



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport
Primary Care Trust



Stockport JSNA

joint strategic needs assessment

JSNA Key Messages

November 2007

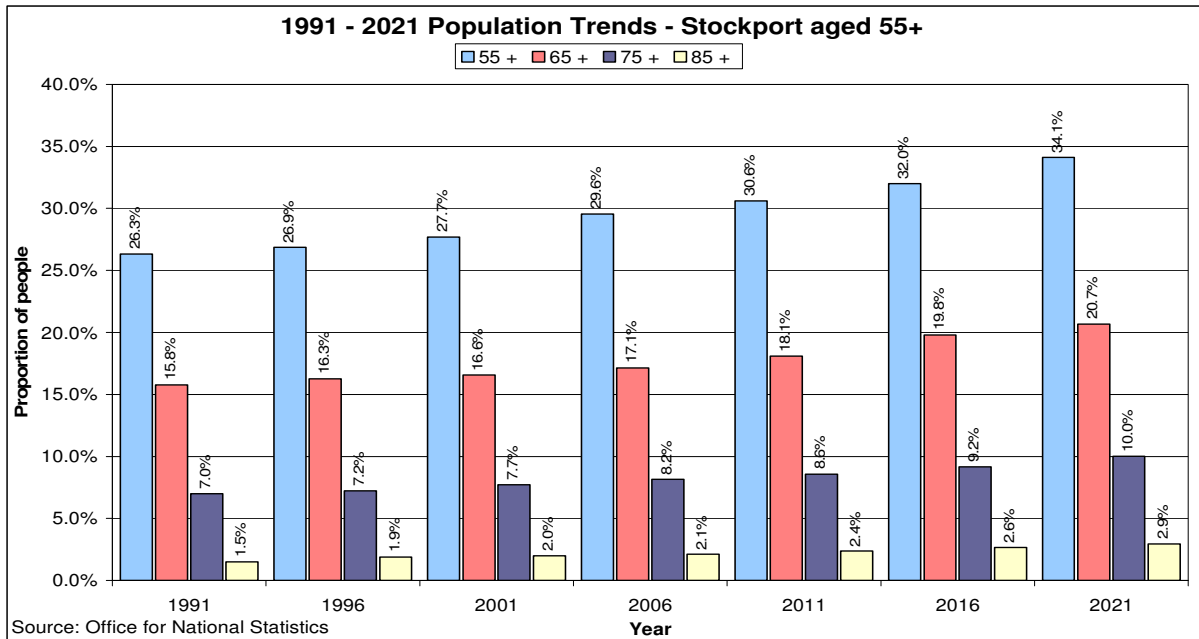


Key messages

1. Older People

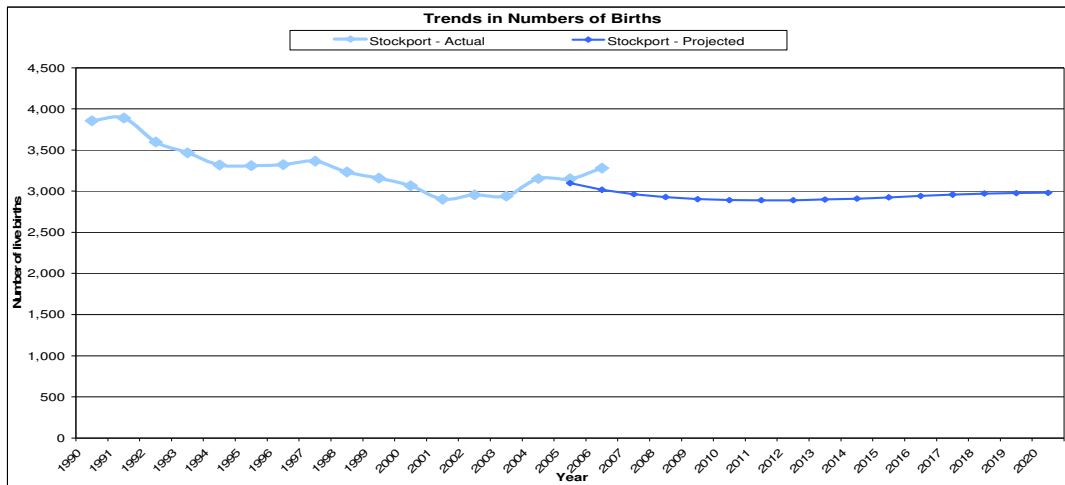
The aging population in Stockport will have a significant impact on service utilisation in the next 3-5 years but is not the only change of importance. Services will need to ensure they are meeting the needs and expectations of minority ethnic groups which are growing in both the older and younger age groups.

- There will be an additional 2,700 people aged 65 and over (700 aged over 75) and over in the next five years - if nothing else changes, this will mean, by 2011:
 - 350 additional older people living in deprivation
 - 1,350 additional older people living alone
 - Additional 20 older people receiving interim care packages
 - Additional 900 people over 65 reporting poor health
 - Additional 1,400 admissions a year, 650 as emergency.
 - Additional 700 A&E attendances
 - 3,400 additional contacts with DN teams
 - Additional 500 referrals to social care and 250 people in receipt of services
 - Additional 150-250 people with continence problems
 - Additional 380 people with mobility problems
 - 820 people with self care problems
 - 900 people having problems with domestic tasks
- Bramhall & Cheadle has an older age profile which will increase, although more older people live in Stepping Hill & Victoria due to its size.
- In the next 10 years, the first significant cohort of people from a BME background will reach retirement age.



2. Children and Young people

The number of babies being born in Stockport appears to be deviating from the national projections. 1 in 10 babies born in Stockport are now of black and minority ethnic ancestry. Lifestyles are key as they set the patterns for adult life. Vulnerable families remain a priority as these families tend to have more children. Some parents rely on the hospital for the management of minor conditions, particularly in infants.

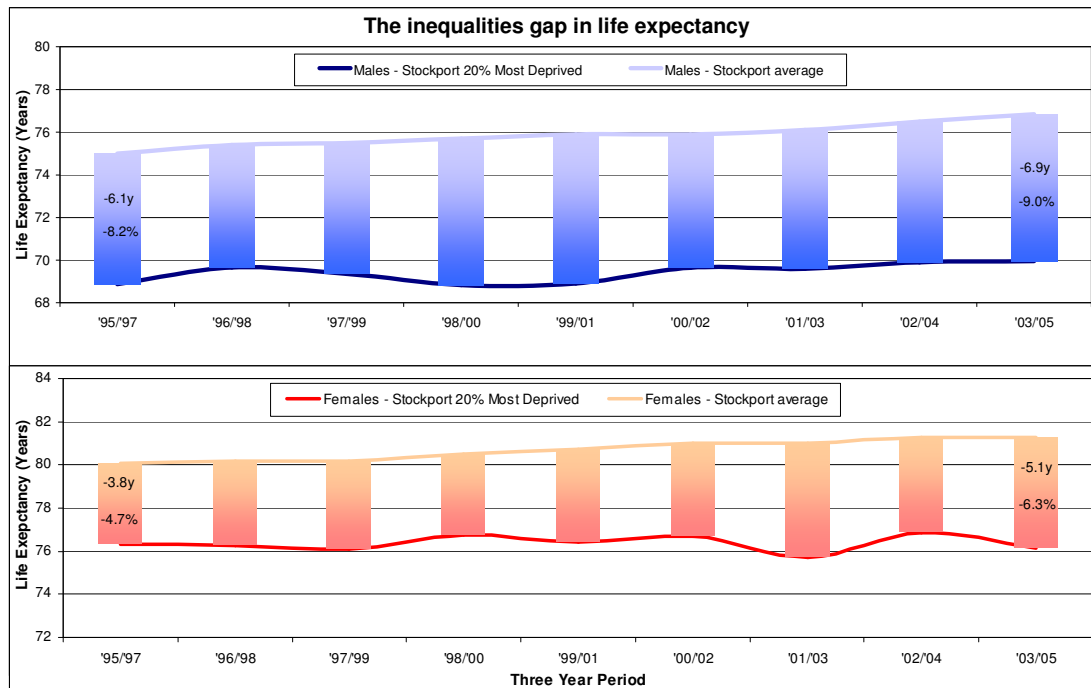


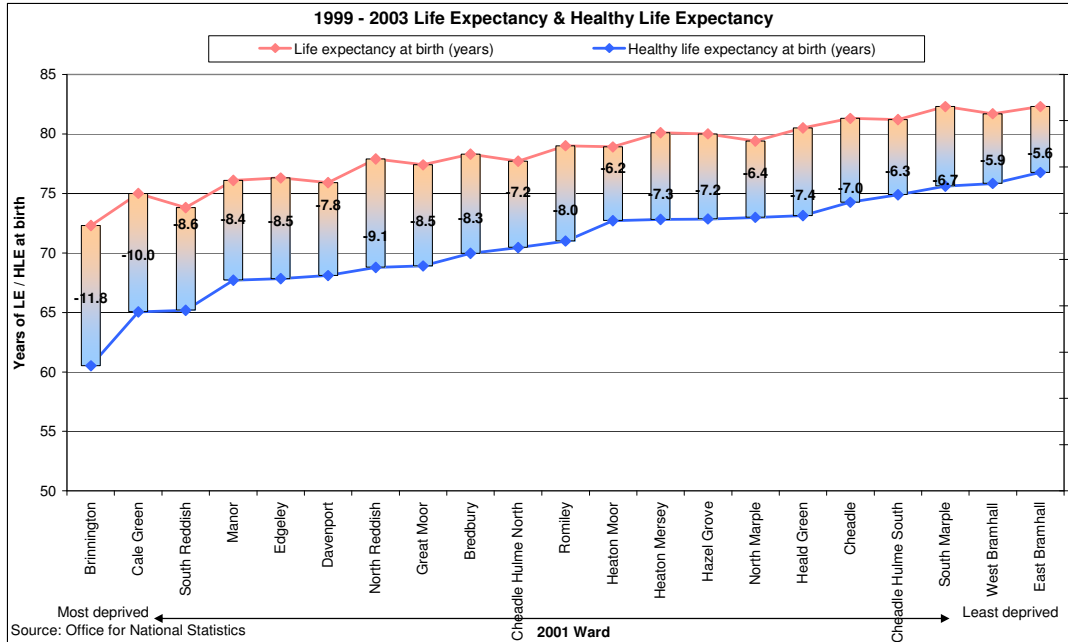
- Birth rates are not decreasing. There are several explanations for this, including the cyclical impact of the baby boomers.
- Births to ethnic minority groups are over-represented – 10% of births are of non-white British ancestry compared to 7% of the population.
- Marple & Werneth have the lowest proportion of births from a BME ancestry (3%), Bramhall & Cheadle the highest (10%). Bramhall & Cheadle have highest proportion of people from a BME background.
- 16% (534) of births in Stockport in 2006 were to mothers resident in the most deprived areas of Stockport, despite the fact that only 12% of the total population live in these areas. This pattern is not expected to change.
- General fertility rates in the most deprived areas are 30% higher than the Stockport average and 65% higher than in the least deprived areas.
- The most likely reason for a child under 1 to be admitted is for a chest infection or gastroenteritis. There is peak of children aged under 1 being admitted for an “ambulatory care sensitive condition” (avoidable admission).
- 1 child in 10 aged 10-15 in Stockport reports smoking in the last week, ranging from 5% in Bramhall & Cheadle to 13.5% in Stepping Hill & Victoria.
- 22.2 % of young people in Bramhall & Cheadle eat 5-day compared to 14.7% in Stepping Hill & Victoria.
- Teenage pregnancy rates are highest Heaton & Tame Valley in and lowest in Bramhall & Cheadle.
- Local data on small sample size shows 3.7% of young people aged 10-15 drink everyday the highest levels being in Heaton & Tame Valley (5.2%).

3. Health Inequalities

Health Inequalities are a significant issue in Stockport, are widening and are driven by lifestyle. Initiatives to improve well being and healthy life expectancy should be targeted to areas of deprivation and particularly to adults of working age.

- Major causes of death are circulatory diseases and cancer and the big killers drive health inequalities, in conjunction with digestive disorders (alcohol related) and respiratory diseases (smoking related).
- Health inequalities are marked – life expectancy is poorest in Brinnington (in the Heaton & Tame Valley locality) and best in Bramhall (Bramhall & Cheadle locality); 69 versus 81 years.
- Inequalities in healthy life expectancy are also marked, with Brinnington residents having 12 years of ill-health before death, and residents in Bramhall having 5.6 years of ill health before death.
- The most deprived PBC location is Heaton & Tame Valley, but analysis at PBC level masks pockets of severe disadvantage.
- Rates of self reported poor health are highest in Heaton & Tame Valley and lowest in Bramhall & Cheadle, as are rates of limiting long-term illnesses.
- Inpatient patterns for average length of stay, admissions for the ACS conditions and unscheduled admissions, increase with increasing deprivation.
- Attendance at the A&E department at Stepping Hill Hospital for a non-injury cause shows a clear relationship with deprivation – the more deprived the locality the greater attendance rate.





4. Smoking

Smoking remains a key driver for poor health and reduced life expectancy in Stockport

- Stockport smoking prevalence is lower than the national average (16.2%) but this hides inequalities.
- Smoking prevalence is highest in Heaton & Tame Valley (21.5%) and lowest in Bramhall & Cheadle (10.7%), but information from the three 'Priority 1' areas shows smoking prevalence as high at 50% in some of the more deprived communities.

5. Alcohol

Alcohol is driving health inequalities. Hazardous and harmful drinking is linked to deprivation.

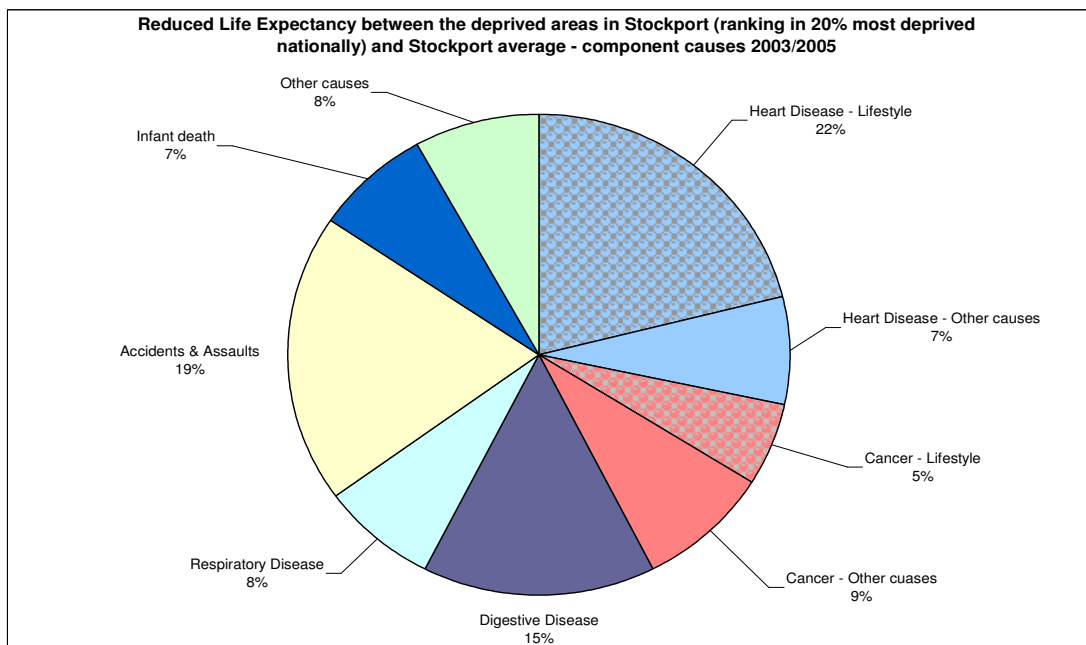
- The rates of risky (binge) drinking are highest in Heaton & Tame Valley (6.2%) and Stepping Hill & Victoria (5.2%).
- 15% of premature deaths in Stockport are due to alcohol consumption.
- Inpatient episodes and attendances at A&E due to alcohol are rising; especially in areas of deprivation.

6. Obesity

Obesity and overweight rates are rising nationally. Local data particularly from primary care is too poor to look at trends and better recording needs to be

established as a priority. The impact of on health and social care of rising levels of obesity needs more detailed modelling.

- Obesity in Stockport increases with deprivation; rates are highest in Heaton & Tame Valley.
- The proportion of children “not obese or overweight” by year 6 is highest in Bramhall & Cheadle.
- Only 19% of individuals eat the required ‘5 a day’ in Stockport, compared with 25% in England.
- Only 17.2% of Stepping Hill & Victoria residents eat the required ‘5 a day’ compared with 22% in Bramhall & Cheadle
- Overall, Bramhall & Cheadle is the least physically inactive PBC locality, despite having fewer people who exercise 5 or more times a week.

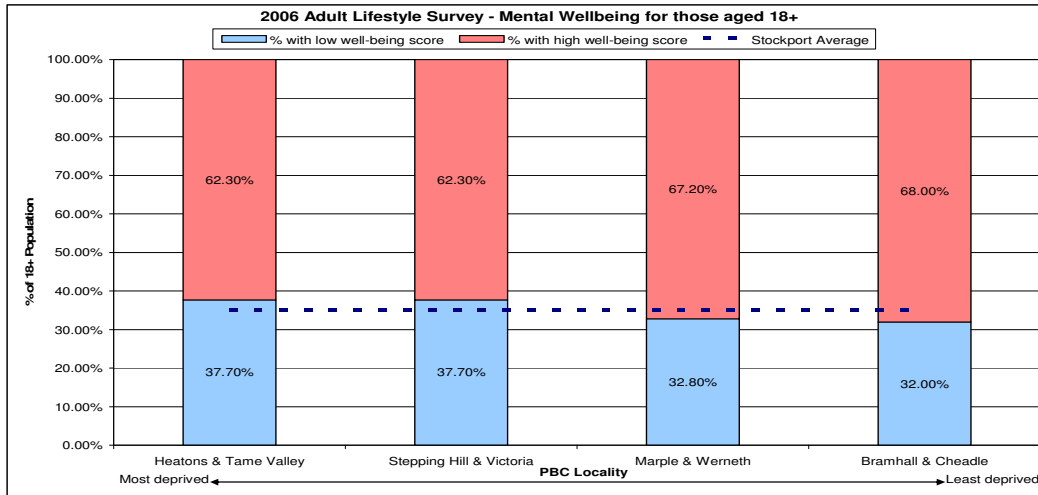


7. Mental Wellbeing

Wellbeing is associated with deprivation but data sources (measurement and collection) need developing.

- Estimates suggest 79,500 adults in Stockport have poor Mental Wellbeing (MWB) and rates rise with increasing disadvantage.
- Bramhall & Cheadle has the highest number of adults with high levels of MWB and lowest numbers of adults with low levels of MWB, followed by Marple & Werneth, with Stepping Hill & Victoria, and Heaton & Tame Valley joint 4th
- Without changing anything, population structural change shows the number of adults with low levels of MWB will increase by 1,500 over the next 5 years, 50% of which will be in people aged over 65.

- 2,280 individuals accessed a range of MWB wellbeing/lower level mental health services in 2006/7 and 8,300 Stockport residents visited the Wellbeing Centre.
- 23,600 adults in Stockport are on primary care registers with a diagnosis of depression. Trends follow deprivation, with Heaton & Tame Valley having the highest prevalence and Bramhall & Cheadle the lowest.
- As the population ages there will be an additional 220 older people with dementia, 300 older people with depression and 100 older people with severe depression.



8. Disability

Disability affects a significant proportion of the adult working population who are not in employment and claiming benefit; numbers are likely to rise as the population ages. This will impact on both healthy life expectancy and wellbeing.

- There are 11,975 claimants of working age for incapacity benefit or severe disablement allowance (44% for mental health problems, 15% due to musculoskeletal system problems).
- Claims are highest in the over 50- 59's where more than 10% of the age group are receiving benefits.
- By 2011 population changes predict that there may be as many as 265 additional claimants aged over 60 but that there could be 150 fewer in the younger age groups, leading to an overall increase of 115.
- There are 12,630 claimants of disability living allowance in Stockport.
- Claims are highest for those in their 60 - 69's, where 10% of the population are in receipt of this benefit.
- By 2011 population changes predict an additional 460 additional claimants aged over 60 and 140 fewer in the younger age groups, leading to an overall increase of 320.
- Stockport provides social services to 4,100 with a physical disability, frailty or temporary illness; over four-fifths of these clients aged over 65.

- By 2011 population changes show there may be as many as 200 additional clients; 190 of whom will be aged 65 and over, an increase of more than 5%.
- There are over 700 people of all ages with learning disabilities on GP registers and 650 adults are in receipt of social services. The vast majority of are aged under 65 years.

9. Carers

Carers are key providers and a significant resource keeping many vulnerable people safe and well in the community. Carers will age alongside the population in general and will need additional support to maintain their carer role.

- 10% of all Stockport residents provide some unpaid care
- Rates are highest in Bramhall & Cheadle and Marple & Werneth despite these areas having lower levels of limiting long term illness and poor health.
- Caring activity from the census identified 30,200 unpaid carers in Stockport in 2001. As the population ages by 2011 there will be an additional 1,000 unpaid and the increase will be almost entirely in the 65+ age group 450 of whom could be providing more than 50 hours of care per week
- In 2006/07, 3,850 carers were offered an assessment by Social Services. 75% of these carers were caring for someone aged over 65, 93% of whom had a physical impairment.
- Of the carers assessed in 2006/07, 700 were caring for people aged 18-64, 52% of whom were physically disabled.
- 580 carers are registered with Care Call, a Carer Emergency Alert Card.
- 2,556 days were spent in hospital in 2006/7 for holiday relief care.

