



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL



**Stockport**  
Primary Care Trust



**NHS**

# Stockport JSNA

joint strategic needs assessment

## **Setting the Local Context** **Key themes for Stepping Hill & Victoria**

**January 2009**



## Setting the local context - Key themes from the JSNA for Stepping Hill & Victoria

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.

Stepping Hill & Victoria, situated in the centre and south of the borough, is the second most deprived of the four localities and is also the most mixed. It is also the largest of the four localities, containing 91,500 residents, 31% of the total.

**Victoria**, to the centre, includes the local areas of Adswold & Bridgehall, Edgeley, Davenport, Shaw Heath, Cale Green, Cheadle Health, Heaviley and Lower Offerton. The area is the second most deprived in the borough, following Tame Valley and contains one of the four identified 'priority' areas for Stockport.

**Stepping Hill**, to the south, is the most mixed area in Stockport. The area comprises of the local areas of Offerton Parish, Offerton Green, Hazel Grove, Norbury, Stepping Hill and Woodsmoor. Norbury ranks amongst some of the most affluent areas in the borough, while Offerton Parish ranks amongst the most deprived.

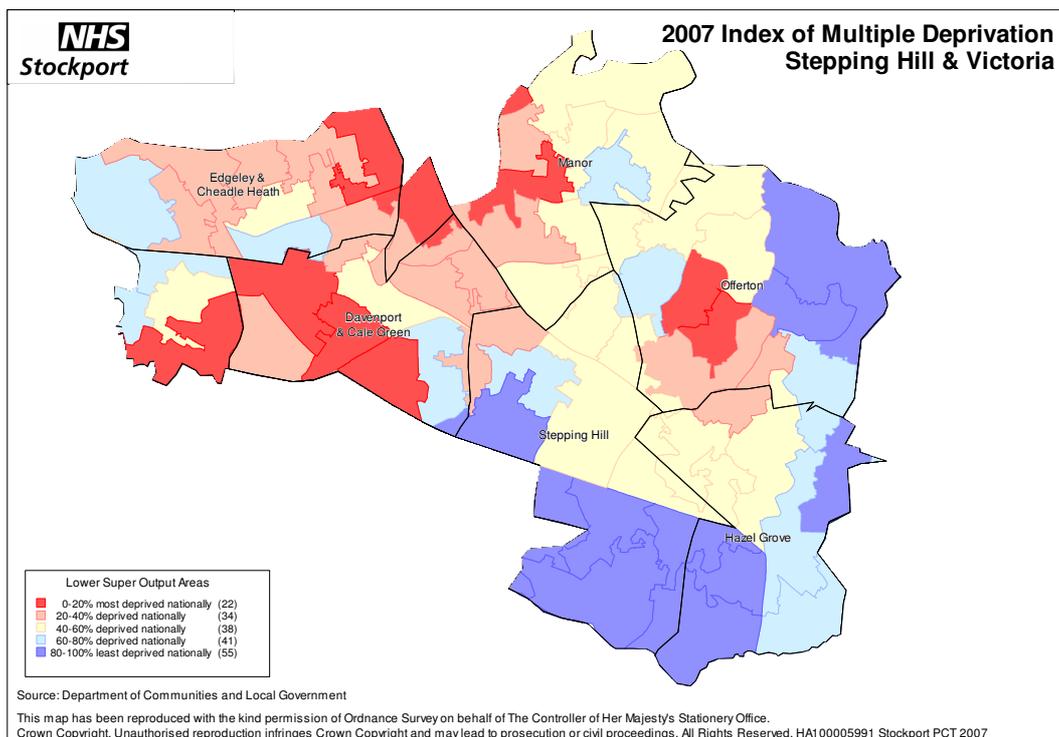
Of the seventeen practices in the locality, eight are defined as being deprived; more than a third of Stockport's deprived practices are located in this locality.

### 1. Key issues

- **Health Inequalities:** Stepping Hill & Victoria residents experience significant health inequalities. The deprived areas of this locality are a priority for action. People in the deprived areas of Stepping Hill & Victoria have some of the lowest life expectancy and the poorest levels of health.
- **Heart disease:** People in the deprived parts of Stepping Hill & Victoria bare a significant portion 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 Stepping Hill & Victoria make some of the poorest lifestyle choices in Stockport, in the most deprived areas more than half of adults smoke.
- **Increasing births:** the birth rate in Stepping Hill & Victoria is the highest in Stockport 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.

## 2. Health Inequalities

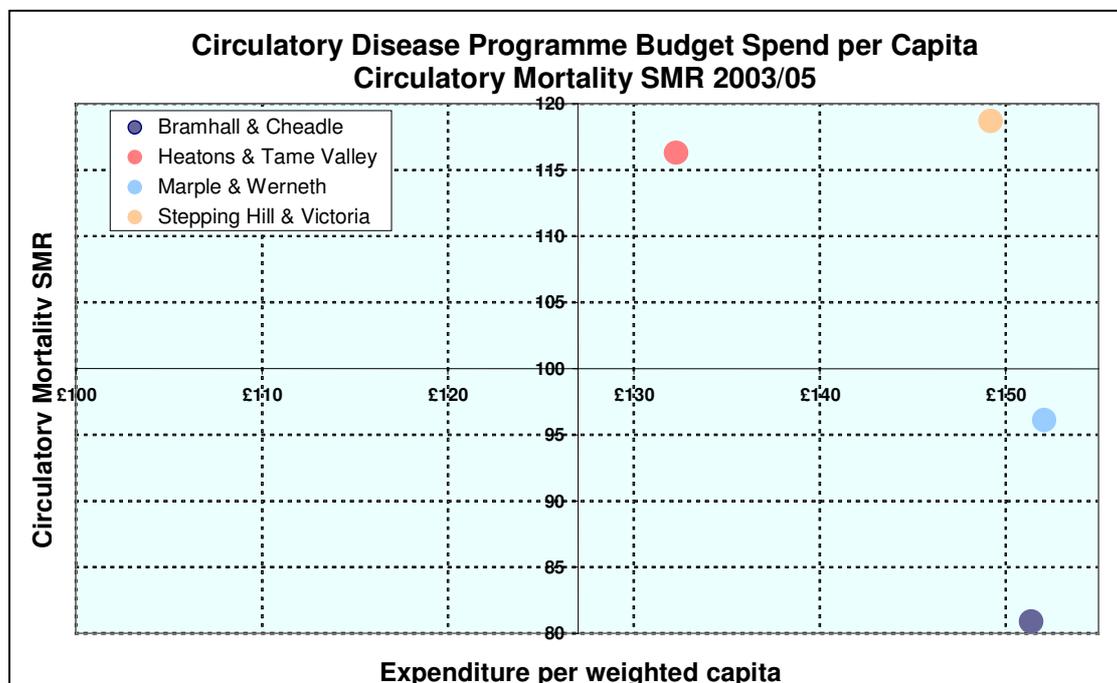
- Figures for 2005/2007 show that the life expectancy of men and women in Stepping Hill & Victoria are currently 76 and 81 years respectively. These are lower than both the Stockport and UK averages.
- Within the locality, Stepping Hill and Hazel Grove wards have life expectancies that are at or above the Stockport average while the wards of Edgeley & Cheadle Heath and Davenport & Cale Green have life expectancies that are significantly lower.
- Life expectancy is lowest in Davenport & Cale Green ward, at 73 and 79 years respectively, only Brinnington & Central ward has lower levels within Stockport.
- Within Davenport & Cale Green there is 1 priority area, Adswold & Bridgehall to the west of the ward, and another slightly less deprived area of Cale Green.
- Life expectancy is also relatively low in Edgeley & Cheadle Health ward, at 76 and 78 years respectively.
- Other areas of deprivation in the locality include Offerton Estate, Lower Offerton, Councillor Lane (in Cheadle Hulme North ward) and Shaw Heath (in Brinnington & Central ward).



- **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 Stepping Hill & Victoria.

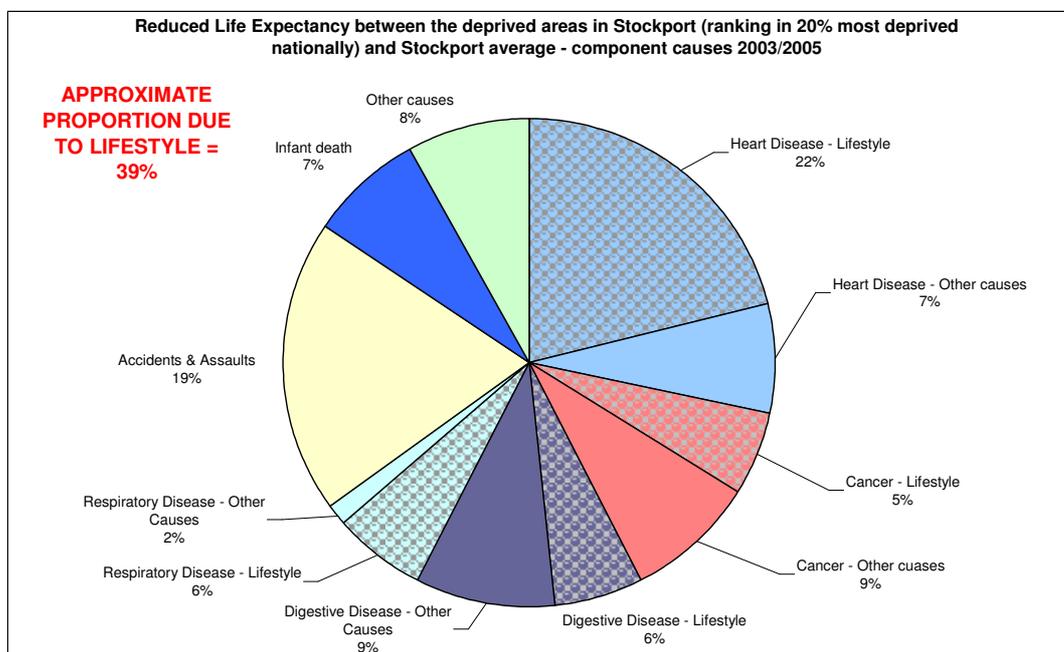
- The big killers in Stepping Hill & Victoria are circulatory diseases and cancer, which between them cause 64% of all deaths in the locality and 64% of all premature deaths (those aged under 75 years). In total 290 people in Stepping Hill & Victoria die a year because of heart disease and 220 because of cancer.
- The under 75 year mortality rate for cancer is now 40% higher than that for heart disease. 120 people a year in Stepping Hill & Victoria die of cancer before they reach their 75 birthday, 40% 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 Stepping Hill & Victoria.
- 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 Davenport & Cale Green will continue to improve, they will also continue to further lag behind the average and the **inequalities in health will continue to increase**.



- 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 the most deprived areas receiving the least spend. Stepping Hill & Victoria has the highest spend however, despite being relatively deprived.

- 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.
- The big killers driving the health inequalities gap 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 26,000 inpatient admissions are made by Stepping Hill & Victoria 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**.

- Stepping Hill & Victoria has the highest overall admission rate for inpatient stays, the longest average length of stay and the **highest levels of admission rate for ACS (Ambulatory Care Sensitive) conditions**, most likely reflecting a proximity effect, as the major provider is located in this locality. The proportion of inpatient stays arising from emergency admissions is high in this locality.
- **If all Stepping Hill & Victoria** experienced the same admission rates as Bramhall & Cheadle around **2,000 admissions** could be saved each year, 8% of the current total.

#### Insights – Health Inequalities

- **Stepping Hill & Victoria residents experience significant health inequalities.** The deprived areas of this locality are the priority for action.
- The deprived areas of Stepping Hill & Victoria bare a significant portion 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 Stepping Hill & Victoria 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 Stepping Hill & Victoria on average spend the second longest amount of time in ill health at the end of their lives; an average of 8.3 years compared to the Stockport average of 7.6 years.
- Inequalities in **healthy life expectancy** are marked, with Cale Green residents experiencing **10 years of ill-health before death** compared to 7.2 years by residents in Hazel Grove.
- 20% of people in Stepping Hill & Victoria die before they reach their 65<sup>th</sup> birthday, around 160 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 65<sup>th</sup> birthday**

- The 2001 Census shows rates of **self reported poor health** and limiting long-term illnesses are higher than average in Stepping Hill & Victoria.
- There is a clear association between **uptake and deprivation** in the cancer screening programmes. Stepping Hill & Victoria on average just achieving national target for these programmes and have the second 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 19% for breast screening and 16% for cervical screening. 3,700 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 Stepping Hill & Victoria, on average, have poorer health. 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 Stepping Hill & Victoria has the second highest rate of smoking at 18.7%, however rates in Adswold & Bridgehall are much higher at around 46%.
- 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. 5.2% of people who drink in Stepping Hill & Victoria, drink 'harmful' amounts over a week; a rate higher than the Stockport average as the **consumption of both hazardous and harmful amounts of alcohol are linked to deprivation.**
- **40%** of Stepping Hill & Victoria'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 **23%** drink more than **three times** their recommended daily limit on the day they drink most in a week. **56% of Stepping Hill & Victoria'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 Stepping Hill & Victoria has the higher than average levels of obesity and are less likely to eat 5 portions of fruit and vegetables a day than average, however rates of physical activity are close to 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.

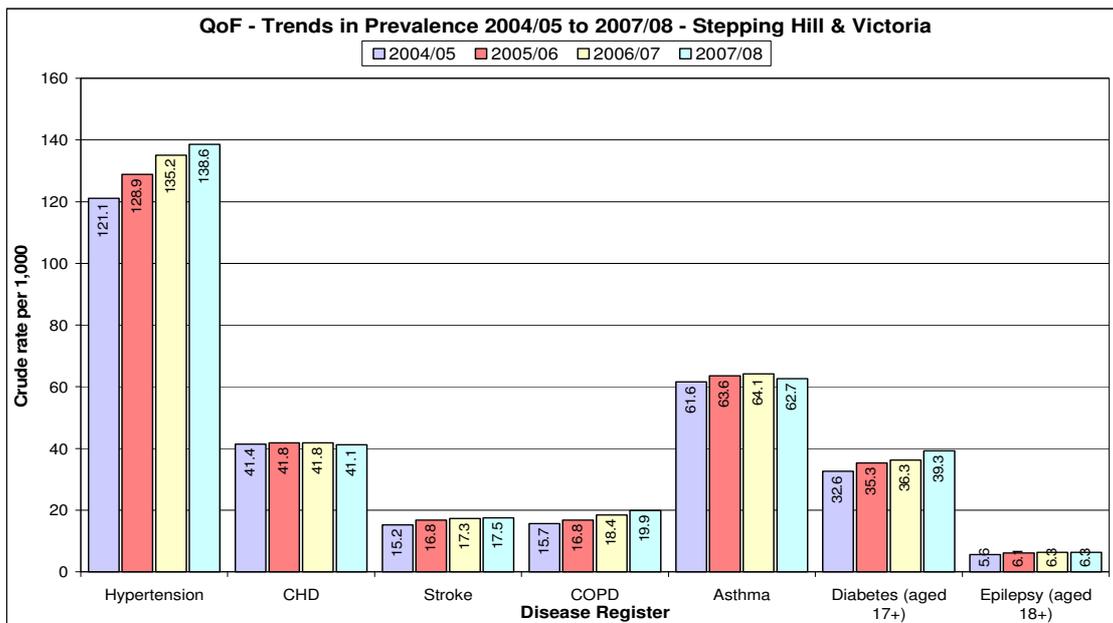
#### Insights – Unhealthy Lifestyles

- **Lifestyle drives poor health and health inequalities.**
- **The population of Stepping Hill & Victoria make the poorer lifestyle choices than average,** 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

- Stepping Hill & Victoria is experiencing some effects of the ageing. Between 2001 and 2007, while the overall population size remained stable, the 65+ population actually decreased by 0.5% but the 85+ population grew by 6.5%, this compared to rates of 7% and 17% respectively in Bramhall & Cheadle. Older people account for only 15% of Stepping Hill & Victoria's population, the second lowest proportion of any locality. **The more affluent populations of the locality are aging** however, between 2001 and 2007 the 85+ population of Stepping Hill grew by 21% and of Hazel Grove by 14%.
- 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 Stepping Hill & Victoria, if a man reaches **65 he can expect to live for a further 16.5 years** and a **woman aged 65 can expect an additional 20.3 years**, compared to 14.1 and 17.7 years respectively 10 years ago. Although they are improving, these are again the second 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 Stepping Hill & Victoria 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 Stepping Hill & Victoria, however the **more affluent 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 Stepping Hill & Victoria 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.** 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 8,850 unpaid carers in Stepping Hill & Victoria in 2001; 1,500 of whom were aged 65+. 36% 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 **13<sup>th</sup> lowest rate out of 164 PCTs**, below the England average of 19%. Rates in Stepping Hill & Victoria are similar to the Stockport average, well below national levels. Local investigation suggests that there is a lack of suitable alternatives to hospital for place of death in Stockport.

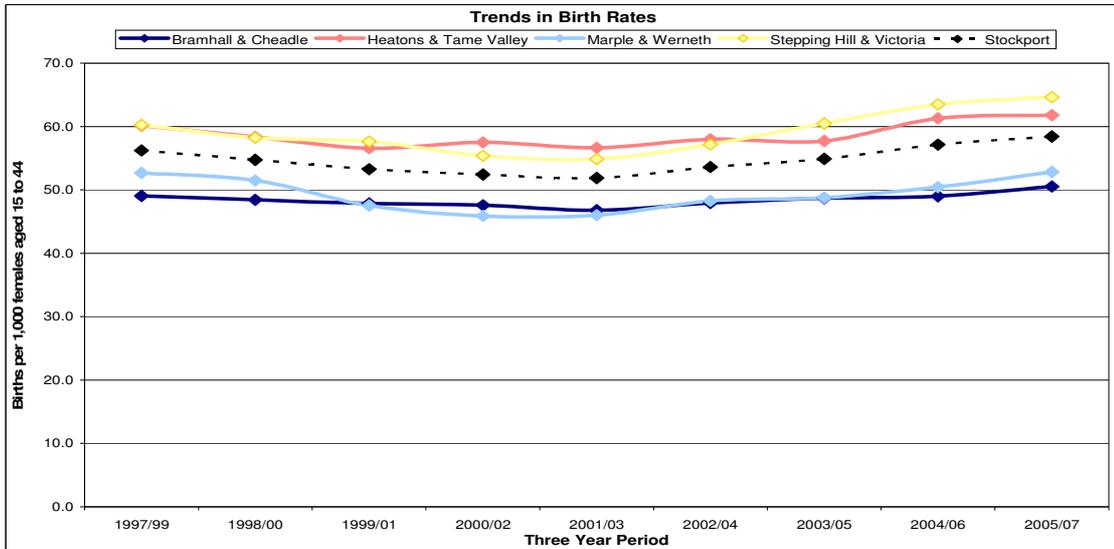


### Insights – Aging population

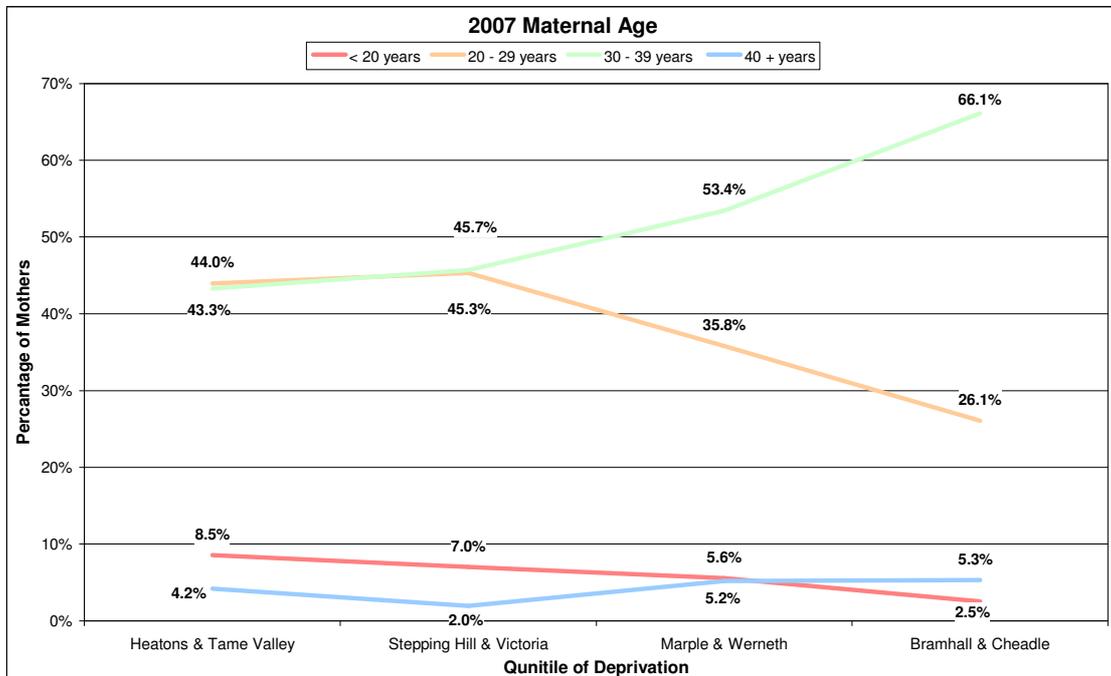
- Stepping Hill & Victoria is the locality second least effected by the aging population, however the more affluent areas of the locality will see this trend.
- The deprived parts of the locality are likely to contain the most vulnerable older people, although the numbers are not likely to increase.
- 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 Stepping Hill & Victoria **is rising**, following local and national trends, in 2007 there were 1,200 births in the locality. Birth rates in this area are the highest in Stockport.
- **Births to ethnic minority groups are greater** than the population share suggests, but lower in rates than in other localities – 6% of births in Stepping Hill & Victoria are of non-white British ancestry compared to 3% 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 Stepping Hill & Victoria 52.3% of births are for those under 30 years, and 7% are to mothers under 20 years.

- **Teenage conception** rates reflect this pattern so rates in **Stepping Hill & Victoria** are high; 47.5 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 80 are likely to have been from Stepping Hill & Victoria.
- **30 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 Stepping Hill & Victoria is the highest in Stockport and is rising.
- 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 high in the more deprived areas and services need to work with these young women.

## 7. Mental Health and Wellbeing

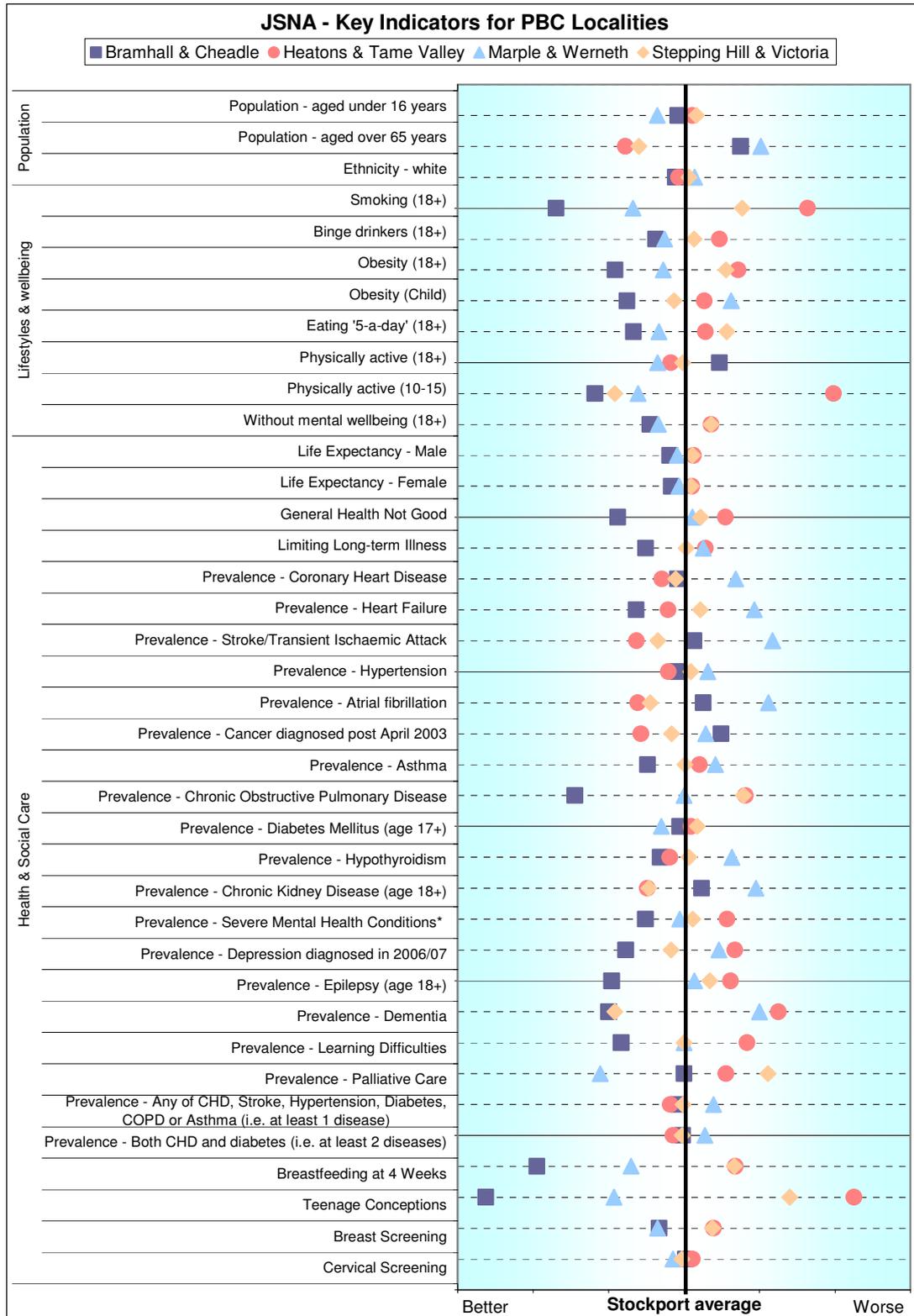
- Data sources for mental wellbeing need further development and work is underway in 2009 to improve our knowledge about this important issue. Mental wellbeing is known to have an impact on disease prevalence and outcome and is strongly associated with disadvantage.
- Estimates suggest 27,700 adults in Stepping Hill & Victoria 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, 6,400 patients at practices in Stepping Hill & Victoria were on a primary care **register for depression**. Increasing prevalence again follows increasing deprivation.

**Stepping Hill & Victoria has a prevalence of 84.3 per 1,000**, similar to 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.
- 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, 290 of these patients** are at practices in Stepping Hill & Victoria. 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 **5<sup>th</sup> lowest spend per head for mental health services at £96 per head** (the average being £141).

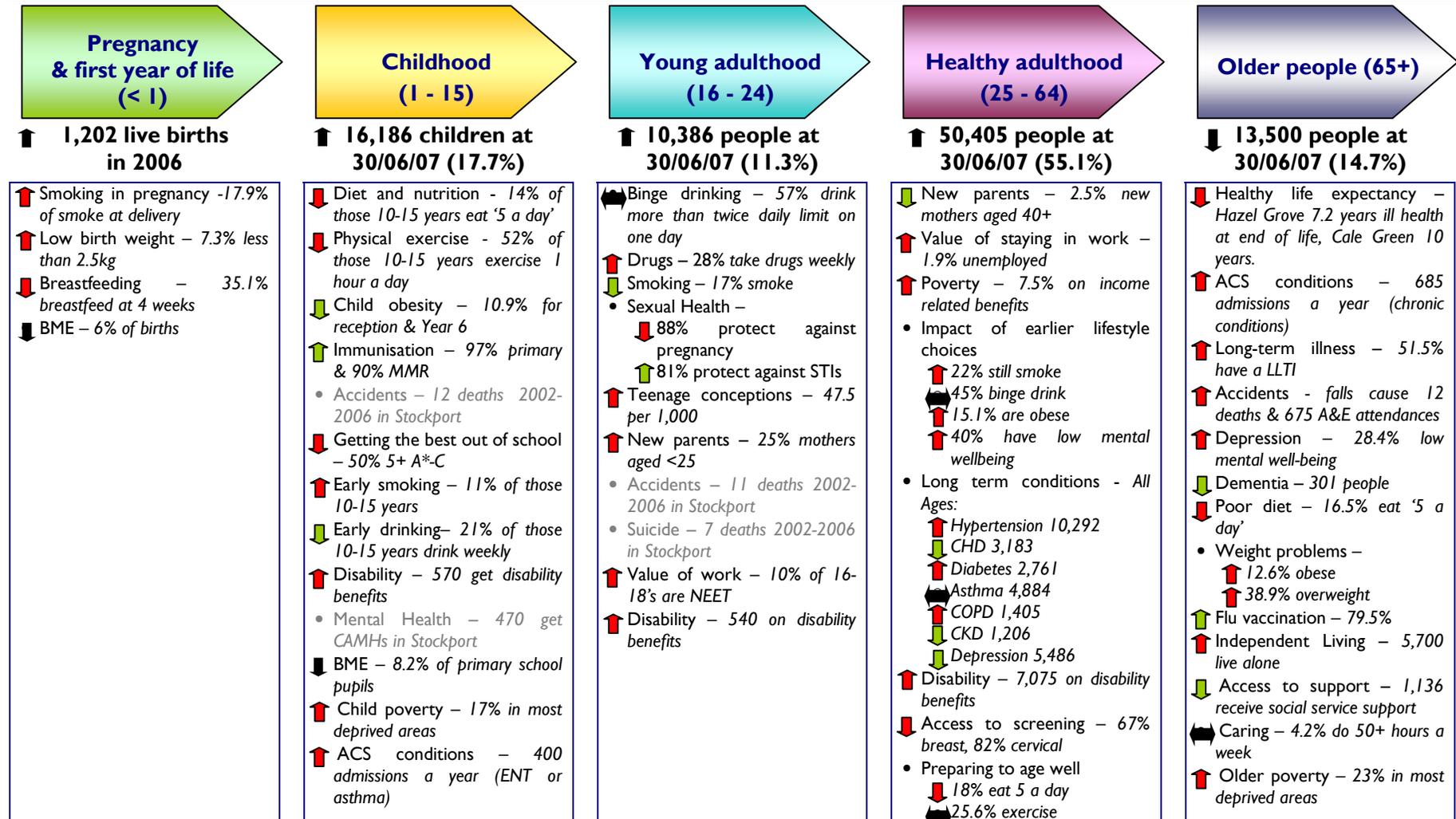
#### Insights – Mental wellbeing

- **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 STEPPING HILL AND VICTORIA



TOTAL POPULATION = 91,526 (GP Registered at 30/06/07)

comparison to Stockport average: higher ↑ lower ↓ better ▾ worse ▸