

**WARRINGTON**

**JOINT STRATEGIC NEEDS ASSESSMENT**

**SUMMARY 2021**



## **1. BACKGROUND TO THE JSNA**

The Joint Strategic Needs Assessment (JSNA) draws together a great deal of information about health and wellbeing in Warrington. It is a powerful tool for the local Health and Wellbeing Board as it provides information about the local population; presenting indicators relating to people's lifestyles alongside information on a wider range of factors that might affect population health and wellbeing. Findings from the JSNA are used to agree key priorities to improve the health and wellbeing of all our communities, and reduce any inequalities.

From 2011 the JSNA programme consisted of a series of topic-specific chapters that were published online. Each year the JSNA Steering Group prioritised which chapters need to be updated and agreed any new chapters for development. In 2015 it was agreed that a 'Core JSNA' was to be added to the suite of JSNA products, and updated annually. The Core document contains a wealth of statistical information across the broad range of topics included in the JSNA. It is intended to be used alongside this narrative summary to provide an overview of local health and wellbeing.

The Covid 19 pandemic resulted in the JSNA programme being halted during 2020 and for much of 2021 as system-partners locally diverted resources and capacity to respond to the pandemic. The work prioritised in 2021 was completion of the Core JSNA document, finalisation of the Demographic Chapter which was started in 2020 and commencing work on the refresh of the Pharmaceutical Needs Assessment (PNA).

This report summarises the main findings of the JSNA programme during 2021. Reliable, meaningful intelligence is crucial in order to effectively inform the commissioning and targeting of services. In addition to the wealth of information included in the JSNA Core document, additional 'deep-dive' chapters that are prioritised and developed as part of the programme identify key recommendations for health improvement, service or commissioning development, which are drawn out from the local analysis and published evidence base.

The JSNA Core document and associated chapters draw together intelligence on specific topics and key indicators across five broad domains:

- Wider determinants of health and wellbeing
- Starting Well
- Living Well - Health-related behaviour
- Living Well - Burden of ill-health
- Ageing Well

This summary provides an overview of intelligence to date across those domains.



## **2. THE JSNA PROGRAMME IN 2021**

This JSNA programme for 2021 consisted of the JSNA Core document, this narrative summary, the PNA and a small number of detailed, topic-specific chapters that have been finalised or updated during the year.

The JSNA Core document provides a lot of statistical information on factors known to impact on health and wellbeing, and is presented in an accessible and visual way. Key findings from the analysis presented in the document are presented below. It should be noted that given the time period that the majority of indicators cover, the impact of the pandemic is not reflected in the analysis.

Section 3 of this summary document provides an overview of the main findings from the detailed chapters completed since the last JSNA summary was written. The section below provides a brief overview of some of the main indicators of health and wellbeing.

### **Overarching health outcomes:**

- Life expectancy in Warrington has increased substantially over past decades; by 6.5 years for men and 4.4 years for women, since 1991. However, male and female life expectancies are consistently significantly lower than England.
- The upward trend however has stalled in recent years. Life expectancy amongst males has fluctuated over the most recent five time periods, staying relatively stable between 2014-2016 and 2015-2017, increasing to 2016-2018 then decreasing to 2018-2020. Female life expectancy increased from 2011-2013 to 2017-2019, before decreasing for the most recent time period.
- Internal inequalities in life expectancy are stark and linked to socio-economic deprivation. Comparing the highest and lowest life expectancy at ward level, there is a gap of 9.7 years for males, and 10 years for females. The pattern has not changed significantly in recent years.

### **In relation to population and some of the wider determinants of health:**

- The resident population of Warrington continues to grow; latest estimates suggest that there are 209,400 people living within the borough. Increases are projected to continue, and it is estimated that the population will rise by an extra 8,860 people over the next 25 years. These, increases will mainly be in the over 65 population.
- The number of working age people in employment is approximately 106,400, equivalent to 81.6% of the population. The percentage of Warrington residents in employment is significantly better than England and the North West. There are however significant differences within Warrington, and inequalities are also evident in employment rate amongst vulnerable groups.
- The number of homelessness households living in temporary accommodation in Warrington is significantly lower than the average for England.
- Latest data suggests that levels of fuel poverty in Warrington have decreased and remain lower than the average for England and for the North West. The latest available data, however, does not take into account the recent fuel cost rises, so it is likely that the picture may have worsened.
- The overall crime rate has decreased during the previous year (10% reduction); driven by falls during the periods of national lockdown. National comparators are available for rates of



reported violent crime; this shows that rates within Warrington are higher than national in terms of reported violent crime.

- The rate of first time offenders in Warrington is higher but not statistically so when compared to the North West and England.

### **Starting Well: Indicators relating to Children and Young People:**

The population of children and young people (CYP) aged 0-19 in Warrington is estimated to be 48,200<sup>1</sup>. This accounts for 23% of the total Warrington population.

In general, many health and education outcomes for children and young people in Warrington are good, but there are also some aspects that require further investigation and prioritisation. Key findings from analysis show that:

- Rates of child poverty in Warrington have seen small but steady increases over time, but the percentage of children aged under 16 living in poverty in Warrington remains significantly lower than England. As with other indicators there is substantial variation within Warrington. (*Latest nationally comparable data is for 2019, and therefore does not include any impact from COVID-19*)
- Breastfeeding in Warrington is consistently significantly lower than the England average, and there are stark inequalities between areas of high and low socio-economic deprivation.
- Participation in the National Child Measurement Programme over previous years has been very high, however the NCMP programme paused in March 2020 when schools were closed due to the Covid-19 pandemic.
- Prevalence of excess weight amongst Reception and Year 6 children in Warrington is lower than the average for England.
- The long-term trend for teenage conception rates in Warrington shows a substantial reduction. There are however, wide inequalities within Warrington, in keeping with the pattern of deprivation.
- Alcohol-related hospital admissions amongst those aged under 18 years are currently significantly higher in Warrington than the average for England. However, the long-term trend shows substantial reductions in the rate of admissions.
- The rate of hospital admissions due to substance misuse amongst young people aged 15 to 24 years in Warrington is significantly higher than the average for England.

**Living Well: Overview of health-related behaviour:** A large-scale population-wide survey, undertaken in 2013, allowed analysis at a sub-Warrington level in order to compare different areas within Warrington. It has not been possible to repeat this survey as yet. Some more recent information on health-related behaviour is available from other sources<sup>2</sup> for Warrington as a whole, but not at a sub-Warrington level. In the absence of local data it is not possible to assess any change in terms of internal inequalities. This section provides an overview of some of the latest data:

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<sup>1</sup> 2020 mid-year estimates, Office for National Statistics

<sup>2</sup> Unless otherwise stated, the headline findings in this summary are based on data from Public Health England – Public Health Outcomes Framework



- Estimates suggest that smoking prevalence in Warrington continues to be significantly lower than the average for England. Findings from the 2013 local survey showed that prevalence remained high in more deprived areas and amongst certain population groups.
- Nationally derived estimates for Warrington as a whole suggest that the percentage of Warrington adults drinking to unsafe levels is in keeping with the average for England as is the proportion binge drinking. However, rates of hospital admission due to alcohol are significantly higher in Warrington when compared to England overall.
- Estimates suggest that just over half of Warrington adults eat the recommended 5 portions of fruit or veg per day. This is slightly lower than the average for England.
- Obesity prevalence is an issue locally. Estimates suggest that almost two-thirds (64%) of the Warrington adult population are at an unhealthy weight. This is slightly higher than the average for England.

#### **Living Well: Indicators relating to Burden of Disease:**

- There are approximately 2,080 deaths per year in Warrington. Around two-fifths of deaths in the under 75s locally are considered preventable. Both all-cause mortality, and mortality from causes considered preventable, have decreased considerably over the past ten years. Despite these reductions, all-cause mortality rates remain higher than the average for England. *(N.B. mortality analysis presented here does not include the impact from COVID-19)*
- Within Warrington, mortality rates are significantly higher in the more deprived areas of the borough (areas that fall into the 20% most deprived areas nationally, based on deprivation scores from the Index of Multiple Deprivation (IMD) 2019) when compared to the remaining areas.
- The premature death rate from heart disease and stroke has decreased considerably over recent years and the rate is now in keeping with the England average.
- Long-term trends show that premature cancer death rates locally have been reducing steadily and are in keeping with the average for England.
- The rate of new cancers in Warrington is slightly higher than the England average.
- Hospital admissions due to self-harm are exceptionally high in Warrington when compared to England and North West, especially so for females who saw year on year increases in admission rates.

#### **Ageing Well: Indicators on older people and vulnerable adults:**

The population aged 65+ is currently 40,100. The proportion of older people is projected to increase substantially over coming years, rising to over 56,100 by 2043<sup>3</sup>.

Many health indicators suggest that the health of older people in Warrington is worse than the England average, and so improving the health of older people and investing in long-term prevention is crucial. Key findings from analysis show that:

- Life expectancy at 65 for both males and females remains significantly lower than England.

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<sup>3</sup> 2018 based sub-national population projections



- There was large increase in the percentage of people in Warrington aged 65 and above who received their flu vaccination during 2020/21, exceeding the national target of 75%. The increase most likely fuelled by the pandemic. However the percentage vaccinated against PPV and shingles did not meet the national target.
- The rate of hospital admissions due to falls in the 65 plus population continues to be significantly higher than England. During 2019/20 the rate of admissions increased by 7%. The rate of admission due to a hip fracture was slightly higher than England.
- The rate of death from Cardiovascular Disease (CVD) and respiratory disease for those aged 65 and above has seen a downward trend, although rates in Warrington remain significantly higher than England.
- Warrington has a very similar death rate to England for deaths due to cancer, since 2013-15 the mortality rate has reduced by 7%, but the rate of reduction in recent years has stalled.

## COVID-19

The JSNA Core document for 2021 includes a section summarising some of the main data related to COVID-19. As the pandemic continues, the statistics are correct and complete to end September 2021 only. The impact of the COVID-19 pandemic has been significant. Whilst most people infected with the virus have experienced mild to moderate illness and have recovered without requiring specialist treatment, some have become seriously ill and required medical attention and hospitalisation. Throughout the pandemic, older people and those with underlying medical conditions like CVD, diabetes, chronic respiratory disease, or cancer have been more likely to develop serious illness. To end of September 2021, more than 30,000 Warrington residents had been diagnosed with Covid-19. Warrington and Halton Hospitals Foundation Trust have reported more than 2,700 admissions due to Covid-19. Up to September 2021 there have been 506 deaths within 28 days of a positive test and 587 deaths where Covid-19 was listed on the death certificate. Despite the successful vaccination programme, with the threat and emergence of new variants the path out of the pandemic remains uncertain and the longer term impact is likely to be considerable.

## **3. DOMAIN SPECIFIC SUMMARIES**

This section provides a brief overview of the individual JSNA chapters that have been undertaken or updated since the last JSNA summary was produced. The full chapters are available to download from the JSNA web pages at <https://www.warrington.gov.uk/jsna>

### **3a) DEMOGRAPHY AND WIDER DETERMINANTS OF HEALTH AND WELLBEING**

**Population:** Warrington's resident population estimate for mid-2020 was 209,400. Warrington currently has a similar age structure as the average for England and Wales, but this is projected to change, with the 65-plus population projected to grow at a faster rate than nationally.

**Deprivation:** The national deprivation indices were updated in 2019. Results showed that overall Warrington experiences average levels of deprivation, but that relative deprivation appears to have improved slightly since the 2015 Indices. Warrington is now ranked within the 46th centile, meaning that 54% of local authorities within England are less deprived than Warrington. Within Warrington the picture is very varied, and there are substantial inequalities: 19% of the Warrington population live within those areas ranked within the most deprived 20% of areas in the country. At the other end of the scale, around 31% of the local population live in areas ranked amongst the 20% least deprived nationally.



Much work is on-going in Warrington to address the internal inequalities, and regenerate some of our most disadvantaged areas.

**Employment, worklessness and economic growth:** This chapter was finalised in 2019 but drew largely on data from 2017 and 2018. The chapter identified that although the overall employment rate in Warrington is good, there are inequalities with regards to those in employment and training. The analysis highlighted specific groups that would benefit from additional focus to understand and address barriers to employment and training, these include lone parents, people with learning disabilities and those with poor mental health. The chapter also identified gaps in knowledge and data relating to supported employment, permitted work, volunteering, adult literacy levels, in work poverty and less than full time contracts. Analysis was undertaken prior to the emergence of COVID-19, and it is likely that the pandemic has exacerbated inequalities. Further work is planned to update analysis and refresh this chapter.

### **3b) BURDEN OF ILL HEALTH**

**Cancer:** Analysis for this JSNA chapter was completed in 2019 but as the JSNA programme was stepped down in early 2020, findings were not summarised. The chapter describes what we know about cancer in Warrington to determine areas of need and develop recommendations for future action and commissioning. It examines the local risk factors for developing cancer, cancer diagnosis, new cancer cases, treatment and deaths and describes the current services that are in place and service user's experiences.

In Warrington, areas with greater deprivation experience higher levels of cancer risk factors, incidence and deaths and lower uptake of cancer screening programmes. These communities should be prioritised for primary prevention interventions and messaging to increase awareness of the signs and symptoms of cancer, the importance of early presentation and the benefits of screening participation. Cancer incidence and mortality rates are also greater in local men, highlighting the need to target gender-appropriate messages and initiatives to male-orientated settings, such as workplaces across the borough. Lifestyle behaviour change programmes need to be undertaken at both individual level using awareness campaigns, training and services, and at population level through policy development, environmental adaptation and regulatory legislation to support healthy choices across the life-course.

### **3c) CHILDREN AND YOUNG PEOPLE**

**Child obesity:** A chapter summarising the findings from the 2018/19 academic year National Childhood Measurement Programme (NCMP) showed that the rate of participation in the measurement programme in Reception was higher in Warrington (98.5%) than in England (95.3%) and the North West (95.7%). In Year 6, the Warrington rate (97.3%) was also higher than in England (94.5%) and the North West (94.8%).

Findings showed that in Reception, almost 1 in 10 children were obese, and almost 1 in 4 were either overweight or obese. 1 in 43 were severely obese. In Year 6, approximately 1 in 5 children were obese, and 1 in 3 were either overweight or obese. 1 in 22 were severely obese. Prevalence of obesity and prevalence of overweight/obesity in Warrington fluctuate over time, but both Reception and Year 6 have consistently been lower than the North West, and either lower or similar to England (apart from an unusual sharp rise in Reception in 2017/18).



Both nationally and in Warrington, there is a strong correlation between socio-economic deprivation and obesity prevalence. Nationally, obesity prevalence is consistently higher in boys than girls, particularly in Year 6. This is also the case in Warrington in Year 6, but in Reception, the boy/girl difference has not been consistent.

Analysis of the annually refreshed NCMP data collected from Warrington schools is used to help inform future commissioning of weight management services for children and healthy lifestyles delivery in schools and the local community.

### **3d) VULNERABLE ADULTS AND OLDER PEOPLE**

**Adult Safeguarding:** This chapter was finalised just prior to the start of the pandemic. The chapter summarised a needs analysis with the aim of informing future planning and provision for adult safeguarding. The chapter was informed by legislation, national policy, research and local information, including quantitative data collected as part of Safeguarding Adults Collection (SAC). In the main, the 2017-2018 SAC collection was used to form a baseline, as at the time that the chapter was written, this was the most recent with available national comparisons.

The chapter highlighted that incidents of abuse and neglect are under reported, and that identification and visibility of abuse can be a contributory factor in under-reporting, and that this may be affected by the type of abuse taking place or the setting where the abuse is perpetrated. This includes Modern Slavery, Forced Marriage, Domestic Abuse affecting adults with care and support needs, Carer Abuse and risks less visible in communities such as street homeless, certain ethnic and religious groups and in adults' own homes. This means that the data captured is considered an under reporting of prevalence.

## **4. CONCLUSION AND NEXT STEPS**

The aim of the JSNA programme is to provide an up to date picture of the current and likely future health and wellbeing needs of the people of Warrington. Results will continue to be used strategically to inform decision-making, and by managers and service leads to update plans and to implement and target interventions and programmes more effectively.

The JSNA programme is on-going. The JSNA Core document is updated annually and new and updated chapters will continue to be added to the JSNA website as they are developed. Further work is planned in 2022/23 to ensure that opportunities for partners to engage with the JSNA are maximised, and that findings from the programme are disseminated as effectively as possible.

The JSNA Core Statistical Supplement provides a wealth of information on various indicators relating to health and wellbeing. In addition, information produced nationally as part of the Public Health Outcomes Framework provides useful comparative information.

