Warwickshire JSNA

# Joint Strategic Needs Assessment (JSNA) Review 2014/15

North Warwickshire residents report higher proportions acting as unpaid carers (12.1%)

Up to half of all cases of cancer are thought to be preventable. In Warwickshire this equates to around 730 preventable deaths each year

730

1,400

Cardiovascular disease is the leading cause of death in Warwickshire accounting for approximately 1,400 deaths (28%) a year

In 2012/13, 17.6% of mothers in Warwickshire were estimated to be smoking at time of delivery...

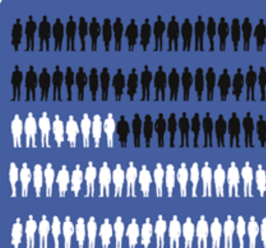
...this equates to around 1,000 babies born in Warwickshire who have effectively already been smoking for 9 months

1 in 3 people in Warwickshire are regularly drinking above the lower risk levels...

...that's an estimated 153,000 people

Almost 1 in 10 Warwickshire children are obese when they start school...

...by the time they are 11 years old, this increases to 1 in 6



Estimates suggest that only 48% of people with dementia in Warwickshire have been formally diagnosed...

... this means there could be nearly 4,000 undiagnosed dementia patients in the county

In Warwickshire 26,000 children require Child & Adolescent Mental Health Services

(This can be anything from sleeping difficulties to severe mental health problems)

15,315 children were considered to be living in poverty in 2011. This equates to 14% of all children in Warwickshire.

There is a 32 percentage point difference

between the proportion of 'disadvantaged children' and other children, in terms of those achieving 5+ A*-C GCSEs, including English and Maths

Warwickshire's rate of looked after children is 62 per 10,000...

...this is significantly higher than our statistical neighbours

Public Health Warwickshire | Working for Warwickshire | Warwickshire County Council

## Acknowledgements

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## Contents

Acknowledgements ... 2

What is the JSNA? ... 4

What is Warwickshire's approach to the JSNA? ... 4

Governance Arrangements ... 5

What is the purpose of the JSNA Review? ... 5

How did we decide on our JSNA Priority Topics? ... 7

- The Review Launch Workshop ... 7
- The Prioritisation Process ... 7
- What criteria were used to prioritise the topics? ... 7
- JSNA Prioritisation Workshop ... 9

What are Warwickshire's JSNA Priorities? ... 10

Vulnerable Young People ... 11

- Looked After Children (LAC) ... 11
- Educational Performance of Disadvantaged Children ... 12
- Vulnerable Young People ... 13

Mental Wellbeing ... 14

- Mental Health Children and Adults ... 14
- Dementia ... 15

Long-Term Conditions ... 16

- Cancer ... 16
- Cardiovascular Disease (CVD) ... 17

Physical Wellbeing ... 18

- Weight Management ... 18
- Smoking/Smoking in Pregnancy ... 19
- Substance Misuse (SM) & Alcohol (A) ... 20

Carers ... 21

- Young Carers & Adult Carers ... 21

How will we deliver the JSNA work programme? ... 22

Further Information ... 22

References ... 23

## What is the JSNA?

A Joint Strategic Needs Assessment (JSNA) looks at the current and future health and care needs of local populations to inform and guide the planning and commissioning of health, well-being and social care services within a local authority area. A JSNA should consider the needs arising from all the factors that impact on the health and wellbeing of the local population including economic, education, housing and environmental factors.

These are needs that could be met by local authorities, Clinical Commissioning Groups (CCGs), NHS England or a combination of organisations working in partnership. JSNAs are produced by Health and Wellbeing Boards, and are unique to each local area. They should be designed to inform the development of locally produced Joint Health & Wellbeing Strategies.

It is a statutory requirement[1] for upper-tier local authorities to produce a JSNA, although local areas are free to undertake JSNAs in a way best suited to their local circumstances.

Statutory guidance on JSNAs has been produced by the Department for Health and can be accessed here.

## What is Warwickshire's approach to the JSNA?

The purpose of Warwickshire's JSNA is to establish a shared, evidence-based consensus on the key local priorities across health and social care.

The needs of our population are complex, wide-ranging and varied. In order to focus on the areas of greatest need, Warwickshire's health and wellbeing priorities have been determined through the JSNA prioritisation process.

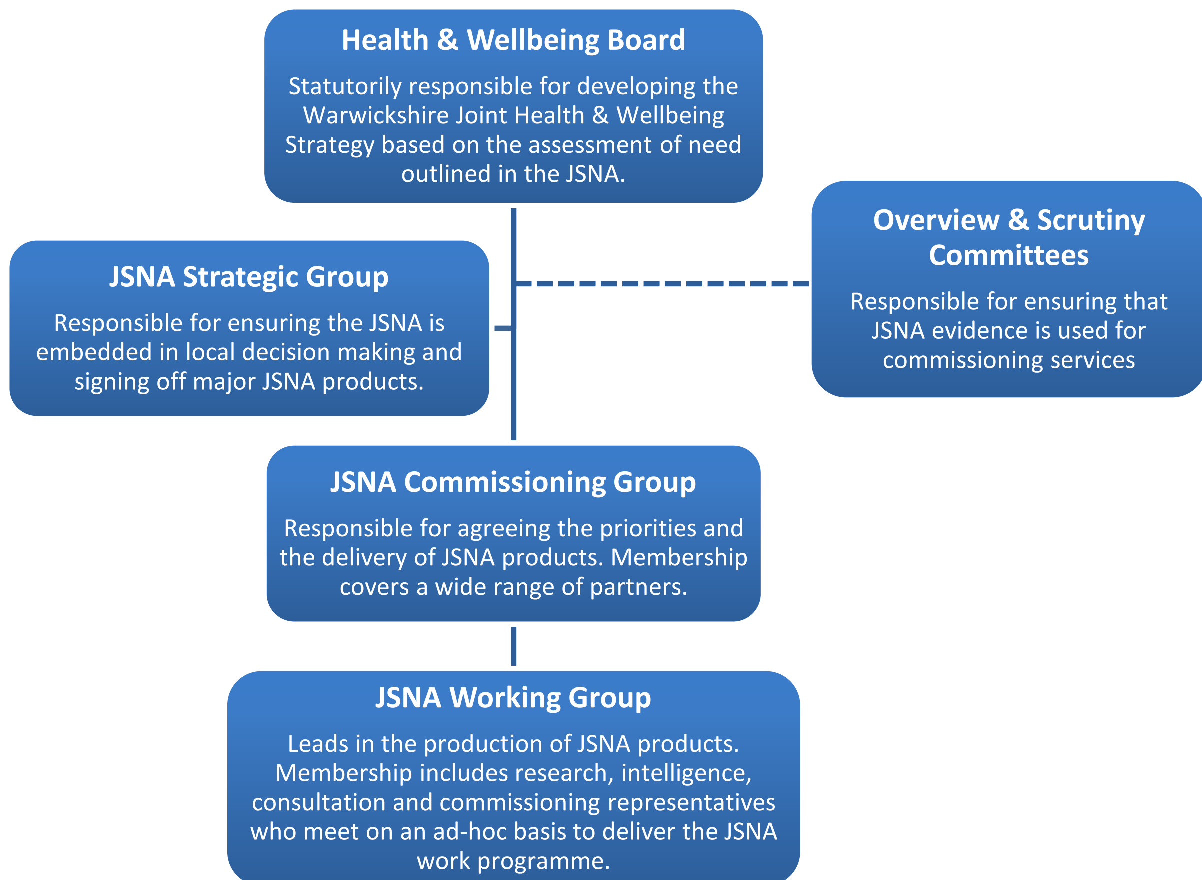
The data and evidence which underpins our JSNA is hosted on Warwickshire's Health & Wellbeing website. This site brings together information about health and wellbeing in the County, by integrating all of our JSNA, Health & Wellbeing Board, Public Health and Healthwatch web content.

[1] 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).

## Governance Arrangements

The governance arrangements for Warwickshire's JSNA are summarised in Figure 1. More detailed information can be found here.

**Figure 1: Warwickshire's JSNA Governance Arrangements**




## What is the purpose of the JSNA Review?

Every three years, we review the selection of priorities to ensure our JSNA is focused on the most pertinent health and wellbeing issues facing the local population. This involves analysing and reviewing all the latest data and evidence to highlight the most significant health and wellbeing issues in Warwickshire, both now and for the future.

The JSNA Review 2014/15 forms the first report in the 3 year Warwickshire JSNA cycle. Evidence supporting the priorities set during the Review process will be updated in the first Annual Update 2015/16 and second Annual Update 2016/17.

This full review of Warwickshire's JSNA priority topics has been used by the Health and Wellbeing Board to inform the development of its new 2014-2018 Joint Health and Wellbeing Strategy. Details of this process are available here.

Warwickshire's 3-year JSNA process and alignment to the Health and Wellbeing Strategy is outlined in Figure 2.

**Figure 2: Warwickshire's JSNA 'Cycle' and Health & Wellbeing Strategy Alignment**

Any new data, statistics and evidence on the identified priorities will be further analysed as part of two future annual JSNA update reports.  This will be supplemented by detailed analysis on key macro-level demographic, socio-economic and environmental indicators, such as that contained within the Observatory's 'Quality of Life' reports to help to ensure that our JSNA is always based on the most timely, comprehensive and relevant information.

## How did we decide on our JSNA Priority Topics?

Due to the complex, multi-faceted nature of health and wellbeing, a huge number of different issues required consideration as potential priority topics. In order to focus on the areas of 'greatest' need, a more robust, transparent and inclusive means of determining the County's health and wellbeing priorities has been developed. Over the past few months, this has involved the use of a prioritisation matrix and a series of workshops with partners in an attempt to reach a consensus on the key areas of focus.

### The Review Launch Workshop

This work started on 29th April 2014, when the Warwickshire Health and Wellbeing Board hosted the 'Health and Wellbeing Strategy & Joint Strategic Needs Assessment Review Launch'. This session provided the opportunity for an initial discussion on what the priorities for Warwickshire's next full JSNA Review should be, and how they would contribute to the development of Warwickshire's new Health & Wellbeing Strategy.

A large number of priorities and themes proposed by stakeholders emerged from the day and it was felt that this long, initial list of potential topics needed to be rationalised.

### The Prioritisation Process

As part of the JSNA Review process, a prioritisation matrix was developed to evaluate the level of 'need' and strength of evidence behind the range of suggested priority topics.

There is no single 'best' way of prioritising inherently complex and varied health and wellbeing issues and any such process involves a certain degree of subjectivity. However, the matrix introduced objectivity, robustness and transparency into the process so that stakeholders could hold more informed discussions on what should be the key focus of Warwickshire's JSNA.

### What criteria were used to prioritise the topics?

Figure 3 outlines the key criteria which were used to assess the overall level of need for each suggested topic as part of the prioritisation process.

Each topic was run through the tool and the latest relevant evidence was assessed with 'high', 'medium' or 'low' scores being given for each particular criterion. Additional emphasis was placed on the level of need (severity and volume) and economic cost prioritisation criteria and therefore these were given greater weighting when the overall scores for each proposed priority area were calculated.

**Figure 3: JSNA Prioritisation Matrix**

| | Criteria | High<br>10 points | Medium<br>6 points | Low<br>4 points | Zero<br>0 points | Weight-ing |
|---|---|---|---|---|---|---|
| Estimated Level of Need | Level of need – Volume | Topic covers an estimated large 'in need' population (>25,000 people). | Topic covers an estimated medium sized 'in need' population (10,000 – 24,999). | Topic covers an estimated small 'in need' population (<10,000). | - | 1.5 |
| | Level of need – Severity | The population concerned have 'severe' needs. | The population concerned have 'considerable' needs. | The population concerned have 'moderate' needs. | - | 1.5 |
| | Level of need – Trend | Available evidence suggests rapidly worsening situation over time. | Available evidence suggests worsening situation over time. | Available evidence suggests situation has remained stable over time. | Available evidence suggests improving situation over time. | 1 |
| | Level of need – Benchmarks | Available evidence suggests very high prevalence relative to comparator areas (the County is a clear statistical outlier). | Available evidence suggests above average prevalence relative to comparator areas. | Available evidence suggests prevalence in-line with comparator areas. | Available evidence suggests relatively low prevalence relative to comparator areas. | 1 |
| Early Intervention | Does the topic have early intervention implications? Is it an emerging issue which is likely to cause further problems in the future? | Clear, demonstrable evidence that there is a strong case for early intervention. | Some evidence which highlights areas suitable early intervention. | Weak evidence that the topic has areas suitable early intervention. | No evidence to suggest that the topic contains areas suitable early intervention. | 1 |
| Inequalities | What is the scale of inequality? | Persistent, wide scale geographic and population-based inequalities are clearly apparent. | Some notable geographic or population-based inequalities are apparent. | Some minor inequalities exist. | Little or no evidence of inequalities. | 1 |
| Cost Implications | Estimated economic cost associated with tackling the topic in Warwickshire | High levels (multi-millions of £s) of both direct and indirect estimated economic costs both now and in the future. | Medium levels (c. £5 million) of direct and/or indirect estimated economic costs both now and in the future. | Low levels (<£1 million) of estimated economic costs either now/and or in the future. | - | 1.5 |

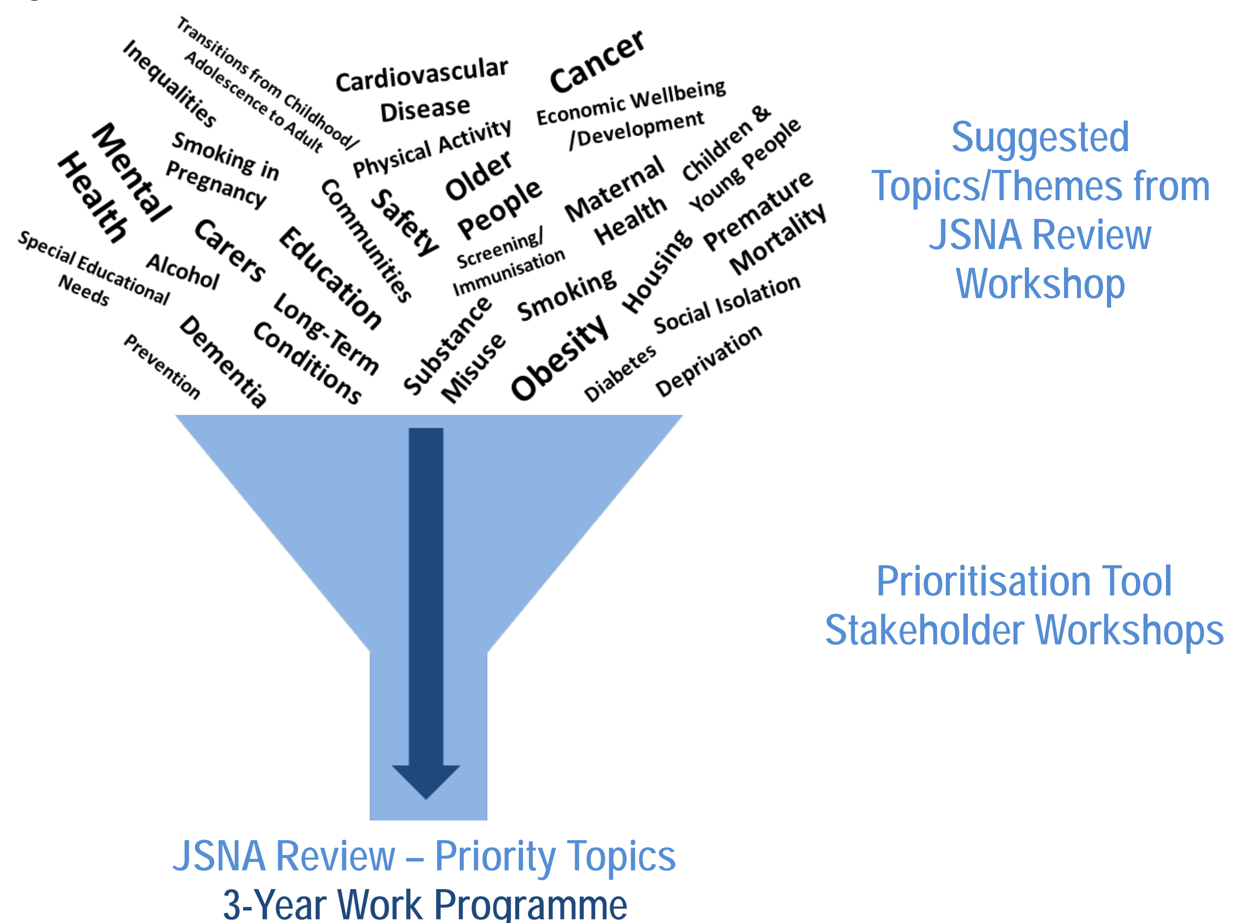
**JSNA Prioritisation Workshop**

On 23rd June 2014, a second Health and Wellbeing Board session was held to present the prioritisation matrix scoring of the proposed priorities. The main objective of the workshop was to agree a manageable list of Warwickshire's priority health and wellbeing needs, to be addressed through the Joint Health and Wellbeing Strategy. Eleven topics were taken forward to this workshop based on the scores they achieved. Attendees received short 'Dragon's Den-style' evidence-based presentations from topic 'champions' around why their topic should be considered as a priority in Warwickshire. Stakeholders then debated the case for the final selection. Each attendee was also given the opportunity to rank the priorities in order of importance. These individual rankings were then collated to produce a final, overall, ordered list of priorities. Partners (including Health & Wellbeing Board members) played a key role in determining the final set of priorities.

This JSNA Review is the culmination of the prioritisation process and this summary document outlines the Warwickshire population's health and wellbeing priorities.

It also provides the underlying evidence base for Warwickshire's new Joint Health and Wellbeing Strategy and a starting point for more detailed needs assessments to be undertaken as part of our 3-year JSNA work programme. Full details of our JSNA prioritisation process are available here.

**Figure 4: JSNA Review Prioritisation Process**



**What are Warwickshire's JSNA Priorities?**

The outcome of the prioritisation process highlighted the following as key areas of focus:

| Priority | Areas of focus |
| --- | --- |
| Vulnerable Young People | • Looked After Children<br>• Educational Attainment of Disadvantaged Children<br>• Vulnerable Young People |
| Mental Wellbeing | • Mental Health Adults & Children<br>• Dementia |
| Long-Term Conditions | • Cancer<br>• Cardiovascular Disease |
| Physical Wellbeing | • Weight Management<br>• Smoking/Smoking in Pregnancy<br>• Substance Misuse & Alcohol |
| Carers | • Young Carers<br>• Adult Carers |

For each of these individual priorities, a summary of the evidence used during the prioritisation process is now presented.

## VULNERABLE YOUNG PEOPLE

### Looked After Children (LAC)

| | |
|---|---|
| Level of need - Volume | • 690 children were looked after by the local authority as at 31st March 2014 (including asylum seekers)[1]. |
| Level of need – Severity | • Children who are looked after suffer some of the most serious negative life events including abuse, neglect and family dysfunction.<br>• Their needs include poor educational attainment and poor emotional wellbeing, experiencing significantly worse mental health than all children[2]. |
| Level of need – Trend | • Over the last 5 years, numbers of LAC have increased by 22% from 536 at 31st March 2009 to 690 at 31st March 2014[1]. |
| Level of need – Benchmarks | • Warwickshire's looked after rate per 10,000 is significantly higher than our statistical neighbours; Warwickshire = 62.0, Statistical Neighbours = 48.8, England = 60.0[1] |
| Does the topic have early intervention implications? | • Safely preventing children from becoming LAC is one of the key aims of Warwickshire County Council in managing our looked after population. Diverting children to prevent them from being looked after was a key tenet of the Dartington Project which concluded in March 2014[3]. |
| What is the scale of inequality? | • Looked after children can experience multiple harm factors which contribute to poorer outcomes than the non-looked after population.<br>• In childhood, LAC are more likely to experience poor mental health and poor educational attainment.<br>• Children who are looked after become adults who may have poor adult outcomes such as substance misuse, mental health issues, long term unemployment and offending behaviour.<br>• Children who are looked after are 2.5 times more likely to become teenage parents and more likely to have those children taken into care.<br>• Children whose parents are substance misusers are more likely to be looked after and families where there is domestic violence are more likely to have a child in care.<br>• Nuneaton and Bedworth has the largest numbers of LAC as well as the highest levels of child poverty[4]. |
| Estimated economic cost | • The average weekly cost in 2003-04 of a child in Local Authority foster care was £349, and £2,048 for children in residential homes Commissioning placements and services for looked after children and children with special educational needs and disabilities in residential placements[5]<br>• The Dartington Project in 2011 worked on an estimated cost of £30,000 per child looked after. |
| Top areas of focus | • Warwickshire's looked after rate is significantly higher than our statistical neighbours.<br>• Looked after children have significantly worse mental health than all children.<br>• Looked after children have poorer educational attainment than children who have not been looked after. |

**Educational Performance of Disadvantaged Children**

| | |
|---|---|
| Level of need - Volume | • 0-17 mid 2013 population estimate for Warks - 111,900[1]<br>• 2014 Spring School Census – Reception to Year 13: 75,104[2]FSM 4-17 = 7500[2] + LAC (535 4-17) =8,035[3] (DfE disadvantaged[4]=13,900) |
| Level of need – Severity | • Challenges lie in closing the gaps between disadvantaged and other pupils in Warwickshire. The disadvantaged 'gap' for Key Stage 2 pupils achieving Level 4 or above in R/W/M has grown from 21% to 23%, whilst the national gap has fallen by 1%[5]. Encouragingly, the attainment of disadvantaged pupils achieving above the nationally expected level (achieving a Level 5) has increased by 2% between 2012 and 2013, however the attainment of other pupils has also increased at the same rate maintaining rather than 'closing' the gap, which holds at 18%. The gaps widen as pupils continue their schooling standing at 32% in 2013 for those achieving 5+ GCSEs at A*-C, including English and Maths. The attainment of disadvantaged pupils achieving this KS4 measure has grown over the past 3 years up from 33% to 39%, however the attainment of other pupils has matched this, up from 66% to 71%, maintaining the gap between the two groups[4].<br>• Girls continue to outperform boys; however this underachievement is more pronounced and widening in certain areas of the County. |
| Level of need – Trend | • Gaps between disadvantaged and other pupils in Warwickshire are not improving. Although attainment of disadvantaged group is improving. |
| Level of need – Benchmarks | • Gender – Warwickshire Boys and Girls tend to perform better than national and statistical neighbour counterparts. Gender gap at County level similar to national/SN average |
| Does the topic have early intervention implications? | • Not achieving Level 4+ at KS2 means the child has a considerable amount of ground to make up to achieve at least a C at KS4. Not achieving the minimum number of expected GCSEs increases the likelihood of becoming NEET. School Readiness at EYFS is key to identifying those already at a disadvantage at an early stage. |
| What is the scale of inequality? | • The gender gap in North Warwickshire has widened over the last few years at KS2 with boys under achieving at 68% compared with 81% of girls attaining the expected level in reading, writing and maths. At the end of KS4 in Warwickshire there is an 8ppt gap in attainment between girls and boys, with girls continuing to out-perform boys, 69% attaining the expected level at the end of KS4 compared to 61%. As at the end of KS2, in North Warwickshire state funded schools there is also a more pronounced gap in attainment between boys and girls of 17ppts when compared with the other Districts and Boroughs, with 47% of boys achieving 5+ A*-C GCSEs including English and Maths, compared to 64% of girls. |
| Estimated economic cost | • Investing in education will save millions of pounds in the future in unemployment benefit, costs to the economy and costs to the health sector due to education affecting long term health. |
| Top areas of focus | • The disadvantaged 'gap' for educational attainment of pupils has increased in Warwickshire but decreased nationally.<br>• Girls outperform boys, with a more pronounced gap between sexes in North Warwickshire. |

**Vulnerable Young People**

| Level of need – Volume | • 991 'Priority Families' in Warwickshire[1], 660 NEET[2], 190 new offenders[3] aged 10-17 (370.9 per 100,000)[2], 299 Under 18 conceptions (24.3 per 1,000)[2], 67 under 18 mothers[2], 14.1% children in low income families[2]<br>• 550 children in Warks subject to a Child Protection Plan (CPP) (47.8 per 10,000)[4]<br>• c.200 (local data collection[5]) or 4,900 (NSPCC estimates) children at risk of CSE.<br>• 15,315 children considered to be living in poverty in 2011, ~14% of all children[6].<br>• 11% of secondary school pupils in Warks state they have smoked once or twice and a further 8% have smoked a few times. 1 in 5 college students are frequent smokers[7].<br>• 8% of those aged 11-16 say that they are drinking alcohol 'about every week' and 2.2% 'most days'. The proportion of young people who drink every week is higher in Warwickshire that national average[7].<br>• 2% of 11-16 year olds say they were taking drugs about every week, & a further 2% say they take illegal drugs most days. Those who regularly truant or are excluded from school are more likely to have used illicit drugs[7].<br>• Unknown numbers of: children of prisoners, children who are victims of domestic violence, children who have a parent with mental health issues, children who have parents who are substance misusers |
|---|---|
| Level of need – Severity | • Range of needs from those NEET, smoking and drinking alcohol who are at risk of having severe needs in the future to current severe needs of those being sexually exploited and child victims of domestic violence. |
| Level of need – Trend | • NEET – downwards trend - 2011=4.5%, 2012 = 3.6%[2]<br>• First time entrants to youth justice system – downwards trend – 2011=545.7, 2012 =370.9[2]<br>• Under 18 conception – downwards trend – 2011 = 30.9, 2012 =24.3[2]<br>• CPPs – WORSENING trend – 2011 = 43.0, 2012 = 47.8[4]<br>• Low income – stable trend – 2011 =14.6%, 2012 = 14.1%[2]<br>• Poverty - The 2011 figures are lower compared to 2010, however four of the five districts/boroughs are higher compared to 2006 figures. (not Warwick)[6] |
| Level of need – Benchmarks (2012) | • NEET – lower than statistical neighbours (SN) and England average (EA): Warks =3.6% vs SN =5.% vs EA =5.8%[2]<br>• Young offenders – lower than SN & EA: Warks= 370.9 vs SN= 516.4, EA =537.0[2]<br>• Under 18 conceptions – lower than SN & EA: Warks= 24.3 vs SN = 25.3 vs EA =27.7[2]<br>• CPP- WORSE than SN & EA: Warks= 47.8 vs SN= 31.4 vs EA= 37.8[4]<br>• Low income better than SN & EA: Warks= 14.1% vs SN= 14.9% vs EA= 20.6%[2]<br>• Poverty - 14% considerably below the national and regional equivalent figures of 20% and 23% respectively[6]. |
| Does the topic have early intervention implications? | • Children who experience 4 or more Adverse Childhood Experiences (ACEs) are statistically more like to experience negative adult health outcomes. There would be considerable long term health benefits for the most vulnerable if the ACEs were prevented[8] |
| What is the scale of inequality? | • Poverty, NEETs, Under 18 conceptions, drinking alcohol, CPPs all higher in the North of the county[4,6].<br>• Some groups have higher vulnerability including looked after children. |
| Estimated economic cost | • Investing to prevent ACEs would have high level, wide reaching benefits for Warks[8] |
| Top areas of focus | • Preventing children from experiencing ACEs would drastically impact the numbers of adults with negative health outcomes.<br>• Warwickshire has a significantly higher rate of children subject to a CPP than our statistical neighbours.<br>• There are a number of vulnerable groups who we do not have any data on their group's size. |

## MENTAL WELLBEING

### Mental Health Children and Adults

| | |
|---|---|
| Level of need - Volume | • 26,000 children requiring CAMHS service across the tiers[1]:<br>▪ T1: 16,659 (may include sleeping difficulties or feeding problems)<br>▪ T2: 7,773 (may include family work, bereavement, parenting groups etc)<br>▪ T3: 2,055 (may be developmental, autism, hyperactivity, depression, early onset psychosis etc)<br>▪ T4: 82 (severe mental health problems)<br>• There are 26,426 residents aged over 18 registered as having a mental health condition in Warwickshire[2]. |
| Level of need – Severity | • Mental ill health falls across a spectrum of need from those with severe mental health illnesses who require a higher level of support from acute in-patient services to low level mental wellbeing issues which can be supported through Improving Access to Psychological Therapies (IAPT).<br>• Severity can vary within different diagnoses; for example depression can be mild, moderate or severe. |
| Level of need – Trend | • Rise in number of CAMHS' referrals over past 3 years as well as increasing levels of complexity and need, with self-harm increasing significantly.<br>• It is projected that those aged over 65 years with severe depression in Warwickshire will increase by 20.8% and across all districts/boroughs that those aged over 65 years with depression or severe depression will increase by around a fifth between 2012 and 2020[3]. |
| Level of need – Benchmarks | • In-line with comparator areas (children and adult mental health)<br>• Warwickshire will increase greater when compared to West Midlands and England for both depression and severe depression. |
| Does the topic have early intervention implications? Is it an emerging issue which is likely to cause further problems in the future? | • If the symptoms associated with common mental health conditions are identified, it is possible to reduce the severity of the condition[4]<br>• Mental health disorders in childhood can have high levels of persistence. In children, 25% of those with emotional disorder and 43% of those with a conduct disorder are likely to have the problem three years later if not addressed, which can lead to poorer outcomes in education. Those experiencing anxiety in childhood are 3.5 times more likely than others to suffer depression or anxiety in adulthood[5]<br>• Can be a predisposition to other unhealthy lifestyles (increased drinking, poor diet, sedentary lifestyle etc.) |
| What is the scale of inequality? | • Service users report barriers to accessing CAMHs by those from disadvantaged backgrounds. Whilst levels of need are believed to vary across the County, the service provision does not reflect this.<br>• More likely to live 15-20 years less than the general population which is related to poorer health such as heart disease and stroke[6] |
| Estimated economic cost | • Prevention of mental disorder spending and promotion of mental health represents less than 0.1% of the annual NHS mental health budget[7].<br>• Mental ill health costs £105 billion each year in England. This includes £21 billion in health and social care costs and £29 billion in losses to business[8]. |
| Top areas of focus | • Data relating to unmet need in wider population i.e. how many children and adults have a mental health issue who are NOT known to services, likely to be at the mild to moderate end of the need spectrum. Better Warwickshire specific information. |

**Dementia**

| | |
|---|---|
| Level of need - Volume | • There are 3,584 registered patients diagnosed with dementia in Warwickshire[1]. However, estimates suggest 7,521[2] are living with the condition, meaning that only 48% of patients have been formally diagnosed.<br>• Modelled figures estimate that females over the age of 80 have the highest prevalence of dementia and account for 50% of total numbers[3].<br>• Figures suggest that dementia will affect 1 in 3 people who live to over the age of 65[4]. |
| Level of need – Severity | • Dementia is a degenerative disease of the brain which over time can result in gradual loss of mental awareness, memory, general communication and skills to carry out daily activities, as well as personality change[5].<br>• The speed of progression is variable but typically develops slowly over a number of years. |
| Level of need – Trend | • From 2012-2020, dementia prevalence in Warwickshire is projected to increase by 27.7% for those aged 65 and over[6].<br>• The largest increase in prevalence is projected in North Warwickshire (+36.5%) for those aged 65+, followed by Stratford-on-Avon (33.4%)[6].<br>• In Warwickshire, dementia prevalence is projected to increase at a faster rate than that for the West Midlands Region (+24%) and England (+23.5%)[6].<br>• Trends in North Warwickshire suggest that there is expected to be an immediate drop in 2012-2014 followed by an increase from 2014 onwards in terms of percentage change[6]. |
| Level of need – Benchmarks | • Estimates suggest that in England, the diagnoses rate is 48.7% (2012/13) which is comparable to Warwickshire (47.8%)[7]. |
| Does the topic have early intervention implications? | • Currently, less than half of people living with dementia in Warwickshire have had a diagnosis, but an early diagnosis can be very important in ensuring that people are able to maintain the quality of life that they had previously enjoyed and have access to appropriate support and services. Although dementia is incurable, early diagnosis can allow access to medications that can be used to effectively slow down the progression of the illness[8]. |
| What is the scale of inequality? | • Prevalence is more prominent amongst women and this is expected to continue in the future[6].<br>• Prevalence is higher in the south of the County, in terms of absolute numbers, but this due to having a larger and older population when compared to the north of the County[6].<br>• Percentage changes in females is greater than males across the years (actual and percentage change)[6]. |
| Estimated economic cost | • Dementia UK[9] estimates* that the total annual cost per person with dementia in different settings in 2007 was as follows:<br>▪ People in the community with mild dementia: £14,540<br>▪ People in the community with moderate dementia: £20,355<br>▪ People in the community with severe dementia: £28,527<br>▪ People in care homes: £31,263<br>*The breakdown of these for actual numbers is unknown and therefore may affect the total costs. |
| Top areas of focus | • Dementia prevalence is projected to increase by nearly a third for those aged 65 and over by 2020.<br>• Improving the rate of diagnosis. |

## LONG-TERM CONDITIONS

### Cancer

| | |
|---|---|
| Level of need - Volume | • It is estimated that more than 1 in 3 people in the UK will develop some form of cancer during their lifetime[1].<br>• 2.0% of the population are recorded on GP registers as having been diagnosed with cancer (11,335 patients).<br>• In Warwickshire, there are approximately 2,435 new cases of cancer each year.<br>• In 2012, there were 1,461 deaths due to cancer (28.1% of all deaths). 1 in 4 people will die from cancer[2]. |
| Level of need – Severity | • The level of need will vary depending on the "site" of the cancer and the "stage" of the cancer. |
| Level of need – Trend | • In line with national trends, there continues to be an overall increase in the number and rate of new cases of cancer each year, but a falling rate of deaths. This is due to increasing survival rates from cancer over the past decades. |
| Level of need – Benchmarks | • Warwickshire has a lower cancer incidence and lower mortality than the national average. Recorded prevalence is also lower than the England rate and compared to some neighbouring areas e.g. Staffordshire and Worcestershire |
| Does the topic have early intervention implications? | • Up to half of cases of cancer are thought to be preventable. As the population ages, diagnosis improves and more people survive from cancer, prevalence (i.e. the number of people living with cancer) is likely to increase[3]. |
| What is the scale of inequality? | • The prevalence of cancer increases with age. In general, men are at significantly greater risk than women, with the exception of breast cancer. Black and Minority Ethnic (BME) groups are at a lower risk overall from cancer than the White population, but there is an increased risk of certain cancers in BME groups. Within Warwickshire, although mortality rates are lower than nationally, Nuneaton and Bedworth has significantly higher cancer mortality and premature mortality[4] |
| Estimated economic cost | • 5% of the NHS budget is spent on cancer care, with some estimates suggesting that the overall cost could increase by more than a third in the next decade[5]. |
| Top areas of focus | • Early detection and diagnosis.<br>• Reducing inequalities in access to and uptake of cancer services.<br>• Prevention of people developing cancers which are amenable to changes in lifestyle. |

**Cardiovascular Disease (CVD)**

| | |
|---|---|
| Level of need - Volume | • CVD is an overarching term used to describe a family of diseases (including stroke, heart attack and peripheral vascular disease) which share a common set of risk factors.<br>• 12.2% (53,100) of the population aged 16+ in Warwickshire are estimated to be living with CVD[1], whilst 5.6% (24,600) of the adult population are estimated to be living with Coronary Heart Disease (CHD), and 2.6% (11,300) with Stroke alone.<br>• There are currently over 27,000 patients on GP registers for stroke and CVD[2] which suggests a notable gap between the estimated and the observed prevalence.<br>• CVD is the leading cause of death in Warwickshire accounting for approximately 1,400 deaths (28%) a year[3]. |
| Level of need – Severity | • The level of need will vary depending on the diagnosis. CVD is a chronic condition. |
| Level of need – Trend | • In line with national trends, there continues to be an overall decline in the number and rate of deaths from CVD across Warwickshire.<br>• Early mortality (under 75 years) rates from cardiovascular disease are significantly lower than the national rate, and have decreased by 62.9% since 1995[4]. |
| Level of need – Benchmarks | • Overall mortality rates for CVD in Warwickshire are significantly lower than the England average. However, prevalence is higher in parts of the County than nationally and regionally for CVD (the South) and higher for stroke. |
| Does the topic have early intervention implications? | • Most deaths caused by cardiovascular disease are premature and could easily be prevented by making lifestyle changes, such as eating a healthy diet, exercising regularly and stopping smoking.<br>• The NHS health Check Programme was formally introduced in April 2009 as a key policy to reduce health inequalities and increase life expectancy from preventable CVD conditions. |
| What is the scale of inequality? | • There is considerable geographic variation across Warwickshire, and by age and gender. The under-75 mortality rate from CVD ranges from 37 per 100,000 population in Stratford-on-Avon to 63 in North Warwickshire. There is also variation in diagnosis and treatment by practice. |
| Estimated economic cost | • The combined cost of CVD to the NHS and the UK economy is £30 billion annually. The cost of CVD to the UK healthcare system in 2006 was £14.4 billion (around 48%); productivity losses account for £8 billion annually (26%) and the cost of informal care of people with CVD is also £8 billion annually[5]. |
| Top areas of focus | • CVD is the leading cause of death in Warwickshire.<br>• The emergency admission rate for CVD for people living in the most deprived areas of Warwickshire is significantly greater than for those living in the least deprived areas.<br>• Health promotion in order to prevent premature death from CVD. |

## PHYSICAL WELLBEING

### Weight Management

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| Level of need - Volume | • Estimates suggest 21.8% of adults in Warwickshire are classified as obese[1], equating to approximately 98,000 adults with a BMI ≥ 30kg/m$^2$. A further 43.0% of adults are estimated to be overweight (but not obese) meaning that almost 2 in 3 adults are defined as carrying excess weight.<br>• In 2012/13, 45,664 adults in the county (9.9% of the total GP registered population aged 16+) featured on GP registers for obesity[2] highlighting a noticeable difference between numbers of people estimated to be obese and those with a formal diagnosis (actual prevalence).<br>• Almost 1 in 10 children in Warwickshire are now obese when they start school and, by the time they are 11 years old, this increases to 1 in 6[3].<br>• 55.3% of adults in Warwickshire are physically active and 27% are inactive[4]. |
| Level of need – Severity | • Obesity can have significant implications for health, social care, the economy and educational attainment. Obesity increases the risk of developing other serious diseases, e.g. heart disease, diabetes and cancers[5]. |
| Level of need – Trend | • The prevalence of obesity across England has increased in the past 20 years.<br>• The number of hospital admissions with a primary or secondary diagnosis of obesity has risen rapidly since 2002/03.<br>• The percentage of adults who are physically active at recommended levels increased steadily between 1997-2008, from 26% to 36%. |
| Level of need – Benchmarks | • The percentage of excess weight in adults in Warwickshire (64.8%) is slightly higher than that for England, Coventry and Birmingham[1].<br>• Warwickshire has statistically significantly lower proportion of obese reception aged and Year 6 children than the England averages[4].<br>• Warwickshire has a slightly lower proportion of physically active adults than the England average (56.0%) but is higher than some nearby authorities. |
| Does the topic have early intervention implications? | • School-based interventions have been found to be effective in reducing obesity levels and longer-running programmes even more effective[6].<br>• Nutritional education and promotion of physical activity, together with behaviour changes, decrease in sedentary activities and collaboration of the family may be important factors in the prevention of childhood obesity[7,8].<br>• Evidence suggests that effective policies in reducing childhood obesity result in short term health benefits, e.g. reduction in Type 2 diabetes. Longer term benefits include reduce the progression of childhood obesity into adulthood. |
| What is the scale of inequality? | • Evidence suggests a strong link between obesity levels and deprivation: there is a higher prevalence of obesity in young deprived children compared to those from more affluent groups[9].<br>• Adults with lower qualifications have a higher prevalence of obesity, than groups with higher qualifications[5].<br>• In Warwickshire, there is a clear geographical trend of obesity ranging from 29.6% in North Warwickshire to 21.4% in Warwick[5]. |
| Estimated economic cost | • In 2004, it was estimated that the projected cost of dealing with obesity and related diseases was to be £73.9 million in 2010 and £84.9 million in 2015[10].<br>• Including the economic costs to the wider community, it is estimated that these indirect costs could cost the UK economy £27 billion in 2015[5]. |
| Top areas of focus | • Higher Body Mass Index (BMI) is associated with an increased risk of morbidity and mortality from a range of conditions including hypertension, heart disease & type 2 diabetes<br>• There is a clear geographical trend of obesity in Warwickshire, with higher rates in the north of the county compared to the south. |

**Smoking/Smoking in Pregnancy**

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| Level of need - Volume | • The prevalence of smoking among persons aged 18 years and over in Warwickshire, in 2012, was 17.9%[1]. NHS Stop Smoking Services data for 2013-14 indicates that 4,458 people had set a quit date between April 2013 and December 2013 and that 1,947 (43.7%) had successfully quit.<br>• In 2012/13, 17.6% of mothers in Warwickshire were estimated to be smoking at time of delivery. This equates to around 1,000 babies born in Warwickshire who have effectively already been smoking for nine months[1]. |
| Level of need – Severity | • Smoking is one of the biggest causes of death and illness in the UK and accounts for more than 80,000 premature deaths each year. In Warwickshire, every year, there are more than 800 preventable deaths as a result of smoking[2].<br>• Smoking causes about 90% of lung cancers, which in Warwickshire, leads to nearly 250 deaths per year. It also causes cancer in many other parts of the body. |
| Level of need – Trend | • Smoking prevalence trends suggest that the rate in Warwickshire has fallen from 19.8% in 2010 down to 17.9% in 2012. At a District/Borough level, rates have also fallen other than in Stratford-on-Avon District which has seen an increase from 17.4% to 19.8% in the same period.<br>• The trend in smoking in pregnancy data is less clear with the rate having increased from 16.4% in 2010/11 to 19.6% in 2011/12 before declining to 17.6% in 2012/13[1]. |
| Level of need – Benchmarks | • The adult smoking prevalence rate in Warwickshire in 2012 was lower than the England rate of 19.5%, although not statistically significantly. At District/Borough level, the rate varied from 10.4% in North Warwickshire to 19.8% in both Nuneaton & Bedworth and Stratford-on-Avon. However, the North Warwickshire rate is based on a sample size of just 107 people[1]. |
| Does the topic have early intervention implications? | • Two thirds of smokers say they began before they were legally old enough to buy cigarettes and 9 out of 10 before the age of 19[3].<br>• At least 20% of our children live in a house where people smoke. Children of smokers are almost twice as likely to be admitted to hospital with breathing difficulties as those that live in a smoke free home[4].<br>• By quitting smoking, after 1 year, the risk of heart attack is half that of a smoker, and after 10 years, lung cancer risk is half that of a smoker[5].<br>• Warwickshire County Council was the first county council to sign up to the Declaration of Tobacco Control. As part of the declaration, the local authority promises to participate in local and regional networks for support and support the government in taking action at a national level to help local authorities reduce smoking prevalence and health inequalities in our communities[6]. |
| What is the scale of inequality? | • Smoking is the biggest preventable cause of health inequalities & increases the risk of cancer, heart disease, stroke & chronic respiratory disease.<br>• Over half of the health inequalities between the north and the south of the county are estimated to result from differential smoking behaviours.<br>• There is a strong link between smoking and socio-economic group. For instance, the smoking prevalence rate in Warwickshire for those who are routine/manual workers was estimated at 29.2% in 2012[1]. |
| Estimated economic cost | • Estimates suggest each year in Warwickshire, smoking costs society £119m. This includes lost productivity, treatment costs, accidental fires & waste[7].<br>• The cost per successful quitter, 2012/13, in Warwickshire, is calculated to be £208 against the West Midlands average of £351[8]. |
| Top areas of focus | • Warwickshire has a significantly higher number of women who smoke during pregnancy compared to the England average.<br>• 9 out of 10 smokers began smoking before the age of 19. |

**Substance Misuse (SM) & Alcohol (A)**

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| Level of need - Volume | • (A): 35.2% of Warwickshire adults or 153,072 people are estimated to be drinking at 'risky' levels[1].<br>• (SM): It is estimated that just under 2,500 (6.3 per 1,000) Warwickshire residents aged 15-64 are dependent on crack or heroin[2]. It is more difficult to obtain local estimates of the numbers who use other drugs. |
| Level of need – Severity | • (A): A spectrum of need exists, ranging from low level support for those with 'harmful drinking' issues to acute medical and social care for those with alcohol dependency.<br>• (SM): The associated physical health conditions include the risk of overdose, infections, poor mental/ physical / dental health, and injection site wounds. There are also wider personal needs that could be considered severe. |
| Level of need – Trend | • (A): The proportion of men drinking more than the recommended amount did not show substantial change between 2006 and 2012. Among women there was a decrease of the proportion drinking more than the recommended amount[1].<br>• (SM): From 2009/10-2010/11, it is estimated the number of Warwickshire residents addicted to heroin or crack increased by around 100[2]. |
| Level of need – Benchmarks | • (A): No areas in Warwickshire rank within the worst performing areas nationally[3] and Warwickshire performs better than the national average in terms of alcohol-related admissions[4].<br>• (SM): Warwickshire has a lower rate than the national rate for opiate and/or crack dependency prevalence (6.3 per 1,000 compared with 8.7 per 1,000). However, in 2012 the percentage of successful completions of drug treatment for both opiate and non-opiate users in Warwickshire was significantly worse than the England figure[5]. |
| Does the topic have early intervention implications? | • (A): Interventions aimed at individuals can help make people aware of potential risks at an early stage when they are most likely to change their behaviour[6].<br>• (SM): Drug use amongst rough sleepers usually reduces significantly when their housing problems are solved. Mental illness is also linked to drug use, and users are more likely to recover when treatment and mental health services work together. |
| What is the scale of inequality? | • (A): North Warwickshire and Stratford-on-Avon have the lowest figures of people affected by alcohol dependence, with Nuneaton & Bedworth followed by Warwick the highest. However, Warwick & Stratford-on-Avon have the highest levels of increased/higher risk drinking. The highest levels of alcohol-related recorded crime & sexual offences are in Nuneaton and Bedworth and the lowest in Stratford-on-Avon[7].<br>• Managers and other professionals self-report that they consume more alcohol than people in routine and manual groups. People in the most deprived fifth of the country are: 2-3 times more likely to die of causes influenced by alcohol; 3-5 times more likely to die of an alcohol-specific cause; 2-5 times more likely to be admitted to hospital because of an alcohol-use disorder, than those living in more affluent areas.<br>• (SM): The age range for the largest proportion of crack or opiate users in Warwickshire has dropped from 35-64 in 2009-11 to 25-43 in 2011-12. The 15-24 year old age group make up the smallest proportion of crack and heroin users. |
| Estimated economic cost | • (A): Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually[8]. There is very limited local evidence. Some research suggests that alcohol usage creates more revenue than it costs to society.<br>• (SM): The Home Office estimates that drug-related crime costs society £13.9bn a year; NICE estimates the lifetime crime and health bill for every injecting drug user is £480,000. In Warwickshire, for every £1.00 spent on the local treatment system in 2012-13, £3.23 was gained in benefits[9]. |
| Top areas of focus | • Over a third of all adults in Warwickshire are estimated to be drinking at 'risky' levels.<br>• The percentage of successful completions of drug treatment for both opiate and non-opiate users in Warwickshire is significantly worse than the England average |

## CARERS

### Young Carers & Adult Carers

| Level of need - Volume | • 59,240 (10.9%) people in Warwickshire provide some level of unpaid care each week.<br>• Of these, over 3,500 are aged 0-24[1] |
|---|---|
| Level of need – Severity | • 12,452 people in Warwickshire provide 50 hours or more of unpaid care each week. Of these, almost 400 are aged 0-24.<br>• Carers providing 50+ hours of unpaid care a week are more than twice as likely to report that their health is 'not good' compared with those who provide no care[11] |
| Level of need – Trend | • Three districts and boroughs recorded increasing numbers of unpaid carers between 2001 and 2011 - North Warwickshire, Stratford and Nuneaton & Bedworth; Warwick & Rugby's numbers are static.<br>• However this masks the real picture as ALL areas recorded increasing numbers of carers providing 50+ hours between 2001 and 2011. |
| Level of need – Benchmarks | • England - 10.3%<br>• Warwickshire - 10.9%<br>• West Midlands - 11.0%<br>• East Midlands - 10.8%[1] |
| Does the topic have early intervention implications? | • There is a particular need to reach out to groups providing high levels of weekly care who may be most at risk of their own health and well-being deteriorating.<br>• Young carers need support to continue with their education and be supported to care for their sibling/parent. |
| What is the scale of inequality? | • North Warwickshire residents report higher numbers acting as unpaid carers (12.1%), followed by Nuneaton & Bedworth and Stratford (both 11.3%). Rugby (10.4%) and Warwick (9.8%) residents are least likely to be unpaid carers[1].<br>• Inequalities between young carers and their peers.<br>• Inequalities between people providing 50+ hours of care compared with those providing no care. |
| Estimated economic cost associated with tackling the topic in Warwickshire | • Large cost to the authority if carers weren't able to care in an unpaid capacity. Large unpaid work contribution to the economy. |
| Top areas of focus | • Warwickshire has a higher percentage of people providing some level of unpaid care each week than the England average<br>• People who provide high levels of weekly care are most at risk of their own health and well-being deteriorating.<br>• Young carers often underachieve in the education system. |

### How will we deliver the JSNA work programme?

This JSNA Review also provides the basis for a more detailed and ongoing programme of work, which incorporates specific needs assessments on each of the aforementioned identified priority topics. These priorities constitute the three-year JSNA work programme, and the delivery of the associated needs assessments will be led by the JSNA Commissioning Group.

Further information on the JSNA work programme, including when each topic will be analysed in more detail can be found here.

### Further Information

It is anticipated that the first JSNA Annual Update will be available by September 2015.

The Warwickshire Health & Wellbeing Strategy 2014-2018 can be downloaded here. Webpage needs updating – only links to consultation doc at the moment

Further information is available on the Warwickshire Health & Wellbeing website, or by contacting us through our dedicated JSNA inbox: jsna@warwickshire.gov.uk

## References


### Vulnerable Young People

*Looked after children (LAC)*

1. Business and Commissioning Intelligence, Warwickshire County Council
2. Department of Health (2009) Promoting the health and wellbeing of looked after children
3. http://hwb.warwickshire.gov.uk/files/2012/01/Dartington-Project.pdf
4. Warwickshire Child Poverty Strategy 2011
5. *Warwickshire County Council*

*Educational Performance of Disadvantaged Children*

1. Office for National Statistics (2014) Annual Mid-Year Population Estimates for the UK
2. January 2014 School Census
3. Warwickshire County Council Social Care (Carefirst)
4. FSM Eligible in the last 6 years and LAC Estimated using 2014 pupil premium data covering Reception to Year 11
5. Department for Education (2014) 2013 School Performance Tables

*Vulnerable Young People*

1. Priority Families Programme, Warwickshire County Council
2. *Public Health England Child health profile March 2014*
3. *First time entrants to the Criminal Justice System*
6. As at 31 March 2013, Business and Commissioning Intelligence, Warwickshire County Council
4. *Understanding Child Exploitation in Warwickshire, JSNA 2014*
5. *Quality of Life, 2013, Warwickshire Observatory, WCC*
6. Annual Pupil Survey, 2013 BCI, WCC
7. *www.cdc.gov/violenceprevention/acestudy*

### Mental Wellbeing

*Mental health children and adults*

1. CHiMAT and Office for National Statistics (ONS), 2011
2. Quality & Outcomes Framework (QOF), 2012/13
3. POPPI, 2012
4. World Health Organisation (WHO)
5. Children & Adolescent Mental Health Services (CAMHS) Review, 2008
6. Wahlbeck et al 2011
7. Public Health Mental Health Strategy 2014-2016, p.7.
8. Centre for Mental Health 2010 as cited in the Public Health Mental Strategy 2014-2016

*Dementia*

1. Quality & Outcomes Framework (QOF) provisional data 2013/14
2. Expected Prevalence calculated using NHS England, Primary Care Web Tool (2013/14)

3. (Warwickshire JSNA, 2012b) as cited in Public Health Annual Report “Mental health and wellbeing”
4. Public Health England, 2013 “Call for new policy focus on brain health to reduce the risk of dementia”
5. NHS Choices, 2013 and Public Health Mental Strategy 2014-2016
6. POPPI, 2012
7. Public Health Outcomes Framework, 2012/13
8. Coventry and Warwickshire Living Well with Dementia Portal
9. Dementia UK: Second edition. Alzheimer’s Society 2014.

**Long-Term Conditions**

*Cancer*

1. *http://www.cancerresearchuk.org/cancer-info/cancerstats/keyfacts/Allcancerscombined/*
2. *http://www.cancerresearchuk.org/cancer-info/cancerstats/survival/england-and-wales-cancer-survival-statistics*
3. *http://www.cancerresearchuk.org/cancer-info/cancerstats/incidence/prevalence/*
4. Office for National Statistics (ONS)/Health and Social Care Information Centre (HSCIC)
5. *http://www.bupa.co.uk/intermediaries/int-news/int-bupa-updates/bupa-updates-archive/cost-of-cancer-report*

*Cardiovascular disease (CVD)*

1. Modelled estimates of prevalence of CVD, East of England Public Health Observatory
2. Quality & Outcomes Framework (QOF), 2012/13
3. Health & Social Care Information Centre (HSCIC)/Office for National Statistics (ONS)
4. Cardiovascular Disease Local Authority Health Profiles, *http://www.sepho.nhs.uk*
5. *http://www.nice.org.uk/guidance/ph25/resources/ph25-prevention-of-cardiovascular-disease-costing-report2*

**Physical Wellbeing**

*Weight management*

1. The Active People Survey (2012)
2. Quality & Outcomes Framework (QOF), 2012/13
3. National Child Measurement Programme (NCMP), 2012/13
4. Public Health Outcomes Framework
5. National Obesity Observatory
6. School-based interventions on childhood obesity: a meta-analysis
7. Effectiveness of the interventions in the prevention of childhood obesity
8. NICE
9. Public Health Outcomes Framework
10. Faculty of Public Health toolkit

*Smoking/Smoking in pregnancy*

1. Public Health Outcomes Framework
2. Office for National Statistics (ONS), Primary Care Mortality Database (PCMD)
3. The Case for Local Action on Tobacco
4. Warwickshire Health and Wellbeing Interim Strategy
5. NHS Choices
6. Warwickshire Stop Smoking Services
7. The Case for Local Action on Tobacco Ready Reckoner Tool
8. Health & Social Care Information Centre (HSCIC), 2012/13 Table 4.6

*Substance misuse and alcohol*

1. DAAT Needs Assessment 2014, JSNA
2. Q4 DOMES
3. *http://www.lape.org.uk/data.html*
4. *http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000042/pat/6/ati/102/page/0/par/E12000005/are/E10000031*
5. Public Health Outcomes Framework
6. *http://www.nice.org.uk/nicemedia/live/13001/48984/48984.pdf*
7. *http://www.lape.org.uk/data.html*
8. http://www.nta.nhs.uk/uploads/alcoholcommentary2013final.pdf
9. *http://www.ias.org.uk/uploads/pdf/Factsheets/Economic%20impacts%20of%20alcohol%20factsheet%20August%202013.pdf*
10. VFM Summary

**Carers**

*Young Carers and Adult Carers*

1. All data: Census 2011