

# LIVING IN WARWICKSHIRE

## Health & Wellbeing Report



## **Introduction to Topic**

Health plays an integral role in an individuals quality of life, with poor health not only having a detrimental impact on the individuals quality of life, but also on the lives of those around them.

The Health and Social Care Act 2012 transferred the role and responsibilities of Public Health to Local Authorities. Since April 2013, local authorities have been responsible for improving the health of their local population and to provide public health services such as sexual health services, drug and alcohol misuse services and the national child measurement programme. Public Health work in partnership with various partner organisations to commission and provide these services. To enable commissioners to make effective decisions, the latest research and intelligence is needed.

Consequently, the Living in Warwickshire survey addresses some of the gaps in this intelligence. The survey asked Warwickshire residents a series of questions relating to their health and the accessibility of health services, which included questions exploring:

- The provision of unpaid care given by residents
- What long standing illness or conditions residents have
- How residents perceive their general health
- Obesity and diet across the county
- How much and how often residents consume alcohol
- The mental wellbeing of residents
- Smoking habits of residents
- How residents access health services and their experiences

## **Results**

### **Unpaid Care**

**Do you look after, or give any help or support, to family members, friends, neighbours or others because of either: long term physical or mental ill-health/disability or problems related to old age?**

**If yes, please select how many hours unpaid care you provide per week (1-19 hours, 20-49 hours, 50 hours or more).**

The survey results suggest that over three quarters of Warwickshire residents do not provide any unpaid care (table 1). Of the quarter of Warwickshire residents that do provide some unpaid care, around 75% provide a small amount of unpaid care, between 1 – 19 hours per week. Around 16% of unpaid carers provide a substantial amount of care, 50 hours or more per week.

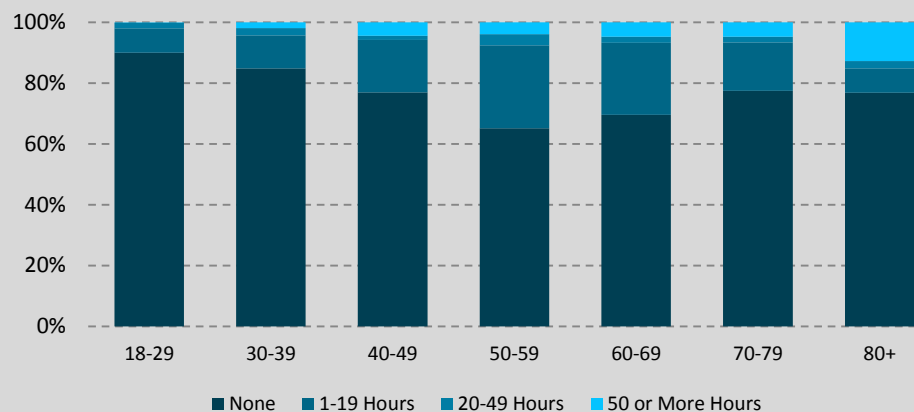
**Table 1 Hours of unpaid care provided**

	Percentage
None	77.0%
1-19 Hours	17.0%
20-49 Hours	2.2%
50 or More Hours	3.7%

In comparison to the results from the previous 2013 Living in Warwickshire survey, the proportion of Warwickshire residents providing no unpaid care is lower in the current survey at 77.0%, compared to 88.1% in 2013.

The 2011 Census suggested that the proportion of the total population that provided 50 or more hours of care per week in England & Wales was 2.4% and 2.7% in the West Midlands; this is statistically significantly lower than the Warwickshire figure from this survey, 3.7%.

The 2011 Census also suggested the proportion of the population providing between 1-19 hours of care was 6.5% in England & Wales and 6.8% in West Midlands, which is less than half of the figure for Warwickshire from this survey, 17.0%. The proportions of the populations of England & Wales and West Midlands providing between 20-49 hours of unpaid care in the 2011 Census, 1.4% and 1.5%, respectively, was also lower than the figure for Warwickshire in this survey, 2.2%.



**Figure 1 Hours of unpaid care by age**

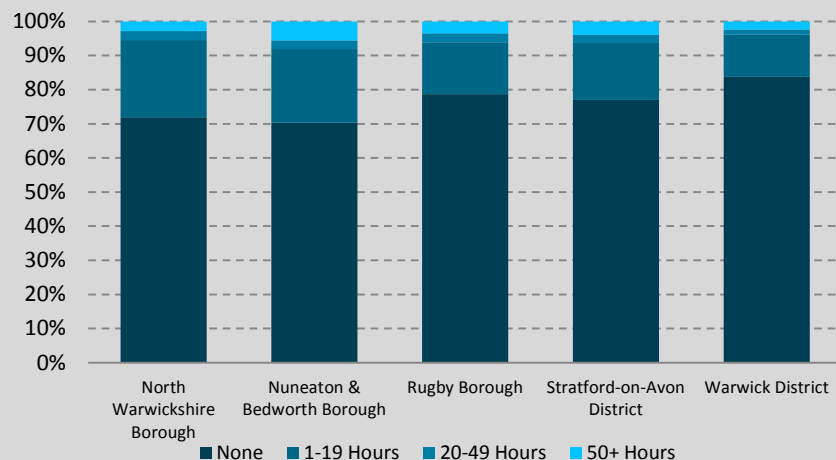
In Warwickshire, those aged between 50-59 years are most likely to provide some form of unpaid care, with over a third providing unpaid care (figure 1). Carers aged between 50-59 years are also most likely to provide low and moderate levels of unpaid care, 27.3% provided between

1-19 hours of unpaid care and 3.7% provided between 20-49 hours of unpaid care.

However, Warwickshire residents aged over 80 years were the most likely to provide 50 or more hours of care (12.5%). However, it should be noted that only a small proportion of residents aged 80+ years completed the survey, though weightings have been applied. The proportion of residents in the age groups 40-49 years, 60-69 years and 70-79 years providing 50 or more hours of unpaid care was around 5%. The age group that are least likely to provide 50 or more hours of unpaid care are younger adults aged between 18-29, less than 1%.

There is little variation between overall levels of unpaid care provided based on gender. However, females were more likely to be providing low levels of unpaid care (between 1-19 hours), with 18.2% of females reporting to providing lower levels of unpaid care, compared to 15.6% of males. Females are almost twice as likely to be providing between 20-49 hours of care, compared to males. Yet the proportion of males providing a substantial amount of unpaid care (50+ hours) is slightly higher (4.0%) than for females (3.4%).

Of those that did not wish disclose their gender, around 44% reported to providing some unpaid care, however, it should be taken into consideration that the numbers in this category were low.



**Figure 2 Hours of unpaid care by District & Borough**

There is a north south divide in the proportion of the Warwickshire population that provide unpaid care (figure 2). Higher proportions of residents in North Warwickshire Borough and Nuneaton & Bedworth Borough reported to provide some unpaid care, 28.3% and 29.6%, respectively; compared to residents in Rugby Borough, Stratford-on-Avon District and Warwick District, 21.6%, 22.7% and 16.3%, respectively.

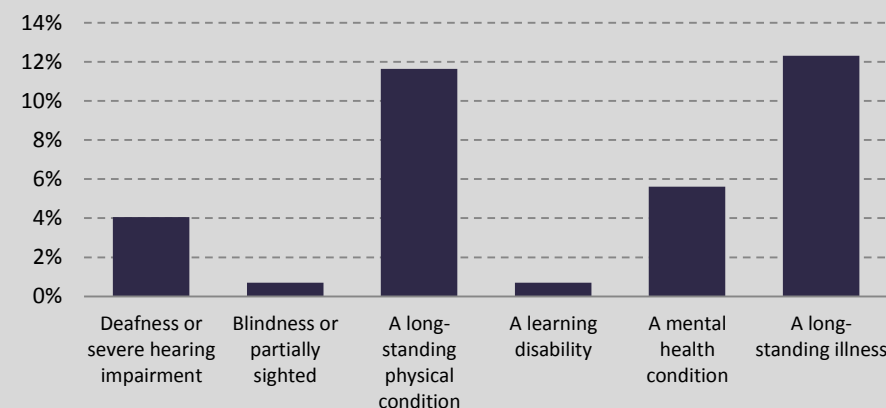
The highest proportion of those providing lower levels of unpaid care (1-19 hours) is in North Warwickshire Borough (22.6%) and the lowest in Warwick District (12.4%). Rugby Borough has the largest proportion of residents providing between 20-49 hours of unpaid care (2.7%), with Warwick District again having the lowest proportion of residents providing 20-49 hours of care (1.4%). Nuneaton & Bedworth Borough has the highest proportion of residents providing substantial unpaid care (50+ hours) in Warwickshire (5.6%), whilst Warwick District had the lowest (2.4%).

Results from the survey suggest that the unpaid care provision does not vary with educational attainment levels.

### Long Standing Illness

**Do you have any long standing illness, disability or infirmity (longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time)?**

**Does this illness limit your daily activities in any way? (for example, washing or dressing)**



**Figure 3 Proportion of residents with long standing illness**

Just under 12% of Warwickshire residents reported to having a long standing physical condition. Around 70% of Warwickshire residents reported to not having a long-standing condition (figure 3).

In line with the previous Living in Warwickshire survey in 2013, the two most common long term conditions in the 2016 survey



were a long standing physical condition (12%) and a long standing illness (12%). However, the proportions were larger in 2013, with 18.9% reported to having a long standing physical condition and 15% reported to having a long standing illness. The proportion of residents reporting to having a mental health condition is higher in the current survey at 5.6%, compared to the 3.0% that reported the same in 2013. The proportion of residents that reported to having deafness or a severe hearing impairment was around half in the current survey than in 2013.

### **General Health**

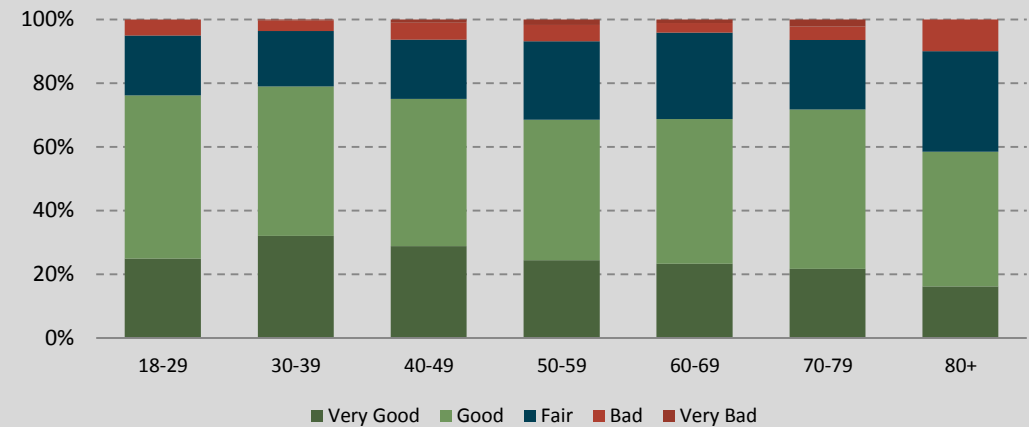
#### **How do you rate your health in general?**

#### **(‘Very Good’, ‘Good’, ‘Fair’, ‘Bad’ and ‘Very Bad’)**

Almost three quarters of Warwickshire residents report their general health as being ‘Good’ or ‘Very Good’. A further 21.6% reported their general health as ‘Fair’, leaving under 6% of residents reporting their health as ‘Bad’ or ‘Very Bad’.

National level data suggests that around 5.5% of the England population would rate their general health as being ‘Bad’ or ‘Very Bad’, which is similar to the Warwickshire figure in this survey.

The distribution of self-reported general health between females and males was very similar, 73.1% of females and 72.3% of males reported their general health to be ‘Good’ or ‘Very Good’.



**Figure 4 General Health by age**

The distribution of self-reported general health by age shows a slow decline in the proportion of residents reporting their general health as ‘Very Good’ as the age groups get older (figure 4). Although there is an increase of seven percentage points between 18-29 year olds and the highest proportion in 30-39 year olds, there is slight decrease in each successive age group. A similar decrease can be seen in the proportion of residents reporting their health to be ‘Good’, however, the decrease is not as uniform.

## Sleeping Patterns

**On average, how many nights per week do you get at least 6 hours of sleep?**

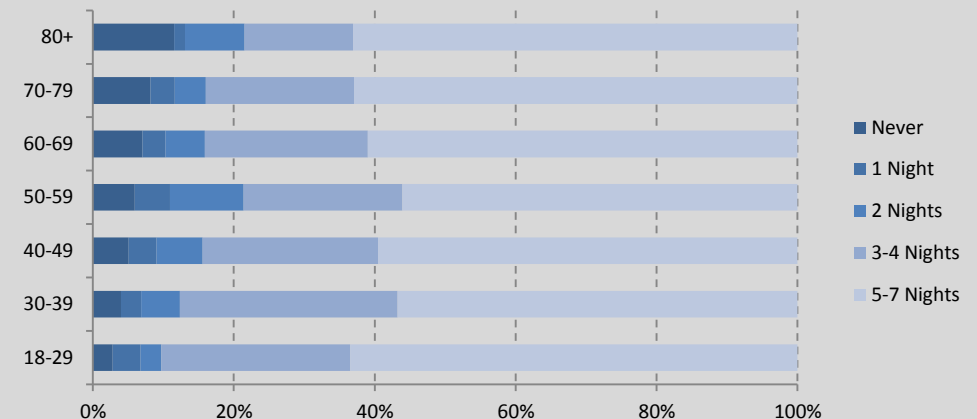
It is recommended that to reduce any negative health effects individuals should get at least six hours of sleep per night.

**Table 2 Sleeping patterns**

How many nights of 6+ hours of sleep, per week	Percentage
Never	5.7%
1 Night	3.7%
2 Nights	6.0%
3-4 Nights	24.4%
5-7 Nights	60.2%

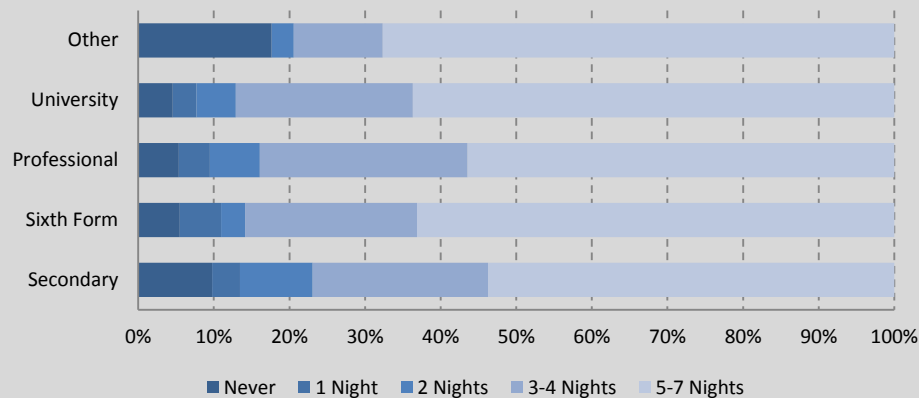
The majority of Warwickshire residents (85%) usually have at least three nights of six or more hours of sleep a week (table 2). Just under two thirds of residents usually have between five and seven nights of six or more hours of sleep per week. This leaves around 15% of residents that usually have two or fewer nights a week in which they get at least six hours of sleep, per week.

There is little variation in sleeping patterns based on gender.



**Figure 5 Sleeping patterns by age**

The age group with the highest proportion of residents getting between five and seven nights of adequate sleep per week is the youngest age group, 18-29 year olds, with 63.5% (figure 5). Residents aged between 70-79 years and 80+ years also had high proportions (63.0% and 63.1% respectively) of residents getting adequate sleep around five to seven nights a week. Just under 12% of those aged 80+ years reported to never getting an adequate amount of sleep. The proportion of residents who never get adequate sleep increases uniformly as age increases, increasing by around one percentage point until 70-79 year olds, where there is an increase of 3.4%.



**Figure 6 Sleeping patterns by educational attainment**

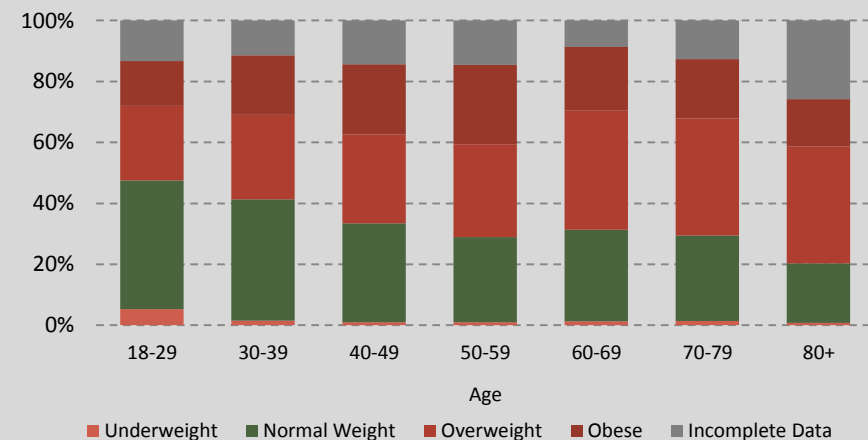
Residents who reported their highest education attainment level to be 'other', were most likely to have between five and seven nights of adequate sleep per week (67.7%, see figure 6).

Those with a university education had the lowest proportion of residents who reported never getting adequate sleep (under 5%). For those residents whose highest educational level was described as 'Other' also had the highest proportion of residents that never get adequate sleep, around 17.7%.

### **Body Mass Index – BMI**

Residents were asked their current height and weight, which enabled us to calculate their BMI score. Residents were offered the choice of entering their details in either imperial or metric dimensions. Residents were also able to continue onto the next question without entering any measurements.

Almost a third of residents had a BMI score which fell into the 'Normal Weight' category. The proportion of residents whose BMI was classed as 'Overweight', was slightly smaller than the proportion of 'Normal Weight' at 31.8%. Over half of Warwickshire residents had a BMI which was classed as either 'Overweight' or 'Obese', which is significantly lower than the estimated national figure of 64.8% and the West Midlands figure of 66.8%. Around 13% of Warwickshire residents did not provide enough information to calculate a BMI.

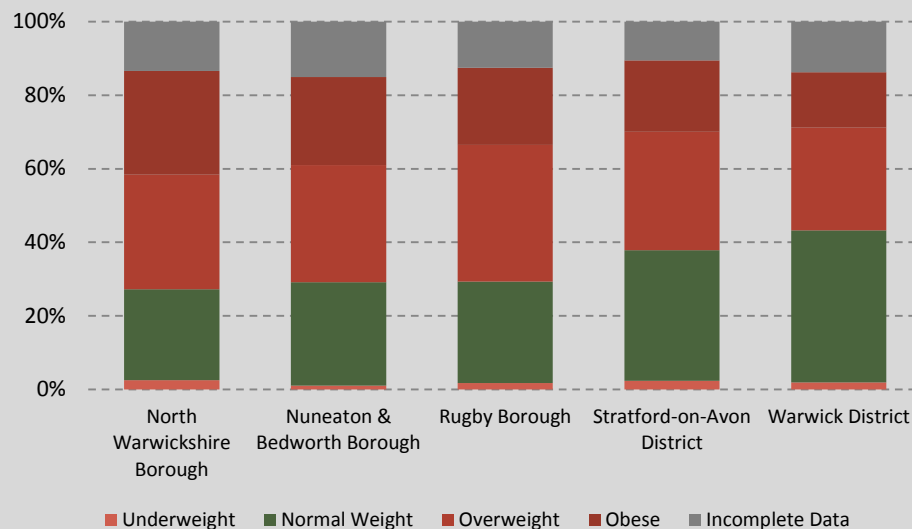


**Figure 7 BMI by age**

The proportion of residents who have a BMI which can be classed as 'Normal Weight' gradually decreases as the age groups get older, ranging from 42.2% in 18-29 year age group, to 19.5% in those aged 80+ years (figure 7). From the age of 40 years onwards, more than 50% in each age group are either 'Overweight' or 'Obese', these categories are often known as 'Excess Weight'. Those aged 60-69 years have the highest proportion of residents who are classed as having 'Excess Weight'. The

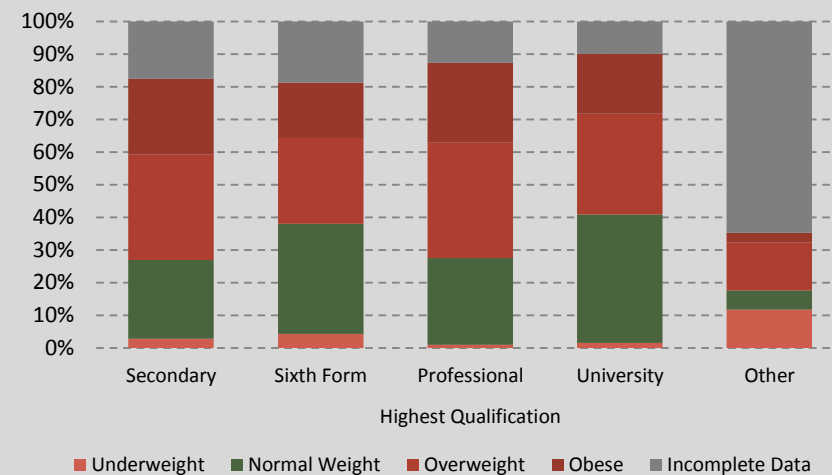


age group with the highest proportion of residents with a BMI indicating obesity is 50-59 year olds.



**Figure 8 BMI by district/borough**

North Warwickshire Borough and Nuneaton & Bedworth Borough had the highest levels of obesity, 28.2% and 23.9%, respectively (figure 8). The equivalent figures for Stratford-on-Avon District and Warwick District were 19.4% and 15.0% respectively, highlighting a clear north south inequality.



**Figure 9 BMI by highest qualification**

The proportion of Warwickshire residents classified as obese is highest amongst those with professional and secondary education as their highest qualification, 24.3% and 23.2% respectively (figure 9). The lowest proportion of obesity was among those who reported their highest education level to be 'other', however over two thirds of the individuals who reported this did not provide enough information to calculate a BMI score. Those with a university education in Warwickshire are most likely to be of a normal weight, with just under 40% having a BMI considered normal.





**Figure 10 BMI by occupation**

The proportion of Warwickshire residents in full time education who have excess weight was considerably smaller than all of the other occupational categories, 21.4%, compared to the next lowest, part-time employed with 44.8% (figure 10). Similarly, almost two thirds of the Warwickshire population in full time education have a BMI considered to be normal, the highest proportion of all occupational categories. The proportion of Warwickshire residents who had excess weight was the highest among individuals who were unemployed due to illness, of which over a third have a BMI considered to be obese.

## Diet

**How often do you typically eat the following foods?**

- Shop bought ready meals
- Fast food (e.g. McDonalds, Burger King, KFC)
- Takeaway Food (e.g. Chinese, Indian, Thai, Pizza, Fish & Chips)
- Restaurant Meals
- Pub Meals
- Snack and a drink in a coffee shop

**On average, how many portions of fruit and vegetables do you eat per day? (0, 1-2, 3-4, 5-6 or 6+)**

**How often, if at all, do you drink fizzy or soft drinks? (including carbonated drinks and smoothies, fruit juices and squash with added sugar)**

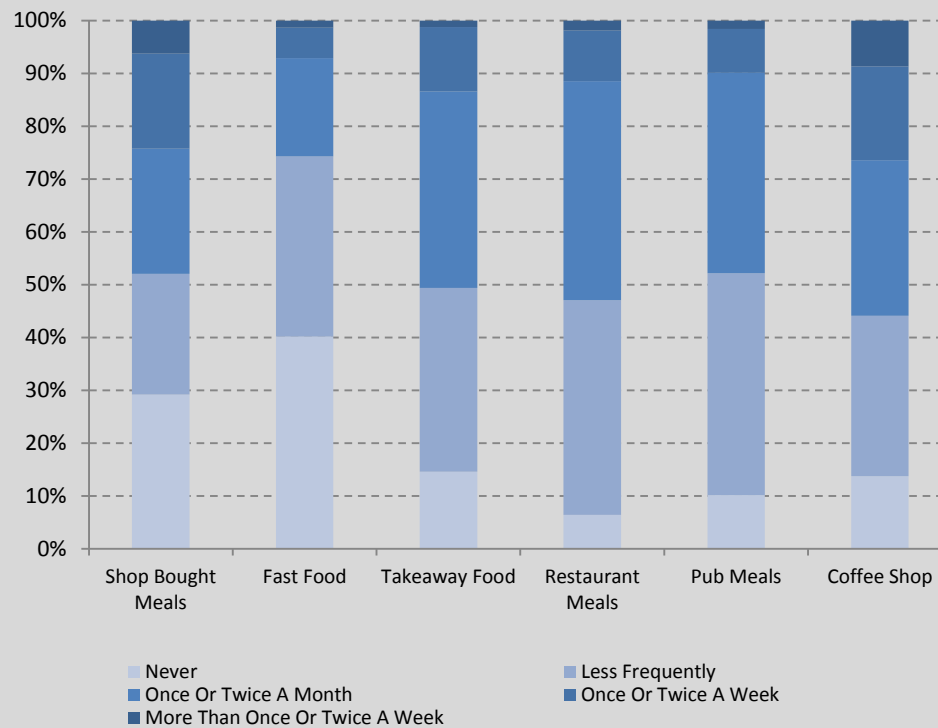
- Never
- More than once a day\*
- Once a day
- Once or twice a week
- Once or twice a month
- Less frequently

**\*How many times a day do you drink these types of drinks? (1-3, 4-6 or 7+)**

It is widely accepted that unhealthy diets are major risk factors for chronic diseases. Very little data exists regarding the diet of Warwickshire residents, therefore these questions were used to gather detailed information about the dietary habits of the



Warwickshire population.



**Figure 11 Eating out frequency**

Around 40% of the Warwickshire population report to never eating fast food, which includes popular food establishments such as McDonalds, Burger King and KFC (figure 11). Just under a third of residents reported to never consuming shop bought meals, and around 20% of residents selected 'Never' for each of the remaining four options: takeaway food, restaurant meals, pub meals and coffee shop. The food establishment type which received the highest proportion of residents selecting 'More

Than Once or Twice A Week' was 'Snack and drink in a coffee shops' (8.7%). This was followed by shop bought ready meals which was selected by 6.2% of residents as being consumed 'More Than Once or Twice a Week'.

Around 5.7% of Warwickshire residents reported to eating fast food once or twice a week, which was the lowest of the food establishments to be selected as being consumed this often. In comparison, 12.2% of residents reported to eating a take away once or twice a week and 9.6% reported to eating out at a restaurant once or twice a week.

Those aged 80+ years appear to consume shop bought ready meals more frequently than younger age groups (figure 12). There is a clear trend in the frequency of Warwickshire residents consuming fast food, the older the age group, the less frequently fast food is consumed. The proportion of residents reporting to never eating fast food shows large increases as residents get older, ranging from 12.9% of 18-29 year olds to 78.3% of those aged 80+ years. Similarly the trend for takeaway consumption decreases with age. The proportions of residents reporting to never consuming takeaway food ranges from 3.8% in 18-29 year olds, to 43.8% in those aged 80+ years.

There is very little variation in the frequency of consumption of different foods between males and females.

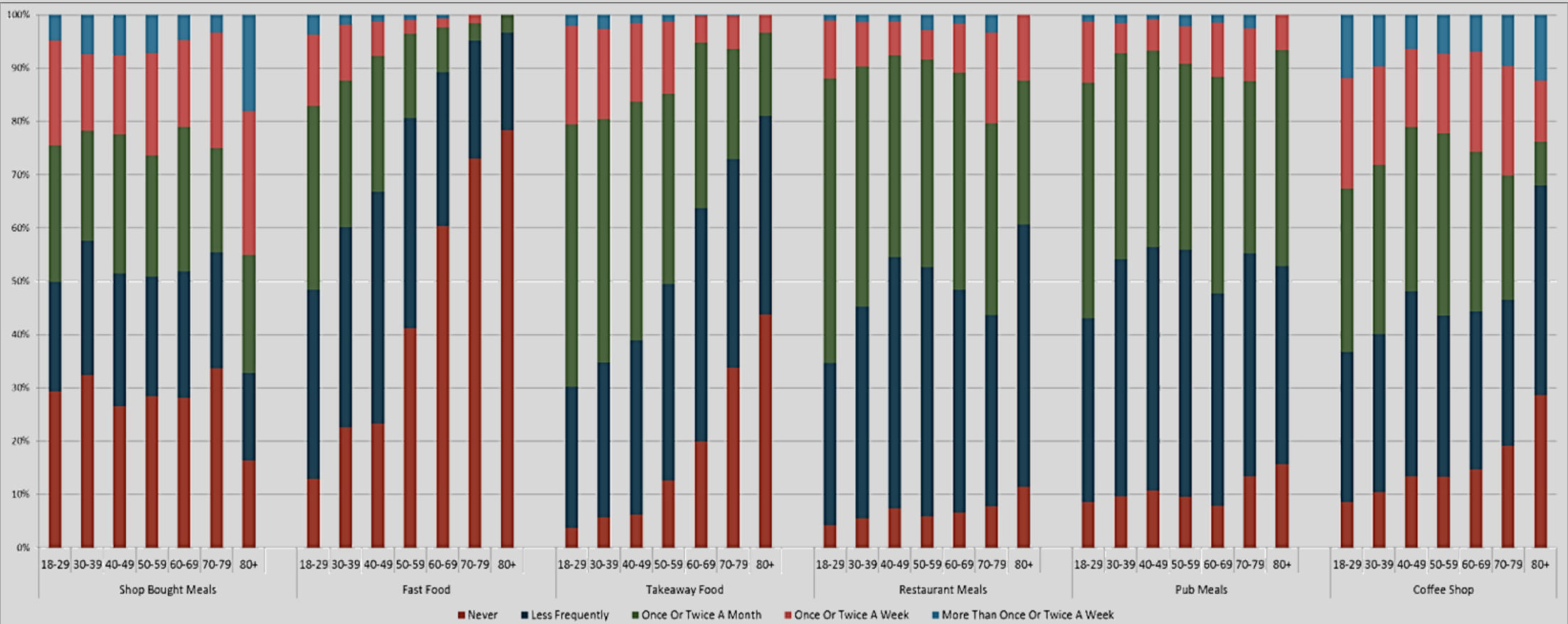


Figure 12 Eating out by age and establishment



The proportions of residents who reported to never eating fast food was highest in Stratford-on-Avon District, at 47.7%, followed by Warwick District at 40.3% and Rugby Borough at 39.1%. North Warwickshire had the highest proportion in the county of residents reporting to consuming fast food at least once a week, 10.9%, followed by Rugby Borough residents, 8.9%.

North Warwickshire Borough also had the highest proportion of residents reporting to eating takeaway food at least once a week, 16.3% and the second highest proportion of residents reporting to having restaurant meals, 11.8%. Stratford-on-Avon and Warwick Districts had the highest proportions of residents reporting to having a snack and a drink at a coffee shop at least once a week in the country, 29.4% and 28.3% respectively.

Just under half of Warwickshire residents who had been educated to secondary school level reported to never eating fast food (48.7%), which was the highest proportion of all of the educational attainment levels. Residents who have been educated to secondary school level had the highest proportions of all educational levels reporting that they never consumed the following types of food: shop bought meals, fast food, takeaway food, restaurant meals, pub meals and snacks and drinks at coffee shops.

### **Alcohol Consumption**

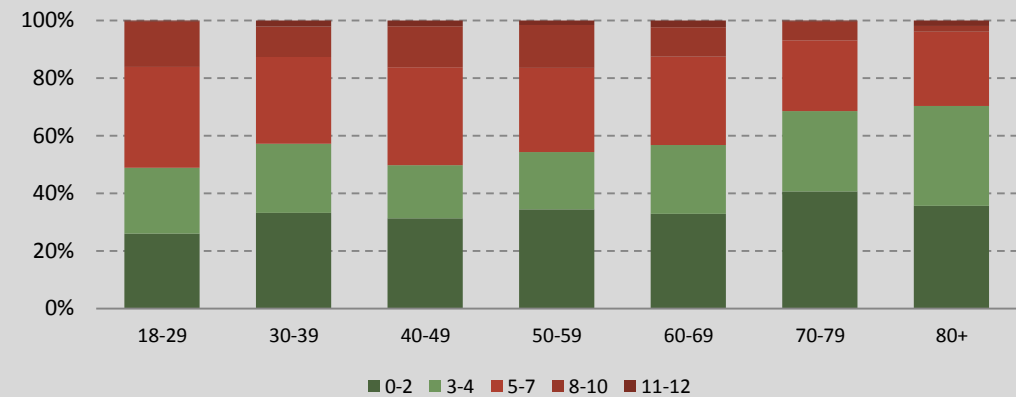
Alcohol consumption was measured using the Audit-C Short Questionnaire, which measures whether or not an individual is drinking at increased or higher risk levels. The set of three questions, each with five

answers to choose from provides a score out of 12. A score of five and above indicates increasing or higher risk drinking levels.

#### **How often do you have a drink containing alcohol?**

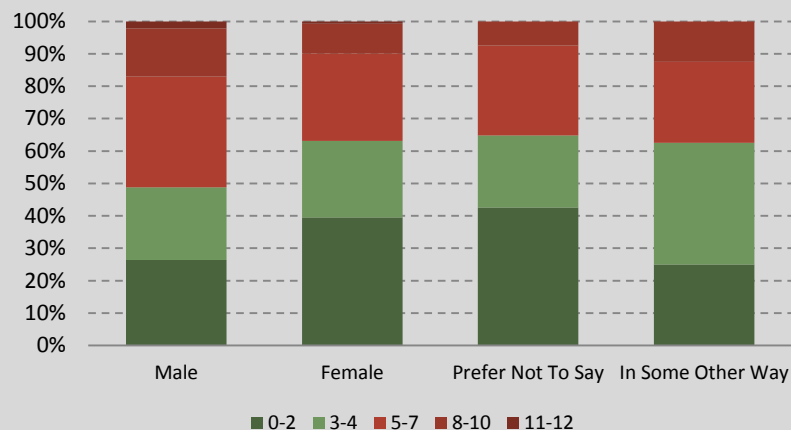
#### **How many units of alcohol do you drink on a typical day when you are drinking?**

#### **How often have you had 6 or more units if female, or 8 or more if male on a single occasion in the last year?**



**Figure 13 Audit C questionnaire, alcohol consumption**

The age distribution of Audit-C results shows that in general, higher risk drinking decreases as age increases (figure 13). Just over half of 18-29 year olds and 40-49 year olds reported to be drinking at increased or higher risk levels. The lowest proportion of increased or higher risk drinking was reported in the 70-79 and 80+ age groups, where under a third of residents reported scores of five or more.

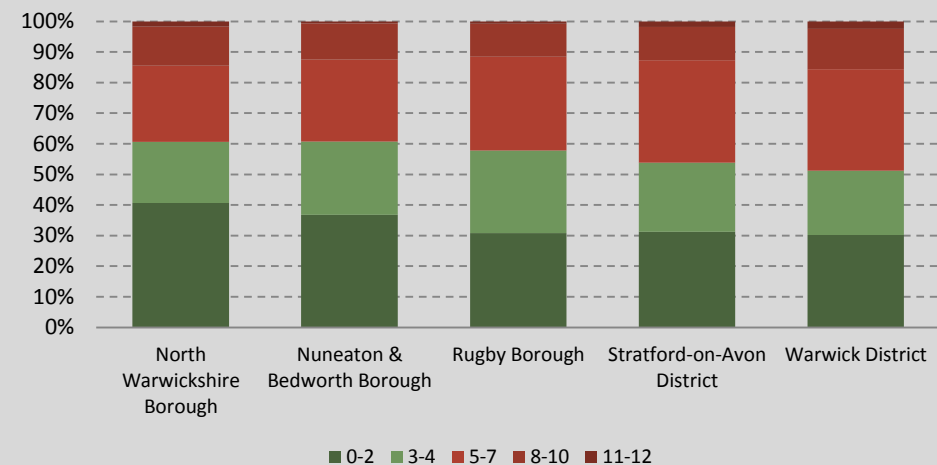


**Figure 14 Audit C by gender**

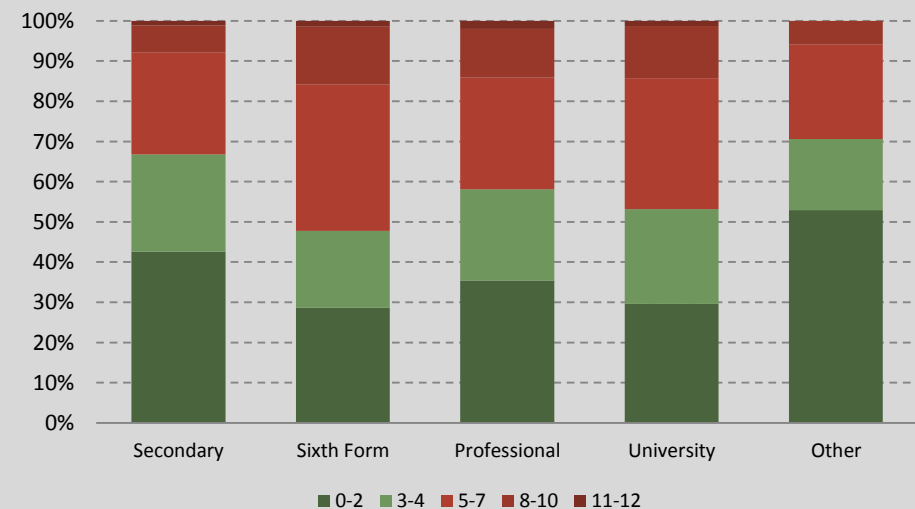
The gender distribution of audit-C scores show that over 50% of males consume alcohol at increasing and high risk levels, considerably higher than females, of whom less than 40% reported alcohol consumption levels that warranted an audit-C score of five or more (figure 14).

Audit-C scores are relatively similar across the district and boroughs in Warwickshire, the proportion of residents that are drinking at increasing and higher risk levels ranged between 39% in North Warwickshire Borough and 48% in Warwick District (figure 15).

The educational attainment level distribution for audit-C scores shows that those with sixth form or a university education had the highest proportions of individuals drinking at increasing or higher risk levels (figure 16). Around two thirds of residents, who only had a secondary school education, had an audit-C score of below five.



**Figure 15 Audit C by District/Borough**



**Figure 16 Audit C by educational attainment**

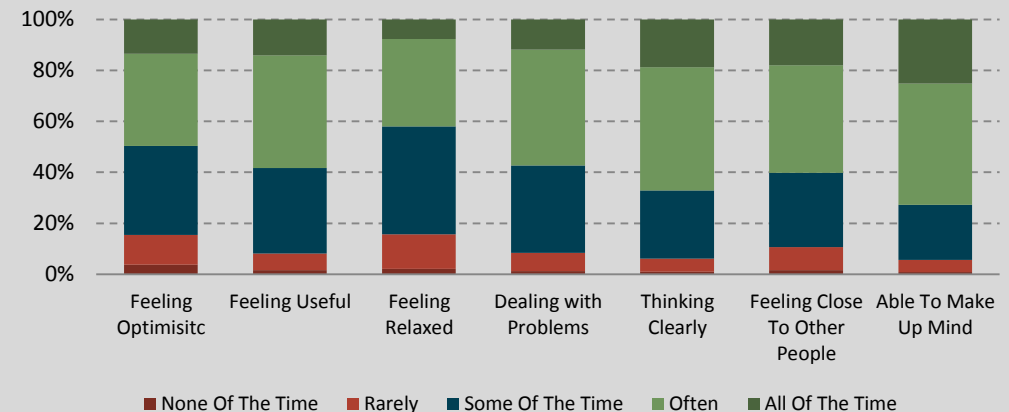
## Mental Wellbeing

The Warwick Edinburgh Mental Wellbeing Scale (WEMWBS) is a set of questions used to monitor the mental wellbeing across the general population. In this survey, we used the shortened version of the survey, which is seven questions, each with five identical responses ('None of the time', 'Rarely', 'Some of the time', 'Often' and 'All of the time').

**Below are some statements about feelings and thoughts. Please choose the answer that best describes your experience of each over the last two weeks:**

- I've been feeling optimistic about my future
- I've been feeling useful
- I've been feeling relaxed
- I've been dealing with problems well
- I've been thinking clearly
- I've been feeling close to other people
- I've been able to make my mind up about things

The majority of Warwickshire residents answered the seven questions with 'All of the time', 'Often' or 'Some of the time', which would suggest that the general Warwickshire population had good mental wellbeing. Approximately, 90% of Warwickshire residents responded with the three positive options (figure 17).



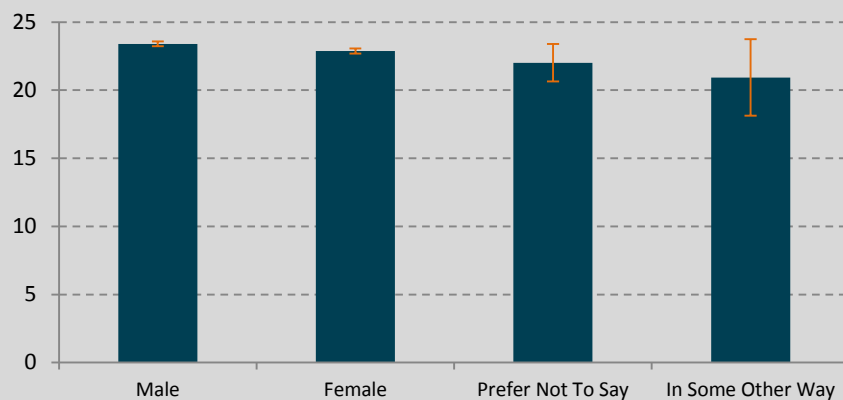
**Figure 17 Warwick Edinburgh Mental Wellbeing Scale (WEMWBS)**

WEMWBS is traditionally scored, with each answer to the question given a value between one and five (None of the time – 1, Rarely – 2, Some of the time – 3, Often – 4 and All of the time – 5), which provides a score between seven and 35 for each individual, for the shorter seven question version. A higher score is indicative of better mental wellbeing.

**Table 3 WEMWBS by gender with upper and lower confidence intervals**

Gender	Mean	LCI	UCI
Male	23.4	23.2	23.6
Female	22.9	22.7	23.1
Prefer Not To Say	22.0	20.6	23.4
In Some Other Way	20.9	18.1	23.7

The mean scores from the WEMWBS suggest that males in Warwickshire have better mental wellbeing than females and this is a statistically significant finding (figure 18). Analysis of the full length WEMWBS in the Health Survey for England 2012, also found that males have a slightly higher mean WEMWBS score than females.

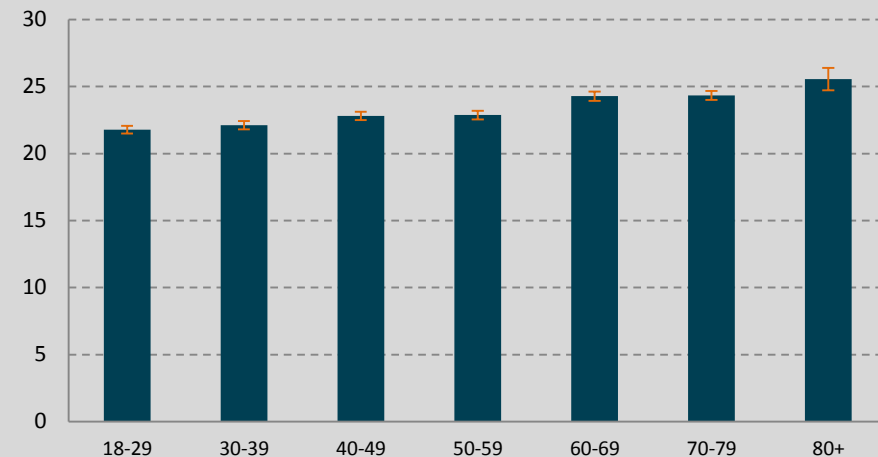


**Figure 18 Mean WEMWBS by gender with confidence intervals**

**Table 4 Mean WEMWBS by age with upper and lower confidence intervals**

Age	Mean	LCI	UCI
18-29	21.8	21.5	22.1
30-39	22.1	21.8	22.4
40-49	22.8	22.5	23.1
50-59	22.9	22.6	23.2
60-69	24.3	24.0	24.6
70-79	24.3	24.0	24.7
80+	25.6	24.7	26.4

Within Warwickshire, mental well-being appears significantly better in older residents than younger residents (table 4). The increase in WEMWBS score between those aged 50-59 and 60-69 is statistically significant. As is the difference between those aged 80+ and those aged 70-79.



**Figure 19 Mean WEMWBS by age**

The trends between the scores of middle aged adults and older adults are echoed in an analysis of the longer survey in the Health Survey for England 2012. The mean score for individuals in the age groups 65-74 years and 75-84 years are higher than those in the younger age groups of 35-64 years.

## Smoking

Please select the option that describes your smoking and/or e-cigarette use?

Residents who selected 'Never Smoked' were not asked any further smoking related questions, however, follow up questions were asked of those who reported to having some form of smoking habit

On average how many cigarettes do you smoke?

Please select the option that describes your e-cigarette use?

How many times have you tried to give up smoking?

Have you accessed the Warwickshire Stop Smoking Service (Quit4good)?

The proportions of those who have never smoked falls as age increases, ranging from 69.4% in those aged 18-29 years to 50.8% in those aged over 80 (figure 20). The proportion of residents selecting that they were ex-smokers increased in a linear form as age increased, from 12.9% in the youngest age category to 49.2% in the oldest age category.

The proportion of current smokers is relatively low across all the age groups, peaking at 10.1% in the 30-39 year age group. The proportion of those trying to quit smoking is highest in the 18-29 year age group. The previous 2013 Living in Warwickshire survey, found the highest proportion of current smokers were in the 18-30 years age group, however, in the latest survey, the highest proportion is seen in the 30-39 year age group. The prevalence of current smokers is also much smaller

across all of the age groups in the latest survey, compared to the previous survey.

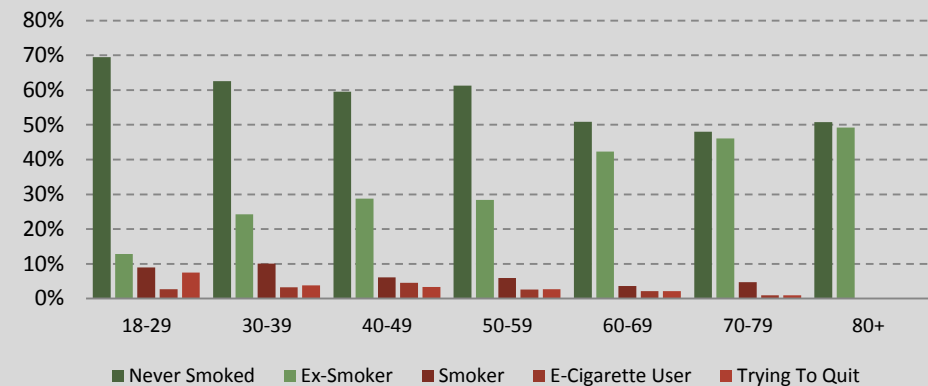


Figure 20 Smoking and/or e-cigarette use

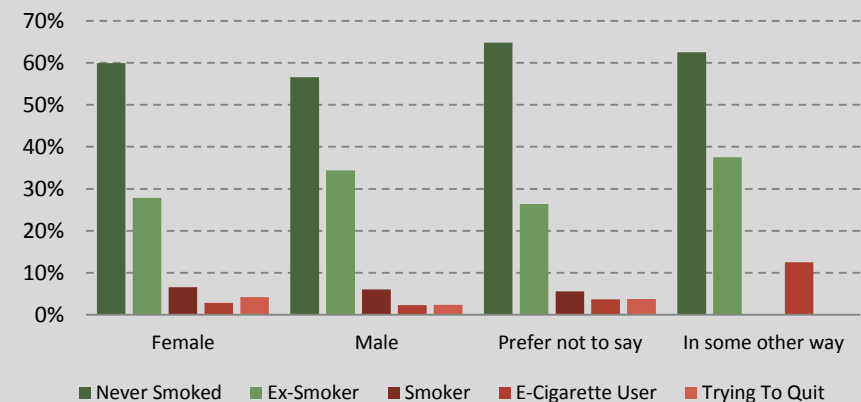
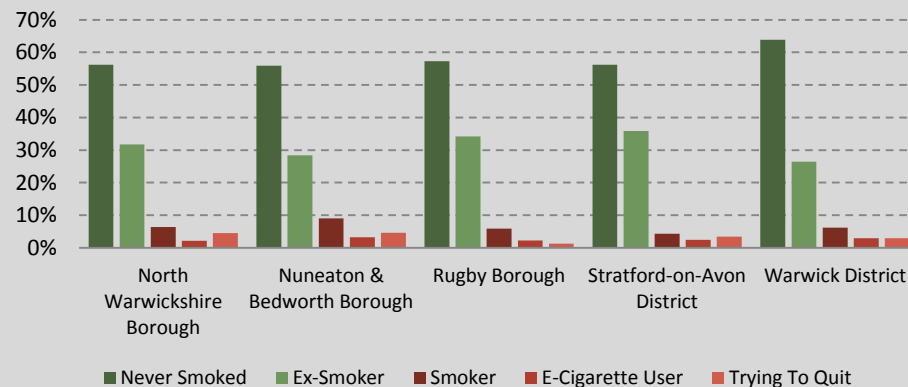


Figure 21 Smoking and/or e-cigarette use by gender





The proportion of females that have never smoked is around 4.4 percentage points higher than the proportion of males (figure 21). A higher proportion of females (4.2%) reported to trying to quit smoking in comparison to males (2.4%).

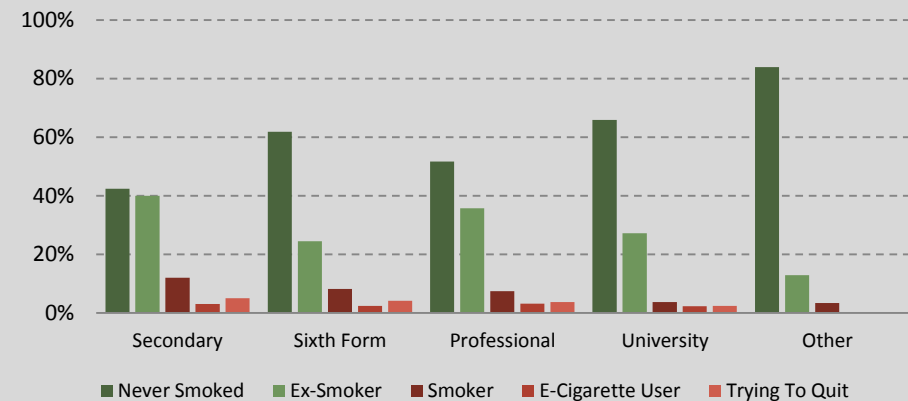


**Figure 22 Smoking and/or e-cigarette use by district/borough**

Nuneaton & Bedworth Borough has the highest proportion of residents who describe themselves as smokers (9.1%), conversely, Stratford-on-Avon District is home to the smallest proportion (4.3%), much lower than the estimated England figure of 16.9%. Warwick District has the highest proportion of residents who have never smoked (63.8%), whilst Nuneaton & Bedworth Borough has the smallest proportion (55.9%). The proportion of ex-smokers was highest in Stratford-on-Avon District (35.9%) and lowest in Warwick District (26.4%).

The geographic trends in the prevalence of smoking in Warwickshire match those in the previous 2013 Living in Warwickshire survey, although the prevalence was much higher in the previous survey. The prevalence

of current smokers in the 2013 survey was highest in Nuneaton & Bedworth Borough at 16.3%, the figure had almost halved in the latest survey to 9.1%.

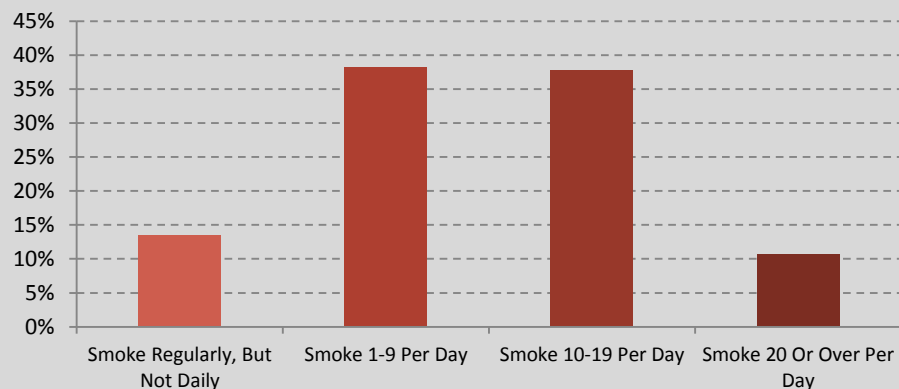


**Figure 23 Smoking and/or e-cigarette use by academic attainment**

The proportions of residents who have never smoked vary by the highest level of educational attainment (figure 23). Those who have a secondary education have the lowest proportion of residents who have never smoked and in line with this, they have the highest proportions of residents who are ex-smokers and who currently smoke. The opposite trend is seen in those who have 'Other' qualifications, which has the highest proportion of residents who have never smoked and the lowest proportions of current smokers and ex-smokers.

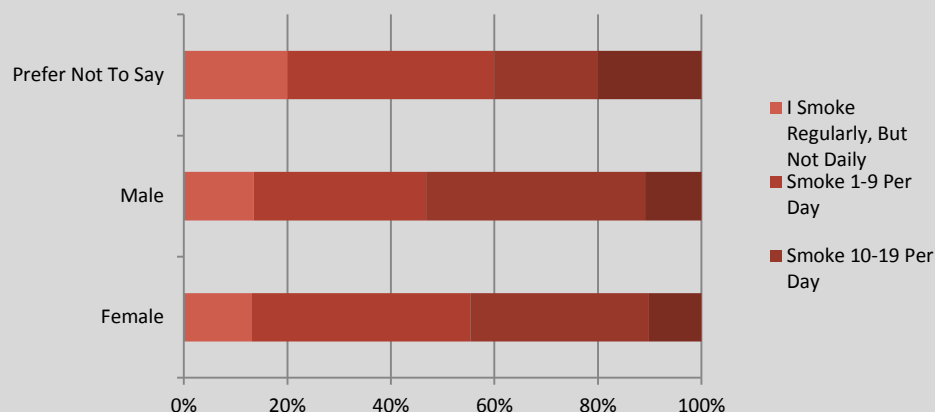
Residents who reported to being a current smoker were asked about the quantity of cigarettes they smoked (figure 24). Residents had four choices, 'I smoke regularly, but not daily', 'Smoke 1-9 per day', 'Smoke 10-19 per day' and 'Smoke 20 or over per day'.





**Figure 24 Smoking frequencies by smokers**

The overall results for the question shows that around three quarters of current smokers smoke between 1 and 19 cigarettes per day. Just over 10% smoke 20 or over cigarettes a day and 13.4% of current smokers reported to smoking regularly, but not daily.



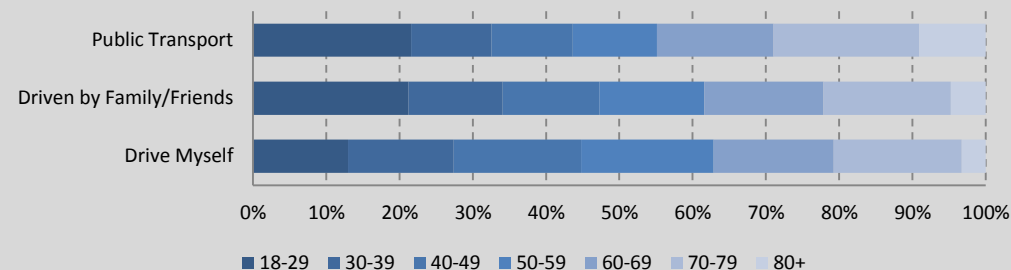
**Figure 25 Smoking frequencies by gender (of those who smoke)**

Results show that a higher proportion of males smoke between 10-19 cigarettes per day, 42.3%, than females, 34.5%. The opposite trend can be seen in those who smoke between 1-9 cigarettes per day, where there are a higher proportion of females, 42.1%, than males, 33.3%. Therefore, it can be suggested that in the general smoking population in Warwickshire, males are heavier smokers than females.

### **Travelling to Hospital Appointments**

#### **How do you travel to hospital appointments and how often?**

Around two thirds of Warwickshire residents reported to driving themselves to hospital appointments at some point over the last year. Around a third of residents reported to have been driven by a friend or family member and around 15% of residents reported using public transport to get to their hospital appointments. The characteristics of those residents who used public transport, drove themselves, or were driven by family or friends have been explored further.



**Figure 26 Method of travel to hospital appointments by age**

The highest proportion of residents to travel to hospital appointments by public transport were those aged between 18-29 years, followed by those aged 70-79 years. Only a third of all those who reported to using public transport were between the ages of 30-59 years of age.

Similarly to those who used public transport, around 21% of those who reported to being driven by family or friends were aged between 18-29 years, the highest proportion.

However, in those that reported to driving themselves, the highest proportions were seen in older age categories, the highest being the 50-59 year age group, followed closely by those aged 70-79 and 40-49 years of age. The 18-29 year group had the second lowest proportion in those that reported to driving themselves.

The gender split between males and females using the three methods of travel to get to hospital appointments was quite even. Slightly more males drove themselves, than females, 52.7% and 46.1%, respectively. As expected, slightly more females than males were driven to their hospital appointments by family or friends, 51.2% and 46.8%, respectively. The split was more even in those who took public transport, with males around 1.5 percentage points higher than females.

Almost a third of those reported to use public transport to attend their hospital appointments were Warwick District residents. Under 10% of those reporting to use public transport were North Warwickshire Borough residents. Of those who were driven by family or friends, a quarter were from Stratford-on-Avon District, the highest proportion. The smallest proportion of residents who reported to being driven by family or friends was from North Warwickshire Borough. The proportions of those who

had reported to driving themselves to hospital appointments had a similar distribution to those who were driven by family or friends.

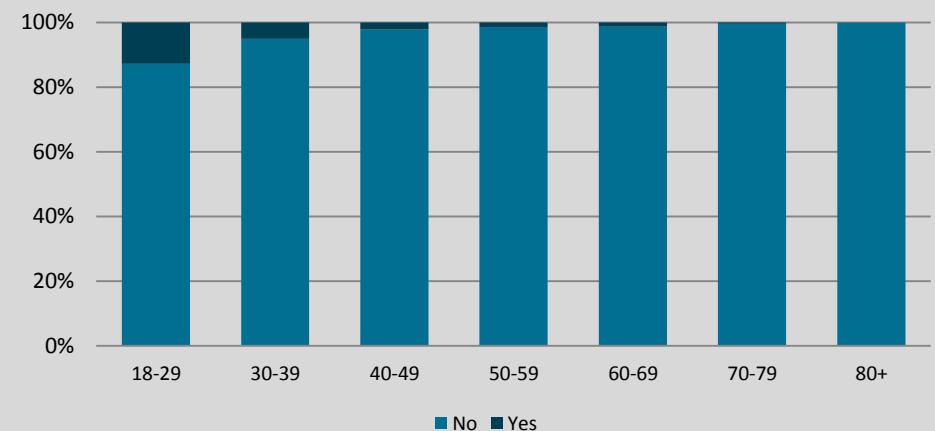
### Sexual Health Services

**Have you needed to access sexual health services in the last year?**

**Did you find the sexual health service easy to access?**

Only those who selected yes to accessing sexual health services, were asked the follow up question about ease of access to services.

Of residents that responded to the initial question, 3.7% reported to having accessed a sexual health service within the last 12 months. Of the 3.7%, three quarters said they found the service easy to access.

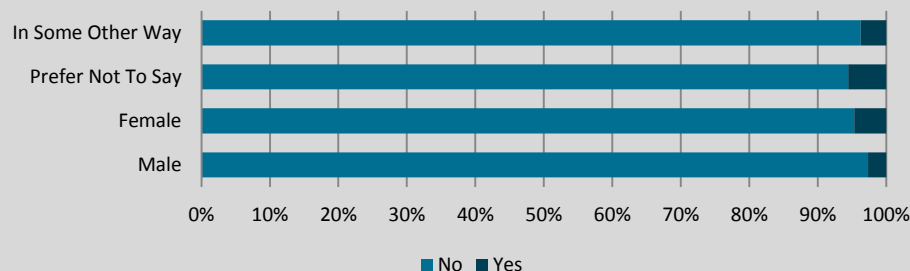


**Figure 27 Proportion of residents accessing sexual health services by age**

The proportion of residents that accessed sexual health services in the



past 12 months was largest in those aged 18-29 years (12.9%, see figure 27). Unsurprisingly, the proportion of residents accessing sexual health services decreased as age increased, up to the 80+ age group in which no residents reported to accessing sexual health services.

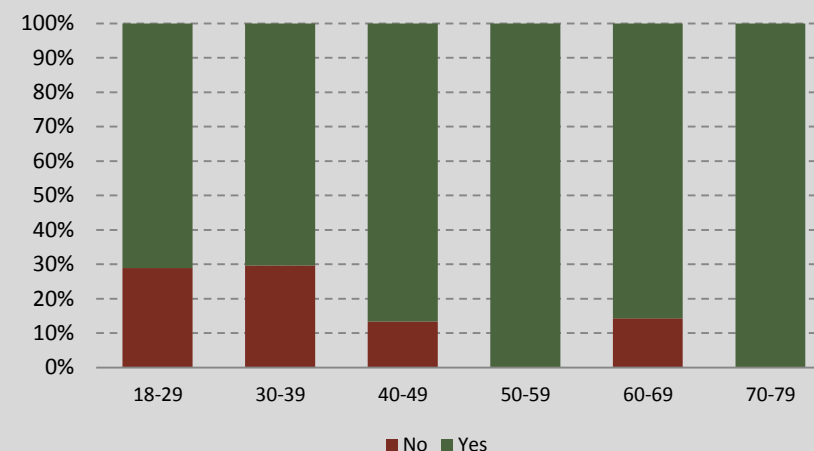


**Figure 28 Proportion of residents accessing sexual health services by gender**

There is little variation between genders in access to sexual health services (figure 28). Although, the proportion of females accessing services is slightly higher at 4.7% than males, 2.7%.

There was little variation between Districts and Boroughs in accessing sexual health services. The highest proportion of residents reporting to access sexual health services was in North Warwickshire Borough, where 4.7% accessed sexual health services. The proportion followed a geographic trend, with slightly higher proportions of residents in the north of the county accessing sexual health services, compared to the south of the county, except in Warwick District. Around 4.4% of Warwick District residents reported to accessing sexual health services.

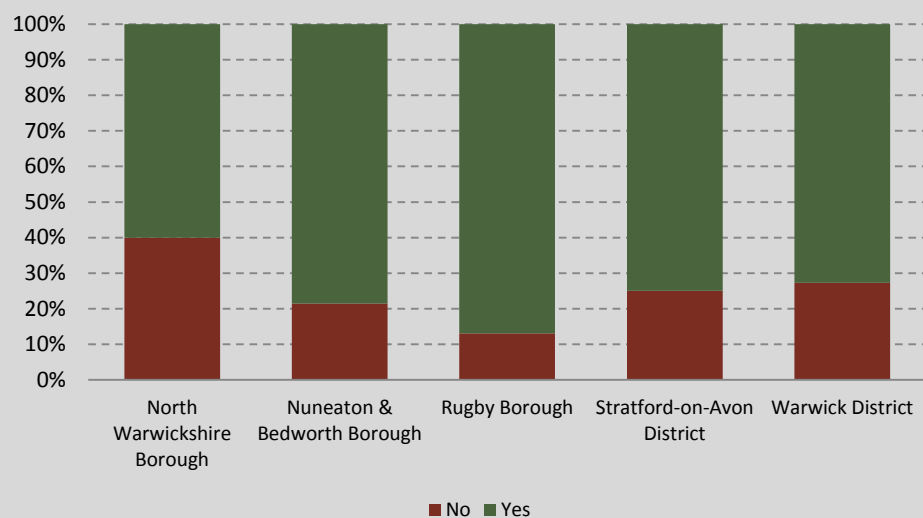
Around three quarters, 75.5%, of Warwickshire residents, that had accessed sexual health services, said they found the sexual health services easy to access.



**Figure 29 Proportion of residents who answered 'yes' or 'no' to finding sexual health service easy to access, by age**

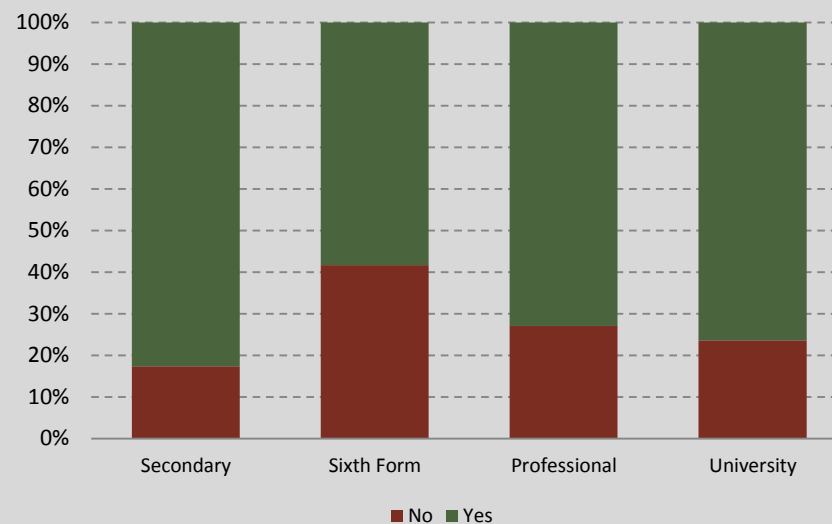
There is considerable variation across the age groups, in the proportion of Warwickshire residents that had accessed sexual health services, who reported that the services were easy to access (figure 29). All residents in the 50-59 years and 70-79 years age groups reported that services were easy to access. The lowest proportions were in the two youngest age groups, 18-29 years and 30-39 years who use the service the most. Just under a third reported that the services were not easy to access, 29.3% and 29.6%, respectively.

There was little variation between genders in the proportion of Warwickshire residents that reported sexual health services were easy to access. Over 80% of males reported that they found sexual health services easy to access, compared to the 70.5% of females.



**Figure 30 Proportion of residents who answered 'yes' or 'no' to finding sexual health service easy to access, by District/Borough**

There was variation between Districts and Boroughs in the proportion of Warwickshire residents that reported sexual health services were easy to access (figure 30). The lowest proportion across Warwickshire was in North Warwickshire Borough, where three in five (60%) of those who had accessed sexual health services reported that services were easy to access. Rugby Borough had the highest proportion of residents who found the services easy to access (87%). Three quarters of residents in both Stratford-on-Avon District and Warwick District found services easy to use and 78.6% of Nuneaton & Bedworth Borough residents reported finding services easy to access.



**Figure 31 Proportion of residents who answered 'yes' or 'no' to finding sexual health service easy to access, by educational attainment**

The highest proportion of residents who reported to finding sexual health services easy to access were those who had only been educated to a secondary level, 82.6% (figure 31). Around three quarters of residents who had either a professional qualification or had attended university reported to finding sexual health services easy to access.