



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport
Primary Care Trust



NHS

Stockport JSNA

joint strategic needs assessment

Setting the Local Context **Key themes for Heaton & Tame Valley**

January 2009



Setting the local context - Key themes from the JSNA for Heatons & Tame Valley

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.

Heatons & Tame Valley, situated in the north west of the borough along the Manchester and Tameside boundaries, is the most deprived of the four localities. It is an averagely sized locality, containing 71,600 residents, 24% of the total.

Tame Valley, to the north, includes the local areas which cluster along the River Tame, namely Brinnington, Reddish, Lancashire Hill, the town centre, Hillgate and parts of Heaton Norris. It is the most deprived area within Stockport. People in these areas experience some of the poorest health outcomes in the country and three of the four identified 'priority' areas for Stockport are located in this area.

Heatons, to the west, conversely is amongst the more affluent areas in Stockport, typified by large detached and semi detached family homes. The area contains the local areas of Heaton Chapel, Heaton Mersey, Heaton Moor and the least deprived parts of Heaton Norris.

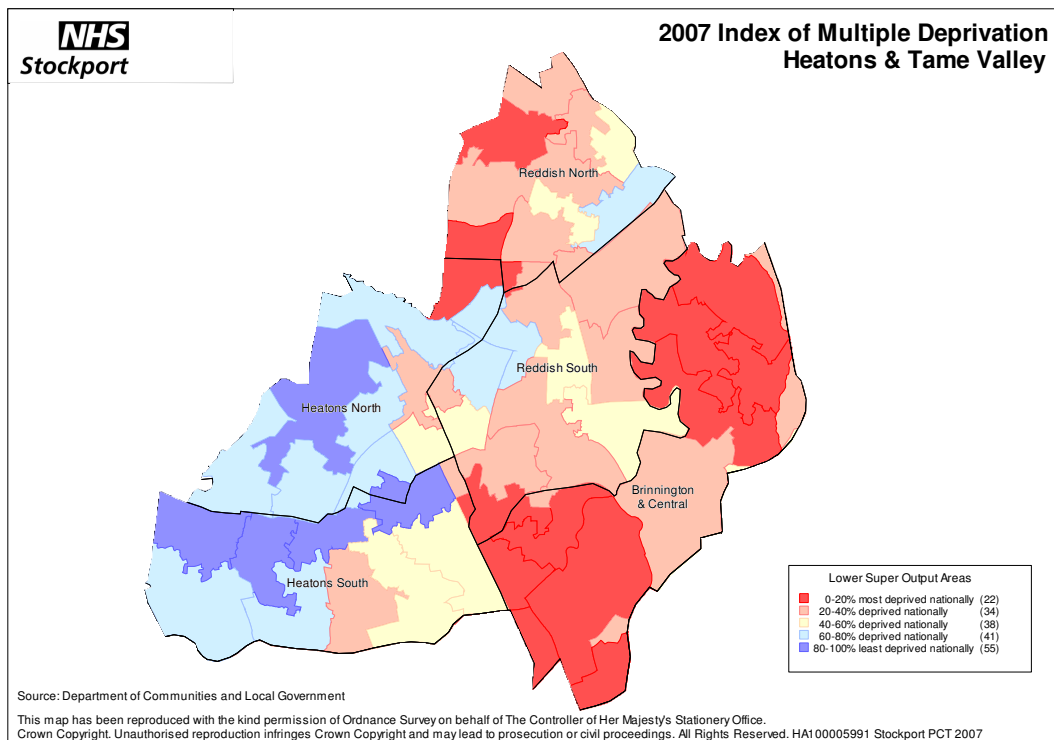
Of the sixteen practices in the locality, eleven are defined as being deprived; half of Stockport's deprived practices are located in this locality.

1. Key issues

- **Health Inequalities:** Heatons & Tame Valley residents experience the greatest health inequalities in Stockport. The deprived areas of this locality are the priority for action. People in the deprived areas of Heatons & Tame Valley have the lowest life expectancy and the poorest levels of health.
- **Heart disease:** People in the deprived parts of Heatons & Tame Valley bare the majority of the burden of premature deaths from heart disease for Stockport as a whole. These patients are potentially the ones where we can make the most rapid impact.
- **Unhealthy lifestyles:** Lifestyle drive poor health and health inequalities, 40% of the internal gap in life expectancy can be linked to these causes. The deprived population of Heatons & Tame Valley make the poorest lifestyle choices in Stockport, in the most deprived areas more than half of adults smoke.
- **Increasing births:** the birth rate in Heatons & Tame Valley is higher than the Stockport average and is rising. Vulnerable families remain a priority as these people tend to have children at a younger age, have more children, and some parents rely on the hospital for the management of minor conditions, particularly in infants. Teenage conceptions are particularly high in Brinnington and services need to work with these young women.

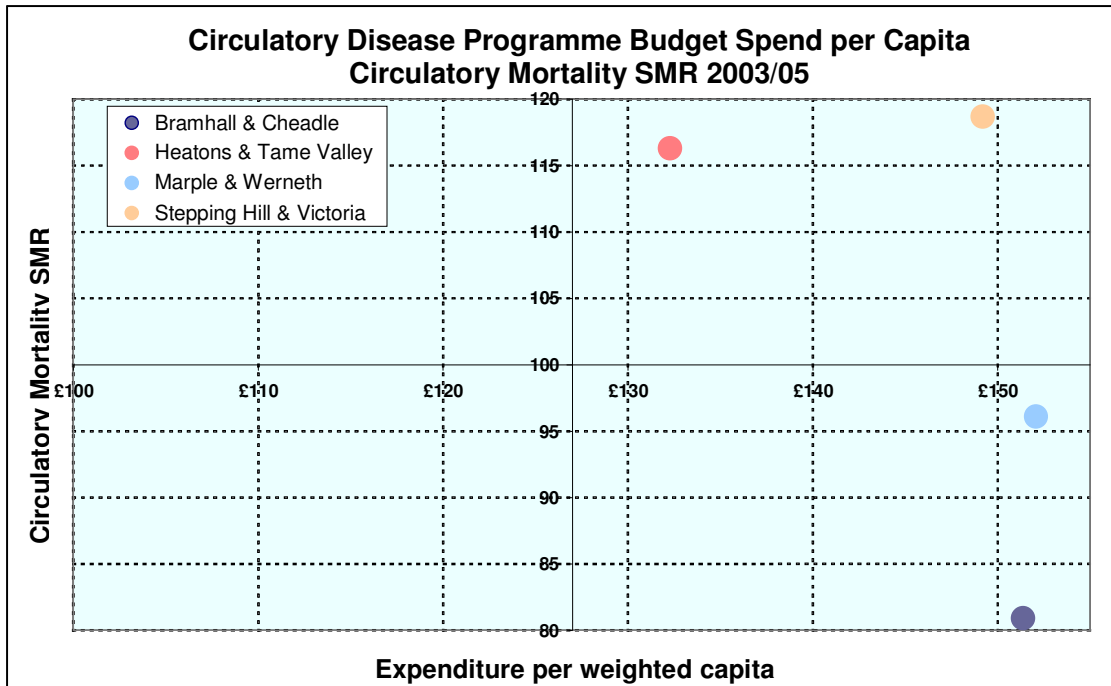
2. Health Inequalities

- Figures for 2005/2007 show that the life expectancy of men and women in Heaton & Tame Valley are currently 77 and 80 years respectively. These are lower than both the Stockport and UK averages.
- Within the locality, the Heaton wards have life expectancies that are at or above the Stockport average while the Tame Valley wards have life expectancies that are lower.
- **Life expectancy is lowest in Brinnington & Central ward, at 70 and 76 years respectively, a gap of 12 years to the highest levels in Stockport and more than 2 years to the ward with the next lowest levels.**
- This ward hosts the most significant health inequalities in Stockport; differences which are driven by unhealthy lifestyles.
- Within Brinnington & Central there are 3 priority areas, Brinnington Estate to the north of the ward, Heaton Norris & Lancashire Hill to the west and the town centre and Hillgate area to the south. Each area has a concentration of high rise social housing.

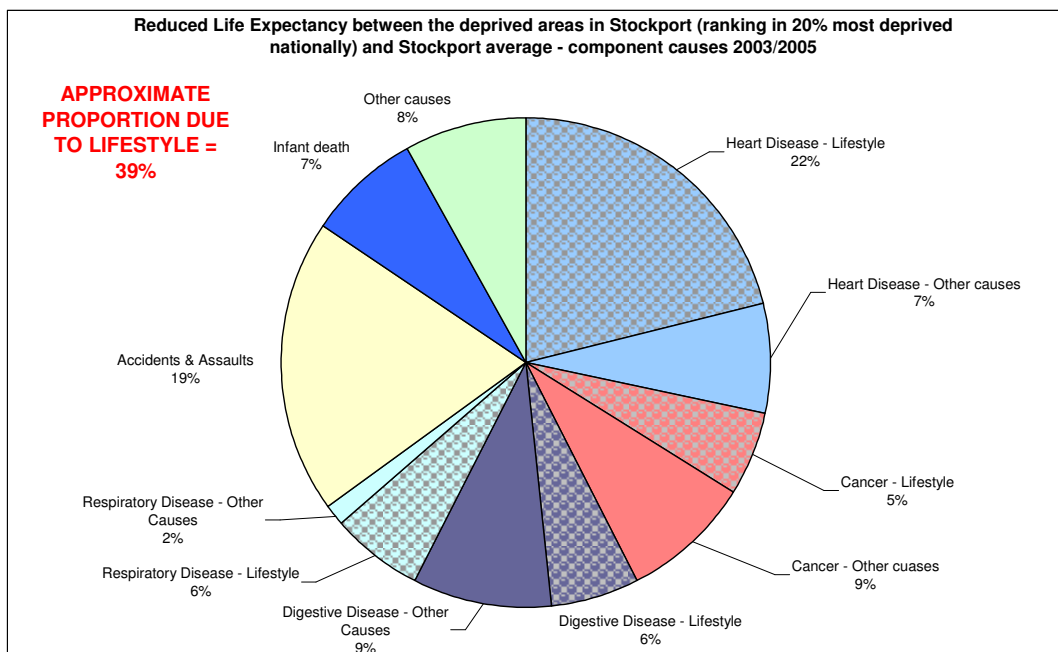


- Reddish, although less deprived than Brinnington, also has some significant health problems. Life expectancy in these two wards is lower than the Stockport average. Of particular concern are an area to the north of Longford Road West and an area around Marbury Road on the Heaton border.

- It is also worth noting that there are two pockets of less severe deprivation in the more affluent locality of the Heatons, to the south around Langham Road, and also along the A6 at School Lane.
- **Interventions are reducing mortality** and increasing life expectancy in all areas, but **are doing so differentially so that inequalities in health are widening**. Trends show that in the last 10 years the gap between the most and least deprived in Stockport has widened by an additional year for both men and women, increasing the inequity experienced by residents of Heatons & Tame Valley.
- The big killers in Heatons & Tame Valley are circulatory diseases and cancer, which between them cause 64% of all deaths in the locality and 68% of all premature deaths (those aged under 75 years). In total 230 people in Heatons & Tame Valley die a year because of heart disease and 185 because of cancer.
- The under 75 year mortality rate for cancer is now 30% higher than that for heart disease. 90 people a year in Heatons & Tame Valley die of cancer before they reach their 75 birthday, 38% of all early deaths, compared to 75 people from circulatory disease.
- This ratio is lower than in other areas of Stockport where cancers now account for 50% of early deaths. In other areas the mortality rates from heart disease have fallen more rapidly than they have in this locality. Across Stockport the **burden of premature deaths (under 75 years) for heart disease in Stockport is now borne almost exclusively by people living in the most deprived quintile**, the half of whom live in the deprived parts of Heatons & Tame Valley.
- Projections suggest that, by 2008, the mortality rate from circulatory disease in deprived areas will reduce by 40%, but will reduce by 53% in the non-deprived areas. In other words, although mortality rates in Brinnington & Central will continue to improve, they will also continue to further lag behind the average and the **inequalities in health will continue to increase**.
- The Health Equity Audit for Cancer 2007 showed that in Stockport there is a **positive association between affluence and cancer survival, particularly in the first year**. People in the most deprived areas are **30% more likely die** within a year of diagnosis than those in the most affluent areas.
- 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 Heatons & Tame Valley receiving the least spend.



- The big killers driving the health inequalities gap in Stockport are circulatory diseases and cancers, along with digestive disorders and respiratory diseases. These conditions are driven by lifestyle choices in smoking, alcohol consumption and obesity; Estimates show around **40% of the inequalities gap can be attributed to lifestyles.**



- **Different groups** of the population may require more support to help them **access the full range of treatment and prevention services** as there is a clear association between **deprivation and patterns of hospital utilisation**.
- Around 19,500 inpatient admissions are made by Heatons & Tame Valley residents each year.
- 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**.
- However **increasing deprivation is associated with reduced rates in accessing planned care** especially for referral **out patient** and **prevention services**.
- Heatons & Tame Valley, as the most deprived locality, therefore has one of the highest overall admission rate for inpatient stays, but has moderate levels of average length of stay and the median levels of admission rate for ACS (Ambulatory Care Sensitive) conditions, possibly reflecting a lack of uptake of planned care. The proportion of inpatient stays arising from emergency admissions is greatest in this locality.
- **If all Heatons & Tame Valley** experienced the same admission rates as Bramhall & Cheadle around **1,000 admissions** could be saved each year, 5% of the current total.

Insights – Health Inequalities

- **Heatons & Tame Valley residents experience the greatest health inequalities in Stockport.** The deprived areas of this locality are the priority for action.
- The deprived areas of Heatons & Tame Valley bare the majority of the **burden of premature deaths from heart disease** for Stockport as a whole. These patients are potentially the ones where we can make the most rapid impact.
- For the two big killers in Heatons & Tame Valley poor **lifestyles are a major underlying contributor**.
- Resource allocation in **heart disease does not reflect need** and it is possible that this pattern is mirrored for all conditions. This increases the disadvantage experienced by the most vulnerable.
- Current pathways appear to produce **different survival rates** in cancer for deprived and non-deprived communities.
- Current pathways to secondary care are not efficient for deprived communities.
- Commissioners need to ensure that health services are designed to be accessible to and meet the needs of the most vulnerable people.

3. Healthy Life Expectancy

- Residents of Heatons & Tame Valley on average spend the longest amount of time in ill health at the end of their lives; an average of 8.4 years compared to the Stockport average of 7.6 years.
- Inequalities in **healthy life expectancy** are marked, with Brinnington residents experiencing **12 years of ill-health before death** compared to 5.6 years by residents in Bramhall and 6.2 years by resident in Heaton Moor, the most affluent area within the locality.
- 20% of people in Heatons & Tame Valley die before they reach their 65th birthday, around 140 people a year. Initiatives to improve health, reduce inequalities and maintain independence will need to start in the working age population in the most deprived communities as **30% of people in these areas will die before they reach their 65th birthday**
- The 2001 Census shows rates of **self reported poor health** and limiting long-term illnesses are highest in Heatons & Tame Valley.
- There is a clear association between **uptake and deprivation** in the cancer screening programmes. Heatons & Tame Valley on average just miss achieving national targets for these programmes and have the lowest uptake rates in Stockport, however this masks significant differences with the deprived practices in the locality achieving rates that are significantly below the average.
- The range between the lowest uptake and highest for practices in the locality is 16% for breast screening and 13% for cervical screening. 3,900 eligible women have not had a cervical screening in the last 5 years and 2,400 eligible women have not had a breast screening in the last 3 years.

Insights – Healthy Life Expectancy

- Residents of Heatons & Tame Valley, on average, have the poorest health in Stockport. The most deprived areas of the locality suffer significantly worse health than their neighbours.
- Poor health affects **disadvantaged individuals more**.
- Individuals from disadvantaged communities are **less likely** to take up the offer of prevention services.

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 Heatons & Tame Valley has the highest rate of smoking at 21.5%, however rates in Brinnington and Heaton Norris / Lancashire Hill are much higher than this average at around 50%.
- Smoking is correlated with heart disease in Stockport, but the relationship is strongest in practices serving deprived populations i.e. **smokers in deprived areas are more likely to suffer poor health** from their habit than smokers in affluent areas.
- Smoking cessation services currently reach **11% of 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. The proportion people who quit in the most deprived quintile is 31.5%, but the average of all the other quintiles is 40% quitting, and in the most affluent quintile 47% quit.
- **Alcohol** is emerging strongly as a health issue and also as a driver for health inequalities. 6.2% of people who drink in Heatons & Tame Valley, drink 'harmful' amounts over a week; the highest rate in Stockport as the **consumption of both hazardous and harmful amounts of alcohol are linked to deprivation**.
- **42%** of Heatons & Tame Valley'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 **24%** drink more than **three times** their recommended daily limit on the day they drink most in a week
- **54% of Heatons & Tame Valley's young adults (aged <25 years) binge drink, the lowest rate of any locality**, but still very high.
- **5% of premature deaths** in Stockport are linked to alcohol consumption and this is **set 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 Heatons & Tame Valley has the highest levels of obesity in Stockport and are less likely to eat 5 portions of fruit and vegetables a day than average, however rates of physical activity are better 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.

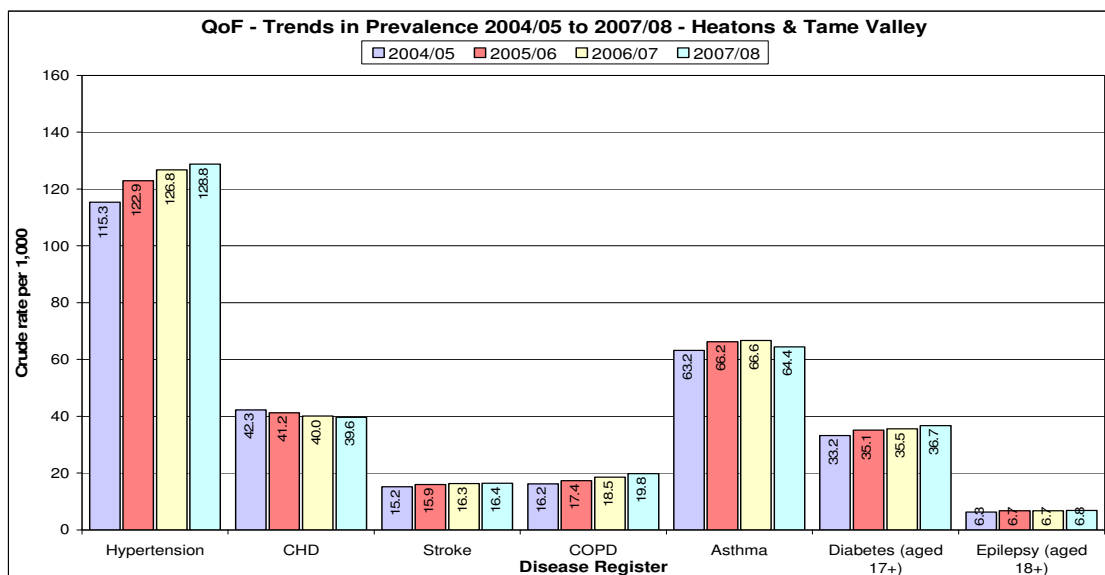
Insights – Unhealthy Lifestyles

- **Lifestyle drives poor health and health inequalities.**
- **The population of Heatons & Tame Valley make the poorest lifestyle choices in Stockport**, in the most deprived areas more than **half of adults smoke**.
- The current **provision of services** to support lifestyle changes is **inadequate for need** and do not cater for the different approaches needed by the most vulnerable communities.
- **Alcohol is a growing threat to life expectancy and health inequalities**, the consequences for deprived populations are already being seen in marked increases in A&E attendances and inpatient admissions as a result of alcohol misuse.

5. Aging Population

- Heatons & Tame Valley is the locality with where the effect of the ageing population is at its least. Between 2001 and 2007, while the overall population size remained stable, the 65+ population actually decreased by 4% and the 85+ population only grew by 2%, this compared to rates of 7% and 17% respectively in Bramhall & Cheadle. Older people account for only 14% of Heatons & Tame Valley's population, the lowest proportion of any locality. The **more affluent populations of the locality are aging** however, between 2001 and 2007 the 85+ population of Heatons South grew by 3% and of Heatons North by 7%.
- 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 Heatons & Tame Valley, if a man reaches **65 he can expect to live for a further 16.1 years** and a **woman aged 65 can expect an additional 19.6 years**, compared to 14.5 and 18.1 years respectively 10 years ago. Although they are improving, these are again the shortest 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**, this trend is likely to affect the more deprived areas disproportionately more.
- 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, however in Heatons & Tame Valley there will also be a deprived population of older people.

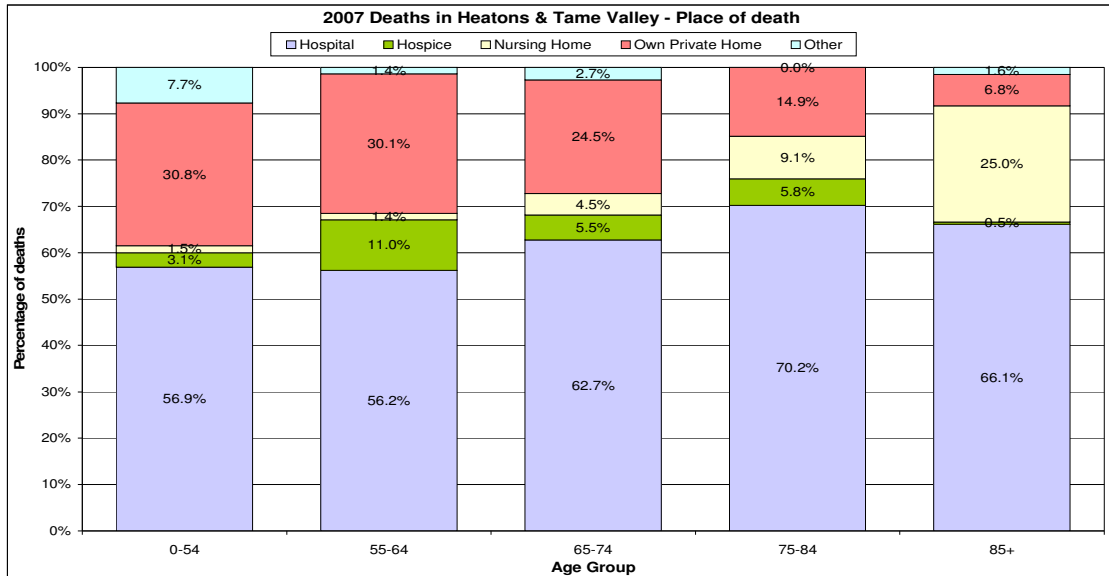
- The **population is expected to continue to age**. In the next five years it is estimated that across Stockport there will be an additional 2,700 people aged 65 and over (700 aged over 85). Given past trends we can expect that few of these will reside in Tame Valley, however the **Heatons portions of the locality will see this trend**.
- 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.
- Over 25% of adults in Heatons & Tame Valley have at least one chronic condition relating to the heart, respiratory system or diabetes and 8% 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**. They mainly cluster in older age groups and so in the next 3-5 years we can expect prevalence to continue to rise.



- As the population ages there will be additional impact on **carers**. The 2001 census identified 6,750 unpaid carers in Heatons & Tame Valley in 2001; 1,150 of whom were aged 65+. 40% 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 Heaton & Tame Valley are lower than the Stockport average, and are well below national levels. Local investigation suggests that there is a lack of suitable alternatives to hospital for place of death in Stockport.

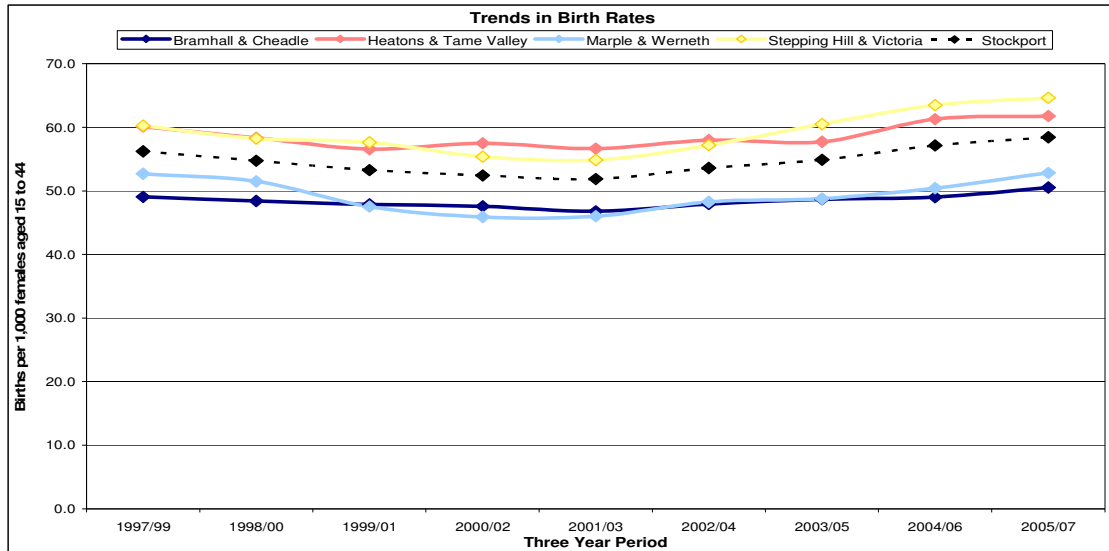


Insights – Aging population

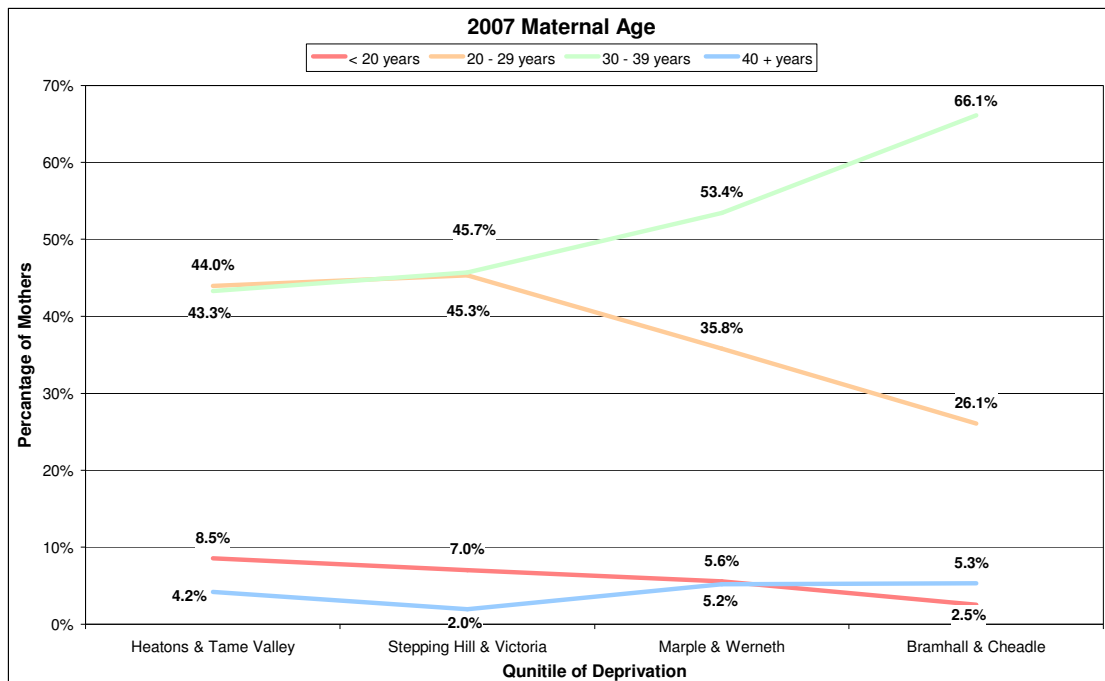
- Heaton & Tame Valley is the locality least effected by the aging population, however the more affluent areas of the locality will see this trend.
- The deprived parts of the locality are likely to contain the most vulnerable older people, although the numbers are not likely to increase.
- The **aging population** alone will contribute to **increasing use of hospitalisation** if the current pathways remain unchanged.
- **Prevalence** of long terms conditions will **increase** and will contribute to unhealthy life expectancy.
- 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 Heatons & Tame Valley is **rising**, following local and national trends, in 2007 there were 900 births in the locality. Birth rates in this area are high compared to the Stockport average.



- Births to ethnic minority groups are greater** than the population share suggests – 11% of births in Heatons & Tame Valley are of non-white British ancestry compared to 6% 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.**
- 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 Heatons & Tame Valley 52.5% of births are for those under 30 years, and 8.5% are to mothers under 20 years.
- Teenage conception** rates reflect this pattern so rates in **Heatons & Tame Valley** are high; 53.8 per 1,000 compared to a Stockport average of 37.1. **Rates in Brinnington ward are 3 times greater than the Stockport average.** In 2007 there were a total of 222 conceptions to girls under the age of 18 in Stockport; around 80 are likely to have been from Heatons & Tame Valley.



- **35 births a year are to mothers aged 40+** who may require additional care during their pregnancy.
- **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 Heatons & Tame Valley is higher than the Stockport average and is rising, driven particularly by increasing numbers of births from BME ancestries. Commissioners should consider the specific needs of these mothers and families.
- 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.
- Teenage conceptions are particularly high in Brinnington and services need to work with these young women.

7. Mental Health and Wellbeing

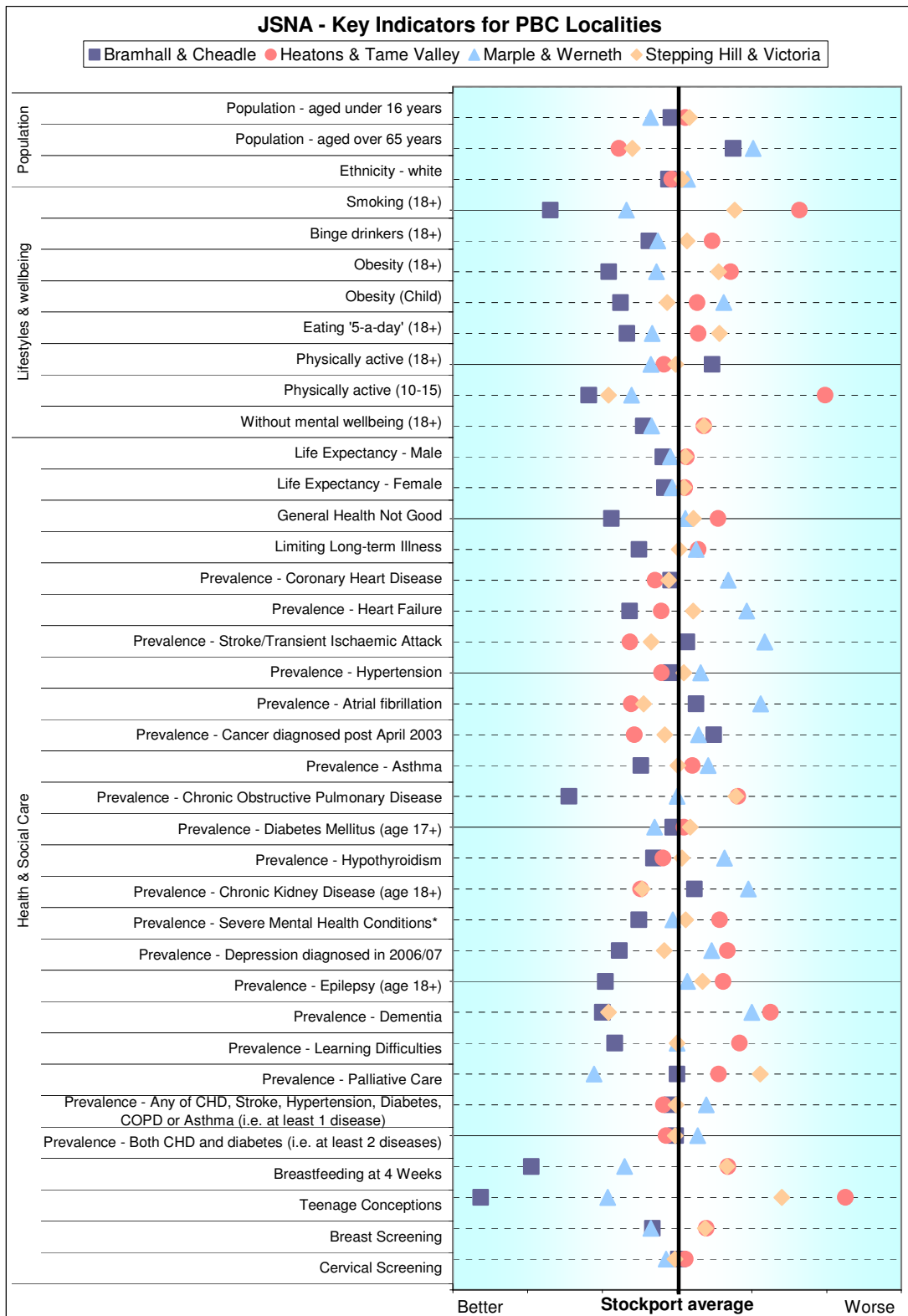
- Data sources for mental wellbeing need further development and work is underway in 2009 to improve our knowledge about this important issue. Mental wellbeing is known

to have an impact on disease prevalence and outcome and is strongly associated with disadvantage.

- Estimates suggest 21,500 adults in Heatons & Tame Valley 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 higher rates of poor mental wellbeing than the Stockport average **37.7% 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, 7,800 patients at practices in Heatons & Tame Valley were on a primary care **register for depression**. Increasing prevalence again follows increasing deprivation. **Heatons & Tame Valley has a prevalence of 98.1 per 1,000**, far higher than the Stockport average.
- 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. **Heatons & Tame Valley has the highest prevalence for depression and the lowest spend on prescribing**.
- 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, 470 of these patients** are at practices in Heatons & Tame Valley. 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).

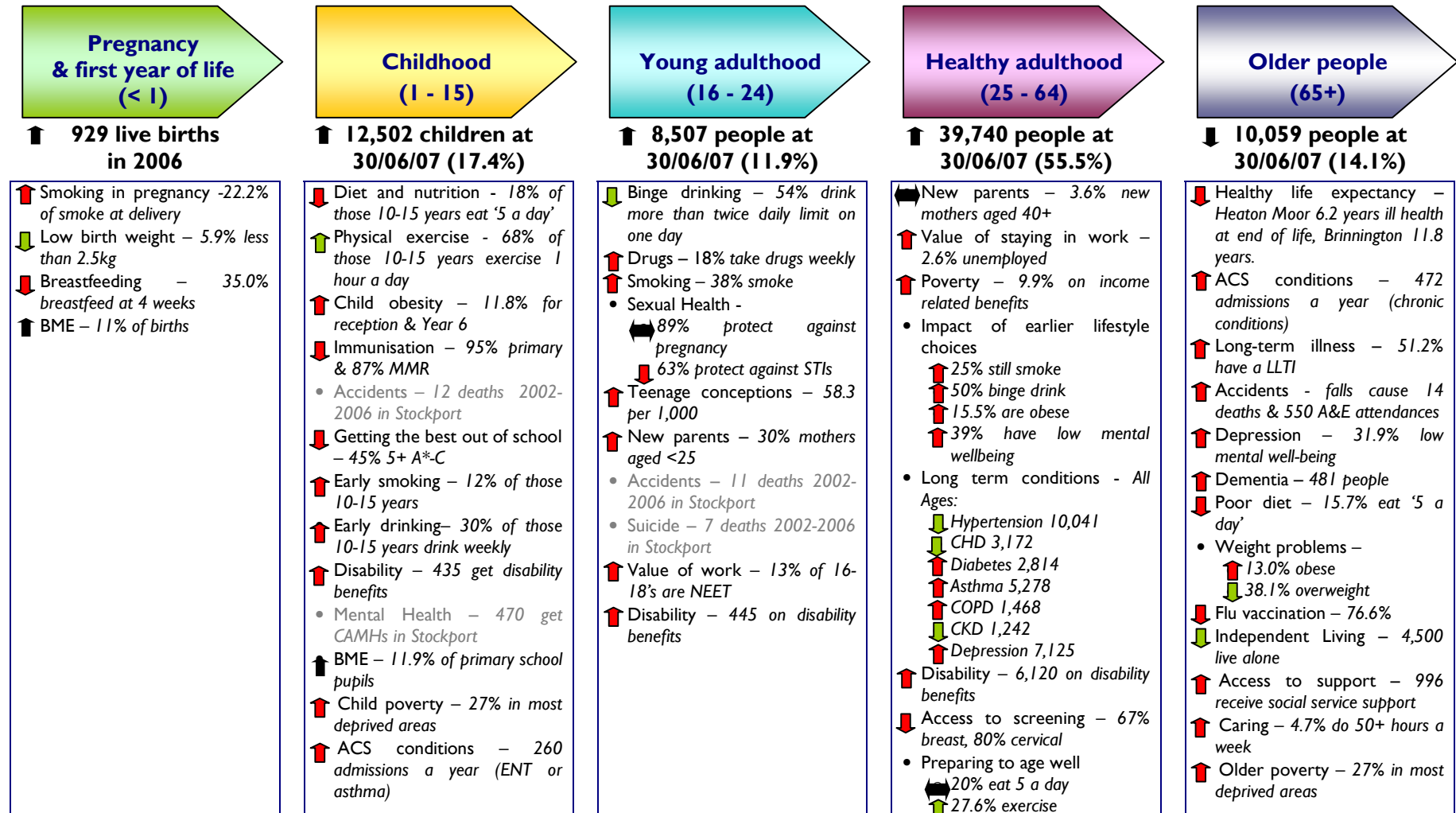
Insights – Mental wellbeing

- **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 HEATONS AND TAME VALLEY



TOTAL POPULATION = 71,619 (GP Registered at 30/06/07)

comparison to Stockport average: higher ↑ lower ↓ better ▬ worse ▬