

Warrington 2024
Joint Strategic Needs Assessment
Core Document
May 2025



WARRINGTON
Borough Council

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1. Introduction

This document is the 2024 update of the core document of the Warrington Joint Strategic Needs Assessment (JSNA). It is also a supplement to the Warrington 2024 Public Health Annual Report. It contains a number of summary factsheets which present information on a range of health and wellbeing indicators. In the main, data included in this document is nationally available¹ and can be benchmarked against England. This means, however, that there is often more up to date local data available, which, although this cannot be benchmarked, may be useful to help understand more recent trends.

Please be aware that some data in this document covers the time period affected by the COVID-19 pandemic and therefore data for this period should be interpreted with caution.

Following the 2021 Census, the Office for National Statistics (ONS) revised mid-year population estimates from 2012 to 2020. All indicators that are reported by rates (per 100,000 population) have been revised and backdated by the Office for Health Improvement and Disparities (OHID) on their public health profiles and therefore may not match rates published in our previous JSNA core documents.

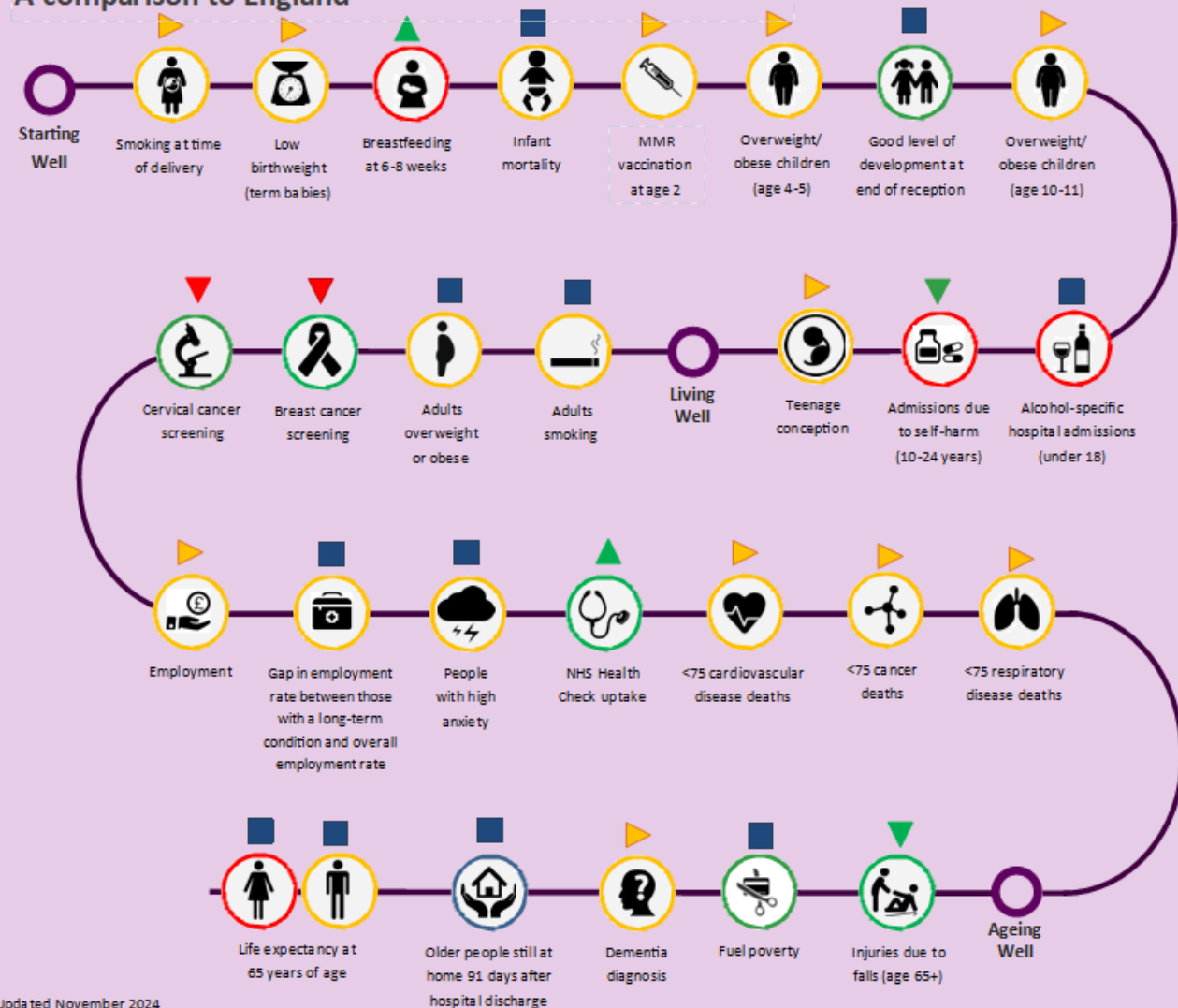
For further information on any of the information included within the document please contact the Public Health Knowledge and Intelligence Team: PHKI@warrington.gov.uk

¹ [Fingertips | Department of Health and Social Care](#)



Warrington's life course statistics updated 2024

A comparison to England



KEY

Trend (based on most recent 5 data points)

- Improved
- Similar
- Worse
- No comparator/not calculated

Statistical significance to England

- Better
- No different
- Worse

Icons made by Flaticon and available here: www.flaticon.com
 Concept developed from Gateshead PHAR 2013/14 and Leicestershire PHAR 2015
 Template supplied by Halton Council and adapted with Warrington data from Fingertips
<https://fingertips.phe.org.uk>

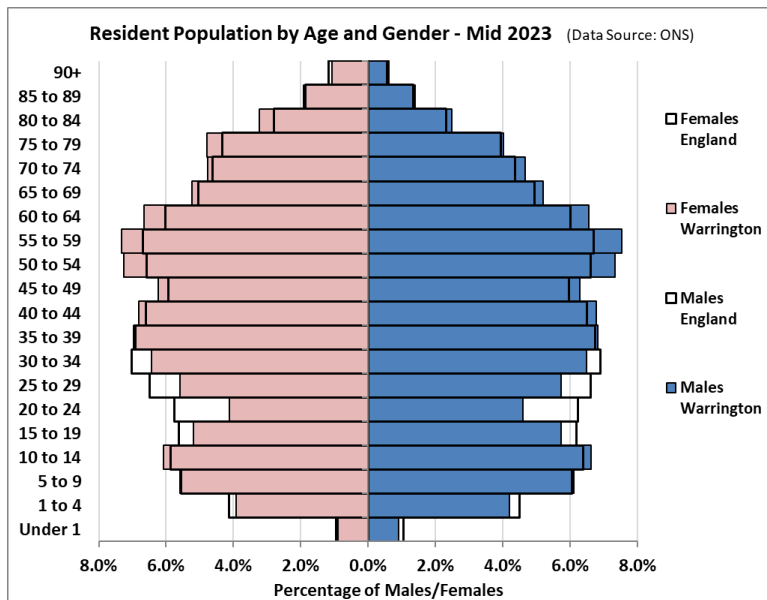
Updated November 2024



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1.1 Demography – Resident Population

- Warrington's mid-2023 resident population estimate is 212,400 (Office for National Statistics); 49.5% male and 50.5% female.
- 18.4% in Warrington are aged under 16, similar to 18.5% in England.
- 61.9% in Warrington are aged 16-64, slightly under 62.9% in England.
- 19.7% in Warrington are aged 65 and over, slightly over 18.7% in England.
- The chart shows that in general, Warrington has an older population than England, with a higher proportion of most age bands aged 40 and over and a lower proportion in most age bands under 30 years.
- GP-registered population is different to resident population and is based on those registered at GP practices. Compared to the mid-2023 resident population, 227,000 people were registered at Warrington GP practices in June 2023 (NHS England).



212,400 resident population mid-2023

18.4% aged under 16

61.9% aged 16-64

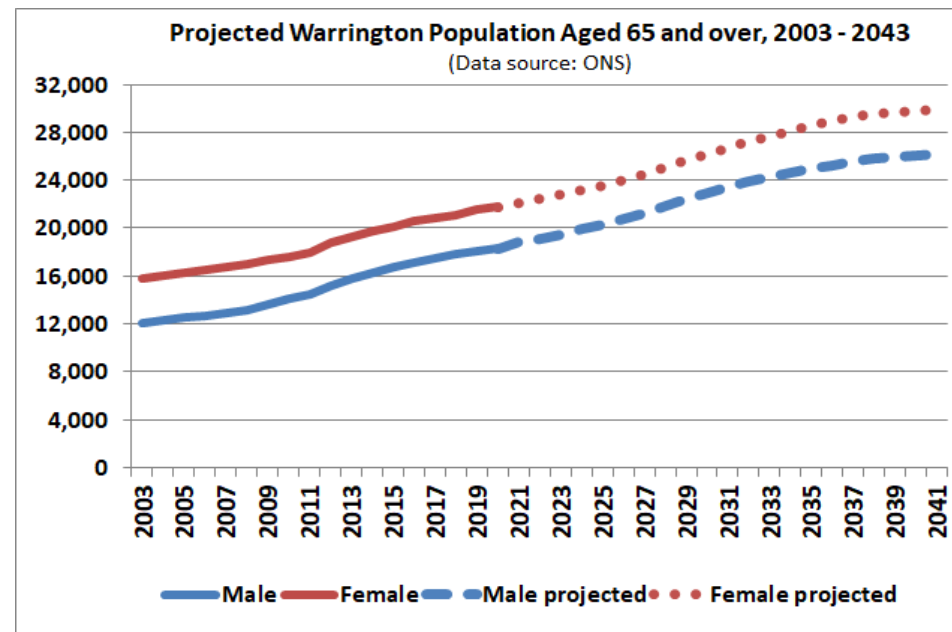
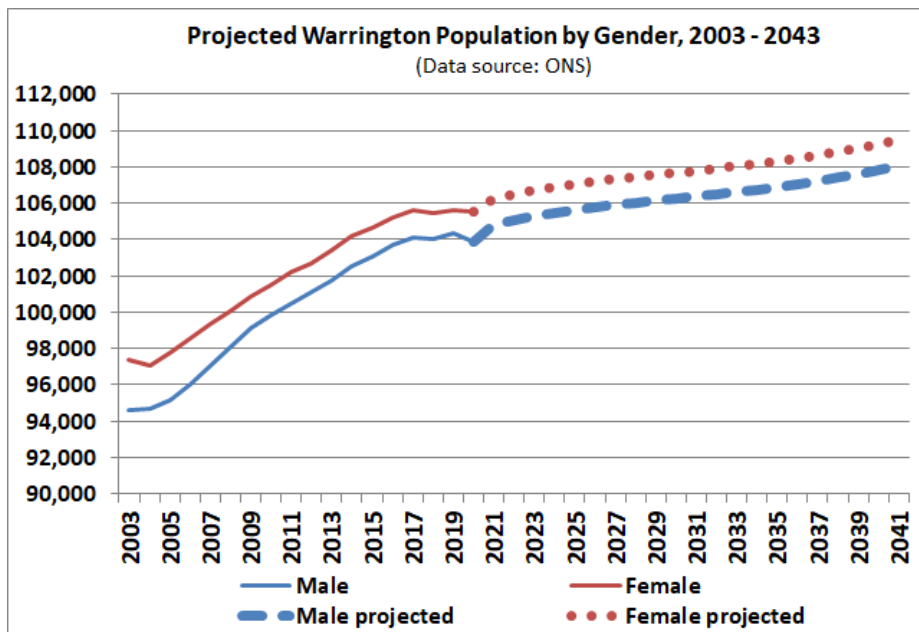
19.1% aged 65+

Figures rounded to the nearest 100 and may not sum exactly. Source: Office for National Statistics. Figures based on mid-2023 population estimates.

mid-2023	Warrington Population			Warrington Population, %		
Age-band	Persons	Males	Females	Persons	Males	Females
Under 1	1900	1000	1000	0.9%	0.9%	0.9%
1-4	8600	4400	4200	4.1%	4.2%	3.9%
5-9	12400	6400	6000	5.8%	6.1%	5.6%
10-14	13500	7000	6500	6.4%	6.6%	6.1%
15-19	11600	6000	5600	5.5%	5.7%	5.2%
20-24	9300	4800	4400	4.4%	4.6%	4.1%
25-29	12000	6000	6000	5.7%	5.7%	5.6%
30-34	13700	6800	6900	6.5%	6.5%	6.4%
35-39	14600	7200	7400	6.9%	6.8%	6.9%
40-44	14400	7100	7300	6.8%	6.8%	6.8%
45-49	13300	6600	6700	6.3%	6.3%	6.2%
50-54	15500	7700	7800	7.3%	7.3%	7.3%
55-59	15800	7900	7900	7.4%	7.5%	7.3%
60-64	14000	6900	7100	6.6%	6.6%	6.7%
65-69	11100	5500	5600	5.2%	5.2%	5.2%
70-74	10000	4900	5100	4.7%	4.7%	4.8%
75-79	9400	4200	5100	4.4%	4.0%	4.8%
80-84	6100	2600	3500	2.9%	2.5%	3.2%
85-89	3500	1500	2100	1.7%	1.4%	1.9%
90+	1700	600	1100	0.8%	0.5%	1.1%
All Ages	212400	105100	107300	100.0%	100.0%	100.0%



1.2 Demography – Projected Population



Note: This is the latest information available; updates to population growth are expected to be published by ONS in summer 2025

- Warrington's population has increased year on year from 2004 to 2017, with populations remaining steady since 2018.
- Future projections (based on 2018 mid-year estimates) show that Warrington's population is estimated to increase over the next 25 years by about an extra 8,860 people (+4%); an extra 4,460 males and 4,400 females.
- Some age-groups are estimated to have a smaller population by 2043; those aged 0-29 and 35-59.
- The largest percentage increases are expected in those aged 65 and over; a 44% increase (about 17,200 people).
- In comparison, the number of under-65s is estimated to decrease by about 8,400 people.

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

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

Warrington's population projected to increase by 4% (an extra 8,860 people) between 2018 and 2043 comprising:

- increase of about 17,200 aged 65 and above
- decrease of about 8,400 under 65s

Largest proportional increases expected in the older age groups



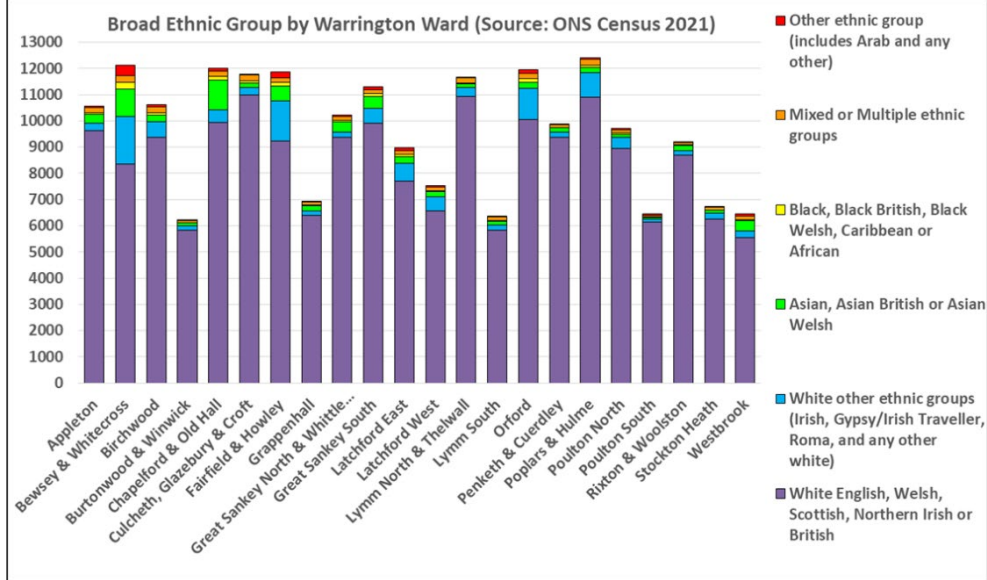
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1.3 Demography – Ethnicity and Language

- The 2021 Census data identified Warrington's population as being less ethnically diverse than the North West and England; 88.1% of Warrington's population classed themselves as 'White English, Welsh, Scottish, Northern Irish or British', compared to 73.5% in England and 81.2% in the North West.
- Warrington's population comprise: 88.1% (185,940) White British, 5.4% (11,365) Other White (mainly from Eastern European countries), 3.3% (6,954) Asian, 1.6% (3,335) Mixed ethnic groups, 0.7% (1,576) Black, and 0.9% (1,803) any other ethnicity. 0.1% (115) in Warrington are White Gypsy or Irish Traveller.
- In July 2023 the Traveller caravan count showed that there were 41 caravans in Warrington (Source: WBC).
- Warrington's resident population has grown from 202,228 in the 2011 Census to 210,973 in the 2021 Census, an increase of 8,745 (4.3%).
- The 'White British (English, Welsh, Scottish, Northern Irish)' population has decreased by about 2,000 whilst all other ethnic groups have grown.
- The percentage reduction in the White British population in Warrington was 1.1%, compared to 2.0% in the North West, and 1.7% in England.
- The Warrington population includes approximately 6,000 people from Eastern Europe.
- Further information on Equality, Diversity and Inclusion: [Equality, diversity and inclusion | warrington.gov.uk](https://warrington.gov.uk/equality-diversity-and-inclusion)

- In Warrington 94.6% of people (aged 3+) said English was their main language, higher than England (87.9%) and the North West (90.3%).
- The next most common language was Polish (1.5%, 3,015 people) followed by Romanian (0.7%, 1,501 people). These were also the most common in England (1.05% Polish and 0.79% Romanian).

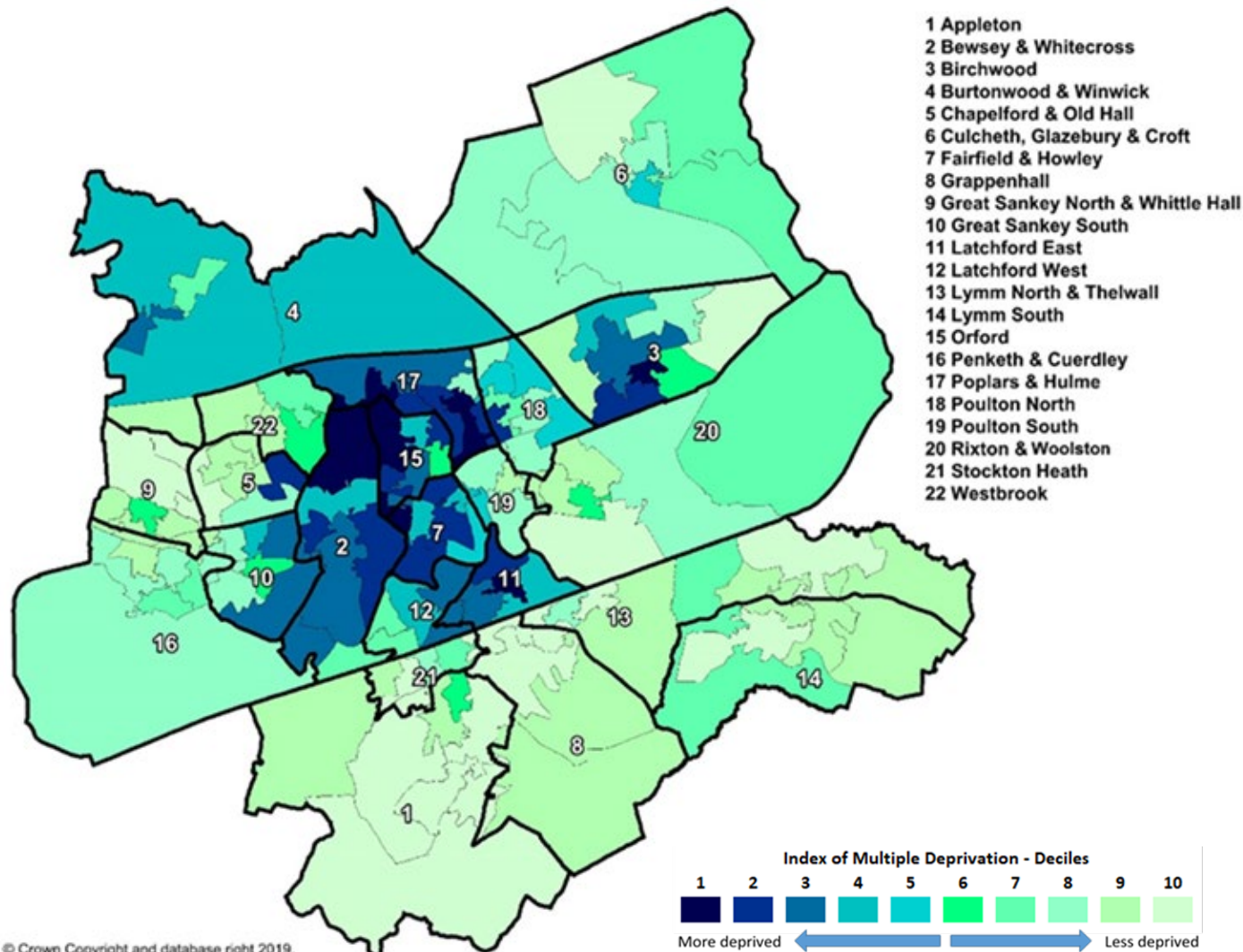
Ethnic Group	CENSUS 2021			
	Warrington	England	NW	
No.	%	%	%	
White: English, Welsh, Scottish, Northern Irish or British	185,940	88.1	73.5	81.2
White: Other (incl. Irish, Gypsy/Irish Traveller, Roma, Other White)	11,365	5.4	7.5	4.4
Asian, Asian British or Asian Welsh	6,954	3.3	9.6	8.4
Mixed or Multiple ethnic groups	3,335	1.6	3.0	2.2
Other ethnic group	1,803	0.9	2.2	1.5
Black, Black British, Black Welsh, Caribbean or African	1,576	0.7	4.2	2.3
All	210,973	100	100	100



- Of those whose main language isn't English, 82% were proficient in English (80% in England and 76% in the North West).
- At ward level, Bewsey and Whitecross has the highest proportion of households in which no people have English as a main language (15%), followed by Fairfield and Howley (10%).



1.4 Demography – Deprivation



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 Ordnance Survey 100022848.

Lower Super Output Areas (LSOAs) are small geographical units.

Deprivation is measured using the Index of Multiple Deprivation (IMD) 2019. For each LSOA, a deprivation score is calculated covering a broad range of issues: income, employment, health and disability, education and skills, housing and services, crime, and living environment.

All LSOAs in England are ordered by IMD score and then split into 5 equal sized groups (called quintiles). Warrington contains 127 LSOAs; these are grouped according to which national quintile they are in.

The full Warrington IMD 2019 JSNA chapter can be accessed at:
<http://www.warrington.gov.uk/jsna>

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



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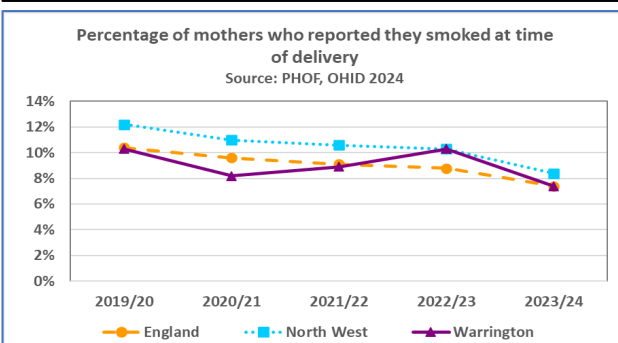
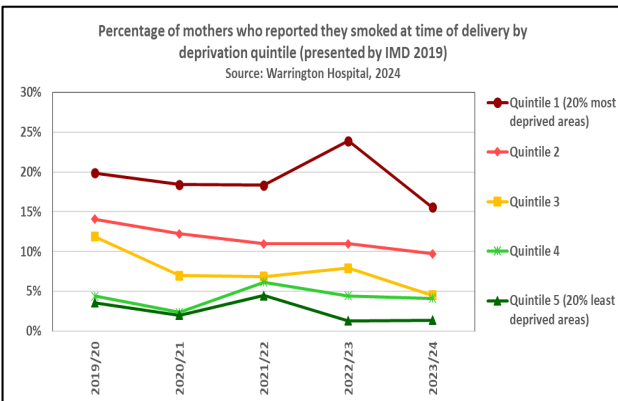
2.1 Starting Well – Pregnancy and Delivery

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

Smoking status at time of delivery

Definition of smoking at time of delivery (SATOD): Women who are regular / occasional smokers at time of delivery.

- During 2023/24 in Warrington, 122 women (7.4%) who have given birth said that they smoked at time of delivery. This was the same as England (7.4%), and similar to the North West (8.4%).
- Warrington has seen a reduction in 2023/24 following two years of increases. The North West and England have seen steady reductions.
- The percentage of mothers SATOD living in quintile 1, the 20% most deprived area of Warrington (15.5%) is significantly higher than quintiles 3 to 5; in the least deprived areas of Warrington (Quintile 5) 1.4% of mothers SATOD.

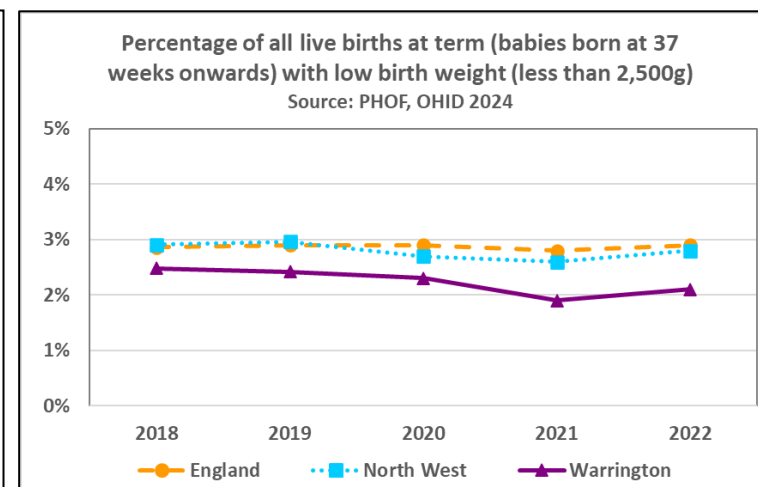


Low birth weight definition: Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

Births and low birth weight (LBW) babies

There were 1,914 births during 2022 in Warrington (source ONS). Trends show a slight reduction in the number of births.

- 2.1% of live births at term were classed as LBW in Warrington in 2022, similar to England (2.9%) and the North West (2.8%).
- The number and proportion of LBW births have remained fairly stable in Warrington ranging between 34 and 50 babies each year over the 5-year period shown in the chart.



2.2 Starting Well – Newborn

New birth visits

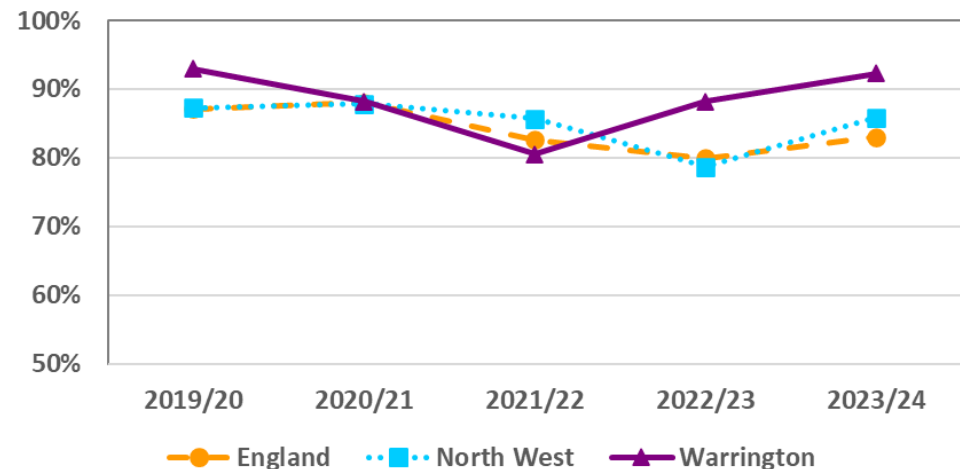
All infants and their families are eligible to receive a visit led by a health visitor within the first two weeks from birth. This visit is important in identifying any developmental issues with the infant (including early referral to a specialist team where needed), promoting sensitive parenting, providing safe sleeping advice, supporting feeding and in providing the opportunity to discuss concerns and worries, including maternal mental health. Carrying out the new birth visit within 14 days means that any problems can be identified early, and interventions may be more successful the earlier they are put in place.

New birth visits within 14 days

- In 2023/24, 92.3% of Warrington babies received a new birth visit from a health visitor within 14 days, equivalent to 1,603 visits.
- Warrington was statistically significantly better than England (83.0%) and the North West (85.9%).
- The percentage of infants receiving their new birth visits within 14 days in Warrington reduced in 2020/21 and 2021/22, with the Covid-19 pandemic likely to have impacted on the service. Visits increased in 2022/23 and again in 2023/24, against a regional and national decrease in 2022/23 followed by an increase in the most recent year.

Proportion of New Birth Visits completed within 14 days

Source: PHOF, OHID 2024

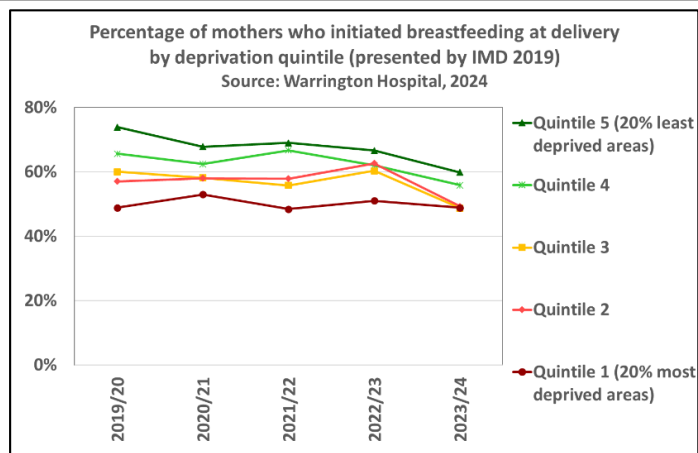


2.3 Starting Well – Breastfeeding Initiation and Continuation at 6 to 8 weeks

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

Breastfeeding initiation: i.e., breastfeeding from birth

- Breastfeeding initiation in Warrington is currently 53.2%, based on latest data from Warrington hospital for 2023/24.
- There has been a substantial reduction since 2022/23 in which it was 60.5%. Reductions have been seen in all deprivation quintiles.
- Breastfeeding initiation has been consistently lower in the more deprived areas of Warrington when compared to the least deprived areas, with it lowest in quintile 1 (most deprived) and highest in quintile 5 (least deprived).
- The gap between quintile 1 and quintile 5 is starting to close due to reductions in breastfeeding initiation in quintile since 2021/22.
- NB, at present no published data is available to enable comparisons between Warrington, England and the North West.

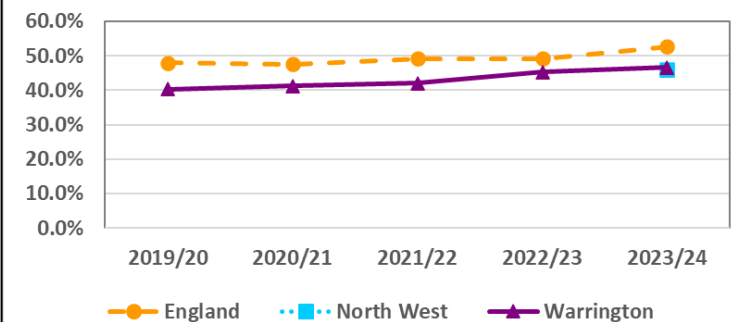


Breastfeeding continuation at 6 to 8 weeks

- Breastfeeding continuation in Warrington has been statistically significantly lower than England for a number of years.
- In 2023/24, 46.6% of infants in Warrington continue to breastfeed at 6 to 8 weeks, compared to 52.7% in England and 45.9% in the North West.
- There has been an improving trend in Warrington as seen in the chart and also further back.
- In 2023/24, only 38.3% of infants from the 20% most deprived areas continue to breastfeed compared to 62.4% in the least deprived area.
- Quintile 1 (most deprived area) has been consistently lower than the Warrington average but is increasing.

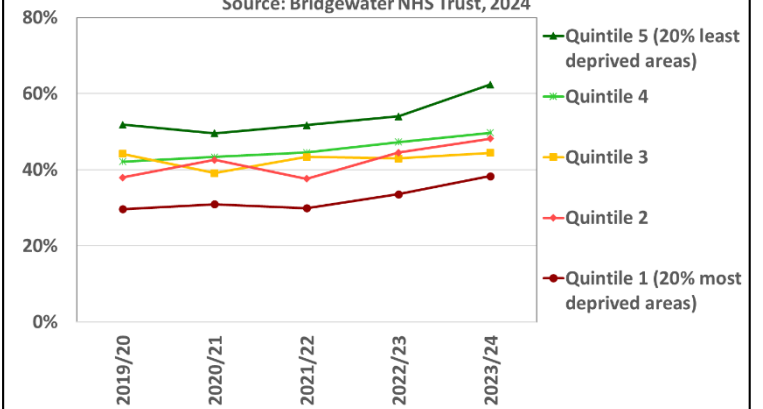
Percentage of infants who continue to breastfeed at 6-8 weeks

Source: PHOF, OHID 2024



Percentage of infants who continued to breastfeed at 6-8 weeks by deprivation quintile (presented by IMD 2019)

Source: Bridgewater NHS Trust, 2024



2.4 Starting Well - Child Development at 2 to 2.5 years

Achieving a good level of development:

- In 2023/24, 70.9% of 2 to 2.5 year olds in Warrington achieved a good level of development, statistically significantly lower than England (80.4%) and the North West (80.8%).
- Warrington has reduced since the previous year in which it was 74.6%, contrary to small increases seen in the North West and England.

Achieving the expected level in communication skills:

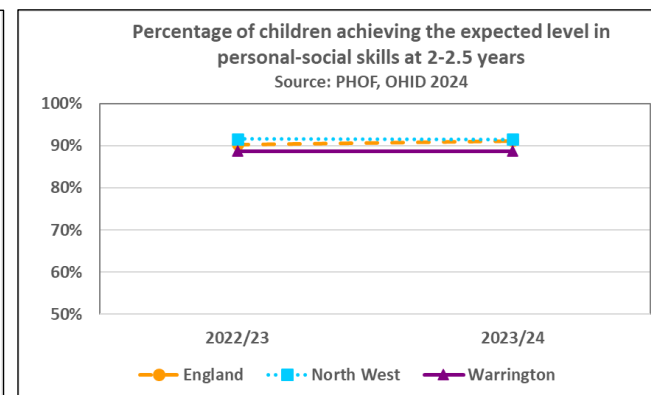
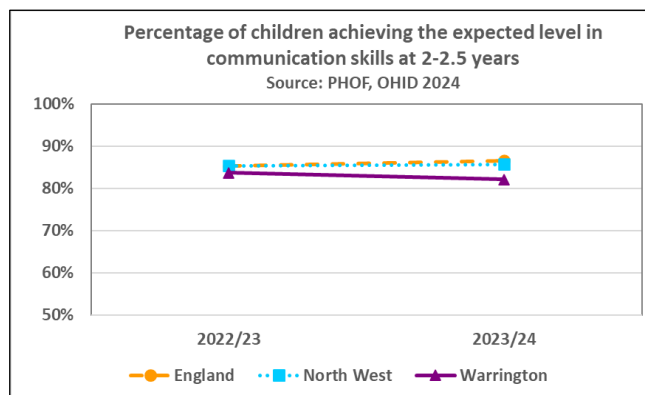
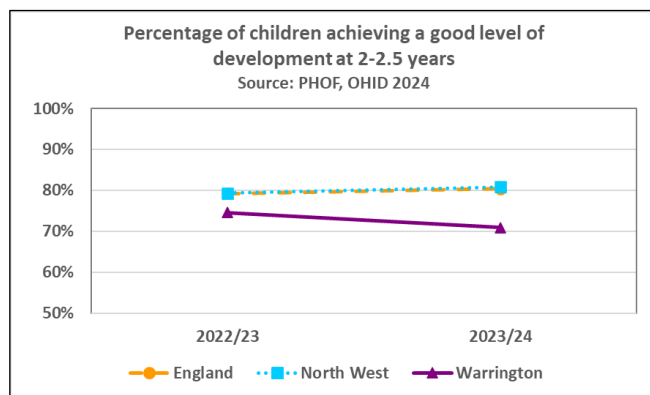
- In 2023/24, 82.1% of children achieved the expected level in communication skills in Warrington, statistically significantly lower than England (86.6%) and the North West (85.7%).
- Warrington has reduced slightly since the previous year in which it was 83.7%. In comparison, the North West and England have seen small increases.

Achieving the expected level in personal-social skills:

- In 2023/24, 88.7% achieved the expected level in personal-social skills in Warrington, statistically significantly lower than England (91.2%) and the North West (91.5%).
- Warrington has remained unchanged since the previous year. The North West has seen minimal change and England has increased.

Child development: Disparities in child development are recognisable in the second year of life and have an impact by the time children enter school. If left unsupported, these children are more likely to fail to achieve their full potential. There are inequalities in achievement rates for expected level of development, with children living in more deprived areas, and boys, less likely to be at the expected levels.

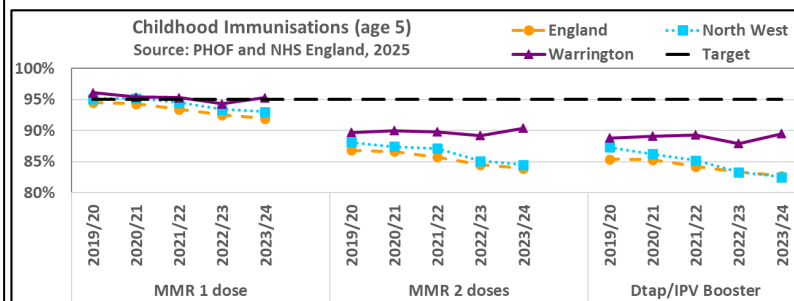
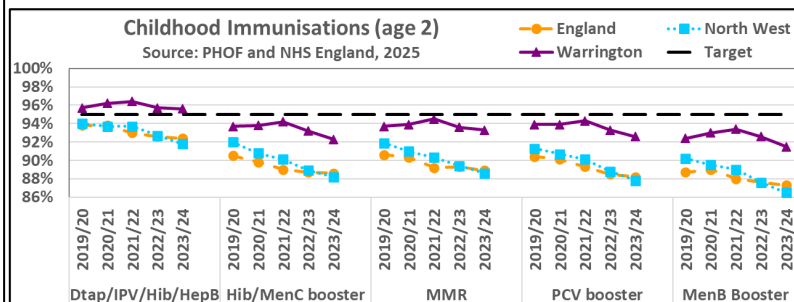
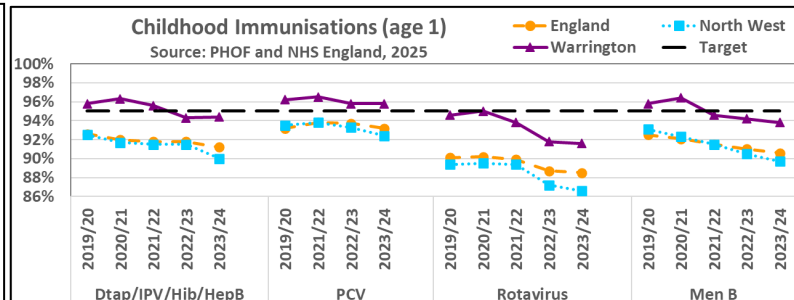
Domains of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. The proportion of children at or above the expected level in all five domains gives an indication of the proportion of children who are developing as expected at age 2, with individual domains helping to gain a clearer picture of levels and inequalities in other areas, including communicationskills.



2.5 Starting Well – Childhood Vaccinations and Immunisations

Courses of immunisation:

- The combined **DTaP/IPV/Hib/HepB** is the first in a course of vaccines offered to babies to protect them against diphtheria, whooping cough, tetanus, Haemophilus influenza type B (an important cause of childhood meningitis and pneumonia), polio and Hepatitis B (from 2019).
- **MMR** is the combined vaccine that protects against measles, mumps and rubella.
- The meningococcal C conjugate (**MenC**) vaccine protects against infection by meningococcal group C bacteria, which can cause meningitis and septicaemia.
- The **PCV** vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis.
- **Rotavirus** is the most common cause of gastroenteritis among children.
- The **MenB** vaccine protects against infection by meningococcal group B bacteria, which can cause meningitis and sepsis (blood poisoning), and which are responsible for more than 90% of meningococcal infections in young children.
- A national target of 95% is set for all the immunisations shown here.



Warrington is consistently higher than England and the North West for uptake for all immunisations shown in the charts. PCV at age 1 and Dtap/IPV/Hib/HepB at age 2 are the only immunisations where uptake in Warrington has exceeded the national target each year.

Warrington has seen reductions in uptake in the last 2 - 3 years mainly in immunisations for 1 and 2 year olds, whereas England and the North West have seen a longer term decline. Whilst this is also true for immunisations at age 5 nationally and regionally, Warrington has remained fairly stable and has also seen a small increase in uptake in the most recent year.

Childhood immunisations (age 1): In 2023/24, Warrington rates were: Dtap/IPV/Hib/HepB 94.4%, PCV 95.8%, Rotavirus 91.6%, and MenB 93.8%.

Childhood immunisations (age 2): In 2023/24, Warrington rates were: Dtap/IPV/Hib/HepB 95.6%, Hib/MenC booster 92.3%, MMR 93.3%, PCV booster 92.6%, MenB booster 91.5%.

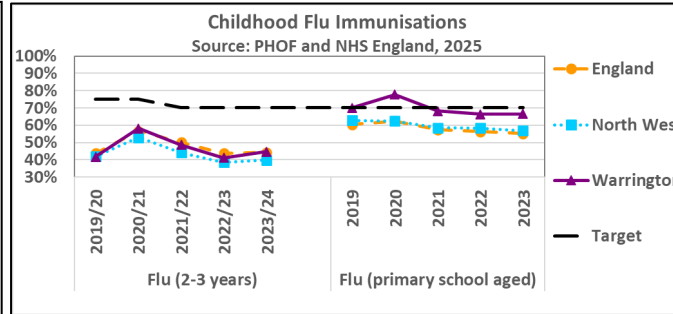
Childhood immunisations (age 5): In 2023/24, Warrington rates were: MMR 1 dose 95.3%, MMR 2 doses 90.4%, Dtap/IPV booster 89.5%.



2.5 Starting Well – Childhood Vaccinations and Immunisations (continued)

Courses of immunisation (cont.):

- The **influenza** vaccine is offered to all children aged 2-3 at their GP practice. The programme was extended in 2017/18, with vaccination in schools for children in reception class and school years 1 to 4. It is hoped that this extension of the programme to healthy children will reduce transmission of flu to at-risk and elderly patients.
 - The **HPV** (human papilloma virus) vaccine protects against the two high-risk HPV types (16 and 18) that cause over 70% of cervical cancers. In Sept 2014, girls aged 12-13 were offered the first dose and then a second dose offered at age 13-14. From Sept 2019, 12-13 year old boys became eligible and from Sept 2020 boys aged 13- 14. The vaccine is mainly given in schools.
 - The **MenACWY** vaccination is offered to all children aged 14-15 to protect against invasive meningococcal group W (MenW) disease. The vaccine provides direct protection to the vaccinated cohort and indirect protection to unvaccinated children and adults.
- The Covid-19 pandemic led to some disruption of school-based immunisation programme delivery, affecting 2019/20 and 2020/21 vaccine coverage.

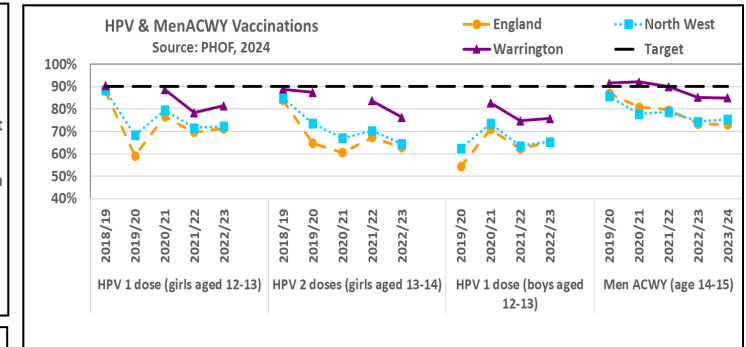


Influenza (Flu) immunisations:

- The national target from 2021/22 is at least 65% vaccine uptake (75% in previous years).
- The Warrington rate in 2023/24 was 44.8% for 2-3 year olds, higher than the North West (39.9%) and marginally higher than England (44.4%). In all areas uptake has increased since 2022/23.
- For primary school aged children, the Warrington rate was 66.6% in 2023, higher than the North West (56.9%) and England (55.1%).

The MenACWY vaccine:

- The national target for vaccine uptake is at least 90%.
- In Warrington between 2017/18 and 2020/21 there were year on year increases in uptake of the MenACWY vaccine. Since 2021/22 uptake has been decreasing, this trend has been seen across the North West and England.
- In 2023/24, Warrington's rate was 73%, lower than both the North West (75.4%) and England (80.9%).



HPV vaccine:

- The national goal is 90% for this vaccine.
- In 2022/23, the Warrington rate for one dose in girls aged 12-13 was 81.5%, higher than the North West (72.2%) and England (71.3%).
- For boys aged 12-13, the rate was 75.7% in Warrington; higher than the North West (65.4%) and England (65.2%).
- Second doses in both girls and boys aged 13-14 had very low rates in Warrington for 2020/21, 19.8% and 14.2% respectively (not shown in chart). This was due to disruption caused by the Covid-19 pandemic.



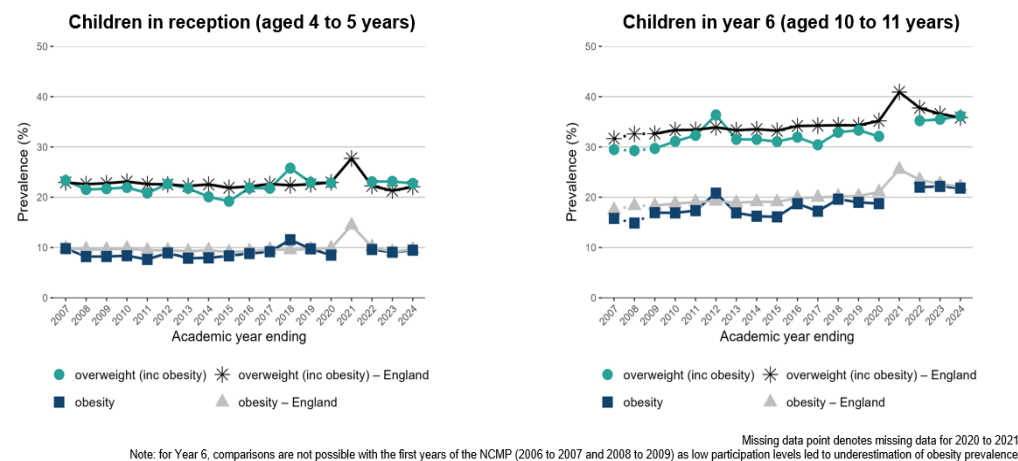
2.6 Starting Well – Childhood Excess Weight

Reception (aged 4/5): Warrington prevalence of overweight/obese in reception children fluctuates considerably from year to year, mostly between 19% and 23% (apart from an unusually sharp rise in 2017/18). In 2023/24, prevalence of overweight/obese was 22.7% in Warrington, slightly lower than the North West (23.2%) and slightly higher than England (22.1%). Obesity prevalence in 2023/24 was 9.5% (about 1 in 10 children), compared to 9.6% in England and 10.1% in the North West.

Year 6 (aged 10/11): Warrington prevalence of overweight/obese has historically been consistently lower than the North West and England. However, in the most recent 3 years, Warrington has been increasing slightly while England has been reducing and in 2023/24 Warrington prevalence (at 36.2%) is now higher than England (35.8%). North West prevalence is 37.2%. Obesity prevalence was 21.8% (just over 2 in 10 children), slightly lower than England (22.1%) and lower than the North West (23.3%).

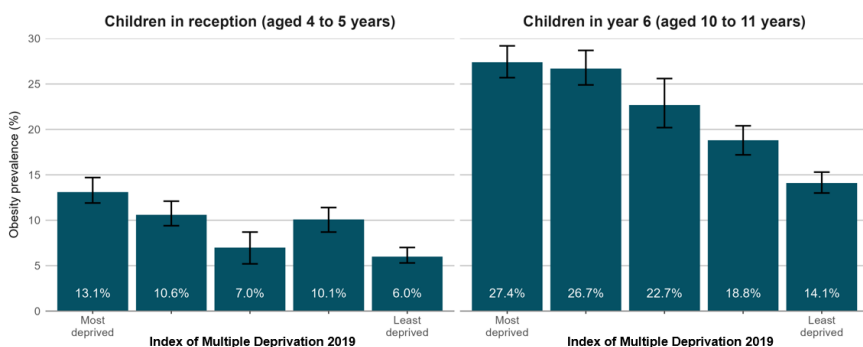
Trend in the prevalence of obesity and overweight (including obesity) by age in Warrington

National Child Measurement Programme between 2006 to 2007 and 2023 to 2024



Obesity prevalence by deprivation and age in Warrington

National Child Measurement Programme



Data combined 5-years, (2018 to 2019, 2019 to 2020, 2021 to 2022, 2022 to 2023, and 2023 to 2024), see note on slide 16
95% confidence intervals are displayed on the chart

Obesity prevalence by socio-economic deprivation:

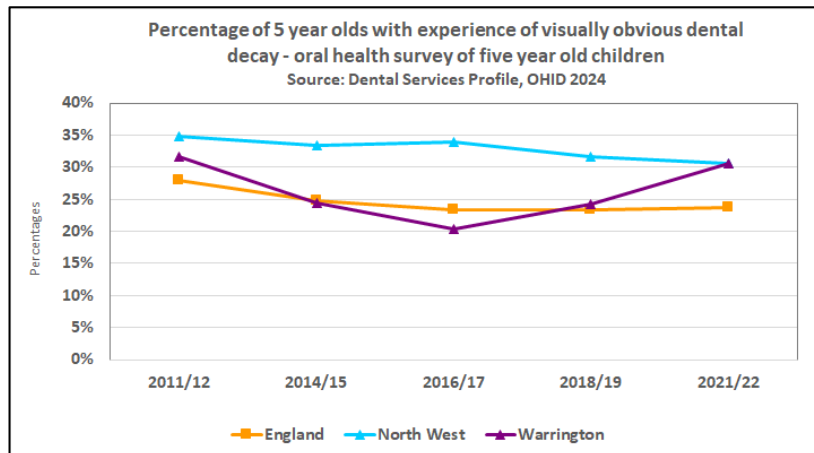
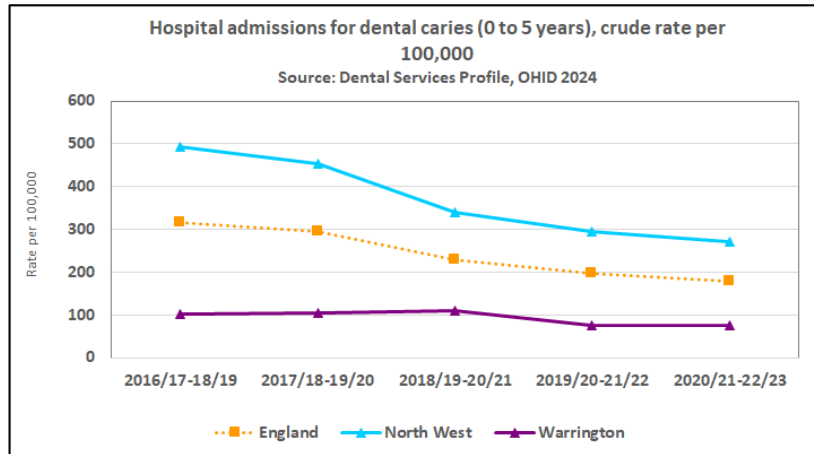
- Prevalence estimates vary a lot from year to year, but there is a clear link with deprivation.
- In Year 6, obesity prevalence is highest (27.4%) in Quintile 1 (most deprived) and gradually reduces by quintile to 14.1% in Quintile 5 (least deprived).
- In Reception, obesity is also highest (13.1%) in Quintile 1 (most deprived) but does not follow the same reduction as Year 6. Obesity prevalence is lowest in Quintile 5 (6.0%).

Source: Office for Health Improvement & Disparities/NHS England



WARRINGTON
Borough Council

2.7 Starting Well – Dental Health



Oral health definition: Oral health is multi-faceted and includes the ability to speak, smile, smell, taste, touch, chew, swallow and convey a range of emotions through facial expressions with confidence and without pain, discomfort and disease of the craniofacial complex.(1)

Good oral health is an essential element of health and wellbeing. Poor oral health is disproportionately experienced by the poorest and most disadvantaged in society. Preventing poor oral health is essential. Dental caries is the leading cause of hospital admission in children aged 6-10 and is wholly preventable (2). Extraction of teeth under general anaesthetic is often a child's first experience of dental care and can lead to lifelong fear and anxiety around dental care (3).

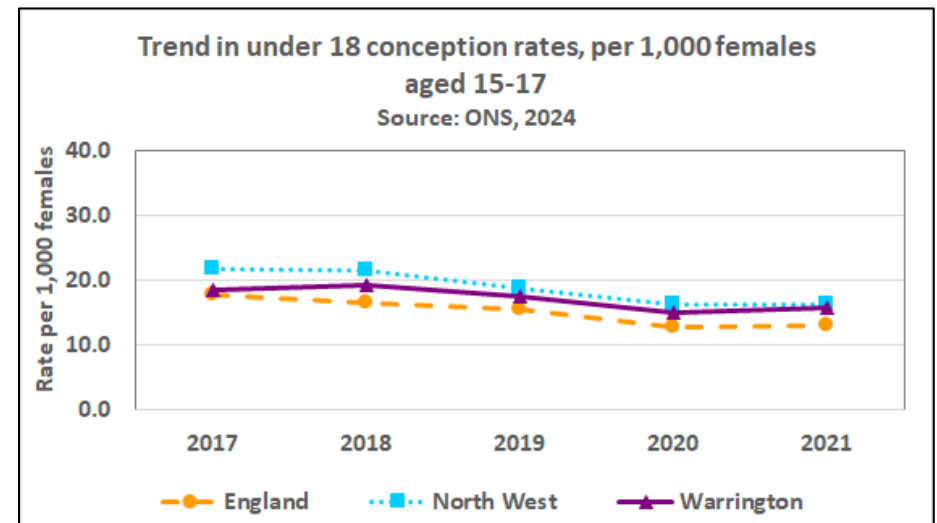
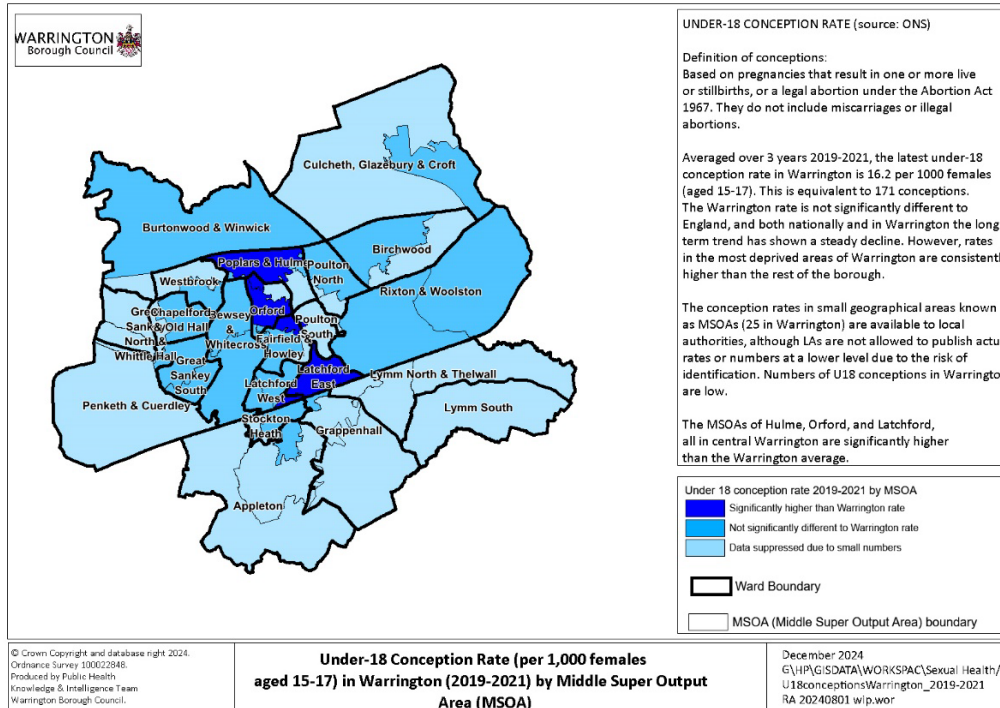
In Warrington, hospital admissions for dental caries among 0–5-year-olds shows a declining trend and is significantly below England and the North West.

However, survey data of 5-year-olds with visually obvious dental decay has seen an increase in the two most recent time periods, such that Warrington is now significantly higher than England and similar to the North West.

- (1) Glick M, Williams D M, Kleinman D V, Vujicic M, Watt R G, Weyant R J. A new definition for oral health developed by the FDI World Dental Federation opens the door to a universal definition of oral health. J Am Dent Assoc. 2016; 147(12): p. 915-917
- (2) Public Health England (2020), Hospital tooth extractions of 0 to 19 year olds. London. Public Health England.
- (3) Public Health England (2021), Inequalities in dental health in England



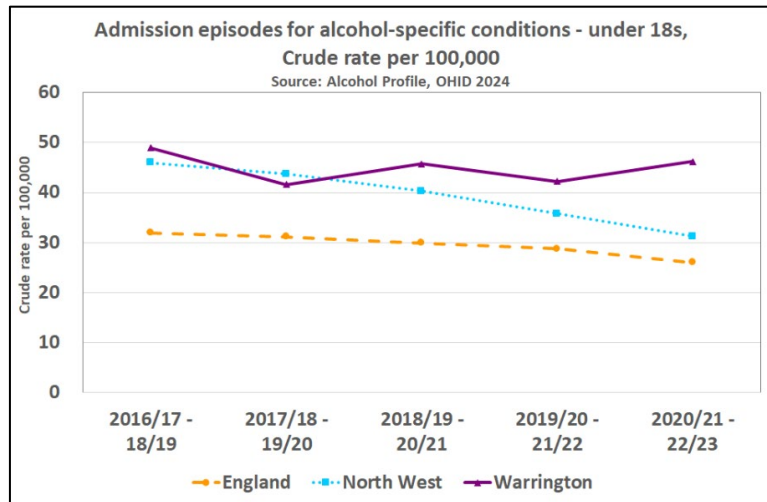
2.8 Starting Well – Risky Behaviours – Teenage Conceptions



- Warrington has seen an overall sustained decline in under 18 conceptions since this indicator was first introduced in 1998, with recent years having the lowest rates of under 18 conceptions. Long-term rates have been reducing in the North West and England also. Warrington experiences fluctuating rates which reflect the small number of conceptions that the rates per 1,000 are based on.
- In 2021, there were 56 under 18 conceptions in Warrington. This is a slight increase on the previous year, but the overall trend is still decreasing.
- In 2021, the under 18 conception rate for Warrington was 15.8 conceptions per 1,000 girls aged 15-17, compared to 13.1 in England and 16.4 in the North West.
- Although long-term trends show a reduction in Warrington overall, in the most deprived areas rates are still significantly higher than in the rest of Warrington.

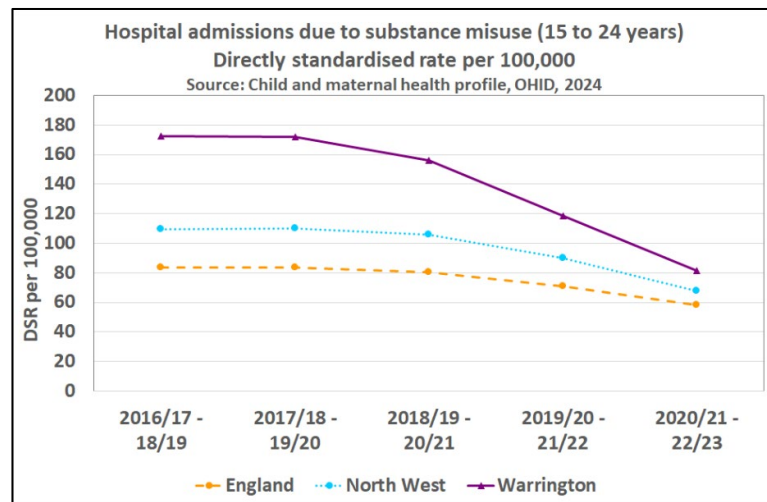


2.9 Starting Well – Risky Behaviours – Alcohol and Substance Misuse



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

- For the most recent data period, 2021/22 to 2022/23, there were 60 admissions to hospital due to alcohol-specific conditions for those aged under 18, an increase of 5 admissions when compared to the previous time period.
- The Warrington rate was 46.2 per 100,000 population aged under 18, significantly higher than England (26.0) and the North West (31.2).
- The long-term trend for Warrington shows little change, with the rate of admissions in Warrington remaining high, whilst both England and the North West showing a downward trend.
- Rates have been consistently higher in females aged under 18 than males.



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

- There were 55 hospital admissions due to substance misuse during the most recent 3-year period (2020/21 -2022/23), a substantial reduction on the previous time period.
- Between 2020/21 and 2022/23, Warrington had an admission rate of 81.5 per 100,000 population aged 15-24; this was statistically significantly higher than England's rate of 58.3, and higher, but not significantly so than the North West rate of 67.7.
- In common with the North West and England, Warrington has seen a consistent downward trend since 2016/17 to 2018/19. Although the Warrington rate remains above the North West and England rates, the gap is beginning to close.



3.1 Staying Well, Lifestyle Risk Factors – Smoking

Smoking prevalence (percentage of people who smoke)

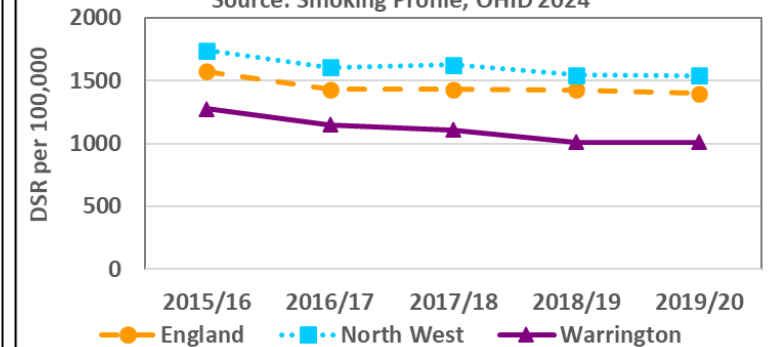
- In 2023, smoking prevalence in Warrington was 8.8%, lower than England's 11.6% and the North West (11.8%); although lower there is no statistically significant difference. Smoking prevalence has a long-term trend of reducing in Warrington, the North West and England.
- Smoking prevalence is higher in the routine and manual occupations group; in 2023 it was 12.3% in Warrington, 19.5% in England and 22.3% in the North West. Prevalence rates in Warrington have fluctuated over the past 5 years but have remained lower than England and the North West, although there is no statistically significant difference.

Smoking attributable hospital admissions

- Latest data (2019/20) shows that Warrington had a rate of 1,009 hospital admissions per 100,000 population, compared to 1,398 in England and 1,540 in the North West.
- Warrington has had year on year reductions in rates in the past 5 years, and significantly better rates than England and the North West.

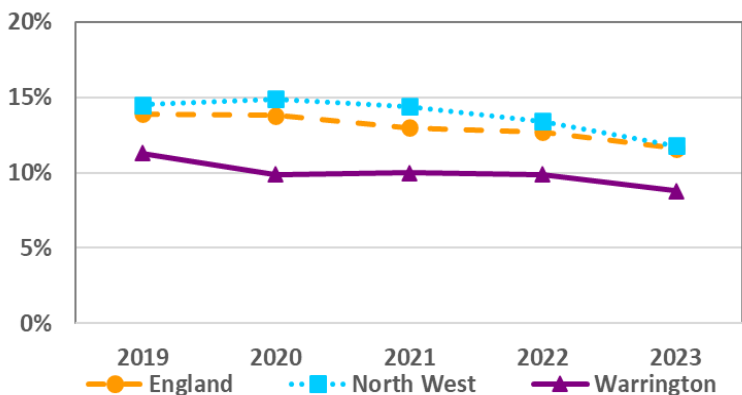
Smoking Attributable Hospital Admissions, DSR per 100,000

Source: Smoking Profile, OHID 2024



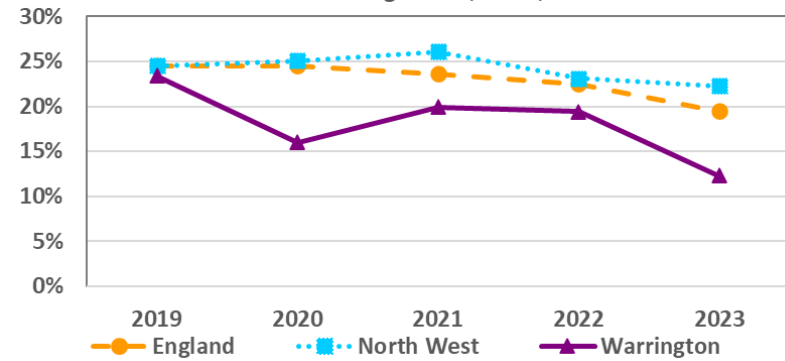
Smoking Prevalence, Current Smokers aged 18+

Source: Smoking Profile, OHID, 2025



Smoking Prevalence in Adults in Routine & Manual Occupations, aged 18 - 64

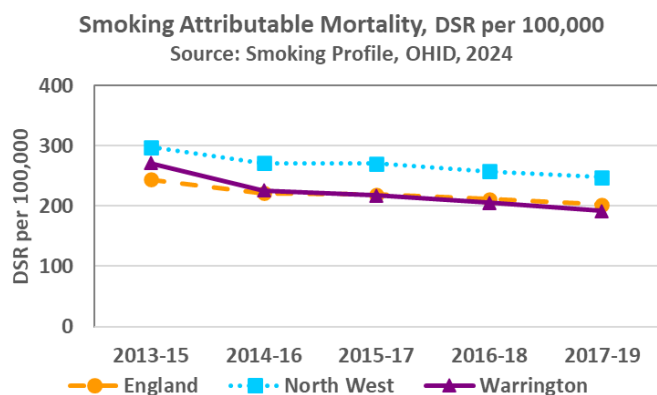
Source: Smoking Profile, OHID, 2025



3.1 Staying Well, Lifestyle Risk Factors – Smoking (continued)

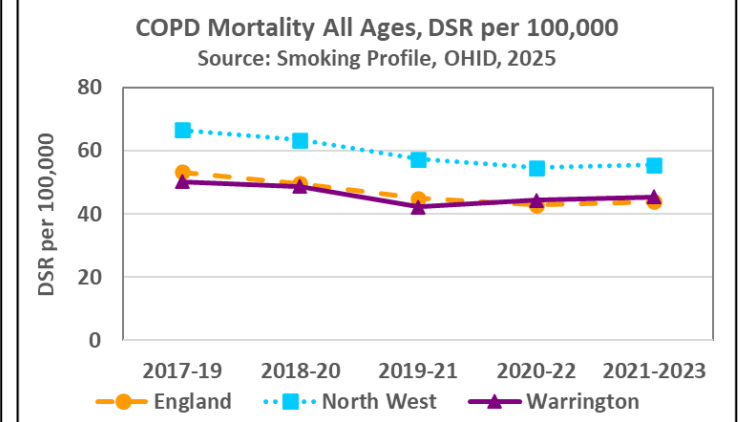
Smoking attributable mortality (deaths wholly or partially related to smoking; smoking is a contributory factor to deaths from a diverse range of diseases and conditions)

- In 2017-19 (latest data), Warrington had a rate of 191.6 deaths per 100,000 population, compared to England's rate of 202.2 and 247.5 in the North West.
- The trend in Warrington has reduced each reporting period since 2013-15, and aside from 2013-15 in which Warrington rates were statistically significantly higher than England, all rates in post-reporting periods have been of a similar rate to England and significantly better than the North West.



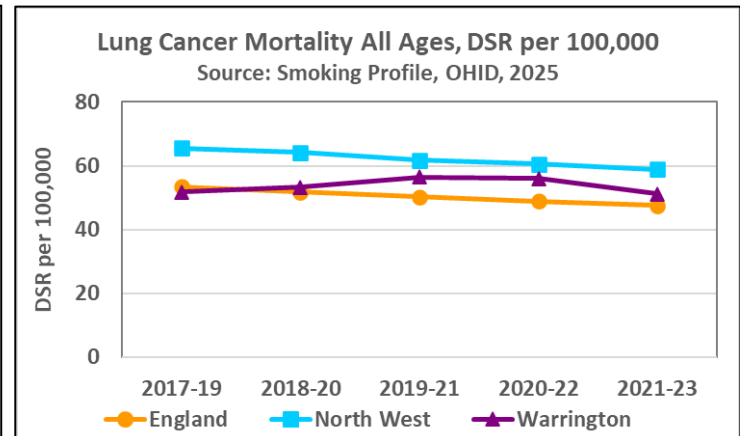
Deaths from chronic obstructive pulmonary disease (COPD), all ages

- In 2021-23, Warrington's rate of 45.4 deaths from COPD per 100,000 population was similar to England (43.9) and significantly better than the North West (55.6).
- Warrington's rate consistently reduced between 2013-15 and 2019-21. There has been a small increase of 2% between 2020-22 and 2021-23 in Warrington and North West compared to a 3% increase in England for the same period.



Deaths from lung cancer, all ages

- In 2021-23, Warrington had a rate of 51.2 deaths from lung cancer per 100,000, not statistically different to England's rate of 47.5 but significantly lower than 58.9 in the North West.
- Warrington's rate increased slightly in 2018-20 and 2019-21. Between 2020-22 and 2021-23 there has been a 9% reduction continuing the decreasing trend seen in the previous period of 1%.
- In comparison England and the North West have seen a continual reducing trend since 2016-18.

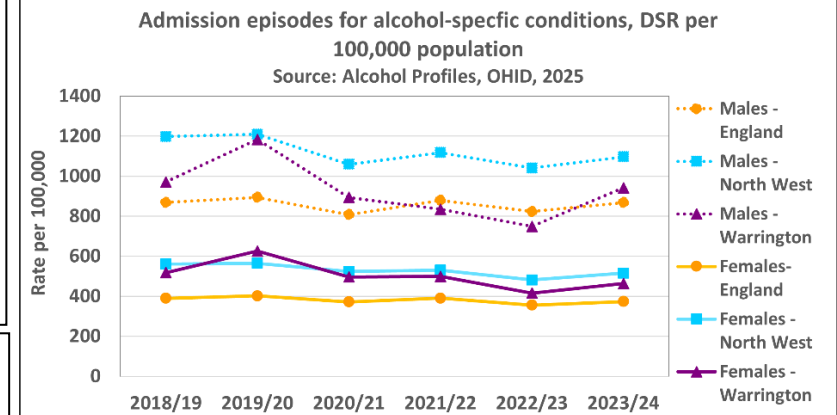


3.2 Staying Well, Lifestyle Risk Factors – Alcohol

Regularly drinking more than the recommended daily limits risks damaging health. There's no guaranteed safe level of drinking, but if drinking less than the recommended daily limits the risks of harming health are low ([Alcohol support - NHS \(www.nhs.uk\)](https://www.nhs.uk)). Alcohol consumption is a contributory factor to hospital admissions and deaths from a diverse range of conditions.

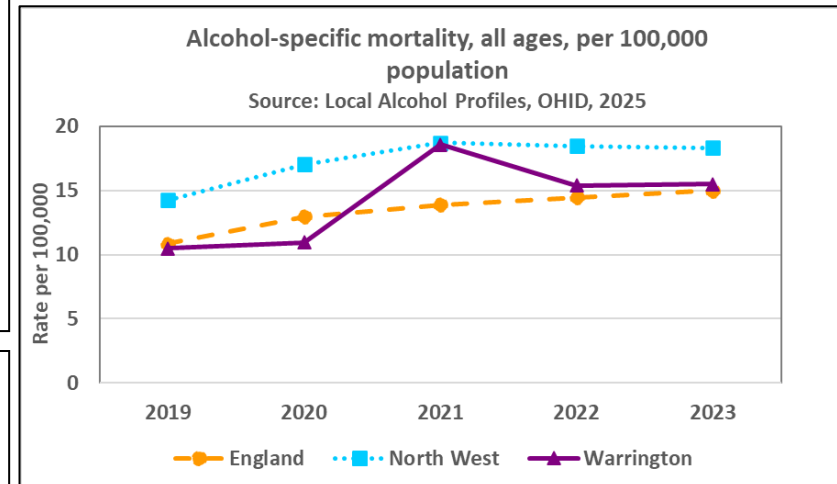
Admission episodes for alcohol-specific conditions

- In 2023/24, Warrington had an admissions rate for alcohol-specific conditions of 941 per 100,000 population for males, twice as high as females who had a rate of 463. Males and females were both statistically significantly higher than England (868 per 100,000 for males, 373 per 100,000 for females).
- Warrington rates were equivalent to 988 admissions for males and 507 for females.
- The Covid-19 pandemic had a large impact on hospital activity with a reduction in admissions in 2020/21 and this can be seen in Warrington, the North West and England.



Alcohol-specific mortality

- In 2023, Warrington had a mortality rate for alcohol-specific conditions of 15.5 per 100,000 population. This was equivalent to 34 deaths.
- Warrington's alcohol-specific mortality rate was similar to England (15 per 100,000) and the North West (18.3).
- Warrington's alcohol-specific mortality rate fluctuates from year to year due to the small number of deaths each year. Between 2020 and 2021 there was a large increase in alcohol-specific mortality in Warrington.
- In general, Warrington's alcohol-specific mortality rate is higher than England and lower than the North West.



Mortality from chronic liver disease, all ages

Most liver disease is preventable, and alcohol consumption is one of the key factors that contribute to it. In 2023, Warrington had a mortality rate for chronic liver disease of 17.0 per 100,000 population, not statistically significantly different to the rate in England (15.0) and the North West (19.7). Warrington's rate was equivalent to 37 deaths in 2023.



3.3 Staying Well, Lifestyle Risk Factors – Substance Misuse

Successful completion of drug treatment

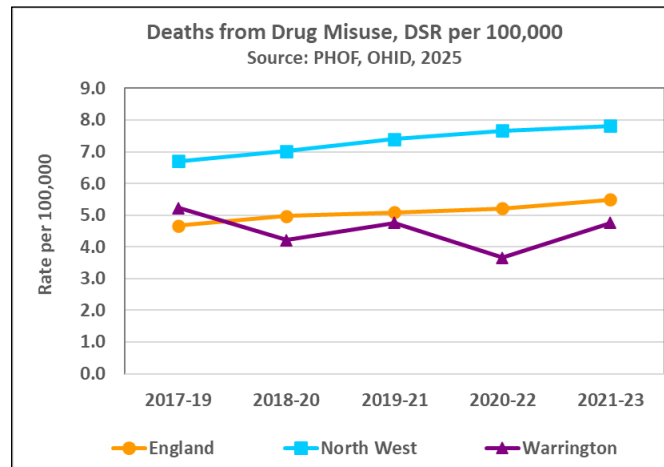
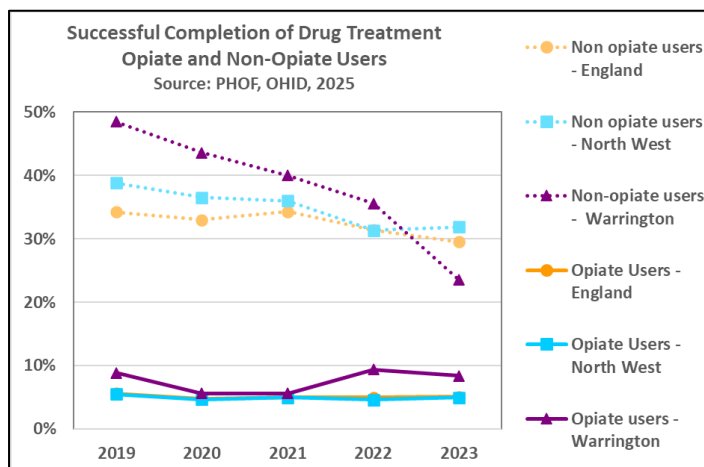
- In 2023, 8.4% of **opiate users** successfully completed drug treatment (and did not return to treatment within the first six months after completion) in Warrington. This is significantly better than both England (5.1%) and the North West (5.0%).
- There have been some fluctuations in Warrington, the North West and England in the most recent 5 years.
- In 2023, 23.5% of **non-opiate users** successfully completed drug treatment (and did not return to treatment within the first six months after completion) in Warrington, statistically significantly lower than England (29.5%) and the North West (31.9%).
- From a high in 2019, Warrington has seen a consistent reduction in rates since then. There has been an overall downwards trend in England and the North West, although the North West has seen a small increase in latest data.

Drug & Alcohol treatment service (source: CGL, 2023/24): Warrington Borough Council commissions drug and alcohol treatment services. As of March 2024, 968 people were in structured treatment in Warrington.

Hidden Harm (source: CGL, 2023/24): As of March 2024, 18.8% (182) of people in alcohol and drug treatment services stated that they had a child/children aged under 18, equating to 332 children under 18. Of the 332 children, 137 children live with the service user.

Pharmacy services: As of March 2024, 13 of the 38 community pharmacies/branches in Warrington provide supervised consumption of methadone / buprenorphine / esplanor, and 3 pharmacies provide a needle exchange service.

Needle exchange (source: IMS JMU 2023-24): In 2023/24, 758 people used Needle and Syringe Programmes, comprising 1,668 separate visits. The majority of visits took place in pharmacy settings (70.8%). This includes 21.8% of visits for Psychoactive drugs and 78.2% of visits for Steroids and Image and Performance Enhancing Drugs (IPEDs).



Deaths from drug misuse

- In 2021 to 2023, there were 29 deaths from drug misuse in Warrington. This is equivalent to a rate of 4.8 per 100,000 population, similar to England (5.5) and significantly better than the North West (7.8).
- Warrington has a variable trend, due to the small number of deaths from drug misuse.

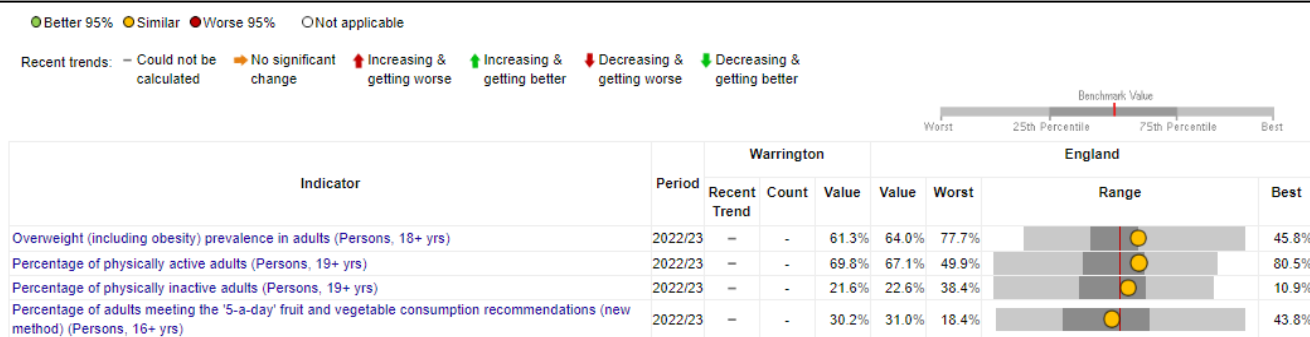


3.4, 3.5 and 3.6 Staying Well, Lifestyle Risk Factors – Unhealthy Weight, Diet, and Physical Activity

Data on diet, physical activity and excess weight is taken from the [Public Health Outcomes Framework \(PHOF\)](#), produced by the Office for Health Improvement & Disparities (OHID), current at January 2025. The figure below shows Warrington and England, as well as the best and worst values across all Local Authorities. View [Warrington Adult Health and Wellbeing Survey 2023, General Health and Health Related Behaviour Report](#) for more information on health related behaviour in Warrington.

In England, nearly two thirds of adults are overweight or obese. Poor diet and obesity are leading causes of premature death and mortality (Global Burden of Disease, 2017) and are associated with a wide range of diseases including cardiovascular disease and some cancers. Cardiovascular disease (CVD) is a family of diseases/conditions including heart disease, stroke, hypertension and diabetes. Having one CVD condition increases the likelihood of developing others. Key modifiable lifestyle risk factors are smoking, poor diet, obesity, lack of physical activity and high alcohol consumption. These risk factors tend to cluster together.

Diet: In Warrington, 30.2% of adults said they'd eaten 5 or more portions of fruit and vegetables the day before they were surveyed, slightly worse than England (31.0%). This was an increase since the previous year (28.5%).



Obesity and overweight: Body mass index (BMI) has been used to calculate this indicator and is based on a combination of weight and height. A BMI of 25-29.9 is categorised as overweight, and a BMI of 30 or over as obese. In 2022/23, 61.3% of adults in Warrington were overweight or obese, better but not significantly different than 64.0% for England overall. Nationally, there is a strong link between obesity and socio-economic deprivation (although not between overweight prevalence and deprivation).

Physical Activity: The minimum physical activity recommended by the Chief Medical Officer is 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two, in bouts of 10 minutes or more.

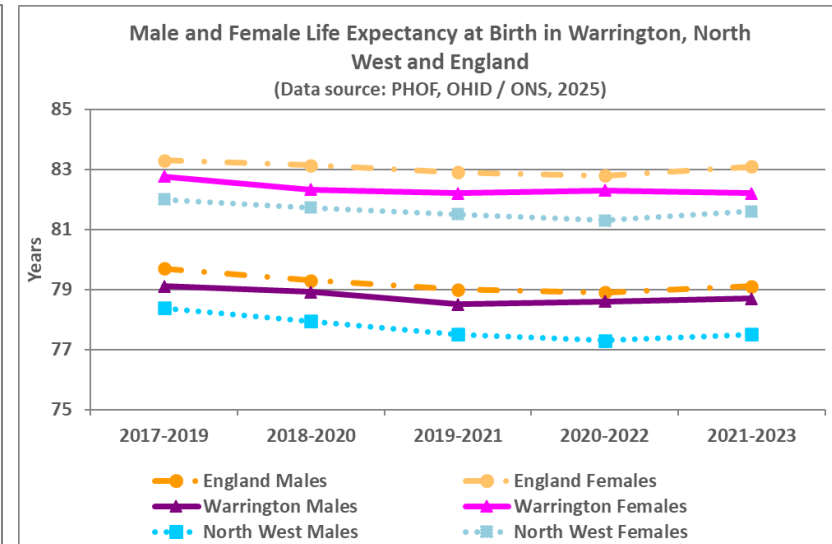
- In 2022/23, 69.8% of adults in Warrington did at least 150 moderate intensity equivalent minutes of physical activity per week in the 4 weeks before they were surveyed, better but not significantly different to England (67.1%).
- 21.6% of adults in Warrington did less than 30 “equivalent minutes” per week, better but not significantly different to England (22.6%).



4.1 Staying Well, Burden of Disease – Life Expectancy/Healthy Life Expectancy at Birth

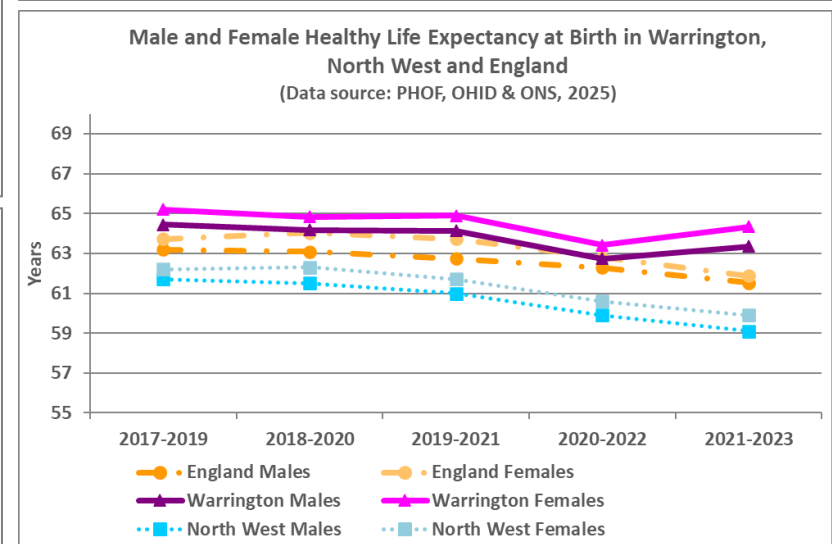
Life expectancy (LE) at birth

- LE at birth is an internationally accepted measure of the overall health of a population. It provides an estimate of the average number of years a newborn baby would live for if they experienced the age-specific mortality rates of a particular area throughout their life. Life expectancy at birth measures broadly the same thing as all-age, all-cause mortality rates, but is often considered a more intuitive and easier to understand indicator.
- In 2021-2023, **Warrington males** had a LE of 78.7 years, lower but not statistically different to England (79.1 years), and significantly better than the North West (77.5 years).
- **Warrington females** had a LE of 82.2 years, significantly worse than England (83.1 years) and higher but not statistically different to the North West (81.6 years).
- Life expectancy in Warrington has increased substantially over recent decades, by 6.2 years for men and 4.4 years for women since 1991. Steady increases have also been seen in England and the North West. However, even before the COVID-19 pandemic, growth was starting to slow and even reduce at times.
- Warrington male and female life expectancies have been consistently lower than England. The gap between Warrington and England is smaller in male LE, currently 0.4 years, than female LE (0.9 years).
- Locally, regionally and nationally, male LE is consistently much lower than female LE.



Healthy life expectancy (HLE) at birth

- HLE at birth shows number of years a person can expect to live in good health (rather than with a disability or in poor health).
- In 2021-2023, the majority of local areas in England had lower healthy life expectancy (HLE) than in the pre-COVID-19 pandemic period, 2017 to 2019.
- **Male HLE:** From 2017-2019 to 2021-2023, male HLE in Warrington reduced by 1.1 years, from 64.4 years to 63.4 years.
- **Female HLE:** From 2017-2019 to 2021-2023, female HLE in Warrington reduced by 0.9 years, from 65.2 years to 64.3 years.
- Both male and female HLE reductions between 2017-2019 and 2021-2023 were larger in England and the North West than in Warrington.



4.1 Staying Well, Burden of Disease – Life Expectancy by Ward

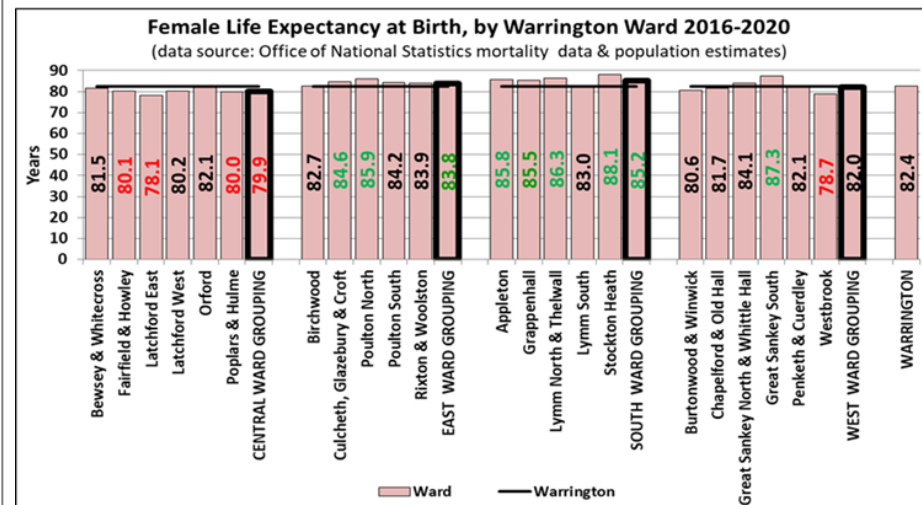
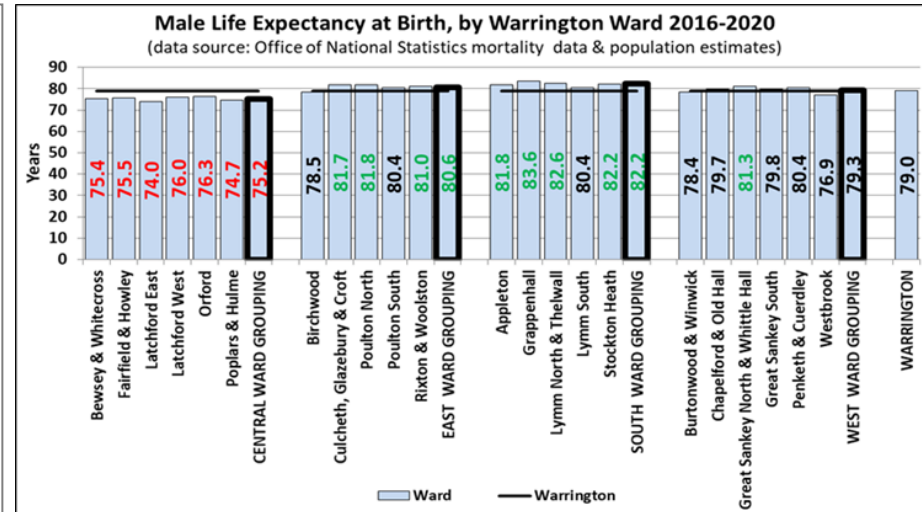
Ward-level life expectancy (LE) is calculated over a 5-year period in order to provide a more robust estimate. Even so, ward-level LE estimates can fluctuate over time, especially for smaller wards. The most recent data period available is 2016-2020. NB There can be spurious factors that contribute to a low LE, e.g., if large care homes are located in a particular ward, and so a relatively high proportion live in that ward because they have moved into a care home (and are likely to already be in ill-health, given that they require care). Wards with green text on the charts have significantly higher LE than Warrington overall; red text denotes significantly lower LE.

Ward Male Life Expectancy:

- Six wards had statistically significantly lower male LE at birth, compared to Warrington overall (79.0 years). They all lie in the Central ward grouping: Bewsey & Whitecross, Fairfield & Howley, Latchford East, Latchford West, Orford, and Poplars & Hulme.
- Eight wards had significantly higher male LE at birth: Culcheth, Glazebury & Croft, Poulton North, Rixton & Woolston, Appleton, Grappenhall, Lymm North & Thelwall, and Stockton Heath.
- The Central ward grouping had significantly lower male LE at birth (75.2 years), the East (80.6 years) and the South (82.2 years) ward groupings had significantly higher male LE at birth than Warrington overall (79.0 years).
- Grappenhall had the highest male LE at birth (83.6 years), and Latchford East ward had lowest (74.0 years), a difference of 9.6 years.

Ward Female Life Expectancy:

- Fairfield & Howley, Latchford East, Poplars and Hulme, and Westbrook had statistically significantly lower female LE at birth than Warrington overall (82.4 years).
- Seven wards had significantly higher female LE at birth: Culcheth, Glazebury & Croft, Poulton North, Appleton, Grappenhall, Lymm North & Thelwall, Stockton Heath, and Great Sankey South.
- The Central ward grouping had significantly lower female LE at birth (79.9 years), and the East (83.8 years) and South (85.2 years) ward groupings had significantly higher LE at birth than Warrington overall (82.4 years).
- Stockton Heath had the highest female LE at birth (88.1), and Latchford East had lowest (78.1), a difference of 10 years.



4.2 Staying Well, Burden of Disease – Leading Cause of Death 2019-2021

Males						Females					
	1st	2nd	3rd	4th	5th		1st	2nd	3rd	4th	5th
All Ages	CHD	Covid-19	Dementia and Alzheimer disease	Lung Cancer	Chronic lower respiratory diseases		Dementia and Alzheimer disease	Covid-19	CHD	Cerebrovascular diseases	Lung Cancer
35 to 49	CHD	Accidental poisoning	Cirrhosis and other diseases of liver	Suicide and injury/poisoning of undetermined intent	Influenza and pneumonia		Covid-19	Accidental poisoning	Cirrhosis and other diseases of liver	CHD/ Colorectal Cancer / Influenza and pneumonia	Numbers too small to analyse
50 to 64	CHD	Cirrhosis and other diseases of liver	Lung Cancer	Covid-19	Colorectal Cancer		Breast Cancer	Lung Cancer	Cirrhosis and other diseases of liver	Covid-19	CHD
65 to 79	CHD	Covid-19	Lung Cancer	Dementia and Alzheimer disease	Chronic lower respiratory diseases		Covid-19	CHD	Lung Cancer	Dementia and Alzheimer disease	Chronic lower respiratory diseases
80 years and over	Dementia and Alzheimer disease	CHD	Covid-19	Influenza and pneumonia	Chronic lower respiratory diseases		Dementia and Alzheimer disease	Covid-19	CHD	Cerebrovascular diseases	Influenza and pneumonia

Circulatory
 Cancer
 External
 Digestive
 Respiratory
 Dementia and Alzheimer disease
 Covid-19

Male deaths 2019-2021

- The leading causes of death for males of all ages in Warrington cover a broad range of conditions.
- Coronary Heart Disease (CHD) is the leading cause of death in three of the four broad age bands.
- For those aged 35 to 49 years, deaths from external causes appear in the top 5 as well as digestive diseases.
- The 50 to 64 year age group is the youngest age group to see cancer as a leading cause of death.
- The 65 to 79 year age group saw deaths from chronic lower respiratory diseases in the top 5 leading causes of deaths; this grouping includes deaths from chronic bronchitis, chronic obstructive pulmonary disease (COPD), emphysema and asthma.
- Dementia and Alzheimer's disease is the leading cause of death for males aged 80 years and above.

Female deaths 2019-2021

- The range of conditions for female all age deaths in Warrington is slightly narrower when compared to males of all ages.
- For females aged 35 to 49 years, Covid-19 is the leading cause of death, followed by accidental poisoning and cirrhosis and other diseases of liver.
- For females aged 50 to 64 years, deaths from cancer are the leading cause of death.
- The main causes of death for females aged 65 to 79 years are very similar to males, with the exception of being ranked in a differing order. Covid-19 is the leading cause of death.
- The main causes of death for those aged 80 years and above is Dementia and Alzheimer's disease.



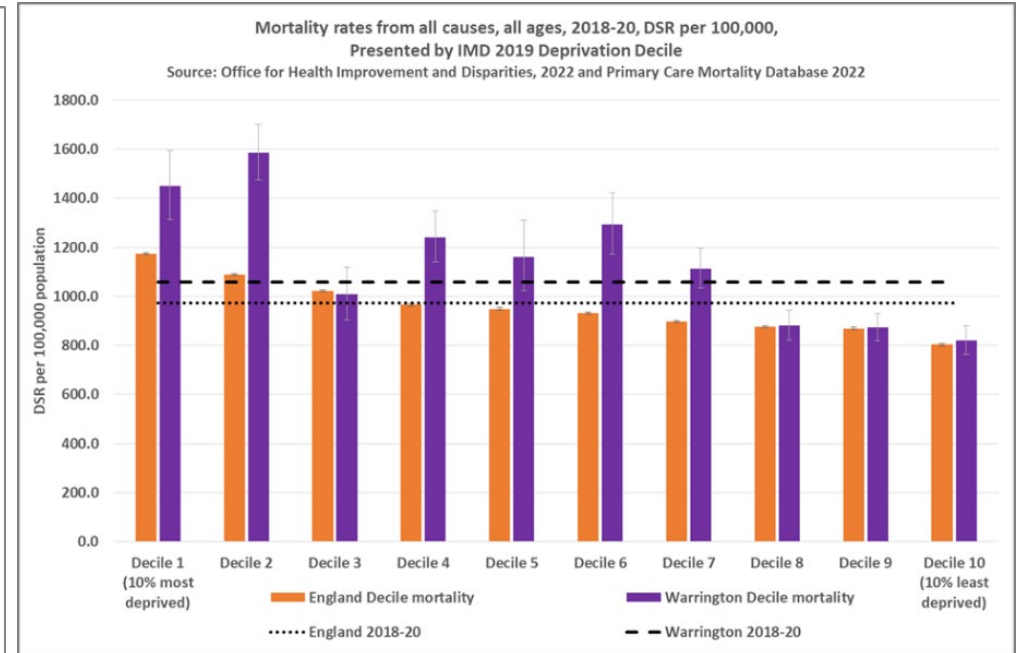
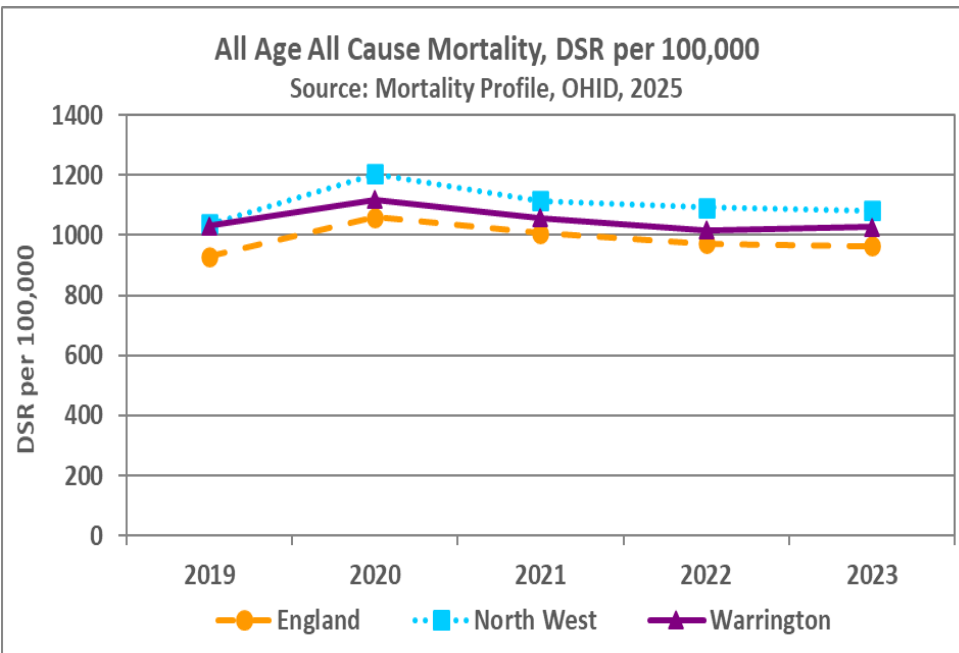
4.3 Staying Well, Burden of Disease – All-age All-cause Mortality

All-age all-cause mortality:

- In 2023, Warrington had a significantly worse all-cause mortality rate than England; 1,028 per 100,000, compared to 964. Warrington was significantly better than the rate in the North West of 1,082.
- The mortality rate increased in 2020 locally, regionally and nationally, most likely due to the impact of COVID-19.
- Rates have fallen since 2020; however, Warrington mortality has increased since 2022.

All-age all-cause mortality (deprivation decile) for 2018-20:

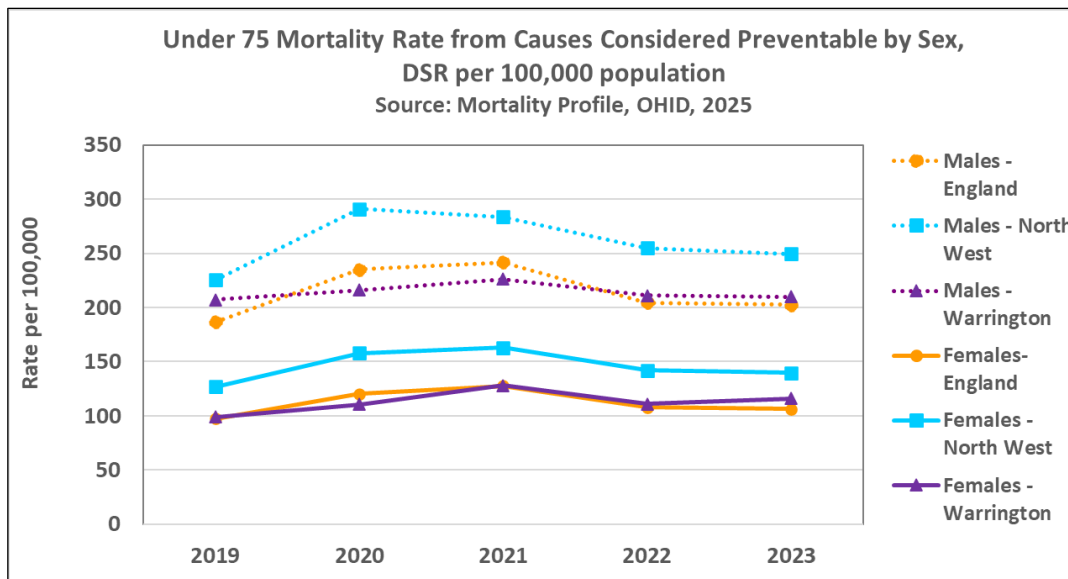
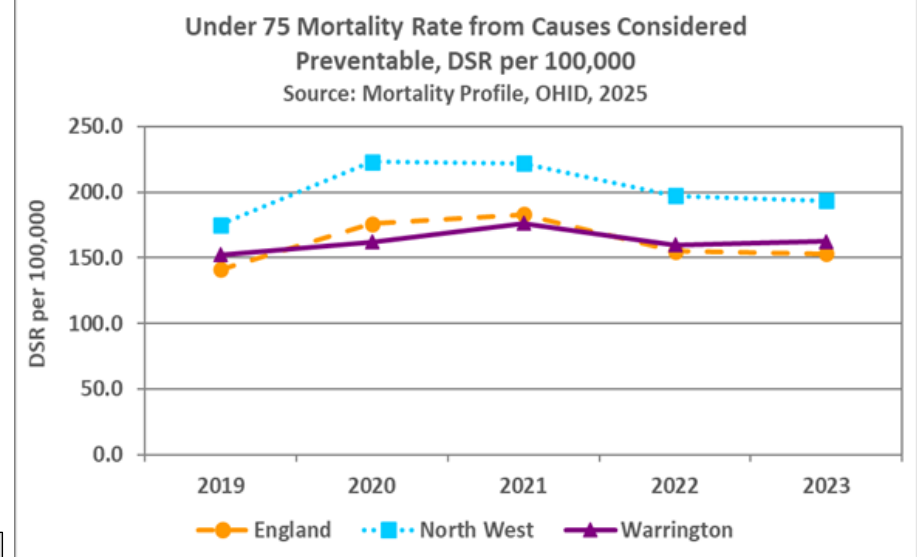
- England data illustrates the relationship between mortality and deprivation, the rate of mortality is highest for those living in the more deprived deciles and reduces as deprivation reduces.
- A similar pattern is also seen for Warrington, but the relationship isn't as strong as that seen for England, this is most likely due to the smaller data set used to calculate the deprivation decile rates for Warrington.
- In Warrington, deciles 1 and 2 (20% most deprived areas) have the highest mortality rates whilst rates are lowest for deciles 7, 8 and 9 (30% least deprived areas).
- Interestingly the Warrington mortality rates for deciles 3, 8, 9 and 10 are very similar to England, whilst the Warrington mortality rates for the remaining deciles are statistically significantly higher than England.



4.4 Staying Well, Burden of Disease – Mortality Considered Preventable

Mortality considered preventable, persons:

- In 2023 there were 310 deaths in Warrington from causes considered preventable in those aged under 75, equivalent to a rate of 162.6 per 100,000.
- In comparison, England had a rate of 153.0 and the North West 193.4.
- There is a general downward trend in preventable mortality, and since 2013, Warrington has seen a 28% decrease in mortality rates, a substantially greater reduction than both England and the North West (both 5% reduction).
- For all time periods since 2013, Warrington has had a significantly better mortality rate than the North West.
- When compared to England, Warrington had a similar mortality rate except for 2013 when Warrington was significantly higher.

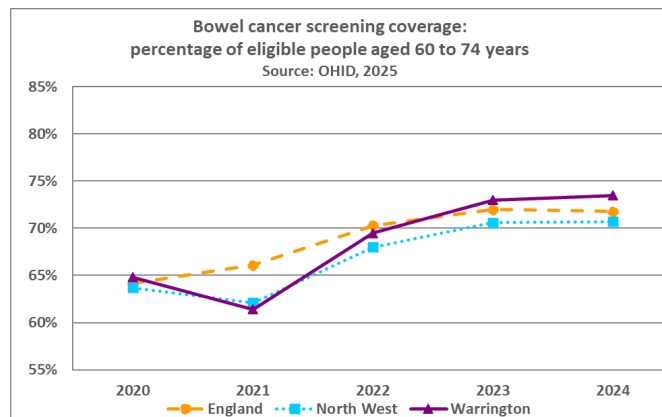
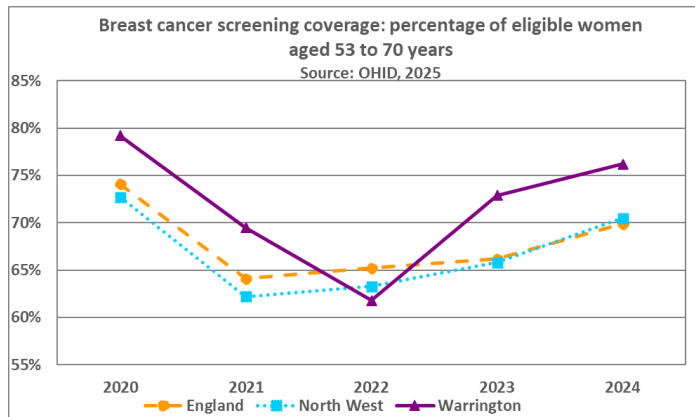
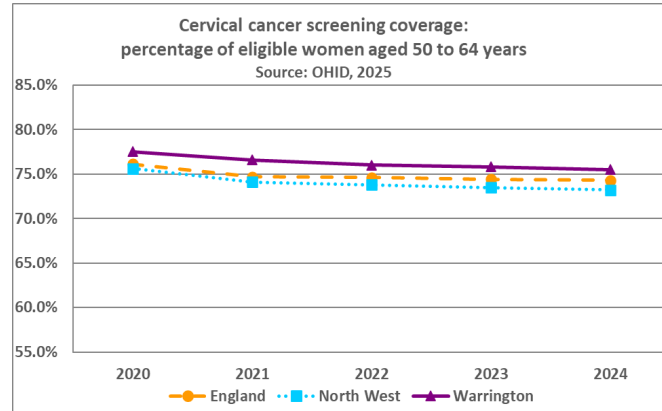
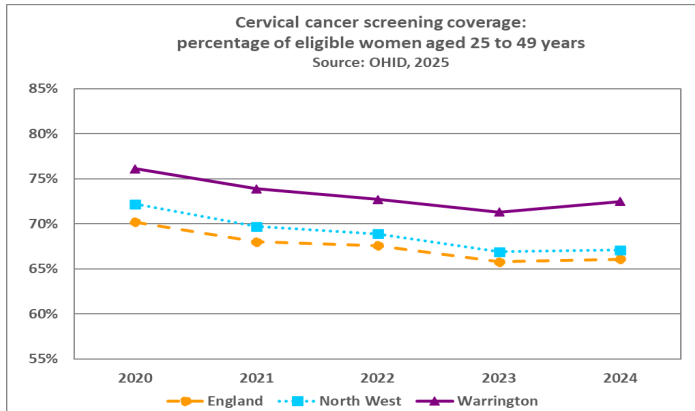


Mortality considered preventable, by sex:

- In 2023, in Warrington the under 75 mortality rate from causes considered preventable was 209.9 per 100,000 for males and 116.0 for females.
- This was equivalent to 198 deaths for males and 112 deaths for females.
- Warrington's mortality rate for 2023 is not significantly different to England's rate for either males (202.5) or females (106.2) and it has remained at a similar level to England for the past five years.
- The North West has consistently higher rates than Warrington and England. In 2023 North West rates were 249.5 for males, significantly worse than amongst Warrington males, and 139.6 for females which was a similar rate to Warrington females.



4.5 Staying Well, Burden of Disease – Screening Programmes



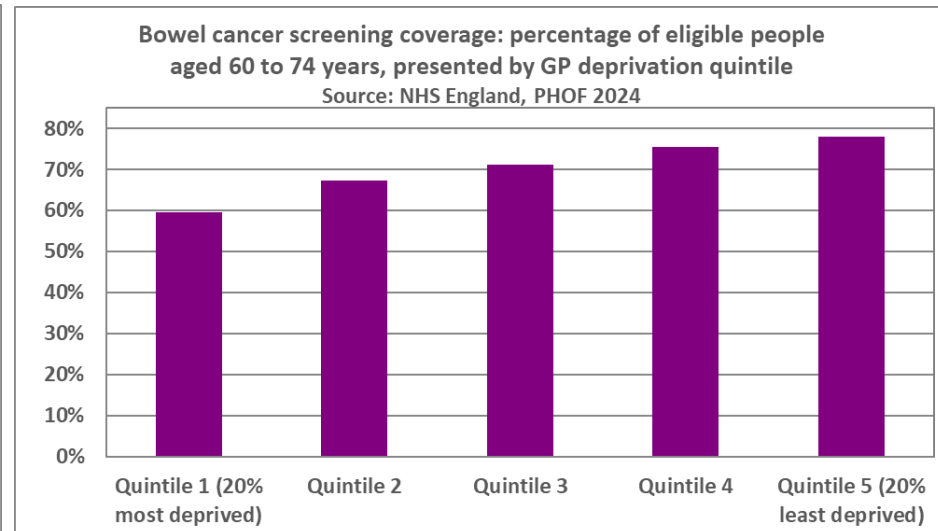
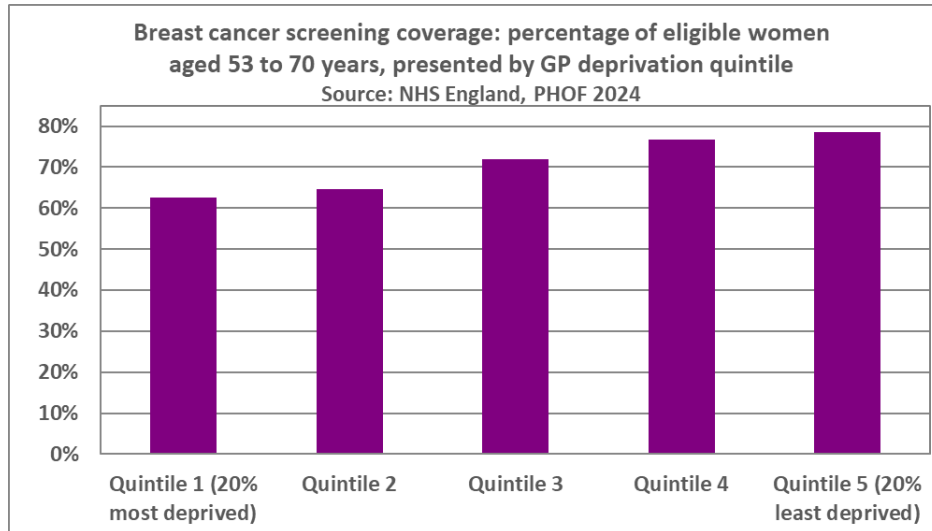
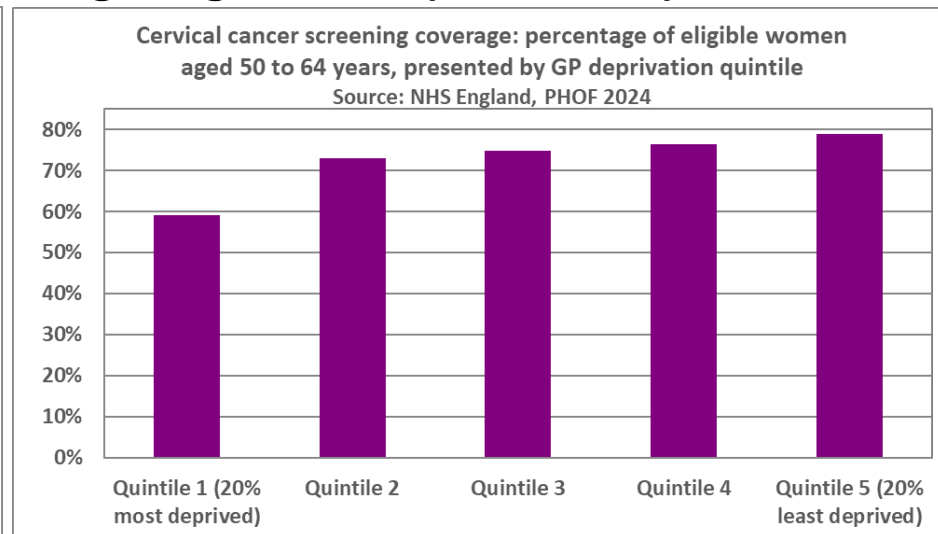
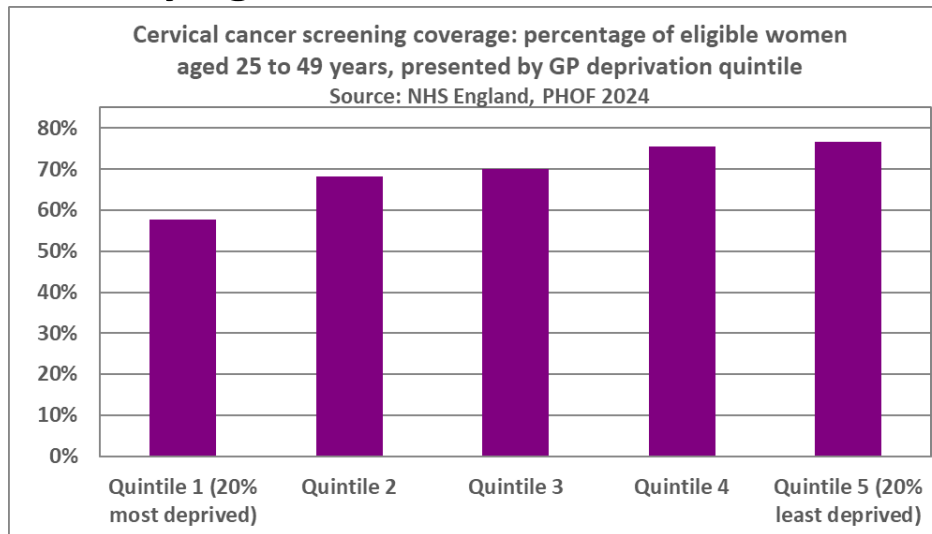
Abdominal aortic aneurysm screening checks if there's a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through to the stomach. The bulge is called an abdominal aortic aneurysm; if not spotted early it can rupture. The screen is offered to men during the year they turn 65. Women are not screened as their risk is much lower. In 2020/21 and 2021/22 substantial reductions were seen in screening coverage in Warrington, from 78.2% in 2019/20, to 31.0% in 2020/21 and 13.5% in 2021/22. In 2022/23, coverage increased to 58.5% but still remained substantially lower than in previous years, and significantly worse than England (78.3%). In 2023/24, screening coverage rose to 80.6%, bringing it in line with the national average of 81.9%

Note: data from 2019/20 should be interpreted with caution as it was affected by the Covid-19 pandemic.

- The COVID-19 pandemic had a negative effect on screening seeing a reduction in uptake in Warrington, particularly for breast and cervical screening, whilst bowel screening rates increased during 2022. The same pattern was seen across the North West and England.
- Cervical cancer screening (25-49 year-olds) continues to be significantly higher than England. Cervical cancer screening (50-64 year-olds) has been significantly higher than England since 2020. Both indicators have seen reductions since 2020, particularly screening in women aged 25-49 years. However, in 2024, screening rates in this population started to increase.
- Breast cancer screening in Warrington has been significantly higher than England since 2012 and has always been well above the target of 70%. In 2022 screening rates in Warrington were significantly lower than England and below the national target, however coverage increased in 2024 to 76.2%.
- Warrington has consistently been well below the target of 80% for cervical cancer screening, as have the North West and England.
- Bowel cancer screening in Warrington has generally increased over time, except for a decline in 2021. From 2017 to 2019, Warrington's rates were significantly higher than the national average, but in 2021 and 2022 they dropped below the national level. However, by 2023 and 2024, rates returned to being significantly higher, and Warrington has consistently exceeded the 60% target since 2017.



4.5 Staying Well, Burden of Disease – Screening Programmes (continued)



The uptake of cancer screening programmes during 2022 is lowest in the more deprived GP practices, with rates increasing as the level of deprivation decreases. **NB. Quintile 1 comprises of only 1 GP practice.**

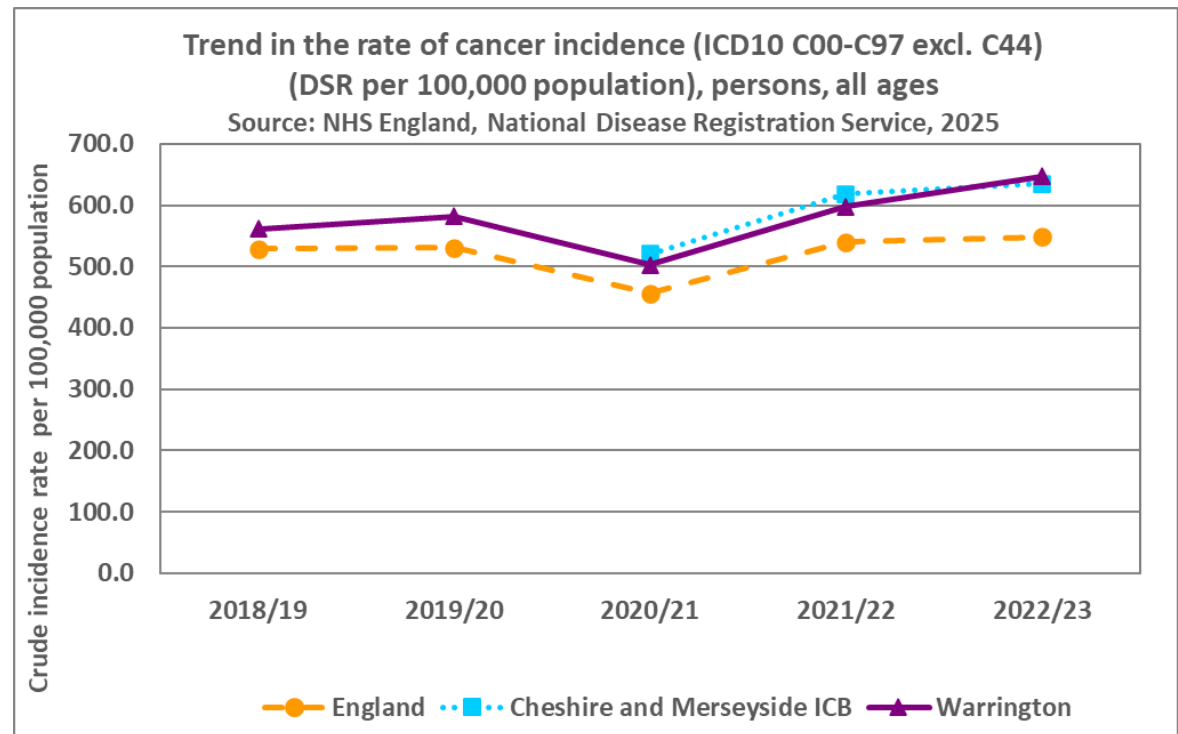


4.6 Staying Well, Burden of Disease – Cancer Incidence

Early diagnosis of cancer is important in relation to survival. In Warrington, over half (54.3% or 517 cases) of cancers during 2021 were identified at an early stage (stage 1 and 2), this was similar to England (54.4%) and the North West (53.5%). **Note: This indicator includes a specific set of cancers. For more detail on which cancers are included see: [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](#)**

Cancer incidence (new cases)

- In 2022/23, Warrington had 1,464 new cancer cases equivalent to an incidence rate of 647 per 100,000.
- This was significantly above the England average of 548 per 100,000, and higher but not statistically different to the rate of 635 for Cheshire & Merseyside Integrated Care Board (ICB).
- The number of new cancers being diagnosed each year in Warrington has been slowly increasing, from a cancer incidence rate of 492 per 100,000 in 2009/10 (967 cases) to a rate of 582 (1,284 cases) in 2019/20. The number and rate of new cancers decreased in 2020/21, likely due to the COVID-19 pandemic, but then a sharp increase in the rate of 19% followed in 2021/22 and further increase of 8% in 2022/23.
- Whilst England and Cheshire & Merseyside ICB saw a similar percentage increase in 2021/22, the increase in rates in 2022/23 was smaller than Warrington (England 1%, Cheshire & Merseyside 3%).



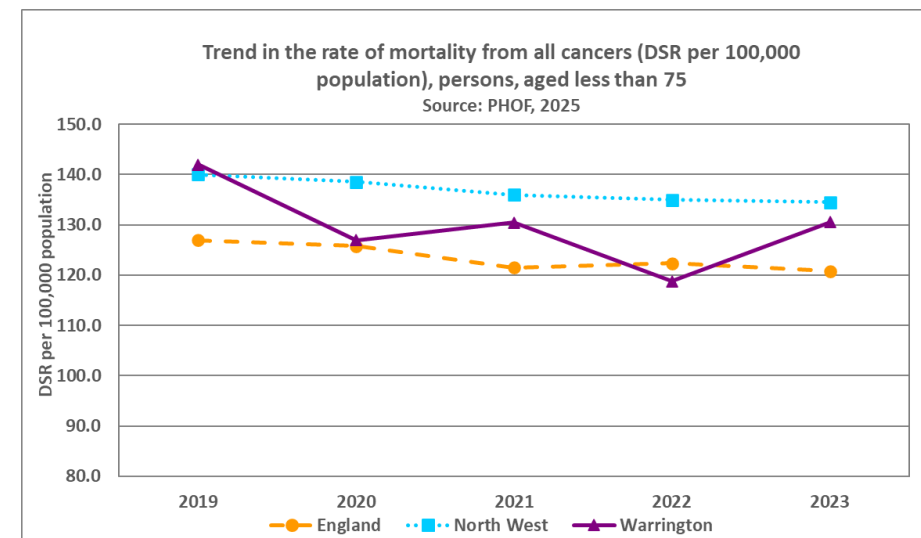
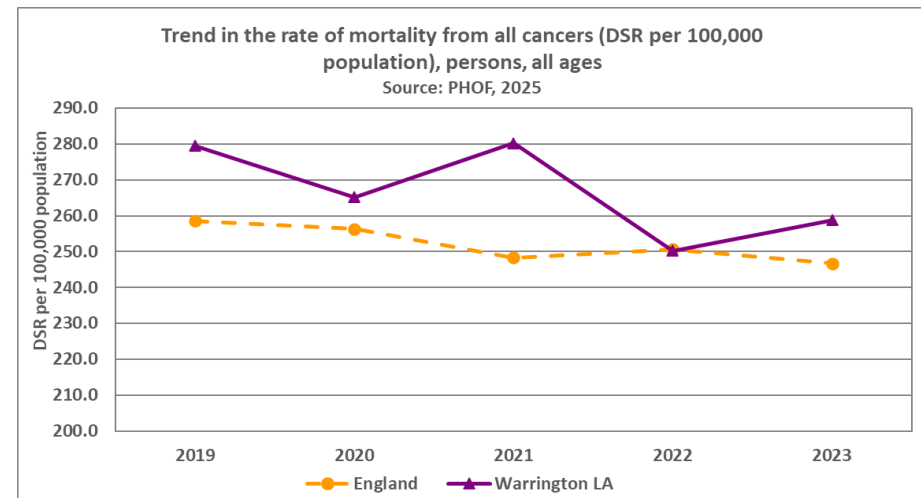
4.6 Staying Well, Burden of Disease – Cancer Mortality

All-age cancer mortality

- Cancer is one of the leading causes of death in Warrington; in 2023 there were 568 deaths due to cancer, a rate of 258.8 per 100,000 population.
- Warrington has a cancer mortality rate higher, but not statistically different to the England average (246.7 per 100,000).
- The trend in cancer mortality rate in people of all ages has reduced across England, however in Warrington the rate fluctuates each year but overall shows a declining trend.
- In Warrington between 2021-2023 the mortality rate (DSR per 100,000) for lung cancer (51.2), colorectal cancer (27.1), prostate cancer (50.4) and breast cancer (29.4) were similar to England.

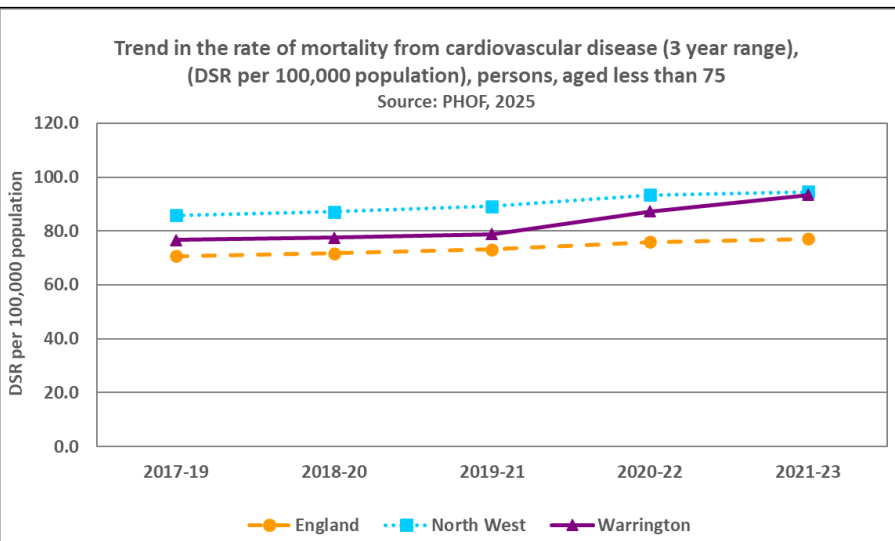
Premature cancer mortality (people aged under 75)

- In 2023, there were 253 cancer deaths in people aged under 75 in Warrington, equivalent to a rate of 130.5 per 100,000 population.
- This was higher but not statistically different to the England average of 120.8, and lower but not statistically different to 134.5 for the North West.
- There has been a steady reduction in premature cancer mortality in England and the North West since 2001. Warrington's rates have overall reduced but with a more fluctuating trend.
- Premature mortality rates are higher in the most deprived areas of Warrington. This is also true when looking at the England average.



4.7 Staying Well, Burden of Disease – Cardiovascular Disease

Cardiovascular disease (CVD) is a common condition caused by atherosclerosis (a hardening of the arteries). It represents a single family of diseases and conditions linked by common risk factors. These include coronary heart disease, stroke, diabetes, hypertension (high blood pressure), chronic kidney disease, hypercholesterolemia (high cholesterol), peripheral arterial disease and vascular dementia. CVD is one of the major causes of death in people aged under 75 in England.



QOF data monitors performance in GP practices and records patients who are on the registers for particular diseases.

- Warrington prevalence for the five CVD risk factors shown in the table below are lower than that seen in Cheshire & Merseyside.
- Warrington has higher or slightly higher prevalence than England for nearly all risk factors apart from diabetes.

Mortality rate from CVD in people aged under 75:

- In 2021-23, Warrington had an under 75 mortality rate from CVD of 93.4 per 100,000 people, significantly worse than the England rate of 77.1, and lower but not statistically different to the North West rate of 94.6.
- Despite reductions in the rates since 2001-03 in Warrington, England and the North West, there has been a small but steady increase in the trends locally, regionally and nationally since 2017-19.

Under 75 mortality from CVD from causes considered preventable:

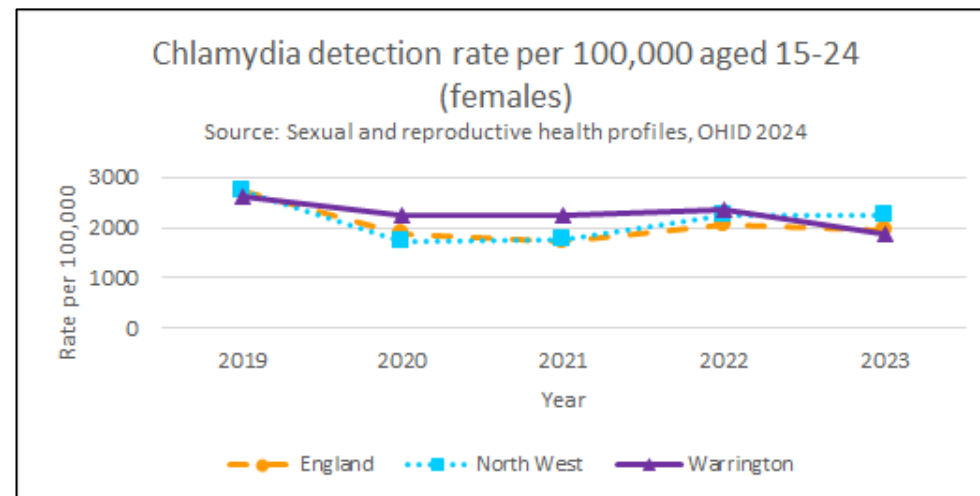
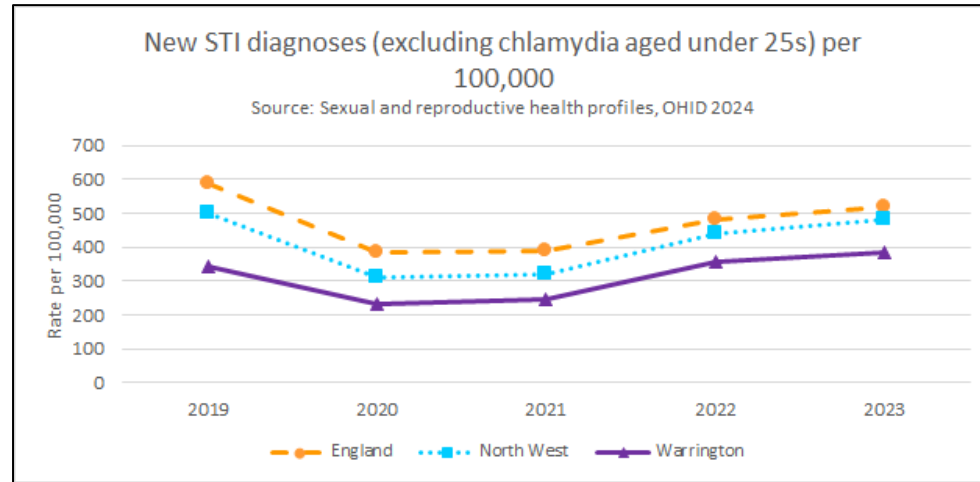
- In Warrington, on average around 39% of all CVD mortality in people aged under 75 is considered preventable.
- Mortality from CVD considered preventable had been on a downwards trend since 2001/03 but since 2017-19 has increased.
- In 2021-23, Warrington had a rate of 36.6 per 100,000, significantly higher than England (30.5), and lower but not statistically different to the North West (37.5).

Quality and Outcomes Framework (QOF), 2023/24 (Source: NHS Digital)

CVD Risk Factors	Warrington, no of patients on register	Warrington prevalence rate	England prevalence rate	Cheshire & Merseyside prevalence rate
Coronary Heart Disease	7,729	3.4%	3.0%	3.7%
Stroke & Transient Ischaemic Attack (TIA)	4,562	2.0%	1.9%	2.1%
Diabetes Mellitus (17+)	13,290	7.1%	7.7%	7.6%
Hypertension	36,271	15.8%	14.8%	16.3%
Peripheral Arterial Disease (PAD)	1,589	0.7%	0.6%	0.8%



4.8 Staying Well, Burden of Disease – Sexual Health

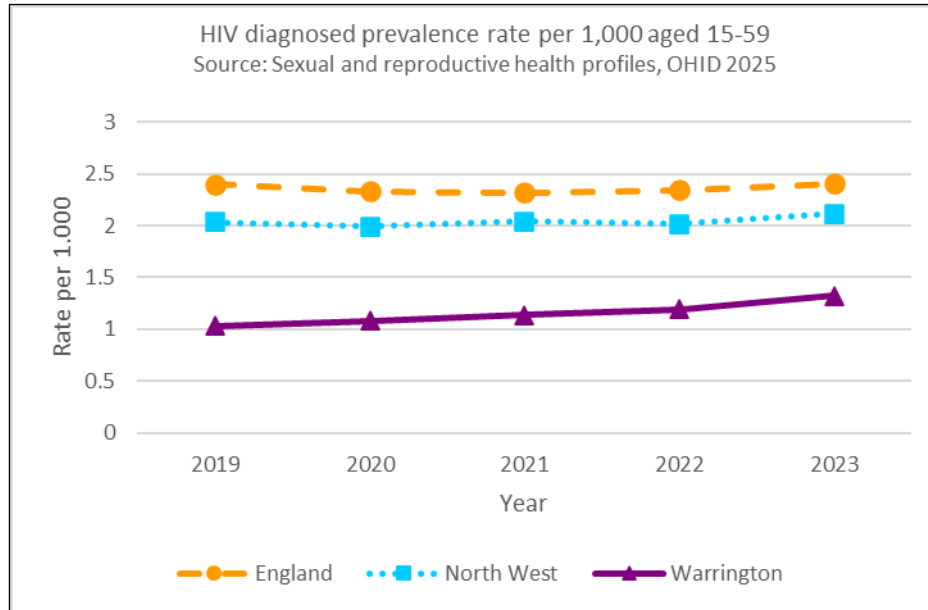


Sexually transmitted infections STIs):

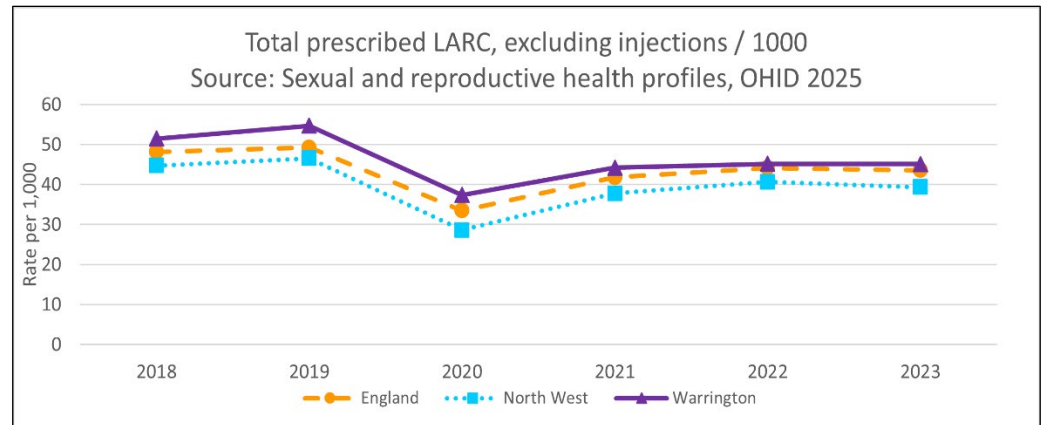
- There were 818 new STI diagnoses, excluding chlamydia in the under 25s, in Warrington in 2023. This equates to a rate of 387 per 100,000, which is significantly better than the North West and England.
- Chlamydia is the most commonly diagnosed STI and the leading cause of avoidable sexual and reproductive ill-health. Left untreated it can lead to pelvic inflammatory disease (PID), ectopic pregnancy and infertility. Rates are highest among 15-24 year olds.
- In 2021, the National Chlamydia Screening Programme (NCSP) updated the national indicator definition and targets to focus on females aged 15-24, with a target of 3,250 positive diagnoses per 100,000. Diagnoses are RAG rated against the target, with a diagnosis rate of less than 2,400 per 100,000 rated red; of between 2,400 and 3,249 rated amber; and 3,250 cases and above rated green.
- In 2023, 18% of females in this age group were screened for chlamydia, leading to 190 positive diagnoses, a rate of 1,867 per 100,000, well below the target.



4.8 Staying Well, Burden of Disease – Sexual Health (continued)



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



HIV prevalence:

Latest data (2023) shows that Warrington has a HIV prevalence rate of 1.32 per 1,000 people aged 15-59; this compares with the England rate of 2.40. Warrington's prevalence has increased since the previous year in which it was 1.20.

Long acting reversible contraception (LARC): LARC methods are highly effective as they do not rely on daily compliance and are more cost effective than condoms and the pill.

- In 2023, Warrington had a rate of 45.1 per 1,000 females aged 15 to 44 who had been prescribed LARC (excluding injections). This rate includes LARC prescribed by GPs and Sexual & Reproductive Health Services.
- Approximately 1,695 females were prescribed LARC in 2023 in Warrington.
- Warrington had a higher rate but not statistically different to England (43.5) and a significantly higher rate than the North West (39.3).



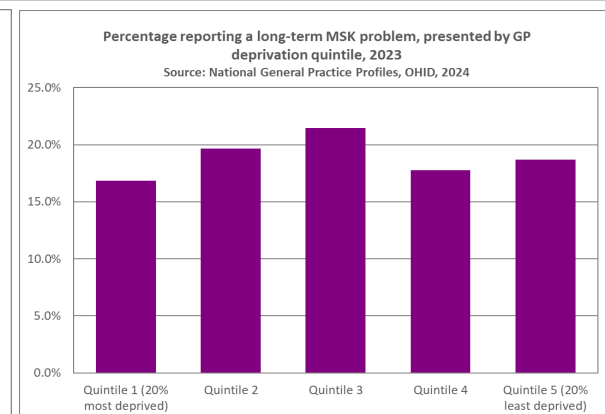
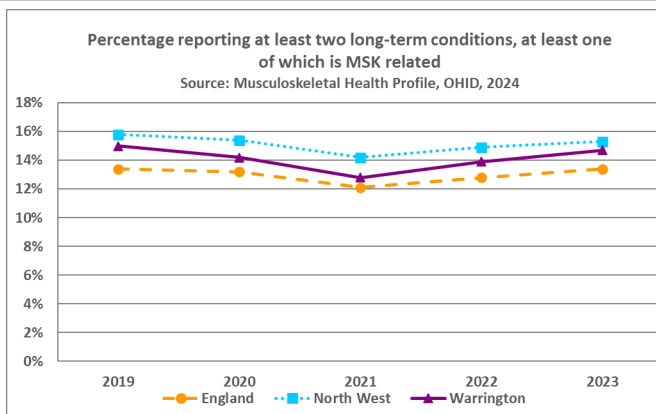
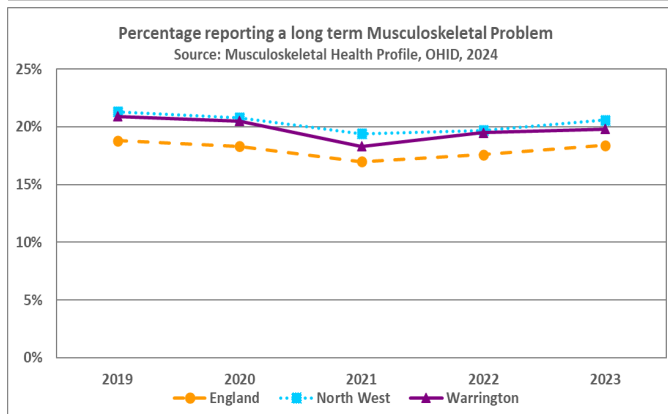
4.9 Staying Well, Burden of Disease – Musculoskeletal Conditions

Musculoskeletal (MSK) conditions are conditions that affect joints, bones and muscles. They can impact quality of life by increasing pain, limiting range of motion and impacting the ability to take part in daily life such as attending work. In England, 'low back' and 'neck pain' were ranked as the top reasons for years lived with disability with 'other MSK conditions' ranked as number 10. These indicators show the percentage of people aged 16+ responding to the GP Patient Survey who reported having a long term MSK condition.

- Musculoskeletal conditions are the leading cause of disability in adults in England. People with musculoskeletal conditions are more likely to have another long-term condition, this is because the prevalence of long-term conditions increases with age, and MSK conditions often share common risk factors, such as obesity, with other long-term conditions.
- Among people living with multiple conditions, MSK conditions have been reported to cause the greatest impact on overall wellness, independence and quality of life due to increased pain and limited movement. Warrington has a slightly higher percentage of people reporting at least two long-term conditions (of which at least one is MSK related) compared to England, but a lower percentage than the North West.

Trends in reported musculoskeletal problems:

- In 2023, the percentage of people reporting a long-term MSK condition in Warrington was 19.8%, similar to England (18.4%) and the North West (20.6%).
- Since 2021, Warrington, England and the North West have seen small increases each year of reported long-term MSK problems; the most recent year increase in Warrington is very small, from 19.5% to 19.8%, and a smaller percentage point increase than that seen nationally and regionally.
- In Warrington, a larger increase, and a more pronounced upward trend, has been seen since 2021 in the percentage of people reporting at least two long-term conditions, at least one of which is MSK related. In 2023, it was 14.7% in Warrington, significantly worse than 13.4% in England and similar to the North West (15.3%).



Musculoskeletal problems by GP deprivation quintile: the percentage of people reporting a long term MSK problem is lowest in Quintile 1 (the most deprived quintile) with 16.8%, followed by Quintile 4 (17.7%). Quintile 3 had the highest percentage of people reporting a long-term MSK condition with 21.5%.



4.10 Staying Well, Burden of Disease – Mental Health

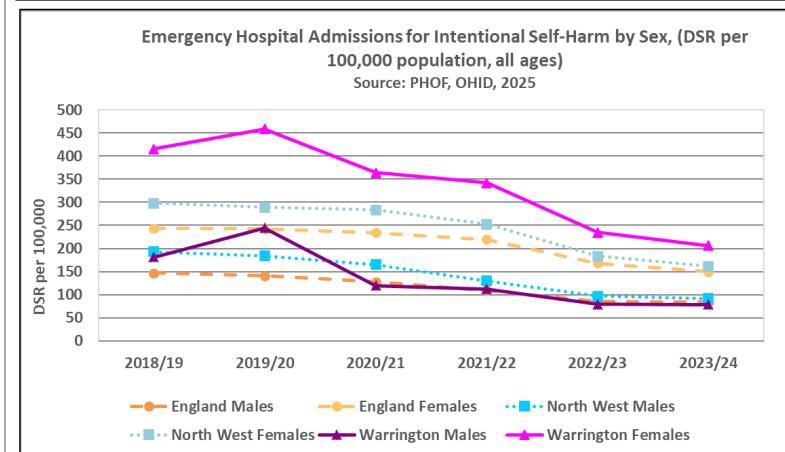
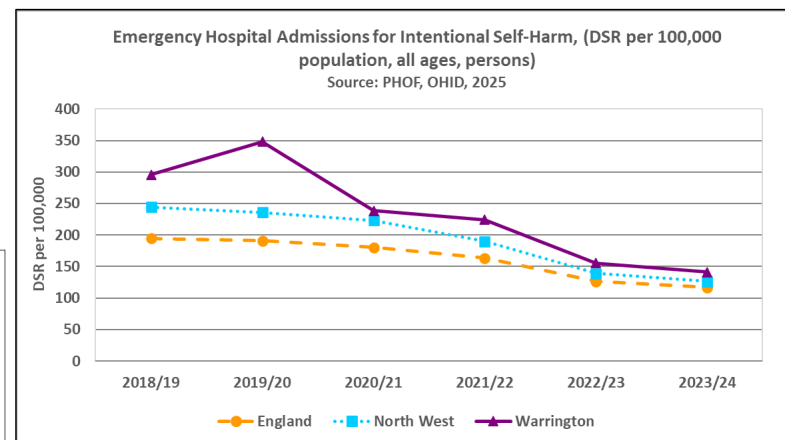
Incidence of self harm: Self-harm is defined as an intentional act of self-poisoning or self-injury, irrespective of the type of motivation or degree of suicidal intent. Self-harm is one of the top five causes of acute medical admission, and those who self-harm have a 1 in 6 chance of repeat attendance to A&E within the year.

Rates of self-harm declined in both genders from 2003 until 2008 and then started rising in males until 2012. The decline in rates in females levelled off after 2008. This pattern is similar to that seen for national suicide rates over the same period (OHID, 2023). Following an episode of self-harm there is significant and potential risk of future suicide. Self-harm results in approximately 110,000 inpatient admissions to hospital in England each year, of those approximately 99% are emergency admissions.

Trends in emergency hospital admissions for intentional self-harm:

- In 2023/24, Warrington had a rate of 141.5 emergency hospital admissions for intentional self-harm for all persons, equivalent to 295 admissions. Warrington's rate is statistically significantly higher than England's rate of 117.0 and higher but not statistically significantly different to the North West (126.2).
- Warrington has seen a consistent reducing trend since 2019/20, and England and the North West have been reducing since 2018/19; the COVID-19 pandemic particularly had a large impact on hospital activity in 2020 to 2021 with a reduction in admissions.
- Females have consistently higher emergency hospital admission rates for intentional self-harm than males, this is seen locally, regionally and nationally.
- Between 2018/19 and 2023/24, Warrington saw a 57% reduction in admission rates for males and a 50% reduction for females. Both reductions were larger than that seen for the North West (males 53%, females 46%) and in England (males 43%, females 39%).
- Whilst both male and female admissions are reducing, the gap between sexes in Warrington in the latest 2-3 years is closing due to larger reductions in female admissions. In 2023/24, female admissions in Warrington are 2.6 times higher than male admissions.

Emergency hospital admissions for intentional self-harm: this is an indicator that measures self-harm events severe enough to warrant hospital admission, these are used as a proxy for the prevalence of severe self-harm, although they are only the tip of the iceberg in relation to the health and well-being burden of self-harm.



4.10 Staying Well, Burden of Disease – Mental Health (continued)

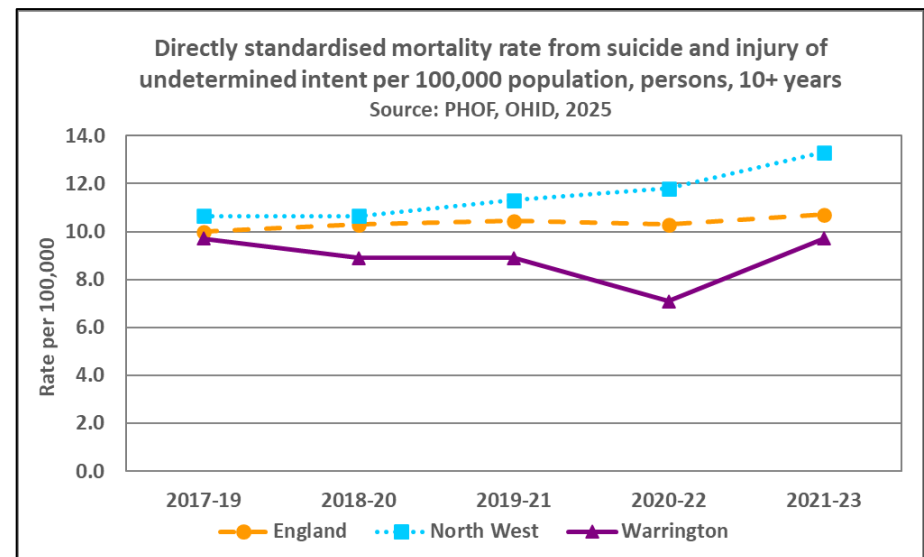
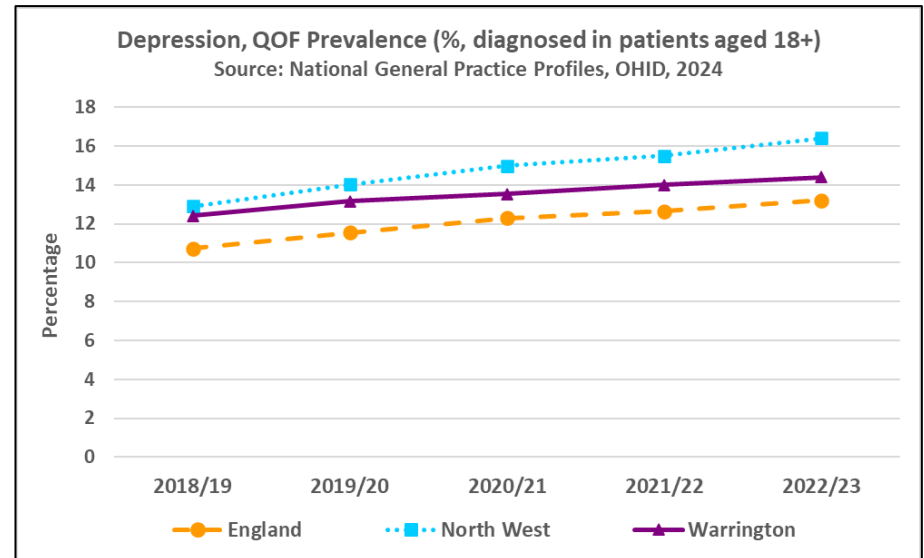
Mental health, Quality Outcomes Framework (QOF):

- The percentage of patients aged 18 and over who have been diagnosed with depression in Warrington is typically higher than in England and lower than the North West.
- In 2022/23, 26,120 patients in Warrington (14.4%) were diagnosed with depression, compared to 13.2% in England and 16.4% in the North West.
- The percentage of patients being diagnosed with depression is steadily increasing in Warrington, England and the North West. In the 4 years from 2018/19 to 2022/23, there has been a 16% increase in Warrington, a 23% increase in England and a 27% increase in the North West.
- Mental health (schizophrenia, bipolar affective disorder and other psychoses): 2,189 patients in Warrington were diagnosed in 2022/23, equal to 0.97% of patients, lower than England (1.00%) and the North West (1.13%).

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

Suicide or injury undetermined:

- In the latest reporting period 2021 to 2023 there were 54 deaths due to suicide or injury of undetermined intent of Warrington residents (14 females and 40 males), equivalent to a rate of 9.7 per 100,000 population.
- England has a rate of 10.7 per 100,000 and the North West's rate is 13.3 for the same time period.
- Warrington's rate has increased from the previous time period (2020-22, 7.1 per 100,000), compared to England which has remained relatively static and the North West which has increased.
- Warrington's rate has no significant difference compared with the England rate.
- The small numbers of suicides in Warrington can affect the variability of rates and result in fluctuations in the trend.



4.11 Staying Well, Burden of Disease – Respiratory Diseases

Respiratory disease is one of the top causes of death in England in under 75s and smoking is the major cause of chronic obstructive pulmonary disease (COPD), one of the major respiratory diseases. This indicator will focus public health attention on the prevention of smoking and other environmental factors that contribute to people developing respiratory disease.

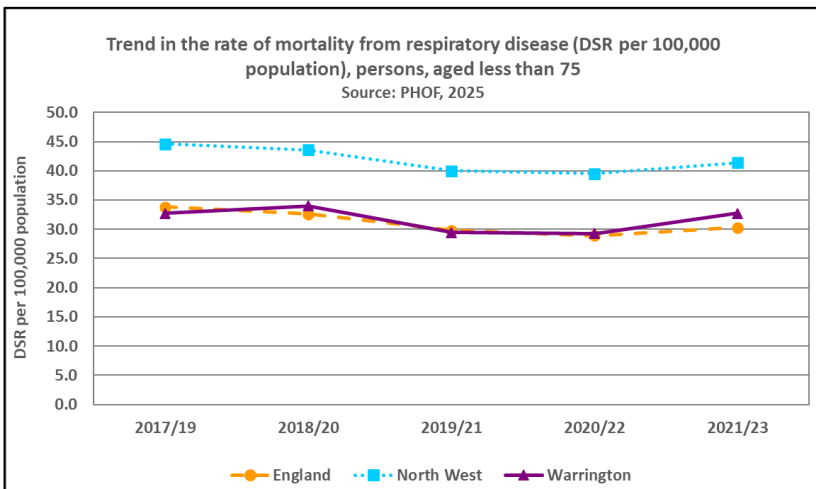
NOTE: data for this indicator has been revised following the 2021 Census and updates to the mid-year population estimates from 2012 to mid-2020. Therefore, the data presented here may be slightly different to data shown in previous versions of the JSNA Core Document.

Mortality rate from all respiratory disease in people aged under 75:

- In 2021/23, Warrington had an under-75 mortality rate from respiratory diseases of 32.8 per 100,000 population, equivalent to 188 deaths. This is slightly higher but not significantly different to England (30.3), and it is statistically significantly better than the North West rate of 41.4.
- Historically there has been considerable fluctuation in the Warrington rate because of the small number of deaths due to respiratory diseases each year. The mortality rate in Warrington is consistently lower than the North West but fluctuates in comparison to England.

Under 75 mortality rate from respiratory disease from *causes considered preventable (CCP)*:

- In Warrington in 2021/23, around 56% of deaths from respiratory diseases were from causes considered preventable. Mortality from respiratory diseases from CCP in 2021-23 was 18.5 per 100,000, which is higher but not significantly different to England (18.0) and significantly better than the North West (24.7).



Quality and Outcomes Framework (QOF), 2023/24 (Source: NHS Digital)

Respiratory Risk Factors	Warrington, no. of patients on register	Warrington prevalence rate	England prevalence rate	Cheshire & Merseyside prevalence rate
Asthma (age 6+)	14,726	6.8%	6.5%	7%
COPD	4,036	1.8%	1.9%	2.5%

QOF data is based on patients who are registered at GP practices for certain conditions. Prevalence of **asthma** in Warrington for 2023/24 is slightly higher than in England and slightly lower than Cheshire & Merseyside. However, compared to England, prevalence of **COPD** is slightly lower than England, and lower than Cheshire & Merseyside.



5.1 Ageing Well – Life Expectancy at Age 65

Life expectancy (LE) at age 65: Life expectancy is an internationally accepted measure of the overall health of a population. It estimates the number of years that a person of a specific age can be expected to live, assuming that current age-specific mortality levels remain the same. At Local Authority level, the relatively small number of people on which LE at age 65 is calculated makes reliable trend analysis difficult. For this reason, LE is calculated on a 3-year time period. Improvements with LE at 65 over the last decade have slowed, as also seen with LE at birth. Furthermore, in 2020, the Covid-19 pandemic had a significant impact on LE, causing a reduction.

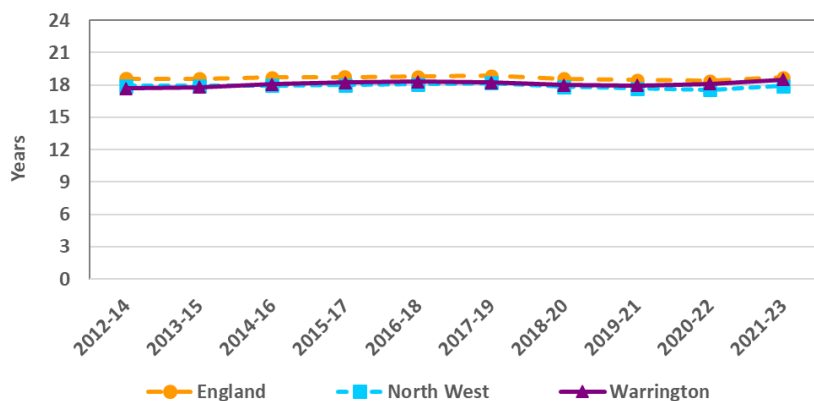
Male LE at 65

- In Warrington, male LE at 65 was 18.5 years at 2021-23, similar to England (18.7 years) and significantly higher than the North West (17.9 years).
- From 2016-18, male LE at 65 in Warrington started to reduce, and from 2019-21 has started to climb with LE at 65 in the most current reporting period now at the highest on record.
- Male LE at 65 is consistently lower than female LE at 65.

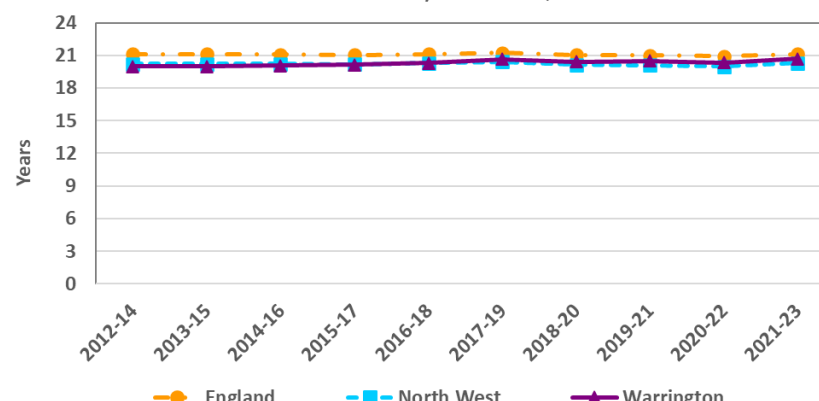
Female LE at 65

- Female LE at 65 in Warrington was 20.7 years in 2021-23, significantly lower than England (21.1 years) and significantly higher than the North West (20.3 years).
- Warrington female LE at 65 had seen increases until 2017-19 after which it started to reduce; the trend has increased in the most recent reporting period and is now at the same level as 2017-19 (pre COVID-19).

Life Expectancy at 65, males, 2012-2014 to 2021-2023
Source: ONS/PHOF - OHID, 2025



Life Expectancy at 65, females, 2012-2014 to 2021-2023
Source: ONS/PHOF - OHID, 2025



5.1 Ageing Well – Life Expectancy at Age 65 by Ward

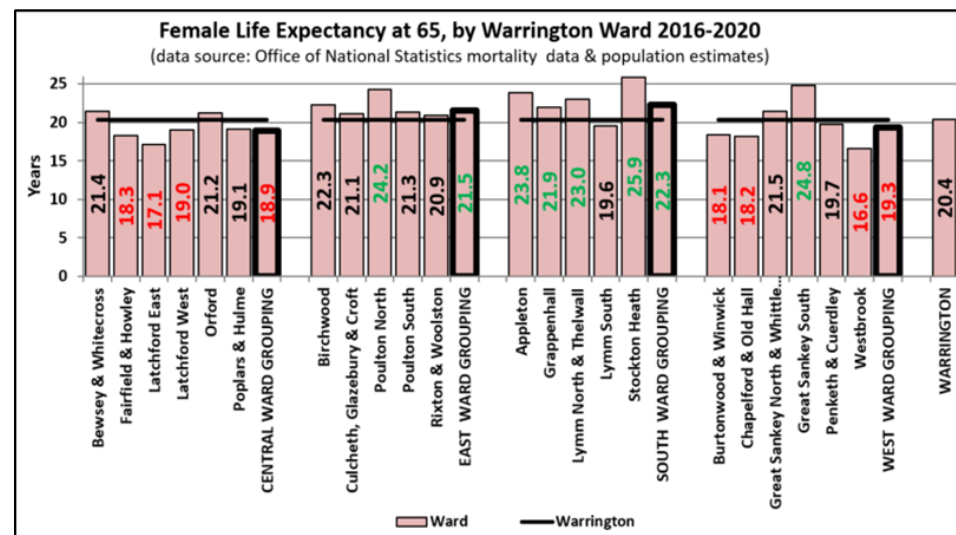
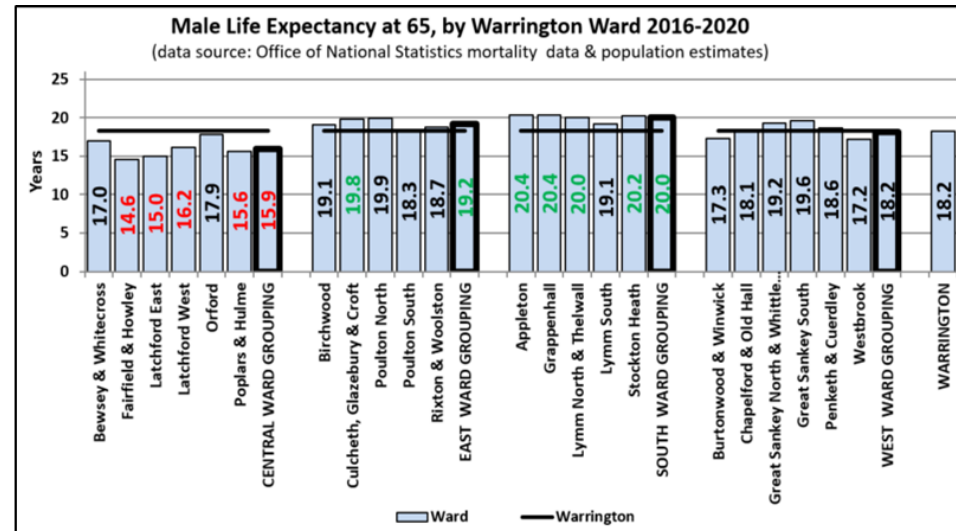
Ward level LE is calculated over a 5-year period in order to provide a more robust estimate. Even so, ward-level LE estimates can fluctuate over time, especially for smaller wards. The most recent data period available is 2016-2020. NB There can be spurious factors that contribute to a lower LE, e.g., if large care homes are located in a particular ward, and so a relatively high proportion live in that ward because they have moved into a care home (and are likely to already be in ill-health, given that they require care). Wards with green text on the charts have significantly higher LE than Warrington overall; red text denotes significantly lower LE. **Note: This is the latest information available by ward.**

Ward male Life Expectancy (LE):

- Four wards had statistically significantly lower LE than Warrington overall (18.2). They all lie within the Central ward grouping: Fairfield & Howley, Latchford East, Latchford West, and Poplars & Hulme.
- Five wards had significantly higher LE at 65: Culcheth, Glazebury & Croft, Appleton, Grappenhall, Lymm North and Thelwall and Stockton Heath.
- Compared to Warrington overall: the Central ward grouping had significantly lower LE at 65 (15.9 years), East ward grouping (19.2) and South ward grouping (20.0) had significantly higher LE at 65 than Warrington overall.
- LE at 65 ranged from the lowest in Fairfield & Howley (14.6 years) to the highest in Appleton and Grappenhall (20.4 years).

Ward female Life Expectancy (LE):

- Six wards had significantly lower LE at 65 compared to Warrington overall (20.4 years): Fairfield & Howley, Latchford East, Latchford West, Burtonwood & Winwick, Chapelford & Old Hall and Westbrook.
- Five wards had significantly higher LE compared to Warrington: Poulton North, Appleton, Grappenhall, Lymm North & Thelwall, Stockton Heath and Great Sankey South.
- LE at 65 for females in Warrington ranged from the lowest in Westbrook (16.6 years) to the highest in Stockton Heath (25.9 years).

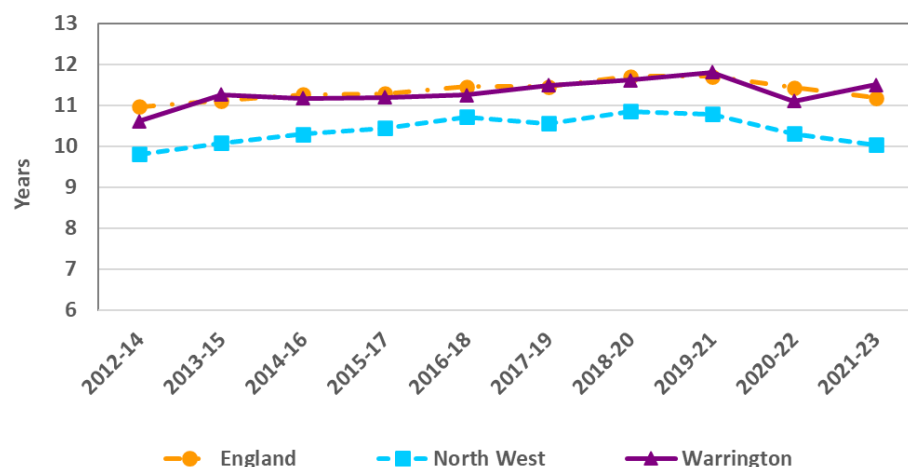


5.1 Ageing Well – Healthy Life Expectancy at Age 65

Healthy life expectancy at 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.

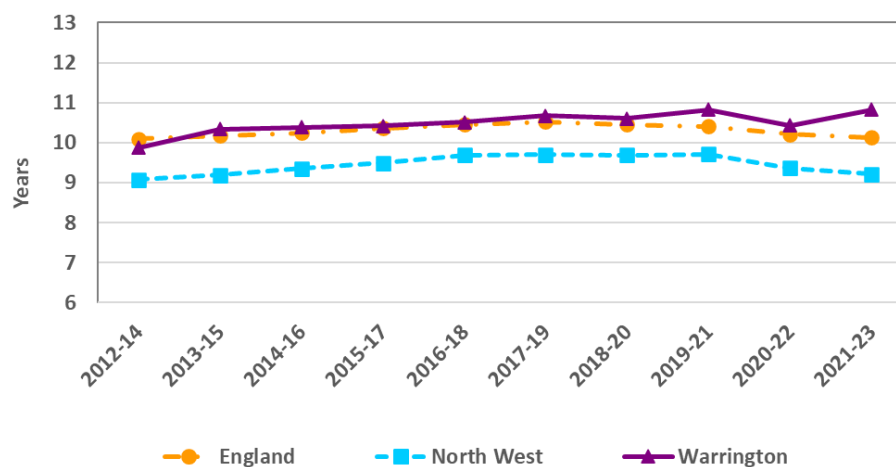
Healthy Life Expectancy at 65, females, 2012-2014 to 2021-2023

Source: Office for National Statistics, 2025



Healthy Life Expectancy at 65, males, 2012-2014 to 2021-2023

Source: Office for National Statistics, 2025



Female healthy life expectancy (HLE) at 65:

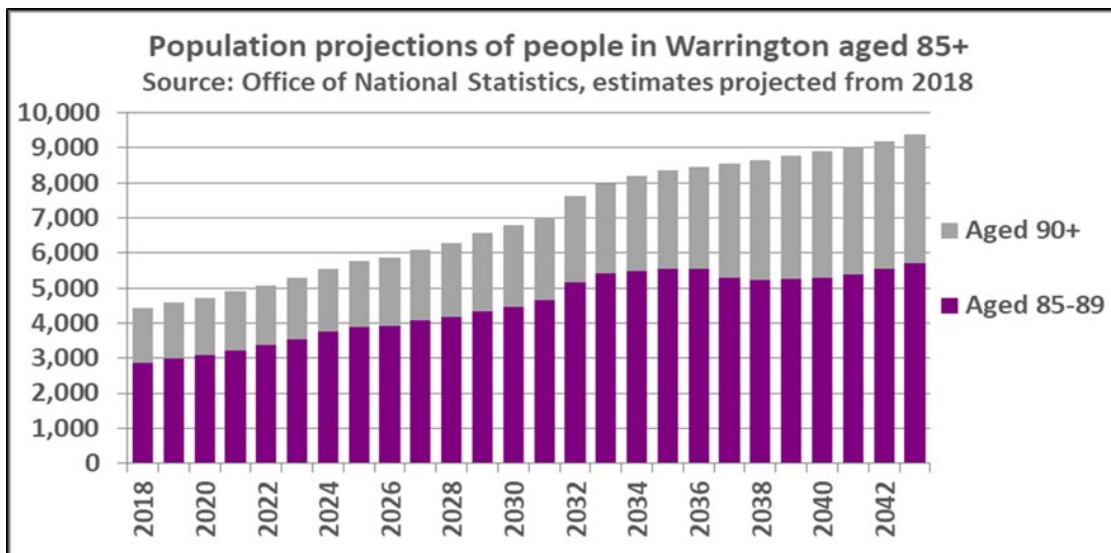
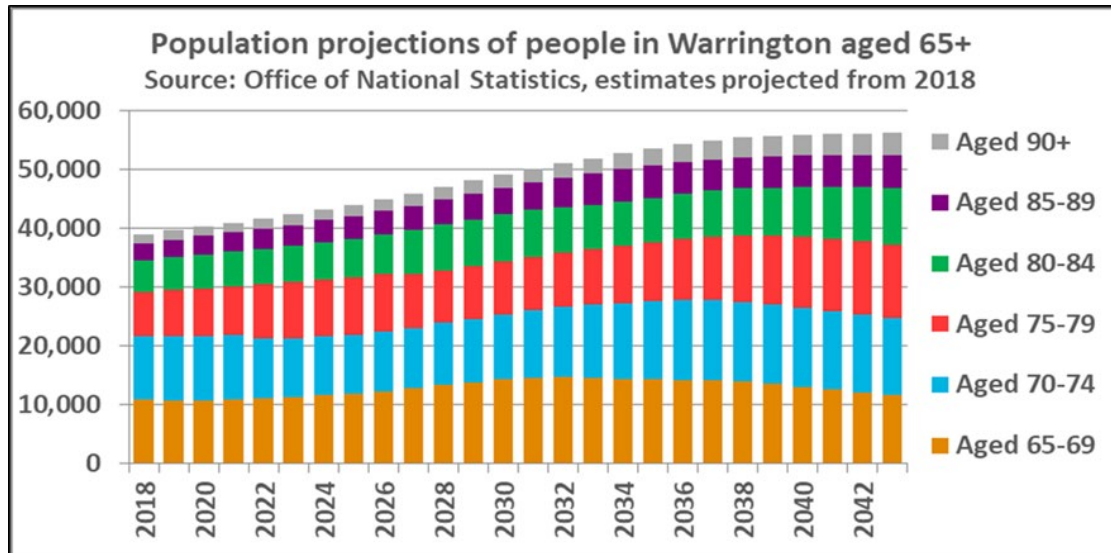
- Female HLE in Warrington in 2021-23 was 11.5 years, higher than the England average (11.2 years) and the North West (10.0 years).
- Warrington has seen gradual and consistent improvements between 2014-2016 and 2020-2022, and at times has been slightly higher than England.
- As with male HLE, Warrington, 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.

Male healthy life expectancy (HLE) at 65:

- Male HLE in Warrington in 2021-23 was 10.8 years, higher than the England average (10.1 years) and the North West (9.2 years).
- Since 2012–14, male HLE has increased in Warrington as well as regionally and nationally, and from 2013–15, Warrington's male HLE surpassed England's and has remained higher since then.
- The chart shows a decline in 2020-22 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, whilst national and regional figures continue to decline.



5.2 Ageing Well – Population Projections



The Office of National Statistics produce population projections. The most recent are based on the population at mid-2018 and give estimates up to 2043. **NB: this data is the latest available; updated projections are expected to be published in summer 2025.** The further an estimate is in the future, the less reliable it is, and projections do not take into account any future policy changes or those that have not yet had an impact on observed trends.

As well as population growth due to people living longer, Warrington currently has a relatively high proportion of middle-aged people aged 45-59 (see the population pyramid for mid-2020 in 'Demography' section of this document); this large 'bulge' of middle-aged people will turn 65 between 2026 and 2041.

Projections suggest that the older Warrington population will increase by:

For 65 years and older

- 21% in the 10 years from 2018 to 2028 (from about 38,900 to about 47,000), and
- 44% in the 25 years from 2018 to 2043 (from about 38,900 to about 56,100)

For 85 years and older

- 42% in the 10 years from 2018 to 2028, from about 4,400 to about 6,300, and
- 112% (over twice as many) in the 25 years from 2018 to 2043, from about 4,400 to about 9,400.

The percentage increases are expected to be higher in men than women, especially in the much older age-bands.

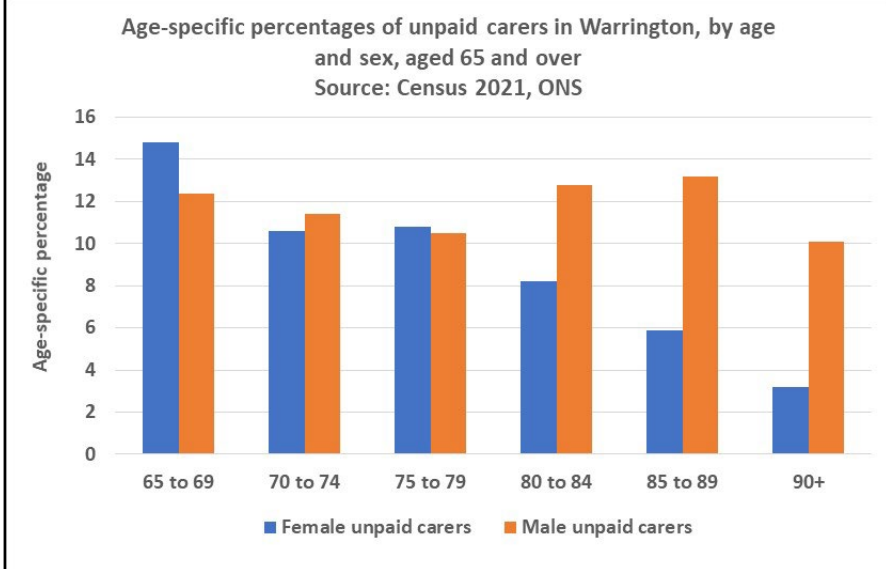
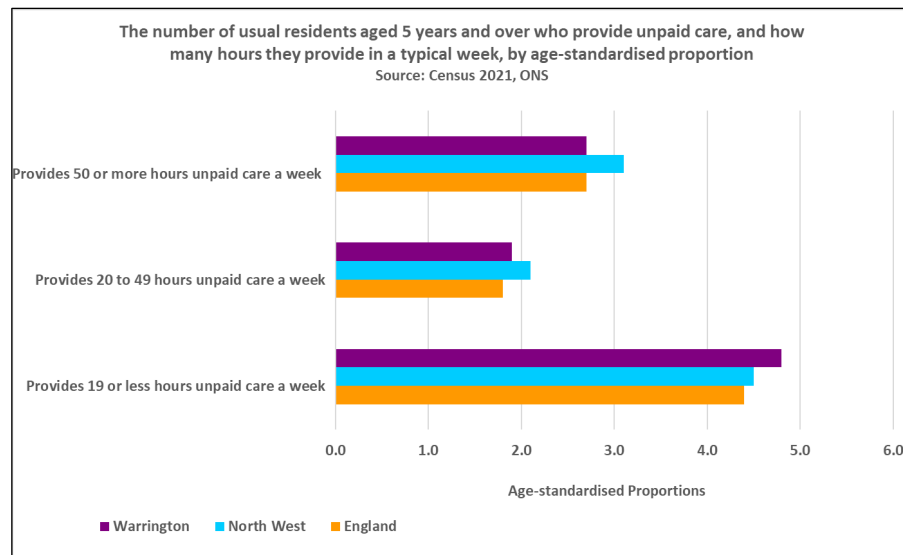


5.3 Ageing Well – Unpaid Carers

Information comes from the Census 2021. Census 2021 asked "Do you look after or give any help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?". People were asked to exclude anything they did as part of their paid employment. Census 2021 was undertaken during the COVID-19 pandemic, which may also have influenced how people perceived and undertook their provision of unpaid care and therefore may have affected how people chose to respond. **NB: this is the latest data available.** For more information on unpaid carers see the Home, Neighbourhood and Communities report from the 2023 Warrington Adult Health and Wellbeing Survey. [Home, Neighbourhood and Communities Report - May 2024 \(warrington.gov.uk\)](https://warrington.gov.uk/home-neighbourhood-and-communities-report-may-2024)

Unpaid carers aged 5 years and older:

- 9.4% of Warrington residents currently provide some type of unpaid care. Warrington is higher than 8.9% in England and slightly lower than 9.7% in the North West.
- Warrington has a higher proportion of residents providing unpaid care for 19 hours or less a week (4.8%) than England (4.4%) and the North West (4.5%), and a similar or less proportion than England and the North West for providing care 20 to 49 hours and in excess of 50+ hours.
- The chart below excludes the "provides no unpaid care" category to make it easier to clearly see the number of hours of unpaid care provided.



Unpaid carers aged 65+:

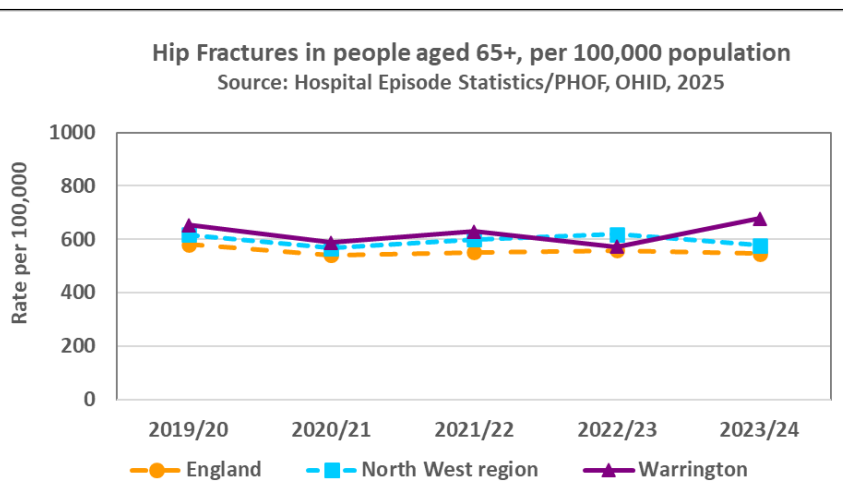
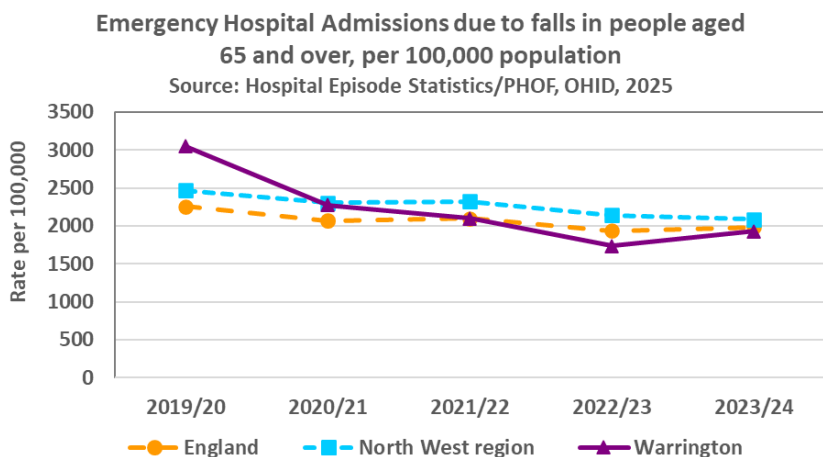
- Female carers aged 65+ in Warrington have the highest proportion in the age band 65 to 69 (14.8%), higher than male carers (12.4%).
- The proportion of female carers reduce as the age groups get older; this may reflect the population structure as there are more older females than males in Warrington.
- The highest proportion of male carers are those aged 80 to 84 (12.8%) and 85 to 89 (13.2%).



5.4 Ageing Well – Falls

Source and caveats: Data shown is based on emergency hospital admissions from the Hospital Episode Statistics inpatient data.

*2020/21 admissions have been affected by the Covid-19 pandemic.



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; this is equivalent to 810 emergency admissions per year.
- Warrington has had a reducing trend in emergency falls admissions over the past decade, although there has been an 11% increase in the rate for 2023/24.
- Warrington has a lower rate but not statistically different to England (1,984 per 100,000) and the North West (2,088).
- 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.

Hip fractures in people aged 65 and over:

- Hip fractures are a common injury associated with a fall and may account for around 26% of emergency hospital admissions due to a fall in Warrington residents aged 65 and over.
- In 2023/24 Warrington had a rate of 677 hip fracture admissions per 100,000 people aged 65 and over. This is statistically significantly worse than England's rate of 547 and the North West rate of 578 per 100,000.
- Warrington's rate of 677 was equivalent to 285 admissions, of which 66% were in people aged 80 and over, and 34% were in people aged 65-79.



5.5 Ageing Well – Dementia

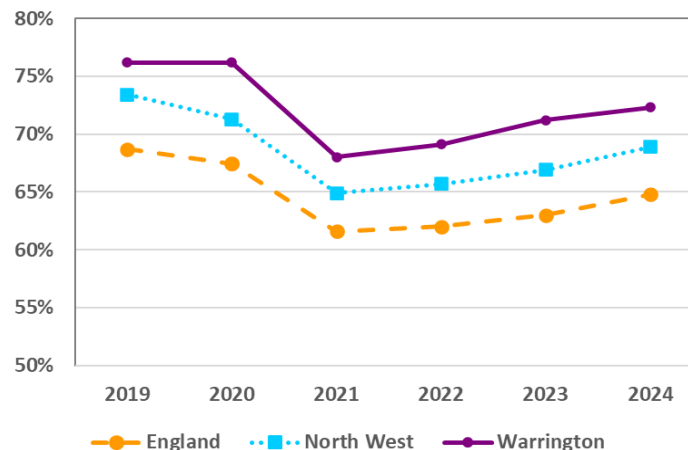
Dementia is an umbrella term used to describe a range of progressive neurological disorders or symptoms affecting the brain. As a person's age increases so does the risk of them developing dementia, and because people are living longer, the number of people with dementia is increasing.

In March 2024, 720,296 people in England were estimated to have dementia, with 466,485 (64.8%) of these diagnosed.

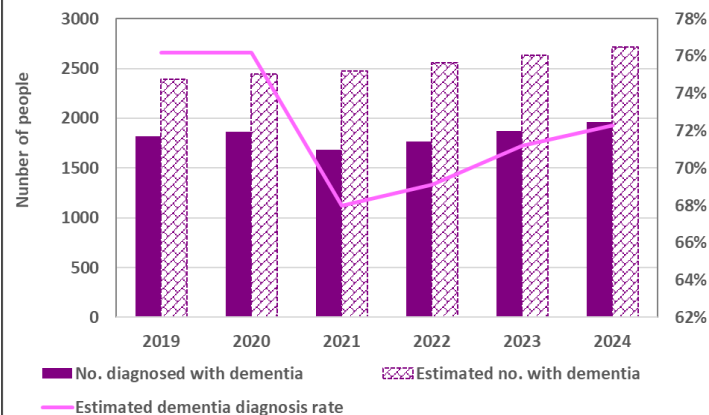
Research (University of Cambridge, 2014) suggests that there are 7 key risk factors associated with dementia: diabetes, midlife hypertension, midlife obesity, physical inactivity, depression, smoking and low educational attainment.

Nationally, there has been a drive to improve the diagnosis rates of dementia. The estimated dementia diagnosis rate measures the number of people diagnosed with dementia against the number who would be expected to have dementia if national age and sex-specific rates are applied to the local population (observed / expected). The national goal is that more than 66.7% of expected cases should be diagnosed.

Estimated dementia diagnosis rate, aged 65 and over
Source: Dementia Profile, OHID, 2024



Warrington: estimated and actual dementia diagnosis, and estimated diagnosis rate, aged 65 and over
Source: Dementia Profile, OHID, 2024



Dementia diagnosis (aged 65 and over)

- Until 2020, Warrington saw the number of people diagnosed with dementia rising. The rise is likely to be due in part to higher diagnosis rates, because of national focus, but also partly due to the ageing population which is causing overall dementia prevalence to increase.
- From 2020 to 2021, with the COVID-19 pandemic, the number of people diagnosed with dementia reduced due to people being less likely to seek help from the NHS, and changes in how services were operated. Reductions were experienced locally, regionally, and nationally.
- Warrington, the North West, and England have all seen an increase in dementia diagnoses since 2021 with numbers diagnosed in Warrington the highest in six years.

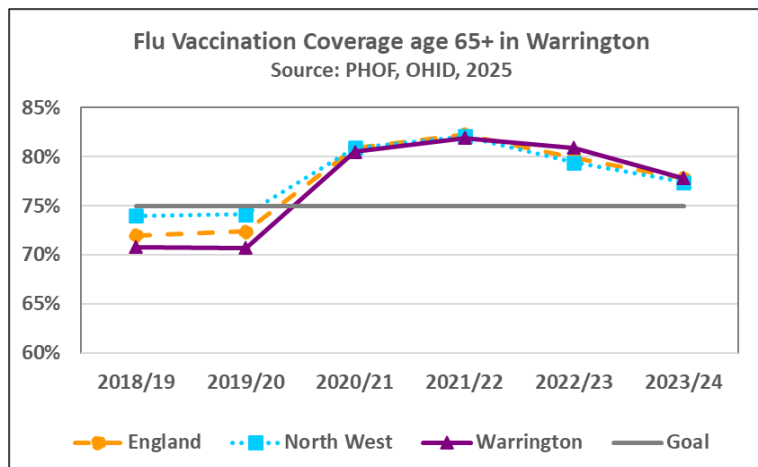
Estimated dementia diagnosis rate (aged 65+):

- In 2024, an estimated 2,719 people aged 65 and over in Warrington had dementia, with 1,966 diagnosed. This gives an estimated diagnosis rate of 72.3%, similar to England and the North West.
- This means that as many as 753 local people with dementia are not diagnosed. The sooner a person is diagnosed with dementia, the sooner they have access to information and services to help them, and their carers, with health care and quality of life.



5.6 Ageing Well – Vaccinations

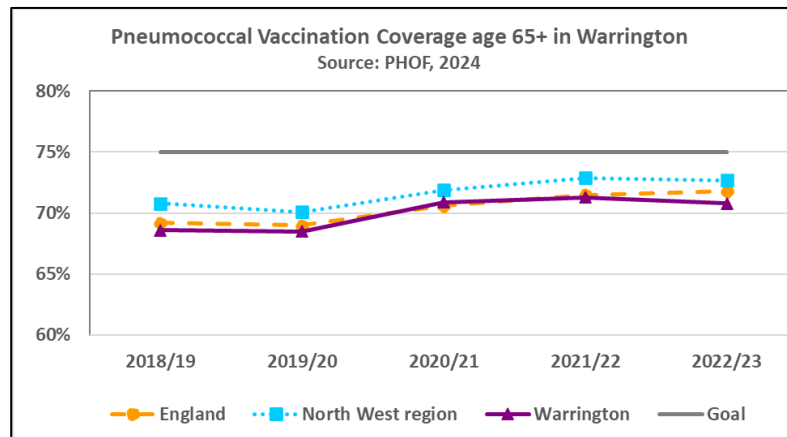
The influenza (flu) vaccination is offered to people in at-risk groups such as pregnant women, people with certain health conditions, and people aged 65 and over. These groups are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu. The Chief Medical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



Flu vaccination in people aged 65+:

- In 2023/24, 77.8% of Warrington residents aged 65 and over have been vaccinated, similar to England (77.8%) and the North West (77.4%).
- Since the start of the COVID-19 pandemic in 2020 there was increased uptake in flu vaccinations in the 65+ age range, locally, regionally and nationally. Uptake exceeded the 75% target.
- Although uptake continues to exceed the 75% target, since 2021/22 uptake in Warrington, the North West and England has fallen each year.

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%.



PPV in people aged 65+:

- In 2022/23, 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%).
- Warrington, the North West and England are consistently below the 75% target. Between 2019/20 and 2021/22 vaccination coverage in Warrington increased, before reducing in the most recent year.

Shingles vaccination in people aged 71:

- Latest data (2022/23) 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 – 48.3% and 45.5% respectively.

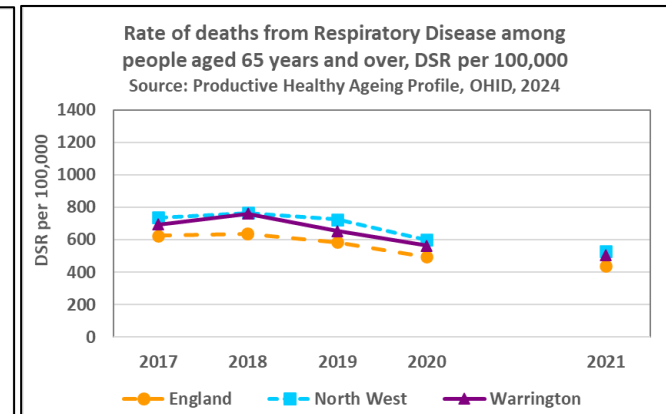
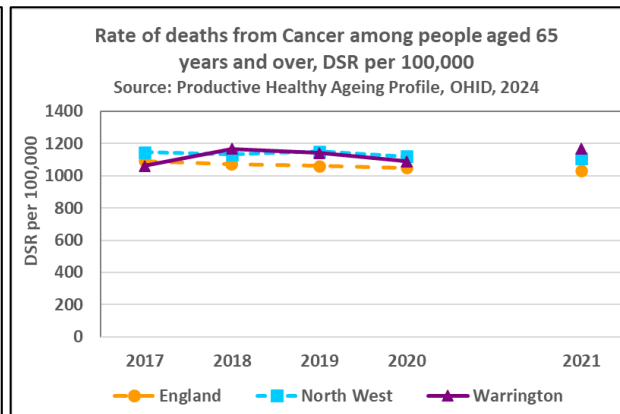
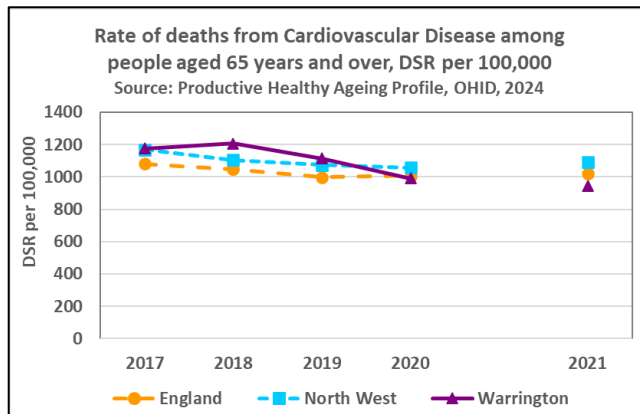


5.7 Ageing Well – Deaths in People aged 65 and Over

Mortality (deaths) due to Cardiovascular Disease (CVD), Cancer, and Respiratory Disease, aged 65+

Note: Due to the 2021 Census and the rebasing of the mid-year population estimates by ONS, the data for this indicator has not yet been back dated. **This means that the most recent data (2021) is not comparable** with the 2017 to 2020 data.

- Warrington's mortality rate from cardiovascular diseases in those aged 65+ in 2021 was 942.6 per 100,000, equivalent to 370 deaths. Warrington's rate was similar to England (1021.4) and significantly lower than the North West (1092.9).
- In 2021, Warrington's mortality rate from cancer in those aged 65+ was 1,169.9 per 100,000, significantly higher than the rate in England (1030.6) and higher but not significantly so than the North West (1108.3). In Warrington the rate was equivalent to 475 deaths.
- The mortality rate from respiratory diseases in those aged 65+ in Warrington was 505.5 per 100,000, equivalent to 197 deaths. Slightly lower than the rate in the North West (529.2) and higher than England (440.8). Neither of the differences were significant.



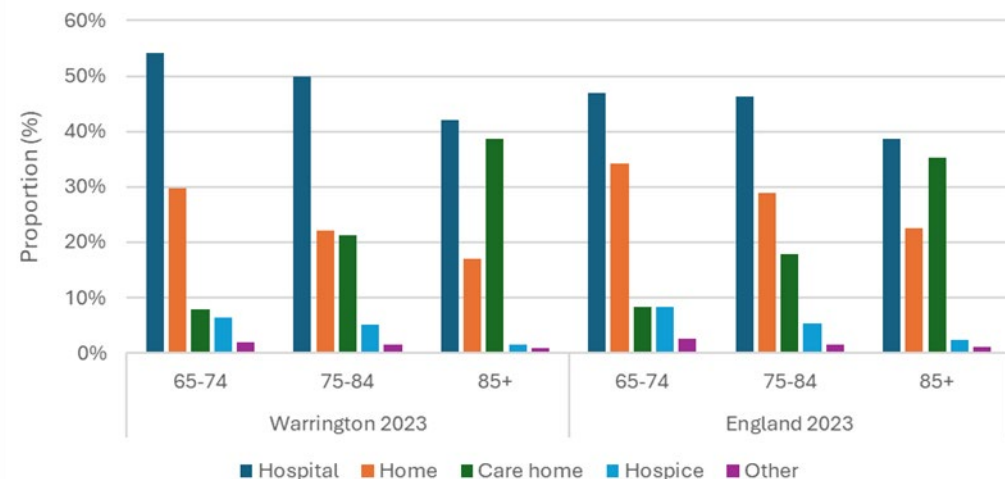
5.7 Ageing Well – Place of Death

Place of Death: Each year over 500,000 people die in England and Wales, and around three quarters of these people require some type of end-of-life care for their final days, weeks, even years. Focus in recent years has been to not only improve the quality of end-of-life care, but to take into account personal choice of those affected on the location of care and death ([IPPR, 2018](#)). Research suggests that most people would prefer not to die in hospital but at home, in a care home or hospice ([OHID, 2022](#)), however there is geographic variation and inequality, with research suggesting that those living in more deprived areas are more likely to die in hospital.

Place of death in Warrington, 2023:

- The most common place of death in Warrington, for those aged 65 years and over is a hospital setting. Warrington had a higher proportion of deaths in hospital for each age band than England.
- The percentage of deaths in hospital reduced by age; 54.2% of those aged 65-74 years, 50% 75-84 years and 42% aged 85 and over. The same trend was 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 care home. This is consistent with national trends.
- The percentage of deaths at home reduced with age; 29.8% of those aged 65-74 years, 22% 75-84 years and 17.1% for those aged 85 and over. Warrington is lower than the England average across all the age groups for this place of death setting.
- Care homes was not a common place of death for those aged 65-74 years (7.8%) in comparison to 21.3% in those aged 75-84 and 38.6% in those aged 85 and over. The same pattern was seen in England.

Place of death for Warrington and England residents aged 65+ in 2023



6.1 Strong & Resilient Communities – Housing

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

Homelessness:

The Homeless Reduction Act 2017 came into force during 2018. It was the biggest change to homelessness legislation in 40 years and brought in new duties to prevent and relieve homelessness. Data on homelessness is taken from the Public Health Outcome Framework (PHOF) Profiles, produced by the Office for Health Improvement and Disparities (OHID), and available at: [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://publichealthoutcomesframework.org.uk/)

Households owed a duty under the Homelessness Reduction Act (HRA):

Definition: Households owed a prevention or relief duty under the Homelessness Reduction Act (HRA). Prevention duties include any activities aimed at preventing households threatened with homelessness (likely to become homeless within 56 days). Relief duties are also owed to households that are already homeless and require help to secure settled accommodation.

- In 2023/24, 1,487 households were either threatened with homelessness within 56 days, or already homeless and required help to secure settled accommodation, equivalent to a rate of 16.0 per 1,000 households. A slight increase since the previous reported time period (2022/23, 15.8 per 1,000) and statistically significantly higher than England (13.4 per 1,000) and similar to the North West (14.9 per 1,000).

Households in temporary accommodation:

Households in temporary accommodation secured by a local authority under their statutory homelessness function.

- In 2023/24, there were 112 households in Warrington who were living in temporary accommodation, equivalent to 1.2 per 1,000 households). This was an increase since the previous reported time period (2022/23, 0.7 per 1,000). Warrington has a statistically significantly lower rate per 1,000 than England (4.6 per 1,000) and the North West (2.4 per 1,000).

Disabled Facilities Grant:

(Source: Warrington Borough Council)

This is a grant from the council for a disabled person to make changes to their home, e.g. provide level access shower rooms, widen doors, install ramps and stair lifts, and provision of a suitable heating system.

During 2023/24 there were 271 homes across Warrington adapted to meet personal care needs through the use of the Disabled Facilities Grant. This shows an increase from the previous year from 224 and almost double since 2021/22 (142).



6.2 Strong & Resilient Communities – Employment

Employment and health: The characteristics of work—activity, social interaction, identity and status—are proven to be beneficial for physical and mental health. Research shows that people in work tend to enjoy happier and healthier lives than people who are out of work. The following information comes from the Public Health Outcomes Framework (PHOF), published by the Office for Health Improvement and Disparities (OHID).

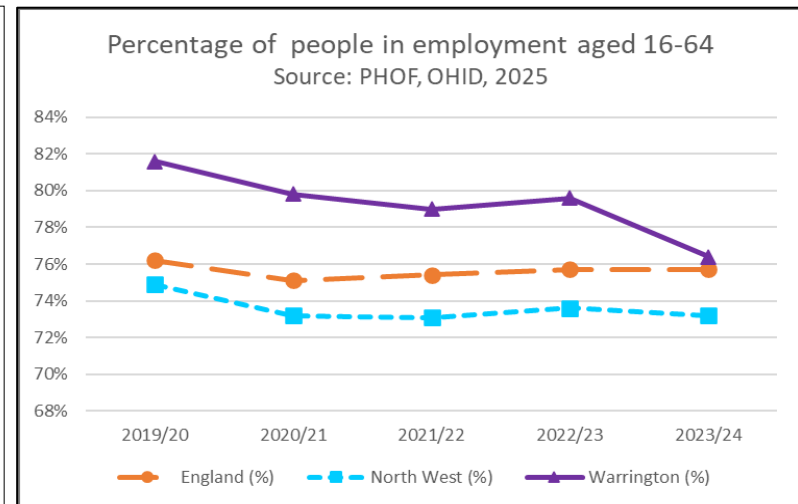
Sickness absence: It is estimated that there are 185.6 million days lost to sickness absence every year in the UK.

- Between 2020 and 2022, 1.5% of Warrington employees had at least one day off in the previous week; lower than the previous time period (2.5% between 2019 and 2021). The Warrington percentage is statistically similar to the North West (2%) and England (2%), albeit slightly lower.
- Over the same time period, 1% of working days were lost due to sickness absence in Warrington, lower than the previous time period (1.4% between 2019 and 2021). The Warrington percentage is similar to the North West (1.1%) and England (1.1%).

Gap in employment rate between vulnerable groups and overall employment (a higher percentage point (p.p) gap indicates higher levels of inequalities):

- **Long term health conditions:** In 2022/23 the gap in Warrington (5.2 p.p) is better than England (10.4 p.p) and the North West (12.4 p.p) but not statistically significantly so.
- **Learning disability:** In 2022/23 the gap in employment rate in Warrington of 75.9p.p was significantly higher than that of England (70.9 p.p) and the North West (69.5p.p.). And a reduction since the previous year.
- **Contact with secondary mental health services:** In 2021/22 the gap in employment rate in Warrington 72.0 percentage points was worse than that in England (69.4 p.p) and the North West (68.1 p.p) but not statistically significantly so.

Benefit claimants and further employment information: Please refer to Warrington Borough Profile 2021/22 found at: [Warrington Borough Profile 2021/22](#) or ward profiles at [Ward and borough information | warrington.gov.uk](#)



People aged 16 to 64 in employment: In 2023/24, 99,500 people aged 16-64 who live in Warrington were in employment, equivalent to 76.4% of the population. Warrington consistently has a higher percentage of people of working age in employment compared to national and regional figures, however no statistically significant difference is seen in the latest figures. From a high of 81.6% in employment in 2019/20, Warrington has seen an overall reducing trend to date. The latest reduction for Warrington brings the percentage more in line with national figures than previous.



6.3 Strong & Resilient Communities – Education – School Readiness (Age 4/5)

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

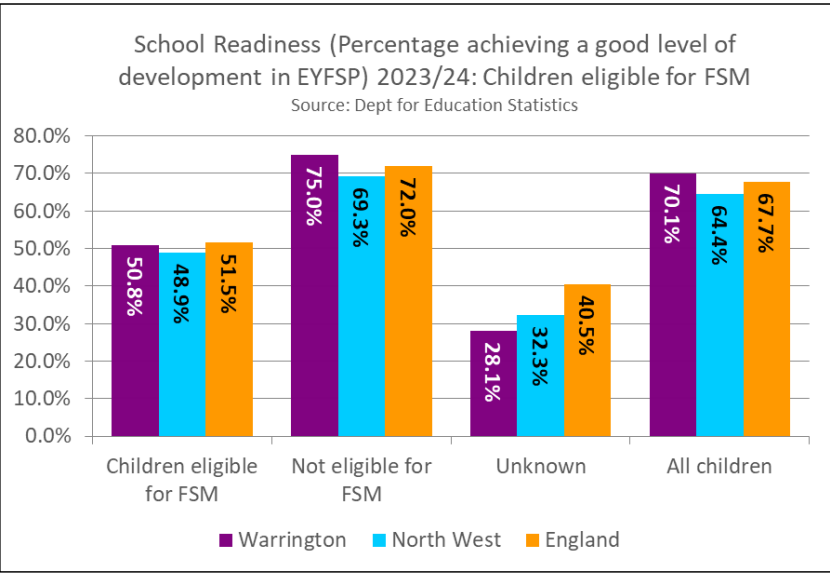
School readiness (achieving a ‘good level of development’, GLD) is an indicator used to assess a child’s overall development at age 4/5 at the end of Reception class. It is based on teacher assessments and defined as achieving at least the expected level within the following areas of learning: communication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

School readiness: In 2023/24, 70.1% of Warrington children achieved a good level of development at the end of the Early Years Foundation Stage (EYFS), statistically significantly better than the North West (64.4%) and England (67.7%).

Boys/Girls:

- In 2023/24, 61.4% of Warrington boys were assessed to be school ready, lower than 78.7% of girls. Warrington had a higher percentage of boys and girls assessed as school ready than the North West and England.
- In the North West 57.1% of boys were assessed as school ready and 72.2% of girls; in England this was 60.7% of boys and 75.0% of girls.
- The gap between girls and boys in Warrington has widened since 2022/23 and is currently 17.3 percentage point (p.p) difference. This is driven by a reduction in the percentage of boys and an increase in the percentage of girls school ready. Warrington’s gap between girls and boys being school ready is larger than the gaps seen for England (14.3 p.p difference) and the North West (15.1 p.p difference).

Free School Meals (FSM): In 2023/24 in Warrington, 50.8% of children eligible for free school meals had achieved a good level of development compared to 75% of children not eligible for free school meals, a gap of 19.3 percentage points.



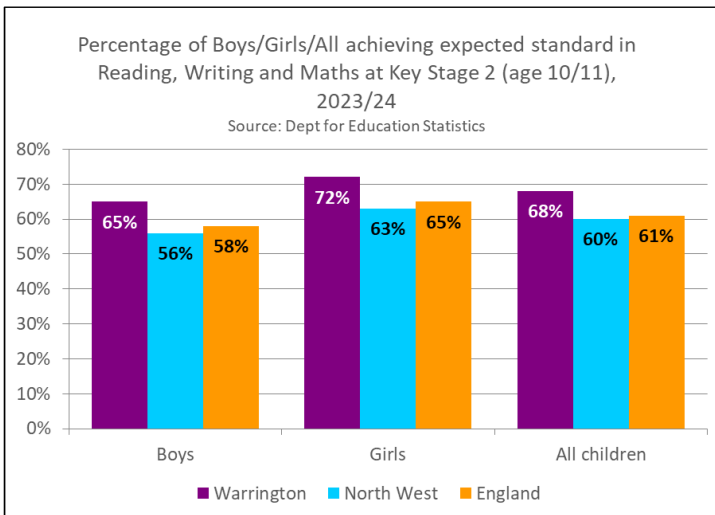
6.3 Strong & Resilient Communities – Education – Key Stage 2 (Age 10/11)

Key Stage 2 (children at the end of primary school, aged 10/11):

- In 2023/24, 68% of Year 6 children in Warrington reached the expected standard in reading, writing and maths, higher than England (61%) and the North West (60%).
- Between 2022/23 and 2023/24 there was no change in Warrington children achieving the expected standard in reading, writing and maths. A small increase was seen in the North West and England.

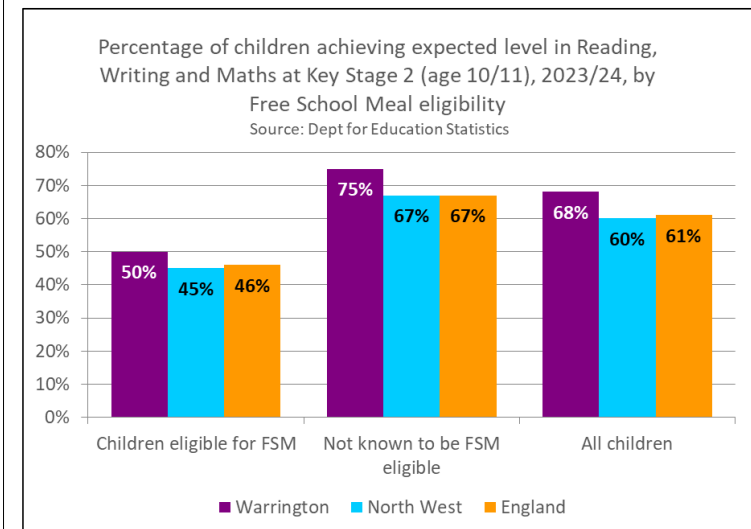
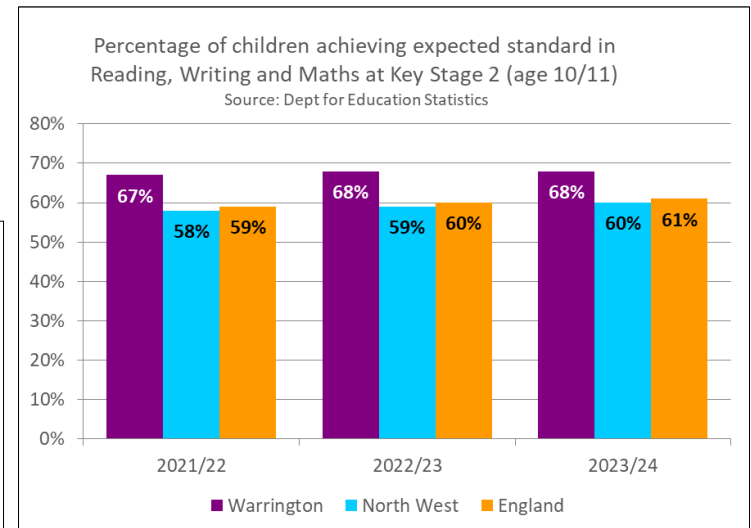
Boys/Girls attainment gap:

- In 2023/24, 72% of girls and 65% of boys in Warrington achieved the expected standard in Reading, Writing and Maths.
- Warrington has a higher percentage of boys and girls who achieve the standard in Reading, Writing and Maths compared to the North West and England.
- In Warrington, the gap between girls and boys was 7 percentage points (p.p) difference, the same gap seen in the North West and England.



Free School Meals (FSM) attainment gap:

- In 2023/24, 26.3% of Year 6 children in Warrington were known to be eligible for FSM, lower than the North West (32.4%) and England (29.4 %).
- 50% of Warrington children eligible for FSM achieved the expected level in Reading, Writing and Maths, compared to 75% of children not known to be FSM eligible, a gap of 25 percentage points (p.p).
- 45% of children in the North West who were eligible for FSM achieved the expected level in Reading, Writing and Maths, compared to 67% not known to be eligible, a gap of 22 p.p.
- 46% of children in England who were eligible for FSM achieved the expected level in Reading, Writing and Maths, compared to 61% not known to be eligible, a gap of 21 p.p.

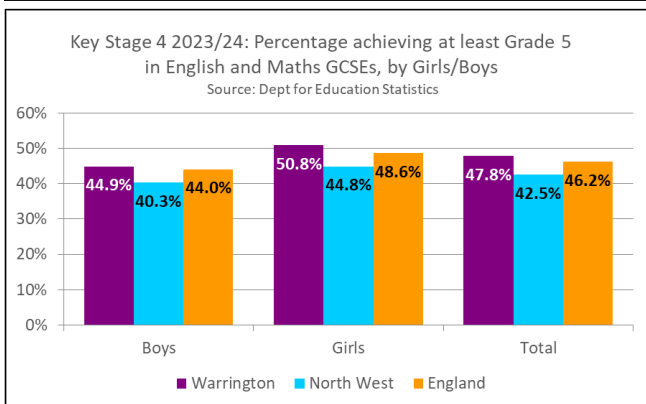


6.3 Strong & Resilient Communities – Education – Key Stage 4 (Age 15/16)

In 2020 and 2021, all GCSEs in England were reformed to use a new 9 to 1 grading system (rather than A*-G). Grade 4 is considered a pass and roughly equivalent to a Grade C, Grade 5 is considered a 'good pass' Year on year comparisons will be limited until these qualifications are consistently included from 2020 onwards. However, results for 2020 and 2021 are not comparable with earlier years due to the cancellation of exams (because of Covid-19) and changes to the way GCSE grades were awarded, and results for 2022 are not comparable with previous years due to the changes relating to grading assessments. More info is available at: [Secondary accountability measures: 2022 guidance for maintained secondary schools, academies and free schools \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/106522/secondary-accountability-measures-2022-guidance-for-maintained-secondary-schools-academies-and-free-schools.pdf)

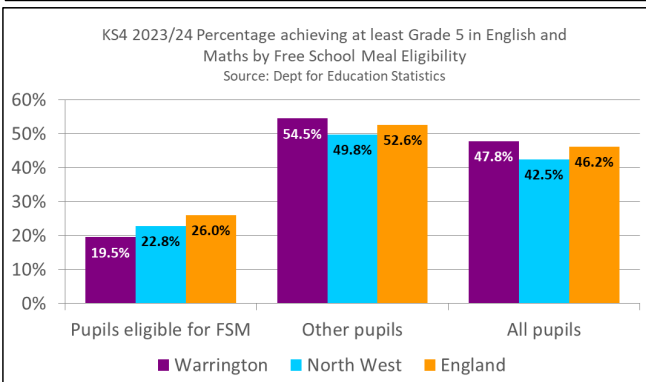
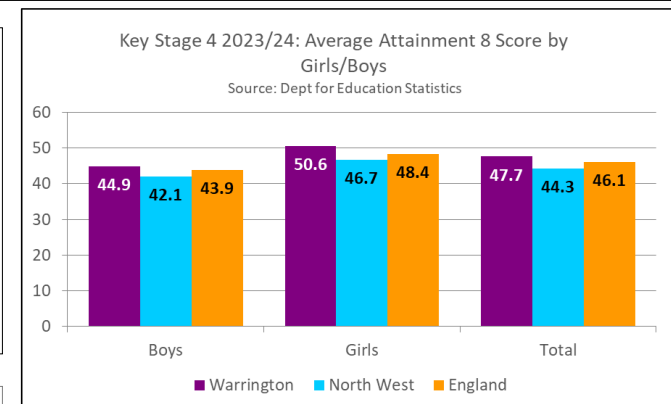
Grade 5+ in English and Maths 2023/24: In Warrington, 47.8% achieved at least a Grade 5 in English and Maths GCSEs, higher than 42.5% in the North West and 46.2% in England.

Attainment 8 is a measure of a student's average grade across their best 8 GCSE level qualifications. Warrington figures for 2023/24 show the attainment 8 average score per pupil was 47.7, higher than 44.3 in the North West and 46.1 in England.



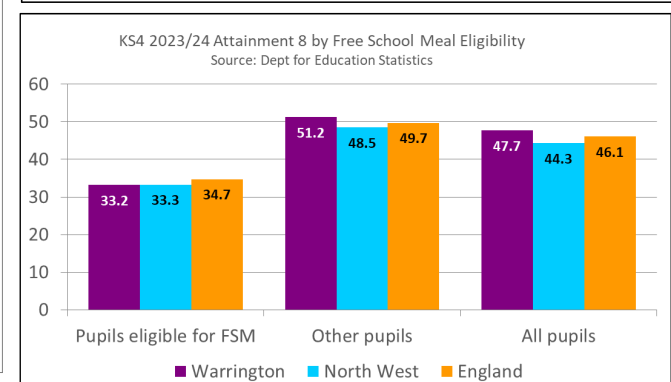
Attainment gap between girls and boys 2023/24:

- **Grade 5+ in English and Maths:** In Warrington, 44.9% of boys and 50.8% of girls achieved at least a Grade 5 in English and Maths, a gap of 5.9 percentage points (p.p).
- **Attainment 8:** In Warrington, the attainment 8 average score for boys was 44.9 compared to 50.6 for girls, a difference of 5.7.



Pupils eligible for FSM 2023/24: 19.5% of Year 11 pupils in Warrington were eligible for FSM, compared to 27.6% in the North West and 24.5% in England.

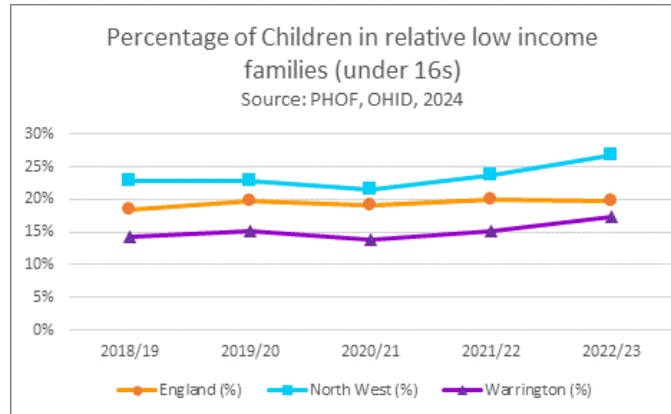
- **Grade 5+ in English and Maths:** 19.5% of FSM pupils in Warrington achieved Grade 5+ compared to 54.5% of other pupils, a gap of 35 p.p.
- **Attainment 8:** In Warrington the average attainment score was 33.2 for FSM pupils, substantially lower than 51.2 for non-FSM pupils.



6.4 and 6.5 Strong & Resilient Communities – Social Contact (Adult Social Care Users) and Child Poverty

Child poverty and health:

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



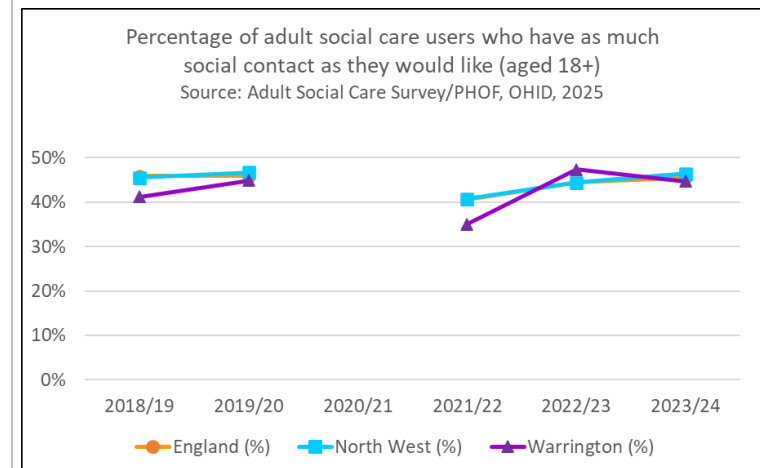
Definition for relative low income is defined as a family in low income before housing costs and claiming certain benefits. Data shows the proportion of under 16s living in families with an income less than 60% of the UK average (median) income.

- In 2022/23, 17.4% of children in Warrington were living in relatively low income families, an increase since the previous year (15.2%).
- Prevalence in Warrington was significantly lower than the North West (26.7%) and England (19.8%).
- Since 2014/15 there have been small but steady increases in the proportion of children living in relative poverty locally, regionally, and nationally, with the exception of a decrease in 2020/21.

Social contact and health: There is a clear link between loneliness and poor mental and physical health. A key element of the Government's vision for social care is to tackle loneliness and social isolation, supporting people to remain connected to their communities and to develop and maintain connections to their friends and family (OHID, 2023).

Adult Social Care Survey: Service users were asked 'Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?' Service users were identified as those people in receipt, at the point that data are extracted, of long-term support services funded or managed by social services following a full assessment of need.

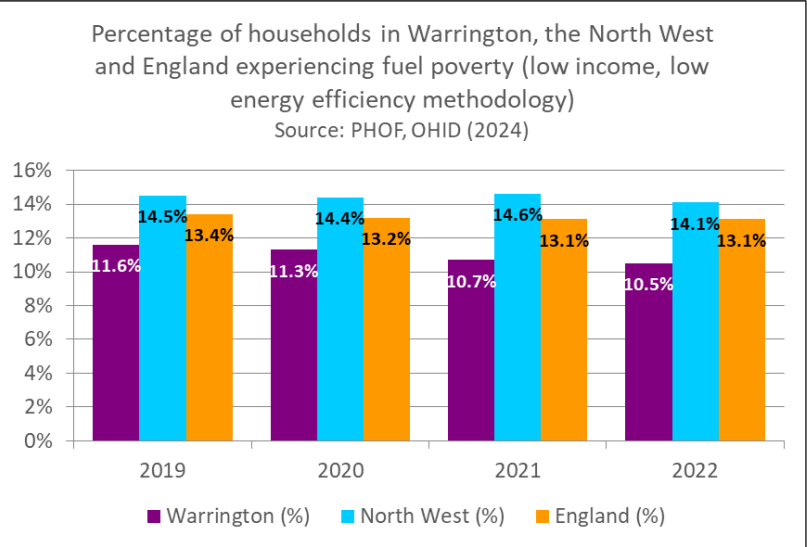
- In Warrington, 44.7% of respondents to the Adult Social Care Survey for 2023/24 said that they have as much social contact as they would like.
- This is a small reduction compared to the previous year (47.3%).
- Warrington is lower but not statistically significantly different to England (45.6%) and the North West (46.4%).
- In 2020/21 the participation of councils in the survey was voluntary and, as only 18 councils participated, data for this year is not published.



6.6 Strong & Resilient Communities – Fuel Poverty

Definition: In 2021, the definition of fuel poverty used in England changed to the Low Income Low Energy Efficiency (LILEE). Under this definition, a house is considered to be fuel poor if: it is living in a property with an energy efficiency rating of D, E, F or G (as determined by the most up to date Fuel Poverty Energy Efficiency Rating (FPEER) methodology) and its disposable income (after housing costs and energy needs) would be below the poverty line. This definition replaces the Low Income High Cost (LIHC) metric used previously and the definition will affect 2019 statistics onwards (PHOF, 2023).

Fuel poverty and poor health: There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency, and energy prices) are strongly linked to cold homes. Evidence shows that living in cold homes is associated with poor health outcomes and an increased risk of morbidity and mortality for all age groups; furthermore, studies have shown that more than one in five (21.5%) excess winter deaths in England and Wales are attributable to the coldest quarter of housing (Wilkinson et al 2001, UCL Institute of Health 2011). Babies, children, older people and people living with disabilities or pre-existing health conditions are at greater risk of health problems because of living in a cold home and therefore are particularly at risk of the health consequences of fuel poverty (Alice Lee *et al*, 2022).

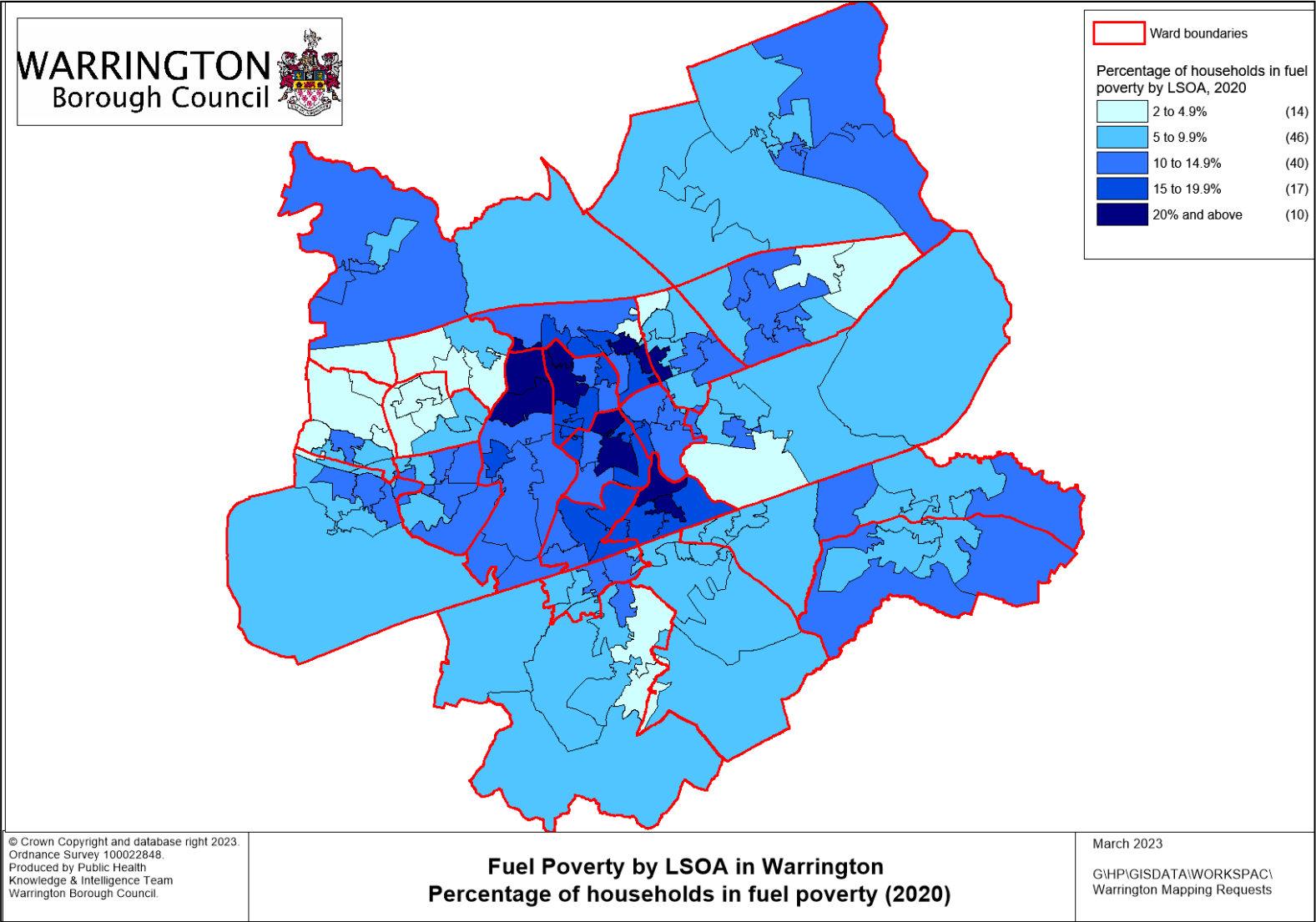


Deprivation and fuel poverty: Fuel poverty is related to low income and therefore reflects levels of deprivation across the country, it is also related to a property’s energy efficiency and access to mains gas. Fuel poverty varies across different tenure types, in 2020 it varied from 25% of privately rented homes to 18% of socially rented homes, and less than 10% in owner occupied homes. Social housing, which is more likely to be occupied by people with low incomes, have better energy efficiency than owner occupied or privately rented homes. However, using the LILEE methodology these houses would not be considered fuel poor as they are more energy efficient. This is one example of why it is important to consider multiple indicators alongside fuel poverty statistics when trying to identify or understand those who may be struggling to afford to heat their homes (Alice Lee *et al*, 2022).

An association between levels of fuel poverty and deprivation can be clearly seen in published data for 2022 ([Public Health Outcomes Framework | Fingertips | Department of Health and Social Care](#)) with the most deprived decile across England having the highest proportion of fuel poverty (19.1% of households) compared to the least deprived decile (8.9%), a gap of 10.2 percentage points.

- In 2022 in Warrington, approximately 9,750 households were experiencing fuel poverty, equivalent to 10.5% of households.
- This is lower than both the North West (14.1%) and England (13.1%).
- Since 2019, Warrington has seen a slight reduction each year in the proportion of households in fuel poverty.

6.6 Strong & Resilient Communities – Fuel Poverty by Geography



This fuel poverty statistic is based on data collected between 2019 and 2021, as such it is referred to as 2020 data. For this reason, the data presented above does not take into account the current cost of living crisis or increases in fuel costs.

6.7 Strong & Resilient Communities – Crime and Anti-social Behaviour

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

Recorded crime (source: LG Inform Plus and ONS Crime Survey):

- In Warrington, there were 15,161 recorded crimes in the 12 months ending at Q2 of 2024, equivalent to a rate of 71.4 per 1,000 population. This is a 5% reduction since Q4 of 2023 in which there were 15,960 recorded crimes.
- Warrington had the largest reduction during the time period mentioned out of all the Cheshire Community Safety Partnerships (Cheshire East, Cheshire West and Chester, and Halton) with the other areas having reductions of between 2% and 4%.
- There were some notable reductions in Warrington in the year between June 2023 and June 2024 such as a 12% reduction in violence against the person to 6,748; this is equivalent to a rate of 32 per 1,000 population and on par with the Cheshire Force rate of 32.

*NB. Recorded crime rates can be affected by improvements to recording practices by police, inclusion of new offences, variations in police activity, more victims reporting crime and genuine increases or decreases in crime types.

Anti-social behaviour (ASB) (source: Warrington Community Safety Partnership Strategic Assessment):

- Anti-social behaviour covers a wide number of issues from noise, parking, fly tipping, nuisance and aggressive behaviour, and it is a high priority for residents.
- In 2023, Warrington had an anti-social behaviour rate (Police reported ASB) of 9.4 per 1,000 population, equivalent to 1,981 incidents.
- Incidents reduced by 17% since 2022 in which there were 2,374 incidents of ASB.

For further information on crime and ASB:

- Warrington Borough Profile 2021/22 and individual Ward profiles 2024, available on our website at: [Ward and borough information | warrington.gov.uk](https://warrington.gov.uk)
- ONS publish recorded crime data by Community Safety Partnership at: [Recorded crime data by Community Safety Partnership area - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)
- Police UK: [Open data | data.police.uk](https://data.police.uk)

Offenders (source: OHID):

First time offenders: In Warrington in 2022 there were 365 first time offenders, equivalent to a rate of 194 per 100,000. The rate in Warrington was higher than England (166) and the North West (181).

Percentage of offenders who re-offend: In 2021/22, 27.1% of Warrington offenders went on to re-offend, slightly higher than that of England (25%) and the North West (26.7%).

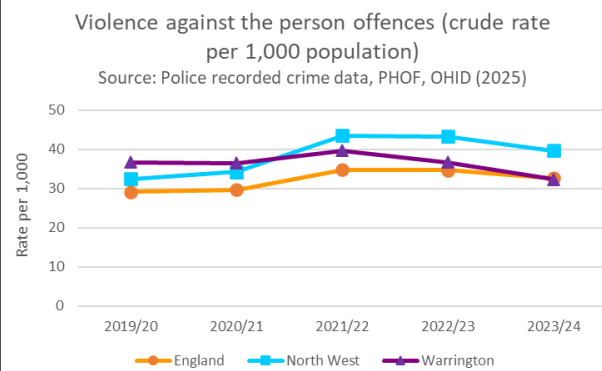
Average number of re-offences per re-offender: In Warrington in 2021/22 re-offenders had an average of 3.50 re-offences, in England the average number of re-offences was 3.71 and 3.47 re-offences for the North West.



6.7 Strong & Resilient Communities – Crime and Anti-social Behaviour – Violent Crime

Violence against the person (Source: Police recorded crime data/OHID):

- In Warrington in 2023/24 there were 6,841 violence against the person offences, equivalent to a rate of 32.3 per 1,000 population. In England the rate was 32.7 per 1,000, and 39.7 per 1,000 in the North West.
- Warrington, the North West and England all had reductions since the previous year, Warrington had the largest reduction of 12% compared to 6% in England and 8% in the North West.



What is being done:

The **Serious Violence Duty** was introduced in 2022 and requires the police, local authorities and other specified partners to work together to share information and target interventions to prevent and reduce violence. Warrington forms a part of the Cheshire Serious Violence Duty.

Domestic abuse (source ONS/PHOF):

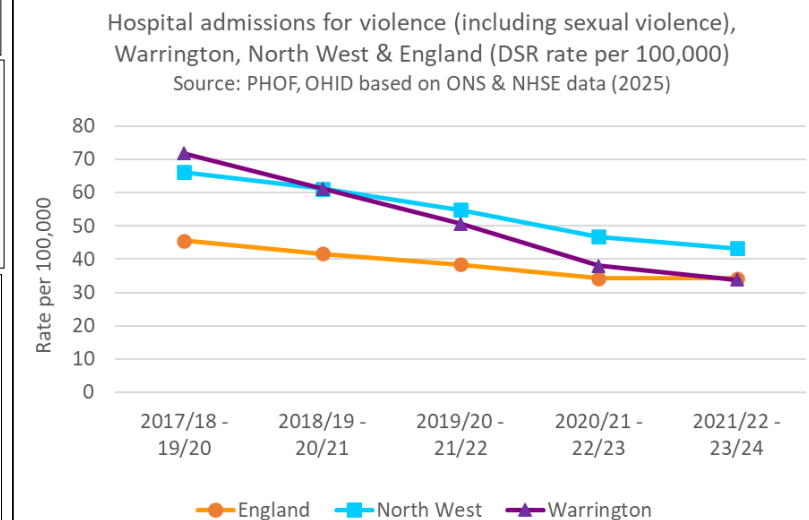
- In 2023/24 Warrington had a rate of 26.0 per 1,000 population for domestic abuse related incidents and crimes. This was lower than England (27.1 per 1,000) and the North West (30.0 per 1,000). (NB in PHOF, local authorities are allocated the crude rate of the police force area within which they sit).

***NOTE.** Over several years police forces across the country have been working to improve crime recording practices. The improvement of recording practices is known to impact on certain offences and particularly affects 'violence against the person' offences (ONS, 2021).

Levels of domestic abuse incidents reported to the police can also be impacted by improvements in police recording and by greater encouragement given to victims to come forward to report.

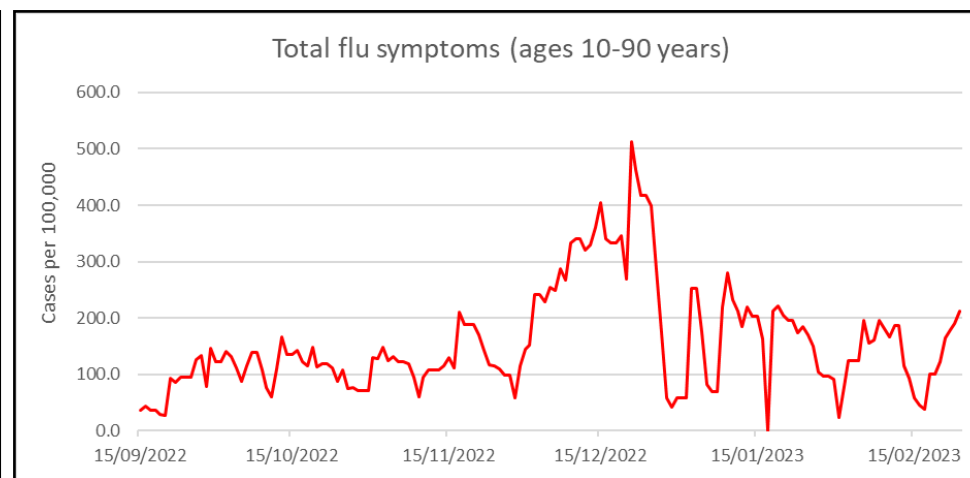
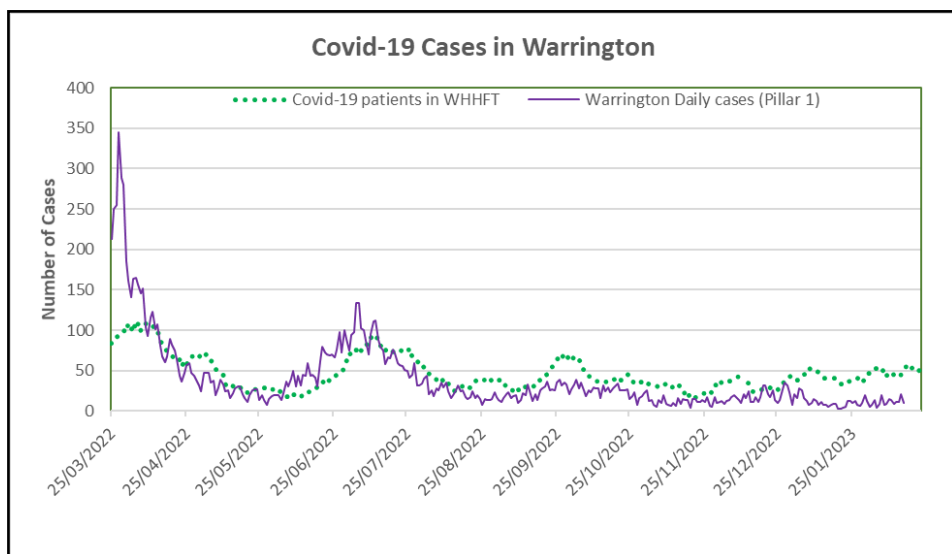
Hospital admissions for violence (source: HES/OHID):

- In the 3 years 2021/22- 23/24 Warrington had 205 hospital admissions for violence (including sexual violence), equivalent to a rate of 33.8 per 100,000 population.
- Warrington has seen a long term reduced trend in hospital admissions for violent crimes, and more recently has seen a 53% reduction since the reporting period 2017/18-19/20 to date. This compares to a 25% reduction in England, and 35% reduction in the North West.
- Warrington's rate of 33.8 is now lower than England (34.2) and statistically significantly lower than the North West (43.2).
- Note: The COVID 19 pandemic led to a reduction in admissions in 2020/21, and a methodological change introduced by NHS England in 2023 may reduce the numbers of admissions for this indicator.



7.1 COVID-19 Summary

Coronavirus disease (COVID-19) is an infectious disease caused by the SARS-CoV-2 virus. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. However, some will become seriously ill and require medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are more likely to develop serious illness. Anyone can get sick with COVID-19 and become seriously ill or die at any age (WHO, 2021).



- **Total cases in Warrington to date** (Up to 24th February 2023: **12,898 cases** (*These are the pillar 1 & 2 cases from 25th March 2022).
- **Total WHHFT new admissions & diagnosed**: as at 24/02/2023: **5,163**
- **Total COVID-19 deaths**: Deaths within 28 days of a positive test: as at 24/02/2023: **754 deaths**

Vaccine uptake (up to 08/02/2023)

Total population- **198,192 (12+ years)**
 Primary course complete: **27,132**;
 Booster 1: **124,325**;
 Booster 2: **66,877**;
 Booster 3: **17,410**;
 Booster 4: **830**;
 Booster 5: **24**

COVID-19 cases

Reporting of cases changed from mass testing to mainly testing in hospital settings, care home testing, private testing and reporting. Therefore, cases above are reported from 25th March 2022 to 21st February 2023.



8.1 Health and Wellbeing Strategy Monitoring 2024 - 2028

As at December 2024

Indicator Title	Update	Latest date	Warrington Count	Warrington Value	North West average	England average	Statistical significance: Warrington Vs England	Is a high / low value good?	From Warrington previous yr / time period
LIFE EXPECTANCY									
Life expectancy at birth males, years		2020-22	-	78.6	77.3	78.9	Similar	High	↔
Life expectancy at birth females, years		2020-22	-	82.3	81.3	82.8	Significantly worse	High	↔
Healthy life expectancy at birth males, years		2018-20	-	64.6	61.5	63.1	Similar	High	↔
Healthy life expectancy at birth females, years		2018-20	-	64.8	62.4	63.9	Similar	High	↓
Inequality in life expectancy at birth (males), gap in years		2018-20	-	10.3	11.6	9.7	Similar	Low	↑
Inequality in life expectancy at birth (females), gap in years		2018-20	-	8.2	10	7.9	Similar	Low	↑
STARTING WELL									
Give every child the best start in life									
Low birth weight of term babies, %	New	2022	37	2.1%	2.8%	2.9%	Similar	Low	↔
Children achieving a good level of development at 2-2.5 years, %	New	2023/24	1,334	70.9%	80.8%	80.4%	Significantly worse	High	↓
School ready at age 5, %	New	2023/24	1,661	70.1%	64.4%	67.7%	Significantly better	High	↔
Excess weight in children (Year 6), %	New	2023/24	895	36.2%	37.2%	35.8%	Similar	Low	↑
Looked after children whose emotional wellbeing is a cause for concern, %		2022/23	64	43.0%	37.0%	40.0%	Similar	Low	↑
Enable all CYP & adults to maximise their capabilities and have control over their lives									
Average Progress 8 score	New	2024	-	-0.07	-0.17	-0.03	Not available	High	↔
Average Attainment 8 score, mean score	New	2022/23	-	47.7	44.3	46.1	Not available	High	↓
Hospital admissions as a result of self-harm age 15-19 years, crude rate per 100,000		2022/23	100	896.5	472.1	468.2	Significantly worse	Low	↓
16-17 year olds not in education, employment or training (NEET) or whose activity is not known, %	New	2023	-	2.9%	5.3%	5.2%	Not available	Low	↔
Pupils who go on to achieve a level 2 qualification at 19, %	New	2023	-	87.2%	83.1%	84.3%	Not available	High	↑
STAYING WELL									
Create fair employment and good work for all									
Persons in employment (aged 16 to 64), %	New	2023/24	99,500	76.4%	73.2%	75.7%	Similar	High	↓
Persons unemployed (age 16-64 years), %	New	2024	-	2.7%	4.5%	3.8%	Not available	Low	↑



8.1 Health and Wellbeing Strategy Monitoring 2024 – 2028 (continued)

Indicator Title	Update	Latest date	Warrington Count	Warrington Value	North West average	England average	Statistical significance: Warrington Vs England	Is a high / low value good?	From Warrington previous yr / time period
Employment Status - population who are employees, %	New	2024	-	89.7%	89.3%	86.4%	Not available	N/a	↔
Employment Status - population who are non-permanent, %	Revised	2021	-	4.7%	4.3%	4.4%	Not available	N/a	↗
Employment Status - population who are self-employed, %	New	2024	-	9.8%	10.3%	13.3%	Not available	N/a	↘
Employees earning below real living wage, %	New	2024	-	10.6%	16.8%	15.9%	Not available	Low	↔
PLACE HOLDER: Employees who are local (FTE) employed on contract for one year or the whole duration of the contract, whichever is shorter, %*									
Strengthen the role and impact of ill health prevention									
Physically active adults (ages 19+), %		2022/23	-	69.8%	65.7%	67.1%	Similar	High	↗
Physically inactive adults (ages 19+), %		2022/23	-	21.6%	24.2%	22.6%	Similar	Low	↗
Excess weight in adults (ages 18+), %		2022/23	-	61.3%	66.5%	64.0%	Similar	Low	↘
Alcohol related hospital admissions, DSR per 100,000		2022/23	851	396	475	475	Significantly better	Low	↘
Preventable hospital admissions, ISR per 100,000		2022/23	2680	1250.8	N/a	1223.0	Similar	Low	↗
People feeling supported to manage their long term condition, %		Q4 2020/21	612	55.6%	54.0%	54.0%	Similar	High	↘
Under 75 preventable deaths, DSR per 100,000	New	2023	310	162.6	193.4	153.0	Similar	Low	↗
Premature mortality in adults with serious mental illness (SMI), DSR per 100,000	New	2020-22	565	123.2	147.4	111.2	Significantly worse	Low	↗
AGEING WELL									
Strengthen the role and impact of ill health prevention									
Healthy Life Expectancy at 65 (males), years		2018-20	-	10.5	9.8	10.5	Similar	High	↘
Healthy Life Expectancy at 65 (females), years		2018-20	-	10.9	10.8	11.3	Similar	High	↔
Disability Free Life Expectancy at 65 (males), years		2018-20	-	8.9	9.2	9.8	Similar	High	↘
Disability Free Life Expectancy at 65 (females), years		2018-20	-	10.4	9.2	9.9	Similar	High	↔
Adults who feel lonely often / always or some of the time, %		2019/20	-	20.35%	22.90%	22.26%	Similar	Low	No previous data
Social care-related quality of life score, aged 65+	New	2023/24	-	18.2	19.1	19.1	Not available	High	↘
Hospital admissions due to falls in those aged 65+, DSR per 100,000		2022/23	710	1734	2139	1933	Significantly better	Low	↘
Supporting older people (65+) to stay at home for longer after a hospital admission, %	New	2023/24	-	82.8%	86.1%	83.8%	Not available	High	↗



8.1 Health and Wellbeing Strategy Monitoring 2024 – 2028 (continued)

Indicator Title	Update	Latest date	Warrington Count	Warrington Value	North West average	England average	Statistical significance: Warrington Vs England	Is a high / low value good?	From Warrington previous yr / time period
END OF LIFE									
Deaths that occur in hospital (all ages), %		2022	1,013	47.8%	46.6%	43.4%	Significantly above	N/a	↗
Deaths that occur at home (all ages), %		2022	571	27.0%	28.3%	28.7%	Similar	N/a	↔
Deaths that occur in care homes (all ages), %		2022	416	19.6%	18.5%	20.5%	Similar	N/a	↔
Deaths that occur in hospice (all ages), %		2022	85	4.0%	4.2%	4.7%	Similar	N/a	↘
Deaths that occur in 'other places' (all ages), %		2022	33	1.6%	2.4%	2.6%	Significantly below	N/a	↔
STRONG AND RESILIENT COMMUNITIES									
Ensure a healthy standard of living for all									
Proportion of children in workless households: dependent children	New	2023	-	5.1%	12.7%	9.5%	Not available	Low	↗
Proportion of children in workless households: children <16	New	2023	-	4.9%	13.3%	9.7%	Not available	Low	↗
People living in fuel poverty, %	New	2022	9,750	10.5%	14.1%	13.1%	2nd best quintile in England	Low	↔
Deaths attributable to air pollution, %		2022	-	5.5%	5.6%	5.8%	Not available	Low	↔
PLACE HOLDER: Individuals in absolute poverty, after housing costs, %*									
Create and develop healthy and sustainable places and communities									
Households in temporary accommodation, crude rate per 1,000 households		2022/23	63	0.7	2.0	4.2	Significantly better	Low	↔
Affordability of home ownership, ratio	New	2023	250,000	7.3	6.1	8.3	Middle quintile in England	High	↔
Tackle racism, discrimination and their outcomes									
PLACE HOLDER: Employees who are from ethnic minority background and band/level, %*									
Pursue environmental sustainability and health equity together									
Adults cycling for travel at least three days per week, %	New	2020/21	-	2.7%	1.5%	2.0%	Not available	High	↘
Adults walking for travel at least three days per week, %	New	2022/23	-	14.1%	16.7%	18.6%	Not available	High	↗
PLACE HOLDER: Percentage (£) spent in local supply chain through contracts*									

* Marmot indicator, in development for C&M

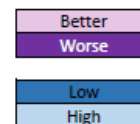
Statistical testing based on 95% confidence intervals.

Where statistical testing is not performed, indicator values may be presented as quintiles or left without comparison



Purple represent Quintile values for which a judgement is made (best or worst)

Blue shading is used when it is not appropriate to say that a high or low value is good or bad, e.g. for descriptive indicators



Glossary

A

Age-standardisation: Accounts for different age structures in populations and are more appropriate than crude percentages when drawing comparisons over time and across areas.

Alcohol-specific conditions: Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol-specific conditions are those where alcohol is wholly attributable to the condition.

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

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

B

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

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

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

C

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

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

Causes considered preventable (CCP): deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense. CCP 2016 and 2019 definitions include different combinations of underlying causes of death in their mortality calculations.

Census 2021: A survey that happens every 10 years and gives us a picture of all the people and households in England and Wales.

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

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

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



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

COVID-19: An infectious disease caused by the SARS-CoV-2 virus.

D

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

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

Deprivation quintile: Lower Super Output Areas in Warrington are grouped into five groups according to how they rank on the national deprivation scale (IMD 2019).

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

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

E

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

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

F

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

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

G

GP Deprivation Quintile: GP Practices are grouped into five groups according to the weighted deprivation scores of where their patients live (IMD 2019).

H

Health & Wellbeing Strategy: Identifies priorities for health and wellbeing for local populations and the approaches that will be taken to bring about improvements in these areas.

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

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

I

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



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

K

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

L

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

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

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

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

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

Low Birth Weight (LBW): Low Birth Weight relates to babies born weighing less than 2,500 grams. This indicator can be expressed as a proportion of all live births, or as a proportion of live births with a gestational age of at least 37 complete weeks.

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

M

Middle Super Output Area (MSOA): Made up of groups of LSOAs, usually four or five, and fit within local authorities.

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

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

Musculoskeletal conditions: Musculoskeletal conditions affect the joints, bones and muscles, and also include rarer autoimmune diseases and back pain.

N

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



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

NHS Digital: The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care. In April 2023, NHS Digital became NHS England.

NHS Health Checks: Aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia by inviting everyone between the ages of 40 and 74 to have a check every 5 years to assess their risk of developing one of the conditions, and to provide support and advice to help reduce or manage that risk.

O

Office for Health Improvement & Disparities (OHID): Part of the Department of Health and Social Care bringing together expert advice, analysis and evidence with policy development and implementation to shape and drive health improvement and equalities priorities for government.

P

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

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

Q

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

R

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

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

S

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

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

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

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



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

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

T

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

U

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

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

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

V

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



Further Information

The following provides links to different sources for further information.

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

[Warrington Joint Strategic Needs Assessment \(JSNA\) webpage](#)

- **Warrington Health and Wellbeing Survey 2023:** a suite of reports produced by the Warrington Public Health Team, based on the results of a local survey of Warrington residents. Covering topics such as health related behaviours; emotional wellbeing; finance and employment; home, neighbourhood and communities; and access to health services.

[Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](#)

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

[Public Health Profiles webpage](#)

- **NHS England:** publishes a range of statistics and reports covering quality through to population health and outcomes of treatments.

[Statistics](#)

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

[Office for National Statistics \(ONS\) webpage](#)

- **Nomis:** contains official labour market statistics.

[Nomis webpage](#)

