



# Stockport JSNA

joint strategic needs assessment



## 2015/16 Priorities

Priorities for the health and  
wellbeing of Stockport

**2016-2019**

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



# Identified priorities – all ages

	All Age Priorities	Key analysis to support priority
Prevention	Increasing levels of <b>physical activity</b> as an effective preventative action at any age.	<ul style="list-style-type: none"> <li>• 75% of the population as a whole are not active enough</li> <li>• More than 200 deaths a year in Stockport could be saved if every adult met the target of 5 x 30 minutes moderate activity a week</li> <li>• Physical activity reduces the risk of most diseases by 30-40%</li> <li>• Activity in later life reduces frailty as well as the likelihood of and injuries from falls – both of which are a major cause of loss of independence for older people</li> </ul>
Wellness	Focus on <b>improving healthy life expectancy</b> for all as the priority, focussing especially in <b>the most deprived areas</b> and in a <b>person and family centred way</b> .	<ul style="list-style-type: none"> <li>• 18-20% of a typical Stockport resident’s life will be spent in fair or poor health; 5-6% will be spent in poor health</li> <li>• Patterns of health care use closely mirror the trends in healthy life expectancy</li> <li>• In the most deprived areas men have 7 years poor health compared to 3 years in the most affluent areas. <b>In the most deprived areas the decline in health starts at age 55</b>, compared to 71 in the least deprived areas.</li> <li>• Many people in Stockport have a range of health and lifestyle conditions rather than only one issue</li> </ul>
Systems	Continue work to <b>integrate and improve care systems</b> , especially minimising the use of unplanned hospital care - ensuring that the healthy economy is <b>sustainable and prevention focussed</b> .	<ul style="list-style-type: none"> <li>• The benchmarking position of Stockport in relation to the use and performance of unplanned hospital care remains poor</li> <li>• The use of specialist outpatient services follow ups in Stockport is high (identified as a better care, better value opportunity)</li> <li>• Analysis from Stockport Together highlights future financial and workforce sustainability risks</li> </ul>
Support	Understanding the size and needs of our <b>vulnerable and at risk groups, especially carers</b> and using JSNA intelligence to inform the appropriate levels of response.	<ul style="list-style-type: none"> <li>• This JSNA comprehensively estimates the people within our community who are more likely to be vulnerable or at risk due to their personal circumstances</li> <li>• Highlights for all age groups include carers, those with learning disability and those with sensory disability               <ul style="list-style-type: none"> <li>○ There are an estimated 32,000 unpaid carers in Stockport,</li> <li>○ National estimates suggests that there are 5,250 adults with a learning disability in Stockport, 1,256 people have been registered as such with Stockport GPs</li> <li>○ 1,400 people in Stockport have been registered as blind or partially sighted, 2,500 have been diagnosed with glaucoma</li> </ul> </li> </ul>



# Identified priorities – Starting well

	Start Well Priorities	Key analysis to support priority
Prevention	Taking action to improve the outcomes in <b>early years health</b> and <b>education in deprived communities</b> .	<ul style="list-style-type: none"> <li>• Inequalities in health outcomes mean that children in our most deprived areas are not necessarily given the best possible start for a healthy life               <ul style="list-style-type: none"> <li>○ 42% of mothers smoke during pregnancy in Brinnington, compared to 12% Stockport average</li> <li>○ 21% of mothers breastfeed at 6 weeks Brinnington, compared to 50% Stockport average</li> <li>○ 37% of year 6 children in the most deprived areas are overweight / obese, compared to 30% Stockport average</li> <li>○ For children who are eligible for Free School Meals the performance gap rises from 26 percentage points at foundation stage to 41 percentage points by key stage 4</li> </ul> </li> </ul>
Wellness	Promoting the <b>mental wellbeing</b> of children and families, especially for older children and young adults.	<ul style="list-style-type: none"> <li>• The risk of <b>low mental wellbeing</b> is highest at beginning of adulthood where 15% of the population score below average</li> <li>• <b>Anxiety</b> is the major long term condition affecting <b>young adults</b> in Stockport (more than 2,700 cases aged 15-24 )</li> </ul>
Systems	Ensuring that the acute care needs of children and young people, especially for <b>injuries, asthma and self harm</b> are dealt with appropriately and opportunities to promote prevention are maximised.	<ul style="list-style-type: none"> <li>• Rates of hospital admissions for children with injuries, asthma and self harm in Stockport are higher than national benchmarks               <ul style="list-style-type: none"> <li>○ There are around 720 emergency admissions for injuries aged 0-14, and 590 emergency admissions for injuries aged 15-24 each year</li> <li>○ There are around 230 admissions for asthma aged 0-18 each year</li> <li>○ There are around 290 admissions for self harm aged 10-24 each year</li> </ul> </li> <li>• <b>Asthma</b> is the major long term condition affecting <b>school aged children</b> in the borough (more than 2,000 cases aged 5-14)</li> </ul>
Support	Supporting and safeguarding the most <b>vulnerable children and young people and families</b> , especially looked after children and those with autism, so that they have the opportunity to thrive.	<ul style="list-style-type: none"> <li>• There are many circumstances which may make children and young people more vulnerable including poverty, domestic abuse, child sexual exploitation, parental alcohol or drug use, low mental wellbeing, neglect or family dysfunction – the JSNA estimates the numbers of children who may be at risk due to these factors.</li> <li>• 8,500 children and young people are estimated to live in poverty</li> <li>• 40% of adults in treatment services for drug and alcohol live with children.</li> </ul>

# Identified priorities – Living well

	Live Well Priorities	Key analysis to support priority
Prevention	Prioritising a <b>whole systems approach to reducing smoking, alcohol consumption and obesity</b> as the key causes of preventable ill health and early death.	<ul style="list-style-type: none"> <li>• <b>Smoking is the biggest single cause of poor health</b> –rates in most areas of Stockport are falling (average 18%) so priorities for smoking therefore <b>focus on inequalities</b>, in deprived areas smoking rates are <b>more than twice the average</b></li> <li>• <b>Alcohol also remains a key concern</b>, although rates of consumption are no longer rising the impacts on health are still significant and are felt disproportionately in the most deprived areas.</li> <li>• <b>Obesity</b> is also of concern with more than 25% of adults being obese, and being a significant cause of liver disease, heart disease and diabetes</li> </ul>
Wellness	Improve the prevention, early detection and treatment of both <b>cancer</b> , now the major cause of premature death, and <b>liver disease</b> , which is increasing.	<ul style="list-style-type: none"> <li>• Cancer is now the major cause of premature death (45% of deaths under 75 years)</li> <li>• 40% of all cancers are preventable, with smoking being the key risk factor</li> <li>• Many cancer screening opportunities are not taken up, especially in the more deprived areas of the borough</li> <li>• Liver disease mortality has seen an increase, and rates in Stockport rank poorly compared to the national average. This is linked to both alcohol use and obesity.</li> </ul>
Systems	Giving equal weight to <b>mental wellbeing</b> as a key determinant of physical health and independence; especially for people of working age.	<ul style="list-style-type: none"> <li>• 40% of out of work benefits in Stockport are due to mental wellbeing</li> <li>• Depression and anxiety prevalence peaks in those aged 40-49 and is strongly correlated with deprivation</li> <li>• 1 in 4 adults (56,000 people) in Stockport are likely to be living with a mental health condition in any given year</li> </ul>
Support	Improving the physical health and lifestyles of those with <b>serious mental health</b> conditions.	<ul style="list-style-type: none"> <li>• Mortality rates are almost 4 times higher for people in Stockport with serious mental health conditions, than the Stockport average.</li> <li>• 85% of this difference is attributable to smoking</li> <li>• Research being undertaken by Stockport HealthWatch shows that the physical health needs and especially <b>physical activity needs</b> of patients in inpatient psychiatric care are not being met</li> </ul>



# Identified priorities – Ageing well

	Age Well Priorities	Key analysis to support priority
Prevention	Supporting <b>healthy ageing</b> across Stockport, recognising that preventative approaches that promote <b>self care and independence</b> are essential at every life stage.	<ul style="list-style-type: none"> <li>Stockport’s population is older than average and is ageing               <ul style="list-style-type: none"> <li>By 2020 the 65+ population of Stockport is expected to increase by 5,400 people (10%)</li> <li>By 2020 the 85+ population of Stockport is expected to increase by 1,800 people (24%)</li> </ul> </li> <li>33% of older people in Stockport live on their own</li> <li>Most adult carers provide care for a frail older person (62%)</li> <li>11,400 people in Stockport have a history of falling, a key risk for loss of independence</li> <li>In the most deprived areas the decline in health starts at age 55, programmes promoting ageing well will need to start at an earlier age in these areas.</li> </ul>
Wellness	Aim to prevent and delay the need for care whilst responding to the <b>complexity of needs</b> that older people with multiple long term conditions may have.	<ul style="list-style-type: none"> <li>By age 65, 58% of the population have one long term health condition, 20% have two or more</li> <li>By age 85, 87% of the population have one long term health condition, 53% have two or more</li> </ul>
Systems	Providing <b>services</b> and <b>housing</b> that are suitable for the changing needs of our <b>ageing population</b> and those with specialist needs.	<ul style="list-style-type: none"> <li>The frequency of use of hospital care - inpatient, outpatient and ED, increases with age, and rates increase significantly from age 65 onwards</li> <li>Levels of hospital use have increased over the last decade</li> <li>There are more than 245,000 district nurse contacts in Stockport each year, numbers have increased 13% in two years</li> <li>Care homes and specialist housing provision for older people is spread throughout the borough, regular reviews of the capacity for our ageing population will need to be undertaken to ensure needs are met</li> </ul>
Support	Continuing to improve the identification of and support available to those with <b>dementia and their carers</b> .	<ul style="list-style-type: none"> <li>2,700 people have been diagnosed with dementia in Stockport</li> <li>Dementia client groups are an increasing part of the caseload for adult social care</li> </ul>