



# Warrington Health & Wellbeing Survey 2023

## General Health and Health Related Behaviour



**WARRINGTON**  
Borough Council

# Survey Methodology

- Comprehensive large-scale survey of Warrington's adult population (18+ years).
- Methodology submitted and approved by Health Research Authority and NHS England.
- Invitation letters sent to large sample of named residents selected by age, gender and postcode to reflect Warrington population.
- 4,932 surveys completed – 8% response rate.
- Questionnaire covering range of topics known to impact health and wellbeing – 80+ questions.

# Topics Explored

- General health
- Use of health services
- Social connectedness and participation
- Activities, amenities and green spaces
- Physical activity (including active travel and cycling)
- Volunteering
- Diet
- Smoking/Vaping, Alcohol consumption
- Gambling
- Emotional health and wellbeing
- Caring responsibilities
- Impact of COVID-19 pandemic
- Digital inclusion
- Financial circumstances

# Respondent Profile

- **Gender:**
  - Female - 50%
  - Male - 49%
  - Non-binary/transgender/other - 0.5%
  - Prefer not to say – 0.5%
- **Age-band:**
  - 18 to 39 years – 28%
  - 40 to 64 years – 42%
  - 65+ years – 30%
- **Quintile (1-most deprived, 5-least deprived):**
  - Quintile 1 – 17%
  - Quintile 2 – 17%
  - Quintile 3 – 9%
  - Quintile 4 – 24%
  - Quintile 5 – 33%

# Survey Respondents by Broad Ethnic Groupings

<b>Respondents by broad ethnic group</b>	No. of respondents	Percentage (as a % of all who gave a valid response)	Census 2021
Asian / Asian British	240	6.5%	3.3%
Black, Black British, Caribbean or African	28	0.8%	0.7%
Mixed or Multiple ethnic groups	21	0.6%	1.6%
White English / Welsh / Scottish / Northern Irish / British	3,177	86.6%	88.1%
All other White combined due to very small numbers in some ethnic groups. Includes Census categories 'Irish', 'Gypsy/Irish Traveller', 'Roma', 'Any other white background' and 'White unspecified'.	190	5.2%	5.4%
Other ethnic group	12	0.3%	0.9%
<b>Total known ethnicity</b>	<b>3,668</b>	<b>100%</b>	<b>100%</b>
<i>Unknown: 'Prefer not to say'</i>	43		
<i>Unknown: no response</i>	1,221		

# Self-Reported Health

**Nearly three-quarters of respondents said their health is good or very good, but this is less than in 2013 and England**

- 71.5% of respondents reported their health to be 'good', or 'very good', compared with 76.9% in 2013 and 81.6% in England.

**Younger people report better health**

- The percentage reporting good health decreased with age; 80.3% of 18-39 year-olds, 70.3% of 40-64 year-olds and 61.1% of those aged 65+.

**There is a strong association between feeling in good health and affluence**

- There was a strong pattern with deprivation, ranging from 63.5% in the most deprived Quintile 1 to 78.0% in the least deprived Quintile 5.

# Long-Term Conditions (LTC)

- **The proportion of residents living with an LTC is increasing:** 56.6% in 2023 compared to 32.5% in 2013, although a change in methodology may be contributing.
- **More women than men have an LTC** (58.7% versus 54.3%).
- **The proportion of respondents reporting an LTC increases with age;** from 39.4% of 18-39 year-olds, to 57.8% of 40-64 year-olds and 78.6% of those aged 65+.
- There was not a strong pattern with deprivation, although younger population in deprived areas may be masking an association.
- A quarter (27%) of participants had at least 2 LTCs and 1 in 8 (12.8%) reported they had 3+.
- **Residents aged 65+ and women aged 40-64 years living in the most deprived areas were more likely to have 3+ LTCs.**
- Nearly 1 in 5 (18.8%) people living with an LTC said it reduced their ability to undertake day-to-day activities a lot, compared with 1 in 10 (10.9%) in 2013.
- **Nearly a 40% of those with an LTC didn't feel confident they had enough information about it**
- A fifth (21.3%) of respondents said they did not have enough advice to help them manage their LTC and a sixth (16.8%) were unsure.

# What Does This Suggest for Local Action on LTC

- Ensure treatment systems are identifying people with multiple LTCs and are dealing with them holistically. This should particularly focus on middle-aged women in deprived areas and those aged 65+.
- For these patients we need to focus on their preferences for care and treatment and their goals, values and priorities overall. This will help to improve co-ordination of care across services and quality of life for those with multimorbidity.
- Review the information provided for people when they are first diagnosed and make sure they are adequately informed and better able to self-manage their condition as far as possible.



# Smoking

**Warrington's overall smoking prevalence is lower than England with a significant reduction since 2013. However, this hides wide variation between areas.**

- Overall, 7.1% of Warrington residents currently smoke.
- Substantial reduction in smoking prevalence from 13.0% in the 2013 and 20.4% in 2006, whilst national prevalence is 13.4%.

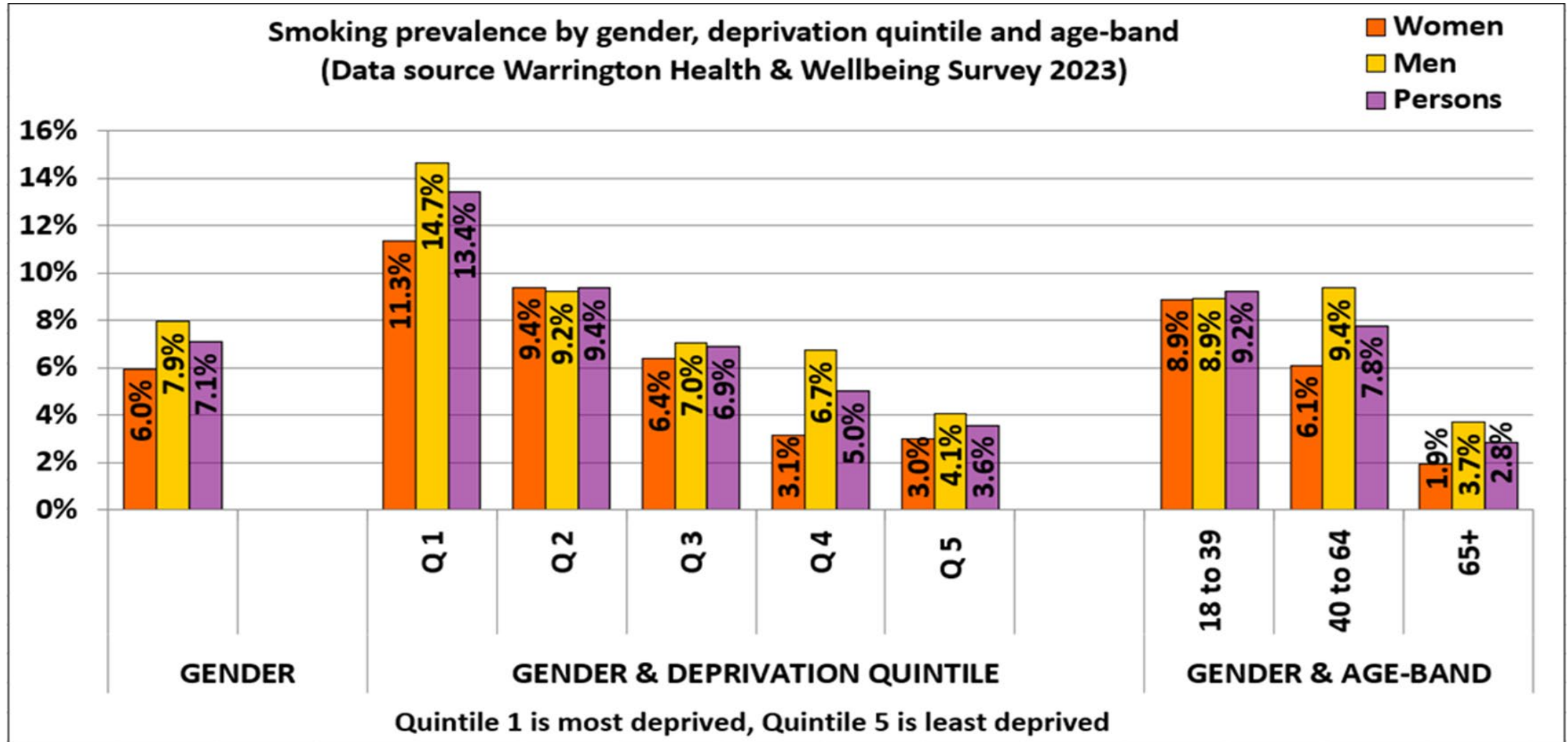
**More men than women smoke and prevalence reduces with age possibly because of reduced life expectancy of smokers**

- Smoking prevalence was slightly higher in men (7.9%) than women (6.0%).
- Prevalence reduces by age-band, from 9.2% in 18-39 year-olds, to 7.8% in 40-64 year-olds, to only 2.8% in those aged 65+.

**Smoking shows one of the strongest links with deprivation with people in the most deprived areas being four times more likely to smoke than those in the least deprived**

- There was a very strong link with deprivation - smoking is highest in Quintile 1 (13.4%), gradually reducing to 3.6% in Quintile 5.

# Smoking



# What Does This Suggest for Local Action on Smoking

- Continue to target stop smoking support to our most challenged communities including men and those living in the most deprived areas.
- Plan campaigns to de-normalise smoking behaviour and use 'people like me' to sell successful quitting stories.
- Support local retailers to help them avoid making illegal sales but enforce action on underage and illicit sales where they are happening.
- Maximise the impact of the proposed new Smokefree Generation legislation on control of tobacco sales when/if it becomes law.

# Vaping

**Around 8.7% of Warrington residents currently vape, which is higher than the national 5.4% estimated prevalence.**

**Like smoking there is a wide variation across the population, more men than women vape, and it is more common in our most deprived areas**

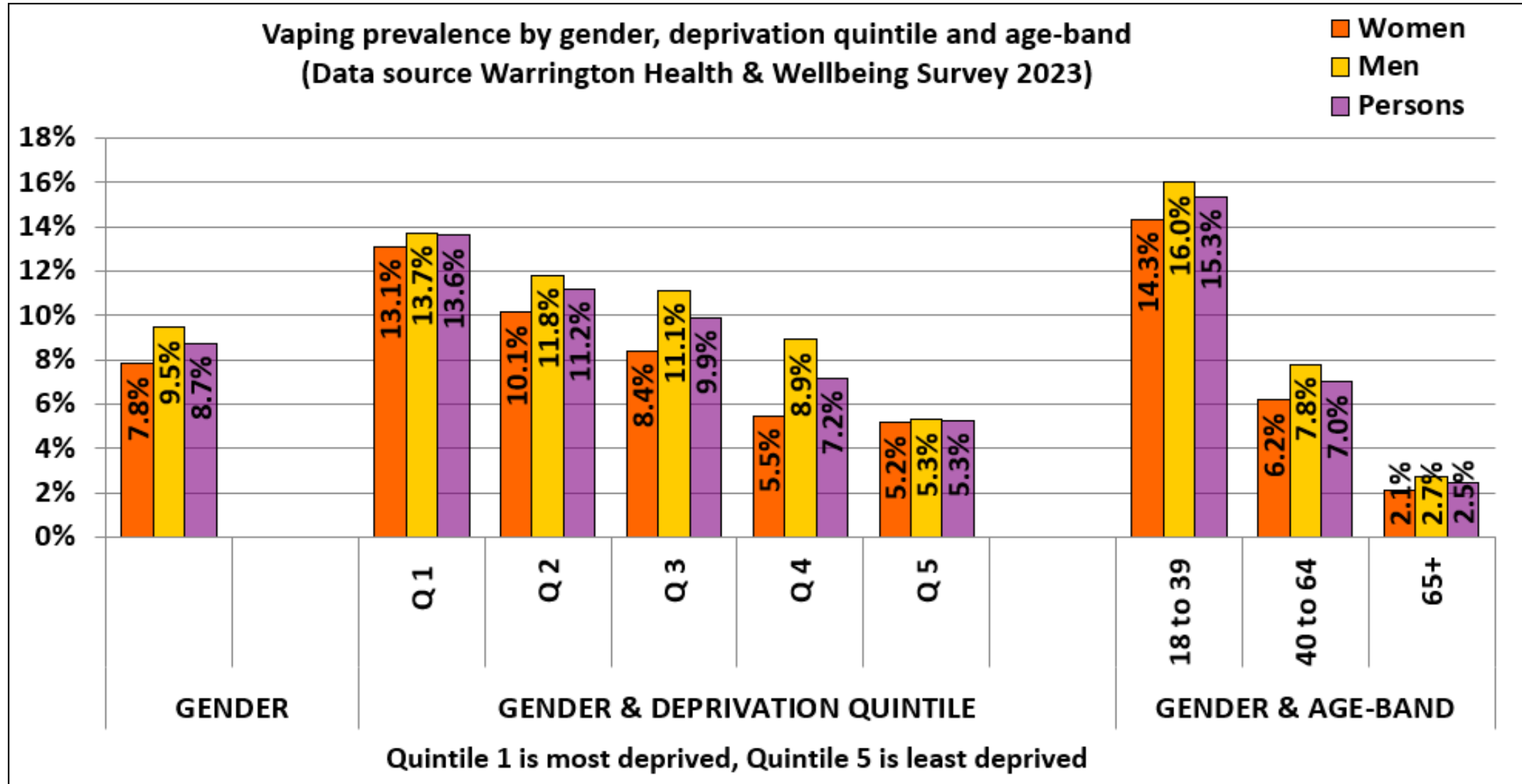
- Vaping prevalence was higher in men (9.5%) than women (7.8%). This compares with 6.0% men and 4.7% women nationally.
- There is a strong pattern with deprivation; it was highest in Quintile 1 (most deprived) at 13.6%, gradually reducing to 5.3% in Quintile 5.

**Vaping appears to be a particular concern for our younger age population**

- Vaping was highest in the 18-39 age-band (15.3%), followed by 7.0% of 40-64 year-olds, and only 2.5% of those aged 65+.

**Reasons for vaping:** 34% for enjoyment, 33% healthier than smoking, 28% to reduce or quit smoking, 25% cheaper than smoking.

# Vaping



# What Does This Suggest for Local Action on Vaping

- Develop clearly segmented communications on vaping to distinguish between supporting smokers wanting to quit from those that have never smoked from taking up vaping and the risks this poses.
- Maximise the impact of the proposed new Smokefree Generation legislation on control of vaping sales when/if it becomes law.
- Consider planning controls on vaping purveyors to manage the numbers of licensed premises offering vapes.
- Support educational establishments to inform and educate young people about the potential risks of vaping.

# Excess Weight

## **Excess weight and obesity is increasing in Warrington adults**

- Prevalence of excess weight increased from 55.1% in 2013 to 60.3% in 2023, mirroring the national trend.
- In 2023, 1 in 4 adults (25.8%) in Warrington are obese, compared with 1 in 5 in 2013 (19.3%).

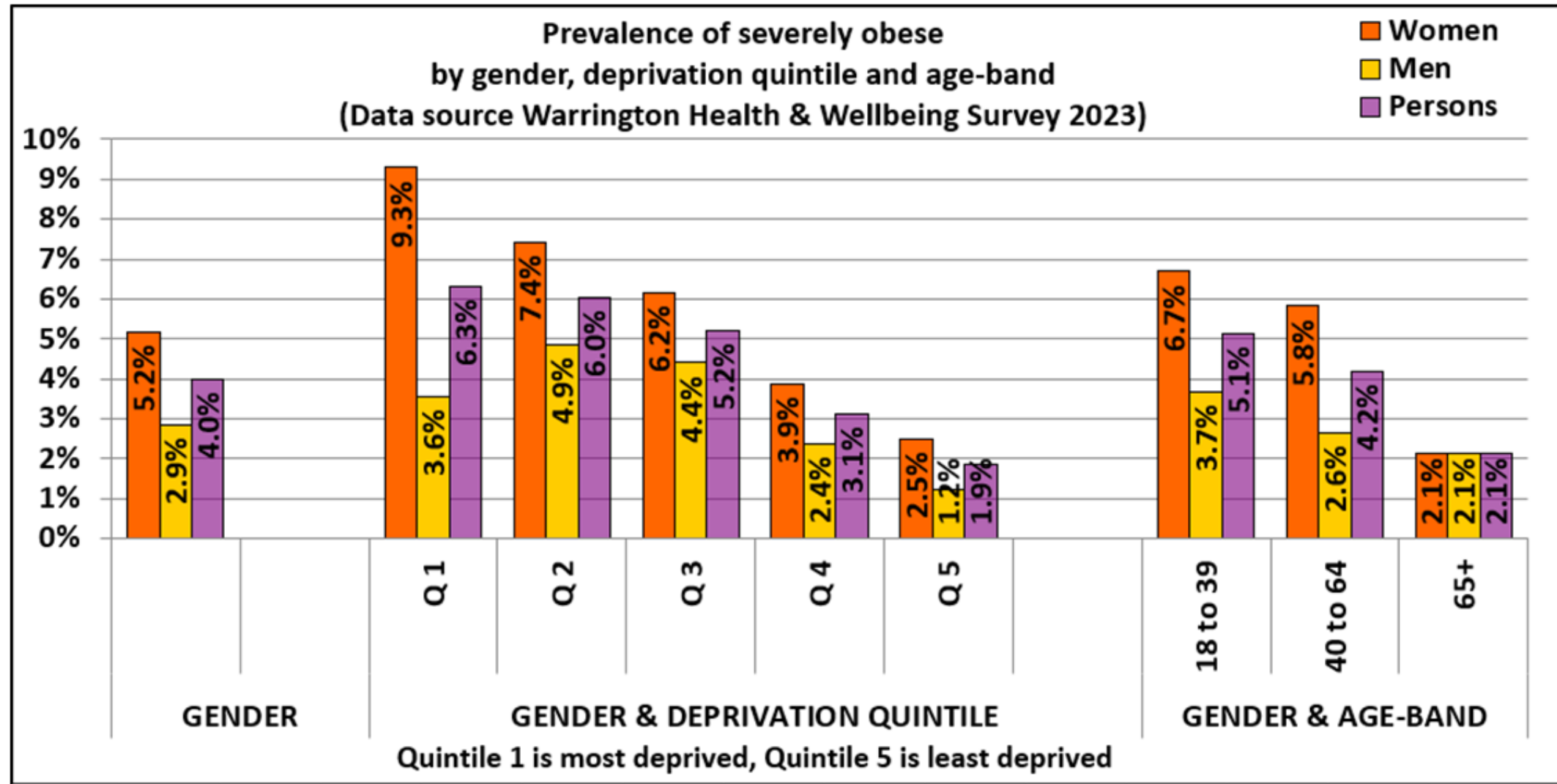
## **Obesity is More Prevalent in Women**

- In every age-band and almost every deprivation quintile, prevalence of obesity is higher in women than men.

## **Obesity is strongly linked with deprivation**

- Obesity level among adults living in the most deprived areas are 60% higher than those in the least deprived (31.3% versus 19.1%).
- Prevalence of severe obesity x3 higher in most deprived areas compared with least deprived (6.3% versus 1.9%). This link is more extreme in women (9.3% versus 2.5%).

# Severely Obese





# Diet and Healthy Eating

## **Takeaway consumption is higher in men and deprived areas, whereas home-prepared food is lower**

- A higher proportion of men than women ate takeaways/fast-food at least once a week, irrespective of age-band or deprivation quintile (37%, vs.29% overall).
- The inverse is true for home-cooked food, with fewer men eating it at least 5 days a week than women (60.6% vs. 66.9%).
- Weekly fast-food consumption is higher among residents living in more deprived areas than less deprived areas (40% vs. 30%). Whereas consumption of home-cooked food is lower (55.1% in quintile 1 vs. 69.9% in quintile 5).

## **Takeaway consumption decreases with age, whilst home-cooked food increases**

- 47.4% of 18-39 year-olds eat takeaways weekly, compared with 30.5% of 40-64 year olds and 17.7% of 65+.
- Consumption of home-cooked food at least 5 days a week was lowest among 18-39 year-olds (57.4%) and highest in 65+ (69.7%).

# Diet and Healthy Eating

## **Consumption of takeaways is linked with obesity**

- 1 in 6 adults classified as severely obese (17%) eat takeaways 3+ times a week, compared with 1 in 25 of those with a normal weight (4%).

## **Fruit and vegetables consumption is decreasing and is lower in men**

- Less than half of respondents (47.5%) ate 5+ portions fruit/vegetables per day, compared with 56.7% in 2013.
- In every age-band and every deprivation quintile, a higher proportion of women than men said they ate 5+ portions of fruit/vegetables a day (53.7% vs. 41.6% overall).

# What Does This Suggest for Local Action on Diet and Excess Weight

- Continue to prioritise weight management service provision to deprived communities, with a focus on female residents.
- Include healthy weight in care pathways and provide MECC advice in health/care/workplace/community settings, supported by training and resources.
- Multisectoral support for communication campaigns e.g. Better Health to raise public awareness of healthier food choices and support.
- Exposure to hot food takeaways is x5 higher in deprived areas, compared with the least deprived. Local planning regulations and licensing could be used to restrict takeaway density/opening hours and promote nutritious food outlets that support healthier choices in these areas.
- Increase access to affordable, healthier food, through food banks, community pantries, growing programmes and improved public transport to healthy food outlets, supported by meal planning, budgeting and cooking skill-building.
- National evidence demonstrates link between marketing of fast food and obesity. Consider options to restrict local fast-food advertising and advocate for national regulation of unhealthy food advertising across all media.
- Encourage government to introduce policy measures to help make healthy choice the easy choice - nutritional labelling in food outlets, restrictions on unhealthy food product placement, food reformulation/portion size regulations, and taxation of HFSS food.

# Physical Activity

## **Levels of physical activity are decreasing in Warrington**

- Physically active adults reduced from 76.4% in 2013 to 69.1% in 2023.
- Physical inactivity increased from 13.3% to 17.9%, in line with national trends.

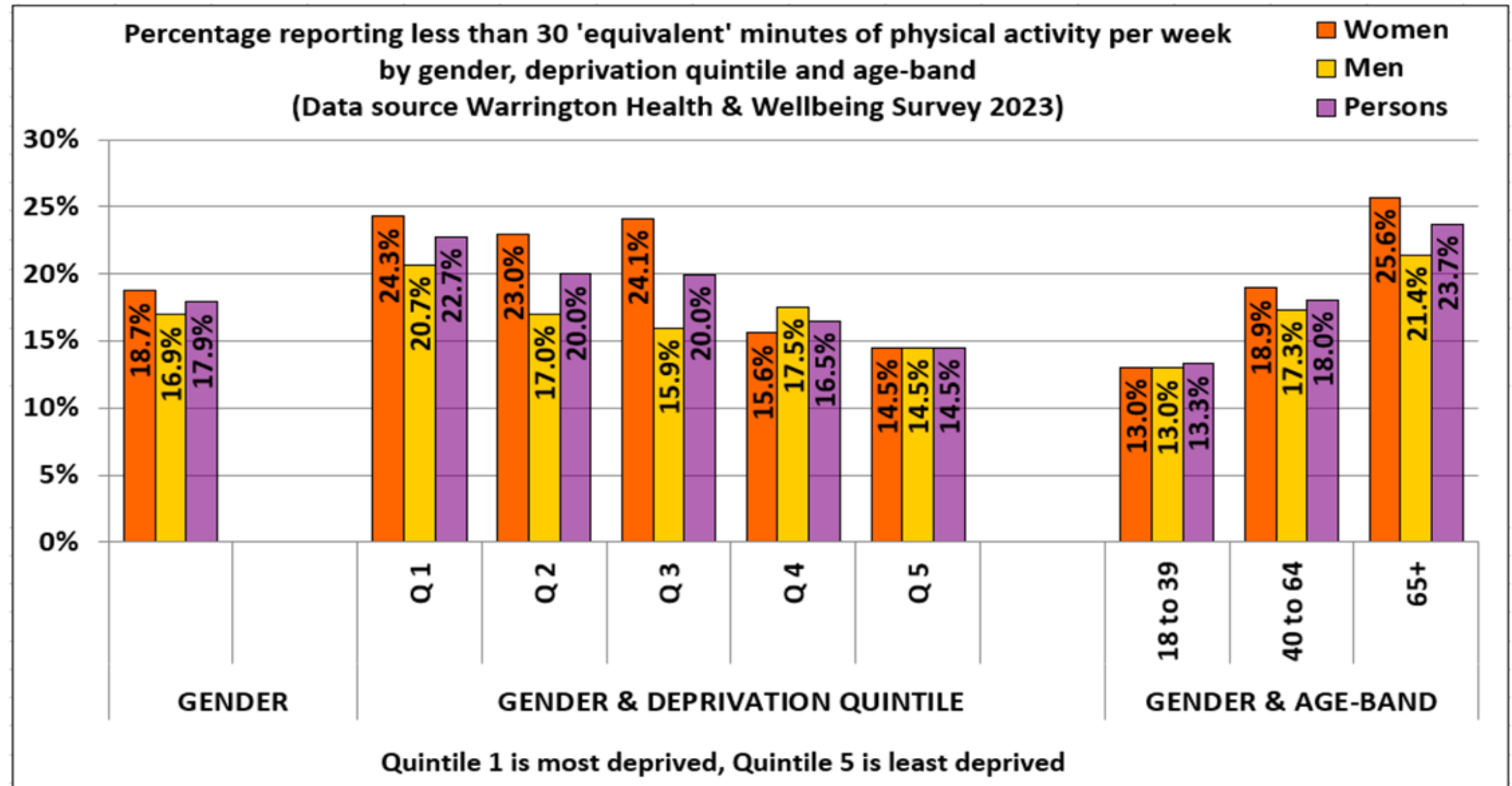
## **Women and those living in deprived areas are less physically active**

- In every age-band and every deprivation quintile, a higher proportion of men were physically active and did strength-based activities at least twice a week than women.
- Levels of physical inactivity among adults living in the most deprived areas in Warrington are 56% higher than those in the least deprived (22.7% versus 14.5%).

## **Physical inactivity increases with age**

- 1 in 4 (23.7%) of respondents aged 65+ are inactive compared with 1 in 5 (18.0%) of 40-64 year olds, and 1 in 7 of 18-39 year olds (13.3%).
- 59.6% of 18-39 year olds undertake strength-based activities at least twice-weekly compared with 51.7% of 40-64 year olds and 54% of 65+.

# Physical Inactivity



# Physical Activity

## **Participation in cycling is lower among women**

- 1 in 4 adults (26%) in Warrington cycle, with only 1 in 12 (8.1%) cycling weekly.
- A higher proportion of men cycle weekly than women, irrespective of age or deprivation quintile.
- Overall, 1 in 4 (23.3%) participants that don't cycle would like to. This ambition was greater in younger age groups and among residents living in the most deprived areas.

## **The main barriers to physical activity are lack of time, tiredness, health issues and cost**

- Women, especially those in deprived areas were more likely to report time, energy and cost constraints, whilst those aged 65 years and above were more likely to cite health issues.

## **Half of Warrington adults use fitness devices to monitor and improve their health**

- 1 in 3 respondents (32%) used smart watches or pedometers to track fitness and 1 in 4 (23%) used blood pressure monitors.

# What Does This Suggest for Local Action on Physical Activity

- Local planning and transport infrastructure continue to prioritise active design to support residents to be physically active - pedestrianised areas, walking trails, cycle lanes, supported by active travel plans.
- 1 in 8 respondents cited affordability as a barrier to physical activity. Sport/leisure/community/VCFSE sectors to consider providing inexpensive options that enable all residents to be physically active and use green spaces.
- Develop support network that helps small sports/leisure clubs to flourish and provide opportunities for women, those living in our most deprived areas or aged 65+ to be physically active.
- Provide opportunities to support regular cycling, including; bike loan/hire schemes, cycle awareness/bike repair programmes, cycle route maps, secure storage, workplace changing facilities and cycle mileage allowance.
- Deliver campaigns that segment messaging to people at higher risk of physical inactivity, including those with LTC (We Are Undeatable) and women (This Girl Can), supported by network of PA champions across health/care/workplace/community settings.

# Alcohol

**Men are a particular challenge** – 16.5% drink alcohol at least 4 days a week compared with 9.6% of women.

- In every age-band and every deprivation quintile, a higher proportion of men said they drank alcohol at least 4 days a week.

**Younger people appear to be adopting a different attitude to alcohol**

- 1 in 15 respondents aged 18 to 39 years (6.5%) drink alcohol at least 4 days a week, compared with 1 in 7 of 40-64 year olds,(14.1%) and 1 in 5 of those aged 65+ years (20.3%).

**Regular alcohol consumption is greater in less deprived communities.**

- Residents in the least deprived areas had the highest level of drinking at least 4 times a week (15.6%), whereas those in the most deprived had the lowest (10.0%).

**A high proportion of our adult population are drinking at unsafe levels**

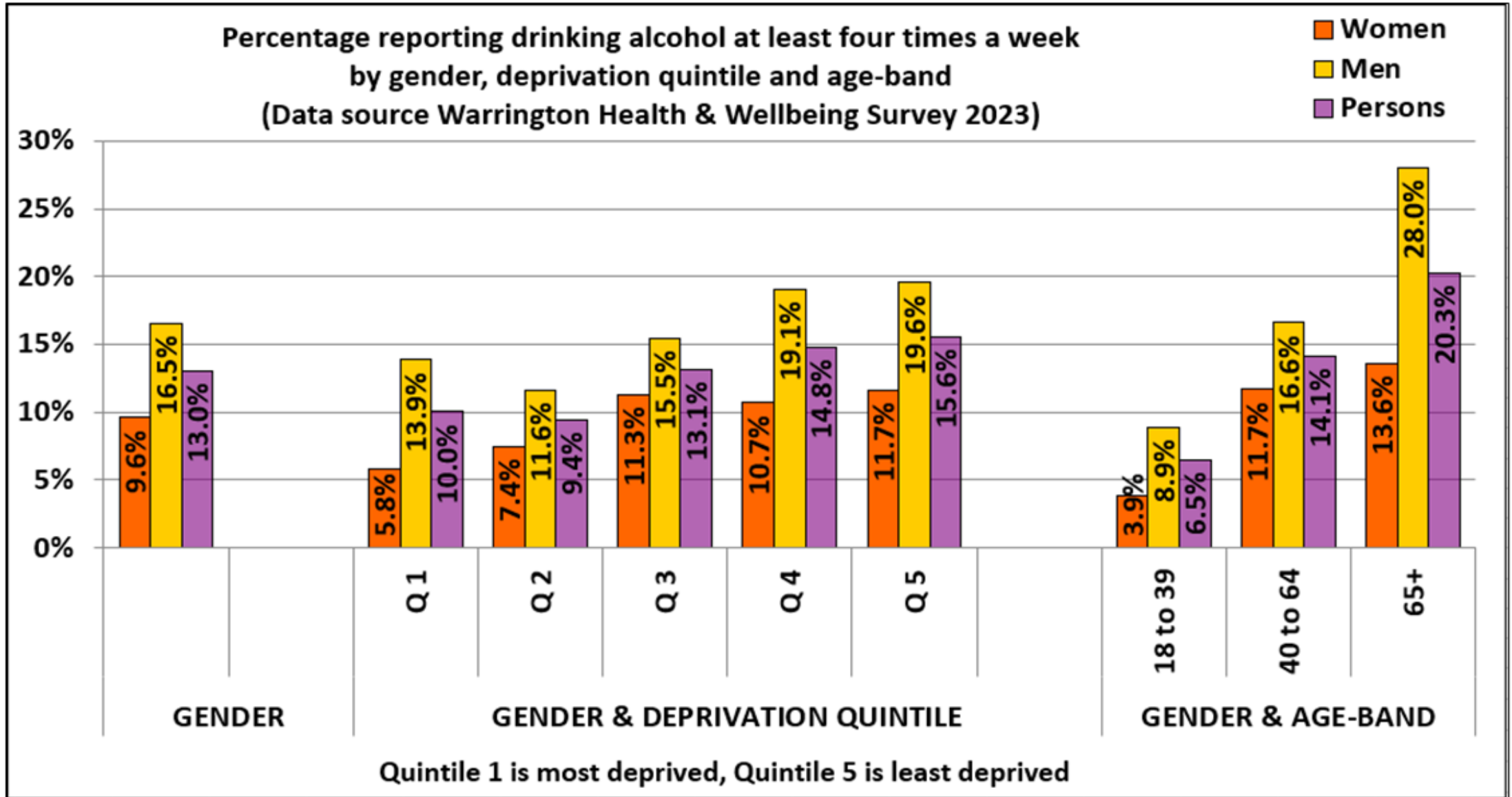
- Nearly a quarter of respondents (21.9%) had unsafe alcohol consumption (> 14 units/ week) and a sixth (16.7%) reported binge drinking at least once a week.
- Compared to women, men are more prone to binge drinking (20.1% versus 13.2%) and drinking unsafe alcohol levels (31.5% versus 11.7%).

**Higher risk consumption is particularly a feature of our middle-age to older population**

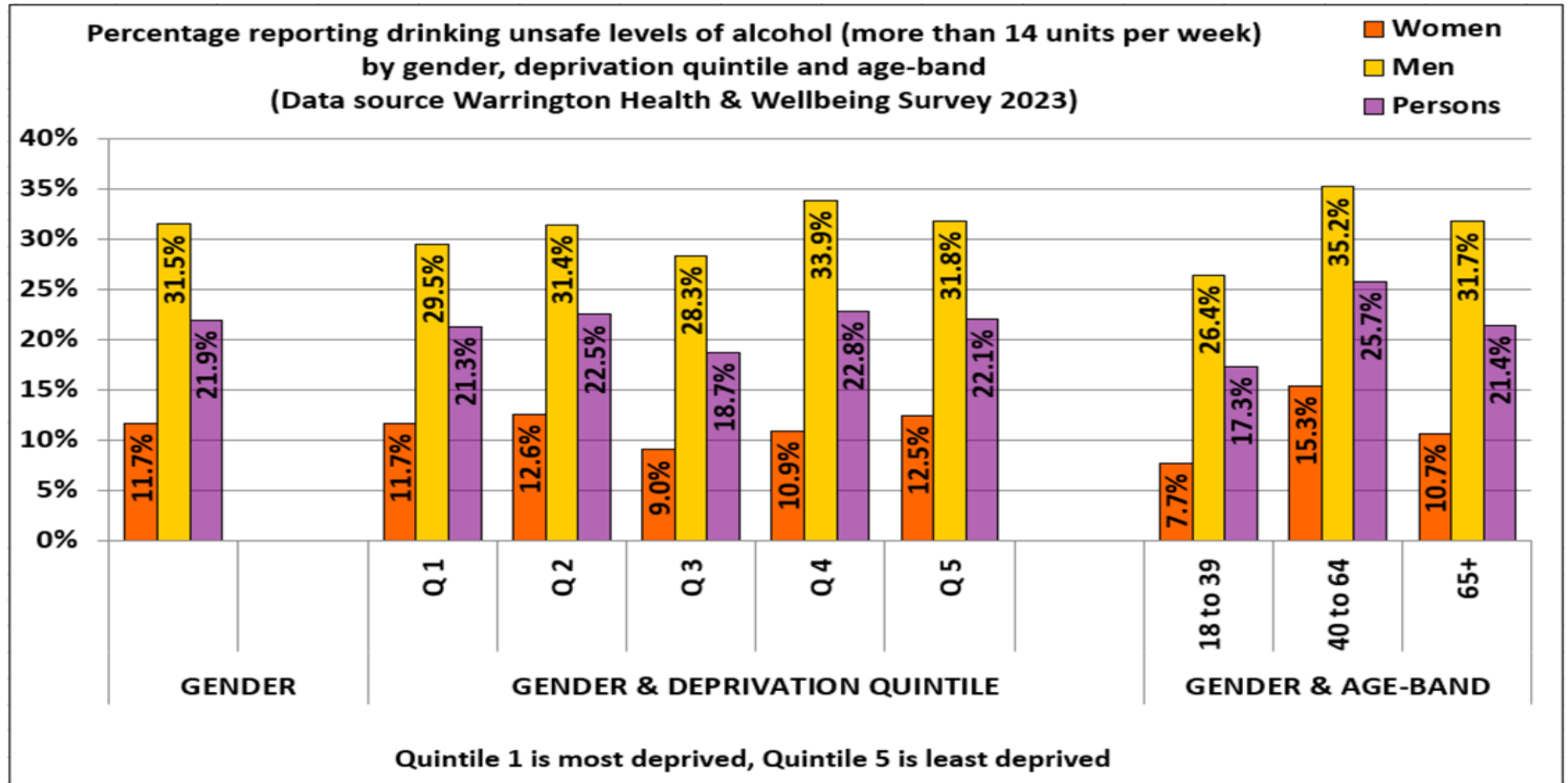
- 40-64 year-olds were most likely to drink more than 14 units a week (25.7%), followed by those aged 65+ (21.4%).
- Higher risk drinking is associated with a greater propensity to binge drink. Men and middle-age to older age groups are more likely to binge drink.



# Frequency of Alcohol Consumption



# Unsafe Alcohol Levels (over 14 units per week)



# What Does This Suggest for Local Action on Alcohol

- Review service provision to ensure it balances its offer to be appropriate for both less deprived communities as well as more.
- Develop a communications plan, which introduces some carefully targeted and segmented local messaging to reach males and middle-age to older brackets to address risk of higher consumption levels. Consider commissioning social insight research to understand key drivers for these drinking patterns to inform the approach.
- Review consistency of alcohol assessment in health and care environments and standardise use of assessment tool and messaging where people are drinking harmfully.
- Be mindful not to compromise the desire of younger ages to use no alcohol options in the nighttime economy and not introduce control measures for adult drinking such as competitive pricing of low alcohol alternatives, which may undercut this.

# Multiple Health-Related Behavioural Risk Factors

## **Over a fifth of our adult population have at least 3 health related risk behaviours**

- Co-occurrence of behavioural risk factors can make a big difference to health in terms of reduced quality of life, higher morbidity, and risk of premature death.
- 21.6% reported at least 3 of 5 risk factors i.e. smoker (daily/occasional), overweight/obese, low physical activity (less than 150 minutes/week), excess alcohol consumption (more than 14 units/week), and less than 5 fruit/veg per day

## **Clustering of risk factors is higher in men and the middle-aged population**

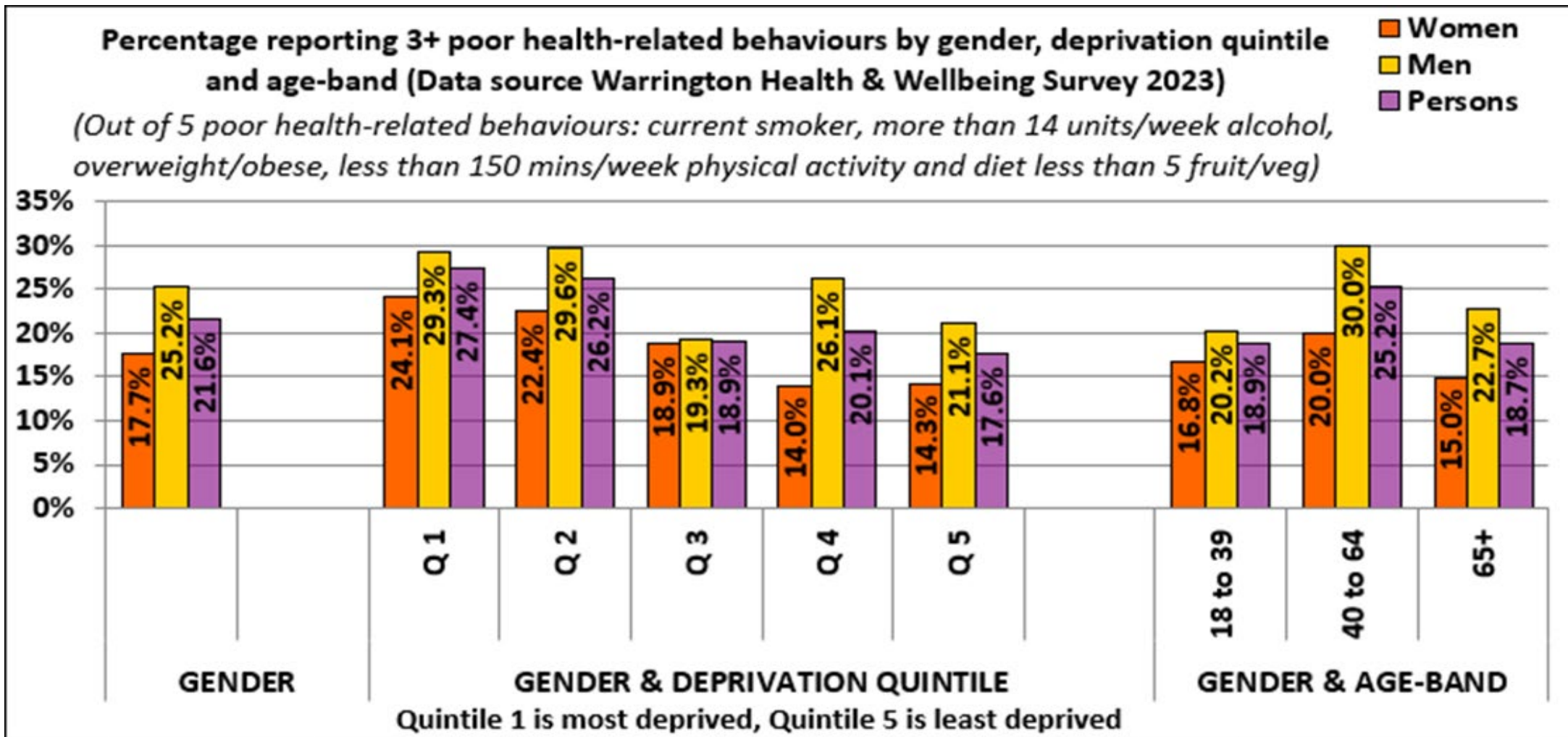
- The proportion of 3+ risk factors was higher in men (25.2%) than women (17.7%).
- Reporting of 3+ risk factors was highest in 40-64 year-olds (25.2%), compared to 18.9% of 18-39 year-olds and 18.7% of those aged 65+.

## **Multiple risk behaviours are strongly associated with deprivation**

- There was a step change between Quintiles 1 and 2 (27.4% and 26.2%) and Quintiles 3, 4 and 5 (between 17.6% and 20.1%).

# Multiple Health-Related Behavioural Risk Factors

(3 or more of 5 factors: smoking, alcohol, overweight/obese, physical activity, diet)



# What Does This Suggest for Local Action on Multiple Risk Factors

- Continue to strengthen behaviour change services to better support local people with multiple unhealthy risk factors and increase access to these services.
- Provide behavioural advice and support across a range of different behaviours, including smoking, weight management and physical activity, at the same time.
- Work with system partners to strengthen pathways into integrated behaviour change services, with a focus on improving access for men, 40–64-year-olds and people living in more deprived areas.
- Evidence shows that people may underestimate the impacts of behaviours on health or be asymptomatic - there is a need to focus on people who do not feel at risk and may be less likely to seek services.
- Dealing with multiple risk behaviours can be very challenging for an individual, which needs to be considered when planning intervention support with them.

# Gambling

## **More people appear to be gambling in Warrington than the England average**

- Any gambling at all, *including* National Lottery: 60% in Warrington compared to 50% nationally.
- Any gambling, *excluding* National Lottery: 48% in Warrington compared to 36% nationally.

## **Gambling is more common among men**

- Nearly two-thirds (64.5%) of men had participated in gambling in the past year (including the national lottery), compared with half (56.6%) of women.
- This mirrors the national pattern, although estimates are lower; 55% of men and 45% of women.

## **There are differences between age bands, with any gambling activity higher in middle age population**

- Gambling activity in the past 12 months was highest in 40-64 year-olds (63.5%), followed by people aged 65+ (59.5%), then 18-39 year-olds (57.0%).

# Gambling

## **A higher percentage of adults participate in online gambling in Warrington than nationally**

- Any online gambling in past 12 months: 15.5% in Warrington compared to 10% nationally.
- Twice as many men participate in online gambling than women (21.4% versus 9.7%).
- Levels highest in younger, 18-39 age group (20.7%) and reduce to 15.5% of 40-64 year-olds and 8.3% of those aged 65+.
- Over a quarter (27.5%) of 18-39 year-old men had gambled online in the past year.

## **Participation in gambling and specifically online gambling doesn't appear to be strongly linked to deprivation**

- There wasn't the usual gradient by deprivation for any gambling in the past year - it was highest in Quintile 3 (67.8%) and Quintile 2 (66.1%), and lowest in Quintile 5 (55.0%).
- A similar pattern was seen for online gambling; Quintiles 1 (18.1%) and 3 (17.6%) were the highest and Quintile 4 lowest (12.9%).
- Nationally, it was similar across all deprivation quintiles.

## **A significant number of people in Warrington are gambling weekly**

- 1 in 4 (25.9%) reported any gambling, including the national lottery at least once a week.
- 1 in 7 (13.5%) gambled in other ways excluding the national lottery weekly.
- 1 in 25 (4.4%) gamble weekly through online bookmakers.
- Men consistently reported higher levels of weekly gambling than women across all three indicators.



# What Does This Suggest for Local Action on Gambling

- Introduce school-based learning opportunities on gambling-related harms, gambling and related skills workshops, which emerging evidence suggests may provide short term benefit.
- Work with the local gambling industry to promote harm reduction messages for those participating in gambling.
- Provide behavioural counselling support for people with identified problem gambling behaviours.
- Build gambling recovery capital much like that used for the recovery community for drug and alcohol users.

The General Health and Health Related Behaviour report is available via the JSNA webpage: [Joint Strategic Needs Assessment \(JSNA\) | warrington.gov.uk](https://warrington.gov.uk/jсна)



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