



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport
Primary Care Trust



NHS

Stockport JSNA

joint strategic needs assessment

Setting the Local Context **Key themes for Bramhall & Cheadle**

January 2009



Setting the local context - Key themes from the JSNA for Bramhall & Cheadle

Stockport is one of the **healthier places in the North West** and is average in national terms for most health indicators. The borough is one of great diversity however, with some area experiencing much poorer health outcomes than the average. To account for these differences during the commissioning process, the borough has been divided into four localities, each comprising two distinct areas.

Bramhall & Cheadle, situated in the south west of the borough along the Cheshire and South Manchester boundaries, is the most affluent of the four localities. It is an averagely sized locality, containing 77,800 residents, 26% of the total.

Bramhall, to the south, is the most affluent area within Stockport, and has a green suburban environment. The area is comprised of the local areas of Bramhall, south Cheadle Hulme and Woodford.

Cheadle, to the west, includes the local areas of Cheadle, north Cheadle Hulme, Heald Green and Gatley, and is also predominantly affluent, although less so than Bramhall or Marple. The area has the highest proportion of population from BME ancestries.

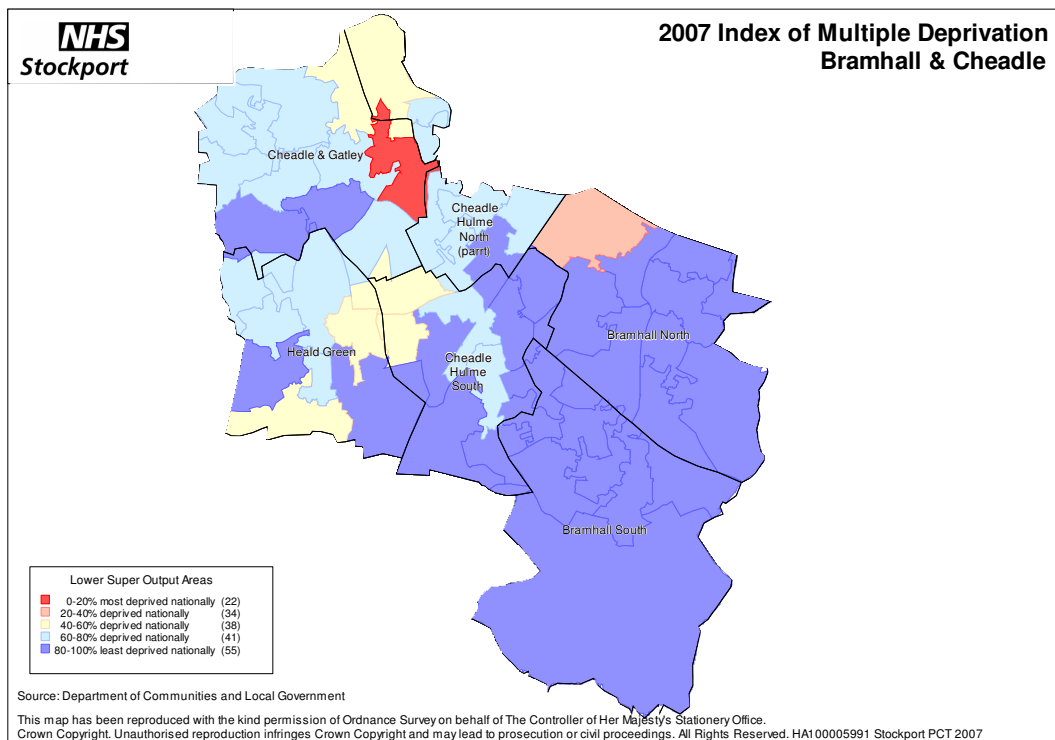
Of the nine practices in the locality, none are defined as being deprived.

1. Key issues

- **Health Inequalities:** Although Bramhall & Cheadle is relatively affluent commissioners need to address the problems of deprivation and poor health in the areas of North Park Road in Bramhall and Queen's Gardens / Oak Road in Cheadle.
- **Aging population:** Like other parts of the nation Stockport is aging, partly due to larger age cohorts reaching this threshold but also through increasing life expectancy at age 65. Bramhall & Cheadle one of the two localities in which this aging effect has its greatest impact in Stockport. The locality has a higher concentration of older people than the Borough as a whole and has seen the most rapid increase in older people over the last six years. If service models are not changed then the aging population will lead to increased demand for health and care services.
- **Alcohol:** The key lifestyle issue for Bramhall & Cheadle is around the high levels of alcohol use, people in this locality drink more frequently than anywhere else in the borough. Some of this may be attributable to young professionals drinking regularly and heavily, but the trend affects all ages.
- **Ethnicity:** Bramhall & Cheadle has the most ethnically diverse population in the borough and is already experiencing some trends that can be linked to this population, such as rising birth rates. Commissioners need to be aware of the significant and increasing BME population in Bramhall & Cheadle, these residents may use services differently and maybe less likely to demand services or present with illnesses. To avoid health inequalities these communities need to be actively engaged and services tailored to meet specific needs and expectations.

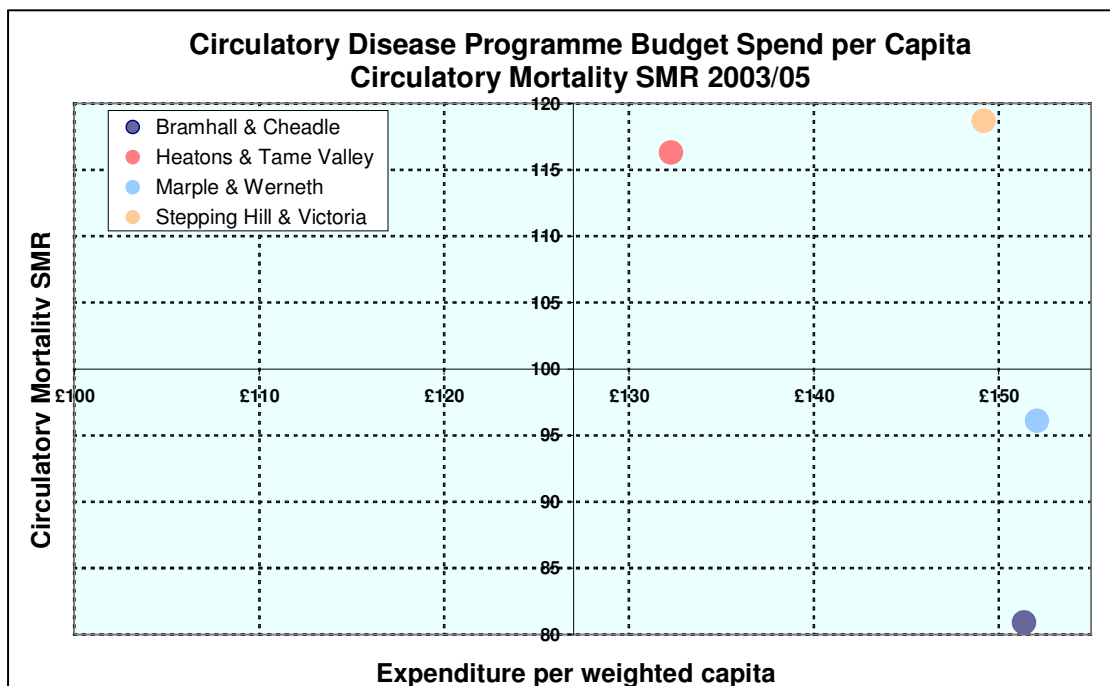
2. Health Inequalities

- Figures for 2005/2007 show that the life expectancy of men and women in Bramhall & Cheadle are currently 80 and 85 years respectively. These are higher than both the Stockport and UK averages.
- Within the locality, every ward also has a life expectancy that is longer than the Stockport average.
- Ward level analysis however masks some **small pockets of severe deprivation** within the locality, where residents are likely to experience poor health outcomes that routine mortality statistics are not sensitive enough to detect. The map below highlights two areas of particular concern, North Park Road in Bramhall and Queen’s Gardens / Oak Road in Cheadle.



- It is also worth noting that in an affluent locality, there are also a few pockets of moderate areas in Heald Green, Cheadle Hulme and Cheadle. Although on a national scale these areas rank as average, in a Bramhall & Cheadle context they may need additional focus.
- Interventions are increasing life expectancy and reducing mortality in all areas.
- The big killers are circulatory diseases and cancer, which between them cause 66% of all deaths in the locality and 73% of all premature deaths (those aged under 75 years). In total 230 people in Bramhall & Cheadle die a year because of heart disease and 200 because of cancer.

- The under 75 year mortality rate for cancer is now 70% higher than that for heart disease. 100 people a year in Bramhall & Cheadle die of cancer before they reach their 75 birthday, 50% of all early deaths, compared to 50 people from circulatory disease. In other words although **circulatory is the biggest killer overall, cancer is the main cause of premature death.**
- Mortality rates for both diseases have been decreasing, but circulatory disease rates have fallen more rapidly.
- These conditions are driven by lifestyle choices in smoking, alcohol consumption and obesity. Across Stockport lifestyles have been shown to contribute to 40% of the gap in life expectancy.
- Across Stockport **money does not follow need for heart disease.** Analysis of spend from the program budgeting in 2006/07 shows that Stockport spent £5 million more on heart disease than our peer group PCTs, however investment follows the **inverse care law** with Bramhall & Cheadle receiving a high level of spend. It is possible that investment for other diseases follows the same distribution. The inverse care law needs to be reversed if we are to reduce health inequalities across Stockport.



- Around 18,500 inpatient admissions are made by Bramhall & Cheadle residents each year.
- Across Stockport there is a clear association between **deprivation and patterns of hospital utilisation.**

- 2006/07 data on **inpatient patterns** for average length of stay, admissions for ambulatory care sensitive conditions and unscheduled admissions, shows that **all increase as deprivation increases**.
- Bramhall & Cheadle, as the most affluent locality, therefore has the lowest overall admission rate for inpatient stays, the shortest average length of stay and the lowest admission rate for ACS (Ambulatory Care Sensitive) conditions.
- **Increasing deprivation is associated with reduced rates in accessing planned care** especially for referral **out patient** and **prevention services**.
- Bramhall & Cheadle therefore has the highest proportion of admissions that are for planned care.
- Bramhall & Cheadle is the most ethnically diverse locality, at the 2001 Census 6.5% of the population were non-white compared to a Stockport average of 4.3%. Figures suggest that since 2001 the area has become increasingly ethnically diverse, 13% of babies born in the area are now non-white.
- Nationally it is known that **ethnicity is a risk factor for health inequalities**. People from BME ancestries have different expectations of the health service and their own health and may be **less likely to demand services or present with illnesses**. Residents from ethnic minority populations may experience barriers to services and information arising from differential treatment and/or language barriers.

Insights – Health Inequalities

- Bramhall & Cheadle, although affluent, as a whole has two small deprived areas.
- Heart disease is the biggest killer, followed closely by cancer, together these diseases are the underlying cause of two-thirds of all deaths in the locality and three-quarters of early deaths.
- Cancer is the major cause of premature death, causing the death of 50% of those who die before their 75th birthday.
- As a whole Bramhall & Cheadle uses hospital care efficiently, however across Stockport pathways to secondary care are not efficient for deprived communities. Commissioners therefore need to be aware that deprived residents in the locality may not be accessing services as effectively as others.
- Commissioners need to be aware of the significant and increasing BME population in Bramhall & Cheadle, these residents may use services differently and maybe less likely to demand services or present with illnesses. To avoid health inequalities these communities need to be actively engaged and services tailored to meet specific needs and expectations.

3. Healthy Life Expectancy

- Residents of Bramhall & Cheadle on average spend the shortest amount of time in ill health at the end of their lives; an average of 6.5 years compared to the Stockport average of 7.6 years.
- Within the locality rates vary from the lowest level of 5.6 years in Bramhall to 7.4 years in Heald Green, in other words all areas have shorter period of ill-health than average.
- 14% of people die before they reach their 65th birthday, around 85 people a year.
- The 2001 Census shows rates of **self reported poor health** and limiting long-term illnesses are lowest in Bramhall & Cheadle.
- Because of the proximity of the Heald Green and Gatley areas to the Manchester boundary, Bramhall & Cheadle residents, unlike those from other localities, have two main secondary care providers Stockport NHS Foundation Trust (52% of all inpatient activity) and South Manchester NHS University Hospitals Trust (28%).
- There is a clear association between **uptake and deprivation** in the cancer screening programmes. Bramhall & Cheadle achieve national targets for these programmes and have the highest uptake rates in Stockport, despite this however 3,600 eligible women have not had a cervical screening in the last 5 years and 2,600 eligible women have not had a breast screening in the last 3 years.

Insights – Healthy Life Expectancy

- Residents of Bramhall & Cheadle are, on average, the healthiest in Stockport.
- There is however still room for improvement, for example 3,600 females in the area are not up-to-date for cervical screening

4. Unhealthy Lifestyles

- **Smoking** remains a key driver **for poor health and reduced life expectancy** in Stockport. 1 in 4 smokers will die as a result of a smoking related disease and it is estimated that 535 people die each year in Stockport because they smoke.
- Local surveys show that Bramhall & Cheadle has the lowest rate of smoking at 10.7%. Rates vary with age however with 22% of the 18-24 age group currently smoking.
- Smoking cessation services currently reach **11% of Stockport's smokers** (around 5,000 people a year). Services are being effectively targeted at disadvantaged areas however smokers in deprived areas are least likely to successfully quit.
- **Alcohol** is emerging strongly as a health issue and also as a driver for health inequalities. 4.9% of people who drink in Bramhall & Cheadle, drink 'harmful' amounts over a week;

a rate lower than the Stockport average as the **consumption of both hazardous and harmful amounts of alcohol are linked to deprivation.**

- Alcohol use however is an issue which also affects affluent areas; the proportions drinking on at least 3 days a week, i.e. **drinking frequently, are highest in the more affluent areas.** 36% in Bramhall & Cheadle drink on at least 3 days a week compared to a Stockport average of 30%. 11% of people in Bramhall & Cheadle report that they drink alcohol every day.
- **35.6%** of Bramhall & Cheadle's adults drink more than twice their recommended daily limit on the day they drink most in a week, i.e. they **binge drink**, and **16.7%** drink more than **three times** their recommended daily limit on the day they drink most in a week.
- **61.2% of Bramhall & Cheadle's young adults (aged <25 years) binge drink, the highest rate of any locality,** suggesting that there may be a particular culture of alcohol use amongst students or young professionals in the area.
- **5% of premature deaths** in Stockport are linked to alcohol consumption and this is **likely to rise.**
- **Alcohol related admissions** are rising in Stockport. There is a link to **deprivation** as admission rates in the most deprived quintile are 3 times that of the least. A&E attendances relating to alcohol are also rising rapidly, having **increased 50%** in 5 years. If current trends continue by 2010/11 there will a further 60% increase.
- The current alcohol service provision has an annual **capacity of 3,000** with a 10 week wait for assessment and a 7 week wait for the support program.
- **Obesity and overweight** rates are rising nationally. Evidence suggests by 2050 as many as 50% of all adults could be obese.
- Local survey data suggests that Bramhall & Cheadle has the lowest levels of obesity in Stockport and are the most likely to eat 5 portions of fruit and vegetables a day, however rates of physical activity are lower than average.
- The PCT currently commissions a range of opportunities to manage weight and increase healthy eating and physical activity for high risk adults only. There are no universal services.

Insights – Unhealthy Lifestyles

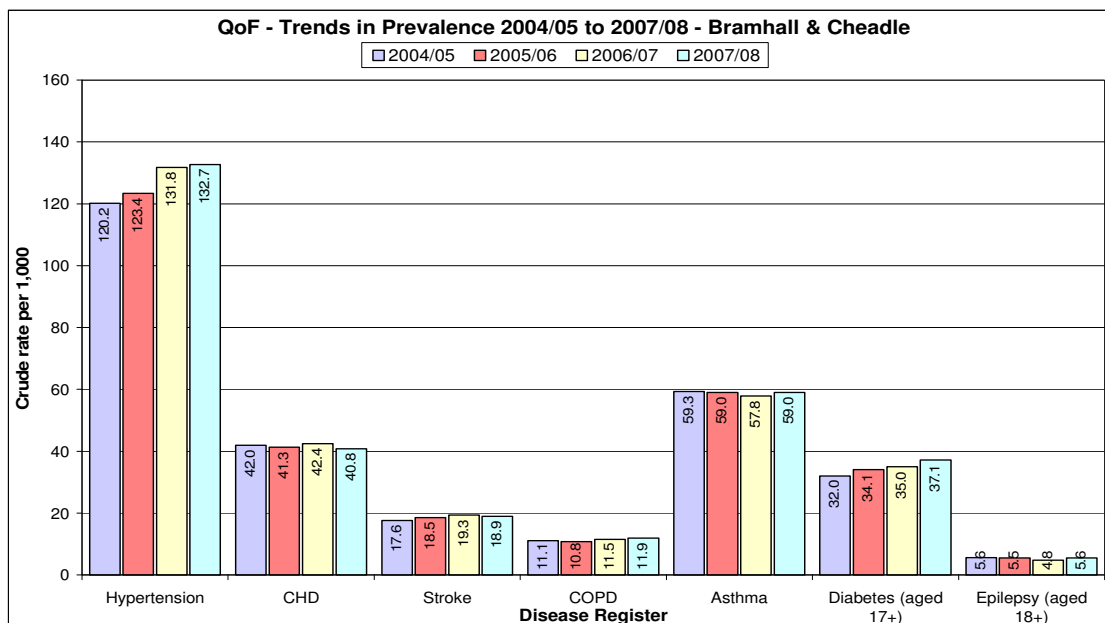
- **Lifestyle drives poor health and health inequalities.**
- Bramhall & Cheadle's population **generally make good lifestyle choices.**
- However there are issues for **young adults** who are the more likely to smoke than the older population and are the **most likely to binge drink of any group in Stockport.**
- **Alcohol is a growing threat to life expectancy and health inequalities.** Although less likely to drink harmful amounts the 25+ residents of Bramhall & Cheadle are the most frequent drinkers in Stockport and may be storing up problems for the future.
- The current alcohol service provision has an annual **capacity of 3,000** with a 10 week wait for assessment and a 7 week wait for the support program. If health needs are to be met further investment is required.
- **Low uptake of physical activity** is also a concern.

5. Aging Population

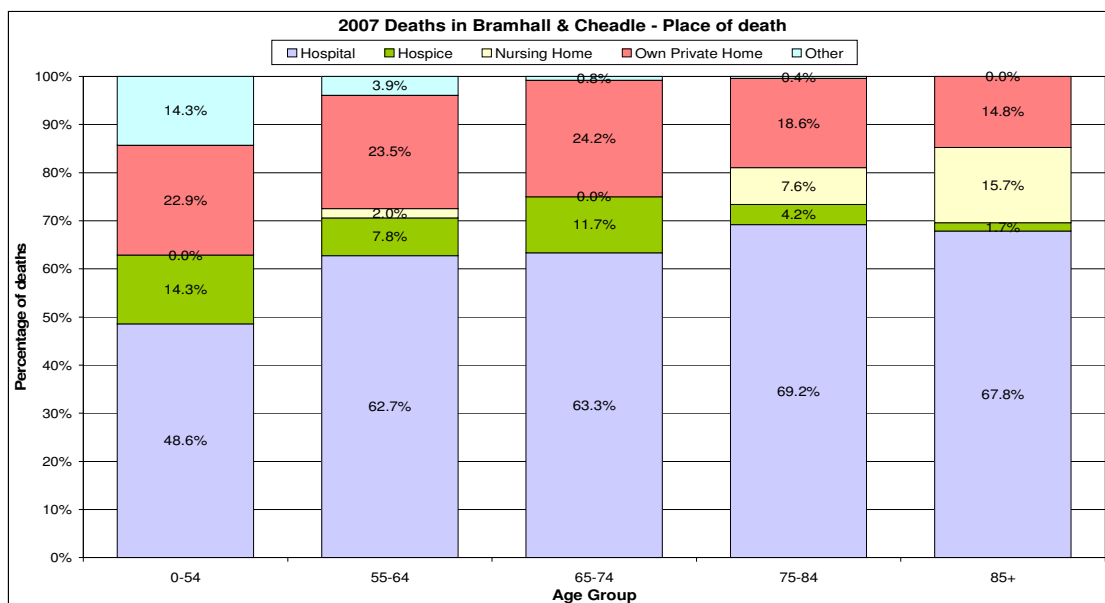
- Bramhall & Cheadle is the locality with the **most rapidly increasing older population.** Between 2001 and 2007, while the overall population size remained stable, the 65+ population grew by 7% and the 85+ population grew by 17%. Older people now make up 19% of Bramhall & Cheadle's population.
- The aging population is not simply a cohort effect of the larger post war generation surviving into old age; it is coupled **with increasing life expectancy at age 65.** In Bramhall & Cheadle, if a man reaches **65 he can expect to live for a further 18.5 years** and a **woman aged 65 can expect an additional 22.1 years**, compared to 16.9 and 21.0 years respectively 10 years ago. These are again the longest life expectancies in Stockport.
- Nationally increases in healthy life expectancy are not keeping pace with increases in life expectancy at age 65. In other words, although people are living longer they are also experiencing a longer period of ill-health at the end of life.
- Life expectancy at age 65 deteriorates quicker the **lower your social class is.** In the next 10 years the **oldest people will be more likely to come from the higher social classes** as the higher the social class, the longer people will live. This class bias will influence the overall pattern of consumption among the oldest people, who will tend to be among the better off and will tend to concentrate in Bramhall & Cheadle.
- The **population is expected to continue to age.** In the next five years it is estimated that across Stockport there will be an additional 2,700 people aged 65 and

over (700 aged over 85). Given past trends we can expect that around half of these additional people will reside in Bramhall & Cheadle.

- Older people have greater health needs and the **aging population will impact on service utilisation in the next 3-5 years**. Across Stockport older people represent 17% of the population and account for 32% of all inpatient admissions, 37% of all emergency admissions and 46% of all ambulatory care sensitive condition admissions. If nothing else changes they will equate to a further £2 million expenditure on 1,400 additional admissions (650 as emergencies) and 700 additional A&E attendances a year. The impact of increasing numbers of older people on community services will be 3,400 additional contacts with district nursing teams at an additional cost of £110,000.
- There are currently around 70 nursing and residential homes in Stockport (average 30 beds per establishment.) If the population changes as expected by 2011 Stockport will need 180 additional nursing or residential care beds for people aged over 85 (equivalent of 6 average sized homes). An additional 900 people will need help with domestic tasks and there will be 500 new referrals to social care.
- In the next 10 years, the first significant cohort of people from a **black or other minority ethnic (BME) background will reach retirement age**, again a particular issue for Bramhall & Cheadle. Local data collection systems are weak on collecting ethnicity but evidence from elsewhere suggests BME populations do not access traditional models of care for long term conditions.
- Over 25% of adults in Bramhall & Cheadle have at least one chronic condition relating to the heart, respiratory system or diabetes and 8.6% have at least two conditions, one of the heart and diabetes. **Rates of registrations for hypertension, COPD and diabetes have all risen over the last four year period**. These conditions mainly cluster in older age groups; so in the next 3-5 years we can expect prevalence of long-term conditions to continue to rise.



- As the population ages there will be additional impact on **carers**. The 2001 census identified 8,550 unpaid carers in Bramhall & Cheadle in 2001; 1,750 of whom were aged 65+. 30% of these older carers were providing more than 50 hours of care per week. **By 2011 there will be an additional 1,000 unpaid carers in Stockport, almost entirely in the 65+ age group.**
- According to national benchmarking 16.1% of deaths in Stockport in 2006 took place at home, the **13th lowest rate out of 164 PCTs**, below the England average of 19%. Rates in Bramhall & Cheadle are higher than the Stockport average, but are still below national levels. Local investigation suggests that there is a lack of suitable alternatives to hospital for place of death in Stockport.

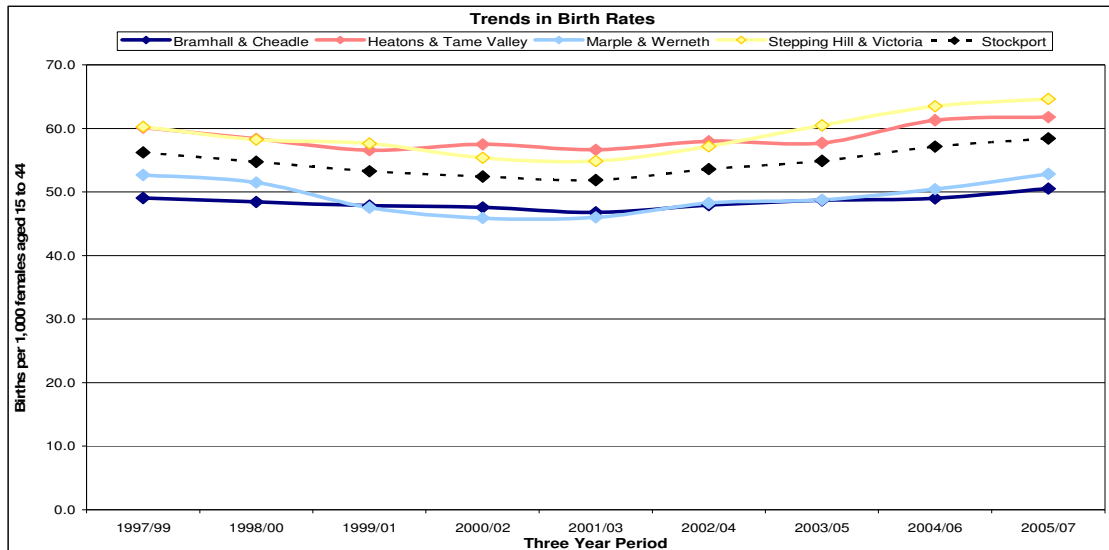


Insights – Aging population

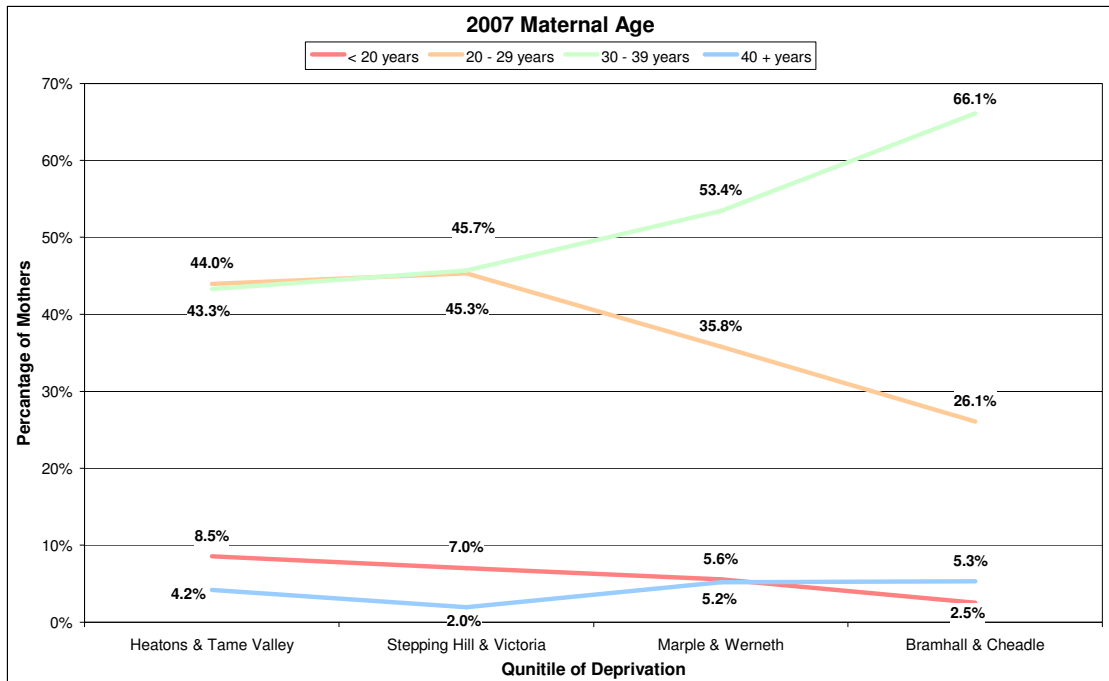
- Bramhall & Cheadle has the fastest aging population in Stockport.**
- The **aging population** alone will contribute to **increasing use of hospitalisation** and other care services if the current pathways remain unchanged.
- Prevalence of long terms conditions will increase** and will contribute to unhealthy life expectancy.
- There will be an **increased reliance on unpaid carers, who are also likely to be aging.**
- There is a **quality issue** around reasonable choice in **place of death** for Stockport residents

6. Birth Rates

- The number of babies being born in Bramhall & Cheadle **is rising**, following local and national trends, in 2007 there were 730 births in the locality. Birth rates in this area, however, are still the lowest across Stockport.



- Births to ethnic minority groups are greater** than the population share suggests – 13% of births in Bramhall & Cheadle are of non-white British ancestry compared to 7% of the population. It is possible that this is driving the increase in birth levels.
- Fertility rates in the most deprived areas are 30% higher** than the Stockport average and 65% higher than in the least deprived areas. This means that more children are born into areas of need.
- Couples in affluent areas are more likely to be childless or have or smaller families** whereas deprived areas are more likely to have families with children and larger numbers of children. In Bramhall & Cheadle we can expect the majority of families to be small in size.
- Mothers in deprived areas are younger than those in affluent areas.** 16% of births in the most deprived quintile are to mothers aged under 20 and 70% are to mothers aged under 30 years. In the least deprived quintile these figures are 2% and 23% respectively. In Bramhall & Cheadle only 28.6% of births are for those under 30 years, the vast **majority of new mothers in the locality (71.4%) are aged 30+**.
- Around **30 births a year are to mothers aged 40+** who may require additional care during their pregnancy.



- Teenage conception rates reflect this pattern so rates in Bramhall & Cheadle are low; 17.6 per 1,000 compared to a Stockport average of 37.1. In 2007 there were a total of 222 conceptions to girls under the age of 18 in Stockport; around 30 are likely to have been from Bramhall & Cheadle.
- **The most common reason for a child under 1 to be admitted to hospital is for a chest infection or gastroenteritis.** There is peak of children aged under 5 being admitted for an “ambulatory care sensitive condition” (i.e. avoidable admissions). Rates in the most vulnerable **deprived quintile are 75% higher than the least deprived quintile**, an additional 130 admissions a year above the Stockport average.

Insights – Births

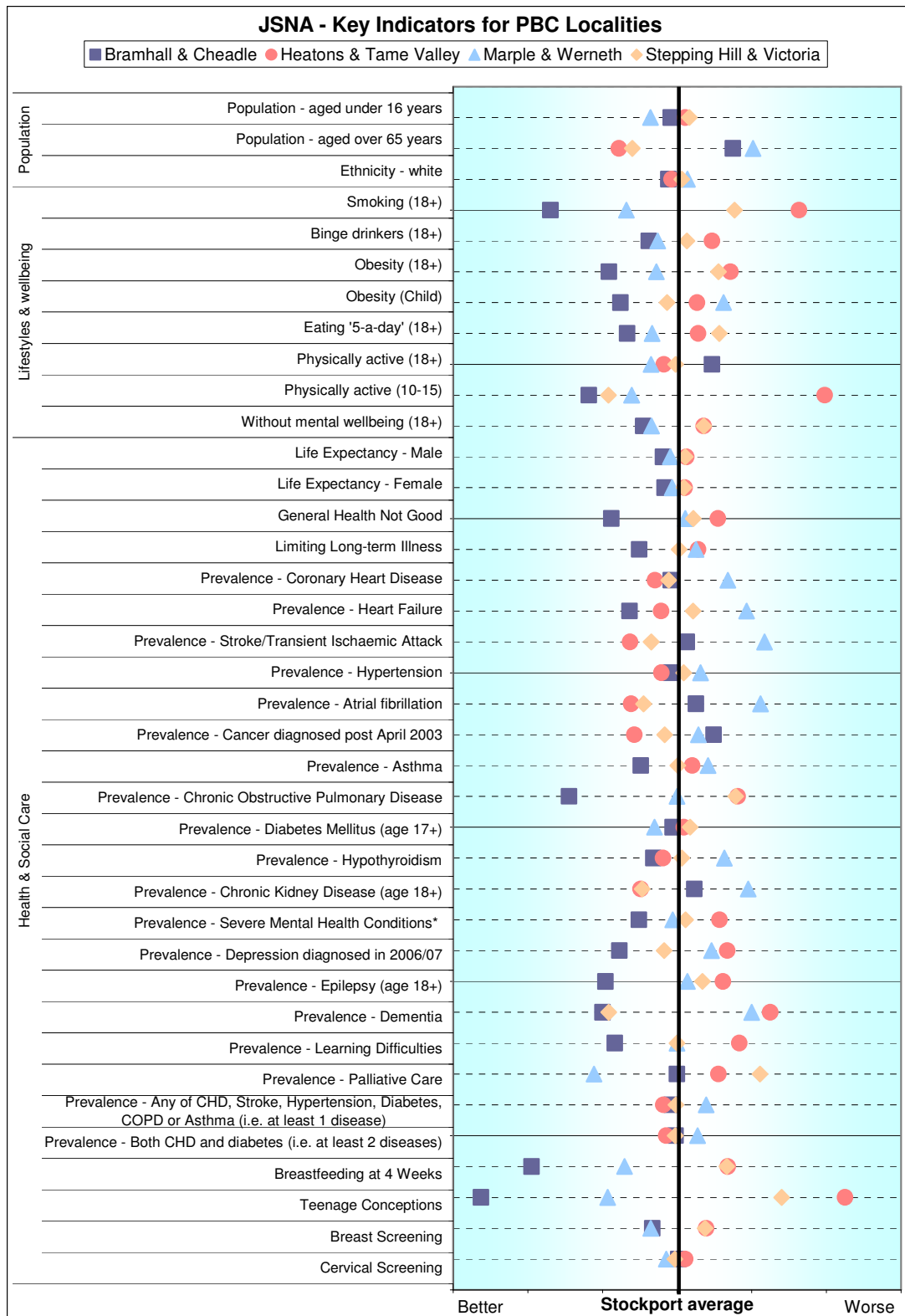
- The birth rate in Bramhall & Cheadle is rising, driven particularly by increasing numbers of births from BME ancestries. Commissioners should consider the specific needs of these mothers and families.
- Attention should also be given to the needs of older mothers in Bramhall & Cheadle, especially those in their 40’s.
- Vulnerable families remain a priority as these families tend to have more children and some parents rely on the hospital for the management of minor conditions, particularly in infants. Young mothers are especially vulnerable in an area where services are geared towards the needs of older mothers.

7. Mental Health and Wellbeing

- Data sources for mental wellbeing need further development and work is underway in 2009 to improve our knowledge about this important issue. Mental wellbeing is known to have an impact on disease prevalence and outcome and is strongly associated with disadvantage.
- Estimates suggest 20,300 adults in Bramhall & Cheadle have poor mental wellbeing and rates rise with increasing disadvantage. 47% of the population in the most deprived quintile have low mental wellbeing compared to 31% in the least deprived quintile. The locality therefore has lower rates of poor mental wellbeing than the Stockport average **32.0% compared to 35.2%**.
- Without changing anything, population structural change shows the number of adults in Stockport with low levels of mental wellbeing will increase by **1,500 over the next 5 years, 50% of whom will be people aged over 65**.
- In 2007/08, 6,000 patients at practices in Bramhall & Cheadle were on a primary care **register for depression**. Increasing prevalence again follows increasing deprivation. **Bramhall & Cheadle has a prevalence of 70.3 per 1,000**, lower than the Stockport average of 86.2.
- In 2007/08 £1.75 million was spent by the primary care sector on prescribing anti-depressants, the distribution of which does not show an increase for deprivation.
- National estimates of prevalence suggest that in Stockport there are 2,100 adults with undiagnosed dementia. Currently, Stockport GPs have 1,450 people on their **dementia registers, 370 of these patients** are at practices in Bramhall & Cheadle. Nationally Stockport ranks as a high performer in identifying patients with dementia but this will continue to be an issue as the population ages.
- In 2007/08 £500,000 was spent by the primary care sector on prescribing for dementia, again the distribution does not show an increase for deprivation.
- The programme budgeting data shows that Stockport spends **significantly less on mental health than other PCTs in our peer group**. A North West review on investment in mental health services (of 25 PCTs) showed Stockport has the **5th lowest spend per head for mental health services at £96 per head** (the average being £141).

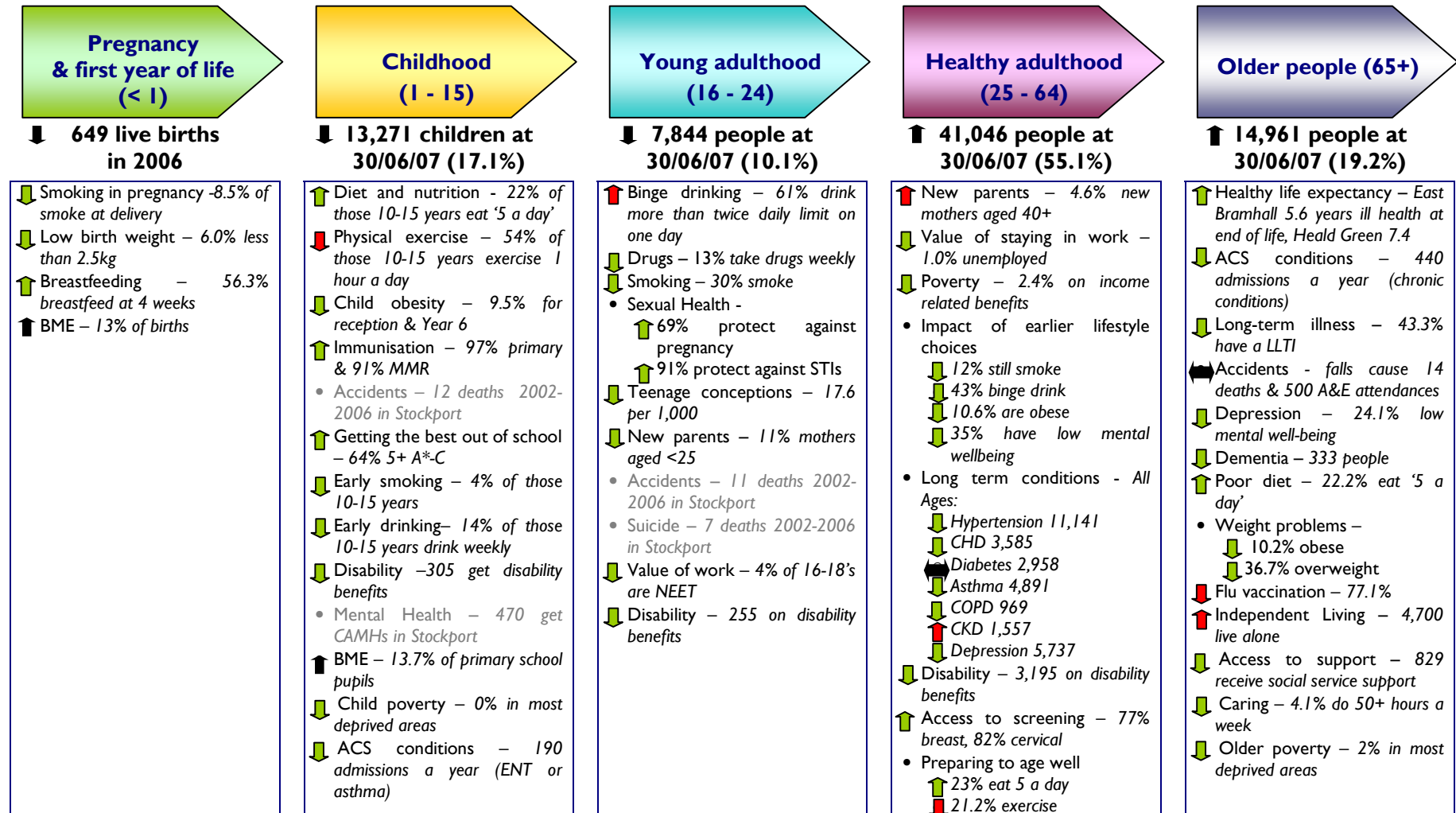
Insights – Mental wellbeing

- **Mental wellbeing is a significant issue, but one in which our understanding needs developing.**
- **Prescribing** for dementia and depression **does not follow need** in deprived areas.
- **Stockport invests comparatively little across the full range of mental health and well being services.**



Note: it is assumed that a higher prevalence is 'worse' in this instance.

CHALLENGES TO STAYING HEALTHY – JSNA FOR BRAMHALL & CHEADLE



TOTAL POPULATION = 77,753 (GP Registered at 30/06/07)

comparison to Stockport average: higher ↑ lower ↓ better ▨ worse ▩