



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport
Primary Care Trust



Stockport JSNA

joint strategic needs assessment

Executive Summary

November 2007



Background

What is a Joint Strategic Needs Assessment?

The Department for Health consultation document *Commissioning Frameworks for Health and Wellbeing* outlines the requirement that Councils and PCTs work in partnership to undertake regular 'Joint Strategic Needs Assessments' (JSNAs) of the community, to ensure current and future services are planned as effectively as possible.

An effective JSNA will harness public health intelligence to coherently influence the commissioning of health and social care services as well as the commissioning of preventative services to support the broader health and well being of local communities. The JSNA will also contribute to the underpinning intelligence for the wider Community Strategy and Local Area Agreements.

This Executive Summary represents a first draft analysis of the suggested minimum data set held at 'Annex A' of the *Commissioning Frameworks for Health and Wellbeing* document, plus other appropriate locally identified data. This data has been collected in a short period of time from a range of providers and caveats are therefore generally suggested with regard to key messages and wider circulation at this stage.

Trends in Age Structure and Demography

Summary

- The total population of Stockport is currently 281,000. Projections to up to 2015 suggest that this total number will remain stable (see chart 1).
- However, significant changes in the age structure of Stockport population are anticipated in the next 5-10 years.
- The borough will age significantly in the next decade (up to 2015). By 2010 there will be *an additional 2,000* people aged 65+ (a 4% increase) and an additional 900 people aged 85+ (a 15% increase). By 2015 there will be a further 5,000 people aged 65+ and a further 500 people aged 85+; an increase of 15% and 28% respectively in 10 years between 2005 and 2015 (see chart 2).
- This increase in older populations is due to two major factors, first the post-war baby boomers moving into the 65-75 age group and secondly, increased life expectancy.
- By 2011 the 65-74 population is expected to be more ethnically diverse. If 2001 Census trends continue we can expect that 2.3% (740 people) of the 65-74 population will be from a non-white ancestry compared to 1.3% in 2001.
- If patterns of residence remain unchanged from the 2001 census then in 2011 50% of the 65-74 population from a BME background will live in Cheadle, Heald Green or the Heatons.
- Stockport's birth rate had been decreasing steadily to 2003; however since then the rate has increased. National projections suggest a continued decrease in which is not being reflected in local data.

- Stockport’s small population of people of non-white-British ethnic ancestry compared is growing. 10% of births are now babies from Black and Minority Ethnic (BME) ancestry and rates are especially high in Cheadle and Gatley.
- There are increasing numbers of children entering school with English as an additional language (5.4% at primary and 2.8% at secondary school level). Highest numbers are in Bramhall & Cheadle.
- The numbers of 0-15 year olds in Stockport has steadily decreased; a trend which is projected to continue.

Chart 1 – Stockport Population Pyramid compared to England and Wales 2005

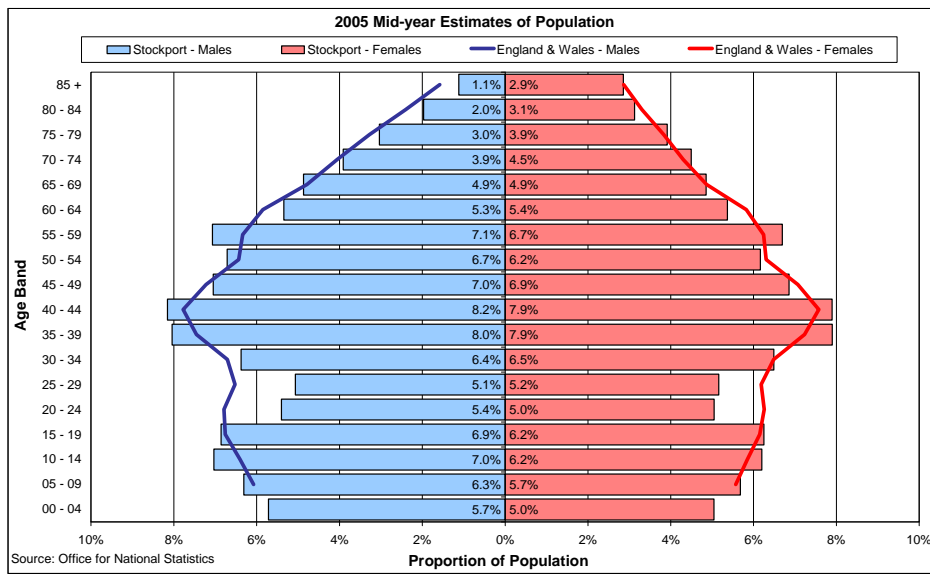
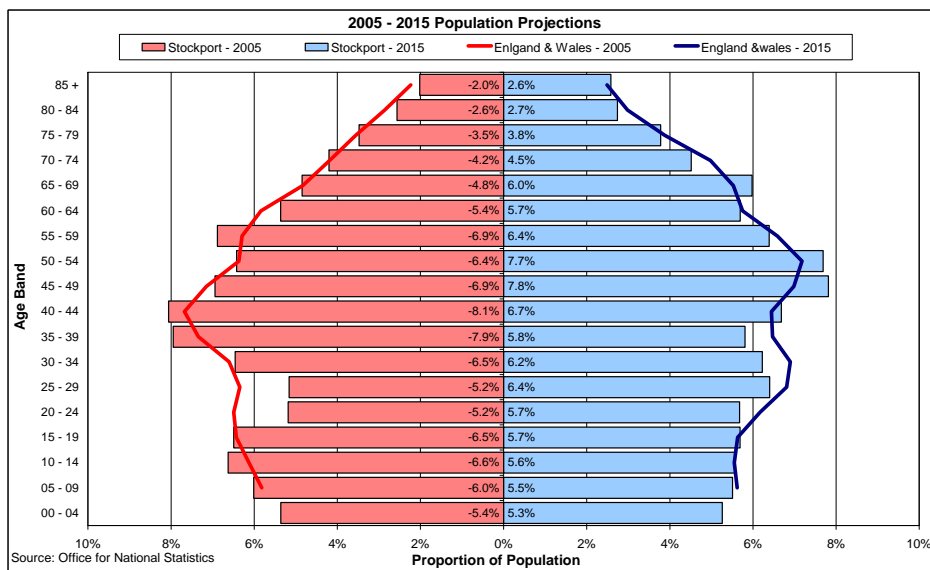


Chart 2 – Projected changes to the Population in Stockport to 2015



Variations by area

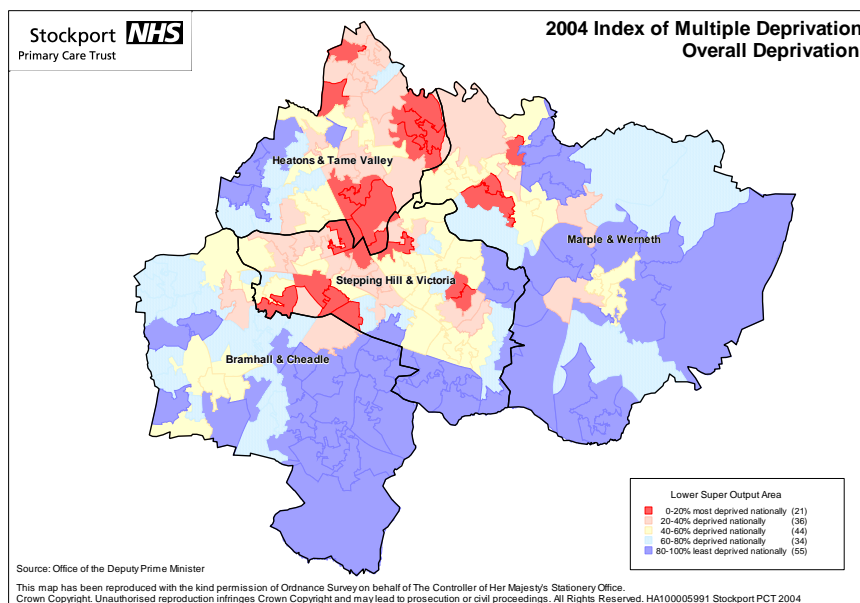
- Bramhall & Cheadle and Marple & Werneth have more people from older age groups and Heaton & Tame Valley and Stepping Hill & Victoria have higher proportions of children and young adults.
- There are significant concentrations of older people in North Reddish, Bredbury & Marple.
- Brinnington Estate and Lancashire Hill & Heaton Norris renewal areas have significant concentrations of children.
- Birth rate differs by area with Stepping Hill & Victoria and Heaton & Tame Valley having the highest rates.
- 16% (534) of births in Stockport in 2006 were to mothers resident in the most deprived areas of Stockport, despite the fact that only 12% of the total population live in these areas; this equates to an additional 121 births.

Areas of Deprivation

Stockport Summary

- At a borough level deprivation in Stockport is unremarkable with the area ranking 159th out of 354 boroughs in England.
- Internal differences show marked polarisation with small areas that rank within the 2% most **and** 2% least deprived in England (see Map 1).
- 11% of the boroughs population live in one of 21 small areas that fall within the top 20% most deprived in England.
- Deprivation measures include income, employment, health, education, crime, the environment and access to housing & services; low income and poor educational attainment cluster in areas of multiple deprivation.

Map 1 – IMD by Super Output Area and PBC Locality



Early Years and Childhood (0-15)

- Almost 3,000 dependent children in Stockport live in households dependent on income support.
- 80% of children in Stockport living in households dependant on income support are in Heatons & Tame Valley and Stepping Hill & Victoria.
- Over 95% of all children aged 0-15 who live in the poorest quintile of deprivation in the child poverty index live in either Heatons & Tame Valley or Stepping Hill & Victoria.
- On average only 25% of the children from Brinnington attain 5 or more A*-C grades at GCSE level compared to a borough average of almost 55%.
- Educational attainment across all areas in the borough is similar until key stage three when children from areas of deprivation fall behind.

Young Adulthood (16-24)

- Almost 800 young adults aged 16-18 years are not in education, employment or training (NEET) a key risk factor in falling into poverty later in life.
- Youth unemployment is most marked in Brinnington; which ranks in the top 50 of Greater Manchester wards.
- The Practice Based Commissioning (PBC) area with the highest rate of youth unemployment is Heatons & Tame Valley and most unemployed young people live in this area.

Healthy Adulthood (25-64)

- There are high concentrations of unemployment in Heatons & Tame Valley
- The proportion of families which are headed by a lone parent are also highest in Heatons & Tame Valley.

Older People (65+)

- 85% of the older people in Stockport living in areas that rank in the most deprived 20% of areas in England live in Heatons & Tame Valley or Stepping Hill & Victoria according to the IMDs supplementary older people's poverty index.
- Housing is a significant issue for many older people, in terms of fuel poverty, housing conditions and affordability. More analysis is needed to assess the levels of need in the area.

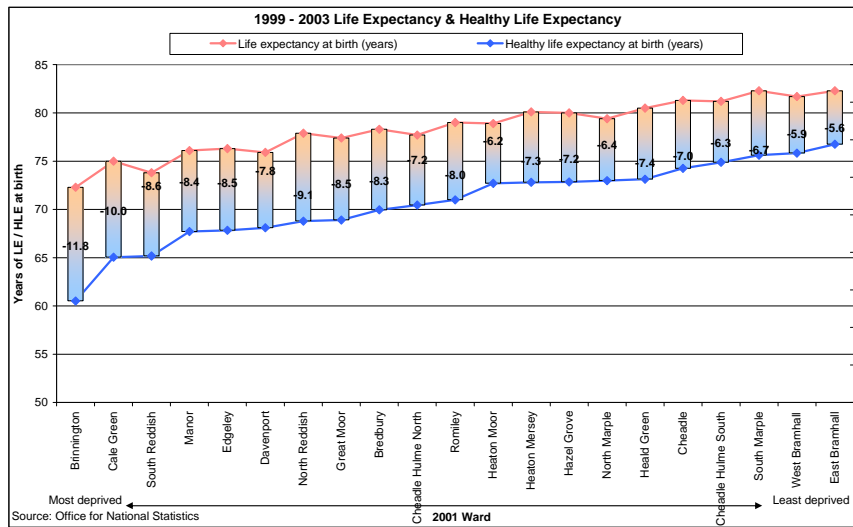
Mortality, Life Expectancy and Healthy Life Expectancy

Life Expectancy and Healthy Life Expectancy

- Estimations of life expectancy show that in Stockport a man born in 2004/2006 can expect to live for 77.1 years and a woman can expect to live for 81.8 years.
- Life expectancy in Stockport has steadily improved over the last 10 years and is in line with the national average.

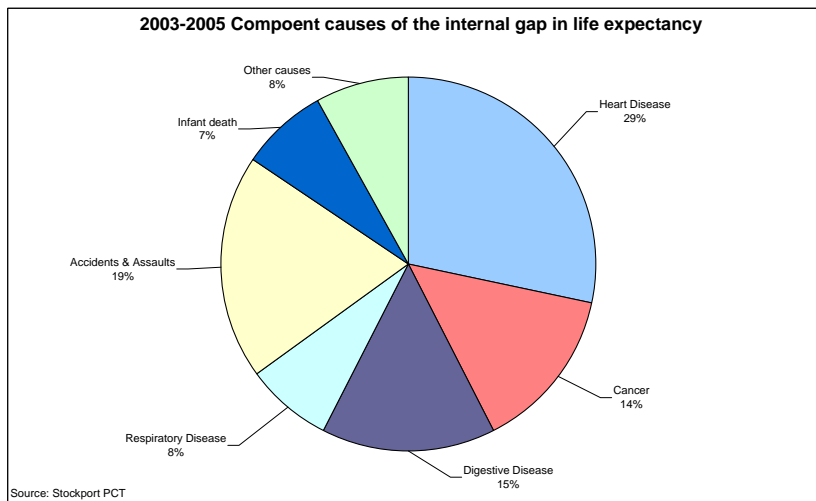
- Healthy life expectancy in people aged over 65 has also improved but has not kept up with improvements in life expectancy. People are therefore living longer but are also living longer in ill health.
- Life expectancy is influenced greatly by deprivation. A man in Brinnington & Central ward can expect to live to 69 years whereas a man in Bramhall North can expect to live to 81 years; a difference of more than a decade.
- Healthy life expectancy is also influenced greatly by deprivation. People in Brinnington will experience 12 years of ill health before they die whereas people in Bramhall will only have 5.6. In other words people in Brinnington can expect to become ill in their 50s live in ill health for 12 years and die 10 years before people in Bramhall (see Chart 3).

Chart 3 – Gap in healthy life expectancy by deprivation at ward level



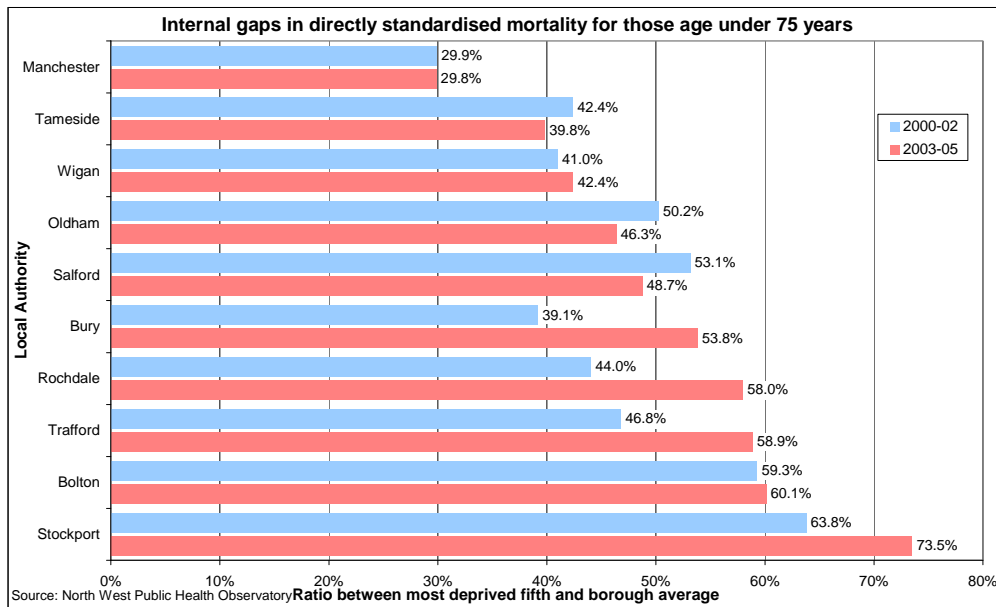
- Driving the inequalities in life expectancy are deaths related to smoking (heart diseases) and alcohol misuse (digestive disorders – especially cirrhosis of the liver) (see Chart 4).

Chart 4 – Component causes of the gap in life expectancy



- Initiatives aimed at reducing deaths from circulatory disorders are reducing premature deaths however alcohol related deaths are increasing and are doing so disproportionately more in deprived areas.
- Inequalities in life expectancy are one of the most important challenges facing the Stockport health economy; we have the largest and fastest growing internal gaps in premature mortality Greater Manchester (see Chart 5).

Chart 5 – Gap in under 75 Mortality between least and most deprived by PCT



Deaths in Stockport

- In 2006 around 2,700 Stockport residents died.
- Heart disease is the biggest single cause of death in Stockport; it is commonest in men and incidence increases with age.
- In 2006 just under 1,000 people in Stockport died because of heart disease, two-fifths of all deaths in Stockport.
- In 2006, 750 people in Stockport died from cancer, around a quarter of all deaths. National patterns suggest that 1 in 4 people in Stockport will die from cancer and 1 in 3 will suffer from cancer during their lives. The most common killers are lung, breast, colorectal and prostate cancer.
- 16.4% (2,440) of deaths between 1999 and 2003 were premature (people who died before their 65th birthday). This is lower than the regional and national averages of 18.5% and 16.9% respectively.
- Of these 2,440 premature deaths 37% were due to cancer and 25% were due to heart disease. 43% were in the two most deprived quintiles (around 30% of the population). In Stockport cancer is the biggest single cause of death for those aged under 65.

Causes of deaths – children aged under 16 years

- Childhood death is rare in Stockport with less than 20 infant deaths and less than 10 deaths of children aged 1 and over each year. Over the period between 1999 and 2003 childhood deaths accounted for 124 (5.1%) of our premature deaths.
- In the first year of life prematurity and congenital abnormalities are the main causes of deaths.
- Two-fifths of deaths for children aged over one caused by accidents, assaults or self-harm. Other significant causes are cancer and congenital abnormalities including those of the heart system.
- Numbers are small in Stockport but infant mortality shows a strong association with deprivation nationally.

Causes of deaths – young adults aged 16 to 24 years

- Death is also rare in early adulthood, with fewer than 10 deaths a year between the ages of 16 and 24 years caused by accidents, assaults or self-harm. Other major causes relate to the nervous system, cancer and circulatory system.

Young Adulthood (16-24)

- Death is rare in early adulthood, with fewer than 10 deaths a year.
- Two-fifths of deaths for this age group are caused by accidents, assaults or self-harm, in other words external factors. Other major causes relate to the nervous system, cancer and circulatory system.

Healthy Adulthood (25-64)

- Around 500 people a year die before the age of 65.
- Unlike the pattern shown for older people, for those aged under 65 cancer is the biggest single cause of death, followed by circulatory and digestive diseases.

Older People (65+)

- As the majority of people die after the age of 65 trends in cause and area differentials are as described in the Stockport summary section above.
- National evidence suggests that people would choose not to die in hospital if they could. However almost 70% of people aged 65 and over in 2005 did die in a hospital setting in Stockport.
- On average over the last five years around 80 older people a year have died as a result of fuel poverty.
- 40 elderly people each year die as direct result of having a fall

Unhealthy Lifestyle Behaviours

Stockport Summary

- Smoking rates in Stockport are lower than the national average.
- On average smoking prevalence aged 18 and over is 20%. National trend data shows men and women from manual groups have uptakes rates over 40% are once they start smoking are likely to persist with the habit.
- Almost 40% of adults aged 18+ who drink, binge drink – around 20% of the total 18+ population.
- Almost a half of adults aged 18+ in Stockport are overweight and 12.6% are obese; rates of obesity increase with age.
- Less than 1 in 5 Stockport residents aged 18+ eat 5 or more portions of fruit/veg a day.
- Three-quarters of adults aged 18+ in Stockport do not undertake the recommended amount of physical activity a week.
- Although the majority of people have positive mental wellbeing a third of adults aged 18+ assessed their mental health status as not good.
- 0.7% of the adult population smoke, binge drink and are obese; rates rise to 1.1% in Heaton & Tame Valley and Stepping Hill & Victoria.

Inequalities by area

- Smoking rates are particularly high in the three priority 1 areas where more than 50% of adults reporting that they smoked.
- People in affluent areas are more likely to drink alcohol frequently (18% drinking 5+ times a week compared to 14%) however people in deprived areas are more likely to binge drink (42% compared to 35%).
- Obesity trends follow patterns of deprivation as do patterns of fruit and vegetable consumption although this is not as marked as the association with alcohol and smoking.
- 14% of adults in the two most deprived areas are obese compared to 11% in the two least deprived areas.
- Patterns of physical activity are not demonstrably correlated with deprivation, only a quarter of adults in all areas undertake the recommended 5 weekly sessions.
- Mental wellbeing also follows patterns deprivation, with of 38% of adults in the two most deprived areas being without mental wellbeing compared to 32% in the two least deprived areas.

Early Years and Childhood (0-15)

- Even at this age some children have poor lifestyle habits, 11% smoke and 23% drink weekly. However the majority of children have not yet started poor habits and therefore programs should target prevention work at this age group.
- Children from deprived areas are much more likely to smoke and drink.
- Only 20% of children eat 5 or more portions of fruit or vegetables a day; a rate similar to that for adults and interventions should target families.
- Rates of physical activity for children are much higher than for adults.
- Around 25% of primary school children in Stockport are either overweight or obese.

Young Adulthood (16-24)

- This is the age when the most risky lifestyle behaviours are undertaken.
- Only two-third of young adults report that they protect against STIs, although 90% prevent against pregnancy.
- Teenage pregnancy rates in Stockport are low. However inequalities persist and rates in Brinnington are more than three times the borough average.
- A quarter of young adults use illegal drugs on at least a monthly basis, with the majority using cannabis.
- Almost 1 in 10 use illegal drugs on a daily basis again with cannabis as the most common.
- A quarter of young adults smoke. Uptake rates are lower in the in higher socio economic groups.
- Deprivation remains a key risk factor for smoking in this age group.
- Almost 60% of young people in Stockport binge drink.
- Bramhall & Cheadle has the highest numbers of young adults drinking at least 5 times a week (7%) compared to 3% in Heaton & Tame Valley.
- Rates of obesity are lower for this age group although the consumption of fruit and vegetables is lowest for this age group with only 10% eating '5-a-day'.
- Physical activity levels dropping significantly from those of school-aged children.
- This is the age group with the highest prevalence of poor mental wellbeing, 45% of young adults do not reach the threshold for good wellbeing.

Healthy Adulthood (25-64)

- By this age group risk taking behaviour is less prevalent but pockets of adults now have entrenched unhealthy lifestyles.
- Smoking levels decrease, but do so differentially so that the gaps in rates between affluent and deprived areas increase.
- Binge drinking rates again also decrease, but it is still a significant problem in all areas as over 40% of adults binge drink.
- Obesity levels begin to rise, and levels are double that for younger adults.
- Rates of eating '5-a-day' also increase suggesting that people may be more concerned about their diet, however levels of physical activity remain low.

Older People (65+)

- Lifestyle behaviours for this age group are the least risky. Smoking rates are far lower with only 10% reporting that they currently smoke and similarly binge drinking rates are down to only 17%. Inequalities in life expectancy start to have an impact.
- The effects of poorer lifestyles in the past however are evident with almost 50% of older people being overweight or obese.
- Levels of fruits and vegetables consumption and physical activity are similar to that in the previous age group.

Prevalence of Conditions, Impairment and Disability

Stockport Summary

- In the 2001 Census 26,000 people in Stockport reported not having good health.
- In the 2001 Census over 50,000 people reported having a limiting long-term illness affecting their daily life.
- Primary care data provides limited information about the prevalence of certain conditions in primary care. This data is not available by age.
 - 39,400 people have hypertension,
 - 12,700 already have a diagnosis of Coronary Heart disease (CHD)
 - 5,400 people already have a diagnosis of stroke
 - 4,300 people have been diagnosed with atrial fibrillation
 - 2,800 people have heart failure
 - 2,900 people of all ages in Stockport have been diagnosed with cancer since April 2003.
 - 18,900 people of all ages at Stockport GP practices have been diagnosed as asthmatic
 - 4,700 have chronic obstructive pulmonary disease (COPD).
 - 10,400 people aged 17 and over have been diagnosed as diabetic
 - 7,600 people of all ages have hypothyroidism
 - 5,200 people aged 18+ have chronic kidney disease.
 - 2,200 people of all ages at Stockport GP practices have a severe mental health
 - 23,600 people were diagnosed with depression in 2006/07.
 - 1,800 people aged 18 and over have been diagnosed with epilepsy.
 - 1,400 people have dementia.
 - 700 people have been identified as having learning disabilities.
 - Over 25% of adults in Stockport have at least one chronic conditions relating to the heart, respiratory system or diabetes.
 - 9% have at least two conditions, one of the heart and diabetes.
- National data suggest 82,000 people in Stockport have a chronic health problem of whom over 17,000 people are aged 75 years or above.
- There is an increasing trend nationally in the prevalence of limiting long-term illness (LLTI).
- Trends in benefit uptake show that disability living allowance claims increased by 13% between 2002 and 2007 (12,620).
- Incapacity benefit and severe disablement allowance claims fell by 3% to 11,980 between 2002 and 2007.
- Local data on managing very high intensity users they have on average 3 or more long-term conditions.
- Using the King Fund 'patients at risk of readmission' (PARR) protocol it has been estimated that around 1,400 people in Stockport are at a greater than 50% risk of being admitted to hospital in the 12 months, the vast majority of whom are elderly and living with a long term health issue.
- Last year (06/07) social services provided community or residential care to:

- 8,100 adults with a physical disability, including frailty and temporary illness (1,100 aged 18-64 and 7,000 aged 65+)
- 2,400 adults with a mental illness (1,200 aged 18-64 and 1,200 aged 65+)
- 1,200 adults with learning disabilities (1,100 aged 18-64, under 100 aged 65+)
- Over 550 adults with sight and/or hearing impairment (less than 100 people aged 18-64 and 500 older people).

Inequalities by area

- There are pockets of people with poor health in all areas but rates are highest in deprived areas.
- There are significant numbers of people with LLTI in all areas but rates are highest in deprived areas.
- Rates of identified heart disease are higher in Marple & Werneth probably due to the older population profile.
- Rates of COPD, asthma and mental health conditions are highest in Heaton & Tame Valley.
- For other QoF conditions no difference is discernable across areas.

Early Years and Childhood (0-15)

- Fewer than 600 children (2 in 100) in Stockport were reported “not having good health”.
- Around 2,400 children have a limiting long-term illness affecting their daily life.
- 100 diabetics aged under 16 years have been identified.

Young Adulthood (16-24)

- 2,200 (3 in 100) young adults aged 16-34 in Stockport reported not having good health. Rate are higher than for children.
- Around 4,100 young adults aged 16-34 have a limiting long-term illness affecting their daily life.

Healthy Adulthood (25-64)

- 12,000 (1 in 10) people aged 35-64 in Stockport reported not having good health over the year preceding the census. Rates are far higher than for children or younger adults.
- Around 20,000 people aged 35-64 have a limiting long-term illness affecting their daily life.

Older People (65+)

- 10,000 (1 in 5) people in Stockport aged over 65 years reported not having good health over the year preceding the census.
- 50% (22,000) of Stockport’s older population stated that they have an illness or condition which limits their day to day activities. Rates increase with age so that 75% of those aged 85 years and above report having such a condition.

Health Services Utilisation

Stockport Summary

- 78,000 inpatient admissions are made by Stockport residents each year.
- In patient admission rates for those aged 65+ are double those aged 16-24 years.
- Almost a half of the total admissions are planned and two-fifths are emergencies.
- Stockport Foundation provides the majority of inpatient admissions for Stockport residents, with other local trusts providing care in descending order of proximity.
- The majority (65%) of inpatient admissions are associated with a stay of 0 or 1 day,
- There are significant numbers (around 2,500) of outliers with length of stays beyond 4 weeks, some of whom have been inpatients for more than a year.
- Conditions relating to the digestive system, obstetrics & neonatal care, 'haematology, infectious disease, poisoning & non-specific Groups' and musculoskeletal system are the most common cause of admission in all areas; often these admissions are for screening or diagnostic procedures.
- There are around 66,500 A&E attendances made by Stockport residents at Stepping Hill Hospital each year.
- Young adults and the very old (aged 85+) are more likely to attend A&E.
- A total of 4,500 emergency admissions were made for Ambulatory Care Sensitive Conditions in 2006/07, a rate of 15.4 per 100,000 – admissions that should be preventable.
- Rates of emergency admissions for Ambulatory Care Sensitive Conditions in 2006/07 were highest in deprived areas; especially for conditions that are categorised as acute.

Inequalities by Area

- Overall rates of admission are highest in Heaton & Tame Valley and lowest in Bramhall & Cheadle.
- Patterns of admission types relate to deprivation, with areas of deprivation having higher rates of emergency admissions.
- Limited A&E data evidence available suggests that proximity and deprivation both increase the rates of attendance.

Early Years and Childhood (0-15)

- 0-15 year olds account for around 11,500 inpatient admissions a year.
- Of these 3,200 relate to births and maternities, and on the whole are like to be the admissions of new born babies at delivery.
- Children are more likely to be admitted as an emergency than adults and again patterns of admission types relate to deprivation.
- Children also have a shorter average length of stay than adults.
- Diseases relating to breathing and digestion are the most common cause of admissions for children.
- There are around 13,700 A&E attendances made by Stockport residents aged under 16 years at Stepping Hill Hospital each year chiefly babies and teenagers.
- Minor injuries account for many attendances.

- A total of 990 emergency admissions were made for Ambulatory Care Sensitive Conditions in 2006/07 for those aged 0-15 years, a rate of 18.5 per 100,000.

Young Adulthood (16-24)

- 16-24 year olds account for around 6,400 inpatient admissions a year.
- 2,050 relate to births and maternities.
- Young adults, like children, are on the whole more likely to be admitted as an emergency than older adults.
- Similarly they also have a shorter average length of stay than adults.
- The next most common cause of admissions relate to the digestive system
- The majority of these admissions are for non-specific abdominal pain, with a diagnosis of 'symptoms and signs' and no associated procedure, and disorders of the teeth.
- Other common causes of admission again relate to diagnostics and screening.
- There are around 10,300 A&E attendances made by Stockport young adults at Stepping Hill Hospital each year.
- Rate of use is highest for those aged 16-24 years, especially for those aged 18-21 years. This is in marked contrast to the use of inpatient services where the 16-24 age group had the lowest use. Again minor injuries account for many attendances.
- A total of 190 emergency admissions were made for Ambulatory Care Sensitive Conditions in 2006/07 for those age 16-24 years, a rate of 5.9 per 100,000.

Healthy Adulthood (25-64)

- 25–64 year olds account for around 35,400 inpatient admissions a year.
- Almost half the total admissions are planned and a third are emergencies, a reversal from the trends seen for children and young adults.
- On average stays are still short but it is at this age group that 'outlier' longer length of stay begin to appear.
- Conditions relating to the digestive system, obstetrics & neonatal care, 'haematology, Infectious Disease, Poisoning & Non-specific Groups' and musculoskeletal system are the most common cause of admission in all areas for adults aged 25-64 years, again many of these relate to diagnostics and screening.
- There are around 29,400 A&E attendances made by Stockport residents aged 25-64 years at Stepping Hill Hospital each year. Rate of use is lowest for this age group but again minor injuries account for many attendances.
- A total of 1,300 emergency admissions were made for Ambulatory Care Sensitive Conditions in 2006/07 for those aged 25-64 years, a rate of 8.1 per 100,000.

Older People (65+)

- In 2006/07 people age 65+ made 24,900 admissions to hospital.
- 11,600 (nearly half) of these were emergency admissions- a reversal from the trends seen for children and young adults.
- By 2011 if the population ages as projected there will be an additional 1,400 admissions a year in this age group, 650 of which would be emergency admissions.

- 4,200 of the current admissions are made by people aged 85+. By 2011 if the population ages as projected there will be an additional 500 admissions in this age group.
- People in this age group have significantly longer average length of stays than other age groups; almost a quarter of admissions have a duration of more than a week; the majority of stays are still for either 0 or 1 day.
- Conditions relating to the digestive system, cardiac surgery and primary cardiac conditions, musculoskeletal system and 'haematology, Infectious Disease, Poisoning & Non-specific Groups' are the most common cause of admission in all areas for older adults aged 65+. Again many relating to diagnostics and screening.
- There are around 13,100 A&E attendances made by Stockport residents aged 65 years and over at Stepping Hill Hospital each year and rates of attendance increase rapidly with age; reaching a level of 7 in 10 for those aged 95+; both unspecified illness and minor injuries are major causes of admission.
- A total of 2,100 emergency admissions were made for Ambulatory Care Sensitive Conditions in 2006/07 for those aged 65+ years, a rate of 41.9 per 100,000.

Social Care Service Utilisation

Stockport Summary

- Demand on social care services is increasing annually across all sectors as people live longer and wish to remain in their own homes as far as possible.
- There has been a 10% reduction in the number of new permanent admissions to residential care supported by the local authority over the last two years, to around 400 new admissions per year.
- 60% of the older people living in care homes and supported by the LA are aged 85+, compared to 12% of the background population of older people.
- The number of adults receiving intensive home care has increased by 13% since 2004/05, to 540 in 06/07. The average hours of intensive home care received has increased by 40% from 25 to 35 hours per week over the same period.
- 800 adults a year receive intermediate care that prevents an admission to hospital.
- A further 700 to 800 adults a year receive intermediate care that facilitates a hospital discharge/effective rehabilitation.
- Need across the borough is strongly linked to those areas that have the highest social deprivation – both in terms of children's and adult services. However, in adult social care there are also significant pockets of need in the more 'affluent' areas of the borough.
- The majority of clients refer themselves into the system.
- Adult referrals into social care systems are equally distributed across the borough; however, clients from areas of highest deprivation are more likely to go on to receive a social care package.
- Stockport has a relatively high number of looked after children when compared with other similar authorities.
- Younger adults have a much greater prevalence of mental health needs than older clients in the borough, while the priority need for services for older clients is physical disability.
- Learning Disability services are provided almost entirely to adults aged 18-64.

- 10% of Stockport's population provide some unpaid care in an average week, a rate slightly higher than the national average.
- 8,500 people provide more than 20 hours unpaid care a week.
- Three in every four carers assessed by social services in 06/07 were caring for someone aged over 65, who was physically disabled, frail or had a sensory impairment.
- Stockport has an increasing population of BME residents in the North Heaton, Gatley and Cheadle areas since the 2001 Census. At this point, however, there has not been a corresponding increase in the number of BME clients accessing services over the same period.

Inequalities by area

- The use of social services in terms of volume is focussed very much around Stepping Hill & Victoria and Heaton & Tame Valley areas, although Bramhall & Cheadle and Marple & Werneth do access more services for the 65 and over age group.
- Stepping Hill & Victoria and Heaton & Tame Valley have much larger populations of children in need, both in terms of those with a child protection plan and also those children going on to be looked after by the council.
- Bramhall & Cheadle has a high proportion of carers aged 75 and over when compared with other areas.
- For those clients accessing intensive home support services, areas of social deprivation have a much greater prevalence of 18-64 year old clients, whereas the more affluent areas of the borough have a greater proportion of clients aged 65+.
- Rates of unpaid care are highest in Bramhall & Cheadle and Marple & Werneth despite the fact that these areas have lower levels of limiting long-term illness and poor general health.

Early Years and Childhood (0-15)

- In 2006/07 there was an over-representation of BME children with active Child Protection Plans in the borough.
- Evidence suggests that once Stockport social care team uncover an issue of child protection, the systems in place to protect the children and enable positive outcomes are efficient. Although Stockport has fewer referrals into Child Protection system than comparator authorities, this was recognised by OFSTED as resulting from the Stockport's robust prevention strategy.
- Rates of referrals are lower than its statistical neighbours.
- On the whole, Stockport serves its Looked After Children well, as judged by the regulator.
- 550 (1%) of Stockport's young population provide some unpaid care in an average week.
- The majority spend under 20 hours a week caring.
- There are 80 children providing more than 20 hours a week unpaid care.

Young Adulthood (16-24)

- All future developments around transition into adulthood needs to build on solid research of local children coming through the looked after system coupled with joint

agency working between councils to ensure looked after children of other local authorities in Stockport are known to services.

Healthy Adulthood (25-64)

- The evidence demonstrates that the majority of service users refer themselves to Social Services. Hospitals, GP's and community based Social Workers are low level routes of referrals.
- Practice based referrals are not yet routine for this age group.
- At any one time 600 adults (18-64) with learning disabilities receive community based care and an additional 45 are LA-supported permanent care home residents.
- At any one time 730 adults (18-64) with physical disabilities receive community based care and an additional 75 are supported in permanent care.
- At any one time over 900 adults (18-64) with mental health problems receive community based care and an additional 20 are supported permanent care home residents.
- In Stockport there are low numbers of annual permanent supported admissions to supported permanent care for adults aged residents aged 18-64 (140).
- In 2006/07 230 adults (18-64) receive intensive home care, a 22% increase on 05/06. Over 70% of these clients have learning disabilities.

Older People (65+)

- Adults, in particular older people, with physical disabilities are the most numerous recipients of social services.
- Older people are most likely to refer themselves to Stockport Social Care but other significant routes of referral are through hospital teams and via friends and family.
- The number of older people new permanent admissions to care home is decreasing and in 2006/07 was 410 (local authority assisted).
- The average age of admission to nursing home care is increasing from 84 in 2005/06 to 87 in 2007/08.
- Notwithstanding a reduction in new admissions, the overall population of LA supported residents aged 65+ is increasing, by 3.5% over previous 2 years.
- There has been an 8% increase in number of older people receiving intensive home over previous 2 years, from 291 to 314.
- At any one time 550 older people receive meals from social services.
- At any one time 200 older people receive day care from social services.

Further Information

The full data set from which the summary is derived is available, for this and for more details on the Joint Strategic Needs assessment at a practice base commission locality level please contact either:

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