

WARRINGTON

JOINT STRATEGIC NEEDS ASSESSMENT

SUMMARY 2016/17

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. Findings from the JSNA are used to agree key priorities to improve the health and wellbeing of all our communities, and reduce any inequalities.

Since 2011 the JSNA programme has consisted of a series of topic-specific chapters that have been published online. Each year the JSNA Steering Group prioritises which chapters need to be updated and agree any new chapters. In 2015 it was agreed that a 'Core JSNA' was to be added to the suite of JSNA products, and updated annually. 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 2016/17, 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 intelligence to date across those domains.

2. THE JSNA PROGRAMME IN 2016/17

This JSNA programme for 2016/17 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 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 and women is improving, but the pace of improvement has slowed in recent years, and the gap between Warrington and England has widened.
- Internal inequalities in life expectancy are stark and linked to socio-economic deprivation. Comparing the life expectancy for those living in the most and least deprived wards of Warrington, there is a gap of 9.2 years for males, and 8.5 years for females.

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 207,700 people living within the borough. Increases are projected to continue, and it is estimated that the population will rise by an extra 27,600 people over the next 25 years.
- 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. Key Stage 4 attainment for 2015/16 was similar to the average for England. 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.
- The number of homelessness households living in temporary accommodation in Warrington is significantly lower than the average for England. However, there is a real shortage of affordable homes within the borough.
- 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.
- Reported crime within Warrington is highest in the most deprived areas of the borough. The overall crime rate has fallen steadily in Warrington over the last

decade. National comparators are available for rates of reported violent crime and sexual offences; this shows that rates within Warrington are lower than national 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.

- The number and rate of first time entrants to the youth justice system has reduced substantially in Warrington, and rates are significantly lower than the averages for England and the North West.

In terms of health-related behaviour: A large-scale population-wide survey, undertaken in 2013, allowed analysis at a sub-Warrington level in order to compare different areas within Warrington. It has not been possible to repeat this survey as yet. Some more recent information on health-related behaviour is available from other sources¹ for Warrington as a whole, but not at a sub-Warrington level. In the absence of local data it is not possible to assess any change in terms of internal inequalities. This section provides an overview of some of the latest data:

- Estimates suggest that smoking prevalence has continued to decrease and that current rates for Warrington overall are lower than the average for England. Findings from the 2013 local survey showed that prevalence remained high in more deprived areas and amongst certain population groups.
- Nationally derived estimates for Warrington as a whole suggest that the percentage of Warrington adults drinking to unsafe levels is in keeping with the average for England. However, the proportion binge drinking is significantly higher than England.
- 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 68% 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.

Indicators relating to Burden of Disease:

- There are approximately 1,900 deaths per year in Warrington. Around one-fifth of these are considered preventable. Both all-cause mortality, and mortality from causes considered preventable, have decreased considerably over the past ten years. Despite these reductions, rates remain higher than the average for England.
- 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 on deprivation scores from the Index of Multiple Deprivation (IMD) 2015) when compared to the remaining areas, and the gap is greatest for causes considered preventable.
- The premature (people aged under 75) death rate from heart disease and stroke has decreased considerably over recent years and the rate is now in keeping with the England average.

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

- Long-term trends show that premature cancer death rates locally had been reducing steadily and were in keeping with the average for England. Rates for the latest three time periods, however, have increased and current rates are higher than the England average.
- The rate of new cancers in Warrington is higher than the England average.

Indicators relating to Children and Young People:

The population of children and young people (CYP) aged 0-19 in Warrington is estimated to be 49,000². This accounts for almost 24% of the total Warrington population.

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 show that:

- 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. As with other indicators there is substantial variation within Warrington.
- 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 lower than the average for England. Data for the latest time period however shows an increase amongst both age-groups.
- The long-term trend for teenage conception rates in Warrington shows a substantial reduction, and latest rates are the lowest ever. There are however, 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, rates have increased in each of the two latest reporting periods.
- 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 three reporting periods.

Indicators on older people and vulnerable adults:

The population aged 65+ is currently 36,900. The proportion of older people is projected to increase substantially over coming years, rising to over 51,000 by 2030³. A JSNA chapter was undertaken this year looking specifically at need amongst the older population in Warrington. This is described in more detail in section 3 of this summary. Many health indicators suggest that the health of older people in Warrington is worse than the England average, and so improving the health of older people and investing in prevention is crucial.

² 2015 mid-year estimates, Office for National Statistics

³ 2014 based sub-national population projections

3. DOMAIN SPECIFIC SUMMARIES

This section provides a brief overview of the individual JSNA chapters that have been undertaken or updated in 2016/17 within each domain. The full chapters are available to download from the JSNA web pages at <https://www.warrington.gov.uk/jsna>

3a) DEMOGRAPHY AND WIDER DETERMINANTS OF HEALTH AND WELLBEING

Population: Warrington's resident population estimate for mid-2015 was 207,700. 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. More detailed work is planned in the 2017/18 work programme to look at the health of local ethnic populations.

Unemployment and Worklessness: The chapter on unemployment and worklessness was scoped in order to better understand some of the specific challenges faced by certain population groups. The chapter is still in draft form, but the main findings are shown below:

- A higher proportion (78.7%) of Warrington residents aged 16-64 years are economically active compared to the North West average (75.6%)
- The proportion of Warrington's working age adults with learning disabilities who are in paid employment is lower than the regional and national averages.
- Latest data (Sept 2016) suggests that 10.5% of people with a mental health condition are in employment. There is variation across the borough with Bewsey and Whitecross having a higher rate of people with a mental health condition, and lower levels of employment within this cohort.
- There are a number of areas within the borough with high levels of Employment Support Allowance claimants, specifically LSOAs within Bewsey and Whitecross, Fairfield and Howley and Orford.
- The number of Universal Credit claimants in Warrington has increased since 2013, as new claimant groups have become eligible to apply. The intention is that the process will make it easier for people to find work, as less financial disruption will be caused by the single payment. As expected the proportion of Universal Credit claims made by employed people has increased from approximately 33% of all claims in 2013 to 39% as at January 2017.
- The 2011 Census showed that Warrington's residents are generally better qualified than the national and North West averages.
- More recent data from the ONS Annual Population Survey (2016) suggests that the proportion of residents within Warrington with no formal qualifications is one of the lowest in the country.
- Data available from the Business Register and Employment Survey (BRES) enables analysis of trends in specific industrial sectors. The Warrington data indicates that

the Warrington Skills Forum is already prioritising the key areas to meet the skills requirements for the main industries in Warrington.

- The BRES data does suggest however, that there may be a case for an additional work stream which addresses cross-sector skills, e.g. STEM (Science, Technology, Engineering and Maths), literacy, numeracy, IT, leadership and management skills.
- ‘Temporary employment agency activities’ account for a significant proportion of the Warrington work force. Whilst it should not be assumed that all the employees assigned against these sector codes actually work in Warrington, it is a sector that certainly merits investigation. Many businesses, across all sectors, recruit through employment agencies, for job roles at all skill levels. It would therefore be informative to have better engagement with those agencies most active in Warrington.

3b) HEALTH-RELATED BEHAVIOUR AND RISK FACTORS

The detailed piece of work prioritised for 2016/17 under this domain looked at substance misuse amongst adults. All current and previous chapters on other aspects of 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. This section provides an overview of findings from the detailed chapter on substance misuse.

Substance Misuse:

The substance misuse chapter was scoped to ensure that it focused on specific aspects that have been identified as priorities within Warrington, including some of the more recently emerging issues such as the use of New Psychoactive Substances (NPS) and Performance and Image Enhancing drugs (PIEDs). Addiction to Medicines (ATM) was also considered and a survey of local pharmacists was undertaken to help better understand the issue. An overview of some of the findings is included below.

Analysis shows a slight increase in the rate of deaths from drug misuse over the latest time period but the current death rate for Warrington is still in keeping with the averages for England and the North West.

Findings highlight that the absolute number of people who use illicit drugs in Warrington is not known, but that there are some estimates that help provide an indication of prevalence:

- The Crime Survey for England and Wales estimated that during 2015/16 8.4% of adults aged 16 to 59 years had used illicit drugs in the previous year. Extrapolated to the Warrington population this amounts to around 5,000 people.
- Figures produced by Liverpool John Moore’s University (LJMU) estimate there to be 821 opiate and/or crack cocaine users aged 15 to 64 in Warrington.
- During 2015/16 there were 542 clients in the local treatment service recorded as having opiates as the main substance used.
- The LJMU estimate of the number of local injecting drug users is much lower than service level data would suggest. Whilst there are some limitations and caveats to the data and analysis, this suggests that the prevalence of injecting users in Warrington may be higher than national prevalence estimates.

The chapter looked at the issue of Addiction to Medicine (ATM) in Warrington. Little is currently known on the prevalence of this. A survey of local pharmacists showed that most⁴ suspected that 2% or less of their customers misused Over The Counter (OTC) products. Almost all responses to the questionnaire listed codeine based products as most commonly misused, followed by sleep aids (n=10). Less than half of respondents had received any training relating to identifying and supporting customers presenting with suspected OTC misuse; a number of responders stated that they would welcome specific OTC courses. The survey also identified that some pharmacies would welcome an OTC misuse awareness raising campaign.

Recommendations nationally from Public Health England state that drug treatment services should be actively assessing and managing overdose (including suicide) risks. One possible way to do this is to develop hospital in-reach services. Currently in Warrington there are no hospital based in-reach services for people who misuse drugs, and one of the recommendations made within the chapter is for consideration to be given to the development of such a service.

The age profile of clients in treatment services is changing and the proportion of older clients is increasing. This pattern is also seen nationally (Public Health Institute, 2016, PHE 2017a). The chapter emphasises the need for substance misuse services to be accessible to the whole population, including older people. As the needs of older people may differ from younger age groups, consideration needs to be given to the whole treatment journey; this could include multi-agency work with primary care, secondary care and social care.

New psychoactive substances (NPS) are drugs that mimic the effect of drugs such as cannabis, ecstasy and powder cocaine (Home Office, 2016). NPS were commonly known as 'legal highs' until the introduction of the Psychoactive Substances Act. Use of NPS in the general population is quite low⁵ (0.7%), however the impact of its use is widespread. Intelligence gathered by Cheshire Police relating to incidents taking place in Warrington between May 2015 and April 2016 found that 260 separate incidents relating to NPS were recorded; of these, the North West Ambulance Service attended 46 incidents. Over 40 witness statements were gathered by Police detailing the alarm and distress caused to them by people using NPS.

From July 2017 a Public Spaces Protection Order (PSPO) will be in place across Warrington town centre. The aim of the PSPO is to prevent individuals or groups committing anti-social behaviour in a public space where the behaviour is having, or likely to have, a detrimental effect on the quality of life of those in the locality; be persistent or continuing in nature; and be unreasonable. The Police implement the powers contained within the PSPO on the basis of 'presenting behaviours'; the Police would ask anyone who appears to be under the influence of NPS, and whose presenting behaviour was causing alarm or distress to the public, to surrender any NPS.

Findings from this comprehensive chapter will be used to inform a new Drugs Strategy for Warrington.

⁴ 67% of the 24 pharmacists that responded to the local survey

⁵ Crime Survey for England and Wales, 2016

3c) BURDEN OF ILL-HEALTH

A detailed chapter on Sexual Health was prioritised as part of the programme in 2016/17. The chapter scope has been developed by the local Sexual Health Implementation Group (SHIG), and will update the comprehensive work undertaken in 2012.

The chapter describes the importance of sexual health as an aspect of holistic health and wellbeing, and highlights the need for people have the appropriate information, confidence and the means to make choices that are right for them. Good sexual health helps people to develop positive relationships and enables them to protect themselves and their partners from infections and unintended pregnancy. Effective sexual health services can provide cost savings to the NHS and can significantly reduce physical and emotional ill health through prevention work and early intervention. Some of the main findings from the chapter include:

- The rate of new sexually transmitted infection (STI) diagnoses in Warrington is lower than England. However over half of new STIs in Warrington are in young people. High chlamydia rates for young people will be partly due to the National Chlamydia Screening Programme (NCSP) which aims to increase the rate of chlamydia detection, specifically in the under 25 age-group.
- Across all ages, the gonorrhoea diagnostic rate has remained steady in Warrington in recent years, and warts and herpes diagnoses have seen a reducing trend. There are a very low number of syphilis diagnoses in Warrington.
- Late diagnosis (over 3 years) of HIV in Warrington is currently 45.5%. Actual numbers are low but it still means that nearly half of diagnoses are detected late. There is an increased prevalence of HIV in Warrington which is likely due to longer lives through early and better treatment. HIV testing uptake and coverage taking place in GUM in Warrington (reported by PHE) is significantly worse when compared to England.
- Teenage conceptions continue to reduce in Warrington overall but rates remain high in the most deprived areas of the borough.
- Warrington has significantly higher abortion rates than England, with the highest rates seen in young people. Over half of under 18 conceptions in Warrington lead to abortion.
- Recent data shows a reduction in pharmacy consultations for emergency hormonal contraception (EHC), but there has been a modest increase in patients seen by GPs. Data suggests that young people in Warrington are more likely to access EHC from the integrated sexual health service rather than pharmacies and GPs.
- Cervical cancer prevention in Warrington is at a similar level to that seen in England overall. Uptake of the first dose of HPV immunisation is currently 88.1% in Warrington. This is lower than a number of other local authorities in the North West.
- Cervical screening coverage rates for women aged between 25 and 64 are currently higher than the England average, but the trend is reducing in Warrington. National data highlights that coverage rates are lowest amongst those aged 25-29.

Findings from the chapter are currently being considered by the SHIG and will inform an updated sexual health strategy and long-term commissioning plans.

3d) CHILDREN AND YOUNG PEOPLE

A number of chapters in the Children and Young People's domain were updated in 2015/16. These remain the most up to date. In addition, there is further information relating to broader indicators of the health of children and young people included in the JSNA Core Statistical Supplement.

For the 2016/17 work programme, a chapter on the emotional health and wellbeing of children and young people was prioritised.

Emotional Health and Wellbeing of Children and Young People: This chapter provides an update to the 2012 emotional health and wellbeing JSNA chapter and aims to provide an overview on new and emerging CYP mental health priorities in Warrington.

The work highlighted some information gaps both in relation to estimating prevalence of mental health issues; the latest available data is based on a 2004 survey. The other main intelligence gap identified relates to access to services. Although there are many organisations across Warrington providing emotional and mental health support to children and young people, it is unknown how many people access these services because there is no central point where this information is consolidated. A key recommendation relates to establishing a robust process for understanding local levels of need, with recognition that collaborative working across all partners is needed to ensure that all activity is collected systematically.

Engagement undertaken with young people, families and wider partners highlighted that locally there is confusion about how to access the right service for the right level of need, with a view that thresholds are too high. A key recommendation to help address this is to move away from a tiered model of service delivery, and establish a more needs led, whole system model. This would shift the focus from diagnostic/severity driven criteria to access support to a more flexible model of delivery.

The work undertaken highlighted that although all schools in Warrington are offered a service from the School Nursing Team, there is variation between schools in relation to the emotional health and wellbeing support offered to students. Additional support from commissioners is recommended to support whole school approaches to emotional health and wellbeing.

Commissioning arrangements have recently been changed; in keeping with national findings, previous arrangements were seen to be disjointed, making accountability unclear and pathways potentially confusing. The new arrangements and pathways will be monitored and reviewed to ensure that providers are working in a more effective and integrated way.

Findings from the chapter have already begun to inform commissioning arrangements and service delivery. An action plan has been developed to address the remaining recommendations.

3e) VULNERABLE ADULTS AND OLDER PEOPLE

Health of Older People in Warrington: A comprehensive chapter on older people, their health and wellbeing needs and their access to services, was completed during 2016/17. The chapter updates the two separate documents written in 2012 and is framed around the ten components of care proposed in the Kings Fund report '*Making our health and care systems fit for an ageing population*'. The section below gives a brief overview of the chapter content and findings.

In Warrington, the proportion of the population aged 65+ is currently slightly lower than regional and national averages, but projections suggest that it is expected to grow more rapidly, and by 2030, Warrington's 65+ population will increase by 43%. The percentage increases are most stark in the older age bands, for example a 90% increase is projected in people aged 80+. As age is a risk factor for many diseases, prevalence of a number of long-term conditions is likely to increase. It has been estimated that by 2030, the number of people with dementia is likely to increase by 77%, and those with COPD, CVD and hypertension will increase by over 40%. Increases of this scale are likely to have a substantial impact on the demand for services, placing pressure on both health care and social care, as well as demands on formal and informal carers. The chapter makes a recommendation for commissioners to ensure that services can adapt to the growing population and the increased burden of long-term conditions such as COPD and dementia. This work needs to be joined up as there are implications for various organisations and providers.

The chapter highlights the importance of helping people stay well into older age, and makes a recommendation for providers of lifestyle services to ensure that the services they provide are promoted and accessible to older people, and address identified need. The 2013 Health and Wellbeing Survey found that smoking prevalence amongst older people was lower than the average for all-age adults, and diet was generally better amongst older people. However, just over a fifth of older people were obese. Findings also showed that older people were less likely to be physically active. 14% of people aged 65+ had unsafe levels of alcohol consumption. Most lifestyle risk factors were found to be worse in more deprived areas, however high alcohol consumption was worst in least deprived areas.

Local influenza vaccination uptake in the over 65's does not meet nationally set targets. The high proportion of emergency hospital admissions due to influenza and pneumonia, and excess winter deaths caused by respiratory conditions, could be partially attributable to low vaccination uptake. The chapter recommends that a local influenza vaccine campaign should be explored to complement the national campaigns and encourage more older people to receive their vaccination.

Analysis highlighted that when older people are in need of emergency medical care or support, interventions and care provided is more intensive than the levels of support provided to younger populations: e.g. in older people a much higher proportion of calls to GP Out of Hours result in a home visit, a greater proportion of calls made to 111 result in an ambulance being dispatched, and attendances at A&E are much more likely to result in an emergency admission. The chapter makes a recommendation to explore alternative models

of urgent care, such as the use of emergency care practitioners working with ambulance technicians, or providing mobile services to care homes.

Information provided by Healthwatch Warrington suggested that some older people in receipt of health and social care services are in contact with numerous professionals and agencies, potentially leading to confusion for patients and inefficiencies in the system. The chapter highlights that work is already in progress to further develop integrated care in Warrington with the establishment of the Accountable Care Organisation.

The findings from the chapter will help inform the Market Position Statement for older people, and will provide useful information for a number of agencies who are developing their long-term plans and strategies.

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 to implement and target interventions and programmes more effectively.

The JSNA programme is on-going, and new and updated chapters will continue to be added to the JSNA website. Further work is planned in 2017/18 to ensure that opportunities for partners to engage with the JSNA are maximised, and that findings from the programme are disseminated as effectively as possible.

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