Ageing Well in Warrington

Joint Strategic Needs Assessment

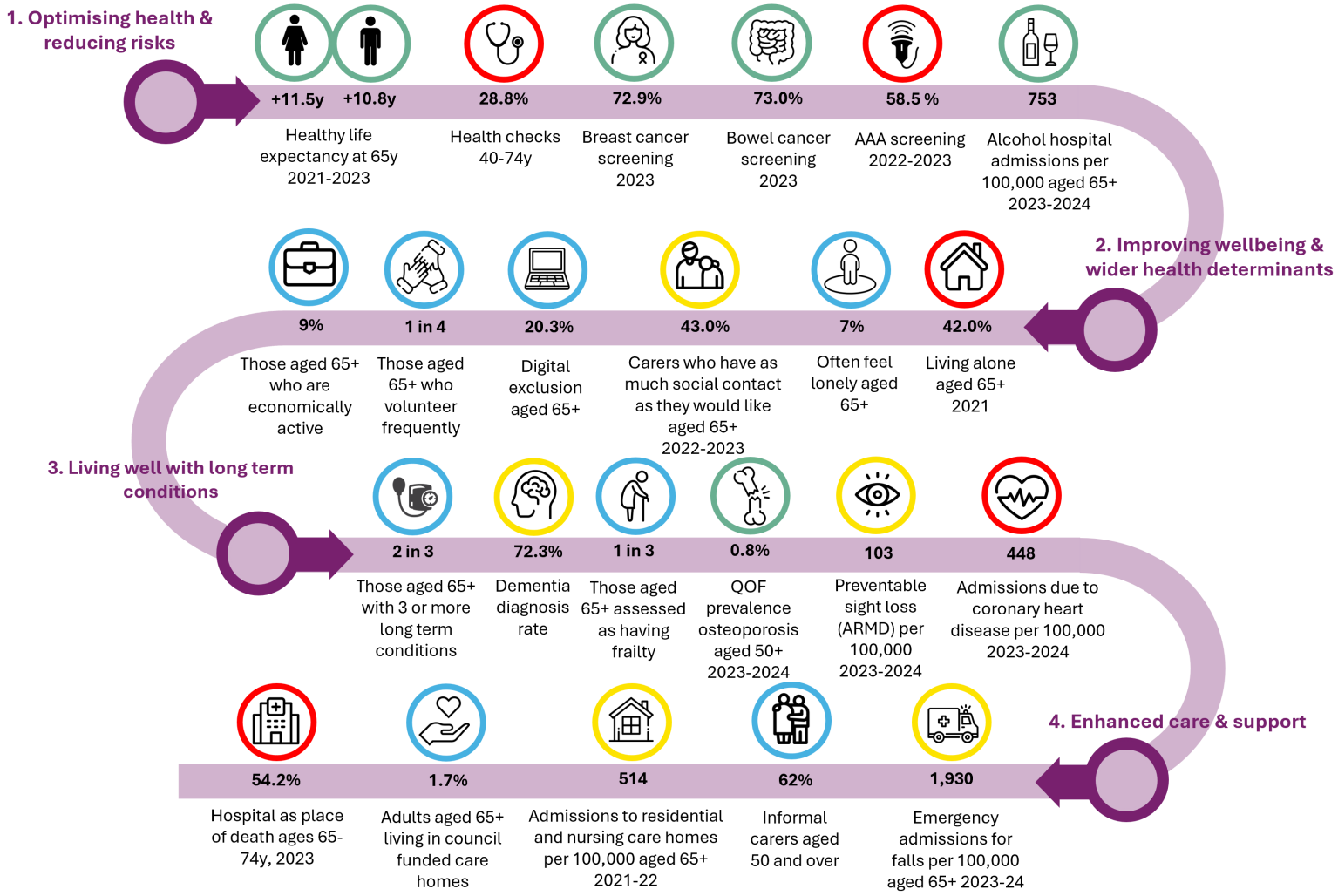
Summary report

WARRINGTON
Borough Council

Contents

Ageing Well in Warrington

A comparison to England



Population & mortality

Population:
Nearly 1 in 5 (19.4%) of the population in Warrington are aged 65 and over – which is higher than in England as a whole

Leading causes of deaths males aged 50 and over, 2021-2023:

Ischaemic heart disease (14.9% of all deaths), Dementia, COVID-19, Lung cancer, Chronic lung diseases

Leading causes of deaths females aged 50 and over, 2021-2023:

Dementia (19.6% of all deaths), Ischaemic heart disease, Chronic lung diseases, Cerebrovascular disease, COVID-19

Key

Statistical significance compared to England:

- Better
- Similar
- Worse
- National comparator/significance not calculated

Template adapted from Liverpool City Region's Older People Health Profile 2020

Icons from www.flaticon.com

1. Introduction

The purpose of this document is to provide a summary of the Ageing Well Needs Assessment (AWNA) which can be found on the Warrington Borough Council website. 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 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 of health 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 older people's health and wellbeing. As part of the development of the AWNA, a listening exercise was undertaken with local residents aged over 50 years encouraging them to share their perspectives on what supports their wellbeing, the challenges they anticipate in the future, and the key factors they believe will help them stay healthy as they age. An Ageing Well survey was completed by 794 people aged 50 and over and resident within the town.

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

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. They would like to have better communication in relation to the local services and support which are available in the town. As they aged, remaining in their own homes and living independently was very important to them as was being heard, respected, and accepted regardless of their age.

By incorporating these valuable insights and perspectives, the assessment aims to align with the needs and aspirations of those it seeks to support, ensuring their voices are central to future planning and service development.

Older adults in Warrington play an essential role in our communities, contributing through a range of activities that foster a sense of community and contribute to local growth. Many older adults in Warrington are actively involved in volunteering, providing vital support to local charities, community groups, and public services and so helping to meet local needs. Our Health and Wellbeing survey found that respondents aged 65 and over were significantly more likely to volunteer frequently (1 in 4) than other groups.

In addition to volunteering, a significant proportion of older adults in Warrington provide informal caregiving, supporting family members and friends. This role is critical in maintaining the wellbeing of vulnerable individuals, often reducing the demand on formal healthcare services. Notably, 62% of unpaid carers are aged 50 and over, with those aged 50–64 accounting for 39% of all unpaid carers in our borough.

Older adults living in Warrington also continue to make important contributions to the local economy through formal employment. Among those aged 50–64, 74% are classified as economically active, highlighting their vital role in the workforce.

Our Health and Wellbeing survey highlighted that older adults in Warrington are active in a wide range of community activities, including sports and other leisure activities and cultural events. For example, 67% of people aged 50 and over in Warrington report meeting the recommended 150 minutes of physical activity per week. Additionally, adults 65 and over are eating well (home cooked food at least 5 days a week) and they are less likely to smoke as smoking prevalence reduces with age.

2. 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

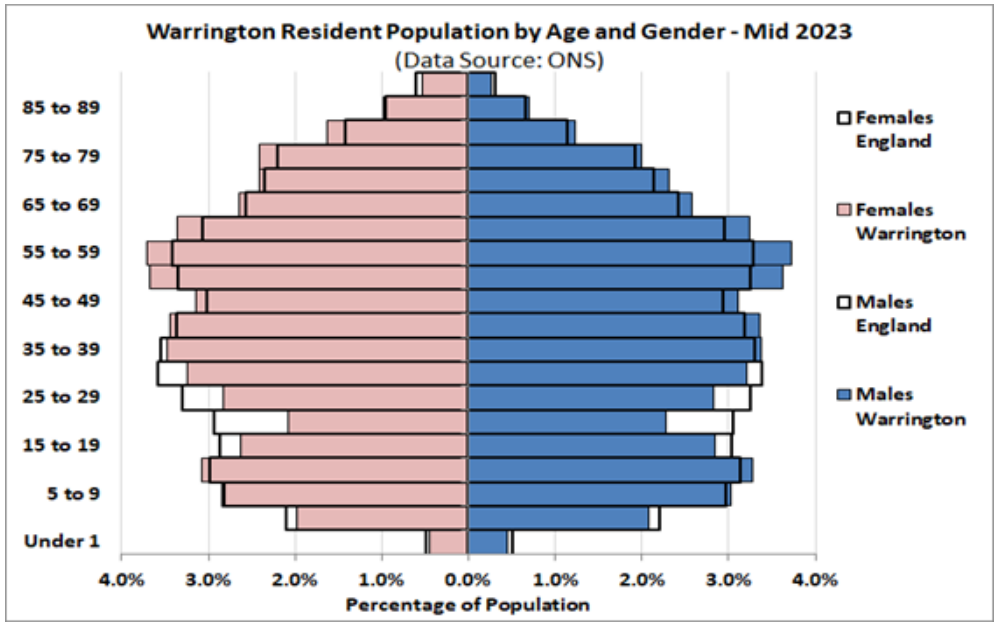
- **Reduce poverty among older adults,** particularly in areas with high levels of income deprivation (e.g.in the central 6 electoral wards) by maximising income, access to welfare benefits and entitlements.
- **Develop targeted interventions for renters** and those in social housing, focusing on financial 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.

3. Population characteristics of our residents aged 50+

Understanding the profile or characteristics of the Warrington older adult population is an important starting point to interpret the factors that may affect ageing in this community.

Figure 1 below shows that Warrington has an older age profile than England – with a higher proportion of people in all age groups between 40 and 84 years compared with England. **Adults aged 50 to 59 represent the greatest proportion of the resident population.** The age distribution of males and females across the 50+ age bands is largely similar. For adults aged 50 and over, 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, females make up two-thirds (65%) of this age group.

Figure 1: Population pyramid, mid-2023, Warrington and England



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

For 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+, 9% were economically active, with little variation across the areas.

Of the 207,836 people living in Warrington at the 2021 Census, 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) **over 65.**

In terms of ethnicity, **the older population is less ethnically diverse than Warrington as a whole**. The proportion of non-white British older residents is **greatest in the central electoral ward grouping** and lowest in the East electoral ward grouping.

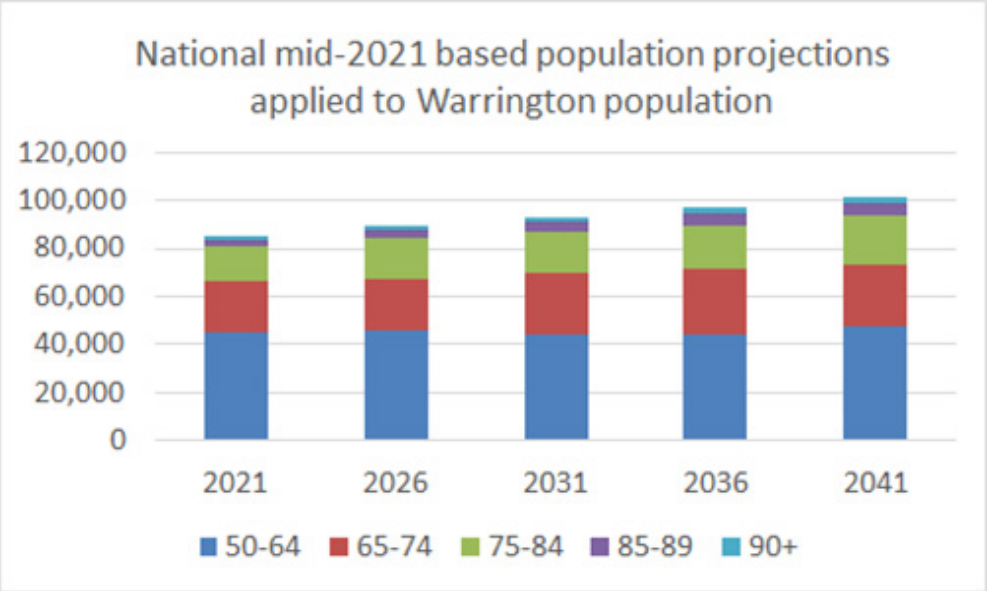
13,028 (33.6%) residents aged 65 and over identified as **disabled** under the Equality Act. Of this group, 6104 residents felt that their disability limited their day to day activities a lot. The proportion of older people disabled under the Equality Act increased with age.

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 24.3% of residents aged 65 and over were widowed or a surviving civil partnership partner.

4. How will our older population change over time?

Population projections suggest that by the year **2041**, Warrington will have a larger number of 75-84, 85-89 and 90+ year olds compared to 2021. Please see figure 2 below:

Figure 2: National mid-2021 based projections applied to Warrington population estimates.



The age band projected to have the biggest increase is 75–84 year olds which is estimated to comprise of **21,100** people by 2041. This shift will put pressure on health and care services and require a focus on supporting older adults who may be living with long-term health conditions and in need of more tailored care. The type and level of support services this cohort will need in 2041 will, in part, depend on the early interventions they receive now, and the healthy behaviours adopted in their earlier adult years.

The growth of the population, particularly amongst older adults, will influence housing demands. **More homes designed for ageing populations** and increased access to services such as healthcare, transport, and leisure facilities will be needed.

The total number of adults aged 45 years and over living with a **learning disability** in Warrington is projected to increase by **234 individuals by 2040 (2,464 people).** There will also be an increase in the prevalence and numbers diagnosed with osteoporosis, dementia and hearing and vision impairments. Local support services will need to ensure they can meet this increase in need for care and support.

It is likely that we will see an **increase in the percentage of over 65s who are still in employment** as our older population grows, retirement ages increase, and the cost of living rises. Local employers should ensure they have **age friendly working policies** in place, in particular offering support to unpaid working carers to remain in employment.

5. Life expectancy and health inequalities in older adults

Life expectancy at age 65 estimates the average number of years a person can expect to live based on current mortality rates. Latest estimates show that life expectancy at age 65 years among females is higher than males at 20.3 years and 18.1 years respectively (2020-22) - meaning females can expect to live for another 20.3 years over the age of 65. This gender disparity is also seen regionally and nationally. **This means that females residing in Warrington, aged over 65 years generally live longer lives than males. Life expectancy for females in Warrington at the age of 65 is significantly worse than the national average.** This means that some females living in other counties are living longer than those residing in Warrington.

Some of the heath inequalities highlighted in this needs assessment are explored below, these are based on the data that was available for analysis. The accompanying needs assessment report examines inequalities experienced by vulnerable groups such as adults with learning disabilities and those with sensory impairments in more detail.

5.1 Health Inequalities in life expectancy

There are differences in life expectancy across Warrington. 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 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. **However, the central wards have relatively lower numbers of older people aged 65 and over residing within.** It is suggested that this may be due to lower life expectancy rates within central wards or may be linked to healthy ageing patterns through relocation of people to less deprived areas of the town.

5.2 Health and wealth related inequalities for older adults

There is a wide range of evidence which indicates that adults living in socially and economically disadvantaged communities will live shorter lives and experience more ill health, earlier in life than those living in more affluent communities. This is linked to the wider determinants of health which individuals living in disadvantaged communities experience during their lifetime such as poor housing, low income, and levels of education.

The needs analysis in the accompanying needs assessment document has highlighted a number of **correlations between older adults living in our most deprived wards and poor health.** Overall, there is a higher prevalence of long-term conditions such as **Chronic Obstructive Pulmonary Disease and asthma** for those aged 50 years and over. It can be seen that as deprivation increases the prevalence of people living with 2 more long term conditions also increases. Those living in deprived communities are more at risk of **winter deaths** compared to those living in the least deprived communities and **cardiovascular disease mortality** rates are higher than the national average for under 75-year-olds. Local analysis has shown that as **deprivation increases, the uptake of breast, cervical and bowel cancer screening decreases.** National evidence also tells us that those living in areas of deprivation are twice as likely to be living with frailty than those living in most affluent areas of the town.

Adults aged 60 and over living in the **central area wards** within Warrington (our most deprived electoral wards) experience significantly higher rates of **deprivation due to low income** compared with England as a whole. Although the over 65 population is less ethnically diverse (94.8% of residents aged 65 and over are white) than the Warrington population as a whole, the proportion of non-white British older residents is greatest in the central wards. This means that our **older ethnic minority population are mostly living in disadvantaged communities and experiencing the associated health inequalities** that exist within the central 6 wards which evidence suggests can be compounded by language and cultural barriers.

6. Older people living with health conditions and disabilities

6.1 Older people living with dementia

In 2024 there were an estimated 2719 people (4.6%) aged 65 and over in Warrington living with dementia and the estimated **number of older people with dementia has increased over time.** Early diagnosis of dementia is important to support people with access to information and services to support health, care and quality of life. Warrington's dementia diagnosis rate for individuals aged 65 and over is 72.3% with an estimated **753 individuals remaining undiagnosed (2024).**

Diagnosis rates in Warrington are higher than national (64.8%) and regional (68.9%) averages and exceed the national target of 66.7%. Estimates indicate that Warrington's total population, living with dementia, is projected to increase to 4,347 by 2040- an increase of 1,425 individuals. Conversely, population projections for those aged 30-64years living with dementia in Warrington are predicted to decrease by 10% in 2040.

A smaller proportion of patients with dementia in the area received a face-to-face care plan review in 2022/23 compared with the averages for England and Cheshire and Merseyside, with differences observed between GP practices.

Warrington performs better than regional and national averages in reducing some modifiable risk factors for dementia, such as smoking, physical inactivity, and obesity. However, **mortality rates for individuals aged 65 and over with dementia are significantly higher** in Warrington than the national average.

6.2 Older people with a learning disability

The total number of adults aged 45 years and over living with a learning disability in Warrington was 2230 in 2023 and is **projected to increase by 234 individuals by 2040**, with significant growth in those aged 65-74 and 75-84 year and 85 and older age bands. The number of people with a learning disability is projected to decline in the 55-64 age group over the same time period.

Ensuring regular health checks for people with learning disabilities is key to identifying and addressing health needs early. The proportion of people with a learning disability who were eligible and received an annual health check (from age 14+) was 40.3% - this is **significantly lower** than the regional (52.8%) and national (52.3%) averages.

National evidence suggests that a significant proportion (42%) of **deaths among people with learning disabilities are considered avoidable**.[1] This highlights the need for targeted interventions to address health inequalities and improve care and support, including for older adults with learning disabilities.

6.3 Older people living with sensory impairment

Nationally, the majority of people living with sight loss are older adults, with nearly 80% aged 65 years and over. An estimated 7,060 people (all ages) in Warrington are living with sight loss, and this is projected to rise to 8,630 by 2032, including an **increase in older adults**, particularly those aged 75 years and over.

Warrington has **lower rates of preventable sight loss** due to glaucoma (7.8 per 100,000) and age-related macular degeneration (103.0 per 100,000) compared with regional and national averages. National evidence, however, suggests that the relatively low uptake of sight tests, particularly in deprived areas, increases the risk of late detection of sight problems including the detection of preventable conditions.
In 2023/24, 100 people (47.1 people per 100,000 people) in Warrington were issued a Certificate of Vision Impairment, with **rates consistently at or below the national average.**

It is estimated that nationally more than half of people aged 55 years and over are affected by hearing loss, with this figure rising to over 80% in those aged 70 and above. [2] The total number of older adults (65 years and over) living with **some hearing loss in Warrington is projected to rise** from 25,702 in 2023 to 35,111 by 2040.

[1] Master LeDeR 2023 (2022 report) (kcl.ac.uk)
[2] Prevalence of deafness and hearing loss - RNID

The number of older adults in Warrington predicted to be living with **severe hearing loss is expected to increase** from 3,306 in 2023 to 4,792 by 2040.

6.4 Mental health in older people

Males and females aged 50 to 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 higher rates of anxiety and depression than males, while males in this age group have slightly higher rates of serious mental illness and of self-harm than females.

Warrington's rates of mental health conditions are **lower than the Cheshire and Merseyside** average across all these health conditions. The Warrington Health and Wellbeing Survey 2023 found that overall, older people were less likely to have low emotional wellbeing than younger people (39% of 18-39 year-olds, 28% of 40-64 year-olds and 21% of people aged 65 years and above). Furthermore, adults aged 50 and over experienced higher levels of low emotional wellbeing at the lower and upper age bands i.e. those aged 50-64 and 85 and over.

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

The proportion of people over 50 years who report that they live with disabilities that limit them a lot **increases with age** ranging from 7.4% among 50-54 year olds to 47.2% among people aged 90 and over. Rates are similar to England except **Warrington has a higher prevalence of adults aged 80-84yrs living with disabilities that limited them a lot** - than both England and North West levels. **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 years and over reporting a disability that limits them a lot, compared with 36.4% of males in the same age group.

6.6 Older people living with long-term conditions (LTCs)

There are enormous challenges in prevention and secondary prevention for Warrington people to age well. Encouraging people to lead healthier lives particularly as they grow older to reduce risks of developing illness and LTCs and supporting people with existing LTCs to self-manage to optimal levels where appropriate, plus the management of multiple long term health conditions (multi morbidity), set against stretched resources and budgets.

The ageing well needs assessment examines LTCs in two age bands, 50-64 years and 65 and over. **The most prevalent LTC in people in both these age bands is hypertension (high blood pressure).**

Depression, diabetes and non-diabetic hyper glycaemia (prediabetes) are amongst the five LTCs with highest prevalence in both age groups in Warrington, albeit in a slightly different order. Additionally, in the 50 to 64 year age group asthma ranks in the top five, and cancer (all cancers) ranks in the top five for those aged 65. Warrington has lower prevalence for each condition compared to Cheshire and Merseyside as a whole. For further analysis on gender and LTC type please see p.37 of the accompanying needs assessment document.

In terms of multi morbidity or the presence of two or more LTCs, analysis has shown that we have **double the number of residents aged 65 and over living with 3 or more LTCs than those aged 50-64 years.** Additionally, in the 65 and over age group, the proportions of residents with no LTCs or one or two LTCs are smaller than the 50 to 64-year-old group perhaps because the numbers living with 3 or more LTCs are higher. **As deprivation increases the prevalence of people living with 2 or more LTCs increases,** hence there are links between deprivation and the prevalence of multimorbidity. A strong link between deprivation and prevalence can be seen for specific LTCs, namely coronary heart disease, chronic kidney disease, chronic obstructive pulmonary disease, diabetes and hypertension in people aged 50 to 64.

There are an estimated 27,392 people in Warrington aged 45 years and over living with hypertension who have not been diagnosed, equivalent to 27% of the population of the same age range. Those in the 45-54 year age group have the highest number of people with undiagnosed hypertension for both males and females, and numbers reduce with age.

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 than females have undiagnosed diabetes.

There are an estimated 25,500 residents aged 65 and over living with a Musculoskeletal condition. 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 (1%) and the North West (1.1%). There has been an increasing trend in prevalence over the past 10 years, in line with England and the North West.

6.7 Older people living with frailty

National evidence in the UK indicates a significant association between socioeconomic deprivation and frailty among older adults. **There are 13,561 people aged 65 years and over assessed as having frailty, via eFI score[3] in Warrington Place** (as at 5/3/25). This is equivalent to 33.3% of the registered population in this age group. This suggests that two thirds of the over 65 registered population are classified as eFI fit or not frail (but this may be an underestimation as some General Practices may use an alternative methods e.g. the Rockwood scale to assess frailty).

This supports the findings from our Ageing well survey which tell us that the majority of adults aged 50 plus know what they need to do to age well in terms of keep physically, mentally and socially active.

Of the 13,561 people with frailty, the highest number of people are in the 'eFI mild' classification comprising 7,850 people, with 3424 in the moderate classification and 2287 people in the severe classification. Frailty levels are recorded slightly more for females (53.8%) than males (46.2%) within the total 13, 561 frail population.

[3] The electronic frailty index (eFI) uses the existing information within the electronic primary health care record to identify populations of people aged 65 and over who may be living with varying degrees of frailty. When applied to a local population it provides opportunity to predict who may be at greatest risk of adverse outcomes in primary care as a result of their underlying vulnerability.

7. Older people and hospital admissions

There has been a **downward trend in the hospital admission rate for falls in adults aged over 65 and this can be seen across both England and the North West.** The reduction in the rate of falls admissions has been steeper than England and the North West. However, **hospital emergency admissions due to falls in 2022/3 were higher in people aged 80** (64%) than those aged 65-79 (36%). In 2023/24 Warrington had an annual rate of 1,930 emergency admissions per 100,000 people aged 65 and over due to falls. This is equivalent to **810 emergency admissions per year.**

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 a rate of 3,917 non-elective falls admissions in people who were aged 65 and over per 100,000 population and Warrington was ranked fourth highest out of nine areas in Cheshire and Merseyside. **This is equivalent to 1,676 non- elective falls admissions**, 285 of these falls admissions **(17%) came from care homes.** The average length of stay in hospital was 15 days. **Females, aged 65 and over had higher rates** of admission due to non elective falls. **Males aged 75-84 year had longer length of stays** in hospital of around 18 days.

In 2023/4 Warrington had a rate of 677 **hip fracture** admissions per 100,000 people aged 65 and over. This is **significantly higher than both the North West and England** and equivalent to **285 admissions.** In Warrington, people aged 80 and over account for nearly two thirds of hospital admissions for a hip fracture (64.9%), and those aged 65-79 account for 33.3%. 73% of fractures occur in women. The admission **rate for hip fractures in those aged 65-79 is significantly worse than England** and the highest it as ever been in Warrington since 2011/12. The increase is due to **an increase in the number of males being admitted.**

The rate of alcohol-related hospital admissions for those aged 65 and over in Warrington is generally similar to or lower than the national average.

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. This has been a consistent trend since 2006/07.

8. Health related behaviours of people 50+

8.1 Smoking

The proportion of people smoking in Warrington decreases with age, with **only 2.8% of residents aged 65 and over currently smoking**. This is in line with national trends, where older adults are the least likely age group to smoke.

Smoking rates are **higher in those aged 50-64** (7%) compared to older age groups, with a **slightly higher prevalence in men** than women in the 50-74 age range.

National trend data shows that **adults aged 65 and over have experienced the smallest reduction** in smoking prevalence over time compared to other age groups, suggesting that quitting smoking may be more challenging for this age group.

National and local data highlight **higher rates of smoking in more deprived areas** compared with least deprived areas (13.4% compared to 3.6% respectively, data is for all adults).

8.2 Alcohol use

A greater proportion of adults aged 65 and over in Warrington report drinking alcohol at least 4 days a week (20.3%), compared with younger age groups. Amongst this group, 21.4% consume more than 14 units of alcohol weekly, indicating higher-risk drinking.

Men aged 50 and over consistently report higher rates of unsafe alcohol consumption (over 14 units/week) compared with women (at 35% and 14% respectively). The highest prevalence in older adults is in men aged 50-64 years (38%), with rates decreasing in older age groups.

Similarly, analysis of alcohol consumption from the Health and Wellbeing Survey in respondents aged 50 showed that **unsafe drinking levels were higher amongst the 50 years and over respondent group** than amongst respondents overall (25% v 22%). More significantly, analysis of responses from males aged 50+ showed this rate to be considerably higher at 35%.

Regular alcohol consumption (at least 4 days a week) is more common in less deprived areas, with 15.6% in the least deprived areas compared to 10% in the most deprived areas (all adults).

8.3 Physical activity

67% of people aged 50 and over in Warrington reported that they meet the recommended 150 minutes of physical activity per week. **Participation decreases with age**, from 69% in 50–64-year-olds to 33% in those aged 85 and over.

Our Health and Wellbeing survey showed that women aged 40-64 years living in our most deprived quintile are less likely to be meeting physical activity guidelines. Lack of physical activity can exacerbate ill health through non communicable diseases such as obesity, diabetes and heart disease.

Adults aged 66–75, are more engaged in local physical activity programmes, such as the "Stay On Your Feet" initiative and the LiveWire Walking group, compared with those aged 76 years and over.

In every age group, **men are more likely to meet national physical activity recommendations** than women, with the gap most pronounced in those aged 85 and over (44% of men compared to 24% of women).

Health issues are the most common barrier to physical activity in older age groups, increasing from 20% in 50–64-year-olds to 54% in those aged 85 and over. Women in the 85 and over age group (61%) are more likely than men (46%) to report health issues as a barrier to physical activity.

8.4 Older people living with unhealthy weight

National estimates show that obesity increases with age, with 8% of adults aged 16–24 and 32% of those aged 65–74 living with obesity. However, obesity prevalence decreases slightly in those aged 75 and over (26%).

In the 2023 Warrington Health and Wellbeing survey, 28% of respondents aged 50 and over reported living with obesity. **Prevalence of obesity decreased with age among older adults:** 31% in 50–64-year-olds, 28% in 65–74-year-olds, 19% in 75–84-year-olds, and 13% in those aged 85 and over. There was little gender difference in these rates.

The 2023 Health and Wellbeing Survey showed that adults aged 65 and over have **lower consumption of takeaways** and higher consumption of home-cooked meals compared with younger adult age groups – with 69.7% of adults aged 65 and over consuming home cooked food at least 5 days per week – the highest rate across all adult age groups.

9. Wider determinants of health

9.1 Employment, finance and socioeconomic deprivation

Warrington has a mix of adults in employment and unemployment broadly in line with the rest of the country. It is likely that we will see an increase in the percentage of over 65's who are still in employment as our older population grows in size, retirement ages increase, and cost of living rises.

Socioeconomic deprivation in Warrington is **concentrated in central wards.** The central electoral wards generally have **relatively lower numbers of older people aged 65 and over,** this may be linked to lower life expectancy in these wards. In contrast, less deprived electoral wards have relatively higher numbers of older adults, likely reflecting healthier ageing patterns. **Bewsey and Whitecross, Fairfield and Howley, Poplars and Hulme, Latchford East, and Orford wards all experience significantly higher rates of income deprivation among older people compared with England as a whole.**

There are significant differences in the way younger and older adults perceive their financial circumstances. The Warrington Health and Wellbeing Survey 2023 found that older people are generally **less likely to self-report financial difficulties/hardship** compared to younger age groups, suggesting that financial hardship may be less 'visible' or acknowledged or experienced in different ways among older people.

The proportion of respondents aged 50 years and over who said they were finding it 'difficult' or 'very difficult' to manage financially **was significantly lower** than for survey respondents overall (5% v 10%). Again, reported financial difficulties reduced further with age. 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. Across Warrington, it is estimated that nearly 3,700 households claim pension credit, but around 4,900 are actually eligible. This means that approximately 1,200 households could be missing out. This equates to nearly £4 million unclaimed benefits annually in Warrington. This would mean an average of £63.72 per week additional income for those who are eligible but do not claim.

9.2 Housing

Older adults in Warrington are **more likely to own their homes** compared with the Warrington population as a whole. Homeownership rates among older people, however, vary significantly across the borough, with lower rates in Central Warrington and higher rates in South Warrington. Of the 207,836 people in Warrington at the 2021 Census, 27,357 (13%) were living alone. Of these, 70% (19,219 people) were aged 50 and over, including 11,444 (comprising 42% of all people living alone) aged 65 and over.

Social renting and private renting are **more prevalent among older adults in Central Warrington** compared with other areas. Homeownership among single-person households aged 66 years and over in Warrington is significantly lower in Central Warrington (56.8%) compared with South Warrington (85.5%) and Warrington overall (73.7%).

Central Warrington has the highest proportion of single-person households aged 66 and over renting privately (8.9%) and a **much larger proportion renting from social landlords** (34.2%) compared with the Warrington average (19.6%).

Households where all occupants are aged 66 and over have a higher rate of homeownership compared to single-person households in the same age group, with 91.5% owning their homes outright.

9.3 Loneliness and social isolation

In our 2023 Health and Wellbeing Survey, **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. In the older age bands aged 65 and over, **women were more likely to feel lonely** than men and this gender disparity increased with age.

The survey also found that health issues were the main factor preventing our older population from participating in social and leisure activities (18% of those aged 50 and over reported this.

This figure increased with age from 14% of 50-64 year olds to 44% of those aged 85 and over). This may adversely impact the emotional wellbeing of these individuals as the evidence tells us that staying socially and physically active supports good emotional wellbeing.

Access to transport and the ability to leave their own home may be a contributing factor to social isolation in older people. The 2023 Health and Wellbeing Survey found that for respondents aged 50 and over, 14% of respondents overall said they found it 'not very easy' or 'not at all easy' to access public transport, this figure rose to 18% amongst respondents aged 75-84 years and **24% amongst those aged 85 and over.**

9.4 Digital literacy

Analysis of the 2023 Health and Wellbeing Survey for respondents aged 50 and over showed that **confidence in digital skills reduced with age** with reports of 'good' skills reducing sharply from the 50-64 to 65-74 age band (52% v 34%) and dropping further again to 19% amongst the 75-84 age band. Over one third of those aged **75+ said they had 'very limited' or 'no' digital skills.**

Those aged 65+ were more likely to report booking GP appointments in person or by phone rather than online or via an app. In terms of other GP online services such as ordering repeat prescriptions, booking appointments, seeking medical advices 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 years.

10. Older people as carers in Warrington

The 2021 Census indicated that 19,100 (9.5%) of the borough's population provided unpaid care. Within this population group, 62% of unpaid carers are aged 50 and over, with those aged between 50 to 64 years accounting for 39% of all unpaid carers. **A large percentage of our adult carers aged 50 and over are potentially still working as well as providing unpaid caring roles.**

The 2023 Warrington Health and Wellbeing Survey found that a higher proportion of women (24%) than men (16%) aged 50 and over provided unpaid care. Breaking down the percentage of unpaid care that each age category provides, **50% of those aged 65 years and older provided 50 or more hours of unpaid care**, this is the largest proportion of any of the age categories.

Analysis of the 2023 Health and Wellbeing Survey for respondents aged 50 and over showed that 20% of respondents aged 50+ said they provided unpaid care or support, compared to 15% of respondents overall. This figure rose to 30% amongst women aged 50-64 years.

11. What social care support do our older people receive?

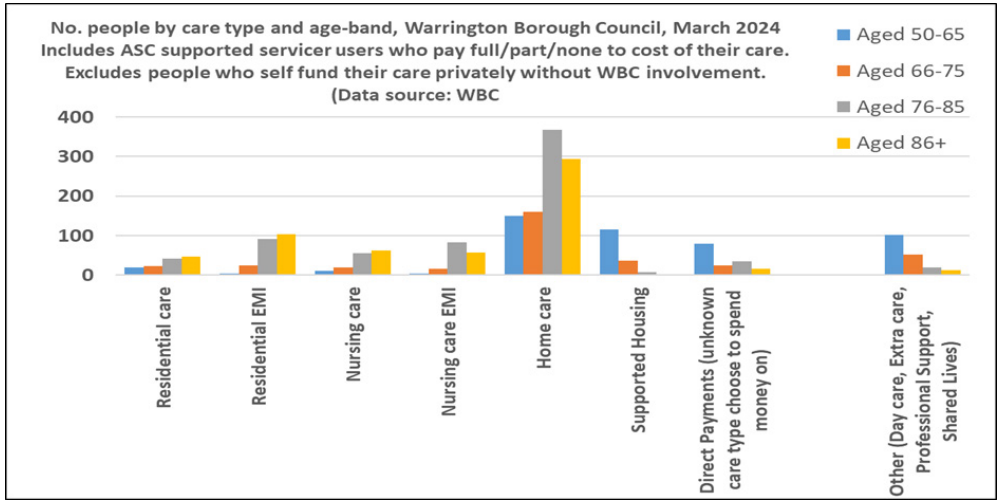
Data reported by the council's Adult Social Care (ASC) systems showed that on 31 March 2024 a total of 815 individuals (all ages) were in receipt of either residential (53%) or nursing (47%) care within the borough. It should be noted that only those whose social care package is funded or arranged by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

Looking specifically at older people, there were 699 people aged 65 and over living in care homes, with equal proportions living in nursing and residential homes (348 and 351 people respectively). **This means that of the 41,765 older people aged 65 and over living in Warrington, 1.7% of older people are living in care homes. There has been a 9.6% increase since 2023** of people aged 65 and over living in care homes, 13.6% in residential and 5.8% in nursing care.

The majority of residents in receipt of ASC funded or arranged residential or nursing care are aged 65 and over. 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%).**

Residential and nursing care services only account for a proportion of the care market in Warrington. Figure 3 below 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. Residents who self-fund their care privately without council involvement are not included in this data. The chart shows that **home care is the most frequently used type of care for people aged 50 and over.** The data shows that demand for home care is significantly higher than both residential and nursing care services. It is also shown that **support needs are present from the age of 50 for homecare, supported housing, direct payments, daycare and to a lesser extent residential and nursing.**

Figure 3: Number of people supported by care type and age band as at March 2024



12. Uptake of preventive healthcare services

12.1 Uptake of Immunisations

Table 1 below illustrates that Warrington had a similar uptake to England for people aged 65 years and over, and under 65s at risk. However, while the 65+ age group exceeded the national target of 75%, the **uptake in under 65s at risk was considerably lower.**

Table 1: Influenza Vaccine Uptake, 2022/23

Population Group	Warrington %	England %
65+	80.9	79.9
Under 65 at risk	50	49.1
Frontline workers	76.4	49.9

Shingles vaccination coverage was also higher than the NW and England (51.7% of people aged 71 years had received the shingles vaccine compared to 45.5% in the NW and 48.3% in England).

Pneumococcal polysaccharide vaccine (PPV) coverage in Warrington has reduced in the last year and now stands at 70.8%. This is below the national target of at least 75% and lower than national and regional rates.

12.2 Uptake of screening programmes

The uptake of breast cancer screening in women aged 53-70 years in Warrington was 72.9% in 2023 and has increased since the pandemic but is not yet at pre-pandemic levels.

Cervical screening coverage in women aged 50-64 in Warrington in 2023 remained significantly higher than England and the North West (at 75.8% compared to 74.4% and 73.5% respectively), however, uptake has reduced slightly year on year and this is evident across all regions.

Bowel cancer screening coverage in people aged 60-74 years in Warrington in 2023 was significantly better than England and the North West (at 73% compared to 72% and 70.6% respectively). Coverage remains on an upwards trend in line with regional and national rates.

Local analysis has shown that as deprivation reduces the uptake of breast, cervical and bowel screens increases, conversely as deprivation increases the uptake of screens undertaken decreases in Warrington.

In 2022/23 uptake for Abdominal aortic aneurysm (AAA) screening (offered to men in the year they turn 65) in **Warrington was 58.5%, significantly below the England rate** of 78.3%. Screening uptake has been below the England average since 2020/1 but has increased over time. Low uptake leaves many men over 65 at risk of premature death from an undetected AAA.

The uptake of the **NHS Health Checks** offer has been steadily declining in England and Warrington. The decline in Warrington has been steeper, with **less than 30% of those invited taking up the checks.** This means that those who are not screened may be at increased risk of cardiovascular disease, diabetes and kidney disease due to unidentified risk factors.

13. Causes and place of death for people over 50

13.1 Leading cause of death

In the 3 separate years 2021 to 2023 the leading cause of death for Warrington **males aged 50 years and over** was:

- For males aged **50 to 64 years and 65 to 79 years, ischaemic heart diseases.**
- For males aged **80 years and over dementia and Alzheimers disease.** 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.

In the 3 separate years 2021 to 2023 the leading cause of death for Warrington **females aged 50 years and over was:**

- For females in 2023 **ischaemic heart disease was still the leading cause for 50- to 64-year-olds,** however for the **65 to 79** age group this changed to chronic lower **respiratory diseases.**
- For females **aged 80** and over (in all three years), **dementia and Alzheimer disease** was the leading cause of death and currently accounts for 28% of all deaths in this age group having increased each year since 2021.

The most recent data for cardiovascular disease (CVD) mortality in under 75-year-olds in Warrington shows that Warrington is significantly worse than the England average for this indicator. The highest rates of CVD mortality in under 75-year-olds and those which are significantly worse than the England average occur in the most deprived wards of central Warrington.

13.2 Winter mortality

Between 1 August 2022 and 31 July 2023, an estimated 30% **(194) more deaths** occurred in the winter months compared to the non-winter months. **Respiratory diseases** was the leading cause of winter mortality for **both males and females** in Warrington. Both males and females had their **highest winter mortality in the 75 to 79 age group. The most deprived communities in Warrington had 60 more deaths** occurring in the winter period compared to the least deprived communities.

13.3 Place of death

The most common place of death in Warrington, for ages 65 and over is a **hospital** setting. **Warrington is above the England average** across age groups 65 years and over for place of death in this setting.

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. **Warrington is below the England average across all older age bands for place of death at home.**

Analysis of pre and post pandemic place of death data has shown that the biggest change is a 10% increase in hospital as a place of death for 65-74 year olds. This may reflect the impact of the pandemic on this age group.

14. Conclusion and findings

In summary, the Ageing Well Needs Assessment has highlighted the following findings:

- There are gaps in the data available for over 50s, it is not easy to obtain and there are disparities in the data sourced.
- There are gaps in lived experience of those older adults still in employment, living in poverty.
- There are correlations between older adults living in our most deprived wards and poor health.
- There is evidence of an increase in prevalence of people aged 65 and over living with multiple comorbidities.
- A large percentage of adults aged 50-64 remain economically active and contributing to the local economy.
- Approximately, 1,200 households could be missing out on claiming pension credits they are eligible for.
- Older adults in Warrington are more likely to own their homes compared with the Warrington population as a whole.
- There is a growing demand on health and social care services and the importance of prevention needs to remain a priority- i.e. Warrington has high levels of non-elective falls admissions into hospital.
- Continual investment in adult carers support services should remain a priority.
- Homecare is most frequently used type of social care support for adults aged 50 and above.
- Accessibility, affordability and quality of care in later life is a concern for residents.
- Many of the conditions which contribute to reduced independence in later life are rooted in preventable lifestyle factors, and our environments. (The top 3 causes of death being heart disease, dementia and respiratory diseased for Warrington residents.)
- Evidence of proactive self-care exists in those aged 65 and over who are engaging in winter vaccines, cancer screens, eating well and staying active for as long as they are able.
- A greater proportion of adults aged 65 and over in Warrington report drinking alcohol at least 4 days a week, compared with younger age groups.
- Life expectancy for females in Warrington at the age of 65 is significantly worse than the national average.
- Access to up-to-date local service information would be welcomed by residents.
- Confidence in digital technology decreases with age.