Ageing Well in Warrington
Joint Strategic Needs Assessment

Technical report

April 2025

WARRINGTON
Borough Council

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1. Introduction

The Ageing Well Needs Assessment (AWNA) focuses on prevention and the concept of healthy ageing throughout later life, encompassing the wider determinants of health as well as behavioural and economic factors. We know healthy ageing is shaped by a range of social factors, such as financial security, employment, caregiving responsibilities, the management of long-term conditions, housing, social isolation, loneliness, and ageism within society. Addressing these wider determinants enables effective health promotion and prevention efforts throughout life, increasing the likelihood of improved wellbeing in older age.

Without shifting the focus from illness and declining function to overall health and wellbeing in ageing, the increasing demands on the health and care system and meeting the needs of our residents, will be difficult to manage. A key part of this approach is meaningful community engagement to better understand the factors affecting people's health and wellbeing.

One of our main priorities is for Warrington to be a great town to grow older in. The concept of 'ageing well' in the UK revolves around promoting a high quality of life, independence, and health and wellbeing for people as they grow older. The average life expectancy at birth for males in Warrington in 2021-2023 was 78.7 years, similar to the England average of 79.1. However, the life expectancy at birth for females in Warrington for the same period was significantly worse than the England average, at 82.2 years, compared with 83.1 years. The UK population is ageing and the number of Warrington residents aged 65 and over is growing. In 2023, there were over 40,000 people aged 65 and over in the town, out of a total population of 212,400 and this number is expected to grow to nearly 50,000 by 2030, as many of us are living longer.

There is variation in the way people age. Adults who have adopted healthy lifestyles in mid-life are preventing or delaying health conditions that arise with age, such as diabetes, heart disease, dementia. Unfortunately, health inequalities exist that prevent all adults from adopting healthy lifestyles. Many older people are living with multiple health conditions and require an increased level of support from health and social care services as they age. This means that the needs of our ageing population will place more demand on local health and social care services.

We must not forget, nor undervalue, the contributions of older people to our local communities. Older adults contribute their time and experience widely, by helping their families with childcare, transporting friends to hospital appointments and undertaking caring roles. Many older people work as volunteers in local support services, so supporting others as well as supporting our health and social care systems. With an increasing retirement age nationally, older people remain in employment for longer, thus contributing to the economy and to resilient communities in many ways.

1.1 National policy context

To respond to these challenges and opportunities, there are a wide range of strategies and key policy drivers aimed at ensuring that older people 'age well', maintain independence and continue to lead fulfilling lives. The **NHS Long Term Plan 2019** and the **Chief Medical Officer's Annual Report 2023**, *Health in an Ageing Society*, provide critical frameworks for shaping the country's approach to ageing well.

The **NHS Long Term Plan** sets out a clear strategy for the future of the National Health Service, with a strong focus on addressing the needs of an ageing population. The plan lays the groundwork for improving care and support for older people, focusing on preventive measures, the integration of health and social care, and personalised services for people with long-term conditions. The key elements relevant to ageing well include:

- Reducing health inequalities and improving outcomes by preventing ill health and promoting healthier lifestyles.
- Focusing on the provision of preventive health checks for older adults, particularly for cardiovascular conditions, diabetes, and dementia as long term conditions. These initiatives are intended to help people stay healthier for longer, reducing the need for intensive medical interventions later in life.
- Developing Integrated Care Systems (ICS), which are regional partnerships between NHS services, local authorities and voluntary organisations. ICS are aimed at providing more personalised and coordinated care and enhancing social care support, particularly for older people who often have multiple, complex health needs, through the provision of more preventive community- based services.
- Improving care for people with long-term conditions and providing care closer to home through digital technology, use of remote monitoring tools for chronic conditions, provision of community-based care, and more timely interventions to prevent complications – helping people to stay well and live independently for longer.

In **2023**, the **Chief Medical Officer for England's Annual Report** focused on *Health in an Ageing Society*, recognising the societal and health challenges posed by an ageing population. The report underscores the need for a shift in how we approach ageing, from a focus on 'elderly care' to a broader, more proactive agenda for **healthy ageing**. Some key messages from the report include:

- Rather than focusing on the challenges of ageing, society should focus on healthy ageing—maximising people's ability to live more years in good health in later life. This involves addressing the modifiable risk factors that can help prevent illness and promoting the social determinants of health, such as income, education, and social connections.
- The need for a more integrated approach to healthcare, combining services that address both the physical and mental health needs of older people. It also highlights the importance of social care in enabling people to live independently and with dignity in their own homes.
- More collaboration between the NHS, local authorities, and the voluntary sector to ensure that older people receive the care they need in a holistic and coordinated way.
- Addressing ageism which can limit opportunities for older people and contributes to social isolation and poor mental health.
- Increasing the use of digital technologies to transform care for older people by making it more personalised, timely and accessible. This includes addressing digital literacy for older people.
- Provision of initiatives to ensure that older adults remain socially engaged, whether through family, community, or social support networks.
- Upskilling health and social care professionals to meet the specific needs of older adults and ensuring that the health system is adaptable to the needs of an ageing population.

The **Care Act 2014** and the **Health and Care Act 2022** also focus on providing more integrated care, improving access to services, and ensuring that older people receive the support they need in their later years, whether that is medical care, mental health services, or social support. The Care Act 2014 defines the statutory responsibilities of local authorities to their adult communities, which include the duties to:

- Promote individual wellbeing
- Prevent the need for care and support
- Provide information and advice
- Promote diversity and quality in the provision of services
- Promote the integration of care and support with health services
- Develop the independent social care market

For adults with care and support needs and carers, this also includes assessing and support planning to enable an individual's care and support needs to be met and to maximise their quality of life and ability to live independently.

In 2021, the UK government published a 10-year vision for adult social care in England through its policy paper **People at the Heart of Care: Adult Social Care Reform White Paper.** The paper sets out a commitment to delivering high-quality care that enables people to have choice, control, and independence, while ensuring support is fair and accessible to everyone who needs it. To achieve this, the white paper outlines several key policy areas, including empowering people who use care and support services, supporting unpaid carers and families, developing the social care workforce, and investing in housing adaptations, technology, and innovation to promote independent living.

The overarching goal of these policies is to enhance the quality of life for older people, enabling them to remain independent, healthy, and active as they age. By focusing on prevention, integration of care, and support for long-term conditions, the NHS, public health, the voluntary sector and local government agencies aim to ensure that people can live longer in good health e.g. without suffering from debilitating illnesses or social isolation. These efforts are not only critical for improving individual well-being but also for creating a sustainable, inclusive society that benefits people of all ages and reduces the demand on health and social care services locally.

1.2 Local policy context

Warrington has an ageing population aged 65 and over, and population estimates predict that this will continue to increase over the next decade. As highlighted in the Chief Medical Officer's Annual Report in 2023, many older people remain in good health as they age or in sufficient health to support independence and a high quality of life. However overall, older people generally experience more ill health and disability in later life as illness, long term health conditions and disabilities become more prevalent and accumulate. As we age, our health naturally deteriorates caused by factors such as our becoming more susceptible to infections or the impact of exposure over our life course to detrimental social, economic and environmental factors. Despite increases in life expectancy overall, the needs and experiences of older people in Warrington vary and it is important to consider inequalities to better support older people living in Warrington. For example, the health of those living in poverty and deprivation, who experience multiple risk factors across the life course, differs in comparison to those living in less deprived areas of the town.

The Centre for Ageing Better advocates that wellbeing in later life is influenced by a broad range of factors which go beyond a traditional understanding of health. The research and analysis undertaken for this Ageing Well Needs Assessment, and presented in the report, suggests that for Warrington residents, some of the most influential 'determinants' of a good later life might include:

- Having a strong social network
- Secure employment up to retirement age
- Accessing financial and practical support if you are a carer
- High quality information and advice tailored to adults aged 50 and over
- Good access to public transport
- Digital awareness and confidence
- Support to navigate the local health and social care system
- A better awareness of emotional and mental health in later life
- Having a wider choice of affordable housing options
- Adopting healthy lifestyles
- Living within an age friendly environment or town

In order to ensure that the voice of our residents formed a key information source for this needs assessment, we launched our **Ageing Well in Warrington Survey** in autumn 2024. This Warrington-wide listening exercise captured the views of residents aged 50 and over on what they feel keeps them well now, their concerns looking to the years ahead and what they see will be the key factors in supporting them to stay healthy and well as they age. A total of 794 surveys were completed by Warrington residents aged 50 and over. Two thirds of the surveys were completed online and a further third were paper copies. Paper surveys were completed by residents attending groups, sessions and services or through outreach work in the town carried out by the public health team.

The survey found that those aged 50-75 were confident using digital technology, albeit this confidence decreased for those aged 75 and over. It was clear from the listening exercise that our aged over 50's enjoy spending time outdoors in green space and would like to do more of this as they age. They also understand that staying connected to others, keeping fit and mentally stimulated will help them to stay healthy and age well. Those aged 50-74 regularly participated in weekly social and leisure activities, however this reduced for those aged 75 and over, mainly due to health reasons.

Residents who completed the survey expressed concerns around accessing transport, accessing health services and concerns about the availability and affordability of care when they need it. The survey also found that respondents would like to have better communication in relation to the local services and support which are available in the town. As they age, remaining in their own homes and living in independently was very important to them as was being heard, respected and accepted regardless of their age.

This Ageing Well Needs Assessment (AWNA) has also drawn upon the detailed insight gathered through our population-wide **Warrington Health and Wellbeing Survey** conducted in 2023. This was a comprehensive, large-scale piece of research which saw 5,000 residents, selected by age, gender and postcode to represent our population, complete a questionnaire. The survey comprised over 80 questions covering a range of areas which impact on health and wellbeing

outcomes. For the purpose of this AWNA, public health analysts conducted further analysis of survey responses for those respondents aged 50 and over. Where relevant, findings from this targeted analysis are presented in this report. Full detailed Health and Wellbeing Survey 2023 reports are available on the council's JSNA webpages at Joint Strategic Needs Assessment (JSNA) | warrington.gov.uk

Ageing well is a central theme in **'Living Well in Warrington',** Warrington's Health and Wellbeing Strategy for 2024-2029. One of the strategy's core ambitions is to ensure that 'older people enjoy a healthy, independent, and fulfilling old age, feeling safe and connected within their communities'. This will be achieved by strengthening the role of prevention of poor health through a partnership approach, creating healthy places and by tackling poverty and age discrimination. Warrington's Ageing Well Board has oversight of local delivery plans to achieve the outcomes and priorities within the strategy. The recent Adult Social Care Commissioning Strategy and Housing Strategy both reflect the ageing population in Warrington and the increasing demands this places on public services.

1.3 Aims of the Ageing Well Needs Assessment

The aim of this needs assessment is to:

- Provide partner organisations and local people with data on the health and wellbeing of Warrington's older residents and the wider determinants of health for older people living in Warrington.
- Highlight inequalities in health and wellbeing among older people to help inform how best to support our older people, reduce these inequalities and increase quality of life.
- Highlight some of the strengths and benefits that an ageing population bring to our town.
- Enable planning, commissioning and the provision of local services to:
    - Help inform the prioritisation, planning and targeting of support for our older population through the provision of services, where people may need additional support.
    - Help support us to fulfil our care act duties as a local authority.

1.4 Scope of this report

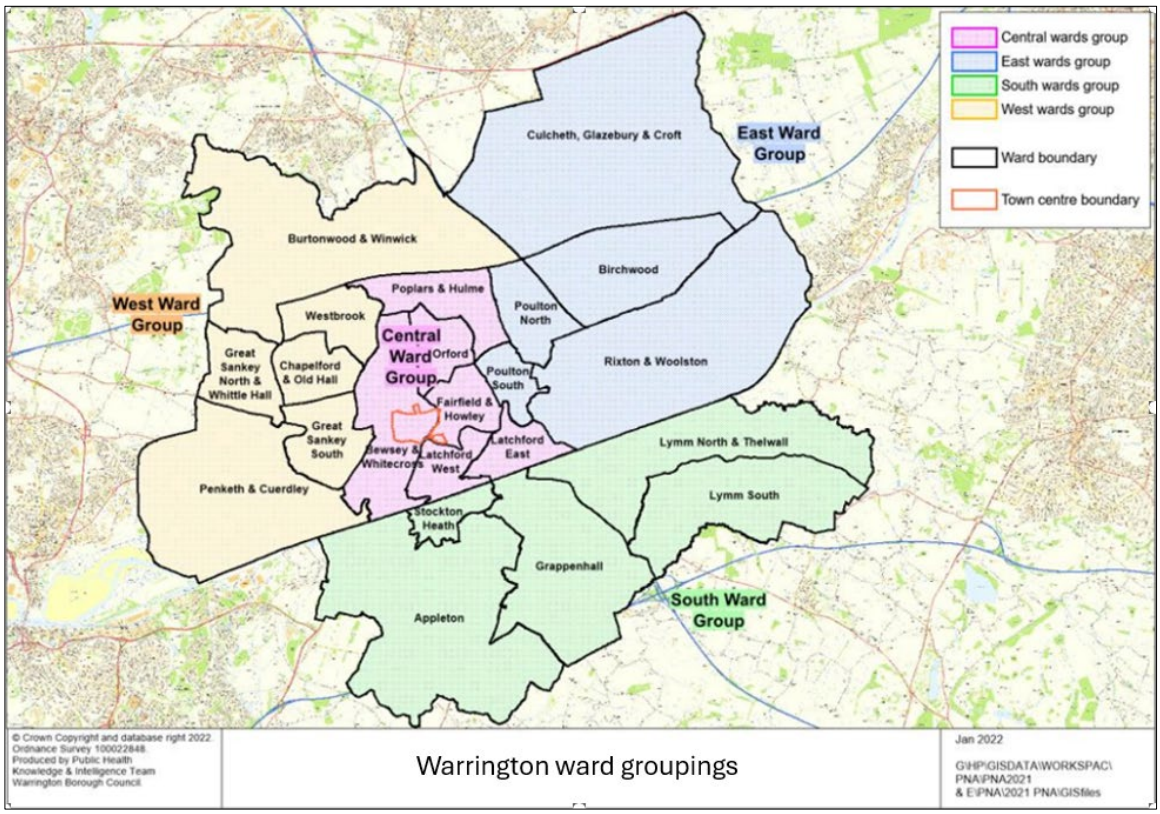
This Ageing Well needs assessment (AWNA) provides a summary of key facts and figures on the health and wellbeing and wider determinants of health (such as housing, employment) for older people resident in Warrington. This needs assessment was scoped following consultation with key stakeholders and agreed by the local working group which included representatives from adult social care, health, housing and Warrington's voluntary sector.

It is acknowledged that there is no strict definition of older people as a group. Much of the data presented below focuses on those aged 65 and over and some data is presented for younger age groups e.g. aged 50-64 who would be expected to join this cohort in the next 15 years.

This report presents data on older people by age band, sex, deprivation and geography and highlights inequalities in health and wellbeing in Warrington's older population, as well as comparisons to regional and national data. Where possible, the report will provide comparisons between different areas of Warrington. Where data allow, this will be done at an electoral ward

geography. In addition, some data is aggregated into four electoral ward groupings – Central (6 wards), South (5 wards), East (5 wards) and West (6 wards) Warrington. The ward groupings are illustrated in the map below.

Figure 1: Warrington electoral ward groupings used in the report



The report covers the following broad areas:

- demographics of our older population including projections of the older population locally
- general life expectancy
- wider determinants of health such as deprivation, education, employment and housing
- key health conditions (morbidity), health vulnerabilities and wellbeing
- health related behaviours
- use of services: adult social care and healthcare
- main causes of death (mortality)

2. Key findings

See the Ageing Well Needs Assessment Summary Report

3. Recommendations and suggested action

The following recommendations and suggested local actions focus on enhancing the quality of life, reducing health inequalities, and ensuring equitable access to services for older adults to support them to age well.

1. Continue to improve health and social care for older adults

- **Focus on improving support services for those aged 75+** including healthcare access, dementia care, and preventive interventions. Explore how we can reduce the number of people dying in hospital.
- **Develop an age-friendly Warrington** plan to identify and address barriers to the well-being and participation of older people.
- **Strengthen dementia care** and support for people over 65 living with and dying from dementia, offering tailored care for both patients and carers.
- **Develop a comprehensive and achievable workforce development** and sustainability programme for social care providers to meet the needs of our growing older adult population.

2. Promote healthy lives, preventive care and early interventions

- **Encourage physical activity**, including strength-based exercises, to reduce falls, frailty and the risk of obesity and dementia in adults and older adults in later life.
- **Provide smoking cessation support** for older adults, particularly those aged 65+ and provide tailored advice and support.
- **Target alcohol treatment services** for older people in particular men (aged 50-64) to reduce high-risk drinking behaviours. Explore links between loneliness and alcohol use.
- **Provide clear, accessible information** to older adults (aged 65+) on how to stay well, including information on managing long-term conditions and adopting healthier behaviours. Use of peer networks to share information. Use software regarding who to target, how and at what point in their lives. Agree the point of early intervention and where we will target our resources.
- **Develop a holistic approach to neighbourhood wellbeing services**, particularly targeting adults aged 50-67 of working age, which focus on providing accessible and practical information, support and guidance covering self-care awareness, mental health and wellbeing, the early diagnosis and management of health problems, social wellbeing, unpaid caring, economic wellbeing and financial planning.
- **Improve the uptake of national screening programmes among older people (in eligible groups) by promoting screening programmes to older adults and targeting underserved groups.** Work across the system to improve access to data on the uptake of screening in different population groups and build news ways of working to address inequalities in screening uptake.

3. Improve accessibility and equity in healthcare

- **Ensure** services for older adults with specific needs (e.g., dementia, learning disabilities, vision impairments) **monitor access for populations with protected characteristics to ensure equitable access.**
- **Enhance carer support** for working-age adults aged 50-64 and those over 65 who provide unpaid care, ensuring they have access to resources and guidance.
- **Ensure transport options** are available for residents to access health appointments
- **Ensure accessibility of digital services**, improving digital literacy for older adults (65+) through initiatives which also incorporates raising awareness and increasing confidence in and acceptability of the use of digital and remote health and social care provision.
- **Ensure services are accessible** to older adults still in employment and those over 75, focusing on reducing barriers to care.

4. Tackle socioeconomic inequalities

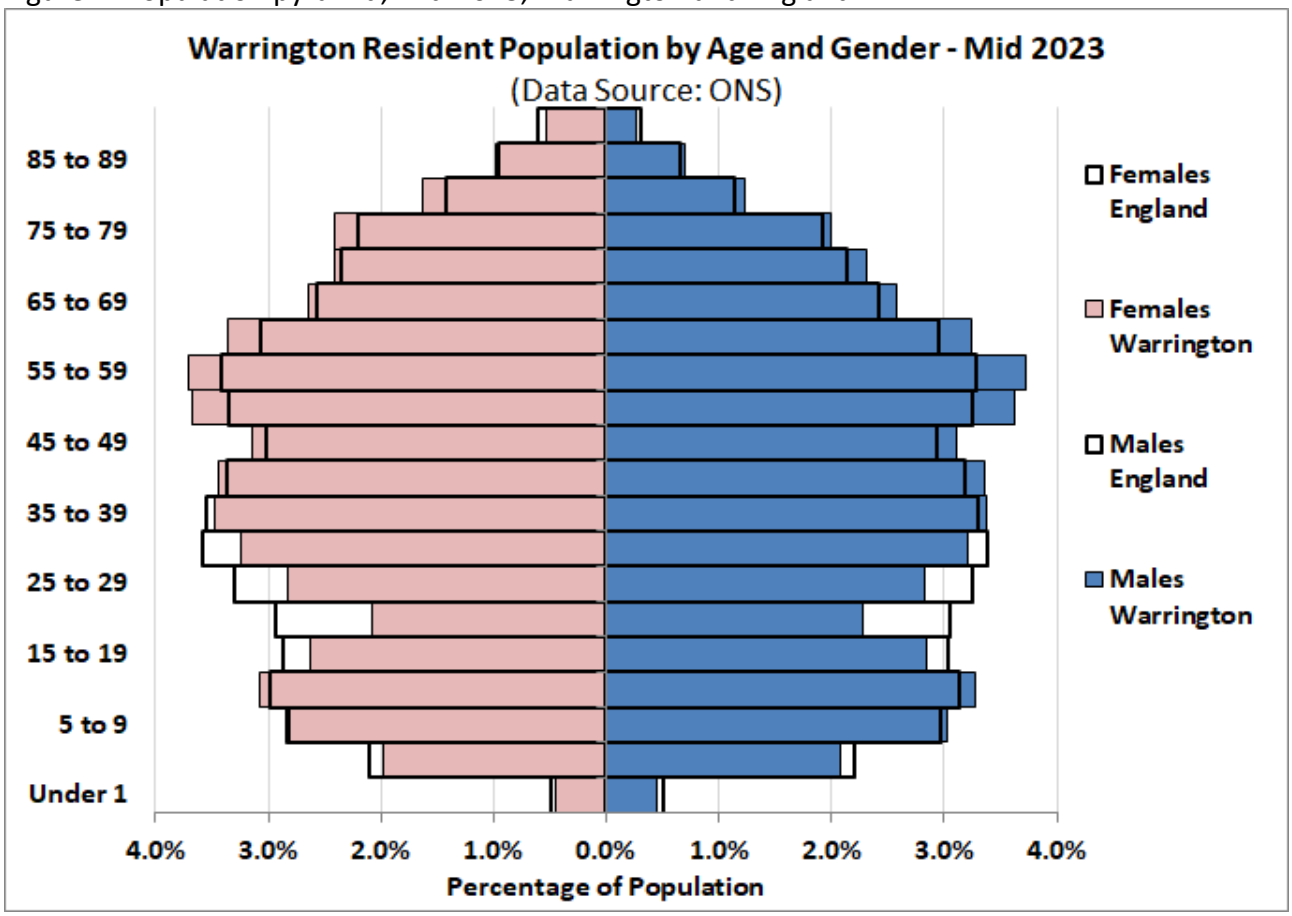
- **Reduce poverty** among older adults, particularly in areas with high levels of income deprivation (e.g.in the central 6 electoral wards) by maximising income, access to welfare benefits and entitlements.
- Develop **targeted interventions for renters and those in social housing**, focusing on financial advice, accessing benefit entitlements, skills for work, tenancy support, and housing adaptations to support independent living.
- **Address housing insecurity** by promoting safe, affordable, and suitable housing options for older adults. Strengthen the role of housing and housing adaptation in promoting health and independence in later life, taking particular account of health inequalities and income deprivation in the 60+ population.
- Where appropriate, **integrate housing-related interventions** with social care and community services to address both social isolation and housing needs.

4. Demographics

4.1 People aged 50 and over in Warrington

Overall, Warrington has an older age profile than England. In mid-2023, around 45,300 people in Warrington were aged 50-64, a further 21,100 were aged 65-74, 15,400 were aged 75-84 and 5,600 were 85 and over. In mid-2023, Warrington had a higher proportion of people in all age groups between 40 to 84 years, when compared with England. There is a correspondingly lower proportion of people in most of Warrington's under 50 age groups compared with England. As demonstrated in the population pyramid in Figure 2 below, adults aged 50-59 represent the greatest proportion of the resident population, and this steadily decreases with increasing age. The age distribution of males and females across the 50 and over age bands is largely similar. This age structure has implications for the provision of health and social care services in Warrington and the allocation of resources. Additionally, the provision of targeted early intervention and prevention programmes aimed at those aged 50–59 may help to reduce pressure on health and social care services as this cohort ages. It is also important to consider that this cohort includes working age adults which has implications for access to early intervention and prevention programmes (e.g. health screening, immunisation and NHS health checks).

Figure 2: Population pyramid, mid-2023, Warrington and England



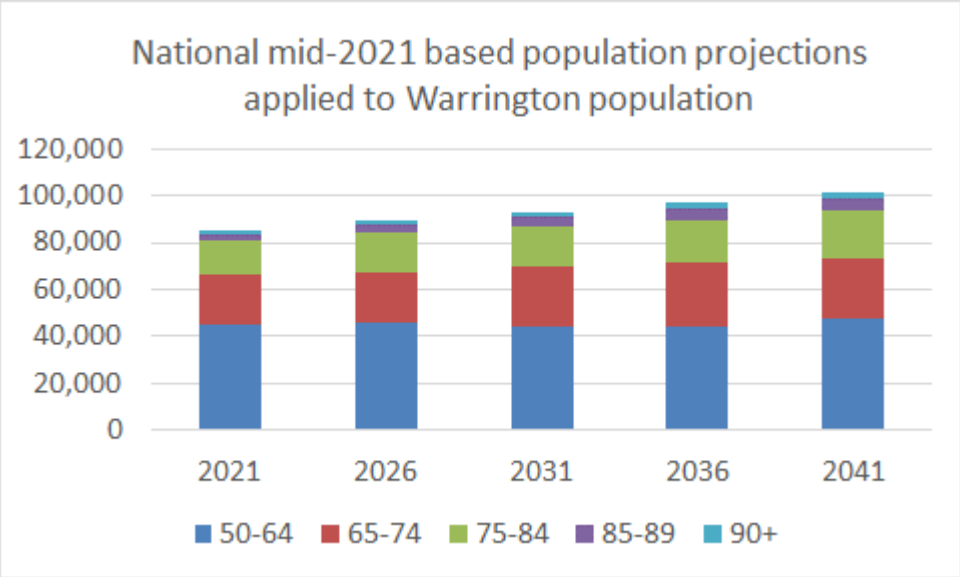
Data source: Office for National Statistics, mid-2023 population estimates

4.2 Population projections

Figure 3 shows population projections for age groups aged 50 and over, these estimates are calculated by applying national population projections to the mid-2021 population estimates. As noted above, we know that Warrington has an older age profile than nationally, therefore it is likely that the figures below are an underestimate.

Figure 3 shows that by 2041, Warrington will have a larger number of 75-84, 85-89 and 90 and over year olds compared to 2021. The age band projected to have the biggest increase is those aged 75-84 which is estimated to comprise of 21,100 people by 2041. The type and level of services and support this cohort will need in 2041 will, in part, depend on the early interventions they receive now and healthy behaviours in their middle years.

Figure 3: National mid-2021 based population projections applied to Warrington population estimates



Data source: Office for National Statistics, national population projections, 2021-based interim, National population projections - Office for National Statistics [accessed 14 October 2024]

4.3 Percentage of older people in paid employment

Data from the 2021 Census show that 62% of Warrington adults aged 16 and over are economically active and 38% economically inactive. Warrington has a higher percentage of economically active adults than the North West (59%) and a slightly lower percentage than England as a whole (64%). Within Warrington, the central ward grouping has the highest percentage of economically active adults (2021 Census, Ready Made Tables, Nomis, Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk) [accessed 18 October 2024]).

For older adults aged 50-64, 74% were classed as economically active; this varied from 70% in the central Warrington ward group to 76% in the south Warrington ward group. For those aged 65 and over, 9% were economically active with little variation across areas. Looking at the 65 and over population, although the Warrington, North West and England gender split is similar, there is more variation when looking at the four broad areas within Warrington. The South electoral ward grouping has the most males aged 65 and over still economically active (62%) and the central has the most economically active females (43%) in the same age range.

It is likely that we will see an increase in the percentage of people aged 65 and over who are still in employment as our older population grows in size, retirement ages increase and the cost of living rises. This suggests that local support services should ensure that they are, and remain, accessible to the older working age population, including working age people aged 65 and over.

4.4 Percentage of older people living alone (2021 Census)

The total population of Warrington at the time of the 2021 Census was 207,836 people, of which 27,364 (13%) were living alone. Of those living alone, 70% (19,219 people) were aged 50 and over, including 11,444 (comprising 42% of all people living alone) aged 66 and over. When comparing

with the Cheshire and Merseyside average (43%), Warrington's proportion is consistent and similar to the North West average of 41%.

In Warrington, the central ward grouping has the largest percentage of single person households (17%), but only 30% of these are single person households aged 66 and over; in the other three ward groupings people aged 66 and over make up about half of single person households.

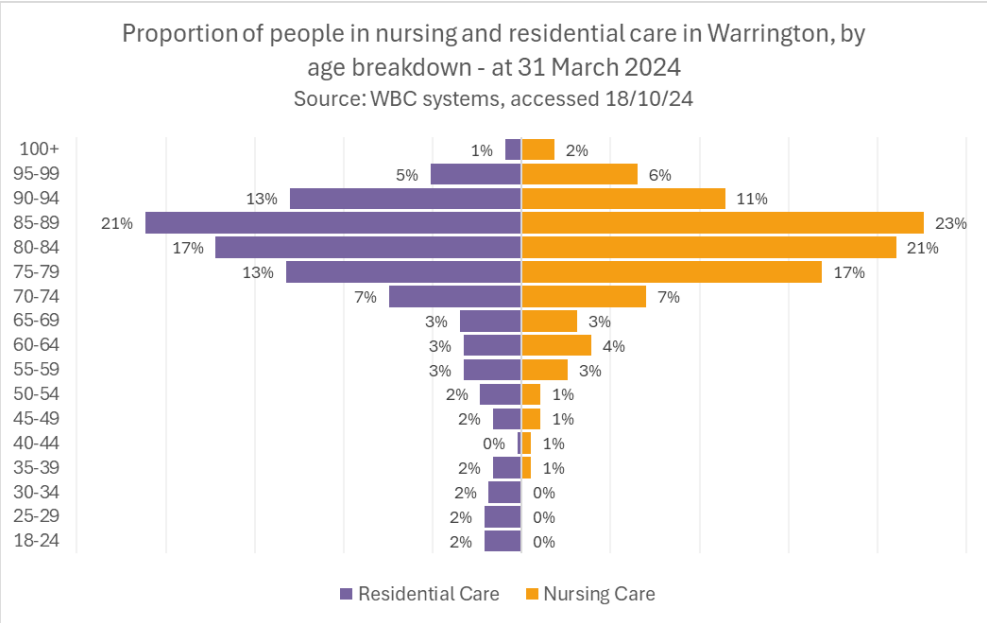
4.5 Percentage of older people living in care homes

Data reported by the council's adult social care systems showed that on 31 March 2024, a total of 815 individuals (all ages) were in receipt of either residential (53%) or nursing (47%) care within the borough. It should be noted that only those whose social care package is funded or arranged by the council will be included in this figure. Residents who self-fund and arrange their own packages of care are not included in the figures below.

Looking specifically at older people, there were 699 people, aged 65 and over, living in care homes, with equal proportions living in residential homes (n=351) and nursing homes (n=348). This means that of the 41,765 older people aged 65 and over living in Warrington[1], 1.7% of them are living in care homes. There has been a 9.6% increase since 2023 in which 638 people aged 65 and over lived in care homes. The increase has mainly been seen in residential care, a 13.6% increase (42 extra people in 2023) with a smaller increase in nursing care (5.8%, an extra 19 people).

Figure 4 shows residential and nursing care residents for all ages by 5-year age group and clearly shows that the majority of residents in receipt of ASC funded or arranged residential or nursing care are aged 65 and over (at 82% and 90% respectively of total clients).

Figure 4: Age breakdown of individuals in receipt of either residential or nursing care within Warrington on 31 March 2024



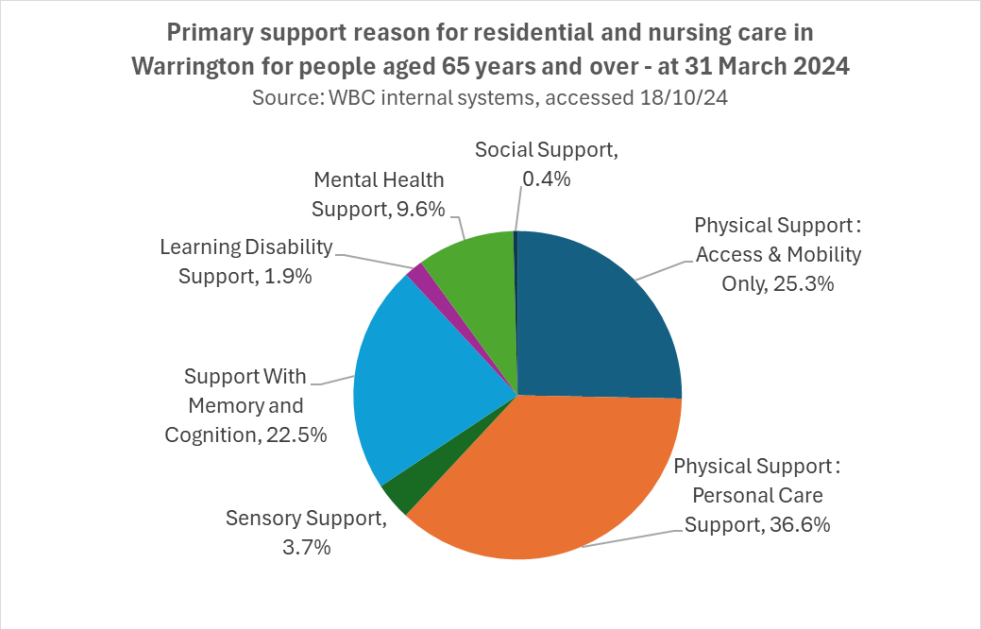
[1] ONS mid-year estimates 2023

When an individual enters either residential or nursing care, they are assigned a primary care reason for their stay. The primary care reasons are:

- Mental health support
- Physical support : access & mobility only
- Learning disability support
- Physical support: Personal care support
- Sensory support
- Social support
- Support with memory and cognition

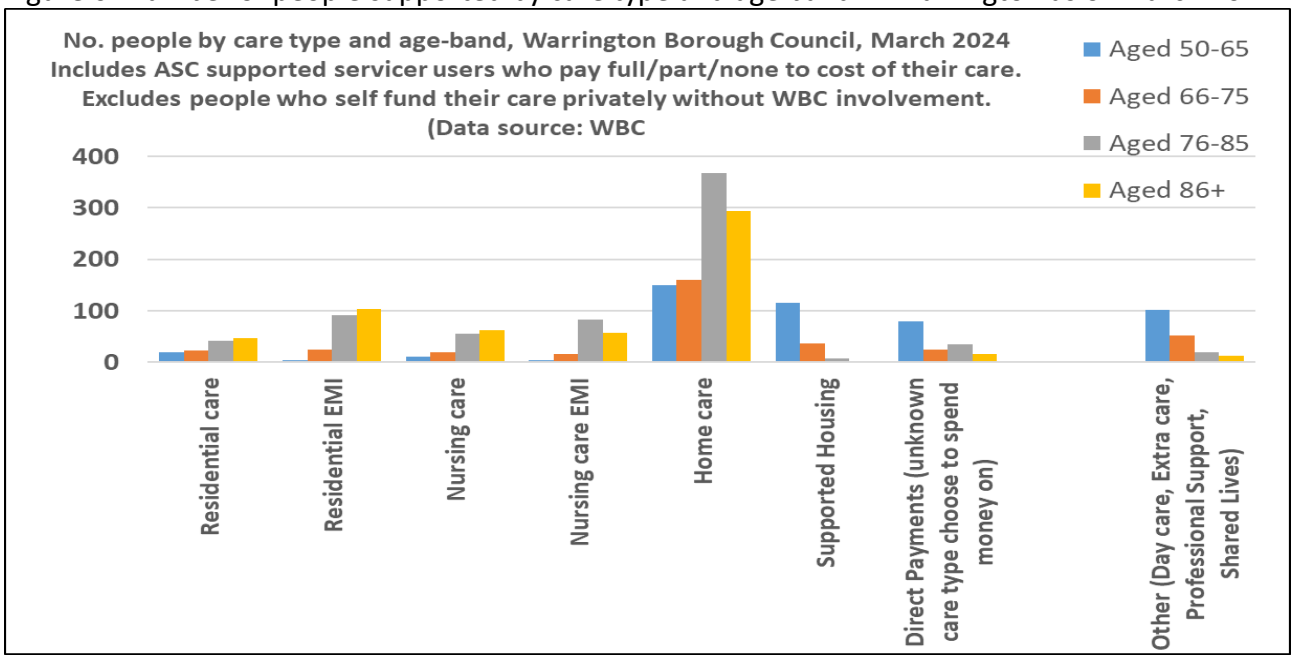
As shown in figure 5, the most common primary support needs for individuals aged 65 years and over within both nursing and residential care are physical support for personal care support (36.6%), physical support for access and mobility (25.3%), and support with memory and cognition (22.5%).

Figure 5: Primary support reason for people aged 65 and over receiving residential and nursing care at 31 March 2024



Residential and nursing care services only account for a proportion of the care market in Warrington. Figure 6 shows the type of support received, by age, for service users who contribute fully, partially or not at all to the cost of their care. As noted above, self-funders are not included in this data. The chart shows that home care is the most frequently used type of care for those aged 50 and over. The demand for home care is approximately three times higher than both residential and nursing care services and support needs are present from the age of 50. This suggests that it is vital that the care workforce is supported, including the homecare workforce to meet the needs of our ageing population.

Figure 6: Number of people supported by care type and age band in Warrington as of March 2024



4.6 Characteristics of our older population

For the population aged 50 and over in Warrington, just over half (52%) are female. The ratio of females to males increases as the population ages so that females make up 54% of those aged 65 and over, 57% of those aged 75 and over and 60% of those aged 85 and over. For the oldest age group, those aged 90 years and over, females make up nearly two-thirds (65%) of this age group.

In terms of ethnicity, the older population is less ethnically diverse than Warrington as a whole, however, ethnic diversity in the older population is likely to grow over time. The 2021 Census showed that 94.8% of Warrington's older residents (aged 65 and over) are White, 3.2% are Asian and Asian British or Asian Welsh ethnicity, 0.1% are Black, Black British, Black Welsh, Caribbean or African ethnicity, 0.6% are from mixed or multiple ethnic groups and 0.5% of older residents are from other ethnic groups. The proportion of non-white British older people varies across Warrington. The proportion of non-white British older residents is greatest in the central electoral ward grouping and lowest in the East electoral ward grouping.

While data on trends and projections on the ethnic diversity of our older population are limited, we know that cultural diversity in Warrington more broadly is increasing. The proportion of learners with English as an additional language in Warrington schools rose from 7.91% in 2018 to 16.1% in 2025. Across our schools, 109 different languages are spoken (2025 school census data), with 105 languages spoken across Warrington as a whole (2021 Census data).

According to the 2021 Census, those aged 50 and over are more likely to have ever been married or in a civil partnership. In all, 58.8% of residents aged 65 and over and 63.1% of residents aged 50-64 were married or in a registered civil partnership and 11.3% and 16.9% were divorced respectively. A further 24.3% of residents aged 65 and over were widowed or a surviving civil partnership partner. There were differences by gender, with 69.0% of men aged 65 and over and 50.2% of women in the same age band married or in a registered civil partnership; and 33.4% of

women aged 65 and over being widowed or the surviving civil partnership partner compared to 13.6% of men in the same age band.

A higher proportion of people in older age bands than younger age bands identified as Christian at the 2021 Census; 77.7% of 65–74 year olds and 82.6% of residents aged 75 and over identified as Christian. The next largest religious group was Muslim, with 0.5% of residents aged 65-74 and 0.4% of residents aged 75 and over identifying as Muslim. 16.3% of residents aged 65-74 and 10.7% of residents aged 85 and over identified as having no religion.

According to the 2021 Census, 13,028 (33.6%) of residents aged 65 and over identified as disabled under the Equality Act. Of this group, 6,104 residents felt that their disability limited their day to day activities a lot. The proportion of older people disabled under the Equality Act increased with age from 27.4% of 65-74 year olds to 37.6% of 75-84 year olds to 53.2% of people aged 85 and over.

At the 2021 Census, 0.4% of Warrington residents who answered the question on gender identity stated that they lived under a different gender from birth. For older people, the percentage was very slightly lower. Approximately 189 people aged 45 and over in Warrington may identify as a different gender from the one registered at birth.

In the general population, of those who answered the question on sexual orientation in the 2021 Census, 2.7% identified as lesbian, gay, bisexual or other (LGB+). The percentage was slightly lower in older age groups and higher in younger age groups. For those aged 45-54 years, 1.8% (523); for those aged 55-64, 1.2% (318), for those aged 65-74, 0.5% (104) and for those aged 75 and over 0.2% (37).

5. Income, housing, and socioeconomic deprivation in Warrington

5.1 Socioeconomic deprivation

In Warrington, areas of greater socioeconomic deprivation[2] are primarily concentrated in the central parts of the borough, while surrounding wards are generally less deprived. However, some parts of Birchwood ward in East Warrington and Burtonwood and Winwick ward in North West Warrington also experience significant levels of deprivation, highlighting exceptions to this overall pattern (Figure 7).

[2] Socioeconomic deprivation, a key determinant of health and wellbeing, extends beyond financial challenges to encompass a range of factors. These are captured in the English Indices of Deprivation, which include seven domains: income, employment, health and disability, education, barriers to housing and services, crime, and living environment. Together, these domains form the Index of Multiple Deprivation 2019 (IMD 2019), providing a comprehensive measure of overall deprivation. A detailed analysis of deprivation across Warrington is available at warrington_2019_deprivation_profile_report.pdf in the Warrington JSNA.

Figure 7: Map of Warrington Indices of Deprivation 2019 by Lower Super Output Area

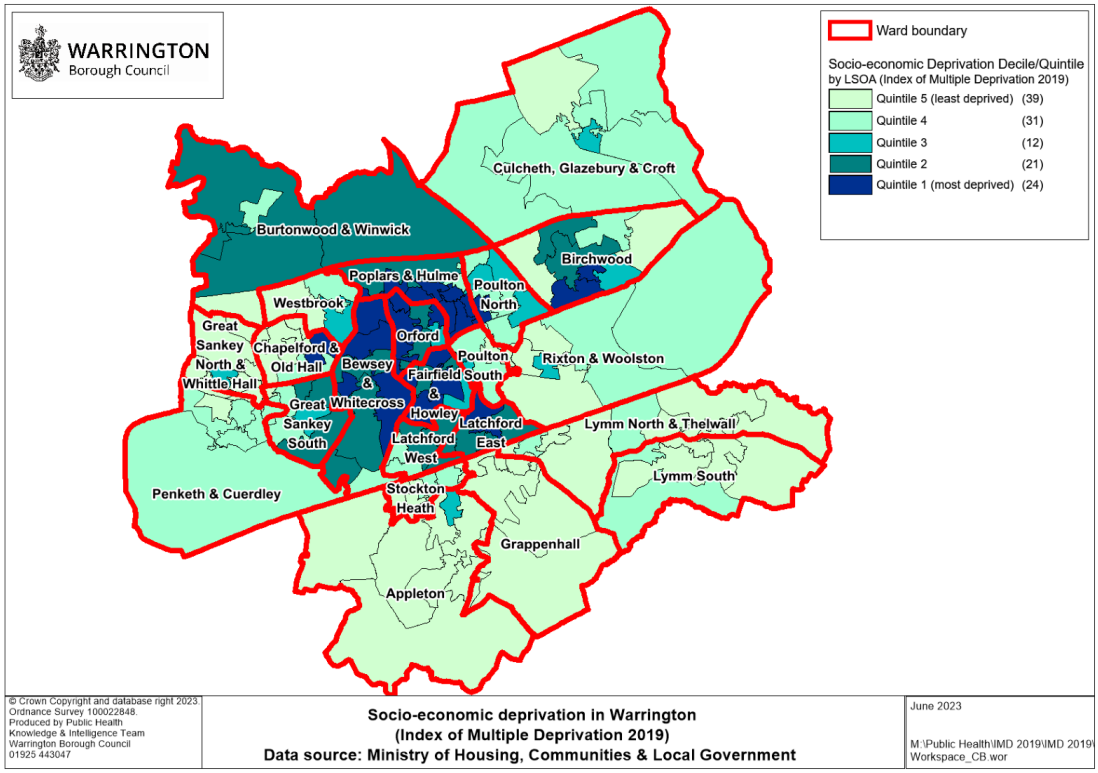


Figure 8 below highlights that electoral wards in the Central ward group, which have a higher level of deprivation, generally have lower proportions of adults aged 65 and over, possibly reflecting reduced life expectancy among residents in these areas. The ward with the highest percentage (29%) of people aged 65 and over is Penketh and Cuerdley in the West Warrington ward grouping and the ward with the lowest percentage (9%) is Bewsey and Whitecross in Central Warrington. These two wards also have the highest (51%) and lowest (26%) percentage of people aged 50 and over respectively. Understanding the distribution of socio-economic deprivation across the borough is essential for tailoring services to meet the specific needs of different populations and addressing inequalities in health outcomes. This has important implications for the types of services required for older adults across the borough. For example, in more deprived central wards, there may be a greater need for preventive health interventions, and support for working-age populations experiencing poor health. Conversely, in less deprived areas with a higher proportion of older adults, services may need to focus on supporting healthy ageing, such as social care, and initiatives to promote independent living.

Figure 8: Warrington population aged 50 and over by ward

Ward grouping	Ward name	Total population	Percentage aged 50-64	Percentage aged 65-74	Percentage aged 75-84	Percentage aged 85+	Percentage aged 50+	Percentage aged 65+
Central	Bewsey and Whitecross	12,405	17	6	3	1	26	9
Central	Fairfield and Howley	11,823	18	6	4	2	30	12
Central	Latchford East	9,173	17	6	4	2	30	12
Central	Latchford West	7,569	21	9	9	4	42	22
Central	Orford	11,951	20	9	6	2	36	16
Central	Poplars and Hulme	12,325	19	8	4	1	32	13
East	Birchwood	10,451	22	12	7	1	42	20
East	Culcheth, Glazebury and Croft	11,511	24	11	9	4	48	24
East	Poulton North	9,518	21	14	9	2	46	25
East	Poulton South	6,599	21	10	9	3	44	23
East	Rixton and Woolston	9,094	24	14	9	3	50	26
South	Appleton	10,693	25	13	9	4	51	25
South	Grappenhall	6,952	23	10	8	4	45	22
South	Lymm North and Thelwall	11,719	22	11	9	4	46	24
South	Lymm South	6,410	23	11	9	4	48	25
South	Stockton Heath	6,673	25	11	8	3	47	22
West	Burtonwood and Winwick	6,222	24	12	11	4	50	26
West	Chapelford and Old Hall	12,102	21	8	4	1	33	12
West	Great Sankey North and Whittle Hall	10,565	21	10	6	2	40	18
West	Great Sankey South	11,506	20	10	6	1	37	17
West	Penketh and Cuerdley	9,808	22	11	13	5	51	29
West	Westbrook	6,511	24	11	6	1	43	18

Data source: Office for National Statistics, ward level population estimates, mid-2022

5.2 Income Deprivation Affecting Older People Index (IDAOPI), 2019

The Income Deprivation Affecting Older People Index (IDAOPI) is a sub-section of the income deprivation domain within the Index of Multiple Deprivation (IMD). It calculates the proportion of people aged 60 and over experiencing deprivation due to low income, including both those who are out of work and those who are employed but earn below the established threshold.

Figure 9 below shows that the wards of Bewsey and Whitecross, Fairfield and Howley, Poplars and Hulme, Latchford East, and Orford all experience significantly higher rates of income deprivation among older people compared with England as a whole. These higher rates of income deprivation in central Warrington highlight the need for targeted interventions to address poverty among older adults in these areas.

Figure 9: Income deprivation affecting older people index (IDAOPI), Warrington wards, 2019

Older people in poverty, income deprivation affecting older people Index (IDAOPI) 2019

Proportion - %

Area	Count	Value	95% Lower CI	95% Upper CI
England	1,790,712	14.2	14.2	14.2
Warrington	5,831	12.1	11.8	12.4
Bewsey and Whitecross	415	30.2	27.8	32.6
Fairfield and Howley	534	28.6	26.6	30.7
Poplars and Hulme	451	26.0	23.9	28.1
Latchford East	323	21.3	19.3	23.4
Orford	495	20.4	18.9	22.1
Birchwood	379	15.1	13.8	16.6
Chapelford and Old Hall	215	13.3	11.7	15.0
Great Sankey South	251	12.8	11.4	14.4
Poulton North	384	12.2	11.1	13.4
Latchford West	223	11.1	9.8	12.6
Westbrook	140	11.0	9.4	12.8
Burtonwood and Winwick	194	10.6	9.2	12.1
Poulton South	170	9.1	7.9	10.5
Lymm South	168	8.7	7.5	10.0
Culcheth, Glazebury and Croft	265	8.3	7.4	9.3
Rixton and Woolston	217	8.1	7.2	9.2
Stockton Heath	123	8.0	6.8	9.5
Great Sankey North and Whittle Hall	190	7.8	6.8	8.9
Penketh and Cuerdley	228	7.1	6.2	8.0
Lymm North and Thelwall	193	6.0	5.2	6.9
Appleton	183	6.0	5.2	6.9
Grappenhall	90	5.4	4.4	6.6

Data source: Office for Health Improvement and Disparities (OHID), Fingertips, Local health public health data for small areas, Local health, public health data for small geographic areas - Data | Fingertips | Department of Health and Social Care (phe.org.uk) [accessed 14 October 2024]

The UK State of Ageing Summary for 2025[3], points out inequalities in living standards for our older population and that these vary across the country. Often the North West is one of the worst hit areas in terms of poverty. The below is taken from the State of Ageing Summary and highlights the issues around income for pensioners:

[3] The-State-of-Ageing-2025-interactive-summary.pdf

"For the least well-off pensioners, the majority of their income comes from the State Pension and other benefits. But the UK has one of the lowest State Pension provisions of all OECD countries and, despite the triple lock, the State Pension does not provide pensioners in this country with a basic standard of living, even when it is topped up by pension credit. Pensioner couples on the full State Pension can only reach 91% of the Minimum Income Standard (an estimate of the income needed for people to have a socially acceptable standard of living) or 87% for those receiving pension credit. A single pensioner can only reach 94% of the income required, whether they are receiving the full State Pension or a top-up via pension credit."

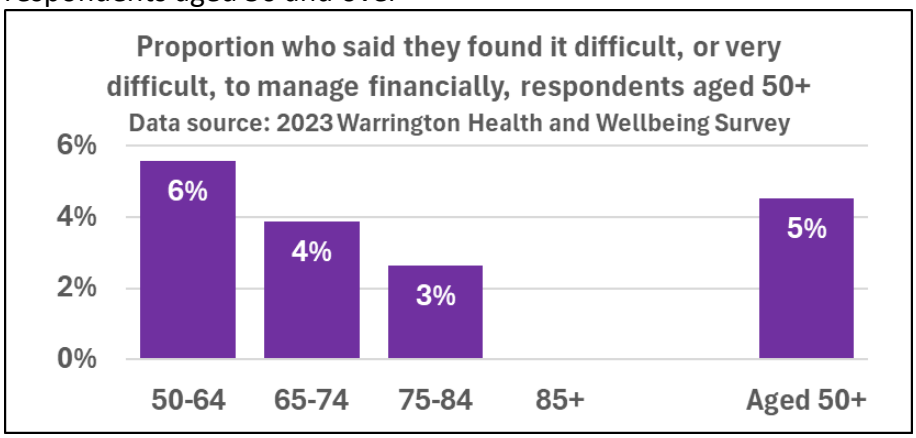
A recent published government report on households below average income shows a recent increased in material deprivation within the older population. Increasing from **6%** in financial year end (FYE) 2020 to **8%** in FYE 2023.
When estimating the number of people in Warrington who may be affected by material deprivation, based on the 2023 figures (**8%**), this equates to an estimated **3,341** people over 65 in material deprivation.

Perceptions of financial circumstances among older adults: findings from the Warrington Health and Wellbeing Survey 2023

Survey respondents were asked a series of questions relating to their financial circumstances, how they felt they were managing and the particular difficulties they were experiencing. Respondents were asked **how well they felt they were managing financially**, with response options of '*living comfortably*', '*doing alright*', '*just about getting by*', '*finding it difficult*' and '*finding it very difficult*'. Those aged 65 and over were less likely to report financial difficulty than younger age groups, with only 3% finding it difficult to manage financially, compared with 7% of 40–64 year olds and 19% of 18–39 year olds. They were also more likely to report living comfortably, with 43% of those aged 65 and over stating this, compared to 30% of 40–64 year olds and 18% of 18–39 year olds. As shown in Figure 10, there was a gradual decrease in reported financial difficulty among respondents aged 50 and over, with 6% of those aged 50-64 reporting difficulty, reducing to 4% in the 65-74 age group, 3% in the 75-84 age group, and 0% among those aged 85 and over (Figure 10). There was little difference between men and women.

Overall, these findings offer valuable insights into the financial wellbeing of different age groups, showing that older people are generally less likely to report financial difficulties compared to younger age groups. However, as noted above, a significant proportion of older people in the central wards of Warrington do experience income deprivation. This suggests that financial hardship may be perceived differently across age groups, with younger populations more likely to report struggling financially. For older people, financial challenges may be less frequently acknowledged or experienced in different ways.

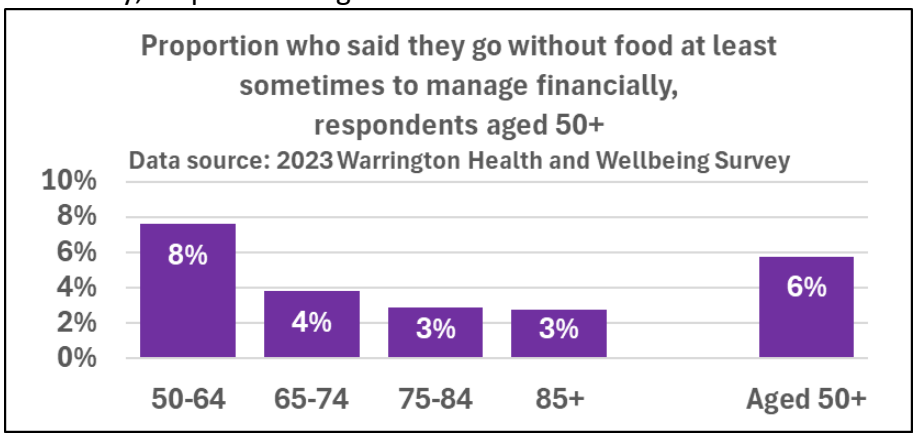
Figure 10: Proportion who said they found it difficult or very difficult to manage financially, respondents aged 50 and over



Respondents were asked if they ever **had to go without food to manage financially**. Older adults were less likely to report going without food to manage financially. Only 3% of those aged 85 and over said they go without food at least sometimes, compared to 9% of 40–64 year olds and 13% of 18–39-year-olds. As shown in Figure 11, amongst those aged 50 and over, the percentage gradually decreased with age, from 8% in 50–64 year olds to 3% in those aged 75-84. Analysis also showed little difference between men and women.

These findings suggest that financial hardship may manifest differently across age groups, which is an important consideration when designing interventions to address poverty among older populations. Older adults may experience financial strain in less visible or less acute ways compared with younger adults, so tailored approaches are needed to effectively support this group.

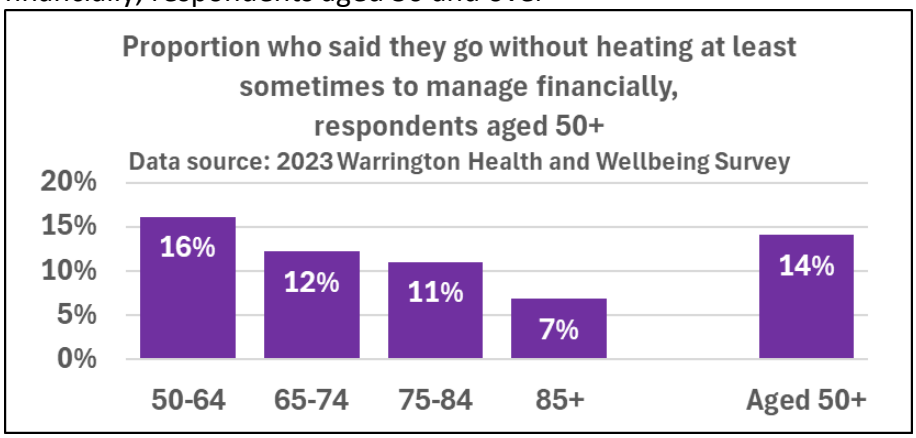
Figure 11: Proportion who said that they go without food at least sometimes to manage financially, respondents aged 50 and over



Respondents were asked if they ever **had to go without heating to manage financially.** Older age groups were less likely to report going without heating to manage financially than younger people. In all, 11% of those aged 65 and over reported doing so compared to 18% of 18–39 year olds and 17% of 40–64 year olds. As shown in Figure 12, among respondents aged 50 and over, 14% said they go without heating 'at least sometimes'. This decreases with age, from 16% in 50–64 year olds to 7% in those aged 85 and over. Additionally, 14% of those aged 50 and over *frequently* go

without heating. This decreased with age from 16% in 50–64-year-olds to 1% in those aged 85 and over. There was little difference between men and women.

Figure 12: Proportion who said that they go without heating at least sometimes to manage financially, respondents aged 50 and over



5.3 Benefits data

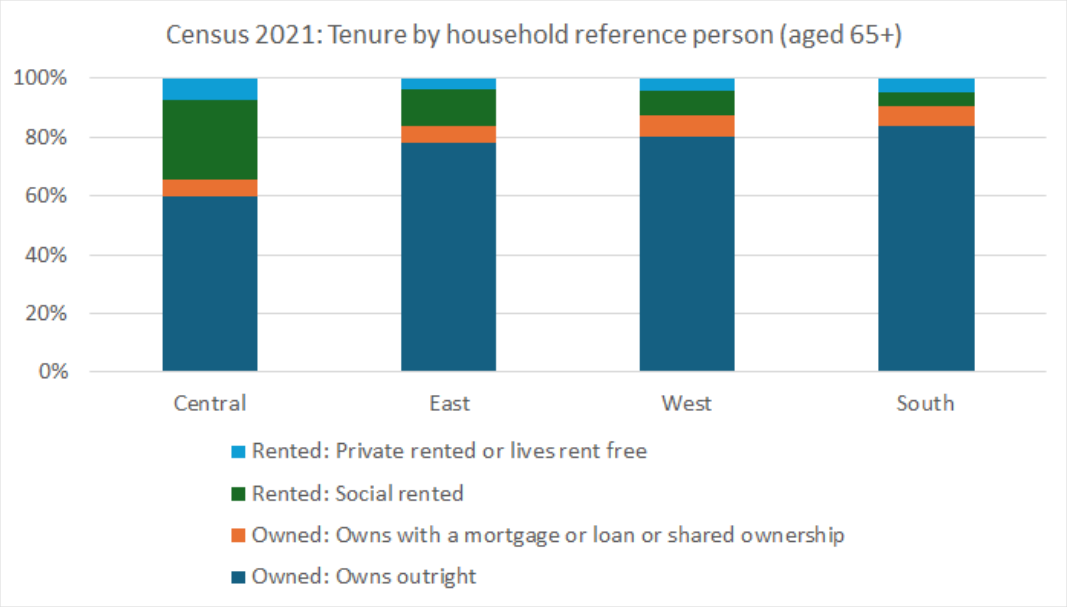
Pension credit is a means tested benefit available to people who have reached state pension age. It works by topping up their income to £281.15 per week for a single person and £332.95 for a couple (Pension Credit: What you'll get - GOV.UK). In 2023, it was estimated that, nationally, only 65% of those eligible for pension credit took it up. This was estimated to represent 78% of the total amount available to claim. Across Warrington, it is estimated that nearly 3,700 households claim pension credit, but around of 4,900 are actually eligible. This means that around 1,200 households could be missing out. This equates to nearly £4 million unclaimed annually in Warrington. This would mean an average of £63.72 per week additional income for those who are eligible but do not claim[4].

5.4 Housing

The 2021 Census reveals that in Warrington, 81.9% of households with a household reference person aged 65 and over own their home, either outright or with a mortgage, compared to 69.4% of all households. However, this overall figure conceals significant variation across the borough. As shown in Figure 13, in central Warrington, only 65.4% of households in this age group own their home, compared to 90.4% in south Warrington. Additionally, 18.1% of households in this age group rent their homes, with 13.1% renting from social landlords and 4.9% renting privately. In central Warrington, these proportions rise to 27% renting from social landlords and 7.6% renting privately.

[4] Benefits data downloaded from Stat-Xplore - Log in (accessed 20 March 2025). Figures calculated using methodology developed by Greater Manchester Combined Authority on behalf of the Centre for Ageing Better Centre for Ageing Better | Action today for all our tomorrows (accessed 20 March 2025)

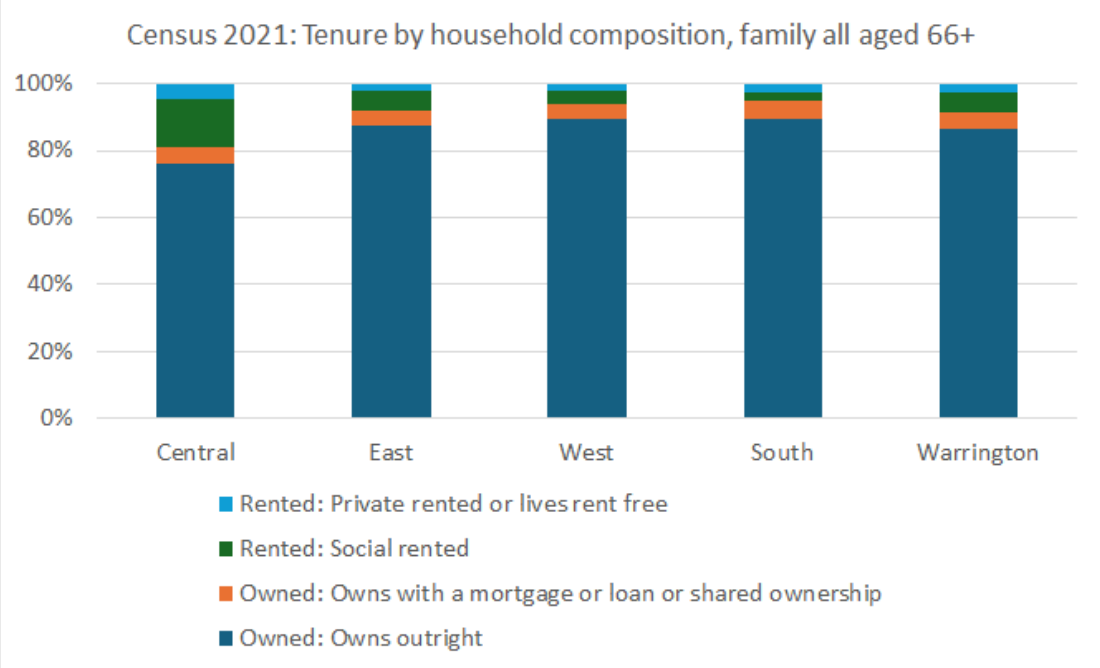
Figure 13: Census 2021: Tenure by household reference person (aged 65 and over)



Data source: 2021 Census, Ready Made Tables, Nomis, Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk) [accessed 14 October 2024]

For households where all occupants are aged 66 and over, homeownership is more common compared to single-person households in the same age group. As shown in Figure 14, among these households, 91.5% own their homes outright, with ownership rates rising to nearly 95% in the west and south Warrington ward clusters but dropping to 80.8% in central Warrington. Central Warrington also has the highest proportion of these households renting, with 14.5% renting from social landlords and 4.7% renting privately.

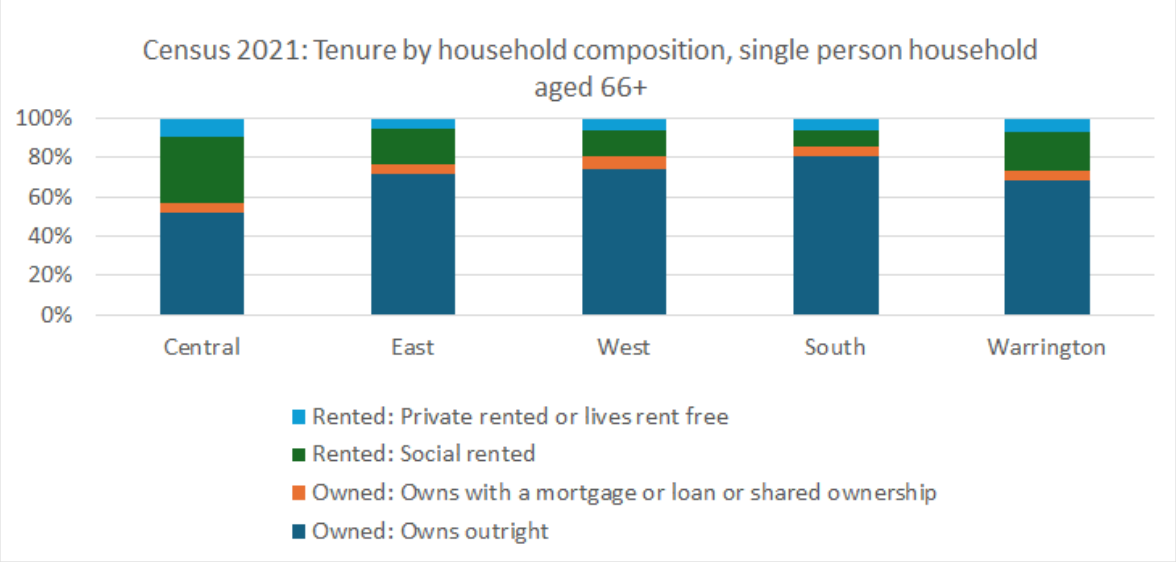
Figure 14: Census 2021: Tenure by household composition, family all aged 66 and over



Data source: 2021 Census, Ready Made Tables, Nomis, Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk) [accessed 14 October 2024]

Homeownership is lower among single-person households aged 66+ years in Warrington as shown in Figure 15. This trend is particularly true in central Warrington, where only 56.8% of single-person households in this age group own their home outright or with a mortgage, compared with 85.5% in south Warrington and 73.7% for Warrington overall. Central Warrington also has the highest proportion of single-person households aged 66 years and renting privately (8.9%) and an even larger proportion renting from social landlords (34.2%). In contrast, south Warrington has the lowest proportion of renters in this group, with 8.3% renting from social landlords and 6.2% renting privately. The Warrington averages for these figures are 19.6% and 6.7%, respectively.

Figure 15: Census 2021: Tenure by household composition, single person household aged 66 and over



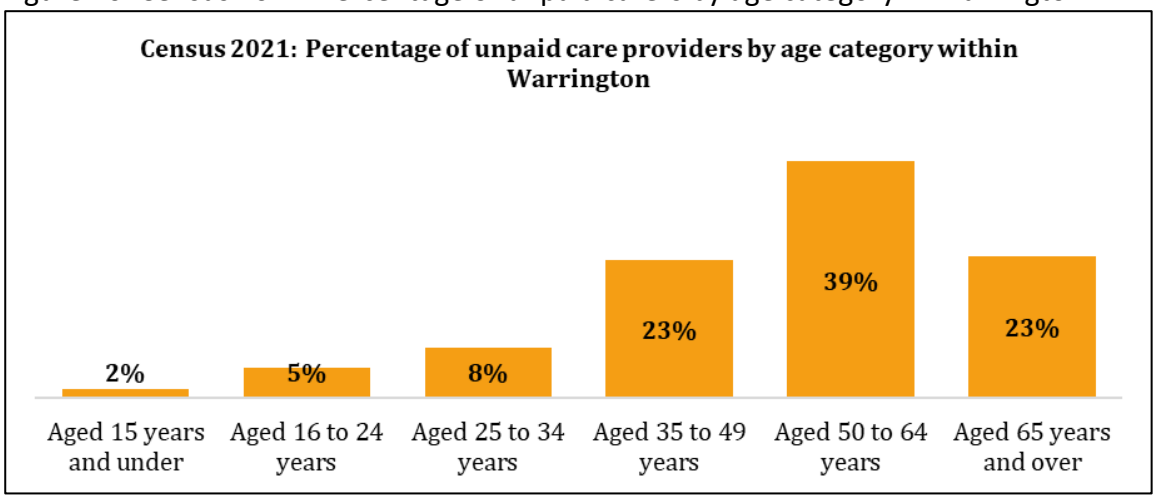
Data source: 2021 Census, Ready Made Tables, Nomis, Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk) [accessed 14 October 2024]

6. Unpaid carers

The 2021 Census indicated that 19,100 (9.5%) of the borough's population provided unpaid care hours for other individuals. As shown in Figure 16, people aged 50 and over accounted for a combined 62% of all unpaid carers in the borough. Within this, those aged between 50 to 64 and those aged 65 and over accounted for 39% and 23% of all unpaid carers respectively.

These figures would suggest that, for Warrington overall, 16.7% of 50–64-year-olds and 11.1% of residents aged 65 and over provide unpaid care. This would indicate that many people in Warrington combine paid work with unpaid caring responsibilities.

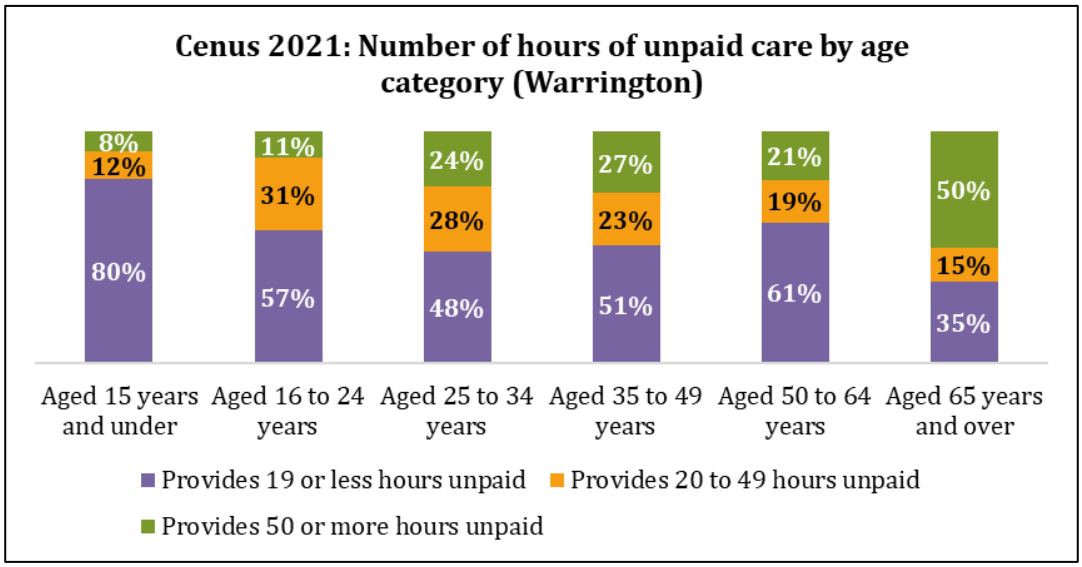
Figure 16: Census 2021: Percentage of unpaid carers by age category in Warrington



Data source: 2021 Census, Ready Made Tables, Nomis, Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk) [accessed 18 October 2024]

Whilst people aged 50-64 make up a higher proportion of carers, those people aged 65 and over who are providing unpaid care are undertaking more hours of unpaid care, with around half of the carers in this age group doing 50 or more hours per week.

Figure 17: Census 2021: Percentage of unpaid hours of care provided by category

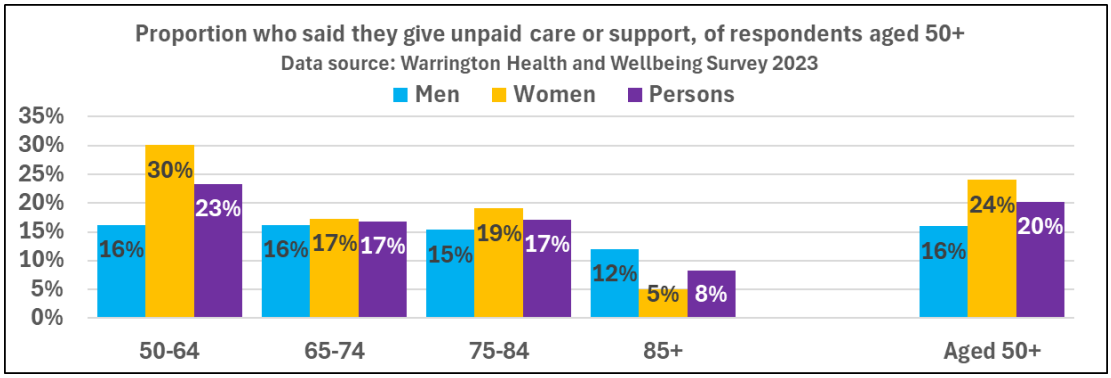


Data source: 2021 Census, Ready Made Tables, Nomis, Nomis - Official Census and Labour Market Statistics (nomisweb.co.uk) [accessed 18 October 2024]

The Warrington Health and Wellbeing Survey (2023) provided more detailed local information about the provision of unpaid care. The survey asked adults whether they '*provide unpaid help or support to someone because they have long-term physical or mental health conditions or illnesses, or problems relating to old age'*. Further questions were asked about the caring role. Responses indicated that not all the respondents who provided unpaid help or support may identify themselves as a 'carer'.

This local population survey found that among respondents aged 50 and over, a higher proportion of women said that they provided unpaid care (24%) compared to men (16%). Figure 18 shows that the proportion of people providing unpaid care reduced with age, from 23% of 50-64 year olds, 17% of 65-74 year olds, 17% of 75-84 year olds and 8% of those aged 85 and over. In the 50-64 age band, the level was much higher among women (30%) than men (16%), but in those aged 65 and over it was higher in men (12%) than women (5%).

Figure 18: Proportion who said that they give unpaid care or support, respondents aged 50 and over



The Warrington Carers Strategy 2025 – 2028[5] sets out three overarching priorities to focus on, including identifying and recognising carers and their role and help and support that may be needed; ensuring accessible and joined up services to address difficulties carers often have in navigating the system; and lastly supporting carers with different types of support to make a practical and positive difference to help carers.

7. Life expectancy

Understanding life expectancy at age 65 and related metrics, such as healthy life expectancy and disability-free life expectancy, provides valuable insights into the health and wellbeing of older adults in Warrington.

7.1 Life expectancy at age 65

Life expectancy at age 65 estimates the average number of years a person aged 65 can expect to live, based on current mortality rates. This measure has been significantly impacted by the COVID-19 pandemic, with older people at a higher risk of more serious complications and death from COVID-19 infection.

Figure 19 illustrates trends in **male** life expectancy at 65 for Warrington, the North West, and England between 2011–2013 and 2020–2022. The latest data (2020-2022) shows that life expectancy at age 65 for males in Warrington is 18.1 years. This is similar to the England average of 18.4 years and statistically significantly higher than the North West average of 17.6 years. From 2011–2013, Warrington's life expectancy at 65 was consistently lower than England and similar to the North West. Life expectancy gradually increased, peaking at 18.3 years in 2016–2018 before declining. During the COVID-19 pandemic, all three areas saw a sharp drop in 2020, followed by improvements in 2021 and 2022. Unlike England and the North West, where 2022 levels remain

[5] Carers Strategy 2025-2028.pdf

below pre-pandemic figures, Warrington's life expectancy at 65 has surpassed pre-pandemic levels, reaching its highest single-year figure since 2001.

Figure 19: Life expectancy at 65 years, males, 2011-2013 to 2020-2022

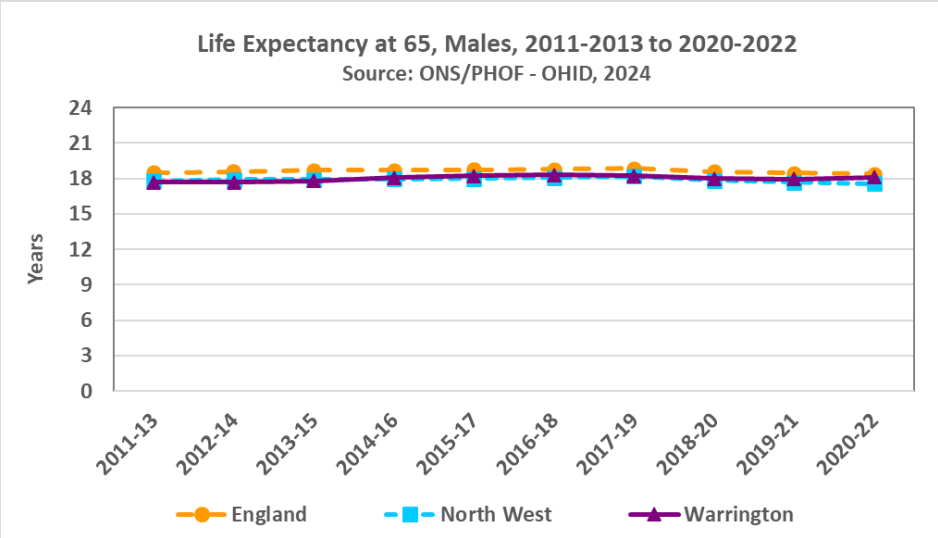
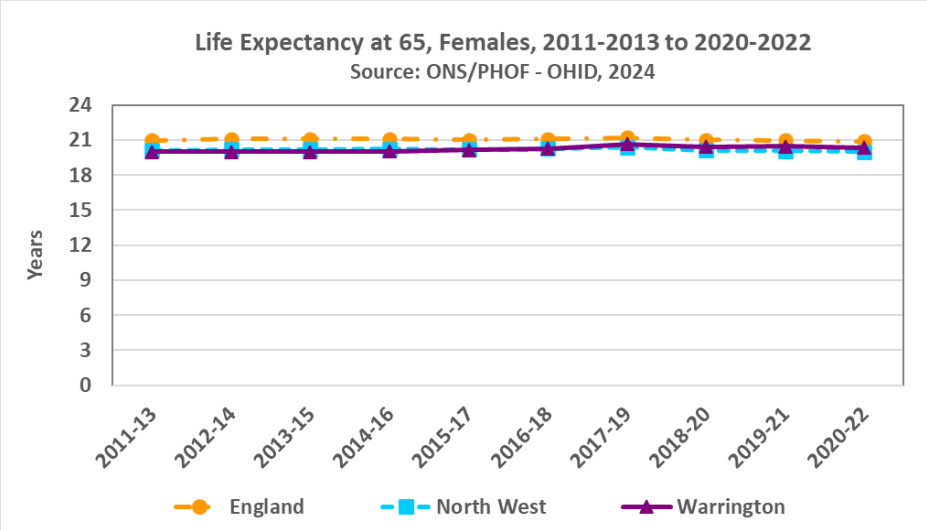


Figure 20 below illustrates the trends in **female** life expectancy at 65 for Warrington, the North West, and England between 2011–2013 and 2020–2022. The latest data (2020-2022) shows that life expectancy at 65 for females in Warrington is 20.3 years. This is statistically significantly lower than the England average of 20.9 years, but statistically significantly higher than the North West average of 20.0 years. Female life expectancy at 65 in Warrington has consistently remained statistically significantly below the England average. In Warrington, female life expectancy at age 65 showed gradual increases since 2014-16, reaching a peak of 20.7 years in 2017–2019. Looking at individual years for the 2020-2022 period, life expectancy at 65 in Warrington decreased which was likely influenced by the COVID-19 pandemic, a trend similarly observed in England and the North West. Life expectancy at age 65 improved in 2021 across Warrington, the North West, and England. While regional and national figures continued to increase in 2022, Warrington saw a slight decrease, with levels remaining below those recorded in 2019. Female life expectancy at 65 is consistently higher than male life expectancy at 65, this is seen across Warrington, England and the North West.

Figure 20: Life expectancy at 65 years, females, 2011-2013 to 2020-2022



While the focus of this section is on life expectancy at age 65 and related metrics, valuable insights can be gained from the trends observed in inequalities in life expectancy at birth across the borough. Inequalities are particularly pronounced in the six central wards, where both male and female life expectancy at birth is significantly worse than the England average. The slope index of inequality, a measure of the gap between the most and least deprived areas, is 10.3 years for males and 8.2 years for females in Warrington. For example, males in Grappenhall may expect to live to 83 years, compared with just 74 years in Latchford East. Similarly, females in Stockton Heath may expect to live to 88 years, whereas their counterparts in Latchford East may expect to live to 78 years.

7.2 Healthy life expectancy at age 65

Healthy life expectancy at age 65 estimates the number of years a person aged 65 can expect to live in good health, free from disability or poor health, based on current mortality rates and the prevalence of self-reported good health.

Figure 21 demonstrates **male** healthy life expectancy at 65 for England, the North West, and Warrington from 2011-2013 to 2021-2023. Latest data (2021-2023) shows healthy life expectancy at age 65 for Warrington males is 10.8 years, higher than the England average (10.1 years) and the North West average (9.2 years). Since 2011–2013, healthy life expectancy has increased in Warrington, as well as regionally and nationally. From 2013–2015, Warrington's male healthy life expectancy surpassed England's and has remained higher since then. In 2020–2022, all areas saw declines due to the impact of the COVID-19 pandemic, with Warrington experiencing a slightly larger drop than England and the North West. However, Warrington has shown recent improvement, while national and regional figures continue to decline.

Figure 21: Healthy life expectancy at 65, males, 2011-2013 to 2021-2023

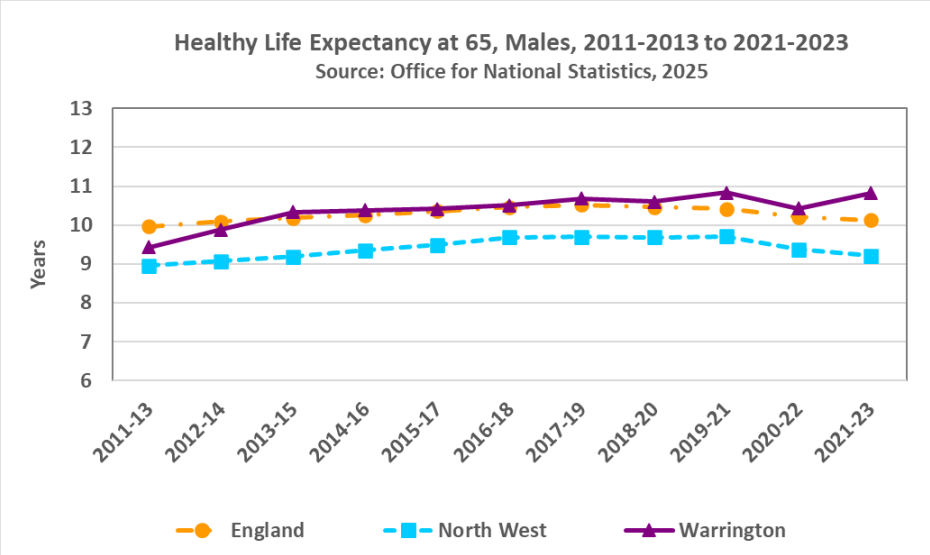
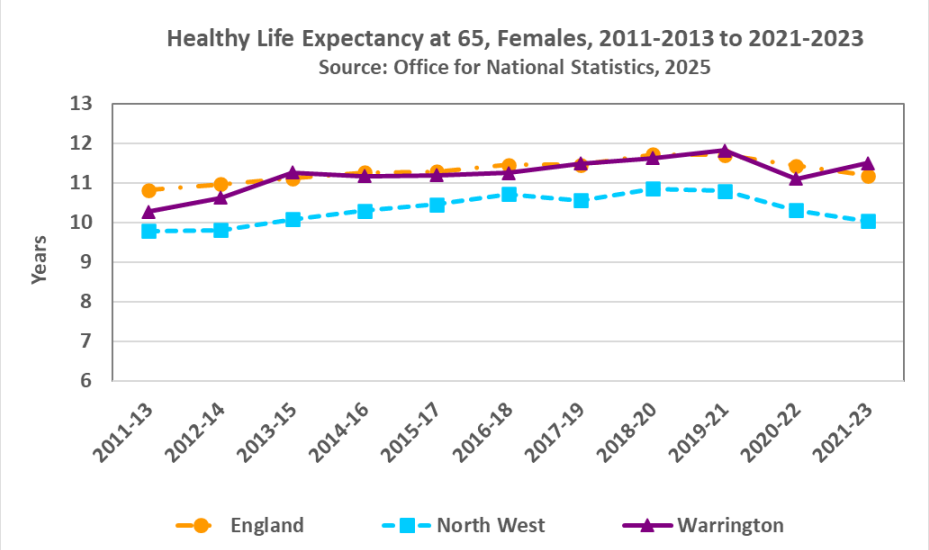


Figure 22 illustrates **female** healthy life expectancy at age 65 in England, the North West, and Warrington from 2011-2013 to 2021-2023. The latest data (2021-2023) shows healthy life expectancy at age 65 for Warrington females is 11.5 years, higher than the England average (11.2 years) and the North West average (10.0 years). Female healthy life expectancy at 65 in Warrington has seen gradual and consistent improvements between 2014-2016 and 2020-2022, and at times has been slightly higher than England. As with male healthy life expectancy, Warrington, England and the North West saw reductions in 2020-2022 likely as a result of COVID-19, and similarly, Warrington has improved in 2021-2023 against further reductions in England and the North West.

Figure 22: Healthy life expectancy at 65, females, 2011-2013 to 2021-2023



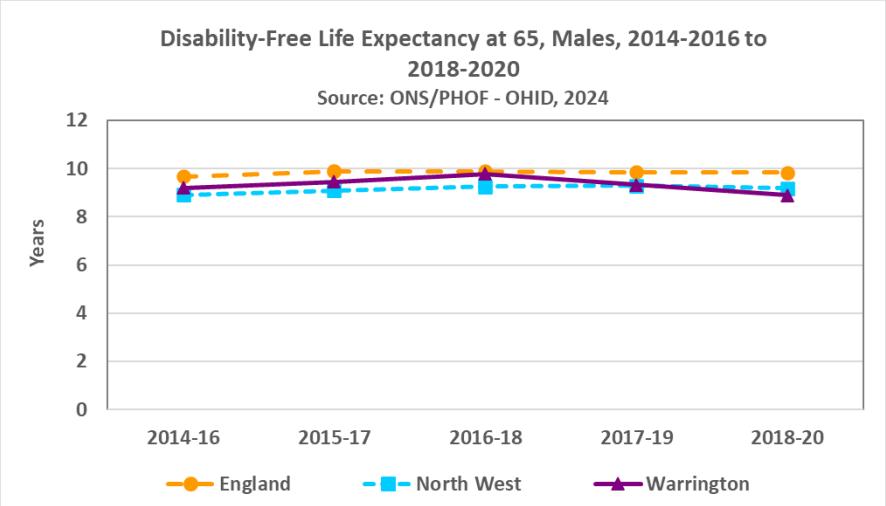
7.3 Disability-free life expectancy at age 65

Disability-free life expectancy at age 65 estimates the number of years a person aged 65 can expect to live without a long-term physical or mental health condition or disability that limits their

ability to perform daily activities. This measure is based on current mortality rates and the prevalence of a disability-free state.

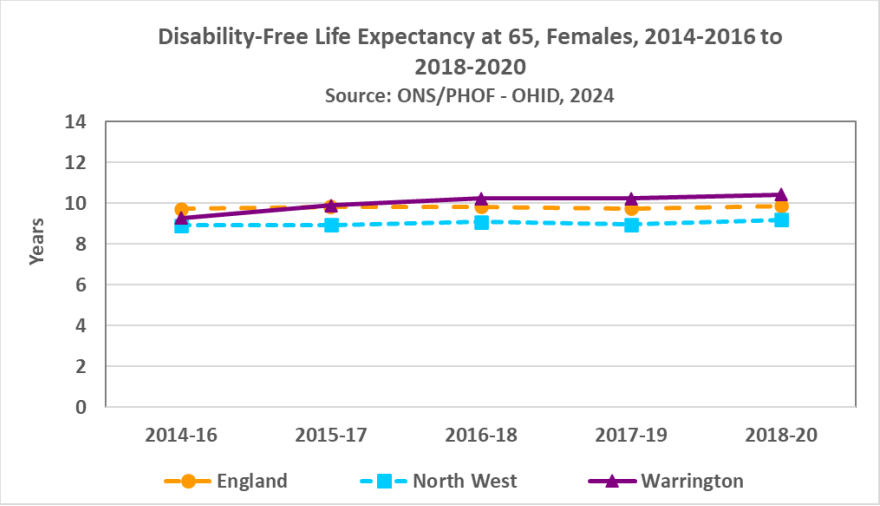
The latest data (2018-2020), shown in Figure 23 below, shows disability-free life expectancy at age 65 for Warrington **males** is 8.9 years, similar to the North West average (9.2 years) and slightly below the England average (9.8 years). Between 2014–2016 and 2016–2018, male disability-free life expectancy at age 65 in Warrington increased from 9.2 to 9.8 years. However, it declined in the subsequent reporting periods, with a larger reduction of 0.4 years between 2017–2019 and 2018–2020, compared with smaller decreases regionally (0.1 years) and nationally (0.1 years). While Warrington has remained below the England average across all five reporting periods, the difference is not statistically significant.

Figure 23: Disability-free life expectancy at 65, males, 2014-2016 to 2018-2020



The latest data (2018–2020), as shown in Figure 24 below, shows disability-free life expectancy at age 65 for Warrington **females** is 10.4 years, higher than the England average (9.9 years) and the North West average (9.2 years). Female disability-free life expectancy at age 65 in Warrington has shown gradual improvement across most reporting periods since 2014-2016. By 2018–2020, Warrington experienced a notable increase at age 65 of 1.2 years, compared with smaller increases of 0.2 years in England and 0.3 years in the North West.

Figure 24: Disability-free life expectancy at 65, females, 2014-2016 to 2018-2020

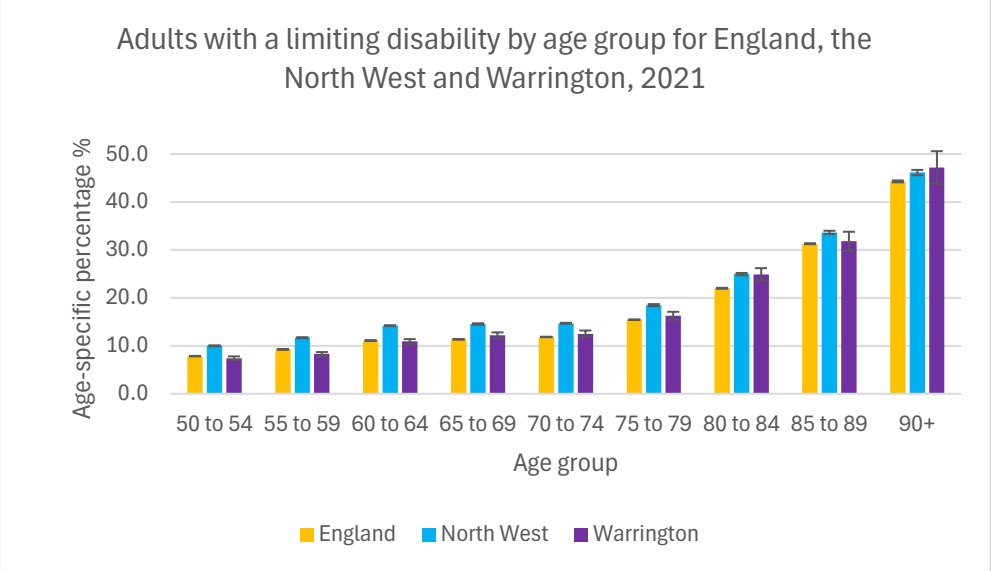


8. Older people living with health conditions

8.1 Older people living with disability and limiting long-term illness

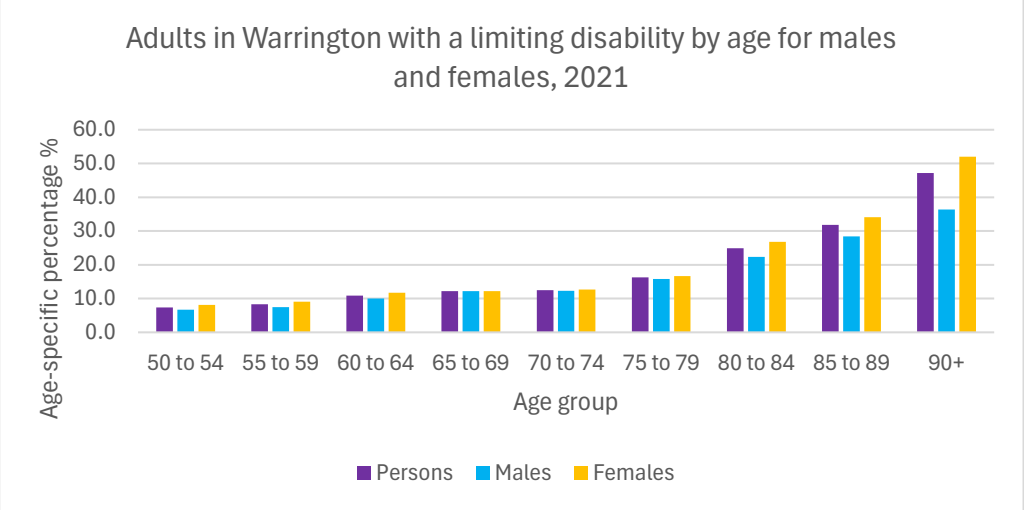
Census data in 2021 showed that the proportion of adults reporting a disability that limited them a lot increased with age, ranging from 7.4% among 50-54 year olds to 47.2% among those aged 90 and over (Figure 25). This trend was consistent across the North West and England. Generally, Warrington and England had similar proportions of adults with disabilities that limited them a lot in each age group, except for those aged 80-84, where Warrington showed a higher prevalence. In the 50-54 to 75-79 age groups, Warrington had a lower proportion of adults with disabilities that limited them a lot compared with the rest of the North West. This difference diminished in those aged 80 and over, where similar proportions reported limiting disabilities across Warrington, the North West, and England. Disability in England and Wales, 2021 - Office for National Statistics (ons.gov.uk)

Figure 25: Adults with a disability and who are limited a lot by this disability by age group for England, the North West and Warrington, 2021



As shown in Figure 26, across most age groups, females tend to report higher rates of disabilities that limit them a lot compared with males, particularly in older age groups, with 52.0% of females aged 90 and over reporting a disability that limits them a lot, compared with 36.4% of males in the same age group. The difference between males and females is smaller in younger age groups but becomes more pronounced from age 55 and over (28). Disability in England and Wales, 2021 - Office for National Statistics (ons.gov.uk)

Figure 26: Adults in Warrington with a disability and who are limited a lot by this disability by age group for males and females, 2021

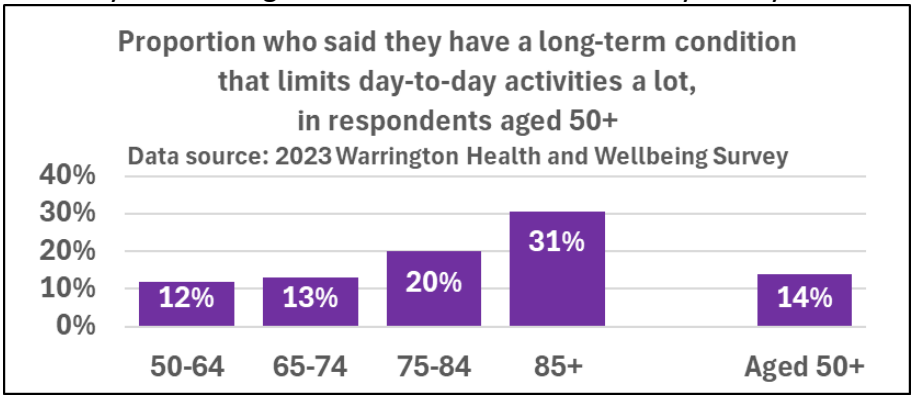


8.2 Older people living with long-term conditions[6]

Older people reporting a long-term condition (LTC) that limits day-to-day activity a lot

The Warrington Health & Wellbeing Survey 2023 found that 14% of respondents aged 50 and over said they had a LTC that limited day-to-day activity a lot. The proportion of people reporting this increased with age from 12% of 50-64 year olds to 31% of those aged 85 and over. There was little difference between men and women.

Figure 27: Warrington Health and Wellbeing Survey, proportion of respondents who identified that they have a long-term condition that limited day to day activities a lot, respondents aged 50



Older people managing common long-term conditions (LTC)

The following provides an overview of some of the most common LTCs among older people registered with Warrington General Practices[7] and are included as they are significant causes of ill health in the population.

[6] Long term conditions (LTCs) meaning those that cannot, at present, be cured, but people living with these conditions can be supported to maintain a good quality of life e.g. diabetes and high blood pressure

[7] Data are sourced from the CIPHA tool: CAM – Enhanced Case Finding V2, as at 12/2/25, unless noted otherwise. Broad age groups of 50 to 64 years and 65 years have been used to examine the data.

It should be noted that approximately 3% of people aged 50 and over, although not living within the Warrington borough boundary, are registered with Warrington general practices and are included in this analysis. Equally, those Warrington residents who are registered with a general practice outside the Warrington borough boundary are not included in the analysis. This particularly affects Burtonwood and Winwick ward where approximately 3% of Warrington residents aged 50 and over are registered with general practices in St Helens.

Type and prevalence of long-term conditions (LTC): Figure 28 ranks the five LTCs with highest prevalence for persons aged 50-64 years, and those aged 65 and over registered with Warrington general practices. Cheshire and Merseyside percentages are shown as a comparison. The most prevalent LTC in people aged 50 and over is hypertension (high blood pressure). This is also true for Cheshire and Merseyside which does have higher prevalence compared to Warrington in both broad age groups. As shown, depression, diabetes and non-diabetic hyper glycaemia (prediabetes) are among the five LTCs with highest prevalence in both age groups in Warrington, with rates differing within age groups. Additionally, in the 50-64 years age group asthma ranks in the top five, and cancer (all cancers) ranks in the top five for those aged 65 and over.

Warrington's prevalence of the top 5 LTCs is shown against the Cheshire and Merseyside prevalence in Figure 28 below. Note, Cheshire and Merseyside's top five LTCs (not shown) are very similar to those seen in Warrington. One notable difference is that chronic kidney disease (CKD) is more common in the 65 and over age group in Cheshire and Merseyside as a whole, whereas cancer (all cancers) does not appear in the top five conditions for the same age group for Cheshire & Merseyside as a whole.

Figure 28: Top 5 LTCs in older people by broad age group, number and prevalence on QOF register in Warrington Place compared to Cheshire & Merseyside (ranked high to low by prevalence)

Long-term condition	Warrington person count	Warrington prevalence	C&M prevalence	Long-term condition	Warrington person count	Warrington prevalence	C&M prevalence
Hypertension	9982	22.6%	24.1%	Hypertension	20183	49.5%	51.0%
Depression	9021	20.4%	23.2%	Diabetes	7066	17.3%	18.1%
Diabetes	3993	9.0%	10.0%	Non-diabetic hyperglycaemia	5953	14.6%	20.3%
Asthma	3763	8.5%	8.8%	Cancer (all)	5793	14.2%	15.2%
Non-diabetic hyperglycaemia	2938	6.7%	9.6%	Depression	5637	13.8%	15.3%

Multimorbidity: Multimorbidity, when someone has two or more long-term conditions, is more likely to occur as people age. The 2023 Chief Medical Officer's Annual Report[8] describes an increase in age-related multimorbidity and expects that this will continue to be the case as the population ages and lives longer.

Figure 29 shows males and females aged 50 to 64 years and 65 years and over registered with a Warrington GP and the proportions who have no LTCs, who have one LTC, two LTCs, or three and

[8] Chief Medical Officer's annual report 2023: health in an ageing society - GOV.UK Accessed 18/2/25

more (based on ACG condition[9]). Comparisons between genders show fairly similar proportions, whereas comparisons between the two broad age groups show more stark but not unexpected differences. In the 50-64 age group, 17.1% of females and 16.5% of males have two LTCs, with under a third of females and males having three or more LTCs (approx. 6,900 females, 32.1%, and 6,800 males, 30%). In the 65 and over age group, the percentage with no LTCs or one or two LTCs is smaller than in the 50-64 age group, however around two thirds of the registered population in the 65 and over group (approx. 14,500 females, 66.4%, and 12,900 males, 67.7%) have three or more LTCs.

Figure 29: Prevalence of multimorbidity, using ACG conditions, in Warrington Place by sex and broad age group

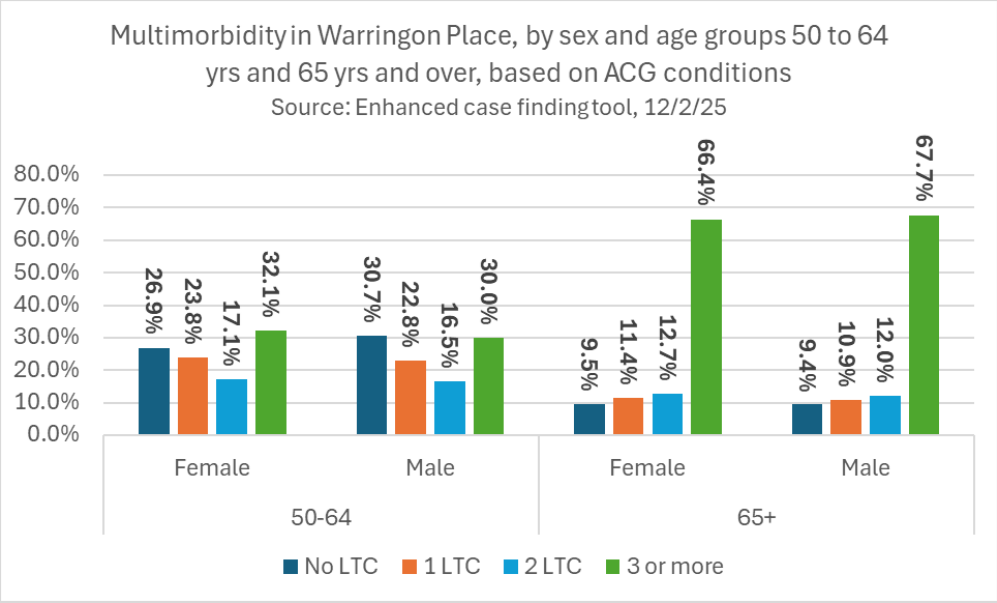
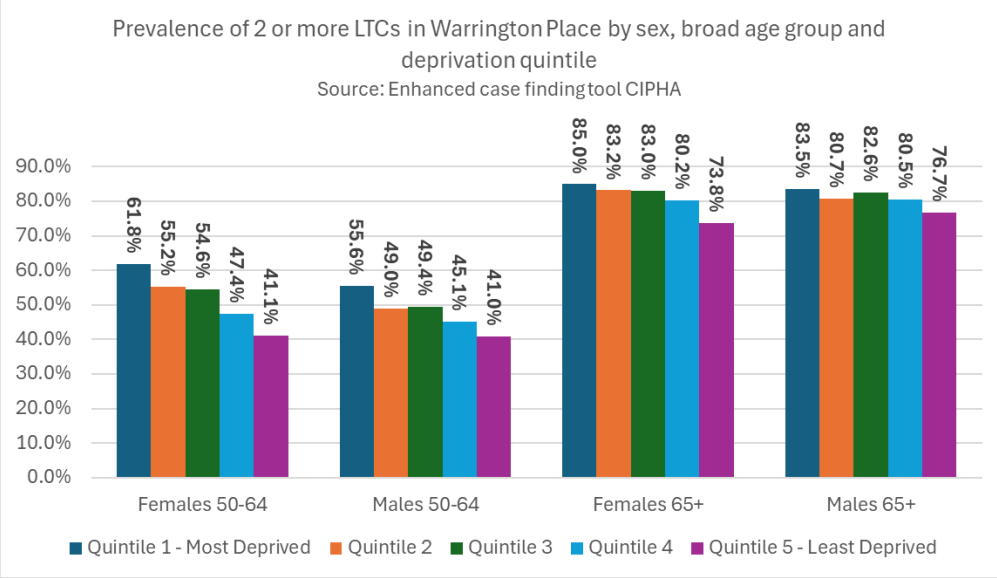


Figure 30 shows prevalence of two or more LTCs by deprivation quintile of residence. It can be seen that, as deprivation lessens, generally prevalence of two or more LTCs lessens. This is most clearly seen in females aged 50-64 years. The gap between quintile 1 (most deprived) and quintile 5 (least deprived) is larger in people aged 50 to 64 years than the gap seen for those aged 65 and over.

[9] ACG condition is different to QoF, there are more ACG conditions and their composition have differing criteria to the QoF registers. ACGs are derived from John Hopkins classification models.

Figure 30: Prevalence of 2 or more LTCs, using ACG conditions, in Warrington Place by sex, broad age group and deprivation quintile



Prevalence of long-term conditions (LTC) by sex and broad age group: Figures 31 and 32 illustrate the numbers and prevalence of ten common long-term conditions, by sex and broad age group for those registered with Warrington GPs. Further information for depression, which is one of the most common LTCs in older people as shown in figure 28 above, is included in the mental health section.

Figure 31, with conditions ranked high to low by prevalence, shows that hypertension is the most common LTC for people aged 50 to 64 years, with male prevalence at 25.0%, higher than female prevalence (20.1%). Males have higher prevalence than females in most of the conditions listed, with exceptions being asthma (9.8% females v. 7.3% males), and cancers (6.7% females v. 3.7% males). Prevalence is similar for males and females for chronic obstructive pulmonary disease (COPD).

Figure 31: Numbers and prevalence of males and females aged 50 – 64 years with long term conditions registered at Warrington GPs (ranked high to low by prevalence)

Ages 50 - 64 years					
Long-term condition	**Males - numbers**	**Males - prevalence**	**Long-term condition**	**Females - numbers**	**Females - prevalence**
Hypertension	5626	25.0%	Hypertension	4354	20.1%
Diabetes	2384	10.6%	Asthma	2126	9.8%
Asthma	1637	7.3%	Diabetes	1609	7.4%
Non-diabetic hyperglycaemia	1549	6.9%	Cancers (all)	1451	6.7%
Coronary heart disease	1231	5.5%	Non-diabetic hyperglycaemia	1389	6.4%
Cancers (all)	830	3.7%	COPD	513	2.4%
Atrial Fibrillation	540	2.4%	Coronary heart disease	431	2.0%
COPD	511	2.3%	Stroke and TIA	307	1.4%

Stroke and TIA	499	2.2%	Chronic kidney disease	276	1.3%
Chronic kidney disease	272	1.2%	Atrial Fibrillation	194	0.9%

Abbreviations: COPD – Chronic Obstructive Pulmonary Disease; TIA - Transient Ischaemic Attack

Figure 32, with conditions ranked high to low by prevalence, highlights that hypertension is also the most common LTC for people aged 65 years and older, with male prevalence at 50.3%, higher than female prevalence (48.8%). Males have higher prevalence than females in most of the conditions listed, with exceptions being asthma (9.8% females v. 7.1% males), and chronic kidney disease (CKD) (14.0% females v. 12.1% males). Non-diabetic hyperglycaemia (also known as prediabetes) is slightly higher in females (14.8%) than males (14.4%).

Females aged 65 and over have a higher prevalence of non-diabetic hyperglycaemia (14.8%) than in females aged 50 to 64 years (6.4%) and, whilst it may not be unusual for prevalence of conditions to increase with age, non-diabetic hyperglycaemia is now second highest LTC for females after hypertension along with diabetes, also with a prevalence of 14.8% in females aged 65 years.

Figure 32: Numbers and prevalence of males and females aged 65 and over with long term conditions registered at Warrington GPs (ranked high to low by prevalence)

Ages 65 and over					
Long-term conditions	**Males - numbers**	**Males - prevalence**	**Long-term conditions**	**Females - numbers**	**Females - prevalence**
Hypertension	9564	50.3%	Hypertension	10618	48.8%
Diabetes	3851	20.3%	Non-diabetic hyperglycaemia	3221	14.8%
Coronary heart disease	3520	18.5%	Diabetes	3215	14.8%
Cancers (all)	2918	15.4%	Chronic kidney disease	3056	14.0%
Non-diabetic hyperglycaemia	2732	14.4%	Cancers (all)	2875	13.2%
Atrial Fibrillation	2577	13.6%	Asthma	2133	9.8%
Chronic kidney disease	2292	12.1%	Coronary heart disease	2095	9.6%
Stroke and TIA	1673	8.8%	Atrial Fibrillation	1853	8.5%
COPD	1436	7.6%	Stroke and TIA	1554	7.1%
Asthma	1350	7.1%	COPD	1516	7.0%

Abbreviations: COPD – Chronic Obstructive Pulmonary Disease; TIA - Transient Ischaemic Attack

Undiagnosed long-term conditions (LTCs): Undiagnosed hypertension and undiagnosed type 2 diabetes can cause significant health issues. The following examines estimates of people in Warrington with undiagnosed hypertension and undiagnosed type 2 diabetes which have been calculated based on modelled work and applying national figures to the Warrington population[10].

[10] Undiagnosed hypertension estimates for Warrington have been calculated by using modelled work by ONS (2023) on undiagnosed hypertension in England, using their age-and sex-specific percentages and applying them to the

Estimates for undiagnosed dementia can be found in the 'Older people living with dementia' section of this report.

Estimates of undiagnosed hypertension in ages 45 and over: There are an estimated 27,392 people in Warrington aged 45 and over living with hypertension who have not been diagnosed, equivalent to 27% of the population of the same age range. Figure 33 shows the estimated number of people with undiagnosed hypertension in 10-year age groups from 45-54 years onwards. Those in the 45-54 year age group have the highest number of people with undiagnosed hypertension for both males and females, with numbers reducing with age. The ONS study (2023) found that the prevalence of hypertension increased with age for both sexes but was more likely to be undiagnosed in younger ages.

Figure 33: Estimated number of Warrington residents with undiagnosed hypertension

	45 to 54 yrs	55 to 64 yrs	65 to 74 yrs	75 years and over	Total
Female	4,489	4,365	2,879	2,487	14,219
Male	5,002	4,312	2,381	1,477	13,173
Total	**9,491**	**8,677**	**5,260**	**3,964**	**27,392**

Source: Warrington MYE 2023 and ONS national undiagnosed estimates

Estimates of undiagnosed type 2 diabetes in ages 45 and over: Figure 34 gives an estimated number of Warrington residents with undiagnosed type 2 diabetes by 10-year age group from 45 to 54 years onwards. There are an estimated 3,720 people in Warrington aged 45 years and over with undiagnosed type 2 diabetes, equivalent to 4% of the population of the same age range. It is estimated that more males (4% aged 45 years and over) than females (3% aged 45 years and over) have undiagnosed diabetes. Males are higher in each age group than females, apart from those aged 75 and over.

Figure 34: Estimated number of Warrington residents with undiagnosed Type 2 Diabetes

	45 to 54 yrs	55 to 64 yrs	65 to 74 yrs	75 years and over	Total
Female	271	466	373	636	1,745
Male	448	590	426	510	1,975
Total	**718**	**1,056**	**799**	**1,146**	**3,720**

Source: Warrington MYE 2023 and ONS national undiagnosed estimates

Prevalence of long-term conditions (LTCs) by broad ethnic group: The majority of people (92%) registered with Warrington GPs are white, 5% are other ethnicities, and 3% are unknown (unavailable, refused to say, or not stated). Please note that hypertension in particular has a high percentage (12.1%) in the group where ethnicity is not known. The following examines the ten most common LTCs broken down by numbers of people and prevalence by broad ethnic group, aged 50 and over, registered with a Warrington GP, as seen in Figure 35. It is not possible to drill

Warrington mid-year 2023 population. Undiagnosed type 2 diabetes estimates for Warrington have been calculated by using modelled work by ONS (2024) on undiagnosed type 2 diabetes in England, using their age-and sex-specific percentages and applying them to the Warrington mid-year 2023 population. NB: ONS modelling has used the Health Survey for England 2015 to 2019; the Health Survey for England methodology may be reviewed post COVID-19 pandemic and therefore modelled estimates may likely change.

down into patterns of LTCs further due to low numbers of older people in some ethnic groups and low numbers for some long-term conditions.

White residents in Warrington have the highest prevalence in a number of the listed long-term conditions, including asthma, atrial fibrillation, cancer (all), chronic kidney disease, chronic obstructive pulmonary disease, and stroke/transient ischaemic attack. The highest prevalence of hypertension (36.7%, circa 28,600) is also seen in White residents with Black, Black British, Caribbean or African very close behind with a prevalence of 36.5% (n=147). The 'other' ethnic groups category has the highest prevalence in coronary heart disease with 10.2% (n=78).

Diabetes prevalence in Warrington is highest in Asian or Asian British ethnicity, and Black, Black British, Caribbean or African ethnicity with 18.1% in each group although each ethnic group has very different numbers of people (474 and 73 respectively). This corresponds with what is found across the UK where type 2 diabetes is estimated to be two to four times more likely in people of South Asian ethnicity and African-Caribbean or Black African ethnicity[11]. Prevalence of non-diabetic hyperglycaemia is also highest in Asian or Asian British, and Black, Black British, Caribbean or African along with Other Ethnic Groups.

Figure 35: Numbers and prevalence of persons aged 50 and over with long-term conditions registered at Warrington GPs, by ethnicity

LTCs in persons aged 50 and over	Asian or Asian British - no. and prevalence		Black, Black British, Caribbean or African - no. and		Mixed or multiple ethnic groups - no. and prevalence		Other Ethnic Groups - no. and prevalence		White - no. and prevalence		Unavailable, refused, not stated no. and prevalence		Total - no. and prevalence	
Asthma	114	4.4%	29	7.2%	27	6.7%	62	8.1%	6959	8.9%	56	2.1%	7247	8.5%
Atrial Fibrillation	50	1.9%	7	1.7%	5	1.2%	36	4.7%	5045	6.5%	22	0.8%	5165	6.1%
Cancer	112	4.3%	20	5.0%	23	5.7%	51	6.6%	7826	10.0%	42	1.6%	8074	9.5%
CHD	145	5.5%	9	2.2%	18	4.5%	78	10.2%	6993	9.0%	35	1.3%	7278	8.6%
CKD	88	3.4%	25	6.2%	21	5.2%	41	5.3%	5698	7.3%	24	0.9%	5897	6.9%
COPD	29	1.1%	5	1.2%	6	1.5%	31	4.0%	3895	5.0%	11	0.4%	3977	4.7%
Diabetes	474	18.1%	73	18.1%	67	16.6%	104	13.5%	10242	13.1%	99	3.7%	11059	13.0%
Hypertension	663	25.3%	147	36.5%	124	30.8%	269	35.0%	28637	36.7%	325	12.1%	30165	35.5%
Non-diabetic hyperglycaemia	369	14.1%	58	14.4%	41	10.2%	110	14.3%	8235	10.5%	78	2.9%	8891	10.5%
Stroke/TIA	60	2.3%	16	4.0%	11	2.7%	32	4.2%	3897	5.0%	18	0.7%	4034	4.7%

Abbreviations: CHD – Coronary Heart Disease; COPD – Chronic Obstructive Pulmonary Disease; CKD – Chronic Kidney Disease; TIA - Transient Ischaemic Attack

Prevalence of long-term conditions (LTCs) by deprivation (area of residence): Figures 36 and 37 show prevalence of the most common LTCs by deprivation quintile[12] and by broad age groups, 50 to 64 years and 65 years and over. The more socio-economically deprived areas of Warrington tend to be located in the middle of the borough, with the outskirts being less deprived. The exceptions are areas within Birchwood ward in East Warrington and areas within Burtonwood and Winwick ward in North West Warrington. Lower levels of life expectancy are consistently seen in the most deprived areas, and as will be shown, higher prevalence of disease is often found here too. It is therefore imperative that inequalities between the more deprived and less deprived areas are reduced.

[11] Type 2 diabetes risk factors | Diabetes UK

[12] Deprivation quintiles are derived based on the national ranking of the Lower Level Super Output Areas in Warrington, using the Indices of Multiple Deprivation 2019. 'Quintile 1' relates to those local areas in Warrington that fall within the most deprived 20% in England, 'Quintile 5' is those areas falling within the least deprived 20% of areas in England.

A strong link between deprivation and prevalence can be seen in certain LTCs, namely coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease, diabetes and hypertension in people aged 50 to 64 (Figure 36). A clear downward gradient is apparent in prevalence which reduces as deprivation reduces. The link is not quite as evident in those aged 65 years and over (Figure 37) although there is still a strong association between deprivation and diabetes and chronic obstructive pulmonary disease where prevalence reduces as deprivation reduces. Also, chronic kidney disease has higher prevalence in the 40% most deprived areas (quintiles 1 and 2) with reducing prevalence as deprivation reduces. This link with deprivation is not however seen for cancer. In both broad age groups, cancer prevalence is lower in the more deprived areas (quintiles 1 and 2) than the least deprived areas. Evidence would suggest this relates to rates of cancer survival, as cancer mortality is higher in the most deprived areas[13].

Figure 36: Prevalence of males and females aged 50 to 64 with long-term conditions registered at Warrington GPs, by deprivation quintile

LTCs in persons, ages 50 to 64	Prevalence by quintile					Warrington prevalence	Quintile chart
	1 - Most Deprived	2	3	4	5 - Least Deprived		
Asthma	10.5%	8.7%	9.0%	8.6%	7.4%	8.5%	
Atrial Fibrillation	1.8%	1.8%	1.3%	1.6%	1.7%	1.7%	
Cancer	4.7%	4.6%	5.4%	5.4%	5.4%	5.2%	
CHD	5.8%	4.5%	3.9%	3.3%	2.7%	3.8%	
CKD	1.9%	1.5%	1.1%	1.1%	0.9%	1.2%	
COPD	6.3%	3.1%	2.4%	1.4%	0.6%	2.3%	
Diabetes	14.2%	11.7%	10.5%	7.7%	5.9%	9.0%	
Hypertension	26.7%	25.1%	24.3%	22.2%	19.4%	22.6%	
Non-diabetic hyperglycaemia	8.6%	8.1%	8.2%	6.5%	4.8%	6.7%	
Stroke/TIA	2.6%	2.1%	2.4%	1.6%	1.4%	1.8%	

Abbreviations: CHD – Coronary Heart Disease; COPD – Chronic Obstructive Pulmonary Disease; CKD – Chronic Kidney Disease; TIA - Transient Ischaemic Attack

Figure 37: Prevalence of males and females aged 65 and over with long-term conditions registered at Warrington GPs, by deprivation quintile

LTCs in ages 65 and over	Prevalence by quintile					Warrington prevalence	Quintile chart
	1 - Most Deprived	2	3	4	5 - Least Deprived		
Asthma	10.5%	9.2%	10.5%	8.4%	7.2%	8.5%	
Atrial Fibrillation	11.4%	10.4%	11.5%	11.2%	10.4%	10.9%	
Cancer	12.6%	13.3%	14.8%	14.6%	14.6%	14.2%	
CHD	16.8%	14.9%	15.5%	13.9%	11.7%	13.8%	
CKD	15.0%	15.3%	14.5%	13.7%	10.9%	13.1%	
COPD	14.1%	9.9%	8.9%	6.1%	4.3%	7.2%	
Diabetes	24.0%	20.7%	18.9%	16.4%	14.1%	17.3%	
Hypertension	54.9%	51.6%	52.5%	50.0%	45.7%	49.5%	
Non-diabetic hyperglycaemia	16.0%	16.8%	16.4%	15.0%	12.5%	14.6%	
Stroke/TIA	9.8%	7.8%	8.6%	7.9%	7.1%	7.9%	

Abbreviations: CHD – Coronary Heart Disease; COPD – Chronic Obstructive Pulmonary Disease; CKD – Chronic Kidney Disease; TIA - Transient Ischaemic Attack

Musculoskeletal (MSK) conditions in older people: Musculoskeletal disorders encompass a wide range of conditions such as osteoarthritis, osteoporosis and degenerative disc diseases. As MSK is an umbrella term for several conditions it is difficult to obtain and present the same level of information as has been presented for other long-term conditions in this JSNA. Furthermore,

[13] Cancer death rates almost 60% higher in UK's most deprived areas - Cancer Research UK - Cancer News
Deaths from cancer increased with deprivation - NHS England Digital

national indicators that do report MSK problems are generally based on the entire adult population and not specifically for older adults. The following will examine some indicators available on Fingertips Public Health Profiles published by OHID[14].

In 2023, the GP Patient Survey found that 19.8% of people aged 16 and over registered with a Warrington GP **report a long-term[15] MSK problem.** This is not significantly different to the 18.4% reported in England overall and 20.6% in the North West. People with a musculoskeletal condition are also likely to have another long-term condition (OHID, 2025). The GP Patient Survey found that 14.7% of people aged 16 and over registered at a Warrington GP **report at least two long-term conditions, at least one of which is MSK related**. This finding is significantly higher than the England average of 13.4%, and lower but not significantly different to the North West with 15.3%. Results for these indicators are based on self-reported prevalence and are not a diagnosed prevalence rate.

Osteoporosis QOF prevalence: In 2023/24, 693 people aged 50 and over were registered at Warrington GP practices with a diagnosis of osteoporosis. Warrington has a prevalence of 0.8% which is lower than England at 1.0% and 1.1% in the North West. There has been an increasing trend in prevalence over the past 10 years, in line with England and the North West (Fingertips Public Health Profiles, OHID, 2025).

Whilst it is difficult to present a detailed picture in Warrington of MSK, national research does report on inequalities found in those people with MSK conditions. A short commentary paper by OHID (2024) highlights that, nationally, those in the most deprived decile were more likely to report a long term MSK problem and an MSK problem with at least one other long-term condition. This is supported by Versus Arthritis in their research (2024) which found that arthritis, MSK conditions and chronic pain are more common in areas of greater poverty. They further report that 61% of people aged 65 and over in the UK live with an MSK condition, and by applying that percentage to Warrington residents aged 65 and over[16] we may expect to have approximately 25,500 older residents who have an MSK condition.

MSK conditions are a common reason for longer term sickness in older adults. The Get Britain Working White Paper published in 2024 reports that MSK conditions are the most common conditions that affect older working-age people who are economically inactive due to long-term sickness. Trends were reducing prior to the pandemic but have since increased. Among 50- to 64-year-olds with long-term sickness between 2019 and 2022, MSK conditions accounted for 22% of all causes of long-term sickness (40,000 people). In January 2025, Warrington had 3,088 people aged 50 and over claiming Personal Independence Payment (PIP) due to MSK conditions, which accounts for 41.1% of all people aged 50 and over in Warrington claiming PIP. This compares with 40.9% in the North West and 41.3% in England (Stat-Xplore, accessed 17/4/25).

[14] Fingertips | Department of Health and Social Care Accessed 5/3/25
[15] A condition lasting or expected to last 12 months or more
[16] ONS mid-year estimates 2023

8.3 Older people living with frailty

A person who is defined as frail is at high risk of adverse outcomes such as falls, immobility, delirium, incontinence, side effects of medication, and admission to hospital or the need for long-term care[17].

In order to analyse frailty in Warrington, data have been extracted[18] using the Electronic Frailty Index (eFI)[19]. Some General Practices in Warrington may not use eFI scores and instead use Rockwood index[20] scores to assess frailty; this is not as widely used and for the purposes of this section, data are based on the eFI scoring system.

eFI scores: There are 13,561 (33.3%) people aged 65 years and over assessed as having frailty (mild, moderate or severe) in Warrington Place. This means around two thirds (circa 27,000 people) are classed as 'eFI fit' or not frail. However, there may be an underestimation of people who are frail. Around 1% of people who are classed as non-frail as per eFI scoring actually have a Rockwood score of between 4 and 9 (indicating frailty) suggesting that their GP Practice only uses Rockwood scores.

Figure 38 illustrates a breakdown of frailty numbers and percentage by sex and category of frailty. (Please note that less than 5 people have no eFI score on their record and therefore 'eFI fit' category have not been included in the table to suppress small numbers).

Of the 13,561 people with frailty, highest numbers are in the 'eFI mild' classification and account for 19.3% of all registered population aged 65 and over in Warrington. Frailty is recorded for more females (53.8% of the frail population) than males (46.2%). Over two thirds (68.5%, 9,295 people) of frail people do not live alone; 31.5% (4,266) do live alone. In the last 8 weeks, 5.2% or 703 people of the 13,561 living with frailty have had 1 or more emergency admission.

Figure 38: Frailty (based on eFI score) in people registered at Warrington GPs, by sex, aged 65 and over

	Persons 65+	% of reg. pop. (persons 65+)	Females 65+	% of reg. pop. (females 65+)	No.	% of reg. pop. (males 65+)
eFI mild	7850	19.3%	4120	19.0%	3730	19.7%
eFI moderate	3424	8.4%	1856	8.5%	1568	8.3%
eFI severe	2287	5.6%	1318	6.1%	968	5.1%
Total with frailty	**13561**	**33.3%**	**7294**	**33.6%**	**6266**	**33.1%**
Registered pop. 65+ in Warrington	**40674**		**21722**		**18951**	

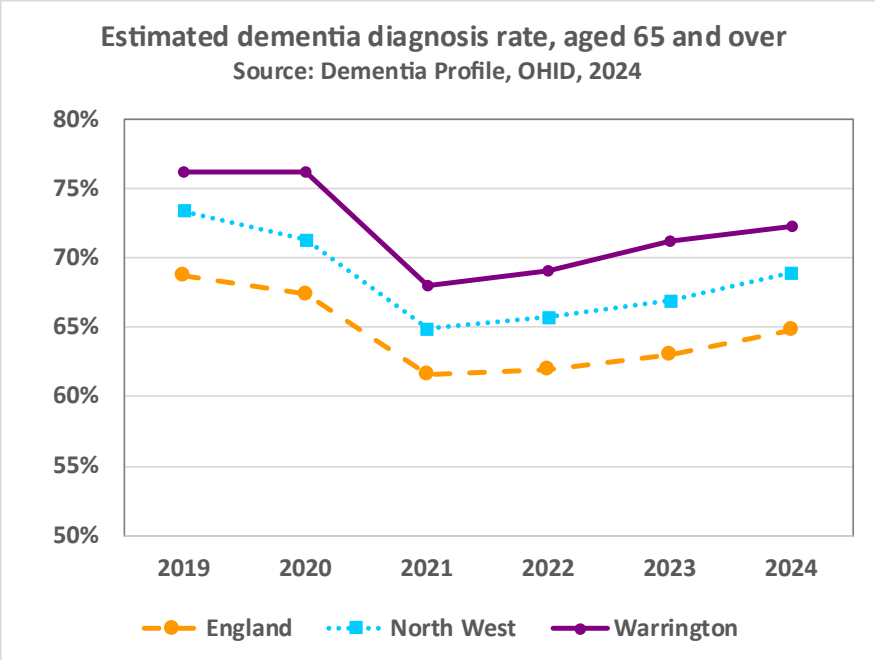
[17] NHS England » FRAIL strategy
[18] Data was downloaded from the CIPHA frailty tool on 5/3/25
[19] The eFI score is a cumulative predictive frailty score which is categorised as Fit, Mild, Moderate or severe frailty; a person will have an eFI score if the GP practice offers one and the surgery has recorded it on the system
[20] Rockwood score ranges from 1-9 with 1 being very fit and 9 being terminally ill; scores 4-9 indicate frailty

National evidence in the UK indicates a significant association between socioeconomic deprivation and frailty among older adults. Data from the English Longitudinal Study of Ageing (2002-2017) found people living in the most deprived areas were twice as likely to experience frailty than those living in least deprived areas [21].

8.4 Older people living with dementia

Dementia is a significant public health concern, with national efforts focused on improving diagnosis rates to ensure individuals can access timely care and support.[22] Research shows that individual level and area level deprivation are associated with increased risk of dementia, highlighting the need for targeted intervention.[23] Warrington has consistently achieved a higher diagnosis rate for dementia among those aged 65 and over compared with national and regional averages (Figure 39). In 2024, Warrington's diagnosis rate was 72.3%, exceeding the national target of 66.7% and higher than England's rate of 64.8% and the North West's rate of 68.9% (although this was not statistically significant). Despite this, an estimated 753 people with dementia in Warrington remain undiagnosed (Figure 40). Early diagnosis is crucial, as it enables individuals and their carers to access essential information and services that support health care and quality of life.

Figure 39: Estimated dementia diagnosis rate for adults aged 65 and over for Warrington, North West and England

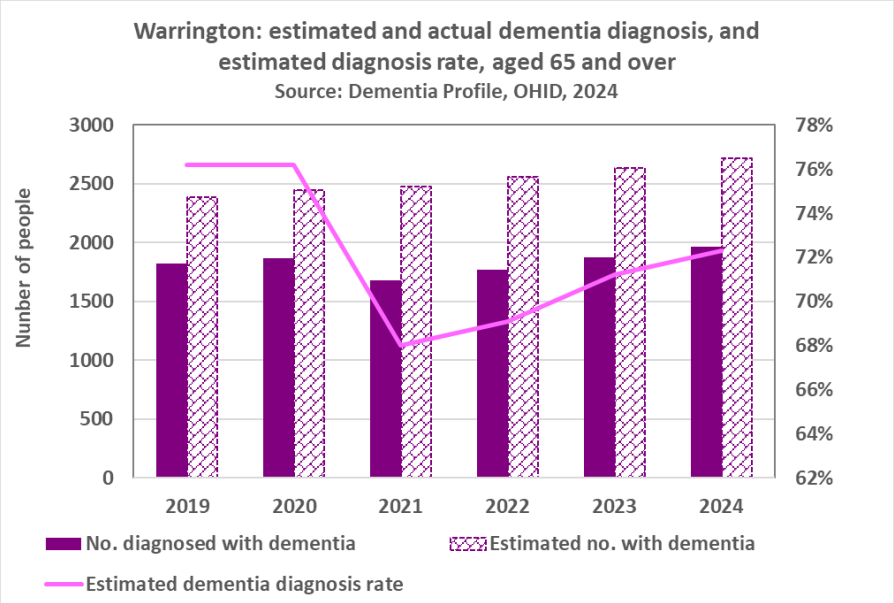


[21] Household wealth, neighbourhood deprivation and frailty amongst middle-aged and older adults in England: a longitudinal analysis over 15 years (2002–2017) - PMC

[22] Department of Health and Social Care, January 2025, Dementia Surveillance Factsheet, Dementia surveillance factsheet (accessed 18th March 2025)

[23] Socioeconomic Deprivation, Genetic Risk, and Incident Dementia - PMC

Figure 40: Estimated and actual dementia diagnosis, Warrington aged 65 and over



Population projections for those aged 30-64 yrs living with dementia in Warrington are predicted to decrease by 10% in 2040. The greatest reductions can be seen in the 50-59 age band (Figure 41). This may be due to our ageing population profile which shows a larger number of residents in our 75yrs and over age bands residing in the town in 2041.

Figure 41: People aged 30-64 predicted to have dementia in Warrington, 2023-2040

	2023	**2025**	**2030**	**2035**	**2040**
People aged 30-39 predicted to have dementia	2	2	2	2	2
People aged 40-49 predicted to have dementia	6	6	6	6	6
People aged 50-59 predicted to have dementia	31	30	27	25	27
People aged 60-64 predicted to have dementia	22	24	23	21	20
Total people aged 30-64 predicted to have dementia	**61**	**62**	**58**	**54**	**55**
Figures may not sum due to rounding. Crown copyright 2020 – table taken from PANSI – Projecting Adult Needs and Service Information System					

Population projections for those aged 65+ in Warrington regarding dementia diagnosis indicate that in 2025 there will be a total of 3,107 people in Warrington with dementia indicating a rise of 185 (6.33%) since 2023 from 2,922. This is projected to increase to 4,347 in 2040 which would mean an increase of 39.9% between 2025-2040 (1,240). See Figure 42.[24]

[24] Projecting Older People Population Information System

Figure 42: People aged 65-69 predicted to have dementia in Warrington, 2023–2040

	2023	2025	2030	2035	2040
People aged 65-69 predicted to have dementia	185	195	236	237	215
People aged 70-74 predicted to have dementia	308	305	338	405	408
People aged 75-79 predicted to have dementia	575	587	539	598	730
People aged 80-84 predicted to have dementia	688	720	896	830	928
People aged 85-89 predicted to have dementia	636	711	797	994	958
People aged 90 and over predicted to have dementia	530	589	743	860	1,108
Total population aged 65 and over predicted to have dementia	2,922	3,107	3,550	3,924	4,347
Figures may not sum due to rounding. Crown copyright 2020 – table taken from POPPI – https://www.poppi.org.uk/					

In 2024, an estimated 2,719 people aged 65 and over in Warrington were living with dementia, with 1,966 of these individuals diagnosed. Dementia prevalence for those aged 65 and over is 4.6%, though this varies widely between GP practices, ranging from 1.82% at Birchwood Medical Centre to 10.67% at Chapelford Medical Centre (as of September 2024, NHSE). This variation is largely driven by differences in the age structure of practice populations. Nearly two-thirds (62%) of people diagnosed with dementia aged 65 and over are female, while males account for 38%.

Efforts to reduce dementia risk at a population level are vital. Modifiable risk factors include smoking, physical inactivity, cholesterol and obesity. As shown in Figure 43, Warrington performs better than both regional and national averages in terms of the percentage of adults who smoke, are physically inactive, or live with obesity, suggesting opportunities for continued health promotion in this area.

Figure 43: Proportion of adults who smoke, are physically inactive, or living with obesity in Warrington, the North West and England

Indicator	Period	Warrington			North West	England	England		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Preventing well - risk factors									
Obesity: QOF prevalence (18+ yrs) - new definition	2023/24	–	23,061	12.6%	14.3%	12.8%	6.1%		19.1%
Smoking: QOF prevalence (15+ yrs)	2022/23	↓	25,462	13.5%	15.6%*	14.7%	9.7%		23.0%
Percentage of physically inactive adults (19+ yrs)	2022/23	–	-	21.6%	24.2%	22.6%	38.4%		10.9%

Once diagnosed, individuals with dementia should have a care plan developed and reviewed annually to address the support needs of both patients and their carers. However, in Warrington,

only 70.8% of patients with a dementia care plan had received a face-to-face review in the previous 12 months during 2022/23, which is lower than England (73.6%) and Cheshire and Merseyside (75.3%) (2024, National GP Profiles, OHID). There is also variation between GP practices, with review rates ranging from 20% at Four Seasons Medical Centre to 79.5% at Chapelford Primary Care Centre (as of September 2024, NHSE).

Despite efforts to improve dementia diagnosis and care, the rate of mortality for people with dementia aged 65 and over in Warrington is persistently significantly higher than the national average. Addressing this disparity requires further investigation and targeted action.

8.5 Older people living with a learning disability

Figure 44 shows the estimated number of adults aged 45 and over living with a learning disability in Warrington between 2023 and 2040. These figures are based on estimated national prevalence rates applied to local population projections derived from ONS data (2011 and 2021). This means that any increase is driven by projected changes in the general population rather than by any increase in prevalence. However, there is some evidence that the number of older people with a learning disability is increasing due to improvements in mortality rates.[25]

Figure 44: Estimated number of adults living with a learning disability in Warrington, 2023-2040

Age Band/Year	2023	2025	2030	2035	2040	Variance
People aged 45-54 predicted to have a learning disability	670	650	643	682	693	+23
People aged 55-64 predicted to have a learning disability	678	691	659	596	595	-83
People aged 65-74 predicted to have a learning disability	459	471	543	599	575	+116
People aged 75-84 predicted to have a learning disability	320	333	345	358	422	+102
People aged 85 predicted to have a learning disability	103	113	134	167	179	+76
Total Population aged 45 and overpredicted to have a learning disability	2230	2258	2324	2402	2464	+234

Data Source: Projecting Older People Population Information System (POPPI) and Projecting Adult needs and service information system (PANSI), Projecting Older People Population Information System (accessed 12/11/2024)

The total number of adults aged 45 and over with a learning disability in Warrington is expected to increase by 234 individuals by 2040. The largest increase is in the 65–74 age band, with an additional 116 individuals, followed by increases in the 75–84 age band (102 individuals) and 85 and over (76 individuals) age bands. In contrast, the 55–64 age group is projected to decline by 83

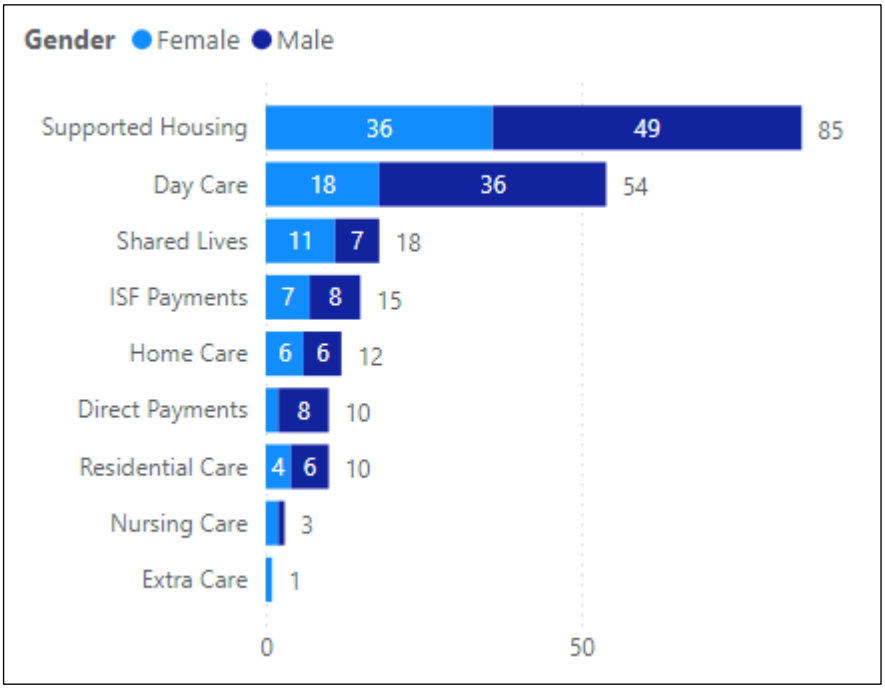
[25] Public Health England, 2016, Learning Disabilities Observatory: People with learning disabilities in England 2015: main report, People with learning disabilities in England 2015: Main report (accessed 18th March 2025)

individuals over the same period. This shift reflects the ageing population of individuals with learning disabilities and highlights the need for services tailored to older age groups.

In line with government policies on early intervention and prevention, the NHS offers annual health checks for people with learning disabilities aged 14. These health checks aim to identify health problems early, ensuring individuals receive timely treatment to maintain their wellbeing. In Warrington in 2018/19, the proportion of eligible adults receiving a health check is 40.3%, which is below both the regional average (52.8%) and the national average (52.3%).[26] Many older people are ineligible for the NHS health check due to pre-existing diagnosed conditions. The NHS Ready Reckoner tool predicts that 22% of females and 24% of males aged 50-54 are not eligible and this increases to 63% and 66% respectively for 70–74-year-olds[27]. There is no data available on uptake rates for eligible older adults.

Adult social care data for learning disability support among clients aged 50 and over, as of 31st March 2024, indicates that there are 151 service users receiving packages of care. The majority of these service users (56%) live in supported housing, as shown in Figure 45 below. Note this data is based on service users who contribute fully, partly, or not at all to the cost of their care. It does not include information on self-funders who arrange their own packages of care as local authority teams do not have access to this data.

Figure 45: Categories of care for adults, aged 50 and over with a learning disability support package



Open in Power BI

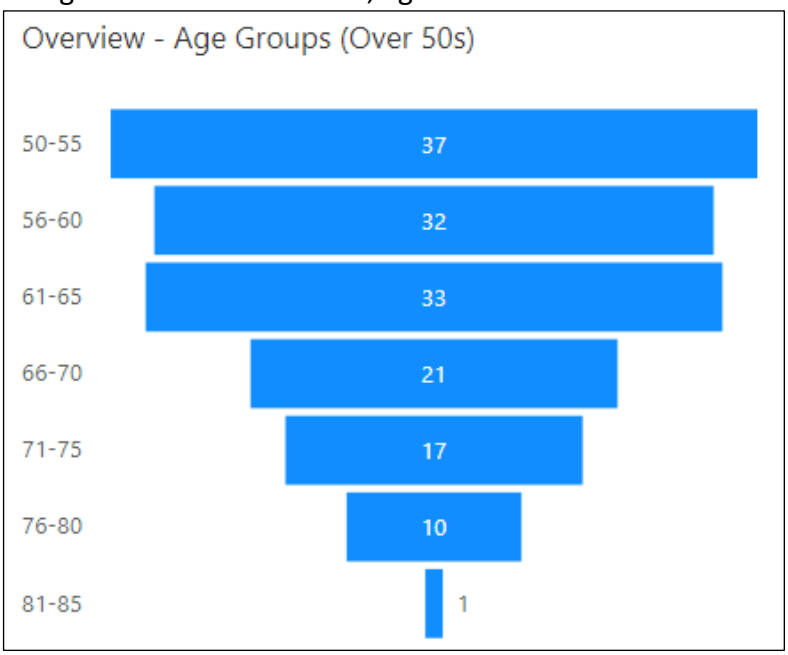
JSNA - Ageing Well (Over 50s). Data as of 16/09/24, 15:48. Filtered by **Snapshot Date** (is 31 March 2024), **Primary Support Reason** (is Learning Disability Support), **In Area** (is In Area), **50 Age** (is Over 50)

[26] Fingertips | Department of Health and Social Care

[27] NHS Health Check - Making the case (accessed 19th March 2025)

The number of service users over 50 years old with a support package in place decreases with age (Figure 46). One possible reason for this trend is the reduced life expectancy of those with learning disabilities in the UK. The 2022 Learning from Deaths Report (LeDeR), which seeks to investigate and learn from the avoidable deaths of people with a learning disability in England, found the median age at death was 63 for adults with a learning disability, which is significantly lower than the general population.[28] Additionally, 42% of deaths were deemed avoidable for people with a learning disability, compared with 22% for the general population.

Figure 46: The number of service users, aged 50 and over, with a support package in place
Categories of care for adults, aged 50 and over with a learning disability support package



Open in Power BI
JSNA - Ageing Well (Over 50s). Data as of 16/09/24, 15:48. Filtered by **Snapshot Date** (is 31 March 2024), **Primary Support Reason** (is Learning Disability Support), **In Area** (is In Area), **50 Age** (is Over 50)

8.6 Older people living with sensory impairment

Sensory impairments occur when one of our senses does not work as expected, including hearing or sight loss. Our senses play a crucial role in helping us to respond to the world around us and impairments can make day to day activities and accessing services more challenging. Sight loss can be linked to poor health or other underlying health conditions, and can increase the risk of falls, hip fractures, depression, loss of independence, and living in poverty. As a result, sight loss has wide-ranging impacts, particularly on older people's quality of life and independence.

According to the Royal National Institute of Blind People (RNIB), more than 2 million people of all ages in the UK are living with sight loss.[29] Of this group, more than a million are blind or partially sighted due to irreversible long-term eye conditions, such as age-related macular degeneration,

[28] Master LeDeR 2023 (2022 report) (kcl.ac.uk)
[29] This includes people who are registered sight impaired or severely sight impaired, people whose vision in better than the levels that would qualify for registration, people who are waiting or having treatment or surgery that may improve sight and people whose sight loss could be improved by wearing glasses etc.

glaucoma, and diabetic eye disease. Additionally, 320,000 people are registered as sight impaired or severely sight impaired. In Warrington, an estimated 7,060 people of all ages are living with sight loss, and this is projected to rise to 8,630 by 2032.

Nationally, the majority of people with sight loss are older adults, with nearly 80% aged 65 and over. In Warrington, the RNIB estimates that 1,360 people aged 65–74, 2,170 people aged 75–84, and 2,050 people aged 85 and over are living with sight loss. Of the 1,045 people registered as blind or partially sighted in Warrington, 115 are aged 65–74, and 590 are aged 75 and over. Among older adults, the projected number of individuals with moderate or severe visual impairment is detailed in Figure 47 below. In addition, it is estimated that in 2023, 1,344 people aged 75 and over in Warrington had registerable eye disease. This figure is projected to rise to 1,882 by 2040.

Figure 47: People projected to have a moderate or severe visual impairment, 2023-2040

Age group (years)	2023	2025	2030	2035	2040
65-74	1187	1221	1411	1546	1478
75 and over	2604	2753	2951	3212	3646

Data Source: Projecting Older People Population Information System (POPPI), Projecting Older People Population Information System (accessed 12/11/2024)

Research by the Royal National Institute for Blind People (RNIB) suggests that half of cases of blindness and serious sight loss could be prevented if detected and treated early.[30] Many of these cases are attributed to uncorrected refractive errors and untreated cataracts. However, the research highlights that the uptake of sight tests is lower than expected, particularly in areas of social deprivation.[31] This low uptake delays the detection of preventable conditions, increasing the risk of sight loss due to late intervention. Figure 48 shows that Warrington has a lower rate of preventable sight loss due to age-related macular degeneration (103.0 per 100,000 population) compared with both the North West and England. For glaucoma-related preventable sight loss, Warrington's rate is significantly lower (7.8 per 100,000 population) than the regional and national averages.

Figure 48: Preventable certifications of visual impairments due to glaucoma and age-related macular degeneration per 100,000 population for Warrington, North West and England, 2023/24

	Warrington	North West	England
Preventable sight loss: glaucoma	7.8	15.1	14.3
Preventable sight loss: age related macular degeneration	103.0	118.1	105.1

Source: Fingertips | Department of Health and Social Care (phe.org.uk)

In 2023/24, 47.1 people per 100,000 population were issued a Certificate of Vision Impairment, certifying them as either partially sighted or severely sight impaired. This figure includes both preventable and non-preventable causes of sight loss. Figures 49 and 50 illustrate the rate of sight loss certifications (all ages) over time, showing that Warrington's rates have consistently been at or below the national average.

[30] https://media.rnib.org.uk/documents/The_economic_impact_of_sight_loss_and_blindness_in_the_UK_2013.pdf
[31] Fingertips | Department of Health and Social Care (phe.org.uk)

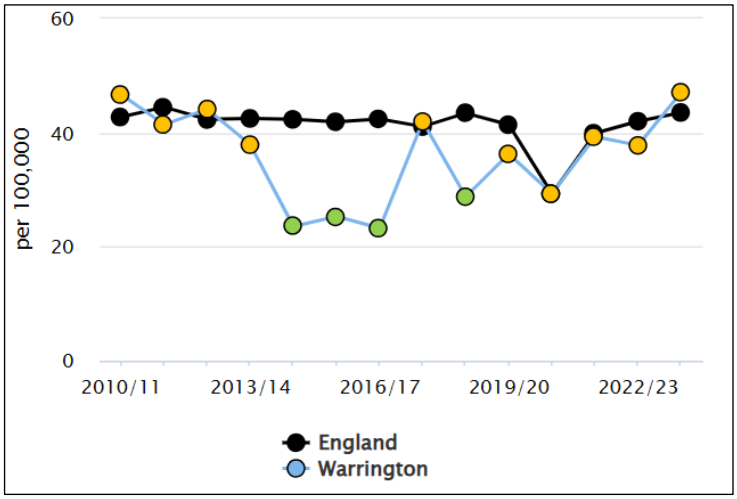
Figure 49: Certifications of visual impairment for Warrington and England, 2010/11 to 2023/24

Recent trend: ➡ No significant change

Period		Warrington Count	Warrington Value	North West	England
2010/11	🟡	94	46.7	40.6*	42.7
2011/12	🟡	84	41.4	41.6*	44.5
2012/13	🟡	90	44.1	42.7*	42.3
2013/14	🟡	78	37.9	46.2*	42.5
2014/15	🟢	49	23.6	45.7*	42.3
2015/16	🟢	53	25.3	45.5*	41.9
2016/17	🟢	49	23.2	46.6*	42.4
2017/18	🟡	89	42.0	45.7*	41.1
2018/19	🟢	61	28.8	47.1*	43.4
2019/20	🟡	77	36.3	46.6*	41.4
2020/21	🟡	62	29.3	33.7*	29.3
2021/22	🟡	83	39.3	41.4*	39.9
2022/23	🟡	80	37.8	47.1*	42.0
2023/24	🟡	100	47.1	47.9*	43.5

Source: OHID, based Moorfields Eye Hospital and Office for National Statistics data

Figure 50: Certifications of visual impairment per 100,000 population (all ages) for Warrington and England, 2010/11 to 2023/24



The Royal National Institute for Deaf People (RNID) estimates that over 18 million adults in the UK are deaf, have hearing loss, or experience tinnitus.[32] Among people aged 55 and over, more than half are affected by hearing loss, with this figure rising to over 80% in those aged 70 and over. Additionally, the RNID estimates that 1.2 million adults in the UK have hearing loss severe enough to prevent them from hearing most conversational speech

Figure 51 below shows estimates of the number of older adults aged 65 and over in Warrington projected to have some or severe hearing loss between 2023 and 2040. The data indicates that the total number of adults aged 65 and over with some hearing loss is expected to increase from

[32] Prevalence of deafness and hearing loss - RNID

25,702 in 2023 to 35,111 by 2040. Additionally, the number of older adults predicted to have severe hearing loss is projected to rise from 3,306 in 2023 to 4,792 by 2040.

Figure 51: People aged 65 and over predicted to have some or severe hearing loss by age and gender, projected to 2040

	2023	2025	2030	2035	2040
People aged 65-74 predicted to have some hearing loss	9,676	9,867	11,344	12,625	12,226
People aged 75-84 predicted to have some hearing loss	11,086	11,511	12,383	12,491	14,576
People aged 85+ predicted to have some hearing loss	4,939	5,382	6,348	7,808	8,309
Total population aged 65 and over predicted to have some hearing loss	25,702	26,760	30,075	32,925	35,111
People aged 65-74 predicted to have severe hearing loss	623	635	729	813	789
People aged 75-84 predicted to have severe hearing loss	1,503	1,573	1,848	1,767	2,020
People aged 85+ predicted to have severe hearing loss	1,179	1,285	1,516	1,864	1,984
Total population aged 65 and over predicted to have severe hearing loss	3,306	3,493	4,093	4,445	4,792

Data Source: Projecting Older People Population Information System (POPPI), Projecting Older People Population Information System (accessed 12/11/2024)

8.7 Older people and mental health and wellbeing

Nationally, one in four adults and one in ten children experience diagnosable mental illness in any given year [33]. This section describes the number of people aged 50-64 years and aged 65 and over on Warrington GP registers with mental health conditions. The following groups are shown below: the Serious Mental Illness (SMI) cohort which includes those people with a diagnosis of psychosis, schizophrenia or bipolar affective disease; the general mental health cohort which includes those with a diagnosis of depression and anxiety; the suicide cohort which includes those people at risk of suicide based on their GP record, and the self-harm cohort which includes people with self-harm recorded in their GP record. Data is sourced from the CIPHA tool, CAM – Mental Health, and data was refreshed on 7/11/2024.

Males and females aged 50-64 years registered with Warrington GPs have higher rates of mental health conditions per 100,000 than those aged 65 years and over. Females aged 50-64 years have a rate of 2727.3 per 100,000 for anxiety and depression (the general mental health cohort as shown in Figure 50) which is around 1.5 times higher than males of the same age group (1731.0). Males have a slightly higher rate of Serious Mental Illness (SMI) diagnosis (174.1 per 100,000) than the female rate (167.1 per 100,000). Among those identified as at risk of suicide on the GP record, rates are slightly higher rate in females than males (318.5 per 100,000 compared to 314.5 per 100,000). In terms of self-harm, however, males have a higher rate (113.7 per 100,000) than females (92.6 per 100,000).

As also shown in Figure 52, in the 65 years and older age group, females have higher rates than males in all the mental health cohorts. Males and females registered on Warrington GP registers

[33] NHS England » Mental health

have lower rates per 100,000 of mental health conditions when compared with the Cheshire & Merseyside rates.

Figure 52: Mental health cohorts aged 50-64 yrs and 65 and over Warrington GP registers, by sex, as at 7/11/24

	Females aged 50-64		Males aged 50-64	
	Number	**Rate per 100,000**	**Number**	**Rate per 100,000**
Total MH cohort*	5,752	2894.4	3,786	1905.1
Diagnosed with SMI	332	167.1	346	174.1
Diagnosed with General MH issues	5,420	2727.3	3,440	1731.0
At risk of suicide	633	318.5	625	314.5
Self harm recorded	184	92.6	226	113.7
	Females aged 65 and over		**Males aged 65 and over**	
	Number	**Rate per 100,000**	**Number**	**Rate per 100,000**
Total MH cohort*	4,263	2145.1	2,306	1160.4
Diagnosed with a SMI	283	142.4	194	97.6
Diagnosed General MH	3,980	2002.7	2,112	1062.7
At risk of Suicide	300	151.0	281	141.4
Self harm recorded	96	48.3	68	34.2

*This is the total of the SMI and general MH cohorts
Source: CIPHA CAM – Mental Health

The above information covers only those people with diagnosed mental health conditions known to GPs.

Warrington Borough Council Mental Health Outreach is a short-term non-medical reablement service which offers practical solutions to assist people to manage their mental wellbeing. They provide 1:1 tailored support packages for up to 10 weeks. This means that the caseload is quite fluid. In 2024/25, the service received 1113 referrals across all ages. Of these, 240 were for people aged 51-64 and 130 for people aged 65 and over. The low numbers of people aged 65 and over may reflect the fact that the service does not work with people with dementia, as well as the fact that some people will have other primary needs which overtake their mental health. Others may not benefit from short term intervention. However, the low number of referrals for older adults could also indicate that older people's mental wellbeing needs are not being identified.

The 2023 Warrington Health and Wellbeing Survey (WBC, 2023) included questions on emotional wellbeing. Some of the key findings for older people are highlighted below.

Emotional wellbeing in people aged 50 years and over

The World Health Organisation identifies health as a '*state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity*[1]. Emotional or mental wellbeing is about how an individual is feeling, how they cope with day-to-day life; their ability to deal with

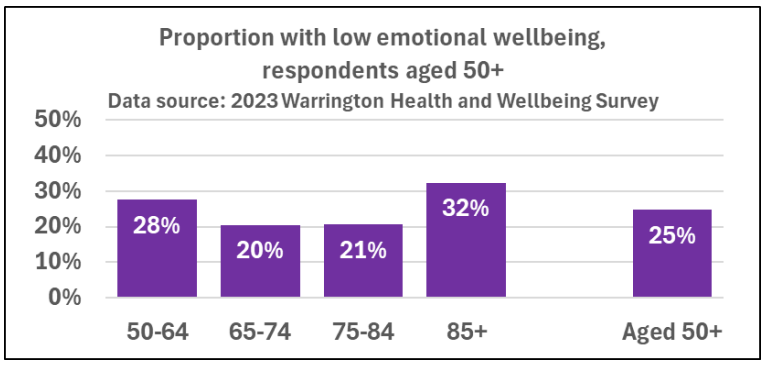
[1] World Health Organisation (2006) *Constitution of the World Health Organization—Basic documents. 45th ed. suppl., World Health Assembly.* Constitution of the World Health Organization (who.int)

problems. It is linked to having control over one's life, and a sense of belonging and connection. Mental wellbeing is both an outcome and a determinant of physical health.

The Warrington Health & Wellbeing Survey 2023 found that:

- Younger people were much more likely to have low emotional wellbeing than older people (39% of 18-39 year olds, 28% of 40-64 year olds and 21% of people aged 65 and over).
- However, among people aged 50 and over, 25% (i.e. 1 in 4) had low emotional wellbeing. This was higher in those aged 85 and over (32%) and in the 50-64 age group (28%), than in 65-74 year olds (20%) and 75-84 year olds (21%).
- There was relatively little difference in rates of low emotional wellbeing between male and female respondents except for those aged 85 and over (24% of men and 40% of women).

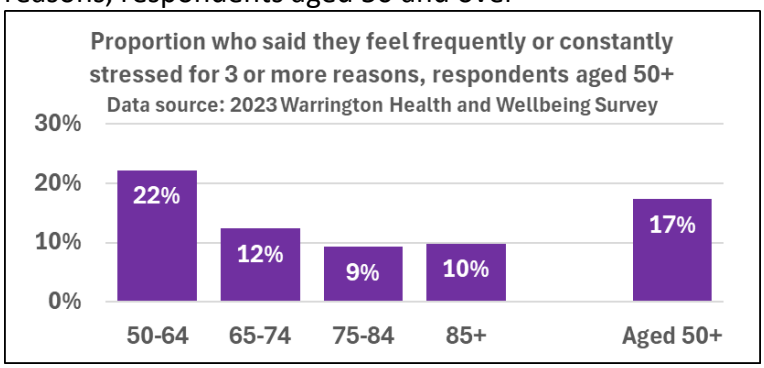
Figure 53: Proportion with low emotional wellbeing, respondents aged 50 and over



Feeling frequently/constantly stressed for 3 or more reasons, people aged 50 years

The survey asked respondents how often they felt stressed for a range of reasons. Of those aged 50 and over, 17% said they felt frequently or constantly stressed for 3 or more reasons. This was approximately twice as common in those aged 50-64 (22%) compared to the older age-bands (9% to 12%). In all age-bands it was more common in women than men, but was particularly pronounced in 50–64-year olds (26% of women and 19% of men).

Figure 54: Proportion who said they feel frequently or constantly stressed for three or more reasons, respondents aged 50 and over

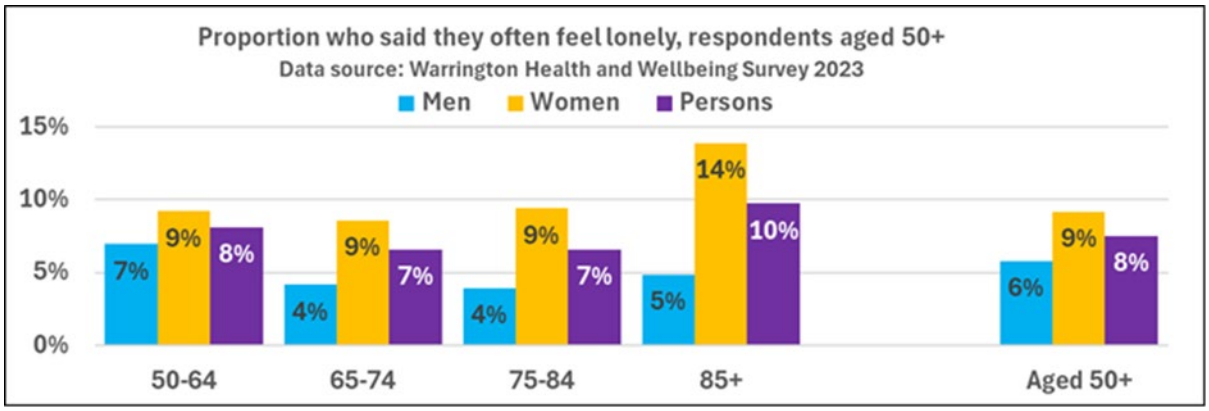


9. Loneliness and social isolation

Research shows that loneliness and social isolation can impact on an individual's physical and mental health. The Government's Loneliness Strategy (2018) 'A connected society - a strategy for tackling loneliness' states that '*Feeling lonely frequently is linked to early deaths. Its health impact is thought to be on a par with other public health priorities like obesity or smoking'.*

In the Warrington Health & Wellbeing Survey 2023, younger people were much more likely to say they often felt lonely than older people; 15% of 18-39 year olds, compared to 8% of 40-64 year olds and 7% of those aged 65 and over. This is consistent with national findings from the Community Life Survey 2021/22 where younger age groups (16-24 years and 25-34 years) were more likely to score an 8+ compared to older age groups. However, as highlighted in Figure 55 below, 9% of women and 6% of men aged 50 and over said they often felt lonely. In those aged 50-64 years there was little difference between men (7%) and women (9%), but the gap widened with age to 4% of men and 9% of women aged 65-84, and 5% of men and 14% (i.e. 1 in 7) of women aged 85 and over.

Figure 55: Proportion of Health and Wellbeing Survey respondents aged 50 and over who said they often feel lonely

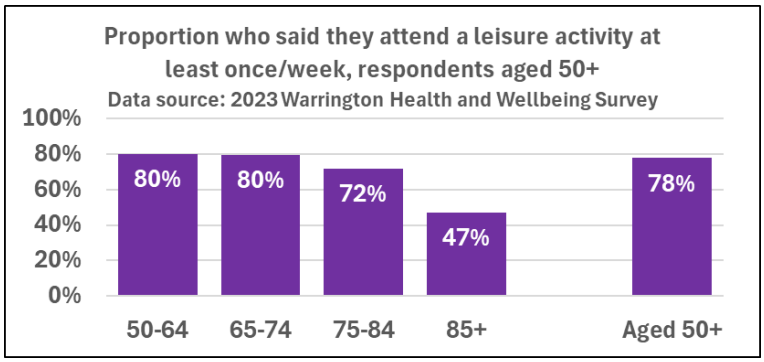


Loneliness in people with a health condition or disability is multifaceted. Individuals with health conditions or disabilities may face challenges which contribute to and reinforce the feeling of loneliness. In turn, feelings of loneliness can also lead to worsening of health. The Health and Wellbeing Survey 2023 found that overall, respondents who were suffering from a limiting long-term condition were more likely to report often feeling lonely (17%) compared to respondents who did not have a limiting long-term condition (5%). Warrington Health and Wellbeing Survey 2023 - Emotional Wellbeing Report

Attending a leisure activity at least once a week, people aged 50 and over

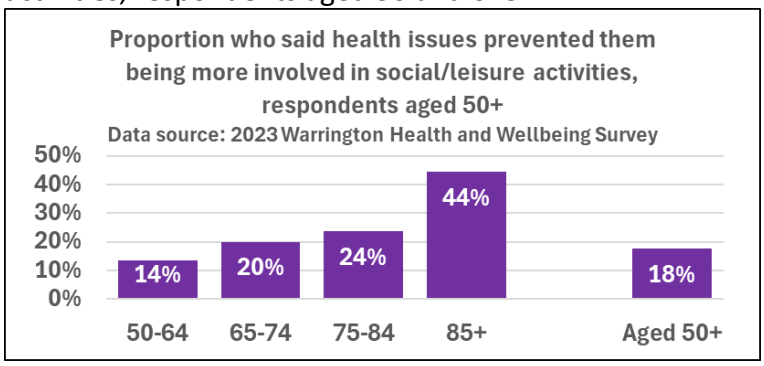
In the Warrington Health and Wellbeing Survey 2023, respondents were asked how often they did a range of activities. Amongst respondents aged 50 and over, 78% said they attend a leisure activity at least once a week, with relatively little difference between men and women. By narrow age-band it reduced from 80% of 50-64 year olds, 80% of 65-74 year olds, 72% of 75-84 year olds and 47% of those aged 85 and over.

Figure 56: Proportion who said they attend a leisure activity at least once/week, respondents aged 50 and over



When asked what prevented them from being more involved in social/leisure activities, the most common factor by far in the older age-bands was health issues. Of those aged 50 and over, 18% said health issues prevented them from doing more leisure activities. The proportion increased with age from 14% of 50-64 year olds, 20% of 65-70 year olds, 24% of 75-84 year olds, and 44% of those aged 85 and over.

Figure 57: Proportion who said health issues prevented them being more involved in social/leisure activities, respondents aged 50 and over

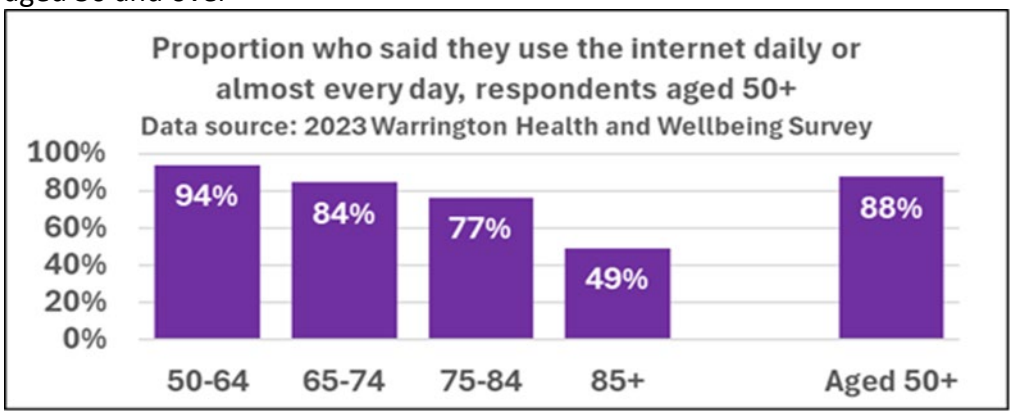


Deteriorating health issues, as our adult population ages prevents participation in leisure activities, this is more prevalent in our 85 and over age band.

10. Older people and digital inclusion/exclusion

The Cheshire and Merseyside Business Intelligence portal highlights that 20.3% of adults aged 65 and over living in Warrington are digitally excluded. In the Warrington Health & Wellbeing Survey 2023, the proportion of adults who said they use the internet daily or almost every day decreased substantially with age, from 94% of 50-64 year olds, 84% of 65-74 year olds, 77% of 75-84 year olds, and only 49% of those aged 85 and over. There was little difference between men and women.

Figure 58: Proportion who said that they use the internet daily or almost every day, respondents aged 50 and over



In terms of digital skills (using computers, tablets or smartphones day to day) the Health and Wellbeing Survey 2023 showed that there were large differences by age band, with older people reporting higher levels of limited or no digital skills, 25.6% of those aged 65 and over compared to 3% of 18-39 year olds. Furthermore, in 40-64 year-olds, a significantly higher proportion of women (10.3%) than men (8.4%) said they had very limited, or no, digital skills. In those aged 65 and over, the gap was even wider between men (22.5%) and women (28.2%). Home, Neighbourhood and Communities Report - May 2024

The Health and Wellbeing Survey, 2023 explored the preferred method of booking GP practice appointments. Those aged 65 and over were more likely to report booking GP appointments in person or by phone, whilst those aged 18-39 were more likely to report booking appointments online or using an app. In terms of using GP online services such as ordering repeat prescriptions, booking appointments, seeking medical advice or accessing their care record respondents aged 65 and over were much more likely to book repeat prescriptions online, but much less likely to book appointments, seek medical advice, or access medical records using GP online services than those aged 18-39. Reasons for this included personal preference, unawareness of online services or lack of internet access. Access to Health Services full report - June 2024

11. Health related behaviours among older people

11.1 Smoking

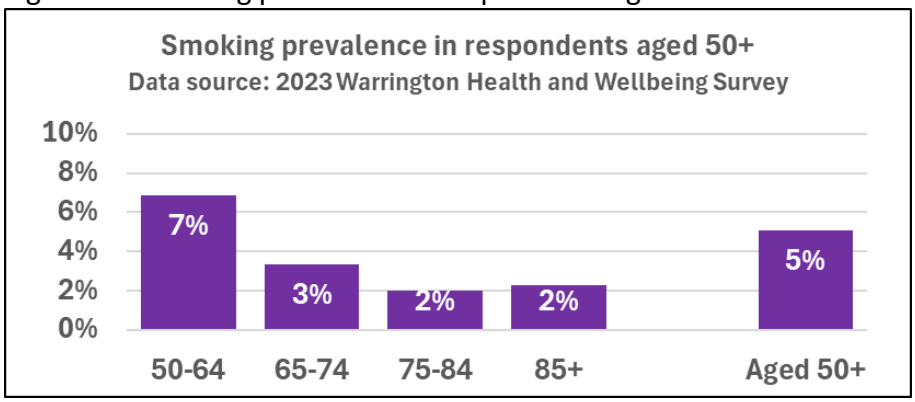
Warrington's overall smoking prevalence is lower than the national average, with a significant reduction over the past decade. The Warrington Health and Wellbeing Survey 2023 found that smoking prevalence in Warrington decreased with age, with a notable drop among residents aged 65 and over, where only 2.8% currently smoke. This finding aligns with national findings 2023 ONS data, which shows that those aged 65 and over are the least likely to smoke, with a smoking rate of 8.2%. The lower prevalence of smoking in older age groups may partly reflect the reduced life expectancy of long-term smokers. However, national trend data reveals that adults aged 65 and over have seen the smallest reduction in smoking prevalence over time compared to other age groups, suggesting that quitting may be more challenging for this age group. Despite Warrington's

overall lower smoking prevalence, there remains a marked disparity based on deprivation, with people in the most deprived areas significantly more likely to smoke than those in the least deprived; for example, smoking rates are highest in the most deprived quintile at 13.4%, compared to just 3.6% in the least deprived quintile. The Health and Wellbeing survey results indicate a 2.8% prevalence for smoking in the 65+ age group compared with 9.2% in the 18-39 age group and 7.8% in the 40-64 age group. Adult smoking habits in the UK - Office for National Statistics (ons.gov.uk) Warrington Health & Wellbeing Survey 2023

Smoking prevalence in people aged 50 and over

In the Warrington Health & Wellbeing Survey 2023, the proportion who said they smoked was higher in those aged 50-64 (7%) compared with older age-bands (2% to 3%). In those aged 50-74, there were slightly more men than women who smoked.

Figure 59: Smoking prevalence in respondents aged 50 and over



11.2 Alcohol use

The Warrington Health and Wellbeing Survey 2023 found that 1 in 5 adults aged 65 and over (20.3%) in Warrington reported drinking alcohol at least 4 days a week, a higher proportion than younger age groups. Regular alcohol consumption tends to be greater in less deprived communities, with 15.6% of residents in the least deprived areas drinking at least 4 days a week, compared with 10.0% in the most deprived areas. Data also indicates that prevalence of such alcohol consumption in those aged 65 and over is 20.3%, compared with 6.5% and 14.1% in the 18-39 and 40-64 age groups respectively. Among those aged 65 and over, 21.4% consume more than 14 units of alcohol a week, indicating higher-risk consumption, which is often linked to binge drinking. Warrington Health & Wellbeing Survey 2023

Examining alcohol-related hospital admissions among Warrington residents aged 65 and over highlights important trends and disparities in health outcomes within this age group. In 2023/24, the rate of hospital admissions due to alcohol-related conditions among Warrington residents aged 65 and over was either statistically similar to England's rate (for males) or significantly lower (for females and persons) (Figure 60). Trends from 2018/19 to 2023/24 show that admission rates for Warrington males and females aged 65 years were generally similar to, or lower than, the England average (Figure 61). While there was a sharp increase in male admissions in 2019/20, this declined by 2020/21 (admission rates likely affected by the COVID-19 pandemic). Male admission rates have been climbing year-on-year since 2020/21. Female admissions in this age group are lower than male admissions, and following a peak in 2019/20 rates have reduced with fluctuations seen in most recent years. Alcohol Profile | Fingertips | Department of Health and Social Care

Figure 60: Alcohol-related hospital admissions per 100,000 for adults aged 65 and over, 2023/24

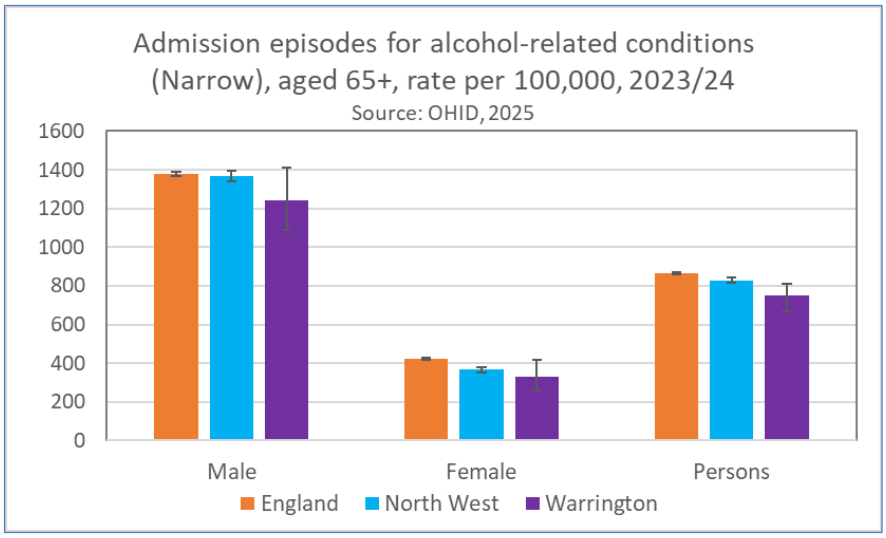
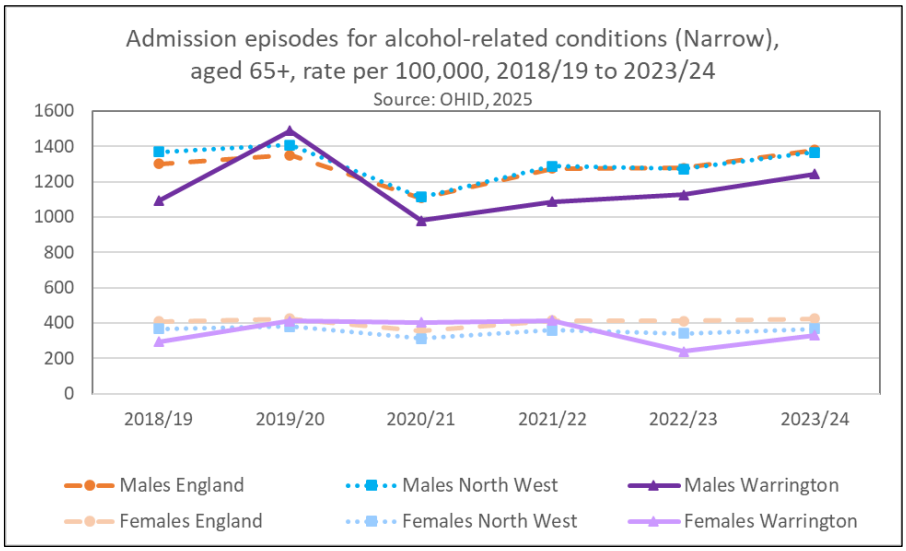


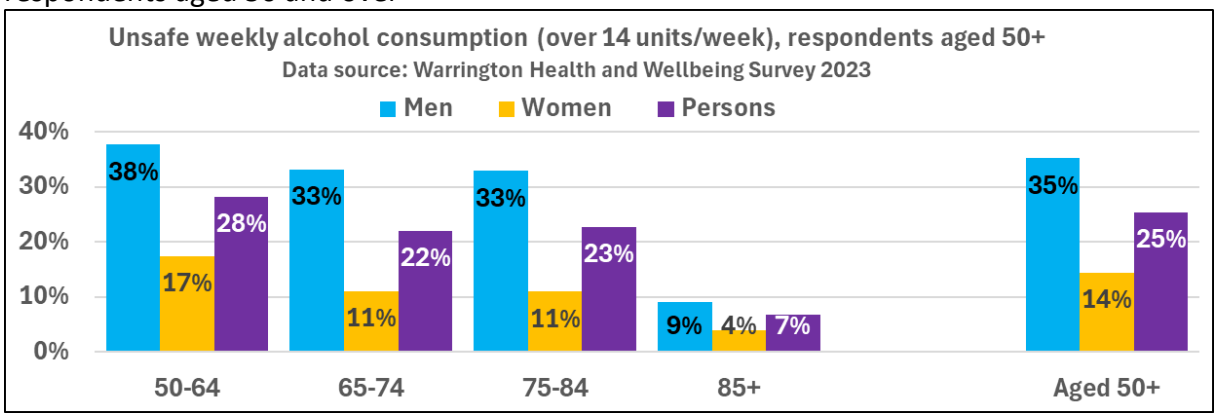
Figure 61: Alcohol-related hospital admissions per 100,000 for adults aged 65 and over from 2018/19 to 2023/24



Unsafe weekly alcohol consumption (over 14 units/week) in people aged 50 and over

The Warrington Health & Wellbeing Survey 2023 found that unsafe weekly alcohol consumption (over 14 units/week) varied substantially by age group, with men consistently reporting higher rates than women (Figure 62). In men, the prevalence ranged from 38% in those aged 50-64, 33% in 65-70 and 75-84 year olds, to 9% in those aged 85 and over. In women, the rates ranged from 17% in 50-64 year olds, 11% in 65-70 and 75-84 year olds, to 4% in those aged 85 and over. In all age groups, men had rates two to three times higher than women.

Figure 62: Unsafe weekly alcohol consumption (over 14 units/week), Health and Wellbeing Survey respondents aged 50 and over



11.3 Eating habits

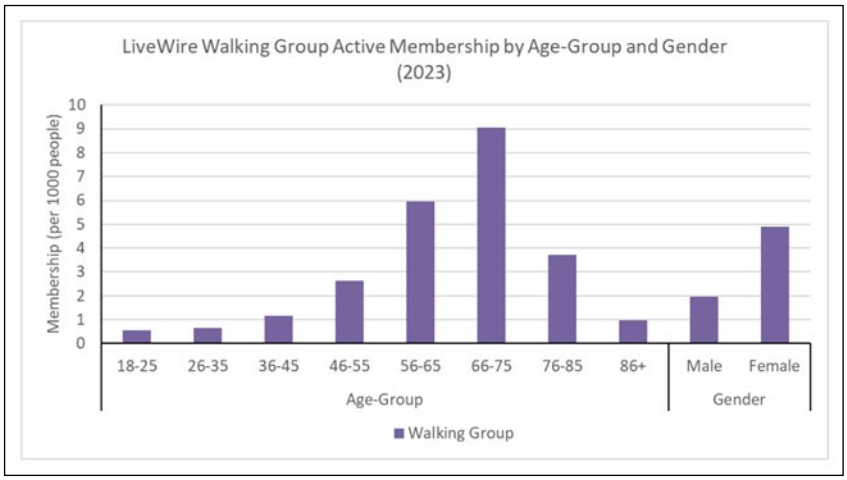
Dietary habits reported in the Health and Wellbeing Survey by respondents aged 65 and over reflect distinct patterns in food choices compared to younger age groups with notable differences in consumption of takeaways and home-cooked meals. For those aged 65 and over, takeaway consumption is lower than in younger age groups, with only 17.7% of people aged 65 and over eating takeaways at least once a week, compared with 30.5% of those aged 40-64 and 47.4% of 18–39 year olds. Conversely, 69.7% of adults aged 65 and over consume home-cooked food at least five days a week, the highest rate across all age groups. Warrington Health & Wellbeing Survey 2023.

11.4 Physical activity

Physical activity levels generally decline with age in Warrington. Among respondents of the 2023 Warrington Health and Wellbeing Survey, 72.8% of 18–39-year-olds, 68.7% of 40–64-year-olds, and 64.9% of those aged 65 and over reported achieving at least 150 minutes of weekly physical activity. Notably, women aged 40-64 in the most deprived quintiles and women aged 65 and over in quintile 2 were statistically less likely to meet recommended activity levels compared to the overall population.

Physical inactivity also rises with age in Warrington, with 23.7% of respondents aged 65 and over reporting being inactive, compared with 18% of 40–64 year olds and 13.3% of 18–39 year olds. Data from partners in Warrington who provide physical activity programs designed to improve health and reduce falls risk suggests that individuals aged 66-75 were most likely to engage in their services. In 2022-23, those aged 66-75 years were most frequently referred by GPs to the 'Stay On Your Feet' program, a free 8-week exercise initiative aimed at older residents with a low to moderate fall risk. Similarly, as shown in Figure 63, the LiveWire walking group, which has 572 active members, sees the highest participation rate (9.0 members per 1,000 people) in the 66-75 age group. There is a significantly smaller participation rate for those aged between 76-85 and those aged 86 and over (Physical Activity Needs Assessment).

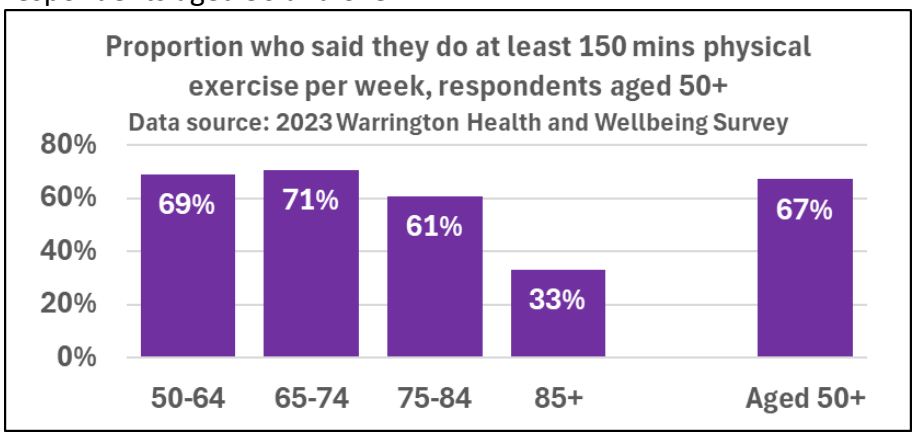
Figure 63: LiveWire walking group active membership by age-group and gender



Physical activity in people aged 50 and over

The Warrington Health & Wellbeing Survey 2023 found that 67% of people aged 50 and over said they do at least 150 mins physical activity per week, as recommended by the Chief Medical Officer. This reduced with age to 69% of 50–64-year-olds, 71% of 65-74 year olds, 61% of 75-84 year olds and 33% of those aged 85 and over. In every age-band, the proportion was higher in men than women, and this was particularly pronounced in those aged 85 and over (44% of men and 24% of women).

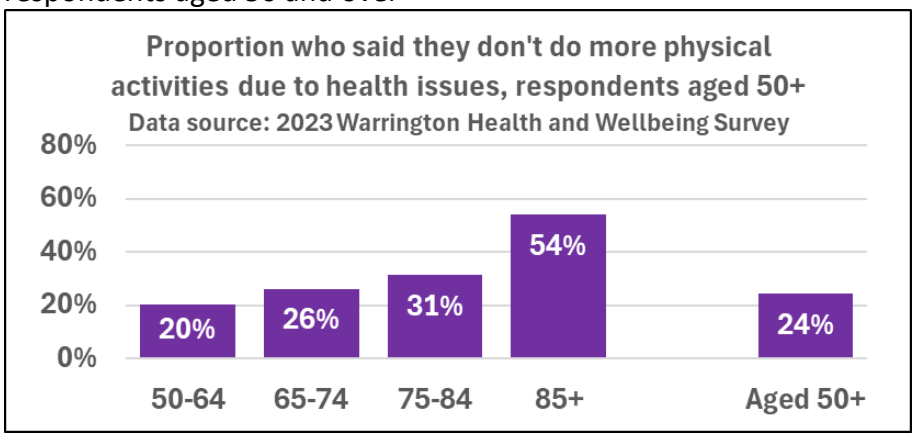
Figure 64: Proportion who said they do at least 150 minutes physical activity per week, respondents aged 50 and over



Health issues as a barrier to doing more physical activity, in people aged 50 and over

In the Warrington Health & Wellbeing Survey 2023, when asked what prevented them doing more physical activity, the most common factor by far in the older age-bands was health issues. The proportion who said this increased from 20% in 50–64 year olds, 26% in 65-70, 31% of 75-84 year olds, and 54% in those aged 85 and over. There was relatively little difference between men and women apart from those aged 85 and over (46% of men and 61% of women).

Figure 65: Proportion who said they don't do more physical activities due to health issues, respondents aged 50 and over



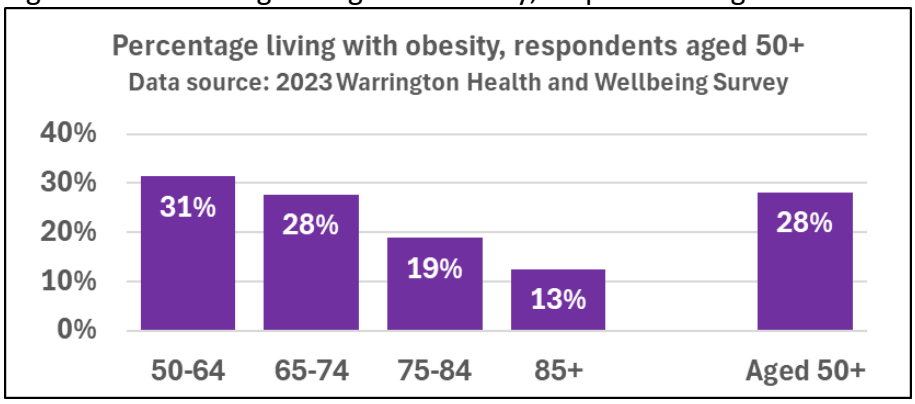
11.5 Older people living with unhealthy weight

Obesity is a significant public health issue due to its association with a range of chronic conditions, including heart disease, diabetes, and certain cancers. Currently, there is no routinely gathered place-level data for Warrington that demonstrates the prevalence of obesity in different age groups. Understanding the breakdown of obesity across age groups is important as it highlights distinct factors and trends that vary across the life course. However, national estimates from the Health Survey for England 2021[34] indicate that obesity increases with age, with 8% of adults aged 16-24 being classified as obese, compared with 32% of those aged 65-74. The prevalence then decreases to 26% in those aged 75 and over.

Obesity prevalence in people aged 50 and over

In the Warrington Health & Wellbeing Survey 2023, obesity prevalence in those aged 50 and over was 28%, although it reduced with age to 31% of 50-64 year olds, 28% of 65-74 year olds, 19% of 75-84 year olds and 13% of those aged 85 and over. There was little difference between men and women.

Figure 66: Percentage living with obesity, respondents aged 50+



[34] Part 2: Overweight and obesity - NHS England Digital

Underweight prevalence in people aged 50 and over

There is limited local data on the prevalence of being underweight, however, the Warrington Health & Wellbeing Survey 2023 highlights differences by age band and gender, though based on small numbers. For example, the survey suggests that underweight prevalence increased with age in women, 1.2% of 50-64 year olds, 2.6% of 65-74 year olds and 3.2% of 75-84 year olds. It then reduced to 0% in women aged 85 and over. This was different in men who had 0% prevalence in those aged 50-64 years and 85 years and over, and 0.7% prevalence in ages 65-74 and 75-84 years. The Health Survey for England 2022 highlighted a similarly low prevalence of underweight among older people[35].

Despite this, it is estimated that nationally 10% of people aged 65 and over are malnourished or at risk of malnutrition[36]. Malnutrition is both a cause and a consequence of ill-health and is more prevalent amongst the 'oldest' old, those aged 85 and over. Since this group is growing fastest, it presents an increasing public health issue. The main risk factors for malnutrition can be divided into medical, physical and social risks. Medical risks include diseases such as cancer and COPD or may result as a side effect from medication. Physical risks can include arthritis, sensory problems and dentition and oral health. Social risks are more complex but can include cost of living, caring responsibilities, loneliness and social isolation and bereavement. The Malnutrition Task Force also highlights the extent to which weight loss and malnutrition are accepted as normal consequences of ageing, when, in fact, they are often preventable. The Malnutrition Task Force identifies dehydration as a related and equally concerning issue among older people.

The prevalence of malnutrition is estimated to be highest in residential care and acute care settings[37]. However, cases in the community are likely to be underestimated as malnutrition is typically identified during a hospital admission or entry into residential care[36].

12. Uptake of preventive healthcare among older people

12.1 Vaccination uptake

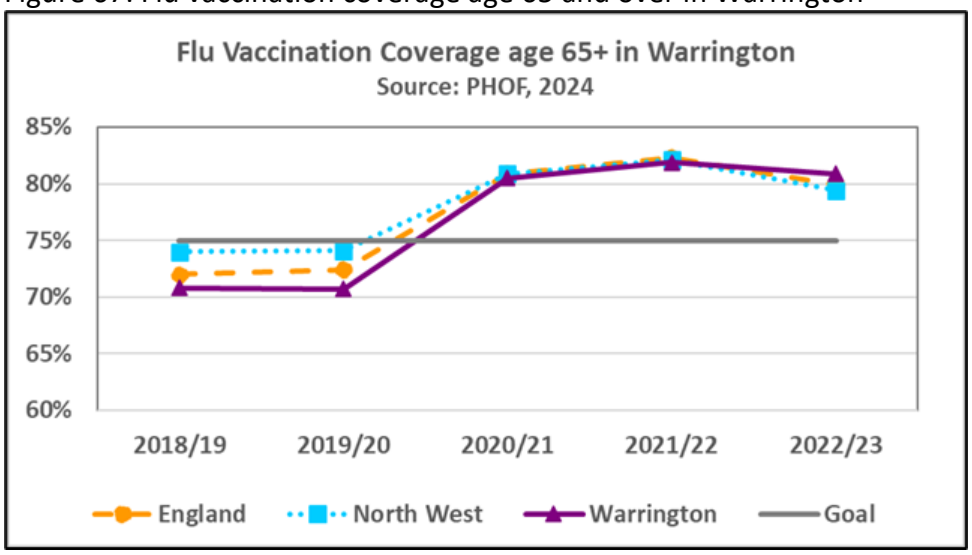
The following section examines vaccination uptake in Warrington in older age groups and data is sourced from the Public Health Outcomes Framework (PHOF).

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%. As shown in Figure 67, in the 2022/23 flu season, 80.9% of Warrington residents aged 65 and over were vaccinated, significantly higher than England (79.9%) and the North West (79.4%). Since the start of the Covid-

[35] Health Survey for England 2022, Health Survey for England 2022, Part 2: Data tables - NHS England Digital (accessed 29th April 2025)
[36] Malnutrition Task Force 2024, State of the Nation 2024: Older people and malnutrition in the UK today. State of the Nation 2024 F_0.pdf (accessed 29th April 2025)
[37] Norman, K, Hass, U., Pirlich, M. (2021) Malnutrition in older adults – recent advances and remaining challenges. Nutrients 13: 2764

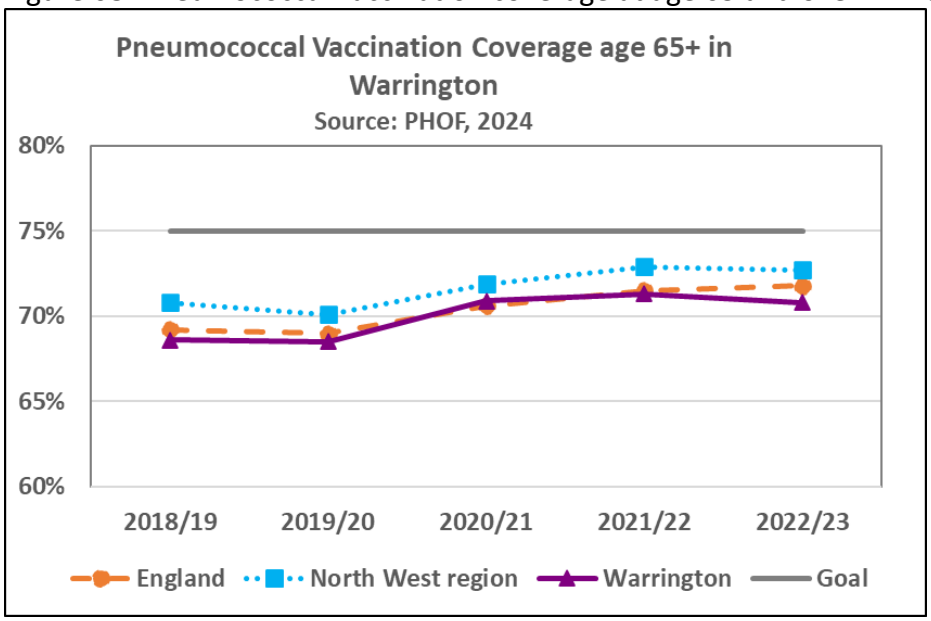
19 pandemic in 2020 there has been increased uptake in flu vaccinations in the 65 and over age range exceeding the 75% target both locally, regionally and nationally.

Figure 67: Flu vaccination coverage age 65 and over in Warrington



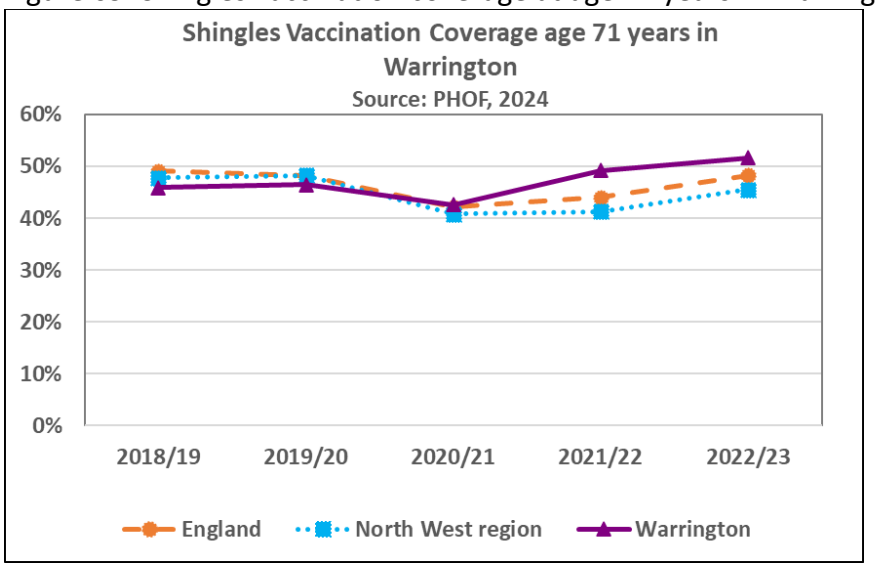
The pneumococcal polysaccharide vaccine (PPV) is recommended for people with certain health conditions and people aged 65 and over, as these groups are at risk for severe pneumococcal disease. Examples of pneumococcal infections include septicaemia, pneumonia and meningitis. The target vaccination rate for PPV is at least 75% and, as shown in Figure 68, Warrington, the North West and England are consistently below this. Between 2019/20 and 2021/22 vaccination coverage in Warrington increased, before reducing in 2022/23 when 70.8% of Warrington residents aged 65 and over were vaccinated for PPV, slightly fewer than England (71.8%) and less than the North West (72.7%).

Figure 68: Pneumococcal vaccination coverage at age 65 and over in Warrington



The shingles vaccination is available to people turning 65, to people aged 70-79 who have not yet been vaccinated, and people aged 50 and over with a severely weakened immune system. The vaccine helps reduce the risk of getting shingles. Latest data (2022/23) for shingles vaccination coverage at 71 years, as shown in Figure 69, shows that 51.7% of Warrington residents aged 71 had received the shingles vaccination. England and the North West had a significantly lower uptake of the vaccination of 48.3% and 45.5% respectively. Increases have been seen in Warrington, England and the North West since 2020/21, and Warrington's current coverage has exceeded levels prior to the COVID-19 pandemic.

Figure 69: Shingles vaccination coverage at age 71 years in Warrington



The Covid-19 vaccination is available to eligible groups, which currently include those aged 75 years and over and those aged 6 months to age 74 who have a weakened immune system. Of all of those eligible for the COVID-19 vaccine during the 2024-2025 autumn vaccination programme, 35,000 individuals in Warrington received the COVID-19 vaccine, representing a vaccine uptake rate of 45.5%. For comparison, uptake among eligible cohorts for the same period was 42.4% in Cheshire and Merseyside, and 39.7% across the rest of the North West.

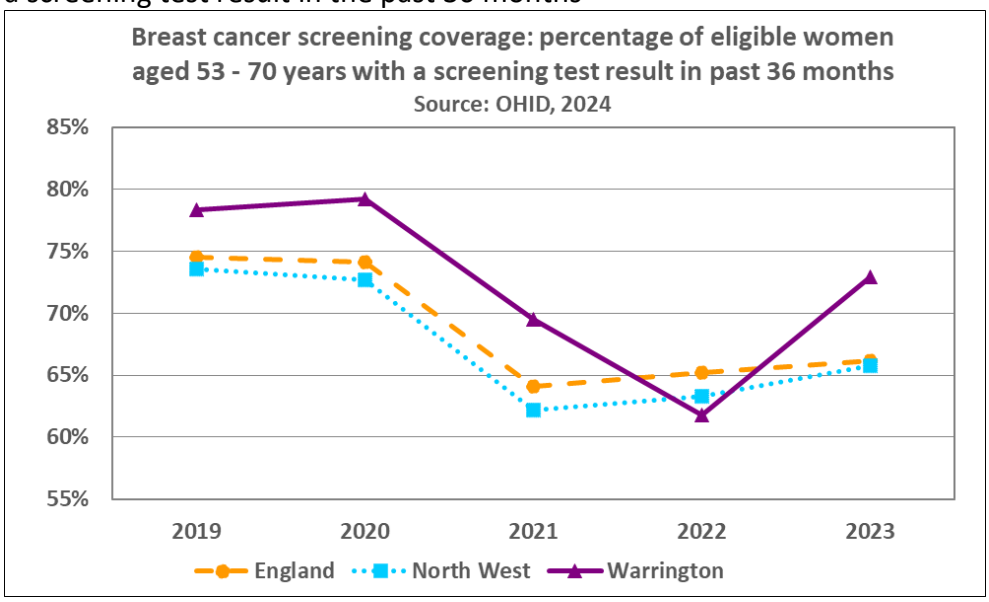
12.2 National screening programmes

Cancer screening supports early detection of cancer, which if detected earlier can be more treatable and can save lives. The following data examines screening for breast cancer, cervical cancer and bowel cancer in Warrington in older age groups and is sourced from the Public Health Outcomes Framework (PHOF) and Fingertips profiles produced by OHID.

Breast cancer screening ages 53-70 years: In 2023, Warrington had a breast cancer screening coverage rate of 72.9%, significantly better than England (66.2%) and the North West (65.8%). Warrington has been consistently significantly higher than England from 2012 until 2021. The COVID-19 pandemic had a negative effect on cancer screening uptake and, as shown in Figure 70, the proportion of women tested in Warrington reduced in 2021 and again in 2022 (to 61.8%). The proportion tested in 2023 greatly increased and was 11.1 percentage points higher than 2022. Although reductions in England and the North West were only seen in 2021, increases in uptake

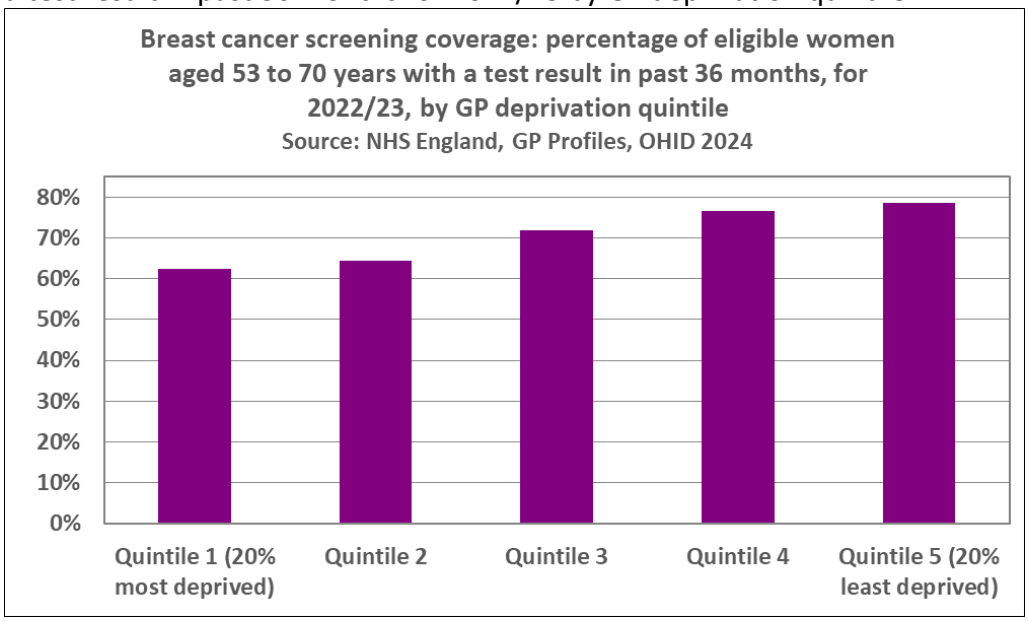
rates have been small compared to Warrington. Coverage rates in Warrington, England and the North West are still not at pre-pandemic levels.

Figure 70: Breast cancer screening coverage: percentage of eligible women aged 53-70 years with a screening test result in the past 36 months



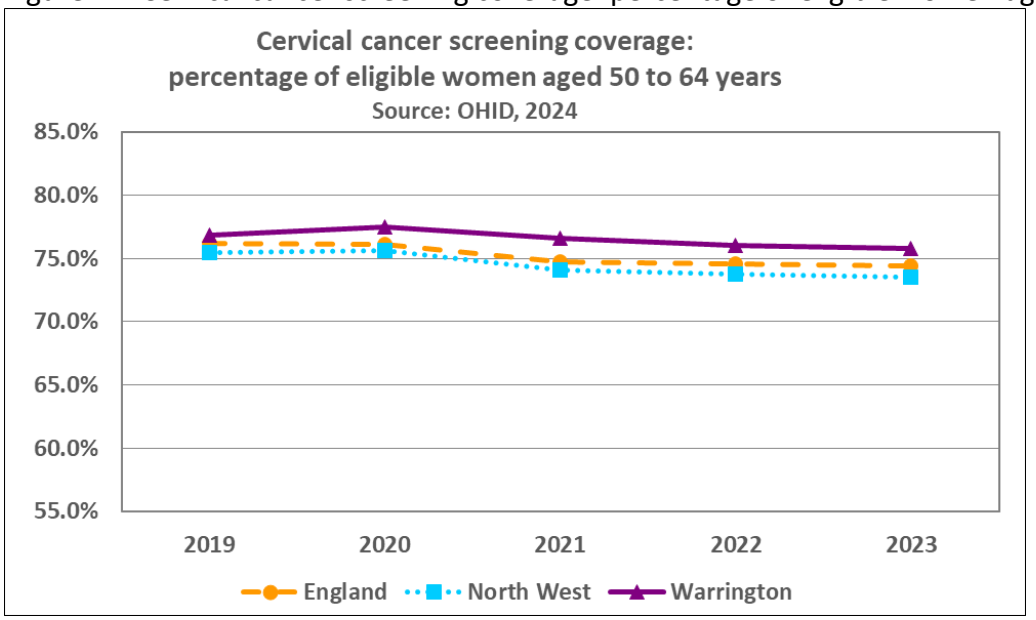
When examining percentages with a breast screening test result by GP deprivation quintile (weighted by practice populations), a clear link between uptake of screening and level of deprivation can be seen (Figure 71). As deprivation reduces, the proportion of women who have been tested increases. Quintile 1, the most deprived area of Warrington, has 63% of eligible women having been screened compared to 79% in quintile 5, the least deprived area.

Figure 71: Breast cancer screening coverage: percentage of eligible women aged 53-70 years with a test result in past 36 months for 2022/23 by GP deprivation quintile



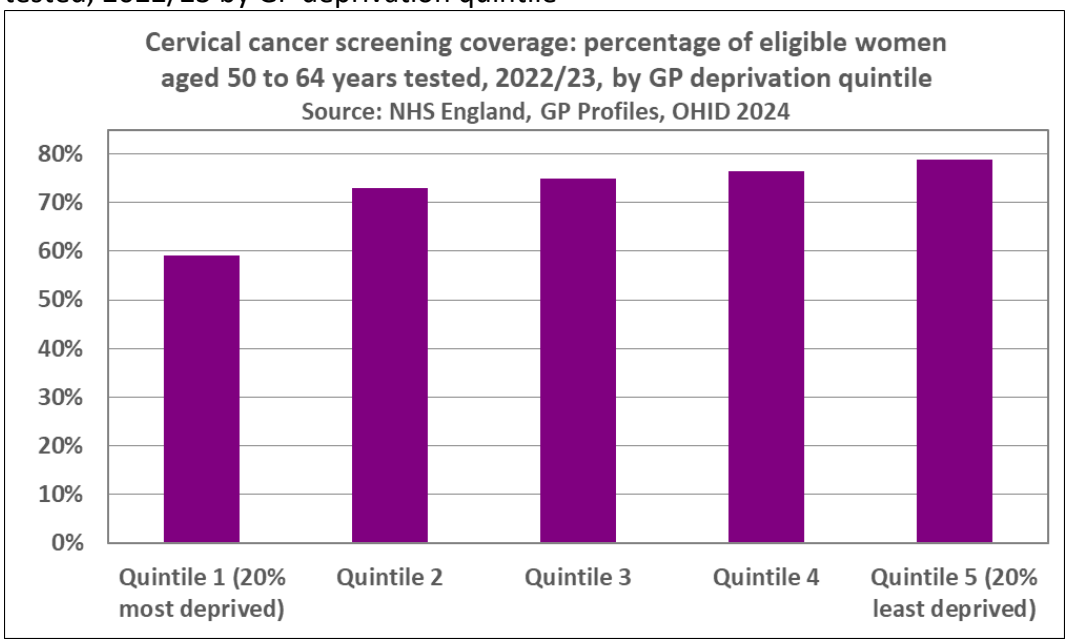
Cervical cancer screening ages 50–64 years: In 2023, Warrington had a cervical cancer screening coverage rate (ages 50 to 64) of 75.8%, significantly better than England (74.4%) and the North West (73.5%). Warrington has had similar rates to England since 2011, and as shown in Figure 72, statistically significantly higher rates since 2020. However, since 2020 Warrington, the North West and England have seen a slight reduction in rates year by year.

Figure 72: Cervical cancer screening coverage: percentage of eligible women aged 50-64 years



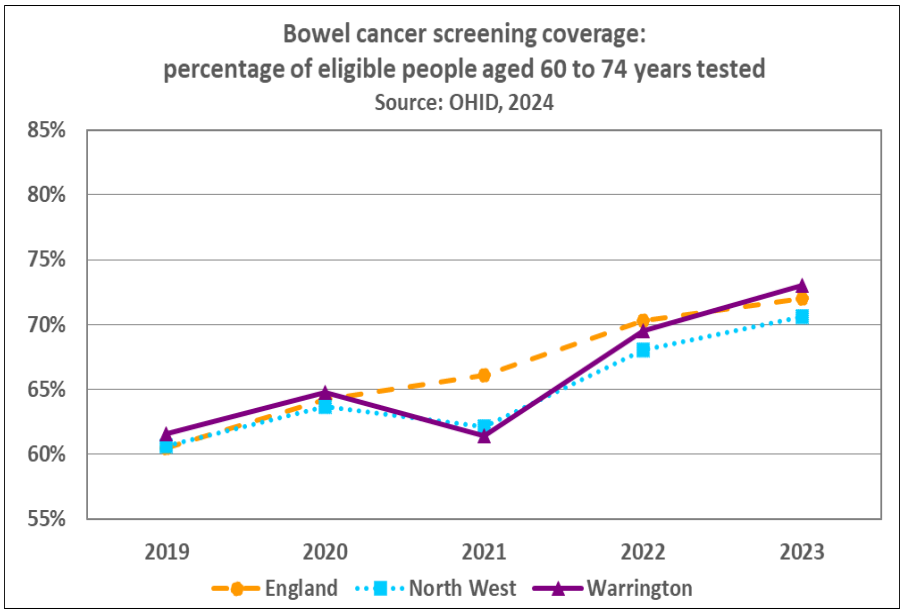
As shown in Figure 73, when examining percentages of screening by GP deprivation quintile (weighted by practice populations), quintile 1 (the most deprived area) is the lowest at 59% with a large step change to quintile 2 (73%). Each subsequent quintile increases slightly as deprivation reduces to screening rates in quintile 5 (least deprived) of 79%.

Figure 73: Cervical cancer screening coverage: percentage of eligible women aged 50-64 years tested, 2022/23 by GP deprivation quintile



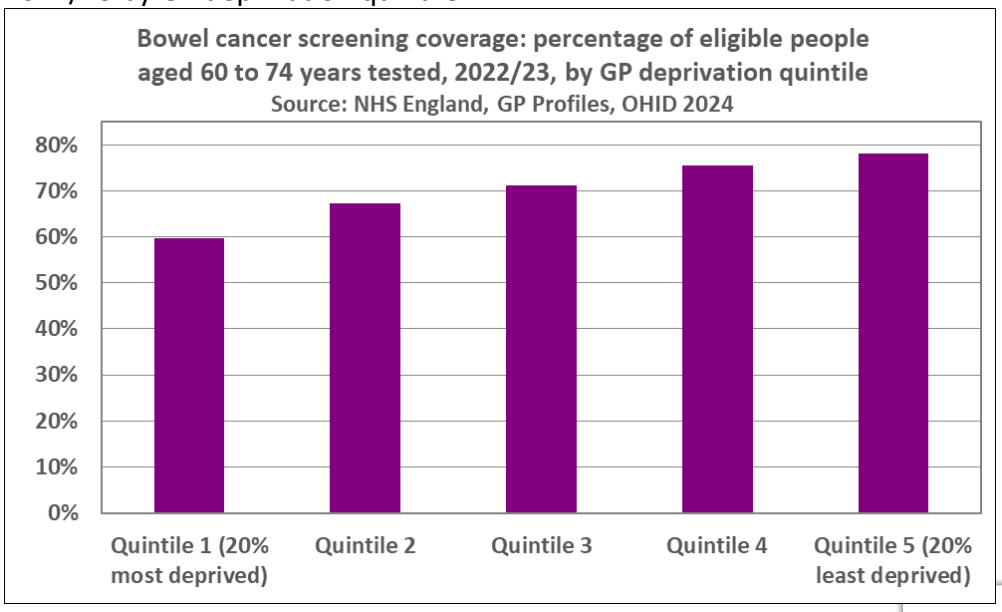
Bowel cancer screening ages 60-74 years: As shown in Figure 74, in 2023 Warrington had a bowel cancer screening coverage rate of 73.0%, significantly better than England (72.0%) and the North West (70.6%). Warrington has had an upwards trend in bowel cancer screening since 2015, and aside from a reduction in 2021 likely an effect of COVID-19, screening rates have increased year on year. The same pattern can be seen for England and the North West.

Figure 74: Bowel cancer screening coverage: percentage of eligible people aged 60 to 74 years tested



When examining percentages of bowel cancer screening by GP deprivation quintile (weighted by practice populations), a clear link between uptake of screening and level of deprivation can be seen (Figure 75). As deprivation reduces, the proportion of screening increases. Quintile 1, the most deprived area of Warrington, has a 60% screening rate compared to 78% in quintile 5, the least deprived area.

Figure 75: Bowel cancer screening coverage: percentage of eligible people aged 60-74 years tested 2022/23 by GP deprivation quintile



Abdominal aortic aneurysm (AAA) screening: this is offered to all males in the year they turn 65. The screen checks for swelling of the aorta, the main blood vessel that runs from the heart to the abdomen. AAA is almost always symptomless, but rupture of the aorta is usually fatal. Screening detects swelling (aneurysm), allowing it to be treated or monitored and preventing premature mortality. Figures 76 and 77 below show that screening uptake in Warrington has consistently been significantly below the England average. In 2022/23 uptake in Warrington was 58.5%, significantly below the England rate of 78.3%. Although the most recent uptake is an increase from 2021/22, low uptake leaves many men in this age group at risk of premature death from an undetected aneurysm.

Figure 76: Abdominal aortic screening coverage for Warrington

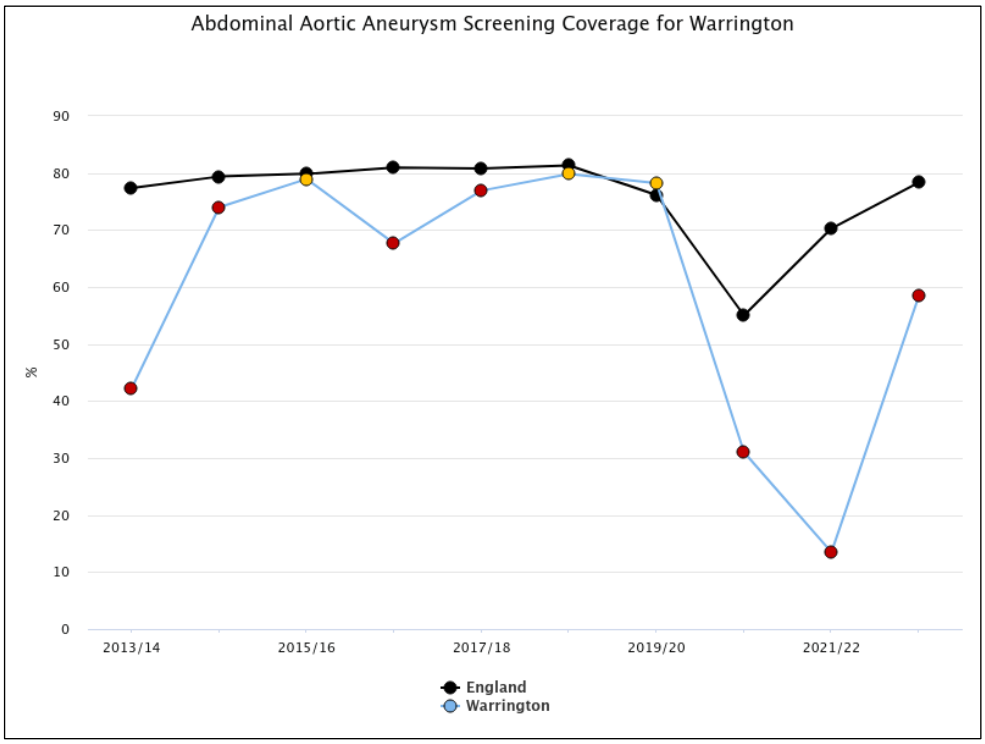


Figure 77: Trend in abdominal aortic aneurysm screening in Warrington

Recent trend: ↓ Decreasing & getting worse

Period		Warrington Count	Value	95% Lower CI	95% Upper CI	England
2013/14	●	501	42.2%	39.4%	45.0%	77.4%
2014/15	●	882	74.0%	71.4%	76.4%	79.4%
2015/16	●	843	78.9%	76.4%	81.3%	79.9%
2016/17	●	723	67.6%	64.8%	70.4%	80.9%*
2017/18	●	869	76.9%	74.4%	79.3%	80.8%*
2018/19	●	907	79.8%	77.4%	82.1%	81.3%*
2019/20	●	884	78.2%	75.7%	80.5%	76.1%*
2020/21	●	371	31.0%	28.5%	33.7%	55.0%*
2021/22	●	164	13.5%	11.7%	15.5%	70.3%*
2022/23	●	710	58.5%	55.7%	61.2%	78.3%*

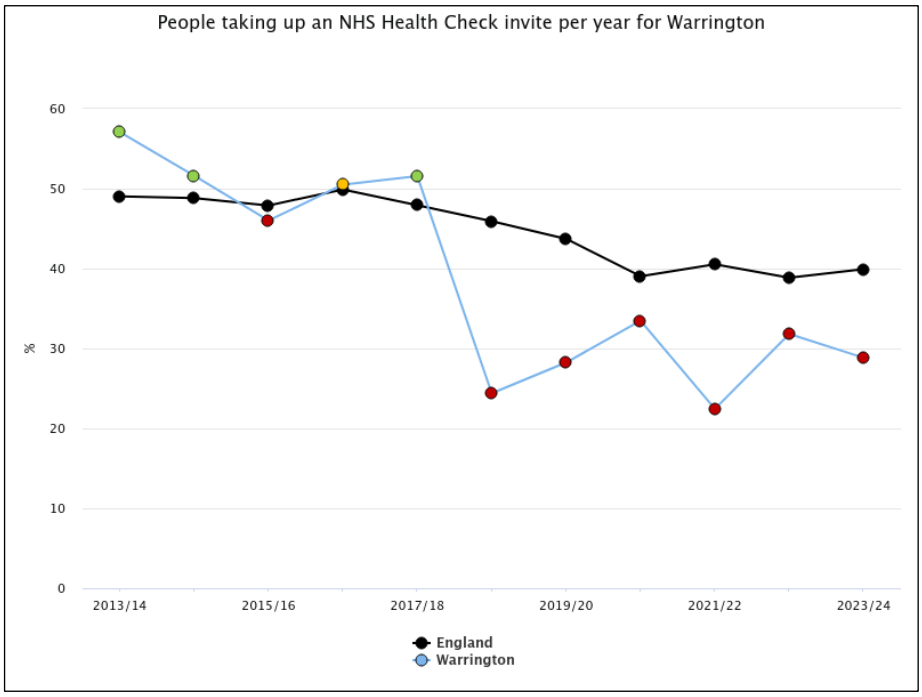
Source: NHS England

12.3 NHS Health Checks

NHS Health Checks are offered to all residents aged 40-74, who are not already on a cardiovascular disease (CVD) register, on a rolling 5-year programme. The aim of the programme is to prevent heart disease, stroke, diabetes and kidney disease through early identification of risk factors. Where risk factors are identified patients will be offered advice and treatment to reduce their risk of developing these conditions. Poor uptake of NHS Health Checks means that this population may have undetected CVD risk factors, including high blood pressure and high cholesterol, increasing their risk of CVD morbidity and mortality.

As shown in Figure 78, the annual uptake of NHS Health Checks has been steadily declining in England. In Warrington, the decline has been steeper since 2017/18. In 2023/24, less than 30% of those eligible took up the check. This means that those who declined may be at increased risk of cardiovascular disease due to unidentified risk factors.

Figure 78: People aged 40-74 taking up an NHS Health Check invite per year for Warrington



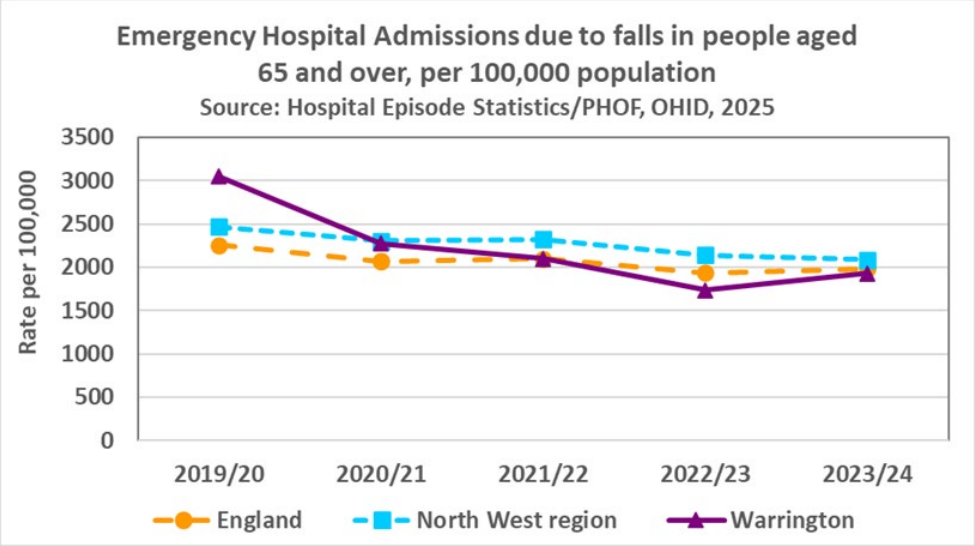
13. Hospital admissions among older people

13.1 Admissions due to falls in older people

Emergency hospital admissions due to falls in people aged 65 and over: In 2023/24 Warrington had a rate of 1,930 emergency admissions per 100,000 people aged 65 and over due to falls, as shown in Figure 79. This is equivalent to 810 emergency admissions. There had been a downwards trend in falls admissions among this age group in Warrington until 2022/23. The same pattern was seen in England and the North West but not as pronounced as Warrington's rates. The North West has continued to see a reduction in admissions whereas England has seen a small increase in

2023/24. Of the 810 emergency admissions due to falls in those aged 65 and over in Warrington, 64% (520) of admissions were in people aged 80 and over, and 36% (290) were in people aged 65-79 years.

Figure 79: Emergency hospital admissions due to falls in people aged 65 and over



NB: numbers and rates are based on Warrington resident population.

Non-elective hospital admissions for falls in people aged 65: Non-elective falls admissions data have a broader definition; they do not have a primary diagnosis of a fall, unlike emergency admissions due to a fall in the above section. In 2023/24 Warrington had 1,676 non-elective falls admissions in people who were aged 65 and over. This was equivalent to a rate of 3,917 per 100,000 population and Warrington was ranked fourth highest out of nine areas in Cheshire & Merseyside (first = highest rate). Of the 1,676 non-elective falls admissions, 285 falls admissions (17%) came from care homes. The average length of stay in hospital was 15 days.

Figure 80 examines the non-elective falls by sex and by two broad age groups, 65-84 years and 85 and over. Females in both age groups had higher rates per 100,000 than males and persons. The average length of stay ranged between 14 and 16 days across the age groups and sexes. Further exploration of the 16 days average length of stay for males aged 65-84 years shows that males aged 65-74 had an average length of stay of 12 days which rose to 18 days in those males aged 75-84 years.

Figure 80: Non-elective falls admissions, Warrington place, 2023/24

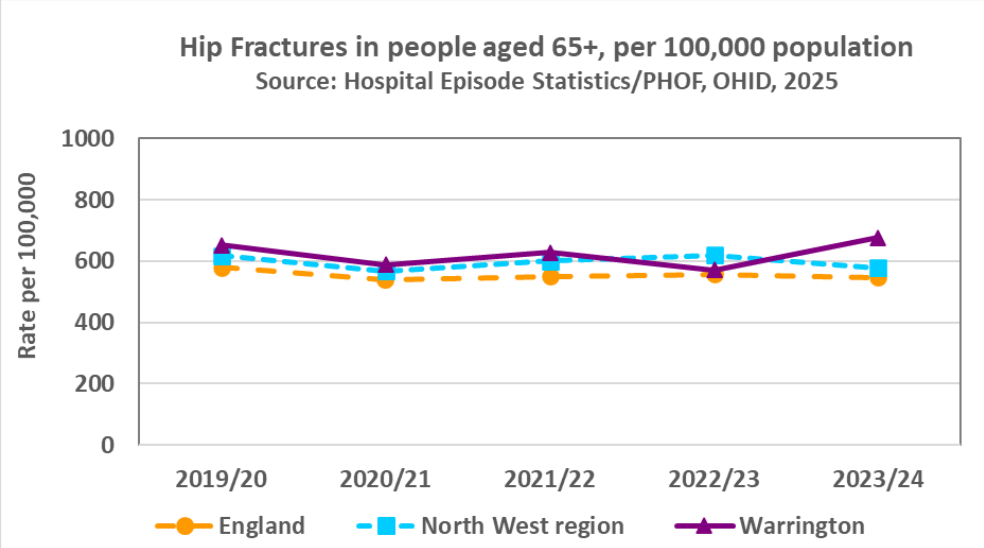
	No. falls	Rate per 100,000	Total average length of stay
Males			
65-84 yrs	415	2,343	16
85 and over	269	12,623	15
Females			
65-84 yrs	507	2,577	14
85 and over	485	14,845	15
Persons			
65-84 yrs	922	2,466	15
85 and over	754	13,968	15

Source: Business Intel Portal, C&M ICB, accessed 5/2/25

Hip fractures in people aged 65 and over: Hip fractures are a common injury associated with a fall, and may account for around 27% of emergency hospital admissions due to a fall in Warrington residents aged 65 and over. Hip fractures are debilitating and only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long term care. The average age of a person with hip fracture is about 83 years and 73% of fractures occur in women[38].

As shown in Figure 81, in 2023/24, Warrington had a rate of 677 hip fracture admissions per 100,000 people aged 65 and over. This is significantly higher than the England rate of 547 and the North West rate of 578 per 100,000. Warrington's rate of 677 was equivalent to 285 admissions, with people aged 80 and over accounting for nearly two thirds of the admissions (64.9%), and those aged 65-79 accounting for 33.3% (age unknown in 5 admissions).

Figure 81: Hip fractures in people aged 65 and over per 100,000 population



[38] OHID, Productive Healthy Ageing Profile - Data | Fingertips | Department of Health and Social Care (phe.org.uk) Accessed 22/8/24

Warrington has seen an increase in the rate of hip fractures since the previous year; this is against reductions in England and the North West for the same time period. Increases were seen in Warrington residents aged 65 to 79 years and for those aged 80 and over. Those aged 80 and over have seen fluctuations in the trend over recent years, whereas people aged 65-79 years have seen a year on year increase since 2020/21. Whilst initial increases in this age group may be as a result of COVID-19 recovery and hospital activity, the latest rate of 308.5 per 100,000 (ages 65-79) is now significantly worse than England and the highest rate experienced in Warrington since 2011/12. The latest increase in this age group is directly due to an increase in the number and rate of males being admitted for hip fractures.

Figure 82 illustrates the numbers and rates per 100,000 in Warrington for emergency admissions for hip fractures by sex and by the overarching 65 and over age group as well as those aged 65-79 years, and ages 80 and over. In those aged 65-79, the rate of admissions for females was 1.5 times higher than males, although not statistically significantly higher than male admissions. Hip fracture admissions for those aged 80 and over were larger in number and rate than the younger age group. The rate of admissions for females was 1.4 times higher than that of males, and not statistically significantly higher than male admissions.

Figure 82: Emergency hospital admissions for hip fractures age 65 and over in Warrington, 2023/24

	Age 65 and over		**Age 65-79**		**Age 80 and over**	
	Rate per 100,000	No.	Rate per 100,000	No.	Rate per 100,000	No.
Female	769	185	365.1	60	1939	125
Male	539	95	239.1	35	1409	60
Total	**677**	**285**	**308.5**	**95**	**1746**	**185**

Source: Public Health Outcomes Framework, OHID

NB: numbers and rates are based on Warrington resident population.

13.2 Main causes of emergency hospital admission among older people

In 2023/24, Warrington residents had over 22,000 emergency admissions. Admissions for people aged 50 and over made up 65% of this total, with 3,727 admissions for people aged 50-64 and 10,788 for people aged 65 and over. The most common cause of emergency admission for both age groups is circulatory disease (2360 admissions across both age groups), followed by respiratory disease for those aged 65 and over (1673 admissions) and digestive diseases for those aged 50-64 (481 admissions). Figure 83 below gives a breakdown of emergency admissions for both age groups.

Figure 83: Emergency admissions for people aged 50 and over, 2023/24

ICD 10 Grouping	50-64	50-64 (%)	65+	65+ (%)
Cancer	96	2.6	261	2.4
Circulatory disease	579	15.5	1781	16.5
Digestive diseases	481	12.9	887	8.2
Diseases of the blood or immune system	64	1.7	239	2.2
Endocrine and metabolic	121	3.2	396	3.7
External causes	412	11.1	1186	11.0
Eye or ear disease	74	2.0	129	1.2
Genitourinary	225	6.0	597	5.5
Infectious diseases	209	5.6	844	7.8
Mental, behavioural and neurological	70	1.9	162	1.5
Musculoskeletal and connective tissue	183	4.9	438	4.1
Nervous system	80	2.1	194	1.8
Respiratory disease	429	11.5	1673	15.5
Signs and symptoms	478	12.8	1468	13.6
Skin disease	151	4.1	244	2.3
Other*	75	2.01	289	2.7
Total admissions	3727	100	10788	100

Data source: Hospital episode statistics

*Other includes conditions that could not be classified and congenital malformations, which made up a small number of admissions.

In 2023/24, admissions due to coronary heart disease (CHD) in Warrington were statistically significantly higher than the national average, with a rate of 448.0 per 100,000 people compared to 390.6 per 100,000 in England. Although overall admission rates for CHD in Warrington have been declining since 2006/07, they have consistently remained higher than the national average throughout this period. While age-specific data are not available, it is likely that a substantial proportion of these admissions involve people aged 50 and over, as the risk of CHD increases with age.

14. Mortality

14.1 Leading cause of death among older people

This section presents the leading causes of death in Warrington for persons aged 50 and over where deaths were registered between 2021 and 2023. The Primary Care Mortality Database (PCMD) from NHS Digital has been used to analyse Warrington deaths, and comparisons made with deaths registered in England and Wales (ONS, 2023).

Overall leading causes of death in Warrington: For a number of years the leading cause of death for males and females all ages remained unchanged, ischaemic heart diseases (also known as coronary heart disease) for males and dementia and Alzheimer disease for females. This pattern was also seen across England and Wales. However, this pattern changed during 2020 when the COVID-19 pandemic emerged and COVID-19 became the leading cause of death for males, whilst

dementia and Alzheimer disease remained the leading cause of death for females. Again, this pattern was seen across England and Wales.

The leading causes of deaths registered in 2021, 2022 and 2023 have reverted back to pre-pandemic trends in Warrington, and in England and Wales for 2021 and 2022 (2023 deaths still to be finalised). When examining registered deaths in Warrington for persons aged 50 and over for the same three years, it is unsurprising that the leading cause of death was the same as all ages, namely ischaemic heart diseases in males and dementia and Alzheimer disease in females. Furthermore, when looking at the proportion of deaths they represent of all deaths in males and females aged 50 and over, both the proportion of ischaemic heart diseases and dementia and Alzheimers disease have increased each year.

Leading cause of death for Warrington males aged 50 and over: for males aged 50-64 years and 65-79 years, the leading cause of death was ischaemic heart diseases in the three separate years 2021 to 2023. This changed to dementia and Alzheimer disease in males aged 80 and over. The proportion of males in this age group dying of dementia and Alzheimer disease has increased year on year from 15% in 2021 to 20% of all deaths in this age group in 2023. See Figure 84 for further information.

Figure 84: Leading cause of death in Warrington males aged 50+, for 2021 to 2023, based on registered year of death

MALES	2021		2022		2023	
Age Group	Leading Cause	% male deaths	Leading Cause	% male deaths	Leading Cause	% male deaths
All ages 50+	Ischaemic heart diseases	14.0%	Ischaemic heart diseases	14.6%	Ischaemic heart diseases	14.9%
50 to 64	Ischaemic heart diseases	18.7%	Ischaemic heart diseases	24.8%	Ischaemic heart diseases	17.7%
65 to 79	Ischaemic heart diseases	15.6%	Ischaemic heart diseases	14.8%	Ischaemic heart diseases	17.6%
80 yrs +	Dementia and Alzheimer disease	14.9%	Dementia and Alzheimer disease	17.2%	Dementia and Alzheimer disease	20.1%

Leading cause of death for Warrington females aged 50 and over: The leading cause of death for females aged 50-64 years and 65-79 years was COVID-19 in 2021 and ischaemic heart diseases in 2022. In 2023 ischaemic heart diseases was still the leading cause for 50-64 year olds, however for the 65-79 age group this changed to chronic lower respiratory diseases. In all three years, dementia and Alzheimer disease was the leading cause of death for females aged 80 and over, and currently accounts for 28% of all deaths in this age group having increased each year since 2021. See Figure 85 for further information.

Figure 85: Leading cause of death in Warrington females aged 50 and over, for 2021 to 2023, based on registered year of death

FEMALES	2021		2022		2023	
Age Group	Leading Cause	% female deaths	Leading Cause	% female deaths	Leading Cause	% female deaths
All ages 50 and over	Dementia and Alzheimer disease	16.0%	Dementia and Alzheimer disease	18.3%	Dementia and Alzheimer disease	19.6%
50 to 64	Covid-19	11.1%	Ischaemic heart diseases	10.8%	Ischaemic heart diseases	11.9%
65 to 79	Covid-19	12.5%	Ischaemic heart diseases	11.1%	Chronic lower respiratory diseases	11.8%
80 yrs +	Dementia and Alzheimer disease	23.7%	Dementia and Alzheimer disease	24.5%	Dementia and Alzheimer disease	27.8%

The following presents the top five causes of death between 2021 and 2023 (aggregated), presented by gender and broad age band for males and females aged 50 and over (50-64 years, 65-79 years and 80 and over). The tables have been colour coded to group together similar causes of deaths.

The main causes of death for males aged 50 and over in the three years 2021-2023, which can be seen in Figure 86, are:

- **Ischaemic heart disease** was the leading cause of death in the 50-64 year and 65-79 year age groups and was the second most common cause of death in those aged 80 and over.
- The 50-64 year age group was the only age group to have **cirrhosis and other diseases of liver** in the top five causes of death and they were the youngest age group to see cancer in the top five - **lung and colorectal cancer. Lung and prostate cancer** were a common cause of death in 65-79 year olds and those aged 80 and over respectively.
- **Chronic lower respiratory diseases** were a common cause of death in the 50-64 year and 65-79 year age groups; this grouping includes deaths from chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema and asthma. Whereas **influenza and pneumonia** was the fourth most common cause of death for those aged 80 and over.
- **Dementia and Alzheimer disease** was the leading cause of death for males aged 80 years and over and the fourth most common cause of death for those aged 65-79 years.
- **COVID-19** was a common cause of death among each of the three age groups.

Figure 86: Males – top five causes of death 2021 to 2023

Age band	1st	2nd	3rd	4th	5th
All ages 50 and over	Ischaemic heart diseases	Dementia and Alzheimer disease	COVID-19	Malignant neoplasm of trachea, bronchus and lung	Chronic lower respiratory diseases
50 to 64 years	Ischaemic heart diseases	Cirrhosis and other diseases of liver	Malignant neoplasm of trachea, bronchus and lung	COVID-19	Malignant neoplasm of colon, sigmoid, rectum and anus **PLUS** Chronic lower respiratory diseases
65 to 79 years	Ischaemic heart diseases	Malignant neoplasm of trachea, bronchus and lung	COVID-19	Dementia and Alzheimer disease	Chronic lower respiratory diseases
80 and over	Dementia and Alzheimer disease	Ischaemic heart diseases	COVID-19	Influenza and pneumonia	Malignant neoplasm of prostate

The main causes of death for females aged 50 and over in the three years 2021-2023, which can be seen in Figure 87, are:

- **Ischaemic heart disease** was the leading cause of death in the 50-64 year and 65-79 year age groups and was the second most common cause of death in those aged 80 and over. **Cerebrovascular diseases** were a common cause of death for 65-79 years and third most common cause for those aged 80 and over. This cause of death results from disorders that affect the blood vessels and blood supply to the brain and includes blood clots and stroke.
- The 50-64 year age group was the only age group to have **cirrhosis and other diseases of the liver** in the top five causes of death and were also the youngest age group to see **cancer (lung, breast and colorectal) i**n the top five. **Lung cancer** was the second leading cause of death in 65-79 year olds.
- **Chronic lower respiratory diseases** were a common cause of death in each of the age groups; this grouping includes deaths from chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema and asthma.
- **Dementia and Alzheimer disease** was the leading cause of death for females aged 80 and over and the third most common cause of death for those aged 65-79 years.
- **COVID-19** was the fourth most common cause of death among those aged 80 and over.

Figure 87: Females – top five causes of death 2021 to 2023

Age band	1st	2nd	3rd	4th	5th
All Ages 50 and over	Dementia and Alzheimer disease	Ischaemic heart diseases	Chronic lower respiratory diseases	Cerebrovascular diseases	Covid-19
50 to 64 years	Ischaemic heart diseases	Cirrhosis and other diseases of liver	Malignant neoplasm of trachea, bronchus and lung **PLUS** Malignant neoplasm of breast	Malignant neoplasm of colon, sigmoid, rectum and anus	Chronic lower respiratory diseases
65 to 79 years	Ischaemic heart diseases	Malignant neoplasm of trachea, bronchus and lung	Dementia and Alzheimer disease	Chronic lower respiratory diseases	Cerebrovascular diseases
80 and over	Dementia and Alzheimer disease	Ischaemic heart diseases	Cerebrovascular diseases	Covid-19	Chronic lower respiratory diseases

The main causes of death in Warrington have also been analysed by national deprivation quintile for 2021-2023 (Figure 88):

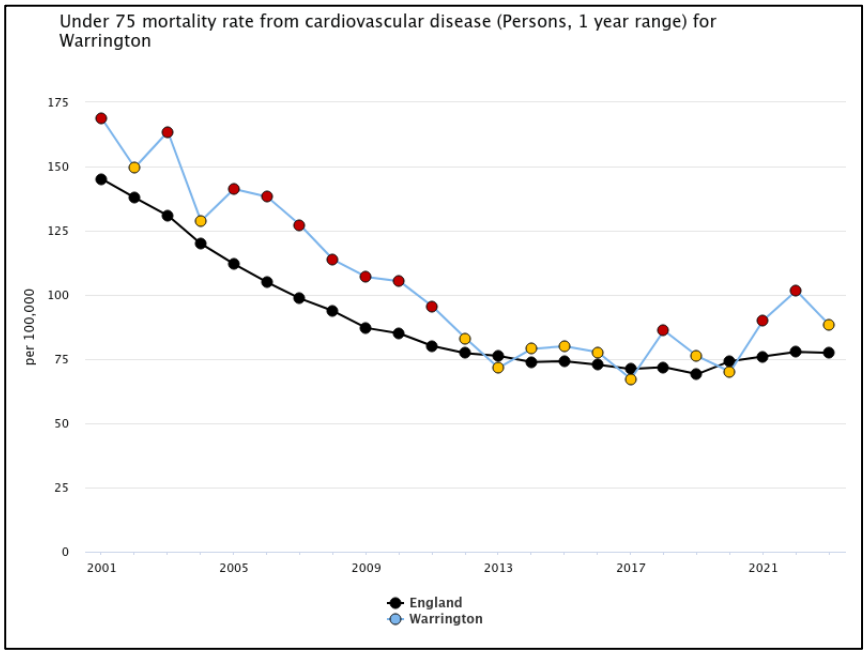
- **Ischaemic heart disease** was the most common cause of death in quintile 1 (the most deprived area), and the second most common cause of death in each of the other quintiles. The reverse situation was observed for **Dementia and Alzheimer disease**.
- **Cerebrovascular diseases** were a common cause in quintiles 2 to 5, and **chronic lower respiratory diseases** common in quintiles 1 to 4.
- **Lung cancer** was apparent in all deprivation quintiles as one of the top common causes of death.
- **COVID-19** was a common cause of death in quintile 1 (most deprived area), and quintile 5 (least deprived area). It is possible this may be due to quintile 1 having a poor uptake of the COVID-19 vaccines, and quintile 5 having a large older population.

Figure 88: Deprivation Quintile –top five causes of death 2021 to 2023

	1st	2nd	3rd	4th	5th
Quintile 1 (20% most deprived)	Ischaemic heart diseases	Dementia and Alzheimer disease	Chronic lower respiratory diseases	Covid-19	Malignant neoplasm of trachea, bronchus and lung
Quintile 2	Dementia and Alzheimer disease	Ischaemic heart diseases	Malignant neoplasm of trachea, bronchus and lung	Chronic lower respiratory diseases	Cerebrovascular diseases
Quintile 3	Dementia and Alzheimer disease	Ischaemic heart diseases	Malignant neoplasm of trachea, bronchus and lung	Cerebrovascular diseases	Chronic lower respiratory diseases
Quintile 4	Dementia and Alzheimer disease	Ischaemic heart diseases	Cerebrovascular diseases	Malignant neoplasm of trachea, bronchus and lung	Chronic lower respiratory diseases
Quintile 5 (20% least deprived)	Dementia and Alzheimer disease	Ischaemic heart diseases	Covid-19	Malignant neoplasm of trachea, bronchus and lung	Cerebrovascular diseases

Inequalities in cardiovascular disease (CVD) mortality: Figure 89 shows the long-term trend in under 75 CVD deaths in Warrington. The most recent data show that deaths have increased since 2020, making Warrington significantly worse than the England average in 2021 and 2022. This was followed by a reduction in 2023 with a rate of 88.3 per 100,000 population (n=171), higher but not significantly different to the England average of 77.4.

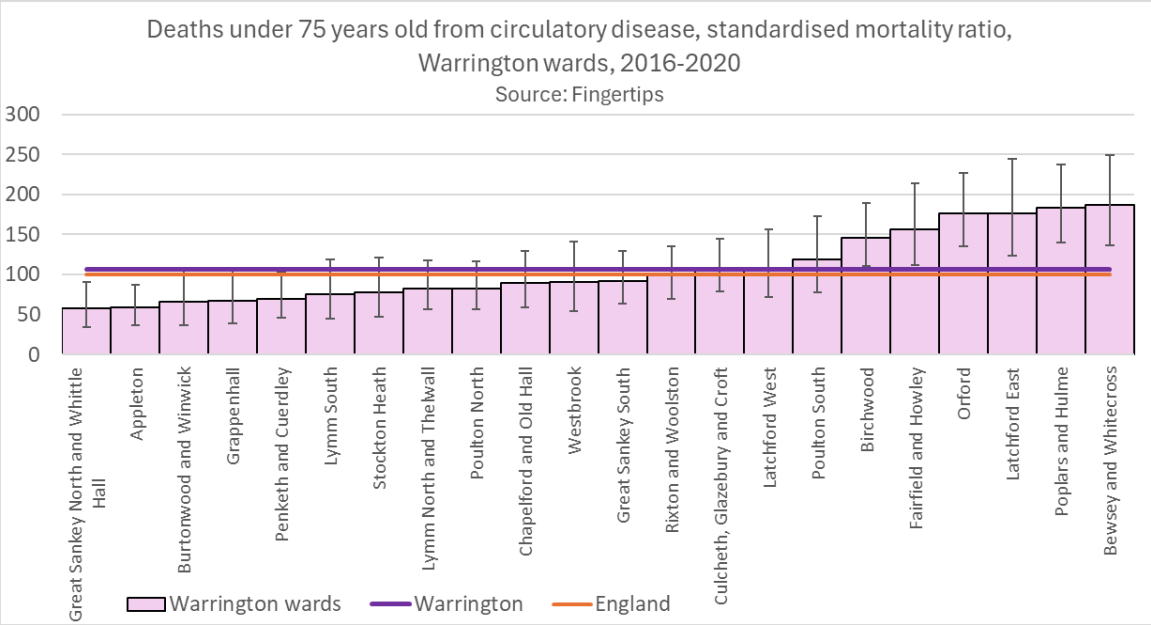
Figure 89: Trend in under 75 mortality rate from cardiovascular disease for Warrington residents



Source: Mortality Profiles [Mortality Profile | Fingertips | Department of Health and Social Care]

The overall trend masks inequalities across the borough as further ward level analysis (covering a slightly different and earlier time period) shows variation by ward and a strong association with deprivation. Warrington's most deprived wards have significantly worse ratios of CVD mortality than the England average and the highest ratios for those under 75 (Figure 90).

Figure 90: Deaths from circulatory disease, standardised mortality ratio, Warrington wards, 2016-2020



14.2 Winter mortality

The following section provides a summary of the main findings from the Warrington Winter Mortality 2022-23 report (Warrington Borough Council, 2023).

Research shows that winter mortality rates in England and Wales are higher than in other European countries with colder climates. Older adults, young children, and individuals with underlying health conditions are particularly vulnerable during this period (ONS, 2023). Factors contributing to increased mortality in winter include the heightened circulation of respiratory illnesses, low vaccine uptake, and inadequate home heating. Cold housing significantly impacts both physical and mental health, directly and indirectly. It worsens chronic conditions, raises the risk of circulatory and respiratory diseases, and adversely affects mental wellbeing across all age groups.

Winter mortality compares the number of deaths that occurred in the winter period (1 December 2022 to 31 March 2023) with the average of the non-winter periods (the preceding period of 1 August to 30 November 2022 and the following period of 1 April to 31 July 2023).[39] Please note

[39] Local data has been extracted from the Primary Care Mortality Database (PCMD) for Warrington residents. Deaths are based on the date of occurrence, not the date of registration. Mortality data for 2023 is still provisional (at the time of writing) and therefore all data presented in this section may be subject to change once data has been finalised.

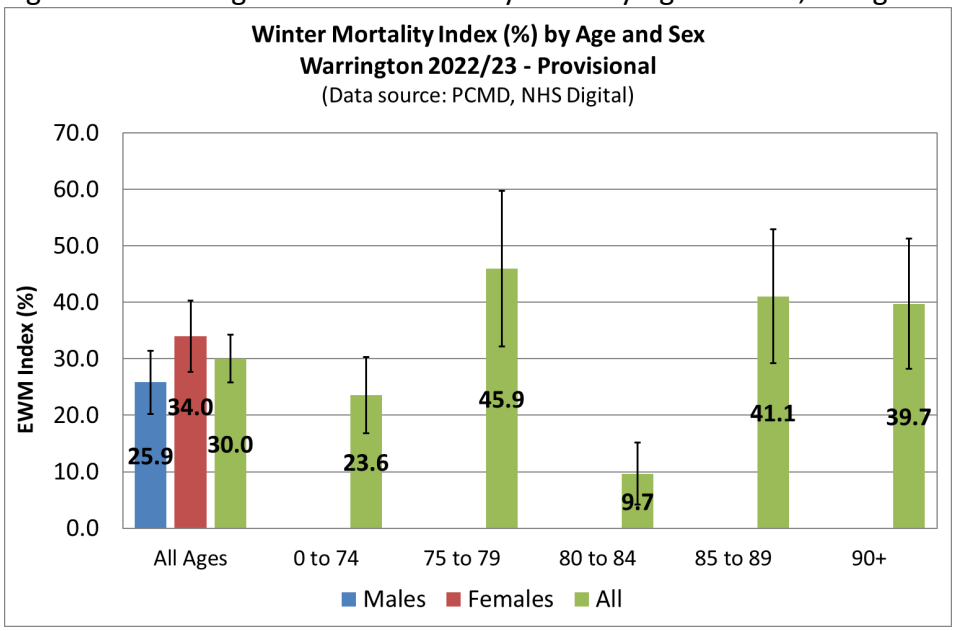
that data should not be interpreted as the number of people who died directly as a result of colder weather occurring during December to March.

Between 1 August 2022 and 31 July 2023, a total of 2,127 deaths were recorded in Warrington. During the winter period, an estimated 194 additional deaths occurred compared with the average for the non-winter periods, resulting in a Winter Mortality Index (WMI) of 30.0% (Figure 79). This indicates that 30% more deaths occurred during the winter months than in the non-winter months. Comparative WMI data for England and the North West for the same period have not yet been published by the ONS.

In Warrington between August 2022 and July 2023, males had a WMI of 25.9%, representing an estimated 82 additional deaths during the winter period (Figure 91). Females had a higher WMI of 34.0%, equating to 112 additional winter deaths. However, the difference between male and female WMI was not statistically significant.

Individuals aged 75–79 years had the highest WMI at 45.9%, which was significantly higher than the lowest WMI of 9.7% observed in the 80–84 age group (Figure 91). However, the WMI for the 75–79 age group was not significantly different from the overall Warrington WMI of 30.0%. WMI for sex and age band is not referred to here, nor shown in the chart, due to small numbers and wide confidence intervals in the data.

Figure 91: Warrington Winter Mortality Index by Age and Sex, 1 August 2022 to 31 July 2023

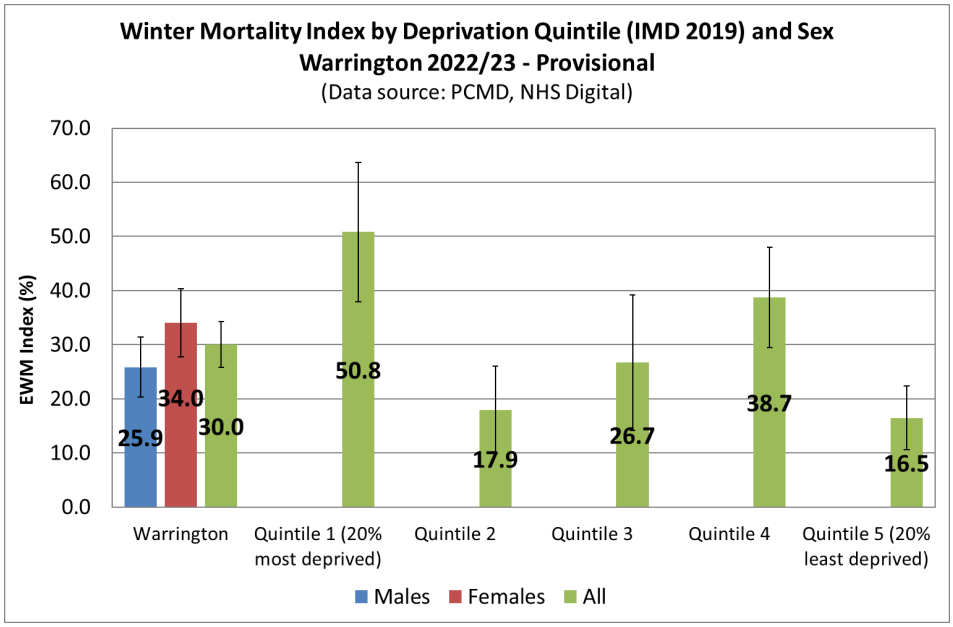


The leading cause of winter mortality in Warrington was respiratory diseases, with a WMI of 76.9%, resulting in 57 additional deaths during the winter period. This was closely followed by dementia and Alzheimer disease, with a WMI of 66.3%, also equating to 57 additional deaths. Both causes had significantly higher WMIs compared to the overall Warrington WMI of 30.0%.

For both males and females, respiratory diseases were the leading cause of winter mortality, with WMIs of 79.1% and 75.0%, respectively. The second leading cause differed by sex: for males it was injury and poisoning (WMI 73.3%), while for females it was dementia and Alzheimer disease (WMI 72.2%).

Figure 92 shows that the most deprived communities in Warrington (Quintile 1) had the highest WMI at 50.8%, with 60 additional deaths during the winter period. This was statistically significantly higher than Quintiles 2 and 5, which recorded the lowest WMIs, and also higher than the overall Warrington WMI.

Figure 92: Warrington Winter Mortality Index by Deprivation and Sex, 1 August 2022 to 31 July 2023



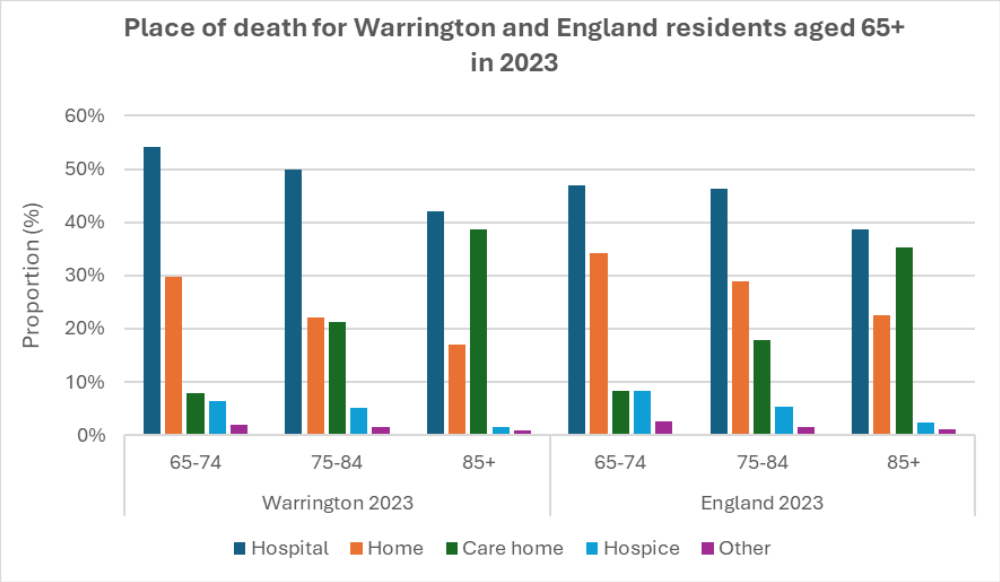
14.3 Place of death

Place of death statistics describe where people die (hospital, home, care home, hospice and other places) and how that is changing. In 2021, the Institute for Public Policy Research highlighted that COVID-19 caused serious disruption to end of life care in England, with excess deaths as a result of the pandemic putting more strain on providers.

Both patient preference and policy is for people near the end of life to be cared for in their own home or care home and to reduce unwarranted emergency hospital admissions at the end of life. It is important to note that place of death can vary by cause of death, sex, age and geographical location and/or proximity to hospital. Additionally, some research suggests that those living in more deprived areas are more likely to die in hospital.

Place of death used as proxy indicator for quality of end-of-life care in Warrington 2023 compared to England 2023 for those aged 65 and over

Figure 93: Place of death for Warrington and England residents, 2023



Data Source: Office for Health Improvement and Disparities (OHID), Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care [accessed 12.3.2025]

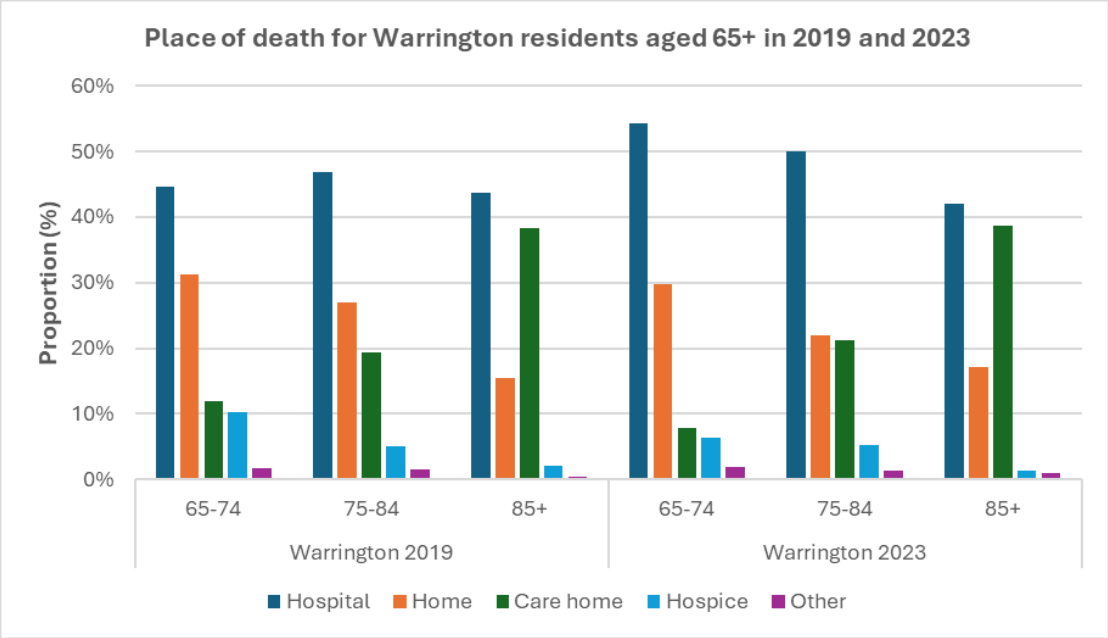
The most common place of death in Warrington, for ages 65 and over is a hospital setting. **Warrington is higher than the England average** across all age groups for place of death in this setting. The percentage of deaths in hospital reduced with age, with 54.2% of those aged 65-74yrs, 50% of those aged 75-84yr and 42% for those aged 85 and over. This trend can also be seen at national level.

At **home** was the second most common place of death for those aged 65-74 and 75-84, whereas for those aged 85 and over it was a care home. This is consistent with national trends. The percentage of deaths at home reduced with age, with 29.8% of those aged 65-74yrs, 22% of those aged 75-84yr and 17.1% for those aged 85 and over. **Warrington is lower than the England average across all age groups for place of death in this setting**.

Care homes was not a common place of death for the 65-74 age group (7.8%) in comparison to 75-84 age group (21.3%) and 85+ (38.6%) in Warrington. The same pattern was seen in England.
For the purpose of this needs assessment, analysis of changes in place of death data, pre and post the COVID-19 pandemic can be seen below.

Place of death used as proxy indicator for quality of end-of-life care in Warrington 2019 compared to Warrington 2023 for those aged 65 and over

Figure 94: Place of death for Warrington residents aged 65+ in 2019 and 2023



Data Source: Office for Health Improvement and Disparities (OHID), Palliative and End of Life Care Profiles - Data | Fingertips | Department of Health and Social Care [accessed 12.3.2025]

Figure 94 displays that hospital was the most common place of death for Warrington in both 2019 and 2023. However, the data shows that there has been an increase of 10 percentage points in the number of 65–74 year-olds dying in hospital in 2023 (54.2%) compared to 2019 (44.7%).

At home was the second most common place of death for Warrington in the age groups 65-74 and 75-84 in both 2019 and 2023. However, there has been a slight decrease in percentage points for these age groups dying at home in 2023 compared to 2019, 1.5 decrease for 65-74 yr olds and 5 for 75-84 yr olds. For the 85+ age group, care homes have been the second most common place of death in both 2019 and 2023. There has been no significant change for this age group and setting.

Care homes was the third most common place of death in both 2019 and 2023 for the 65-74 and 75-84 age groups. However there has been a slight decrease in percentage points of 4.2 for the 65-74 age group in 2023. By comparison, the 75-84 age group, has seen a slight increase in percentage points of 1.9 in 2023. For the 85+ age group, home was the third most common place of death across both 2019 and 2023 with a slight increase in percentage points of 1.7.

Hospice deaths was the fourth most common place of death in both 2019 and 2023 across all age groups. The percentage of deaths in hospice reduces with age in both 2019 and 2023. However, the number of overall deaths occurring in a hospice setting has declined by 3.9 percentage points for 65-74 yr olds and 0.6 percentage points for the 85 and over age group. By comparison, for the 75-84 age group, there has been a 0.1 increase in percentage points 2023.

Overall, the data suggests there have been slight increases or decreases for some age groups relating to particular settings in 2023 compared to 2019. However, the biggest change is an increase of 10 percentage points in hospital as a place of death for 65-74 yr olds which may reflect the impact of the pandemic on this age group.

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16. Contributors

Debbie Watson, Director of Public Health
Rhonwen Ashcroft, Senior Public Health Specialist, Knowledge and Intelligence
Frances Mann, Qualitative Researcher
Sara Aubrey, Public Health Analyst
Adewuni Sorungbe, Public Health Analyst
Carole Cheetham, Public Health Analyst
Sheila Paul, Consultant in Public Health
Louise Lucas, Senior Public Health Specialist, Health Improvement
Hayley Wardle, Public Health Specialist Registrar
Peter Walker, Senior Business Intelligence Officer
Alison Pucill, Business Intelligence Adult Social Care Team Manager
Abigail Prunty, Data and Intelligence Officer
Michael Bell, Planning Policy and Programme Manager
Emily Sixsmith, Public Health Practitioner
Tom Kearney, Public Health Practitioner
Rachel Cartwright, Health Improvement Practitioner
Debbie Allcock, Public Health Practitioner

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