



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport **NHS**
Primary Care Trust



Stockport JSNA

joint strategic needs assessment

JSNA First Data Report Part Three Early Years & Childhood

November 2007



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3 EARLY YEARS & CHILDHOOD (0 – 15 YEARS)

3.1 Population

3.1.1 Age Structure (aged 0 – 15)

Rationale

- The population aged 0-15 is a significant indicator of current demand for children's services and future demand for adult/older children's services.

Data

STOCKPORT RESIDENTS REGISTERED WITH ANY GP 30-06-2007 – RESIDENT IN:					
Age Band	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0	631	811	511	1,049	3,002
01-04	3,103	3,213	1,993	4,362	12,671
05-10	5,154	4,858	3,353	6,130	19,495
11-15	5,014	4,431	3,288	5,694	18,427
00-15	13,902	13,313	9,145	17,235	53,595
0	4.5%	6.1%	5.6%	6.1%	5.6%
01-04	22.3%	24.1%	21.8%	25.3%	23.6%
05-10	37.1%	36.5%	36.7%	35.6%	36.4%
11-15	36.1%	33.3%	36.0%	33.0%	34.4%
TOTAL	77,753	71,619	53,957	91,526	294,855
% 00-15	17.9%	18.6%	16.9%	18.8%	18.2%

Source: Exeter Patient Registration System

Analysis

- Child populations in PBC localities are not of similar size, Marple & Werneth child population is much smaller and Stepping Hill & Victoria's is much bigger.
- Heatons & Tame Valley and Stepping Hill & Victoria have younger age profiles than other areas.

Conclusion

- Initiatives aimed at young age groups can look to target their work within Heatons & Tame Valley and Stepping Hill & Victoria as these have the highest proportions of children, however services should also note that Bramhall & Cheadle has a significant number of young people.

3.1.2 Gender (aged 0 – 15)

Rationale

- Gender is a key factor in assessing the likely levels of age related or early onset diseases and is key to understanding further breakdowns of data.

Data

STOCKPORT RESIDENTS REGISTERED WITH ANY GP 30-06-2007 – RESIDENT IN:					
Gender	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Males	7,158	6,808	4,680	8,975	27,621
Females	6,744	6,505	4,465	8,260	25,974
TOTAL	13,902	13,313	9,145	17,235	53,595
Males	51.5%	51.1%	51.2%	52.1%	51.5%
Females	48.5%	48.9%	48.8%	47.9%	48.5%

Source: Exeter Patient Registration System

Analysis

- There are more males than females in this age group, due to differentials in birth rates.

Conclusion

- Gender split or distribution is not an issue in Stockport.

3.1.3 Ethnicity (0 – 15)

Rationale

- The ethnic breakdown of the 0-15 population in England can help us to understand demographic changes in the population.
- Populations from BME ancestries have distinct patterns of health conditions and different lifestyle related risk factors and behaviours; some of these could be effectively prevented or managed through early diagnosis.
- Children from ethnic minority backgrounds may have parents for whom language is a barrier or who have different requirements and expectations from the health service.

Data

2001 CENSUS ETHNIC GROUP OF POPULATION (0-15) – RESIDENT IN:						
Ethnic Group		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
White	British	88.9%	88.9%	96.1%	93.8%	91.5%
	Irish	0.3%	1.0%	0.1%	0.2%	0.4%
	Other	1.5%	0.8%	0.8%	1.0%	1.1%
	TOTAL	90.6%	90.7%	97.0%	95.0%	93.0%
Mixed	White & Black C'bean	0.8%	1.1%	0.9%	0.9%	0.9%
	White & Black African	0.3%	0.6%	0.2%	0.5%	0.4%
	White & Asian	0.9%	1.1%	0.6%	0.5%	0.8%
	Other	0.8%	1.1%	0.6%	0.5%	0.7%
	TOTAL	2.7%	3.8%	2.2%	2.4%	2.8%
Asian or Asian British	Indian	1.3%	0.6%	0.2%	0.3%	0.7%
	Pakistani	2.5%	2.4%	0.1%	1.1%	1.7%
	Bangladeshi	0.3%	0.3%	0.1%	0.1%	0.2%
	Other	0.6%	0.6%	0.1%	0.1%	0.4%
	TOTAL	4.7%	3.9%	0.5%	1.7%	2.9%
Black or Black British	Black Caribbean	0.2%	0.4%	0.1%	0.0%	0.2%
	Black African	0.1%	0.2%	0.0%	0.1%	0.1%
	Other	0.1%	0.1%	0.0%	0.0%	0.1%
	TOTAL	0.4%	0.7%	0.1%	0.2%	0.4%
Other Ethnic Group	Chinese	1.0%	0.6%	0.2%	0.4%	0.6%
	Other	0.6%	0.3%	0.1%	0.3%	0.3%
	TOTAL	1.6%	0.9%	0.2%	0.7%	0.9%

Source: Office of National Statistics

Analysis

- Younger population is much more ethnically diverse than Stockport average.
- Bramhall & Cheadle have high rates of BME, primarily from Pakistani and Indian ancestries and concentrating in Heald Green and Gatley. Chinese and mixed populations are also significant.
- Heatons & Tame Valley also has high rates of people of Pakistani ancestry, particularly in the ward of Heatons South; similar rates of the population are also of mixed ethnic ancestry.

Conclusion

- Policies and/or interventions aimed at the younger BME population should focus predominantly in Bramhall & Cheadle and Heatons & Tame Valley.

3.1.4 Population Trends - Past (aged 0 – 15)

Rationale

- Past trends are important to understand as they give an indication of direction of travel and future trends.

Data

STOCKPORT RESIDENTS REGISTERED WITH ANY GP – RESIDENT IN:						
	Age Band	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
30-06-01	0	574	747	371	974	2,666
	01-04	3,122	3,440	2,181	4,468	13,211
	05-10	5,707	5,614	3,890	7,198	22,409
	11-15	5,122	4,769	3,328	6,169	19,388
	00-15	14,525	14,570	9,770	18,809	57,674
30-06-07	0	631	811	511	1,049	3,002
	01-04	3,103	3,213	1,993	4,362	12,671
	05-10	5,154	4,858	3,353	6,130	19,495
	11-15	5,014	4,431	3,288	5,694	18,427
	00-15	13,902	13,313	9,145	17,235	53,595
% Change	0	109.9%	108.6%	137.7%	107.7%	112.6%
	01-04	99.4%	93.4%	91.4%	97.6%	95.9%
	05-10	90.3%	86.5%	86.2%	85.2%	87.0%
	11-15	97.9%	92.9%	98.8%	92.3%	95.0%
	00-15	95.7%	91.4%	93.6%	91.6%	92.9%

Source: Exeter Patient Registration System

Analysis

- Population of 0-15 has declined since 2001 in all areas.
- Levels have fallen fastest in the areas with higher proportions (Heatons & Tame Valley and Stepping Hill & Victoria).
- Numbers of 0 year old have increased, but this is likely to be due to recording improvements (see birth data section 3.1.6).
- Numbers of 5–10 year olds have declined the fastest.

Conclusion

Services for children need to be developed to cope with fluctuations in population size.

3.1.5 Population Trends - Projected (aged 0 – 15)

Rationale

- Population projections allow services to anticipate likely demand for services and identify early on the changes in population structure.

- Note that data is not available at PBC Locality Level and is only in 5 year bands.

Data

2004 BASED POPULATION PROJECTIONS - STOCKPORT									
	Age Band	2005	2006	2007	2008	2009	2010	2015	2020
Persons	0	3,098	3,018	2,964	2,929	2,904	2,893	2,925	2,981
	01-04	12,017	12,144	12,320	12,416	12,259	12,087	11,917	12,195
	05-09	16,949	16,597	16,005	15,601	15,574	15,508	15,546	15,485
	10-14	18,683	18,019	17,699	17,511	17,128	16,990	15,681	15,821
	00-14	50,747	49,778	48,988	48,457	47,865	47,478	46,069	46,482
%Change '05	0	-	97.4%	95.7%	94.5%	93.7%	93.4%	94.4%	96.2%
	01-04	-	101.1%	102.5%	103.3%	102.0%	100.6%	99.2%	101.5%
	05-09	-	97.9%	94.4%	92.0%	91.9%	91.5%	91.7%	91.4%
	10-14	-	96.4%	94.7%	93.7%	91.7%	90.9%	83.9%	84.7%
	00-14	-	98.1%	96.5%	95.5%	94.3%	93.6%	90.8%	91.6%
Proportion	0	6.1%	6.1%	6.1%	6.0%	6.1%	6.1%	6.3%	6.4%
	01-04	23.7%	24.4%	25.1%	25.6%	25.6%	25.5%	25.9%	26.2%
	05-09	33.4%	33.3%	32.7%	32.2%	32.5%	32.7%	33.7%	33.3%
	10-14	36.8%	36.2%	36.1%	36.1%	35.8%	35.8%	34.0%	34.0%
	00-14	18.0%	17.7%	17.4%	17.2%	17.0%	16.9%	16.3%	16.4%

Source: Office for National Statistics

Analysis

- Population size is likely to decline, especially for the 10-14 age group as the group identified in section 2.1.4 move through.
- Numbers of births are projected to decrease slightly.

Conclusion

- Changes in the population size from year to year require services capable of expanding and contracting to meet need.
- A significant proportion of the current population growth has been due to immigration, many of these young people are at, or approaching, average childbearing age. This and additional changes to immigration policy and the economic migrants mean that additional factors need to be analysed to fully predict the future population levels and their needs.

3.1.6 Live Births & Fertility Rates

Rationale

- Live births give an indication about an important element of natural change for the population, and provide information about the likely numbers of children who will be demanding early years and other childhood services.
- Birth rates also give an indication about the choices made by adults of childbearing age.

Data

LIVE BIRTHS - TRENDS FOR MOTHERS RESIDENT IN STOCKPORT

	1998	1999	2000	2001	2002	2003	2004	2005	2006
No. of live births	3,235	3,158	3,065	2,904	2,957	2,941	3,154	3,151	3,280

Source: Public Health Birth File

FERTILITY RATE (live & still births per 1,000 females aged 15-44) RESIDENT IN:

Year	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	England & Wales (2005)
1998 – 2000	45.8	56.1	49.2	56.3	52.5	
2001 – 2003	45.1	54.0	44.4	52.2	49.6	
2004 – 2006	47.6	56.8	48.6	59.0	54.0	58.4

Source: Public Health Birth File

ESTIMATED TOTAL PERIOD FERTILITY RATE RESIDENT IN:

Year	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	England & Wales (2005)
2006	1.44	1.85	1.70	1.88	1.74	1.79

Source: Public Health Birth File & Child Health system

Analysis

- Trends show that the numbers of births in 2006 in Stockport were similar in number to those in 1998, rates however have declined and then risen over the period.
- Fertility rates are higher in Heatons & Tame Valley and Stepping Hill & Victoria as compared to Bramhall & Cheadle and Marple & Werneth, and rates on average in Stockport are below that of the national average.
- On average women in Heatons & Tame Valley and Stepping Hill & Victoria are likely to have 1.9 children whereas women in Bramhall & Cheadle are only likely to have 1.4.

Conclusion

- If birth trends continue, it is likely that Heatons & Tame Valley and Stepping Hill & Victoria will retain their position as the areas with the highest concentrations of children.
- Increases in recent birth rates need to be noted and the trend monitored so that capacity in early years and school services is sufficient to meet demands.

3.1.7 Ethnicity of births

Rationale

- Evidence from section 2.1.3 suggests that the BME population of Stockport is younger than average; if so, we might expect birth rates to be higher and services need to be aware of any specialist needs this group of babies may have.

Data

2006/07 ETHNIC GROUP OF BABIES DELIVERED IN HOSPITAL – RESIDENT IN:						
Ethnic Group		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
White	British	84.3%	86.5%	96.3%	91.0%	89.5%
	Irish	0.4%	0.7%	0.2%	0.4%	0.5%
	Other	2.2%	2.0%	1.4%	2.4%	2.1%
	TOTAL	87.0%	89.3%	97.9%	93.8%	92.1%
Mixed	White & Black C'bean	0.2%	0.8%	0.2%	0.5%	0.5%
	White & Black African	0.0%	0.4%	0.0%	0.3%	0.2%
	White & Asian	0.4%	0.4%	0.4%	0.0%	0.2%
	Other	0.7%	0.2%	0.2%	0.3%	0.3%
	TOTAL	1.3%	1.8%	0.8%	1.0%	1.3%
Asian or Asian British	Indian	2.2%	1.0%	0.0%	0.6%	0.8%
	Pakistani	4.9%	3.9%	0.0%	1.5%	2.5%
	Bangladeshi	0.2%	0.2%	0.0%	0.4%	0.2%
	Other	0.7%	0.7%	0.2%	0.7%	0.6%
	TOTAL	7.9%	5.8%	0.2%	3.1%	4.2%
Black or Black British	Black Caribbean	0.4%	0.4%	0.6%	0.1%	0.3%
	Black African	0.2%	0.7%	0.0%	0.6%	0.5%
	Other	0.0%	0.2%	0.0%	0.0%	0.1%
	TOTAL	0.7%	1.3%	0.6%	0.7%	0.8%
Other Ethnic Group	Chinese	1.3%	0.6%	0.2%	0.6%	0.6%
	Other	1.8%	1.2%	0.2%	0.8%	1.0%
	TOTAL	3.1%	1.8%	0.4%	1.4%	1.6%

Source: Contract Minimum Dataset, Stockport PCT

Analysis

- 8% of births are for babies of BME ancestry, higher than the Stockport average.
- More than 10% of births in Bramhall & Cheadle were for babies of BME groups, mainly of Pakistani ancestry.
- Marple & Werneth is extremely undiverse with fewer than 3% of births originating from a non-white ancestry.

- At the ward level, almost a third of births in Cheadle & Gatley for this period were for babies of a BME ancestry, though it should be noted that almost a half of births from this ward did not receive an ethnic group code due to the low levels of recording at South Manchester NHS Trust.

Conclusion

- There is an emerging trend of increased ethnic diversity for babies and young children. Services dealing with this age group, and their mothers, will need to plan for any specialist needs, especially relating to language problems and will also need to ensure that mainstream services accommodate any cultural differences.

3.1.8 Total Period Fertility Rate By Ethnicity

Rationale

- Data is not readily available at the moment and is intended to be included in the future as an indicator is developed.
- The TPFRR by ethnicity is important as an indicator of the size of families for different ethnic ancestries; if differences exist this might suggest the need for different interventions and services.
- This data needs to be developed and should be available by November 2008.

3.1.9 Ethnicity – school Census

Rationale

- The location of ethnic minority residents of school age can be determined from school Census data. The identification of an individual's ethnicity alongside other factors such as educational attainment, absence and SEN, can help us to understand the patterns of need and achievement in young people.

Data

SCHOOL CENSUS – ETHNICITY						
BME Pupils	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	England
Primary School	707	576	127	504	1,914	-
Secondary School	475	380	103	315	1,273	-
Primary School	13.7%	11.9%	3.8%	8.2%	9.8%	21.9%
Secondary School	9.5%	8.6%	3.1%	5.5%	6.9%	17.7%

Source: Stockport Council Children and Young People Directorate- School Census

Analysis

- Approx. 10% of primary school pupils are from BME groups, higher than the Stockport average and higher than secondary average of 7%.
- Rates highest in Bramhall & Cheadle for both cohorts.
- Marple & Werneth particularly low.

Conclusion

- When forming policies which emerge from analysis of ethnicity data alongside other school Census information, policy makers need to be aware that the ethnic minority population is concentrated in a small number of areas in the Borough.
- Secondary schools need to prepare pupils' cohorts with an increasing large proportion from ethnic minority communities.

3.1.10 English as an Additional Language – school Census

Rationale

- Having English as an additional language can be an additional barrier to learning at school as well as reduce a child's ability to express their thought, feelings and explain symptoms if they are unwell.
- The proportion of children who speak English as an additional language may indicate the level of translation service required by health and social care services for young people.

Data

SCHOOL CENSUS – ENGLISH IS AN ADDITIONAL LANGUAGE						
English is an additional language (EAL) ⁸	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	England
Primary School	434	309	33	270	1,046	-
Secondary School	220	167	13	124	524	-
Primary School	8.4%	6.4%	1.0%	4.4%	5.4%	13.5%
Secondary School	4.4%	3.8%	0.4%	2.2%	2.8%	10.5%

Source: Stockport Council Children and Young People Directorate- School Census

*There is no information available regarding the command of English a child may have if English is an additional language

Analysis

- English as a second language is also highest in Bramhall & Cheadle for both primary and secondary school age.
- High figures in Heatons & Tame Valley and Stepping Hill & Victoria at primary school age reflect both an increase in the overall number and spread of EAL across the Borough.

- At ward level these concentrate in Heald Green, Heatons South and Cheadle and Gatley wards and are growing fastest in Heatons South.

Conclusion

- Language related services need to be developed to service areas within Bramhall & Cheadle and Heatons & Tame Valley.

3.1.11 Family Structure – Households with dependent children

Rationale

- Maternal mental health is linked to access to the support of a partner. Lone parent families, on average, suffer from low incomes and, therefore, have reduced options in terms of food purchasing and access to leisure and recreational opportunities.

Data

2001 CENSUS- FAMILY STRUCTURE OF HOUSEHOLDS					
Households with dependent children	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Married couple family	6,693	4,866	4,074	6,810	22,435
Cohabiting couple family	576	1,120	763	1,583	4,021
One parent family	1,195	2,413	1,204	2,680	7,530
Other households	518	597	350	722	2,203
All households with dependent children	8,982	8,996	6,391	11,795	36,189
All households	29,938	30,635	22,089	37,781	120,456
Married couple family	22.4%	15.9%	18.4%	18.0%	18.6%
Cohabiting couple family	1.9%	3.7%	3.5%	4.2%	3.3%
One parent family	4.0%	7.9%	5.5%	7.1%	6.3%
Other households	1.7%	1.9%	1.6%	1.9%	1.8%
All households with dependent children	30.0%	29.4%	28.9%	31.2%	30.0%

Source: 2001 Census

Analysis

- The spread of families with dependent children is fairly even across the borough, however the number of lone parent families is greatest in Heatons & Tame Valley and Stepping Hill & Victoria.

Conclusion

- Services aimed towards families with dependents are required across the Borough, however, lone parents are concentrated in Heaton & Tame Valley and Stepping Hill & Victoria.

3.2 Social & Environmental Context

3.2.1 Child poverty index

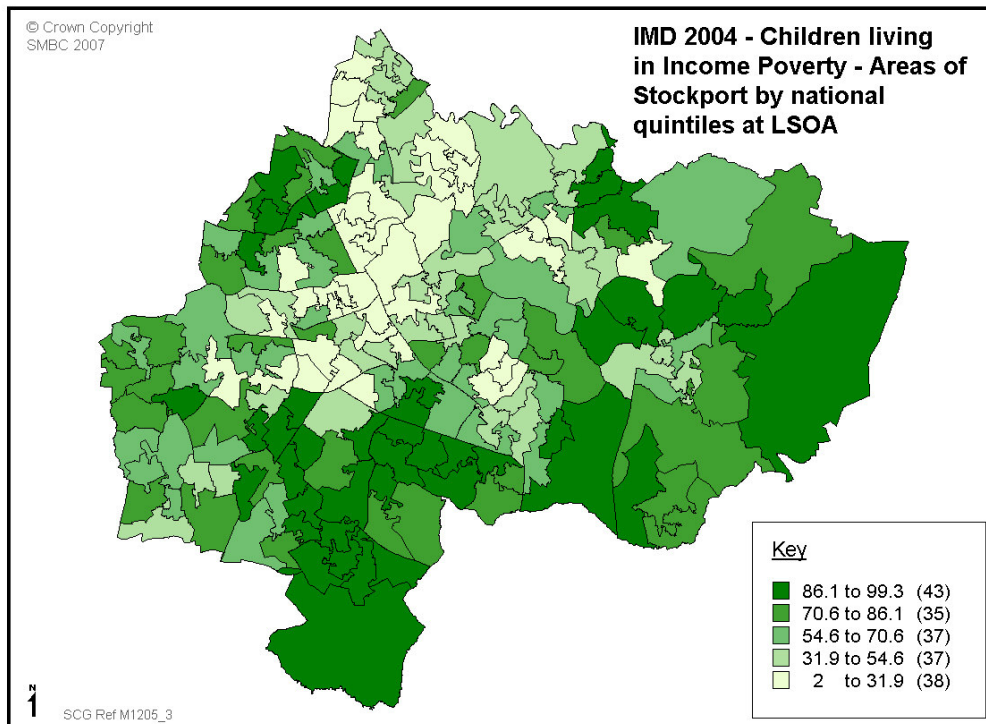
Rationale

- Even including those households where the adults are in paid work, income in households with children is on average lower than in households without.
- In low income households, food represents by far the largest proportion of spending on children. For example, in households on Income Support, two thirds of the allowance for children is for food, but average spending by parents on their children is very much higher (about 1½ times) than these allowances. In these households it is the parents, especially mothers, who make the sacrifice, including going without food, new clothes and shoes. In addition the choice over what food is purchased is limited, with children less likely to eat their 5 portions of fruit and vegetables and other healthy choices.

Data

STOCKPORT RESIDENTS AGED 0-15 REG. ANY GP 30-06-2007 – RESIDENT IN:					
Areas Ranking in National Quintiles of Deprivation:	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Most deprived 20%	0	3,618	331	2,914	6,863
Second most deprived 20%	599	3,080	2,052	3,858	9,589
Mid deprived 20%	1,742	1,286	1,992	3,924	8,944
Second least deprived 20%	4,463	3,431	2,008	4,134	14,036
Least deprived 20%	7,098	1,898	2,762	2,405	14,163
ALL AREAS	13,902	13,313	9,145	17,235	53,595
Most deprived 20%	0.0%	27.2%	3.6%	16.9%	12.8%
Second most deprived 20%	4.3%	23.1%	22.4%	22.4%	17.9%
Mid deprived 20%	12.5%	9.7%	21.8%	22.8%	16.7%
Second least deprived 20%	32.1%	25.8%	22.0%	24.0%	26.2%
Least deprived 20%	51.1%	14.3%	30.2%	14.0%	26.4%

Source: Office of the Deputy Prime Minister



Source: Index of multiple deprivation 2001, supplementary index- Children Living in Income Deprivation

Analysis

- 12.8% of children in Stockport live in areas that rank the 20% most deprived nationally on the child poverty index.
- Heaton & Tame Valley and Stepping Hill & Victoria areas contain over 95% of all the 0-15 year olds that live in areas of Stockport that are in the 20% most deprived in England for child poverty.

Conclusion

- Children live in small areas of deprivation across the Borough, however services can access concentrations of deprived children in Heaton & Tame Valley and Stepping Hill & Victoria.

3.2.2 Households dependent on income support

Rationale

- The collection of income support data allows the identification of households on a low income at a smaller geography and on a more regular basis than is available through administrative data from Central Government.
- Households dependent on income support have passed numerous criteria, including threshold regarding levels of savings and assets.

Data

NUMBERS OF DEPENDENTS IN IS or JSA CLAIMANT HOUSEHOLDS 03/09/2007					
Dependant children aged 0-15 where a parent/guardian in the household is:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
claiming Income Support	498	2081	754	2155	5488
claiming Job Seekers Allowance	34	110	34	80	258
claiming either Income Support OR Job Seekers Allowance	532	2191	788	2235	5746
All Children 0-15	13,902	13,313	9,145	17,235	53,595
% claiming Income Support	3.58%	15.63%	8.24%	12.50%	10.24%
% claiming Job Seekers Allowance	0.24%	0.83%	0.37%	0.46%	0.48%
% claiming either Income Support OR Job Seekers Allowance	3.83%	16.46%	8.62%	12.97%	10.72%

Source: Revenue and Benefits Department, Stockport Council

Analysis

- 80% of household dependent on income support are in the Heatons & Tame Valley and Stepping Hill & Victoria areas
- Over 50% of households in Heatons & Tame Valley are in the Brinnington and Central ward and over 40% of households in Stepping Hill & Victoria are in Davenport & Cale Green.
- Claimant households in these two wards account for over 40% of all claimant households in the Borough.
- The three wards with the highest number of claimants are with dependents aged under 16 are:
 - Brinnington: 1023 (IS), 56 (JSA), 1079 (IS or JSA)
 - Davenport & Cale Green: 730 (IS), 27 (JSA), 757 (IS or JSA)
 - Reddish North: 522 (IS), 26 (JSA), 548 (IS or JSA)

Conclusion

- Services and initiatives related to affordability should be targeted to concentrations of low income/income support claimant households in Heatons & Tame Valley and Stepping Hill & Victoria.

3.2.3 Free school meals – school census

Rationale

- Free school meals are a means tested benefit that indicates the child is living in a low income household. Children living in low income households will have reduced opportunities in terms of leisure and sporting activity and are less likely to be eating 5 portions of fruit and vegetables a day.

Data

SCHOOL CENSUS – FREE SCHOOL MEALS						
English is an additional language (EAL) ⁸	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	England
Nurseries	1	55	0	44	100	
Primary Schools	206	899	341	969	2,415	
Secondary Schools	175	590	221	669	1,655	
Nurseries	9%	18%	0%	22%	19%	15.9%
Primary Schools	4%	17%	9%	13%	11%	
Secondary Schools	5%	16%	8%	13%	11%	13.1%

Source: Stockport Council Children and Young People Directorate- School Census

Analysis

- Heatons & Tame Valley and Stepping Hill & Victoria have the highest number of children on free school meals- these come primarily from Brinnington & Central and Davenport & Cale Green wards, respectively.

Conclusion

- Initiatives targeted to help children receiving free school meals should be particularly focused on Heatons & Tame Valley and Stepping Hill & Victoria, where approximately one in five children are eligible for free school meals.

3.2.4 Special Educational Needs – school Census

Rationale

- A child with Special Educational Needs (SEN) may indicate the need for other health and social care services.

Data

SCHOOL CENSUS - NURSERIES					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
SEN (Statemented)	1	1		5	7
SEN (School Action Plus)	1	31	2	4	38
SEN (School Action)		23	1	36	60

Source: Stockport Council Children and Young People Directorate- School Census

SCHOOL CENSUS – PRIMARY SCHOOLS					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
SEN (Statemented)	84	121	84	173	462
SEN (School Action Plus)	193	279	179	385	1,036
SEN (School Action)	435	839	415	881	2,570

Source: Stockport Council Children and Young People Directorate- School Census

SCHOOL CENSUS – SECONDARY SCHOOLS					
Level of SEN	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
SEN (Statemented)	101	116	71	156	444
SEN (School Action Plus)	109	182	119	243	653
SEN (School Action)	236	476	332	547	1,591

Source: Stockport Council Children and Young People Directorate- School Census

SCHOOL CENSUS – NURSERY SCHOOLS AGE SEN BY SEN TYPE					
Type of SEN	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Specific Learning Difficult	0	0	0	0	0
Moderate Learning Difficulty	0	2	0	0	2
Severe Learning Difficulty	0	0	0	0	0
Profound & Multiple Learning Difficulty	0	0	0	1	1
Behaviour, Emotional & Social Difficulties	1	8	1	3	13
Speech, Language and Communication Needs	0	17	1	2	20
Hearing Impairment	0	1	0	0	1
Visual Impairment	0	1	0	0	1
Multi-Sensory Impairment	0	0	0	0	0
Physical Disability	0	1	0	0	1
Autistic Spectrum Disorder	0	0	0	2	2
Other Difficulty/Disability	1	2	0	1	4
All	2	32	2	9	45

Source: Stockport Council Children and Young People Directorate- School Census

SCHOOL CENSUS – PRIMARY SCHOOLS AGE SEN BY SEN TYPE					
Type of SEN	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Specific Learning Difficulty	38	34	25	52	149
Moderate Learning Difficulty	60	148	72	197	477
Severe Learning Difficulty	10	12	12	17	51
Profound & Multiple Learning Difficulty	1	3		6	10
Behaviour, Emotional & Social Difficulties	53	90	49	112	304
Speech, Language and Communication Needs	60	60	48	91	259
Hearing Impairment	10	5	5	10	30
Visual Impairment	1	5	2	2	10
Multi-Sensory Impairment	0	0	0	0	0
Physical Disability	18	14	13	27	72
Autistic Spectrum Disorder	16	18	20	21	75
Other Difficulty/Disability	11	11	17	24	63
All	278	400	263	559	1500

Source: Stockport Council Children and Young People Directorate- School Census

SCHOOL CENSUS – SECONDARY SCHOOLS AGE SEN BY SEN TYPE					
Type of SEN	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Specific Learning Difficulty	48	50	34	87	219
Moderate Learning Difficulty	39	121	42	130	332
Severe Learning Difficulty	12	6	5	10	33
Profound & Multiple Learning Difficulty	1	0	0	0	1
Behaviour, Emotional & Social Difficulties	39	69	71	105	284
Speech, Language and Communication Needs	28	23	5	19	75
Hearing Impairment	5	7	2	6	20
Visual Impairment	3	2	5	2	12
Multi-Sensory Impairment	0	2	0	0	2
Physical Disability	6	10	10	9	35
Autistic Spectrum Disorder	18	6	10	11	45
Other Difficulty/Disability	11	2	6	20	39
All	210	298	190	399	1097

Source: Stockport Council Children and Young People Directorate- School Census

SCHOOL CENSUS – SPECIAL SCHOOLS AGE SEN BY SEN TYPE					
Type of SEN	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Specific Learning Difficulty	0	0	0	0	0
Moderate Learning Difficulty	24	50	27	60	161
Severe Learning Difficulty	12	19	7	25	63
Profound & Multiple Learning Difficulty	13	11	11	13	48
Behaviour, Emotional & Social Difficulties	5	22	7	30	64
Speech, Language and Communication Needs	2	1		0	3
Hearing Impairment	0	0	1	0	1
Visual Impairment	0	0	0	0	0
Multi-Sensory Impairment	0	0		0	0
Physical Disability	1		1	0	2
Autistic Spectrum Disorder	8	11	2	8	29
Other Difficulty/Disability	0	0	0	0	0
All	65	114	56	136	371

Source: Stockport Council Children and Young People Directorate- School Census

Analysis

- SEN status is highest in Stepping Hill & Victoria followed by Heaton & Tame Valley, with the largest categories being moderate learning difficulties and behavioural, emotional and social difficulties
- Primary schools have a high recording of speech, language and communications needs
- Children categorised as having an Autistic spectrum disorder is highest in Bramhall & Cheadle at secondary school level, but more even in the primary school age with Stepping Hill & Victoria having marginally higher figures.

Conclusion

- Further work is needed around the needs of those with moderate learning difficulties and behavioural, emotional and social difficulties.

3.2.5 School absenteeism

Rationale

- Children who are frequently or persistently absent from school tend to perform poorly in school and are more likely to drop out before finishing secondary school.
- Excessive school absence has significant implications in terms of maladaptive behaviour, wasted opportunities, and future employment opportunities.
- Excessive authorised school absence may signal such health problems as poor coping with, or management of, chronic illness, masked depression, teenage pregnancy, substance abuse, inappropriate responses to minor illnesses, or severe family dysfunction. Attention to this area of child behaviour, as part of routine health care, will frequently uncover previously unrecognized health problems in children and their families.

Data

2005/06 SECONDARY SCHOOL ABSENCES – RESIDENT IN:					
Absence as a percentage of possible half-day sessions	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number – unauthorised	4,902	18,943	10,990	22,046	56,881
Proportion of possible sessions	0.4%	1.7%	1.2%	1.4%	1.2%
Number – authorised	6760	79,016	69,276	119,832	343,384
Proportion of possible sessions	6.7%	6.9%	7.8%	7.4%	7.2%

Source: School Census 2006

Analysis

- Authorised absences are much more common than unauthorised absences.

- Rates of authorised absences are fairly evenly spread out, showing a less clear deprivation profile than other indicators.
- Heaton & Tame Valley and Stepping Hill & Victoria have the highest proportion of unauthorised absences.
- The top three wards for unauthorised absence are Brinnington and Central, Davenport and Cale Green, and Bredbury and Romiley.

Conclusion

- Work need to focus on further analysis of authorised absence and initiative to reduce these numbers.
- Work on unauthorised absence should focus primarily in Heaton & Tame Valley and then Stepping Hill & Victoria.

3.2.6 Exclusions

Rationale

- Reducing truancy and exclusion levels are an important part of Government Social Inclusion Policy. Young people who attend school regularly are more likely to get the most they can out of their time at school and, therefore, more likely to achieve their potential, and less likely to take part in anti-social or criminal behaviour. There is some evidence that poor literacy is, in some cases, a causal factor.

Data

2006/07 SCHOOL EXCLUSIONS – RESIDENT IN:					
Exclusions	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number – fixed term	402	887	518	887	2,694
Rate per 1,000	39.5	95.5	78.0	75.0	71.0
Number – permanent	5	14	4	20	43
Rate per 1,000	0.5	1.5	0.6	1.7	1.1

Source: Pupil Inclusion Team

Analysis

- Both fixed term and permanent exclusions are highest in volume in the Heaton & Tame Valley and Stepping Hill & Victoria areas. However, given population differences, Heaton & Tame Valley have a higher rate of fixed term.
- The three highest wards for fixed exclusions are North Reddish, Brinnington and Central, and Davenport and Cale Green.
- The three highest wards for permanent exclusions are Brinnington and Central, Davenport and Cale Green, and Offerton.

Conclusion

- Work related to reducing exclusions should focus in the Heatons & Tame Valley and Stepping Hill & Victoria areas.

3.2.7 Educational attainment

Rationale

- A large body of national and international research has show a positive and possibly causal correlation between educational attainment and health.
- The better educated a person is, the more likely that person is to report being in “excellent” or “very good” health, regardless of income.
- Education remains positively related to health, independent of the relationship between health and either family income, age, or poverty status. For example, within each income range, people with a degree or equivalent educational attainment or higher, reported being in better health than people with some education beyond high school, who, in turn, reported being in better health than those with GCSE or equivalent educational attainment.

Data

KEY STAGE I ATTAINMENT 2005-06 - Number and percentage achieving expected level (2/2b or above)					
Key Stage I Subjects	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Reading	489	414	314	562	1,779
Writing	464	448	328	586	1,826
Maths	456	434	329	591	1,810
Science	691	632	475	823	2,621
All KSI Pupils	715	703	512	905	2,835
Reading	68.4%	58.9%	61.3%	62.1%	62.8%
Writing	64.9%	63.7%	64.1%	64.8%	64.4%
Maths	63.8%	61.7%	64.3%	65.3%	63.8%
Science	96.6%	89.9%	92.8%	90.9%	92.5%

Source: Children and Young People Directorate 2007, Stockport Council

KEY STAGE 2 ATTAINMENT 2005-06 - Number and percentage achieving expected level (4 or above)					
Key Stage 2 Subjects	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
English	689	582	501	861	2,633
Maths	671	542	465	799	2,477
Science	725	640	527	925	2,817
All KS1 Pupils	779	732	582	1,057	3,150
English	88.5%	79.5%	86.1%	81.5%	83.6%
Maths	86.1%	74.0%	79.9%	75.6%	78.6%
Science	93.1%	87.4%	90.6%	87.5%	89.4%

Source: Children and Young People Directorate 2007, Stockport Council

KEY STAGE 3 ATTAINMENT 2005-06 - Number and percentage achieving expected level (5 or above)					
Key Stage 3 Subjects	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
English	667	529	397	834	2,427
Maths	584	547	412	800	2,343
Science	650	547	418	804	2,419
All KS3 Pupils	798	761	582	1,140	3,281
English	83.6%	69.5%	68.2%	73.2%	74.0%
Maths	73.2%	71.9%	70.8%	70.2%	71.4%
Science	81.5%	71.9%	71.8%	70.5%	73.7%

Source: Children and Young People Directorate 2007, Stockport Council

GCSE RESULTS 2005-06**					
Level of attainment at GCSE	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
5+ A*-C*	487	327	271	552	1637
All GCSE Pupils	758	722	553	1108	3141
5+ A*-C*	64.2%	45.2%	49.0%	49.8%	52%

Source: Children and Young People Directorate 2007, Stockport Council

*Including English and Maths

**these results refer ONLY to children who reside in Stockport AND attend Stockport Borough maintained schools. Therefore these figures will differ from performance indicators which refer to all children attending Stockport maintained schools regardless of which borough they reside in.

Analysis

- The Stockport average disguises dramatic variation in attainment at the small area level. Almost 40% more children in Bramhall & Cheadle gain 5 or more A*-C GCSEs than in Heatons & Tame Valley and 30% more than in Stepping Hill & Victoria.

- The three wards with the lowest attainment of 5 or more GCSEs grade A*-C are Brinnington with 25.2%, Edgeley and Cheadle Heath with 28.4% and Reddish South with 36.5%.

Conclusion

- At the Borough level, educational attainment is above the regional average and is similar to the national average. However, this trend disguises significant variation at smaller geographies with areas of the borough. 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 tend to fall behind.

3.2.8 Family Size

Rationale

- Family size can affect health and social care needs in a variety of ways. The stress of parents or guardians of a larger family may be greater or there may be additional responsibilities of caring for older family members.
- The overall income for food and other essential items may be less per head in larger families and may reduce the likelihood that family members will eat healthily. The amount of money for leisure opportunities for both adults and children in larger families may be reduced, leading to social exclusion.
- Children in larger families may have increased stress from overcrowding and access to open space. Educational opportunities are also reduced as space to do homework and quiet space for reading or being creative.
- In the future it is hoped that we will be able to access more up-to-date and detailed data from GP registrations, however this is a long term aim and data is unlikely to be available before November 2008.

Data

2001 CENSUS FAMILY SIZE – RESIDENT IN:					
Families with	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
No dependent children	12,890	9,914	9,415	14,024	46,243
1 dependent child	3,596	3,963	2,748	5,362	15,669
2+ dependent children	5,496	4,937	3,601	6,488	20,522
TOTAL FAMILIES	21,982	18,814	15,764	25,874	82,434
No dependent children	58.6%	52.7%	59.7%	54.2%	56.1%
1 dependent child	16.4%	21.1%	17.4%	20.7%	19.0%
2+ dependent children	25.0%	26.2%	22.8%	25.1%	24.9%

Source: 2001 Census

Analysis

- The majority of households with dependent children have 2 or more.
- Areas with the most dependent children are Heaton & Tame Valley and Stepping Hill & Victoria.

Conclusion

- On average, a quarter of families in Stockport have 2 or more children. Further work is required to identify the location of large families in Stockport.

3.2.9 Youth Offenders

Rationale

- Young offenders are three times more likely to have a mental health problem than other young people.
- There is a need to improve mental health services if youth offending is to be reduced. At present, these services are limited. Few young offenders are currently treated for mental health problems.
- Research from the Mental Health Foundation found that many young offenders suffer from a wide range of psychological problems. These range from difficulty concentrating or sticking to specific tasks to controlling their behaviour.
- Youth offenders are also more likely to have poor educational attainment and reduce employment opportunities.

Data

2006 YOUTH OFFENDERS – ESTIMATED FROM WARDS RESIDENT IN:					
Youth Offenders	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number	131	224	109	268	732
As a % of 11-15 year olds	2.6%	5.1%	3.3%	4.7%	4.0%

Source: Stockport Youth Offending Team

Analysis

- Youth offending is greatest in Heaton & Tame Valley and Stepping Hill & Victoria
- Both Stepping Hill & Victoria and Heaton & Tame Valley are over twice the Marple & Werneth rate and Stepping Hill & Victoria is also twice the Bramhall & Cheadle rate.

Conclusion

- Require additional data to reach meaningful conclusion.

3.3 Health & Social Care

3.3.1 Low birth weights

Rationale

- Low birth weight is an enduring aspect of childhood morbidity, a major factor in infant mortality, and has serious consequences for health in later life.
- Low birth weight is defined by the World Health Organisation as a birth weight less than 2500 grams. Below this value, birth weight-specific infant mortality begins to rise rapidly.
- In the current United Kingdom policy context, there is a renewed emphasis on combating health inequalities at an inter-generational level and as part of this, giving every child a healthy start in life is a high priority.

Data

LOW WEIGHT (< 2,500 grams) BIRTHS FOR MOTHERS RESIDENT IN:					
Year	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
1998 – 2000	6.0%	7.0%	5.8%	6.6%	6.4%
2001 – 2003	6.1%	6.7%	5.1%	6.4%	6.2%
2004 – 2006	6.0%	5.9%	5.0%	7.3%	6.3%

Source: Public Health Birth File

Analysis

- Fewer than 200 births a year for Stockport residents are classified as 'low weight'.
- Patterns are not distinct as rates in Heatons & Tame Valley and Stepping Hill & Victoria vary. Rates in Bramhall & Cheadle and Marple & Werneth are more stable and are below Stockport average.
- Evidence is that low birth weight is linked to deprivation.

Conclusion

- Low weight births are rare, but have severe impacts on the immediate likelihood of infant mortality and the long-term health of babies which survive to 1 year. Rates are linked to deprivation and therefore targeted efforts are likely to be most effective in the priority 1 areas.

3.3.2 Still births

Rationale

- Still births are rare, but are traumatic for those involved and can have negative impacts on a mother's physical and mental wellbeing.

- Still births are caused by many factors including development defects, maternal illness and trauma. Risk factors include smoking in pregnancy and multiple maternities.

Data

STILL BIRTHS FOR MOTHERS RESIDENT IN:					
Year	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
1998 – 2000 Number	6	11	13	15	45
2001 – 2003 Number	8	19	5	17	49
2004 – 2006 Number	12	19	7	18	56
1998 – 2000 Rate	2.9	4.2	8.8	4.5	4.8
2001 – 2003 Rate	4.1	7.7	3.8	5.6	5.6
2004 – 2006 Rate	5.9	7.2	4.9	5.2	5.8

Source: Public Health Birth File

Analysis

- On average 5 out of every 1,000 births is a still birth. As numbers are low trends are extremely hard to identify.
- Rates tend to be higher in Heatons & Tame Valley.

Conclusion

- Fewer than 20 still births occur in Stockport each year, and although they're extremely traumatic for the individuals involved it's hard to identify trends to aid service delivery. It is perhaps more important to focus on reducing the prevalence of key risk factors such as smoking in pregnancy.

3.3.3 Smoking in pregnancy

Rationale

- Smoking during pregnancy is a key determinant of low birth weight, which in turn is the single most important risk factor in perinatal and infant mortality.
- Maternal smoking also impacts negatively on the likely future health outcomes of a child.
- Data is due to become available at the PBC level this financial year, and will be added in as soon as possible – by March 2008 at the latest.

3.3.4 Breastfeeding

Rationale

- Nationally there is focus on giving every child a healthy start in life and a key priority is the promotion of breastfeeding, which is accepted as the best form of nutrition for infants to ensure the best start in life. Breastmilk provides all the nutrients a baby

needs. Exclusive breastfeeding is recommended for the first six months of an infant's life.

- Breastfeeding initiation is a good proxy indicator for infant health as infants who are not breastfed are five times more likely to be admitted to hospital with infections in their first year of life.
- Key targets exist to promote best practice in increasing levels of initiation and duration of breastfeeding.
- Breastfeeding is much less prevalent amongst more disadvantaged groups. In general, mothers who do not initiate breastfeeding tend to be younger, less well educated and from lower income groups.
- Data regarding breastfeeding initiation is due to become available at the PBC level this financial year, and will be added in as soon as possible – by March 2008 at the latest.

Data

2005/06 (ACADEMIC) HEALTH VISITOR RECORDS – GP REGISTERED WITH IN:					
Breastfeeding	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
% breastfeeding – primary	65.7%	42.9%	52.3%	43.3%	48.5%
% Breastfeeding – 4 weeks	56.3%	35.0%	46.2%	35.1%	40.5%

Source: Stockport PCT

Analysis

- This is a Local Area Agreement reward priority and trend analysis shows that although Stockport rates are still not as high as the national average, rates for breastfeeding initiation and maintenance they are improving rapidly.
- Bramhall & Cheadle has the best breastfeeding rates, well above Stockport average, while Heatons & Tame Valley and Stepping Hill & Victoria have the lowest rates; in other words rates follow deprivation profile.

Conclusion

- Local Area Agreement pump priming monies have led to an increase in focus and an improvement in breastfeeding rates. This progress needs to be built on if we are to achieve the aspiration of approaching the national average. Rates are still very low in deprived areas and effort focused here are likely to have the biggest impact on both health outcomes and achievement of targets.

3.3.5 Immunisation

Rationale

- Immunisation is one of the most important weapons for protecting individuals and the community from serious diseases and, after clean water, is the most effective public health intervention in the world for saving lives and promoting good health.

- In the United Kingdom, a full programme of vaccination is provided for children up to the age of 2 years, with certain boosters before they join mainstream education, to be taken before they reach 5 years.
- The primary course protects against diphtheria, tetanus, pertussis (whooping cough), polio, haemophilus influenzae type b, pneumococcal infection and meningitis C and is given in a series of injections in the first year of life.
- After a child reaches 1 year of age they are also offered the MMR vaccine which protects against measles, mumps and rubella (German measles). Following recent press scares the uptake of MMR has fallen nationally and is well below uptake rates for the primary course.

Data

2005 IMMUNISATION – RESIDENT IN:			Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
2 year olds	Uptake of completed Primary Course	Eligible	621	678	429	920	2,684
		Immunised	602	641	410	892	2,579
		Rate	96.9%	94.5%	95.6%	97.0%	96.1%
		95% CI LL	95.3%	92.6%	93.2%	95.6%	95.3%
		95% CI UL	98.0%	96.0%	97.2%	97.9%	96.8%
	MMR Uptake	Eligible	663	731	468	985	2,894
		Immunised	604	637	420	890	2,586
		Rate	91.1%	87.1%	89.7%	90.4%	89.4%
		95% CI LL	88.7%	84.5%	86.7%	88.3%	88.2%
		95% CI UL	93.0%	89.4%	92.2%	92.0%	90.4%
5 year olds	Uptake of Primary Course booster	Eligible	762	693	463	950	2,903
		Immunised	681	591	411	819	2,527
		Rate	89.4%	85.3%	88.8%	86.2%	87.0%
		95% CI LL	87.0%	82.4%	85.6%	83.9%	85.8%
		95% CI UL	91.4%	87.7%	91.3%	88.3%	88.2%
	MMR Booster Uptake	Eligible	762	693	463	950	2,903
		Immunised	678	585	408	816	2,512
		Rate	89.0%	84.4%	88.1%	85.9%	86.5%
		95% CI LL	86.5%	81.5%	84.8%	83.5%	85.2%
		95% CI UL	91.0%	86.9%	90.8%	88.0%	87.7%

Source: Stockport PCT

Analysis

- Uptake levels for 2 year olds are generally good with more than 96% taking the primary course and 89% the MMR vaccines. As is seen nationally, rates of MMR uptake are much lower than primary course, following publicity scares.

- Within Stockport immunisation rates for both primary course and MMR for 2 year olds follow deprivation profile, with Heatons & Tame Valley, and especially Brinnington and Central, having the lowest rates.
- For 5 year old uptake rates are lower, and differences between MMR and primary course are harder to find. Trends at the PBC level also follow known deprivation, however, ward analysis shows Heatons South and Cheadle and Gatley as having the lowest rates.

Conclusion

- Immunisation needs to be promoted at every opportunity, especially in light of concerns in the general population about the safety of certain vaccinations. Although rates of uptake are generally high, work needs to be undertaken to ensure levels are maximised in areas of deprivation.

3.3.6 Child obesity

Rationale

- Nationally there is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood and it now forms part of the key targets for action by local partnerships.
- The health consequences of childhood obesity include: increased blood lipids, glucose intolerance, type 2 diabetes, hypertension, increases in liver enzymes associated with fatty liver, exacerbation of conditions such as asthma and psychological problems – including social isolation, low self-esteem, teasing and bullying.

Data

2005/06 SCHOOL NURSE HEIGHT AND WEIGHT – RESIDENT IN:						
BMI Category		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Reception	Not overweight / obese	85.6%	81.1%	84.3%	82.0%	82.9%
	Overweight	9.3%	9.6%	11.2%	10.3%	10.0%
	Obese	5.1%	9.3%	4.6%	7.7%	7.1%
	Sample Size	589	614	394	884	2,606
Year 6	Not overweight / obese	74.6%	70.2%	68.4%	71.1%	71.3%
	Overweight	11.9%	15.4%	12.7%	14.7%	13.7%
	Obese	13.5%	14.3%	19.0%	14.2%	15.1%
	Sample Size	646	615	490	875	2,748
TOTAL	Not overweight / obese	79.8%	75.7%	75.5%	76.6%	76.9%
	Overweight	10.7%	12.5%	12.0%	12.5%	11.9%
	Obese	9.5%	11.8%	12.6%	10.9%	11.2%
	Sample Size	1,235	1,229	884	1,759	5,354

Source: Stockport PCT

Analysis

- Complete data is only available for one year and, therefore, trends are difficult to identify.
- Stockport has a fairly low rate of childhood obesity compared to the rest of Greater Manchester, but this still equates to 11% of the population, a further 12% of children are overweight.
- Rates of obesity are much higher for year 6 as compared to reception aged children.
- Analysis has showed that rates are highest in areas ranking in the second most deprived quintile.

Conclusion

- Childhood obesity is a key risk factor for poor health in later life and estimates show that around a quarter of children in Stockport are either overweight or obese, in other words, there is a significant need for intervention.
- Initial evidence suggests that work needs to be prioritised in areas ranking in the second most deprived tier in Stockport, however, further years of data need to be added into this analysis before reliable conclusions can be drawn and therefore at this stage interventions at Borough level are the most appropriate.
- Interventions must address the family as childhood obesity is strongly linked to parents' weight, eating and physical activity patterns.

3.3.7 Children with mental health problems

Rationale

- This data will provide information on some key groups of children with specific and usually complex needs relating to mental health and those who are likely to be vulnerable.
- Data is especially important for the planning of CAMHs services.

Data

NUMBER OF CAMHs CASES – TOTAL AND THOSE FROM VULNERABLE GROUPS			
	2004/05	2005/06	2006/07
Learning Disabilities	26	56	53
Looked After Children	18	70	59
Youth Offenders	9	16	15
Total	283	527	470

Source: Pennine Care NHS Trust

Analysis

- Trends fluctuate but there are around 500 children in Stockport how have received CAMHs services in the most recent years.
- 10% of these children had learning disabilities and 10% were looked after.

Conclusion

- Additional data sets need to be accessed to enable assessment of unmet need.

3.3.8 Children with learning difficulties & communication problems

Rationale

- This data will provide information on some key groups of children with specific and usually complex needs relating to learning difficulties and who are likely to be vulnerable.
- Data is especially important for the planning of social services.

Data

2007 CHILDREN'S DISABILITY DATABASE – LEARNING DISABILITY OR COMMUNICATION PROBLEM AS PRIMARY DISABILITY						
Primary Disability & Age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	
Moderate Learning Disability	0-4	0	1	0	0	1
	5-9	16	29	8	41	95
	10-14	43	52	30	76	203
	15-17	23	29	21	40	117
	18 +	26	32	16	40	115
	<18	82	111	59	157	416
	Rate for <18	5.1	7.3	5.6	7.9	6.8
Severe Learning Disability	0-4	1	1	0	1	3
	5-9	3	1	1	3	9
	10-14	8	12	7	18	49
	15-17	5	4	6	9	24
	18 +	13	14	7	19	53
	<18	17	18	14	31	85
	Rate for <18	1.1	1.2	1.3	1.6	1.4
Communication Difficulties	0-4	1	1	0	0	2
	5-9	5	9	5	12	31
	10-14	6	14	5	12	38
	15-17	3	1	1	1	7
	18 +	2	0	5	0	8
	<18	15	25	11	25	78
	Rate for <18	0.9	1.6	1.0	1.3	1.3
Confidence & Social Skills	0-4	3	1	0	1	5
	5-9	2	4	1	6	13
	10-14	3	15	6	13	37
	15-17	2	4	3	4	13
	18 +	6	1	0	1	8
	<18	10	24	10	24	68
	Rate for <18	0.6	1.6	0.9	1.2	1.1
Development Delay	0-4	15	12	8	17	56
	5-9	39	29	24	51	146
	10-14	6	7	5	12	31
	15-17	0	1	0	1	2
	18 +	1	1	0	0	2
	<18	60	49	37	81	235
	Rate for <18	3.8	3.2	3.5	4.1	3.8

Source: Stockport PCT

Analysis

- 416 children living in Stockport aged 0-17 years are registered on the children's disability database as having a moderate learning disability while 85 are registered as having a severe learning disability.
- Rates are highest for the age group 10-14 years where more than 1% of the population have a learning disability.
- Rates are highest in Stepping Hill & Victoria and Heatons & Tame Valley.
- For other disabilities relating to learning, 78 children living in Stockport aged 0-17 years had communication problems, 68 as having confidence and social skills problems and 235 as suffering from development delays.
- Rates for communication and confidence and social skills problems were highest in Heatons & Tame Valley and Stepping Hill & Victoria and for the 10 – 14 year olds, however rates of developmental delay were highest in Stepping Hill & Victoria and Bramhall & Cheadle and for the 5-9 year olds.

Conclusion

- 500 children living in Stockport aged 0-17 years are registered on the children's disability database as having a learning disability.

3.3.9 Children with physical or sensory disabilities

Rationale

- This data will provide information on some key groups of children with specific and usually complex needs relating to learning difficulties and who are likely to be vulnerable.
- Data is especially important for the planning of social services.

Data

2007 CHILDREN'S DISABILITY DATABASE – PHYSICAL OR SENSORY DISABILITY AS PRIMARY DISABILITY						
Primary Disability & Age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	
Physical Disability	0-4	7	6	3	9	25
	5-9	12	9	3	19	44
	10-14	15	22	13	35	87
	15-17	14	13	9	17	56
	18 +	25	28	25	41	122
	<18	48	50	28	80	212
	Rate for <18	3.0	3.3	2.7	4.0	3.4
Visual Impairment	0-4	1	0	1	1	3
	5-9	1	1	1	1	4
	10-14	3	2	1	1	7
	15-17	1	1	1	1	4
	18 +	2	1	0	3	6
	<18	6	4	4	4	18
	Rate for <18	0.4	0.3	0.4	0.2	0.3
Hearing Impairment	0-4	1	0	1	2	5
	5-9	1	2	3	0	6
	10-14	1	1	1	1	4
	15-17	0	2	0	1	3
	18 +	1	2	0	0	3
	<18	3	5	5	4	18
	Rate for <18	0.2	0.3	0.5	0.2	0.3

Source: Stockport PCT

Analysis

- 212 children living in Stockport aged 0-17 years are registered on the children's disability database as having a physical disability, a rate of 3.4 per 1,000.
- Rates were highest in the 10-17 years age group, and again in Stepping Hill & Victoria and Heatons & Tame Valley.
- 18 children living in Stockport aged 0-17 years are registered on the children's disability database as having a visual impairment, a number similar to that given by the NHS Information Centre who state that 10 children aged under 18 years were registered as blind and 5 as partially sighted in Stockport in 2006.
- 18 children living in Stockport aged 0-17 years are registered on the children's disability database as having a hearing impairment.

Conclusion

- Visual and hearing impairments are rare for children, however, physical disability is more common, with over 200 children in the area being registered.

3.3.10 Children with long-term conditions

Rationale

- Data on the prevalence of conditions shows the diagnosed burden of disease at GP practices in the Borough, information which is important for planning services and assessment of the likely future needs of the population.
- It should be noted that data in most cases is for all ages and cannot yet be disaggregated or standardised, full details of all the QoF conditions are in section 5.3.8 – asthma is also presented here as it is a key condition in childhood.

Data

2005/06 QOF PREVALENCE – ALL AGES – GP REGISTERED IN:					
Exclusions	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Asthma – number	4,891	5,278	3,798	4,884	18,851
Asthma – Rate	57.8	66.6	69.3	64.1	64.0

Source: QMAS

Analysis

- The available data does not allow the disaggregation of numbers by age.
- 18,900 people of all ages at Stockport GP practices have been diagnosed as asthmatic – a key health condition in childhood caused by allergens, pollution and smoking. Rates are highest in Marple & Werneth and lowest in Bramhall & Cheadle.
- Estimates from the diabetic retinopathy register suggest that there are at least 100 diabetics aged under 16 years.

Conclusion

- Data for the prevalence of conditions for children is extremely limited and needs to be improved.

3.3.11 Infant Mortality (aged 0)

Rationale

- Infant mortality is rare but is extremely distressing for families and carers alike. A key part of the Government's strategy is to minimise the number of infant deaths, primarily by discouraging smoking in pregnancy and encouraging breastfeeding.
- Numbers are too small to be reliable at the PBC level.

Data

2002 – 2006 AGE OF DEATHS AGED 0 YEARS		
	Number of Deaths	Proportion
0 day	27	37.5%
1 day	11	15.3%
2 – 6 days	9	12.5%
7 – 13 days	5	6.9%
14 – 27 days	4	5.6%
28 days – 56 days	7	9.7%
2 – 12 months	9	12.5%

Source: Public Health Mortality File

Analysis

- 72 children aged under 1 year died in the five year period between 2002 and 2006.
- The vast majority of the deaths related to problems of prematurity and low birth weight.

Conclusion

- Fewer than 20 infants in Stockport die each year, but work needs to ensure that this number is minimised by encouraging mothers to give up smoking while pregnant.

3.3.12 Childhood Mortality (aged 1 - 15)

Rationale

- Childhood mortality is rare but is extremely distressing for families and carers alike. A key part of the Government's strategy is to minimise the number of child deaths.
- Numbers are too small to be reliable at the PBC level.

Data

2002 – 2006 CAUSE OF DEATHS AGED 1 – 15 YEARS		
	Number of Deaths	Proportion
Infectious & Parasitic Diseases	1	2.9%
Cancer	4	11.8%
Endocrine, Nutritional and Metabolic Diseases	1	2.9%
Diseases of the Nervous System	2	5.9%
Diseases of the Circulatory System	6	17.6%
Diseases of the Respiratory System	2	5.9%
Congenital Anomalies	5	14.7%
Accidents, assault and self-harm	12	35.3%
Unascertained	1	2.9%

Analysis

- 34 children aged 1-15 years died in the five year period between 2002 and 2006.
- The most common cause of death was those relating to external causes, accidents, assault and self-harm; which lead to about a third of all deaths in this age group. Road traffic accidents caused 3 deaths over the period.
- Disease of the circulatory system, congenital anomalies and cancer are also more common causes of death.

Conclusion

- Accidental deaths should be preventable and work should concentrate on learning lessons from previous incidents and near misses to minimise the likelihood of further occurrences.

3.3.13 General health (aged 0 - 15)

Rationale

- As an overall indicator of current health status (rather than mortality), one of the few comprehensively available is of the general health questions which ask survey respondents to assess their own health. Self-reported health has been shown to be generally reliable and correlates to health outcomes.

Data

2001 CENSUS – AGED 0–15– RESIDENT IN:					
General health in year preceding 2001 Census	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Good or Fairly Good Health	99.1%	99.0%	99.1%	98.9%	99.0%
Not Good Health	0.9%	1.0%	0.9%	1.1%	1.0%

Source: 2001 Census

Analysis

- Analysis for all people showed that 26,000 (1 in 10) people in Stockport reported not having good health over the year preceding the Census; a rate very similar to the national average.
- Of these 26,000 fewer than 600 (2%) were aged under 16 years, a rate of 1 in 100 children.
- Rates of poor health similar across all areas, rising slightly in Stepping Hill & Victoria and Heatons & Tame Valley.

Conclusion

- Fewer than 600 children in Stockport were reported as not having good health. This gives one indication of the size of the health ‘problem’ for this age group.
- Patterns due to environment and deprivation are less distinct and this is likely to be as a result of the low numbers involved.

3.3.14 Limiting long-term illness (aged 0 - 15)

Rationale

- Limiting long-term illness from the Census is again one of the few comprehensively available estimates of the prevalence of long-term conditions which impact on daily life in the population.
- Evidence suggests that the measure underestimates the total with long-term conditions as many conditions – for example asthma, once managed, does not necessarily impede on the day to day activities of individuals and, therefore, may be excluded from this analysis.

Data

2001 CENSUS – AGED 0–15 – RESIDENT IN:					
Limiting Long-term Illness (LLTI)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Percentage with LLTI	3.6%	4.7%	3.7%	4.2%	4.1%

Source: 2001 Census

Analysis

- In total 18% of Stockport’s population stated that they have an illness or condition which limits their day to day activities; a rate slightly below the national average. Unsurprisingly this rate is much lower for children at an average of 4% equating to around 2,400 children.
- Rates of LLTI are highest in Heatons & Tame Valley and Stepping Hill & Victoria and lowest in Bramhall & Cheadle and Marple & Werneth.

Conclusion

- Around 2,400 children have a limiting long-term illness affecting their daily life. This gives one indication of the size of the health ‘problem’.
- There are significant numbers of people with LLTI in all areas, although, as rates are highest in deprived areas, there are particular concentrations which policy makers may need to consider.

3.3.15 Uptake of disability related benefits (aged 0 - 15)

Rationale

- The government provides financial assistance for people who meet the criteria for certain types of disability related benefits.
- In the absence of up-to-date or comprehensive data regarding the number of people in Stockport with disabilities this information provides a proxy.

Data

DISABILITY BENEFIT UPTAKE - AUGUST 2006 - NUMBERS					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Disability Living Allowance ^					
- <16	305	435	235	570	1,545

Source: Office for National Statistics

^ Disability living allowance is a benefit for children and adults aged under 65 years who need help with personal care or have walking difficulties because they are physically or mentally disabled.

DISABILITY BENEFIT UPTAKE - AUGUST 2006 - RATES PER 1,000					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Disability Living Allowance ^					
- <16	21.9	32.7	25.7	33.1	28.8

Source: Office for National Statistics

Analysis

- There are currently 1,545 claimants of disability living allowance aged under 16 years in Stockport (this benefit is available to those who need help with personal care or walking as a result of physical or mental disability). Rates of claim are relatively low for this age group at less than 3% of the population.
- Rates are higher in the more deprived areas of the borough; two-thirds of children who claim these benefits live in Heatons & Tame Valley or Stepping Hill & Victoria.
- Note that incapacity benefit is not available to this age group.

Conclusion

- There are 1,545 children aged 0-15 in Stockport claiming a disability related benefit.

3.3.16 Caring (aged 0 - 15)

Rationale

- A carer is someone who, without payment, provides help and support to a partner, child, relative, friend or neighbour, who could not manage without their help. This could be due to age, physical or mental illness, addiction or disability
- Unpaid caring provides a large and invaluable resource input into health and social care services.
- Taking on a caring role can mean facing a life of poverty, isolation, frustration, ill health and depression. Many carers give up an income, future employment prospects and pension rights to become a carer. Many carers also work outside the home and are trying to juggle jobs with their caring responsibilities.
- Young carers are a particular concern as they have distinct needs and can be more vulnerable to mental health, sleeping and eating problems. In addition, the responsibilities they take on may impinge on their ability to study and make the most of opportunities that arise.

Data

2001 CENSUS – AGED 0–15 – RESIDENT IN:					
Hours of unpaid care given per week:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
None	99.1%	99.0%	99.1%	99.2%	99.1%
1-19	0.7%	0.9%	0.8%	0.7%	0.8%
20-49	0.1%	0.1%	0.0%	0.1%	0.1%
50+	0.1%	0.1%	0.1%	0.0%	0.1%

Source: 2001 Census

2006/07 INPATIENT ADMISSIONS – HOLIDAY RELIEF CARE 0-15					
Admissions for holiday relief care:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
No. of patients admitted	7	9	8	13	37
No. of admissions in year	163	154	128	254	699
Total days admitted for	201	223	152	469	1,045

Source: Stockport PCT

Analysis

- 550 (1%) of Stockport's young population provide some unpaid care in an average week.
- The majority spend under 20 hours a week caring, however, a significant number (80) provide more than 20 hours a week.
- Again, rates are similar across all areas.

- 37 children aged 0-15 years were admitted to hospital to provide holiday relief care for their carers. These children were admitted frequently, on average about 20 times year and most frequently for just one night.

Conclusion

- We need to acknowledge that there are a significant number of unpaid carers in Stockport who are still children and a small but significant proportion of these people are providing very intensive care. Policies need to ensure that the needs of these young carers are considered as they are an especially vulnerable group.

3.3.17 Inpatient Activity (aged 0 - 15)

3.3.17.1 Admission Type (aged 0 – 15)

Rationale

- Inpatient admissions are some of the highest cost and most invasive health care interventions, often disempowering for the patient. Key policy drive is to minimise these episodes and shift towards care in a community setting where possible.
- Analysis of admissions can give indications of the patterns of illness and disease and also demonstrates the use of health services.
- Admission type allows us to discriminate between planned care - where patients are referred through health care pathways which are likely to be most appropriate – and emergency admissions – which are more likely to result from lack of early presentation and diagnosis.

Data

2006/07 INPATIENT ADMISSIONS – NUMBERS AND PROPORTIONS 0-15					
Inpatient Admissions by Admission Type	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Planned Admissions	783	806	572	1,232	3,393
Emergency Admissions	966	1,226	751	1,901	4,844
Maternity / Birth Adm.	612	904	526	1,179	3,221
Other Admissions	43	51	29	63	186
All Admissions	2,404	2,987	1,878	4,375	11,644
Planned Admissions	32.6%	27.0%	30.5%	28.2%	29.1%
Emergency Admissions	40.2%	41.0%	40.0%	43.5%	41.6%
Maternity / Birth Adm.	25.5%	30.3%	28.0%	26.9%	27.7%
Other Admissions	1.8%	1.7%	1.5%	1.4%	1.6%

Source: Stockport PCT

Analysis

- 0-15 year olds account for around 11,500 inpatient admissions a year. Of these a significant tranche (3,200) relate to births and maternities and, on the whole are likely to be the admissions of new born babies at delivery.

- Unlike the pattern shown for the total population children are much more likely to be admitted as an emergency with 57% the remaining total admissions, being emergencies and only two-fifths being planned.
- Rates of emergency admissions (after excluding maternities and births) are highest in Heaton & Tame Valley and Stepping Hill & Victoria where they approach accounting for 60% of the remaining admissions.
- Conversely planned admissions are highest in Bramhall & Cheadle and Marple & Werneth.

Conclusion

- Children are more likely to be admitted as an emergency than adults.
- Patterns of admission types relate to deprivation, with areas of deprivation having higher rates of emergency admissions. This suggests that work may need to be targeted here to improve rates of presentation and identification and to ensure care pathways are implemented.

3.3.17.2 Length of Stay (aged 0 - 15)

Rationale

- Inpatient admissions are some of the highest cost and most invasive health care interventions, often disempowering for the patient. Key policy drive is to minimise these episodes and shift towards care in a community setting where possible.
- Analysis of admissions can give indications of the patterns of illness and disease and also demonstrates the use of health services.
- Length of stay is used as a proxy measure for efficiency; ideally a short length of stay as possible is desirable, although obviously a 0 or 1 day length of stay is not appropriate in all cases.

Data

2006/07 INPATIENT ADMISSIONS – NUMBERS AND PROPORTIONS 0-15					
Inpatient Admissions by Length of Stay	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 day	988	1,201	754	1,847	4,790
1 day	702	897	612	1,325	3,536
2 days	261	336	187	431	1,215
3-4 days	282	345	209	469	1,305
5-7 days	84	124	54	171	433
8 -14 days	36	48	35	66	185
15-28 days	28	22	20	27	97
29 + days	23	13	7	39	82
Unknown / unfinished	0	1	0	0	1
All Admissions	2,404	2,987	1,878	4,375	11,644
0 day	41.1%	40.2%	40.1%	42.2%	41.1%
1 day	29.2%	30.0%	32.6%	30.3%	30.4%
2 days	10.9%	11.2%	10.0%	9.9%	10.4%
3-4 days	11.7%	11.6%	11.1%	10.7%	11.2%
5-7 days	3.5%	4.2%	2.9%	3.9%	3.7%
8 -14 days	1.5%	1.6%	1.9%	1.5%	1.6%
15-28 days	1.2%	0.7%	1.1%	0.6%	0.8%
29 + days	1.0%	0.4%	0.4%	0.9%	0.7%
Unknown / unfinished	0.0%	0.0%	0.0%	0.0%	0.0%
2006/07 INPATIENT ADMISSIONS – AVERAGE LENGTH OF STAY					
Mean	1.97	1.78	1.67	1.85	1.83
Median	0.30	0.33	0.30	0.26	0.29

Source: Stockport PCT

Analysis

- The majority (70%) of inpatient admissions for children are associated with a length of stay of 0 or 1 day, and for all areas the modal average and median average approximate to 0.
- Unlike for adults there are only low numbers (around 100) of outliers with length of stays beyond 4 weeks, and no inpatients in this age group have been admitted for more than a year. This means that the skew for the mean average length of stay is less and is the average is 1.8.
- Patterns of length of stay are broadly similar across areas.

Conclusion

- In line with the national strategy, the majority of hospital stays are for a day or shorter, however, policy makers need to ensure that these individuals are appropriately admitted and discharged.

- There are very few children with a long length of stay, and it is likely that these are appropriate. Consideration needs to be given to appropriate settings for long term care and the available support for families.

3.3.17.3 Cause of Admission (aged 0 - 15)

Rationale

- Inpatient admissions are some of the highest cost and most invasive health care interventions, often disempowering for the patient. Key policy drive is to minimise these episodes and shift towards care in a community setting where possible.
- Analysis of admissions can give indications of the patterns of illness and disease and also demonstrates the use of health services.
- Analysing the cause of admissions give indications of the type of conditions people in Stockport are receiving treatment for.

Data

2006/07 INPATIENT ADMISSIONS – PROPORTIONS 0-15					
Inpatient Admissions by Healthcare Reference Group Chapter (HRG)	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Nervous System	1.2%	0.7%	1.1%	0.8%	0.9%
Eyes & Periorbita	1.7%	1.1%	1.0%	1.1%	1.2%
Mouth, Head, Neck & Ears	7.9%	7.0%	6.0%	6.5%	6.8%
Respiratory System	0.3%	0.3%	0.4%	0.5%	0.4%
Cardiac Surgery & Primary Cardiac Conditions	0.7%	0.9%	1.0%	1.0%	0.9%
Digestive System	1.9%	2.1%	2.3%	1.8%	2.0%
Hepato-biliary & Pancreatic Sys.	0.1%	0.0%	0.0%	0.0%	0.0%
Musculoskeletal System	4.5%	3.4%	4.4%	3.9%	4.0%
Skin, Breast & Burns	2.2%	2.1%	1.8%	1.7%	1.9%
Endocrine & Metabolic System	0.0%	0.1%	0.2%	0.2%	0.1%
Urinary Tract & Male Reproductive System	1.7%	1.2%	1.6%	1.4%	1.4%
Female Reproductive System	0.1%	0.1%	0.4%	0.3%	0.2%
Obstetrics & Neonatal Care	25.4%	30.8%	28.6%	27.4%	28.0%
Diseases of Childhood	38.4%	37.9%	37.4%	39.9%	38.7%
Vascular System	0.2%	0.2%	0.1%	0.2%	0.2%
Spinal Surgery & Primary Spinal Conditions	0.2%	0.1%	0.3%	0.5%	0.3%
Haematology, Infectious Disease, Poisoning & Non-specific Groups	13.1%	11.8%	13.0%	12.5%	12.6%
Mental Health	0.3%	0.2%	0.6%	0.4%	0.4%
Undefined Groups	0.1%	0.0%	0.0%	0.1%	0.1%

Source: Stockport PCT

2006/07 INPATIENT ADMISSIONS – NUMBERS 0-15	
Top 10 Healthcare Reference Groups (HRG)	Stockport
Neonates with one Minor Diagnosis	1,745
Neonates with Multiple Minor Diagnoses	1,180
Respite Care	688
Upper Respiratory Tract Disorders	687
Other Gastrointestinal or Metabolic Disorders	584
Intermediate Mouth or Throat Procedures	488
Minor Infections (including Immune Disorders)	434
Examination, Follow up & Special Screening	398
Infectious and Non-Infectious Gastroenteritis	390
Asthma or Wheezing	378
Accidental Injury without Brain Injury	291

Source: Stockport PCT

Analysis

- Conditions relating to the diseases of childhood, obstetrics & neonatal care and 'haematology, infectious disease, poisoning & non-specific groups' are the most common cause of admission for children in all areas.
- The most common diseases of childhood admissions are for upper respiratory tract disorders, other gastrointestinal or metabolic disorders, intermediate mouth or throat procedures, minor infections, gastroenteritis, asthma & wheezing and accidental injury (without brain injury).
- Obstetrics & neonatal care admissions relate to the more than 3,000 births occurring a year.
- The majority of the 'haematology, infectious disease, poisoning & non-specific groups' for children include a large number of admissions (under 'non-specific') relating to respite care and 'examination, follow up and special screening'.

Conclusion

- Diseases relating to breathing and digestion are the most common cause of admissions for children. Evidence suggests that, by breastfeeding, the rates of gastroenteritis in early life can be dramatically reduced and this, therefore, should be a priority for action.
- Respiratory problems again relate strongly to lack of breastfeeding and also environmental effects of pollution and smoking in the home, again priorities for action should focus on smoking in pregnancy, smoke free homes and increasing rate of breastfeeding.

3.3.17.4 Ambulatory Care Sensitive Conditions (aged 0 - 15)

Rationale

- Inpatient admissions are some of the highest cost and most invasive health care interventions, often disempowering for the patient. A key policy drive is to minimise these episodes and shift towards care in a community setting where possible.

- Analysis of admissions can give indications of the patterns of illness and disease and also demonstrates the use of health service.
- The 19 Ambulatory Care Sensitive (ACS) Conditions are long-term health conditions that can often be managed with timely and effective treatment in the community without hospitalisation, implying that a proportion of ACS admissions - though of course not all - could be prevented.
- Data is presented for the numbers of emergency admissions each of the 19 conditions.

Data

2006/07 INPATIENT ADMISSIONS – EMERGENCY ADMISSIONS FOR AMBULATORY CARE SENSITIVE CONDITIONS – NUMBERS AND RATES							
		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	
Acute	Cellulitis	9	11	2	10	32	
	Convulsions & epilepsy	22	39	40	74	175	
	Dehydration & gastroenteritis	3	6	5	11	25	
	Dental conditions	4	4	1	6	15	
	Ear, nose & throat infections	95	119	68	183	465	
	Gangrene					0	
	Pelvic inflammatory disease				1	1	
	Perforated / bleeding ulcer					0	
	Pyelonephritis	1				1	
	Ruptured appendix	2	3	1	4	10	
	TOTAL	136	182	117	289	724	
	Chronic	Angina					0
		Asthma	43	53	26	72	194
COPD			1		2	3	
Congestive heart failure					3	3	
Diabetes complications			7	1	1	9	
Hypertension						0	
Iron deficiency anaemia			1			1	
Nutritional deficiencies			1			1	
TOTAL		43	63	27	78	211	
Vaccine	Influenza and pneumonia	11	13	9	19	52	
	Other vaccine preventable		1		1	2	
	TOTAL	11	14	9	20	54	
TOTAL ACS Conditions		190	259	153	387	989	
Rate – Acute		9.8	13.7	12.8	16.8	13.5	
Rate – Chronic		3.1	4.7	3.0	4.5	3.9	
Rate – Vaccine Preventable		0.8	1.1	1.0	1.2	1.0	
Rate - Total ACS Conditions		13.7	19.5	16.7	22.5	18.5	

Source: Stockport PCT

Analysis

- Ambulatory Care Sensitive Conditions accounted for around 20.4% of the total numbers of emergency admissions for Stockport residents aged 0-15 years in 2006/07, at a total crude rate of 18.5 admissions per 1,000 population.
- Almost 75% of the ACS condition emergency admissions were for acute conditions and 20% were for chronic conditions with the remaining 5% being for vaccine preventable conditions.
- The most common cause of admission for chronic conditions was asthma (92%) with an additional 4% due to diabetes complications.
- The most common causes of admission for acute conditions were for ear, nose & throat problems (64%), convulsions & epilepsy (24%), cellulitis (4%) and dehydration & gastroenteritis (3%).
- The vast majority (96%) of admissions for vaccine preventable conditions related to influenza and pneumonia.
- Rates of admission were highest in S&V and lowest in B&C.

Conclusion

- A total of 990 emergency admissions were made for Ambulatory Care Sensitive Conditions in 2006/07 for those aged 0-15 years – admissions that should be preventable. Commissioners need to examine pathways, especially for asthma and ear nose and throat infections, to ensure that patients are supported to manage their conditions and to avoid hospital whenever possible.

3.3.18 Accident & Emergency Activity (aged 0 - 15)

3.3.18.1 Age Structure (0 – 15)

Rationale

- A&E attendances give evidence as to the acute demands for health care.
- Analysis of attendance can give indications of the patterns of illness and of injuries and also demonstrates the use of health services.
- Note that this dataset is severely limited as it does not include attendances at other providers. The PBC locality of Bramhall & Cheadle will be particularly affected due to the proximity of Wythenshawe Hospital's A&E service to its boundary. Work is underway to obtain data from other providers and improve the quality of this analysis.
- Age is the key profiling tool used later in the document to segment populations.

Data

2006/07 A&E ATTENDANCES AT STEPPING HILL HOSPITAL – AGED 0–15 – NUMBERS AND RATE PER 1,000 POPULATION					
Inpatient Admissions by age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 years – numbers	144	273	147	451	1,015
1-4 years – numbers	563	990	597	1,621	3,771
5-10 years – numbers	599	839	755	1,548	3,741
11-15 years – numbers	876	1,257	958	2,035	5,126
0-15 – numbers	2,182	3,359	2,457	5,655	13,653
0 years – rates	228.2	336.6	287.7	429.9	338.1
1-4 years – rates	181.4	308.1	299.5	371.6	297.6
5-10 years – rates	116.2	172.7	225.2	252.5	191.9
11-15 years – rates	174.7	283.7	291.4	357.4	278.2
0-15 years – rates	157.0	252.3	268.7	328.1	254.7

Source: Stockport PCT

Analysis

- There are around 13,700 A&E attendances made by Stockport residents aged under 16 years at Stepping Hill Hospital each year.
- Rate of use is lowest for those aged 5-10 years and highest for those aged 0 years, where the rate is more than 50% higher. A pattern of a peak in demand during the first year of life followed by a steady decline during toddler years is followed by a low level demand through primary school age and then a rise in attendance again during secondary school age.
- Overall rates of admission are highest in Stepping Hill & Victoria and lowest in Bramhall & Cheadle though, as noted in the rationale, the figures for Bramhall & Cheadle will be artificially low.

Conclusion

- Significant use is made of the A&E service by children in Stockport.
- In this age group, babies and teenagers are more likely to attend A&E and, therefore, any strategies targeted at children's A&E services need to account for the needs of these two very different groups.

3.3.18.2 Cause of Admission (aged 0 - 15)

Rationale

- A&E attendances give evidence as to the acute demands for health care.
- Analysis of attendance can give indications of the patterns of illness and of injuries and also demonstrates the use of health services.

- Note that this dataset is severely limited as it does not include attendances at other providers. The PBC locality of Bramhall & Cheadle will be particularly affected due to the proximity of Wythenshawe hospital's A&E service to its boundary.
- Analysing the cause of admissions gives indications of the type of conditions people in Stockport are demanding treatment for.

Data

2006/07 A&E ATTENDANCES AT STEPPING HILL HOSPITAL – AGED 0–15 – PROPORTION						
Primary Diagnosis following Attendance	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport	
Non-injury	Abdominal	2.0%	1.8%	1.8%	1.8%	1.8%
	Cardiovascular Sys.	0.0%	0.1%	0.1%	0.3%	0.2%
	Central Nervous Sys.	1.2%	1.1%	1.7%	1.4%	1.4%
	Endocrine System	0.0%	0.0%	0.0%	0.1%	0.1%
	Gynaecological	0.0%	0.0%	0.0%	0.1%	0.0%
	Infection	4.8%	5.4%	4.3%	5.6%	5.2%
	Miscellaneous	6.4%	6.6%	6.0%	7.1%	6.7%
	Psychiatry	0.2%	0.5%	0.5%	0.6%	0.5%
	Respiratory System	2.4%	3.2%	2.3%	2.7%	2.7%
TOTAL Non-injury	17.2%	18.8%	16.7%	19.7%	18.5%	
Injury	Fracture / Dislocation	10.2%	10.8%	11.1%	9.3%	10.2%
	Head Injury	9.9%	10.5%	9.9%	10.4%	10.3%
	Soft Tissue Injury	26.5%	25.0%	27.6%	24.8%	25.7%
	Sprain / Strain	8.6%	7.3%	8.4%	7.8%	7.9%
	Other Injury	8.0%	7.8%	7.9%	7.8%	7.8%
	TOTAL Injury	63.2%	61.4%	64.9%	60.2%	61.8%
Other	Alcohol related	0.1%	0.1%	0.3%	0.2%	0.2%
	No diagnosis	19.4%	19.7%	18.1%	19.9%	19.5%

Source: Stockport PCT

Analysis

- Compared to the overall population analysis, children are much more likely to attend A&E services as a result of injuries with more than 60% of admissions resulting in this category of diagnosis.
- The most common injuries in descending order are: soft tissue injuries (including lacerations and bruising), head injuries, fractures, and sprains & strains.
- The most common illnesses for children are classified as 'miscellaneous', with infections and respiratory conditions as the next most common.
- Interestingly a fifth of all attendances do not result in any diagnosis, perhaps suggesting that the attendance might have been inappropriate.
- Only 25 attendances were identified as 'alcohol related', however, it is hypothesised that many more attendances than this are alcohol related.

- Patterns across areas are broadly similar.

Conclusion

- There is a need for better quality data as a fifth of admissions have no diagnosis and almost a tenth are coded as 'miscellaneous'.
- Evidence does suggest that minor injuries account for many attendances, and more so for children than the general population; work may need to be undertaken to assess whether A&E is the most efficient setting for the treatment of these.

3.3.18.3 Location of Incident (aged 0 - 15)

Rationale

- A&E attendances give evidence as to the acute demands for health care.
- Analysis of attendance can give indications of the patterns of illness and of injuries and also demonstrates the use of health services.
- Note that this dataset is severely limited as it does not include attendances at other providers. The PBC locality of Bramhall & Cheadle will be particularly affected due to the proximity of Wythenshawe Hospital's A&E service to its boundary.
- Analysing the location of the incident give indications of the type of settings children in Stockport are either getting injured or ill at.

Data

2006/07 A&E ATTENDANCES AT STEPPING HILL HOSPITAL – AGED 0–15 – PROPORTION					
Inpatient Admissions by age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Home	43.9%	45.9%	46.0%	46.3%	45.7%
Public Place	11.1%	11.9%	11.4%	11.4%	11.5%
Work	0.1%	0.0%	0.0%	0.1%	0.1%
Sporting	10.9%	9.0%	11.0%	8.6%	9.5%
Road Traffic Accident	1.2%	1.7%	1.6%	1.4%	1.5%
Educational Establishment	15.4%	13.7%	13.2%	13.4%	13.7%
Holiday	0.7%	0.3%	0.5%	0.5%	0.5%
Assault	0.5%	0.3%	0.4%	0.4%	0.4%
Other	16.4%	17.3%	16.0%	17.9%	17.2%

Source: Stockport PCT

Analysis

- Almost a half (46%) of all incidents occur in the home, a pattern which is similar across all PBC localities.
- 14% occur in schools or other educational establishments and 12% in public places.

Conclusion

- There is a need for better quality data as almost a fifth of attendances are from 'other' locations.
- Evidence does suggest that homes are the most likely place for an incident to occur and, therefore, accident prevention schemes should target these locations.

3.3.19 Looked after children – School Census

Rationale

- Looked-after children are statistically more likely to suffer a wide range of issues related to health and wellbeing.

Data

SCHOOL CENSUS – LOOKED AFTER CHILDREN					
School type	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Nurseries	1	2	0	1	4
Primary Schools	19	23	9	48	99
Secondary Schools	24	32	16	36	108

Source: Stockport Council Children and Young People Directorate- School Census

Analysis

- Looked after children in the Borough are spread across all areas and school groups with the exceptions of Marple & Werneth which has approximately half of the number in other areas at all ages and Stepping Hill & Victoria which has a high level of primary school aged children in comparison to Bramhall & Cheadle and Heatons & Tame Valley.

Conclusion

- Opportunities for targeting information and services to looked-after children or areas with high concentrations of looked after children should continue to be built on.

3.3.20 Children with a Child Protection Plan

Rationale

- All Social Care departments are obliged to report annually figures on Child Protection cases to assist Central Government in analysing patterns of need.
- Looking at the age structure of children given a child protection plan indicates where need is greatest, and allows the Council to target particular age groups and communicate via the appropriate mechanisms.
- Inter-agency work is assisted when information is available on who and where the children are that have a child protection plan and allows improved out-comes via the

early intervention team.

- Very high or very low numbers of children compared with statistical neighbours can indicate incorrectly set service eligibility thresholds.

Data

CHILDREN WITH A CHILD PROTECTION PLAN IN STOCKPORT:						
Age of child	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Out Of Area	Stockport
0-4	2	12	5	18	0	37
5-15	7	21	19	30	1	78
16-17	0	0	2	4	0	6
All Ages	9	33	26	52	1	121

Analysis

- Child protection levels spike in the 5-15 age group.
- Children on Child protection plans are most heavily concentrated in the areas of Stockport that have the highest levels of social deprivation. Alignment of services should be based around particular areas of need, especially Brinnington, Shaw Heath, Adswold and Cale Green areas.
- Analysis completed as part of the annual Government Returns indicate that there is an over representation of BME children in the Child Protection cohort in 2006/07 although there is further work underway to improve recording. (*source CPR Annual Statistical Return 2006-7*)
- Annual Performance Assessment figures reported to CSCI in 2007 indicate that Stockport has fewer referrals into the Child Protection system than our comparator authorities. This was recognised by OFSTED as resulting from Stockport's robust prevention strategy. However, once children are in the system, Performance Assessment Framework figures demonstrate that Stockport is either 'Good' or 'Very Good' in terms of managing its active Child Protection Cohort in areas of re-registration, de-registration and reviewing ongoing cases. (*source APA Annual Statistical Return 2006-2007*)
- The timescales for carrying out initial assessments, whilst still acceptable, have increased over the past two years. Furthermore, Stockport carries out a significantly lower number of core assessments than similar authorities but the timeliness of these assessments is significantly below that of these authorities.

Conclusion

- Stockport needs to carry out further research to investigate why there is an over-representation of BME children with active Child Protection Plans in the Borough in 2006/07, including work to clean up the data. However, it is important to recognise the small numbers involved and this has not been the case in 2007/08.
- 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.

3.3.21 Looked after Children

Rationale

- All Social Care departments are obliged to report figures on Looked After Children (LAC) annually, to assist Central Government in analysing patterns of need.
- Monitoring of where the Looked After children are distributed in the Borough allows Social Care Teams to make effective decision making when it comes to choice of placement, educational arrangements and, ultimately, creating as stable an environment as possible so that, if appropriate, children can maintain key support structures such as family and friends.
- Looking at the age structure of Stockport's Looked After Children enables the council to create effective long term plans for the children up to the age of 18.
- Linking in to other agencies' knowledge around health, education, offending, enables Stockport's Social Care Teams to have a more rounded view of the child and enables more focussed outcome planning.

Data

LOOKED AFTER CHILDREN IN STOCKPORT:						
Age of child	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Out of Area	Stockport
0-4	5	27	15	26	0	73
5-15	11	85	22	88	9	215
16-18	3	23	11	17	1	55
All Ages	19	135	48	131	10	343

Analysis

- Despite a downward trend, the LAC population of Stockport is higher on a per 1000 population basis than its comparator authorities, with an over-representation of children in the upper age bands.
- Looked After Children are most heavily concentrated in the areas of Stockport that have the highest levels of social deprivation.
- Annual Performance Assessment figures reported to CSCI in 2007 indicate that Stockport is performing very well in the areas of: Health of LAC; placement stability, adoptions of LAC and education, employment and training outcomes for Care leavers. Also, CSCI have commended Stockport on the Joint Agency systems they have in place. Weaknesses indicated in Stockport's outcomes are centred around youth offending of LAC, the time taken to complete full assessments of LAC, and the participation of LAC in their care planning process. (*source APA Annual Statistical Return 2006-2007*)
- There may be a correlation between the low numbers of Child Protection referrals and high numbers of Looked After Children that requires further investigation.

Conclusion

- Stockport continues to develop the joint agency structures it currently has in place, in particular around youth offending, health and education to enable improved outcomes for children and fulfil the Council's responsibility as a corporate parent.
- Further research needs to take place to examine the reasons behind Stockport's top heavy LAC population, which needs to encompass issues around accommodation, the prevalence of substance misuse, and mental health issues, and improved transition planning for those children likely to go on to receive Adult Social Services.
- On the whole, Stockport serves its LAC population very well, as judged by the regulator, CSCI. Over 75% of its Performance Indicators monitored by CSCI are 'good' or 'very good'.
- Stockport needs to develop better processes for monitoring attendance at school for LAC, as a substantial number of LAC (18%) have more than 25 days per year absence, and this non-attendance has knock-on impacts for the child in terms of youth offending, substance misuse and long term education, employment and training outcomes.

3.4 Lifestyles & wellbeing

3.4.1 Smoking (aged 0 - 15)

Rationale

- Smoking is a direct cause of premature mortality, heart disease, cancer and lung disease. 1 in 4 smokers will die as a result of a smoking related disease.
- Preventing uptake of smoking at an early age is a key part of the overall strategy for reducing smoking in the adult population as well as being vital for the prevention of ill-health later in life for individuals. National evidence suggests that over 80% of smokers start as teenagers. This is especially important as evidence suggests that people who start smoking now are less likely to quit than their predecessors.

Data

2002 YOUNG PERSONS LIFESTYLE SURVEY – AGED 10–15 RESIDENT IN:					
Smoking	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
% smoking > once a week	3.8%	11.5%	2.9%	10.6%	9.0%
Sample size	208	296	172	226	1025

Source: Stockport PCT

Analysis

- 9% of 10-15 year olds reported smoking at least once a week in the 2003 survey.
- Rates were highest in Heatons & Tame Valley and Stepping Hill & Victoria and were extremely low in Bramhall & Cheadle and Marple & Werneth.

Conclusion

- This analysis again supports previous evidence on the drivers of health inequalities and should focus the attention of smoking services on the most deprived areas of the Borough. The results suggest that the patterns of poor lifestyle choices begin early in life and, therefore, targeting this age group is of vital importance.

3.4.2 Alcohol (aged 10 - 15)

Rationale

- Although, for adults, the ideal pattern of alcohol consumption is to drink a small amount on most days this is not the case for children. There are no recommended or safe limits for this age group and alcohol consumption for children should be occasional and low in volume, enabling young people to gain control of their drinking.
- As for adults, this pattern of beneficial alcohol consumption is not the norm and many young people drink far more than is recommended. Young people drink for a variety of reasons including the wish to demonstrate maturity, have fun and test their limits.
- Although young people may drink in an uncontrolled way at times, most will not go on to develop serious alcohol problems. However, there are some serious long-term impacts of drinking that affect young people for the rest of their lives, many resulting from accidents which occur while intoxicated.
- There is also an association between alcohol and crime or anti-social behaviour. Nationally 16% of school attendees who had committed a crime, reported that they had been drinking prior to the crime.

Data

2002 YOUNG PERSON'S LIFESTYLE SURVEY – AGED 10–15 RESIDENT IN:					
Alcohol Consumed	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Every day / almost every day	0.0%	5.2%	4.3%	3.5%	3.7%
About twice a week	2.2%	14.0%	8.7%	8.7%	9.4%
About once a week	12.0%	10.5%	7.8%	9.1%	9.9%
About once a fortnight	5.4%	10.1%	9.6%	12.1%	9.5%
About once a month	7.1%	11.5%	4.3%	7.8%	8.5%
Only a few times a year	24.5%	22.4%	14.8%	24.7%	23.0%
Never drink alcohol now	2.2%	2.4%	0.9%	1.7%	2.1%
Never had alcoholic drink	46.7%	23.8%	49.6%	32.5%	33.8%
Sample size	184	286	115	231	946

Source: Stockport PCT

Analysis

- A third of 10-15 year olds reported that they had never drunk an alcoholic drink, with rates approaching 50% in Bramhall & Cheadle and Marple & Werneth.
- Conversely, 23% drink alcohol every week, rates which are highest in Heaton & Tame Valley and Stepping Hill & Victoria.
- 13% of children in their final year at primary school reported having an alcoholic drink in the week prior to the survey.
- More recent regional studies have shown that, across the North West, 93% of 14-17 year olds were drinkers compared to 7% non-drinkers. 58% drank on at least a weekly basis and 36% binge drink on at least a monthly basis. The primary source of alcohol for young people in this age group is from their parents.

Conclusion

- Unlike for adults, children in affluent areas are less likely to drink alcohol frequently and children in deprived areas are more likely to drink frequently.
- Data for binge drinking is not yet available, a new lifestyle survey is being run in the autumn, with results expected in April 2008, and it is hoped this will add valuable knowledge to patterns of underage drinking.
- Regional data suggests that parents also need to be targeted as they are the primary source of alcohol for under-age drinkers.

3.4.3 Diet (aged 10 - 15)

Rationale

- Diet has a known impact on health and the incidence of disease, including the major killers of cardiovascular disease and some cancers. A healthy eating pattern is low in fat, salt and sugar and high in nutrients and fibre and has controlled portion sizes.
- Fruit and vegetables are promoted as part of an overall healthy lifestyle, helping people to maintain this healthy eating pattern. These items are packed with vitamins and minerals and are an excellent source of fibre and antioxidants; they can help maintain a healthy weight and can help reduce the risk of heart disease, stroke and some cancers.
- The national recommendation is that people eat at least 5 portions of fruit and vegetables a day.
- Evidence suggests that eating habits follow through from childhood to adulthood, so it is important to develop good habits as early as possible. Weaning is an especially important time for developing eating patterns, however there is no current local evidence available for analysis.

Data

2002 YOUNG PERSON'S LIFESTYLE SURVEY – AGED 10–15 RESIDENT IN:					
Eating 5 portions of fruit or vegetables a day	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
% eating '5-a-day'	22.4%	18.3%	23.4%	14.7%	19.3%
Sample size	223	317	167	252	1,096

Source: Stockport PCT

Analysis

- Less than a fifth of 10-15 year olds reported that they consume 5 or more portions of fruit and vegetables on an average day.
- Rates were lowest in Heatons & Tame Valley and Stepping Hill & Victoria.

Conclusion

- Rates for children approximate closely to those for adults, suggesting that targeted action at families to improve consumption will have a beneficial impact across all age groups. Interventions must address the family as childhood obesity is strongly linked to parents' weight, eating and physical activity patterns.

3.4.4 Exercise (aged 10 - 15)

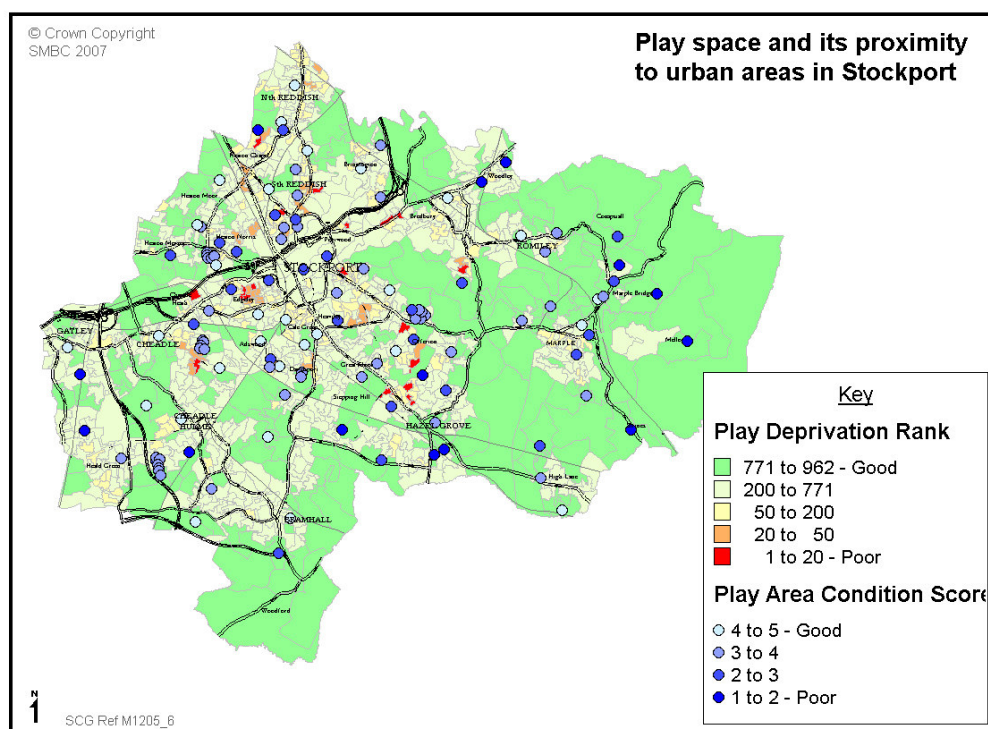
Rationale

- Evidence clearly demonstrates that an inactive lifestyle has a substantial, negative impact on individual health. Adults who are physically active have 20-30% reduced risk of premature death, and up to 50% reduced risk of developing the major chronic diseases such as coronary heart disease, stroke, diabetes and cancers. Overall, physical activity levels are declining nationally.
- Regular physical activity during childhood and adolescence has a range of benefits including healthy growth and development, maintenance of energy balance, psychological wellbeing and social interaction and is particularly important for ensuring bone health.
Whilst many chronic diseases (for example cardiovascular disease) are not diseases of childhood, evidence suggests that the determinant of adult disease are laid down early in life and children with lower physical activity levels are more likely to have such risk factors.
- Evidence is also emerging that participation in physical activity may follow through from childhood to adulthood, in other words a physically active child is more likely to become a physically active adult.

Data

2002 YOUNG PERSON'S LIFESTYLE SURVEY – AGED 10–15 RESIDENT IN:					
Number of minutes exercised a week	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
1 – 60 minutes	4.0%	3.2%	4.0%	5.1%	4.0%
61-120 minutes	8.4%	1.4%	5.2%	6.4%	5.5%
121-180 minutes	5.9%	4.3%	5.2%	6.8%	5.2%
181-240 minutes	10.9%	2.5%	10.4%	9.4%	7.6%
241-300 minutes	6.4%	6.0%	7.5%	6.4%	6.5%
301-360 minutes	5.0%	6.0%	4.6%	6.8%	6.0%
351-420 minutes	5.4%	8.5%	5.8%	7.2%	6.8%
421+ minutes	54.0%	68.1%	57.2%	51.9%	58.6%
Sample Size	202	282	173	235	1,004

Source: Stockport PCT



Source: Stockport Council SCG group, Environment and Economy Directorate, 2007

Analysis

- Almost 60% of 10-15 year olds reported that they exercised for more than 7 hours a week, rates were highest in Heatons & Tame Valley.
- Fewer than 10% of children failed to exercise for more than 2 hours a week.

Conclusion

- Rates of physical activity for children are much higher than for adults, strategies need to ensure that this welcome trend is sustained and the benefits carried into adulthood.

3.4.5 Mental wellbeing (aged 10 - 15)

Rationale

- Complete mental wellbeing is both the absence of mental illness and the presence of positive mental health and well-being. The positive aspect of mental health encompasses how we think, feel and relate, giving people the resources to cope with life and the confidence to make the most of any opportunities offered. Wellbeing can be encapsulated by the phrase 'feeling good and doing well'.
- Having positive mental health or wellbeing benefits physical health by improving protection from heart disease, reducing stroke incidence (and promoting survival), minimising harmful health behaviours such as smoking and drug taking and enhancing overall life time mortality rates and life expectancy.
- The risk factors for suffering mental ill health include material and relative deprivation, low educational attainment, unemployment, environment: poor housing, poor resources, violence and crime, adverse life events and poor social networks; improving mental health and wellbeing can make a contribution to reducing health inequalities.