

WARRINGTON 2019

Joint Strategic Needs Assessment

Core Document

&

Statistical Supplement to the

Public Health Annual Report

Introduction and Contents

This document is a supplement to the [Warrington 2019 Public Health Annual Report](#).

It is also the 2019 update of the core document of the [Warrington Joint Strategic Needs Assessment \(JSNA\)](#).

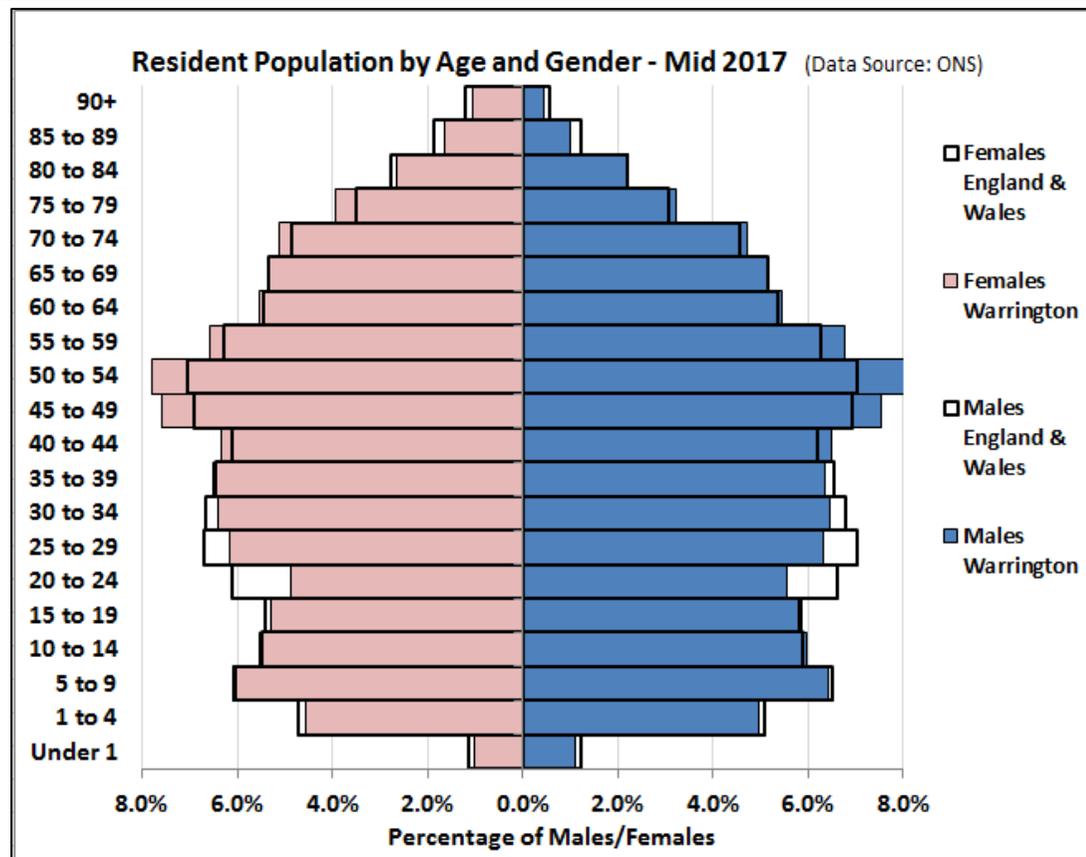
It contains a number of summary factsheets which present information on a range of health and wellbeing indicators. In the main, data included in this document is nationally available and can be benchmarked against England. This means, however, that there is often more up to date local data available, which, although this cannot be benchmarked, may be useful to help understand more recent trends.

For further information on any of the information included within the document please contact the Public Health Knowledge and Intelligence Team on 01925 443033.

Demography			4.6	Cancer
1.1	Resident Population		4.7	Cardiovascular Disease
1.2	Projected Population		4.8	Excess Winter Mortality
1.3	Ethnicity		4.9	Sexual Health
1.4	Deprivation		4.10	Mental Health
Starting Well			Ageing Well	
2.1	Pregnancy and Newborn Screening		5.1	Life Expectancy at Age 65
2.2	Low Birth Weight Babies and Smoking at Time of Delivery		5.2	Population Projections
2.3	Breastfeeding Initiation and Continuation at 6 to 8 Weeks		5.3	Old Age Dependency Ratio
2.4	Childhood Vaccinations and Immunisations		5.4	Falls
2.5	Childhood Obesity		5.5	Dementia
2.6	Risky Behaviours - Teenage Conceptions		5.6	Flu Vaccination
2.7	Risky Behaviours - Alcohol and Substance Misuse		5.7	Deaths in the over 65's
Living and Working Well, Lifestyle Risk Factors			Wider Determinants of Health	
3.1	Smoking		6.1	Housing
3.2	Alcohol		6.2	Employment
3.3	Substance Misuse		6.3	Education
3.4	Unhealthy Weight		6.4	Child Poverty
3.5	Diet		6.5	Fuel Poverty
3.6	Physical Activity		6.6	Social Contact (Adult Social Care Users)
Living and Working Well, Burden of Disease			6.7	Crime
4.1	Life Expectancy		Health and Wellbeing Strategy	
4.2	Main Causes of Death, 2015 to 2017		7.1	Health and Wellbeing Strategy Monitoring
4.3	All-Age All-Cause Mortality		Glossary, Data Sources and Further Information	
4.4	Mortality Considered Preventable			
4.5	Screening Programmes			

1.1 Demography – Resident Population

mid-2017 Age-band	Warrington Population			Warrington Population, %		
	Persons	Males	Females	Persons	Males	Females
Under 1	2200	1200	1100	1.1%	1.1%	1.0%
1-4	10000	5200	4800	4.8%	5.0%	4.6%
5-9	13100	6700	6400	6.3%	6.4%	6.1%
10-14	12100	6200	5900	5.8%	6.0%	5.5%
15-19	11600	6000	5600	5.5%	5.8%	5.3%
20-24	10900	5800	5100	5.2%	5.6%	4.9%
25-29	13100	6600	6500	6.2%	6.3%	6.2%
30-34	13500	6700	6800	6.4%	6.4%	6.4%
35-39	13500	6600	6900	6.4%	6.4%	6.5%
40-44	13500	6800	6700	6.4%	6.5%	6.3%
45-49	15900	7800	8000	7.6%	7.5%	7.6%
50-54	16600	8400	8200	7.9%	8.0%	7.8%
55-59	14000	7000	6900	6.7%	6.8%	6.6%
60-64	11500	5700	5800	5.5%	5.5%	5.5%
65-69	11000	5400	5600	5.3%	5.2%	5.3%
70-74	10300	4900	5400	4.9%	4.7%	5.1%
75-79	7500	3300	4200	3.6%	3.2%	3.9%
80-84	5100	2300	2800	2.4%	2.2%	2.6%
85-89	2800	1000	1700	1.3%	1.0%	1.6%
90+	1600	500	1100	0.8%	0.4%	1.1%
All Ages	209700	104100	105600	100.0%	100.0%	100.0%



Figures rounded to nearest 100 and may not sum exactly due to rounding error. Source: Office for National Statistics. Figures based on mid-2017 population estimates.

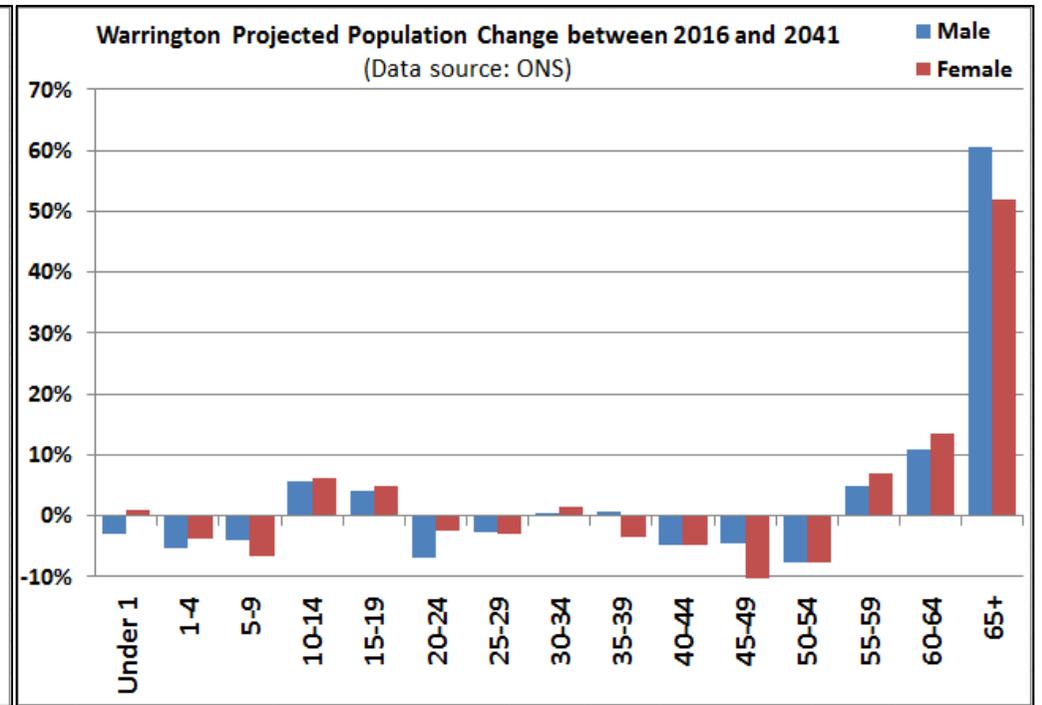
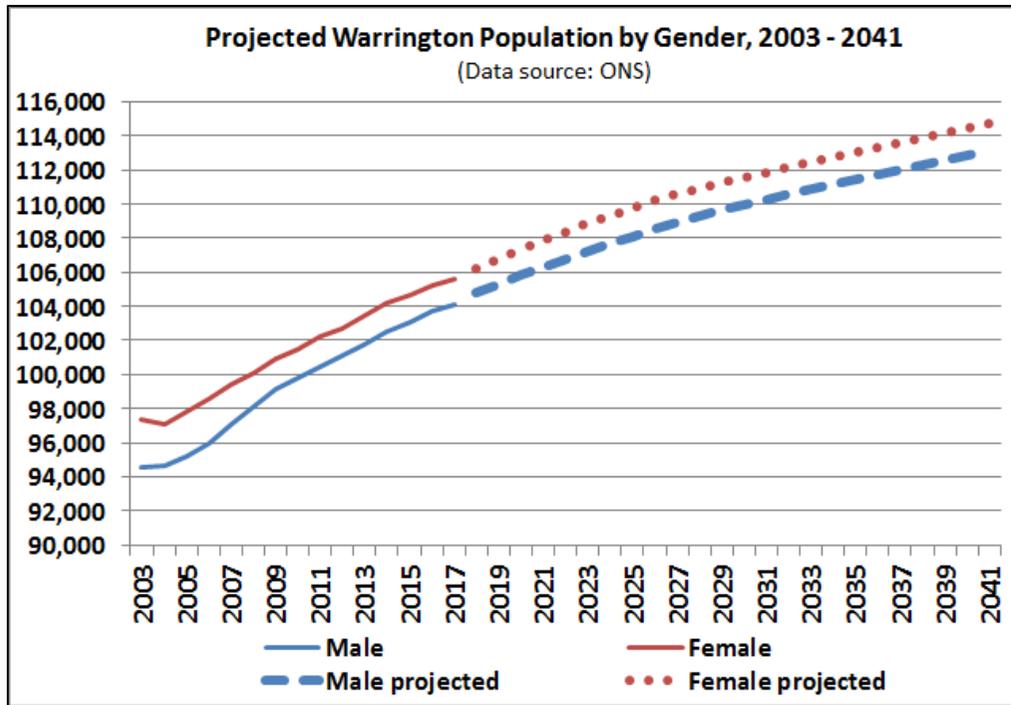
- Warrington's mid-2017 resident population estimate is 209,700 (Office for National Statistics); 49.6% male and 50.4% female.
- 19.0% in Warrington were aged under-16 similar to 19.1% in England and Wales and 19.0% in the North West.
- 62.7% in Warrington were aged 16-64, similar to 62.8% in England and Wales, and 62.5% in the North West.
- 18.3% in Warrington were aged 65 and over, similar to 18.2% in England and Wales, and 18.4% in the North West.
- The chart shows that the main differences in population structure are that Warrington has a much lower proportion of 20-29 year olds, and a higher proportion of 40-59 year olds, compared to England and Wales.
- GP-registered population is different to resident population, and is based on those registered at GP practices. Compared to the mid-2017 resident population, almost 217,300 people were registered at Warrington GP practices in June 2017.

209,700 resident population mid-2017

**19.0% aged under-16
62.7% aged 16-64
18.3% aged 65+**

(very similar proportions to England & Wales)

1.2 Demography – Projected Population



Warrington's population projected to increase by 9% (an extra 19,000 people) between 2016 and 2041

comprising:

- increase of about 21,000 aged 65+
- decrease of about 2,000 under-65s

Largest proportional increases expected in the older age groups

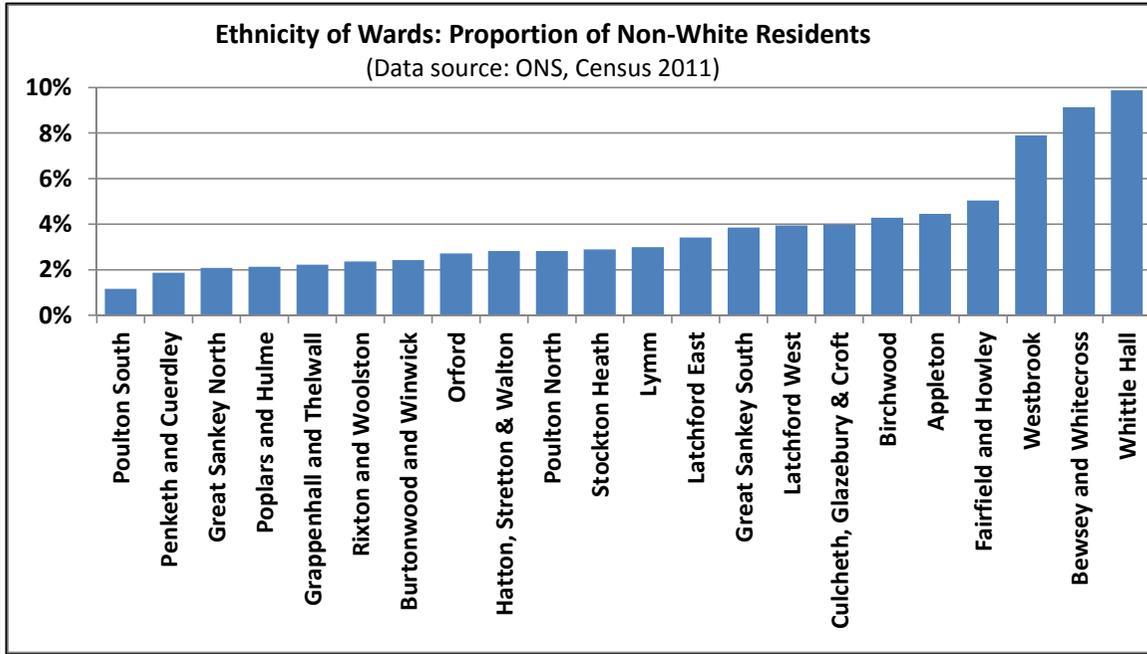
- Warrington's population has increased year on year from 2004 to 2016.
- Future projections (based on 2016 mid-year estimates) show that Warrington's population is estimated to increase over the next 25 years by about an extra 19,050 people (+9%); an extra 9,450 males and 9,600 females.
- Some age-groups are estimated to have a smaller population by 2041; those aged 0-9, 20-29 and 35-54.
- The largest percentage increases are expected in those aged 65 and over; a 56% increase (about 21,000 people).
- In comparison, the number of under-65s is estimated to decrease slightly by about 2,000 people.

See more detail on growth of the older population in the 'Ageing Well' section of this document.

Note: projections are based on recent trends and do not take into account any policy changes that have not yet occurred, nor those that have not yet had an impact on observed trends.

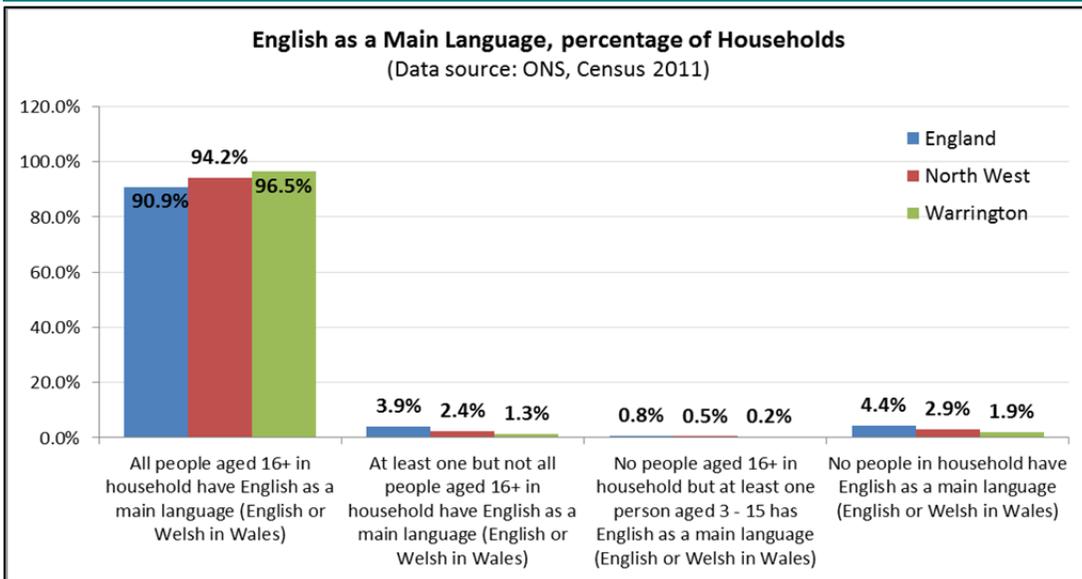
1.3 Demography – Ethnicity

Warrington - Census 2011		
Ethnic Group	Number	%
White: English / Welsh / Scottish / Northern Irish / British	187,968	92.9
White: Other (incl. Irish, Gypsy/Irish Traveller, Other White)	6,024	3.0
Mixed/multiple ethnic groups	2,144	1.1
Asian/Asian British	4,911	2.4
Black / African / Caribbean / Black British	694	0.3
Other ethnic groups	487	0.2
All usual residents	202,228	100



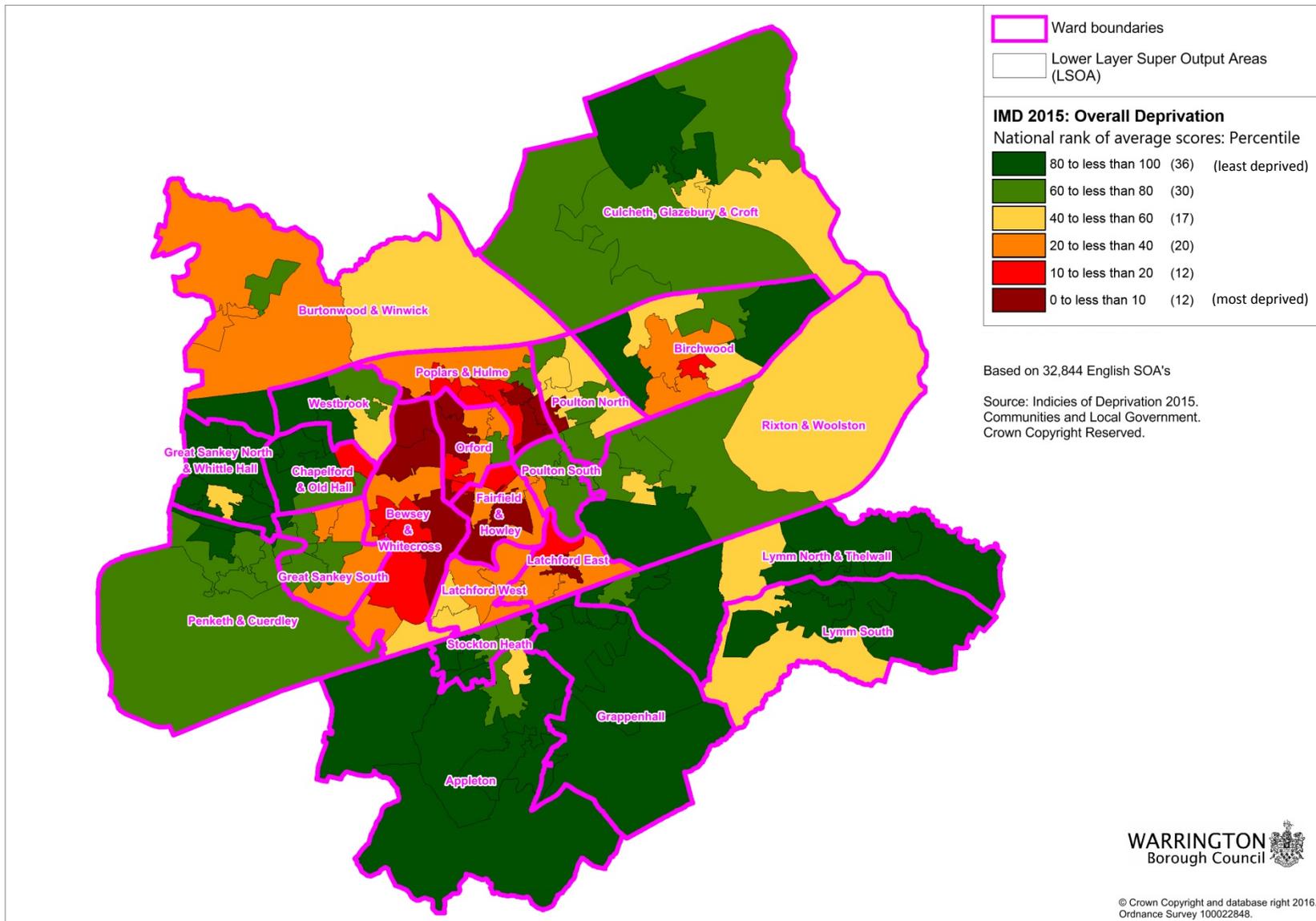
NB: Non-White incorporates the following categories – mixed/multiple ethnic groups; Asian/Asian British; Black/African Caribbean/Black British; other ethnic groups.

- In the latest Census in 2011, 92.9% of Warrington’s population classified themselves as White English, Welsh, Scottish, Northern Irish or British.
- Warrington’s population is less ethnically diverse than the North West and England. In the 2011 Census, 4.1% were non-white, compared to 14.0% for England and Wales, and 9.8% for the North West.
- Whittle Hall ward has the highest proportion of non-white residents (9.9%) and Poulton South the lowest (1.2%).



- In 96.5% of Warrington households, all residents aged 16 and over have English as a main language, compared to 90.9% in England.
- 1.9% of Warrington households have no people with English as a main language, compared to 4.4% in England.
- At ward level, Bewsey and Whitecross has the highest proportion of households in which no people have English as a main language (7.4%), followed by Fairfield and Howley (5.1%).
- Note: Not having English as a main language does not necessarily mean that someone doesn’t speak English.

1.4 Demography – Deprivation



- Lower Super Output Areas (LSOAs) are small geographical units.
- Deprivation is measured using the Index of Multiple Deprivation (IMD) 2015. 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 ordered 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.
- Updated Indices of Deprivation for all LSOAs in England are due to be published in summer 2019.

The map shows the spread of deprivation across Warrington. Areas shaded brown and red, together make up Quintile 1, the most deprived quintile (brown areas are the most extremely deprived). Quintile 1 areas tend to be in inner Warrington and the least deprived (quintile 5), shaded green, in outer Warrington.

2.1 Starting Well – Pregnancy and Newborn Screening

Screening during pregnancy

Screening tests are used to find people at higher chance, or risk, of a health problem. This means they can get earlier, potentially more effective treatment or make informed decisions about their health. The screening tests offered during pregnancy in England are either ultrasound scans or blood tests, or a combination of both. Blood tests can show whether a woman has a higher chance of inherited disorders such as sickle cell anaemia and thalassaemia, and whether a woman has infections like HIV, hepatitis B or syphilis (NHS Choices).

Across England during 2017/18 99.6% of pregnant women were screened for HIV and 99.6% of eligible pregnant women were screened for sickle cell anaemia and thalassaemia.

Across England during 2016/17 99.6% of pregnant women were screened for syphilis and 99.6% of pregnant women were screened for hepatitis B.

Public Health England have not published Local Authority data

Newborn Screening

Most babies are healthy and won't have any of the conditions the screening tests are looking for. But for those babies who do have a health problem, the benefits of screening can be enormous. Early treatment can improve their health and prevent severe disability or even death.

Newborn physical examination

Every baby is offered a thorough physical examination soon after birth to check their eyes, heart, hips and, in boys, the testicles (testes). This is to identify babies who may have conditions that need further testing or treatment.

Across England during 2017/18 95.4% of babies received their examination within 72 hours of birth.

Newborn hearing screening test

The newborn hearing screening test helps identify babies who have permanent hearing loss as early as possible. Performance in Warrington is higher than England and the North West (2017/18).

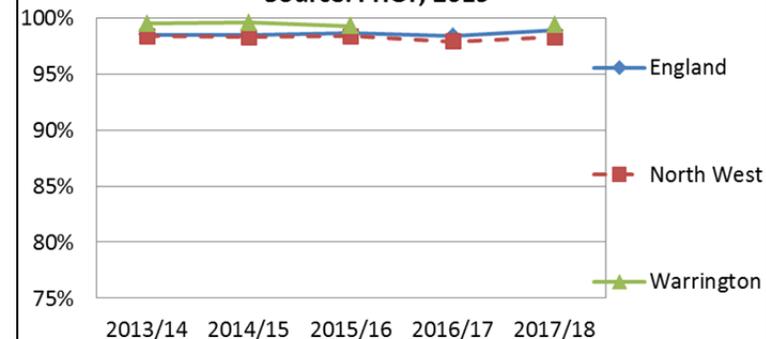
Newborn blood spot (heel prick) test

The newborn blood spot test involves taking a small sample of your baby's blood to screen it for nine rare but serious health conditions. Performance in Warrington dipped below England and the North West during 2015/16, although 93% babies were screened.

Data for Warrington is not available for 2016/17 or for 2017/18.

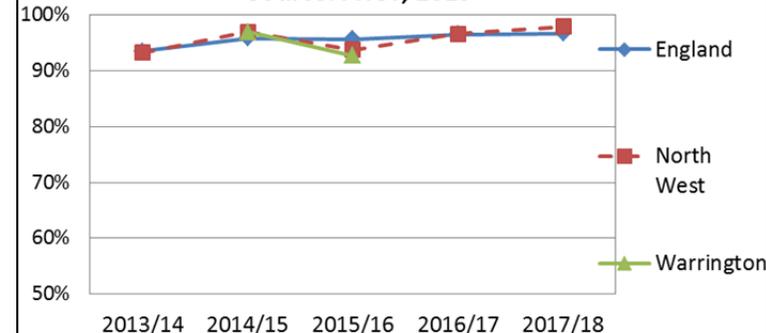
Newborn Hearing Screening Coverage

Source: PHOF, 2019



Newborn Blood Spot Screening Coverage

Source: PHOF, 2019



2.2 Starting Well – Low Birth Weight Babies and Smoking at Time of Delivery

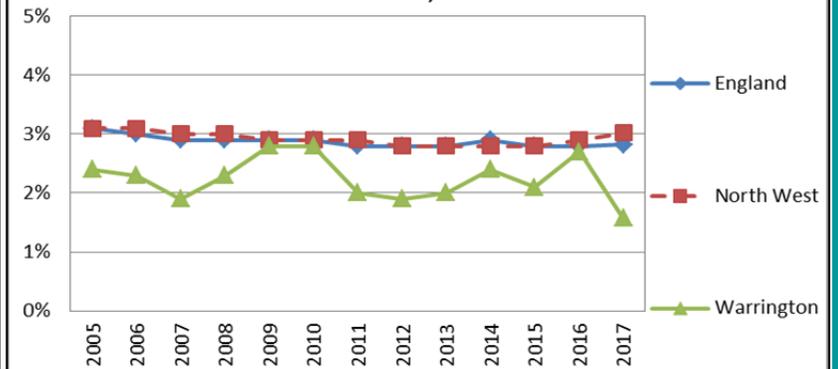
Definition: live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks.

Low birth weight increases the risk of childhood mortality and of developmental problems for the child, and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

Low Birth Weight (LBW) Babies

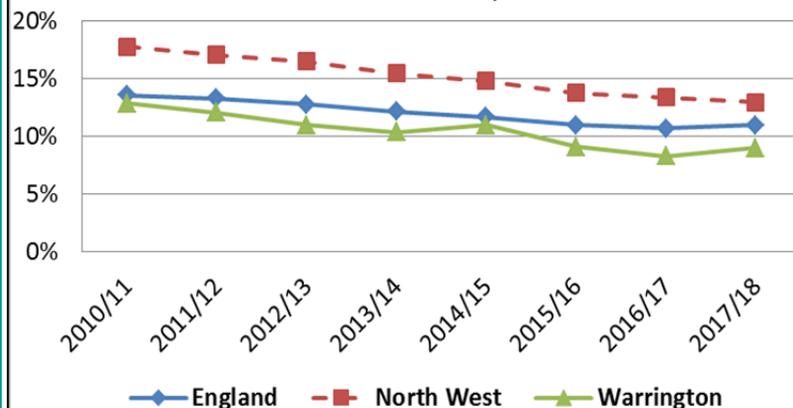
- There were approximately 2,143 births during 2017 in Warrington. Trends show a slight reduction in the number of births each year.
- 1.6% of live births at term were classed as LBW in Warrington in 2017, significantly lower than England and the North West.
- The number and proportion of LBW births has remained fairly stable in Warrington ranging between 31 and 65 babies each year.

Percentage of all live births at term (babies born at 37 weeks onwards) with low birth weight (less than 2,500g)
Source: PHOF, 2019



Percentage of mothers who reported they smoked at time of delivery

Source: PHOF, 2019



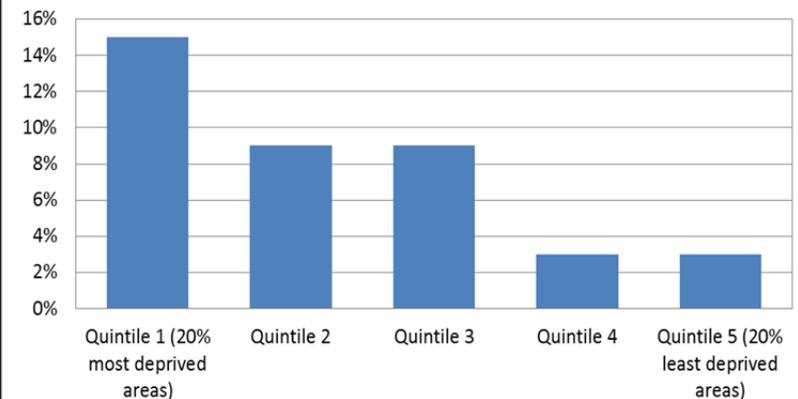
Definition of Smoking at Time of Delivery (SATOD):

Women who are regular/occasional smokers at time of delivery.

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. On average, smokers have more complications during pregnancy and labour.

Percentage of mothers who reported they smoked at time of delivery during 2017/18, presented by IMD 2015 quintiles

Source: Warrington Hospital, 2018



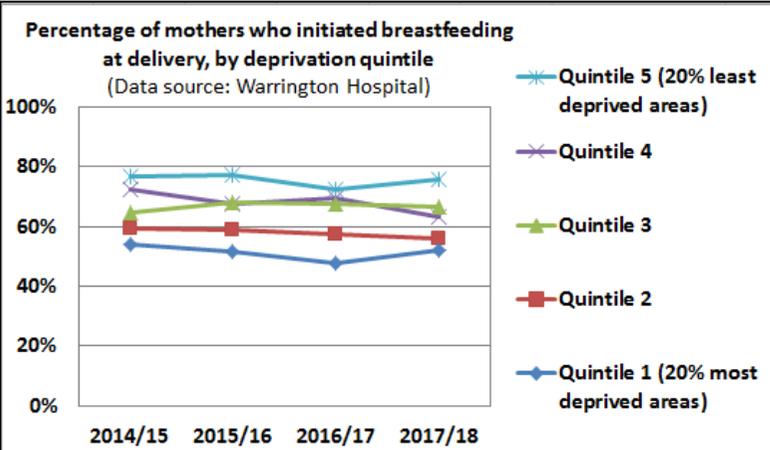
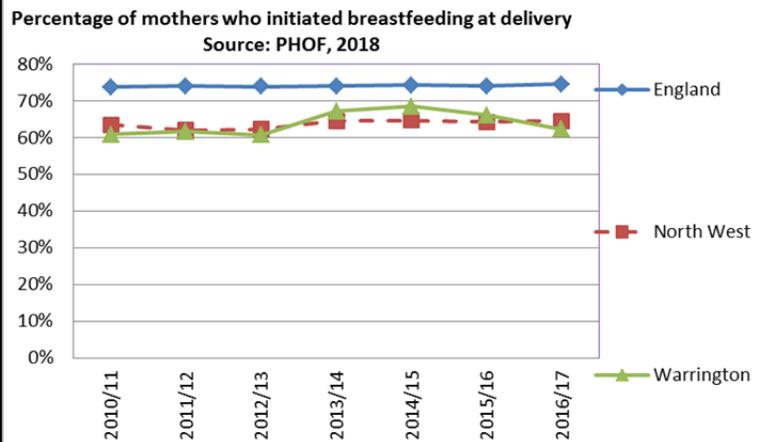
Smoking status at time of delivery

- During 2017/18 in Warrington, 178 women (8.8%) who gave birth said that they smoked at time of delivery (SATOD). This was significantly better than both England and the North West.
- There has been a downward trend in England, the North West and Warrington. Warrington had slight rises in 2014/15 and 2017/18.
- The percentage of mothers SATOD living in the 20% most deprived areas of Warrington (15%) is significantly higher than quintiles 4 and 5, the least deprived areas of Warrington, both of these areas with just 3% of mothers SATOD.

2.3 Starting Well – Breastfeeding Initiation and Continuation at 6 to 8 Weeks

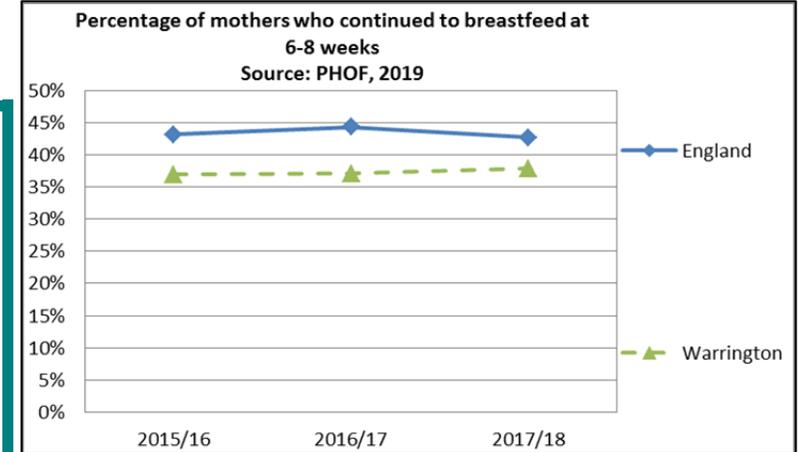
Breastfeeding initiation: i.e. breastfeeding from birth

- Breastfeeding initiation has been consistently and significantly lower in Warrington than in England.
- In Warrington it increased significantly from 61% in 2012/13 to 67% in 2013/14, and increased further to 68.5% in 2014/15. However, this has not been sustained, and in 2016/17, it reduced to 62%, similar to 2012/13.
- Breastfeeding initiation is significantly lower in the 20% most deprived areas of Warrington; in 2017/18 it was 52% in the most deprived areas compared to 76% in the least deprived areas.



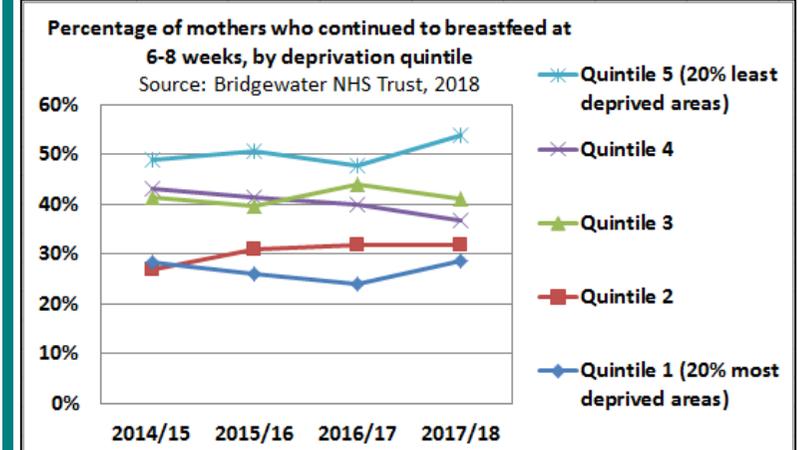
Breastfeeding continuation at 6 to 8 weeks

- As with initiation, breastfeeding continuation in Warrington has been significantly lower than England in recent years.
- During 2015/16 a new collection method for breastfeeding continuation was introduced by Public Health England.
- In 2017/18, 37.9% of mothers in Warrington continued to breastfeed at 6 to 8 weeks, very similar to 2016/17. This is significantly lower than England.
- In 2017/18, only 29% of mothers from the 20% most deprived areas and 32% from quintile 2 continued to breastfeed, compared to 54% in the least deprived areas.



Benefits of Breastfeeding:

Breast milk provides ideal nutrition for infants in the first stages of life. There is evidence that breast-fed babies experience lower levels of gastro-intestinal and respiratory infections. Breastfeeding is also associated with lower levels of child obesity. Some of the benefits to the mother include a faster return to pre-pregnancy weight and possibly lower risk of breast and ovarian cancer.

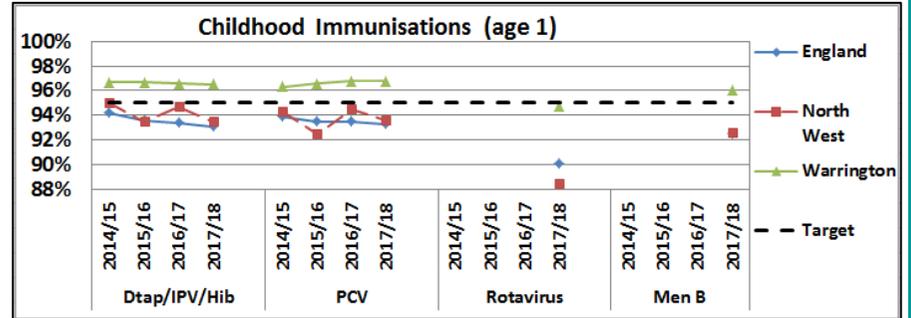


2.4 Starting Well – Childhood Vaccinations and Immunisations

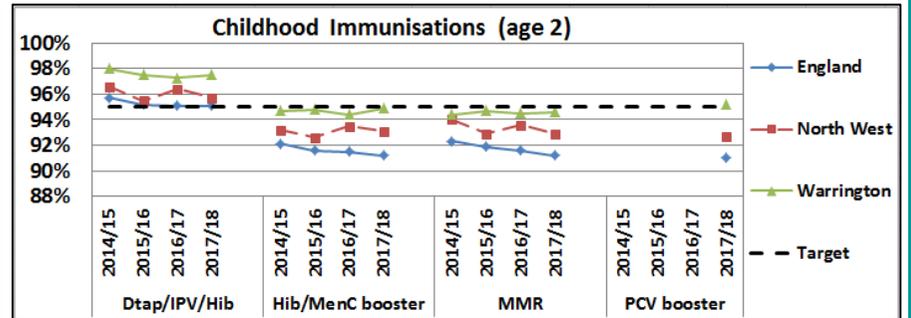
Courses of Immunisation:

- The combined **DTaP/IPV/Hib** is the first in a course of vaccines offered to babies to protect them against diphtheria, whooping cough, tetanus, Haemophilus influenza type B (an important cause of childhood meningitis and pneumonia) and polio.
- **MMR** is the combined vaccine that protects against measles, mumps and rubella.
- The meningococcal C conjugate (**MenC**) vaccine protects against infection by meningococcal group C bacteria, which can cause meningitis and septicaemia.
- The **PCV** vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis.
- The **influenza** vaccine is offered to all children aged 2-3 at their GP practice. The programme was extended in 2017/18, with vaccination in schools for children in Reception class and school years 1-4. It will be further extended to all primary school children (i.e. aged 4-11). It is hoped that this extension of the programme to healthy children will reduce transmission of flu to at-risk and elderly patients.
- **Rotavirus** is the most common cause of gastroenteritis among children.
- The **MenB** vaccine protects against infection by meningococcal group B bacteria, which can cause meningitis and sepsis (blood poisoning), and which are responsible for more than 90% of meningococcal infections in young children.

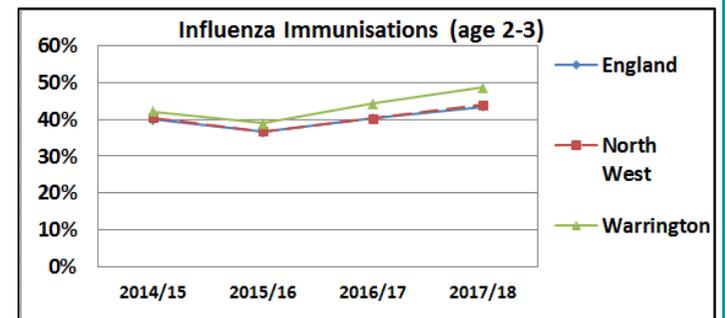
Childhood Immunisations (age 1): The national target for the 4 immunisations in the chart is 95%, which Warrington consistently exceeds, apart from rotavirus (94.7%). Warrington is also consistently higher than England and the North West for all 4 immunisations. In 2017/18, the Warrington rates were: Dtap/IPV/Hib 96.5%, PCV 96.8%, Rotavirus 94.7%, and MenB 96.0%.



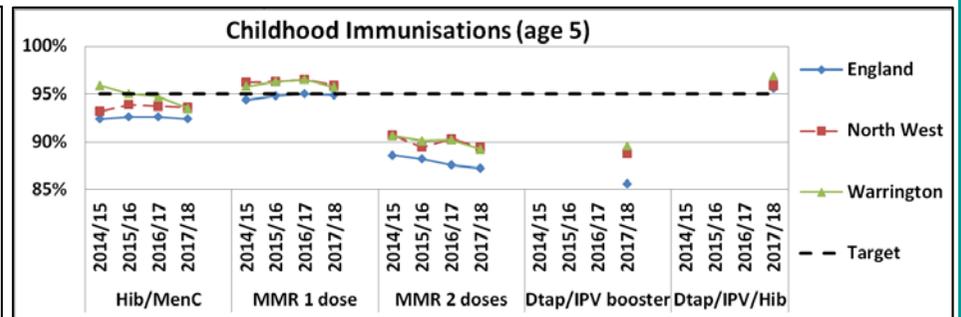
Childhood Immunisations (age 2): The national target for the 4 immunisations in the chart is 95%. Warrington is consistently well above England and the North West for all four. In 2017/18, Warrington exceeded the target for DTaP/IPV/Hib (97.5%) and the PCV booster (95.2%), but was just below the target for the Hib/Men C booster (94.9%) and MMR (94.6%).



Influenza Immunisations (age 2-3): There was not a national target as such, but 40%-65% was considered acceptable in the years 2014/15 to 2017/18. The rate in Warrington in 2017/18 was 48.7%, higher than 44.0% in England and 43.5% in the North West. 4-year-olds are now vaccinated at school instead of at their GP, and the vaccination program has been extended from 2018/19 to include older children at primary school (aged 4-11). The vaccination programme takes place at school.

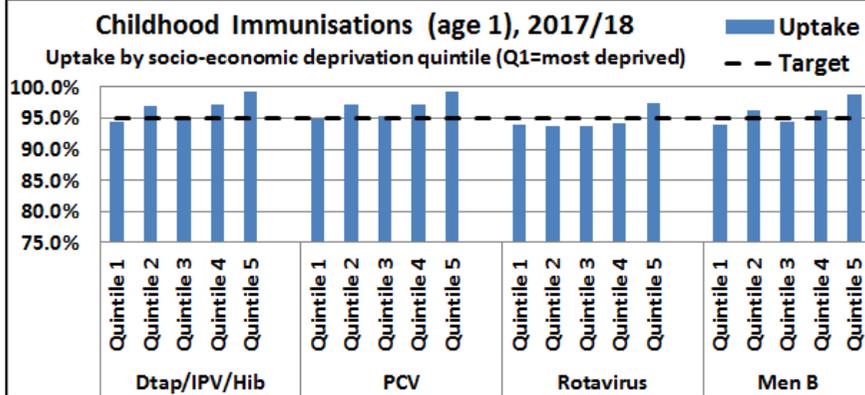


Childhood Immunisations (age 5): Warrington generally has higher rates than England, and similar to the North West, for all immunisations in the chart. In 2017/18, Warrington met the target for 1 dose for MMR (95.7%) and for Dtap/IPV/Hib (96.9%), but not for Hib/MenC (93.5%), 2 doses for MMR (89.2%), Dtap/IPV booster (89.6%).



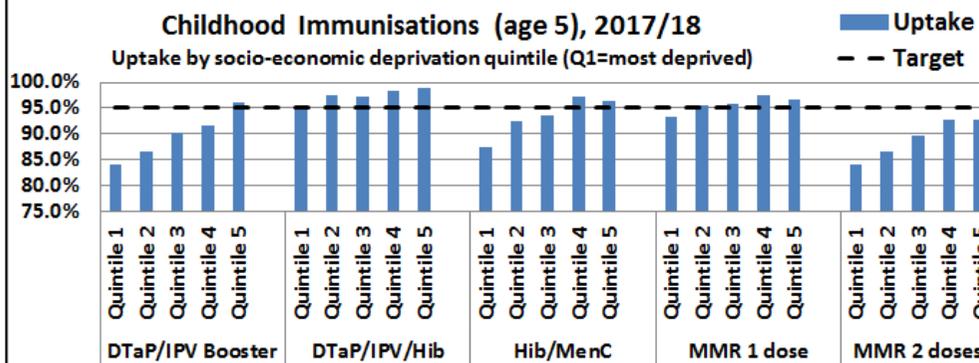
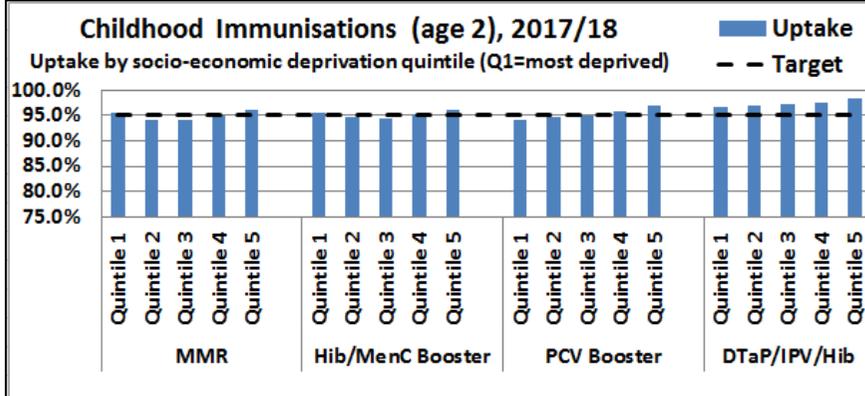
2.4 Starting Well – Childhood Vaccinations and Immunisations

Childhood vaccination uptake by GP Practice Deprivation Quintile. GP practices are grouped by the level of socio-economic deprivation of the areas in which their patients live. Quintile 1 (Q1) contains the most deprived; Quintile 5 (Q5) the least. Generally, immunisation rates are higher in less deprived areas.



Age 1: The 95% target was met for DtaP/IPV/Hib, PCV and MenB across all deprivation quintiles, except DtaP/IPV/Hib in Q1 (94%), and Meningitis B in Q1 and Q3 (94%). Only Q5 met the 95% target for Rotavirus.

Age 2: Q2 and Q3 didn't meet the 95% target for MMR or the Hib/MenC booster. Only Q4 and Q5 met the target for the PCV booster. Uptake of the PCV booster and of DtaP/IPV/Hib was lowest in Q1 and steadily increased as deprivation reduced. The MMR and Hib/MenC booster did not fit the usual pattern; uptake in the most deprived quintile was almost as high as in the least deprived.



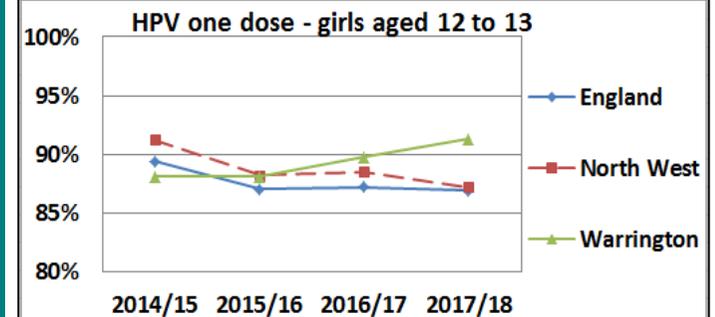
Age 5:

For all immunisations at age 5, there is a very strong relationship with deprivation, with lowest uptake in the most deprived quintile.

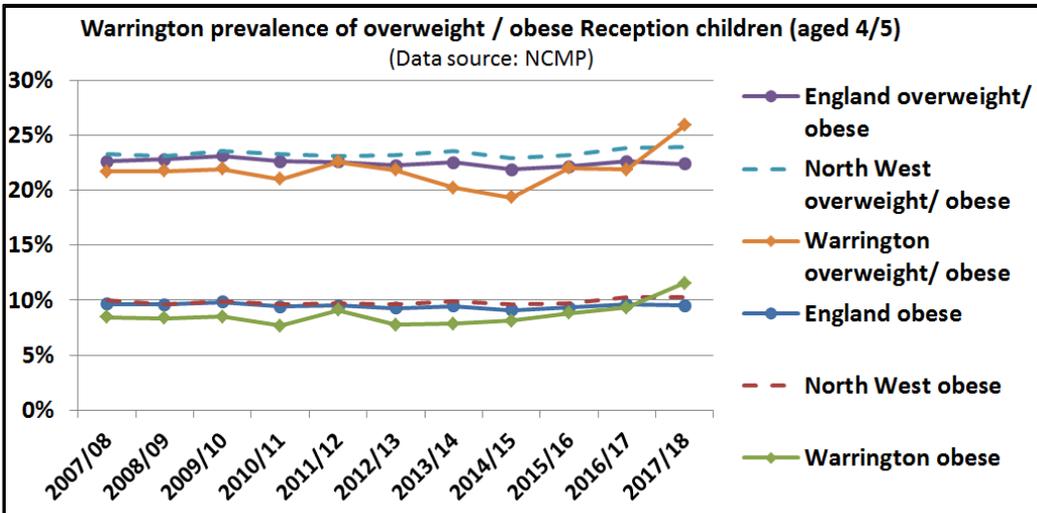
- Only Quintile 5 reached the target for DTaP/IPV booster.
- Quintiles 2-5 hit the target for DtaP/IPV/Hib, and Quintile 1 almost did (94.7%).
- Only Quintile 4 and Quintile 5 reached the target for Hib/MenC.
- Only Quintile 1 didn't reach the target for 1 dose of MMR.
- No quintile reached the 95% target for 2 doses of MMR.

HPV one dose (girls aged 12 to 13 years):

The HPV (human papilloma virus) vaccine protects against the two high-risk HPV types (16 and 18) that cause over 70% of cervical cancers. There is no national target, although the national goal is 90%. The immunisation rate in Warrington is similar to England (the percentage of girls receiving one dose). The immunisation rate has steadily increased in Warrington from 88.1% in 2015/16 to 93.1% in 2017/18, and is higher than both England (86.9%) and the North West (87.2%).

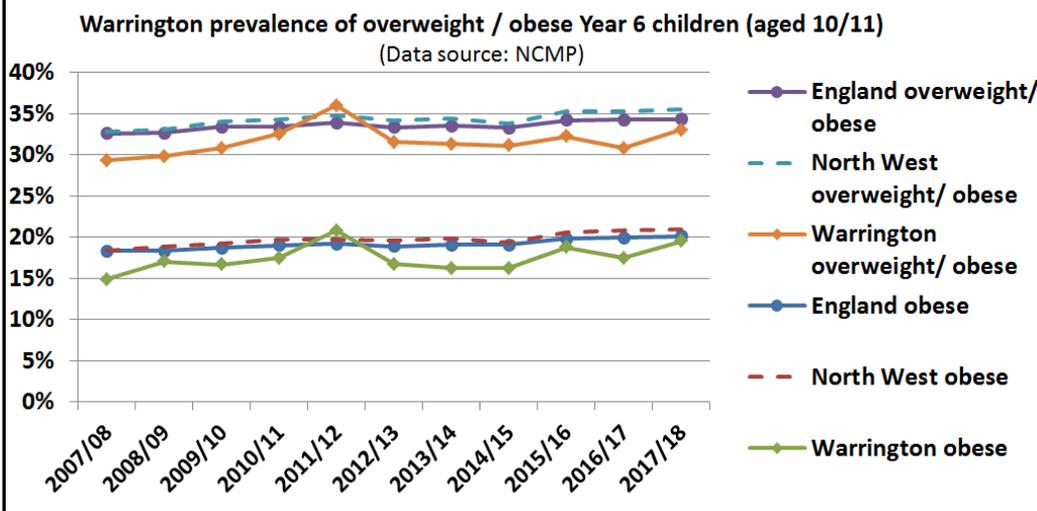


2.5 Starting Well – Childhood Obesity



Reception (aged 4/5): In Warrington, prevalence of obesity and of overweight/obesity have generally been lower than England and the North West, but there was a sudden rise in 2017/18, when the overweight/obesity rate rose to 25.9%, significantly higher than 22.4% in England and 23.9% in the North West. Obesity prevalence rose to 11.5%, significantly higher than 9.5% in England and higher than 10.2% in the North West.

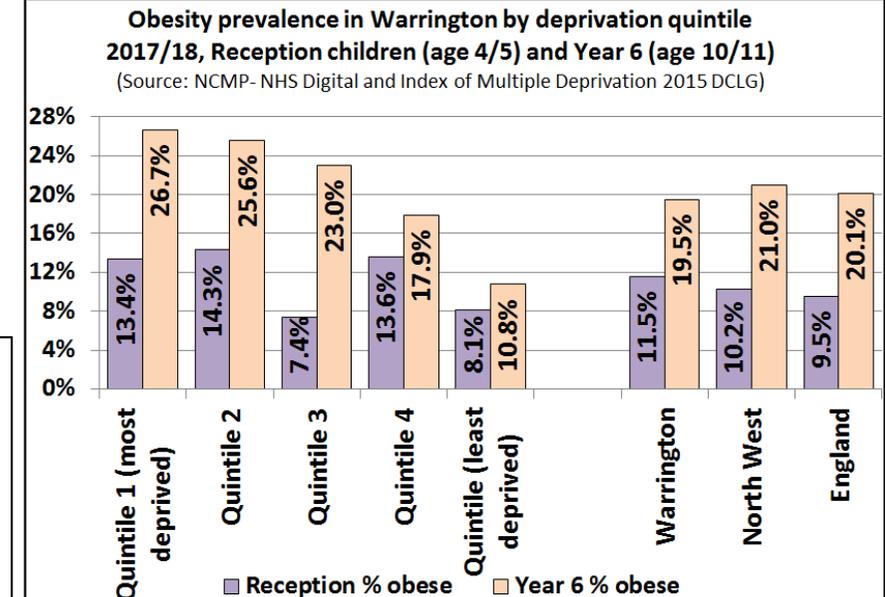
Year 6 (aged 10/11): In Warrington, prevalence of obesity and of overweight/obesity have generally been lower than England and the North West. This is still the case, despite a sudden rise in Warrington in 2017/18, when the Warrington overweight/obesity rate rose from 30.8% to 33.0%, (still lower than 34.3% in England and 35.5% in the North West). Obesity prevalence rose from 17.5% to 19.5%, (still lower than 20.1% in England and 21.0% in the North West).



Warrington 2017/18

Reception: almost 1 in 9 obese

Year 6: 1 in 5 obese



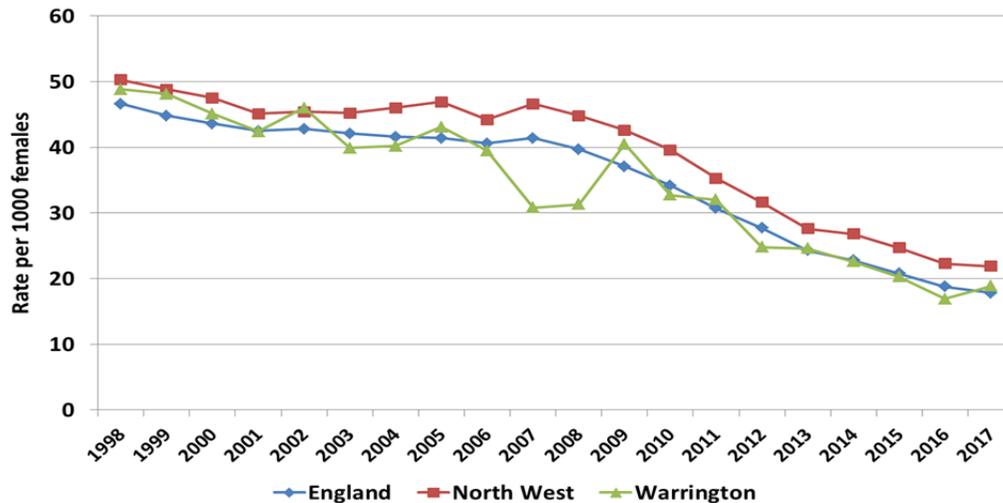
Obesity prevalence by socio-economic deprivation:

- Prevalence estimates vary a lot from year to year, but there is a clear link with deprivation.
- In Year 6, obesity prevalence is highest (26.7%) in Quintile 1 (most deprived) and gradually reduces by quintile to 10.8% in Quintile 5 (least deprived).
- In Reception there is not such an obvious pattern; obesity prevalence is similar in Q1, Q2 and Q4 (13%-14%), which have much higher prevalence than Q3 and Q5 (7%-8%).

2.6 Starting Well – Risky Behaviours - Teenage Conceptions

Trend in Under 18 Conception Rates, per 1000 Females aged 15-17, 1998 to 2017

(Data source: ONS)



Teenage conceptions:

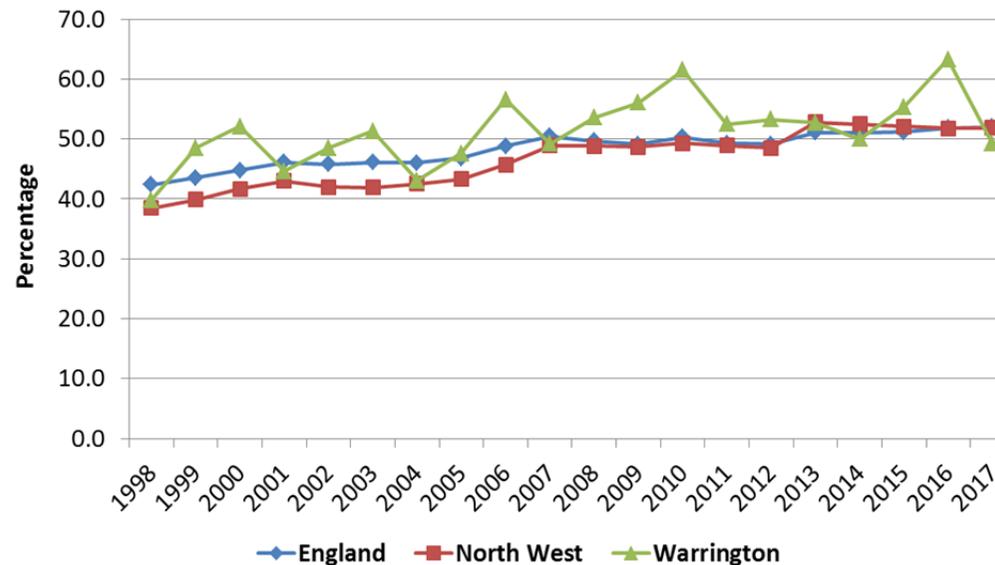
- There were 65 under-18 conceptions in Warrington during 2017. Whilst this is a slight increase on the previous year (60), it still reflects considerable progress in the long term; in 1998 when this indicator was first introduced, the number of conceptions was approximately 2.5 times higher than in 2017.
- In 2017, the under-18 conception rate for Warrington was 18.9 conceptions per 1,000 girls aged 15-17, compared to 17.8 in England and 21.9 in the North West.
- Rates have been reducing in recent years in Warrington, the North West and England. The fluctuations seen in Warrington's rate reflect the small number of conceptions that the rates per 1,000 are based on.
- Although trends show a reduction in Warrington overall, in the most deprived areas, rates are still significantly higher than the rest of Warrington.

Teenage conceptions leading to termination:

- There has been an increasing trend, since the late 1990s, in the percentage of under-18 conceptions that lead to a termination; this is true locally, regionally and nationally.
- Because numbers of teenage conceptions are usually quite small in Warrington, the percentage leading to a termination is prone to wide fluctuation from year to year, as can be seen in the chart. In Warrington, the percentage leading to a termination fell from 63.3% in 2016 to 49.2% in 2017, although this big drop may be due to the natural variation in the data.
- England and North West rates have remained at a similar level to previous years.

Percentage of Under 18 Conceptions leading to Abortion, 1998 to 2017

(Data source: ONS)



In 2017:

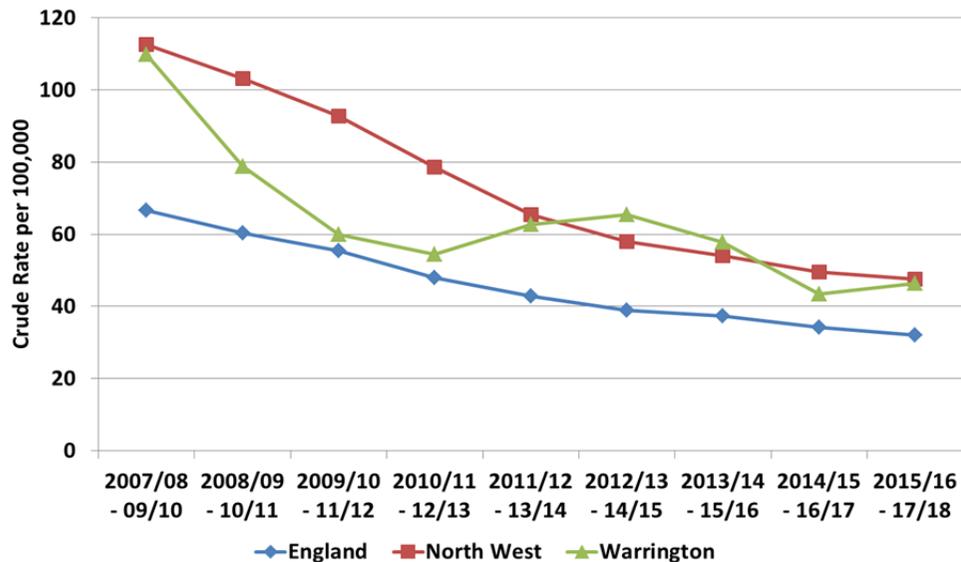
Numbers of teenage conceptions are some of the lowest seen in 19 years

18.9 conceptions per 1,000 girls aged 15-17

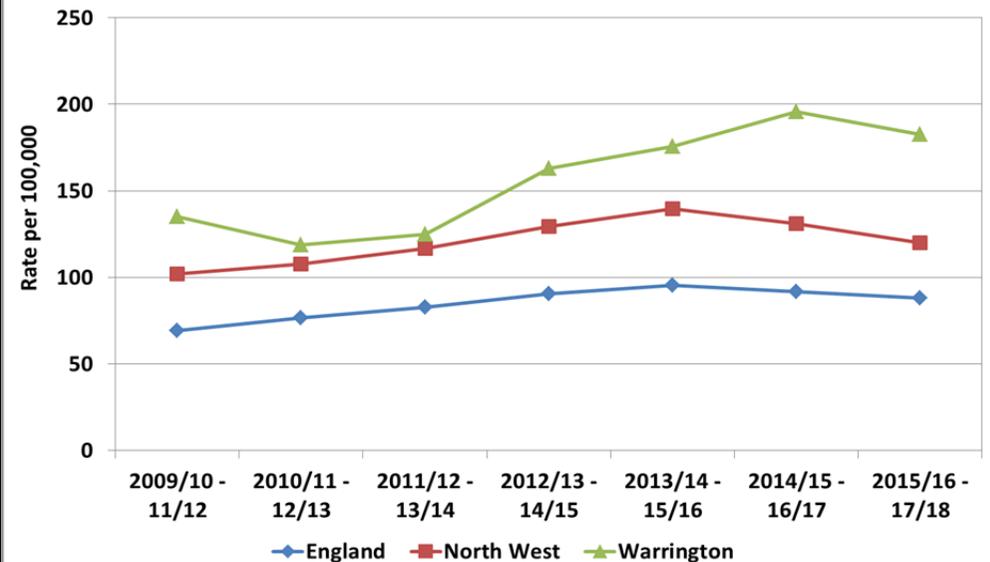
A reduction in the percentage of under-18 conceptions leading to termination

2.7 Starting Well – Risky Behaviours - Alcohol and Substance Misuse

Admission episodes for alcohol-specific conditions - under 18s, crude rate per 100,000: 2007/08 - 09/10 to 2015/16 - 17/18
(Data source: Local Alcohol Profiles, PHE)



Hospital Admissions due to Substance Misuse (15-24 years), Rate per 100,000: 2009/10 - 11/12 to 2015/16 - 17/18
(Data source: Child Health Profiles, PHE)



Hospital admission episodes due to alcohol in those aged under 18:

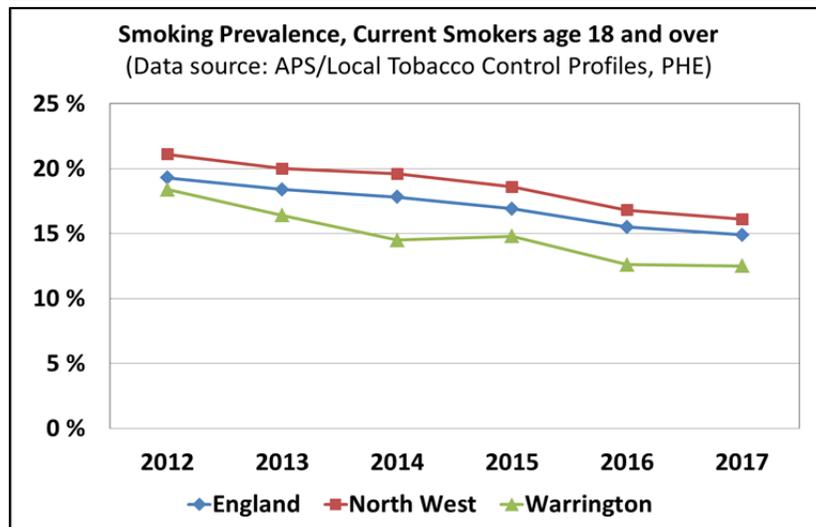
- For the most recent data period, 2015/16 to 2017/18, there were 62 admissions to hospital due to alcohol-specific conditions for those aged under 18.
- The Warrington rate was 46.4 per 100,000 population aged under 18, significantly higher than England (32.9).
- The current Warrington rate (and number of admissions) is one of the lowest seen in recent years although there has been a small increase since the last reporting period.
- The overall trend for Warrington shows a reduction although there have been some fluctuations in the rates. Numbers of admissions are small, and small changes in numbers can have a substantial impact on the rates.

Hospital admissions due to substance misuse in 15-24 year-olds:

- There were 123 hospital admissions due to substance misuse during the most recent 3-year period (2015/16 to 2017/18).
- Between 2015/16 and 2017/18, Warrington had a rate of 182.6 per 100,000 population aged 15-24; this was significantly higher than England's rate of 87.9.
- Warrington has seen an increasing trend since 2010/11 to 2012/13, although in this last reporting period the admission rate has reduced.

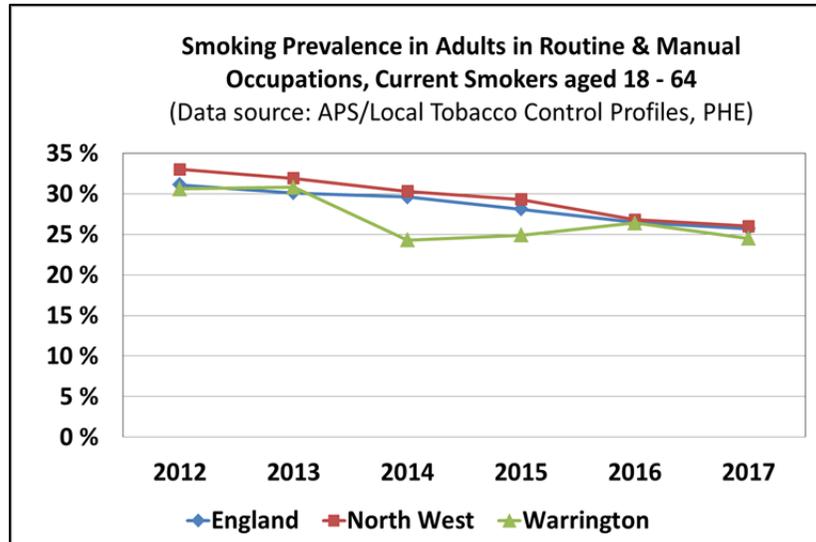
3.1 Living and Working Well, Lifestyle Risk Factors – Smoking

NB The most recent data available for Warrington is for 2017, and there is no up-to-date data at a sub-Warrington level.



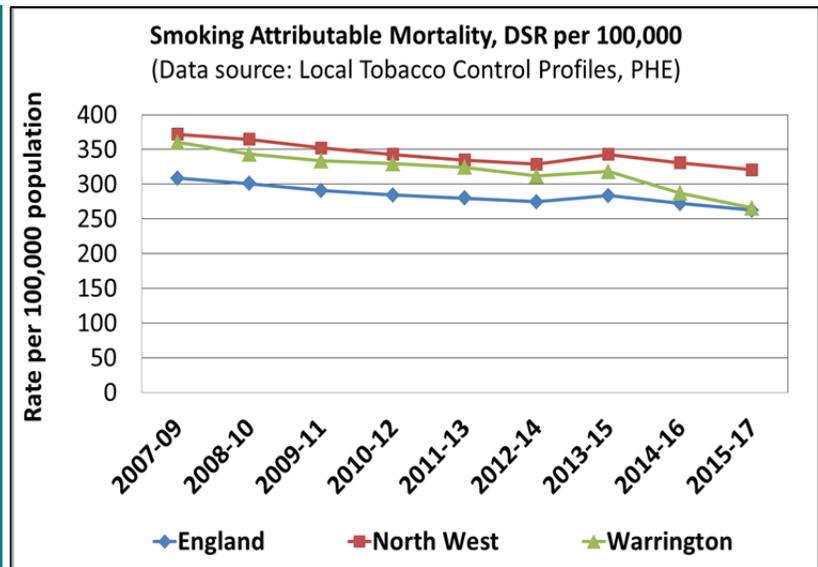
Smoking prevalence (the % of people who smoke)
(Data source: Public Health England)

- In 2017, prevalence in Warrington was 12.5%, lower than 14.9% in England. Warrington has consistently had lower prevalence rates than England; in 2016 and 2017, the difference between Warrington & England was statistically significant.



- Prevalence is higher in the routine and manual occupation group; 24.5% in Warrington, 25.7% in England and 26.0% in the North West. Prevalence has reduced in Warrington since 2016, following 2 years of increases. Warrington is not statistically significantly lower than England.

Smoking attributable hospital admissions: Latest data published by Public Health England (2017/18) shows that Warrington had a rate of 1,208 hospital admissions per 100,000 population, compared to 1,530 in England. Warrington has consistently had significantly better rates than England for several years.



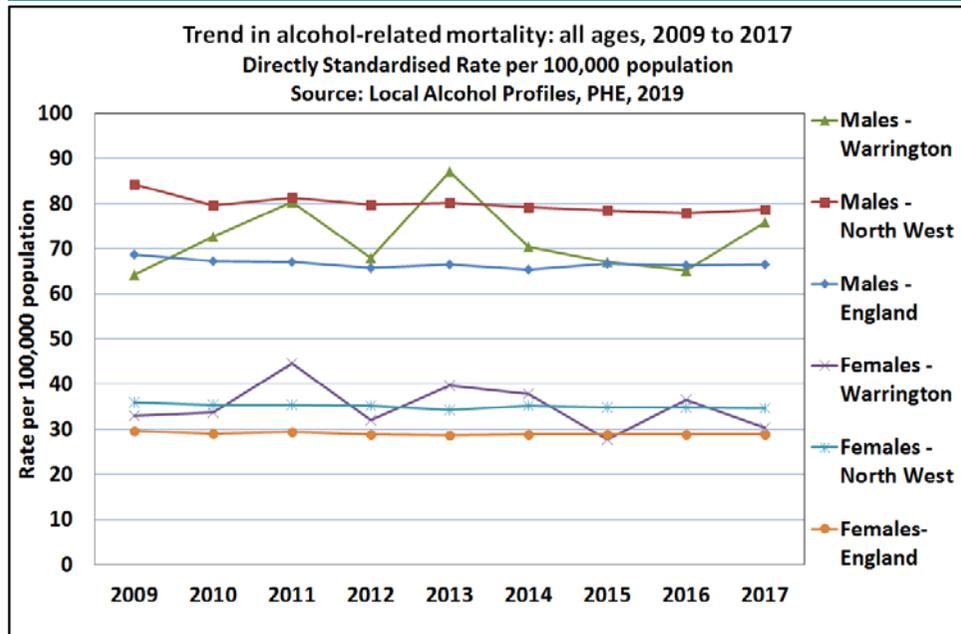
Smoking attributable mortality: (deaths wholly or partially related to smoking – smoking is a contributory factor to deaths from a diverse range of diseases and conditions).

- Warrington has consistently had significantly higher levels of smoking attributable mortality than England.
- The trend in Warrington has been gradually reducing, and in the latest 2 reporting periods Warrington is no longer significantly higher than England.
- In 2015-17, Warrington had a rate of 265.9 deaths per 100,000 population, compared to England’s 262.6.

Deaths from chronic obstructive pulmonary disease (COPD): Data from Public Health England (2015-17) shows that Warrington had a rate of 53.1 deaths from COPD per 100,000 population compared to 52.7 in England. Warrington’s rate is not significantly higher than England and has reduced over the last 2 reporting periods.

3.2 Living and Working Well, Lifestyle Risk Factors - Alcohol

- Regularly drinking more than the recommended daily limits risks damaging your health. There's no guaranteed safe level of drinking, but if you drink less than the recommended daily limits, the risks of harming your health are low ([NHS Choices](#)).
- Alcohol consumption is a contributory factor to hospital admissions and deaths from a diverse range of conditions.
- NB The most recent data available for Warrington is for 2017, and there is no up-to-date data at a sub-Warrington level.

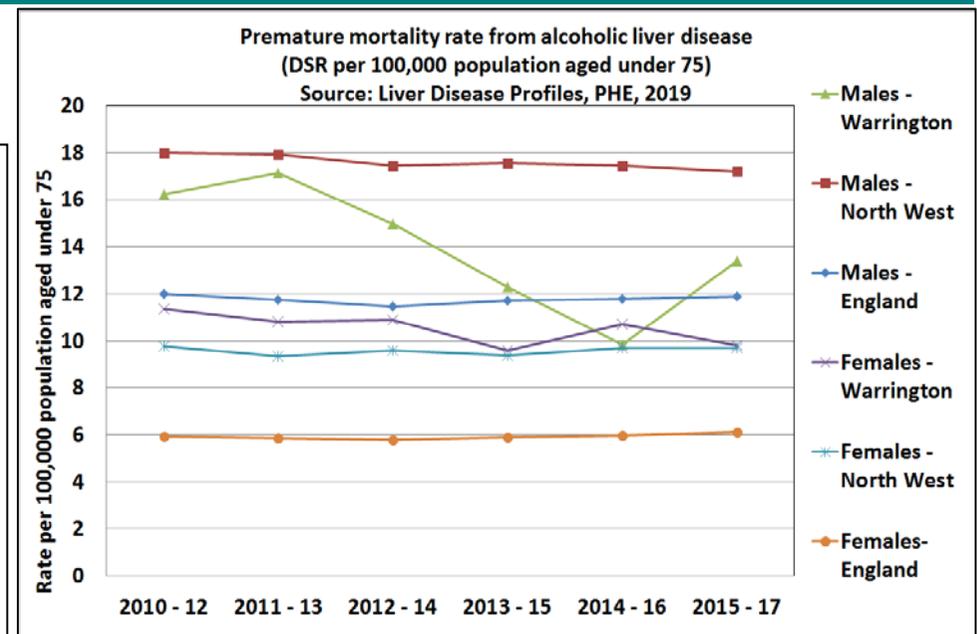


Alcohol-related mortality:

- During 2017, there were 101 deaths due to alcohol-related conditions in Warrington; 69 men and 32 women.
- Warrington had a mortality rate of 75.9 per 100,000 population for men and 30.3 for women.
- Because numbers of deaths are quite small in Warrington, the rate is prone to wide fluctuation from year to year, as can be seen in the chart. In Warrington, from 2016 to 2017 there was a substantial increase in the rate for males, and a decrease in the rate for females, although these may just be due to the natural variation in the data.
- The mortality rate for men was significantly higher than for women. This pattern was seen in Warrington, the North West and England.
- For both men and women, the North West has consistently significantly higher rates than England. Warrington is generally higher than England, but not significantly so.

Premature mortality (aged under-75) from alcoholic liver disease:

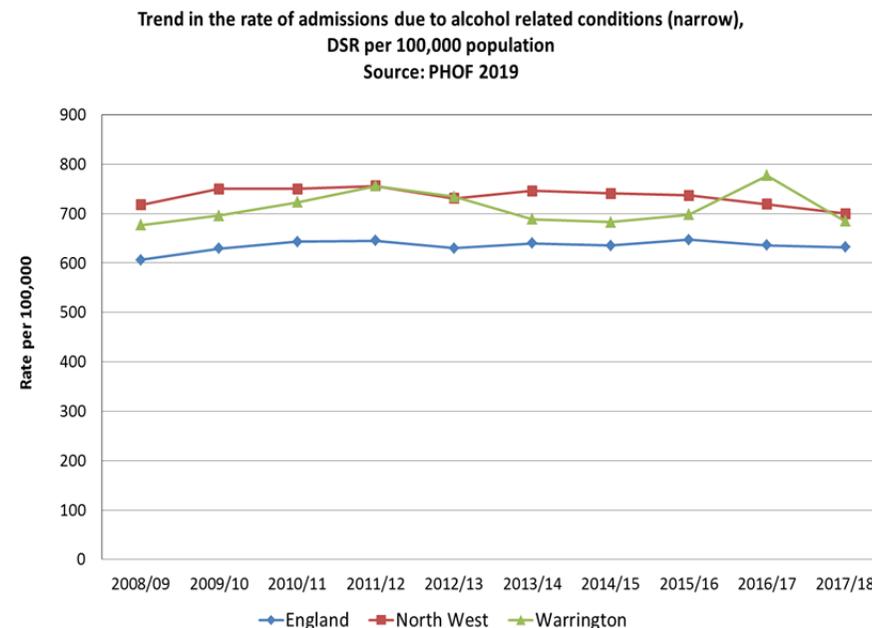
- A high proportion of deaths from liver disease are alcohol-related. Between 2015 and 2017, there were 67 premature deaths from alcoholic liver disease in Warrington; 38 men and 29 women.
- In Warrington, the North West and England, male mortality is generally higher than female. Warrington had a mortality rate of 13.4 per 100,000 population for men, and a rate of 9.8 for women.
- Because numbers of deaths are quite small in Warrington, the rate is prone to wide fluctuation from year to year, as can be seen in the chart. In Warrington, from 2016 to 2017 there was a substantial increase in the rate for males, and a decrease in the rate for females, although these may just be due to the natural variation in the data.
- Warrington's male mortality rates have generally been higher than England, but not significantly so.



3.2 and 3.3 Living and Working Well, Lifestyle Risk Factors – 3.2 Alcohol and 3.3 Substance Misuse

Alcohol-related hospital admissions

- In Warrington, the admissions rate was 685 per 100,000 population in 2017/18, a reduction since the previous year, although higher than England (632).
- Nationally, the rate of hospital admissions due to alcohol has remained fairly static.
- Warrington's trend has fluctuated, and admission rates in Warrington have been consistently and significantly higher than England's rates for a number of years.
- Admission rates in Warrington and in England are substantially higher for men than for women.



Drug related deaths:

In 2015 to 2017, there were 30 deaths from drug misuse in Warrington. This is equivalent to a rate of 4.8 per 100,000 population, and slightly higher than England (4.3).

Hidden Harm:

As at March 2018, of people in alcohol and drug treatment services, 41.6% stated that they were a parent; equating to 705 children under 18.

Pharmacy services (April 2019):

21 of the 43 pharmacies in Warrington currently provide supervised consumption of methadone / buprenorphine / espranor, and 4 pharmacies provide a needle exchange service.

Alcohol & Drug treatment service:

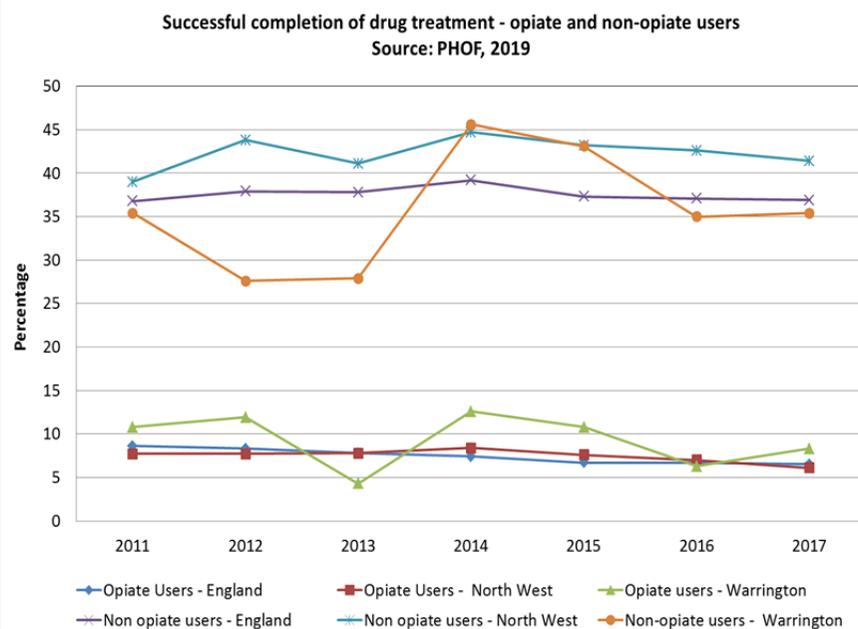
Warrington Council commissions alcohol & drug treatment services from CGL (Pathways to Recovery). As at March 2018, **827** people were in structured treatment in Warrington.

Steroids:

In 2017/18, 1,961 people used the needle exchange service compared to 1,605 the previous year. 24% of people used needle exchange for psychoactive substances (mainly heroin), 41% was for steroids/image and performance enhancing drugs (IPEDs) and 36% of people received a brief intervention (and do not inject).

Successful completion of drug treatment

- The percentage of opiate users who successfully completed drug treatment (and not returned to treatment 6 months after completing), has increased slightly in Warrington since the previous year and is currently 8.3% (2017). England (6.5%) and the North West (6.1%) have both seen slight reductions since 2016.
- The percentage of non-opiate users who successfully completed drug treatment (and not returned to treatment 6 months after completing), has increased very slightly in Warrington to 35.4% (2017). Warrington is lower than England (36.9%) and the North West (41.4%).



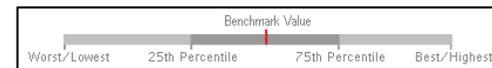
3.4, 3.5 & 3.6 Living and Working Well, Lifestyle Risk Factors – 3.4 Unhealthy Weight and 3.5 Diet and 3.6 Physical Activity

• Data on diet, physical activity and excess weight is taken from the **Public Health Outcomes Framework (PHOF) Profiles**, produced by Public Health England, published May 2019, and available at: <http://www.phoutcomes.info/> The chart shows Warrington, the North West Region and England, as well as the best and worst values across all Local Authorities. There is no up-to-date data at a sub-Warrington level.

Multiple lifestyle risk factors: Cardiovascular disease (CVD) is a family of diseases/conditions including heart disease, stroke, hypertension and diabetes. Having one CVD condition increases the likelihood of developing others. Key modifiable lifestyle risk factors are: smoking, poor diet, obesity, lack of physical activity and high alcohol consumption. These risk factors tend to 'cluster' together.

Diet (PHOF 2017/18): In Warrington, 50.7% of adults said they'd eaten 5 or more portions of fruit and vegetables the day before they were surveyed, slightly worse than England (54.8%). The Warrington average was 2.29 portions of fruit and 2.45 portions of vegetables, both significantly worse than 2.51 and 2.65 nationally.

Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) (Persons, 16+ yrs)
 Average number of portions of fruit consumed daily (adults) (Persons, 16+ yrs)
 Average number of portions of vegetables consumed daily (adults) (Persons, 16+ yrs)
 Percentage of adults (aged 18+) classified as overweight or obese (Persons, 18+ yrs)
 Percentage of physically active adults (Persons, 19+ yrs)
 Percentage of physically inactive adults (Persons, 19+ yrs)



Period	Warrington		Region		England		Worst	England		Best
	Recent Trend	Count	Value	Value	Value	Range				
2017/18	-	-	50.7%	50.7%	54.8%	40.7%			65.9%	
2017/18	-	-	2.29	2.41	2.51	2.19			2.95	
2017/18	-	-	2.45	2.51	2.65	2.06			3.17	
2017/18	-	-	66.9%	64.3%	62.0%	74.4%			45.4%	
2017/18	-	-	59.6%	64.7%	66.3%	52.1%			79.7%	
2017/18	-	-	24.6%	23.4%	22.2%	37.1%			11.2%	

Obesity and overweight

Body mass index (BMI) is based on a combination of weight and height. A BMI of 25-30 is categorised as overweight, and a BMI of 30 or over as obese.

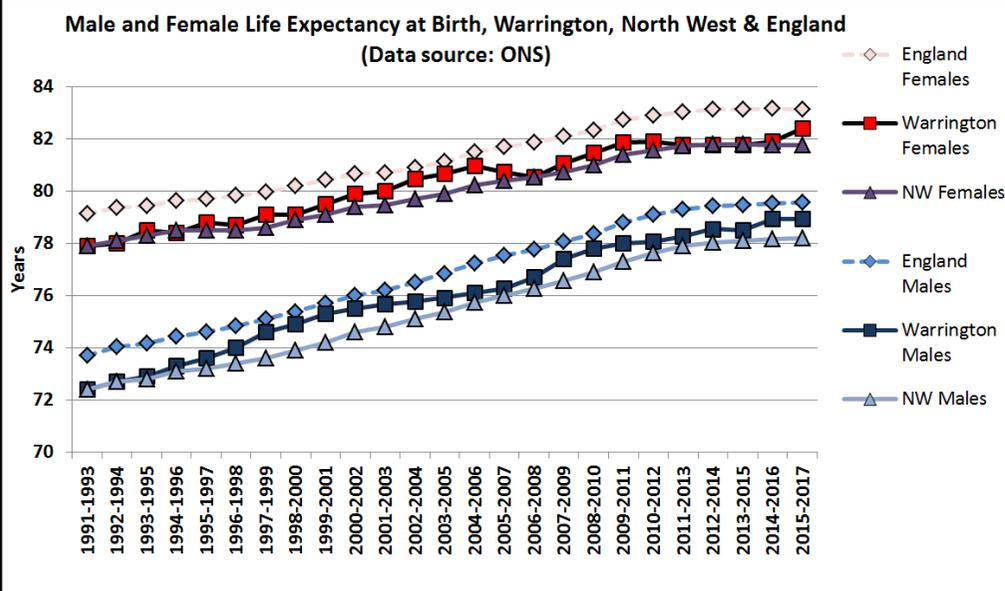
In the latest PHOF data (2017/18), 66.9% of adults in Warrington were overweight or obese, significantly worse than 62.0% nationally. Nationally, there is a strong link between obesity and socio-economic deprivation (although not between overweight prevalence and deprivation).

Physical Activity The minimum physical activity recommended by the Chief Medical Officer is 150 "equivalent minutes" per week, in bouts of 10 minutes or more. ("Equivalent minutes" = moderate intensity minutes + 2 x vigorous intensity minutes).

- In the latest PHOF data (2017/18), 59.6% of adults in Warrington did at least 150 "equivalent minutes" of physical activity per week in the 4 weeks before they were surveyed, significantly worse than England (66.3%).
- 24.6% of adults in Warrington did less than 30 "equivalent minutes" per week, slightly worse than England (22.2%).

4.1 Living and Working Well, Burden of Disease – Life Expectancy

Life Expectancy at Birth Life expectancy is an internationally accepted measure of the overall health of a population. It provides an estimate of the average number of years a new-born baby would live for if s/he experienced the age-specific mortality rates of a particular area throughout his or her life. Life expectancy at birth measures broadly the same thing as all age, all-cause mortality rates, but is often considered a more intuitive and easier to understand indicator. The most recent 3-year time period available is 2015-2017.

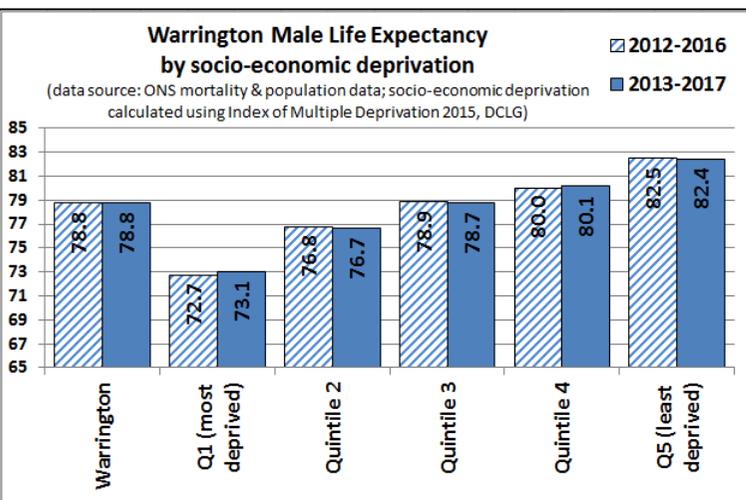


Trends in Life Expectancy (LE) at Birth:

- Life expectancy in Warrington has increased substantially over recent decades, by 6.5 years for men and 4.5 years for women, since 1991. However, male and female life expectancies are both significantly lower than England.
- Long term trends in male and female LE have shown steady increases in England, the North West and Warrington, although they seem to have levelled out in recent years, apart from a sudden jump in Warrington's female LE from 2014-16 to 2015-17. Given the year-to-year fluctuation sometimes seen in Warrington in the past, it remains to be seen whether this will be a sustained increase.
- Both locally and nationally, male LE is consistently much lower than female.

Male LE Over the past 10 data periods (2005-2007 to 2015-2017), male life expectancy in Warrington has increased by 2.6 years, from 76.3 to 78.9 years.

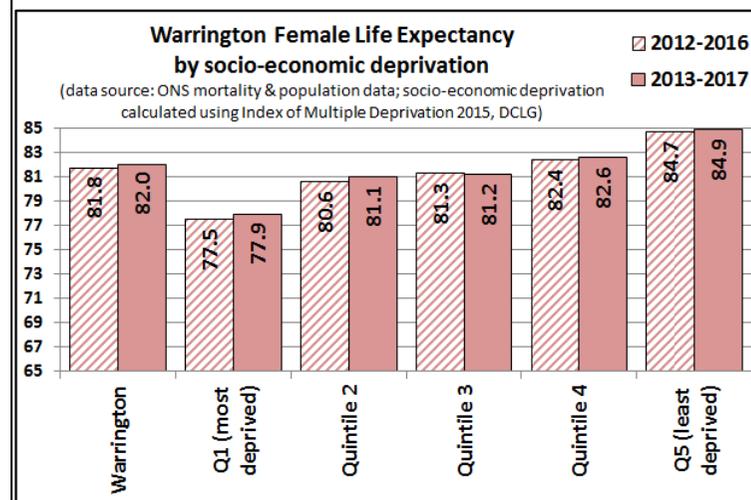
Female LE Over the past 10 data periods (2005-2007 to 2015-2017), female life expectancy in Warrington has increased by 1.7 years, from 80.7 years to 82.4 years.



LE by socio-economic deprivation: Male and female LE is consistently lowest in the most deprived areas (Quintile 1), and highest in the least deprived (Quintile 5). There is a large step change from Q1 to Q2, and then a steadily increasing slope from Q2 to Q5.

Female LE (2013-2017) ranged from 77.9 years in the most deprived areas of Warrington (Q1) to 84.9 years in the least deprived (Q5), a difference of 7.0 years.

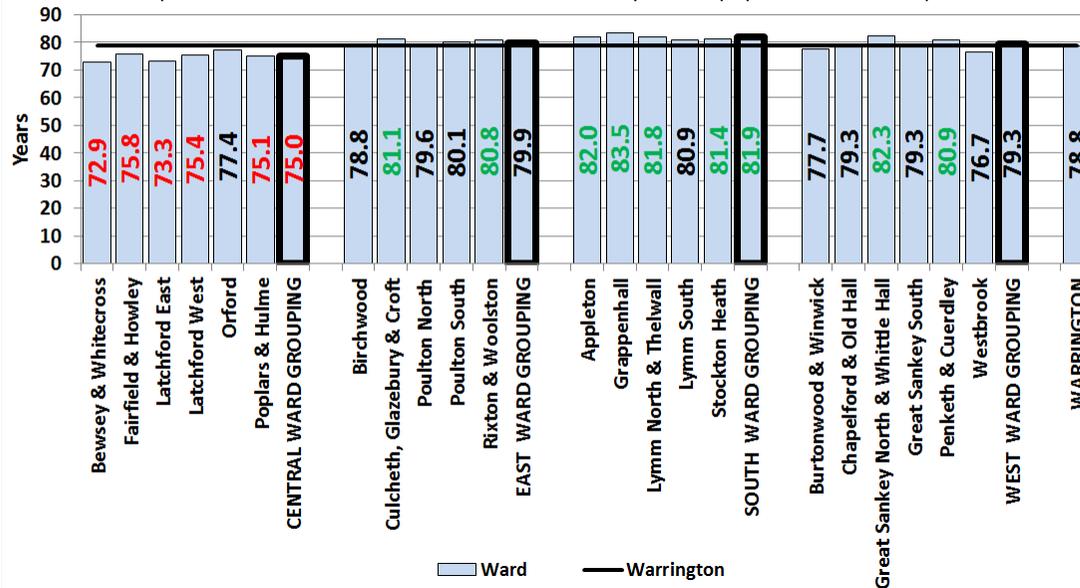
Male LE (2013-2017) ranged from 73.1 years in the most deprived areas of Warrington (Q1) to 82.4 years in the least deprived (Q5), a difference of 9.3 years.



4.1 Living and Working Well, Burden of Disease – Life Expectancy by Ward

Male Life Expectancy at Birth, by Warrington Ward 2013-2017

(data source: Office of National Statistics mortality data & population estimates)



Ward-level LE is calculated over a 5-year period in order to provide a more robust estimate. Even so, ward-level LE estimates can fluctuate over time, especially for smaller wards. The most recent data period available is 2013-2017. NB There can be spurious factors that contribute to a low LE, e.g. if large care homes are located in a particular ward, and so a relatively high proportion live in that ward because they have moved into a care home (and are likely to already be in ill-health, given that they require care). Wards with green text on the charts have significantly higher LE than Warrington overall; red text denotes significantly lower LE.

Ward Male Life Expectancy (LE):

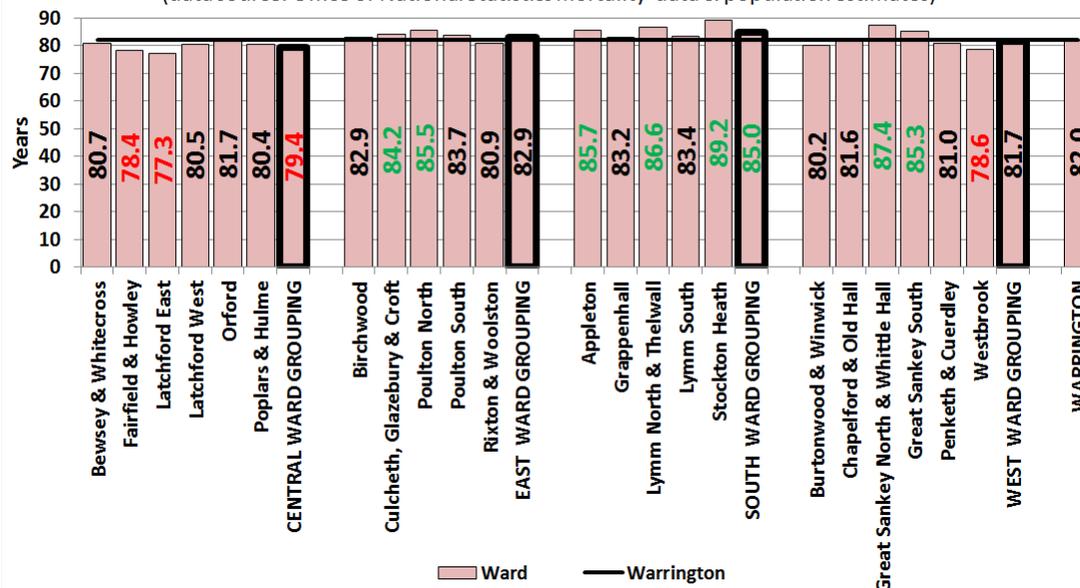
- Five wards had statistically significantly lower male LE at birth, compared to Warrington overall (78.8 years). They all lie in the Central ward grouping: Bewsey & Whitecross, Fairfield & Howley, Latchford East, Latchford West and Poplars & Hulme.
- Eight wards had significantly higher male LE at birth: Culcheth, Glazebury & Croft, Rixton & Woolston, Appleton, Grappenhall, Lymm North & Thelwall, Stockton Heath, Great Sankey North & Whittle Hall, and Penketh & Cuerdley.
- The Central ward grouping had significantly lower male LE at birth (75.0 years), and South ward grouping had significantly higher (81.9 years), than Warrington overall (78.8 years).
- The ward with highest male LE at birth was Grappenhall (83.5 years), and Bewsey & Whitecross ward had lowest (72.9 years), i.e. a difference of 10.6 years.

Ward Female Life Expectancy (LE):

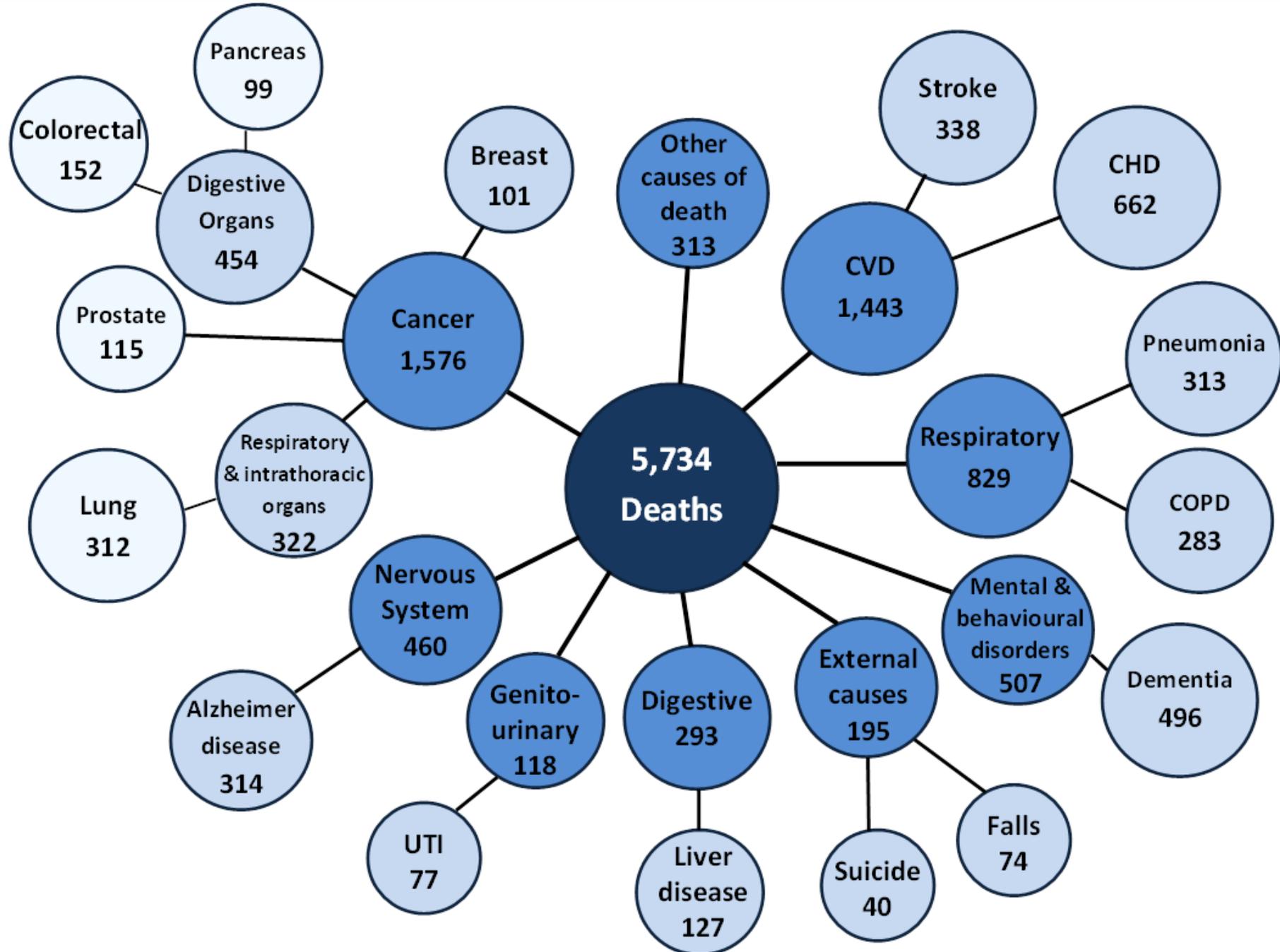
- Fairfield & Howley, Latchford East, and Westbrook had statistically significantly lower female LE at birth than Warrington overall (82.0 years).
- Seven wards had significantly higher female LE at birth: Culcheth, Glazebury & Croft, Poulton North, Appleton, Lymm North & Thelwall, Stockton Heath, Great Sankey North & Whittle Hall, and Great Sankey South. The Central ward grouping had significantly lower female LE at birth (79.4 years), and South ward grouping had significantly higher (85.0 years), than Warrington overall (82.0 years).
- Stockton Heath had the highest female LE at birth (89.2), and Latchford East had lowest (77.3), a difference of 11.9 years.

Female Life Expectancy at Birth, by Warrington Ward 2013-2017

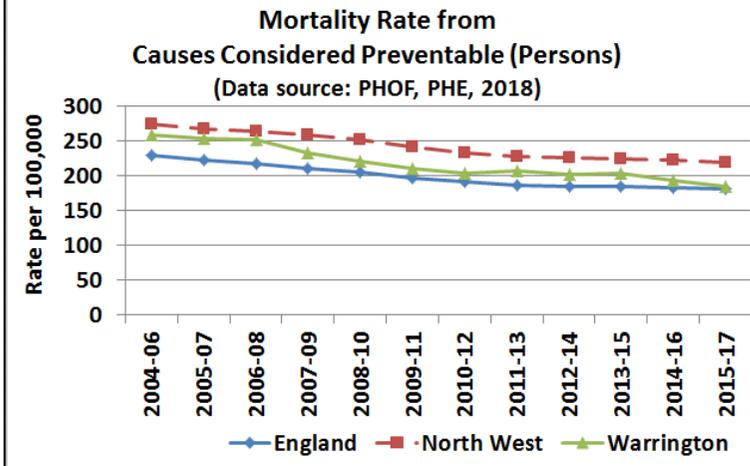
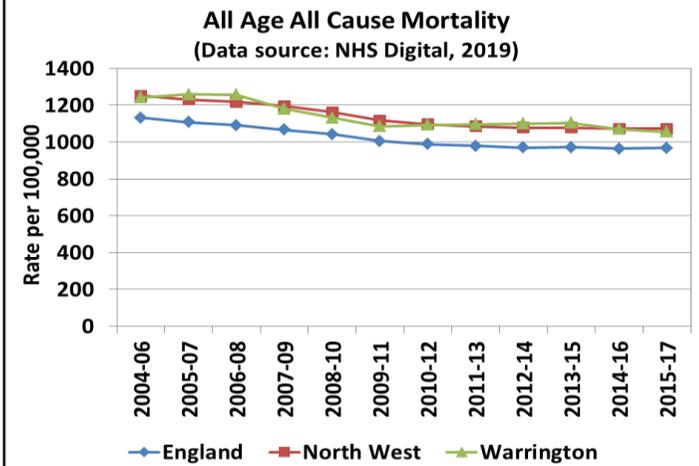
(data source: Office of National Statistics mortality data & population estimates)



4.2 Living and Working Well, Burden of Disease – Main Causes of Death, 2016 to 2018



4.3 and 4.4 Living and Working Well, Burden of Disease – 4.3 All-Age All-Cause Mortality and 4.4 Mortality Considered Preventable



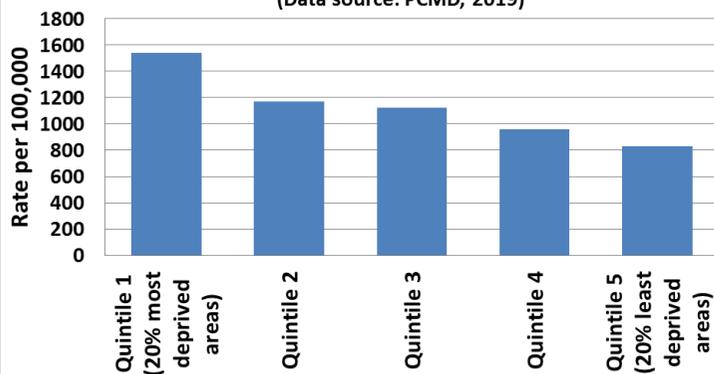
All-Age All-Cause Mortality:

- There were 5,804 deaths in Warrington during the three year period 2015-17, equivalent to a mortality rate of 1053.4 per 100,000 persons.
- In the 11 years since 2004-06 Warrington has seen a 15% reduction in its mortality rate.
- In 2015-17 Warrington had a significantly worse rate than England; 1053.4 compared to 967.9.
- Males have historically had a higher mortality rate than females in Warrington, a pattern also seen nationally. In 2015-17 in Warrington, the rate for males was 1214.3 compared to 924.4 for females.

Mortality from Causes Considered Preventable (CCP):

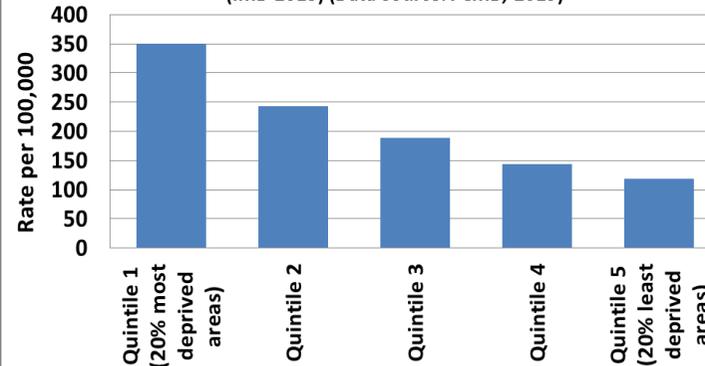
- There were 1,119 deaths in Warrington from CCP during the three year period 2015-17, equivalent to a mortality rate of 186 per 100,000 persons.
- Mortality from CCP has reduced in Warrington over the past 11 years, and since 2003-05 has seen a 28% reduction.
- Despite year on year reductions, Warrington has remained significantly worse than England each year with the exception of 2014-16 and 2015-17.
- Male mortality rates are significantly higher than females in Warrington, a pattern also seen nationally. In 2015-17 in Warrington, the rate for males was 236.8 compared to 138.3 for females.

All Age All Cause Mortality in Warrington, 2015-17 presented by deprivation quintile (IMD 2015), (Data source: PCMD, 2019)



All-Age All-Cause Mortality rates in the 20% most deprived areas (Quintile 1) are significantly higher than the remaining areas of Warrington.

Warrington Mortality Rate from Causes Considered Preventable, 2015-17, presented by deprivation quintile (IMD 2015) (Data source: PCMD, 2019)

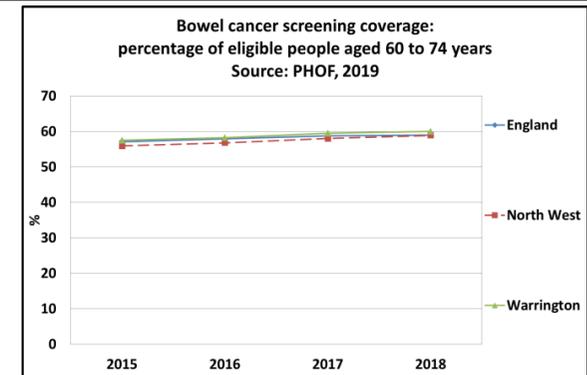
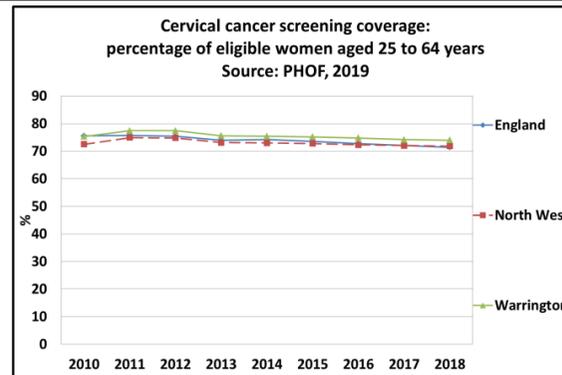
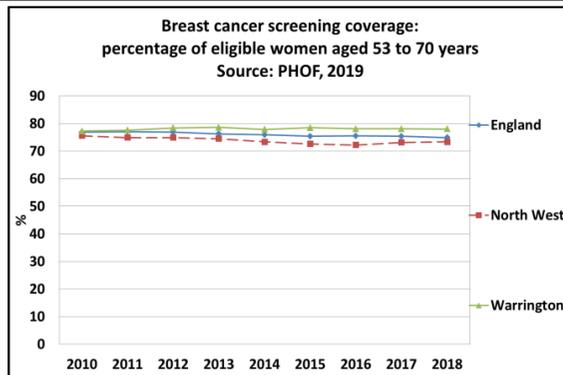


Mortality from causes considered preventable: rates in the 20% most deprived areas (Quintile 1) are significantly higher than each of the other quintiles.

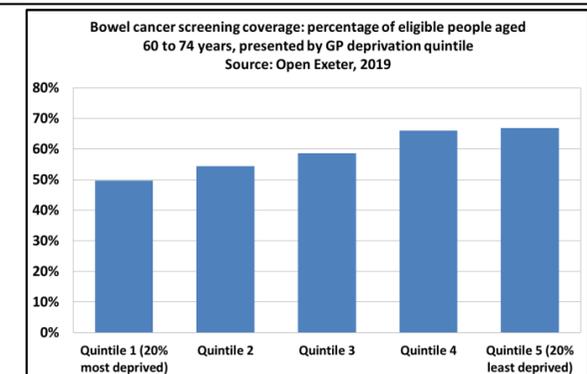
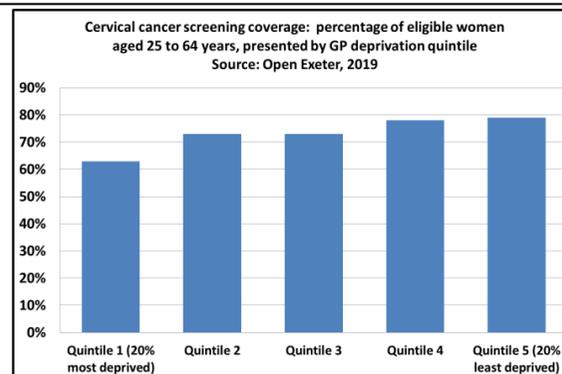
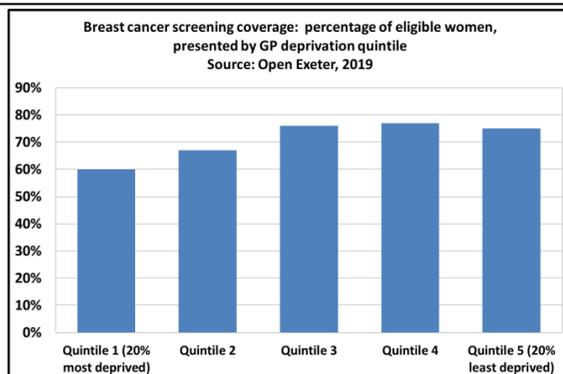
4.5 Living and Working Well, Burden of Disease – Screening Programmes

Abdominal Aortic Aneurysm Screening checks if there's a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through to the stomach. The bulge is called an abdominal aortic aneurysm; if not spotted early it can rupture. The screen is offered to men during the year they turn 65. Women aren't screened, as their risk is much lower. During 2017/18 76.9% of Warrington men aged 65 were screened, significantly lower than England (80.8%) but an increase since 2016/17.

- Cancer screening: Early detection of cancer is vital to increase the chance of survival. In the three years leading up to March 2018, there have been approximately 83,000 cancer screens conducted in Warrington (breast, cervical and bowel).
- The uptake of screening in Warrington has been significantly higher than England for the last few years for both breast and cervical and for the last two years for bowel. As at 31st March 2018, 78.0% of eligible women (aged 53-70) were screened for breast cancer, 74.0% of eligible women (aged 25- 64) for cervical cancer, and 60.0% of eligible adults (aged 60-74) for bowel cancer screening.
- Breast screening uptake has been fairly static since 2008 in Warrington, England and the North West. Warrington is well above the target of 70%.
- Cervical cancer screening uptake has been gradually reducing in recent years in Warrington, England and the North West, and rates are well below the target of 80%.
- Bowel screening is a relatively new screening program and uptake has been gradually increasing in Warrington, England and the North West since it was introduced. Warrington met the target of 60% in 2018.



The uptake of breast, cervical and bowel screening is lower in the more deprived GP Practices, with rates increasing as the level of deprivation decreases.

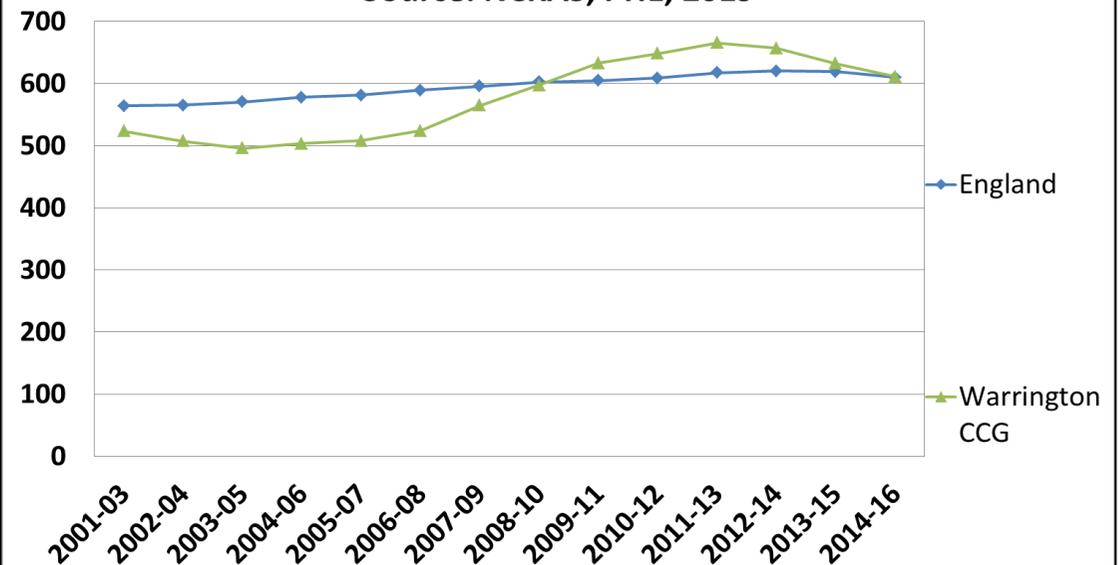


4.6 Living and Working Well, Burden of Disease – Cancer Incidence

Cancer incidence. Over the 3 year period 2014-2016:

- A total of 3,468 new cancers were diagnosed in Warrington residents (excluding skin cancers other than malignant melanoma). This was a slightly higher incidence rate than England.
- The most common types of cancer diagnosed during this time period was breast cancer (515 cases), lung cancer (500 cases), prostate cancer (415 cases) and colorectal cancer (412 cases).
- The rate of new cases of lung cancer diagnosed in Warrington (89.6 per 100,000 population) were significantly higher than the England rate (78.6 per 100,000). Additionally, the rate of new cases of lung cancer diagnosed in women from Warrington (81 per 100,000) was significantly higher than England (66.2 per 100,000).
- Nationally and in Warrington, there is a strong relationship between the incidence rate of lung cancer and levels of socio-economic deprivation. This is likely to be a result of higher smoking rates in the most deprived areas.
- After a sustained period of year on year increases in the cancer incidence rate (2004-06 through to 2011-13), the rate of new cancers diagnosed in Warrington has reduced and is now very similar to the England rate.
- For every type of cancer (other than lung) for which national and Local Authority data is published, Warrington was not significantly different to England in the most recent time period for which data is available.

**Trend in the rate of cancer incidence
(DSR per 100,000 population), all ages, persons**
Source: NCRAS, PHE, 2019



Early diagnosis of cancer is important in relation to survival.

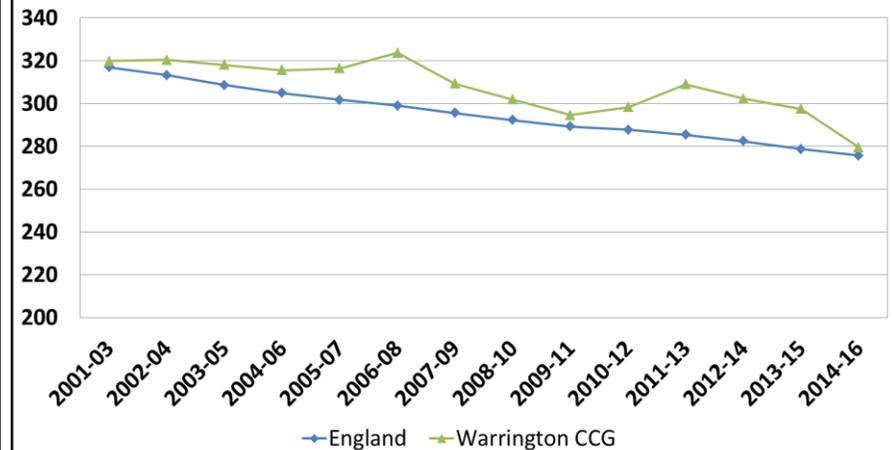
- In Warrington, just less than half (47.7%) of cancers diagnosed during 2016 were identified at an early stage (stage 1 and 2 of those cases where staging data was available). This was lower than England (52.6%) and the North West (51.9%).
- There has been a gradual increase in the percentage of cancers diagnosed early. Public Health England has suggested that this is most likely due to an improvement in data completeness.

4.6 Living and Working Well, Burden of Disease – Cancer Mortality

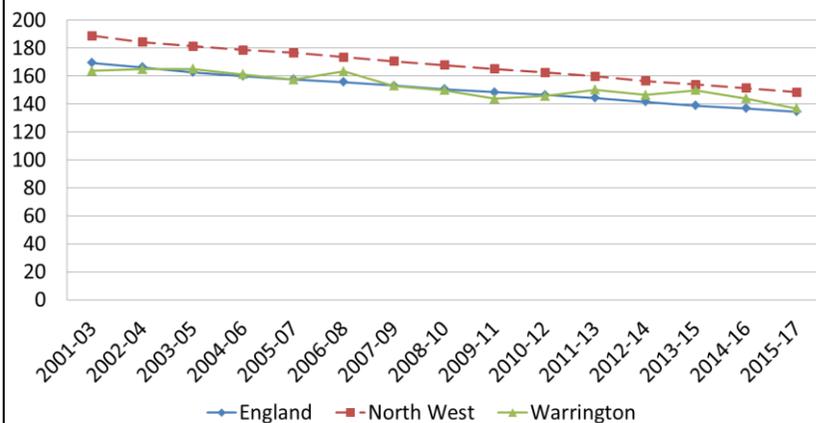
All-age cancer mortality

- Cancer is now the leading cause of death in Warrington, and in the 3 years 2015-2017, there were 1,515 deaths due to cancer and a further 39 deaths from non-malignant neoplasms.
- The trend in the cancer mortality rate in people of all ages has on the whole shown a reduction in Warrington and in England. In Warrington, there was an increase for the three year periods 2010-2012 and 2011-2013, and has since reduced during 2012-2014, 2013-2015 and 2014-2016.
- In Warrington, the most common cancers causing death (2014-2016) were: lung (351 deaths); breast (136 deaths); colorectal (128 deaths); prostate (118 deaths).
- Warrington had significantly higher rates than England (2014-2016) for lung (females only) and breast cancers.
- Warrington had significantly lower rates than England (2014-2016) for Liver and Intrahepatic Bile Duct cancer and pancreatic cancer.

Trend in the rate of mortality from all cancers (DSR per 100,000 population), all ages, persons
Source: NCRAS, 2019



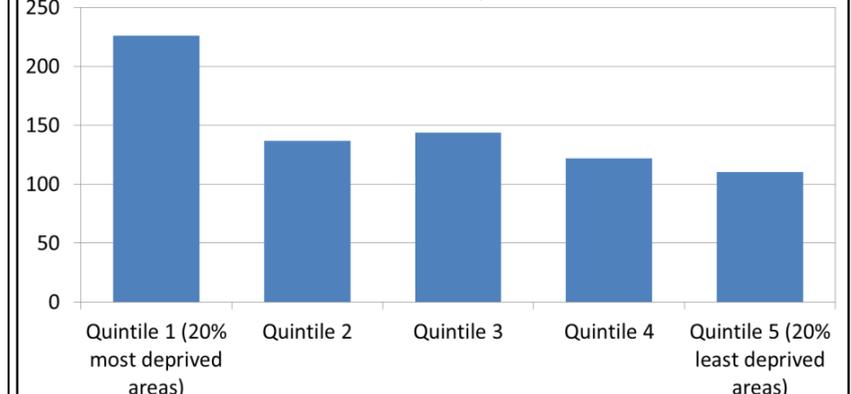
Trend in the rate of mortality from all cancers (DSR per 100,000 population), ages less than 75, persons
Source: PHOF, 2018



Premature cancer mortality (people aged under 75)

- A similar pattern to the all-age cancer mortality was seen in *premature* deaths from cancer.
- Premature mortality rates are significantly higher in the most deprived areas of Warrington.
- There has been a steady reduction in premature cancer mortality in England, Warrington and the North West.

Mortality from all cancers in persons aged less than 75 years (DSR per 100,000 population), presented by deprivation quintile (IMD 2015)
Source: PCMD, 2019

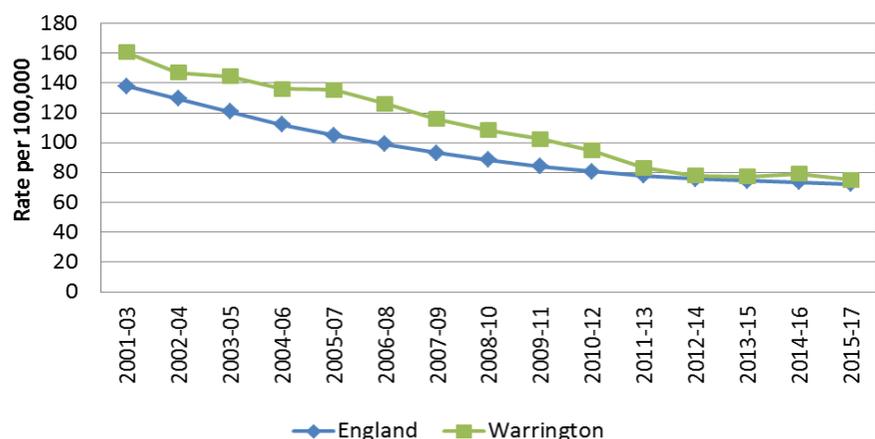


4.7 Living and Working Well, Burden of Disease - Cardiovascular Disease

Cardiovascular disease (CVD) is a common condition caused by atherosclerosis (a hardening of the arteries). It represents a single family of diseases and conditions linked by common risk factors. These include coronary heart disease, stroke, diabetes, hypertension (high blood pressure), chronic kidney disease, hypercholesterolemia (high cholesterol), peripheral arterial disease and vascular dementia.

Under 75 Mortality Rate from all CVD (Persons)

(Data source: PHOF, PHE)



Mortality rate from all CVD in people aged under-75: Warrington currently (2015-17) has an under-75 mortality rate from all CVD of 75.1 per 100,000 people, similar to England (72.5). Trends in Warrington have been downwards since 2001-03 but were significantly worse than England for all time periods until the most recent five (2011-13 to 2015-17).

Under 75 mortality rate from CVD from causes considered preventable: in Warrington, on average around 65% of all CVD mortality in under-75s is considered preventable, and the current (2015-17) mortality rate of 49.2 per 100,000 is not significantly different to England (45.9). CVD considered preventable also has a downward trend.

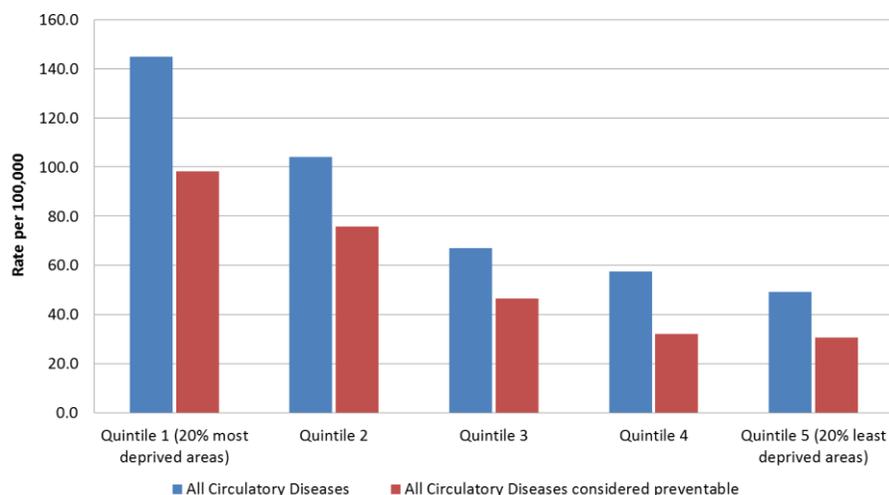
Socio-economic deprivation: mortality from all CVD and CVD considered preventable was significantly high in Quintile 1 (20% most deprived areas) compared to the rest of Warrington.

NHS Health Checks Programme: NHS Health Checks are aimed at people aged 40-74 who are not already diagnosed with heart disease, stroke, diabetes or kidney disease. They will be invited once every 5 years for a health check to assess their risk of CVD, to raise awareness, and to support them to manage that risk.

A Public Health England indicator shows that in Warrington between 2013/14 and 2017/18, 50.5% of the Warrington population who were eligible for a health check, received one (PHOF). This is significantly better than England (44.3%).

Under 75 Mortality Rate from all CVD and CVD considered preventable presented by Deprivation Quintile (IMD 2015), 2015-17

Source: PCMD, 2019



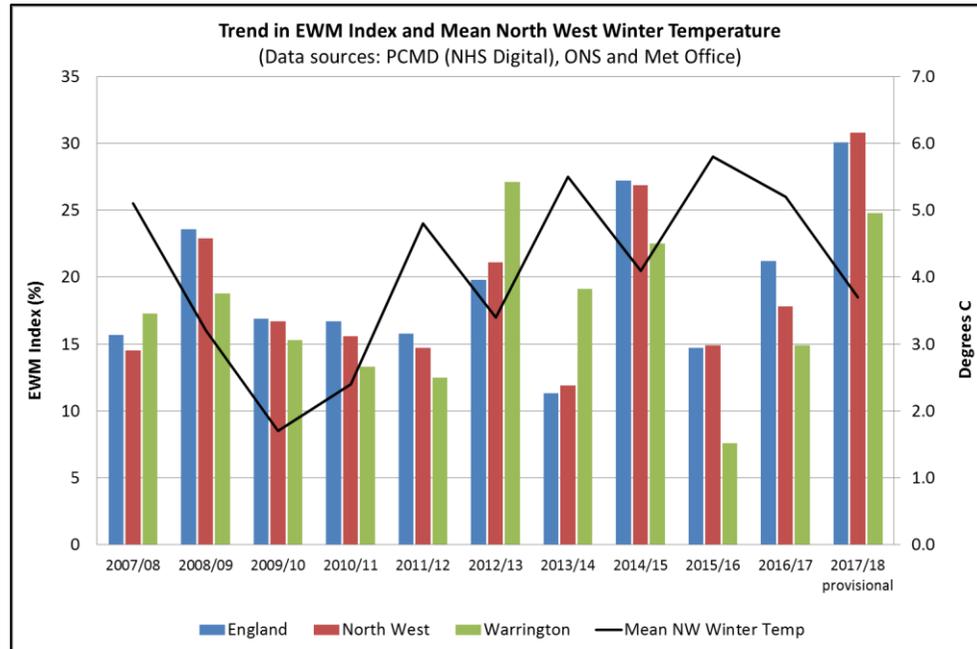
Quality and Outcomes Framework (QOF), 2017/18 (Source: NHS Digital)

CVD Risk Factors	Warrington, no. of patients on register	Warrington prevalence rate	England prevalence rate	% higher than England
Coronary Heart Disease	7,787	3.57%	3.13%	14%
Stroke & Transient Ischaemic Attack (TIA)	3,955	1.81%	1.77%	2%
Diabetes Mellitus (17+)	11,839	6.74%	6.79%	-1%
Hypertension	30,460	13.97%	13.94%	0%
Peripheral Arterial Disease (PAD)	1,563	0.72%	0.59%	22%

Quality and Outcomes Framework (QOF) data monitors performance in GP practices. Prevalence of stroke/TIA and hypertension in Warrington for 2017/18, are slightly higher than England. However, compared to England, prevalence of coronary heart disease is 14% higher, and prevalence of PAD is 22% higher in Warrington.

4.8 Living and Working Well, Burden of Disease – Excess Winter Mortality

Excess winter mortality (EWM) is defined as the number of extra deaths in winter compared to the rest of the year. This is the number of deaths that occur between December and March, minus the average number of deaths that occurred in the previous August to November and the following April to July. An EWM Index is then calculated, represented as a percentage, which allows for comparisons.



Excess winter mortality trends:

- In 2017/18 there were 148 excess winter deaths in Warrington resulting in an EWM Index of 24.8% (provisional data), significantly lower than England (30.1%).
- Compared to 2016/17, the EWM Index for 2017/18 had seen an increase. Final data for 2016/17 confirmed a EWM Index of 14.9% or 90 excess winter deaths.
- Increases were also seen regionally and nationally, and thought to be linked to the predominant strain of flu, the effectiveness of the influenza vaccine and below-average winter temperatures.

Causes of death 2017/18:

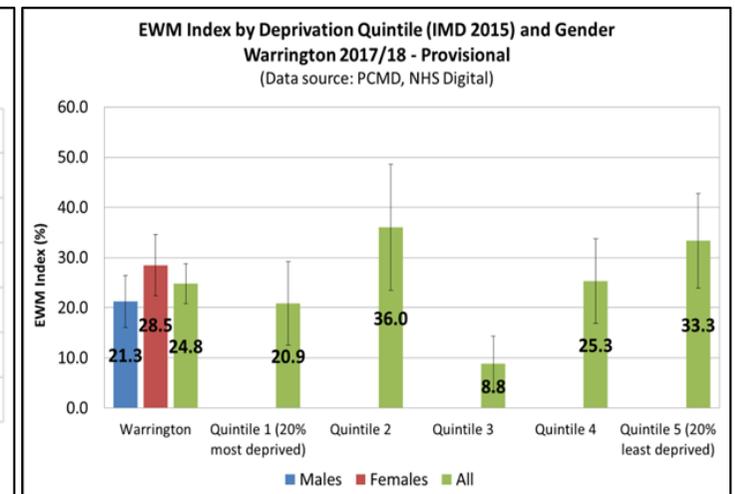
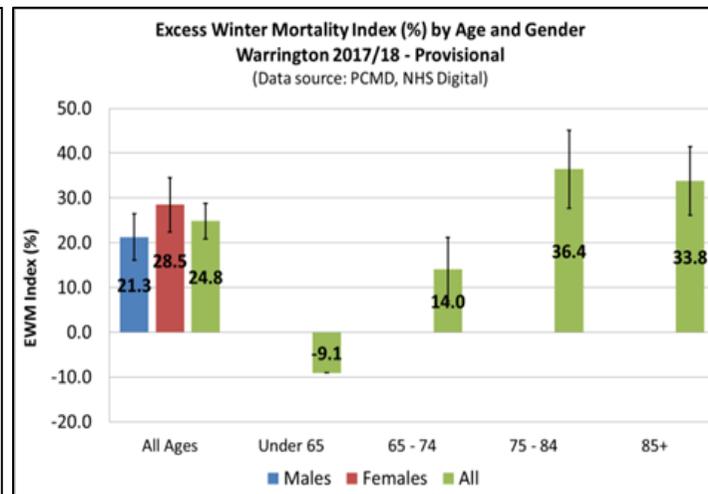
- Circulatory disease (49 excess deaths) and respiratory disease (43 excess deaths) were the main contributors to the number of excess winter deaths in Warrington, accounting for 61% of them.
- Circulatory disease had an EWM Index of 33.1%, and respiratory disease had an EWM Index of 47.5%.

By age and gender:

- In Warrington males had an EWM Index of 21.3% and females were higher with 28.5%.
- Numbers of excess winter deaths were highest in those aged 75+, and the age group 75-84 had the highest EWM Index of 36.4%. It wasn't significantly different to the overall Warrington rate of 24.8%.

By deprivation:

- Deprivation quintile 2 (one of the more deprived areas of Warrington) had the highest EWM Index (36.0%) but not significantly higher than Warrington (24.8%).



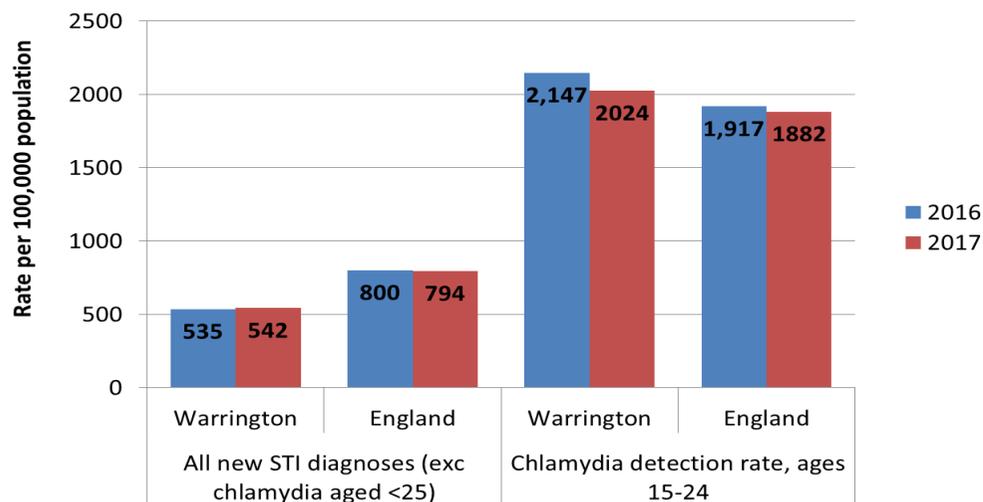
4.9 Living and Working Well, Burden of Disease – Sexual Health

HIV prevalence:

- Latest data (2017) shows that Warrington has an HIV prevalence rate of 0.78 per 1,000 people aged 15-59; this compares with the England rate of 2.32.
- Warrington's prevalence has reduced very slightly since the previous year in which it was 0.96.

Rates of New Diagnoses, per 100,000 population

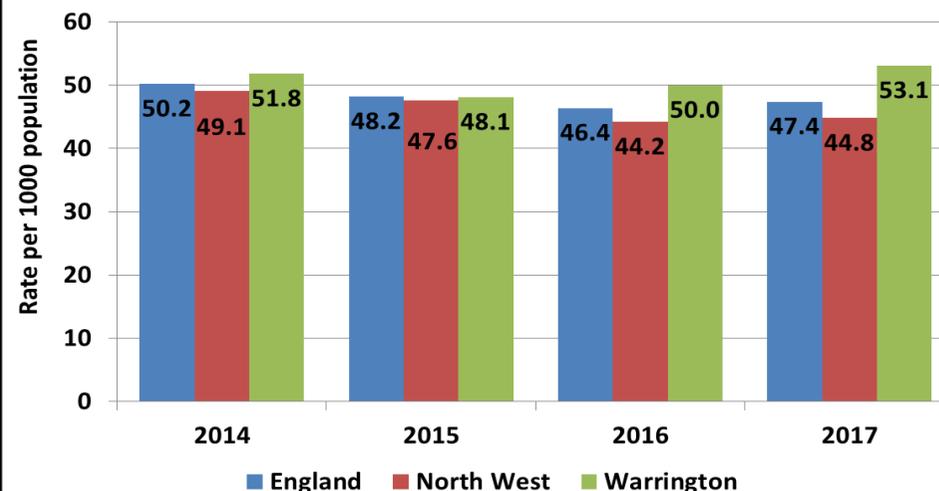
(Data source: Sexual Health Profiles, PHE)



Total Prescribed LARC excluding Injections

Rate per 1,000 Females aged 15-44

(Data source: Sexual health Profiles, PHE)



Sexually transmitted infections (STIs):

- Warrington has a rate of 542 new STI diagnoses per 100,000 population (excluding any chlamydia diagnosis in those aged <25) in 2017.
- Warrington has a significantly lower rate than England (794).
- Chlamydia is the most commonly diagnosed bacterial STI in England; young adults have substantially higher rates than any other age group (PHE, 2019).
- The chlamydia detection rate for 15-24 year olds is 2,024 per 100,000 population in Warrington, similar to England. It is measured against a national target of 2,300 per 100,000 young people. Higher numbers are considered better, as detecting and treating sufficient chlamydia infections with no noticeable symptoms will result in a decrease in incidence.
- The proportion of the population aged 15-24 screened for chlamydia was 18.2% in Warrington (2017), significantly lower than England's rate of 19.3%.

Long acting reversible contraception (LARC):

LARC methods are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.

- Latest data (2017) shows that Warrington has a rate of 53.1 per 1,000 females aged 15 to 44 who have been prescribed LARC. This rate includes LARC prescribed by GPs and Sexual & Reproductive Health Services.
- Warrington has a higher rate than England (47.4) and the North West (44.8).
- An average of 1,900 females are prescribed LARC each year in Warrington.

Note: GP prescribing data is prescription-item rather than person-based; the number of items prescribed in a year is used as a proxy for the number of individuals prescribed LARC (implants, intra-uterine system (IUS) and intrauterine device (IUD)).

4.10 Living and Working Well, Burden of Disease – Mental Health

Suicide or injury undetermined, Warrington

In Warrington:

- Over the 3 year period 2015 to 2017, there were 47 deaths due to suicide or injury undetermined of Warrington residents (36 male and 11 female), equivalent to a rate of 8.5 per 100,000 population. This is a reduction on 2014-16 when there were 55 deaths (9.8 per 100,000). However, this reduction is not statistically significant.
- Whilst the rates for England and the North West are relatively stable over time, the Warrington rate varies substantially. The Warrington rate had risen over the three time periods of 2010-12 to 2013-15, but it was not significantly different to England or the North West.
- The number of suicides in Warrington fluctuates substantially over time:

2010-12	2011-13	2012-14	2013-15	2014-16	2015-17
41	55	64	69	55	47

- Higher suicide rates are consistently seen in young or middle-aged males, being in the care of mental health services, having a history of alcohol and/or drug misuse and living alone. These groups also have higher suicide rates nationally.
- Males were less likely than females to have received a mental health diagnosis or be in the care of mental health services, suggesting that males may not be seeking or receiving the support they need.
- During 2015-17, suicide was the leading cause of death in the 10-29 year-old age-band (31% of deaths).
- Almost half of local people who died by suicide had visited their GP within the month before their death.

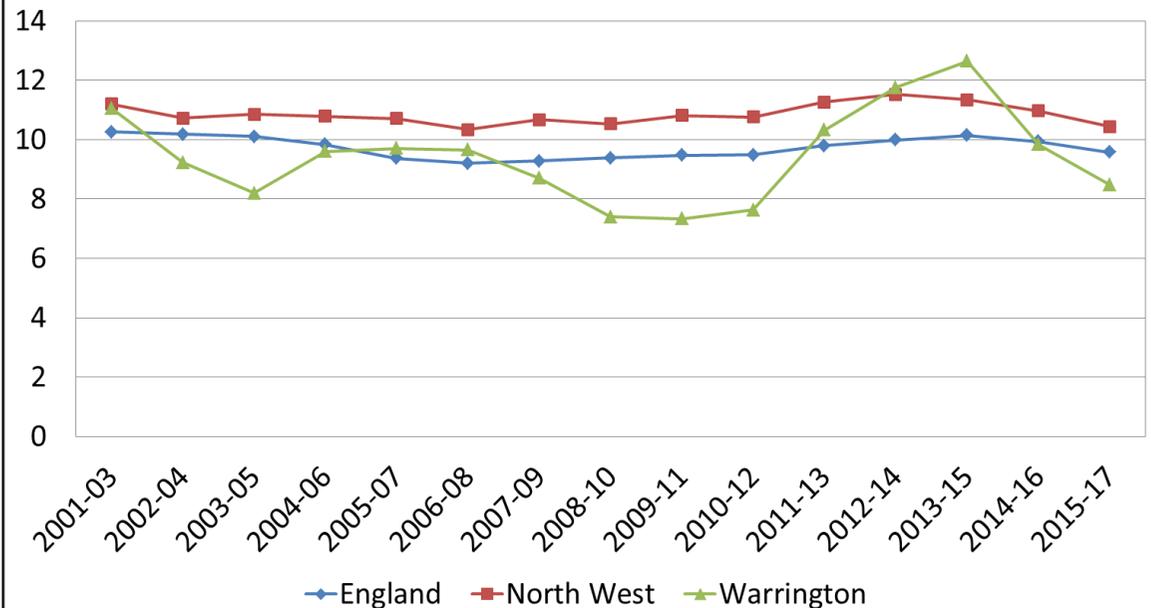
Warrington's Suicide Audit 2018 can be found at:

https://www.warrington.gov.uk/info/201158/public_health/1512/about_the_public_health_service

Suicide or injury undetermined, national evidence

National evidence shows that groups at higher risk of suicide include: young and middle-aged men, people in mental health services or the criminal justice system, those with alcohol/drug misuse or a history of self-harm, and specific professions such as doctors, nurses, veterinary workers, farmers and agricultural workers. Stressful life events can also increase the risk of suicide, including imprisonment, job loss, debt, bereavement, living alone or becoming socially excluded or isolated, and divorce or family breakdown.

Directly standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2001-03 to 2015-17
Source: PHOF, 2018



Mental health QOF data 2017/18 (patients on GP registers with certain conditions):

- Mental health (schizophrenia, bipolar affective disorder and other psychoses): 1,913 patients, with a prevalence of 0.88% slightly lower than England (0.94%).
- Depression in 18+ population: 19,651 patients, with a prevalence of 11.34%, higher than England (9.88%).

5.1 Ageing Well – Life Expectancy at Age 65

Life Expectancy (LE) at age 65

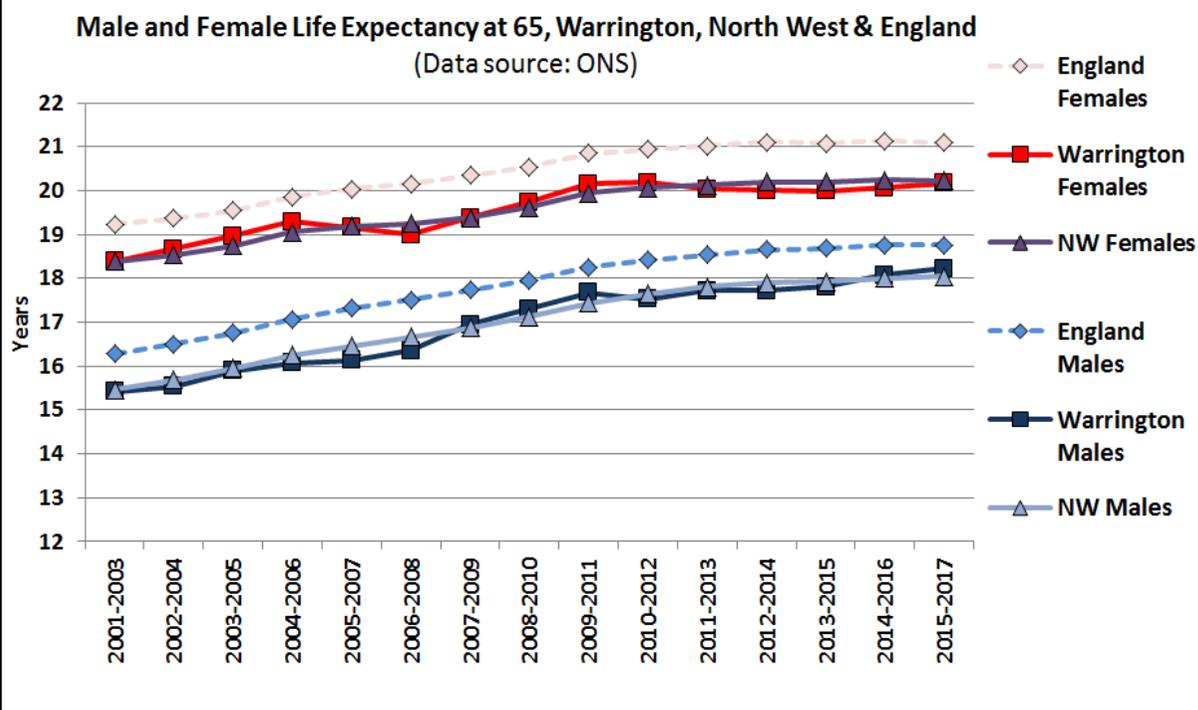
Life expectancy is an internationally accepted measure of the overall health of a population. It estimates the number of years that a person of a specific age can be expected to live, assuming that current age-specific mortality levels remain the same.

At Local Authority level, the relatively small number of people on which LE at age 65 is calculated, makes reliable trend analysis difficult. For this reason, LE is calculated on a 3-year time period.

- There have been improvements in LE for Warrington residents since 2000.
- In keeping with England, at age 65, female LE is higher than male.
- For both males and females, the long term trend in LE at 65 has shown an increase in England, the North West and Warrington, although the rate of increase seems to have slowed since approximately 2009-2011. Warrington is consistently significantly lower than England as a whole, although it is similar to the North West.

Females

- Female LE at 65 in Warrington is 20.2 years for the latest time period (2015-2017), the same as the North West (20.2), and significantly lower than England (21.1).
- Over the past 10 data periods (2005-2007 to 2015-2017), female LE at 65 in Warrington has increased by 1.0 year, from 19.2 years to 20.2 years. The improvement across England as a whole has been slightly greater, with an increase of 1.1 years from 20.0 to 21.1 years.
- LE figures fluctuate over time as the chart illustrates, and the long term trend has shown an increase in England, the North West and in Warrington. However, the rate of increase seems to have slowed since about 2009-2011, with little change since then in female LE at 65.



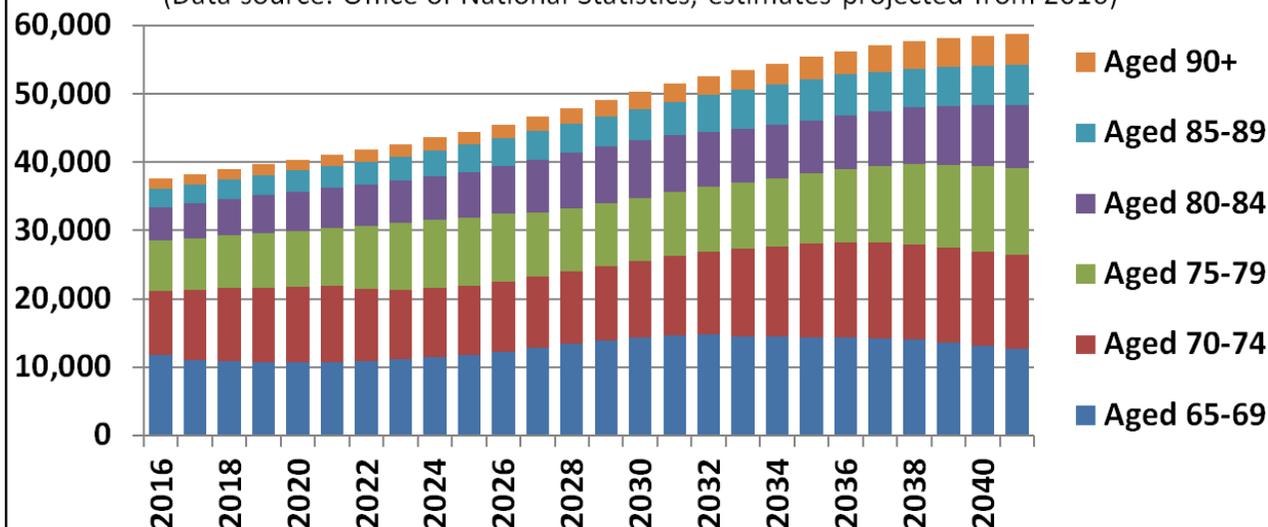
Males

- Male LE at 65 in Warrington is 18.2 years for the latest time period (2015-2017), slightly higher than the North West (18.0), but significantly lower than England (18.8).
- Although there are fluctuations over time, improvements in male LE in Warrington have broadly kept pace with that in England as a whole. Over the past 10 data periods (2005-2007 to 2015-2017), male LE at 65 in Warrington increased by 2.1 years, from 16.1 to 18.2 years. In England it increased by 1.5 years (from 17.3 to 18.8), and so the gap between Warrington and England has narrowed.
- LE figures fluctuate over time as the chart illustrates, and the long term trend has shown an increase in England, the North West and in Warrington. However, the rate of increase seems to have slowed since about 2009-2011.

5.2 Ageing Well – Population Projections

Population projections of people in Warrington aged 65+

(Data source: Office of National Statistics, estimates projected from 2016)

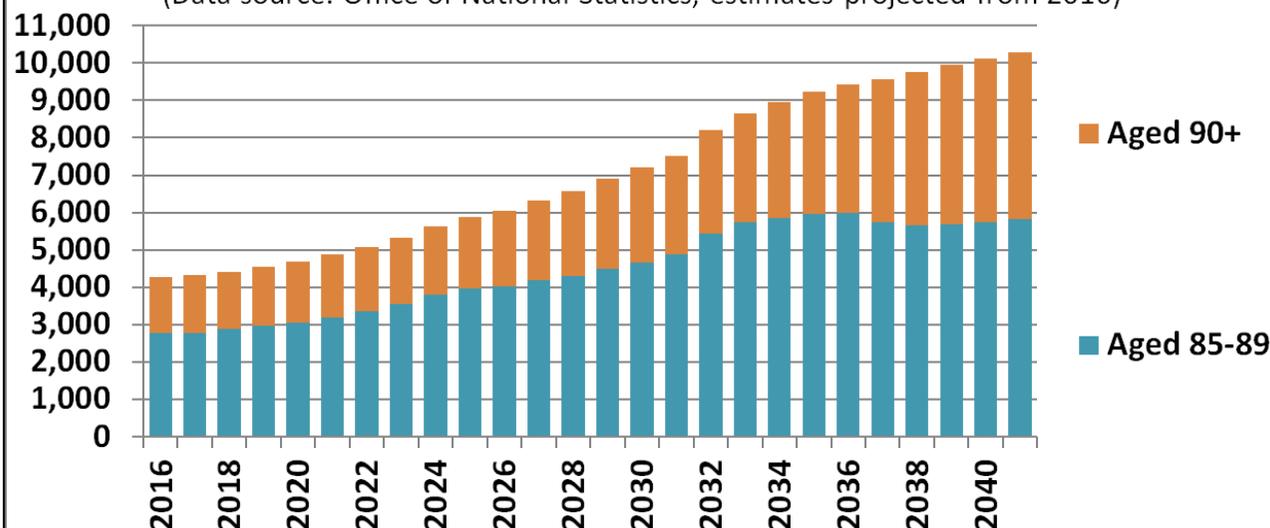


The Office of National Statistics produce population projections. The most recent are based on the population at mid-2016, and give estimates up to 2041. NB The further an estimate is in the future, the less reliable it is, and projections do not take into account any future policy changes or those that have not yet had an impact on observed trends.

As well as population growth due to people living longer, Warrington currently has a relatively high proportion of middle-aged people aged 45-59 (see the population pyramid for mid-2017 in 'Demography' section of this document); this large 'bulge' of middle-aged people will turn 65 between 2023 and 2037.

Population projections of people in Warrington aged 85+

(Data source: Office of National Statistics, estimates projected from 2016)



Projections suggest that the population aged 65+ will increase by:

- 21% in the 10 years from 2016 to 2026 (from about 37,650 to about 45,500) and
- 56% in the 25 years from 2016 to 2041 (from about 37,650 to about 58,700),

and that the population aged 85+ will increase by:

- 42% in the 10 years from 2016 to 2026, from about 4,250 to about 6,050 and
- 141% (almost 2-and-a-half times as many) in the 25 years from 2016 to 2041, from about 4,250 to about 10,300.

More of these percentage increases will be accounted for by men.

5.2 Ageing Well – Population Projections

MALES: population growth in older age-bands							Percentage increase	
AGE_GROUP	2016	2021	2026	2031	2036	2041	2016-2026	2016-2041
Aged 65-69	5,695	5,289	6,070	7,197	6,892	6,284	7%	10%
Aged 70-74	4,478	5,267	4,926	5,680	6,752	6,503	10%	45%
Aged 75-79	3,286	3,864	4,609	4,361	5,071	6,057	40%	84%
Aged 80-84	2,185	2,562	3,094	3,746	3,610	4,255	42%	95%
Aged 85-89	1,030	1,354	1,653	2,078	2,581	2,559	60%	148%
Aged 90+	427	544	759	1,009	1,373	1,819	78%	326%
Total aged 65+	17,101	18,879	21,110	24,072	26,279	27,478	23%	61%
Total aged 70+	11,406	13,591	15,040	16,875	19,386	21,193	32%	86%
Total aged 75+	6,928	8,324	10,114	11,195	12,635	14,691	46%	112%
Total aged 80+	3,642	4,460	5,505	6,834	7,564	8,633	51%	137%
Total aged 85+	1,457	1,897	2,412	3,088	3,953	4,379	66%	201%
Aged 90+	427	544	759	1,009	1,373	1,819	78%	326%

FEMALES: population growth in older age-bands							Percentage increase	
AGE_GROUP	2016	2021	2026	2031	2036	2041	2016-2026	2016-2041
Aged 65-69	6,085	5,500	6,233	7,452	7,399	6,436	2%	6%
Aged 70-74	4,967	5,805	5,278	6,000	7,180	7,150	6%	44%
Aged 75-79	4,026	4,580	5,389	4,944	5,652	6,775	34%	68%
Aged 80-84	2,661	3,366	3,879	4,613	4,302	4,967	46%	87%
Aged 85-89	1,738	1,845	2,377	2,804	3,400	3,260	37%	88%
Aged 90+	1,072	1,124	1,259	1,620	2,064	2,645	17%	147%
Total aged 65+	20,549	22,219	24,415	27,434	29,996	31,233	19%	52%
Total aged 70+	14,464	16,720	18,182	19,982	22,597	24,797	26%	71%
Total aged 75+	9,497	10,915	12,905	13,982	15,418	17,647	36%	86%
Total aged 80+	5,471	6,335	7,515	9,038	9,766	10,872	37%	99%
Total aged 85+	2,810	2,969	3,636	4,424	5,464	5,905	29%	110%
Aged 90+	1,072	1,124	1,259	1,620	2,064	2,645	17%	147%

These projected population increases in older people highlight the importance of the ageing well agenda to ensure that extra years of life are lived in good health and enable people to remain independent.

PERSONS: population growth in older age-bands							Percentage increase	
AGE_GROUP	2016	2021	2026	2031	2036	2041	2016-2026	2016-2041
Aged 65-69	11,780	10,788	12,303	14,649	14,291	12,720	4%	8%
Aged 70-74	9,445	11,072	10,204	11,680	13,931	13,653	8%	45%
Aged 75-79	7,312	8,444	9,998	9,305	10,723	12,832	37%	75%
Aged 80-84	4,846	5,929	6,973	8,360	7,912	9,221	44%	90%
Aged 85-89	2,768	3,198	4,030	4,883	5,981	5,820	46%	110%
Aged 90+	1,499	1,668	2,018	2,630	3,436	4,464	35%	198%
Total aged 65+	37,650	41,099	45,525	51,507	56,275	58,710	21%	56%
Total aged 70+	25,870	30,311	33,223	36,857	41,984	45,990	28%	78%
Total aged 75+	16,425	19,239	23,019	25,177	28,053	32,337	40%	97%
Total aged 80+	9,113	10,795	13,021	15,872	17,329	19,505	43%	114%
Total aged 85+	4,267	4,866	6,048	7,512	9,417	10,284	42%	141%
Aged 90+	1,499	1,668	2,018	2,630	3,436	4,464	35%	198%

The tables show Office for National Statistics population projections.

Percentage increases by age-band

From 2016 to 2041 the number of men aged 65+ is expected to increase by 61% and women aged 65+ by 52%; overall an increase of just over 21,000 people.

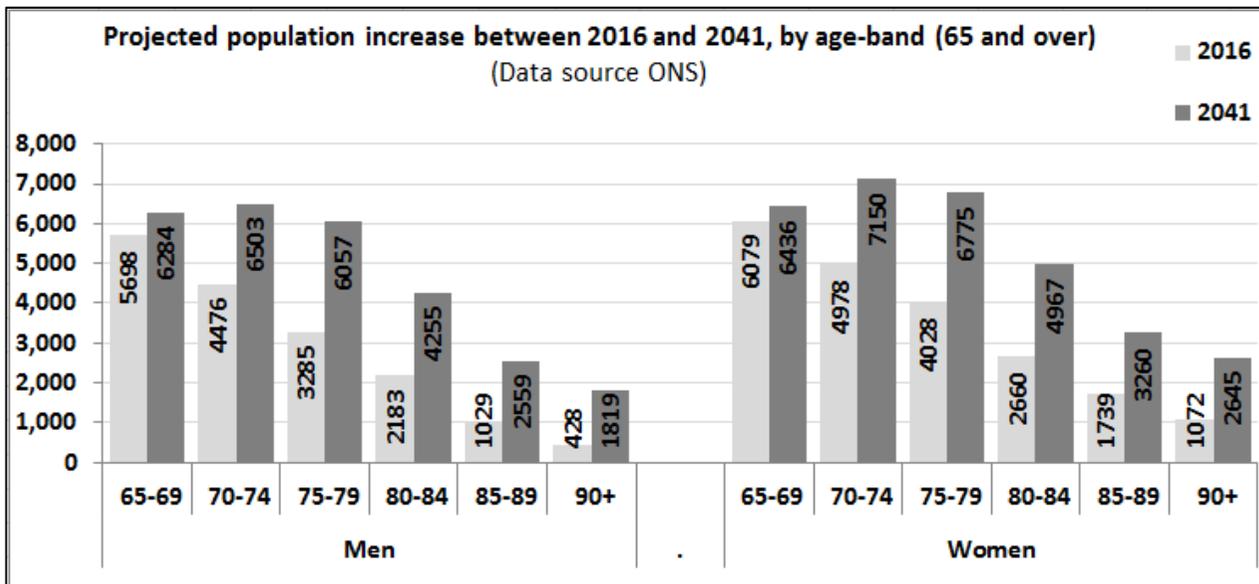
The older the age-band, the bigger the percentage increase is predicted, e.g. from 2016 to 2041:

- a 8% increase in 65-69 year-olds
- a 45% increase in 70-74 year-olds
- a 75% increase in 75-79 year-olds
- a 90% increase (i.e. almost double) in 80-84 year-olds
- a 110% increase (i.e. more than double) in 85-89 year-olds and
- a 198% increase (about 3 times as many) in those aged 90+.

The percentage increases are expected to be higher in men than in women, especially in the very old age-bands, e.g. in the 90+ age-band:

- more than 4 times as many men aged 90+ in 2041 than in 2016 (from about 400 to about 1,800).
- About two-and-a-half times as many women aged 90+ in 2041 than in 2016 (from about 1,100 to about 2,650).

5.2 and 5.3 Ageing Well – 5.2 Population Projections and 5.3 Old Age Dependency Ratio



POPULATION PROJECTIONS, MEN/WOMEN AGED 65+

Population projections suggest that the number of people aged 65 will continue to steadily increase, with:

- a 60% increase in the number of men aged 65+, from about 17,100 in 2016 to 27,500 in 2041.
- a 50% increase in the number of women aged 65+, from about 20,600 in 2016 to 31,200 in 2041.

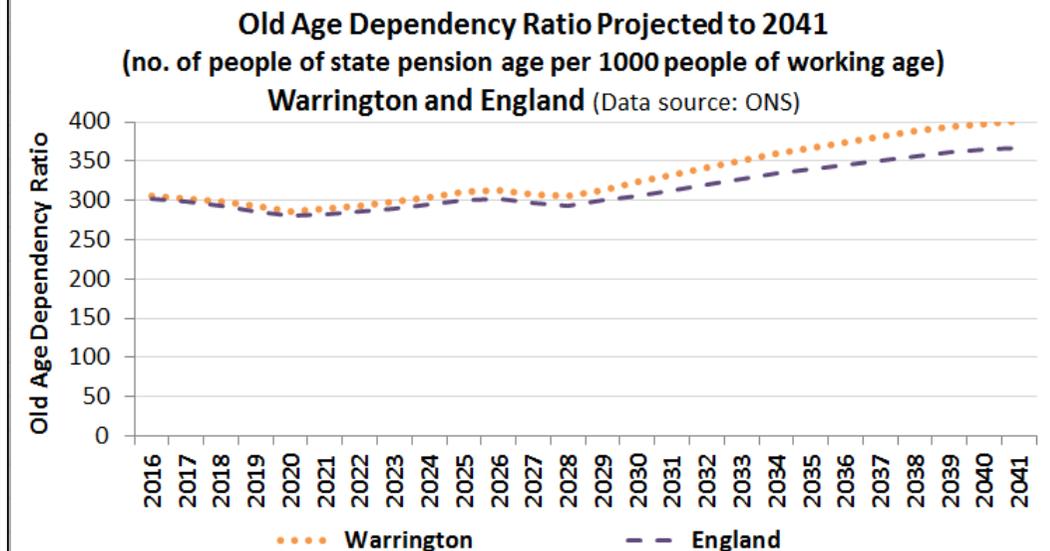
The estimated percentage increases are higher in the older age-bands, e.g.

- Men aged 90+ may increase from 428 in 2016 to 1,819 in 2041 (more than 4 times as many).
- Women aged 90+ may increase 1,072 in 2016 to 2,645 in 2041 (about two-and-a-half times as many).

DEFINITION: OLD AGE DEPENDENCY RATIO (OADR)

- In the past, the OADR calculation compared the number of people aged 65+ to the number of people of working age. However there has been a change in the methodology due to changes in state pension age (SPA), so values for 2016 onwards can't be compared to previous years.
- The new OADR calculation is the number of people of SPA, per 1000 people of working age. Data in the chart takes into account future changes in SPA; women's SPA will rise to 65 by 2018, then SPA will rise for men and women to 67 by 2027, and to 68 by 2046.
- An increase in the ratio has a range of implications, for instance in terms of pensions and social care.
- Dependency ratios have been calculated using ONS projected populations, which suggest that in Warrington the OADR will rise from 305 people of SPA per 1000 working age people in 2016, to 400 in 2041. The equivalent figures for England are 303 per 1000 in 2016 to 366 in 2042, i.e. from being very similar in 2016, the OADR in Warrington will have a much bigger rise than England.

In England and Warrington, the old age dependency ratio is rising and is expected to do so over the next 25 years. The ratio for Warrington is expected to rise much faster than for England.



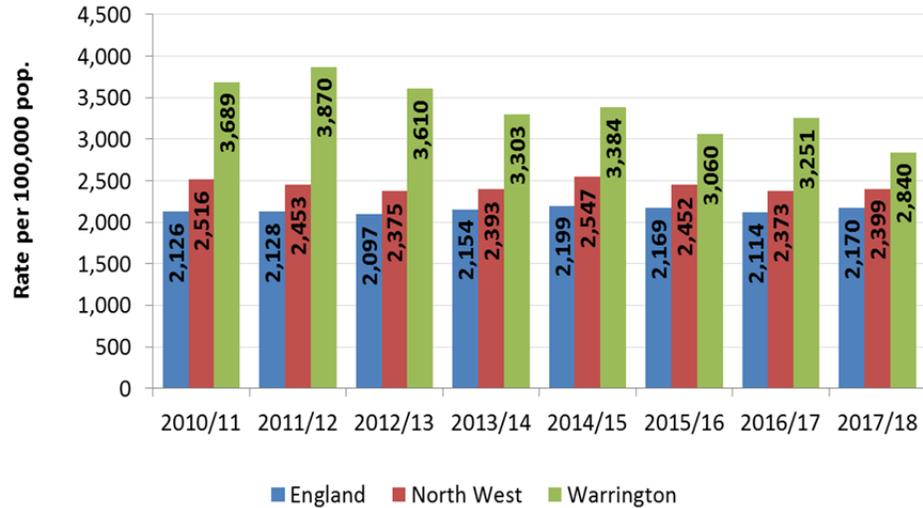
5.4 Ageing Well – Falls

Definitions and caveats:

Data shown is based on emergency hospital admissions from the Hospital Episode Statistics inpatient data. *NB: Warrington has historically had high admission rates due to falls in older people; these high rates may be due to lower admission thresholds at the hospital and/or high number of falls in the over 65 population.*

Emergency Hospital Admissions due to falls in people aged 65+, per 100,000 population

(Data source: Public Health England, PHOF)



Hospital admissions due to falls in people aged 65 and over:

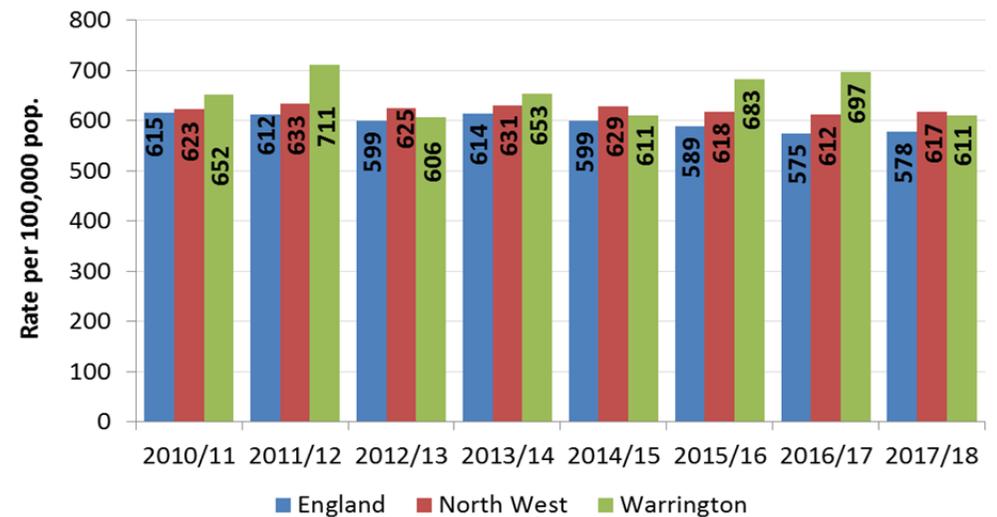
- There were 1,033 emergency hospital admissions for injuries due to falls of Warrington residents aged 65+. 66% of these were people aged 80 and above, and 34% were aged 65-79.
- Warrington has a very high rate; latest data (2017/18) shows a rate of 2,840 admissions per 100,000 people aged 65 and over, significantly higher than England (2,170).
- The Warrington rate has reduced since 2016/17 by 13%; regional and national rates have slightly increased.

Hip fractures in people aged 65 and over:

- Hip fractures are a common injury associated with a fall (in 2017/18, 21% of emergency admissions due to a fall involved a hip fracture).
- Amongst Warrington residents aged 65 and over, Warrington has around 213 emergency admissions each year due to hip fractures. In 2017/18, 67% of admissions were people aged 80 and above, and 33% were aged 65 – 79.
- Latest data (2017/18) shows that Warrington had an emergency hospital admissions rate of 611 admissions per 100,000 people aged 65 and over, due to hip fractures. Warrington was not significantly higher than England (578).
- There has been a 12.0% reduction in the rate of emergency admissions between 2016/17 and 2017/18.

Hip Fractures in people aged 65+, per 100,000 population

(Data source: Public Health England, PHOF)



5.5 and 5.6 Ageing Well – 5.5 Dementia and 5.6 Flu Vaccination

- **Dementia** prevalence rates rise steeply with age as shown in the table below, and are different for men and women. Therefore the estimated number of people with dementia depends on the population structure, in particular the number of men and women in each age-band over 65.
- In the past, prevalence estimates were based on the first Cognitive Function and Ageing Study (2007), but have recently been revised based on more recent research (CFAS II, 2014). On the whole the new estimates are slightly lower.
- Research (University of Cambridge, 2014) suggests that 7 key risk factors associated with dementia are: diabetes, midlife hypertension, midlife obesity, physical inactivity, depression, smoking and low educational attainment.

	ESTIMATED DEMENTIA PREVALENCE, %					
Ageband	65-69	70-74	75-79	80-84	85-89	90+
Men	1.2	3	5.2	10.6	12.8	17.1
Women	1.8	2.5	6.2	9.5	18.1	35

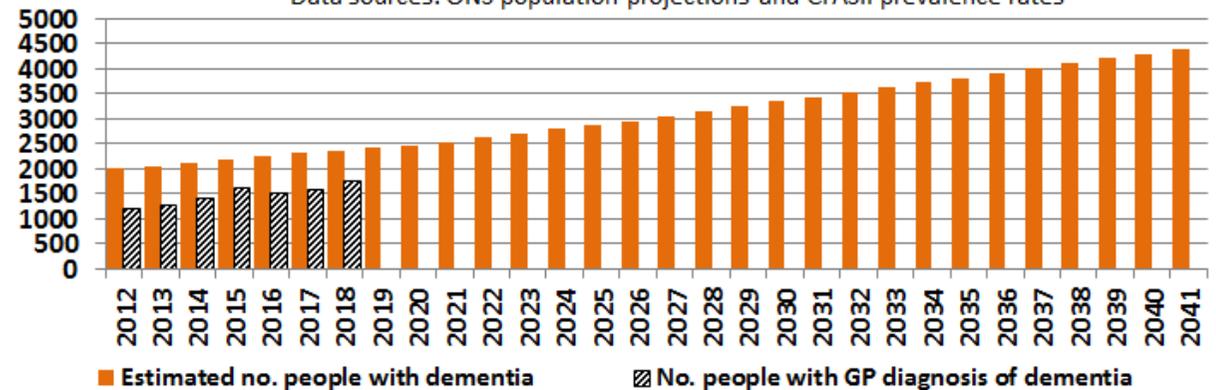
Source: Dementia UK update 2014 report, CFAS II prevalence rates (Cognitive Function & Ageing Study II)

- Nationally and in Warrington, the proportion of people diagnosed with dementia has been rising. The rise is likely to be due in part to higher diagnosis rates, because nationally and locally, there has been a focus on improving diagnosis rates of dementia. However the ageing population is also a factor which is causing overall prevalence to increase. The number of people with early onset (aged under-65) is also increasing.
- Applying the prevalence rates in the table above to the number of patients in each sex/age-band registered at Warrington GP practices, gives an estimated 2317 patients aged 65+ with dementia (NHS Digital, March 2018), though some as yet undiagnosed. 1702 patients have actually been diagnosed, giving a diagnosis rate of 73.5% (higher than 67.5% in England). This implies that there may be about 600 patients with dementia who are as yet still undiagnosed.

Estimated number of Warrington residents with dementia

assuming that prevalence rates by sex/age remain static

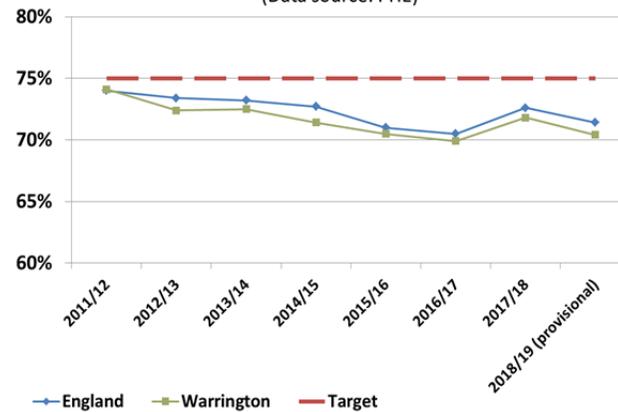
Data sources: ONS population projections and CFASII prevalence rates



Assuming age/sex prevalence rates don't change in future, then applying them to population projections, suggests that the estimated number of people with dementia living in Warrington borough could almost double over 25 years from about 2,300 in 2018 to about 4,400 in 2041.

Flu Vaccination Coverage, aged 65+ in Warrington

(Data source: PHE)

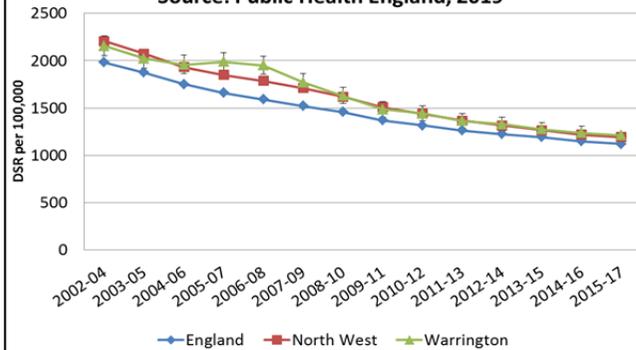


The influenza (flu) vaccination is offered to people in at-risk groups such as pregnant women, people with certain health conditions, and people aged 65 and over. These groups are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu. The Chief Medical Officer's (CMO) target is a vaccination rate of at least 75%.

In the 2018/19 flu season, 70.4% of Warrington residents aged 65 and over were vaccinated, slightly lower than England (71.4%). This rate is below the CMO's 75% target. Both Warrington and England have seen reductions in uptake since the previous year.

5.7 Ageing Well – Deaths in the over 65s

Rate of deaths from Cardiovascular Disease among people aged 65 years and over, DSR per 100,000
Source: Public Health England, 2019



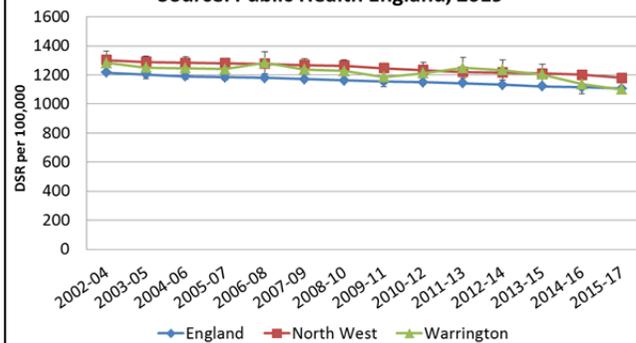
Mortality due to Cardio-Vascular Disease, Cancer and Respiratory Disease

There have been substantial reductions in the rate of mortality from CVD in people aged 65 and over in Warrington (44% reduction between 2002-04 and 2015-17). However the rate of mortality in Warrington has been consistently significantly higher than England.

The mortality rate for cancer in people aged 65+ has been gradually reducing since 2002-04, in Warrington, England and the North West. There has been a 14% reduction in Warrington between 2002-04 and 2015-17, higher than the 9% reduction in both England and the North West.

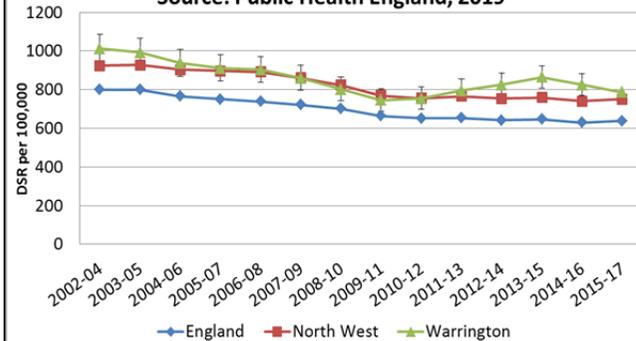
There has been a downward trend in the mortality rate from respiratory diseases (a 22% reduction between 2002-04 and 2015-17). However, the Warrington mortality rate has remained significantly higher than England.

Rate of deaths from Cancer among people aged 65 years and over, DSR per 100,000
Source: Public Health England, 2019



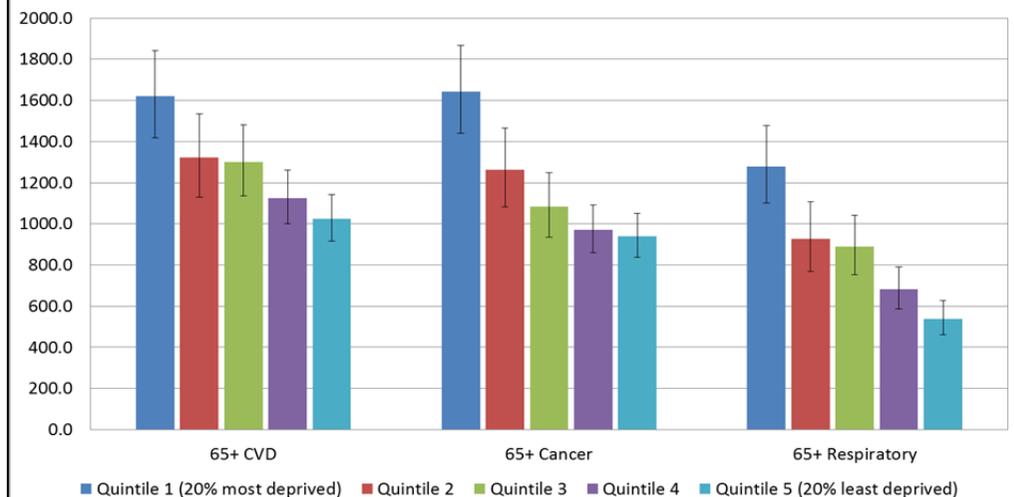
Deaths in usual place of residence: there has been considerable focus in recent years in improving end of life care, following the publication of the End of Life Care Strategy in 2008. However, evidence suggests that many people still do not receive good quality care which meets their individual needs and wishes (PHE, 2017). During 2016, 704 people aged 65 and above died in their usual place of residence (excludes deaths due to external causes), this equated to 44.6% of all deaths within this age group. This was significantly lower than the average for England (47.2%).

Rate of deaths from Respiratory Disease among people aged 65 years and over, DSR per 100,000
Source: Public Health England, 2019



The chart illustrates mortality rates in people aged 65+, by socio-economic deprivation quintile (IMD 2015) for CVD, cancer and respiratory diseases. The chart shows that mortality rates from all 3 causes are highest in the 20% most deprived areas in Warrington, and lowest in the 20% least deprived areas.

Rate of deaths from Cardiovascular Disease, Cancer and Respiratory Disease among people aged 65 years and over presented by IMD 2015 quintiles, 2015 to 2017
Source: PCMD, 2018



6.1 Wider Determinants of Health – Housing

Housing and health: Poor housing and indoor environments cause or contribute to many preventable diseases and injuries, such as respiratory, nervous system and cardiovascular diseases and cancer ([WHO, 2016](#)). Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. Households that are accepted as being homeless or are in temporary accommodation can have greater public health needs than the population as a whole.

Disabled Facilities Grant:

Grant:

This is a grant from the council for a disabled person to make changes to their home, e.g. widen doors, install ramps, install stair lifts, provide a suitable heating system. During 2017/18 there were 133 homes across Warrington adapted to meet personal care needs through the use of the Disabled Facilities Grant. This was a substantial decrease from the previous year (2016/17), when 169 homes were adapted.

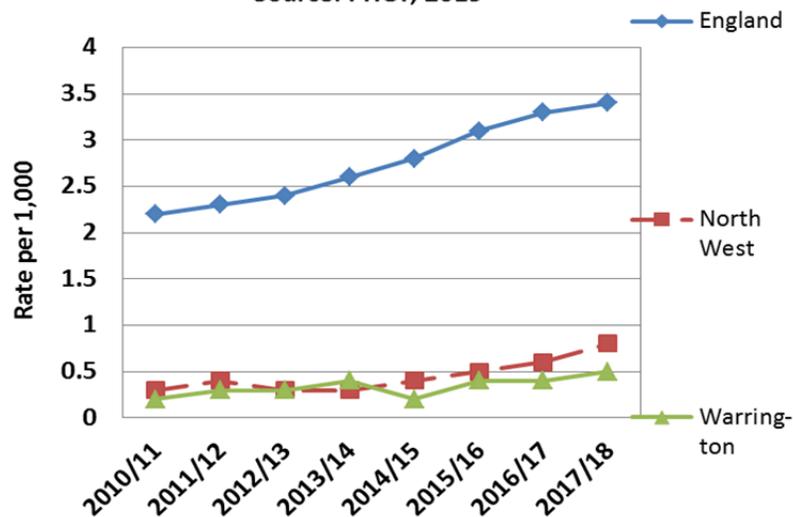
The Homelessness Reduction Act 2017 came into force during 2018. It is the biggest change to homelessness legislation in 40 years and brings in new duties to prevent and relieve homelessness.

Homelessness – temporary accommodation: The number of households living in temporary accommodation awaiting a settled home is significantly low in Warrington when compared to England. During 2017/18 there were 41 households in temporary accommodation, a rate of 0.5 per 1,000; this was significantly lower than England (3.4 per 1,000).

Homelessness – homeless not in priority need: The number of homeless people not in priority need is significantly low in Warrington when compared to England. Literature has shown that the majority of people in this cohort are single homeless people, who as a group have very high prevalence of mental and physical health issues. During 2017/18 there were 29 households presenting to Warrington Borough Council which were not deemed to be in priority need, according to homelessness legislation.

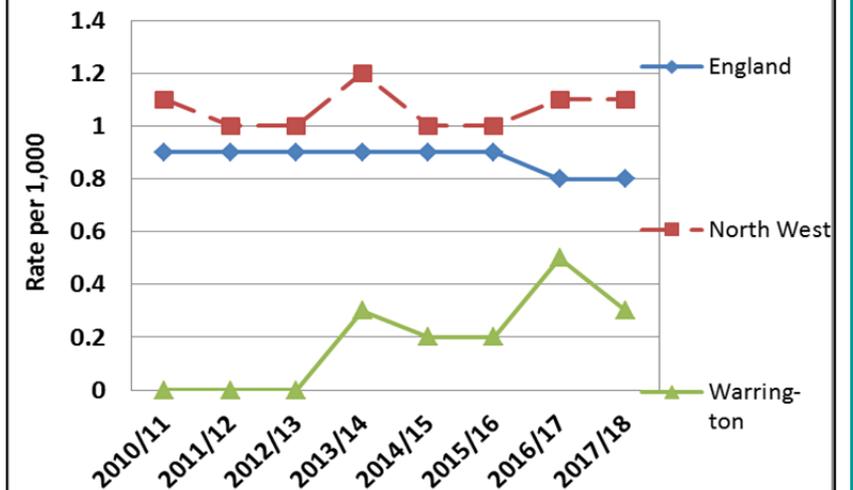
Households in temporary accommodation

Source: PHOF, 2019



Eligible homeless people not in priority need

Source: PHOF, 2019



6.2 Wider Determinants of Health - Employment

Employment and health: The characteristics of work – activity, social interaction, identity and status – are proven to be beneficial for our physical and mental health. Recent research shows that people in work tend to enjoy happier and healthier lives than people who are out of work ([NHS Choices, 2014](#)).

Benefit claimants:

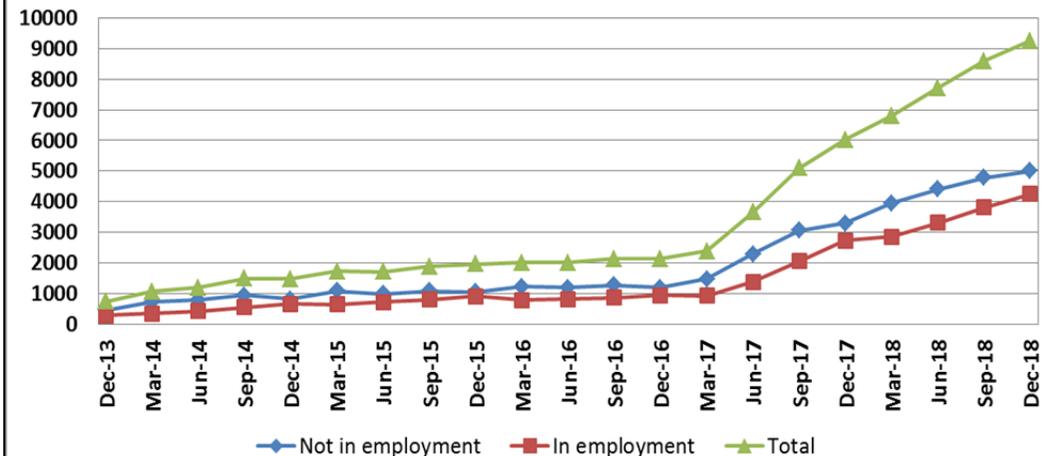
Universal Credit was introduced across a small number of Job Centres in 2013, of which Warrington was one. It is being rolled out with the aim of simplifying the benefits system. The plan is that a single Universal Credit payment into a bank, building society or credit union account will replace separate payments for Jobseeker's Allowance, Housing Benefit, Working Tax Credit, Child Tax Credit, Employment and Support Allowance and Income Support.

The number of claimants in Warrington has steadily grown since 2013, as new claimant groups 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, therefore the proportion of claimants who are employed is expected to increase. In Warrington, the proportion of Universal Credit claims that are made by employed people has increased from 38% in December 2013 to 46% in December 2018.

The percentage of the working age population in employment in Warrington has fluctuated between 75% and 79%. Up until 2015/16 Warrington had a percentage that was significantly higher than England, however as England continues to see an upward trend in employment, Warrington has experienced a slight reduction in the percentage.

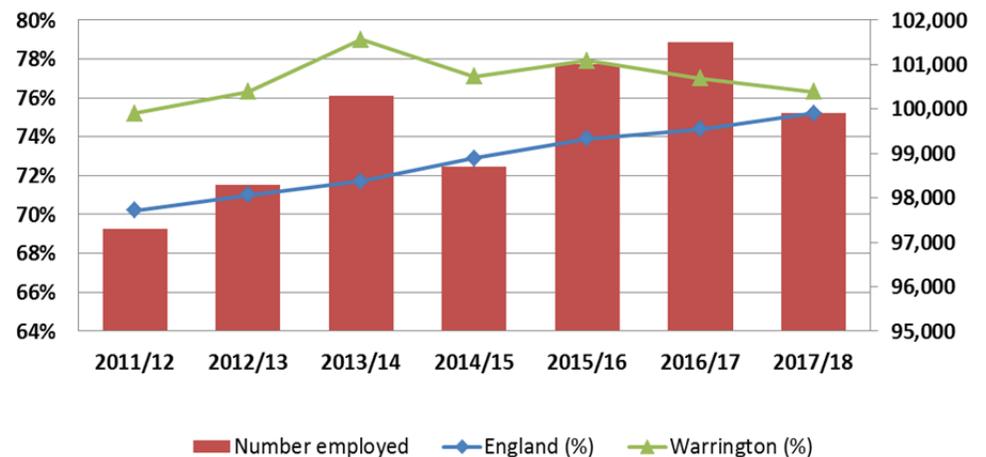
Universal Credit Claims in Warrington

Source: Department for Work and Pensions, 2019



Percentage and count of people aged 16-64 in employment

Source: PHOF, 2019



6.2 Wider Determinants of Health - Employment

Employment: Over three quarters (76.3%) of people aged 16 to 64 who live in Warrington were in employment during 2017/18. This percentage was slightly higher than England (75.2%) and the North West (73.4%).

Gap in employment rate between vulnerable groups and overall employment:

Long-term health conditions: as at 2017/18, the gap in Warrington was 11.6 percentage points, similar to England (11.5p.p.) and the North West (13.3p.p.).

Learning disability: During 2017/18 the percentage point gap in Warrington was 75.4 percentage points, significantly higher than England (69.2p.p.) and the North West (69.1p.p.).

Contact with secondary mental health services: During 2017/18 the percentage point gap in Warrington was 70.3 percentage points, slightly higher than England (68.2p.p.) and the North West (68.4p.p.).

(A lower percentage point gap indicates lower levels of inequalities).

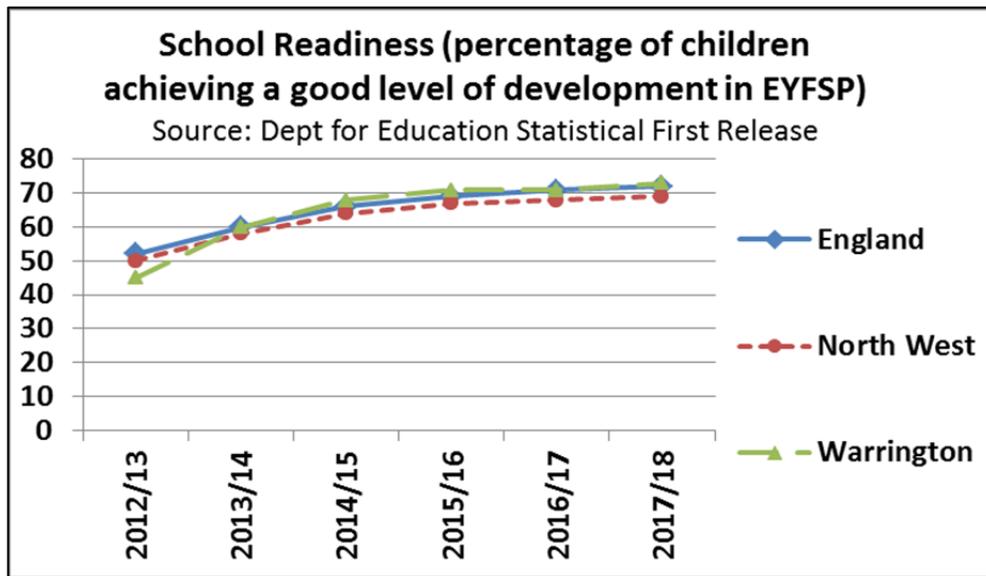
Sickness absence: It is estimated that nationally there are 140 million days lost to sickness absence every year.

- Between 2015 and 2017, 1.6% of employees in Warrington had at least once day off in the previous week; similar when compared to the previous time period (1.7% during 2014-16). The Warrington percentage was very similar to both the North West (1.8%) and England (2.1%).
- Over the same time period, 0.8% of working days were lost due to sickness absence in Warrington, similar to the previous time period (0.8% during 2014-16). The Warrington percentage was very similar to both the North West (1.1%) and England (1.1%).

6.3 Wider Determinants of Health – Education - School Readiness (age 4/5)

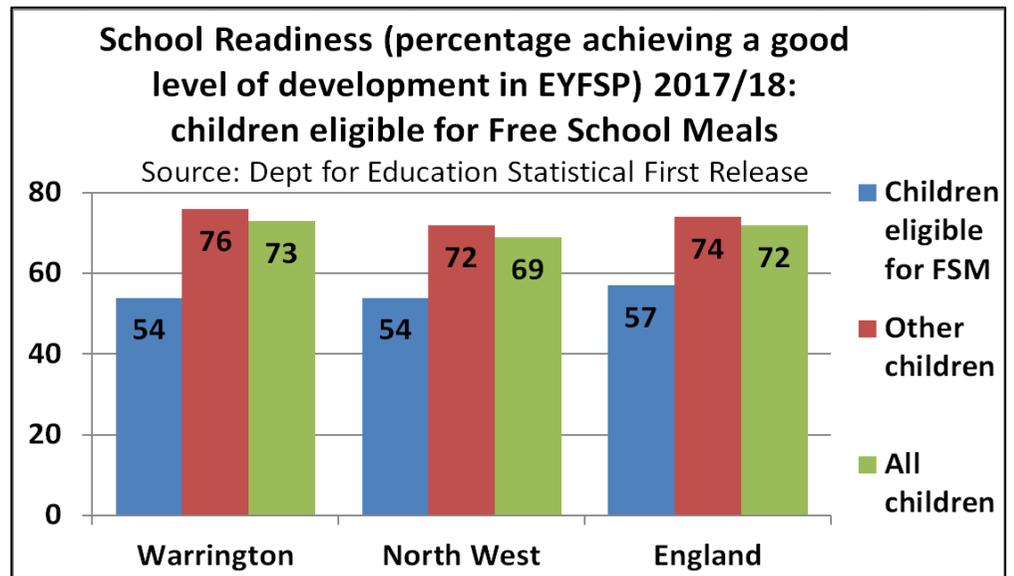
Education and health: Research evidence shows that education and health are closely linked. Pupils with better health and wellbeing are likely to achieve better academically. Effective social and emotional competencies are associated with greater health and wellbeing, and better achievement (PHE, 2014). The Department for Education monitors the gap between children who are known to be eligible for Free School Meals (FSM), and other children. Eligibility for FSM is based on being in receipt of certain means-tested security benefits, and is used as a proxy for socio-economic deprivation/disadvantage.

'School readiness' (achieving a 'good level of development', GLD) is an indicator used to assess a child's overall development at age 4/5 at the end of Reception class. It is based on teacher assessments, and defined as achieving at least the expected level within the following areas of learning: communication and language, physical development, personal social and emotional development, literacy, and numeracy. Personal, social and emotional development are crucial elements, as are communication skills, as without these, children are less likely to be able to absorb other areas of learning such as literacy and maths. It has an effect far wider than purely education. The foundations of physical, intellectual and emotional development are laid in early childhood. What happens in these early years has lifelong effects on many aspects of health and wellbeing, from obesity, heart disease and mental health, to educational achievement and economic status.



Trend: The proportion assessed as school ready has risen steadily in England, the North West and Warrington. Since 2013/14, the proportion in Warrington has been similar, or slightly higher, than in England and the North West. In 2017/18, 73% of children in Warrington reached a 'good level of development' compared to 72% in England and 69% in the North West.

Boys/Girls: In 2017/18 in Warrington, 79% of girls and 67% of boys were assessed as school ready, compared to 78% of girls and 65% of boys in England, and 76% girls and 62% of boys in the North West. The Warrington girl/boy gap of 12 percentage points was slightly lower than the North West (14p.p) and England (13p.p).



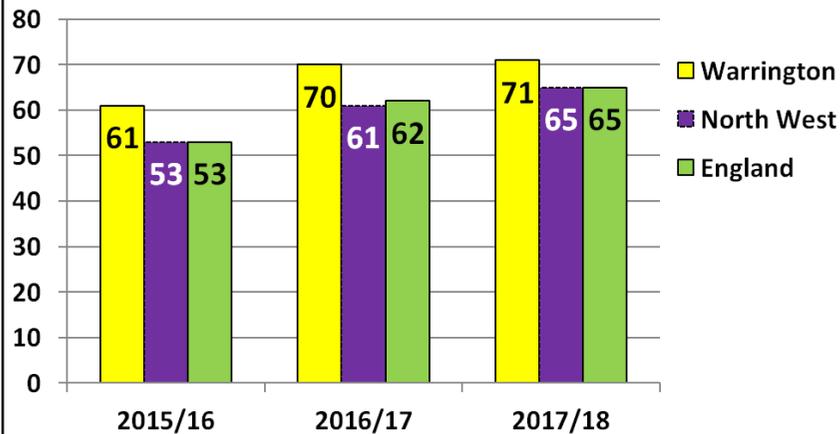
Free School Meals (FSM): In Warrington in 2017/18, only 54% of children eligible for FSM were school ready compared to 76% of other children (a 22 percentage point gap). In the past, this gap has been consistently wider (worse) in Warrington than in the North West and England. The percentage of children eligible for FSM who are school ready is consistently lower in Warrington than in England (57% in 2017/18).

6.3 Wider Determinants of Health – Education – Key Stage 2 (age 10/11)

Key stage 2 (children at the end of primary school, aged 10/11): In 2017/18, 71% of Year 6 children in Warrington schools achieved the expected level in reading, writing and maths, substantially higher than 65% in the North West and in England. Warrington has been consistently much higher than England and the North West.

Percentage of children achieving expected standard in Reading, Writing and Maths at Key Stage 2 (age 10/11),

Source: Dept for Education Statistical First Release



(NB The 2016 KS2 assessments were the first to assess the new, more challenging national curriculum introduced in 2014, and therefore 2015/16 onwards can't be compared to previous years.)

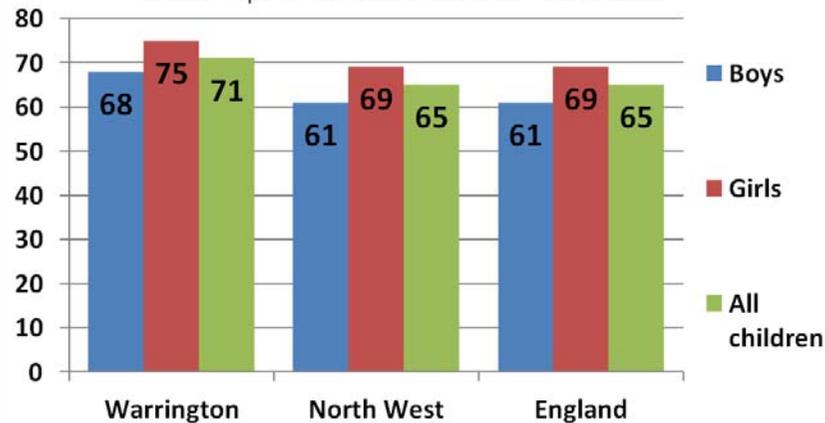
Free School Meals (FSM) attainment gap 2017/18

The Department for Education monitors the gap in attainment between those children who are known to be eligible for FSM, and other children. 11% of Warrington's Year 6 children in 2017/18 were known to be eligible for FSM, much lower than 15% in England and 17% in the North West.

- In Warrington in 2017/18, only 50% of children eligible for FSM achieved the expected level in Reading, Writing and Maths, compared to 74% of other children, i.e. a 24 p.p. gap.
- This was a large improvement from the previous year in Warrington for children eligible for FSM (44%).
- Results in England were lower than Warrington for both FSM and non-FSM; 46% of children eligible for FSM compared to 68% of other (non-FSM) children, i.e. a 22p.p. gap.

Percentage of Boys/Girls/All achieving expected standard in Reading, Writing and Maths at Key Stage 2 (age 10/11), 2017/18:

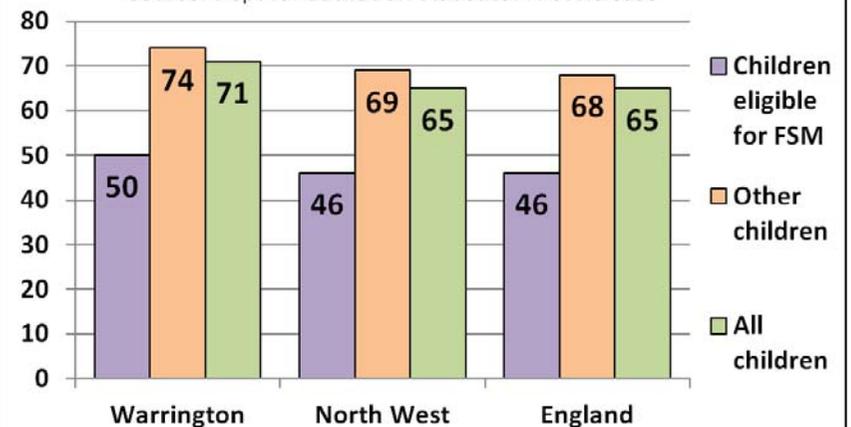
Source: Dept for Education Statistical First Release



Boys/Girls attainment gap: In 2017/18 in Warrington, 75% of girls and 68% of boys achieved the expected level in reading, writing and maths; a gap of 7 percentage points. The gap in the North West and England was slightly higher (8p.p.).

Percentage of children achieving expected level in Reading, Writing and Maths at Key Stage 2 (age 10/11), 2017/18, by Free School Meal eligibility

Source: Dept for Education Statistical First Release

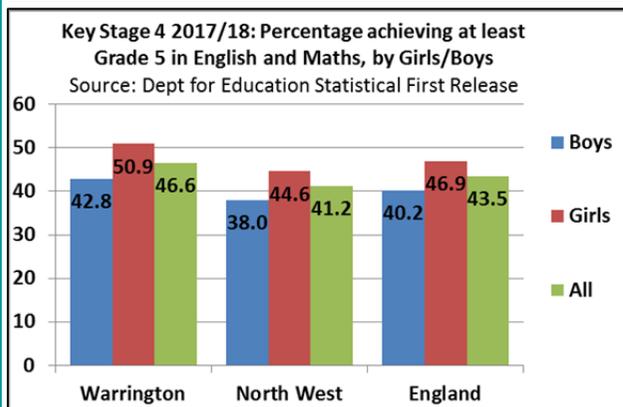


6.3 Wider Determinants of Health – Education – Key Stage 4 (age 15/16)

In 2017, pupils sat reformed GCSEs in English language, English literature and maths for the first time, graded on a 9-1 scale. (Previously, GCSEs were graded A*-G). Grade 4 is considered a pass, and roughly equivalent to a Grade C. Grade 5 is considered 'a good pass'. New GCSEs in other subjects will be phased in. Performance indicators now include: Progress 8 (progress across 8 qualifications), Attainment 8 (sum of the grades of the same 8 qualifications, giving a maximum of $8 \times 9 = 72$ points), and % of pupils achieving grade 5 or above in English and maths. Published data also include the % of pupils achieving grade 4 or above in English and maths, which is roughly similar to the 'Grade C or above in English & Maths' indicator in previous years. *More information is available at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/676184/Secondary_accountability_measures_January_2018.pdf*

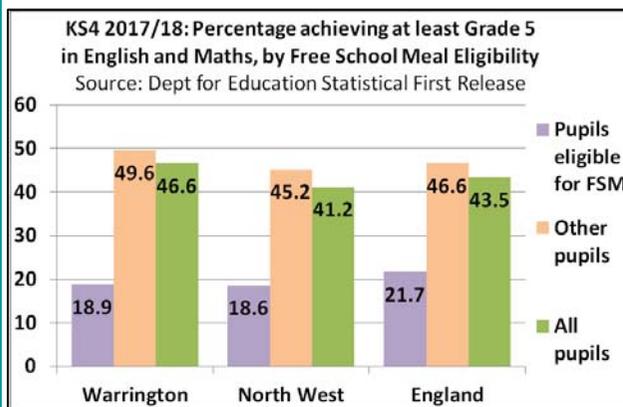
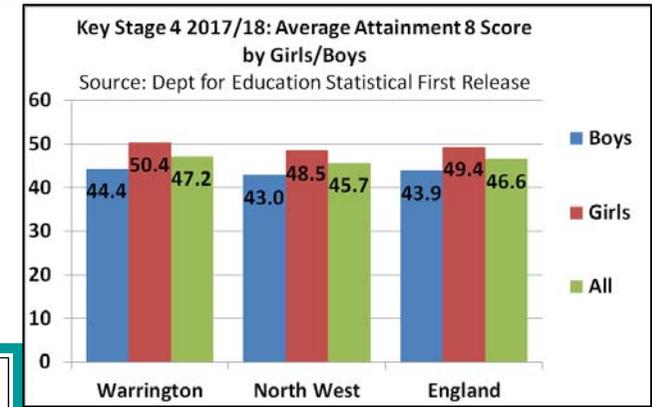
Warrington, the North West and England (2017/18)

- **Grade 4+ in English and Maths** In Warrington 67.2% achieved at least a Grade 4 in both English and Maths, higher than 64.4% in England and 62.9% in the North West.
- **Grade 5+ in English and Maths** In Warrington 46.6% achieved at least a Grade 5 in English and Maths, higher than 43.5% in England and 41.2% in the North West.
- **Attainment 8:** In Warrington the average Attainment 8 score per pupil was 47.2, similar to 46.6 in England and 45.7 in the North West.



Attainment gap between girls and boys (2017/18)

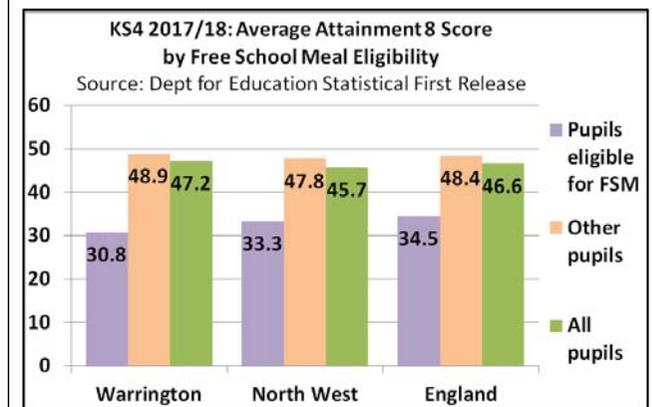
- **Grade 4+ in English and Maths** In Warrington 71.8% of girls and 63.1% of boys achieved a Grade 4+ in both English and Maths, i.e. a gap of 8.7 percentage points.
- **Grade 5+ in English and Maths** In Warrington 50.9% of girls and 42.8% of boys achieved at least a Grade 5 in both English and Maths, i.e. a gap of 8.1 p.p.
- **Attainment 8:** In Warrington, the attainment 8 average score for girls was 50.4; compared to 44.4 for boys.



Pupils eligible for Free School Meals (2017/18): Only 10% of Warrington pupils were eligible for FSM compared to 13% in England and 15% in the North West.

Although Warrington results overall are better than England, they are worse than England for FSM pupils:

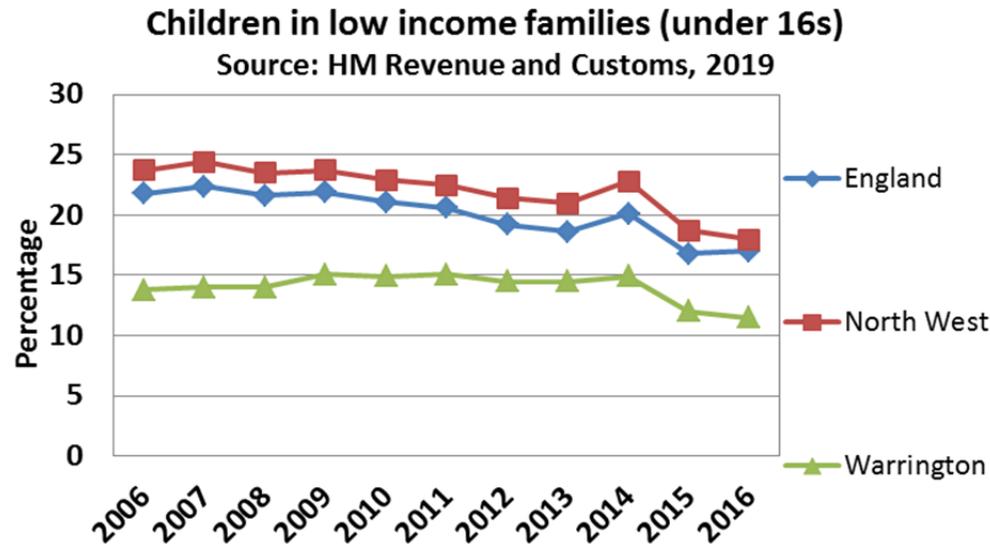
- **Grade 4+ in English and Maths** In Warrington, only 41.2% of pupils eligible for FSM achieved Grade 4 or above in both English and Maths, compared to 70.0% of other pupils, i.e. a gap of 28.8 percentage points.
- **Grade 5+ in English and Maths** In Warrington, only 18.9% of FSM pupils achieved Grade 5+ in both English and Maths, compared to 49.6% of other pupils. In England, FSM pupils fared better (21.7%), but non-FSM pupils fared worse (46.6%), and so the Warrington gap of 30.7p.p. between FSM and non-FSM pupils is much wider than that in England (24.9p.p.)
- **Attainment 8:** In Warrington, the attainment 8 score for pupils eligible for FSM was 30.8 compared to a score of 48.9 for other pupils, i.e. 18.1 p.p. lower.



6.4 & 6.5 Wider Determinants of Health - 6.4 Child Poverty & 6.5 Social Contact (Adult Social Care Users)

Child poverty and health:

Evidence shows that childhood poverty leads to premature mortality and poor health outcomes as adults. Reducing the numbers of children who experience poverty should improve their adult health outcomes and increase healthy life expectancy ([Marmot Review, 2010](#)).



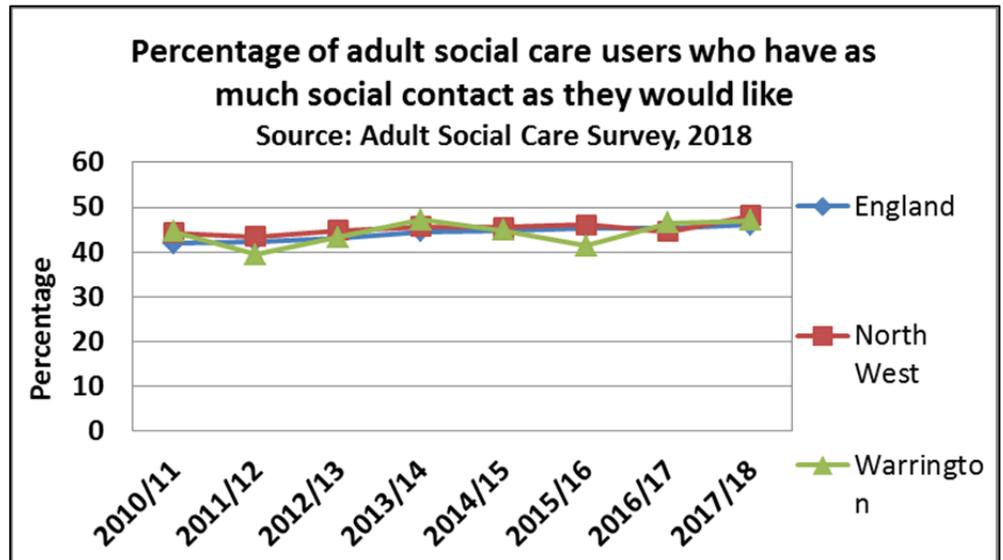
The percentage of children aged under-16 living in poverty in Warrington has reduced slightly during the time period presented in the chart. During 2016 there were 4,370 under 16s living in low income families in Warrington (11.5%); the percentage of children living in poverty in Warrington is significantly lower than England. Nationally and regionally there has been a reduction in the percentage of children living in poverty, with the exception of an increase during 2014.

Social contact and health: There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family ([PHE, 2015](#)).

Definition:

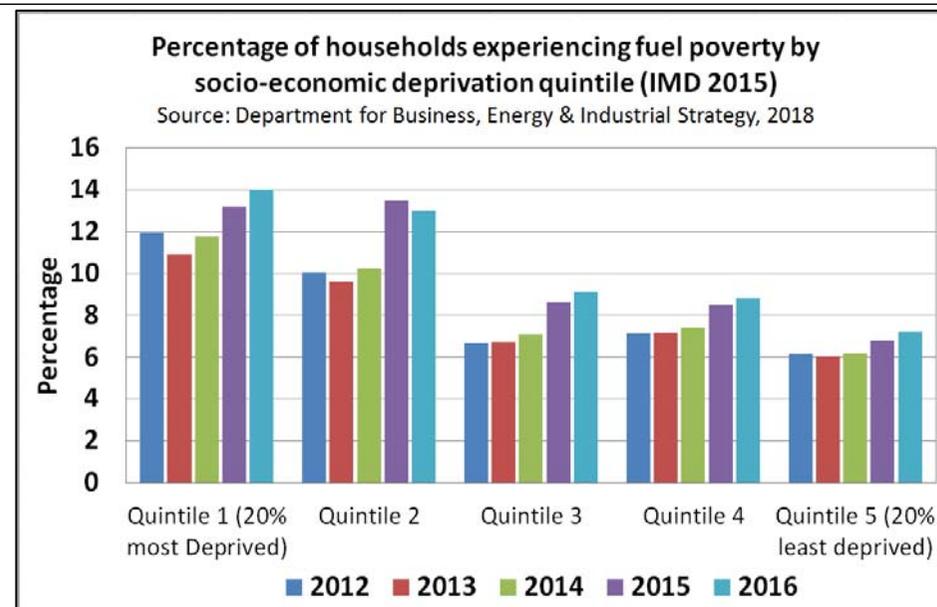
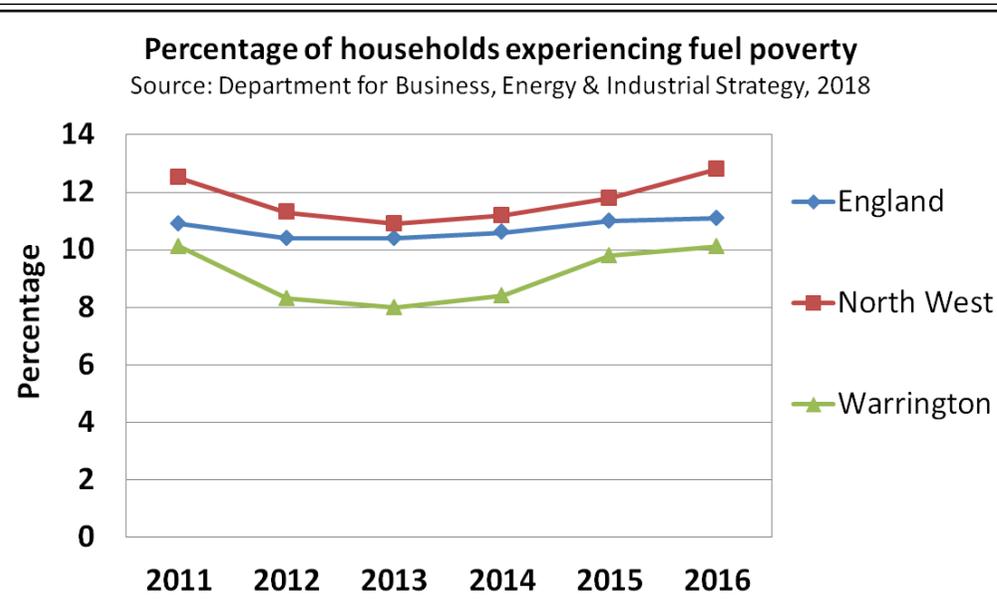
The percentage of respondents to the Adult Social Care Users Survey who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

In Warrington, almost half of the respondents to the survey said that have as much social contact as they would like (2017/18). This is a slight increase compared to the previous year (46.5%). Performance in Warrington is slightly higher than England (46.0%) and slightly lower than the North West (48.1%).



6.6 Wider Determinants of Health – Fuel Poverty

Fuel poverty and health: There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures (Wilkinson et al 2001) and the recent Marmot Review Team report showed that low temperatures are strongly linked to a range of negative health outcomes (PHE, 2015). Research identifies that certain groups are particularly vulnerable with regards to fuel poverty and the adverse effects of cold housing. These include older people, particularly those living on their own, lone parents, young children, disabled people and families where adult members are either unemployed or working on a low income (The Eurowinter Group, 1997; Wilkinson et al, 2004; Kinsella, 2009)



Definition: From 2011 the government produced fuel poverty statistics using the low income high cost (LIHC) definition, which compares households relative to the national median fuel costs and income. A household is considered fuel poor if they have required fuel costs that are above average (the national median level), and were they to spend that amount, they would be left with a residual income below the official poverty line.

- In 2016, the proportion of fuel poor households in England increased from 11.0% (2.50 million households) in 2015 to 11.1% (2.55 million) in 2016.
- In the North West the estimated percentage of fuel poor households rose from 11.8% in 2015 to 12.8% in 2016.
- There was also an increase in Warrington from 9.8% in 2015 to 10.1% in 2016 (an estimated 8,541 households in 2015, and 8,936 in 2016).
- The proportion of fuel poor households is much higher in the more socio-economically deprived areas (Quintiles 1 and 2) than in the other quintiles. In 2016, 14.0% of households were fuel poor in Quintile 1 (most deprived), compared to 7.2% in Quintile 5 (least deprived).

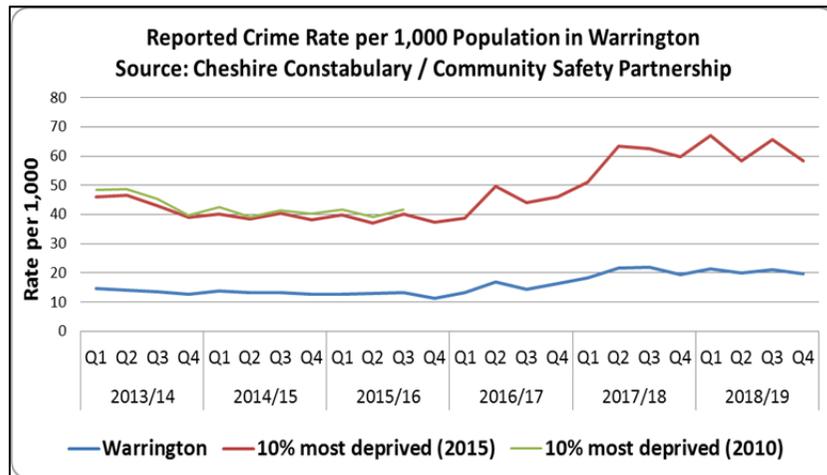
The Warrington Borough Council Home Energy Conservation Officer developed and implemented the use of innovative low carbon technologies throughout the Borough and continues to be involved in an education programme developed by the Council, delivering energy efficiency and climate change messages to local school children and undertaking a number of talks, surgeries and roadshows throughout the Borough to assist residents locally by maximising income.

See Warrington's Home Energy Conservation Act Report at: <https://www.warrington.gov.uk/info/201160/housing-grants-and-assistance/1723/affordable-warmth>

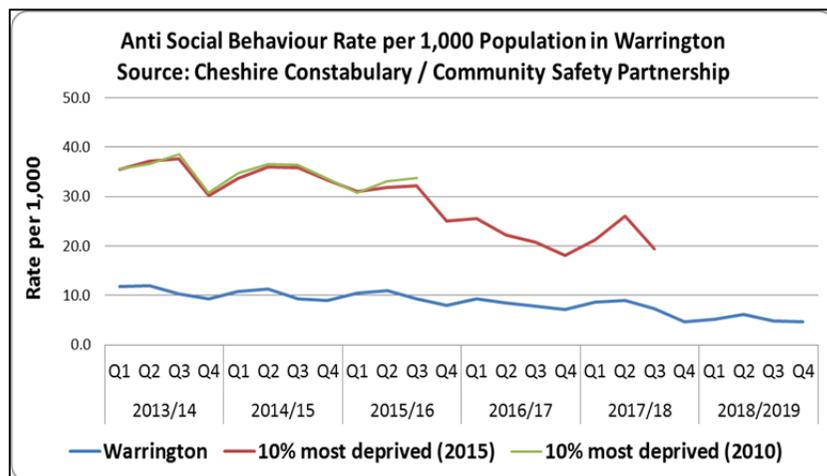
6.7 Wider Determinants of Health - Crime and Anti-Social Behaviour

Crime and health: Tackling a person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally in partnership with organisations across the criminal justice system. Furthermore, a large proportion of families with multiple needs are managed through the criminal justice system, and their issues are inter-generational ([PHE, 2015](#)). Crime, and the fear of crime, is known to impact on health and wellbeing in a number of ways; as well as potentially impacting on the physical health of individuals who are victims of crime, evidence shows that fear of crime can also affect wellbeing, particularly mental wellbeing.

Sources of data: Data and information comes from Warrington Community Safety Partnership (data using Cheshire Constabulary Reported Crime lists and performance console), and from Public Health England's Public Health Outcomes Framework.



Crime: In Warrington, there were 19,184 recorded crimes in 2018/2019. This is equivalent to a rate of 91.5 crimes per 1,000 population, slightly higher than the Cheshire Constabulary force rate of 88.2. Crime has increased by 4.1% since the previous year (18,426). Reported crimes where the offender was affected by alcohol accounted for 7%. Assaults were the highest alcohol related crime type representing 55%. As expected the highest proportion of alcohol related assaults are linked to Warrington town centre's night time economy. From 2016/2017 improved compliance with crime recording standards meant that incidents are being crimed at first point, which will be reflected in less ASB incidents and increases in offences such as public order or violence without injury. This has contributed to increases in the overall volume of crime. Before these improvements, there had been a very gradual reduction in the crime rate, both in Warrington as a whole, and in the 10% most deprived areas. As volumes have increased, the reported crime rate in the 10% most deprived areas of Warrington is approximately 3 times higher than the rate for the whole of Warrington.



Anti-social behaviour (ASB): ASB covers a wide number of issues from noise, parking, fly tipping, nuisance and aggressive behaviour, and it is a high priority for residents. In 2018/2019, Warrington had a rate of 20.8 ASB incidents per 1,000 population reported to the police (4,369 incidents). ASB has been decreasing over the years, showing a 30% decrease on the previous year. Improved compliance with crime recording standards means that incidents are being recorded as crimes at first point of contact, which will be reflected in less ASB incidents and increases in offences such as public order or violence without injury. ASB data for the purposes of mapping to a sub-Warrington level is not currently available due to changes and implementation of a new police incident recording system. The most recent quarterly data at a sub-Warrington level is for the end of December 2017; this shows that the 10% most deprived areas of Warrington have much higher rates of ASB than Warrington as a whole, approximately 2.5 times higher.

6.7 Wider Determinants of Health - Crime and Anti-Social Behaviour – Violent Crime

Violence against the person: In 2017/2018 there were 5,438 offences of violence in Warrington, an increase of 45% when compared to the previous year. This is equivalent to a rate of 26.0 violence offences per 1,000 population, higher than the national rate of 23.7, but lower than the North West rate of 28.6 (Source: PHE/Home Office). Local data for 2018/2019 shows 6,458 offences of violence, giving an increase of 19% on 2017/2018.

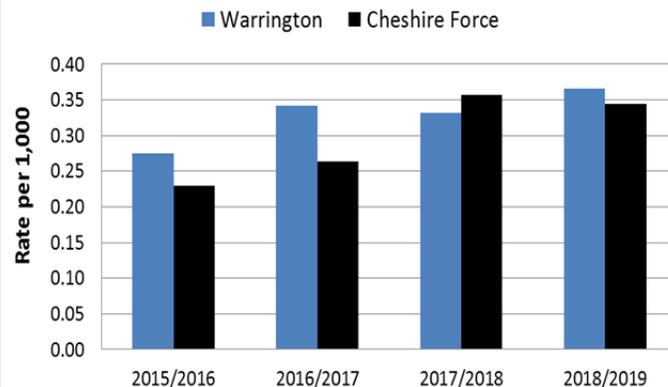
Offences of violence have increased to the highest operating level over the last 3 years locally and force wide, following changes in crime recording and improved compliance with recording standards. When compared to most similar groups Warrington is currently higher than average for violence and sexual offences, having previously been around the average of the group. This position should be viewed with caution as police operations may have had an impact on volumes over the last year affecting the current benchmarking position. (Most similar groups are local authority areas that are most similar to each other based on an analysis of demographic, social and economic characteristics which relate to crime). Assaults remain the highest crime type affected by alcohol (55%). As expected, the highest proportion of violent offences are committed within Warrington during the weekend night time economy.

Serious knife crime:

Serious knife crime in Warrington is slightly above the force rate with 0.37 incidents per 1,000 population compared to the force rate of 0.34.

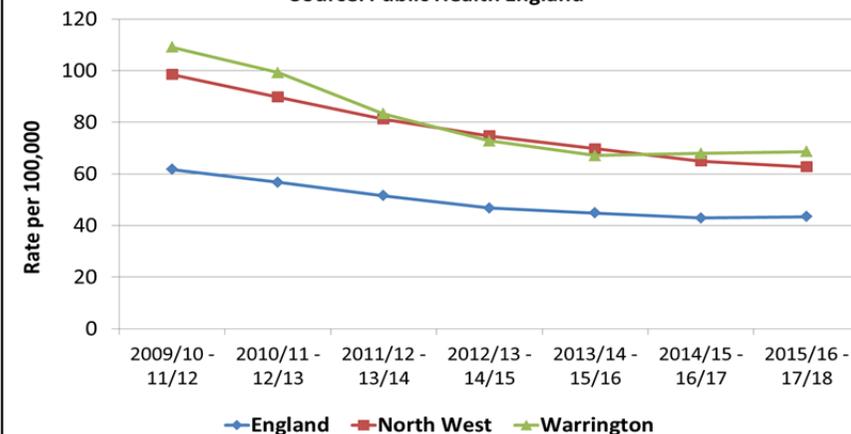
There was a 33% increase in the volume of serious knife crime in Warrington from 57 incidents per 1,000 population in 2015/16 to 76 in 2018/2019, although this was lower than the force increase of 50% (240 offences to 359 offences).

Serious Knife Crime per 1,000 Population in Warrington
Source: Cheshire Constabulary National Indicator Data Set



Hospital admissions for violence (Source: PHE): Latest data for the 3-year period 2015/16–2017/18 shows that Warrington had 68.6 hospital admissions for violence per 100,000 population, compared to England's rate of 43.4. Warrington had a lower rate than the North West (62.7). On average there were around 140 hospital admissions each year in Warrington due to violence. Warrington has had significantly higher admission rates than England for a number of years. The admission rate had been reducing until 2013/14 – 15/16, since then it has increased very slightly in the past 2 reporting periods. England has experienced a very small increase in the latest reporting period.

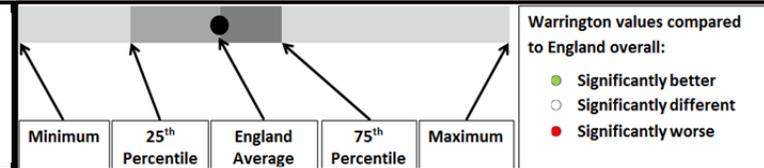
Hospital Admissions for Violence per 100,000 population
Source: Public Health England



Domestic abuse: In 2018/2019, Warrington's domestic abuse rate was 14.2 per 1,000 population (2,982 offences). This is in line with the Cheshire Constabulary force area of 14.3 incidents per 1,000 population. Warrington has seen an increase of 33% compared to 2017/2018 (2,248 offences). In 2018/2019, offences affected by alcohol represented 19.6% of domestic abuse incidents (584 offences), slightly higher than the force average at 18.6%. Offences affected by drugs represented 2.2% of domestic abuse incidents (66 offences), again similar to the force average of 2.4%.

7.1 Health and Wellbeing Strategy Monitoring

The chart shows indicators selected to monitor the Warrington Health and Wellbeing Strategy 2019-2023. The grey bars show the spread between LAs/CCGs (a quarter of the LAs/CCGs lie on each section of a bar, e.g. a quarter lie between the minimum and the 25th percentile, a quarter lie between the 25th percentile and the average, and so on). The dots show the England average (black) and the Warrington value (with statistical significance compared to England shown in



Health and Wellbeing Strategy Indicators, April 2019	Count	Warrington Value	England Average	Statistical Significance: Warrington vs England Overall	Is a high/low value good?	Lowest LA Value	Range between England Local Authorities	Highest LA Value
High level outcome indicators								
Healthy life expectancy at birth (males) Years (2015-17)	-	64.9	63.4	Similar	high	54.7		69.8
Healthy life expectancy at birth (females) Years (2015-17)	-	64.0	63.8	Similar	high	53.5		71.6
Inequality in life expectancy at birth (males) Gap in years (2015-17)	-	11.1	9.4	Worse	low	3.70		14.8
Inequality in life expectancy at birth (females) Gap in years (2015-17)	-	7.3	7.4	Similar	low	2.00		14.3
Starting Well								
School ready at age 5, % (2017/18)	1,844	73%	72%	Similar	high	64%		81%
Excess weight in children (Year 6), % (2017/18)	779	33%	34%	Similar	low	22%		44%
Emotional wellbeing of looked after children aged 5-16, mean score (2016/17)	-	13.7	14.1	Similar	low	0		19.9
Living Well								
Excess weight in adults (18+), % (2016/17)	-	66%	61%	Worse	low	38%		75%
Physically active adults (19+), % (2016/17)	-	70%	66%	Better	high	53%		78%
Alcohol related hospital admissions, DSR per 100,000 (2017/18)	1,402	684.6	632.3	Worse	low	393.8		1096.5
Preventable hospital admissions, ISR per 100,000 (2017/18)	3,110	1492.8	1324.0	Worse	low	189.4		2229.8
Use of hospital beds (bed days) following emergency admission, ISR per 1,000 (Q4 2017/18)	122,018	592.8	504.6	Worse	low	315.3		739.9
People feeling supported to manage their long term condition, % (2017/18)	623	62%	60%	Similar	high	47%		67%
Preventable deaths, DSR per 100,000 (2015-17)	1,119	185.8	181.5	Similar	low	116.3		326.7
Early death for those with serious mental illness, % (2014/15)	-	400%	370%	Similar	low	165%		570%
Deaths attributable to air pollution, % (2017)	-	4%	5%	Similar	low	3%		7%
Ageing Well								
Social care-related quality of life score, aged 65+ (2017/18)	170	18.8	18.9	Similar	high	17.7		20.0
Hospital admissions due to falls in those aged 65+, DSR per 100,000 (2017/18)	1,033	2840.3	2170.4	Worse	low	1352.3		3328.8
Supporting older people (65+) to stay at home for longer after a hospital admission, % (2017/18)	129	86%	83%	Similar	high	50%		100%
Delayed transfer of care per 100,000 population (All delays), 18+, rate per 100,000 (2017/18)	23	13.9	12.4	Similar	low	0.0		33.3
Strong and Resilient								
Percentage in employment, aged 16 to 64 (2017/18)	99,900	76%	75.2%	Similar	high	58.6%		84.5%
People living in fuel poverty, % (2016)	8,936	10%	11.1%	Similar	low	4.9%		17.0%
Housing affordability: Ratio of house price to residence-based earnings, Ratio (2017)	-	6.2	7.9	Similar	low	3.0		28.9

Glossary

Alcohol related conditions: Alcohol causes, or can contribute to the development of, many health conditions. Based on published evidence, researchers have been able to estimate what proportion of a health condition is alcohol-related.

All-Age All-Cause Mortality Rates (AAACM): A measure of the rate at which people are dying in a particular area, over a specified time period.

Anti-social behaviour: behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person.

Breastfeeding continuation: Measured as infants that are totally or partially breastfed at age 6 to 8 weeks.

Breastfeeding initiation: Measured as mothers who give babies breast milk in the first 48 hours after delivery.

Body Mass Index (BMI): A measure of whether an individual is a healthy weight for their height. For most adults, a BMI of 25 to 29.9 is categorised as overweight, a BMI of 30 to 39.9 is categorised as obese, and a BMI of 40 or above is categorised as severely obese.

Cancer: A condition where cells in a specific part of the body grow and reproduce uncontrollably. The cancerous cells can invade and destroy surrounding healthy tissue, including organs.

Cardiovascular Disease (CVD): A group of diseases that cause reduced blood flow to the heart, body or brain.

CGL/Pathways to Recovery: A free and confidential service that offers treatment and recovery services to anyone experiencing difficulties with drugs or alcohol.

Chronic Obstructive Pulmonary Disease (COPD): A collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease. The main cause of COPD is smoking, and the condition causes breathing difficulties due to obstructed airflow.

Commissioning: Within the public sector, the term 'commissioning' is used to describe the process in which services are provided by the public sector, and involves planning, agreeing and monitoring of services.

Coronary Heart Disease (CHD): A condition whereby the heart's blood supply is blocked or interrupted by a build-up of fatty substances. It is a major cause of death both in the UK and worldwide.

Dementia: A syndrome associated with an ongoing decline of brain functioning.

Dependency Ratio (DR): A measure showing the number of dependents (aged 0-14 and 65 and over) compared to the working age population (aged 15-64).

Deprivation: Deprivation refers to a range of issues caused by a lack of resources of all kinds, not just financial.

Deprivation quintile: Lower Super Output Areas in Warrington are grouped into five groups according to how they rank on the national deprivation scale (IMD 2015).

Directly Standardised Rate (DSR): Usually expressed as the number of death per 100,000 population, this method of calculating a death rate allows a more precise comparison between two or more populations by controlling for differences in the age structure of the population.

Domestic abuse: Any incidence of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults, aged 16 and over, who are or have been intimate partners or family members, regardless of gender or sexuality.

Early diagnosis of cancer: Cases diagnosed at stage 1 or 2; there are 4 stages of cancer.

Excess Winter Mortality (EWM): EWM measures the ratio of deaths that occur in winter (December to March) compared with non-winter months (April to November).

EYFSP: Early Years Foundation Stage Profile – an assessment of children's development and learning at the end of the reception year.

FSM: Free School Meals – a child may be eligible for FSM if they live in a household which are in receipt of certain benefits (some exclusions apply).

Fuel poverty: when people cannot afford to keep their house adequately warm at a reasonable cost, given their income.

GP Deprivation Quintile: GP Practices are grouped into five groups according to the weighted deprivation scores of where their patients live (IMD 2015).

Glossary

Healthy Life Expectancy (HLE): Provides an estimate of the average number of years a person could expect to live in good health.

Hepatitis B: An infection of the liver caused by a virus that's spread through blood and body fluids.

Human Immunodeficiency Virus (HIV): A virus that attacks the immune system, and weakens your ability to fight infections and disease. There is no cure for HIV, but there are treatments to enable most people with the virus to live a long and healthy life. AIDs is the final stage of HIV infection, when your body can no longer fight life-threatening infections. Early diagnosis and effective treatment means most people with HIV will not go on to develop AIDs.

Incidence: Measures new cases of disease over a particular time period and is expressed in person-time units e.g. 2 per 1,000 people per year.

Index of Multiple Deprivation (IMD): The collective name for a group of 10 indices which all measure different aspects of deprivation including income, employment, health, education, crime, access to services and living environment.

Key stages (education): Groups that have been set up to administer progressive, standardised exams during a child's education in England and Wales. Each key stage consists of a certain range of school years. Key stage 2 = ages 7-11 (Years 3-6); Key stage 4 = ages 14-16 (Years 10-11).

Life Expectancy (LE) at birth: An estimate of the average number of years a new-born baby would live for if s/he experienced the age-specific mortality rates of a particular area throughout his or her life.

Life Expectancy (LE) at age 65: An estimate of the average number of years at age 65 a person would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life after that age.

Local Alcohol Profiles for England (LAPE): Published on an annual basis by Public Health England, the profiles contain 26 alcohol-related indicators for every local authority.

Long Acting Reversible Contraception (LARC): Methods of birth control that provide effective contraception for an extended period of time via an injection or implant.

Long Term Health Conditions: Conditions for which there are currently no cure, and which are managed with drugs and other treatment, for example diabetes, arthritis and hypertension.

Low Birth Weight (LBW): Low Birth Weight relates to babies born weighing less than 2500 grams. This indicator can be expressed as a proportion of all live births, or as a proportion of live births with a gestational age of at least 37 complete weeks.

Lower Super Output Area (LSOA): A small geographical area created for the aggregation of statistical data. There are 127 LSOAs in Warrington and they 'nest' within ward boundaries.

Mortality: The number of deaths in a given population, location or other grouping of interest, usually over a particular period of time.

Mortality considered preventable: Refers to deaths which, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.

National Child Measurement Programme (NCMP): NCMP measures the weight and height of children in Reception class (aged 4 to 5 years) and Year 6 (aged 10 to 11 years) to assess overweight and obesity levels within primary schools.

Needle exchange: Access to sterile injecting equipment and paraphernalia, sharps boxes and a safe way to dispose of used injecting equipment.

NHS Digital: The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care.

NHS Health Checks: Aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia by inviting everyone between the ages of 40 and 74 to have a check to assess their risk of developing one of the conditions, and to provide support and advice to help reduce or manage that risk.

Old Age Dependency Ratio (OADR): A measure showing the number of dependents aged 65+ compared to the working age population (aged 15-64).

Premature mortality: Deaths amongst people aged under 75 years.

Glossary

Prevalence: Measures existing cases of disease and is expressed as a proportion of the population.

Primary Care Mortality Database (PCMD): Holds data on deaths of residents as provided at the time of registration of the death, along with additional GP details, geographical information and coroner details where applicable.

Public Health England (PHE): An executive agency of the Department of Health, established in 2013 with an aim to protect and improve the nation's health and wellbeing and to reduce inequalities.

Public Health Outcomes Framework (PHOF): Consists of a set of indicators aimed at understanding and monitoring desired outcomes for public health.

Quality Outcomes Framework (QOF): The annual reward and incentive programme detailing GP practice achievement results. The data collected through QOF provides prevalence of various diseases and risk factors, and provides information on how these conditions are managed in Primary Care.

Rate: A rate describes the number of events occurring among the population of a given geographical area during a given year. Rates can be 'standardised' to take account of differences in the age or sex distribution of a population, and expressed per head of population. A rate is calculated in order to compare one area to others, e.g. Warrington to England and to the North West.

Respiratory disease: A group of diseases that affect the respiratory (breathing) system

School readiness: This refers to children achieving a good level of development at the end of reception. It is a key measure of early years development across a wide range of developmental areas. Children from poorer background are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

Screening/screening programmes: National screening programmes are recommended to test whether an individual is at an increased risk of developing a condition, in order to help to identify and treat serious conditions sooner.

Secondary mental health services: medical care provided by a specialist or facility upon referral by a primary care physician that requires more specialised knowledge, skill, or equipment than the primary care physician has.

Sexually Transmitted Infection (STI): STIs are passed from one person to another through unprotected sex or genital contact. There are various STIs including: Chlamydia, Genital warts, Genital herpes, Gonorrhoea, and Syphilis.

Sickle Cell Anaemia: An inherited condition that affects the red blood cells.

Smoking attributable mortality: Deaths considered to be due to smoking. Causes of death considered to be related to smoking are: various cancers, cardiovascular and respiratory disease, and diseases of the digestive system.

Smoking at time of delivery (SATOD): Women who are regular/occasional smokers at time of delivery. This information is collected of all women giving birth and is used as a public health indicator.

Supervised consumption: This is when a service user receives their opiate substitution prescribed medication, such as methadone, which they are required to take on site of the pharmacy whilst being observed.

Teenage Conceptions: The number and rate of conceptions occurring amongst girls under the age of 18 years is a public health indicator.

Thalassaemia: The name for a group of inherited conditions that affect a substance in the blood called haemoglobin.

Unitary Authority (UA): A local authority that has a single tier and is responsible for all local government functions within its area. Warrington is a UA. In total, there are 351 local authorities in England.

Unsafe drinking levels: The risk of developing a range of illnesses increases with any amount you drink on a regular basis. New weekly guidelines (2016) for both men and women have been issued: you are safest not to drink regularly more than 14 units per week. If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more.

Uptake: The proportion of individuals taking or making use of something that is available e.g. the uptake of flu immunisations.

Urinary Tract Infection (UTI): A UTI develops when part of the urinary tract becomes infected, usually by bacteria. UTIs are common, particularly among women, and can cause discomfort and pain.

Vaccination/Immunisation: An injection that can be given to prevent a person being infected with a specific disease.

Further Information

The following provides links to different sources for further information.

Warrington Joint Strategic Needs Assessment (JSNA): considers a wide range of factors that affect the health and wellbeing of the people of Warrington. The JSNA is used to agree key priorities to improve the health and wellbeing of all our communities, at the same time as reducing health inequalities.

<http://www.warrington.gov.uk/jsna>

Public Health Profiles: developed by Public Health England these profiles provide a range of indicators across various health and wellbeing themes, designed to support the JSNA process and commissioning to improve health and wellbeing, and reduce inequalities. People are able to browse indicators at different geographical levels, benchmark against the regional or England average, and export data to use locally.

<http://fingertips.phe.org.uk/>

NHS Digital: publishes over a thousand indicators covering quality through to population health and outcomes of treatments.

<http://content.digital.nhs.uk/>

Office for National Statistics (ONS): collects and publishes official statistics on the economy, population, and society at national, regional and local levels.

<http://www.ons.gov.uk/ons/index.html>

Nomis: contains official labour market statistics

<https://www.nomisweb.co.uk/>

List of Data Sources

Adult Social Care Survey - used for feedback from users regarding amount of social contact they have

Bridgewater NHS Trust - used for breastfeeding continuation data

Cheshire Constabulary/Community Safety Partnership - used for crime data

Department for Business, Energy and Industrial Strategy – used for fuel poverty

Department for Communities and Local Government - used for Indices of Deprivation 2015

Department for Education - used for school readiness data

Department of Energy and Climate Change - used for data on fuel poverty, <https://www.gov.uk/government/collections/fuel-poverty-sub-regional-statistics>

Department for Work and Pensions – used for Universal Credit Claims

HM Revenue and Customs - used for data on children and poverty

National Child Measurement Programme (NCMP) - used for data on children's weight

NHS Digital (<http://content.digital.nhs.uk/>) - used for some mortality data, Quality Outcomes Framework (QOF), and childhood immunisations by socio-economic deprivation quintile

Office for National Statistics (ONS)(<http://www.ons.gov.uk/ons/index.html>) - used for population estimates and projections, teenage conceptions, life expectancy, excess winter deaths, and NOMIS (for UK labour market statistics - <https://www.nomisweb.co.uk/>)

Open Exeter – used for cancer screening coverage by GP deprivation quintile

Primary Care Mortality Database (PCMD) - used for local mortality data analysis

Public Health England (<http://fingertips.phe.org.uk/>) – used for various performance indicators from the Public Health Outcomes Framework (PHOF), Local Alcohol Profiles, Child Health Profiles, Local Tobacco Control Profiles, Older People Profiles, End of Life Profiles, National Cancer Registration and Analysis Service (NCRAS), Liver Disease Profiles, and Sexual Health and Reproductive Profiles

Warrington Borough Council Housing Services – used for housing data

Warrington Hospital – used for breastfeeding initiation and smoking at time of delivery data

Warrington Joint Strategic Needs Assessment (JSNA) (<http://www.warrington.gov.uk/jsna>) considers a wide range of factors that affect the health and wellbeing of the people of Warrington. The JSNA is used to agree key priorities to improve the health and wellbeing of all our communities, at the same time as reducing health inequalities.