

WARRINGTON GP CLUSTER PROFILE

NORTH CLUSTER

GP Practices:

**CCA Partnership - Culcheth
Culcheth MC (Thompson Ave)**

CONTENTS

	Page		Page
INTRODUCTION	3	ACCESS TO SERVICES	
Data sources and interpretation	3	Shops	25
SUMMARY	4-5	Leisure Facilities	25
DEMOGRAPHY AND WIDER DETERMINANTS		HEALTH OUTCOMES	
Population Age Structure	6	Life Expectancy	26
Living Alone	6	Mortality Rates	27
Map of Warrington GP Practice and Cluster Locations	7	ADULT SOCIAL CARE	28-29
Map of Socio-Economic Deprivation across Warrington	8	SUMMARY DATA FOR ALL CLUSTERS	30-32
Socio-Economic Deprivation	9		
Geographical Location (Electoral Ward)	9	Notes	33
Finances	10		
Unemployment, Benefits and Retired	11		
HEALTH-RELATED BEHAVIOURS, GENERAL HEALTH, EMOTIONAL WELLBEING			
Diet	12		
Obesity	13		
Physical Activity	13		
Smoking	14		
Alcohol Consumption	14		
3 or more Lifestyle Risk Factors	14		
General Health	15		
Emotional Wellbeing	15		
Loneliness, Talking about Problems	16		
Feelings of Safety	16		
WARRINGTON OVERALL: Analysis by age/sex/deprivation	17-18		
HEALTH STATUS			
Disease Prevalence	19		
Disease Management - Hypertension	20-21		
HEALTH EXPERIENCE			
Access to GP	22		
Access to Dentist	23		
Access to A&E	23		
Hospital Admissions	24		

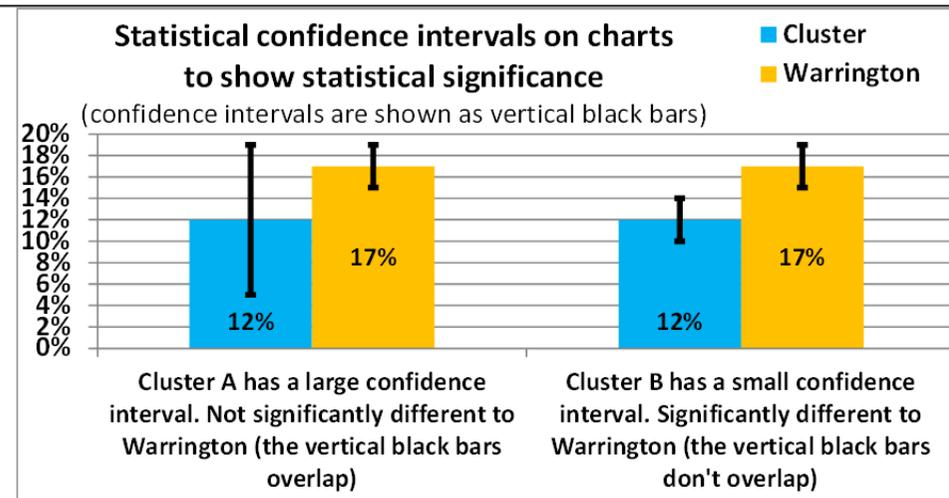
INTRODUCTION

Introduction

- There are 26 GP practices in Warrington. Practices have been grouped into 7 GP clusters. Clusters have begun to work together to offer extended services and increased access. This population health profile presents data for the registered patients of North Cluster Practices. North Cluster consists of Culcheth MC (Thompson Ave) and the Culcheth site of CCA Partnership.
- The profile contains information on a range of factors known to impact on population health. There are limitations to some of the data used, and caveats and assumptions are stated in the notes page at the end of the profile.
- It is envisaged that the profile will provide useful background and contextual information for clusters planning or reconfiguring services. This is the first version of a cluster specific public health profile and feedback is welcome. If you have any suggestions for additional information or wish to discuss findings in more detail, please contact the Public Health Knowledge and Intelligence Team at Warrington Borough Council. Contact details at the end of the profile.
- The profile contains information on health *need*, and higher need is very often associated with higher levels of socio-economic deprivation. However, *demand* for health services can be at odds with this, in that less deprived areas can demand more from their health services.

Interpretation of charts: statistical significance and confidence intervals

On some bar charts in this report, 95% confidence intervals are shown as vertical black lines on each bar. These indicate the level of uncertainty about each value on the chart. Wider intervals mean more uncertainty. Where confidence intervals do not overlap the difference is said to be statistically significant. The top of the black bar is called the Upper Confidence Limit (UCL) and the bottom is called the Lower Confidence Limit (LCL); there is a 95% chance that the true value of whatever is being measured will lie between the LCL and UCL.



Data sources

Quality Outcomes Framework (QOF) 2014/15 (Health and Social Care Information Centre). Prevalence of disease/conditions as recorded on GP registers.

Mortality (Open Exeter)

Hospital admissions North West CSU & St Helens CCG.

GP Survey via Public Health England fingertips data

<http://fingertips.phe.org.uk/profile/general-practice>

Practice populations (Health and Social Care Information Centre and Open Exeter)

Health and Wellbeing Survey, 2013 (Public Health Team, Warrington Borough Council). A comprehensive, large scale survey of Warrington residents (aged 18+) was undertaken early in 2013. It collected information on a wide range of factors that impact on an individual's health and wellbeing, including lifestyle factors and the wider determinants of health.

Questionnaires were posted to a randomly selected sample of adults living within the Warrington borough boundary and 6,673 valid returns were received. Respondents were weighted for non-response based on age-band, sex and level of deprivation where the respondent lived. This data has been analysed by GP practice. Some practices have patients who live outside Warrington borough; none of these patients will have been in the survey.

Index of Multiple Deprivation (IMD) 2010 (Department of Communities and Local Government). The IMD provides a measure of socio-economic deprivation. It is based on a number of factors; income, employment, health, education, barriers to housing and services, crime and living environment. More information is available at

<https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>

Adult Social Care Data: Warrington Borough Council CareFirst database.

Produced February 2016 by Public Health Knowledge & Intelligence Team, Warrington Borough Council

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SUMMARY

- Culcheth MC and the Culcheth site of CCA Partnership are both located in the centre of Culcheth.
- North Cluster has approximately 12,000 patients; Culcheth MC approximately 7,000 and CCA Culcheth site approximately 5000.
- The vast majority of North Cluster patients live in Culcheth, Glazebury & Croft ward (77%). 6% live outside the Warrington boundary (mostly in Wigan borough). The remainder are spread between Hollins Green and Glazebrook (in Rixton and Woolston ward), Winwick and Birchwood. Hardly any of North Cluster patients live in areas of high socio-economic deprivation; 34% live in the least deprived fifth of areas in England, with a further 23% in the next least deprived fifth.
- Cluster-level data by age-band excludes CCA and so is based purely on Culcheth MC. However, the two practices are likely to have a similar population age-profile as they mainly serve the same area (approximately 85% of Culcheth MC patients and 80% of CCA Culcheth patients live in Culcheth, Glazebury and Croft ward). North Cluster has a higher proportion of patients aged 40+ (60%) than Warrington (52%), but a lower proportion of 20-39 year-olds.
- The proportion of North Cluster patients who live alone is similar to Warrington overall.
- North Cluster fared better than Warrington overall in terms of finances, with significantly fewer patients saying that had gone without food or had to borrow to buy basic necessities. A low proportion were unemployed and looking for a job. Approximately a quarter of patients at Culcheth MC said they were retired (in-keeping with Warrington), but this was substantially higher, over a third, at CCA Culcheth.
- Feeling safe when out alone after dark in their neighbourhood was significantly better in North Cluster patients than Warrington overall. Feelings of loneliness and having people to talk to about problems were in-keeping with Warrington.
- Compared to Warrington overall, North Cluster and Culcheth MC had significantly lower smoking prevalence and obesity prevalence, and significantly fewer patients with poor diet behaviours (Culcheth MC was also significantly better than CCA Culcheth). 1 in 5 North Cluster patients had unsafe levels of alcohol consumption (similar to Warrington). The proportion of patients who did very little physical activity was similar to Warrington. North Cluster and Culcheth MC had a significantly lower proportion of patients than Warrington with 3 or more of these risk factors (although the two practices were quite different; 1 in 8 patients at Culcheth MC, and 1 in 5 at CCA Culcheth). A high proportion (over a quarter) said it wasn't easy to access leisure facilities.
- Self-reported general health, emotional wellbeing and limiting long-term illness/disability in North Cluster were in-keeping with Warrington overall.

SUMMARY

- North Cluster has substantially higher prevalence of heart failure, hypertension and dementia. It has substantially lower prevalence of CVD (primary prevention), peripheral arterial disease, palliative care, depression, learning disabilities and osteoporosis. (A lower recorded prevalence value can be due to a genuinely lower prevalence, or can be due to under-diagnosis). 43% of North Cluster is aged 50+, higher than 37% in Warrington overall.
- A much higher proportion at CCA Culcheth said it wasn't easy to make an appointment at their GP practice, compared to Culcheth MC, although the North Cluster average was similar to Warrington. More than three-quarters of Culcheth MC patients would recommend their GP practice, similar to Warrington. In North Cluster, ease of access to a GP surgery was similar to Warrington, but a much higher proportion said it wasn't easy to access an A&E department. North Cluster patients were more likely to be registered with a dentist, and more likely to have had a dental appointment in the past 2 years, than Warrington overall.
- Hospital admissions data was not available for CCA Culcheth. Culcheth MC had a significantly higher rate than Warrington of elective (planned) admissions in patients aged 65+. It was not significantly different for emergency admissions in the all-age population or in those aged 65+, or for elective admissions in the all-age population.
- In terms of high-level health outcomes, male life expectancy at Culcheth MC was significantly better than the Warrington average; female life expectancy was similar to Warrington. Mortality rates were not significantly different to Warrington. NB Life expectancy and mortality data was not available for CCA Culcheth.

Note 1: CCA Partnership GP practice. NB The 3 sites (Appleton, Chapelford and Culcheth), are in different clusters. The population structures of the 3 sites are very, very different, e.g. at April 2015, the proportion of the each site's population aged 65+ were; Appleton 13%; Chapelford 6%; Culcheth 21%. It is therefore reasonable to assume that health needs might be very different at the 3 sites. Most data is only available for CCA as a whole, and cannot be disaggregated to the 3 sites, in which case it is excluded from cluster calculations. However, the 3 sites are located far apart in the South, West and North of the borough, and in data for which geographical information (postcode/ward) is known, geographical location can be used to allocate data records to one of the 3 sites, based on the assumption that a patient is likely to attend the nearest CCA site to where they live (see notes at end of profile for more detail).

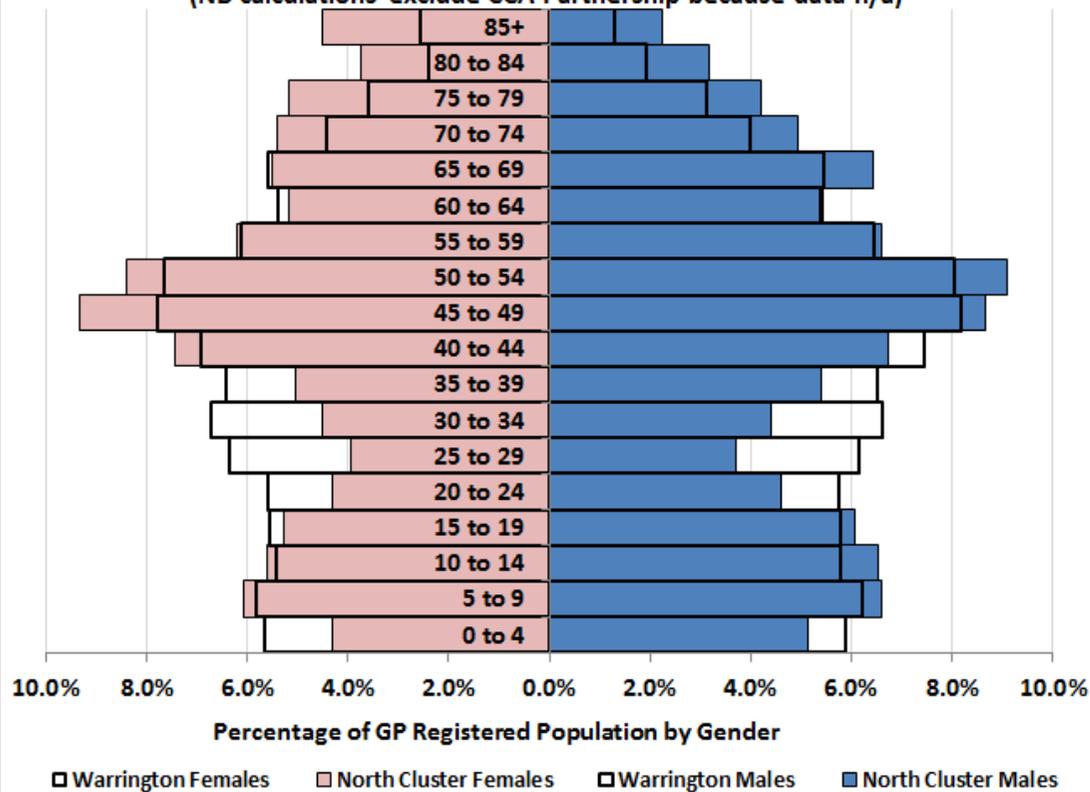
Note 2: Much of this analysis is based on the Warrington Health and Wellbeing Survey 2013. North Cluster had 412 respondents; 177 at CCA Partnership Culcheth and 235 at Culcheth MC.

DEMOGRAPHY AND WIDER DETERMINANTS: Population Age Structure and Proportion Living Alone

GP Practice	Registered Pop'n	Percentage in each ageband, 2015						Total
		0 to 4	5 to 19	20 to 39	40 to 64	65 to 84	85+	
CCA Partnership - Culcheth *Approx	*(5,100)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Culcheth MC (Thompson Ave)	6966	5%	18%	18%	37%	16%	7%	100%
CLUSTER 7 (NORTH) excluding CCA	6966	5%	18%	18%	37%	16%	7%	100%
Warrington	214025	6%	17%	25%	35%	13%	4%	100%

NB Percentages may not sum to 100% due to rounding.

North Cluster and Warrington: GP Registered Populations
Population Pyramid 2015, by 5 Year Age Groups
 (Source: Open Exeter)
 (NB calculations exclude CCA Partnership because data n/a)



Population size: approximately 12,000 (at 2015). Culcheth MC is a larger GP practice (approximately 7,000 patients) than CCA Culcheth (approximately 5,000).

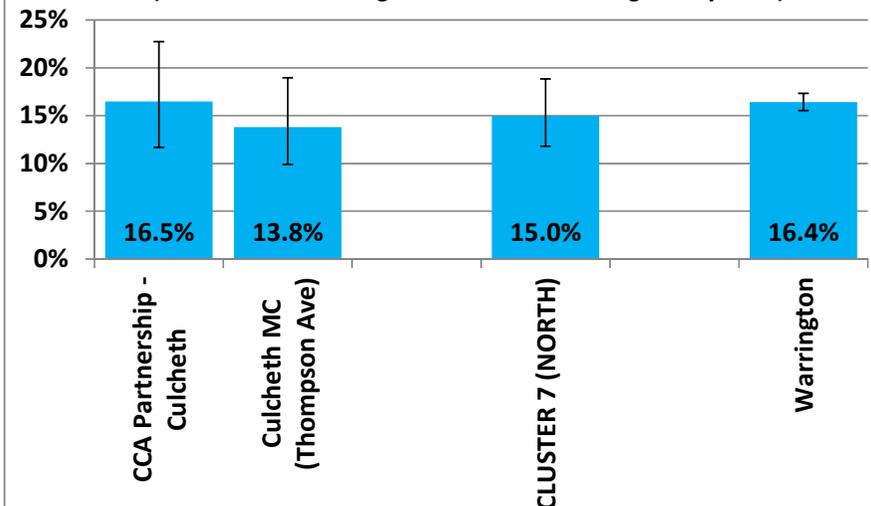
Population structure. A major factor affecting health needs is population structure; some GP practices have a much older population than the Warrington average, and some a much younger population.

- Cluster-level data by age-band excludes CCA Culcheth and so is based purely on Culcheth MC. However, the two practices are likely to have a similar population structure as they mainly serve the same geographical area (approximately 85% of Culcheth MC patients and 80% of CCA Culcheth patients live in Culcheth, Glazebury and Croft ward).
- North Cluster has a higher proportion of patients aged 40+ (60%) than Warrington (52%), but a lower proportion of 20-39 year-olds.

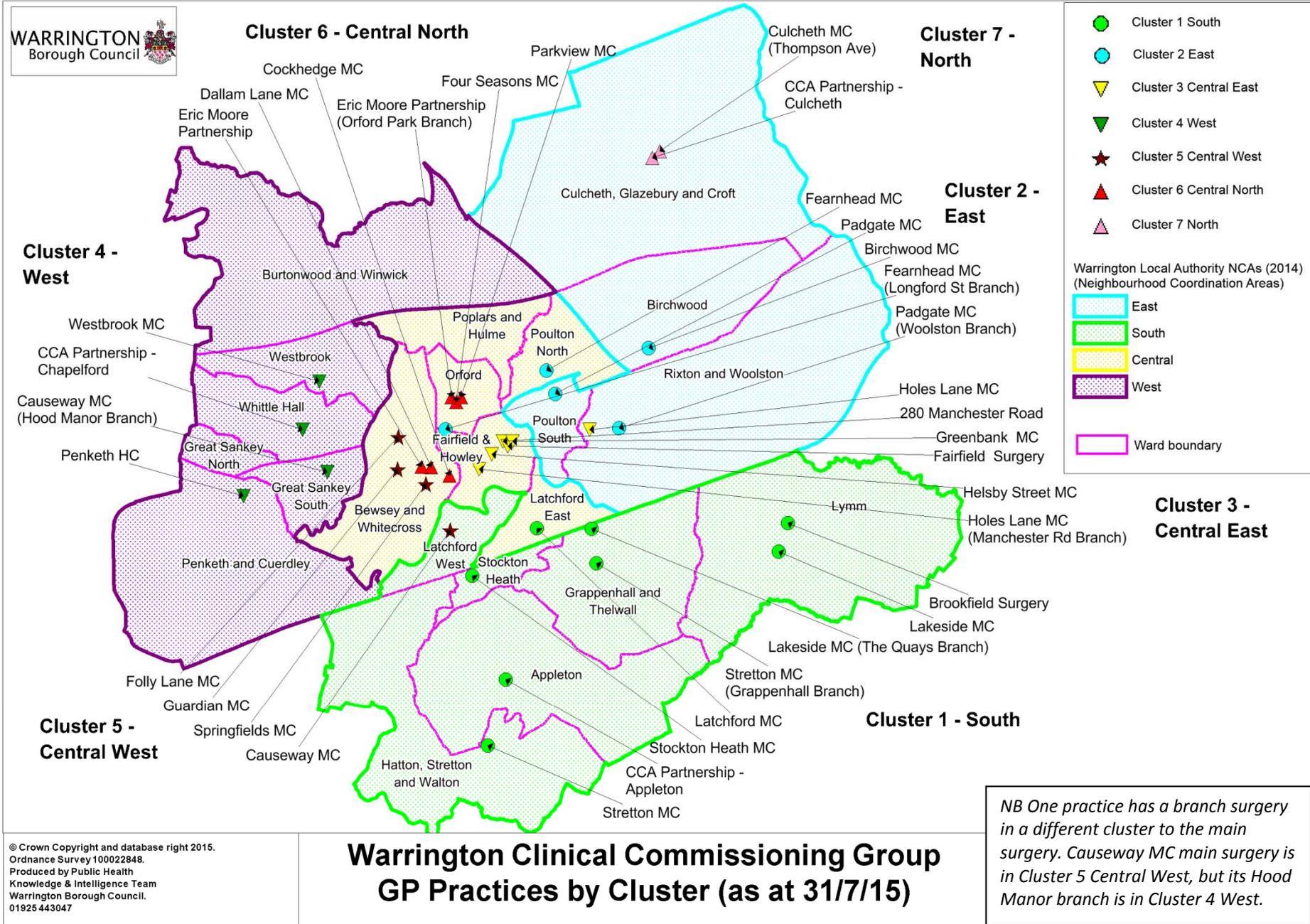
Percentage of people who live alone:

- GP practices across Warrington ranged from 3.3% to 27.3% (Warrington average 16.4%).
- North Cluster and both GP practices were quite similar to Warrington overall.

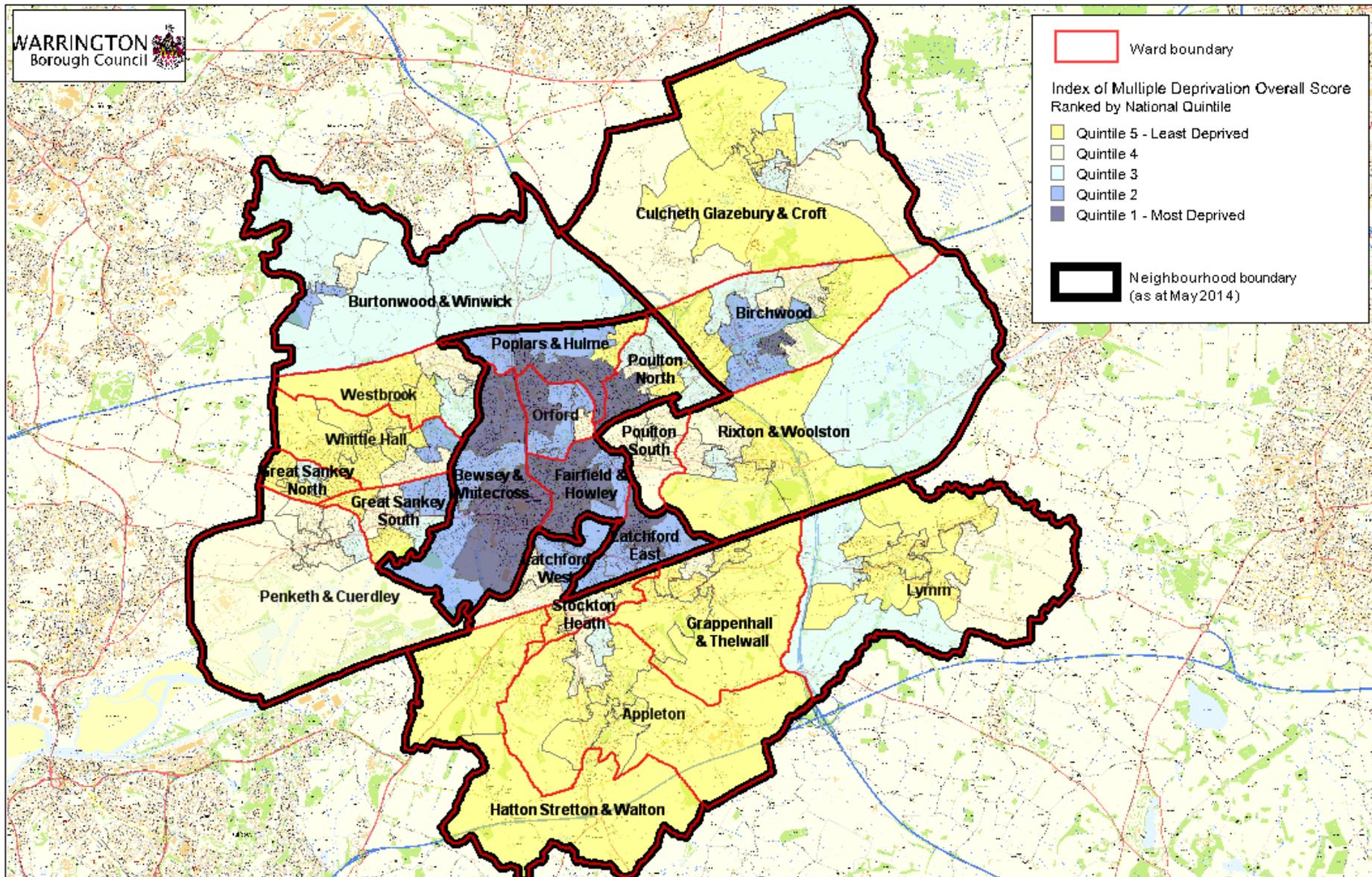
Percentage of people who live alone: GP Practices & Cluster
 (Data Source: Warrington Health & Wellbeing Survey 2013)



Map of Warrington GP Practice and Cluster Locations



DEMOGRAPHY AND WIDER DETERMINANTS: Map of Socio-Economic Deprivation across Warrington



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 Ordnance Survey 100022848.
 Produced by Public Health Knowledge &
 Intelligence Team, Warrington Borough Council.
 01925 443047

**Warrington LSOAs:
 Indices of Multiple Deprivation 2010: Overall Deprivation**

Aug 2014

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 GISDATA\WORKSPAC\IMD2010\
 IMD 2010 with backdrop.wor

DEMOGRAPHY AND WIDER DETERMINANTS: Socio-economic Deprivation and Geographical Location (Electoral Ward)

PROPORTION OF PRACTICE/CLUSTER POPULATION LIVING IN EACH WARD				ALL WARRINGTON GP REGISTERED PATIENTS
Ward	CCA Culcheth	Culcheth MC (Thompson Ave)	CLUSTER 7 (NORTH)	
Appleton	0%	0%	0%	5%
Bewsey & Whitecross	0%	0%	0%	7%
Birchwood	5%	5%	5%	5%
Burtonwood & Winwick	9%	4%	6%	1%
Culcheth, Glazebury & Croft	73%	80%	77%	5%
Fairfield & Howley	0%	0%	0%	7%
Grappenhall & Thelwall	0%	0%	0%	5%
Great Sankey North	0%	0%	0%	3%
Great Sankey South	0%	0%	0%	5%
Hatton, Stretton & Walton	0%	0%	0%	2%
Latchford East	0%	0%	0%	4%
Latchford West	0%	0%	0%	4%
Lymm	0%	0%	0%	6%
Orford	0%	0%	0%	5%
Penketh & Cuedley	0%	0%	0%	4%
Poplars & Hulme	0%	0%	0%	5%
Poulton North	1%	0%	1%	5%
Poulton South	0%	0%	0%	3%
Rixton & Woolston	4%	4%	4%	4%
Stockton Heath	0%	0%	0%	3%
Westbrook	0%	0%	0%	3%
Whittle Hall	0%	0%	0%	7%
All Warrington Wards	92%	95%	94%	98%
All non-Warrington wards	8%	5%	6%	2%
ALL WARRINGTON REGISTERED PATIENTS	100%	100%	100%	100%

Population by ward: the vast majority of North Cluster patients live in Culcheth, Glazebury & Croft ward (77%). 6% live outside the Warrington boundary (mostly in Wigan borough). The remainder are spread across Hollins Green and Glazebury (in Rixton and Woolston ward), Winwick, and Birchwood.

There are wide health inequalities between people living in areas of high levels of socio-economic deprivation and those living in areas of low deprivation; this is reflected in the analysis by GP practice, with practices serving more deprived populations usually having worse health outcomes.

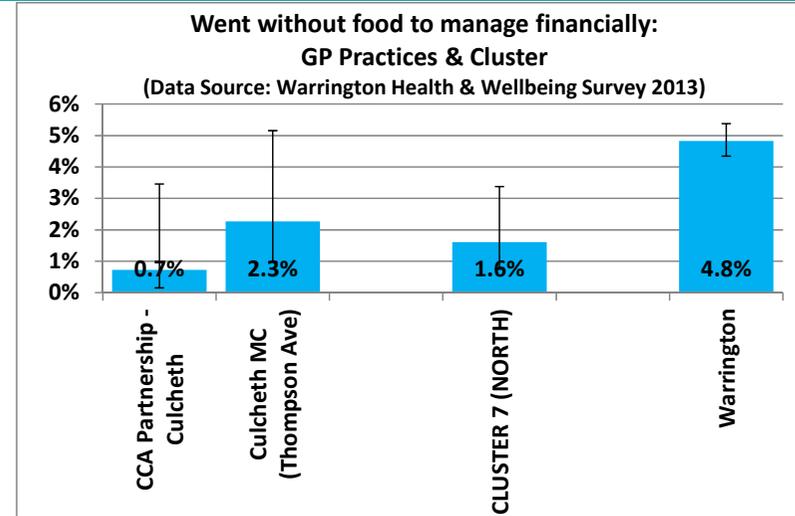
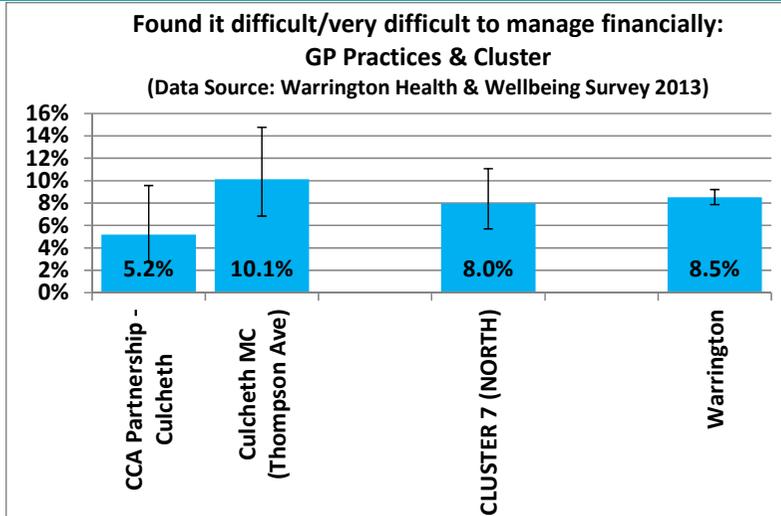
Measuring Socio-Economic Deprivation (see map of deprivation in Warrington). Lower Super Output Areas (LSOAs) are small geographical units. Deprivation is measured using the Index of Multiple Deprivation (IMD) 2010. For each LSOA, a deprivation score is calculated covering a broad range of issues: income, employment, health and disability, education and skills, housing and services, crime, and living environment. All LSOAs in England are ranked by IMD score and then split into 5 equal sized groups (called quintiles). Warrington contains 127 LSOAs; these are grouped according to which national quintile they are in (Quintile 1 is the most deprived; Quintile 5 the least).

Population by socio-economic deprivation: hardly any of North Cluster patients live in deprived areas (Q1 and Q2). 34% live in Quintile 5 (the least deprived), with a further 23% in Quintile 4.

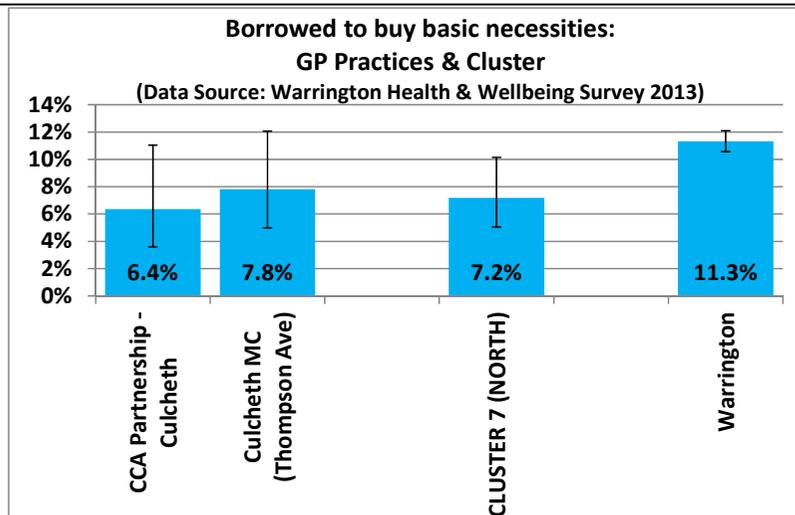
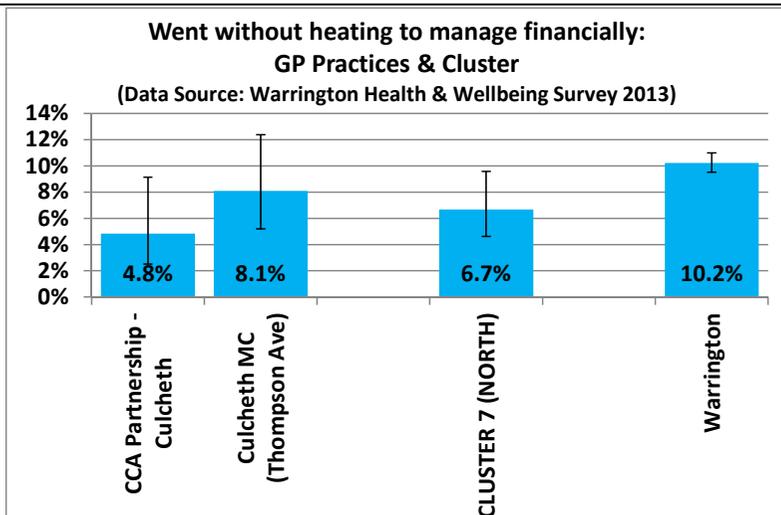
NB Percentages may not sum to 100% due to rounding.

IMD 2010 Quintile	CCA Culcheth	Culcheth MC (Thompson Ave)	CLUSTER 7 (NORTH)	ALL WARRINGTON GP REGISTERED PATIENTS
Quintile 1 (most deprived)	1%	0%	0%	18%
Quintile 2	1%	1%	1%	17%
Quintile 3	36%	33%	34%	10%
Quintile 4	21%	25%	23%	21%
Quintile 5 (least deprived)	32%	35%	34%	31%
All Warrington LSOAs	92%	95%	94%	98%
All non-Warrington LSOAs	8%	5%	6%	2%

DEMOGRAPHY AND WIDER DETERMINANTS: Finances

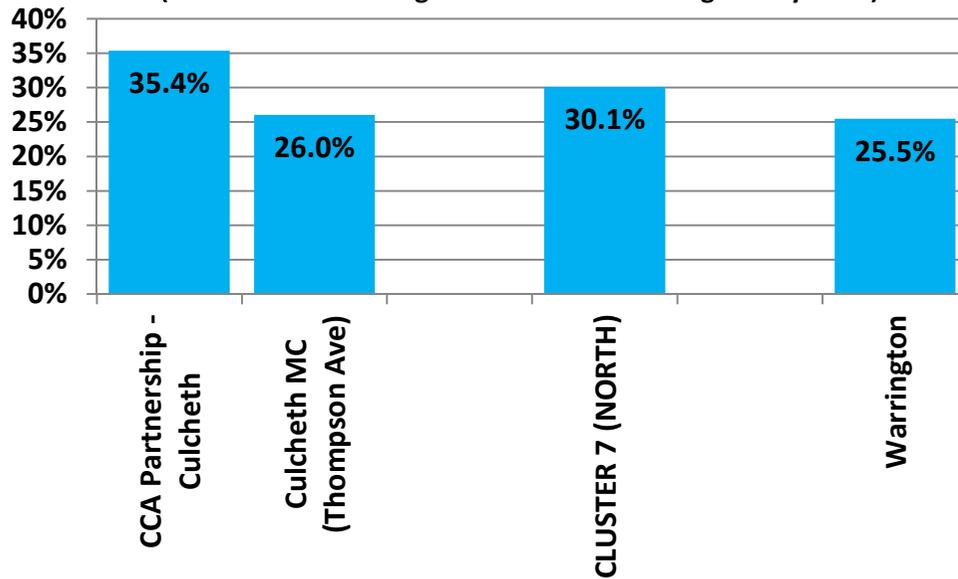


- **Found it difficult/very difficult to manage financially:** GP practices across Warrington ranged from 2.0% to 17.8% (Warrington average 8.5%). North Cluster was very similar to Warrington. Neither GP practice was significantly different.
- **Went without food to manage financially:** GP practices across Warrington ranged from 0% to 12.9% (Warrington average 4.8%). North Cluster and CCA Partnership Culcheth were significantly better than Warrington.
- **Went without heating to manage financially:** GP practices across Warrington ranged from 3.5% to 20.7% (Warrington average 10.2%). North Cluster was better than Warrington, but not significantly so. CCA Partnership Culcheth was significantly better than Warrington.
- **Borrowed to buy basic necessities:** GP practices across Warrington ranged from 1.5% to 31.6% (Warrington average 11.3%). North Cluster was significantly better than Warrington.

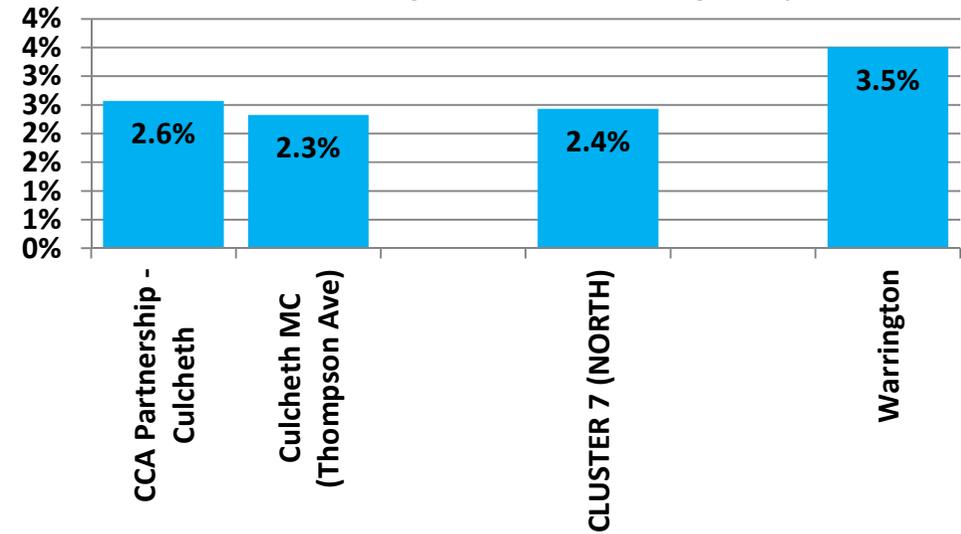


DEMOGRAPHY AND WIDER DETERMINANTS: Unemployment, Benefits and Retired

Employment status - Retired: GP Practices & Cluster
(Data Source: Warrington Health & Wellbeing Survey 2013)

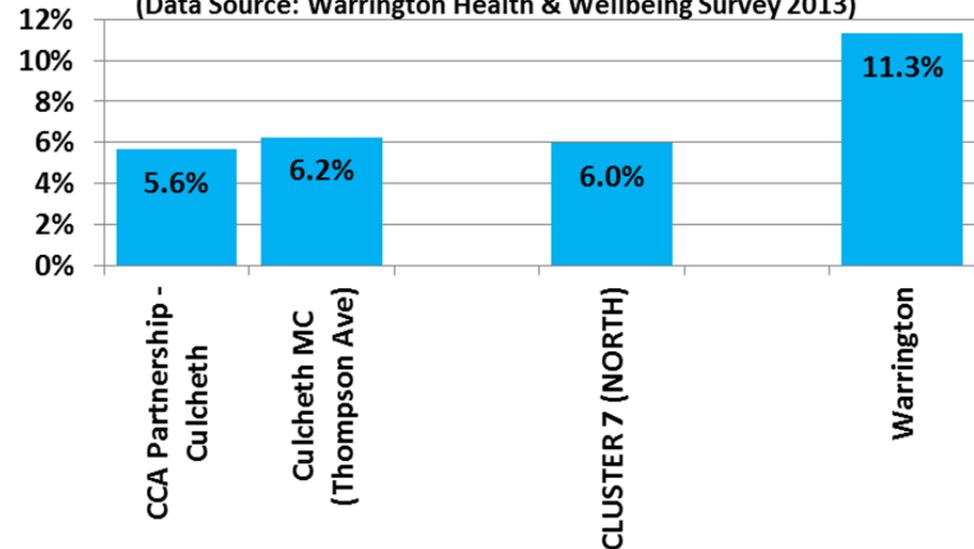


Employment Status - Unemployed and looking for a job: GP Practices & Cluster
(Data Source: Warrington Health & Wellbeing Survey 2013)

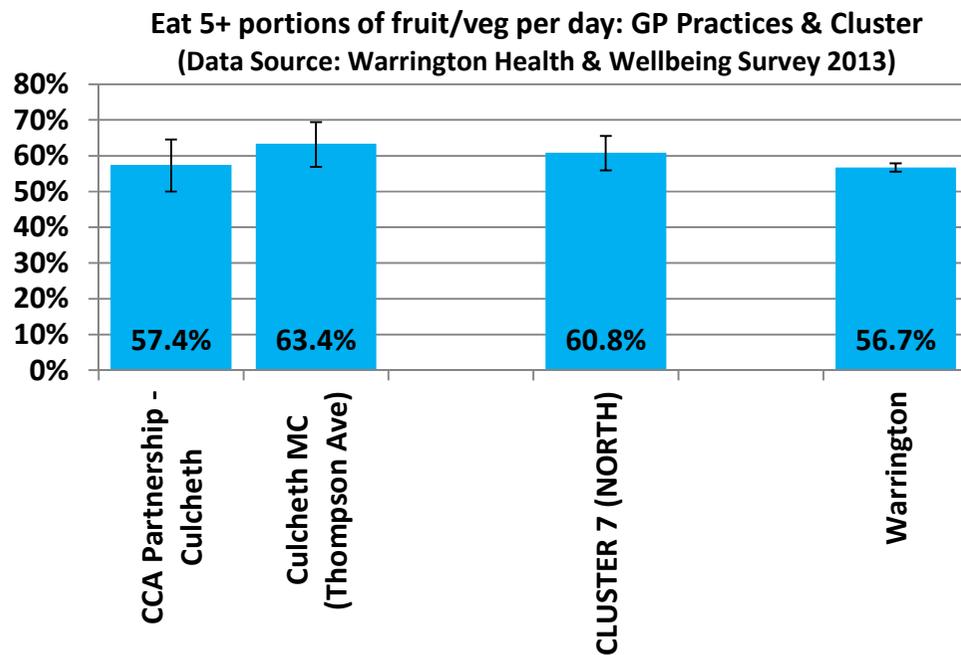


- Employment status - retired:** GP practices across Warrington ranged from 5.7% to 38.8% (Warrington average 25.5%). North Cluster (30.1%) was substantially higher than Warrington. The 2 practices were substantially different to each other; 35.4% at CCA Partnership Culcheth and 26.0% at Culcheth MC.
- Employment status - unemployed and looking for a job:** GP practices across Warrington ranged from 1.2% to 15.7% (Warrington average 3.5%). North Cluster (2.4%) was slightly better than Warrington, as were both GP practices.
- Employment status - received income support / social security benefits:** GP practices across Warrington ranged from 3.7% to 25.4% (Warrington average 11.3%). North Cluster (6.0%) and both GP practices were much lower than Warrington.

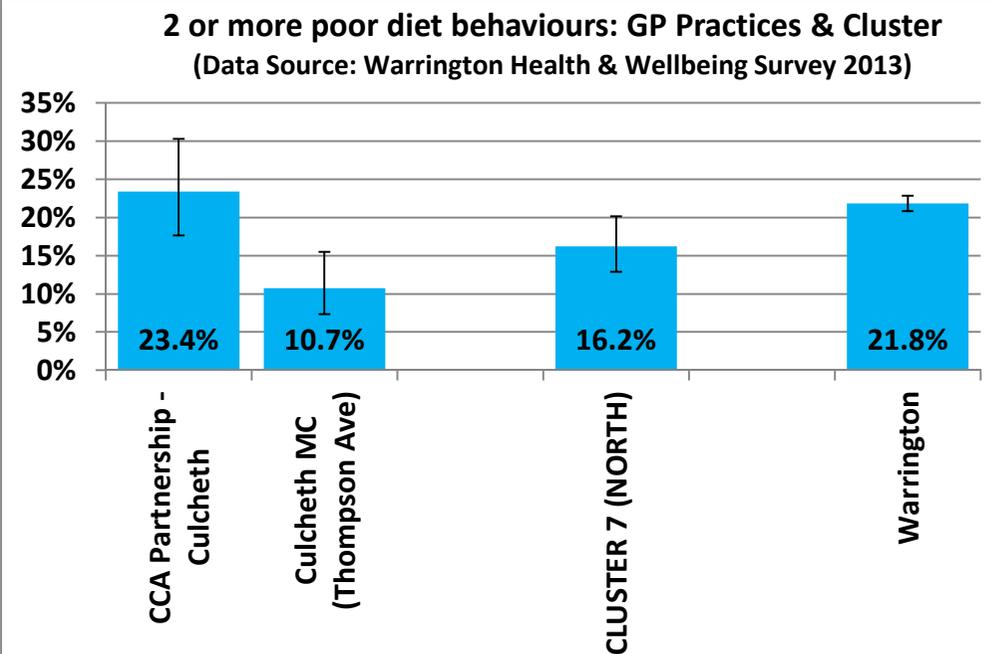
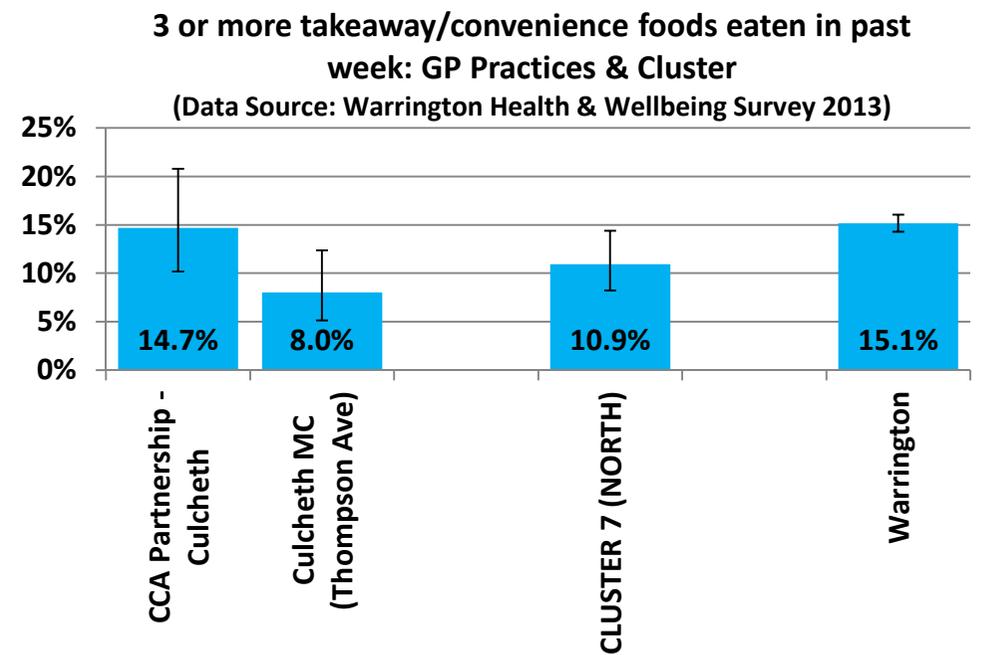
Received income support/social security benefits: GP Practices & Cluster
(Data Source: Warrington Health & Wellbeing Survey 2013)



HEALTH-RELATED BEHAVIOUR: Diet



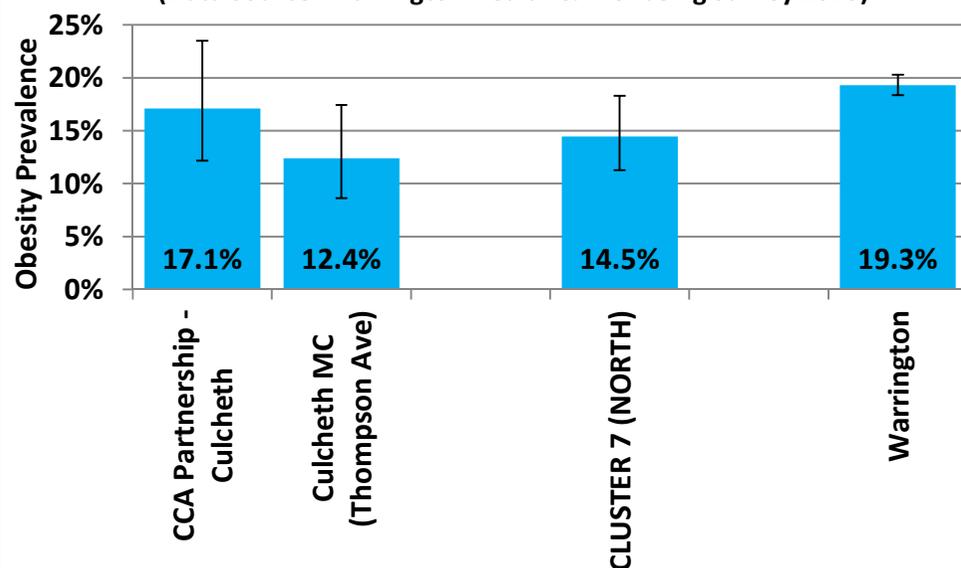
- **Eat 5+ portions of fruit/veg per day:** GP practices across Warrington ranged from 35.9% to 65.0% (Warrington average 56.7%). North Cluster (60.8%) wasn't significantly different to Warrington overall, and neither were the GP practices.
- **3 or more takeaway/convenience foods eaten in past week:** GP practices across Warrington ranged from 5.2% to 21.8% (Warrington average 15.1%). North Cluster (10.9%) was better than Warrington overall, but not significantly so. Culcheth MC was significantly better than Warrington overall.
- **2 or more poor diet behaviours:** GP practices across Warrington ranged from 9.6% to 35.9% (Warrington average 21.8%). North Cluster (16.2%) was significantly better than Warrington overall. Culcheth MC was significantly better than Warrington, and significantly better than CCA Culcheth.



HEALTH-RELATED BEHAVIOUR: Obesity and Physical Activity

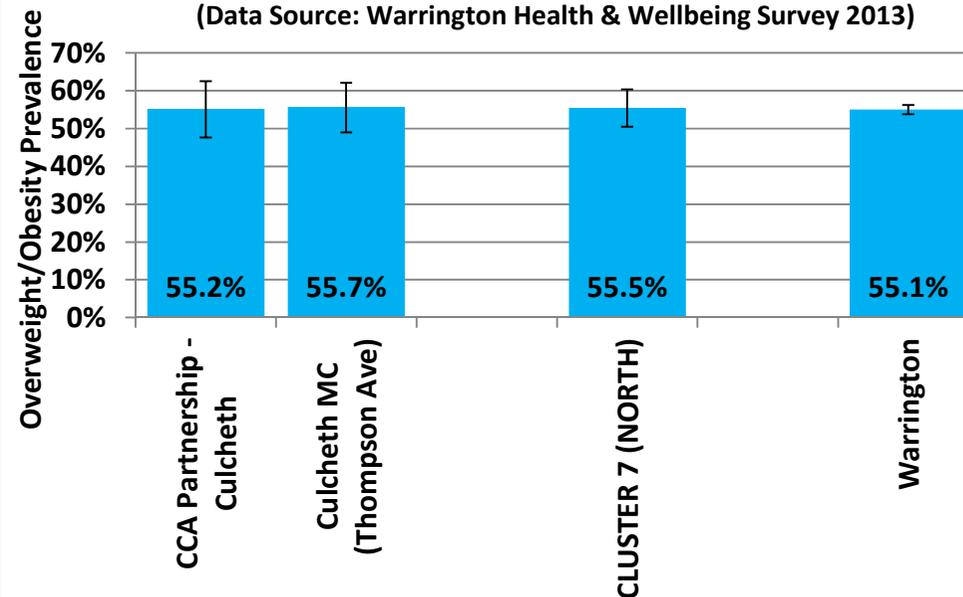
Obesity Prevalence: GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



Overweight/Obesity Prevalence: GP Practices & Cluster

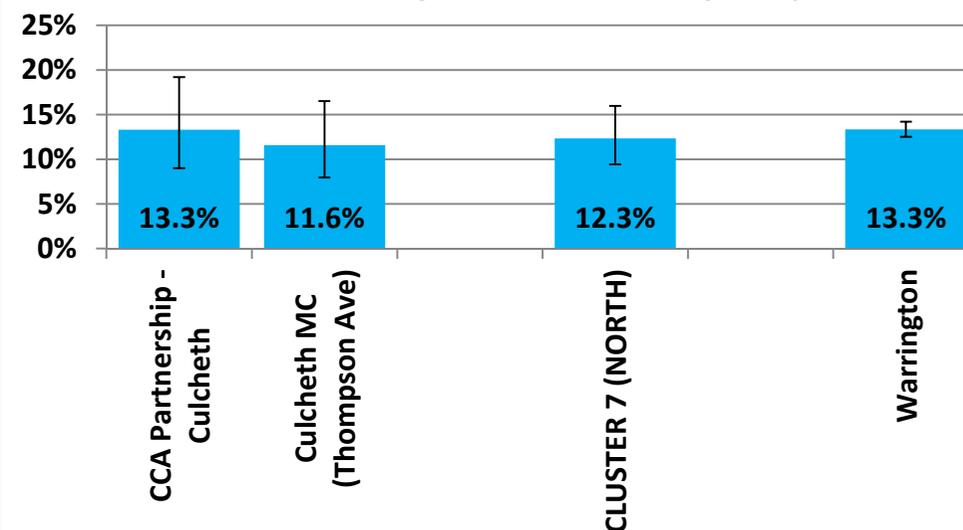
(Data Source: Warrington Health & Wellbeing Survey 2013)



- **Obesity prevalence:** GP practices across Warrington ranged from 11.2% to 29.4% (Warrington average 19.3%). North Cluster (14.5%) and Culcheth MC (12.4%) were significantly better than Warrington.
- **All excess weight (overweight/obese) prevalence:** GP practices across Warrington ranged from 43.3% to 66.0% (Warrington average 55.1%). North Cluster (55.5%) and both its practices were very similar to Warrington.
- **Do less than 30 "equivalent" minutes physical activity/week:** GP practices across Warrington ranged from 5.8% to 22.2% (Warrington average 13.3%). North Cluster (12.3%) was quite similar to Warrington, so were both GP practices.

Do less than 30 "equivalent" minutes physical activity/week: GP Practices & Cluster

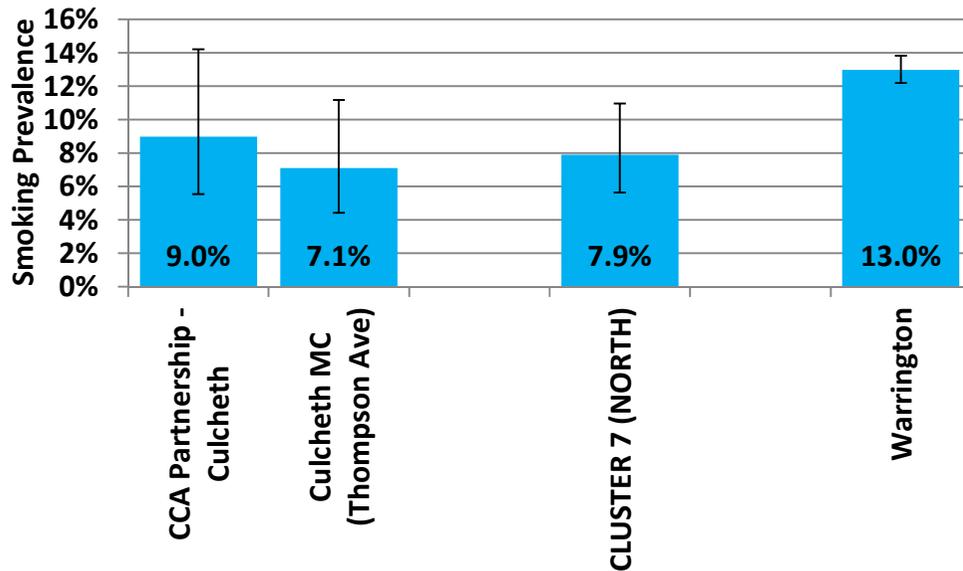
(Data Source: Warrington Health & Wellbeing Survey 2013)



HEALTH-RELATED BEHAVIOUR: Smoking, Alcohol Consumption, and Multiple Lifestyle Risk Factors

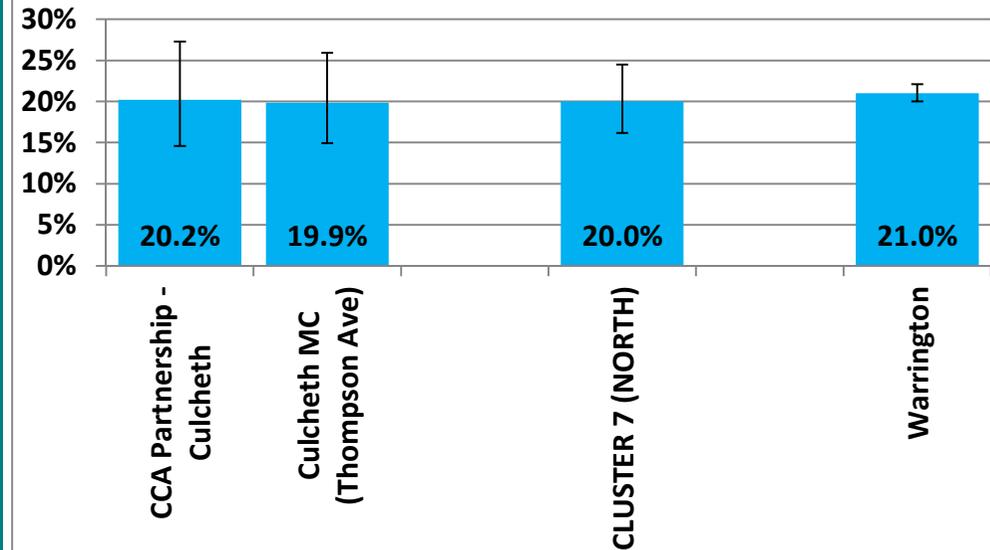
Smoking Prevalence: GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



Unsafe level of alcohol consumption: GP Practices & Cluster

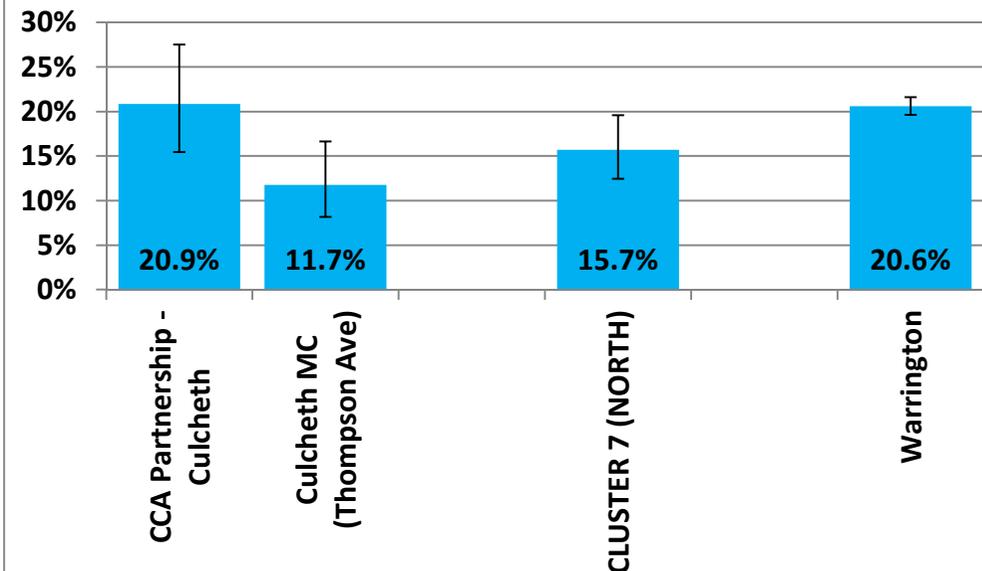
(Data Source: Warrington Health & Wellbeing Survey 2013)



- Smoking prevalence:** Smoking prevalence: practices across Warrington ranged from 5.1% to 27.2% (Warrington average 13.0%). North Cluster (7.9%) and Culcheth MC were significantly better than Warrington overall.
- Unsafe alcohol consumption:** Unsafe alcohol consumption: practices across Warrington ranged from 12.1% to 28.5% (Warrington average 21.0%). North Cluster (20.0%) and both GP practices were very similar to Warrington overall.
- Key modifiable lifestyle factors that increase the risk of cardiovascular disease (CVD) are: smoking, poor diet, obesity, lack of physical activity and high alcohol consumption. These risk factors tend to 'cluster' together. The 5 risk factors used for this analysis are: overweight/obese, low physical exercise, <5 fruit/veg per day, excess alcohol consumption, and smoking. 3 or more health-related risk factors:** practices across Warrington ranged from 14.8% to 32.9% (Warrington average 20.6%). North Cluster (15.7%) was significantly better than Warrington overall. Culcheth MC was also significantly better (11.7%), but CCA Culcheth (20.9%) was similar to Warrington.

3 or more lifestyle risk factors: GP Practices & Cluster

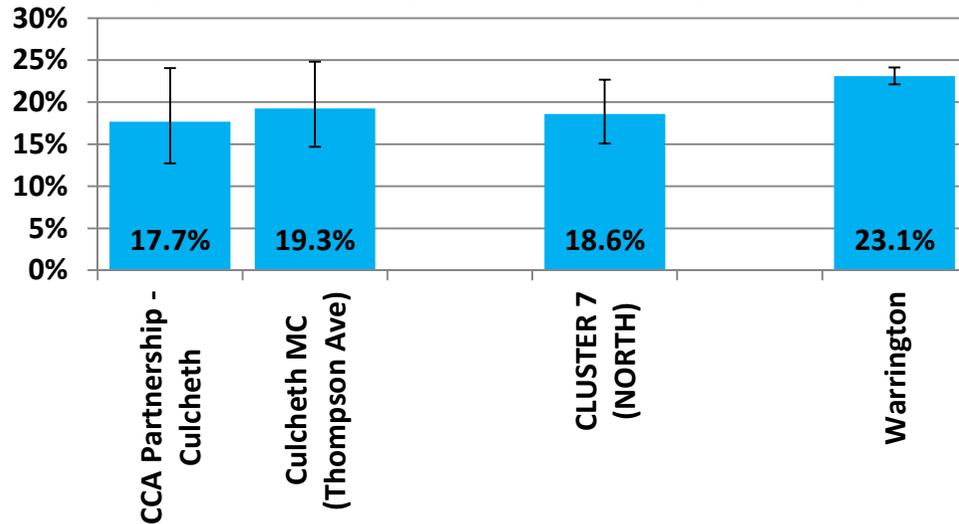
(Data Source: Warrington Health & Wellbeing Survey 2013)



HEALTH STATUS: Self-reported General Health and Emotional Wellbeing

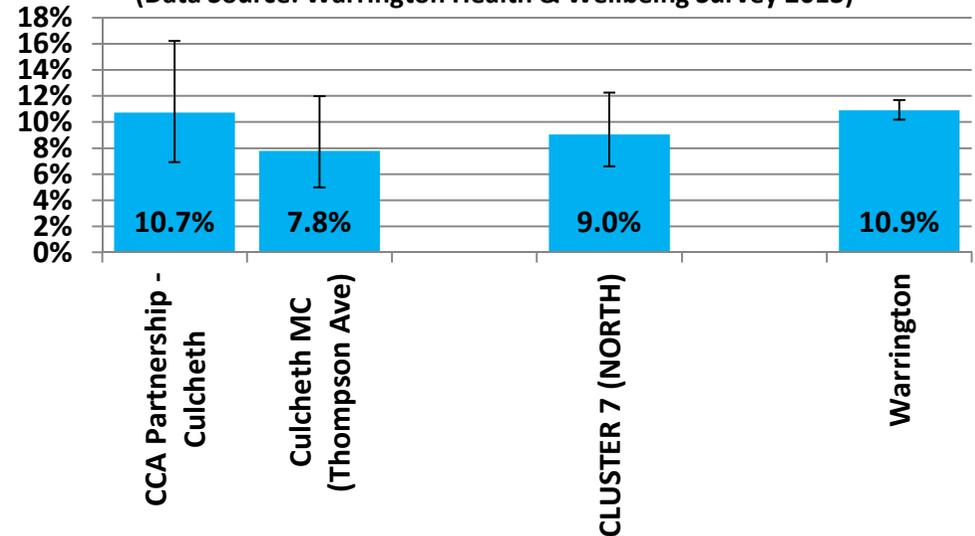
Self-reported general health is fair/bad/very bad: GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



Have longstanding illness/disability/infirmary that limits activity: GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



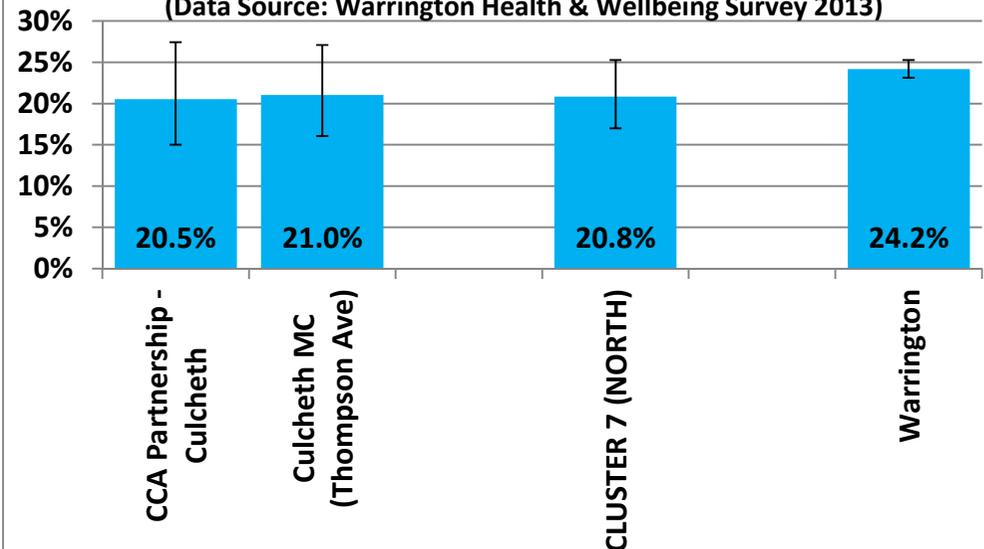
NB The following data was self-reported in the Warrington Health and Wellbeing Survey 2013 (i.e. is not based on GP records/diagnoses).

- **Self-reported general health is fair/bad/very bad:** practices across Warrington ranged from 14.4% to 31.3% (Warrington average 23.1%). North Cluster (18.6%) was better than Warrington overall, as were both practices, but not significantly so.
- **Have a long-standing illness, disability or infirmity that limits activity** (compared to other people of the same age): practices across Warrington ranged from 3.5% to 16.5% (Warrington average 10.9%). North Cluster (9.0%) was not significantly different to Warrington overall, nor were the 2 GP practices.
- **Low emotional wellbeing:** practices across Warrington ranged from 12.9% to 34.7% (Warrington average 24.2%). North Cluster (20.8%) and both GP practices were better than Warrington overall, but not significantly so.

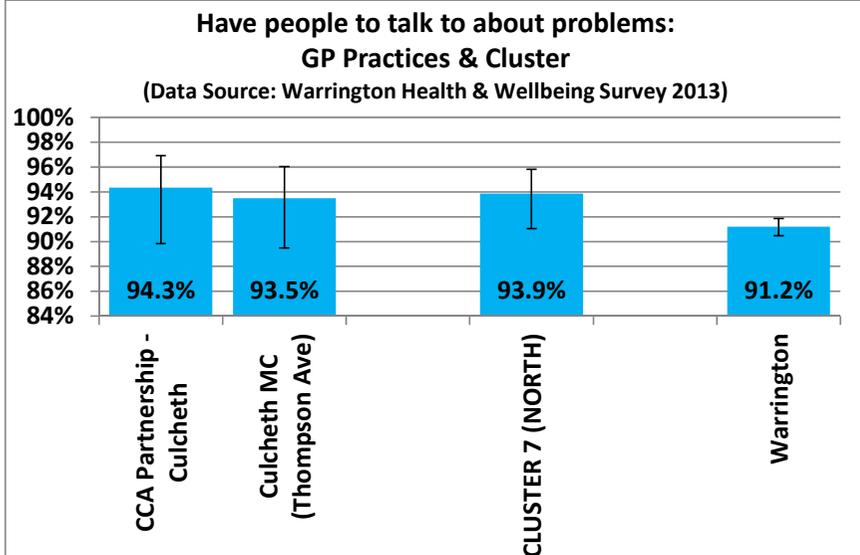
Low Emotional Wellbeing (WEMWBS):

GP Practices & Cluster

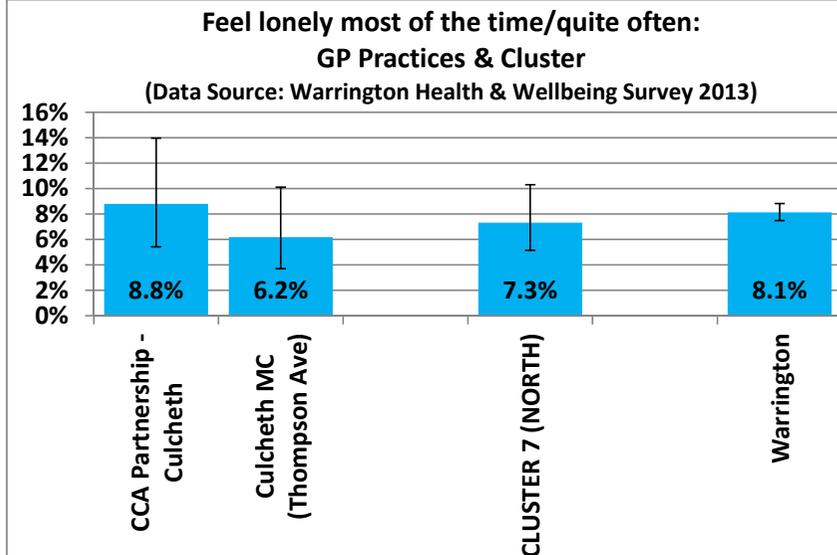
(Data Source: Warrington Health & Wellbeing Survey 2013)



HEALTH STATUS: Emotional Wellbeing - Loneliness, Talking about Problems, and Feelings of Safety



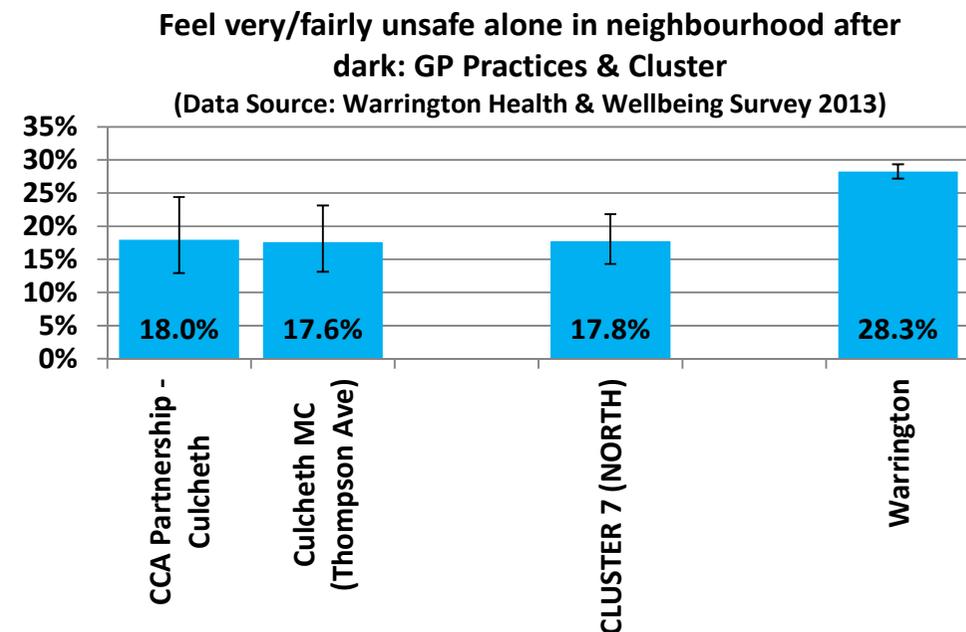
Had people to talk to about problems: GP practices across Warrington ranged from 83.1% to 97.8% (Warrington average 91.2%). North Cluster and both GP practices were slightly better than Warrington, but not significantly so.



Felt lonely most of the time / quite often: GP practices across Warrington ranged from 2.3% to 16.2% (Warrington average 8.1%). North Cluster and both GP practices were quite similar to Warrington.

Felt quite/very unsafe alone: at home/in local neighbourhood, daytime/after dark.

- **Alone at home during the day:** GP practices across Warrington ranged from 0% to 9.1% (Warrington average 2.5%). North Cluster (2.1%) and both GP practices were quite similar to Warrington overall.
- **Alone at home after dark:** GP practices across Warrington ranged from 2.0% to 26.8% (Warrington average 10.5%). North Cluster (8.0%) and both GP practices were better than Warrington overall, but not significantly so.
- **Alone in their neighbourhood during the day:** GP practices across Warrington ranged from 1.0% to 13.4% (Warrington average 4.8%). North Cluster (1.5%) and both GP practices were much better than Warrington overall (though not significantly so).
- **Alone in local neighbourhood after dark:** GP practices across Warrington ranged from 13.0% to 45.1% (Warrington average 28.3%). North Cluster (17.8%) and both GP practices were significantly better than Warrington overall.



WARRINGTON OVERALL: Health related behaviour by age/sex/deprivation

Data from the Health and Wellbeing Survey 2013 can't be analysed at a practice level by different age-bands, sex and deprivation; the statistics produced would be very imprecise and unreliable due to the small sample of respondents in each subgroup of the practice population. However, the following analysis at a Warrington level shows the general patterns and differences between men/women, age-bands and deprivation levels.

Obesity In both women and men, there was a strong relationship between obesity prevalence and deprivation. There was a steady decrease from 26% in the most deprived quintile to 15% in the least deprived. It was much lower in 18-39 year-olds than in the other age-bands.

Diet behaviours (related to consumption of takeaways, convenience foods, and 5+ fruit/veg per day).

The proportion of people with 2 or more poor diet behaviours was much higher in men (28%) than women (16%), and generally followed the pattern of deprivation, i.e. higher in more deprived areas. There were large differences by age; approximately 3 times more women aged 18-39 had 2 or more poor diet behaviours (25%) than those aged 65+ (8%). Over twice as many men aged 18-39 had 2 or more poor diet behaviours (38%) than those aged 65+ (18%). The proportion eating 5+ fruit/veg was higher in older people than younger people, higher in women than men, and higher in less deprived areas. Takeaways and convenience foods seemed to contribute much more to the differences in overall poor diet behaviour between men/women/age-bands/deprivation, whereas there were comparatively small differences in fruit/veg consumption.

Physical activity less than 30 mins/week (based on 'Equivalent minutes' = moderate intensity minutes + 2 x vigorous intensity minutes). More women than men had very low levels of physical activity. There were very large differences by age; 23% in those aged 65+ compared to 8% in the 18-39 age-band. There was a strong link with deprivation; twice as high in the most deprived quintile (20%) than in the least deprived (10%). (This link with deprivation was slightly more extreme in women than men).

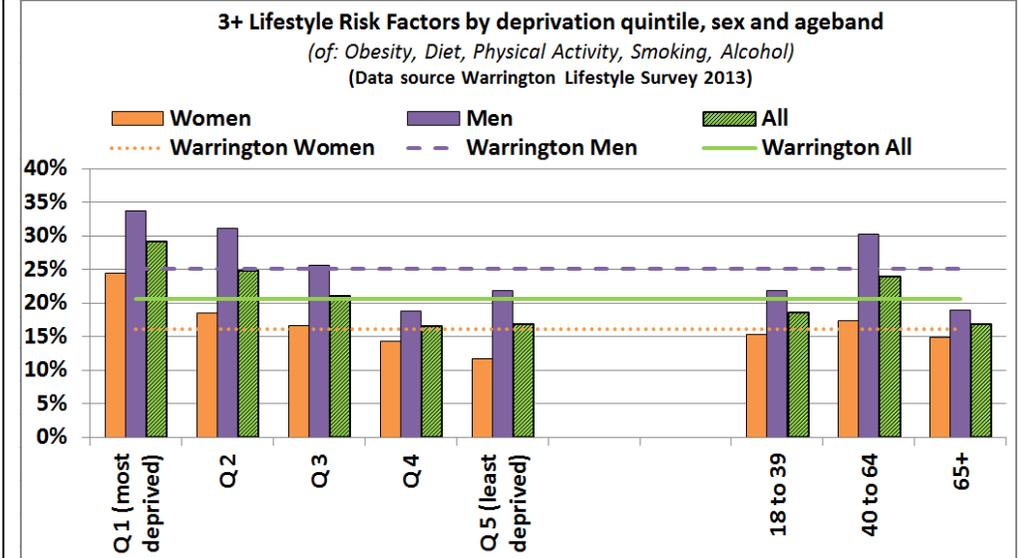
3 or more risk factors (of obesity, poor diet behaviours, physical activity, smoking and alcohol) In Warrington as a whole, 21% of respondents had 3 or more risk factors. In all deprivation quintiles and all age-bands, a higher proportion of men than women had at least 3 of the risk factors (in Warrington overall, 25% men and 16% women). There was little difference between age-bands in women, but in men it was much higher in those aged 40-64.

In both men and women, there was a very strong link with deprivation, with higher prevalence in the more deprived areas. The proportion was extremely high (44%) in men aged 40-64 in the most deprived quintile.

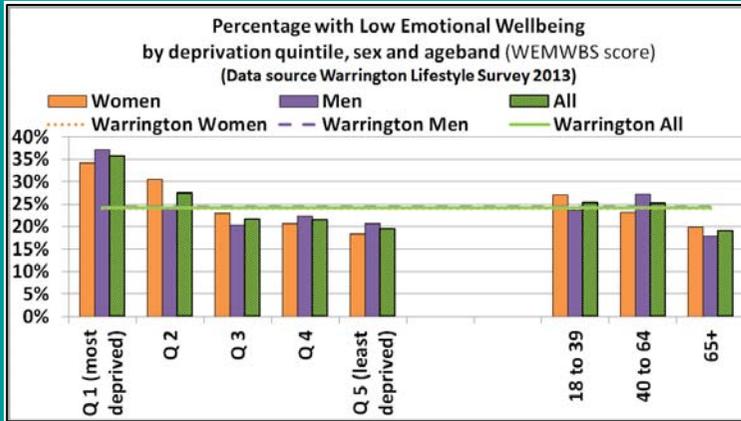
Smoking By age, prevalence was highest (16%) in 18-39 year-olds, 13% in 40-64 year-olds and 8% in people aged 65+. There was also a very strong relationship with deprivation; 26% in quintile 1 (most deprived), 17% in quintile 2, 10% in quintiles 3 and 4, and 7% in quintile 5 (least deprived).

On the whole, prevalence was slightly higher in men (15%) than women (11%), although there was very little difference between men and women in the 65+ age-band.

Unsafe alcohol consumption By age, this was highest in the 40-64 age-band. In women, it was noticeably higher in the *least* deprived quintile, than in the other quintiles. In men, it varied, but with no particular pattern across deprivation quintiles. In all age-bands and all quintiles, it was higher in men than women, although this difference was less pronounced in the less deprived areas (quintiles 4 and 5), and in the 18-39 and 40-64 age-bands.



WARRINGTON OVERALL: Emotional wellbeing, feelings of safety, and finances, by age/sex/deprivation

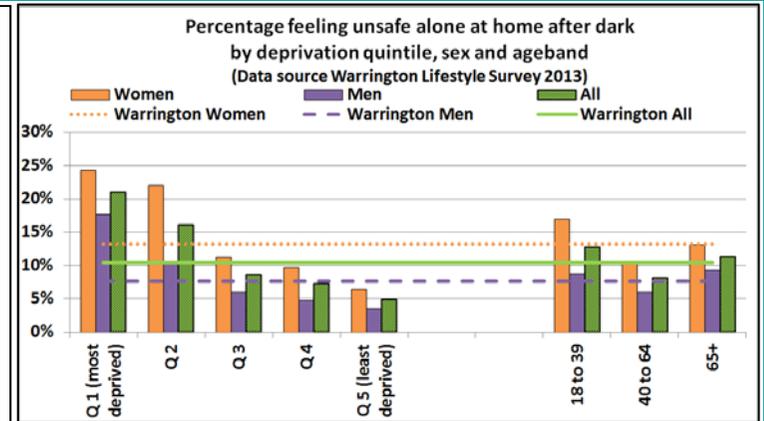
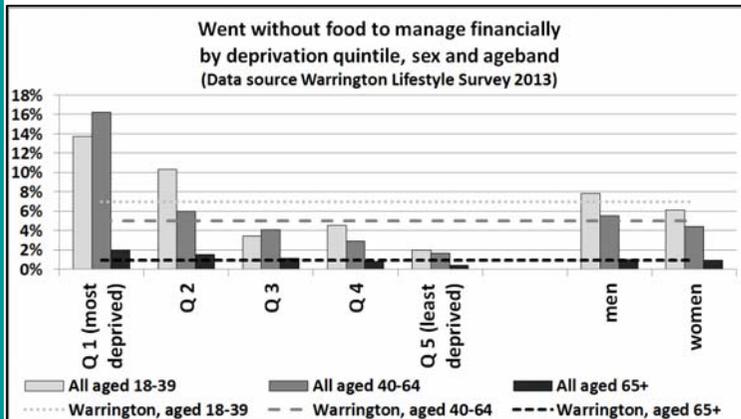
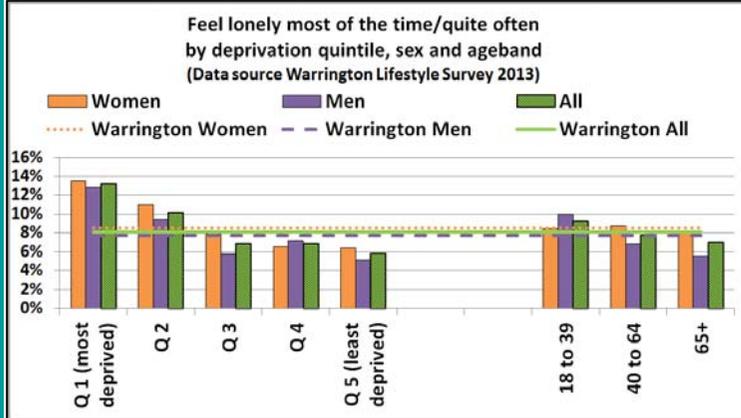


Low emotional wellbeing Across Warrington as a whole, 24% had low emotional wellbeing. There was little difference between men and women. It was less prevalent in those aged 65+ (19%) compared to 25% in the other age-bands. There was a very strong link with deprivation: almost twice as high in the most deprived quintile (36%) than in the least deprived (20%).

Loneliness Across Warrington, 8% said they felt lonely most of the time or quite often. By age-band, there was little difference in women (about 8.5%), but in men, 18-39 year-olds were most likely to feel lonely (10%), and men aged 65+ least likely (6%). There was a strong link with deprivation: prevalence in the most deprived quintile (13%) was over double that in the least deprived (6%).

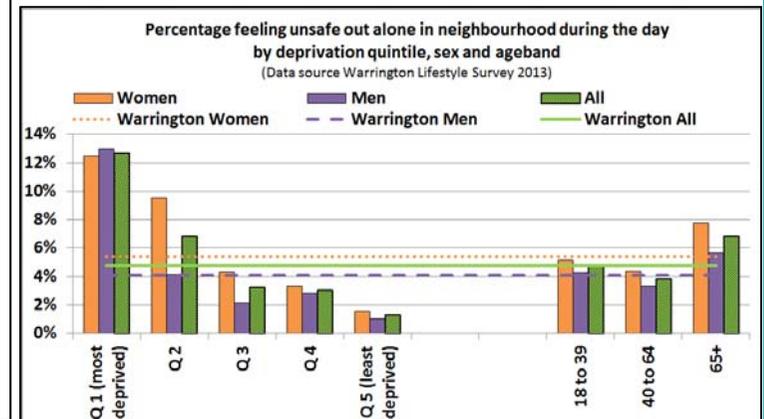
5% said they'd gone without food to manage financially. Generally, in each deprivation quintile and each age-band, there was relatively little difference between men and women, but there were big differences between age-bands and deprivation quintiles. Very few people aged 65+ in all deprivation quintiles said they had gone without food (1%). In the 40-64 age-band, 16% in quintile 1, and 6% in quintile 2 said they'd gone without food. In the 18-39 age-band, 14% in quintile 1, and 10% in quintile 2 said they'd gone without food.

Going without heating, and borrowing, in order to manage financially showed similar patterns; it was more likely to be people in the most deprived two quintiles, especially in the 18-39 age-band, and to a lesser extent the 40-64 age-band.



Unsafe alone at home after dark Women were more likely than men to feel unsafe; this was most extreme in the most deprived two quintiles, where almost a quarter felt unsafe. Women aged 18-39 were more likely to feel unsafe (17%), than women aged 40-64 (10%) or aged 65+ (13%).

Felt unsafe out alone in their neighbourhood after dark Women were much more likely than men to feel unsafe, and this was most extreme in the two most deprived quintiles, where over half of women felt unsafe; about a third in quintiles 3 and 4 felt unsafe, and about a quarter in quintile 5 (least deprived). 35% of those aged 65+ felt unsafe compared to 29% of 18-39 year-olds and 25% of 40-64 year-olds.



HEALTH STATUS: Disease Prevalence

Disease prevalence as recorded on GP registers (data source: QOF, Quality Outcomes Framework, 2014/15).

Large differences are highlighted: more than 20% higher (yellow) or lower (blue) - between the cluster or GP practice, and Warrington overall. NB These differences are likely to be partially due to the population structure of the practices, as QOF doesn't adjust for this. The proportion of patients aged 50+ is also shown. For some conditions, higher prevalence is linked to higher levels of deprivation. A lower recorded prevalence value can be due to a genuinely lower prevalence, or can be due to under-diagnosis. North Cluster has substantially higher prevalence of heart failure, hypertension and dementia. It has substantially lower prevalence of CVD (primary prevention), peripheral arterial disease, palliative care, depression, learning disabilities and osteoporosis. 43% of North Cluster is aged 50+, much higher than 37% in Warrington overall. 23% of North Cluster patients are aged 65+, again much higher than Warrington (17%).

Practice Name	2014-15 List Size, All Ages	PREVALENCE 2014-15 (QOF)																				Percentage of patients aged 50+	
		Atrial Fibrillation	CHD (Coronary Heart Disease) Cardiovascular Disease - Primary Prevention (30-74)	Heart Failure	Hypertension	Peripheral Arterial Disease Stroke and Transient Ischaemic Attack	Asthma	COPD (Chronic Obstructive Pulmonary Disease)	Obesity (16+)	Cancer	Chronic Kidney Disease (18+)	Diabetes Mellitus (17+)	Palliative Care	Dementia	Depression (18+)	Epilepsy (18+)	Learning Disabilities (18+)	Mental Health	Osteoporosis (50+)	Rheumatoid Arthritis (16+)			
Culcheth MC (Thompson Ave)	6,921	1.95	3.97	0.65	1.05	16.83	0.46	1.81	6.11	1.69	7.55	2.75	3.30	5.67	0.07	0.92	6.29	0.66	0.30	0.87	0.03	0.85	43%
CCA Partnership - Culcheth	5,125	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
CLUSTER 7 (North)	12,046	1.95	3.97	0.65	1.05	16.83	0.46	1.81	6.11	1.69	7.55	2.75	3.30	5.67	0.07	0.92	6.29	0.66	0.30	0.87	0.03	0.85	n/a
Compared to Warrington overall*		119%	109%	68%	142%	123%	57%	105%	98%	94%	89%	120%	87%	91%	32%	124%	76%	80%	77%	103%	34%	116%	
NHS WARRINGTON CCG	212,955	1.64	3.64	0.97	0.74	13.7	0.81	1.72	6.21	1.80	8.5	2.29	3.78	6.23	0.23	0.75	8.3	0.82	0.39	0.84	0.10	0.73	37%
CHESHIRE, WARRINGTON & WIRRAL AREA TEAM	1,290,923	2.05	3.68	1.14	0.80	14.8	0.79	2.03	6.30	1.96	9.1	2.57	4.39	6.39	0.38	0.86	7.9	0.85	0.42	0.86	0.17	0.78	40%
NORTH OF ENGLAND COMMISSIONING REGION	15,914,528	1.73	3.91	1.07	0.86	14.5	0.84	1.96	6.38	2.37	10.4	2.33	4.47	6.67	0.35	0.80	8.13	0.90	0.49	0.91	0.17	0.77	37%
ENGLAND TOTAL	56,817,654	1.63	3.25	1.07	0.72	13.8	0.63	1.73	5.99	1.82	9.0	2.26	4.13	6.37	0.31	0.74	7.33	0.79	0.44	0.88	0.17	0.73	35%

Note 1: Cluster compared to Warrington: e.g. 100% means cluster = Warrington; 62% means cluster is 62% of Warrington value; 112% means cluster is 12% higher than Warrington.

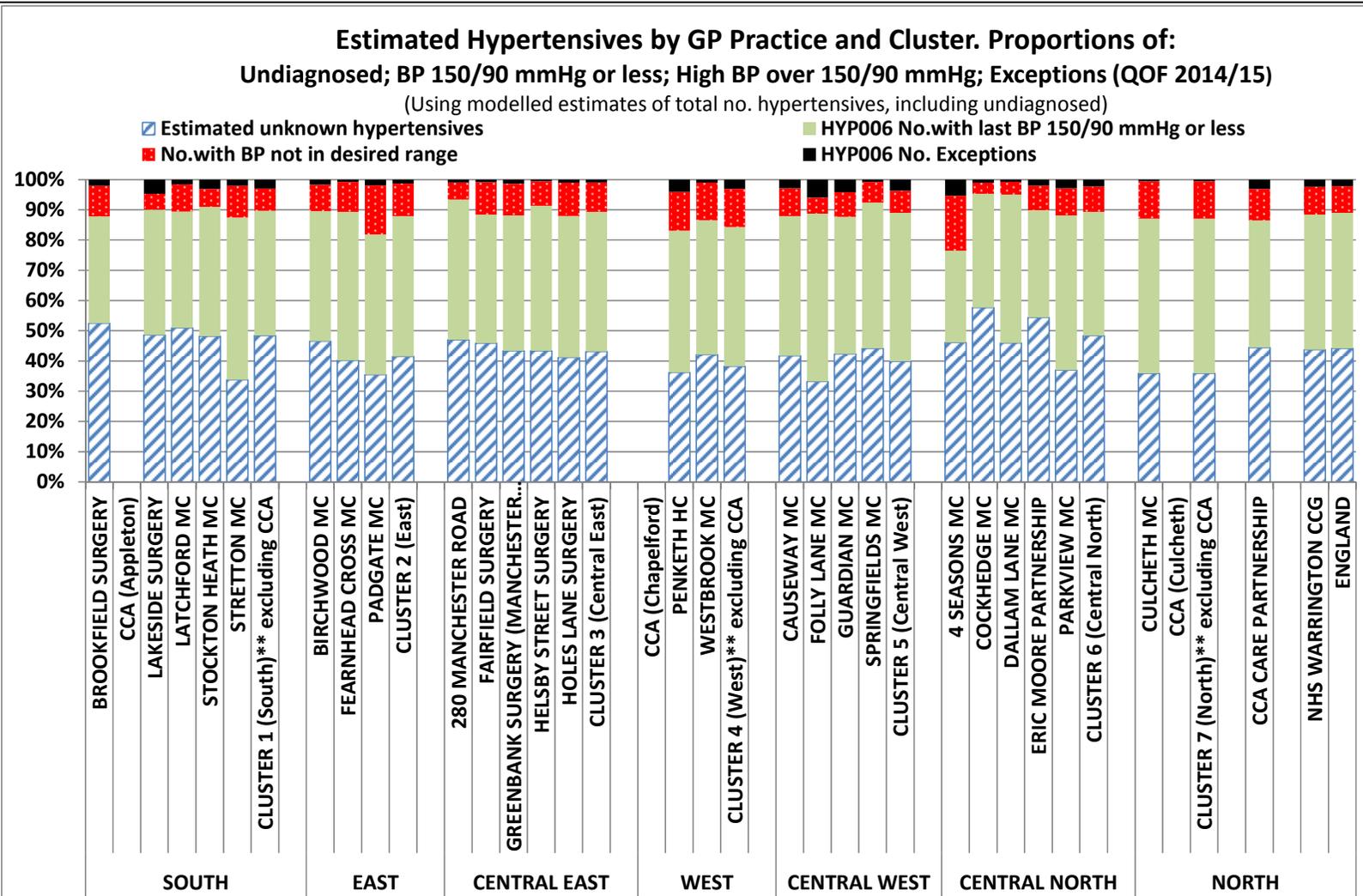
These are shaded blue if prevalence is at least 20% lower than Warrington or yellow if prevalence is at least 20% higher than Warrington. Practices are also shaded on this basis.

Note 2: Clusters which include one of the 3 CCA Partnership sites: The 3 sites of the CCA Partnership (Appleton, Chapelford & Culcheth) are in 3 different clusters. QOF data is only available for CCA as a whole. The 3 sites have very, very different population structures, e.g. at April 2015, the proportion of the each site's population aged 65+ were: Appleton 13%; Chapelford 6%; Culcheth 21%. It is therefore reasonable to assume that prevalence of long-term conditions will be very different at the 3 sites. For clusters with a CCA site, prevalence is based on non-CCA practices.

Note 3: Cluster prevalence rates are a weighted average of practice prevalences, weighted by practice population.

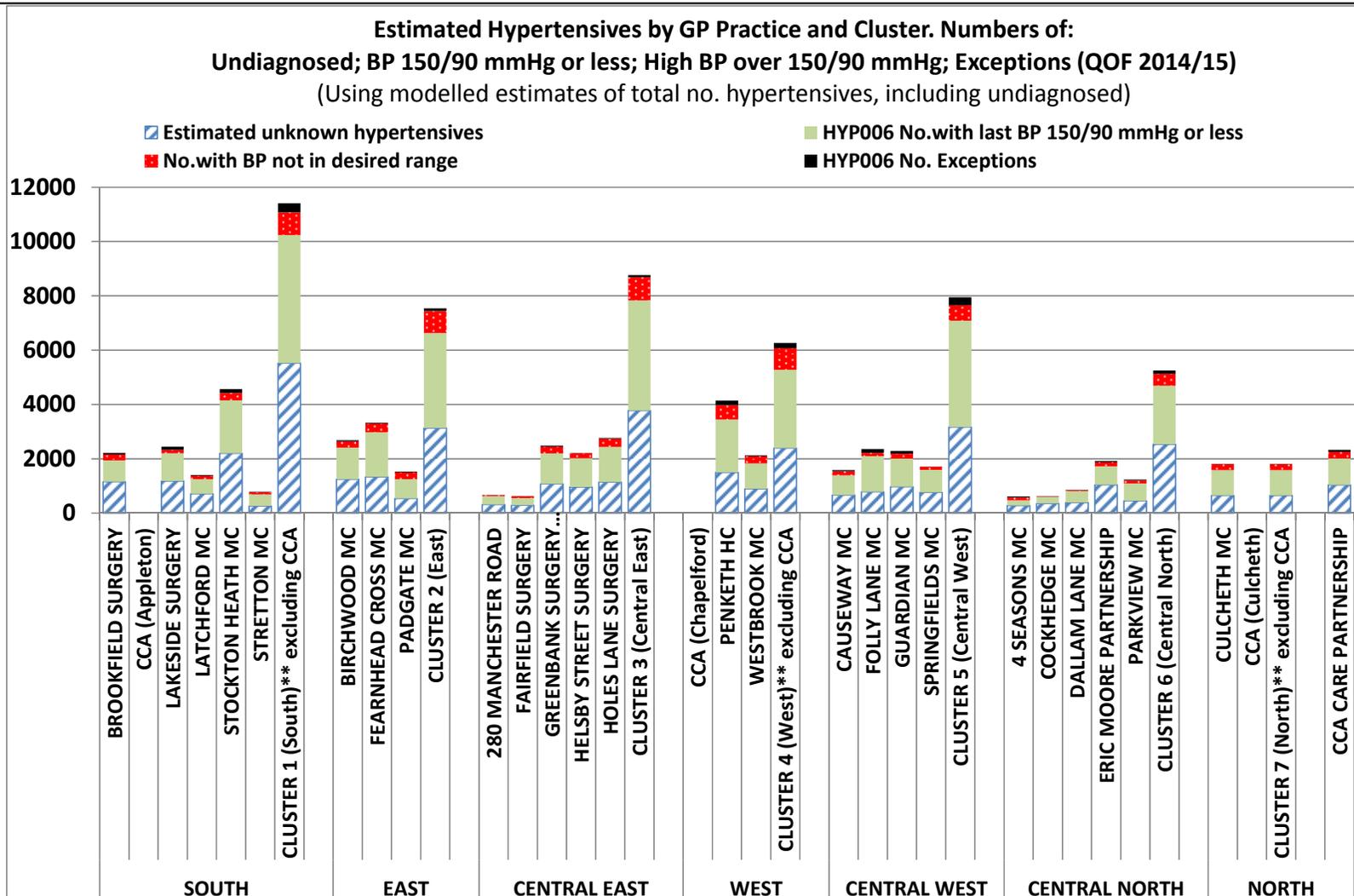
HEALTH STATUS: Disease Management, Hypertension

- The chart below shows the *proportion* of patients in each category. The chart on the following page shows the *number* of patients in each category. *Disease prevalence, exceptions and BP readings as recorded on GP registers in QOF 2014/15. Modelled estimates of total number of hypertensives, including those undiagnosed, available from PHE GP Practice Profiles (these are most recent available but should be interpreted with caution, as they are now quite out of date - 2011). NB North Cluster figures exclude CCA Culcheth.*
- In North Cluster, 1165 patients are on the hypertension registers (a recorded prevalence of 16.8%). Of these, 10 (0.9%) are excepted for the hypertension achievement indicator HYP006. Of the remaining 1155, the most recent BP reading in the last year of 930 patients was within the desired range of 150/90 or less; 225 had a BP reading not in the desired range. The percentage of patients on the hypertension registers, whose most recent BP reading in the last year was in the desired range of 150/90 or less, is 79.8%. Using modelled estimates of the number of hypertensives (both diagnosed and undiagnosed), the cluster's diagnosis rate was 64% compared to 56% in Warrington and England.



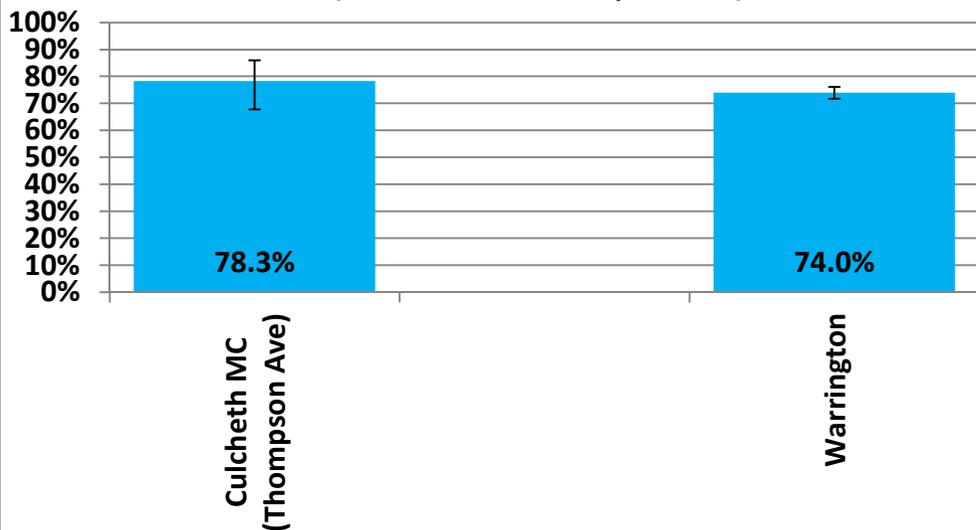
HEALTH STATUS: Disease Management, Hypertension

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- As described on the previous page, in North Cluster 1165 North Cluster patients are on the hypertension registers (a recorded prevalence of 16.8%). Of these, 10 (0.9%) are excepted for the hypertension achievement indicator HYP006. Of the remaining 1155, the most recent BP reading in the last year of 930 patients was within the desired range of 150/90 or less; 225 had a BP reading not in the desired range. The percentage of patients on the hypertension registers, whose most recent BP reading in the last year was in the desired range of 150/90 or less, is 79.8%. Using modelled estimates of the number of hypertensives (both diagnosed and undiagnosed), the cluster's diagnosis rate was 64% compared to 56% in Warrington and England.



HEALTH EXPERIENCE: Access to Health Services

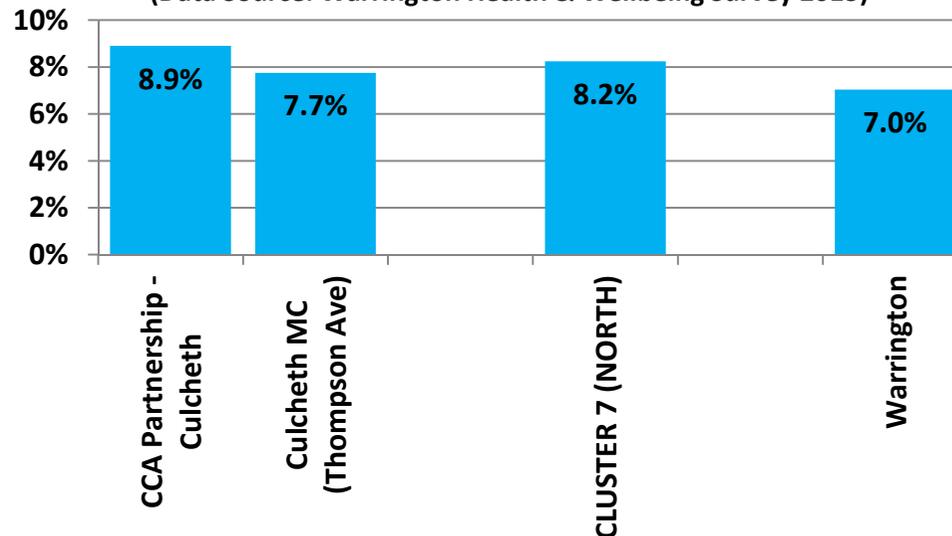
Percentage who would recommend their GP practice
(Data Source: GP Survey 2014/15)



- **Percentage of patients who would recommend their GP practice** (GP Survey 2014/15. NB Cluster level data n/a): practices across Warrington ranged from 50% to 91% (Warrington average 74%). In North Cluster, Culcheth MC (78%) was quite similar to Warrington. (Data n/a for CCA Partnership Culcheth.)
- **Percentage who said it wasn't easy to access doctor's surgery:** practices across Warrington ranged from 1.6% to 25.8% (Warrington average 7.0%). North Cluster (8.2%) was similar to Warrington overall, as were both GP practices (7.7% at Culcheth MC and 8.9% at CCA Partnership Culcheth).
- **Percentage who said it wasn't easy to make an appointment at GP practice:** practices across Warrington ranged from 3.7% to 37.0% (Warrington average 19.8%). North Cluster (19.3%) was very similar to Warrington overall. It was much higher (26.9%) at CCA Partnership than at Culcheth MC (13.7%).

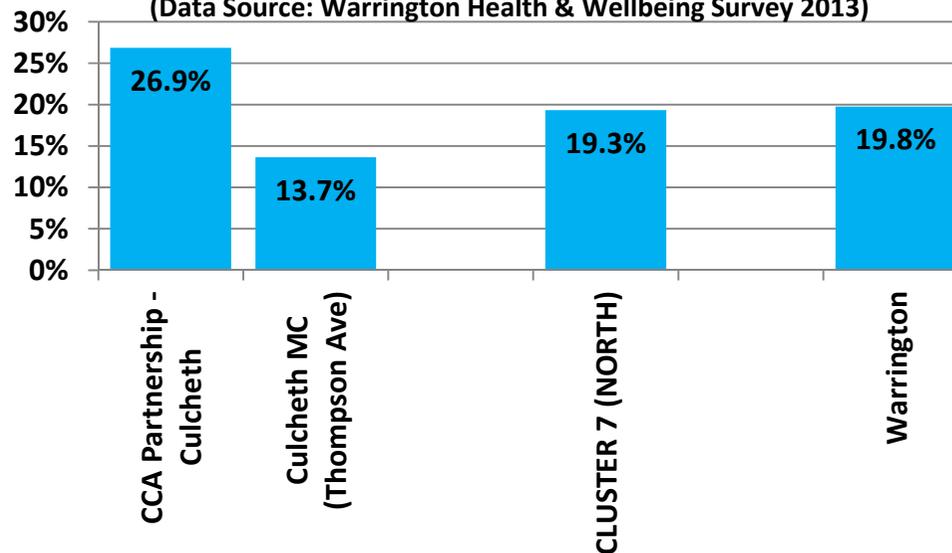
Not easy to access a doctor's surgery:
GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



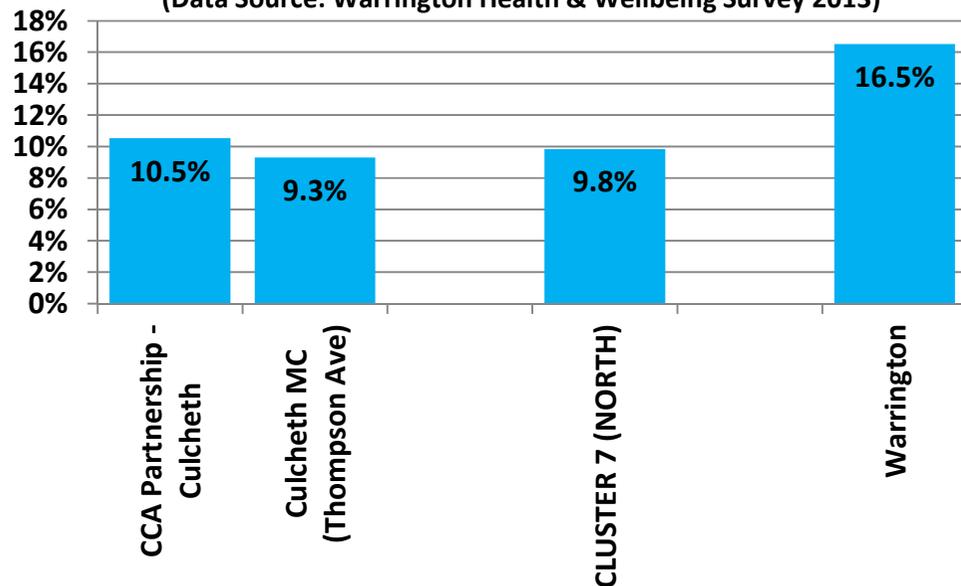
Not easy to make appointment with GP practice:
GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



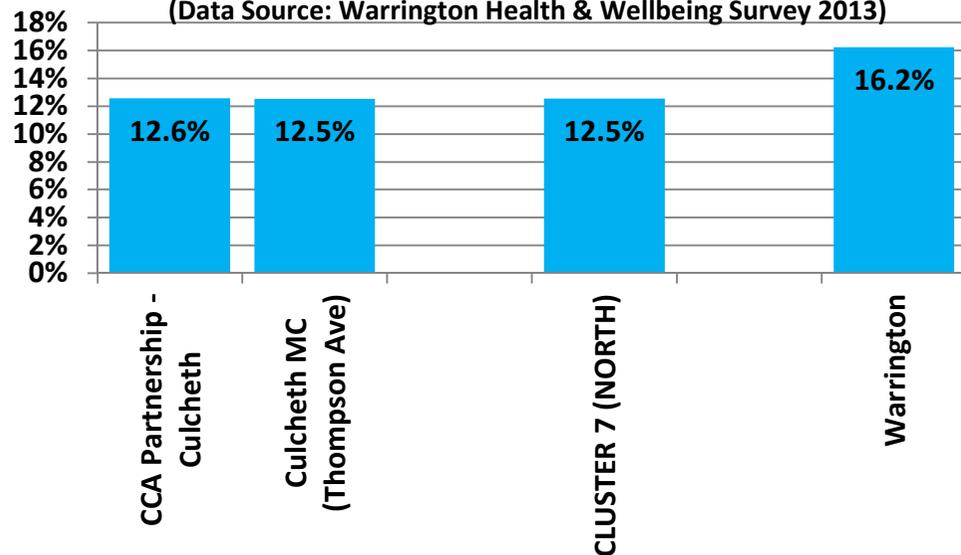
HEALTH EXPERIENCE: Access to Health Services

Not registered with a dentist: GP Practices & Cluster
(Data Source: Warrington Health & Wellbeing Survey 2013)

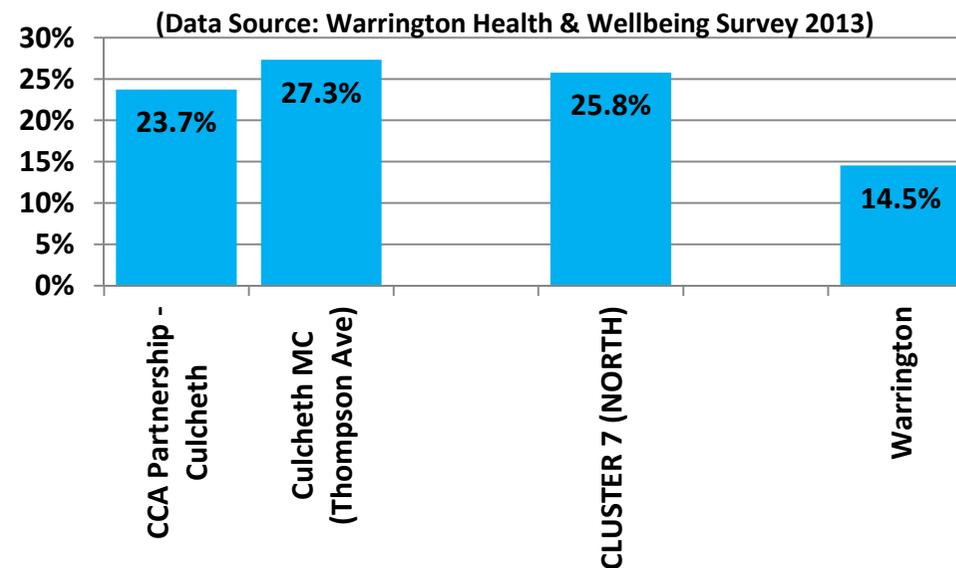


- **Percentage not registered with a dentist (NHS/private):** GP practices across Warrington ranged from 5.8% to 41.3% (Warrington average 16.5%). North Cluster (9.8%) was much better than Warrington, as were both GP practices.
- **Percentage who said it was more than 2 years since last dental appointment:** GP practices across Warrington ranged from 4.1% to 40.2% (Warrington average 16.2%). North Cluster (12.5%) was better than Warrington, as were both GP practices.
- **Percentage who said it wasn't easy to access a hospital A&E department:** GP practices across Warrington ranged from 2.7% to 30.7% (Warrington average 14.5%). North Cluster (25.8%) was much worse than Warrington overall. It was 27.3% at Culcheth MC and 23.7% at CCA Partnership Culcheth.

Percentage who said their last dental appointment was more than 2 years ago: GP Practices & Cluster
(Data Source: Warrington Health & Wellbeing Survey 2013)

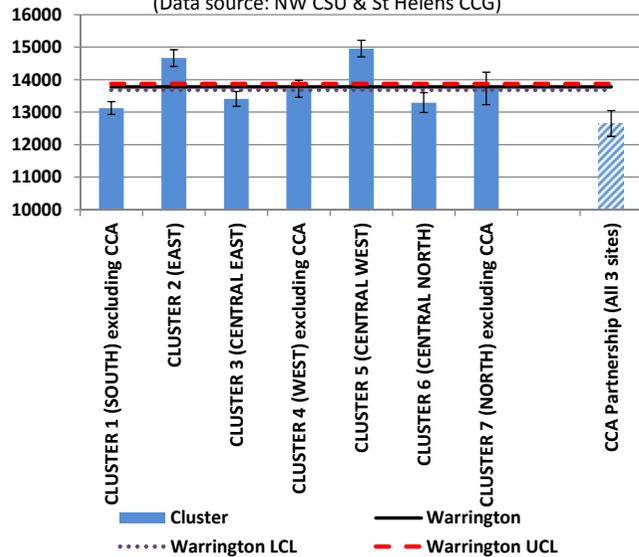


Not easy to access a hospital A&E department: GP Practices & Cluster



HEALTH EXPERIENCE: Hospital Admissions

Warrington GP Clusters: Elective (i.e. planned) Hospital Admissions, All ages, F/Y 2012/13 to 2014/15
Age-standardised DSR per 100,000 population
(Data source: NW CSU & St Helens CCG)

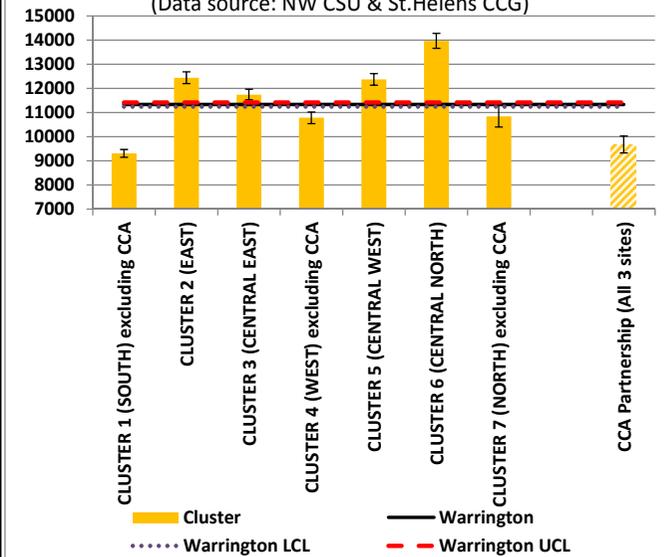


• **Elective (planned) hospital admissions in the all-age population:** South, Central East, and Central North clusters, and CCA Partnership have significantly lower rates than Warrington overall. East and Central West have significantly higher rates.

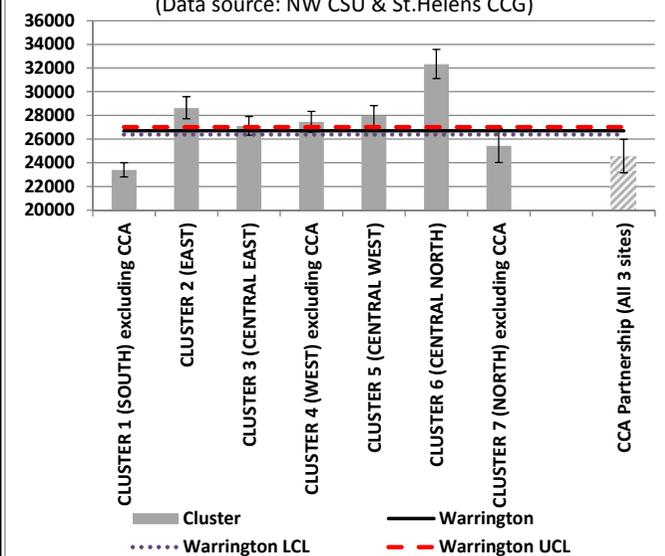
• **Elective (planned) hospital admissions of people aged 65+:** Central East, Central West and Central North clusters have significantly lower rates than Warrington overall. East and North clusters have significantly higher rates.

• **Emergency (unplanned) hospital admissions in the all-age population:** South and West clusters, and CCA Partnership have significantly lower rates than Warrington overall. East, Central West and Central North have significantly higher rates.

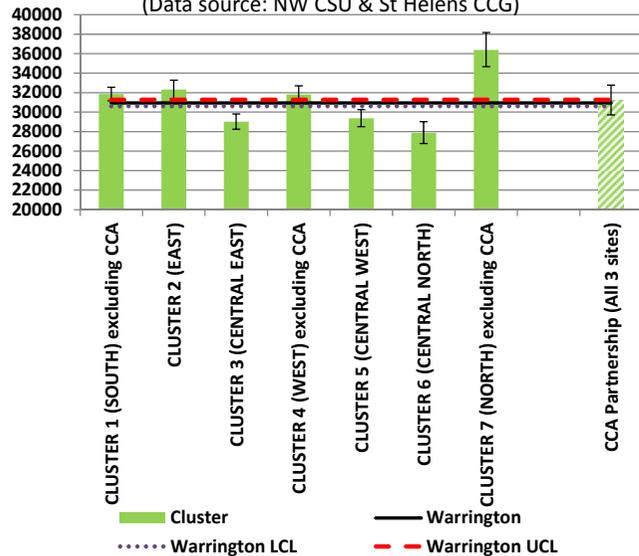
Warrington GP Clusters: Emergency (i.e. Unplanned) Hospital Admissions, All ages, F/Y 2012/13 to 2014/15
Age-standardised DSR per 100,000 population
(Data source: NW CSU & St. Helens CCG)



Warrington GP Clusters: Emergency (i.e. Unplanned) Hospital Admissions, Aged 65+, F/Y 2012/13 to 2014/15
Age-standardised DSR per 100,000 population
(Data source: NW CSU & St. Helens CCG)



Warrington GP Clusters: Elective (i.e. planned) Hospital Admissions, aged 65+, F/Y 2012/13-2014/15
Age-standardised DSR per 100,000 population
(Data source: NW CSU & St Helens CCG)



• **Emergency (unplanned) hospital admissions of people aged 65+:** South Cluster and CCA Partnership have significantly lower rates than Warrington overall. East, Central West and Central North clusters have significantly higher rates.

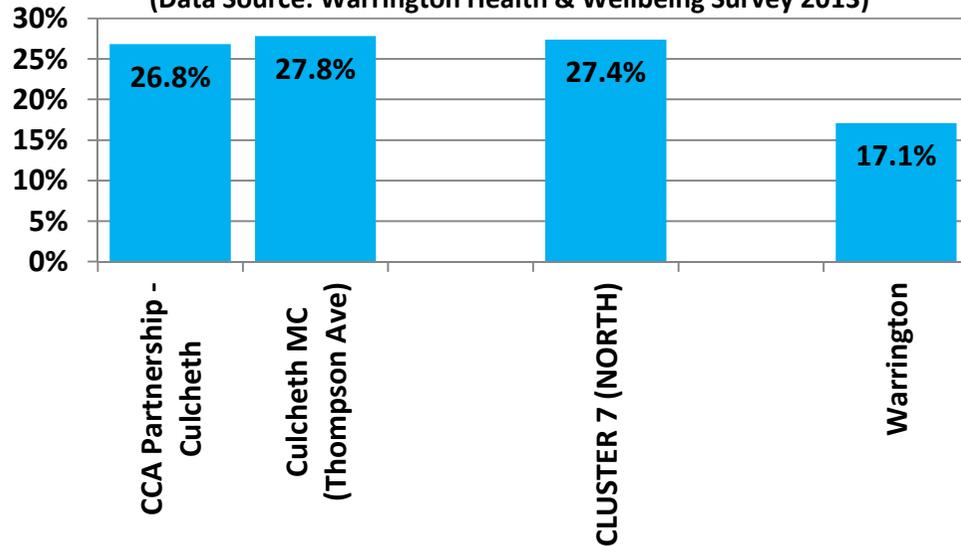
Note 1 - DSRs (Directly Standardised Rates, standardised by age) are based on hospital admissions starting in the 3 financial years 2012/13 to 2014/15 and on GP registered populations in those years, because data for both admissions and populations were available for these years. Data wasn't available separately for the 3 CCA sites at Appleton, Chapelford and Culcheth, so CCA is excluded from rates for South, West and North clusters, but shown as a whole at the end of each chart. (For North Cluster, this means that rates are based purely on Culcheth MC.)

Note 2 - LCL and UCL: Chart shows LCL and UCL, the 95% statistical Lower Confidence Limit and Upper Confidence Limit for Warrington.

ACCESS TO SERVICES: Shops and Leisure Facilities

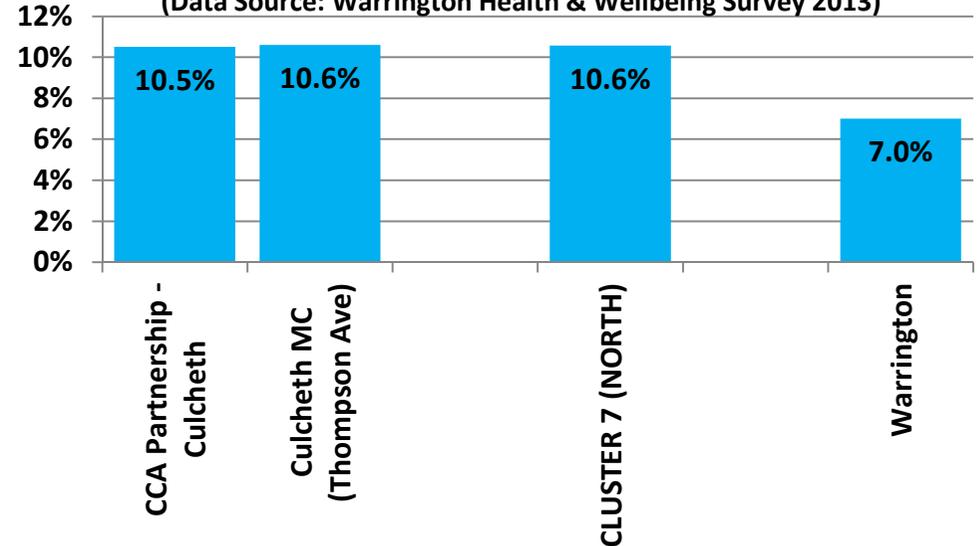
Not easy to access leisure facilities: GP Practices & Cluster

(Data Source: Warrington Health & Wellbeing Survey 2013)



Not easy to access general shops: GP Practices & Cluster

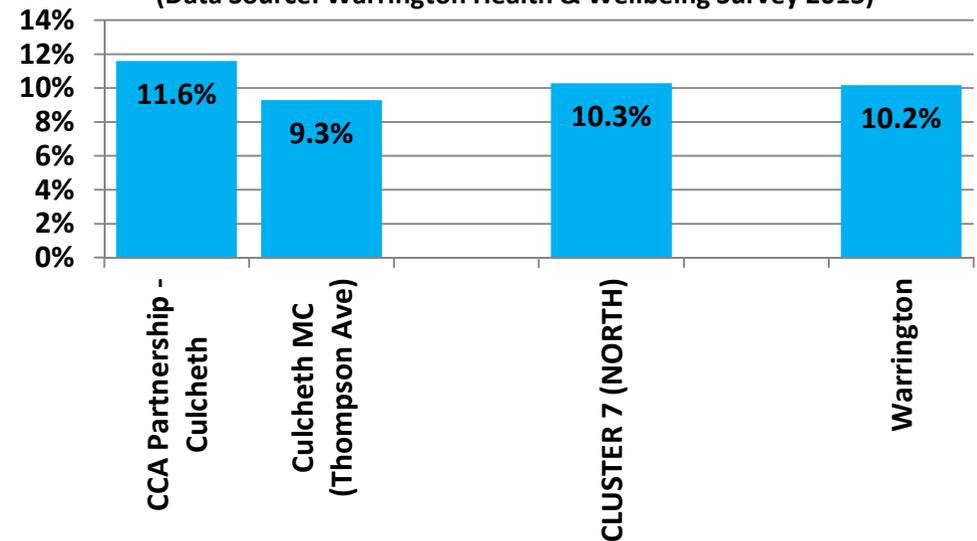
(Data Source: Warrington Health & Wellbeing Survey 2013)



- Percentage who said it wasn't easy to access leisure facilities:** practices across Warrington ranged from 4.9% to 33.1% (Warrington average 17.1%). North Cluster (27.4%), and both GP practices, were much worse than Warrington.
- Percentage who said it wasn't easy to access general shops:** practices across Warrington ranged from 0.6% to 14.2% (Warrington average 7.0%). North Cluster (10.6%) was worse than Warrington, and there was little difference between GP practices.
- Percentage who said it wasn't easy to access shops selling fresh fruit and vegetables:** practices across Warrington ranged from 3.8% to 15.2% (Warrington average 10.2%). North Cluster (10.3%) was very similar to Warrington, as were both GP practices.

Not easy to access shops selling fresh fruit and vegetables: GP Practices & Cluster

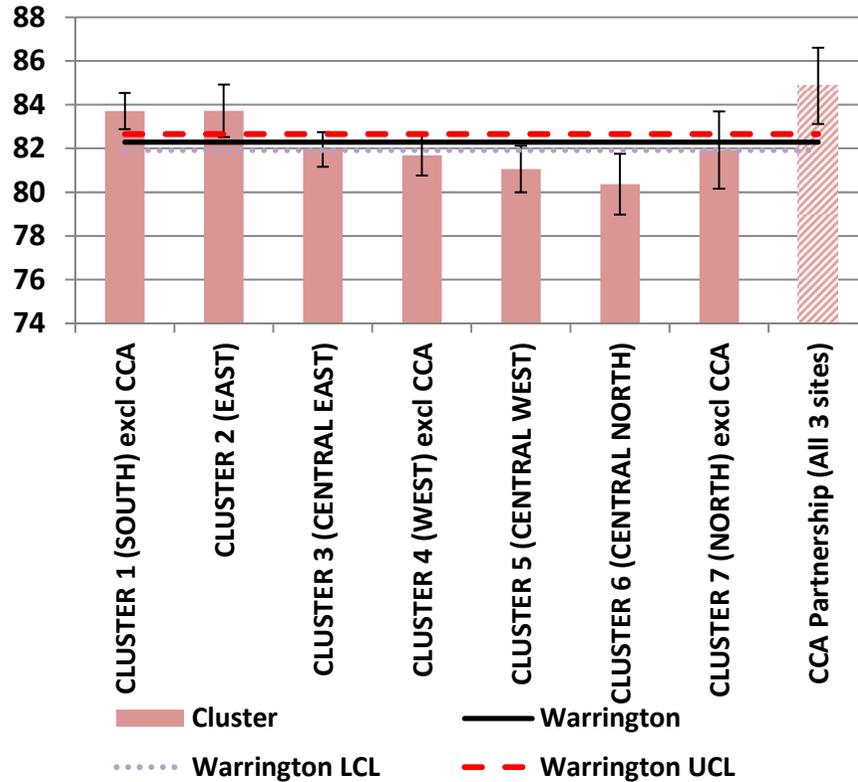
(Data Source: Warrington Health & Wellbeing Survey 2013)



HEALTH OUTCOMES: Life Expectancy

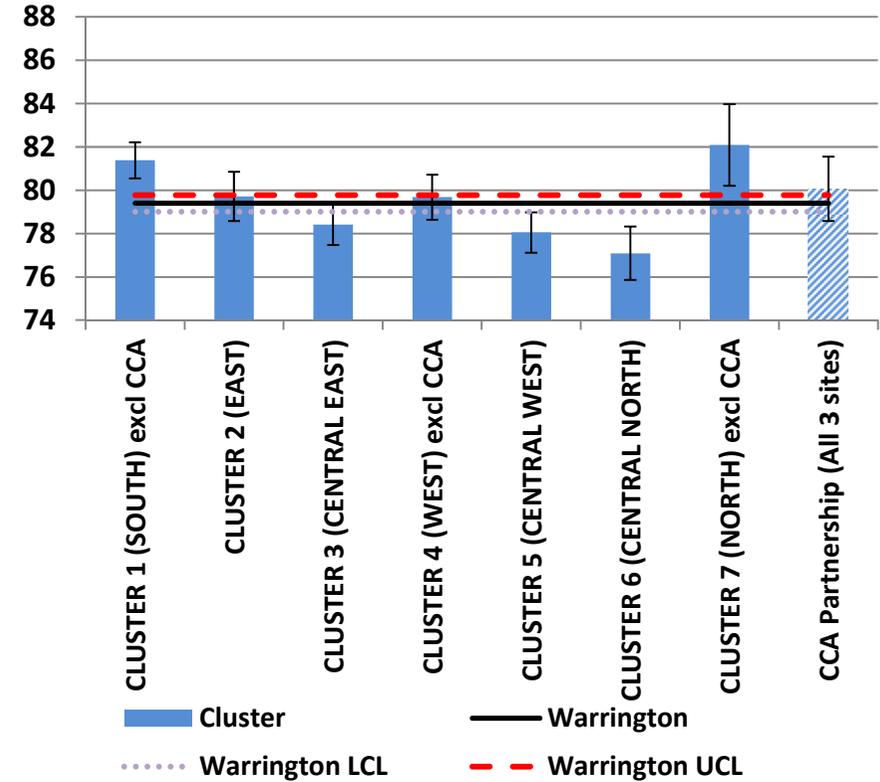
**Warrington GP Clusters Female Life Expectancy
2011-2014**

(Source: calculated from Open Exeter data)



**Warrington GP Clusters Male Life Expectancy
2011-2014**

(Source: calculated from Open Exeter data)



Life expectancy is an internationally accepted measure of the overall health of a population. It broadly measures the same thing as All-Age, All-Cause Mortality, but is more intuitive and easier to understand.

Nationally and locally, female life expectancy is higher than male life expectancy. In this analysis, which is based on deaths in the Warrington GP registered population between 2011 and 2014, female life expectancy is approximately 3 years higher than male life expectancy (82.3 years females and 79.4 years males).

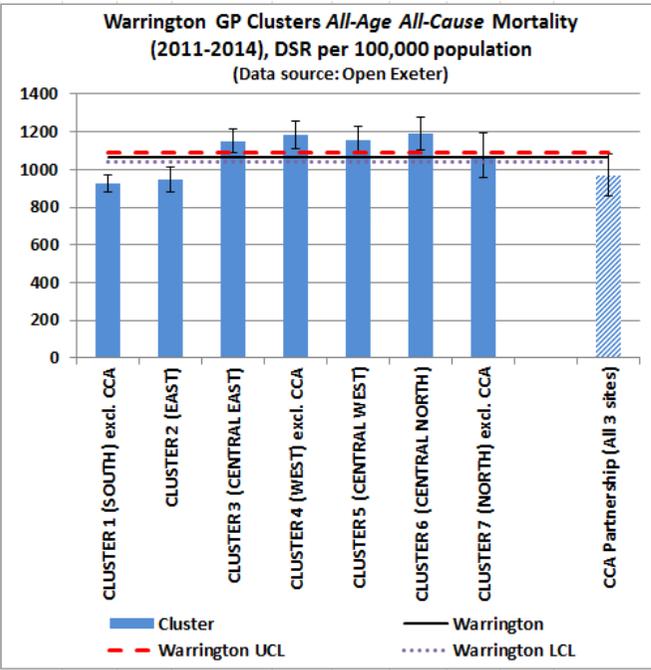
The only clusters that are significantly different to Warrington are:

- **Female life expectancy:** South Cluster and CCA Partnership were significantly higher than Warrington overall; Central North was significantly lower.
- **Male life expectancy:** South and North clusters were significantly higher than Warrington; Central West and Central North were significantly lower.

Note 1 - Data: life expectancy was calculated over 4 year period 2011-2014 because data for both deaths and populations were available for these years. Data was not available separately for the 3 CCA sites at Appleton, Chapelford and Culcheth, so CCA is excluded from South, West and North cluster level life expectancies, but shown as a whole at the end of each chart. (For North Cluster, this means that L.E. is based purely on Culcheth MC.)

Note 2 - LCL and UCL: Chart shows LCL and UCL, the 95% statistical Lower Confidence Limit and Upper Confidence Limit for Warrington.

HEALTH OUTCOMES: Mortality Rates

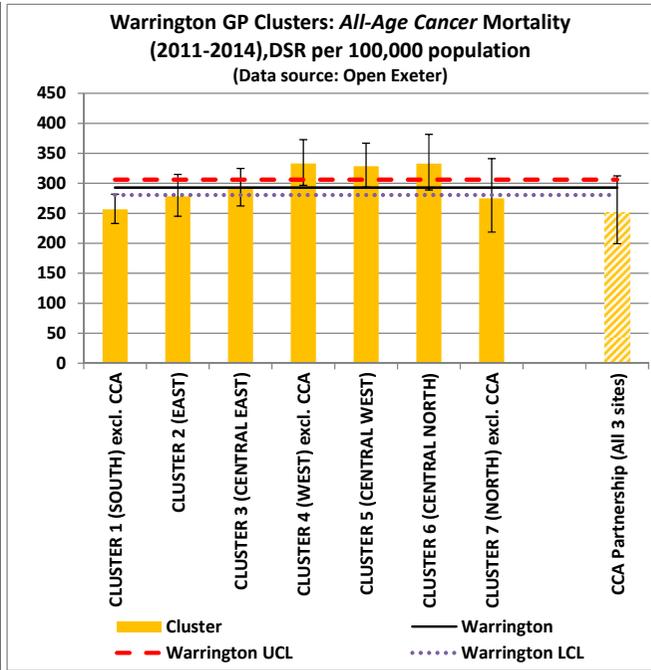


- **All-Age All-Cause mortality.** Compared to Warrington overall, South and East clusters had significantly better rates, and West, Central West and Central North have significantly worse rates.

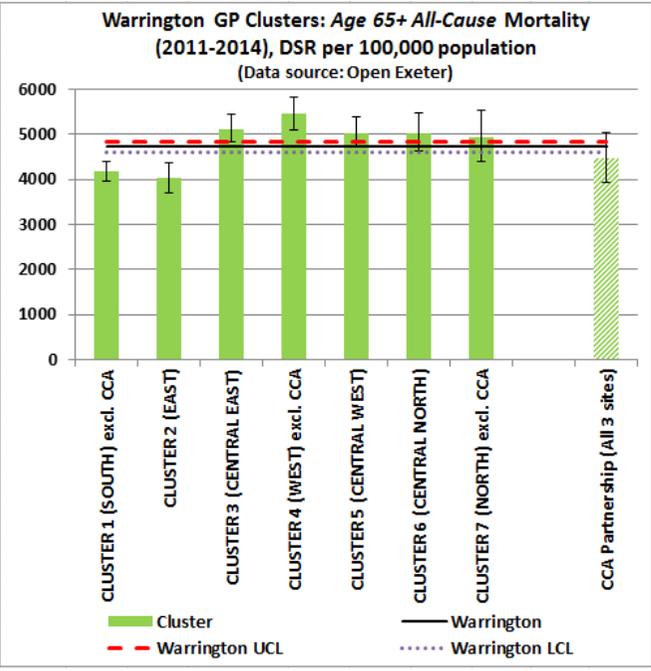
- **All-Cause mortality in people aged 65 and over.** Compared to Warrington overall, South and East clusters had significantly better rates, and West has a significantly worse rate.

- **Cancer All-Age mortality.** No cluster was significantly different to Warrington overall.

- **CVD All-Age mortality.** No cluster was significantly different to Warrington overall.

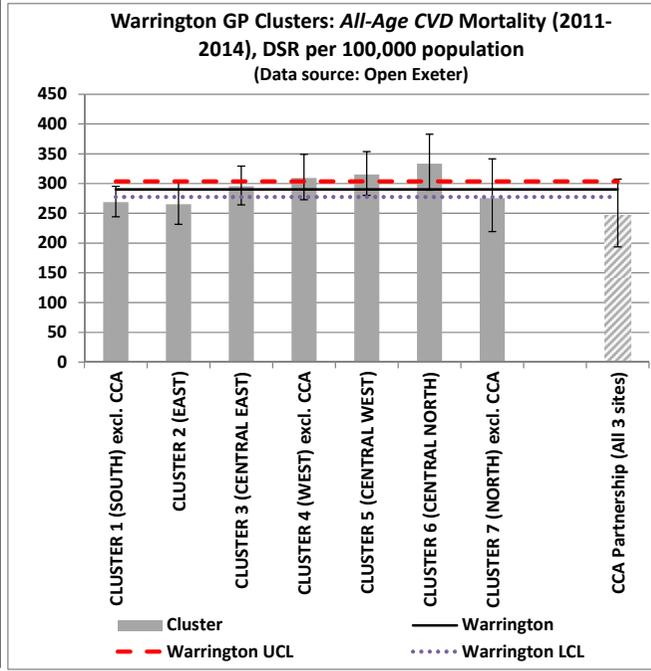


- **Premature mortality (aged under 75)** No cluster was significantly different to Warrington overall in terms of all-cause, cancer or CVD deaths.



Note 1 - Mortality rates are Directly Standardised Rates (DSRs), standardised by age, calculated over 4 year period 2011-2014 because data for both deaths and populations were available for these years. Data wasn't available separately for the 3 CCA sites at Appleton, Chapelford and Culcheth, so CCA is excluded from rates for South, West and North clusters, but shown as a whole at the end of each chart. (For North Cluster, this means that mortality rates are based purely on Culcheth MC.)

Note 2 - LCL and UCL: Chart shows LCL and UCL, the 95% statistical Lower Confidence Limit and Upper Confidence Limit for Warrington.



ADULT SOCIAL CARE

Data source, caveats and limitations

The data on adult social care clients is from the Warrington Borough Council CareFirst database (at Sept 2015). It includes care type (residential with/without nursing care, or community care, i.e. at home), primary reason for needing care, and funding (client/WBC or non-chargeable). This data can't be aggregated to GP practice or GP cluster level.

There were 3,452 clients on WBC CareFirst System at 30th Sept 2015. Note that there are substantial limitations to this data, including:

- It does not include people who have been assessed as needing care, but who aren't entitled to WBC funding, and who arrange their own care (i.e. not via WBC). Nor does it include people who have not had an assessment as to whether they need care, but who choose to pay for some kind of care privately.
- People who receive community care at home, and who wholly self-fund, are likely to live in less deprived areas of Warrington. They will only be included in this data if they choose to have their care arranged by WBC.
- People who receive community care in their own home, and who are funded wholly/partly by WBC (having been financially assessed as being entitled to council funding) are more likely to live in the more deprived areas of Warrington.
- Those who self-fund residential care (not via WBC) are not included in this data, but will live wherever there are residential homes.
- NB Individuals may require support for more than one reason, but this analysis only looks at the primary reason.

Of the 3,452 clients on WBC CareFirst System at 30th Sept 2015:

- There are 2,222 people for whom WBC pays all or part of the cost of care, 667 who need non-chargeable services, and only 353 who choose to have their care arranged by WBC although they pay the full cost. (There were also 210 for whom funding source is not recorded).
- There are roughly equal numbers of men/women in the 18-39 years and the 40-64 years age-bands, but there are increasingly higher proportions of women in the older age-bands (in the 85+ age-band, 78% are women). This is not surprising, given that female life expectancy is higher than male life expectancy.
- Overall, 73% of the clients receive community care (i.e. in their home), 14% residential without nursing care, and 12% residential with nursing care. Unsurprisingly, the split between community care and residential varies by age: 91% of 18-64 year-olds have community care, and 9% residential, compared to 62% of those aged 65+ with community care, and 38% residential.
- Of the 1229 18-64 year-olds receiving community care, 34% have a primary support reason of mental health, 32% learning disability, 20% personal care, 5% access/mobility, 7% other, and 3% not recorded.
- Of the 1295 people aged 65+ receiving community care, 58% have a primary support reason of personal care, 13% access/mobility, 9% mental health, 4% visual/hearing impairment, 10% other, and 5% not recorded.

Care Type	18-39	40-64	65-74	75-84	85+	Unknown	Total	%
Community care	504	725	318	462	515	3	2527	73%
Nursing residential care	11	41	47	133	193		425	12%
Residential care	24	41	62	136	237		500	14%
Total	539	807	427	731	945	3	3452	100%

NB Percentages may not sum to 100% due to rounding.

ADULT SOCIAL CARE: by ward

Community care is spread across Warrington, wherever the client lives. Residential care is obviously based where the care homes are located.

- For many wards, the number of care home beds in each ward is much bigger than the number of clients known to WBC. The remaining beds may be: Warrington residents who wholly self-fund (and arrange their own care not via WBC), empty beds, people who lived outside Warrington borough prior to moving into the home.
- The table shows some wards as having some people in residential care, but no care home beds (e.g. there are no care homes located in Orford ward, but 12 people receiving residential care have an Orford postcode). This may be because the care is known to be temporary (e.g. respite care), or because there is a time lag between a person moving into a care home and the address being updated (in case the client only stays there a short time). There are likely to be some instances of this in all wards.
- Burtonwood and Winwick, and Fairfield and Howley wards each have almost 200 beds in care homes. There are 4 nursing homes in Burtonwood and Winwick, and 2 large care homes in Fairfield and Howley.
- Also located within Fairfield and Howley is Ryfields, a very large retirement village for people aged 55+, with care on site for some residents if appropriate. Residents own/rent flats, and it is not a nursing/residential care home. The dataset includes a large number of records for Ryfields residents receiving community care (46 people aged 65+, and 6 aged 55-64). 4% of the people aged 65+ receiving community care are Ryfields residents.
- In the 5 wards south of the Manchester Ship Canal (Appleton, Grappenhall & Thelwall, Hatton Stretton & Walton, Lymm, and Stockton Heath), mainly served by South Cluster, there are 424 beds (24% of the 1767 beds). A further 236 beds are in Latchford East and Latchford West wards.
- In the area of West Warrington covered by the wards of Great Sankey North, Great Sankey South, Penketh & Cuerdley, Westbrook and Whittle Hall, there are 642 beds (36% of the 1767 beds).
- Looking at the spread of care across Warrington wards, of the 1346 18-64 year-olds, the biggest proportion are in Fairfield and Howley ward (12%); of the 2,106 clients aged 65+, the biggest proportion are also in Fairfield and Howley ward (11%).

Note 1: In 18-64 year-olds, only 9% have residential care, and numbers by ward are too small, so residential care is not split by age.

Note 2: Percentages may not sum to 100% due to rounding.

Ward	No. people receiving community care (known to WBC, Sept 2015)				% in each ward (of total)		Care home beds in Warrington, adults (18+)	
	Community care, 18-64 year-olds	Community care, aged 65+	Community care, all adults (18+)	Residential, all adults (18+)	Community care, all adults (18+)	Residential, all adults (18+)	No. beds	No. beds not occupied by people funded by WBC or self-fund via WBC
Appleton	30	67	98	21	4%	2%	59	38
Bewsey and Whitecross	103	61	164	23	6%	2%	20	-3
Birchwood	77	69	147	13	6%	1%	13	0
Burtonwood and Winwick	30	45	75	57	3%	6%	195	138
Culcheth, Glazebury and Croft	30	87	118	44	5%	5%	91	47
Fairfield and Howley	148	138	286	119	11%	13%	187	68
Grappenhall and Thelwall	25	65	90	41	4%	4%	137	96
Great Sankey North	26	39	65	67	3%	7%	105	38
Great Sankey South	49	45	94	6	4%	1%	0	-6
Hatton, Stretton and Walton	10	12	22	17	1%	2%	18	1
Latchford East	88	50	138	63	5%	7%	91	28
Latchford West	38	68	106	37	4%	4%	145	108
Lymm	33	63	96	26	4%	3%	144	118
Orford	88	64	152	12	6%	1%	0	-12
Penketh and Cuerdley	41	62	103	76	4%	8%	166	90
Poplars and Hulme	76	51	127	8	5%	1%	0	-8
Poulton North	80	72	152	8	6%	1%	3	-5
Poulton South	41	50	91	7	4%	1%	6	-1
Rixton and Woolston	26	53	79	53	3%	6%	87	34
Stockton Heath	22	46	68	34	3%	4%	66	32
Westbrook	42	26	68	80	3%	9%	162	82
Whittle Hall	45	40	85	22	3%	2%	72	50
ZZZ Outside Warrington	60	11	71	86	3%	9%	n/a	n/a
ZZZ Unknown	21	11	32	5	1%	1%	n/a	n/a
Total in Warrington	1229	1295	2527	925	100%	100%	1767	n/a

CLUSTERS SUMMARY: Population and Wider Determinants

CLUSTER	South	East	Central East	West	Central West	Central North	North	Warrington	KEY:
Population (April 2015)	48,887	32,418	34,084	30,426	32,655	22,879	12,055	213,404	Significantly better than Warrington overall
% Aged 65-74	10%	9%	10%	10%	9%	7%	11%	10%	Better
% Aged 75+	9%	6%	8%	8%	7%	5%	11%	7%	Not significantly different
% Aged 65+	19%	15%	18%	18%	15%	12%	22%	17%	Worse
Deprivation Quintile	Very undeprived	Medium (spread across all levels of deprivation)	Medium (spread across all levels of deprivation)	Very undeprived	Relatively deprived	Relatively deprived	Relatively undeprived		Significantly worse than Warrington overall
Unemployed & looking for a job	2.2%	3.9%	3.1%	2.5%	4.9%	6.3%	2.4%	3.5%	
Retired	28.3%	22.7%	25.3%	28.2%	23.0%	18.8%	30.1%	25.5%	
Difficult or very difficult to manage financially	5.3%	13.8%	9.4%	5.8%	9.3%	10.0%	8.0%	8.5%	
Went without food to manage financially	2.2%	5.8%	6.1%	2.8%	6.8%	9.6%	1.6%	4.8%	
Borrowed to buy basic necessities	6.3%	17.3%	10.0%	6.8%	14.1%	20.5%	7.2%	11.3%	
Received income support / benefits	7.2%	15.7%	10.5%	7.1%	14.7%	18.9%	6.0%	11.3%	
Have people they can talk to about problems	93.7%	88.9%	92.0%	90.6%	89.4%	88.8%	93.9%	91.2%	
Live alone	13.2%	17.6%	18.4%	12.7%	19.8%	20.4%	15.0%	16.4%	
Feel lonely most of the time / quite often	6.1%	10.6%	8.6%	6.4%	9.4%	9.8%	7.3%	8.1%	
Feel very/fairly unsafe alone at home after dark	8.5%	12.4%	11.8%	5.8%	13.5%	14.0%	8.0%	10.5%	
Feel very/fairly unsafe alone in neighbourhood during day	2.9%	6.7%	5.9%	2.0%	7.4%	6.4%	1.5%	4.8%	
Feel very/fairly unsafe alone in neighbourhood after dark	20.3%	37.6%	31.4%	21.2%	36.3%	32.5%	17.8%	28.3%	

Dark green indicates significantly better than Warrington.

Pale green indicates either a) better than Warrington overall, but not significantly so, or b) better than Warrington, but statistical significance not available.

Yellow indicates not statistically different to Warrington.

Pink indicates either a) worse than Warrington overall, but not significantly so, or b) worse than Warrington, but statistical significance not available.

Red indicates significantly better than Warrington.

Blue/purple is used for 'Retired' and for 'Living alone', for which better/worse does not apply. Blue indicates particularly high; purple indicates particularly low.

CLUSTERS SUMMARY: Self-reported Health, Health Related Behaviour and Experience of Health Services

CLUSTER	South	East	Central East	West	Central West	Central North	North	Warrington	KEY:
Population (April 2015)	48,887	32,418	34,084	30,426	32,655	22,879	12,055	213,404	Significantly better than Warrington overall
% Aged 65-74	10%	9%	10%	10%	9%	7%	11%	10%	
% Aged 75+	9%	6%	8%	8%	7%	5%	11%	7%	
% Aged 65+	19%	15%	18%	18%	15%	12%	22%	17%	
Deprivation Quintile	Very undeprived	Medium (spread across all levels of deprivation)	Medium (spread across all levels of deprivation)	Very undeprived	Relatively deprived	Relatively deprived	Relatively undeprived		Better
Self-reported general health is fair, bad or very bad	18.1%	27.5%	25.7%	20.4%	24.5%	26.4%	18.6%	23.1%	Not significantly different
Have Long-standing illness, disability or infirmity	29.7%	35.4%	32.8%	32.6%	33.7%	31.5%	29.8%	32.5%	Worse
Have long-standing illness, disability or infirmity that limits activity a lot	7.3%	12.9%	12.6%	9.0%	12.9%	12.6%	9.0%	10.9%	Significantly worse than Warrington overall
Low Emotional Wellbeing (WEMWBS)	19.4%	31.1%	23.8%	20.7%	28.0%	27.3%	20.8%	24.2%	
Smoking prevalence	10.4%	14.4%	13.8%	8.3%	17.4%	18.9%	7.9%	13.0%	<i>Pale green indicates either a) better than Warrington overall, but not significantly so, or b) better than Warrington, but statistical significance not available.</i> <i>Pink indicates either a) worse than Warrington overall, but not significantly so, or b) worse than Warrington, but statistical significance not available.</i>
Obesity Prevalence	13.0%	23.4%	20.9%	19.2%	21.4%	23.2%	14.5%	19.3%	
2 or more poor diet behaviours	17.3%	25.9%	20.5%	21.1%	27.5%	24.5%	16.2%	21.8%	
Unsafe alcohol consumption (as a % of those who drink alcohol i.e. excluding non-drinkers)	24.1%	20.9%	21.7%	19.1%	20.5%	16.8%	20.0%	21.0%	
Do less than 30 "equivalent" minutes physical exercise/week	9.7%	13.4%	15.7%	10.9%	16.8%	16.2%	12.3%	13.3%	
3 or more lifestyle risk factors	17.1%	23.3%	21.2%	18.7%	24.7%	22.0%	15.7%	20.6%	
Access to GP/Doctors surgery: not very easy or not at all easy	6.2%	6.0%	7.2%	4.5%	7.6%	10.4%	8.2%	7.0%	
Very/fairly poor experience of making GP appointment	23.7%	15.9%	22.5%	24.4%	15.1%	14.2%	19.3%	19.8%	
Ease of access to a hospital A&E: Not very easy or not at all easy	17.1%	20.5%	14.3%	5.4%	7.9%	10.9%	25.8%	14.5%	
Not registered with a dentist	11.8%	16.3%	18.9%	10.0%	22.9%	27.9%	9.8%	16.5%	
Last dental appointment more than 2 years ago	10.7%	16.4%	19.0%	12.8%	21.1%	23.5%	12.5%	16.2%	

CLUSTERS SUMMARY: Disease Prevalence

Disease prevalence as recorded on GP registers (data source: QOF, Quality Outcomes Framework, 2014/15).

Large differences are highlighted - more than 20% higher (yellow) or lower (blue) - between the cluster or GP practice, and Warrington overall. NB These differences are likely to be partially due to the population structure of the practices. The proportion of patients aged 50+ is also shown. For some conditions, higher prevalence is linked to higher levels of deprivation. A lower recorded prevalence value can be due to a genuinely lower prevalence, or can be due to under-diagnosis.

QOF PREVALENCE 2014/15	South	East	Central East	West	Central West	Central North	North	Warrington
Deprivation Quintile	Relatively undeprived	Medium deprivation	Medium deprivation	Relatively undeprived	Relatively deprived	Relatively deprived	Relatively undeprived	
2014-15 List Size, All Ages	48863	32328	34,099	30478	32511	22868	12046	212955
Percentage of patients aged 50+	n/a	0.4	38%	n/a	0.3	0.3	n/a	0.4
Atrial Fibrillation	1.83	1.54	1.85	1.87	1.64	1.08	1.95	1.64
CHD (Coronary Heart Disease)	3.55	3.59	4.11	4.05	3.63	3.23	3.97	3.64
Cardiovascular Disease - Primary Prevention (30-74)	0.80	1.03	0.99	0.90	1.19	0.77	0.65	0.97
Heart Failure	0.58	0.80	0.90	0.73	0.92	0.57	1.05	0.74
Hypertension	12.87	13.64	14.62	15.22	14.69	11.86	16.83	13.66
Peripheral Arterial Disease	0.79	0.75	0.85	0.59	0.82	1.50	0.46	0.81
Stroke and Transient Ischaemic Attack	1.66	1.84	1.90	1.86	1.75	1.50	1.81	1.72
Asthma	5.64	6.80	6.19	6.43	7.07	5.33	6.11	6.21
COPD (Chronic Obstructive Pulmonary Disease)	1.17	1.88	2.08	1.58	2.34	2.43	1.69	1.80
Obesity (16+)	5.72	9.38	8.50	9.25	11.45	8.46	7.55	8.47
Cancer	2.33	2.17	2.48	2.90	2.14	1.71	2.75	2.29
Chronic Kidney Disease (18+)	3.57	3.98	4.89	3.11	4.74	2.53	3.30	3.78
Diabetes Mellitus (17+)	5.18	6.77	6.40	6.91	7.16	6.58	5.67	6.23
Palliative Care	0.13	0.18	0.43	0.22	0.31	0.18	0.07	0.23
Dementia	0.79	0.51	0.77	1.03	0.76	0.59	0.92	0.75
Depression (18+)	5.71	10.32	8.74	6.63	12.02	7.86	6.29	8.28
Epilepsy (18+)	0.63	1.09	0.75	0.79	0.94	0.92	0.66	0.82
Learning Disabilities (18+)	0.28	0.53	0.40	0.36	0.48	0.44	0.30	0.39
Mental Health	0.64	1.02	0.83	0.55	1.22	1.01	0.87	0.84
Osteoporosis (50+)	0.07	0.06	0.06	0.08	0.29	0.12	0.03	0.10
Rheumatoid Arthritis (16+)	0.64	0.75	0.84	0.76	0.78	0.60	0.85	0.73

Note 1: Cluster prevalence rates are a weighted average of practice prevalences, weighted by practice population.

Note 2: The 3 sites of the CCA Partnership (Appleton, Chapelford & Culcheth) are in different clusters: South, West and North. QOF data is only available for CCA as a whole. The population structure of the 3 sites are very, very different. e.g. at April 2015, the proportion of the each site's population aged 65+ were: Appleton 13%; Chapelford 6%; Culcheth 21%. It is therefore reasonable to assume that prevalence of long-term conditions will be very different at the 3 sites. For clusters with a CCA site, prevalence is based on non-CCA practices.

NOTES

NOTES:

Mortality at GP practice level. There can be several spurious factors that can contribute to a high mortality rate, e.g. if a practice serves large care homes / places offering palliative care, and so a relatively high proportion are registered there because they have moved into a nearby care home (and are likely to be in ill-health, given that they require nursing care). On the whole, practices with populations living in areas of higher deprivation have worse mortality rates, and vice versa.

CCA Partnership GP practice. The 3 sites of the CCA Partnership, Appleton, Chapelford and Culcheth, are in 3 different clusters. The population structures of the 3 sites are very, very different. e.g. at April 2015, the proportion of the each site's population aged 65+ were: Appleton 13%; Chapelford 6%; Culcheth 21%. It is therefore reasonable to assume that health needs might be very different at the 3 sites. Most data is only available for CCA as a whole, and cannot be disaggregated to the 3 sites.

However, there is some data included in the profile for which geographical information such as postcode/LSOA/ward is known (e.g. Health and Wellbeing Survey, population data). Given that the 3 sites are located far apart in the South, West and North of the borough, data records were allocated to one of the 3 sites based on the following assumption: Appleton site - Appleton, Grappenhall & Thelwall, Hatton, Stretton & Walton, Stockton Heath (with a small amount of data from Fairfield & Howley, Latchford East, Latchford West and Lymm wards); Chapelford site – Great Sankey North, Great Sankey South, Penketh & Cuerdley, Westbrook and Whittle Hall wards, plus Burtonwood (with a small amount of data from Bewsey & Whitecross and Orford wards); Culcheth site – Birchwood, Culcheth, Glazebury & Croft, Rixton & Woolston wards plus Winwick (with a small amount of data from Poplars & Hulme, Poulton North & Poulton South). It is recognised that this will not be perfect, but it appears to be the best option available.

Causeway Medical Centre. The Hood Manor branch of Causeway MC is located in Great Sankey South ward and is in West Cluster; the main Causeway surgery is in Latchford West ward in Central West Cluster. Data is only available for Causeway MC as a whole and can't be split between the two sites, so has been placed in Central West Cluster (i.e. West Cluster data excludes patients at Hood Manor branch but Central West Cluster includes them).

Burtonwood Only approximately a third of residents in Burtonwood and Winwick ward are registered with a Warrington GP practice; the other two-thirds are registered with a practice outside Warrington, mainly with a St Helen's practice which has a branch surgery in Burtonwood.