

WARRINGTON

JOINT STRATEGIC NEEDS ASSESSMENT

SUMMARY 2017/18

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 2017/18, 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 2017/18 JSNA summary document will be used to inform the refresh of the Health and Wellbeing Strategy which will take place during 2018.

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 2017/18

This JSNA programme for 2017/18 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, especially so for women. The gap between Warrington and England males has narrowed slightly as Warrington male life expectancy has increased at a faster rate than England; however, the gap between Warrington and England women has widened.
- Internal inequalities in life expectancy are stark and linked to socio-economic deprivation. Comparing the highest and lowest life expectancy at ward level, there is a gap of 9.8 years for males, and 11 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 208,800 people living within the borough. Increases are projected to continue, and it is estimated that the population will rise by an extra 25,200 people over the next 23 years.
- The number of working age people claiming Universal Credit has steadily grown in Warrington since its introduction during 2013; this increase is to be expected as new claimant groups are becoming eligible to apply. Almost half (43.8%) of those who receive Universal Credit are in employment.
- Educational attainment in Warrington is consistently above the national average at Key Stage 2 and Key Stage 4 English and Maths (grade 5+). Whilst Key Stage 4 Attainment 8 scores for 2016/17 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.
- Latest data suggests that levels of fuel poverty in Warrington have increased but remains 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 increased during the previous year; however some of this increase has been attributed to better data recording. 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 reported 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 significantly 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 just over half of Warrington adults eat the recommended 5 portions of fruit or veg per day. This is significantly lower the average for England.
- Obesity prevalence is an issue locally. Estimates suggest that 65.7% of Warrington adults are overweight or obese. Although this is slightly higher than the average for North West, the percentage for Warrington is significantly higher than the England average. This illustrates that nearly two thirds of our adult population are at an unhealthy weight.

Indicators relating to Burden of Disease:

- There are approximately 1,920 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

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

compared to the remaining areas, and the gap is greatest for premature (people aged under 75) deaths from respiratory disease.

- The premature death rate from heart disease and stroke has decreased considerably over recent years and the rate is now in keeping with the England average.
- Long-term trends show that premature cancer death rates locally have been reducing steadily and are in keeping with the average for England.
- The rate of new cancers in Warrington is slightly 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 23% 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 significantly 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, significantly so for Year 6 children.
- 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 slightly higher in Warrington than the average for England. There have been substantial reductions in the rate of admissions over the previous 9 time periods.
- The rate of hospital admissions due to substance misuse amongst young people aged 15 to 24 years in Warrington is significantly higher than the average for England. Following a reducing trend in earlier years, the rate has increased over the past four reporting periods.

Indicators on older people and vulnerable adults:

The population aged 65+ is currently 37,650. The proportion of older people is projected to increase substantially over coming years, rising to over 59,350 by 2039³.

² 2016 mid-year estimates, Office for National Statistics

³ 2014 based sub-national population projections

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. Key findings from analysis show that:

- Life expectancy at 65 for both males and females remains significantly lower than England. However, whilst male life expectancy has seen consistent increases the female life expectancy has plateaued in recent years.
- The percentage of people in Warrington aged 65 and above who received their flu vaccination is lower than the nationally set target of 75%; there has been a small but consistent downwards trend in the uptake of this vaccination.
- The rate of hospital admissions for those aged 65 years and above due to a hip fracture has increased over the last two years; the rate in Warrington is significantly higher than England. Most hip fracture injuries in older people are the result of a fall, Warrington has one of the highest rates of emergency admissions due to a fall (for those aged 65 and above) out of all Local Authorities across England.
- The rate of deaths from Cardiovascular Disease (CVD) for those aged 65 and above has seen a downward trend, although rates in Warrington are significantly higher than England. Reductions in the rate of deaths from cancer for this age group have also reduced; Warrington has a very similar death rate to England. Deaths due to respiratory disease are significantly high in Warrington when compared to England.

3. DOMAIN SPECIFIC SUMMARIES

This section provides a brief overview of the individual JSNA chapters that have been undertaken or updated in 2017/18 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-2016 was 208,800. 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.

Air Quality: The chapter was originally scoped to include transport as well as air quality. However, it soon became apparent that the scope was too wide and there was a need to separate the topics. It was felt that there was a more pressing need to complete an Air Quality JSNA chapter as this was to be used to help inform the production of the Air Quality Action Plan. The need for a transport JSNA chapter will be discussed as part of the 2018/19 JSNA programme. The key findings from the Air Quality JSNA include:

- Warrington has two Air Quality Management Areas (AQMA) declared for exceedances in the national objective limit for annual mean nitrogen dioxide.
- Fine particulates, PM_{2.5}, are not included within national legislation but concentrations across Warrington exceed the guidelines recommended by the World Health Organisation (WHO).
- There is a lack of data for PM_{2.5} at hot spot locations close to the roadside.
- It is very difficult to demonstrate the direct impact air quality has on health outcomes within the Warrington population. This due to a combination of a lack of health data available within the specific AQMAs and the confidence to state that poor health is directly caused by poor air quality; however
- AQMAs are located within wards with poor health outcomes that could be exacerbated and/or caused by poor air quality.
- There is very little data available to measure local health impacts from nitrogen dioxide.
- Approximately 4% of all mortality in Warrington during 2015 was attributable to man-made particulate pollution.

3b) HEALTH-RELATED BEHAVIOUR AND RISK FACTORS

The detailed piece of work prioritised for 2017/18 under this domain looked at tobacco control. 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 tobacco control.

Tobacco Control: This chapter was prioritised during 2017/18 due to the changing trends of tobacco smoking and the increase in popularity of e-cigarette which was not reflected in the previous tobacco control JSNA chapter. Additionally, a new national plan was published in 2017 'Towards a Smokefree Generation' which will direct the work of local services. Key findings from the chapter include:

- Smoking prevalence among adults has been steadily reducing in Warrington, the percentage of smokers (12.6%) is the lowest ever reported for Warrington and is significantly lower than England and the North West.
- However, data shows an increasing smoking prevalence in adults in routine and manual occupations.
- Over a quarter of 15 year olds had used e-cigarettes; this is much higher than the national average. However, the rate for current smokers at 15 years is 9% which is statistically similar to the national average of 8.2%. It is not currently clear if the rate of e-cigarette use among young people is due to young people using e-cigarettes to quit or cut down smoking.
- The overall rate of Smoking at Time of delivery (SATOD) in Warrington at 8.3% is below the national average of 10.7% and the regional average of 13.4%. However, within this rate there exists a large inequality gap where the vast majority of women who continue to smoke in pregnancy live in the more deprived areas of the town.
- During 2016/17 there were 1,213 Warrington smokers setting a quit date with the local Stop Smoking Service (SSS), the number setting a quit date during 2016/17 was the highest recorded over the previous four time periods (2013/14 to 2016/17). The rate of smokers setting a quit date in Warrington (5,691 per 100,000 smokers) was higher than both England (4,434 per 100,000) and the North West (4,673 per 100,000). Of the 1,213 smokers who set a quit date, 871 reported that they had successfully quit at four weeks. The number of successful quitters increased during 2016/17 when compared to 2014/15 (852 quits) and 2015/16 (855 quits), the trend of increasing quitters is not reflected nationally or regionally.

3c) CHILDREN AND YOUNG PEOPLE

A number of chapters in the Children and Young People's domain were updated in 2016/17. 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 2017/18 work programme, a chapter on special educational needs and disability (SEND) of children and young people was prioritised.

Special Educational Needs and Disability (SEND): The SEND JSNA chapter was prioritised for 2017/18 as it was required to inform the production of a market position statement and a commissioning strategy. Key findings from the chapter include:

- The number of pupils with a classification of special educational needs and disabilities (SEND) in Warrington is reducing; this is a pattern that is also seen nationally. However, spend relating to SEND has been increasing year on year. The percentage of all pupils with an Education, Health and Care (EHC) plan in Warrington (3.4%) is statistically higher than England (2.8%).
- The most common primary needs for pupils with SEND is moderate learning difficulty (4% of all pupils identified with this primary need) followed by social, emotional and mental health and speech language and communication needs (each with 2.4% of all pupils identified with this primary need). A similar pattern is also seen nationally, however Warrington has higher than expected numbers of pupils with a moderate learning difficulty (nationally 3.1% of all pupils are identified with this primary need). It has been identified that there was a substantial increase of 28% between 2015 and 2016 in the number of pupils with a classification of moderate learning difficulty in Warrington.
- There are insufficient places to meet current and expected need within designated provision or special schools in Warrington to meet the needs of pupils with an EHC plan. The consequence is that a number of pupils are being placed out of area for their education. The sufficiency finding is also reflected with out of school provision (breakfast, after school and holiday club provision) for pupils with SEND.
- In Warrington outcomes for SEN pupils in Key Stage 2 (ages 10 and 11) are slightly better than national and regional performance. However, wide gaps exist at Key Stage 1 (ages 6 and 7) in Warrington when compared to national and regional performance. This is due to a lower proportion of SEN pupils meeting the expected standard in the teacher assessments whilst a greater proportion of non-SEN pupils met the expected standard.
- Positively for post 16 children there have been substantial increases in the percentage of pupils with identified SEN achieving Level 2 and Level 3 qualifications between 2006 and 2016 both nationally and locally, with a doubling of the percentage achieving Level 2 (67.2% during 2016 compared to 32% during 2006) and a greater increase for Level 3 (31.7% during 2016 compared to 12% during 2006).
- The number of children and young people in Warrington with an EHC plan has increased gradually since the introduction in 2014 (local authorities must maintain a Statement or EHC plan for children and young people aged 0 to 25 years). The number of new assessments and subsequent new EHC plans have also increased substantially, again this is a pattern seen regionally and nationally. However, spend per child/young person with a Statement or EHC plan in Warrington is low when compared to similar local authorities.
- The proportion/rate of children and young people with EHC plans are highest in the more deprived areas of Warrington; this pattern is also observed when analysing the rate of disability living allowance (DLA) claimants aged 0 to 24 years. This finding is not unique to Warrington and national literature has demonstrated that children and young people from deprived social backgrounds are at increased risk of SEND.
- Other groups of children and young people were found to have a higher prevalence of SEN support or EHC plans issued when compared to the whole pupil population. These include children in care and children and young people in contact with the youth justice service.

- In Warrington and nationally, children and young people with SEND are more likely to have a higher absence rate from school and were more likely to be categorised as a persistent absentee.
- During the calendar year 2016, there were no mediation or tribunal cases held in Warrington. Warrington was one of a small number of local authorities across the North West where no mediation or tribunal cases were held.
- Funding for SEND Information, Advice and Support Service (SENDIASS) will cease in 2020.
- At present (July 2017) limited information about the number of children and young people receiving health care is available from Bridgewater Community Healthcare NHS Foundation Trust; the Trust are currently updating all electronic health records to include diagnosis coding. Once this information has been recorded, it is recommended that information should be shared with Warrington Clinical Commissioning Group (CCG) and Warrington Council to identify if all eligible children and young people are receiving the care they require.
- Where SEND children and young people require health services, health outcomes are more often measured on an individual basis, rather than as a group/cohort. This is mainly due to SEND children and young people having varied individual health needs requiring differing levels of support and having personalised goals dependant on their desired outcomes. This makes creating aggregate outcome measures more challenging but not impossible for some outcomes or conditions.

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 2018/19 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.

The JSNA Steering Group will be leading the refresh of the Health and Wellbeing Strategy during 2018. Data and intelligence gathered through the production of JSNA chapters and Core Statistical Supplement will be used to update the strategy and inform priorities.