



Stockport JSNA

joint strategic needs assesment

JSNA First Data Report Part Four Young Adulthood

November 2007



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4 YOUNG ADULTHOOD (16 – 24)

4.1 Population

4.1.1 Age Structure (aged 16 – 24)

Rationale

- Age structure is key to understanding basic demographic patterns, including size of population, age profile and, therefore, likely demands on 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
16-17	2,080	1,964	1,383	2,533	7,960
18-19	1,804	1,919	1,232	2,386	7,341
20-21	1,481	1,809	1,065	2,165	6,520
22-24	2,479	2,815	1,702	3,302	10,298
16-24	7,844	8,507	5,382	10,386	32,119
16-17	26.5%	23.1%	25.7%	24.4%	24.8%
18-19	23.0%	22.6%	22.9%	23.0%	22.9%
20-21	18.9%	21.3%	19.8%	20.8%	20.3%
22-24	31.6%	33.1%	31.6%	31.8%	32.1%
TOTAL	77,753	71,619	53,957	91,526	294,855
% 16-24	10.1%	11.9%	10.0%	11.3%	10.9%

Source: Exeter Patient Registration System

Analysis

- PBC localities are not of similar sizes, Marple & Werneth is much smaller, Stepping Hill & Victoria is much bigger
- Heatons & Tame Valley and Stepping Hill & Victoria have younger age profiles.
- Age splits for this age group are similar across the PBC localities.
- Age most likely to go to university.

Conclusion

- There are no significant differences in either the age structure or size of the young adult population.

4.1.2 Gender (aged 16 – 24)

Rationale

- Gender is a key factor in the likely risks of certain 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	4,068	4,282	2,815	5,211	16,376
Females	3,776	4,225	2,567	5,175	15,743
TOTAL	7,844	8,507	5,382	10,386	32,119
Males	51.9%	50.3%	52.3%	50.2%	51.0%
Females	48.1%	49.7%	47.7%	49.8%	49.0%

Source: Exeter Patient Registration System

Analysis

- More males than females, probably still due to differentials in birth rates.

Conclusion

- No significant conclusions

4.1.3 Ethnicity (aged 16 – 24)

Rationale

- Ethnicity is a key profiling tool as populations from BME ancestries have distinct patterns of health conditions and different lifestyle related risk factors and behaviours.
- Residents from ethnic minority populations may experience barriers to services and information arising from differential treatment and/or language barriers.
- Research has shown that residents from ethnic minorities have different expectations of the health services and their own health and may be less likely to demand services or present with illnesses.

Data

2001 CENSUS ETHNIC GROUP OF POPULATION – RESIDENT IN:						
		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
White	British	89.5%	89.8%	96.5%	94.3%	92.3%
	Irish	0.6%	1.7%	0.1%	0.3%	0.7%
	Other	1.3%	1.4%	0.9%	1.1%	1.2%
	TOTAL	91.5%	92.9%	97.6%	95.7%	94.2%
Mixed	White & Black C'bean	0.3%	0.7%	0.4%	0.3%	0.4%
	White & Black African	0.1%	0.2%	0.1%	0.2%	0.2%
	White & Asian	0.6%	0.5%	0.3%	0.2%	0.4%
	Other	0.4%	0.4%	0.3%	0.5%	0.4%
	TOTAL	1.5%	1.8%	1.2%	1.2%	1.4%
Asian or Asian British	Indian	1.5%	0.8%	0.2%	0.4%	0.8%
	Pakistani	2.9%	2.2%	0.1%	1.2%	1.7%
	Bangladeshi	0.4%	0.2%	0.1%	0.2%	0.2%
	Other	0.6%	0.4%	0.2%	0.2%	0.4%
	TOTAL	5.3%	3.6%	0.6%	1.9%	3.1%
Black or Black British	Black Caribbean	0.3%	0.3%	0.2%	0.0%	0.2%
	Black African	0.3%	0.2%	0.1%	0.1%	0.2%
	Other	0.2%	0.1%	0.0%	0.0%	0.1%
	TOTAL	0.7%	0.6%	0.3%	0.1%	0.4%
Other Ethnic Group	Chinese	0.6%	0.9%	0.4%	0.7%	0.7%
	Other	0.3%	0.3%	0.0%	0.3%	0.2%
	TOTAL	0.9%	1.1%	0.4%	1.0%	0.9%

Source: Office of National Statistics

Analysis

- Young adult population is much more ethnically diverse than Stockport average, but less so than the child population.
- Bramhall & Cheadle has high rates of BME, primarily from Pakistani and Indian ancestries and concentrating in Heald Green and Gatley. Mixed ethnicity 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

- Services who target people aged 16-24 should be aware of the growing proportion of young BME adults and their issues and needs. This is a particular issue in Bramhall & Cheadle and Heatons & Tame Valley.

4.1.4 Population Trends - Past (aged 16 – 24)

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	16-17	2,034	1,879	1,362	2,234	7,509
	18-19	1,705	1,653	1,240	2,069	6,667
	20-21	1,370	1,594	1,043	1,930	5,937
	22-24	2,278	2,428	1,595	3,009	9,310
	16-24	7,387	7,554	5,240	9,242	29,423
30-06-07	16-17	2,080	1,964	1,383	2,533	7,960
	18-19	1,804	1,919	1,232	2,386	7,341
	20-21	1,481	1,809	1,065	2,165	6,520
	22-24	2,479	2,815	1,702	3,302	10,298
	16-24	7,844	8,507	5,382	10,386	32,119
% Change	16-17	102.3%	104.5%	101.5%	113.4%	106.0%
	18-19	105.8%	116.1%	99.4%	115.3%	110.1%
	20-21	108.1%	113.5%	102.1%	112.2%	109.8%
	22-24	108.8%	115.9%	106.7%	109.7%	110.6%
	16-24	106.2%	112.6%	102.7%	112.4%	109.2%

Source: Exeter Patient Registration System

Analysis

- Population of 16-24s has increased since 2001 in all areas. Probably due to the low birth numbers cohort of the late 1970s moving out of this age range.
- Levels have increased fastest in the areas with higher proportions (Heatons & Tame Valley and Stepping Hill & Victoria).

Conclusion

- The demands on services for 16-24 year olds will be greatest in Heatons & Tame Valley and Stepping Hill & Victoria where additional services may be required.

4.1.5 Population Trends - Projected (aged 16 – 24)

Rationale

- Population projections allow services to anticipate likely demand for services and identify early on the changes in population structure. Note data 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	15-19	18,295	18,469	18,533	18,169	18,008	17,620	16,047	14,931
	20-24	14,617	15,249	15,760	16,269	16,461	16,490	16,021	14,645
	15-24	32,912	33,718	34,293	34,438	34,469	34,110	32,068	29,576
% Change '05	15-19	-	101.0%	101.3%	99.3%	98.4%	96.3%	87.7%	81.6%
	20-24	-	104.3%	107.8%	111.3%	112.6%	112.8%	109.6%	100.2%
	15-24	-	102.4%	104.2%	104.6%	104.7%	103.6%	97.4%	89.9%
Proportion	15-19	55.6%	54.8%	54.0%	52.8%	52.2%	51.7%	50.0%	50.5%
	20-24	44.4%	45.2%	46.0%	47.2%	47.8%	48.3%	50.0%	49.5%
	15-24	11.7%	12.0%	12.2%	12.2%	12.3%	12.1%	11.4%	10.4%

Source: Office for National Statistics

Analysis

- Population size is likely to continue to increase until 2009 and then begins to decline.
- Younger populations (15-19) are expected to decline from 2008 onwards.

Conclusion

- Less or different services may be required as populations of young adults decline.
- Rises in the birth rate may affect this trend in the 2020s.

4.2 Social & environment context

4.2.1 Not in Education, Employment or Training (NEET)

Rationale

- Young people not in education, employment or training may have multiple and complex issues with personal problems or disrupted family relationships resulting in disrupted accommodation, which can mean that young people have limited energy to consider educational progression, career development or training.
- Many young people who are NEET have had negative experiences of schooling which act as a disincentive to going into further education, particularly for students who have had attainment problems at school or who have poor basic skills.
- Many young people who are NEET have issues of low self-esteem in terms of their view of their ability to complete educational courses or maintain a job. A significant proportion of those NEET are so because of health problems, many with mental health issues.

Data

16-18 YEAR OLDS NEET (Not in Employment, Education or Training) January 2007					
PBC	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
All people aged 16-18 listed as NEET (All categories)	74	288	109	306	777
All people aged 16-18 registered with Connexions	1961	2151	1467	3007	8586
% of people aged 16-18 listed as NEET (All categories)	4%	13%	7%	10%	9%

Source: Connexions database, January 2007

Analysis

- Approx 800 young adults are NEET. Rates are highest in Heatons & Tame Valley.

Conclusion

- Further investigation of NEET characteristics is needed. No conclusion can be made at present.
- Work on reducing young people who are NEET needs to focus on the Heatons & Tame Valley area.

4.2.2 Education by year

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

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 & Young People's Services, Stockport Council, 2007

*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.

2001 CENSUS – QUALIFICATIONS OF PEOPLE AGED 16 TO 74 YEARS						
Number and percentage who have at least:		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
% 16-24	Degree or equivalent	13.1%	10.7%	10.0%	9.9%	10.9%
	2+ A Levels or equivalent	19.3%	15.6%	17.1%	16.3%	17.0%
	5+ GCSEs or equivalent	72.9%	63.5%	68.0%	65.0%	67.1%
	1+ GCSE or equivalent	85.5%	81.4%	83.8%	82.6%	83.2%
	No qualifications	13.2%	17.2%	15.2%	16.0%	15.5%
	Level unknown	1.3%	1.5%	1.0%	1.4%	1.3%

Source: Office of National Statistics, 2001

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 percentage result for 5+ A*-G are Davenport & Cale Green (74.3%), Brinnington & Central (77.9%), Edgeley & Cheadle Heath (82.2%).
- The three wards with the lowest percentage result for 5+ A*-C are Brinnington & Central (18.2%), Reddish North (35.2%), Davenport & Cale Green (36.6%).
- Qualifications (Census data). Proportions of younger residents with higher levels of qualification varies less between PBC areas than the proportions with lower levels of qualification. In this age group there is also less variance across PBC areas when compared to the whole or older population cohorts. One hypothesis regarding the homogeneity of the proportion of young people with degrees across the PBC areas would be that whilst those with a degree primarily originate from more affluent areas, after graduation, graduates become more equally disbursed because whilst some return to live with parents, others look to rent or buy their own accommodation in more affordable areas.

Conclusion

- Work on improving attainment needs to continue to focus in Brinnington and Central ward.

4.2.3 Employment

Rationale

- Youth unemployment is both caused by, and causes, poor health.
- A number of studies have indicated that unemployment has a negative effect on self-esteem and levels of depression and other mental health issues.
- A significant proportion of young unemployed have reduced opportunities of employment due to mental health and other emotional and social problems.

Data

YOUTH UNEMPLOYMENT BY WARD BY RANK AT 2001 CENSUS WARDS			
Ward	Total No.	%	% (Youth)
Romiley	141	1.8%	17.7%
Great Moor	145	1.7%	17.2%
Manor	145	1.9%	17.2%
Brinnington	399	6.9%	16.3%
Cheadle	93	1.1%	16.1%
Edgeley	186	2.4%	16.1%
South Marple	62	0.9%	16.1%
North Reddish	202	2%	14.9%
Cale Green	212	2.8%	14.2%
Davenport	115	1.6%	13%
Heaton Mersey	131	1.3%	11.5%
South Reddish	305	3.6%	11.5%
Heald Green	92	1.2%	10.9%
West Bramhall	57	0.7%	8.8%
East Bramhall	63	0.7%	7.9%
Bredbury	131	1.4%	7.6%
North Marple	75	1.1%	6.7%
Heaton Moor	76	1%	6.6%
Hazel Grove	93	1%	5.4%
Cheadle Hulme North	111	1.3%	4.5%
Cheadle Hulme South	65	0.8%	0%
Stockport	2,885	1.7%	13%
Greater Manchester	43,300	2.7%	13.5%
North West	111,075	2.6%	12.9%
United Kingdom	885,485	2.4%	11.9%

Source: Nomis may 2007

Analysis

- Youth unemployment is highest in the Heatons & Tame Valley. At ward level, Romiley is in the top 50 wards in Greater Manchester for youth unemployment.
- High proportions of young people may not reflect the largest numbers of young people.

Conclusion

- Initiatives directed at the health of young unemployed people can be directed quite specifically to certain geographical areas namely Romiley, Great Moor, Manor and Brinnington.
- Further analysis is required to identify the number of young people who are unemployed.

4.2.4 Youth Offending

Rationale

- Young offenders are three times more likely to have a mental health problem than other young people, a report suggests.
- 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	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number	131	224	109	268	732
As a % of 16 – 17 year olds	6.3%	11.4%	7.9%	10.6%	9.2%

Source: Stockport Youth Offending Team

Analysis

- Approx 800 young adults are youth offenders. Rates are highest in Heatons & Tame Valley.

Conclusion

- Further work is required to understand the health and wellbeing needs of Youth offenders.

4.2.5 Victims of Crime and domestic violence

Rationale

- Victims of crime and victims of domestic violence are at risk of a range of physical and mental issues both in the short-term as a direct result of harm and in the longer-term due to stress and other mental health impacts.

Data

2006/07 RECORDED CRIME – NUMBERS AND RATE PER 1,000 POPULATION					
Offence Type	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Domestic Violence Offences	97	225	123	306	765
Domestic Violence Offences- rate per 1000 pop	1.2	3.1	2.3	3.3	2.6

Source: Greater Manchester Police

2006/07 RECORDED CRIME – DOMESTIC VIOLENCE VICTIMS BY AGE					
Age Band	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 -15 yrs	5	12	15	4	36
16-18 yrs	4	11	18	9	42
19-25 yrs	16	57	68	32	173
26-35 yrs	28	62	74	22	186
36-50 yrs	29	71	96	45	241
51-65 yrs	9	13	20	8	50
66yrs+	0	1	1	1	3
Unknown	6	11	14	2	33
Total	97	238	306	123	764

Source: Greater Manchester Police

2006/07 RECORDED CRIME – ALCOHOL RELATED VICTIMS BY AGE					
Age Band	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 -15 yrs	2	4	3	2	11
16-18 yrs	4	17	12	6	39
19-25 yrs	16	54	57	20	147
26-35 yrs	22	58	58	23	161
36-50 yrs	30	47	73	23	173
51-65 yrs	9	6	19	10	44
66yrs+	0	4	2	2	8
Unknown	33	124	105	32	294
Total	116	314	329	118	877

Source: Greater Manchester Police

Analysis

- Recorded domestic violence is almost three times higher in Heatons & Tame Valley and Stepping Hill & Victoria as it is in Bramhall & Cheadle
- Further analysis has shown that hotspots for domestic violence often correlate with areas of deprivation or priority areas.
- We should not assume that this means that domestic violence is not occurring in other areas; simply that it is not being reported to the Police in these areas. We should bear in mind when dealing with domestic violence statistics that National Research shows that:
 - the majority of offences go un-reported, and that only 12% are actually reported to the police
 - 1 in 4 women are affected by domestic violence during their lifetime.
- Victims of alcohol related violence are highest in Heatons & Tame Valley and Marple & Werneth. When analysed by age Marple & Werneth victims appear to have a broader age profile with people with a large number of victims in the 36-50 age group.

Conclusion

- Further work is required to understand the age and area component for victims of both domestic violence and alcohol related crime.
- Demand for domestic violence related services is likely to be highest in Heatons & Tame Valley and Stepping Hill & Victoria.
- Further investigation is required regarding the proportion of victims of domestic violence who report it and whether there is an area effect to this issue.

4.3 Health & social care

4.3.1 Teenage conception

Rationale

- Teenage pregnancy is a significant public health issue in England and reducing rates is one of the key targets for the local service partnership.

- Teenage parents are prone to poor antenatal health, lower birth weight babies and higher infant mortality rates. Teenage mothers are less likely to finish their education, less likely to find a good job, and more likely to end up as single parents or bringing up their children in poverty.
- Children born to teenage mothers run a much greater risk of poor health and have a much higher chance of becoming teenage mothers themselves. However, it is worth remembering that many young people are successful in adapting to the role of parenthood and have happy, healthy children.

Data

2002-2004 UNDER 18 CONCEPTION – ESTIMATED FROM WARD RESIDENT IN:

Conceptions	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number of conceptions	88	223	89	222	622
Rate per 1,000	17.6	53.8	30.2	47.5	37.1

Source: Teenage Pregnancy Unit

2002-2004 UNDER 16 CONCEPTION – ESTIMATED FROM WARD RESIDENT IN:

Conceptions	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number of conceptions	-	-	-	-	111
Rate per 1,000	-	-	-	-	6.4

Source: Teenage Pregnancy Unit

Analysis

- Teenage conception rates in Stockport are low in a regional context and significant progress has been made towards reducing rates over the past decade falling from 43.2 per 1,000 in 1998 to 32.9 per 1,000 in 2005 for under 18 conceptions.
- Patterns show deprivation profile, with rates being especially high in the 2001 ward of Brinnington and especially low in Bramhall & Cheadle.
- Approximately a sixth of teenage (i.e. < 18) conceptions are to mothers aged under 16 years.

Conclusion

- Analysis has shown that if we are to meet the overall reduction target, efforts must be concentrated in the more deprived parts of the Borough where rates are more than 3 times higher than average.

4.3.2 Termination of Pregnancy

Rationale

- Whilst the exact numbers of unintended or unwanted pregnancies are difficult to ascertain, termination of pregnancy can be used as a proxy indicator.
- Most unintended or unwanted pregnancies occur in women in their twenties and thirties but with adequate knowledge, skills and support from health care services, including appropriate contraception, many, but not all, are preventable.
- Termination of pregnancy can have physical and psychological complications for the woman, and can often have severe impacts of mental wellbeing. Women terminating a pregnancy because of foetal abnormalities may experience grief at losing a wanted pregnancy.
- Counselling is an important part of the management of any woman seeking a termination of pregnancy.
- Data is currently only available at Stockport level.

Data

2006 TERMINATIONS			
	Under 18	18-19	20-24
Number of terminations	98	133	244
Rate per 1,00 females	17.0	40.3	33.3

Source: Department of Health

Analysis

- In 2006 there were 475 terminations for females aged under 25 years in Stockport.
- Rates were highest for 18 to 19 year olds.

Conclusion

- Family planning and youth services need to ensure that the needs of young adults aged 18-24 are reflected, especially in terms of the promotion and availability of contraception.

4.3.3 Other Sexual Health

Rationale

- Sexual health is an essential part of overall health and wellbeing and is of especial relevance to the young adult population.
- Teenage pregnancy and termination of pregnancy are key focuses of national policy and have been covered in previous sections.
- In this section, data is presented on sexual orientation, activity and sexually transmitted infections (STIs).
- STIs and human immunodeficiency virus (HIV) cause a wide range of illnesses and are a significant cause of long term and serious disability.

- Rising infection rates, the arrival of the HIV epidemic in the 1980s, evidence of increased risk taking and – often – poor control of infections, have all helped to raise the level of concern among health professionals, the Government and the public. The most common conditions now are Chlamydia, non-specific urethritis and wart virus infections, but almost all sexually transmitted infections (STIs) are becoming more common.

Data

2003 YOUNG PERSON'S LIFESTYLE SURVEY – AGED 16 – 24 RESIDENT IN:					
Sexual Orientation	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Bisexual	1.9%	1.1%	1.7%	3.5%	2.0%
Gay man	1.1%	0.8%	0.0%	0.0%	0.5%
Gay woman / Lesbian	0.4%	0.0%	0.0%	1.5%	0.4%
Straight	93.6%	95.5%	96.5%	93.5%	94.8%
Not sure / Other	3.0%	2.7%	1.7%	1.5%	2.3%
Sample size	265	264	229	199	1,041

Source: Stockport PCT

2003 YOUNG PERSON'S LIFESTYLE SURVEY – AGED 16 – 24 RESIDENT IN:					
Sexual Activity	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
% sexually active	64.6%	78.4%	71.4%	77.1%	71.0%
% of whom					
STIs	68.5%	63.3%	53.2%	81.2%	67.0%
protect against pregnancy	91.3%	89.3%	93.4%	86.7%	90.0%
Sample size	264	262	230	197	1,034

Source: Stockport PCT

GUM CLINIC AT STEPPING HILL - NEW DIAGNOSES IN QUARTER – ALL AGES							
Number of contacts with:	Year						
	2000	2001	2002	2003	2004	2005	2006
Uncomplicated gonorrhoea	32	25	52	50	33	30	24
Uncomplicated chlamydia infection	330	408	468	394	336	350	315
Anogenital warts – 1 st attack	313	440	412	408	366	300	323
Anogenital herpes – 1 st attack	90	77	66	66	69	101	65
New HIV diagnosis	8	16	8	18	19	11	16

Source: KC60

Analysis

- Around 95% of the 1,000 young adults questioned as part of the young persons' lifestyle survey stated that their sexual orientation was straight, with 2% stating that they were bisexual, and 1% stating that they were either a gay man or gay woman.

- 70% of the 16 -24 year olds responding to the 2003 lifestyle survey reported being sexually active, a rate that rose with age.
- Of those who were sexually active, 90% reported that they protected against pregnancy but only 67% reported that they protected against STIs.
- Stepping Hill & Victoria had the lowest level of protection against pregnancy, at 87% but conversely, had the highest level of protection against STIs at 81%.
- Marple & Werneth had the lowest level of protection against STIs at only 53%.
- GUM figures are for all ages and for all contacts at Stepping Hill: it is vital to note that these figures are not necessarily for residents of Stockport, but at the moment this is the best proxy we have.
- Over 300 new cases of chlamydia and anogenital warts are diagnosed each year, and although trend analysis does not show an increase in infections, it is anticipated that the introduction of the chlamydia screening programme will lead to a higher detection rate.

Conclusion

- The majority of the population state that their sexuality is straight, however the needs of the gay and bisexual populations must not be ignored.
- Protection against pregnancy is more common than protection against STIs, suggesting that messages about the use of condoms need to be reinforced. It's worth noting that 10% of young adults still do not protect against pregnancy so there is still an important need for work if unwanted pregnancies are to be reduced.
- The introduction of the chlamydia screening programme should improve data quality for this and other infections.

4.3.4 Substance Misuse

Rationale

- Taking illegal drugs carries many serious health risks because they are not controlled or supervised by medical professionals.
- As well as having immediate physical and psychological health risks, some drugs can be addictive and lead to long-term damage to the body. Heavy or long-term use of some illegal drugs may cause the user to overdose, which may cause permanent damage to the body and can be fatal.
- Taking illegal drugs is also linked to social isolation and deprivation and addicted users can often get caught in cycles of theft to support their habits. Drugs are also used as a coping mechanism for other vulnerabilities including abuse, family breakdown and depression.

Data

2003 YOUNG PERSONS' LIFESTYLE SURVEY – AGED 16–24 RESIDENT IN:					
Illegal Drug Use:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
I take drugs most days	6.3%	9.9%	3.9%	16.2%	8.7%
I take drugs at least once a week	7.1%	8.0%	7.3%	11.7%	8.3%
I take drugs once or twice a month	10.0%	7.3%	9.9%	5.6%	8.4%
I take drugs a few times a year	10.8%	9.9%	6.9%	14.7%	10.2%
I used to take drugs but I never do now	9.3%	12.4%	11.6%	10.7%	10.9%
I have only ever taken drugs once	9.3%	10.6%	6.0%	8.1%	9.2%
I have never even tried drugs	47.2%	42.0%	54.5%	33.0%	44.3%
Sample Size	269	274	233	197	1,058

Source: Stockport PCT

2003 YOUNG PERSONS' LIFESTYLE SURVEY – AGED 16 – 24 RESIDENT IN:					
Illegal Drug Use: in last month have used (drugs with >1%):	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Cannabis	26.8%	28.1%	23.6%	33.5%	28.1%
Ecstasy	9.7%	7.7%	4.3%	16.2%	8.6%
Cocaine	5.2%	5.1%	0.0%	2.0%	3.4%
Amphetamines	2.2%	2.9%	1.7%	3.0%	2.6%
Sample Size	269	274	233	197	1,058

Source: Stockport PCT

Analysis

- The majority of young adults in Stockport have experimented with illegal drugs on at least one occasion, with only 44% reporting having never tried drugs; a further 9% had only taken drugs once.
- A quarter of young adults reported using drugs on at least a monthly basis and 9% reported taking drugs almost every day.
- Cannabis is by far the most commonly used illegal drug with the majority of young adults who take drugs using this.
- Ecstasy, cocaine and amphetamines are the next most common drugs used with very few young people (<1%) using LSD, tranquilisers, heroin, methadone, crack, glue or gas.

Conclusion

- A quarter of young adults use drugs on at least a monthly basis, with the majority using cannabis, and almost 1 in 10 use illegal drugs on a daily basis, again with cannabis as the most common.
- There are likely to be a minority of young people who are addicted to Class A Drugs.
- Services need to take account of the likely differences in needs that the different patterns and types of drug use are likely to require.

4.3.5 Young Adult Mortality (aged 16 – 24)

Rationale

- Mortality in early adulthood is rare but is extremely distressing for families and carers alike.
- Numbers are too small to be reliable at the PBC level.

Data

2002 – 2006 CAUSE OF DEATHS AGED 16–24 YEARS		
	Number of Deaths	Proportion
Infectious & Parasitic Diseases	1	2.3%
Cancer	5	11.6%
Endocrine, Nutritional and Metabolic Diseases	1	2.3%
Mental or Behavioural Disorders	3	7.0%
Diseases of the Nervous System	6	14.0%
Diseases of the Circulatory System	4	9.3%
Diseases of the Respiratory System	1	2.3%
Diseases of the Digestive System	1	2.3%
Congenital Anomalies	3	7.0%
Accidents	11	25.6%
Suicide or deaths of undetermined intent	7	16.3%

Data

- 43 young adults aged 16-24 years died in the five year period between 2002 and 2006.
- The most common causes of death were those relating to external causes, accidents and self-harm; which led to about a two-fifths of all deaths in this age group.
- Disease of the nervous system, cancer and disease of the circulatory system, are also more common causes of death.

Conclusion

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

4.3.6 General Health (aged 16 – 34)

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 16–34– 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	97.4%	96.0%	96.5%	96.5%	96.6%
Not good health	2.6%	4.0%	3.5%	3.5%	3.4%

Source: 2001 Census

Analysis

- 2,200 (3 in 100) young adults in Stockport reported not having good health over the year preceding the Census; this represents an increase from the rate reported in the child population but lower than that in the older population,
- Rates of poor health are again highest in Heatons & Tame Valley and lowest in Bramhall & Cheadle, showing that the effects of deprivation are starting to impact on the statistics in a way they did not on those relating to children.

Conclusion

- Around 2,200 young adults 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 becoming distinct.

4.3.7 Limiting Long-term Illness (aged 16 – 34)

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, do not necessarily impede on the day to day activities of individuals and therefore may be excluded from this analysis.

Data

2001 CENSUS – AGED 16-24 – RESIDENT IN:					
Limiting Long-term Illness (LLTI)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Percentage with LLTI	5.1%	7.2%	6.6%	6.4%	6.3%

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 young adults at an average of 6% equating to around 4,100 people.
- Rates of LLTI are highest in Heatons & Tame Valley and lowest in Bramhall & Cheadle.

Conclusion

- Around 4,100 young adults 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.

4.3.8 Uptake of disability related benefits (aged 16 – 24)

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
Incapacity benefit / severe disablement allowance *					
- 16-24	110	235	100	260	705
Disability Living Allowance ^					
- 16-24	145	210	120	280	755

Source: Office for National Statistics

* Incapacity Benefit is available to adults under state pension age who become incapable of work because of illness or disability.

^ 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
Incapacity benefit / severe disablement allowance *					
- 16-24	14.0	27.6	18.6	25.0	21.9
Disability Living Allowance ^					
- 16-24	18.5	24.7	22.3	27.0	23.5

Source: Office for National Statistics

Analysis

- There are currently 705 claimants aged 16-24 years for incapacity benefit or severe disablement allowance in Stockport (these benefits are available to those who become incapable of work due to illness or disability), a rate of over 2.2%.
- There are also 755 claimants of disability living allowance in Stockport (this benefit is available to those who need help with personal care or walking as a result of physical or mental disability), a rate of claim of 2.4%.
- Heatons & Tame Valley and Stepping Hill & Victoria have the highest uptake rates for both benefit types while Bramhall & Cheadle has the lowest rates.

Conclusion

- There are significant levels of uptake for disability related benefits in Stockport with almost 1,460 people aged 16-24 claiming. Rates of uptake are strongly associated with deprivation.

4.3.9 Caring (aged 16 – 24)

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.

Data

2001 CENSUS – AGED 16–34 – RESIDENT IN:					
Hours of unpaid care given per week:	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
None	94.4%	93.9%	93.4%	93.8%	93.9%
1-19	4.5%	4.5%	5.0%	4.7%	4.7%
20-49	0.5%	0.5%	0.7%	0.6%	0.6%
50+	0.6%	1.1%	0.9%	0.9%	0.9%

Source: 2001 Census

Analysis

- 4,000 (6%) of Stockport's young adult population provides some unpaid care in an average week.
- The majority spend under 20 hours a week caring, however a significant number (1,000) provides more than 20 hours a week.
- Again, rates are similar across all areas.
- No young adults were admitted to hospital for holiday relief care in the year.

Conclusion

- We need to acknowledge that there are a significant number of unpaid carers in Stockport and a small but significant proportion of these people are providing very intensive care. Policies need to ensure that the needs of these carers are considered along with the needs of those receiving care.

4.3.10 Inpatient Activity (aged 16 – 24)

4.3.10.1 Admission Type (aged 16 – 24)

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 is referred through health care pathways and which are likely to be the 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 -Aged 16-24					
Inpatient Admissions by Admission Type	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Planned Admissions	463	448	275	625	1,811
Emergency Admissions	438	719	404	896	2,457
Maternity / Birth Adm.	190	679	331	846	2,046
Other Admissions	5	15	13	28	61
All Admissions	1,096	1,861	1,023	2,395	6,375
Planned Admissions	42.2%	24.1%	26.9%	26.1%	28.4%
Emergency Admissions	40.0%	38.6%	39.5%	37.4%	38.5%
Maternity / Birth Adm.	17.3%	36.5%	32.4%	35.3%	32.1%
Other Admissions	0.5%	0.8%	1.3%	1.2%	1.0%

Source: Stockport PCT

Analysis

- 16–24 year olds account for around 6,400 inpatient admissions a year. Of these, a significant tranche (2,050) relate to births and maternities and on the whole are likely to be the admissions of mothers for the delivery of their baby.
- Again, unlike the pattern shown for the total population, young adults, like children, are much more likely to be admitted as an emergency with 57% of the remaining total admissions being emergencies and only 40% being planned.
- Rates of emergency admissions (after excluding maternities and births) are highest in Heatons & Tame Valley, Marple & Werneth and Stepping Hill & Victoria where they approach accounting for 60% of the remaining admissions.
- Conversely, planned admissions are highest in Bramhall & Cheadle where they account for just over a half of admissions other than those relating to maternities.

Conclusion

- Young adults, like children, are on the whole 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.

4.3.10.2 Length of Stay (aged 16 – 24)

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 a 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 – Aged 16-24					
Inpatient Admissions by Length of Stay	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 day	586	967	538	1,246	3,337
1 day	202	398	211	531	1,342
2 days	116	172	78	234	600
3-4 days	94	170	100	195	559
5-7 days	46	81	33	101	261
8 -14 days	22	32	26	53	133
15-28 days	16	15	14	20	65
29 + days	13	24	19	13	69
Unknown / unfinished	1	2	4	2	9
All Admissions	1,096	1,861	1,023	2,395	6,375
0 day	53.5%	52.0%	52.6%	52.0%	52.3%
1 day	18.4%	21.4%	20.6%	22.2%	21.1%
2 days	10.6%	9.2%	7.6%	9.8%	9.4%
3-4 days	8.6%	9.1%	9.8%	8.1%	8.8%
5-7 days	4.2%	4.4%	3.2%	4.2%	4.1%
8 -14 days	2.0%	1.7%	2.5%	2.2%	2.1%
15-28 days	1.5%	0.8%	1.4%	0.8%	1.0%
29 + days	1.2%	1.3%	1.9%	0.5%	1.1%
Unknown / unfinished	0.1%	0.1%	0.4%	0.1%	0.1%
2006/07 INPATIENT ADMISSIONS – AVERAGE LENGTH OF STAY					
Mean	2.62	2.42	3.45	1.68	2.34
Median	0.00	0.00	0.00	0.00	0.00

Source: Stockport PCT

Analysis

- The majority (73%) of inpatient admissions for young adults 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 older adults, there are only low numbers (around 70) of outliers with length of stays beyond 4 weeks, and very few 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 the average is 2.3.
- 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 young adults with a long length of stay. Consideration needs to be given to appropriate settings, rehabilitation and support for facilitating either a move back to independence or towards a less medicalised supported living.

4.3.10.3 Cause of Admission (aged 16 – 24)

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 – Aged 16-24					
Inpatient Admissions by Healthcare Reference Group Chapter (HRG)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Nervous System	2.5%	1.4%	2.0%	1.6%	1.7%
Eyes & Periorbita	1.3%	0.6%	0.8%	0.4%	0.7%
Mouth, Head, Neck & Ears	12.2%	7.1%	8.2%	7.3%	8.2%
Respiratory System	1.5%	0.9%	1.7%	0.8%	1.1%
Cardiac Surgery & Primary Cardiac Conditions	2.2%	2.0%	2.1%	1.4%	1.8%
Digestive System	12.2%	10.2%	10.8%	10.4%	10.7%
Hepato-biliary & Pancreatic Sys.	0.5%	0.2%	0.3%	0.4%	0.3%
Musculoskeletal System	7.4%	7.6%	8.2%	6.3%	7.2%
Skin, Breast & Burns	4.2%	2.8%	3.8%	3.2%	3.3%
Endocrine & Metabolic System	0.4%	0.4%	0.5%	0.5%	0.5%
Urinary Tract & Male Reproductive System	4.5%	2.5%	3.5%	2.5%	3.0%
Female Reproductive System	9.0%	10.9%	9.0%	11.0%	10.3%
Obstetrics & Neonatal Care	17.4%	36.6%	32.6%	36.0%	32.5%
Diseases of Childhood	5.9%	5.5%	6.9%	6.3%	6.1%
Vascular System	0.7%	0.5%	0.3%	0.7%	0.6%
Spinal Surgery & Primary Spinal Conditions	0.8%	1.0%	0.7%	1.0%	0.9%
Haematology, Infectious Disease, Poisoning & Non-specific Groups	13.5%	5.9%	6.1%	7.3%	7.8%
Mental Health	3.3%	3.4%	2.3%	2.4%	2.8%
Undefined Groups	0.5%	0.4%	0.4%	0.5%	0.5%

Source: Stockport PCT

2006/07 INPATIENT ADMISSIONS – NUMBERS – Aged 16-24	
Top 10 Healthcare Reference Groups (HRG)	Stockport
Antenatal Admissions not Related to Delivery Event	1,304
Normal Delivery without complications	505
Intermediate Mouth or Throat Procedures	298
Threatened or Spontaneous Abortion	197
Examination, Follow up & Special Screening	163
Surgical Termination of Pregnancy	153
General Abdominal Disorders <70 without complications	147
Diagnostic Procedures, Oesophagus & Stomach	110
Poisoning, Toxic, Environmental & Unspecified Effects	107
Assisted Delivery without complications	102

Source: Stockport PCT

Analysis

- Conditions relating to obstetrics & neonatal care, the digestive system, female reproductive health, 'mouth, head, neck and ears' and 'haematology, infectious disease, poisoning & non-specific groups' and musculoskeletal system are the most common causes of admission in all areas.
- Obstetrics & neonatal care and female reproductive health admissions relate to more than 3,000 births occurring a year. Each with a minimum of two admissions – one for the mother and one for the baby at delivery – but many with earlier admissions relating to monitoring or screening as shown with top single cause of admission for this age 'antenatal admissions not related to delivery event' or with problems in pregnancy and miscarriages i.e. 'threatened or spontaneous abortions'.
- The most common causes of digestive system admissions were 'general abdominal disorders without complications' and diagnostic procedures relating to the oesophagus and stomach.
- 'Haematology, infectious disease, poisoning & non-specific groups' included a large number of admissions (under 'non-specific') relating to 'examination, follow up and special screening' as well as a significant number of admissions for 'poisoning, toxic, environmental & unspecified events'.
- 'Mouth, head, neck and ears' admissions were predominately 'intermediate mouth or throat procedures'

Conclusion

- Other than maternities, the most common cause of admissions again were those relating to the digestive system – in-depth analysis has shown that the majority of these admissions are for non-specific abdominal pain, with a diagnosis of 'symptoms and signs' and no associated procedure – and mouth and throat – mainly relating to disorders of the teeth.
- That the other common causes of admission relate to diagnostics and screening is a point worth noting. These, perhaps, should be the focus of efforts for moves to community based services.

4.3.10.4 Ambulatory Care Sensitive Conditions (aged 16 – 24)

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	2	3		5	10	
	Convulsions & epilepsy	11	12	6	8	37	
	Dehydration & gastroenteritis	3	5	3	9	20	
	Dental conditions	2	3	3	2	10	
	Ear, nose & throat infections	8	9	2	13	32	
	Gangrene					0	
	Pelvic inflammatory disease	3	4		5	12	
	Perforated / bleeding ulcer					0	
	Pyelonephritis	7	2	2	8	19	
	Ruptured appendix		1	2	2	5	
	TOTAL	36	39	18	52	145	
	Chronic	Angina					0
		Asthma	5	2	4	5	16
COPD					2	2	
Congestive heart failure						0	
Diabetes complications		1	4	2	10	17	
Hypertension						0	
Iron deficiency anaemia		1	1	1	1	4	
Nutritional deficiencies						0	
TOTAL	7	7	7	18	39		
Vaccine	Influenza and pneumonia			4	3	7	
	Other vaccine preventable					0	
	TOTAL	0	0	4	3	7	
TOTAL ACS Conditions		43	46	29	73	191	
Rate – Acute		4.6	4.6	3.3	5.0	4.5	
Rate – Chronic		0.9	0.8	1.3	1.7	1.2	
Rate – Vaccine Preventable		0.0	0.0	0.7	0.3	0.2	
Rate - Total ACS Conditions		5.5	5.4	5.4	7.0	5.9	

Source: Stockport PCT

Analysis

- Ambulatory Care Sensitive Conditions accounted for around 7.8% of the total numbers of emergency admissions for Stockport residents aged 16-24 years in 2006/07, at a total crude rate of 5.9 admissions per 1,000 population.
- Approximately 76% of the ACS condition emergency admissions were for acute conditions and 20% were for chronic conditions with the remaining 4% being for vaccine preventable conditions.
- The most common causes of admission for chronic conditions were for asthma (41) and diabetes complications (44%).
- The most common causes of admission for acute conditions were for ear, nose & throat problems (22%), convulsions & epilepsy (26%), dehydration & gastroenteritis (14%) and pyelonephritis (13% a urinary tract infection).
- The vast majority (100%) of admissions for vaccine preventable conditions related to influenza and pneumonia.
- Rates of admission were highest in S&V.

Conclusion

- A total of 190 emergency admissions were made for Ambulatory Care Sensitive Conditions for those aged 16-24 years in 2006/07 – admissions that should be preventable. Commissioners need to examine pathways to ensure that patients are supported to manage their conditions and to avoid hospital whenever possible.

4.3.11 Accident and Emergency Activity (aged 16 – 24)

4.3.11.1 Age Structure (aged 16 – 24)

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 16–24 – NUMBERS AND RATE PER 1,000 POPULATION					
Inpatient Admissions by age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
16 – 17 – numbers	394	611	431	975	2,411
18 – 19 – numbers	334	713	470	1,084	2,601
20 – 21 – numbers	286	690	393	904	2,273
22 – 24 – numbers	419	889	479	1,266	3,053
16 – 24 – numbers	1,433	2,903	1,773	4,229	10,338
16 – 17 – rates	189.4	311.1	311.6	384.9	302.9
18 – 19 – rates	185.1	371.5	381.5	454.3	354.3
20 – 21 – rates	193.1	381.4	369.0	417.6	348.6
22 – 24 – rates	169.0	315.8	281.4	383.4	296.5
16 – 24 – rates	182.7	341.2	329.4	407.2	321.9

Source: Stockport PCT

Analysis

- There are around 10,300 A&E attendances made by Stockport young adults at Stepping Hill Hospital each year.
- Rate of use is highest for those aged 16 – 24 years, especially for those aged 18-21 years. This is in marked contrast to the use of inpatient services where the 16-24 age group had the lowest use.
- 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 in Stockport by young adults, especially by those aged 18–21 years and therefore any strategies targeted at these services need to account for this group.

4.3.11.2 Cause of Admission (aged 16 – 24)

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 give indications of the type of conditions people in Stockport are demanding treatment for.

Data

2006/07 A&E ATTENDANCES AT STEPPING HILL HOSPITAL – AGED 16–24 – PROPORTION						
Primary Diagnosis following Attendance		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Non-injury	Abdominal	5.3%	4.3%	3.7%	4.2%	4.3%
	Cardiovascular Sys.	0.3%	0.3%	0.5%	0.4%	0.4%
	Central Nervous Sys.	1.8%	1.8%	1.9%	1.5%	1.7%
	Endocrine System	0.0%	0.1%	0.5%	0.1%	0.1%
	Gynaecological	1.2%	2.7%	1.6%	2.1%	2.1%
	Infection	3.6%	3.6%	3.2%	4.1%	3.8%
	Miscellaneous	5.4%	6.1%	5.6%	5.8%	5.8%
	Psychiatry	2.7%	3.7%	2.6%	2.8%	3.0%
	Respiratory System	0.6%	0.8%	1.3%	1.3%	1.0%
	TOTAL Non-injury	20.9%	23.3%	20.9%	22.3%	22.1%
Injury	Fracture / Dislocation	8.9%	7.3%	7.8%	6.4%	7.2%
	Head Injury	5.6%	4.9%	4.4%	4.1%	4.6%
	Soft Tissue Injury	23.2%	22.2%	24.5%	23.4%	23.3%
	Sprain / Strain	11.3%	9.2%	12.1%	10.7%	10.6%
	Other Injury	6.4%	6.3%	6.3%	7.0%	6.6%
	TOTAL Injury	55.3%	49.9%	55.2%	51.6%	52.3%
Other	Alcohol related	0.5%	0.8%	0.1%	0.4%	0.5%
	No diagnosis	23.3%	25.9%	23.9%	25.7%	25.1%

Source: Stockport PCT

Analysis

- A quarter of all attendances result in a diagnosis of illness, whereas more than a half relate to injuries.
- The most common injuries in descending order are: soft tissue injuries (including lacerations and bruising); sprains & strains; fractures and head injuries.
- The most common illnesses are classified as ‘miscellaneous’, with abdominal and infection the next most common.
- Interestingly, over a quarter of all attendances do not result in any diagnosis, perhaps suggesting that the attendance might have been inappropriate.
- Only 50 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, although interestingly Heatons & Tame Valley and Stepping Hill & Victoria have higher proportions of illness whereas Bramhall & Cheadle and Marple & Werneth have higher proportions of injuries.

Conclusion

- There is a need for better quality data, as a quarter of admissions have no diagnosis and almost 6% are coded as 'miscellaneous'.
- Evidence does suggest that minor injuries account for many attendances, and work may need to be undertaken to assess whether A&E is the most efficient setting for the treatment of these.

4.3.12 Transitions (Social Care)

Rationale

Note Social Care Services are divided distinctly between Adult and Childrens services, therefore, the 16-24 age group presents difficulty in terms of available Data by locality.

- Data is required to be reported annually in both Adult and Children Social Care returns for Central Government.
- Local Monitoring of transitions of children likely to transfer over to adult services provides the Council with advanced knowledge of numbers and need.
- Continued monitoring of children leaving care once they have become adults enables the Council to evaluate the efficiency of systems they have in place to provide positive outcomes for children in care.

Data

No locality based data currently available on transitions or outcomes monitoring.

Analysis

- The proportion of Care Leavers aged 19 in Education, Employment and Training has reduced over the last 3 years.
- Provision and monitoring of accommodation of Care Leavers is good, with over 90% of Care Leavers living in suitable accommodation (as defined by CSCI) at the age of 19 (source SSDA903 Annual Statistical Return 2006-2007).

Conclusion

- All future needs around transition into adulthood needs to build on solid research of local children coming through the looked after system coupled with joint agency working between councils to ensure looked after children of other LA's based in Stockport are known to services.

4.4 Lifestyles & wellbeing

4.4.1 Smoking (aged 16 – 24)

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.
- Adults born before 1956 were more likely to become smokers but rates of quitting were relatively high. Adults born after 1956 are less likely to begin smoking but are also less likely to give up, rates of quitting are especially low for manual workers.

Data

2002 YOUNG PERSONS LIFESTYLE SURVEY – AGED 16–17 RESIDENT IN:					
Smoking	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Current Smoker	29.5%	38.0%	31.3%	16.7%	32.8%
Ex-smoker	6.3%	14.1%	6.3%	16.7%	9.6%
Never Smoked	64.2%	47.9%	62.5%	66.7%	57.6%
Sample Size	95	71	64	48	335

Source: Stockport PCT

2006 ADULT LIFESTYLE SURVEY – AGED 18–24 RESIDENT IN:					
Smoking	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Current Smoker	22.4%	27.4%	23.9%	27.0%	26.0%
Ex-smoker	27.6%	22.6%	23.9%	26.2%	25.3%
Never Smoked	50.0%	50.0%	52.1%	46.8%	48.7%
Sample Size	98	106	71	141	435

Source: Stockport PCT

Analysis

- Almost a third of young people aged 16-17 years reported that they are currently smoking, a rate higher than that for those aged 18-24 years where rates decrease to just over a quarter.
- Almost 50% of young adults aged 18-24 years reported having never smoked, the highest across all adult age groups, however, rates of smoking are also highest in this age group with over 26% of respondents currently smoking.
- Rates of smoking for 18-24 year olds were highest in Heatons & Tame Valley and Stepping Hill & Victoria, and for 16-17 year olds in Heatons & Tame Valley and Marple & Werneth. Local surveys of priority 1 areas suggest that rates are even higher in Stockport's most deprived communities.
- National evidence suggests that declines in smoking have been concentrated in older people. Almost as many young people still start smoking today but more established smokers are quitting.

Conclusion

- The 16-17 age group has the highest levels of smoking and is currently being targeted by the new smoking legislation which has increased the legal age of sale to 18 years. Trends, therefore, need to be monitored to estimate the effect of this change.
- A quarter of young adults aged 18-24 years are still smoking and efforts need to focus on helping young people to not become smokers in the first place and encouraging those who do to quit as early as possible rather than waiting for later in life.
- Deprivation remains a key risk factor for smoking.

4.4.2 Alcohol (aged 16 – 24)

Rationale

- The ideal pattern of alcohol consumption is to drink a small amount on most days and to have at least one alcohol free day a week, so as to gain the benefits of its cardioprotective effects without the damage that comes from alcohol excess. Safety margins are small – the first two units a day are beneficial, the next two cancel out any benefit and, thereafter, any alcohol consumed is harmful.
- The pattern of beneficial alcohol consumption is, however, not the norm and concern about the negative impacts of alcohol is on the increase. The effects of alcohol misuse in relation to liver cirrhosis are well known, but its impacts are far wider than this, as it increases a multitude of health and social problems.

Data

2002 YOUNG PERSONS LIFESTYLE SURVEY – AGED 16–17 RESIDENT IN:					
Alcohol Consumed	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Never had alcoholic drink	10.0%	2.8%	1.5%	3.8%	4.8%
Never drink alcohol now	1.0%	1.4%	0.0%	1.9%	1.1%
Only a few times a year	7.0%	6.9%	16.4%	5.7%	8.5%
About once a month	5.0%	2.8%	4.5%	9.4%	5.7%
About once a fortnight	18.0%	6.9%	11.9%	17.0%	12.8%
About once a week	21.0%	31.9%	19.4%	22.6%	23.3%
About twice a week	32.0%	43.1%	37.3%	34.0%	35.2%
Every / almost every day	6.0%	4.2%	9.0%	5.7%	8.5%
Sample size	100	72	67	53	352

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 18–24 RESIDENT IN:					
Annual alcohol consumption pattern	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Not at all	16.2%	9.2%	9.7%	7.1%	10.7%
1-2 days a year	1.0%	0.9%	2.8%	1.4%	1.4%
1 day every couple of months	5.1%	5.5%	5.6%	5.0%	5.9%
1-2 days a month	17.2%	18.3%	16.7%	27.1%	20.5%
1-2 days a week	39.4%	46.8%	45.8%	47.1%	44.0%
3-4 days a week	14.1%	16.5%	15.3%	10.0%	13.2%
5-6 days a week	5.1%	0.0%	1.4%	2.1%	2.5%
Almost every day	2.0%	2.8%	2.8%	0.0%	1.8%
Sample size	99	109	72	140	439

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 18–24 RESIDENT IN:					
For those who drink alcohol, the number of units drunk on the day drunk most in preceding week	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Didn't drink alcohol last week	23.5%	15.3%	16.7%	16.4%	17.6%
Drank less than recommended daily limit	9.4%	13.3%	12.1%	14.9%	12.8%
Drank more than recommended daily limit but less than twice limit	5.9%	17.3%	16.7%	11.9%	12.8%
Binge drank (more than twice recommended daily limit)	61.2%	54.1%	54.5%	56.7%	56.7%
Binge drank (more than three times recommended daily limit)	41.2%	36.7%	30.3%	31.3%	35.5%
Sample size	85	98	66	134	397

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 18-24 RESIDENT IN:					
For those who drink alcohol, the number of units drunk in preceding week	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Didn't drink alcohol last week	21.2%	10.2%	12.1%	11.2%	13.1%
Drank less than recommended weekly limit	47.1%	62.2%	57.6%	64.2%	57.9%
Drank more than recommended weekly limit but under 36/50 units	24.7%	24.5%	24.2%	18.7%	22.7%
Binge drank (more than 35 or 49 units)	7.1%	3.1%	6.1%	6.0%	6.3%
Sample size	85	98	66	134	397

Source: Stockport PCT

Analysis

- The majority (67%) of young people aged 16-17 years drink alcohol on at least a weekly basis, with the most common drinking frequency being twice a week (35%).
- The majority (61%) of young adults aged 18-24 years drink alcohol on at least a weekly basis, with the most common drinking frequency being 1 or 2 days a week (44%).
- Heatons & Tame Valley has the highest rates of at least weekly drinkers for those aged 16-17 years, at 79%. Heatons & Tame Valley and Marple & Werneth have the highest rates of at least weekly drinkers for those age 18-24 years at 66% and 65% respectively.
- Bramhall & Cheadle has the highest levels of drinking for more than 4 days a week aged 18-24 years at 7%.
- The majority (57%) of young adults aged 18-24 years binge drank in the week preceding the lifestyle survey, with over a third drinking more than three times their recommended daily limit in one day.
- Binge drinking is higher amongst males than females in this age group with 68.6% of males and 43.3% of female's binge drinking in the week preceding the survey.
- Bramhall & Cheadle and Stepping Hill & Victoria have the highest rates of binge drinking for those aged 18-24 years, although. Conversely. Bramhall & Cheadle also had the highest rate of non-drinking.
- Interestingly Heatons & Tame valley had the lowest reported level of drinking more than 35 (females) or 49 (males) units of alcohol a week, at a rate of only 3.1% compared to 7.1% in Bramhall & Cheadle.
- A&E attendances directly related to the effects of alcohol peak for this young adult age group and are increasing rapidly. These attendances are likely to be due to experimentation and inexperience in using alcohol as well as the social norm of drinking to get drunk which prevails amongst young adults.

Conclusion

- Four-fifths of young people aged 16-17 years in Heaton & Tame Valley reported drinking every week, despite the fact that it is illegal for young people of this age to buy alcohol. Evidence suggests that parents are often the source of drinks for this age group and, therefore, educational messages may have to address both young people and their carers.
- For young adults aged 18-24 years binge drinking is a problem in all areas and, unusually, is especially so in Bramhall & Cheadle. Bramhall & Cheadle also has by far the highest numbers of young adults drinking every day, suggesting that there may be a particular culture of alcohol use amongst students or young professionals in the area.
- Tackling weekend binge drinking as a priority is likely to have the most significant gains, both in terms of the health of individuals and for the wider society in terms of resulting incidents of anti-social behaviour, violence, accidents, sexually transmitted infections and unplanned pregnancies.

4.4.3 Obesity (aged 18 – 24)

Rationale

- Obesity is responsible for more than 9,000 premature deaths per year in England and is an important risk factor for a number of chronic diseases such as heart disease, stroke, some cancers, and type 2 diabetes and is also associated with low self esteem and social isolation. The current expectation nationally is for rates of obesity to continue to increase.

Data

2006 ADULT LIFESTYLE SURVEY – AGED 18-24 RESIDENT IN:					
Obesity	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Not overweight or obese	82.3%	75.2%	83.8%	77.6%	79.1%
Overweight	14.6%	16.8%	10.3%	15.7%	15.1%
Obese	3.1%	7.9%	5.9%	6.7%	5.8%
Sample Size	96	101	68	134	417

Source: Stockport PCT

Analysis

- A fifth of young adults are either overweight or obese, a rate well below the average for the entire population, where rates are approaching 50%.
- Heaton & Tame Valley and Stepping Hill & Victoria have the highest rates of both overweight and obesity confirming findings that the proportion of people who are overweight or obese increases with deprivation.
- Data from GP registers suggest that more than 21,000 people registered with a Stockport GP (wherever they live) have a BMI greater than 30, 7% of the total list, however, it is not know what the recording rate for BMI is so this figure is likely to be an underestimation.

Conclusion

- Rates of overweight and obesity are less prevalent in young adults, and therefore key interventions to this age group should prioritise prevention and healthy lifestyles to maintain a healthy weight ratio.

4.4.4 Diet (aged 16 – 24)

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.

Data

2002 YOUNG PERSONS' LIFESTYLE SURVEY – AGED 16–17 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'	23.0%	10.8%	19.1%	17.0%	18.6%
Sample size	100	74	68	53	355

Source: Stockport PCT

2006 ADULT LIFESTYLE SURVEY – AGED 18–24 RESIDENT IN:					
5-a-day	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 portions	5.0%	4.7%	8.5%	5.6%	5.5%
1 portion	12.0%	23.4%	19.7%	9.8%	15.9%
2 portions	22.0%	23.4%	21.1%	29.4%	25.0%
3 portions	32.0%	32.7%	28.2%	28.7%	30.0%
4 portions	19.0%	9.3%	14.1%	15.4%	14.5%
5+ portions	10.0%	6.5%	8.5%	11.2%	9.1%
Sample Size	100	107	71	143	440

Source: Stockport PCT

Analysis

- Less than 1 in 5 young people aged 16-17 years in Stockport reported that they eat 5 or more portions of fruit and vegetables a day.

- Less than 1 in 10 young adults aged 18-24 years in Stockport reported that they eat 5 or more portions of fruit and vegetables a day. The most usual numbers of portions of fruit and vegetables to be consumed per day by this age group is three or two.
- The proportion of individuals consuming 5 or more portions of fruit and vegetables per day increases with affluence with Heaton & Tame Valley and Stepping Hill & Victoria having the lowest rates.

Conclusion

- Less than 1 in 5 of 16-17 year olds and 1 in 10 18-24 year olds report eating 5 or more portions of fruit or vegetables a day so there is much scope for improvement across the whole of Stockport and for all age groups. This will be a key factor in preventing this age group following the trends of their parents in terms of becoming more overweight and obese as they age.
- Policy makers need to bear in mind the affordability and accessibility of fruit and vegetables as evidence shows that people in deprived areas have even lower levels of consumption than elsewhere.

4.4.5 Exercise (aged 16 – 24)

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.
- Since 1996 the Department of Health's advice for physical activity has been that adults should aim to take 30 minutes of at least moderate activity on at least five days a week.

Data

2002 YOUNG PERSONS' LIFESTYLE SURVEY – AGED 16–17 RESIDENT IN:					
Number of minutes exercised a week	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
1 – 60 minutes	4.5%	7.5%	3.3%	4.3%	5.4%
61-120 minutes	9.0%	3.0%	11.7%	4.3%	7.3%
121-180 minutes	9.0%	13.4%	16.7%	12.8%	12.6%
181-240 minutes	7.9%	7.5%	5.0%	10.6%	6.9%
241-300 minutes	10.1%	7.5%	13.3%	4.3%	9.1%
301-360 minutes	9.0%	6.0%	5.0%	8.5%	7.6%
351-420 minutes	9.0%	10.4%	8.3%	6.4%	7.9%
421+ minutes	41.6%	44.8%	36.7%	48.9%	43.2%
Sample Size	89	67	60	47	317

Source: Stockport PCT

2006 ADULT LIFESTYLE SURVEY – AGED 18–24 RESIDENT IN:					
Exercise – at least 30 minutes of moderate activity undertaken:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Less than once a week	16.3%	18.2%	15.1%	14.2%	16.1%
1-2 times a week	35.7%	24.5%	28.8%	25.5%	27.3%
3-4 times a week	22.4%	31.8%	28.8%	31.9%	29.3%
5+ times a week	25.5%	25.5%	27.4%	28.4%	27.3%
Sample Size	98	110	73	141	440

Source: Stockport PCT

2006 ADULT LIFESTYLE SURVEY – AGED 18–24 RESIDENT IN:					
Exercise – at least 5 sessions of 30 minutes of moderate activity	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Females	17.9%	14.9%	21.7%	27.6%	21.9%
Males	35.7%	41.9%	37.0%	30.2%	36.4%

Source: Stockport PCT

Analysis

- Almost three-quarters of young people aged 16-17 years exercise for at least three hours a week, and only 5% exercise for less than an hour a week.
- Only a quarter of young adults aged 18-24 years in Stockport take at least the minimum recommended amount of exercise a week, a rate similar to that in the general population.
- Fewer young adults reported exercising less than once a week; however, 16% still do not take even this minimum amount of physical activity.
- No clear distinction was apparent between the PBC localities in terms of the proportion of individuals in the sample undertaking physical activity, although Heatons & Tame Valley has the highest levels of no exercise.
- Significant differences can be seen between the genders, with only a fifth of females undertaking the recommended amount of exercise compared to over a third of males.
- This gender difference was most significant in Heatons & Tame Valley and least significant in Stepping Hill & Victoria.

Conclusion

- Three-quarters of young adults in Stockport do not undertake the recommended amount of physical activity a week. There is, therefore, large scope for improvement across all areas and all ages. Policy makers need to focus in particular on the levels of exercise undertaken by females as these are well below the rates for males.

4.4.6 Mental wellbeing (aged 16 – 24)

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.

Data

2006 ADULT LIFESTYLE SURVEY – AGED 18 – 24 RESIDENT IN:					
Average MHI5 score (scale of 0-100, higher scores are better)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Average MHI5 Score	71.1	70.3	66.0	68.8	69.0
% with low wellbeing score*	38.0%	44.2%	50.0%	47.9%	45.6%
% with high wellbeing score*	62.0%	55.8%	50.0%	52.1%	54.4%
Sample Size	100	104	68	142	432

Source: Stockport PCT

* There is no gold standard definition for the classification of low / high wellbeing scores, however the consensus in the literature that a score of 72 and higher represents good mental wellbeing.

Analysis

- This survey measured mental health using five internationally validated questions. A higher score indicates better mental health.
- For all ages almost two-thirds of respondents to the survey had scores that fell in the range of ‘good’ wellbeing, however, for young adults this proportion dropped to just over 50% and for every locality, the average score was below the cut-off of 72.
- Both the average mental health score and the proportion of respondents with high scores were highest in Bramhall & Cheadle; however rates were lowest in Marple & Werneth.

Conclusion

- Fewer young adults have positive mental wellbeing compared to the older adult population; services should therefore particularly target this age group.