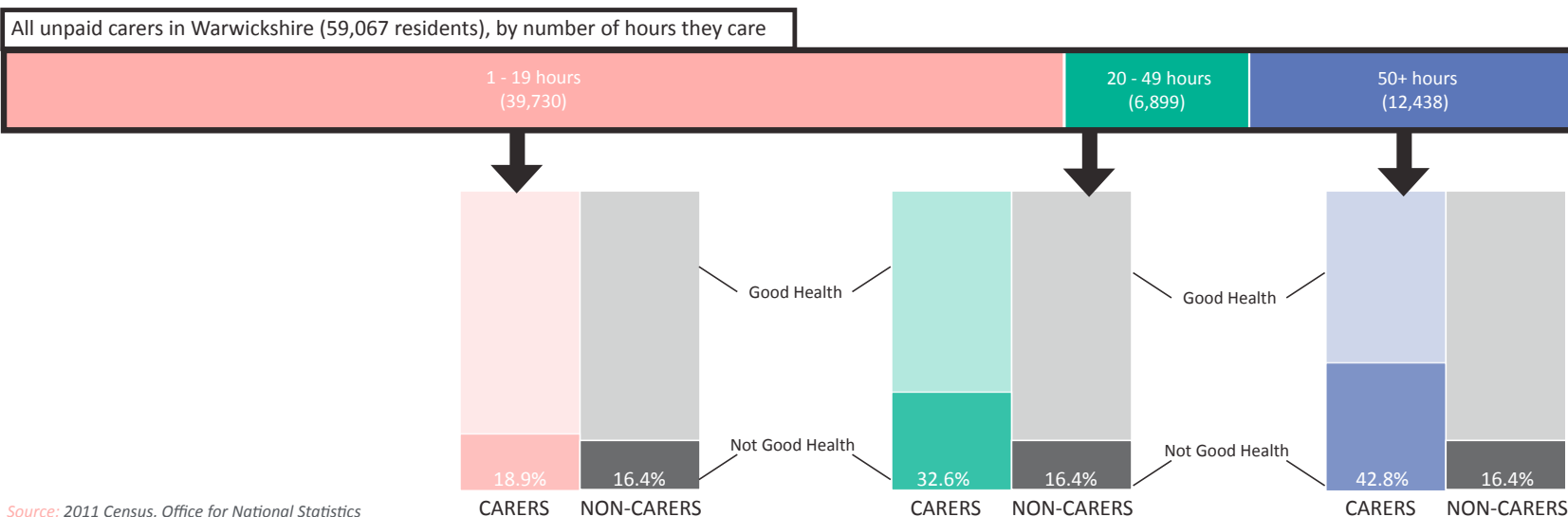
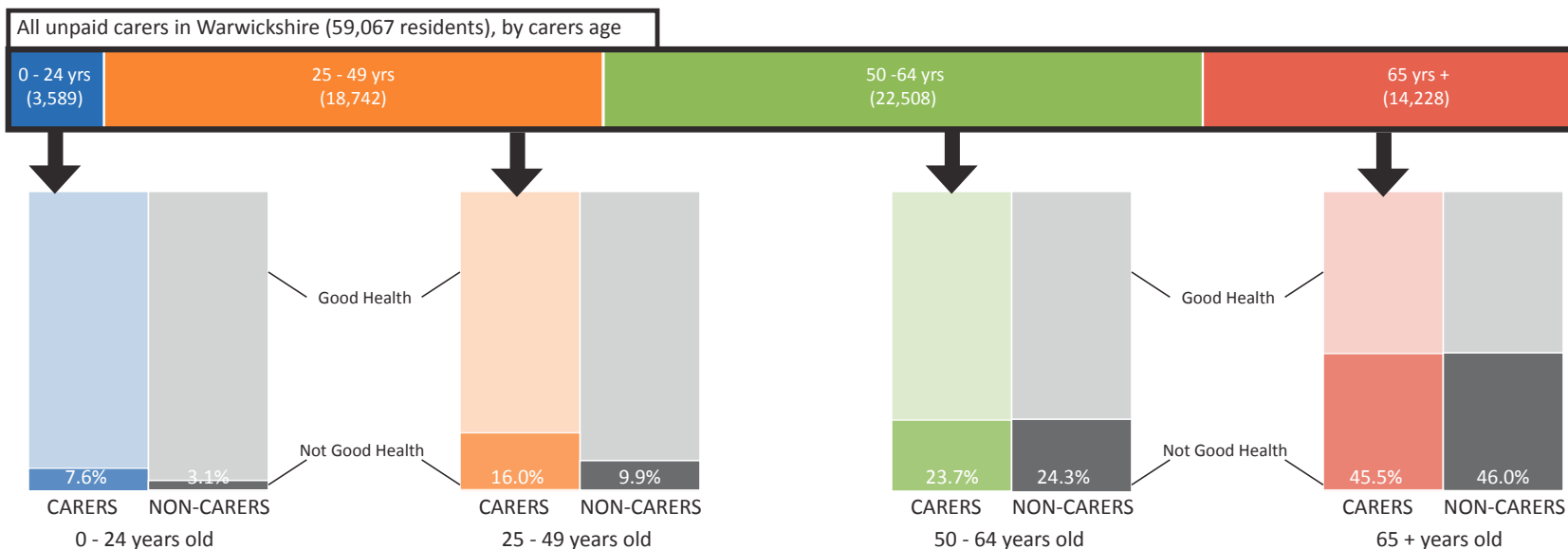


This graphic shows the health of carers in Warwickshire. The set of bar charts at the top show how health varies by the age of the carer, and the bottom set of bar charts breaks the data down by how many hours they care for. Both charts also compare the results with residents who do not care for anyone.

The results show that younger carers (aged 49 years old and under) are more likely to be in poor health compared with residents of the same age who are non-carers. The results also highlight that carers who care for someone for more than 20 hours a week are also more likely to be in poor health.



Source: 2011 Census, Office for National Statistics

## Description

The term 'dementia' is used to describe the symptoms that occur when the brain is affected by specific conditions, including Alzheimer's disease, stroke, and many other rarer conditions. Dementia is increasingly becoming one of the most important causes of disability in older people. The overall burden of disease is assessed as a time-based measure that combines years of life lost due to premature mortality and years of life lost due to time lived in states of less than full health. In terms of the burden of disease, dementia contributes 11% of all years lived with disability. This figure is higher than that for stroke, musculoskeletal disorders, heart disease and cancer.

Dementia is a common condition that affects approximately 800,000 people in the UK. The risk of developing dementia increases with age, and the condition usually occurs in people over the age of 65.

"Dementia results in a progressive decline in multiple areas of function, including memory, reasoning, communication skills, and those skills needed to carry out daily activities. Alongside this decline, individuals may develop behavioural and psychological symptoms such as depression, psychosis, aggression and wandering, which complicate care."

*(National Dementia Strategy 2010).*

## Performance

Estimating the prevalence of dementia is challenging, as it is widely known that the condition is heavily underdiagnosed within the broader population. The Alzheimer's Society estimates that only 44% of people with dementia in the UK have a diagnosis, meaning that many people who are undiagnosed never receive appropriate treatment and care.

Recent research by the Alzheimer's Society has produced some estimates of the overall prevalence of dementia for the United Kingdom as a whole. To calculate the expected prevalence of dementia amongst the general Warwickshire population, the following estimated UK prevalence rates were applied to local population data:

40-64 years: 1 in 1,400 people  
 65-69 years: 1 in 100 people  
 70-79 years: 1 in 25 people  
 80+ years: 1 in 6 people

*Source: Alzheimer's Society, 2013*

Based on the assumption that these national estimated prevalence rates are also reflective of the Warwickshire population, it can be estimated that approximately 7,000 people may have dementia in Warwickshire. Other modelled figures based on research show that females over the age of 80 have the highest estimated prevalence rate and account for nearly half (50%) of total numbers.

Figure 6.1 shows that in 2011/12, there were 3,169 patients in Warwickshire formally diagnosed with dementia recorded on GP practice registers, which is approximately 46% of all those estimated to be living with dementia (Quality and Outcomes Framework, Health and Social Care Information Centre). Diagnosing dementia is often difficult, particularly in the early stages, but this suggests there may be around 3,800 people amongst the wider population who have dementia but have not yet been clinically diagnosed.

**Figure 6.1: Dementia Prevalence rates applied to GP Practice list population data and aggregated to District & County level**

DISTRICT	NUMBERS OF PEOPLE EXPECTED TO HAVE DEMENTIA <sup>1</sup>	ACTUAL NUMBERS OF PEOPLE WITH DEMENTIA <sup>2</sup>	EXPECTED MINUS ACTUAL	% OF PEOPLE EXPECTED TO HAVE DEMENTIA WHO HAVE BEEN DIAGNOSED
North Warwickshire	742	284	458	38%
Nuneaton & Bedworth	1,384	683	701	49%
Rugby	1,171	596	575	51%
Stratford-on-Avon	1,990	915	1,075	46%
Warwick	1,676	691	985	41%
<b>Warwickshire</b>	<b>6,963</b>	<b>3,169</b>	<b>3,794</b>	<b>46%</b>

*Source: Alzheimer's Society, Health & Social Care Information Centre.*

<sup>1</sup> Expected Prevalence calculated using Alzheimer's Society estimated prevalence rates, 2013.

<sup>2</sup> Actual Prevalence calculated using patients diagnosed with dementia on a GP Dementia Register, Source: Quality & Outcomes Data (QOF Data) 2011-2012, Health & Social Care Information Centre.

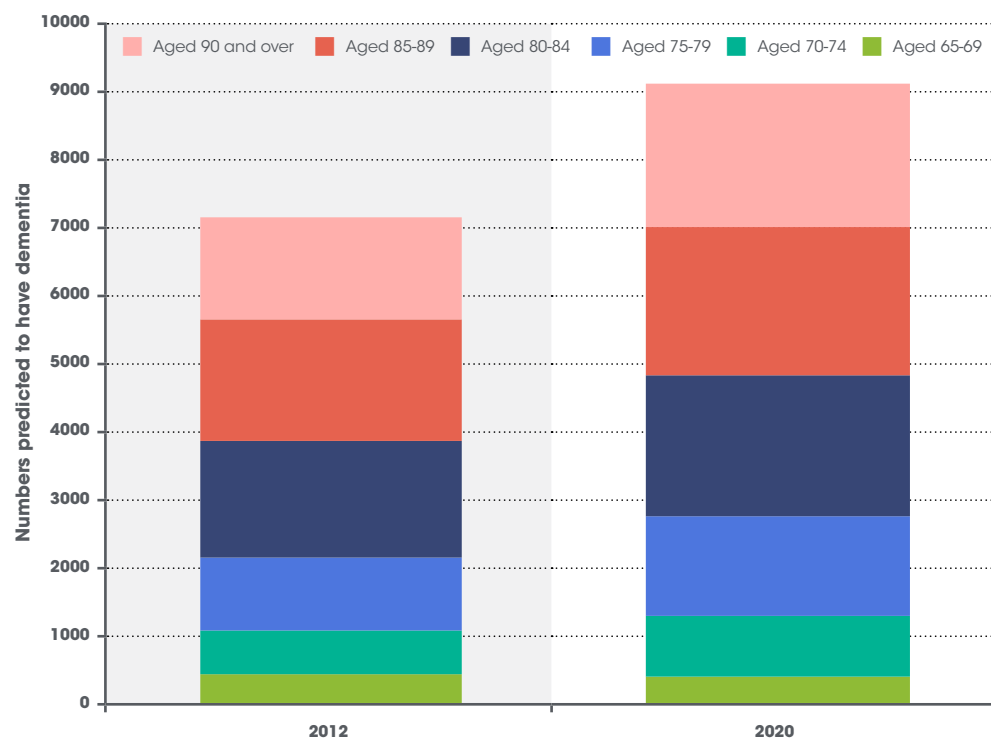
# Dementia

71



Dementia diagnosis rates in Warwickshire appear to be lowest in North Warwickshire Borough where only 38% of people anticipated to have dementia have received a formal diagnosis. The diagnosis rate is highest in Rugby Borough at 51% but even here, nearly half of all people expected to have dementia have not been diagnosed. The stacked bar charts in Figure 6.2 show the expected age distribution of people with dementia in Warwickshire in 2012, alongside a projection of what may be expected in 2020. In line with a growing and ageing population, this shows that the total number of people estimated to have dementia in Warwickshire will increase by approximately 28% to just over 9,000 between 2012 and 2020. This equates to just under 2,000 additional people with the condition. However, the level of anticipated increase will not be the same for each of the various age groups. The rate of increase in those suffering from dementia is predicted to be largest in those aged 90 and over, with nearly a 42% increase.

**Figure 6.2: People aged 65 and over in Warwickshire predicted to have dementia, projected to 2020**



Source: Projecting Older People Population Information System (POPPI)

Although all districts are projected to experience increased numbers of those predicted to have dementia between 2012 and 2020, some minor variation is also expected in terms of the rate of increase. It is projected that the rate of increase will be largest in North Warwickshire Borough (+37%) and lowest in Rugby Borough (+24%).

**Figure 6.3: People aged 65 and over predicted to have dementia, projected to 2020, by District**

DISTRICT	2012	2014	2016	2018	2020	% CHANGE
North Warwickshire	740	845	860	928	1,010	36.5%
Nuneaton & Bedworth	1,398	1,495	1,626	1,735	1,872	33.9%
Rugby	1,295	1,326	1,407	1,466	1,610	24.3%
Stratford-on-Avon	1,939	2,127	2,216	2,402	2,587	33.4%
Warwick	1,776	1,848	1,960	2,065	2,196	23.6%
<b>Warwickshire</b>	<b>7,195</b>	<b>7,615</b>	<b>8,072</b>	<b>8,626</b>	<b>9,186</b>	<b>27.7%</b>

Source: Projecting Older People Population Information System (POPPI)

Note: Figures may not sum due to rounding.

N.B. These projected figures were calculated using the following prevalence rates which differ from those used previously:

AGE RANGE	% MALES	% FEMALES
65-69	1.5	1.0
70-74	3.1	2.4
75-79	5.1	6.5
80-85	10.2	13.3
85-89	16.7	22.2
90+	27.9	30.7

Source: Dementia UK: A report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007.

The prevalence rates have been applied to Office for National Statistics population projections for the 65 and over population to give estimated numbers of people predicted to have dementia to 2020.



## Outlook

On a national scale, dealing with the increasing prevalence of dementia remains a high profile issue. In March 2012, the Prime Minister David Cameron launched 'the dementia challenge' in recognition of the need to tackle what he sees as one of the most important issues society faces as the population ages. The dementia challenge is an ambitious programme of work designed to make a real difference to the lives of people with dementia and their families and carers, building on progress made through the National Dementia Strategy.

Warwickshire's Dementia Strategy, 'Living Well with Dementia' aims to inform people living and working with dementia on how we will be taking forward the National Dementia Strategy locally to enable greater choice and control, as well as ensuring the provision of good quality services. This will include raising awareness and understanding of dementia, increasing diagnosis rates, enhancing access to information, services and support for people after diagnosis, working with a range of agencies and organisations across Warwickshire to become 'dementia friendly' and training staff who work with people with dementia.

In line with the Prime Minister's 'Challenge on Dementia: Annual Report of Progress' (published May 2013), the 'Living Well with Dementia' partnership are working with Clinical Commissioning Groups, general practices and other partners to improve levels of diagnosis. The aim is that, by 2015, two-thirds of people with dementia should have a diagnosis with appropriate post-diagnosis support.

In October 2012, the Coventry and Warwickshire 'Living Well with Dementia' portal was launched. This pioneering online resource brings together in one place essential advice and resources for people with dementia, their carers and staff across health and social care. During Prime Ministers Question Time on 19th December, 2012, the Prime Minister commended the 'Living Well with Dementia' portal and other initiatives in Warwickshire, commenting that "all communities have to come together and make more 'Dementia Friendly' communities and that is where local government can help lead the way by bringing organisations together as they've obviously done in Warwickshire."

## Further Information

- For further information on the statistics in this section, please contact Public Health Warwickshire via [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk)
- For more information on the Coventry and Warwickshire 'Living Well with Dementia' portal, please visit <http://www.warwickshire.gov.uk/livingwellwithdementia>
- For detailed information on the symptoms, diagnosis and treatment of dementia, please visit <http://www.nhs.uk/Conditions/dementia-guide/Pages/about-dementia.aspx>
- The Prime Minister's Dementia Challenge can be viewed here <http://dementiachallenge.dh.gov.uk/>
- Another useful source of information on dementia in general is the Alzheimer's Society website. <http://www.alzheimers.org.uk/>

## Description

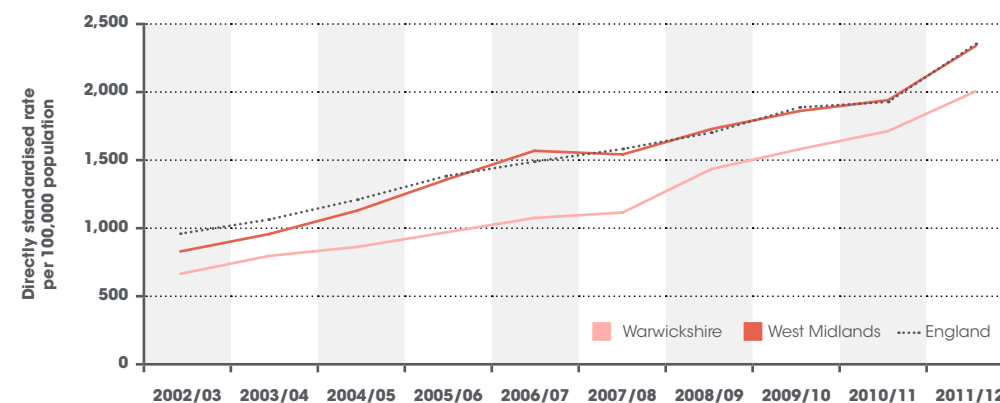
Public health movements have long recognised the often significant consequences of alcohol misuse – crime, violence, domestic breakdown, social problems and all the many morbid and mortal health outcomes. In 2011, the former chief government drugs adviser commented that ‘Alcohol is more harmful than heroin’ when the overall dangers to the individual and society are considered. International evidence shows that, as overall alcohol consumption increases, so does alcohol related-harm. The government paper Public Health Responsibility Deal (2013) estimates costs to the NHS of alcohol misuse of £3.5 billion every year, which equates to £120 for every taxpayer.

## Performance

Alcohol related hospital admissions, where an alcohol-related disease, injury or condition was the primary reason for hospital admission, are commonly used to indicate the level of harm caused by alcohol and the scale of such activity to the NHS. Health and Social Care Information Centre data, for 2011/12, shows that there were 1,220,300 hospital admissions wholly or partially attributable to alcohol in England, an increase of 15% since 2009/10 and 139% in the last decade. This equates to a rate of 2,298 admissions per 100,000 population. Three quarters (75% or 919,200) of these admissions were due to conditions which were categorised as chronic, 8% (94,300) were for conditions categorised as acute and 17% (206,800) were for mental and behavioural disorders due to alcohol.

Although the rates of such admissions in Warwickshire (1,975 admissions per 1,000 population) are lower than either the regional (2,285 admissions per 100,000 population) or national rates, there remains cause for concern. In 2002/03, the county rate was 689 admissions per 100,000 population and by 2011/12 the rate had nearly trebled to 1,975 admissions per 100,000 population.

**Figure 6.4: Hospital admissions for alcohol related harm, directly standardised rate per 100,000 population, 2002/03 - 2011/12**



Source: North West Public Health Observatory and ONS

Data collected from the Evolve Secondary Uses Service (SUS) hospital data system in Warwickshire shows that there are 19 wards in the county where the aggregated crude admission rates for alcohol related harm, for 2008/09-2012/13, exceed 20 admissions per 1,000 population. Ten of these wards are in Nuneaton & Bedworth Borough. The highest rate is 26.5 admissions per 1,000 population in Wem Brook ward in Nuneaton. Aggregated crude admission rates for the five year period do vary considerably across the county, 11 wards have admissions rates of below 10 per 1,000 population with Stoneleigh ward in Warwick District the lowest at 4.1 admissions per 1,000 population.



**CLICK ON THE INTERACTIVE MAP**  
to view local data on hospital admissions for alcohol related harm



### Accident and Emergency Department (A&E) Presentations

A&E departments in Warwickshire record information on the presenting complaint of patients. Information on the number of people who presented with a complaint of 'poisoning' (including alcohol, but also illicit, over the counter and prescription drugs and household substances such as bleach) is available for 2011/12. The number of adult presentations was as follows:

- George Eliot Hospital, Nuneaton – 901
- Warwick Hospital – 530
- University Hospitals Coventry and Warwickshire (Rugby site) – 295

Presentations with a complaint of poisoning have remained fairly consistent at George Eliot and Warwick Hospitals (up slightly from 895 and 508 respectively in 2010/11). However, the number of presentations to University Hospitals Coventry and Warwickshire (Rugby site) has almost doubled from 154 in 2010/11 to 295 in 2011/12.

### Outlook

The national drugs strategy was launched in December 2010 and set out a fundamentally different approach to preventing drug use and supporting recovery from drug and alcohol dependence. A new national alcohol strategy was published in March 2012. This strategy sets out the Government's ambition to tackle the problems caused by binge drinking and radically reshape our approach to alcohol.

Following a significant re-commissioning exercise in 2011, partners in Warwickshire are now well placed to implement the recovery agenda locally. All community drug and alcohol treatment services for adults across Coventry and Warwickshire are now provided by The Recovery Partnership, a consortium of two national substance misuse charities – Addaction and Cranstoun. This was followed up in January 2013, with the publication of the Warwickshire Drug and Alcohol Treatment Needs Assessment.

In recent years there have been a number of initiatives that have been developed locally with the assistance of the Warwickshire Drug and Alcohol Action Team to tackle alcohol and drug misuse.

- More effective community and residential detoxification
- Hospital liaison and frequent attendee programs
- Supporting Your Town Your Choice events with information about alcohol and street drinking initiatives
- Producing and distributing a variety of materials to help contribute towards awareness raising campaigns

It is hoped that this work can continue, as trends over the last decade suggest that rates of alcohol related hospital admissions are increasing year on year. These are also reflected in premature death rates, particularly relating to liver disease, released by Public Health England via their **Longer Lives** website that have been described by the Director of Public Health as a 'wake-up call for Warwickshire'.

### Further Information

- For further information on the statistics in this section contact the Public Health Warwickshire Intelligence Team via [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk) or visit the Drug and Alcohol Action Team website at [www.warwickshire.gov.uk/daat](http://www.warwickshire.gov.uk/daat)
- More information on drugs and alcohol in Warwickshire can be found on the Warwickshire Joint Strategic Needs Assessment website: <http://bit.ly/1br9xi1>
- The Recovery Partnership Coventry and Warwickshire – a recovery focused treatment service for residents with a drug or alcohol problem: <http://cw-recovery.org.uk/>

## Description

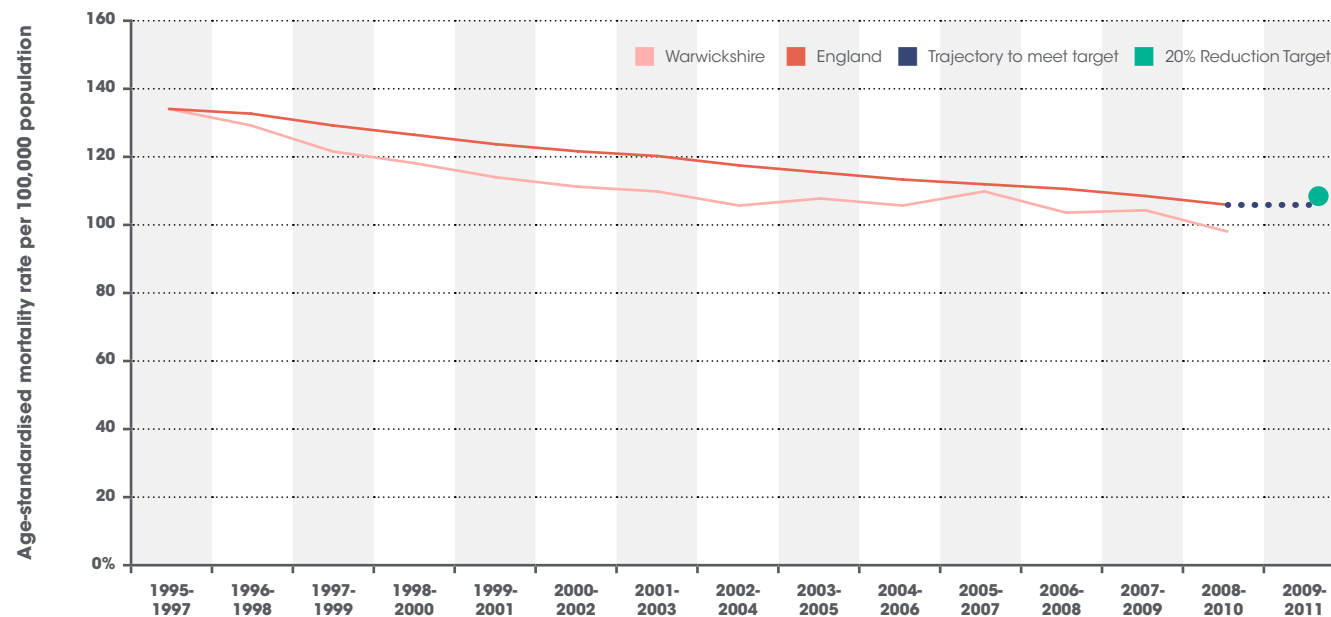
Cancer is a major cause of ill health and death. There are many different types of cancers and they can occur in various parts of the body. Currently, it is estimated that more than one in three people will develop cancer at some point in their life time, and one in four will die from it. However, a recent study by Macmillan indicated that by 2020, nearly 50% of the population will get some form of cancer. However, the report also highlighted that the proportion of people who get cancer but do not die from it is also increasing.

The population of Warwickshire is ageing at a faster rate than the national average and this has implications for cancer, as incidence of the disease tends to increase with age. This means that despite cancer incidence rates remaining stable, the actual number of cases is expected to rise, which will put significant strain on health services.

## Performance

Using 1995-97 as the baseline time period, the NHS set national targets to reduce rates of cancer mortality in those aged under 75 by 20% by 2008-10. As Figure 6.5 highlights, both England and Warwickshire achieved this reduction in 2008-10. Furthermore, rates of mortality from cancer in Warwickshire were significantly lower than the England average (110.1 cases per 100, 000 of the population) with 101.6 cases per 100,000 of the population. At a district level some variation can be seen; North Warwickshire Borough, Nuneaton & Bedworth Borough and Rugby Borough's rates were not significantly different to the England average, whereas Stratford-on-Avon District and Warwick District's rates were significantly lower, highlighting health inequalities between the north and south of the county.

Figure 6.5: Trends in age standardised cancer mortality rates in those aged under 75



Source: Cancer mortality trends, South West Public Health Observatory (SWPHO) from ONS data, 2011

Despite decreasing cancer mortality rates, incidences are increasing. This shows that there are increasing numbers of people surviving cancer within the population, which is due to improvements in detection and health care. However, the current national cancer strategy notes that 'cancer outcomes in England remain poor when compared with the best outcomes in Europe'.

The chance of cure is often higher when cancers are detected at an early stage, and later diagnosis is considered to be a major explanation for poorer survival rates in England in comparison with some other European countries. Figure 6.6 shows the uptake figures of cancer screening programmes. Uptake of cancer screening programmes in Warwickshire is generally better than the England average. However, coverage of cervical screening has tended to decline in recent years, both nationally and locally, and coverage in Warwickshire is below the national target of 80%.



**Figure 6.6: Uptake figures of cancer screening programmes, 2011-12**

	WARWICKSHIRE	ENGLAND
NHS Cervical Screening Programme: 5 year coverage in women aged 25-64	79.7%	78.6%
NHS Breast Screening Programme: coverage of women aged 53-70	79.1%	77.0%

Source: Cervical screening programme and breast screening programme, The Information Centre for Health and Social care, 2012  
(<http://tinyurl.com/pjcpy4a> and <http://tinyurl.com/oeaas28>)



**CLICK ON THE INTERACTIVE MAP**  
to view the data for Warwickshire in more detail

## Outlook

Over the coming years, we can expect cases of cancer to increase because of the increasing age of the population as well as improved survival rates.

Three NHS cancer screening programmes continue to operate in the county (cervical screening, breast screening and bowel cancer screening). These are targeted at specific age groups and aim to try and detect abnormalities before symptoms develop. In addition to the population screening programmes, people who are known to be at a high risk of developing certain types of cancer may be offered the chance to have regular tests or check-ups.

It is estimated that up to half of all cancers could be prevented by changes in lifestyle behaviours. Smoking remains the single most important lifestyle change to reduce the risk of cancer. As well as this, other lifestyle factors which are associated with increased risk of developing specific cancers include obesity, lack of physical activity, poor diet and alcohol consumption. NHS Health checks, which are offered to people between the ages of 40-74 years every five years, monitor healthy lifestyle indicators such as blood pressure, cholesterol, blood sugar and kidney function. Through these health checks, lifestyle choices may be changed for the better which may have implications for lowering cancer risk. Public Health Warwickshire currently carry out health checks in North Warwickshire Borough and Rugby Borough, and propose to roll them out across the south of the county over the coming years.

## Further Information

- For further information on the statistics in this section contact Public Health Warwickshire's Intelligence team via [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk)
- More information about cancer screening in Warwickshire can be obtained via [www.warwickshire.gov.uk/immunisation](http://www.warwickshire.gov.uk/immunisation)
- Additional cancer information tools can be found on the National Cancer Intelligence Network website: [www.ncin.org.uk/cancer\\_information\\_tools](http://www.ncin.org.uk/cancer_information_tools)
- The Department of Health's national strategy for cancer is available here: [Improving Outcomes: a strategy for cancer](#)
- More information on cancer screening can be found here: <http://www.cancerscreening.nhs.uk/>
- For easy to understand patient information, please see: <http://www.cancerresearchuk.org/cancer-help/>
- The Macmillan report on cancer survival can be found here: <http://bit.ly/141Z52d>



## Description

Tackling tobacco is one of the most important things we can do to improve the health of people in Warwickshire as it is the number one preventable cause of premature death and disease in the county. One in two regular smokers are killed by tobacco - half dying before the age of 70, losing an average of 21 years of life. Preventing people from starting smoking is key to reducing the health harms and inequalities associated with tobacco use.

Smoking causes over 50 different diseases and conditions including cancer, heart disease and respiratory disease. Stopping smoking can reduce the incidence and severity of these conditions and lead to considerable health benefits for smokers and those around them. Additionally, the need for medication is reduced leading to cost savings.

*NICE Guidance Tobacco – harm reduction: published June 2013.*

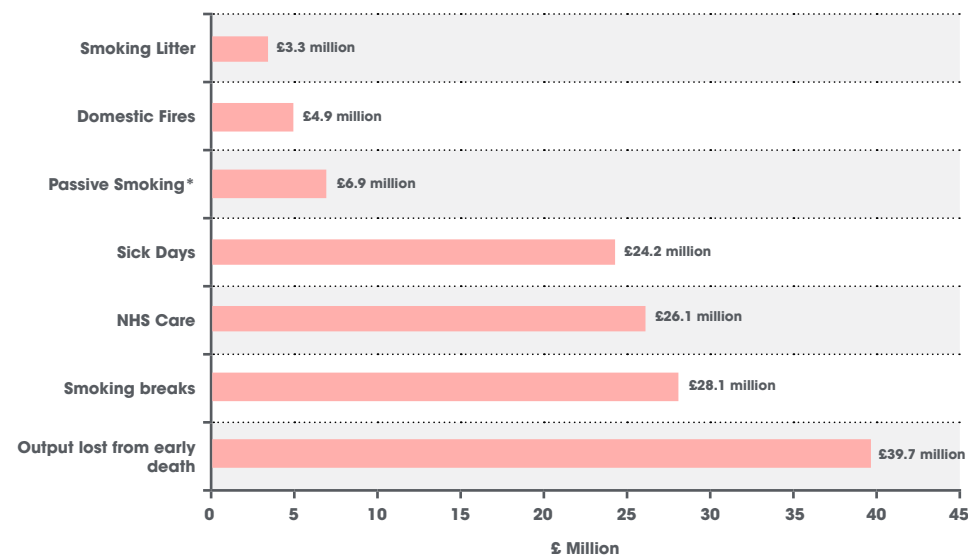
## Performance

In Warwickshire, the proportion of adults smoking in 2010/11 was not significantly different from the England average of 20.7%, at 19.3%. Since 2009/10, the proportion of adults smoking in Warwickshire has increased by 0.8 percentage points. Although at a district level there is some degree of variation, there is still no significant difference to the national average with the exception of Warwick District where the proportion of adults smoking is considerably lower than the county and national equivalents with 15.5% of adults aged 18 and over smoking (Department of Health – Health Profiles 2012).

It is recognised that the prevalence of smoking varies markedly between socio-economic groups, and differences in smoking are an important factor when considering inequalities in health. People in deprived circumstances are more likely to take up smoking, to start younger, to smoke more heavily and to be less likely to quit smoking, each of which increases the risk of smoking-related disease. The local Tobacco Control Profiles provide estimates of smoking prevalence for adults in routine and manual occupation groups, and this illustrates a higher prevalence in these groups nationally and locally.

It is estimated that the direct and indirect costs of smoking in England in 2012 were approximately £13.8 billion. For Warwickshire this equates to costs of £133.2 million. Within this figure, passive smoking (also known as secondhand smoking) was estimated to cost Warwickshire £6.9 million, as shown in Figure 6.7.

Figure 6.7: Estimated cost of smoking in Warwickshire, 2012



*\*Passive smoking: lost productivity from early death (not including NHS costs and absenteeism). Source: The cost of tobacco toolkit, ASH 2012 (<http://ash.org.uk/localtoolkit/R5-WM.html>)*

# Smoking

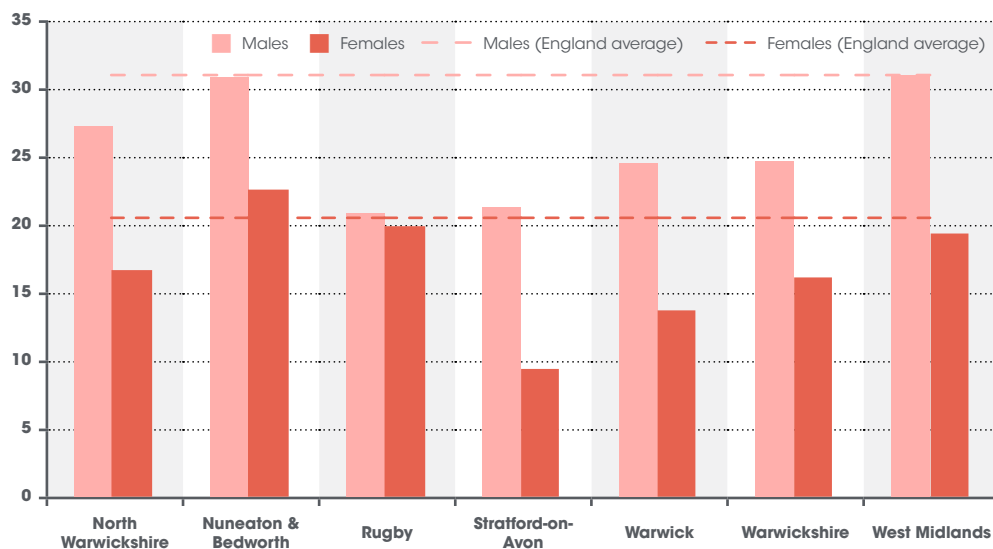


As well as the monetary cost, breathing in secondhand smoke increases the risk of lung cancer by 24% and heart disease by 25% (Smokefree NHS). Children who grow up in a smoking household are much more likely to suffer from asthma, middle ear infections, coughs, colds and wheezes. In Warwickshire 3,000 children visited their GP last year as a result of second hand smoke (Tobacco Control Partnership).

Smoking attributable mortality in Warwickshire is significantly better than the national and regional averages. Between the years 2008-2010, the directly standardised rate of smoking attributable mortality in Warwickshire was 177.8 per 100,000, compared with 208.8 per 100,000 in the West Midlands and a similar figure of 210.6 per 100,000 for England (Local Tobacco Control Profiles for England).

Similar to this and for the same period, lung cancer mortality rates in Warwickshire were also lower than the regional and national averages, although there was variation at district level, as shown in Figure 6.8.

**Figure 6.8: Male and female lung cancer mortality rates per 100,000 population, 2008-10**



Source: Cancer mortality trends, South Warwickshire Public Health Observatory from ONS data, 2011

Lung cancer is one of the main causes of smoking attributable mortality and 86% of deaths from lung cancer are caused by smoking (Ash, 2012). A study published in the British Journal of Cancer in August 2012 predicts that, if smoking rates stay the same as they currently are lung cancer cases in the UK will double from 65,000 in 2010 to 137,000 in 2040. Lung cancer is the leading cause of cancer death among women in the UK, killing more women each year than breast cancer.

It is not just cigarette smoke which increases the risk of cancer, alternative tobacco products such as Shisha and e-cigarettes, both of which have been growing in popularity recently in the UK, contain carcinogens and other cancer causing chemicals. A study by the World Health Organisation (WHO) suggested that during one shisha session, lasting between 20-80 minutes, a person can inhale the same amount of smoke as a cigarette smoker consuming 100 cigarettes or more. The use of e-cigarettes is increasing rapidly. They have the potential to provide a safer alternative to cigarettes for those who do not wish to stop smoking and may also provide an additional aid to quitting. The Government has announced these will be regulated by the Medicines and Healthcare Products Regulatory Agency (MHRA) in 2016.



**CLICK ON THE INTERACTIVE MAP**  
to view data for Warwickshire in more detail

## Outlook

Smoke Free Warwickshire is a multi-agency partnership committed to providing smoke free air, helping smokers to stop and promoting a tobacco free society.

The Smokefree Warwickshire Partnership supports the three national ambitions identified in the Tobacco Control Plan for England:

- Reduce adult (aged 18 or over) smoking prevalence in England to 18.5 percent or less by the end of 2015, meaning around 210,000 fewer smokers a year.
- Reduce rates of regular smoking among 15 year olds in England to 12 percent or less by the end of 2015.
- Reduce rates of smoking throughout pregnancy to 11 per cent or less by the end of 2015 (measured at time of giving birth).

Smokefree Warwickshire is working with partners on the following initiatives:

- Helping tobacco users to quit -The County Council commissions Warwickshire Stop Smoking Service which is provided by George Eliot Hospital. Smokers are up to four times more likely to quit smoking successfully with support from the Stop Smoking Service (West R, 2010. Smoking Toolkit Study. London: University College London) and during 2012/13 the service helped 3,386 people stay quit at four weeks. The service trains, monitors and supports stop smoking advisors in general practices, pharmacies and other appropriate healthcare settings throughout the County.
- Participation in CLear – an initiative to maintain high standards and devise effective evidence-based practice in local action to cut the use of tobacco.

- Reducing Exposure to Secondhand Tobacco Smoke in Homes and Cars - 80% of secondhand smoke is invisible, odourless and contains harmful cancer-causing poisons. Almost 3,000 children in Warwickshire visit their doctor each year suffering from the serious effects of breathing in secondhand smoke. In babies and young children exposure to secondhand smoke increases the risk of sudden infant death syndrome, acute respiratory infection, ear infections, meningitis and asthma (Royal College of Physicians (2010) Passive Smoking and Children Royal College of Physicians, London).
- Effective communications for tobacco control - Press releases are regularly issued on issues relating to tobacco which frequently result in radio interviews and coverage in the press. The Smokefree Warwickshire Partnership and the Stop Smoking Service contribute to national campaigns each year, for example, No Smoking Day and Stoptober.
- Reducing the number of young people who start to smoke - Smokefree Warwickshire works with partner organisations to train and support people who work with young people to raise the issue of smoking with young people.
- Illegal and Illicit Tobacco - Work in partnership with Trading Standards and Environmental Health colleagues on initiatives to raise awareness and educate the public on illegal and illicit tobacco, dangers of shisha etc.

## Further Information

- For further information on the statistics in this section contact Public Health Warwickshire's intelligence team via [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk)
- More information about smoking and tobacco control in Warwickshire can be obtained via [www.smokefreewarwickshire.org](http://www.smokefreewarwickshire.org) or by contacting the Tobacco Control Coordinator on 01926 413741
- Local Tobacco Control Profiles for England are available from: <http://www.tobaccoprofiles.info/tobacco-control>
- The National Institute for Health and Clinical Excellence (NICE) [Taboo: harm reduction approaches to smoking](#) public health guidance was published out in June 2013.

# Teenage Conceptions

80



## Introduction

Teenage pregnancy has been a focus for national policymakers since the mid-1990s. Following a sharp decline at the start of the 1990s nationally, the teenage pregnancy rate and number gradually increased from 1995 onwards. In 1999, following the increased focus on the issue, the Department of Health launched the Teenage Pregnancy Strategy, with the aim of reducing teenage conceptions in England and Wales by 50% by 2010.

In Warwickshire, the Respect Yourself Campaign (RYC) is a long-term campaign, committed to giving young people the power to confidently make positive, informed decisions about their relationships and sexual health by building their knowledge and self-esteem. RYC evolved as a response to Warwickshire's local responsibility to reduce teenage pregnancies and improve the sexual health and well-being of young people following on from both the National Strategy for Sexual Health and HIV and the Teenage Pregnancy Strategy.

It is acknowledged that teenage pregnancy is associated with deprivation, as both a cause and effect. In Warwickshire, as is the case nationally, teenage pregnancy is positively correlated with the Index of Multiple Deprivation (IMD) score. Therefore, teenage parenthood is recognised to have links with issues such as lack of continuation in education, poverty, social isolation and unemployment. Furthermore, educational attainment is reported to be lower and economic inactivity higher in children born to teenage mothers. Children of teenage mothers are also found to be more likely to become teenage parents themselves, thus potentially proliferating many of these issues for future generations.

It is widely understood that teenage conception and early motherhood can be associated with poor physical and mental health, for both mother and child. Children born to

teenage mothers are more likely to suffer negative outcomes throughout childhood and later life than children born to mothers who delayed pregnancy beyond their teenage years. Problems for teenage mothers include increased risk of mental health issues following pregnancy, and poor birth outcomes such as low birth weight babies and higher rates of neonatal mortality.

## Performance

### Conceptions

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

Warwickshire's teenage pregnancy rate has remained below the national average, although there are pockets within the county with higher than average rates. The Department of Health estimates that 75% of teenage pregnancies are unplanned; in Warwickshire, approximately 50% of such conceptions are terminated, indicating that half of teenage pregnancies in the county are unplanned or unwanted.

In 2009-2011, there were 987 under-18 conceptions in Warwickshire, a rate of 34.0 conceptions per 1,000 girls aged 15-17. This is a 6% decline on the figures for the previous 2008-2010 period when the rate was 36.0 conceptions per 1,000 and the total number of conceptions was 1,052. There has also been a 14.2% reduction on the 1998-2000 baseline rate of 42.0 conceptions per 1,000 girls aged 15-17. During the 2009-2011 period, the conception rate for Warwickshire was the same as the rate for England of 34.0 conceptions per 1,000 females aged 15-17.

Although Warwickshire has missed the 50% target set in the 1999 strategy, progress has been made in reducing numbers of teenage conceptions. There were slight reductions in each of the districts in the under-18 conception rate over the two periods, with the exception of Nuneaton & Bedworth Borough which remained the same. However, variations persist across the county, as shown in Figure 6.9.

**Figure 6.9: Under 18 conception rates in 2008-2010 and 2009-2011 and percentage change between 2008-2010 to 2009-2011.**

	2008-2010 CONCEPTION RATE	2009-2011 CONCEPTION RATE	PERCENTAGE CHANGE IN RATE 2008-2010 TO 2009-2011
North Warwickshire	47.0	42.3	-10.0%
Nuneaton & Bedworth	48.8	48.8	0.0%
Rugby	30.8	28.1	-8.8%
Stratford-on- Avon	23.7	24.3	+2.5%
Warwick	32.6	28.5	-12.6%

Source: Office for National Statistics

# Teenage Conceptions

81



## Abortion

In 2009-2010, the rate of teenage conceptions leading to abortion was 18.0 abortions per 1,000 girls aged 15-17, which is a decline on the previous period's rate of 19.3. Whilst this is in line with the national decline in the rate of teenage conceptions leading to abortion, the Warwickshire rate is higher than England equivalent (16.9 abortions per 1,000 girls aged 15-17). Variation in the proportion of conceptions leading to abortion persists within Warwickshire, as shown in Figure 6.10.

**Figure 6.10: Under 18 abortion rates in 2008-2010 and 2009-2011 in Warwickshire and percentage change between 2008-2010 to 2009-2011 and 1998-2000 baseline to 2009-2011.**

	2008-2010 ABORTION RATE	2009-2011 ABORTION RATE	PERCENTAGE CHANGE IN RATE 2008-2010 TO 2009-2011
North Warwickshire	29.0	25.1	-13.4%
Nuneaton & Bedworth	46.8	46.2	-0.6%
Rugby	15.7	14.4	-8.2%
Stratford-on-Avon	13.5	13.6	+0.7%
Warwick	18.9	16.8	-11.1%

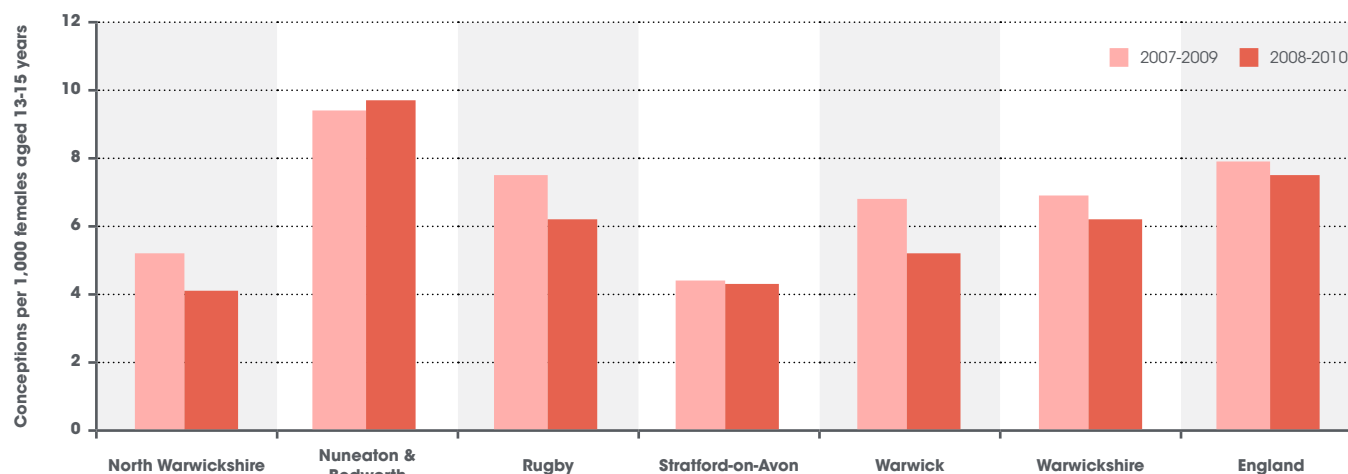
Source: Office for National Statistics

An explanation for the general decline in conceptions leading to abortion could be improved access to and uptake of sexual health services including long acting reversible contraception (LARC) and emergency hormonal contraception (EHC) medication. In 2011, the rate of under-16 conceptions in England was 6.1 conceptions per 1,000 girls aged 13-15. Of these, three in five (60%) were terminated by abortion. The under-14 conception rate for England was 1.0 conceptions per 1,000 girls aged 13, of which 63% were terminated by abortion.

The latest comparable under-16 conception data release for England and Warwickshire contains aggregated figures for 2007-2009 and 2008-2010. The figures show that the under-16 conception rate for England fell slightly from 7.9 conceptions per 1,000 of the female population aged 13-15 to 7.5 over the aggregated periods. A small change was also seen in the percentage of conceptions leading to abortion, which increased from 61.4% to 61.6%.

The under-16 conception rate for Warwickshire was lower than the national rate, at 6.9 conceptions per 1,000 of the female population aged 13-15 in 2007-2009, again decreasing to 6.2 in 2008-2010. However, variation persists within the county, as shown in Figure 6.11.

**Figure 6.11: Under 16 conception rates, 2007-2009, 2008-2010**



Source: Office for National Statistics



**CLICK ON THE INTERACTIVE MAP**  
to view the data for Warwickshire in more detail

# Teenage Conceptions

82



## Outlook

Whilst the National Teenage Pregnancy Strategy targets for 2010 have not been met in Warwickshire, progress has been made towards lowering rates of under-18 and under-16 conceptions in the county. Under-18 conception figures for 2011 show a significant reduction from 2010.

The RYC team influence all organisations that work with children, young people and families to engage with the campaign, work innovatively, use an evidence base and communicate consistent, key messages to give young people the power to confidently make positive informed decisions about their relationships and sexual health by building their knowledge and self-esteem. The RYC do the following, in order to influence teenage conception outcomes in Warwickshire:

- Commission projects using comprehensive needs analysis applying local and national data, research, guidance, evaluations and consultations that will make a difference to the lives of young people in Warwickshire;
- Offer information, support, resources and advice to all organisations working with children, young people and families relating to relationships and sexual health , as well as for individual cases, services or local areas;
- Coordinate and develop countywide sexual health training for clinical and non-clinical professionals;
- Provide up to date statistics, needs analysis and mapping of current impact, interventions and service provision;
- Hold a robust evidence base of commissioned project work including consultations and research with young people .

## Further Information

For further information on the statistics in this section contact Warwickshire's Public Health Intelligence Team via [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk)

- Teenage Pregnancy Strategy – Beyond 2010: <http://bit.ly/PUQwDU>
- Warwickshire Respect Yourself: <http://bit.ly/196IBdD>
- Teenage Pregnancy Next Steps – Every Child Matters: <http://bit.ly/13N4hce>



## Description

The World Health Organisation (WHO) regards childhood obesity as one of the most serious global public health challenges for the 21st century. Being overweight or obese can increase the risk of developing a range of other future health problems such as coronary heart disease, type 2 diabetes, some forms of cancer and the risk of stroke, all of which can reduce life expectancy. Obese children and adolescents are at an increased risk of developing such health problems, and are more likely to become obese adults. The consequences of childhood obesity are not only limited to the direct impact on health; they can also have adverse social effects through discrimination and bullying.

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. Obesity does not just happen overnight – it develops gradually from poor diet and lifestyle choices. For example, unhealthy food choices could include:

- eating processed or fast food high in fat
- not eating fruit, vegetables and unrefined carbohydrates, such as wholemeal bread and brown rice
- eating larger portions than you need
- comfort eating – if you feel depressed or have low self-esteem, you may comfort eat to make yourself feel better.

Unhealthy eating habits tend to run in families, as you can learn bad eating habits from your parents. Childhood obesity can be a strong indicator of weight-related health problems in later life, showing that learned unhealthy lifestyle choices continue into adulthood.

Defining children as overweight or obese is a complex process, given that their height and weight change at the same time. An individual's BMI is calculated by dividing their weight (expressed in kilograms) by the square of their height (expressed in metres). The method of assigning a BMI classification is different for children and adults.

## Performance

Established in 2005/6, 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 is key to improving the understanding of children who are overweight and obese. It is 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 assist families in making healthy lifestyle changes.

The latest national figures, for 2011/12, show that 19.2% of children in England in Year 6 were obese and a further 14.7% were overweight. Of children in Reception (aged 4-5), 9.5% were obese and another 13.1% were overweight. This means that nationally, almost a third of 10-11 year olds and over a fifth of 4-5 year olds were overweight or obese.

In recognition of the effect of natural year-on-year variation, confidence intervals are included around the percentages in the tables and should be considered when interpreting results. A confidence interval gives an indication of the sampling error around the estimate calculated and takes into consideration the sample sizes and the degree of variation in the data.

The NCMP measures the height and weight of around 11,000 school children in Warwickshire every year, providing a detailed picture of the prevalence of childhood obesity. According to the latest data, 7.7% of Reception age and 17.4% 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, i.e. the 95% confidence intervals for the Warwickshire data do not overlap with those for either the region or for England.

In 2011/12, Nuneaton & Bedworth Borough had the highest proportion of obese children in Warwickshire both in Reception (10.4%) and Year 6 (19.9%). However, neither of these figures was statistically different to the regional and national proportions. In contrast, the proportions of obese children in Rugby Borough and Stratford-on-Avon District are statistically significantly lower than the regional and national figures for both Reception and Year 6.

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. At a national and regional level, the proportion of obese children approximately doubles between Reception and Year 6. In 2011/12, in Warwickshire, the equivalent proportions increased by a greater extent, from 7.7% in Reception to 17.4% in Year 6.



# Childhood Obesity

84



**Figure 6.12:** Prevalence of overweight and obese children, 2011-2012

	OVERWEIGHT				OBESE				NUMBER OF PUPILS	
	RECEPTION		YEAR 6		RECEPTION		YEAR 6			
	PREVALENCE	95% CI ±	PREVALENCE	95% CI ±	PREVALENCE	95% CI ±	PREVALENCE	95% CI ±	RECEPTION	YEAR 6
North Warwickshire	12.0%	2.5%	15.6%	2.7%	8.1%	2.1%	18.7%	2.9%	651	705
Nuneaton & Bedworth	12.2%	1.7%	14.7%	2.0%	10.4%	1.6%	19.9%	2.2%	1,479	1,262
Rugby	10.7%	1.8%	13.9%	2.1%	5.7%	1.3%	16.5%	2.3%	1,152	1,030
Stratford-on-Avon	13.4%	1.9%	14.4%	2.1%	5.5%	1.3%	14.3%	2.1%	1,222	1,094
Warwick	12.5%	1.8%	12.9%	2.0%	8.0%	1.4%	17.6%	2.3%	1,349	1,093
Warwickshire	12.2%	0.8%	14.2%	1.0%	7.7%	0.7%	17.4%	1.0%	5,853	5,184
West Midlands	13.0%	0.3%	15.0%	0.3%	10.5%	0.2%	21.2%	0.3%	62,582	55,509
England	13.1%	0.1%	14.7%	0.1%	9.5%	0.1%	19.2%	0.1%	565,662	491,118

Source: The Health and Social Care Information Centre, Lifestyle Statistics / Department of Health Obesity Team NCMP Dataset. Copyright © 2012. The Health and Social Care Information Centre, Lifestyle Statistics. All Rights Reserved.

■ Statistically significantly lower than the England figure
 □ Not statistically different to the England figure
 ■ Statistically significantly higher than the England figure

# Childhood Obesity

85



Most wards in Warwickshire do not have significantly different levels of obesity prevalence among Year 6 children compared to the overall district prevalence even when three years of data are combined. However, Figure 6.13 details those wards in the county which have statistically higher or lower prevalence than the Warwickshire average. Of the eight wards with significantly higher prevalence rates, three are in North Warwickshire Borough with three in Nuneaton & Bedworth Borough. Polesworth East ward is estimated to have the highest prevalence of obesity for Year 6 aged children in the county with 26.7%. However, according to the confidence intervals, this could be as low as 19.5% or as high as 35.4%. There are only three wards with significantly lower rates, one each in Warwick District, Rugby Borough and Stratford-on-Avon District.

**Figure 6.13: Prevalence of obese Year 6 age children by ward, 2009-2010 - 2011-2012**

WARD NAME	DISTRICT	% OBESE	LOWER 95% CONFIDENCE LIMIT	UPPER 95% CONFIDENCE LIMIT
Polesworth East	North Warwickshire	26.7%	19.5%	35.4%
Water Orton	North Warwickshire	26.5%	18.8%	36.0%
Hurley & Wood End	North Warwickshire	25.2%	18.5%	33.4%
Shipston	Stratford-on-Avon	24.8%	17.6%	33.6%
Abbey	Nuneaton & Bedworth	24.1%	19.1%	30.0%
Slough	Nuneaton & Bedworth	24.1%	18.9%	30.2%
Brunswick	Warwick	23.3%	17.8%	29.8%
Kingswood	Nuneaton & Bedworth	22.7%	18.0%	28.3%
Warwick South	Warwick	11.7%	8.3%	16.2%
Avon & Swift	Rugby	10.1%	6.2%	16.0%
Harbury	Stratford-on-Avon	8.5%	4.7%	15.0%
Warwickshire	-	16.9%	16.3%	17.5%

- Statistically significantly lower than the Warwickshire figure
- Not statistically different to the Warwickshire figure
- Statistically significantly higher than the Warwickshire figure

Source: National Child Measurement Programme

## Outlook

In terms of the policy context surrounding obesity, the Government has made its intention clear that it wants to see the rising rates reversed. The Government's national obesity strategy, *'Healthy Lives, Healthy People: A call to action on obesity in England'*, which was published in October 2011, set a new target for a downward trend in excess weight for children and adults by 2020. In Warwickshire, whilst levels of childhood obesity have stabilised and stopped increasing since the start of the NCMP, they still remain a concern and we are yet to see a statistically significant decline in rates.

In April 2013, under the terms of the Health and Social Care Act 2012, upper tier and unitary authorities became responsible for improving the health of their population, when public health teams were transferred from primary care trusts to local authorities. It is anticipated that public health will now be well placed to influence some of the wider determinants of health such as transport, planning, licensing and leisure services which can, in turn, contribute to improvements in overall health.

From April 2013, local authorities are also now responsible for delivering the NCMP. Measuring the height and weight of children in reception and year 6 and the central return of that data will be a mandatory function of local authorities.

Participation rates in Warwickshire for the NCMP during the latest 2012/13 academic year reached their highest ever levels with 98.8% of eligible children in reception and 96.3% of children in year 6 being weighed and measured as part of the programme. This was against a national target of 85% in each year group. The overweight and obesity prevalence figures for 2012/13 are now being validated and will be analysed in the coming months.

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. During 2011/12, family based weight management programmes were commissioned for families with children aged 4 - 13 years. Almost 2,000 families across Warwickshire have now accessed this support. In previous years, there was no whole family support available.

# Childhood Obesity

86



## Further Information

- For further information on the statistics in this section contact the Public Health Intelligence team via [publichealthintelligence@warwickshire.nhs.uk](mailto: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/>
- The National Child Measurement Programme (NCMP) provides data for children in reception and year six down to a local level: <http://www.HSCIC.gov.uk/NCMP>
- 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>
- The Government's national obesity strategy was published in October 2011, 'Healthy Lives, Healthy People: A call to action on obesity in England'
- 'A simple guide to classifying body mass index in children' produced by the National Obesity Observatory (NOO) in June 2011: <http://bit.ly/ry147Q>



### CLICK ON THE INTERACTIVE MAP

to view child obesity data in more detail

# Births & Deaths

87



## Description

The overall quality of life in Warwickshire is influenced by many factors including the population size and changes in the population. This indicator considers the natural population changes (births and deaths) that are expected to contribute to the population increase across Warwickshire as produced by the Office for National Statistics (ONS). Data has been made available in Vital Statistics (VS) tables.

Such population increases, as well as changes through migration, will continue to challenge the existing levels of provision in terms of health, education and social services, at a time when public spending is being reduced.

## Performance

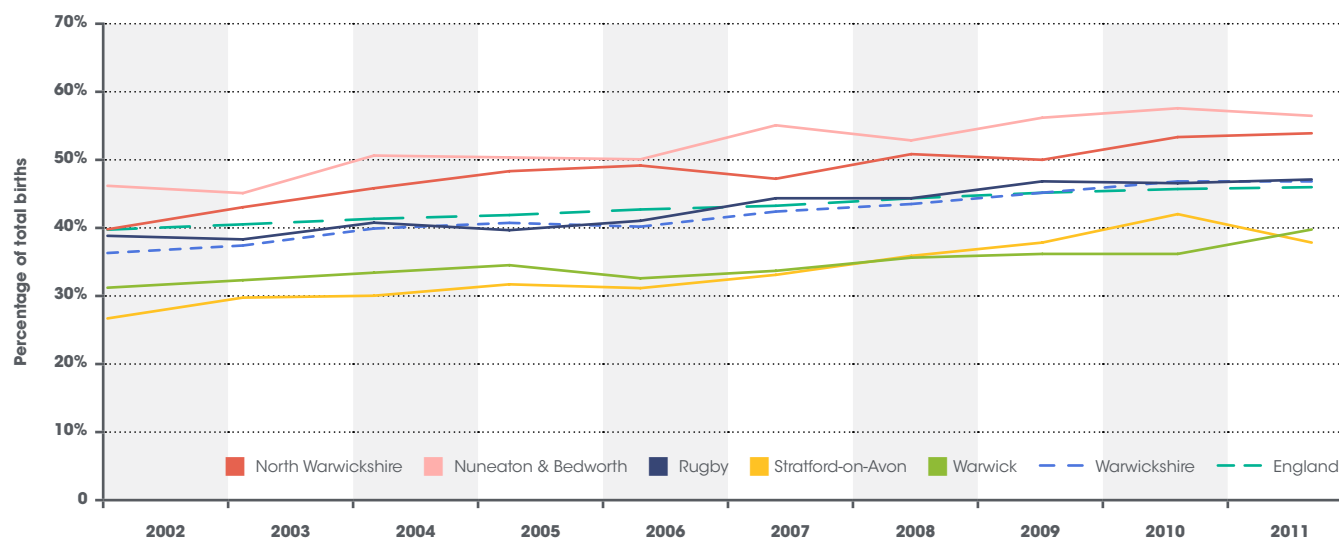
### Births

During the last ten years there has been a significant increase in the annual number of births in Warwickshire, up from 5,301 in 2002 to 6,273 in 2011, an increase of over 18%. At a district level, the largest increase has been in Rugby Borough (32%).

Interestingly, county birth totals have reduced slightly over the past year, from 6,313 in 2010 compared to 6,273 in 2011.

In common with the national picture, there has been a significant increase in the proportion of births that take place outside of marriage. Within England, the number of such births has risen from 226,000 (40.1%) in 2002, to 322,000 in 2011 or 46.6% of all births. The countywide pattern is similar in that the number of births outside of marriage has increased from 1,947 (36.7%) in 2002 to 2,978 in 2011 which is 47.3% of all births in Warwickshire.

Figure 6.14: Percentage of births outside of marriage, 2002-2011



Source: Office for National Statistics

Births outside of marriage have increased in all districts in the county with the largest percentage rise taking place in North Warwickshire Borough where rates have risen from 40.2% to 54.4%. However, both the highest numbers and highest rates of births outside of marriage occur in Nuneaton & Bedworth Borough where numbers have increased from 613 (47%) in 2002 to 938 (57%) births in 2011.

Although birth numbers have increased over the last decade, the percentage who are born in hospital has shown very little change either nationally or at a county level. At a district level, due to the smaller numbers, the picture is slightly more variable, with rates of hospital births varying between 92.6% in Rugby Borough in 2007 to 98.8% in Nuneaton & Bedworth Borough in 2002.

# Births & Deaths

88



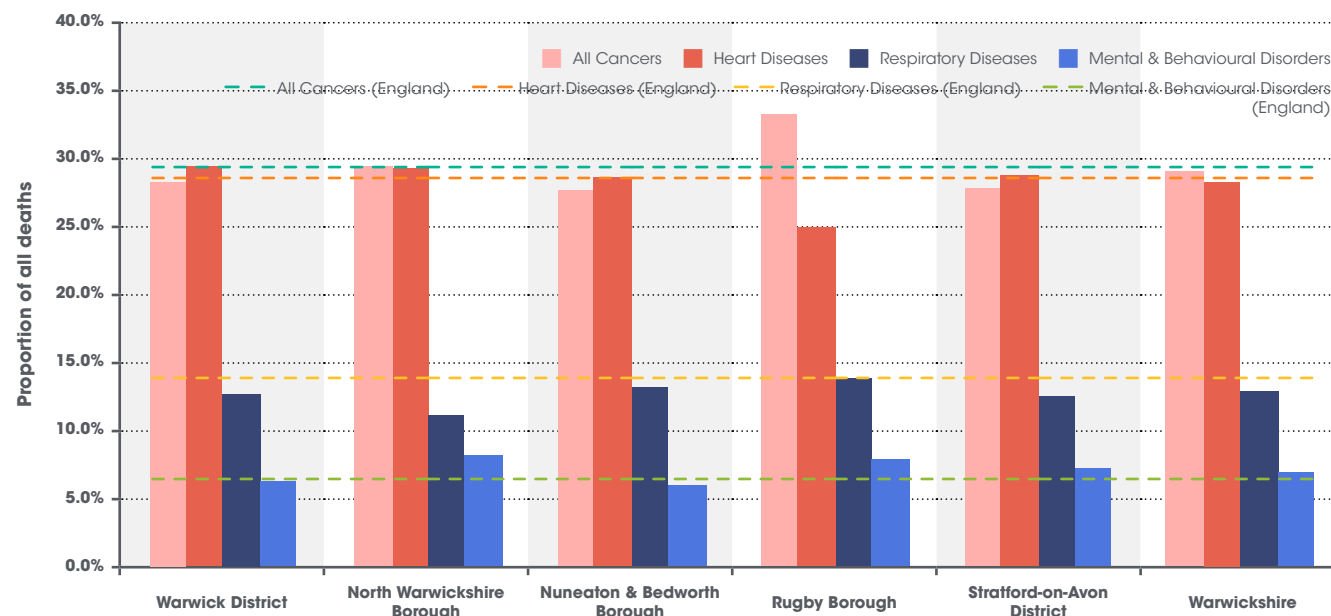
## Deaths

In 2011, a total of 4,823 deaths were recorded in Warwickshire. This represents a rise of 0.6% on the previous twelve months (4,794 recorded deaths) and a fall of nearly 7% since 2002 (5,167 recorded deaths). Conversely, in England there has been a fall of 1.8% in recorded deaths over the past year from 461,017 in 2010 to 452,862 in 2011 and by almost 10% since the 2002 total of 500,792.

In line with the national picture, the three largest causes of mortality in Warwickshire in 2011 were cancers, heart related diseases and respiratory diseases. These account for more than 70% of all deaths across Warwickshire. In the county, the two largest causes were cancers and heart related diseases which accounted for 58% of all deaths. Cancer deaths in Warwickshire (29.3%) were slightly below the national average of 29.6%. Deaths from heart disease across the county were almost the same as the England average of 28.7%.

Deaths from respiratory diseases (13%) and mental and behavioural disorders (7%) were the next two largest causes of mortality in Warwickshire. Similarly, they were also the third and fourth largest causes of deaths in England in 2011.

Figure 6.15: Main Causes of Death, 2011



Source: Office for National Statistics

The remaining 22% of deaths in Warwickshire included a wide range of causes, including diseases of the digestive system, nervous system, kidney diseases, infectious diseases (TB, HIV and intestinal diseases), diabetes and those caused by accidents.

The proportion of deaths in Warwickshire caused by cancer increased from 27% to 29% between 2010 and 2011 to match the proportion for England in 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 continue 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.



## Infant Mortality

Infant deaths which are measured as the rate per 1,000 live births are those that take place before the child reaches their first birthday.

Nationally, 130 out of every 1,000 children born in 1911 died before their first birthday. The decrease in infant deaths over the past century is due to advances in healthcare, including the control of infectious diseases via immunisation and improved public health infrastructure, as well as specific improvements in midwifery and neonatal intensive care. For the UK as a whole, infant mortality has been declining and at 4.2 per 1,000 live births in 2011 is the lowest on record and about a quarter of what it was in 1970. The rate is currently similar to the average rate of countries inside the Organisation for Economic Co-operation and Development.

In Warwickshire in the last decade, infant mortality numbers have been very low, varying between just 13 and 35 per year out of a total of around 6,000 live births. As a result, the rate per 1,000 deaths has fluctuated year on year. In 2011, the Warwickshire infant mortality rate at 4.5 per 1,000 live births was slightly above the England rate of 4.3 per 1,000 live births.

At a district/borough level, both population and infant mortality numbers are lower still, varying between 1 and 13 deaths per district per year and hence exacerbate fluctuations in the infant mortality rate.

## Outlook

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

An ageing population will bring an increase in the incidence of long term conditions which are conditions that cannot, at present, be cured but can be controlled by medication and/or other treatment or therapies. Currently, around one in three people aged over 16 live with at least one long term condition. In Warwickshire, this equates to an estimated 147,000 people. Hypertension (high blood pressure) is the most common long-term condition in Warwickshire with around 80,000 diagnosed cases. Locally, the Warwickshire Director of Public Health Annual Report (2012) addresses issues around chronic health conditions including cancers, heart and respiratory diseases to ensure that the ageing population can live longer in the best possible health.

## Further Information

- For further information on the statistics in this section contact Public Health Warwickshire via [publichealthintelligence@warwickshire.gov.uk](mailto:publichealthintelligence@warwickshire.gov.uk)
- Warwickshire's latest Annual Director of Public Health report is available to view on the Observatory blog: <http://bit.ly/19seLTj>