



 **STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL



**Stockport**   
Primary Care Trust



# Stockport JSNA

joint strategic needs assessment

## **JSNA First Data Report Part Six Older People**

**November 2007**



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## 6 OLDER PEOPLE (65+)

### 6.1 Population

#### 6.1.1 Age Structure (aged 65+)

##### 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
65-74	7,812	5,083	5,705	7,066	25,666
75-84	5,313	3,629	3,726	4,709	17,377
85-94	1,702	1,238	1,300	1,611	5,851
95 +	134	109	97	114	454
65 +	14,961	10,059	10,828	13,500	49,348
65-74	52.2%	50.5%	52.7%	52.3%	52.0%
75-84	35.5%	36.1%	34.4%	34.9%	35.2%
85-94	11.4%	12.3%	12.0%	11.9%	11.9%
95 +	0.9%	1.1%	0.9%	0.8%	0.9%
TOTAL	77,753	71,619	53,957	91,526	294,855
% 65 +	19.2%	14.0%	20.1%	14.7%	16.7%

Source: Exeter Patient Registration System

##### Analysis

- The majority of the 65+ population is in the 65-74 age group.
- Bramhall & Cheadle and Marple & Werneth have a much larger proportion of their population aged over 65.

##### Conclusion

- Services for people aged over 65 can target the whole Borough, although demand is likely to be greatest in Bramhall & Cheadle and Marple & Werneth.
- Services that are related to deprivation and low income may need to focus in the other areas.

## 6.1.2 Gender (aged 65+)

### 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	6,452	4,207	4,710	5,711	21,080
Females	8,509	5,852	6,118	7,789	28,268
TOTAL	14,961	10,059	10,828	13,500	49,348
Males	43.1%	41.8%	43.5%	42.3%	42.7%
Females	56.9%	58.2%	56.5%	57.7%	57.3%

Source: Exeter Patient Registration System

### Analysis

- In this older age group that the gender split is at its largest. Females outlive males and so cause a significant imbalance.

### Conclusion

- Older people's services will need to account for the needs of females especially. However, as populations continue to age, it is important to note that there will also be increasing number of males in this age group.

## 6.1.3 Ethnicity (aged 65+)

### Rationale

- Ethnicity is a key profiling tool as populations from BME ancestries have distinct patterns of health conditions and different lifestyle related risk factor 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 service 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	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
White	British	95.3%	92.5%	97.5%	96.0%	95.3%
	Irish	1.7%	3.8%	1.1%	2.3%	2.2%
	Other	1.3%	1.8%	0.9%	1.0%	1.3%
	TOTAL	98.2%	98.1%	99.5%	99.3%	98.7%
Mixed	White & Black C'bean	0.1%	0.0%	0.1%	0.0%	0.0%
	White & Black African	0.0%	0.0%	0.0%	0.0%	0.0%
	White & Asian	0.1%	0.2%	0.1%	0.0%	0.1%
	Other	0.1%	0.0%	0.0%	0.0%	0.1%
	TOTAL	0.2%	0.2%	0.2%	0.0%	0.2%
Asian or Asian British	Indian	0.5%	0.4%	0.1%	0.1%	0.3%
	Pakistani	0.3%	0.4%	0.0%	0.2%	0.3%
	Bangladeshi	0.1%	0.0%	0.0%	0.0%	0.0%
	Other	0.2%	0.1%	0.1%	0.0%	0.1%
	TOTAL	1.2%	0.9%	0.2%	0.3%	0.7%
Black or Black British	Black Caribbean	0.0%	0.2%	0.0%	0.1%	0.1%
	Black African	0.1%	0.1%	0.0%	0.1%	0.1%
	Other	0.0%	0.1%	0.0%	0.0%	0.0%
	TOTAL	0.1%	0.4%	0.0%	0.1%	0.2%
Other Ethnic Group	Chinese	0.2%	0.2%	0.1%	0.1%	0.1%
	Other	0.1%	0.1%	0.0%	0.1%	0.1%
	TOTAL	0.2%	0.3%	0.1%	0.2%	0.2%

Source: Office of National Statistics

## Analysis

- The numbers of older people from an ethnic minority ancestry is very low compared to the rest of the population.

## Conclusion

- Although there is very little ethnic diversity in older age groups at the moment, it is worth noting that, as the health adult population age, there will be increasing demand for older people's service from people of a BME ancestry.

### 6.1.4 Population Trends – Past (aged 65+)

#### 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	65-74	7,705	5,438	5,212	7,120	25,475
	75-84	4,711	3,752	3,495	4,827	16,785
	85-94	1,481	1,232	1,144	1,535	5,392
	95 +	90	93	74	85	342
	65 +	13,987	10,515	9,925	13,567	47,994
30-06-07	65-74	7,812	5,083	5,705	7,066	25,666
	75-84	5,313	3,629	3,726	4,709	17,377
	85-94	1,702	1,238	1,300	1,611	5,851
	95 +	134	109	97	114	454
	65 +	14,961	10,059	10,828	13,500	49,348
% Change	65-74	101.4%	93.5%	109.5%	99.2%	100.7%
	75-84	112.8%	96.7%	106.6%	97.6%	103.5%
	85-94	114.9%	100.5%	113.6%	105.0%	108.5%
	95 +	148.9%	117.2%	131.1%	134.1%	132.7%
	65 +	107.0%	95.7%	109.1%	99.5%	102.8%

Source: Exeter Patient Registration System

## Analysis

- The number of older people has increased in the past 6 years and predominately in the 85+ age group and in particular the 95+ age group.
- The older people population is growing much more quickly in Bramhall & Cheadle than in the other areas with an increase of almost 50%. Marple & Werneth and Stepping Hill & Victoria are following behind this with over 30%.

## Conclusion

- Older people's services can anticipate additional demand in Bramhall & Cheadle and Marple & Werneth.

### 6.1.5 Population Trends – Projected (aged 65+)

#### 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	65-74	25,520	25,346	25,334	25,654	25,938	26,299	29,586	30,426
	75-84	17,025	17,043	17,042	17,068	17,157	17,289	18,391	19,660
	85 +	5,685	5,926	6,162	6,296	6,434	6,543	7,277	8,182
	65 +	48,230	48,315	48,538	49,018	49,529	50,131	55,254	58,268
% Change '05	65-74	-	99.3%	99.3%	100.5%	101.6%	103.1%	115.9%	119.2%
	75-84	-	100.1%	100.1%	100.3%	100.8%	101.6%	108.0%	115.5%
	85 +	-	104.2%	108.4%	110.7%	113.2%	115.1%	128.0%	143.9%
	65 +	-	100.2%	100.6%	101.6%	102.7%	103.9%	114.6%	120.8%
Proportion	65-74	52.9%	52.5%	52.2%	52.3%	52.4%	52.5%	53.5%	52.2%
	75-84	35.3%	35.3%	35.1%	34.8%	34.6%	34.5%	33.3%	33.7%
	85 +	11.8%	12.3%	12.7%	12.8%	13.0%	13.1%	13.2%	14.0%
	65 +	17.1%	17.1%	17.2%	17.4%	17.6%	17.8%	19.6%	20.5%

Source: Office for National Statistics

## Analysis

- Increases in the population are expected in the next few years, particularly in the 85+ age groups.

## Conclusion

- By 2010 there will be 1,593 more people aged 65+, 247 will be aged 85+ and require significant support.

## 6.2 Social & environmental context

### 6.2.1 Older person's poverty index

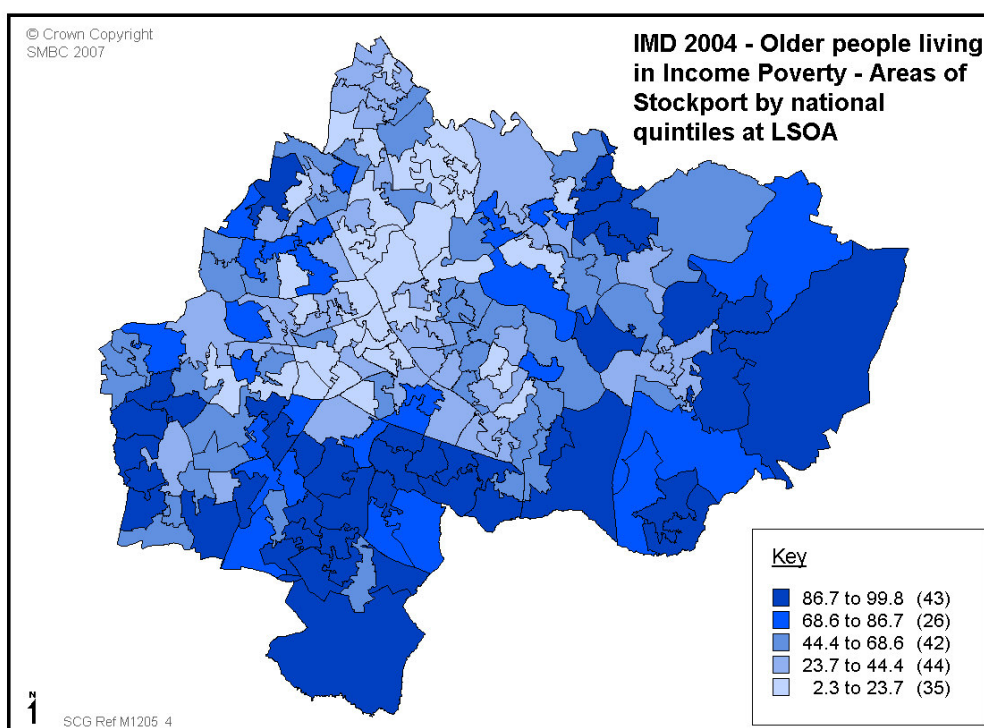
#### Rationale

- Deprivation is a short-hand measure that combines indicators on a range of socio-economic topics to show areas where people are at a high risk of social and economic disadvantage and are, therefore, more likely to experience poor health and barriers to accessing services.

Data

STOCKPORT RESIDENTS AGED 65+ REG. ANY GP 30-06-2007 – RESIDENT IN:					
Areas Ranking in National Quintiles of Deprivation:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Most deprived 20%	306	2,696	709	3,048	6,759
Second most deprived 20%	559	2,849	1,954	3,663	9,025
Mid deprived 20%	2,070	2,016	1,711	2,427	8,224
Second least deprived 20%	3,068	1,678	2,314	2,525	9,585
Least deprived 20%	8,958	820	4,140	1,837	15,755
ALL AREAS	14,961	10,059	10,828	13,500	49,348
Most deprived 20%	2.0%	26.8%	6.5%	22.6%	13.7%
Second most deprived 20%	3.7%	28.3%	18.0%	27.1%	18.3%
Mid deprived 20%	13.8%	20.0%	15.8%	18.0%	16.7%
Second least deprived 20%	20.5%	16.7%	21.4%	18.7%	19.4%
Least deprived 20%	59.9%	8.2%	38.2%	13.6%	31.9%

Source: Office of the Deputy Prime Minister



Source: Index of multiple Deprivation 2001, supplementary index- Older People Living in Income Deprivation



## Analysis

- Just less than 14% of over 65 population in Stockport is living in an area that falls within the 20% most deprived areas in England.
- In Heaton & Tame Valley and Stepping Hill & Victoria this rises to 26.8% (2,696 people) and 22.6% (3,048 people) respectively, in total these areas account for 85% of older people living in the 20% most deprived areas of the Borough.

## Conclusion

- The concentration of deprived older people is marked, and work to minimise deprivation in older people can focus in the Heaton & Tame Valley and Stepping Hill & Victoria areas.
- Work is required to identify neighbourhoods of older people in these areas.

### 6.2.2 Pensioners claiming pension credit guarantee

#### Rationale

- Pension credit is a means tested benefit and so is a measure of those living on a low income
- Although pensioners, on average, enjoy better incomes than they have in the past, this rising average conceals a large minority who have no additional resources other than the state retirement pension and means tested benefits.

#### Data

Housing and/or Council Tax benefit current live claims where claimant(s) are of Pension age and in receipt of Pension Credit					
Pension Credit	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Count of Claimants	1,393	2,369	1,517	2,756	8,035
Claimants as a percentage of 65+ population	10.0%	22.5%	15.3%	20.3%	16.7%

Source: Revenue and Benefits Department, Stockport Council, 2007

#### Analysis

- The number and proportion of pension credit claimants is much higher in Heaton & Tame Valley and Stepping Hill & Victoria.

#### Conclusion

- Services looking to maximise income and benefit take-up should focus work in areas of Heaton & Tame Valley and Stepping Hill & Victoria.

### 6.2.3 Family Structure – Pensioner households

#### Rationale

Pensioners living alone are vulnerable to isolation and depression and are seen as one of the most vulnerable household types. These households have the greatest public health need, and, in many cases, experience the most difficulty in accessing services.

- Living in sub-standard accommodation is strongly associated with poor health. People, especially the elderly, living alone in homes lacking central heating are particularly at risk

#### Data

2001 CENSUS- PENSIONER HOUSEHOLD					
Pensioner households	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
One pensioner family	3,651	2,101	2,456	3,000	11,217
One person pensioner	4,708	4,535	3,657	5,659	18,558
Other pensioner households	95	106	71	129	408

Source: Office of National Statistics

#### Analysis

- Pensioners tend to either live alone or in pensioner families.
- The greatest number of pensioners are in Bramhall & Cheadle and Stepping Hill & Victoria.

#### Conclusion

- Lone pensioners are a significant sized vulnerable group that can be found across Stockport.

### 6.2.4 Central Heating

PEOPLE AGED 50+ WITHOUT CENTRAL HEATING					
People aged 50 and over	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Without central heating	1435	2976	1857	3705	9973
All people	28561	21745	20902	28038	99246
% Without central heating	5.0%	13.7%	8.9%	13.2%	10.0%

Source: Office of National Statistics

PEOPLE AGED 65+ WITHOUT CENTRAL HEATING					
People aged 65 and over	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Without central heating	1004	1808	1210	2305	6327
All people	13511	10447	9772	13266	46996
% without central heating	7.4%	17.3%	12.4%	17.4%	13.5%

Source: Office of National Statistics

### 6.2.5 Decent homes

Note: Not currently available at PBC level

- 34% of private sector dwellings are non decent.
- 43% of private sector dwellings in both Cale Green and Edgeley are classed as non decent. 42% of private sector dwellings in Brinnington are classed as non decent
- 33% of private sector dwellings in Cale Green had inadequate thermal comfort

## 6.3 Health & Social Care

### 6.3.1 Life Expectancy

#### Rationale

- Life expectancy is a summary measure of mortality which usually calculates the average age to which babies born today would live if there is no change throughout their life in the age-specific mortality rates currently being experienced by the present population. As such it is the key measure of health status of the population.
- This indicator, however, illustrates the estimated life expectancy for those aged 65; in other words the additional number of years the people who have survived to this age can expect to live if they experience the current mortality patterns of the 65+ population.
- It is worth disaggregating this indicator to the 65+ population as it omits the impacts of infant mortality and childhood deaths on life expectancy and instead shows whether the older population are living longer.
- It's worth noting that, as there may be future changes in mortality during the lifetimes of these people, as there have been past changes in mortality during the lifetime of those now alive, it does not correspond to any actual average age of death. It is a summary predictor if the current situation were to continue.

## Data

2003/05 LIFE EXPECTANCY AT 65+					
Gender	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Males	18.4	16.0	17.4	15.5	16.8
Females	21.8	19.0	20.1	19.1	19.9
Male gap to average	1.6	-0.8	0.6	-1.2	
Female gap to average	1.9	-0.9	0.1	-0.8	

Source: Public Health Mortality File & Stockport PCT

1995/97 LIFE EXPECTANCY AT 65+					
Gender	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Males	16.9	14.5	15.8	14.1	15.3
Females	21.0	18.1	19.1	17.7	18.9
Male change to 03/05	1.5	1.5	1.6	1.4	1.5
Female change to 03/05	0.8	0.9	1.0	1.4	1.0

Source: Public Health Mortality File & Stockport PCT

## Analysis

- Life expectancy is higher for females than for males at this older age too; however, trend analysis shows that male life expectancy is increasing more rapidly than the average for females, suggesting that, in the future, the gender difference may well converge. Since 1995 male life expectancy at 65 years has increased by 1.5 years compared to an increase of only 1.0 years for females.
- Heatons & Tame Valley and Stepping Hill & Victoria have lower than average levels of life expectancy compared to other areas. These areas have seen similar increases in the number of years of additional life expectancy since 1995 as were experienced in the more affluent areas.
- National trend analysis shows that life expectancy at birth since 1940 has improved by about 15 years for both men and women, with a particularly large increase in the post war decade but also a steady increase throughout the period. Much of this improvement in life expectancy results from the fact that fewer people die young. Life expectancy at age 65 over the same period has also improved; by about five years for women and about four years for men. This is obviously less than the corresponding increase at birth, but proportionately greater in terms of years of life remaining.

## Conclusion

- Life expectancy for older people is also improving in all areas, but gaps in life expectancy between areas within Stockport persist between areas. Again these are one of the key priorities for action.

## 6.3.2 Life Expectancy v Healthy Life Expectancy

### Rationale

- We know from previous data that life expectancy and average life length is increasing; however, these indicators do not provide information about the nature and quality of these additional years of life.
- This is a key issue for health and social care services as there are two different interpretations of this trend which have very different impacts on the quantity and type of services we need to plan. Increases in life expectancy could mean that people, although living longer, are living longer in ill health at the end of life and, therefore, there will be an increasing demand for support services; conversely if people are living longer and with better health there might be a reduction in demand.

### Data

Life expectancy(LE) and Health Life expectancy (HLE) 1981-2001 - England & Wales						
Year	Males at 65			Females at 65		
	LE	HLE	LE-HLE	LE	HLE	LE-HLE
1981	12.97	9.94	2.80	16.92	11.88	5.04
1991	14.15	10.84	3.31	17.91	12.97	4.94
2001	15.94	11.62	4.32	19.03	13.17	5.86
Gains 1981-2001	<b>2.97</b>	<b>1.68</b>		<b>2.11</b>	<b>1.29</b>	

Source: ONS

### Analysis

- The nature and quality of additional years of life is a key issue and one it is hard to be precise about. There does appear to be emerging scientific evidence of the predicted compression of “morbidity” (Fries 1980, 1990) and “dynamic equilibrium” (Manton et al 1982). In the 1980s and 1990s international data from Australia, Canada, France and Japan showed although chronic conditions increased in prevalence there was a rise in disability-free life expectancy (Robine 2003). United Kingdom evidence is not so clear and shows that life expectancy at age 65 increased for men and women nationally between 1981 and 2001 but was accompanied by a rise in expected time in poor health, in other words, healthy life expectancy has not kept pace with that of life expectancy and the difference is widening for both men and women.

### Conclusion

- National evidence suggests that gains in health life expectancy over the last two decades have not matched gains in overall life expectancy. In other words, people are living longer in poor health and, therefore, demands for health and social care services are likely to increase. There is a need for better local quality data to confirm whether this trend is also occurring in Stockport, but, until this data is available, policy makers must assume that trends in Stockport are likely to follow

national patterns and, therefore, need to build this expectation into future service plans

### 6.3.3 SMRs (aged over 65)

#### Rationale

- SMRs are again a summary measure of health, showing the patterns of mortality experienced 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.
- The England & Wales average is 100, a figure above 100 suggests that mortality rates are higher than average.
- Figures for the over 65s are worth analysing as this discounts for differences in childhood and younger adult mortality and focuses on the patterns of death for the older population.

#### Data

2003-2005 STANDARDISED MORTALITY RATIOS (SMR) – AGED 65+ – 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	81.7	Low	114.2	High	96.9		118.5	High	102.3	
CHD	86.5	Low	122.9	High	100.4		125.5	High	108.2	High
Stroke	82.2	Low	104.6		81.9	Low	107.8		94.2	
Cancer	85.0	Low	103.0		91.1		106.4		96.1	
Lung Cancer	84.9		124.0	High	77.9	Low	114.6		99.9	
Breast Cancer	85.6		94.3		101.9		110.2		97.9	
Respiratory Disease	74.5	Low	102.4		87.3		117.7	High	95.4	
Digestive	64.3	Low	123.4		84.6		114.2		95.4	
Accidents	118.5		193.3	High	168.1	High	154.5	High	155.6	High
Suicides & open verdict	25.3		143.8		106.3		27.4		68.1	
All Causes	77.8	Low	109.0	High	91.5	Low	110.9	High	96.7	Low

Source: Stockport PCT

#### Analysis

- Around 2,500 people aged 65 and over in Stockport die a year, around five-sixths of the total number of deaths a year. The most common cause of death is circulatory disease (around 41% of deaths), followed by cancer and respiratory disease.
- Around 50 people a year die as a result of an accident, but rates in Stockport are higher than the national average. Research has shown that this is due to the different

approach the local coroner takes to elderly falls compared to coroners elsewhere, which has led to a higher rate of identification in Stockport (see section 6.3.8).

- Heaton & Tame Valley has significantly higher SMRs for circulatory disease (especially CHD), lung cancer and accidents. Causes that are strongly linked to smoking and alcohol misuse.
- Stepping Hill & Victoria has significantly higher SMRs for circulatory disease (especially CHD), respiratory disease and accidents, again, causes strongly linked to smoking.

## Conclusion

- Circulatory disease is the biggest single cause of death, followed by cancer and respiratory disease. Initiatives focusing on preventing 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.

### 6.3.4 SMRs (aged over 75)

#### Rationale

- SMRs are again a summary measure of health, showing the patterns of mortality experienced 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.
- The England & Wales average is 100, a figure above 100 suggests that mortality rates are higher than average.
- Figures for the over 75s are worth analysing as this is the age group where the majority of deaths occur.

## Data

2003-2005 STANDARDISED MORTALITY RATIOS (SMR) – AGED 75+ – 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	86.3	Low	112.6	High	101.0		118.1	High	104.2	High
CHD	95.6		118.1	High	102.7		127.3	High	111.0	High
Stroke	85.7		103.7		86.5		103.5		94.9	
Cancer	90.5		93.5		93.4		101.8		94.9	
Lung Cancer	83.8		109.8		91.3		104.0		96.6	
Breast Cancer	98.2		80.2		96.8		96.1		93.3	
Respiratory Disease	78.0	Low	102.3		90.3		121.0	High	98.1	
Digestive	61.1	Low	122.9		87.9		117.2		96.3	
Accidents	114.3		205.5	High	177.9	High	166.0	High	162.7	High
Suicides & open verdict	48.6		196.9		67.2		51.1		85.4	
All Causes	80.0	Low	106.8	High	94.4		110.2	High	97.5	

Source: Stockport PCT

## Analysis

- Around 2,000 people aged 75 and over in Stockport die a year, around two-thirds of the total number of deaths a year. The most common cause of death is circulatory disease (around 44% of deaths), followed by cancer and respiratory disease.
- Around 50 people a year die as a result of an accident, but rates in Stockport are higher than the national average. Research has shown that this is due to the different approach the local coroner takes to elderly falls compared to coroners elsewhere, which has led to a higher rate of identification in Stockport (see section 6.3.8).
- Heatons & Tame Valley has significantly higher SMRs for circulatory disease (especially CHD), lung cancer and accidents. Causes that are strongly linked to smoking and alcohol misuse.
- Stepping Hill & Victoria has significantly higher SMRs for circulatory disease (especially CHD), respiratory disease and accidents, again causes strongly linked to smoking.

## Conclusion

- Circulatory disease is the biggest single cause of death, followed by cancer and respiratory disease. Initiatives focusing on preventing 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.



### 6.3.5 Place of death

#### Rationale

- Commissioning is currently focused on steering service provision away from hospitals and instead supporting a patient's right to choose, regardless of their diagnosis, where they wish to die and how they wish to be treated.
- National evidence suggests that 56% of us would prefer to die at home yet only 20% of us actually achieve this; similarly 24% would choose to die in a hospice, whereas only 4% actually do.
- The different patterns of deaths give some indication of where the priorities lie in relation to long term conditions.
- Data has not yet been analysed by PBC locality.

#### Data

2005 DEATHS FOR THOSE AGED 65+ BY PLACE OF DEATH					
Place of Death	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Hospital	65.7%	66.3%	65.8%	72.8%	68.0%
On route to hospital	0.0%	0.5%	0.4%	0.0%	0.2%
Hospice	6.2%	2.2%	2.9%	2.9%	3.5%
NH / RH resident	6.0%	12.4%	12.1%	7.9%	9.6%
NH / RH non-resident	5.1%	3.5%	4.3%	2.5%	3.7%
Own Private Home	16.0%	14.3%	13.1%	13.3%	14.2%
Other Private Address	0.4%	0.5%	0.8%	0.3%	0.5%
Commercial property	0.0%	0.0%	0.2%	0.0%	0.0%
Outside	0.6%	0.3%	0.4%	0.3%	0.4%

Source: Public Health Mortality File

#### Analysis

- The majority of deaths for those aged 65 and over in Stockport take place in hospital.
- Only 4% die in a hospice, and these are chiefly people dying from cancer in the younger age groups – in other words premature deaths.
- 13% of deaths for those aged 65 years and over occurred in nursing or residential homes and this is heavily skewed to the over 90 year olds where the rate approached 30% - in other words as people age NH / RH become a more common place of death – unsurprising as the population at this age group are much more likely to live in a nursing or residential home.
- Despite evidence on people preferences, only 14% of those aged 65 years plus died at their own private home, though when residents in communal establishments are included, this rate rises to 24%.
- Residents from Stepping Hill & Victoria were much more likely to die in hospital compared to people from other areas – this could be because of the proximity factor – and residents in Bramhall & Cheadle are more likely to die in a hospice – again possibly due to the proximity factor. Nursing and residential home deaths are more likely in Heatons & Tame Valley and Marple & Werneth.

## Conclusion

- National evidence suggests that people do not want to die in hospital if they have the choice; however, almost 70% of people aged 65 and over in 2005 did die in this setting. This gives a clear mismatch between demand and supply and services should work towards supporting people to die in the place of their choosing.

### 6.3.6 Flu Vaccinations

#### Rationale

- Influenza, or 'flu', is a highly contagious acute viral infection that affects people of all ages. While most people recover without complications in 1-2 weeks, flu can cause serious illness and death, especially in the very young and the elderly. Flu epidemics occur mainly in the winter months and can result in widespread disruption to healthcare and other services.
- A vaccine is produced every year based on the strains of virus expected to be circulating and is offered to those aged 65 and over, as well as to young people with chronic long-term health problems such as asthma or heart disease. The aim of the vaccination programme is to reduce the serious morbidity and mortality due to flu by immunising those people most likely to have a severe or complicated illness due to flu.

#### Data

2005/06 FLU VACCINATIONS – AGED 65+ – GP REGISTERED IN:					
Flu Vaccinations	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Eligible	15,516	11,574	10,377	11,557	49,024
Immunised	11,959	8,866	8,483	9,191	38,499
Rate	77.1%	76.6%	81.7%	79.5%	78.5%

Source: Stockport PCT

#### Analysis

- Rates of uptake of the flu vaccine across all areas in Stockport exceed the national average of 75% coverage.
- Rates are lowest in Heatons & Tame Valley and also in Bramhall & Cheadle.
- While some GP practices achieved an uptake rate of more than 95%, there were two practices who failed to reach the 70% level and a further seven practices whose uptake rate was below the national average of 75%. Of these nine practices, seven were described as 'deprived' in Stockport PCT's health equity index.

#### Conclusion

- Flu vaccinations are one of the key public health interventions and, as a whole, Stockport performs well. However, there is a clear equity bias and work aimed at improving uptake needs to concentrate in deprived areas.

### 6.3.7 Excess winter deaths (aged 65+)

#### Rationale

- Excess winter deaths are defined as the number of deaths in the period December to March less the average of the number of deaths in the preceding August to November and succeeding April to July.
- It has been estimated by the Joseph Rowntree Foundation that around 60% of these deaths are due to fuel poverty.
- Note that this is modelled data so that further breakdowns by area, cause and age are not possible.

#### Data

ESTIMATES OF EXCESS WINTER DEATHS FOR THOSE AGED 65+		
Winter	Number of "excess deaths"*	% of deaths that were "excess"
December 1994 - March 1995	217	22%
December 1995 - March 1996	233	23%
December 1996 - March 1997	247	25%
December 1997 - March 1998	61	7%
December 1998 - March 1999	297	28%
December 1999 - March 2000	258	25%
December 2000 - March 2001	147	16%
December 2001 - March 2002	143	15%
December 2002 - March 2003	146	16%
December 2003 - March 2004	139	16%
December 2004 - March 2005	179	20%
December 2005 - March 2006	102	12%
December 2006 - March 2007 ( <i>provisional</i> )	139	18%

Source: Public Health Mortality File

#### Analysis

- Rates tend to follow national trends, with the lowest year over the last 13 years being in 1997/98. Generally, numbers have fallen but levels fluctuate year to year.
- Excess winter deaths are taken as a marker for fuel poverty. If we apply the JRF statistic of 60% of these being due to fuel poverty then in the ten years since 1996/97 nearly 1,000 Stockport residents aged over 65+ have died due to a lack of affordable warmth.

#### Conclusion

- On average, over the last five years, around 80 older people a year have died as a result of fuel poverty; affordable warmth strategies need to ensure they do their utmost to reduce this.

### 6.3.8 Elderly Falls

#### Rationale

- Falls are a major cause of disability and the leading cause of mortality due to injury in older people aged over 75 in the United Kingdom.
- Most people have fallen at some stage in their life, but the incidence of falls increases as we get older when the effects can be far more damaging. People can fall at any age, and can sustain injuries due to falls at any age, but it is falls in older people, the combination of high incidence, and a high susceptibility to injury which pose a particular concern for public health.
- Most falls do not result in serious injury, but the consequences for an individual of falling, or of not being able to get up after a fall, can include: psychological problems (for example, fear of falling and loss of confidence), loss of mobility leading to social isolation and depression, increased dependency and disability, hypothermia, pressure related injury and infection.
- For those falls that do result in a serious injury, the effects are intensified and patients often have to spend significant periods of time in hospital, are forced to move into long-term residential care or, at the extreme, falls can even be an underlying cause of death.

#### Data

2003-2005 STANDARDISED MORTALITY RATIOS (SMR) – ACCIDENTAL FALLS – RESIDENT IN:										
Accidental Falls SMR	Bramhall & Cheadle		Heaton & Tame Valley		Marple & Werneth		Stepping Hill & Victoria		Stockport	
	SMR	Sig.	SMR	Sig.	SMR	Sig.	SMR	Sig.	SMR	Sig.
All Ages	156.5		318.0	High	281.4	High	291.2	High	256.9	High
Aged 65 +	173.1	High	396.7	High	344.8	High	328.2	High	302.0	High
Aged 75 +	165.8		454.8	High	398.8	High	357.6	High	333.3	High

Source: Stockport PCT

#### Analysis

- National estimates suggest that, at a minimum, around 14,600 people aged 65 and over in Stockport will fall each year and approximately 50% of these, i.e. 6,800 people, will fall recurrently. Estimates suggest that 1,400 serious injuries will be caused by falls each year.
- Evidence from a local in-depth study for falls showed that, in a twelve month period, falls for the over 65 year olds:
  - gave rise to over 2,000 calls to the Greater Manchester Ambulance Service
  - trigger around 2,000 attendances at Stockport's A&E department,
  - result in 1,600 inpatient episodes
  - cause 40 deaths
- The mortality rates in Stockport are well above the national average; the Standard Mortality Ratio for 2001-2003 was 256.9 compared to the national average of 100. Trends show that the mortality rate in Stockport was lower than the national average until 1999 and, since then, the rate in the area has increased dramatically.

Further investigation has shown that the working practices of our local coroner are likely to have elevated the number of deaths attributed to falls.

- Mortality rates are high in all areas, however, with Stockport, Bramhall & Cheadle has the lowest rates, despite having the oldest age profile.

## Conclusion

- It can be estimated that around 14,600 falls occur in the Borough each year, suggesting that approximately 85% of falls do not impact on acute services, therefore, there may well be significant unmet need in the community, especially for preventative services
- Local studies have shown that although rates of health service use due to falls increase with age, it is important for policy makers to note when designing the strategy that, in terms of volume, those aged 80 to 84 years are the most frequent users of medical services as a result of falls.
- Falls most frequently occur in the person's own home, suggesting that falls prevention work should focus on the domestic setting as a priority.

### 6.3.9 Long-term conditions

#### Rationale

- Data on the prevalence of conditions shows the diagnosed burden of disease at GP practices in the Borough, information which is important for planning services and assessment of the likely future needs of the population.
- It should be noted that data in most cases is for all ages and cannot yet be disaggregated or standardised.

#### Data and Analysis

- National evidence presented within the NSF for long-term conditions suggests that 17.5 million people in the United Kingdom (approximately 30% of the total population) live with a long-term condition; by the time people reach the age of 75 the proportion increases to over three-quarters (DH 2001). If extrapolated to Stockport, these national figures suggest that around 82,000 people in the Borough have a chronic health problem of whom over 17,000 people are aged 75 years or above.
- There is currently no comprehensive data at the local level, although QoF data for all ages is now providing indicative information (see section 5.3.8).

#### Conclusion

- Data quality is limited and needs to be improved, although it is known that the majority of people age 75+ will be living with a long-term condition.

### 6.3.10 Dementia

#### Rationale

- Dementia is the loss - usually gradual - of mental abilities such as thinking, remembering, and reasoning. The most common dementia symptoms include loss of memory, confusion and changes in personality, mood and behaviour.
- Dementia usually affects older people and becomes more common with age. About 6 in 100 of those over the age of 65 will develop some degree of dementia, increasing to about 20 in 100 of those over the age of 85. Dementia can develop in younger people but is less common, affecting about 1 in 1,000 of those under 65.
- Although most of the people who develop dementia are over the age of 60, it's important to remember that dementia is not a normal part of growing old, and that most older people never develop dementia.

#### Data

2006/07 INTERIM QOF PREVALENCE – ALL AGES – GP REGISTERED IN:					
Numbers on Disease Register	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Dementia – Number	333	481	327	301	1,442
Dementia – per 1,000 16+	4.8	7.5	7.2	4.9	6.0

Source: QMAS

#### Analysis

- Interim QoF results show that in 2006/07 there were 1,442 people registered with Stockport GP practices who have been diagnosed with dementia. The vast majority of these people are likely to be aged 65 years and older.
- Rates are highest in Heatons & Tame Valley and Marple & Werneth.

#### Conclusion

- Currently there are around 1,500 people diagnosed with dementia in Stockport. Trend analysis is needed to see whether this rate is increasing as is likely given the ageing population structure. Services need to plan for the particular needs of these individuals and their carers.

### 6.3.11 Active Case Management

#### Rationale

- As patients develop multiple long term conditions, their care becomes disproportionately complex and can be difficult for them and the health and social care system to manage. Such patients have an intricate mix of health and social care difficulties. Because of their vulnerability, simple problems can make their condition deteriorate rapidly, putting them at high risk of unplanned hospital admissions or

long term institutionalisation. Indeed 5% of patients (VHIUs) account for 42% of all acute bed days.

- Evidence has shown that intensive, on-going and personalised case management can improve the quality of life and outcomes for these patients, dramatically reducing emergency admissions and enabling patients who are admitted to return home more quickly. For this reason, the introduction of community matrons applying a 'Active Case Management' was introduced as Government policy in 2004.

## Data

ACTIVE CASE MANAGEMENT - OCTOBER 2007					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Numbers					
Patients on caseload	74	82	101	123	384
Patients on waiting list	115	142	89	192	567
Total Patients	189	224	190	315	951
Rate per 1,000 aged 70+					
Patients on caseload	6.8	11.2	13.1	12.7	10.8
Patients on waiting list	10.5	19.3	11.5	19.8	15.9
Total Patients	17.3	30.5	24.6	32.5	26.7

Source: Stockport PCT

## Analysis

- 384 people in Stockport are currently receiving Active Case Management services, the vast majority of whom are over 70 years of age. Crude rates suggest that around 1.1% of the population aged 70 and over are receiving this service.
- A further 567 people are currently in the waiting list for this service having been assessed as suitable and in need; a crude rate of 1.6%.
- Rates vary across the Borough and are highest in areas of deprivation.
- Local data on managing Very High Intensity Users (VHIU) and delivering active case management shows that VHI service users tend to have 3 or more long term conditions.
- Using the King Fund Patients at Risk of Readmission (PARR) protocol there are an estimated 1,400 people in Stockport who are at greater than 50% of being admitted in the next 12 months, the majority of whom will be elderly.

## Conclusion

- The 951 people who have been assessed as suitable for Active Case Management are likely to be some of the neediest patients in Stockport, being elderly and having a range of complex conditions that require self-care.

### 6.3.12 Older People 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, 450 people aged 65 and over were registered as blind and 755 as partially sighted in Stockport in 2006. Of those who were registered blind, 325 had an additional disability and of those who were registered partially sighted, 515 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 physical disability requires the development of diverse 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.

### 6.3.13 Referrals of Older People into Social Care

#### Rationale

- Stockport has a statutory obligation to monitor and report on older people 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. Analysis of referrals' data, coupled with other statistics, provided Strategic Management with the information that formed the business case for the recent reorganisation of Older People'[s Social Care teams into long and short term structure.



## Data

REFERRALS TO ADULT SOCIAL SERVICES BY AREA:						
Source of Referral	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Out of Area/Not Known	Stockport
Family/friend/neighbour	328	284	280	367	10	1269
Internal	5	3	4	5	0	17
LA Housing Dept	7	4	6	9	1	27
Legal Agency	2	2	0	1	0	5
Not known	0	0	0	2	0	2
Other	144	155	97	172	11	579
Other LA Dept	22	20	24	34	1	101
Primary health	107	113	75	149	5	449
Secondary health	496	450	388	559	40	1933
Self	1234	987	1070	1286	13	4590
Area Total	2345	2018	1944	2584	81	8972

## Analysis

- As with the younger adults, the majority of older clients come into the service via a self referral, and this pattern is reflected across the areas. In percentage terms, the range is from 49% for Heatons & Tame Valley to 55% Marple & Werneth of potential clients that self refer.
- A significant difference in the pattern of referral between younger adults and older people is that, for older people, the Bramhall & Cheadle area is very high (2,345 referrals), and second only to Stepping Hill & Victoria (2,584).
- A much more significant part of the total referrals comes in via secondary health, usually hospitals for this age group. For younger adults, the average % of total referrals via secondary health and across all areas was 10.9%. For older people, this is significantly higher, at 21.5%. This trend can also be witnessed in referrals from friends and family, where it is only at 5.9% of referrals for younger adults, but 14.1% for older people.
- Using the alternative methodology of per 1000 population, there are some interesting points highlighted by the data. Although looked at by pure volume above, Bramhall & Cheadle shows a very high level of referrals, their referrals per 1000 population are actually the lowest in Stockport for older people, at 173/1000. Marple & Werneth has the highest level of referrals, with 199/1000 with this methodology, and the 2 areas of highest deprivation, Stepping Hill & Victoria and Heatons & Tame Valley are in the middle, with 194/1000 and 193/1000 respectively.

## Conclusion

- Older people are most likely to refer themselves to Stockport Social Care, but in the absence of this referral route, significant numbers of referrals are made by hospital teams and via friends and family. Services to deal with older people's referrals, therefore, need to be aligned differently to those in younger adults.
- Whilst we should be encouraged that there are a high number of self referrals, further work should be undertaken with partners to ensure their referral pathways

are clear and that the relatively lower numbers does not reflect that older people are not being referred appropriately to the service.

### 6.3.14 Nursing and residential homes

2001 Census - People in Nursing or Residential Care Homes					
Numbers of people in:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Local Authority, Nursing home	0	0	0	0	0
Local Authority, Residential care home	<10	32	0	0	39
Other, Nursing home	83	157	254	76	570
Other, Residential care home	273	303	198	387	1161

Source: Office of National Statistics

2001 Census - People in Nursing or Residential Care Homes					
Numbers of people in:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Nursing Homes	83	157	254	76	570
Residential care homes	280	335	198	387	1200
Nursing OR Residential care homes	363	492	452	463	1770

Source: Office of National Statistics

### 6.3.15 Older People in Receipt of Services from Social Care

#### Rationale

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

## Data

ADULTS AGED 65+ 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	748	873	710	1016	308	3655
Physical disability, frailty and/or temporary illness	694	823	656	944	298	3415
Hearing Impairment	28	25	28	33	1	115
Visual Impairment	17	20	23	28	9	97
Dual Sensory Loss	9	5	3	11	0	28
Mental health (total)	69	109	58	86	345	667
Of which:						
Dementia	50	68	41	50	198	407
Vulnerable People	8	6	2	10	5	31
Learning Disability	4	7	6	24	12	53
Substance Misuse	0	1	2	0	3	6
Not Allocated	0	0	0	0	0	0
Total	829	996	778	1136	673	4412

## 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.**

- From the table, it can be seen that, in contrast to younger adults, where mental health needs were the most prevalent, for older people the majority are in receipt of services for physical disabilities.
- In relation to referrals, we can see that, although the need for referral is variable within the Borough, when it comes to services, the actual clients in receipt of a service are focused around our 2 most deprived areas. 25% of our older clients are based in Stepping Hill & Victoria while 22.6% of users are based in the Heatons &

Tame Valley area. It is worth noting, however, that Bramhall & Cheadle also has a significant number of service users, with 18.8%. In contrast to the high numbers of referrals coming from Marple people going on to get a service from that referral are not correspondent, with 17.6% in receipt of a service there.

- In an anticipated departure from younger adults, the actual distribution of client needs is very different for older clients. For clients with a physical disability, 32.5% accessed these services, whereas with older people this increases to 82.8%. For clients with a mental health need, 40.7% of all younger adults received services, whilst this drops to 15.1% for older people. Only 1.2% of those service users who are 65 and over have a learning disability as their primary client category though this may well be a reflection of our own internal categorisation arrangements.
- From data reported in the 2007 RAP return, it was demonstrated that there is a distinct difference in services accessed by the different age groups that make up the general 65+ age group. As one would expect for the 65-74 age group, lower level services such as meals and equipment were in the majority, whereas as people grow older more complex packages of support are required which have a significant impact on costs of provision.

## Conclusion

- Joint agency work to identify clients earlier and offer low level support to prevent more significant problems before they arise should be further encouraged.
- Learning Disabled service users seem to have much less impact on the 65+ population, though this needs further work to identify whether this is a categorisation issue.
- The pattern of referrals, their numbers and sources does not show a direct correlation to those that go on to meet eligibility criteria and receive services.

### 6.3.16 General health (aged 65+)

#### Rationale

- As an overall indicator of current health status (rather than mortality), one of the few comprehensively available is the 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 65+ – 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	81.2%	74.5%	79.0%	75.0%	77.5%
Not good health	18.8%	25.5%	21.0%	25.0%	22.5%

Source: 2001 Census

## Analysis

- 10,000 (1 in 5) people in Stockport aged over 65 years reported not having good health over the year preceding the Census.
- Rates of poor health are highest in Heaton & Tame Valley and Stepping Hill & Victoria, where a quarter of the population reported having not good health, and lowest in Bramhall & Cheadle, despite the fact that Bramhall & Cheadle has the older population.

## Conclusion

- Around 10,000 adults aged 65 plus years in Stockport were reported not having good health. This gives one indication of the size of the health 'problem' for this age group. Interestingly, in terms of absolute numbers, this age group has a similar number of people with not good health as the 35 to 64 age group, though of course the rate is higher.
- Patterns due to environment and deprivation are becoming even more distinct as compared to those for children and young adults.

### 6.3.17 Limiting Long-term Illness (aged 65+)

#### 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 65+ – RESIDENT IN:					
Limiting Long-term Illness (LLTI)	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Percentage with LLTI	43.3%	51.2%	48.7%	51.5%	48.4%

Source: 2001 Census

#### Analysis

- 50% (22,000) of Stockport's older 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 22,000 people aged over 65 years have a limiting long-term illness affecting their daily life. This gives one indication of the size of the health 'problem'. Interestingly, in terms of absolute numbers, this age group has a similar number of people with limiting long-term illness as the 35 to 64 age group, though of course the rate is higher.
- 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.

### 6.3.18 Uptake of disability related benefits (aged 65+)

#### Rationale

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

#### Data

DISABILITY BENEFIT UPTAKE - AUGUST 2006 - NUMBERS					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Disability Living Allowance ^					
- 70+	320	415	300	565	1,600

Source: Office for National Statistics

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

DISABILITY BENEFIT UPTAKE - AUGUST 2006 - RATES PER 1,000					
	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Disability Living Allowance ^					
- 70+	29.3	56.5	38.8	58.3	44.8

Source: Office for National Statistics

#### Analysis

- There are currently 1,600 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 4.5%.
- Heatons & Tame Valley and Stepping Hill & Victoria have the highest uptake rate.
- Note that incapacity benefit is not available to this age group.

## Conclusion

- There are significant levels of uptake for disability related benefits in Stockport with 1,600 people aged 70+ claiming. Rates of uptake are strongly associated with deprivation.

### 6.3.19 Caring (aged 65+)

#### 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 65+ – RESIDENT IN:					
Hours of unpaid care given per week:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
None	86.7%	88.3%	87.4%	88.3%	87.6%
1-19	8.2%	5.7%	7.1%	6.4%	6.9%
20-49	1.0%	1.3%	1.2%	1.2%	1.2%
50+	4.1%	4.7%	4.3%	4.2%	4.3%

Source: 2001 Census

2006/07 INPATIENT ADMISSIONS – HOLIDAY RELIEF CARE 65+					
Admissions for holiday relief care:	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
No. of patients admitted	18	6	13	18	55
No. of admissions in year	103	18	65	61	247
Total days admitted for	264	56	173	236	729

Source: Stockport PCT

#### Analysis

- Around 12% (5,600) of Stockport's population aged 65 and above provide some unpaid care in an average week, a rate much lower than that of the 35-64 age group, but twice that of the young adults.
- Around 2,500 people provide more than 20 hours a week; at 5.5% this is higher than the rate for the 35-64 age group (4.4%); showing that this age group is the most likely to provide intensive care, probably of a partner towards the end of life.

- 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.
- 55 adults aged 65+ years were admitted to hospital to provide holiday relief care for their carers; the majority of those admitted were aged 75+ years. These older people were not admitted very frequently, on average about 4 times a year in the year; however, they had a significantly longer average length of stay than children and were most frequently admitted for between seven and fourteen 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.
- For older people 45% of those providing care are giving more than 20 hours a week.

### 6.3.20 Inpatient Activity (aged 65+)

#### 6.3.20.1 Admission type (aged 65+)

##### 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 65+					
Inpatient Admissions by Admission Type	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Planned Admissions	4,219	2,502	2,598	3,505	12,824
Emergency Admissions	3,017	2,647	2,519	3,403	11,586
Maternity / Birth Adm.	0	0	0	0	0
Other Admissions	107	94	104	168	473
All Admissions	7,343	5,243	5,221	7,076	24,883
Planned Admissions	57.5%	47.7%	49.8%	49.5%	51.5%
Emergency Admissions	41.1%	50.5%	48.2%	48.1%	46.6%
Maternity / Birth Adm.	0.0%	0.0%	0.0%	0.0%	0.0%
Other Admissions	1.5%	1.8%	2.0%	2.4%	1.9%

Source: Stockport PCT



## Analysis

- Those aged 65 years and older account for around 24,900 inpatient admissions a year. A half of the total admissions are planned and almost a half are emergencies, a reversal from the trends seen for children and young adults.
- Rates of emergency admissions are similar across Heaton & 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 Heaton & 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.

### 6.3.20.2 Length of Stay (aged 65+)

#### Rationale

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

## Data

2006/07 INPATIENT ADMISSIONS – NUMBERS AND PROPORTIONS AGED 65+					
Inpatient Admissions by Length of Stay	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 day	3,266	2,041	2,046	2,847	10,200
1 day	895	703	657	888	3,143
2 days	457	305	349	438	1,549
3-4 days	521	388	358	506	1,773
5-7 days	650	436	503	606	2,195
8 -14 days	689	565	553	745	2,552
15-28 days	415	353	378	492	1,638
29 + days	372	424	368	528	1,692
Unknown / unfinished	78	28	9	26	141
All Admissions	7,343	5,243	5,221	7,076	24,883
0 day	44.5%	38.9%	39.2%	40.2%	41.0%
1 day	12.2%	13.4%	12.6%	12.5%	12.6%
2 days	6.2%	5.8%	6.7%	6.2%	6.2%
3-4 days	7.1%	7.4%	6.9%	7.2%	7.1%
5-7 days	8.9%	8.3%	9.6%	8.6%	8.8%
8 -14 days	9.4%	10.8%	10.6%	10.5%	10.3%
15-28 days	5.7%	6.7%	7.2%	7.0%	6.6%
29 + days	5.1%	8.1%	7.0%	7.5%	6.8%
Unknown / unfinished	1.1%	0.5%	0.2%	0.4%	0.6%
2006/07 INPATIENT ADMISSIONS – AVERAGE LENGTH OF STAY					
Mean	6.31	9.24	7.98	9.65	8.23
Median	0.41	0.81	0.85	0.76	0.69

Source: Stockport PCT

## Analysis

- The majority (54%) of inpatient admissions for people aged over 65 years are associated with a length of stay of 0 or 1 day, and for all areas the modal average is 0. For this age group, however, the median is higher and for all areas other than Bramhall & Cheadle is closer to 1 day rather than 0 days as it has been previously.
- There are significant numbers (around 1,700) of outliers 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 8.2.
- 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.
- People in this age group have significantly longer average length of stays than other age groups; almost a quarter of admissions have a duration of more than a week.

- 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.

### 6.3.20.3 Cause of Admission (aged 65+)

#### 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 65+					
Inpatient Admissions by Healthcare Reference Group Chapter (HRG)	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Nervous System	4.4%	4.3%	3.9%	4.6%	4.3%
Eyes & Periorbita	8.3%	9.7%	8.2%	8.2%	8.6%
Mouth, Head, Neck & Ears	2.5%	2.6%	2.3%	2.4%	2.5%
Respiratory System	6.8%	9.8%	8.0%	9.2%	8.4%
Cardiac Surgery & Primary Cardiac Conditions	12.6%	14.3%	13.5%	14.0%	13.5%
Digestive System	17.0%	16.5%	21.3%	19.6%	18.5%
Hepato-biliary & Pancreatic Sys.	2.0%	1.9%	1.8%	1.6%	1.8%
Musculoskeletal System	12.1%	12.3%	13.8%	12.6%	12.7%
Skin, Breast & Burns	4.0%	4.0%	4.2%	4.7%	4.3%
Endocrine & Metabolic System	1.2%	1.3%	1.2%	1.2%	1.2%
Urinary Tract & Male Reproductive System	10.9%	7.8%	8.0%	7.0%	8.5%
Female Reproductive System	1.6%	1.0%	1.1%	1.3%	1.3%
Obstetrics & Neonatal Care	0.0%	0.0%	0.0%	0.0%	0.0%
Diseases of Childhood	0.0%	0.0%	0.0%	0.0%	0.0%
Vascular System	1.2%	1.6%	1.3%	1.3%	1.3%
Spinal Surgery & Primary Spinal Conditions	0.8%	0.8%	1.2%	0.7%	0.8%
Haematology, Infectious Disease, Poisoning & Non-specific Groups	11.6%	10.0%	8.9%	9.4%	10.1%
Mental Health	1.3%	1.6%	1.1%	1.7%	1.5%
Undefined Groups	1.7%	0.5%	0.3%	0.4%	0.8%

Source: Stockport PCT

2006/07 INPATIENT ADMISSIONS – NUMBERS AGED 65+	
Top 10 Healthcare Reference Groups (HRG)	Stockport
Diagnostic Procedures, Oesophagus & Stomach	1,345
Phakoemulsification Cataract Extraction & Insertion of Lens	998
Large Intestine - Endoscopic or Intermediate Procedures	908
Malignant Disorder of the Lymphatic / Haematological Systems - LOS <2 days	465
Planned Procedures Not Carried Out	446
Chest Pain >69 or with complicating conditions	413
Syncope or Collapse >69 or with complicating conditions	375
Arrhythmia or Conduction Disorders >69 or with complicating conditions	355
Cardiac Catheterisation and Angiography without complications	347
Sprains, Strains, or Minor Open Wounds >69 or with complicating conditions	346

Source: Stockport PCT

## Analysis

- Conditions relating to the digestive system, cardiac surgery and primary cardiac conditions, musculoskeletal system and 'haematology, infectious disease, poisoning & non-specific groups' are the most common cause of admission in all areas for older adults aged 65 years and above.
- Almost 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.
- Almost an eighth of the cardiac admissions are due to chest pain, syncope or collapse, arrhythmia or cardiac catheterisation and angiography respectively.
- The most common musculoskeletal conditions relate to sprains and strain or minor open wounds or other minor procedures. There were approximately 250 admissions for hip replacements and 200 admissions for knee replacements over the year.
- 'Haematology, infectious disease, poisoning & non-specific groups' include a significant number of admissions for 'malignant disorder of the lymphatic or haematological systems' and an equally significant number of admissions for 'planned procedures not carried out'.
- There were almost 1,000 admissions for removal of cataracts in the year.

## 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.
- Cataracts are the second most common cause of admission for this age group, and again many of these procedures could perhaps be undertaken in the community setting.

#### 6.3.20.4 Ambulatory Care Sensitive Conditions (aged 65+)

##### 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	63	41	49	58	211	
	Convulsions & epilepsy	8	20	14	18	60	
	Dehydration & gastroenteritis	47	37	37	61	182	
	Dental conditions	2	1			3	
	Ear, nose & throat infections	3	5	1	6	15	
	Gangrene	2	4	1	6	13	
	Pelvic inflammatory disease					0	
	Perforated / bleeding ulcer	1	5	3	5	14	
	Pyelonephritis	1	2			3	
	Ruptured appendix	1	4		3	8	
	TOTAL	128	119	105	157	509	
	Chronic	Angina	79	81	76	128	364
		Asthma	9	4	8	6	27
		COPD	77	117	108	181	483
Congestive heart failure		62	62	82	94	300	
Diabetes complications		8	5	2	8	23	
Hypertension		5	2	2	3	12	
Iron deficiency anaemia		7	15	20	12	54	
Nutritional deficiencies						0	
TOTAL	247	286	298	432	1,263		
Vaccine	Influenza and pneumonia	65	67	66	95	293	
	Other vaccine preventable				1	1	
	TOTAL	65	67	66	96	294	
TOTAL ACS Conditions		440	472	469	685	2,066	
Rate – Acute		8.6	11.8	9.7	11.6	10.3	
Rate – Chronic		16.5	28.4	27.5	32.0	25.6	
Rate – Vaccine Preventable		4.3	6.7	6.1	7.1	6.0	
Rate - Total ACS Conditions		29.4	46.9	43.3	50.7	41.9	

Source: Stockport PCT

## Analysis

- Ambulatory Care Sensitive Conditions accounted for around 17.8% of the total numbers of emergency admissions for Stockport residents aged 65+ years in 2006/07, at a total crude rate of 41.9 admissions per 1,000 population, a rate much higher than for other age groups.
- Approximately 60% of the ACS condition emergency admissions were for chronic conditions and 25% were for acute conditions with the remaining 15% being for vaccine preventable conditions.
- The most common causes of admission for chronic conditions were for COPD problems (38%) and heart conditions (54% were for angina, congestive heart failure or hypertension). Around 4% were due to iron deficiency anaemia.
- The most common causes of admission for acute conditions were for cellulitis (41%), dehydration & gastroenteritis (36%) and convulsions & epilepsy (12%), and
- The vast majority (100%) of admissions for vaccine preventable conditions related to influenza and pneumonia.
- Rates of admission were highest in S&V and lowest in B&C.

## Conclusion

- A total of 2,100 emergency admissions were made for Ambulatory Care Sensitive Conditions for those age 65+ 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.

### 6.3.21 Accident and Emergency Activity (aged 65+)

#### 6.3.21.1 Age Structure (aged 65+)

##### 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 65 + – NUMBERS AND RATE PER 1,000 POPULATION					
Inpatient Admissions by age	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
65 – 74 – numbers	796	1,070	1,101	1,700	4,667
75 – 84 – numbers	904	1,218	1,331	1,933	5,386
85 – 94 – numbers	542	638	601	934	2,715
95 + – numbers	77	71	82	98	328
65 + – numbers	2,319	2,997	3,115	4,665	13,096
65 – 74 – rates	101.9	210.5	193.0	240.6	181.8
75 – 84 – rates	170.1	335.6	357.2	410.5	309.9
85 – 94 – rates	318.4	515.3	462.3	579.8	464.0
95 + – rates	574.6	651.4	845.4	859.6	722.5
65 + – rates	155.0	297.9	287.7	345.6	265.4

## Analysis

- There are around 13,100 A&E attendances made by Stockport residents aged 65 years and over at Stepping Hill Hospital each year.
- Rate of use increase rapidly for those aged over 75 years, whilst rates for the 65-74 age groups are much more similar to those of the general adult population.
- For those aged 95 and over the rate is more than double that for 18-21 year olds, the next most frequent attendees.
- 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 over 65 years, and rates of attendance increase rapidly with age, reaching a level of 7 in 10 for those aged 95+.

### 6.3.21.2 Ambulatory Care Sensitive Conditions (aged 65+)

#### 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 65 + – PROPORTION						
Primary Diagnosis following Attendance		Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Non-injury	Abdominal	5.8%	5.3%	6.3%	5.5%	5.7%
	Cardiovascular System	4.3%	5.4%	4.0%	4.5%	4.6%
	Central Nervous System	5.2%	5.7%	4.8%	5.0%	5.2%
	Endocrine System	0.4%	0.8%	0.4%	0.4%	0.5%
	Gynaecological	0.0%	0.2%	0.1%	0.2%	0.1%
	Infection	2.8%	3.0%	2.4%	2.3%	2.6%
	Miscellaneous	9.4%	9.5%	10.0%	10.9%	10.1%
	Psychiatry	0.5%	1.0%	0.8%	0.7%	0.7%
	Respiratory System	1.8%	2.6%	3.3%	2.6%	2.6%
	<i>TOTAL Non-injury</i>	<i>30.2%</i>	<i>33.6%</i>	<i>32.3%</i>	<i>32.1%</i>	<i>32.2%</i>
	Injury	Fracture / Dislocation	6.7%	6.4%	5.7%	5.9%
Head Injury		3.1%	3.7%	3.0%	2.8%	3.1%
Soft Tissue Injury		13.2%	10.0%	11.0%	12.6%	11.7%
Sprain / Strain		2.8%	2.6%	2.7%	3.0%	2.8%
Other Injury		6.6%	5.4%	5.9%	6.3%	6.1%
<i>TOTAL Injury</i>		<i>32.3%</i>	<i>28.2%</i>	<i>28.4%</i>	<i>30.7%</i>	<i>29.8%</i>
Other	Alcohol related	0.0%	0.2%	0.1%	0.2%	0.2%
	No diagnosis	37.4%	38.0%	39.2%	37.0%	37.8%

Source: Stockport PCT

## Analysis

- A third of all attendances result in a diagnosis of illness, whereas three-tenths relate to injuries.
- The most common injuries in descending order are: soft tissue injuries (including lacerations and bruising), fractures and other injuries.
- The most common illnesses are classified as ‘miscellaneous’, with abdominal and central nervous system (collapse) the next most common.
- Interestingly almost two-fifths of all attendances do not result in any diagnosis, perhaps suggesting that the attendance might have been inappropriate.
- Patterns across areas are broadly similar.

## Conclusion

- There is a need for better quality data as two-fifths of admissions have no diagnosis and a tenth are coded as ‘miscellaneous’.

## 6.4 Lifestyles & wellbeing

### 6.4.1 Smoking (aged 65+)

#### 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 65+ RESIDENT IN:					
Smoking	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Current Smoker	6.3%	12.4%	8.6%	8.3%	8.6%
Ex-smoker	52.5%	52.5%	49.6%	49.7%	51.1%
Never Smoked	41.2%	35.0%	41.8%	42.0%	40.2%
Sample Size	750	491	512	664	2,528

Source: Stockport PCT

#### Analysis

- Rates of smoking for adults aged 65 years and over are lower than the level reported for other adults, at a rate of less than 9% more than half that of the average for those aged 25-64 years.
- Rates of smoking were highest in Heatons & Tame Valley, 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 also 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 adults, whereas the difference for Heatons & Tame Valley is only 10%.

#### Conclusion

- Rate of smoking decline to a low of around 10% in this age group, although deprivation remains a key risk factor for smoking. It is possible that rates of smoking are lower for this age group as those who smoked have already died, however further analysis is needed to confirm this hypothesis.

## 6.4.2 Alcohol (aged 65+)

### 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 wellknown, but its impacts are far wider than this, as it increases a multitude of health and social problems.
- The patterns of alcohol consumption among older people tend to be healthier than among younger age groups, but many older people may be more vulnerable to the effects of alcohol due to a range of factors including interactions with medication, slower metabolism and the exacerbation of other conditions such as memory problems, sleeping problems, depression and the risk of falls. Older people may also suffer from the long-term health impacts of alcohol misuse earlier in life.

### Data

2003 ADULT LIFESTYLE SURVEY – AGED 65+ RESIDENT IN:					
Annual alcohol consumption pattern	Bramhall & Cheadle	Heatons & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Not at all	21.6%	26.4%	24.7%	24.9%	23.9%
1-2 days a year	5.9%	11.3%	9.1%	11.4%	9.2%
1 day every couple of months	5.2%	6.0%	6.0%	6.8%	6.0%
1-2 days a month	12.6%	11.1%	12.6%	12.3%	12.3%
1-2 days a week	21.9%	19.6%	22.3%	23.5%	22.0%
3-4 days a week	11.3%	10.3%	9.5%	7.7%	9.6%
5-6 days a week	8.1%	5.0%	5.0%	4.3%	5.9%
Almost every day	13.5%	10.3%	10.7%	9.2%	11.1%
Sample size	764	504	515	676	2,570

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 65+ 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	23.2%	31.0%	24.6%	30.4%	27.1%
Drank less than recommended daily limit	40.1%	35.1%	37.4%	35.1%	36.8%
Drank more than recommended daily limit but less than twice limit	20.4%	19.0%	20.9%	16.9%	19.1%
Binge drank (more than twice recommended daily limit)	16.3%	14.9%	17.1%	17.6%	17.0%
Binge drank (more than three times recommended daily limit)	6.4%	6.0%	6.4%	7.2%	6.9%
Sample size	564	336	374	461	1,811

Source: Stockport PCT

2003 ADULT LIFESTYLE SURVEY – AGED 65+ 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	15.8%	22.4%	18.3%	22.7%	19.8%
Drank less than recommended weekly limit	64.7%	60.2%	66.2%	63.4%	63.3%
Drank more than recommended weekly limit but under 36/50 units	17.0%	13.5%	13.2%	11.9%	14.4%
Binge drank (more than 35 or 49 units)	2.5%	3.9%	2.3%	2.0%	2.5%
Sample size	600	362	394	506	1,944

Source: Stockport PCT

### Analysis

- Rates of drinking fall for this age group, whereas 67% of adults aged between 25-64 years drink alcohol on at least a weekly basis, only 49% of over 65+ do, with the most common drinking frequency being 'not at all' (24%) followed by 1 or 2 days a week (22%).
- Bramhall & Cheadle have the highest rates of at least weekly drinkers at 55.

- 11% of adults aged 65+ years drink alcohol on almost every day, a proportion that is similar to that shown by the 25-64 age group.
- Rates of binge drinking also decline rapidly, falling to a level of 17% of adults aged 65+ years binge drinking in the week preceding the lifestyle survey, with less than 7% drinking more than three times their recommended daily limit in one day. Although these levels are lower than for younger age groups a significant proportion of the older population are still binge drinking.
- Similarly rates of those drinking more than 35 (females) and 49 (males) units of alcohol a week also are lower than for other age groups, although 3.9% of those in Heaton & Tame Valley still drink more than this dangerous level.
- Marple & Werneth and Stepping Hill & Victoria have the highest rates of binge drinking.

## Conclusion

- For adults aged 65+ years alcohol misuse is less common than in younger age groups although there are still significant numbers of people drinking more than their recommended limit.
- Older people are more vulnerable to the negative effects of alcohol and therefore the impact of misuse may have a great impact for this age group. It is also likely that many older people may be suffering health effects of drinking earlier in life.
- Due to 'cohort' effects, we anticipate levels of alcohol consumption increasing among older people as those now reaching 65 years have historically drunk more than those who grew up in times when alcohol consumption was lower.

### 6.4.3 Obesity (aged 65+)

#### 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 65+ RESIDENT IN:					
Obesity	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Not overweight or obese	53.1%	48.9%	48.6%	48.5%	49.9%
Overweight	36.7%	38.1%	41.3%	38.9%	38.7%
Obese	10.2%	13.0%	10.1%	12.6%	11.4%
Sample Size	757	491	516	668	2,537

Source: Stockport PCT

#### Analysis

- By the time adults reach this older age group a half are either overweight or obese.

- Heaton & Tame Valley, Marple & Werneth and Stepping Hill & Victoria have similar rates of overweight and obesity, with Bramhall & Cheadle having a much lower level. Heaton & 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.

## Conclusion

- At this age group, rates of overweight and obesity are the highest with more than 50% of people reporting unhealthy height to weight ratios. Prevention and good health habits at younger ages are needed to ensure that, in the future, this rate doesn't rise any further; current trends of increased obesity at younger ages are especially worrying in this respect.
- Key interventions for this age group are still worthwhile and should focus on improving lifestyles and the treatment of existing weight problems.

### 6.4.4 Diet (aged 65+)

#### 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 65+ RESIDENT IN:					
5-a-day	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
0 portions	0.1%	1.6%	0.4%	1.7%	0.9%
1 portion	6.5%	13.5%	8.9%	12.7%	10.1%
2 portions	17.7%	24.9%	21.0%	22.4%	21.1%
3 portions	27.6%	27.4%	29.1%	25.2%	27.4%
4 portions	25.9%	16.8%	21.6%	21.5%	22.0%
5+ portions	22.2%	15.7%	19.0%	16.5%	18.6%
Sample Size	753	489	515	647	2,509

Source: Stockport PCT

#### Analysis

- Just under a fifth of adults aged 65+ years in Stockport reported that they eat 5 or more portions of fruit and vegetables a day, a rate almost double that of adults aged

25-64 years. 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 five 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

- 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. This is especially important as many older people's income reduces as they retire.

### 6.4.5 Alcohol (aged 65+)

#### 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 65+ RESIDENT IN:					
Exercise – at least 30 minutes of moderate activity undertaken:	Bramhall & Cheadle	Heaton & Tame Valley	Marple & Werneth	Stepping Hill & Victoria	Stockport
Less than once a week	19.0%	23.3%	21.4%	23.6%	21.9%
1-2 times a week	25.3%	25.4%	26.3%	24.6%	24.8%
3-4 times a week	28.5%	27.3%	27.3%	26.4%	27.7%
5+ times a week	27.2%	24.1%	25.1%	25.4%	25.6%
Sample Size	738	473	495	639	2,448

Source: Stockport PCT

#### Analysis

- A quarter of adults aged 65+ years in Stockport take at least the minimum recommended amount of exercise a week, a rate similar to that in the general population.
- 22% adults aged 25-64 years reported exercising less than once a week, not taking even this minimum amount of physical activity.
- Heaton & Tame Valley and Stepping Hill & Victoria have the highest numbers of people exercising less than once a week.



## Conclusion

- Three-quarters of adults aged 65+ 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.

### 6.4.6 Mental Wellbeing (aged 65+)

#### 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 65+ 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	78.7	74.9	77.3	76.9	77.1
% with low wellbeing score	24.1%	31.9%	26.6%	28.4%	27.3%
% with high wellbeing score	75.9%	68.1%	73.4%	71.6%	72.7%
Sample Size	668	401	440	549	2,144

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 more than 7 in 10 of respondents to the survey had scores that fell in the range of ‘good’ wellbeing, the highest rate of any age group.
- Both the average mental health score and the proportion of respondents with high scores were highest in Bramhall & Cheadle; and rates were lowest in Heatons & Tame Valley.

## Conclusion

- For adults aged 65+ there is, again, clear deprivation profile in mental wellbeing although, in general, mental health is better in this age group; services should, therefore, particularly target the more deprived populations.