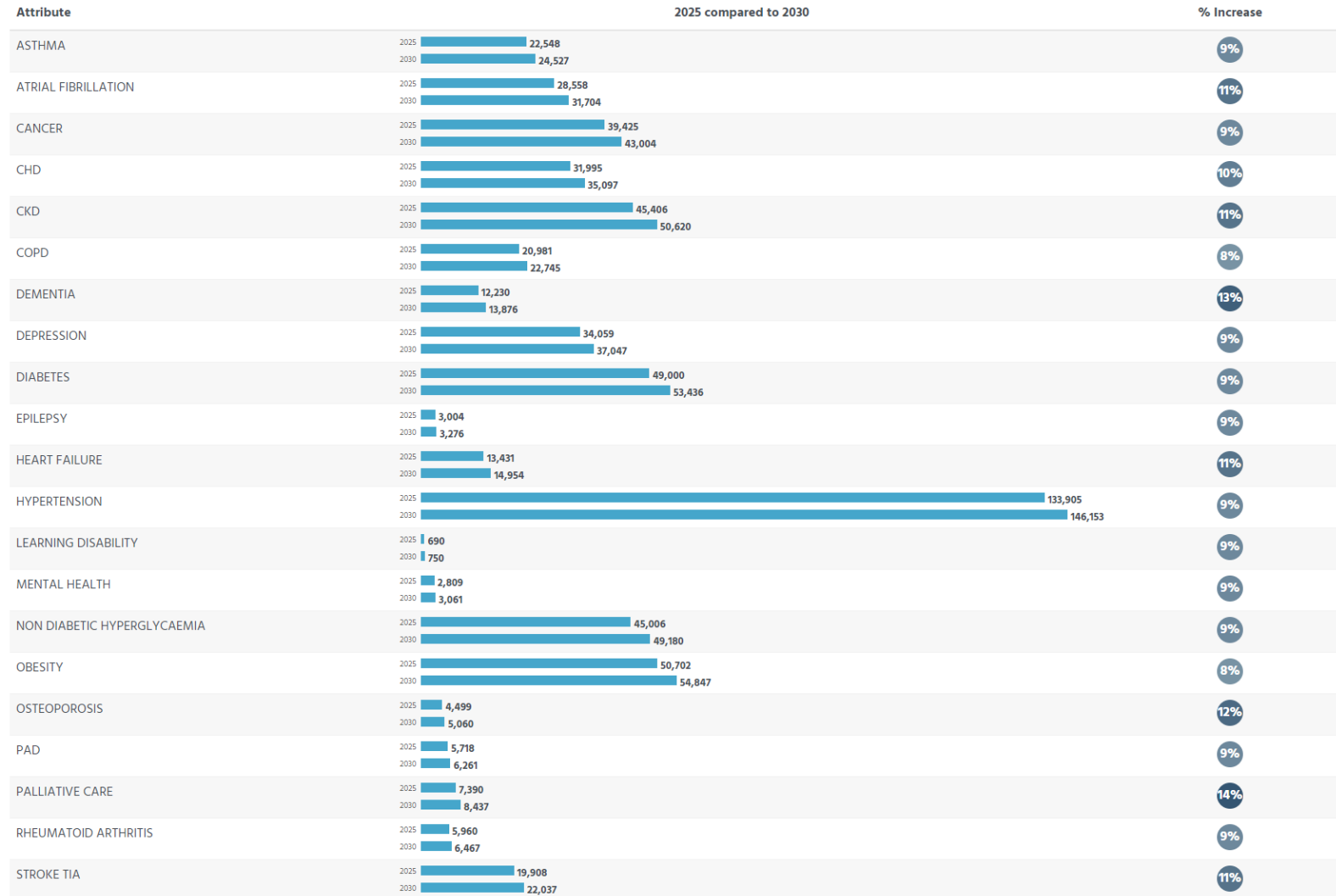
- The latest POPPI estimates show that the biggest expected increase, for the over 65 population, over the next five years will be in the prevalence of **dementia** and the number of **admissions due to falls** – with an expected 13% increase
- Other long-term conditions expected to see an increase of around 9%

POPPI v15.0, www.poppi.org.uk. Data sources: Institute of Public Care (IPC) and ONS.

Figures are taken from the latest Office for National Statistics (ONS) subnational population projections by persons, males and females, by single year of age. The latest subnational population projections (Migration category variant, 2023 local authority boundaries) available for England, published 24 June 2025, are full 2022-based and project forward the population from 2022 to 2047.

These projections give a indication of the possible size and structure of the future population over the next 25 years, based on recent demographic trends (over a five-year reference period). They show what the population will be if recent trends continue. They are not forecasts and do not take into account any policy changes, or economic, or global health factors that have not yet had an impact.

Long-term condition projections in Staffordshire and Stoke-on-Trent (aged 65 years and over)



Using the latest ONS population projections and primary care data, we have used a similar approach to the POPPI future estimates to provide indicative numbers of the future ICB population for a range of long-term conditions.

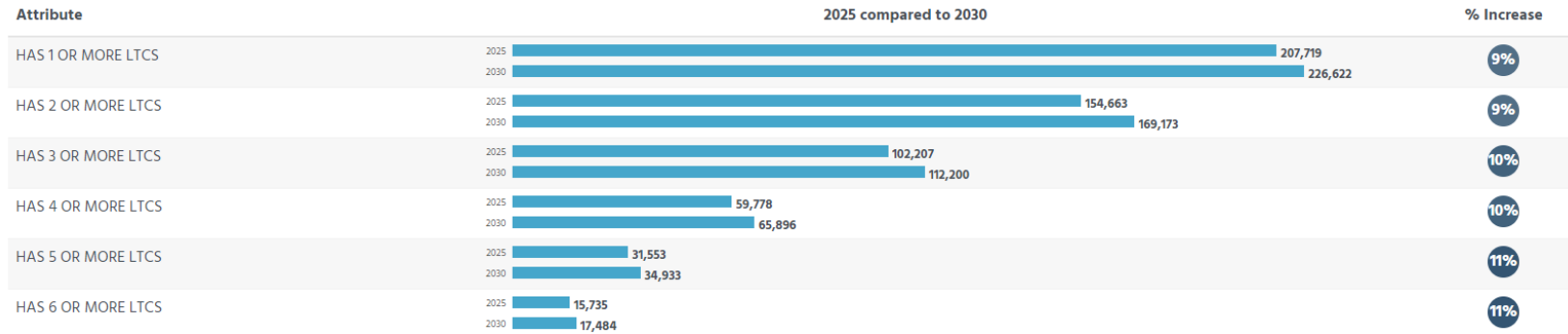
If current prevalence rates of GP diagnosed conditions were to remain the same in five years time, then:

- It is expected that the dementia diagnosed population aged 65+ could increase by 13%
- The palliative care population aged 65+ could increase by 14%
- The osteoporosis diagnosed population aged 65+ could increase by 12%

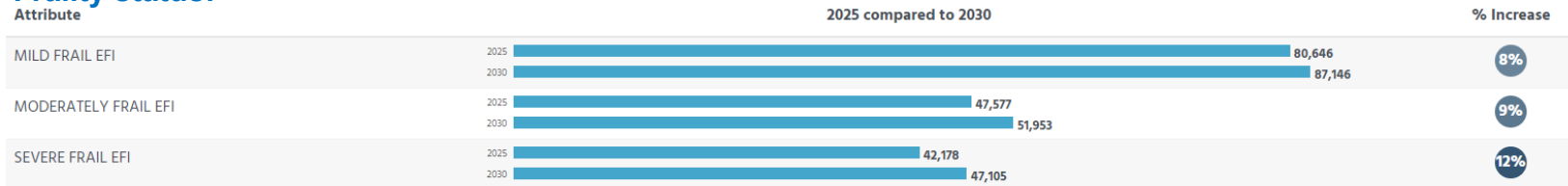
Sources: Local prevalence rates have been derived from Graphnet OHC. These have been applied to the ONS population projections for 2025 and 2030. Note that the data on this slide is for GP-diagnosed conditions and will not reflect as-yet-undiagnosed conditions in the wider community. Certain conditions such as obesity may be undercounted. These projections give an indication of the possible size and structure of the future population based on recent demographic trends (over a five-year reference period). They show what the population will be if recent trends continue. They are not forecasts and do not take into account any policy changes, or economic, or global health factors that have not yet had an impact.

Long-term condition projections in Staffordshire and Stoke-on-Trent (aged 65 years and over)

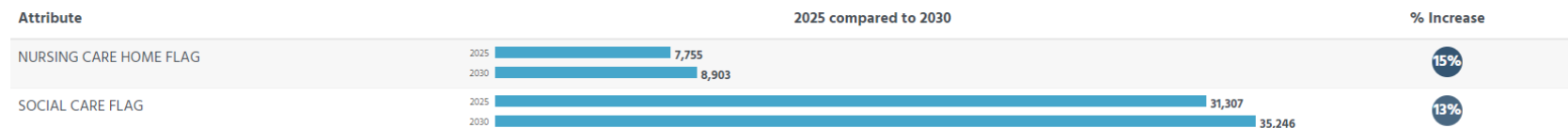
Multiple morbidities:



Frailty status:



Care home and social care demand:



Using the latest ONS population projections and primary care data, we have used a similar approach to the POPPI future estimates to provide indicative numbers of the future ICB population for a range of long-term conditions.

If current prevalence rates of GP diagnosed conditions were to remain the same in five years time, then:

- The population aged 65+ living with six or more long-term conditions could increase by 11%
- The population aged 65+ living with severe frailty could increase by 12%
- The population aged 65+ requiring a nursing care home could increase by 15%
- The population aged 65+ with social care needs could increase by 12%

Sources: Local prevalence rates have been derived from Graphnet OHC. These have been applied to the ONS population projections for 2025 and 2030. Note that the data on this slide is for GP-diagnosed conditions and will not reflect as-yet-undiagnosed conditions in the wider community. Certain conditions such as obesity may be undercounted. These projections give an indication of the possible size and structure of the future population based on recent demographic trends (over a five-year reference period). They show what the population will be if recent trends continue. They are not forecasts and do not take into account any policy changes, or economic, or global health factors that have not yet had an impact.

Identifying underserved communities

The Core20PLUS principles and plans are embedded in Staffordshire and Stoke-on-Trent ICB's seven ICB portfolios to ensure tackling health inequality is part of all our programme areas.

Staffordshire and Stoke-on-Trent's 'PLUS' Inclusion Groups include:

- **People who experience homelessness**
- **People with drug and alcohol dependence**
- **Vulnerable migrants and refugees**
- **Gypsy, Roma, and Traveller communities**
- **People in contact with the justice system**
- **Victims of modern slavery**
- **Sex workers**
- **Other marginalised groups**

People in these groups may have poor experiences of healthcare services because of barriers created by service design. This can result in significantly poorer health outcomes and reduced life expectancy compared with other disadvantaged groups. In adopting this approach, this strategy will focus on the role that the NHS plays in improving healthcare, and how partnerships across sectors such as housing and the VCSE sector play a key role in addressing wider determinants of health.

Surfacing inequalities: statement of information

The NHS England statement of Information on Health Inequities is built around 24 metrics covering 11 key health domains including cancer, CVD, diabetes, elective recovery, mental and neurological health and urgent and emergency care. The below bullet points outline some of the key metrics most relevant to secondary care providers:

- **Cancer:** Case-mix adjusted cancers diagnosed at stage 1 & 2 (national target of 75% by 2028):
 - Latest data 2020-22: **ICB 55.4%** | **England 56%**
- **Learning disabilities:** Adult mental health inpatient rates for people with a learning disability and autistic people per million:
 - Latest data November 2025: **ICB 32** (30 patients) | **England 43**
- **Maternity:** Preterm births under 37 weeks crude rate per 1,000
 - Latest data 2020-22: **ICB 85.1** (2,849) | **Staffordshire 82.4** (2,004) | **Stoke-on-Trent 92.2** (845) | **England 77.0**
- **Elective waiting list**
 - Latest data January 18th 2026: **141,07 pathways** | % waiting **more than 18 weeks - 38%** (53,94) | % waiting **more than 52 weeks – 1.7%** (2,451) | % waiting **more than 65 weeks - 0.1%** (172)
- **Hospital admissions for dental caries** (aged 0 to 5) crude rate per 100,000
 - Latest data 2021/22 to 2023/24: **Staffordshire 255** (405) | **Stoke-on-Trent 669.1** (380) | **England 207.2**
- **Hospital admissions for dental caries** (aged 0 to 19) crude rate per 100,000
 - Latest data 2023/24: **ICB 513.5** (1,300) | **Staffordshire 282.0** (730) | **Stoke-on-Trent 856.6** (570) | **England 229.2** (30,587)
- **Under-18 emergency admissions** crude rate per 1,000
 - Latest data 2023/24: **ICB 85.6** (19,635) **Staffordshire 79.5** (13,740) | **Stoke-on-Trent 95.3** (5,735) | **England 69.1**

Surfacing inequalities: life expectancy and infant mortality

Life expectancy at birth:

- **Male life expectancy** at birth in **Staffordshire** (79.5) is significantly **better than England** (79.1). At a neighbourhood (MSOA) level, however, there is much variation which ranges from 70.3 to 84.1 years. There are 25 MSOAs (around 22% of the total MSOAs in Staffordshire) where male life expectancy is significantly lower than England.
- **Female life expectancy** at birth in **Staffordshire** (83.1) is **similar to England** (83). At a neighbourhood (MSOA) level, however, neighbourhood (MSOA) level, there is much variation which ranges from 77.5 to 88.2 years. There are 19 MSOAs (around 18% of the total MSOAs in Staffordshire) where female life expectancy is significantly lower than England.
- **Male life expectancy** at birth in **Stoke-on-Trent** (76.1) is **lower than England** (79.1), and it has 10th lowest male life expectancy nationally. At a neighbourhood (MSOA) level, however, there is much variation in which ranges from 70.8 to 84 years. Whilst the majority (62%) of MSOAs have a male life expectancy significantly lower than England, there are two MSOAs which are significantly higher.
- **Female life expectancy** at birth in **Stoke-on-Trent** (80.1) is **lower than England** (83), and it has the 7th lowest female life expectancy nationally. At a neighbourhood (MSOA) level, however, there is much variation which ranges from 76 to 86.5 years. Whilst the majority (69%) of MSOAs have a female life expectancy significantly lower than England, there are two MSOAs which are significantly higher.

Inequality in life expectancy at birth:

The gap in life expectancy by deprivation is measured using the **slope index of inequality** (SII):

- In **Staffordshire**, the **SII for males (8.7)** is significantly **lower than England** (10.5), and **SII for females (8)** is **similar to England** (8.3)
- In **Stoke-on-Trent**, the **SII for males (11.5)** is significantly **higher than England** (10.5), and **SII for females (8.5)** is **similar to England** (8.3)

Healthy life expectancy at birth:

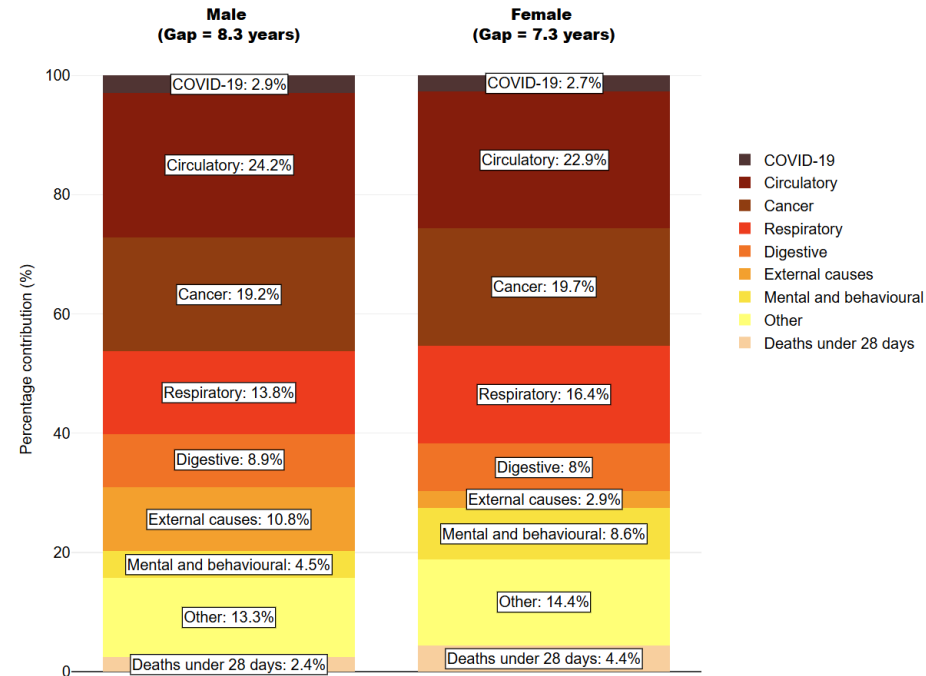
- In **Staffordshire**, the healthy life expectancy for males (63.3) and for females (63) are both **similar to England** (61.5 and 61.9)
- In **Stoke-on-Trent**, the healthy life expectancy for males (56.2) and for females (55) are both **significantly lower than England** (61.5 and 61.9)

Infant mortality:

- **Staffordshire and Stoke-on-Trent** has the **8th highest infant mortality rate in England** (out of 42 ICBs), with an **ICB rate of 5.1 per 1,000** compared to 4.2 per 1,000 for England.
- Whilst **Staffordshire (4.9)** has an infant mortality rate that is **similar to England**, whilst rates in **Stoke-on-Trent (5.7)** are **significantly higher**

Surfacing inequalities: causes of death that drive inequalities in life expectancy (Segment Tool)

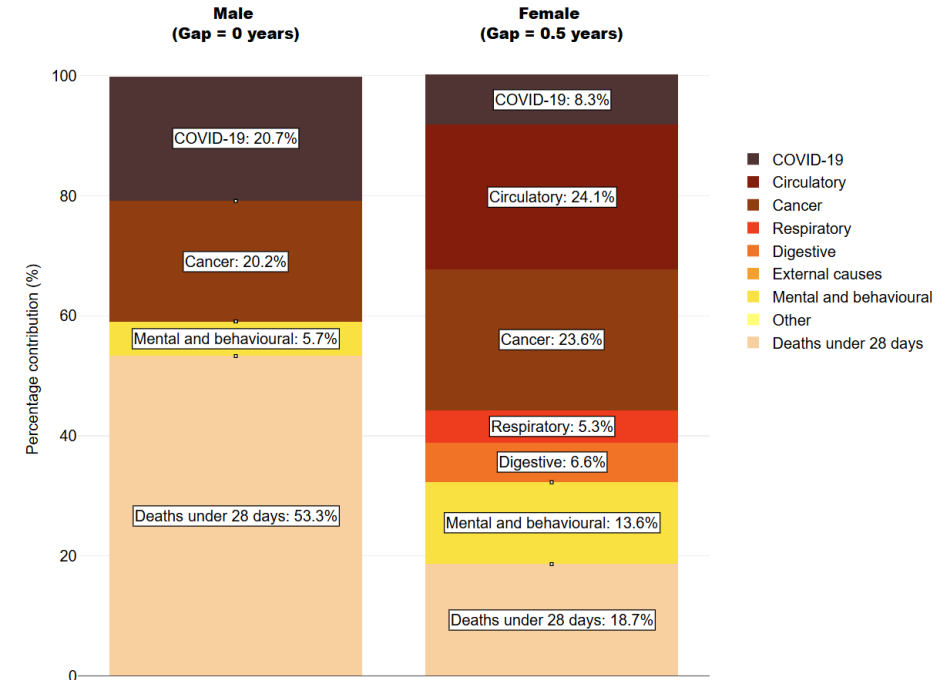
Breakdown of the life expectancy gap between the most and least deprived quintiles of NHS Staffordshire and Stoke-on-Trent by cause of death, 2022 to 2023



Source: Office for Health Improvement and Disparities based on ONS death registration data and provisional mid year population estimates for the relevant years, and Ministry of Housing, Communities and Local Government Index of Multiple Deprivation, 2019.

- The biggest contributory factors driving the difference in life expectancy by deprivation within Staffordshire and Stoke-on-Trent, for both men and women, is **circulatory disease**.
- Data specifically for Stoke-on-Trent shows that for women, respiratory (28.7%) is the biggest contributor
- **Cancers** and **respiratory diseases** are also notable contributors for the ICB

Breakdown of the life expectancy gap between NHS Staffordshire and Stoke-on-Trent and England by cause of death, 2022 to 2023



Source: Office for Health Improvement and Disparities based on ONS death registration data and provisional mid year population estimates for the relevant years.

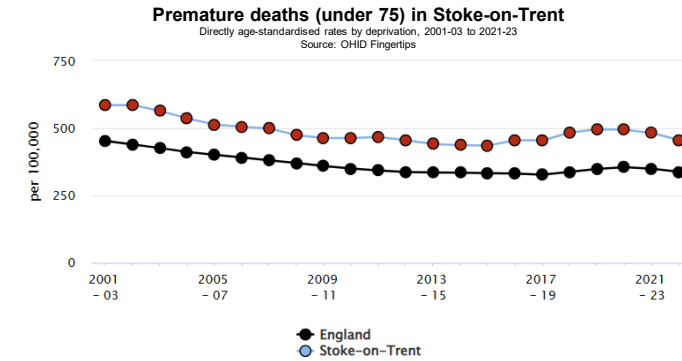
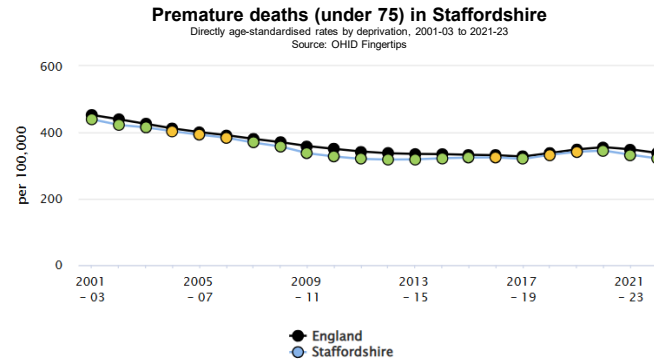
- A notable contributory factor driving the relative difference in life expectancy between Staffordshire and Stoke-on-Trent and England is **child deaths aged under 28 days**.
- Separate data for Stoke-on-Trent shows that circulatory disease (24.7%) is the biggest factor driving the difference in male life expectancy
- **Circulatory diseases** and **cancers** cause the biggest difference for women for the ICB

Surfacing inequalities: premature mortality (aged under 75 years)

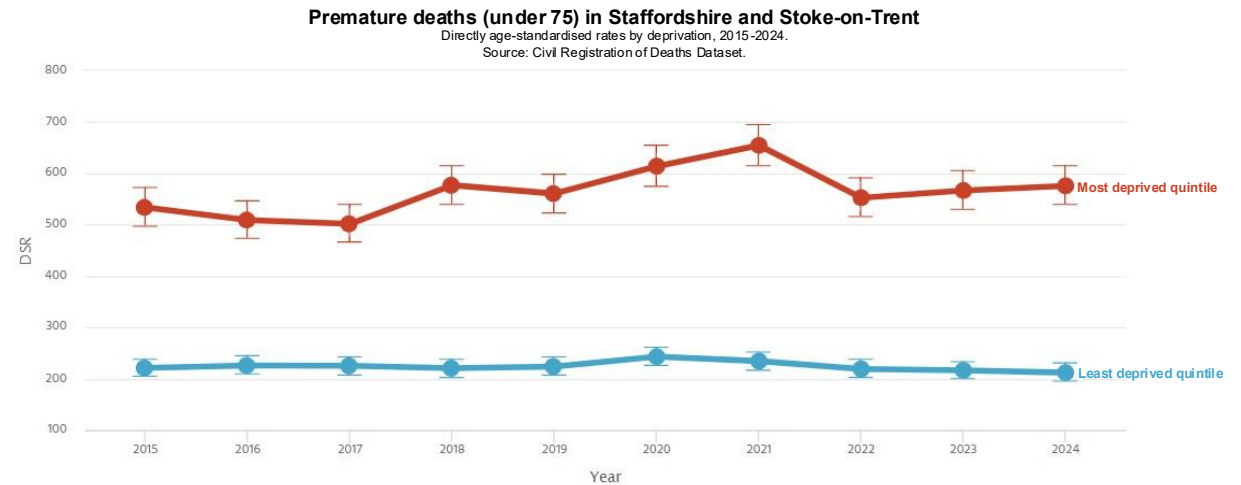
Latest data 2022-24 (directly standardised rates): **ICB 348.6** | **Staffordshire 321.5** | **Stoke-on-Trent 455.8** | **England 337.6**

Overall, the **ICB** has significantly **higher rate** of premature mortality **compared to England**, but this varies by UTLA:

- **Staffordshire** has a significantly **lower** premature mortality rate **than England**
- **Stoke-on-Trent** has a premature mortality rate that is **significantly higher** rate **than England**, and is 9th highest nationally



- Analysis of local data has shown that at an ICB-level there is **significant inequality in premature mortality** - between the most deprived and least deprived quintiles - and trends show that this gap has not closed.
- Data by UTLA also shows that Stoke-on-Trent has a more significant inequality, by premature deaths, than Staffordshire



Surfacing inequalities: Core20Plus5

Adults:

SMI health checks: National target 60%
Quarter 2 2025/26 (April to September):
ICB 57% (4,120) | England 58%

Diabetes: Quarter 2 2025/26 (April to September):
To date the ICB has recorded a **similar** proportion of both Type 1 (**19.2%**) and Type 2/other (**28%**) patients receiving all 8 care processes compared to the national average (18.3%, 28.3%).

Chronic respiratory disease

COPD emergency admissions (aged 35+) DSR per 100,000 2023/24:
Staffordshire 386 | Stoke-on-Trent 950 | England 357
(*Stoke-on-Trent has the highest rate in England*)

Hypertension case-finding and optimal management

June 2025: **ICB 67.8% | England 68.2%**
Deprived and ethnic minority patients are less likely to be treated to target:
IMQ 1 – 64.6% vs 70.5% IMQ5; Black - 55.2% vs 68.5% White

Early cancer diagnosis (national target 75%)
Latest data 2020-22: **ICB 55.4% | England 56%**

Children and Young People:

Asthma: Reduce medication reliance and decrease asthma attacks
Hospital admissions for asthma (under-19) crude rate per 100,000
2023/24: **Staffordshire 145.2 | Stoke-on-Trent 157.6 | England 148.6**

Epilepsy: Access to specialist nurses
Epilepsy12: Cohort 6 (2024) data indicates that **77%** of children included in the cohort, from the ICB, had access to a specialist nurse

Diabetes: increase access to glucose monitors and pumps
Increase Type 2 care processes completion
2023/24 : CYP Health check completion rate
ICB 95.5% | England 91.6%

Oral health: tooth extractions (Primary diagnosis, aged 0-19)
Latest data 2023/24: **ICB 513.5 (1,300) | Staffordshire 282.0 (730) | Stoke-on-Trent 856.6 (570) | England 229.2 (30,587)**

Mental health access

Crude rate of persons aged 0-17 supported through NHS funded mental health, with at least one contact per 100,000
Rolling 12-months – December 2024 to November 2025:
ICB 7,662 | England 7,208

Emerging priorities: Maternity, Children and Young People (pregnancy to 18 years)

Maternal risk factors and birth outcomes:

- **Infant mortality** (2022-2024, crude rate per 1,000): **ICB 5.1 | Staffordshire 4.9 | Stoke-on-Trent 5.7 | England 4.2**
The ICB has the 8th highest rate in England (out of 42 ICBs), whilst Stafford (7.9) has the 3rd highest rate in England.
- **Preterm births under 37 weeks** (2020-22, crude rate per 1,000): **ICB 85.1 | Staffordshire 82.4 | Stoke-on-Trent 92.2 | England 77.0**
The ICB has the 4th highest rate in England (out of 42 ICBs). Rates also significantly high for: Newcastle-under-Lyme (90.3) and East Staffordshire (89.9)
- **Admissions for babies under 14 days** (2023/24, crude rate per 1,000): **ICB 157.2 | Staffordshire 139.2 | Stoke-on-Trent 201 | England 88.7**
The ICB has the 4th highest rate in England (out of 42 ICBs). Rates also significantly high for: Stafford (200), Newcastle-under-Lyme (190.7), Staffordshire Moorlands (169.2), East Staffordshire (128.4) and Lichfield (113).
- **Baby's first feed breastmilk** (2023/24): **ICB 62.9% | Staffordshire 62.1% | Stoke-on-Trent 64.9% | England 71.9%**
The ICB has the 4th lowest rate in England (out of 42 ICBs). Rates also significantly low for: Cannock Chase (54.9%), East Staffordshire (56%), Lichfield (56.8%), Tamworth (57.1%), South Staffordshire (66.4%) and Newcastle-under-Lyme (67%).
- **Under 18s conception rate** (2022, cruder rate per 1,000): **ICB 17.3 | Staffordshire 15.9 | Stoke-on-Trent 21.8 | England 13.9**
The ICB has the 6th highest rate in England (out of 42 ICBs).

Dental health:

- **Admissions for dental caries (0-5)** (2021/22 to 2023/24, crude rate per 100,000): **Staffordshire 255 | Stoke-on-Trent 669.1 | England 207.2**
Rates are also significantly high for: Newcastle-under-Lyme (426.1), East Staffordshire (350.5), Staffordshire Moorlands (343.5) and Stafford (269)
- **Admissions for dental caries (0-19)** (2023/24, crude rate per 100,000): **ICB 513.5 | Staffordshire 282.0 | Stoke-on-Trent 856.6 | England 229.2**

Childhood obesity:

- **Reception-year prevalence of obesity** (4-5 years) (2024/25): **ICB: 12.1% | Staffordshire 11.1% | Stoke-on-Trent 15.1% | England 10.5%**
Rates are also significantly high for: Cannock Chase (13.1%) and South Staffordshire (13%).
- **Year 6 prevalence of obesity** (10-11 years) (2024/25): **ICB: 23.6% Staffordshire 22.2% | Stoke-on-Trent 27.5% | England 22.2%**
Rates are also significantly high for Newcastle-under-Lyme (28.2%).

Diabetes:

- **Admissions for diabetes under 19 years** (2022/23, crude rate per 100,000): **ICB 66.1 | England 52.4**
- **Admissions for diabetes under 19 years** (2023/24, crude rate per 100,000): **Staffordshire 54.8 | Stoke-on-Trent 39.4 | England 49.8**
Rates also significantly high for: Tamworth (111.5), Lichfield (90.9) which are amongst the highest rates nationally.

Emergency admissions

- **Emergency admissions (under 18 years)** (2023/24, crude rate per 1,000): **ICB 85.6 Staffordshire 79.5 | Stoke-on-Trent 95.3 | England 69.1**
Rates also significantly high for: Tamworth (96), Newcastle-under-Lyme (89.3), Lichfield (82.5), East Staffordshire (81.8), Staffordshire Moorlands (78.1) and Cannock Chase (77.1).

Emerging priorities: Working age adults (aged 19 to 64 years)

Adult obesity:

- **Obesity prevalence in adults (2023/24): ICB 30.8% | Staffordshire 29.2% | Stoke-on-Trent 34.7% | England 26.5%**

The ICB has the 7th highest rate in England (out of 42 ICBs). Rates are also significantly high for the following LTLAs: Cannock Chase (37.8%) and Tamworth (37.4%), which are amongst the highest nationally.

Mental health and well-being:

- **Depression: QOF prevalence (2024/25): ICB 16.8% | Staffordshire 15.7% | Stoke-on-Trent 20.2% | England 14.9%**

The ICB has the 7th highest rate in England (out of 42 ICBs).

Alcohol and smoking:

- **Admission episodes for alcohol-related conditions (narrow) (2022/23, DSR per 100,000): ICB 679 | Staffordshire 690 | Stoke-on-Trent 861 | England 475**

Stoke-on-Trent LTLA has the 2nd highest rate in England. Rates are also significantly high for the following LTLAs: East Staffordshire (793), Newcastle-under-Lyme (725), Cannock Chase (715), Stafford (699), Lichfield ((683), Tamworth (669), South Staffordshire (611) and Staffordshire Moorlands (590)

- **Under 75 mortality rate from alcoholic liver disease (2022-24, DSR per 100,000): ICB 13.2 | Staffordshire 11.2 | Stoke-on-Trent 21 | England 11.4**

Stoke-on-Trent LTLA has the 2nd highest rate in England.

- **Smoking prevalence in adults 15 and over – current smokers (QOF) (2022/23): ICB 14.7% | Staffordshire 13.5% | Stoke-on-Trent 18.6% | England 14.7%**

Stoke-on-Trent LTLA has the 6th highest rate in England. Rates are also significantly high for the following LTLAs: Tamworth (15.7%), Cannock Chase (15.2%) and East Staffordshire (15.1%)

Cancer:

- **Early cancer diagnosis case-mix adjusted (national target 75%) (latest data 2020-22): ICB 55.4% | England 56%**

- **Emergency admissions with cancer (2023/24, crude rate per 100,000): ICB 716 | England 529**

The ICB has the 5th highest rate in England (out of 42 ICBs).

- **Urgent suspected cancer referrals (2023/24, ISR per 100): ICB 113 | England 100**

The ICB has the 5th highest rate in England (out of 42 ICBs).

Health protection and screening:

- **Cumulative percentage of the eligible pop. aged 40-74 who received a health check (2020/21-2024/25):**

ICB 12.7 | Staffordshire 10.6 | Stoke-on-Trent 20.4 | England 29.6

The ICB has the 2nd lowest rate in England.

Source of data: OHID Fingertips

Emerging priorities: Older adults (aged 65 years and over)

Respiratory diseases + Influenza and pneumonia:

- **Emergency hospital admissions for respiratory disease** (2023/24, DSR per 100,000): **ICB 1,948 | England 1,428**
The ICB has the 3rd highest rate in England (out of 42 ICBs).
- **COPD emergency admissions (all ages)** (DSR per 100,000, 2023/24): **ICB 295.5 | England 208.5**
The ICB has the 5th highest rate in England (out of 42 ICBs).
- **COPD emergency admissions (aged 35+)** (DSR per 100,000, 2023/24): **Staffordshire 386 | Stoke-on-Trent 950 | England 357**
Stoke-on-Trent has the highest rate in England. Rates also significantly high for: Newcastle-under-Lyme (559), Tamworth (515) and Cannock Chase (479).
- **Mortality rate for deaths involving influenza and pneumonia** (DSR per 100,000, 2022-24): **ICB 164.3 | Staffordshire 155.3 | Stoke-on-Trent 203.8 | England 148.1**
The ICB has the 7th highest rate in England (out of 42 ICBs). Rates also significantly high for: Cannock Chase (181.6), Tamworth (180.2), Newcastle-under-Lyme (168.6) and East Staffordshire (163.1).

Falls:

- **Emergency admissions due to falls in people aged 65 and over** (2023/24, DSR per 100,000): **Staffordshire 2,299 | Stoke-on-Trent 2,196 | England 1,984**
*Rates are also significantly high for the following LTLAs: Cannock Chase (2,704), East Staffordshire (2,520), Lichfield (2,446), South Staffordshire (2,407), Tamworth (2,307), Stafford (2,291) and Newcastle-under-Lyme (2,174).
Cannock Chase and East Staffordshire also have some the highest admission rates for falls aged 80+ in England.*

Palliative and end-of-life:

- **Palliative/supportive care: QOF prevalence** (2024/25), DSR per 100,000): **ICB 0.9 | England 0.6**
The ICB has the 3rd highest prevalence rate in England (out of 42 ICBs).
- **Percentage of deaths with three or more emergency admissions in the last 90 days of life (75+ yrs)** (2023): **ICB 7.8% | England 5.1%**
The ICB has the highest rate in England.
- **Percentage of deaths that occur in hospital** (2023): **ICB 46.7% | England 42.8%**
The ICB has the 9th highest rate in England.

Source of data: OHID Fingertips

Appendices

Source of data: Census 2021. ONS.

Demographics



- SSoT ICB has an older population when compared to England. Within the ICB, Staffordshire has a more elderly population compared to England and in contrast to Stoke-on-Trent has a younger population.
- Around half (50.4%) of the population are female and nearly half (49.6%) are male, which is a similar ratio to England. Within the ICB, Stoke-on-Trent has a higher male to female ratio which is different to Staffordshire and England.
- The majority (92%) of the population are born in the UK which is much higher than England
- The majority (91.3%) of the population are white, which is much higher than England. Within the ICB, Stoke-on-Trent has a much more ethnically diverse population.
- The biggest ethnic minority population is Asian British who make up about 4.8% of the total population. Within the ICB, a tenth (9.9%) of the Stoke-on-Trent population are Asian British.
- More than half (52%) of the population in ICB are Christian, which is higher than the proportion in England. More than a third (37%) of the population have no religion.
- A slightly higher proportion of the ICB population consider themselves to be in 'bad' or 'very bad' health compared to England, and; a lower proportion compared to England consider themselves to be in 'very good' health.
- Nearly a fifth (19.3%) of the ICB population consider themselves disabled, which is higher than England.

Source of data: Census 2021. ONS.

Deprivation within Staffordshire and Stoke-on-Trent

IMD 2025: Overall IMD

Proportion of population in Staffordshire and Stoke-on-Trent by national quintiles

Source: MHCLG

Most deprived: 19%

2nd most deprived: 16%

Middle deprived: 21%

2nd least deprived: 23%

Least deprived: 21%



19%

16%

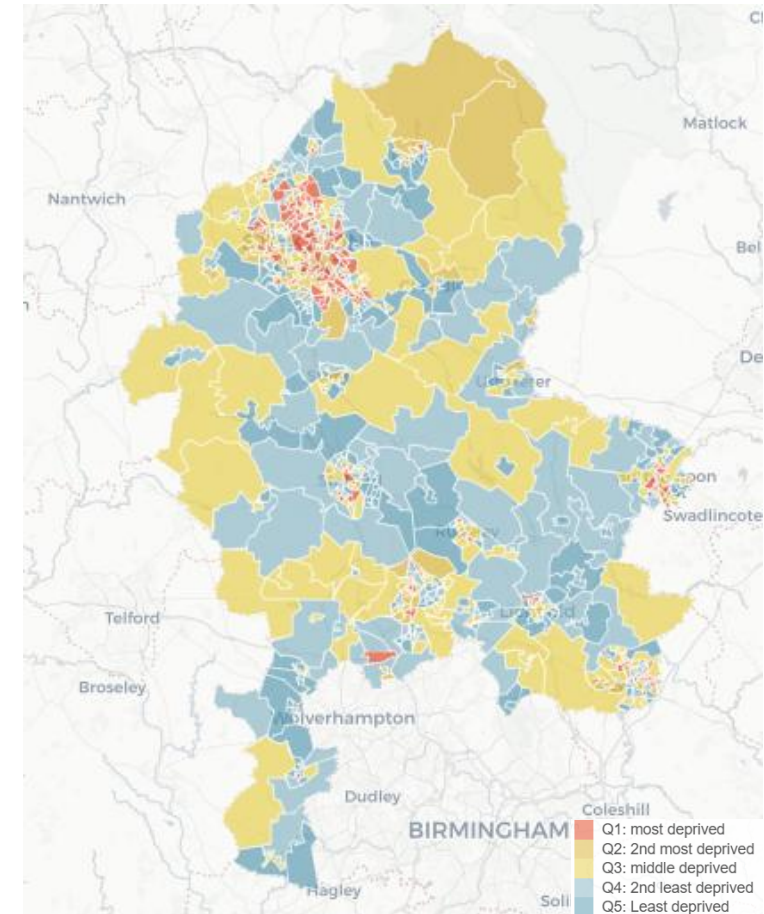
21%

23%

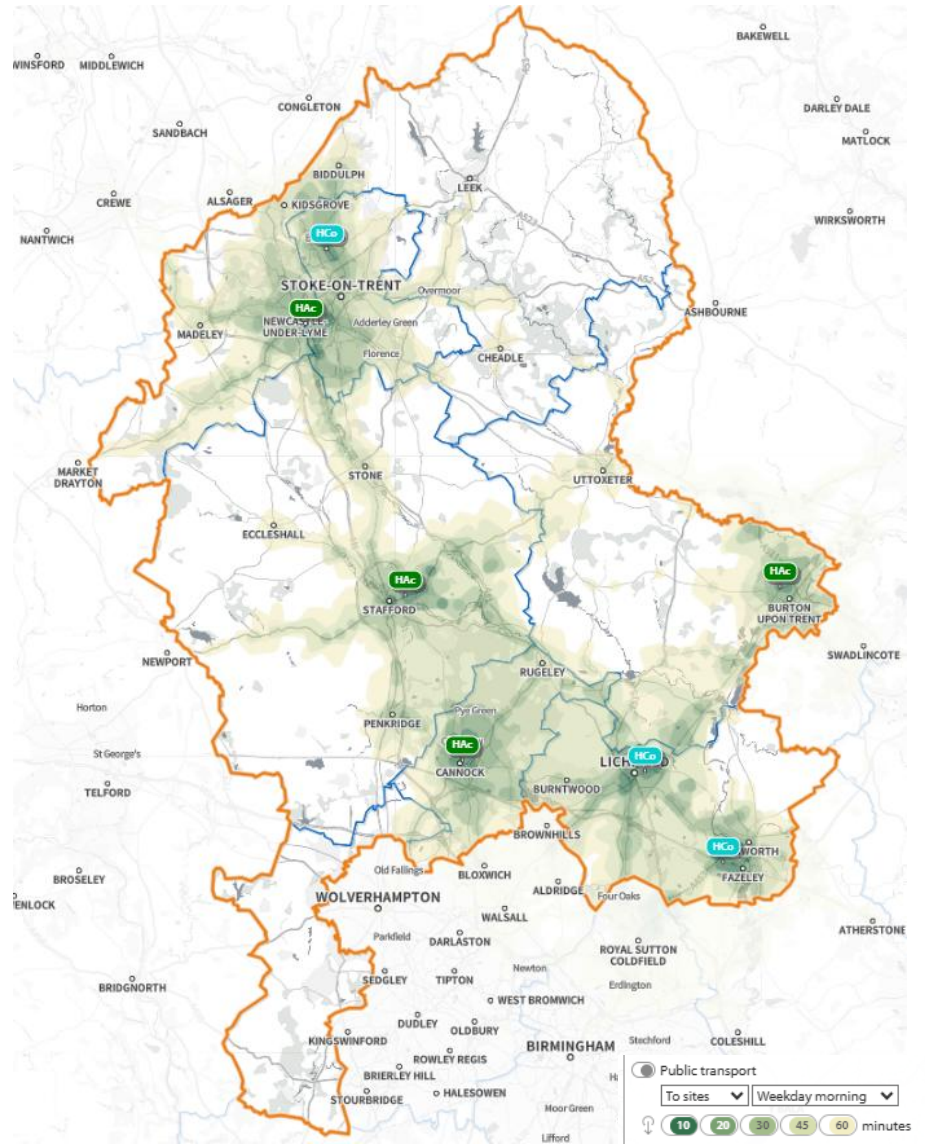
21%

At an ICB-level deprivation is relatively evenly dispersed across the whole population, although this masks local variation within the ICB:

- Over half (53%) of the Stoke-on-Trent population live in the most deprived quintile
- Within Staffordshire, there are local concentrations of deprivation in urban town centres such as Burton-upon-Trent (East Staffordshire), Tamworth and Stafford

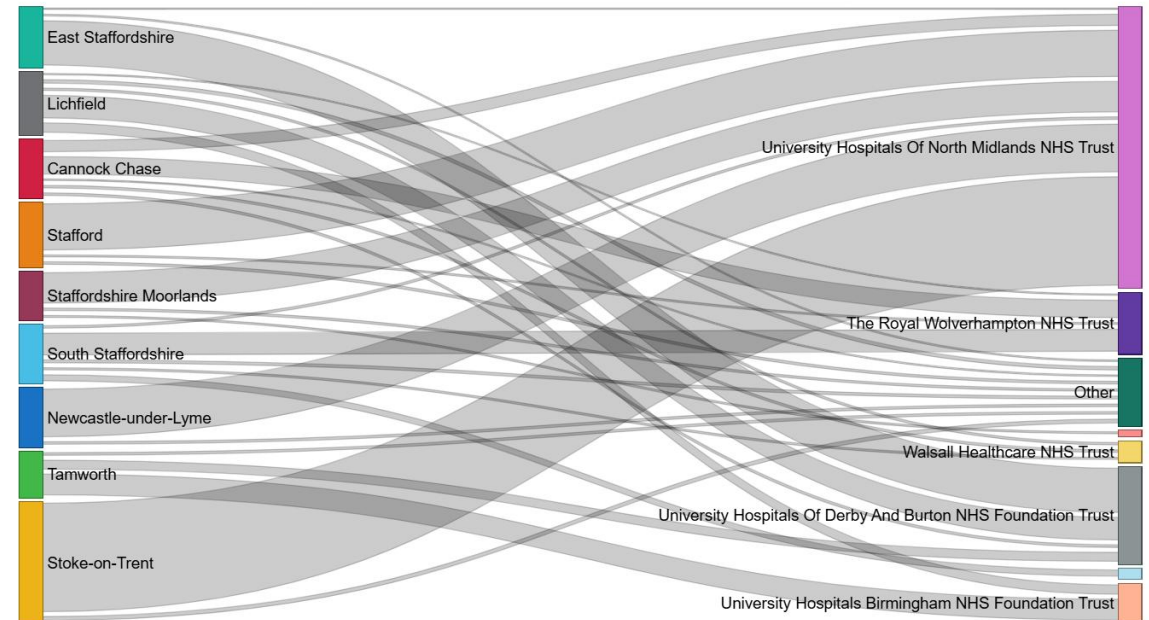


Access to health services



- Access to critical clinical sites varies within the ICB, with notable gaps in accessibility within North Staffordshire
- Whilst the majority of patients attend UHNM this varies by locality within the ICB. Patients from East Staffordshire and Lichfield are more likely to attend UHDB; patients from South Staffordshire and Cannock are more likely to attend Royal Wolverhampton, and patients from Tamworth are more likely to attend UHB

Patient Flow from Lower Tier Local Authority to Hospital Trust



Estimated projections for health service utilisation

SSOT ICB Medium Term Activity Planning Model

Uses NHSE POD specifications

Includes all activity submitted for NHS and ISP providers to SUS

Data based on M5, with 'straight line' profile for FYE

Applies ONS population projections (2022) by Local Authority to age and point of delivery baseline

2024/25 activity shown as guide only. Counting coding changes have occurred from 2025/26 therefore should be used with caution

| | 2025 | 2026 | 2027 | 2028 | 2029 | 2030 |
|--------------------------------|---------|---------|---------|---------|---------|---------|
| A&E Type 1 | 295,123 | 297,089 | 299,781 | 302,176 | 304,354 | 306,285 |
| A&E Type 3 | 169,230 | 169,755 | 170,242 | 170,679 | 171,137 | 171,579 |
| Non Elective (LOS>0) | 101,692 | 102,782 | 104,430 | 105,873 | 107,149 | 108,252 |
| Elective Ordinary | 25,144 | 25,303 | 25,437 | 25,580 | 25,746 | 25,913 |
| Day case | 199,445 | 200,787 | 202,025 | 203,366 | 204,845 | 206,340 |
| Cons Led OP First | 527,035 | 530,295 | 533,865 | 537,364 | 540,944 | 544,405 |
| Cons Led OP FUP | 871,363 | 877,399 | 883,766 | 890,200 | 896,921 | 903,504 |

Using the latest ONS population projections and secondary care data derived from SUS, we have used a similar approach to the POPPI future estimates to provide indicative numbers on the changing demand for health services.

If current admission rates were to remain the same in five years time, then:

- A&E type 1 attendance could increase by 3.8%
- Non-elective admissions could increase by 6.5%

Core20Plus5: overall measures

Children and Young People

Asthma:

Hospital admission rates for asthma aged under 19 years are **similar to England** for both Staffordshire and Stoke-on-Trent UTLAs (145.2 per 100,000 and 157.6 per 100,000 respectively compared to 148.6 per 100,000 for England)

Diabetes:

Hospital admission rates for diabetes, aged under 19 years, in Staffordshire and Stoke-on-Trent are significantly **higher than England**, and the ICB has the 3rd highest rate out of 42 ICBs in England (rate of 66.1 per 100,000 compared to 52.4 per 100,000 for England)

Epilepsy:

Hospital admission rates for epilepsy aged under 19 years are **similar to England** for Staffordshire and Stoke-on-Trent ICB, although it has the 4th highest rate in the Midlands (ICB rate of 78.5 per 100,000 compared to 72 per 100,000 for the Midlands, and 74 per 100,000 in England)

Oral health:

Hospital admission rates for dental caries, aged 0 to 5 years, are **similar to England** for Staffordshire and Stoke-on-Trent ICB, although it has the 2nd highest rate in the Midlands (ICB rate of 186 per 100,000 compared to 76.7 for the Midlands and 178.8 in England)

Mental health:

Hospital admission rates for mental health conditions, aged under 18 years, are **similar to England** for Staffordshire and Stoke-on-Trent ICB, although it has the 2nd highest rate in the Midlands (ICB rate of 78.4 per 100,000 compared to 80.8 per 100,000 for England)

Adults

Maternity:

The infant mortality rate in Staffordshire and Stoke-on-Trent is significantly **higher than England** and the ICB has the 8th highest infant mortality rate out of 42 ICBs in England (ICB rate of 5.1 per 1,000 compared to 4.2 per 1,000 for England)

Severe mental illness (SMI):

During 2024/25, around 70% of SMI patients within Staffordshire and Stoke-on-Trent had received all six health checks, which was slightly **better than England** (66.5%)

Respiratory disease:

Emergency admission rates for COPD in Staffordshire and Stoke-on-Trent are significantly **higher than England**, and it has the 5th highest rate in the out of all 42 ICBs in England (ICB rate of 295.5 per 100,000 compared to 208.5 per 100,000 for England)

Cancers:

The percentage of cancers that are diagnosed at stage 1 and stage 2 in Staffordshire and Stoke-on-Trent is **similar to England** (55.4%, case-mix adjusted, for the ICB rate compared to 56% for England)

Hypertension:

In 2025, within Staffordshire and Stoke-on-Trent, 89.4% of hypertension patients had a recent blood pressure reading (within the past 12 months) which is significantly **worse than England** (90%) and 70.1% of hypertension patients were treated to the appropriate threshold which is also **worse than England** (70.3%)

Health inequality measures in response to the NHSE statement of information

Staffordshire and Stoke-on-Trent Health Inequalities Report 2025. Available at: <https://staffsstoke.icb.nhs.uk/health-inequalities-report/>

Waiting list:

Data at the end of October 2025 showed there were 138,000 pathways on the waiting list and 64% were waiting within 18 weeks. There were 2,500 pathways which were waiting over a year. Analysis shows that patients of certain ethnic minority groups have a longer median wait times. Statistical tests found there was a significant difference between White and Asian patients. For extreme long-waiters (>65 weeks) there was a significantly higher proportion of patients from the most deprived group and a significantly higher proportion of Asian patients.

Hospital admissions:

Emergency admissions, elective admissions and A&E attendances are significantly higher for patients from the most deprived group. Emergency and elective admissions are significantly higher for patients of White ethnicity.

Outpatient appointments:

Did not attend rates are significantly higher for patients from the most deprived group, for males, and for ethnic minority patients

Flu vaccinations:

Data for the 2024-25 season and week ending 28th July 2025, showed that flu vaccinations within Staffordshire and Stoke-on-Trent were lowest for the most deprived and are were also lowest for ethnic minority patients, most notably for patients of Black ethnicity.

Mental health:

All sub-ICB locations within Staffordshire and Stoke-on-Trent had a similar or higher proportion of SMI patients who had all six health checks compared to England. Mental Health Act detention rates are significantly higher for those aged 35-49 and aged 65+ and are also higher for patients from the most deprived group and amongst patients of Black or of Mixed ethnicity. Rates of restrictive interventions are slightly higher for more deprived patients and for patients of Black or of Mixed ethnicity. NHS Talking Therapy recovery rates are significantly lower amongst younger patients, as well as for more deprived patients.

Cancer:

For the 2020 to 2022 period, 55.4% of cancers (case-mix adjusted) were diagnosed at stage 1 and stage 2. The ICB has the 15th lowest proportion of cancers diagnosed at stage 1 and stage 2 out of 42 ICBs in England.

Cardiovascular admissions:

Emergency admissions for stroke are significantly higher amongst men, for persons from the most deprived group, and for persons of Asian ethnicity. Emergency admissions for myocardial infarction are significantly higher amongst men, for persons from the most deprived groups, and for persons of Asian ethnicity.

CVDPrevent:

Hypertension patients from the most deprived groups have a lower proportion treated to the recommended threshold compared to patients from the least deprived groups, and the proportion of hypertension patients who are treated to the recommended threshold is lower for ethnic minority patients compared to white patients. The proportion of patients treated with LLT is significantly higher for patients from the most deprived quintiles, and is significantly higher for patients of Asian ethnicity. The proportion of patients treated with anticoagulants is significantly lower for patients of Asian ethnicity and patients of Other ethnicity compared to patients of white ethnicity.

Diabetes:

Type 1 and Type 2 registrations are slightly higher for patients from the most deprived group. Type 2 registrations amongst Asian patients are higher proportionally than the overall population.

Dental health aged under 10:

Boys have a significantly higher rate of admissions. Hospital admissions for dental caries are significantly higher for children who live in the most deprived areas.

Learning disability and autism:

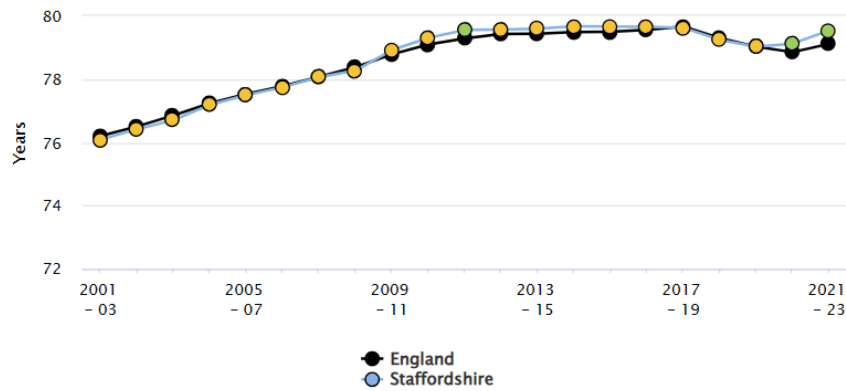
During the 2024/25 period, 79% of 14-to-17-year-olds and 83% of adults aged 18 and over - who were on the learning disabilities register – had received an annual health check, which is similar to England. As of June 2025, Staffordshire and Stoke-on-Trent ICB had an adult mental health inpatient rate of 26 per million people with learning disability which is significantly lower than England (40 per million) and was the sixth lowest out of all 42 ICBs.

Maternity:

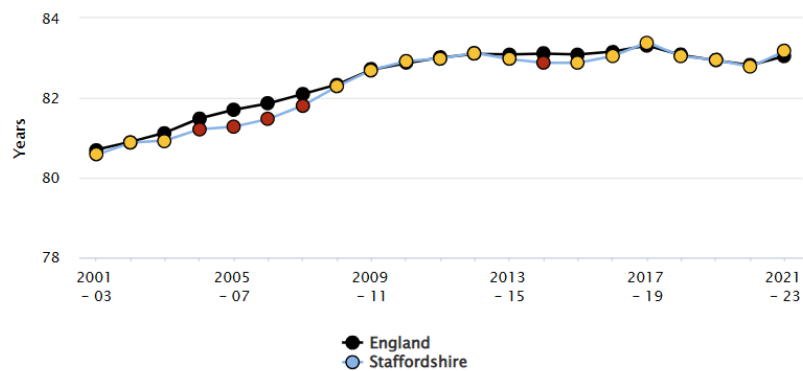
Data from OHID for the 2020-22 period shows that Staffordshire and Stoke-on-Trent ICB has a significantly higher rate of premature births (less than 37 weeks gestation) compared to England and has the 4th highest rate out all 42 ICBs (ICB rate of 85.1 per 1,000 compared to 77 per 1,000 for England). Analysis of local data that rates of premature births are increasing. There was found to be no significant variation by deprivation or by ethnicity.

Life expectancy at birth

Males:



Female:

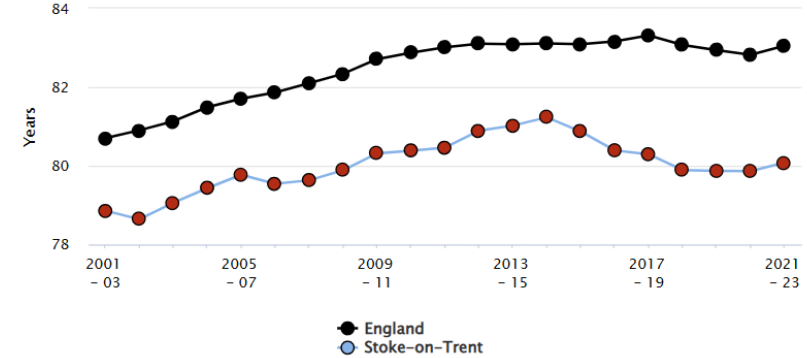


- Male life expectancy in Staffordshire is significantly higher than England
- Female life expectancy in Staffordshire is similar to England

Males:



Female:



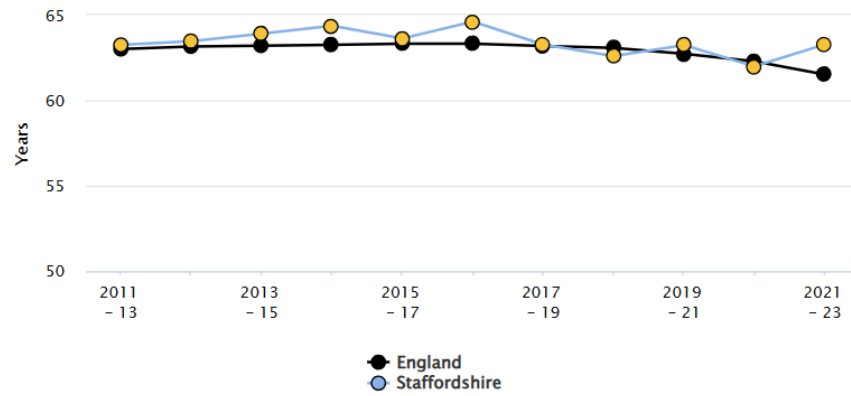
- Male life expectancy in Stoke-on-Trent is significantly lower than England
- Female life expectancy in Staffordshire is significantly lower than England

-Babies born in Staffordshire can expect to live 3 years longer than if they were born in Stoke-on-Trent

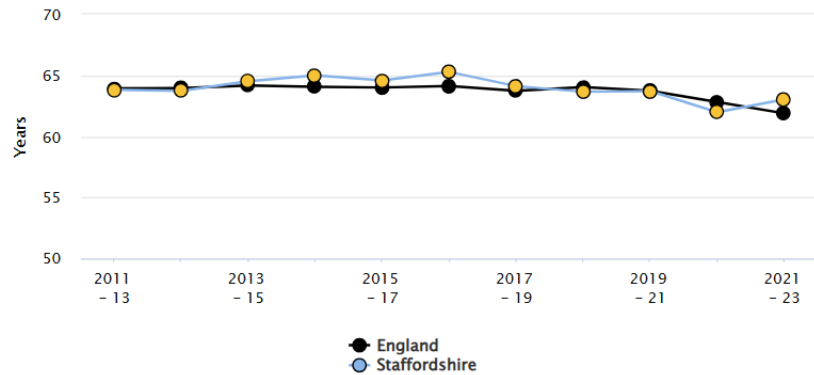
Source: OHID Fingertips. Based on life expectancy at birth (3-year range)

Healthy life expectancy at birth

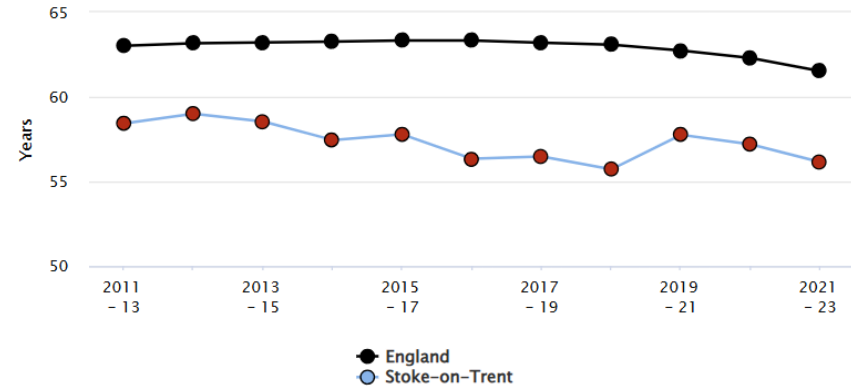
Males:



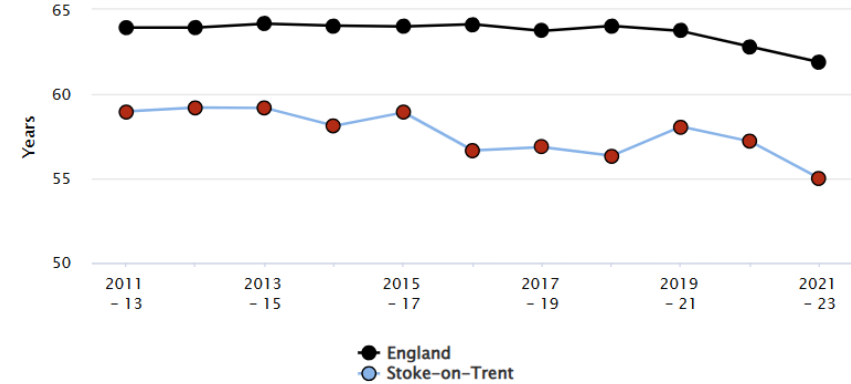
Female:



Males:



Female:



- Healthy life expectancy for both males and females in Staffordshire is similar to England

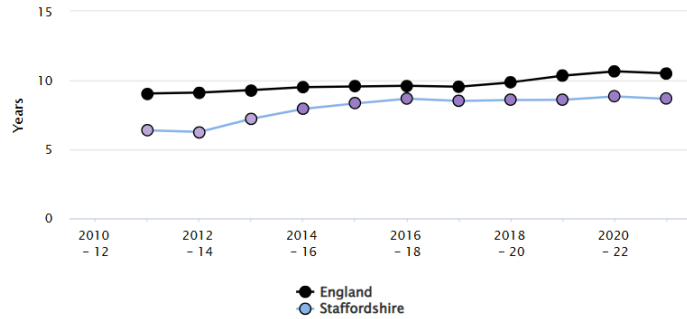
- Healthy life expectancy for both males and females in Staffordshire is worse than England

Girls born in Stoke-on-Trent can expect to live just 55 years in good health, eight years fewer than those born in Staffordshire and when compared to the national average.

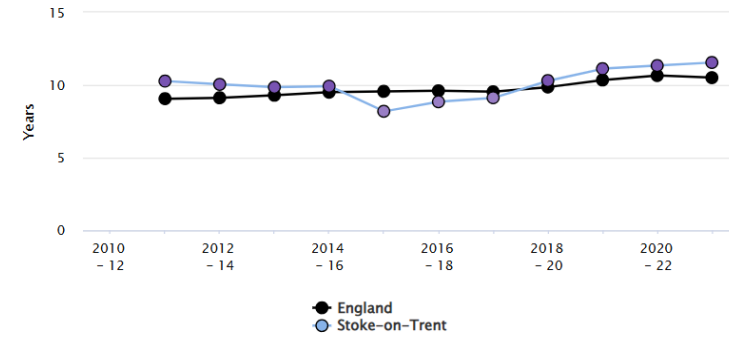
Source: OHID Fingertips.

Inequalities in life expectancy (slope index of inequality)

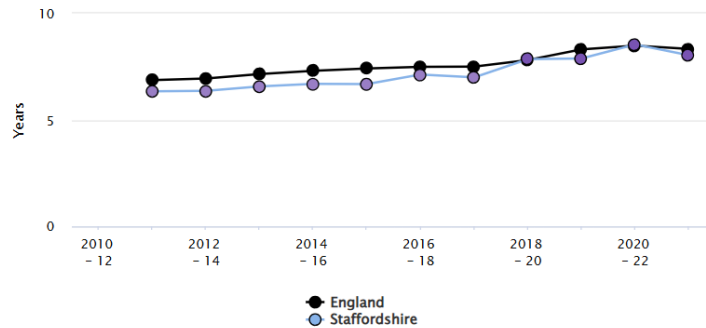
Males:



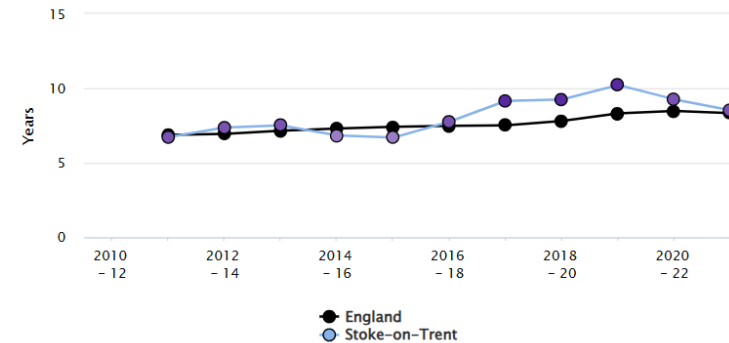
Males:



Female:



Female:



- Inequalities in male life expectancy in Staffordshire are lower than England
- Inequalities in female life expectancy in Staffordshire are slightly lower than England
- Inequalities in male life expectancy in Stoke-on-Trent are worse than England
- Inequalities in female life expectancy in Stoke-on-Trent are similar to England

- The gap in life expectancy between the most deprived and least deprived continues to increase.

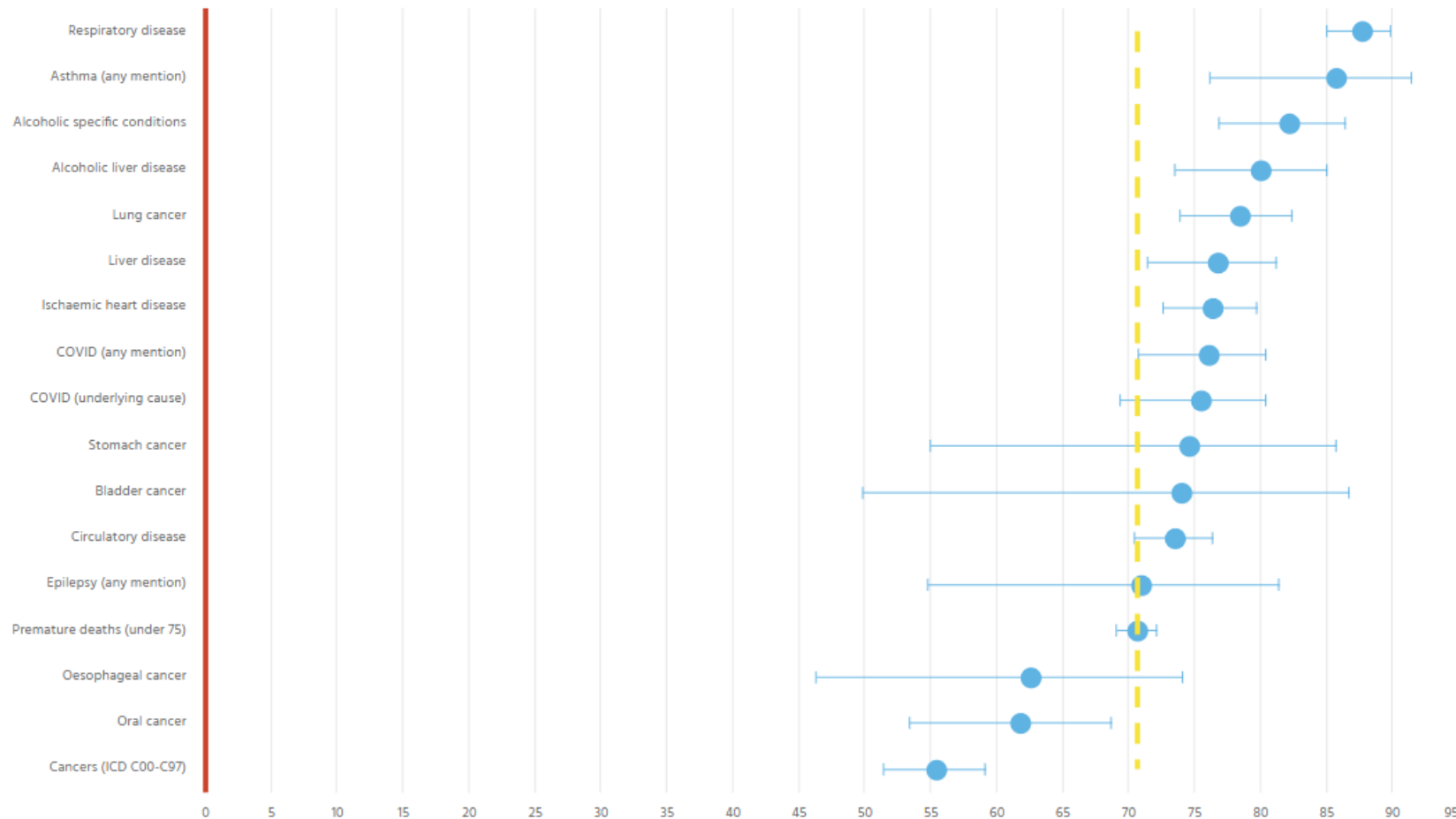
- Boys born in the most deprived neighbourhoods in Stoke-on-Trent are likely to live 11.5 years less than if they born in its least deprived neighbourhoods.

Source: OHID Fingertips.

Measuring health inequalities within Staffordshire and Stoke-on-Trent ICB

Relative index of inequality in Staffordshire and Stoke-on-Trent for premature mortality (aged under 75)

Calculated from directly age-standardised rates for the 2020 to 2024 period. Source of data: Civil Registration of Deaths Dataset.



The biggest inequalities by deprivation within Staffordshire and Stoke-on-Trent across all premature mortality measures were found to be for:

- **Respiratory disease** (where the rate is 88% higher for the most deprived group, relative to the overall rate)
- **Asthma (any mention)** (87% higher)
- **Alcoholic specific conditions** (82% higher)
- **Alcoholic liver disease** (80% higher)
- **Lung cancer** (79% higher)
- **Liver disease** (77% higher)
- **Ischaemic heart disease** (76% higher)
- **COVID (any mention)** (76% higher)
- **COVID (underlying cause)** (76% higher)
- **Stomach cancer** (75% higher)