

24th Annual Public Health

Report for Stockport

2017/18

SECTION B: Diseases Causing

Death and Injury



The Council's public health duties are part of the comprehensive health service established under the National Health Service Acts

24th Annual Public Health Report for Stockport – 2017/18

SECTION B: Diseases Causing Death & Injury

Contents

The report is broken down in to levels and sections.

There are six sections:

- **Section A** describes and considers an overview of the health of the people of Stockport.
- **Section B** covers the diseases which cause death and disability in Stockport.
- **Section C** explores the major risk factors for disease, death and disability so we understand how we can address the issues described in section B
- **Section D** looks at these issues as part of the life-cycle, considering the health of children through to healthier aging.
- **Section E** summarises our response; how we are addressing the causes of ill-health and reducing health inequalities for the people of Stockport.
- **Section F** contains recommendations

This report presents Section B of the report

Within each section there are five levels:

- [Level 1](#) is a series of tweets sent by @stockportdph in December 2016.
- [Level 2](#) is an overview in which each chapter of the report is summarised in a paragraph.
- [Level 3](#) gives key messages where each chapter is summarised in one or two pages.
- [Level 4](#) contains the full report and analysis.
- [Level 5](#) provides links to additional reports and analysis

A full content list follows, and you can access any level of the report by clicking the chapter name in the content list. Each page contains a “return to contents” button to enable you to return to this list and navigate to other levels and sections of the report easily.

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SECTION B: Diseases Causing Death & Injury

LEVEL 1

Tweets

LEVEL 1 (TWEETS) SECTION B: DISEASES CAUSING DEATH AND DISABILITY

B1.1 HEART DISEASE AND CANCER

- Cancer & heart disease = biggest causes of death in #Stockport. Smoking, inactivity & poor diet are major contributors [overview](#)

B1.2 RESPIRATORY DISEASE

- 1:20 people in #Stockport suffer some chronic obstructive respiratory disease. It's important to detect & treat it [overview](#)
- #Asthma is an allergic reaction aggravated by poor air quality in #Stockport [overview](#)

B1.3 INJURIES

- Most injuries are readily avoidable & we shouldn't really call them "accidents" in #Stockport [overview](#)
- We need to be sensible about risk, not risk averse in #Stockport [overview](#)

B1.4 MENTAL ILLNESS

- 1:3 will suffer mental illness in their life. Stigma, prejudice & neglect must be addressed in #Stockport [overview](#)

B1.5 MUSCULOSKELETAL DISEASE

- Physical activity can reduce the incidence of #osteoporosis in #Stockport [overview](#)
- Regular physical activity in #Stockport can help with balance & coordination to prevent falls in later life [overview](#)
- Back and neck pain in #Stockport can be reduced by good posture and ergonomics [overview](#)

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SECTION B: Diseases Causing Death & Injury

LEVEL 2

Overview

LEVEL 2 (OVERVIEW) SECTION B: DISEASES CAUSING DEATH AND DISABILITY

B2.1 HEART DISEASE AND CANCER

Heart disease is caused by smoking; low fibre high fat diets; lack of exercise; genetic predisposition; stress; high blood pressure and diabetes, both of which are contributed to by obesity which in turn is caused by diet and lack of exercise. Smoking is also a major cause of cancer including over 80% of lung cancer. Alcohol is a major cause of gastrointestinal cancer as is diet. Cervical cancer is predisposed to by a woman or a sexual partner having infection with a particular papilloma virus or working in dirty or oily occupations or with biological material. Smoking and multiple sexual partners are also risk factors. Breast cancer can be genetic but usually is predisposed to by affluence, diet and delayed childbearing with reduced rates in women who have breastfed their babies.

Go to [key messages](#) or go to [full analysis](#)

B2.2 RESPIRATORY DISEASE

One person in 20 suffers from some degree of chronic obstructive pulmonary disease and it is important to detect and treat it. Asthma is difficulty breathing due to contraction of the respiratory passages in an allergic reaction which can be aggravated by poor air quality. There is a relationship to traffic density. It is usually said that asthma is not caused by traffic emissions, but that these emissions condition the airways to react more to the actual allergens. However if the effect is that people suffer regular attacks when they otherwise would not have done, then the distinction between causing asthma and predisposing to asthma may seem an artificial one.

Go to [key messages](#) or go to [full analysis](#)

B2.3 INJURIES

Most injuries occur in one or other of five settings - on the road, at work, at leisure, at home or as a result of violence. A few accidents are genuinely unavoidable or are due to bad luck with the inherent risks in excitingly dangerous activities such as mountaineering or motor racing, and are avoidable only by constraining the human spirit. But most should not be called accidents as they have readily avoidable causes. Injuries occur more commonly to people who are poor, because they are most likely to work in poor quality work settings, they are more exposed to risks as pedestrians and they often cannot afford safe equipment.

Go to [key messages](#) or go to [full analysis](#)

B2.4 MENTAL ILLNESS

One person in 3 will suffer from mental illness at some time in their lives. In about the last third of the 20th century the treatment of mental illness went through a shift from being based in institutions to being more fully integrated with the rest of the health service and with more care in the

community. Around the turn of the century it went through a further shift towards the wider use of psychological therapies. It now needs to go through yet another shift – towards fuller integration of mentally ill people into society. It is essential that we should take steps to reduce the prejudice and stigma associated with mental illness including in employment Coproduction is a method of organising services where users participate in design to structure them around supporting that individual in living as independently as possible. Integral to coproduction is the involvement of the community in addressing issues of stigma and prejudice.

Go to [key messages](#) or go to [full analysis](#)

B2.5 MUSCULOSKELETAL DISEASE

Is an important cause of disability and includes osteoporosis (best avoided by physical activity), back and neck pain (best avoided by good posture and ergonomics), rheumatoid arthritis (an inflammatory joint disease often lifelong) osteoarthritis (a degenerative condition that develops as people age) and poor balance in old age which results in falls and injuries.

Go to [key messages](#) or go to [full analysis](#)

24th Annual Public Health Report for Stockport – 2017/18

SECTION B: Diseases Causing Death & Injury

LEVEL 3

Key messages

LEVEL 3 (KEY MESSAGES) SECTION B: DISEASES CAUSING DEATH AND DISABILITY

B3.1 HEART DISEASE AND CANCER

As we described in Section A, heart disease and cancer are the two greatest killers of our time. Due to the recent decline in heart disease, cancer has now taken over as the biggest killer. Smoking, stress, physical inactivity and diet contribute to both heart disease and cancer; our preventive strategies focused on those factors therefore benefit both diseases.

Cancer

Cancer arises when a cell starts to multiply out of control leading to tissues growing uncontrolled and ultimately spreading throughout the body interfering with other organs. This occurs as a result of factors that damage chromosomes, depress the immune system, or stimulate cell multiplication. We know that for all cancers, these factors can include old age; smoking; chemicals and radiation; stress; genetic predisposition; and diseases of the immune system.

Considering some specific examples, we can consider the role that different factors play in the development of different cancers.

Over 80% of lung cancer is caused by smoking (including about 1 to 2 people in every thousand who die each year as a result of passive smoking). About 10% is caused by occupational exposure to chemicals. Smoking also increases the risk of many other cancers.

Breast cancer and testicular cancer are two of the very small number of diseases that are most common in the most affluent. Age, not breastfeeding, and delayed childbearing contribute to breast cancer.

Cervical cancer is commonest in women who have multiple sexual partners, smokers, or who work in oily or dirty surroundings or with biological material, or whose partner does any of these things. Many cases result from papillomavirus infection.

Skin cancer is increased by overexposure to sun, or excessive use of sunbeds.

Gastrointestinal cancer is predisposed to by low fibre diets or by physical inactivity. Oesophageal cancer is increasing in incidence and is associated with reflux of stomach contents in the oesophagus whilst stomach cancer may be caused by an infection which also causes stomach ulcers and heart disease. Mouth cancers can be caused by smoking. All three of these cancers are also predisposed to by excessive consumption of alcohol or certain kinds of food

Heart Disease

Heart disease was the most common cause of death for many years until recently when cancer overtook it.

Moderate (really, we mean low!) consumption of alcohol protects against heart disease. Aspirin, statins and other measures to reduce cholesterol, and eating fish (especially oily fish) also reduce the risk of heart disease.

What can we do about cancer and heart disease?

The health service can help by providing services to screen for early disease or risk factors for disease and advice on healthy choices. It can diagnose and treat existing disease. It can sponsor and empower the community.

The Local Authority's Public Health Function can ensure that people living in Stockport can access good quality advice to improve their lifestyles and reduce their risk of developing disease

The wider local authority can create safe and healthy communities, protect and promote our environment and heritage, protect areas of peacefulness and tranquillity as refuges from a stressful world and promote exercise opportunities through leisure facilities, countryside management etc. They can develop a transport strategy that makes more provision for walking and cycling

Employers can encourage and reward healthy behaviours and have policies to reduce stress. They can allow their staff to attend appointments in work time for screening or lifestyle services. Large employers can provide lifestyle services such as stop smoking and weight management in-house.

Caterers can adopt a pricing policy that encourages healthy choices, develop imaginative menus that make the healthier choices attractive and ensure that all food is cooked in the healthiest way possible for that particular food. They can also avoid excessively large portion sizes.

All organisations and businesses can help reduce the barriers to physical activity and can discourage smoking.

Schools can ensure that health is included as a cross curricular theme and that the school makes it easier for children to make healthy choices, thus laying the groundwork for a healthy lifestyle. School meals should be healthy – one sensible step to take is to find out what healthy food children like and provide that. Vending machines and tuck shops should also make it easier to choose healthy options. Schools should promote physical activity and should try to encourage children to walk or cycle to school instead of coming by car.

People

You can help yourself avoid heart disease and cancer by:

- Drinking healthily: Men should not regularly drink more than 3-4 units of alcohol a day (and 21 in a week); women should not regularly drink more than 2-3 units a day (14 in a week).
- Not smoking
- Maintaining a healthy shape (body mass index less than 30)
- Taking at least moderate activity for at least 30 minutes on at least 5 days a week
- Eating at least 5 portions of fruit & vegetables a day, and choose low salt, high fibre, low fat, and low saturated fat products
- Using stairs instead of lifts and making short journeys on foot instead of driving
- Covering up and using sun protection on holidays or working in the open air in fine weather
- Making full use of screening services.

Go to [overview](#) or go to [full analysis](#)

B3.2 RESPIRATORY DISEASE

One of the major public health successes of the last 50 years has been the reduction in the rates of respiratory disease. This has been achieved by clean air, by tackling occupational causes of lung disease and by reductions in smoking. However respiratory disease remains a significant problem.

Chronic Obstructive Pulmonary Disease (COPD)

One person in 20 suffers from some degree of COPD and it is important that this is recognised and steps taken to stop its continuing deterioration.

The CCG have been working with colleagues in the FT and LA to raise awareness of COPD with the aim of identifying more people who have COPD so that the impact of their disease can be minimised by treatment and stopping smoking.

Asthma

Asthma is a disease of difficulty in breathing caused by contraction of the small air passages to the lungs. Sufferers are usually perfectly normal between attacks although some permanent damage can occur over time. Asthma attacks can range from severe coughing attacks (especially at night) through to totally obstructed breathing threatening life. Asthma rates have increased considerably over the last few decades.

Asthma is caused by

- genetic predisposition
- allergies to specific substances
- sensitisation to chemicals by repeated exposure, for example in an employment situation
- poor air quality caused by traffic
- other air pollutants
- meteorological conditions
- inhaling tobacco smoke from other people

As well as providing sufferers with good quality services and education about their disease we also need to address the fundamental causes of poor air quality.

There is a relationship to traffic density. It is usually said that asthma is not caused by traffic emissions, but that these emissions condition the airways to react more to the actual allergens. However if the effect is that people suffer regular attacks when they otherwise would not have done, then the distinction between causing asthma and predisposing to asthma may seem an artificial one.

Go to [overview](#) or go to [full analysis](#)

B3.3 INJURIES

Injuries account for a relatively small proportion of all deaths. However they cause very much the greatest proportion of deaths in young people, so they are the third largest cause of lost years of life.

Most injuries occur in one or other of five settings - on the road, at work, at leisure, at home or as a result of violence. There are some injuries in other settings, rail or air crashes or weather incidents for example, but the five main settings account for almost all of them.

A few accidents are genuinely unavoidable or are due to bad luck with the inherent risks in excitingly dangerous activities such as mountaineering or motor racing, and are avoidable only by constraining the human spirit. But most should not be called accidents as they have readily avoidable causes, such as

- alcohol
- failure to warn about and protect against hazards
- unsafe systems of work
- defective equipment
- inadequate training
- inexperience in children and young people
- binge drinking in young people
- short cuts taken for convenience or profit
- people taking unnecessary risks out of bravado, carelessness, lack of knowledge, misjudgement of risk, lack of self worth, familiarity breeding contempt
- absurdly risk averse safety procedures which discredit the concept of safety and lead people to ignore advice (the "cry wolf" syndrome)
- poor housekeeping in workplaces
- failure to appreciate hazards in the home, including
 - fire risks
 - unsafe storage of dangerous substances, including both prescription and non-prescription drugs
 - unsafe equipment and furniture, especially where poor households buy cheaply

Injuries occur more commonly to people who are poor, because they are most likely to work in poor quality work settings, they are more exposed to risks as pedestrians and they often cannot afford safe equipment.

Go to [overview](#) or go to [full analysis](#)

B3.4 MENTAL ILLNESS

One person in 3 will suffer from mental illness at some time in their lives. In Stockport in 2013/14 16,442 people suffered from depression (diagnosed since April 2011) and anxiety and 2,400 people suffered from schizophrenia, bipolar disorder or other psychoses. Low levels of wellbeing increase the risk of mental illness, and stress can also be a factor in an incident of mental illness. Strong social networks help provide protection. Physical activity reduces the incidence of depression.

New Approaches to Mental Health Services

In about the last third of the 20th century the treatment of mental illness went through a shift from being based in institutions to being more fully integrated with the rest of the health service and with more care in the community. Around the turn of the century it went through a further shift towards the wider use of psychological therapies. It now needs to go through yet another shift – towards fuller integration of mentally ill people into society.

There is a very considerable stigma attached to the various mental illnesses. The old Victorian idea that mentally ill people should pull themselves together, and if they can't do that they should be sent to an asylum, dies hard. Few would articulate it, or indeed believe it, but many would behave as if they believed it, which for the sufferer is as bad.

This stigma worsens the experience of mental illness and constitutes a stress which exacerbates it. It often prevents people with mental illness from participating in activities which might ease their problems – physical activity or social networking for example. It is therefore essential that we should take steps to reduce this prejudice and stigma associated with mental illness. Employment is of value to mentally ill people as a source of status, of social networking and of structure to the day. Often lack of employment creates needs for day care. It is unfortunate therefore that the stigma of mental illness extends very much to employment and creates high unemployment rates amongst mentally ill people. Coproduction is a method of organising services where users participate in design to structure them around supporting that individual in living as independently as possible. Integral to coproduction is the involvement of the community in addressing issues of stigma and prejudice. This can be made part of a process of creating resilient mutually supportive communities and this would bring the issues of mental illness and mental wellbeing together into a truly comprehensive mental health process.

Suicide

There were 95 deaths of Stockport residents due to suicide and undetermined intent in the three years 2012-14. The groups with the highest rates were middle aged men (40-59 years) particularly living in deprived areas. Risk factors for suicide include, being male, unemployment, living alone, having a mental health problem and experiencing a recent significant life event, such as, a bereavement.

Go to [overview](#) or go to [full analysis](#)

B3.5 MUSCULOSKELETAL DISEASE

Osteoporosis

Osteoporosis is a disease of low bone density which can result in fractures. It is particularly common in women beyond the age of the menopause. The most effective form of prevention is physical activity.

Osteoporosis increases the risk of fractures with falls in elderly people. Given the increasing incidence of the condition with age it is important to prevent falls in older people.

However, the factors that lead to falls in older people are often multi-faceted and difficult to predict. Whilst the risks and implications of falls for someone known to be suffering from osteoporosis are greater, they are also potentially easier to prevent with effective advice about how to reduce the risk of falls at the time of diagnosis and in on-going management of the condition.

Low Back Pain

60-80% of adults report having had low back pain at some time during their lives. Physical activity, good posture, good ergonomics and the use of lifting techniques which do not put the strain through the back are the best preventive measures.

Neck Pain

Neck pain is also very common and is often produced by poor posture when sleeping or when working. The preventive measures are similar to those for low back pain but with the added issue of attention to sleeping position.

Rheumatoid Arthritis

Rheumatoid arthritis is an inflammatory joint disease which causes much disability but does not often cause death. There are no clear risk factors amenable to prevention – the most obvious predisposing factors are genetic. It affects about 0.1% of the population often on a lifelong basis.

Osteoarthritis

Osteoarthritis is a degenerative disease of joints which increases in prevalence with age to the point where more than half of the population over the age of 50 have at least one joint radiographically showing evidence of osteoarthritis and in old age radiographic evidence of osteoarthritis somewhere is to be expected. However many of these abnormalities found radiographically do not actually cause pain.

Go to [overview](#) or go to [full analysis](#)

**24th Annual Public Health Report for
Stockport – 2017/18**

**SECTION B: Diseases Causing Death &
Injury**

LEVEL 4

Full Analyses

LEVEL 4 (FULL ANALYSIS) SECTION B: DISEASES CAUSING DEATH AND DISABILITY

B4.1 HEART DISEASE AND CANCER

Heart disease and cancer are the two greatest killers of our time. Due to the recent decline in heart disease cancer has now taken over as the biggest killer. They can helpfully be thought of together as smoking, stress, physical inactivity and diet contribute to both heart disease and cancer so our preventive strategies focused on those factors benefit both diseases.

Cancer

Cancer arises when a cell starts to multiply out of control leading to tissues growing uncontrolled and ultimately spreading throughout the body interfering with other organs. This occurs as a result of factors that damage chromosomes, depress the immune system, or stimulate cell multiplication, such as

- old age,
- smoking,
- chemicals,
- radiation,
- stress,
- genetic predisposition
- diseases of the immune system such as HIV/AIDS

Over 80% of lung cancer is caused by smoking (including about 1 to 2 people in every thousand who die each year as a result of passive smoking). About 10% is caused by occupational exposure to chemicals. Smoking also increases the risk of many other cancers.

Breast cancer and testicular cancer are two of the very small number of diseases that are most common in the most affluent.

Delayed childbearing contributes to breast cancer.

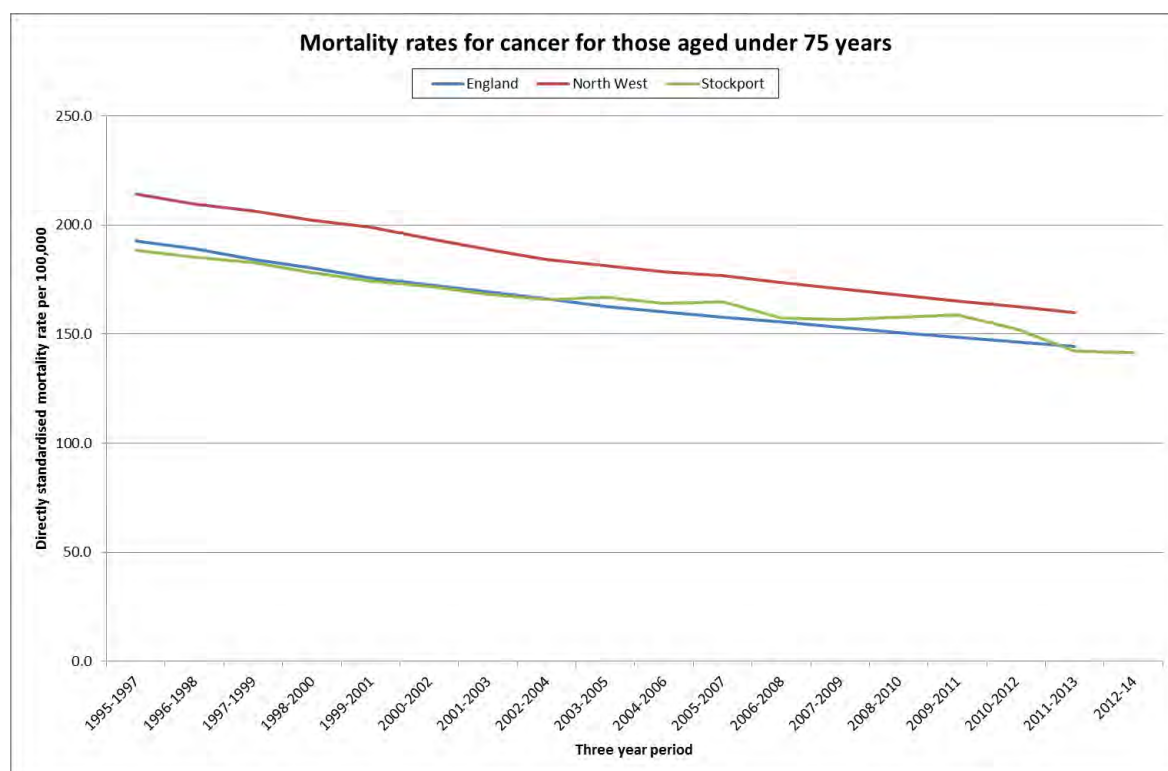
Cervical cancer is commonest in women who have multiple sexual partners or who work in oily or dirty surroundings or with biological material or whose partner does any of these things.

Skin cancer is increased by overexposure to sun.

Gastrointestinal cancer is predisposed to by low fibre diets or by physical inactivity. Oesophageal cancer is increasing in incidence and is associated with reflux of stomach contents in the oesophagus whilst stomach cancer may be caused by an infection which also causes stomach ulcers and heart disease. Mouth cancers can be caused by smoking. All three of these cancers are also predisposed to by excessive consumption of alcohol or certain kinds of food

All age deaths from cancer have fallen by 16% in Stockport since 1995/97, cancer currently causes around 800 deaths a year in Stockport. Deaths from early cancer (aged under 75) have fallen by 25% in Stockport since 1995/97, currently 375 of early deaths a year in Stockport are due to cancer (see figure below). Mortality rates are lower than the regional average and similar to the national average.

Figure B1 Trends in Cancer Mortality



Over the same period the incidence of cancer has risen by 5% in Stockport, currently over 1,600 people are diagnosed with malignant cancer each year. Incidence rates have risen fastest in the 50-64 age group, and have fallen for those aged 75+. Currently 1,050 people aged under 75 are diagnosed with malignant cancer each year in Stockport. Malignant cancer incidence rates in Stockport are lower than the regional average but higher than the national average.

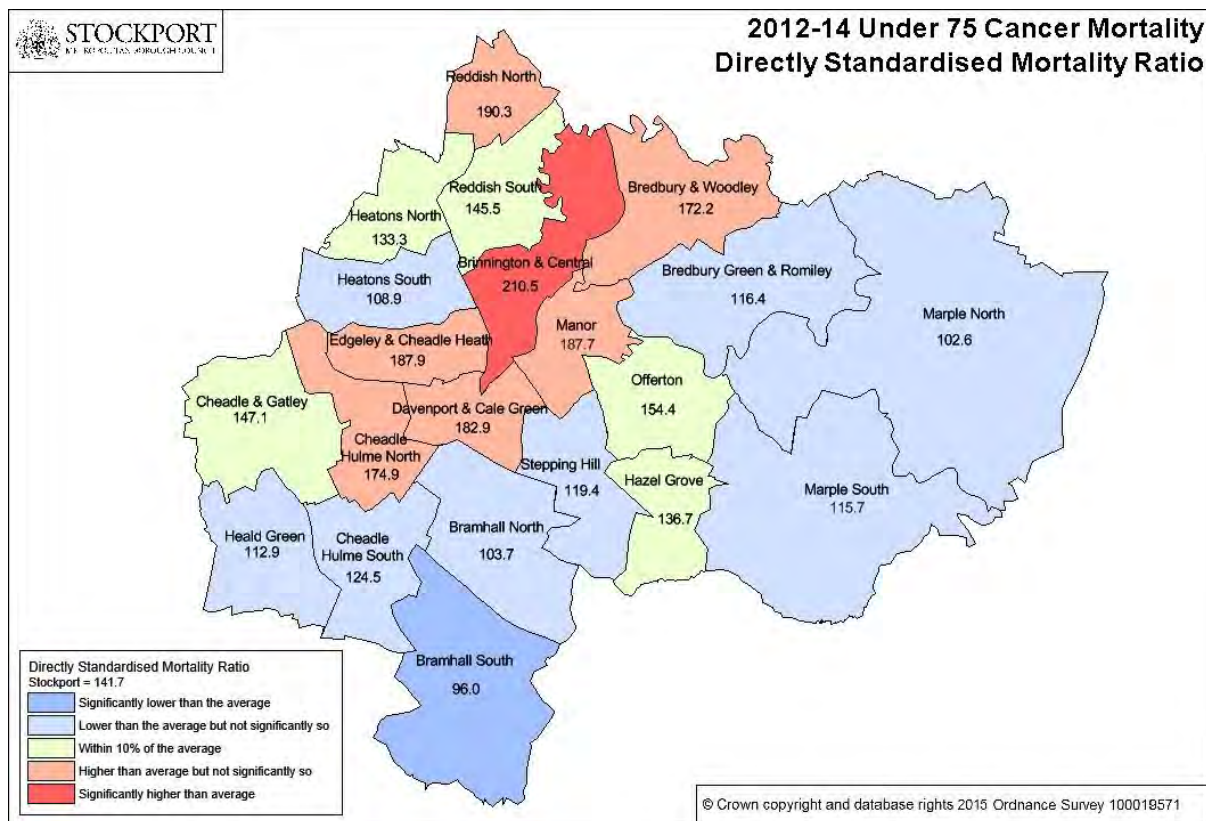
Data for the incidence and number of deaths from the most common cancers or those with screening programmes are shown below.

Table B1 Incidence and Mortality for key cancers

| Stockport – Incidence and mortality numbers from key types of cancer | | | | |
|--|------------------|---------|---------------|---------|
| | Incidence (2012) | | Deaths (2014) | |
| | All Ages | Age <75 | All Ages | Age <75 |
| All Malignant Cancers | 1660 | 1050 | 810 | 375 |
| Lung Cancer | 230 | 120 | 185 | 90 |
| Colorectal Cancer | 220 | 125 | 95 | 45 |
| Female Breast Cancer | 255 | 180 | 50 | 30 |
| Female Cervical Cancer | 15 | 10 | * | * |
| Male Prostate cancer | 200 | 135 | 45 | 10 |
| * less than 5 | | | | |

Source: HSCIC

Figure B2 Distribution of premature cancer mortality



Heart Disease

Heart disease was the most common cause of death for many years until recently when cancer overtook it both locally and nationally.

Heart disease is caused by

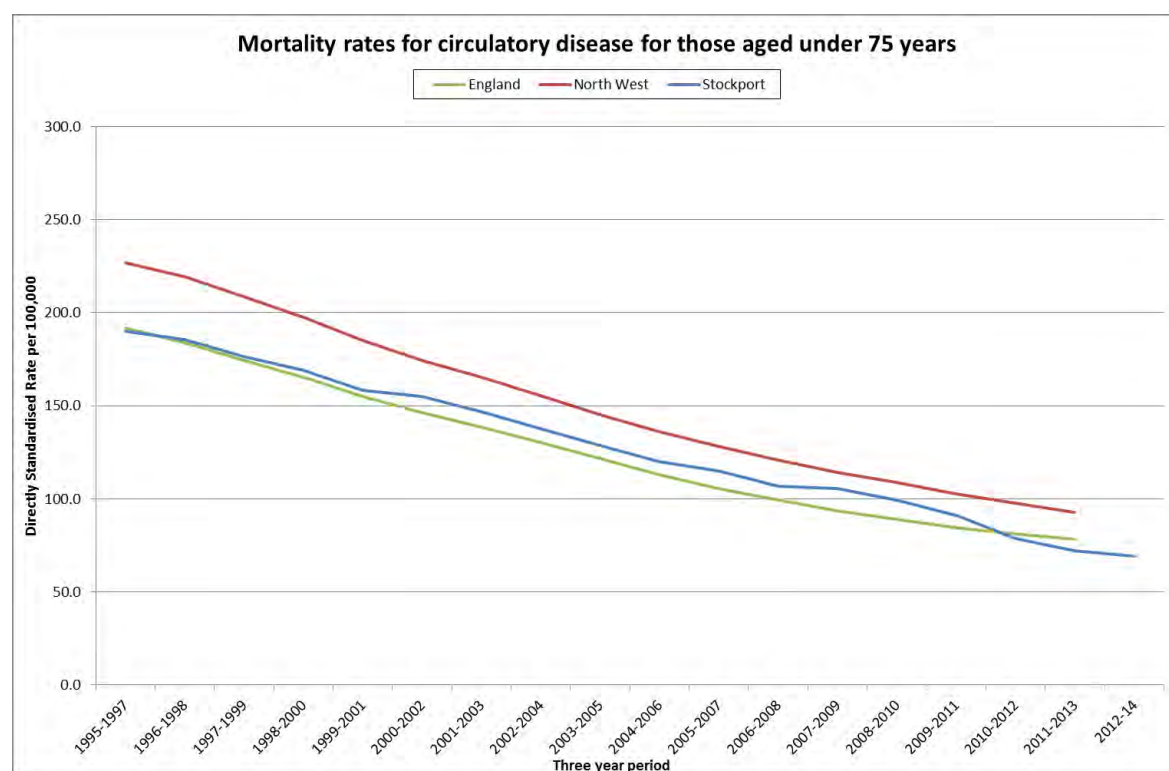
- Smoking,
- Low fibre high fat diets,
- Lack of exercise
- High blood pressure and diabetes, both of which are contributed to by obesity which in turn is caused by diet and lack of exercise
- Salt.
- Genetic predisposition.
- Stress, in the precise sense discussed in the chapter on well being
- Heavy alcohol consumption

Aspirin, eating fish (especially oily fish) and statins and other measures to reduce cholesterol, also reduce the risk of heart disease.

Moderate alcohol consumption is beneficial but the balance between healthy and unhealthy consumption is a fine one. Your first pint of beer or your first medium glass of wine each day is good for you. The next pint or the next glass of wine cancels out the benefit of the first. After that it is harmful.

All age deaths from circulatory disease have fallen by more than 50% in Stockport since 1995-97, currently 725 deaths a year in Stockport are due to heart disease. Deaths from early heart disease have fallen by 64% in Stockport since 1995-97, currently 160 early deaths a year in Stockport are due to heart disease (see figure below). Mortality rates are lower than the regional average and similar to the national average.

Figure B3 Trends in Circulatory Mortality



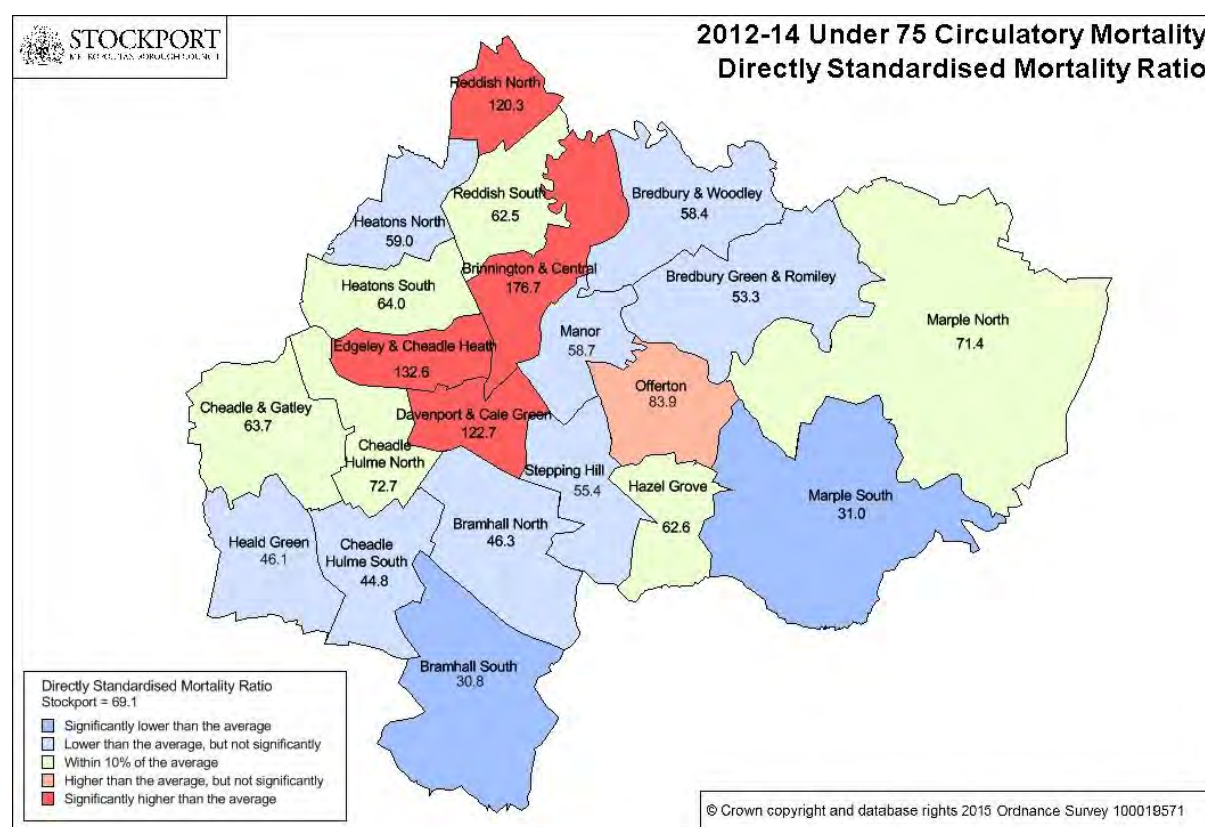
There are currently 11,800 people registered with a Stockport GP who have a diagnosis of coronary heart disease and 6,000 with a history of Stroke. Trends show that levels of diagnosed hypertension are rising, while levels of coronary heart disease are falling.

Table B2 Morbidity of heart diseases

| | Number with condition | Rate per 1,000 |
|------------------------|-----------------------|----------------|
| Hypertension | 43,100 | 143.0 |
| Coronary Heart Disease | 11,800 | 39.3 |
| Stroke / TIA | 6,000 | 20.0 |
| Heart Failure | 4,500 | 8.9 |

Source: QoF

Figure B4 Distribution of premature Circulatory mortality



What Can We Do About Cancer and Heart Disease

The health service can help by providing services to screen for early disease or risk factors for disease and advise on healthy choices. It can diagnose and treat existing disease. It can sponsor and empower the community. . It can promote the cancer screening programmes and empower people in local communities to take up all offers of screening. It can promote the importance of knowing what's right for your body and reporting changes early to your doctor.

The wider local authority can *create safe and healthy communities*, protect and promote our environment and heritage, protect areas of peacefulness and tranquillity as refuges from a stressful world and promote exercise opportunities through leisure facilities, countryside management etc. They can develop a transport strategy that makes more provision for walking and cycling

Employers can encourage and reward healthy behaviours and have policies to reduce stress.

Caterers can adopt a pricing policy that encourages healthy choices, develop imaginative menus that make the healthier choices attractive and ensure that all food is cooked in the healthiest way possible for that particular food. They can also avoid excessively large portion sizes.

All organisations and businesses can help reduce the barriers to physical activity and can discourage smoking.

Schools can ensure that health is included as a cross curricular theme and that the school makes it easier for children to make healthy choices, thus laying the groundwork for a healthy lifestyle. School meals should be healthy – one sensible step to take is to find out what healthy food children like and provide that. Vending machines and tuck shops should also make it easier to choose healthy options. Schools should promote physical activity and should try to encourage children to walk or cycle to school instead of coming by car.

People

You can help yourself avoid heart disease and cancer by

Drinking healthily (less than 14 units a week for women and 21 for men with no more than 6 units on any one day)

Not smoking

Maintaining a healthy shape (body mass index ideally less than 25 and certainly less than 30)

Taking at least moderate activity for at least 30 minutes on at least 5 days a week

Eating at least 5 portions of fruit & vegetables a day, and choose low salt, high fibre, low fat, and low saturated fat products.

Using stairs instead of lifts and making short journeys on foot instead of driving,

Covering up and using sun protection on holidays and when working in the open air in fine weather

Making full use of screening services.

B4.2 RESPIRATORY DISEASE

One of the major public health successes of the last 50 years has been the reduction in the rates of respiratory disease. This has been achieved by Clean Air, by tackling occupational causes of lung disease and by reductions in smoking.

However respiratory disease remains a significant problem.

COPD

1 person in 20 suffers from some degree of chronic obstructive pulmonary disease and it is important that this is recognised and steps taken to stop its continuing deterioration.

There are currently 6,600 people registered with a Stockport GP who have a diagnosis of chronic obstructive pulmonary disease; a rate of 21.9 per 1,000. Rates have risen steadily since 2004/05. This is about two-thirds of the predicted total.

All age deaths from COPD have fallen by 11% in Stockport since 1995/97, currently 175 deaths a year in Stockport are due to COPD; the majority in older age. All age deaths from all respiratory disease have also fallen, by around 40%, in Stockport since 1995/97, currently 350 deaths a year in Stockport are due to respiratory disease.

Action is being taken by our local NHS bodies to address this disease.

Early identification

At the end of November a 'Know it, check it, treat it' day was organised at the Wellbeing Centre for people over 35, who are a smoker or have ever smoked to come down and have a screening test for COPD

The integration plan includes the development of indicators to promote and increase the diagnosis of COPD

Treatment

The Governing Body of the CCG heard an inspirational story from a patient with COPD who gave up smoking. This has been widely promoted.

http://www.youtube.com/watch?v=1-9mOS8SC_E&list=UUp2kig2nAtAW0V3OmhuXlhg&index=15

The FT have been improving the pathway for COPD related to the CQUIN, which is to ensure optimal treatment and care planning of patients with COPD

The CCG have commissioned a process to review the medications of patients with asthma and COPD to check they are being managed correctly.

ASTHMA

Asthma is a disease of difficulty in breathing caused by contraction of the small air passages to the lungs. Sufferers are usually perfectly normal between attacks although some permanent damage can occur over time. Asthma attacks can range from severe coughing attacks (especially at night) through to totally obstructed breathing threatening life.

Asthma rates have increased considerably over the last few decades.

Asthma is caused by:

- genetic predisposition
- allergies to specific substances
- sensitisation to chemicals by repeated exposure, for example in an employment situation
- poor air quality caused by
- traffic
- other air pollutants
- meteorological conditions
- inhaling tobacco smoke from other people

As well as providing sufferers with good quality services and education about their disease we also need to address the fundamental causes of poor air quality.

There is a relationship to traffic density. It is usually said that asthma is not caused by traffic emissions but that they condition the airways to react more to the actual causal allergens. However if the effect of this is that people suffer regular attacks when they otherwise would not have done so then the distinction between causing asthma and predisposing to asthma may seem an artificial one.

There are currently 19,550 people registered with a Stockport GP who have a diagnosis of asthma; a rate of 64.9 per 1,000. Rates have been reasonably steady since 2004/05. Around 3,300 of these diagnoses are for children and young people.

Around 500 hospital admissions are made each year for asthma, around a half of which are for children and young people, admissions peak for this age group in the autumn as children return to school after the summer holidays. Around £5.8 million is spent on prescribing for asthma each year in Stockport

In the last few years Stockport Council's education service has introduced a robust programme of asthma management in schools. Working closely with school nurses and head teachers a training programme has been implemented that all head teachers have attended. In addition a range of in school training programs have been provided for staff. These include asthma management and also responding to asthma emergencies. Some schools have also used assemblies to promote asthma management to pupils

Each year school are asked to report on their asthma management policy and to report any areas of non-compliance. An audit of all schools is carried out by a self-completion questionnaire. Areas of good practice are highlighted and those schools who indicate areas where they need further support

are visited with the appropriate experts. Governors are also requested to assure themselves on an annual basis that the school asthma policy is current and robust.

The Stockport council policy has now been extended to include other issues of paediatric chronic disease management including diabetes and epilepsy. The school nurses have supported pupils in the schools with individual care plans which are shared with relevant staff members. The work we have progressed has been highlighted as good practice by Asthma UK

B4.2 INJURIES

Injuries account for a relatively small proportion of all deaths. However they cause very much the greatest proportion of deaths in young people, so they are the third largest cause of lost years of life.

Most injuries occur in one or other of five settings - on the road, at work, at leisure, at home or as a result of violence. There are some injuries in other settings – rail or air crashes or weather incidents for example - but the five main settings account for almost all of them.

A few accidents are genuinely unavoidable or are due to bad luck with the inherent risks in excitingly dangerous activities such as mountaineering or motor racing, and are avoidable only by constraining the human spirit. But most should not be called accidents as they have readily avoidable causes, such as:

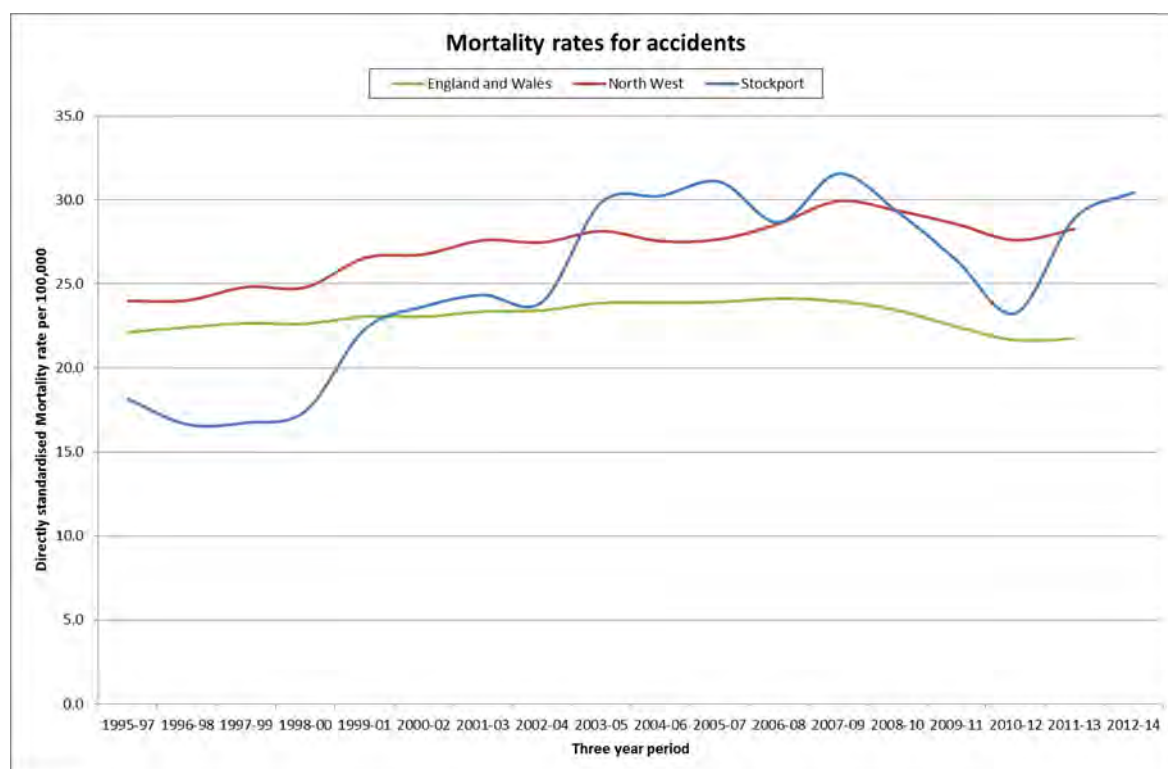
- failure to warn about and protect against hazards
- unsafe systems of work
- alcohol
- defective equipment
- inadequate training
- inexperience in children and young people
- binge drinking in young people
- short cuts taken for convenience or profit
- people taking unnecessary risks out of bravado, carelessness, lack of knowledge, misjudgement of risk, lack of self-worth, or familiarity breeding contempt
- absurdly risk averse safety procedures which discredit the concept of safety and lead people to ignore advice (the "cry wolf" syndrome)
- poor housekeeping in workplaces
- failure to appreciate hazards in the home, including
- fire risks
- unsafe storage of dangerous substances, including both prescription and non-prescription drugs
- unsafe equipment and furniture, especially where poor households buy cheaply

Injuries occur more commonly to the poor, because they are most likely to work in poor quality work settings, they are more exposed to risks as pedestrians and they often cannot afford safe equipment.

Health service statistics and traditional discourse divide injuries into intentional injuries and “accidents”. This is a misleading terminology as most “accidents” have a cause and are potentially avoidable.

All age deaths from “accidents” started falling in Stockport after an increase over the first decade of the millennium. However the most recent data shows rates rising once again, currently 85 deaths a year in Stockport are due to “accidents”. “Accidents” are one of the leading cause of deaths for people aged under 45, account for 20% of these very early deaths; the majority of accidental deaths however occur for those aged 80+; where falls cause around 45 deaths each year. Mortality rates are similar to the regional average but higher than the national average.

Figure B5 Trends in accidental mortality



Injuries in Children

The most recent Ofsted inspection of arrangements for safeguarding children and young people took place in February 2012. The overall effectiveness was judged to be adequate which does not match the aspiration of partners. A comprehensive and robust joint children's social care and health action plan was put in place to address the OFSTED feedback and this has now been fully implemented.

The independent chair of the Stockport Safeguarding Children Board noted in a recent report, that referrals to social care had reduced in 2012 / 2013, which may be the result of demand being managed more intelligently through the Supporting Families Pathway and the recent introduction of the Early Help and Prevention Service. He also noted that despite the needs of organisations to make savings, commitment to safeguarding remains strong in Stockport.

There is an extensive training programme to support partner organisations to effectively safeguard children. There are concerns that elements of this may be at risk due to reductions in grant funding and reduced capacity for existing staff to deliver training.

A designated nurse for the Looked after Children post is now established following the Ofsted recommendations. Stockport health professionals are now achieving quality standards in relation to health assessments for children placed by Stockport Local Authority. Stockport continues to have excellent immunisation rates for looked after children. An action plan in relation to the mental wellbeing of looked after children is being implemented. There are some difficulties with access to mental health services for the 16+ group.

Unintentional Injury

Public Health England and the Royal Society for the Prevention of Accidents (ROSPA) published a report on delivering accident prevention at local level in 2013. This highlighted the impact that accidents have on preventable death and injury and the huge costs to the economy as a result. The report stressed that accidents are eminently preventable and urged local authorities to give a higher priority to this issue than is currently the case. In particular the following priorities were highlighted:

- Accidents in the home in under 5s
- Leisure and road related accidents in 10 – 25 year olds
- Accidents in the home in the over 65 population, especially falls.

Hospital admissions for unintentional and deliberate injury in 0 -17s in Stockport are higher than the national average. Rates are highest in the early years of life and young people. There is no clear trend in the rate of hospital admissions caused by unintentional injury in 0 – 17s. There is also no clear trend for emergency department attendances caused by injury at Stepping Hill Hospital for the 0 – 17s.

There is a local unintentional injury strategy group which has developed a multi-agency action plan. The public health team is planning to invest more resource in this area in order to progress work. This will include:

- Developing and delivering a plan to prevent accidents in children aged 0 -5
- Developing and delivering a plan to prevent accidents in young people
- Further stakeholder engagement
- Development and delivery of a training plan
- Developing a communications plan
- Further development of the home safety equipment scheme which targets families with young children in priority areas.

Stockport currently has a home safety equipment scheme which aims to reduce injuries in the first 2 years of life. This is delivered in partnership with Stockport Homes. It is currently too small in scale to have a significant impact on accident rates.

It is acknowledged that accident in older people is also a priority. There are already well developed planning mechanisms in relation to falls prevention in older people but there are gaps in service delivery. Public health has agreed to provide some funding to support older people's accident prevention.

Health and Safety at Work *(Note- this section also appears in chapter 15)*

Improvements in health and safety at work are amongst the greatest achievements of our society in the 20th century and are one of the major reasons for the proportion of men reaching old age increasing towards the end of that century. It is easy today to laugh at some of the eccentricities of overzealous health and safety measures. Such overzealousness, which rarely results from a professional inspector, is indeed something we must tackle; health and safety is too important to be rendered a laughing stock. A couple of generations ago the image of ashen-faced families gathered

for news at the gates of the factory or mine in which there had been a major accident was part of our cultural folk memory. If we have allowed it to fade we have done so at our peril.

Less than 50 years ago children burned alive in blazing nightdresses. Less than 25 years ago people choked in the poisonous smoke of burning foam-filled furniture.

If these things are to remain only history we must be careful how far we go in calling for deregulation or in laughing at “health and safety”.

The important thing we must keep in mind is the distinction between a safe society and a risk-averse society. In a safe society people who climb mountains use the proper equipment, train properly, check the weather, inform others of their route and support a mountain rescue service. In a risk-averse society people do not climb mountains. When regulation strays into risk-aversion we must step back. Ultimately a risk averse culture is an unsafe culture because people lose patience with it and then have no parameters for safe behaviour, it absorbs resources which are needed to create a safer and healthier world, it limits human growth, creates dependency, and leaves people unfitted to handle risks when there are no regulations to direct them, people concentrate on documenting risk avoidance rather than on tackling hazards and it asks too much of people and they fail so that absurdly excessive levels of precaution coexist with blatant danger.

But we must oppose the siren calls of those who would neglect the genuine advancement of safety.

Unsafe Products and rogue traders

Trading Standards have a responsibility to enforce a wide variety of both general and product-specific legislation in the area of product safety. Enforcement of this legislation is achieved both proactively and reactively.

Some examples of these activities and the outcomes achieved are provided below:

Table B3 Examples on Enforcement

| Activity | Number 2012/13 | Summary |
|----------------------------------|---------------------------|---|
| Business advice requests | 17 | Local businesses seeking advice on how to ensure compliance with relevant product safety requirements |
| Consumer complaints | 43 | Investigation of complaints from local consumers which indicate potential breaches of product safety legislation |
| Referrals about local businesses | 22 | Referrals from other TS departments regarding potential contraventions of product safety legislation by businesses based in Stockport |
| Product safety samples | 41 | Samples taken as a result of inspections, complaints etc. to monitor compliance with relevant product safety requirements in relation to areas of emerging risk |
| Routine Inspections | 29 | Risk based inspection programme covering businesses who make, import or sell goods to which product safety legislation applies |
| Surveys | 5 | Local and regional surveys targeting areas where compliance issues have been identified through local/regional/national intelligence |

Advice was provided to local businesses on ensuring compliance with relevant safety requirements in a number of areas, including cosmetic products, toys, electrical equipment and electronic cigarettes.

Following a referral from another trading standards department after a consumer complaint, a business in Stockport was raided and thousands of imported phone chargers and associated equipment were seized. Samples were taken and submitted for analysis, and many of the items failed the relevant safety tests. A criminal investigation has been undertaken, with a prosecution pending.

Joint visits with the fire service during Electrical Safety Week to premises selling second hand electrical equipment, advising on appropriate testing provisions and safety requirements prior to sale,

Working with the Police, Fire Service and Anti-Social Behaviour team during the fireworks season, ensuring compliance with relevant safety requirements;

A protocol was developed with the Fire Service whereby information pertaining to electrical fires which may have been caused by faulty/unsafe products is shared and acted upon.

Regional projects undertaken during 2012/13 included:

Magnets and projectiles in toys: Each Authority purchased samples for each of the criteria. All samples were then submitted for analysis against the relevant safety standards, which resulted in a number of products being removed from sale/recalled by the manufacturer. This information was then reported on a national database (Memex) to alert and inform other trading standards departments of the product safety issues found and areas of concern

Importer project: Documentary checks carried out on businesses importing goods subject to product safety legislation (such as toys, electrical equipment and cosmetic products) from outside the EU, to ensure that traders were complying with relevant requirements, such as maintaining technical files for each product etc.

Targeted enforcement activity including prosecutions has been undertaken in Stockport for approximately 10 years to prevent the sales of age restricted products such as alcohol, tobacco, knives and sunbed use. The annual survey of young people carried out by Trading Standards NW has indicated that in Stockport fewer of them now believe that shops in Stockport will sell to those underage.

There is a multiagency prevention and response service in Stockport to provide information within communities about rogue trader activities and to respond in cases where rogue traders may actually be targeting vulnerable people.

Health and Safety at Work *(note this section also appears in chapter 15)*

The Health and Safety Executive (HSE) and Local Authorities (LAs) are the principal Enforcing Authorities (EAs) for Health and Safety at Work etc. Act 1974 (HSWA) in Great Britain. The primary purpose of the HSWA is to control risks from work activities. The role of the EAs is to ensure that duty holders manage and control these risks and thus prevent harm to employees and to the public. Regulation activity is split between the two authorities dependent upon work premises type.

In Stockport such work is carried out by Environmental Health. Proactive Inspections are restricted to those activities and issues detailed in the National Local Authority Enforcement Code and are also carried out at premises where Intelligence or history suggests poor compliance. Inspections are undertaken at all skin piercing premises prior to allowing registration under the Local Government (Miscellaneous Provisions) Act 1982. Investigations are carried out in respect of all accidents that result in a fatality of an employee or member of the public, if as a result of a workplace activity. All accidents that result in a serious injury to an employee or member of the public are investigated. The section has two officers trained as Family Liaison Officers. They liaise with bereaved families and injured parties in order to keep them updated on the progress of any investigations. Advice to small and medium sized business is via the council website and the 'Health & Safety that Works' pack. Service requests and complaints about premises from other enforcement agencies are also responded to.

The Section has responsibility for administering the annual Safety Certificate at Edgeley Park Football Stadium. This involves an annual ground inspection, match day inspections, chairing the Safety

Advisory Group meetings, ensuring compliance with the safety certificate and giving advice to the club. It has also entered into a Primary Authority (PA) partnership with National Tyres and Viking International. As part of this partnership the team provides PA advice to the company and responds to health and safety referrals from other LAs.

The section continues to work with Greater Manchester Police Crime Reduction Advisors in order to visit premises that have suffered robberies. A member of the team attends the Retail Violence meetings.

In 2009 the section targeted young people to raise the profile of health and safety to reduce accidents / dangerous incidents prior to them going on work experience. During the session the students participate in various activities to spot workplace hazards and learn about occupational diseases. Some of the dangers highlighted include hazards in the construction, office, care, retail, horticulture and catering industries. These roadshows are supported by local businesses and the Health and Safety Executive. To date some 2550 year 10 children have attended our roadshows. This project will continue in 2013/2014 on request from schools.

"Smoke Free" legislation is also enforced by both Environmental Health and Trading Standards. Recent action has been taken to address smoking in taxis.

Recent cases:

- A fatality at a climbing centre, which resulted in evidence being given at the coroner's inquest.

- Fatality involving a member of the public who fell from height in a church whilst volunteering. This resulted in evidence being gathered for the coroner.
- A successful prosecution of a major high street building society for exposing employees and members of the public to asbestos fibres during a refurbishment.
- A successful prosecution of a woodworking company that had failed to adequately guard dangerous machinery and had exposed employees to potentially hazardous sawdust.
- Two prohibitions served to prevent tattooists from operating without the appropriate sterilisation procedures and exposing members of the public to risk of infection from HIV & hepatitis.

Preventing Injuries and Crashes – What we Can All Do to Help *(Note- this section also appears in chapter 15)*

- don't drink and drive
- after drinking, allow one hour for each unit you have drunk before driving, using machinery or undertaking any other dangerous tasks requiring care. This will keep the number of units in the bloodstream of a person of average size and build below one unit which should be safe. If you want to be completely alcohol free allow an extra hour. Also allow extra time if you are significantly below average height and weight (this includes many women). Traditionally a unit is a small glass of wine, a pub measure of spirits, or half a pint of beer. However this was based on 125 ml glasses of wine, 9% abv wine and 3% abv beer. Many glasses are now larger than this and most drinks served today are stronger, sometimes much stronger, so these traditional guidelines can be dangerously misleading. Check the size of the glass and the strength of the drink and adjust. Remember that drinks described as "low alcohol" rather than "alcohol free" do contain some alcohol.
- drive at no more than 20mph on side roads. This will add no more than a couple of minutes to most journeys, since you rarely travel far before you join the main road, and yet it would save most child pedestrian deaths.
- wear seat belts in cars, and crash helmets on motor cycles
- give cyclists space when driving past them
- learn advanced driving techniques - they not only protect you and other people, but they make driving more enjoyable
- fit smoke alarms and test them weekly to make sure they are working properly
- think about the safety of toys, furniture and domestic equipment
- talk to your health visitor about preventing home accidents to toddlers
- always ask sales people about the safety features of the product. Not only will the message eventually get through if enough people do it, but it's fun watching their reactions.

B4.3 MENTAL ILLNESS

The Prevalence and Causes of Mental Illness

Lifetime prevalence

1 person in 4 will suffer from mental illness at some time in their lives.

Point prevalence

In Stockport it is estimated from general practice disease registers that 16,442 people aged 18+ have been diagnosed with depression and anxiety since 2012-13 and 2,400 people suffered from schizophrenia, bipolar disorder or other psychoses. Across Stockport 27,000-31,000 adults report having low mental wellbeing (12.2%).

Causes

It is sometimes said that mental illness is merely one end of a continuum in which all of us have some abnormal thoughts, some mixed emotions and some irrational behaviours and these are socially labelled mental illness when we fail to conceal them and they impact on our functioning in society or become distressing. However others dispute that, arguing that there are specific biological factors that cause defined illnesses. Yet a third school of thought believes that both the other statements are correct because they perceive defined biological factors as being responsible for all our irrational behaviours and beliefs – for example research has been published suggesting differences in brain structure between people who hold left wing political beliefs and people who hold right wing belief. Those who seek to present mental illness as merely a social phenomenon sometimes argue that this must be the case since social circumstances figure prominently in its causes. However that is just as true of heart disease.

Whatever the merits of these theoretical arguments, mental illness is an observable abnormal state which has an adverse impact on those who suffer from it, which can kill people (by means of suicide) and which can be treated, so I find it distinctly unhelpful to regard it as anything other than a set of illnesses and disabilities. This is no way detracting from recognising its social causes or recognising that disability is a social concept and that it is social organisation which determines how disabling any particular impairment is.

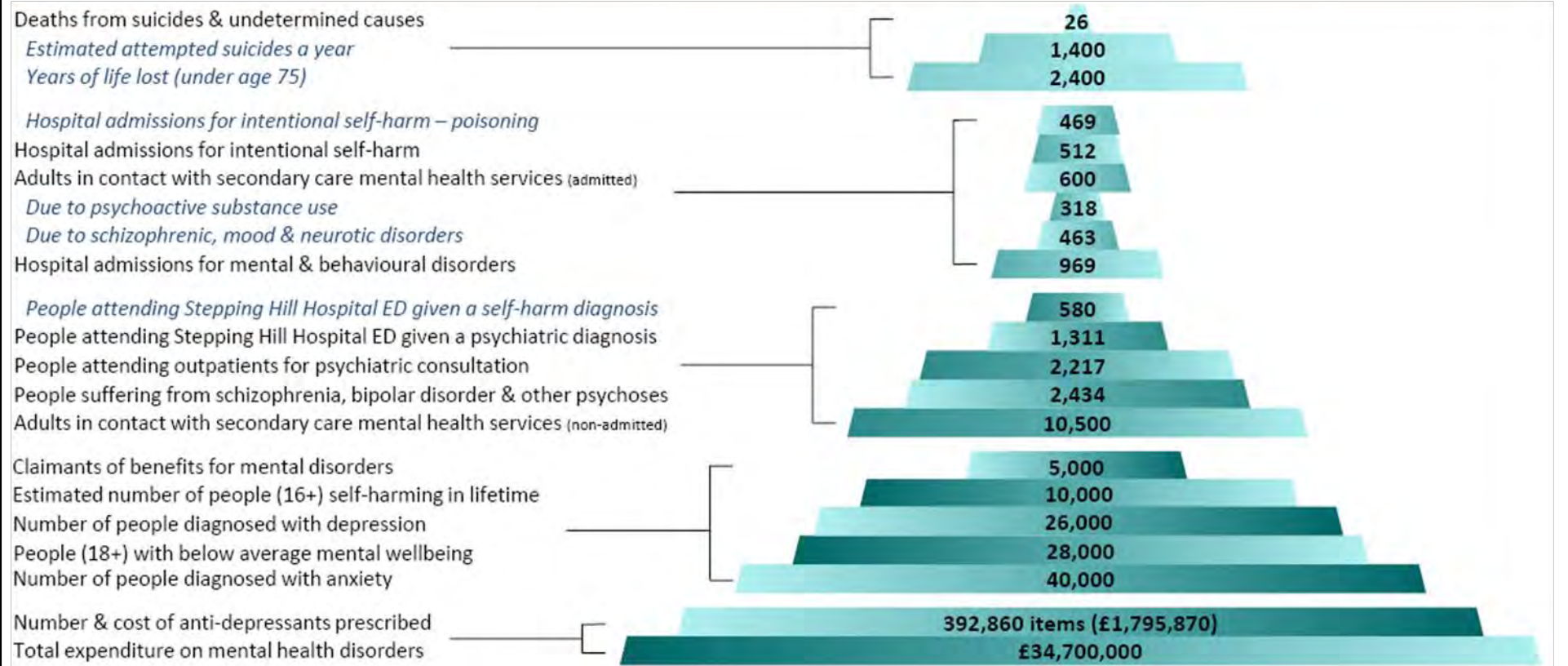
There is much debate about the contribution to the predisposition to mental illness made by genetics, chemicals, nutrition, and upbringing. There is also debate about how far the association with lower social class is a causal relationship (the effect of poverty and low status on risk of mental illness) and how far it is due to reverse causality (the effect of mental illness on achievement) – both undoubtedly contribute.

It is clear however that low levels of well-being increase the risk of mental illness, that stress can be a precipitating factor in an incident of mental illness, and that strong social networks help provide protection.

Physical activity reduces the incidence of depression.

Overview of Mental Health in Stockport

Numbers of people in contact with various tiers of health services and estimated numbers with mental health needs in the general population



Prevention

Community Development –Promotes social support and social solidarity which protects mental health. Increasing community participation and promoting resilience is a central element of preventing mental illness.

Stress Reduction –Stress can precipitate mental ill health. Programmes of stress reduction should take place in workplaces and in local communities.

Promoting Well Being – People with low well-being are at risk of developing mental ill health so the well-being programmes described in chapter 14 are valuable in preventing mental illness.

Counselling and Therapy –Can help diminish the consequences of stress and emotional ill health but providing this on the NHS poses a potentially limitless demand.

Supporting Stigmatised Groups –Stigma is an important cause of stress.

Self-esteem – Promoting self-esteem is an important contribution.

Supporting Isolated Groups –Mental ill health is known to occur in isolated groups such as, carers and parents of young children without links outside the home. This is presumably because of lack of social support. Maintaining social contacts and reducing isolation is of central importance.

Raising the Human Spirit –Measures which make the borough more aesthetically attractive and create areas of tranquillity contribute to easing stress.

Arts for Health –This project fulfils a number of roles, two of which are relevant to mental health. It contributes to raising the human spirit and it provides a key staging post in helping people with mental illness raise their self-esteem and return to employment.

Destigmatising Mental Illness – People with mental illness are themselves stigmatised and this is a vicious circle which creates stresses that cause recurrence as well as obstructing rehabilitation.

Promoting Physical Activity – see chapter 12

A New Approach to Mental illness

In about the last third of the 20th century the treatment of mental illness went through a shift from being based in institutions to being more fully integrated with the rest of the health service and with more care in the community. Around the turn of the century it went through a further shift towards the wider use of psychological therapies. It now needs to go through yet another shift – towards fuller integration of mentally ill people into society.

From Prejudice to Acceptance and Integration

Despite the high proportion of the population who suffer from mental illness at some time in their life, and the way that it can be perceived as an exaggeration of normal character traits, there is a very considerable stigma attached to the various mental illnesses. The old Victorian idea that mentally ill people should pull themselves together, and if they can't do that they should be sent to

an asylum, dies hard. Few would articulate it or indeed believe it, but many would behave as if they believed it, which for the sufferer is as bad.

This stigma worsens the experience of mental illness and constitutes a stress which exacerbates it. It often prevents people with mental illness from participating in activities which might ease their problems – physical activity or social networking for example.

It is therefore essential that we should take steps to reduce this prejudice and stigma associated with mental illness. In a recent Parliamentary debate a number of MPs, including some leading figures from all parties, declared that they had suffered from mental illness. This was a significant and much valued example of leadership.

Terminology

It is often said that one way to destigmatise mental illness is to abandon the term and refer to “people with mental distress” or to “people with mental health support needs”. However it can be argued that these alternative terms are not precise, that “mental illness” is not in itself a stigmatising term but acquires stigma only because of social attitudes to it, and that we need to confront negative attitudes to mental illness not attempt to sidestep them by adopting a different term. The thinking behind the proposed change is also focused on the idea that we are dealing with a socially-created element of a continuum of normality, rather than an illness, although as I argued earlier this could be said just as much about many physical illnesses. A further argument for change is that the concept of illness implies lack of normality – this is a valid point but the concept of illness also has implications of a right to seek help and not be blamed and it can therefore be a supportive concept.

I find this a difficult debate. It is not helpful to abandon the concept of mental illness as a specific set of abnormalities and disabilities which are open to prevention, to epidemiological analysis and to treatment. However it would be helpful to find a way to combine that concept with one that emphasises the importance of avoiding stigma and prejudice and bringing about social change. A public health model of illness emphasises social and ecological causes of illness and the need for a social model of disability in dealing with their consequences. Such a model is no threat to a social model of mental health. However it seems that in the field of mental illness the concept of illness has become associated in many people’s minds with a clinical model that neglects social causes and social consequences. It is not surprising therefore that there is a reaction to the very term “illness” but the danger is that imprecision may result.

Employment

Employment is of value to mentally ill people as a source of status, of social networking and of structure to the day. Often lack of employment creates needs for day care. It is unfortunate therefore that the stigma of mental illness extends very much to employment and creates high unemployment rates amongst mentally ill people.

Mental illness is a disability and its sufferers benefit from the Disability Discrimination Act. However much more help and support into work is needed if this right is to become a reality.

Coproduction

Coproduction is a method of organising services which allows users to participate in their design with a view to structuring them around supporting that individual in living as independently as possible.

Coproduction embodies a new relationship in the design and delivery of services, emphasising that the patients and people in the system are assets who can be enabled to support the recovery of their peers if their value is recognised. Reciprocity, the giving back to others, is so crucial for positive health and wellbeing and generates a win-win situation where both peer mentor and service user benefit. As well as creating this added value through peer support networks, coproduction stresses that more can be gained through collaboration than a more traditional clinician/patient (dependent and passive) relationship or indeed commissioner/provider (driven by competition and cost) relationship. What is crucial is the creation of resilient, mutually supportive communities in which people who experience mental distress can play a full part, defined by what they contribute rather than by their mental illness label.

Integral to coproduction is the involvement of the community in addressing issues of stigma and prejudice. This can be made part of a process of creating resilient mutually supportive communities and this would bring the issues of mental illness and mental well-being together into a truly comprehensive mental health process.

Suicide & Self Harm

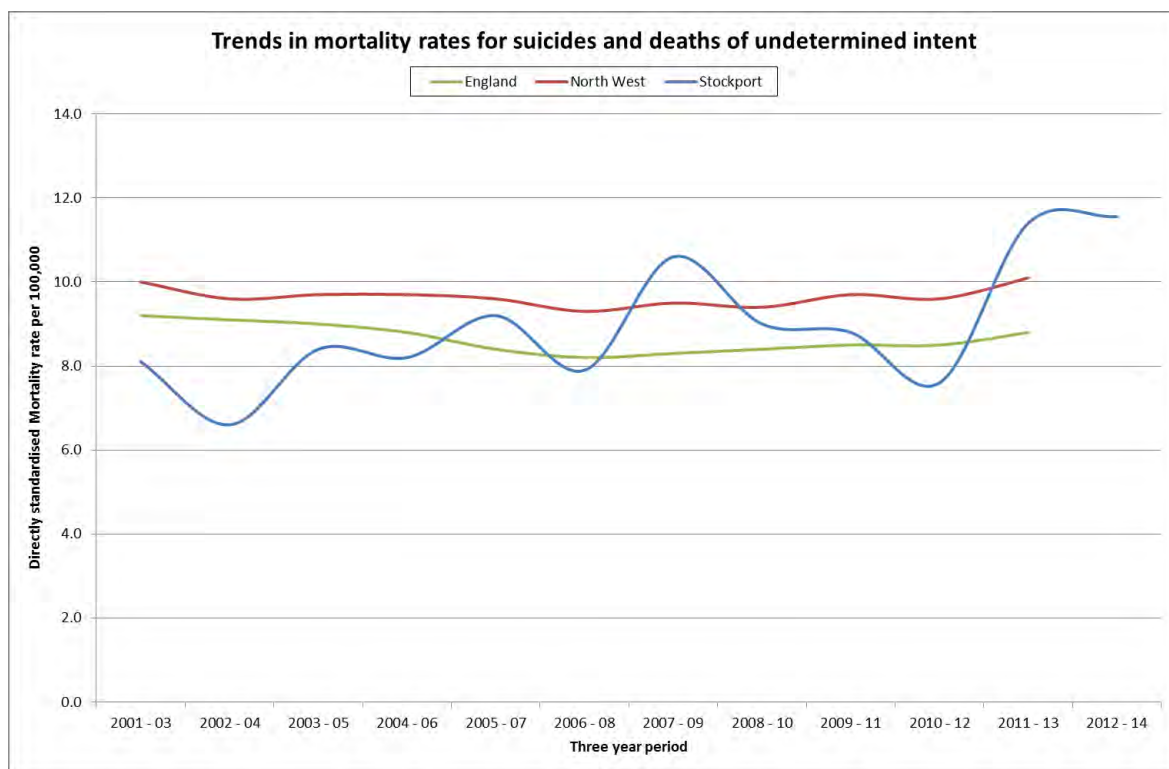
Suicide

There were 95 deaths of Stockport residents due to suicide and undetermined intent in the three years 2012-14. The groups with the highest rates were middle aged men (40-59 years) particularly living in deprived areas. Risk factors for suicide include: being male, unemployment, living alone, having a mental health problem and experiencing a recent significant life event, such as bereavement.

Figure B7 shows the mortality trends for the last fifteen years, because of the low numbers of deaths and the impact of coroner's inquest timings the rates in Stockport fluctuate, but on the whole are similar to both the regional and national average. There is however no significant downward trend observable in Stockport, although national and regional rates appear to be stable.

The most effective way to reduce suicides will be to improve mental health. We need a programme of work which plans accordingly. A multidisciplinary suicide prevention strategy for Stockport has been developed and is being implemented.

Figures B7 trends in mortality rates from suicide and deaths of undetermined intent



Suicide in People Suffering from Mental Illness

Suicide in people suffering from mental illness is a mode of death which it may not always be possible to avoid. Sometimes, paradoxically, it occurs when recovery commences and people regain enough motivation to carry out the process of killing themselves.

Suicide in people suffering from mental illness needs to be addressed partly by measures to reduce the incidence of mental illness and partly by a programme of work aimed at improving the detection and prevention of suicide risk.

Self-harm

725 Stockport residents a year are admitted as an inpatient due to self-harm but this is the tip of an iceberg, more may attend other emergency or primary care services it is estimated that between 2,000 and 4,000 people a year self-harm

Parasuicide

It is important not to confuse suicide with parasuicide - self harm which looks as if it is intended to kill but which in fact is often a cry for help. Sometimes parasuicide goes too far and the person unintentionally "succeeds" in a "suicide attempt" which was intended to fail. This is only a very small proportion of parasuicides but as there are far more parasuicides than suicides (over 700 a year) so it represents a significant proportion of successful suicides.

One of the commonest methods of unintentionally successful parasuicide is paracetamol poisoning, where people are not aware of the liver damage that occurs a few days after the overdose.

If parasuicide were logical then more widespread knowledge about late effects of paracetamol poisoning might reduce these accidents. Unfortunately, the emotional turmoil that surrounds parasuicide is often such that the intention to fail in the attempt may be subconscious and conflicting trends of thought may lead people to go as close as possible to success in order to make the attempt more realistic - so if the danger of paracetamol were more widely known it may be seen as a particularly effective cry for help, but people may misjudge how much they could safely take. Ideally methionine, which prevents the liver damage, would be added to paracetamol tablets but this would raise the cost of a very common and useful medicine often bought over the counter.

Successful parasuicides can be reduced by reducing the availability of modes of parasuicide which carry a prospect of success so that instead people use safer methods. The replacement of coal gas by natural gas and the replacement of barbiturates by safer drugs both had this effect.

The beneficial effect of war on suicide rates – a case for social solidarity?

Social solidarity may reduce suicide. Suicides fell dramatically in both World Wars and have increased in Northern Ireland since the development of peace. The explanation often advanced for this is that periods of war or crisis induce social solidarity. If this is the case then other measures which induce social solidarity may also have the same effect. Our community development strategy may therefore reduce suicides. But what is the essence of this “social solidarity”. Is it just sense of community and belonging, circles of support, having purpose and hope, usefulness and self-esteem, the strengthening of resilience from being part of a caring and mutually supportive network, all of them well-recognised and achievable contributors to mental well-being? Or is it also the sense of shared adversity in a co-ordinated effort to achieve a dangerous shared overriding communal priority – this would be much less easy to create in normal circumstances. Indeed is the observation of low suicide rates in war associated with social conditions at all. There are other possible explanations for the relationship between war and low suicide rates. For example, war offers other more socially acceptable (even socially honoured) opportunities for self-destruction.

Inexplicable single person accidents

Just as some cries for help masquerade as suicide, so some suicides are so carefully concealed that they appear to be accidents.

B4.4 MUSCULOSKELETAL DISEASE

There is no additional material at level 3 in this chapter.

**24th Annual Public Health Report for
Stockport – 2017/18**

**SECTION B: Diseases Causing Death &
Injury**

LEVEL 5

Additional Analysis

LEVEL 5 (ADDITIONAL ANALYSIS) SECTION B: DISEASES CAUSING DEATH AND DISABILITY

More detailed analysis of demographic patterns, trends in mortality, health status and inequalities, and the possible causes of these can be found on the JSNA hub (<http://www.stockportjsna.org.uk/>).

The JSNA has recently been refreshed and the overall priorities and key objectives can be found here <http://www.stockportjsna.org.uk/2016-2019-priorities/>. If there are any questions arising from the JSNA analysis then please contact the public health intelligence team at JSNA@stockport.gov.uk.

B5.1 HEART DISEASE AND CANCER

- [JSNA briefing - Cancer](#)
- [JSNA briefing - Mortality](#)
- [JSNA briefing - Long term conditions](#)

B5.2 RESPIRATORY DISEASE

- [JSNA briefing - Long term conditions](#)

B5.3 INJURIES

There has been a useful report on the public health implications of accidents by the Royal Society for the Prevention of Accidents which I made a small contribution to: <http://www.rospa.com/public-health/>. We need to distinguish between being safe and being risk averse. In a safe society people who climb mountains use the right equipment, check the weather, make sure they have the necessary skills and tell people where they are going and know that there is a mountain rescue service. In a risk adverse society people do not climb mountains

- [JSNA Briefing - Falls](#)

B5.4 MENTAL ILLNESS

MIND is a useful organisation for information about mental health <http://www.mind.org.uk/> and has produced a many valuable reports.

Analysis undertaken in previous Stockport Annual Public Health Reports remains relevant and is available from the Public Health team on request, for mental illness this includes:

- Chapter 9 of the 15th report – Health Needs Assessment for Suicides
- Chapter 22 of the 17th report – Reducing the Prison Population by health intervention
- [JSNA briefing - Mental health and well-being](#)

B5.5 MUSCULOSKELETAL DISEASE

For information on common postures and fixes go to <http://www.nhs.uk/Livewell/Backpain/Pages/back-pain-and-common-posture-mistakes.aspx>

For information on balance exercises to reduce falls go to

<http://www.nhs.uk/livewell/fitness/pages/balance-exercises-for-older-people.aspx>

For help taking more exercise try walking more and go to <http://www.healthystockport.co.uk/> or

<http://www.lifeleisure.net/> or

<http://www.stockport.gov.uk/services/leisureculture/walkinginstockport/> or

<http://www.stockport.gov.uk/services/leisureculture/cyclinginstockport/>

[JSNA briefing - Long term conditions](#)