



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport **NHS**
Primary Care Trust

Stockport JSNA

joint strategic needs assesment

JSNA First Data Report Part Five Healthy Adulthood

November 2007

Contents

5	HEALTHY ADULTHOOD (25 – 64).....	3
5.1	Population	3
5.1.1	Age Structure.....	3
5.1.2	Gender (aged 25 – 64).....	4
5.1.3	Ethnicity (aged 25 – 64).....	4
5.1.4	Population Trends- Past (aged 25 – 64)	6
5.1.5	Population Trends- Projected (aged 25 – 64).....	6
5.2	Social & environmental context.....	7
5.2.1	Benefit uptake	7
5.2.2	Access to advice.....	9
5.2.3	Libraries.....	9
5.2.4	Employment.....	10
5.2.5	Family structure – One person households.....	12
5.2.6	Domestic violence	12
5.3	Health & Social Care	13
5.3.1	General health (aged 35 – 64)	13
5.3.2	Limiting Long-term Illness (aged 35 – 64)	14
5.3.3	Uptake of disability related benefits (aged 25 – 64)	15
5.3.4	Caring (aged 35 – 64).....	16
5.3.5	SMRs (aged under 65).....	17
5.3.6	Cancer Screening.....	19
5.3.7	Maternal age	20
5.3.8	Prevalence of conditions	20
5.3.9	Adults with learning, physical and sensory disabilities	25
5.3.10	Inpatient Activity (aged 25 – 64)	25
5.3.11	Accident and Emergency Activity (aged 25 – 64).....	32
5.3.12	Referrals of Younger Adults into Social Care.....	35
5.3.13	Younger Adults in Receipt of Services from Social Care.....	36
5.4	Lifestyles & wellbeing.....	38
5.4.1	Smoking (aged 25 – 64)	38
5.4.2	Alcohol (aged 25 -64).....	39
5.4.3	Obesity (aged 25 – 64)	42
5.4.4	Diet (aged 25 – 64).....	43
5.4.5	Exercise (aged 25 – 64).....	44
5.4.6	Mental Wellbeing (aged 25 – 64)	45

5 HEALTHY ADULTHOOD (25 – 64)

5.1 Population

5.1.1 Age Structure

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
25-34	8,083	10,290	5,670	12,802	36,845
35-44	11,547	11,849	7,952	14,929	46,277
45-54	11,083	9,865	7,312	12,352	40,612
55-64	10,333	7,736	7,668	10,322	36,059
25-64	41,046	39,740	28,602	50,405	159,793
25-34	19.7%	25.9%	19.8%	25.4%	23.1%
35-44	28.1%	29.8%	27.8%	29.6%	29.0%
45-54	27.0%	24.8%	25.6%	24.5%	25.4%
55-64	25.2%	19.5%	26.8%	20.5%	22.6%
TOTAL	77,753	71,619	53,957	91,526	294,855
% 25-64	52.8%	55.5%	53.0%	55.1%	54.2%

Source: Exeter Patient Registration System

Analysis

- The age spread within the 25-64 age band is relatively even at the Stockport level, however this disguises variation at smaller area levels.
- Bramhall & Cheadle and Marple & Werneth have a greater proportion of people in the 55-64 age bracket, whereas Heatons & Tame Valley and Stepping Hill & Victoria are the opposite with higher numbers of people in the 25-34 age bracket.
- The 35-44 age group is relatively even across the Borough.

Conclusion

- Older people can be found in Bramhall & Cheadle and Marple & Werneth Although these are generally affluent areas, there may still be issues relating to being asset rich but cash poor.
- Services for people of childbearing age will find higher proportions of these people in Heatons & Tame Valley and Stepping Hill & Victoria.

5.1.2 Gender (aged 25 – 64)

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	20,368	20,407	14,285	25,341	80,401
Females	20,678	19,333	14,317	25,064	79,392
TOTAL	41,046	39,740	28,602	50,405	159,793
Males	49.6%	51.4%	49.9%	50.3%	50.3%
Females	50.4%	48.6%	50.1%	49.7%	49.7%

Source: Exeter Patient Registration System

Analysis

- The gender split in Stockport is fairly evenly split across areas.
- The slight bias towards females in Bramhall & Cheadle and Marple & Werneth probably reflects their older demography.
- Population projections allow services to anticipate likely demand for services and identify early on the changes in population structure.

Conclusion

- There is no specific conclusion regarding this data.

5.1.3 Ethnicity (aged 25 – 64)

Rationale

- Ethnicity is a key profiling tool as populations from BME ancestries have distinct patterns of health conditions and different lifestyle related risk factors 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:						
Ethnic group		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
White	British	91.1%	89.8%	96.5%	94.8%	92.8%
	Irish	1.5%	3.2%	1.0%	1.2%	1.7%
	Other	1.8%	1.5%	1.1%	1.3%	1.5%
	TOTAL	94.5%	94.6%	98.6%	97.3%	96.0%
Mixed	White & Black C'bean	0.1%	0.3%	0.1%	0.2%	0.2%
	White & Black African	0.1%	0.1%	0.0%	0.1%	0.1%
	White & Asian	0.2%	0.2%	0.1%	0.2%	0.2%
	Other	0.1%	0.2%	0.1%	0.1%	0.1%
	TOTAL	0.6%	0.8%	0.4%	0.5%	0.6%
Asian or Asian British	Indian	1.4%	0.8%	0.2%	0.3%	0.7%
	Pakistani	1.5%	1.3%	0.1%	0.5%	0.9%
	Bangladeshi	0.1%	0.1%	0.0%	0.1%	0.1%
	Other	0.4%	0.4%	0.1%	0.1%	0.3%
	TOTAL	3.4%	2.6%	0.4%	1.1%	2.0%
Black or Black British	Black Caribbean	0.2%	0.6%	0.1%	0.3%	0.3%
	Black African	0.2%	0.3%	0.1%	0.1%	0.2%
	Other	0.0%	0.1%	0.0%	0.1%	0.1%
	TOTAL	0.4%	0.9%	0.3%	0.4%	0.5%
Other Ethnic Group	Chinese	0.6%	0.6%	0.2%	0.4%	0.5%
	Other	0.5%	0.4%	0.1%	0.2%	0.3%
	TOTAL	1.1%	1.0%	0.3%	0.6%	0.8%

Source: Office of National Statistics

Analysis

- Heatons & Tame Valley has the highest proportion of people who are not white British. It has a similar proportion of BME groups as Bramhall & Cheadle, but has twice the rate of Irish people than any other area. Bramhall & Cheadle have the highest rate of white other.
- The Indian and Pakistani population reside predominantly in the Bramhall & Cheadle and Heatons & Tame Valley areas. Black or Black British live mostly in Heatons & Tame Valley.

Conclusion

- Areas with higher proportions of ethnic minorities need to understand the needs and expectations of different ethnicities.

5.1.4 Population Trends- Past (aged 25 – 64)

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	25-34	9,286	11,241	6,571	14,602	41,700
	35-44	11,761	11,647	7,814	14,625	45,847
	45-54	11,599	9,418	7,947	11,772	40,736
	55-64	9,508	6,715	6,978	9,016	32,217
	25-64	42,154	39,021	29,310	50,015	160,500
30-06-07	25-34	8,083	10,290	5,670	12,802	36,845
	35-44	11,547	11,849	7,952	14,929	46,277
	45-54	11,083	9,865	7,312	12,352	40,612
	55-64	10,333	7,736	7,668	10,322	36,059
	25-64	41,046	39,740	28,602	50,405	159,793
% Change	25-34	87.0%	91.5%	86.3%	87.7%	88.4%
	35-44	98.2%	101.7%	101.8%	102.1%	100.9%
	45-54	95.6%	104.7%	92.0%	104.9%	99.7%
	55-64	108.7%	115.2%	109.9%	114.5%	111.9%
	25-64	97.4%	101.8%	97.6%	100.8%	99.6%

Source: Exeter Patient Registration System

Analysis

- There has been an overall reduction in the 25-34 age group and an increase in the 55-64 age group.
- The main spatial variation occurs in the 45-54 age group which although stable at Stockport level has seen increases in Heatons & Tame Valley and Stepping Hill & Victoria but decreases in Bramhall & Cheadle and Marple & Werneth.

Conclusion

- Services whose demand is age related need to note that although population has remained static, the internal structure is ageing.

5.1.5 Population Trends- Projected (aged 25 – 64)

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 the PBC Locality Level.

Data

2004 BASED POPULATION PROJECTIONS - STOCKPORT									
	Age Band	2005	2006	2007	2008	2009	2010	2015	2020
Persons	25-34	32,751	31,862	31,263	31,050	31,376	31,953	35,609	36,699
	35-44	45,127	44,994	44,380	43,498	42,291	40,904	35,236	35,368
	45-54	37,681	38,090	38,841	39,603	40,364	41,322	43,738	40,262
	55-64	34,530	34,967	35,213	35,279	35,342	35,298	34,088	37,633
	25-64	150,089	149,913	149,697	149,430	149,373	149,477	148,671	149,962
%Change <small>(%T)</small>	25-34	-	97.3%	95.5%	94.8%	95.8%	97.6%	108.7%	112.1%
	35-44	-	99.7%	98.3%	96.4%	93.7%	90.6%	78.1%	78.4%
	45-54	-	101.1%	103.1%	105.1%	107.1%	109.7%	116.1%	106.8%
	55-64	-	101.3%	102.0%	102.2%	102.4%	102.2%	98.7%	109.0%
	25-64	-	99.9%	99.7%	99.6%	99.5%	99.6%	99.1%	99.9%
Proportion	25-34	21.8%	21.3%	20.9%	20.8%	21.0%	21.4%	24.0%	24.5%
	35-44	30.1%	30.0%	29.6%	29.1%	28.3%	27.4%	23.7%	23.6%
	45-54	25.1%	25.4%	25.9%	26.5%	27.0%	27.6%	29.4%	26.8%
	55-64	23.0%	23.3%	23.5%	23.6%	23.7%	23.6%	22.9%	25.1%
	25-64	53.2%	53.2%	53.2%	53.1%	53.1%	53.2%	52.7%	52.8%

Source: Office for National Statistics

Analysis

- There is a projected decrease in the 35-44 age group, but steady increases in all other age groups.
- The overall 25-64 age group will remain relatively stable.

Conclusion

- Most adult services will be unaffected by projected population change.

5.2 Social & environmental context

5.2.1 Benefit uptake

Rationale

- The collection of income support data allows the identification 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

INCOME SUPPORT AND JOB SEEKERS ALLOWANCE CLAIMANTS – 03/09/2007					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number of households claiming Income Support	618	2,480	930	2,436	6,464
Number of households claiming Job Seekers Allowance	101	557	129	396	1,183
Number of households claiming Income Support OR Job Seekers Allowance	719	3,037	1,059	2,832	7,647
All Households	29,938	30,635	22,089	37,781	120,456
% of households claiming Income Support	2.1%	8.1%	4.2%	6.5%	5.4%
% of households claiming Job Seekers Allowance	0.3%	1.8%	0.6%	1.1%	1.0%
% of households claiming Income Support OR Job Seekers Allowance	2.4%	9.9%	4.8%	7.5%	6.4%

Source: Revenue and Benefits Department, Stockport Council

Benefits Claimants	Jobseekers' Allowance Claimants	Income Support Claimants
Aug-06	3,030	8,250
Aug-05	2,660	8,190
Aug-04	2,570	8,420
Aug-03	3,070	16,830
Aug-02	3,140	17,120
Aug-01	3,080	17,230

Source: ONS- Neighbourhood Statistics for Stockport Economic dataset. This material is Crown Copyright.

Analysis

- 76% 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 and 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 claimant households are:
 - Brinnington: 1353 (IS), 347 (JSA), 1700 (IS or JSA)
 - Davenport & Cale Green: 682 (IS), 96 (JSA), 778 (IS or JSA)
 - Reddish North: 464 (IS), 81, (JSA), 545 (IS or JSA)
- 20% of claimants come from Brinnington and central and 10% from Davenport and Cale Green.
- The number of JSA claimants has remained stable since 2001 whilst the number of income support claimants more than halved.
- The number of Income Support claimants dropped dramatically in 2004 following the introduction of the Working Family Tax Credit.

Conclusion

- The numbers of low income families are concentrated in areas of Heaton & Tame Valley and Stepping Hill & Victoria.

5.2.2 Access to advice

Note: not currently available at PBC level

Stockport Advice and Information Service Customer Contacts 01/04/2006 to 31/03/2007	
Contacts known to be resident in Stockport	% of all contacts known to be resident in Stockport
12,859	93.1%

- 23.7% of the customer contacts were resident in Brinnington & Central ward.
- 10.1% of the customer contacts were resident in Reddish North ward.
- 8.5% of the customer contacts were resident in Davenport & Cale Green ward.

5.2.3 Libraries

Rationale

- Library usage can be seen as a proxy for wellbeing and wider engagement with cultural and educational public services.
- Libraries are increasingly used as a way to access information and advice on a wide range of services and enable people to access the internet.

Data

NUMBER OF RESIDENTS ON ACTIVE LIBRARY MEMBERSHIP DATABASE 2007					
Library membership	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Number of active members	15,736	11,578	11,057	15,793	54,164
Proportion of all people	21.3%	17.0%	21.0%	17.5%	19.0%

Source: Stockport Libraries, 2007

Analysis

- The number of members at ward is relatively even. The wards with the lowest membership are Manor, Reddish South and Bredbury and Woodley.

Conclusion

- Work to promote library usage should focus in Heatons & Tame Valley and Stepping Hill & Victoria.

5.2.4 Employment

Rationale

- A number of studies have indicated that unemployment has a negative effect on self-esteem, levels of depression and other mental health issues.
- Health and employment are intimately related in complex ways. Work can be the basis of health and well-being. Unemployment can lead to ill health and depression.
- The low income on which unemployed people live can lead to more unhealthy dietary and lifestyle choices.

Data

UNEMPLOYMENT BY WARD MAY 2007- BASED ON 2001 CENSUS WARDS								
Ward	Total		Male		Female		Change since July 06	Unemployed that are LTU
	No.	%	No.	%	No.	%	%	%
Bredbury	131	1.4%	95	2%	36	0.8%	13.9%	19.1%
Brinnington	399	6.9%	302	10%	97	3.6%	15.7%	18.8%
Cale Green	212	2.8%	150	3.9%	62	1.7%	2.9%	11.8%
Cheadle	93	1.1%	73	1.7%	20	0.5%	8.1%	10.8%
Cheadle Hulme N	111	1.3%	82	1.8%	29	0.7%	18.1%	13.5%
Cheadle Hulme S	65	0.8%	45	1%	20	0.5%	14%	7.7%
Davenport	115	1.6%	85	2.3%	30	0.9%	-10.9%	17.4%
East Bramhall	63	0.7%	49	1%	14	0.3%	-6%	15.9%
Edgeley	186	2.4%	147	3.7%	39	1%	8.8%	13.4%
Great Moor	145	1.7%	106	2.4%	39	1%	-5.8%	13.8%
Hazel Grove	93	1%	69	1.4%	24	0.5%	-11.4%	16.1%
Heald Green	92	1.2%	65	1.7%	27	0.7%	-10.7%	16.3%
Heaton Mersey	131	1.3%	99	2%	32	0.7%	13.9%	15.3%
Heaton Moor	76	1%	62	1.5%	14	0.4%	-26.9%	13.2%
Manor	145	1.9%	109	2.7%	36	0.9%	16.9%	13.8%
North Marple	75	1.1%	51	1.5%	24	0.7%	29.3%	20%
North Reddish	202	2%	145	2.9%	57	1.1%	11.6%	17.3%
Romiley	141	1.8%	104	2.6%	37	0.9%	5.2%	14.2%
South Marple	62	0.9%	48	1.3%	14	0.4%	1.6%	16.1%
South Reddish	305	3.6%	236	5.5%	69	1.7%	3.7%	14.8%
West Bramhall	57	0.7%	41	1%	16	0.4%	26.7%	8.8%
Stockport	2,885	1.7%	2,155	2.4%	735	0.9%	5.7%	15.1%
Greater Manchester	43,300	2.7%	32,500	3.9%	10,800	1.4%	-1.6%	13.9%
North West	111,075	2.6%	83,285	3.8%	27,790	1.4%	-5.4	15.4%
United Kingdom	885,485	2.4%	647,500	3.3%	237,990	1.3%	-7.9	17%

Source: Nomis May 2007

Analysis

- There is a wide range of ward level unemployment rates in Stockport. Many areas have unemployment of less than 1% whilst areas such as Brinnington are as high as 6.9% and South Reddish with 3.6%.

Conclusion

- Unemployment continues to be concentrated in Brinnington, with almost 400 unemployed people, around 70 of whom are long term unemployed: this is also a 15.7% increase from last year.

5.2.5 Family structure – One person households

Rationale

- The structure of the family can have many complex effects on health and wellbeing of its family members.

Data

2001 CENSUS- ONE PERSON HOUSEHOLDS AS PROPORTION OF ALL HOUSEHOLDS (not including pensioners)					
One person household type	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Single	18.9%	25.0%	19.3%	22.2%	21.5%
Married or re-married	0.8%	0.7%	0.6%	0.6%	0.7%
Separated	1.4%	2.3%	1.7%	2.0%	1.9%
Divorced	4.5%	7.2%	5.3%	6.2%	5.8%
Widowed	8.0%	8.1%	8.6%	7.9%	8.1%
All one person households	33.6%	43.3%	35.5%	38.9%	38.0%

Source: 2001 Census, Office of National Statistics

Analysis

- A large number of people now live in one person households. The highest numbers are in Heatons & Tame Valley and Stepping Hill & Victoria and may reflect young people living alone where accommodation is more affordable.
- Whilst the location of widowed people is fairly even divorcee rates are highest in Heatons & Tame Valley and Stepping Hill & Victoria, again this may reflect affordable housing for single people.

Conclusion

- Work aimed at single people and divorcées in one person households can target initiatives to Heatons & Tame Valley and Stepping Hill & Victoria.

5.2.6 Domestic violence

Rationale

- Domestic violence is a crime which particularly impacts on self-esteem and mental wellbeing, both of the victim and any other family members.

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	239	123	306	765
Domestic Violence Offences	1.2	3.3	2.3	3.3	2.6

Source: Greater Manchester Police

Analysis

- 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

Conclusion

- Rates of domestic violence offences are higher in Heatons & Tame Valley and Stepping Hill & Victoria.

5.3 Health & Social Care

5.3.1 General health (aged 35 – 64)

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 35–64 – 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	92.4%	87.4%	90.2%	88.3%	89.6%
Not good health	7.6%	12.6%	9.8%	11.7%	10.4%

Source: 2001 Census

Analysis

- 12,000 (1 in 10) people in Stockport reported not having good health over the year preceding the Census.
- Rates of poor health are highest in Heaton & Tame Valley and lowest in Bramhall & Cheadle, despite the fact that Bramhall & Cheadle has the older population.

Conclusion

- Around 12,000 adults aged 35–64 years 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 even more distinct as compared to those for children and young adults.

5.3.2 Limiting Long-term Illness (aged 35 – 64)

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 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 35–64 – RESIDENT IN:					
Limiting Long-term Illness (LLTI)	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Percentage with LLTI	13.8%	20.5%	16.8%	19.0%	17.5%

Source: 2001 Census

Analysis

- 18% (20,000) of Stockport’s adult population stated that they have an illness or condition which limits their day to day activities.
- Rates of LLTI are highest in Heaton & Tame Valley and Stepping Hill & Victoria, and lowest in Bramhall & Cheadle, again despite the fact that Bramhall & Cheadle has the older population.

Conclusion

- Around 20,000 people aged 35-64 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 so, although rates are highest in deprived areas, we must not neglect those in other areas.

5.3.3 Uptake of disability related benefits (aged 25 – 64)

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 *					
- 25-49	765	1,920	920	1,965	5,570
- 50-59	705	1,245	780	1,410	4,140
- 60-64 and over	250	425	325	560	1,560
Disability Living Allowance ^					
- 25-49	485	960	570	1,260	3,275
- 50-59	415	730	450	855	2,450
- 60-69	575	840	565	1,025	3,005

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 *					
- 25-49	30.1	69.8	52.8	57.1	53.2
- 50-59	66.5	142.9	105.7	128.3	109.9
- 60-64 and over	49.5	120.2	85.6	112.5	89.8
Disability Living Allowance ^					
- 25-49	19.1	34.9	32.7	36.6	31.3
- 50-59	39.2	83.8	61.0	77.8	65.0
- 60-69	63.3	134.3	81.8	116.6	96.8

Source: Office for National Statistics

Analysis

- There are currently 11,270 claimants aged 25-64+ 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). Rates are highest for those in their 50's at a level of more than 10%.

- There are also 8,730 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). Rates are highest for those in their 60's at a level of almost 10%.
- Heaton & 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 20,000 people aged 25-64 claiming. Rates of uptake are strongly associated with deprivation.

5.3.4 Caring (aged 35 – 64)

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 35–64 – RESIDENT IN:					
Hours of unpaid care given per week:	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
None	81.4%	83.5%	81.7%	83.0%	82.4%
1-19	14.5%	12.0%	14.1%	12.1%	13.1%
20-49	1.8%	1.5%	1.8%	1.9%	1.8%
50+	2.2%	2.9%	2.4%	3.0%	2.7%

Source: 2001 Census

2006/07 INPATIENT ADMISSIONS – HOLIDAY RELIEF CARE 25-64					
Admissions for holiday relief care:	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
No. of patients admitted	5	1	2	5	13
No. of admissions in year	21	8	14	18	61
Total days admitted for	170	56	102	543	871

Source: Stockport PCT

Analysis

- Around 18% (20,000) of Stockport's population aged 35 – 64 provide some unpaid care in an average week, a rate much higher than for other age groups.
- Around 5,100 people provide more than 20 hours a week.
- Rates are highest in Bramhall & Cheadle and Marple & Werneth despite the fact that these areas have lower levels of limiting long-term illness and poor general health.
- 13 adults aged 25–64 years were admitted to hospital to provide holiday relief care for their carers. These adults were not admitted very frequently, on average about 4 times in the year; however they had a significantly longer average length of stay than children and were most frequently admitted for seven nights.

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.

5.3.5 SMRs (aged under 65)

Rationale

- SMRs are again a summary measure of health, showing the patterns of mortality experience by different populations compared to the national average. They allow analysis of the rates of deaths for different major causes of death.
- The statistic controls for differences in the age and sex structure of the population and, therefore, differences in the ratio are taken to relate to the different qualities of life, health experience and health behaviours of the population.
- England & Wales average is 100; a figure above 100 suggests that mortality rates are higher than average.

Data

2003-2005 STANDARDISED MORTALITY RATIOS (SMR) - AGES UNDER 65 YEARS – RESIDENT IN:										
	Bramhall & Cheadle		Heatons & Tame Valley		Marple & Werneth		Stepping Hill & Victoria		Stockport	
	SMR	Sig.	SMR	Sig.	SMR	Sig.	SMR	Sig.	SMR	Sig.
All Circulatory Disease	74.4	Low	132.3	High	89.0		119.7		103.7	
CHD	59.7	Low	141.5	High	86.2		118.2		100.6	
Stroke	109.3		63.8		96.1		120.8		99.7	
Cancer	80.8	Low	124.0	High	97.6		110.9		102.6	
Lung Cancer	87.3		125.1		76.5		142.2	High	109.1	
Breast Cancer	82.2		113.6		117.2		111.3		104.6	
Respiratory Disease	45.3	Low	118.0		67.3		119.9		87.8	
Digestive	61.1	Low	166.5	High	95.0		119.2		109.5	
Accidents	42.0	Low	100.1		53.5		84.1		71.9	Low
Suicides & open verdict	68.7		99.0		74.0		116.5		92.3	
All Causes	70.2	Low	127.6	High	81.4	Low	114.9	High	99.0	

Source: Stockport PCT

Analysis

- Around 500 people aged under 65 years in Stockport die a year, most common cause of death is cancer (37%), followed by circulatory disease (25%) and digestive disease (8%). Accidents and suicides & deaths of undetermined intent account for around 4% of deaths each.
- Although the SMR for all ages shows that Stockport has a statistically high rate compared to the national average, for those aged under 65 years the SMR is statistically low confirming the hypothesis that elderly falls are driving the difference.
- Heatons & Tame Valley has significantly higher SMRs for circulatory disease (especially CHD), cancer and digestive disease. All causes strongly linked to smoking and alcohol.
- Stepping Hill & Victoria has significantly higher SMRs for lung cancer; strongly linked to smoking.

Conclusion

- Unlike the pattern shown for older people, for those aged under 65 cancer is the biggest single cause of death, followed by circulatory and digestive disease. Initiatives focusing on preventing early death should focus on these causes.
- Mortality rates are highest in deprived areas, especially for causes of death associated with smoking and alcohol. Again if inequalities are to be reduced work must focus on these key lifestyle behaviours.

5.3.6 Cancer Screening

Rationale

- Reducing the incidence of cancer is vital to long term efforts to reduce cancer mortality. Where screening is possible, it is an important method of detecting abnormalities at an early stage, allowing treatment when the cancer is most likely to be curable, or, in some cases, even before it develops.
- Currently there are national screening programmes for:
 - Breast Cancer (females aged 50 – 70): where, so far, the national programme has screened more than 19 million women and is currently saving around 1,400 deaths a year. Coverage targets are 70%.
 - Cervical Cancer (females aged 25 – 64): where the evidence suggests that a reduction in death rates of around 95% is possible in the long term if screening targets of 80% coverage are met.

Data

2005/06 CANCER SCREENING – FEMALES 50-70 – GP REGISTERED IN:					
Breast Screening	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Eligible	10,389	7,682	7,150	8,213	33,434
Screened	7,993	5,108	5,521	5,477	24,099
Rate	76.9%	66.5%	77.2%	66.7%	72.1%

Source: Stockport PCT

2005/06 CANCER SCREENING – FEMALES 25-64 – GP REGISTERED IN:					
Cervical Screening	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Eligible	19,253	18,547	12,902	18,847	69,549
Screened	15,722	14,878	10,892	15,549	57,041
Rate	81.7%	80.2%	84.4%	82.5%	82.0%

Source: Stockport PCT

Analysis

- In 2005/06 rates across Stockport for breast cancer screening just achieved target of 70%. However, the recommended screening level was not achieved in Heatons & Tame Valley or Stepping Hill & Victoria.
- In 2005/06 rates across Stockport for cervical cancer screening just achieved target of 80%. The recommended screening level was achieved in all areas.

Conclusion

- Stockport as a whole achieved both breast cancer and cervical cancer screening targets, however, although each PBC locality achieved its cervical cancer target, Heatons & Tame Valley and Stepping Hill & Victoria perform well below targets for breast screening; this suggests efforts need to be redoubled in these areas.

5.3.7 Maternal age

Rationale

- Maternal age has a significant impact on prematurity, birth weight and infant mortality with mothers at either end of the age spectrum (in other word those aged under 20 and over 40) having greater probabilities of these.
- Maternal age outside the usual range is also associated with risks to the health of mothers.

Data

2006 LIVE BIRTHS – AGE OF MOTHER RESIDENT IN:					
Age of mother at birth	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
< 20 years	3.0%	10.2%	5.8%	6.9%	6.9%
20-24 years	7.9%	19.3%	16.0%	18.1%	16.1%
25-29 years	20.0%	22.1%	21.0%	24.4%	22.4%
30-34 years	37.7%	28.0%	34.5%	31.5%	32.2%
35-39 years	26.8%	16.6%	17.4%	16.7%	18.7%
40-44 years	4.6%	3.3%	5.2%	2.5%	3.5%
45 + years	0.0%	0.3%	0.2%	0.0%	0.1%

Source: Child Health System

Analysis

- Over half of the births in 2006 were to mothers aged 25 – 34 years and 90% were to mothers in the age range 20 – 39 years.
- 230 births were to mothers aged under 20 years whilst 120 were to mothers aged 40 years and above.

Conclusion

- Trend analysis is needed to establish whether, as is hypothesised, average maternal age is increasing. If this is the case services need to plan for the increased likelihood of problem maternities.

5.3.8 Prevalence of 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.

Data

2006/07 QOF PREVALENCE – ALL AGES (unless stated) – GP REGISTERED:					
Numbers on Disease Register	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
CIRCULATORY CONDITIONS					
Coronary Heart Disease	3,585	3,172	2,719	3,183	12,659
Heart Failure	715	724	636	759	2,834
Stroke/Transient Ischaemic Attack	1,633	1,289	1,290	1,319	5,531
Hypertension	11,141	10,041	7,904	10,292	39,378
Atrial fibrillation	1,299	1,006	993	1,009	4,307
CANCER					
Cancer diagnosed post April 2003	925	689	585	728	2,927
RESPIRATORY CONDITIONS					
Asthma	4,891	5,278	3,798	4,884	18,851
Chronic Obstructive Pulmonary Disease	969	1,468	892	1,405	4,734
ENDOCRINE CONDITIONS					
Diabetes Mellitus (age 17+)	2,958	2,814	1,844	2,761	10,377
Hypothyroidism	2,050	1,945	1,616	1,975	7,586
GENITOURINARY CONDITIONS					
Chronic Kidney Disease (age 18+)	1,557	1,242	1,160	1,206	5,165
MENTAL HEALTH					
Severe Mental Health Conditions*	544	629	394	554	2,121
Depression diagnosed in 2006/07	5,737	7,125	4,865	5,846	23,573
NEUROLOGICAL CONDITIONS					
Epilepsy (age 18+)	406	528	339	481	1,754
Dementia	333	481	327	301	1,442
Learning Difficulties	174	221	135	185	715
END OF LIFE					
Palliative Care	59	67	32	70	228
LIFESTYLES					
Obesity (age 16+)	4,532	6,284	3,845	6,677	21,338
MULTIPLE CONDITIONS (co-morbidity)					
Any combination of CHD, Stroke, Hypertension, Diabetes, COPD or Asthma (i.e. at least 1 disease)	17,625	15,938	12,647	15,905	62,115
Both CHD and diabetes (i.e. at least 2 diseases)	5,935	5,345	4,118	5,284	20,682

Source: QMAS

* schizophrenia, bipolar disorder & other psychoses

2006/07 QOF PREVALENCE – ALL AGES – GP REGISTERED IN:					
Crude rate per 1,000 aged 16+	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
CIRCULATORY CONDITIONS					
Coronary Heart Disease	51.8	49.6	59.9	51.5	52.7
Heart Failure	10.3	11.3	14.0	12.3	11.8
Stroke/Transient Ischaemic Attack	23.6	20.1	28.4	21.4	23.0
Hypertension	160.9	156.9	174.1	166.7	163.8
Atrial fibrillation	18.8	15.7	21.9	16.3	17.9
CANCER					
Cancer diagnosed post April 2003	13.4	10.8	12.9	11.8	12.2
RESPIRATORY CONDITIONS					
Asthma (rate for all ages)	57.8	66.6	69.3	64.1	64.0
Chronic Obstructive Pulmonary Disease	14.0	22.9	19.7	22.8	19.7
ENDOCRINE CONDITIONS					
Diabetes Mellitus (age 17+)	42.7	44.0	40.6	44.7	43.2
Hypothyroidism	29.6	30.4	35.6	32.0	31.6
GENITOURINARY CONDITIONS					
Chronic Kidney Disease (age 18+)	22.5	19.4	25.6	19.5	21.5
MENTAL HEALTH					
Severe Mental Health Conditions*	7.9	9.8	8.7	9.0	8.8
Depression diagnosed in 2006/07	82.9	111.3	107.2	94.7	98.1
NEUROLOGICAL CONDITIONS					
Epilepsy (age 18+)	5.9	8.2	7.5	7.8	7.3
Dementia	4.8	7.5	7.2	4.9	6.0
Learning Difficulties	2.5	3.5	3.0	3.0	3.0
END OF LIFE					
Palliative Care	0.9	1.0	0.7	1.1	0.9
LIFESTYLES					
Obesity (age 16+)	65.5	98.2	84.7	108.1	88.8
MULTIPLE CONDITIONS (co-morbidity)					
Any combination of CHD, Stroke, Hypertension, Diabetes, COPD or Asthma (i.e. at least 1 disease)	254.6	249.0	278.6	257.6	258.4
Both CHD and diabetes (i.e. at least 2 diseases)	85.7	83.5	90.7	85.6	86.0

Source: QMAS

*schizophrenia, bipolar disorder & other psychoses

Analysis

- National evidence, if extrapolated to Stockport suggests that around 82,000 people in the Borough have a chronic health problem, of whom over 17,000 are aged 75 years or above.
- QoF data shows that hypertension, asthma, CHD, diabetes, depression and obesity are the most common conditions in Stockport; the following paragraphs give more detail:
- Heart disease:
 - 39,400 people of all ages at Stockport GP practices have been diagnosed with hypertension, a key risk factor for developing coronary heart disease or strokes, whilst 12,700 already have a diagnosis of CHD and 5,500 people already have a diagnosis of stroke. 4,300 people have been diagnosed with atrial fibrillation (abnormal heart rhythm – a leading cause of stroke) and 2,800 people have heart failure i.e. end stage heart disease.
 - Rates of heart disease are higher in Marple & Werneth (probably due to the older population profile), with the other three PBC areas having similar rates despite the fact that the more deprived areas have much higher mortality rates. One reason for this may be that there may be lower rates of early detection in these areas.
- Cancer:
 - 2,900 people of all ages in Stockport have been diagnosed with cancer since April 2003.
 - Rates are highest in Bramhall & Cheadle and Marple & Werneth; and again as these are crude rates this may be due to the older age profile in these areas, or alternatively, it may be due to lower levels of identification in more deprived areas.
- Respiratory disease:
 - 18,900 people of all ages at Stockport GP practices have been diagnosed as asthmatic and 4,700 have chronic obstructive pulmonary disease (COPD) – a key health condition caused by smoking.
 - Rates of COPD are highest in Heaton & Tame Valley and Stepping Hill & Victoria, most likely as a result of the much higher levels of smoking in these areas while rates of asthma are highest in Marple & Werneth and Heaton & Tame Valley.
- Endocrine disease:
 - Endocrine disease relates to the production of hormones which are used to regulate the body's metabolism, growth, development and tissue function. In Stockport 10,400 people aged 17 and over have been diagnosed as diabetic, and 7,600 people of all ages have hypothyroidism (insufficient production of thyroid hormone).
 - Rates of diabetes are similar across all areas, though are slightly higher in Heaton & Tame Valley and Stepping Hill & Victoria - further analysis of diabetes type is needed to confirm whether this is related to higher levels of obesity in these areas – and rates of hypothyroidism are highest in Marple & Werneth, again probably because of the older population.
- Genitourinary disease:
 - 5,200 people aged 18 years and above at Stockport GP practices have been diagnosed with chronic kidney disease (of which one of the most common treatments is dialysis).
 - Rates are highest in Marple & Werneth and Bramhall & Cheadle.

- Mental health:
 - 2,100 people of all ages at Stockport GP practices have a severe mental health condition (for example schizophrenia or bi-polar disorder) and 23,600 people have been diagnosed with depression in the most recent financial year.
 - Heaton & Tame Valley had the highest rate for both severe mental health conditions and depression.
- Neurological conditions:
 - 1,800 people aged 18 and over at Stockport GP practices have been diagnosed with epilepsy.
 - 1,400 people of all ages at Stockport GP practices have been diagnosed with dementia.
 - 700 people of all ages at Stockport GP practices have been identified as having learning disabilities.
 - Rates were lowest for all three conditions in Bramhall & Cheadle.
- Other conditions:
 - 228 people at Stockport GP practices have been identified as needing palliative care or support as they near the end of their life; rates are similar across all areas.
 - 21,300 people aged 16 years and over have been identified as obese; although this seems low at a rate of 9%, it is probably due to the fact that routine regular screening is not in place for all patients.
- Multiple conditions:
 - Over 25% of adults in Stockport have at least one chronic conditions relating to the heart, respiratory system or diabetes.
 - 9% have at least two conditions, one of the heart and diabetes.
- Data on the prevalence of conditions not included in QoF are not currently available and therefore, to examine likely burdens of illness and disease, national trends are used to make assumptions about patterns of illness in Stockport:
 - Unfortunately the QoF provides no information on musculoskeletal conditions (e.g. arthritis or osteoporosis), despite the fact that this group of problems has been identified as the most prevalent nationally. Extrapolating national data to Stockport suggests that approximately 34,000 people in the Borough live with these types of conditions.
 - One other major respiratory condition not included in the QoF is cystic fibrosis, which affects over 7,500 people in the United Kingdom; extrapolating to Stockport this gives an estimate of approximately 350 patients within the area.
 - The QoF (see above) gives some information on the more severe neurological conditions, however, national data would suggest that around 47,000 people in the borough have such a condition, 37,000 of whom will be able to cope day to day, but 10,000 people who will need more support. At the extreme, there are likely to be around 1,600 people who need help with most of their daily activities. Common neurological conditions not included in the QoF are:
 - Migraine (estimated 42,000 in Stockport – 8,500 chronically)
 - Chronic tension headaches (estimated 5,600 in Stockport)
 - Cluster headaches (estimated 280 in Stockport)
 - Parkinson's disease (estimated 560 in Stockport)
 - Cerebral Palsy (estimated 500 in Stockport)
 - Multiple sclerosis (estimated 400 in Stockport)

Conclusion

- Note should be made of the various sizes of disease registers for these conditions as an indicator of the current diagnosed need in the Borough.

5.3.9 Adults with learning, physical and sensory disabilities

Rationale

- This data will provide information on some key groups of people with specific and usually complex needs and who are likely to be vulnerable.
- Data is limited and needs to be developed. Data is not currently available by PBC clusters.

Data and Analysis

- 700 people of all ages at Stockport GP practices have been identified as having learning disabilities.
- According to the NHS Information Centre 100 people aged 18-64 years were registered as blind and 115 as partially sighted in Stockport in 2006. Of those who were registered blind, 50 had an additional disability, and of those who were registered partially sighted, 45 had an additional disability – the most common co-morbidities being hard of hearing and physical disabilities.
- There is no local source of information regarding the number of deaf people in Stockport but national evidence extrapolated to Stockport gives estimates of 41,800 adults and 100 children. Of the total 41,800 people who are deaf - 3,200 are expected to be severely or profoundly deaf and 32,000 are expected to be aged 60+.
- Physical disability can arise as a result of accident, illness or congenital disorder and may be caused by a range of health conditions such as neurological, circulatory, respiratory and musculoskeletal disorders. The diverse nature of physical disability requires the development of varied responses and it is therefore difficult to assess the numbers of people with physical disabilities in one indicator. Data on the prevalence of long-term conditions (see section 5.3.8) offers some local evidence.

Conclusion

- Data is limited and needs to be improved, however, there are significant numbers of adults with learning, physical and sensory disability in Stockport and their needs need to be investigated further.

5.3.10 Inpatient Activity (aged 25 – 64)

5.3.10.1 Admission Type (aged 25 – 64)

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 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 25-64					
Inpatient Admissions by Admission Type	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Planned Admissions	4,280	4,583	3,203	5,736	17,802
Emergency Admissions	2,403	3,361	2,099	4,336	12,199
Maternity / Birth Adm.	1,010	1,294	854	1,863	5,021
Other Admissions	53	139	91	136	419
All Admissions	7,746	9,377	6,247	12,071	35,441
Planned Admissions	55.3%	48.9%	51.3%	47.5%	50.2%
Emergency Admissions	31.0%	35.8%	33.6%	35.9%	34.4%
Maternity / Birth Adm.	13.0%	13.8%	13.7%	15.4%	14.2%
Other Admissions	0.7%	1.5%	1.5%	1.1%	1.2%

Source: Stockport PCT

Analysis

- 25 – 64 year olds account for around 35,400 inpatient admissions a year. Almost a half of the total admissions are planned and a third are emergencies, a reversal from the trends seen for children and young adults.
- Rates of Emergency Admissions are Similar across Heatons & Tame Valley, Stepping Hill & Victoria and Marple & Werneth but are much lower in Bramhall & Cheadle.
- Planned admissions are highest in Bramhall & Cheadle, and are lowest in Heatons & Tame Valley and Stepping Hill & Victoria.

Conclusion

- 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.

5.3.10.2 Length of Stay (aged 25 – 64)

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 service.

- 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 AGED 25-64					
Inpatient Admissions by Length of Stay	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 day	4,117	4,659	3,199	6,154	18,129
1 day	1,333	1,656	1,054	2,190	6,233
2 days	625	738	455	856	2,674
3-4 days	654	794	557	996	3,001
5-7 days	458	611	415	795	2,279
8 -14 days	298	457	307	578	1,640
15-28 days	131	236	143	273	783
29 + days	118	205	108	209	640
Unknown / unfinished	12	21	9	20	62
All Admissions	7,746	9,377	6,247	12,071	35,441
0 day	53.2%	49.7%	51.2%	51.0%	51.2%
1 day	17.2%	17.7%	16.9%	18.1%	17.6%
2 days	8.1%	7.9%	7.3%	7.1%	7.5%
3-4 days	8.4%	8.5%	8.9%	8.3%	8.5%
5-7 days	5.9%	6.5%	6.6%	6.6%	6.4%
8 -14 days	3.8%	4.9%	4.9%	4.8%	4.6%
15-28 days	1.7%	2.5%	2.3%	2.3%	2.2%
29 + days	1.5%	2.2%	1.7%	1.7%	1.8%
Unknown / unfinished	0.2%	0.2%	0.1%	0.2%	0.2%
2006/07 INPATIENT ADMISSIONS – AVERAGE LENGTH OF STAY					
Mean	2.82	3.36	3.21	3.86	3.38
Median	0.00	0.01	0.00	0.00	0.00

Source: Stockport PCT

Analysis

- The majority (69%) of inpatient admissions for adults aged 25-64 years 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.
- There are significant numbers (around 650) of outliers, however, with length of stays beyond 4 weeks, a small minority of whom have been inpatients for more than a year. These skew the mean average length of stay to 3.4.
- 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.

- For those with long length of stay, consideration needs to be given to appropriate settings and support for facilitating either a move back to independence or towards a less medicalised supported living.

5.3.10.3 Cause of Admission (aged 25 – 64)

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 25-64					
Inpatient Admissions by Healthcare Reference Group Chapter (HRG)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Nervous System	3.0%	3.7%	3.7%	3.1%	3.3%
Eyes & Periorbita	2.5%	2.1%	2.2%	2.4%	2.3%
Mouth, Head, Neck & Ears	4.6%	5.2%	4.4%	4.7%	4.8%
Respiratory System	2.9%	3.2%	3.6%	3.9%	3.4%
Cardiac Surgery & Primary Cardiac Conditions	6.4%	7.2%	7.3%	6.8%	6.9%
Digestive System	18.2%	16.8%	18.6%	18.1%	17.9%
Hepato-biliary & Pancreatic Sys.	2.2%	2.2%	2.2%	1.9%	2.1%
Musculoskeletal System	9.8%	9.2%	9.7%	9.6%	9.6%
Skin, Breast & Burns	5.4%	5.4%	5.1%	5.5%	5.4%
Endocrine & Metabolic System	1.1%	1.2%	0.8%	0.9%	1.0%
Urinary Tract & Male Reproductive System	5.3%	4.3%	4.4%	4.1%	4.5%
Female Reproductive System	9.3%	7.5%	7.8%	8.1%	8.1%
Obstetrics & Neonatal Care	12.9%	13.7%	13.5%	15.5%	14.1%
Diseases of Childhood	0.0%	0.0%	0.0%	0.0%	0.0%
Vascular System	0.9%	0.9%	0.9%	0.8%	0.9%
Spinal Surgery & Primary Spinal Conditions	1.2%	1.3%	1.1%	1.1%	1.2%
Haematology, Infectious Disease, Poisoning & Non-specific Groups	10.9%	10.2%	10.4%	9.4%	10.1%
Mental Health	2.5%	4.9%	3.2%	3.3%	3.5%
Undefined Groups	0.9%	0.9%	1.0%	0.8%	0.9%

Source: Stockport PCT

2006/07 INPATIENT ADMISSIONS – NUMBERS AGED 25-64	
Top 10 Healthcare Reference Groups (HRG)	Stockport
Antenatal Admissions not Related to Delivery Event	2,558
Diagnostic Procedures, Oesophagus & Stomach	1,811
Normal Delivery without complications	1,387
Large Intestine - Endoscopic or Intermediate Procedures	1,193
Chest Pain <70 without complications	835
Intermediate Mouth or Throat Procedures	771
Threatened or Spontaneous Abortion	632
Minor Skin Procedures - Category I without complications	599
Examination, Follow up & Special Screening	591
Malignant Disorder of the Lymphatic/ Haematological Systems LOS <2 days	556

Source: Stockport PCT

Analysis

- Conditions relating to the digestive system, obstetrics & neonatal care, 'haematology, infectious disease, poisoning & non-specific groups' and musculoskeletal system are the most common cause of admission in all areas for adults aged 25-64 years.
- Over half the digestive system admissions are for either 'diagnostic procedures' relating to the oesophagus and stomach or 'endoscopic or intermediate procedures' relating to the large intestine
- Obstetrics & neonatal care admissions relate to the 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 evidenced by the 2,600 admissions for 'antenatal admissions not related to delivery event'.
- 'Haematology, infectious disease, poisoning & non-specific groups' include large number of admissions (under 'non-specific') relating to 'examination, follow up and special screening' as well as a significant number of admissions for 'malignant disorder of the lymphatic or haematological systems'.

Conclusion

- The fact that many of the most 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.

5.3.10.4 Ambulatory Care Sensitive Conditions (aged 25 – 64)

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	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Acute	Cellulitis	33	37	26	66	162
	Convulsions & epilepsy	27	69	27	73	196
	Dehydration & gastroenteritis	23	25	17	35	100
	Dental conditions	5	7	6	11	29
	Ear, nose & throat infections	8	9	6	19	42
	Gangrene		1	1	2	4
	Pelvic inflammatory disease	2	5	4	5	16
	Perforated / bleeding ulcer	1	2	4	3	10
	Pyelonephritis	5	9	6	11	31
	Ruptured appendix	6	3	4	7	20
	TOTAL	110	167	101	232	610
	Chronic	Angina	27	56	36	62
Asthma		23	37	21	45	126
COPD		17	56	22	63	158
Congestive heart failure		4	4	7	12	27
Diabetes complications		10	15	2	12	39
Hypertension		2	5	1	5	13
Iron deficiency anaemia		4		4	7	15
Nutritional deficiencies						0
TOTAL	87	173	93	206	559	
Vaccine	Influenza and pneumonia	18	37	24	45	124
	Other vaccine preventable				1	1
	TOTAL	18	37	24	46	125
TOTAL ACS Conditions		215	377	218	484	1,294
Rate – Acute		2.7	4.2	3.5	4.6	3.8
Rate – Chronic		2.1	4.4	3.3	4.1	3.5
Rate – Vaccine Preventable		0.4	0.9	0.8	0.9	0.8
Rate - Total ACS Conditions		5.2	9.5	7.6	9.6	8.1

Source: Stockport PCT

Analysis

- Ambulatory Care Sensitive Conditions accounted for around 10.6% of the total numbers of emergency admissions for Stockport residents aged 25 -64 years in 2006/07, at a total crude rate of 8.1 admissions per 1,000 population.
- Approximately 43% of the ACS condition emergency admissions were for chronic conditions and 47% were for acute conditions with the remaining 10% being for vaccine preventable conditions.
- The most common causes of admission for chronic conditions were for respiratory problems (51% were for asthma or COPD) and angina (32%). Around 7% were due to diabetes complications and a further 5% due to congestive heart failure.
- The most common causes of admission for acute conditions were for convulsions & epilepsy (32%), cellulitis (27%), dehydration & gastroenteritis (16%) and ear, nose & throat infections (7%).
- The vast majority (99%) of admissions for vaccine preventable conditions related to influenza and pneumonia.
- Rates of admission were highest in S&V and H&TV and lowest in B&C.

Conclusion

- A total of 1,300 emergency admissions were made for Ambulatory Care Sensitive Conditions for those aged 25-64 years in 2006/07 – admissions that should be preventable. Commissioners need to examine pathways, especially for respiratory and heart conditions, to ensure that patients are supported to manage their conditions and to avoid hospital whenever possible.

5.3.11 Accident and Emergency Activity (aged 25 – 64)

5.3.11.1 Age Structure (aged 25 – 64)

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 25 – 64 – NUMBERS AND RATE PER 1,000 POPULATION					
Inpatient Admissions by age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
25 – 34 – numbers	955	2,333	1,465	3,589	8,342
35 – 44 – numbers	1,177	2,472	1,530	3,614	8,793
45 – 54 – numbers	1,029	1,739	1,245	2,741	6,754
55 – 64 – numbers	898	1,325	1,169	2,088	5,480
25 – 64 – numbers	4,059	7,869	5,409	12,032	29,369
25 – 34 – rates	118.1	226.7	258.4	280.3	226.4
35 – 44 – rates	101.9	208.6	192.4	242.1	190.0
45 – 54 – rates	92.8	176.3	170.3	221.9	166.3
55 – 64 – rates	86.9	171.3	152.5	202.3	152.0
25 – 64 – rates	98.9	198.0	189.1	238.7	183.8

Analysis

- Around 29,400 A&E attendances are made by Stockport residents aged 25-64 years at Stepping Hill Hospital each year.
- Rate of use is lowest for this age group as opposed to those for younger and older people. Within the age group rates are highest for those aged 25 to 34 years, and steadily decline through each subsequent age band.
- 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 adults aged 25 – 64 years, despite these people having the lowest rates of attendance.

5.3.11.2 Cause of Admission (aged 25 – 64)

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 25–64 – PROPORTION						
Primary Diagnosis following Attendance		Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Non-injury	Abdominal	3.8%	4.3%	4.5%	4.2%	4.2%
	Cardiovascular Sys.	1.2%	1.3%	1.5%	1.6%	1.4%
	Central Nervous Sys.	1.7%	2.5%	2.3%	2.3%	2.3%
	Endocrine System	0.1%	0.2%	0.1%	0.3%	0.2%
	Gynaecological	1.3%	1.0%	1.0%	1.3%	1.2%
	Infection	4.4%	4.0%	3.6%	4.5%	4.2%
	Miscellaneous	7.7%	8.2%	7.4%	7.9%	7.9%
	Psychiatry	2.2%	4.1%	2.9%	3.3%	3.3%
	Respiratory System	1.1%	1.5%	1.6%	1.3%	1.4%
	TOTAL Non-injury	23.5%	27.1%	24.9%	26.6%	26.0%
Injury	Fracture / Dislocation	6.7%	5.3%	6.2%	5.4%	5.7%
	Head Injury	1.9%	2.7%	2.4%	2.4%	2.4%
	Soft Tissue Injury	19.3%	18.0%	20.1%	19.2%	19.0%
	Sprain / Strain	9.7%	8.7%	9.0%	9.1%	9.1%
	Other Injury	9.7%	7.8%	8.6%	8.6%	8.5%
	TOTAL Injury	47.2%	42.4%	46.3%	44.8%	44.8%
Other	Alcohol related	0.3%	0.8%	0.4%	0.6%	0.6%
	No diagnosis	29.0%	29.7%	28.4%	28.0%	28.7%

Source: Stockport PCT

Analysis

- A quarter of all attendances result in a diagnosis of illness, whereas almost 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 170 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 quarter of admissions have no diagnosis and almost a tenth 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.

5.3.12 Referrals of Younger Adults into Social Care

Note: Social Care Services are divided distinctly between Adult and Children's services; therefore this data refers to the 18-64 age group.

Rationale

- Stockport has a statutory obligation to monitor and report on adults of working age that are referred to the Social Care service both in terms of potential formal clients that receive community care assessments, and also to those people that do not meet the Council's eligibility criteria who access services that Stockport funds via grants.
- Monitoring of referrals in the different areas of Stockport allows locality teams to be targeted in areas most appropriate.

Data

REFERRALS TO ADULT SOCIAL SERVICES BY AREA:						
Source of Referral	Out of Area/Not Known	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Family/friend/neighbour	1	31	43	30	58	163
Internal	1	1	4	0	2	8
LA Housing Dept	0	2	11	4	5	22
Legal Agency	0	2	0	5	14	21
Not known	0	1	0	1	0	2
Other	6	25	58	19	51	159
Other LA Dept	1	9	13	6	6	35
Primary health	0	20	36	10	26	92
Secondary health	17	51	85	52	98	303
Self	6	396	519	414	639	1974
Area Total	32	538	769	541	899	2779

Analysis

- Self referral is the principal method of contact for Social Care services. Other major routes into the service include secondary health services and family, friends and neighbours.
- Looked at on a per 1,000 population basis, it is interesting to note that the Marple & Werneth PCB area has a higher rate of referrals (17.3/1000) than the more socially deprived area of Stepping Hill & Victoria (16.4/1000). The area of highest referrals per 1,000 in Stockport is the Heatons & Tame Valley PCB area, with 18.0 referrals per 1,000 population. Bramhall & Cheadle have very low referral rates for Young Adults, at only 12.3/1000.
- Of the Referrals for the 18-64 age group, the majority relate to service users with physical disabilities, the range varies from 88% in Bramhall & Cheadle to 93% in Marple & Werneth. Although learning disabled client referrals are much lower as a

proportion of all referrals (7%), the impact of costs for those clients that go on to get a service is significantly higher than for physically disabled service users.

- The level of referrals from primary health is lower than one might expect.

Conclusion

- Further research needs to establish why the evidence demonstrates that the majority of service users refer themselves to Social Services, and investigate the factors behind the low involvement of commonly accepted referral routes such as hospitals, GPs and community based social workers.
- Evidence presented suggests that apart from Bramhall & Cheadle PCB area, referrals of younger disabled clients are distributed fairly evenly across the Borough, and also suggests that there is not the expected direct link between living in an area of deprivation and disability. Further analysis would be needed to test this hypothesis.
- Based on the evidence above, around GP referrals, practice based referrals are not yet routine for this age group. Further joint agency development work needs to occur to enable improved referral routes for clients that have potential to meet Service eligibility criteria.

5.3.13 Younger Adults in Receipt of Services from Social Care

Rationale

- Stockport has a statutory obligation to monitor and report on adults of working age that are in receipt of services as the result of a Community Care Assessment from Stockport Social Care teams.
- Local monitoring of people receiving services is used to plan service distribution, as well as inform financial planning.

Data

ADULTS AGED 18-64 IN RECEIPT OF SOCIAL SERVICES:						
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	OOA/ NFA/ Unknown	Stockport Total
Physical disability, frailty and sensory impairment	121	174	139	239	62	735
Physical disability, frailty and/or temporary illness	107	169	129	223	59	687
Hearing Impairment	10	2	9	10	1	32
Visual Impairment	2	2	1	5	2	12
Dual Sensory Loss	2	1	0	1	0	4
Mental health (total)	48	82	29	96	665	920
Of which:						
Dementia	2	2	1	1	13	19
Vulnerable People	2	2	1	6	1	12
Learning Disability	105	139	111	185	53	593
Substance Misuse	0	0	0	2	0	2
Total	276	397	280	528	781	2262

Analysis

*Note, the table above is an area breakdown of the RAP table P2S which was submitted to Central Government May 31st 2007. Mental Health services are provided by Pennine Care and current information on geographical location of service users is limited. Analysis discounts those clients where geographical location is not known.

- The information above shows that the group that currently has the highest volume of service users in Stockport is those clients with mental health needs. As would be expected, for those mental health clients where their location is known, the 2 areas with most social deprivation indicators are also the ones with the highest mental health needs. It should be noted that the RAP data does not include the vast numbers of people who are assisted to live in their own homes with minor equipment. In addition, all mental health clients with an active case manager are classed as receiving professional support.

- Contrary to the information presented earlier in the report on referrals, clients with physical disabilities and learning disabilities that receive services are also centred around the 2 PCB areas that contain the most socially deprived populations.
- Looking at the information on a per 1000 population however, the data indicates a slightly different picture. In terms of physical disability, the actual highest need area would be Marple & Werneth, with 4.4/1000 clients in receipt of a service, with the 2 deprived areas of Stepping Hill & Victoria and Heaton & Tame Valley reporting 4.3/1000 and 4.1/1000 respectively. The pattern is similar for clients with a learning disability, where Marple & Werneth have the highest figure per 1000 at 3.5/1000, and then Stepping Hill & Victoria with 3.4/1000 and then the Heaton & Tame Valley at 3.3/1000.

Bramhall & Cheadle is significantly lower at 2.4/1000. Most significant from analysis performed on this basis, however, is that mental health needs do not appear to follow the same pattern. In contrast to the above, mental health needs remain centred around the areas most socially deprived and, in actual fact, Marple & Werneth are the lowest need area per 1000 population, with 0.9/1000. Heaton & Tame Valley are highest at 1.9/1000, with Stepping Hill & Victoria at 1.7/1000.

Conclusion

- Improved information from Pennine Care on where all current service users
- Analysis of services on a per 1000 population basis shows that, although ideally they should always be linked to demand, significant 'pockets' of need can be present in the wealthier parts of the Borough.
- Mental health clients do not follow the patterns of need that the other client groups do when looked at using the per 1000 population methodology.
- Although, traditionally, Stockport has had a very low BME population, the numbers of BME population in this age group have been significantly growing in the Heaton & Tame Valley area of Stockport since the last Government Census. Data reported to the Department of Health in May 2007 indicates that services users from BME are not showing a similar increase, which may indicate services are not sufficiently accessible for that group. (source RAP Statutory Return 2006-2007).

5.4 Lifestyles & wellbeing

5.4.1 Smoking (aged 25 – 64)

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

2006 ADULT LIFESTYLE SURVEY – AGED 25–64 RESIDENT IN:					
Smoking	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Current Smoker	12.2%	24.7%	16.2%	22.3%	18.8%
Ex-smoker	36.5%	32.8%	33.5%	33.7%	34.1%
Never Smoked	51.3%	42.5%	50.3%	43.9%	47.1%
Sample Size	1,524	1,189	1,001	1,575	5,518

Source: Stockport PCT

Analysis

- Rates of smoking for adults aged 25-64 years are lower than the level reported for younger adults with 19% of respondents currently smoking compared to a rate of 26% for those aged 18-24.
- Rates of smoking were highest in Heatons & Tame Valley and Stepping Hill & Victoria, and 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 and evidence from this data suggests that rates decline fastest in affluent areas. Smoking prevalence rates are almost 50% lower in Bramhall & Cheadle for this age group compared to the young, whereas the difference for Heatons & Tame Valley is only 10%.

Conclusion

- A fifth of adults are still smoking and deprivation remains a key risk factor for smoking. Evidence suggests that, by this age, people in affluent areas are beginning to quit, however, the same trend is not evident in deprived areas. Services that promote and encourage smoking cessation need to concentrate in these areas.

5.4.2 Alcohol (aged 25 -64)

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

2003 ADULT LIFESTYLE SURVEY – AGED 25 – 64 RESIDENT IN:					
Annual alcohol consumption pattern	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Not at all	12.0%	11.5%	9.6%	9.4%	10.7%
1-2 days a year	2.4%	3.7%	3.3%	4.0%	3.3%
1 day every couple of months	4.4%	6.8%	3.8%	7.2%	5.8%
1-2 days a month	12.6%	12.3%	11.0%	14.1%	12.7%
1-2 days a week	29.4%	33.2%	34.2%	32.8%	32.0%
3-4 days a week	21.1%	17.5%	20.1%	17.3%	18.7%
5-6 days a week	7.9%	5.8%	7.5%	6.2%	6.9%
Almost every day	10.1%	9.2%	10.5%	9.1%	9.8%
Sample size	1,552	1,232	1,020	1,593	5,633

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 25 – 64 RESIDENT IN:					
For those who drink alcohol, the number of units drunk on the day drank most in preceding week	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Didn't drink alcohol last week	13.4%	16.7%	13.8%	15.7%	15.0%
Drank less than recommended daily limit	22.9%	17.8%	23.1%	22.2%	21.4%
Drank more than recommended daily limit but less than twice limit	21.1%	15.5%	20.1%	16.8%	18.4%
Binge drank (more than twice recommended daily limit)	42.6%	50.0%	43.0%	45.3%	45.2%
Binge drank (more than three times recommended daily limit)	19.8%	28.8%	20.8%	26.9%	24.2%
Sample size	1,367	1,085	927	1,450	5,038

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 25-64 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	10.8%	13.6%	12.0%	12.8%	12.4%
Drank less than recommended weekly limit	57.8%	51.6%	57.7%	58.3%	56.4%
Drank more than recommended weekly limit but under 36/50 units	25.6%	27.5%	24.4%	22.6%	24.8%
Binge drank (more than 35 or 49 units)	5.9%	7.3%	5.9%	6.3%	6.4%
Sample size	1,367	1,085	927	1,450	5,038

Source: Stockport PCT

Analysis

- The majority (67%) of adults aged between 25 and 64 years drink alcohol on at least a weekly basis, with the most common drinking frequency being 1 or 2 days a week (32%).
- Marple & Werneth and Heatons & Tame Valley have the highest rates of at least weekly drinkers at 72% and 69% respectively.
- 10% of adults aged between 25 and 64 years drink alcohol on almost every day, a proportion that is similar across the Borough.
- 45% of adults aged between 25 and 64 years binge drank in the week preceding the lifestyle survey, with a quarter drinking more than three times their recommended daily limit in one day.
- Binge drinking rates for this age group are high across all areas but rates increase with deprivation. Heatons & Tame Valley and Stepping Hill & Victoria have the highest levels of binge drinking, with a half of adults in Heatons & Tame Valley drinking more than twice their daily recommended allowance on at least one day in the preceding week and almost three-tenths drinking more than three times the daily allowance.
- Conversely Heatons & Tame Valley and Stepping Hill & Victoria also had the highest rate of non-drinking.
- Heatons & Tame Valley and Stepping Hill & Victoria also have the highest reported rates of females drinking more than 35 units and males drinking more than 49 unit over the course of a week.
- Hospital admissions for which the primary diagnosis is alcohol-related peak in the 45-49 age group due to the longer term effects of excessive drinking. The numbers of such admissions have increased dramatically over the last 5 years; rates are again much higher in the deprived areas.

Conclusion

- For adults aged between 25 and 64 years binge drinking is a problem in all areas and therefore policies to encourage safe drinking habits need to be address the whole population. However, rates for more extreme binge drinking and of alcohol related health harm are significantly higher in the more deprived areas of the borough and therefore priority must be given to addressing hazardous and harmful drinking in these areas.

5.4.3 Obesity (aged 25 – 64)

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 25–64 RESIDENT IN:					
Obesity	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Not overweight or obese	53.7%	51.2%	54.6%	50.2%	52.3%
Overweight	35.6%	33.3%	32.1%	34.7%	34.1%
Obese	10.6%	15.5%	13.3%	15.1%	13.6%
Sample Size	1,541	1,212	1,006	1,592	5,580

Source: Stockport PCT

Analysis

- By the time adults reach this age group, two-fifths are either overweight or obese, a rate double that for young adults.
- Heatons & Tame Valley and Stepping Hill & Victoria have the highest rates of obesity, confirming findings that the proportion of people who are overweight or obese increases with deprivation.
- Data from GP registers suggests 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

- At this age rates of overweight and obesity are double that for young adults and, therefore, key interventions to this age group should, while still promoting prevention for those who are not overweight or obese, focus on treatment and supporting healthy lifestyles changes.

5.4.4 Diet (aged 25 – 64)

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

2006 ADULT LIFESTYLE SURVEY – AGED 25 – 64 RESIDENT IN:					
5-a-day	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 portions	1.2%	1.6%	1.5%	1.7%	1.5%
1 portion	8.5%	11.6%	9.8%	12.4%	10.7%
2 portions	17.7%	21.2%	15.9%	19.7%	18.8%
3 portions	26.7%	25.6%	26.4%	27.6%	26.6%
4 portions	23.1%	19.6%	24.1%	20.5%	21.7%
5+ portions	22.8%	20.3%	22.3%	18.0%	20.6%
Sample Size	1,534	1,214	1,012	1,592	5,583

Source: Stockport PCT

Analysis

- A fifth of adults aged 25-64 years in Stockport reported that they eat 5 or more portions of fruit and vegetables a day, a rate double that for young adults. The most usual numbers of portions of fruit and vegetables to be consumed per day by this age group is three or four.
- The proportion of individuals consuming 5 or more portions of fruit and vegetables per day increases with affluence, with Heatons & Tame Valley and Stepping Hill & Victoria having the lowest rates.

Conclusion

- This age group eat more portions of fruit or vegetables a day than younger adults but are still more likely to be overweight or obese. Clearly diet is not the sole contributor to maintaining a healthy weight.
- Policy makers need to bear in mind that the affordability and accessibility of fruit and vegetables is important as evidence shows that people in deprived areas have even lower levels of consumption than elsewhere.

5.4.5 Exercise (aged 25 – 64)

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

2006 ADULT LIFESTYLE SURVEY – AGED 25 – 64 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	17.5%	18.4%	16.8%	19.6%	18.2%
1-2 times a week	30.8%	27.3%	27.6%	26.1%	27.8%
3-4 times a week	30.5%	26.8%	27.1%	28.7%	28.5%
5+ times a week	21.2%	27.6%	28.5%	25.6%	25.5%
Sample Size	1,541	1,226	1,022	1,585	5,606

Source: Stockport PCT

Analysis

- Only a quarter of adults aged 25-64 years in Stockport take at least the minimum recommended amount of exercise a week, a rate similar to that in the general population.
- 18% adults aged 25-64 years reported exercising less than once a week, not taking even this minimum amount of physical activity.
- Unusually Bramhall & Cheadle had by far the lowest level of respondents reporting exercising on at least 5 times a week, although Heatons & Tame Valley has the highest levels of exercise less than once a week. Although this trend may be explained by the lower levels of car ownership in deprived areas leading to increased levels of walking (for example to bus stops) being built into daily life as a means of getting around.

Conclusion

- Three-quarters of adults aged 25-64 years 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.

5.4.6 Mental Wellbeing (aged 25 – 64)

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 25 – 64 RESIDENT IN:					
Average MH15 score (scale of 0-100, higher scores are better)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Average MH15 Score	73.3	70.9	73.3	71.5	72.1
% with low wellbeing score	35.1%	39.1%	34.3%	40.0%	37.5%
% with high wellbeing score	64.9%	60.9%	65.7%	60.0%	62.5%
Sample Size	1,497	1,177	980	1,548	5,429

Source: Stockport PCT

Analysis

- This survey measured mental health using five internationally validated questions. A higher score indicates better mental health.
- For adults in this age range almost two-thirds of respondents to the survey had scores that fell in the range of ‘good’ wellbeing.
- The average mental health score was highest in Bramhall & Cheadle and Marple & Werneth, and the proportion of respondents with high scores was highest in Marple & Werneth. Rates were lowest in Heatons & Tame Valley.
- For both Heatons & Tame Valley and Stepping Hill & Victoria the average M15 score did not reach the standard for good mental health of 72.

Conclusion

- For adults aged 25-64 there is a clear deprivation profile in mental wellbeing; services should therefore particularly target the more deprived populations.