



**WIRRAL
INTELLIGENCE
SERVICE**

Technical Briefing: Public Health Annual Report 2020/2021

**Wirral Intelligence
Service**

2020/2021

For further information please contact:

Wirral Intelligence Service at wirralintelligenceservice@wirral.gov.uk

Contents

Introduction	4
Education	4
Attainment	4
NEET (Not in Employment, Education and Training)	5
Housing	5
Fuel poverty	5
Housing disrepair	5
Income and Employment	6
Unemployment	6
Employment by sector/industry	6
Food insecurity	6
Environment	8
Air quality	8
Green space	9
Connectedness and social/community networks	10
Community index score	10
Transport/car access	11
Digital exclusion	12
Passive and Uncommitted Users	12
E-Withdrawn	13
Lifestyle and behaviour	14
Smoking	14
Unhealthy weight and diet (adults)	15
Unhealthy weight and diet (children)	16
Diet	18
Physical activity	19
Drugs	19
Alcohol	22
Long Term Conditions	25
Diabetes	25
Chronic Obstructive Pulmonary Disease (COPD)	26
Mental health	27

Crime	30
Anti-social behaviour	30
Domestic Abuse	31
Life expectancy	32
Healthy life expectancy.....	34
Mortality	34
Avoidable mortality	34
Infant mortality	36
Access to health care and services	37
Geographical access.....	37
Waiting times	38
COVID-19	38
COVID-19 Cases.....	38
COVID-19 Mortality	38
Local Data	40
Indirect impact of COVID on population outcomes	40
Background reports	40
Contact details	40

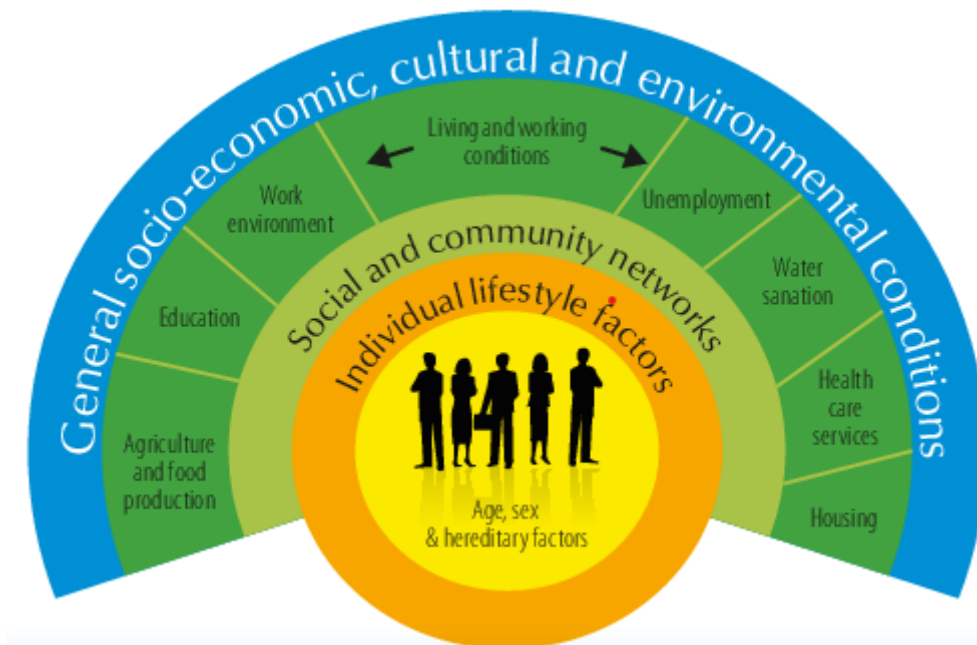
Introduction

This technical document is designed to accompany the Director of Public Health's Annual Report for 2021, for those who wish to see the more detailed data, intelligence and analysis which underpins the report.

The Director of Public Health's Annual Report this year concentrates on inequalities; for more information on inequalities, deprivation, how these indicators are calculated and what this means for Wirral, [please see our report on the Wirral Intelligence Service website](#).

The main Director of Public Health's Annual Report (and consequently, this Technical Document), contains information on what are known as the 'wider determinants of health'. This is because as little as 10% of our health outcomes are affected by the healthcare we receive. In fact, the wider determinants have a greater influence on health than health care, behaviours, or genetics. The diagram below (**figure 1**) shows what we mean when we talk about 'wider determinants' and how these factors interact.

Figure 1: The wider determinants of health



Source: The Dahlgren and Whitehead Health Determinants Model (1991)

These determinants are often experienced together and cumulatively over time. Particular groups can be affected by number of these determinants, which can be mutually reinforcing.

Education

Attainment

- The average Attainment 8 score in Wirral in 2019/20 was 51.5, which was one of the highest scores in the North-West overall and was the highest of the Liverpool City Region authorities. In Cheshire & Merseyside, only Warrington was higher at 51.7 and Wirral also scores higher than the average for England overall (50.2).
- This overall high scoring, however, hides large variations based on inequalities. For example, the average score of pupils classed as 'Disadvantaged' (see below for definition), was 39.5 in Wirral, compared to an average score of 56.8 for pupils classed as 'Non-Disadvantaged' (Source, LGInform, 2021).

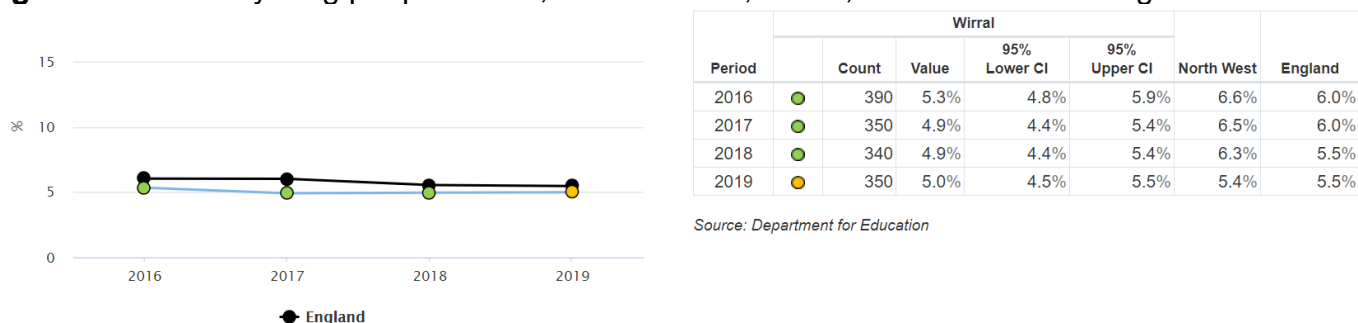
Definitions: Attainment 8 measures the average achievement of pupils in up to 8 qualifications including English and Maths. Points are allocated according to grades pupils achieve in all 8 subjects added together to give the Attainment 8 score, e.g., the maximum score for a pupil is 80, for a pupil who achieves eight A grades at GCSE in qualifying subjects. Disadvantaged pupils include pupils known to be eligible for Free School Meals (FSM) in any spring, autumn, summer, alternative provision, or pupil referral unit census from year 6 to year 11 or are looked after children for at least one day or are adopted from care.*

NEET (Not in Employment, Education and Training)

Young people who are not in education, employment or training are at greater risk of a range of negative outcomes, including poor health, depression, or early parenthood (Public Health England, 2021). There is recognition that increasing the participation of young people in learning and employment not only makes a lasting difference to individual lives but is central to improving social mobility and economic growth.

To support more young people to study and gain the skills and qualifications that lead to sustainable jobs and reduce the risk of young people becoming NEET, legislation was introduced in 2013 to raise the participation age which required all young people remain in some form of education or training until the end of the academic year in which they turn 17.

Figure 2: Trend in young people NEET, 2016 to 2019, Wirral, North-West and England



Source: [Public Health Outcomes Framework](#) (2021)

See [Wirral Statistical Compendium](#), for the inequality in NEET *within* Wirral (ward data).

Housing

Fuel poverty

The Department for Business, Energy and Industrial Strategy (DoBEIS) produce [annual estimates](#) on the number and proportion of households likely to be living in fuel poverty. Estimates for 2018 show that overall in England, 1 in 10 households (10.3% of households) are estimated to be living in fuel poverty; rising to 12.1% in the North-West overall and 12.2% in Wirral overall.

The overall proportion in Wirral, however, hides huge inequalities, with the proportions ranging from 1 in 4 households in some areas of Birkenhead (Birkenhead West LSOA has rates of 24.9% living in fuel poverty) to just 1 in 17 in other areas of Wirral (e.g. 6.3% in Caldy North LSOA).

Housing disrepair

The private rented sector is the only housing option available to some of the most vulnerable people in society. However, in some areas, properties in the private rented sector are more likely (than both privately owned and socially owned housing) to suffer from poor condition and poor management. In Wirral, 23% of private sector dwellings fail the Decent Homes Standard*, compared to 32% in the private rented sector. Where a household is on welfare benefits and living in the private rented sector, this rises to 36%.

In addition, the proportion of private rented properties in Wirral increased significantly between the 2001 Census and 2011 Census, from 11% to 16% - and most recently, was estimated to be 19% of all properties in 2019/20 English Housing Survey - with wide variation within Wirral, from 28% of all properties in Birkenhead & Tranmere ward, to 6% of all properties in Greasby, Frankby & Irby ward.

In order to ensure the safety and wellbeing of local residents, Local Authorities have the duty to ensure that remedial action is taken on private properties where there are serious hazards that affect the health, safety, and wellbeing of the occupiers. Given that a decision to enforce remedial action has financial implications for both the owner and the occupier (and such decisions may be subject to legal challenge and scrutiny), decisions to intervene are not undertaken lightly and as such, are a good indicator to areas where housing in a state of poor repair are concentrated.

There was a total of 774 interventions in the two years of 2017 and 2018, and 1 in 5 of these were concentrated in just two Wirral wards – Birkenhead & Tranmere and Seacombe wards. These two wards had the highest rate of interventions due to poor condition of all 22 Wirral wards – and both wards are among the most deprived wards in Wirral.

* The Decent Homes Standard is a national standard against which all homes can be measured. There are four criteria that a home is required to meet before being classified as 'decent'. These are: it meets the current statutory minimum standard for housing (currently the Housing Health & Safety Rating System); it is in a reasonable state of repair; it has reasonable modern facilities and service, and it provides a reasonable degree of thermal comfort.

Income and Employment

Unemployment

In March 2020, 20.6% of the working age population of Wirral were economically inactive (n=39,700); this was exactly the same proportion as in England overall (also 20.6% of the working age population).

By December 2020, this figure had increased to 26.1% (n=50,300) in Wirral, but in England overall, this figure had actually decreased (marginally) to 20.5% of working-age people being economically inactive – highlighting that the pandemic appears to have had a greater impact on employment locally than is the case nationally (Source: NOMIS, 2021).

Employment by sector/industry

The largest employers by sector/industry in Wirral are 'Health and Social Care' and 'Motor Trade, Wholesale and Retail' (Source: Business Register and Employment Survey, NOMIS and PCMD (2021)). Both of these sectors are at higher risk of contracting COVID-19 according to Office for National Statistics (ONS) and Public Health England (PHE).

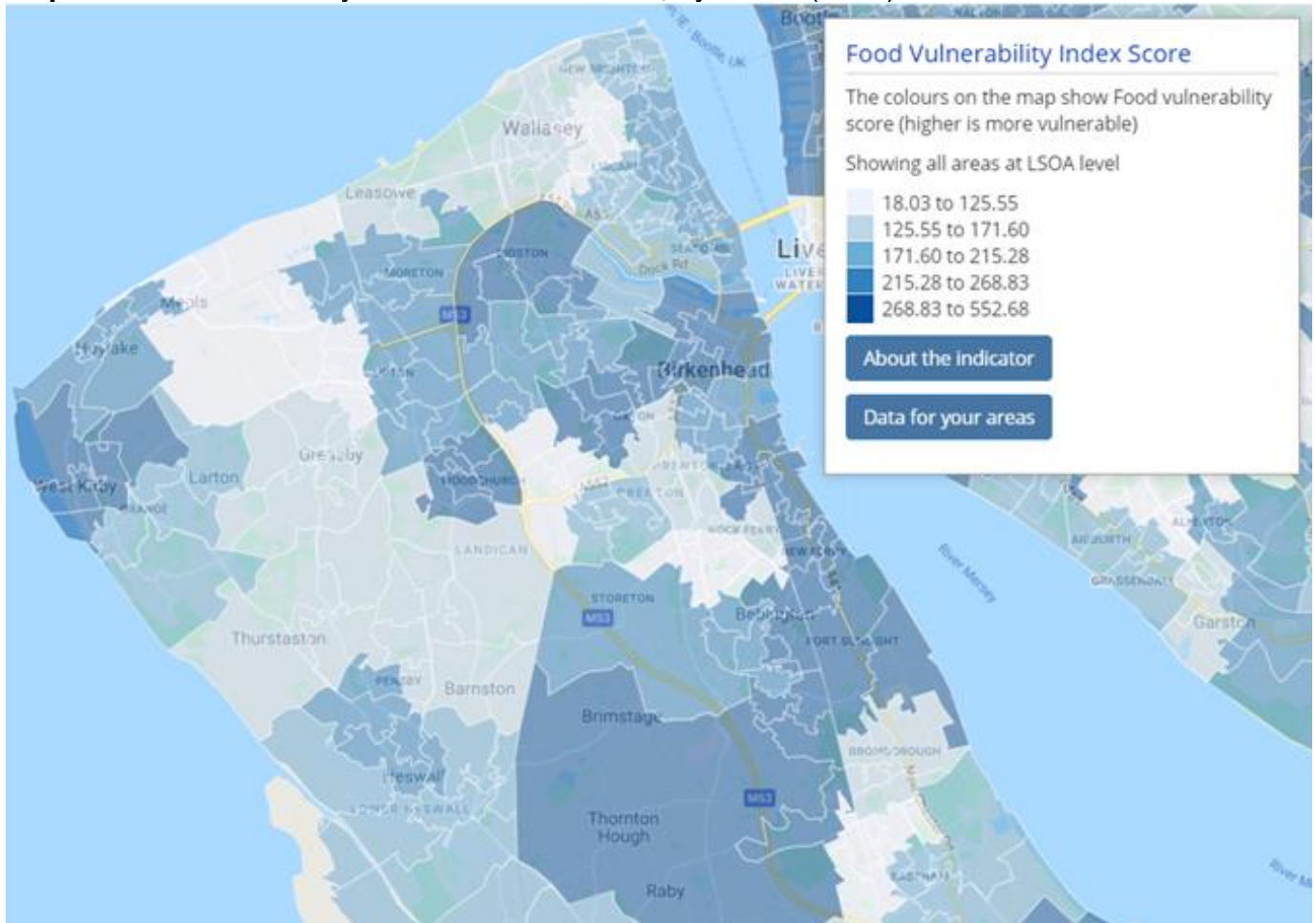
ONS has also reported that specifically, men working as security guards, taxi drivers and chauffeurs, bus and coach drivers, chefs, sales and retail assistants, lower skilled workers in construction and processing plants, and men and women working in social care had significantly high rates of death from COVID-19 (Source: [Wirral COVID-19 Mortality Report](#)).

Food insecurity

The Food Vulnerability Index was calculated by the British Red Cross in 2020 (See [Local Insight](#) for full definition), a higher score on the shown in **Map 1**, indicates a higher level of vulnerability.

As **Map 1** shows, scores ranged from 132 in Greasby, Frankby & Irby ward, to 296 in Bidston & St. James ward. The average score for Wirral overall was 197

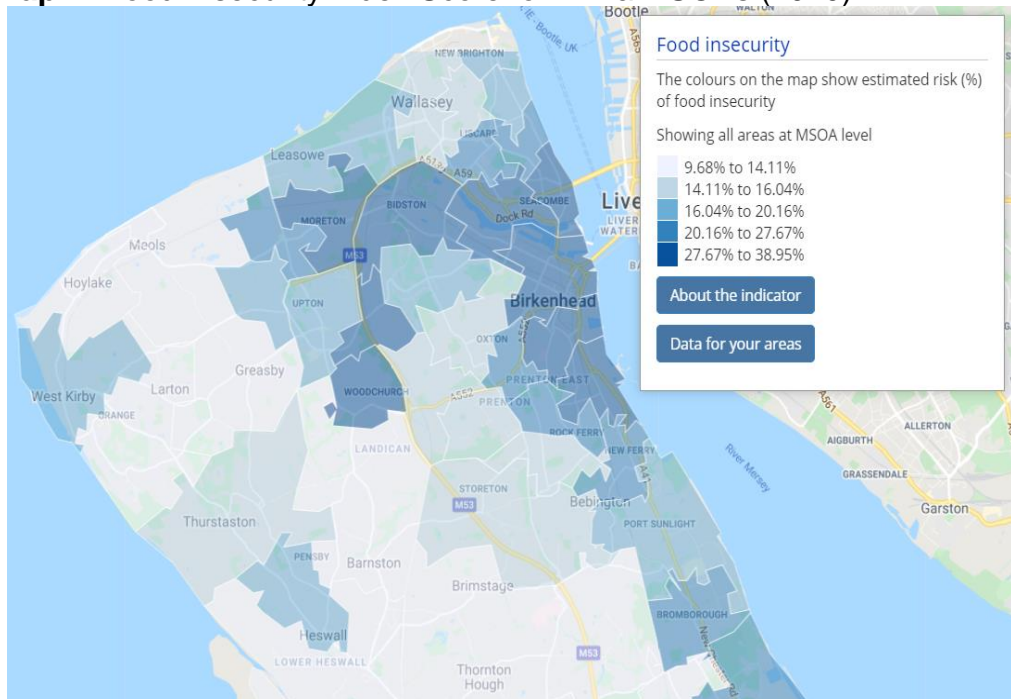
Map 1: Food Vulnerability Index Score for Wirral, by LSOA (2020)



Source: [Wirral Intelligence Service: Local Insight \(2021\)](#)

The estimated prevalence (%) of households at high risk of Food Insecurity (shown in **Map 2**) was calculated by the University of Southampton using two domains of economic characteristics: household composition and income-related benefit claimants.

Map 2: Food Insecurity Index Score for Wirral LSOAs (2020)



For Wirral, the overall proportion of the population estimated to be at risk of Food Insecurity is 16% of the population, however as **Map 2** shows, this varies widely across Wirral. It is as high as 32% (or 1 in 3) of the population of Bidston & St. James ward, to 12% (1 in 8) of people in Heswall.

Source: [Wirral Intelligence Service: Local Insight \(2021\)](#). Full methodology used by the University of Southampton is available at: <https://doi.org/10.1016/j.apgeog.2017.12>.

In September 2019, an audit of Wirral’s local air quality actions (using Public Health England recommendations) was undertaken. Following this audit, a list of recommended local actions was formulated and outlined in a report to the Health and Wellbeing Board in November 2019. The recommendations included continued monitoring of air pollutants (specifically NO₂ and PM_{2.5}) to identify long term trends and areas for action locally.

Results of monitoring have found that Nitrogen Dioxide has reduced between 2015/2016 and 2019 (data obtained from two monitoring units located in Wirral); there was a 20% reduction in annual mean concentrations of Nitrogen Dioxide at Tranmere between 2015 to 2019 and a 15% reduction in annual mean concentrations of Nitrogen Dioxide at Birkenhead between 2016 to 2019 - data for 2015 is not available as the Birkenhead was installed in 2016).

The monitoring data for PM_{2.5} showed that background levels stayed the same between 2015–2019, with no change in the levels monitored (Source: 2020 Air Quality Annual Status Report (ASR) In fulfilment of Part IV of the Environment Act 1995 Local Air Quality Management, Wirral Council, June 2020, and Wirral JSNA Air Quality Chapter).

Data from the [Consumer Data Research Centre](#) shows that despite recent falls, the worst performing areas in Wirral on NO₂ levels, were in the more deprived areas of Wirral in the east of the borough, see **Map 3**.

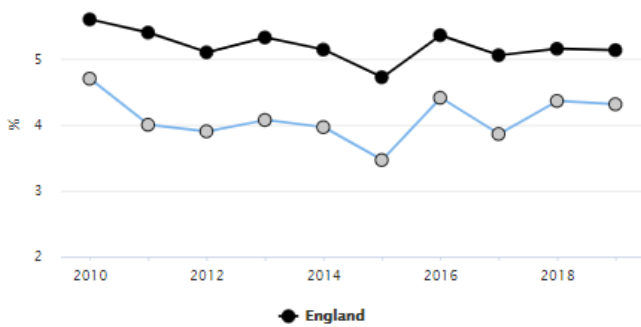
Map 3: Level of Nitrogen Dioxide (NO₂) for Wirral (2017 latest DEFRA estimate)



Source: [Consumer Data Research Centre](#), 2021

The [Public Health England Outcomes Framework](#) has published data (currently up to 2019), showing that Wirral has lower proportion of mortality which can be attributed to particulate air pollution than both England and the North-West overall (4.3% versus 5.1% in England overall and 4.% in the North West overall – see **figure 3** below).

Figure 3: Trend in fraction of mortality attributable to particulate air pollution for Wirral (2010 to 2020)



Period	Count	Wirral			North West	England
		Value	95% Lower CI	95% Upper CI		
2010	0	4.7%	-	-	5.1%	5.6%
2011	0	4.0%	-	-	4.6%	5.4%
2012	0	3.9%	-	-	4.4%	5.1%
2013	0	4.1%	-	-	4.6%	5.3%
2014	0	4.0%	-	-	4.4%	5.1%
2015	0	3.5%	-	-	4.1%	4.7%
2016	0	4.4%	-	-	4.6%	5.4%
2017	0	3.9%	-	-	4.1%	5.1%
2018	0	4.4%	-	-	4.3%	5.2%
2019	0	4.3%	-	-	4.5%	5.1%

Source: [Public Health Outcomes Framework](#) (2021)

Green space

Wirral has a range of fantastic natural leisure assets, many of which can be enjoyed for free. Wirral has 25 miles of stunning coastline and over 1,500 hectares of parks and open spaces which provide endless leisure opportunities for walking, cycling, and enjoying time with friends and family (**Wirral Leisure Strategy: A 2020 Plan**).

Wirral saw an increase in the number of parks awarded Green Flag status in Wirral in 2020 (the largest number in the North-West for the third year running). In 2019, Wirral had 27 sites awarded Green Flag status (all were maintained in 2020, and a further 3 were added). Sites are awarded Green Flag status in recognition of good environmental standards, being well maintained, and providing clean and safe visitor facilities. (see **Map 4** for range of green space options in Wirral).

Map 4: Nearby Green Space for Wirral (2017)



Source: [Consumer Data Research Centre](#), 2021

Green space positively influences health and wellbeing; however, inequalities in use of green space are prevalent. A UK study carried out (between 30 April and 1 May 2020) which aimed to explore how movement restrictions had changed during the COVID-19 pandemic, measured time spent visiting green space and experience of green space and how this differed by demographic characteristics.

Overall, 63% of respondents reported a decrease in time spent visiting green space following movement restrictions. Lower social grade respondents were less likely to visit green space both before and after restrictions were enforced (OR: 0.35 (95% CI 0.24 to 0.51); OR: 0.77 (95% CI 0.63 to 0.95)).

Female respondents were more likely than male respondents to agree that green space benefited their mental health more following restrictions (PP: 0.70 vs 0.59). Older (65+ years) respondents were less likely than middle-aged (25–64 years) respondents to have visited green space following the restrictions (OR: 0.79 (95% CI 0.63 to 0.98)).

The conclusions of the study were that inequalities in green space use were sustained, and possibly exacerbated, during movement restrictions (**Source: BMJ Open 2021;11:e044067. doi:10.1136/ bmjopen-2020-044067**).

ONS found something slightly different in that the proportion of people leaving home for exercise increased during the early lockdown period (Spring 2020), as restrictions limited other leisure activities, but that the rise in exercise was at least partly driven by people working from home, who have been more likely to leave the house for exercise than those who travel to work each day (Source: [ONS, 2021](#)).

In July 2020, 46% of [people surveyed by Natural England](#) also said they had spent more time outside than usual during the coronavirus (COVID-19) pandemic, with the analysis indicating that some people turned to nature to cope with feelings such as increased anxiety (41% of people saying that visits to natural spaces were more important to their wellbeing in May 2020 compared with before the pandemic) (Source: ONS, 2021 [How has lockdown changed our relationship with nature?](#))

Connectedness and social/community networks

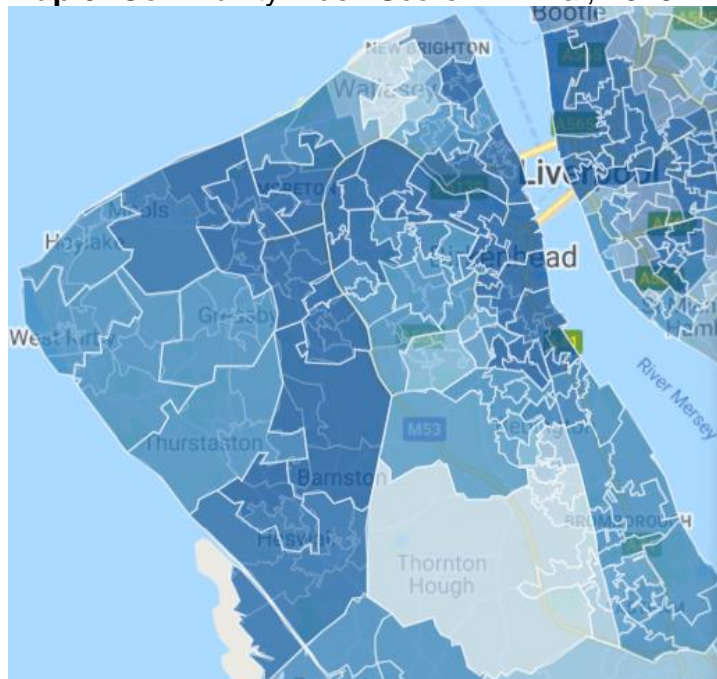
Community index score

The Community Needs Index was developed to identify areas experiencing poor community and civic infrastructure, relative isolation, and low levels of participation in community life.

The index was created by combining a series of 19 indicators (conceptualised under three domains: Civic Assets, Connectedness and Active and Engaged Community).

A higher score indicates that an area has higher levels of community need. The overall scoring for Wirral indicated a higher level of need compared to England overall (68 in England, compared to 96 in Wirral), but also that there were significant inequalities within Wirral; for example, scoring by ward varied from 130 in Seacombe and 122 in Bidston & St. James ward, to 41 in Clatterbridge and 42 in Wallasey). See **Map 5**.

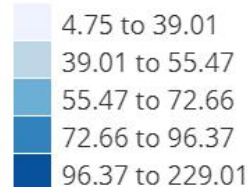
Map 5: Community Index Score in Wirral, 2019



Community Needs Index: Community Needs score

The colours on the map show Community Needs Index: Community Needs Score (higher = greater need)

Showing all areas at MSOA level



[About the indicator](#)

[Data for your areas](#)

Source: [Local Insight Wirral](#), 2021

Transport/car access

Access to a vehicle is very much linked to deprivation and as such, varies widely across Wirral. Although Census data is now several years old, it remains the definite source of information on vehicle access and the overall trend (that those in areas of deprivation have lower likelihood of having access to a vehicle) is a longstanding one and is unlikely to have shifted. The 2011 Census (see **table 1**) indicated that in Wirral overall, 28% of households (39,000 out of 140,000 households) had no access to a vehicle; this varied from 55.6% of households in Birkenhead & Tranmere to 10% of households in Heswall.

Table 1: Households with no access to a vehicle by area, 2011

Area	Households	No cars or vans in household	Percentage of area (%)
Bebington	6,645	1,439	21.7
Bidston & St James	6,889	3,488	50.6
Birkenhead & Tranmere	7,747	4,309	55.6
Bromborough	6,690	1,927	28.8
Clatterbridge	5,924	662	11.2
Clughton	6,285	1,719	27.4
Eastham	5,955	1,199	20.1
Greasby, Frankby & Irby	5,978	721	12.1
Heswall	5,808	579	10.0
Hoylake & Meols	5,713	1,034	18.1
Leasowe & Moreton East	6,390	2,021	31.6
Liscard	6,891	2,420	35.1
Moreton West & Saughall Massie	6,176	1,243	20.1
New Brighton	6,784	2,115	31.2
Oxton	6,592	1,458	22.1
Pensby & Thingwall	5,803	962	16.6
Prenton	6,051	1,510	25.0
Rock Ferry	6,465	3,010	46.6
Seacombe	6,871	3,156	45.9
Upton	7,127	2,283	32.0
Wallasey	6,313	1,226	19.4
West Kirby & Thurstaston	5,486	910	16.6
Birkenhead Constituency	40,029	15,494	38.7
Wallasey Constituency	39,425	12,181	30.9
Wirral South Constituency	31,022	5,806	18.7
Wirral West Constituency	30,107	5,910	19.6
Wirral	140,583	39,391	28.0

Source: Census, 2011

Digital exclusion

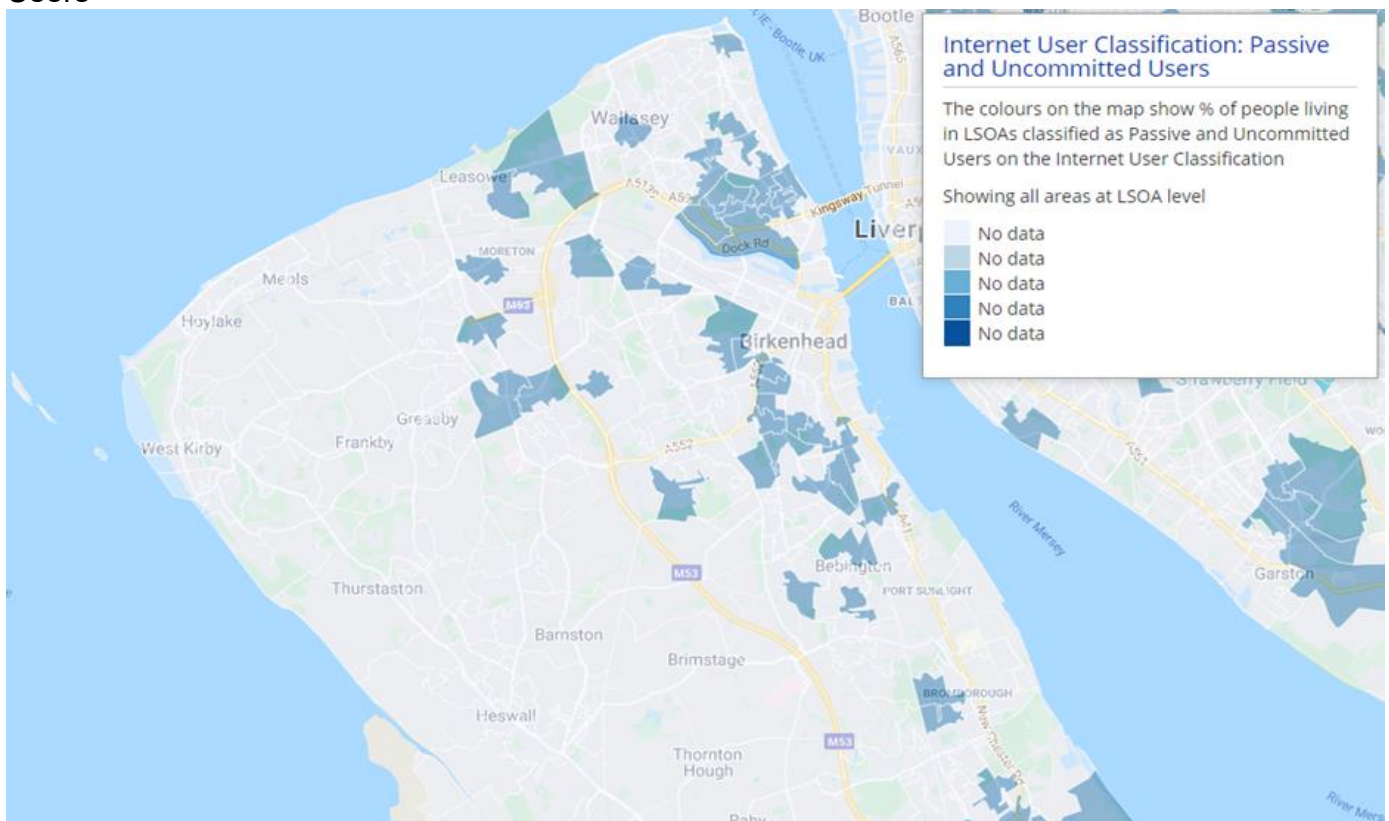
In 2018, the University of Liverpool, in association with the Consumer Data Research Centre (CDRC), produced an Internet User Classification (IUC) by Lower Super Output Area (LSOA). The IUC is a bespoke classification that describes how people in different parts of Great Britain interact with the internet. There are 10 different categorisations which are listed below, with the number in the brackets indicating how many LSOA's in Wirral are categorised as that classification:

- Digital Seniors (n = 24)
- **Passive and Uncommitted Users (n = 48)**
- Settled Offline Communities (n = 7)
- Youthful Urban Fringe (n = 0)
- E-Cultural Creators (n = 0)
- E-Mainstream (n = 37)
- E-Rational Utilitarians (n = 53)
- E-Veterans (n = 9)
- **E-Withdrawn (n = 28)**
- E-Professionals (n = 0)

Passive and Uncommitted Users and e-Withdrawn appear to be the two groups for whom internet access is **least** likely; both have been detailed below, with maps showing where in Wirral these groups are most likely to live and how many people are classified as belonging to these groups.

Passive and Uncommitted Users

Map 6: Lower Super Outputs Areas (LSOA) in Wirral Classified as “Passive and Uncommitted Users”



Source: [Wirral Intelligence Service: Local Insight \(2021\)](#)

The Passive and Uncommitted Users classification is the 2nd most prevalent in Wirral (behind E-Rational Utilitarians). The definition of this classification is as follows:

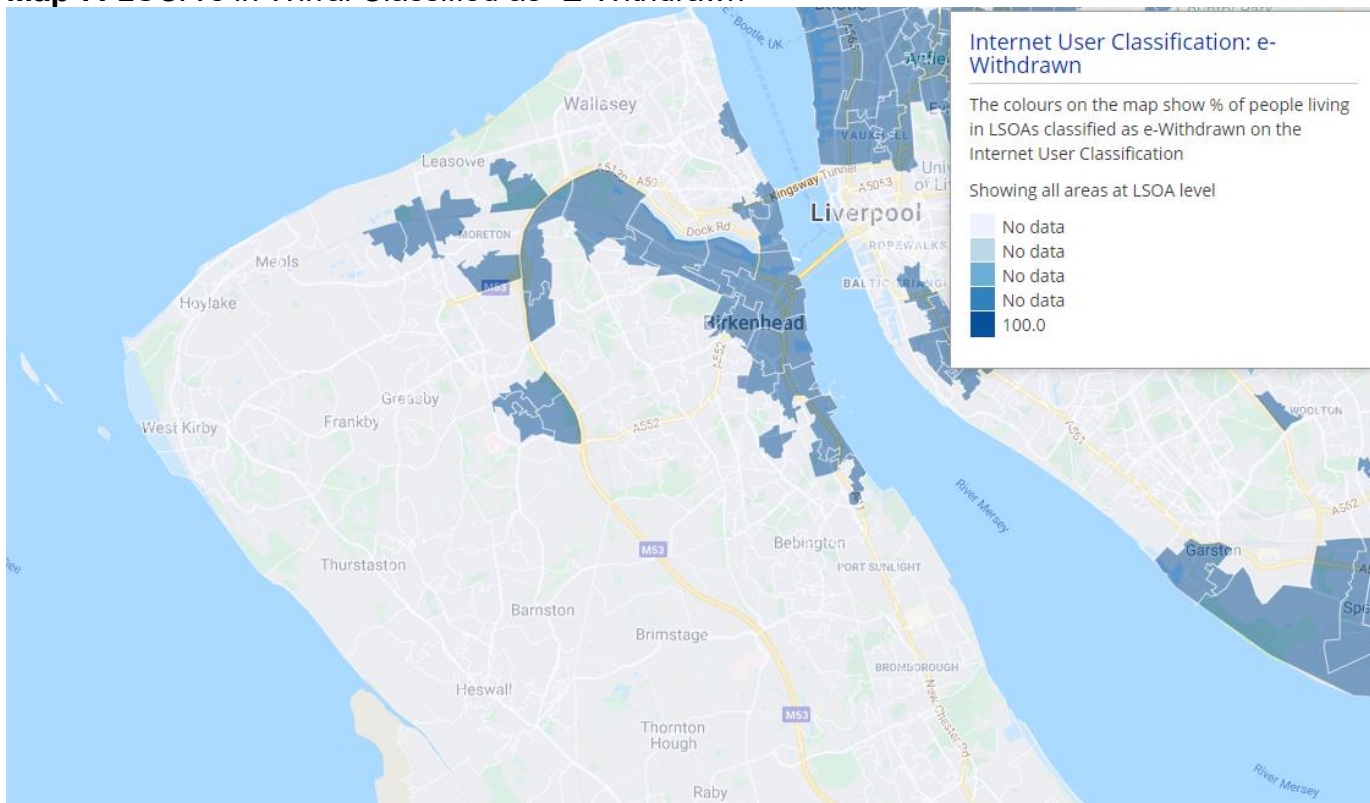
“The Passive and Uncommitted Users group comprises individuals with limited or no interaction with the Internet. They tend to reside outside city centres and close to the suburbs or semi-rural areas. Members of this Group have few distinctive characteristics in conventional socio-economic terms, albeit higher levels of employment in semi-skilled and blue-collar occupations. Individuals are rarely online, and most commonly report use once a week or less. Access to broadband is well below average, and for those online, there is mild preference for access via smartphones. The Internet is typically used for social networks, gaming, and some limited online shopping.”

There are an estimated 76,200 people in Wirral classified as Passive and Uncommitted Users (or 24% of the Wirral population. The highest concentrations are in Wallasey Constituency (n=28,982 or 32% of the population of the Constituency). On the other hand, 1 in 5 people in Wirral South Constituency and just 1 in 12 Wirral West Constituency are classified as Passive and Uncommitted Users. See **Map 6** above for an indication of where this group live in Wirral.

E-Withdrawn

“The E-Withdrawn Group is mainly characterised by individuals who are the least engaged with the Internet. Their geography is expressed by areas that are associated with those more deprived neighbourhoods of urban regions. The socio-economic profile of the population is characterised by less affluent white British individuals or areas of high ethnic diversity; and it has the highest rate of unemployment and social housing among all other Groups. The E-Withdrawn Group appears to have the highest ratio of people that do not have access or have access but never engage with the Internet. It also expresses the lowest rates of engagement in terms of information seeking and financial services, as well as the lowest rate in terms of online access via a mobile device. Online shopping is also particularly low, except for Clothing on Credit, suggesting an opportunistic dimension to Internet usage.

Map 7: LSOA’s in Wirral Classified as “E-Withdrawn”



Source: [Wirral Intelligence Service: Local Insight \(2021\)](#)

This is further reinforced by the higher than average access to Cable broadband by TV Provider, which may suggest that some individuals have opted into broadband mainly for the TV-

associated benefits. It is possible that many people within this Group have opted out of online engagement, either because it is considered unnecessary or because of economic reasons.”

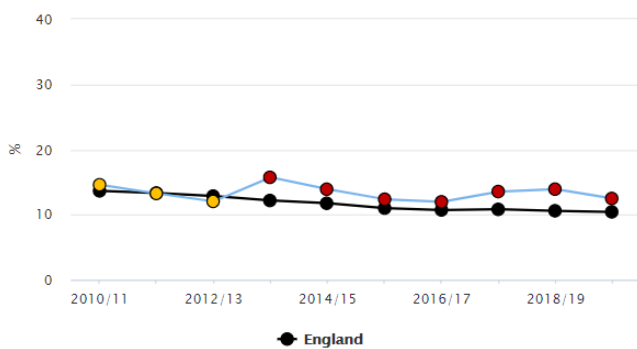
A map showing the location of the LSOA’s classified as E-Withdrawn is shown above in **Map 7**. It shows that the large majority of those classified as E-Withdrawn reside in the Birkenhead area, with very few in Wirral South and Wirral West Constituencies. This reflects the Indices of Multiple Deprivation (IMD) – with a large majority of the LSOA’s highlighted in **Map 7** being within the top 20% most deprived LSOA’s nationally.

Nationally, only 8.8% of people are classified as E-Withdrawn, but this figure is 13.9% in Wirral (n=44,813 people). This overall proportion hides a large variation, with Birkenhead Constituency having 28.4% (or 25,752) of its population classified as E-Withdrawn, compared to just 2.3% of people in Wirral South (n=1,676).

Lifestyle and behaviour

Smoking

Figure 4: Trend in smoking Status at time of delivery (2010/11 to 2019/20)

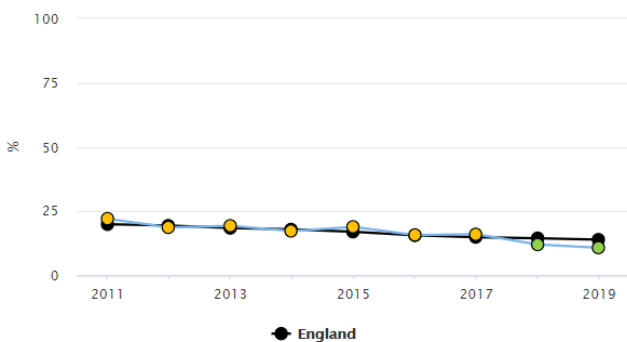


Recent trend: ➔ No significant change

Period		Wirral				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2010/11	●	523	14.6%	13.5%	15.8%	17.8%	13.6%
2011/12	●	479	13.2%	12.2%	14.4%	17.1%	13.3%
2012/13	●	418	12.0%	11.0%	13.1%	16.5%	12.8%
2013/14	●	420	15.7%*	14.4%	17.1%	15.5%	12.2%
2014/15	●	364	13.9%*	12.6%	15.3%	14.8%	11.7%
2015/16	●	354	12.4%*	11.2%	13.6%	13.8%	11.0%
2016/17	●	348	12.0%*	10.8%	13.2%	13.4%	10.7%
2017/18	●	379	13.5%*	12.3%	14.9%	13.4%	10.8%
2018/19	●	422	13.9%	12.7%	15.2%	12.7%*	10.6%
2019/20	●	372	12.5%	11.3%	13.7%	12.2%*	10.4%

Source: [Public Health Outcomes Framework](#) (2021)

Figure 5: Trend in smoking Prevalence in adults (18+) – current smokers (2011 to 2019)



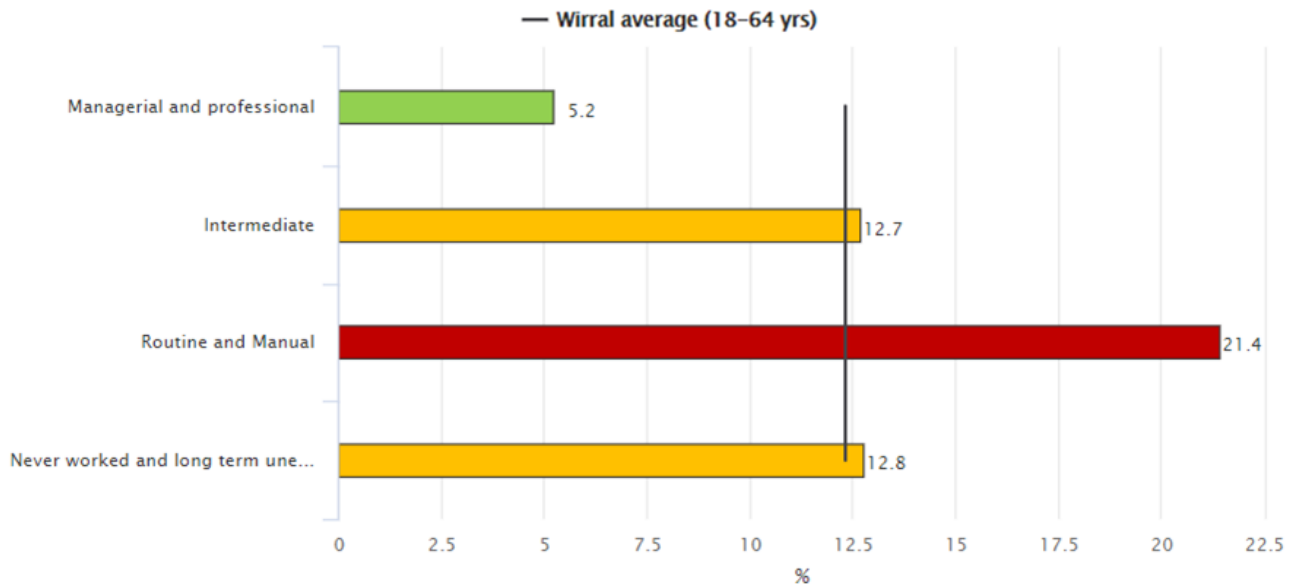
Recent trend: Could not be calculated

Period		Wirral				North West	England
		Count	Value	95% Lower CI	95% Upper CI		
2011	●	55,552	22.0%	19.2%	24.9%	21.9%	19.8%
2012	●	47,100	18.6%	16.1%	21.1%	21.1%	19.3%
2013	●	48,818	19.3%	16.6%	22.0%	20.0%	18.4%
2014	●	43,775	17.2%	14.7%	19.8%	19.6%	17.8%
2015	●	47,945	18.9%	16.0%	21.7%	18.6%	16.9%
2016	●	39,952	15.7%	13.0%	18.4%	16.8%	15.5%
2017	●	40,667	15.9%	13.3%	18.6%	16.1%	14.9%
2018	●	30,556	12.0%	9.6%	14.3%	14.7%	14.4%
2019	●	27,545	10.7%	8.5%	13.0%	14.5%	13.9%

Source: [Public Health Outcomes Framework](#) (2021)

Although Wirral is lower than England (13.9%), the overall figure for Wirral of 10.7% (**figure 5**) hides wide inequalities, with prevalence ranging from 21.4% to 5.2% dependent on occupation, see **Figure 6**.

Figure 6: Smoking prevalence in adults aged 18+ by working status (2019)



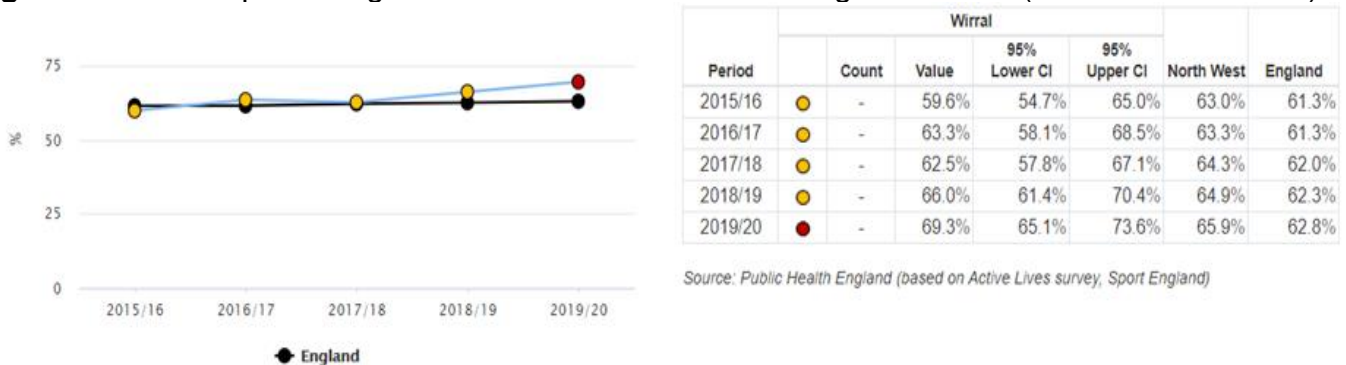
Source: [Public Health Outcomes Framework \(2021\)](#)

Unhealthy weight and diet (adults)

Data from PHE (**figure 7**), shows that the proportion of adults who are classified as an unhealthy weight (either overweight or obese) has increased in Wirral since 2015/16 to 2019/20; from 59.6% to 69.3% - an increase of almost 10% in 5 years.

This means that more than 2 in 3 of all adults in Wirral are either overweight or obese and as of 2019/20, Wirral was significantly higher than England for the first time since this indicator has been recorded (although not as high as the NW).

Figure 7: Trend in percentage of adults classified as overweight or obese (2015/16 to 2019/20)

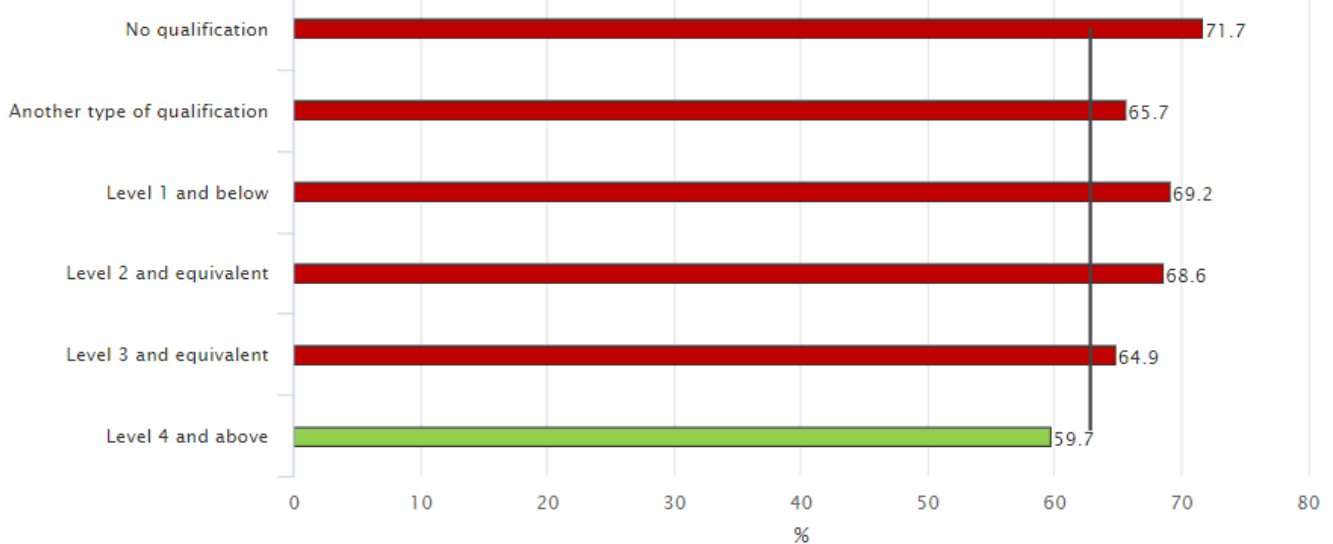


Source: Public Health England (based on Active Lives survey, Sport England)

Source: [Public Health Outcomes Framework \(2021\)](#)

This overall figure of 69.3% (which is still more than 2 in 3 adults), also hides considerable inequalities however, with the proportion of adults classified as either overweight or obese varying from 71.7% of adults with no qualifications, to 59.7% of adults educated to Level 4 or above (Level 4 or above – Degree level or above; Other Higher Education below degree level). See **Figure 8**.

Figure 8: Percentage of adults classified as overweight or obese by level of education (2019/20)

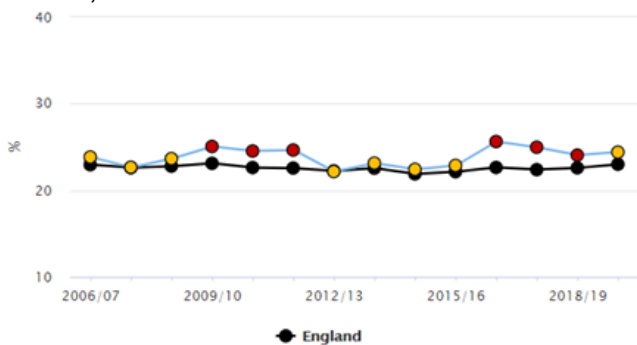


Source: [Public Health Outcomes Framework \(2021\)](#)

Unhealthy weight and diet (children)

As of 2019/20, almost 1 in 4 Reception aged children (aged 4-5) were either overweight or obese; this was higher than both England overall (24.4% in Wirral, vs 23.0% in England). There has been some fluctuation since 2006/07, but Wirral has generally always had a rate which is above England overall (see **figure 9** below).

Figure 9: Trend in prevalence of unhealthy weight (overweight and obese) in Reception age children, 2006/07 to 2019/20



Recent trend: ➔ No significant change

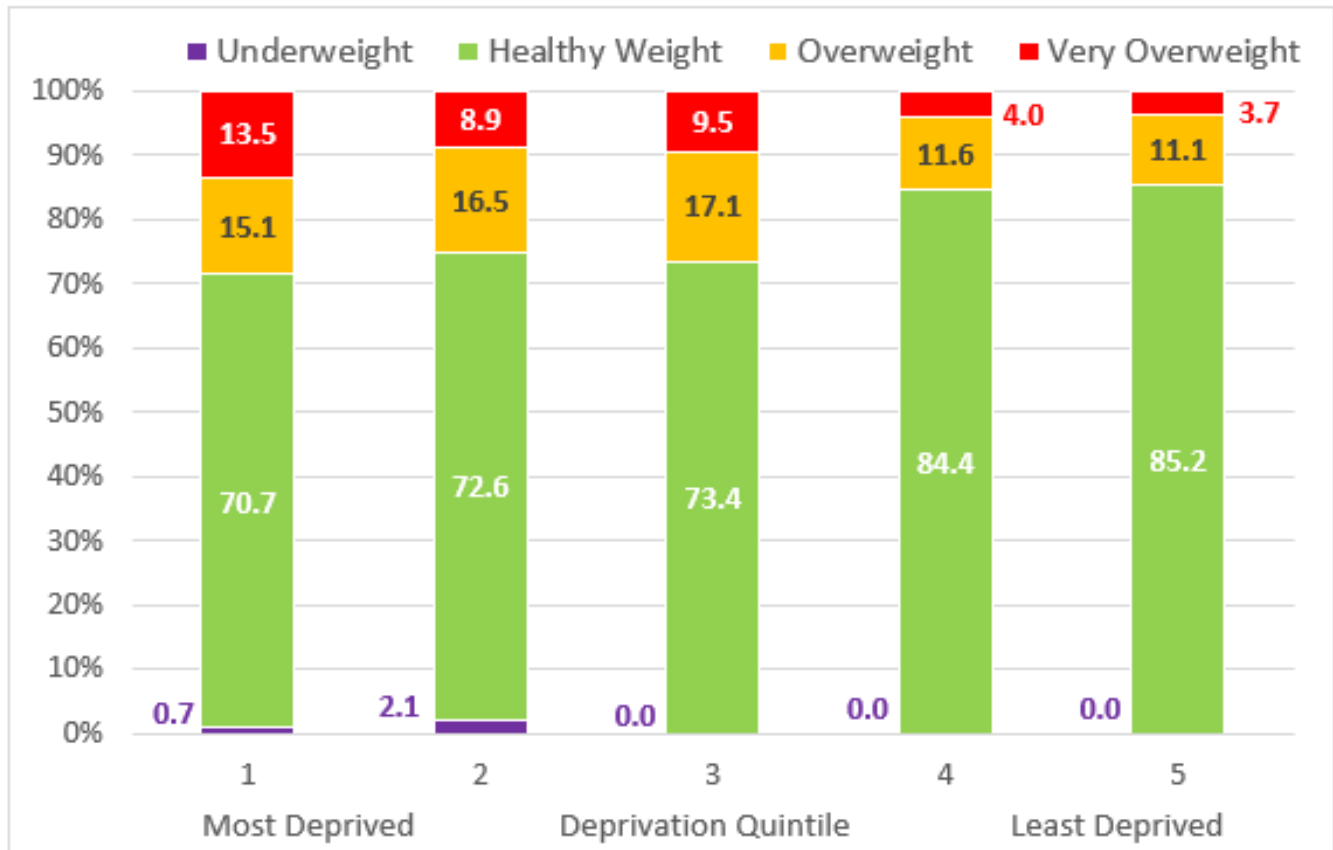
Period	Count	Value	Wirral		North West	England
			95% Lower CI	95% Upper CI		
2006/07	612	23.8%	22.2%	25.5%	*	22.9%
2007/08	700	22.7%	21.2%	24.2%	23.1%	22.6%
2008/09	786	23.7%	22.2%	25.1%	23.1%	22.8%
2009/10	838	25.1%	23.6%	26.5%	23.6%	23.1%
2010/11	859	24.5%	23.1%	26.0%	23.3%	22.6%
2011/12	879	24.6%	23.3%	26.1%	23.2%	22.6%
2012/13	789	22.2%	20.8%	23.6%	23.2%	22.2%
2013/14	838	23.1%	21.8%	24.5%	23.6%	22.5%
2014/15	808	22.4%	21.1%	23.8%	22.9%	21.9%
2015/16	851	22.9%	21.5%	24.2%	23.2%	22.1%
2016/17	979	25.6%	24.3%	27.0%	23.9%	22.6%
2017/18	888	25.0%	23.6%	26.4%	23.9%	22.4%
2018/19	851	24.1%	22.7%	25.5%	24.4%	22.6%
2019/20	345	24.4%*	22.2%	26.7%	25.2%	23.0%

Source: [Public Health Outcomes Framework \(2021\)](#)

Within Wirral, there were wide inequalities in the proportion of Reception aged children classified as either overweight or very overweight (obese) in 2019/20. The chart below (**figure 10**) shows that in Quintile 1 (20% most deprived section of the population), 13.5% of children were very overweight (obese), compared to 3.7% in the least deprived 20% of the population.

In other words, the rate of obesity is more than 3 times higher in areas of deprivation than areas classed as least deprived (or most affluent).

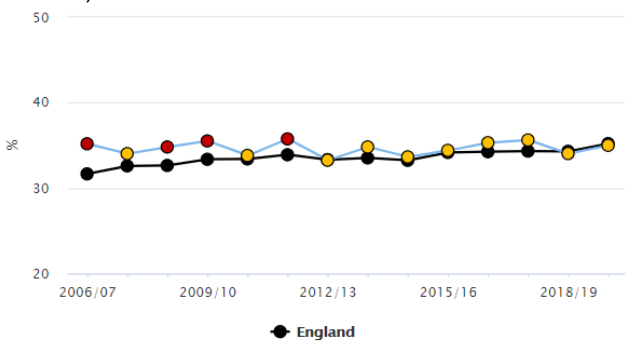
Figure 10: Prevalence of unhealthy weight (overweight and obese) in Reception age children, by deprivation quintile, 2019/20



Source: [Public Health Outcomes Framework \(2021\)](#)

By the time children reach Year 6 (age 10-11), a higher proportion are classified as either overweight or obese; in Wirral in 2019/20, this was 35% (**figure 11**). This was not significantly different to England (in fact, it was slightly lower than both the NW and England), but the fact remains that more than 1 in 3 children are overweight or obese by the age of 11 in Wirral; a proportion which has not changed significantly for the past 14 years.

Figure 11: Trend in prevalence of unhealthy weight (overweight and obese) in Year 6 age children, 2006/07 to 2019/20



Recent trend: ➔ No significant change

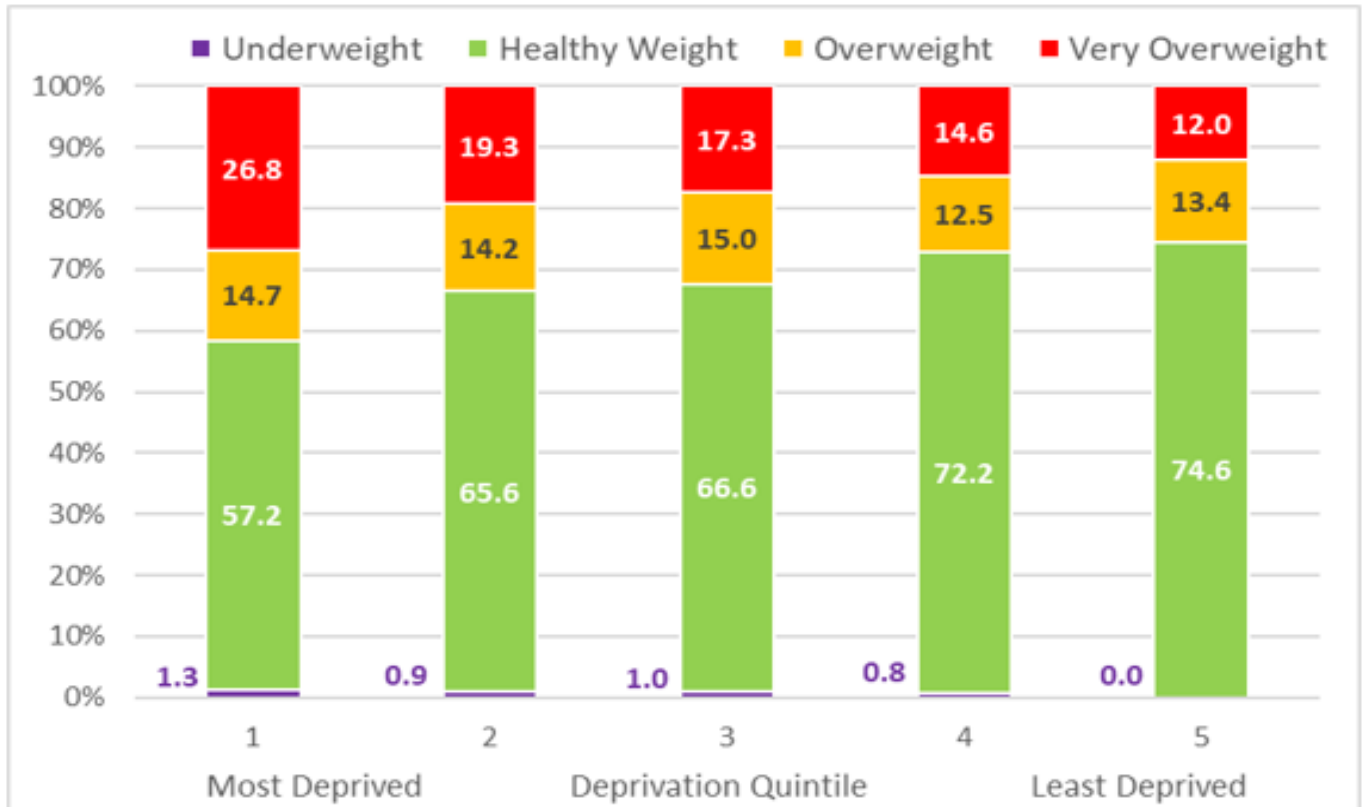
Period	Count	Value	Wirral		North West	England
			95% Lower CI	95% Upper CI		
2006/07	998	35.2%	33.4%	37.0%	*	31.7%
2007/08	1,056	34.0%	32.4%	35.7%	32.7%	32.6%
2008/09	1,127	34.8%	33.2%	36.5%	33.0%	32.6%
2009/10	1,164	35.5%	33.9%	37.2%	34.1%	33.4%
2010/11	1,093	33.8%	32.2%	35.5%	34.3%	33.4%
2011/12	1,130	35.7%	34.1%	37.4%	34.7%	33.9%
2012/13	1,021	33.3%	31.6%	34.9%	34.2%	33.3%
2013/14	1,109	34.8%	33.2%	36.5%	34.4%	33.5%
2014/15	1,105	33.6%	32.0%	35.3%	33.8%	33.2%
2015/16	1,171	34.4%	32.8%	36.0%	35.2%	34.2%
2016/17	1,231	35.3%	33.7%	36.9%	35.2%	34.2%
2017/18	1,262	35.6%	34.1%	37.2%	35.5%	34.3%
2018/19	1,191	34.0%	32.5%	35.6%	35.9%	34.3%
2019/20	1,180	35.0%	33.3%	36.5%	37.4%	35.2%

Source: [Public Health Outcomes Framework \(2021\)](#)

As was the case for Reception aged children, there are stark inequalities in the proportions of children who are overweight and very overweight (obese) for Year 6 within Wirral also. In 2019/20, over a quarter, or 1 in 4 children from the most deprived areas (26.8%) were obese, compared to 12% (or 1 in 8) children from the least deprived areas (12.0%).

In other words, the rate of obesity in the most deprived areas of Wirral, is more than double that of the least deprived areas (**figure 12**).

Figure 12: Prevalence of unhealthy weight (overweight and obese) in Year 6 children, by deprivation quintile, 2019/20

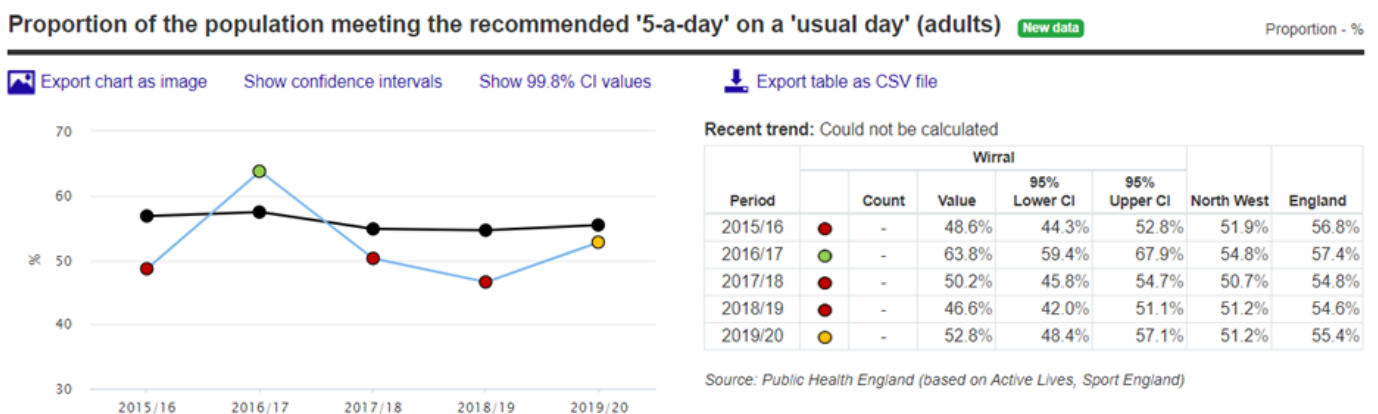


Source: [Public Health Outcomes Framework \(2021\)](#)

Diet

Wirral is currently just behind England on the proportion of the population meeting the recommendation (to eat at least 5 portions of fruit and veg per day) but not significantly so as seen in **figure 13** below. This is a slight improvement for Wirral, given that in the previous two time periods, Wirral has been significantly worse on this measure than England overall.

Figure 13: Trend in percentage of population meeting 5-a-day recommendations, 2015/16 to 2019/20



Source: [Public Health Outcomes Framework \(2021\)](#)

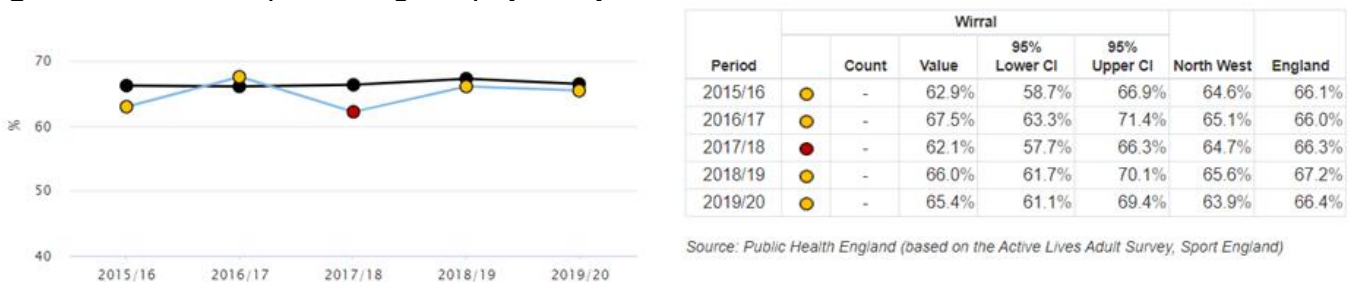
Physical activity

Physical inactivity is the 4th leading risk factor for global mortality accounting for 6% of deaths globally. People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis, and colon/breast cancer and with improved mental health. In older adults physical activity is associated with increased functional capacities.

The estimated direct cost of physical inactivity to the NHS across the UK is over £0.9 billion per year. The Chief Medical Officer for England (CMO) currently recommends that adults undertake a minimum of 150 minutes (2.5 hours) of moderate physical activity per week, or 75 minutes of vigorous physical activity per week or an equivalent combination of the two (MVPA), in bouts of 10 minutes or more. The overall amount of activity is more important than the type, intensity, or frequency.

Figure 14 suggests that just under 2 in 3 adults reported being physically active enough to benefit their health* in Wirral in 2019/20 – meaning 1 in 3 are **not** physically active enough to benefit their health (a proportion which is not significantly different to England or the North-West overall and improving over time).

Figure 14: Trend in percentage of physically active adults, 2015/16 to 2019/20

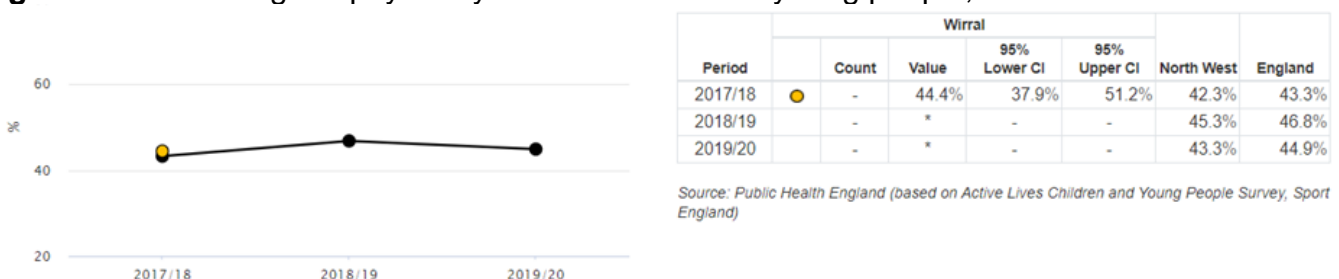


Source: [Public Health Outcomes Framework \(2021\)](#)

Notes: *Weighted number of respondents aged 19 and over, with valid responses to questions on physical activity, doing at least 150 MIE minutes physical activity per week in bouts of 10 minutes or more in the previous 28 days.

The picture for children is worse than that for adults, in 2017/18 (figures are not available for more recent years as they are for adults), less than half reported being physically active enough to benefit their health (44.4% in Wirral, vs 43.3% in England). While Wirral was slightly ahead of England, this was not significant and is still a concerningly low proportion (see **figure 15**).

Figure 15: Percentage of physically active children and young people, 2017/18



Source: [Public Health Outcomes Framework \(2021\)](#)

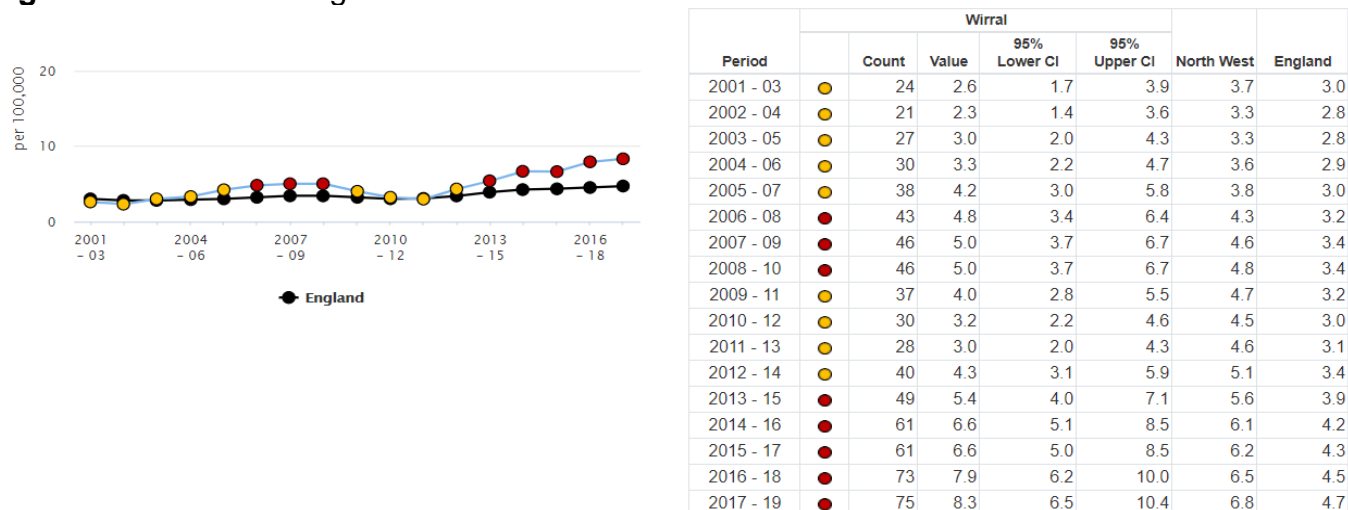
Notes: *Percentage of children aged 5-16 that meet the UK Chief Medical Officers' (CMOs') recommendations for physical activity (an average of at least 60 minutes moderate-vigorous intensity activity per day across the week)

Drugs

Wirral [Drug Misuse JSNA chapter](#) gives an in-depth analysis of the impact of drugs misuse on the residents of Wirral, compared to regional and national comparators. The JSNA chapter details how issues such as the rate of client seeking treatment for drug issues and admissions

due to drug misuse are higher in the more deprived areas of Wirral. A summary of some of the information is below, but users are directed to the full chapter for more information.

Figure 16: Trend in Drug Misuse deaths 2001-2019



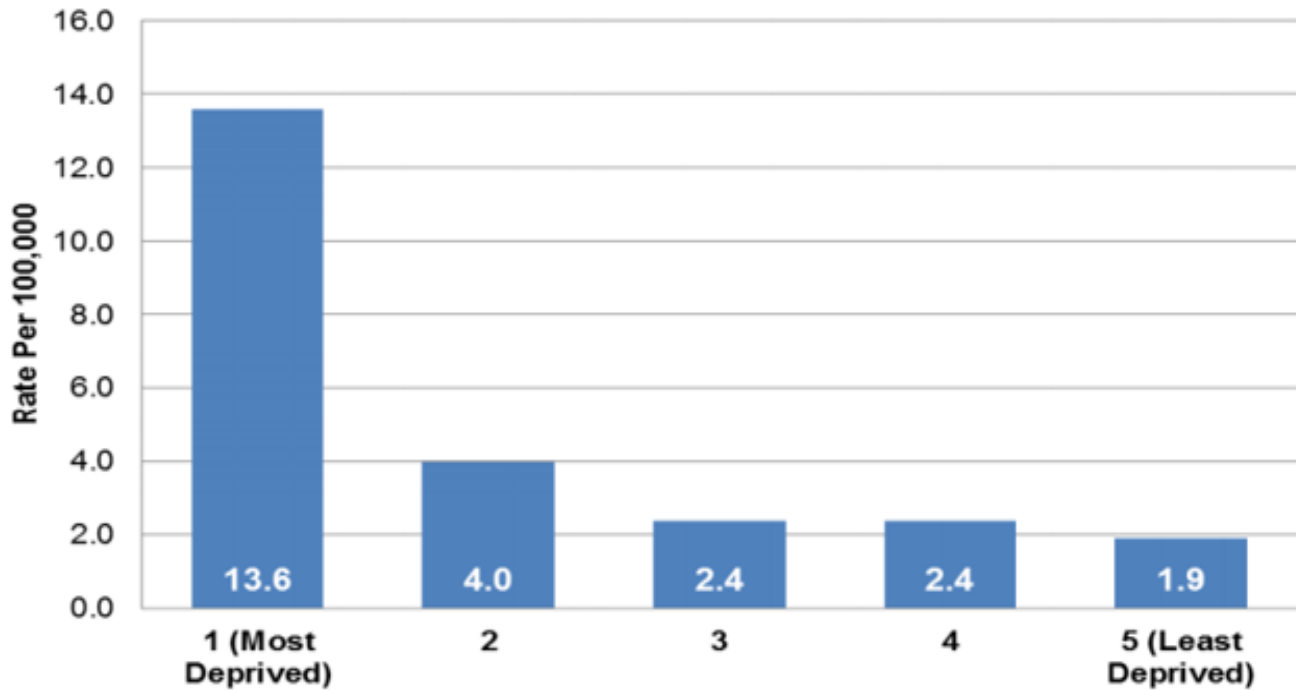
Source: [Public Health Outcomes Framework \(2021\)](#)

ONS have published the following information which provides some context for the increase in drug-related deaths, which has occurred nationally and internationally, as well as in Wirral:

- Drug-related deaths have been on an upward trend for the past decade. The reasons behind this are complex and differ by drug type. The overall trend is driven primarily by deaths involving opiates, but also by an increase in deaths involving other substances like cocaine
- Across Europe, rates of deaths involving heroin or morphine have been increasing, while [the number of new heroin and morphine users has fallen](#). This indicates higher rates of death among existing long-term drug users. Possible explanations include:
 - there is an [ageing cohort of drug users](#), likely to be suffering from the effects of long-term drug use and becoming increasingly susceptible to a fatal overdose
 - new trends in taking specific drugs, including [gabapentinoids](#) and [benzodiazepines](#), alongside heroin or morphine, may increase the risk of an overdose
 - [disengagement or non-compliance with opiate substitute therapy \(OST\)](#)
 - The rise in deaths involving cocaine is likely to be a direct consequence of the [increasing prevalence in cocaine use](#). This [increase in cocaine use is also seen across Europe](#)
 - Both [cocaine and heroin have been reported to have high availability in recent years](#), with low prices and high purity levels.

There are wide inequalities in the rate of drug misuse deaths in Wirral and these are shown in **Figure 17** below. It highlights that the rate of drug related deaths in Quintile 1 (most deprived), is 7 times higher than the in Quintile 5 (least deprived).

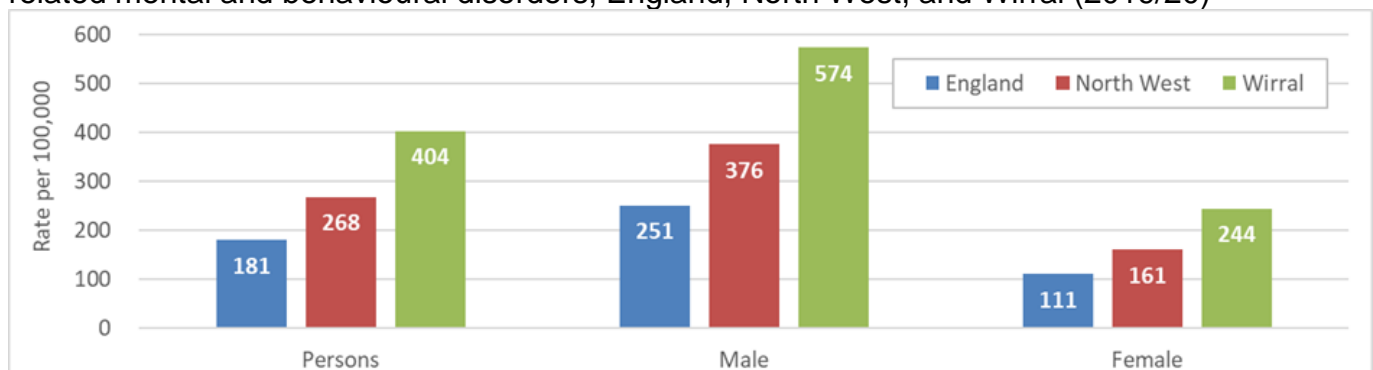
Figure 17: Drug Misuse Deaths by Indices of Multiple Deprivation quintile (rate per 100,000), Wirral, 2015-2017



Source: Primary Care Mortality Database (PCMD, 2020)

The number of NHS hospital admissions for drug-related mental and behavioural disorders (primary diagnosis of a drug-related mental and behavioural disorder), is shown in **Figure 18**.

Figure 18: Rate of hospital admissions episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders, England, North West, and Wirral (2019/20)

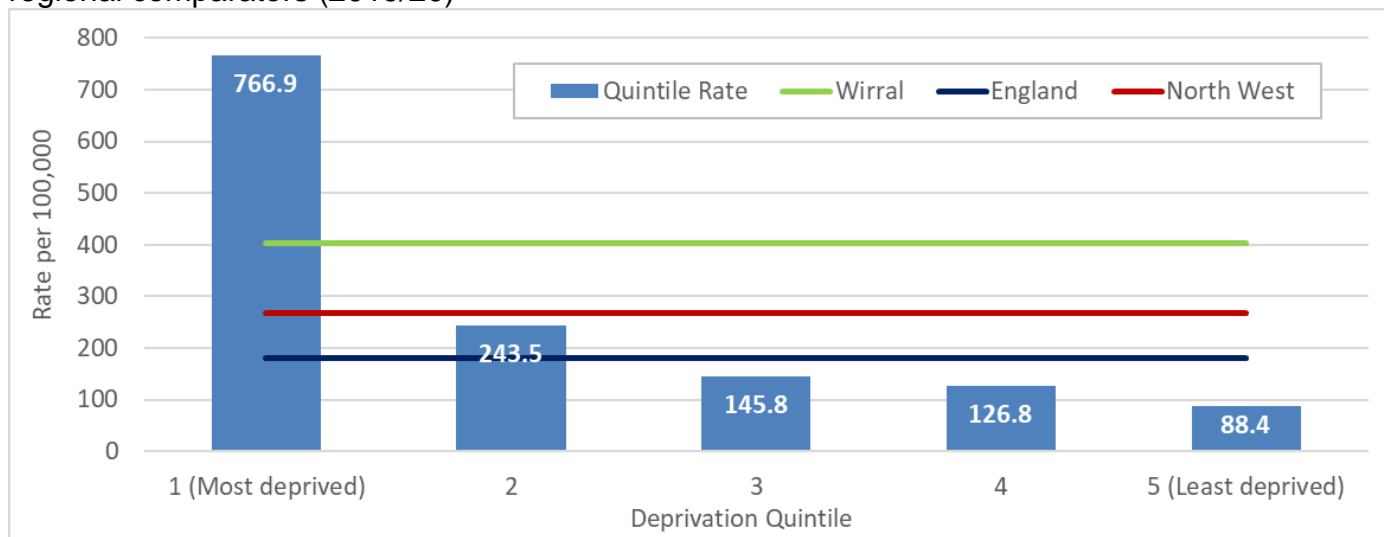


Source: NHS Digital, 2021

There was a total of 1,325 admissions where the primary or secondary diagnosis was drug-related mental and/or behavioural disorders in Wirral in 2019/20; giving an admission rate per 100,000 for Wirral of 404 (more than double the England rate of 181 per 100,000).

As the above chart also shows, rates in males were more than double those for females and for both males and females in Wirral, admission rates were more than double the rates in England overall and were also higher than the North-West overall. Within Wirral, there were also significant inequalities, as **Figure 19** shows

Figure 19: Rate of hospital admissions episodes with a primary or secondary diagnosis of drug related mental and behavioural disorders, by Wirral deprivation quintile and with national and regional comparators (2019/20)



Source: NHS Digital, 2021

Alcohol

On every key alcohol indicator measured by Public Health England, Wirral performs significantly worse than England, see **Figure 20**.

Figure 20: Public Health England key alcohol indicators, Wirral outcomes

Indicator	Period	Recent Trend	Wirral		Region England			England		Best
			Count	Value	Value	Value	Worst	Range		
Admission episodes for alcohol-related conditions (Narrow)	2018/19	→	2,858	895	742	664	1,127		389	
Admission episodes for alcohol-related conditions (Broad)	2018/19	↑	10,534	3,162	2736	2367	4,022		1,329	
Admission episodes for alcohol-specific conditions	2019/20	↑	3,960	1,231	891	644	2,590		331	
Admission episodes for alcohol-specific conditions - Under 18s	2017/18 - 19/20	-	95	46.9	43.6	30.7	111.5		7.7	
Alcohol-related mortality	2018	→	201	58.9	54.9	46.5	86.1		26.9	
Alcohol-specific mortality	2017 - 19	-	168	17.0	14.6	10.9	27.3		3.9	

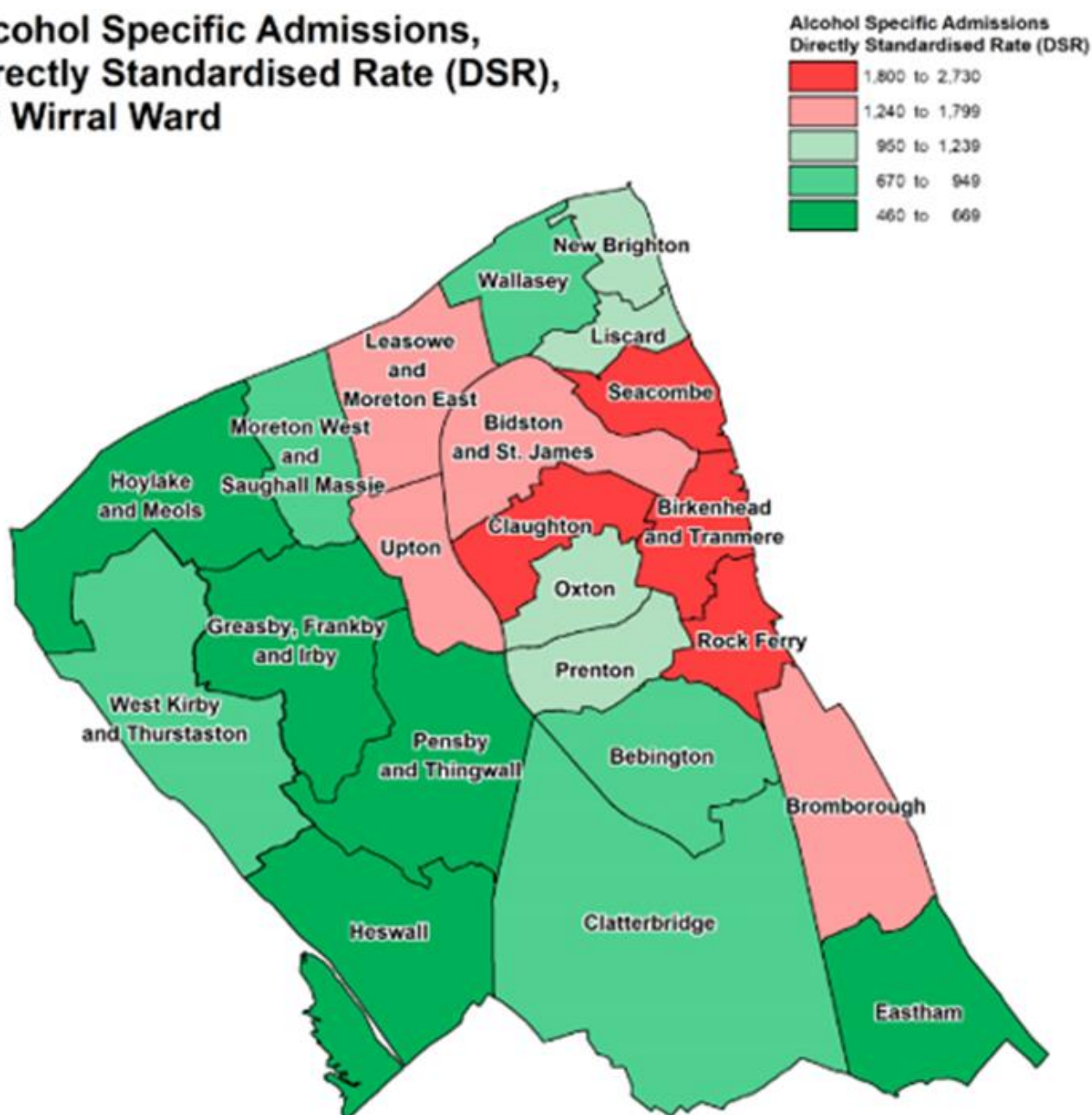
Source: [Public Health Outcomes Framework \(2021\)](#)

There was a total of 3,960 alcohol-specific admissions in Wirral in 2019/20 and they were strongly correlated with deprivation. The most deprived wards in Wirral had the highest admission rates, while the most affluent had the lowest rates. The Wirral overall rate (DSR or Directly Standardised Rate) was 1,140.

Heswall (the most affluent ward in Wirral) had a DSR of 461, while Birkenhead & Tranmere ward (the most deprived ward in Wirral) had a DSR of 2,726. This is a long-standing trend in Wirral. See **Map 8** below.

Map 8: Alcohol Specific Admissions (DSRs) by Wirral ward, 2019/20

Alcohol Specific Admissions, Directly Standardised Rate (DSR), By Wirral Ward

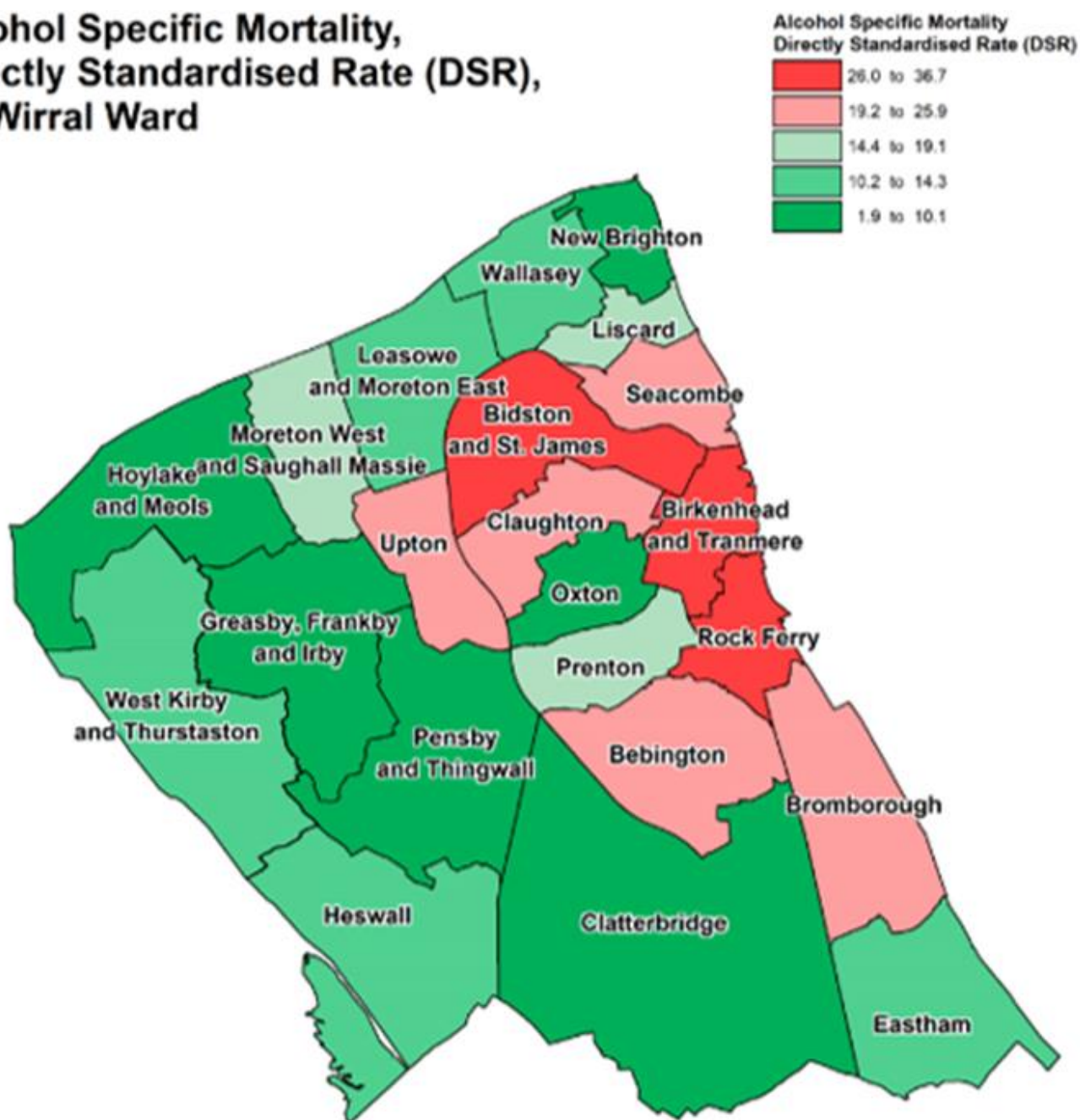


Source: SUS, 2020 (2015-19, 5 pooled years)

The same pattern (areas of deprivation having a greater burden of morbidity and mortality related to alcohol) is observable for Alcohol-Specific Mortality rates in Wirral in 2019/20, see **Map 9**

Map 9: Alcohol Specific Mortality (DSRs) by Wirral ward, 2019/20

Alcohol Specific Mortality, Directly Standardised Rate (DSR), By Wirral Ward

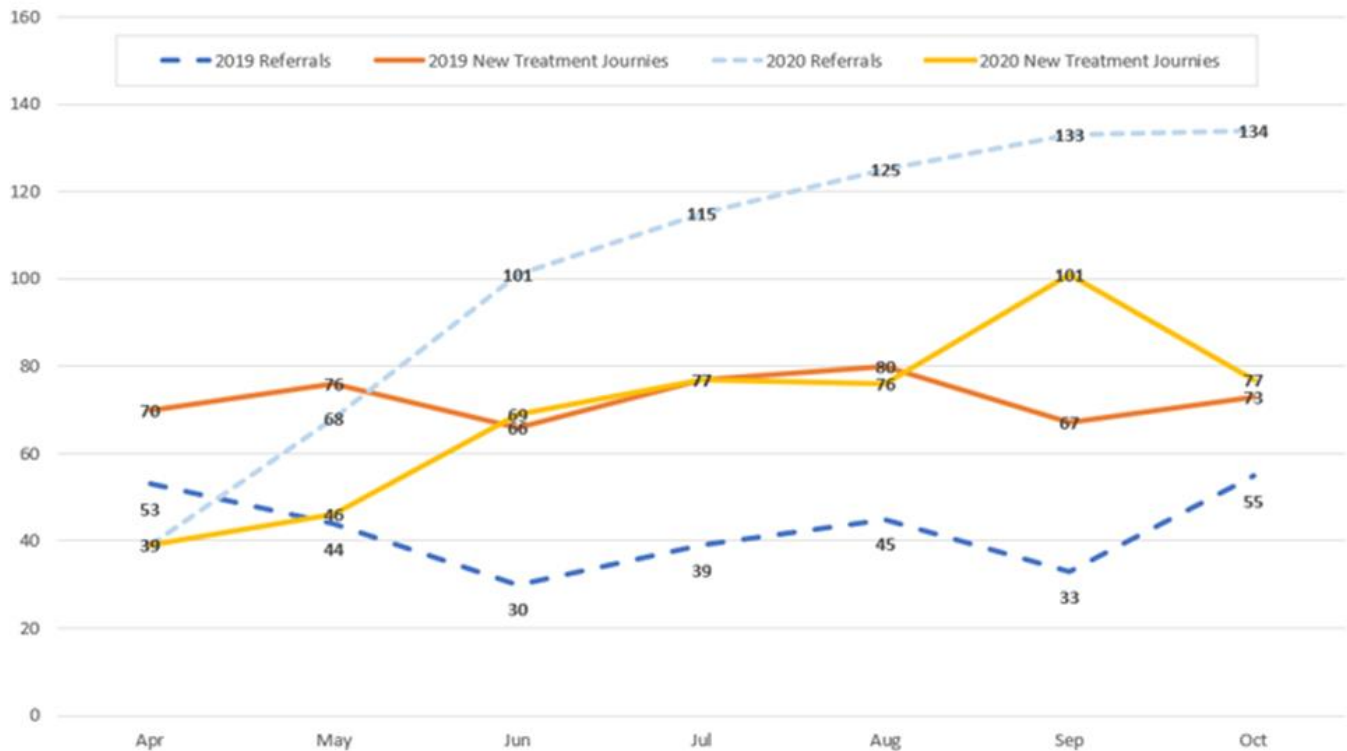


Source: SUS, 2020 (2015-19, 5 pooled years)

Referrals to alcohol treatment

- **Figure 21** below shows number of alcohol referrals (broken lines) and new treatment journeys (solid lines) for 6 month period April to October 2020, compared to same period in 2019 (to CGL – Change, Grow, Live – Wirral’s main provider of Drug and Alcohol services)
- 299 total referrals for 2019, vs 715 for 2020 (a 139% increase)
- 508 new treatment journeys in 2019, vs 485 for 2020 (a 5% decrease to October)
- The largest increase was in self-referrals (317 in 2020 vs 94 during same 6 month period in 2019)

Figure 21: Referrals for alcohol treatment in Wirral: 2019 and 2020 comparison



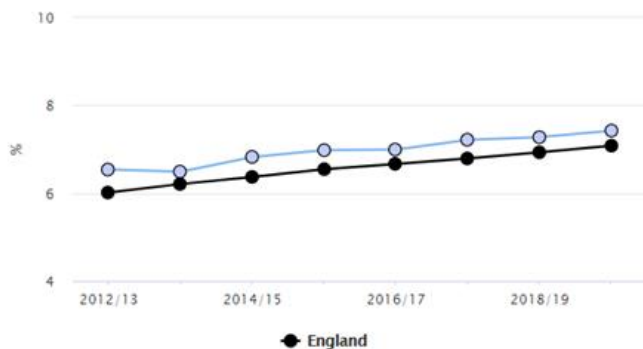
Source: CGL (Change, Grow, Live), 2021

Long Term Conditions

Diabetes

Prevalence of diabetes in Wirral in 2019/20 is higher than both the Cheshire & Merseyside area and England overall (7.4% versus 7.1% in Cheshire & Merseyside and England overall) – **figure 22**. Prevalence of diabetes has been steadily increasing in recent years, from 17,504 people in 2012/13 to 20,392 people in 2019/20; an increase of 16.5% in 7 years.

Figure 22: Trend in prevalence of diabetes in those aged 17+ (2012/13 to 2019/20)



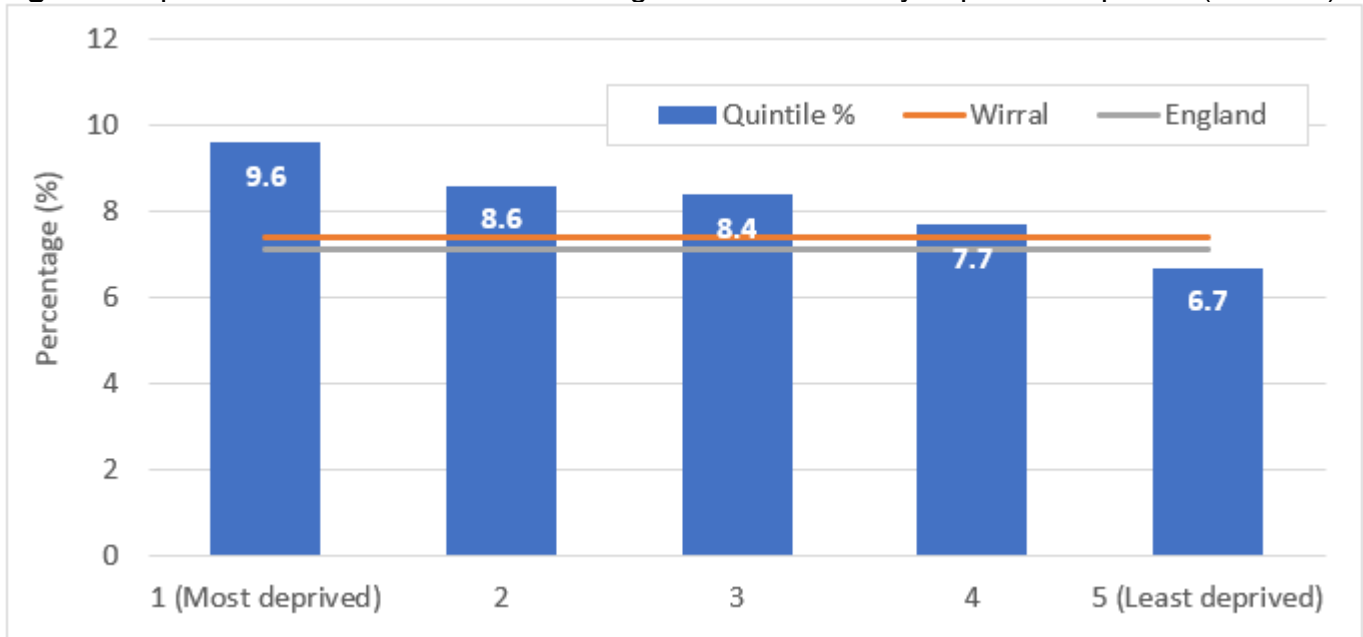
Period	NHS Wirral CCG				Cheshire and Merseyside	England
	Count	Value	95% Lower CI	95% Upper CI		
2012/13	17,504	6.5%	6.4%	6.6%	6.2%*	6.0%
2013/14	17,450	6.5%	6.4%	6.6%	6.3%*	6.2%
2014/15	18,399	6.8%	6.7%	6.9%	6.5%	6.4%
2015/16	18,889	7.0%	6.9%	7.1%	6.7%	6.5%
2016/17	19,428	7.0%	6.9%	7.1%	6.8%	6.7%
2017/18	19,658	7.2%	7.1%	7.3%	6.9%	6.8%
2018/19	19,893	7.3%	7.2%	7.4%	7.0%	6.9%*
2019/20	20,392	7.4%	7.3%	7.5%	7.1%*	7.1%

Source: Quality and Outcomes Framework (QOF), NHS Digital

Source: [Public Health Outcomes Framework \(2021\)](#)

Diabetes prevalence by deprivation quintile in Wirral in 2019/20 is shown in **Figure 23** and is 43% higher in the most deprived quintile of the population (9.6% of the population in the most deprived quintile compared to 6.7% in Quintile 5, the least deprived quintile).

Figure 23: prevalence of diabetes in those aged 17+ in Wirral by deprivation quintile (2019/20)

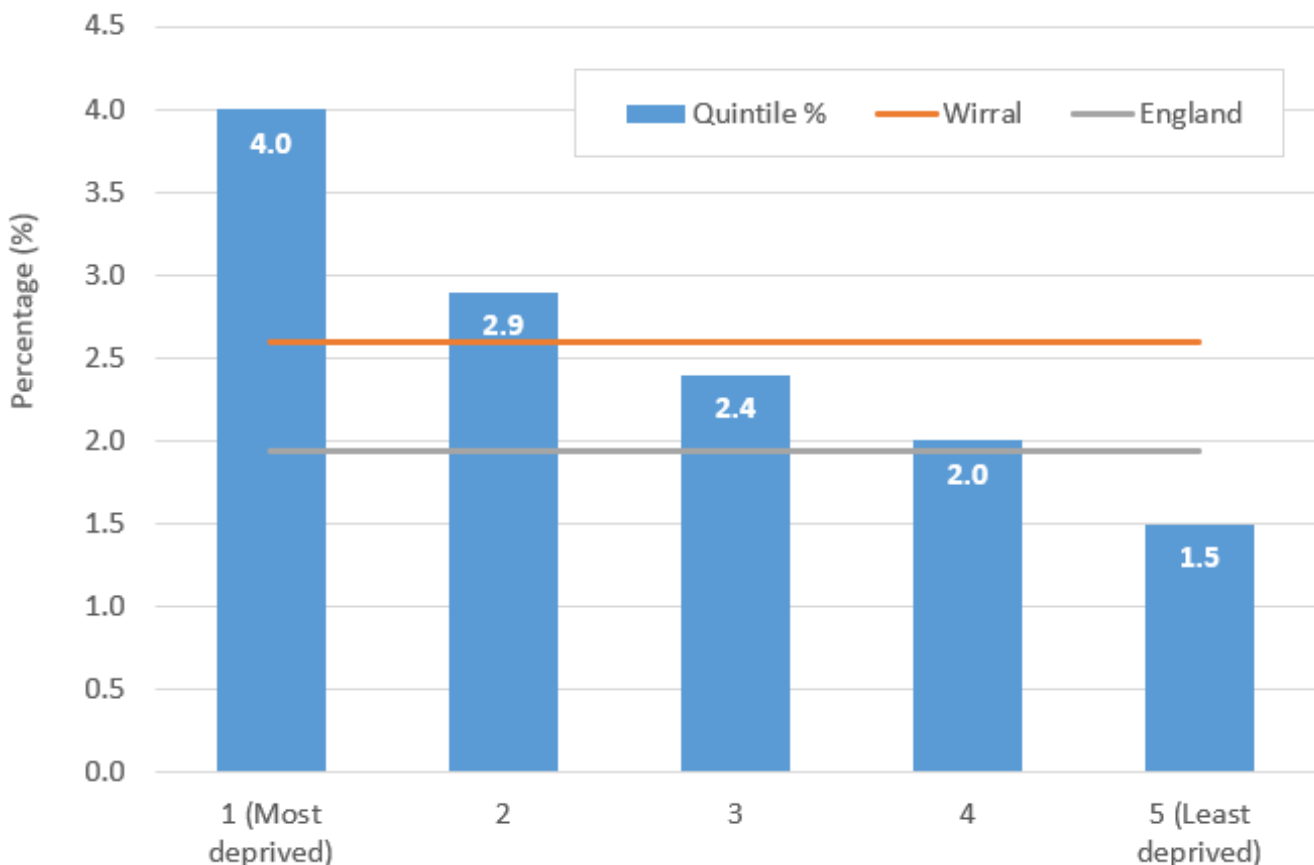


Source: QOF ([Quality & Outcomes Framework](#)), NHS England

Chronic Obstructive Pulmonary Disease (COPD)

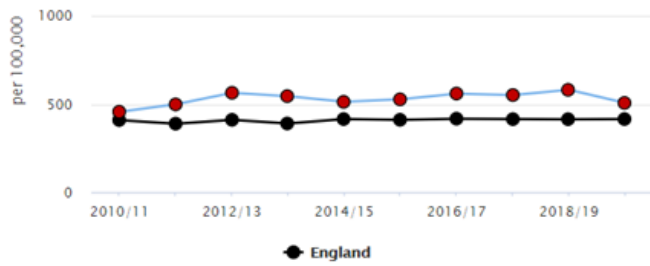
Prevalence of COPD in Wirral in 2019/20 is higher than both the NW and England overall (2.6% versus 2.5% in the NW and 1.9 in England overall). Prevalence of COPD has been steadily increasing in recent years, from 7,814 people in 2012/13 to 8,821 people in 2019/20; an increase of 13% in 7 years. COPD shows a clear association with deprivation, with those in the most deprived quintile, having a rate of COPD which is more than double that of the least deprived quintile (4.0% population in the most deprived quintile versus 1.5% population in the least deprived quintile) see **figure 24** and **figure 25**.

Figure 24: prevalence of COPD in those aged 17+ in Wirral by deprivation quintile (2019/20)



Source: QOF ([Quality & Outcomes Framework](#)), NHS England

Figure 25: Trend in emergency admissions for COPD, 2010/11 to 2019/20



Period	Count	Value	Wirral		North West	England
			95% Lower CI	95% Upper CI		
2010/11	873	457	427	488	568	410
2011/12	966	499	467	531	526	389
2012/13	1,104	564	531	599	549	411
2013/14	1,077	545	513	579	508	390
2014/15	1,026	513	482	545	553	415
2015/16	1,058	527	496	560	534	411
2016/17	1,148	560	528	594	532	417
2017/18	1,144	552	520	585	532	415
2018/19	1,210	581	549	615	530	414
2019/20	1,075	507	477	538	536	415

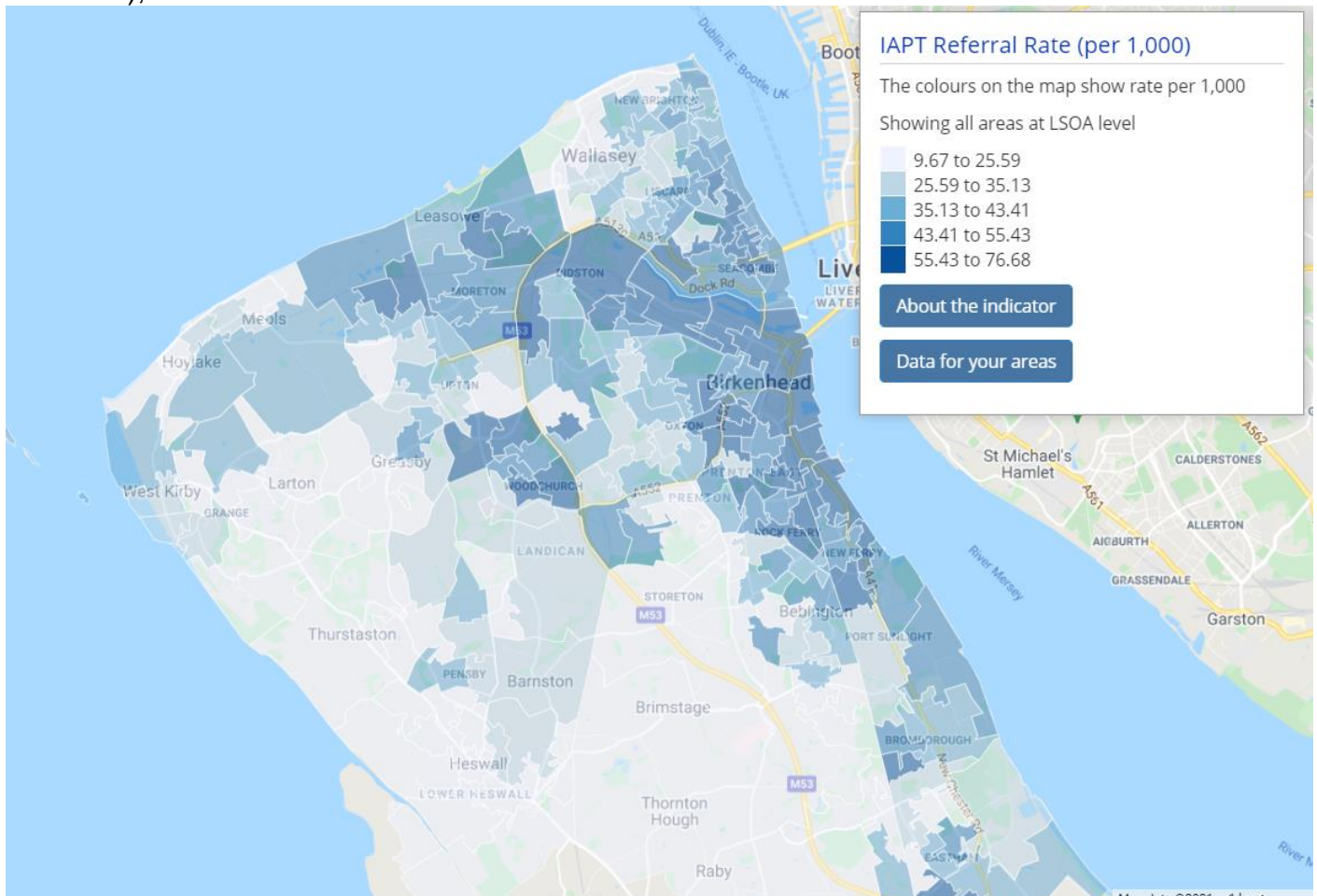
Source: [Public Health Outcomes Framework \(2021\)](#)

Mental health

Referral rates for psychological therapy

Map 10 below shows referrals to IAPT (Improving Access to Psychological Therapy) Service per 1,000 patients registered to GP practices within Wirral CCG in 2019/20. Although not all referrals will enter treatment, it is a fairly good indicator of mental health need

Map 10: IAPT (Improving the access to Psychological Therapies), referral rate (per 1,000 residents), 2019/20



Source: Wirral CCG BI Team

As **Map 10** above shows, referral rates vary considerably by ward; the overall rate of referral was 42 per 1,000 residents, but this varied from 61 per 1,000 in Birkenhead & Tranmere ward, to 20 per 1,000 in Heswall ward. In other words, the rate of referral was 3 times higher in areas of deprivation in Wirral, compared to more affluent areas.

Self-harm

Self-harm events severe enough to warrant hospital admission are shown on the PHOF as a proxy of the prevalence of severe self-harm, these are only the most acute manifestation of poor mental health in relation to the burden of self-harm. Self-harm is defined as an intentional act of self-poisoning or self-injury irrespective of the type of motivation or degree of suicidal intent. However, following an episode of self-harm, there is a significant and persistent risk of suicide which varies markedly between genders and age groups [PHOF, PHE].

In contrast to the trends in completed suicide, the incidence of self-harm has continued to rise in the UK over the past 20 years and, for young people at least, is said to be among the highest in Europe [PHOF, PHE]. Data on self-harm trends using HES data may be somewhat misleading and the large rise they suggest probably reflects improved data collection. Suicide risk is raised 49-fold in the year after self-harm, and the risk is higher with increasing age at initial self-harm [PHOF, PHE].

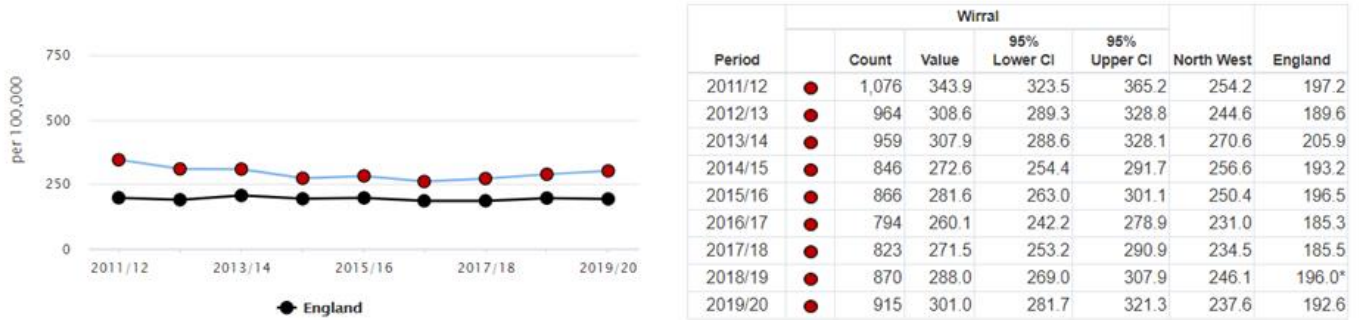
Self-harm is still often poorly understood and people who harm themselves are subject to stigma and hostility; those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year. One study of people presenting at Accident & Emergency (A&E) showed a subsequent suicide rate of 0.7% in the first year - 66 times the suicide rate in the general population. After 15 years, 4.8% of males and 1.8% of females had died by suicide.[3] Aside from the obvious danger of death, self-harm and suicide attempts can be seriously detrimental to an individual's long-term physical health if they survive. Paracetamol poisoning is a major cause of acute liver failure. Self-cutting can result in permanent damage to tendons and nerves, not to mention scarring and other disfigurements. The NICE guidelines on self-harm note that people who have survived a medically serious suicide attempt are more likely to have poorer outcomes in terms of life expectancy [PHOF, PHE].

Those at greater risk include [PHOF, PHE]:

- Women - rates of deliberate self-injury are two to three times higher in women than men
- Young people - Self-harming in young people is not uncommon (10-13% of 15-16-year-olds have self-harmed in their lifetime)
- Older people who harm themselves are more likely to do so in an attempt to end their life
- People who have or are recovering from drug and alcohol problems
- Self-harm in prisons is associated with subsequent suicide in this setting, suggesting the prevention and treatment of self-harm is an essential component of suicide prevention in prison
- People who are lesbian, gay, bisexual or gender reassigned
- Socially deprived people living in urban areas
- Women of South-Asian ethnicity
- Individual elements including personality traits, family experiences, life events, exposure to trauma, cultural beliefs, social isolation, and income
- Other factors such as education, housing, and wider macro-socioeconomic trends such as unemployment rates may also contribute directly, or by influencing a person's susceptibility to mental health problems

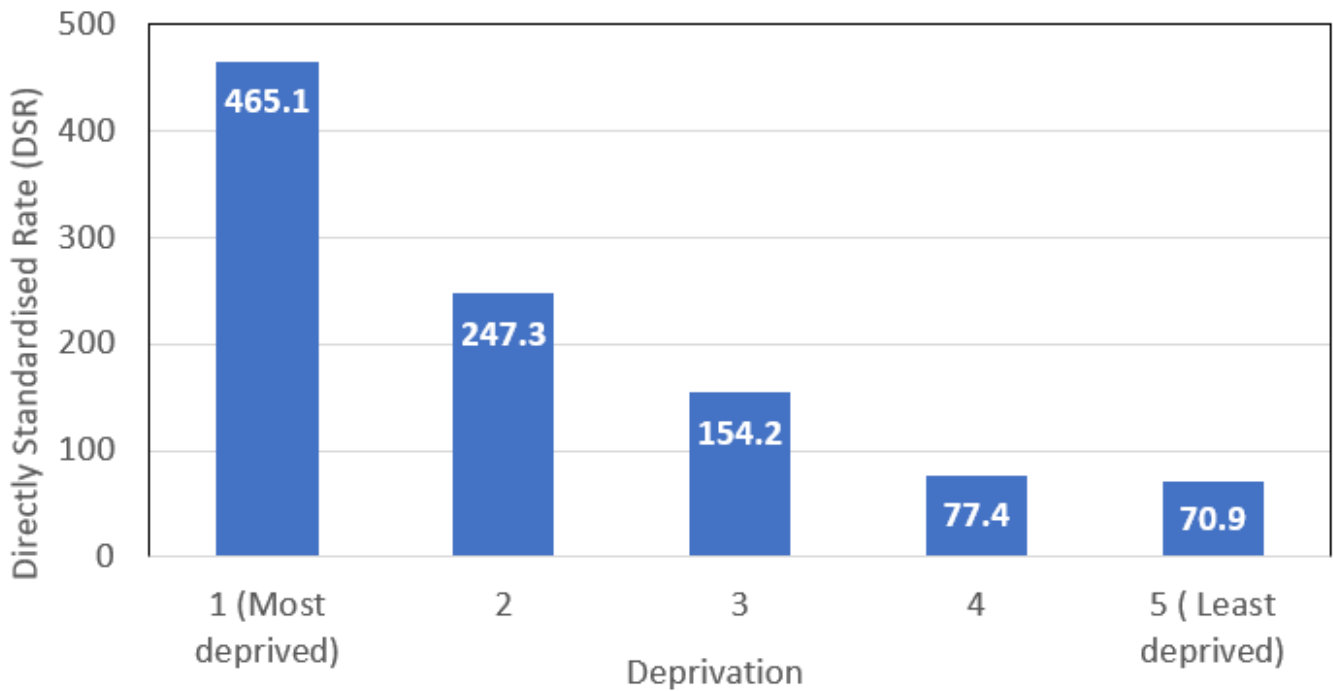
Admissions for self-harm are significantly higher in Wirral than in England overall (301.0 per 100,000 locally, versus 192.6 nationally – or 915 in actual numbers) (**figure 26**) and have been since information on this indicator has been made available. As further breakdown (**figure 27**) shows, these overall numbers show that women are far more likely than men to be admitted as a result of self-harm.

Figure 26: Rate (DSR) of Emergency Hospital Admissions for intentional self-harm in Wirral with comparators England, North West (2011/12 – 2019/20)



Source: [Public Health Outcomes Framework \(2021\)](#)

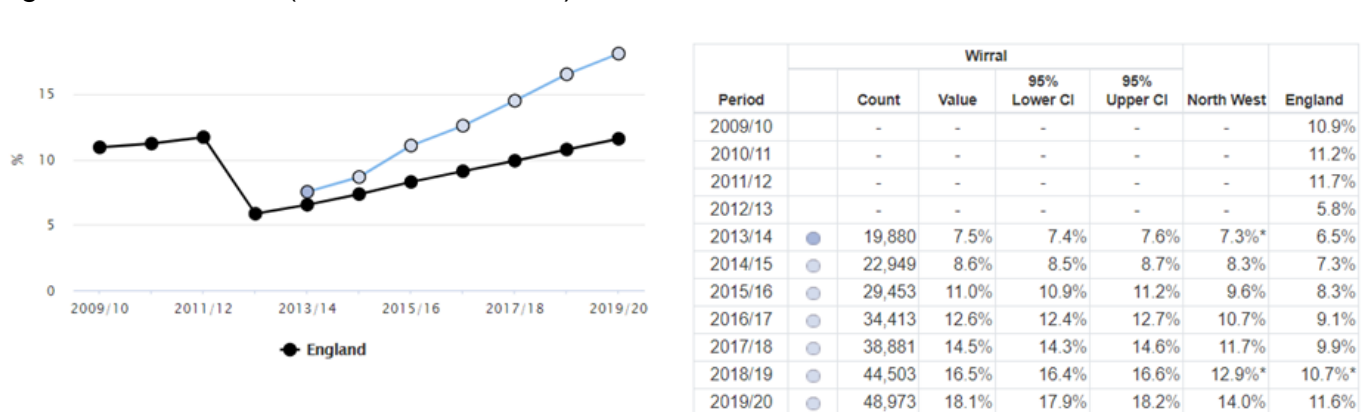
Figure 27: Rate of admissions for Self-harm in Wirral by Deprivation Quintile, 2019/20



Depression

The recorded depression prevalence (**figure 28**) is the number of people with depression recorded on GP practice registers, as a proportion of the practice list size of the CCG aged 18 years or over.

Figure 28: Recorded prevalence of Depression (%) (aged 18+) for Wirral with comparators England, North West (2009/10 – 2019/20)



Source: *Quality and Outcomes Framework (QOF), NHS Digital*

Source: [Public Health Outcomes Framework \(2021\)](#)

The prevalence of those recorded as having ever had depression on GP records in Wirral is much higher than England, at 18.1% of the population aged 18+ overall, compared to 11.6% in England. This figure has increased considerably in recent years, in 2013/14 the overall prevalence in Wirral was 7.5% compared to 6.5% in England – meaning prevalence has more than doubled in 6 years.

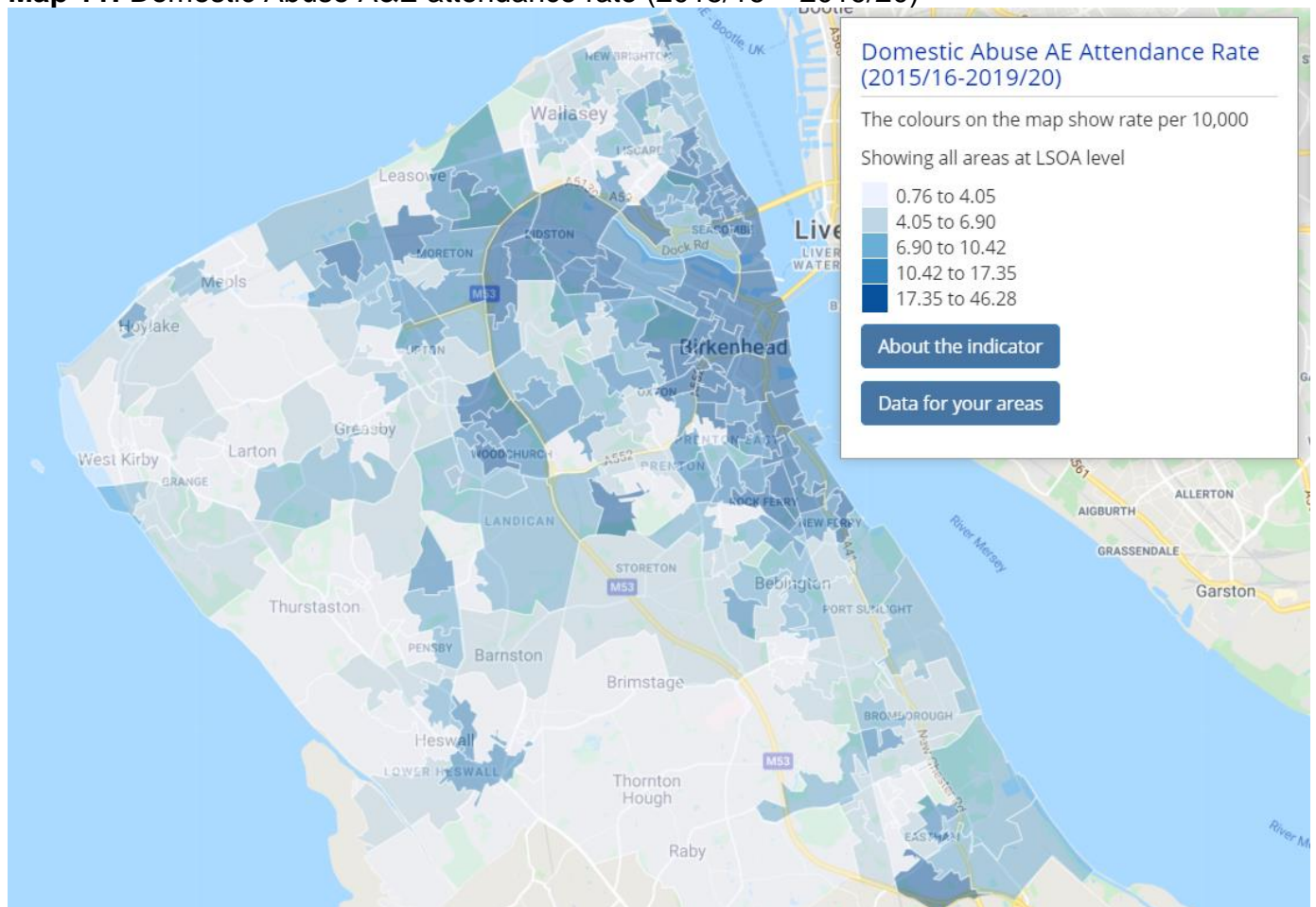
Even this large overall figure, however, hides large inequalities, with some practices with populations in areas of deprivation having as many as 1 in 3 (or 33.6%) of their populations recorded as having depression. In more affluent areas, the equivalent is around 1 in 14 (or 7.7%) of their practice population recorded as having had depression in 2019/20 (Source: [Public Health Outcomes Framework \(2021\)](#)).

Crime

Anti-social behaviour

Map 11 shows the rate of attendances for domestic abuse (5 pooled years); it shows that rate of attendances mirrors the areas of deprivation in Wirral – with rates varying from 26.5 per 10,000 in Birkenhead & Tranmere ward, to 3.7 in West Kirby & Thurstaston ward (overall Wirral rate of 11.2 per 10,000).

Map 11: Domestic Abuse A&E attendance rate (2015/16 – 2019/20)



Source: [Local Insight Wirral](#), 2021 (data from Trauma, Injury Intelligence Group (Liverpool John Moores University, 2021))

Attendances at Arroe Park A&E for injuries and assaults reported as being carried out by somebody known to the attendee are compiled by TIIG (Trauma, Injury & Intelligence Group) of LJMU.

Reported incidents of anti-social behaviour (ASB), were located to the point at which they occurred and allocated to the appropriate Constituency; ASB is defined as 'behaviour by a person which causes, or is likely to cause, harassment, alarm or distress to persons not of the same household as the person'. The data in **Table 2** below is reported incidents and shows the two calendar years of 2019 and 2020.

Table 2: Reported incidents of anti-social behaviour in Wirral, by Constituency, 2019 and 2020 (calendar years)

Area	2019		2020		Change	
	Number	Rate per 1,000	Number	Rate per 1,000	Number	%
Birkenhead	2,283	25.2	3,439	37.9	1,156	50.6
Wallasey	1,433	15.8	2,444	27.0	1,011	70.6
Wirral South	775	10.6	1,409	19.2	634	81.8
Wirral West	797	11.5	1,600	23.0	803	100.8
Wirral	5,288	16.3	8,892	27.4	3,604	68.2

Source: <https://data.police.uk/data/>

As **Table 2** shows, there has been a 68% increase in ASB in Wirral between 2019 and 2020 when a large number of months were spent in lockdown. The overall increase hides large variation between Constituencies, which ranged from 50.6% in Birkenhead (lowest increase, but still the highest number of reported incidents), to 100.8% increase in Wirral West.

Domestic Abuse

As **Table 3** shows, the number of crimes and incidences of domestic abuse have been increasing in recent years. This may not necessarily be due to increased incidence, but due to increased awareness and willingness to report to the police. It is clear that Wirral has a higher rate than Merseyside, the North West and England overall and this appears to be a long-standing trend.

Table 3: Trend in Domestic abuse crimes and incidences in Wirral and comparators, 2010/11 to 2019/20

Year	Wirral	Merseyside	North West	England	
	Crimes and Incidences				Rate per 1,000
2010/11	9,214	*	27.6	22.2	18.4
2011/12	9,416	*	28.8	21.1	18
2012/13	9,591	36.8	29.3	21.4	18.1
2013/14	9,589	36.8	28.4	21.4	19.4
2014/15	9,806	37.5	27.6	20.5	20.4
2015/16	10,308	39.4	26.2	23.5	23.7
2016/17	9,965	38.1	24.6	24.1	24.0
2017/18	10,189	38.9	23.6	25.1	25.1
2018/19	11,942	45.5	25.8	28.6	27.4
2019/20	12,795	48.7	28.8	25.7	28.0

Source: [Wirral Intelligence Service Annual Statistical Compendium, 2021](#)

Notes and definitions for Table 3

1. Domestic abuse is defined as any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members. It can include psychological, physical, sexual, financial and/or emotional abuse (Home Office, 2013)
2. Figures from 2015/16 include the new methodology which captures data relating to the new categories of all domestic abuse related crimes and domestic abuse related incidents. Figures from 2015/16 onwards are therefore not comparable with data released in previous years.
3. An incident is an occurrence reported to the police where circumstances are considered as domestic by the call the call handler. An incident may or may not result in a crime record being created
4. A crime is controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality
5. Offences have been recorded as a crime, whereas the number of incidents refers to those that were not recorded as a crime, so the two categories are mutually exclusive of each other
6. Rates have been calculated using the preceding calendar years mid-year population estimated sourced from the Office for National Statistics (ONS)
7. * notes that data is not available at the time of publishing

Source: *Public Health Outcomes Framework*, [Public Health England \(PHE\)](#) and *Merseyside Police Information Management Systems*

Life expectancy

Life expectancy is an important marker for the underlying health of the population. Consequently, it is calculated regularly (annually). Life expectancy at birth in England showed dramatic increases throughout the twentieth century as health and living conditions improved.

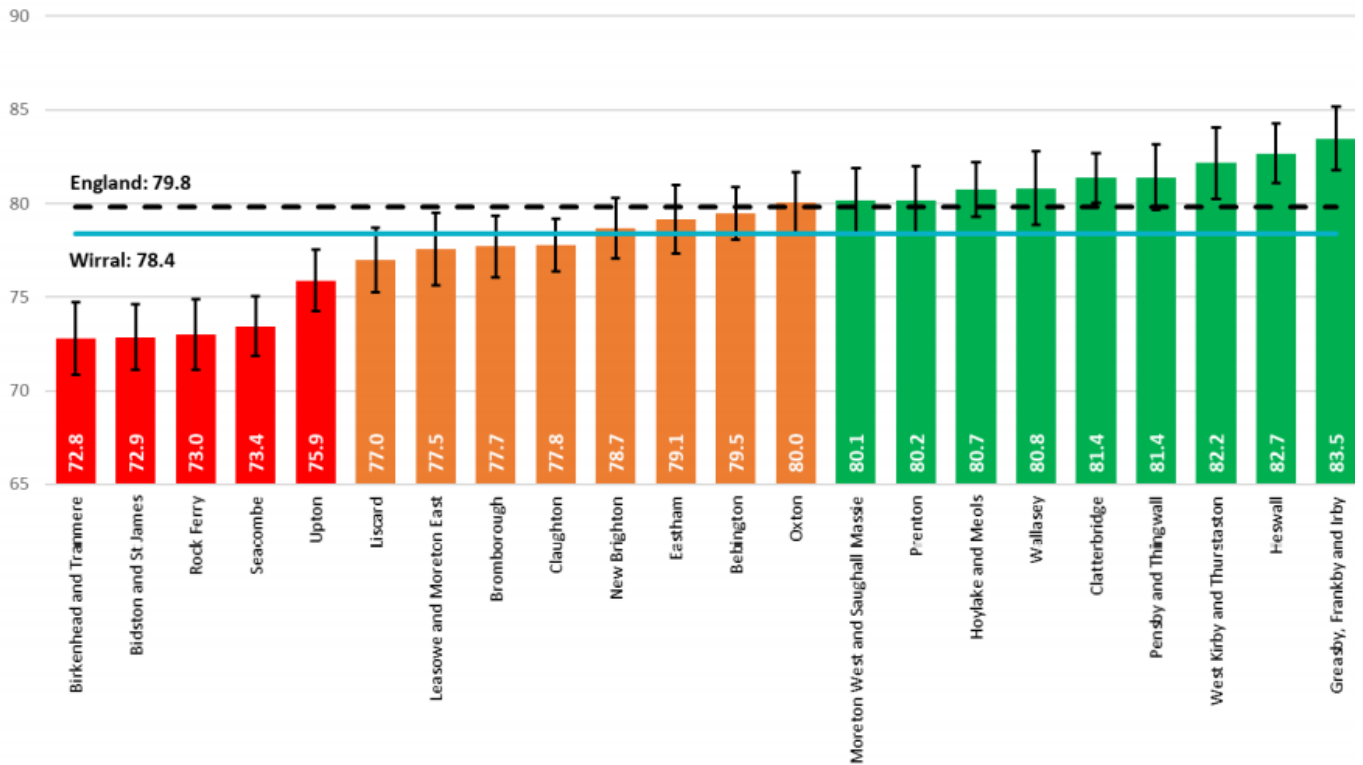
It increased from 46 for males and 50 for females in 1900, to 76 for males and 80 for females in 2000 and has continued to increase since.

However, increases in life expectancy have not been uniform across all social groups and the inequality in life expectancy between those from more deprived areas and those from more affluent areas has continued to increase. A full report on [Life Expectancy in Wirral updated for 2017-19 is available here](#). This report also highlights the causes of the gap between Wirral and England (e.g. showing that the largest cause of the gap was respiratory disease, for both males and females). This analysis on the gap, was originally carried out by Public Health England and more information is available on the [Segment Tool section](#) of the Public Health Outcomes Framework website.

As **Figure 29** shows, there is a gap of 10.7 years between the wards with the highest and lowest male LEx in Wirral for 2017-19 (Birkenhead and Tranmere and Greasby, Frankby and Irby). The average Wirral LEx for males was 78.4 years, whilst the England average was 79.8 for the same time period (1.4 years higher).

The four wards with the lowest LEx are also the four most deprived wards in Wirral according to the IMD 2019: Birkenhead & Tranmere, Bidston & St James, Rock Ferry and Seacombe.

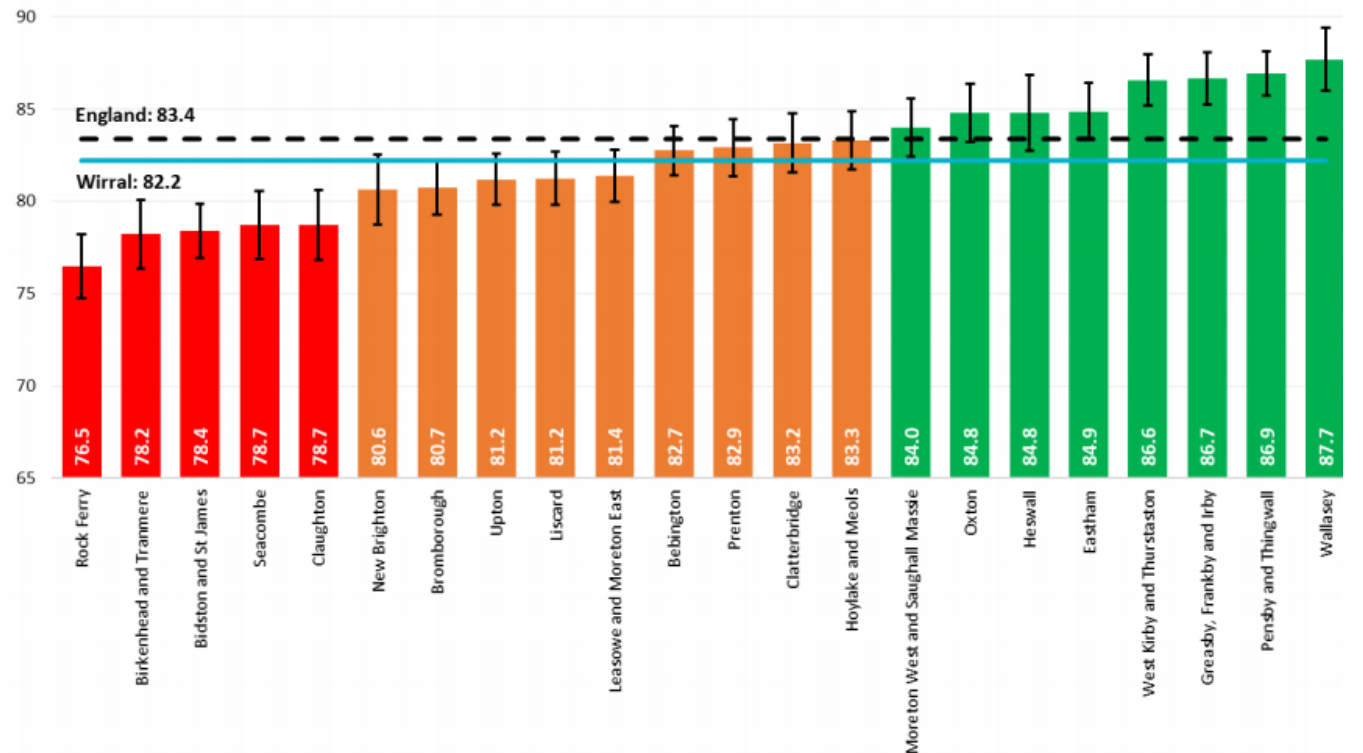
Figure 29: Male life expectancy at birth, by Wirral Ward, 2017-19



Source: Public Health Intelligence Team, Wirral Intelligence Service, 2021

As **Figure 30** below shows, in 2017-19, the gap between the Wirral wards with the highest and lowest female LEx was 11.2 years (Rock Ferry and Wallasey). As was the case with males, the four wards with the lowest female LEx are the four most deprived wards in Wirral: Rock Ferry, Birkenhead & Tranmere, Bidston & St. James and Seacombe.

Figure 30: Female life expectancy at birth, by Wirral Ward, 2017-19



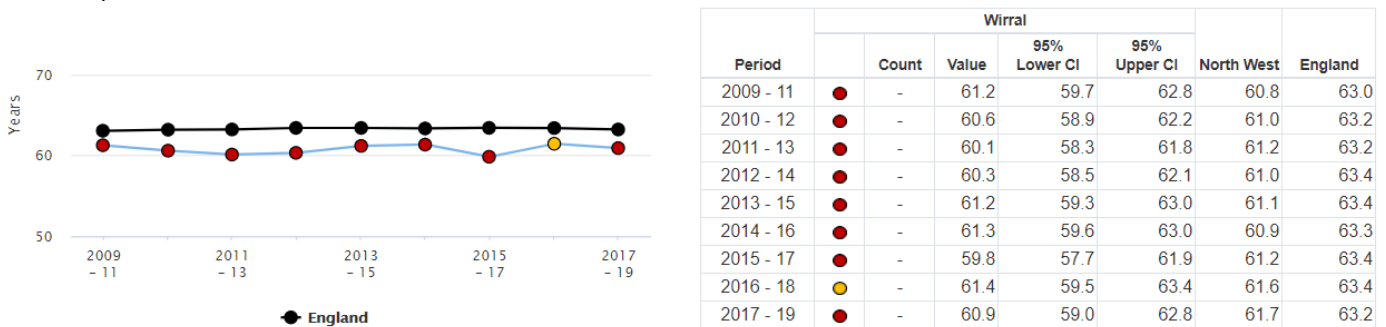
Source: Public Health Intelligence Team, Wirral Intelligence Service, 2021

Healthy life expectancy

In addition to life expectancy, we also monitor healthy life expectancy (HLE), or the number of years people can expect to live in 'good' health. Increases in HLE have not matched the gains in life expectancy, meaning that although people are living longer, their later years are spent in poorer health, creating greater demands on health and social care services.

In 2017-19, HLE in Wirral was 60.9 years for men compared to 63.2 years for men in England (significantly worse than England, as shown by **figure 31** below). On comparing HLE to LEx, this measure shows that, in Wirral, a male is likely to spend approximately only three-quarters (or 77.6%) of their life in 'good' health and the remainder (22.4% or 17.6 years) in poorer health.

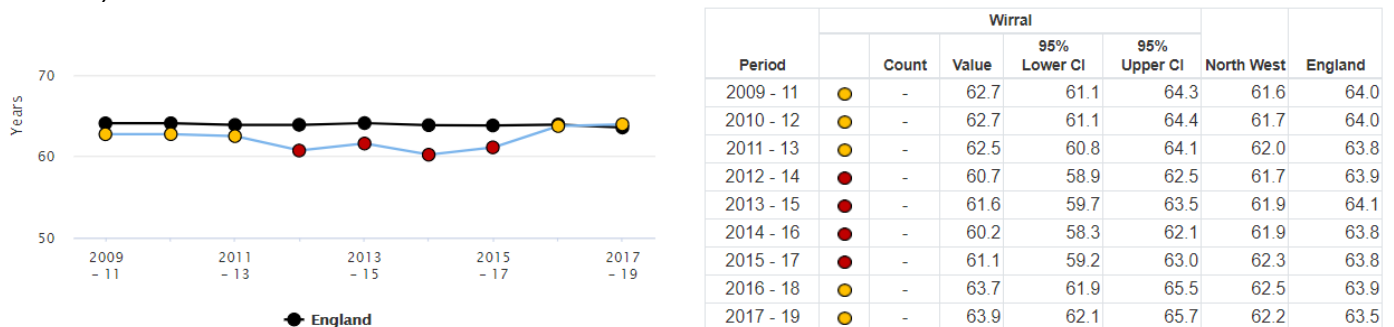
Figure 31: Trend in male Healthy Life Expectancy for Wirral and comparators, 2009/11 to 2017/19)



Source: [Public Health Outcomes Framework \(2021\)](#)

Women in Wirral are estimated to spend 77.6% of their life (or 63.9 years) in 'good' health and 22.4% (or 18.4 years) in poorer health. See **figure 32** below. This is marginally higher than women in England overall (but not significantly so).

Figure 32: Trend in female Healthy Life Expectancy for Wirral and comparators, 2009/11 to 2017/19)



Source: [Public Health Outcomes Framework \(2021\)](#)

Mortality

Avoidable mortality

Avoidable mortality is deaths from causes for which all or most deaths are considered avoidable through timely and effective healthcare and public health interventions, specifically:

- Preventable mortality - deaths that can be mainly avoided through effective public health and primary prevention interventions
- Treatable mortality - deaths that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment

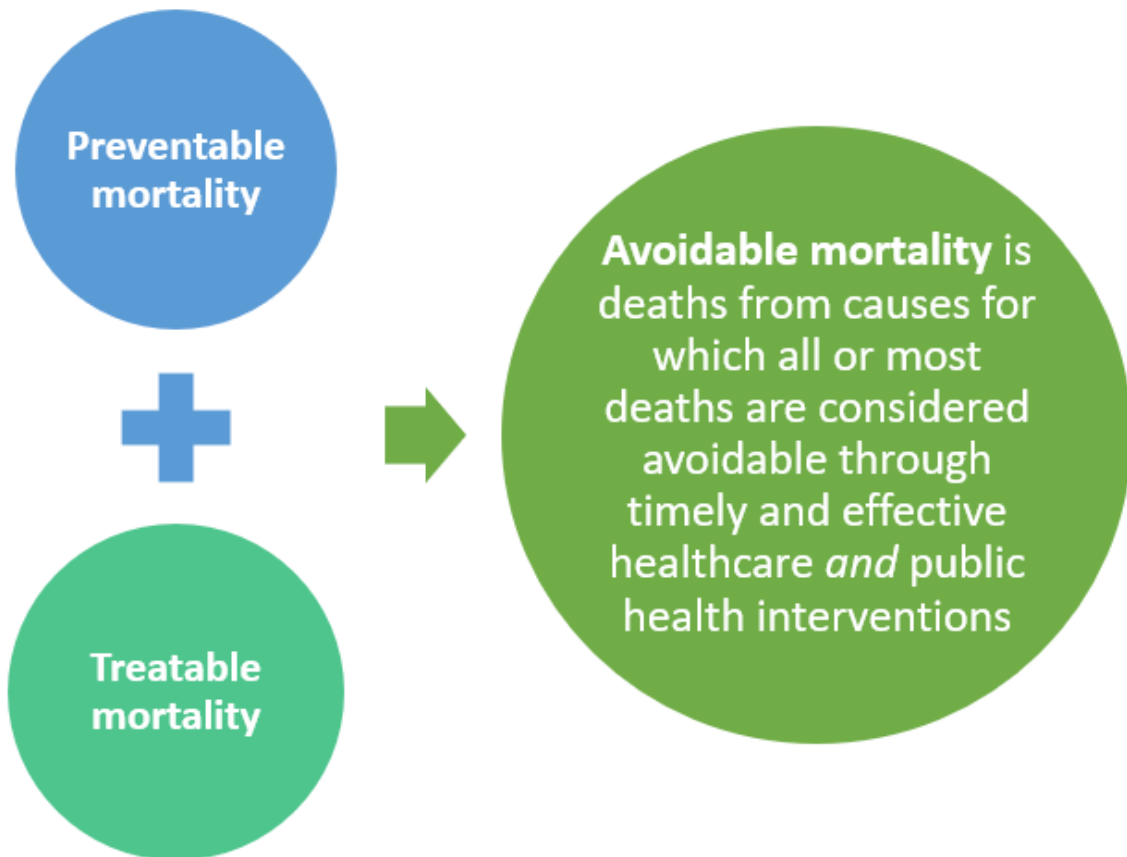
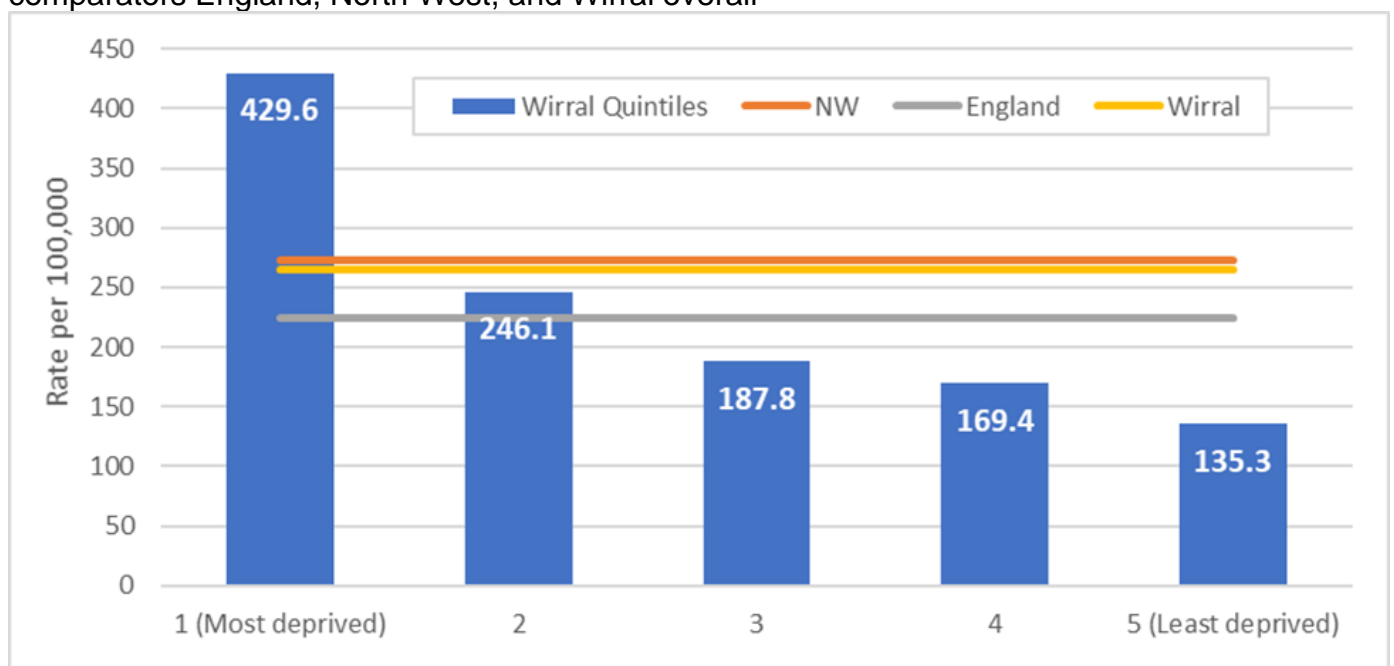


Figure 33 below shows the rate (per 100,000) of avoidable deaths in Wirral by deprivation quintile in 2017-19 (with comparators of England, the North West and Wirral overall as comparator lines).

Figure 33: Rate of Avoidable Mortality by Deprivation Quintile in Wirral in 2017-19, with comparators England, North West, and Wirral overall



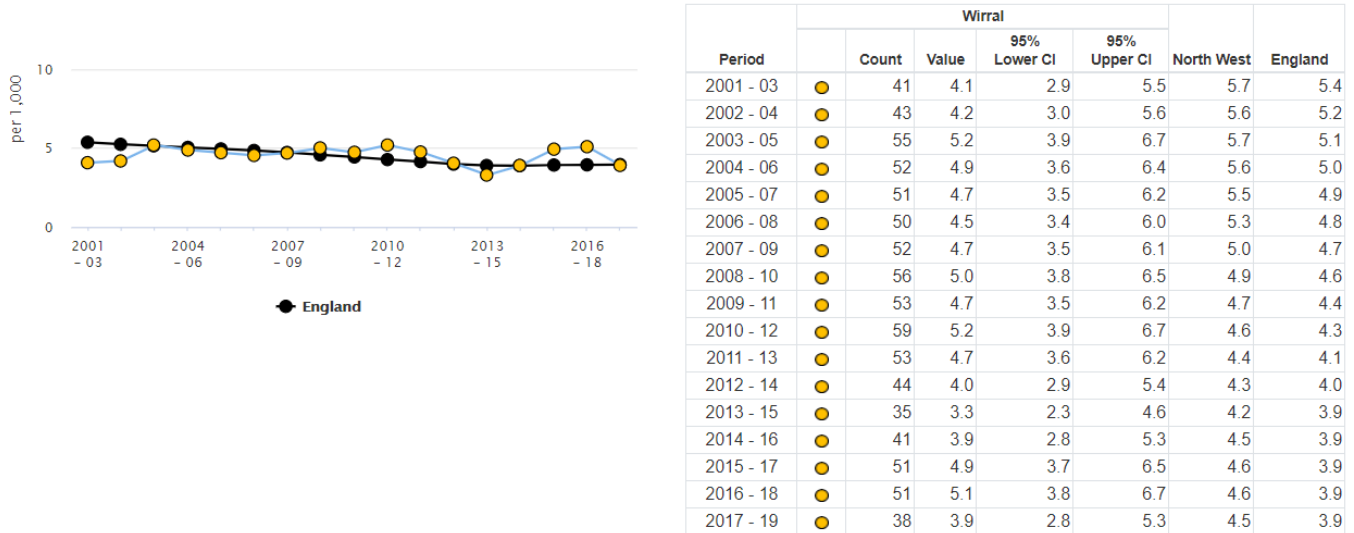
Source: PCMD (Primary Care Mortality Database), 2021

As **Figure 33** shows, the rate of Avoidable Mortality in Wirral in 2017 varied widely by deprivation quintile, with the rate more than 3x higher in the most deprived quintile of the population, compared to the least deprived quintile (429.6 vs 135.3 per 100,000).

Infant mortality

Infant mortality is an indicator of the general health of an entire population. It reflects the relationship between causes of infant mortality and upstream determinants of population health such as economic, social, and environmental conditions. Deaths occurring during the first 28 days of life (the neonatal period) in particular, are considered to reflect the health and care of both mother and newborn (see **Figure 34** below).

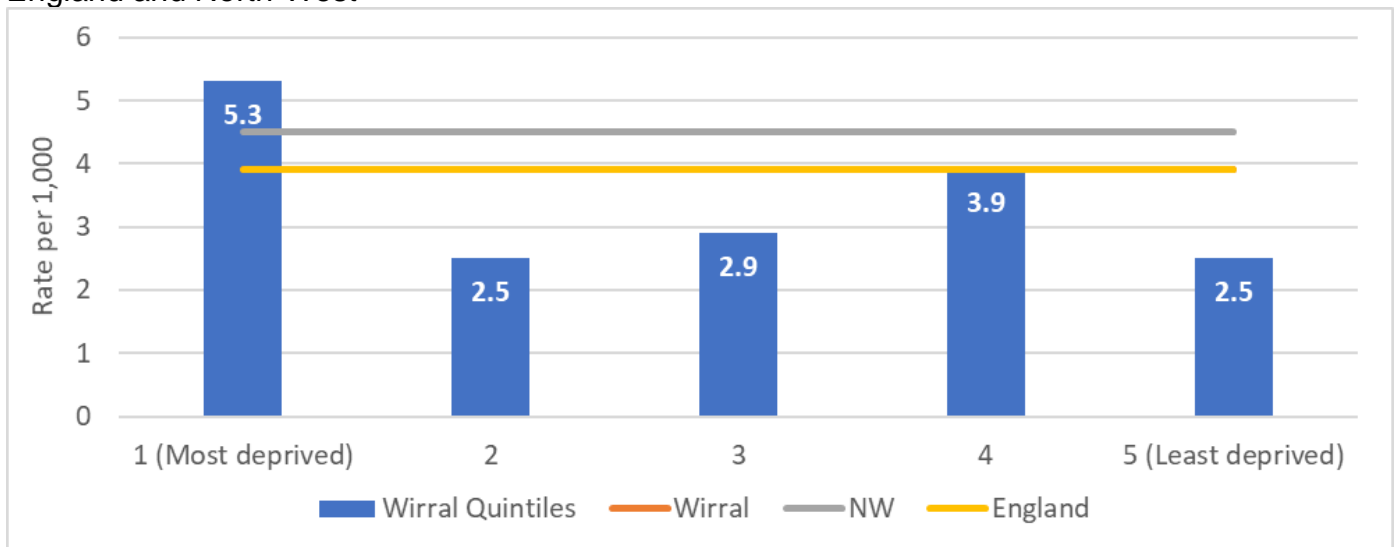
Figure 34: Trend in Infant Mortality rate for Wirral and comparators, 2001/03 to 2017/19)



Source: [Public Health Outcomes Framework \(2021\)](#)

In 2017-19, Wirral overall had an infant mortality rate that was exactly the same as England (3.9 per 1,000) and was lower than the North-West overall (4.5 per 1,000). As with so many health issues however, the overall rate hides large inequalities, shown in the **Figure 35** below.

Figure 35: Infant mortality in 2017-19 by deprivation quintile in Wirral, with comparators of England and North-West



Source: PCMD, 2021 (Primary Care Mortality Database)

Note: Wirral line is hidden by the England line, as both rates are exactly 3.9

As **Figure 35** shows, the most deprived quintile had an infant mortality rate that was more than double the rate of the least deprived quintile.

Although quintile 4 (for reasons that are unclear but are possibly a product of fairly low numbers (n=38 for the 3 pooled years of 2017-19), has the 2nd highest rate, that Quintile 1 has by far and away the highest rates.

Geographical access

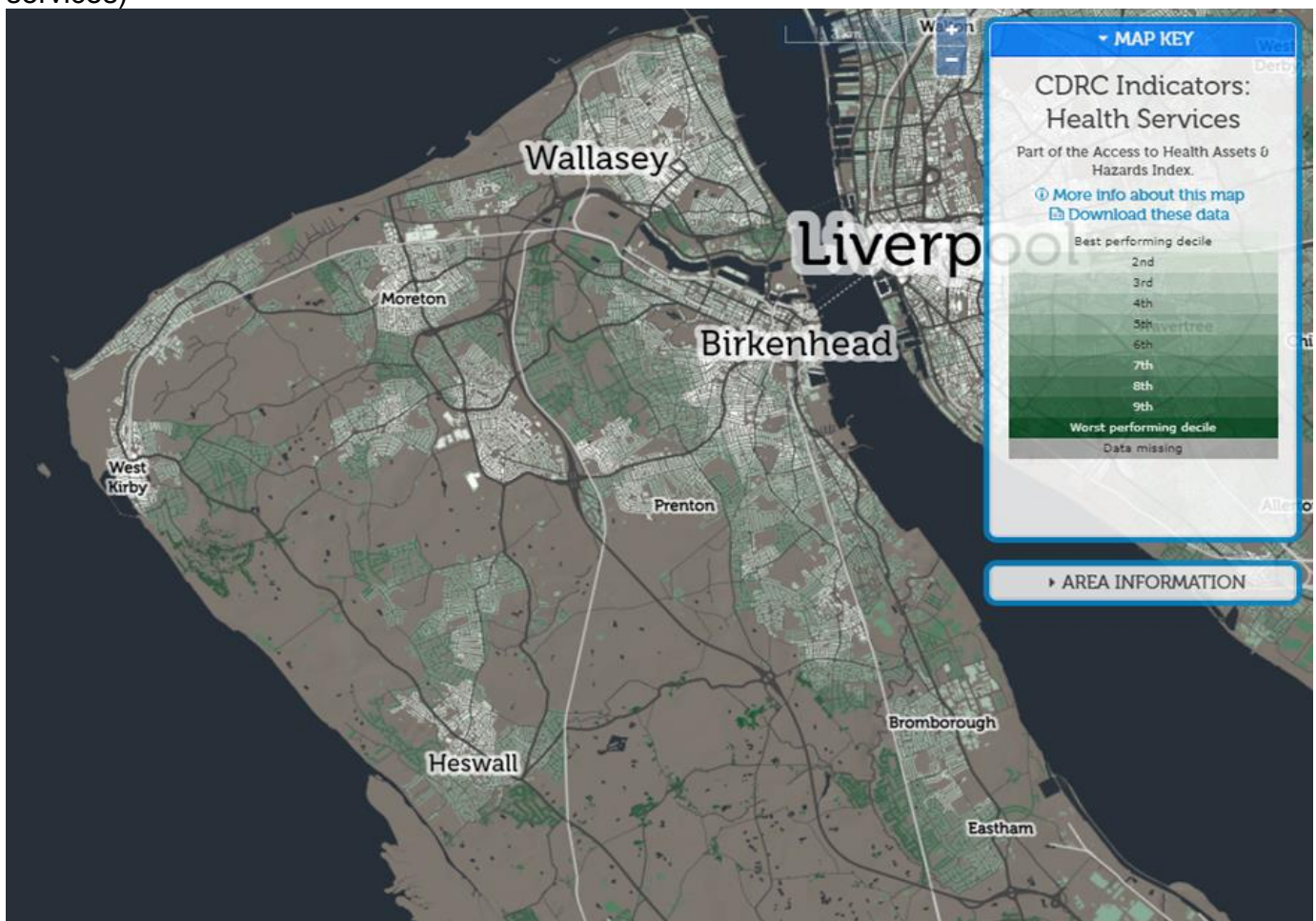
Geographic accessibility to health services has been demonstrated to be associated with use of services. As part of the Index of '[Access to Healthy Assets and Hazards](#)' (AHAH) developed by the University of Liverpool and the CDRC ([Consumer Data Research Centre](#)), accessibility to three 'domains' has been calculated and mapped; the 'domains' are:

- 1) Retail environment
- 2) Health services
- 3) Physical environment

The accessibility to health-related services included distance (km) to: GP surgeries; A&E Hospitals; Pharmacies; Dentists and Leisure Centre's and the **map 12** below shows Wirral's performance on this domain.

Map 12 below shows a mixed picture in Wirral, with accessibility being poor in both in some areas of deprivation (Bidston, Beechwood, parts of Seacombe, Poulton and Moreton for example), but also in some affluent areas (such as Caldy, Spital, Dibbinsdale, Irby and Thornton Hough), although the much higher likelihood of having access to a vehicle in more affluent areas is likely to mean longer distances to health services is likely to be less of an issue (see **Table 1**).

Map 12: Access to health services in Wirral (GPs, hospitals, pharmacies, dentists, leisure services)



Source: [Consumer Data Research Centre](#), 2021

Waiting times

The NHS England waiting time for non-urgent treatments and procedures is 18 weeks (from the day an appointment is booked, or when the hospital or service receives a referral letter), to the time of treatment. In March 2020, the average waiting time in Wirral (WUTH), was 9.3 weeks (across all specialties), by March 2021, this had increased to 9.4 weeks. The percentage of people seen within the 18 week target in March 2020 was 76.4%; by March 2021 this has reduced to 70.0% of people.

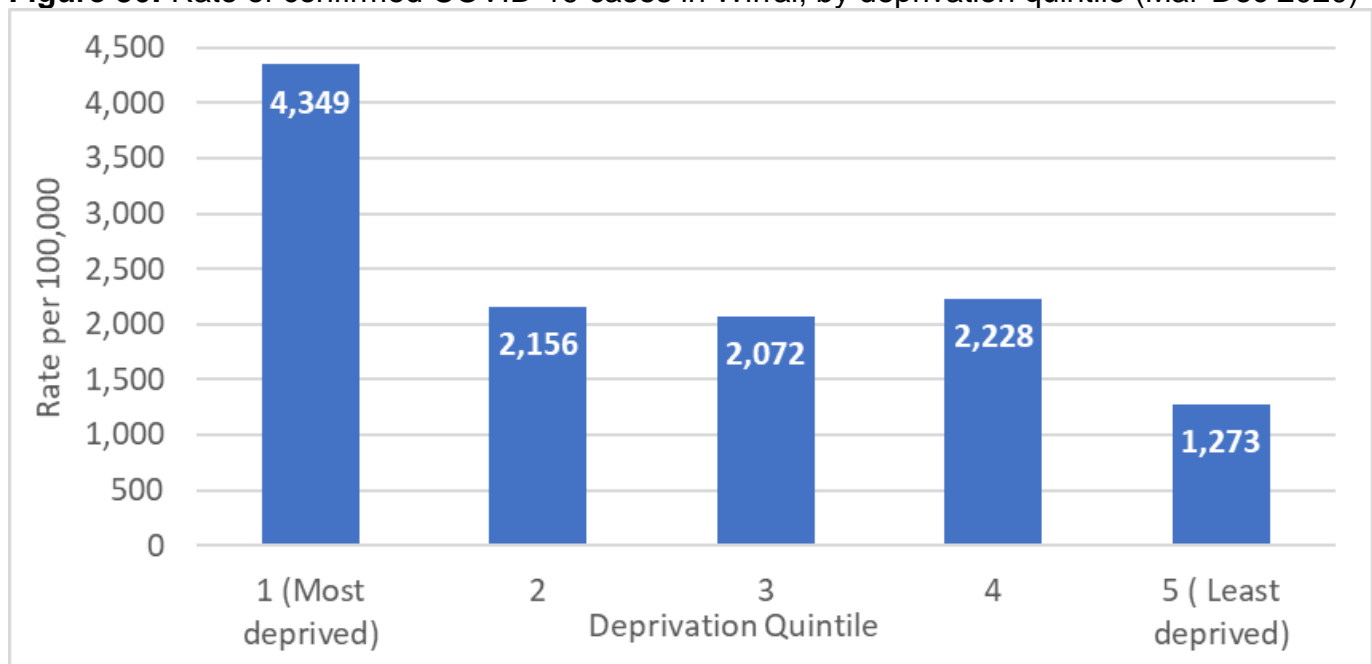
The largest increase in waiting times has been in the Geriatric Medicine specialty, which has gone from 94.1% of people seen within 18 weeks in March 2020, to 61.5% in March 2021 (average waiting time has increased from 4 weeks to 14 weeks).

COVID-19

COVID-19 Cases

COVID-19 cases were widely predicted to have a disproportionate impact on the most deprived at the beginning of the pandemic in early 2020 (by organisations such as Red Cross*, Centre for Progressive Policy etc...) and this turned out to be the case both locally and nationally.

Figure 36: Rate of confirmed COVID-19 cases in Wirral, by deprivation quintile (Mar-Dec 2020)



Source: Situational Explorer, Public Health England, 2021

Figure 36 shows that the rate of COVID-19 infections (March to December 2020) was more than triple the rate in the most deprived quintile, than was the case in the least deprived quintile.

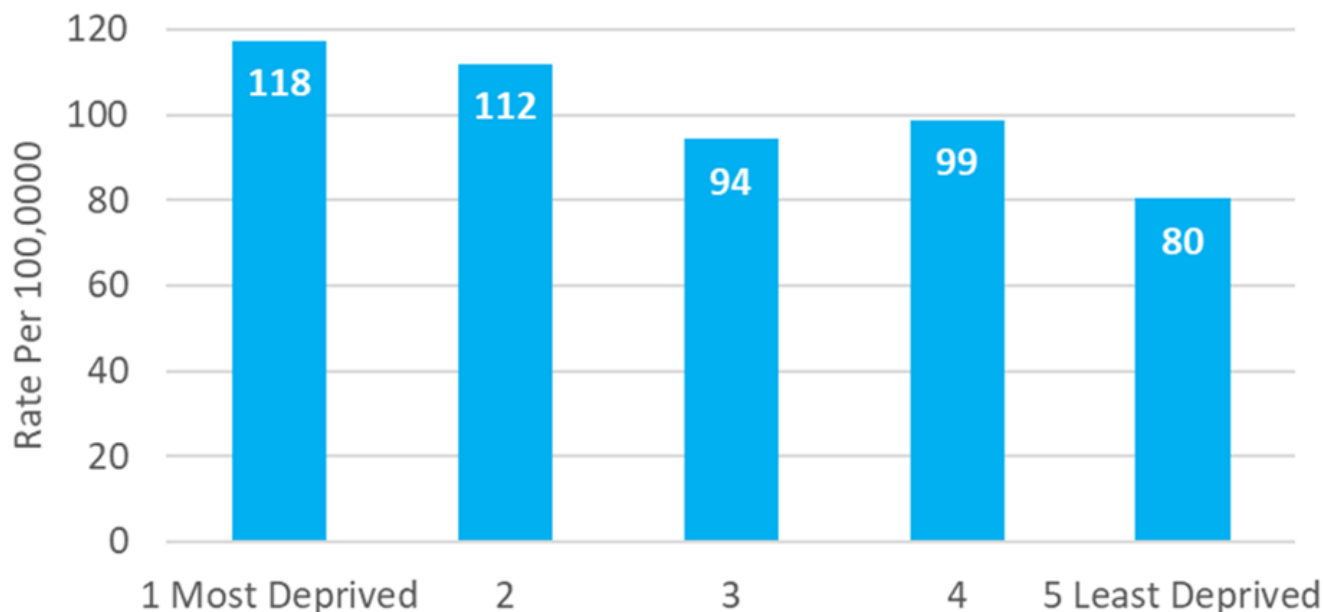
COVID-19 Mortality

Nationally, PHE has reported that mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas, for both males and females (Source: [Disparities in the risk and outcomes of COVID-19](#). Public Health England, June 2020).

Locally however, the relationship between deaths and deprivation initially appeared less clear, with rates highest in Quintile 4 (second least deprived quintile); A large contributory factor to this, however, was the location of Care Homes in Wirral, as the majority of COVID-19 deaths in Quintile 4 occurred in Care Home residents. When deaths in non-Care Home residents were

analysed separately, the pattern was much more comparable with national findings (i.e., death rates highest in Quintile 1 and lowest in Quintile 5). See **Figure 37**.

Figure 37: Rate of COVID-19 deaths (rate per 100,000) in Wirral, in non-Care Home residents by IMD Quintile in 2020



Source: Situational Explorer, Public Health England, 2021

As **Figure 37** above shows, when deaths which occurred *outside* of care homes are calculated separately as a rate per 10,000 deaths (for each quintile), the highest rates are seen in Quintile 1 and the lowest seen in Quintile 5.

- Nationally, PHE report that men working as security guards, transport workers, chefs, sales/retail assistants, lower skilled workers in construction and processing plants and social care workers of both genders had significantly high rates of death from COVID-19.
- In Wirral, just 68 out of a total of 616 COVID-19 deaths (to 31/12/2020) were of working age (aged 16-67); almost one in five of those deaths (19%) had a blank field for occupation.
- With the caveat that numbers locally are small, the largest categories of occupational field for deaths from COVID-19 in Wirral were Health & Social Work (13%), Construction (12%) and Motor Trade, Wholesale & Retail (10%).
- The presence of Health & Social Work and Motor Trade, Wholesale & Retail in the top 3 is not surprising, as they are the two largest employment fields in Wirral, employing respectively, 22.8% and 16.6% (almost 40% in total) of the total working population of Wirral.
- In fact, given that 22.8% of Wirral work in Health & Social Work, plus a potential level of exposure to COVID-19 which is higher than the public at large, it is perhaps surprising that the number of deaths is not larger in this group (16.4% of all deaths from COVID-19).
- The most over-represented occupational group in Wirral was Construction, which employs only 4.0% of the Wirral population, but accounted for 14.5% of deaths (caveat of small numbers)

Local Data

Indirect impact of COVID on population outcomes

This [short report](#) and its themes, provided by various departments in Wirral Council outline the emerging and evolving evidence about the indirect impacts of COVID-19 across a range of themes that impact upon health.

These themes are based on research evidence nationally, regionally, and locally exploring the impact of the pandemic on health and wellbeing. As validated intelligence systems often have substantial time lag, this information is based on locally collated intelligence. It will need to be regularly reviewed, updated, and validated to better understand the wider impact of the pandemic in order to deliver strategies, services, and programmes relevant to Wirral and our residents.

[Short Report: Indirect impact of COVID on population outcomes \(July 2021\)](#)

Background reports

Life Expectancy in Wirral 2017-19

<https://www.wirralintelligenceservice.org/this-is-wirral/wirral-population/life-expectancy/>

Wirral Council Health & Wellbeing Board (2021) Tackling Health Inequalities through Regeneration: Health & Employment, 16th June 2021

Wirral Council, Place & Investment Team, Interim Economic Strategy Evidence Base, March 2021

JSNA: Children & Young People Population & Demographics, January 2020

<https://www.wirralintelligenceservice.org/this-is-wirral/children-young-people/>

This is Wirral: Crime and Safety, December 2019 <https://www.wirralintelligenceservice.org/this-is-wirral/crime-and-safety/>

This is Wirral: Housing, December 2019 <https://www.wirralintelligenceservice.org/this-is-wirral/housing/>

Adult Care & Health Overview and Scrutiny Committee: Public Health and Housing, 27th February 2020

Public Health Outcomes Framework, 2021

[Public Health Outcomes Framework - Data - PHE](#)

Community Needs Index – measuring social and cultural factors, OCSI 2021

<https://ocsi.uk/2019/10/21/community-needs-index-measuring-social-and-cultural-factors/>

Wirral Community Insight, OCSI 2021 <https://wirral.communityinsight.org>

This is Wirral: Health & Wellbeing, December 2019 [Health & Wellbeing - Wirral Intelligence Service](#)

Coronavirus (COVID-19) in the UK <https://coronavirus.data.gov.uk/>

CQC (2021) COVID-19 INSIGHT, Issue 12

<https://www.cqc.org.uk/sites/default/files/20210721%20COVID%20V%20Insight%20issue%2012%20slides.pdf>

COVID-19 Mortality in Wirral, March 2021 [COVID-19: The impacts - Wirral Intelligence Service](#)

Contact details

For further details please contact: Wirral Intelligence Service at wirralintelligenceservice@wirral.gov.uk

To subscribe to Wirral Intelligence Service Bulletin, please [complete this form](#)

To give us feedback: Let us know your views or if you need to find out more about a particular topic or subject then please [send us an email](#)