

Choosing Health Making healthier choices easier



Health Profile for Stockport 2006



Introduction



Local authority health profiles are designed to show the health of people in each local authority area, and include comparisons with other similar populations. They are produced by Public Health Observatories and will be updated annually. With other local information¹ these profiles demonstrate where action can be taken to improve people's health and reduce health inequalities.

¹e.g. Community Plans, Director of Public Health Annual Reports, Local Area Agreements.

Based on Ordnance Survey material. © Crown Copyright. All rights reserved. NWPHO 100039620 2006

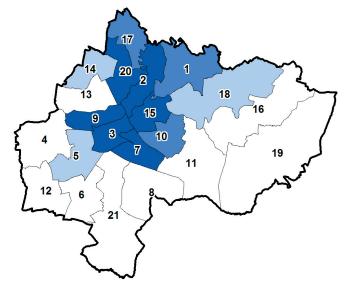
Key points

- For Stockport, 15 of the 25 indicators are better than the national and 21 are better than the regional average Five indicators are close to, and five worse than the national average. The majority of indicators are centred around the national average.
- Men can expect to live 76.5 years in Stockport and women 81.3 years, close to the national average. Within Stockport, there is a gap in life expectancy of 6.8 years between the poorest and the most affluent areas- the largest gap nationally being 10.1 years and the smallest 2.7 years.
- Alcohol misuse is a significant problem in the North West. It is estimated that 21.9% of adults in Stockport binge drink. This figure is lower than the regional but higher than the national average. The number of people admitted to hospital for alcohol related conditions is close to the national average.

Best & worst health indicators (in addition to life expectancy and alcohol)

- Deprivation is relatively low.
- Road injuries and deaths are significantly lower than the national average.
- The number of people registered with their GP as having severe long-term mental health problems who are actively accessing treatment is better than the national average.
- 16% of children under 16 live in "low income households", which is less than the national average, and there are fewer teenage pregnancies.
- Air quality is comparatively poor.
- 53% of local authority properties do not achieve the "decent homes standard" and this is worse than the national average.

Health inequalities – life expectancy



Based on Ordnance Survey material. © Crown Copyright. All rights reserved. NWPHO 100039620 2006.

This map shows inequalities in life expectancy at birth for males and females combined, by ward. It is based on significance above and below the England average.

Comparison to England average (78.5 years) 2000-04

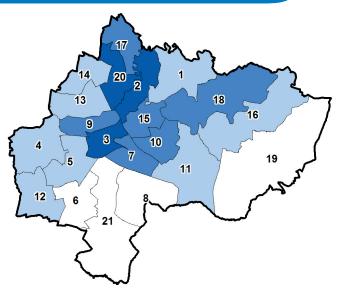
Significantly lower

Lower but not statistically significantHigher but not statistically significant

Significantly higher

Life expectancy in the lowest fifth of wards is 74.9 years compared with 81.7 years for the highest fifth.

Health inequalities – deprivation



Based on Ordnance Survey material. © Crown Copyright. All rights reserved. NWPHO 100039620 2006.

This map shows deprivation by ward. The four categories are population- based, ie. 'most deprived 25%' refers to the most deprived wards accounting for 25% of England's population.

Index of Multiple Deprivation 2004 Ward averages

Most deprived 25%

Second most deprived 25%

Second least deprived 25%

Least deprived 25%

Ward legend

- 1 Bredbury
- 2 Brinnington
- 3 Cale Green
- 4 Cheadle
- 5 Cheadle Hulme North
- 6 Cheadle Hulme South
- 7 Davenport
- 8 East Bramhall
- 9 Edgeley
- 10 Great Moor
- 11 Hazel Grove
- 12 Heald Green
- 13 Heaton Mersey
- 14 Heaton Moor

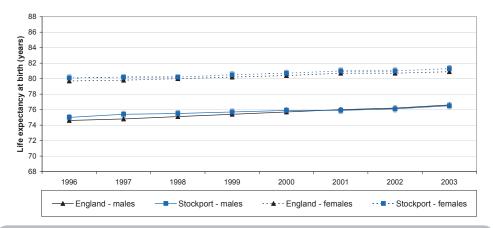
- 15 Manor
- 16 North Marple
- 17 North Reddish
- 18 Romiley
- 19 South Marple
- 20 South Reddish
- 21 West Bramhall

Wards are Standard Table Wards, Census 2001. Boundaries may have changed.

PROTOTYPE

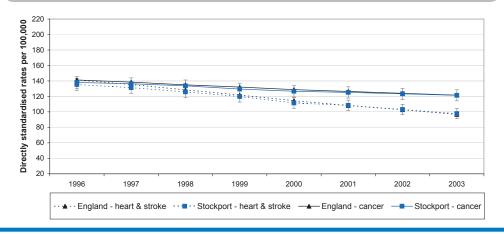
Health inequalities

Trend 1: Male and female life expectancy



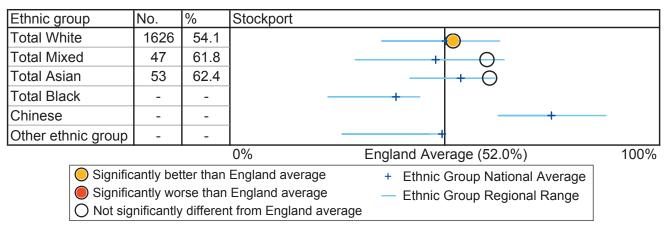
This chart compares the trends in life expectancy at birth for men and women in this area with that for England.

Trend 2: Deaths from heart disease/stroke and cancer



This chart compares the trends in deaths for all persons under 75 years due to heart disease/stroke and cancer in this area with that for England.

Health inequalities - GCSE achievement



This chart compares GCSE achievement (no. and % achieving 5 A*-C grades in 2003/04) of children in different ethnic groups in this education authority's schools to the England average for all children. Completeness of ethnicity coding varies for different indicators - GCSE achievement is one of the most complete, at 96%. Where less than 30 children in a particular ethnic group took GCSE exams the % pass rate is not shown.

Further information

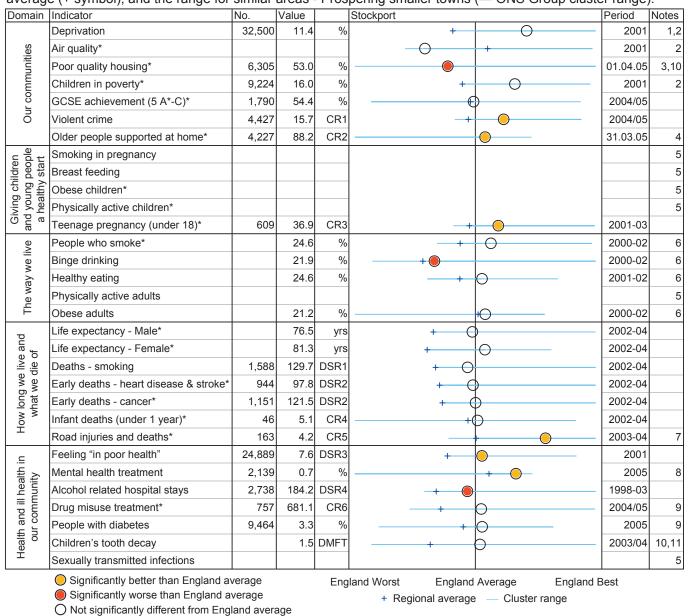
You may use this prototype for non-commercial purposes provided the source (APHO and Department of Health) is acknowledged. Produced by APHO with interpretation by your regional PHO. Thanks to all partner organisations. More information at www.communityhealthprofiles.info and your regional PHO www.apho.org. uk. Also see Audit Commission Area Profiles at www.audit-commission.gov.uk/areaprofiles. 'Health Profile of England' to be available at www.dh.gov.uk. © Crown Copyright 2006.

PROTOTYPE

Health summary

How to interpret:

First look at the circle which shows how this local authority is doing, compared with the England average (central line), best (right side) and worst (left side). Look at the numbers, values and time periods in the columns. Some numbers shown are totalled over more than 1 year. Red is significantly worse and amber significantly better than the England average (95% confidence intervals used for the local data). Amber may still indicate a significant public health burden. A clear circle is not significantly different from the England average. Then, compare with the regional average (+ symbol), and the range for similar areas - Prospering smaller towns (— ONS Group cluster range).



Notes

Full indicator information in metadata report, see www.communityhealthprofiles.info

otes

No. and % of people in this area living in the 20% most deprived areas of England.
 No significance is calculated for this indicator.
 No data for authorities that have undertaken large scale voluntary transfer (LSVT).
 Data only available for County/Unitary Authorities/London Boroughs; data presented at District Authority level is County data.
 Gounty data.
 Gounty data.
 Gounty data.
 Gounty data.
 Gounty data.
 Gounty data.
 High rates considered 'better' as reflects better service provision.
 High rates considered 'worse' as reflects high prevalence.
 Data incomplete or missing for some areas.
 No significance is calculated for this indicator.
 High rates considered 'worse' as reflects high prevalence.

Key

* Supports PSA Targets 2005-2008.

DSR1 Directly age standardised rate / 100,000 population aged 35 or over; population under 75; DSR3 Directly age standardised percentage; DSR4 Directly age standardised rate / 100,000 population; CR1 Crude rate / 1,000 population; CR2 Crude rate / 1,000 population aged 65 or over; CR3 Crude rate / 1,000 female population aged 15-17; CR4 Crude rate / 1,000 live births; CR5 Crude rate / 100,000 resident population.