



STOCKPORT
METROPOLITAN BOROUGH COUNCIL



Stockport
Primary Care Trust



NHS

Stockport JSNA

joint strategic needs assessment

Setting the Local Context **Key themes for Marple & Werneth**

January 2009



Setting the local context - Key themes from the JSNA for Marple & Werneth

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.

Marple & Werneth, situated in the north east of the borough along the High Peak and Tameside boundaries, is the second most affluent of the four localities and the most rural locality. It is also the smallest of the four localities, containing 54,000 residents, just 18% of the total.

Marple, to the east, includes the local areas which cluster along the River Goyt, namely Marple, Marple Bridge and Compstall as well as High Lane to the south. The area is the second most affluent in the borough, following Bramhall.

Werneth, to the north, is relatively more deprived (3rd most deprived in Stockport) and is also less rural. The area comprises of the local areas of Bredbury, Woodley and Romiley.

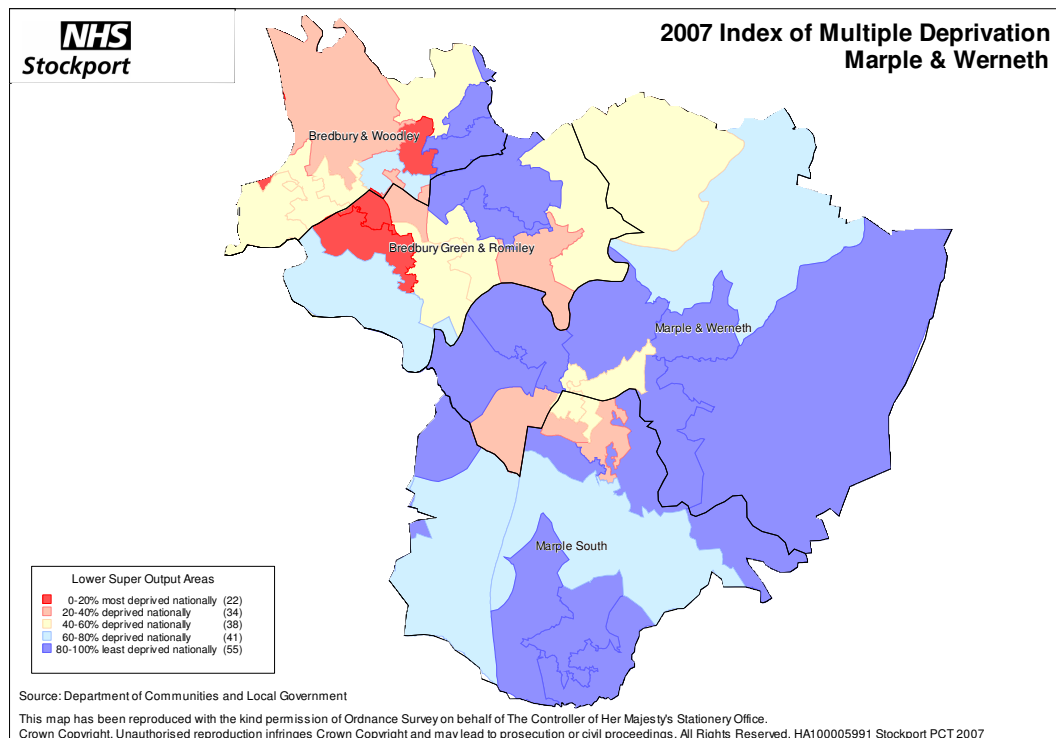
Of the twelve practices in the locality, three are defined as being deprived; all located in the Bredbury area.

1. Key issues

- **Health Inequalities:** Although Marple & Werneth is relatively affluent commissioners need to address the problems of deprivation and poor health in the areas of Lower Bredbury, Woodley centre, Cherry Tree Estate in Romiley and parts of Marple around Cross Lane.
- **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. Marple & Werneth is 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 second 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.
- **Long term conditions:** Marple & Werneth has the highest rate of long-term conditions within its population of any locality, probably due to the older age profile. These conditions are likely to become more prevalent as the population continues to age and will contribute to unhealthy life expectancy.

2. Health Inequalities

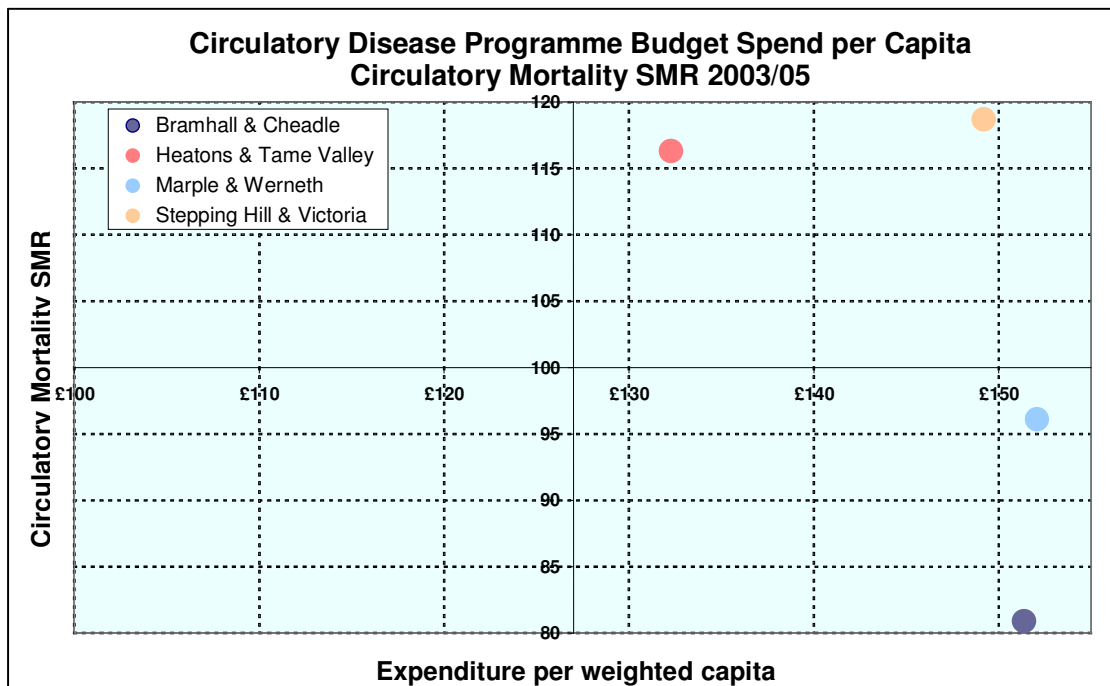
- Figures for 2005/2007 show that the life expectancy of men and women in Marple & Werneth are currently 79 and 82 years respectively. These are higher than both the Stockport and UK averages.
- Within the locality, each ward also has a life expectancy that is either around or longer than the Stockport average.
- The ward of Bredbury & Woodley has the lowest life expectancy at 77 and 81 years respectively.
- 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 four areas of particular concern, Lower Bredbury, Woodley centre, Cherry Tree Estate in Romiley and parts of Marple around Cross Lane.



- 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 72% of all premature deaths (those aged under 75 years). In total 215 people in Marple & Werneth die a year because of heart disease and 150 because of cancer.
- The under 75 year mortality rate for cancer is now 60% higher than that for heart disease. 70 people a year in Marple & Werneth die of cancer before they reach their 75

birthday, 40% of all early deaths, compared to 54 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 Marple & Werneth receiving an average 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.



- **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 14,500 inpatient admissions are made by Marple & Werneth 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**.
- Marple & Werneth, as an average locality, therefore has the rates of inpatient stays, length of stay and the ACS (Ambulatory Care Sensitive) admissions that approach the Stockport average. However it is likely that within the locality rates will vary
- **Increasing deprivation is associated with reduced rates in accessing planned care** especially for referral **out patient** and **prevention services**.

Insights – Health Inequalities

- Marple & Werneth, although affluent, has a number of deprived areas, in particular the lower Bredbury area.
- 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 almost three-quarters of early deaths.
- Cancer is the major cause of premature death, causing the death of 40% of those who die before their 75th birthday.
- As a whole Marple & Werneth 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 in the same way as others.

3. Healthy Life Expectancy

- Residents of Marple & Werneth on average spend 7.5 years in ill health at the end of their lives; compared to the Stockport average of 7.6 years.
- Within the locality rates vary from the lowest level of 6.4 years in Marple to 8.3 years in Bredbury.
- 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 just higher than average in Marple & Werneth, due to the significant older population. Those of working age have rates of illness that are lower than average, however those aged 65+ have rates of poor health that are higher. Marple & Werneth has a particularly high concentration of population age 65 years and older, 20% of all residents, which affects the overall levels of ill health.
- There is a clear association between **uptake and deprivation** in the cancer screening programmes. Marple & Werneth achieve national targets for these programmes and have higher than average uptake rates in Stockport, despite this however 2,200 eligible

women have not had a cervical screening in the last 5 years and 1,800 eligible women have not had a breast screening in the last 3 years.

Insights – Healthy Life Expectancy

- Residents of Marple & Werneth are on average healthy.
- Commissioners should be aware of the **significant older population** within Marple & Werneth. The health and care needs of this group are likely to be considerable.

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 Marple & Werneth has a lower than average rate of smoking at 14%. Rates vary with age however with 24% 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 Marple & Werneth, 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**; 33% in Marple & Werneth compared to as Stockport average of 30%. 10% of people in Marple & Werneth report that they drink alcohol every day.
- **36.5%** of Marple & Werneth'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 **17.3%** drink more than **three times** their recommended daily limit on the day they drink most in a week. **55% of Marple & Werneth's young adults (aged <25 years) binge drink**.
- **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 Marple & Werneth has lower than average levels of obesity in Stockport and higher than average consumption of 5 portions of fruit and vegetables a day, rates of physical activity are the highest in this locality.
- 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

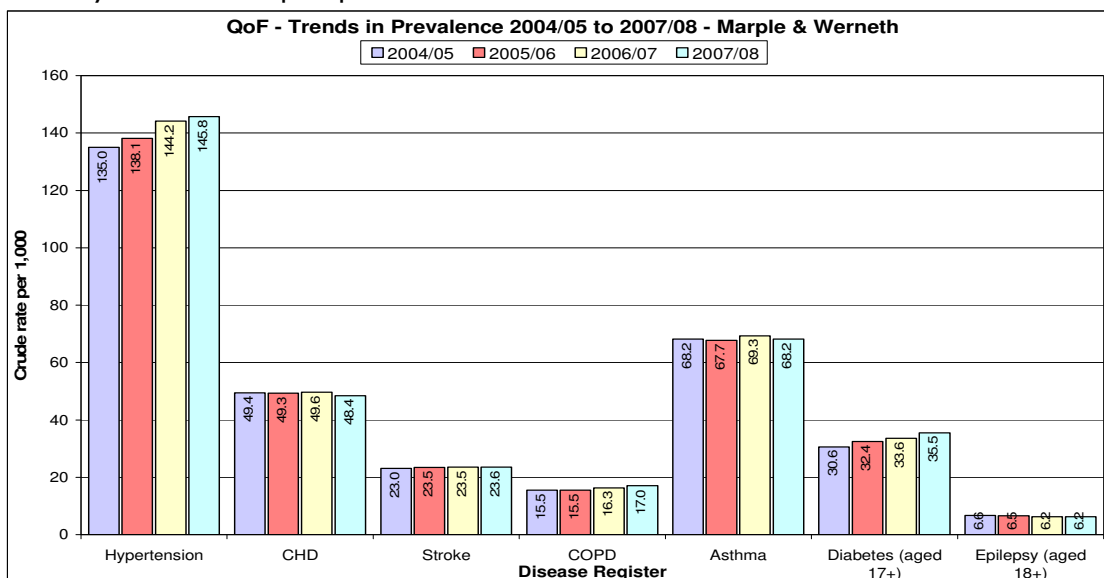
- **Lifestyle drives poor health and health inequalities.**
- Marple & Werneth's population **generally make good lifestyle choices.**
- However there are issues for **young adults** who are the more likely to smoke and binge drink than the older population.
- **Alcohol is a growing threat to life expectancy and health inequalities.** Although less likely than other areas to drink harmful amounts, the 25+ residents of Marple & Werneth are frequent drinkers and may be storing up problems for the future.

5. Aging Population

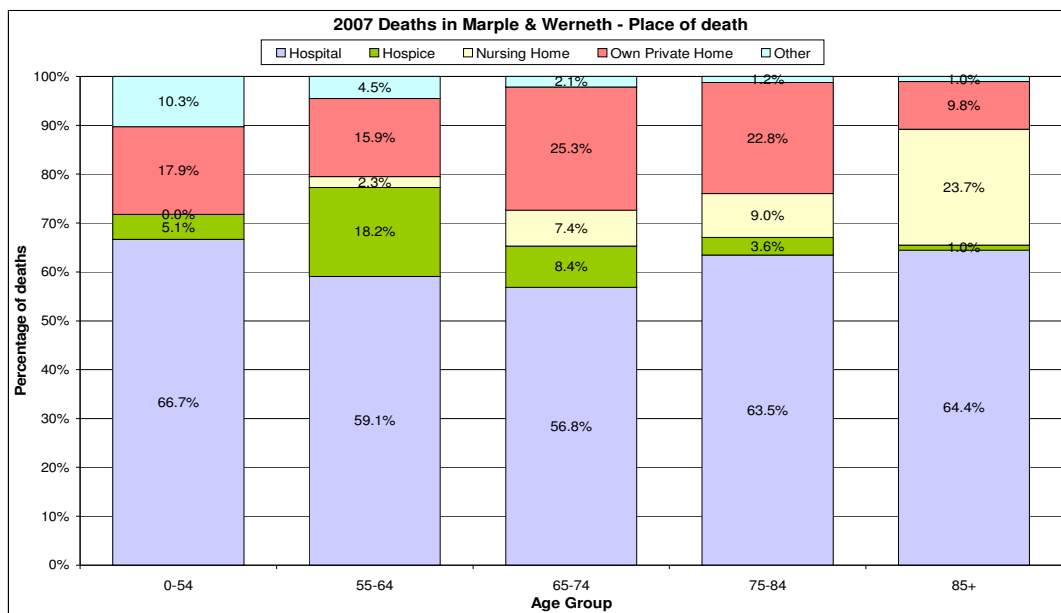
- Marple & Werneth is the locality with the **second most rapidly increasing older population and the largest proportion of older people.** Between 2001 and 2007, while the overall population size remained stable, the 65+ population grew by 9% and the 85+ population grew by 14%. Older people now make up 20% of the 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 Marple & Werneth, if a man reaches **65 he can expect to live for a further 17.7 years** and a **woman aged 65 can expect an additional 20.4 years**, compared to 15.8 and 19.1 years respectively 10 years ago. These are again the second 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 Marple & Werneth.

- 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 Marple & Werneth.
- 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 28% of adults in Marple & Werneth have at least one chronic condition relating to the heart, respiratory system or diabetes and 9.1% have at least two conditions, one of the heart and diabetes. **These are the highest rates of any locality. 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 6,050 unpaid carers in Marple & Werneth in 2001; 1,200 of whom were aged 65+. 34% 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 Marple & Werneth are similar to the Stockport average, below national levels. Local investigation suggests that there is a lack of suitable alternatives to hospital for place of death in Stockport.

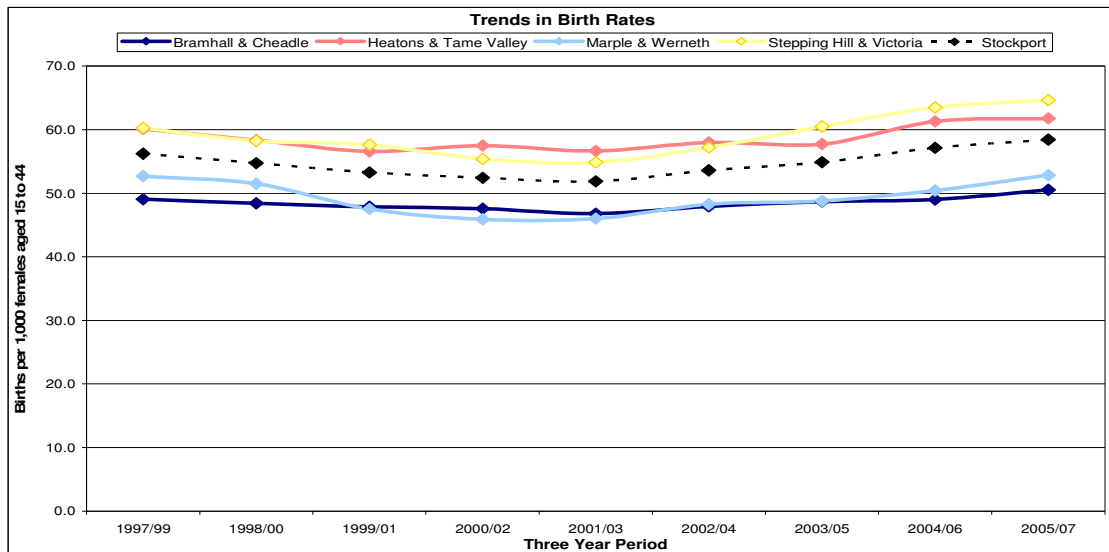


Insights – Aging population

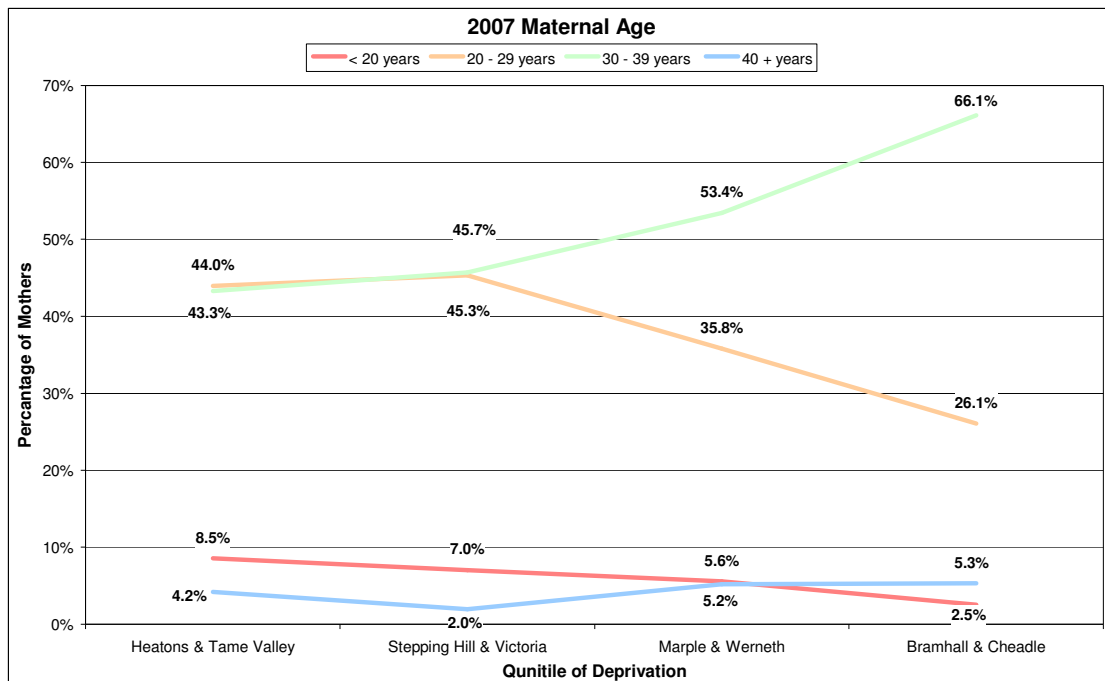
- **Marple & Werneth has the second fastest aging population in Stockport.**
- The **aging population** alone will contribute to **increasing use of hospitalisation** and other care services if the current pathways remain unchanged.
- **Prevalence of long terms conditions will increase** and will contribute to unhealthy life expectancy. Currently Marple & Werneth has the highest rates of long-term conditions in the borough.
- 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 Marple & Werneth **is rising**, following local and national trends, in 2007 there were 530 births in the locality. Birth rates in this area, however, are still the low compared to the Stockport average.
- Unlike other areas of Stockport, the births in Marple & Werneth are not rapidly becoming more ethnically diverse.



- **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 most parts of Marple & Werneth 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 Marple & Werneth only 41.4% of births are for those under 30 years, the **majority of new mothers in the locality (58.6%) 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 Marple & Werneth are low; 30.2 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 Marple & Werneth.
- **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

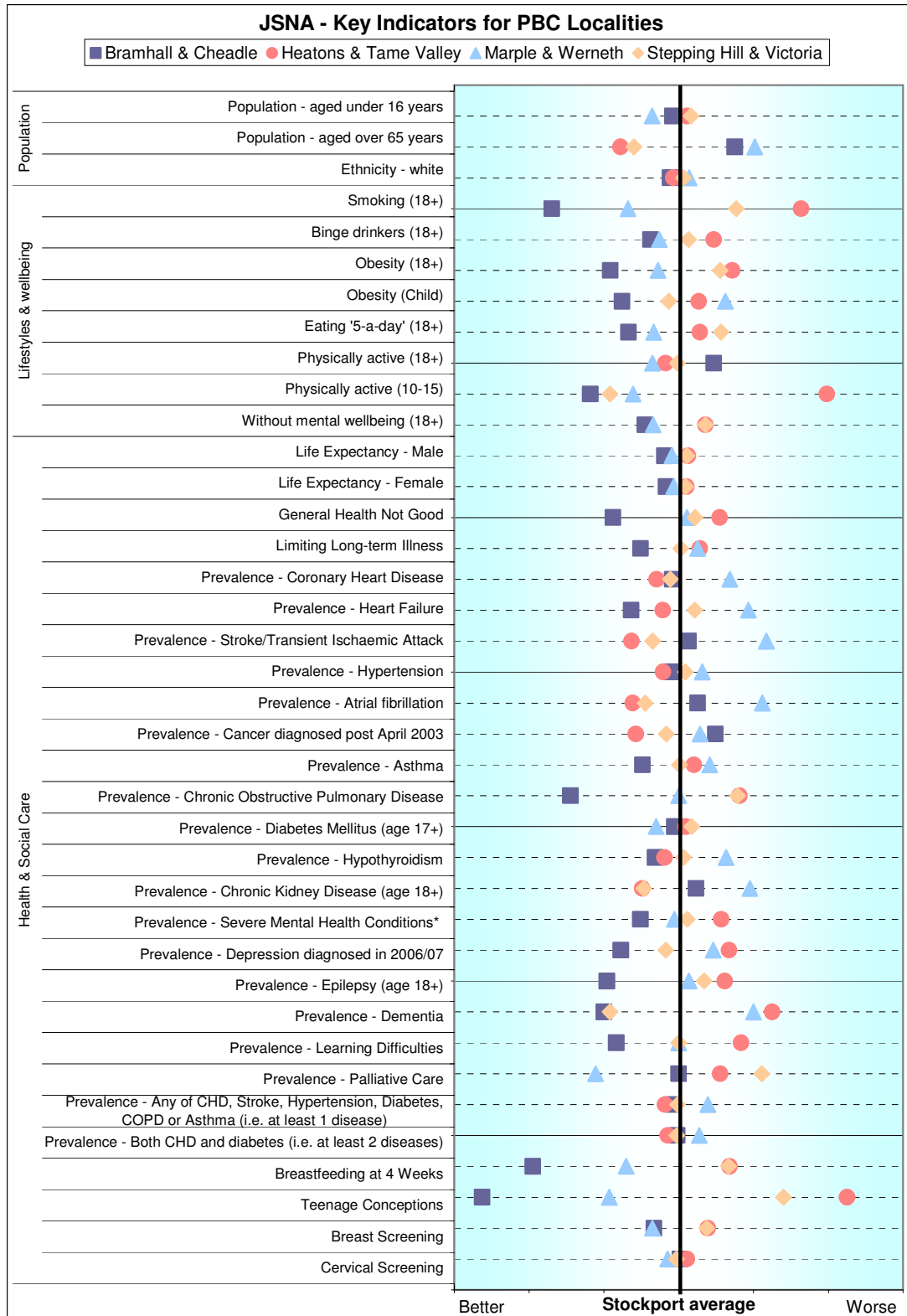
- The birth rate in Marple & Werneth is rising.
- Attention should also be given to the needs of older mothers in Marple & Werneth, especially those in their 40’s.
- Vulnerable families remain a priority as these families tend to have more children and some parents rely on the hospital for the management 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 14,700 adults in Marple & Werneth 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 **32.8% 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, 5,300 patients at practices in Marple & Werneth were on a primary care **register for depression**. Increasing prevalence again follows increasing deprivation. **Marple & Werneth has a prevalence of 96.3 per 1,000**, higher 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, 340 of these patients** are at practices in Marple & Werneth. 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).

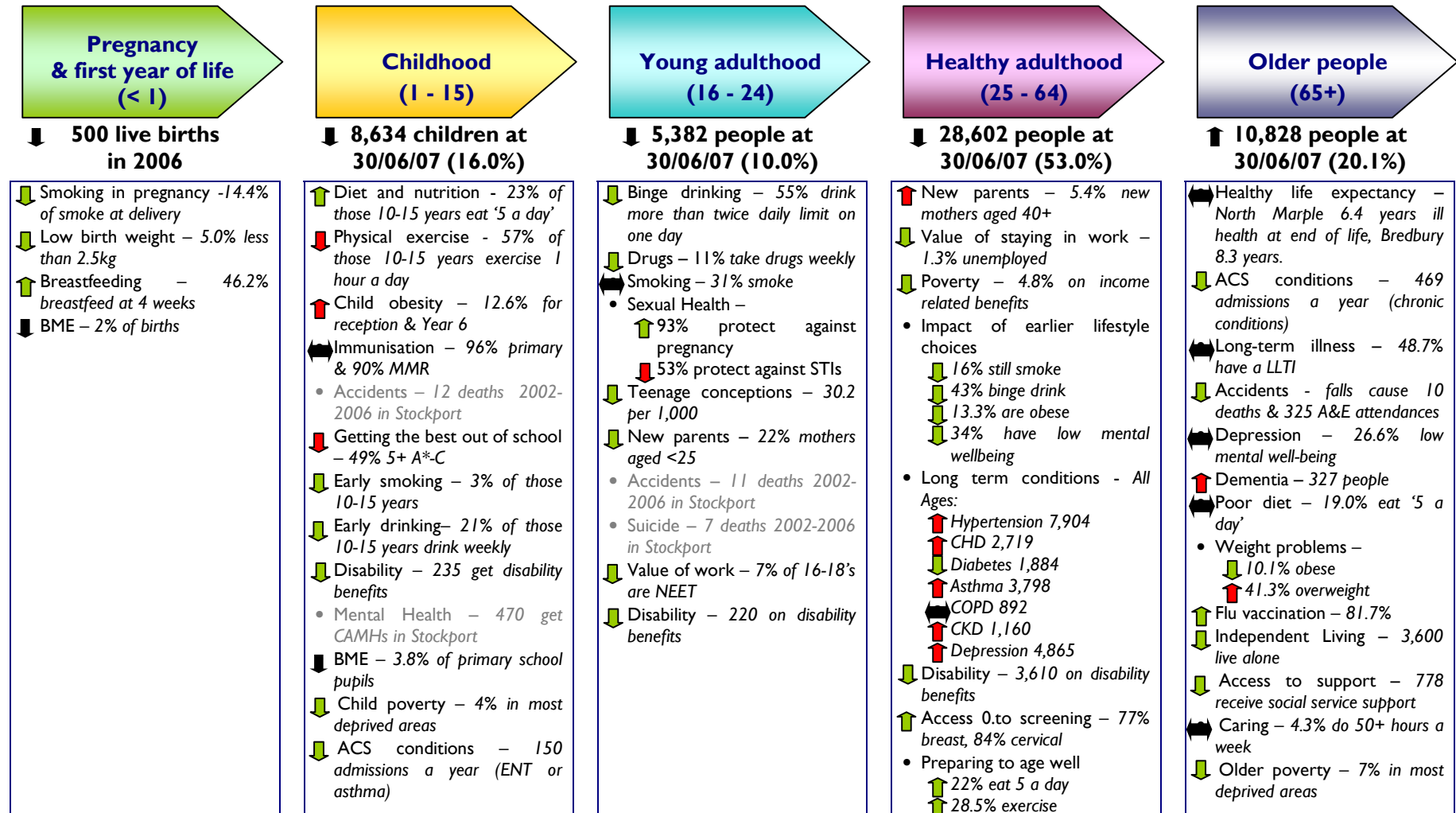
Insights – Mental wellbeing

- **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 MARPLE AND WERNETH



TOTAL POPULATION = 53,957 (GP Registered at 30/06/07)

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