

Source: Office for National Statistics
2010 Vital Statistics table VS2
<http://bit.ly/QVrswY>

Births and Deaths

Description

The overall quality of life in Warwickshire is influenced by many factors, one of which is the relative sizes of the working and non-working age population, also known as the dependency ratio. This indicator considers the natural population changes (births and deaths) that are expected to contribute to the population increase across Warwickshire, as projected by the Office of National Statistics (ONS). Data has been made available via their Vital Statistic (VS) tables.

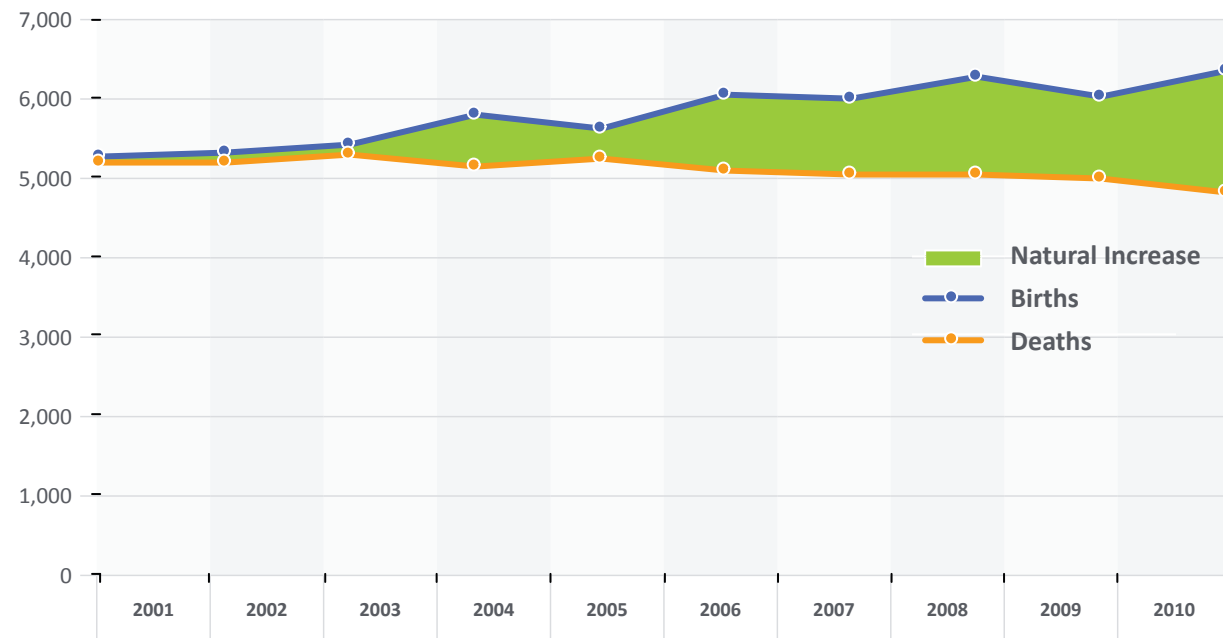
The projected increases will further challenge the existing levels of provision of health, education and social services at a time when public spending is being reduced.

Performance

Births

During the last ten years, there has been a significant increase in the annual number of births in Warwickshire, up from 5,254 in 2001, to 6,313 in 2010, an increase of just over 20%. At a district level, the largest increases have been in Warwick District (28%) and Rugby Borough (27%). Interestingly, there has also been a trend for the proportion of male births to increase slightly, up from 50% of births across the county in 2001, to 52% by 2010.

Figure 7.1: Warwickshire Births and Deaths, 2001-2010



Source: : National Statistics (www.statistics.gov.uk) © Crown Copyright 2011

In 2010, the age profile of mothers in Warwickshire, at the time of birth, was slightly older than the England average, with just more than half (51%) being aged 30 or above compared with 48% nationally. However, at a district level, the picture is quite different with the proportion of mothers aged 30 or above, at the time of birth, varying between 37% in Nuneaton & Bedworth Borough up to a high of 62% in Warwick District.

The percentage of teenage mothers in Warwickshire, at the time of birth, is broadly similar to that nationally at around 5 - 6%. Again at a district level, the picture is more variable, with rates varying from a low of 4% in Stratford-on-Avon District up to a high of 8% in North Warwickshire Borough. However, the North Warwickshire rate should be treated with caution as it is based on a relatively small number of births.

Births and Deaths

Deaths

In 2010, a total of 4,794 deaths were recorded in Warwickshire. This represents a fall of 3% on the previous twelve months (4,957 recorded deaths) and a fall of 7% since 2001 (5,157 recorded deaths). For England, the number of recorded deaths increased slightly by 0.4% from 459,241 in 2009 to 461,017 in 2010. However the trend in recent years has seen the numbers reducing nationally.

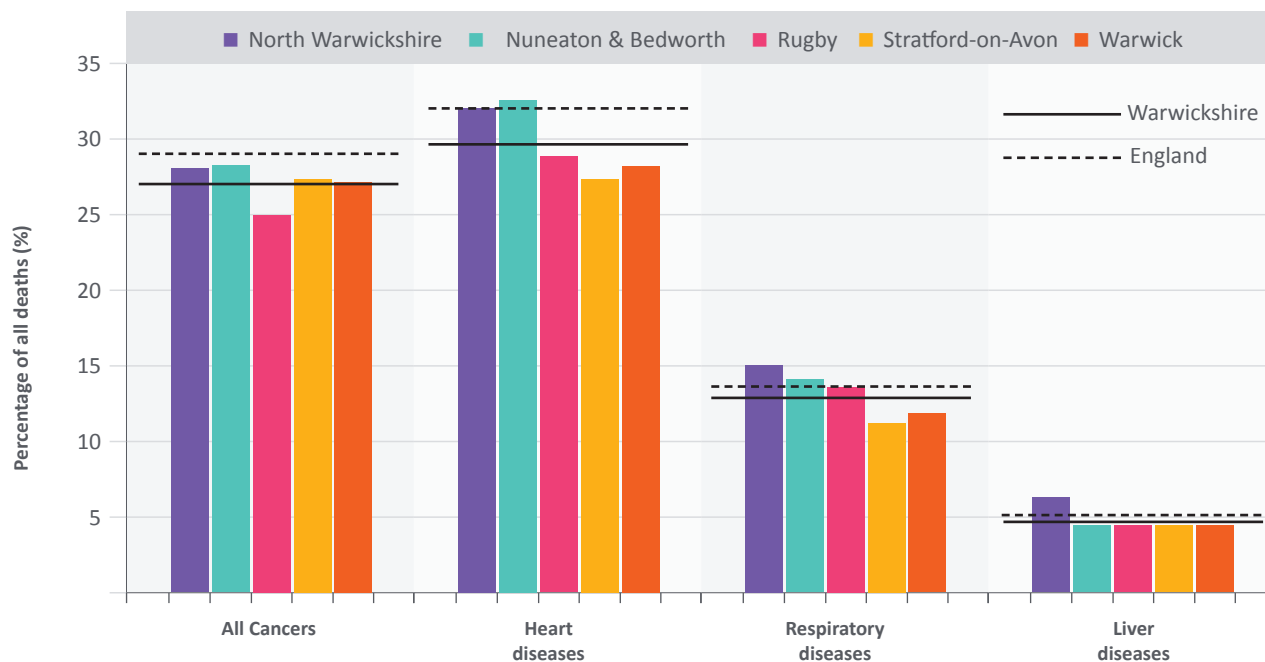
Within the county, the numbers of deaths have fallen in each district during the last ten years, with the largest reduction (12%) being in Warwick District where numbers have fallen from 1,221 in 2001 to 1,069 in 2010. North Warwickshire Borough had the smallest reduction of just over 3% in the same period.

In line with the national picture, the four largest causes of mortality (cancers, heart related diseases, respiratory diseases and liver diseases) account for nearly four out of every five deaths across Warwickshire. In the county, the two largest causes were cancers and heart related diseases which accounted for nearly 60% of all deaths. Cancer deaths in Warwickshire (27%) were slightly below the national average of 29%. Deaths from heart disease across all districts in the county were also slightly below the England average of 32%.

Deaths from respiratory diseases (13%) and liver diseases (5%) were the next two largest causes of mortality in Warwickshire, and in both cases were slightly below the England averages. Similarly, they were also the third and fourth largest causes of deaths in 2009.

The remaining 23% of deaths within Warwickshire included a wide range of causes, amongst which were mental health disorders, diseases of the nervous system, kidney diseases, infectious diseases (TB, HIV and intestinal diseases), diabetes and those caused by accidents.

Figure 7.2: Main Causes of Death (2010)



Source: National Statistics (www.statistics.gov.uk) © Crown Copyright 2011

The proportion of deaths in Warwickshire caused by cancer decreased from 30% to 27% between 2009 and 2010, whereas the equivalent proportion for England increased marginally to 29% during the same period. However, in Warwickshire, the population is projected to increase at a faster rate, both in number and in average age, than that for England, with those aged over 65 predicted to account for over a quarter of the population by 2035. Thus, cancer mortality is also expected to increase in future years because the incidence of cancer increases with age.

Taking cancer as an example, it is estimated that more than one in three people will develop a form of cancer at some point in their lifetime, and more than one in four will die from cancer. It is expected that, mainly due to the ageing population, the number of cases in Warwickshire will increase in men of all ages by 70% and in women by 35% in the next two decades. This again reflects the national trend.

Births and Deaths

Deaths by Age Group

Within Warwickshire, the proportions of deaths by age bands are very similar to those nationally. In Warwickshire, 1% of deaths in 2010 occurred in people aged under 20 years, identical to the national figure. For those of working age, 20-64 year olds, the proportion of all deaths in Warwickshire was 14% (16% for England). As would be expected, those aged 65 and over account for the vast majority of deaths, with the proportion in Warwickshire at 85% (an increase of two percentage points from 2009) against an England rate of 83%, which was unchanged on the previous year.

At a district level, there are some differences in the proportions, however the numbers of deaths for people aged under 20 years are very small (less than 50 for the whole of the county in 2009) and thus not statistically significant. The proportions of deaths in the working age group (aged 20-64 years) vary between 12% in Stratford-on-Avon District to 16% in Rugby Borough. The proportion of deaths for those aged 65 years and over has increased in all areas across the county from 83% in 2009 up to 85% in 2010, a clear sign that the population in Warwickshire is ageing at a greater rate than for England where the proportion remained at 83%. In Stratford-on-Avon District, the proportion of deaths for those aged 65 years and over reached 87% in 2010.

Outlook

Warwickshire is facing a large scale demographic transition as the natural population change means that the population is ageing at a faster rate than the national average. This shift will have significant implications for the provision of education, health and social care services that have been highlighted in the **2010 Under Pressure Report** by the Audit Commission.

Amongst the challenges that an ageing population will bring is an increase in the incidence of conditions such as dementia, for which numbers are expected to double within 30 years. Another challenge is that of costs. For example, in the period 2007 to 2010, the number of births increased from 5,973 to 6,313, whilst expenditure on deliveries almost doubled from £6.1m to £12.1m in Warwickshire. The expected ongoing increase in births will have knock on effects including increased pressure on primary school places.

A number of key documents, strategies and guidance have been produced both locally and nationally to improve services for older people beginning with the **National Service Framework for Older People (2001)** which highlights the benefits of early intervention and the need for a strategic long term approach.

The **National Dementia Strategy (2009)** provides a strategic framework within which local agencies can deliver quality improvements to services and address health inequalities relating to dementia. Locally, the **Warwickshire Director of Public Health Annual Report (2010)** addresses issues around how to ensure that the rapidly ageing population can live longer in the best possible health.

Further Information

For further information on the statistics in this section contact NHS Warwickshire Public Health Intelligence via

Publichealthintelligence@warwickshire.nhs.uk

2010 Under Pressure Report by the Audit Commission:

<http://bit.ly/KyzvMw>

National Service Framework for Older People (2001):

<http://bit.ly/M5WrmJ>

National Dementia Strategy (2009):

<http://bit.ly/PpRkgd>

Director of Public Health Annual Report (2010):

<http://bit.ly/LjNzZT>

Years of Life Lost

Description

'Years of Life Lost' (YLL) is an indicator that measures premature mortality. Using age 75 as the standard age of death, or life expectancy, this indicator is calculated by adding together all the years 'lost', i.e. not lived, by the population who have died before the age of 75. For example, a child dying at age five has lost 70 years of life, while someone dying at 70 has lost five years.

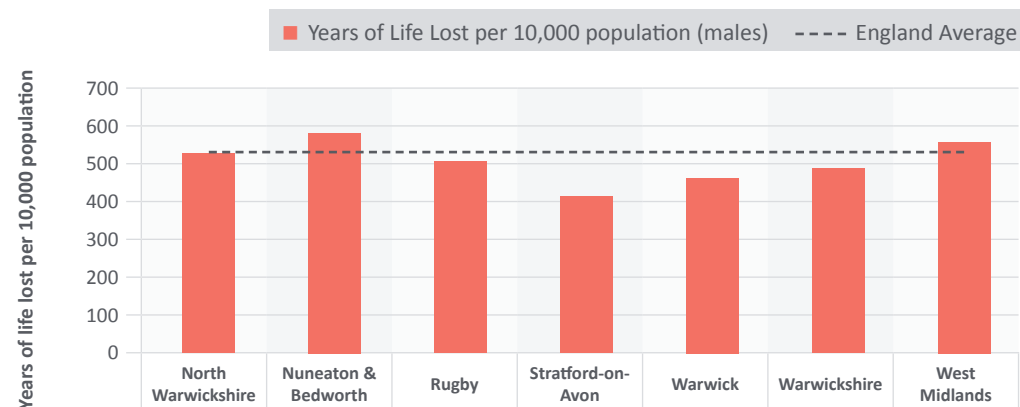
The YLL rate per 10,000 population can help to identify those areas with a relatively high rate of premature deaths; a factor closely linked to deprivation and relatively poorer quality of life. The figures are calculated as a three-year average. The latest figures are based on deaths between 2008 and 2010.

Performance

The average YLL rate for all persons in Warwickshire, of 390 per 10,000 population, is statistically significantly lower than the rates for both England (422 per 10,000 population) and the West Midlands (448 per 10,000 population). The Warwickshire average YLL rate for males is 74 years below that for the West Midlands, whilst the average for females is 44 years less. At a district level, the only YLL rate which is statistically significantly higher than that the equivalent England figure is that for all persons in Nuneaton & Bedworth Borough with a rate of 455 per 10,000 population. Within Warwickshire, Nuneaton & Bedworth Borough has the highest YLL average rate for both males and females.

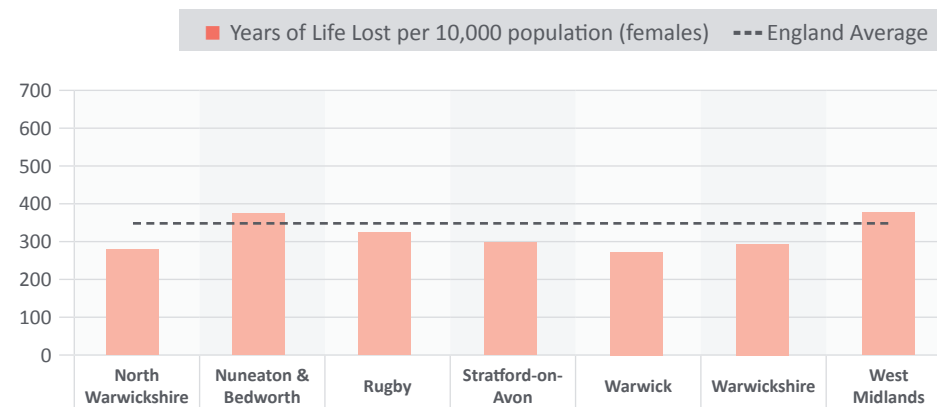
Warwick District is the only local authority area in the county where the YLL average rate is significantly lower, in statistical terms, than the England average, for males, females and total persons.

Figure 7.3: Years of life lost per 10,000 population by district 2008 – 2010 for males



Source: NHS Information Centre for Health and Social Care, Compendium of Population Health Indicators, 2012

Figure 7.4: Years of life lost per 10,000 population by district 2008 – 2010 for females



Source: NHS Information Centre for Health and Social Care, Compendium of Population Health Indicators, 2012



Years of Life Lost

When the rates of all local authorities are compared and ranked it is possible to identify any relative improvement or deterioration of individual districts. For the period 2008-10, YLL rates have improved for both males and females in all districts when compared to 2007-09.

For males, all districts in Warwickshire have improved their national rankings in terms of YLL per 10,000 population from 2007-09 to 2008-10. North Warwickshire Borough had the greatest improvement, moving up 68 places from 258th to 190th in the rankings, followed by Stratford-on-Avon District and Nuneaton & Bedworth Borough which both rose 50 places in the national rankings. Overall, Stratford-on-Avon District remained the district with the highest ranking of 61st position nationally.

For females, the most improved area is North Warwickshire Borough, moving from 196th to 110th position in the national rankings.

The ranges between the highest and lowest ranked districts for males and females in Warwickshire have remained fairly similar since the 2007-09 data. For males, there is a 176 place difference between Stratford-on-Avon District, the highest ranked district (61st) and Nuneaton & Bedworth Borough, the lowest (237th). For females, there are 145 places between Warwick District, the highest ranked district (59th) and Nuneaton & Bedworth Borough, the lowest (204th).

In terms of absolute levels of premature mortality in the county, the difference between the best and worst performing districts has decreased for males and is unchanged for females since the last data set. The gap for males has reduced from 199 YLL per 10,000 population in 2007-09 to 156 years in 2008-2010.

Figure 7.5: National rankings of years of life lost per 10,000 population 2008-2010

MALES			FEMALES		
Rank	Local Authority	YLL Rate	Rank	Local Authority	YLL Rate
1	City of London LB	208	1	Isles of Scilly UA	176
2	Isles of Scilly UA	226	2	Epsom and Ewell CD	199
3	Hart CD	310	3	Three Rivers CD	200
4	Uttlesford CD	326	4	Surrey Heath CD	210
5	North Dorset CD	334	5	Kensington & Chelsea LB	212
61	Stratford-on-Avon CD	409	59	Warwick CD	266
116	Warwick CD	457	105	Stratford-on-Avon CD	283
166	Rugby CD	497	110	North Warwickshire CD	287
190	North Warwickshire CD	525	155	Rugby CD	309
237	Nuneaton & Bedworth CD	579	204	Nuneaton & Bedworth CD	333
322	Hyndburn CD	789	322	Boston CD	476
323	Corby CD	823	323	Halton CD	478
324	Burnley CD	827	324	Copeland CD	495
325	Manchester MCD	875	325	East Lindsey CD	498
326	Blackpool UA	965	326	Blackpool UA	547

Source: NHS Information Centre for Health and Social Care, Compendium of Population Health Indicators, 2012.



Years of Life Lost

Outlook

According to the latest data, there has been a reduction in the gap between the best and worst performing districts in the county for both males and females. However, significant health inequalities clearly still persist within Warwickshire. These will need to be addressed by all partnership agencies via the implementation of Warwickshire's new Joint Health and Wellbeing Strategy, 2012-2015.

Further Information

For further information, please contact NHS Warwickshire Public Health Intelligence on **01926 413751** or email Publichealthintelligence@warwickshire.nhs.uk.

NHS Information Centre for Health & Social Care: <https://indicators.ic.nhs.uk/webview/>

Joint Strategic Needs Assessment: <http://jsna.warwickshire.gov.uk/>

Warwickshire Health & Wellbeing Board: <http://healthwarwickshire.wordpress.com/>



PAGE NUMBER

81

CONTENTS



Smoking

Description

Stopping smoking is a public health priority as it is the biggest single preventable cause of disease and premature death, resulting in an estimated 80,000 fatalities in England each year. Smoking causes over 50 different diseases and conditions including lung cancer, heart disease, lung conditions and many other cancers. Many families are affected in some way by a member of the family that currently smokes or has previously smoked where it may now be affecting their health.

Smoking is a major contributing factor to the mortality divide between the most deprived areas in England and greatly increases the risk of numerous diseases. The risk of heart disease reduces to about half that of a continuing smoker within five years of stopping smoking, while the risk of lung cancer reduces to half the risk of a smoker within 10 years. Encouraging cessation among adults is also important in supporting children and young people not to start smoking.

Although the earlier in life smokers quit the better, older smokers still stand to gain extensive health benefits by quitting. If a smoker quits at 30 years old, they could gain 10 years of life, at 60 the gain is three years. Tobacco is the number one cause of premature death and disease in Warwickshire, responsible for more than 900 deaths per year (one in every five deaths). Smoking related diseases cost the NHS in Warwickshire around £23 million to treat every year.

Performance

In England, 22% of men and 20% of women aged 16 and over were regular smokers in 2009, smoking an average of 13 cigarettes a day. One in two regular smokers are killed by the effects of smoking tobacco; half dying before the age of 70, losing an average of 21 years of life. Smoking is also the single most modifiable risk factor for adverse outcomes in pregnancy and contributes to 40% of all infant deaths.

Within Warwickshire, Nuneaton & Bedworth Borough has both the highest number of smokers as well as the highest prevalence rate, reflecting the link with deprivation.

Figure 7.6: Estimated Number of Smokers in Warwickshire

	Population (16 years and over)	% Smoking Prevalence	No. of Smokers
North Warwickshire	51,000	22.3	11,395
Nuneaton & Bedworth	101,400	22.4	22,714
Rugby	81,100	19.7	15,977
Warwick	100,400	15.5	15,562
Stratford-on-Avon	114,100	18.9	21,565
Warwickshire	448,200	19.76	88,564

Source: NHS Warwickshire Stop Smoking Service and National Statistics Mid-2011 Population Estimates

These figures hide differences in prevalence rates amongst specific types of residents. For example, the Integrated Household Survey (2009-2011) illustrated the considerably higher rates amongst routine and manual workers, as shown in Figure 7.7.

Figure 7.7: Smoking Prevalence in Routine and Manual Groups

	2010-11 Rates (%)
North Warwickshire	25.5
Nuneaton & Bedworth	27.1
Rugby	37.6
Warwick	27.9
Stratford-on-Avon	31.5
Warwickshire	29.9

Source: Integrated Household Survey, 2009-2011

Lung cancer is recognised by Cancer Research UK to be the second most commonly diagnosed cancer in males and the third most commonly diagnosed cancer in females. It is traditionally linked with deprivation and the highest rates are found in the most deprived areas of the county. More than 80% of lung cancer cases can be attributed to smoking.



Smoking

Health and Social Care Information Centre (HSCIC) data published in Statistics on Women's Smoking Status at Time of Delivery: Quarter 4, 2011/12 show that more than 13% of all women who gave birth in hospitals across England in 2011/12 were smokers at the time of their delivery. This is down from just more than 15% in 2006/07. However, figures for Warwickshire show that the county, at 23%, has a statistically significantly higher rate than England (13%) and is the third highest in the West Midlands region. It should be noted, however, that there are inherent difficulties in collecting data amongst this group and that work is currently being developed to look into this further.

There are twice as many hospital admissions among smokers as amongst non-smokers. Hospital admissions in Warwickshire due to smoking are estimated to cost around £10.4m per year. Out-patient activity in the county due to smoking is estimated to cost around £2m per year. Cessation has a well documented positive effect on symptoms and health, leading to shorter hospital stays and preventing readmission. Short term pre-operative smoking cessation of even 4-8 weeks has been shown to have significant post operative benefits for ex-smokers and provides cost savings to the NHS. Raising the issue of smoking during a hospital visit and referring patients on to the NHS Stop Smoking Service results in a significant proportion of smokers going on to set a quit date.

NHS Warwickshire Stop Smoking Service

Stop Smoking Services are a key part of tobacco control and health inequalities policies at both local and national levels. Evidence-based stop smoking support is highly effective both in cost and clinical terms. Since stop smoking services began they have supported well over 2.5 million people to stop smoking in the short-term and 625,000 people to stop smoking in the long-term, saving over 70,000 lives.

Four week quit smoking rates are the local measure to reflect smoking prevalence as set out in the NHS Operating Framework, providing a vital performance measure to track service performance against local operating plans. The Service has regularly exceeded its 4-week quitter target and in 2011/12 achieved its highest number of 4-week quitters (3,861 against a target of 3,760).

Since the Service began in 2000, a total of 65,631 people have used the Service in Warwickshire, with 31,964 still quitting at 4 weeks (49% quit rate). This represents 7,991 premature deaths having been avoided.

In March 2011, the Government published a Tobacco Control Plan, which aims to reduce rates of smoking among adults to 18.5% or less by the end of 2015, throughout pregnancy to 11% or less and among young people to 12% or less. Locally the tobacco control agenda aims to ensure that all aspects of tobacco and smoking are tackled and to support the encouragement of smokers to use the NHS Stop Smoking Service. This includes working with Environmental Health, Trading Standards and other organisations to raise awareness of the dangers of smoking.

It will be interesting to see what difference the recently introduced ban on the advertising of tobacco products in supermarkets has – a ban which will be widened to include all retailers from April 2015. Similarly, if instigated, what difference will the use of plain packaging make? Evidence suggests that these initiatives should be successful in reducing the number of young people who start to smoke.

Further Information

For further information on the statistics in this section contact NHS Warwickshire Public Health Intelligence via Publichealthintelligence@warwickshire.nhs.uk.

More information about smoking and tobacco control in Warwickshire can be obtained via www.smokefreewarwickshire.org or by contacting the Tobacco Control Coordinator on **01926 413741**.

Local Tobacco Control Profiles for England: <http://bit.ly/LmKQAZ>

Integrated Household Survey: <http://www.esds.ac.uk/government/ihs/>

Statistics on Women's Smoking Status at Time of Delivery: Quarter 4, 2011/12: <http://bit.ly/O4JWEI>

Tobacco Control Plan: <http://bit.ly/MUe4m9>

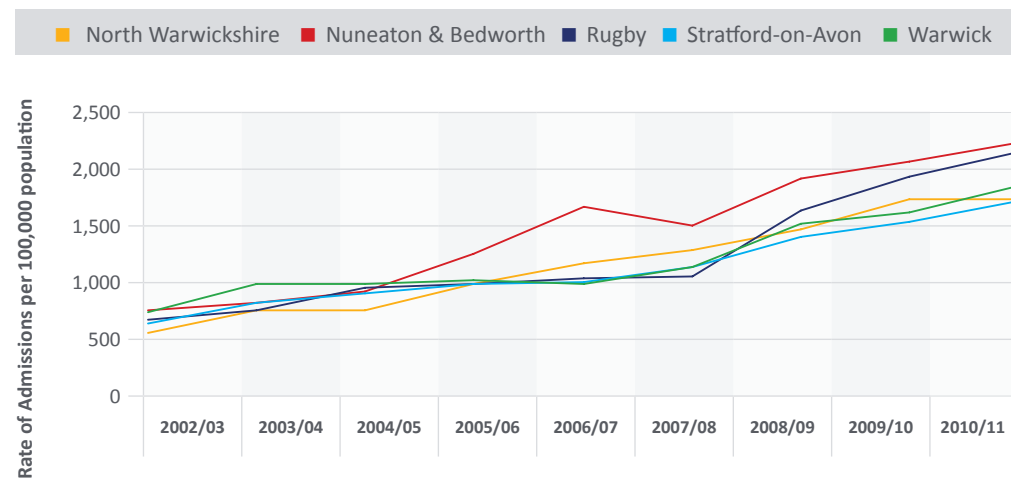
Description

Alcohol is the most widely used mood-altering substance in the UK and consuming alcohol gives pleasure to people and economic benefit to economies. However, when used irresponsibly it can cause immense harm to users, their families, friends and communities. Alcohol is a priority for both health and community safety partners in Warwickshire, with a wide range of organisations having to deal with the often significant consequences of its misuse. Alcohol is linked to many long term health conditions including liver disease, strokes, alcohol induced pancreatitis, cancers and mental health problems.

Performance

The headline indicator in relation to alcohol is the rate of alcohol related hospital admissions. There has been a significant rise in alcohol related hospital admissions in Warwickshire over the last nine years. In 2002/03, the rate was 698 per 100,000 population and the rate for 2010/11 has been recently published as 1,693 per 100,000 population. This represents an increase of 142% over an eight year period. The rate of alcohol related admissions for the county was lower than both the West Midlands regional average of 1,910 admissions per 100,000 population and the national rate of 1,895 per 100,000 population. However, the percentage increase over the last eight years has been greater than the West Midlands (136%) and nationally (105%). Figure 7.8 presents trends in admission rates for the five districts.

Figure 7.8: Rate of Alcohol Related Hospital Admissions 2002/03 – 2010/11



Source: North West Public Health Observatory

There has been a year on year increase in alcohol related admissions during this period in every district. The highest increase over the eight year period has been in Rugby Borough where rates of admissions increased by 174%, from 681 admissions per 100,000 population in 2002/03, to 1,867 admissions per 100,000 population. This was closely followed by North Warwickshire and Nuneaton & Bedworth Boroughs, both experiencing an increase of 159% over the period. However, more recently, North Warwickshire Borough was the only area that did not have an increase in alcohol related admissions between 2009/10 and

2010/11. The smallest increases since 2002/03 were 121% in Warwick District and 133% in Stratford-on-Avon District.

Partner agencies in Warwickshire set a target for 2011/12 to slow the rate of increase to below the forecast trajectory. The numerical target was 1,779 admissions per 100,000 residents. Data for the first three quarters of 2011/12 shows that the number of admissions has decreased by 2% compared to the same period the previous year and, at the time of publishing this report, it appears that the target will have been met by the year end date.

Alcohol

Figure 7.9 provides raw estimates of reported drinking habits. It shows the proportions of the population in each district that are classified as either increasing risk or higher risk drinkers, along with the proportion of people who abstain from alcohol and those who drink at low risk levels. North Warwickshire and Rugby Boroughs appear to have the highest proportion of increasing risk drinkers in the county. However, it is estimated that Stratford-on-Avon District has the largest percentage of higher risk drinkers.

Figure 7.9: Estimates of Reported Drinking Habits, by District 2011

District	Abstainers (%)	Lower (%)	Increasing (%)	Higher (%)
North Warwickshire	13.0	63.1	18.8	5.0
Nuneaton & Bedworth	15.7	64.9	14.0	5.4
Rugby	12.5	63.9	18.1	5.5
Stratford-on-Avon	14.0	62.8	16.8	6.4
Warwick	14.3	62.9	17.9	4.9
West Midlands	17.3	14.9	14.9	4.3

Source: Topography of Drinking Behaviours in England, 2011

Drug and Alcohol Related Violence

The links between alcohol and anti-social behaviour are well documented. This can be illustrated by the proportion of Violence Against the Person (VAP) offences that are related to drugs/alcohol.

Where offences reported to the police are judged to be related to alcohol and/or drugs, they are marked with an alcohol/drugs 'flag'. The recording system does not make it possible to separate alcohol and drug related offences. However, it can be inferred that the majority of violent crime with an alcohol/drugs flag will be associated with drinking and the night time economy.

Figure 7.10 presents the number of drug/alcohol related VAP offences for the year 2011/12. There was a total of 5,151 VAP offences in Warwickshire and 39% of these were considered to be alcohol/drug related. The number of VAP offences that were alcohol/drug related fell from 2,102 in 2010/11 to 1,999 in 2011/12. The highest proportion of drug/alcohol related VAP offences was in Warwick District with the lowest in North Warwickshire Borough.

Figure 7.10: Drug/Alcohol-related Violence against the Person (VAP) Offences, by district 2011/12

District	Total VAP Offences	Drug / Alcohol related VAP Offences	% of all VAP drug/alcohol related (2010/11 % in brackets)
North Warwickshire	504	139	28 (34)
Nuneaton & Bedworth	1,657	585	35 (40)
Rugby	913	361	40 (36)
Stratford-on-Avon	760	301	47 (43)
Warwick	1,317	613	47 (43)
Warwickshire	5,151	1,999	39 (39)

Source: Warwickshire Police



Outlook

In 2010, local partner agencies developed an implementation plan describing how they would work together to reduce alcohol-related harm to individuals, families and communities in Warwickshire, thereby improving health and reducing crime and the associated costs. In early 2011, the **alcohol implementation plan** received the Alcohol Concern 'kite mark' for good practice.

The Government launched a new national alcohol strategy in March 2012 and the Warwickshire Implementation Plan will now be refreshed in light of this, to reflect developments locally since the original plan was produced in 2010. The new Warwickshire plan will be finalised by the end of 2012.

A new, integrated drug and alcohol treatment service for adults across Coventry and Warwickshire commenced on 1st December 2011. These services are now provided by the **Recovery Partnership**. The flexibility provided by an integrated service will enable an increased number of people to receive alcohol treatment as required, and a target has been set for the service to increase the number of people in treatment for both drugs and alcohol. Also on 1st December 2011, Compass commenced as the new provider of drug and alcohol treatment services for young people. Outcome focused performance management frameworks are in place for both services.

A recent report undertaken by **Liverpool John Moores University for NHS Leeds and Leeds City Council** estimated that dealing with the consequences of alcohol misuse, including criminal justice interventions, lost productivity in the workplace, health and social care issues and the wider social implications, costs £730 per year per adult in the city. Applying this formula to Warwickshire suggests that the cost of dealing with alcohol related harm in the county is over £300m per year.

Further Information

For further information on the statistics in this section contact the NHS Warwickshire Public Health Intelligence Team via **publichealthintelligence@warwickshire.nhs.uk** or visit the Drug and Alcohol Action Team website at **<http://www.warwickshire.gov.uk/daat>**

Local Area Profiles for England, North West Public Health Observatory: **<http://bit.ly/LEirX6>**

Home Office – Alcohol Strategy (March 2012): **<http://bit.ly/NcrUDi>**

The Recovery Partnership: **<http://cw-recovery.org.uk/>**



Sexual Health & Teenage Pregnancy

Description

The prevalence of Sexually Transmitted Infections (STIs) amongst the Warwickshire population has been on the rise in recent years and because of their highly communicable nature, it is important that people are well educated in methods of protecting themselves and others. STIs can impact on the quality of someone's life by causing both physical and emotional discomfort. While some STIs are asymptomatic, they can have long term consequences including infertility and other serious health problems.

A further consequence of unprotected sex is unplanned pregnancy. An unplanned pregnancy can have significantly negative effects, particularly for teenagers. It is widely understood that teenage pregnancy and early motherhood can be associated with poor educational achievement, poor physical and mental health, social isolation, poverty and other related factors. There is also a growing recognition that socio-economic disadvantage can be both a cause and a consequence of teenage parenthood.

Performance

Sexually Transmitted Infections (STIs)

Whilst the total number of STI diagnoses in Warwickshire increased by 10% between 2009 and 2010, during the last year they have decreased by 5%. This is in contrast to the national trend. Overall, the 15 to 24 year age group had the highest number of diagnoses for all STIs although chlamydia, which has the highest number of infections in Warwickshire, mainly affects the 16 to 19 year age group.

Data recently published by the Health Protection Agency for 2011 shows that chlamydia remains the most commonly diagnosed STI in Warwickshire, particularly in young people aged 15-24 years. Chlamydia is caused by a bacterial infection, but over half of all infected individuals have no symptoms of infection. It is recommended that sexually active individuals are screened at least annually or on change of sexual partner. There were 1,165 new diagnoses of chlamydia across the county during 2011; approximately 80% of which were amongst 15-24 year olds. This number represents a reduction of approximately 20% on the number of diagnoses in 2010.

Genital warts, which are caused by the human-papilloma virus (HPV), are the second most common STI in Warwickshire. A total of 733 cases of genital warts were diagnosed in Warwickshire in 2011, a reduction of 7% on the previous year. Nationally, rates of diagnosis are highest in men and women under 24 years of age and transmission is usually via sexual contact or perinatally, i.e. during birth. People may have sub-clinical infection, i.e., they may be infected with HPV but have no signs or symptoms. Consequently, HPV is very transmissible and surveillance is extremely difficult.

Figure 7.11: Number of Acute STI Diagnoses in Warwickshire, 2011

	Chlamydia			Gonorrhoea	Herpes	Syphilis	Warts
	Ages 15-24	Ages 25+	All ages	All ages	All ages	All ages	All ages
North Warwickshire	95	32	127	18	41	*	61
Nuneaton & Bedworth	297	68	365	33	90	*	195
Rugby	204	46	250	57	60	5	148
Stratford-on-Avon	128	38	166	9	49	*	150
Warwick	203	54	257	19	87	5	179
Warwickshire	927	238	1,165	136	327	17	733

**Data suppressed - less than five cases Source: Health Protection Agency (HPA)*



Sexual Health & Teenage Pregnancy

Teenage Pregnancy

Information about under-18 conceptions is produced by the Office for National Statistics (ONS) and is compiled by combining information from registrations of births and notifications of legal abortions. At a local level, rates are generally produced per 1,000 of the female population aged 15 to 17 years, and presented as three year aggregations to overcome problems of fluctuation in the numbers from year to year.

In 1999, a national Teenage Pregnancy Strategy was introduced with the aim of halving the national under-18 conception rate by 2010 (using 1998-2000 figures as its baseline). It also aimed to improve the outcomes for teenage mothers and their children, with a goal of ensuring 60% of 16-19 year old mothers were in education, employment or training.

The rate of under-18 conceptions in Warwickshire, using three year aggregate figures, was 36 per 1,000 15-17 year old females for 2008-2010. This represents a reduction of 14% from the 1998-2000 baseline rate of 42 per 1,000 15-17 year old females. The conception rates for Warwickshire were lower than England's 38 and the West Midlands Region's 43. Warwickshire's reduction from 1998-2000 was also slightly greater than England's at 13%.

Although Warwickshire has missed the 50% target set in the 1999 strategy, some really good progress has been made in different areas of the county. Rugby Borough has seen a 33% reduction in teenage conceptions since the baseline year. This was the largest fall in the county, followed by a 22% drop in the Stratford-on-Avon District.

Figure 7.12: Conception rate, per 1,000 females aged 15 to 17 years

Area of usual residence	Conception rate, per 1,000 females 15 to 17							% Change 1998 to 2010
	1998 -2000	2001 -2003	2004 -2006	2005 -2007	2006 -2008	2007 -2009	2008 -2110	
North Warwickshire	46.0	38.8	36.1	32.4	35.0	40.4	47.0	+2
Nuneaton & Bedworth	51.5	52.7	52.0	50.1	47.6	45.9	48.8	-5
Rugby	46.0	37.2	33.8	35.9	34.7	34.5	30.8	-33
Stratford-on-Avon	30.4	24.0	23.8	23.8	23.9	24.3	23.7	-22
Warwick	36.0	34.7	36.2	38.1	39.6	38.4	32.6	-9
Warwickshire	41.7	38.1	37.1	36.8	36.7	36.0	36.0	-14

Source: Office for National Statistics (ONS)

Teenage conception rates in the north of the county, however, remain relatively high with Nuneaton & Bedworth Borough showing only a 5.2% fall and North Warwickshire Borough experiencing a 2% rise in under-18 conceptions. However the year-on-year fluctuations in the rates since 1998-2000 mean the overall figures are only a rough indication of progress.

Statistics on the number of conceptions ending in abortions have not been published for the latest time period 2008-2010 for under-18 conceptions from the baseline period. However, for 2007-2009, 60% of teenage conceptions ended in abortion. This is a slight increase on the 2006-2008 proportion of 57%. The proportion of teenage conceptions ending in termination in Warwickshire is higher than the England figure of 50%.

Under-16 conceptions in Warwickshire have also seen a slight decrease from a rate of 6.9 per 1,000 13-15 year old females in 2007-2009 to 6.2 in 2008-2010. Seventy per cent of under-16 conceptions in the county for the period 2008-2010 ended in abortion. The table shows the top ten wards with the highest rates of under-18 conceptions in 2007-2009. Four of them were in Rugby, three in Nuneaton & Bedworth, two in Warwick and one in North Warwickshire.



Sexual Health & Teenage Pregnancy

Figure 7.13: Wards with highest rates of conceptions per 1,000 females, aged 15-17 years, 2007-2009

Ward	District	Rate
Camp Hill	Nuneaton & Bedworth	94.9
Brownsover South	Rugby	78.0
Coleshill South	North Warwickshire	67.4
Brunswick	Warwick	66.9
Cubbington	Warwick	66.3
Wem Brook	Nuneaton & Bedworth	66.1
Newbold	Rugby	64.8
Benn	Rugby	64.5
Bar Pool	Nuneaton & Bedworth	63.7
Avon and Swift	Rugby	62.5

Source: Office for National Statistics (ONS)

The Department of Health estimates that there are 434 teenage mothers in Warwickshire, only 291 of which are known to Connexions. Of those 291, 29.9% are in education, employment or training. This falls short of the Teenage Pregnancy Strategy's 60% target.

Outlook

Although the National Teenage Pregnancy Strategy targets for 2010 have not been achieved, some good strides have been taken towards lowering rates of under-18 and under-16 conceptions in the county. Under-18 conception figures for the first quarter of 2011 show a significant 24% reduction from the first quarter of 2010. The Respect Yourself Campaign is delivered by a partnership of agencies to ensure services work together to meet the needs of young people regarding their sexual health and well-being. Innovative work continues to increase access to sexual health services, develop relationships and sex education (RSE), improve communication between parents/carers and young people and develop the local workforce. Building on experience gained from a recent study tour to the Netherlands, Warwickshire plans to review the current approach to children and young people's relationships, sexual health and well-being to ensure that sexual health and well-being is more than just contraception, sexual ill health and pregnancy.

Further Information

For further information on the statistics in this section contact the NHS Warwickshire Public Health Intelligence Team via publichealthintelligence@warwickshire.nhs.uk.

Teenage Pregnancy Strategy – Beyond 2010: <http://bit.ly/PUQwDU>

Warwickshire Respect Yourself: <http://www.respectyourself.info/>

Teenage Pregnancy Next Steps – Every Child Matters: <http://bit.ly/Nu3iBP>



Healthy Eating and Physical Exercise

Description

Adopting a healthy lifestyle is seen as key in preventing premature mortality and a range of health conditions. This indicator assesses a number of measures relating to healthy lifestyles, including obesity levels, fruit and vegetable consumption and levels of physical activity.

Being overweight or obese can increase the risk of developing a range of health problems such as coronary heart disease (CHD), type 2 diabetes, some forms of cancer and stroke. It can also reduce life expectancy. The consequences of obesity are not limited to the direct impact on health. They can also have adverse social effects through discrimination, social exclusion and loss of or lower earnings, and adverse consequences on the wider economy through, for example, working days lost and increased benefit payments.

Being overweight or obese develops as a result of an accumulation of excess body fat which occurs when “energy in” through food and drink consumption is greater than “energy out”, which occurs through physical activity and the body’s metabolism. The most common method of measuring obesity is the Body Mass Index (BMI). BMI is calculated by dividing body weight (in kilograms) by height (in metres) squared. An adult BMI of between 25 and 29.9 is classified as overweight and a BMI of 30 or over is classified as obese. BMI measures however, may be skewed by high muscle mass and it varies with ethnicity and in adolescents.

For those people who are overweight or obese, there are a range of associated mental and physical health conditions. The National Obesity Observatory estimated, in 2010, that approximately 8% of premature adult deaths would be reduced if the population maintained a healthy weight.

Performance

Obesity

The prevalence of obesity has increased sharply in recent years. The proportion of adults in England who were categorised as obese increased from 13% of men in 1993 to 26% in 2010 and from 16% of women in 1993 to 26% in 2010 (Health Survey for England).

In addition, 10% of boys and 9% of girls in Reception (aged 4 - 5 years) and 21% of boys and 17% of girls in Year 6 (aged 10 - 11 years) are classified as obese (National Child Measurement Programme 2010/11).

By 2050, the prevalence of obesity is predicted to affect 60% of adult men, 50% of adult women and 25% of children (Foresight 2007).

Figure 7.14: Estimated Prevalence of Adults who are Obese (BMI > 30), 2006-2008

Area Name	%	Total Number *	Statistical Significance **
North Warwickshire	27.3	13,900	
Nuneaton & Bedworth	29.0	28,600	
Rugby	24.9	18,700	
Stratford-on-Avon	23.3	22,800	
Warwick	21.9	25,300	
Warwickshire	25.0	109,500	
West Midlands	26.4	1,161,500	
England	24.2	10,277,200	

**based on Mid-2010 Population Estimates, Adults aged 16+, Office for National Statistics (ONS).*

***Red = Significantly worse than national average, Yellow = Not significantly different from national average, Green = Significantly better than national average*

Source: Obese Adults Modelled Estimates, Association of Public Health Observatories, 2010.



Healthy Eating and Physical Exercise

Modelled estimates of obesity levels in adults at a sub-regional level have been produced by the Association of Public Health Observatories (APHO). In Warwickshire, one in four adults is estimated to be obese which equates to nearly 110,000 people. However, in statistical terms, Warwickshire's prevalence is not significantly different to that for England. The estimated prevalence of obese adults in North Warwickshire (27%) and Nuneaton & Bedworth (29%) Boroughs are significantly higher than the national average. In contrast, the estimated prevalence rate in Warwick District is significantly lower than the England average at 22%.

Established in 2005/06, the National Child Measurement Programme (NCMP) for England records height and weight measurements of children in Reception (typically aged 4 – 5 years) and Year 6 (aged 10 – 11 years) and enables detailed analysis of prevalence and trends in child overweight and obesity levels. The data are key to improving the understanding of children who are overweight and obese. They are used at a national level to inform policy and locally to inform the planning and commissioning of services. Within Warwickshire, the NCMP also provides an opportunity to raise public awareness of child obesity and to assist families to make healthy lifestyle changes through provision of a child's result to their parents.

According to the latest 2010/11 NCMP data, 8% of Reception age and 16% of Year 6 children in Warwickshire are classed as being obese. Both these figures are statistically significantly lower than both the West Midlands Region and England equivalent figures.

In 2010/11, Nuneaton & Bedworth Borough had the highest proportion of obese Reception aged children (10%) whilst North Warwickshire Borough had the highest proportion of obese Year 6 children (19%). However, neither of these figures was statistically different to the Regional and National proportions.

In contrast, the proportions of obese children in Rugby Borough, Warwick District and Stratford-on-Avon District are statistically significantly lower than the Regional and National figures for both Reception and Year 6.

Figure 7.15: Prevalence of overweight and obese children, 2010/11

Area Name	Overweight		Obese		No. of children measured	
	Reception	Year 6	Reception	Year 6	Reception	Year 6
	Prevalence	Prevalence	Prevalence	Prevalence		
North Warwickshire	14.1	11.1	8.5	19.5	603	711
Nuneaton & Bedworth	14.5	14.8	9.9	17.8	1,368	1,190
Rugby	9.9	14.5	5.7	13.9	1,102	1,190
Stratford-on-Avon	11.2	14.5	7.4	15.8	1,142	1,166
Warwick	12.9	14.5	7.2	14.9	1,242	1,179
Warwickshire	12.5	14.1	7.8	16.2	5,457	5,274
West Midlands	13.5	14.6	10.1	20.5	59,795	55,997
England	13.2	14.4	9.4	19.0	541,255	495,353

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset. Copyright © 2011. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved.



Healthy Eating and Physical Exercise

The prevalence of childhood obesity increases with age as larger proportions of Year 6 children are classed as being overweight and obese than Reception age children.

The interactive map shows the prevalence of child obesity at Middle Super Output Area level (MSOA) level with the pooling of three years' worth of NCMP data. Across Warwickshire as a whole, there is considerable variation in the proportion of Reception age and Year 6 children who are obese. For reception age children, obesity prevalence rates are generally higher in the north of the county with the highest rates in Bedworth, Atherstone and Dordon. An isolated pocket of high prevalence in the south of the county can be found in Studley.

For Year 6 age children, the general geographic pattern is that obesity prevalence rates are highest in the northern settlements of Nuneaton, Atherstone, Coleshill and in and around Polesworth.



For more detailed information on obesity at Super Output Area level click on the interactive map button.

Healthy Eating

The World Health Organisation (WHO) recommendations state that people should try to eat at least five portions of fruit and vegetables per day as part of a balanced diet to help them stay healthy. Fruit and vegetables are a good source of vitamins and minerals, and an excellent source of dietary fibre, which helps maintain a healthy gut and prevents constipation and other digestion problems. They can also help reduce the risk of heart disease, stroke and some cancers.

Modelled estimates produced by the South East Public Health Observatory (SEPHO) suggest that only 28% of adults in Warwickshire consume the recommended amount of fruit and vegetables per day, although this is in line with the England proportion and higher than the Regional proportion. It is therefore worth highlighting that, on average, in Warwickshire, nearly three quarters of adults are not achieving the recommended level of fruit and vegetable consumption. This equates to nearly 315,000 adults.

The lowest levels of people achieving their '5 a day' fruit and vegetable consumption are in Nuneaton & Bedworth Borough where just over a fifth of adults are estimated to eat at least five portions of fruit and vegetables per day. The highest levels are recorded in Stratford-on-Avon District where nearly one in three adults consumes the recommended daily amount of fruit and vegetables.

Figure 7.16: Prevalence of Healthy Eating: Proportion of adults estimated to eat at least five portions of fruit and vegetables a day, 2010

Area Name	% of adults	Total Number *	Statistical Significance **
North Warwickshire	24.5	12,500	
Nuneaton & Bedworth	22.6	22,300	
Rugby	28.8	21,700	
Stratford-on-Avon	32.6	31,900	
Warwick	30.6	35,300	
Warwickshire	28.2	123,500	
West Midlands	25.7	1,130,700	
England	28.7	12,188,200	

**based on Mid-2010 Population Estimates, Adults aged 16+, Office for National Statistics (ONS)*

***Red = Significantly worse than national average, Yellow = Not significantly different from national average, Green = Significantly better than national average. N.B. Figures may not sum due to rounding.*

Source: South East Public Health Observatory, 2012

Healthy Eating and Physical Exercise

Physical Activity

The Department of Health recommends that adults should do 150 minutes of physical activity a week. By meeting recommended levels of physical activity, your risk of heart disease, stroke and type 2 diabetes is reduced by up to 50%.

Currently, there is no dataset to directly measure this recommendation. However, data is available on adult participation levels in moderate intensity sport and active recreation on 20 or more days during the previous four weeks. Due to the more involved nature of this indicator, participation rates are relatively low.

For Warwickshire as a whole, just over one in ten reported participating in the aforementioned level of physical activity, which was higher than the regional proportion but lower than the national proportion. In Warwickshire, this proportion equates to 46,400 adults. There is some minor variation between the districts with the lowest participation levels being reported in North Warwickshire Borough at 9% and the highest reported in Stratford-on-Avon District with 13%. Stratford-on-Avon District is the only area where participation levels are significantly better than the national average in statistical terms.

Figure 7.17: Percentage participation in moderate intensity sport and active recreation on 20 or more days in the previous 4 weeks, persons aged 16 and over, 2009-2011

Area Name	% of adults	Total Number *	Statistical Significance **
North Warwickshire	9.5	4,800	
Nuneaton & Bedworth	11.5	11,300	
Rugby	12.0	9,000	
Stratford-on-Avon	13.3	13,000	
Warwick	9.9	11,400	
Warwickshire	10.6	46,400	
West Midlands	10.1	444,400	
England	11.2	4,756,400	

**based on Mid-2010 Population Estimates, Adults aged 16+, Office for National Statistics (ONS).*

***Red = Significantly worse than national average, Yellow = Not significantly different from national average, Green = Significantly better than national average. N.B. Figures may not sum due to rounding.*

Source: Survey Estimates taken from the Sport England Active People Surveys 4 and/or 5, South East Public Health Observatory, 2012.



Healthy Eating and Physical Exercise

Outlook

The increasing prevalence of obesity amongst adults and children is a major public health challenge, placing significant strain on budgets and resources. Reducing the number and proportion of overweight and obese people is a complex issue which requires a holistic, multi-faceted approach. Obesity cuts across many other lifestyle issues, therefore it is essential that tackling it forms an integral part of the collaborative work with professionals, the community, voluntary and private sectors.

Public Health Warwickshire and its partners are working collaboratively using a life course approach to provide family weight management support. Activity has been prioritised in high prevalence obesity areas across the county.

Partners are working together to promote the National 'Healthy Start' scheme to encourage families on low incomes to eat healthily and increase the uptake of vitamins as well as fruit and vegetables. Staff in Children's Centres have been trained to deliver family, baby and toddler 'NOSH' sessions which enable parents/carers to develop cooking skills and their knowledge around healthy eating.

During 2011/12, family based weight management programmes were commissioned for families with children aged 4 - 13 years. More than 800 families across Warwickshire accessed this support. In previous years there was no whole family support available. In addition, primary schools have been supported to deliver 'Cook and Taste' programmes. Also, a pilot project commenced in May 2012 to provide support to overweight and obese pregnant mothers at the George Eliot Hospital in Nuneaton.

Public Health Warwickshire is encouraging people to be more active in a range of ways including developing measured miles and supporting walking networks in each of the districts and by encouraging health professionals to prescribe physical activity for patients with certain conditions. Further information on the exercise referral scheme and local walking groups can be found [here](#).

Further Information

For further information on the statistics in this section contact the Public Health Intelligence Team via Publichealthintelligence@warwickshire.nhs.uk

The National Obesity Observatory (NOO) website also contains a wealth of useful information, data and resources on the topic. <http://www.noo.org.uk/>

Useful advice and information on healthy eating and maintaining an active lifestyle is available at the NHS 'Change for life' website. <http://www.nhs.uk/change4life/Pages/change-for-life.aspx>

Health Deprivation and Disability

Description

The link between poor health outcomes and measures of deprivation is widely recognised. As part of the compilation of the Indices of Deprivation 2007 and 2010, a domain representing deprivation due to illness and disability was constructed to identify areas with relatively high rates of people who die prematurely, or whose quality of life is impaired by poor physical or mental health or disability.

The composite score of every lower layer Super Output Area (SOA) in England has been calculated and then ranked to show the most and least health deprived areas. Low ranks denote higher levels of relative deprivation. In this way, a comparative assessment of levels of health deprivation can be made across geographical areas and places where health outcomes are likely to be poorest can be identified. In addition, the release of the Indices of Deprivation 2010 provides an opportunity to compare relative health deprivation over time.

It is important to remember that the Indices of Deprivation are relative not absolute measures of deprivation. It is also a snapshot at a particular point in time. Being a relative measure, there will always be, for example, 10% of areas that are defined as the most deprived 10%, even if significant improvements are made to the absolute levels of deprivation in the country. When examining the most deprived 10% of areas it is therefore important to remember that the absolute level of deprivation experienced by people living in these areas may vary between years. Local knowledge of the area is very important when interpreting the data, especially when understanding change. In addition, the indices are primarily about identifying geographical areas where deprivation is highest and does not deal with particular communities of need.

Performance

In 2010, a total of 43 SOAs in Warwickshire feature within the top 30% most health deprived SOAs in England, compared to 41 on this measure in 2007. Of the SOAs within the top 30% most health deprived nationally, 29 are in Nuneaton & Bedworth Borough, 6 in Rugby Borough, 3 in North Warwickshire Borough, 3 in Stratford-on-Avon District and 2 are in Warwick District.

Warwickshire has eight SOAs in the 10% most health deprived nationally. This compares with only five in the 2007 index. The concentration of health deprivation issues is emphasised when we see that seven of these eight SOAs are in Nuneaton & Bedworth Borough, with one in Rugby Borough. Rugby Town Centre SOA is a new entry into the 10% most deprived SOAs nationally along with Attleborough North West and Hill Top SOA; both in Nuneaton & Bedworth Borough. The five SOAs in the 10% most health deprived in 2007 remain in this group in 2010.

Health Deprivation and Disability

Figure 7.18: Warwickshire SOAs in the 10% most health deprived SOAs nationally

County rank of Health Deprivation and Disability Score	LSOA Name	District	National Rank of Health Deprivation and Disability Score – figure in brackets indicates 2007 rank
1	Bar Pool North & Crescents	Nuneaton & Bedworth	594 (1,031)
2	Abbey Town Centre	Nuneaton & Bedworth	833 (1,078)
3	Camp Hill Village Centre	Nuneaton & Bedworth	1,378 (3,081)
4	Kingswood Grove Farm & Rural	Nuneaton & Bedworth	1,954 (2,639)
5	Hill Top	Nuneaton & Bedworth	2,962 (4,337)
6	Town Centre	Rugby	3,039 (4,163)
7	Attleborough North West	Nuneaton & Bedworth	3,121 (4,515)
8	Abbey Priory	Nuneaton & Bedworth	3,174 (2,792)

5 least deprived SOAs in Warwickshire

329	Knowle Hill & Glasshouse	Warwick	31,163 (31,133)
330	Hatton & Hampton Magna	Warwick	31,380 (31,240)
331	Stoneleigh	Warwick	31,414 (31,303)
332	Cawston	Rugby	31,528 (31,381)
333	Glass House & Windy Arbour	Warwick	32,011 (32,146)

Source: : Indices of Deprivation 2010 (health domain), Communities and Local Government

The table illustrates that the five most health deprived SOAs are all in Nuneaton & Bedworth Borough. Bar Pool North & Crescents remains Warwickshire's most health deprived SOA and its relative level of deprivation has increased since the 2007 index. All of the SOAs in the top five are relatively more deprived than in the 2007 index, moving up the national rankings.

Hill Top SOA is the only new entry into the top five since 2007 when it was ranked 12th in the county, showing a marked decline in its relative level of health deprivation. It replaces Abbey Priory which has slightly improved its relative ranking to 8th although it is still in the 10% most health deprived in the country.

By comparing the average national ranks of the five highest and lowest ranked SOAs, it is possible to see if the difference between them has increased or decreased between the 2007 and 2010 indices. In other words, have health inequalities been reduced?



Health Deprivation and Disability

Figure 7.19: Average national rank of the five highest and lowest SOAs, 2007 and 2010

	2007	2010
Average national rank of 5 most health deprived SOAs in Warwickshire	2,124	1,544
Average national rank of 5 least health deprived SOAs in Warwickshire	31,440	31,449
Difference between highest/lowest	29,316	29,955

Source: Indices of Deprivation 2010 (health domain), Communities and Local Government

The difference between the average rank of the five highest and lowest ranked SOAs has increased by 639 ranks between 2007 and 2010. This indicates a slight widening in the relative gap between the highest and lowest ranked communities in terms of health deprivation. The data suggests this gap has widened primarily because the rankings of the five most deprived LSOAs have moved further up the national ranks to become relatively more deprived.

The interactive map reveals a geographical representation of health deprivation within Warwickshire. It shows that although the majority of SOAs in the county are within the 50% least health deprived SOAs nationally; there are pockets of deprivation in some areas, particularly the north of the county.



For more detailed information on health deprivation at a Super Output Area level click on the interactive map button.

Outlook

Significant geographic health Inequalities continue to persist in Warwickshire. This is being addressed via the development of **Warwickshire's Health and Well-being Strategy**. The data presented here is designed to identify areas with relatively high rates of people whose quality of life is impaired by poor health or disability. This data can be used in conjunction with the other indicators in the Indices of Deprivation 2010 to help to understand the dynamics of these areas and to target those most in need.

Further Information

Further information on the Indices of Deprivation 2010 is available from the Department of Communities and Local Government **website**.

Alternatively, contact the Public Health Intelligence team on **01926 413753** or email **publichealthintelligence@warwickshire.gov.uk**.

Warwickshire Joint Strategic Needs Assessment:
<http://jsna.warwickshire.gov.uk/>

Warwickshire Health and Well-being website:
<http://bit.ly/M4vnUt>

