

HEALTH & WELLBEING IN WIRRAL: THE BIG PICTURE

Wirral's Joint Strategic Needs Assessment (2009/10)

1. *'Health and Well-being in Wirral: The Big Picture'* is the name given to Wirral's joint strategic needs assessment (JSNA). It is a summary of the key health and well-being issues in Wirral. This was first produced in December 2008 and has been extensively updated and developed during 2009. The development of the JSNA is led by the Directors of Public Health, Adult Social Services and Children and Young People's Services.
2. During 2009 the JSNA was developed from a series of technical documents into a web based resource to ensure it is highly accessible, particularly to commissioners of health and well-being services. In addition, areas of data development identified in the first JSNA have been completed. An example of this is the health and well-being needs assessment for black and minority ethnic people about whom there was previously only limited information. This was carried out as part of an extensive programme of health needs assessment to inform the JSNA.
3. The new web site gives access to all the JSNA chapters and provides links to additional documents, commissioning strategies and data sources. Additional data sharing agreements have been set in place during the year that have enabled data sets from partner agencies to be analysed, providing new intelligence to monitor programmes (such as health outcomes for pupils of schools in different socio economic areas and prevalence of smoking in households having a fire safety check). A programme of economic evaluation of health and well-being services and programmes has also been completed. In addition, extensive and innovative modelling of health and well-being impact as a result of different levels of investments in services and interventions has been completed and is available. Together, these provide commissioners with the information they need to ensure they can purchase services and programmes that are based on need, public views, best evidence and value for money.
4. The new JSNA web site enables users to analyse available data and produce their own customised maps and tables (Instant Atlas). This will include data analysis, public engagement information and summarised health needs and recommendations for commissioners.
5. To accompany the JSNA, an annual Compendium is produced. This is a user friendly public version of key health and well-being facts. This small booklet is produced especially for elected members, libraries, public, students, partners and community activists.
6. Wirral's JSNA has been divided into chapters which have focused on a range of topics and population groups. The wider determinants of

health have a central impact on health and wellbeing and there is recognition that action to improve health must address these root causes. Consequently, the wider determinants of health have been considered throughout this assessment and key issues pertaining to these are highlighted.

7. The contents of the JSNA are summarised below. In each section, consideration is given to socio demographics, health and well-being and service user / population views. Key issues are drawn out of each section and collated in a document summary.
8. Health and Well-being in Wirral: The Big Picture – Outline contents:
 - Wirral population
 - Health and well-being
 - Children and young people
 - People living in the most deprived communities
 - Older people
 - People with a learning disability
 - Carers
 - People with a mental health problem
 - Alcohol
 - Drug misuse
 - People with long term conditions
 - Black and minority ethnic groups
 - Homeless
 - Housing
 - Health and Well-being in Wirral; The big issues for commissioners
9. **The key issues for health and well-being in Wirral 2009-10 are listed below:**
 - Wirral is not on track to meet the PSA Life Expectancy Target (December 2011). The relative gap from the baseline of 1995/97 has increased by 30% for men and 33% for women.
 - The impact of deprivation on life expectancy appears to be greater for males than females and this should be examined in more detail to identify potential 'protective' factors.
 - Action is needed to address the gap in life expectancy between the most deprived areas of Wirral and the more affluent areas. These are amongst the widest gaps between wards in the same borough in England.
 - The male mortality rate from potentially preventable causes is higher than the England rate, which could be an indication that men in Wirral are not accessing health care services in a timely manner.

APPENDIX 1

It is however important to ensure that local healthcare services are designed to meet the needs of men in Wirral.

- Mortality from chronic liver disease (under 75's) is considerably high in Wirral, particularly in men. The rise in mortality from liver disease and other digestive disorders is mainly caused by alcohol and is contributing towards the failure to meet the target for a reduction in the life expectancy gap.
- Wirral has made considerable improvements in reducing mortality from cardiovascular disease (CVD); however death rates in the more deprived areas are almost twice as high as they are in Wirral as a whole. This is a key inequalities issue in Wirral.
- It is estimated that there are around 3,600 people in Wirral with undiagnosed Coronary Heart Disease (CHD). Wirral has established a Locally Enhanced Service (LES) to screen the population and identify undiagnosed cases of CHD; the number of undiagnosed cases should be reviewed in the future to evaluate the impact of the service over the longer term.
- Wirral is performing fewer coronary revascularisation procedures than expected, given the age and deprivation of the local population.
- Increasing numbers of people in Wirral surviving a stroke and heart attack and being left with a disability as a result is an issue that commissioners need to be aware of as it could have significant implications for health and social care services.
- There is a need to ensure women are being invited and are attending appointments for cervical screening. There has been a recent downward trend in the number of women attending appointments (this has been observed both nationally and locally).
- The gap in Chronic Obstructive Pulmonary Disease (COPD) mortality between England and Wirral does not appear to be closing for females. Based on the current picture, it is projected that incidence of COPD will show a steady increase over the next two decades, which could have a considerable impact on health and social care services in the future.
- People with diabetes living in the most deprived areas of Wirral are significantly more likely to be admitted to hospital as emergencies.
- It is estimated that there are approximately 1,800 undiagnosed diabetics in Wirral.
- It is estimated that nearly 38,000 people in Wirral have hypertension but are currently undiagnosed (approximately half of people

diagnosed) and are at an increased risk of CHD and Stroke. Whilst this is inline with national figures this is still of concern.

- Whilst adult obesity estimates indicate that Wirral has slightly lower rates than national and regional averages, this still remains a key issue as rates are likely to increase significantly over the next few decades.
- Wirral needs to closely monitor local obesity prevalence and prepare for a likely increase in the numbers of people who develop co-morbidities such as diabetes and CVD. The prevention of overweight and obesity should also remain a priority.
- The rate of MRSA and Clostridium Difficile is lower in Wirral hospitals than the North West average, although public concern about healthcare acquired infections in Wirral is high.
- Wirral is making slow progress on the Government target to reduce the number of people killed and seriously injured on Wirral roads by 40% at 2010. If current progress continues, Wirral is unlikely to achieve this target. Wirral has however exceeded its target to reduce the number of slight casualties, although it is still behind national performance.
- Smoking is related to a range of chronic and fatal conditions such as CVD, cancer and COPD. Deaths from these diseases are higher in areas of deprivation as is smoking prevalence. Targeting smoking interventions in these areas, both in terms of prevention and treatment should remain a priority.
- Although fruit and vegetable consumption has increased over the last few years, there are still areas that are lagging behind the general improvements in trends; in particular women living in the most deprived areas, and males generally reported eating fewer fruit and vegetables overall.
- Over the last few years Chlamydia has consistently been the most diagnosed sexually transmitted infection at Arrowe Park Hospital, whilst the Wirral Chlamydia Service is recognised as one of the top performing services in the country.
- In 2008/09, admissions to hospital resulted in over 62,428 excess bed days at a cost of almost £14 million. Excess bed days were more likely for non elective admissions and genitourinary conditions accounted for over 1 in 4 of all excess bed days. This warrants further investigation.
- Conditions relating to pregnancy was the single biggest cause for a non-elective admission, this equates to almost three non elective

admissions related to pregnancy for every baby born in Wirral.

- Wirral is currently not on track to meet the local target set for the National Indicator 130 which means that not enough social care clients are receiving Self Directed Support.
 - Wirral is also under performing in the National Indicator 141 which means that too few clients in short term accommodation are moving on in a planned way to greater independence. A range of measures have been introduced to address this with year on year targets set to demonstrate improvement.
 - Findings from the 2008 National Patients Survey, which asked for patients' feedback on a range of primary health care indicators shows that Wirral is performing well when compared to the feedback nationally.
10. The full technical document is available at <http://info.wirral.nhs.uk/ourjsna/>

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