



Stockport JSNA

joint strategic needs assessment



2015 JSNA

Implications for Services for Children
and Young People

April 2016

Issues for consideration: -

- Key issues emerging from the JSNA 2015, including any new evidence or trends?
- How can the JSNA inform the development of: -
 - The Children's Trust Strategic Plan?
 - On-going performance monitoring?
 - Future commissioning activity?
- Requests for further JSNAs?

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Stockport JSNA

joint strategic needs assessment



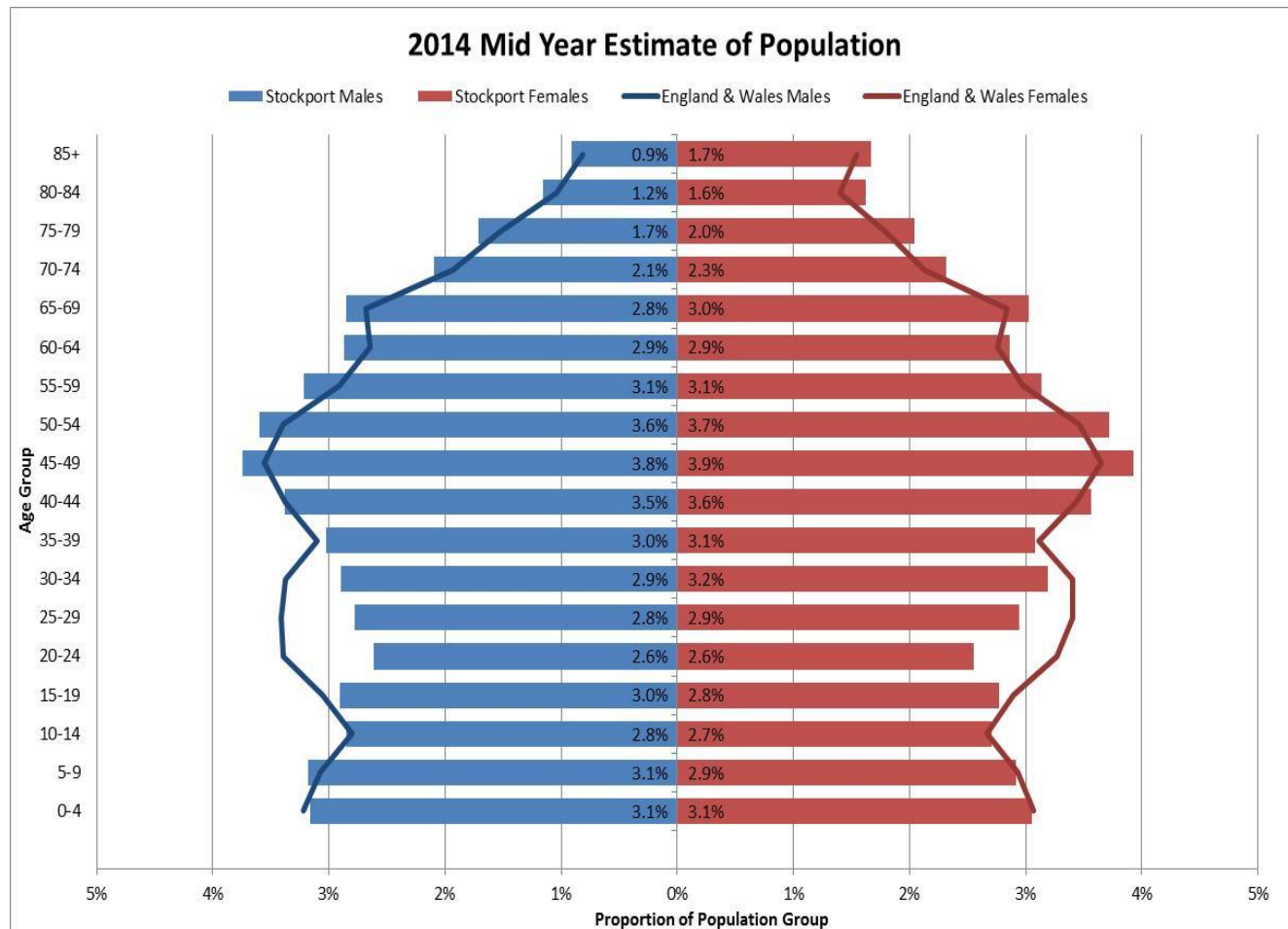
Demographics and Population

Implications for Services for Children
and Young People

Demographics and Population



- The resident population of Stockport is **286,775** (2014)
- There are 54,470 (19.0%) 0-15 year olds and 27,820 (9.7%) 16-24 year olds
- Stockport has fewer young people than the national average, driven by 18-24 year olds leaving the Borough for further or higher education, work or affordable housing



Demography by Ward

Ward Name	Population (2013)	% aged 0-15
Bramhall North	12,996	18.3%
Bramhall South	11,895	17.2%
Bredbury & Woodley	13,614	17.7%
Bredbury Green & Romiley	14,116	18.6%
Brinnington & Central	15,304	21.5%
Cheadle & Gatley	14,699	18.7%
Cheadle Hulme North	13,141	18.6%
Cheadle Hulme South	13,527	19.4%
Davenport & Cale Green	15,206	23.3%
Edgeley & Cheadle Heath	14,428	20.2%
Hazel Grove	14,108	18.7%
Heald Green	12,583	18.1%
Heatons North	13,540	18.7%
Heatons South	14,124	19.6%
Manor	13,511	19.7%
Marple North	12,374	16.6%
Marple South	11,414	15.3%
Offerton	13,831	18.6%
Reddish North	14,526	21.1%
Reddish South	13,588	17.8%
Stepping Hill	12,507	17.6%

KEY

Significantly lower
than Stockport

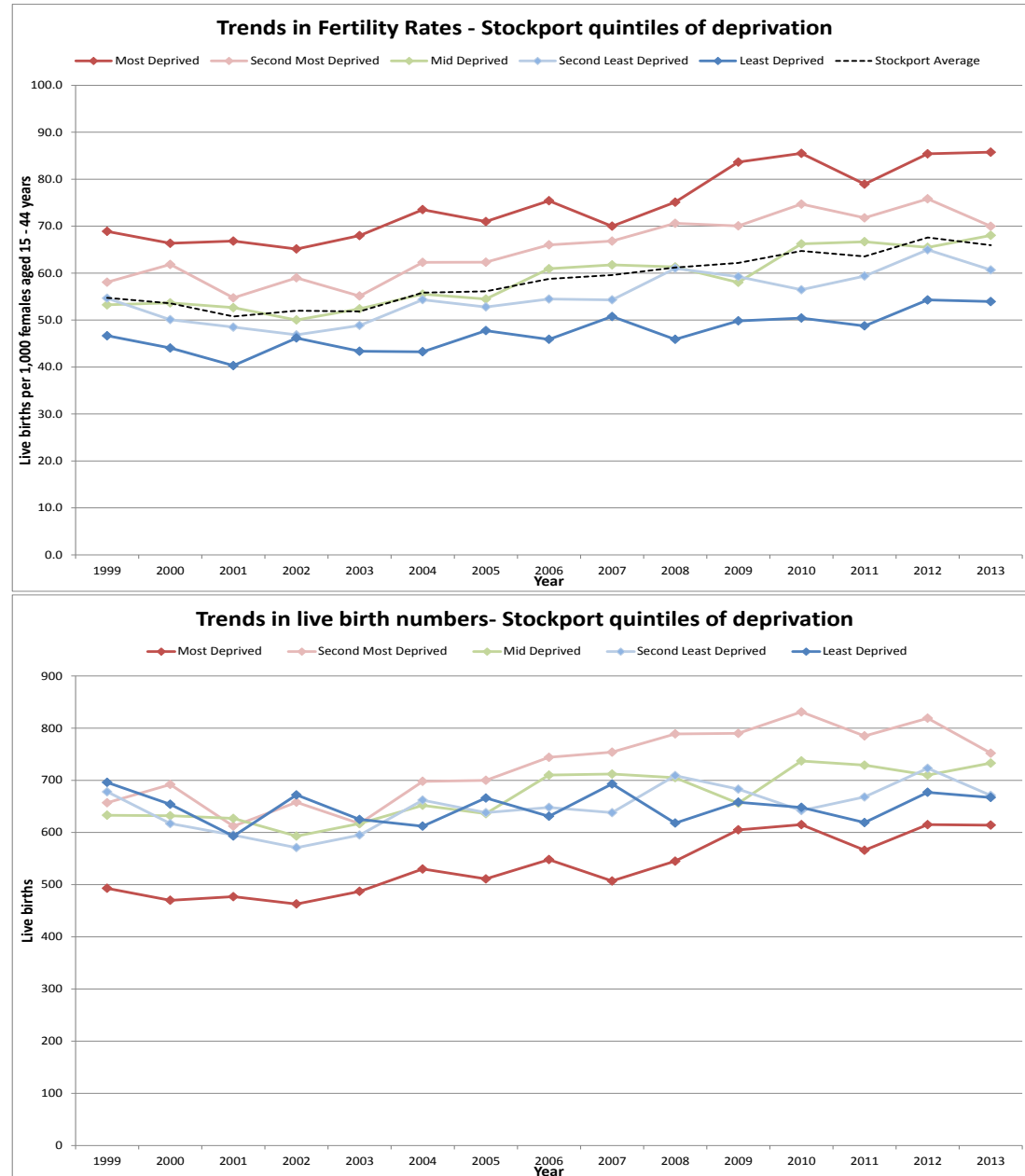
Significantly higher
than Stockport

- Wards are all reasonably similar in total population.
- The age structure varies however, with the more deprived wards of Brinnington & Central, Davenport & Cale Green, Edgeley & Cheadle Heath and Reddish North having younger populations.
- More affluent areas tend to have older populations.
- Most priority areas have a younger population profile, with the exception of the population of Central which is more middle aged
- The loss of population between the ages of 16-24 affects less deprived areas most, this trend doesn't appear in deprived areas

Birth rates



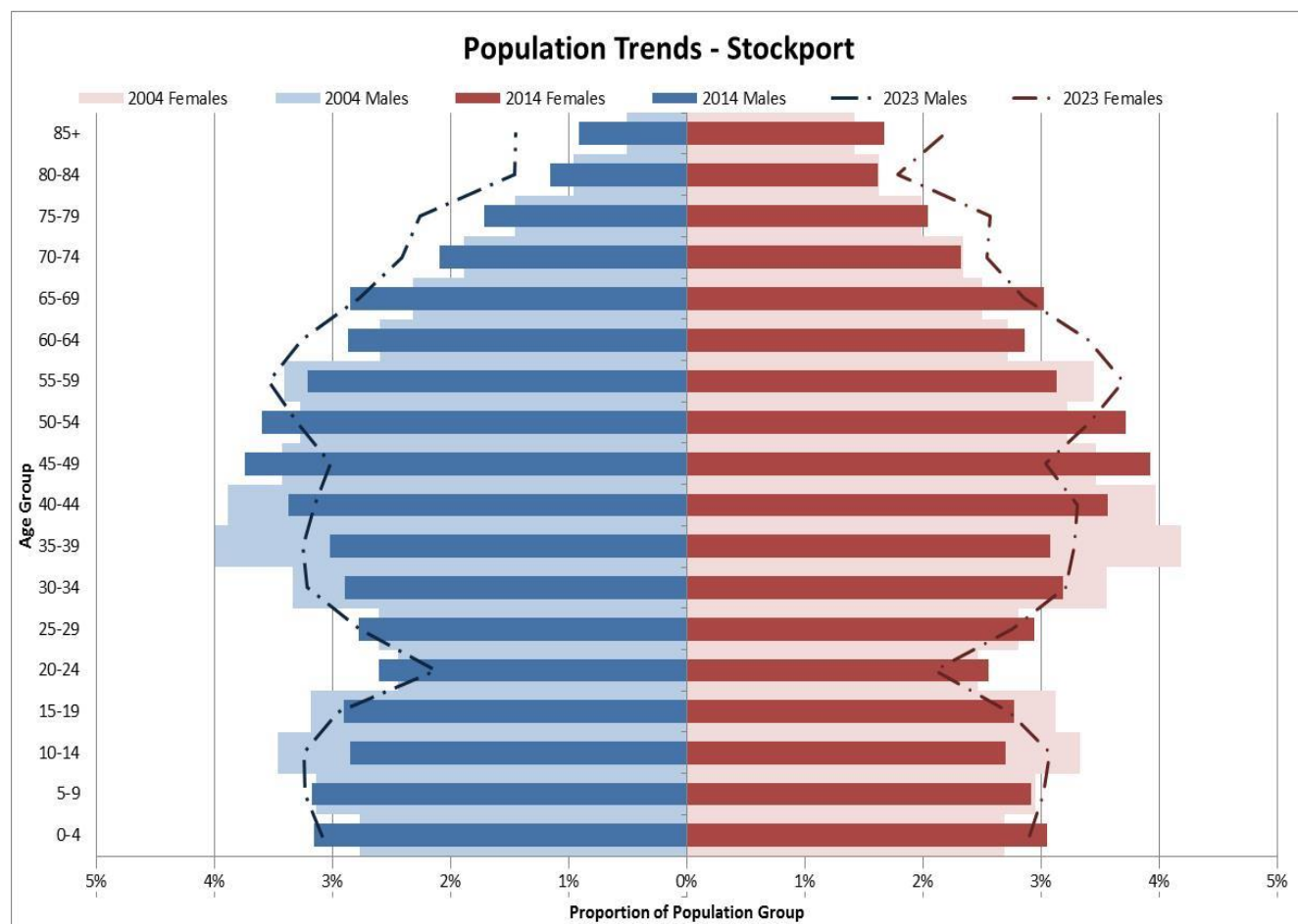
- Birth rates have risen since 2002 in all areas.
- However the number of births in the least deprived areas have remained stable.
- Numbers of births in the more deprived areas have risen, and despite the overall population share (30%), those areas of the Borough in the two most deprived quintiles account for 40% of all births. 15 years ago this figure was 35%. **More babies are therefore being born in areas of higher risk.**
- Birth rates and numbers are predicted to remain stable, at the higher level over the next 10 years.

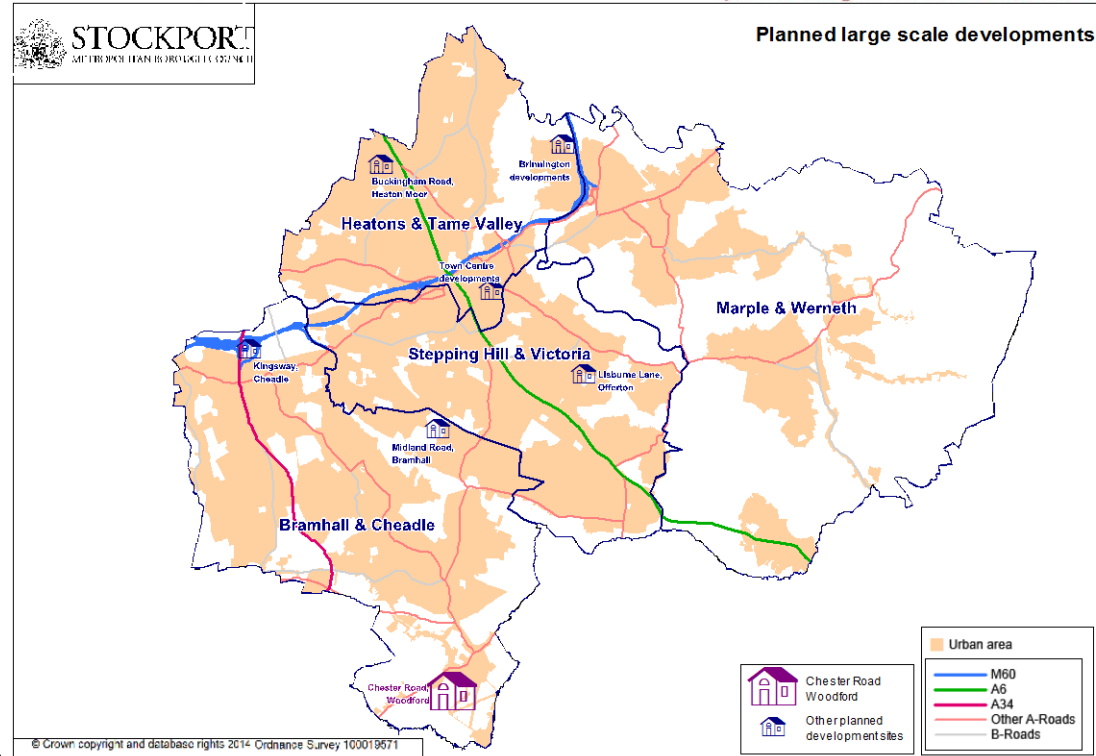


Population Projections by 2024



- Stockport's total population has been relatively stable over the past two decades, however it is predicated to rise over the next 10 years.
- The number of 0-15 years olds is expected to increase due to the sustained rise in birth rates since 2002
- However the number of 16-24 year olds is expected to contract further as the pattern of young people leaving Stockport continues and the low birth cohorts of the early 2000s reach this age by 2023





Chester Road, Woodford

Redevelopment of the former Woodford Aerodrome site to provide up to 920 new dwellings with associated commercial and community space. This application is currently at consultation stage, and is likely to be developed in a phased approach.

Lisburne Lane, Offerton

Redevelopment of the former Dialstone Centre and Blackstone Field sites to provide 121 new dwellings, a new nursing and care home (140 beds), a new community hub, a new medical centre and commercial space. This application received permission in 2013.

Midland Road, Bramhall

Proposed residential development comprising up to maximum of 250 dwelling units, including 160 houses and 90 apartments, including the provision of affordable housing. This application received permission in 2013.

Buckingham Road, Heaton Moor

Residential development comprising 129 dwellings with associated open space. This application received permission in 2013.

Kingsway Cheadle

Redevelopment of the former Barnes Hospital site to provide up to 300 new dwellings (apartments and housing). This application received permission in 2013.

Churchgate / Covent Garden / Hopes Carr / Wellington Street

A range of developments within the centre of Stockport to provide additional dwellings. These applications are at different stages of the planning and construction cycles.

Brinnington

Two large scale developments to the north of Brinnington are currently proposed, and are under consideration of the planning system. Together the proposals would create 265 new dwellings.

Impact of planned developments

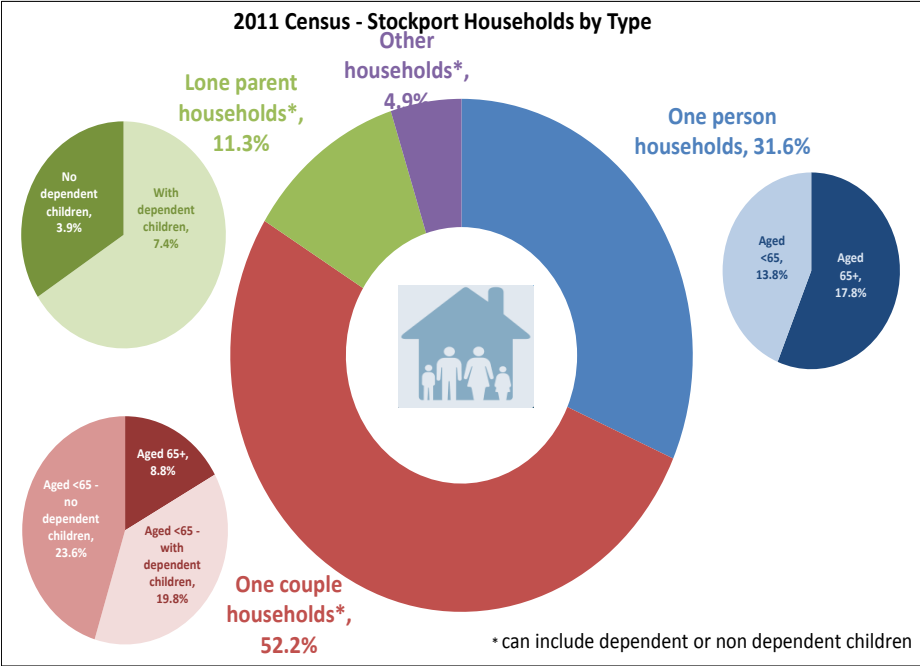
- Stockport has seen a trend of population growth being more rapid in deprived areas over the past decade, this may change as planned housing developments concentrate in less deprived areas
- At the moment developments are still at the planning stage and it is not clear what type of households they will attract
- They are however likely to lead to significant population changes and more rapid population growth than official population projections suggest

Family and Household Structures

- In total there are 40,375 households with dependent children
- 15,400 dependent children live with one parent, a risk for vulnerability
- Brinnington and Central and Davenport and Cale Green have the highest levels of lone parent households
- The number of lone parent households has increased over the past decade by 2,415



	Lone parent households	Other households
Bramhall North	9.7%	3.8%
Bramhall South	6.8%	3.3%
Bredbury & Woodley	10.5%	4.1%
Bredbury Green & Romiley	12.7%	4.3%
Brinnington & Central	16.7%	5.8%
Cheadle & Gatley	7.8%	6.1%
Cheadle Hulme North	9.8%	4.7%
Cheadle Hulme South	8.9%	4.9%
Davenport & Cale Green	16.6%	6.6%
Edgeley & Cheadle Heath	14.0%	5.7%
Hazel Grove	10.0%	4.6%
Heald Green	9.2%	7.3%
Heatons North	8.5%	5.7%
Heatons South	10.0%	4.8%
Manor	13.4%	4.6%
Marple North	7.6%	3.7%
Marple South	8.4%	3.1%
Offerton	12.4%	4.9%
Reddish North	16.3%	5.8%
Reddish South	12.6%	5.2%
Stepping Hill	9.5%	4.0%



KEY

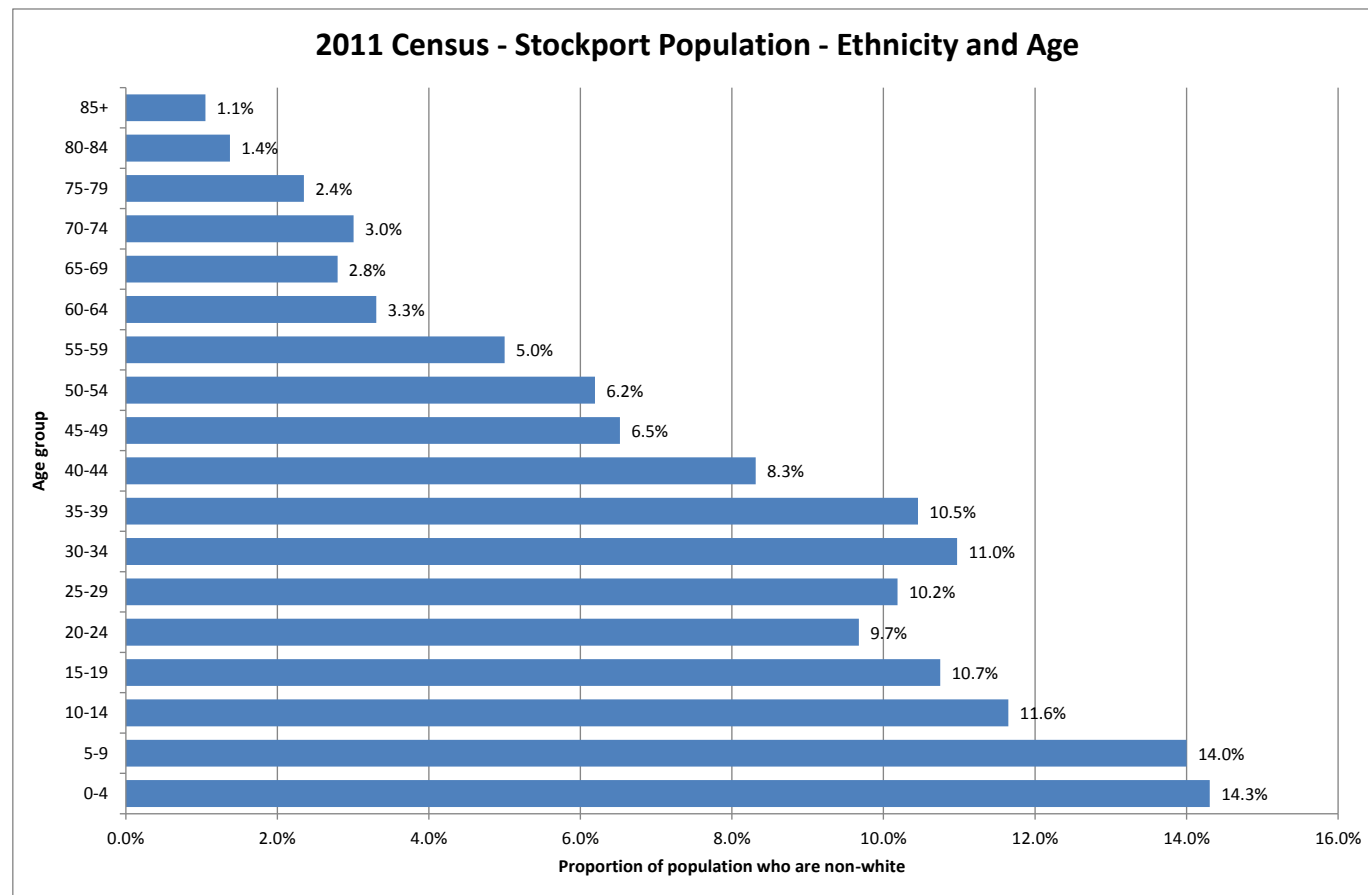
Significantly lower than Stockport

Significantly higher than Stockport

Ethnicity



- Stockport's BME population have a far younger profile than average.
- 20% of babies born in Stockport in 13-14 were non-white, and rates are almost 50% in Heald Green and Cheadle & Gatley.
- The population is therefore likely to continue to become more diverse.



Summary of Key Points

- The number of 0-15 year olds is expected to grow as the higher birth rate is maintained;
- Significant planned housing and economic developments will have an impact on the demographic profile of the Borough and the impact on local need should be monitored;
- The population is likely to become needier as birth rates have increased more rapidly in areas where there are potentially more children at risk and more children are living in lone parent households
- The younger population continues to become more ethnically diverse, especially in areas to the west of the Borough



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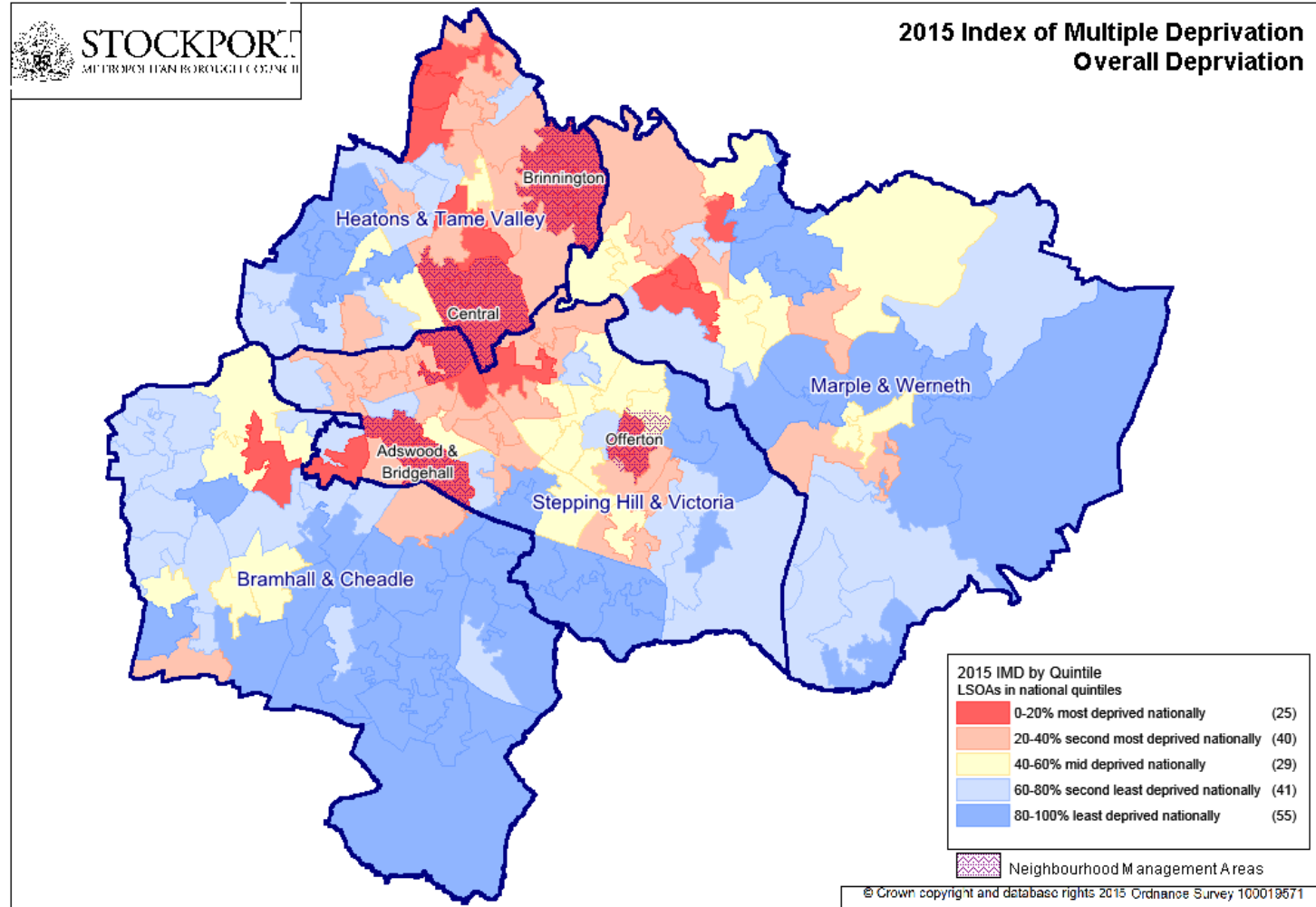
Socio Economic Context

Implications for Services for Children
and Young People

Deprivation – overall measure



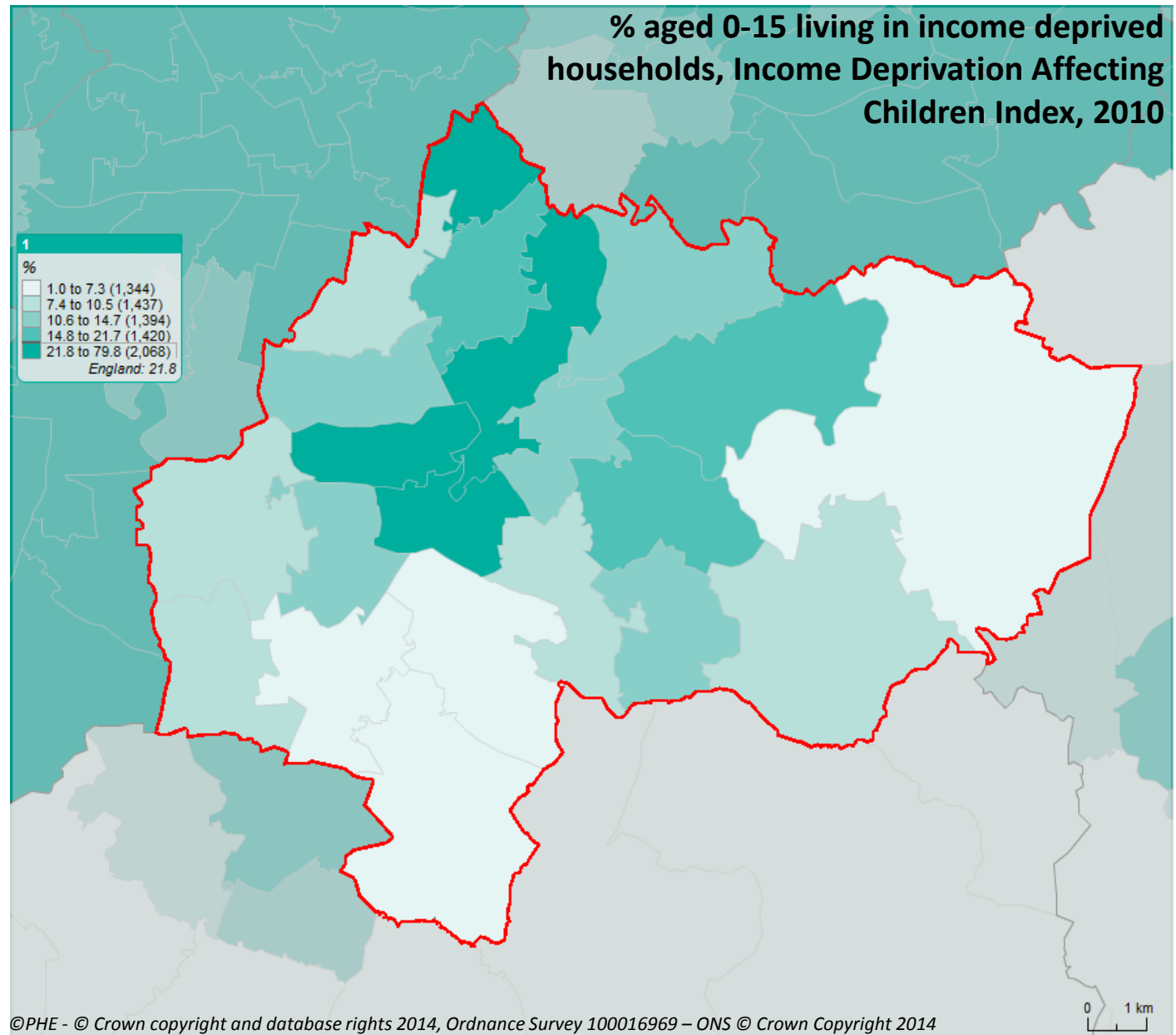
- Stockport has both areas of very high deprivation and very low deprivation.
- 14% of the population lives in the most 20% deprived areas nationally, 28% in the least deprived areas.
- Areas of deprivation cluster to the centre and north of the borough.
- Three small areas rank within the most deprived 1% nationally, two in Brinnington and one in Lancashire Hill



Income Deprivation – Children



- In 2010 there were just over 8,000 children living in low income homes in Stockport, by 2015 this rose to 8,500.
- Numbers are highest in Brinnington & Central, Davenport & Cale Green, Reddish North and Edgeley and Cheadle Heath - where more than a fifth of children live in poverty.



Educational attainment and needs



Educational needs and attainment					
Ward	% Special Education Needs (Oct 15)	% Free School Meals Entitlement (Oct 15)	% pupils with a Fixed Term Exclusion (2013/14)	School Absence (2014/15)	% Pupils achieving 5 A*-C GCSEs inc Eng & Maths (2014/15)*
Bramhall North	11.4%	4.6%	2.9%	3.6%	68.7%
Bramhall South and Woodford	6.8%	2.9%	1.7%	3.0%	79.6%
Bredbury and Woodley	11.0%	11.3%	2.9%	4.6%	46.8%
Bredbury Green and Romiley	12.8%	14.0%	5.7%	4.8%	53.7%
Brinnington and Central	19.5%	36.2%	10.2%	6.4%	24.5%
Cheadle and Gatley	9.7%	5.0%	2.7%	4.0%	75.4%
Cheadle Hulme North	12.0%	8.7%	1.2%	4.2%	66.4%
Cheadle Hulme South	10.6%	6.4%	2.3%	3.4%	77.3%
Davenport and Cale Green	19.5%	22.5%	8.0%	5.4%	40.8%
Edgeley and Cheadle Heath	18.3%	20.6%	6.1%	4.9%	47.9%
Hazel Grove	12.6%	8.1%	2.4%	3.5%	70.2%
Heald Green	12.6%	8.4%	2.9%	4.5%	62.2%
Heatons North	9.1%	10.2%	2.9%	3.9%	74.3%
Heatons South	9.5%	6.1%	2.9%	4.2%	65.5%
Manor	14.9%	12.4%	4.3%	4.7%	59.1%
Marple North	8.6%	4.6%	1.9%	3.5%	79.4%
Marple South	13.0%	7.7%	4.6%	4.3%	64.3%
Offerton	15.2%	15.5%	8.0%	5.0%	54.8%
Reddish North	13.0%	17.0%	7.4%	5.6%	47.9%
Reddish South	12.8%	14.7%	4.8%	4.5%	50.8%
Stepping Hill	10.7%	4.3%	2.3%	3.6%	76.2%
Out of Area	11.3%	13.6%	5.4%	5.7%	48.5%
Stockport LA	12.9%	12.6%	4.4%	4.5%	58.4%

Patterns for educational needs and attainment in Stockport are strongly correlated with deprivation.

Nearly 1,700 pupils (58%) achieved 5 A*-C grades at Key Stage 4, but over 1,000 did not. Three quarters of children in Brinnington and Central leave school with fewer than 5 GCSE's A*-C.

Only 39.6% of children with free school meal status achieve a good level of development at the end of reception compared to 62.1% for all of Stockport. This trend continues in Year 1, where 56.0% of children with free school meal status achieve good development in phonics compared to 75.4% for Stockport as a whole.

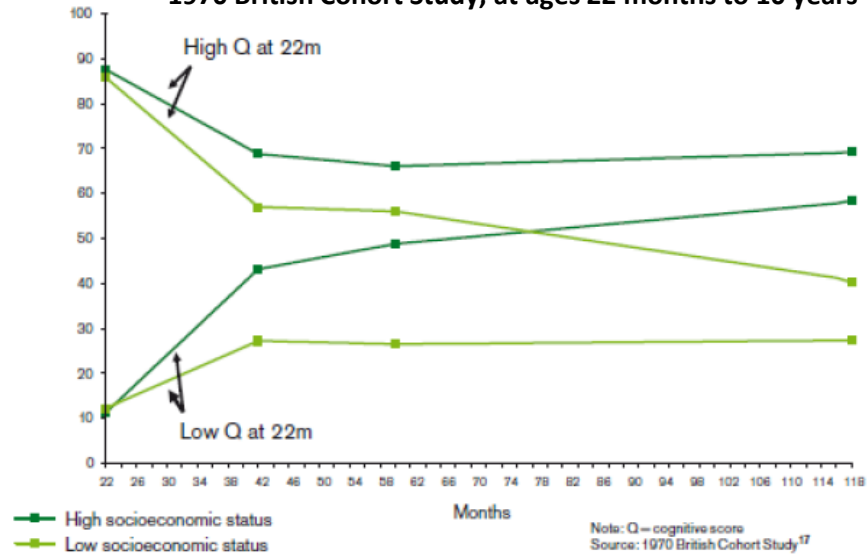
Just over 5,000 pupils are entitled to free school meals.

Educational attainment widening needs



- The Marmott Reviews showed that children who have low cognitive scores at 22 months of age but who grow up in families of high socioeconomic position improve their relative scores as they approach the age of 10.
- The relative position of children with high scores at 22 months, but who grow up in families of low socioeconomic position, worsens as they approach age 10.
- In other words as children grow up their levels of affluence affect their development and **inequalities which don't exist at birth, develop and continue to widen.**

Average position in distribution
Inequality in early cognitive development of children in the 1970 British Cohort Study, at ages 22 months to 10 years



From: Fair Society, Healthy Lives - The Marmott Review

Early Years Foundation Stage Profile

Stockport:

Overall 62%

FSM 40%

Non-FSM 66%

National:

Overall 60%

FSM 45%

Non-FSM 64%

Percentage of children achieving a good level of development in the EYFSP teacher assessments

Key Stage Four

Stockport:

Overall 57.4%

FSM 22.7%

Non-FSM 63.7%

National:

Overall 52.6%

FSM 33.3%

Non-FSM 60.4%

Percentage of children achieving a 5+ A*-C incl English & maths at key stage 4 first entry. FSM refers to pupils that are eligible for free school meals

Overcrowding

- Overcrowding is associated with higher rates of childhood accidents and mental stress.
- Lack of privacy can reduce life opportunities, for example by limiting the amount and quality of a child's home study.
- Overcrowding has a strong association with deprivation.



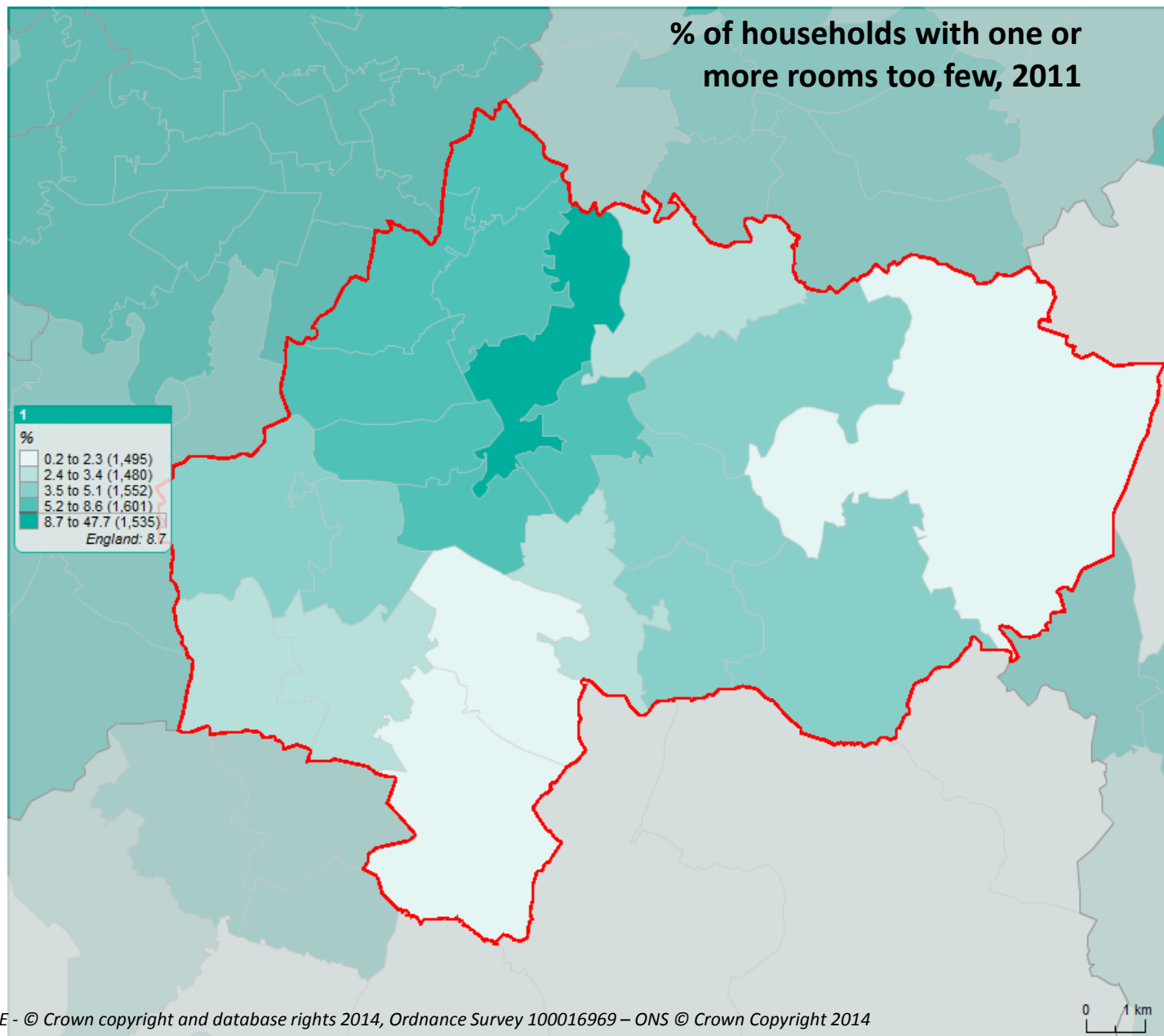
STOCKPORT
CLINICAL COMMISSIONING GROUP

healthwatch
Stockport

stockport
Clinical Commissioning Group

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Summary of Key Points

- There is an estimated 8,500 children living in poverty in Stockport
- Educational attainment shows a deprivation gap which widens as children grow up



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Children's Health

Implications for Services for Children
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2014 Early Years Health at a Glance

Stockport has 17,500 under 5 residents



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Infant Mortality

(crude rate per 1,000)



4.5 in 2011-13

↔ 4.0 in England
5.6 in 2001-03

Number of deaths

47 in 2011-13

49 in 2001-03

Low birth weight



2.1% of live births at term <2,500 g

↔ from **2.1%** in 2012



2.8% England rate
(2012 comparison)

Health protection

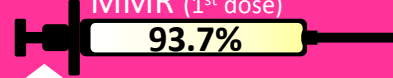
Immunised before 2 years

DTaP/IPV/Hib



↑ **96.1%** England rate

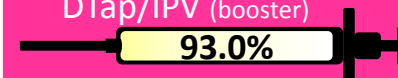
MMR (1st dose)



↑ **92.7%** England rate

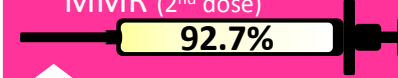
Immunised before 5 years

DTaP/IPV (booster)



↑ **88.8%** England rate

MMR (2nd dose)



↑ **88.3%** England rate

Prevention of ill health



11.7% of mothers smoking at delivery

↔ from **12.2%** in 2013-14

42% highest in Brinnington
(three year rate)



73.9% of mothers initiating breastfeeding

↔ from **73.7%** in 2013-14

40% lowest in Brinnington
(three year rate)



50.3% of mothers breastfeeding at 6 weeks

↔ from **48.6%** in 2013-14

21% lowest in Brinnington
(three year rate)



15.0 teenage mothers
(rate per 1,000 in age group)

↓ from **20.5** in 2011

↔ to **17.2** in England

Hospital admissions (crude rate per 1,000)



480.3 all hospital admissions



202.9 emergency admissions:

- 30% respiratory,
- 23% infections,
- 11% signs & symptoms,
- 8% perinatal conditions



186.3 Admissions for injuries

140.8 England rate ↑



448.2 ED attendances

525.6 England rate ↓

Long term conditions



300 history of fall



200 asthma



30 autism



20 downs



2014 School Age Health at a Glance

Stockport has 40,000 residents aged 5-16



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Childhood Mortality

(DSR per 100,000 aged 1-17)



9.9 in 2011-13



11.9 in England
17.9 in 2001-03

Number of deaths

17 in 2011-13

33 in 2001-03

Excess weight (children measured overweight or obese)

Reception



21.1% 2013-14



21.7% 2012-13



22.5% in England

Year 6



30.2% 2013-14



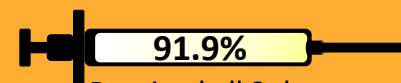
31.2% 2012-13



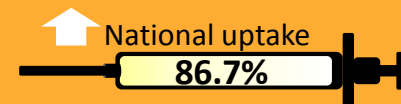
33.5% in England

HPV vaccine uptake

Stockport girls aged 12-13



Received all 3 doses



National uptake

Education



58.3% of pupils achieve
5 A*-C grades (inc Eng & Maths)



from 65.8% in 2012-13



56.8% England rate

(all figures state funded sector only)

% of pupils attending good or outstanding schools



93% Primary schools
82% Secondary schools



87% Primary 2012-13
72% Secondary 2012-13



82% Primary pupils in England
71% Secondary pupils in England

Children in need

(as at 31-Mar-14)



262.3 per 10,000 children

44% abuse or neglect
31% family dysfunction



346.4 England rate

Under 16 conceptions



5.1 rate per 1,000

72.0% result in abortion



from 6.0 in 2012



to 4.8 in England

Hospital admissions

(crude rate per 1,000)



124.6 all admissions



57.7 emergency admissions

- 20% signs and symptoms
- 24% injuries/poisoning
- 14% respiratory



142.6 Admissions for
injuries



112.2 England rate (0-14s)

Decayed, missing or filled teeth (d₃mft)



0.63 average number
of d₃mft per 5 year old



0.94 England average



23.7% with decay
experience



27.9% England average

Long term conditions



2,600 asthma



1,000 history of fall



500 anxiety



400 autism

Lifestyles by age 15



7.1% current
smokers



16.5% were drunk
in the past month



51.7% eat 5 a Day



13.6% physically
active

2014 Young adult Health at a Glance

Stockport has 31,000 residents aged 15-24



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Mortality

(Crude rate per 100,000)



42.1 in 2011-13



29.2 in England & Wales

30.3 Stockport 2001-03

Number of deaths

40 in 2011-13

28 in 2001-03

Causes of death:

40% of deaths due to external causes (accidents and harm)

↓ 57% in England

Sexual health



2,716 chlamydia detection rate per 100,000



1,978 in England

2,114 Stockport 2013



1,091 EHC items prescribed

Domestic violence

Women aged 16 to 19 are at the highest risk of

- sexual assault (7.9 %),
- stalking (8.5%)
- domestic abuse (12.7%).

Women aged 20 to 24 are only slightly less at risk

Education



4.9% 16-18 year olds not in education, employment or training



from 5.4% in 2013



4.7% England rate

Crime

(Crude rate per 100,000 10-17 year olds)



254.8 First time entrants to youth justice system



from 243.6 in 2012



440.9 England rate



5% victims of violent crime in 2014

Over twice the percentage of any other age group (CSEW)

Live births <20 years



15.0 rate per 1,000
120 live births



from 18.7 (150) in 2012



to 17.2 in England

Hospital admissions

(crude rate per 1,000)



261.8 all hospital admissions



121.8 emergency admissions:

- 19% signs and symptoms
- 16% pregnancy related
- 17% injuries/poisoning



188.5 Admissions for injuries



136.7 England rate



618.3 Admissions self harm (age 10-24)



412.1 England rate

Long term conditions



2,600 anxiety



2,000 asthma



1,800 depression



800 self harm

Lifestyle health risks



23.2% current smokers



22.8% binge drink



18.1% eat 5 a Day



70.2% not physically active enough

Stockport Child Health Profile

June 2015

The chart below shows how children's health and wellbeing in this area compares with the rest of England. The local result for each indicator is shown as a circle, against the range of results for England which are shown as a grey bar. The red line indicates the England average. The key to the colour of the circles is shown below.

- Significantly worse than England average
- Not significantly different
- Significance not tested
- Significantly better than England average
- ◆ Regional average

25th percentile England average 75th percentile

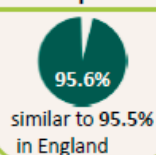
	Indicator	Local no.	Local value	Eng. ave.	Eng. Worst		Eng. Best
Premature mortality	1 Infant mortality	16	4.5	4.1	7.5		1.7
	2 Child mortality rate (1-17 years)	6	9.9	11.9	22.8		3.0
Health protection	3 MMR vaccination for one dose (2 years)	3,188	93.7	92.7	78.3		98.3
	4 Dtap / IPV / Hib vaccination (2 years)	3,323	97.7	96.1	81.6		99.1
	5 Children in care immunisations	205	95.3	87.1	27.3		100.0
	6 New sexually transmitted infections (including chlamydia)	979	3,078.0	3,432.7	8,098.4		1,899.8
Wider determinants of ill health	7 Children achieving a good level of development at the end of reception	2,190	62.1	60.4	41.2		75.3
	8 GCSEs achieved (5 A*-C inc. English and maths)	1,689	58.3	56.8	35.4		73.8
	9 GCSEs achieved (5 A*-C inc. English and maths) for children in care	-	-	12.0	8.0		42.9
	10 16-18 year olds not in education, employment or training	540	5.4	5.3	9.8		1.8
	11 First time entrants to the youth justice system	68	254.8	440.9	846.5		171.0
	12 Children in poverty (under 16 years)	7,990	15.3	19.2	37.9		6.6
	13 Family homelessness	82	0.7	1.7	10.8		0.1
	14 Children in care	300	49	60	153		20
	15 Children killed or seriously injured in road traffic accidents	7	13.7	19.1	48.3		8.2
Health improvement	16 Low birthweight of all babies	169	5.0	7.4	10.4		4.6
	17 Obese children (4-5 years)	260	8.1	9.5	14.2		5.5
	18 Obese children (10-11 years)	447	16.7	19.1	26.8		10.5
	19 Children with one or more decayed, missing or filled teeth	-	23.7	27.9	53.2		12.5
	20 Under 18 conceptions	132	25.9	24.3	43.9		9.2
	21 Teenage mothers	38	1.1	1.1	2.5		0.2
	22 Hospital admissions due to alcohol specific conditions	42	69.7	40.1	100.0		13.7
	23 Hospital admissions due to substance misuse (15-24 years)	35	114.9	81.3	264.1		22.8
Prevention of ill health	24 Smoking status at time of delivery	427	12.2	12.0	27.5		1.9
	25 Breastfeeding initiation	2,634	73.7	73.9	36.6		93.0
	26 Breastfeeding prevalence at 6-8 weeks after birth	-	-	-	19.4		77.4
	27 A&E attendances (0-4 years)	7,883	447.8	525.6	1,684.5		252.7
	28 Hospital admissions caused by injuries in children (0-14 years)	721	142.6	112.2	214.1		64.4
	29 Hospital admissions caused by injuries in young people (15-24 years)	592	188.5	136.7	291.8		69.6
	30 Hospital admissions for asthma (under 19 years)	228	354.1	197.1	509.1		54.6
	31 Hospital admissions for mental health conditions	91	149.1	87.2	391.6		25.6
	32 Hospital admissions as a result of self-harm (10-24 years)	287	618.3	412.1	1,246.6		119.1

- 1 Mortality rate per 1,000 live births (age under 1 year), 2011-2013
- 2 Directly standardised rate per 100,000 children age 1-17 years, 2011-2013
- 3 % children immunised against measles, mumps and rubella (first dose by age 2 years), 2013/14
- 4 % children completing a course of immunisation against diphtheria, tetanus, polio, pertussis and Hib by age 2 years, 2013/14
- 5 % children in care with up-to-date immunisations, 2014
- 6 New STI diagnoses per 100,000 population aged 15-24 years, 2013
- 7 % children achieving a good level of development within Early Years Foundation Stage Profile, 2013/14
- 8 % pupils achieving 5 or more GCSEs or equivalent including maths and English, 2013/14
- 9 % children looked after achieving 5 or more GCSEs or equivalent including maths and English, 2014 (provisional)
- 10 % not in education, employment or training as a proportion of total age 16-18 year olds known to local authority, 2013
- 11 Rate per 100,000 of 10-17 year olds receiving their first reprimand, warning or conviction, 2013
- 12 % of children aged under 16 living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% median income, 2012
- 13 Statutory homeless households with dependent children or pregnant women per 1,000 households, 2013/14
- 14 Rate of children looked after at 31 March per 10,000 population aged under 18, 2014
- 15 Crude rate of children age 0-15 years who were killed or seriously injured in road traffic accidents per 100,000 population, 2011-2013
- 16 Percentage of live and stillbirths weighing less than 2,500 grams, 2013
- 17 % school children in Reception year classified as obese, 2013/14
- 18 % school children in Year 6 classified as obese, 2013/14
- 19 % children aged 5 years with one or more decayed, missing or filled teeth, 2011/12
- 20 Under 18 conception rate per 1,000 females age 15-17 years, 2013
- 21 % of delivery episodes where the mother is aged less than 18 years, 2013/14
- 22 Crude rate per 100,000 under 18 year olds for alcohol specific hospital admissions, 2011/12-2013/14
- 23 Directly standardised rate per 100,000 (age 15-24 years) for hospital admissions for substance misuse, 2011/12-2013/14
- 24 % of mothers smoking at time of delivery, 2013/14
- 25 % of mothers initiating breastfeeding, 2013/14
- 26 % of mothers breastfeeding at 6-8 weeks, 2013/14
- 27 Crude rate per 1,000 (age 0-4 years) of A&E attendances, 2013/14
- 28 Crude rate per 10,000 (age 0-14 years) for emergency hospital admissions following injury, 2013/14
- 29 Crude rate per 10,000 (age 15-24 years) for emergency hospital admissions following injury, 2013/14
- 30 Crude rate per 100,000 (age 0-18 years) for emergency hospital admissions for asthma, 2013/14
- 31 Crude rate per 100,000 (age 0-17 years) for hospital admissions for mental health, 2013/14
- 32 Directly standardised rate per 100,000 (age 10-24 years) for hospital admissions for self-harm, 2013/14

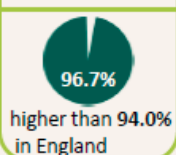
Notes and definitions - Where data is not available or figures have been suppressed, this is indicated by a dash in the appropriate box.

Participation rate 2014-15

Reception



Year 6



Headline figures 2014-15

	Reception	Year 6
Obese	(9.1%) 7.3%	15.8% (19.1%)
Overweight	(12.8%) 11.3%	14.1% (14.2%)
Healthy weight	(77.2%) 80.2%	68.9% (65.3%)
Underweight	(1.0%) 1.3%	1.3% (1.4%)

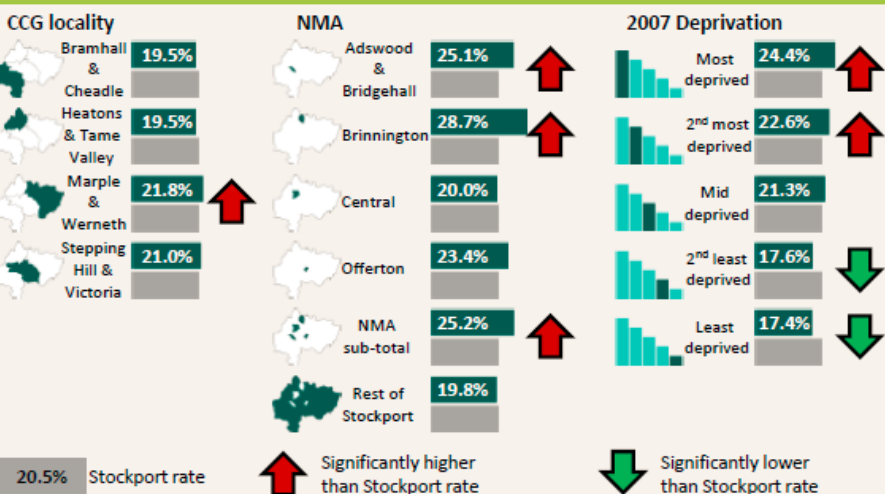
2014-15 England figures are displayed in brackets

Gender breakdown 2014-15

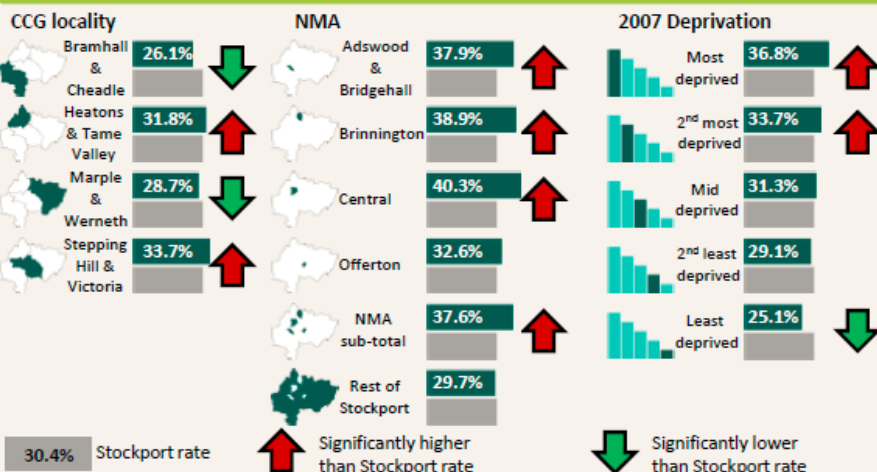
	Reception			Year 6		
	Female	Male	Both	Female	Male	Both
Underweight	0.5%	1.9% ↑	1.3%	1.6%	1.0%	1.3%
Healthy weight	82.0% ↑	78.5% ↑	80.2% ↑	68.9%	68.8% ↑	68.9% ↑
Overweight	10.1% ↓	12.3%	11.3% ↓	14.2%	13.9%	14.1%
Obese	7.4%	7.3% ↓	7.3% ↓	15.3% ↓	16.3% ↓	15.8% ↓
Overweight & obese combined	17.5% ↓	19.6% ↓	18.6% ↓	29.5%	30.2% ↓	29.8% ↓

↑ Significantly higher than the England average ↓ Significantly lower than the England average

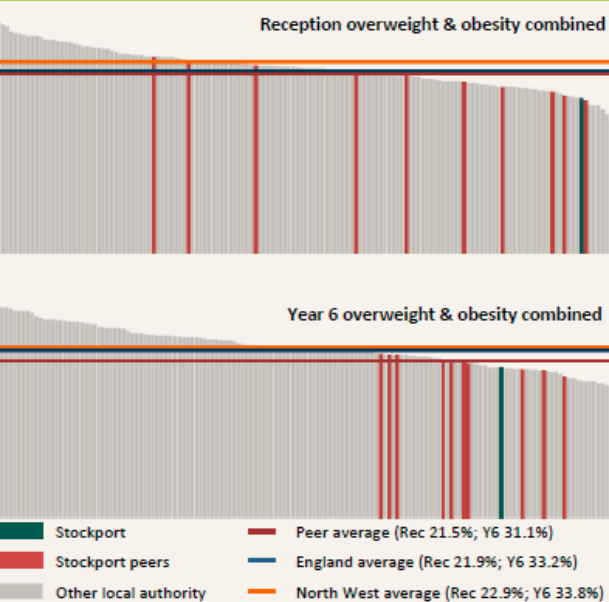
Reception overweight & obesity combined; three year average 2012-15



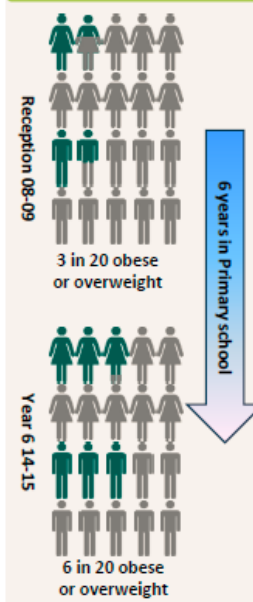
Year 6 overweight & obesity combined; three year average 2012-15



2014 -15 National Comparisons



Cohorts





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Long Term Conditions

Implications for Services for Children
and Young People

Long-term conditions ages under 25



- Although the overall JSNA analysis includes children and young people – the patterns of long term conditions for these age groups are not easily apparent, as they get masked by older adults.
- The table below identifies the conditions where there are more than 50 registered patients with a condition aged under 25 years, and shows the age profile.
- Asthma is the most common condition and begins in early life, so that there are significant numbers of cases in both primary and secondary school aged children.
- Anxiety and depression are the next most common, but effect children and young people aged 15-24 more than younger children.

Condition	Total Number	Age bands				
		0-4	5-9	10-14	15-19	20-24
Asthma	4,437	230	891	1,182	1,190	944
Anxiety	2,918	<5	38	197	790	1,891
Depression	1,896		<5	13	363	1,517
Obesity *	972	44	25	66	265	572
Self harm*	900	5	6	61	316	512
Learning disability	529	<5	12	39	187	290
Epilepsy	355	17	51	81	100	106
Diabetes	284	9	29	61	89	96
Rickets	216	19	41	52	47	57
Autism *	177		9	32	71	65
Cerebral palsy *	123	5	29	26	30	33
Mental health	109			<5	21	87
Downs Syndrome	95	22	22	15	22	14
Cancer	72	7	12	13	18	22

* Undercount of actual prevalence



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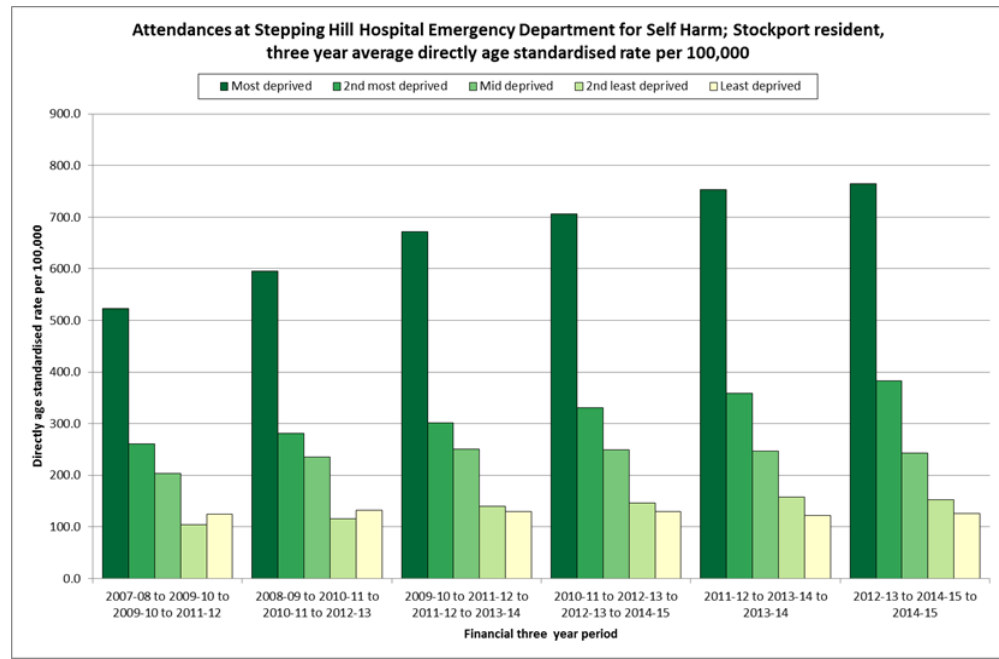
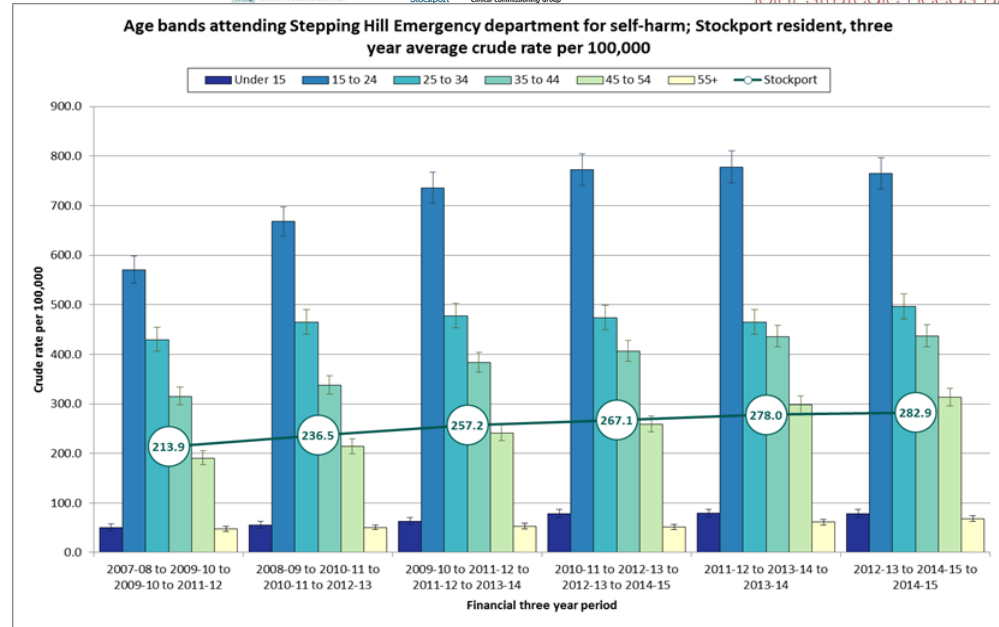
Mental Health

Implications for Services for Children and Young People

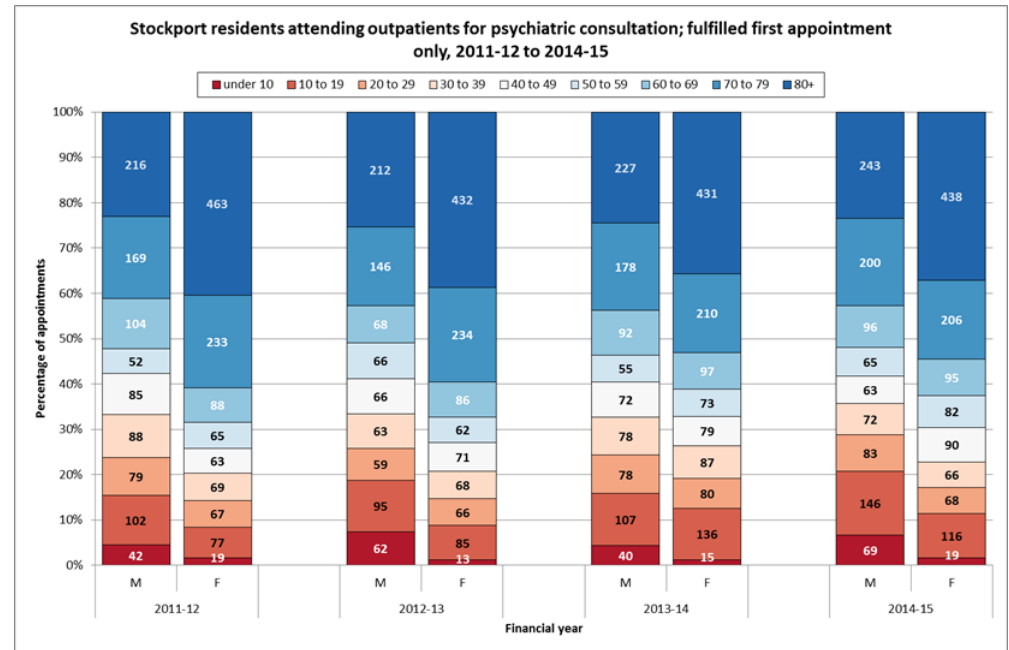
Mental health and wellbeing:

Key Points

- There is an increased risk of low mental wellbeing at the beginning of adulthood
- Those aged 15-24 are most likely to attend Stepping Hill Emergency Department for self-harm or psychiatric illness, though children under the age of 15 are significantly less likely
- There is a clear deprivation profile for self harm attendances, which has been getting wider since 2007/08



- There has also been a slight upward trend in the number of children and adolescents attending outpatients for psychiatric consultations ; however with only 4 years data this may be a brief trend





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Adult Lifestyles

Implications for Services for Children
and Young People

Adult lifestyles and impact on Children



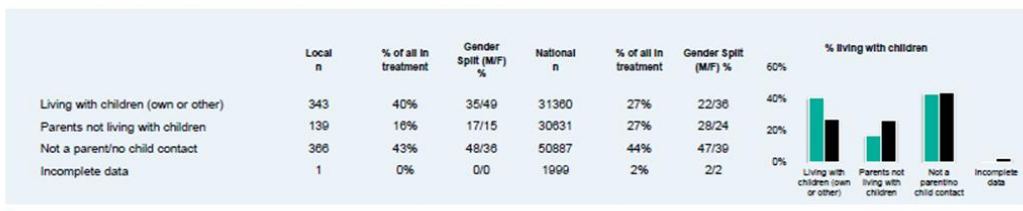
- Respondents to the adult lifestyle survey who have **children in their homes some of the time are more likely to have unhealthy behaviours** than average; those who have **children living with them all of the time are similar to average for most lifestyle risk behaviours.**
- The average age of respondents with children in the home is lower than all responses, and this is likely cause of the difference in drinking patterns.
- Although overall smoking rates are similar between those who have children living with them and those who don't, the **rate who smoke regularly in their own home is significantly lower for those with children.**
- **40% of adults in treatment services for drug and alcohol live with children.**

Adult Lifestyles 2012	All Responses	Children in home all the time	Children in home some of the time
Below average mental wellbeing	12.2%	11.8%	24.4% H
Current smokers	14.9%	14.3%	23.3% H
Binge drinkers	18.9%	22.4% H	30.8% H
High risk drinkers	2.9%	3.0%	4.6%
Increasing risk drinkers	16.9%	17.7%	23.8%
Obese (significant undercount)	16.3%	14.1%	22.7%
Not physically active enough	73.6%	74.5%	73.4%
Don't eat 5 a day	82.1%	82.8%	86.9%

2013/14 Service data for parents – alcohol treatment (total adults in treatment = 849)

SAFEGUARDING

The data below shows the number of adults in alcohol treatment who live with children; those who are parents but do not live with children; those without children or child contact and people for whom there is incomplete data. This last item is included to help you consider the possible hidden population(s) of alcohol-dependent parents, or those with childcare responsibilities in contact with local treatment services. Over a quarter of the English treatment population has a child living with them at least some of the time.



2013/14 Service data for parents – drug treatment (total adults in treatment = 932)

SAFEGUARDING

The data below shows the number of drug users in treatment who live with children; users who are parents but do not live with children; and users for whom there is incomplete data. This last item is included to help you consider the possible hidden population(s) of drug-dependent parents, or those with childcare responsibilities in contact with local treatment services. An estimated one in three of the English treatment population (80,949 people) has a child living with them at least some of the time.

	Local	Proportion of treatment population	Gender split (M/F)	National	Proportion of treatment population	Gender split (M/F)
Living with children (own or other)	368	39%	35% / 52%	60,949	32%	27% / 45%
Parents not living with children	88	9%	9% / 9%	46,230	24%	25% / 21%
Not a parent/no child contact	320	34%	39% / 21%	82,365	43%	46% / 32%
Incomplete data	157	17%	17% / 18%	3,716	2%	2% / 2%



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Vulnerable and At Risk Groups

Implications for Services for Children
and Young People

Vulnerable and At Risk Groups

- We all require support at some point in our lives, be that from family, friends, the NHS or social care services. Some groups are more likely to require support from Health & Social Care services than others.
- It is recognised that many people within these groups will not require any support at all from health or social care services. However, this report we looks at wider social categories which may make children and young people more vulnerable or at risk to make planning projections for future service provision.
- This report aims to give a picture of the number of children and young people in Stockport with each characteristic, the common combinations of characteristics that people may have and the health impacts.
- The information comes from a range of sources, and in many cases is a best estimate based on either national prevalence. All numbers should therefore be treated as indicative.

- **Learning disability** 430 children living in Stockport 0-17 years are registered on the children's disability databases as having a moderate learning difficulty and 70 are registered as having a severe learning disability.
- **Autism spectrum disorder (ASD)** it is estimated that 2,550 people live in Stockport with Autism. The estimated figure is made up of around 600 young people aged 0-19, 150 young adults aged 20-24, 1,350 adults, aged 25-64 and 450 adults aged 65+ . There are 226 school age children with ASD on a statement of Special Educational Need
- **Carers** 7% of carers are under the age of 25. Young carers are more likely than adult carers to be providing care to people with mental health problems (38%), learning difficulty (18%), terminal illness (18%) and drug or alcohol problems (13%). They are as likely as adults to be providing care to people with physical disability (30%); 28% of young carers provide care for a sibling; 72% provide care for a parent (Signpost for carers)
- **Domestic abuse** 57% of child protection cases are linked to domestic abuse, an average of 40% of cases per year that are screened through the Supporting Families pathway show domestic incidents at the predominant presenting issue, 15% of youth offending services statutory cases are domestic abuse perpetrators, 20% of MOSAIC cases have links to domestic abuse, national research shows that younger people are at higher risk of domestic abuse

- **Teenage pregnancy** in 2013 in Stockport there were 132 under 18 conceptions, 25 conceptions were to under 16s. Levels of teenage conceptions are falling, though rates vary by deprivation and are 2.7 times higher in Brinnington and Central than the Stockport average.
- **Drugs, Substance, Alcohol Misuse** levels of drinking unhealthy do not vary by deprivation to the same extent as other lifestyle choices, however the impact of unhealthy drinking is seen more in deprived communities as hospital admissions for alcohol related harm are twice as high in these areas

Number in treatment in year, all services (NDTMS)				
	2010/11	2011/12	2012/13	2013/14
Adults (opiates)	731	726	697	674
Adults (all drugs)	952	929	902	868
Young people (u18)	108	92	84	136
Alcohol	580	642	772	909

Numbers entering treatment with Mosaic	10/11	11/12	12/13
under 18s entering specialist substance misuse treatment	102	50	44
18-25 years olds entering specialist drug treatment	77	63	89
18-25 years olds entering specialist alcohol treatment	82	84	87

- **Child Sexual Exploitation** in 2013/14 there were 129 children and young people at risk from CSE, 11% of young people receiving help for drink and drug problems in Stockport said they were victims of sexual abuse, There are 260 ongoing investigations into CSE, according to latest GMP figures up to June 2014. Of those investigations, 174 are attached to a crime report. Only a small number of sexual offences are being flagged as CSE and that this may indicate under identification.



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Looked After Children

Implications for Services for Children
and Young People

2015 Looked After Children

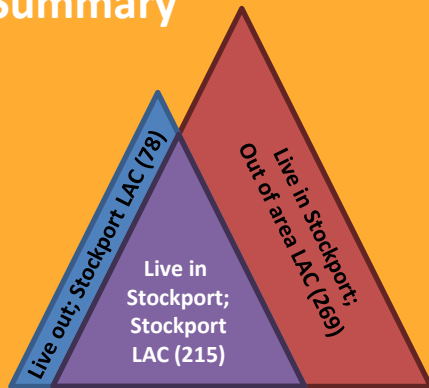
484 LAC living in Stockport



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Summary



- 484 LAC live in Stockport
- Stockport is responsible for 293 LAC
- 215 of those live in the borough & 78 live OOA
- 269 OOA LAC live in Stockport

Gender



56.7% Male



43.3% Female

Age

	Current	When taken into care
0-4	25.6%	40.3%
5-10	24.2%	34.8%
11-15	30.7%	20.1%
16+	19.5%	4.8%

Placements



49.5% in local authority foster care



10.2% child specific



14.3% in residential school / home



8.5% independent foster care



11.6% placed at home



5.1% placed for adoption

Health needs



55.7% identified with a physical need



36.0% identified with an emotional need



42.3% had other services involved

Time in care



32.8% under 12 months
49.8% 1 to 5 years



11.6% 5 to 10 years
5.8% 10 + years

Stockport LAC: resident authority

Manchester 4.8%

Stockport

73.4%

Tameside

4.8%

17.1% live elsewhere

LAC living in Stockport: responsible authority

Manchester 23.8%

Stockport

44.4%

Tameside

4.5%

27.3% other LA responsibility

Care leavers within the last 3 years



49.2% of OOA LAC living in Stockport have left the area since becoming care leavers



39.7% of care leavers who were Stockport LAC are no longer Stockport residents



23.7% of Stockport LAC placed in Greater Manchester or neighbouring LA's returned on leaving care (39.6% if placed elsewhere)



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Summary

Implications for Services for Children and Young People

Priorities 2016-2019



The overall objectives for health and wellbeing in Stockport are to **improve life expectancy** and **reduce health inequalities**. The priorities identified in 2015/16 JSNA to help us achieve these objectives are set out below, and are developed in further detail over the next four pages:

	All Ages	Start Well	Live Well	Age Well
Prevention	Increasing levels of physical activity as an effective preventative action at any age.	Taking action to address the gaps in educational outcomes in deprived communities which develop and widen as children progress.	Prioritising a whole systems approach to reducing smoking, alcohol consumption and obesity as the key causes of preventable ill health and early death.	Supporting healthy ageing across Stockport, recognising that preventative approaches that promote self care and independence are essential at every life stage
Wellness	Focus on improving healthy life expectancy for all as the priority, focussing especially in the most deprived areas and in an a person centred way .	Ensuring early years health outcomes in deprived communities match those of the rest of Stockport.	Improve the prevention, early detection and treatment of both cancer , now the major cause of premature death, and liver disease .	Aim to prevent and delay the need for care whilst responding to the complexity of needs that older people with multiple long term conditions may have.
Systems	Continue work to integrate and improve care systems , especially minimising the use of unplanned hospital care - ensuring that the healthy economy in Stockport is sustainable .	Ensuring that the acute care needs of children and young people, especially for injuries and self harm are dealt with appropriately and opportunities to promote prevention are maximised.	Giving equal weight to mental wellbeing as a key determinant of health and a barrier to empowerment; especially for people of working age.	Providing services and housing that are suitable for the changing needs of our ageing population .
Support	Understanding the size and needs of our vulnerable and at risk groups and using JSNA intelligence to inform the appropriate levels of response.	Supporting the most vulnerable children and young people and families , including looked after children in our communities, so that they have the opportunity to thrive.	Improving the physical health and lifestyles of those with serious mental health conditions.	Continuing to improve the identification of and support available to those with dementia and their carers .

JSNA priorities – Starting Well

- Ensuring health and educational outcomes in our most deprived communities match those of elsewhere: -
 - Inequalities in smoking in pregnancy, breastfeeding and teenage conceptions mean that children in our most deprived areas are not necessarily given the best possible start in life
 - Inequalities in cognitive ability which don't exist at birth, develop and increase so that there are significant inequalities in educational attainment which increase at each key stage
- Supporting the most vulnerable children and young people in our communities: -
 - There are many circumstances which may make children and young people more vulnerable including domestic abuse, child sexual exploitation, parental alcohol or drug use, neglect or family dysfunction and teenage pregnancy
 - Young people are most likely to experience low mental wellbeing and self-harm between the ages of 15-24

Suggestions for further work

- Mental Health
- Carers
- Alcohol, substance misuse, domestic abuse
- Self-harm