

Warwickshire Joint Strategic Needs Assessment 2013/2014



FOREWORD

Our Promise

This short report is the second JSNA Annual Update promised to you as part of a cycle of two annual updates produced between the three-yearly reviews of the JSNA priorities. It follows the same format as the annual update produced in May 2013 and provides an overview of the key achievements of our JSNA during the previous year. The briefing also updates the important contextual information which impacts on the overall need for health and social care in Warwickshire, specifically on changes in demography, lifestyle and behaviours. It also provides a revised picture with regard to the 5 theme areas and 10 priority topics identified in the 2012 JSNA Review.

What are the key messages?

- Our needs reflect a changing demography with higher birth rates and all of us living longer.
- The need for health and care services continues to grow year on year particularly among older residents.
- The economic situation, although improving, continues to impact on our population, especially the most vulnerable in society.
- Our lifestyle choices give cause for concern, particularly with regard to the impact on children and young people.

Why is this important?

- This Needs Statement must underpin and direct the commissioning plans for Health and Social Care organisations.
- The profile of continuing and emerging inequalities needs to be tackled.
- It begins to paint a picture of what Warwickshire's society will look like in the future as the population continues to grow and age.
- The impact on a wide range of other services from transport to community safety should be considered.
- A healthy, robust population is required to underpin successful economic growth and prosperity in Warwickshire in the future.

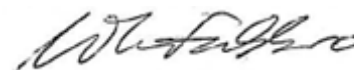
What have we achieved in the last year?

- Development of a process to prioritise & approve projects and continued work to raise the profile of, and engagement with, the JSNA.
- Delivery of specific projects and needs assessments including undertaking the 'Living in Warwickshire Survey' and 'Understanding Child Sexual Exploitation'.
- Integration of the Warwickshire Health and Wellbeing Board Blog and JSNA website.
- Carried out a review of how people have used the JSNA to inform strategy development and commissioning priorities in the County Council, Clinical Commissioning Groups and District/Borough Councils. Initial feedback shows it is being actively used by to prioritise and underpin commissioning decisions.

We commend this report to you and look forward to working jointly to address the needs identified. We also welcome your contributions to the 2015 JSNA Review which is now underway.

A handwritten signature in black ink, appearing to read 'John Linn'.

Director of Public Health

A handwritten signature in black ink, appearing to read 'Wendy Fabbro'.

Wendy Fabbro, Strategic Director - People Group

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1 INTRODUCTION

1.1 PURPOSE

This document is intended to provide commissioners and other parties interested in Warwickshire's health and wellbeing with:

- a) A summary of Warwickshire's approach to the Joint Strategic Needs Assessment (JSNA).
- b) An update on the latest information coming from Warwickshire's JSNA.
- c) Key messages from that information that our target audience should hear.

It is intended to supplement the other products produced as part of Warwickshire's JSNA. These can be found on the Warwickshire Health and Wellbeing website at: <http://hwb.warwickshire.gov.uk> and are described further in [Warwickshire's Approach to the JSNA](#).

1.2 BACKGROUND

Warwickshire's JSNA is currently reviewed on a three year cycle with an *Annual Update* published in May or June on the intervening two years. This document is the second Annual

Update since Warwickshire's 2011 JSNA Review, published in 2012.¹ The first Annual Update was published in 2013.²

The publication of this document forms the first stage in the 2014 JSNA Review and aligns with the publication of Warwickshire's Joint Health and Wellbeing Strategy 2014 – 2017 (JHWS).³

It is currently the intention to publish the JSNA 2014 Review in March 2015.

1.3 STRUCTURE OF THE UPDATE

This update consists of two elements.

1.3.1 Document

The first is the remainder of this document, composed of the following three sections:

Warwickshire's Approach to the JSNA. This section describes the context and history to the JSNA in Warwickshire as well as the current approach including its governance, products and the timeframes for their delivery. This section may be of interest to those unfamiliar with Warwickshire's JSNA or who want to learn more about how it is produced. Commissioners and those

¹ The 2011 Review was published in March 2012 and can be found here: [Warwickshire JSNA 2011 Review](#).

² The 2012 Annual Update was published in May 2013 and can be found here: [Warwickshire JSNA 2012 Annual Update](#).

³ The Interim JHWS can be found here: [Interim JHWS](#)

readers who just want to know the key messages from the JSNA may wish to go directly to the relevant sections below.

Warwickshire People and Place: Key Messages for All. This section provides the key messages from the JSNA that are applicable to all commissioners and interested parties. They have been selected from the [Observatory's 2013/14 Quality of Life Report](#) as the underlying contextual evidence base for the JSNA. These messages relate to some of the key sociodeterminants of health and wellbeing. This section aligns with the menu pages from the JSNA website of the same name.⁴

Key Topic Messages. The final section of this update contains key messages from the JSNA that are organised by the five themes and ten topics from the 2011 Review. The messages are targeted at those commissioners and parties who work or have an interest in particular areas but may be of interest to a wider audience. Each topic contains key messages that we think people need to hear, a summary of what the available data is telling us and quotes or case study findings, which you will see in green boxes. The components of this section align with the menu pages of the JSNA website, named as each of the five themes.

1.3.2 Updated Interactive Mapping Reports

The second element of this update consists of new Local Information System (LIS) reports. There is a report for each of the ten 2011 Review topics, with the inclusion of new data,

⁴ [Warwickshire People and Place](#)

where possible. These reports can all be found on the Warwickshire Health & Wellbeing website, under their relevant topic. Weblinks to them are provided below:

Children & Young People

[Educational Attainment](#)

[Looked after Children](#)

Lifestyle

[Lifestyle Factors Affecting Health](#)

Vulnerable Communities

[Reducing Health Inequalities](#)

[Disability](#)

[Safeguarding](#)

Ill-Health

[Long-Term Conditions](#)

[Mental Wellbeing](#)

Old Age

[Dementia](#)

[Ageing & Frailty](#)

2 WARWICKSHIRE'S APPROACH TO THE JSNA

2.1 HISTORICAL DEVELOPMENT

2.1.1 Original Production (2007-2009)

The Local Government and Public Involvement in Health Act (2007) placed a duty on upper tier local authorities and PCTs to undertake a JSNA. In Warwickshire, work on the original JSNA started in 2007 and was completed in April 2009. It involved the development of the Warwickshire JSNA Steering Group and produced two reports:

- The first was a detailed technical statistical **Foundation Report** to set the context for health and wellbeing trends in Warwickshire, against a number of key client groups. This work was led and carried out by the Warwickshire Observatory.
- The second report was the **Needs Assessment**, led by external Consultants.⁵

The development of the JSNA culminated in a workshop for key stakeholders to consider the findings from the report and provided the learning for future iterations.

⁵ The contract for this element of the work was awarded to Tribal Consulting and was completed in spring 2009.

2.1.2 Learning and Development (2010-2011)

In revising the JSNA process from 2010, consultation activity provided suggestions for areas to include and presentational ideas to help target the JSNA to a wider audience.

During early 2010, Warwickshire was also invited to join a national study carried out with a small number of areas across the country, evaluating the first round of JSNAs and how they had been used by commissioners in decision making.

This identified a number of useful points to help evolve the JSNA further. They included:

- The recommendation for the **development of a Local Information System (LIS)** to provide better access to data and allow users to 'self-serve' themselves information directly.
- Recognition of the need to **ensure that JSNAs were being explicitly used in commissioning and decommissioning decision making** by raising awareness and making them more useful to users

These points were pivotal in the changing nature of Warwickshire's JSNA during its 2011 review. In 2012, Warwickshire released its updated JSNA in a dramatically different format; incorporating the learning from the previous three years.

2.2 THE JSNA FROM 2012

2.2.1 The Local Vision

The purpose of the Warwickshire JSNA is **to provide a consensus view of the current and future health and wellbeing needs and inequalities of the local population.**

By doing so, the Warwickshire JSNA will enable the local commissioning of services to be built around need, outcomes, engagement and consultation.

The JSNA will help to:

- Define achievable improvements in health and wellbeing outcomes for the local community;
- Target services and resources where there is most need;
- Support health and local authority commissioners;
- Deliver better health and wellbeing outcomes for the local community;
- Underpin the choice of local outcomes and targets.

Importantly, the **Warwickshire JSNA is not an end in it itself, rather a framework of tools that are produced to inform commissioning.**

2.2.2 Governance Arrangements

The JSNA is a statutory requirement.⁶ In Warwickshire prior to 2012, it had been jointly led by the Director of Public Health and the Strategic Director for People Group within Warwickshire County Council. Today, the JSNA is produced in partnership across Health and Social Care in Warwickshire, although the strategic direction currently remains with the Director of Public Health and the Strategic Director for People Group. The organisations involved in Warwickshire's JSNA are outlined below and more detail can be found here: [Structure and Local Governance Arrangements](#).

2.2.3 Health & Wellbeing Board (HWB)

The HWB is statutorily responsible for producing the JSNA and developing a JHWS,⁷ based on the assessment of need outlined in it. Warwickshire has had a 'shadow' HWB since May 2011 and its 'formal' HWB was formed in April 2013. More information on the HWB can be found here: [Warwickshire Health and Wellbeing Board](#) and records of its meetings here: [HWB Meetings](#).

⁶ This statutory requirement was introduced by The [Local Government and Public Involvement in Health Act](#) (2007): Section 116 (as amended by The [Health and Social Care Act](#) (2012): Section 192) and section 116A (as inserted by The [Health and Social Care Act](#) (2012): Section 193).

⁷ Warwickshire's Health & Wellbeing Board has produced an Interim JHWS, which can be found here: [Interim JHWS](#)

2.2.4 JSNA Strategic Group

The Strategic Group has responsibility for ensuring that the JSNA is embedded in local decision making and approves significant JSNA products, such as this Annual Update. The group consists of the Director of Public Health, the Strategic Director of People Group and the Head of Strategic Commissioning, from People Group in Warwickshire County Council. The group meet on an ad-hoc basis and feed directly into the HWB.

2.2.5 JSNA Commissioning Group

The JSNA Commissioning Group is responsible for the delivery of the JSNA and for the setting of current and future editorial priorities. The group provides the link between the Strategic Group and the JSNA Working Group.

This group meet every two months and its members include a wide range of partners, and representatives from health, local authorities and other agencies. Details of the Commissioning Group’s meetings can be found here: [Commissioning Group Meetings](#).

2.2.6 JSNA Working Group

The JSNA Commissioning Group is supported by the JSNA Working Group. The Working Group leads in the production and of Warwickshire’s JSNA and its components.

The group coordinates small project teams who meet on a an ad-hoc basis and its membership includes research, intelligence, consultation and commissioning representatives covering a wide range of partners as required and subject to commissioning priorities.

2.3 THE STRUCTURE OF WARWICKSHIRE’S JSNA

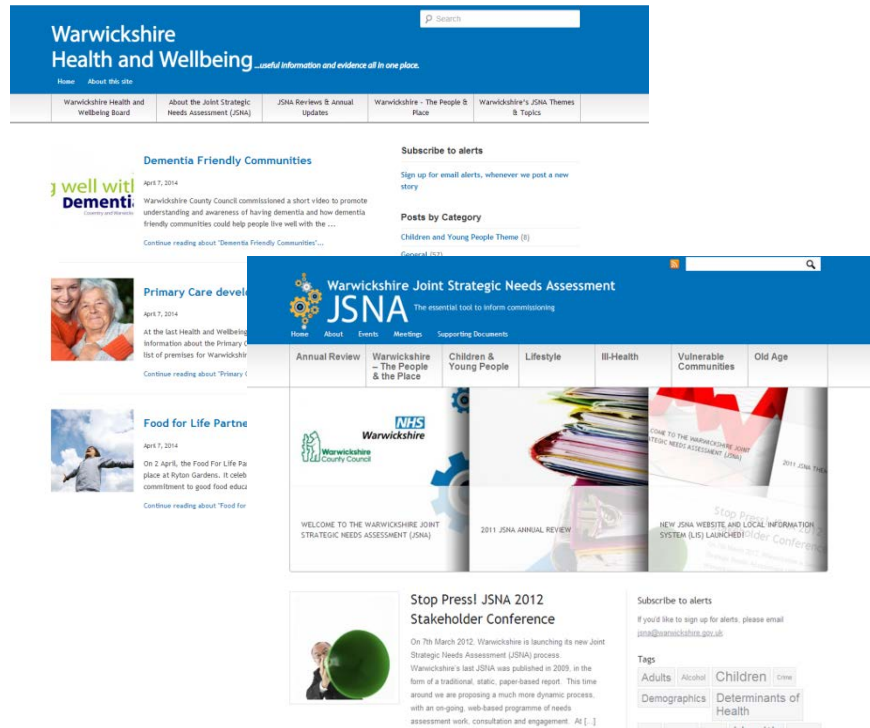
Warwickshire's JSNA has three key elements:



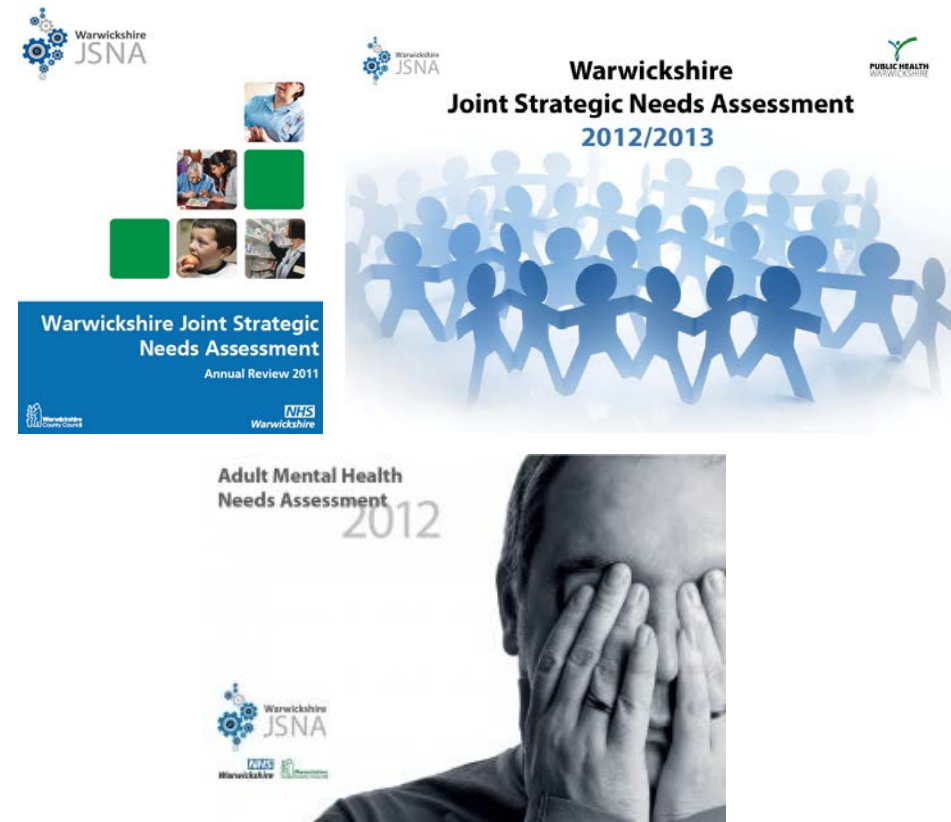
2.3.1 The Website

All of the products produced as a part of Warwickshire’s JSNA are hosted on the JSNA section of the new Warwickshire Health & Wellbeing website, which can be found at: <http://hwb.warwickshire.gov.uk/>.

We have been working on integrating the former Health & Wellbeing Board blog and JSNA web content to bring together all of Warwickshire’s information and intelligence on health and wellbeing together in a single place online.



of need address prevalence, demand and supply and consider both quantitative and qualitative data⁸. The qualitative data includes finding from formal consultations and findings from surveys and co-production forums, such as the Transformation Assembly.



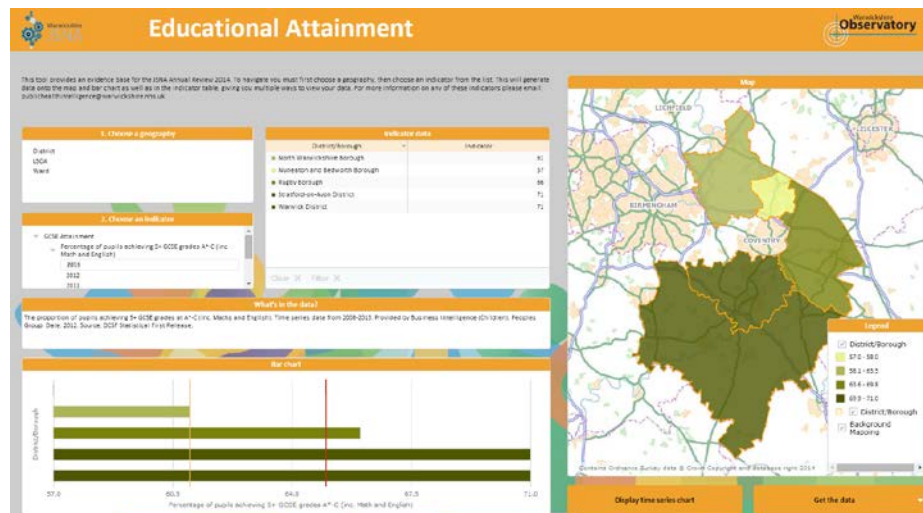
2.3.2 Reports & Specific Needs Assessments.

The JSNA has a programme of work and produces a number of documents or products on an on-going basis; this Annual Update is one such product. These include the Annual Updates, periodic Reviews and specific assessments of need. These assessments

⁸ The data is provided by local experts/specialists, with co-ordination and analysis provided by the JSNA Working Group or specific project teams. The specialists help write and provide the expertise to interpret and interrogate the data to inform users.

2.3.3 Local Information System (LIS)

This is all underpinned by a Local Information System providing access to the library of data and analysis above and the growing and more detailed evidence base⁹.



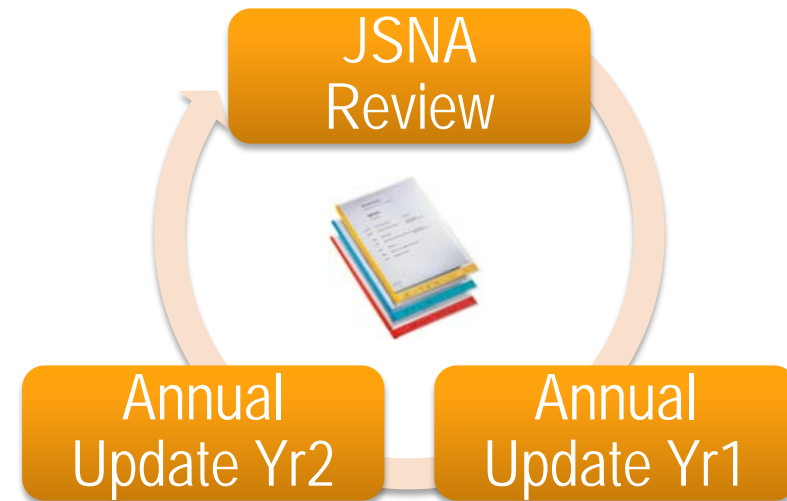
There is a local element to the LIS but, in addition, there are a number of national reports and data sets which the website will hold and also provide access to.

2.3.4 Timeframes for production

Much of the work for the JSNA is timed to fit the cycles of commissioning that it aims to inform. Thus, individual pieces of

⁹ Much of this functionality is still in development; individual LIS reports can be accessed through the JSNA website, by relevant topic.

work or needs assessments will be completed on an ad-hoc basis, in line with commissioners' requirements.



However, currently the JSNA produces a Review on every third year and an Annual Update in the two intervening years. Only one Review has been completed to date, in 2011-12. This set the themes and topics reflected in the structure of this document and the JSNA website, as well as informing Warwickshire's first, and interim, Health and Wellbeing Strategy (JHWS).¹⁰

This document is the Year 2 Annual Update which will be followed by a second Review due to be carried out later in 2014-15. This full review of Warwickshire's JSNA priority themes and topics will be used by the HWB to inform the development of its

¹⁰ The Interim JHWS can be found here: [Interim JHWS](#).

new JHWS. A detailed timetable of this process can be found on page 12.

2.4 WORK IN 2013-14

During 2013-14, work on the JSNA has built upon the structures and governance that were put in place last year. The JSNA Commissioning Board is now well established and has provided considerable input and direction to the identification of suitable projects and the development of a detailed work programme.

Substantial work has gone into trying to raise the profile of, and engagement with, the JSNA with the relevant audiences. The team have continued to attend and present to numerous meetings/forums to promote our work on the JSNA¹¹. Details of these events and future ones can be found here: [JSNA Events](#)

In addition, a number of JSNA programme management tools have been developed and brought into use to better manage the flow of projects and work conducted for Warwickshire's JSNA in the future. The JSNA Commissioning Group now routinely uses a work approval process and prioritisation matrix when deciding on which pieces of Needs Assessment activity to undertake. These and more information about how Warwickshire's JSNA works can be found here: [How Warwickshire's JSNA Works](#).

¹¹ Including: Presentations to District/Borough Council committees, local partnership groups, CCG Governing Body & Executive Groups, Acute Trust Equality & Diversity Groups and County Council Community Forums.

Finally, there have also been a number of discrete and specific needs assessments and projects completed in 2013-14, further details of which can be found at the links below:

[Understanding Child Sexual Exploitation](#)

[Autism Spectrum Disorder Needs Assessment](#)

[Revised Warwickshire Children and Mental Health Services Needs Assessment](#)

[Substance Misuse among Young People in Warwickshire](#)

2.4.1 Living in Warwickshire Survey

As part of our previous work on the JSNA, it was widely acknowledged that a lack of robust intelligence existed on the lifestyle characteristics of the local population and the perception of residents with regard to local public services. To address this gap in our knowledge, the Health & Wellbeing Board agreed to sponsor a large scale survey of local people which focussed on issues around 'Living in Warwickshire'. The aim of the survey was to capture perceptions type data about life in Warwickshire, use and satisfaction with public services, and also health and lifestyle data and intelligence.

During Autumn 2013, 25,000 surveys were sent out to a random stratified sample of households across Warwickshire. By the time of the closing date, 7,617 completed surveys were returned, resulting in a response rate of 30%. This was over 50% higher than our target response of 5,000 surveys.

Key headline findings and implications from the research are presented within this update and more detailed topic-based analyses from the research will be published in due course.

2.4.2 JSNA District & Borough/Clinical Commissioning Group (CCG) Analysis

In order to supplement last year's JSNA Annual Update, further analysis was carried out at a District/Borough level to support the work of the local District and Borough Councils and Clinical Commissioning Groups (CCGs). These were presented in the form of individual reports which outlined district/borough data and highlighted the key issues for each corresponding area.

Work on the JSNA is also part of the Public Health 'Core Offer' to CCGs. This includes analysis which CCGs can use to better inform their commissioning plans and local decision-making.

2.4.3 District/Borough Progress with the JSNA

In December 2013, a report was taken to the County Council Overview & Scrutiny Committee. This provided an update on our work as part of the JSNA and included information on how the County and District/Borough Councils have used the JSNA in their work. We are looking to ensure overview and scrutiny is now routinely incorporated into the JSNA process.

2.5 FUTURE INTENTIONS

2013/14 represented a year of significant change for health and social care with the formal introduction of the HWB, the move of Public Health from the NHS into local authorities, the abolition of Primary Care Trusts (PCTs), the formal arrival of the Clinical Commissioning Groups and the introduction of Healthwatch. This has undoubtedly had an impact both directly on the JSNA and more importantly, the services the JSNA informs.

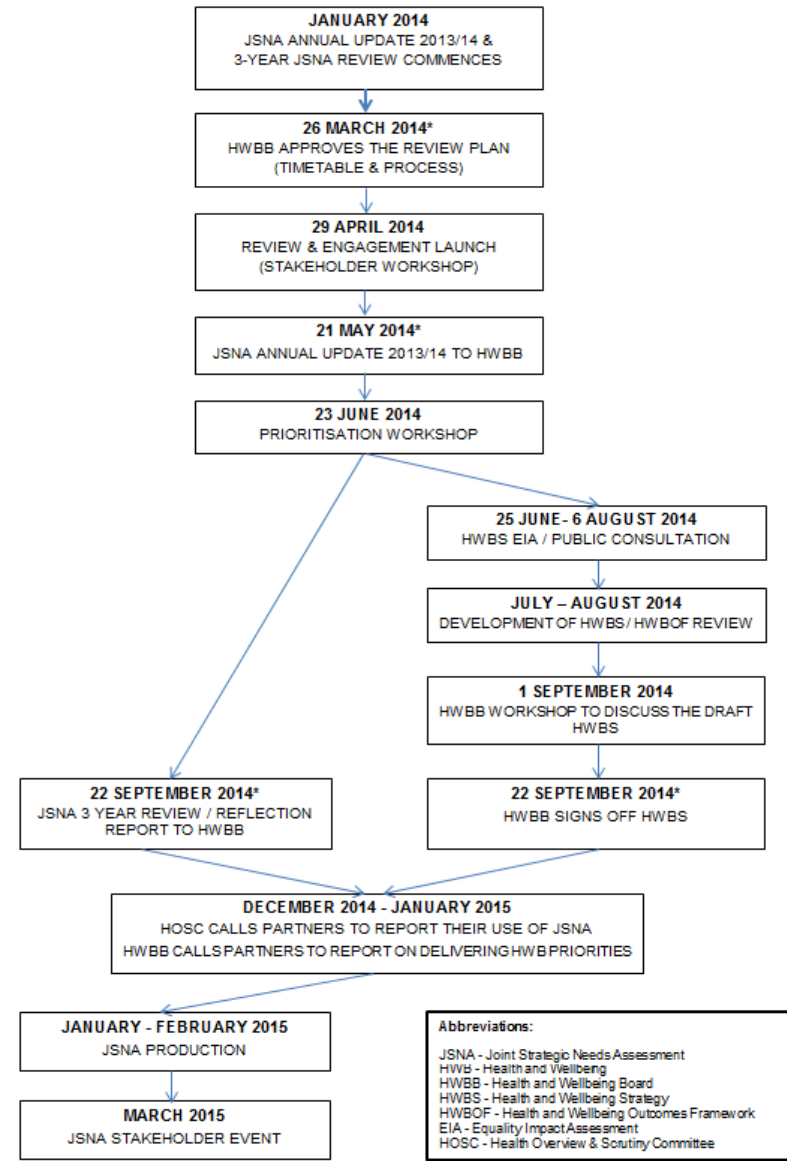
Whilst these new working arrangements have now settled down, we aim to ensure that during 2014/15, **the JSNA remains the essential tool to inform commissioning**. The governance structures, processes and work programme we now have put in place will help to facilitate this.

Currently, as part of our wider JSNA work programme, there are several discrete projects underway, with more yet to be started. Needs Assessment Topics have been identified and prioritised at the JSNA Commissioning Board meetings, via input from within the County Council, the CCGs, the District and Borough Councils, Healthwatch and the voluntary sector. The key projects in the programme for progress in the current year, and other anticipated work, are listed below and more information can be found here: [JSNA Current Work Programme](#).

- Learning Disabilities Needs Assessment
- Delaying Parenthood in Looked After Children Project
- Helping Vulnerable Children
- The Impact of Austerity Project

- A key piece of work across the County, this is a joint project with Healthwatch. In particular, it will attempt to better understand the impact of the welfare reforms on the Warwickshire population, building upon detailed work already carried out by the District/Borough Councils and the Warwickshire Financial Inclusion Partnership. This will form part of a wider piece of research on ‘health & wellbeing and vulnerable communities’.

JSNA & HWB STRATEGY REVIEW TIMETABLE



2.5.1 Next JSNA Review

During 2014/15, work will also concentrate on the second review of our JSNA. This will reflect on the existing JSNA key priorities and themes, and will include a full detailed assessment of data, information and intelligence on the health and wellbeing needs of the local population. This will be used to inform the development of Warwickshire’s next Joint Health and Wellbeing Strategy.

Key dates as part of this process included:

- JSNA and HWB Strategy Review Launch and Stakeholder Event - 29 April 2014
- HWB Board Meeting and Annual Review Conference - 21 May 2014
- JSNA and HWB Strategy Prioritisation Workshop - 23 June 2014

The JSNA Annual Review process will also encompass a series of consultation activities with stakeholders and the public. All this work will culminate in the launch of the ‘new’ Warwickshire JSNA at a stakeholder event in March 2015.

*HWBB meeting dates

3 WARWICKSHIRE PEOPLE & PLACE: KEY MESSAGES FOR ALL

3.1 BACKGROUND

The following key messages have been taken from the latest 2013/14 Quality of Life in Warwickshire Report. This document provides a detailed look at the people, places and communities in our county. The report is an assessment of the demographic, social, economic and environmental themes that all play a part in influencing our residents' quality of life.

The need for this type of material is more important than ever, as increasingly limited resources need to be deployed in transparent, evidence-led ways. The [Quality of Life in Warwickshire report](#) provides the underlying contextual evidence base for our JSNA so that improving the lives of all of Warwickshire's residents remains our collective priority.



3.2 OVERALL KEY MESSAGES

Over the past year the positive trend in improvements in a number of local quality of life indicators has continued; crime rates are continuing to fall, GCSE attainment is above the national average and there has been a reduction in the numbers who are not in employment, education and training (NEET). The numbers of people who are unemployed had been falling on a month by month basis but rose between December and January, which is likely to be due to seasonal factors. The national economy is improving but difficult financial decisions are still being made by many local public services, leading to continued future pressures on service delivery.

3.3 POPULATION CHANGE AND INCREASING DEPENDENCY

The population in Warwickshire is continuing to rise with latest figures showing that the overall number of people living in the county is now 547,974. It is expected that the population in the county will be 577,400 by 2018; an increase of 5.4% on the 2012 mid-year estimates. Alongside the general trend of people in the county living longer, the Census shows that Warwickshire's rural population is generally older than in the urban areas; the proportion of people aged 65 or over in rural areas is 21%, whilst in urban areas it is 17%.

The number of births in the county is also continuing to rise. Between 2002 and 2012, there was a 19% increase in annual births in Warwickshire with the biggest rise of 31% in Rugby

borough. The age of mothers varies across the county with Stratford-on-Avon and Warwick districts having the highest percentage aged over 30, at 62% and 63% respectively. The possible reasons for this are varied and may include career aspirations or conversely, uncertainty about employment, barriers to home ownership for younger couples, and the increased costs of bringing up a child.

The dependency ratio is now 1.70 people of working age for every dependent in the county (those aged under 16 or over 64). The projection for 2021 is 1.48, a fall that will impact on a number of areas such as the economy, education, health and social care.

A growing and ageing population is likely to result in increasing pressure on health and social care services as more people could suffer from long term physical and mental problems such as heart disease, high blood pressure and dementia. The challenge will be ensuring that older people enjoy the best quality of life they can in ways that are of their own choosing.

3.4 PRESSURE ON HOUSING

The availability of safe, secure and good quality housing is of fundamental importance to the health and wellbeing of residents.

The increase in population as well as changes in family units and how people choose to live will put pressure on housing supply in the county. The 2011 Census showed that 29% of all households in Warwickshire were one person households with the figure rising to 32% in Warwick District. Of these, one person

households aged over 65 accounted for 13% of all households. A comparison between the 2001 and 2011 Census shows that the number of lone parent households has risen by 28%. It is this sector of the population along with disabled people that are expected to be most affected by the spare room subsidy ('bedroom tax') as the current programme of reforms for the welfare system are implemented.

The housing market started to recover in 2013 and this is predicted to continue in 2014. Between December 2012 and December 2013, lending to first time buyers increased by 37% and the number and proportion of mortgages ending in repossession was lower in 2013 than in any year since 2007. However, this recovery in the housing market is not as developed in the north of the County than the south.

Nationally, one of the key headlines from the 2011 Census has been the rise in the proportion of privately rented homes. Warwickshire has been no exception to the trend and between 2001 and 2011, the county saw the number of privately rented homes double from 14,809 in 2001 to 29,628 in 2011. The proportion of homes being privately rented increased in the same period from 7.0% to 12.8%. Nuneaton and Bedworth Borough and Rugby Borough both saw the number of privately rented homes increase by 150%. Both boroughs, along with Warwick District, recorded proportional shifts in private renting which were higher than the county average. Warwick District records the highest levels of private renting at almost 17% of homes. In part, this is likely to be a reflection of higher student numbers in the district and higher numbers of young professionals in the area.

Evidence from Strategic Housing Market Assessments across Warwickshire will help us to better assess housing needs and pressures in the context of future anticipated housing growth. Gypsy and Traveller Accommodation Assessments will also provide useful insight on additional housing need.

The rise in privately rented homes is part of a wider shift in patterns of housing tenure generally, which in Warwickshire has seen increasing numbers of homes owned outright, but declines in both the number of socially rented and mortgaged properties. The rapid rise in the number of privately rented homes since 2001 and decline in mortgaged properties could be linked to the economic climate in recent years where access to the housing market is more restricted. A combination of higher average house prices, tighter lending requirements and declining wage growth may all have contributed to the higher demand for rented accommodation. More local factors such as the presence of students in some areas, young people and more transient communities who may find it easier to access private renting than home ownership will also help to explain patterns of housing tenure in Warwickshire.

Private renting of homes carries with it a number of potential implications including issues relating to rent levels, security of tenure and housing quality. The analysis indicates that some communities in Warwickshire, notably students, lone households, lone parent households and some ethnic groups may be more vulnerable to these issues because of the higher levels of private renting evident in those groups.

Additional housing related needs may also arise from the roll out of universal credit and other welfare reforms.

Increasing utility costs, the impact of austerity and consequent levels of social exclusion within some communities continue to present challenges. The issue of how to best configure new build housing for occupants experiencing these difficulties, in addition to the cost of social and rented housing remains important.

3.5 IS THE ECONOMY RECOVERING?

At the end of 2013, there were signs that the UK economy was the strongest that it had been since 2007. Productivity is a key indicator of economic performance and estimates tend to use gross value added (GVA) as a measure of output.¹² Locally, Warwick District is faring best in terms of GVA, a trend that is forecast to continue through to 2025. GVA per worker however shows that Stratford-on-Avon District is the most productive. It is of some concern locally that Warwickshire is not projected to match the productivity levels of the UK at any point between now and 2025, and this could hamper a speedy and strong economic recovery locally¹³.

Since January 2010 there have been minor fluctuations in the overall number of Jobseekers Allowance (JSA) claimants in the

¹² GVA is the total monetary value of all goods and services produced in a local economy, minus the costs that were involved in their production.

¹³ Warwickshire County Council, Quarterly Economic Briefing, 2013

county but the overall trend has been downwards with the numbers halving in the recent four year period. This trend may continue but it should be noted that between December 2013 and January 2014 the overall number of claimants in Warwickshire rose by just over 240 or 4%. In the twelve months between January 2013 and this year the number of people claiming for more than twelve months has remained relatively static, down by 245 to 1,515. Long term unemployment continues to be highest in Nuneaton & Bedworth with 30% claiming JSA for over twelve months. Generally speaking, those who have been out of work for longer periods of time will find it increasingly difficult to get a job and there may also be a negative impacts on their health and wellbeing. This means that when the job market does pick up the long-term unemployed will find it harder to compete with other jobseekers. Despite this, long term unemployment in Warwickshire remains below the regional and national averages.

At a national level, the number of women in work is the highest figure on record and this trend is being reflected in the county. In the last year the number of women claiming JSA has fallen by 579 and now stands at around 2,200.

As employment continues to fall in the public sector the service sector is expected to be the main source of jobs growth nationally between 2010 and 2020¹⁴ with employment in this part of the

¹⁴ Warwick Institute for Employment Research (2011) 'Working Futures 2010-2020'

economy projected to rise by more than 1.5 million (9%). There is forecast to be a continued trend of employment growth in higher skilled occupations and demand for skills as measured by formal qualifications. Continuing declines are expected in skilled and semi-skilled manual roles although lower skilled jobs will remain a significant component of the labour market.

3.6 INEQUALITIES STILL EXIST...

Generally, the Quality of Life Report 2013/14 continues to show that the north of the county fares less well than the other districts and boroughs across a range of indicators, with Nuneaton & Bedworth generally being in a slightly worse position than North Warwickshire. The exception for the borough is housing affordability, and the report highlights that there is more affordable housing in Nuneaton & Bedworth than elsewhere in the county and fewer people are affected by fuel poverty. However, it is significantly worse for levels of unemployment, numbers claiming workless benefits and housing repossessions. All other indicators reported on show that it is also worse than the county average¹⁵. That said, it is also to recognise the inequalities that exist and remain within all of our districts and boroughs in Warwickshire.

¹⁵ Quality of Life Report 2013/14, Warwickshire Observatory, 2013.

3.7 DELIVERING SERVICES IN THE 21ST CENTURY...

The pace of technological change is increasingly affecting the way services are delivered. The Government updated its Digital Strategy in December 2013 which outlines how it will become 'digital by default'. The same approach has been adopted by the local public services in Warwickshire in order to improve services for customers whilst maintaining an awareness of those who are unable to access or use an internet enabled device. New technologies can also facilitate change in the way services are delivered, reducing the need to travel and speeding up the way tasks can be completed.

In 2010, around 20% of people owned smartphones¹⁶. At the end of 2012, this figure rose above 50% for the first time. Analysts predict that in two years, 90% of mobile users will have no choice but to own smartphones. At the same time, there are improvements in broadband speed and availability, providing even more opportunities to engage with and deliver services to residents in cost effective ways. This is being delivered in the sub-region through the Coventry, Solihull & Warwickshire Superfast Broadband project with the first communities to benefit being connected in the Spring of 2014. A survey undertaken as part of the project showed that, of the 7,494 responses from residents in Warwickshire, 67% said they had poor broadband

¹⁶ Ipsos Mori Technology Tracker, January 2013 (<http://www.ipsos-mori.com/researchpublications/publications/1522/ipsos-MediaCT-Tech-Tracker.aspx>)

speed. The areas identified with the poorest broadband service are all defined as rural using the rural/urban definition from the Department for Environment, Food & Rural Affairs.

Whilst the immediate benefits might be seen in terms of customers accessing information it will also encourage businesses to locate in rural areas and therefore help boost our rural economy. Not all customers will be receptive to the change however; there may be some who are still reluctant or unable to access services digitally and these are also the most likely to be the most vulnerable people in the community.

3.8 EXPECT THE UNEXPECTED...

Whilst the county escaped the worst of the winter weather, it has, in relatively recent years, experienced significant weather events. Several areas were flooded in 2007 and more recently both Rugby and Nuneaton have been hit by high winds and localised tornados. The immediate impact of such weather events may be seen to be on homeowners and communities but a report produced by Maplecroft¹⁷ states that the UK economy may be at more risk from the climate than maybe imagined. It ranks the country in the top 10 list of countries worldwide that are at greatest risk of flooding. In addition it is in 16th place out of 197 countries for economic exposure to all natural hazards.

¹⁷ Maplecroft Global Risk Analytics, 2014

There are a number of impacts that such adverse weather events can have on the health and wellbeing of residents which should therefore be considered.

3.9 WHO CARES?

Data from the 2011 Census shows that 11% of people in Warwickshire provide unpaid care for someone. Generally it is the older age groups who provide the most care; 62% of all unpaid carers are aged over 50. Young carers however should not be overlooked, with 2% less than 15 years old. Across the county the carers that provide the most hours of care per week (over 50 hours) are all in the older age groups, i.e. age 65 and over. Nearly 5,000 individuals fall into this category which raises some concerns about their well-being too.

3.10 WORKING TOGETHER IN STRAITENED TIMES

Budgets for Local Authorities have reduced and will continue to do so. The 2013 budget survey by the Association of Directors of Adult Social Services (ADASS) revealed that adult social care budgets in England had reduced by almost twenty per cent since 2011.

The number of children in care in Warwickshire has once again increased; however, its pace has slowed as the economic outlook has improved.¹⁸ The death of Daniel Pelka and the

¹⁸ There is a statistically significant relationship between the looked after population and the unemployment rate, which means changes in

subsequent Serious Case Review on so close to Warwickshire's borders may have an impact on referrals to social care in future.

The Children and Families Bill was introduced in February 2013 and aims to reform the systems for adoption, looked after children, family justice and for children and young people with Special Educational Needs (SEN), including those who are disabled, so that services support the best outcomes for them.

Child Sexual Exploitation (CSE) has become an issue of increasing concern, particularly in the wake of a number of serious incidents that have been of national interest e.g. in Rochdale and Oxfordshire. It is a requirement of Local Children's Safeguarding Boards to understand the prevalence of CSE in their area and consequently an **Understanding Child Exploitation needs assessment** was carried out in Warwickshire.

From 2013, all young people have a **duty to participate in education or training** until the end of the academic year in which they turn 17 and authorities should be supporting them to meet that duty.

The final report into failings at the Mid Staffordshire NHS Foundation Trust (Francis Report) has focussed attention on the culture of health and care organisations. **All relevant health and social care organisations have developed action plans**

unemployment can act as a useful indicator of the likely change in demand for care in the following year.

designed to improve standards and address the issues identified in the report.

Following the report of the abuse which took place at Winterbourne View, all people with learning disabilities who have been placed in homes outside the county are having a social care review to see whether they want to come back to Warwickshire.

Further plans to better integrate health and social care services, in order to give people a more consistent and joined-up experience as they move between hospital and community care, have been supported by a range of health and social care leaders. Warwickshire has put together a plan to use the Better Care Funding provided by the government for this purpose.

The Care Bill is 2013-14 (due for implementation in April 2015) is made up of 3 parts: reform of care and legislation; responses to the findings of the Francis Inquiry and the establishment of Health Education England (HEE) and the Health Research Authority (HRA). It will reform the law relating to care and support for adults and the law relating to support for carers, make provision about safeguarding adults from abuse or neglect and make provision about care standards.

The **Welfare Reform Act 2012** implemented changes to housing and other benefits many of which came into force in April 2013. Warwickshire County Council is currently undertaking a needs assessment which aims to understand the 'Impact of Austerity'.

Following the implementation of the **Public Services (Social Value) Act 2012**, public bodies, including Warwickshire County Council, have a duty to consider social value ahead of procurement.

It is important to also acknowledge the potential impact on need when initiatives such as Priority Families and the Warwickshire Local Welfare Scheme come to an end.

3.11 WHAT IS LIVING IN WARWICKSHIRE REALLY LIKE?

In September and October last year, Warwickshire County Council sent a survey¹⁹ to 25,000 households in the county with the aim of gaining intelligence on the lifestyle characteristics of the local population and the perception of residents with regard to local public services. The headline results show that 89% of respondents are very or fairly satisfied with their local area as a place to live. The most important factors selected in making somewhere a good place to live are level of crime (61%), health services (53%) and clean streets (34%). Over two thirds (39%) of the responses indicated that people felt strongly or not at all strongly that they did not belong to their immediate neighbourhood. In terms of neighbourliness however, over two thirds of respondents said they had taken in a parcel on behalf of a neighbour, taken in or put out their bins or kept an eye on their property.

¹⁹ Living in Warwickshire Survey, Warwickshire County Council, 2013

The survey also asked what people liked and disliked about living in the county. Key positive aspects mentioned were its easily accessible central location and attractive countryside whereas downsides that were given included traffic congestion and provision of public transport. If the county was located closer to the sea it also appears that more respondents would be happy! More detailed topic specific results from the survey are presented later in the report.

3.12 INCREASING USE OF FOODBANKS

The Trussell Trust reported in October 2013 that numbers relying on foodbanks across the UK had tripled in a year, according to new figures.

The Trust, which runs 400 food banks across the UK, said it handed out supplies to more than 350,000 people between April and September this year. A third of those being helped included children, and a third needed food following a delay in the payment of benefits.

In Warwickshire, the Trussell Trust has fed over 4,200 people so far in 2013/14 across their nine foodbanks²⁰. Each foodbank records the numbers of children and adults using their service. Children account for just over 30% on average of those fed by foodbanks in Warwickshire. However, there is considerable variation between each foodbank, with the proportion of children fed ranging from 24% to 42% of the total numbers of people fed.

²⁰ Note: These figures do not include the North Warwickshire Foodbanks

Similar to the national picture, over a third of people using Warwickshire foodbanks needed food following a delay in the payment of benefits in 2013/14. This has increased from 28% from the previous year. Over one in five (21%) people in the county who have used foodbanks so far in 2013/14 have done so due to benefit changes.

4 THEME & TOPIC KEY MESSAGES

Five themes and ten topics were chosen in the 2011 JSNA Review to cover the milestone events in people’s lives from preconception to old age. The following section provides an update of the latest picture of need for each topic.

Each topic contains key messages that we think people need to hear, a summary of what the available data is telling us and quotes or case study findings, which you will see in green boxes. The components of this section align with the menu pages of the JSNA website, named as each of the five themes.

4.1 CHILDREN & YOUNG PEOPLE

4.1.1 Educational Attainment

“Amount and quality of education experience reinforces the effects of early years development on subsequent social and economic well-being, health and other outcomes...education inequalities continue to influence health throughout the life-course”²¹

²¹ Review of social determinants and the health divide in the WHO European Region: final report. Review chair: Michael Marmot. 2013 UCL Institute of Health Equity.

4.1.1.1 What is the headline issue?

Education and health go hand in hand²², with higher life expectancy and lower morbidity from the most common acute and chronic diseases as educational levels increase. Education influences both physical and mental health aspects; for example better educated people are less likely to suffer from heart disease, diabetes or emphysema and less likely to report depression or anxiety.²³ Maternal education has a particularly important effect on health outcomes for children.

The educational attainment of students in Warwickshire remains higher than that of our statistical neighbours and the England average. Warwickshire’s relative ranking when compared to other local authorities moved from 45th place in 2010 to 24th out of 151 local authorities in 2012. However, **in 2013 Warwickshire slipped to 32nd.**

The percentage of students in Warwickshire achieving 5 A*-C grades including English and mathematics at GCSE level has increased by 2 percentage points for the second year in a row (from 61 to 63 to 65, 2011-2013). This compares favourably with our statistical neighbours who have remained relatively static from 59 to 59 to 61, 2011-2013 and the England average which

²² MDG Summit: Remarks at Roundtable 2: Meeting the goals for health and education. Dr Margaret Chan Director-General of the World Health Organization. 20 September 2010 New York, United States of America.

²³ Education and Health: Evaluating Theories and Evidence, David M. Cutler and Adriana Lleras-Muney, NBER Working Paper No. 12352, June 2006, JEL No. I1, I2.

increased by 1 percentage point from 2011 to 2012 (58 to 59) and by 2 percentage points to 61 in 2013.

There is much to be celebrated about the **two thirds of Warwickshire’s students achieving 5 A*-C grades**. When we focus on the area of need, **a third of Warwickshire’s pupils are not achieving the level of education which the government expects**.

Attainment gaps persist across geography and demography. In North Warwickshire and Nuneaton & Bedworth only 55% and 57% of pupils respectively achieve the minimum level of attainment. Warwick District is where the percentage of disadvantaged pupils achieving 5 A*-C grades including English and mathematics is highest (36% in 2012, 44% in 2013). Continued educational attainment inequalities will contribute to future health inequalities and poorer health outcomes, particularly for those in North Warwickshire and Nuneaton & Bedworth Boroughs.

Increasing numbers of primary schools are converting to academies which affects Warwickshire County Council’s ability to positively influence education quality at the earliest opportunity.

During the academic year 2013/14 there have been 12 primary and 2 secondary schools which have converted to academies, and 3 primary and 1 secondary are due to covert before the end of the academic year.

During the academic year 2012/13 8 primary schools (plus 1 primary special school) and 2 secondary schools (plus 1 secondary special school) converted to academies.

During the academic year 2011/12 1 primary school and 7 secondary schools converted to academies. 1 primary free school was also opened.

4.1.1.2 What does the data say?

In 2011/12 Nuneaton and Bedworth had the lowest attainment levels (54%) and Stratford upon Avon District had the highest (69%). In 2012/13 Stratford’s attainment remains the highest at 72% but North Warwickshire is now the Borough with the lowest percentage at 55%. This mean there is now a 17 percentage point difference in the proportion of pupils gaining 5 or more GCSEs at grades A*-C, including English and mathematics, down from 21 percentage points in 2011/12.

As seen in 2011/12, there continue to be considerable differences in attainment at very local levels. Last year the largest difference was 35 percentage points between localities in Warwick. This has reduced to 28 percentage points due to South Leamington raising its attainment levels from 48% in 2011/12 to 54% in 2012/13 with Kenilworth remaining high at 82% (83% in 2011/12).

Out of the five localities with the **lowest educational attainment levels, four are located in Nuneaton & Bedworth Borough**. More detail can be seen in figure 1.

Fewer localities have less than half of pupils achieving what is commonly regarded as the minimum educational standard. In 2011/12 four localities fell into this category; in 2012/13 it is only two, Abbey & Wem Brook and Arbury & Stockingford both in Nuneaton.

Children considered to be ‘disadvantaged’ had an attainment gap of 32 percentage points in 2012/13 between them and those not considered to be disadvantaged (33 percentage points in 2011/12). This new measure includes any child who has been eligible for free school meals in the last six years or is a looked after child. This GCSE five or more A*-C grade attainment gap was widest in Stratford (36 percentage points: 40.1% for disadvantaged pupils, 76.1% for not disadvantaged) but this had narrowed from 2011/12 (43 percentage points: 31.6% for disadvantaged pupils, 74.7% for not disadvantaged).

Those children who have been continuously looked after for at least 12 months continue to have lower levels of educational attainment compared with those in the general population. In 2010/11 and 2011/12 **attainment levels were 47 percentage points lower for looked after children in Warwickshire**, in terms of achieving 5+ GCSEs at grades A*-C including English and mathematics, compared to the remainder of the pupil base²⁴.

²⁴ This is similar to the difference at a national level. It is worth noting that the looked after child population in Warwickshire is relatively small but this still represents a significant difference when compared to the wider pupil population.

However, the gap has narrowed slightly in 2012/13 with a difference of 44 percentage points. This suggests an improvement after two years of stasis but the gap remains unsatisfactorily large.

Looking at the socio-economic profile of those completing their GCSEs in 2012/13, the disparity between groups remains. In 2012/11 the proportion of children gaining five or more GCSE grades A*-C or equivalent including GCSE English and mathematics was 90% for Mosaic Group C, but was only 34% for children from Mosaic Group O. In 2012/13 it was 83% and 36% respectively²⁵.

Warwickshire holds a large volume of information on those undertaking assessments at all stages of education: from Early Years Foundation Stage in reception year to Key Stage 2 examinations in Year 6, to Key Stage 4 (GCSE) examinations in Year 11, to Key Stage 5 (A-Level) examinations in Year 13. The Department for Education aims to use this ability to track progress over time to reform the accountability of secondary schools.

“A pupil’s key stage 2 results, achieved at the end of primary school, will be used to set a reasonable expectation of what they should achieve at GCSE. Schools will get credit where pupils outperform these expectations. A child who gets an A when they

²⁵ More information on the Mosaic groups can be found here: [Mosaic Guide](#). Group C is: Households classified as "wealthy people living in sought-after areas" and Group O: "Families in low rise social housing with high levels of benefit need".

*are expected to get a B, or a D when they were expected to get an E, will score points for their school.*²⁶

Combined with the ability to analyse attainment by socio-economic, demographic and geographical characteristics, Warwickshire has the tools to provide the intelligence behind the discrepancies.

In 2011/12 there were an estimated 830 (4.5%) 16-19 year olds in Warwickshire who were Not in Education, Employment or Training (NEET). This number dropped to 660 (3.6%) in 2012/13. Therefore, there has been an improvement of 0.9% in the NEET's rate 2012/13 compared to 2011/12.

The NEETs by district data shows improvements from 2011/12 in all areas with the exception of Nuneaton and Bedworth, which remained unchanged and stands at the highest rate of 4.6% (224).

Early predictions show that Warwickshire's NEET figure has increased to 5.5% in 2013/14. This is due to changes in the counting methodology,²⁷ as well as more effective tracking, which has reduced the Not Known cohort by up to 7 percentage points.

²⁶ <https://www.gov.uk/government/speeches/reforming-the-accountability-system-for-secondary-schools>

²⁷ From April 2013 young people who are recorded as NEET but whose records have lapsed will no longer expire from being NEET but remain NEET until they go into a positive destination.

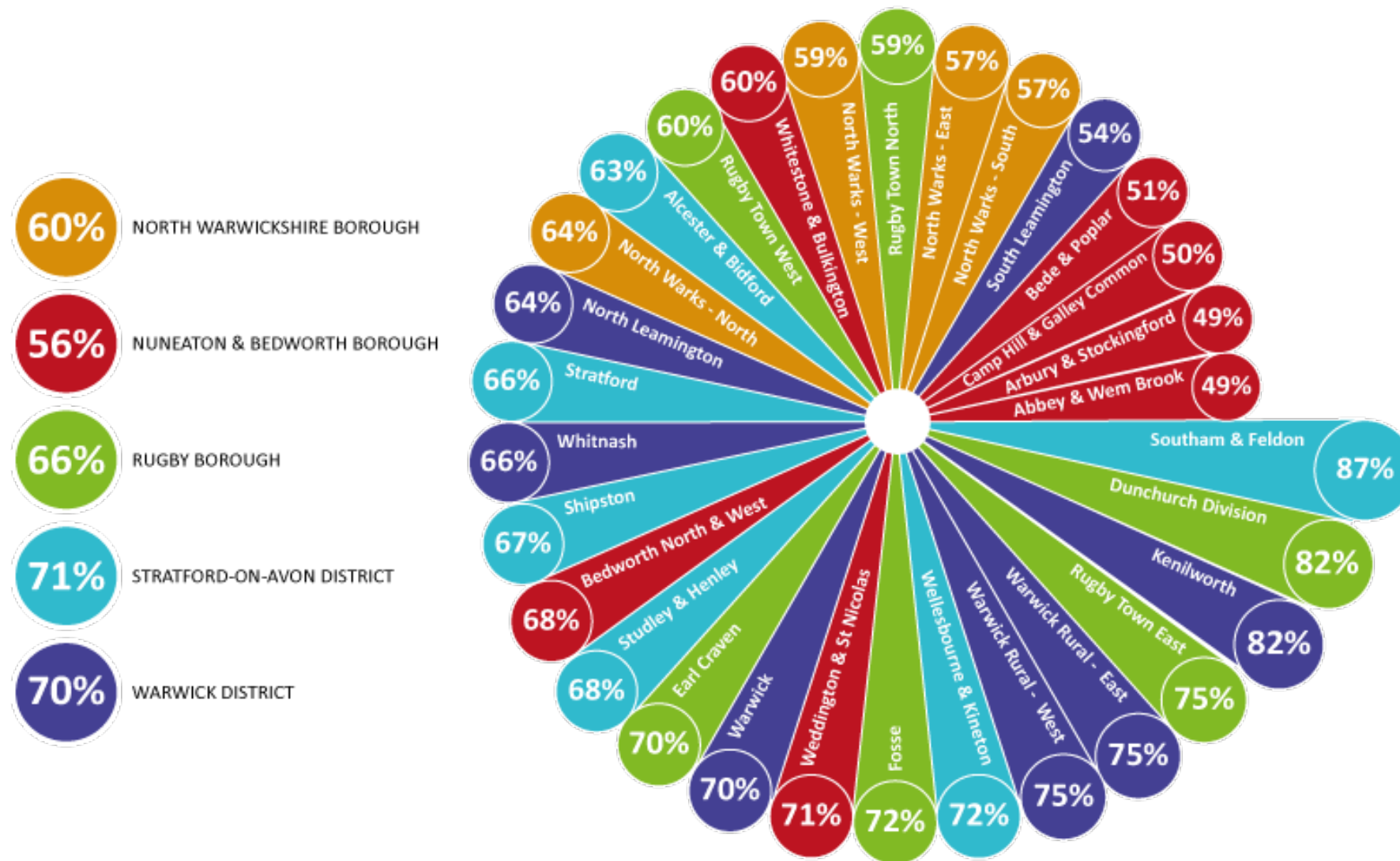
The percentage of Warwickshire's school leavers aged 16/17 years old entering education or training remained the same at 90.8% in 2012/13 (90.7% in 2011/12). However higher levels of NEETs and Not Known are seen in the 18 and 19 year olds.²⁸

²⁸ [NEETs performance update](#) to Warwickshire County Council's Children and Young People Overview and Scrutiny Committee, 22nd January 2014.

Figure 1: Warwickshire GCSE attainment in 2013

PERCENTAGE OF PUPILS GAINING 5 OR MORE GCSEs AT GRADES A* - C, INCLUDING ENGLISH AND MATHS, IN 2013 BY LOCALITY

Source: Business Intelligence, Warwickshire Observatory (both WCC). Figures based on residence, not school location



4.1.2 Looked After Children

“To remember each child is an individual. What works for one child may not work for another”²⁹

“I think it very important that when a care leaver goes wrong, no matter how many times, they know you will be there to support them and not judge them”³⁰

4.1.2.1 What is the headline issue?

The number of Looked After Children (LAC) in Warwickshire has increased from 681 at 31st March 2012 to 698 at 31st March 2013. This represents an increase of 3%, which is smaller than the 7% seen last year. The number of LAC increases year on year with the past five year increase 30.2% between 31st March 2009 and 31st March 2013. The district with the largest percentage increase between 2009 and 2013 is Rugby with a 64.2% increase in the number of looked after cases. All districts saw an increase in their looked after population between 2012 and 2013 except Warwick which saw a reduction of 5.1%.

As a consequence of their life experiences, **outcomes for looked after children are traditionally poorer** than non-looked after children.

²⁹ Key message from care leaver responding in the Children in Care Council Care Leavers Charter Survey Results – 2013.

³⁰ Key message from support worker responding in the Children in Care Council Care Leavers Charter Survey Results – 2013.

Attainment figures for looked after children are significantly lower than those achieved by non-looked after children in the county. Fewer looked after children reach positive destinations post 16 than children who are not looked after.

4.1.2.2 What does the data say?

The rate of LAC per 10,000 population is highest in Nuneaton and Bedworth Borough at 87 and lowest in Stratford-on-Avon District at 36. The largest numbers of LAC are aged between 10 and 15. However, the group which has seen the largest increase between 2008 and 2013 is those aged 1-4 years old whose numbers have doubled in five years and now make up 19% of the looked after population (up from 12% in 2009).

The majority of LAC have a main need category of ‘Abuse and Neglect’, which has not changed over the past five years, although proportionately it has decreased, down from 62.9% at 31st March 2009 to 57.7% at 31st March 2013.

The number of children with a main need of ‘Family Dysfunction’ has increased over the past five years, with this need now accounting for 16.0% of children being looked after at 31st March 2013 (up from 7.3% at 31st March 2009).

4.2 LIFESTYLE

4.2.1 Factors Affecting Health & Wellbeing

A local family from Nuneaton was recently referred to the 'Family Food & Fitness' programme by a Family Change for Life Advisor. Health advisors across Warwickshire support families with overweight/very overweight children who have been identified through the National Child Measurement Programme (NCMP).

Upon the first visit to 'Family Food and Fitness', the son was confirmed as having a high Body Mass Index (BMI), putting him into the obese category. The mother and daughter's BMI figures also identified them as being obese.

The whole family attended nine exercise sessions as part of the programme. This is where families undertake exercise, learn about healthy eating, healthy living and work together as a family unit to improve their health. Following this, the son started swimming regularly and the mother and daughter went on to the Warwickshire 'Exercise on Referral' programme where they continued to receive exercise guidance and dietary advice. The family also now play badminton on a regular basis at their local sports centre as a result of being coached during the programme.

The whole family's BMI figures had decreased at week 9 of the programme and all have sustained healthy eating behaviours and continued to increase their levels of physical activity. This family are one of 119 families who completed the structured family weight management programme during 2013/14.³¹

4.2.1.1 What is the headline issue?

A number of lifestyle factors related to residents' health and wellbeing continue to persist in Warwickshire.

Issues around obesity particularly in children, particularly the large increase between reception and year 6, are likely to result in health problems in later life. **There is a need, supported by the Marmot Report³², to instil healthy lifestyle choices and behaviour at a young age to reduce risks in later life.**

4.2.1.2 What does the data say?

A variety of lifestyle factors can have a major impact on a person's health. These include smoking and alcohol consumption³³, diet and physical exercise³⁴, sexual behaviour³⁵, and problems resulting from drug taking. Each of these are addressed in turn below:

4.2.1.2.1 Obesity

Obesity can have a severe impact on people's health and is recognised as a major determinant of premature mortality and avoidable ill health. Obesity increases the risk of type 2 diabetes, some cancers, and heart and liver disease. Latest estimates from the Active People Survey carried out by Sport

³¹ Nuneaton & Bedworth Leisure Trust Case Study

³² [Marmot Review Website](#)

³³ Which account for many coronary heart disease and cancer deaths.

³⁴ Which contribute to obesity or malnutrition and affect life expectancy.

³⁵ Which can lead to infection or teenage pregnancy.

England suggest that **almost two thirds of adults in Warwickshire are estimated to be overweight or obese.**

This is in line with national estimates but equates to approximately 290,000 adults in the County and this figure continues to increase.

As a comparison, results from the Living in Warwickshire Survey showed that 46% of respondents stated that they were either 'a little' or 'a lot' overweight.

In terms of childhood obesity, data from the 2012/13 National Child Measurement Programme shows that **one in five reception age children in Warwickshire are classed as being overweight and obese, but this increases to almost one in three by the time they have reached Year 6 age.**

The prevalence of obesity in Warwickshire more than doubles between reception age and year 6, from 8% to 16.3%. These figures emphasise the importance of encouraging healthy eating and exercise at the start of school life in order to reduce the risk of obesity in later years.

Although these rates appear high, the County level figures are actually statistically significantly lower than the overall England figure. However, when the data is presented for the Districts and Boroughs, **the prevalence of overweight (including obese) Year 6 children in North Warwickshire and Nuneaton & Bedworth Boroughs are statistically significantly higher than the national figure.** In contrast, the prevalence of overweight (including obese) children in both reception and Year 6 is statistically significantly lower in

Warwick and Stratford-on-Avon Districts when compared to England as a whole.

Rates of childhood obesity in Warwickshire over time now appear to have stabilised.

4.2.1.2.2 Physical activity

The Health Impacts of Physical Inactivity (HIPI) tool estimates that **only 20% of the Warwickshire population are currently physically active** and 18% of total premature deaths could be prevented if 100% of the population were physically active.³⁶ This is equivalent to 388 avoidable deaths in Warwickshire each year. The tool also details that approximately 3,144 cases of diabetes could also be prevented in the county if 100% of the population were active.

These results are in contrast to those from the Living in Warwickshire Survey, which show that, on average, people undertook 215 minutes of moderate physical activity during a typical week. This compares favourably with the recommended guideline of 150 minutes of moderate exercise per week.

However, due to this being a voluntary survey, this is likely to include an element of responder bias where 'healthier' people

³⁶ The Health Impacts of Physical Inactivity (HIPI) tool uses estimates of local levels of physical activity from the Sport England Active People survey to estimate how many cases of certain diseases could be prevented if the population aged 40-79 were to engage in the recommended amounts of physical activity

tend to be more inclined to complete questionnaires on health issues.

4.2.1.2.3 Smoking

Smoking remains the primary cause of preventable mortality and premature death with over 900 deaths a year in Warwickshire and an estimated 80,000 in England. **It is the single biggest preventable cause of health inequalities and increases the risk of cancer** (including lung, oesophagus, bladder, liver, stomach, cervix, myeloid leukaemia, bowel and ovary), heart disease, stroke and chronic respiratory disease.

It is estimated that 17.9%³⁷ of people aged over 18 in Warwickshire are smokers, which equates to approximately 78,000 adults. There is a clear socio-economic gradient in terms of smoking prevalence and it is estimated that 33.9% of the county's adults employed in routine and manual occupations are smokers.

Smoking in pregnancy is known to have a number of adverse effects on the outcomes of pregnancy, including an overall increase in the risk of infant mortality by an estimated 40%. Specific risks include an increased risk of miscarriage, premature birth, stillbirth, placental abnormalities, low birthweight and sudden unexpected death in infancy.

The prevalence of smoking in pregnancy is high in Warwickshire, with 17.6% of women smoking at the time of

³⁷ Source: Integrated Household Survey, 2012 data

delivery for 2012/13. This equates to nearly 1,000 babies a year who are being born to women who still smoked at the time of delivery and is a **statistically significantly higher rate than the England proportion of 12.7% for the same period.**³⁸

Smoking in pregnancy has also been identified as a key local priority in the 2013 Director of Public Health Annual Report³⁹.

4.2.1.2.4 Alcohol & substance misuse

The 2012 [Warwickshire Young People & Substance Misuse Needs Assessment](#) shows that alcohol use by young people in Warwickshire indicates that **fewer young people are drinking alcohol**, those that do are drinking less frequently, and fewer are attending A&E or being admitted to hospital as a result of alcohol misuse. However, comparisons show that **more young people are drinking every week in Warwickshire (10%) compared to the 2011 national average (6%)**. This is consistent for every age group. Efforts to reduce alcohol misuse therefore, must not be diminished.

Most young people have never tried illegal drugs (92%). And fewer young people are using illicit drugs in Warwickshire compared with the national average.

Research shows that young people who have truanted from school or been excluded, are more likely to have taken drugs in the last year than those who were not vulnerable in this way.

³⁸ [Local Tobacco Control Profiles](#). Due to the data collection limitations, prevalence is believed to be higher and it is suggested that significantly higher numbers of women are likely to be smoking earlier in their pregnancy.

³⁹ [2013 Director of Public Health Annual Report](#)

Cannabis is the most frequently used substance of those that have tried illegal drugs with 2.8% of young people reported using cannabis in the last four weeks. Efforts to reduce drug misuse therefore, must not be diminished.

A report by Public Health England on substance misuse among young people in England for 2012/13 was recently published. Following a similar structure, a Warwickshire based report⁴⁰ by the Observatory has been produced highlighting the key messages around young people who accessed specialist treatment as a result of substance misuse in 2012/13.

The analysis highlighted that 161 young people received help for alcohol or drug problems in Warwickshire during the year. 77% of which were new presentations. 87% reported cannabis as their main drug. Alcohol was the second substance that young people were being treated for in Warwickshire, accounting for 34% of clients. Over half (54%) of young people in treatment successfully completed their treatment

4.2.1.2.5 Sexual Health

The rate of under-18 conceptions in Warwickshire for 2012 was 24.3 per 1,000 females aged 15–17, which equates to 234 conceptions. **This represents a reduction of 37.1% from the 1998 baseline rate and a 21.7% decline on the number of conceptions in 2011.** Historically, Warwickshire has not performed as well when compared to its statistical neighbours.

⁴⁰ [Substance Misuse among Young People in Warwickshire](#), Warwickshire Observatory

However, in 2012, **the teenage conception rate was around the average rate of the statistical neighbours.** Warwickshire also performed well in terms of percentage change since the 1998 baseline when compared to these other areas⁴¹.

Although across the County, the overall rate of under-18 conceptions has declined, some District and Borough variation persists. **Rates are still comparatively high in northern areas of the County with particular local hotspots, such as Camp Hill ward in Nuneaton**, where the conception rate has consistently been around 100 conceptions per 1,000 15-17 year old females.

Throughout Warwickshire, in recent years, the rate of acute chlamydia diagnoses has been in decline for both the overall population and the population aged 16-24. **The population aged 16-24 are at higher risk of chlamydia due to higher sexual activity in this age group**, and in 2012, the rate per 100,000 within this age group was 1,485, compared to 245 per 100,000 in the general population. There are inequalities in the rate of chlamydia diagnoses amongst the districts and boroughs, with consistently (although declining) higher rates across all age groups within Nuneaton and Bedworth and Rugby.

Genital warts remain the second most prevalent STI in Warwickshire, with 16-24 years olds again at increased risk of infection. There is only a small amount of variation in rates

⁴¹ ONS teenage conception release

throughout the county, and a pattern of slight decline has been seen in previous years.

Although higher in the 16-24 year age group than the general population, the rates of Gonorrhoea, Herpes and Syphilis remain comparatively small and fairly consistent across the county.

4.3 ILL HEALTH

4.3.1 Long Term Conditions⁴²

Alan, a 50 year old Leamington resident who hadn't been to see his doctor for a number of years was recently invited for a Health Check at his local GP Practice. He was unaware of any medical problems and had no obvious symptoms, but following a simple, short check, he was found to have raised blood pressure and cholesterol levels. Alan was asked to come back for further blood tests and blood pressure checks and was prescribed a statin to help manage his condition. He was also provided with a range of comprehensive advice in relation to his lifestyle.⁴³

⁴² LTCs or chronic conditions are those that, at present, cannot be cured. They can be controlled by medication and/or other treatment or therapies. Examples of long term conditions in Warwickshire include high blood pressure, diabetes, asthma, arthritis, heart disease and chronic obstructive pulmonary disease. People live with these conditions for many years, often decades and they can impact on their quality of life by causing disability and early death.

⁴³ NHS Health Checks Programme

4.3.1.1 What is the headline issue?

The numbers of patients recorded on general practice disease registers, in Warwickshire show that there are potentially large numbers of undiagnosed or unrecorded cases of Long Term Conditions (LTCs), especially for coronary heart disease, hypertension, diabetes, chronic obstructive pulmonary disease, asthma and chronic kidney disease⁴⁴⁴⁵.

An estimated 1 in 3 people in Warwickshire, aged over 16 are living with one or more long-term conditions. This equates to approximately 150,000 people.

With a growing and ageing population, Warwickshire is predicted to see a significant increase in numbers of long-term conditions.

⁴⁴ When compared with the expected numbers of people with specific conditions calculated from population prevalence rates.

⁴⁵ The health needs of a population derive from the prevalence of diseases; that is the numbers of people suffering from different types of illness. Looking only at the numbers of patients currently being treated for a disease does not show the true prevalence and impact on the population's health. At any given time, there are many people who have a disease but are not aware of it because they have not yet been clinically diagnosed.

Table 1: The Burden of LTCs in Warwickshire, 2013/14⁴⁶

	Estimated Number & Prevalence (%)	GP Practice Disease Registers	Hospital Admns	Deaths
			Avg. per year	Avg. per year
Any Long Term Condition	150,000 (33.3% of the adult population aged 18+)		20,000	2,800
Coronary Heart Disease (CHD)	25,200 (5.7% aged 16+)	17,658 (3.2%)	1,500	650
Stroke & Transient Ischaemic Attacks (TIA)	11,700 (2.6% aged 16+)	9,504 (1.7%)	1,000	400
Hypertension	139,300 (31.0% aged 16+)	82,302 (14.7%)	350	50
Diabetes	34,500 (7.8% aged 17+)	25,929 (5.7% aged 17+)	450	60
Chronic Obstructive Pulmonary Disorder (COPD)	12,600 (2.8% aged 16+)	8,801 (1.6%)	850	200
Asthma	46,500 (37,500 adults & 9,000 children) (1 adult aged 16+ in 12, 1 child aged 0-15 in 11)	34,376 (6.1%)	500	15
Epilepsy	4,400 (1 in 100 aged 18+)	3,512 (0.8% aged 18+)	350	15
Cancer	2,500 new cases per year (incidence)	11,335 (2.0%)	15,000	1,400
Hypo-thyroidism	3,700 (15 in every 1,000 women, 1 in 1,000 men aged 16+)	19,601 (3.5%)	12	5
Renal Disease/CKD	41,000 (9.4% aged 18+)	22,756 (5.1% aged 18+)	400	20

⁴⁶ Data table updated from the Director of Public Health's Annual Report 2012, which can be found here: [DPH Annual Report 2012](#)

The 2009/10 Director of Public Health Annual Report showed almost an estimated 90% increase over 20 years in older people with dementia. In addition, conditions such as diabetes and depression will see more than a 50% increase. This will place an increased burden on future health and social care resources.

In addition, we need to consider people living with multiple conditions, which will be the norm rather than the exception. Multi-morbidity is associated with poorer quality of life, higher hospital admissions and mortality.

4.3.1.2 What does the data say?

The chronic conditions in the table below account for approximately 20,000 hospital admissions and around 3,000 deaths on average each year.

Hypertension is the most common LTC in Warwickshire, in terms of both estimated and actual prevalence. The highest number of hospital admissions and average deaths, per year, are for various types of cancer.

NHS Health Checks

The NHS Health Check programme is a public health programme in England for people aged 40-74 which aims to keep people well for longer. It is a risk assessment and management programme to prevent or delay the onset of diabetes, heart disease and stroke.

Together diabetes, heart, kidney disease and stroke make up a third of the difference in life expectancy between the most deprived areas and the rest of the country. Addressing these differences is a key aim of this programme. With the rise in obesity, type 2 diabetes, and the associated cost to the NHS and social care, prevention of disease is also a key driver.

In Warwickshire, it was decided to roll the programme out a locality at a time rather than across the whole county. The programme was delivered initially in Nuneaton and Bedworth Borough during 2010. It was decided to start in the north of the county as this is the area where evidence shows that health outcomes are poorest. North Warwickshire began delivering NHS Health Checks in 2011, Rugby in 2012 and South Warwickshire in 2013.

Since the start of the NHS Health Check programme, a total of 65,008 NHS Health Checks have been offered and 24,873 have been completed (38%). Figures are to the end of April 2014.

The number of patients with cardiovascular disease risk factors that have been identified are:

- 419 patients with Diabetes
- 79 patients with Coronary Heart Disease
- 224 patients with Chronic Kidney Disease
- 1,480 patients with Hypertension

- 64 patients with Atrial Fibrillation⁴⁷.

These patients have now been added to practice risk registers where they are monitored and receive suitable medication.

From a needs perspective, these figures provide us with an indication of the numbers of people living with chronic health conditions in the wider population who have yet to be medically diagnosed.

Self-reported Health Status

According to the latest 2011 Census data, **26,500 Warwickshire residents self-reported that they were in 'very bad' or 'bad' health**; equivalent to the total population of Stratford-upon-Avon.

In Warwickshire, there are 39,743 residents who say that daily activities are limited 'a little' or 'a lot' due to ill health. This is almost equivalent to the entire working population of North Warwickshire. **Nuneaton and Bedworth Borough has the largest number of residents (11,484) experiencing limitations to their daily activities** when compared with the other Districts and Boroughs. However, **the largest increase between 2001 and 2010 occurred in Rugby Borough (+16%)**.

⁴⁷ Atrial fibrillation is a heart condition that causes an irregular and often abnormally fast heart rate.

4.3.2 Mental Wellbeing

Feeling Low? Lying awake worrying? Stressed?

Books on prescription (BOP)⁴⁸ is a scheme which enables GPs and mental health professionals to offer their patients and service users self-help books available from the local library. The books are recommended by health professionals, and they can help people learn about and manage a range of commonly experienced mental health problems, including depression, anxiety and stress. Most of the books are written by leading psychologists and many present self-help versions of established treatment programmes.

"The Books on Prescription service has made a real difference to my health and my life"

4.3.2.1 What is the headline issue?

At any one time, roughly one in six of us is estimated to be experiencing a mental health problem. It is vitally important to monitor and investigate the levels of mental health in order to target and improve mental health services at a local level. Mental health needs vary on a broad spectrum from mild disorders to more complex and severe conditions.

For people aged between 16 and 74 living in Warwickshire, the rate of common mental health conditions is 121.4 per

⁴⁸ [Warwickshire Books on Prescription webpage](#)

1,000 population⁴⁹. This means that an estimated 46,000 people aged between 16 and 74 in Warwickshire have a common mental health problem.

4.3.2.2 What does the data say?

4.3.2.2.1 Living in Warwickshire Survey Data

Analysis from the 'Living in Warwickshire' survey shows that for the shortened WEMWBS questions (Warwickshire Edinburgh Mental Wellbeing Scale – a recommended and validated measure of wellbeing) a majority of people responded that in the last two weeks they had been feeling useful, had been dealing with problems well, had been thinking clearly, feeling close to other people, and been able to make up their mind about things either often or all of the time.

However, for the two questions on optimism and feeling relaxed in the last two weeks, 36.9% of people responded that they had felt optimistic about their future for only some of the time, and 15% had felt optimistic either rarely or not at all.

Of the 4.3% who reported not having felt optimistic about their future at all in the last two weeks, this represents 1 in 23 of the 7,500 Warwickshire residents who responded, i.e. 323 people. In addition, 41.9% of people reported feeling relaxed for some of the time, and 17.5% had felt relaxed either rarely or not at all.

⁴⁹ Common mental health conditions include depression, generalised anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), phobias and social anxiety disorder.

4.3.2.2.2 Adult Mental Health

10.6% of adults aged over 18 in Warwickshire had depression in 2011/12 compared with the England average of 11.7%⁵⁰. This is the estimated prevalence based on GP records, but it is likely that there will also be significant numbers in the wider population who have not been formally diagnosed with the condition.

The overall suicide rate across Warwickshire is comparable to both the England rate and the West Midlands regional rate. However, the latest data for 2010-12 shows that the suicide rate for males in the County is statistically significantly higher than the equivalent national figure⁵¹.

4.3.2.2.3 Young People's Mental Health

In comparison with the 2007/08-2009/10 period, the rate of young people aged 10 to 24 years in Warwickshire who are admitted to hospital as a result of self-harm is higher in the 2010/11-2012/13 period⁵². The admission rate in the 2010/11-2012/13 period is similar to the England average. However, for the latest year only, 2012/13, the directly standardised rate per 100,000 population aged 10-24 years in the County for hospital admissions due to self-harm was statistically significantly higher

⁵⁰ Community Mental Health Profiles 2013, North East Public Health Observatory.

⁵¹ Public Health Outcomes Framework

⁵² Child Health Profile, CHIMAT, Hospital Episode Statistics, Health and Social Care Information Centre.

than the equivalent England figure. Nationally, levels of self-harm are higher among young women than young men.

There were 404 hospital admissions as a result of self-harm in young people aged 10 to 24 years in Warwickshire during 2012/13 against the England average of 346.

4.4 VULNERABLE COMMUNITIES

4.4.1 Reducing Health & Wellbeing Inequalities

4.4.1.1 What is the headline issue?

In Warwickshire, significant disparities exist both on a geographic and population group basis. The health of the most disadvantaged in our society should be our top priority. However, there is a need to ensure that our programmes target people across the inequality profile. In line with the Sir Michael Marmot report on health inequalities, **the highest priority should be given to children from pre-conception through to adolescence.**

4.4.1.2 What does the data say?

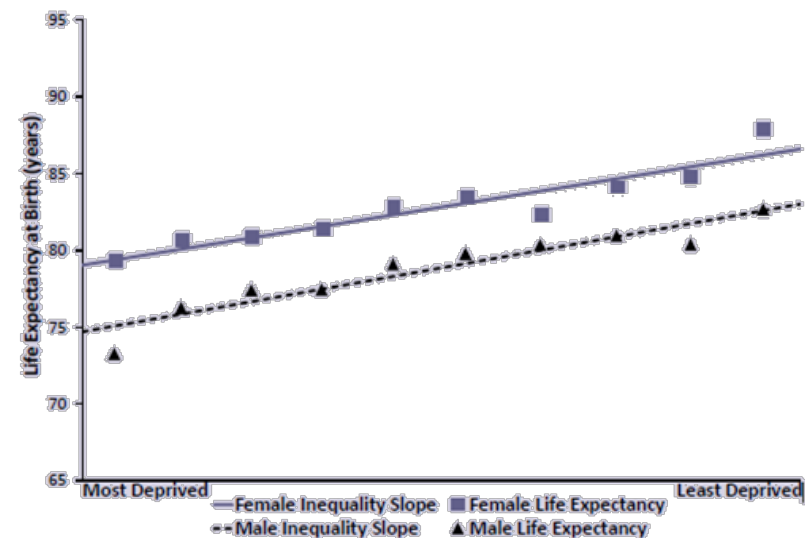
4.4.1.2.1 Life expectancy

Inequalities remain throughout Warwickshire. This is reflected in **differences in average life expectancy** which range from 78.2 years for males in Nuneaton & Bedworth Borough to 81.0 years in Stratford-on-Avon District, and from 82.6 years for females in Nuneaton & Bedworth Borough to 84.9 years in Stratford-on-Avon District.

There are also marked differences between different parts of the County in terms of the number of years a person is expected to live without a limiting long-standing illness or disability. For example, an 8.9 year gap in disability-free life expectancy at age 16 for males exists between North Warwickshire and Stratford-on-Avon for the time period, 2007-09.

Variation in life expectancy is even more pronounced at ward level and ranges from 74.5 years in Abbey, Nuneaton to 88 years in Leek Wootton, Warwick; a difference of 13.5 years.

Figure 2: Warwickshire Slope Index of Inequality⁵³



The lines on the chart above represent the Slope Index of Inequality, which is a modelled estimate of the range in life-expectancy at birth across the whole population from most to least deprived. Based on death rates in 2006-2010, this range is 8.3 years for males and 7.6 years for females. There is greater variation in the gradient of the slope at a District and Borough level. For instance, the range for males in Nuneaton & Bedworth Borough is 11 years in life expectancy between the most and least deprived areas.

⁵³ The points on this chart show the average life expectancy in each tenth of the population.

4.4.1.2.2 Premature Mortality

In Warwickshire, there were 4,563 premature deaths⁵⁴ in the three year period 2010-12, which equates to approximately 30% of all deaths.

The county ranks 39th out of 150 local authorities for overall premature deaths per 100,000 population for 2010-12 (where a ranking of 1 indicates the lowest rate nationally).

Compared to the national picture, Warwickshire is doing well on most mortality indicators, other than liver disease where it is ranked 47th.

However, the county fares less well compared to similar local authorities, where it ranks 11th out of 15 for overall premature deaths.

4.4.1.2.3 Fuel poverty

Under the new 'Low Income High Cost' definition of fuel poverty, a household is considered to be fuel poor where they have required fuel costs that are above average (the national median level), and were they to spend that amount, they would be left with a residual income below the official poverty line.

According to this definition, in 2011, **13% of households in Warwickshire lived in fuel poverty compared with a**

⁵⁴ <http://longerlives.phe.org.uk/>

national average of 10.9%⁵⁵. This equates to 30,000 households across the County⁵⁶.

The proportions of 'fuel poor' households using the new measure are remarkably similar across Warwickshire's Districts and Boroughs and range from 12.4% in North Warwickshire to 13.9% in Rugby. However, it should be noted that at Lower Super-Output Area level, there are some parts of the county where the estimated proportion of households living in fuel poverty is in excess of 25%.

4.4.1.2.4 Child poverty

The proportion of children in poverty (all dependent children under 20) in Warwickshire in 2011 was 13.5% against the England average of 20.1%⁵⁷. This equates to approximately 17,000 dependent children under the age of 20. The proportion of children living in poverty is lowest in Stratford-on-Avon at 9.7% and highest in Nuneaton and Bedworth at 19.3%.

⁵⁵ 2011 'Low Income, High Cost' fuel poverty estimates data from the Department of Energy and Climate Change (DECC).

⁵⁶ These figures are likely to represent an underestimate of the current picture given the recent above inflation increases in the cost of energy.

⁵⁷ Source: Public Health Outcomes Framework.

4.4.1.2.5 Teenage conceptions

There is considerable variation in the teenage conception rate at district and borough level across Warwickshire. However, for the first year, all districts and boroughs have experienced a decline in the rate, with each area experiencing its lowest rate since the 1998 baseline.

North Warwickshire experienced the smallest decline, with the rate decreasing from 29.5 conceptions per 1,000 females aged 15-17 in 2011 to 29.0 in 2012. In Nuneaton and Bedworth, the rate declined from 43.2 in 2011 to 38.4 in 2012, making it the borough with the highest rate in the county for 2012. The conception rate in Rugby for 2012 was 20.8, which is a decrease on the rate of 24.3 for the previous year. The last few years have seen an increase in the conception rate in Stratford-on-Avon, however from 2011 to 2012 the rate declined from 25.4 to a new low of 16.2, which also represents the lowest rate in Warwickshire. Warwick District saw the largest decline in the conception rate across the county, with a reduction in rate from 29.6 in 2011 to 17.1 in 2012.

There has been a slight increase in the percentage of teenage conceptions leading to abortion across Warwickshire, increasing from 51.2% in 2011 to 52.1% in 2012. However, variations persist across the county, with a 31 percentage point difference between Stratford-on-Avon, which has the highest proportion of conceptions that lead to abortion (71.4% in 2012), and Nuneaton and Bedworth, which had the lowest proportion (40.2% in 2012). The difference in 2011 between the highest and lowest proportions leading to abortion was 13 percentage

points, which highlights increasing variation across the County⁵⁸.

4.4.2 Disability

“By providing high quality and effective information and advice about the support that is available locally we can encourage people to stay active, healthy, engaged and independent in their communities.”⁵⁹

“To actually go out and have the ability to socialise and be like everyone else to go to work and have a purpose - confidence building and it’s really good when people get those sorts of opportunities.”⁶⁰

4.4.2.1 What is the headline issue?

Warwickshire has an ageing population because we are living longer. However, the quality of those extra years may be diminished because of physical disabilities and/or sensory impairment. The World Health Organisation states that *“People with disabilities report seeking more health care than people without disabilities and have greater unmet needs.”⁶¹*

The survival rates of children with learning disabilities and complex needs are growing and increasing numbers of

⁵⁸ Source: Respect Yourself update; ONS teenage conception release

⁵⁹ Respondent, Professional/Carers Survey October 2013

⁶⁰ Support Worker, South Warwickshire, Learning Disabilities Needs Assessment

⁶¹ Who.int. (2014). Who | disability and health. [online] Retrieved from: <http://www.who.int/mediacentre/factsheets/fs352/en/> [Accessed: 12 May 2014].

adults with learning disabilities are surviving into old age.

“Older people are more likely to be disabled than younger people, but over the past thirty years the incidence of disability has risen fastest amongst children⁶² ... Trends in impairment show an increasing number of children being reported as having complex needs, Autistic Spectrum Disorders and mental health issues. Among adults there are increasing numbers of people reporting mental illness and behavioural disorders, while the number of people reporting physical impairments is decreasing.”⁶³

By providing high quality and effective information and advice about the support that is available locally we can encourage people to stay active, healthy, engaged and independent in their communities.

4.4.2.2 What does the data say?

There are estimated to be 34,743 people aged 18-64 with a moderate or serious physical disability in Warwickshire.

Within that figure 26,750 are classed as having a moderate physical disability, with a further 7,993 classed as serious.

The total is predicted to rise to 36157 by 2020 with 27,758 classified as having moderate physical disability and 8,399 as severe.

⁶² Possible explanations include increasing prevalence of impairment among children, children with complex conditions surviving longer, increased diagnosis, increased reporting and/or overall increases in the population.

⁶³ pg.9. Prime Minister’s Strategy Unit (2005) Improving the Life Chances of Disabled People

Countywide there are 3,990 Disability Living Allowance claimants aged under 25 (2.5% of the U25 population)⁶⁴. Nuneaton & Bedworth has the highest number of Disability Living Allowance claimants (1150) and the highest percentage of U25 population (3.05%), with Warwick at the second highest (830 & 1.94%). Both the number and percentage of U25 claimants have increased since August 2012, from 3680 (8.4%).

In 2012/13 808 social care customers with a learning disability were identified as living in their own home or with their family. This represents 72.6% of customers, compared to 54.5% in 2011/12 the national average is 74%. 71% of customers with a learning disability and 28% of customers with a physical disability who were living at home had either a personal budget or a direct payment, giving them greater choice and control over their care.

64 social care customers with a learning disability were in paid employment. This represents 5.8% of the social care customers with a learning disability, compared to 5.9% in 2011/12; the national average is 7%.

In the 2013 Adult Social Care Survey, 91% (86% in 2012) of customers with a learning disability and 66% (68% in 2012) of customers with a physical disability said they had enough control over their daily life. This compares to 71% (73% in 2012) for all social care customers. 85% (89% in 2012) of

⁶⁴ Data on Disability Living Allowance claimants aged under 25 figures from August 2013.

customers with a learning disability and 52% (48% in 2012) of customers with a physical disability said their quality of life was either good or better. This compares to 56% (60% in 2012) for all social care customers⁶⁵.

The percentage of pupils with Special Educational Needs (SEN) has decreased by 1% year on year since 2012 (20% in 2012, 19% in 2013 and 18% in 2014)⁶⁶. This decrease has consistently been those at School Action stage. In 2013 the attainment data show that **there was a gap of 46 percentage points between those without SEN achieving 5 or more GCSEs A*-C and those with SEN**. This is a slight decrease from 2012's figure of 47%.

4.4.3 Safeguarding

*"I do feel safe because I've learnt a lot about being safe now and I know the Safe Places I can go"*⁶⁷

*"If I was frightened I could go in and ask them if I could stay for a bit and the shops have CCTV"*⁶⁸

*"Thank you for taking care of me"*⁶⁹

*"Thank you for everything...you have made a difference"*⁷⁰

⁶⁵ It should be noted that customers with a learning disability were a lot more likely to have assistance in completing the survey which results in more positive answers compared to those completing their own survey.

⁶⁶ January 2014 School Census

⁶⁷ Vulnerable Adult commenting on the Safe Places scheme

⁶⁸ Vulnerable Adult commenting on the Safe Places scheme

⁶⁹ Young person adopted by her foster carer taking to an Independent Reviewing Officer.

4.4.3.1 What is the headline issue?

Over the previous three years, referrals to children's social care in Warwickshire steadily rose, including by 18% between 2009/10 and 2011/12. However, over the **last year there has been a clear decrease** of 7% from 6998 referrals in 2011/12 to 6524 in 2012/13⁷¹. There has again been an increase in **the number of children made the subject of Section 47 enquiries**, up 21% in 2012/13.

The number of children who were made subject to a CP Plan once again rose from 534 plans initiated during 2011/12 in comparison to the 550 initiated in 2012/13⁷². However, this shows a slowing in the rate (3%) compared with that seen over the previous year (16%). **CP activity remains highest in Nuneaton and Bedworth, followed by Rugby.**

Warwickshire County Council is working with the Dartington Social Research Unit to build upon the work on looked after children. Our aims are to reduce safely the numbers of children needing to become subject to child protection plans and to reduce safely the duration of plans. The drivers behind this work are that Warwickshire has a disproportionately high number

⁷⁰ Long term foster carer taking to an Independent Reviewing Officer.

⁷¹ Although data is collected with regard to social care referrals, it is not possible to identify how many referrals move onto an Initial Assessment. Assessments and may lead to no further action, the direct provision of services, and Section 47 enquiries.

⁷² The reasons for the increase are complex and are currently being addressed by the work being undertaken in conjunction with the Dartington Social Research Unit.

of referrals to social care, relative to its statistical neighbours, but it has a low proportion of referrals which go on to be assessed and receive a service. We have disproportionately high numbers of children subject to CPP and we need to understand if this is because there is a better earlier identification of need or a lack of shared understanding about thresholds of intervention.

4.4.3.2 What does the data say?

550 children were subject to a CP plan in Warwickshire, a 3.0% increase on 534 in 2011. 609 plans were initiated and 590 were closed over the financial year 2012/13 which is a similar pattern to the previous year.

The county rate per 10,000 0-17 population has increased from 47.8 to 48.9. There is an interesting pattern of rate change across the districts and boroughs. North Warwickshire's and Warwick's rose from 54 to 60 and from 35 to 44 respectively. Nuneaton & Bedworth's remained the same at 86. Rugby's and Stratford's reduced from 42 to 40 and from 23 to 15 respectively⁷³.

The proportion of children subject to a CP plan whose ethnic was Black/Minority decreased, from 12.4% last year to 8.9% at 31st March 2013. White British children subject to a plan increased, from 85.4% to 87.1%.

⁷³ All as at 31st March 2012 and 31st March 2013

4.5 OLD AGE

4.5.1 Dementia

[My wife] has not been going long to [the day care] but the difference it has made to her confidence, wellbeing and social involvement is wonderful. She is well looked after, the activities are well suited to her needs and we are touched by their kindness by treating her as an individual regardless of her dementia⁷⁴

Has been helpful in showing the ways to enhance our project of making our local community dementia friendly⁷⁵

4.5.1.1 What is the headline issue?

Dementia is increasingly becoming one of the most important causes of disability in older people⁷⁶.

In 2012/13 in Warwickshire, there were 3,416 patients on the GP disease register for dementia⁷⁷. However, **population prevalence data suggests that only 46% of people in Warwickshire with dementia have been formally diagnosed.** This equates to around 3,800 people without a

⁷⁴ Questionnaire for people with Dementia using Day Care Services and their Carers. November 2013.

⁷⁵ Feedback given by voluntary sector colleague at the Living Well with Dementia conference 'Dementia in the Community' hosted by Warwickshire County Council on behalf of Warwickshire's Health and Wellbeing Board.

⁷⁶ The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific conditions including Alzheimer's disease and stroke.

⁷⁷ Quality & Outcomes Framework (QOF)

formal diagnosis⁷⁸. **In line with a growing and ageing population, numbers of people with dementia are set to increase rapidly in the future.**

Dementia diagnosis rates in Warwickshire appear to be lowest in North Warwickshire Borough where only 38% of people anticipated to have dementia have received a formal diagnosis. The diagnosis rate is highest in Rugby Borough at 51% but even here nearly half of all people expected to have dementia have not been diagnosed.

There are many factors that contribute to low diagnosis rates including levels of awareness and understanding about dementia being low, stigma associated with the diagnosis contributing to people not coming forward to present symptoms or these symptoms being regarded as a normal part of ageing and not investigated. Timely diagnosis is extremely important for the individual and can help contribute to reduced health and social care costs, as the person and their family are more likely to access treatment, support and services that can help support them to stay independent for longer.

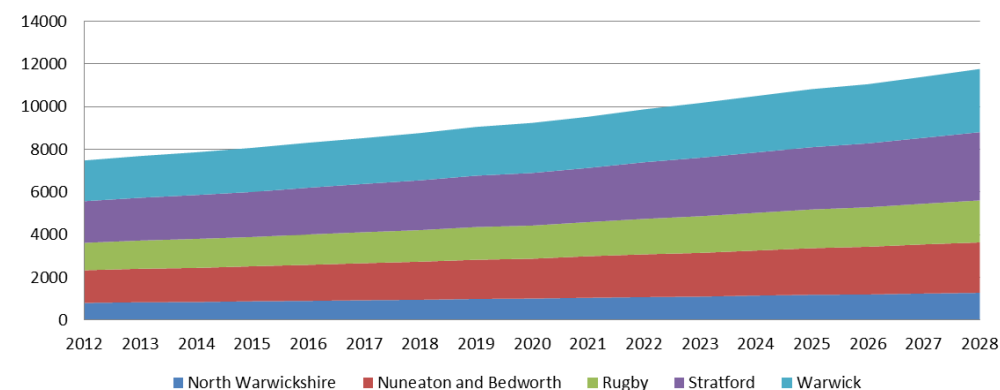
Work is currently on-going at a more local level to support case-finding and improve levels of diagnosis by identifying those areas where detection rates are lower than expected.

⁷⁸ Source QOF register and Alzheimer's Society 2007 report, via the NHS Dementia Prevalence Calculator: The total number of people estimated to have dementia from the overall prevalence information minus the QOF information.

4.5.1.2 What does the data say?

Between 2012 and 2028 the number of people with dementia is projected to increase by 57%⁷⁹. The Alzheimer's Society estimated in 2007 that on average a person with dementia costs £25,472 per year. 41% of this is for accommodation and 36% informal care, the remaining 23% is costs to NHS and social services.

Figure 3: Predicted number of people with dementia in Warwickshire 2012 to 2028⁸⁰.



In the 2013 Adult Social Care Survey, 58% of customers with dementia said they felt they had enough control over their daily life, this compares to 70% for all social care customers. 30% of customers with dementia said their quality of life was either good or better than good; this compares to 46% for all social

⁷⁹ Figures from Projecting Older People Population Information System (POPPI). More up to date figures have not been released yet.

⁸⁰ Figures from Projecting Older People Population Information System (POPPI). More up to date figures have not been released yet.

care customers⁸¹. This suggests a huge decrease in quality of life perceptions for all social care customers but particularly those with dementia (76% and 60% respectively in 2012).

4.5.2 Ageing & Frailty

“An excellent service”⁸²

“To support my discharge from hospital the Occupational Therapist visited me on the ward to assess if I would require any assistance when I got home. I really needed support with my housework and general domestic tasks so I was assessed for the Lifestyle service from Age UK Warwickshire. I now have a Support Worker helps me with my domestic tasks once a week. It is so nice to have the continuity of the same Support Worker for each visit and we are getting to know each other quite well. I was made aware of other Age UK Warwickshire services and had a Home Safety Check and a key safe installed which could be used in case of emergencies. Following advice at the Home Safety Check, handymen from Age UK Warwickshire fitted a stair gate at the top of my stairs, hand rails in my bathroom and re hung my shower door; how safe I now feel when using my bathroom! I am very grateful for the continuing support I am having from Age UK Warwickshire. The services I have accessed have increased my independence and allowed me to continue living safely within my own home.”

⁸¹ National Adult Social Care Survey. A statutory annual return. Of the 491 respondents to the survey, 33 were aged 65+ with mental Health client groups. Thus, the response rate for those with dementia may too low to be significant.

4.5.2.1 What is the headline issue?

Across Warwickshire as a whole, the highest rates of projected population growth are in the groups aged 65 years and over. The rate of growth increases with age, with the eldest age group, those aged 85 and over, projected to increase by more than 40% between 2011 and 2021⁸³. Population projections help inform the planning of services and decisions about the future allocation of resources. An ageing population, in particular, has implications for the future provision of many health and social services linked to older age groups.

The National End of Life Care Intelligence Network profiles show that the largest underlying causes of death, for the three years from 2008-10, are cancers and cardiovascular diseases, each of which account for nearly 30% of all deaths across the county. During the same period, 39% of deaths occurred either at home or in care homes whereas 55% were in hospitals. The profile also includes a **‘Total spend on end of life care per death’ figure of £553 for Warwickshire against an England average of £1,096**⁸⁴.

⁸² User of Rapid Hospital Discharge service through service user questionnaire

⁸³ 2011-based Sub-National Population Projections, National Statistics (www.statistics.gov.uk), © Crown Copyright 2013.

⁸⁴ More information can be found in the [Warwickshire National End of Life Care Profile for Primary Care Trusts](#)

4.5.2.2 What does the data say?

Figures for Excess Winter Mortality (EWM) are now available at Local Authority level for 2010/11. There are approximately 300 excess winter deaths in Warwickshire each year.

The standard Office for National Statistics (ONS) methodology defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in the preceding August to November and the following April to July:

$EWM = \text{winter deaths} - \text{average non-winter deaths}$

This produces the number of excess winter deaths.

At District and Borough level, due to the relatively small numbers involved, there are random fluctuations meaning that EWM figures are quite variable. As there is no consistent pattern, limited analysis can be performed. However, averaging the five Local Authorities in Warwickshire does reveal a pattern which largely reflects the regional and national trend.

Numbers suggest that there are more hip fractures in Warwick and Stratford-on-Avon Districts, however no allowance is made for differences in populations. When the crude hip fracture rates are looked at by age groups, the differences are striking with those aged 85+ accounting for 47% of all the breakages and those aged 80 and over totalling 68%. The 2011 and 2012 Local Authority Health Profiles both showed that in Rugby Borough, hip fractures in the over 65s were significantly worse than the England average.