

Warrington 2022

Joint Strategic Needs Assessment

Core Document and PHAR Statistical Supplement

August 2023



WARRINGTON
Borough Council

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1. Introduction

This document is the 2022 update of the core document of the Warrington Joint Strategic Needs Assessment (JSNA) It contains a number of summary factsheets which present information on a range of health and wellbeing indicators. In the main, data included in this document is nationally available and can be benchmarked against England. This means, however, that there is often more up to date local data available, which, although this cannot be benchmarked, may be useful to help understand more recent trends.

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.

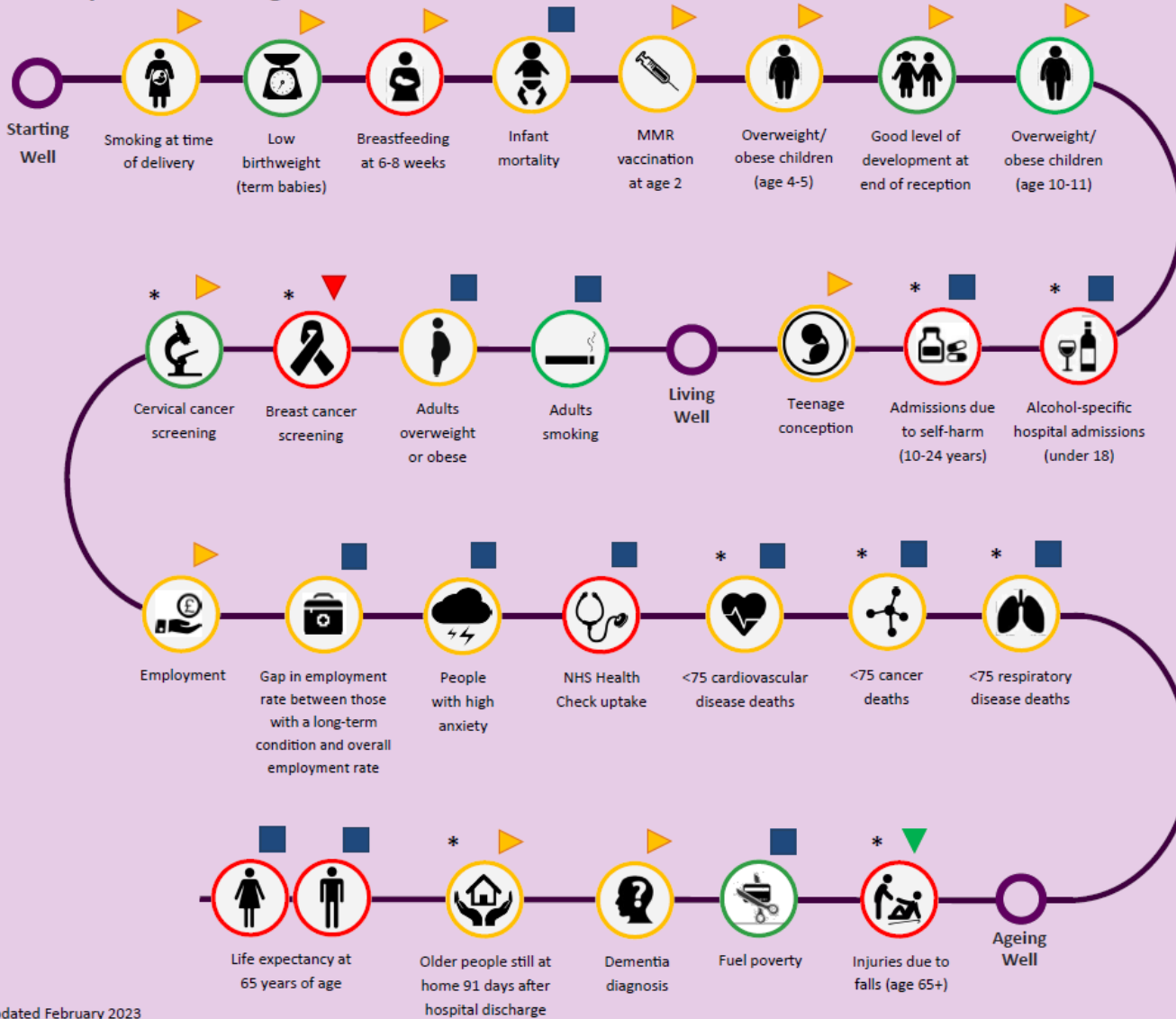
For further information on any of the information included within the document please contact the Public Health Knowledge and Intelligence Team.



Warrington's life course statistics 2022

A comparison to England

* INDICATES NATIONAL DATA COLLECTION HAS BEEN AFFECTED BY COVID-19



WARRINGTON

Population

About **211,200** people live in Warrington.

By 2043, this is projected to increase by **4%**:

age under 65 ↓ approx. 8,400
age 65+ ↑ approx. 17,200

Deprivation

19% of Warrington's population live in the top **20%** most deprived areas in England.

Child Poverty

13.2% of children aged 0-15 live in relative low income households

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 February 2023

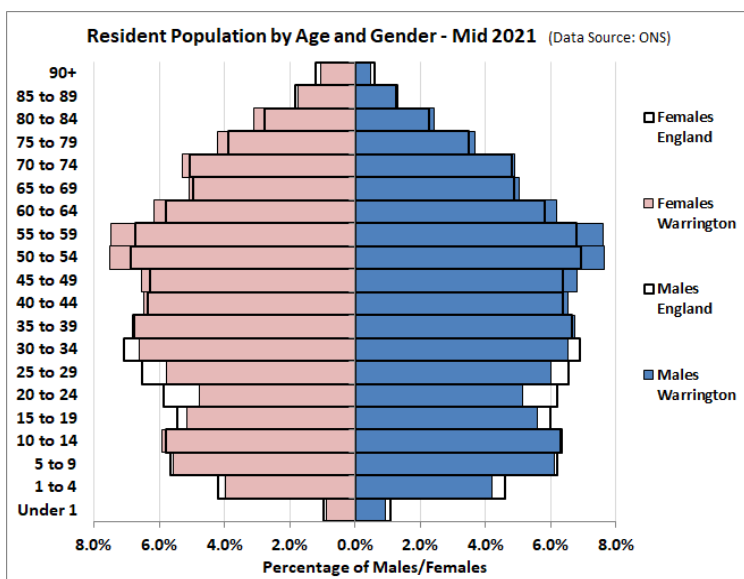


WARRINGTON
Borough Council

1.1 Demography – Resident Population

- Warrington’s mid-2021 resident population estimate is 211,200 (Office for National Statistics); 49.4% male and 50.6% female.
- 16.9% in Warrington were aged under-14, similar to 17.4% in England.
- 63.9% in Warrington were aged 15-64, similar to 64.1% in England.
- 19.1% in Warrington were aged 65 and over, similar to 18.5% in England.
- The chart shows that in general, Warrington has an older population than England, with a higher proportion of most age bands 35 and over and a lower proportion in most age bands under 35.
- GP-registered population is different to resident population and is based on those registered at GP practices. Compared to the mid-2021 resident population, 224,667 people were registered at Warrington GP practices in August 2022.

mid-2021 Age-band	Warrington Population			Warrington Population, %		
	Persons	Males	Females	Persons	Males	Females
Under 1	1900	1000	900	0.009033	0.009308	0.008764
1-4	8600	4400	4200	0.04088	0.042003	0.039783
5-9	12300	6400	5900	0.058274	0.061012	0.055597
10-14	12900	6600	6300	0.060925	0.06286	0.059033
15-19	11300	5800	5500	0.053729	0.055975	0.051533
20-24	10400	5400	5100	0.049449	0.051359	0.047582
25-29	12400	6300	6200	0.058828	0.060083	0.0576
30-34	13900	6800	7100	0.065692	0.065312	0.066064
35-39	14200	7000	7200	0.067354	0.067179	0.067525
40-44	13700	6800	6900	0.064921	0.065168	0.064679
45-49	14100	7100	7000	0.066829	0.068137	0.065549
50-54	16000	8000	8000	0.075776	0.076315	0.075249
55-59	15900	8000	8000	0.07545	0.076172	0.074744
60-64	13000	6500	6600	0.061777	0.061931	0.061626
65-69	10700	5300	5400	0.050562	0.050277	0.05084
70-74	10700	5100	5600	0.050879	0.048917	0.052797
75-79	8300	3800	4500	0.039365	0.03664	0.04203
80-84	5800	2500	3300	0.027657	0.024162	0.031075
85-89	3200	1300	1900	0.014951	0.012344	0.017499
90+	1600	500	1100	0.007669	0.004846	0.01043
All Ages	211200	104400	106800	100%	100%	100%



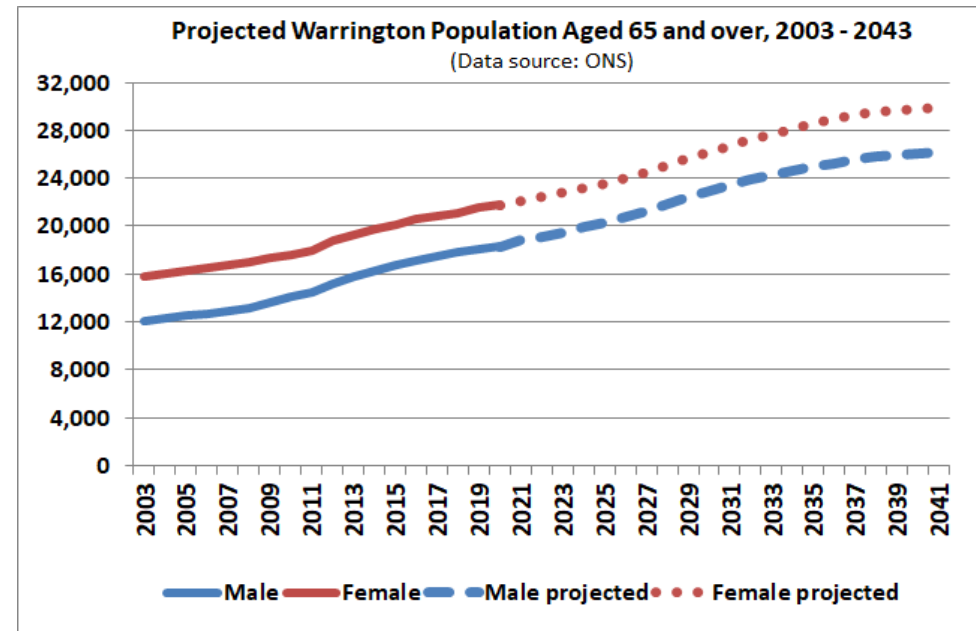
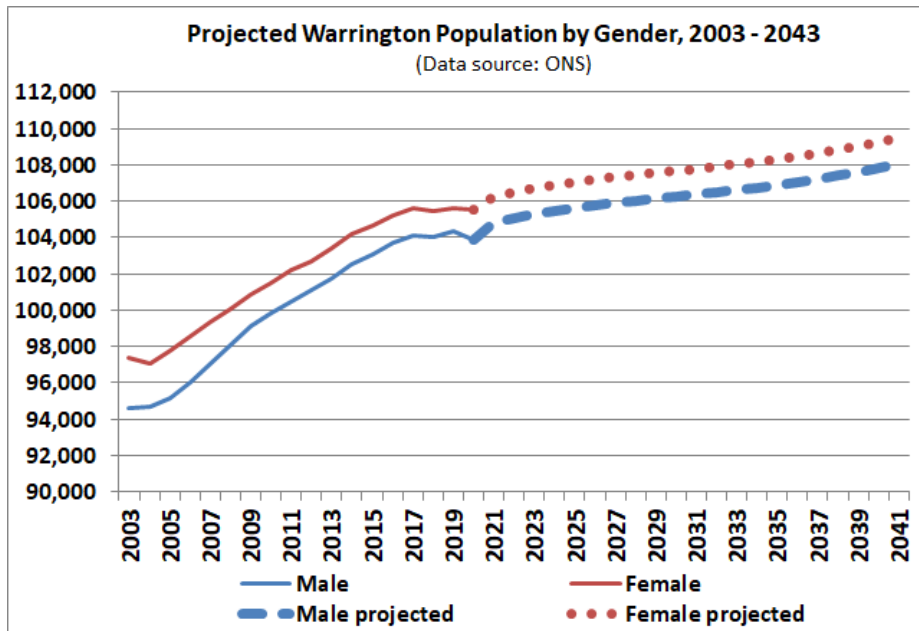
211,200 resident population mid-2021

16.9% aged under-14

63.9% aged 15-64

Figures rounded to the nearest 100 and may not sum exactly due to rounding error. Source: Office for National Statistics. Figures based on mid-2021 population estimates.

1.2 Demography – Projected Population



- 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+
- decrease of about 8,400 under-65s

Largest proportional increases expected in the older age groups

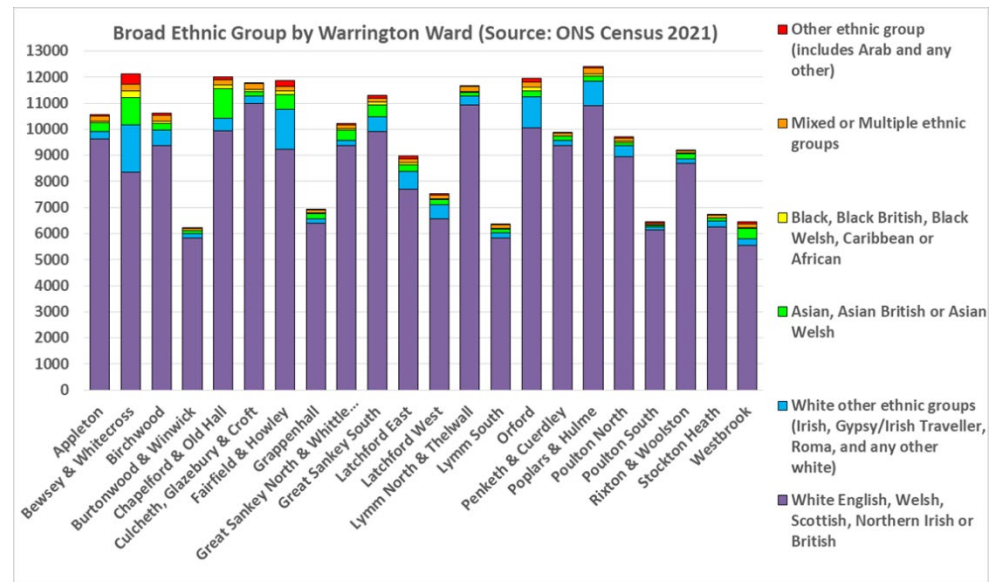


1.3 Demography – Ethnicity and Language

- The latest Census data from 2021 identified Warrington’s population as being less ethnically diverse than the North West and England; 88.1% of Warrington’s population classified 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 comprised: 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.
- 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.

- 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).

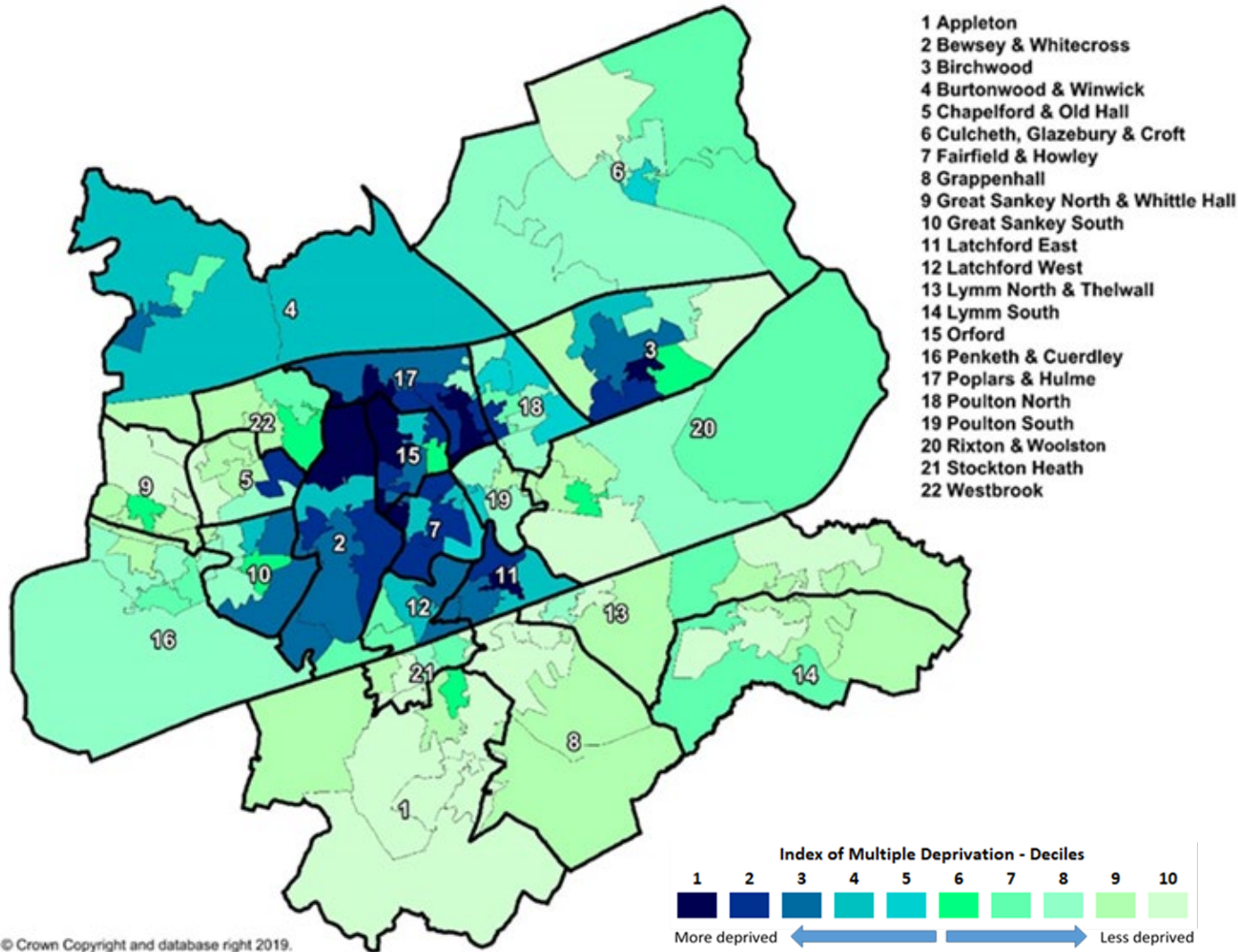
Ethnic Group	CENSUS 2021			
	Warrington No.	Warrington %	England %	NW %
White: English, Welsh, Scottish, Northern Irish or British	185,940	88.1	73.5	81.2
White: Other (incl. Irish, Gypsy/Irish Traveller, Roma, Other White)	11,365	5.4	7.5	4.4
Asian, Asian British or Asian Welsh	6,954	3.3	9.6	8.4
Mixed 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.

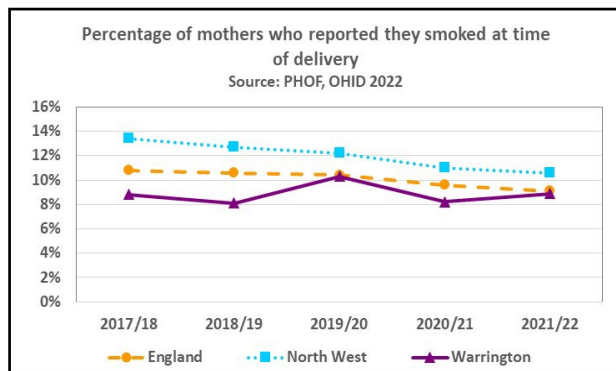
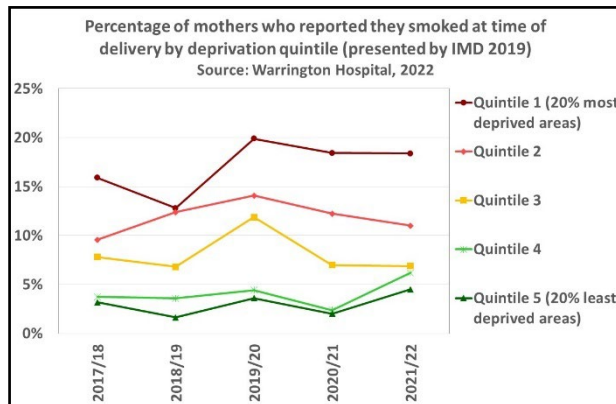
2.1 Starting Well – Pregnancy and Delivery

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 2021/22 in Warrington, 170 women (8.9%) who have given birth said that they smoked at time of delivery. This was similar to England (9.1%) and significantly better than the North West (10.6%).
- Warrington has slightly increased since 2020/21 whereas England and the North West have seen slight reductions.
- The percentage of mothers SATOD living in the 20% most deprived areas of Warrington (18.4%) is significantly higher than all other quintiles; the least deprived area of Warrington, quintile 5, has 4.5% of mothers SATOD.

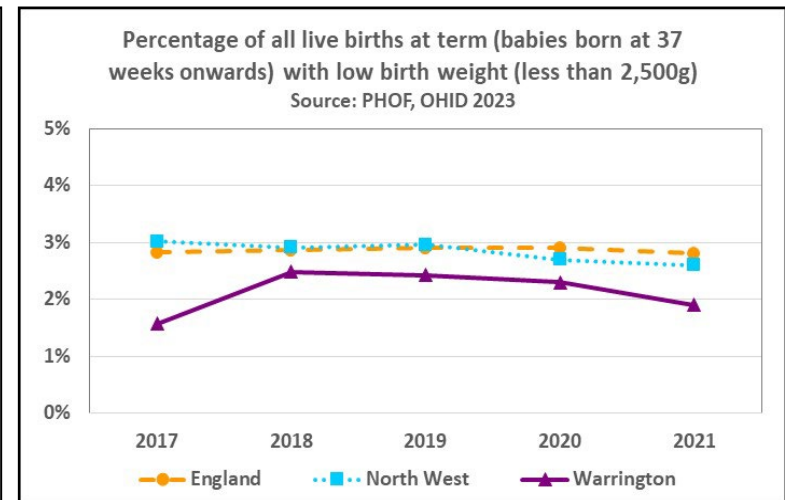


Low birth weight definition: Live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks. Low birth weight increases the risk of childhood mortality and of developmental problems for the child and is associated with poorer health in later life. At a population 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.

Low birth weight (LBW) babies

There were approximately 1,945 births during 2020 in Warrington. Trends show a slight reduction in the number of births.

- 1.9% of live births at term were classed as LBW in Warrington in 2021, significantly better than England (2.8%) and the North West (2.6%).
- The number and proportion of LBW births has remained fairly stable in Warrington ranging between 31 and 50 babies each year over the 5-year period shown in the chart.



2.2 Starting Well – New-born

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 development issues with the infant (including early referral to a specialist team where needed), to promote sensitive parenting, to provide safe sleeping advice, to support feeding and 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

The percentage of infants receiving their new birth visits from a Health Visitor within 14 days in Warrington increased in 2018/19 and again in 2019/20 whilst at the same time small reductions were seen both regionally and nationally. Visits reduced in 2020/21 and 2021/22, with the Covid-19 pandemic likely to have impacted on the service.

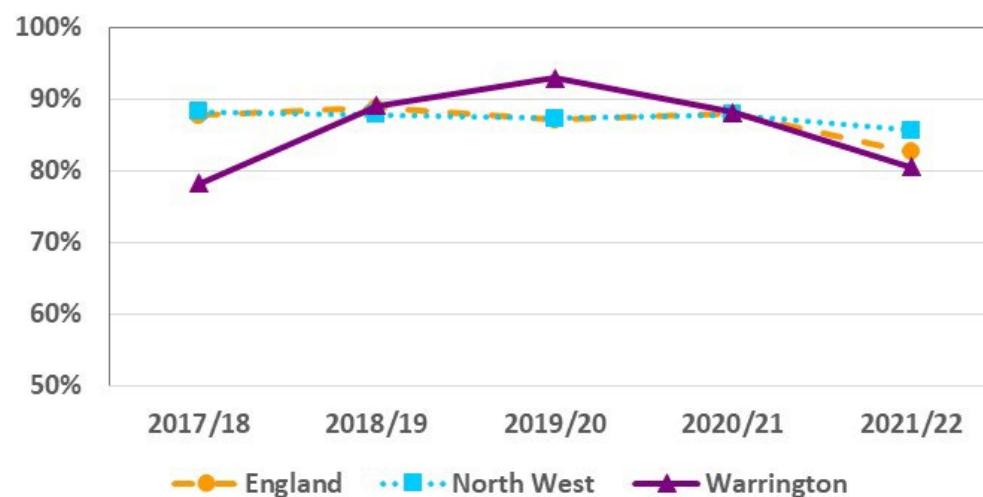
As a result of the pandemic, the service adapted to ensure they could still offer parents face to face consultations at home, and also offered a daily clinic in each base where parents could be offered a face to face consultation.

In 2021/22, 80.5% of Warrington babies received a new birth visit within 14 days, equivalent to 1,543 visits. Warrington was statistically significantly worse than England (82.6%) and the North West (85.7%).

However, the service in Warrington was able to ensure that in each quarter in 2021/22 they were able to see a minimum of 99.5% of all babies for their new birth visit (i.e., within 14 days and outside of 14 days). Of those babies who were seen at their birth visit after 10-14 days, the most common reason continued to be due to babies being admitted to Neonatal Unit at birth or readmitted to hospital for treatment. Other reasons include failed access, parents' choice to arrange or rearrange birth visit after 14 days, child moved into area after day 14, or moved out of area before 14 days.

Proportion of New Birth Visits completed within 14 days

Source: PHOF, OHID 2022

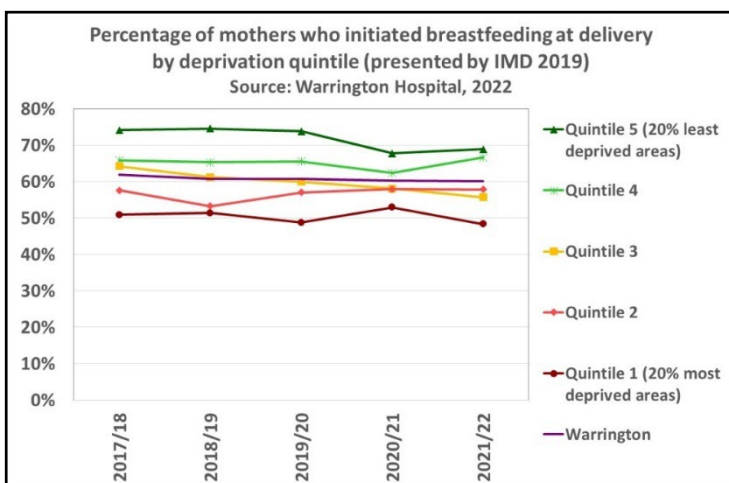


2.3 Starting Well – Breastfeeding Initiation and Continuation at 6 to 8 weeks

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.

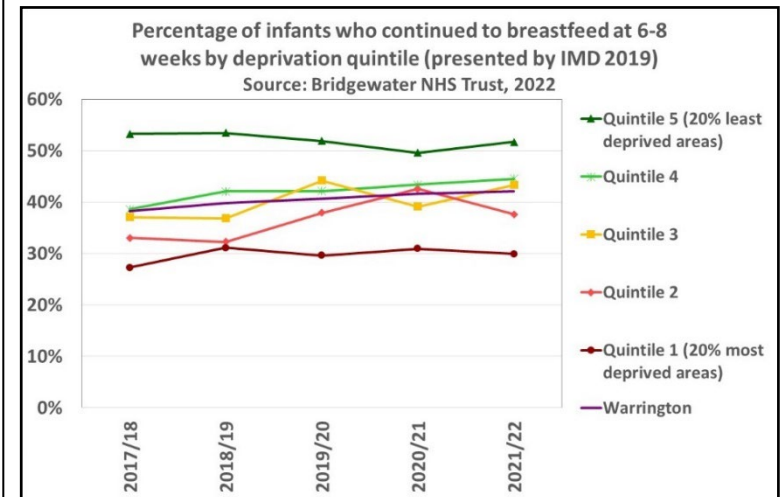
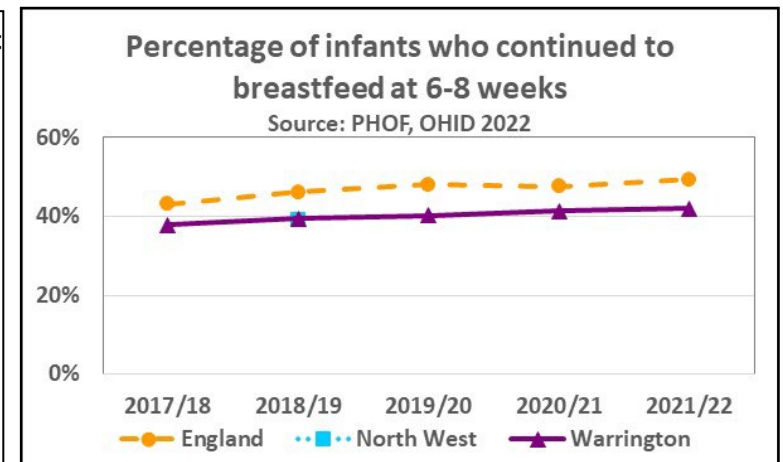
Breastfeeding initiation: i.e., breastfeeding from birth

- Breastfeeding initiation in Warrington is currently 60%, based on latest data from Warrington hospital for 2021/22.
- It has dipped slightly since 2017/18 in which it was 62%.
- Breastfeeding initiation has been consistently lower in the more deprived areas (quintiles 1 and 2) when compared to the Warrington average for the past 5 years.
- Quintile 3 has seen a reducing trend since 2017/18, and in the 2 most recent years has fallen below the Warrington average.
- The less deprived areas (quintiles 4 and 5) have remained consistently higher than the Warrington average.
- NB, unable to compare Warrington to England and the North West due to a lack of recent data.



Breastfeeding continuation at 6 to 8 weeks

- Breastfeeding continuation in Warrington has been statistically significantly lower than England in recent years.
- In 2021/22, 42% of infants in Warrington continued to breastfeed at 6 to 8 weeks, compared to 49.3% in England.
- There has been a small improving trend when looking at the 5 years to 2021/22 in the chart.
- In 2021/22, only 30% of infants from the 20% most deprived areas continued to breastfeed, compared to 52% in the least deprived area.
- Quintile 1 (most deprived area) has been consistently lower than the Warrington average in the past 5 years.



2.4 Starting Well - Child Development at 2 to 2.5 years

Achieving a good level of development:

- The percentage of Warrington children achieving a good level of development has ranged between 80% and 90% over the most recent 5 years.
- During 2021/22, 87.2% of 2 to 2.5 year olds in Warrington achieved a good level of development, statistically significantly better than both England (81.2%) and the North West (79.2%).

Achieving the expected level in communication skills:

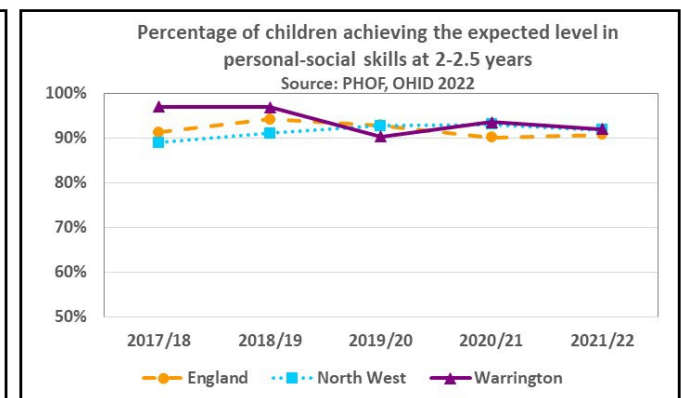
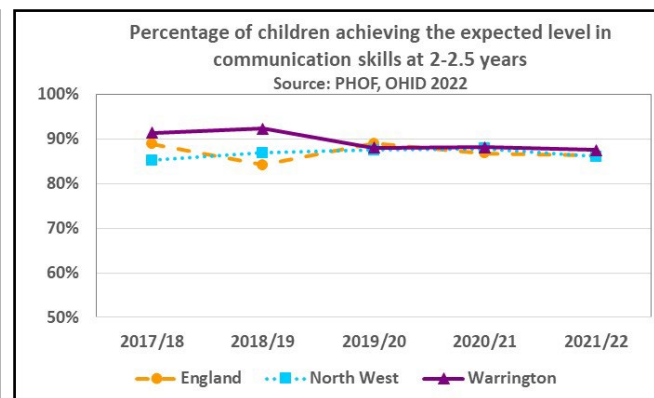
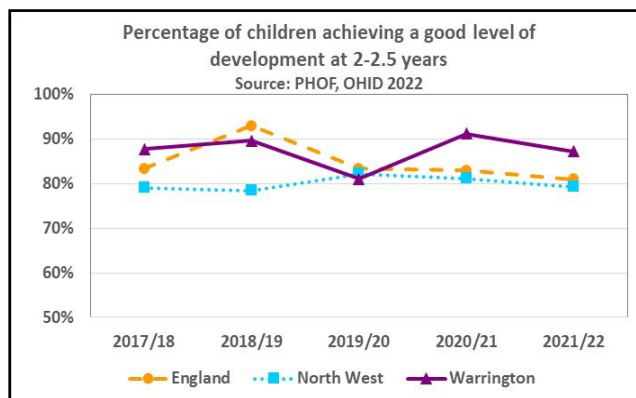
- Warrington has seen a small reduction in the proportion of children achieving the expected level in communication skills during their 2 to 2.5 year assessment.
- 87.5% of children achieved the expected level in Warrington, similar to both England (86.5%) and the North West (86.0%).

Achieving the expected level in personal-social skills:

- The percentage of children achieving the expected level in personal-social skills in Warrington has seen a substantial reduction since 2017/18 and 2018/19.
- During 2021/22, 92.1% achieved the expected level in Warrington, similar to both England (91.2%) and the North West (91.9%).

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 the number of children who achieve the expected level in their development, with children living in more deprived areas and boys less likely to be at the expected levels.

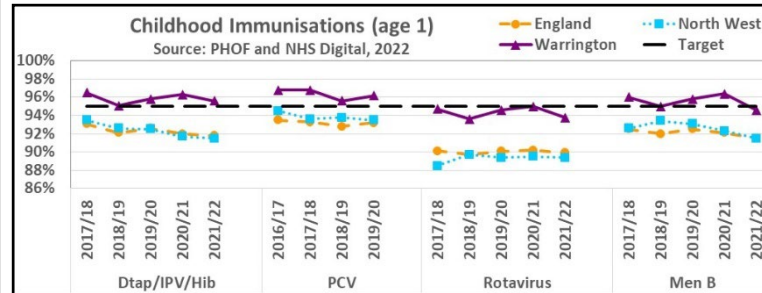
Domains of development which are tested include communication, gross motor, fine motor, problem solving and personal-social skills. The proportion of children at or above the expected level in all five domains gives an indication of the proportion of children who are developing as expected at age 2,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



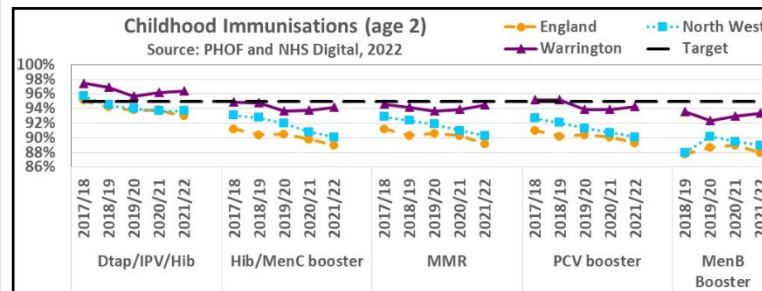
2.5 Starting Well – Childhood Vaccinations and Immunisations

Courses of immunisation:

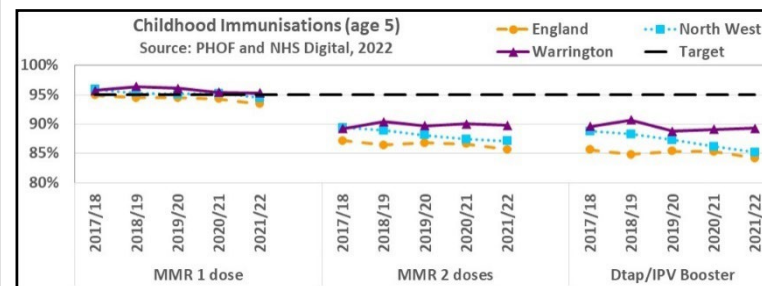
- The combined **DTaP/IPV/Hib** is the first in a course of vaccines offered to babies to protect them against diphtheria, whooping cough, tetanus, Haemophilus influenza type B (an important cause of childhood meningitis and pneumonia) and polio.
- **MMR** is the combined vaccine that protects against measles, mumps and rubella.
- The meningococcal C conjugate (**MenC**) vaccine protects against infection by meningococcal group C bacteria, which can cause meningitis and septicaemia.
- The **PCV** vaccine protects against pneumococcal infections that can cause pneumonia, septicaemia or meningitis.
- **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.



Childhood immunisations (age 1): Warrington consistently exceeds the 95% target for DTaP/IPV/Hib and PCV. Rotavirus met the target in 2020/21, and Men B generally exceeded the target apart from in 2021/22. Warrington is also consistently higher than England and the North West for all 4 immunisations. In 2021/22, the Warrington rates were: Dtap/IPV/Hib 95.6%, PCV 96.2% (2019/20 latest), Rotavirus 93.8%, and Men B 94.6%.



Childhood immunisations (age 2): Warrington is consistently well above England and the North West for all four. Only Dtap/IPV/Hib has consistently exceeded the national target. In 2021/22, the Warrington rates were: DTaP/IPV/Hib 96.4%, Hib/Men C 94.2%, MMR 94.5%, PCV booster 94.3%, and Men B booster 93.4%. All have seen small increases in uptake since 2019/20.



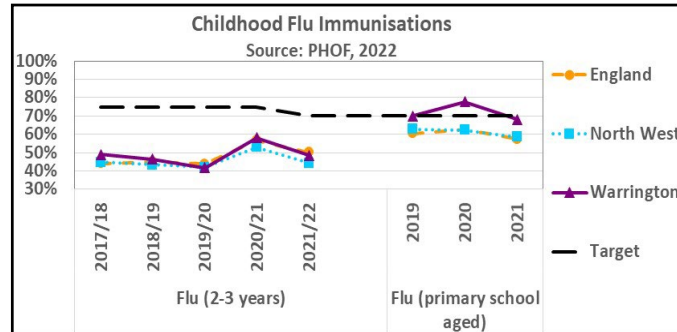
Childhood immunisations (age 5): Warrington has higher rates than England and generally higher than the North West for all immunisations in the chart. Warrington has consistently exceeded the target for 1 dose for MMR. In 2021/22, the Warrington rates were: MMR 1 dose 95.3%, MMR 2 doses 89.8%, and Dtap/IPV booster 89.3%.



2.5 Starting Well – Childhood Vaccinations and Immunisations

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 1-4. 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 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 has led to some disruption of school-based immunisation programme delivery, affecting 2019/20 and 2020/21 vaccine coverage.

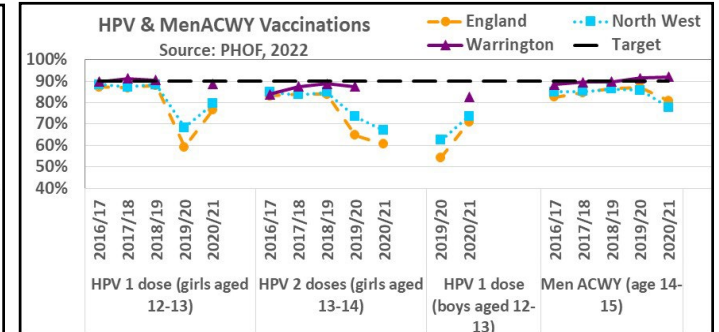


Influenza (Flu) immunisations:

- The national target in 2021/22 was at least 65% vaccine uptake (75% in previous years).
- The Warrington rate in 2021/22 was 48.6%, for 2-3 year olds, higher than 44.2% in the North West but lower than England (50.1%).
- For primary school aged children, the Warrington rate was 68.2% in 2021, higher than the North West (58.5%), England (57.4%) and the national target.

The MenACWY vaccine:

- The national goal for vaccine uptake is at least 90%.
- In Warrington there has been an increase from year to year in the uptake of this vaccine, and in the latest 2 years to 2020/21 has exceeded the national goal.
- In 2020/21, Warrington's rate was 92.0%, higher than the North West (77.8%) and England (80.9%).



HPV vaccine:

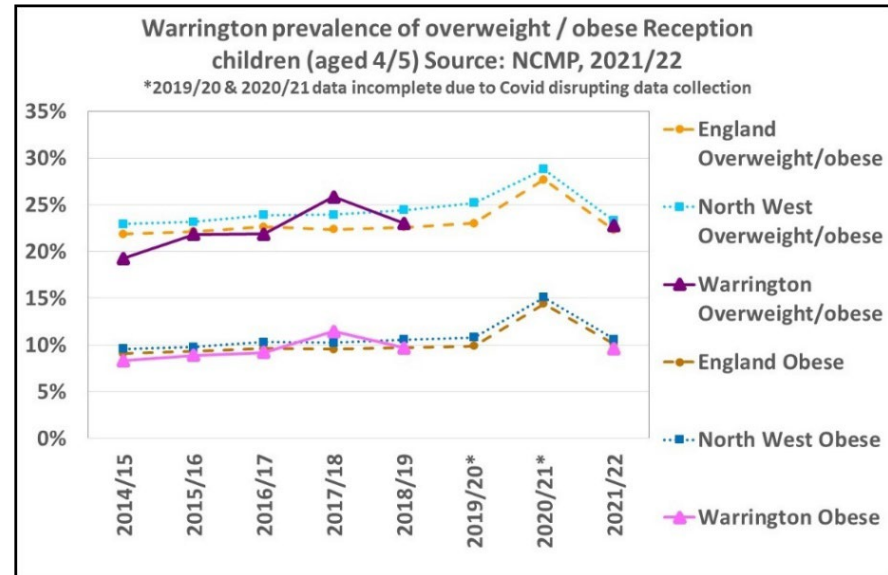
- The national goal is 90% for this vaccine.
- In 2020/21, the Warrington rate for one dose in girls 12-13 years old was 88.7%; higher than the North West (79.5%) and England (76.7%).
- For boys 12-13 years old, it was 82.8% in Warrington; higher than the North West (73.6%) and England (71.0%).
- Second 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

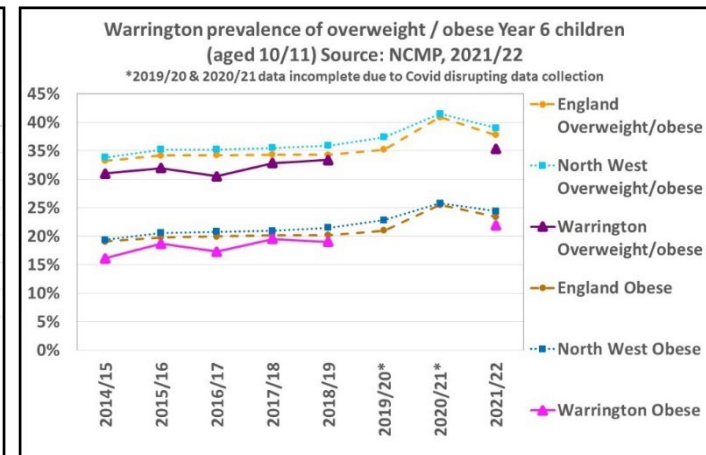
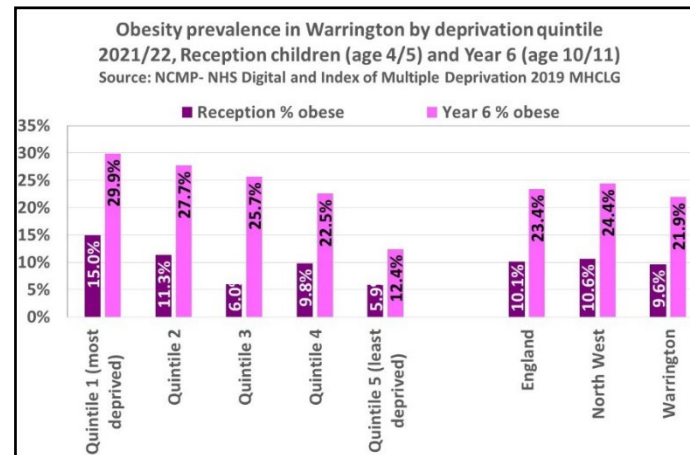
Reception (aged 4/5): Warrington prevalence fluctuates substantially from year to year, mostly between 19% and 23% (apart from an unusual sharp rise in 2017/18) and was lower than England and the North West until 2017/18. In 2021/22 overweight/obese prevalence was 22.8%, slightly higher than 22.3% in England but lower than 23.3% in the North West. Obesity prevalence during 2021/22 was 9.6% (i.e., about 1 in 10 children), compared to 10.1% in England and 10.6% in the North West.

Year 6 (aged 10/11): Warrington prevalence is consistently lower than England. In 2021/22, overweight/obese prevalence was 35.3% (i.e., nearly 1 in 3 children), significantly lower than England (37.8%) and the North West (39.0%). Obesity prevalence was 21.9% (i.e., nearly 1 in 5 children), lower than England (23.4%) and significantly lower than the North West (24.4%).

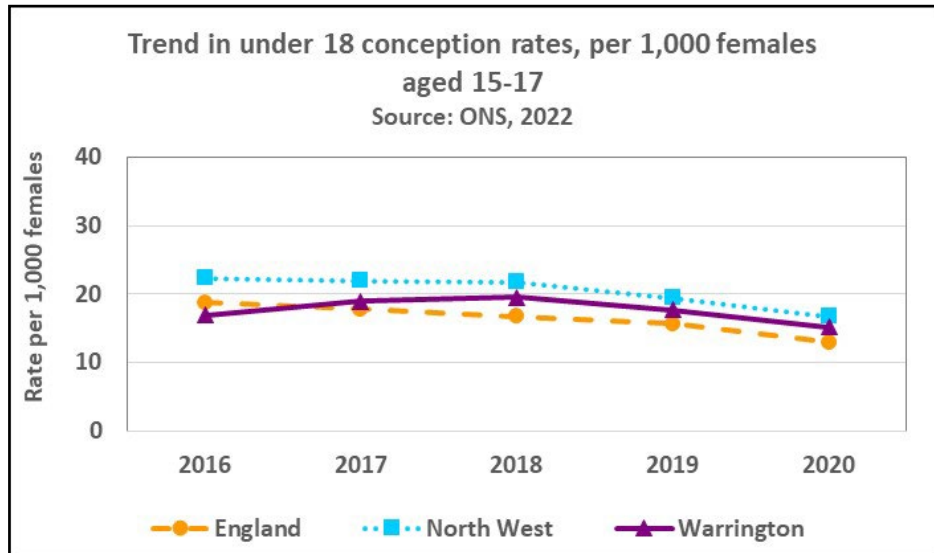
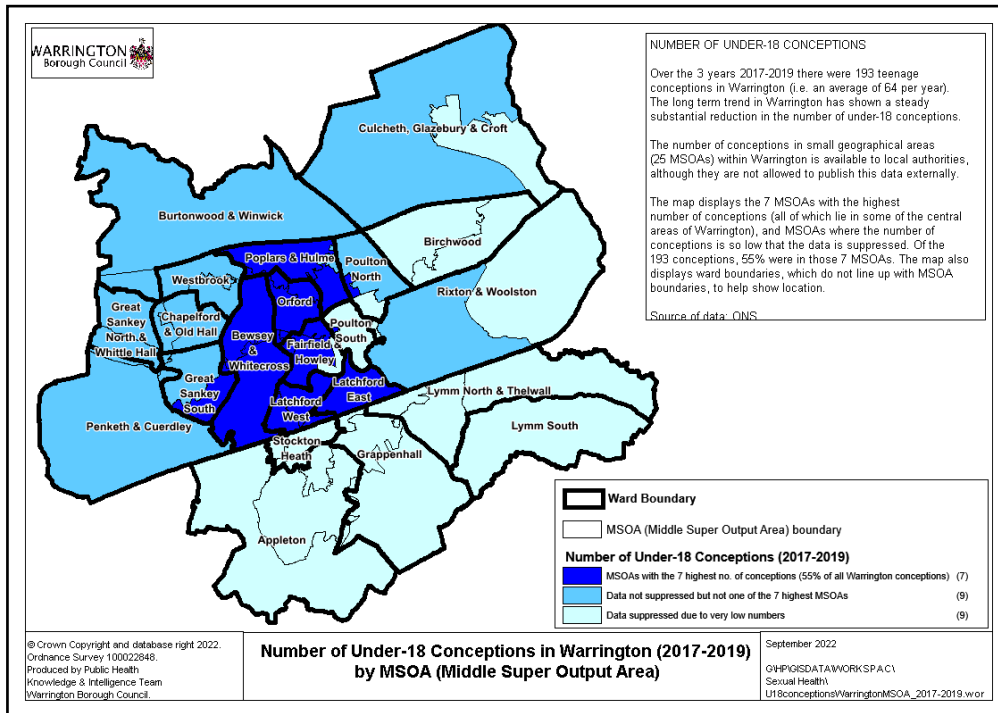


Obesity prevalence by socio-economic deprivation:

- Prevalence estimates vary a lot from year to year, but there is a clear link with deprivation.
- In Year 6, obesity prevalence is highest (29.9%) in Quintile 1 (most deprived) and gradually reduces by quintile to 12.4% in Quintile 5 (least deprived).
- In Reception, obesity is also highest (15%) in Quintile 1 (most deprived) but does not follow the same reduction as Year 6. Obesity prevalence is lowest in Quintile 3 (6%) and Quintile 5 (5.9%).



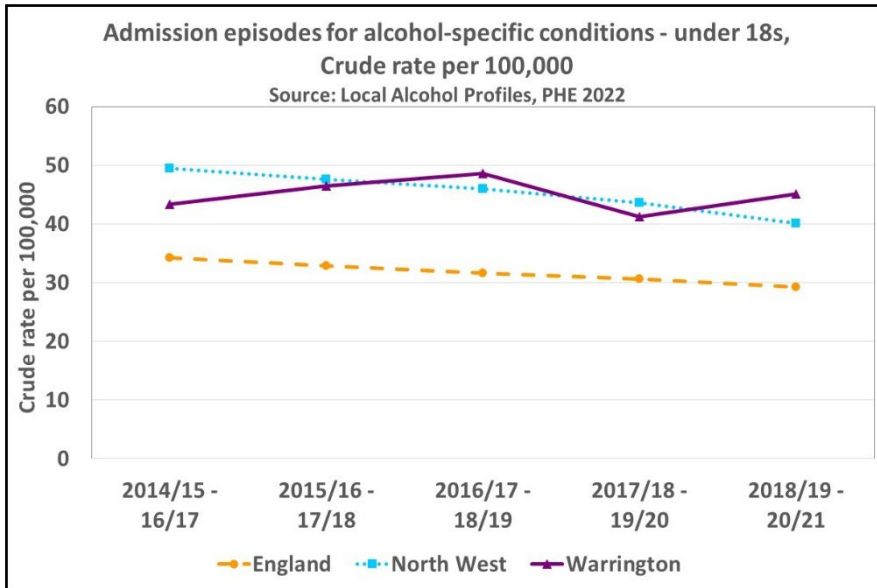
2.7 Starting Well – Risky Behaviours – Teenage Conceptions



- 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 2020, there were 53 under 18 conceptions in Warrington. This is considerably lower than the previous year in which there were 62 under 18 conceptions (2019). However, numbers in 2020 are likely impacted by the Covid-19 pandemic and the social restrictions that were in place.
- In 2020, the under 18 conception rate for Warrington was 15.2 conceptions per 1,000 girls aged 15-17, compared to 13.0 in England and 16.7 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 the rest of Warrington.



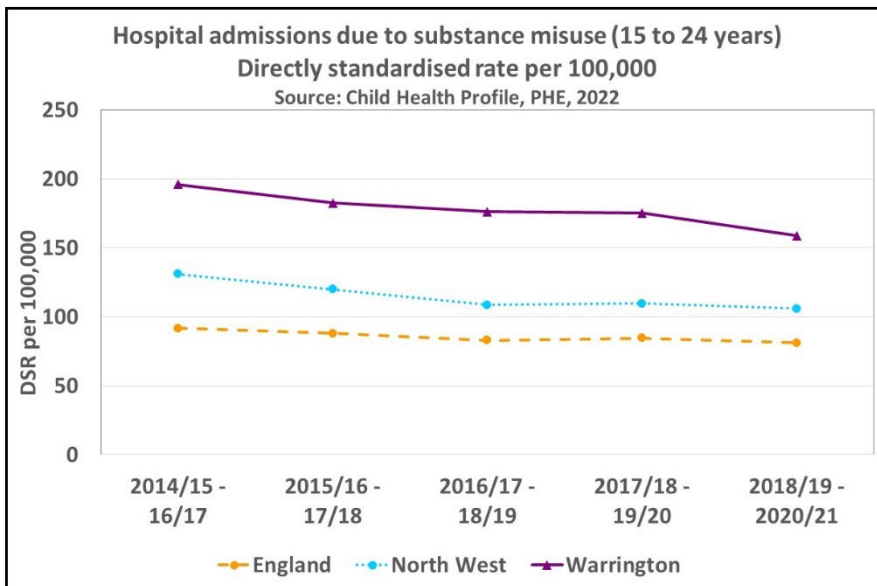
2.8 Starting Well – Risky Behaviours – Alcohol and Substance Misuse



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

- For the most recent data period, 2018/19 - 2020/21, 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 45.1 per 100,000 population aged under 18, significantly higher than England (29.3), and similar to the North West (40.1).
- The current Warrington rate (and number of admissions) is one of the lowest seen in recent years.
- The long-term trend for Warrington shows a reduction although there have been some fluctuations in the rates. Numbers of admissions are small and small changes in numbers can have a substantial impact on the rates.

The Covid-19 pandemic had a large impact on hospital activity with a reduction in admissions in 2020 to 2021.



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

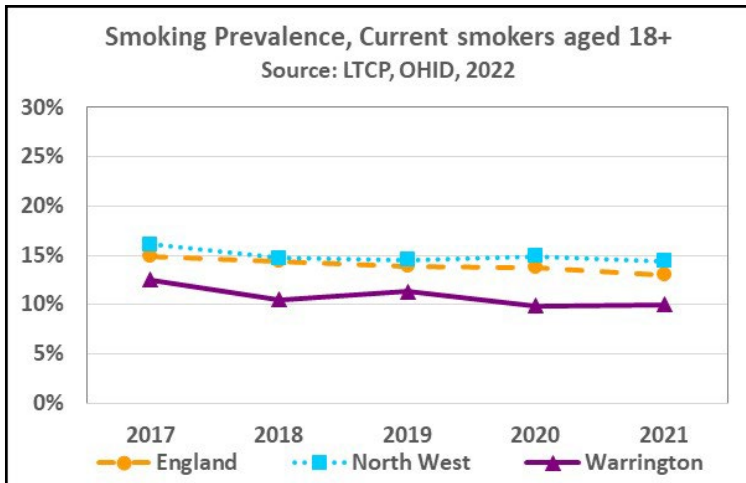
- There were 105 hospital admissions due to substance misuse during the most recent 3-year period (2018/19 - 2020/21), a small reduction on the previous time period.
- Between 2018/19 and 2020/21, Warrington had an admission rate of 158.8 per 100,000 population aged 15-24; this was statistically significantly higher than England's rate of 81.2, and the North West 106.0.
- Warrington has seen a reducing trend since 2014/15 - 2016/17, as has England and the North West.



3.1 Living and Working Well, Lifestyle Risk Factors – Smoking

Smoking prevalence (% of people who smoke)

- In 2021, (latest data available) prevalence in Warrington was 10.0%, lower than England’s 13.0% and the North West (14.4%). Warrington has consistently had statistically significantly lower (better) prevalence rates than England since 2016.
- Prevalence is higher in the routine and manual occupations group; in 2020 (latest data available) it was 16.0% in Warrington, 24.5% in England and 25.1% in the North West. Prevalence has overall reduced in Warrington since 2016, in which it was 26.4%.

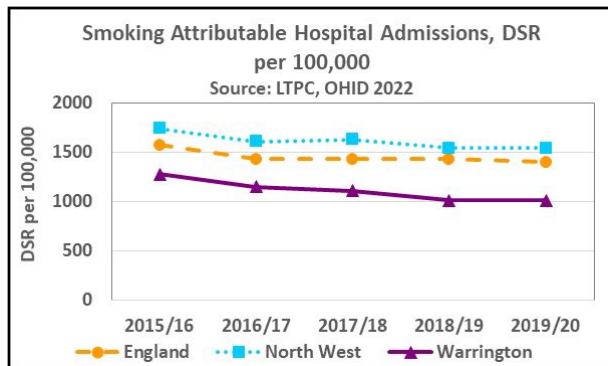
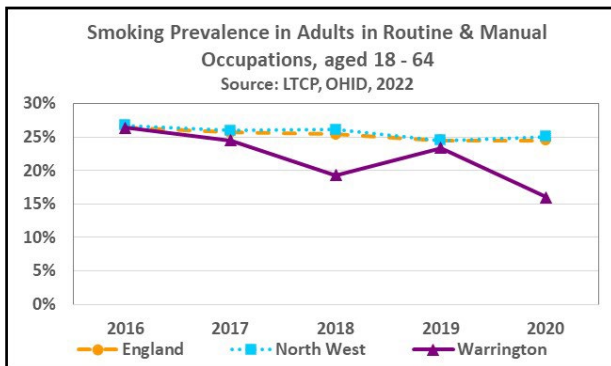


Smoking attributable mortality (deaths wholly or partially related to smoking; smoking is a contributory factor to deaths from a diverse range of diseases and conditions)

- 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.
- 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.

Deaths from chronic obstructive pulmonary disease (COPD)

- In 2017-19 (latest data), Warrington had a rate of 50.1 deaths from COPD per 100,000 population compared to 52.8 in England, lower although not statistically significantly different than England.
- Warrington’s rate has consistently reduced since 2013-15 in which it was 62.0.



Smoking attributable hospital admissions

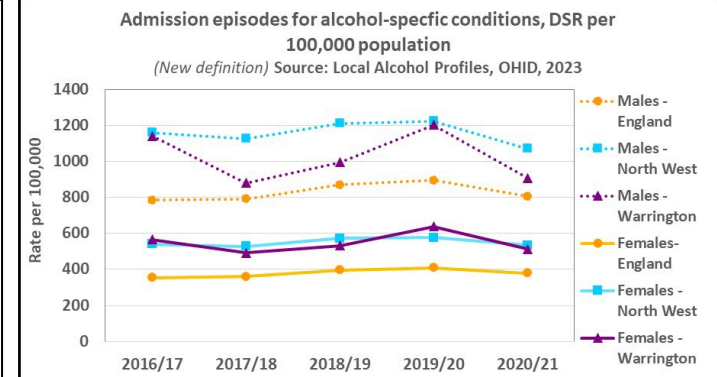
- Latest data (2019/20) shows that Warrington had a rate of 1,009 hospital admissions per 100,000 population, compared to 1,398 in England and 1,540 in the North West.
- Warrington has had year on year reductions in rates in the past 5 years, and statistically significantly better rates than England.

3.2 Living and Working Well, Lifestyle Risk Factors – Alcohol

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

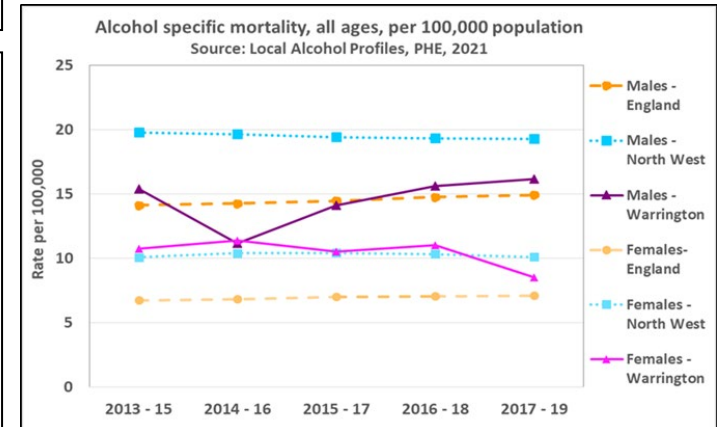
Admission episodes for alcohol-specific conditions

- In 2020/21, Warrington had an admissions rate for alcohol-specific conditions of 908 per 100,000 population for males, 1.7 times higher than females who had a rate of 514 per 100,000 population.
- This was equivalent to 935 admissions for males and 545 admissions 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.
- Admission rates in Warrington, England and the North West are substantially higher for males than for females. Warrington has seen the gap between males and females narrow slightly in 2020/21, primarily due to larger reductions in male admissions compared to female admissions since 2016/17.



Alcohol-specific mortality

- In 2017-19, Warrington had a mortality rate for alcohol-specific conditions of 16.2 per 100,000 population for males and 8.5 per 100,000 population for females.
- This was equivalent to 50 deaths for males and 27 deaths for females.
- Warrington experienced a reduction in the mortality rates for females during the latest time period whilst males saw an increase in the mortality rate. The male rate of mortality has increased over the previous 3 time periods.
- The North West has consistently had significantly higher rates than England for both males and females. In Warrington, numbers of deaths are fairly small, and therefore the mortality rates for males and females are more likely to fluctuate from year to year.



Mortality from chronic liver disease

Most liver disease is preventable, and alcohol consumption is one of the key factors that contribute to it. In 2017 to 2019 (latest data available), Warrington had a mortality rate for chronic liver disease of 19.4 per 100,000 population for males, and a rate of 8.9 for females. This was equivalent to 60 deaths in males and 28 deaths in females.



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

Successful completion of drug treatment

- The percentage of **opiate users** who successfully completed drug treatment (and not returned to treatment 6 months after completing), was the same in Warrington as the previous year and is currently 5.6% (2021). This compares with England and the North West (both 5.0%).
- There has been a general decline in rates since 2017 for Warrington, the North West and England.
- In 2021, 40.0% of **non-opiate users** successfully completed drug treatment (and not returned to treatment 6 months after completing) in Warrington, higher than England (34.3%) and the North West (36.0%) but not statistically significantly better.
- From a high in 2019, Warrington has seen a reduction in rates since then, as has the North West. England has seen a small increase in 2021.

Drug & Alcohol treatment service:

Warrington Borough Council commissions drug and alcohol treatment services. As at March 2022, 676 people were in structured treatment in Warrington.

Hidden Harm:

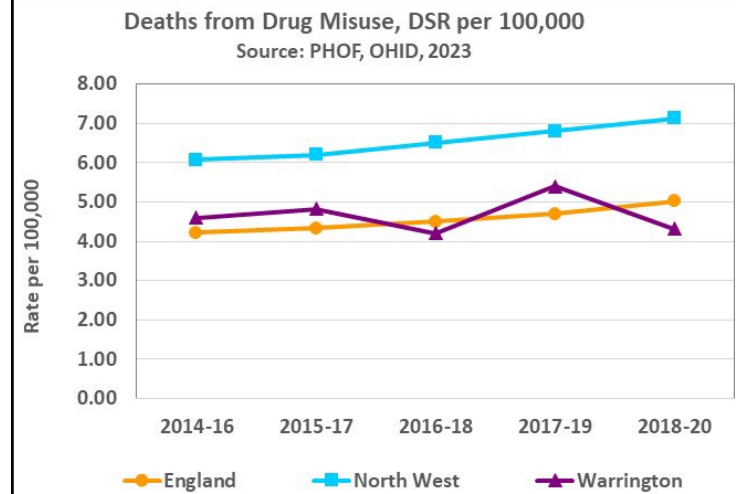
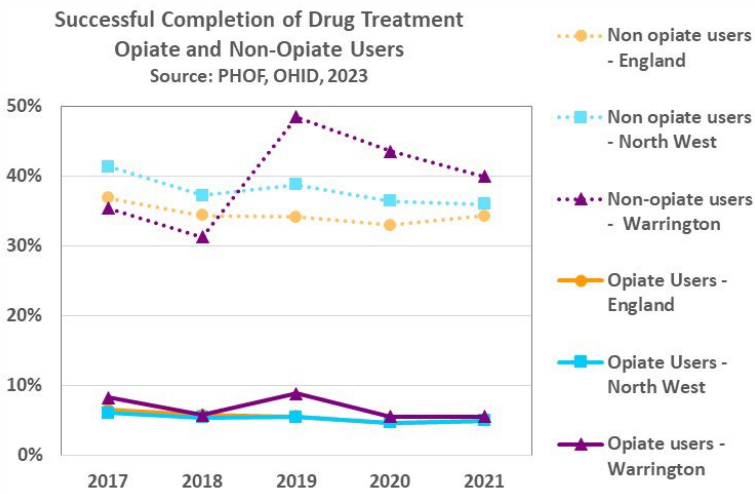
As at March 2022, of people in alcohol and drug treatment services, 30.5% stated that they had a child/children aged under 18, equating to 341 children under 18.

Pharmacy services (in Aug 2021):

12 of the 38 community pharmacies/branches in Warrington provide supervised consumption of methadone / buprenorphine / espranor, and 3 pharmacies provide a needle exchange service.

Needle exchange:

In 2021/22, 676 people used Needle and Syringe Programmes, comprising 1,607 separate visits. The majority of visits took place in pharmacy settings (78.8%). This includes 86.7% of visits for Psychoactive drugs and 71.9% of visits for Steroids and Image and Performance Enhancing Drugs (IPEDs).



Deaths from drug misuse:

In 2018 to 2020, there were 27 deaths from drug misuse in Warrington. This is equivalent to a rate of 4.3 per 100,000 population, lower than England (5.0) and significantly lower (better) than the North West (7.1).



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

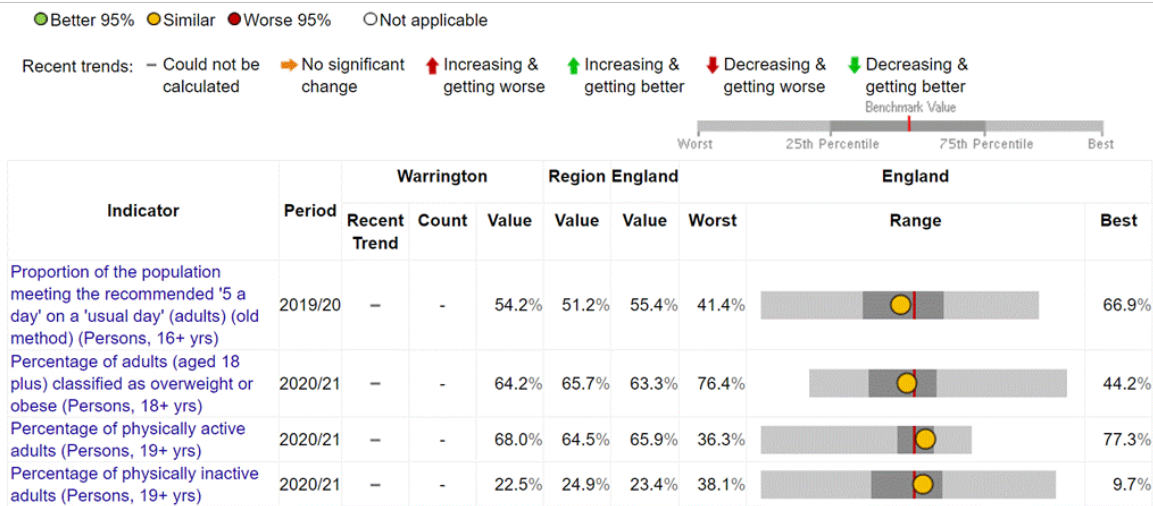
Data on diet, physical activity and excess weight is taken from the **Public Health Outcomes Framework (PHOF)**, produced by the Office for Health Improvement & Disparities (OHID), published Feb 2023, and available at: <https://fingertips.phe.org.uk/profile/public-health-outcomes-framework> The chart shows Warrington, the North West Region and England, as well as the best and worst values across all Local Authorities. There is no up-to-date data at a sub-

In England, 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.

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

Diet (PHOF 2019/20): In Warrington, 54.2% of adults said they'd eaten 5 or more portions of fruit and vegetables the day before they were surveyed, slightly worse than England (55.4%). This was an increase since the previous year (52.4%).

Figure showing risk factors related to healthy weight, diet and physical activity
Source: Fingertips, OHID 2023



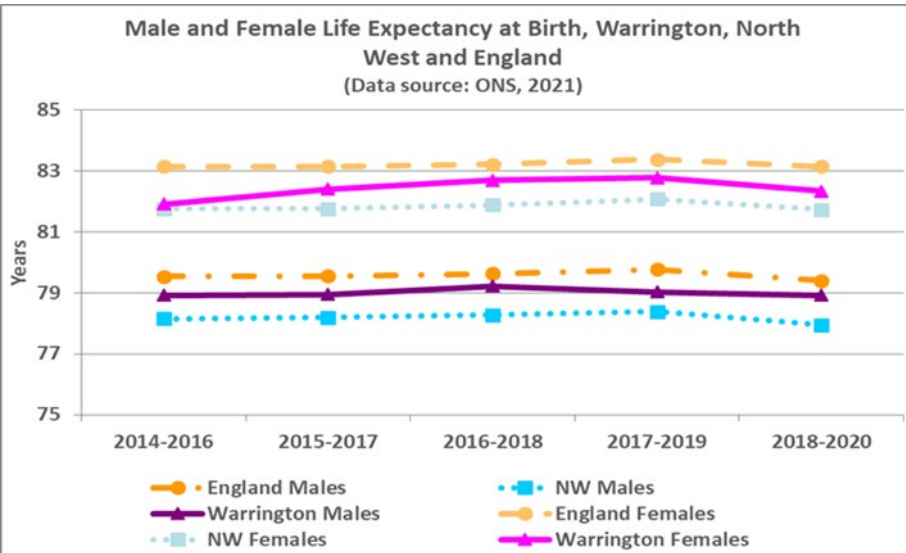
Physical Activity: The minimum physical activity recommended by the Chief Medical Officer is 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two, in bouts of 10 minutes or more.

- In the latest PHOF data (2020/21), 68.0% 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 (65.9%).
- 22.5% of adults in Warrington did less than 30 “equivalent minutes” per week, better but not significantly different to England (23.4%).

Obesity and overweight: Body mass index (BMI) 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 the latest PHOF data (2020/21), 64.2% of adults in Warrington were overweight or obese, worse but not significantly different than 63.5% for England overall. Nationally, there is a strong link between obesity and socio-economic deprivation (although not between overweight prevalence and deprivation).

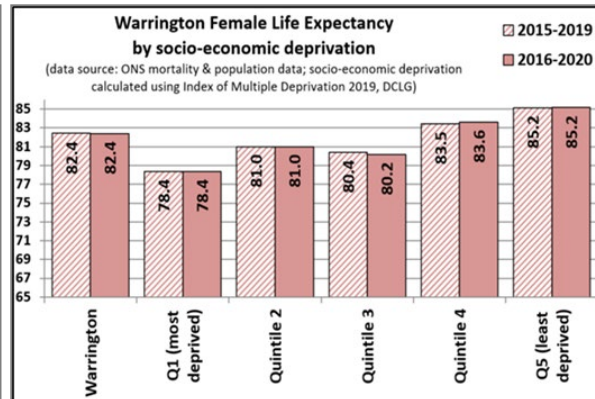
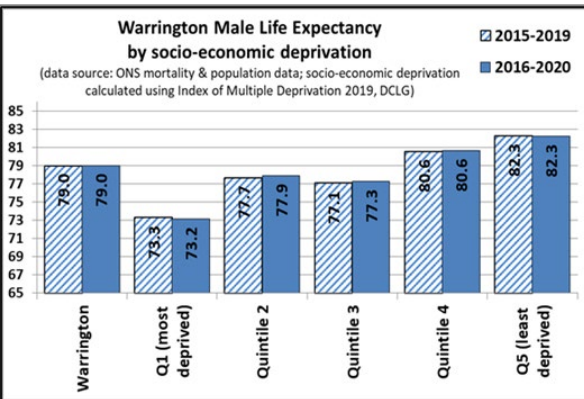
4.1 Living and Working Well, Burden of Disease – Life Expectancy

Life expectancy at birth Life expectancy is an internationally accepted measure of the overall health of a population. It provides an estimate of the average number of years a newborn baby would live for 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.



Trends in life expectancy (LE) at birth:

- Life expectancy in Warrington has increased substantially over recent decades, by 6.5 years for men and 4.4 years for women, since 1991. However, male and female life expectancies are consistently significantly lower than England.
 - Long term trends in male and female LE have shown steady increases in England, the North West and Warrington since 1991. Year-to-year fluctuations are seen in Warrington's LE. Female LE increased from 2011-2013 to 2017-2019, before decreasing for the most recent time period. Male LE saw fluctuations for the most recent five time periods, staying relatively stable between 2014-2016 and 2015-2017, increasing to 2016-2018 then decreasing to 2018-2020.
 - Both locally and nationally, male LE is consistently much lower than female.
- Male LE:** Over the past 10 data periods (2008-2010 to 2018-2020), male life expectancy in Warrington has increased by 1.1 years, from 77.8 to 78.9 years.
- Female LE:** Over the past 10 data periods (2008-2010 to 2018-2020), female life expectancy in Warrington has increased by 0.9 years, from 81.5 years to 82.3 years.



LE by socio-economic deprivation: Male and female LE is consistently lowest in the most deprived areas (Quintile 1), and highest in the least deprived (Quintile 5). There is a large step change from Q1 to Q2, and then an increased slope from Q2 and Q3 to Q5.

Female LE (2016-2020) ranged from 78.4 years in the most deprived areas of Warrington (Q1) to 85.2 years in the least deprived (Q5), a difference of 6.8 years.

Male LE (2016-2020) ranged from 73.2 years in the most deprived areas of Warrington (Q1) to 82.3 years in the least deprived (Q5), a difference of 9.1 years.

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

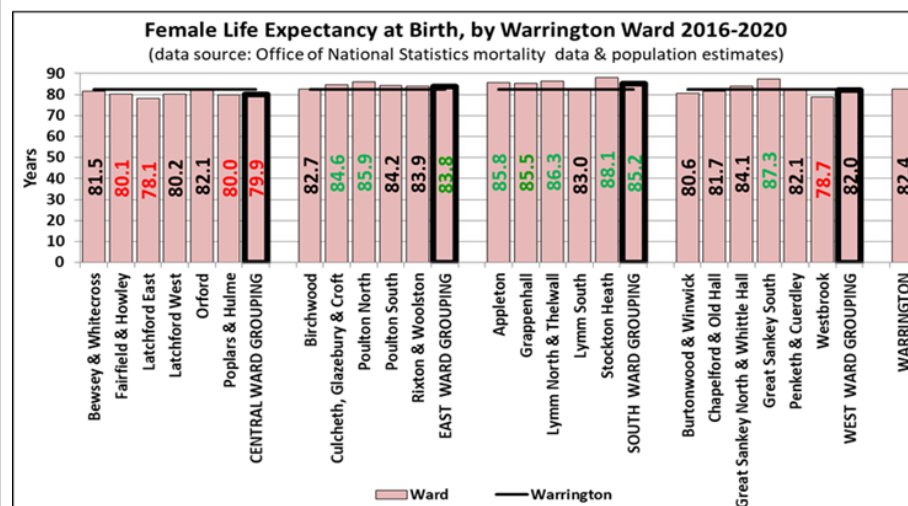
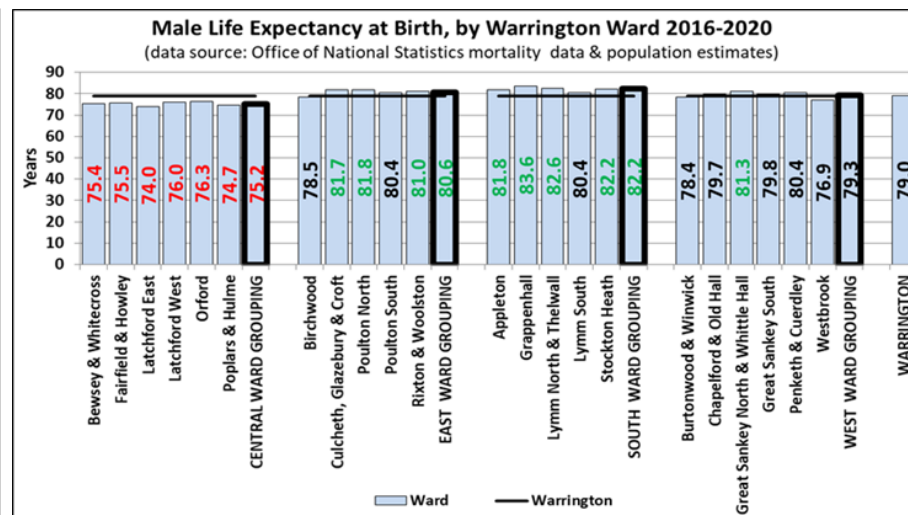
Ward-level life expectancy (LE) is calculated over a 5-year period in order to provide a more robust estimate. Even so, ward-level LE estimates can fluctuate over time, especially for smaller wards. The most recent data period available is 2016-2020. NB There can be spurious factors that contribute to 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:

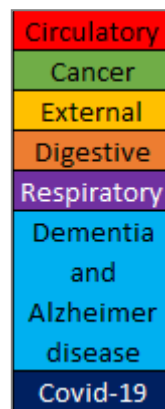
- Fairfield & Howley, Latchford East, Poplars and Hulme, and Westbrook had statistically significantly lower female LE at birth than Warrington overall (82.4 years).
- Seven wards had significantly higher female LE at birth: Culcheth, Glazebury & Croft, Poulton North, Appleton, Grappenhall, Lymm North & 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 Living and Working Well, Burden of Disease – Leading Cause of Death, 2019-2021

Males

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



Females

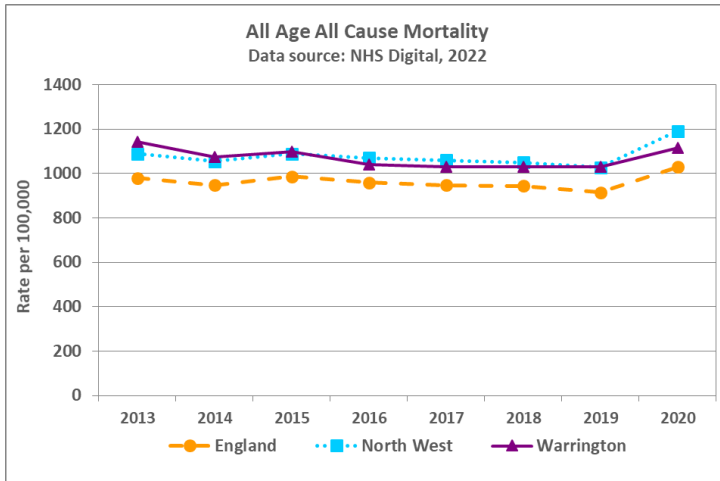
	1st	2nd	3rd	4th	5th
All Ages	Dementia and Alzheimer disease	Covid-19	CHD	Cerebrovascular diseases	Lung Cancer
35 to 49	Covid-19	Accidental poisoning	Cirrhosis and other diseases of liver	CHD/ Colorectal Cancer / Influenza and pneumonia	Numbers too small to analyse
50 to 64	Breast Cancer	Lung Cancer	Cirrhosis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

- The leading causes of death for males of all ages 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.

- The range of conditions for female all age deaths 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.

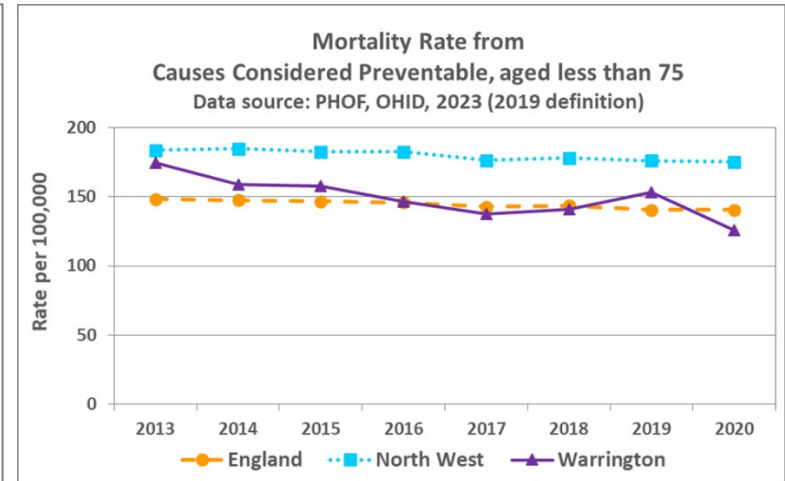


4.3 and 4.4 Living and Working Well, Burden of Disease – All-age All-cause Mortality and Mortality Considered Preventable



All-age all-cause mortality:

- There were 6,240 deaths in Warrington during the 3-year period 2018-20, equivalent to a rate of 1,058.5 per 100,000 persons.
- In the 7 years since 2013, Warrington has seen a 2% reduction in its mortality rate.
- In 2020, Warrington had a significantly worse mortality rate than England; 1114.3, compared to 1029.0 per 100,000.



Mortality considered preventable:

In 2020 there were 245 deaths in Warrington from causes considered preventable (CCP) in those aged under 75, equivalent to a rate of 126.1 per 100,000.

There is a general downwards trend in preventable mortality, and since 2013, Warrington has seen a 28% decrease in mortality, substantially greater 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 as England with the exception of 2013 when Warrington was significantly higher.

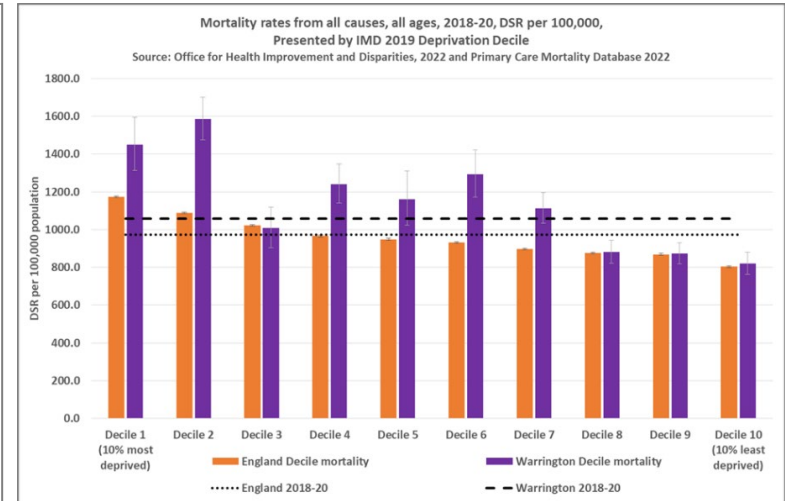
All-age all-cause mortality (decile):

The 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 also reduces.

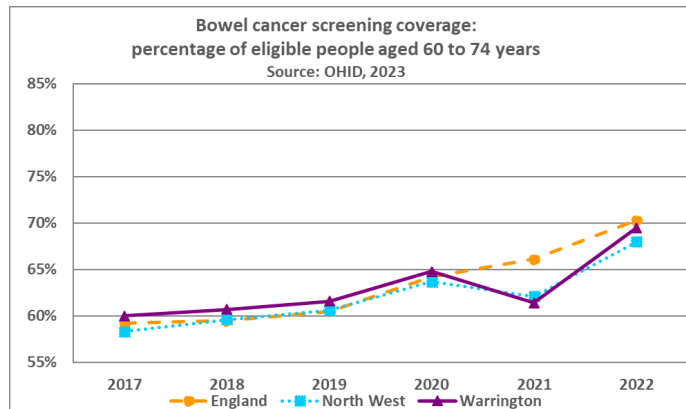
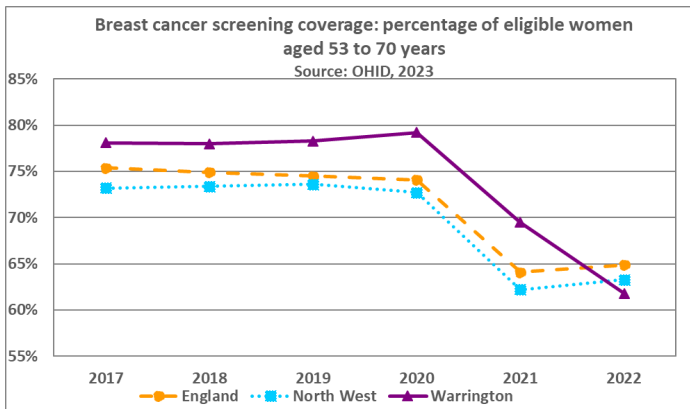
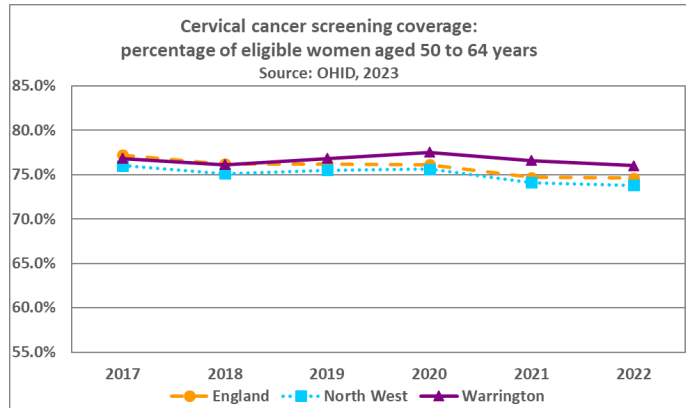
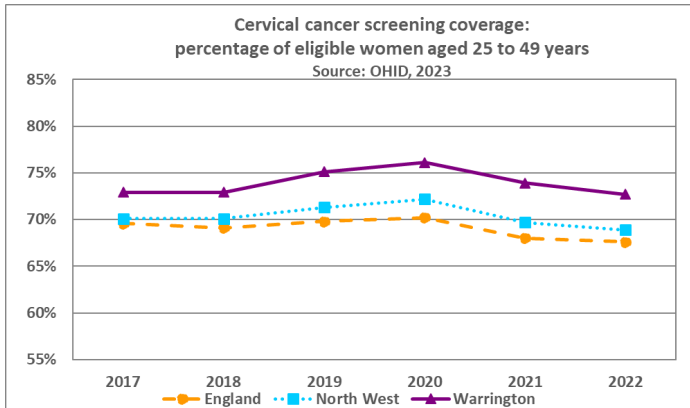
A similar pattern is also seen for Warrington, but the relationship isn't as strong as what is seen for England, this is most likely due to the smaller data set used to calculate the deprivation decile rates for Warrington.

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.



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

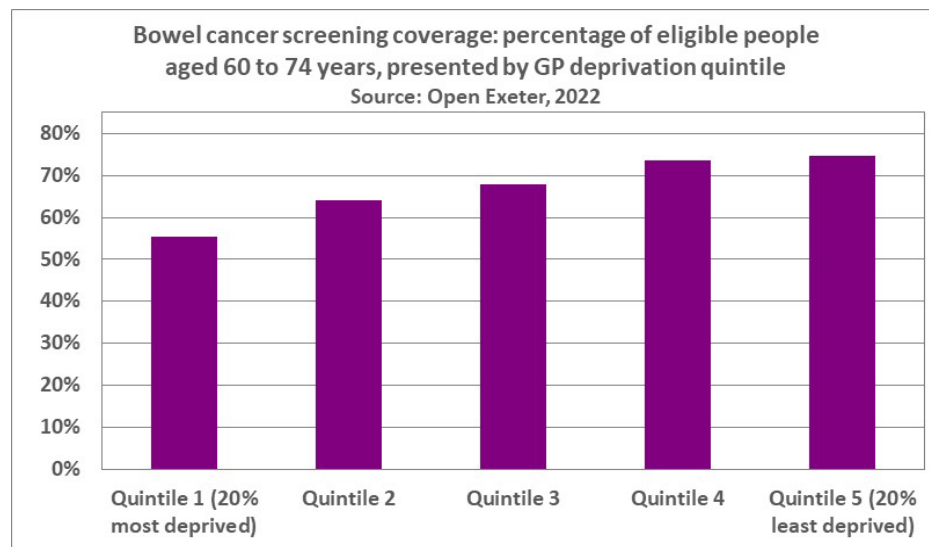
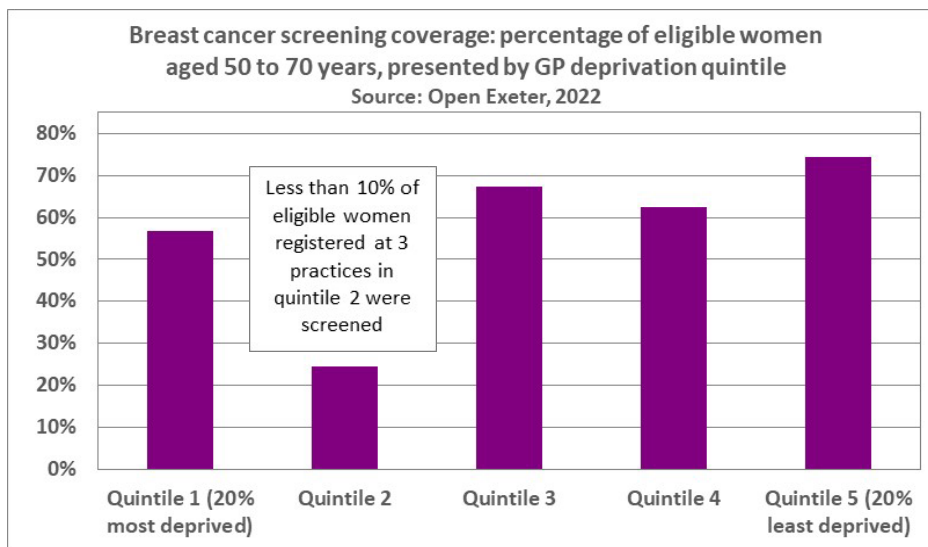
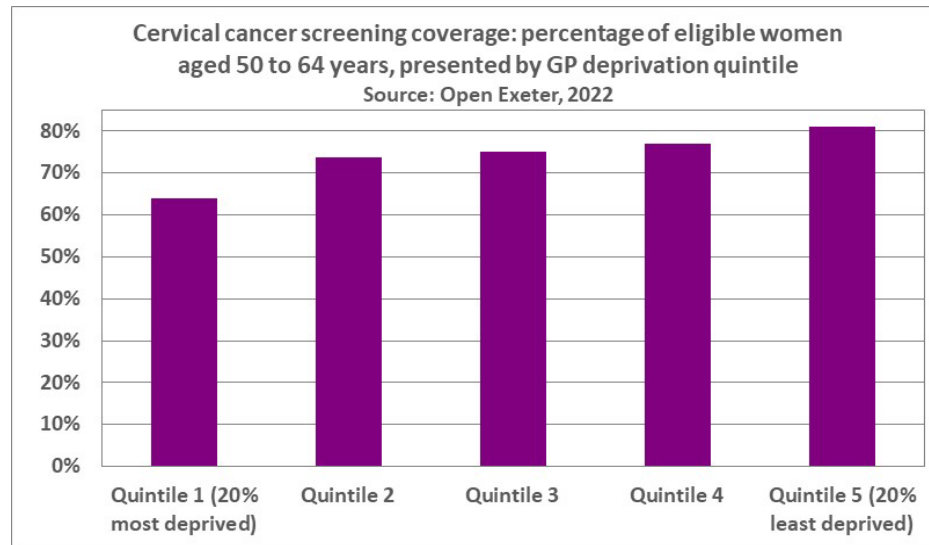
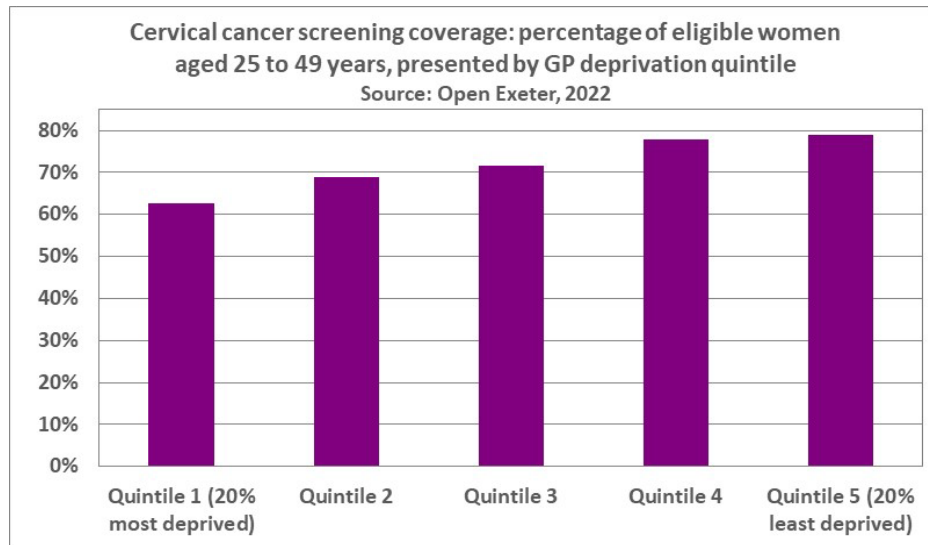


- The Covid pandemic has had a negative effect on screening; uptake in Warrington has reduced, particularly for breast and cervical screening, whilst bowel screening increased during 2022. The same pattern was seen across the North West and England.
- In Warrington, the following reductions in uptake from 2021 to 2022 were: breast from 69.5% to 61.8%, cervical (25-49 yrs) 73.9% to 72.7% and cervical (50-64) 76.6% to 76.0%.
- Breast cancer screening in Warrington has been significantly higher than England since 2012 and always been well above the target of 70% but has now fallen below the target and significantly lower than 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 (prior to 2020 it was not significantly different).
- Warrington has consistently been well below the target of 80% for cervical cancer screening, as have the North West and England.
- Bowel cancer screening was significantly higher than England from 2017 to 2019, but in 2021 and 2022 was significantly lower. Warrington has exceeded the target of 60% since 2017.

Abdominal aortic aneurysm screening checks if there's a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through to the stomach. The bulge is called an abdominal aortic aneurysm; if not spotted early it can rupture. The screen is offered to men during the year they turn 65. Women aren't screened, as their risk is much lower. During 2021/22 13.5% of Warrington men aged 65 were screened, significantly lower than England (70.3%) and a substantial reduction when compared to previous years (78.2% in 19/20 and 31% in 20/21). Note: data from 2019/20 should be interpreted with caution as it was affected by the Covid-19 pandemic.



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



With the exception of breast screening, 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.



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

Early diagnosis of cancer is important in relation to survival.

• In Warrington, over half (53.2%) of cancers during 2020 were identified at an early stage (stage 1 and 2), this was higher but not significantly different to England (52.3%) and the North West (51.2%). **Note: This indicator includes a specific set of cancers. For more detail on which cancers are included see:** [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://phe.org.uk/public-health-outcomes-framework-data)

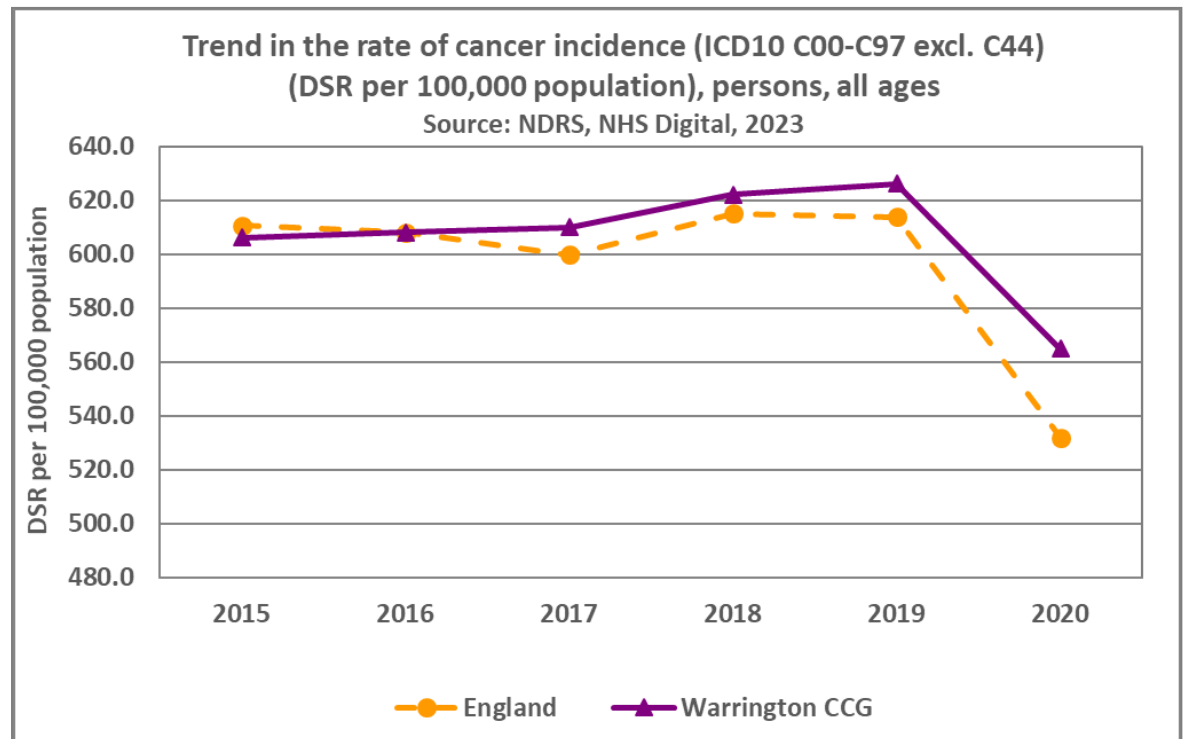
Cancer incidence

• Pre-pandemic the number of new cancers being diagnosed each year in Warrington was slowly increasing, 1,167 cases in 2015 increasing to 1,296 cases in 2019. During 2020 there were 111 fewer cases diagnosed than in the previous year.

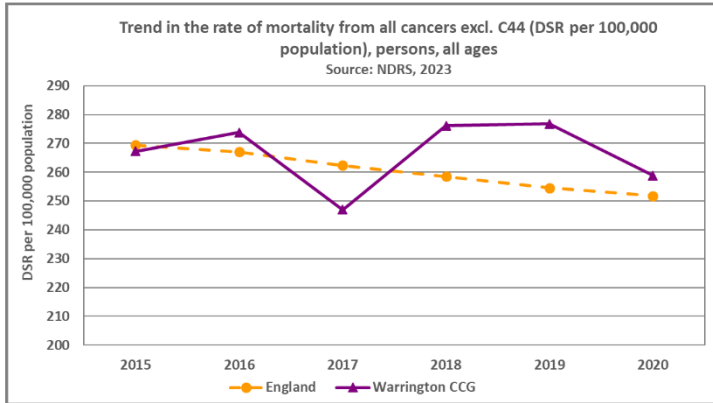
• The rate of cancer incidence in Warrington is similar to England with both following a similar trend. During 2020 the incidence rate reduced by 13% for England and 10% for Warrington.

Over the 3 year period 2018-2020:

- A total of 3,749 new cancers were diagnosed in Warrington residents (excluding skin cancers other than malignant melanoma). This was a slightly higher incidence rate than England.
- The most common types of cancer diagnosed during this time period was breast cancer (585 cases), lung cancer (481 cases), prostate cancer (468 cases) and colorectal cancer (405 cases) - these were also the most common cancers diagnosed in England.
- When compared to England, Warrington had a significantly higher incidence rates of oesophageal cancer (females), malignant melanoma of skin (persons and females), breast cancer (females) and kidney cancer (persons and females).
- In Warrington the rate of diagnosis of new cases of prostate cancers was significantly lower than the England rate.

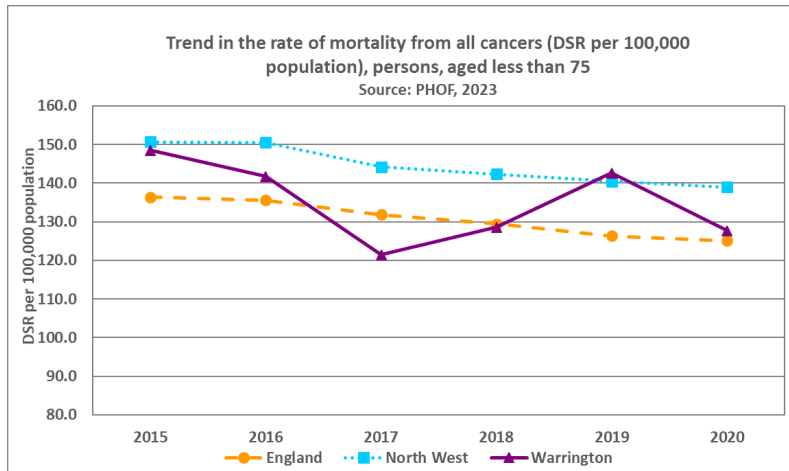


4.6 Living and Working Well, Burden of Disease – Cancer Mortality



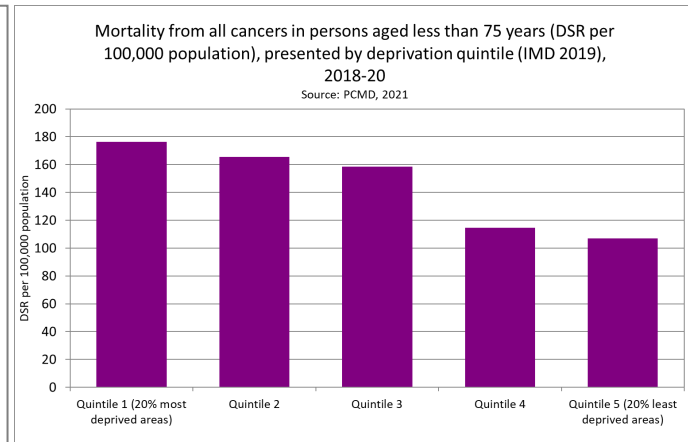
All-age cancer mortality

- Cancer is one of the leading causes of death in Warrington, in the three years 2019-21, there were 1,708 deaths due to cancer.
- The trend in cancer mortality rate in people of all ages has reduced across England, however in Warrington the rate fluctuates each year.
- The most common cancers causing death in Warrington (2018-20) were: lung (324 deaths); colorectal (171 deaths); prostate (122 deaths); and breast (120 deaths). The same types of cancer were also seen for England.
- When compared to England, Warrington had a significantly higher mortality rates for female oesophageal cancer and persons kidney cancer.



Premature cancer mortality (people aged under 75)

- There has been a steady reduction in premature cancer mortality in England and the North West.
- However, the pattern has been slightly different for Warrington; after a steady trend in reducing mortality rates (up to 2017), the rates increased during 2018 and 2019 and then reduced again during 2020.
- Premature mortality rates are higher in the most deprived areas of Warrington.



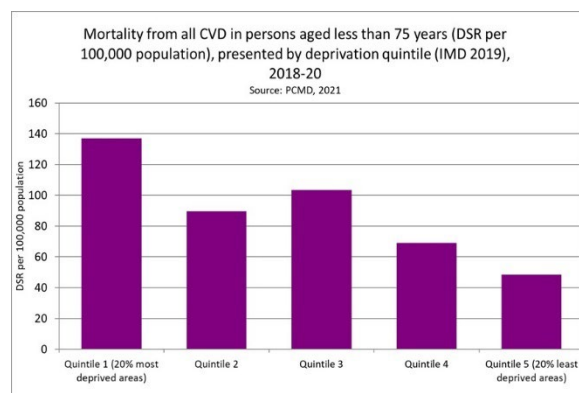
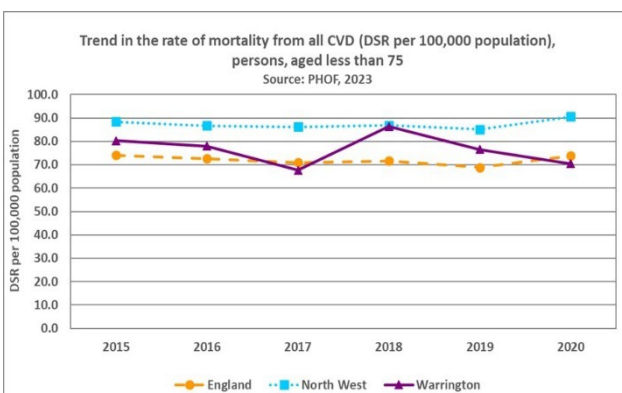
4.7 Living and Working Well, Burden of Disease – Cardiovascular Disease

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

Mortality rate from all CVD in people aged under-75: Warrington currently (2020) has an under-75 mortality rate from all CVD of 70.4 per 100,000 people, lower but not significantly different than England (73.8). Overall, trends in Warrington have been downwards since 2001 but with year-to-year fluctuations. Rates in Warrington were significantly higher than England during 2018, the remaining years Warrington had a similar rate to England.

Under 75 mortality from CVD from causes considered preventable (2019 definition): In Warrington, on average around 42% of all CVD mortality in under-75s is considered preventable. Mortality from CVD considered preventable is on a downwards trend, the most recent rate in Warrington (29.5 per 100,000) is slightly higher than England (29.2).

Socio-economic deprivation: mortality from premature (<75) CVD was significantly higher in Quintile 1 (20% most deprived areas) compared to the rest of Warrington. **Please see the glossary for more detailed information on the causes considered preventable definitions.**



NHS Health Checks Programme: NHS Health Checks are aimed at people who aged 40-74 who are not already diagnosed with heart disease, stroke, diabetes or kidney disease. They are invited once every 5 years for a health check to assess their risk of CVD, to raise awareness, and to support them to manage that risk. In Warrington between 2017/18 and 2021/22, 30.6% of the Warrington population who were eligible for a health check, received one. This is significantly lower than England (44.8%).

Quality and Outcomes Framework (QOF), 2021/22 (Source: NHS Digital)

CVD Risk Factors	Warrington, no of patients on register	Warrington prevalence rate	England prevalence rate	% higher than England
Coronary Heart Disease	7,847	3.50%	3.01%	16%
Stroke & Transient Ischaemic Attack (TIA)	4,200	1.90%	1.81%	5%
Diabetes Mellitus (17+)	12,715	7.00%	7.26%	-4%
Hypertension	32,277	14.40%	13.97%	3%
Peripheral Arterial Disease (PAD)	1,471	0.70%	0.58%	21%

QOF data monitors performance in GP practices. Prevalence of stroke/TIA and hypertension in Warrington for 2021/22, are slightly higher than England. However, compared to England, prevalence of coronary heart disease is 16% higher, and prevalence of PAD is 21% higher in Warrington.



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

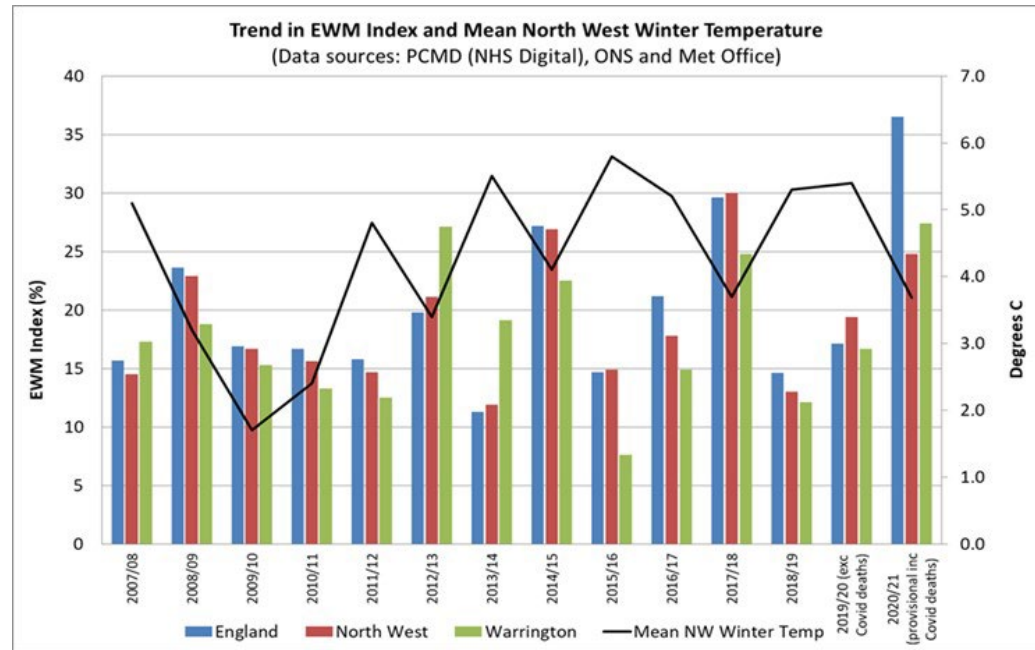
Excess winter mortality (EWM) is defined as the number of extra deaths in winter compared to the rest of the year. This is the number of deaths that occur between December and March, minus the average number of deaths that occurred in the previous August to November and the following April to July. An EWM Index is then calculated, represented as a percentage, which allows for comparisons. **Data for 2021/22 includes deaths from Covid-19, comparisons to previous years should not be made as the data is not comparable.**

Excess winter mortality trends:

- In 2020/21 there were 178 excess winter deaths in Warrington, resulting in a provisional EWM Index of 27.4%, lower than England (36.5%).
- The England EWM Index was highest in 2020/21 then all winters since the data time series began in 1991/2.
- In Warrington the EWM Index in 2020/21 was the highest since 1999/2000.

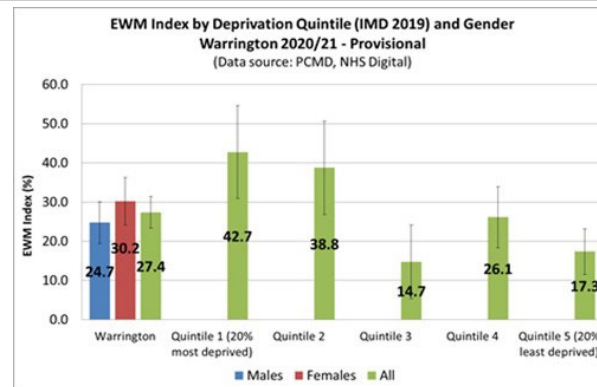
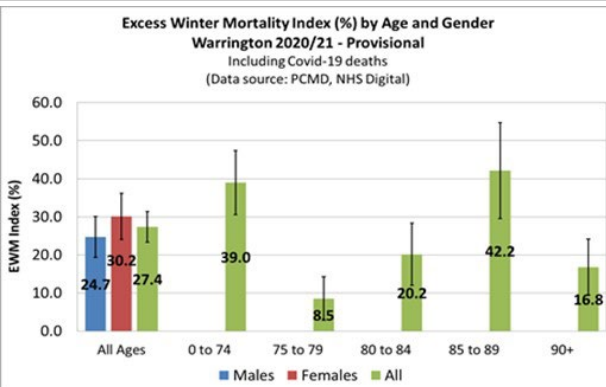
Causes of death 2019/20:

- Covid-19 was by far the leading cause of excess winter mortality. In Warrington, Covid-19 was responsible for 83% of excess winter deaths, a EWM Index of 264% (147 deaths).



By age and gender

- In Warrington females had an EWM Index of 30.2%, which was higher than 24.7% in males.
- Numbers of excess winter deaths were highest in the 0-74 age group with 83 excess deaths, followed by the 85-89 age group with 43 excess deaths
- The 85-89 age group had the highest EWM Index of 42.2% followed by the 0-74 year olds with 39.0%.



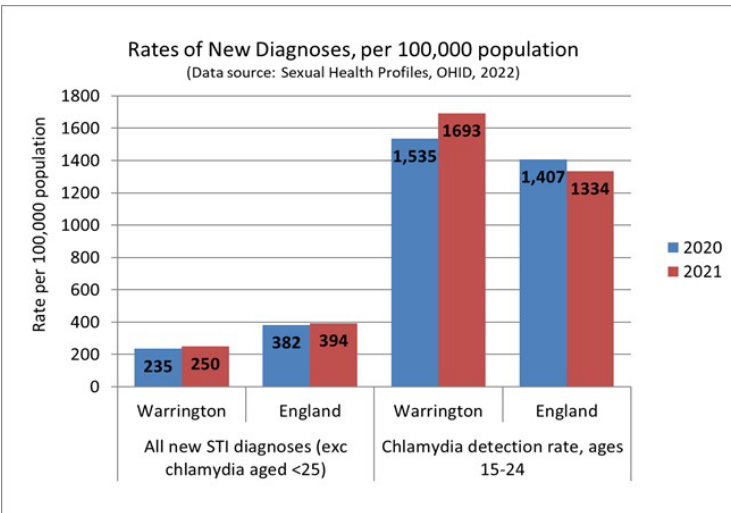
By deprivation:

- Quintile 1 has the highest EWM Index of 42.7%, higher but not significantly different to the overall Warrington EWM Index.
- Quintile 3 has the lowest EWM Index of 14.7%, followed by quintile 5 with 17.3%



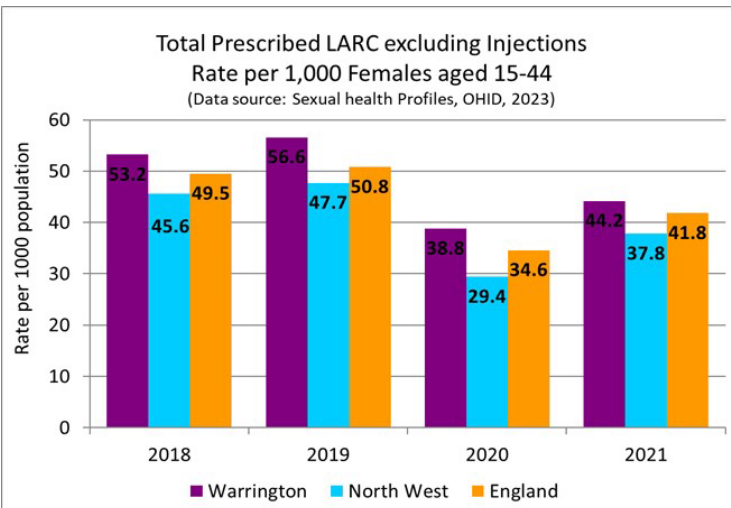
4.9 Living and Working Well, Burden of Disease – Sexual Health

HIV prevalence: Latest data (2021) shows that Warrington has a HIV prevalence rate of 1.17 per 1,000 people aged 15-59; this compares with the England rate of 2.34. Warrington’s prevalence has increased very slightly since the previous year in which it was 1.09.



Sexually transmitted infections (STIs):

- Warrington has a rate of 250 new STI diagnoses per 100,000 population, significantly lower than the England rate of 394.
- Chlamydia is the most commonly diagnosed bacterial STI in England; young adults have substantially higher rates than any other age group (OHID, 2021).
- The chlamydia detection rate for 15-24 year olds (2021) is 1,693 per 100,000 in Warrington, higher than England (1,334).
- This was measured against a national target of 2,300 per 100,000 young people, however from 2022 the screening programme will focus on opportunistic screening of females (aged 15-25) with a minimum detection rate of 3,250 per 100,000. Higher numbers are considered better, as detecting and treating sufficient chlamydia infections with no noticeable symptoms will result in a decrease in incidence.
- The proportion of the population aged 15-24 screened for chlamydia was 15.5% in Warrington, significantly higher than England’s rate of 14.8%.



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

- Latest data shows that Warrington has a rate of 44.2 per 1,000 females aged 15 to 44 who have been prescribed LARC (excluding injections). This rate includes LARC prescribed by GPs and Sexual & Reproductive Health Services.
- Warrington has a higher rate than England (41.8) and the North West (37.8).
- Approximately 1,675 females were prescribed LARC in 2021 in Warrington.

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



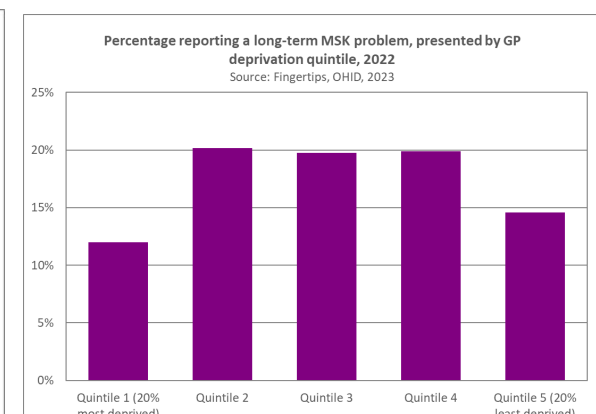
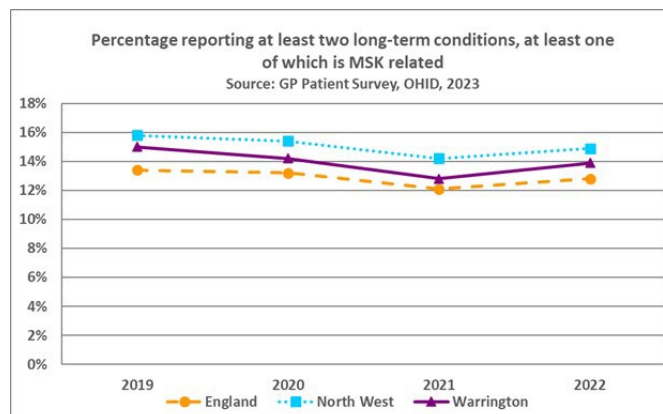
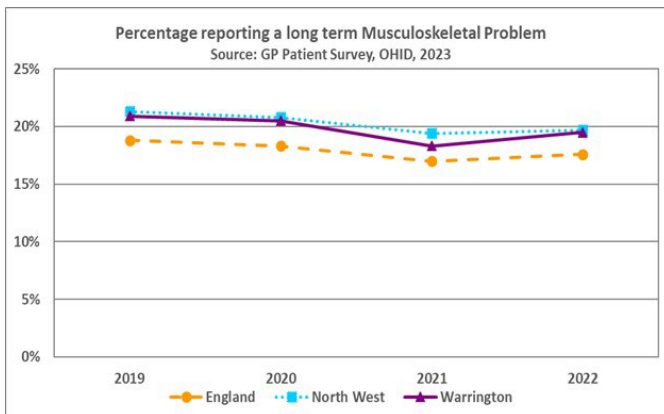
4.10 Living and Working Well, Burden of Disease – Long Term Musculoskeletal

Musculoskeletal (MSK) conditions are conditions that affect joints, bones and muscles. They can impact the quality of life by increased 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 was ranked as the top reasons for years lived with disability and “other MSK conditions” was ranked as number 10. These indicators show the percentage of people aged 16+ responding to the GP Patient Survey reporting 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 of 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 had a slightly higher percentage of people reporting at least two long-term conditions, at least one of which is MSK related compared to England, but lower than the North West.

Trends in reported musculoskeletal problems:

- The percentage of people reporting a long-term MSK condition in Warrington (19.5%) is significantly higher than England (17.6%) and similar to the North West (19.7%).
- For three out of the five most recent time periods Warrington has had a significantly higher proportion of people reporting a long term MSK condition than England
- Between 2021 and 2022 there was a slight increase in the percentage of recorded long term MSK problems in Warrington, the North West and England.
- The percentage of people reporting at least two long-term conditions, at least one of which was MSK related increased in Warrington from 12.8% in 2021 to 13.9% in 2022, increases were also seen in England and the North West.



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), followed by Quintile 5 (the least deprived quintile). Quintiles 2, 3 and 4 had similar a percentage of people reporting a long-term MSK condition.



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

Incidence of self harm: the incidence of self-harm has been rising in the UK over the past 20 years. 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.

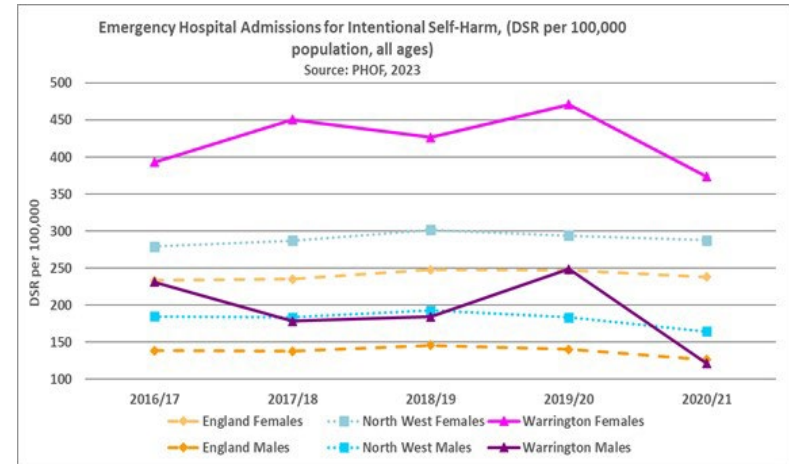
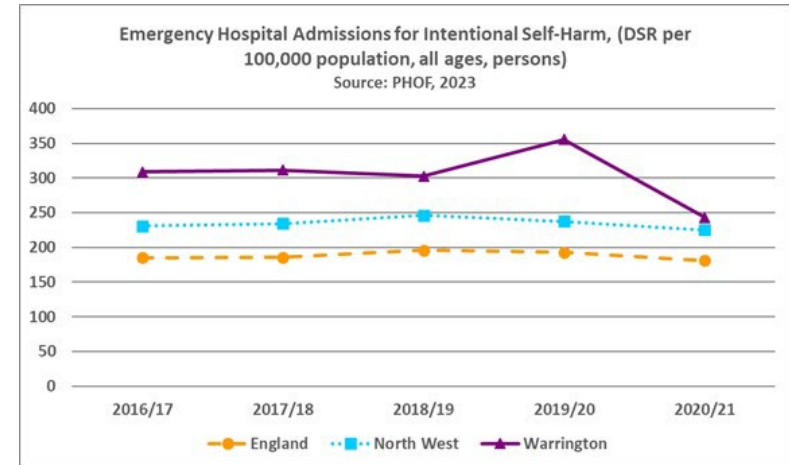
Rates of self-harm declined in both genders from 2003 until 2008 and then started rising in males until 2012. The decline in rates in females levelled off after 2008. This pattern is similar to that seen for national suicide rates over the same period (OHID, 2023). Self-harm is defined as an intentional act of self-poisoning or self-injury, irrespective of the type of motivation or degree of suicidal intent. 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% of these are emergency 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.

NOTE: data for this indicator is being revised following the 2021 Census and updates to the mid-year population estimates from 2012 to mid-2020. Once the revised populations are published the data for this indicator will be refreshed. The data presented here cannot be compared with the 2021/22 data that is currently on the Public Health Outcomes Framework (PHOF).

Trends in emergency hospital admissions for intentional self-harm:

- Warrington consistently has significantly higher emergency hospital admission rates for intentional self-harm than England for persons, males and females.
- The rate of hospital admission for intentional self-harm in Warrington for all persons increased from 302.7 per 100,000 in 2018/19 to 355.5 in 2019/20 before decreasing to 243.3 in 2020/21; this is the lowest rate in the time series (since 2010/11).
- Females in Warrington have a significantly higher rate of emergency hospital admissions for intentional self-harm than males, this pattern is also seen nationally. Female admissions decreased from 470.9 in 2019/20 to 373.7 in 2020/21.
- Male admissions in Warrington increased between 2017/18 and 2019/20, before reducing in 2020/21. Admissions in Warrington males were slightly lower than England males for the first time in the time series.



Note: The COVID-19 pandemic had a large impact on hospital activity with a reduction in admissions in 2020 to 2021.



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

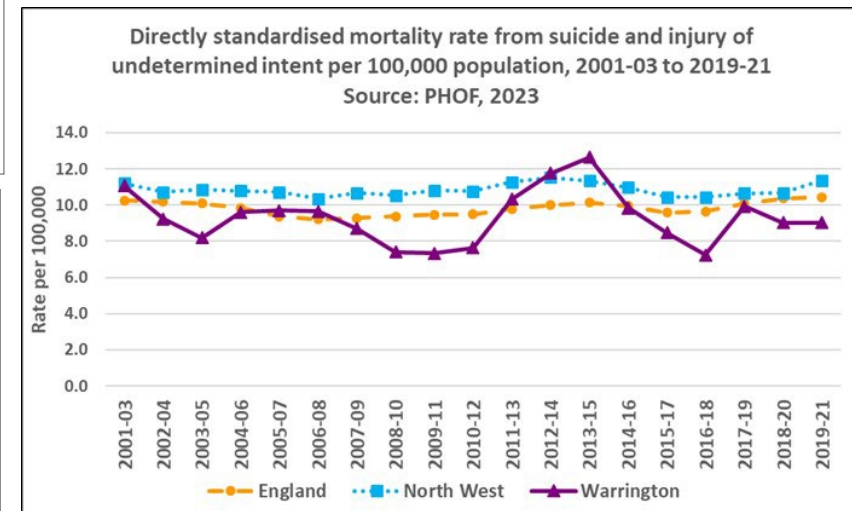
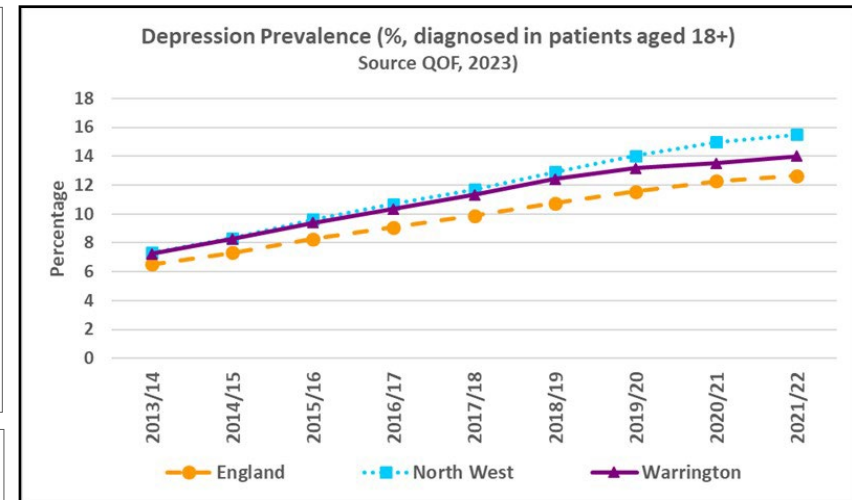
Mental health, Quality Outcomes Framework (QOF):

- 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 2021/22, 25,046 patients in Warrington (14.0%) were diagnosed with depression, compared to 12.7% in England and 15.5% in the North West.
- The percentage of patients being diagnosed with depression is steadily increasing in Warrington, England and the North West, and in the 8 years from 2013/14 to 2021/22, has roughly doubled in Warrington.
- Mental health (schizophrenia, bipolar affective disorder and other psychoses): 1,993 patients in Warrington were diagnosed in 2021/22. equal to 0.89% of patients, lower than England (0.95%) and the North West (1.07%).

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:

- Over the three years from 2019 to 2021 there were 51 deaths due to suicide or injury of undetermined intent of Warrington residents (39 male and 12 female), equivalent to a rate of 9.0 per 100,000 population. This is the same as the previous year (2018-20, 9.0 per 100,000).
- Whilst the rates for England and the North West are relatively stable, the rate for Warrington fluctuates substantially between the time periods. However, the small numbers of suicides in Warrington will affect the variability of the rate.
- Highest suicide rates were seen in the 25 to 44 and 45 to 65 age groups in Warrington.
- Warrington's Suicide Audit analysis determined that over half (51%) of the cohort were employed at the time of death, an increase since the previous audit (43%) and the one before that (34%).
- The 2019-2021 audit showed an increase in financial problems from 14% in the previous audit to 33%, a greater proportion of men than women experienced financial problems.
- Almost half of local people who died by suicide had visited their GP within the month before their death.



4.12 Living and Working 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 getting respiratory disease.

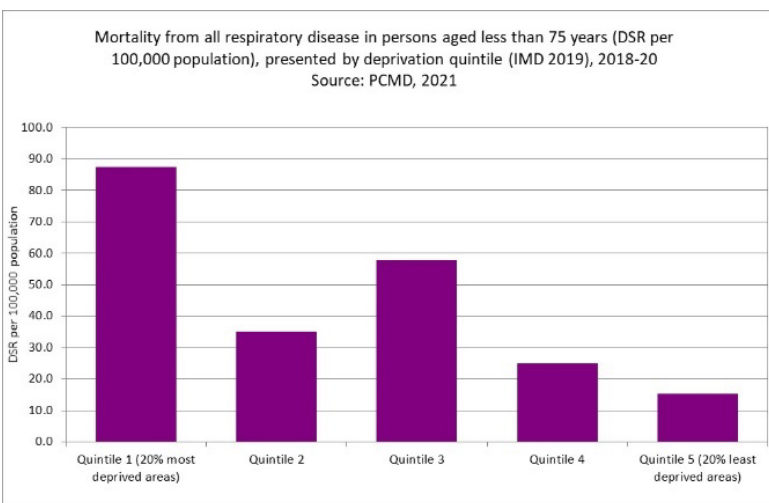
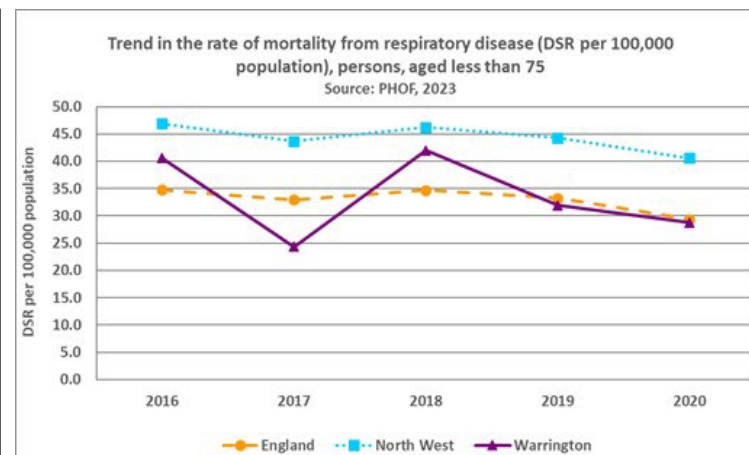
NOTE: data for this indicator is being revised following the 2021 Census and updates to the mid-year population estimates (MYE) from 2012 to mid-2020. Once the revised populations are published the data for this indicator will be refreshed. The data presented here cannot be compared with the 2021/22 data that is currently on the Public Health Outcomes Framework (PHOF).

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

- In 2020, Warrington had an under-75 mortality rate from respiratory diseases of 29.4 per 100,000 population, equivalent to 55 deaths. Slightly higher than but not significantly different to England (28.7).
- From year to year, the Warrington rate fluctuates considerably because of the small number of deaths due to respiratory diseases each year. On the whole, the rate has decreased and is currently lower than it was in 2001 (44.1). 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) (2019 definition):

- In Warrington in 2020, around 47% of deaths from respiratory diseases were from causes considered preventable. Mortality from respiratory diseases from CCP in 2020 was 13.3 per 100,000, lower than England (17.1) and the North West (24.1).



Quality and Outcomes Framework (QOF), 2021/22 (Source: NHS Digital)

Respiratory Risk Factors	Warrington, no. of patients on register	Warrington prevalence rate	England prevalence rate	% higher than England
Asthma (age 6+)	14,298	6.78%	6.47%	5%
COPD	3,999	1.79%	1.87%	-4%

Under 75 mortality rate by deprivation quintile (IMD 2019): Premature mortality rate (<75) from all respiratory diseases was significantly higher in Quintile 1 (most deprived quintile), and significantly lower in Quintile 5 (least deprived quintile) compared to the overall Warrington mortality rate.

QOF data monitors performance in GP practices. Prevalence of Asthma in Warrington for 2021/22 is slightly higher than in England. However, compared to England, prevalence of COPD is slightly lower than England.



5.1 Ageing Well – Life Expectancy at Age 65

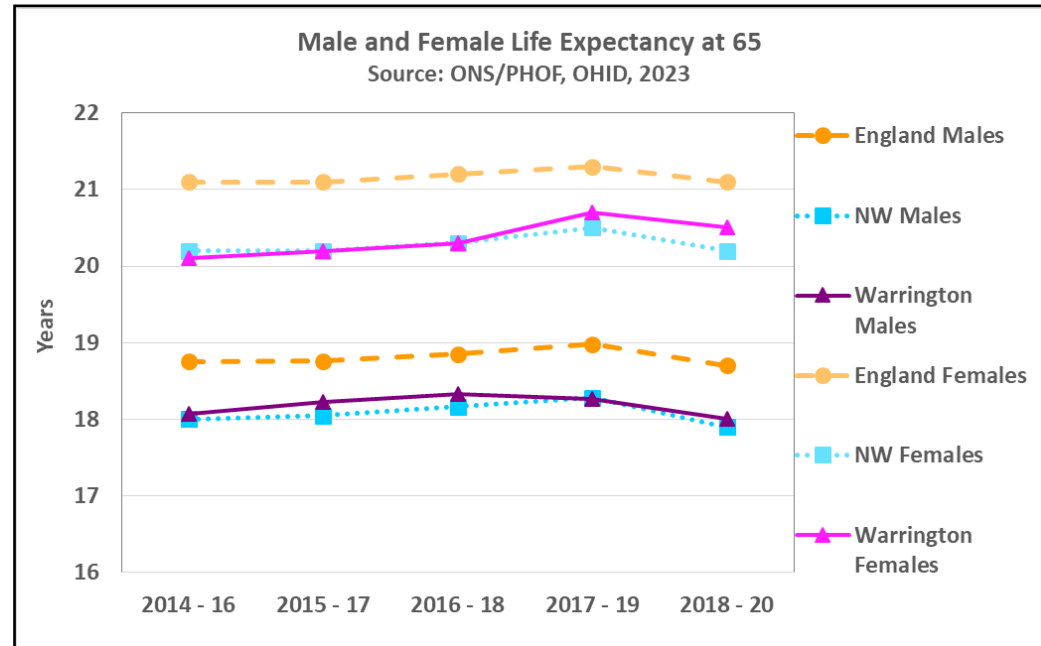
Life expectancy (LE) at age 65

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 fall.

Both male and female LE at 65 in Warrington have been consistently statistically significantly lower than England.



Female LE at 65

- Female LE at 65 is higher than male LE at 65 in Warrington, this is the same for England and the North West.
- Female LE at 65 in Warrington is 20.5 years for the latest time period (2018-2020), compared to the North West (20.2) and England (21.1).
- Like male LE at 65 in Warrington, female LE had seen an increase until 2017-19 then reduced for 2018-20. The same pattern was seen in England and the North West.

Male LE at 65

- In Warrington the male LE at 65 is 18.0 years for the latest time period (2018-20), compared to the North West (17.9) and England (18.7).
- There has been marginal increase in Warrington since 2014-16 and more recently there has been a small reduction since 2017-19, also seen in England and the North West.
- Despite a similar reduction in female LE at 65 since 2017-19, the gap between male and female LE at 65 in Warrington has slightly widened.



5.1 Ageing Well – Life Expectancy at Age 65

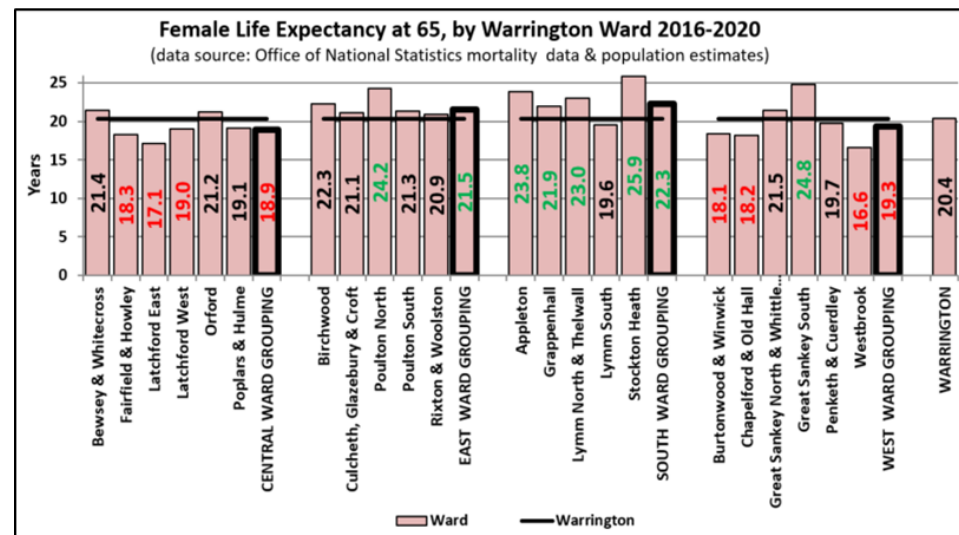
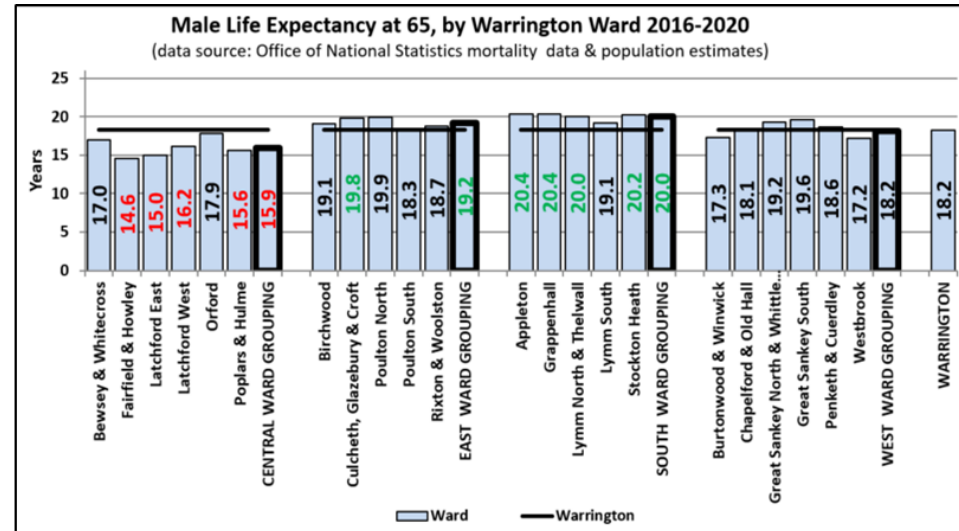
Ward-level LE is calculated over a 5-year period in order to provide a more robust estimate. Even so, ward-level LE estimates can fluctuate over time, especially for smaller wards. The most recent data period available is 2016-2020. NB There can be spurious factors that contribute to a lower LE, e.g., 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.

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):

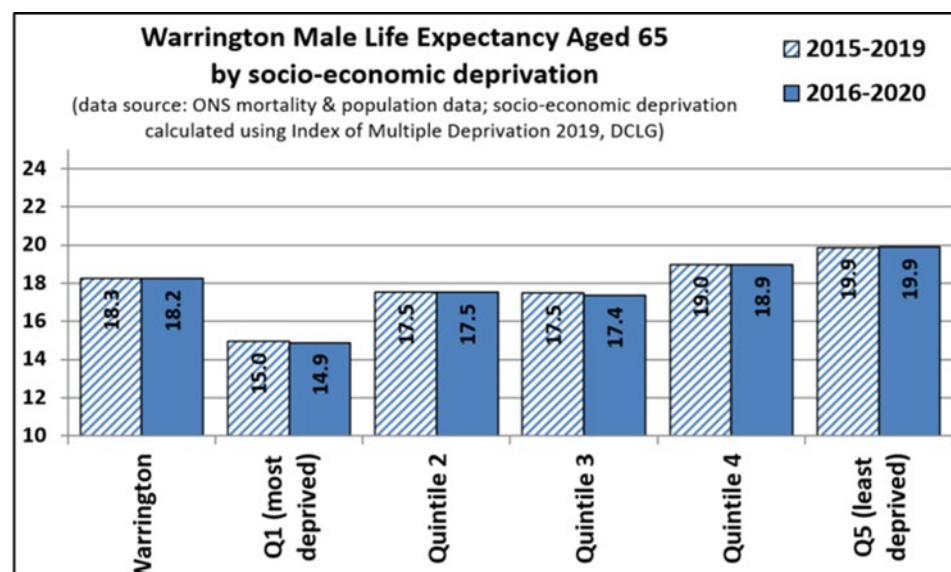
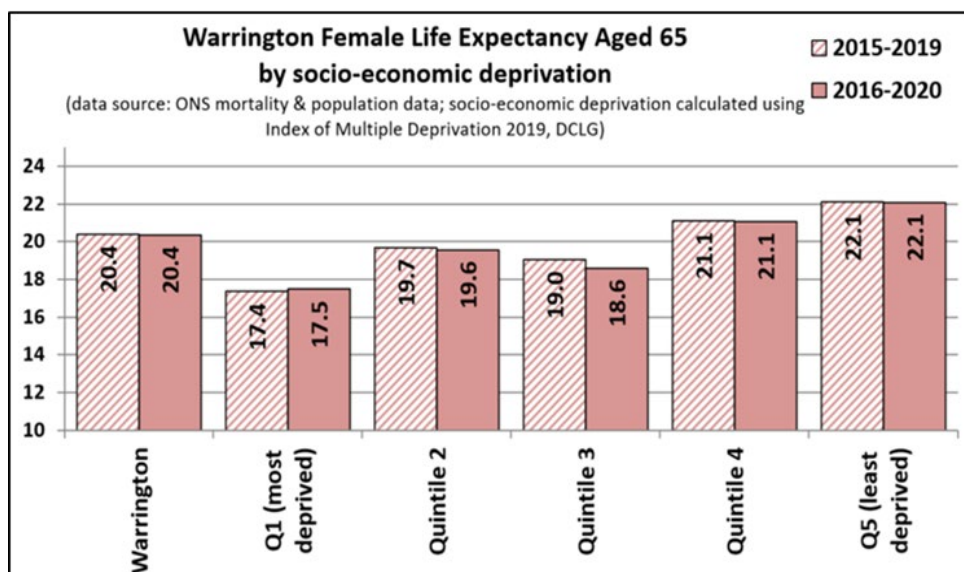
- Six wards had significantly lower LE at 65 compared to Warrington overall (20.4 years): Fairfield & Howley, Latchford East, Latchford West, Burtonwood & Winwick, Chapelford & Old Hall and Westbrook.
- Five wards had significantly higher LE compared to Warrington: Poulton North, Appleton, Grappenhall, 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 – Life Expectancy at Age 65

Life expectancy at 65 by socio-economic deprivation:

- Life expectancy for both males and females is consistently lowest in the most deprived areas of Warrington (Quintile 1), and highest in the least deprived areas (Quintile 5).
- For both male and female life expectancy (at birth and at age 65) there is a large step change from Quintile 1 to Quintile 2, then a steadily increasing slope from Quintile 2 to Quintile 5.



Female LE at 65 by socio-economic deprivation (2016-2020):

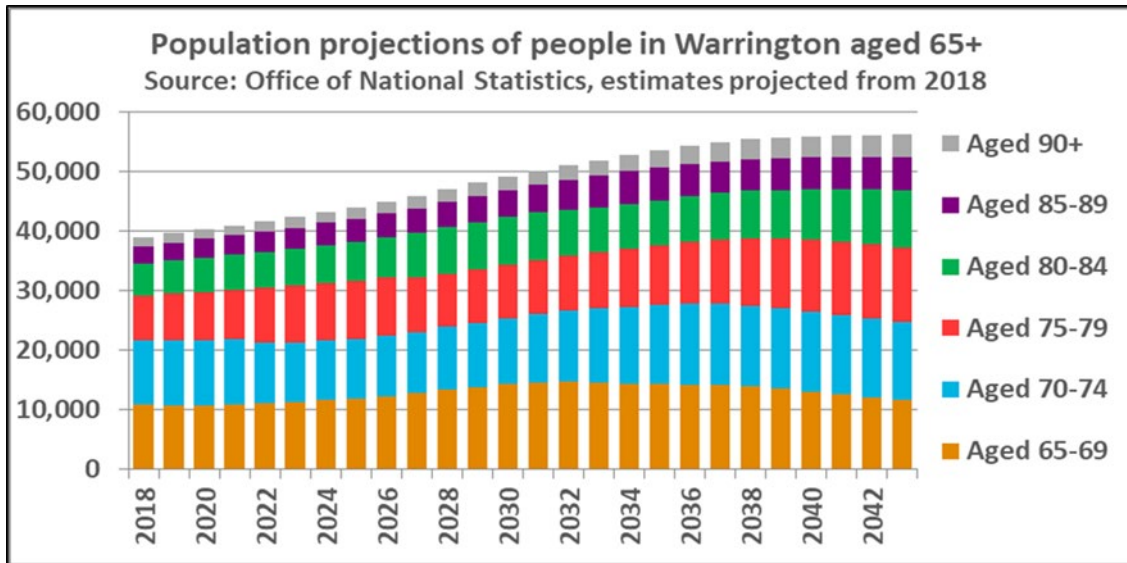
- Female life expectancy at 65 is significantly lower in Quintile 1 compared to Warrington overall, whereas it is significantly higher in Quintiles 4 and 5 (less deprived areas).
- Female life expectancy at 65 ranged from 17.5 years in the most deprived areas of Warrington to 22.1 years in the least deprived areas, a difference of 4.6 years.

Male LE at 65 by socio-economic deprivation (2016-2020):

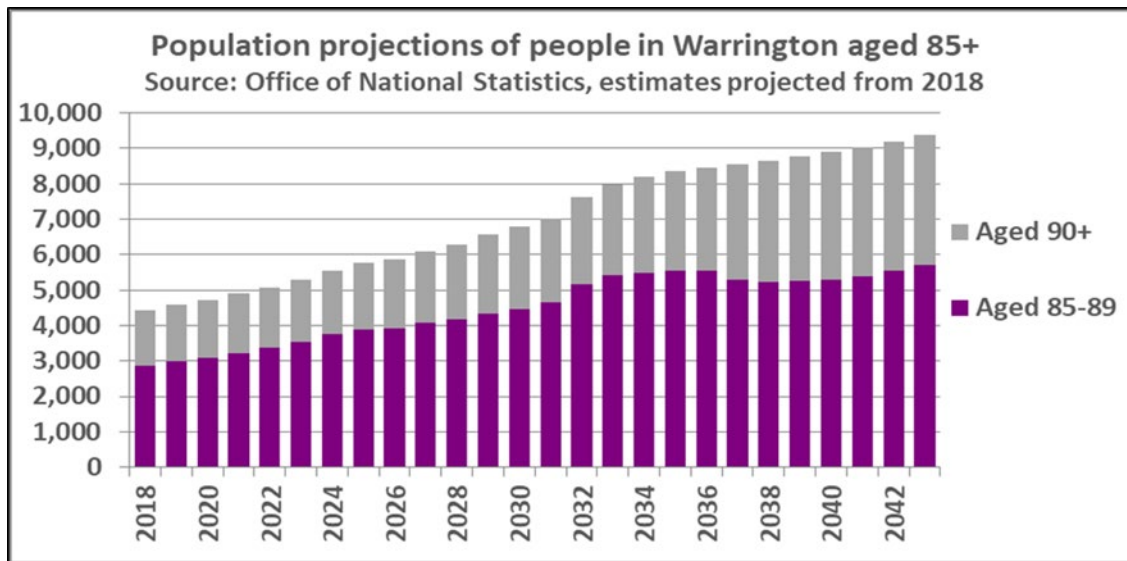
- Male life expectancy at 65 is significantly lower in Quintile 1 than Warrington overall, whereas LE in Quintile 5 is significantly higher than Warrington.
- Male life expectancy at 65 ranged from 14.9 years in Quintile 1 to 19.9 years in Quintile 5, a difference of 5 years.



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 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 very old age-bands.



5.3 Ageing Well – Unpaid Carers

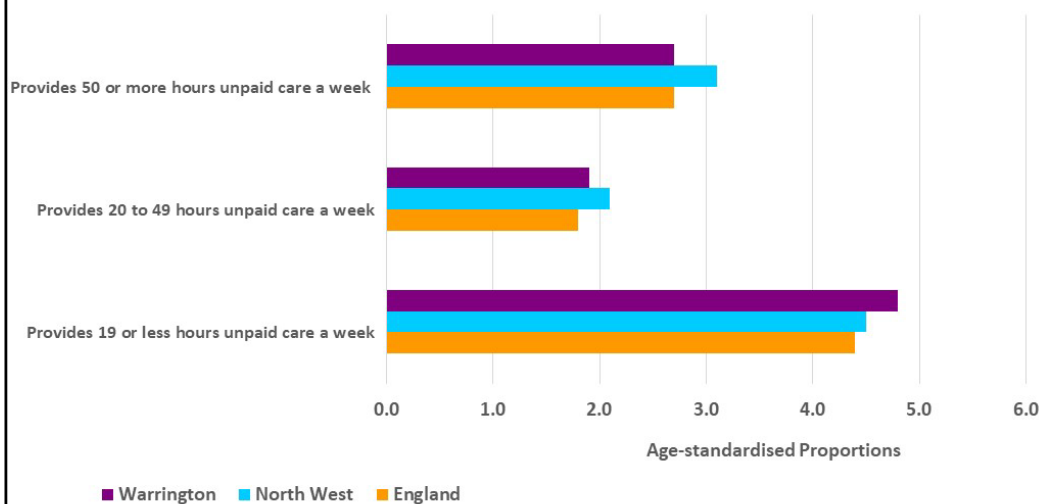
Information comes from the Census 2021. Census 2021 asked "Do you look after or give any help or support to anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?". People were asked to exclude anything they did as part of their paid employment. 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.

Unpaid carers aged 5 years and older:

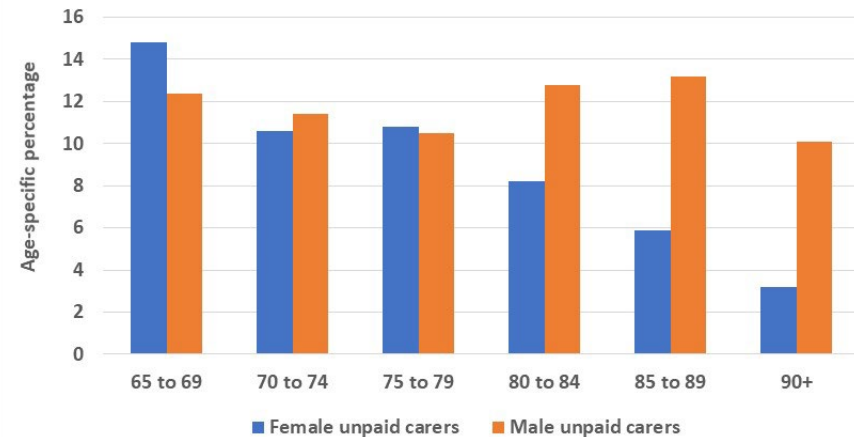
- 9.4% of Warrington residents currently provide some type of unpaid care. Warrington is higher than 8.9% in England and slightly lower than 9.7% in the North West.
- Warrington has a higher proportion of residents providing unpaid care for 19 hours or less a week than England (4.4%) and the North West (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.

The number of usual residents aged 5 years and over who provide unpaid care, and how many hours they provide in a typical week, by age-standardised proportion
Source: Census 2021, ONS



Age-specific percentages of unpaid carers in Warrington, by age and sex, aged 65 and over
Source: Census 2021, ONS



Unpaid carers aged 65+:

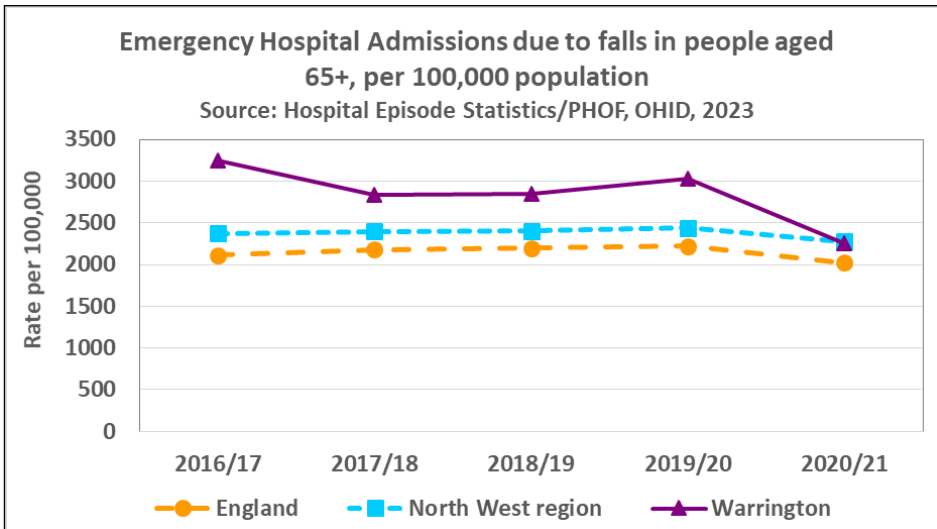
- Female carers aged 65+ in Warrington have the highest proportion in the age band 65 to 69 (14.8%), higher than male carers (12.4%).
- The proportion of female carers reduce as the age groups get older; this may reflect the population structure as there are more older females than males in Warrington.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

Definitions 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.

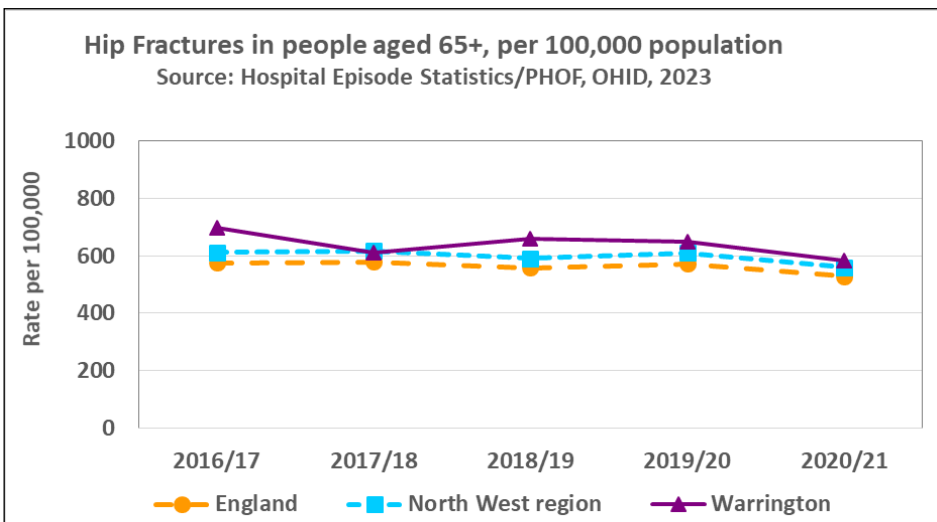


Emergency hospital admissions due to falls in people aged 65 and over:

- In 2020/21 Warrington had a rate of 2,257 admissions per 100,000 people aged 65 and over, due to falls. Before the Covid-19 pandemic between 2016/2017 and 2018/2019, there was a reduction in the number of emergency hospital admission due to falls in this population. The Covid-19 pandemic has impacted 2019/2020 and 2020/2021 data. This indicator will be monitored as new data is released to see if the reduction is sustained.
- Warrington's rate of 2,257 was equivalent to 875 emergency hospital admissions. Of those, 66% of admissions were people aged 80 and above, and 34% were aged 65-79.

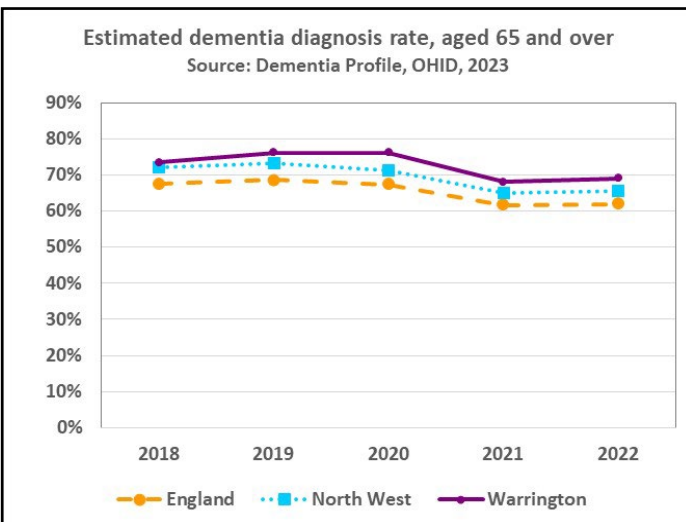
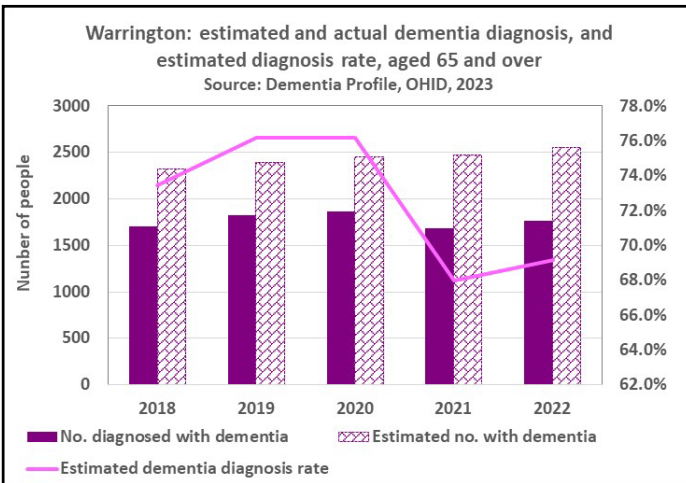
Hip fractures in people aged 65 and over:

- Hip fractures are a common injury associated with a fall, and account for around 22% of emergency hospital admissions due to a fall in Warrington residents aged 65 and over.
- In 2020/21 Warrington had a rate of 583 hip fracture admissions per 100,000 people aged 65 and over. Although higher than England (529) and the North West (559), Warrington's rate was not significantly different.
- Warrington's rate of 583 was equivalent to 225 admissions, of which 69% were people aged 80 and over, and 31% were 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.
- More than 850,000 people in the UK have dementia, with estimations that this number will rise to more than 1 million by 2025 (NHS, 2020).
- 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.



Dementia diagnosis (aged 65 and over)

- Until 2020, Warrington saw the proportion of people diagnosed with dementia rising. The rise is likely to be due in part to higher diagnosis rates, because of the 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 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 between 2021 and 2022 but still not at the levels seen in 2019 and 2020.

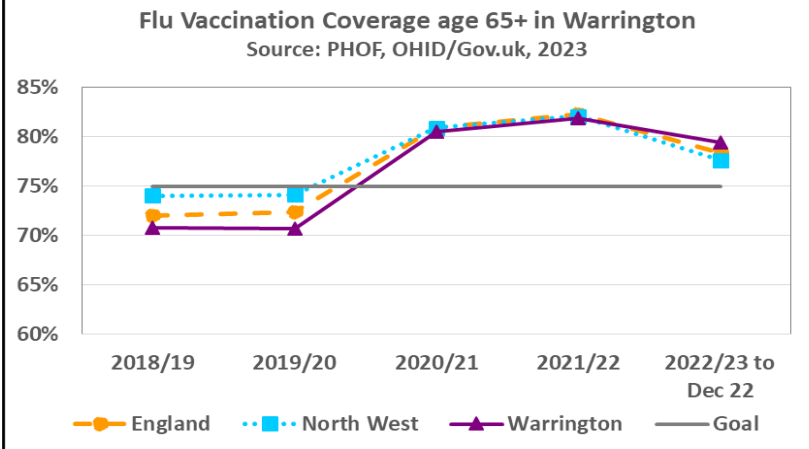
Estimated dementia diagnosis rate (aged 65+)

- Nationally, there has been a drive to improve the diagnosis rates of dementia. Using national prevalence rates applied to characteristics (age and sex) of a population, an estimated number of people expected to have dementia can be calculated and used to measure against how many people are actually diagnosed. The national goal is more than 66.7% diagnosis rate.
- In 2022, there were an estimated 2,557 people aged 65+ in Warrington with dementia, though some as yet undiagnosed. Of these, 1,768 people have been diagnosed, giving an estimated diagnosis rate of 69.1% (higher than 62.0% in England and 65.7% in the North West although not statistically different).
- This implies that there may be nearly 800 people with dementia who are as yet still undiagnosed in Warrington. 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

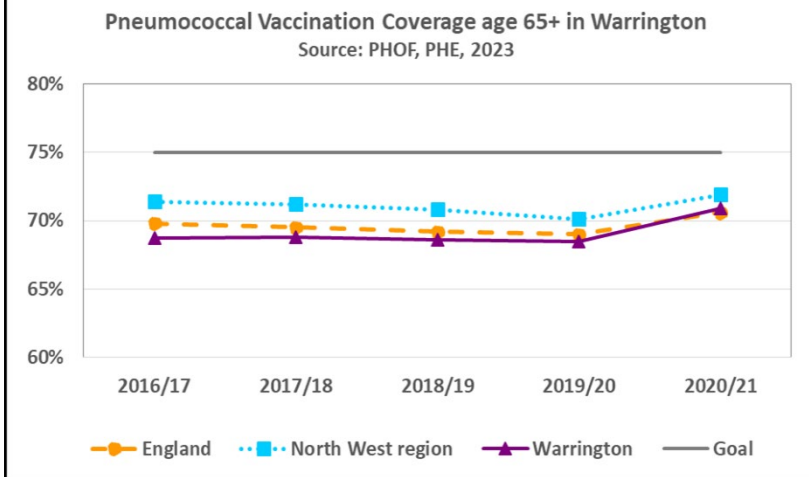
The influenza (flu) vaccination is offered to people in at-risk groups such as pregnant women, people with certain health conditions, and people aged 65 and over. These groups are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu. The Chief Medical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



Flu vaccination in people aged 65+:

- In the 2022/23 flu season, so far 79.4% of Warrington residents aged 65 and over have been vaccinated, higher than England (78.4%) and the North West (77.6%). Data is not yet complete for this year as vaccinations are still available.
- Since the start of the Covid-19 pandemic in 2020, the last 3 years have shown an increased uptake in flu vaccinations in the 65+ age range, locally, regionally and nationally, and have exceeded the 75% target.

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 2020/21, 70.9% of Warrington residents aged 65 and over were vaccinated for PPV, slightly more than England (70.6%) and less than the North West (71.9%).
- Although less than the 75% target, Warrington has seen an increase in the most recent year, compared to previous years which all remained at around the same level.

Shingles vaccination in people aged 71:

- Latest data (2019/20) shows that 46.5% of Warrington residents aged 71 had received the shingles vaccination; this is against a target or a goal of at least 60%.
- England and the North West had a higher uptake of the vaccination – 48.2% and 48.3% respectively.

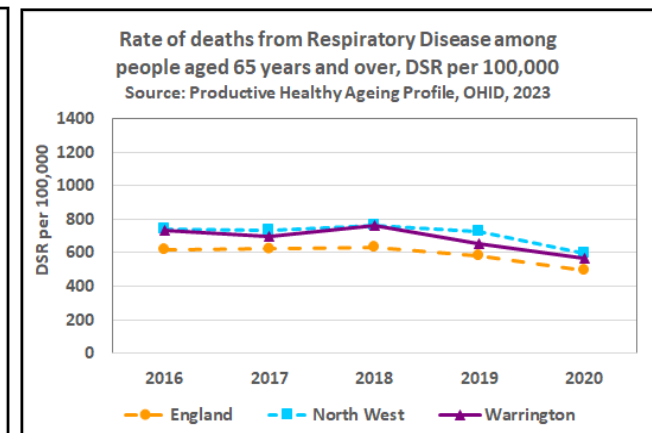
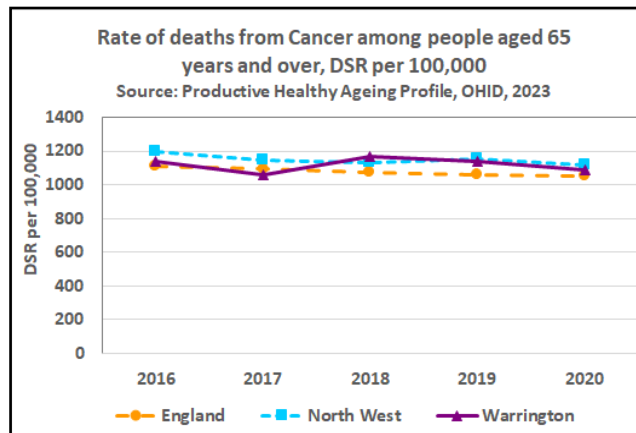
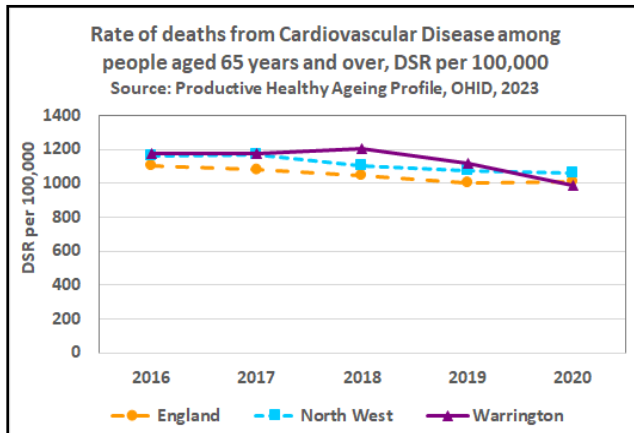


5.7 Ageing Well – Deaths in the over 65s

Mortality (deaths) due to Cardio-Vascular Disease (CVD), Cancer, and Respiratory Disease, aged 65+

Between 2016 and 2020:

- A substantial 16% reduction in Warrington’s CVD mortality rate, compared to 9% reductions in both England and the North West. Warrington’s most recent rate of 989.9 per 100,000 in 2020 is not statistically significantly different to England’s rate of 1007.0.
- A 5% reduction in Warrington’s cancer mortality rate, the same as England. The North West had a higher reduction of 7%. Warrington’s most recent rate of 1089.6 per 100,000 in 2020 is not statistically significantly different to England’s rate of 1050.5.
- A 23% reduction in Warrington’s mortality rate from respiratory diseases, compared to reductions of 20% in England, and 19% in the North West. Warrington’s most recent rate of 564.2 per 100,000 in 2020 is not statistically significantly different to England’s rate of 495.3.
- Since 2018, rates in Warrington have been decreasing; England and the North West have not seen quite the same consistent reductions. However, 2020 was the start of the Covid-19 pandemic, and with NHS pressures, lockdowns, and potentially unhealthy behaviours developing over this time, it remains to be seen if these reductions will continue.



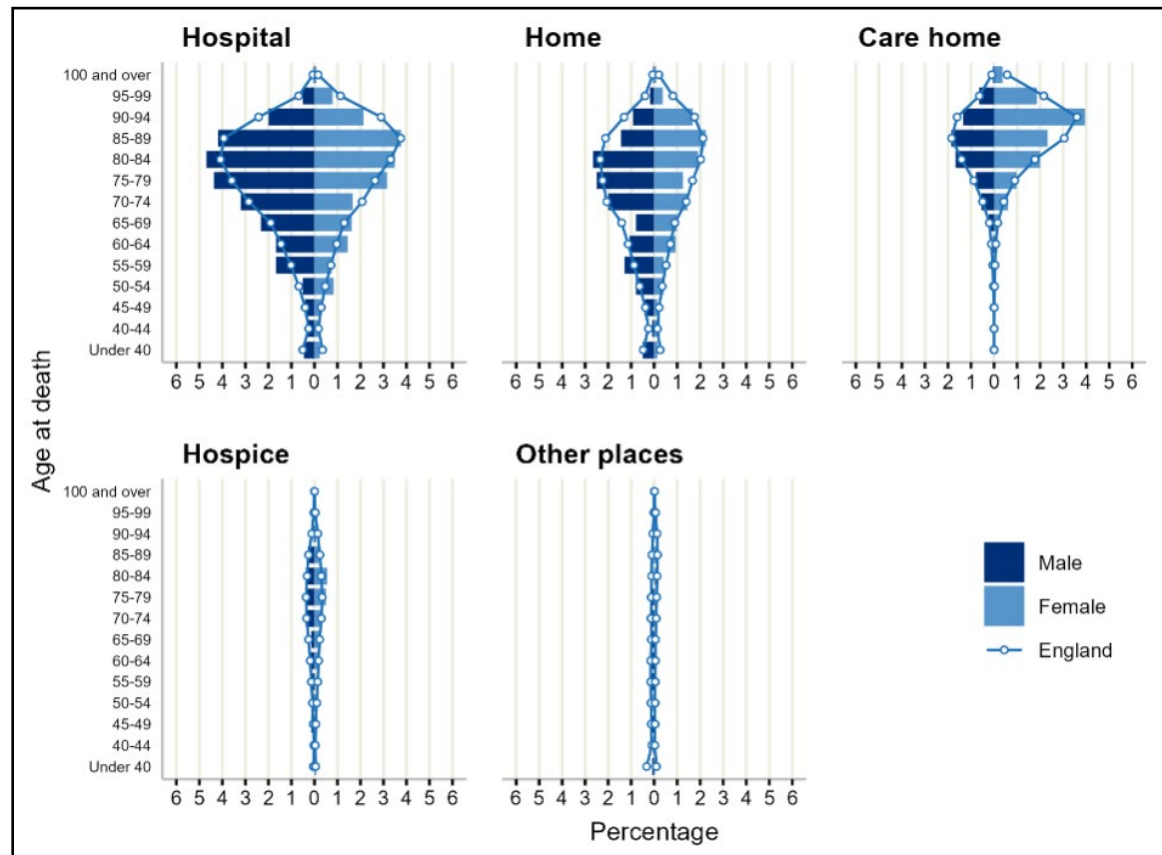
5.7 Ageing Well – Deaths in the over 65s

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.

Population pyramids of death 2021: the chart displays the proportion of Warrington residents, by age and sex, and where they have died, and also includes England as a comparator. Despite showing all ages, it is clear, particularly for hospital, home, and care home, that most deaths have occurred in older people.

- Warrington had more males (from ages 55 to 89) dying in hospital than females, and a higher proportion than England.
- There were generally more males than females dying at home in Warrington but from age 85 upwards there were more female deaths which reflects the makeup of the Warrington population, also observed in the below point.
- Care home deaths see more females over the age of 80 dying compared to males; female deaths aged between 90 and 94 were higher than what was seen in England.

It is also important to consider the impact of the Covid-19 pandemic on where people have died and the support they have received. Research highlights there was an increase in home deaths in 2020 and raises the question on whether this was preference or displacement from healthcare facilities. The pandemic was still ongoing in 2021 and it may take more time before we see a clear picture not distorted by Covid-19.



Age and sex distribution of deaths by place of death: NHS Warrington CCG and England (2021)



6.1 Wider Determinants of Health – Housing

Housing and health: Poor housing and indoor environments cause or contribute to many preventable diseases and injuries, such as respiratory, nervous system and cardiovascular diseases and cancer. 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), updated February 2023, and available at: [Public Health Outcomes Framework - Data - OHID \(phe.org.uk\)](https://phe.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 within 56 days from becoming homeless. Relief duties are owed to households that are already homeless and require help to secure settled accommodation.

- In 2021/22, 1,446 households were either threatened with homelessness within 56 days from being homeless, or already homeless and required help to secure settled accommodation, equivalent to a rate of 15.7 per 1,000 households. A decrease since the previous time period (2020/21, 19.6 per 1,000) and significantly higher than England (11.7 per 1,000) and the North West (12.8 per 1,000).

Households in temporary accommodation:

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

- In 2020/21, there were 45 households in Warrington who were living in temporary accommodation, equivalent to 0.5 per 1,000 households). This was an increase since the previous time period (2019/20, 0.3 per 1,000). Warrington had significantly lower rate per 1,000 than England (4.0 per 1,000) and the North West (1.6 per 1,000).

Disabled Facilities Grant (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 2021/22 there were 142 homes across Warrington adapted to meet personal care needs through the Disabled Facilities Grant. This was a small decrease from the previous year in which 144 homes were adapted.



6.2 Wider Determinants of Health – Employment

Employment and health: The characteristics of work—activity, social interaction, identity and status—are proven to be beneficial for 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 140 million days lost to sickness absence every year.

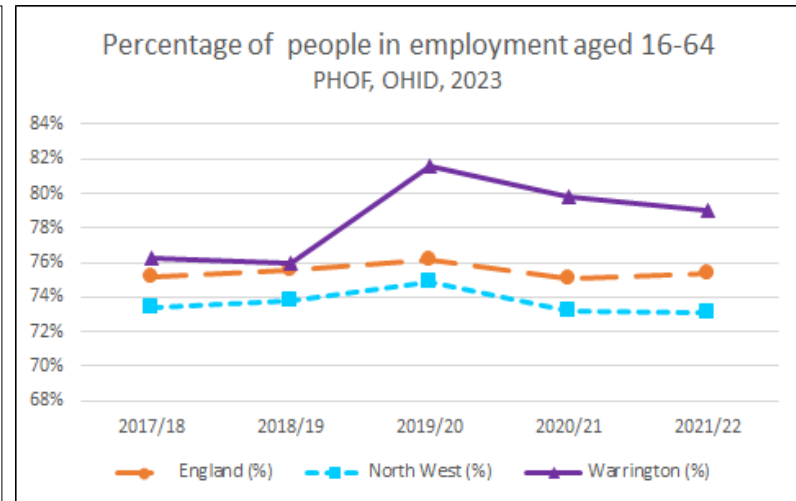
- Between 2019 and 2021, 2.5% of Warrington employees had at least one day off in the previous week; slightly higher than the previous time period (2.0% between 2018 and 2020). The Warrington percentage was similar to the North West (1.8%) and England (1.8%).
- Over the same time period, 1.4% of working days were lost due to sickness absence in Warrington, slightly higher than the previous time period (0.9% between 2018 and 2020). The Warrington percentage was similar to the North West (1.1%) and England (1.0%).

The Covid-19 pandemic will have impacted the underlying data in 2020 due to increased absences due to the virus and decreased absence due to furlough and work from home which has reduced other causes of absence.

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

- **Long term health conditions:** In 2021/22, the percentage point (p.p.) gap in Warrington was 15.2 p.p., statistically similar to England (9.9 p.p.) and the North West (12.2 p.p.).
- **Learning disability:** In 2021/22, the gap in employment rate in Warrington was 75.9 p.p., significantly worse than that of England (70.6 p.p.) and the North West (69.0 p.p.)
- **Contact with secondary mental health services:** In 2020/21, the percentage point gap in Warrington was 71.8 p.p., significantly worse than England (66.1 p.p.) and the North West (66.2 p.p.)

Benefit claimants and further employment information: Please refer to Warrington Borough Profile 2021 found at: [Warrington Borough Profile 2021](#)



People aged 16 to 64 in employment: In 2021/22, 103,400 people aged 16-64 in Warrington were in employment, equivalent to 79% of the population. This was slightly higher than England (75.4%) and significantly higher than the North West (73.1%). Warrington typically has a higher percentage of people of working age in employment compared to national and regional figures. There was a substantial increase in the employment rate during 2019/20, but since 2020/21 there have been decreases in the percentage of people in employment in Warrington.



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

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

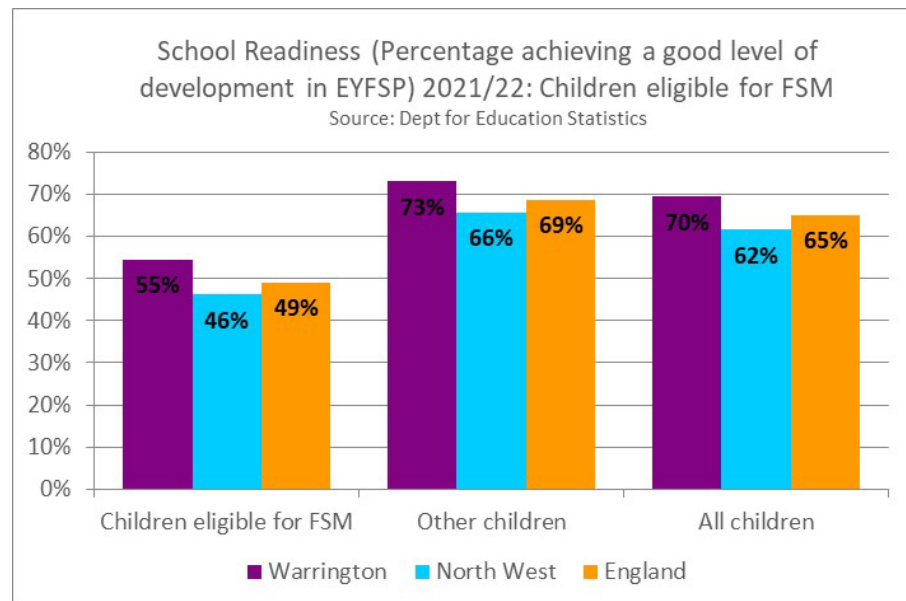
‘School readiness’ (achieving a ‘good level of development’, GLD) is an indicator used to assess a child’s overall development at age 4/5 at the end of Reception class. It is based on teacher assessments and defined as achieving at least the expected level within the following areas of learning: communication and language, physical development, personal social and emotional development, literacy, and numeracy. Person, 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 September 2021 significant reforms were made to EYFS, it is therefore not possible to compare 2021/22 assessment outcomes with previous years.

In 2021/22, 69.5% of Warrington children achieved a good level of development at the end of the Early Years Foundation Stage (EYFS), significantly better than the North West (61.7%) and England (65.2%).

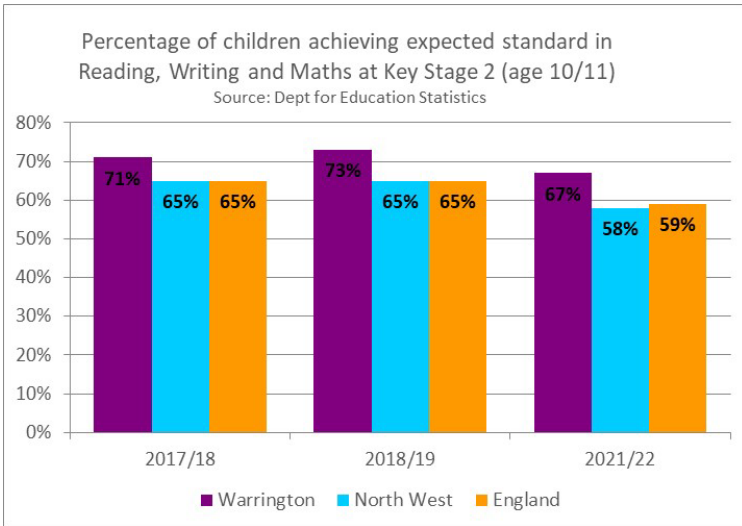
Boys/Girls: In 2021/22, 60.8% of boys were assessed to be school ready, lower than 78.7% of girls. In the North West 54.8% of boys were assessed as school ready and 69.0% of girls, in England 58.7% of boys and 71.9% of girls.

Free School Meals (FSM): In Warrington in 2021/22, only 55% of children who were eligible for free school meals had achieved a good level of development compared to 73% of other children, a gap of 19 percentage points.



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

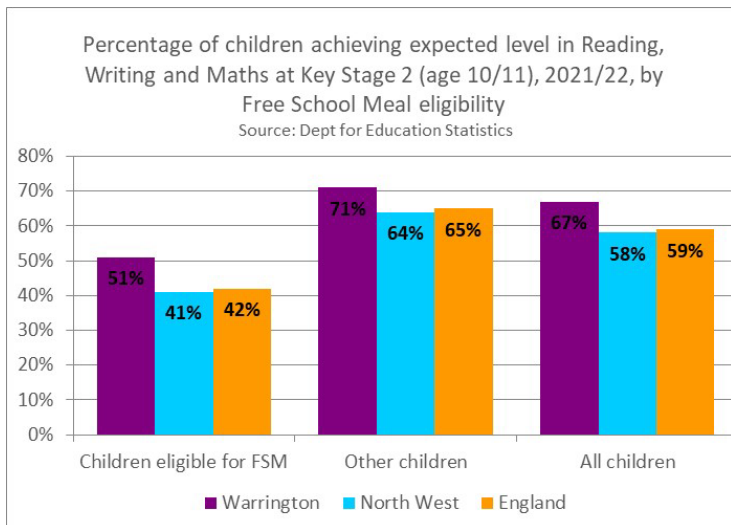
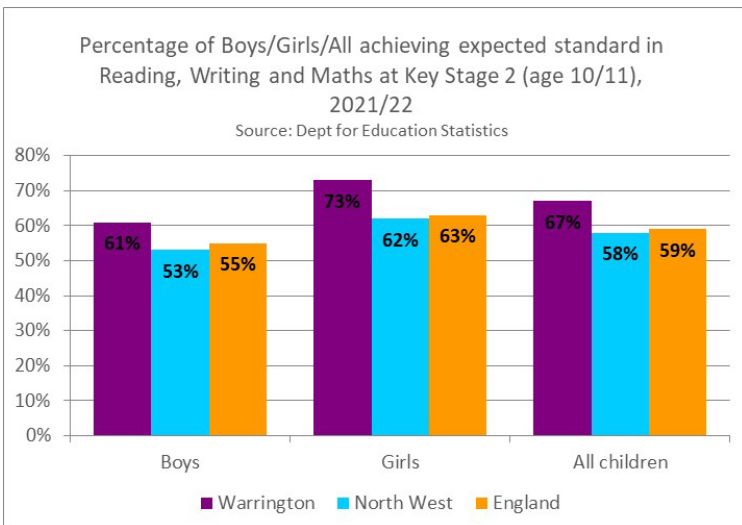
Key Stage 2 (children at the end of primary school, aged 10/11): In 2021/22, 67% of Year 6 children in Warrington reached the expected standard in reading, writing and maths, higher than England (59%) and the North West (58%).



Between 2018/19 and 2021/22, in Warrington the percentage of children achieving the expected standard in reading, writing and maths decreased from 73% to 67%. Decreases were also seen in the North West and England.

Free School Meals (FSM) attainment gap 2021/22: The Department for Education monitors the gap in attainment between those children who are known to be eligible for FSM, and other children. In Warrington in 2021/22, 20% of Year 6 children were known to be eligible for FSM, substantially lower than the North West (28%) and England (25%).

- In Warrington in 2021/22, only 51% of Year 6 children eligible for FSM achieved the expected level in reading, writing and maths compared to 71% of other children, a 20 p.p. gap.
- This was a slight improvement on the previous year in Warrington for children eligible for FSM (49% in 2018/19).
- Results in England were lower than Warrington for both FSM (42%) and non-FSM (65%), and the North West (41% for FSM and 64% for non-FSM).



Boys/Girls attainment gap: in 2021/22 in Warrington, 73% of girls and 61% of boys achieved the expected standard in reading, writing and maths; a gap of 12 percentage points. The gap between girls and boys was higher in Warrington than the North West (9 p.p.) and England (8 p.p.).



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

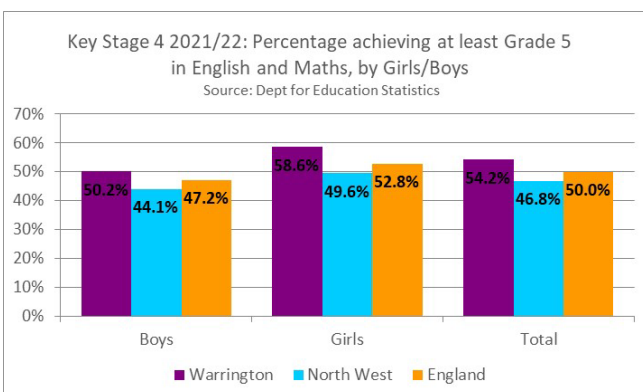
In 2020 and 2021, all GCSEs in England were reformed and use the new 9 to 1 grading system (rather than A*-G). Grade 4 is considered a pass and roughly equivalent to a Grade C, Grade 5 is considered a 'good pass' Year on year comparisons will be limited until these qualifications are consistently included 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/106422/secondary-accountability-measures-2022-guidance-for-maintained-secondary-schools-academies-and-free-schools.pdf)

Warrington, the North West and England (2021/22):

Grade 4+ in English and Maths: in Warrington, 73.7% achieved at least a Grade 4 in both English and Maths, higher than the North West (66.2%) and England (69%).

Grade 5+ in English and Maths: In Warrington 54.2% achieved at least a Grade 5 in English and Maths, higher than the 46.8% in the North West and 50.0% in England.

Attainment 8: In Warrington, the attainment 8 average score per pupil was 51.1, slightly higher than 47.2 in the North West and 48.9 in England.

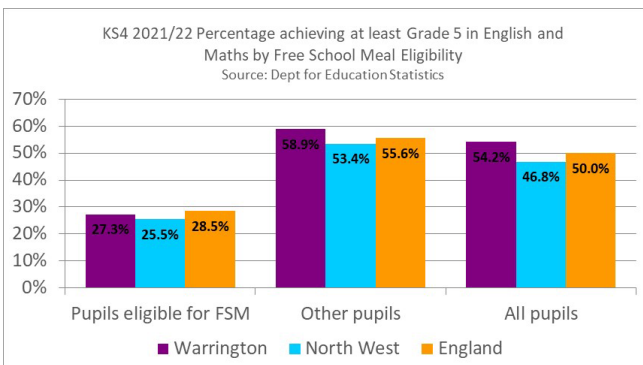
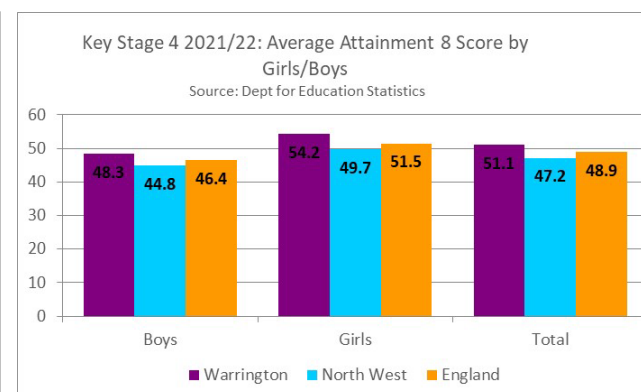


Attainment gap between girls and boys 2021/22:

- **Grade 4+ in English and Maths:** In Warrington, 71.1% of boys and 76.6% of girls achieved at least a Grade 4 in English and maths, a gap of 5.5 percentage points.

- **Grade 5+ in English and Maths:** In Warrington 50.2% of boys and 58.6% of girls achieved at least a Grade 5 in English and Maths, a gap of 8.4 percentage points.

- **Attainment 8P:** In Warrington, the attainment 8 average score for boys was 48.3 compared to 54.2 for girls, a difference of 5.9.

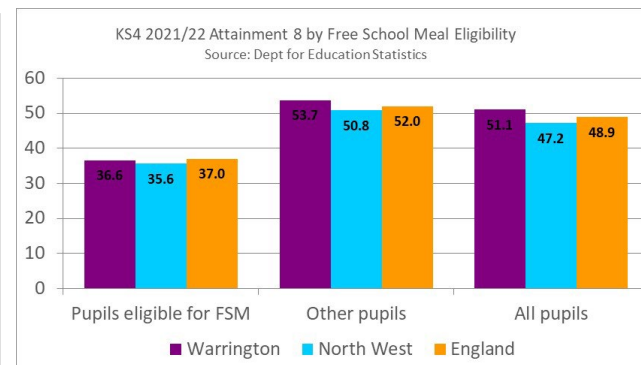


Pupils eligible for FSM 2021/22: 15% of Year 11 pupils in Warrington were eligible for FSM, compared to 24% in the North West and 21% in England.

- **Grade 4+ in English and Maths:** only 47.9% of FSM pupils in Warrington achieved at least a Grade 4 compared to 78.3% of other pupils, a gap of 30 p.p. Achievement in Warrington was higher than the North West and England.

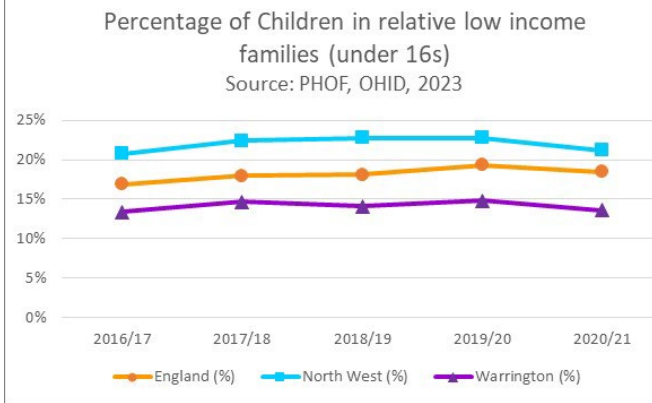
- **Grade 5+ in English and Maths:** only 27.3% of FSM pupils in Warrington achieved Grade 5+ compared to 58.9% of other pupils, a gap of 32 p.p.

- **Attainment 8:** In Warrington the average attainment score for 2021/22 was 37 for FSM pupils, substantially lower than 54 for non-FSM. pupils.



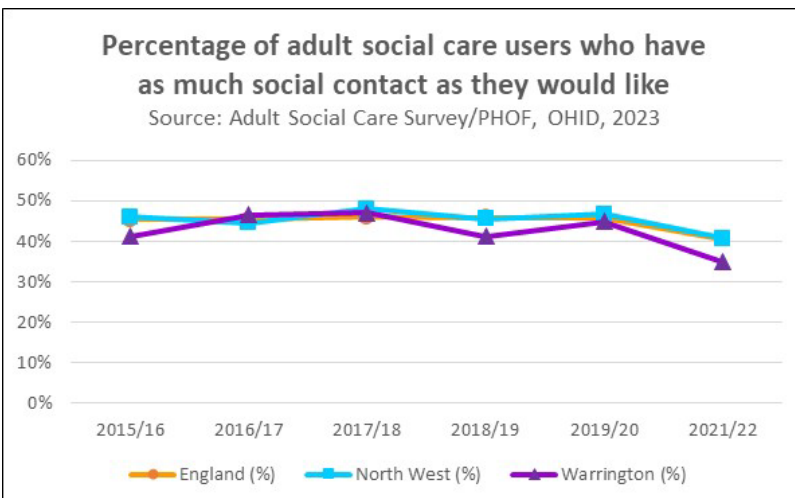
6.4 and 6.5 Wider Determinants of Health – Social Contact (Adult Social Care Users) and Child Poverty

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: This indicator sourced from OHID, is measured on relative low income and is defined as a family in low income Before Housing Costs and claiming certain benefits. Data shows proportion of under 16s living in families with an income less than 60% of the UK average (median) income. In 2020/21, 13.6% of children in Warrington were living in a relatively low income family, a slight decrease since the previous year (14.8% in 2019/20). Prevalence in Warrington was significantly lower than the North West and England. Between 2014/15 and 2019/20 there were small but steady increases in the number of children living in relative poverty locally, regionally and nationally. Between 2019/20 and 2020/21 a small decrease was seen in each of the areas.

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).



In Warrington, 35.0% of the respondents to the survey said that they have as much social contact as they would like (2021/22). This is a decrease compared to the previous year (44.9%). Performance in Warrington is slightly lower than England (40.6%) and the North West (40.7%), but this difference is not statistically significant.

Definition: The percentage of respondents to the Adult Social Care Survey (service users) who responded to the question “Thinking about how much contact you’ve had with people you like, which of the following statements best describes your social situation?” with the answer “I have as much social contact as I want with people I like”. This measure applies to 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.



6.6 Wider Determinants of Health – Fuel Poverty

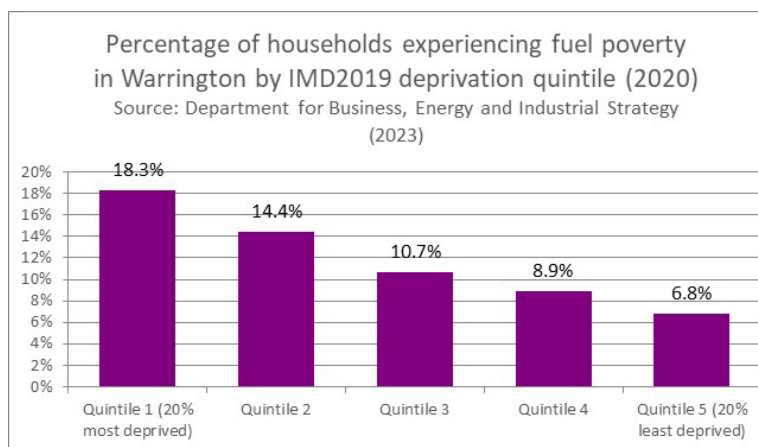
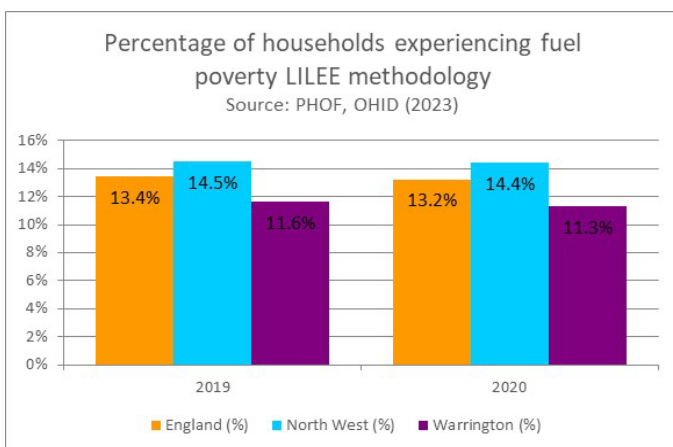
Definition: In 2021, the definition of fuel poverty used in England changed to the Low Income Low Energy Efficiency (LILEE). Under this definition, a house is considered to be fuel poor if: it is living in a property with an energy efficiency rating of D, E, F or G (as determined by the most up to date 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 as a result 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 the properties' 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).

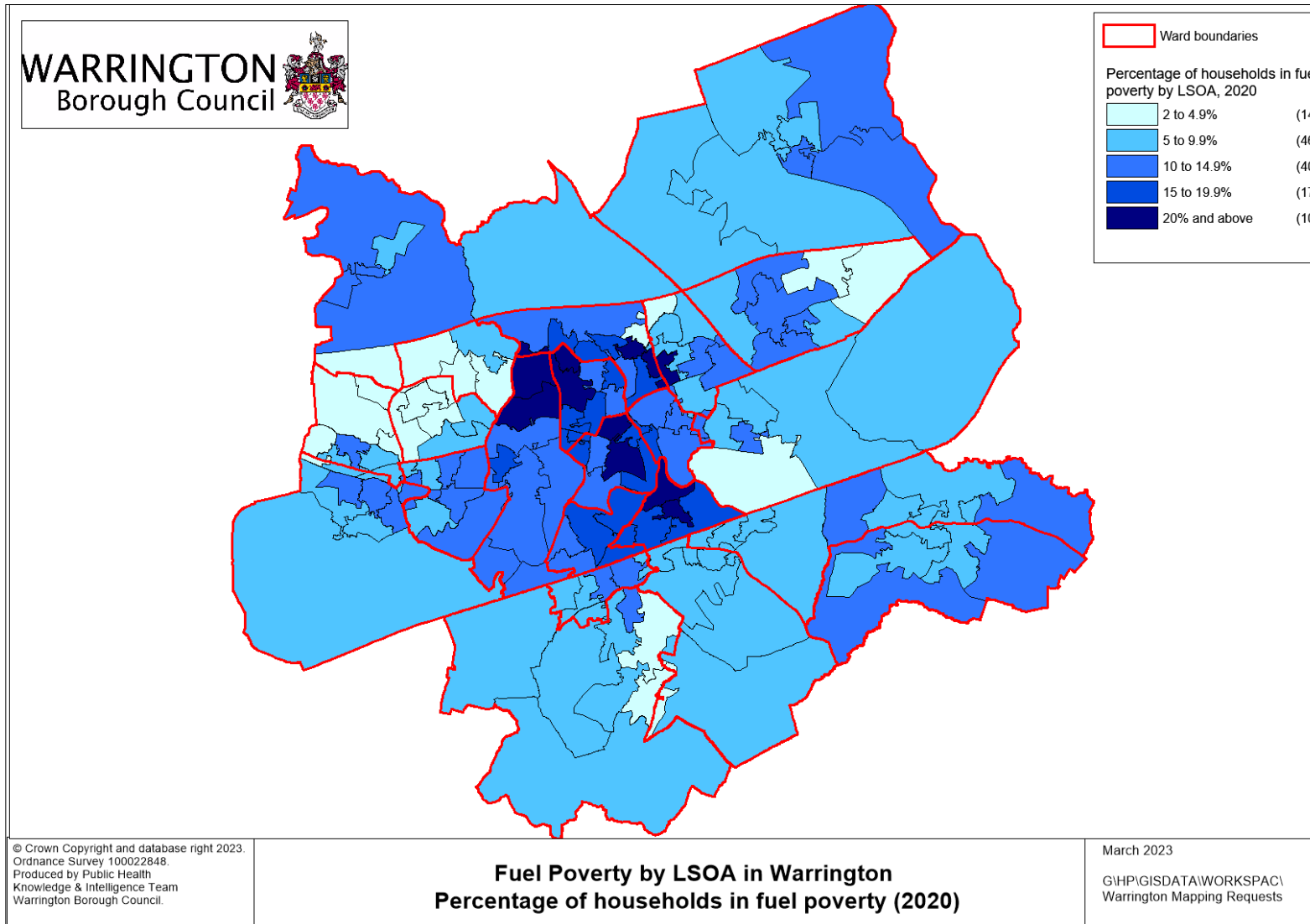
In Warrington the proportion of fuel poor households is higher in the most socio-economically deprived areas (18.3% in Quintile 1) and lowest in the least deprived areas (6.8% in Quintile 5).



In 2020 in Warrington, approximately 10,293 households were experiencing fuel poverty according to the LILEE methodology, equivalent to 11.3% of households, lower than the North West (14.4%) and England (13.2%). Since 2019, the first year when the LILEE measure was used fuel poverty prevalence in Warrington, the North West and England all reduced slightly.



6.6 Wider Determinants of Health – Fuel Poverty



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 Wider Determinants of Health – 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 (Community Safety partnership tables, ONS):

- Levels of recorded crime have been substantially affected by the Covid-19 pandemic, in part due to the restrictions placed on social contact. Over the course of the pandemic whilst social restrictions were in place recorded crimes reduced. Since restrictions were lifted recorded crime in England has increased by 14% between the year ending September 2021 and September 2022.
- In Warrington, there were 17,964 recorded crimes (excluding fraud) in the 12 months to September 2022, equivalent to a rate of 86 per 1,000 population. This was a slight increase since the previous 12 months in which there were 17,574 recorded crimes.

*NB. Improvements to recording practices by police, inclusion of new offences, variations in police activity, more victims reporting crime and genuine increases in the types of crime have made substantial contributions to rises in recorded crime over recent years.

Anti-social behaviour (ASB):

- 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.
- Warrington had an anti-social behaviour rate of 23.07 per 1,000 population in the year to September 2021.
- Further information can be found in the [Warrington Ward Profiles 2022](#).

For further information on crime and ASB:

- Warrington Borough Profile 2021 and individual Ward profiles 2022, available on our website at: [Ward and borough information | 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 \(ons.gov.uk\)](#)
- Police UK: [Open data | data.police.uk](#)

Offenders (PHOF):

First time offenders: In Warrington in 2021, there were 327 first time offenders, equivalent to a rate of 177 per 100,000. The rate in Warrington was higher than England (166) and the North West (169).

Percentage of offenders who re-offend: In 2019/20, 25.9% of Warrington offenders went on to re-offend, similar to that of England (25.4%) and the North West (24.9%).

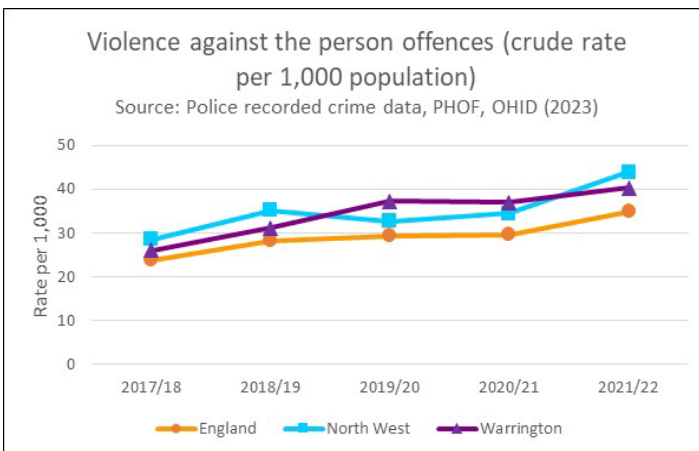
Average number of re-offences per re-offender: In Warrington re-offenders had an average of 3.84 re-offences, in England the average number of re-offences was 3.74 and 3.52 re-offences for the North West.



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

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

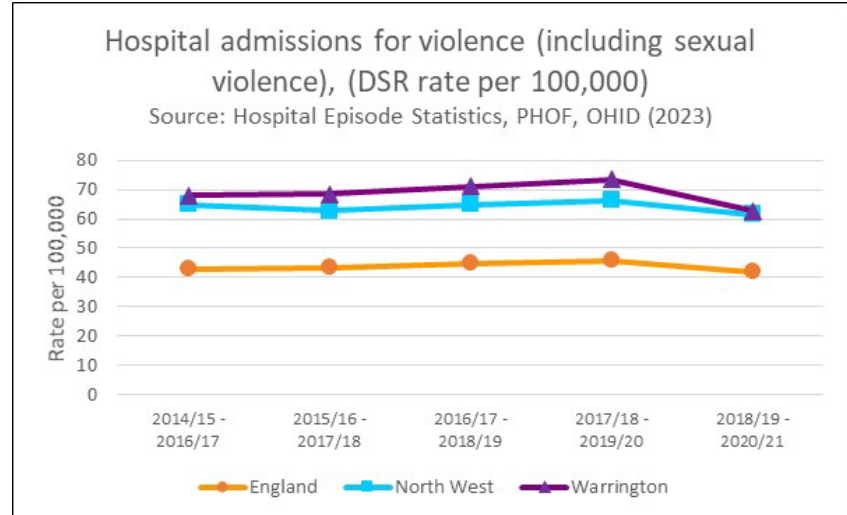
- In Warrington between 2021 and 2022 there were 8,440 violent offences against a person, equivalent to a rate of 40.3 per 1,000. In England the rate was 34.9 per 1,000 and in the North West, 43.9 per 1,000.
- Aside from a small reduction in 2020/21, there have been year on year increases in the rate of violent crime since 2015/16, in line with what is seen nationally.



*NOTE. Over the last 6 years police forces across the country have been working to improve crime recording practices. The improvement of recording practices is known to contribute to the increases seen in certain offences, and particularly affects 'violence against the person' offences (ONS, 2021).

Hospital admissions for violence:

- Latest data for the 3-year period 2018/19 to 2020/21 in Warrington show 360 hospital admissions for violence (including sexual violence), equivalent to a rate of 62.7 per 100,000. The rate in Warrington was significantly worse than England (41.9) and similar to the North West (61.6).
- The rate of hospital admissions for violent crimes decreased since the previous time period (2017/18-2019/20, 73.5%), prior to this it had been slowly increasing for the previous 4 time periods.
- Warrington's hospital admission rate is constantly significantly worse than England.



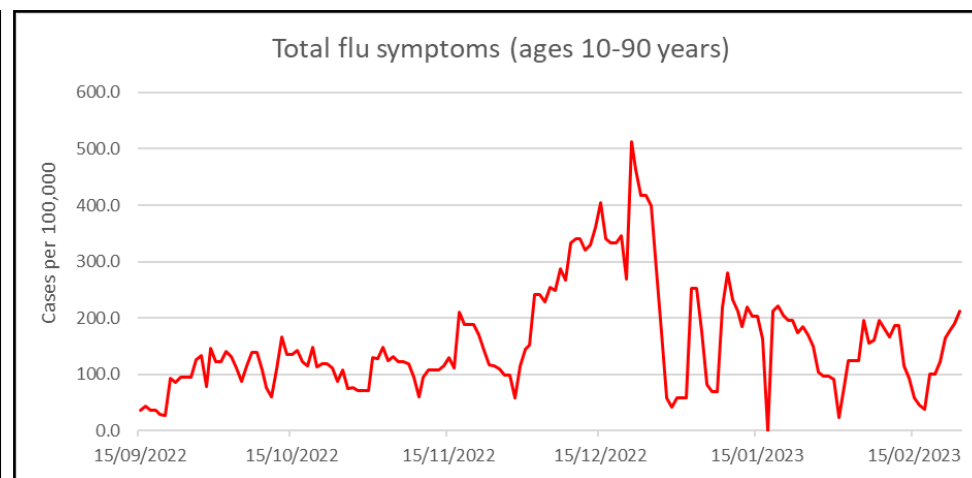
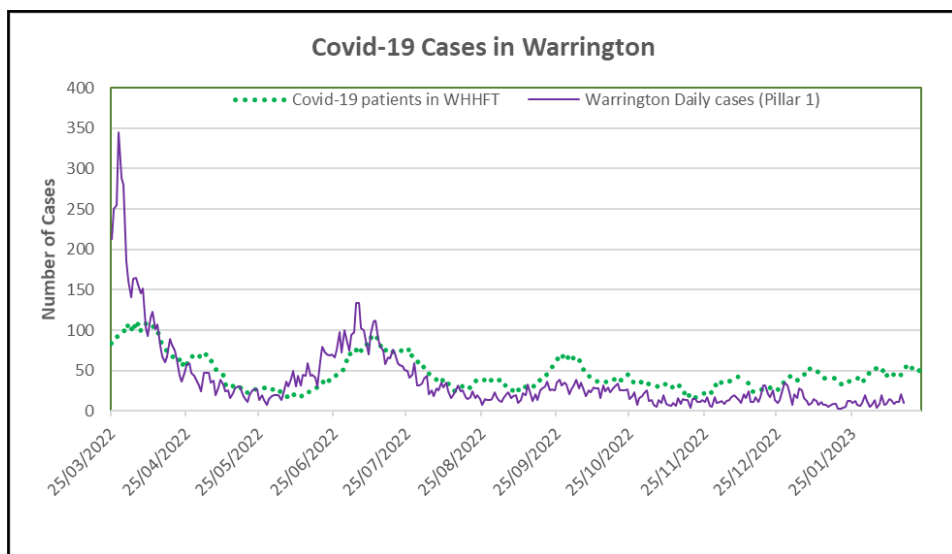
Domestic abuse:

- In 2021/22, Warrington had a domestic abuse rate of 24.1 per 1,000. This was lower than England (30.8 per 1,000) and the North West (32.3 per 1,000). (NB in PHOF local authorities are allocated a crude rate of the police force area within which they sit).
- Changes in the level of domestic abuse incidents reported to the police are particularly likely to be affected by changes in recording practices. These kinds of changes may in part be due to greater encouragement by the police to victims to come forward and improvements in police recording, rather than an increase in the level of victimisation.



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

Health and Wellbeing Strategy Indicators, March 2023	Count	Warrington Value	England Average	Statistical Significance: Warrington vs England Overall	Is a high/low value good?	Lowest LA Value	Range between England Local Authorities	Highest LA Value	Trend (from previous year)
High level outcome Indicators									
Healthy life expectancy at birth (males) Years (2018-20) *	-	64.6	63.1	Similar	high	53.5		74.7	↔
Healthy life expectancy at birth (females) Years (2018-20) *	-	64.8	63.9	Similar	high	54.3		71.2	↔
Inequality in life expectancy at birth (males) Gap in years (2018-20) *	-	10.3	9.7	Similar	low	2.60		17.0	↔
Inequality in life expectancy at birth (females) Gap in years (2018-20) *	-	8.2	7.9	Similar	low	1.20		13.9	↗
Starting Well									
School ready at age 5, % (2021/22)	1,651	70%	65%	Better	high	53%		80%	-
Excess weight in children (Year 6), % (2021/22)	840	35%	38%	Better	low	25%		49%	-
Looked after children whose emotional wellbeing is a cause for concern, % (2021/22)	66	42%	37%	Similar	low	16%		64%	↗
Living Well									
Excess weight in adults (18+), % (2020/21) *	-	64.2%	63.5%	Similar	low	44%		76%	↔
Physically active adults (19+), % (2020/21) *	-	68.0%	65.9%	Similar	high	49%		84%	↗
Alcohol related hospital admissions, DSR per 100,000 (2021/22)	993	466.6	494.0	Similar	low	250.8		839.6	-
Preventable hospital admissions, ISR per 100,000 (2020/21) *	1,810	848.8	848.3	Similar	low	105.9		1383.6	↘
Use of hospital beds (bed days) following emergency admission, ISR per 1,000 (Q4 2018/19) *	262,699	1264.6	976.7	Worse	low	662.4		1389.9	↗
People feeling supported to manage their long term condition, % (Q4 2020/21)	612	56%	54%	Similar	high	42%		79%	↘
Under 75 Preventable deaths, DSR per 100,000 (2021)	343	176.2	183.2	Similar	low	95.8		334.2	-
Premature mortality in adults with serious mental illness (SMI) (2018-20) *	505	111.3	103.6	Similar	low	52.2		212.4	↗
Deaths attributable to air pollution, % (2021) NEW METHOD	-	5%	6%	Similar	low	4%		7%	↔
Ageing Well									
Social care-related quality of life score, aged 65+ (2021/22)	120	17.6	18.5	Similar	high	16.1		20.2	-
Hospital admissions due to falls in those aged 65+, DSR per 100,000 (2021/22)	825	2097.6	2099.9	Similar	low	1394.0		3271.7	-
Supporting older people (65+) to stay at home for longer after a hospital admission, % (2021/22)	156	82%	82%	Similar	high	32%		100%	↗
Delayed transfer of care per 100,000 population (All delays), 18+, rate per 100,000 (2019/20)	16	9.6	10.8	Similar	low	0.0		27.4	↘
Strong and Resilient									
Percentage in employment, aged 16 to 64 (2021/22)	103,400	79%	75.4%	Similar	high	62.9%		100.0%	↘
People living in fuel poverty, % (2020)	10,293	11%	13.2%	Better	low	4.4%		22.4%	↔
Housing affordability: Ratio of house price to residence-based earnings, Ratio (2021) *	-	6.7	9.1	Similar	low	3.3		24.4	↔

* no new data to the March 2023 update

Data correct as at March 2023

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



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 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 death per 100,000 population, this method of calculating a death rate allows a more precise comparison between two or more populations by controlling for differences in the age structure of the population.

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

E

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

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

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

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 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 are currently no cure, and which are managed with drugs and other treatment, for example diabetes, arthritis and hypertension.

Low Birth Weight (LBW): Low Birth Weight relates to babies born weighing less than 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, and brings 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 background are more at risk of poorer development and the evidence shows that differences by social background emerge early in life.

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

Secondary mental health services: medical care provided by a specialist or facility upon referral by a primary care physician that requires more



specialised knowledge, skill, or equipment than the primary care physician has.

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

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

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

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 you drink on a regular basis. Weekly guidelines (2016) for both men and women have been issued: you are safest not to drink regularly more than 14 units per week. If you do drink as much as 14 units per week, it is best to spread this evenly over 3 days or more.

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

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](#)

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 Digital: publishes over a thousand indicators covering quality through to population health and outcomes of treatments. In April 2023, NHS Digital became NHS England.

[Data dashboards - NHS Digital](#)

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](#)

