



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL

**Stockport**  
Primary Care Trust



# Stockport JSNA

joint strategic needs assessment

## Analysis by Deprivation

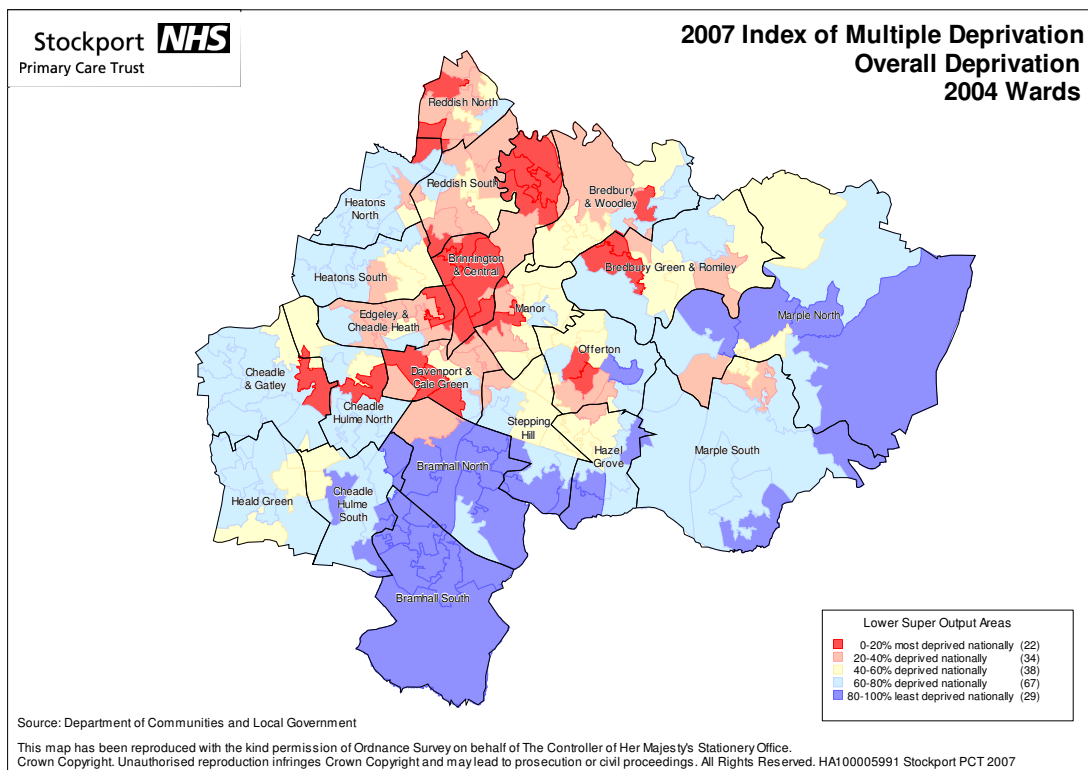
**October 2008**



## Analysis by deprivation quintiles

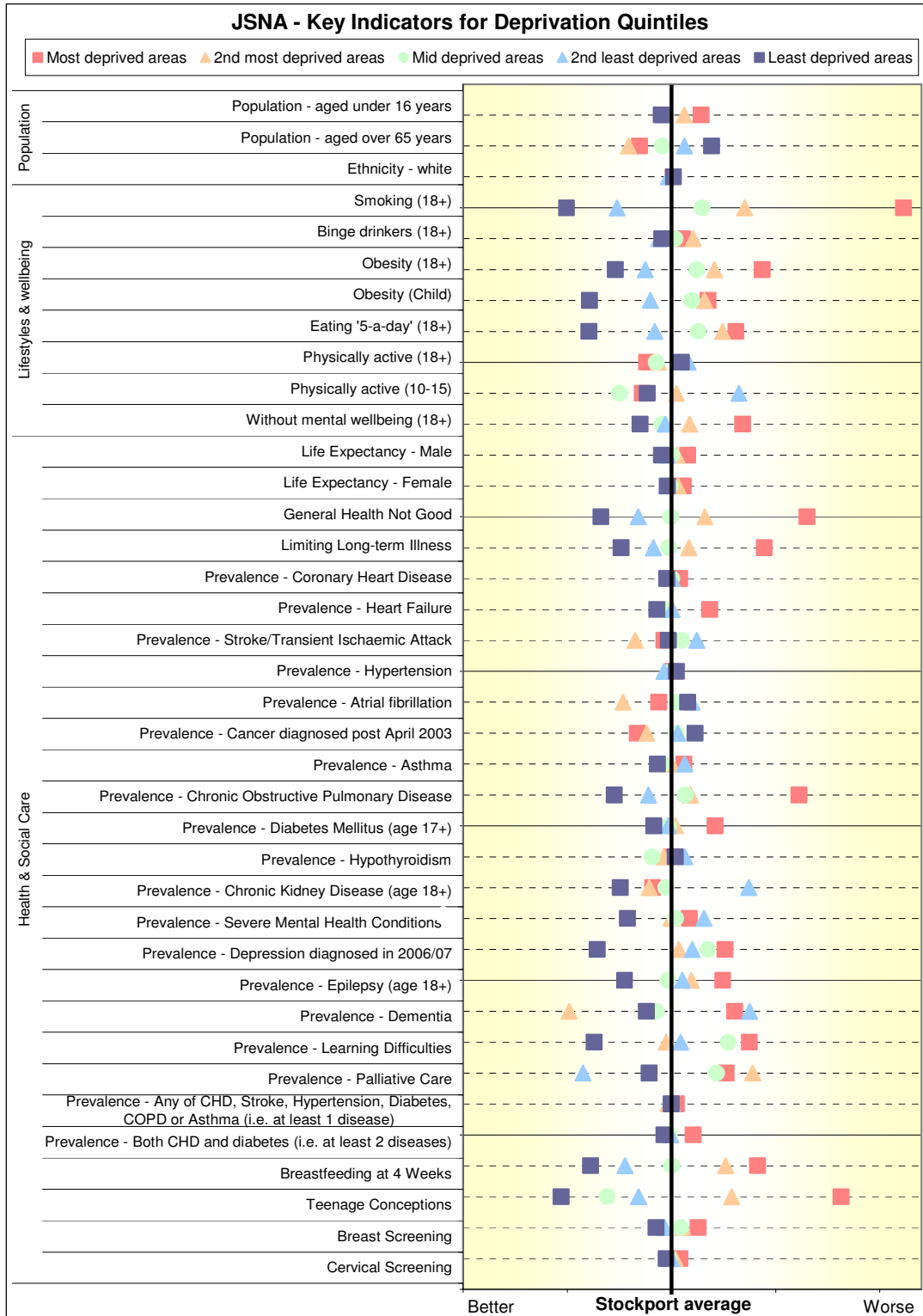
In the initial data collection, after consideration, we presented data predominantly by the four Practice Based Commissioning (PBC) localities. Data could have been presented at many other geographic levels, but it was clearly impossible to publish all of this data in hard copy. It was therefore decided to provide data for the other geographies via the data hub at [www.profilelive.stockport.gov.uk/home/jsna](http://www.profilelive.stockport.gov.uk/home/jsna).

As analysis at the PBC level masks many internal differences it not suitable for all purposes. In particular to achieve proper market segmentation and to address inequalities it is necessary to make use of this other data and to examine differences by the quintiles of deprivation which are defined at lower super output area, a geography of approximately 1,500 people. We have therefore decided to present some key findings by these quintiles below.



Around 34,000 people (11% of the population) live in the most deprived areas, shown in red on the map above. The spine chart (below) shows key indicators split by the five deprivation categories and demonstrates the different experience of health that each population group has. Key findings from this analysis are that:

- Deprived areas have a greater concentration of children than the rest of Stockport.
- Affluent areas have a greater concentration of older people.
- People from black and minority ethnic groups do not cluster in particular deprivation groups; they live in all areas of Stockport.



- People in deprived areas die earlier and are more likely to suffer ill health than people in the rest of Stockport.

- Life expectancy has increased in all areas of Stockport recently, but has done so differentially so that the gap between the most deprived areas and the average has widened. For men the gap is now more than 6 years.
- People in deprived areas begin to suffer ill-health while they are of working age. On average they spend 12 years in poor health at the end of their life and die before the health of people in the affluent communities begin to decline. In affluent areas people spend only 6 years in poor health.
- Smoking is the poor lifestyle habit with the greatest difference between rich and poor. 20% of adults in Stockport are still smoking, around 45,000 people but rates rise as high as 50% in some of the most deprived communities.
- Obesity and diet are also of more concern in deprived areas, although both adults and children in these areas are more physically active than average. Levels of obesity are increasing rapidly and national evidence suggests that by 2050 as many as 50% of all adults could be obese.
- Unhealthy alcohol consumption is a problem in all areas. Almost 40% (69,200) of adult drinkers binge drink on at least one night a week. 5.4% of people who drink, drink 'harmful' amounts over the course of a week. People in deprived areas are more likely to binge drink and are also more likely to suffer adverse health effects due to alcohol, but people in affluent areas are also drinking too much.
- Breastfeeding rates are lower and teenage conception rates are higher in deprived areas, meaning that young children in these areas do not get the healthiest start in life.
- Cancer screening rates suggest that people in deprived areas are not accessing preventative services at the same levels as other areas, despite having the poorest health.