
Kronospan Low Carbon CHP Facility



Appendix 11A

Population and Health Baseline

Prepared for: Kronospan

December 2025

DNS5-4-042

1.0 POPULATION AND HEALTH BASELINE

1.1 Introduction

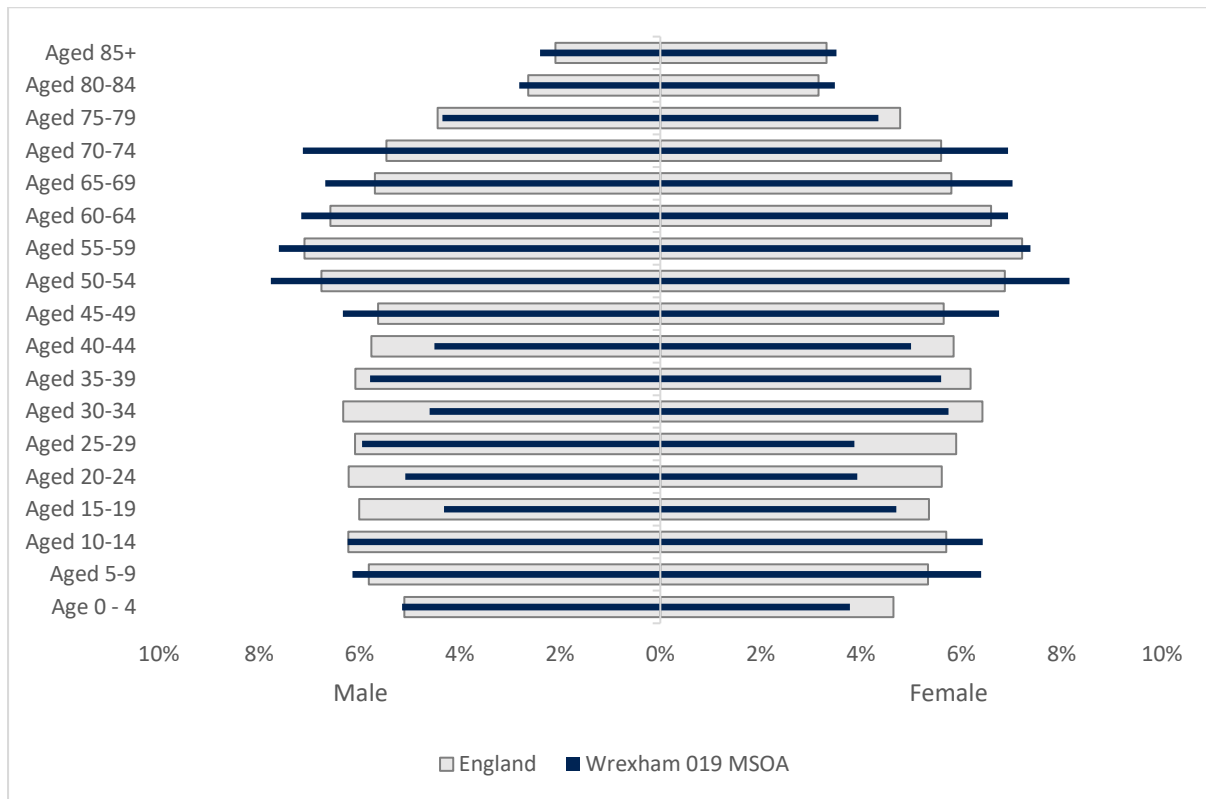
- 1.1.1 Communities have varying susceptibility to health impacts and/or benefits due to differing demographic structure, physical and mental health, lifestyle and behavioural risk factors and socio-economic circumstance.
- 1.1.2 This population and health baseline aims to put into context the local health and socio-economic circumstance of the communities surrounding the proposed development.
- 1.1.3 The study area comprises Wrexham 019 MSOA, using Wrexham U004 USOA, Wrexham district, Betsi Cadwaladr University Health Board and Wales data as relevant comparators.

1.2 Demography

- 1.2.1 As shown in Figure 1, the population living in Wrexham 019 MSOA are more elderly than the national average, with a higher proportion of the population (male and female) aged 50-85+ years old. In addition, there is a higher proportion of the population (male and female) aged 0-14 years old.



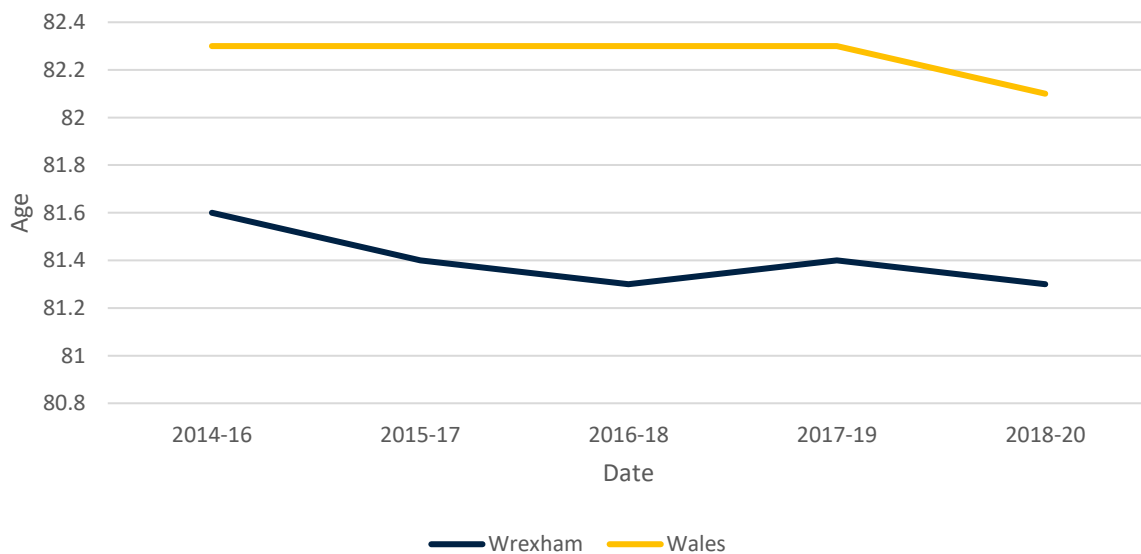
Figure 1: Age structure



1.3 Life Expectancy

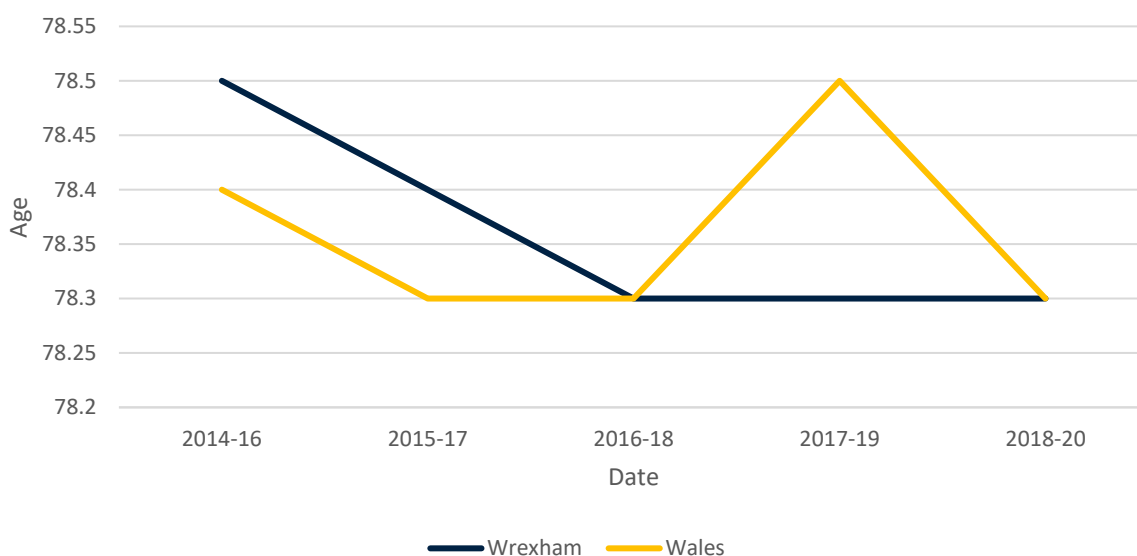
1.3.1 As shown in Figure 2, female life expectancy in Wrexham has been consistently lower than the Wales average between 2014-16 and 2018-20 and has shown a general decrease over time.

Figure 2: Female life expectancy



- 1.3.2 As shown in Figure 3, male life expectancy in Wrexham was higher than the Wales average in 2014-16 but decreased to a level which was lower than the Wales average in 2017-19. Data from 2018-20 shows that male life expectancy in Wrexham has remained the same since 2016-18 and is equal to the Wales average.

Figure 3: Male life expectancy



1.4 Mortality

- 1.4.1 As shown in Figure 4, all age all-cause mortality in Wrexham 019 MSOA has shown an overall decrease since 2013, to a level which is lower than all relevant comparators. When analysing specific causes of mortality, the same is true for cardiovascular disease mortality (Figure 5) and respiratory disease mortality (Figure 6) (data only available at the USOA level). As shown in Figure 7, this is also the case for cancer mortality in Wrexham 019, albeit cancer mortality is more comparable to the Wrexham and Wales averages, and while showing an overall decrease has remained more static in recent years.

Figure 4: All-age all-cause death rate

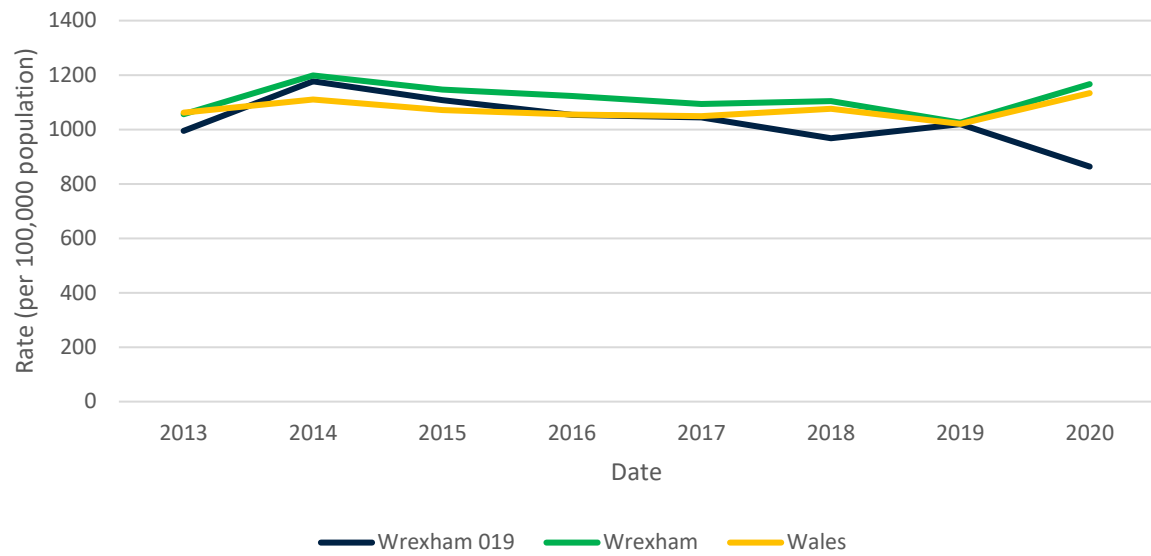


Figure 5: Cardiovascular disease death rate, all ages

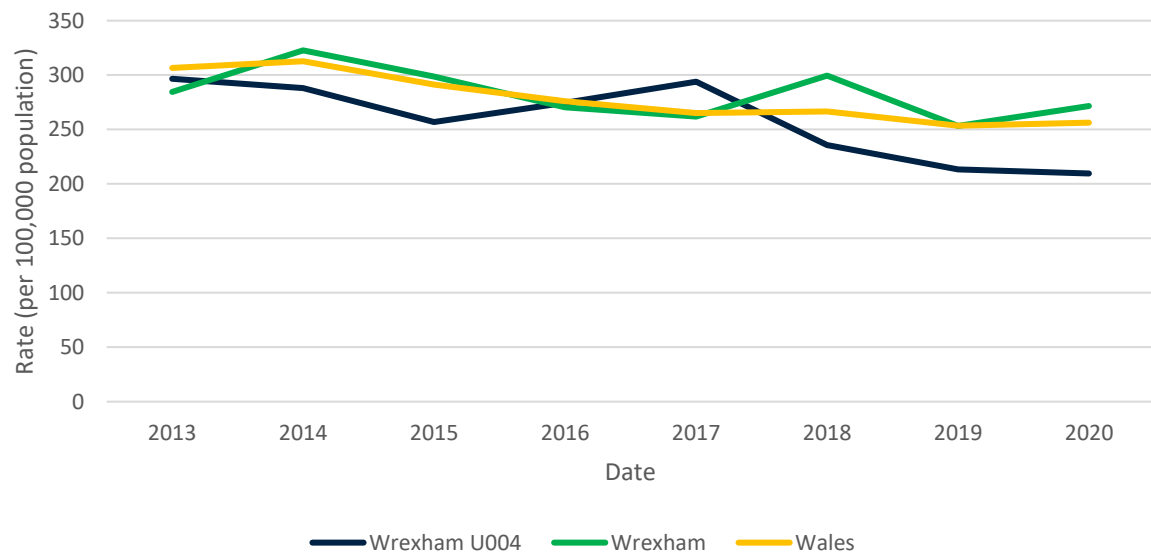


Figure 6: Respiratory disease death rate, all ages

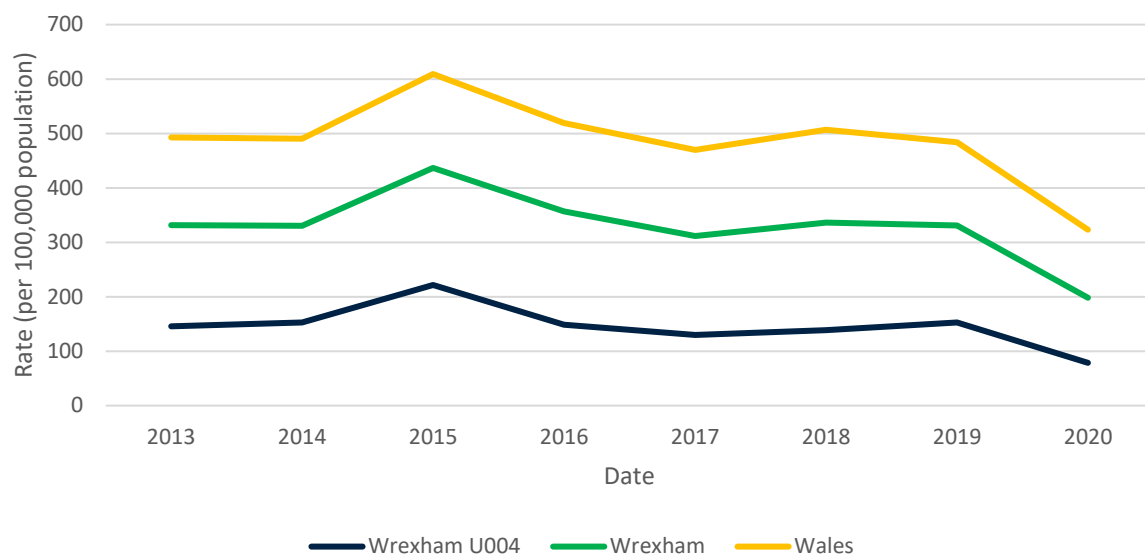
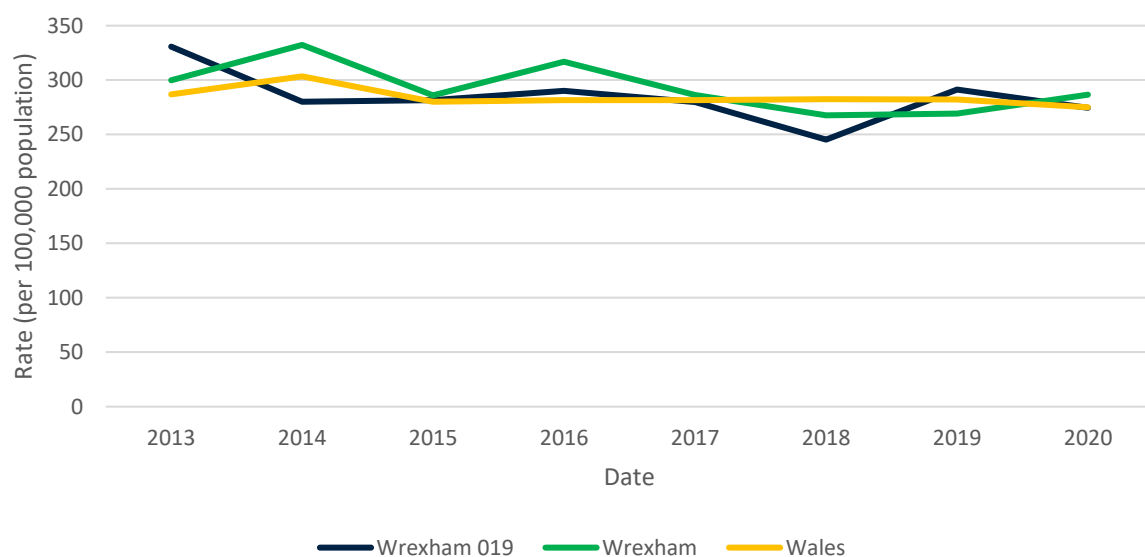


Figure 7: Cancer death rate, all ages



1.5 Hospital Admissions

- 1.5.1 As shown in Figure 8, all-age all-cause hospital admissions in Wrexham 019 has been consistently lower than the Wales average, remaining relatively static between 2013/14 and 2019/20, and decreasing in line with district and national trends in 2020/21.
- 1.5.2 When analysing specific causes for hospital admissions, respiratory disease admissions (Figure 9) and cardiovascular disease admissions (Figure 10) in



Wrexham 019 have remained relatively consistent with district and national trends, while cancer admissions (Figure 11) have fluctuated year by year where 2020/21 data shows lower cancer admissions in Wrexham 019 than all relevant comparators.

Figure 8: All-cause hospital admission rate, all ages

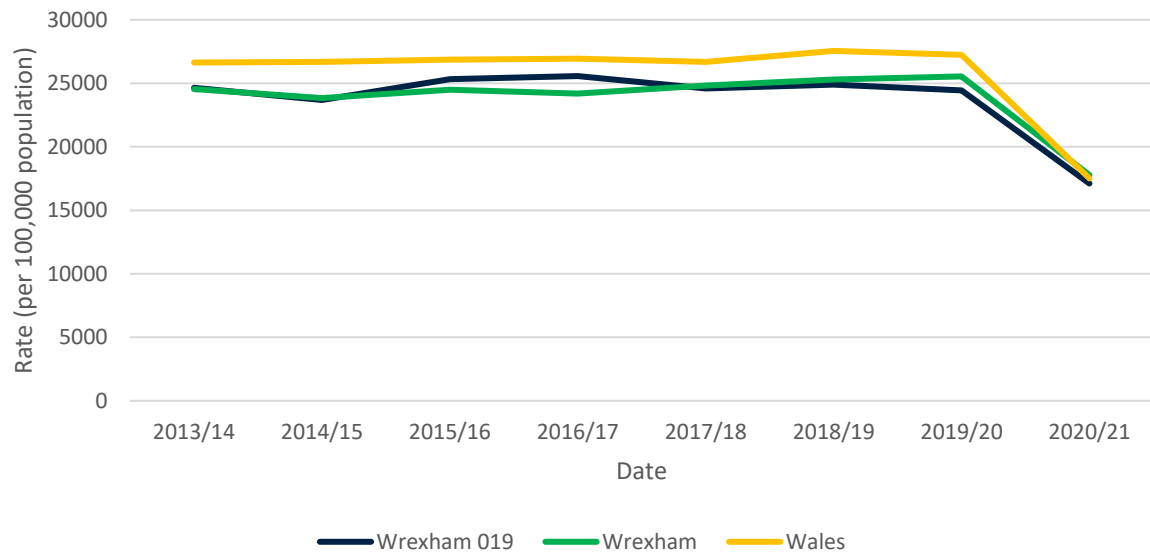


Figure 9: Respiratory disease hospital admission rate, all ages

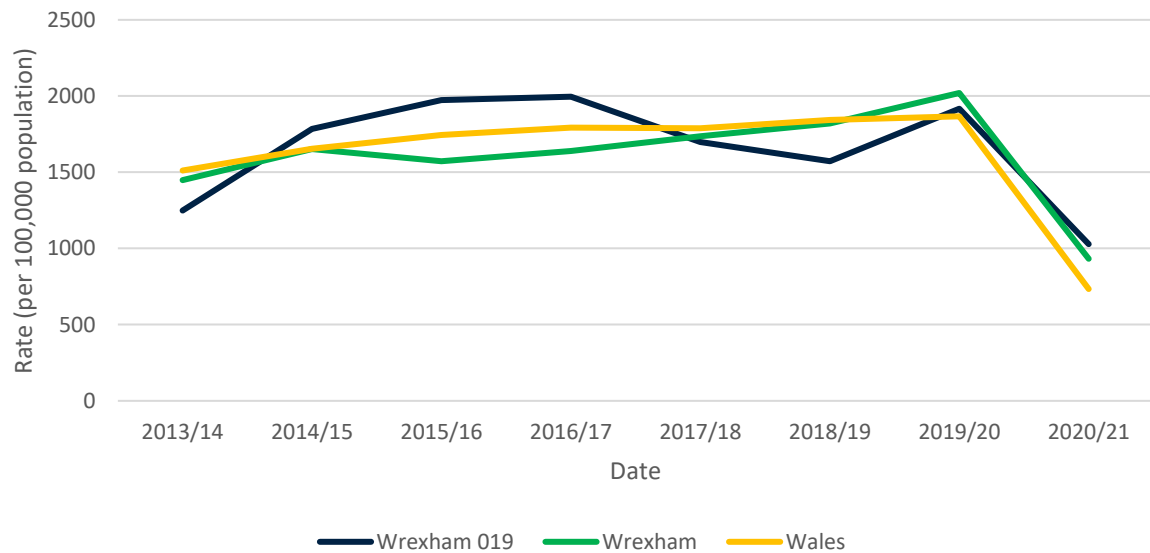


Figure 10: Cardiovascular disease admission rate, all ages

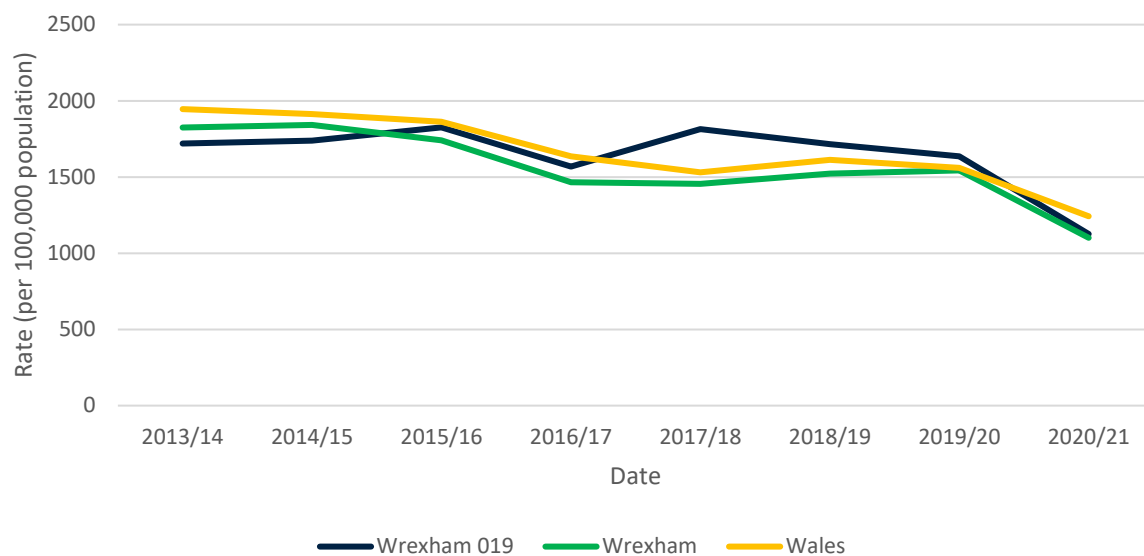
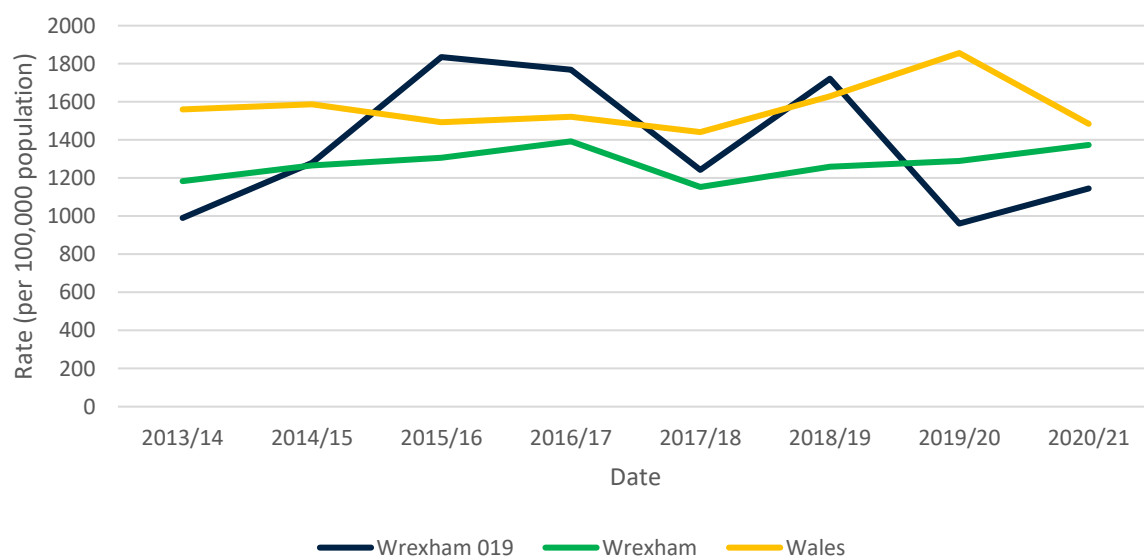


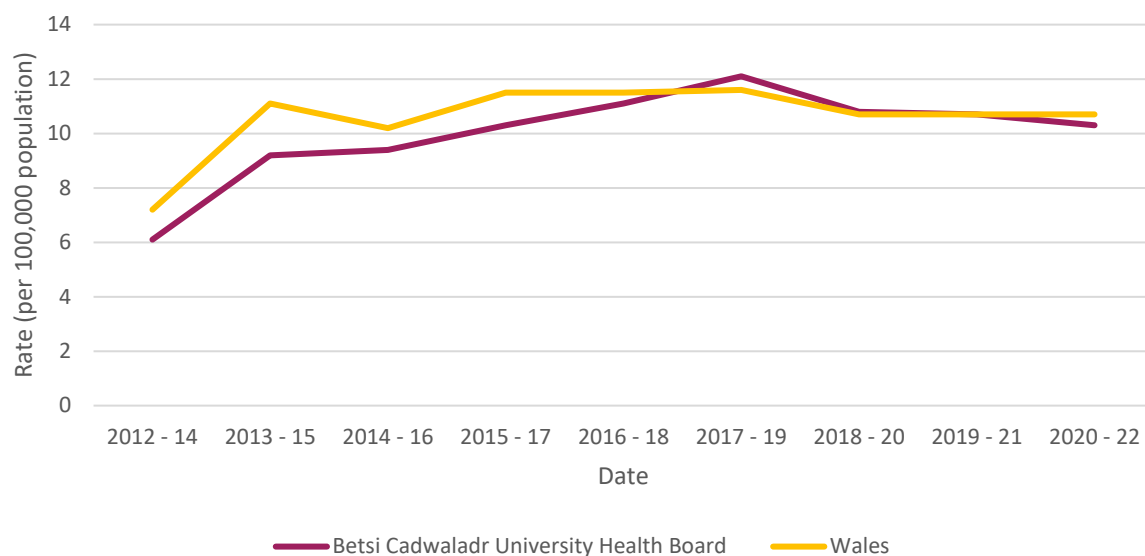
Figure 11: Cancer admission rate, all ages



1.6 Mental Health

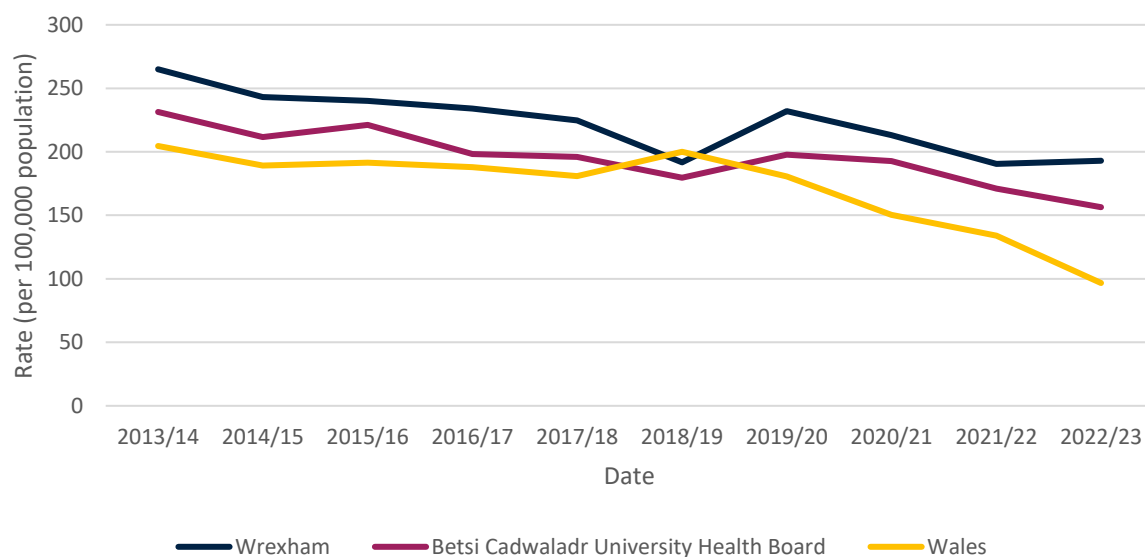
- 1.6.1 As shown in Figure 12, suicide rate in Betsi Cadwaladr University Health Board has shown an overall increase since 2012-14, consistent with national trends. Data from 2020-22 shows a marginally lower suicide rate in the University Health Board than the Wales average.

Figure 12: Suicide rate, all ages



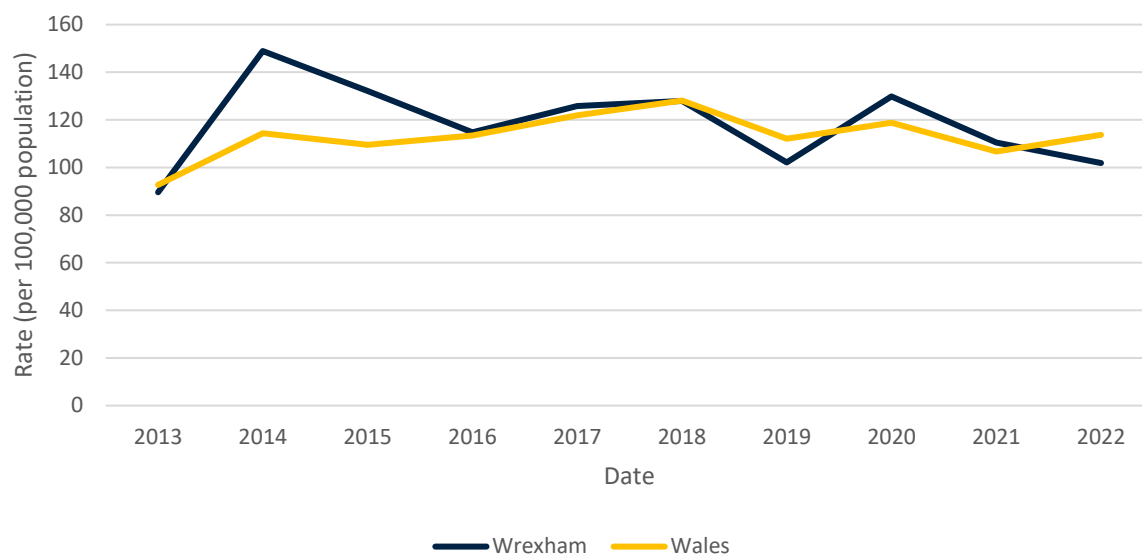
- 1.6.2 As shown in Figure 13, hospital admissions for self-harm in Wrexham has shown a general decrease since 2013/14, and in most years (with the exception of 2018/19), has been higher than the Wales average.

Figure 13: Admission rate for self-harm, all ages



- 1.6.3 As shown in Figure 14, the Dementia/Alzheimer's death rate in Wrexham has fluctuated over the years, where data from 2022 shows a lower death rate than the Wales average.

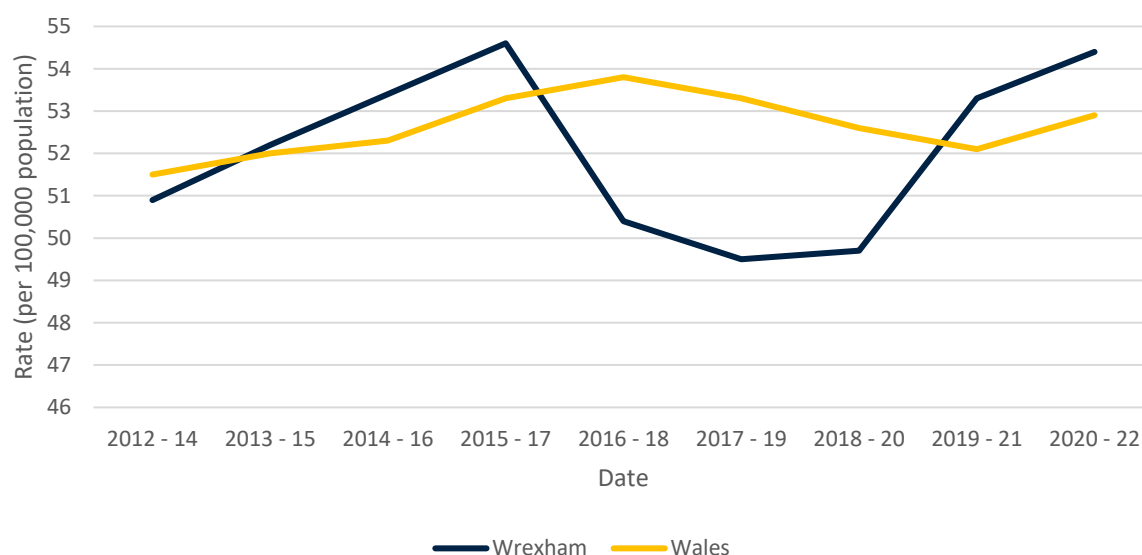
Figure 14: Dementia/Alzheimer's death rate, all ages



1.7 Lifestyle and Behavioural Risk Factors

- 1.7.1 As shown in Figure 15, alcohol attributable death rate in Wrexham has fluctuated over the years, increasing between 2012-14 to 2015-17, and between 2017-19 to 2020-22, but showing a decrease between these periods. Data from 2020-22 shows a higher death rate in Wrexham than the Wales average.

Figure 15: Alcohol attributable death rate, all ages

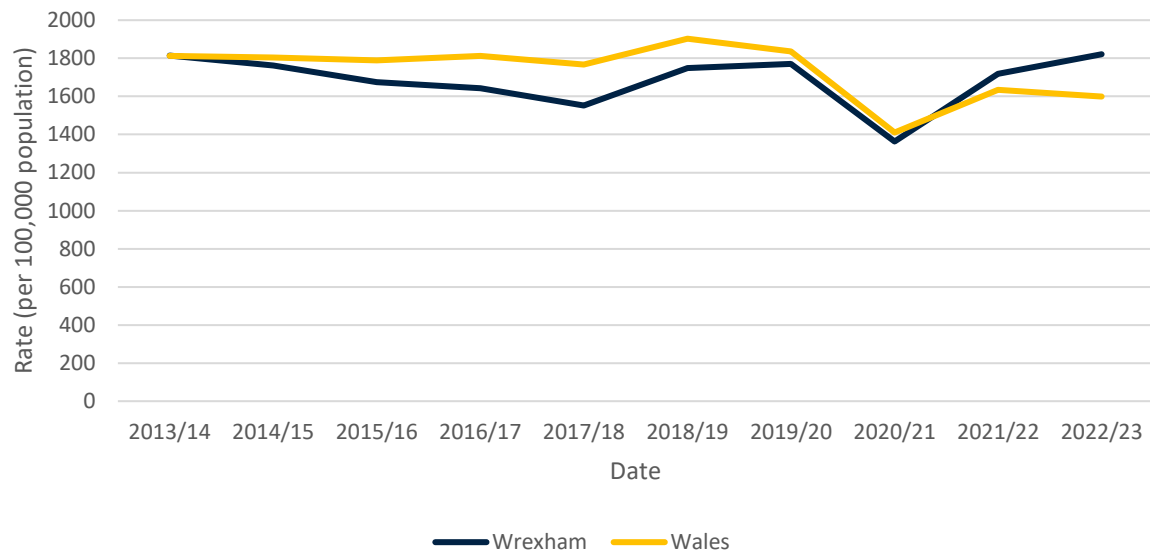


- 1.7.2 As shown in Figure 16, alcohol attributable admission rate in Wrexham has remained fairly similar to the national trend but was below the Wales average between 2014/14



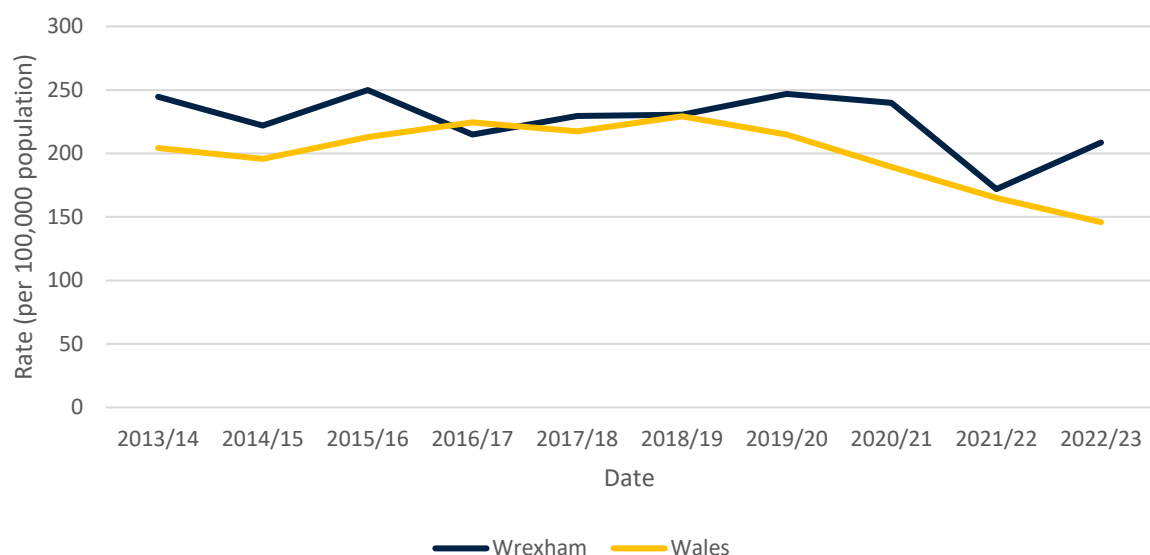
to 2019/20. Data from 2022/23 shows a higher hospital admission rate in Wrexham than the Wales average.

Figure 16: Alcohol attributable admission rate, all ages



1.7.3 As shown in Figure 17, hospital admissions from illicit drug use in Wrexham has been higher than the Wales average in most years analysed, where data from 2022/23 shows that this is the case.

Figure 17: Illicit drug use admission rate, all ages



1.8 Conclusion

- 1.8.1 The population living in Wrexham 019 is more elderly than average. While life expectancy is lower (for females) or comparable to (for males) the Wales average, mortality rate for all causes and all specific causes analysed is better in Wrexham 019 MSOA or U004 USOA than all relevant comparators. Hospital admissions for all causes in Wrexham 019 MSOA are also better than all relevant comparators. When analysing specific causes of hospital admissions, respiratory and cardiovascular disease admissions in Wrexham 019 MSOA are comparable to in the district and nationally. Recent statistics show that cancer admissions in Wrexham 019 MSOA are lower than all relevant comparators.
- 1.8.2 Admissions for self-harm suggest that mental health in Wrexham are worse than nationally. While no data is available at this level for suicide rate, data for the University Health Board also suggests this is the case. Dementia/Alzheimer's shows fluctuating mortality rate in Wrexham, and is lower in recent years.
- 1.8.3 Alcohol consumption and illicit drug use have been analysed to determine lifestyle and behavioural risk factors in the study area. In all instances, recent statistics show that mortality and hospital admissions locally exceed the national average rates.
- 1.8.4 Overall, physical and mental health circumstance in the study area is generally comparable to or better than the Wales average. Lifestyle and behavioural risk factors show worse circumstance currently, but a fair amount of fluctuation. On this basis, the population living in the study area are not considered to be more or less sensitive than average.

