

Stockport JSNA

joint strategic needs assessment

The Health Gap

Stockport JSNA 2020

Draft factual report

Introduction

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joint strategic needs assessment

The 2020 Joint Strategic Needs Assessment (JSNA) is part of Stockport's ongoing JSNA process to develop a shared understanding of health and care needs in Stockport, using intelligence to identify priorities to help local partners work together to deliver change which **improves the health and wellbeing of people in Stockport and reduces health inequalities**.

Changes to the 2020 JSNA

Until the middle of March 2020 work focussed on developing a JSNA that was similar in structure and process to previous Stockport JSNA, setting out trends in health, care and wellbeing statistics and identifying priorities for the next three years. This was nearing completion and was due to be published in June 2020.

At the end of March 2020 however everything changed, as the seriousness of the coronavirus pandemic began to be appreciated and as the United Kingdom implemented unprecedented actions to mitigate the impact of the disease on our health and health system,

We are now emerging from the first crises and starting to assess the initial impact on the health and wellbeing of the population, however we know these effects will be long-term and far-reaching and will not effect everyone equally. We are now going to refocus our JSNA on understanding the impact of the coronavirus on the health and wellbeing of Stockport and in particular the impact on inequalities in health, helping us to develop our recovery plans, and building our health and wellbeing system and economy back even better.

This report presents the findings of the JSNA up to February 2020 and will be used as the basis of future analysis assessing the impact of the coronavirus on the Health & Wellbeing of Stockport.

Purpose

The 2020 JSNA will be used to underpin the development of the **Stockport Borough Plan** which is emerging as the way in which partners across Stockport will work together to build back the economy and health and wellbeing of Stockport.

In addition the JSNA will underpin the development of any **Stockport Health and Wellbeing Strategy** by the Health and Wellbeing Board. The Health and Wellbeing Strategy will set out the ways in which partners across Stockport plan to make change over the next three years to address the priorities identified by the JSNA.

The JSNA will also be used inform the health and health determinant elements of other Stockport strategies including the continuing development of Stockport Family, Stockport Adult Social Care Operation Model, Stockport CCG's Strategic Pan, Stockport's Integration of Health and Care.

Evidence from the JSNA will also be used to directly influence the commissioning of health, social care and preventative services by Stockport Council and Stockport Clinical Commissioning Group (CCG).

More widely, the evidence from the JSNA will be used to set the context for Stockport, helping to shape the ambitions for the locality within the Greater Manchester Taking Change of our Health and Devolution programmes and providing an evidence base for councillors and other key decision makers.

The 2020 JSNA has been produced in partnership, under the leadership of the Health and Wellbeing Board, with the particular involvement of Stockport Council, Stockport HealthWatch and Stockport CCG.

Introduction - JSNA Evidence Base

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This summary report is only one part of the 2020 Stockport JSNA, and a range of in depth analysis are available, most have been revised this year although a few existing analysis are still in date. The JSNA suite of documents will be hosted on the JSNA hub from summer 2020 at www.stockportjsna.org.uk and includes (those in red to be completed):

- More detailed JSNA briefings on specific topics, currently:
  - 2020 JSNA – Demographics and Population
  - 2020 JSNA – Long-term Condition Prevalence
  - 2020 JSNA – Mortality and Healthy Life Expectancy
  - 2020 JSNA – Socio-Economic Trends
  - 2020 JSNA – Healthy Lifestyles
  - 2020 JSNA – Children and Young Peoples Mental Health and Wellbeing
  - 2019 JSNA – SEND (Special Educational Needs and Disabilities)
  - 2018 JSNA – Autism
  - 2018 JSNA – Dementia
  - 2020 JSNA – Frailty and Falls
  - 2020 JSNA – Health Care and Service Use
  - 2020 JSNA – NHS Right Care
  - 2020 JSNA – Mental health and wellbeing
  - 2020 JSNA – Vulnerable groups
  - 2020 JSNA – Early Years Health
  - 2020 JSNA – Learning Disability
  - 2020 JSNA – Carers
  - 2020 JSNA – Public Opinions
- Demographic and health profiles for wards, Primary Care Networks and neighbourhoods

The following pages summarise each of these briefings into one or two pages, highlighting the key findings and giving baseline information for planning. More analysis and evidence can be found in the full reports. The section starts with five “at a glance” summaries for the different life stages. Further evidence and briefings on other key topics will be added to the evidence base as it is completed.

Key Findings – Demographics

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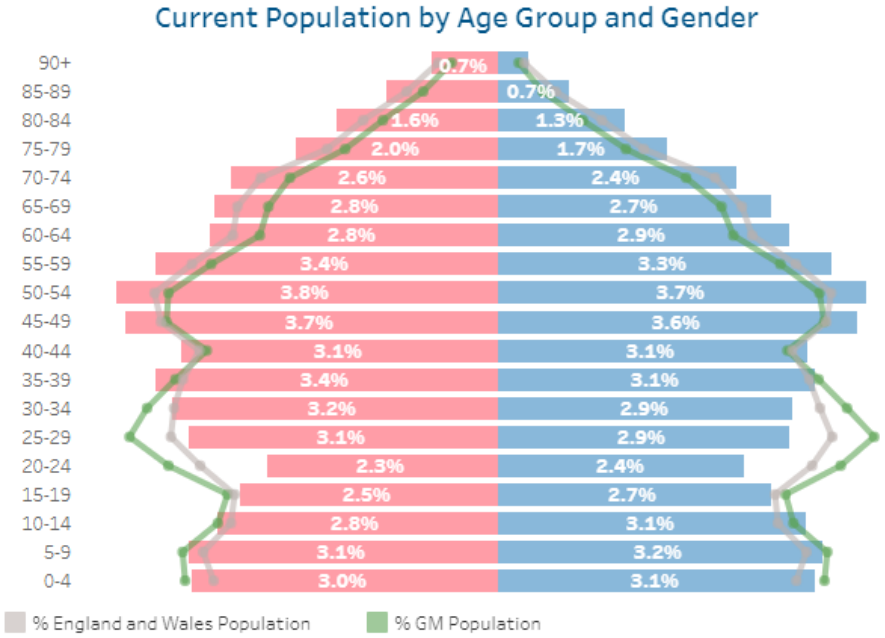
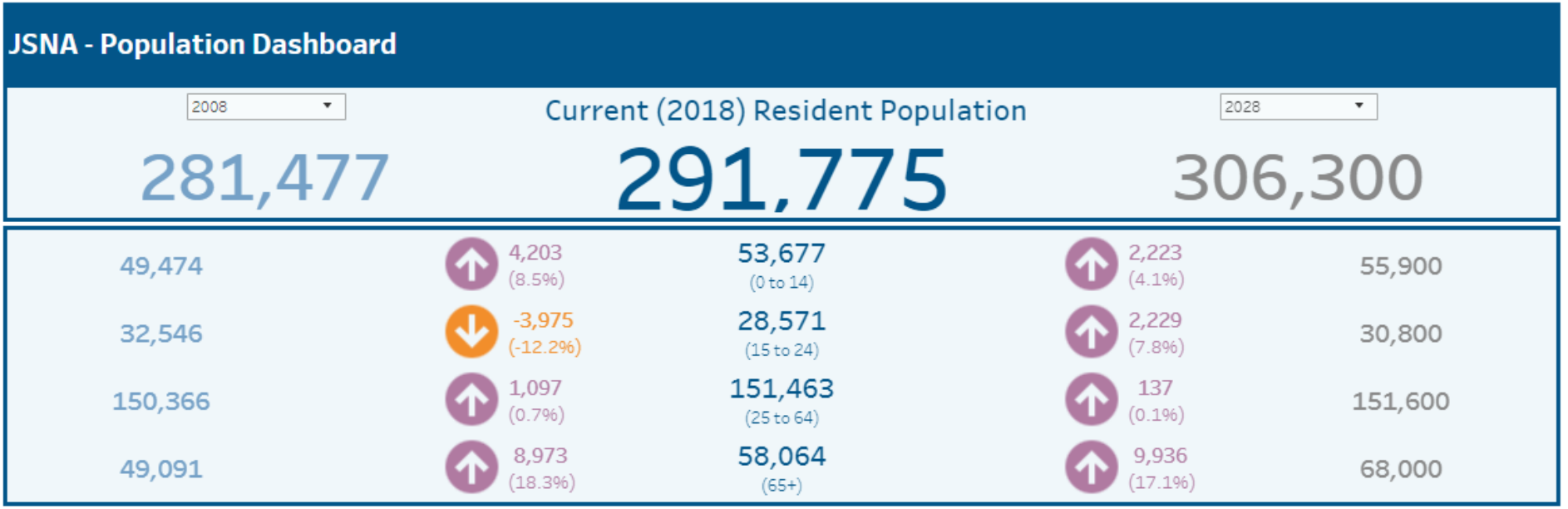


The population of Stockport is growing and is expected to continue to do so:

- There are currently more births than deaths
- The population is living longer, although since the last JSNA the rate of improvement in life expectancy has slowed meaning the projections for the growing older population are now very slightly lower
- There are significant planned housing and economic developments



Key Findings – Demographics

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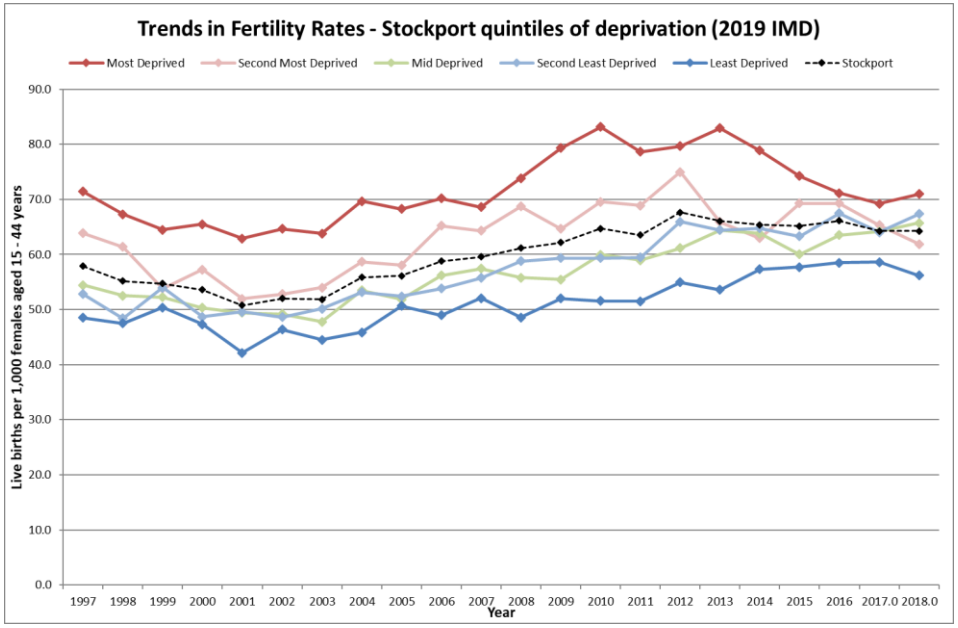

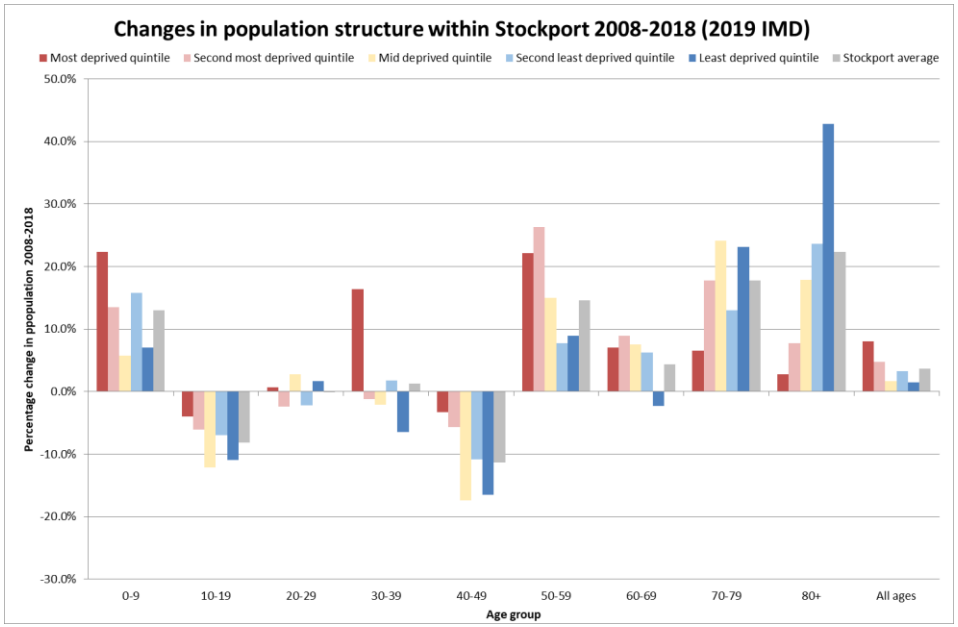

The population is likely to be needier:

- Birth rates have grown most rapidly in deprived areas, where there are potentially more children at risk. This is especially true of a cohort born 2009-2014, where almost half of all births were in the two most deprived quintiles. This cohort is currently in primary education and will soon move into secondary education.
- Stockport has an ageing population, with increasing and complex needs.
- More people are living in one person or lone parent households
- The population continues to become more ethnically diverse, especially in younger populations to the west of the borough.
- Stockport has seen a trend of population growth being more rapid in the deprived areas over the last decade, this trend may change as there are some planned large scale housing developments in the less deprived areas, but significant growth is still expected in the town centre.

Key Findings – Long-term conditions

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Condition	Number
Hypertension	47,170
Anxiety (last 10 years)	38,445
Depression	37,065
Asthma	20,545
Pre-diabetes	20,355
Diabetes	16,950
History of Fall	14,095
Coronary Heart Disease (CHD)	12,170
Cancer	10,555
Chronic Kidney Disease (CKD)	7,670
Chronic Obstructive Pulmonary Disease (COPD)	7,505
Atrial Fibrillation (AF)	7,015
Osteoporosis	6,995
Stroke or Transient Ischaemic Attack (TIA)	6,645
Heart Failure (HF)	3,935
Self harm	3,060*
Rickets (last 10 years)	3,070
Dementia	2,885
Severe mental health	2,845
Glaucoma	2,620
Epilepsy	2,285
Peripheral Arterial Disease (PAD)	2,265
Autism	1,825
Acute Macular Degeneration (AMD)	1,805*
Rheumatoid Arthritis	1,625*
Crohn's disease	1,115
Cerebral palsy	290*
Down's syndrome	225
Motor neurone disease	25

* Undercount of actual prevalence

Overall, **44% of the people registered with Stockport GPs have one or more of the conditions** analysed

- This increases with age, from 3% in the 0-4 age band, to 92% in those aged 85 and over
- By age 55, half of the people have one or more conditions
- There is a strong association with deprivation for most conditions – particularly for **COPD, self-harm, severe mental health, peripheral arterial disease** where rates in the deprived areas are more than three times higher than those in the least

11% of the population have two or more of 9 key long term conditions (28% have at least one) this grouping excludes depression and anxiety explaining the difference to the figure above

It is important to note that the 56% of people without these conditions are not necessarily in good health

Hypertension, anxiety, depression, asthma and pre-diabetes are the most common conditions affecting more than 20,000 people each.

Asthma is the major condition affecting **school aged children** in the borough (more than 2,000 cases aged 5-14)

Anxiety affects those **aged 15-24** in particular (more than 4,300 cases).

Key Findings – Life Expectancy

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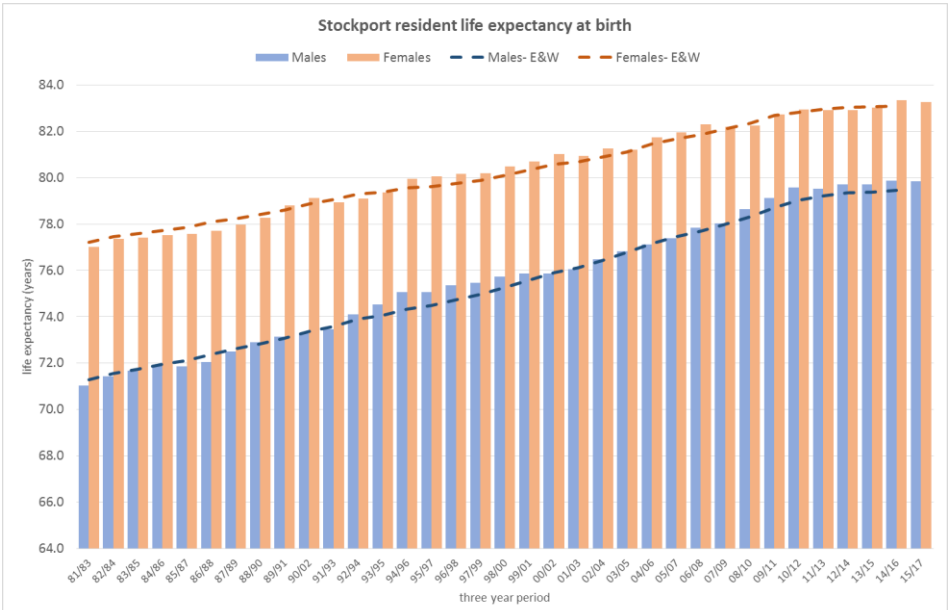

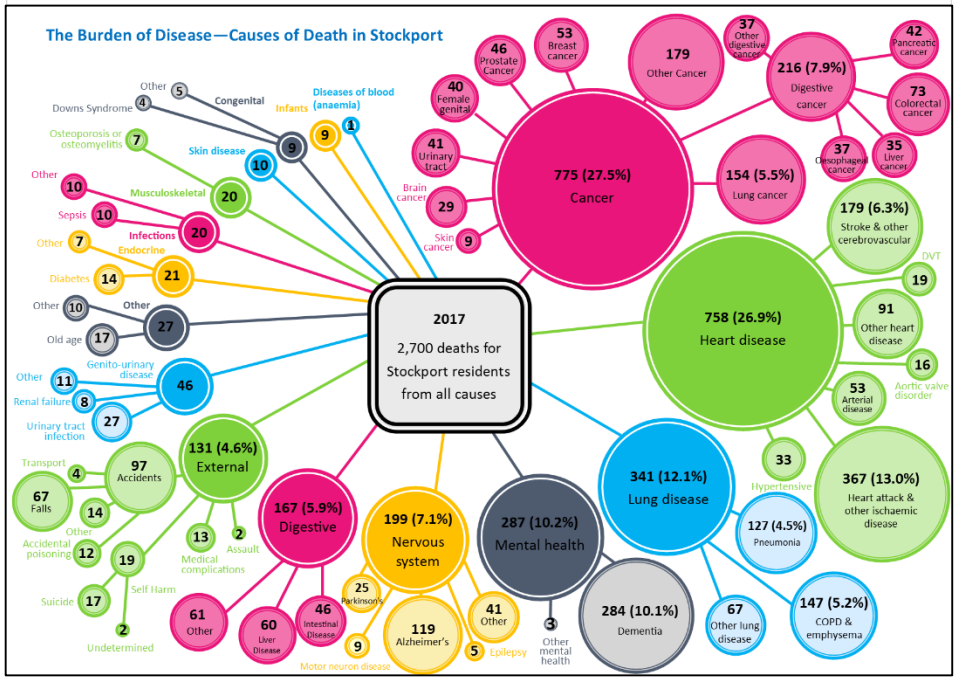

- Life expectancy at birth, age 65 and 85 has increased for both men and women between the periods 1981-83 and 2015-17, **though the rate of increase has slowed since 2011.**
- Males in Stockport are now expected to live to 79.9 years and females to 83.3 years, rates similar to the national average.
- The gap in life expectancy between the genders has narrowed as male life expectancy has grown more quickly than female life expectancy.
- It is not known whether the slower rate of improvement experienced since 2011, which is a local, national and international trend, will continue, or whether previous trends will resume.
- Cancer is the biggest causes of death amongst Stockport residents in all ages and aged under 75, followed by circulatory disease
- Dementia is increasingly becoming a major cause of death for older people.

Key Findings – Healthy Life Expectancy

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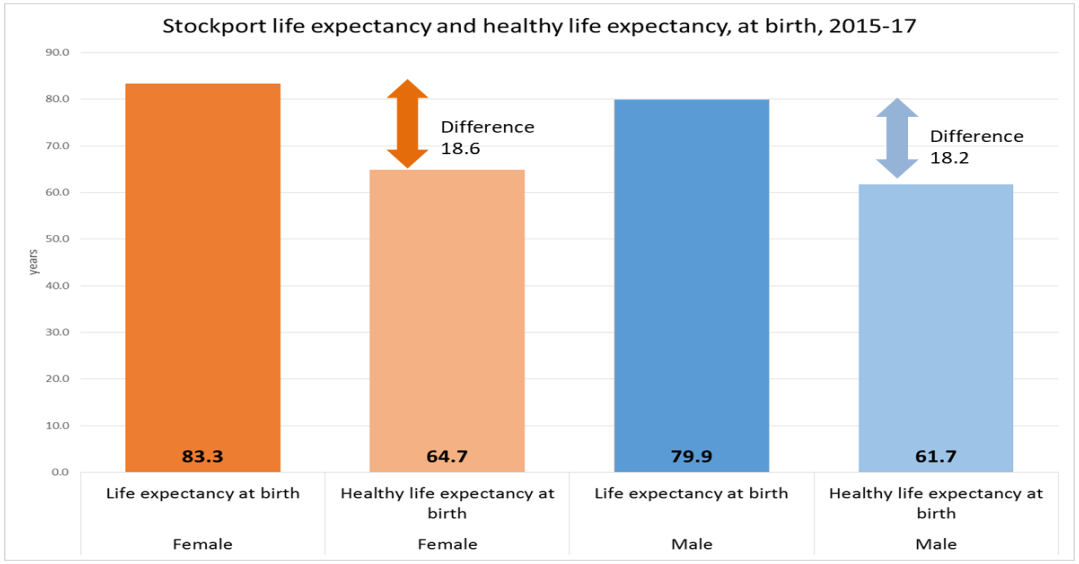

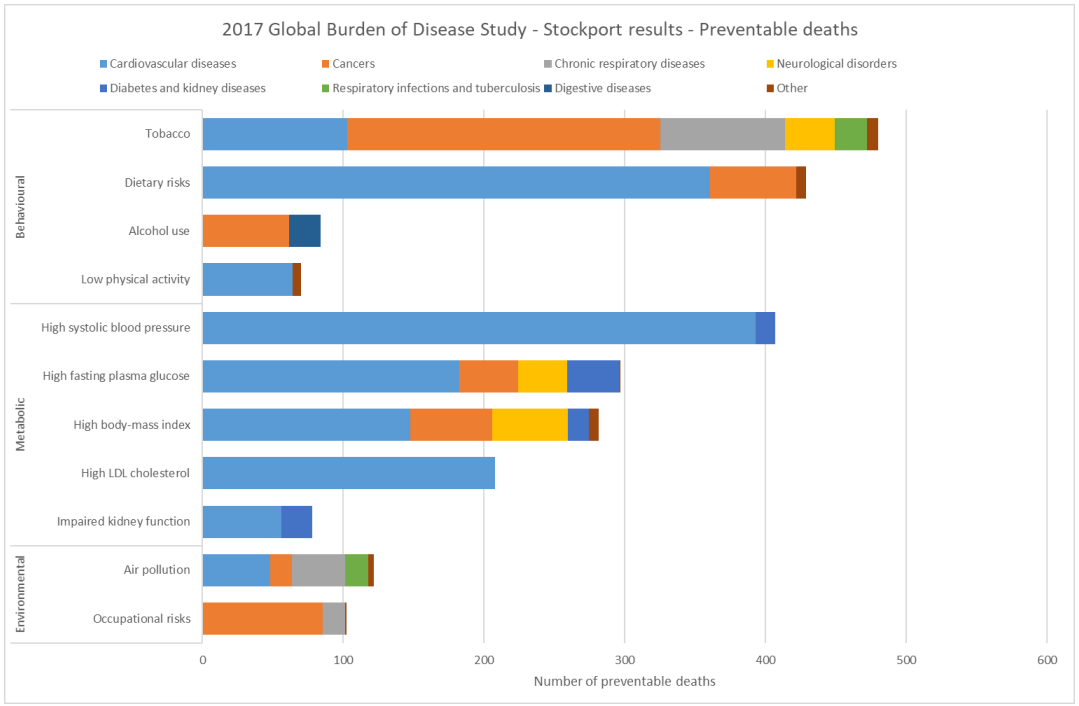

- Around 22% of a typical Stockport resident's life will be spent in not good health
- Males typically live 18.2 years past health life expectancy, and females 18.6 years past healthy life expectancy.
- National data analysis shows that while healthy life expectancy is increasing, it is not increasing as much as life expectancy, meaning that people are spending **more years in fair and poor health.**
- Early mortality is **largely preventable.**
- Both unhealthy eating and smoking are significant behavioural risk factors, particularly for deaths from cancer and heart disease
- Dietary risks also contribute to many of the metabolic risk factors including blood pressure, obesity and blood sugar levels.

Key Findings – Inequalities in mortality

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Wards	Male Life Expectancy at birth (2015-2017)	Female Life Expectancy at birth (2015-2017)
Bramhall North	83.6	85.0
Bramhall South & Woodford	85.9	87.4
Bredbury & Woodley	80.3	80.6
Bredbury Green & Romiley	81.8	83.1
Brinnington & Central	74.8	77.2
Cheadle & Gatley	82.2	83.7
Cheadle Hulme North	82.2	82.3
Cheadle Hulme South	84.0	86.5
Davenport & Cale Green	77.7	79.3
Edgeley & Cheadle Heath	78.6	80.0
Hazel Grove	84.0	85.4
Heald Green	82.7	86.1
Heatons North	81.8	83.1
Heatons South	82.0	83.3
Manor	81.7	83.8
Marple North	83.5	84.7
Marple South	81.7	83.1
Offerton	82.0	83.3
Reddish North	81.3	82.9
Reddish South	80.9	82.4
Stepping Hill	81.8	85.4
STOCKPORT	**81.6**	**83.3**
Gap between highest and lowest	11.1	10.2

- There are **clear deprivation profiles in life expectancy** with males in the least deprived quintiles expected to live 8.8 years longer, and females 8.5 years longer, than their counterparts in the most deprived areas. At a ward level these gaps widen to 11 and 10 years respectively.
- Trends fluctuate, but the inequality gap in male life expectancy has narrowed slightly between 2002-04 and 2015-17, while it has increased for females, **life expectancy for females aged < 75 in deprived areas may be beginning to fall.**
- The main causes of death responsible for the inequality in life expectancy are circulatory, cancer and respiratory causes for males and cancer, mental and behavioural, and respiratory causes for females.
- The main contributing age groups to life expectancy inequality are the ages of 60 and 79.
- People in deprived areas of Stockport spend 7 more years in fair or poor health compared to those in other areas, meaning the decline in health often starts in the 50s or 60s.
- Inequalities in infant mortality are no longer evident, in part due to the significant reduction in numbers during the 1980 and 1990s.

Key Findings – socio-economic context

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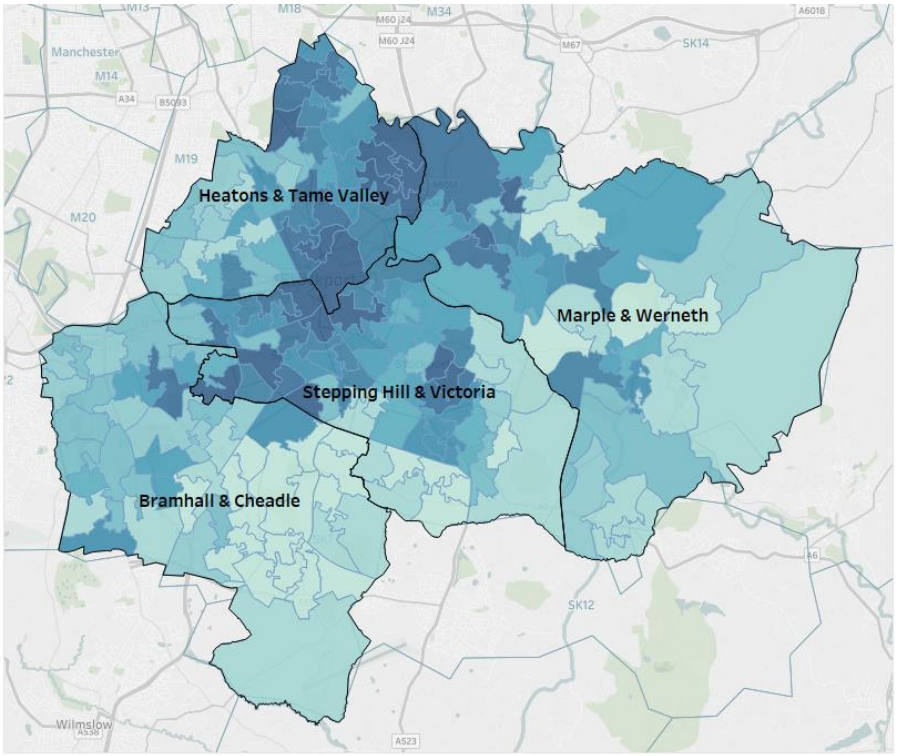

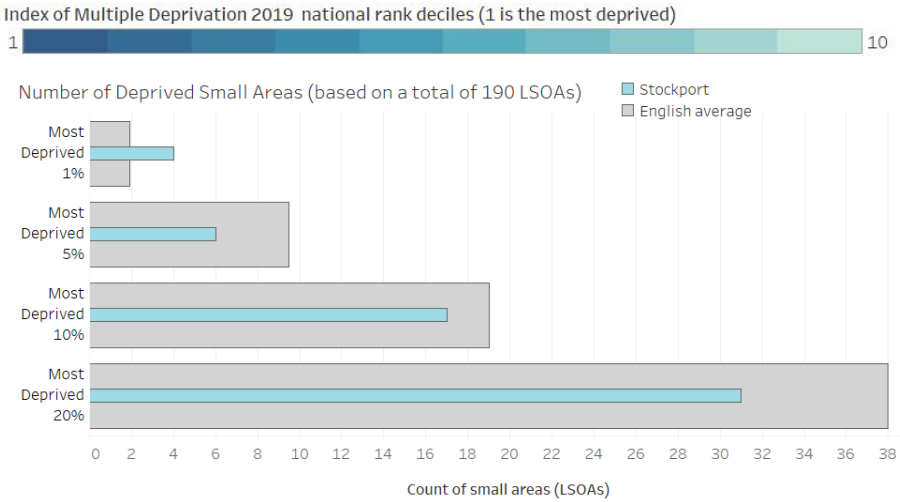

- Stockport has pockets of very concentrated deprivation contrasted with large areas where deprivation is relatively low.
- Brinnington and Lancashire Hill (Central) are the most deprived areas in the borough. These areas are also amongst some of the most deprived areas in England. **More areas in Stockport rank in the 1% most deprived nationally than average**, and 7,250 people in Stockport live in these areas of highest deprivation.
- **Stockport now has the most deprived electoral ward and GP Practice in Greater Manchester,**
- Levels of child poverty are especially high in these areas.

- An estimated 34,560 in Stockport are affected by income deprivation:
  - 9,400 older people live in relative poverty
  - 8,050 children live in low-income households.
- 83% of working age benefit claims are linked **to ill health or disability**.
  - 19,500 working age people in Stockport are claiming disability related benefits.
  - 4,800 people in Stockport are claiming out-of-work benefits.

Key Finding – healthy lifestyles

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

- **19%** of adults have three or more lifestyle risk factors
- **14%** of adults smoke – rates are falling slowly;
  - **5%** of 15 year olds are regular smokers
- **21%** of adults drink unhealthily – rates are falling slowly;
  - **23%** of 15 year olds have been drunk in the last month
- **15,000** Stockport residents use illegal drugs
- **32%** of adults are not active enough– rates are stable;
  - only 16% of children meet physical activity targets
- **29%** of adults are obese – rates are increasing;
  - **16%** of children are obese

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.

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.

More than 200 deaths a year in Stockport could be saved if everyone met the target of 5 x 30 minutes **moderate physical activity** a week.

Adult lifestyles behaviour affects children; smoking, alcohol, drug use and obesity in children are higher if the adults in their household also have these risk factors.

Key Findings - children and young people's mental health and emotional wellbeing

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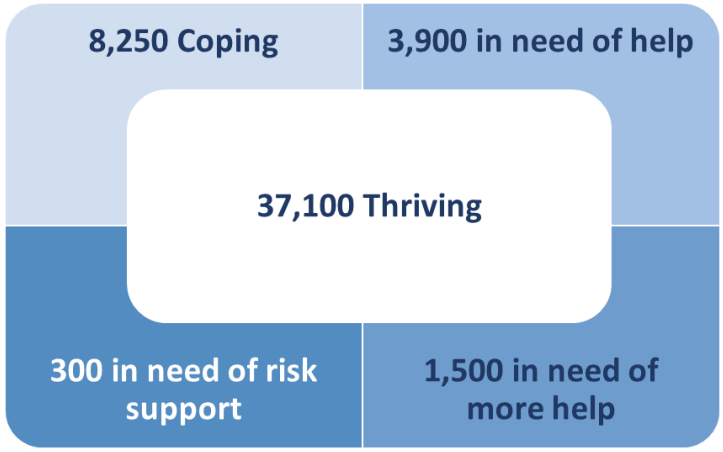
- An estimated 6,430 children and young people aged 5-19 years have a mental health disorder
- An estimated 6,100 children and young people aged 5-19 have low mental wellbeing



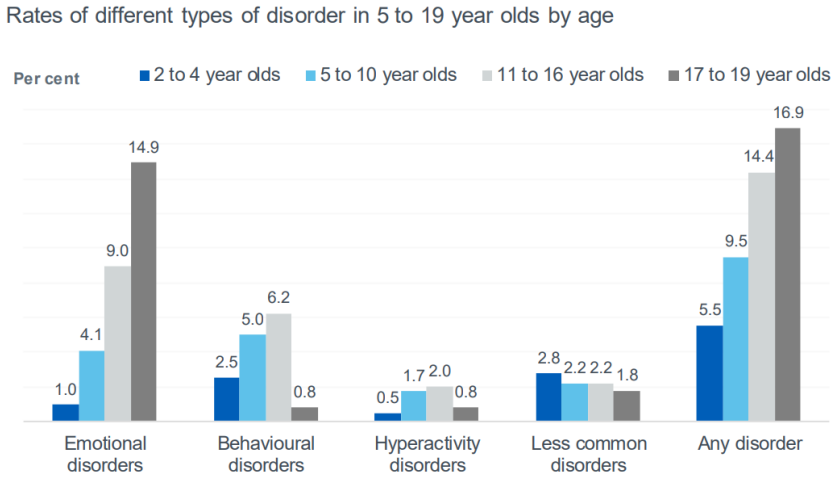
Some children will have both a mental health disorder and low wellbeing, but some will have one or the other.

The prevalence of both mental health disorders and low wellbeing rises with age.

Boys are more likely to experience mental health problems when at a primary school age, this changes at secondary school when girls experience higher prevalence rates.

Emotional disorders (anxiety, depression and bipolar disorders) are the most common family of disorders, followed by behavioural disorders and then hyperactivity disorders.

In the future we should expect prevalence to increase slightly, following recent trends but especially driven by the increase in population aged 10-19 in the most deprived areas which is expected over the next decade.



Key Findings - Special Educational Needs & Disability (SEND)

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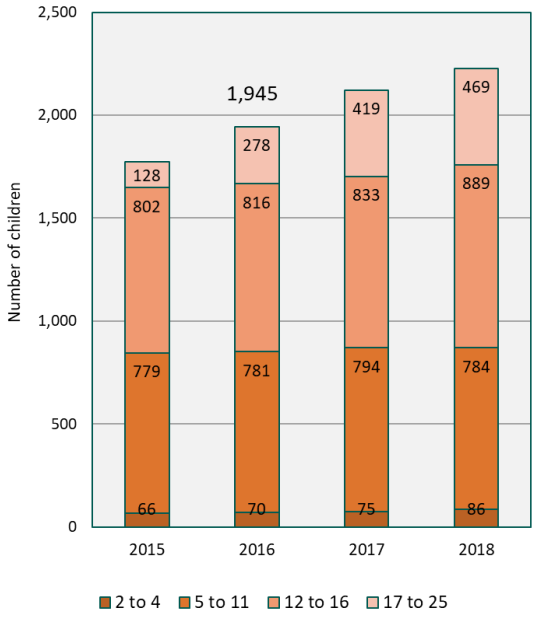
- There are currently 7,714 children and young people aged 0 to 25 years who have a diagnosis of SEND in Stockport. 71.1% of the SEND population are in receipt of SEN support and 28.9% have an EHC plan.
- Boys are more than three times more likely than girls to have an EHC plan, while girls are 50% more likely to receive SEN support.
- The proportion of children and young people with SEND is highest in the more deprived areas.
- The proportion of children with EHC plans in Stockport is far higher than other comparable areas.
- The prevalence of SEND in the school-age population has been relatively stable in recent years. Rates in the 16-25 years range have increased, following recent legislation which extended SEND services to this age range.
- The most common reasons for an EHC plan are behavioural / emotional / social difficulties or a speech / language / communication need. Since 2015, the greatest increase in size of any need is among the cohort with autistic spectrum disorders.
- Compared to the national average, Stockport has a greater proportion of the SEND population in mainstream schools and lower numbers in specialist provision. Educational outcomes are significantly worse for the SEND population in comparison to the non-SEND population but overall outcomes are better or comparable to other similar areas.
- There are above-average rates of persistent absenteeism and fixed exclusions for children and young people with EHC plans in Stockport.
- The overall complexity of the SEND cohort is increasing. This is demonstrated by a disproportionate rise in the number of SEND children and young people presenting with mental health problems, behavioural and communication problems and requiring social care support.
- There has been a significant increase in demand for services which meet the needs of this increasingly complex cohort, including the educational psychology and learning support services. This is leading to increased pressure on services and waiting lists.
- Increased demand for services is also likely to be driven by increases in the size of the SEND population in Stockport. It is forecast that there could be up to a 40% increase in the school-age SEND population with EHC plans over the next 10 years.

Not all young people are academic – give young people with SEND options to succeed academically or options to pursue practical and/or vocational choices – don't just tell us what to do!'

Numbers of children and young people aged 0-25 with an EHC plan in Stockport by age band, 2015-2018 [*Stockport Council, EIS data*]



Key Findings - autism

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Autism is a lifelong condition that affects how a person relates to, and communicates with, other people and affects how a person makes sense of the world around them.

It is estimated **that 3,140 people in Stockport (640 children and 2,500 adults) are living with autism**. Prevalence rates are stable and are not expected to change significantly.

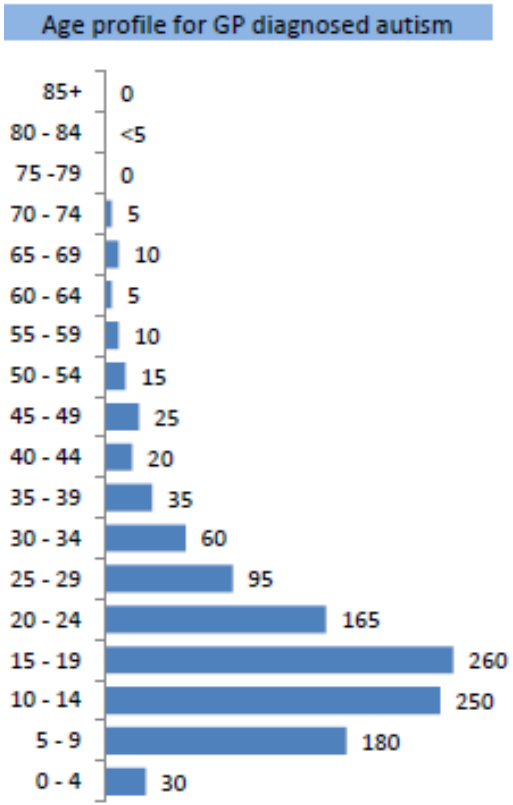
- 1,170 people are recorded by GP practices as having autism
  - rates for younger people are far higher than those for adults
  - rates have increase by 50% since the last JSNA in 2013
- 640 children and young people are recorded by schools as having autism
- Very few people with autism access social care services.

In Stockport rates of diagnosis and recoding for children with autism match expected prevalence rates, however rates for adults are far lower than expected – there are therefore likely to be many adults with autism who are unknown.

Prevalence rates are far higher in men than women, there is some evidence that **women with autism are both underdiagnosed and misdiagnosed**, often with anxiety and depression.

There is an **increase in autism diagnosis as deprivation increases**; this relationship is not as strong a deprivation profile as for other conditions, but does suggest that people with autism are more likely to live in areas of social disadvantage.

People with autism are much more likely than the general population to also have certain other long term health conditions; particularly learning disability, epilepsy and mental health conditions. Co-morbidities can exacerbate autistic symptoms, so treatment needs to be holistic.



Key Findings - dementia

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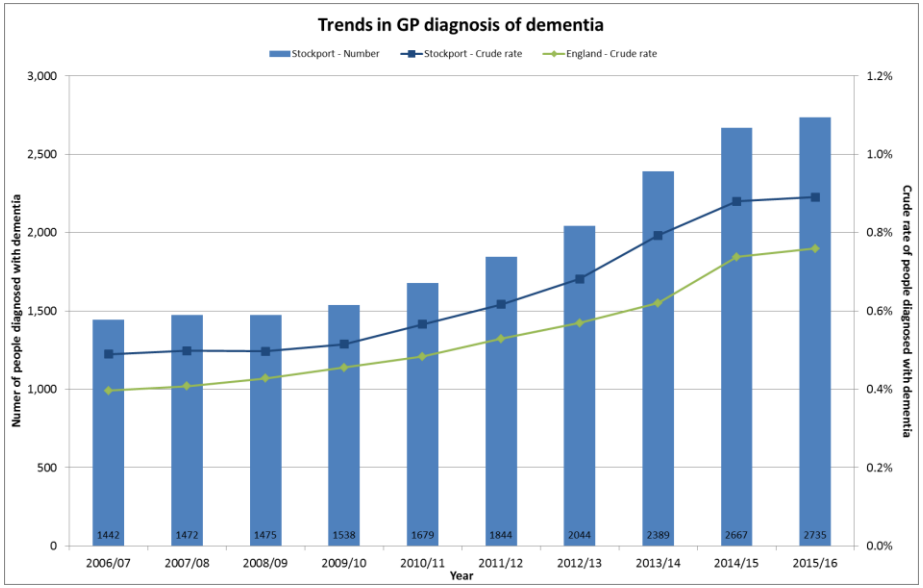
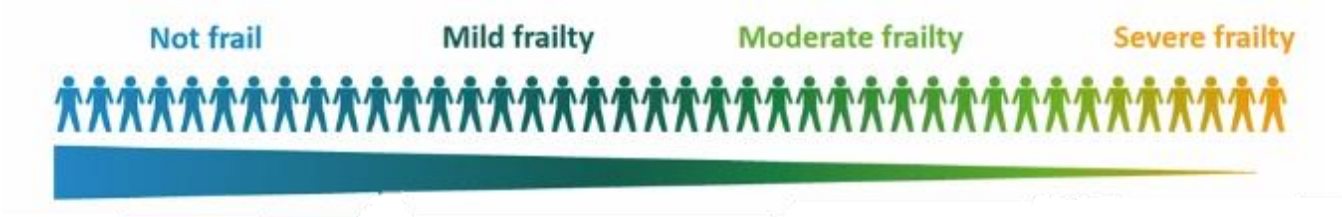
- **2,850 people in Stockport have a diagnosis of dementia**, an increase of more than 900 over the last five years partly as a result of the focus on improve detection.
- Dementia prevalence rates in Stockport are higher than the national average, and similar to the GM average.
- In Stockport around 75% of the people estimated to have dementia have been diagnosed, meaning there **are around 1,000 people living with dementia who have not yet been diagnosed**.
- By 2030 the expected prevalence of dementia is estimate to be 50% higher than currently.
- There is a **significant deprivation profile for dementia** in Stockport, rates in the most deprived area are more than double those in the least deprived areas. Due to the different age profiles and population sizes there are however more people living with dementia in the least deprived areas.
- Dementia prevalence by age by deprivation shows that the onset of dementia appears to start in the late 60s early 70s for people living in the most deprived quintile. For those living in **the least deprived quintile the onset appears to be delayed by up to 10 years** to the late 70s.
- There are **3,423 dementia friends in Stockport**, and 46 champions.
- **85% of patients with dementia known to GPs have had a care plan review in the last year**, higher than the national average.



- **Around 30 care homes in Stockport offer provision for dementia**.
- Currently 8.4% of adult social care clients have needs relating to dementia, around 700-800 people. This is approximately 20% of those diagnosed.
- Referrals to the **memory service** have been increasing, with the service now receiving around 60 referrals a month; with an average **active caseload of 425 at any one time**.
- Only a small proportion of carers of people with dementia either attend the carers information groups or are known to local support groups.
- Emergency admissions to hospital for dementia as a primary diagnosis have more than doubled in Stockport residents in the last eight years. There are now over **2,200 emergency admissions for dementia a year.**

Key Findings - Frailty and Falls

Frailty is related to the ageing process, that is, simply getting older



	Not frail	Mild frailty	Moderate frailty	Severe frailty
Estimated number in Stockport aged 65+	34,825	19,900	4,750	650

Anyone can have a fall, but older people and those who are frail are more likely to fall, and are more likely to experience long term effects after falling, especially if they have a long-term health condition. Most falls do not result in serious injury but can have a negative impact on someone's wellbeing and confidence and might contribute to social isolation and health deterioration.

21,450 falls each year

2,350 care call visits due to falls

1,900 ambulance trips due to falls

1,615 hospital admissions due to falls

355 hospital admissions due to hip fracture

75 deaths due to falls each year

Key Findings - Health & Care Service Provision

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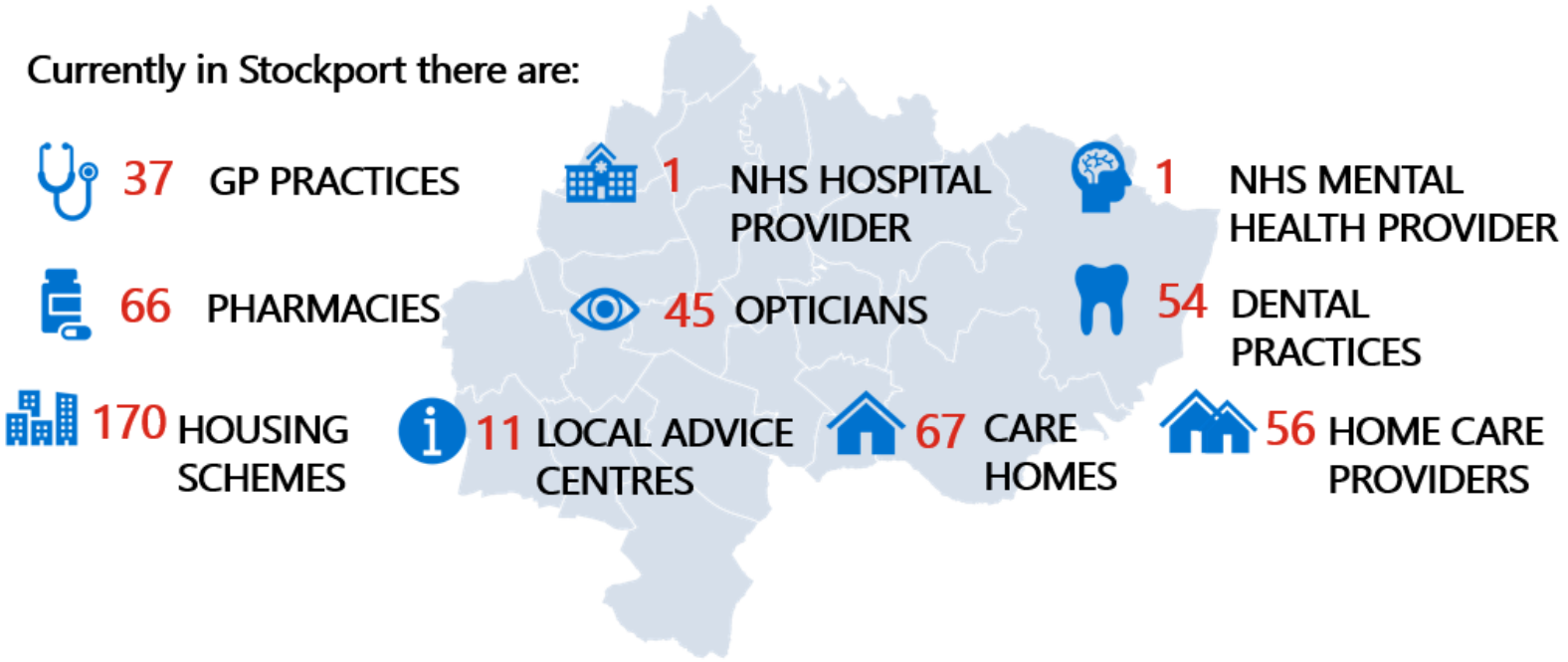

- Health services within Stockport are well distributed with concentrations in the town centre and main district centres.
- People who live to the west of the borough (Heald Green and Gatley) are more likely to use hospital provision outside of Stockport, in Manchester.
- There are over 16,935 people registered with a Stockport GP who do not live in the borough (5.4% of Stockport patients).
- 10,775 Stockport residents (3.5%) are registered with a non-Stockport GP.
- An ageing population and planned significant private housing developments in the area will place additional pressure on existing health services. Health and care service provision may need to be reassessed in these areas in the future.
- Although care homes and specialist housing provision for older people are spread throughout the borough, regular reviews of the capacity of these will need to be undertaken in light of the ageing population.
- A comprehensive assessment of the full range of services offered by independent providers in the area has not yet been undertaken.

Key Findings - Health & Care Service Workforce

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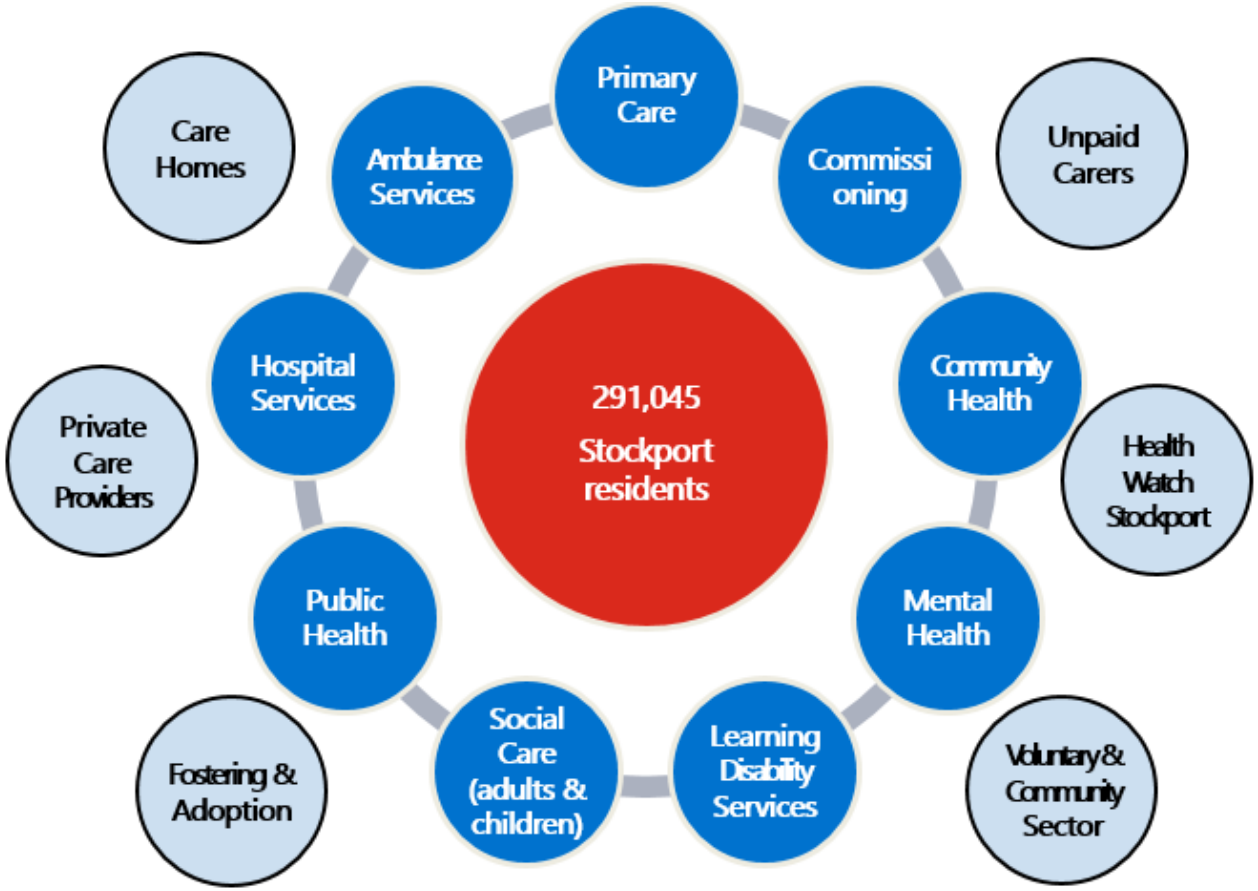
There are currently around 10,000 people working for the partner organisations to provide health and social care services in Stockport. In addition, there is a wide range of people working in Stockport's private care providers and care homes; the 3,000 employees and 49,100 volunteers working for our voluntary and community sector; and Stockport's 31,982 unpaid carers, who make a vital contribution to our system.



- Like most of the country, Stockport faces a challenge in recruiting to key positions such as ED consultants and nursing staff
- A high proportion of nurses working in primary and community services are close to retirement age
- As our population grows and their needs change, it is vital that we have the right people in the right roles to meet local needs. Developing our combined workforce and supporting them to deliver a service fit for the 21st century will be vital to delivering our transformation goals.

Key Findings - Health & Care Service Use

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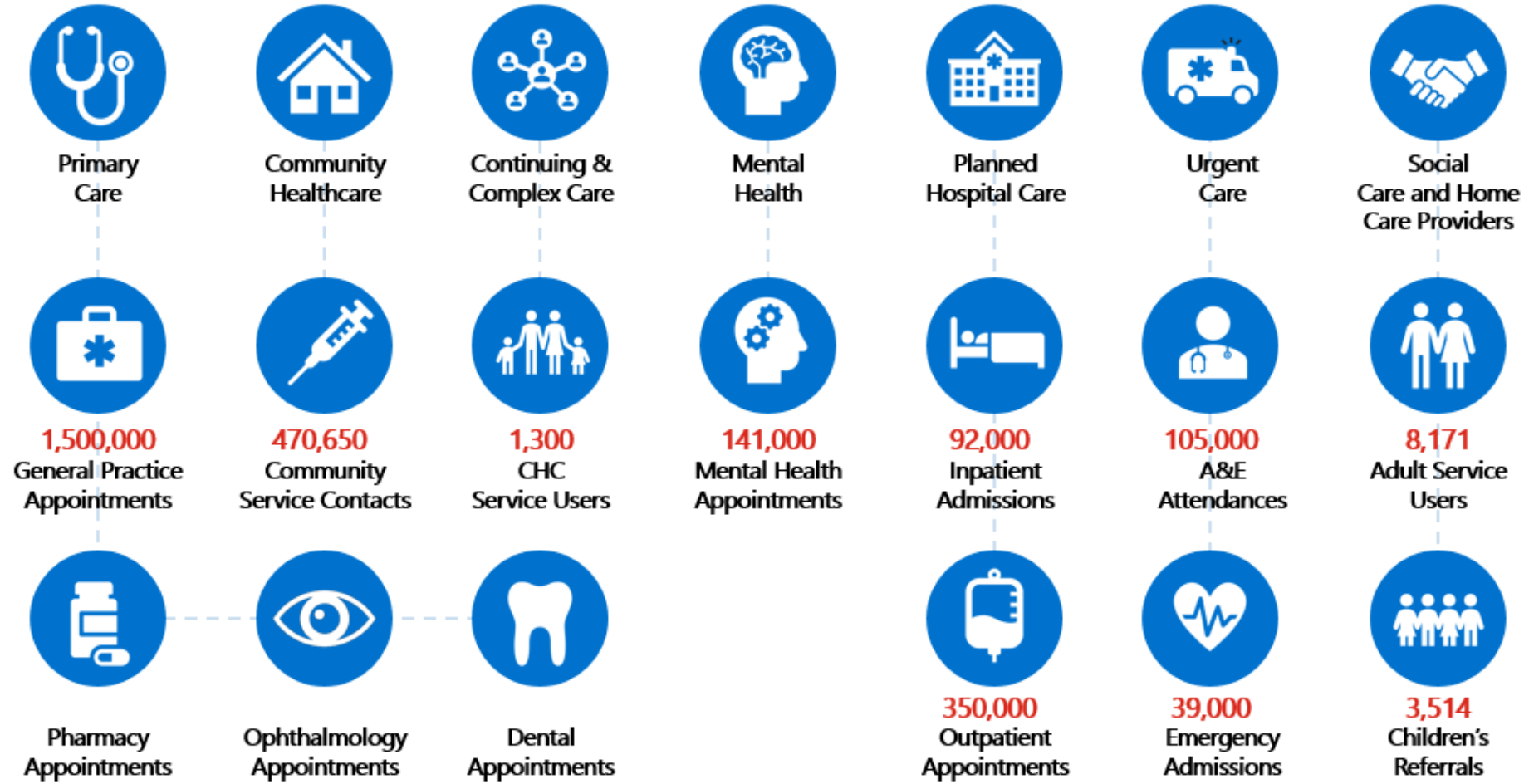
Trends show that a large volume of health and care activity takes place in Stockport each year across a range of settings, the majority of which is care for older people. Volumes of service use are increasing, but this increase is not driven solely by the changing demographics. Stockport benchmarks as a higher use authority nationally on a range of measures, especially for urgent hospital admissions (but not A&E attendances).



Key Findings - Health & Care Service Use Trends

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Service Area	Volume	Trend		Key Issues
Primary Care	1,500,000	↑	Limited data	Investment in primary care over recent years has seen an increase in activity, with additional opening times evening and weekends as well as new staff and different appointments offered to patients, including access to social prescribers, physiotherapists, pharmacists and mental health liaison.
• *GP Appointments*	1,000,000			
• *Other activity*	500,000			
Community Healthcare	470,650	↑	5.7% in 5 years	Investment in out of hospital care over recent years has seen an increase in activity. Most community services have seen an increase in both activity and referred patients in 2019/20, though there is significant variation in utilisation between neighborhoods.
Mental Health	141,000	↑	3.8% in 3 years	Investment in mental health over recent years has seen an increase in access to services as well as a significant improvement in performance.
Adult Social Care	8,171	↑	15.6% in 4 years	The number of adult social care users is growing as our population ages, however the type of care accessed is changing, with more direct payments, telecare and home care; and less funded nursing care and day care. The dementia client group has more than doubled.
Children's Social Care	3,514	↑	30.5% in 6 years	Referrals into Children's Social Care services have grown by almost a third, but the reason for referrals is changing, with a significant increase in family dysfunction; compared to a significant reduction in behaviours or disability as the reason for using services.
Planned Hospital Care				Elective demand benchmarks below the national average, meaning there are fewer planned admissions per head of population in Stockport than in other areas. Numbers are however rising. Outpatient activity is down locally due to staffing capacity in hospital providers. As a result, waiting list sizes have grown.
• Inpatient admissions	47,997	↑	29.5% in 13 years	
• Outpatient appointments	350,262	↑	19.6% in 6 years	
Urgent Care				Although there continues to be growth above planned levels, use of A&E by Stockport patients benchmarks below the national, regional and CCG peer averages. However the rate of emergency admissions consistently benchmarks significantly above average (as does the length of stay following an emergency admission). The conversion rate of A&E attendances to emergency admissions remains significantly higher than other areas. Crisis response activity increased significantly over 2018/19 due to transformation investment. This trend has continued in 2019/20 with a growth of 14.3%.
• A&E attendances	105,000	↑	20.7% in 10 years	
• Emergency Admissions	39,000	↑	10.3% in 3 years	

Key Findings - Health Benchmarking

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joint strategic needs assessment

National benchmarking analysis suggests that there is significant scope for savings if Stockport reduced spending to the level of its 5 best CCG peers – particularly in planned and emergency hospital care.

The table below sets out opportunities identified by NHS RightCare.

As noted elsewhere, Stockport CCG has significantly increased prescribing in primary care without increasing costs, through use of better value medications. The CCG has made a concerted effort to increase preventative activity, such as primary care prescribing and proactive management of long-term conditions outside of hospital. It is felt that the RightCare opportunities identified in primary care prescribing would have a negative impact on health outcomes and increase demand for acute hospital care.

NHS RightCare Opportunities by Pathway					
Clinical Pathway	Bed Days	Elective Spend	Non-Elective Spend	Primary Care Prescribing	Total Pathway Opportunities
Circulation	14,051	£907,000	£2,758,000	£1,285,000	£4,950,000
Respiratory	9,475	£629,000	£1,941,000	£1,055,000	£3,625,000
Cancer	3,765	£1,101,000	£928,000	£0	£2,029,000
MSK	4,016	£2,073,000	£369,000	£34,000	£2,476,000
Gastro-intestinal	5,365	£1,499,000	£1,726,000	£709,000	£3,934,000
Neurological	599	£420,000	£328,000	£222,000	£970,000
Trauma and injury	9,921	£1,006,000	£1,357,000	£0	£2,363,000
Genitourinary	915	£0	£0	£236,000	£236,000
Endocrine	951	£0	£314,000	£34,000	£348,000
Combined Total	**49,058**	**£7,635,000**	**£9,721,000**	**£3,575,000**	**£20,931,000**