



Stockport JSNA

joint strategic needs assessment



2017 JSNA

Adult Lifestyles

June 2017



Contents

The following analysis presents some key highlight about lifestyles in Stockport, incorporating findings from the 2015 Stockport Adult Lifestyle Survey with national sources, and also including some health impacts.

3	Key Summary
5	Multiple risks
6	Smoking
8	Unhealthy drinking
10	Drug use
11	Physical activity
13	Obesity and overweight
15	Sexual health
17	Trends for neighbourhoods and priority areas
13	Adult Lifestyles impact on children



Key Summary

Smoking, poor diets, low activity, and alcohol are major underlying causes of disease and disability.

In Stockport

- **26%** of adults have three or more lifestyle risk factors
- **16%** of adults smoke – rates are falling
- **25%** of adults drink unhealthily – rates are stable
- **7,000-9,000** Stockport residents use illegal drugs – rates for opiates are falling
- **52%** of adults are not active enough – rates are stable
- **22%** of adults are obese – rates are stable

Smoking is the biggest single lifestyle cause of poor health – however rates in most areas of Stockport are falling – priorities for smoking therefore **focus on inequalities**, as rates in deprived areas and certain vulnerable groups (such as those with mental health problems) remain high and more than twice the average.

Alcohol also remains a key concern, although rates of consumption are no longer rising the impacts on health are still significant and are felt disproportionately in the most deprived areas.

A key priority for Stockport is **physical activity**, the burden of disease study highlights activity / inactivity on its own as having a significant impact on health, aside from the indirect impact through weight management and blood pressure. **More than 200** deaths a year in Stockport could be saved if everyone met the target of 5 x 30 minutes moderate activity a week.

Adult lifestyles behaviour affects children, 40% of adults receiving drug and alcohol treatment live with children either some or all of the time. Adults who live with children only some of the time are more likely to smoke than those who live with children all of the time.



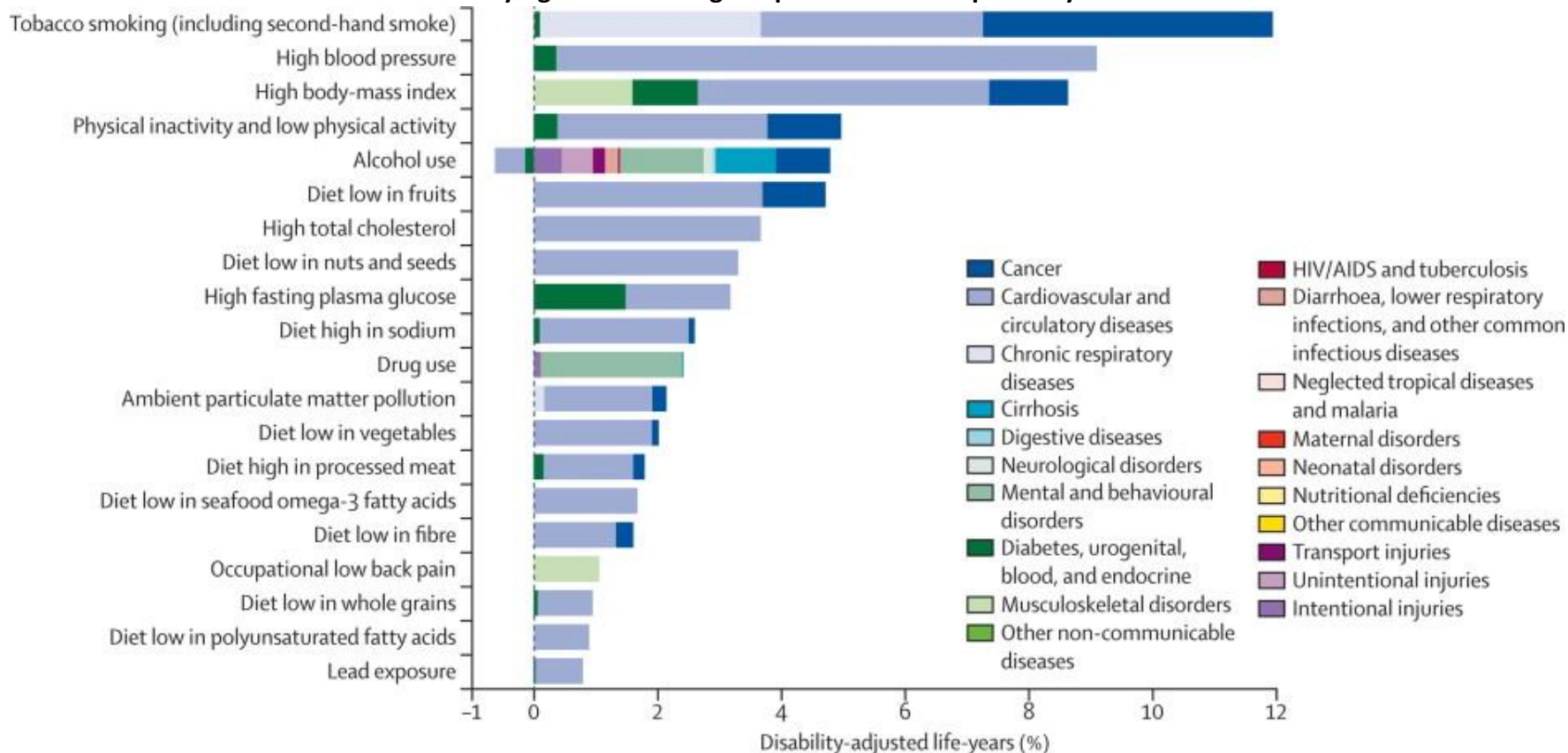
STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Stockport
Primary Care Trust



Lifestyle risk factors are the largest contributor to early disease and disability

Underlying causes driving inequalities in life expectancy



- Analysis from the Global Burden of Disease Study 2010 (published in The Lancet in 2012) shows that the underlying drivers of **early disease and disability are largely preventable**
- Smoking, poor diets, low activity, and alcohol are major underlying causes of disease and disability



26% of adults have **three or more lifestyle risk factors**

(smoking, excessive drinking, inadequate physical activity, inadequate diet)

12,000-15,500 (6%) people report having none of these four lifestyle risk behaviours

- The trend in multiple risks has improved slightly since 2012, when the rate was 32%, though definitions have changed
- The proportion of people with 3 or 4 risky behaviours falls with age; however more older people have 2 risk factors
- The likelihood of multiple lifestyle risk factors increases with deprivation
- **Services focused only on a single issue will not be adequate to help people adopt a healthy lifestyle, instead people will need their whole lifestyle needs considered and outcomes tailored to their own goals**

Multiple Risks and Deprivation					
2007 National IMD Quintile	4 risks	3 risks	2 risks	1 risk	0 risks
1- most deprived	5.1%	28.9%	44.2%	18.4%	3.5%
2	4.3%	23.8%	48.1%	18.5%	5.3%
3	4.7%	23.8%	45.1%	21.1%	5.2%
4	2.9%	20.1%	46.0%	24.0%	7.1%
5- least deprived	2.4%	19.1%	45.5%	25.7%	7.3%

Although smoking is now the least common lifestyle risk behaviour overall, **those who smoke are much more likely to have other lifestyle risks**; a third of smokers have all four risk behaviours and only 2.5% have no other risks.



16% of adults smoke, down from 18%

Data sources which enable trend analysis suggest that the **smoking prevalence rate in Stockport is falling**, as are rates nationally. Although there is no definitive data it is estimated that smoking rates in the borough are around 16%, down from 18% in the previous JSNA.

Age band	Current smoker	Ex-smoker
16 - 19	16.2%	3.7%
20 - 24	31.2%	10.0%
25 - 29	28.3%	13.4%
30 - 34	17.8%	12.0%
35 - 39	16.1%	14.4%
40 - 44	16.7%	15.7%
45 - 49	17.0%	16.2%
50 - 54	16.6%	16.7%
55 - 59	15.5%	18.3%
60 - 64	14.2%	24.7%
65 - 69	12.5%	30.1%
70 - 74	10.6%	34.3%
75 - 79	8.0%	34.7%
80 - 84	5.9%	33.0%
85+	3.3%	30.7%

For all ages:

- 14% of women smoke
- 17% of men smoke

In the 20-24 age band:

- 27% of women smoke
- 38% of men smoke

For all ages:

- 19% of women are ex-smokers
- 24% of men are ex-smokers

Smoking is the lifestyle behaviour with the **largest difference by deprivation**. Four times as many people in more deprived areas smoke than in the least deprived areas of Stockport.

Quintile of Deprivation	Current smoker	Ex-smoker
Most deprived 0-20%	32.4%	21.7%
Second most deprived 20-40%	21.2%	22.6%
Mid deprived 40-60%	15.4%	21.5%
Second least deprived 60-80%	11.1%	19.8%
Least deprived 80-100%	7.7%	18.3%

Although **smoking is the least common lifestyle risk behaviour overall**, those who smoke are much more likely to have other lifestyle risks; a third of smokers have all four risk behaviours and only 2.5% have no other risks.

The Kings Fund estimate that smoking **reduces life expectancy by 10 years** and costs the NHS £2.7 billion a year.

The smoking rate had been **decreasing by less than 1%** per year, though last year rates decreased by 1%.



16% of adults smoke; it is estimated that 1 in 2 smokers will die of a smoking related disease

Smoking related deaths	2008-10	2009-11	2010-12	2011-13	2012-14	2013-15
Stockport - number of deaths	1,385	1,339	1,316	1,320	1,352	1,400
Stockport - DSR	310.2	294.9	284.1	278.9	277.6	282.4
Percentage change	-2.9%	-4.9%	-3.7%	-1.8%	-0.5%	1.7%

Nearly half of smoking attributed deaths are from cancer; respiratory disease and cardiovascular disease make up the bulk of the remainder

People in areas of higher deprivation are more likely to die of smoking attributable causes

Respiratory disease, cardiovascular disease and cancer account for roughly 90% of smoking related harm

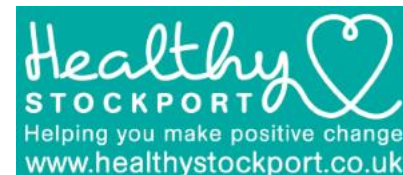
Smoking related harm hospital admissions	2011-12	2012-13	2013-14	2014-15	2015-16
Stockport - number of admissions	2,741	2,631	2,837	3,097	2,866
Stockport - DSR	1,670	1,580	1,685	1,813	1,660
Percentage change	6%	-5%	7%	8%	-8%

Proportion of mothers smoking at time of delivery						
2009/10	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
17.8%	14.3%	15.7%	12.6%	12.2%	11.7%	10.6%

Smoking during pregnancy risks the health of the child as well as the mother. Pregnancy can motivate women to stop smoking, recent programmes to reduce rates of smoking in pregnancy in Stockport are helping.

Services to help people stop smoking in Stockport include:

- A Better Life (ABL) Stockport
- GPs
- Some pharmacies
- Midwives, Health Visitors and School Nurses





25% of adults drink unhealthily

Age band	Binged
18-24	23.5%
25-29	26.8%^H
30-34	27.7%^H
35-39	17.7%
40-44	25.9%^H
45-49	26.8%^H
50-54	20.2%
55-59	22.1%
60-64	17.3%
65-69	11.0%^L
70-74	7.5%^L
75-79	2.6%^L
80-84	2.2%^L
85-89	0.5%^L
90+	0.0%

- 53,000-59,000 report drinking unhealthily (25%), a level similar to that in the last JSNA
- 25% said that they don't drink alcohol at all
- 19% binge drank on the day they drank most
- 15% drink at increasing risk levels, 3% at high risk levels
- Of those who drink alcohol, **39% drink within guidelines and usually have at least one alcohol free day a week**
- Levels of alcohol consumption have not been rising in recent years
- Only 45% of those who drank last week correctly assessed the risk of their previous week's drinking
- Levels of drinking are **similar across Stockport, unusually without a deprivation profile**
- On average, **1500 alcohol related crimes** are recorded every year in Stockport

Alcohol-related mortality, DSR per 100000 population					
	2011	2012	2013	2014	2015
Females	29.1	35.8	32.5	24.8	27.4
Males	66.2	75.9	67.4	67.1	78.3

On average, **130 deaths per year are alcohol related**; roughly two-thirds are men, one third women. Though numbers are variable, the trend is for a slight increase.

The Kings Fund estimate that alcohol misuse increases the risk of 60 medical conditions, causes significant social impact, and costs the NHS £2.7 billion a year



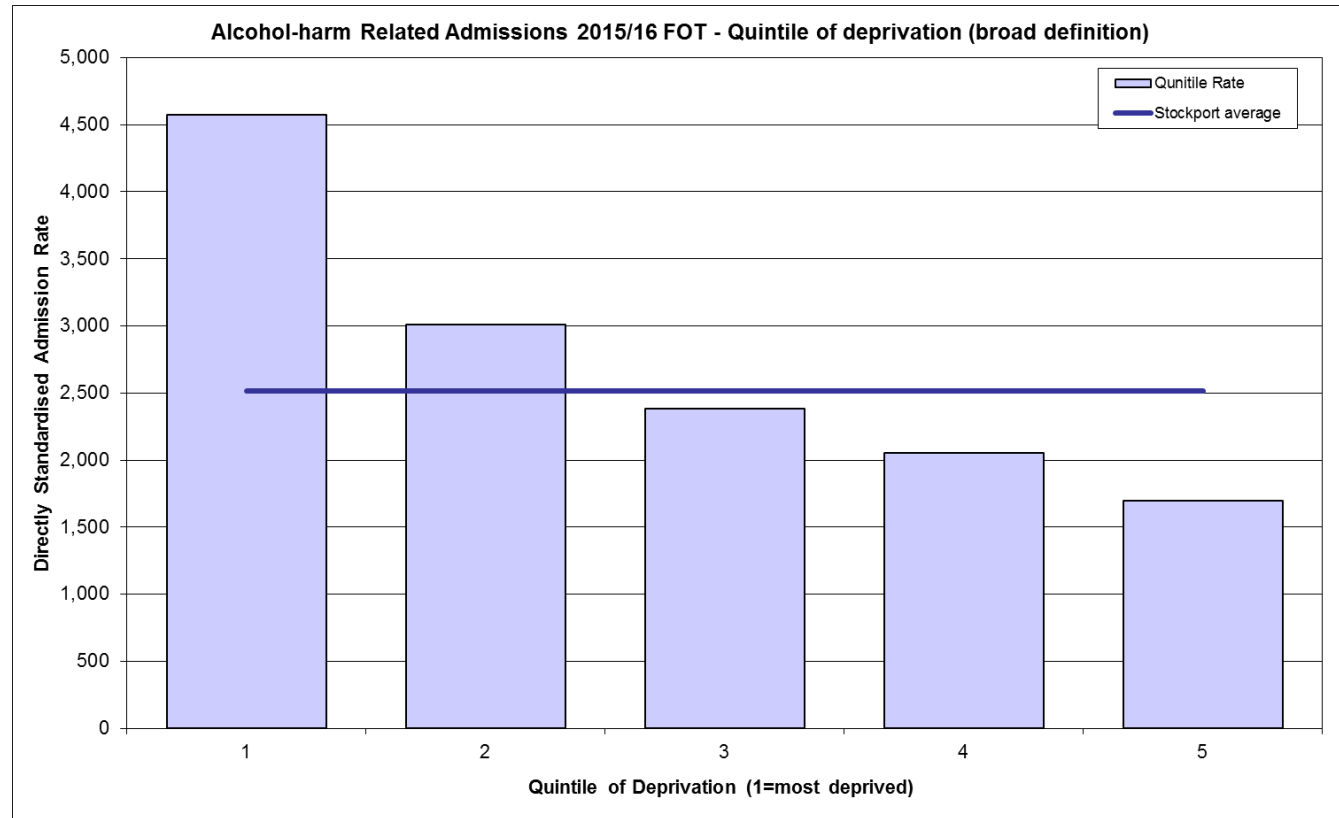
25% of adults drink unhealthily; alcohol related hospital admissions have risen to 7,400 per year

Alcohol-related hospital admissions	
2011/12	6,373
2012/13	6,526
2013/14	7,027
2014/15	7,338
2015/16	7,400

Alcohol related admissions continue to increase over time.

Admissions are higher in areas of increasing deprivation despite consumption patterns being more equal. In other words **people in deprived areas are more likely to suffer health impacts as a result of alcohol.**

Two thirds of alcohol related admissions are men, one third women



Services to help people control their drinking include:

- MOSAIC
- START
- CGL (Change, Grow, Live)
- Pathfinder (Pennine Care)



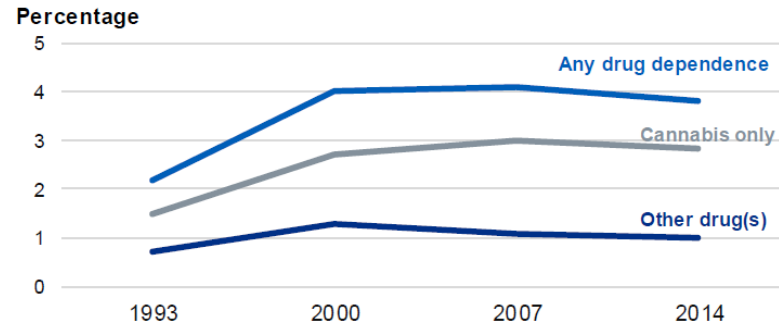


7,000-9,000 Stockport residents use illegal drugs

- 1,250 estimated opiate and/or crack users
- 500 estimated injecting drug users
- Cannabis is the most commonly used drug
- On average, there are **14 deaths per year from drug misuse**
- 970 adults were effectively engaged in drug treatment in 2015/16
 - Only a fifth were in employment at start of treatment
 - A quarter had housing problems at start of treatment
 - 21% of those who entered treatment also received care from mental health services for reasons other than substance misuse.

Services to help people with drug problems:

- MOSAIC
- START
- CGL (Change, Grow, Live)
- Pathfinder (Pennine Care)



Estimated opiate and/or crack users (national treatment agency)		
age band	number	rate per 000
15 to 24	66	2.05
25 to 34	430	13.08
35 to 64	755	6.45

- Drug use differs between age cohorts, with those over 55 less likely to have ever tried drugs, while those under 45 are likely to have tried or regularly used drugs
- The Crime Survey for England and Wales in 2015/16 estimated that **0.7% of adults aged 16 to 59 had used an NPS (New Psychoactive Substances – commonly referred to as a legal high)** in the last year.
- Younger adults were more likely to have used an NPS, with 2.6% of 16 to 24 year olds reporting use in the last year



52% of adults are not active enough

23% of adults are inactive

Around 115,000 adults in Stockport are less physically active than government recommendations (52%). Levels of inactivity have remained steady for the past decade, however amongst those who are active the frequency of activity has increased slightly.

Levels of physical activity decrease with age, with the under 35s more likely to be fully active. However, levels of inactivity are higher for people who are not in good health regardless of age.

Leisure / sport activities and travel are the most common sources of physical activity for those exercising 5 or more times a week.

Unhealthy diet and inadequate physical activity are the two most commonly reported lifestyle risks.

The Kings Fund estimate that inactivity causes **10% of the burden of chronic disease**, 17% of all cause mortality and costs the NHS up to £1.8 billion a year. Being active enough reduces the risk of most diseases by 30-40%.

Health perception by age		Inactive	Low activity	Some activity	Fully active
Not Good Health	49 and under	30.2% ^H	23.7%	15.7%	30.3%
	50 to 64	32.0% ^H	28.8%	17.8%	21.3% ^L
	65 and over	42.4% ^H	23.9%	17.3%	16.4% ^L
Good Health	49 and under	10.8% ^L	23.0%	20.4%	45.8% ^H
	50 to 64	12.8% ^L	26.3%	23.2%	37.6%
	65 and over	17.6%	24.9%	27.3% ^H	30.2% ^L



52% of adults are not active enough

23% of adults are inactive

If every adult in Stockport was active for 30 minutes on 5 days a week it is estimated that 223 deaths a year could be saved

Health Impact of Physical Inactivity (HIPI) in Stockport 2013

Burden of illness and death from physical inactivity (ages 40 – 79)

Indicator	Latest Annual Figure	Preventable if 100% Active	Preventable if 75% Active	Preventable if 50% Active	Preventable if 25% Active
Total Deaths	1,207	223	154	86	17
Coronary Heart Disease (emergency hospital admissions)	711	82	56	31	6
Breast Cancer (new cases)	206	43	30	17	3
Colorectal Cancer (new cases)	147	30	21	12	2
Diabetes (prevalence)	11,847	1,652	1,143	633	123

Services to help people be more active include:

- A Better Life (ABL) Stockport
- Life Leisure (specialist physical activity including PARIS activity on prescription)
- Walking for Health



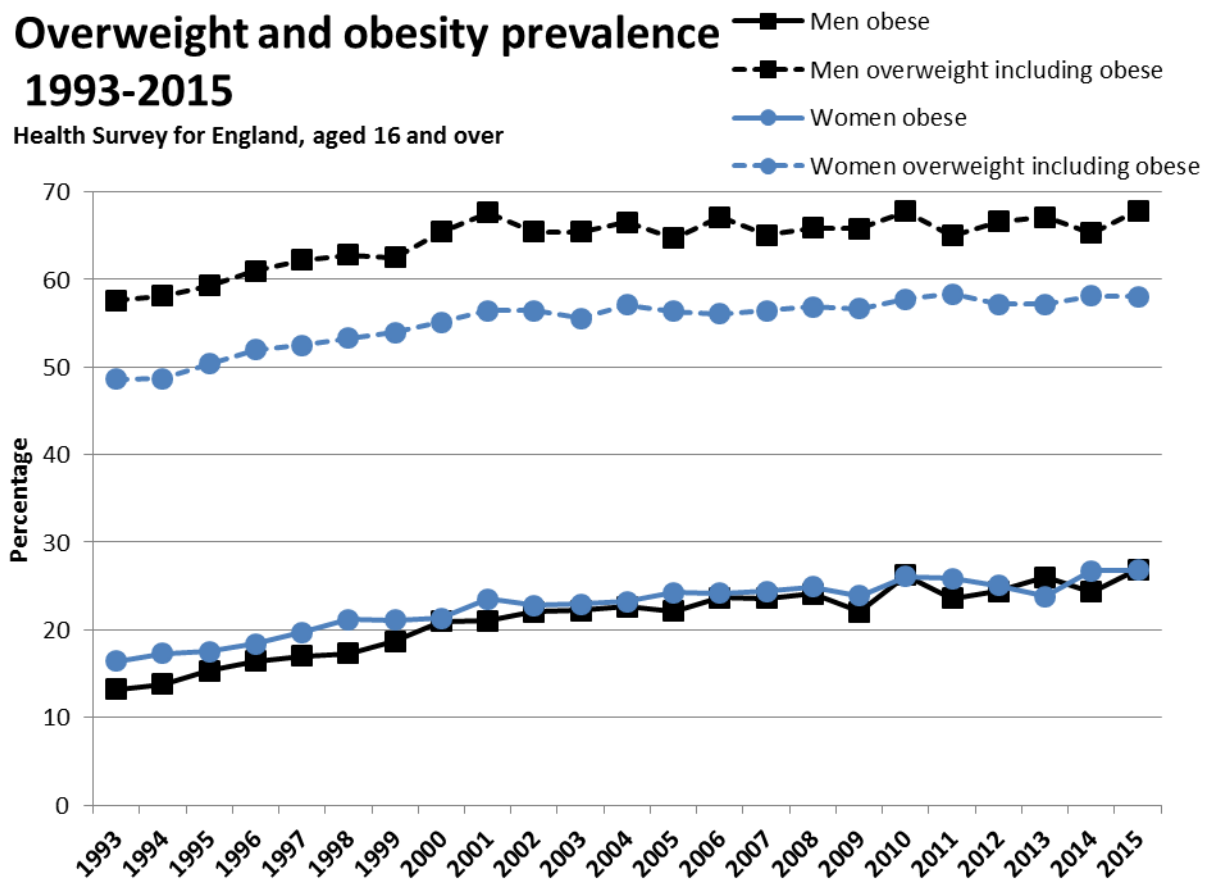


22% of adults are obese

64% are overweight or obese

Overweight and obesity prevalence 1993-2015

Health Survey for England, aged 16 and over



Local data is not robust enough to estimate overall prevalence, but is used to assess differences within Stockport.

Nationally the latest Health Survey for England (2015) shows that 27% of men and 27% of women were obese. The Active People Survey by Sport England suggests that the rate in Stockport is slightly lower, at 22%.

These figures are similar to those in recent years; the **trend in obesity rose sharply in the 1990s, less steeply until around 2006, and has remained at a similar level since then.**

41% of men and 31% of women were overweight but not obese.

The Active People Survey by Sport England shows 63.6% of adults in Stockport were overweight or obese, which is similar to the national figure.

The Kings Fund estimate that obesity **reduces life expectancy by up to 10 years,** and costs the NHS £4.2 billion a year ¹³



22% of adults are obese; 64% are overweight or obese

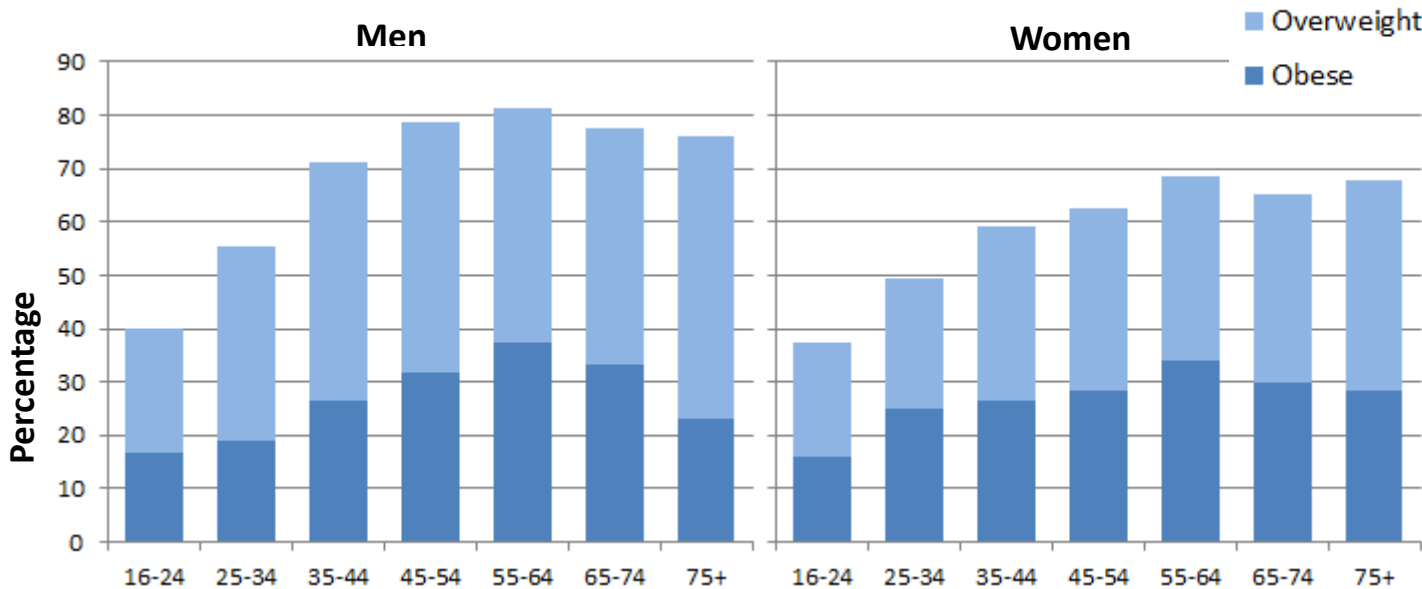
79% of adults are not eating 5 portions of fruit/vegetables a day

Obesity increases with deprivation, especially for women.

Only 21.3% of Stockport residents eat 5 or more portions of fruit and vegetables on most days.

		Most deprived quintile	2nd Most	Mid deprived	2nd Least	Least deprived quintile
Men	Overweight	34%	41%	41%	42%	41%
	Obese, excluding morbidly obese	24%	13%	16%	13%	10%
	Morbidly obese	2%	1%	3%	1%	1%
Women	Overweight	27%	28%	29%	29%	28%
	Obese, excluding morbidly obese	23%	17%	16%	13%	11%
	Morbidly obese	2%	3%	1%	2%	2%

Obesity and overweight, by age and sex



Services to help people manage weight:

- A Better Life (ABL) Stockport (including specialist weight management)





2,100 new STIs diagnosed in 2015

52% of diagnoses were in people aged 15-24

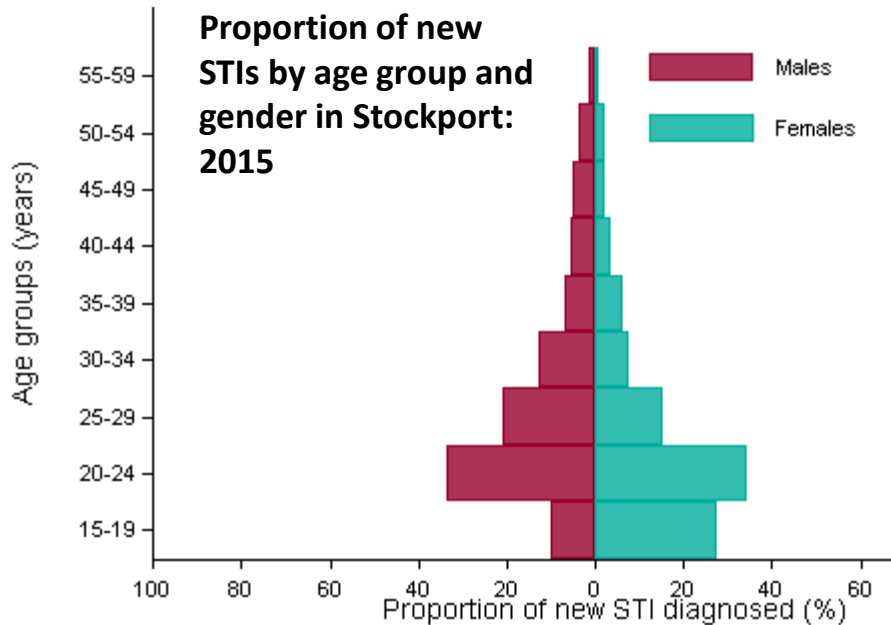
23% were among men who have sex with men

New diagnoses included

- 1,090 Chlamydia
- 160 Herpes
- 145 Gonorrhoea
- 10 HIV

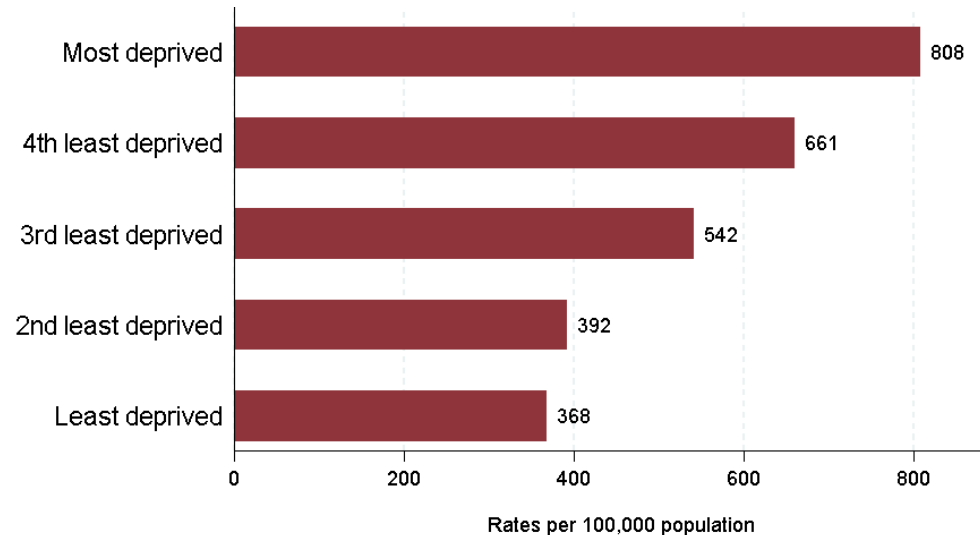
70% of attendances at specialist sexual health clinics were at the Choices Centre

Proportion of new STIs by age group and gender in Stockport: 2015



Source: Data from specialist sexual health clinics
*Please note that to prevent deductive disclosure the number of STI diagnoses has been rounded up to the nearest 5

Rates* per 100,000 population of new STIs by deprivation (specialist SHC diagnoses only): 2015



Source: Data from specialist sexual health clinics
Rates based on the 2011 ONS population estimates
The 2011 LSOA boundary data and 2015 IMD scores were used
Excludes chlamydia diagnoses made outside specialist SHCs
*Please note that to prevent deductive disclosure the underlying number of STI diagnoses used to calculate the rates in this figure has been rounded up to the nearest 5



3,378 births in 2015

In 2014, the rate per 1,000 women of long acting reversible contraception (LARC) prescribed in primary care was 28.0 for Stockport, 23.1 for North West and 32.3 per 1,000 women in England.

The rate of LARCs prescribed in sexual and reproductive health (SRH) services per 1,000 women aged 15 to 44 years was 47.3 for Stockport, 47.9 for North West and 31.5 for England.

Fertility rates for all women are rising slightly, with around 3,380 live births in 2015, a rate of 64.9 per 1,000 women.

There were around 900 terminations of pregnancy in Stockport in 2015, rates were highest in the 20-24 age group.

Rates of under 18 conceptions in Stockport have fallen significantly over the last two decades, in line with national trends. In 2015 there were 103 under 18 conceptions compared to 230 in 1998.

Live births				
2015	2014	2013	2012	2011
3,378	3,386	3,438	3,544	3,367

Fertility rate per 1,000 women aged 15-44 ASR				
2015	2014	2013	2012	2011
64.9	65.2	66.0	67.6	63.5

Abortion rate per 10,000 women aged 15-44 ASR				
2015	2014	2013	2012	2011
17.6	16.3	17.7	17.7	17.3

Under 18s conception rate per 1,000				
2015	2014	2013	2012	2011
20.7	22.1	25.9	26.8	28.4

Sexual health services for Stockport:

- Integrated Sexual Health Service provided by Central Manchester Foundation Trust providing access to Contraception and GUM services
- GPs for Long Acting Reversible Contraception
- Some pharmacies have enhanced services including Emergency Hormonal Contraception
- HIV prevention through the LGBT Foundation
- HIV prevention and support through the George House Trust
- Chlamydia Screening through the RU Clear programme in Greater Manchester



Trends for key areas in Stockport

RESIDENT POPULATION 16+	Lifestyles of adult residents						
	Smokers	Unhealthy drinkers	Low mental wellbeing	Obesity (underestimated as self reported)	Not physically active enough	Eat 5 a day	3 or more of main lifestyle risk behaviours
STOCKPORT TOGETHER LOCALITIES AND NEIGHBOURHOODS							
Bramhall & Cheadle	10%	22%	14%	13%	55%	24%	21%
Bramhall & Cheadle Hulme	10%	23%	13%	12%	55%	27%	21%
Cheadle, Gately & Heald Green	11%	22%	14%	15%	56%	20%	21%
Heatons & Tame Valley	21%	26%	17%	18%	52%	21%	28%
Heatons	13%	28%	12%	14%	52%	25%	26%
Tame Valley	28%	24%	22%	23%	53%	16%	30%
Marple & Werneth	14%	23%	13%	17%	54%	23%	25%
Marple	10%	23%	10%	12%	53%	25%	25%
Werneth	18%	24%	16%	22%	54%	21%	24%
Stepping Hill & Victoria	19%	27%	17%	16%	52%	19%	28%
Hazel Grove & Offerton	15%	24%	15%	16%	51%	20%	22%
Victoria	22%	29%	18%	16%	52%	18%	32%
QUINTILES OF DEPRIVATION							
1- Most deprived	33%	23%	29%	25%	52%	12%	34%
2- Second most deprived	22%	25%	26%	18%	52%	19%	28%
3- Mid-deprived	16%	30%	18%	18%	52%	19%	29%
4- Second least deprived	12%	24%	16%	15%	52%	23%	23%
5- Least deprived	8%	24%	14%	12%	52%	27%	22%
STOCKPORT							
Stockport	16%	25%	15%	22%	52%	21%	26%



Adult lifestyles impact on children

Respondents to the 2012 adult lifestyle survey who have **children in their homes some of the time are more likely to have unhealthy behaviours** than average; those who have **children living with them all of the time are similar to average for most lifestyle risk behaviours.**

The average age of respondents with children in the home is lower than all responses, and this is likely cause of the difference in drinking patterns.

Although overall smoking rates are similar between those who have children living with them and those who don't, the **rate who smoke regularly in their own home is significantly lower for those with children.** So people with children living with them who smoke are more likely to leave the house to do so, than people who do not.

Adult Lifestyles Survey 2012	All Responses	Children in home all the time	Children in home some of the time
Below average mental wellbeing	12.2%	11.8%	24.4% ^H
Current smokers	14.9%	14.3%	23.3% ^H
Binge drinkers	18.9%	22.4% ^H	30.8% ^H
High risk drinkers	2.9%	3.0%	4.6%
Increasing risk drinkers	16.9%	17.7%	23.8%
Obese (significant undercount)	16.3%	14.1%	22.7%
Not physically active enough	73.6%	74.5%	73.4%
Don't eat 5 a day	82.1%	82.8%	86.9%

In 2015/16:

- 309 children were living with adults entering alcohol treatment
- 38% of adults entering alcohol treatment programs were living with children, with a further 9% being parents who were not living with their children at the time they entered treatment
- 297 children were living with adults entering drug treatment
- 39% of adults entering drug treatment were living with children, with a further 12% being parents who were not living with their children at the time they entered treatment