

# Proposed Submission Version Local Plan

## PART A - About You

1. Please complete the following:

Please note the email address (if provided below) will be sent a full copy of the submitted response and a unique reference number.

**Name of person completing the form:** Helen Middleton

**Email address:** [REDACTED]

2. What type of respondent are you? Please select one option only.  
If you are an agent please select the type of client you are representing.

A local resident who lives in Warrington

3. Please provide your contact details:

	Contact details
<b>Organisation name (if applicable)</b>	-
<b>Agent name (if applicable)</b>	Helen Middleton
<b>Address 1</b>	[REDACTED]
<b>Address 2</b>	[REDACTED]
<b>Postal Town</b>	[REDACTED]
<b>Postcode</b>	[REDACTED]
<b>Telephone number</b>	[REDACTED]

## PART B - Representation Form 1

1. To which part of the Local Plan does this representation relate?

From the drop down list please select one option.

MD5 Thelwall Heys

2. What does your comment relate to? Please select one option.

Both of the above

**If a paragraph or policy sub-number then please use the box below to list. (For example - Policy MD2.1 part 3 or paragraph 10.2.13 etc as applicable).**

MD5 Thelwall Heys & The plan as a whole

3. Do you consider the Draft Local Plan to be: Please select one option in each row.

	Yes	No
<b>Legally Compliant</b>		X
<b>Sound</b>		X
<b>Compliant with the Duty to Co-operate</b>		X

4. If you have answered 'No' to any of the options in the above question then please give details in the box below of why you consider the Draft Local Plan is not legally compliant or is unsound or fails to comply with the duty to co-operate.

Please be as precise as possible.

Warrington sits in the Mersey Valley where air quality is poor, wider social aspects of environmental protection are extremely important for public health.

James Brokenshire, Secretary of State for Housing, Communities and Local Government emphasised that housing need figures are not a target and local authorities should make a realistic assessment of the number of homes their communities need 'using the standard method as a starting point in the process'.

Why has the council decided to use the higher 2014 figures rather than the more up to date 2018 figures which are considerably lower? The housing numbers which drive the whole plan are unrealistic relative to what Warrington has achieved in the past.

Releasing greenbelt for executive homes does not constitute as an 'exceptional circumstance'. The resident voice must be listened to - this is our home and NOT a developers free for all.

According to the 2018 public health report, Warrington's largest proportional increase is expected in the older age groups (65+) by 13% which equates to roughly 27,600 people. This is made up of 23,300 65+ and 4,300 under 65.

From 2003 onwards, Warrington's Old Age Dependency ratio has risen faster than England's. By 2039, Warrington's OADR is projected to be 43.8 much higher than 40.5 in England  
There is no need for housebuilding on the suggested scale.

According to the 2018 public health report, there are areas of poor air quality next to the motorways and main traffic routes. The Air Quality Action Plan was made available for public consultation which has 18 actions aimed at improving air quality including improvements to reduce traffic impact and development strategies that can mitigate the impact. The car dependent estates will be contributing to the current traffic problems across town including Lumb Brook (especially during the school run), Cat & Lion Traffic Lights (which backs up down London Road). In addition to this, if there is an accident on the motorway, the town comes to a complete standstill (as witnessed personally the other week - I couldn't get to work)!. The Victorian swing bridges are unable to cope with the current volumes of traffic, let alone additional traffic which is absolutely not an option. The proposed developments will be situated within the AQMA according to Warrington Borough Council's website.

The health of Warrington residents also needs to be taken into consideration: According to the public health report(s) from 2012-2014, there were 856 respiratory deaths recorded. In the latest figures from the 2015-2017 report, this has increased to 875 deaths recorded.

The air quality in Warrington is a concern. It has been previously highlighted by the World Health Organisation as dangerous and in breach of national safety levels - this is a public health concern. The highlighted AQMA's around the town are unlikely to achieve national air quality objectives by the relevant deadlines particularly with additional traffic from the car dependent estates. From the WBC census, the local population do not travel to work by a bicycle and have no incentive to do so.

In recent media, it has been stated that the Government will reduce national housing targets that have driven the Local Plan housing calculation - Brownfield will be a priority.

In summary,

No greenbelt can be released without an exceptional circumstance - WBC cannot exploit this loophole to meet targets.

The proposed developments do not fit the character of the area, the car dependent developments are un-necessary, unaffordable and unattractive - the general consensus is that our countryside must be preserved.

In reference to Thelwall Heys the Resident's Association was successful in gaining Greenbelt status for the area following a public inquiry in 2006.

The area continues to fulfil the criteria for Greenbelt status as well as being an area of special landscape character.

As the council claim there is insufficient brownfield sites to meet the town's housing needs, why has Greenbelt land such as Thelwall Heys been identified for development?

Democracy not dictatorship

6. Please set out what modification(s) you consider necessary to make the Draft Local Plan legally compliant or sound, having regard to the test you have identified above where this relates to soundness. (NB please note that any non-compliance with the duty to co-operate is incapable of modification at examination).

You will need to say why this modification will make the Local Plan legally compliant or sound. It would be helpful if you are able to put forward your suggested revised wording of any policy or text.

Please be as precise as possible.

Utilise the 1,115 unoccupied properties across Warrington that were identified in March's Warrington Guardian. These homes would be affordable and central for people to get to work.

7. If your representation is seeking a modification, do you consider it necessary to participate at the oral part of the examination? Please select one option.

Yes, I wish to participate at the oral examination

**If you wish to participate at the oral part of the examination, please outline why you consider this to be necessary:**

I am within the [redacted] age bracket and a first time buyer.

I also assist with Warrington Action Against Inappropriate Development and feel very strongly about the countryside across Warrington.

8. If you wish to upload documents to support your representation form then please select 'choose file' below. You can upload a max number of 2 files (up to 25MB each).

If you are submitting more than one representation form please note: If this file upload supports more than one representation form then please do not attempt to upload the same file on subsequent forms. On additional representation forms please use the comments/file description box to type in the 'name of the file', or 'see previous form'.

If the file upload is a different document for additional representation forms then please continue to upload the file as normal.

- File: 2018 Public Health Report.pdf - [redacted]
- File: AQMAS.jpg - [redacted]

You have just completed a Representation Form for MD5 Thelwall Heys.

Please select what you would you like to do now?

Complete the final part of the form, Customer 'About You' questions and submit response **(Part C)**

# **Statistical Supplement to Warrington Public Health Annual Report 2018**

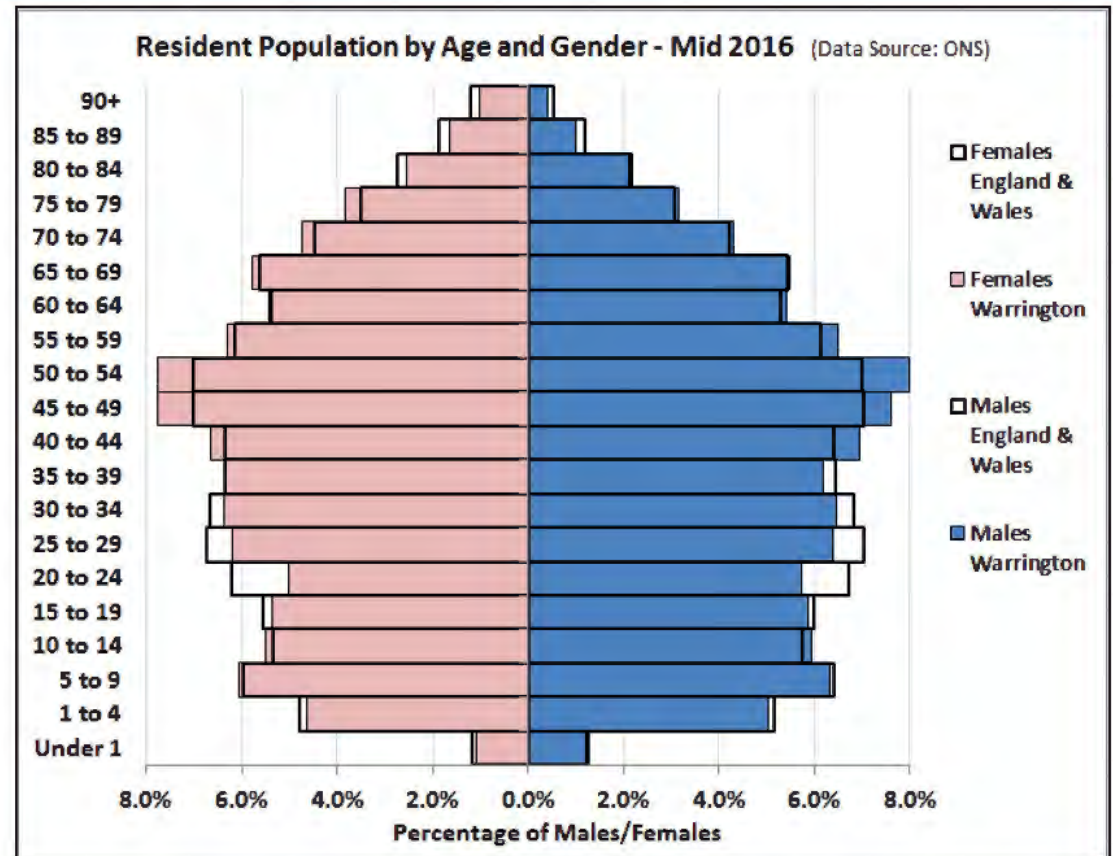
## Introduction and Contents

This document is a supplement to the [2018 Public Health Annual Report](#). It contains a number of summary factsheets which present information on a range of health and wellbeing indicators. This year the supplement has been expanded to include additional health protection datasets to complement the information included within the annual report. The following contents table includes asterisks to highlight where additional health protection data has been presented. 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. For further information on any of the information included within the document please contact the Public Health Knowledge and Intelligence Team on 01925 443033.

<b>Demography</b>		4.3	All-Age All-Cause Mortality
1.1	Resident Population	4.4	Mortality Considered Preventable
1.2	Dependency Ratio	4.5	Screening Programmes *
1.3	Projected Population	4.6	Cancer
1.4	Ethnicity	4.7	Cardiovascular Disease
1.5	Deprivation	4.8	Excess Winter Mortality
<b>Starting Well</b>		4.9	Sexual Health *
2.1	Pregnancy and Newborn Screening *	4.10	Mental Health
2.2	Low Birth Weight Babies and Smoking at Time of Delivery	<b>Ageing Well</b>	
2.3	Breastfeeding Initiation and Continuation at 6 to 8 Weeks	5.1	Life Expectancy at Age 65
2.4	Childhood Vaccinations and Immunisations *	5.2	Population Projections
2.5	Childhood Obesity	5.3	Falls
2.6	Risky Behaviours - Teenage Conceptions	5.4	Dementia
2.7	Risky Behaviours - Alcohol and Substance Misuse	5.5	Flu Vaccination *
<b>Living and Working Well, Lifestyle Risk Factors</b>		5.6	Deaths in the over 65's
3.1	Smoking	<b>Wider Determinants of Health</b>	
3.2	Alcohol	6.1	Housing
3.3	Substance Misuse	6.2	Employment
3.4	Unhealthy Weight	6.3	Education
3.5	Diet	6.4	Utilisation of Outdoor Space
3.6	Physical Activity	6.5	Child Poverty
<b>Living and Working Well, Burden of Disease</b>		6.6	Fuel Poverty
4.1	Life Expectancy	6.7	Social Contact (Adult Social Care Users)
4.2	Main Causes of Death, 2015 to 2017	6.8	Crime

## 1.1 Demography – Resident Population

mid-2016 Age-band	Warrington Population			Warrington Population, %		
	Persons	Males	Females	Persons	Males	Females
Under 1	2400	1300	1100	1.1%	1.2%	1.1%
1-4	10100	5200	4900	4.8%	5.0%	4.6%
5-9	12900	6500	6300	6.2%	6.3%	6.0%
10-14	11900	6200	5800	5.7%	5.9%	5.5%
15-19	11700	6100	5600	5.6%	5.9%	5.4%
20-24	11200	5900	5300	5.4%	5.7%	5.0%
25-29	13100	6600	6500	6.3%	6.4%	6.2%
30-34	13400	6700	6700	6.4%	6.5%	6.4%
35-39	13100	6400	6700	6.3%	6.2%	6.3%
40-44	14200	7200	7000	6.8%	6.9%	6.7%
45-49	16000	7900	8200	7.7%	7.6%	7.8%
50-54	16400	8300	8100	7.9%	8.0%	7.7%
55-59	13400	6700	6600	6.4%	6.5%	6.3%
60-64	11300	5600	5700	5.4%	5.4%	5.4%
65-69	11800	5700	6100	5.6%	5.5%	5.8%
70-74	9500	4500	5000	4.5%	4.3%	4.7%
75-79	7300	3300	4000	3.5%	3.2%	3.8%
80-84	4800	2200	2700	2.3%	2.1%	2.5%
85-89	2800	1000	1700	1.3%	1.0%	1.7%
90+	1500	400	1100	0.7%	0.4%	1.0%
All Ages	208800	103700	105100	100.0%	100.0%	100.0%



Source: Office for National Statistics. Figures based on mid 2015 population estimates. Figures may not sum exactly due to rounding.

- Warrington's mid-2016 resident population estimate is 208,800 (Office for National Statistics); 49.7% male and 50.3% female.
- 19.0% in Warrington were aged under-16 compared to 19.0% in England and Wales and 18.9% in the North West.
- 63.0% in Warrington were aged 16-64, the same as England and Wales; 62.8% were aged 16-64 in the North West.
- 18.0% in Warrington were aged 65 and over, the same as England & Wales; 18.3% were aged 16-64 in the North West.
- The chart shows that the main differences in population structure are that Warrington has a lower proportion of 20-34 year olds, a higher proportion of 40-54 year olds, compared to England and Wales.
- The GP-registered population is different to the resident population, and is based on those registered at GP practices. In January 2018, almost 218,000 people were registered at Warrington GP practices.

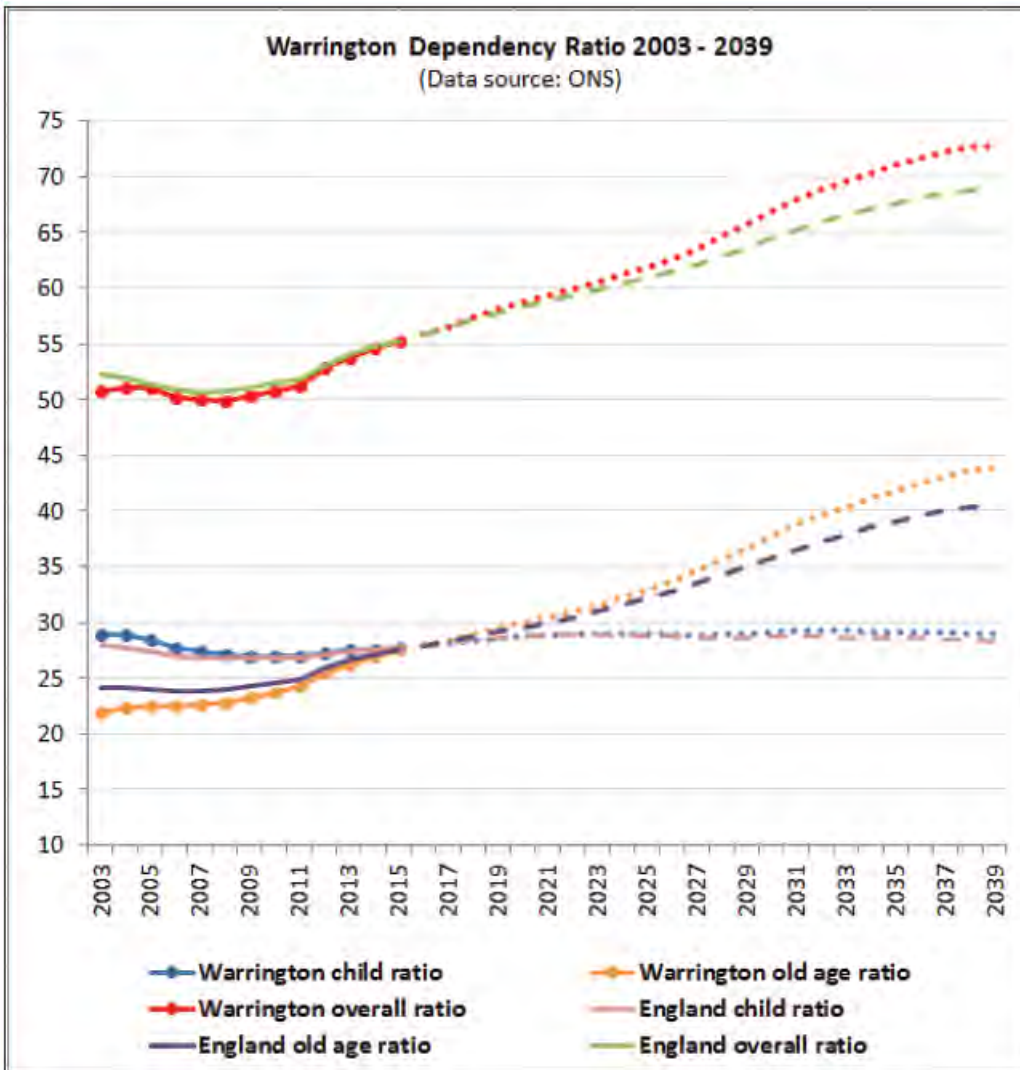
**208,800 resident population mid-2016**

**19.0% aged under-16**  
**63.0% aged 16-64**  
**18.0% aged 65+**

(very similar proportions to England & Wales)



## 1.2 Demography – Dependency Ratio



### DEFINITION: OLD AGE DEPENDENCY RATIO (OADR) and CHILD DEPENDENCY RATIO (CDR)

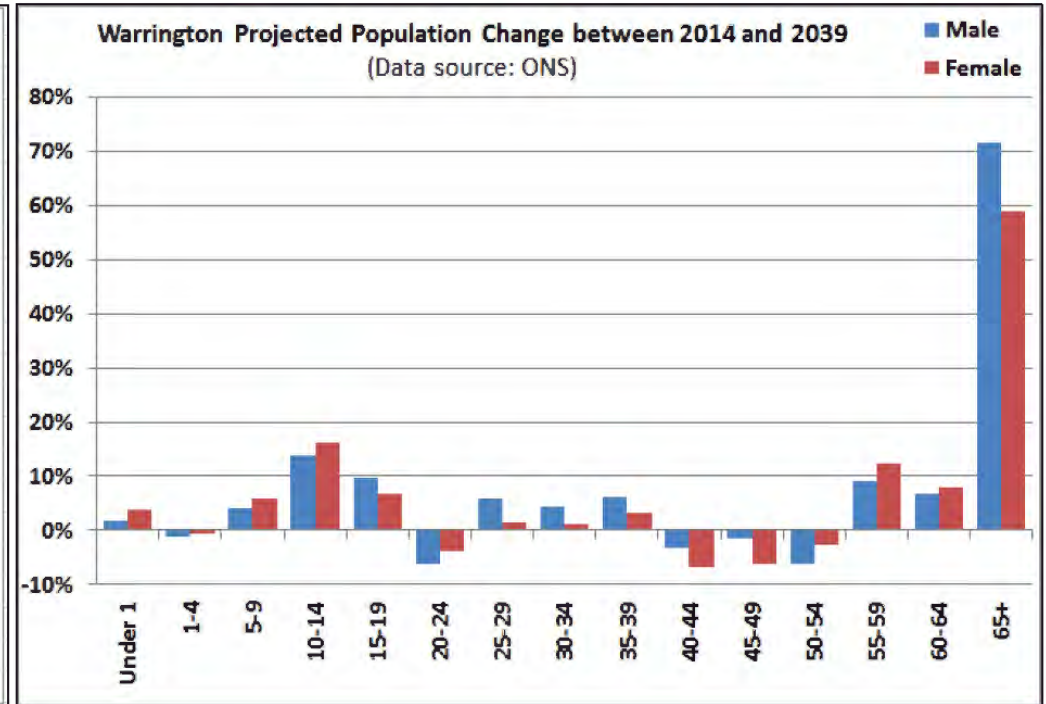
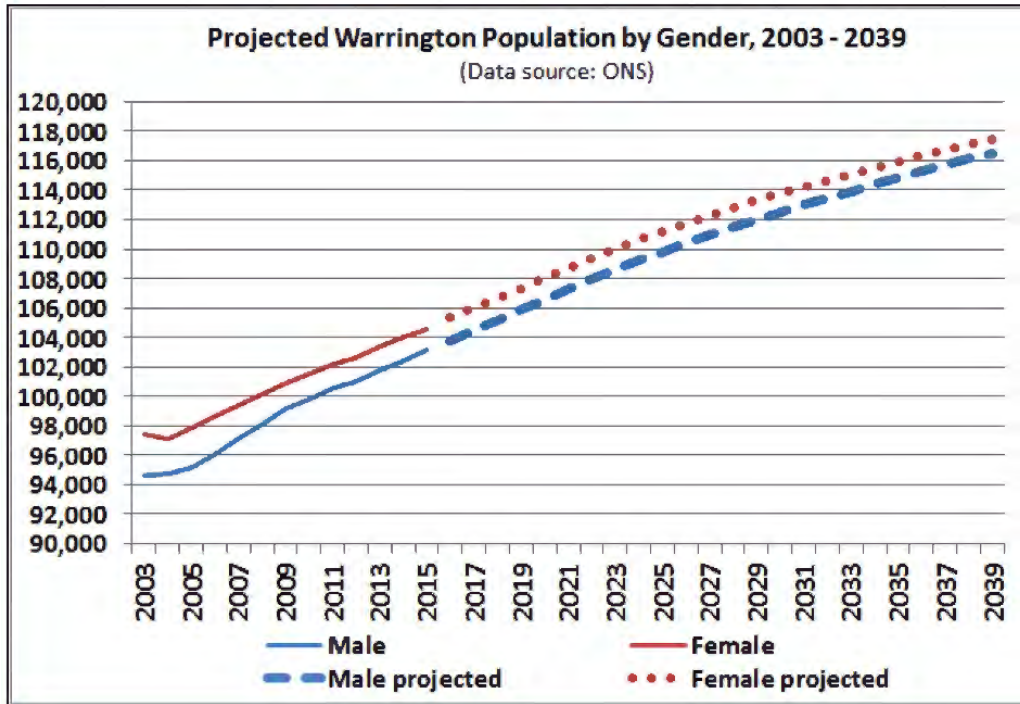
- The dependency ratio attempts to measure the number of dependents compared to the working age population. Ideally, the OADR and CDR would be calculated using the child population and the population of older people who don't work, compared to the working population. However, the usual calculations use the population aged 0-14 (CDR) and 65 and over (OADR), compared to the population aged 15-64.
- It doesn't take into account factors such as people of working age who are unemployed or those aged 65+ who choose to continue working. Nor has it taken into account the recent changes to state pension age.
- An increase in the ratio indicates a potential increased burden on the working population to support dependents, for instance in terms of pensions and social care.
- Dependency ratios have been calculated using ONS projected populations.

- **Child Dependency Ratio (CDR):** In 2015, Warrington's CDR was 27.7 (i.e. almost 28 children aged 0-14 to every 100 people aged 15-64), very similar to 27.8 in England. Warrington's CDR closely follows England's; both decreased between 2003 and 2009, but are expected to soon rise back to 2003 levels, and then be fairly stable to 2039.
- **Old Age Dependency Ratio (OADR):** In 2015, Warrington's OADR was 27.6 (i.e. almost 28 people aged 65+ to every 100 people aged 15-64), similar to 27.5 in England. From 2003, Warrington's OADR has risen faster than England's. Until now, Warrington's OADR has been lower than England's, but in future is expected to surpass it. By 2039, Warrington's OADR is projected to be 43.8, much higher than 40.5 in England.
- **Overall Dependency Ratio:** In 2015 Warrington's overall dependency ratio was 55.3, the same as England (i.e. over 55 people aged 0-14 or 65+ to every 100 people aged 15-64). It is projected to increase faster than England, and by 2039 is expected to be 72.8, much higher than 68.9 in England.

**In England and Warrington, the old age dependency ratio is rising and is expected to do so over the next 25 years.**

**Warrington's ratio surpassed England's in approximately 2015, and is expected to rise much faster.**

### 1.3 Demography – Projected Population



**Warrington’s population projected to increase by 13% (an extra 27,600 people) between 2014 and 2039**

**Largest proportional increases expected in the older age groups**

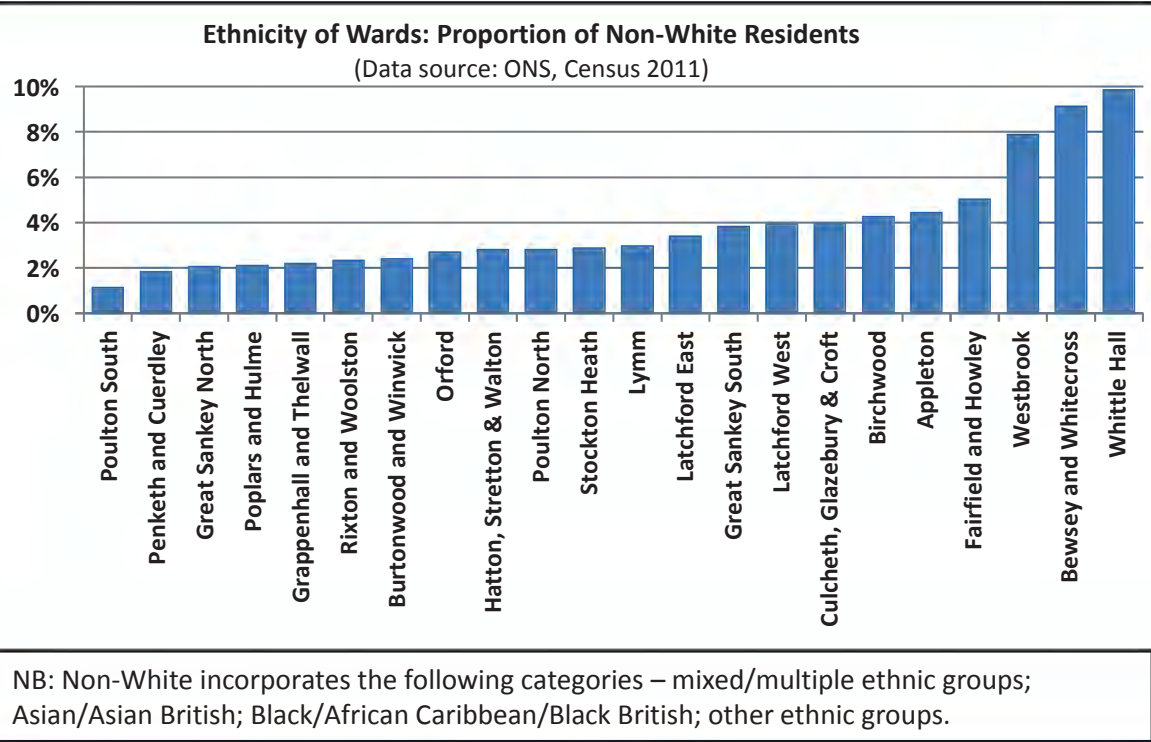
**Increase made up of:  
23,300 aged 65+ and  
4,300 under-65s**

- Warrington’s population has increased year on year from 2004 to 2016.
- Future projections (based on 2014 mid-year estimates) show that Warrington’s population is estimated to increase over the next 25 years by an extra 27,600 people (+13%); an extra 14,100 males and 13,500 females.
- The only age-groups expected to have a smaller population by 2039 are those aged 20-24, and 40-54.
- The largest percentage increases are expected in those aged 65 and older. Between 2014 and 2039, the number of men aged 65+ is expected to increase by 11,700 (a 71% increase) and women aged 65+ by 11600 (a 59% increase). This means an overall increase of approximately 23,300 people aged 65+.
- In comparison, the number of under-65s is expected to rise by only 4,300.

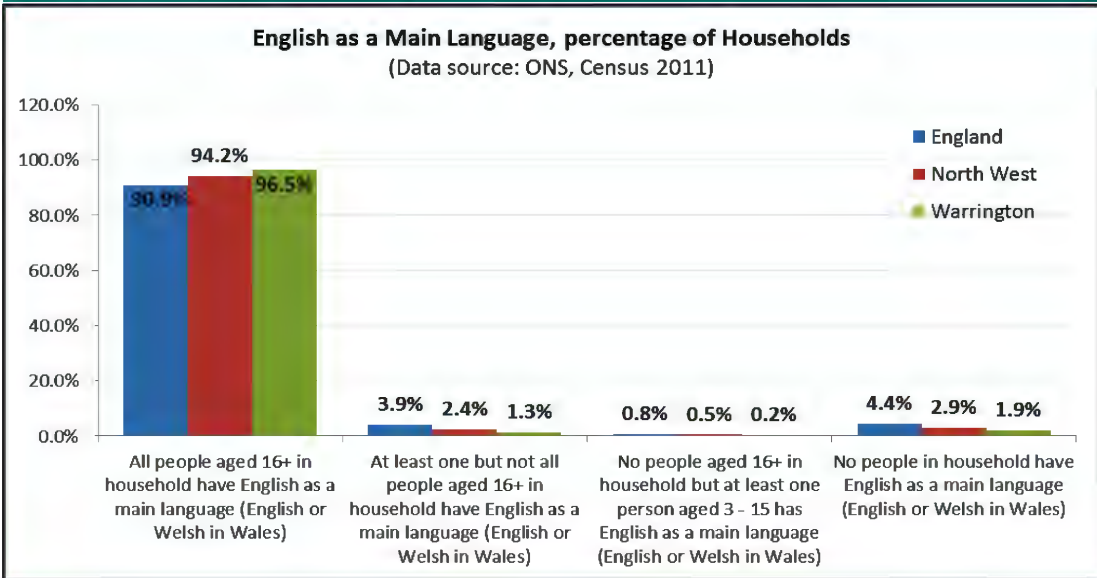
*Note: projections are based on recent trends and do not take into account any policy changes that have not yet occurred, nor those that have not yet had an impact on observed trends.*

## 1.4 Demography – Ethnicity

Warrington - Census 2011		
Ethnic Group	Number	%
White: English / Welsh / Scottish / Northern Irish / British	187,968	92.9
White: Other (incl. Irish, Gypsy/Irish Traveller, Other White)	6,024	3.0
Mixed/multiple ethnic groups	2,144	1.1
Asian/Asian British	4,911	2.4
Black / African / Caribbean / Black British	694	0.3
Other ethnic groups	487	0.2
<b>All usual residents</b>	<b>202,228</b>	<b>100</b>

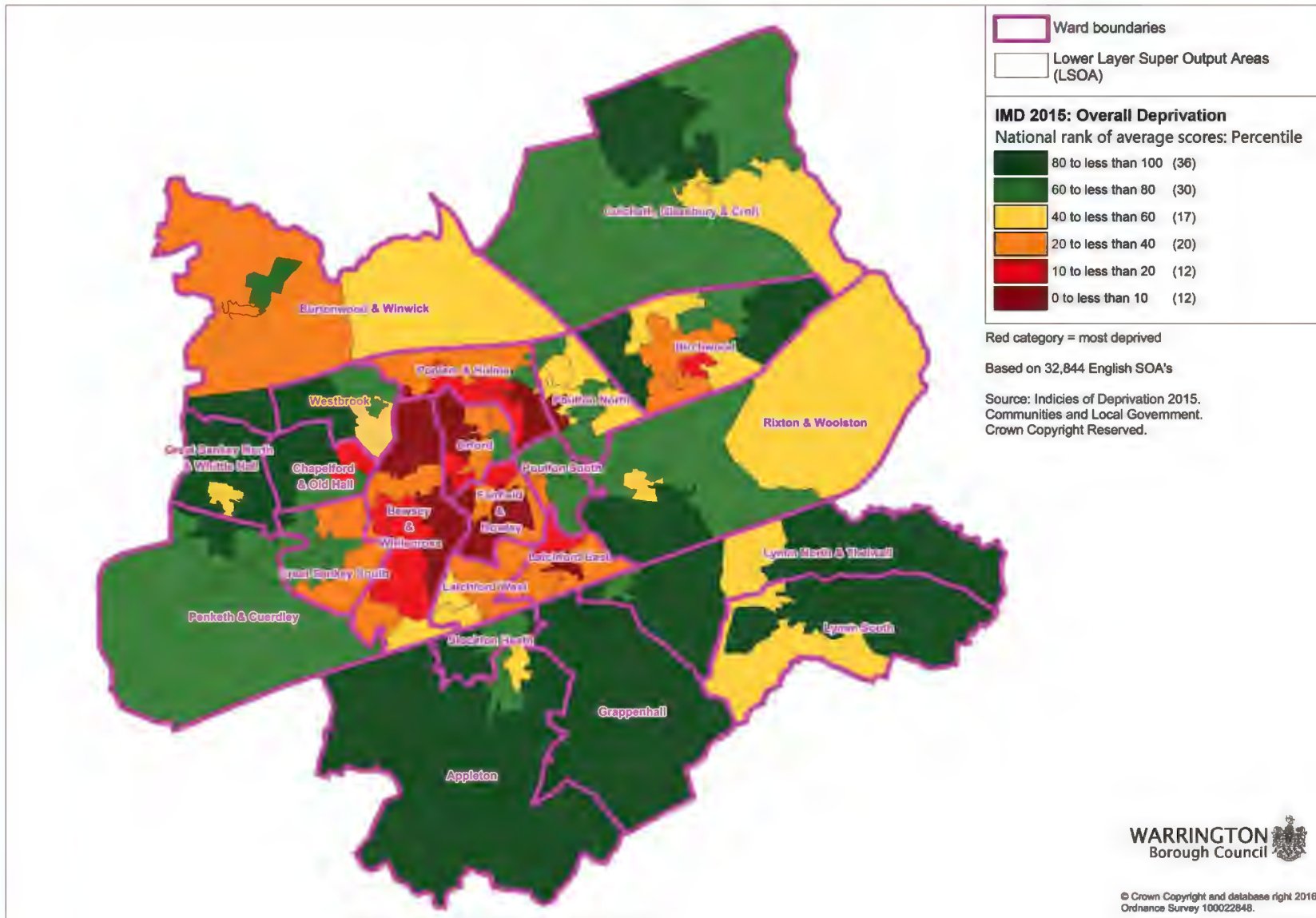


- In the latest Census in 2011, 92.9% of Warrington's population classified themselves as White English/Welsh/Scottish/Northern Irish/British.
- Warrington's population is less mixed than the North West and England. In the 2011 Census, 4.1% were non-White, compared to 14.0% for England and Wales, and 9.8% for the North West.
- Whittle Hall ward has the highest proportion of non-white residents (9.9%) and Poulton South the lowest (1.2%).



- In 96.5% of Warrington households, all residents aged 16 and over have English as a main language, compared to 90.9% in England.
- 1.9% of Warrington households have no people with English as a main language, compared to 4.4% in England.
- At ward level, Bewsey and Whitecross has the highest proportion of households in which no people have English as a main language (7.4%), followed by Fairfield and Howley (5.1%).
- Note: Not having English as a main language does not necessarily mean that someone doesn't speak English.

## 1.5 Demography – Deprivation



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

- Deprivation is measured using the Index of Multiple Deprivation (IMD) 2015. 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 map shows the spread of deprivation across Warrington. The most deprived areas (quintile 1), shaded brown and red, tend to be in inner Warrington, and the least deprived (quintile 5), shaded green, in outer Warrington. New wards (2016) are shown.

## 2.1 Starting Well – Pregnancy and Newborn Screening

### Screening during pregnancy

Screening tests are used to find people at higher chance, or risk, of a health problem. This means they can get earlier, potentially more effective treatment or make informed decisions about their health. The screening tests offered during pregnancy in England are either ultrasound scans or blood tests, or a combination of both. Blood tests can show whether a woman has a higher chance of inherited disorders such as sickle cell anaemia and thalassaemia, and whether a woman has infections like HIV, hepatitis B or syphilis (NHS Choices).

Across England during 2016/17:

- 99.5% of pregnant women were screened for HIV;
- 99.3% of eligible pregnant women were screened for sickle cell anaemia and thalassaemia.

Across England during 2015:

- 98.2% of pregnant women were screened for syphilis;
- 98.1% of pregnant women were screened for hepatitis B.

### Newborn Screening

Most babies are healthy and won't have any of the conditions the screening tests are looking for. But for those babies who do have a health problem, the benefits of screening can be enormous. Early treatment can improve their health and prevent severe disability or even death.

#### Newborn physical examination

Every baby is offered a thorough physical examination soon after birth to check their eyes, heart, hips and, in boys, the testicles (testes). This is to identify babies who may have conditions that need further testing or treatment.

Across England during 2016/17 93.5% of babies received their examination within 72 hours of birth.

#### Newborn hearing screening test

The newborn hearing screening test helps identify babies who have permanent hearing loss as early as possible. Performance in Warrington is higher than England and the North West.

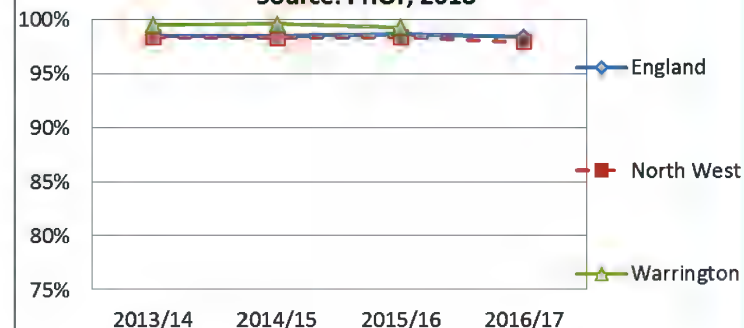
#### Newborn blood spot (heel prick) test

The newborn blood spot test involves taking a small sample of your baby's blood to screen it for nine rare but serious health conditions. Performance in Warrington dipped below England and the North West during 2015/16, although 93% babies were screened.

Data for Warrington from 2016/17 is not available due to Warrington and Halton Hospital changing clinical systems.

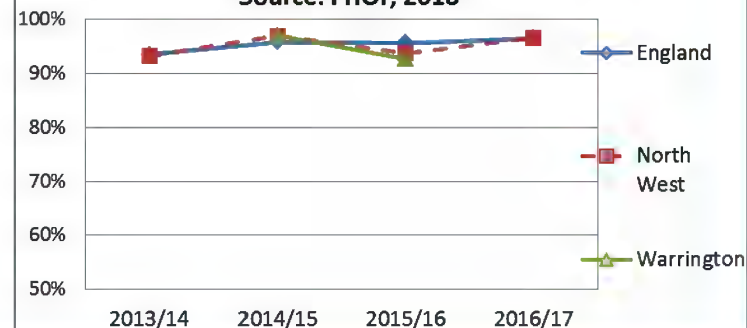
### Newborn Hearing Screening Coverage

Source: PHOF, 2018



### Newborn Blood Spot Screening Coverage

Source: PHOF, 2018



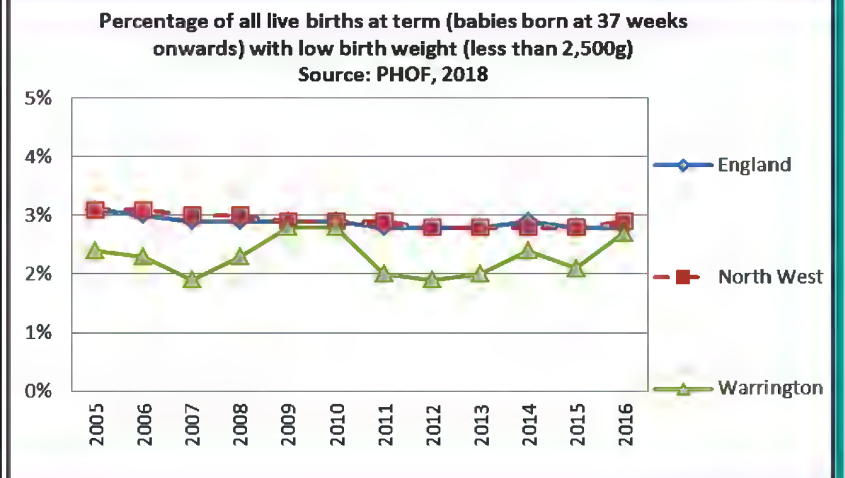
## 2.2 Starting Well – Low Birth Weight Babies and Smoking at Time of Delivery

**Definition:** *live births with a recorded birth weight under 2500g and a gestational age of at least 37 complete weeks.*

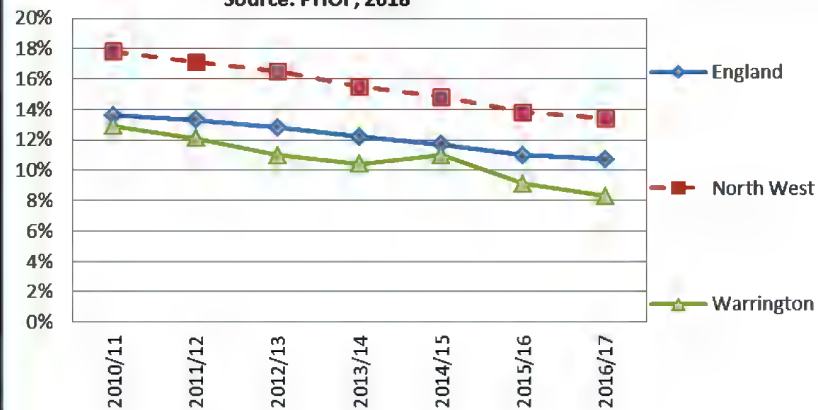
Low birth weight increases the risk of childhood mortality and of developmental problems for the child, and is associated with poorer health in later life. At a population level there are inequalities in low birth weight and a high proportion of low birth weight births could indicate lifestyle issues of the mothers and/or issues with the maternity services.

### Low Birth Weight (LBW) Babies

- There are approximately 2,395 births each year in Warrington. Trends show a slight reduction in the number of births each year.
- 2.7% of live births at term were classed as LBW in Warrington in 2016, slightly lower than England and the North West.
- The number and proportion of LBW births has remained fairly stable in Warrington ranging between 42 and 65 babies each year.



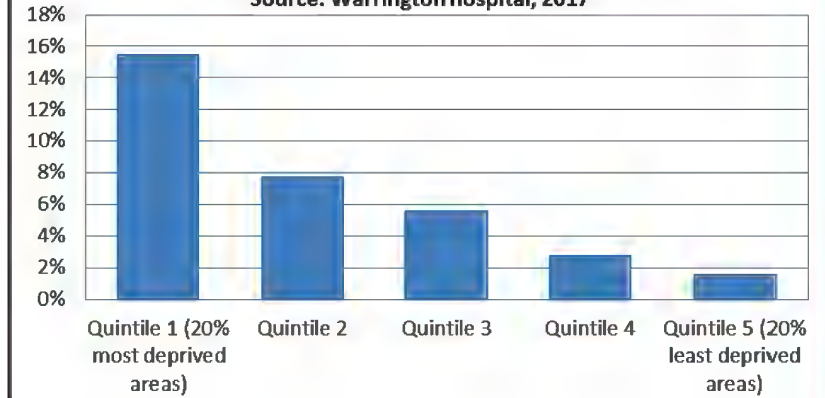
**Percentage of mothers who reported they smoked at time of delivery**  
Source: PHOF, 2018



**Definition of Smoking at Time of Delivery (SATOD):** *Women who are regular/occasional smokers at time of 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.

**Percentage of mothers who reported they smoked at time of delivery during 2016/17, presented by IMD 2015 quintiles**  
Source: Warrington hospital, 2017



### Smoking status at time of delivery

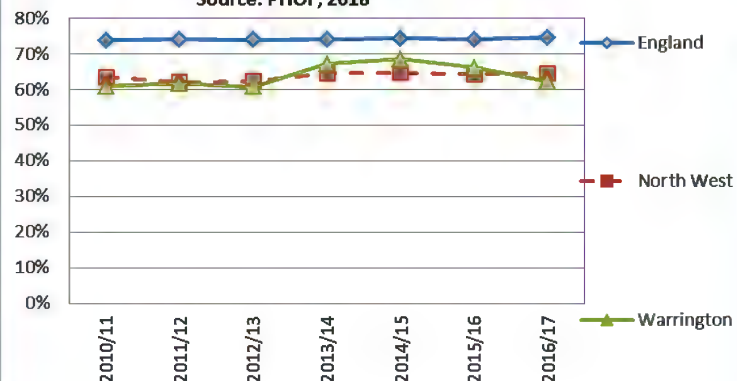
- During 2016/17 in Warrington, 122 women (8.3%) who gave birth said that they smoked at time of delivery (SATOD). This was significantly lower than both England and the North West.
- There has been a downward trend in England and the North West. This was also true for Warrington, apart from a slight rise in 2014/15.
- The percentage of mothers SATOD living in the 20% most deprived areas of Warrington is significantly higher than the remaining areas of Warrington. In 2016/17, 16% of mothers from these areas said that they SATOD; this steadily reduces to practically none in the least deprived areas.

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

### Breastfeeding initiation: i.e. breastfeeding from birth

- Breastfeeding initiation has been consistently and significantly lower in Warrington than in England.
- However, in Warrington, it significantly increased from 61% in 2012/13 to 67% in 2013/14, and increased further to 68.5% in 2014/15. Unfortunately the gains made over recent years have been lost as the percentage has reduced to similar levels seen between 2010/11 to 2012/13.
- Breastfeeding initiation is significantly lower in the 20% most deprived areas of Warrington; 48% in the most deprived areas compared to 72% in the least deprived areas. Unfortunately breastfeeding rates have reduced across all deprivation quintiles.

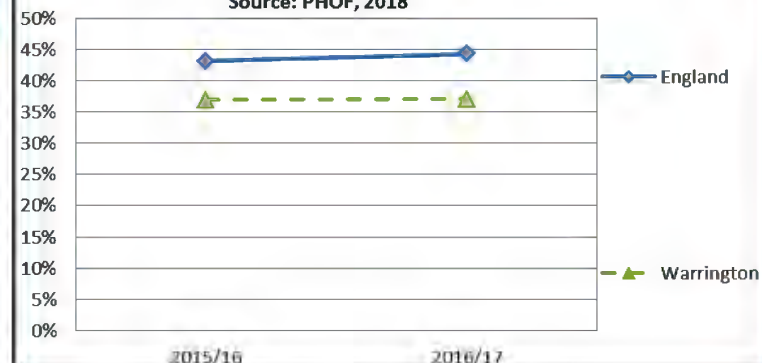
Percentage of mothers who initiated breastfeeding at delivery  
Source: PHOF, 2018



### Breastfeeding continuation at 6 to 8 weeks

- As with initiation, breastfeeding continuation in Warrington has been significantly lower than England in recent years.
- During 2015/16 a new collection method for breastfeeding continuation was introduced by Public Health England.
- In 2016/17, 37.1% of mothers in Warrington continued to breastfeed at 6 to 8 weeks, very similar to the previous year. This is significantly lower than England.
- In 2016/17, 24% of mothers from the 20% most deprived areas and 32% from quintile 2 continued to breastfeed, compared to 48% in the least deprived areas.

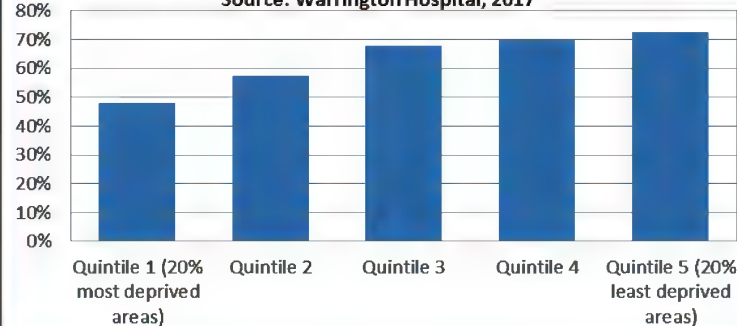
Percentage of mothers who continued to breastfeed at 6-8 weeks  
Source: PHOF, 2018



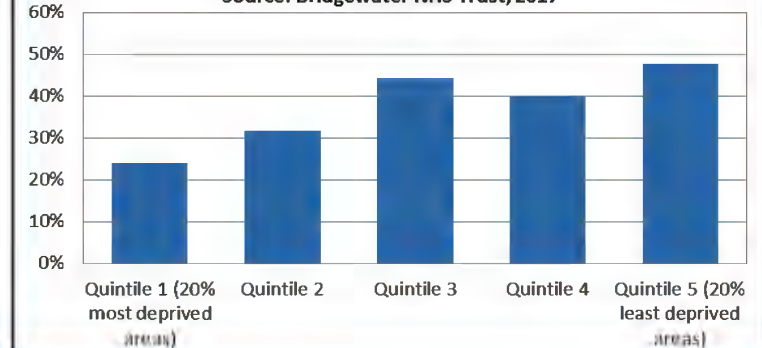
### Benefits of Breastfeeding:

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 and it is 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.

Percentage of mothers who initiated breastfeeding at delivery during 2016/17 presented by IMD 2015 quintiles  
Source: Warrington Hospital, 2017



Percentage of mothers who continued to breastfeed at 6-8 weeks during 2016/17 presented by IMD 2015 quintiles  
Source: Bridgewater NHS Trust, 2017

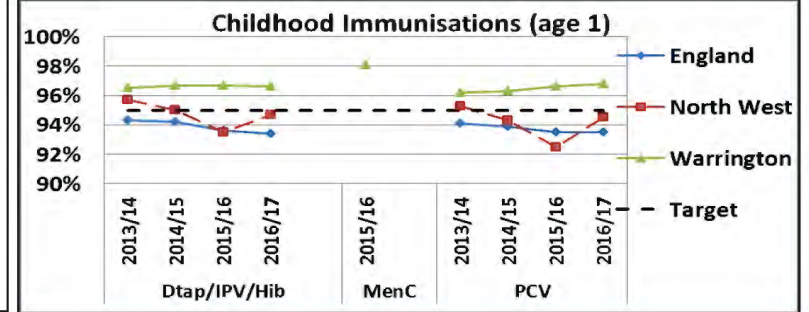


## 2.4 Starting Well – Childhood Vaccinations and Immunisations

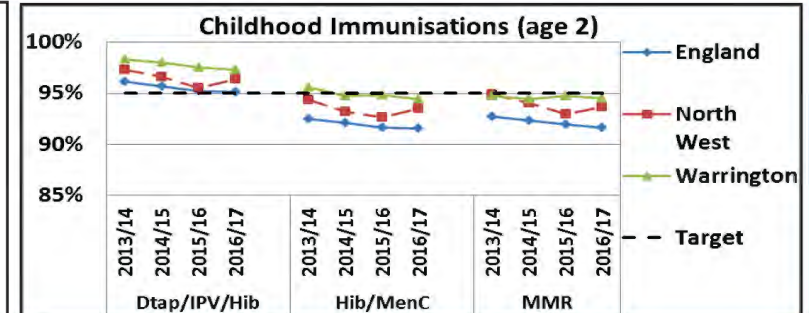
### Courses of Immunisation

- 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.
- 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.
- The **influenza** vaccine programme vaccinates all children aged 2 to 4, this has now extended to children in reception class and school years 1-4. It is hoped that the extension of the programme to healthy children will reduce transmission of flu to at-risk and elderly patients.

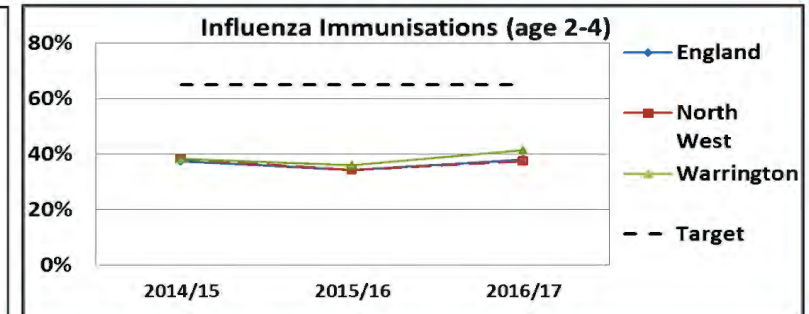
**Childhood Immunisations (age 1):** The national target for these immunisations is 95%. Warrington has exceeded this target for several years. The percentage of babies who received their immunisations increased slightly in the latest time period shown for PCV whilst the percentage for Dtab/IPV/Hib remained similar. However, the uptake of these vaccinations in Warrington is higher than England.



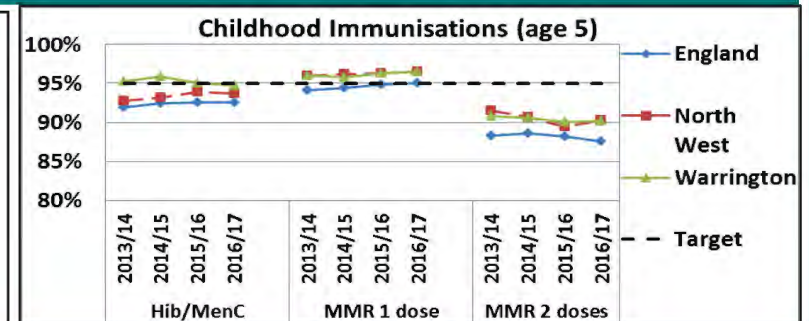
**Childhood Immunisations (age 2):** The national target for these immunisations is 95%. Warrington has exceeded this target for several years for DTaP/IPV/Hib. The target of 95% has not been met for both Hib/MenC and the first dose of MMR at age 2. However, Warrington had higher immunisation rates when compared to England during the time periods presented in the chart.



**Influenza Immunisations (age 2-4):** The national target for these immunisations is 65%. As the chart shows, the target has not been met nationally, regionally or locally. It is anticipated that changes to the location of vaccination for 4 years olds (moved from a GP setting to a school setting) during 2017/18 flu season will increase the uptake rate.



**Childhood Immunisations (age 5):** The national target for these immunisations is 95%. Warrington has met this for the first dose of MMR at age 5. However, Warrington failed to achieve the target of 95% for Hib/MenC and two doses of MMR at age 5 (90.2%). Warrington has higher immunisation rates compared to England during the time periods presented in the chart.



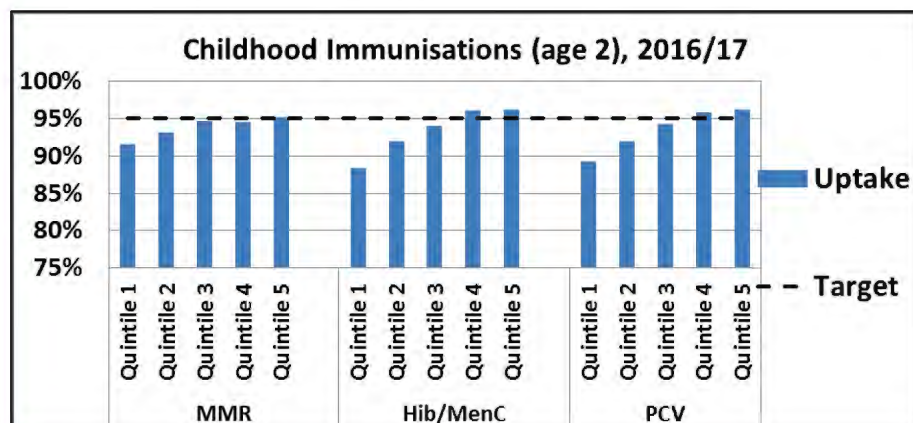
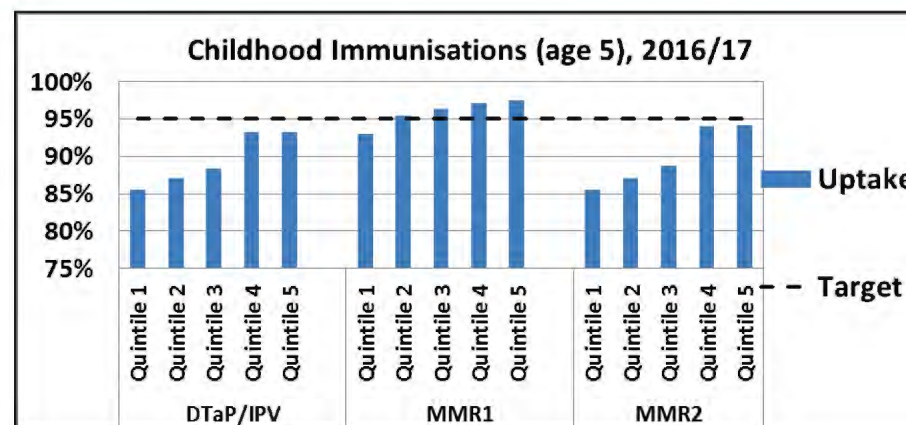
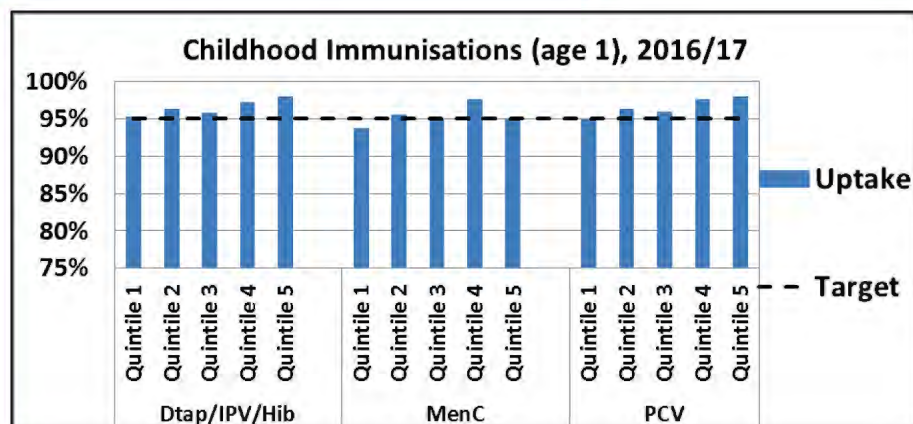
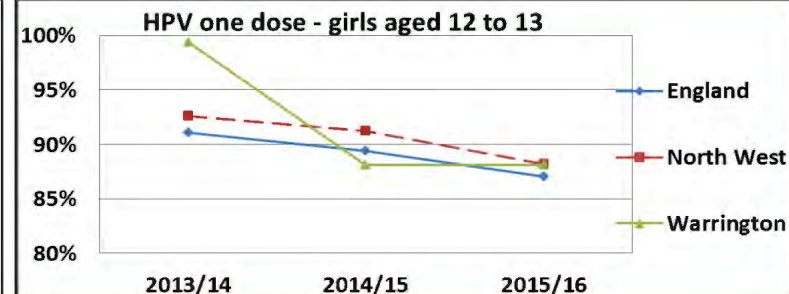


## 2.4 Starting Well – Childhood Vaccinations and Immunisations

### Courses of Immunisation continued

- **MMR** is the combined vaccine that protects against measles, mumps and rubella.
- The **HPV** (human papilloma virus) vaccine protects against the two high-risk HPV types – 16 and 18 – that cause over 70% of cervical cancers.

**HPV one dose (girls aged 12 to 13 years):** There is no national target, although the national goal is 90%. The immunisation rate in Warrington is similar to England (the percentage of girls receiving one dose). In 2015/16, 88.1% of eligible girls in Warrington received the vaccination, similar to England (87%).



### Childhood vaccination uptake by GP Practice Deprivation Quintile

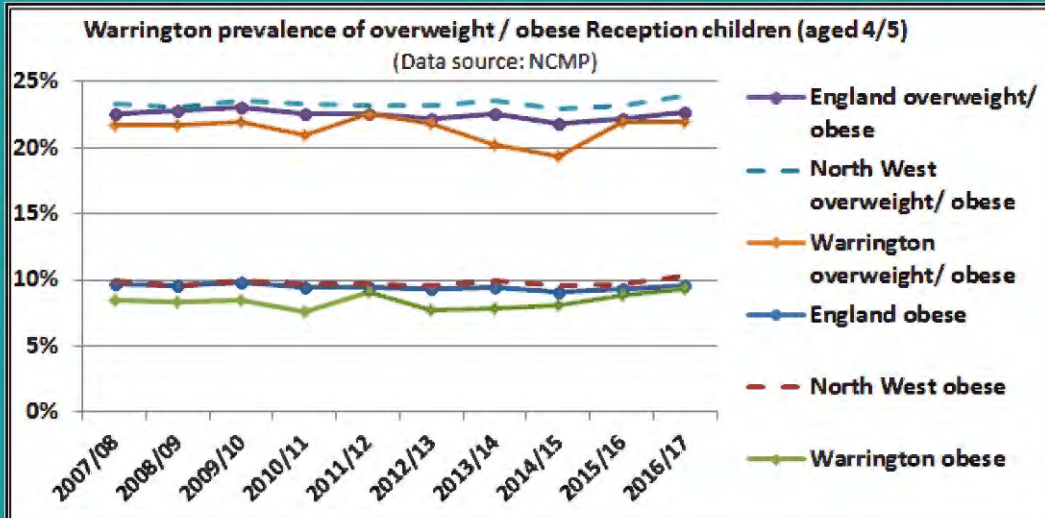
**Note:** Quintile 1 – 20% most deprived GP Practices; Quintile 5 – 20% least deprived GP Practices. **Generally, as deprivation reduces the percentage of children vaccinated increases**

**Age 1:** The target of 95% was met for all age 1 immunisations and across all deprivation quintiles, with the exception of the MenC vaccination for Quintile 1 (94% uptake).

**Age 2:** Uptake of age 2 immunisations was lowest in the more deprived quintiles, and increased at deprivation reduced. The target of 95% was not met in quintiles 1, 2 and 3.

**Age 5:** The percentage of 5 year olds who received their first dose of MMR met target in all quintiles with the exception of quintile 1. However, the target was missed in all quintiles for the DTaP/IPV booster and second dose of MMR.

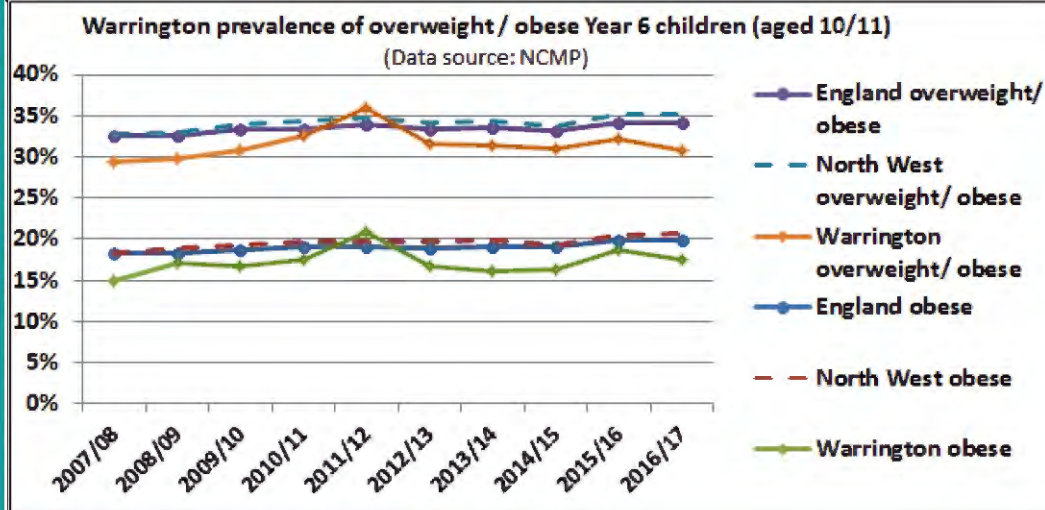
## 2.4 Starting Well – Childhood Obesity



In Warrington, in Reception and in Year 6 children, prevalence of obesity and of overweight/obesity, is generally lower than England and the North West.

**Reception (aged 4/5):** In 2016/17, the Warrington **overweight/obesity** rate was 21.9% compared to 22.6% in England and 23.9% in the North West. **Obesity** prevalence was 9.3%, compared to 9.6% in England and 10.3% in the North West. However, the steady increase in obesity prevalence in Warrington since 2013/14 means that has almost 'caught up' with England.

**Year 6 (aged 10/11):** In 2016/17, 30.8% of Year 6 children were **overweight/obese**, compared to 34.2% in England and 35.2% in the North West. **Obesity** prevalence was 17.5%, compared to 20.0% in England and 20.8% in the North West. Fluctuation from year to year in the obesity rate has usually been between 16% and 20% in boys, and between 14% and 18% in girls.



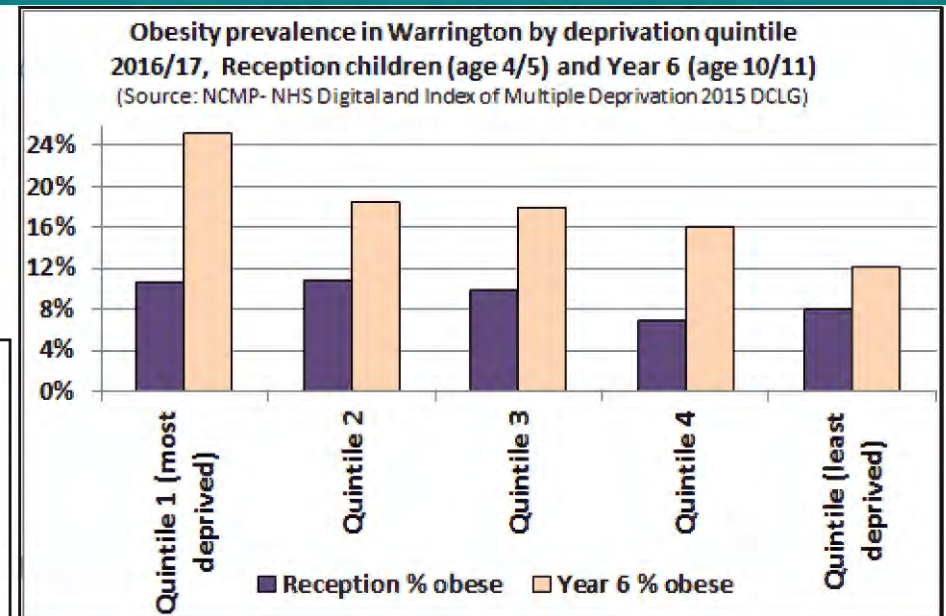
### Warrington 2016/17

Reception: about 1 in 11 obese

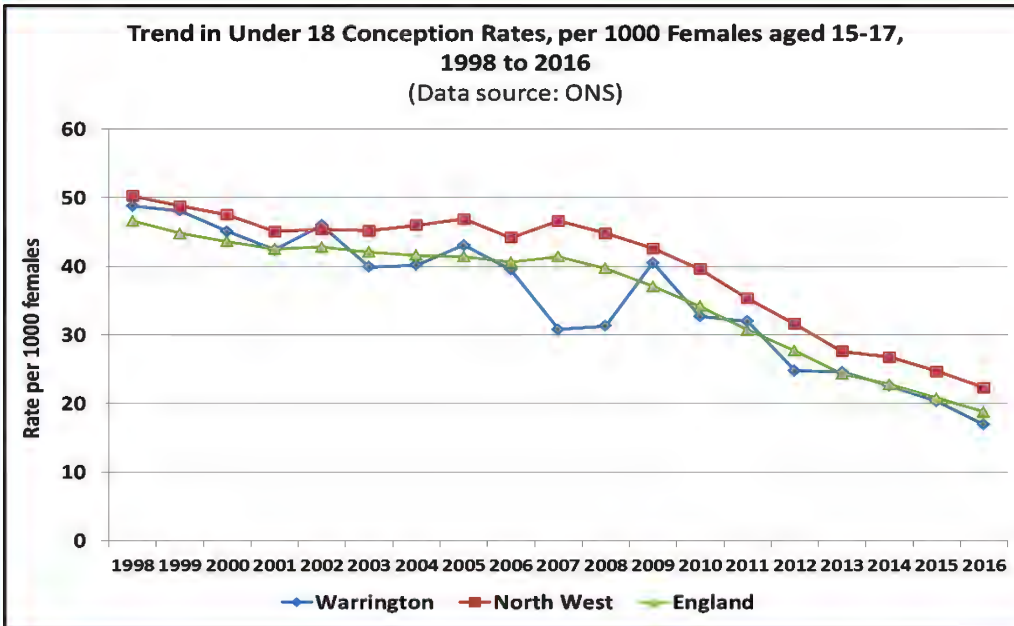
Year 6: more than 1 in 6 obese

### Obesity prevalence by socio-economic deprivation:

- Prevalence estimates vary a lot from year to year, but there is a clear link with deprivation. In both Reception and Year 6, obesity prevalence is higher and similar in Quintiles 1 and 2 (more deprived areas), and there is a step change compared to Quintiles 3, 4 and 5 where obesity prevalence is much lower.
- In all quintiles, obesity prevalence in Year 6 is almost, or more than, double the prevalence in Reception.



## 2.6 Starting Well – Risky Behaviours - Teenage Conceptions

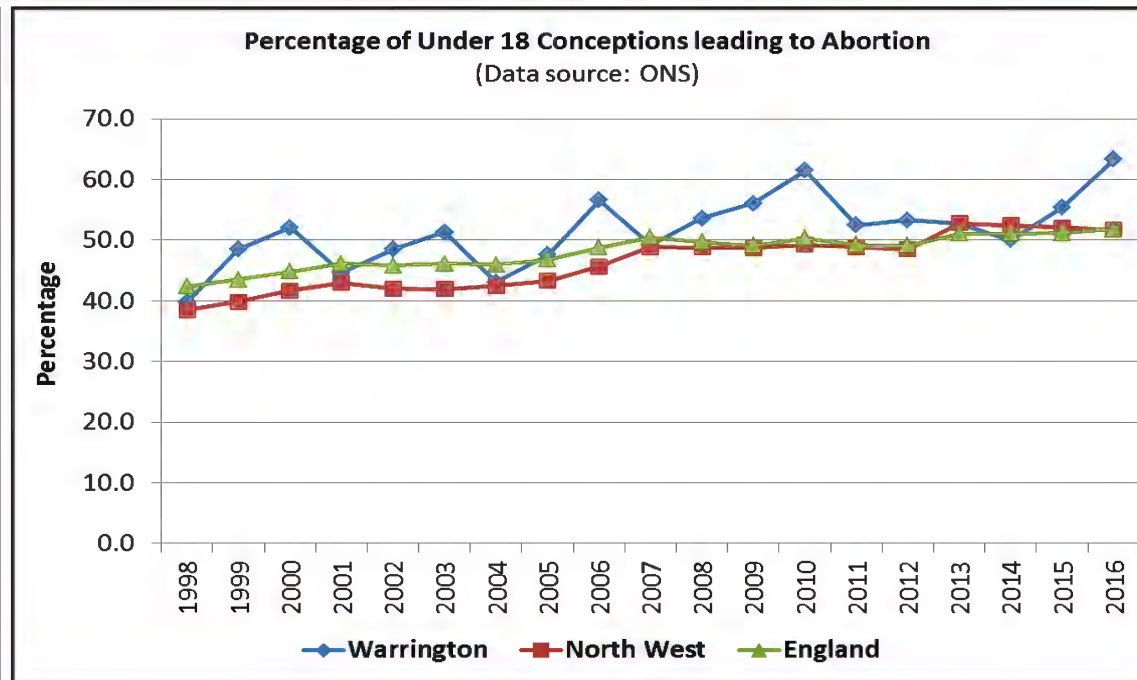


### Teenage conceptions:

- In 2016, the under-18 conception rate for Warrington was 16.9 conceptions per 1,000 girls aged 15-17, compared to 18.8 in England as a whole, and 22.3 in the North West.
- Rates have been reducing in recent years in Warrington, the North West and England.
- Although trends show a reduction in Warrington overall, in the most deprived areas, rates are still significantly higher than the rest of Warrington.
- However, on a positive note, the number of conceptions during 2016 (60) have yet again reduced and was the lowest seen in Warrington over the 19 years that teenage conception data has been monitored.

### Teen conceptions leading to termination:

- There has been an increasing trend, since the late 1990s, in the percentage of under-18 conceptions that lead to a termination.
- In 1998, 39.8% of Warrington teenage conceptions resulted in a termination, compared to 63.3% in 2016.
- National and regional rates have stabilised between 2013 and 2016; whereas Warrington has seen an increase since 2015.
- However, numbers are small and percentages are prone to fluctuation.



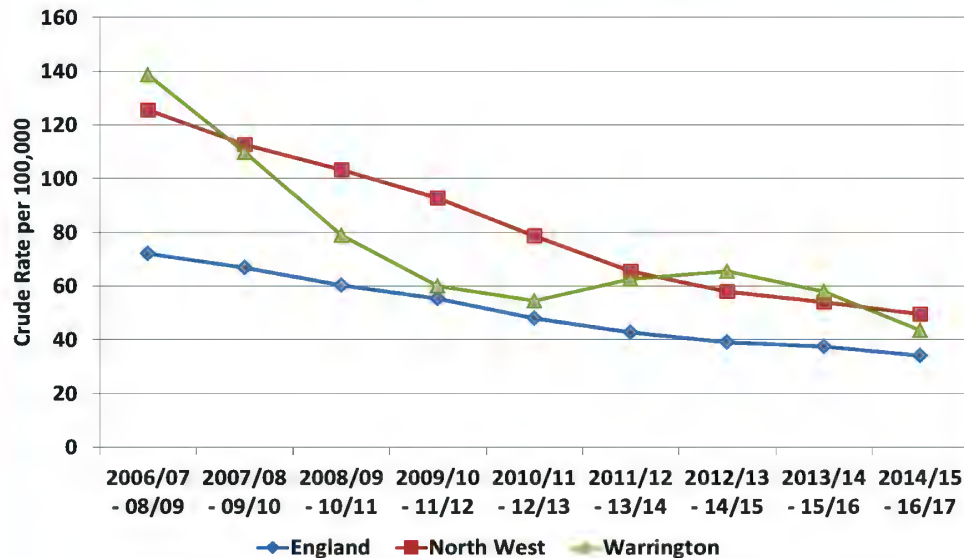
**Numbers of teenage conceptions are the lowest in 18 years**

**16.9 conceptions per 1000 girls aged 15-17 in 2016**

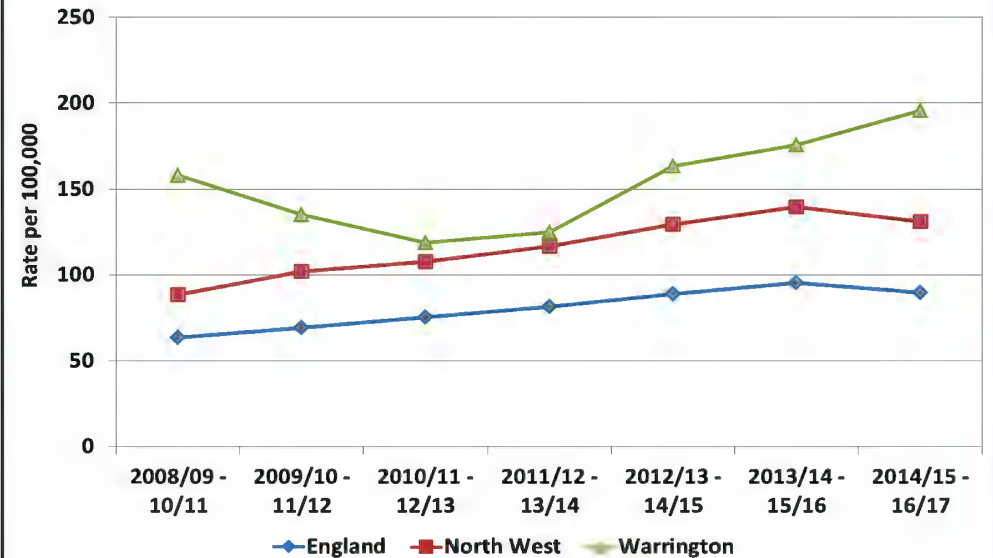
**An increase in the percentage of under-18 conceptions leading to termination**

## 2.7 Starting Well – Risky Behaviours - Alcohol and Substance Misuse

**Admission episodes for alcohol-related conditions - under 18s, crude rate per 100,000, 2006/07 - 08/09 to 2014/15 - 16/17**  
(Data source: Local Alcohol Profiles, PHE)



**Hospital Admissions due to Substance Misuse (15-24 years), Rate per 100,000, 2008/09 - 10/11 to 2014/15 - 16/17**  
(Data source: Child Health Profiles, PHE 2018)



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

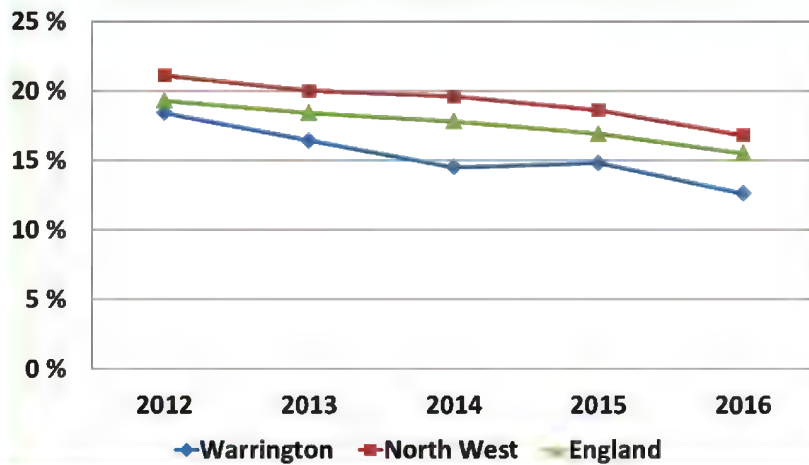
- For the most current period 2014/15 to 2016/17, there were 58 admissions to hospital due to alcohol-specific conditions for those aged under 18; this is equivalent to a rate of 43.4 per 100,000 population aged under 18.
- The current Warrington rate (and number of admissions) is the lowest seen in recent years; the rate is slightly higher than the England rate of 34.2.
- A steady decrease in the rate of admissions has been observed for both England and the North West. The overall trend for Warrington has been a reduction although there was an increase in admissions during two consecutive time periods (2011/12 – 13/14 and 2012/13 – 14/15).

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

- Between 2014/15 and 2016/17, Warrington had a hospital admission rate of 195.9 per 100,000 population aged 15-24; this is significantly higher than England's rate of 89.8.
- Following a reduction in 2009/10 to 2012/13, Warrington has seen an increasing trend in the past 4 reporting periods.
- National and regional rates did show an upwards trend until the most recent time period.
- In Warrington, the 'Risky Behaviours' programme helps vulnerable young people with issues they face and prevent their problems escalating. During 2016/17 2016 over 4,000 young people had direct engagement with the programme that includes workshops and sessions around alcohol and drug awareness.

### 3.1 Living and Working Well, Lifestyle Risk Factors – Smoking

**Smoking Prevalence, Current Smokers age 18 and over**  
(Data source: APS/Local Tobacco Control Profiles, PHE)

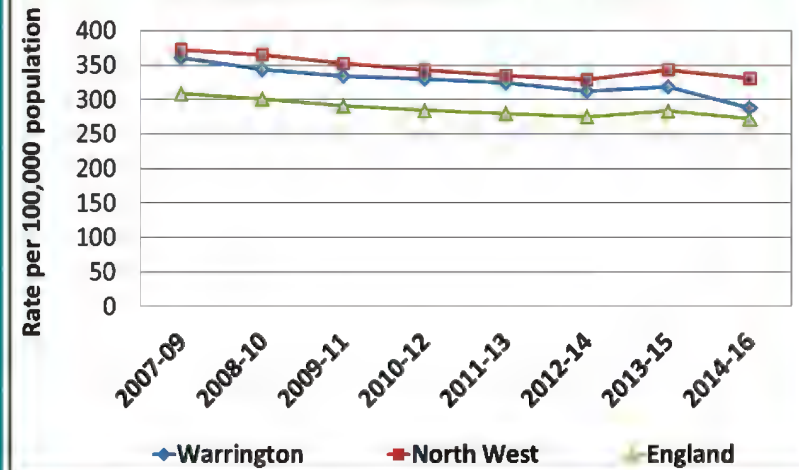


**Smoking prevalence (the % of people who smoke)** (Data source: Public Health England)

- Prevalence in Warrington in 2016 was 12.6% compared to 15.5% in England. Warrington has had significantly better prevalence rates than England in the past three years.

- Prevalence is higher in the routine and manual occupation group, 26.4% in Warrington compared to 26.5% in England and 26.8% in the North West. There has been a small upward trend in Warrington since 2014, compared to reducing trends regionally and nationally.

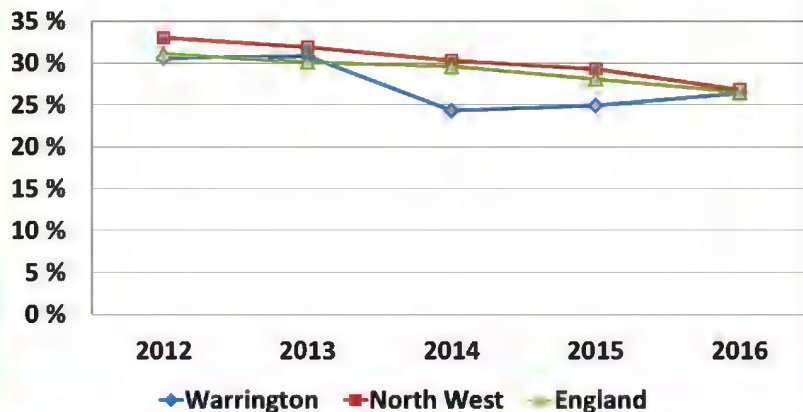
**Smoking Attributable Mortality, rate per 100,000**  
(Data source: Local Tobacco Control Profiles, PHE)



**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).

- Warrington has consistently had significantly higher levels of smoking attributable mortality than England.
- The trends in Warrington and England have been gradually reducing.
- In 2014-16, Warrington had a rate of 287.4 deaths per 100,000 population, compared to England's rate of 272.0, and is no longer significantly higher than England.

**Smoking Prevalence in Adults in Routine & Manual Occupations, Current Smokers aged 18 and over**  
(Data source: APS/Local Tobacco Control Profiles, PHE)

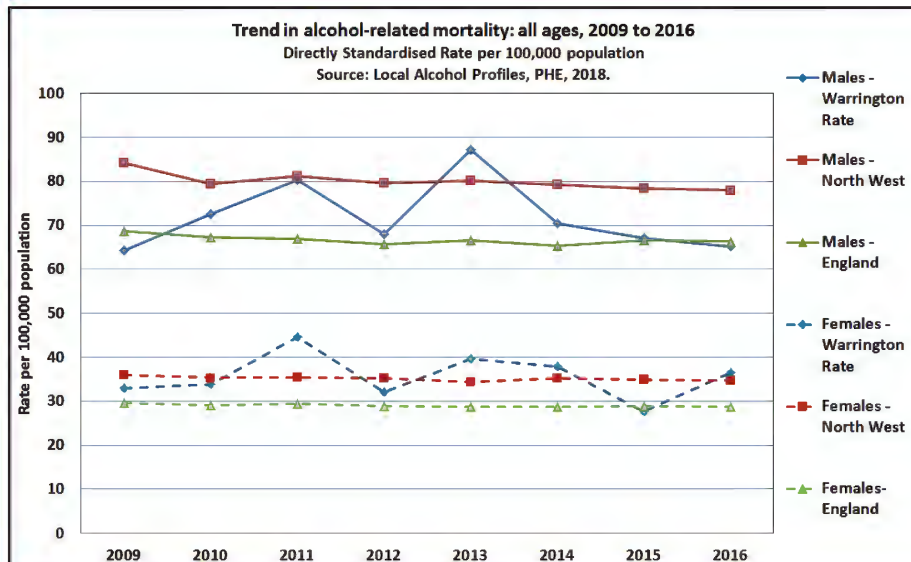


**Smoking attributable hospital admissions:** Latest data published by Public Health England (2016/17) shows that Warrington had a rate of 1,390 hospital admissions per 100,000 population, compared to 1,685 in England. Warrington has consistently had significantly better rates than England for several years.

**Deaths from chronic obstructive pulmonary disease (COPD):** Data from Public Health England (2014-16) shows that Warrington had a rate of 57.7 deaths from COPD per 100,000 population compared to 52.2 in England. Warrington's rate is not significantly higher than England and has reduced slightly since the last reporting period.

## 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 ([NHS Choices](#)).
- Alcohol consumption is a contributory factor to hospital admissions and deaths from a diverse range of conditions.



### Alcohol-related mortality:

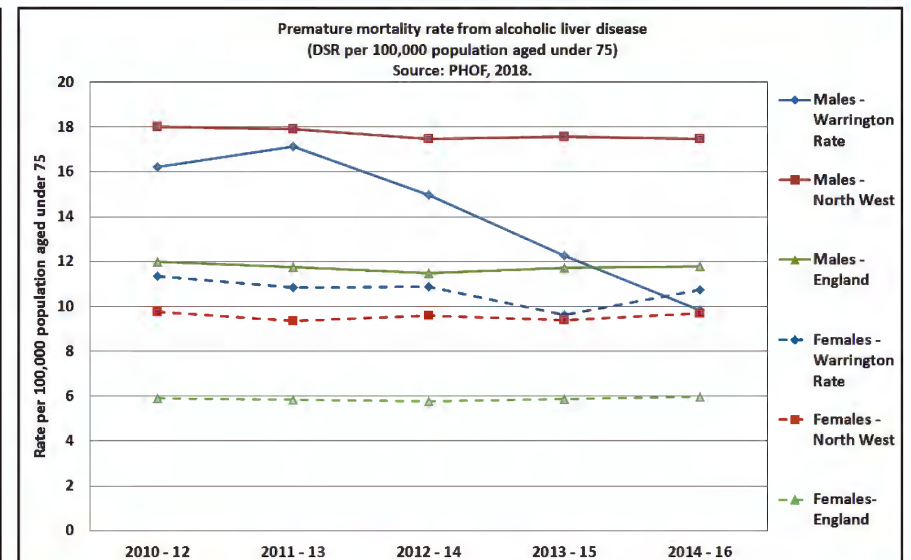
- During 2016, there were approximately 98 deaths due to alcohol related conditions in Warrington; 59 men and 39 women.
- The death rate for men was significantly higher than for women. This pattern was seen in Warrington, the North West and England.
- For both men and women, the North West is consistently significantly higher than England. Warrington is generally higher than England, but not significantly so.
- Mortality in men in England and in the North West has shown a very small but steady decrease since 2009. The Warrington rate has fluctuated (due to the relatively small numbers used to calculate the rate), but for the most recent 3 years has been similar to England.
- Mortality rates in women in the North West and England have remained steady and Warrington has fluctuated mainly around the North West rate.

### Premature mortality (aged under-75) from alcoholic liver disease:

- A high proportion of deaths from liver disease are alcohol-related.
- Between 2014 and 2016, there were 59 premature deaths from alcoholic liver disease in Warrington; 28 men and 31 women.
- In Warrington, the North West and England, male mortality is generally higher than female. However, in 2014-16 the Warrington female rate was higher.

**Males:** North West and England rates have remained very steady. Warrington had been consistently higher than England, though not significantly so. However the Warrington rate steadily reduced from 17.1 in 2011-13 to 9.8 in 2014-16, when it was significantly lower than the North West, and lower than England (though not significantly so). The number of male deaths reduced from 47 in the 3-year period 2011-13, to 28 in 2014-16.

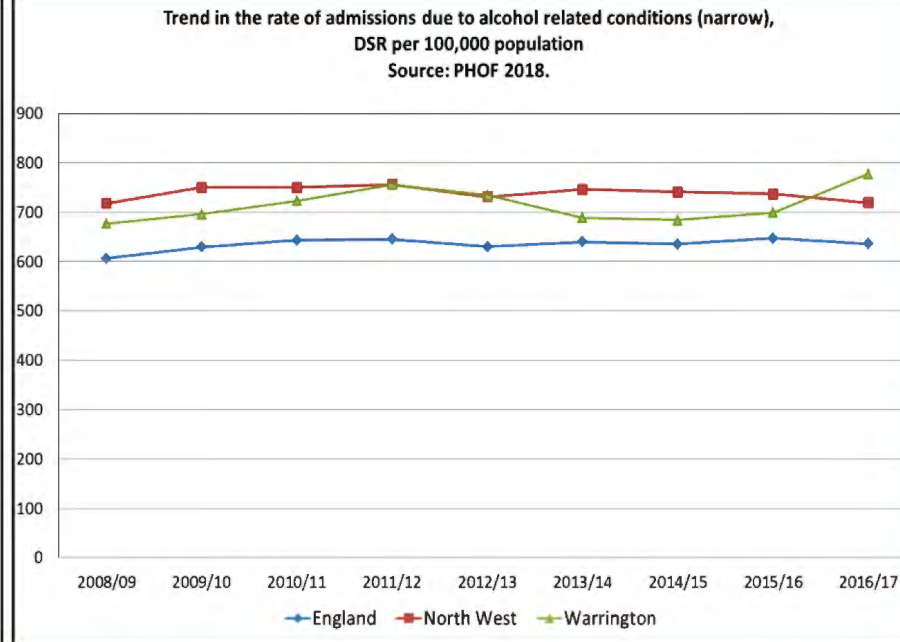
**Females:** Warrington has been consistently significantly higher than England. Rates for Warrington, the North West and England have remained very steady. In the 3-year period 2014-2016, there were 31 deaths.



## 3.2 and 3.3 Living and Working Well, Lifestyle Risk Factors – 3.2 Alcohol and 3.3 Substance Misuse

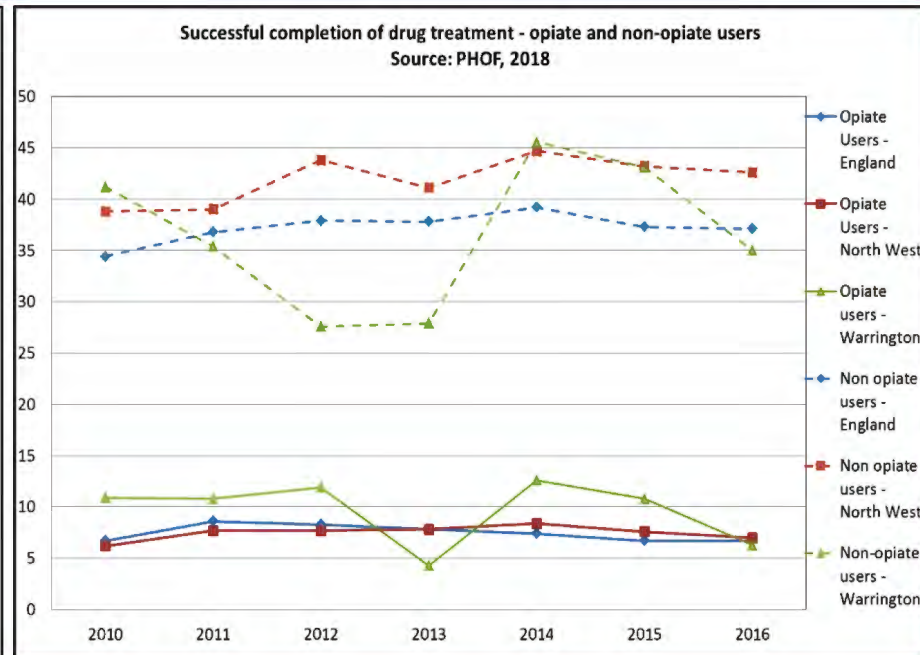
### Alcohol-related hospital admissions

- Nationally, the rate of hospital admissions due to alcohol has remained fairly static.
- In Warrington, the rate of admissions was increasing until 2011/12, the rate then reduced for 3 years (2012/13 to 2014/15). Since 2015/16 the rate has increased, especially so for 2016/17.
- Admission rates in Warrington have been consistently and significantly higher than England
- Admission rates in Warrington, the North West and in England are substantially higher for men than for women.



### Successful completion of drug treatment

- The percentage of opiate users who successfully completed drug treatment (and not returned to treatment 6 months after completing), has reduced in Warrington and is now slightly lower than England (6.3% and 6.7% respectively).
- The percentage of non-opiate users who successfully completed drug treatment (and not returned to treatment 6 months after completing), has also reduced in Warrington (35% during 2016). The Warrington percentage is lower than England (37.1%) and significantly lower than the North West (42.6%).



### Drug related deaths:

29 in Warrington, 2014 to 2016.

### Hidden Harm:

As at March 2017, of people in alcohol and drug treatment services, 61% stated that they were a parent; equating to 996 children under 18.

### Pharmacy services (March 2017):

25 of the 43 pharmacies in Warrington provide supervised consumption of methadone, and 4 provide a needle exchange service.

### Alcohol & Drug treatment service:

Warrington Council commissions alcohol & drug treatment services from CGL (Pathways to Recovery). As at March 2017, **915** people were in structured treatment in Warrington.

### Steroids:

In 2016/17, 1,605 people used the needle exchange service compared to 1,730 the previous year. 8% of needle exchanges were done via CGL Pathways to Recovery and 92% via pharmacies. 88% of the CGL needle exchange clients stated steroids as their main substance used. 50% of needle exchange clients at pharmacies were for steroids.

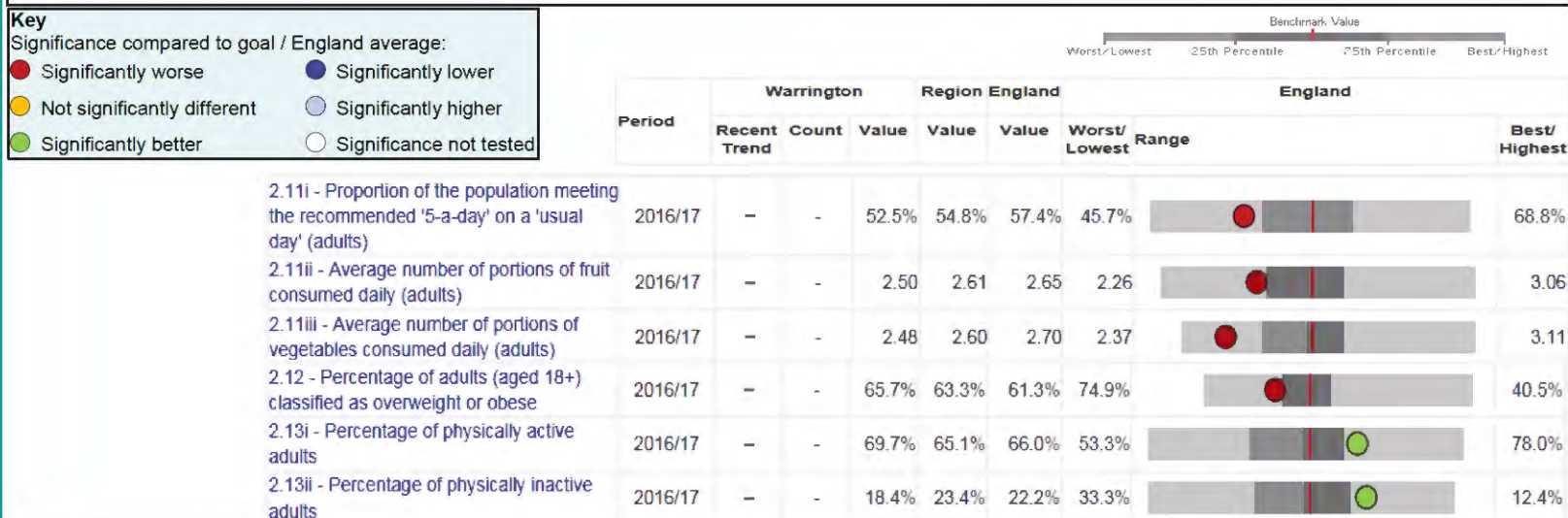
### 3.4, 3.5 & 3.6 Living and Working Well, Lifestyle Risk Factors – 3.4 Unhealthy Weight and 3.5 Diet and 3.6 Physical Activity

Data on diet, physical activity and excess weight is taken from:

- **Public Health Outcomes Framework (PHOF) Profiles**, produced by Public Health England, as at May 2018, available at: <http://www.phoutcomes.info/>
- **Warrington Health and Wellbeing Survey (H&WS) 2013**, a large scale survey undertaken by Warrington Public Health Team. Although this data is 5 years old, it is the most recently data source available which can be analysed for sub-groups of the Warrington population.

#### Public Health England PHOF Profile for Warrington (local value), the North West Region and England

The chart also shows the best and worst values across all Local Authorities.



#### 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 2018):

In Warrington, 52.5% of adults said they'd eaten 5 or more portions of fruit and vegetables the day before they were surveyed, significantly lower than England (57.4%). The Warrington average was 2.5 portions of fruit and 2.48 portions of vegetables, compared to 2.65 and 2.7 nationally. Warrington H&WS 2013 found that diet was much worse in men than women, and worse in the more deprived areas. There was a relatively small difference between age-bands in the percentage of people eating 5+ portions of fruit/veg; however takeaways and convenience foods contributed much more to the overall poorer diet behaviours of the younger age-band.

**Obesity and overweight.** *Body mass index (BMI) is based on a combination of weight and height. A BMI of 25-30 is categorised as overweight, and a BMI of 30 or over as obese.*

**PHOF (2016/17).** In Warrington, 65.7% of adults were overweight or obese, significantly worse than 61.3% nationally.

**Warrington H&WS 2013.** In Warrington, a similar proportion of men and women were obese, but more men were in the overweight category, a pattern also seen nationally. Nationally and in Warrington, there is a strong link between obesity and socio-economic deprivation (although not between overweight prevalence and deprivation), and in Warrington this link was most extreme in women. Younger people are less likely to be obese.

**Physical Activity.** *The minimum physical activity recommended by the Chief Medical Officer is 150 "equivalent minutes" per week, in bouts of 10 minutes or more. ("Equivalent minutes" = moderate intensity minutes + 2 x vigorous intensity minutes).*

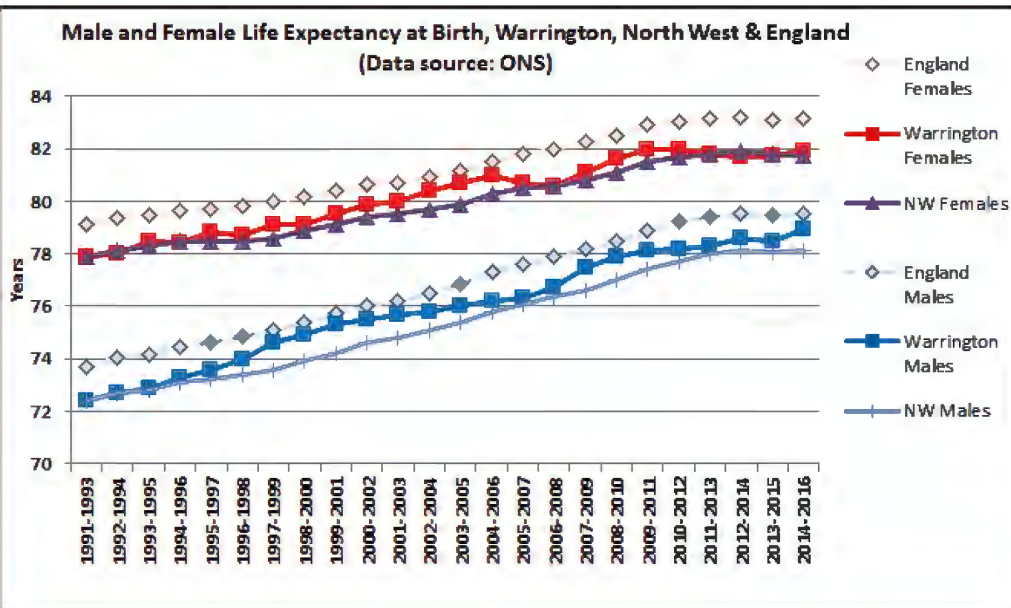
**PHOF (2015/16)** 69.7% of adults in Warrington did at least 150 "equivalent minutes" of physical activity per week in the 4 weeks before they were surveyed, significantly better than England (66%). 18.4% of adults in Warrington did less than 30 "equivalent minutes" per week, significantly better than England (22.2%).

**Warrington H&WS 2013** found a strong link with age and with levels of socio-economic deprivation; younger people were likely to be more active, as were people from less deprived areas.



## 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 new-born baby would live for if s/he experienced the age-specific mortality rates of a particular area throughout his or her 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. The most recent 3-year time period available is 2014-2016.



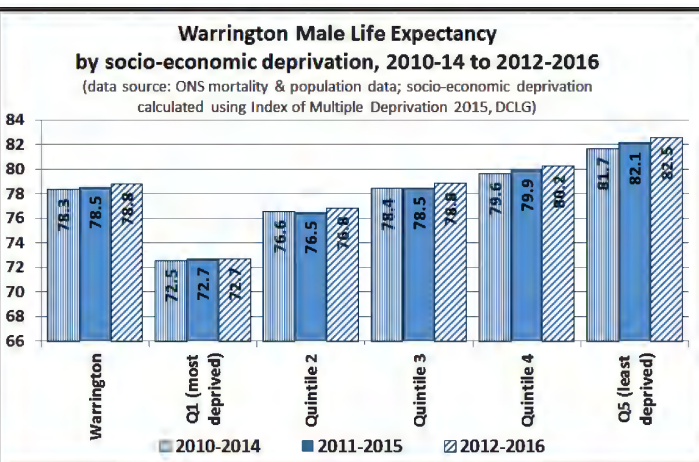
### Trends in Life Expectancy (LE) at Birth:

- Life expectancy in Warrington has increased substantially over recent decades, by 6 and a half years for men and 4 years for women, since 1991. However, male and female life expectancies are both significantly lower than England.
- Long term trends in male and female LE have shown steady increases in England, the North West and Warrington, although they seem to have levelled out for the past 4 time periods (apart from Warrington male LE which has continued to rise).
- Both locally and nationally, male LE is consistently much lower than female.

**Male LE** Over the past 10 data periods (2004-2006 to 2014-2016), male LE in Warrington has increased by 2.7 years, from 76.2 to 78.9 years. England as a whole has made a smaller improvement of 2.3 years, from 77.3 to 79.5 years, and so the gap between Warrington and England has slightly narrowed.

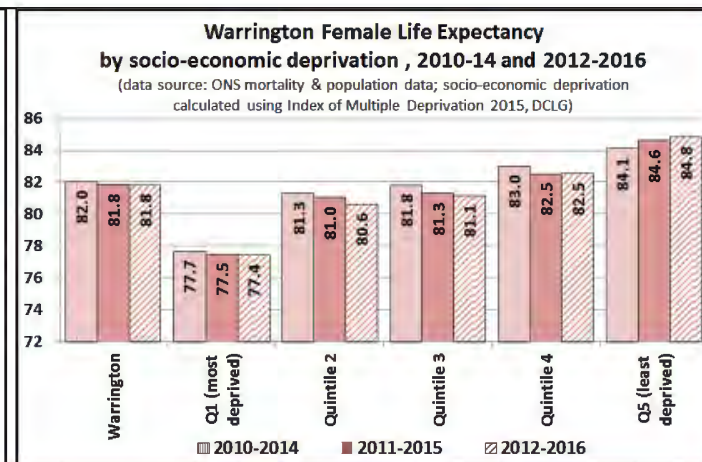
**Female LE** Over the past 10 data periods (2004-2006 to 2014-2016), female LE in Warrington has increased by 0.9 years, from 81.0 years to 81.9 years. England as a whole has seen a greater increase of 1.6 years, from 81.5 to 83.1 years, and so the gap between Warrington and England has widened substantially.

**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 a steadily increasing slope from Q2 to Q5.



**Female LE** in 2012-16 in Q1 was 77.4 years, with the other 4 quintiles rising steadily from 80.6 to 84.8 years. Over the 3 time periods, in Q5 (least deprived) it has risen from 84.1 years to 84.8 years, but in all other quintiles it reduced, and so the gap between the most and least deprived has widened.

**Male LE** in 2012-16 in Q1 was 72.7 years, with the other 4 quintiles rising steadily from 76.8 to 82.5 years. Over the 3 time periods, it has risen in all quintiles, although the biggest increase was in Q5, and the smallest increase in Q1, and so the gap between the most and least deprived has widened.

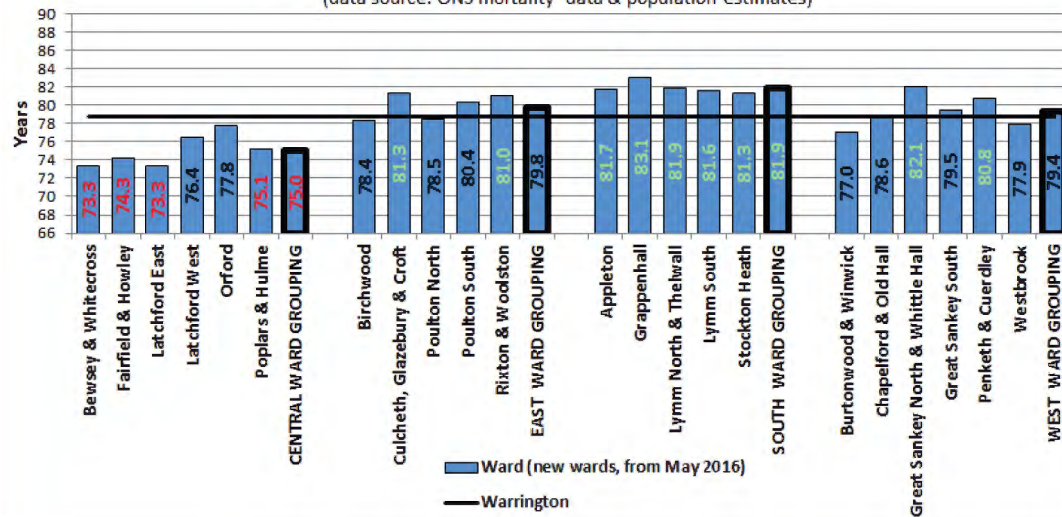


## 4.1 Living and Working Well, Burden of Disease – Life Expectancy by Ward

Ward-level LE is calculated over a 5-year period in order to provide a more robust estimate. Even so, ward-level LE estimates can fluctuate over time, especially for smaller wards. The most recent data period available is 2012-2016. 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 nursing care). Wards with green text on the charts have significantly higher LE than Warrington overall; red text denotes significantly lower LE.

### Male Life Expectancy by Warrington Ward, 2012-2016

(data source: ONS mortality data & population estimates)

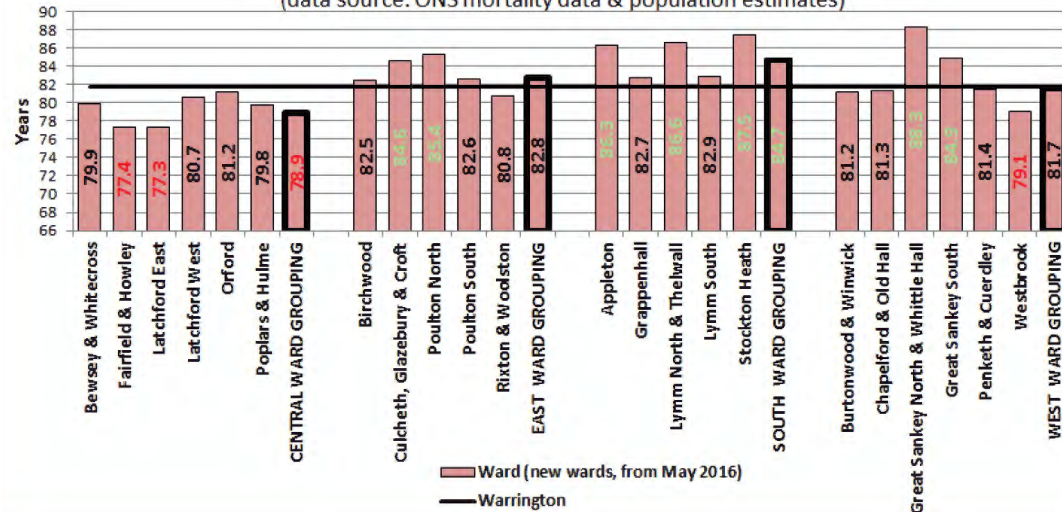


### Ward Male Life Expectancy (LE):

- Bewsey & Whitecross, Fairfield & Howley, Latchford East and Poplars & Hulme have statistically significantly lower male LE than Warrington overall (78.5 years).
- Culcheth, Glazebury & Croft, Great Sankey North & Whittle Hall, Penketh & Cuerdley, Rixton & Woolston, and all wards in the South ward grouping (Appleton, Grappenhall, Lymm North & Thelwall, Lymm South, and Stockton Heath) all have significantly higher male LE.
- The Central ward grouping has significantly lower male LE (75.0 years), and the South ward grouping has significantly higher male LE (81.9 years), than Warrington overall.
- Great Sankey North & Whittle Hall has the 2nd highest male LE. (NB Deprivation is as low as all the 5 South Warrington wards)
- The ward with highest male life expectancy is Grappenhall (83.1 years), and Bewsey & Whitecross has lowest (73.3 years), i.e. a difference of 9.8 years.

### Female Life Expectancy by Warrington Ward, 2012-2016

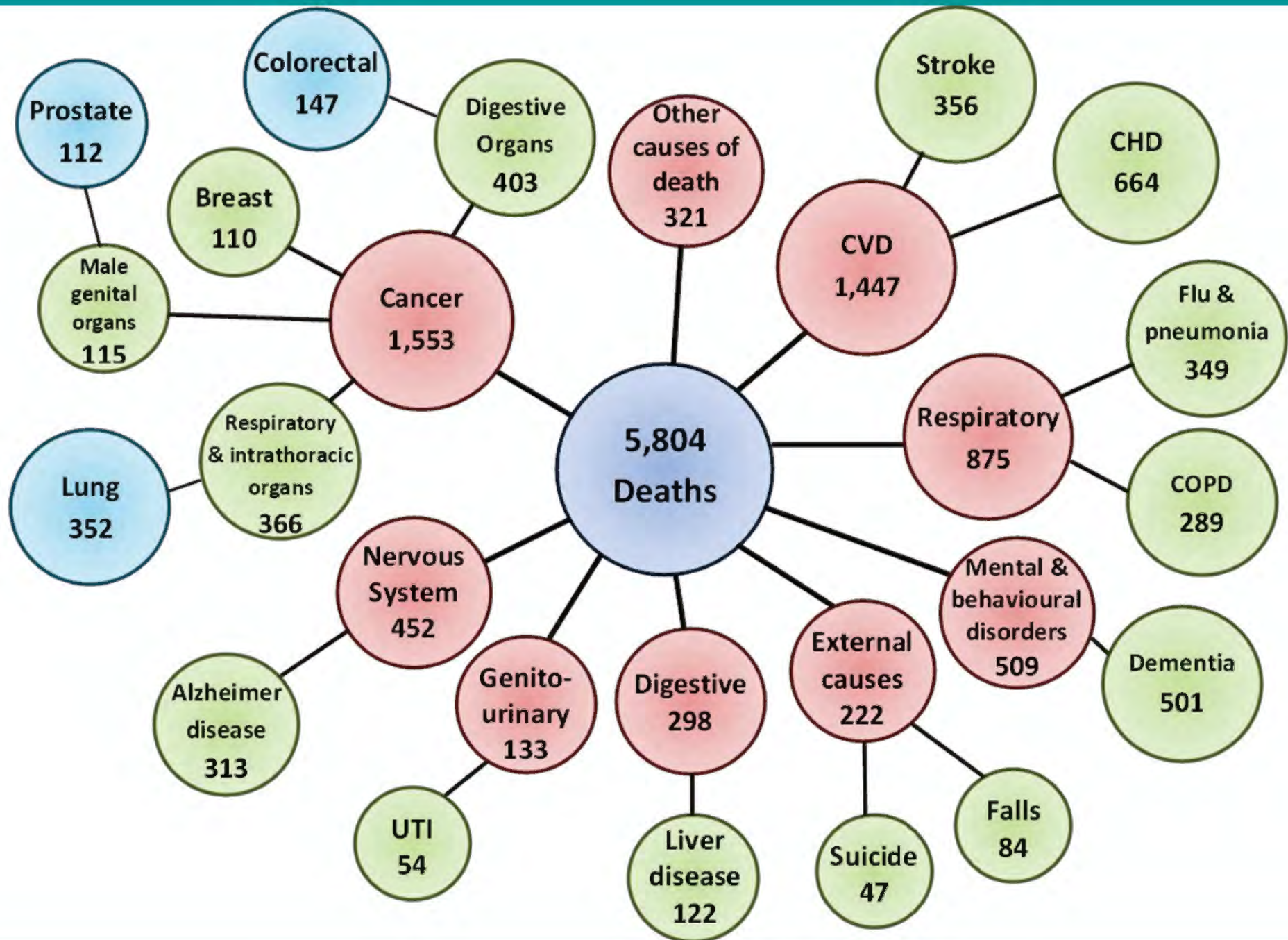
(data source: ONS mortality data & population estimates)



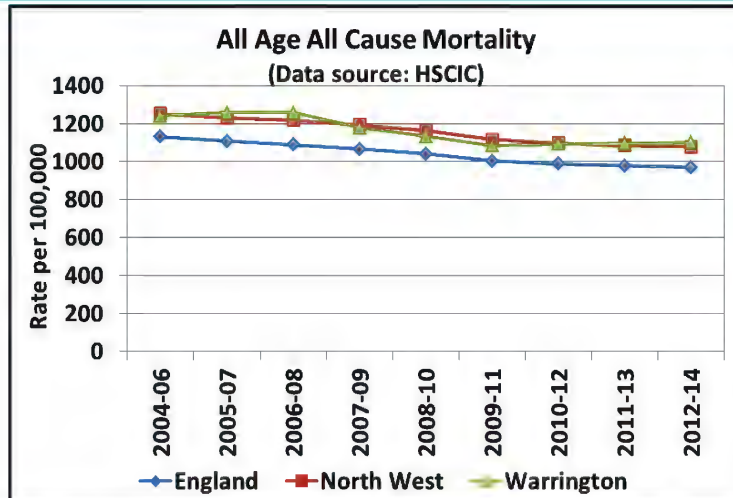
### Ward Female Life Expectancy (LE):

- Fairfield & Howley, Latchford East, and Westbrook have statistically significantly lower female LE than Warrington overall (81.8 years).
- Appleton, Culcheth, Glazebury & Croft, Great Sankey North & Whittle Hall, Great Sankey South, Lymm North & Thelwall, Poulton North, and Stockton Heath have significantly higher female LE.
- The Central ward grouping has significantly lower female LE (78.9 years), and the South ward grouping has significantly higher female LE (84.7 years), than Warrington overall.
- Usually, wards in South Warrington having the highest LE, but for 2012-16, Great Sankey North & Whittle Hall is actually higher than any ward in South (NB Deprivation is as low as all the 5 South Warrington wards).
- The ward with highest female life expectancy is Great Sankey North & Whittle Hall (88.3 years), and Latchford East has lowest (77.3 years), i.e. a difference of 11.0 years.

## 4.2 Living and Working Well, Burden of Disease – Main Causes of Death, 2015 to 2017

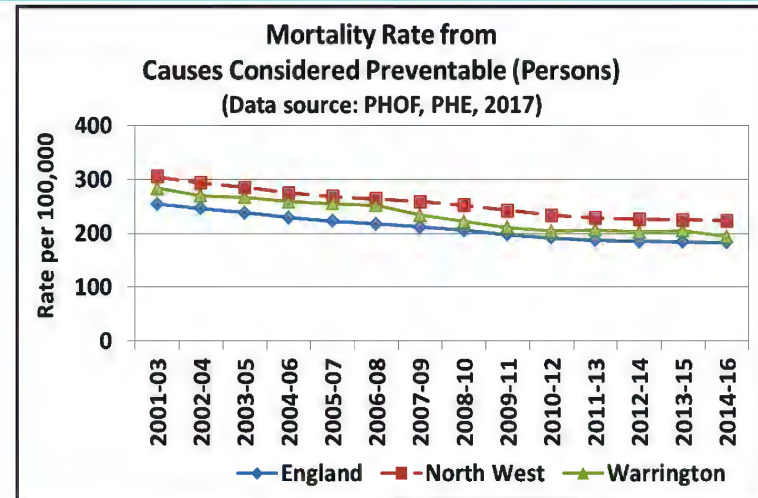


## 4.3 and 4.4 Living and Working Well, Burden of Disease – 4.3 All-Age All-Cause Mortality and 4.4 Mortality Considered Preventable



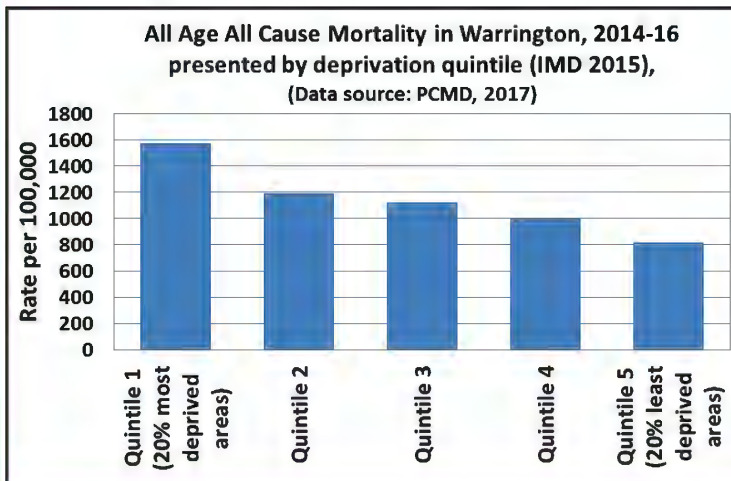
### All-Age All-Cause Mortality:

- There were 5,757 deaths in Warrington during the three year period between 2014-16, equivalent to a mortality rate of 1069 per 100,000 persons.
- In the 8 years since 2004-06 Warrington has seen a 11% reduction in its mortality rate.
- In 2012-14 Warrington had a significantly worse rate than England, 1100.5 compared to 968.7 (latest data available for England).
- Males have historically had a higher mortality rate than females in Warrington; in 2014-16 the rate for males was 1222.0 compared to 946.6 for females.

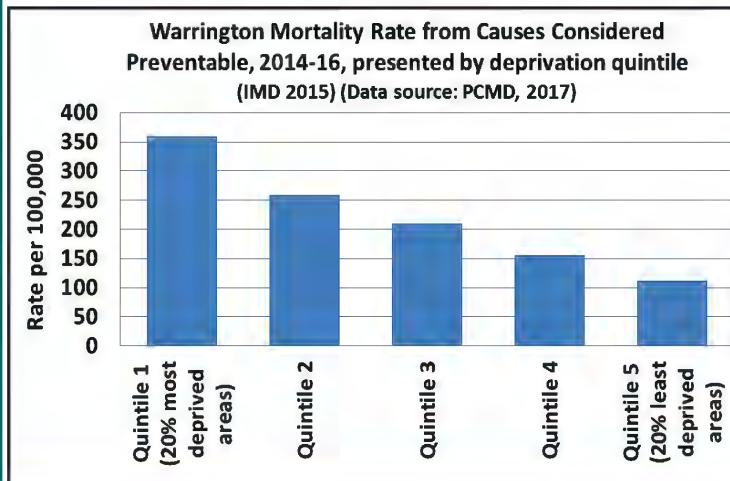


### Mortality from causes considered preventable:

- Mortality from causes considered preventable has reduced in Warrington over the past 13 years, and since 2001-03 has experienced a 32% reduction.
- In 2014-16 there were 1,151 deaths in Warrington from causes considered preventable, equivalent to a mortality rate of 194 per 100,000 persons.
- Despite year on year reductions, Warrington has remained significantly worse than England each year with the exception of the latest time period (2014-16).
- Male mortality rates are significantly higher than females in Warrington. This pattern is also seen nationally.



All-Age All -Cause Mortality rates in the 20% most deprived areas (Quintile 1) are significantly higher than the remaining areas of Warrington.



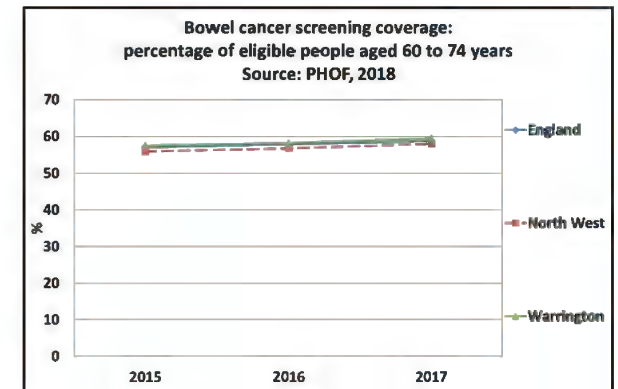
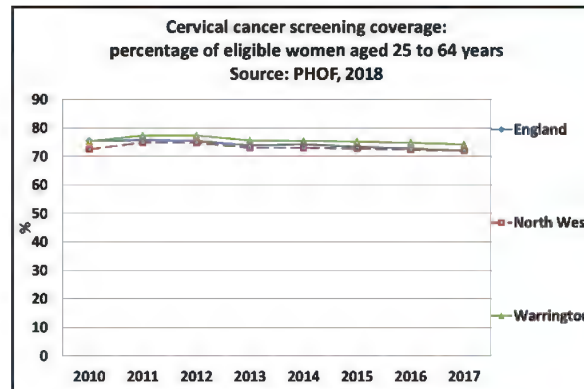
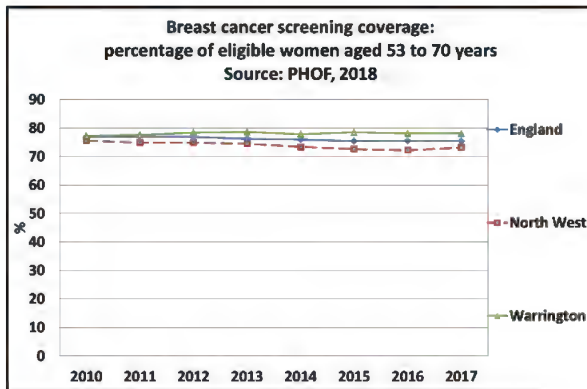
Mortality from causes considered preventable: rates in the 20% most deprived areas (Quintile 1) are significantly higher than each of the other quintiles.

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

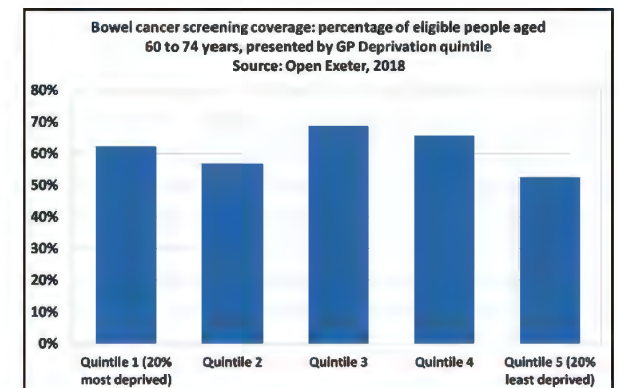
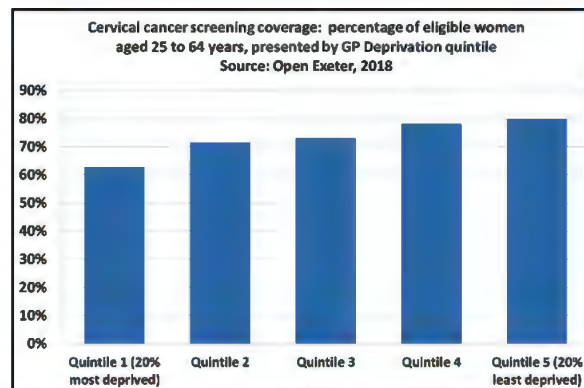
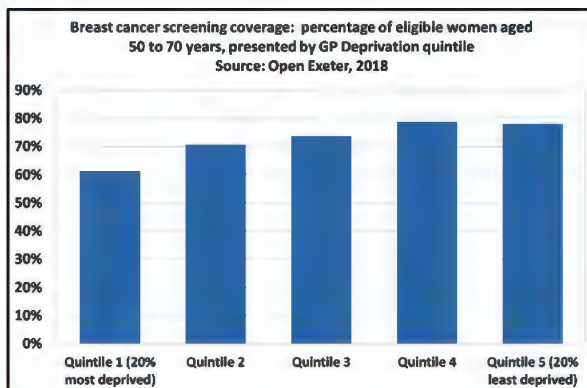
**Abdominal Aortic Aneurysm Screening:** The screening checks if there's a bulge or swelling in the aorta, the main blood vessel that runs from the heart down through to the stomach. The bulge is called an abdominal aortic aneurysm, if not spotted early it can rupture. The screen is offered to men during the year they turn 65.

- During 2016/17 67.6% of Warrington men aged 65 were screened, the percentage is significantly lower than England (80.9%) and the North West (77.8%).

**Cancer screening:** Early detection of cancer is vital to increase the chance of survival. In the three years leading up to March 2017, there have been approximately 78,000 cancer screens conducted in Warrington (breast, cervical and bowel).



- The uptake of screening in Warrington has been significantly higher than England for the last few years for both breast and cervical and for the most recent time period for bowel.
- As at 31st March 2017, 78.1% of eligible women (aged 53-70) were screened for breast cancer, 74.2% of eligible women (aged 25- 64) for cervical cancer, and 59.5% of eligible adults (aged 60-74) for bowel cancer screening.
- The uptake of breast and cervical screening is lower in the more deprived GP Practices, with rates increasing as the level of deprivation decreases.
- However, there appears to be no relationship between the uptake of bowel screening and deprivation.

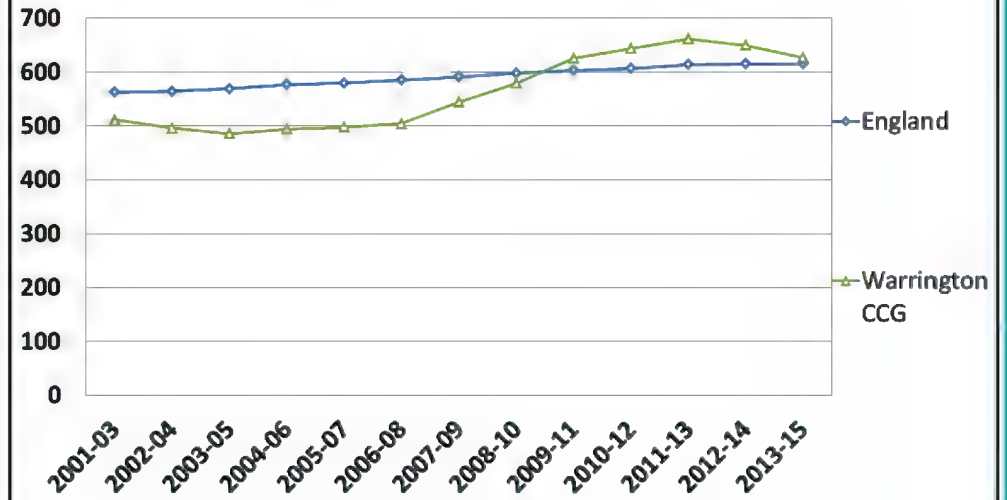


## 4.6 Living and Working Well, Burden of Disease – Cancer Incidence

**Cancer incidence.** Over the 3 year period 2013-2015:

- A total of 3,479 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 lung cancer (509 cases), breast cancer (508 cases) and prostate cancer (435 cases).
- The rate new cases of lung cancer diagnosed in Warrington (93.4 per 100,000) were significantly higher than the England rate (80 per 100,000). Additionally, the rate of new cases of lung cancer diagnosed in women from Warrington (83.5 per 100,000) was significantly higher than England (65.9 per 100,000).
- Nationally and in Warrington, there is a strong relationship between the incidence rate of lung cancer and levels of socio-economic deprivation. This is likely to be a result of higher smoking rates in the most deprived areas.
- After a sustained period of year on year increases in the cancer incidence rate (2004-06 through to 2011-13), the rate of new cancers diagnosed in Warrington has reduced and is now very similar to the England rate.

**Trend in the rate of cancer incidence  
(DSR per 100,000 population), all ages, persons**  
Source: NCRAS, PHE, 2018



**Early diagnosis** of cancer is important in relation to survival.

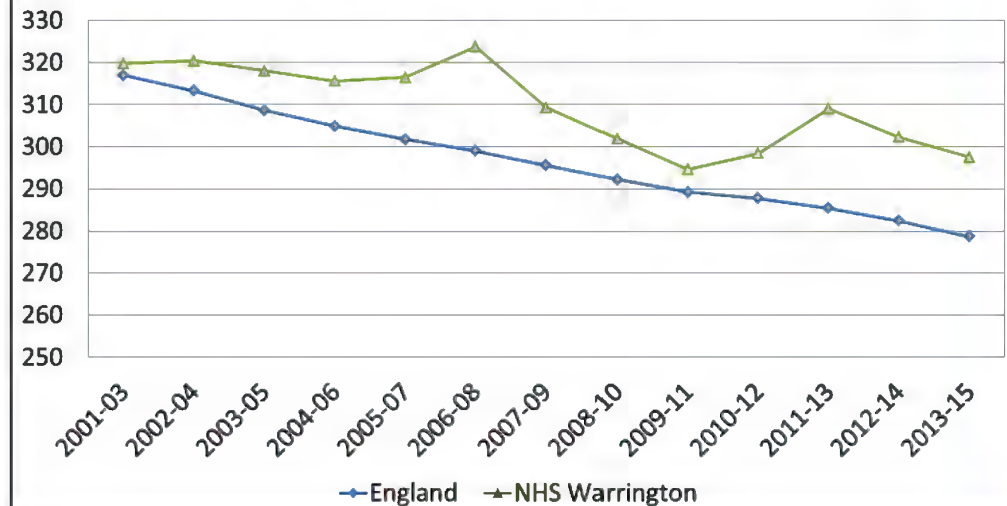
- In Warrington, just over half (51%) of cancers diagnosed during 2015 were identified at an early stage (stage 1 and 2 of those cases where staging data was available). This was slightly lower than England (52.4%) but slightly higher than the North West (50.8%).
- There has been a gradual increase in the percentage of cancers diagnosed early. This is most likely due to an improvement in data completeness.

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

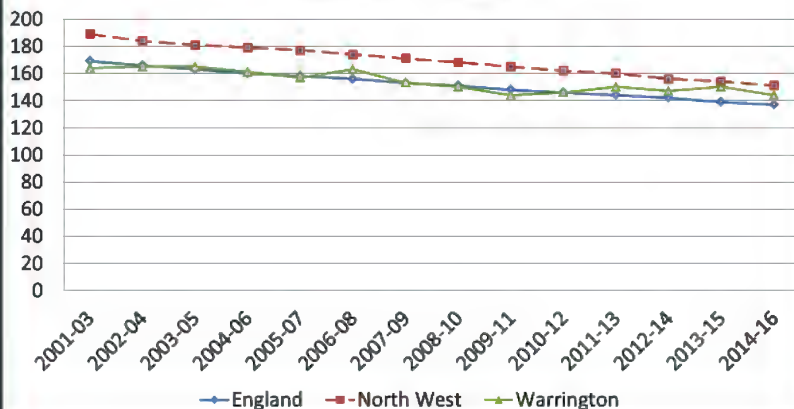
### All-age cancer mortality

- Cancer is now the leading cause of death in Warrington, and in the 3 years 2013-2015, there were 1,547 deaths due to cancer and a further 25 deaths from non-malignant neoplasms.
- The trend in the cancer mortality rate in people of all ages has on the whole shown a reduction in Warrington. However, it increased for the three year periods 2010-2012 and 2011-2013, but then reduced slightly for 2012-2014 and 2013-2015. The Warrington rate for 2013 to 2015 was significantly higher than England.
- In Warrington, the most common cancers causing death (2013-2015) were: lung (390 deaths); colorectal (137 deaths); breast (132 deaths); prostate (113 deaths).
- Warrington had significantly higher rates than England (2013-2015) for lung, breast, cervix and bladder cancers. There were no types of cancer for which Warrington had a significantly lower mortality rate compared to England.

**Trend in the rate of mortality from all cancers (DSR per 100,000 population), all ages, persons**  
Source: NCRAS, 2018



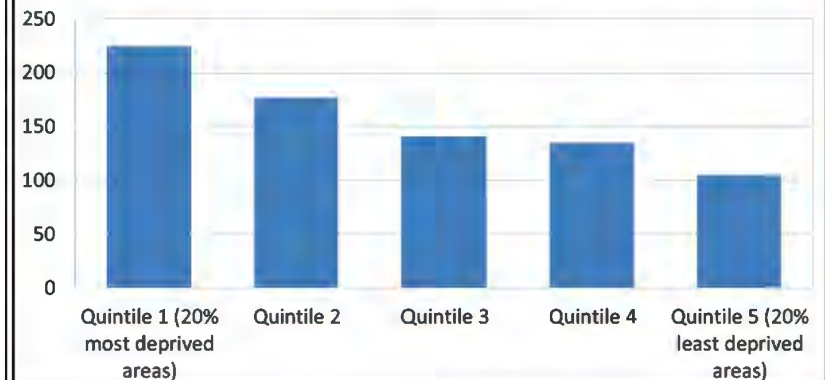
**Trend in the rate of mortality from all cancers (DSR per 100,000 population), ages less than 75, persons**  
Source: PHOF, 2017



### Premature cancer mortality (people aged under 75)

- A similar pattern to the all-age mortality was seen in *premature* deaths from cancer.
- Premature mortality rates are significantly higher in the most deprived areas of Warrington.

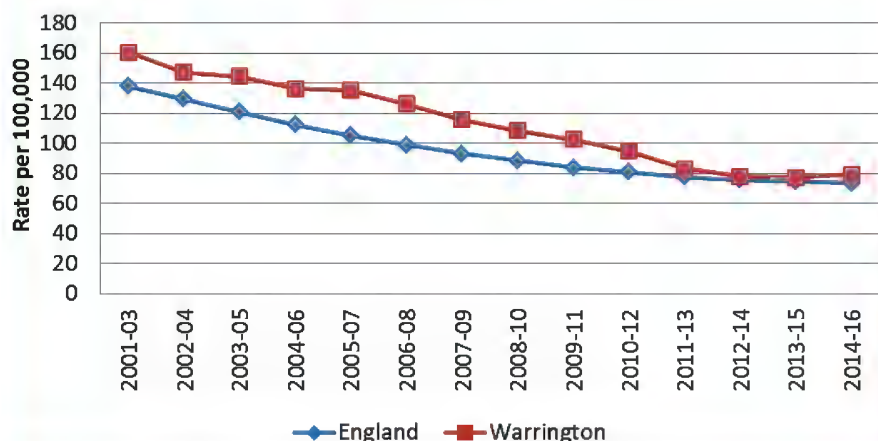
**Mortality from all cancers in persons aged less than 75 years (DSR per 100,000 population), presented by deprivation quintile (IMD 2015)**  
Source: PCMD, 2017



## 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.

**Under 75 Mortality Rate from all CVD (Persons)**  
(Data source: PHOF, PHE)

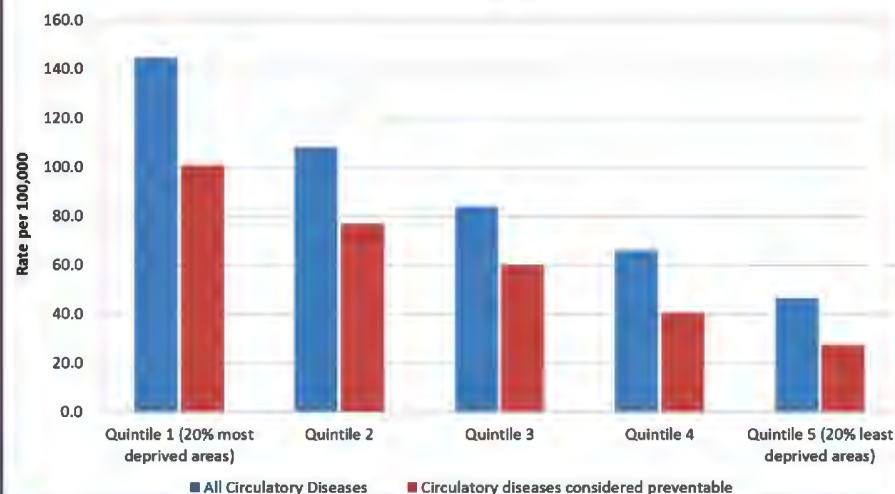


**Mortality rate from all CVD in people aged under-75:** Warrington currently (2014-16) has an under-75 mortality rate from all CVD of 79.2 per 100,000 people, similar to England (73.5). Trends in Warrington have been downwards since 2001-03 but were significantly worse than England for all time periods until the most recent four (2011-13 to 2014-16).

**Under 75 mortality rate from CVD from causes considered preventable:** in Warrington, on average around 66% of all CVD mortality in under-75s is considered preventable, and the current (2014-16) mortality rate of 52.4 per 100,000 is not significantly different to England (46.7). CVD considered preventable also has a downward trend.

**Socio-economic deprivation:** mortality from all CVD and CVD considered preventable was significantly high in Quintile 1 (20% most deprived areas) compared to the rest of Warrington.

**Under 75 Mortality Rate from all CVD and CVD considered preventable presented by Deprivation Quintile (IMD 2015), 2014-16**  
Source: PCMD, 2017



**NHS Health Checks Programme:** NHS Health Checks are aimed at people aged 40-74 who are not already diagnosed with heart disease, stroke, diabetes or kidney disease. They will be 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.

- A Public Health England indicator shows that in Warrington over 2013/14 to 16/17, 40.1% of the Warrington population who were eligible for a health check, received one (PHOF). This is significantly better than England (36.2%).

**Quality and Outcomes Framework (QOF), 2016/17 (Source: NHS Digital)**

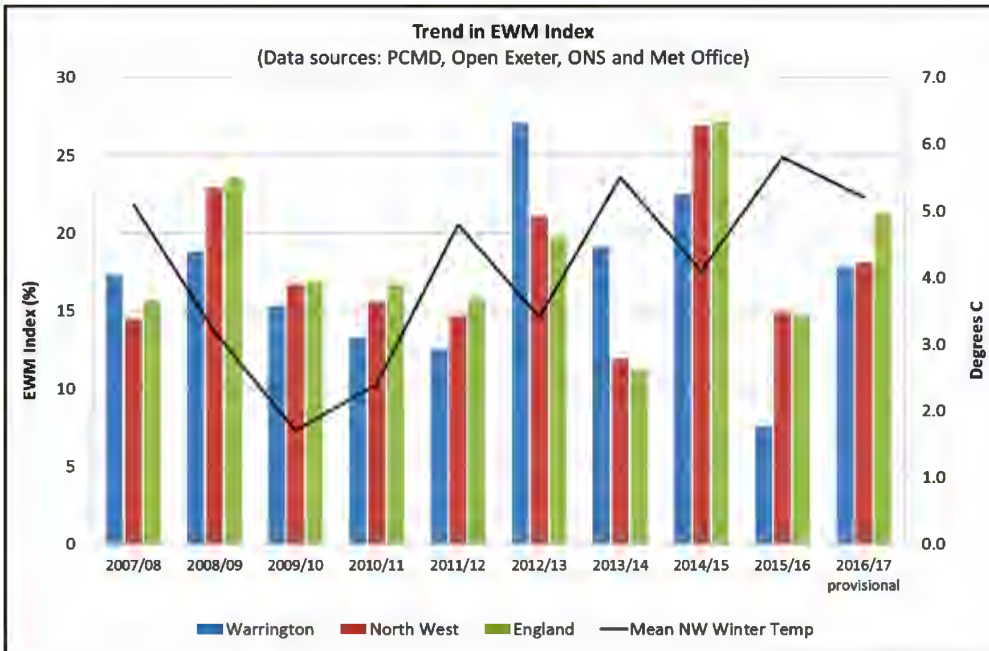
	Warrington, no. of patients on register	Warrington prevalence rate	England prevalence rate	% higher than England
<b>CVD Risk Factors</b>				
Coronary Heart Disease	7,327	3.61%	3.15%	15%
Stroke & Transient Ischaemic Attack (TIA)	3,699	1.82%	1.75%	4%
Diabetes Mellitus (17+)	11,167	6.81%	6.67%	2%
Hypertension	28,427	13.99%	13.83%	1%
Peripheral Arterial Disease (PAD)	1,590	0.78%	0.60%	30%

**Quality and Outcomes Framework (QOF)** data monitors performance in GP practices. Prevalence of stroke/TIA, diabetes mellitus and hypertension in Warrington for 2016/17, are slightly higher than England. However, compared to England, prevalence of coronary heart disease is 15% higher, and prevalence of PAD is 30% 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. A EWM Index is then calculated, represented as a percentage, which allows for comparisons between areas.



### Excess winter mortality trends:

- In 2016/17 there were 105 excess winter deaths in Warrington resulting in a EWM Index of 17.8% (provisional data).
- Compared to 2015/16, the EWM Index for 2016/17 had seen an increase. Final data for 2015/16 confirmed a EWM Index of 7.6% or 48 excess winter deaths. This was unusually low.
- Although Warrington's EWM Index has increased, it is in keeping with increases seen regionally and nationally, and Warrington is lower than the North West and England.

### Causes of death 2016/17:

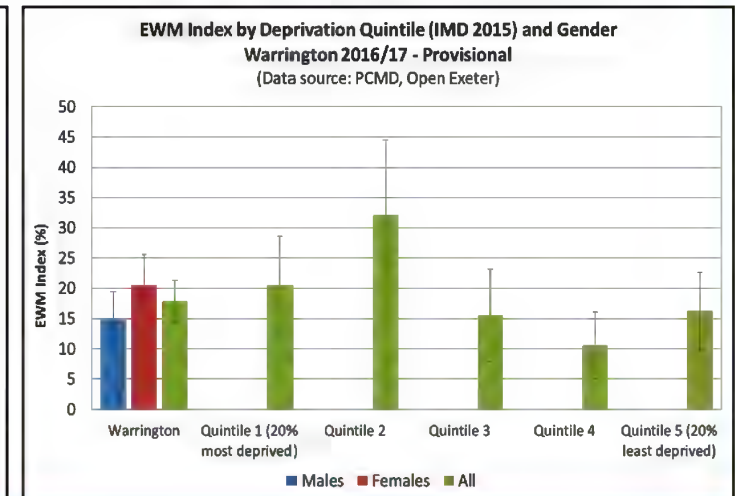
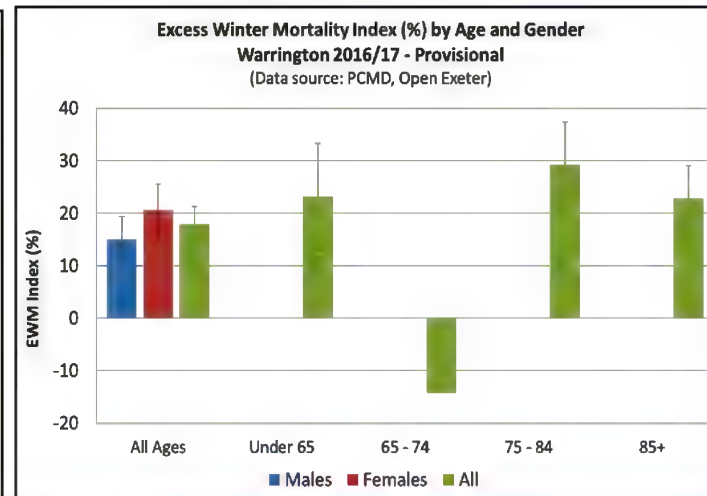
- Respiratory disease is normally the main contributor to excess winter deaths in Warrington.
- However, in 2016/17, Dementia and Alzheimer's had one of the highest EWM Indexes, higher than respiratory disease, and also had the highest proportion of excess winter deaths, accounting for nearly a third.

### By age and gender:

- In Warrington males had a EWM Index of 14.9% and females were higher with 20.5%.
- Numbers of excess winter deaths were highest in those aged 75+, and the age group 75-84 had the highest EWM Index of 29.2%. It wasn't significantly higher than Warrington all ages (17.8%).

### By deprivation:

- Deprivation quintile 2 (one of the more deprived areas of Warrington) had the highest EWM Index (32.1%) but not significantly higher than Warrington (17.8%).

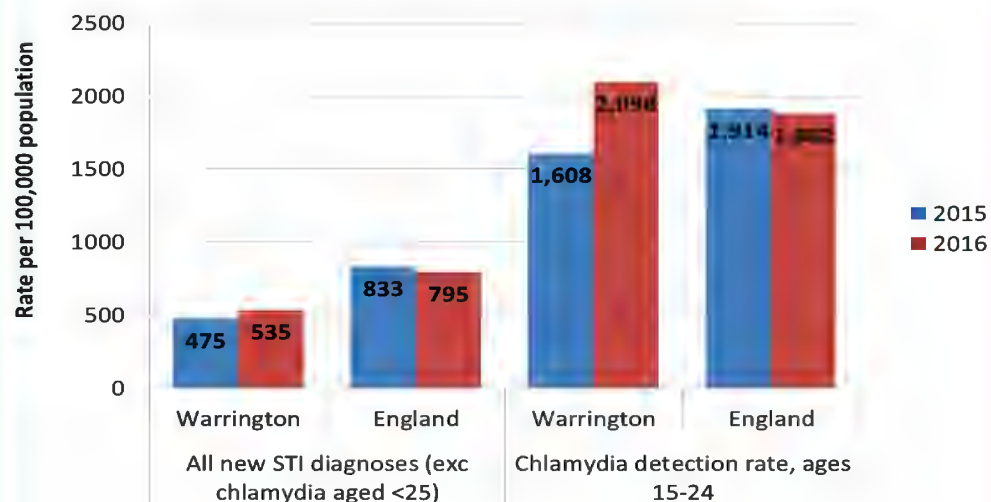


## 4.9 Living and Working Well, Burden of Disease – Sexual Health

### HIV prevalence:

- Latest data (2016) shows that Warrington has an HIV prevalence rate of 0.97 per 1,000 people aged 15-59; this compares with the England rate of 2.31.
- Warrington's prevalence has increased very slightly since the previous year, in which it was 0.91.

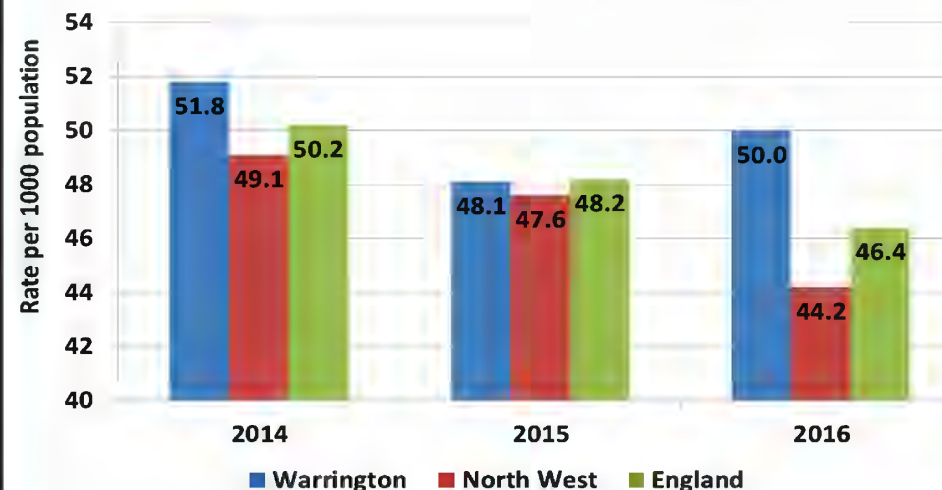
**Rates of New Diagnoses, per 100,000 population**  
(Data source: Sexual Health Profiles, PHE)



### New sexually transmitted infections (STIs):

- Warrington has significantly lower rates of new STI diagnoses than England in 2015 and 2016 (this excludes any chlamydia diagnosis in those aged <25).
- Young people aged between 15 and 24 experience the highest rates of new STIs. In 2016, those aged 15 to 24 had STI diagnosis rates twice as high in men and seven times as high in women than those aged 25 to 59.
- The chlamydia detection rate for 15-24 year olds has seen an increase in Warrington between 2015 and 2016; it is measured against a national target of 2,300 per 100,000 young people, and higher numbers are better.
- The proportion of the population aged 15-24 screened for chlamydia was 19.9% in Warrington (2016), compared to 20.7% for England.

**Total Prescribed LARC excluding Injections**  
**Rate per 1,000 Females aged 15-44**  
(Data source: Sexual health Profiles, PHE)



### Long acting reversible contraception (LARC):

- Latest data (2016) shows that Warrington has a rate of 50.0 per 1,000 females aged 15-44 who have been prescribed LARC. This rate includes LARC prescribed by GPs and Sexual & Reproductive Health Services.
- Warrington has a higher rate than England (46.4) and the North West (44.2).
- An average of just over 1,900 females are prescribed LARC each year 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, IUS and IUDs).*

## 4.10 Living and Working Well, Burden of Disease – Mental Health

### Suicide or injury undetermined, Warrington

In Warrington:

- Over the 3 year period 2014 to 2016, there were 55 deaths due to suicide or injury undetermined of Warrington residents (3 times more men than women: 40 male and 15 female), a rate of 9.9 per 100,000 population. This is a reduction on 2013-15 when there were 69 deaths (12.7 per 100,000). However, this reduction is not statistically significant.
- Whilst the rates for England and the North West are relatively stable over time, the Warrington rate varies substantially. The Warrington rate had risen over the three time periods of 2010-12 to 2013-15, but it was not significantly different to England or the North West.
- The number of suicides in Warrington fluctuate for each time period:

2009-11	2010-12	2011-13	2012-14	2013-15	2014-16
39	41	55	64	69	55

- Higher suicide rates were seen in young or middle-aged males, being in the care of mental health services, having a history of alcohol and/or drug misuse and living alone. These groups also have higher suicide rates nationally.
- Males were less likely than females to have received a mental health diagnosis or be in the care of mental health services, suggesting that males may not be seeking or receiving the support they need.
- During 2014-16, suicide was the leading cause of death for in the 10-29 year-old age-band (29% of deaths).
- Over half of local people who died by suicide had visited their GP within the month before their death.

Warrington's Suicide Audit 2017 can be found at:

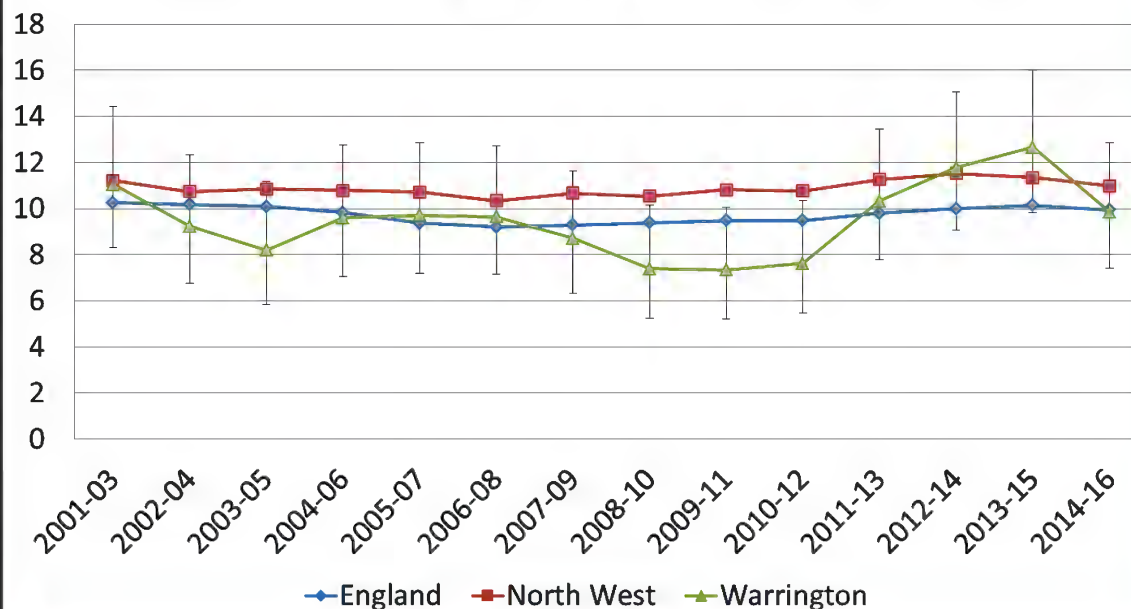
[https://www.warrington.gov.uk/info/201158/public\\_health/1512/about\\_the\\_public\\_health\\_service](https://www.warrington.gov.uk/info/201158/public_health/1512/about_the_public_health_service)

### Suicide or injury undetermined, 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.

### Directly standardised mortality rate from suicide and injury of undetermined intent per 100,000 population, 2001-03 to 2014-16

Source: PHOF, 2017



### Mental health QOF data 2016/17 (patients on GP registers with certain conditions):

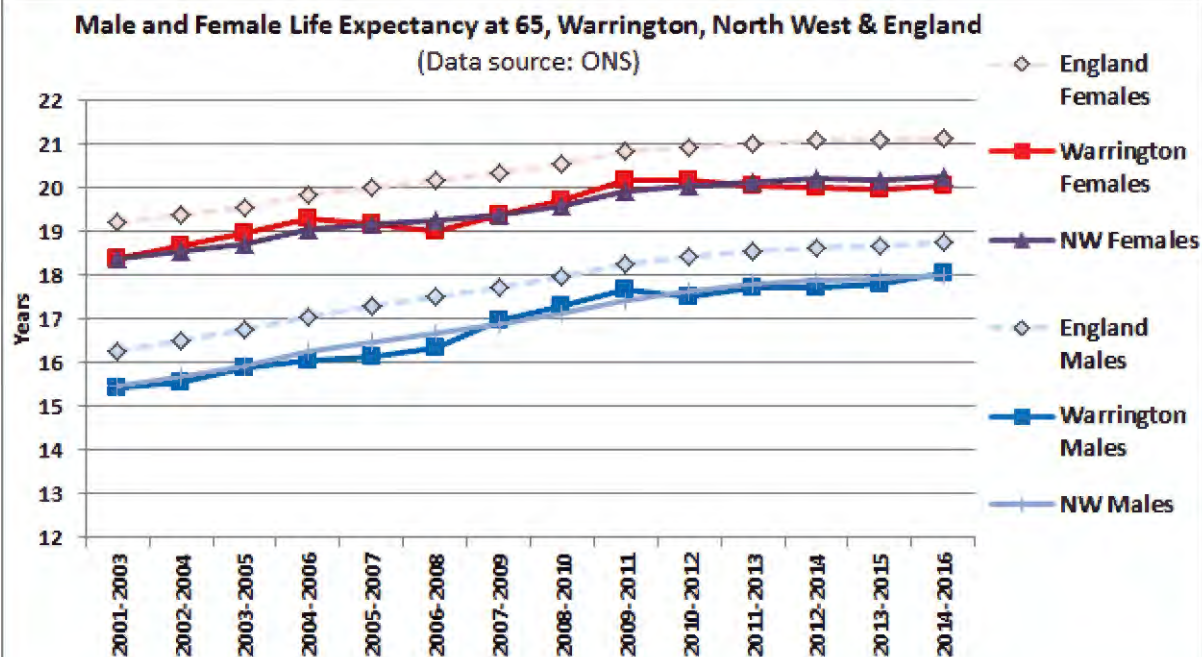
- Mental health (schizophrenia, bipolar affective disorder and other psychoses): 1,784 patients, with a prevalence of 0.88% slightly lower than England (0.92%).
- Depression in 18+ population: 16,714 patients, with a prevalence of 10.35%, higher than England (9.09%).

## 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.

- There have been improvements in LE for Warrington residents since 2000.
- In keeping with England, at age 65, female LE is higher than male.
- For both males and females, the long term trend in LE at 65 has shown an increase in England, the North West and Warrington, although the rate of increase seems to have slowed since approximately 2009-2011. Warrington is consistently significantly lower than England as a whole, although it is similar to the North West.



### Females

- Female LE at 65 in Warrington is 20.1 years for the latest time period (2014-2016), slightly lower than the North West (20.2), and significantly lower than England (21.1 years).
- Over the past 10 data periods (2004-2006 to 2014-2016), female LE at 65 in Warrington has increased by 0.8 years, from 19.3 years to 20.1 years. However, the improvement across England as a whole has been greater, with an increase of 1.3 years; from 19.9 to 21.1 years, and therefore the gap between Warrington and England has widened.
- Life expectancy figures fluctuate over time as the chart illustrates, and the long term trend has shown an increase in LE in England, the North West and in Warrington. However, the rate of increase seems to have slowed since approximately 2009-2011, since when there has been little change in female LE at age 65.

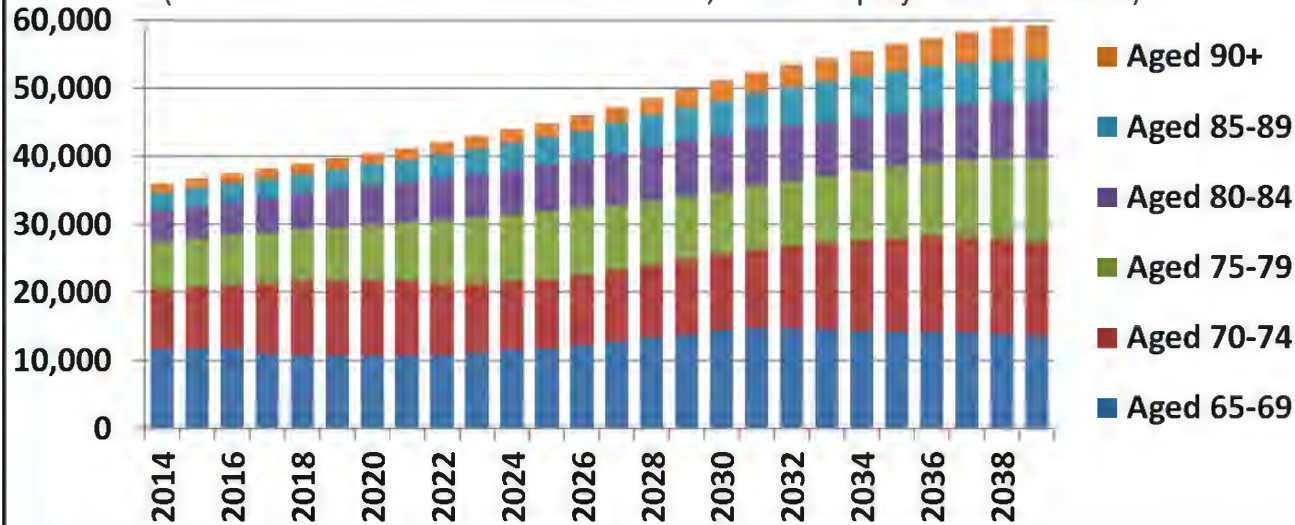
### Males

- Male LE at 65 in Warrington is 18.1 years for the latest time period (2014-2016), slightly higher than the North West (18.0 years), but significantly lower than England (18.8 years).
- Although there are fluctuations over time, improvements in male LE in Warrington have broadly kept pace with that in England as a whole. Over the past 10 data periods (2004-2006 to 2014-2016), male LE at 65 in Warrington increased by 2.0 years, from 16.1 to 18.1 years. In England it increased by 1.7 years (from 17.1 to 18.8), and so the gap between Warrington and England has narrowed.

## 5.2 Ageing Well – Population Projections

### Population projections of people in Warrington aged 65+

(Data source: Office of National Statistics, estimates projected from 2014)



The Office of National Statistics produce population projections. The most recent are based on the population at mid-2014, and give estimates up to 2039. NB The further an estimate is in the future, the less reliable it is.

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 40-54 who will turn 65 between 2026 and 2040.

Projections suggest that the population aged 65+ will increase by:

- 22% in the 10 years from 2014 to 2024 (from about 36,100 to about 44,000) and
- 65% in the 25 years from 2014 to 2039 (from about 36,100 to about 59,400),

and that the population aged 85+ will increase by:

- 46% in the 10 years from 2014 to 2024, from about 4,100 to about 5,900 and
- 172% (more than 2-and-a-half times as many) in the 25 years from 2014 to 2039, from about 4,100 to about 11,100.

More of these percentage increases will be accounted for by men.

### Population projections of people in Warrington aged 85+

(Data source: Office of National Statistics, estimates projected from 2014)



## 5.2 Ageing Well – Population Projections

MALES: population growth in older age-bands							Percentage increase	
AGE_GROUP	2014	2019	2024	2029	2034	2039	2014-2024	2014-2039
Aged 65-69	5,686	5,287	5,687	6,867	7,056	6,628	0%	17%
Aged 70-74	4,098	5,224	4,909	5,312	6,435	6,639	20%	62%
Aged 75-79	3,229	3,563	4,621	4,397	4,801	5,845	43%	81%
Aged 80-84	1,949	2,500	2,851	3,781	3,656	4,048	46%	108%
Aged 85-89	961	1,216	1,666	1,984	2,708	2,680	73%	179%
Aged 90+	391	514	732	1,106	1,494	2,132	87%	445%
Total aged 65+	16,314	18,302	20,466	23,447	26,150	27,973	25%	71%
Total aged 70+	10,628	13,016	14,779	16,580	19,093	21,345	39%	101%
Total aged 75+	6,530	7,792	9,870	11,269	12,659	14,706	51%	125%
Total aged 80+	3,301	4,229	5,249	6,872	7,858	8,861	59%	168%
Total aged 85+	1,352	1,729	2,398	3,090	4,202	4,812	77%	256%
Aged 90+	391	514	732	1,106	1,494	2,132	87%	445%

FEMALES: population growth in older age-bands							Percentage increase	
AGE_GROUP	2014	2019	2024	2029	2034	2039	2014-2024	2014-2039
Aged 65-69	5,973	5,487	5,850	7,036	7,444	6,980	-2%	17%
Aged 70-74	4,751	5,686	5,251	5,619	6,770	7,176	11%	51%
Aged 75-79	3,733	4,331	5,252	4,888	5,263	6,362	41%	70%
Aged 80-84	2,586	3,097	3,650	4,495	4,233	4,607	41%	78%
Aged 85-89	1,674	1,783	2,245	2,706	3,418	3,277	34%	96%
Aged 90+	1,035	1,106	1,280	1,706	2,223	2,975	24%	187%
Total aged 65+	19,752	21,490	23,527	26,450	29,352	31,377	19%	59%
Total aged 70+	13,779	16,004	17,677	19,414	21,907	24,397	28%	77%
Total aged 75+	9,028	10,317	12,427	13,795	15,137	17,221	38%	91%
Total aged 80+	5,295	5,986	7,175	8,907	9,874	10,859	35%	105%
Total aged 85+	2,709	2,889	3,525	4,412	5,641	6,252	30%	131%
Aged 90+	1,035	1,106	1,280	1,706	2,223	2,975	24%	187%

These projected population increases in older people emphasise the need for individuals to adopt healthier lifestyles, in order to try to prevent or delay ill-health, and therefore have less impact on demand for health and social care services, which are already very stretched.

PERSONS: population growth in older age-bands							Percentage increase	
AGE_GROUP	2014	2019	2024	2029	2034	2039	2014-2024	2014-2039
Aged 65-69	11,659	10,773	11,537	13,903	14,501	13,608	-1%	17%
Aged 70-74	8,849	10,911	10,159	10,930	13,204	13,815	15%	56%
Aged 75-79	6,962	7,894	9,873	9,285	10,064	12,207	42%	75%
Aged 80-84	4,535	5,597	6,501	8,277	7,889	8,655	43%	91%
Aged 85-89	2,635	2,999	3,911	4,690	6,126	5,956	48%	126%
Aged 90+	1,426	1,620	2,012	2,813	3,717	5,108	41%	258%
Total aged 65+	36,066	39,793	43,993	49,897	55,501	59,350	22%	65%
Total aged 70+	24,407	29,020	32,456	35,995	41,001	45,742	33%	87%
Total aged 75+	15,558	18,109	22,297	25,064	27,796	31,927	43%	105%
Total aged 80+	8,596	10,215	12,424	15,779	17,732	19,719	45%	129%
Total aged 85+	4,061	4,618	5,923	7,502	9,843	11,064	46%	172%
Aged 90+	1,426	1,620	2,012	2,813	3,717	5,108	41%	258%

The tables show Office for National Statistics population projections.

### Percentage increases by age-band

From 2014 to 2039 the number of men aged 65+ is expected to increase by 72% and women aged 65+ by 59%; overall an increase of about 23,300 people.

The older the age-band, the bigger the percentage increase is predicted, e.g. from 2014 to 2039:

- a 17% increase in 65-69 year-olds
- a 56% increase in 70-74 year-olds
- a 75% increase in 75-79 year-olds
- a 91% increase (i.e. almost double) in 80-84 year-olds
- a 126% increase (i.e. more than double) in 85-89 year-olds and
- a 258% increase (about 3 and a half times as many) in those aged 90+.

The percentage increases are expected to be higher in men than in women, especially in the very old age-bands, e.g. in the 90+ age-band:

- about 5-and-a-half times as many men aged 90+ in 2039 than in 2014 (from about 400 to about 2,100).
- almost 3 times as many women aged 90+ in 2039 than in 2014 (from about 1,000 to about 3,000).

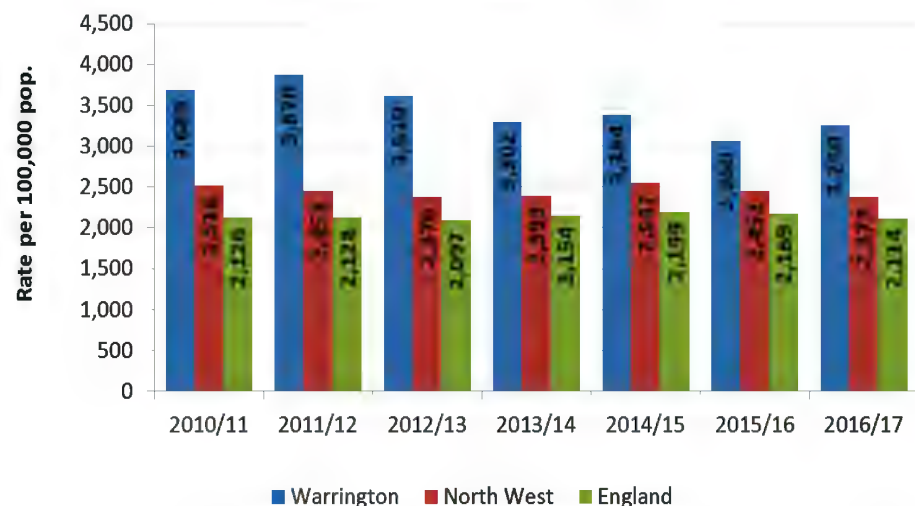
### 5.3 Ageing Well – Falls

#### Definitions and caveats:

Data shown is based on emergency hospital admissions from the Hospital Episode Statistics inpatient data. *NB: Warrington has historically had high admission rates due to falls in older people; these high rates may be due to lower admission thresholds at the hospital and/or high number of falls in the over 65 population.*

**Emergency Hospital Admissions due to falls in people aged 65+, per 100,000 population**

(Data source: Public Health England, PHOF)



#### Hospital admissions due to falls in people aged 65 and over:

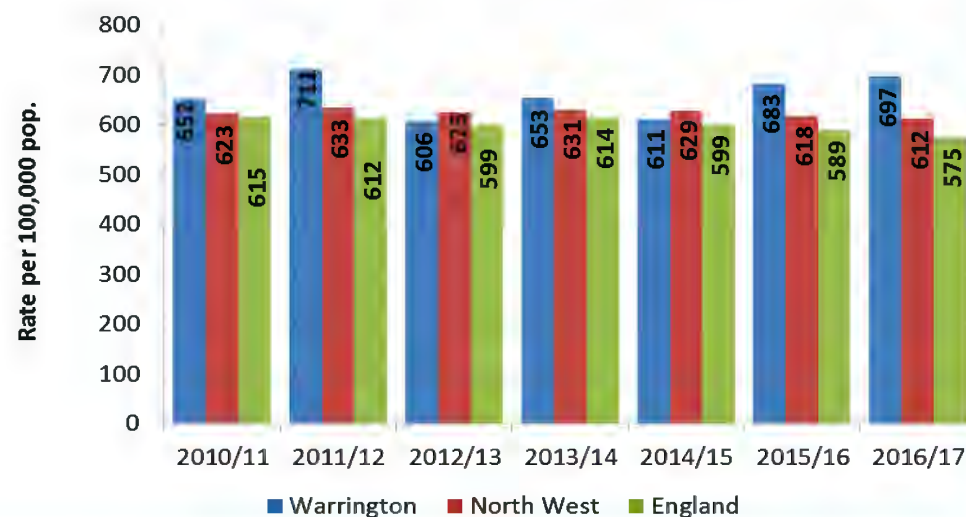
- Warrington has a very high rate of emergency hospital admissions for injuries due to falls in people aged 65 and over.
- Latest data (2016/17) shows a rate of 3,250 admissions per 100,000 people aged 65 and over, significantly higher than the England rate of 2,114.
- Actual numbers of admissions were 1,141 in Warrington in 2016/17. 64% of these were people aged 80 and above, and 36% were aged 65-79.
- The Warrington rate has increased since 2015/16.

#### Hip fractures in people aged 65 and over:

- Hip fractures are a common injury associated with a fall (in 2016/17, 21% of emergency admissions due to a fall involved a hip fracture).
- Latest data (2016/17) shows that Warrington had an emergency hospital admissions rate of 697 admissions per 100,000 people aged 65 and over, due to hip fractures. Warrington had a significantly higher rate than England (575).
- Amongst Warrington residents aged 65 and over, Warrington has around 212 emergency admissions each year due to hip fractures.
- There has been a 2.0% increase in the rate of emergency admissions between 2015/16 and 2016/17.
- In 2016/17, 66% of admissions were aged 80 and above, and 34% were aged 65 – 79.

**Hip Fractures in people aged 65+, per 100,000 population**

(Data source: Public Health England, PHOF)

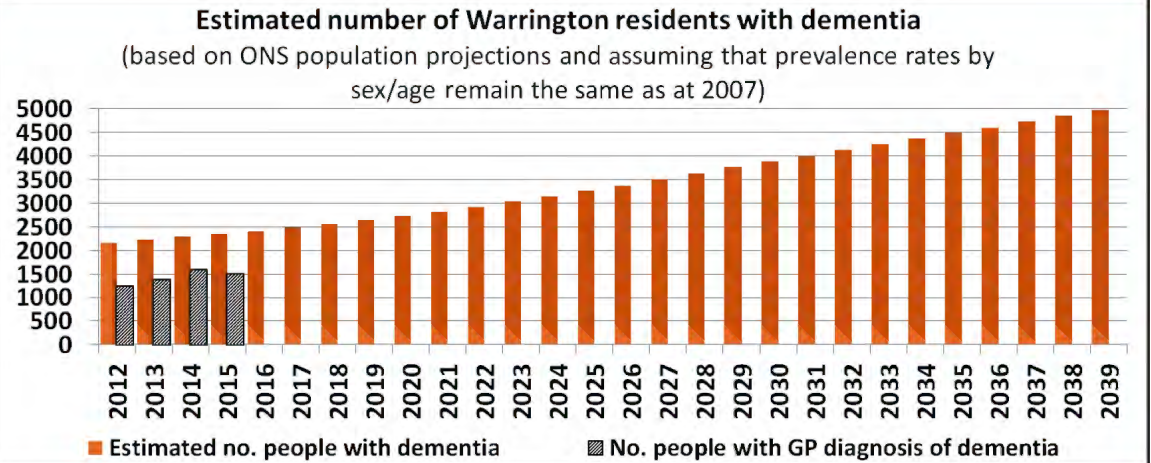


## 5.4 and 5.5 Ageing Well – 5.4 Dementia and 5.5 Flu Vaccination

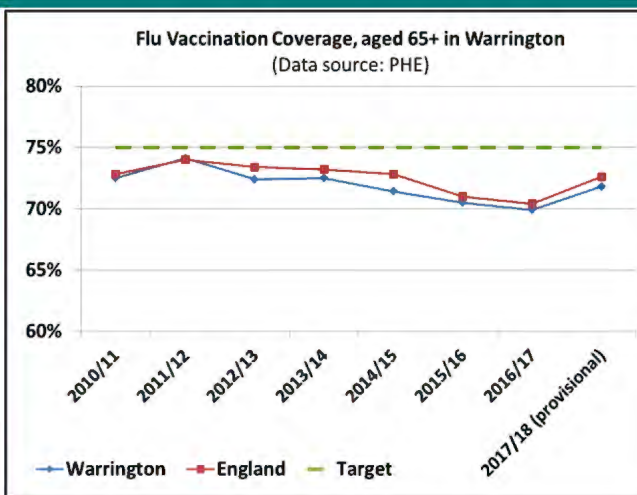
- **Dementia** prevalence rates rise steeply with age as shown in the table, and are different for men and women. Therefore the estimated number of people with dementia depends on the population structure, in particular the number of men and women in each age-band over 65.
- Recent research (University of Cambridge, 2014) suggests that 7 key risk factors associated with dementia are: diabetes, midlife hypertension, midlife obesity, physical inactivity, depression, smoking and low educational attainment.

	ESTIMATED DEMENTIA PREVALENCE BY AGE-BAND, % (from research undertaken for the Alzheimer's Society)					
	65-69	70-74	75-79	80-84	85-89	90+
<b>Men</b>	1.5%	3.1%	5.1%	10.2%	16.7%	27.9%
<b>Women</b>	1.0%	2.4%	6.5%	13.3%	22.2%	30.7%

- Applying these prevalence rates to the 2016 (ONS) Warrington resident population in each age-band suggests there may be approximately 2,400 Warrington residents with dementia.
- There were 1,569 registered patients on the dementia registers of Warrington GP practices (QOF 2016/17). This was 0.77% of patients, very slightly higher than England (0.76%).
- In Warrington there has been a 20% increase in the proportion of patients on the dementia registers, from 0.64% in 2013/14 to 0.77% in 2016/17. There has been a similar rise (23%) nationally, from 0.62% to 0.76%. The rise is likely to be due in part to higher diagnosis rates, rather than a sudden increase in dementia prevalence, because nationally and locally, there has been a recent focus on improving diagnosis rates of dementia. However the aging population is also likely to be a factor which is likely to gradually increase genuine prevalence.
- There will be some people with dementia as yet undiagnosed. The large difference between the number on GP dementia registers (1569 patients 2016/17), and the estimate using prevalence rates (2,450 Warrington residents), suggests there may be approximately 900 people with dementia as yet undiagnosed (i.e. an estimated diagnosis rate of 64%).



The growing older population means that the number of people with dementia is likely to increase. Assuming that age/sex prevalence rates stay the same, the estimated number of people with dementia in Warrington will more than double from about 2,300 people in 2014 to about 5,000 by 2039.



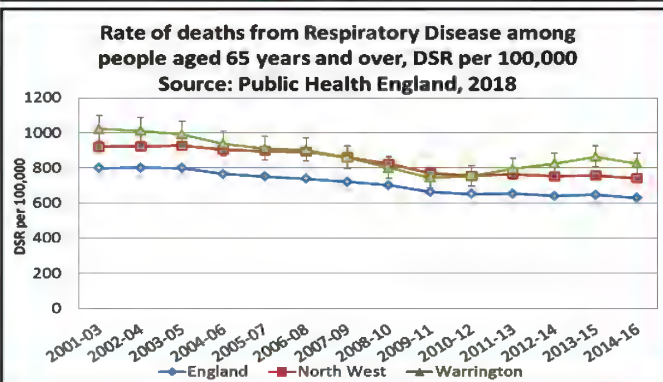
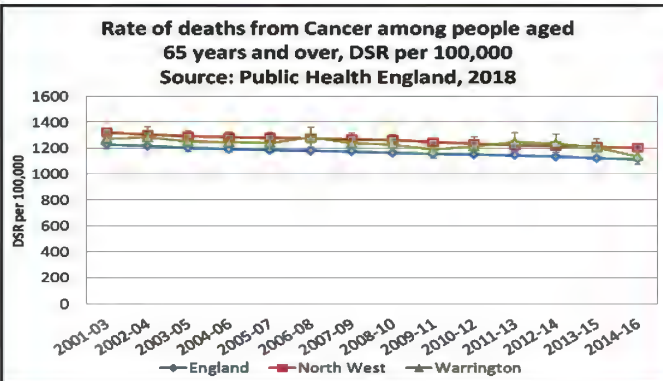
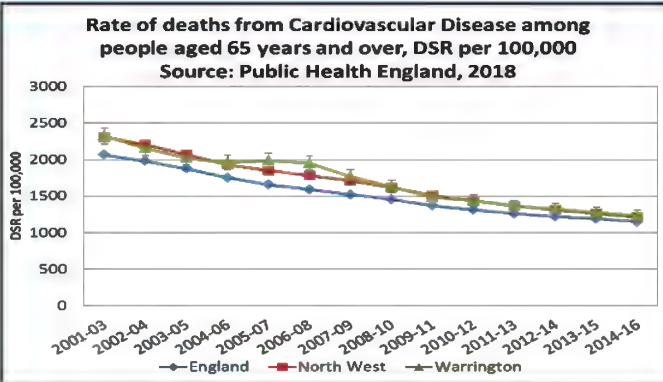
**The influenza (flu) vaccination** is offered to people in at-risk groups such as pregnant women, people with certain health conditions, and people aged 65 and over. These groups are at greater risk of developing serious complications, such as bronchitis and pneumonia if they catch flu. The Chief Medical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

In the 2017/18 flu season, 71.8% of Warrington residents aged 65 and over were vaccinated, slightly lower than England (72.6%). This rate is below the CMO's 75% target. Both Warrington and England have seen increases in uptake since the previous year, this follows several years of a reducing trend.



## 5.6 Ageing Well – Deaths in the over 65's

**Deaths in usual place of residence:** End of life care has made great strides forward in recent years, in particular following the publication of the End of Life Care Strategy in 2008. However, we know that too many people still do not receive good quality care which meets their individual needs and wishes ([PHE, 2017](#)). During 2016 704 people aged 65 and above died in their usual place of residence (excludes deaths due to external causes), this equated to 44.6% of all deaths within this age group. When compared to England (47.2%), the percentage for Warrington was significantly lower.



These indicators have recently been developed by Public Health England to ease understanding of variation in the rate of deaths in older people from cardiovascular disease (CVD), cancer and respiratory disease.

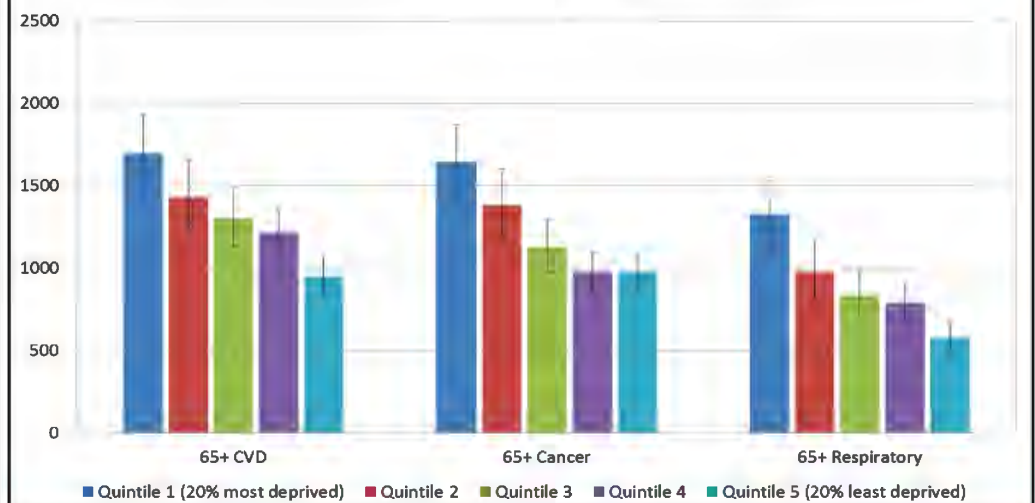
- There have been substantial reductions in the rate of mortality from CVD in Warrington (47% reduction between 2001-03 and 2014-16), however the rate of mortality in Warrington has been consistently significantly higher than England.

- The rate of mortality from cancer has reduced slightly in Warrington (5% reduction between 2001-03 and 2013-15). However, during 2014-16 there was a substantial reduction in the rate and it is now similar to England.

- The overall trend in the rate of mortality from respiratory diseases has been a downward trend (a 19% reduction between 2001-03 and 2014-16). However, the Warrington mortality rate has remained significantly higher than England.

The chart illustrates mortality rates in people aged 65+, by socio-economic deprivation quintile (IMD 2015) for CVD, cancer and respiratory diseases. The chart shows that mortality rates from all 3 causes are highest in the 20% most deprived areas in Warrington, and lowest in the 20% least deprived areas.

**Rate of deaths from Cardiovascular Disease, Cancer and Respiratory Disease among people aged 65 years and over presented by IMD 2015 quintiles, 2014 to 2016**  
Source: PCMD, 2017



## 6.1 Wider Determinants of Health – Housing

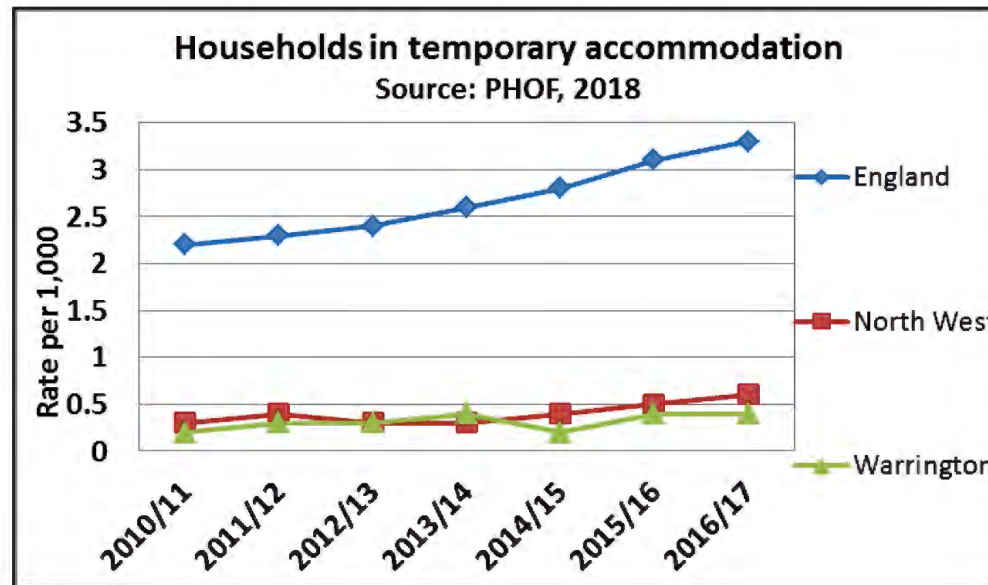
**Housing and health:** Poor housing and indoor environments cause or contribute to many preventable diseases and injuries, such as respiratory, nervous system and cardiovascular diseases and cancer ([WHO, 2016](#)). Homelessness is associated with severe poverty and is a social determinant of health. It is also associated with adverse health, education and social outcomes, particularly for children. Households that are accepted as being homeless or are in temporary accommodation can have greater public health needs than the population as a whole.

### Disabled Facilities Grant:

This is a grant from the council for a disabled person to make changes to their home, e.g. widen doors, install ramps, install stairlifts, providing a suitable heating system. During 2016/17 there were 169 homes across Warrington adapted to meet personal care needs through the use of the Disabled Facilities Grant. This was an increase from the previous year (2015/16) where 142 homes were adapted.

**Homelessness:** The number of households living in temporary accommodation awaiting a settled home is significantly low in Warrington when compared to England.

- During 2016/17 there were 40 households in temporary accommodation, a rate of 0.4 per 1,000; this was significantly lower than England (3.3 per 1,000);
- However, there has been a small increase in the number of households living in temporary accommodation over recent years except in 2014/15.



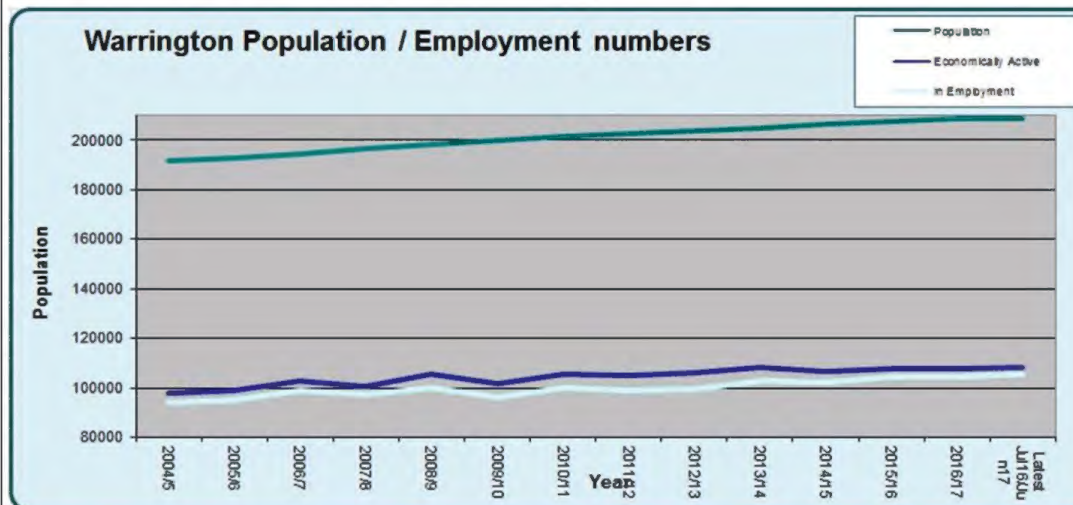
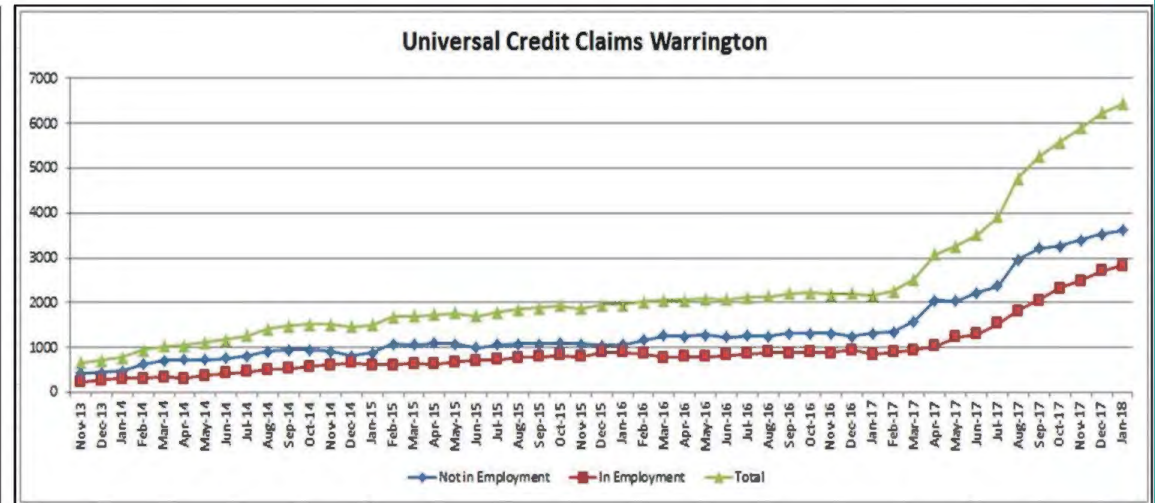
## 6.2 Wider Determinants of Health - Employment

**Employment and health:** The characteristics of work – activity, social interaction, identity and status – are proven to be beneficial for our physical and mental health. Recent research shows that people in work tend to enjoy happier and healthier lives than people who are out of work ([NHS Choices, 2014](#)).

### Benefit claimants:

Universal Credit was introduced across a small number of Job Centres in 2013, of which Warrington was one. It is being rolled out with the aim of simplifying the benefits system. The plan is that a single Universal Credit payment into a bank, building society or credit union account will replace separate payments for Jobseeker's Allowance, Housing Benefit, Working Tax Credit, Child Tax Credit, Employment and Support Allowance and Income Support.

The number of claimants in Warrington has steadily grown since 2013, as new claimant groups become eligible to apply. The intention is that the process will make it easier for people to find work, as less financial disruption will be caused by the single payment, therefore the proportion of claimants who are employed is expected to increase. In Warrington, the proportion of Universal Credit claims that are made by employed people has increased from 33.8% in November 2013 to 43.8% in January 2018.



This graph to the left shows the general increase in the population of Warrington since 2005 up to 2017. In this period, the population has increased by 8.86%, there has also been an increase of those economically active, to 11.05%. The number of people in employment has also increased at a similar level to 11.90% (Annual data is April to March, latest data available shown is Jul16-Jun17). The latest information shows the population is increasing, and in the short term, those that are economically and those in employment is maintaining.

## 6.2 Wider Determinants of Health - Employment

**Employment:** Over three quarters (77%) of people aged 16 to 64 who live in Warrington were in employment during 2016/17, this percentage was slightly higher than England (74.4%) but significantly higher than the North West (71.8%).

### **Gap in employment rate between vulnerable groups and overall employment:**

**Long-term health conditions:** as at 2016/17, the gap was 29.9 percentage points, similar to England (29.4) and the North West (29.1);

**Learning disability:** During 2016/17 the percentage point gap was 74.8 percentage points, significantly higher than England (68.7) and the North West (67.6);

**Contact with secondary mental health services:** During 2016/17 the percentage point gap was 70 percentage points, slightly higher than England (67.4) and the North West (66.8).

(A lower percentage point gap indicates lower levels of inequalities).

**Sickness absence:** It is estimated that nationally there are 140 million days lost to sickness absence every year.

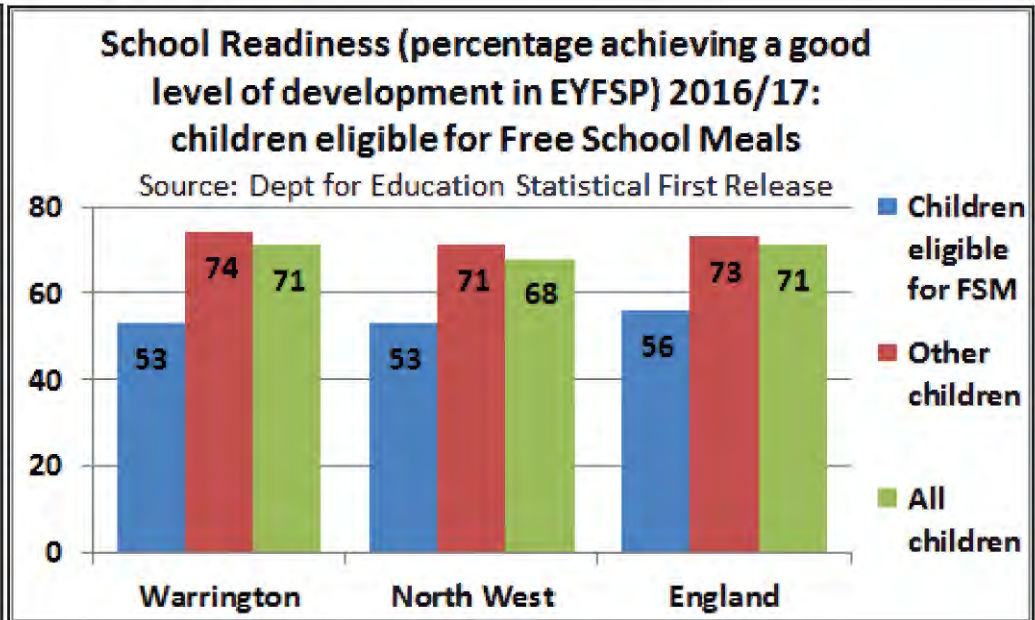
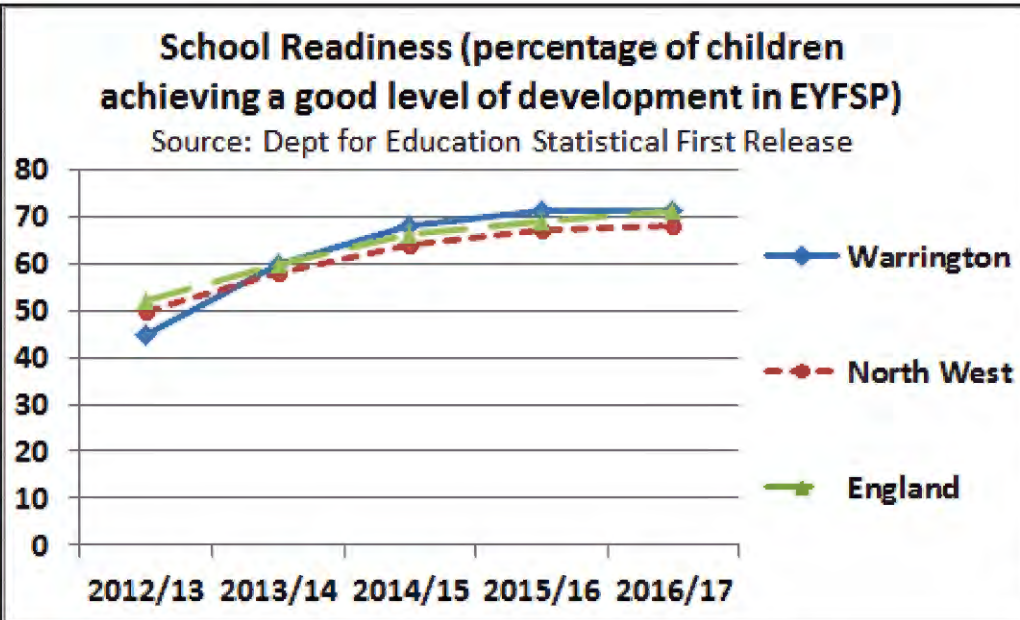
·Between 2014 and 2016, 1.7% of employees in Warrington had at least once day off in the previous week; similar when compared to the previous time period (1.7% during 2013-15). The Warrington percentage was very similar to both the North West (2%) and England (2.1%).

·Over the same time period, 0.8% of working days were lost due to sickness absence in Warrington, slightly lower than the previous time period (0.9% during 2013-15). The Warrington percentage was very similar to both the North West (1.3%) and England (1.2%).

### 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 security benefits, and is used as a proxy for socio-economic deprivation/disadvantage.

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



**Trend:** The proportion assessed as school ready has risen steadily in England, the North West and Warrington. From 2013/14, the proportion in Warrington has been similar, or slightly higher, than in England. In 2017, 71% of children in Warrington reached a 'good level of development' compared to 71% in England and 68% in the North West.

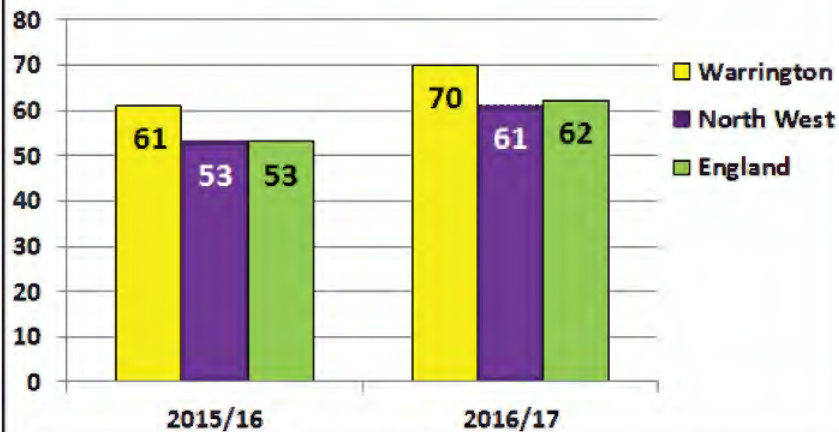
**Boys/Girls:** In 2016/17, 78% of girls and 65% of boys in Warrington were assessed as school ready, i.e. a gap of 13 percentage points. This gap is slightly lower than the North West (15%) and across England (14%).

**Free School Meals (FSM):** In Warrington in 2016/17, only 53% of children eligible for FSM were school ready compared to 74% of other children (a 21 percentage point gap). In the past, this gap has been consistently wider (worse) in Warrington than in the North West and England, although in 2015/16 and 2016/17, the gap in Warrington narrowed compared to previous years.

## 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):** The proportion of children achieving the expected level in all three subjects (reading, writing and maths) rose substantially in England, the North West and in Warrington from 2015/16 to 2016/17. In both years, Warrington was much higher than England and the North West; in 2016/17, 70% in Warrington compared to 61% in the North West and 62% in England.

**Percentage of children achieving expected level in Reading, Writing and Maths at Key Stage 2 (age 10/11),**  
Source: Dept for Education Statistical First Release



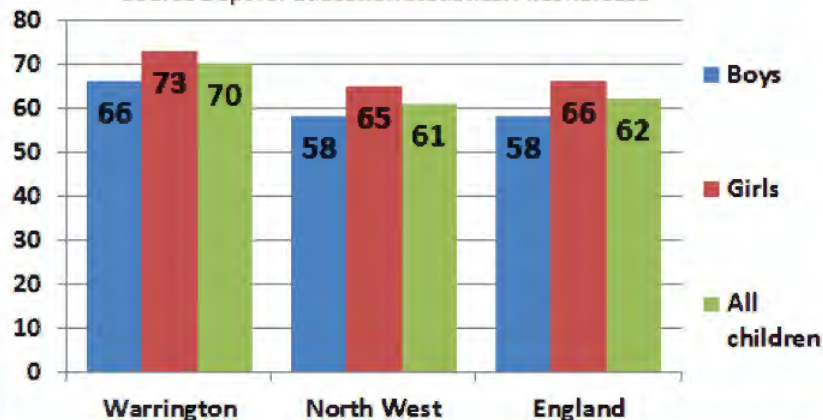
*(NB The 2016 KS2 assessments were the first to assess the new, more challenging national curriculum introduced in 2014, and therefore 2015/16 and 2016/17 results can't be compared to previous years.)*

### Free School Meals (FSM) attainment gap 2016/17:

The DfE monitors the gap in attainment between those children who are known to be eligible for FSM, and other children.

- In 2016/17 in Warrington, only 44% of children eligible for FSM achieved the expected level in Reading, Writing and Maths, similar to 43% in England and the North West.
- However, in Warrington 72% of children *not* eligible for FSM achieved the expected level, much higher than 65% in England and the North West.
- This gap of 28 percentage points in Warrington was much wider than that in the North West and England (both 22 p.p.), and is due to a higher proportion of non-FSM children in Warrington reaching the expected level.
- 10% of Warrington's Year 6 children in 2016/17 were known to be eligible for Free School Meals, much lower than 15% in England and 17% in the North West.

**Percentage of Boys/Girls/All achieving expected level in Reading, Writing and Maths at Key Stage 2 (age 10/11), 2016/17:**  
Source Dept for Education Statistical First Release



**Boys/Girls attainment gap:**  
In 2015/16 in Warrington, 64% of girls and 58% of boys achieved the expected level in reading, writing and maths (a gap of 8 percentage points) There was a similar gap in the North West and England.

**Percentage of children achieving expected level in Reading, Writing and Maths at Key Stage 2 (age 10/11), 2016/17, by Free School Meal eligibility**  
Source: Dept for Education Statistical First Release

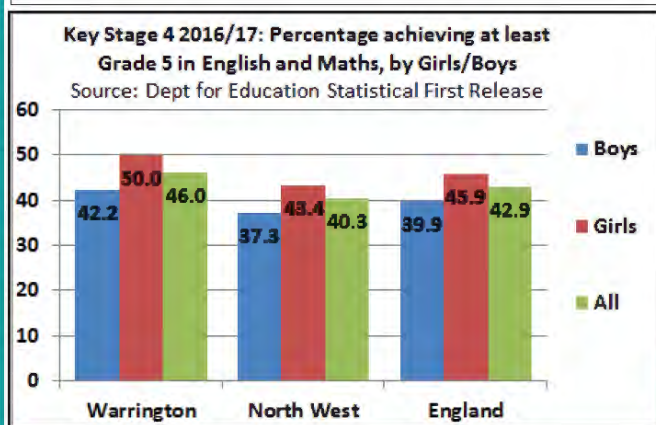


## 6.3 Wider Determinants of Health – Education – Key Stage 4 (age 15/16)

In 2017, pupils sat reformed GCSEs in English language, English literature and maths for the first time, graded on a 9-1 scale. (Previously, GCSEs were graded A\*-G). Grade 4 is considered a pass, and roughly equivalent to a Grade C. Grade 5 is considered 'a good pass'. New GCSEs in other subjects will be phased in. Performance indicators now include: Progress 8 (progress across 8 qualifications), Attainment 8 (sum of the grades of the same 8 qualifications, giving a maximum of  $8 \times 9 = 72$  points), and % of pupils achieving grade 5 or above in English and maths. Published data also include the % of pupils achieving grade 4 or above in English and maths, which is roughly similar to the 'Grade C or above in English & Maths' indicator in previous years. *More information is available at: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/676184/Secondary\\_accountability\\_measures\\_January\\_2018.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/676184/Secondary_accountability_measures_January_2018.pdf)*

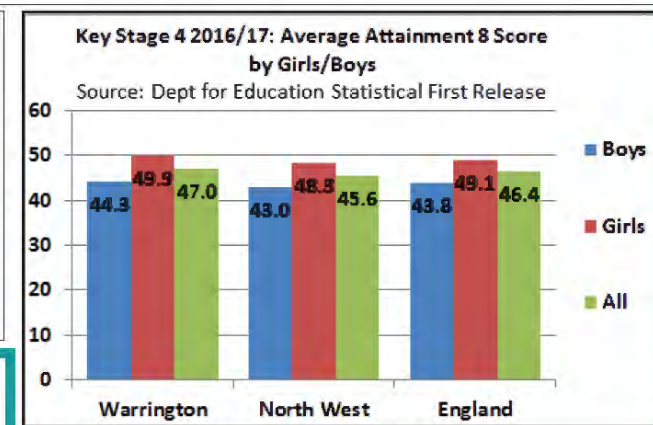
### Warrington, the North West and England (2016/17)

- **Grade 4+ in English and Maths** In Warrington 69.0% achieved at least a Grade 4 in both English and Maths, higher than 64.2% in England and 62.7% in the North West.
- **Grade 5+ in English and Maths** In Warrington, 46.0% achieved at least a Grade 5 in English and Maths, higher than 42.9% in England and 40.3% in the North West.
- **Attainment 8:** In Warrington the average Attainment 8 score per pupil was 50.0, similar to 49.4 in England and 50.1 in the North West.



### Attainment gap between girls and boys (2016/17)

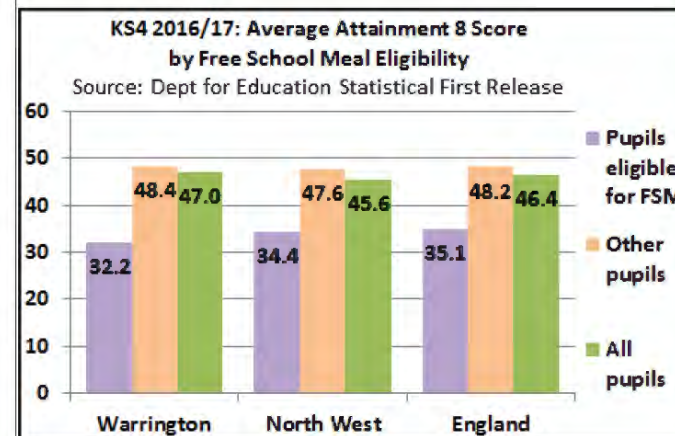
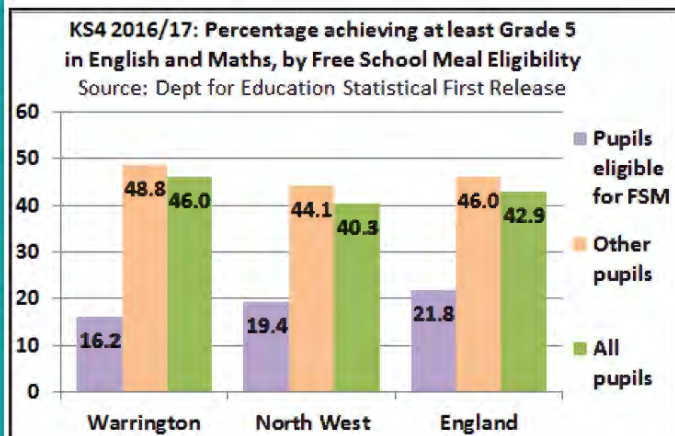
- **Grade 4+ in English and Maths** In Warrington 71.4% of girls and 66.6% of boys achieved a Grade 4+ in both English and Maths, i.e. a gap of 4.8 percentage points.
- **Grade 5+ in English and Maths** In Warrington 50.0% of girls and 42.2% of boys achieved at least a Grade 5 in both English and Maths, i.e. a gap of 7.8 p.p.
- **Attainment 8:** In Warrington, the attainment 8 average score for girls was 52.1; compared to 48.1 for boys.



### Pupils eligible for Free School Meals (2016/17):

Only 9% of Warrington pupils were eligible for FSM compared to 13% in England and 15% in the North West. Although Warrington results overall are better than England, they are worse than England for FSM pupils:

- **Grade 4+ in English and Maths** In Warrington, only 38.9% of pupils eligible for FSM achieved Grade 4 or above in both English and Maths, compared to 71.8% of other pupils, i.e. a gap of 32.9 percentage points.
- **Grade 5+ in English and Maths** In Warrington, only 16.2% of FSM pupils achieved Grade 5+ in both English and Maths, compared to 48.8% of other pupils. In England, FSM pupils fared better; 21.8% of achieved Grade 5+. The gap of 32.2 p.p. between FSM and non-FSM pupils is much wider than that in England (24.7 p.p.)
- **Attainment 8:** In Warrington, the attainment 8 score for pupils eligible for FSM was 36.7 compared to a score of 51.4 for other pupils, i.e. 14.7 points lower.



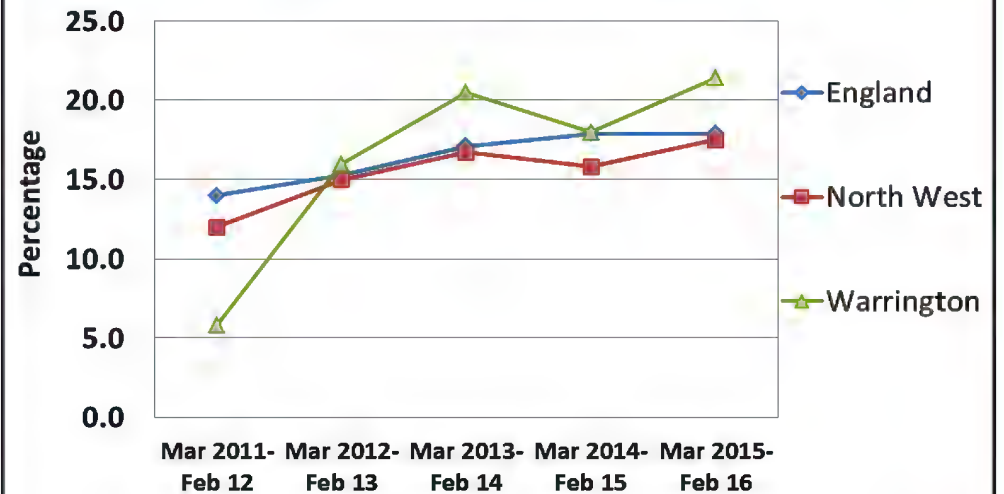
## 6.4 & 6.5 Wider Determinants of Health - 6.4 Utilisation of Outdoor Space and 6.5 Child Poverty

**Outdoor space and health:** There is strong evidence to suggest that green spaces have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage ([PHE, 2015](#)).

**Definition:** estimate of the proportion of residents in each area taking a visit to the natural environment for health or exercise purposes.

Warrington has seen a large increase in the percentage of residents visiting the natural environment for health and exercise purposes from 5.8% during 2011/12 to 20.5% during 2013/14; there was a slight reduction during 2014/15 (18.0%) but then an increase seen in 2015/16 to 21.4%.

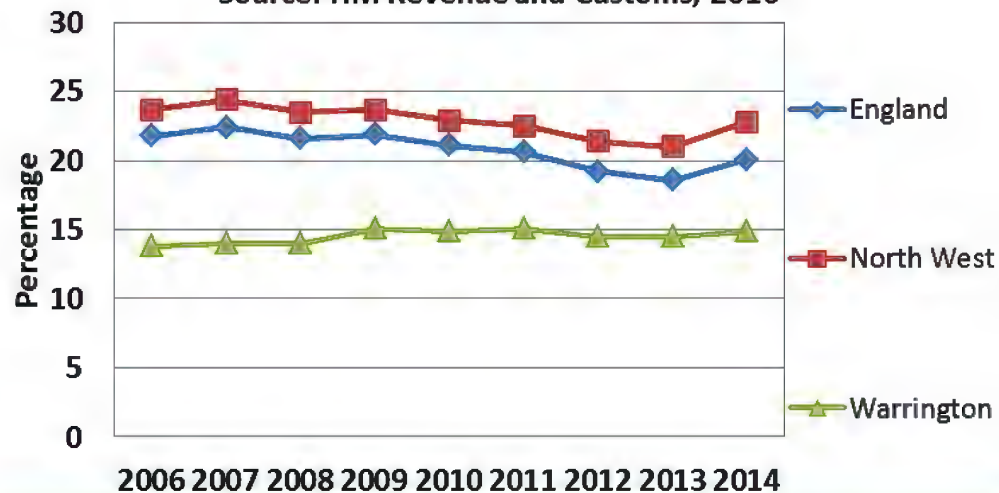
**Utilisation of outdoor space for exercise/health reasons**  
Source: Natural England, 2018



### Child poverty and health:

Evidence suggests that childhood poverty leads to premature mortality and poor health outcomes for adults. Reducing the numbers of children who experience poverty should improve these adult health outcomes and increase healthy life expectancy ([Marmot Review, 2010](#)).

**Children in poverty (under 16s)**  
Source: HM Revenue and Customs, 2016



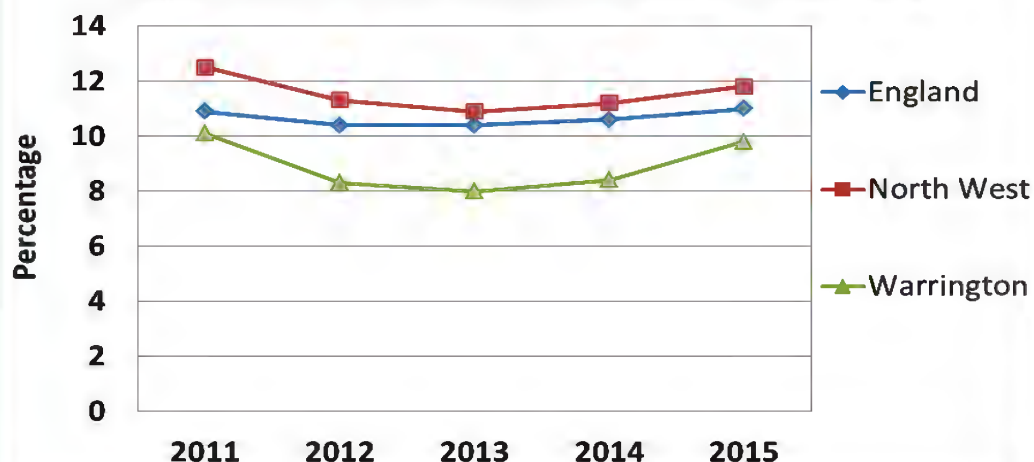
The percentage of children aged under 16 living in poverty in Warrington has remained fairly consistent during the time period presented in the chart. During 2014 there were 5,690 under 16s living in poverty in Warrington (14.9%); the percentage of children living in poverty in Warrington is significantly lower than England. Nationally and regionally there had been a reduction in the percentage of children living in poverty, an increase was seen in 2014. The latest time period shows there are 22.8% in the North West and 20.1% in England.



## 6.6 Wider Determinants of Health – Fuel Poverty

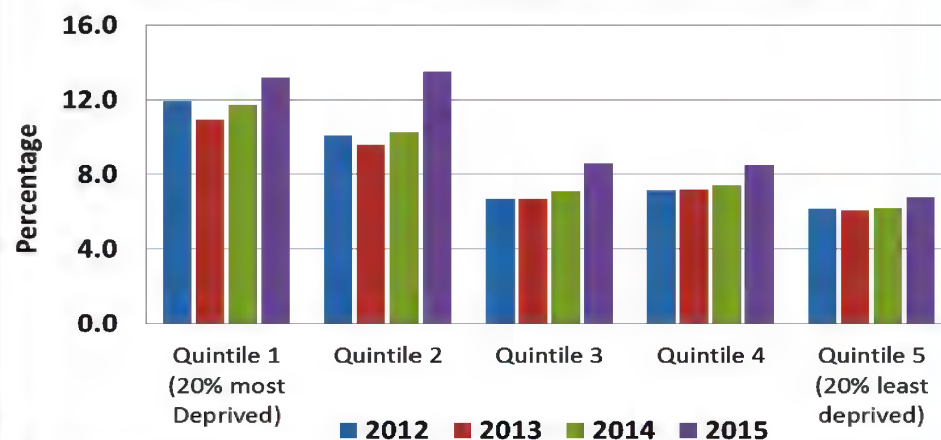
**Fuel poverty and health:** There is compelling evidence that the drivers of fuel poverty (low income, poor energy efficiency and energy prices) are strongly linked to living at low temperatures (Wilkinson et al 2001) and the recent Marmot Review Team report showed that low temperatures are strongly linked to a range of negative health outcomes ([PHE, 2015](#)).

**Percentage of households experiencing fuel poverty**  
Source: Department of Energy and Climate Change, 2018



**Percentage of households experiencing fuel poverty by deprivation quintile (IMD 2015)**

Source: Department for Business, Energy & Industrial Strategy, 2017



**Definition:** From 2011 the government introduced the low income high cost (LIHC) definition meaning a household is considered to be fuel poor if they were required to spend more than 10% of their income on fuel to maintain an adequate standard of warmth.

Latest data (2015) shows that the number of fuel poor households in England increased, from 2.38m in 2014 to 2.5m in 2015, representing approximately 11.0% of all English households. In the North West the estimated percentage of fuel poor households was 11.8%. Warrington also experienced an increase from 8.4% in 2014 to 9.8% in 2015. In 2015, Warrington had 8,541 estimated households in fuel poverty, compared with 7,246 in 2014. Examining fuel poverty by deprivation quintile highlights that fuel poor households are highest in the most deprived areas of Warrington (13.2% quintile 1, 13.5% quintile 2), twice as high as households located in the 20% least deprived areas (6.8%). Fuel poverty has increased slightly during 2015, compared to 2014, for all quintiles. Quintile 2 has had the highest increase since the previous year, making it now just slightly higher than quintile 1 which has, until now, had the highest fuel poverty of all quintiles.

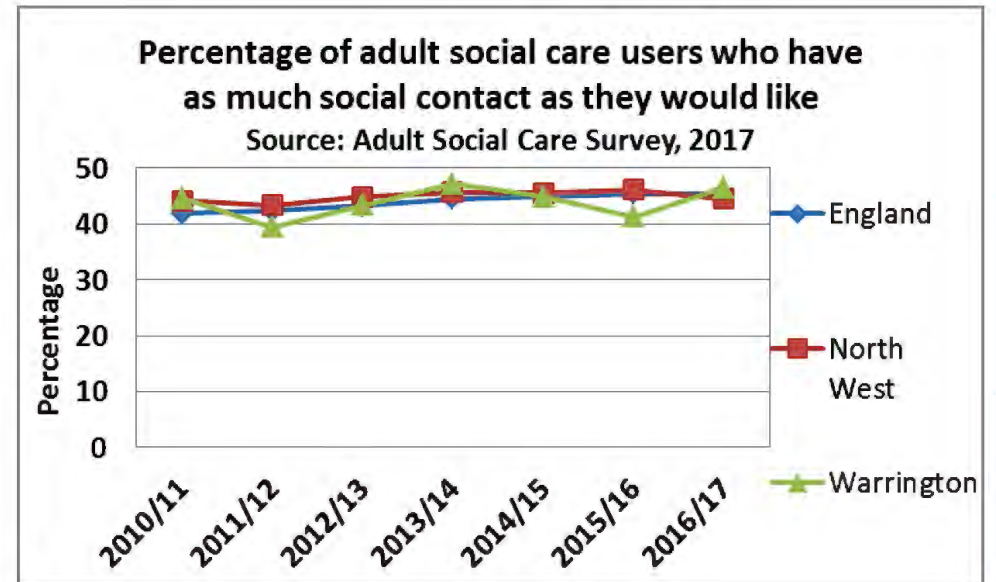
The Home Energy Conservation Officer developed and implemented the use of innovative low carbon technologies throughout the borough and continues to be involved in an education programme developed by the Council, delivering energy efficiency and climate change messages to local school children and undertakes a significant number of talks, surgeries and roadshows throughout the Borough to assist residents locally by maximising income.

## 6.7 Wider Determinants of Health - Social Contact (Adult Social Care Users)

**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 ([PHE, 2015](#)).

**Definition:** The percentage of respondents to the Adult Social Care Users Survey 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 I want with people I like".

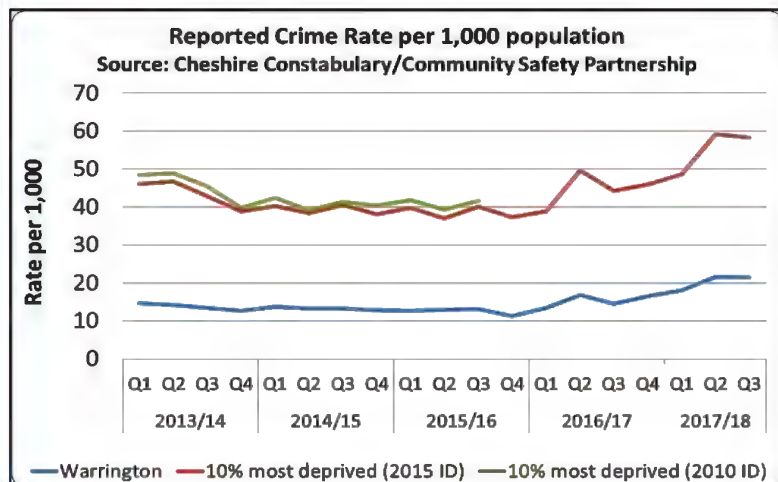
Almost half (46.5%) of adult social care users have as much social contact as they would like (2016/17), this is an increase when compared to the previous year (41.3%). Performance in Warrington is slightly higher than England (45.4%) and the North West (44.5%).



## 6.8 Wider Determinants of Health - Crime and Anti-Social Behaviour

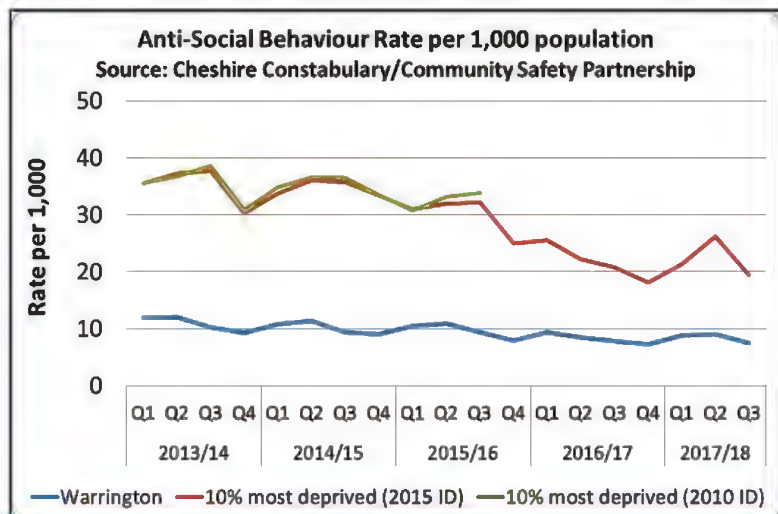
**Crime and health:** Tackling a person's offending behaviour is often intrinsically linked to their physical and mental health, and in particular any substance misuse issues. Offenders often also experience significant health inequalities that will need to be identified, examined and addressed locally 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).

**Sources of data:** Data and information comes from Warrington's 2018 Community Safety Assessment and from Public Health England's Public Health Outcomes Framework.



**Crime:** In Warrington, there were 17,391 recorded crimes in 2017. This is equivalent to a rate of 83.7 crimes per 1,000 population, slightly higher than the force rate of 78.8. Crime has increased by 35% since the previous year (12,903); however, it should be noted that this rise is attributed to improved compliance with recording standards by Cheshire Constabulary.

The reported crime rate in the 10% most deprived areas of Warrington is over 2.5 times higher than the crime rate for the whole of Warrington. The crime rate in the 10% most deprived areas has seen larger reductions than Warrington's overall rate between 2013 and 2015, and continued to reduce in 2016 against an increase seen in Warrington as a whole. As changes in crime recording were introduced, Warrington saw its largest increase of 39% in its crime rate, the 10% most deprived areas of Warrington saw a 25% rise.



**Anti-social behaviour (ASB):** ASB covers a wide number of issues from noise, parking, fly tipping, nuisance and aggressive behaviour, and it is a high priority for residents. In 2017, Warrington had a rate of 32.6 ASB incidents per 1,000 population, or 6,778 incidents. ASB has been decreasing over the years, intensified by incidents now being recorded as crimes at first point of contact, due to changes to crime recording in 2016. Previous ASB incidents may now be recorded as an offence such as Public Order, or Violence without Injury.

The 10% most deprived areas of Warrington have much higher rates of ASB than Warrington as a whole, approximately 2.5 times higher. Since 2014, Warrington's 10% most deprived areas have seen slightly higher reductions than that seen in Warrington overall. Since 2016, when the changes to crime recording were introduced, the 10% most deprived areas had a 34% reduction in the ASB rate compared to an 18% reduction in Warrington.

## 6.8 Wider Determinants of Health - Crime and Anti-Social Behaviour – Violent Crime

**Violence against the person:** In 2016/17, there were 3,740 violence offences in Warrington, an increase of 32.8% when compared to the previous year. This is equivalent to a rate of 18.0 violence offences per 1,000 population and lower than the national rate of 20.0. (Source: PHE/Home Office)

Violence offences have increased to the highest operating level during the previous 5 years both locally and force wide, following changes in crime recording and improved compliance with recording standards. However it should be noted that Warrington is around average for violence and sexual offences when compared to its most similar groups (groups of police force areas that have been found to be the most similar to each other based on an analysis of demographic, social and economic characteristics which relate to crime).

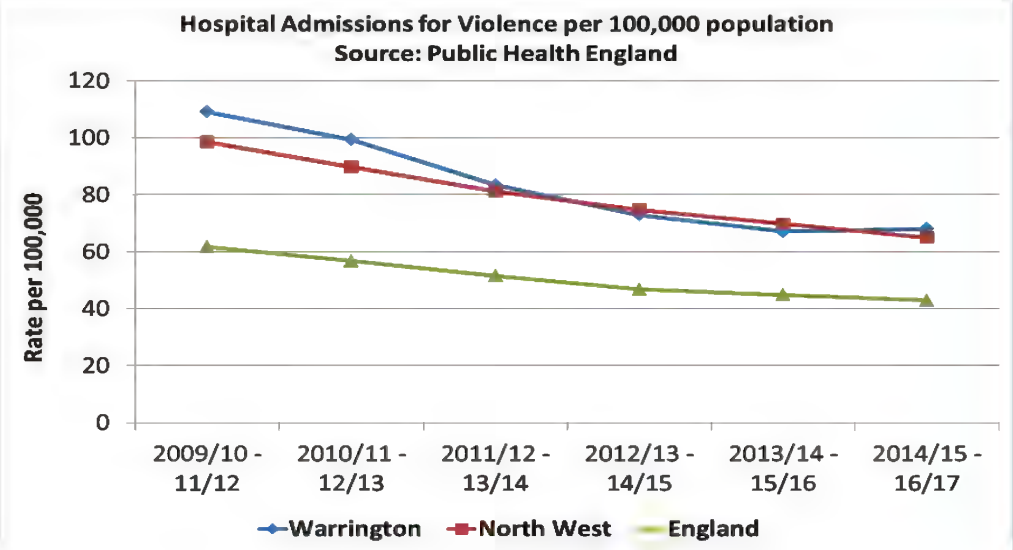
Assault with injury is the highest crime type affected by alcohol (54%). As expected, violence offences are linked to the highest proportion of crime committed within Warrington during the weekend night time economy.

**Sexual offences:** There has been a significant increase in the number of sexual offences reported to police in Warrington over recent years, 140 offences were recorded during 2010/11 and this increased to 328 during 2016/17. However, the rate of offences in Warrington was slightly lower (1.6 per 1,000) than England (1.9). (Source: PHE)

It should be noted that action taken by police forces to improve their compliance with the National Crime Recording Standard is likely to have resulted in the increase in the number of offences recorded.

In 2017, the Rape and Sexual Abuse Support Centre received 216 Warrington referrals (204 last year). Of these, 86% were females and 14% were males.

**Hospital admissions for violence:** On average there are around 140 hospital admissions each year in Warrington due to violence. Warrington has had significantly higher admission rates than England for a number of years. However, the trend in admissions has been reducing, in line with the North West and England, but with larger reductions seen in Warrington. Latest data for the period 2014/15 – 16/17 shows that Warrington had 68.0 admissions per 100,000 population, compared to England's rate of 42.9. There has been a slight increase in Warrington since the last reporting period (67.1). (Source: PHE)



**Domestic abuse:** In 2017, Warrington had a domestic abuse rate of 8.3 per 1,000 population (1,720 incidents), higher than the force average of 6.0.

In the period April to December 2017: The repeat victim rate was 20% (18% in the previous year), potentially suggesting that victims feel comfortable in returning back to services.

## Glossary

**Alcohol related conditions:** Alcohol causes, or can contribute to the development of, many health conditions. Based on published evidence, researchers have been able to estimate what proportion of a health condition is alcohol-related.

**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.

**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.

**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.

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

**Childhood Dependency Ratio (CDR):** The childhood dependency ratio is a measure showing the number of dependents aged 0-14 compared to the working age population (aged 15-64).

**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.

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

**Dependency Ratio (DR):** A measure showing the number of dependents (aged 0-14 and 65 and over) compared to the working age population (aged 15-64).

**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 2015).

**Directly Standardised Rate (DSR):** Usually expressed as the number of death per 100,000 population, this method of calculating a death rates 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.

**Early diagnosis of cancer:** Cases diagnosed at stage 1 or 2

**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.

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

**GP Deprivation Quintile:** GP Practices are grouped into five groups according to the weighted deprivation scores of where their patients live (IMD 2015).

**Health & Social Care Information Centre (HSCIS):** The national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care. Now known as **NHS Digital**.

## Glossary

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

**Hepatitis B:** An infection of the liver caused by a virus that's spread through blood and body fluids.

**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.

**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.

**Life Expectancy (LE) at birth:** An estimate of the average number of years a new-born baby would live for if s/he experienced the age-specific mortality rates of a particular area throughout his or her life.

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

**Local Alcohol Profiles for England (LAPE):** Published on an annual basis by Public Health England, 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.

**Low Birth Weight (LBW):** Low Birth Weight relates to babies born weighing less than 2500 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 and they 'nest' within ward boundaries.

**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.

**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.

**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 to assess their risk of developing one of the conditions, and to provide support and advice to help reduce or manage that risk.

**Old Age Dependency Ratio (OADR):** A measure showing the number of dependents aged 65+ compared to the working age population (aged 15-64).

**Premature death:** Deaths amongst people aged under 75 years.

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

**Primary Care Mortality Database (PCMD):** Holds data on deaths of residents as provided at the time of registration of the death, along with additional GP details, geographical information and coroner details where applicable.

**Public Health England (PHE):** An executive agency of the Department of Health, established in 2013 with an aim to protect and improve the nation's health and wellbeing and to reduce inequalities.

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

## Glossary

**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.

**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.

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

**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, Syphilis and HIV.

**Sickle Cell Anaemia:** An inherited condition that affects the red blood cells.

**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.

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

**Thalassaemia:** The name for a group of inherited conditions that affect a substance in the blood called haemoglobin.

**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. New 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.

**Urinary Tract Infection (UTI):** A UTI develops when part of the urinary tract becomes infected, usually by bacteria. UTIs are common, particularly among women, and can cause discomfort and pain.

**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.

<http://www.warrington.gov.uk/jsna>

**Public Health Profiles:** developed by Public Health England 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.

<http://fingertips.phe.org.uk/>

**NHS Digital:** publishes over a thousand indicators covering quality through to population health and outcomes of treatments.

<http://content.digital.nhs.uk/>

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

<http://www.ons.gov.uk/ons/index.html>

**Nomis:** contains official labour market statistics

<https://www.nomisweb.co.uk/>



## List of Data Sources

**Adult Social Care Survey** - used for feedback from users regarding amount of social contact they have

**Bridgewater NHS Trust** - used for breastfeeding continuation data

**Cheshire Constabulary/Community Safety Partnership** - used for crime data

**Department for Communities and Local Government** - used for Indices of Deprivation 2015

**Department for Education** - used for school readiness data

**Department of Energy and Climate Change** - used for data on fuel poverty

**HM Revenue & Customs** - used for data on children and poverty

**HSCIC (now known as NHS Digital)** (<http://content.digital.nhs.uk/>) - used for some mortality data and Quality Outcomes Framework (QOF)

**National Child Measurement Programme (NCMP)** - used for data on children's weight

**Natural England** - used for data on outdoor space

**Office for National Statistics (ONS)** (<http://www.ons.gov.uk/ons/index.html>) - used for population estimates and projections, teenage conceptions, life expectancy, excess winter deaths, and NOMIS (for UK labour market statistics - <https://www.nomisweb.co.uk/>)

**Primary Care Mortality Database (PCMD)** - used for local mortality data analysis

**Public Health England** (<http://fingertips.phe.org.uk/>) – used for various performance indicators from the Public Health Outcomes Framework (PHOF), Local Alcohol Profiles, Child Health Profiles, Local Tobacco Control Profiles, Older People Profiles, End of Life Profiles, National Cancer Registration and Analysis Service (NCRAS), and Sexual Health and Reproductive Profiles

**Warrington Borough Council Housing Services** – used for housing data

**Warrington Hospital** – used for breastfeeding initiation and smoking at time of delivery data

**Warrington Joint Strategic Needs Assessment (JSNA)** (<http://www.warrington.gov.uk/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.

