

# JOINT STRATEGIC NEEDS ASSESSMENT

## SUMMARY 2014

### 1. BACKGROUND TO THE JSNA

The Joint Strategic Needs Assessment (JSNA) draws together lots of information about health and wellbeing in Warrington. It is a powerful tool for the local Health and Wellbeing Board, as it provides information about the local population and looks at how people live and the range of issues that might affect their health and wellbeing.

There has been an on-going JSNA programme in place since 2008, and findings from the JSNA are used to agree key priorities to improve the health and wellbeing of all our communities, and reduce any inequalities.

The aim since 2011 has been to produce, and publish online, a series of topic specific chapters; keeping these as up to date as possible so that timely information on which to base decisions is accessible. Any requests for chapters on new topics are prioritised through the JSNA Steering Group.

This report summarises the main findings of the JSNA programme to date, and provides an overview the type of information that is available in the full JSNA. Reliable, meaningful intelligence is crucial in order to effectively inform the commissioning and targeting of services. In addition to providing data analysis, the JSNA chapters identify key recommendations which are drawn out from the local analysis and published evidence base.

The JSNA consists of a number of topic specific chapters across five domains, and this summary outlines the main findings across these five domains:

- Wider determinants of health and wellbeing
- Health related behaviour
- Burden of ill-health
- Children and young people
- Vulnerable adults and older people

This summary provides an overview of findings to date across those domains.

## **2. HEADLINE FINDINGS**

In relation to health outcomes and the impact of major diseases:

- The average life expectancy of Warrington residents is improving, but the pace of improvement has slowed in recent years, and the gap between Warrington and England has not narrowed
- Internal inequalities in life expectancy are stark and linked to deprivation: the range across the social gradient for males is 10.7 years, for females 6.8 years
- The rate of new cancers in Warrington is higher than the average for England
- Cancer death rates locally are reducing and are in keeping with the average for England

A large-scale population-wide survey was undertaken in 2013. The findings from this Health and Wellbeing (H&WB) Survey updated local information on health-related behaviours and individual risk factors amongst adults. Many of the findings were encouraging. Others have provided the focus for future priorities. An overview of main findings shows that:

- Smoking rates have decreased and are slightly lower than the average for England. However prevalence remains high in more deprived areas and amongst certain population groups
- The percentage of Warrington mothers smoking during pregnancy is relatively low compared to England. There are stark differences, however, within Warrington, with much higher rates amongst more deprived populations
- Consumption of alcohol to unsafe levels has increased slightly, and does not follow the usual pattern of deprivation, in that the least deprived areas have the highest proportion of people drinking to unsafe levels
- Some aspects of dietary behaviour have improved; in particular the proportion of people eating at least 5 portions of fruit and vegetables has increased substantially in recent years.
- The numbers of people taking part in physical activity is increasing
- The prevalence of obesity is increasing locally. Whilst the increase is relatively small, this is in contrast to the national picture (which has plateaued) and rates are very high amongst certain population groups, for example, middle-aged men.
- The prevalence of multiple lifestyle risk factors is much more common amongst more deprived populations

In general, many health and education outcomes for children and young people in Warrington are good, but there are also some aspects that require further investigation and prioritisation. Key findings from analysis shows:

- Breastfeeding in Warrington is consistently lower than the England average, and the internal inequalities gap is stark.
- Participation in the National Child Measurement Programme is very high
- Although annual figures may fluctuate, in general, the prevalence of excess weight amongst Reception and Year 6 children in Warrington is generally lower than that of England.
- The long-term trend for teenage conception rates in Warrington shows a substantial reduction. Current rates are lower than the national average. There are wide inequalities within Warrington, in-keeping with the pattern of deprivation

- Alcohol-related hospital admissions amongst those aged under 18 years are higher in Warrington than the average for England. Rates are substantially higher in the most deprived areas of the borough, and the gap appears to be widening.
- The rate of hospital admissions due to substance misuse amongst young people aged 15 to 24 years in Warrington is also significantly higher than the average for England.
- Regional survey data suggests that local smoking prevalence rates have reduced in recent years and currently 15% of 14-17 year olds smoke.
- A comprehensive chapter on Children in Care highlighted some positive findings in relation to health care and annual checks. In keeping with the national picture, educational outcomes are poorer for this cohort of children, but there is some evidence that the gap may be narrowing
- Substantial work was undertaken looking at transition from children's to adults services for children with disabilities. It was found that the quality of the content of transition plans varied considerably

In relation to some of the wider determinants of health:

- At time of the last comparable survey, the percentage of non-decent homes within Warrington is lower than the average for England
- Levels of fuel poverty in Warrington are substantially lower than the North West.
- Levels of worklessness in Warrington are lower than nationally and regionally, but there are stark internal inequalities

### Older people and the impact of demographic change

The JSNA looks specifically at need amongst the older population in Warrington. Age is a risk factor for most diseases, with prevalence rates of most conditions rising with increasing age, and the number of people aged over 65 is projected to increase substantially in future years:

- Although Warrington currently has a young population compared to England, with a slightly lower proportion of people aged over 65, this is forecast to change.
- The resident population of Warrington for mid-year 2013 is estimated at 205,100.<sup>1</sup> The GP registered population of Warrington is higher than the resident population; estimated at 212,336.<sup>2</sup>
- The population of the borough overall is increasing, with an increase of approximately 4% observed over the past five year period.
- Resident based population projections suggest a 10% increase in overall population from 2011 to 2021.
- Whilst an increase is projected in all age-bands, by far the biggest increase is in those aged 65 and over.
- By 2021 the 65+ population is projected to increase to 41,300, from 32,500 in 2011, an increase of 27.1% compared to 23.6% across England as a whole.<sup>3</sup>

The projected increases in the older population will have a considerable impact on the

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<sup>1</sup> Office for National Statistics, Mid 2013 estimates

<sup>2</sup> NHS Patient Register, July 2014

<sup>3</sup> ONS, interim 2011-based Subnational Population Projections

burden of ill-health locally and demand for local services, with rates of dementia and various chronic diseases projected to increase. Current statistics suggest that the health of older people within Warrington is worse than the average for England:

- Rates of unplanned or emergency admissions to hospital amongst the over 65's are significantly higher than the average for England.
- Mortality rates for the over 65's are above the average for England.
- Quality of life, as measured by healthy life expectancy, is also poorer for older people in Warrington, compared with the average for England.

### **3. SUMMARY OF DOMAINS**

#### **3a) DEMOGRAPHY AND WIDER DETERMINANTS OF HEALTH AND WELLBEING**

**Population:** Warrington's resident population estimate for mid-2013 was 205,100. Warrington currently has a slightly younger population than the average for England, but this is projected to change, with the 65 plus population projected to grow at a faster rate than nationally.

Warrington has a small but growing black and ethnic minority (BME) population. Although currently the proportion of people in Warrington from a BME background is much lower than national and regional averages, there has been a substantial change in recent years since Eastern European accession to the EU.

**Deprivation:** The national deprivation indices haven't been updated since 2010<sup>4</sup>. At this point results suggested that overall Warrington experiences average levels of deprivation, ranked 153rd out of 326 local authorities on the measure of 'Average SOA score'. Warrington was placed within the 47th centile, meaning 53% of local authorities within England are less deprived than Warrington. This was similar to the position in 2007. Within Warrington the picture is very varied, and there are substantial inequalities: 20 local areas (LSOAs) were ranked within the most deprived 20% of areas in the country, with 11 of these within the most deprived 10%. At the other end of the scale, 39 Warrington LSOAs are ranked amongst the 20% least deprived nationally. Much work is on-going in Warrington to address the internal inequalities, and regenerate some of our most disadvantaged areas.

**Housing:** The full JSNA chapter on housing hasn't been updated since the 2011 refresh. At this point, key findings suggested that given projected population growth and the trend for smaller household size there was likely to be a growing need for housing.

The 2011 Census reports that 85,140 households were living in Warrington with an average household size of 2.4, in-keeping with the national average. There had been a slight reduction in owner-occupation between the 2001 and 2011 Census'; in 2001 76% of the Warrington population owned their own home, and by 2011 this had reduced to just over 71%.

In 2011, 15.6% of the population rented a property from registered social landlords and 11.2% of properties were privately rented. Golden Gates Housing Trust is the largest social housing provider in Warrington with almost 8,700 units.

In terms of the standard of housing, latest data is based on a 2008 survey; this suggested that excluding Golden Gates Housing Trust stock, approximately 31% of Warrington's dwellings were deemed 'non-decent'. This is slightly better than the national average (35%). Residents within the Borough's 24,000 'non-decent' homes are at an increased risk of experiencing health inequalities.

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<sup>4</sup> The Department for Communities and Local Government is updating the indices of deprivation, including the Index of Multiple Deprivation (IMD), for publication in summer 2015

In terms of demand for affordable housing, although in recent years the overall supply of new homes in Warrington has exceeded the targets set, it appears there are still issues with the availability of affordable homes as evidenced by the number of households on the 'Choose a Home' waiting list which has increased from just under 2,000 in 2002 to 3,174 households in 2013.

Further work has been undertaken and more is on-going to refresh the existing housing and homelessness strategies. A Homelessness Commission was established and a desk top review of available evidence undertaken. A comprehensive needs assessment has been commissioned to better understand the local context in relation to homelessness and acute housing needs, and have a clearer picture of current and future need, and existing provision.

### **Wider Environmental Context and Transport:**

**Fuel Poverty:** The full fuel poverty chapter has not been updated since 2011, but there are more up to date figures which show that Warrington has a lower proportion of households in fuel poverty<sup>5</sup> than the national average: 8.3% compared to 10.4% across England as a whole. The definition of fuel poverty changed in 2011, so trend analysis is not possible, but the comparative picture was similar under the previous definition. Substantial increases in fuel prices means that in future we may see increasing numbers of households in fuel poverty.

### **3b) HEALTH RELATED BEHAVIOUR AND RISK FACTORS**

Individual lifestyle factors are just one of the many determinants of good health and wellbeing. Individuals are unlikely to be able to directly control many of the wider determinants of health, such as the social and economic context and the physical environment<sup>6</sup>. Individual behaviour and coping skills are important influences on health; diet, physical activity, smoking, alcohol, and stress and how it's dealt with, all impact on health. Emotional wellbeing and mental health are covered in more detail in the burden of ill-health domain. This section looks at the health-related behaviours of smoking, diet, physical activity and alcohol, and considers the issue of those individuals and population groups with multiple lifestyle risk factors. Findings from the large-scale H&WB Survey that was undertaken in 2013 to update the JSNA are presented.

Many deaths and illnesses could be avoided by adopting healthier lifestyles. For example, it is estimated that a substantial proportion of cancers, around 30% of circulatory diseases and a large proportion vascular dementia could be avoided by reducing smoking rates, improving diet and increasing physical activity (DoH, 2010)<sup>7</sup>.

The single biggest preventable cause of early death and illness is smoking. Smoking is associated with an increased risk of heart disease, stroke and circulation problems. While most people associate smoking with lung cancer, many are not aware of the increased risk

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<sup>5</sup> Low Income High Costs (LIHC) definition of fuel poverty. Department for Energy and Climate Change

<sup>6</sup> World Health Organization – The Determinants of Health

<sup>7</sup> Department of Health – Our Health and Wellbeing Today, 2010

of cancers of the mouth, nose, throat cancer, pancreas, oesophagus, bladder, kidney, liver, bowel, ovary and cervix (DoH, 2010).

Diet and low levels of physical activity contribute to both obesity and high blood pressure, and it is estimated that 28% of circulatory diseases are preventable through changes in diet. Higher rates of obesity will result in a higher incidence of chronic conditions such as arthritis and type 2 diabetes (DoH, 2010).

Some behaviours affect people other than the individual directly involved. For example, alcohol consumption can also be a civil disorder issue and affect incidence of violence; in addition it carries the risk of addiction. Liver disease is strongly linked to the harmful use of alcohol and rising levels of obesity, as well as prevalence of hepatitis B and C (DoH, 2010).

## THE LOCAL PICTURE

**In terms of smoking,** the H&WB survey showed that overall smoking prevalence has decreased in Warrington over recent years. In 2006 approximately 20% of adults reported that they were current smokers. The 2013 survey suggests that this has dropped to 13%. There is wide variation within Warrington. All deprivation quintiles have seen similar relative reductions in prevalence since the 2006 Lifestyle Survey, so the internal gap in rates is still evident; residents of the most deprived quintile (quintile 1) report highest smoking prevalence (26.4%), compared with only 7% in the least deprived. As in 2006, slightly more men smoke; 14.6% compared with 11.4% of women. Men aged 40-64 years living within the most deprived quintile report highest prevalence of all (29.7%), closely followed by women aged 18-39 from the most deprived quintile (29.5%). Smoking prevalence amongst Eastern Europeans, at 34.9%, was significantly higher than Warrington overall. A large proportion (67.0%) of smokers want to give up.

It is difficult to accurately project future smoking rates. National policy changes such as the ban on smoking in public places are very likely to have contributed to the drop in rates experienced since the time of the last survey. Whilst social norms are changing, within certain population groups there are high rates of entrenched smokers.

**In terms of healthy weight:** the H&WB survey showed that the prevalence of obesity is increasing within Warrington, with 55.1% of Warrington adults (an estimated 87,136 people) classified as being either overweight or obese. This is an increase on the 2006 figure of 53%. Whilst the increase is relatively small, this is in contrast to the national picture (which has plateaued) and rates are very high amongst certain population groups, e.g. middle-aged men. Social norms have changed; overweight has become 'normal', and obese is becoming increasingly so. Rising obesity levels pose a huge risk to health, the highest cost to services, and require multi-agency action.

**In relation to diet,** the H&WB survey findings showed that 56.7% of Warrington residents eat the recommended 5 or more portions of fruit/ vegetables a day. This is a substantial improvement on the 2006 figure. There are slight gender differences, with women more likely than men to eat 5 or more portions a day. There is also a strong association with deprivation; people living in the most deprived quintiles (1 and 2) are significantly less likely to consume 5 or more portions a day. This finding was most stark amongst 18-39 year-olds. Just under 29% of Warrington residents eat takeaway or fast food at least once a week.

Rates are highest among men; 34.7% compared with 23% for women. There is a strong association with deprivation, with highest rates in the most deprived quintile (33.8%) compared with 26.2% in the least deprived.

**In terms of physical activity:** Around three quarters of Warrington adults reported doing at least the minimum recommended amount of physical activity a week<sup>8</sup>, with men reporting being more active than women. 13% of all residents do less than 30 minutes physical activity a week. This is more common amongst women (15.4%) than men (11.2%). Tackling sedentary lifestyles and rising obesity levels effectively needs a multi-faceted approach combining changes at policy level and work to change social norms, as well individual lifestyle interventions

**In relation to alcohol consumption,** findings from the survey showed that the prevalence of adults regularly consuming alcohol to unsafe levels has increased slightly since the 2006 survey:<sup>9</sup> *of those who drink*, 21% of respondents indicated that they drink more units per week than considered safe. This represents a small increase on the 2006 figure of 19.6%. Across all age-bands, and across all deprivation quintiles, *of those who drink*, a greater proportion of men than women drink to unsafe levels; 24.5% of men overall in Warrington, compared with 17.4% of women. However, the proportion of women drinking unsafely has increased considerably from the 13.8% figure reported in 2006. Middle aged people (ages 40-64) report the highest rates of unsafe levels of drinking. Whilst there is variation within Warrington, it does not follow the traditional deprivation pattern. For men there is no real association between deprivation and high levels of unsafe consumption. Amongst women, there is an inverse association; the highest rate is amongst women from the least deprived quintile (21%), compared to 15% in the most deprived. There is an association with unsafe levels of alcohol consumption and excess weight; a significantly higher proportion of people who drink to harmful/hazardous levels are overweight.

Long-term, regularly drinking over the recommended levels increases the risk of developing various health conditions including heart disease, stroke, high blood pressure and many cancers, including breast, mouth, throat, bowel and liver cancers. Research shows that a high alcohol intake can also damage mental health, affect memory and reduce fertility.

In addition to the findings from the H&WB survey, other data highlights the issues related to alcohol for the borough; Warrington fares significantly worse than England on a number of alcohol-harm indicators, such as alcohol specific mortality, alcohol specific hospital admissions and alcohol related hospital admissions.

There is a tendency to focus on 'immediate, visible' alcohol related issues, e.g. alcohol related anti-social behaviour (ASB) /crime/drunkenness and ASB in the town centre, etc. Whilst these issues need to be addressed, action to tackle the prevalence of regular unsafe levels of drinking also needs to be prioritised. This is a different, and perhaps more difficult challenge; issues to address include changing social norms and are likely to require multi-

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<sup>8</sup> The Chief Medical Officer's guidance recommends a minimum of 150 minutes of physical activity per week. The guidance states that everyday activity such as active travel, heavy housework and occupational activity counts towards the 150 minute guideline. This definition differs from that used in the Sport England Survey, which excludes occupational activity and housework. Thus figures are not comparable with Sport England findings or those reported in the Public Health Outcomes Framework.

<sup>9</sup> Warrington Health and Wellbeing Surveys: 2013, 2006, 2001. Based on CMO recommended units per week

layered action. Awareness-raising is required amongst health professionals. Renewed, appropriately targeted awareness-raising of safe levels of drinking is needed. Very different targeted messages are needed for different population groups.

**In relation to substance misuse**, the latest Joint Strategic Needs Assessment found that between 2006/07 and 2010/11 there were 3,326 hospital admissions where drug misuse was included as a diagnosis (this includes deliberate and accidental misuse), and the trend in rates has been increasing. Males from Warrington had a significantly higher admission rate when compared to females each year, with the exception of 2009/10, where there was no significant difference in the rate of admissions. For both males and females, the rate of hospital admission is highest amongst the younger age group of 15 to 44 years. There is a strong relationship between the rate of drug misuse admissions and deprivation levels. Drug misuse hospital admissions are significantly higher in quintiles 1 and 2 (most deprived areas within Warrington) when compared to the other deprivation quintiles (3, 4 and 5). Men from quintile 1 had an admission rate seven times higher than men from quintile 5 (20% least deprived areas).

**In terms of multiple lifestyle risk factors**, there has been much research into the clustering of unhealthy lifestyle behaviours and the impact of these. The World Health Organisation (WHO, 2002) estimated that 30% of the burden of illness in developed countries is associated with four main unhealthy behaviours: smoking, excess consumption of alcohol, poor diet and low levels of physical activity. These behaviours in turn are linked to high cholesterol and overweight/obesity, which are associated with a further 15 per cent of the disease burden in these countries. Prevalence of these behaviours locally, nationally and internationally are clustered amongst more disadvantaged populations. The H&WB survey found that 53% of adults (approximately 84,000 adults in Warrington) reported 2 or more lifestyle risk factors<sup>10</sup>. 21% (approximately 34,000) reported three or more risk factors.

## **LOCAL ACTION AND RECOMMENDATIONS**

There is a range of work on-going to address lifestyle factors and target interventions to those population groups most in need.

Overarching strategies are in place aimed at addressing these lifestyle issues.

A new Healthy Weight Strategy has recently been developed, and a range of specific outcomes are detailed in the strategy, relating to the three key themes of: early intervention and prevention, tackling the wider obesogenic and built environment, and ensuring adequate provision of appropriate weight management services.

A comprehensive action plan that supports delivery of Warrington's Alcohol Harm Reduction Strategy is in place with a broad range of actions/interventions across the four core themes of:

- Changing attitudes and early intervention;
- Reducing harms to health;
- Reducing the impact of alcohol misuse on communities; and
- Reducing the impact of alcohol misuse and harm on the family structure.

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<sup>10</sup> Lifestyle risk factors included: Smoking, eating less than 5 portions of fruit/veg per day, unsafe levels of alcohol consumption, BMI 25+, not meeting CMO recommendations for physical activity

The recent review of the Alcohol Harm Reduction Strategy highlighted the need to prioritise activity to tackle the prevalence of regular unsafe levels of drinking. A Priority Action Group (PAG) has been established, and is working to raise awareness and change behaviour in relation to alcohol harm.

A range of services are commissioned to address the issues. The main services aimed at improving healthy lifestyles are the Wellbeing Service, and services commissioned from Livewire. These services operate predominantly on a referral or self-referral basis, and differential targets are set for the service to focus on those geographic areas known to have highest levels of need for each of the services delivered.

The Wellbeing Service is comprised of Wellbeing Mentors who are non-clinical staff who seek to identify individuals, predominantly from the more deprived areas of the town, and work to support them to make changes in their lifestyle behaviours to achieve positive impact on their health. The lifestyle services commissioned from Livewire include the Weight Management Service which aims to tackle the issue of obesity by offering lifestyle advice and support in local settings, and the Stop Smoking Service which provides free support for people wanting to give up smoking. Public Health also commission two specific Exercise Referral Programmes from Livewire: Reach for Health, aimed at getting people back into exercise, and the Stay on Your Feet programme, which is specifically designed for those aged over 65. Access to both programmes is via GP referral.

In addition to the lifestyles services, Warrington Public Health commissions a confidential alcohol treatment and recovery service for adults in Warrington. The main substance misuse treatment and recovery provider is CRI (Crime Reduction Initiatives, known locally as Pathways to Recovery). They provide the Tier 2 to 3 services, and there is co-commissioning of targeted services for the most vulnerable people in Warrington, such as street homeless people and those living in short term accommodation, to provide support and engage them in treatment provision.

Work is underway to look at how a range of services might be delivered in a more integrated way. Over recent years there has been a move nationally to explore the integration of prevention services in order to provide more effective and efficient support for people to live well, to address issues in more holistic way, and address the psychological factors that underpin behaviour change.<sup>11</sup> There is recognition that people living with the most disadvantages face multiple lifestyle risk factors<sup>12</sup>. Locally, a lot of work has already been done to align all lifestyle services such as stop smoking, exercise and weight management services. This integration of lifestyles services is seen as one part of the overall integrated wellness model that is currently being commissioned and led by Public Health. Building on the work that has been done so far, learning from elsewhere, and using feedback from stakeholder events, public health is piloting an integrated wellness approach which has a number of components, including amongst others, a common holistic assessment and a holistic brief intervention that addresses psychosocial determinants. The

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<sup>11</sup> HMG: Health Lives, Healthy People, Public Health Strategy, 2010

<sup>12</sup> The Kings Fund: Clustering of Unhealthy Behaviours over time: Implications for Policy and Practice Buck & Frosini, 2012

aim is to have developed an Integrated Wellness Model, agreed by key partner organisations, and launched in late 2014.

### 3c) BURDEN OF ILL-HEALTH

**LIFE EXPECTANCY:** is an over-arching measure of population health, and therefore improvements in life expectancy and in the life expectancy gap are really useful summary indicators of improvements to population health and health inequalities.

**Male Life Expectancy:** Average life expectancy at birth for males in Warrington is 78.2 years<sup>13</sup>; this is significantly lower than the average for England of 79.2 years. Of all 148<sup>14</sup> top-tier local authorities, Warrington has the 56<sup>th</sup> lowest LE; i.e. only 55 LAs in England have a lower male life expectancy. Over the past 11 data periods (2000-2002 to 2010-2012), life expectancy for males in Warrington has increased by 2.7 years, from 75.5 years in 2000-02 to 78.2 years based on current data. However, improvements across England as a whole have been greater, and male life expectancy nationally has increased by 3.2 years; from 76.0 years in 2000-02 to 79.2 years currently, thus the inequality gap between Warrington and England has widened.

**Female Life Expectancy:** For a female in Warrington, average life expectancy is 82.0 years, significantly lower than the average for England of 83.0 years. Of all 148<sup>11</sup> top-tier local authorities, Warrington has the 41<sup>st</sup> lowest LE; i.e. only 40 LAs in England have a lower female life expectancy. Over the past 11 data periods (2000-2002 to 2010-2012), life expectancy for females in Warrington has increased by 2.1 years, from 79.9 years in 2000-02 to 82.0 years based on current data. However, as for males, improvements across England as a whole have been greater, and female LE in England has increased by 2.3 years; from 80.7 years in 2000-02 to 83.0 years currently, and therefore the inequalities gap has widened slightly.

Analysis has highlighted that the main cause of reduced life expectancy in Warrington is the high rates of premature death from cardiovascular disease. A comprehensive health needs assessment and equity audit has been undertaken, and an action plan developed to ensure that the issue is further investigated and addressed.

**HEALTHY LIFE EXPECTANCY (HLE) AT BIRTH:** Life expectancy is a robust, headline measure used to quantify the overall health of a population; however, it is useful to also consider quality of life, and look at what proportion of life is spent in good health. Healthy Life Expectancy enables this, and provides an estimate of the average number of years a person would live in good health if s/he experienced the specified population's particular age-specific mortality and health status for that time-period throughout the rest of his/her life. Healthy life expectancy estimates are used as robust high level outcome indicators on which to assess the health status of different populations and to monitor changes in population health over time. Whilst, HLE is a robust measure, it should be remembered that it is in part estimated through subjective self-reports of general health.

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<sup>13</sup> Office for National Statistics, Life expectancy at birth and at age 65, England and Wales, 1991-93 to 2010-12

<sup>14</sup> LE not calculated for Isles of Scilly or City of London for the 2010-12 period due to small numbers

**Males:** Average HLE at birth for males in Warrington is 60.4 years;<sup>15</sup> this is significantly lower than the average for England of 63.2 years. Warrington ranks 44<sup>th</sup> lowest (worst) in England of 150 top tier local authorities.

**Females** – For females in Warrington, average HLE at birth is 61.4 years, this is significantly lower than the average for England of 64.2 years. Warrington ranks 51<sup>st</sup> lowest (worst) of all 150 top tier local authorities in England.

The comparatively lower HLE for both males and females in Warrington is a combination of both lower than average LE and a lower proportion of life spent in (self-reported) good health. Self-reported health is a subjective measure which is influenced by an individual's health expectations, which are known to vary across socio-demographic factors such as age and sex.

**Internal Inequalities in Life Expectancy:** The Slope Index of Inequalities (SII) is the measure used nationally to assess the internal inequality in life expectancy at birth within Local Authorities. Local areas (LSOAs) are grouped into 10 groups (deciles) based on their Warrington deprivation ranking and life expectancy is calculated for each of these deciles. The SII illustrates the extent of the gradient across deciles, and represents the range in years of life expectancy across the social gradient; the higher the SII, the greater the internal inequalities.

**Males** – The SII for males is 10.7, this is the 27<sup>th</sup> highest (worst) of 149<sup>16</sup> local authorities in England. There was a sharp increase between 2009-11 and 2010-12. As the figures are based on relatively small numbers, fluctuations in figures are likely to occur, but it is important to continue to monitor the overall trend. Again, due to the small numbers, although the SII within Warrington is much higher than the average for England of 9.24, this difference is not statistically significant.

**Females** – The SII for females is 6.8, this is the 51<sup>st</sup> highest (worst) of 149<sup>13</sup> LAs in England. The SII for females in Warrington has seen a gradual increase from a low in 2008-10 to the current period.

The scale of inequalities in relation to socio-economic deprivation in Warrington means that given life expectancy and deprivation are so strongly correlated; a correspondingly wide range of life expectancy and therefore a larger SII is to be expected. Tackling the wider determinants of health, and reducing inequalities in these, is crucial in order to have a long-term impact on the internal gap in life expectancy and on the SII.

**CARDIOVASCULAR DISEASE (CVD):** is one of the most important diseases due to its high premature mortality, overall mortality and disproportionate effect on more deprived groups. It is also highly preventable with increased risk attributed to poor diet, physical inactivity, alcohol consumption and smoking. Rates within Warrington are consistently high, and a comprehensive needs assessment was undertaken during 2013/14 to explore and better understand any issues relating to risk factors or treatment and care. Key findings from that work include:

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<sup>15</sup> Office for National Statistics, Healthy Life Expectancy (HLE) at birth by upper tier local authority, 2009-2011. Comparable data on which to assess trends is not available at this point

<sup>16</sup> SII not calculated for Rutland, Isles of Scilly or City of London for the 2010-12 period due to small numbers

- CVD death rates have decreased substantially over previous decades, but local rates remain significantly higher than England amongst both the all-age population, and amongst those dying prematurely (those aged under 75).
- The biggest gap in CVD death rates *within* Warrington is in deaths amongst those aged under 75 years
- If Warrington experienced the same death rates as England, it is estimated that there would be 56 fewer deaths from CVD per year
- Ischaemic Heart Disease (IHD) is the biggest contributor locally to the comparatively higher rates of CVD deaths: IHD death rates consistently exceed the average for England by over 20%
- In Warrington, the vast majority (over 80%) of the excess mortality is amongst people living in the most deprived 40% of areas

**CANCER:** is the second most common cause of death nationally. It is also very costly to the NHS. Analysis has highlighted some encouraging findings for Warrington, with one of the main findings showing that overall cancer mortality rates have been reducing in Warrington and are currently in-keeping with the average for England.

- The analysis has shown that the rate of incidence of cancer in Warrington is significantly higher than the rate for England<sup>17</sup>.
- Warrington had significantly higher incidence rates of breast cancer, oesophageal cancer, stomach cancer and lung cancer when compared to England (2009-11); Incidence of lung cancer was significantly higher in some of the more deprived wards of Warrington.
- The overall mortality rate from lung cancer was significantly higher in Warrington when compared to England; more specifically, the mortality rate for women from Warrington was significantly higher than the England rate.
- There are links between deprivation and mortality rates from cancer. As deprivation increases, the rate of mortality from cancer also increases.
- Cancer screening rates in Warrington are very good for cervical and breast. However, those GP Practices covering the most deprived 20% of the population have lower uptake rates for cervical, breast and bowel screening.
- Cancer staging data is improving. However, the local cancer health equity audit conducted in 2011 found that the percentage of cases that were diagnosed at a late stage was highest amongst older populations.
- One year cancer survival in Warrington (64.7%) is lower than the English average (67.7%)

**MENTAL HEALTH:** Emotional wellbeing, mental health and physical health are linked; people with physical health conditions are two to three times more likely to experience a mental health condition, such as depression. Mental wellbeing is influenced by many factors,

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<sup>17</sup> The rate of incidence in Warrington requires further investigation as the incidence rate in previous years was consistently significantly lower than England

including genetic inheritance, childhood experiences, life events, individual ability to cope and levels of social support, as well as factors like adequate housing, employment, financial security and access to appropriate health care. Emotional wellbeing is about how an individual is feeling, how they cope with day to day life and their ability to deal with problems. The issue is pertinent population-wide. Positive emotional wellbeing is critical for the day to day lives of individuals, families and communities. Its absence has implications far beyond individuals, because the quality of emotional wellbeing affects every aspect of the shared life of any community. The incidence of mental illness is higher amongst deprived communities. Income deprivation, low educational attainment, low skilled poorly paid employment and high proportions of self-reported ill health are all associated with higher levels of poor mental health.

In terms of emotional wellbeing, the H&WB survey showed that, overall:

- One-quarter of all adults in Warrington have low levels of emotional wellbeing.
- There was very little difference between men and women; overall, scores were quite similar.
- People aged over 65 were generally less likely to have low emotional wellbeing.
- Strong association with socio-economic deprivation: people living in the most disadvantaged areas had the lowest wellbeing scores (35.7% in Quintile 1 compared to 19.5% in Quintile 5).

It is difficult to project likely future prevalence of low emotional wellbeing. External factors, including the current economic situation and financial worries, are likely to impact further; hardship and emotional stress have an impact on wellbeing. In terms of current financial issues, the 2013 H&WB survey showed:

- 8% of people were finding it difficult to manage.
- 5% were going without food to manage, and 10% going without heating.
- 11% of people said that they were borrowing to cover the costs of everyday essentials.
- Younger people (aged 18-39) were finding it most difficult to manage, with 11% reporting that they were struggling, compared to 3% of those aged 65+, and 20% borrowing for basic necessities (only 1% of those aged 65+).

Loneliness and social isolation is linked to emotional wellbeing and personal resilience. Research shows that being lonely and feeling isolated from friends and family can affect physical and mental health. The H&WB survey findings, in the main, were encouraging, suggesting that levels of social contact in Warrington are high. Some findings include:

- The vast majority of people surveyed had had some social contact in the previous two weeks.
- There was little difference between age-groups, although men aged between 40-64 reported slightly lower levels of contact, but rates were still high, with only 4% saying they hadn't seen a friend to chat to in the previous two weeks.
- Most people (91%) said they had had someone they could talk to when they have problems.

- Slightly more women said they had someone to talk to: 93%, compared with 89% men.
- About 8 out of every 100 people asked said that they often feel lonely.
- Strong association between loneliness and deprivation; 13% in the most deprived areas said they felt lonely compared to 6% in the least deprived.
- Residents of more socially disadvantaged areas were much less likely to feel connected to their local area, as were younger people.

Feelings of safety also affect mental wellbeing. Generally, women feel less safe than men, older people feel less safe than younger, and there is a strong association with deprivation, e.g. 45% of women in the most disadvantaged areas don't feel safe out alone after dark, compared to 16.7% of women in the least disadvantaged areas.

In terms of mental ill-health, based on latest available data:

- There are currently (2012/13 data) 10,321 adults (18+) recorded on GP systems as having a diagnosis of depression.
- There are 1,708 people recorded on GP systems as having a diagnosis of severe mental illness
- Statistical modelling suggests there may be some under-reporting or under-diagnosis of common mental illnesses at GP Practice level
- Hospital inpatient admissions for mental health problems are significantly higher in Warrington than the average for England. Emergency hospital admissions were significantly higher in Warrington when compared to England, whilst planned admissions were significantly lower. Of all hospital admissions made during 2011/12 that were due to mental health, 96.6% were emergency admissions. The percentage of mental health admissions that were an emergency in Warrington was much higher than England (68.7%).

### 3d) CHILDREN AND YOUNG PEOPLE

Although not all chapters in the Children and Young People's domain have been fully updated, there some more up to date information available. This section summarises findings from the updates and related intelligence.

**The population** of children and young people (CYP) aged 0-19 in Warrington is estimated to be 48,800<sup>18</sup>. This accounts for approximately 24% of the total Warrington population. By 2022 the number of CYP is projected to increase by almost 11%.

**Child Poverty:** Approximately 14.5% of all children and young people aged 0 to 19 in Warrington are living in low income families<sup>19</sup>. This is lower than the average for England of 20.1%. Looking at child poverty figures for Warrington as a whole conceals the large differences within the borough. Analysis of ward level data reveals significant pockets of

<sup>18</sup> 2013 mid-year estimates, Office for National Statistics

<sup>19</sup> Children in Low-Income Families Local Measure, HM Revenue and Customs, 2011

need within Warrington, with almost 30% of children from areas such as Bewsey and Whitecross and Poplars and Hulme living in poverty.

**Ethnicity:** Warrington has a small, but growing, black and ethnic minority population (BME). Based on data from the 2011 Census, approximately 7% of the all-age population are from a BME group. Amongst children and young people aged under 20 years, this is slightly higher at 7.9%. Based on data collected through schools it appears there is a higher proportion of younger children from BME backgrounds: 90% of all secondary school pupils are 'White British' and 88% of primary school pupils. Within Warrington there is considerable variation in the distribution of BME populations. By far, Bewsey and Whitecross have the highest proportion of school children from a BME background and of these the highest proportion is 'White Other'.

Applying a life course approach to the health and wellbeing of children and young people takes into account the impact of disadvantage, which starts before birth and accumulates throughout life. Maternal and infant outcomes will be improved if support is provided for women of childbearing age to ensure a healthy lifestyle in pregnancy.

**Smoking at time of delivery:** in Warrington is relatively low compared to England although there has been a slight increase in 2013/14 compared to previous years. However, within Warrington there are stark inequalities; a significantly higher proportion of those living in the 20% most deprived areas smoke at time of delivery.

**Breastfeeding at delivery:** Warrington has consistently had lower breastfeeding initiation rates when compared to England. Although the internal inequalities gap has fluctuated in recent years, initiation of breastfeeding remains significantly lower in the most deprived areas.

**Teenage conception:** rates in Warrington are currently lower than the average for England; 24.8 per 1,000 compared with 27.7 per 1,000. The rate of teenage conceptions varies significantly at electoral ward level, mirroring the pattern of socio-economic deprivation, with more deprived wards experiencing significantly higher rates.

**Low Birthweight Births:** Warrington has a very similar proportion of births classified as low birthweight (less than 2,500g) when compared to England (approximately 7.4%). In recent years those from the 20% most deprived areas had a higher percentage of LBW births, when compared to the rest of Warrington, but not significantly so. The gap between the 20% most deprived areas and the remaining areas of Warrington has narrowed slightly based on latest data.

**Child Excess Weight:** The prevalence of overweight/obesity amongst Reception and Year 6 children in Warrington is generally lower than that of England. There was a sharp rise amongst both age groups in 2011/12 and the prevalence rate for that year exceeded England. Latest data shows that rates have returned to levels in keeping with earlier years, and thus, the 2011/12 figure is likely to be due to random fluctuation.

**Alcohol admissions (under 18):** Although there have been reductions in recent years, the rate of hospital admissions due to alcohol amongst those aged under 18 years remains higher in Warrington than the average for England. The rate is substantially higher in the most deprived areas of the borough, and appears to be widening in recent years.

**Drug-Related Hospital Admissions:** The rate of hospital admissions due to substance misuse amongst young people aged 15 to 24 years in Warrington is significantly higher than the average for England. Rates have decreased since 2008, but remain high. Rates are highest in the most deprived areas of the borough.

**Smoking:** Prevalence information for local young people is only currently available from a regional survey.<sup>20</sup> This suggests that local prevalence rates have reduced in recent years and currently 15% of 14-17 year olds report that they smoke. There is no directly comparable England figure, but estimates suggest that nationally, approximately 10% of 15 year olds<sup>21</sup>.

**Accidental Injury:** The full chapter on accidental injury has not been updated since 2011/12, however, nationally published data<sup>22</sup> suggests that that the picture hasn't changed substantially and locally the rate of hospital admissions resulting from unintentional injuries amongst children and young people remains significantly higher than the average for England.

**Children in Care:** As at March 2013 there were 227 children in care, equating to a rate of 51.6 per 10,000, this is lower than comparator local authorities and than the England average which is 59 per 10,000. Given the overall population forecasts and the actual number and the rate per 10,000 of children in care over the past four years, which has remained fairly stable, it is anticipated that current levels of children in care, at around 230, will continue into the future. Evidence highlights that children in care generally have poorer outcomes than the wider population. In keeping with the national picture educational attainment for children in care in Warrington is lower than that of the whole school population. The numbers of children in the children in care cohort undertaking end of year tests is very small, thus it is not possible to reliably analyse trends, however, there is some indication that the gap may be narrowing slightly, particularly at Key Stage 2. Based on data available, the provision of health care for children in care appears to be good, with 95% and 89% (respectively) of children in care receiving an annual health assessment and dental check. As at March 2013, 97% of children in care were up to date with their childhood immunisations, this is significantly better than the average for England of 83%.

**Transition:** From children's to adults services for children with disabilities can be a difficult journey for young people. The JSNA chapter relating to transition focussed on the transitional processes of children and young people in Warrington who have a transitional plan in place. Transition plans are written for children and young people who have a Statement of SEN or are in receipt of Care, Learning, Access and Support Planning (CLASP<sup>23</sup>) funding and children with complex health needs. The chapter did not examine all transition processes, but key findings from processes that were considered highlighted that the data collection system in place currently would benefit from the implementation of some data quality processes to help ensure accuracy and completeness. It was also found that the

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<sup>20</sup> Trading Standards North West Survey 2013

<sup>21</sup> Health and Social Care Information Centre (HSCIC, 2014). Smoking, drinking and drug use among young people in England in 2012

<sup>22</sup> Public Health England, Child and Maternal Health Intelligence Network, Child Health Profiles 2014

<sup>23</sup> CLASP was time-limited funding for learning or medical support for schools where there are children who do not meet the criteria for a Statement of SEN but have significant special educational needs or where the child has very significant physical or medical needs. The funding stream transferred direct to schools from April 2013 and schools now have responsibility to allocate funding to students who will require this specific type of support.

quality of the content of transition plans varied considerably and that person centred reviews (considered to be the gold standard transitioning document) are only performed at a small number of schools. Recommendations were made to improve the quality of plans and help ensure that person centred reviews are undertaken at all schools.

### **3e) VULNERABLE ADULTS AND OLDER PEOPLE**

**Population:** There isn't a commonly accepted definition of 'older people', but the majority of information included in the JSNA chapters on older people relates to the population aged 65 and over. Projections highlight that Warrington's older population is currently slightly smaller than the regional and national averages but is expected to grow more rapidly, and by 2020 the local population aged over 80 is expected to increase by a third (those over 90 to increase by nearly a half). There are likely to be corresponding increases in the numbers of people suffering age-related illnesses: the number of people with dementia, for example is expected to double over the next 20 years.

Increases of this scale are likely to have a substantial impact on the demand for care; placing pressure on all care providing services, whether this be health care or social care, as well as demands on formal and informal carers. It is important that the future size and shape of this demand is accurately projected so that appropriate services and support structures can be put into place to ensure that older people and their support networks are not put at undue risk.

A number of other topic specific chapters relating to older people's health and wellbeing were completed during the 2011/12 JSNA work programme. Whilst these chapters haven't had a full update as yet, there is some more up to date intelligence available which shows that:

- Rates of unplanned or emergency admissions to hospital amongst the over 65's remain significantly higher than the average for England.
- Mortality rates for the over 65's are above the average for England.
- Quality of life, as measured by healthy life expectancy, is also poorer for older people in Warrington, compared with the average for England.

As part of the 2013/14 JSNA programme a chapter was written about loneliness and social isolation, and a substantial piece of work looking at falls amongst older people undertaken. Summaries of these pieces of work are included below:

**Loneliness and Social Isolation:** There is a substantial body of evidence showing the impact of social isolation and loneliness on quality of life and wellbeing. For instance, lonely people have been shown to have higher blood pressure than less lonely peers<sup>24</sup>. Loneliness is also associated with depression (both as a cause and a consequence)<sup>25</sup> and higher rates of

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<sup>24</sup> Hawkey, L.C. et al (2010) Loneliness predicts increased blood pressure: 5-year cross-lagged analyses in middle-aged and older adults' *Psychology and Aging*, vol 25, no 1, pp 132-14, cited in Windle et al (2011)

<sup>25</sup> Mead, N. et al (2012) Effects of befriending on depressive symptoms and distress: systematic review and meta-analysis', *British Journal of Psychiatry*, vol 196, no 2, pp 96-100, cited in Windle et al (2011)

mortality<sup>26</sup>. Some research has suggested that lonely and socially isolated people are more likely to have early admission to residential or nursing care<sup>27</sup>.

National evidence indicates that older age is a risk factor for loneliness, with studies suggesting that between 5 and 16 percent of the current over-65 population report loneliness<sup>28</sup>. One study reported that, amongst older people, 2% reported they were 'always lonely', 5% that they were 'often lonely' and 31% 'sometimes lonely'<sup>29</sup>.

Local prevalence information obtained from the large-scale H&WB survey undertaken in 2013 shows that there are high levels of social contact within Warrington and a smaller proportion of local older people report feeling lonely compared with the national studies.

Within Warrington, almost 30% of survey respondents aged over 65 reported that they live alone, only 7% said that they feel lonely a lot of the time. Extrapolated across Warrington, this means that there are approximately 9,500 people aged over 65 living alone and around 2,300 who feel lonely a lot of the time.

**Falls:** are much more common amongst older people and can have serious consequences. Falls, especially when associated with a fractured femur, carry a high morbidity and mortality rate, but even less serious falls can lead to loss of self-confidence and reduced quality of life. In addition to the burden on the individual, the cost to health and social care services can be considerable. When the cost of inpatient care is combined with the long term care costs which often results from a loss of independence, then the cost of falls is significant to the individual and the system.

There are a number of risk factors for falls, which include increasing age, female gender and chronic conditions, such as circulatory diseases, chronic obstructive pulmonary disease, and arthritis.

Some estimated falls incidence figures are available from the Health Survey for England<sup>30</sup> of the rates of men and women reporting at least one fall within a year, by age-band. Applying these age-specific rates to the population of Warrington suggests that there could be over 8,400 people aged 65+ in Warrington who fell at some point during the last 12 months.

Emergency admission rates in the over 65's due to falls<sup>31</sup> are very high in Warrington. During 2011/12 Warrington had the highest rate of admissions in England.

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<sup>26</sup> Pitkala, K.H. et al (2009) Effects of psychosocial group rehabilitation on health, use of health care services and mortality of older persons suffering from loneliness: a randomised, controlled trial', *Journal of Gerontology: Medical Sciences*, vol 63A, no 7, pp792-800, cited in Windle et al (2011)

<sup>27</sup> Ollonqvist, K. et al (2008) Alleviating loneliness among frail older people: findings from a randomised controlled trial. *International Journal of Mental Health Promotion*, vol 10, no 2, pp 26-34, cited in Windle et al (2011)

<sup>28</sup> O'Luanigh, C. and Lawlor, B.A. (2008) Loneliness and the health of older people, *International Journal of Geriatric Psychiatry* no 23, pp.1213-1221, cited in Windle, K. et al (2011)

<sup>29</sup> Victor, C.R et al (2005) The prevalence of, and risk factors for, loneliness in later life: a survey of older people in Great Britain. *Ageing and Society*, vol 25, no 3, pp 357-375, cited in Windle, K. et al (2011)

<sup>30</sup> Health Survey for England (2005), volume 2, table 2.1: Prevalence and number of falls in last 12 months, by age and Sex

<sup>31</sup> Public Health Outcomes Framework (PHOF). Definition is based on emergency admissions amongst over 65's and the primary reason they were admitted to hospital was due to injury, poisoning and certain other consequences of external causes (ICD10 code S00-T98). The patient record was then to also contain in any subsequent diagnosis field, a diagnosis of a fall (ICD10 W00-W19).

During 2010/11 there were 1,085 emergency admissions in persons aged over 65 due to a fall in Warrington, this increased by 8.4% to 1,184 in 2011/12.

Falls in the over 65s are more common for females than males, even when taking into account the differing population sizes by gender. During 2011/12 the rate of admission due to a fall was 1.6 times higher for females when compared to males.

Most hip fractures in older people are the result of a fall, on average each year in Warrington there are approximately 200 emergency admissions due to a hip fracture. The admission rate for hip fractures in Warrington is very similar to that of England.

#### **4. CONCLUSION AND NEXT STEPS**

The aim of the JSNA programme is to provide an up to date picture of the current and likely future health and wellbeing needs of the people of Warrington.

The Health and Wellbeing Strategy for Warrington is due to be refreshed in 2015. The analysis and findings from the JSNA programme to date will be used, alongside other intelligence, to inform the priorities for the refreshed strategy.

The on-going JSNA programme will continue, and new and updated chapters will be added to the JSNA website.