

**WARRINGTON**

**JOINT STRATEGIC NEEDS ASSESSMENT**

**SUMMARY 2015/16**

## **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. A 'Core JSNA' was added to the suite of JSNA products in 2015/16. This core document contains a wealth of statistical information across the broad range of topics included in the JSNA. It is intended to be used alongside this narrative summary to provide an overview of local health and wellbeing.

This report summarises the main findings of the JSNA programme during 2015/16, 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:

- 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. THE JSNA PROGRAMME IN 2015/16**

This JSNA in 2015/16 consists of the JSNA Core document, this narrative summary and a number of detailed, topic-specific chapters that have been written or updated during this year.

The JSNA Core document is new for 2015/16 and is intended to complement other JSNA products. It provides a lot of statistical information on factors known to impact on health and wellbeing, but is presented in an accessible and visual way.

Section 3 of this summary document provides an overview of the main findings from the detailed chapters completed this year. The section below provides a brief overview of some of the main indicators of health and wellbeing.

### **Overarching health outcomes:**

- The average life expectancy at birth of Warrington men is improving, but the pace of improvement has slowed in recent years, and the gap between Warrington and England has not narrowed.
- The improvements seen in life expectancy of Warrington women in previous years appear to have stalled, and average life expectancy for women has not improved in recent years.
- Internal inequalities in life expectancy are stark and linked to socio-economic deprivation; the range across the social gradient for males is 12.1 years, for females 8.3 years.

### **In relation to population and some of the wider determinants of health:**

- The resident population of Warrington continues to grow; latest estimates suggest that there are 206,400 people living within the borough. Increases are projected to continue, and by 2037 it is estimated that the population will have risen by over 16%.
- Latest deprivation data released nationally suggests that deprivation within Warrington may have worsened slightly relative to other boroughs in England. A comprehensive analysis of results was undertaken as part of this year's JSNA programme and a summary is provided in section 3.
- The percentage of the working age population who are claiming out of work benefits has been slowly reducing nationally, regionally and locally. Latest figures in Warrington are lower than national and regional averages, but there are stark internal inequalities.
- Educational attainment in Warrington is consistently above the national average at Key Stage 2, and until recently, at Key Stage 4. There are, however, substantial inequalities within Warrington, and the gap in attainment between children in receipt of Free School Meals and other pupils is wider than the gap observed nationally.

- Latest data suggests that levels of fuel poverty in Warrington are decreasing and are substantially lower than the average for England and for the North West.
- The number of homelessness households living in temporary accommodation in Warrington is significantly lower than the average for England.
- Reported crime within Warrington is highest in the most deprived areas of the borough. National comparators are available for rates of reported violent crime and sexual offences; this shows that rates within Warrington are in-keeping with the national picture in terms of violent crime. The rate of reported sexual offences within Warrington has increased over the past five years, although rates remain lower than national.

**In terms of health related behaviour:** A large-scale population-wide survey was undertaken in 2013. It has not been possible to repeat this survey as yet to measure any subsequent change; however, some information on health related behaviour is available from other sources<sup>1</sup>. This section provides an overview of some of the key findings:

- Estimates suggest that smoking prevalence has continued to decrease and that current rates for Warrington overall 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. However there are stark differences within Warrington, with much higher rates amongst more deprived populations.
- There is no Warrington level data on consumption of alcohol available to update the information gathered in the 2013 local survey. Results from the 2013 survey showed that approximately 21% of adults in Warrington regularly drink to unsafe levels, and that prevalence is higher amongst less deprived populations.
- Estimates suggest that around half of Warrington adults eat the recommended 5 portions of fruit or veg per day. This is slightly lower than the average for England.
- Obesity prevalence is an issue locally. Estimates suggest that 69% of Warrington adults are overweight or obese. This is significantly higher than the average for England, and also higher than the average for the North West.

#### **Key indicators relating to Burden of Disease:**

- Recently, mortality rates from all causes, amongst people of all ages are increasing in Warrington. From 2002-04 to 2009-11 there was a steady reduction in the mortality rate. However since 2010-12 there has been a small but steady increase, and during 2012-14 the mortality rate was 1,100 per 100,000 population.
- Within Warrington, mortality rates are significantly higher in the more deprived areas of the town (areas that fall into the 20% most deprived areas nationally based

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<sup>1</sup> Unless otherwise stated, the headline findings in this summary are based on data from Public Health England – Public Health Outcomes Framework

on deprivation scores from the Index of Multiple Deprivation (IMD) 2015) when compared to the remaining areas; mortality rates in the most deprived areas are 53% higher than the remaining areas of Warrington. The gap in the mortality rate narrowed from 2007-09 to 2009-11, however the gap has been widening since 2010-12.

- The premature (people aged under 75) death rate from heart disease and stroke has decreased considerably over recent years and the rate is in-keeping with the England average.
- Premature cancer death rates locally are also reducing and are in-keeping with the England average.
- The rate of new cancers in Warrington is higher than the England average.

**Indicators for Children and Young People:** 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:

- Rates of child poverty in Warrington have remained fairly consistent over time, and the percentage of children aged under 16 living in poverty in Warrington is significantly lower than England.
- Breastfeeding in Warrington is consistently lower than the England average, and there are stark inequalities between areas of high and low socio-economic deprivation.
- Participation in the National Child Measurement Programme is very high.
- Prevalence of excess weight amongst Reception and Year 6 children in Warrington is generally lower than that of England. Even so, in Warrington 1 in 12 Reception children and 1 in 6 Year 6 children are obese.
- The long-term trend for teenage conception rates in Warrington shows a substantial reduction. Current rates are in-keeping with 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. Following a long-term reducing trend in Warrington, the current period (2011/12 - 13/14) has seen a small increase.
- 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 (Warrington Child Health Profile, Public Health England). Following a reducing trend in earlier years, the rate has increased over the past two reporting periods.
- Local Authority survey data suggests a prevalence rate in Warrington of 5.5% for regular smokers aged 15 years. This is the same as national data.

**Intelligence on Older people and vulnerable adults:** The JSNA chapter that is currently in progress looks specifically at need amongst the older population in Warrington. This is described in more detail in section 3 of this summary. 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. This coupled with the fact that current statistics suggest that the health of older people in Warrington is worse than the England average, means that improving the health of older people and investing in prevention is crucial.

### **3. DOMAIN SPECIFIC SUMMARIES**

This section provides a brief overview of the individual JSNA chapters that have been undertaken or updated in 2015/16 within each domain. The full chapters are available to download from the JSNA web pages.

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

**Population:** Warrington's resident population estimate for mid-2014 was 206,400. 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 were updated in 2015. Results showed that overall Warrington experiences average levels of deprivation, but that *relative* deprivation appears to have worsened slightly since the 2010 Indices. With an average score of 19.3 Warrington now ranks 147th out of 326 local authorities on the rank of 'Average LSOA score' measure. This compares with 153<sup>rd</sup> in 2010. Warrington is now ranked within the 45th centile, meaning that 55% of local authorities within England are less deprived than Warrington. Within Warrington the picture is very varied, and there are substantial inequalities: 18.4% of the Warrington population live within those areas ranked within the most deprived 20% of areas in the country. At the other end of the scale, around 30% of the local population live in areas 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.

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

This section provides an overview of the detailed chapters on health related behaviour that have been updated as part of the 2015/16 JSNA programme: Healthy Weight and Physical Activity. All current and previous chapters on health related behaviour are available from the JSNA web pages, and where available, up to date estimates of the prevalence of various health-related behaviours such as smoking, diet, physical activity and alcohol are included in the headline findings section of this summary, and in the JSNA Core Statistical Supplement.

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>2</sup>. Individual behaviour and coping skills are important influences on health. Many deaths and illnesses could be avoided by adopting healthier lifestyles. For example, a

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<sup>2</sup> World Health Organization – The Determinants of Health

Department of Health report in 2010<sup>3</sup> 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. Diet and low levels of physical activity contribute to both obesity and high blood pressure. Higher rates of obesity will also result in a higher incidence of chronic conditions such as arthritis and type 2 diabetes (DoH, 2010).

**Healthy Weight:** In the absence of another large-scale population survey, the best available estimate of the prevalence of excess weight comes from the Public Health England (PHE) Public Health Outcomes Framework (PHOF). This estimate suggests that over 69% of Warrington adults are overweight or obese. This is higher than both the North West, and England as a whole. The PHE estimate provides a Warrington overall estimate only, so no local level analysis is possible; however it is unlikely that the pattern within Warrington has changed from that found from the local survey in 2013, i.e. that prevalence is higher in certain population groups, such as middle-aged men and those living in more deprived areas. Tackling excess weight remains a priority as rising obesity levels pose a huge risk to health, lead to substantial costs to services, and require multi-agency action. A Healthy Weight Strategy was developed in 2015 with a range of specific outcomes 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.

**Physical Activity:** Estimates suggest that Warrington adults are becoming less physically active. As with healthy weight, there is no up to date locally gathered population prevalence information available, but data from the PHOF (sourced from the Active People Survey)<sup>4</sup> highlights that 54.8% adults are physically active. Although similar to the England average of 56.0%, it shows a reduction in Warrington since 2012. 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.

A range of services are commissioned to address the lifestyle-related risk factors outlined. 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 each service to focus on those geographic areas known to have highest levels of need. The Active Warrington Partnership, comprising several local organisations, has developed schemes and projects to enable people in Warrington to access, take part in, and support the delivery of more sport and physical activity.

Work is underway to consider 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 to address the psychological factors that underpin behaviour change.<sup>5</sup> There is recognition that people

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<sup>3</sup>Department of Health – Our Health and Wellbeing Today, 2010

<sup>4</sup> Based on the Chief Medical Officer's recommendations of at least 150 minutes of moderate activity, in bouts of 10 minutes or more, per week; definition of activity slightly different to CMO, excludes occupational activity and housework

<sup>5</sup> HMG: Health Lives, Healthy People, Public Health Strategy, 2010

living with the most disadvantages face multiple lifestyle risk factors<sup>6</sup>. Locally, much work has already been done to align lifestyle services such as stop smoking, exercise and weight management services. This integration of lifestyles services is seen as one part of an overall integrated prevention model that is currently being developed.

### 3c) BURDEN OF ILL-HEALTH

This section summarises the main points from the detailed chapters completed in 2015/16, on Unscheduled Care, Mental Health and Cancer.

**CANCER:** is the most common cause of death nationally. It is also very costly to the NHS. A comprehensive JSNA chapter looking at various aspects of cancer incidence, prevention, diagnosis and treatment was completed during 2015. Analysis has highlighted some encouraging findings for Warrington, as well as some areas for priority action:

- **Screening:** Uptake of cancer screening (breast and cervical) in Warrington is significantly higher than England, however the uptake of cancer screening remains lower in the more deprived GP practices in Warrington, especially so for bowel cancer screening.
- **Incidence:** Warrington had a significantly higher rate of new cancers diagnosed (incidence rate) than England and the North West (new cases of cancer diagnosed between 2010 and 2012). Warrington had significantly higher incidence rates than England of Breast, Stomach and Lung Cancer (between 2010 and 2012). New diagnosis of cancer is higher in more deprived areas of Warrington; this pattern is also seen nationally.
- **Stage of cancer at diagnosis<sup>7</sup>:** Late stage diagnosis of cancer in men was significantly higher when compared to women during 2012. Late stage diagnosis was highest for lung and bowel cancer during 2012. Staging data completeness reduced for those aged 75 years and above.
- **Treatment:** The target for patients to start cancer treatment within 62 days of referral was not met in Warrington during 2014/15. New NICE guidelines were introduced in June 2015. It was anticipated that these would increase the number patients being referred for diagnostics, and would likely result in more people requiring cancer treatment, giving the potential for more patients to miss the two month referral-to-treatment target.
- **Mortality:** Cancer is the leading cause of death in Warrington and had a significantly higher mortality rate than England (all cancer deaths between 2011 and 2013). Premature (under-75) mortality from cancer is increasing in the 20% most deprived areas of Warrington.

**MENTAL HEALTH:** At time of writing this annual summary, a comprehensive chapter on mental health is in progress. Some of the emerging findings are:

- There are currently (2014/15 data) 13,953 adults (18+) recorded on GP systems as having a diagnosis of depression.

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<sup>6</sup> The Kings Fund: Clustering of Unhealthy Behaviours over time: Implications for Policy and Practice Buck & Frosini, 2012

<sup>7</sup> Cancer staging is the process where a cancer is graded based on the size and/or extent of the original tumour and whether or not cancer has spread in the body.

- There are 1,798 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.
- In 2014/15, data from HSCIC showed that Warrington Clinical Commissioning Group (CCG) had 7,255 people using its NHS-funded adult secondary mental health and learning disability services; 475 of these spent time in hospital during the year (6.6%, compared to 5.7% in England).
- Over the last 4 years there has been an average of 662 emergency hospital admissions (per year) of Warrington residents for intentional self-harm (PHE). The trend has fluctuated over this 4-year period, and has been consistently higher than England. Latest data (2014/15) gives a rate of 321.6 admissions per 100,000 for Warrington, which is significantly higher than England's rate of 191.4 per 100,000.

Findings from the analysis and evidence included in the chapter will inform commissioning recommendations and future actions plans.

**UNSCHEDULED CARE:** At the time of writing this summary, a working draft of a comprehensive chapter looking at the pattern of unscheduled care within Warrington had been completed and was in the process of being refined and finalised. The chapter highlights that the demands being placed on urgent and emergency care services have been growing significantly over the past decade. This isn't unique to Warrington. Data shows that the demand on the NHS is substantial and increasing across the whole system. Findings from the JSNA showed that:

- Excluding the emergency department (ED) at Warrington hospital, there are no urgent care centres (UCC) or walk in centres (WIC) (located in Warrington). Potentially, this could put unnecessary stress on the ED if patients are not able to travel to UCC/WIC located in neighbouring towns (Leigh, St Helens, and Widnes).
- Attendance at the ED was highest for the very young (0 to 4 year olds) and older populations (aged 75 years and above).
- Attendance at the ED peaked between 9am and 1:59pm and between 6pm and 6:59pm.
- Of those patients who attended the ED for a short time (less than 3 hours), 41% (16,550 attendances) were discharged and required no follow-up treatment and 29% (11,743 attendances) were discharged to their GP. It seems reasonable to assume that a proportion of these patients could have been treated elsewhere.
- Attendance rates at the ED were significantly higher in patients living in the 40% most deprived areas of Warrington. Similar patterns were also seen for repeat attenders at the ED.
- As with ED attendances, emergency admissions to hospital were highest for the very young (0 to 4 year olds) and older populations (70 years and above).
- 36% of all admissions were for less than 24 hours (0 Length of Stay). As the age of the patient increased, the length of stay also increased.
- Emergency admissions were significantly higher for patients living in the most deprived areas of Warrington.

### 3d) CHILDREN AND YOUNG PEOPLE

A number of chapters in the Children and Young People's domain were updated in 2015/16, and this section summarises the findings. Further information relating to broader indicators of the health of children and young people is included in the JSNA Core Statistical Supplement.

**The population** of children and young people (CYP) aged 0-19 in Warrington is estimated to be 48,900<sup>8</sup>. This accounts for almost 24% of the total Warrington population. By 2022 the number of CYP is projected to increase by almost 11%.

**Children in Care:** This chapter was completed in September 2015, and provides an overview of outcomes for children in care. As at March 2014 there were 232 children in care, equating to a rate of 53 per 10,000. Whilst this represents an increase of 2% from 2013, the rate at this point was lower than the England average which is 60 per 10,000. By December 2014, however, the number of children in care had risen to 286, and it is anticipated that numbers may continue to rise. 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 care undertaking end of year tests is very small, thus it is not possible to reliably analyse trends. Based on data available, the provision of health care for children in care appears to be good, with 88% and 80% (respectively) of children in care receiving an annual health assessment and dental check. The chapter makes some recommendations in order to improve support and placement stability for children in care, as well as recommendations around prevention and intervention measures for children on the edge of care.

**Child Sexual Exploitation (CSE):** This chapter was approved by the Warrington Safeguarding Children Board in April 2015. It draws on information collected through the Warrington Missing Child, Sexual Exploitation and Trafficking Operational (MCSETO) Group to describe issues in Warrington and the local profile of risk and need. The chapter describes the process of cross-agency and cross-borough working that is in place, and makes a number of recommendations which cover, amongst others, issues such as: improvement of processes for sharing information across agencies on children vulnerable to CSE, the need to increase specialist capacity, and the need to develop therapeutic interventions for victims of CSE.

**Children and Young People with Disabilities:** This chapter was approved by the Warrington Safeguarding Children Board in April 2015, although data included covers an earlier period. The chapter describes the difficulties in accurately estimating the prevalence of children with disabilities due to inconsistent definitions. Estimates based on routinely available data suggest that there may be between 1,245 and 2,500 local children and young people experiencing some form of disability. However, the chapter acknowledges that not all children with a disability will require specialist or targeted services and that needs and conditions will vary significantly. The chapter makes a number of recommendations which were linked to the implementation of the reforms outlined in the Children and Families Act 2014. Recommendations are made across the areas of: assessment of needs and joint planning, health, education provision, short breaks, and transition from children's services to adult services.

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<sup>8</sup> 2014 mid-year estimates, Office for National Statistics

**Early Help and Targetted Services:** This chapter was updated in December 2015 and describes the current picture in relation to supporting children and families in Warrington who may have complex or multiple needs and therefore require additional support and targetted services. The chapter describes how the local aim is to intervene early and effectively in order to avoid harm and improve outcomes. The chapter also describes the distinction between those children and families who are assessed as requiring support from childrens social services and those who are supported through the Family Support Model. Information is presented on related risk factors which highlights the relationship between socio-economic deprivation and families in need. Analysis is also provided on the number of children supported through the Family Support Model. A number of recommendations are made, both in terms of providing early help and supporting children in need

**Healthy Weight:** This chapter was completed in July 2015 and describes the local prevalence and pattern of excess weight amongst children and young people. Analysis within the chapter highlights that although annual figures may fluctuate, the prevalence of excess weight amongst Reception (aged 4/5) and Year 6 children (aged 10/11) in Warrington is generally lower than that of England. However, the chapter highlights that this isn't cause for complacency given that latest figures show that within Warrington 1 in 12 Reception children, and 1 in 6 Year 6 children, are obese. Whilst progress has been made, in that obesity prevalence in children no longer appears to be rising, the aim must now be to reduce prevalence. Evidence suggests that children are more likely to be obese if at least one parent is obese. There is a strong link between child obesity and socio-economic deprivation, with higher prevalence in more deprived areas. Some of the key recommendations resulting from the chapter include: continuing to gather the necessary intelligence to understand the issues and inform targeting of interventions, and to share this intelligence with partners; ensuring that front line staff are trained and confident enough to raise the issue of healthy weight; and ensuring that there are age-appropriate targeted services for CYP up to age 18, based on need and on the type of services families would be interested in.

**Children and Young People Not in Education, Employment or Training (NEET):** This chapter was completed in July 2015, and provides an overview of those young people in Warrington who are not in education, employment or training. The chapter highlights how, given the government has increased the legal participation age to 18 years, support for more vulnerable children and young people is crucial, and the council has a statutory duty to encourage, enable and assist all young people to participate in education or training. The proportion of children and young people not in education, training or employment in Warrington is lower than national and regional averages. However, as the chapter highlights, given economic uncertainty and concerns over employment opportunities, it is likely that achieving a continued reduction in NEET and ensuring the growth in participation up to the age of 18 years will be challenging and therefore remains a priority.

### 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. Warrington's over-65 population is currently slightly smaller than the regional and national averages but projections highlight that it 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 from age-related illnesses; for example the number of people with dementia is expected to double over the next 20 year. Increases of this scale are likely to have a substantial impact on the demand for care, placing pressure on both health care and social care, as well as demands on formal and informal carers.

**Health of Older People in Warrington:** As at March 2016, a comprehensive chapter on older people; their health and wellbeing needs and their access to services is currently in progress. Emerging findings from the Older People JSNA chapter show that:

- **Excess Winter Mortality:** In 2014/15, the older age groups of 75 to 84 years and 85 years and above had a significantly higher proportion of excess winter deaths than the under 65 age group. In the under-65 age-band, there were 11% extra deaths in the winter months compared to the non-winter months; in the 75-84 age-band this was 26% higher, and 34% higher in those aged 85 and over.
- **Vaccinations and Immunisations:** Within Warrington, the uptake of the flu vaccination for people aged 65 years and over has consistently been significantly lower than the national target of 75%. In the latest uptake figures (2014/15) for Warrington, 71.5% of people aged 65 and above received their flu vaccination.
- **Frailty:** In Warrington it is estimated that there are 3,607 people aged 65 and above having frailty (based on 2014 population estimates), and it is estimated that this will increase to 5,160 by 2030. For those aged over 85 years, it is estimated that there are between 1,015 and 2,031 people currently with frailty, and this is expected to increase to somewhere between 2,100 and 4,200 people by 2030.
- **Accessible, Effective Support in Crisis:** When older people are in need of emergency care or support, it has been found that the interventions/care provided tend to be more intensive than the levels of support provided to younger populations. For example, 29% of over 65's who contacted the GP Out of Hours service received a home visit, compared to 8% of those aged 65 and under. Calls made to 111 (April 2015): 14% of calls made by patients aged over 65 years resulted in an ambulance being dispatched to the patient, compared to only 5% of calls for those aged less than 65 years. During 2014, over half (53%) of over 65's who attended an Emergency Department at hospital were then admitted (); this was much higher than the younger age groups (11% under 15; 19% 15 to 64 year olds). Finally, the rates of emergency admissions into hospital are more than three times higher in the over 65's than in the younger population.

#### **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. Results will continue to be used strategically to inform decision-making, and by managers and service leads to update plans and implement and target interventions and programmes effectively.

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

The JSNA Core Statistical Supplement provides a wealth of information on various indicators of health and wellbeing. In addition, information produced nationally by Public Health England provides useful comparative information.