

# PLACE BASED NEEDS ASSESSMENT

## RUGBY RURAL SOUTH

Warwickshire Joint Strategic Needs Assessment

March 2020

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## REPORT DETAILS

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*Please note that the research for this report took place prior to the Coronavirus (COVID-19) pandemic. Although the report refers to long standing health and wellbeing issues which have and will continue to impact upon residents, we would encourage you to read them alongside the COVID-19 Health Impact Assessment which is available on the Warwickshire JSNA webpage (from July 2020). This assessment identifies key health and wellbeing indicators that have been affected by the Coronavirus outbreak.*

*The pandemic has, and will continue to have, direct and indirect impacts on individuals and communities across Warwickshire. Some who suffered from COVID-19 illness are facing a period of recovery of unknown trajectory. Many of those who lost loved ones during the pandemic are having to grieve without having been able to say goodbye, or to be close to others while they grieve. Additionally, economic and mental health impacts are already being felt as a result of the pandemic response, with these impacts disproportionately affecting people from Black, Asian and Minority Ethnic Groups and those with lower incomes, who have often been at the frontline of the response in essential worker roles. There will be wider implications too, some of these may prove positive if we can maintain at least some of the improvements in air quality from less traffic on our roads, and the connections between neighbours which strengthened in many local areas.*

*We will continue to engage with local communities and monitor needs and outcomes for the local population in order to ensure service and communities can continue to respond where needed.*

## CONTENTS

Key Messages.....	5
Recommendations .....	10
Introduction .....	11
Local Context .....	12
JSNA Geographical Area .....	12
Demographics .....	13
Population .....	13
Country of Birth and Ethnicity.....	15
Religion.....	15
Household Composition and Tenure.....	16
Mosaic Profile .....	17
Health.....	19
Birth Rate .....	19
Life Expectancy.....	20
Primary Care Data .....	21
Cancer .....	25
Mental Health.....	28
Chronic Kidney Disease.....	31
Cardiovascular disease.....	32
Osteoporosis.....	33
Emergency Hospital Admissions.....	34
Mortality .....	35
Child Health .....	35
Carers .....	36
Deprivation & Poverty.....	37
Deprivation.....	37
Child Poverty.....	39
Households in Fuel Poverty .....	40
Car Ownership .....	40
Food Poverty.....	40
Citizens Advice Data.....	41
Economy .....	43

Claimant count .....	43
Employment by business sector .....	43
Education .....	45
Early Years - Good Level of Development .....	45
Key Stage 2 - Expected Standard in Reading, Writing & Maths.....	46
Key Stage 4 - Students achieving the new Key Stage 4 measures: 9 to 5 (Strong Pass) in English & Maths .....	47
Special Educational Needs and Disabilities (SEND) .....	48
Absence .....	48
Other education data.....	49
Qualifications – Adult Population .....	49
Social Care.....	50
Adults Social Care .....	50
Children’s Social Care.....	51
Community Safety .....	53
Crime .....	53
Anti-social Behaviour .....	54
Road Safety .....	55
Environment .....	55
Air Quality .....	55
Social Isolation and Connectivity.....	56
Community assets.....	58
Community Engagement.....	58
Survey .....	2
Stakeholder Views .....	5
References.....	6

## Demographics

- Rugby Rural South has an older population than the overall Warwickshire population with higher proportions of the population in all age categories over the age of 50.
- In 2018, there was a noticeably lower proportion of residents between the ages of 20 and 44 living in the JSNA area than in Warwickshire.
- It is expected that there will be growth in the population in Rugby Rural South in the future based on the population projections available for the borough.
- In 2011, the population in the Rugby Rural South JSNA area was less diverse than the population in Rugby Borough and Warwickshire with most residents born in the UK with an ethnic group described as white.
- In 2011, there were more one-family households (71.2%) and fewer one-person households (24.2%) in the Rugby Rural South JSNA area than in Rugby Borough and Warwickshire. Of the one-person households a large proportion (56.6%) were inhabited by persons aged 65 and over.
- In 2019, mean house prices in seven of the LSOAs in Rugby Rural South were higher than in England and Warwickshire. However, in the other three LSOAs (Binley Woods South, Wolston South and Brandon & Wolston North) mean house prices were lower.
- The Mosaic profile for the area indicates that households in Rugby Rural South are generally more affluent than households in other areas of Warwickshire. Thirty-one percent of households were classified as County Living – well-off owners in rural locations enjoying the benefits of county life.

## Health

- The rate of live births to females aged 15-44 years was lower in Rugby Rural South in 2017 than the Warwickshire average and has fallen in recent years.
- In 2016-18, life expectancy at birth was higher for residents living in Rugby Rural South for both males (82.2yrs) and females (88.1yrs) compared to individuals residing in Warwickshire and England.
- Healthy life expectancy in the two MSOAs in Rugby Rural South between 2009-2013 was better than in England and in Rugby Borough.
- In 2018, around 70% of all Rugby Rural South residents were registered at one of these three general practices – Brookside Surgery, Dunchurch Surgery and Wolston Surgery.
- In 2019, the proportion of patients aged 65 or over was significantly higher than the CCG average of 14.3% at all three surgeries, and Dunchurch and Wolston Surgeries significantly higher than the England average (17.4%).
- In 2018/19, all three practices had a significantly higher number of two-week wait referrals for suspected cancer and, more specifically, suspected skin cancer. Two of the practices were significantly worse than England for prevalence of chronic kidney disease (CKD) and depression and had a significantly higher number of two-week wait referrals for suspected lower gastrointestinal cancers. There were also single practices

that were worse for the prevalence of atrial fibrillation, hypertension, asthma and osteoporosis, as well as the incidence of depression and cancer.

- In January 2019, the percentage of patients aged 65 and over with diagnosed dementia in the three general practices in the JSNA area was reported to be lower than the percentage for Coventry and Rugby CCG and England. However, stakeholders thought this to be inaccurate and questioned data quality.
- In the 5 years 2014 to 2018, the mortality rate from all causes and specific causes was generally lower than the average Warwickshire rate in Rugby Rural South and significantly lower than the Warwickshire rate for deaths from circulatory disease and respiratory disease.
- Between 2014/15 and 2018/19 the rate of emergency admissions was lower than the average for Warwickshire. This may reflect the relative affluence of the area, lower prevalence of smoking and lower proportions of admissions to local authority funded long-term institutional care.
- Conversely, emergency hospital admission rates in younger age groups in the Rugby Rural South area were higher than the Warwickshire average. Between 2014/15 and 2018/19 young people living in Rugby Rural South compared to all other JSNA geographies had the highest crude rate of:
  - Emergency admissions in 0-4 year olds (139.4 per 1,000 compared to 106.4 per 1,000 in Warwickshire)
  - Emergency admissions for injury in 0-4 year olds (212.5 per 10,000 compared to 129.2 per 10,000 in Warwickshire)
  - Emergency admissions for injury in 0-14 year olds (143.0 per 10,000 compared to 99.3 per 10,000 in Warwickshire)
- Between 2015-17, 6.8% of live births to mothers in Rugby Rural South were babies classed as having a low birth weight.
- Between 2015-17, fewer than 5 births were to mothers under 18 (Warwickshire 0.7%) and 1.4% were to mothers under 20 years of age (Warwickshire 3.2%).
- Data from the National Child Measurement Programme (NCMP) found that, for the four-year period between 2014/15 and 2017/18, 11.6% of children living in Rugby Rural South who were in the reception year were overweight and 8.8% were very overweight. During the same period 14.4% of children in year 6 were overweight and 13.2% were very overweight.
- In 2011, 12.4% of the population in Rugby Rural South provided some unpaid care – the 3rd highest of all the JSNA areas.

## Deprivation

- Unlike most JSNA areas in Warwickshire there are no LSOAs in Rugby Rural South in the most deprived 50% of LSOAs in England. The majority of LSOAs in the JSNA area are in the 20% least deprived LSOAs in England (IMD 2019).
- In 2016, within Rugby Rural South there were two LSOAs that had a higher proportion of children living in low income families than the Warwickshire average; Ryton on Dunsmore (21.7%) and Wolston South (15.8%).
- In 2017, in Rugby Rural South, 9.2% of households were categorised as fuel poor. The LSOAs of Princethorpe, Marton, Frankton, Bourton & Draycote (10.4%) and Binley

Woods North (10.8%) had a slightly higher proportion of households in fuel poverty than the borough average.

- In 2011, households in Rugby Rural South were more likely to own a car than households in any of the other JSNA areas.

## Economy

- Claimants from the Rugby Rural South JSNA area were responsible for under 2% of claimants in Warwickshire in July 2019 and the proportion of 16-64 year olds claiming benefit (1.3%) was lower than the borough (2.3%) and county (2.0%) average.
- In 2018, the sector employing the most people in Rugby Rural South was the transport and storage (including postal) sector (18.8%) followed by the accommodation and food services sector (13.8%) and the education sector (13.5%).
- In 2011, the highest proportion of residents in Rugby Rural South were employed in 'Professional Occupations' (20.9%) followed by 'Managers, Directors & Senior Officials' (15.1%). Residents were less likely to work in lower paid roles than their Borough or County counterparts.

## Education

- Between 2016 and 2019, the percentage of 4-5 year olds living in Rugby Rural South achieving a good level of development (GLD) at the end of reception year was similar to those living in Warwickshire and Rugby Borough.
- In 2019, a higher proportion of 10-11 year olds in Rugby Rural South (74.4%) achieved the expected standard in reading, writing and maths at the end of KS2 than those living in Rugby Borough (67.7%) and Warwickshire (65.4%).
- In 2019, the proportion of 15-16 year olds achieving a strong pass (9 to 5) in English and maths (70.6%) was higher in Rugby Rural South than in Rugby Borough (58.5%) and in Warwickshire (55.4%).
- In 2018/19, 9.1% of school pupils residing in Rugby Rural South were persistently absent, lower than the proportion in Rugby Borough (10.5%) and Warwickshire (10.1%). However, the LSOAs of Ryton on Dunsmore (20%) and Wolston South (17%) both had one of the highest absenteeism levels in Warwickshire.
- In October 2019, there were a lower proportion of children registered as eligible and claiming for a free school meal in Rugby Rural South (6.5%) than in Rugby Borough (14.3%) and in Warwickshire (12.7%).
- In 2011, the LSOAs of Ryton on Dunsmore, Wolston South and Binley Woods South had higher proportions of residents with no qualifications than the Warwickshire average.

## Social Care

- In 2018/19, 1.4% of the adult population in Rugby Rural South were active users of social care, lower than the proportion in Rugby Borough (1.9%) and Warwickshire (2.1%), and the lowest of all the JSNA areas.
- At 31st March 2019, the rate of Children in Care in Rugby Rural South was 23 per 10,000 child population, the second lowest rate of the 22 JSNA areas.
- On 31<sup>st</sup> March 2019, there were 38 Children in Need known to reside in Rugby Rural South, a rate of 125.0 children per 10,000 population aged 0-17; this was the lowest rate of all the JSNA areas.
- Between 1st September 2014 and 31st October 2019 there were 85 priority families identified in the Rugby Rural South JSNA area; 1.6% of all priority families in Warwickshire and a rate of 5.4 per 1,000 population, the second lowest rate of the 22 JSNA areas.

## Community Safety

- The crime rate between September 2018 to August 2019 in Rugby Rural South was 48.5 per 1,000 population; considerably lower than the borough and county rates of 73.6 and 73.4 per 1,000 respectively. Compared to other JSNA areas Rugby Rural South is a relatively low crime rate area.
- The LSOAs of Ryton on Dunsmore and Dunchurch saw the highest rates and volumes of offences during the 12-month period.
- Between September 2018 to August 2019, 189 anti-social behaviour incidents were recorded across Rugby Rural South (12.1 per 1,000 population); below the borough rate of 22.2 per 1,000, and the county rate of 22.8 per 1,000.

## Environment

- One monitoring site within the Rugby Rural South JSNA boundary – kerbside Dun Cow, Dunchurch Square – has exceeded the European Commission air quality standard objectives of 40µg/m<sup>3</sup> nitrogen dioxide every year between 2012 and 2018. Kerbside Oxford Road, Ryton Belvedere has also remained over 30µg/m<sup>3</sup> each year.

## Social Isolation and Access to Services

- There are areas in Rugby Rural South that are in the more deprived deciles in the barriers to housing and services domain – Leam Valley LSOA (10% most deprived); Princethorpe, Marton, Frankton, Bourton & Draycote (10% most deprived); and Thurlaston (30% most deprived).
- A needs assessment in 2015 found that up to 18% of households in the Dunsmore Ward and Wolston and the Lawfords Ward were at risk of loneliness and social isolation.



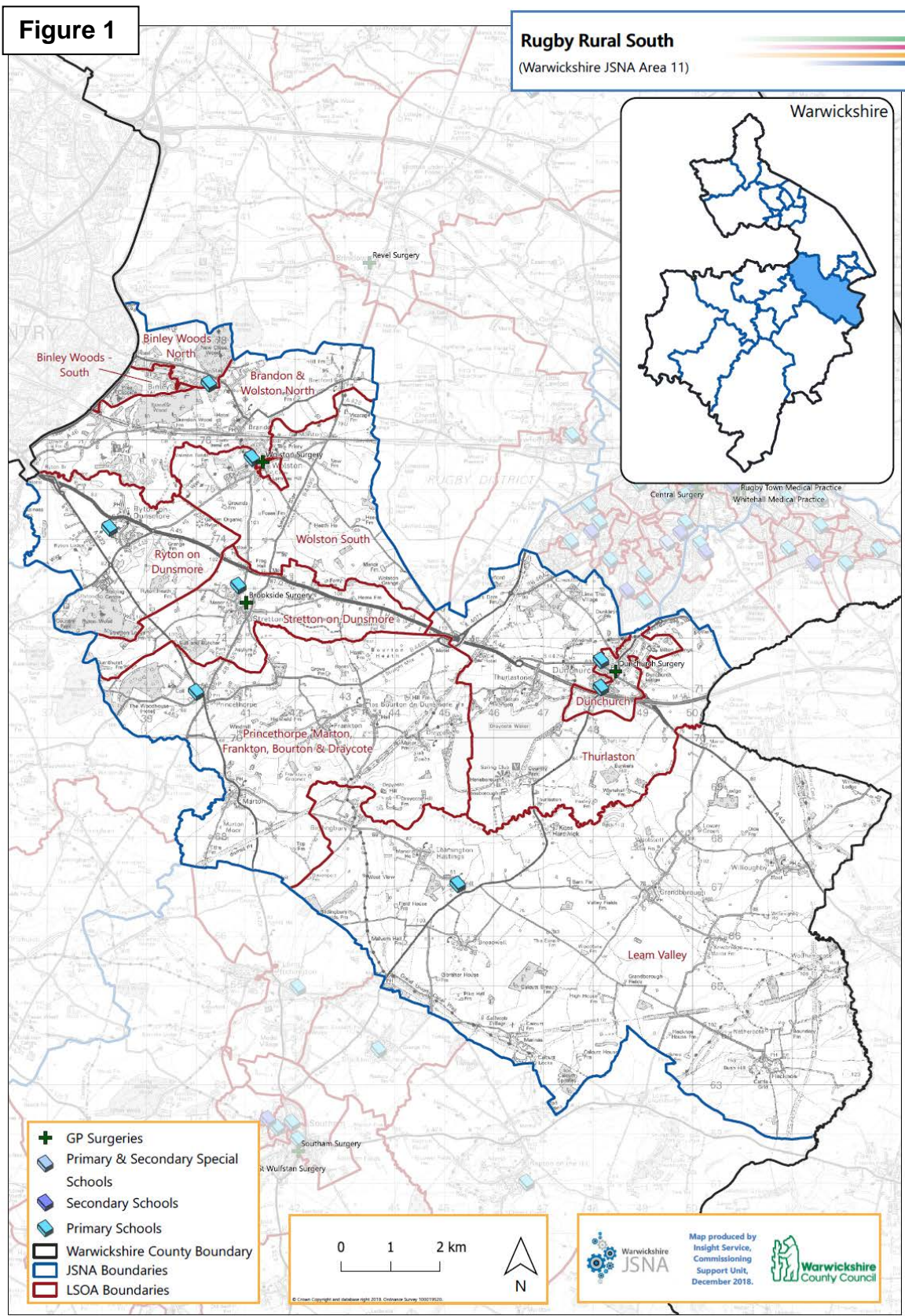
- Availability of good quality/high speed broadband in the area was seen as an issue by stakeholders. This can impact on access to services that are increasingly digital.
- Although superfast broadband is already available to a large proportion of properties in Rugby Rural South, in Thurlaston LSOA almost one-third of properties are awaiting funding for this initiative.

### Stakeholder Views

- Professionals working in the JSNA area mentioned mental health and wellbeing as a key priority area across all age groups.
- Lack of funding and was lack of knowledge were selected by professionals as potential barriers to improve health and wellbeing.
- The top issues selected by residents as priorities for health and wellbeing in the local area included access to health services, parks and green spaces, and access to transport.
- The most frequently mentioned things that residents thought could be improved in the local area to improve health and wellbeing were:
  - Public transport / traffic improvements / road(side) maintenance
  - Improvements to and increased number of local community facilities /amenities /venues
  - Information/promotion of local activities which support health and wellbeing
  - Access to health services (GP, dentist etc.)
  - Opportunities for physical activities
  - Crime/community safety
- Key areas that emerged from the stakeholder event were:
  - Increasing population around impacting on the infrastructure and demand for health services. Need to incorporate a consideration on health and wellbeing in planning.
  - Transport issues particularly for older and younger residents with potential for exclusion due to lack of transport.
  - A general lack of services for early years, children and young people outside of the main towns.
  - The high number of informal carers and difficulties of supply of community care.
  - Access to mental health services was raised as a particular issue with lengthy waiting times experienced for some services.
  - Lots of transient workers living in the area who don't have any links and aren't invested in the area.
  - Road safety as a barrier for leisure activities such as cycling

## RECOMMENDATIONS

1. Improve healthy lifestyles by promoting initiatives and services to increase physical activity levels, healthy diets, stop smoking, and reduce alcohol intake. These actions will help reduce the risk of obesity, diabetes, cardiovascular diseases, asthma, osteoporosis, and some cancers.
2. Increase proactive identification and management of hypertension and atrial fibrillation to reduce risk of strokes and heart failure.
3. Promote healthy ageing, including bone health, healthy diets and physical activity and early identification of risks (including signs of cancer) in working age and older adults.
4. Explore dementia data and promote the benefits of early diagnosis of dementia and ensure people living with dementia and their carers can access support services.
5. Promote positive mental health and wellbeing across the life-course and improve support available for people facing mental health challenges, particularly during significant life events such as facing financial difficulties or loneliness and social isolation.
6. Work with partners within health, schools and community settings to improve mental health among children and young people.
7. Explore opportunities to strengthen prevention of accidents and injuries among children and young people. This will include further understanding the reasons behind the high attendance rate at accident and emergency and the emergency admission rate for children in this area.
8. Increase social connections and volunteering opportunities across all age groups to tackle social and rural isolation. Opportunities for social interaction should be focused on those with limited access to transport, limited incomes, those who are caring for others and those living with long-term health conditions
9. Explore the needs of the Gypsy and Traveller community and ensure they have access to services.
10. Ensure the extra demand on the infrastructure of the area and on health and care services are considered when new housing developments are planned. An increasing and changing population should be considered when developing services, as should integration into existing populations.
11. Increase options for public transport to access health services and local amenities. Encourage active transport by ensuring paths, cycleways and roads are safe and maintained.



## LOCAL CONTEXT

### JSNA GEOGRAPHICAL AREA

The Rugby Rural South JSNA area is in Rugby Borough in Warwickshire. Within the geography are 10 Lower Super Output Areas (LSOAs) (Figure 1). The area has no main towns but incorporates the larger villages of Binley Woods, Dunchurch and Wolston along with the smaller villages of Birdingbury, Bourton on Dunsmore, Brandon, Broadwell, Flecknoe, Frankton, Grandborough, Leamington Hastings, Marton, Princethorpe, Ryton on Dunsmore, Stretton on Dunsmore, Thurlaston and Willoughby; and the hamlets of Bretford, Draycote, Kites Hardwick and Nethercote, Sawbridge and Woolscott. The JSNA area borders both Coventry at the north western end and Northampton at the south eastern end.

The main road links in the area include the M45/A45 (Coventry/London Road), the A46 (Stonebridge Highway), the A423, the A428, the B4455 (Fosse Way) and the B4453 (Straight Mile). The Coventry to Rugby railway line runs through the north of the JSNA area but there are no stations within the area. In addition, the Grand Union Canal and the Oxford Canal run through the JSNA area.

There are a number of outdoor attractions in the Rugby Rural South JSNA area including Draycote Water (Severn Trent), Ryton Pools County Park (Warwickshire County Council), Brandon Marsh Nature Reserve (Warwickshire Wildlife Trust), Brandon Wood (Woodland Trust) and Ryton Organic Gardens (Coventry University).

Within the Rugby Rural South JSNA area there are eight schools in the primary phase (Figures 1 & 2) and Princethorpe College; a co-educational 11-18 independent Catholic day school with around 900 students, 200 of whom are in the Sixth Form. There are also three general practice surgeries – Brookside Surgery, Dunchurch Surgery and Wolston Surgery.

**Figure 2: Schools located within the Rugby Rural South JSNA area**

School name	Type	Phase
Binley Woods Primary School	Primary	Primary
Dunchurch Infant School and Nursery	Infant	Primary
Dunchurch Boughton C. of E. (Voluntary Aided) Junior School	Junior	Primary
Knightlow C. of E. Primary School	Primary	Primary
Leamington Hastings Church of England Academy	Infant	Primary
Our Lady's Catholic Primary School, Princethorpe	Primary	Primary
Provost Williams C. of E. Primary School	Primary	Primary
Wolston St Margaret's C. of E. Primary School	Primary	Primary

Also located within the Rugby Rural South JSNA area are a number of gypsy and traveller sites. In the Ryton-on-Dunsmore LSOA is Woodside Caravan Park gypsy and traveller site part managed by Rugby County Council. The council owns 19 of the plots on the site where there is a mixed age community from infants to pensioners. There are also a couple of smaller sites located on Oxford Road in the Ryton-on-Dunsmore LSOA and a larger site situated in Brandon Lane in the Brandon & Wolston North LSOA. In January 2020, there were 123 caravans (both static and touring) based across six sites in the JSNA area.

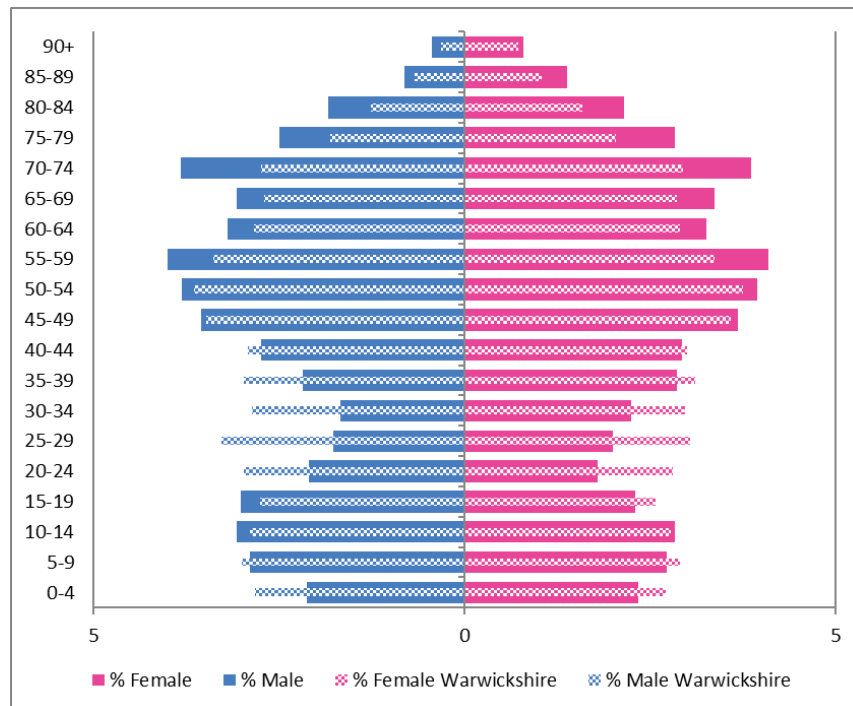
Where available, data is presented throughout this document for the JSNA area, or at LSOA level. Not all data is available at all geographies but is presented at as low a level as possible. It must also be noted that time periods vary as the data has been collated from a wide range of sources – where possible the latest data is presented (at January 2020). There is a [glossary document](#) to support this report. This contains definitions of potentially unfamiliar terms.

## DEMOGRAPHICS

### POPULATION

In mid-2018, the population of the Rugby Rural South JSNA area was estimated to be 15,704, with 7,644 males and 8,060 females<sup>1</sup>. Rugby Rural South has an older population than the overall Warwickshire population with higher proportions of the population in all age categories over the age of 50 (Figure 3). In terms of age groups, 27% of the population in the JSNA area were 65 or over (compared to 20.7% in Warwickshire and 19.0% in Rugby Borough) and 3.4% were aged 85 and over (compared to 2.8% in Warwickshire and 2.6% in Rugby Borough). In contrast, only 56% of the population were of working age compared to 61% in Warwickshire and Rugby Borough. There was a noticeably lower proportion of residents between the ages of 20 and 44 living in the JSNA area than in Warwickshire.

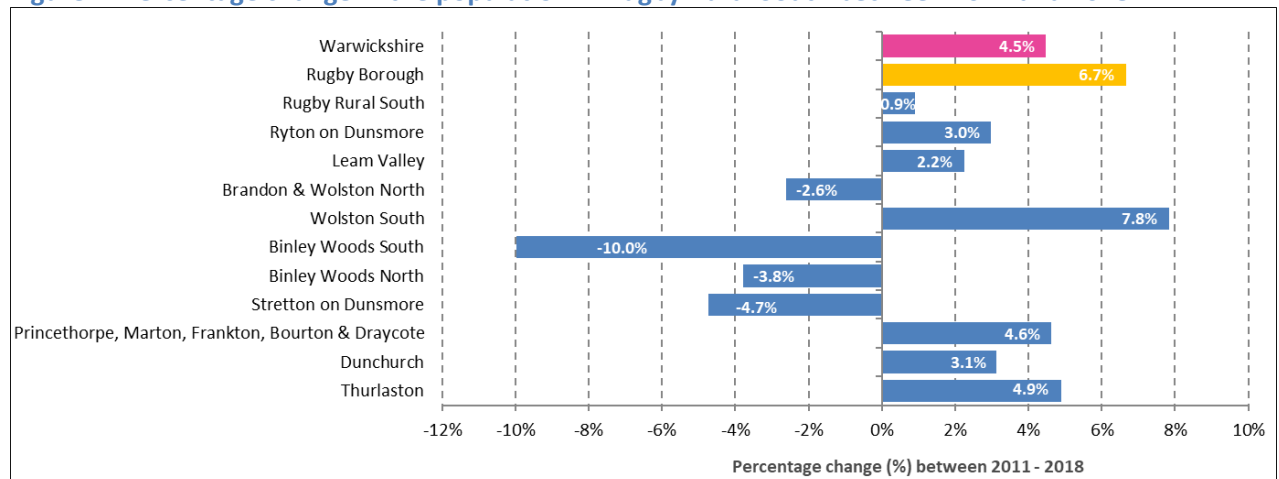
**Figure 3: Population Distribution – Rugby Rural South & Warwickshire (mid-2018)**



Source: ONS (2019) mid-2018 population estimates

There was an estimated increase of 141 persons (0.9%) in Rugby Rural South between 2011 and 2018<sup>2</sup>. This small increase is much lower than that experienced in Rugby Borough (6.7% increase) and Warwickshire (4.5% increase). However, looking at a LSOA level, there were LSOAs in Rugby Rural South that experienced more growth. For example, Wolston South LSOA experienced 7.8% growth, whilst Binley Woods South experienced -10.0% growth (Figure 4).

**Figure 4: Percentage change in the population in Rugby Rural South between 2011 and 2018**



Source: ONS mid-year population estimates

Despite the small increase in the population between 2011 and 2018, it is expected that there will be more growth in the population in Rugby Rural South in the future based on the population projections available for the borough<sup>3</sup>. Population projections for Rugby Borough

suggest a 14.3% increase in the population between 2016 and 2041 – the greatest percentage increases are in the 65 and over age group (50% increase), particularly the very elderly (a 171% increase in the 90+ age category). The latter could result in greater health and social care pressures. The population aged 20-64 years is expected to grow by 5.4% and the 0-19 age group by 7.0% during this time period so the age structure of the JSNA’s population is unlikely to change.

## COUNTRY OF BIRTH AND ETHNICITY

In 2011, the population in the Rugby Rural South JSNA area was less diverse than the population in Rugby Borough and Warwickshire. The JSNA area had a lower proportion of its population who were born outside the UK than in both Rugby Borough and Warwickshire (Figure 5)<sup>4</sup>. The difference was mainly in the percentage of individuals who were born in EU countries not including the UK and the Middle East and Asia. Of the residents born in EU countries other than the UK, the highest proportion (25.5%) were born in Germany.

**Figure 5: Birthplaces of residents in Rugby Rural South, Rugby Borough and Warwickshire (2011)**

	United Kingdom		EU countries (not incl. UK)		Africa		Middle East & Asia		Other	
	n	%	n	%	n	%	n	%	n	%
<b>Rugby Rural South</b>	14,677	<b>94.4</b>	263	<b>1.7</b>	167	<b>1.1</b>	189	<b>1.2</b>	115	<b>0.7</b>
<b>Rugby Borough</b>	88,393	<b>88.3</b>	4,801	<b>4.8</b>	1,942	<b>1.9</b>	2,754	<b>2.6</b>	1078	<b>0.4</b>
<b>Warwickshire</b>	500,118	<b>91.7</b>	15,565	<b>3.9</b>	6,032	<b>1.1</b>	13811	<b>2.5</b>	4,497	<b>0.4</b>
<b>England</b>		<b>86.2</b>		<b>5.1</b>		<b>2.4</b>		<b>4.8</b>		<b>1.6</b>

Source: Table QS 203 EW, Census 2011, ONS Crown Copyright Reserved, 2011

In 2011, Rugby Rural South had a higher proportion of the population whose ethnic group was described as White (95.7%) than in Rugby Borough (90.5%), Warwickshire (92.7%) and England (85.4%)<sup>5</sup>. In addition, 98.3% of the population aged 3 years and over spoke English as their first language. This compared to 93.3% of residents in Rugby Borough and 95.7% in Warwickshire.

## RELIGION

Figure 6 shows that in 2011 there were more individuals who stated their religion to be Christian in Rugby Rural South (70.6%) than in Rugby Borough (63.7%), Warwickshire (64.5%) and England (59.4%)<sup>6</sup>. Fewer individuals said they had no religion (19.5%).

**Figure 6: Percentage of religions of residents in Rugby Rural South (2011)**

	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Other religion	No religion	Religion not stated
<b>Rugby Rural South</b>	70.6	0.3	0.8	0.1	0.4	1.0	0.4	19.5	6.9
<b>Rugby Borough</b>	63.7	0.4	2.3	0.1	1.2	0.8	0.4	24.3	6.8
<b>Warwickshire</b>	64.5	0.3	1.0	0.1	1.1	1.7	0.4	24.1	6.8
<b>England</b>	59.4	0.5	1.5	0.5	5.0	0.8	0.4	24.7	7.2

Source: Census 2011, ONS Crown Copyright Reserved, 2011, Table QS210EW

## HOUSEHOLD COMPOSITION AND TENURE

In 2011 there were more one-family households (71.2%) and fewer one-person households (24.2%) in the Rugby Rural South JSNA area than in Rugby Borough (65.7% and 28.1% respectively) and Warwickshire (64.9% and 29.0% respectively)<sup>7</sup>. Of the one-person households, a larger proportion (56.6%) were inhabited by persons aged 65 and over than in Rugby Borough (42.3%) and Warwickshire (43.6%) reflecting the older population of the JSNA area. In addition, more people owned their own home and fewer people rented (both social and private) in Rugby Rural South than in Rugby Borough, Warwickshire and England (Figure 7).

**Figure 7: Tenure of Residents in Rugby Rural South (2011)**

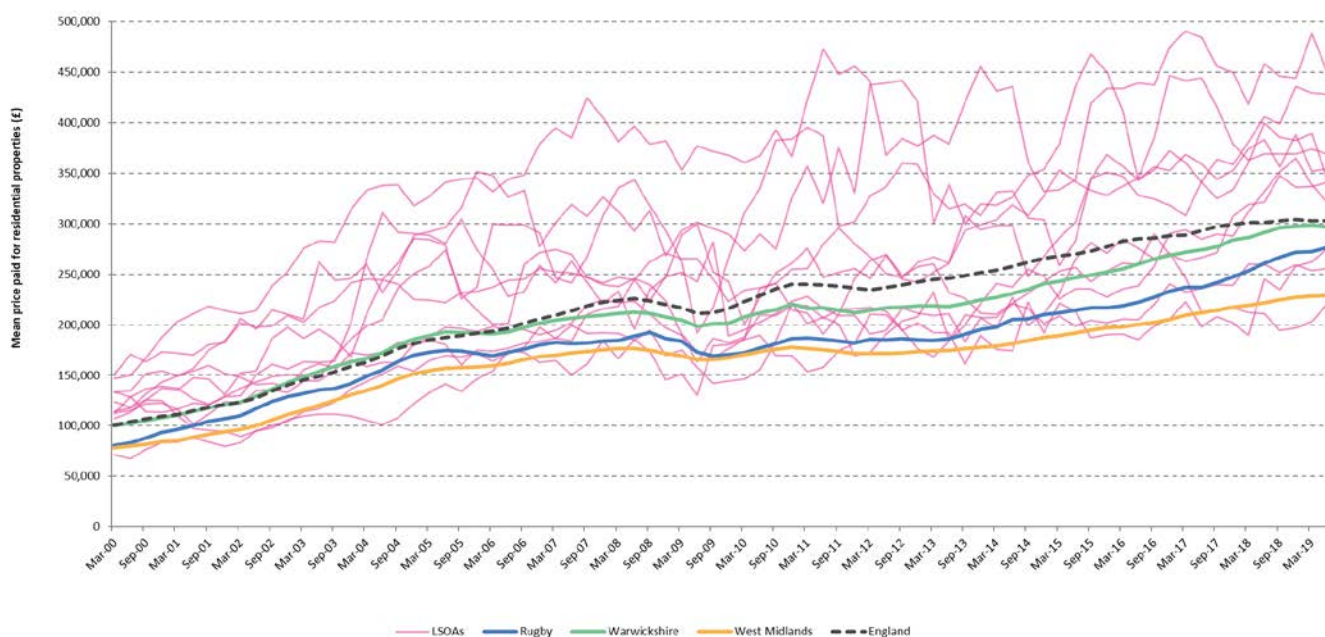
	Owned (%)	Part owned/ part rented (%)	Social rented (%)	Private rented (%)	Living rent free (%)
<b>Rugby Rural South</b>	81.7	0.7	8.6	7.7	1.2
<b>Rugby Borough</b>	69.5	1.0	14.3	14.1	1.2
<b>Warwickshire</b>	70.0	0.8	13.8	14.1	1.2
<b>England</b>	64.8	0.7	16.5	16.9	1.1

Source: Census 2011, ONS Crown Copyright Reserved, Table QS403EW

The mean house price paid for residential properties in seven of the LSOAs in Rugby Rural South has been above the mean price in England, Warwickshire and Rugby since March 2018 (Figure 8)<sup>8</sup>. These seven areas were: Thurlaston (£369,222); Dunchurch (£428,182); Princethorpe, Marton, Frankton, Bourton & Draycote (£354,781); Stretton on Dunsmore (£344,900); Binley Woods North (£341,154); Leam Valley (£451,273) and Ryton on Dunsmore (£321,502). For comparison, the Rugby Borough average was £276,638 and Warwickshire average was £297,007. In the remaining LSOAs – Binley Woods South, Wolston South and Brandon & Wolston North – the mean prices paid for residential properties has been lower than the mean price paid for residential properties in England, Warwickshire and Rugby. In particular, in Wolston South (£220,289) was below the mean price paid in the West Midlands in June 2019.



Figure 8: Mean house prices paid for residential property, 2000-2019



## MOSAIC PROFILE

Mosaic is a profiling tool which uses a wide range of data to allocate households into similar groups and types based on likely common characteristics. Figures 9 and 10 show the Mosaic profile of households in Rugby Rural South compared to the Rugby Borough and county equivalents. The Mosaic groups making up over 10% of the households are highlighted in bold; 93% of households in Rugby Rural South are allocated to one of seven groups<sup>9</sup>:

- **Country Living** (30.7%) - Well-off owners in rural locations enjoying the benefits of country life. Key characteristics of these households include detached homes, higher self-employment, high car ownership, and high use of Internet.
- **Rural Reality** (18.7%) - Householders living in less expensive homes in village communities. Key characteristics of these households include agricultural employment, mostly homeowners, affordable value homes, and slow Internet speeds.
- **Prestige Positions** (13.8%) - Established families in large detached homes living upmarket lifestyles. Key characteristics of these households include married couples, managerial and senior positions, supporting students and older children, high assets and investments, and online shopping and banking.
- **Senior Security** (8.9%) - Elderly people (singles and couples) with assets who are enjoying a comfortable retirement. Key characteristics of these households include owners of comfortable homes, additional pensions above state, don't like new technology and low mileage drivers.

- Aspiring Homemakers (7.7%) - Younger households settling down in housing priced within their means. Key characteristics of these households include full-time employment, private suburbs, starter salaries and buy and sell on eBay.
- Suburban Stability (7.0%) - Mature suburban owners living settled lives in mid-range housing. Key characteristics of these households include older families, some adult children at home, 3 bedrooms, have lived at the same address for some years and research on Internet.
- Domestic Success (6.5%) - Thriving families who are busy bringing up children and following careers. Key characteristics of these households include upmarket suburban homes owned with a mortgage, 3 or 4 bedrooms, high Internet use and own new technology.

Three of the Mosaic groups (**highlighted** in Figure 9) are over-represented when compared with the district and county profile. The seven groups mentioned above are in the top half of the table which are the more affluent groups.

**Figure 9: Mosaic Profile of Households in Rugby Rural South, Rugby Borough and Warwickshire**

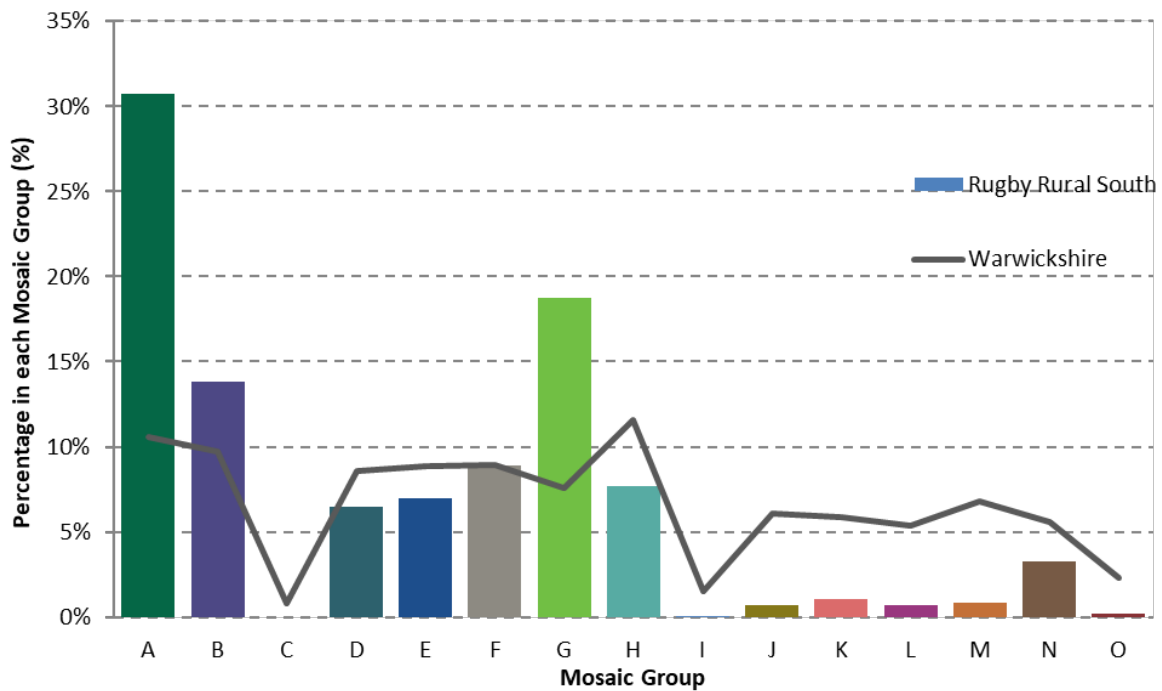
MOSAIC GROUP	RUGBY RURAL SOUTH	RUGBY	WARWICKSHIRE
<b>A</b> COUNTRY LIVING	<b>30.7%</b>	8.9%	<b>10.6%</b>
<b>B</b> PRESTIGE POSITIONS	<b>13.8%</b>	7.5%	<b>9.7%</b>
<b>C</b> CITY PROSPERITY	0.0%	0.1%	0.8%
<b>D</b> DOMESTIC SUCCESS	6.5%	9.2%	8.6%
<b>E</b> SUBURBAN STABILITY	7.0%	<b>10.1%</b>	8.8%
<b>F</b> SENIOR SECURITY	8.9%	9.5%	8.9%
<b>G</b> RURAL REALITY	<b>18.7%</b>	5.5%	7.6%
<b>H</b> ASPIRING HOMEMAKERS	7.7%	<b>14.7%</b>	<b>11.6%</b>
<b>I</b> URBAN COHESION	0.0%	0.7%	1.5%
<b>J</b> RENTAL HUBS	0.7%	3.5%	6.1%
<b>K</b> MODEST TRADITIONS	1.1%	5.2%	5.8%
<b>L</b> TRANSIENT RENTERS	0.7%	<b>10.3%</b>	5.3%
<b>M</b> FAMILY BASICS	0.8%	6.8%	6.8%
<b>N</b> VINTAGE VALUE	3.3%	5.6%	5.5%
<b>O</b> MUNICIPAL TENANTS	0.2%	2.4%	2.3%

Source: Experian, Mosaic Public Sector 2018

Within Rugby Rural South, a number of lower super output areas (LSOAs) have particularly higher proportions of:

- Country Living – Leam Valley (89.3%); Princethorpe, Marton, Frankton, Bourton & Draycote (75.0%); Stretton on Dunsmore (50.9%).
- Prestige Positions – Dunchurch (33.4%)
- Suburban Stability – Binley Woods South (32.9%)
- Rural Reality – Stretton on Dunsmore (36.3%); Ryton on Dunsmore (32.5%)

Figure 10: Mosaic Profile of Households in Rugby Rural South and Warwickshire



Source: Experian, Mosaic Public Sector 2018

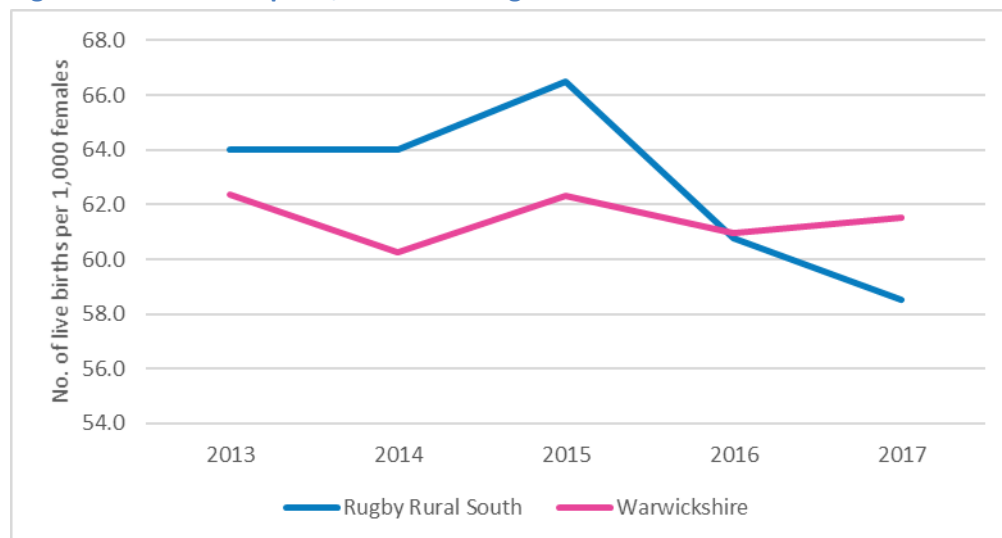
## HEALTH

This section presents data on the health of the population of the Rugby Rural South JSNA area. There are numerous health-related measures that have been considered. The measures reported in detail are those where performance is significantly worse than England or the Coventry and Rugby Clinical Commissioning Group (CCG).

## BIRTH RATE

The rate of live births to females aged 15-44 years was lower in Rugby Rural South in 2017 than the Warwickshire average; 58.5 per 1,000 females aged 15-44 compared to 61.5 per 1,000 in Warwickshire (Figure 11)<sup>10</sup>. In 2017, there were 130 live births in Rugby Rural South, 2.9% of all live births in Warwickshire. There has been a downward trend in rate of live births since 2015 when there were 187 live births (66.5 per 1,000).

Figure 11: Live Births per 1,000 females aged 15-44



Source: ONS Mid-2017 Population Estimates and Public Health Birth Files ((Copyright © 2019, re-used with the permission of NHS Digital. All right reserved)

## LIFE EXPECTANCY

In the period 2016-2018, life expectancy at birth for males residing in Rugby Rural South was estimated to be 82.2 years (95% CI, 80.7-83.7) and for females 88.1 years (95% CI, 86.6-89.5) (compared to 79.9 and 83.7 years in Warwickshire)<sup>11</sup>. In 2016-18, females born in the JSNA area had the longest life expectancy of females in all the JSNA areas and could expect to live over four years more than the average female Warwickshire resident. Males born in the JSNA area could expect to live around two years longer than the average Warwickshire male.

Although life expectancy has generally been increasing, there is growing evidence that much of the additional time is spent in poor health. Healthy life expectancy data is not available at a LSOA level. Data available at a middle super output area (MSOA) level for 2009-13 indicates healthy life expectancy in the two MSOAs in Rugby Rural South were better than in England and in Rugby Borough. In 2009-13, in the MSOA known as Earl Craven, Wolston & Ryton-on-Dunsmore healthy life expectancy was 67.5 in males and 68.0 in females. In the MSOA known as Dunchurch, Knightlow & Leam Valley healthy life expectancy was 71.5 in males and 70.5 in females. The equivalent in England was 63.5 in males and 64.8 in females. Years spent in poor health impact on families and workplaces and increase pressure on health and social care services.

## PRIMARY CARE DATA

Health data is collected at a primary and secondary care level. For the data collected at primary care (general practice) level, because all residents in Rugby Rural South are not registered at the same practice, a methodology was developed that gives an indication of the health of residents living in Rugby Rural South. If 25% or more of the registered population of a general practice lived within the Rugby Rural South JSNA boundary, or a practice had more than 2,000 registered patients living in the JSNA area, then this general practice is included in the analysis. Using this method, data for three general practices are reported for Rugby Rural South (Figure 12).

**Figure 12: General Practices with 25%+ of the registered population residing in Rugby Rural South**

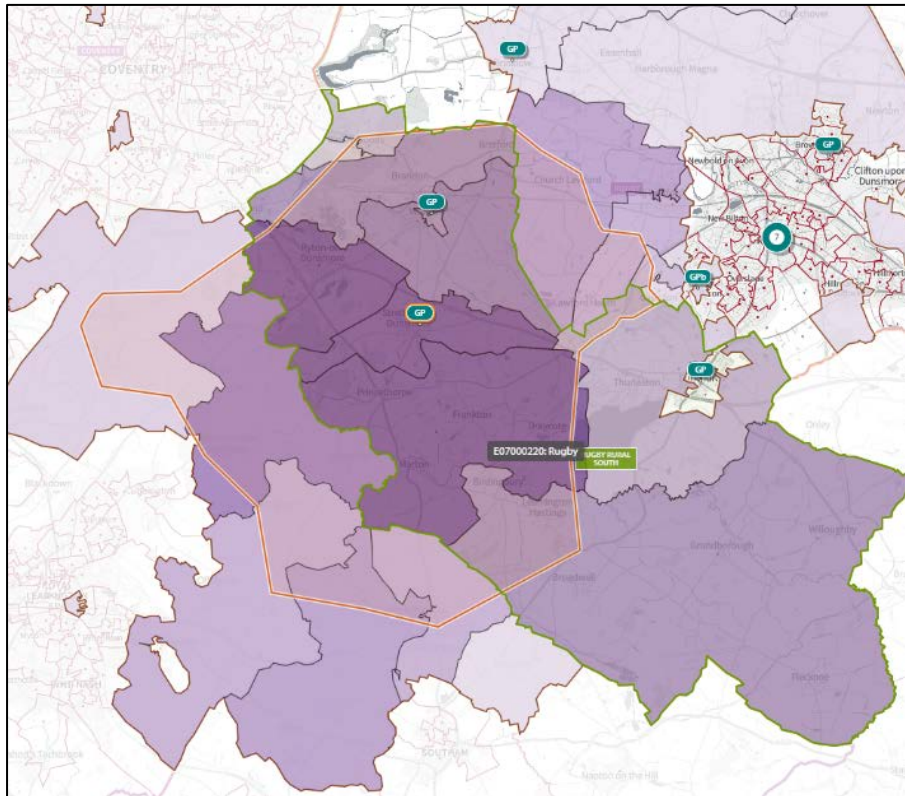
Practice code	Practice Name	Number of registered patients living in Rugby Rural South	Total number of registered patients at practice	% of surgery population living in Rugby Rural South
M84616	Brookside Surgery, Stretton on Dunsmore	3,510	3,976	88.3%
M84046	Dunchurch Surgery, Dunsmore Heath	4,253	7,719	55.1%
M84016	Wolston Surgery, Wolston	4,012	4,480	89.6%

Source: NHS Digital, Patients Registered at a GP Practice, April 2018

Around 70% of all Rugby Rural South residents were registered at one of these three general practices in 2018. Figures 13 to 15 show the contractual boundary for each of the three GP practices (in orange). The purple shading shows the number of patients registered with each practice for each LSOA – the darker the shading the greater the number. The green line is the Rugby Rural South Boundary. For Brookside Surgery the highest proportion of patients reside in the LSOAs of Ryton-on-Dunsmore; Stretton-on-Dunsmore; and Princethorpe, Marton, Frankton, Bourton & Draycote. For Dunchurch Surgery the highest proportion of patients reside in the LSOAs of Dunchurch; Thurlston; and Leam Valley. And for Wolston Surgery the highest proportion of patients reside in the LSOAs of Binley Woods North; Brandon and Wolston North; Wolston South and Ryton-on-Dunsmore.

The remaining residents were registered at an additional 29 GP practices within Warwickshire, Coventry or at a different general practice within England<sup>12</sup>. This may reflect the rural and larger than average geographical spread of the JSNA area. Of note, there were around 1,500 residents in Rugby Rural South registered at Kenyon Medical Centres in Coventry but these residents only represented approximately 12% of the practice population. Around 900 of these residents live in the Binley Woods North and Binley Woods South LSOAs.

**Figure 13 – Brookside Surgery Catchment and Registered Population**



**Figure 14 – Dunchurch Surgery Catchment and Registered Population**

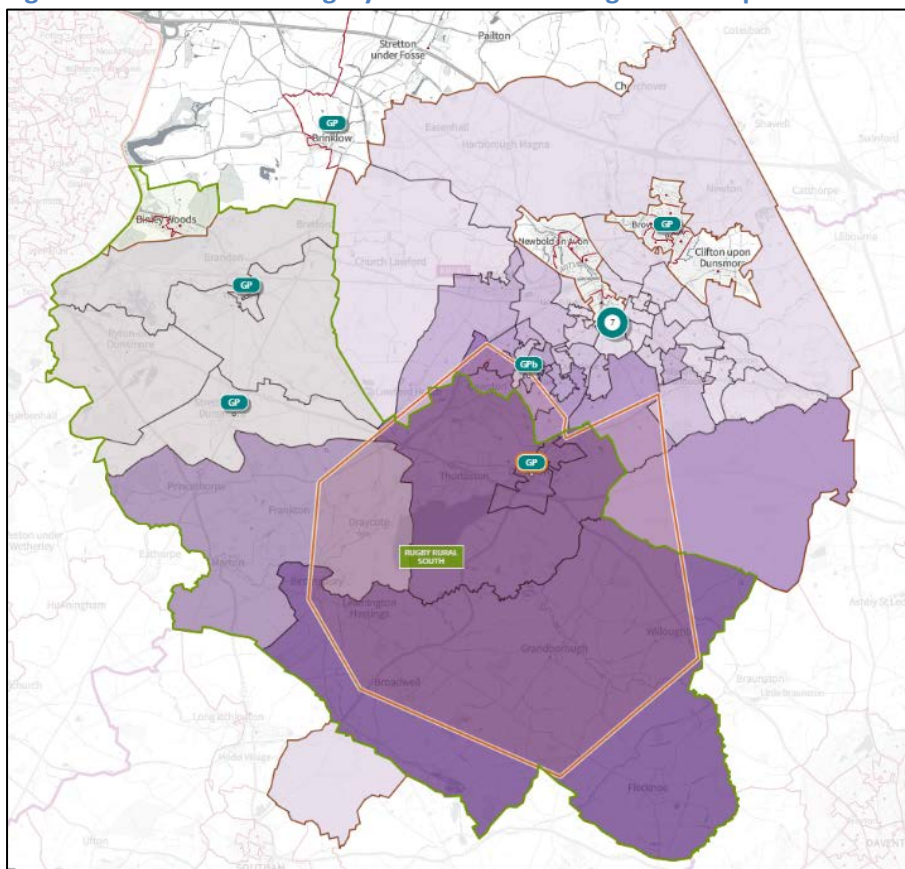
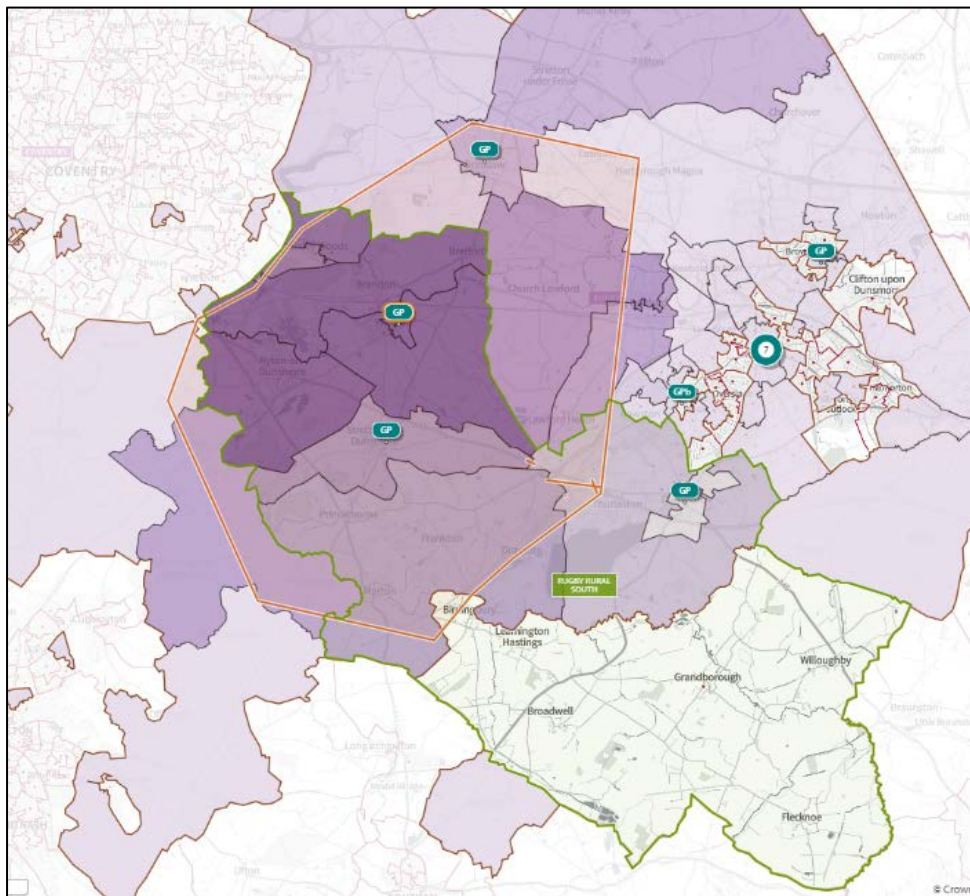


Figure 15 - Dunchurch Surgery Catchment and Registered Population



Source for Figures 13-15: <https://shapeatlas.net/place/> © Crown copyright and database rights 2020  
Ordnance Survey 100016969 | parallel | Mapbox | OpenStreetMap contributors

A range of health indicators were considered for each of the three GP practices. Figure 16 shows indicators where one or more of the practices were either significantly worse (red) or significantly better (green) than England in 2018/19. All three practices had a significantly higher number of two-week wait referrals for suspected cancer and, more specifically, suspected skin cancer. Two of the practices were significantly worse than England for prevalence of chronic kidney disease (CKD) and depression and had a significantly higher number of two-week wait referrals for suspected lower gastrointestinal cancers. There were also single practices that were worse for the prevalence of atrial fibrillation, hypertension, asthma and osteoporosis, as well as the incidence of depression and cancer. However, in general the prevalence of health conditions over the three practice was better than or similar to the average in England.

Figure 16: Summary of prevalence of selected health measures for the three GP practices, 2018/19

Health Indicator	GP Practice			Coventry & Rugby CCG	England
	Brookside	Dunchurch	Wolston		
CHD: QOF prevalence (all ages)	3.0%	2.7%	3.4%	2.3%	3.1%
Atrial fibrillation: QOF prevalence	2.5%	2.6%	2.5%	1.5%	2.0%
Hypertension: QOF prevalence (all ages)	14.2%	14.8%	18.0%	12.8%	14.0%
Stroke: QOF prevalence (all ages)	2.2%	2.1%	2.2%	1.5%	1.6%
Diabetes: QOF prevalence (17+)	5.4%	6.1%	7.9%	6.7%	6.9%
Chronic Kidney Disease: QOF Prevalence (18+)	4.6%	6.4%	8.1%	4.3%	4.1%
Obesity: QOF prevalence (18+)	7.0%	5.8%	10.4%	9.2%	10.1%
Estimated smoking prevalence (QOF, 15+)	9.6%	5.5%	13.0%	17.7%	16.7%
Mental Health: QOF prevalence (all ages)	0.85%	0.46%	0.63%	0.92%	0.96%
Depression: QOF incidence (18+) - new diagnosis	1.7%	0.9%	2.8%	1.6%	1.7%
Depression: Recorded prevalence (aged 18+)	14.5%	5.0%	12.6%	9.8%	10.7%
New cancer cases (crude incidence rate) per 100,000 population	478	842	603	441	507
Two-week wait referrals for suspected cancer (per 100,000)	7,746	4,986	7,140	4133	3675
Two-week wait referrals for suspected skin cancer (per 100,000)	1,899	1,215	1,486	765	767
Two-week wait referrals for suspected lower GI cancers (per 100,000)	1,274	703	1,374	735	650
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %)	67.8%	71.5%	68.2%	57.7%	60.5%
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %)	77.2%	79.5%	72.2%	68.6%	71.6%
Females, 25-64, attending cervical screening within target period (3.5 or 5.5 year coverage, %)	83.3%	74.8%	86.0%	70.5%	72.6%
Palliative/supportive care: QOF prevalence (all ages)	0.2%	0.1%	0.2%	0.3%	0.4%
% with a long-standing health condition	43.2%	53.0%	49.1%	50.9%	51.5%
Asthma: QOF Prevalence (all ages)	7.8%	5.4%	5.6%	5.6%	6.0%
COPD: QOF prevalence (all ages)	1.5%	1.0%	1.5%	1.5%	1.9%
Osteoporosis: QOF prevalence (50+)	0.3%	1.3%	1.7%	0.6%	0.8%

Source: Public Health England, National General Practice Profiles, Accessed January 2020.



A point to note about the three practices which impacts on the type of health issues seen in the JSNA population is the percentage of registered patients who are aged 65 or over. In 2019, the proportion of patients aged 65 or over was 18.1% at Brookside Surgery, 28.3% at Dunchurch Surgery, and 24.7% at Wolston Surgery; all significantly higher than the CCG average of 14.3%<sup>13</sup>. Both the Dunchurch and Wolston Surgeries were significantly higher than the England average (17.4%). The pattern is similar for the proportion of patients aged 75 and over, and aged 85 and over (Figure 17).

**Figure 17: Proportion of Practice Population aged 65 and over, 2018/19**

	Aged 65 + (%)	Aged 75+ (%)	Aged 85+(%)
Brookside Surgery	18.1	7.6	1.9
Dunchurch Surgery	28.3	14.8	4.3
Wolston Surgery	24.7	11.2	2.6
Coventry & Rugby CCG	14.3	6.8	2.0
England	17.4	8.0	2.3

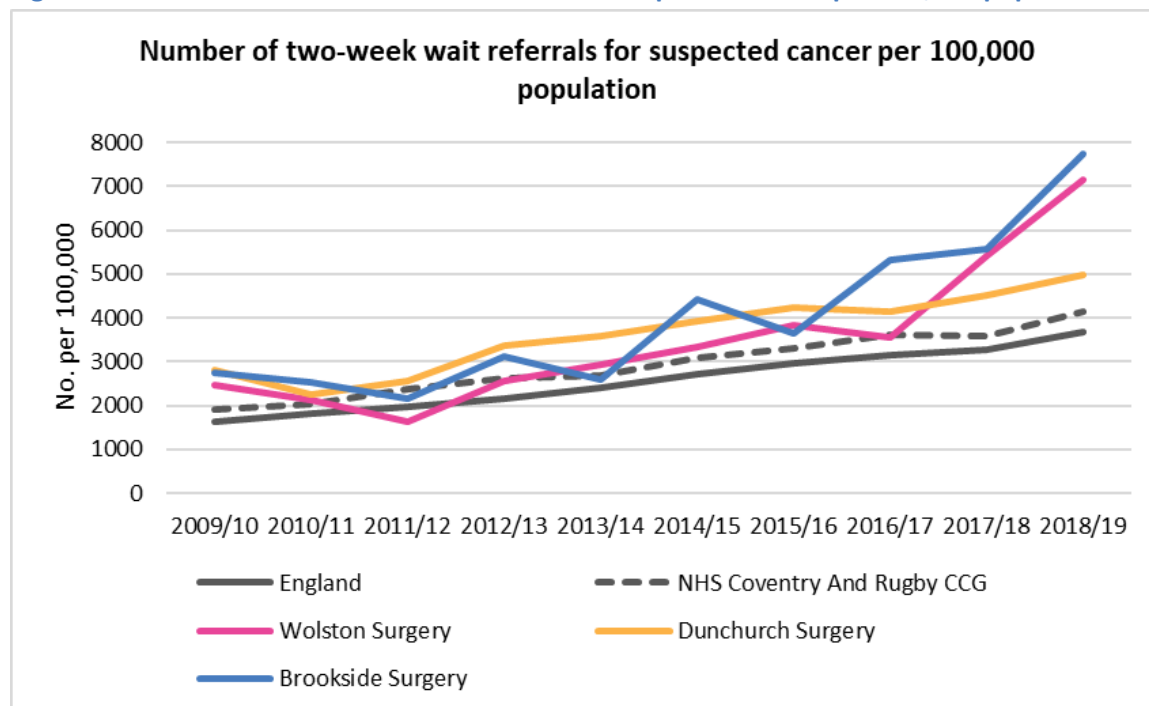
Source: Public Health England, National General Practice Profiles, Accessed January 2020.

## CANCER

The number of two-week wait referrals per 100,000 population for suspected cancer and specifically suspected skin cancer was significantly higher in the three general practices than the Coventry & Rugby CCG and England averages in 2018/19<sup>13</sup>. The number of two-week wait referrals per 100,000 population for suspected lower gastrointestinal cancer was also significantly higher than the England and CCG averages at Brookside Surgery and Wolston Surgery. The two-week wait indicator considers the number of two-week wait referrals where cancer is suspected, whether or not cancer is subsequently diagnosed. This indicator may be expected to be higher in practices with an unusually high proportion of persons of 65+ years of age, due to the higher incidence of cancer at these ages. The number of referrals may also be affected by the socio-economic make-up of the practice population.

Figure 18 shows the number of two-week wait referrals for suspected cancer per 100,000 population for the three surgeries, Coventry & Rugby CCG and England between 2009/10 and 2018/19. There is a noticeable increase in rate of referrals by the three practices since 2011/12 and particularly by Brookside Surgery and Wolston Surgery since 2016/17. This could reflect an actual increase in symptoms relating to cancer, but also improved awareness of symptoms by patients and practitioners and/or a willingness by patients to go to their general practitioner when symptoms occur.

Figure 18: Number of two-week wait referrals for suspected cancer per 100,000 population



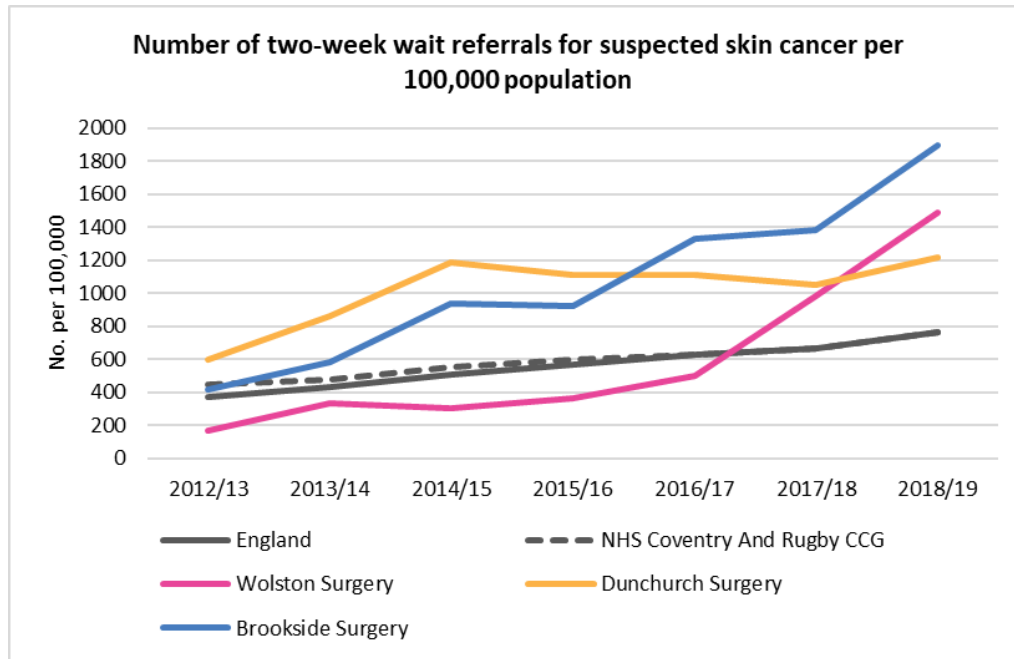
Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

In 2018/19, the indirectly age-sex standardised referral ratio for two-week wait referrals (number of two-week wait referrals observed at the practice divided by the number expected based on the practice's age-sex specific population and the age-sex specific rates for England) for Brookside Surgery was 194 and Wolston Surgery was 165<sup>13</sup>. Therefore, despite taking into account the older population profile of these practices, there were a greater rate of referrals than the England average (almost twice as many for Brookside Surgery). The indirectly age-sex standardised referral ratio for two-week wait referrals for Dunchurch Surgery was 105 in 2018/19 which was more in-line with the average in England.

### Skin Cancer

The number of two-week wait referrals for suspected skin cancer per 100,00 population has also increased at all three surgeries and nationally since 2012/13 (Figure 19) with a larger increase since 2016/17 at the Wolston and Brookside Surgeries<sup>13</sup>. In 2018/19 there were 1,215 referrals per 100,000 by Dunchurch Surgery, 1,487 per 100,000 by Wolston Surgery and 1,899 per 100,000 by Brookside Surgery – all were significantly higher than the Coventry & Rugby CCG and England averages. This could reflect an actual increase in symptoms of skin cancers but also improved awareness of symptoms by patients and practitioners and/or a willingness to refer.

Figure 19: Number of two-week wait referrals for suspected skin cancer per 100,000 population

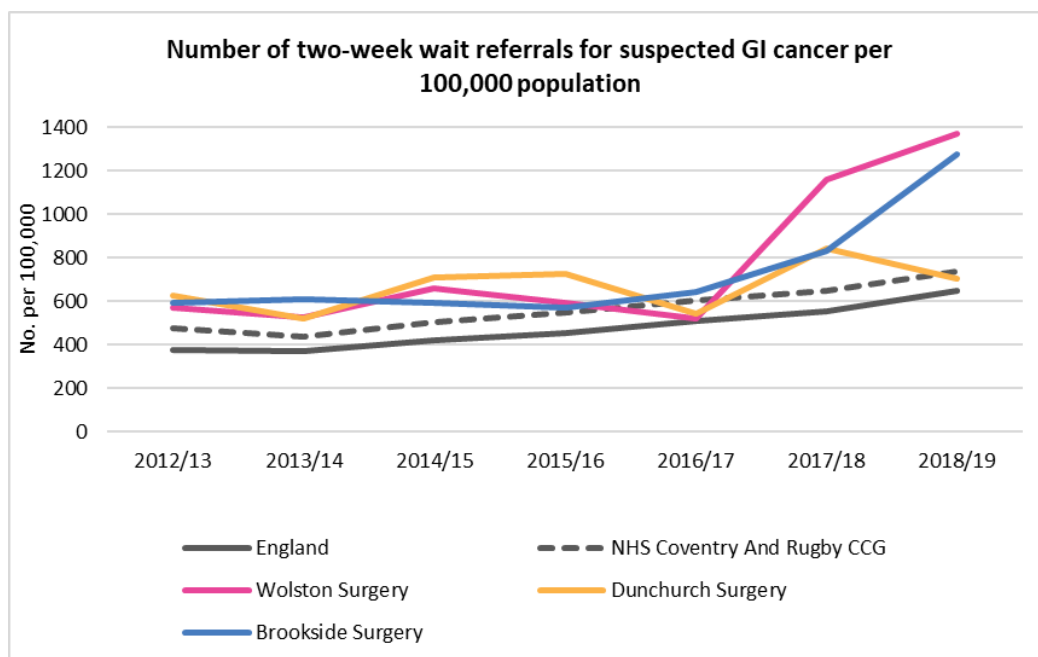


Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

### Lower Gastrointestinal (GI) Cancer

A similar pattern is shown for two-week wait referrals for suspected lower gastrointestinal cancer with an increased rate of referrals since 2016/17 (Figure 20). This is particularly the case at Brookside and Wolston Surgeries with referral rates in 2018/19 significantly higher than the CCG and England average (Brookside Surgery – 1374 per 100,000, Wolston Surgery – 1274 per 100,000, CCG – 735 per 100,000, England 650 per 100,000)<sup>13</sup>.

Figure 20: Number of two-week wait referrals for suspected GI cancer per 100,000 population



Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

In 2018/19, all three surgeries had higher or significantly higher screening coverage rates for breast, cervical and bowel screening than the CCG and England averages (see Figure 16). This has been the case at Brookside, Dunchurch and Wolston Surgeries since 2012/13<sup>13</sup>.

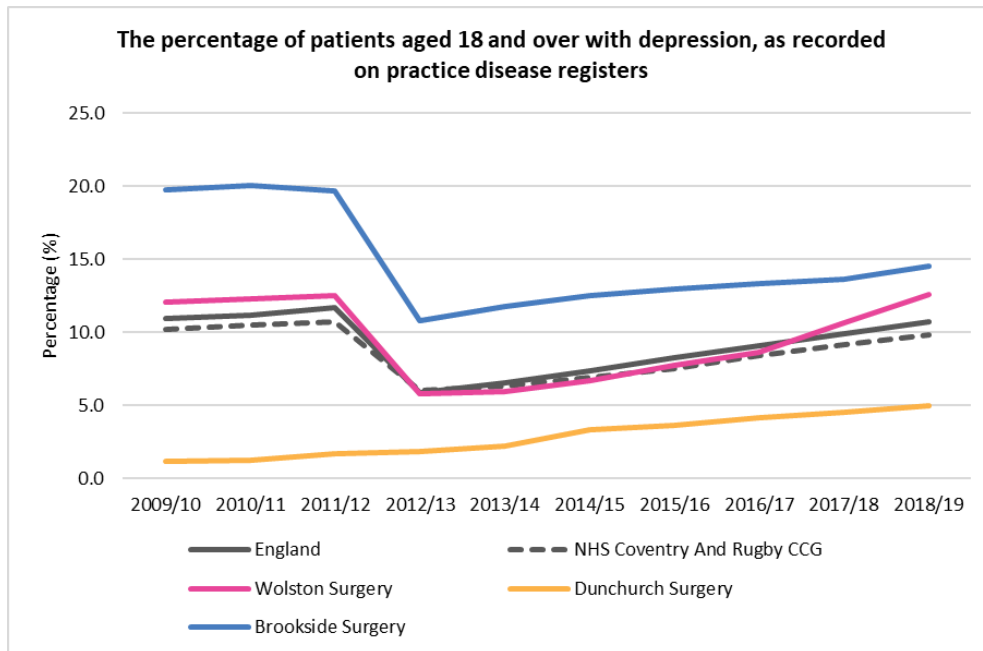
The directly standardised rate of emergency admissions for cancer (all ages) for the 5-year period 2013/14-2018/19 was 568 per 100,000 population (95% Confidence Interval 467-684)<sup>14</sup>. This was lower than the average for Warwickshire (641 per 100,00, 95% CI 621-662) and ranked 17<sup>th</sup> out of the 22 JSNA areas. Mortality from cancer (all ages) between 2014 and 2018 was 238 per 100,000 which was ranked 10<sup>th</sup> of the 22 JSNA areas (range across JSNA areas 201-289 per 100,000).

## MENTAL HEALTH

### Depression

The percentage of patients aged 18 and over with depression, as recorded on the practice's disease register (a compilation of data related to patients with a specific diagnosis, condition, or procedure) was significantly higher than the England (10.7%) and CCG (9.8%) average at both Brookside Surgery (14.5%) and Wolston Surgery (12.6%) in 2018/19<sup>13</sup>. At Brookside Surgery, the prevalence of depression has been significantly higher since 2009/10 whereas at Wolston the prevalence has only been significantly higher in 2018/19, otherwise following the national pattern (Figure 21). Conversely, the prevalence of depression at Dunchurch Surgery has been significantly lower than the England and CCG average since 2009/10. In line with national trends, the prevalence of depression at all three practices has increased since 2012/13. It should be noted that the actual percentage of registered patients with depression is likely to be higher than the recorded percentage as some patients will not choose to go to their GP.

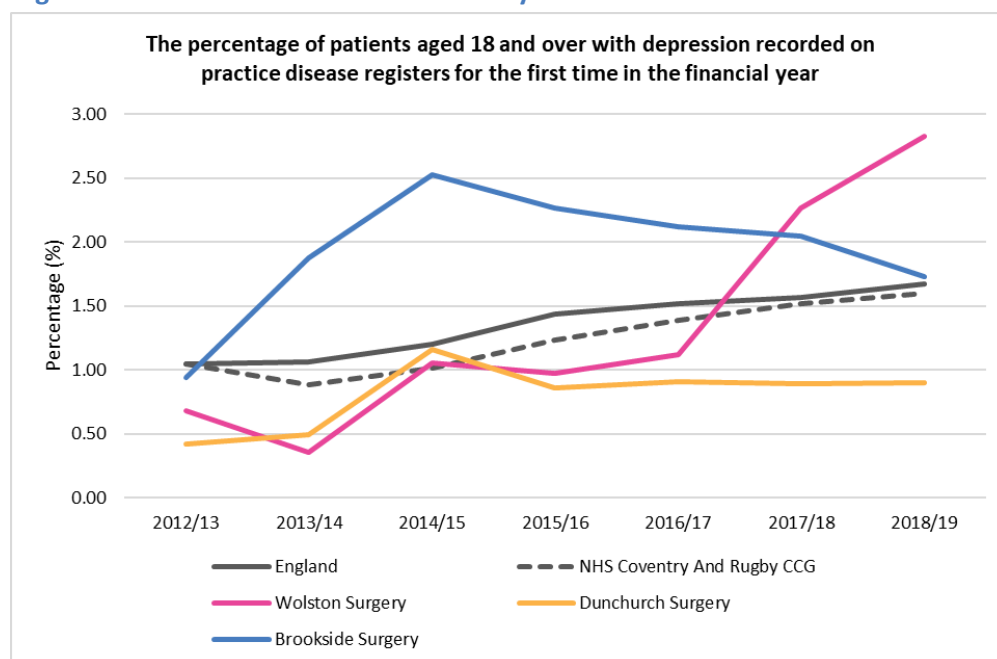
**Figure 21: Percentage of patients aged 18 and over with depression, as recorded on practice disease registers**



Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

The incidence (number of new cases) of depression was significantly higher at Wolston Surgery (2.8%) in 2018/19 than for the CCG (1.6%) and England (1.7%)<sup>13</sup>. Prior to 2017/18, the incidence of depression at Wolston Surgery had been lower than the CCG and England average (Figure 22). The incidence of depression at Dunchurch Surgery has been consistently significantly lower than the incidence in England and the CCG since 2012/13. This is not necessarily a good thing as it may mean people not going to their GP with symptoms.

**Figure 22: Percentage of patients aged 18 and over with depression recorded on practice disease registers for the first time in the financial year**



Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

## Dementia

In January 2020, the percentage of patients aged 65 and over with diagnosed dementia in the three general practices in the JSNA area was reported to be lower than the percentage for Coventry and Rugby CCG and England (Figure 23) which may be surprising given the age profile of the surgeries<sup>15</sup>. This could mean that fewer patients in these GP practices have dementia or that there are a higher proportion of patients with undiagnosed dementia. At the Rugby Rural South stakeholder meeting there was concern raised that the data did not reflect the actual number of patients 65 and over diagnosed with dementia in the area. Data recording errors were given as a potential reason for this.

**Figure 23: Percentage of patients 65+ with diagnosed dementia, January 2020**

	Number on dementia register 65+	Patient list size 65+	Percentage with diagnosed dementia (%)
Brookside Surgery	20	752	2.7
Dunchurch Surgery	61	2,222	2.7
Wolston Surgery	33	1,112	3.0
C&R CCG	3,010	75,820	4.0
England	454,928	10,538,470	4.3

Source: NHS Digital, Recorded Dementia Diagnoses January 2020, <https://digital.nhs.uk/data-and-information/publications/statistical/recorded-dementia-diagnoses/january-2020>

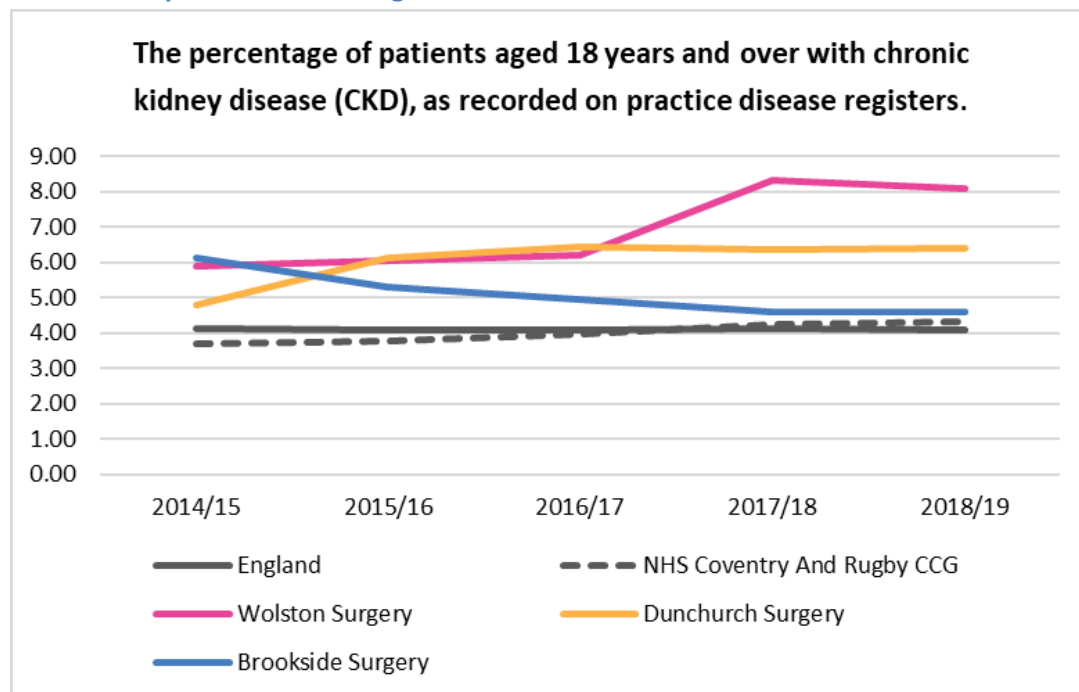
## Suicide and Self-Harm

The suicide rate in Rugby Borough in the 3-year period 2016-18 was 7.5 per 100,000 population, lower than but not significantly different to the England rate (9.6 per 100,000)<sup>16</sup>. In Rugby Rural South, between 2014/15 and 2018/19, the crude emergency admission rate for self-harm was 4.3 per 1,000 10-24 year olds<sup>14</sup>. This was the ninth highest of the 22 JSNA areas (range 2.5 per 1,000 to 6.8 per 1,000) and similar to the Warwickshire average (4.4 per 1,000). The Stretton on Dunsmore LSOA had a crude rate of self-harm of 10.7 per 1,000 10-24 year olds during the four year period 2014/15-2017/18.

## CHRONIC KIDNEY DISEASE

Chronic Kidney Disease (CKD) is a long-term condition. The prevalence of a low glomerular filtration rate (a measure of the how well the kidney is working where a GFR of 60 or higher is in the normal range) is strongly associated with diagnosed diabetes, hypertension and a higher BMI<sup>17</sup>. In 2018/19, the percentage of patients aged 18 years and over with CKD, as recorded on practice disease registers was significantly higher than the prevalence in England (4.1%) at Dunchurch Surgery (6.4%), and Wolston Surgery (8.1%)<sup>13</sup>. This has been the case since 2014/15 with levels at both surgeries steadily increasing throughout this time period (Figure 24). Conversely, the prevalence of CKD at Brookside Surgery has steadily decreased since 2014/15 and is now in line with the percentage in England.

**Figure 24: Percentage of patients aged 18 years and over with chronic kidney disease (CKD) as recorded on practice disease registers**

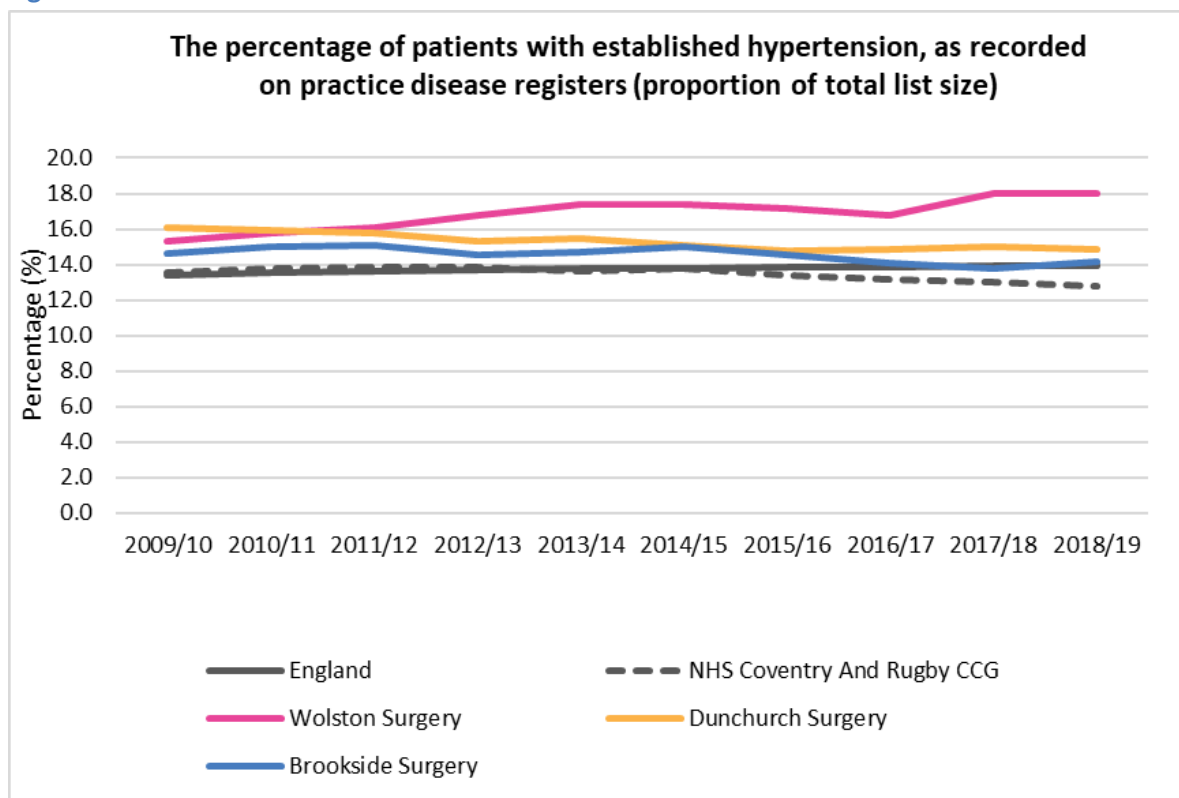


Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

**Hypertension**

In 2017/18, the percentage of patients with established hypertension (high blood pressure), as recorded on practice disease registers was significantly higher at Wolston Surgery (18.0%) than the percentage in England (14.0%) and Coventry & Rugby CCG (12.8%)<sup>13</sup>. This has been the case since 2009/10 (Figure 25) and there has been a steady increase since this date. The percentage of patients with hypertension at Brookside Surgery and Dunchurch Surgery has been similar to the England and CCG average since 2009/10 remaining around 14-15%. The actual percentage of registered patients with hypertension is likely to be higher than the recorded percentage as some patients will not have had their blood pressure taken and recorded.

**Figure 25: percentage of patients with established hypertension as recorded n practice disease registers**



Source: PHE, <https://fingertips.phe.org.uk/profile/general-practice>, accessed January 2020

**Atrial Fibrillation**

Atrial Fibrillation (AF) is common, and an important cause of morbidity and mortality. The age specific prevalence of AF is rising, linked with improved survival of people with CHD (the most common underlying cause of AF). The prevalence of AF increases with age - one percent of a typical practice population will have AF; five per cent of over 65s, and nine per cent of over



75-year olds. Atrial fibrillation is associated with a five-fold increase in risk of stroke. The prevalence of atrial fibrillation was higher than the England (2.0%) and CCG (1.5%) prevalence in all three practices in the JSNA area in 2018/19 and significantly higher at Dunchurch Surgery (2.6%)<sup>13</sup>. This may be expected with the higher proportions of registered patients over 65 and 75 in these practices.

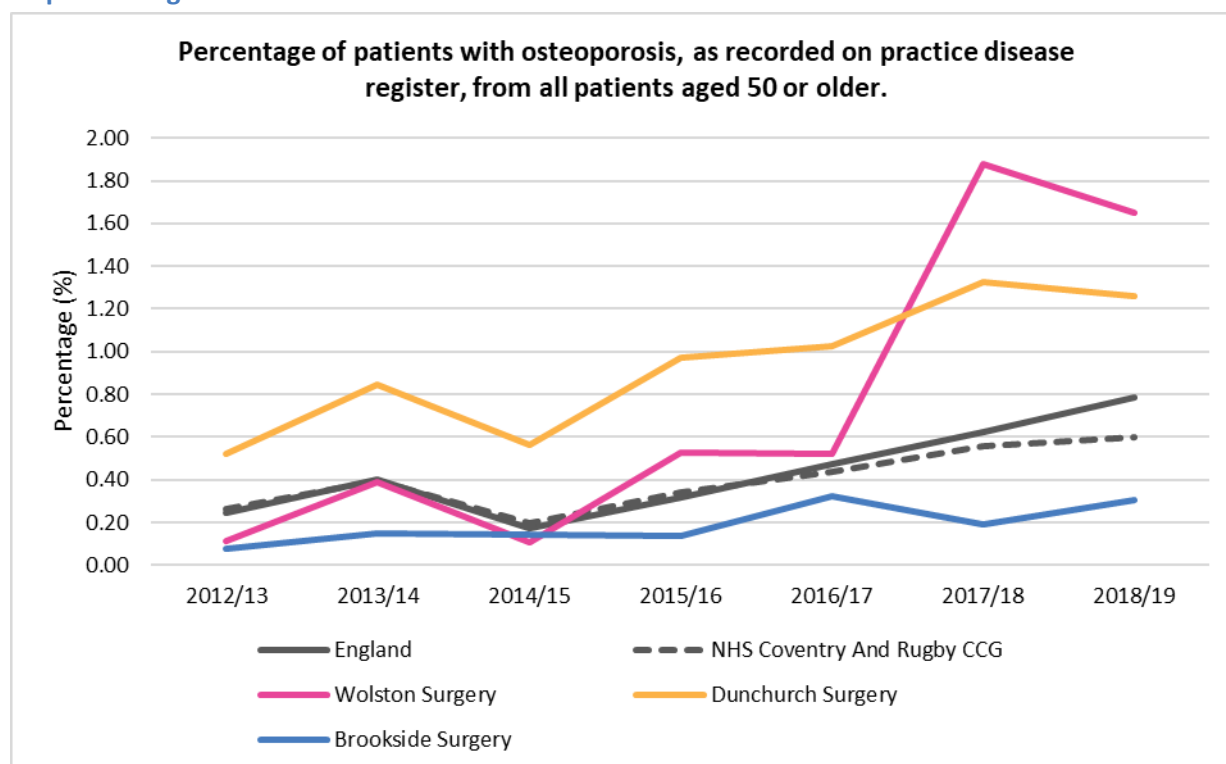
### **Emergency Admissions for Coronary Heart Disease**

Hypertension and atrial fibrillation are risk factors for coronary heart disease (CHD) including myocardial infarction (heart attacks) and stroke. Between 2014/15 and 2017/18 the standardised admission rate for emergency admissions for CHD was 2,644 per 100,000 population in Rugby Rural South<sup>14</sup>. This was one of the lowest rates (19<sup>th</sup> out of 22) of all the JSNA areas (range 2,539 per 100,000 to 5,361 per 100,000). Included within these CHD admissions, the standardised admission rate for emergency admissions for stroke was 377 per 100,000 population and for myocardial infarction 97 per 100,000 population<sup>14</sup>.

## OSTEOPOROSIS

In 2018/19, the percentage of patients with osteoporosis, as recorded on practice disease registers, for all patients aged 50 or older was significantly higher than the percentage for England (0.6%) for patients registered at Wolston Surgery (1.7%), this was also the case in 2017/8<sup>13</sup>. The proportion had also been significantly higher at Dunchurch Surgery between 2012/13 and 2017/18, but although higher than the England figure in 2018/19 (1.3%) was not significantly higher (Figure 26). The higher proportion of osteoporosis at Dunchurch Surgery might be expected given the older profile of the surgery. This may also be expected at Wolston Surgery and has been the case since 2017/18. This recent increase of diagnosed osteoporosis could be due to improved identification and management.

**Figure 26: Percentage of patients with osteoporosis as recorded on practice disease register from all patients aged 50 or over**



Hip fractures are more common in people with osteoporosis. Between 2014/15 and 2018/19 the standardised admission rate for emergency admissions for hip fractures in persons aged 65 and over was 450 per 100,000 population in Rugby Rural South<sup>14</sup>. This was the lowest of the 22 JSNA areas (range 450 per 100,000 to 734 per 100,000) and below the Warwickshire average of 571 per 100,000 population, suggesting that the relatively high identification of osteoporosis in a GP practice in the area could be associated with improved prevention.

### EMERGENCY HOSPITAL ADMISSIONS

Between 2014/15 and 2018/19, the directly standardised admission rate for emergency admissions for all causes was 7,296 per 100,000 population in Rugby Rural South<sup>14</sup>. This ranked 14<sup>th</sup> out of the 22 JSNA areas (range 6,247 per 100,000 to 10,856 per 100,000) and under the Warwickshire average of 7,878 per 100,000. High rates of emergency admissions can be linked with a number of factors both internal and external to the health service. External factors include deprivation (in areas where the most deprived 10% of the population live, (the rate of emergency admissions is more than twice that seen in areas where the most affluent 10% of the population of England live), age (particularly very young children and those over 65), smoking rates (there is a positive relationship between the proportion of heavy smokers and a higher rate of emergency admissions), admissions to local authority funded long-term institutional care for adults, and lower rates of social care expenditure<sup>18</sup>. The lower rate of emergency admissions in the Rugby Rural South JSNA compared to some of

the other JSNA areas reflect the relative affluence of the area, lower prevalence of smoking and lower proportions of admissions to local authority funded long-term institutional care.

However, emergency hospital admission rates in younger age groups in the Rugby Rural South area are higher than the Warwickshire average. These are discussed in the Child Health section below.

## MORTALITY

In the 5 years 2014 to 2018, the mortality rate from all causes and specific causes was generally lower than the average Warwickshire rate in Rugby Rural South and significantly lower than the Warwickshire rate for deaths from the following causes (all directly age standardised rates)<sup>19</sup>:

- All cause, all age - 69 per 100,000 (range across JSNA areas, 69 – 1,167)
- All cause, under 75 – 205 per 100,000 (range across JSNA areas, 199 – 371)
- Circulatory disease, all ages – 183 per 100,000 (range across JSNA areas, 181-304)
- Respiratory, all age – 69 per 100,000 (range across JSNA areas, 69 – 189)

## CHILD HEALTH

### Low Birth Weight

Between 2015-17, 6.8% of live births to mothers in Rugby Rural South were babies weighing less than 2500 grams which is classed as low birth weight<sup>20</sup>. This was the 12<sup>th</sup> highest proportion of all JSNA geographies in Warwickshire (the lowest proportion was 4.1%, Warwickshire average 6.9%).

### Teenage Mothers

Between 2015-17, fewer than 5 births were to mothers under 18 (Warwickshire 0.7%) and 1.4% were to mothers under 20 years of age (Warwickshire 3.2%)<sup>20</sup>.

### A&E Attendance and Emergency Admissions

Between 2014/15 and 2018/19 young people living in Rugby Rural South compared to all other JSNA geographies had<sup>14</sup>:

- The highest crude rate of:
  - Emergency admissions in 0-4 year olds (139.4 per 1,000 compared to 106.4 per 1,000 in Warwickshire)
  - Emergency admissions for injury in 0-4 year olds (212.5 per 10,000 compared to 129.2 per 10,000 in Warwickshire)
  - Emergency admissions for injury in 0-14 year olds (143.0 per 10,000 compared to 99.3 per 10,000 in Warwickshire)
- The 3<sup>rd</sup> highest crude rate of emergency admissions for injury in 15-24 year olds (152.7 per 10,000 compared to 118.5 per 10,000 in Warwickshire)

- The 8th highest crude rate of A&E attendances in 0-4 year olds (626.9 per 1,000 compared to 567.8 per 1,000 in Warwickshire)
- The 9th highest crude rate of emergency admissions for self-harm in 10-24 years olds (4.3 per 1,000 similar to the Warwickshire average of 4.4 per 1,000)

The high rates of emergency admissions for children generally but specifically for injuries in Rugby Rural South warrants further investigation.

### National Child Measurement Programme (2014/15 – 2017/18)

Data from the National Child Measurement Programme (NCMP) found that, for the four-year period between 2014/15 and 2017/18, 11.6% of children living in Rugby Rural South who were in the reception year (aged 4-5 years) were overweight and 8.8% were very overweight<sup>21</sup>. During the same period 14.4% of children in year 6 (aged 10-11) were overweight and 13.2% were very overweight. This illustrates a tendency for children in the Rugby Rural South JSNA to increase in weight as they move through primary school (Figure 27), a pattern that is mirrored nationally. Of the 22 JSNA areas, the percentage of children overweight and very overweight in Rugby Rural South was ranked 16<sup>th</sup> of the JSNA areas (20.5%, range across JSNA areas -15.4% to 26.7%) for reception aged children and the 17<sup>th</sup> of the JSNA areas (27.6%, range across JSNA areas - 21.7% to 37.4%) for year 6 children.

Figure 27: National Child Measurement Programme Results, 2014/15-2017/18

	Reception (4-5yrs)		Year 6 (10-11 yrs)	
	Overweight	Very Overweight	Overweight	Very Overweight
<b>Rugby Rural South</b>	11.6%	8.8%	14.4%	13.2%
<b>Warwickshire</b>	12.7%	8.6%	13.7%	16.8%

Source: NHS Digital, National Child Measurement Programme, 2014/15 – 2017/18

## CARERS

In 2011, 12.4% of the population in Rugby Rural South provided some unpaid care – the 3rd highest of all the JSNA areas<sup>22</sup>. Of these:

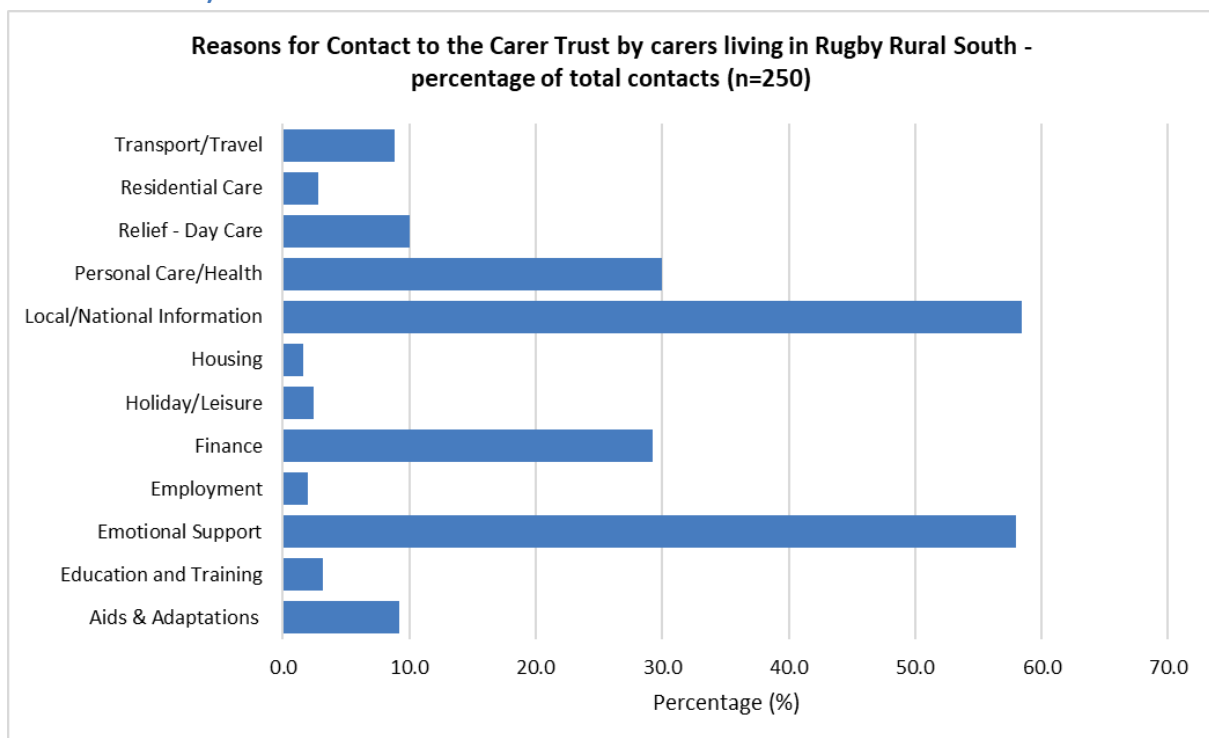
- 18.4% (n=355) provided 50 or more hours/week
- 10.2% (n=197) provided 20-49 hours
- 87.6% (n=1,374) provided 1-19 hours

Between 1<sup>st</sup> June 2017 and 31<sup>st</sup> October 2019, 109 new carers living in Rugby Rural South registered with the Carers Trust (around 4% of the total new carers registering in Warwickshire). Two thirds of these carers were over 60 years of age, with 21% being aged 80

or over. Of those being cared for the majority (81.7%) were aged 70 or over, with 53% aged 80 or over. In addition, 61% lived with the carer and 27% lived in their own home. The main reasons for caring given were mental health (52.3%) and physical disabilities (46.8%).

In the same time period, the Carers Trust were contacted 250 times by carers in the Rugby Rural South area. The main reasons for contact were to obtain local & national information and for emotional support (Figure 28).

**Figure 28: Reasons for contact to the Carer Trust by carers living in Rugby Rural South (percentage of total contacts)**



Source: Information supplied by The Carers Trust, November 2019

### Young carers

In Warwickshire, in December 2019, the Young Carers Project was aware of 2,625 young carers (aged 6 to 21); 37 lived in the Rugby Rural South JSNA area, a rate of 11.5 per 1,000 population aged 6-21 years. This was lower than many of the JSNA areas (range 6.4 per 1,000 to 37.0 per 1,000)<sup>23</sup>. It should be noted that not all young carers in Warwickshire are known to the Young Carers Project.

## DEPRIVATION & POVERTY

### DEPRIVATION

The Index of Multiple Deprivation (IMD) 2019 is the official measure of relative deprivation for small areas (LSOAs) in England<sup>24</sup>. It ranks every small area in England from 1 (most

deprived area) to 32,844 (least deprived area). Deprivation ‘deciles’ are published alongside ranks. Deciles are calculated by ranking the 32,844 LSOAs in England from most deprived to least deprived and dividing them into 10 equal groups ranging from the most deprived 10% to the least deprived 10% LSOAs nationally.

Unlike most JSNA areas in Warwickshire, there are no LSOAs in Rugby Rural South JSNA in the most deprived 50% of LSOAs in England. The majority of LSOAs in the JSNA area are in the 20% least deprived LSOAs in England (Figure 29).

**Figure 29: Index of Multiple Deprivation 2019 Deciles for LSOAs in Rugby Rural South**

WCC LSOA Name	IMD Decile	Income Decile	Employment Decile	Education, Skills & Training Decile	Health, Deprivation & Disability Decile	Crime Decile	Barriers to Housing & Services Decile	Living Environment Decile	IDACI Decile	IDAOPi Decile
Wolston South	6	5	4	4	6	4	9	6	6	6
Ryton on Dunsmore	7	6	7	7	7	6	5	7	4	7
Leam Valley	7	10	10	10	10	9	1	4	10	10
Princethorpe, Marton, Frankton, Bourton & Draycote	8	9	9	10	9	9	1	4	10	8
Binley Woods South	8	8	7	8	7	8	8	4	8	9
Dunchurch	9	7	6	9	9	8	9	8	7	7
Binley Woods North	9	9	7	8	8	5	10	6	10	8
Brandon & Wolston North	9	8	10	8	10	4	7	5	7	9
Thurlaston	9	10	10	10	10	4	3	6	10	10
Stretton on Dunsmore	9	9	8	9	6	7	10	7	8	9

Source: Ministry of Housing, Communities & Local Government (2019)

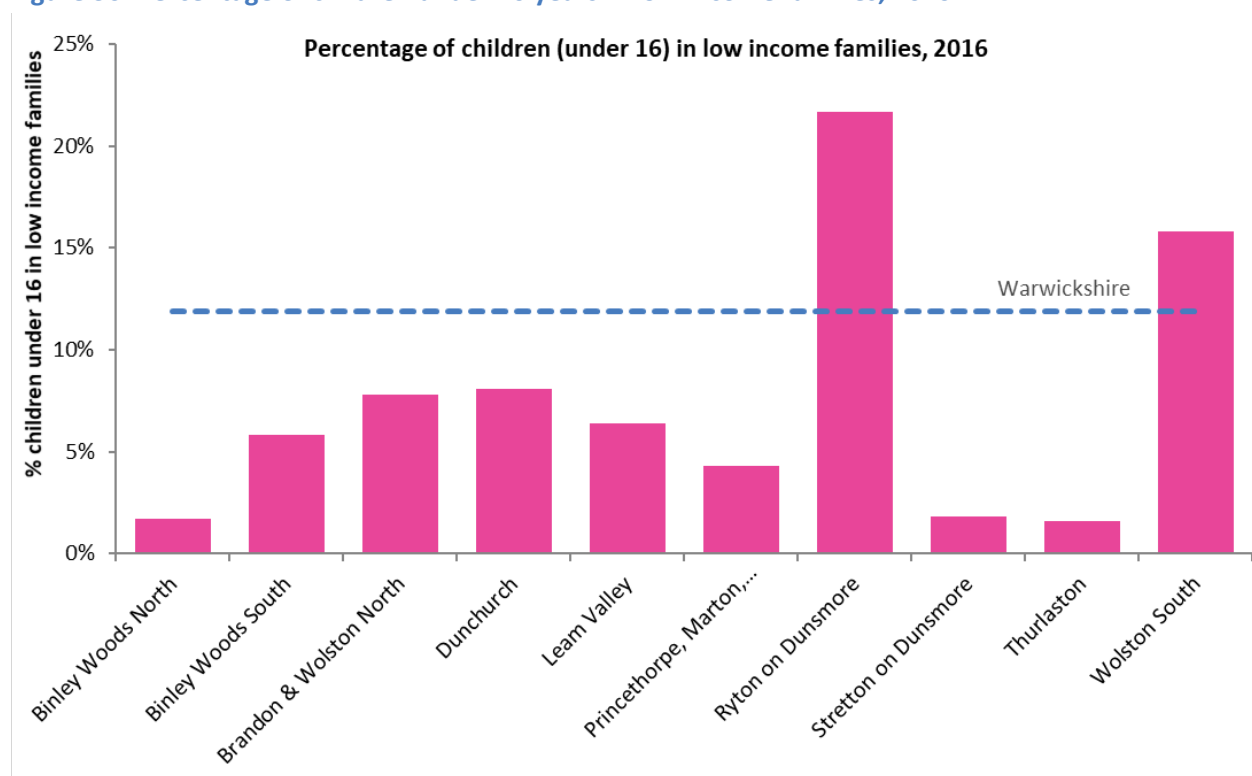
The IMD combines information from 7 domain indices (which measure different types or dimensions of deprivation) to produce an overall relative measure of deprivation. The domain indices can be used on their own to focus on specific aspects of deprivation. There are also supplementary indices concerned with income deprivation among children (IDACI) and older people (IDAOPi). There are areas in the Rugby Rural South JSNA that are in the more deprived deciles in the barriers to housing and services domain – Leam Valley LSOA (10% most deprived); Princethorpe, Marton, Frankton, Bourton & Draycote LSOA (10% most deprived);

and Thurlaston LSOA (30% most deprived). The barriers to housing and services domain measures the physical and financial accessibility of housing and local services. The indicators fall into two sub-domains: geographical barriers, which relate to the physical proximity of local services, and wider barriers which includes issues relating to access to housing such as affordability.

**CHILD POVERTY**

In Warwickshire in 2016, 11.9% of children under 16 were in low income families significantly lower than the England average (17.0%). In Rugby Borough there were 9.7% of children under 16 in low income families and in Rugby Rural South 8.4%<sup>25</sup>. However, within the Rugby Rural South JSNA there were two LSOAs that had a higher proportion of children living in low income families than the Warwickshire average; Ryton on Dunsmore LSOA (21.7%) and Wolston South LSOA (15.8%) (Figure 30). In six LSOAs in Rugby Rural South the percentage of children under 16 in low-income families has either stayed the same or decreased since 2015, however in four of the LSOAs the percentage has increased. This was particularly the case for Wolston South LSOA (Figure 31).

**Figure 30: Percentage of children under 16 years in low income families, 2016**



Source: HM Revenue and Customs, <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2016-snapshot-as-at-31-august-2016>

Figure 31: Percentages of Children in Low Income Families in Rugby Rural South LSOAs, 2015-2016

WCC LSOA name	2015		2016		Difference 2015-2016	
	% of Children in low-income families		% of Children in low-income families			
	Under 16	All Children	Under 16	All Children	Under 16	All Children
Binley Woods North	2.50%	2.5%	1.7%	1.8%	-0.80%	-0.70%
Binley Woods South	6.70%	6.9%	5.8%	7.6%	-0.90%	0.70%
Brandon & Wolston North	7.80%	7.3%	7.8%	7.1%	0.00%	-0.20%
Dunchurch	10.00%	9.3%	8.1%	7.1%	-1.90%	-2.20%
Leam Valley	3.00%	3.8%	6.4%	6.1%	3.40%	2.30%
Princethorpe, Marton, Frankton, Bourton & Draycote	3.40%	3.1%	4.3%	4.9%	0.90%	1.80%
Ryton on Dunsmore	20.30%	19.0%	21.7%	20.0%	1.40%	1.00%
Stretton on Dunsmore	4.80%	4.1%	1.8%	2.0%	-3.00%	-2.10%
Thurlaston	2.40%	2.8%	1.6%	1.8%	-0.80%	-1.00%
Wolston South	10.80%	11.4%	15.8%	15.9%	5.00%	4.50%

Source: HM Revenue and Customs, <https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2016-snapshot-as-at-31-august-2016>

## HOUSEHOLDS IN FUEL POVERTY

In 2017, in Warwickshire, 10.1% of households were categorised as fuel poor and in Rugby Borough 10.3%; the average for England was 10.9%<sup>26</sup>. In the Rugby Rural South JSNA, 9.2% of households were categorised as fuel poor although the LSOAs of Princethorpe, Marton, Frankton, Bourton & Draycote (10.4%) and Binley Woods North (10.8%) had a slightly higher proportion of households in fuel poverty than the borough average.

## CAR OWNERSHIP

In 2011, households in Rugby Rural South were more likely to own a car than households in any of the other JSNA areas; only 9.1% of households did not own a car, the Warwickshire average was 17.6%<sup>27</sup>. The LSOAs Dunchurch (14%) and Wolston South (13%) had the highest proportion of households with no car, but these figures were still lower than the county average.

## FOOD POVERTY

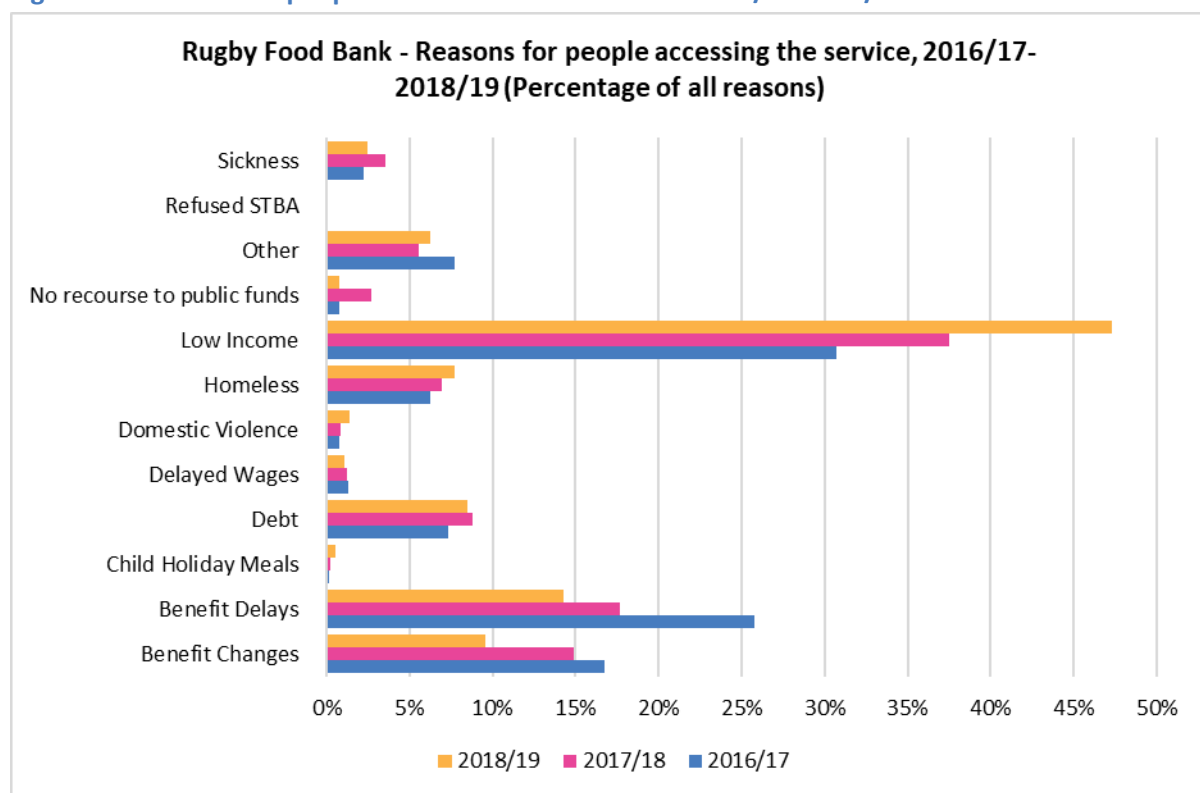
It is possible that residents of the JSNA area living in poverty have accessed food banks, either accessing them regularly or at times of need (or crisis). Rugby Foodbank (<https://rugby.foodbank.org.uk/>) is part of a nationwide network of foodbanks, supported by The Trussell Trust and funded by local churches and community groups. It has two locations



within Rugby: Rugby Methodist Church in the Centre of Rugby and Christ Church in Brownsover. Neither of these are within the Rugby Rural South JSNA Area.

Data for Rugby Foodbank shows an increase in the tonnes of food given out in Rugby between 2016/17 and 2018/19, in line with the pattern seen across Warwickshire. In 2018/19, the Rugby Foodbank distributed just under 59 tonnes of food to 2,640 adults and 1,618 children (4,258 individuals)<sup>28</sup>. This was an increase from 2016/17 when almost 51 tonnes of food were distributed to 2,586 adults and 1,537 children (4,123 individuals). The main crisis which caused the client to use the foodbank in 2018/19 was low income (47.3%), followed by benefit delays (14.3%) and debt (8.5%) (Figure 32). Low income has increased as the reason for using the foodbank during the three-year period.

**Figure 32: Reasons for people access food bank services 2016/17-2018/19**



Source: Trussel Trust 2019

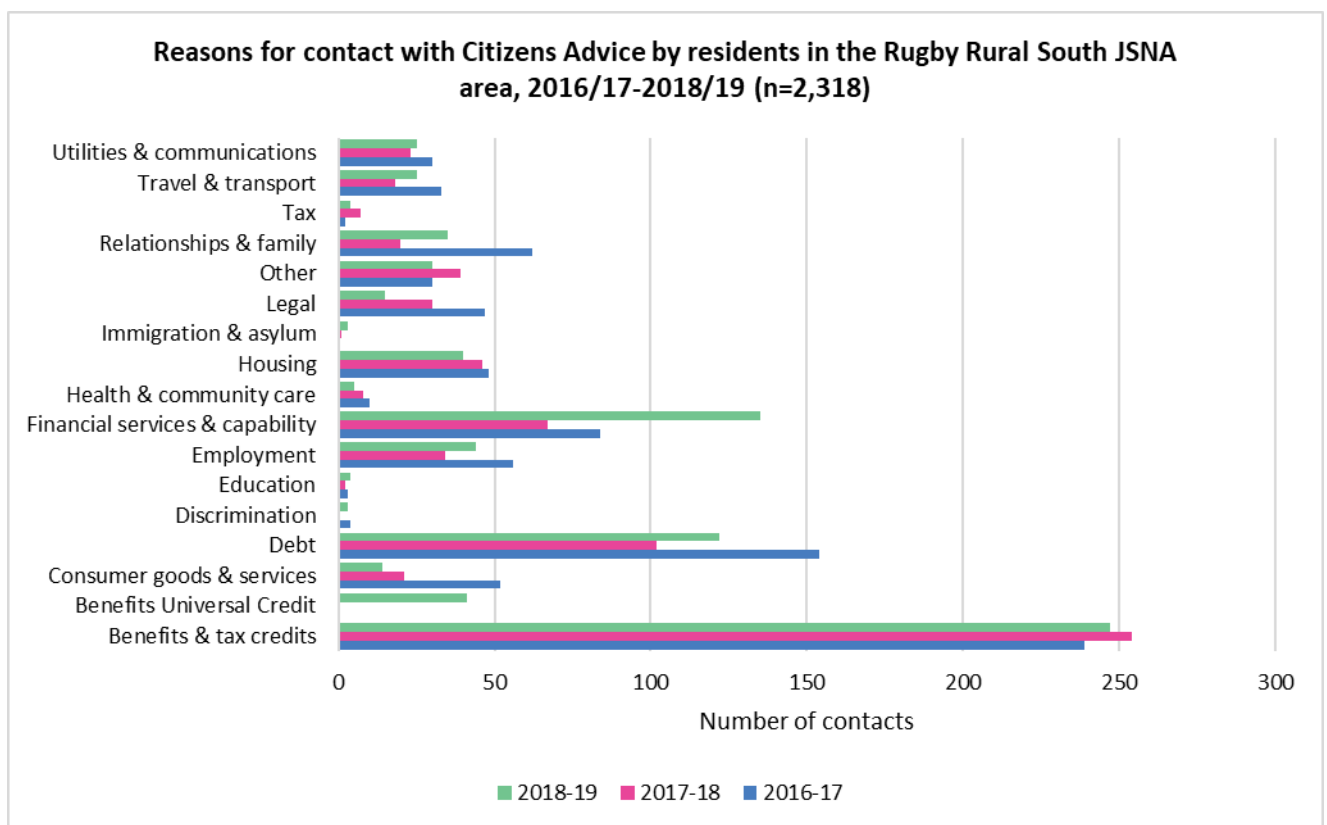
**CITIZENS ADVICE DATA**

Between 1<sup>st</sup> April 2016 and 31<sup>st</sup> March 2019, Citizens Advice Warwickshire recorded 224,383 contacts about individual issues. Of these, 40,303 (18%) were from residents in Rugby Borough. Where a LSOA of residence has been recorded a JSNA area can be allocated, this was the case for 216,578 (96.5%) issues. In the three-year period residents in the Rugby Rural South JSNA area contacted Citizens Advice with 2,318 issues, 1.1% of all issues recorded in Warwickshire. This was the lowest proportion of issues across the 22 JSNA areas (range 1.1%-

11.3%). Residents from Wolston South LSOA (n=469) and Dunchurch LSOA (n=316) had the most contact with Citizens Advice during the three-year period.

Looking at issues that residents contacted Citizen Advice about in the three years, the most common issue related to benefits and tax credits (n=740, 31.9%) followed by debt (n=378, 16.3%) (Figure 33). Of the benefits and tax credits issues the most common issues related to the personal independence payment (n=181, 24.5%), employment support allowance (n=120, 16.2%) and attendance allowance (n=75, 10.1%), particularly around eligibility and how to make a claim. The most common debt related issues were credit, store and charge card debts (n=62, 16.4%); debt relief order (n=47, 12.4%); council tax arrears (n=43, 11.4%) and rent arrears (n=35, 9.3%).

**Figure 33: Reasons for contact with Citizen Advice by residents in the Rugby Rural South JSNA area, 2016/17-2018/19**



Source: Citizens Advice Warwickshire, 2019

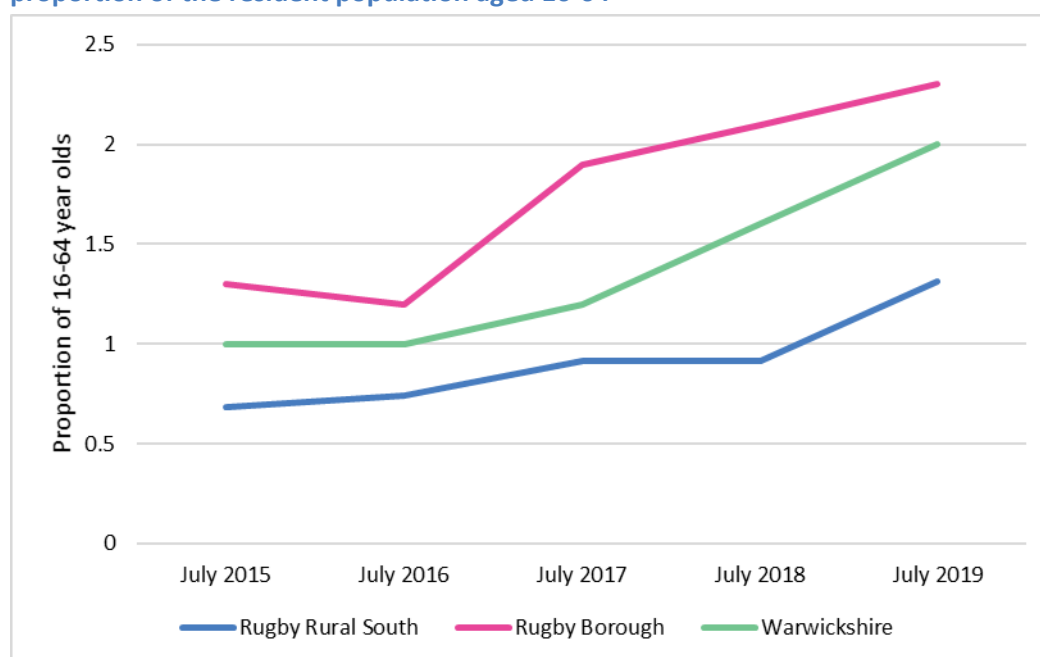
The number of contacts with Citizen Advice has decreased from 2016/17 when 854 residents in the Rugby Rural South JSNA made contact; in 2017/18 672 residents made contact and in 2018/19 792 residents made contact. The main issue for which there has been an increase in number of contacts since 2016/17 was ‘financial services and capability’ which includes advice on Pensions (Pension Wise) and helping people develop the skills and confidence to avoid financial crisis.

## ECONOMY

### CLAIMANT COUNT

The Claimant Count is an administrative measure of the number of people claiming benefit principally for the reason of being unemployed, using individual records from the benefit system. Claimants from the Rugby Rural South JSNA area were responsible for under 2% of claimants in Warwickshire in July 2019 and the proportion of 16-64 year olds claiming benefit (1.3%) was lower than the borough (2.3%) and county (2.0%) average<sup>29</sup>. Claimants residing in the LSOAs of Wolston South and Ryton on Dunsmore made up almost 35% of claimants in the Rugby Rural South JSNA area in July 2019 (17.4% each). The number of claimants as a proportion of residents aged 16-64 has increased gradually in Rugby Rural South, Rugby Borough and Warwickshire since July 2015 (Figure 34). Under Universal Credit a broader span of claimants are required to look for work than under Jobseeker's Allowance. As Universal Credit Full Service is rolled out across areas in Warwickshire, the number of people recorded as being on the Claimant Count is therefore likely to rise.

**Figure 34: Claimant count in Warwickshire, Rugby Borough and Rugby Rural South (2015-2019) as a proportion of the resident population aged 16-64**



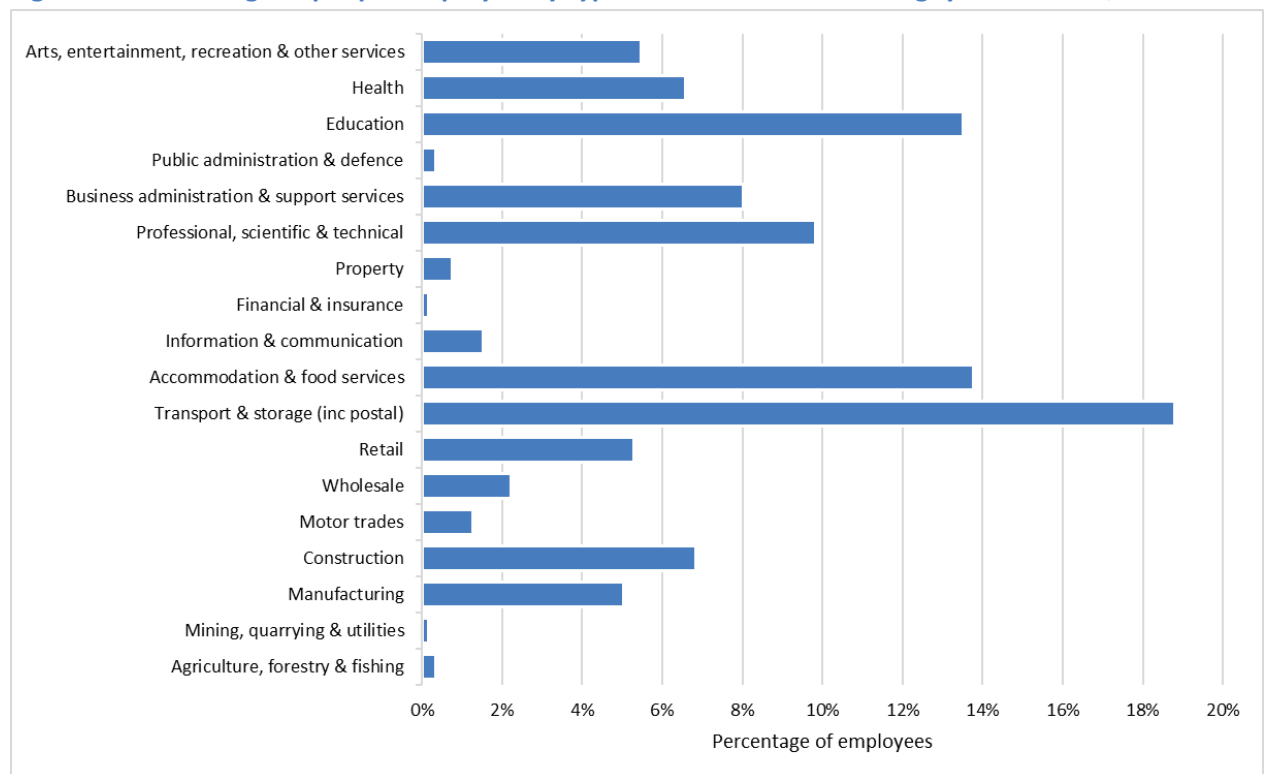
Source: DWP, Stat-Xplore, 2019

### EMPLOYMENT BY BUSINESS SECTOR

In 2018, the sector employing the most people in Rugby Rural South was the transport and storage (including postal) sector (18.8%) followed by the accommodation and food services sector (13.8%) and the education sector (13.5%) (Figure 35)<sup>30</sup>. Of the LSOAs, individuals living in Ryton on Dunsmore made up 91% of those in the JSNA area working in the transport and

storage (including postal) sector, 64% of those working in the business administration and support services sector, 51% of those working in manufacturing and 39% of those working in the professional, scientific and technical sector ; individuals living in Princethorpe, Marton, Frankton, Bourton & Draycote made up 48% of those in the JSNA working in the retail sector and those living in Dunchurch made up 38% of those living in the JSNA area working in the education sector.

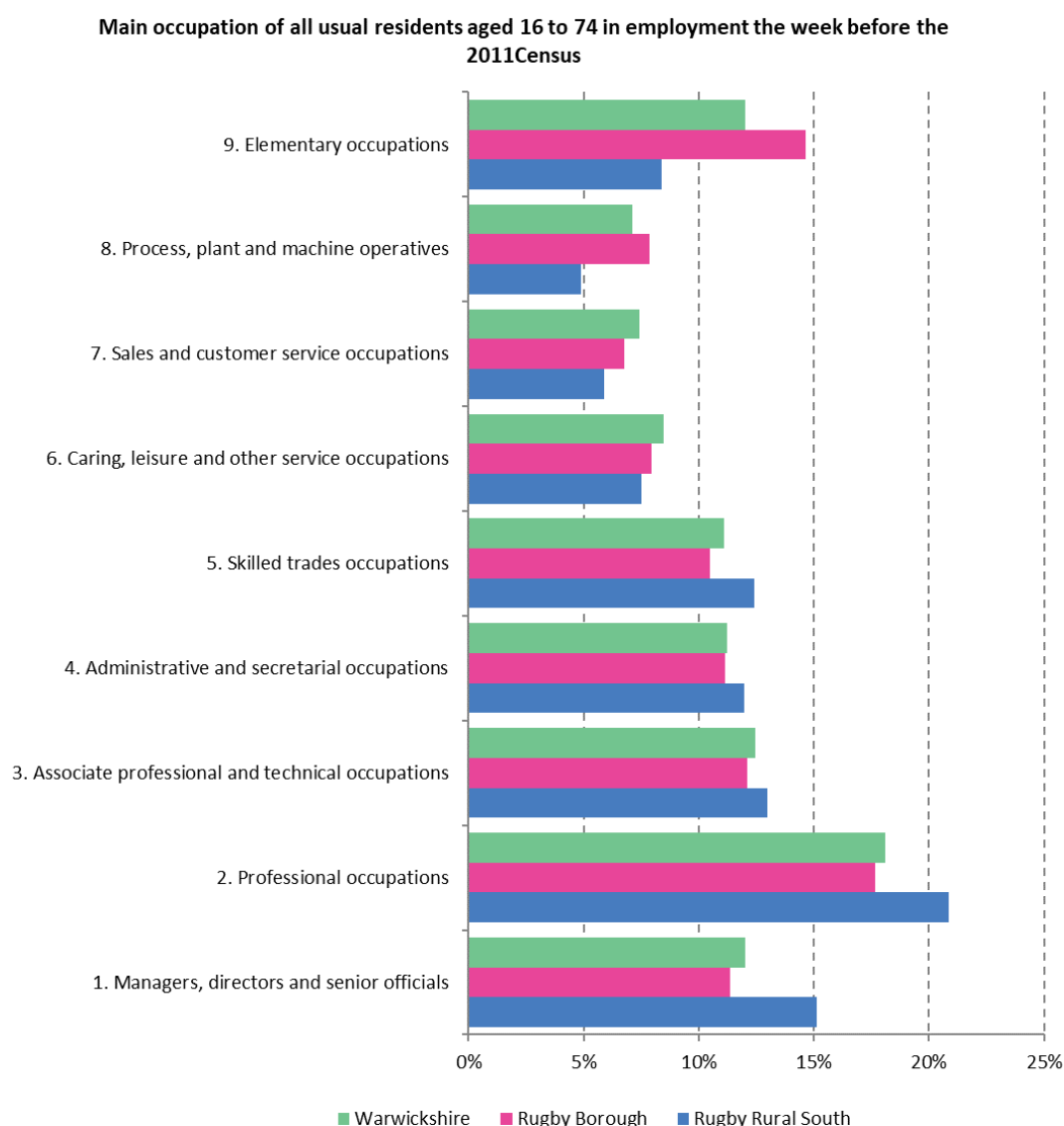
**Figure 35: Percentage of people employed by type of business sector in Rugby Rural South, 2018**



Source: Office for National Statistics, Business Register and Employment Survey 2018

In 2011, the highest proportion of residents (aged 16-74) in Rugby Rural South were employed in 'Professional Occupations' (20.9%) followed by 'Managers, Directors & Senior Officials' (15.1%). Residents were less likely to work in lower paid roles than their Borough or County counterparts (Figure 36) <sup>31</sup>. The smallest proportion (4.9%) were categorised as process, plant and machine operatives; this is compared to 7.1% in Warwickshire and 7.9% in Rugby Borough.

**Figure 36: Main occupation of all usual residents aged 16-74 in employment, 2011**



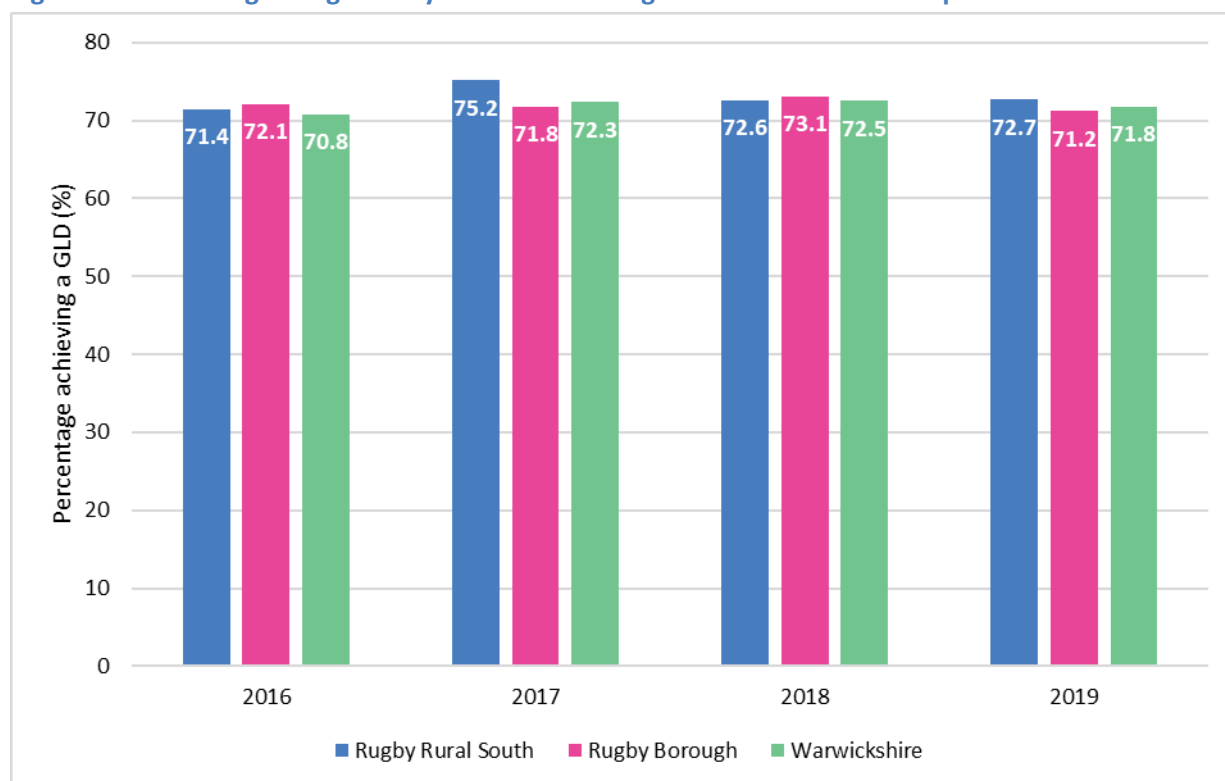
## EDUCATION

In October 2019, there were 1,381 children and young people residing in Rugby Rural South attending state-funded nurseries, schools and colleges in Warwickshire.

### EARLY YEARS - GOOD LEVEL OF DEVELOPMENT

Between 2016 and 2019, the percentage of 4-5 year olds living in Rugby Rural South achieving a good level of development (GLD) at the end of reception year was similar to those living in Warwickshire and Rugby Borough (Figure 37)<sup>32</sup>. The small number of children eligible for a free school meal in Rugby Rural South in reception year does not allow for comparison to be made between these children and those not eligible.

Figure 37: Percentage of aged 4-5 year olds achieving a Good Level of Development

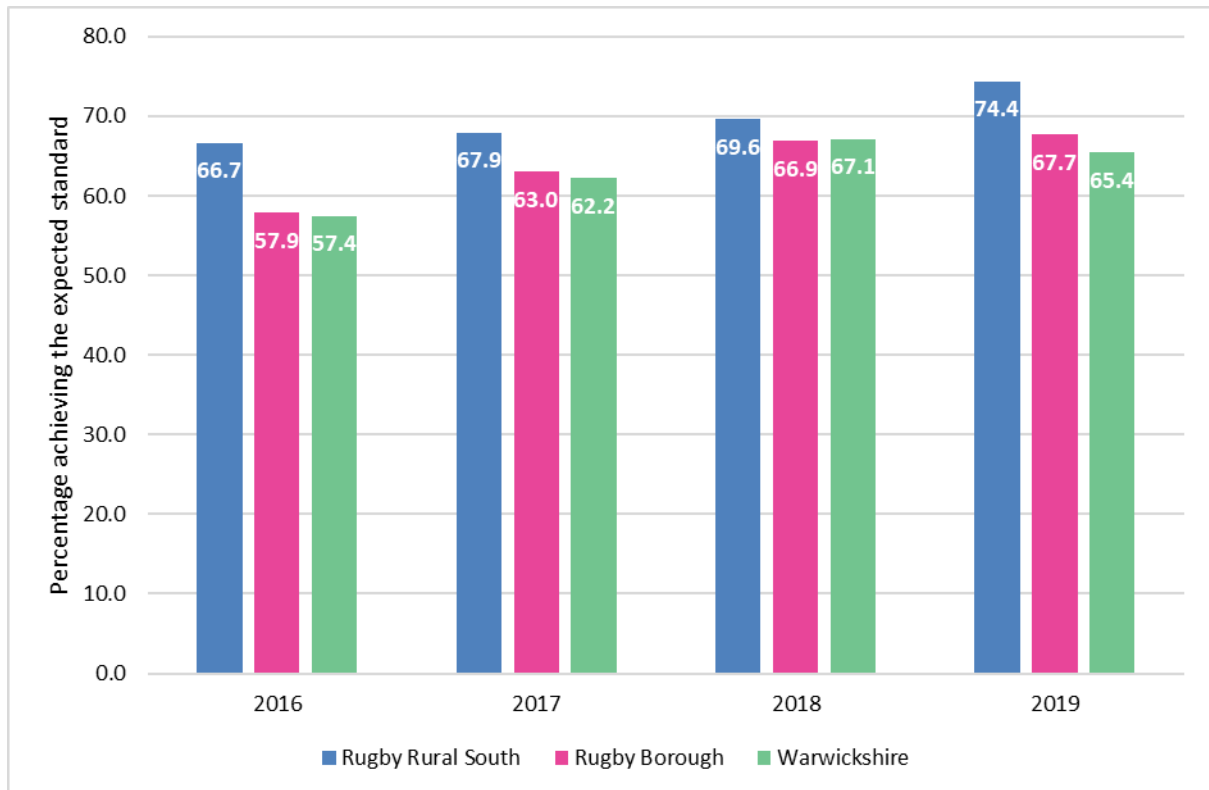


Source: Department for Education, 2019

#### KEY STAGE 2 - EXPECTED STANDARD IN READING, WRITING & MATHS

In 2019, a higher proportion of 10-11 year olds in Rugby Rural South (74.4%) achieved the expected standard in reading, writing and maths at the end of KS2 than those living in Rugby Borough (67.7%) and Warwickshire (65.4%). This has been the case since 2016 (Figure 38)<sup>32</sup>. Again, the small number of children eligible for a free school meal in the Rugby Rural South JSNA area in year 6 does not allow for comparison to be made between these children and those not eligible.

**Figure 38: Percentage of aged 10-11 year olds achieving the expected standard in Reading, Writing and Maths in Rugby Rural South, 2016-2019**

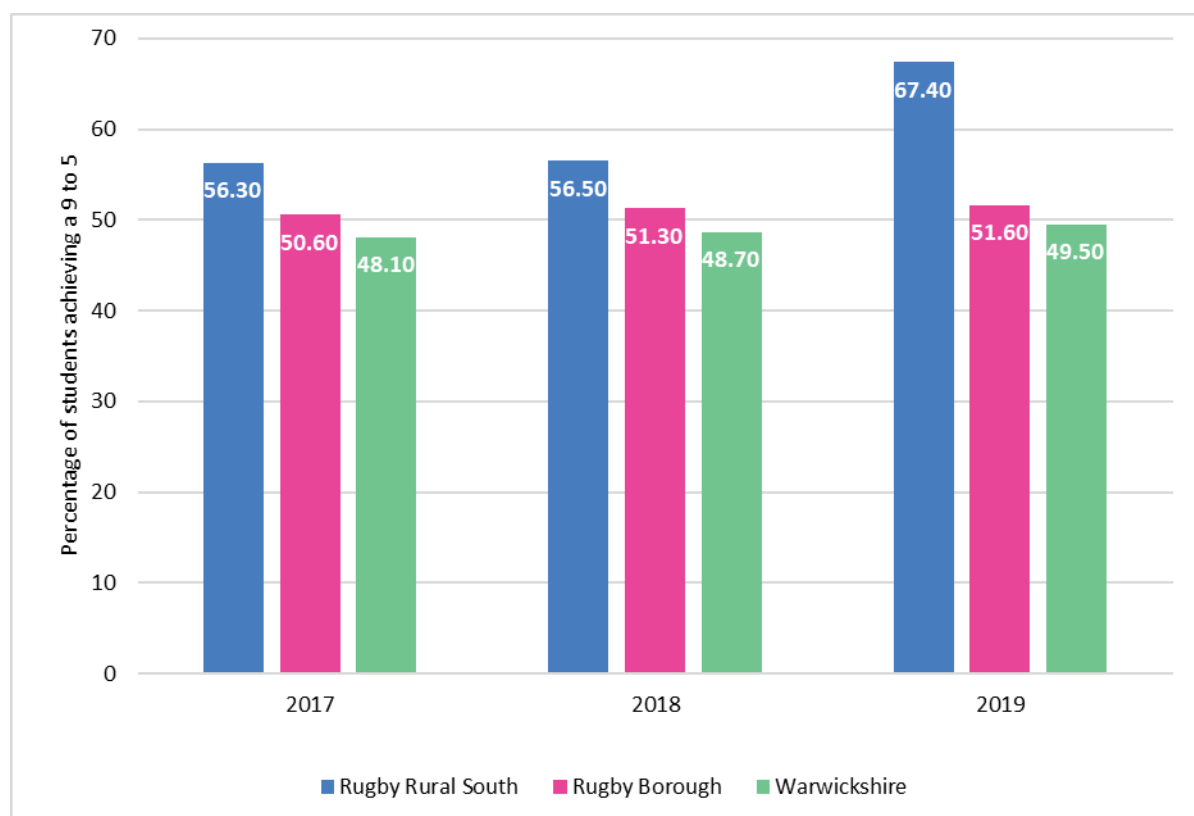


Source: Department for Education, 2019

**KEY STAGE 4 - STUDENTS ACHIEVING THE NEW KEY STAGE 4 MEASURES: 9 TO 5 (STRONG PASS) IN ENGLISH & MATHS**

In 2019, the proportion of 15-16-year olds achieving a strong pass (9 to 5) in English and maths (70.6%) was higher in Rugby Rural South than in Rugby Borough (58.5%) and in Warwickshire (55.4%). This has been the case since 2017 when this measure was introduced (Figure 39)<sup>32</sup>. Again, the small number of children eligible for a free school meal in Rugby Rural South in year 11 does not allow for comparison to be made between these children and those not eligible.

Figure 39: Percentage of 15-16 year olds achieving a strong pass in English and maths



Source: Department for Education, 2019

## SPECIAL EDUCATIONAL NEEDS AND DISABILITIES (SEND)

In January 2019, 2.6% (n=51) of children residing in Rugby Rural South attending a state funded school in Warwickshire had an education, health and care plan (EHCP)<sup>32</sup>. This was slightly lower than the Warwickshire average (3.1%) and made up only 2% of all children living in Warwickshire with an EHCP. The most common primary SEND need resulting in an EHCP was severe learning disability accounting for 31% (n=16) of EHCPs in Rugby Rural South; this was higher than the Warwickshire average (20%). Other common SEND needs were Autistic Spectrum Disorder (20%, n=10) and moderate learning difficulty (12.0%, n=6).

## ABSENCE

Since the 2015/16 academic year a pupil has been classified as a persistent absentee if they miss 10% or more of their possible sessions. In 2018/19, 9.1% of school pupils residing in Rugby Rural South were persistently absent, lower than the proportion in Rugby Borough (10.5%) and Warwickshire (10.1%)<sup>32</sup>. This was the 14<sup>th</sup> highest proportion across the 22 JSNA areas (range 5.9% to 14.4%). However, in 2018/19, the LSOAs in Rugby Rural South that had the highest proportions of persistent absenteeism were Ryton on Dunsmore (20%) and Wolston South (17%), both in the 10% of LSOAs with the highest persistent absenteeism (14<sup>th</sup> out of 339 and 26<sup>th</sup> out of 339 respectively).



## OTHER EDUCATION DATA

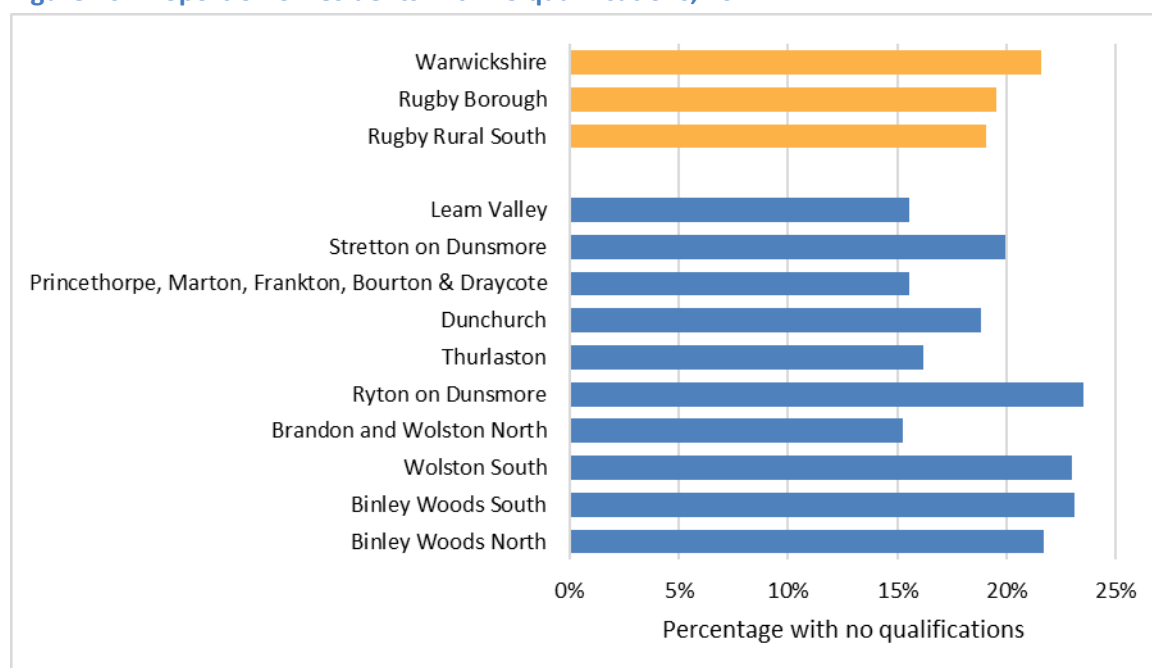
In October 2019, there were a lower proportion of children registered as eligible and claiming for a free school meal in Rugby Rural South (6.5%) than in Rugby Borough (14.3%) and in Warwickshire (12.7%)<sup>33</sup>. The JSNA area had the 3<sup>rd</sup> lowest proportion of children registered as eligible and claiming for a free school meal out of the 22 JSNA areas (range 3.8%-25.8%). Children in Dunchurch LSOA (13%) and Wolston South LSOA (11%) were more likely to be in receipt of a free school meal.

In November 2019, a smaller proportion (81%) of children living in the Rugby Rural South area attended a school that was judged to be 'good' or 'outstanding' by Ofsted than in Warwickshire (87%). This was the fifth lowest proportion of the 22 JSNA areas (range 61%-100%).

## QUALIFICATIONS – ADULT POPULATION

According to the 2011 Census, 21.6% of Warwickshire residents aged 16 and over had no qualifications<sup>34</sup>. For Rugby Rural South, this figure was lower (19.0%) (Figure 40). However, within Rugby Rural South, the LSOAs of Ryton on Dunsmore, Wolston South and Binley Woods South had higher proportions of residents with no qualifications (23.5%, 23.0% and 23.1% respectively). It is generally acknowledged that those with no qualifications are less likely to have positive outcomes across a range of social, health and economic indicators, and these figures indicate that in 2011 there were specific areas of Rugby Rural South with a population who were less qualified.

**Figure 40: Proportion of residents with no qualifications, 2011**



Source: Census (2011) ONS Crown Copyright Reserved

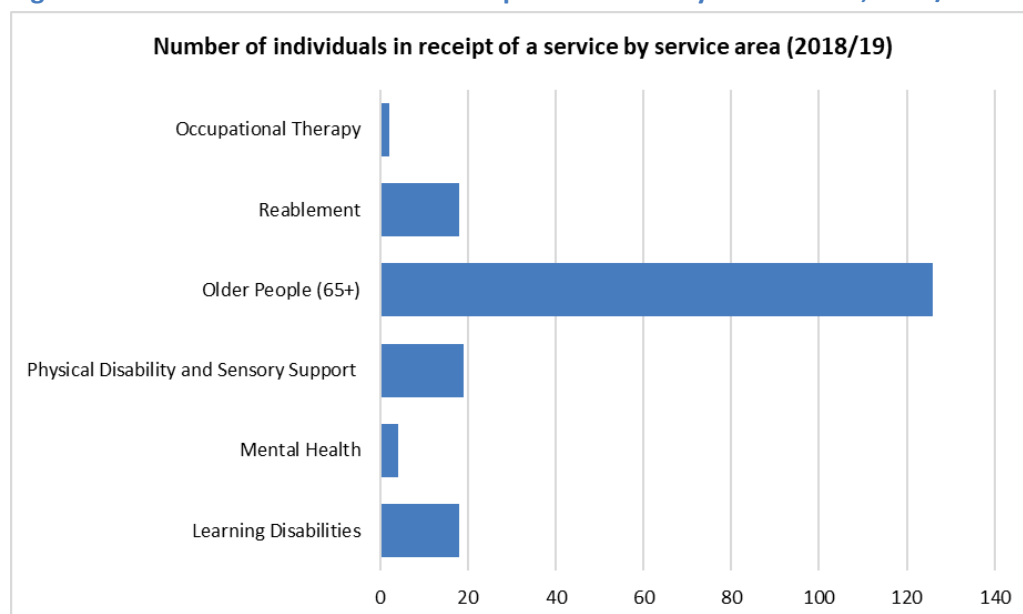
At the other end of the scale, in 2011 residents aged 16 and over in Rugby Rural South (33.8%) were more likely to have a level 4 qualification and above than residents in Rugby Borough (28.2%) and Warwickshire (28.8%). Level 4+ qualifications include degree (for example BA, BSc), higher degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), and professional qualifications (for example teaching, nursing, accountancy). The LSOAs with the highest proportion of residents with a level 4 qualification and above were Princethorpe, Marton, Frankton, Bourton & Draycote (41.1%), Thurlaston (40.1%) and Dunchurch (39.4%).

## SOCIAL CARE

### ADULTS SOCIAL CARE

In 2018/19, 1.4% (n=182) of the adult population (aged 18+) in Rugby Rural South were active users of social care, lower than the proportion in Rugby Borough (1.9%) and Warwickshire (2.1%), and the lowest of all the JSNA areas (range 1.4%-3.2%)<sup>35</sup>. Adults in Rugby Rural South only made up 1.9% of the active service users within Warwickshire which may be a surprise given the proportion of older adults in the population. Of the 182 active service users, during 2018/19, 22.5% accessed residential or nursing care, 70% accessed community care and 25% accessed low level care (note users could receive more than one type of service during the period). Service users were most likely to be receiving services for older people (126 users) or reablement (a service, usually delivered in the home, which is offered to people with disabilities and those who are frail or recovering from an illness or injury - 18 users) (Figure 41).

**Figure 41: Number of individuals in receipt of a service by service area, 2018/19**



Source: WCC Business Intelligence, Commissioning Support Unit, 2019

In 2018/19, 33 individuals in Rugby Rural South received a direct payment. This is where a person has been assessed as needing social services support from their local council or trust, but chooses to receive a direct payment instead of receiving the support arranged by the local council or trust enabling them to choose and purchase the service they feel they need e.g employing a person directly to help manage care.

## CHILDREN'S SOCIAL CARE

### Children in Care (CiC)

At 31<sup>st</sup> March 2019, the rate of Children in Care in Rugby Rural South was 23 per 10,000 child population, the second lowest rate of the 22 JSNA areas (range 12 per 10,000 to 122 per 10,000). The rate was similar to the previous two years<sup>36</sup>.

### Child in Need (CiN)

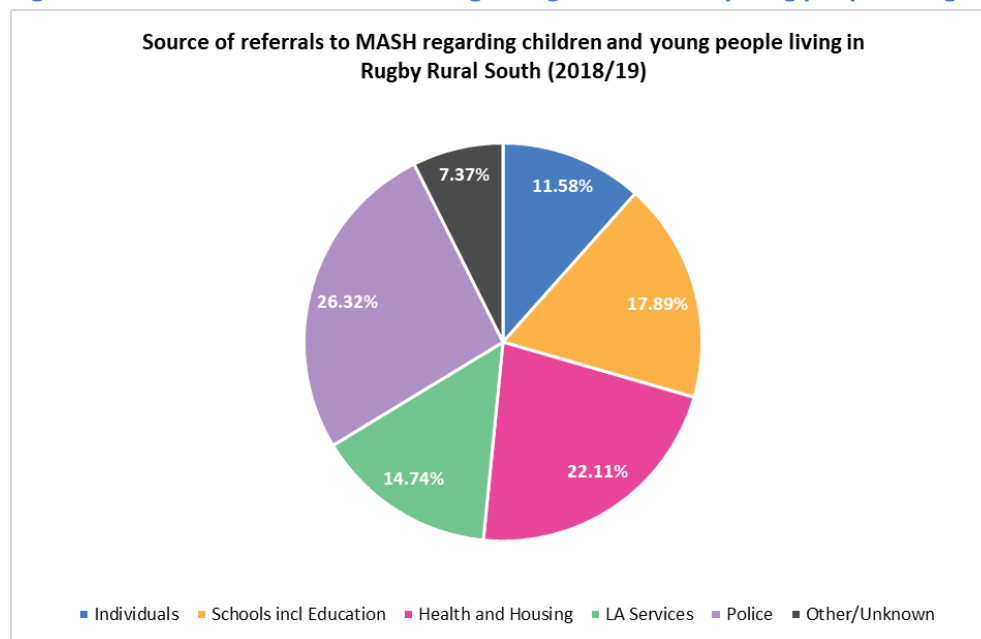
A Child in Need (CiN) is one who has been assessed by children's social care to be in need of services. These services can include, for example, family support, leaving care support, adoption support, or disabled children's services. In Warwickshire, on 31<sup>st</sup> March 2019, there were 275.5 children with a CiN plan per 10,000 population aged 0-17. Of the 3,194 CiN, 2983 could be matched with a LSOA meaning that there were 931 children whose area of residence was unknown<sup>36</sup>. On 31<sup>st</sup> March 2019, there were 38 CiN known to reside in Rugby Rural South, a rate of 125.0 children per 10,000 population aged 0-17; this was the lowest rate of all the JSNA areas (range 125.0 per 10,000 to 387.9 per 10,000). In Rugby Rural South, the rate of CiN on 31<sup>st</sup> March 2019 was a slight decrease on the two previous years (139.9 per 10,000 at 31<sup>st</sup> March 2017 and 131.6 per 10,000 at 31<sup>st</sup> March 2018). The LSOAs with the highest rate of CiN per 10,000 population aged 0-17 years were Thurlaston (236.5 per 10,000) and Wolston South (230.2 per 10,000).

At 31<sup>st</sup> March 2019, the rate of CiN who had a disability in Rugby Rural South was 23 per 10,000 population aged 0-17 years, the lowest rate of the 22 JSNA areas (range 23 per 10,000 to 76 per 10,000). The rate was a slight increase on the previous two years.

### Referrals to the Multi Agency Safeguarding Hub (MASH)

In Warwickshire, between 1<sup>st</sup> April 2018 and 31<sup>st</sup> March 2019 there were 5,351 referrals to the MASH; of these 660 did not have or match to a LSOA<sup>36</sup>. Of the 4,691 referrals that matched to a LSOA, 95 referrals (2%) were regarding children and young people living in Rugby Rural South, a rate of 312.5 per 10,000 population aged 0-17. This was a decrease on previous years (2016/17 = 151 referrals, 502 per 10,000 and 2017/18 = 137 referrals, 450.7 per 10,000). In 2018/19 the majority of referrals regarding children and young people living in Rugby Rural South were from the police (Figure 42).

**Figure 42: Source of MASH referrals regarding children and young people living in Rugby Rural South**



Source: Children’s Social Care Team, Business Intelligence, WCC, 2020

### Priority Families

Priority families are families that meet one or more of the following eligibility criteria: parents and children involved in crime and anti-social behaviour; children who have not been attending school regularly; children who need help (in need or subject to a Child Protection Plan); adults out of work or at risk of financial exclusion and young people at risk of worklessness; families affected by domestic violence and abuse; and parents and children with a range of health problems. Between 1<sup>st</sup> September 2014 and 31<sup>st</sup> October 2019 there were 85 priority families identified in the Rugby Rural South JSNA area; 1.6% of all priority families in Warwickshire and a rate of 5.4 per 1,000 population, the second lowest rate of the 22 JSNA areas<sup>37</sup>. Of the 85 families, the support plan level at the point of eligibility screening was ‘Early Help’ for 57 families and ‘Children’s Social Care’ for 25 families (this information was unavailable for 3 families).

Of the 85 priority families in Rugby Rural South, only 25 families met four or more of the eligibility criteria (six families met all six criteria). After child needing help which all families met, the category that the highest proportion of families met was health issues (55% of families) (Figure 43).

Figure 43: Priority families criteria

Criteria category	Number of families meeting criteria	Percentage of families meeting criteria
<b>Child Needing Help</b>	<b>85</b>	<b>100%</b>
<b>Absence from School</b>	<b>42</b>	<b>49%</b>
<b>Crime and/or ASB</b>	<b>19</b>	<b>22%</b>
<b>Domestic Violence/Abuse</b>	<b>20</b>	<b>24%</b>
<b>Financial Exclusion</b>	<b>27</b>	<b>32%</b>
<b>Health Issues</b>	<b>47</b>	<b>55%</b>

Source: WCC Business Intelligence, Commissioning Support Unit, 2019

## COMMUNITY SAFETY

### CRIME

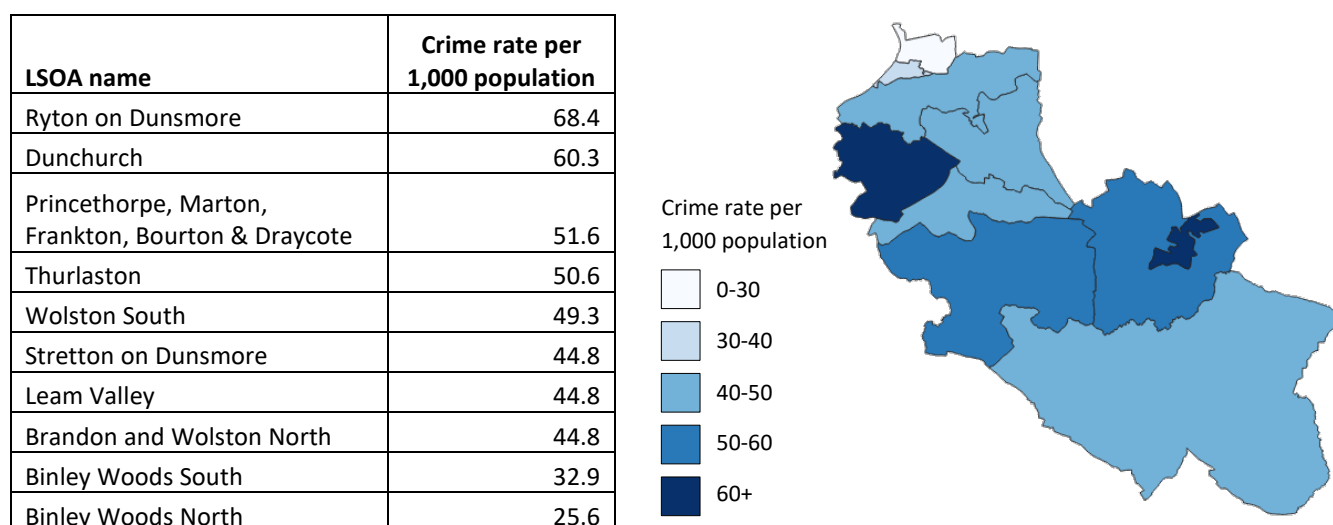
The Rugby Borough Community Safety Partnership (CSP) works to reduce levels of crime and disorder in the borough. The Rugby CSP priorities for 2020/21 are:

- **Violent Crime** - *With a focus on knife crime*
- **Personal Robbery**
- **Vulnerability** - *With a focus on domestic abuse, Modern Slavery and Human Trafficking (MSHT), Child Exploitation, Prevent*
- **Business Crime**
- **Road Safety**

In addition, Rugby CSP Board elected to monitor three cross cutting themes consisting of drugs and alcohol, reducing re-offending and organised crime groups.

Rugby Rural South saw a recorded crime rate of 48.5 per 1,000 population for the twelve-month period September 2018 to August 2019 which was considerably lower than the borough rate of 73.6 per 1,000 and the county (73.4 per 1,000)<sup>38</sup>. For context, over the last two years Rugby Rural South has placed 19<sup>th</sup> of the 22 JSNA areas on crime rate indicating it is a relatively low crime area. At LSOA, crime rates varied considerably across the JSNA area (Figure 44).

Figure 44: Crime rate per 1,000 population by Rugby Rural South LSOA, 2018/19



Source: Crime Information System, Warwickshire Police

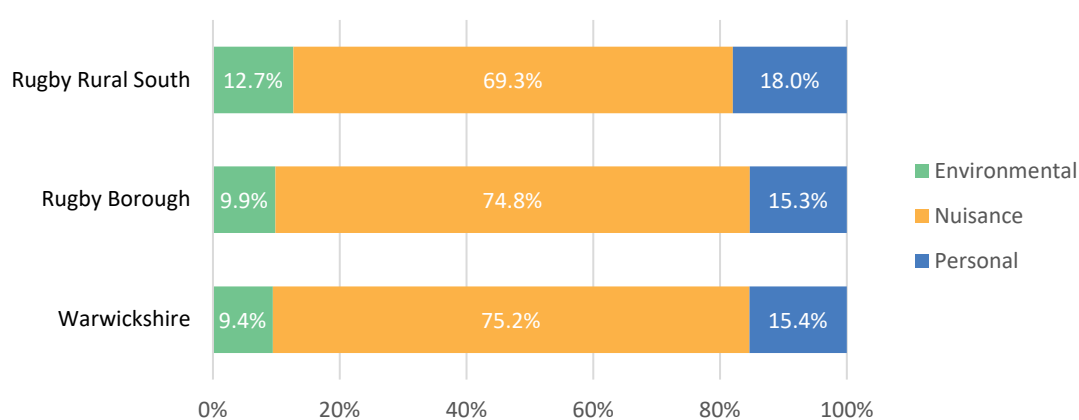
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In addition to the highest rates, Ryton on Dunsmore and Dunchurch also saw the highest volumes of offences during the 12-month period with 129 and 105 offences respectively. Violence without injury offences made up just under a quarter of Ryton on Dunsmore crime (23%) and a fifth of Dunchurch offences.

## ANTI-SOCIAL BEHAVIOUR

During the examined period of September 2018 to August 2019, a total of 189 anti-social behaviour (ASB) incidents were recorded across Rugby Rural South at a rate of 12.1 per 1,000 population which was below the borough rate of 22.2 per 1,000, and the county (22.8 per 1,000)<sup>39</sup>. The proportion of incidents by ASB category is provided in Figure 45.

Figure 45: Proportion of ASB incidents by category, 2018/19



Source: Warwickshire Police, STORM incident system

At LSOA level, ASB rates varied from 19.8 per 1,000 population (Wolston South) to 5.1 per 1,000 (Princethorpe, Marton, Frankton, Bourton & Draycote). In terms of comparison, Wolston South ranked 142<sup>nd</sup> of the 339 Warwickshire LSOAs.

## ROAD SAFETY

Warwickshire County Council's Road Safety Intelligence Team manages data in relation to Road Traffic Collisions (RTCs). During the period November 2018 to October 2019 there were a total of 39 RTC resulting in injury in Rugby Rural South, a reduction of 10 compared to the previous 12 months. Of the 39 collisions, 10 resulted in serious injury and four involved fatalities.

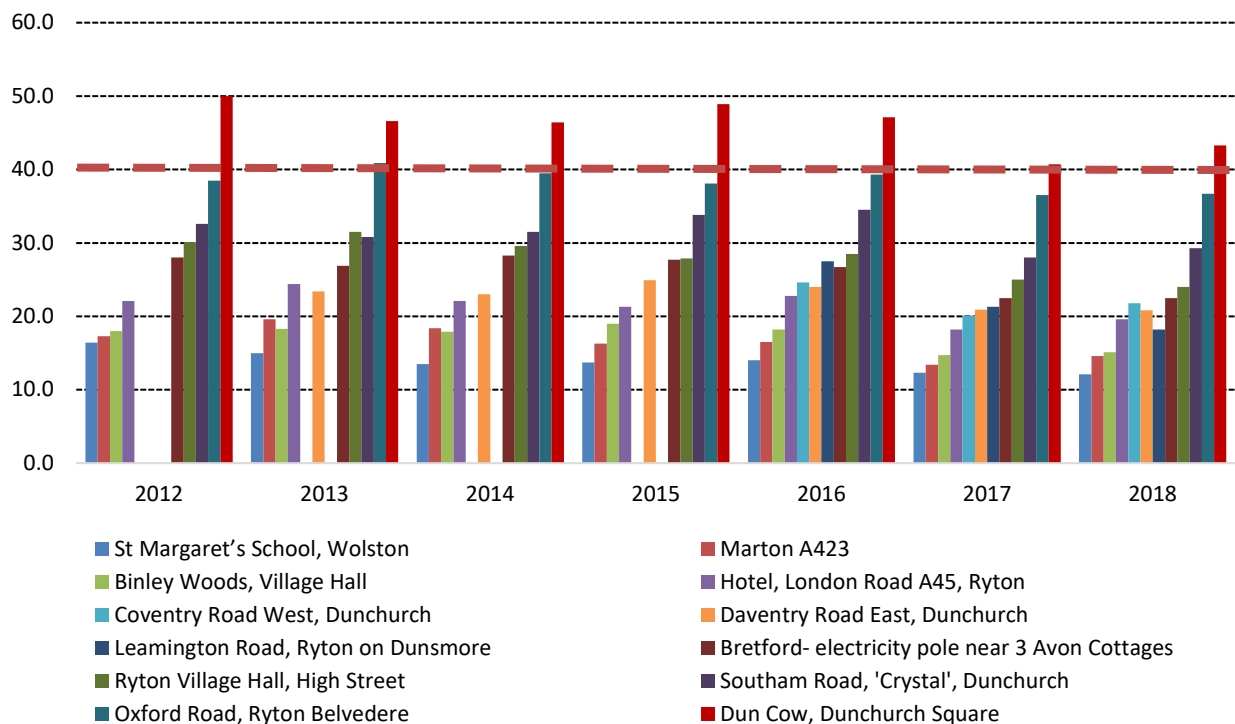
At LSOA, the number of collisions resulting in injury are relatively small and vary considerably year on year. Princethorpe, Marton, Frankton, Bourton & Draycote saw the highest levels of collisions resulting in people being killed or seriously injured (KSI) with two fatalities and two serious injury in the period November 2018 to October 2019.

## ENVIRONMENT

### AIR QUALITY

Our physical and psychological health and wellbeing is affected by the quality of air we are exposed to. Indeed, living in a pollution-free environment signifies a better quality of life. Figure 46 shows the trend in annual mean nitrogen dioxide (NO<sub>2</sub>) concentrations (µg/m<sup>3</sup>) between 2012 and 2018 at the non-automatic monitoring sites within the Rugby Rural South JSNA area. One site within the JSNA boundary – kerbside Dun Cow, Dunchurch Square – exceeded the European Commission air quality standard objectives of 40µg/m<sup>3</sup> (above the red line) every year between 2012 and 2018. It should also be noted that the kerbside Oxford Road, Ryton Belvedere has remained over 30µg/m<sup>3</sup> each year<sup>40</sup>.

Figure 46: Trends in NO<sub>2</sub> Annual Mean Concentration (µg/m<sup>3</sup>), 2012-2018



Source: Rugby Borough Council, Air Quality Annual Status Report, 2019

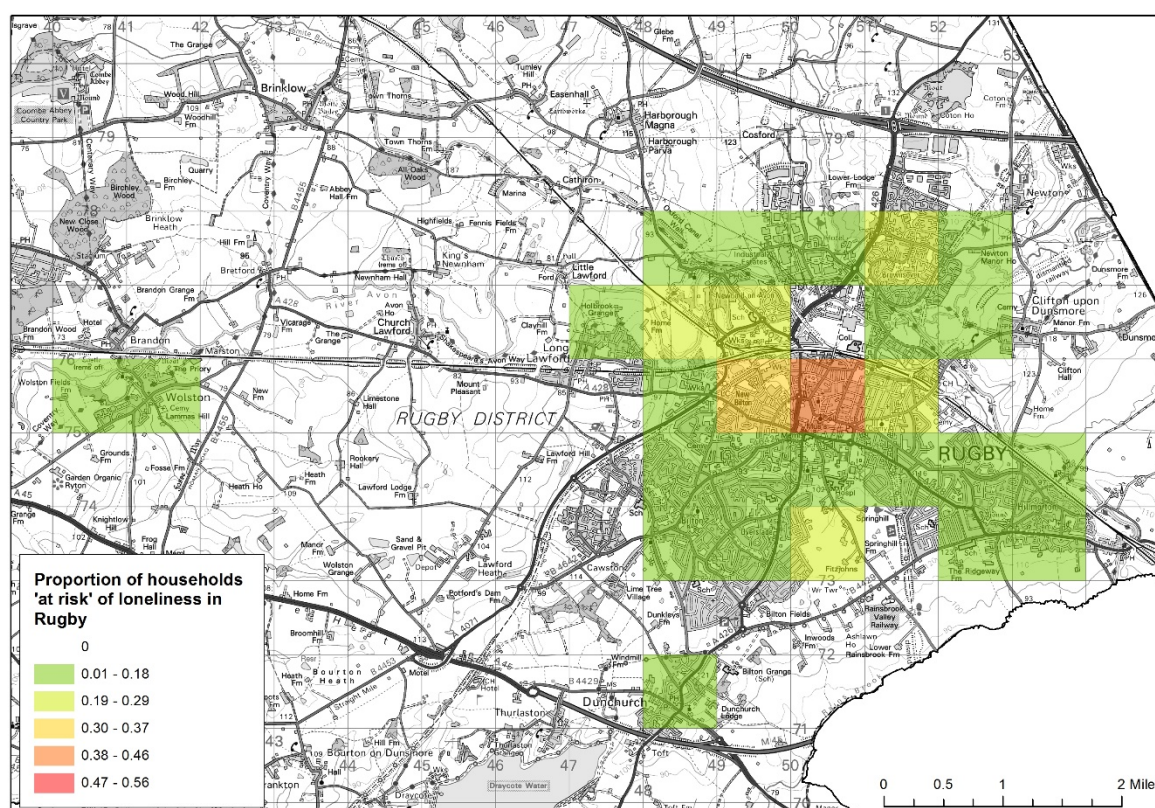
## SOCIAL ISOLATION AND CONNECTIVITY

The IMD section highlighted that although Rugby Rural South is on the whole not a deprived area, some LSOAs within Rugby Rural South are considered deprived when considering the barriers to housing and services domain. This domain in part measures the physical and financial accessibility of local services.

A needs assessment carried out by Warwickshire County Council in 2015 found that whilst the areas at highest risk of loneliness and social isolation in the borough of Rugby were largely centred around the town of Rugby itself there were other wards where 1-18% of households were at risk of loneliness and social isolation including in the Dunsmore Ward and Wolston and the Lawfords Ward (Figure 47)<sup>41</sup>.



Figure 47: Households at Risk of Loneliness



Source: WCC, <https://www.warwickshire.gov.uk/directory-record/2186/loneliness-and-social-isolation-needs-assessment-2015->

An issue raised at the Rugby Rural South stakeholder meeting, that impacts on access to services that are increasingly digital meeting, was availability of good quality/high speed broadband. Data was provided by Connecting Solihull and Warwickshire (CSW) Broadband on the broadband status within the JSNA area (Figure 48).

Figure 48: Broadband Availability in Rugby Rural South LSOAs- February 2020

LSOA	Superfast available	Contract 3	Awaiting funding
Thurlaston	1,036	23	499
Dunchurch	894	3	13
Princethorpe, Marton, Frankton, Bourton & Draycote	554	158	94
Stretton-on-Dunsmore	527	37	11
Binley Woods North	666	1	1
Binley Woods South	506	2	2
Wolston South	703	11	14
Brandon & Wolston North	816	18	12
Leam Valley	795	88	39
Ryton on Dunsmore	769	96	32

Source: CSW Broadband, WCC, February 2020

In total, superfast broadband was already available at 7,266 properties, 435 properties were due to be upgraded as part of Contract 3 of the CSW project, and 763 properties were in an area that was awaiting funding. In addition to this, 37 properties had been promised superfast broadband by one of the major telecoms providers and 3 properties were promised broadband by an alternative supplier. In Thurlaston LSOA, there were almost one-third of properties awaiting funding.

## COMMUNITY ASSETS

It is difficult to keep an up-to-date list of local assets, particularly when many projects are short term and times or location of events can change. However, in February 2020, research and information gathering was undertaken in order to identify current community assets within the JSNA area of Rugby Rural South.

Community assets have been grouped into 10 broad themes. An individual community asset can appear across multiple themes (for example, a dementia café would feature in Older People, Advice & Support, Health & Wellbeing, and Community Cafes and Foods). Rugby Rural South's community assets are listed in Figure 49 and presented in Appendix A.

**Figure 49: Count of community assets by theme in Rugby Rural South, February 2020**

Theme	Count
1 – Children & Families	24
2 – Young People	6
3 – Older People	4
4 – Community Venues & Meeting Points	16
5 – Community Organisations & Social Groups	16
6 – Leisure & Recreational Activities	25
7 – Advice & Support	1
8 – Community Cafes & Foods	3
9 – Health & Wellbeing	5
10 – Education & Learning	19

The themes with the largest number of community assets was Leisure & Recreational Activities. The theme with the fewest community assets was Advice & Support. Geographically, the majority of community assets are located in the north of the JSNA area (see Appendix A).

## COMMUNITY ENGAGEMENT

The following section includes data and information from local residents and stakeholders to highlight the health and wellbeing needs of people live in in the Rugby Rural South JSNA area.

This section presents the findings of a Joint Strategic Needs Assessment survey administered to professionals (those working in the JSNA area) and residents (those living in the JSNA area). The findings presented below are based on responses to the surveys between 1st June 2018 and 18th February 2020.

**Professionals:** 3 respondents identified themselves as a professional working in the Rugby Rural South JSNA area and 19 respondents stated they worked across all areas of Rugby Borough, including in the Rugby Rural South JSNA area. Respondents were asked to select priorities for improvement for specific age groups. Figure 50 summarises the priorities selected. Mental health and wellbeing was listed in the top two priorities across all age groups.

**Figure 50: Professional: priority areas for improvement**

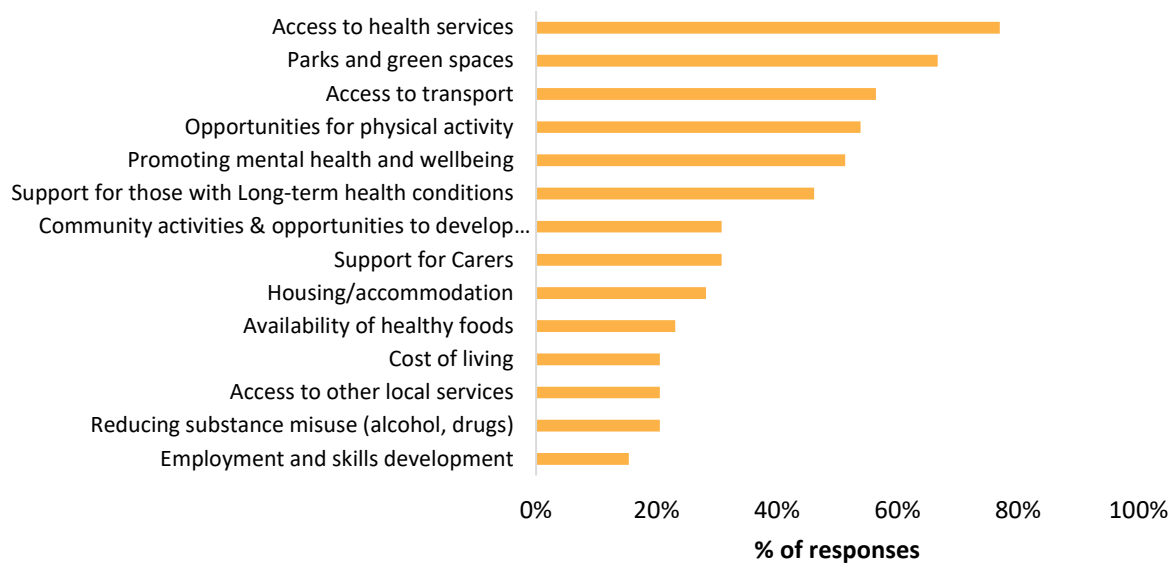
Age Group	Priority 1	Priority 2	Priority 3
<b>Parent &amp; Infant</b>	Initiatives to support and reduce people living in poverty (e.g. access to Free School Meals, employment)	Mental health and wellbeing	Healthy lifestyles (e.g. be active, eat healthy, stop smoking)
<b>Children and young people (5-17 years)</b>	Initiatives to support and reduce people living in poverty (e.g. access to Free School Meals, employment)	Mental health and wellbeing	Healthy lifestyles (e.g. be active, eat healthy, stop smoking)
<b>Working age (18-64 years)</b>	Employment and skills	Mental health and wellbeing	Substance Misuse (e.g. alcohol, drugs)
<b>Older People</b>	Support for those with long-term health conditions	Mental health and wellbeing	Community activities and opportunities to develop social networks
<b>All Ages</b>	Mental health and wellbeing	Community activities and opportunities to develop social networks	Support for carers

When asked, in their experience of working in the Rugby Rural South JSNA area, to rank the top three potential barriers to improving health and wellbeing of the local population, lack of

funding was selected by 13 (59.1%) respondents. The next most commonly selected potential barrier was lack of knowledge to improve health and wellbeing (n=12, 54.5%).

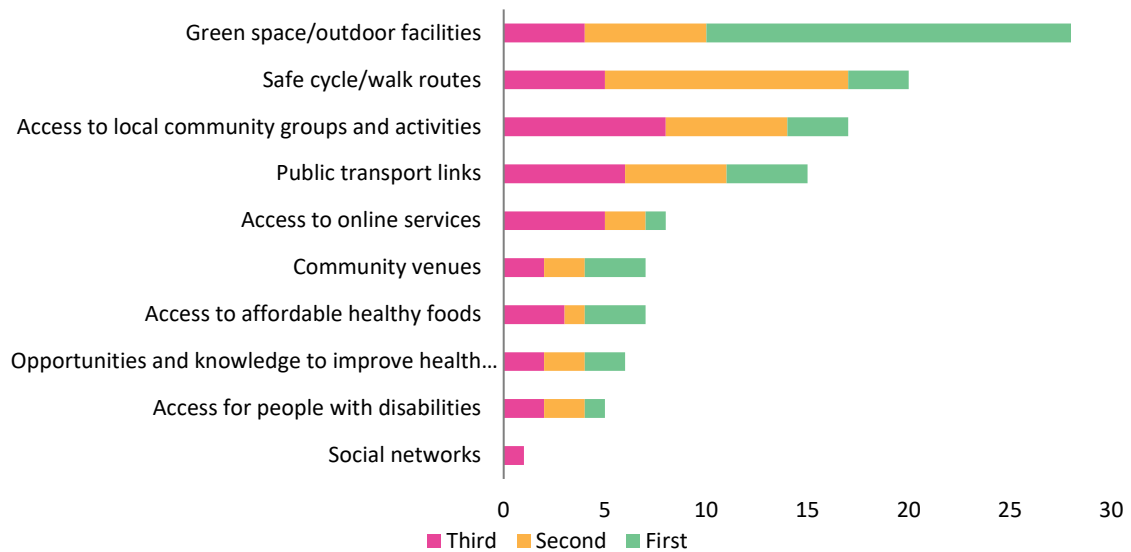
**Residents:** 39 respondents identified themselves as a resident living within the Rugby Rural South JSNA area. Residents were asked to select, from a number of options, which issues they felt were priorities for health and wellbeing in the local area (Figure 51). The top issues selected included access to health services, parks and green spaces, and access to transport.

**Figure 51: Residents: priority areas for health and wellbeing**



Residents were also asked, from a list, the top three things that they value in the local area which support positive health and wellbeing. Figure 52 highlights that green space/outdoor facilities were most likely to feature in residents' top three, followed by safe cycle/walk routes, and access to local community groups and activities. It should also be noted that green space/outdoor facilities were selected as first choice by 46% of all respondents and highlights the rural nature of the JSNA area.

**Figure 52: Residents: top three things in the local area which support positive health and wellbeing**



The priority areas for health and wellbeing were reiterated when respondents were asked to suggest three things that could be better in the local area to improve health and wellbeing. Areas for improvement that were mentioned most frequently were:

- Public transport / traffic improvements / road(side) maintenance
- Improvements to and increased number of local community facilities /amenities /venues
- Information/promotion of local activities which support health and wellbeing
- Access to health services (GP, dentist etc.)
- Opportunities for physical activities
- Crime/community safety

Residents were also asked what local activities/events they would like to see in the area. Activities that were mentioned most frequently were:

- Neighbourhood projects/village get togethers (e.g. local litter picks, community days/events)
- Wider choice of local clubs (e.g. singing, gardening, craft groups)
- Facilities/activities/provisions for young people
- Exercise opportunities (classes, clubs, local running/cycling events, outdoor gym equipment)
- A wellbeing/health fair
- Mobile library, post office, local shop
- Recycling
- Police presence/community safety events

## STAKEHOLDER VIEWS

A stakeholder engagement event to understand the health and wellbeing needs of people living in the Rugby Rural South JSNA area took place at Wolston Leisure and Community Centre on 8<sup>th</sup> January 2020. The event included a presentation of the initial analysis and group sessions to discuss the data presented. First, participants discussed their overall impressions of the data, whether, in their opinion, this was an accurate description of the area, and the themes and emerging issues from the data. Second, four emerging themes (identified from initial data analysis) were discussed in more detail:

1. Mental health and wellbeing including loneliness and social isolation
2. Young people's health and wellbeing including A&E attendance, emergency admissions for injuries and obesity
3. Health needs and access to health services for an older population
4. Inequalities

Participants were asked to discuss each theme, identify any current local work in this area and to tell us more that could contribute to tackling the health and wellbeing needs of people living in the Rugby Rural South JSNA area. The key findings from the stakeholder event are presented in the Appendix. It should be noted that attendance at the stakeholder event was not necessarily representative of the JSNA area.

Key areas that emerged were:

- Increasing number of houses and therefore population around some of the main towns (Dunchurch and Wolston) and villages (Ryton on Dunsmore) impacting on the infrastructure (roads, schools etc.) and demand for health services. Need to incorporate a consideration on health and wellbeing in planning.
- Transport issues particularly for older and younger residents with potential for exclusion due to lack of transport. Poor transport availability for hospital appointments and social activities was highlighted as a concern.
- A general lack of services for early years, children and young people outside of the main towns. This included parenting groups and leisure activities. A scarcity of health visitors was mentioned.
- The high number of informal carers (related to the age profile of the population) and difficulties of supply of community care in a rural area due to travel time to visit patients.
- Access to mental health services raised as a particular issue with lengthy waiting times.
- Lots of transient workers living in the area who don't have any links to the area and aren't invested in the area.
- Road safety was raised as a concern and a barrier for leisure activities such as cycling and walking.

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