



Warwickshire
JSNA

WARWICKSHIRE JOINT STRATEGIC NEEDS
ASSESSMENT: ANNUAL UPDATE 2012/13

FOREWORD

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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 JSNA website at: <http://jsna.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 first Annual Update

since the Warwickshire's 2011 JSNA Review, published in 2012.¹

The publication of this document also coincides with the formation of Warwickshire's Health and Wellbeing Board² (HWB) as a statutory committee of the County Council in June 2013 and the publication of Warwickshire's Interim Joint Health and Wellbeing Strategy (JHWS).³

It is currently the intention to publish the next iteration of the Annual Update in May 2014.

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

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

² Warwickshire has had a 'Shadow' Health and Wellbeing Board since May 2011.

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

those unfamiliar with Warwickshire's JSNA or who want to learn more about how it is produced. Commissioners and those 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 are not specific to individual areas of health or care and are not divided by the themes or topics from the 2011 JSNA Review, described later. 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 and New Interactive Mapping Reports

The second element of this update consists of new reports hosted on the website and in the Local Information System (LIS).

⁴ [Warwickshire People and Place](#)

There is a new report for each of the ten 2011 Review topics, which sometimes replace existing LIS reports with new data and improved formatting or, in places, fill a gap for a topic that had no pre-existing report. These reports can all be found via the JSNA website, under their relevant topic and links to them are 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.](#)

2.2.2.1 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 Blog](#) 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 Shadow Health & Wellbeing Board has produced an Interim JHWS, which can be found here: [Interim JHWS](#)

2.2.2.2 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.

2.2.2.3 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](#).

2.2.2.4 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 meet on a monthly basis and its membership includes research, intelligence, consultation and commissioning representatives covering a wide range of partners as required and subject to commissioning priorities.

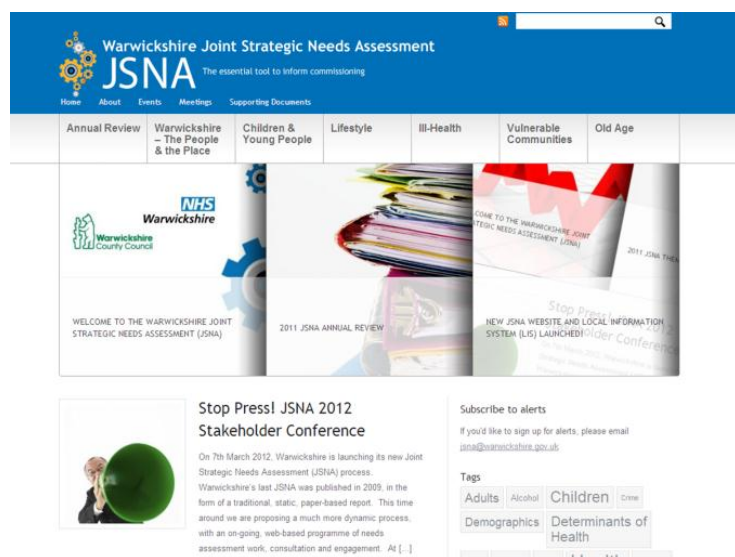
2.3 THE STRUCTURE OF WARWICKSHIRE'S JSNA

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 Website, which can be found at: <http://jsna.warwickshire.gov.uk>.



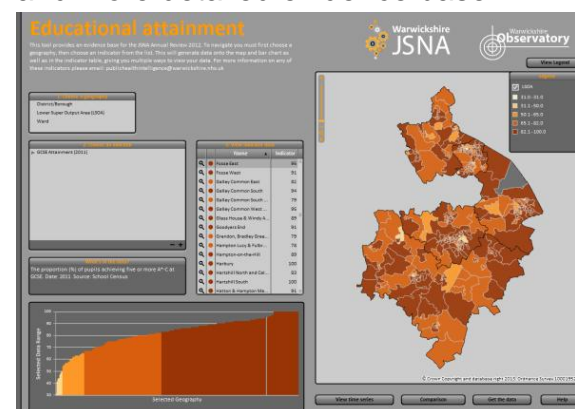
2.3.2 Reports & Specific Needs Assessments.

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 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.

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.

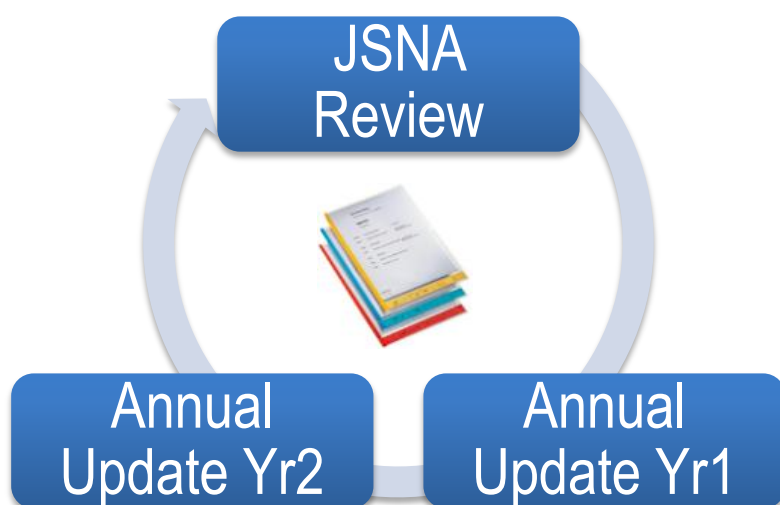


⁹ Much of this functionality is still in development; individual LIS reports can be accessed through the JSNA website, by relevant topic.

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 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 informed Warwickshire's first, and interim, Health and Wellbeing Strategy (JHWS).¹⁰

This document is the first of two proposed Annual Updates before a second Review is carried out in 2014-15. All of these timeframes are subject to amendment by the new statutory HWB.

2.4 WORK IN 2012-13

During 2012-13, work for the JSNA has focused on the effective establishment of the structures and governance surrounding the production of the JSNA. All of the groups described above were officially formed in late summer and autumn and much work has gone into trying to raise the profile of, and engagement with, the JSNA with the relevant audiences.

A workshop was held with all stakeholders early last year to launch the new JSNA and since then the team have attended numerous meetings/forums and delivered numerous presentations;¹¹ most recently, specifically with the Voluntary and Community Sector. Details of the key events and future one can be found here: [JSNA Events](#)

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

¹¹ Including: Hosting a needs assessment workshop for colleagues from the voluntary and community sector; the presentations of key findings to the Warwickshire Local Involvement Network (LINK); engagement with housing colleagues; presentations to District/Borough committees, local partnership groups and Community Forum presentations.

Following the launch of the website there has also been continued support and development of this and the LIS that houses much of the data displayed through it.

In addition, The JSNA work approval process and programme management tools have been developed and brought into use to manage the flow of projects and work conducted for Warwickshire's JSNA in the future. These and more information about how Warwickshire's JSNA works can be found here: [How Warwickshire's JSNA Works](#).

Finally, there have also been a number of discrete and specific needs assessments and projects completed in 2012-13, further details of which can be found at the link below:

[Warwickshire Drugs & Alcohol Needs Assessment](#)

[Warwickshire Adult Mental Health Needs Assessment](#)

[Warwickshire DRAFT CAMHS Needs Assessment](#)

2.5 FUTURE INTENTIONS

The year of 2013/14 is a year of significant change for health and social care: The formal introduction of the HWB, the move of Public Health into local authorities, the abolition of the Primary Care Trusts (PCTs) and the formal arrival of the Clinical Commissioning Groups and the introduction of Healthwatch are part of the largest changes in a lifetime. It is anticipated that this will undoubtedly have an impact not only on the JSNA but more importantly, the services the JSNA informs.

Over the past year much work has been done to establish the governance structures and processes that will **ensure the JSNA remains the essential tool to inform commissioning**.

Currently there are several discrete projects underway and more yet to be started. While this past year has been a year of great change, as we move into a more settled period we are keen that we begin to identify Needs Assessment Topics which could be sponsored by the CCGs, perhaps the Districts and Boroughs, the voluntary sector and also NHS Trusts. 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](#).

- Autism Needs Assessment
- Learning Disabilities Needs Assessment
- Infant Mental Health Needs Assessment Chapter
- Social Care Data Integration Pilot Project
- Drivers of Wellbeing Project
- Impact of Welfare Reforms Project
- Delaying Parenthood in LAC Project
- Carers Needs Assessment

3 WARWICKSHIRE PEOPLE & PLACE: KEY MESSAGES FOR ALL

3.1 TURNING POINTS IN LOCAL TRENDS

Over the past decade a number of indicators have followed a relatively predictable trend; crime has fallen year on year, school attainment has consistently improved, and road casualty numbers have reduced without exception. The economic downturn started to impact upon some of our indicators in 2009 and 2010, particularly those relating to worklessness and benefit claimants, but many of the positive trends continued even through the peak of the recession. This year, however, we have seen some evidence of this no longer being the case. **A number of headline indicators have baulked against the trends we are used to seeing.** It is unclear at this early stage whether these may be individual glitches, signs that some indicators have approached a natural plateau or whether the recession is starting to bite.

Our visibility of some indicators affected is delayed and it may be that **we are only now starting to see some of the impacts beyond the immediate economic downturn.** Continued monitoring will help us identify whether some of this year's figures are merely bumps along a general trajectory or whether some more fundamental change is taking place in Warwickshire.

3.2 POPULATION CHANGE AND INCREASING DEPENDENCY

During the last ten years, **there has been an increase of just over 20% in the annual number of births in Warwickshire and a 21% increase in the population aged 65 or over.** At the same time, the working age population has not been increasing at the same rate. **The outcome of this is an increasing dependency ratio;** a shrinking share of the population is economically active and supporting the remaining population. In 2010, there were 1.74 people of working age for every dependent in the county (those aged under 16 or over 64). By 2035, this figure is expected to fall to 1.32. This change brings significant implications, in particular for the local economy, education, health and social care.

We are seeing increasingly different patterns at a local level. The latest data shows that 62% of mothers in Warwick District were aged 30 or above at the time of birth. This is in contrast to Nuneaton & Bedworth Borough where 37% were aged 30 or above. These figures reflect different career paths, financial planning, and perhaps even different aspirations.

Amongst the challenges that a growing and ageing population will bring is an increase in the number of people likely to develop a long-term condition such as high blood pressure, diabetes, arthritis, heart disease and dementia. **Although people are living longer, these extra years may not necessarily be experienced in good health.**

3.3 HOUSING & HOUSEHOLD COMPOSITION

The demand for housing in Warwickshire will continue to grow. At the same time, this will need to be delivered in the context of a changed planning system, the adoption of the district/borough Local Core Strategies reflecting Housing Needs Assessments for the future, and historically low levels of housing completions across Warwickshire since 2008.

Providing services for families will need to change to reflect the shifting make-up of family units and how they choose to live. More older people will live independently at home for longer, people will live with their parents in a family home for longer (in North Warwickshire 38% of 20-34 year olds currently still live with their parents), and the proportion of single person households will continue to grow.

The reforms of the welfare system legislated for in the Welfare Reform Act are likely to have a key impact upon individuals, groups of people, services, and certain geographical areas and communities in Warwickshire. The reforms are likely to have a disproportionate impact upon those areas with higher concentrations of benefit claimants, with subsequent potential knock on effects for local economies and demography. There could also be population movement and migration due to changes in housing affordability. We would benefit by having a greater understanding of the short and longer term impacts of the reforms. A needs assessment has been agreed to get a clearer understanding of the impacts of these changes on users and the wider population and the longer term outcomes for health and

social care. This will help us to shape services to meet them or understand where we may fall short and make decisions about what to prioritise.

Housing affordability is likely to remain an issue in Warwickshire. The ratio of lowest quartile house prices have been consistently over six times lowest quartile earnings since 2003 (currently at 6.8) and is unlikely to reduce significantly in the absence of a housing market crash. This means a person earning a low income would need the equivalent of over six years' worth of income to afford just the cheapest housing available.

3.4 THE CHANGING NATURE OF COMMUNITIES

The way that people relate to and identify with their neighbours, localities, communities and social networks is changing. In the future, it is likely that these will be less obviously defined by spatial boundaries, providing a big challenge for organisations used to delivering or commissioning services based on geographic boundaries.

3.5 ECONOMIC AND LABOUR MARKET CHANGE

The number of people claiming Jobseekers Allowance (JSA) in Warwickshire has been falling since February 2010. Despite the fall in unemployment, two specific issues are causing concern:

The number of residents unemployed for more than twelve months has increased from 995 to 1,695 in the last year. **As a**

proportion of all unemployed residents, long term unemployment now makes up 21% of all unemployment, compared to 11% last year¹². In Nuneaton & Bedworth Borough over one in four unemployed people have been claiming JSA for more than 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**, as well as having a negative impact 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 worrying finding, long term unemployment in Warwickshire remains below the regional and national average.

The second issue relates to youth unemployment. **The unemployment rate amongst the 18 – 24 age group, although now falling, is more than twice the rate of those aged over 24.** Furthermore, one third of 18 to 24 year olds that are claiming Jobseekers Allowance in Warwickshire have been doing so for more than six months. Long term unemployment is a particular concern with this age group, as many young people will be seeking their first job. The longer it takes to make that first step into the workforce, the more difficult it becomes.

¹² These figures relate to June 2012 and compare year-on-year with June 2011. Long term unemployment in this analysis accounts for those people who have been claiming Job Seekers' Allowance for over 12 months. More information can be found at page 24 of the 2012 [Quality of Life](#) report. All unemployment data can be accessed by age and duration from [NOMIS](#) which is a service run by the Office for National Statistics providing official labour market statistics.

3.6 MORE YOUNG PEOPLE ENTERING POSITIVE DESTINATIONS

The number of young people aged 16-18 in Warwickshire who are not in employment, education and training (NEET) has reduced. The overall Warwickshire NEET rate stood at 3.6% (660) for 2012¹³. However, the numbers of NEETs are not uniform across the county, with higher numbers and percentages in North Warwickshire 4.1% (82 young people), Nuneaton and Bedworth 4.6% (224 young people) so **the north of the county remains an area of concern.**

Overall NEET figures have decreased in Warwickshire, displaying the lowest volumes and proportions since 2006¹⁴. However, it remains important that education, skills and training agencies convey the right messages about future careers so that we have a more timely supply of labour skilled in the right areas.

Young people who continue in learning post 16 are more likely to attain higher levels of qualifications and have increased earnings over their lifetime. The **Government's 'Raising the Participation Age' (RPA) strategy raises the age that young people remain in education or training to age 17 by 2013 and up to their 18th birthday from 2015.** Young people will be able

¹³ Average of November 2012, December 2012 and January 2013.

¹⁴ Part of this reduction can be explained by an increase in the number of apprenticeships; there has been an increase of nearly two thirds over the two most recent full academic years. There have also been successful ESF funded projects which have impacted on reducing the number of NEETs.

to participate in a way that best suits their needs and aspirations; for instance in full-time education at school or college; on an Apprenticeship or part time if they are also working or volunteering full time¹⁵. The Council is working closely with key stakeholders to deliver against the strategy to meet the new duties under RPA in particular effective alignment of support mechanisms to ensure all young people have the opportunity to progress and succeed.

3.7 THE HAPPINESS MYSTERY

Despite Warwickshire performing consistently above national averages on many social and economic measures, the results of the inaugural national wellbeing survey suggested that **Warwickshire’s residents are notably less happy and satisfied than most other parts of the country.**

For example, when asked “to what extent do you feel the things you do in your life are worthwhile?”, responses from **Warwickshire’s residents placed us 136th out of 142 local authority areas across Great Britain. In terms of feeling happy, Warwickshire ranked 128th.** These results would not have been predicted, and our analysis illustrates how many counties with similar characteristics to our own have performed much more strongly on the ‘happiness’ measures.

¹⁵ Promoting effective participation in education or training is a statutory duty of the Local Authority under the Education and Skills Act (2008).

3.8 PERSISTING INEQUALITIES

Our more prosperous neighbourhoods have been best placed to deal with the impacts of the recession and associated trends, and have displayed higher levels of resilience in the face of downturns in the economy over the past year.

However there are examples throughout this report where the inequalities gap has not improved, particularly in the North of the county with most of the inequalities being predominantly associated with the relatively poor health status of residents of Nuneaton & Bedworth.

Some of the most important inequalities are: the considerable differences in life expectancy between areas of Nuneaton and Bedworth when compared with areas in Warwick; the large differences in the rate of smoking between communities; the numbers of looked after children in the North when compared with the South; educational attainment and its impact on people’s employment and earnings and the quality of housing and community that they live in.

These examples demonstrate that **inequalities still persist and that the gap in inequalities between the North and the South has continued to increase.**

Inequalities are a multi-faceted issue and require a joined up collaborative approach across key organisations. Further effort is required now and over the longer term to address the growing gap between some of our communities.

3.9 THE RISE OF LONG-TERM CHRONIC HEALTH CONDITIONS¹⁶

The most recent Director of Public Health Report¹⁷ describes the challenges and opportunities facing the county as a consequence of long term health conditions affecting our residents. **Nationally, around 1 in 3 adults live with at least one Long Term Condition (LTC).** In Warwickshire, this equates to an estimated 147,000 people. However, more recent research suggests the rate may be as high as 42%. **LTCs are increasing, partly as a result of the ageing population and unhealthy lifestyle choices.**

In 2011, a number of priority public health themes were identified including obesity, alcohol misuse and mental health¹⁸. We are seeing increases in the prevalence of all three, and the implications go beyond just health services.

¹⁶ 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.

¹⁷ The report can be found here: [Warwickshire Director of Public Health Report 2012](#)

¹⁸ People with LTCs are 2-3 times more likely to experience mental health issues than those without.

3.10 THE CHANGING NATURE OF SOCIAL CARE

Budgets for Local Authorities have reduced and will continue to do so. In the short term this is a particular concern in the provision of services to children.

Furthermore, **the number of children entering care in Warwickshire has increased in four of the past five years.**¹⁹ Warwickshire is currently undertaking a project with the Dartington Social Research Unit, looking to commission evidence based programmes designed to safely reduce the numbers of looked after children.

The Dilnott Report recommendations and the changes to the payment for care and support, due for introduction in 2017, will have an impact on the way services are commissioned. The drive towards maintaining independence, the move to more preventative approaches, the duty to promote the integration of care services, and changing inspection guidance and quality assurance, will all challenge the County Council and partners in the way that we view social care in the future, for both adults and children.

¹⁹ At the same time, the unemployment rate has increased. There is a statistically significant relationship between these two variables, which means changes in unemployment, can act as a useful indicator of the likely change in demand for care in the following year.

3.11 THE IMPACT OF TECHNOLOGY ON FUTURE NEED

The pace of technological change is already affecting the way we deliver services. We are interacting with our residents in new ways and increasingly delivering services online. **New technologies can also facilitate change in the way health and wellbeing needs are addressed**, reducing the requirement to travel and speeding up the way tasks can be completed.

In 2010, around 20% of us owned smartphones. At the end of 2012, this figure rose above 50% for the first time²⁰.

Analysts predict that in two years, 90% of mobile users will have no choice but to own smartphones.

At the same time, we are seeing **improvements in broadband speed and availability**, providing even more opportunities to engage with and deliver services to residents in cost effective ways. Whilst this offers new opportunities, in a county like Warwickshire, **we should be mindful of the differences in the provision of broadband, particularly to rural areas** and the inequalities that could follow.

While actively encouraging residents to self-serve and adopt these new technologies, we understand that not all customers are receptive to this change. There is a distinction between those

residents that will or will not adopt these new technologies.

Those that are less likely to consider going online or using social media are also likely to be the most vulnerable members of our communities. They will be the more intensive users of our services and at the same time least willing or able to interact with us in the most cost efficient ways.

²⁰ Ipsos Mori Technology Tracker, January 2013 (<http://www.ipsos-mori.com/researchpublications/publications/1522/Ipsos-MediaCT-Tech-Tracker.aspx>)

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

“From secondary to college; the college were good. They arranged an additional visit during the summer holidays & to meet the tutors, which he did, so we were quite lucky really. We used Connexions [now CSWP] from secondary and lots of information was passed over. The college were really good & they recognised that they needed to put in a bit of extra support.”²¹

“Just because they [young people] leave school doesn’t mean to say they still don’t have needs and support that would help them.”²²

²¹ Parent of young person in Rugby Borough.

²² Young person in Nuneaton & Bedworth Borough.

4.1.1.1 What is the headline issue?

Research shows that education is a key determinant of health²³, with the more educated reporting lower morbidity from common acute & chronic diseases, lower anxiety/depression & experiencing a better physical & mental functioning.

Although the percentage of students in Warwickshire achieving 5 A*-C English and mathematics at GCSE level has increased by 2 percentage points from 61 to 63 since 2011, this still means that **one in three of the county’s pupils are not attaining what is generally regarded as a minimum level of educational attainment.**

In addition, continued variation in attainment also still persists across different parts of the county and different population groups. Such variation in educational attainment is likely to exacerbate health inequalities in the future.

In addition, **many secondary schools have moved to academy status, which has increased their individual autonomy and changed their relationships with the local authority.** This has the potential to constrain the authority’s capacity to understand and influence the quality of teaching and

²³ [Equity, social determinants and public health programmes](#). Editors Erik Blas and Anand Sivasankara Kurup. 2010, World Health Organization: Geneva. Commission on Social Determinants of Health (CSDH), [Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health](#). 2008, World Health Organization: Geneva.

learning generally, and the outcomes for vulnerable groups in particular.

4.1.1.2 What does the data say?

At a District and Borough level, there is an 11 percentage point difference in the proportion of pupils gaining 5 or more GCSEs at grades A*-C, including English and mathematics. Attainment is highest in Warwick District at 69% and lowest in Nuneaton & Bedworth at 58%.

However, even within these areas, considerable differences exist at a very local level. For example, in Warwick District, there is a 35 percentage point difference in the localities with the highest and lowest levels of attainment. Attainment varies from 48% in South Leamington to 83% in both Warwick Rural East and Kenilworth. Also, in Nuneaton & Bedworth Borough, attainment ranges from 46% in Arbury & Stockingford to 71% in Weddington & St. Nicolas; a 25% percentage point difference across a distance of only approximately 3 miles.

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

In the localities with the very lowest levels of attainment, only half of pupils are achieving what is commonly regarded as the minimum educational standard. This is the case in four localities distributed across the county – Arbury & Stockingford in Nuneaton, Bede & Poplar in Bedworth, North Warwickshire East and South Leamington.

In addition to geographic variations in educational attainment levels in the county, there are also stark differences on a population group basis. For instance, **the attainment gap between those pupils eligible for Free School Meals (FSM), and those who are not, has increased slightly over the last few years.** In 2012, this reached its widest point in the last 4 years with a 35 percentage point gap in attainment²⁴.

Interestingly, at a District and Borough level, in 2012, the attainment gap between those pupils eligible for FSMs and those who are not was widest in Stratford-on-Avon District at 41 percentage points.

At a more detailed level, the local authority now has attainment data relating to different socio-economic groups. This shows very wide disparities between the groups. For example, in 2012 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 O²⁵.

Analysis by socio-economic groups, together with analysis of performance by geographic census super output areas,

²⁴ Although the attainment levels of those eligible for FSMs have indeed increased slightly, the attainment levels of those not eligible have increased at a faster rate which has resulted in a widening of the gap.

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".

may go a long way towards explaining the differences in outcomes between localities. It may also give insights into how to tackle differences in performance, since a great deal of information is available about the characteristics of the different groups, and how they can be approached.

Even more pronounced disparities in terms of educational attainment exist between those children who have been continuously looked after for at least 12 months and those in the general population. **In each of the last 2 years, attainment levels have been 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 base²⁶.

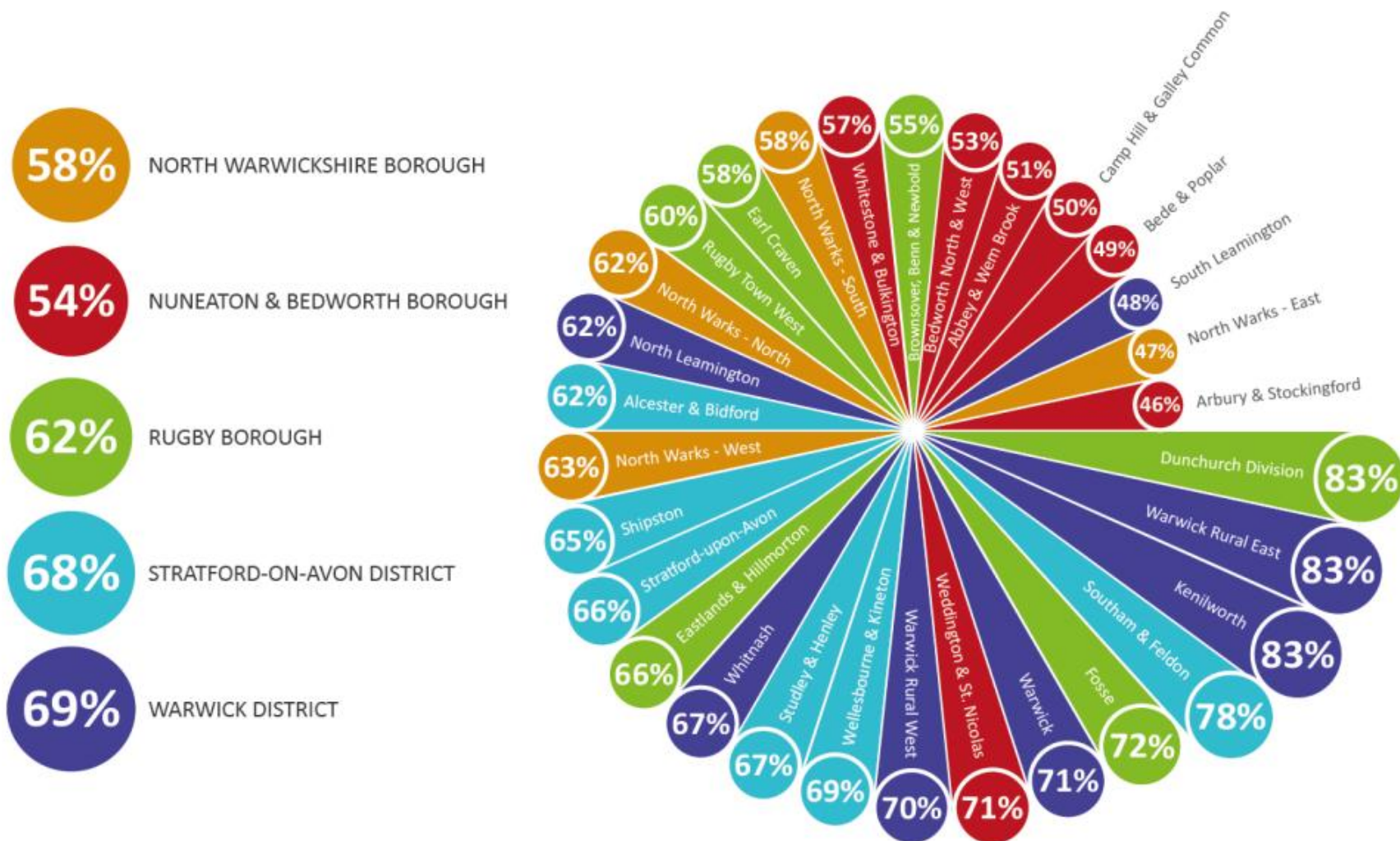
The number of Warwickshire's school leavers at 16 entering a positive destination increased from 95.7% in 2011 to 96.6%.

²⁶ 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.

Figure 1: Warwickshire GCSE attainment in 2012

PERCENTAGE OF PUPILS GAINING 5 OR MORE GCSEs AT GRADES A*-C, INCLUDING ENGLISH AND MATHS, IN 2012 BY LOCALITY

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



4.1.2 Looked After Children

“Independence, it’s given me independence and financial help whenever I need it...I guess before when I was at home I wouldn’t get that. It’s given me the confidence to take my driving lessons and pass my test and go to college whereas at home it would be if you don’t want to go to college you don’t have to go to college, sit down and watch TV all day”²⁷

4.1.2.1 What is the headline issue?

The number of Looked After Children (LAC) in Warwickshire has increased from 636 at 31st March 2011 to 681 at 31st March 2012. This represents an increase of 7%. The number of children looked after has seen an increase year on year over the past five years, with a 41.3% increase between 31 March 2008 and 31 March 2012. The district with the largest percentage increase between 2008 and 2012 is Rugby with a 60.2% increase in the number of looked after cases. All districts saw an increase in their looked after population between 2011 and 2012. However, monthly activity data indicates a slowing down in the numbers of LAC in the last 12 months. As at 31 March 2013, Warwickshire's looked after population was 699 and the Dartington Project continues to look as evidence based solutions to reduce this number.

²⁷ Young person Looked After in Warwickshire, now age 20.

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

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 89 and lowest in Stratford-on-Avon District at 36. The largest numbers of LAC are aged between 10 and 15. However, on a proportionate basis, this age group has seen a decrease over the past 5 years, down from 47.9% at 31/03/2008 to 37.2% at 31/03/2012.

The proportion of young people who are looked after at ages 16 to 17 has seen an increase. As at 31/03/2008, it accounted for just 14.3% of the looked after population, whereas at 31/03/2012, it accounted for 24.4%²⁸.

The majority of LAC have a main need category of ‘Abuse and Neglect’, which has not changed over the past 5 years, although

²⁸ This is due in part to the Southwark Judgement, The Southwark Judgement, made by the Law Lords in May 2009, is a piece of case law that obliges children's services to provide accommodation and support to homeless 16- and 17-year-olds.

proportionately it has decreased, down from 68.5% at 31/03/2008 to 58.0% at 31/03/2012.

The number of children with a main need of ‘absent parenting’ has decreased this year, in line with the overall decrease in the number of unaccompanied asylum seeking young people being supported.

4.2 LIFESTYLE

4.2.1 Factors Affecting Health & Wellbeing

Ronnie and Margaret are in their 80s and say their fitness programme has given them a new lease of life. They are pretty active with Margaret doing regular yoga & swimming & both of them enjoying regular walks.

However, Margaret has arthritis & Ronnie has diabetes & has undergone hip replacement surgery. Their local GP referred them under the new Warwickshire Exercise Referral Scheme, under which health professionals refer patients to one of the Borough Council’s leisure centres for a personalised 12 week fitness programme devised by a trained fitness instructor.

The couple say the fitness programme has helped them with their health conditions and plan to continue attending after their 12 weeks are completed.

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 Report²⁹, 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 consumption³⁰, diet and physical exercise³¹, sexual behaviour³², and problems resulting from drug taking. Each of these are addressed below:

4.2.1.2.1 Obesity

Obesity can have a severe impact on people’s health, increasing the risk of type 2 diabetes, some cancers, and heart and liver disease. **In Warwickshire, one in four adults is estimated to be obese, with a body mass index of more than 30.** This equates to approximately 110,000 adults and this figure continues to increase.

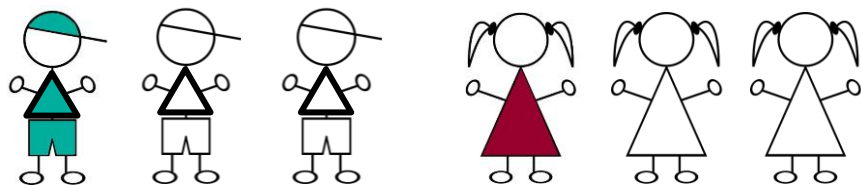
²⁹ [Marmot Review Website](#)

³⁰ Which account for many coronary heart disease and cancer deaths.

³¹ Which contribute to obesity or malnutrition and effect life expectancy.

³² Which can lead to infection or teenage pregnancy.

Figure 2: One in three children in Year 6 in Warwickshire is overweight or obese (boys 32.2%, girls 31.3%)



statistically significantly lower than the Regional & National figures for both Reception and Year 6 age children.

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.³³ However, on a positive note, the reception rate obesity prevalence for 2011/12 shows lowest increase for several years. 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.

Figure 3 below shows the distribution of overweight and obese children across Warwickshire and highlights a number of ‘hotspots’ primarily in the urban areas of Warwick, Leamington Spa, Bedworth, Nuneaton and Rugby.

For the past two years, the prevalence of obesity in Reception aged children has remained the highest in Nuneaton & Bedworth and North Warwickshire. In contrast, the proportions of obese children in all other areas are

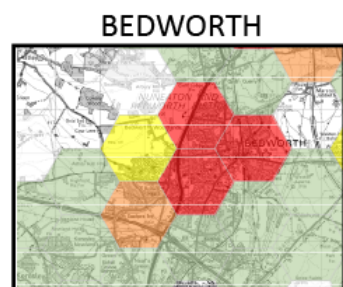
³³ According to the latest 2011/12 data from The National Child Measurement Programme; child overweight (including obesity)/ excess weight: BMI \geq 85th percentile of the UK,

Figure 3: the distribution of overweight and obese children across Warwickshire

Number of 'Very Overweight' and 'Overweight' children in Warwickshire

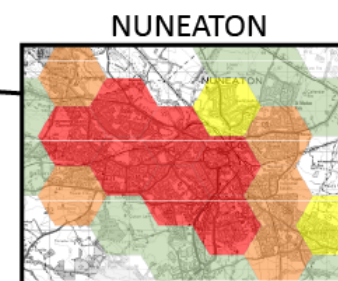
The maps summarise the number of children in Warwickshire measured as being 'overweight' or 'very overweight'. The data has been collected through the Government's National Child Measurement Programme (NCMP). The programme measures all state educated children in Reception year (aged 4 to 5 years) and again in Year 6 (aged 10 to 11 years). Two years of data, 2010/11 and 2011/12, have been combined and analysed to highlight areas of the county with the highest volumes of overweight young people.

- 50 - 120 children 'overweight'
- 30 - 49 children 'overweight'
- 20 - 29 children 'overweight'
- 1 - 19 children 'overweight'
- 0 children 'overweight'



BEDWORTH

Poplar, Bede, Slough & Exhall



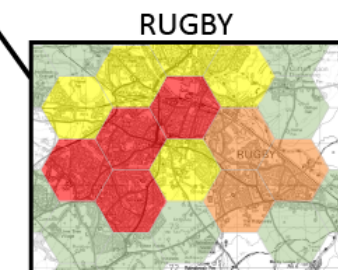
NUNEATON

West Nuneaton



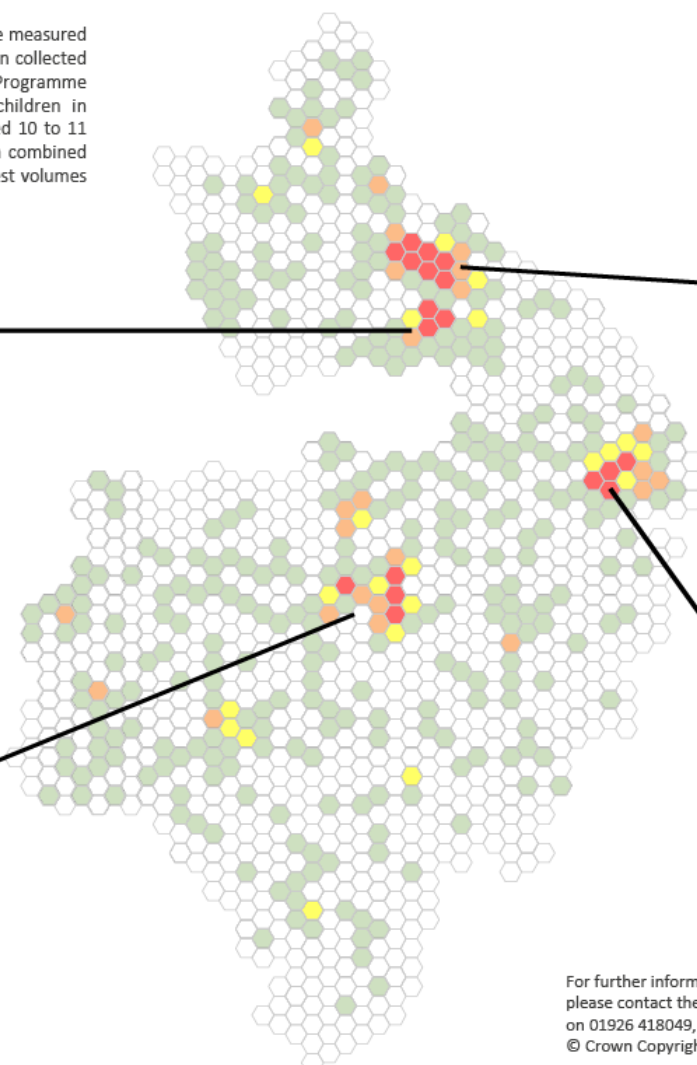
WARWICK & LEAMINGTON

Crown, Old Town, Packmores/Woodloes



RUGBY

Admirals, Overslade, New Bilton, Newbold, Benn



For further information on this analysis, please contact the Warwickshire Observatory, on 01926 418049, or e-mail research@warwickshire.gov.uk. © Crown Copyright and database right 2012. Ordnance Survey 100019520.

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.³⁴ 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.

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 19.1%³⁵ of people aged over 18 in Warwickshire are smokers, which equates to nearly 83,000

³⁴ 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

³⁵ Source: Integrated Household Survey, ONS (experimental statistics), 2011/12 data

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.

Prevalence of smoking in pregnancy is high in Warwickshire, with 23% of women smoking at the time of delivery for Quarter 4 2011/12. 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 **significantly higher rate than the England proportion of 13% for the same period.**³⁶

4.2.1.2.4 Alcohol & substance misuse

The 2012 Warwickshire Young People & Substance Misuse Needs Assessment 2012 has recently been published

Data on 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.

³⁶ 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.

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. 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.

4.2.1.2.5 Sexual Health

The rate of under-18 conceptions in Warwickshire for 2011 was 30.9 per 1,000 females aged 15-17, which equates to 299 conceptions. This represents a reduction of 25% from the 1998 baseline rate and a 10% decline on the number of conceptions in 2010. However, **whilst the 2011 rate is in line with the national figure, it represents one of the highest figures in comparison to our statistical neighbours³⁷.**

Throughout Warwickshire, the rate of chlamydia has been in decline for both the overall population and the aged 16-24 population. **The aged 16-24 population are at higher risk of chlamydia due to higher sexual activity in this age group,** and in 2011 the rate per 1,000 in this age group was 8.12, compared to 1.33 per 1,000 in the general population. There are

³⁷ Source: Respect Yourself update number 41; ONS teenage conception release

inequalities in the rate of chlamydia amongst the districts, with consistently (although declining) highest rates across all age groups within Nuneaton and Bedworth and Rugby.

Genital warts are the second most prevalent STI in Warwickshire, and 16-24 years olds are again at increased risk. There is only a small amount of variation in rates throughout the county, and a pattern of slight decline has been seen over the past 3 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 Conditions³⁸

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

³⁸ 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.

cases of Long Term Conditions (LTCs), especially for coronary heart disease, hypertension, diabetes, chronic obstructive pulmonary disease, asthma and chronic kidney disease^{39,40}.

An estimated 1 in 3 people in Warwickshire, aged over 16 are living with one or more long-term conditions. This equates to 147,000 people.

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

The 2009/10 Joint 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.

³⁹ When compared with the expected numbers of people with specific conditions calculated from population prevalence rates.

⁴⁰ 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.

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 21,000 hospital admissions and around 3,000 deaths on average each year:

Table 1: The Burden of LTCs in Warwickshire, 2010/11⁴¹

Condition	Warwickshire			
	Estimated Number & Prevalence (%)	GP Practice Disease Registers	Hospital Admns	Deaths
			Avg. per year	Avg. per year
All Long Term Conditions	147,000 (33% of the adult population)		20,000	2,800
Coronary Heart Disease (CHD)	25,400 (5.7%)	17,790 (3.2%)	1,500	650
Stroke & Transient Ischaemic Attacks (TIA)	11,100 (2.5%)	9,464 (1.7%)	1,000	400
Hypertension	148,000 (33.2%)	80,277 (14.6%)	350	50
Diabetes	34,800 (7.8%)	23,406 (5.2%)	450	60
Chronic Obstructive Pulmonary Disorder (COPD)	13,400 (3.0%)	8,106 (1.5%)	850	200
Asthma	46,000 (37,100 adults & 8,900 children)	34,209 (6.2%)	500	15

⁴¹ Taken from the Joint Director of Public Health's Annual Report 2012, which can be found here: [DPH Annual Report 2012](#)

Condition	Warwickshire			
	Estimated Number & Prevalence (%)	GP Practice Disease Registers	Hospital Admns	Deaths
			Avg. per year	Avg. per year
Epilepsy	4,200	3,408 (0.8%)	350	15
Cancer	2,500 cases per year (incidence)	9,379 (1.7%)	15,000	1,400
Hypo-thyroidism	3,600 (15 in every 1,000 women, 1 in 1,000 men)	18,479 (3.4%)	12	5
Renal Disease/CKD	41,900 (9.4%)	21,013 (4.8%)	400	20

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.

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%).**

4.3.2 Mental Wellbeing

This young person has an eating difficulty, self-harms and has taken a number of over doses, which stems from being abused by her father from a young age. Due to the nature of her mental health she appears to dip in and out of services.

However, she has worked consistently with her Kooth counsellor. She has felt supported to be able to disclose her abuse and realised that there are people out there to help her and she does not have to feel alone.

Her psychiatrist had suspected abuse but she had not opened up about it until she built up trust and rapport with her Kooth counsellor.⁴²

“I attended Brunswick Centre on Wednesday Oct 10th and initially as expected I found it stressful, but once inside I was impressed by the amount of help and advice available.

The walk, though only about a mile was a chance to talk, and by the time we arrived back at the centre I felt much more at ease, again help and advice was offered but not forced.

I returned to the centre the following day and took part in another walk, followed by tea and a chat. I intend to use the centre on a regular basis and try to do more events.”⁴³

4.3.2.1 What is the headline issue?

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

⁴² Female, aged 22.

⁴³ New Walker, Leamington.

1,000 population⁴⁴. 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?

The positivity indicator from last year's Quality of Life Survey⁴⁵ looks at how positive residents are by analysing data from the Mosaic dataset on whether they agree with the statement 'little can be done to change my life'⁴⁶.

The worst value across the county is in the Atherstone North (St. Georges & Carlyon) Super Output Area (SOA)⁴⁷. Its index value of 140 suggests that this SOA is 40% more likely than an average community to contain residents that feel that little can be done to change their life. There are eleven SOAs in the county

⁴⁴ Common mental health conditions include depression, generalised anxiety disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), phobias and social anxiety disorder.

⁴⁵ Having a positive outlook on life is an important contributor to someone's quality of life in many ways. It helps to give us a sense of their mental wellbeing. Those that disagree with this statement are more likely to be positive about other aspects of their life, and links have also been made with a reduced risk of various health conditions.

⁴⁶ Each Super Output Area⁴¹ has an index score; the higher the index value, the greater propensity the area has to contain households that feel little can be done to change their life, and the lower the index value, the greater the propensity the area has to contain households that do not feel little can be done to change their life. An index value of 100 is the national average.

⁴⁷ A Super Output Area (SOA) is a geographic area used for statistical comparison. More information can be found here: [Statistical Geography - Super Output Areas](#). Maps of Warwickshire SOAs can be found in [Appendix B](#).

with an index value above 125; seven of these SOAs are in Nuneaton & Bedworth Borough. The figure below presents the SOAs with the lowest and highest index values in the county. It is interesting that SOAs in both Nuneaton & Bedworth and Rugby boroughs feature heavily in the most and least likely to feel that nothing can be done, again highlighting the diversity that exists within these boroughs.

Figure 4: Super Output Areas most and least likely to contain households who feel nothing can be done to change their life.⁴⁸



Mental health inpatient data shows that in 2010/11 there were 698 total individual inpatient admissions in Warwickshire. The table below shows that **there has been a significant decrease in mental health inpatient admissions from the previous**

⁴⁸ Taken from the Warwickshire Quality of Life Survey 2012, which can be found here: [Warwickshire Quality of Life Survey 2012](#)

year⁴⁹. However, more people are being treated in community settings and admission data is generally a poor indicator of mental illness and mental wellbeing.

Table 2: Total Individual Inpatient Admissions by District/Borough of Residence, 2009/10 – 2010/11⁵⁰

	Year of Admittance		Total	Percentage Change 2009/10 to 2010/11 (%)	Crude Rate per 1,000 Resident Population
	2009/10	2010/11			
North Warwickshire Borough	104	52	156	-100.0	2.5
Nuneaton & Bedworth Borough	224	134	358	-67.2	2.9
Rugby Borough	175	120	295	-45.8	3.1
Stratford-on-Avon District	186	146	332	-27.4	2.8
Warwick District	275	183	458	-50.3	3.3
Warwickshire	964	635	1,599	-51.8	3.0
Null*	71	63	134	-12.7	-
Total	1,035	698	1,733	-48.3	-

*No address data provided.

Source: Coventry and Warwickshire Partnership Trust Contract Datasets via NHS Intelligence

⁴⁹ This is likely to be due to the fact that Mental Health services have been redesigned over the last 18 months and the number of inpatient beds was reduced in early 2010/11, by closing a unit based in Rugby.

⁵⁰ Taken from the Adult Mental Health Needs Assessment 2012, which can be found here: [AMHNA 2012](#)

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.**

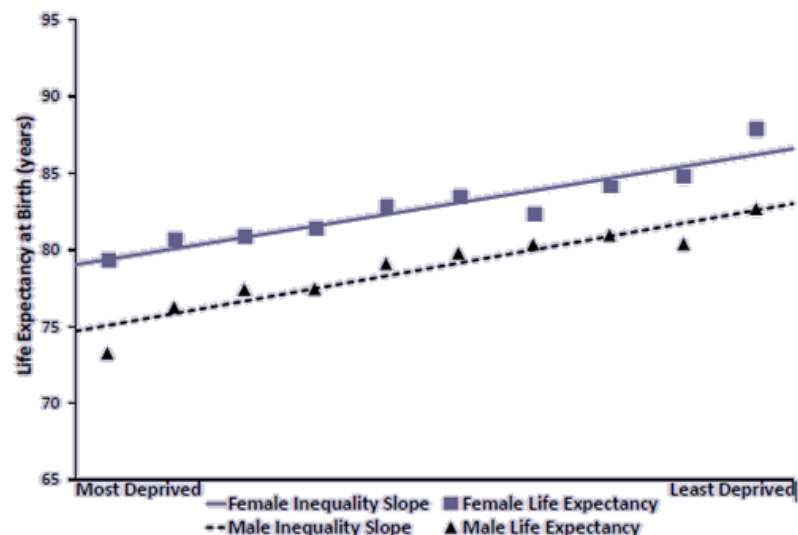
4.4.1.2 What does the data say?

4.4.1.2.1 Life expectancy

Inequalities remain throughout Warwickshire. This is reflected in **differences in average life expectancy** ranging from 77.5 years for males in Nuneaton & Bedworth Borough to 80.4 years in Stratford-on-Avon District and from 81.9 years for females in Nuneaton & Bedworth Borough to 84.3 years in Warwick District and there is an 8.9 year gap in disability-free life expectancy at age 16 between North Warwickshire and Stratford-on-Avon in 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.⁵¹

Figure 5: Warwickshire Slope Index of Inequality⁵²



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

⁵¹ A map of Warwickshire Wards during the period is at [Appendix A](#).

⁵² The points on this chart show the average life expectancy in each tenth of the population.

level. For instance, the range for males in Nuneaton & Bedworth Borough is 11 years in life expectancy between the most and least deprived areas.

4.4.1.2.2 Fuel poverty

In 2010, **18.9% of households in Warwickshire lived in fuel poverty compared with a national average of 16.4%**⁵³. This equates to 43,000 households and actually represents a fall from 23% in the 2009 data estimates⁵⁴.

Fuel poverty was lowest in Warwick District with 16.9% of households. Elsewhere **the proportion of ‘fuel poor’ households was remarkably similar in North Warwickshire, Nuneaton & Bedworth, Rugby and Stratford-on-Avon**, at just under 20% of households. 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%.

4.4.1.2.3 Child poverty

The proportion of children in poverty in Warwickshire in 2010 was 13.9% against the England average of 20.6%⁵⁵.

⁵³ 2010 estimates data from the Department of Energy and Climate Change (DECC).

⁵⁴ These figures are likely to represent an underestimate of the current picture given the recent prolonged winter and associated above inflation increases in the cost of energy.

⁵⁵ Source: HM Revenue & Customs (snapshots as at 31st August 2010).

4.4.1.2.4 Teenage conceptions

There are considerable variations in conception rate at district level. Prior to 2011, North Warwickshire was the only district that had seen an upward trend in rate, although this reversed in 2011 with a reduction from 49.9 conceptions per 1,000 females aged 15-17 in 2010 to 29.5 in 2011. Nuneaton and Bedworth has continued with its decline in rate from 51.6 in 2010 to 43.2 2011, as did Rugby which has seen a new low of 24.3, making it the borough with the lowest rate in the county. Stratford-on-Avon has traditionally seen the lowest teenage conception rates in the county, although the last few years have seen slight increases, which is mirrored in the 2011 figures with a 2% increase from the previous year to 25.4. This trend is reflected in Warwick district, which saw a 15% increase in rate from 2010 to 2011 with 29.6 conceptions per 1,000 females aged 15-17.

There has been a slight decline in the percentage of teenage conceptions leading to abortion across Warwickshire. However, variations persist within the county, with a 13% difference between Nuneaton and Bedworth which has the lowest proportion leading to abortion and Warwick and North Warwickshire which have the highest proportions⁵⁶.

⁵⁶ Source: Respect Yourself update number 41; ONS teenage conception release

4.4.2 Disability

The Older People's and Physical Disability Team reached the final for the national WOW! Awards which celebrates outstanding service, based purely on nominations from the public. They were shortlisted for the 'You Changed My Life' category for the way they supported a woman with cerebral palsy.

The twenty-five year-old woman felt it was time to move out of home and wanted to live independently. She was allocated a bungalow by a local housing association and, with the assistance of occupational therapists, made sure that the bungalow had all the necessary adaptations to help her live independently. Social workers also supported her to employ a team of personal assistants who help with everyday tasks so she can lead a full and active life.

She said of living in her own home: "It has inspired me to realise just how much I can do for myself. It's enable me to live my life the way I have dream of living. I only wish I had done this sooner."

4.4.2.1 What is the headline issue?

In the future, the ageing population means that the number of residents with physical disabilities and/or sensory impairment will continue to grow. Services will need to be commissioned to target this increasing need⁵⁷.

⁵⁷ Disabled people are more likely to experience disadvantage in their daily lives. This is evidenced in the fact that they are:

- Less likely to reach their maximum educational potential;
- More likely to be unemployed;

The numbers of children with learning disabilities and complex needs surviving in adulthood are also growing, as are those adults surviving with learning disabilities into old age. In addition, those that do survive into older age can face the loss of their existing support from carers, who are no longer able to look after them.

A recent report by the Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) in the South West of England found that **43% of the deaths of people with learning disabilities were unexpected**⁵⁸. The most common reasons for deaths assessed as premature were: delays or problems with diagnosis or treatment; and problems with identifying needs and providing appropriate care in response to changing needs. Whether this is borne out locally is not yet known.

The promotion of healthy lifestyles, the provision of information and guidance, and identifying needs at an earlier stage will be required to improve health and wellbeing and increase the

-
- More likely to experience poverty;
 - More likely to experience discrimination in relation to housing, employment, transport and leisure services.

These factors can have a significant and lifelong impact on their health and wellbeing.

⁵⁸ In the study, a death was considered as premature if, 'without a specific event that formed part of the "pathway" that led to death, it was probable that the person would have continued to live for at least one more year'. The study can be found here: [CIPOLD Study](#).

numbers of those physically and mentally disabled people living positive and fulfilling lives⁵⁹.

4.4.2.2 What does the data say?

There are estimated to be 34,664 people aged 18-64 with a moderate or serious physical disability in Warwickshire.

Within that figure 26,653 are classed as having a moderate physical disability, with a further 8,011 classed as serious. The total is predicted to rise to 37,397 by 2030 with 28,797 classified as having moderate physical disability and 8,600 as severe.

Countywide there are 2,860 Disability Living Allowance claimants aged under 16 (2.9% of the U16 population)⁶⁰. **Nuneaton & Bedworth has the highest number of Disability Living Allowance claimants (860) and the highest percentage of U16 population (3.6%),** with Stratford at the second highest (580 & 2.8%). Both the number and percentage of U16 claimants have increased since February 2011, from 2,690 (2.7%).

In 2011/12 645 social care customers with a learning disability were identified as living in their own home or with their family. This represents 54.5% of customers, compared to 57.2% in 2010/11; the national average is 70%. 47% of customers with a learning disability and 44% of customers with a physical disability

⁵⁹ See 'Delivering within the Wedge'.

⁶⁰ Data on Disability Living Allowance claimants aged under 16 figures from February 2012.

who were living at home had either a personal budget or a direct payment, giving them greater choice and control over their care.

70 social care customers with a learning disability were in paid employment. This represents 5.9% of the social care customers with a learning disability, compared to 6% in 2010/11; the national average is 7.2%.

In the 2012 Adult Social Care Survey, 86% of customers with a learning disability and 68% of customers with a physical disability said they had enough control over their daily life. This compares to 73% for all social care customers. 89% of customers with a learning disability and 48% of customers with a physical disability said their quality of life was either good or better. This compares to 60% for all social care customers⁶¹.

The percentage of pupils with Special Educational Needs (SEN) has remained stable in the last year at around 20%. In 2012 the provisional attainment data show that **there was a gap of 47 percentage points between those without SEN achieving 5 or more GCSEs A*-C and those with SEN**. This is a decrease from 2011's figure of 49%

⁶¹ 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

4.4.3 Safeguarding

*"People say, he can't stand up for himself he has a disability, he's an easy target, lot of youths cursing and swearing at you, it makes you feel...you don't feel safe to go out. You should be able to go out in the community and feel part of the community and feel safe and secure."*⁶²

*"I was attacked a year ago by a group of youths for just being me. That's put fear in me and left me really scared; I check behind me when I go into town & I'm just not myself anymore."*⁶³

*"Safe places will help because if you are really scared you can go in and talk and they can put you at ease. There is a sticker on the window and that will let you know that it's a safe place."*⁶⁴

*"The sticker is in the window; they can come to this café and they will have a safe haven and somebody to help. If the local businesses can all come together, if more people do it, we can help the more vulnerable people."*⁶⁵

4.4.3.1 What is the headline issue?

The increase in unemployment rates and the projected rise in population are likely to lead to rises in numbers of children in need, children subject to Child Protection (CP) plans and looked after children⁶⁶.

⁶² Vulnerable Adult.

⁶³ Vulnerable Adult.

⁶⁴ Vulnerable Adult.

⁶⁵ Café owner.

⁶⁶ A paper issued by Warwickshire Observatory suggests a time lagged correlation between rising unemployment and children entering care. More

As with the national picture, **over the past three years, referrals to children’s social care in Warwickshire have risen steadily** by 18% from 5911 in 2009/10 to 6998 referrals in 2011/12⁶⁷. Figures also show a 33% **rise in the number of children made the subject of Section 47 enquiries.**

This is also reflected by the **significant increase in the number of children who were made subject to a CP Plan** with 520 plans initiated during 2011/12 in comparison to the 459 initiated in 2010/11⁶⁸. **CP activity is the highest in Nuneaton and Bedworth, followed by Rugby.**

Media reporting of high profile cases such as Baby Peter have generated heightened anxiety and increased both public and professional awareness. One of the consequences of heightened awareness has been that professionals have become more cautious and may have lowered their own thresholds for referral onwards to children’s social care. Increases in the promotion of safeguarding awareness, training and more coherent multi-agency processes have been implemented over the past few years, as well as campaigns by some leading charities to raise

information can be found here: [Examining the link between unemployment and the number of children entering care.](#)

⁶⁷ 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.

⁶⁸ The reasons for the increase are complex and are currently being addressed by the Dartington Project.

public awareness of child protection⁶⁹. Recommendations from Serious Case Reviews and changes to legislation, have also contributed to the increase in safeguarding activity⁷⁰.

4.4.3.2 What does the data say?

534 children were subject to a CP plan in Warwickshire, an 11.7% increase on 478⁷¹ in 2011. More plans were initiated than closed this year which is in contrast to last year when the reverse was true.

The county rate per 10,000 0-17 population has increased from 43 to 48⁵¹. Most districts saw rises in their CP cases per 10,000 for the same period, except Rugby where there has been a reduction.

The rate of CP per 10,000 population is highest in Nuneaton and Bedworth Borough at 86 and lowest in Stratford-on-Avon District at 23.

The proportion of children subject to a CP plan whose ethnic was Black/Minority increased, from 7.3% last year to 11.8% at 31 March 2012. White British children subject to a plan decreased, from 89.5% to 85.1%.

⁶⁹ For example, NSPCC’s ‘I Stand for Children’ Campaign.

⁷⁰ e.g. the Southwark Judgement; Caerphilly Judgement (2005); Public Law Outline: Changes to care and other children’s proceedings from April 2008.

⁷¹ As at 31 March 2012,

4.5 OLD AGE

4.5.1 Dementia

“The website is fantastic. Thanks’...‘I’ve learned more this morning using the dementia portal than in 2 years since my father-in-law was diagnosed with dementia.”⁷²

“It’s the only one [book] that was actually written for the person diagnosed with dementia and I felt it was quite optimistic, focussing on the positives of receiving an early diagnosis. I like the inclusion of practical information on a range of topics related to living with dementia. It paints the picture that it’s still possible to have a meaningful life with dementia.”⁷³

4.5.1.1 What is the headline issue?

Dementia is increasingly becoming one of the most important causes of disability in older people⁷⁴.

In 2011/12 in Warwickshire, there were 3,169 patients on the GP disease register for dementia⁷⁵. However, **population**

⁷² Carer talking about the Warwickshire Dementia Portal: www.warwickshire.gov.uk/livingwellwithdementia, following its launch in October 2012.

⁷³ Rebecca Ledington-Bradshaw, Psychological Wellbeing Practitioner, IAPT, Commenting on *Living your best with early stage dementia* by Lisa Snyder, which has been added to the BOP collection.

⁷⁴ 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.

⁷⁵ From the Quality Outcome Framework (QOF), a voluntary return made by GPs to evidence performance.

prevalence data suggests that only 43% of people in Warwickshire with dementia have been formally diagnosed. This equates to over 4,000 people without a diagnosis⁷⁶. **In line with a growing and ageing population, numbers of people with dementia are set to increase rapidly in the future.**

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’ are 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.

4.5.1.2 What does the data say?

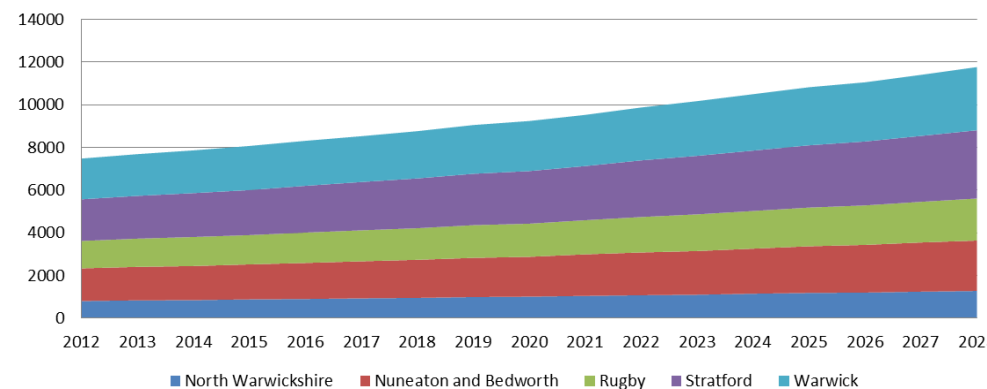
Between 2012 and 2028 the number of people with dementia is projected to increase by 57%⁷⁷. The Alzheimer’s Society estimated in 2007 that on average a person with dementia costs £25,472 per year. 41% of this is for accommodation and 36%

⁷⁶ 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.

⁷⁷ Figures from Projecting Older People Population Information System (POPPI).

informal care, the remaining 23% is costs to NHS and social services.

Figure 6: Predicted number of people with dementia in Warwickshire 2012 to 2028⁷⁸.



In the 2012 Adult Social Care Survey, 65% of customers with dementia said they felt they had enough control over their daily life, this compares to 73% for all social care customers. 76% of customers with dementia said their quality of life was either good or better than good; this compares to 60% for all social care customers⁷⁹.

⁷⁸ Figures from Projecting Older People Population Information System (POPPI).

⁷⁹ National Adult Social Care Survey. A statutory annual return. Of the 483 respondents to the survey, 34 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 Ageing & Frailty

“I couldn’t wash up, I couldn’t cook a meal, I couldn’t dust the house, I couldn’t do anything at all. I had reablement as soon as I came out of hospital.

They taught me how to do lots of exercises, how to get about without too much discomfort, and every day, to do a little more. Each time they came we got a little bit further and by the time the six weeks were up I was able to wash and dress myself.

They were so pleased with me and everything I did. They were thrilled to bits at the end when I could dress myself and it was only through their help. They encouraged me the whole way through.

They can do an awful lot for you but a lot you have to do for yourself. If you have the will to get better then reablement are the people to help you do it.”⁸⁰

4.5.2.1 What is the headline issue?

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’**

⁸⁰ From Age UK Mrs Pile received the Re-ablement service when she was discharged from hospital after a fall down the stairs which injured her back.

figure of £553 for Warwickshire against an England average of £1,096⁸¹.

4.5.2.2 What does the data say?

For the first time this year, figures for Excess Winter Mortality (EWM) are available at Local Authority level for 2010/11. Due to small numbers at this level, there are random fluctuations meaning that EWM figures at local authority level 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 fractures in the Warwick & Stratford Districts of the county 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.**

⁸¹ More information can be found in the [Warwickshire National End of Life Care Profile for Primary Care Trusts](#)

APPENDIX A: WARWICKSHIRE DISTRICT/BOROUGH & WARDS

Warwickshire: District/Borough Wards

North Warwickshire

- 1 Arley & Whitacre
- 2 Atherstone Central
- 3 Atherstone North
- 4 Atherstone South & Mancetter
- 5 Baddesley & Grendon
- 6 Coleshill North
- 7 Coleshill South
- 8 Curdworth
- 9 Dordon
- 10 Fillongley
- 11 Hartshill
- 12 Hurley & Wood End
- 13 Kingsbury
- 14 Newton Regis & Warton
- 15 Polesworth East
- 16 Polesworth West
- 17 Water Orton

Nuneaton & Bedworth

- 18 Abbey
- 19 Arbury
- 20 Attleborough
- 21 Bar Pool
- 22 Bede
- 23 Bulkington
- 24 Camp Hill
- 25 Exhall
- 26 Galley Common
- 27 Heath
- 28 Kingswood
- 29 Poplar
- 30 Slough
- 31 St. Nicolas
- 32 Weddington
- 33 Wern Brook
- 34 Whitestone

Warwick

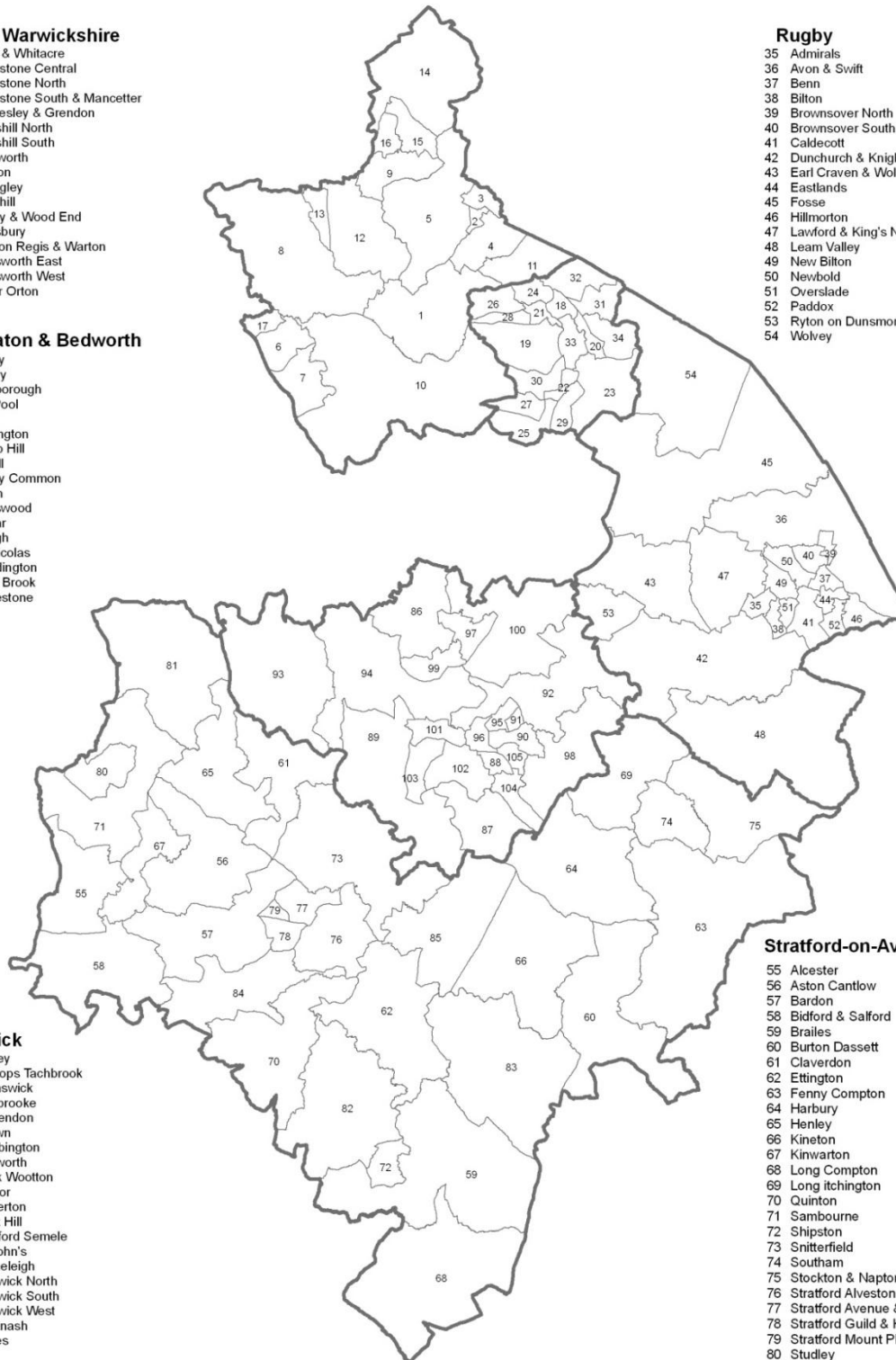
- 86 Abbey
- 87 Bishops Tachbrook
- 88 Brunswick
- 89 Budbrooke
- 90 Clarendon
- 91 Crown
- 92 Cubbington
- 93 Lapworth
- 94 Leek Wootton
- 95 Manor
- 96 Milverton
- 97 Park Hill
- 98 Radford Semele
- 99 St John's
- 100 Stoneleigh
- 101 Warwick North
- 102 Warwick South
- 103 Warwick West
- 104 Whitnash
- 105 Willes

Rugby

- 35 Admirals
- 36 Avon & Swift
- 37 Benn
- 38 Bilton
- 39 Brownsover North
- 40 Brownsover South
- 41 Caldecott
- 42 Dunchurch & Knightlow
- 43 Earl Craven & Wolston
- 44 Eastlands
- 45 Fosse
- 46 Hillmorton
- 47 Lawford & King's Newnham
- 48 Leam Valley
- 49 New Bilton
- 50 Newbold
- 51 Overslade
- 52 Paddock
- 53 Ryton on Dunsmore
- 54 Wolvey

Stratford-on-Avon

- 55 Alcester
- 56 Aston Cantlow
- 57 Bardon
- 58 Bidford & Salford
- 59 Brailes
- 60 Burton Dassett
- 61 Claverdon
- 62 Ettington
- 63 Fenny Compton
- 64 Harbury
- 65 Henley
- 66 Kineton
- 67 Kinwarton
- 68 Long Compton
- 69 Long Itchington
- 70 Quinton
- 71 Sambourne
- 72 Shipston
- 73 Snitterfield
- 74 Southam
- 75 Stockton & Napton
- 76 Stratford Alveston
- 77 Stratford Avenue & New Town
- 78 Stratford Guild & Hathaway
- 79 Stratford Mount Pleasant
- 80 Studley
- 81 Tanworth
- 82 Tredington
- 83 Vale of the Red Horse
- 84 Welford
- 85 Wellesbourne



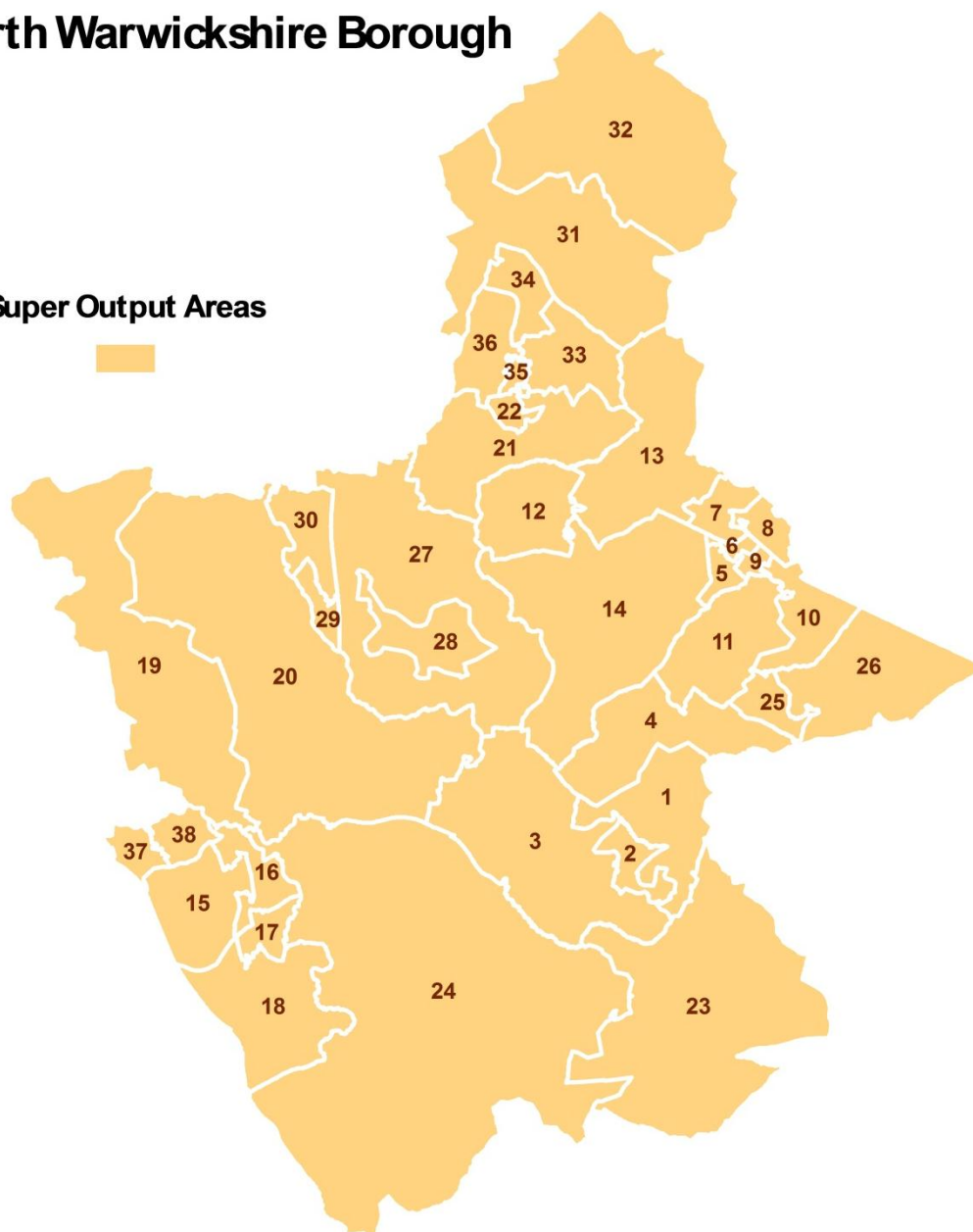
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N.B. This map show Wards as at

APPENDIX B: WARWICKSHIRE SUPER OUTPUT AREA MAPS

North Warwickshire Borough

Super Output Areas

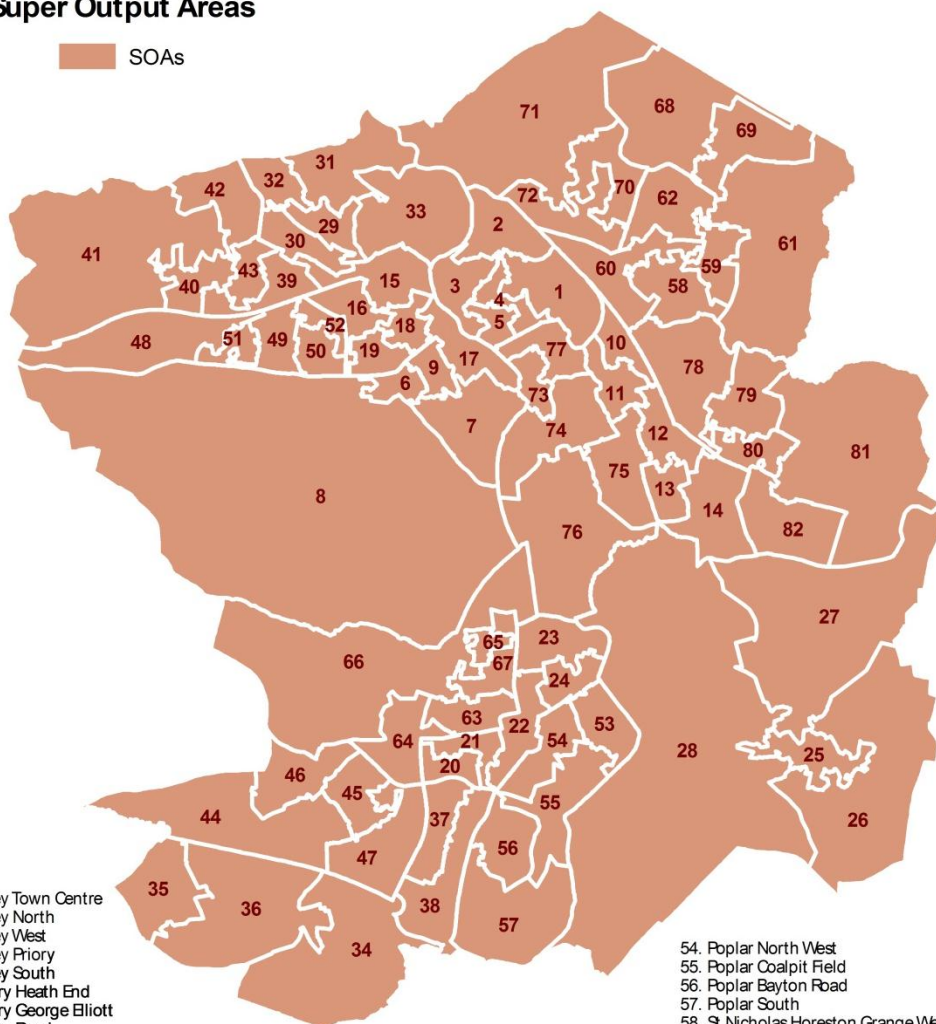


- | | |
|--|---|
| 1. New Arley East, Hill Top and Ansley | 20. Marston and Water Park |
| 2. New Arley West and Old Arley | 21. Dordon Rural |
| 3. New Arley South and Over Whitacre | 22. Dordon Village |
| 4. Ansley Common and Birchley Heath | 23. Corley |
| 5. Atherstone Central - Canal and Outwoods | 24. Fillongley and the Packingtons |
| 6. Atherstone Central - Centre | 25. Hartshill South |
| 7. Atherstone North - Town Centre North & Alder Mill | 26. Hartshill North and Caldecote |
| 8. Atherstone North - St Georges & Carlyon | 27. Pocadilly and Wood End |
| 9. Atherstone South | 28. Hurley |
| 10. Mancetter North | 29. Kingsbury South |
| 11. Mancetter South and Ridge Lane | 30. Kingsbury North |
| 12. Baddesley Ensor West | 31. Warton and Shuttington |
| 13. Grendon, Bradley Green and Whittington | 32. Newton Pegis, Austrey and Seckington |
| 14. Baddesley Common, Baxterley and Merevale | 33. Polesworth East - St Helena |
| 15. Coleshill North - Grimstock Hill | 34. Polesworth East - Station |
| 16. Coleshill North - Cole End | 35. Polesworth West - School |
| 17. Coleshill South - Centre | 36. Polesworth West - Birchmoor & Pooley Fields |
| 18. Coleshill South - Hospital & Southfields | 37. Water Orton West |
| 19. Curdworth and Wishaw | 38. Water Orton East |

Nuneaton & Bedworth Borough

Super Output Areas

 SOAs



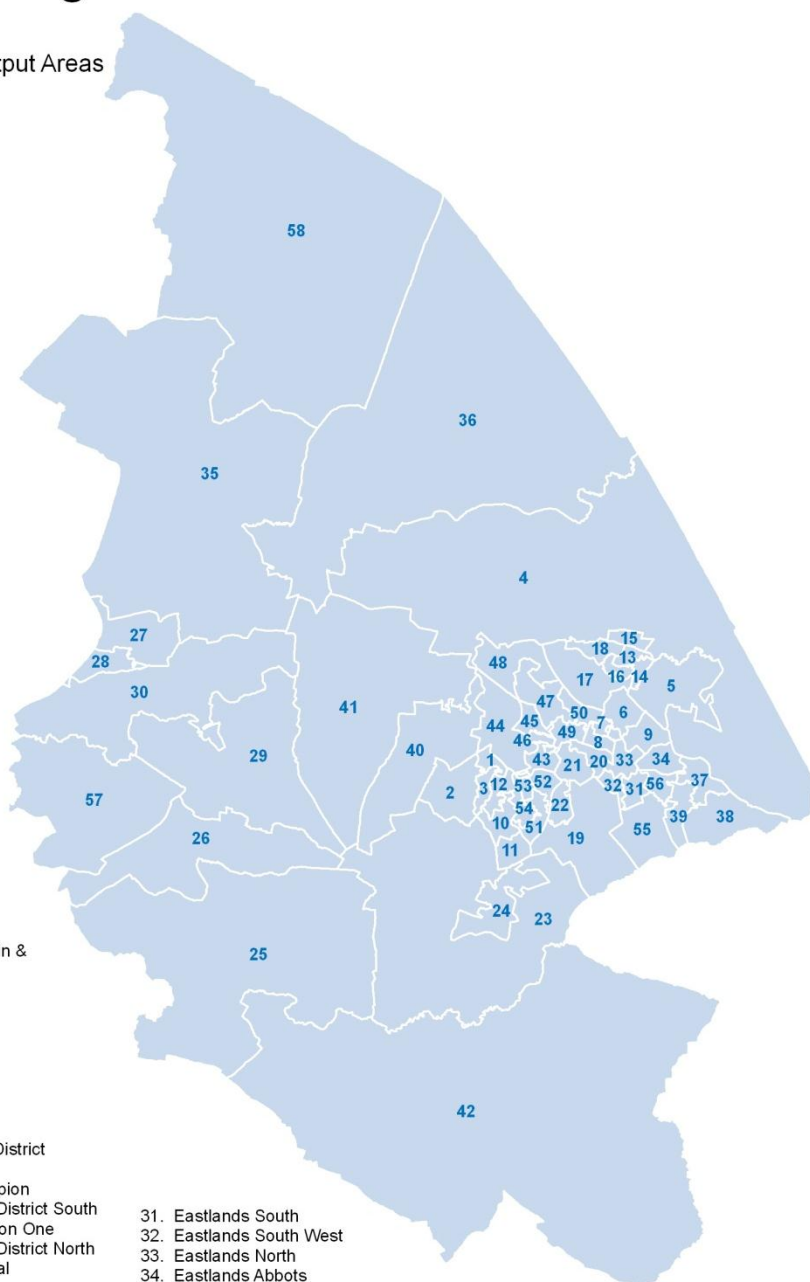
1. Abbey Town Centre
2. Abbey North
3. Abbey West
4. Abbey Priory
5. Abbey South
6. Arbury Heath End
7. Arbury George Elliott
8. Arbury Rural
9. Arbury North
10. Attleborough North East
11. Attleborough North West
12. Attleborough Central
13. Attleborough South West
14. Attleborough South East
15. Bar Pool North & Crescents
16. Bar Pool West & Recreation Ground
17. Bar Pool East & Greenmoor
18. Bar Pool Central
19. Bar Pool South
20. Bede South West
21. Bede Cannons
22. Bede Bedworth Town Centre
23. Bede North
24. Bede East
25. Bulkington Village
26. Bulkington South East
27. Bulkington North
28. Bulkington Arden
29. Camp Hill Village Centre
30. Camp Hill South West & Brook

31. Camp Hill North & Pools
32. Camp Hill North West & Allotments
33. Camp Hill West & Quarry
34. Exhall Grange
35. Keresley North and Newlands
36. Keresley South and Ash Green
37. Exhall West
38. Exhall East
39. Galley Common South East
40. Galley Common South
41. Galley Common West & Rural
42. Chapel End
43. Galley Common East
44. Goodyers End
45. Heath Sports
46. Market End and Newdigate
47. Little Heath
48. Kingswood Grove Farm & Rural
49. Kingswood St Pauls
50. Kingswood Stockingford Schools
51. Kingswood Hills
52. Kingswood North East
53. Poplar Nicholas Chamberlain

54. Poplar North West
55. Poplar Coalpit Field
56. Poplar Bayton Road
57. Poplar South
58. St Nicholas Horeston Grange West
59. St Nicholas Horeston Grange East
60. St Nicholas South West
61. St Nicholas East & The Long Shoot
62. St. Nicholas North & College
63. Slough Mt Pleasant
64. Slough South & Heath
65. Slough Collycroft North
66. Slough West and Rural
67. Slough Collycroft South
68. Weddington St Nicholas West
69. Weddington St Nicholas East
70. Weddington South & Schools
71. Weddington North
72. Wedding South West & River
73. Wem Brook Bridges
74. Middlemarch & Swimming Pool
75. Wem Brook East
76. Hill Top
77. Riversley
78. Whitestone North West & Attleborough Fields
79. Whitestone North
80. Whitestone South
81. Whitestone East & Rural
82. Whitestone South

Rugby Borough

 Super Output Areas



1. Admirals North
2. Cawston
3. Admirals East
4. Easenhall, Newton & Biggin & Harborough Magna
5. Clifton Upon Dunsmore
6. Benn Station
7. Benn West
8. Benn South
9. Whinefield Park
10. Bilton East
11. Bilton South Cock Robin
12. Bilton North West
13. Brownsover North Lake District
14. Brownsover North - East
15. Brownsover North - Campion
16. Brownsover South Lake District South
17. Brownsover South Junction One
18. Brownsover South Lake District North
19. Caldecott South and Rural
20. Caldecott North East
21. Caldecott North West
22. Caldecott Rokeby
23. Thurlaston
24. Dunchurch
25. Princethorpe, Marton, Frankton, Bourton & Draycote
26. Stretton on Dunsmore
27. Binley Woods North
28. Binley Woods South
29. Wolston South
30. Brandon & Wolston North

31. Eastlands South
32. Eastlands South West
33. Eastlands North
34. Eastlands Abbots
35. Fosse West
36. Fosse East
37. Hillmorton North and Locks
38. Hillmorton East and Wharf
39. Hillmorton West
40. Long Lawford South
41. Church Lawford, Kings Newnham & Long Lawford North
42. Leam Valley
43. New Bilton South East
44. New Bilton West & Somers Road
45. New Bilton North
46. New Bilton East
47. Newbold Riverside

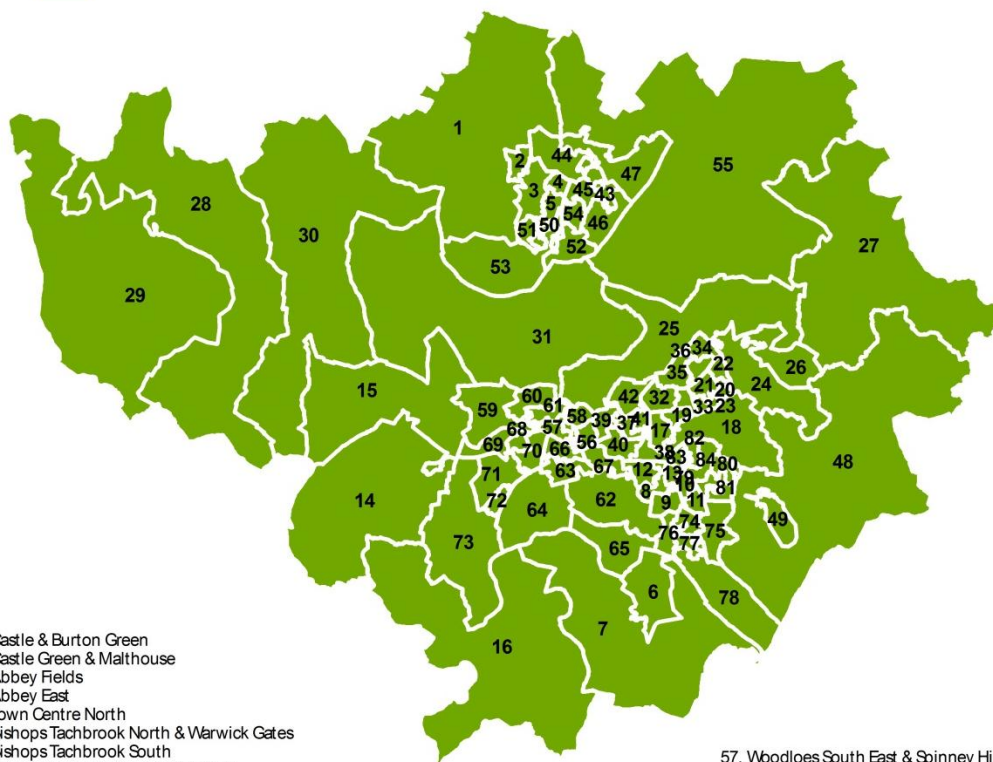
48. Newbold-on-Avon
49. Town Centre
50. Cattlemarket
51. Overslade South East
52. Overslade North
53. Overslade North West
54. Overslade West
55. Paddock South
56. Paddock North
57. Ryton on Dunsmore
58. Wolvey

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Warwick District

Super Output Areas

 Super Output Areas



1. Castle & Burton Green
2. Castle Green & Malthouse
3. Abbey Fields
4. Abbey East
5. Town Centre North
6. Bishops Tachbrook North & Warwick Gates
7. Bishops Tachbrook South
8. Brunswick South West & Kingsway
9. Brunswick South & Cemetery
10. Brunswick North East
11. Brunswick South East
12. Brunswick North West & Foundry
13. Old Town West & Railway Bridge
14. Hampton-on-the-Hill
15. Hatton & Hampton Magna
16. Sherbourne, Barford & Wasperton
17. Town Centre
18. Campion Hills & Newbold Comyn
19. Clarendon North
20. Lillington East
21. Lillington West
22. Crown North East
23. Lillington South
24. Cubbington West & New Cubbington
25. New Cubbington, Blackdown & Old Milverton
26. Cubbington East
27. Bubbenhall, Wappenbury, Weston & Eathorpe
28. Lapworth North, Baddesley Clinton & High Cross
29. Lapworth South, Bushwood, Lowsonford & Rbwington
30. Wroxhall, Hasely & Honiley
31. Leek Wootton, Guys Cliffe & Beausale
32. Manor South West

33. Manor South & Round Oaks
34. Manor North
35. Manor West
36. Manor East
37. Milverton Cliffe
38. Milverton South East
39. Milverton West
40. Milverton South West
41. Milverton East
42. Milverton North
43. Knowle Hill & Glasshouse
44. Ladies Hills & Mill End West
45. Whitemoor
46. Glass House & Windy Arbour
47. Mill End East & Crackley
48. Offchurch & Hunningham
49. Radford Semele
50. Town Centre South
51. Borrowell
52. Thickthorn & Castle End
53. St John's Playing Fields
54. Castle End & Windy Arbour
55. Stoneleigh
56. Emscote

57. Woodloes South East & Spinney Hill South
58. Emscote & Spinney Hill North East
59. Wedgenock & Woodloes West
60. Woodloes North
61. Woodloes East
62. Warwick Gates Nth, T. Park & Myton South
63. St Nicholas Park, Myton & Emscote South
64. Bridge End, Castle & Stratford Rd East
65. Warwick Gates
66. Emscote Lawns
67. The Moorings and Myton North
68. Packmores West & The Cape
69. The Cape & Wedgenock
70. Priory Park, Packmores & Hospital
71. Town Centre & Racecourse
72. Warwick West East
73. Kings Meadow & Longbridge
74. Whitnash North
75. Whitnash East & Millponds
76. Whitnash West
77. Whitnash St Margarets
78. Whitnash South
79. Sydenham West
80. Sydenham North
81. Sydenham South & East
82. Old Town North
83. Old Town North West
84. Old Town East & Sydenham Ind. Est.

Stratford District

Super Output Areas

 Super Output Areas



1. Alcester South, Arrow & Weethley
2. Abbey, Grammar & Kings Coughton
3. Alcester North & Conway
4. Alcester East & Island
5. Aston Cantlow
6. Bardon
7. Dunnington and Salford Priors
8. Bidford East, Waterloo & Broom
9. Bidford West and Wixford
10. Bidford South, Marcliff and Barton
11. Brailes
12. Burton Dassett
13. Claverdon
14. Ettington
15. Ladbroke & Priors
16. Fenny Compton, Farnborough & Avon Dassett
17. Deppers Bridge, Chester & Kings
18. Bishops Itchington
19. Harbury
20. Henley West
21. Henley East and Beaudesert
22. Wobton Waven
23. Kineton, Chadshunt & Compton Verney
24. Kineton Castle, Lt Kineton & Combrook
25. Lighthorne & Lighthorne Heath
26. Kinwarton
27. Long Compton
28. Long Itchington West & Ufton
29. Long Itchington East
30. Quinton

31. Sambourne
32. Shipston South & Furze Hill
33. Shipston North
34. Shipston West and Town Centre
35. Shitterfield & Wolverton
36. Hampton Lucy & Fulbrook
37. Southam East
38. Southam North
39. Southam West
40. Southam South & Town Centre
41. Stockton
42. Napton on the Hill
43. Bridgetown
44. Stratford South East & Alveston Hill
45. Tiddington & Alveston
46. Clopton & Welcombe Hills
47. Town Centre North

48. The Avenue
49. Maybird
50. Shottery South & Racecourse
51. Shottery North & Racecourse
52. Old Town & Town Centre South
53. Old Town
54. Bishopton
55. Stratford Mount Pleasant West
56. Stratford Mount Pleasant East
57. Studley East & Priory
58. Studley North
59. Studley West & Common
60. Studley South
61. Earlswood
62. Tanworth
63. Tredington & Blackwell
64. Newbold-on-Stour, Ilmington East & Whitchurch
65. Vale of the Red Horse
66. Welford
67. Wellesbourne West
68. Wellesbourne East, Walton & Airfield
69. Wellesbourne South
70. Moreton Morrell, Ashorne & Newbold Pacey
71. Wellesbourne North