

Wirral Joint Strategic Needs Assessment (JSNA)

Summary Report 2013

Summary Report for Wirral JSNA Executive Group of current JSNA Key Issues, recent local survey results and future work 2013

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1 Summary of JSNA Key Issues

1.1 Introduction

Joint Strategic Needs Assessments, or JSNAs, have been a requirement to be produced since 2008. This is a mandatory requirement designed to help organisations with service planning and the commissioning process. It is also a fundamental necessity of the Health & Social Care Act 2012

Local partnerships, but principally the local [Health & Wellbeing Boards](#) and partners are expected to prioritise their work based on the information and evidence in their local JSNA and other sources, as it highlights where there are gaps in knowledge or services and so helps inform effective decision making.

Wirral's JSNA forms an integral part of our how Health & Wellbeing Board members, the Local Authority and Clinical Commissioning Groups approach their prioritisation processes and ultimately service delivery.

This summary report provides updates on

- A summary of the key issues contained in the JSNA;
- A review of the recent JSNA key issues survey results and
- Insight into the ongoing and future development work for the JSNA.

1.2 Summary of JSNA Key Issues

The following pages outline the current JSNA key issues. They are not solely the information contained in the full JSNA chapters but it does highlight aspects of continuing significance. The refresh and update of the JSNA is an ongoing and developing process. To that end the following detail can be updated and may change over time. A development of the JSNA process is to engage topic leads as owning and developing new and existing content and a co-author approach that enables a wider group to take the information to the next level of awareness and detail.

1.3 Executive Summary: JSNA Key Issues

Population

Chapter Status – Updated June 2013 (Next scheduled update Winter 2013/14)

This section aims to summarise issues around the population of Wirral. This includes information about demographics, migration, deprivation, accessibility and crime. There is more information about particular deprived groups in Chapter 5, Health Inequalities, and more information about BME groups in Chapter 13.

Wirral is a borough of contrast and diversity in both its physical characteristics and social demographics. There are both rural areas and townships and urban and industrialised areas in a compact peninsula of 60 square miles. The borough has a wealth of parks and countryside and over 20 miles of coastline.

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues:

- Wirral has a relatively high older population and a relatively low proportion of people in their twenties and thirties compared to England and Wales as a whole.
- The older population (aged 65 years and above) are expected to increase at the fastest rate (than any other age group) over the next decade; between 2011 and 2021 it is estimated that this population group will have increased by 17.4%.
- The population over 85 is projected to increase from 8,460 in 2011 to 10,985 in 2021, which equates to a 29.9% increase.
- The biggest decrease is in the 35-59 year age group, from 108,548 in 2008 to 82,061 in 2021.
- The Index of Multiple Deprivation (IMD) places 30 of Wirral's LSOAs in the lowest 5% in England and 23 LSOAs in the 3% most deprived nationally.
- The Employment domain of the IMD 2010 indicates that Wirral performs poorly on this indicator. This is an indication of the scale of the challenge faced in Wirral and the need for a focused and coordinated approach to tackling worklessness and economic inactivity.
- Wirral has a predominance of Mosaic groups which are at the polar extremes of the income spectrum, indicating that the differential between people on very low and very high incomes is quite pronounced in Wirral.

Health and Wellbeing

Chapter Status – Updated August 2012 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- The gap in life expectancy between Wirral and England continued to widen in 2008-10. Amongst women in Wirral, life expectancy has actually decreased slightly for the last two time periods recorded (2007-09 and 2008-10)
- The gap in life expectancy between the most and least affluent *within* Wirral was 14.6 years for men and 9.7 years for women (Marmot Indicators, 2012)
- The Marmot Indicators (2012) also showed that Wirral had the largest gap in Disability Free Life Expectancy (DFLE) for males and females of any authority in England (20.0 years for men, 17.1 years for women)
- The main contributors to the gap in life expectancy between Wirral and England was chronic liver disease for men and lung cancer for women
- Mortality from chronic liver disease (in both the under 75s and those of all ages) in Wirral men is higher than England. The main contributor to liver disease is alcohol.
- In 2011, it was estimated that there were around 4,100 people in Wirral with undiagnosed Coronary Heart Disease (CHD), 35,500 with undiagnosed hypertension and 2,800 with undiagnosed diabetes.
- Mortality from cardiovascular disease (CVD) amongst Wirral women has been increasing since 2007, whilst mortality from this cause has been falling amongst women in England over the same period
- Estimates suggest that the number of people in Wirral surviving a stroke and heart attack who are left with a longstanding health condition as a result will rise by a third by 2030, with significant implications for health and social care services.
- Lung cancer had the highest mortality rates of the four main cancers (lung, breast, colorectal and prostate) in England, the North West and Wirral. Rates in Wirral were very similar to England and the North West in 2008-10 (slightly lower)
- Mortality rates from breast, colorectal (women only) and prostate cancer in Wirral in 2008-10 however, were higher than England and the North West.

Children and Young People

Chapter Status – Updated June 2013 (Next update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- The number of births in Wirral in 2011 was the highest in the last 13 years with 3,802 live births in the borough.
- The number of young people in Wirral who are not in education, employment or training (NEET) is higher in Wirral compared to national and regional averages. There are some groups at a higher risk of becoming NEET (e.g. Looked After Children).
- Wirral has a high proportion of Children in Care (CiC) compared to national and regional comparators. Whilst this is now reducing, there needs to be continued sustained effort to secure permanency for children who become looked after
- There is a need for targeted action on smoking in pregnancy in more deprived areas and amongst younger women
- There is clear evidence about where to target increasing breastfeeding rates, particularly areas of deprivation. Action should be informed by national guidance and local consultation.
- Wirral's teenage conception rate in 2010 (47.3 per 1,000) was higher than both the North West average (40.7 per 1,000) and England (35.4 per 1,000). Rates for 2011 are currently only available for Wirral (England and the North-West not yet available) and show a marked decrease in Wirral, to 36.9 per 1,000 ([Go to Sexual Health Chapter for further details](#))
- The rate of child poverty in Wirral was 24.9% in 2009. This is 17,615 children. This is up 0.7% from 24.2% in 2008, equating to an increase of 615 children.
- Wirral has a higher rate of emergency admissions for unintentional and deliberate injuries in those aged 0-17 in comparison to the regional and national average
- Alcohol is a significant problem for children and young people in Wirral. This can cause a wide range of associated problems including injuries and accidents, risk taking behaviour, cognitive problems and long term risks to health.
- Although Wirral has achieved a reduction in the number of children who are obese in Reception and Year 6 in recent years, the number of overweight children was still higher locally compared to the North West and England in 2010-11.

Health Inequalities

Chapter Status – Updated October 2012 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- Wirral has some of the widest health inequalities in England.
- The gap in life expectancy between the most deprived (defined as those living in the most deprived 5th of areas nationally) and the rest of Wirral
- Death rates from digestive diseases, which are mainly caused by alcohol, are increasing very rapidly in the most deprived areas, and are contributing most out of individual causes to the internal gap in life expectancy.
- The most deprived areas have much higher emergency hospital admission rates than the rest of Wirral.
- Health inequalities manifest themselves from the start of life. Mothers in deprived areas of Wirral are more likely to smoke in pregnancy and have low birthweight babies. They are also less likely to breastfeed their babies.
- The main cause of health inequalities is income inequality and poverty. Living in poverty is closely related to other factors that influence health such as education, living environment employment and lifestyle.
- Lifestyle behaviours such as smoking and drinking too much alcohol, as well as obesity, contribute to health inequalities. These behaviours are all more prevalent in the most deprived areas.

Older People

Chapter Status – Updated July 2012 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- The number of older people is projected to increase over the next two decades. By 2032 it is estimated that 27% of the Wirral population will be aged 65 or above. This will have a considerable impact on health and social care services, as the number of older people presenting with health related problems increases. See the chapter on [Carers](#) for more information on how this may impact on family carers in Wirral.
- Particular areas in the east of Wirral (e.g. Birkenhead, Tranmere, Bidston Seacombe and Rock Ferry) have a large percentage of older people living in deprivation (between 50% and 70%) according to the [Index of Multiple Deprivation \(2010\)](#)
- It is estimated that there are 14,135 older people living in fuel poverty in Wirral, which has a serious impact on health and wellbeing.
- In 2011/12, 438 people aged 65+ in Wirral fractured their hip as the result of a fall. The projected rise in the older population may mean the number of falls resulting in serious consequences will also rise in Wirral (resulting in more admissions to care homes)
- Life expectancy at age 65 is lower for men and women in Wirral compared to the North West and England
- Disability-free life expectancy (DFLE) at age 65 for men in Wirral is lower than England (DFLE for women at age 65 in Wirral is higher than England)
- A total of 1,902 people were recorded on the [QOF](#) register as having dementia between April 2010 and March 2011 in Wirral. It is a nationally recognised issue however, that only around 45% of people with dementia on a GP register, obtaining the care needed.
- There are around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. This is projected to increase to 41,000 by 2030.

Learning Disability

Chapter Status – Reviewed and refreshed – Summer 2013 as Merseyside Learning Disability Health Needs Assessment (Next scheduled update Summer 2014)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key issues

- It is important to consider the hidden population with learning disability – those not using services with potentially unmet needs. This is because although about 4.6 people per 1,000 in the population are known to have a learning disability; research suggests there may actually be around 20 people in every 1,000 with a learning disability.
- In Merseyside and North Cheshire, there are an estimated 33,579 people with a learning disability aged 18 and over, but there are only 5,325 who are known to services (2011/12). This means significant numbers are not receiving any help
- A range of factors, results in people having higher levels of certain diseases. Information was only available for a few areas, but it showed that, compared to the general population, people with a learning disability:
 - are twice as likely to have asthma
 - are 25 times more likely to have epilepsy
 - have higher levels of mental health problems
 - die earlier, with death rates three times as high as the general population and a median age at death of between 55 to 60 in Merseyside and North Cheshire.
- People with learning disabilities are more likely to be admitted to hospital as an emergency case, compared to those with no learning disability:- 59% of all admissions for those with learning disability are emergencies, compared to 37% of admissions for those with no learning disability in 2012/13. It is likely that this difference is due to problems in accessing care and lack of advance planning.
- Another major reason for this poor health experience is poorer access to health promotion and early treatment. The health checks that are available either help to prevent people from developing illnesses or treat them early to make it easier and more likely to recover. Local data was only available from a few areas. It shows a similar pattern to national research including:
 - High rates of people with learning disability refuse or do not attend cancer screening appointments
 - Less than half of people with learning disabilities who have diabetes get an annual review to help manage their condition in the best way possible.
 - Advice on sex and relationships and help with contraception is poor.
- National research suggests only 15% of people with autism are in full-time employment and only 7.1% of people with a learning disability are in either part-time or full-time employment.
- National research also shows that people with learning disabilities and autism are at increased risk of becoming victims of violence and abuse.
- Local data shows the number of people with learning disability referred to social services safeguarding teams is higher than the regional and national average in some areas.
- The estimated proportion of people in prison who have learning disabilities or learning difficulties that interfere with their ability to cope with the criminal justice system is around 20-30%. Many are unidentified.

Carers

Chapter Status - Updated May 2013 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- According to the Census 2011, there are an estimated 40,340 carers in Wirral. This is around 12.6% of the Wirral population, compared to around 10.3% nationally and 11.1% regionally
- As of October 2012, there were around 3,200 carers identified by GP systems and 1,300 who are receiving information and/or services from Wirral Local Authority (there may be some overlap between these databases). This clearly indicates that only a small number of carers are currently identified and known to services
- There is evidence that many carers do not claim benefits to which they are entitled. In 2011, Carers UK estimated that in Wirral, unclaimed Carers benefits to be in the region of £6.3m
- Projections on the future number of carers suggest that the number of Wirral carers aged 85+ will increase by 65% between 2012 and 2030. This compares to an overall increase in the number of older carers (those aged 65+) of 27%. Those aged 85+ are also most likely to be providing more than 50 hours of care per week
- Robust local information on the number and diversity of carers is currently lacking. It is important to increase the identification of carers from other groups likely to be under-represented, for example, BAME community, substance misuse, other vulnerable adults and young carers.
- Local carers identified the following issues at recent Carers Events (held September 2012):
 - The need for improved information about support, services, benefits and allowance is key
 - Services should allow carers to exercise choice, control & flexibility and fit around the carer and those they care for
 - Perceived gaps in current services (e.g. emergency response services) which can mean that carers only receive help when at crisis point
 - Practical concerns and worries relating to issues such as money and transport

Mental Health

Chapter Status – Updated – August 2012 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- National data suggests that people with a mental health problem are more likely to be on a lower income, be on welfare benefits, and live in debt.
- Mental health is also the most commonly reported reason for claiming incapacity benefits, both nationally and locally.
- In Wirral it is estimated that there is a higher prevalence of severe mental illness compared with the North West and England average (QOF, 2010/11)
- Hospital admissions data for mental health indicates a strong association between deprivation and increased admissions. Admissions for self-harm and prevalence of a common mental illness show a similar pattern. This indicates a greater need for mental health interventions in areas with higher levels of deprivation
- Dementia is a key priority for Wirral. In 2011, 4443 people aged 65 and over were estimated to be living with Dementia with the expectation that by 2020, this figure would rise to 5282 and further rise to 6892 by 2030. (www.poppi.org.uk)

Alcohol

Chapter Status – Revamped December 2013 (Next scheduled update Summer 2014)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- **Costs:** Alcohol was estimated to cost Wirral £127m in 2013 (health, social cost, criminal justice, and lost productivity). Spend on alcohol interventions and services in 2011/12 was £3.3m.
- **Cost-effectiveness:** Economic analysis of current alcohol treatment services in Wirral conducted in 2013, found that they were generally cost-effective, but recommended some additional actions to further increase their cost-effectiveness (such as targeting more men and this has already started to happen in practice).
- **At risk groups:** Evidence suggests there are specific groups of the population at increased risk of alcohol related harm. Examples include; veterans, people with mental health problems, care leavers, those who started drinking before the age of 15, pregnant women, people taking certain medications, certain ethnicities etc...
- **Disability:** In 2011, Wirral had the highest rate of disability benefit claimants for alcoholism in Merseyside (higher than England and North-West average also)
- **Availability:** availability of alcohol in Wirral is highest in the areas of deprivation (where admissions related to alcohol are also highest)
- **Crime:** Alcohol related crime disproportionately affects the most deprived areas of Wirral, with 39% of all alcohol related crime taking place in these areas.
- **Crime/Hospital attendances:** In 2010/12, half of all attendances for assault at Arrowe Park A&E were alcohol related
- **Hospital admissions:** The rate of alcohol related hospital admissions in Wirral in 2011/12 was lower than the North-West, but 19% higher than England (and higher than Wirral's statistical comparator Sefton). In terms of numbers, there were around 9,200 admissions.
- **Deaths (deprivation):** Deaths (mortality) related to alcohol (both specific and attributable) was higher in Wirral than England, the North-West and Wirral's statistical comparator Sefton (for men and women). Within Wirral, the wards with the highest rates of deaths were the four most deprived wards (Rock Ferry, Birkenhead & Tranmere, Seacombe and Bidston & St. James).
- **Deaths (men):** The death rate from alcohol (alcohol-attributable mortality rate) amongst men in Wirral is still double England average, despite recent reductions (nationally and regionally, death rates from alcohol are falling)
- **Deaths (women):** The death rate from alcohol (alcohol-attributable mortality rate) amongst women in Wirral has risen for each of the last three consecutive years, unlike nationally and regionally where they have fallen. This means that although death rates from alcohol are still higher in men, the gap between men and women is narrowing.
- **Treatment:** Although there have been year on year reductions in the **numbers** of people in structured treatment in Wirral since 2009/10, the **rate** of people in structured treatment in Wirral is more than double the England average (5.3 per 1,000 compared to 2.5 per 1,000). Wirral also had higher rates than the other Merseyside authorities in 2012/13
- **Screening:** The proportion of males categorised as dependent drinkers increased substantially from 11.4% to 28.3% (increase of 251%) in 2012/13. The number of females categorised as dependent drinkers also increased (from 4.8% to 14.7%, an increase of 306%). This is likely to be due to better targeting of clients for screening by services, rather than a true increase.

Drug Misuse

Chapter Status – Updated October 2012 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- During 2010/11 nearly three quarters of people accessing treatment services are aged 35 and over (n=1,844).
- The number of young people (under 25 years) accessing treatment has decreased by almost 18% from 235 in 2008/09 to 193 in 2011/12.
- This older drug taking population has implications for the wider health needs and consequent provision of health services and links with public health programmes being further developed.
- There are low numbers of drug users from the Black and Minority Ethnic community in contact with treatment services representing 1.3% of the total in treatment population.
- Glasgow University prevalence estimates also show there were 793 crack/opiate users who have not been in contact with services over the last two years, of those it is estimated that 23% (n=183) are aged 15-24. However local data does not support there being this many young people using problematic drugs.
- Hepatitis C prevalence figures suggest over 50% (n=1158), of current/previous injecting drug users in Wirral are Hepatitis C positive, however local analysis would suggest that the figure for Wirral is significantly lower at 27-30%.

Long Term Conditions

Chapter Status – Updated October 2012 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- The number of people with a Long Term Condition (LTC) is likely to increase in the future due to the ageing population and also the association of some LTCs with lifestyle.
- Over the last decade there have been significantly more emergency admissions for epilepsy than the national average, which could indicate that more people in Wirral need further support to manage their condition.
- There is little local data that has been identified on the health and wellbeing needs of people with sensory and physical disability. This is an area that will need to be explored in the future.

Taken from Health & Wellbeing Chapter:

- The number of people in Wirral who may have CHD, but are currently undiagnosed is around 4,100 (Source: QMAS & APHO, 2011) this is of concern as undiagnosed CHD is related to poorer health outcomes
- 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.
- People with diabetes living in the most deprived areas of Wirral are significantly more likely to be admitted to hospital as an emergency case. This highlights the need for improved diabetes control and management amongst people in these areas.
- Chronic Obstructive Pulmonary Disease (COPD) is a key condition in Wirral. The gap in COPD mortality between England and Wirral does not appear to be closing for either males or 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.

Taken from Older People Chapter

- There are around 30,000 people aged 65+ in Wirral who report that they have a Limiting Long-Term Illness. (Census, 2001)

Taken from Mental Health Chapter:

- Dementia is a key priority for Wirral. In 2011, 4443 people aged 65 and over were estimated to be living with Dementia with the expectation that by 2020, this figure would rise to 5282 and further rise to 6892 by 2030.

Black and Minority Ethnic Groups

Chapter Status – – Updated December 2013 (Next scheduled update Summer 2014)

[Use this link to access the full chapter](#) or search for 'Wirral JSNA' then Our JSNA

Key Issues

- Information relating to ethnicity in Wirral is limited. Wirral is by no means unique in this respect; many other areas are faced with this issue due to the limitations and relative inconsistencies in the recording of BME population data.
- This possible lack of local data on the health and wellbeing needs of the increasing range of Wirral BME communities can in part be addressed by reviewing national data as it is likely to present a similar picture for Wirral residents.
- National and previous local evidence might suggest that BME groups may not be accessing health and social care services in accordance with their level of need or in a timely manner.
- Research suggests poorer communication, undue expectation, possible stereotyping, need for further training and cultural awareness that can combine to impact on BME residents in relation to their service provision and access
- Census 2011 shows us an increase in the BME population, from 3.46% in 2001 to 5.03% in 2011 (From 10,900 people in 2001 to 16,101 people in 2011)
- More BME residents live in Birkenhead and Tranmere ward than any other part of Wirral followed by Claughton, Rock Ferry and Hoylake & Meols.
- There is a need for more robust data on the population prevalence of Black and Minority Ethnic (BME) groups to aid assessing levels of access to services particularly. The current methods, both nationally and locally of capturing data around ethnicity and migration would not appear able to cope with population change happening faster than it has in the past.
- Black and Minority Ethnic (BME) groups generally have worse health than the overall population, although the patterns of ethnic health inequalities are very diverse within and between different ethnic groups.

Housing & Homelessness

Chapter Status – Updated – September 2013 (Next scheduled update is Spring 2014)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- Wirral has an ageing housing stock, specifically in the East of the borough, which can often be in poor condition and house some of the borough's most vulnerable residents. An estimated 39% of private housing stock in these areas is classed as non-decent.
- Cold homes can increase the risk of illness and decreased resistance to diseases. Excess winter deaths are almost three times higher in the coldest quarter of housing than in the warmest quarter. Data from 2006-07 to 2010-11 showed there were 980 excess winter deaths in Wirral, an average of 196 excess winter deaths per year. The majority of deaths were related to circulatory and respiratory conditions.
- There is a strong correlation between households' health and well-being and the condition of housing stock. In Wirral non decent dwellings and Category 1 Hazards are most associated with pre 1919 properties, the private rented sector and both converted and low rise purpose built flats. Category 1 Hazards are also strongly associated with properties occupied by those under 25 and households on lower incomes or in receipt of benefits. Older housing stock contains higher levels of poor quality, deteriorating stock, which is often home to some of the most vulnerable people.
- In Wirral, fuel poverty was estimated to affect 18.5% of all households in 2011. There are 207 Lower Super Output Areas (LSOAs) in Wirral, 73 LSOAs contain at least one in five fuel poor households
- Children living in cold homes are more than twice as likely to suffer from respiratory problems as children living in warm homes. More than 1 in 4 adolescents living in cold housing are at risk of multiple mental health problems.
- Wirral's statutory homelessness acceptances increased by 65% from 100 in 2011-12 to 165 in 2012-13. 61% of homeless acceptances had dependent children and a further 7% were expecting a baby.
- The ongoing welfare benefit reforms being implemented continue to impact on peoples' affordable housing choices, with the need to move to smaller accommodation being a real issue. This has put pressure on the demand on for smaller properties needed by people in other housing need groups.
- Wirral is projected to have a higher proportion of population over 85 years than the national and regional average by 2033, with the proportion rising from 2.8% in 2012 to a projected 5.2% in 2035

Sexual Health

Chapter Status — Updated May 2013 (Next scheduled update Winter 2013/14)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- Chlamydia was the most commonly diagnosed STI in Wirral, with over 1,200 cases in 2011. Rates were below those the North-West, but above those of England
- There are currently 169 people living with HIV/AIDS in Wirral who are known to services, three-quarters of whom are male. Nationally, it is estimated that between one-fifth and one-quarter of all those with HIV are unaware of their infection. This could mean there are an extra 34 to 43 people in Wirral who have HIV/AIDs, but do not know
- The most common route of infection for HIV/AIDs in Wirral in 2011 was heterosexual sex (53%) followed by men who have sex with men (41%)
- In 2011, the percentage of repeat abortions in women aged under 25 in Wirral was 29%, compared to 26% in England & Wales
- Wirral's teenage conception rate in 2010 (47.3 per 1,000) was higher than both the North West average (40.7 per 1,000) and England (35.4 per 1,000). Rates for 2011 are currently only available for Wirral (England and the North-West not yet available) and show a marked decrease in Wirral, to 36.9 per 1,000
- Young mothers have the lowest levels of engagement in education, employment or training of any other group of vulnerable young people In May 2012, only 21.5% of young mothers in Wirral were in education, employment or training

Autism

Chapter Status – Completed – November 2013 (Next scheduled update is Summer 2014)

[Use this link to access the full chapter](#) or search for Wirral JSNA then Our JSNA

Key Issues

- Autism in children, young people and adults will vary enormously, but will all share the two 'core' features of autism; these are persistent difficulties with social communication and social interaction: and restricted, repetitive patterns of behaviour, interests, or activities.
- Some people with autism also have significant strengths which can include reliability, a good eye for detail, ability to produce highly accurate work, an excellent memory for facts and figures and the ability to thrive in a structured, well-organised work environment
- There are a number of key inequalities for those people with autism and they include:
 - Prone to social and economic exclusion
 - Risk of severe health and mental health problems, homelessness, descending into crime or addiction for those without support.
 - Although many adults with autism make successful and important contributions to their communities, the economy and their families, too many could be dependent on benefits
 - There is more vulnerability to anxiety, depression and mental health issues in people with autism and with or without a co-occurring issue
- PANSI (2013) estimates suggest that approximately 1,847 adults aged 18 – 64 years old with autism are currently living in Wirral. This will reduce to around 1,829 by 2014. Though local service experience suggests a rising number.
- Using Wirral's 2013 School Census data, around 1.30% of Wirral school children have a primary or secondary diagnosis of autism and this is higher than the suggested national prevalence rate of 1.0%
- There are a number of issues that require further local development which could contribute to local improvements, these include:
 - accurate knowledge of those in population and in service
 - Further understanding is required of the needs of people with autism from a range of backgrounds, in particular minority ethnic and cultural groups, women and older people.
 - A greater depth of content and views from service users, from those diagnosed with autism and their carers to influence local approaches
 - Greater understanding of the experience of Wirral residents with autism in terms of local employment, housing and the criminal justice system

2 Review of JSNA Key Issues Survey 2013 Summary Report

2.1 Introduction

As previously outlined, Wirral's Joint Strategic Needs Assessment (JSNA) is expected to play a significant supporting role in the continuing development of the Joint Health & Wellbeing Strategy for the Health and Wellbeing Board and local commissioning and service plans for the Local Authority, Clinical Commissioning Groups and partners.

A process of reviewing and refreshing the content in the JSNA continues in order to provide the most relevant information for the Health and Wellbeing Board and partners to consider. The key issues contained in the JSNA have been subject to consideration, through the key issues survey, by a wider audience in order to understand if and how they resonant with residents and across sectors.

2.2 Background

This is the second JSNA key issues survey (access the 2012 survey [here](#)). In 2012 the results of the first survey informed Wirral's Health & Wellbeing Board on local views in relation to the current JSNA content and this in turn assisted in the development and creation of Wirral' first Health & Wellbeing Strategy ([click here to view strategy](#)). This process was repeated in 2013 to provide further insight for the Health & Wellbeing Board as it reflected upon any ongoing local issues in relation to its strategy and associated action plan. The provision of such additional underpinning insight will be continued as the JSNA is an iterative process. The content will always need to be developed through further, ongoing local input from an ever developing range of sources. One example would be the call for information being undertaken between January and March 2014 where many more people and organisations can be involved and contribute to the underpinning local evidence base.

2.3 Approach

The online survey, as seen in appendix one, was provided through the local authority survey monkey platform. It was circulated to a wider range of people, partners and organisations from June to August 2013. A total of 1,364 responses were received which is a 136% increase on 2012 (n=578).

It is designed to provide the JSNA Executive Group, Health & Wellbeing Board and partners with additional public views and perceptions of the key health and wellbeing issues for Wirral.

Based upon feedback from 2012, efforts were increased to widen the availability and opportunity to complete the survey. It was sent to a range of organisations and individuals (see appendix two) in order to increase its availability and increase the number of respondents. An increase for 2013 has been achieved.

Though the number is significantly higher than 2012 it should be treated in context to given the relative number of completed surveys compared to the local population number. However when comparing to other Local Authority

areas across the North West region this survey compares favourably in terms of its widening circulation, the response numbers and depth of detail returned.

The survey was circulated with caveats for the person completing it, in particular the need to read the underpinning JSNA executive summary and any other related documents before completing the questionnaire. It was estimated this would add approximately 45 minutes to the survey completion which again highlights the relative success achieved with over 1,300 people taking time to do this.

2.4 Summary of key issue survey

Headlines are:

- The key issues identified in 2013; ageing population, alcohol and mental health continue to be those issues of most concern for those people living and working in Wirral.
- These issues are consistent with the identified priorities from the 2012 survey
- The number agreeing that the JSNA Key Issues captured the key local health and wellbeing needs more than doubled from the 2012 to the 2013 survey
- The range of additional issues identified by respondents has shifted from 2012 when mental health, education and alcohol were suggested compared to 2013 when changes across Wirral – to people and to council due to austerity and consequences being felt and aspects related to local Health Services such as access to GPs, Hospitals discharge and appointments proved most significant for respondents..
- In response to a new question about people's views on 'local assets' there were over 260 specific points made and a range of ideas to consider in this developing work
- More people agreed, from 192 in 2012 to 349 in 2013, that the JSNA was presented in a clearly understandable way.

Other key outcomes:

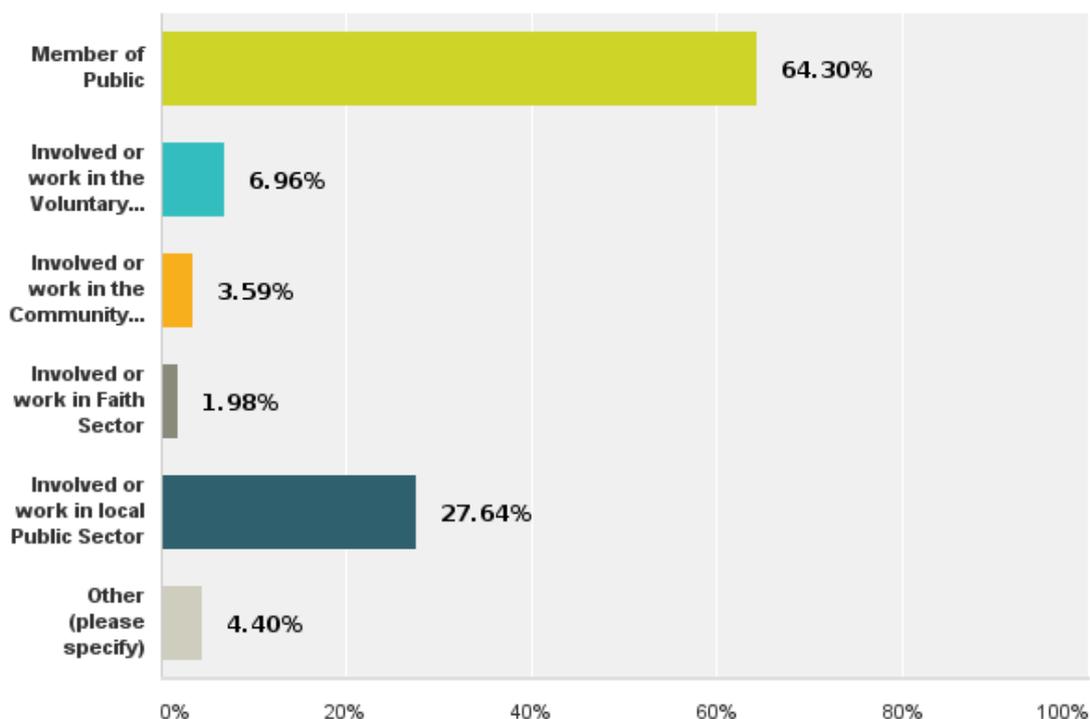
- Increased coverage of survey from 584 responses in 2012 to 1364 in 2013
- Widened coverage to provide opportunities for more people to participate
- Even more members of public in 2013 completed the survey in comparison to other groups
- Broad range of Wirral geographic areas were reached
- New people completing the survey accounted for almost 1,100 people
- The number of people who felt the JSNA described the local priorities increased from 33% in 2012 to 47% in 2013
- Over 454 responses highlighted ideas and suggestions to develop the JSNA in the future (accessed [here](#))

The results are presented on the following pages to replicate the twelve questions posed in the survey.

Question 1

Q1 From what perspective are you completing the questionnaire today?

Answered: 1,364 Skipped: 0

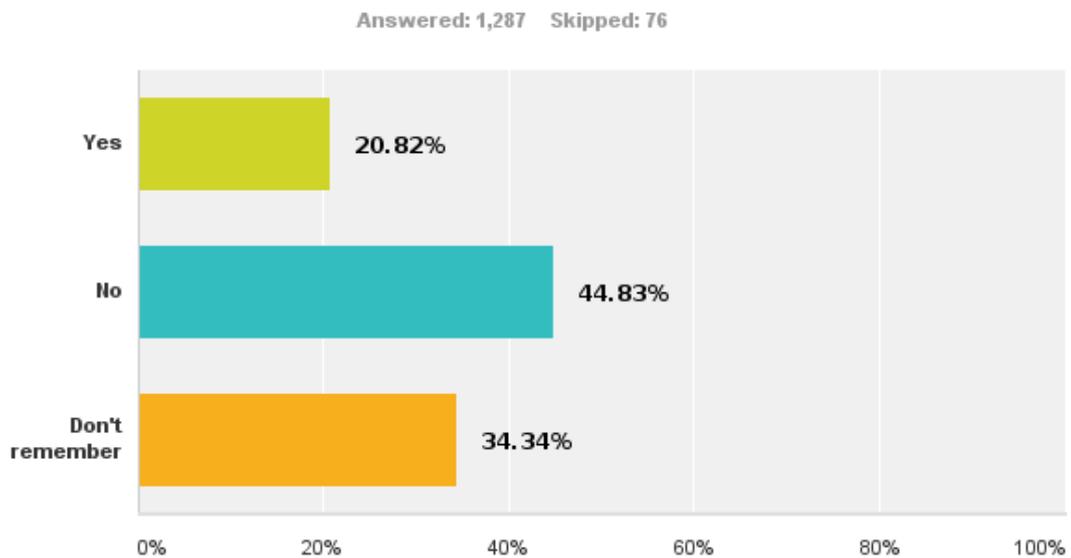


This question provides a comparison of what group the respondents identified themselves with. In the 2013 over 64% of people completing the survey, or over 870 residents, were members of public. This is a significant increase when compared to 51%, (n-285) in 2012.

Just over 27%, or 377 respondents of the 1,364, were from the public sector which compares to 41% (n-231) in 2012. An additional category of 'other' was added for the 2013 survey with the majority of respondents classifying themselves as carers (n-26). There were also rises for completions by both community and faith sectors with voluntary sector colleagues remaining similar to 2012 numbers (n-95 in 2012, n-90 in 2013)

Question 2

Q2 Did you complete the 2012 JSNA Key Issues survey?



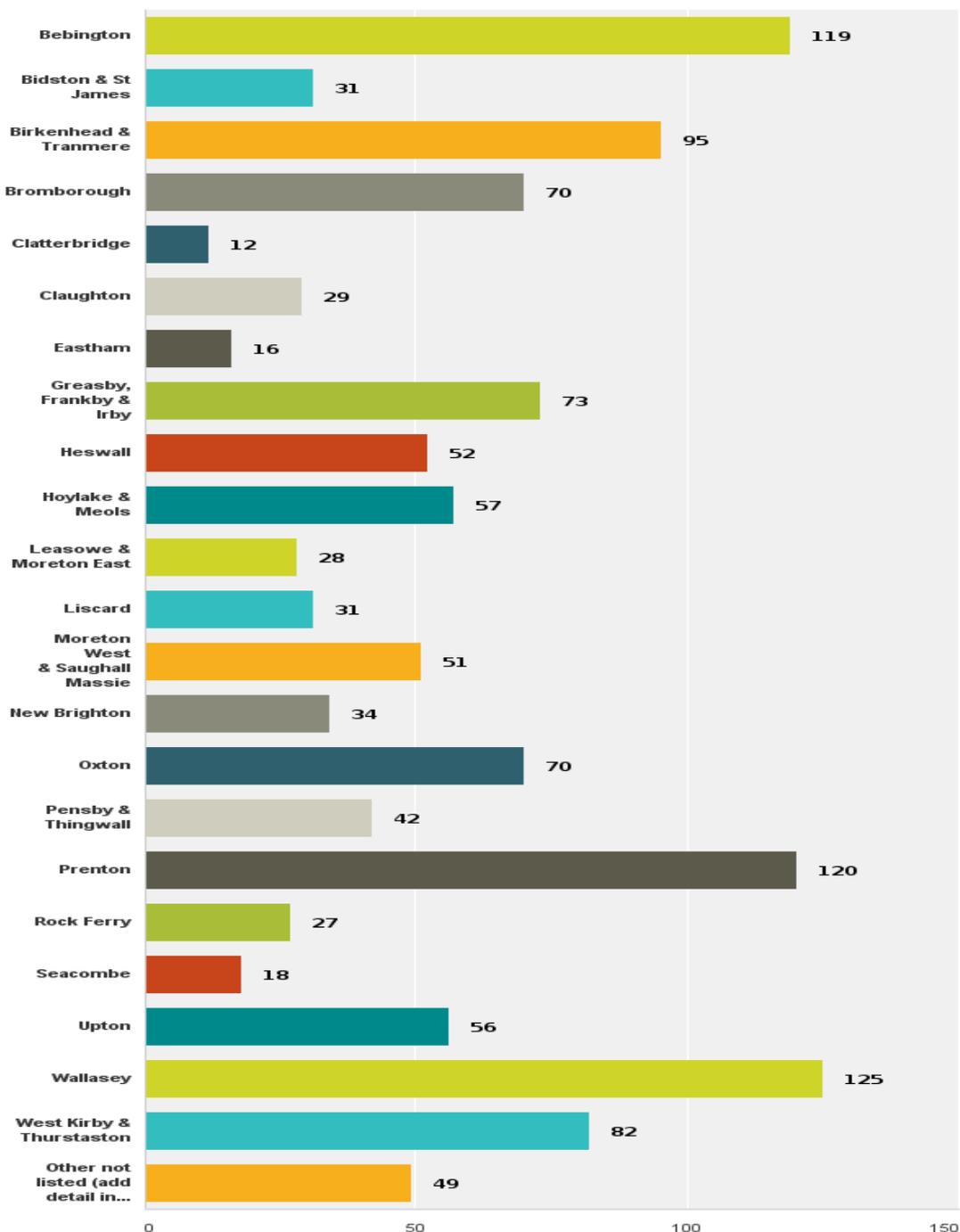
This is a new question for 2013 and seeks to discover if those completing the survey are doing so for the first time or are repeating the exercise.

It can be seen that the majority of people, almost 80% over 1,000 people, were new respondents to the survey or had no recollection of completing it previously.

Question 3

Q3 Could you tell us which part of Wirral you are from?

Answered: 1,287 Skipped: 76

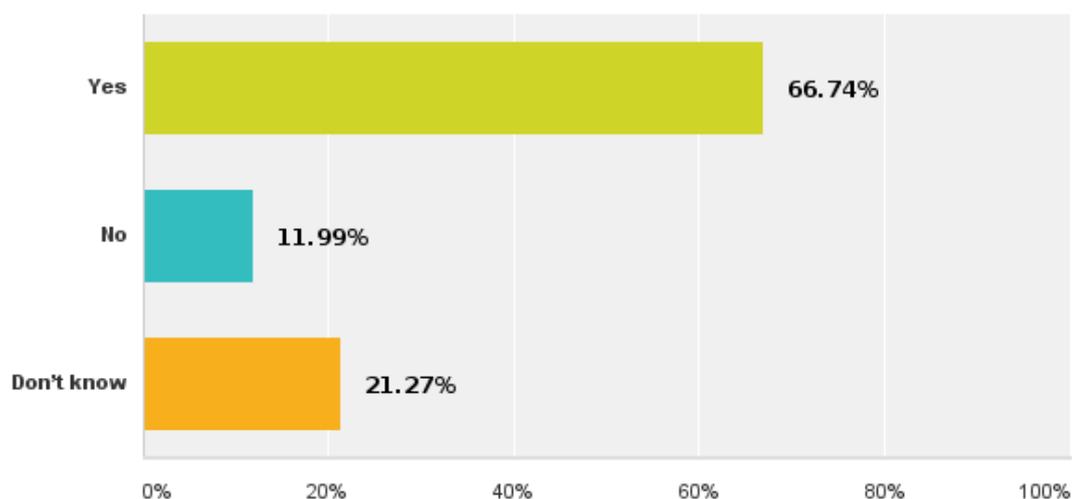


For the first time in the 2013 survey people were asked to nominate the area in which they lived. This offers a geographic context to understand from what parts of Wirral people completed the survey. There were respondents from across the peninsula with highest numbers in Wallasey, Prenton and Bebington. Lowest numbers were recorded Clatterbridge, Eastham and Seacombe. A number of people provided an alternative to the named options (n=49) in general these areas corresponded to smaller settlement areas within recognised ward boundaries and an even smaller number were people working in the borough but living elsewhere.

Question 4

Q4 Do you think the 2013 JSNA Key Issues Summary report captures the health and wellbeing needs of Wirral people?

Answered: 884 Skipped: 479



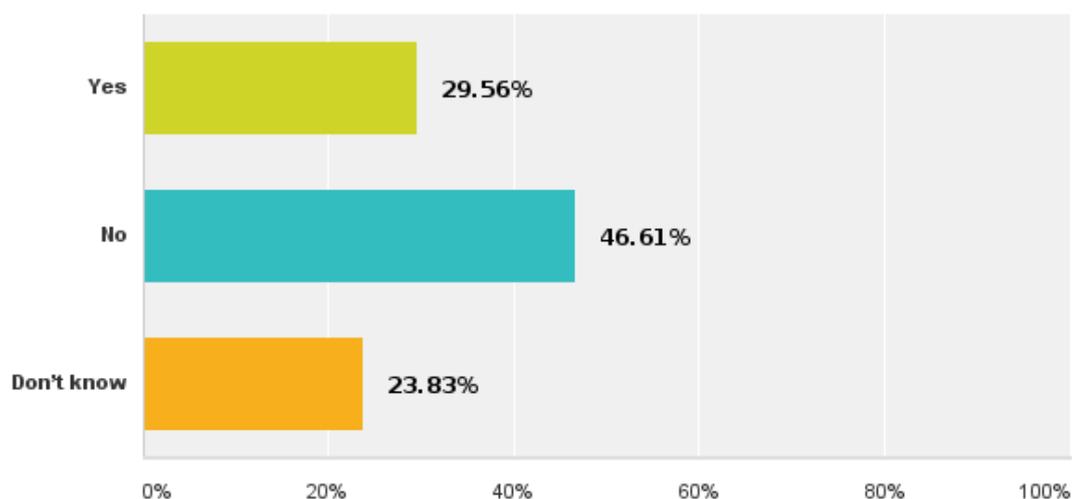
The current JSNA report highlights a strong agreement that it captures the needs of Wirral residents with almost 67% agreeing (n-592). In 2012 the level of agreement was 76% though with smaller numbers completing the survey (n-276).

The number of people who did not feel the JSNA reflected the key health and wellbeing needs of Wirral residents had gone down from 12.8% in 2012 to 11.99% in 2013, but noting that the number of responses to this question increased from 47 in 2012 to 106 in 2013. However, those respondents who answered, don't know, rose to 21% (n-188) from 11.5% (n-42) though this might be accounted for the increase in numbers and specifically the 45% (n-577) who had not completed the 2012 survey (see question 2)

Question 5

Q5 Do you think there are other issues which are not currently mentioned in the summary report, but could be?

Answered: 768 Skipped: 595



The 2013 survey illustrates an increase in the number of people acknowledging the key issues in the JSNA. It has risen from 2012 when 33% (n-123) of people saw no other key issues to almost 47% (n-360) in 2013. People who believed there to be other issues fell slightly from 34% (n-125) to 29% (n-230).

Interestingly the 2012 survey results were highly inconclusive. Almost exactly one third of respondents suggesting either yes there were other key issues, no there were not and a third who did not know. The 2013 survey provides more certainty and this maybe reflects more readily the fact that JSNA is starting to reflect more of the issues facing Wirral residents.

Question 6

What are these additional key issues?

The table below highlights the aspects people were reporting as additional issues.

The majority of the 417 reported additional issues tend to focus on content already in the JSNA. It would be difficult for the person completing the survey to know all the content available or to be directed to read more in the short space of time for completing the survey, though the option to go into more depth with the content is available to people.

However, there is a difference to the 2012 survey. A wider range of issues have been reported that are not necessarily topics for the JSNA to cover but are important to report given the feelings of the people completing the survey and the fact they are using this medium to convey that information. The results will be considered as part of the future JSNA workplan.

Table 1: Range of reported additional key issues for Wirral residents

Pos.	Question 6 What issues should be a priority?	Rank 1	Rank 2	Rank 3	Rank 4	Rank 5	Total
1	Changes across Wirral - to people and to council due to austerity and consequences being felt*	6	6	10	5	4	98
2	Health Services (GPs, Hospital, discharge, appointments, access)	8	5	7	5	4	95
3	Older People (care services, quality, work issues)	7	5	4	2	1	72
4	Exercise, sport, physical activity (access, facilities, health related)	5	5	5	2	1	65
5	Education (Young offenders, general, reduce poverty, attainment, skills)	6	7	0	1	0	60
6	Obesity (food consumption, diet, weight management)	8	3	2	0	0	58
7	Carers	6	2	3	3	2	55
8	Mental Health	4	3	2	2	1	43
9	Alcohol & other substance misuse (in pregnancy, Mental Health, availability, jobless)	5	2	0	0	1	34
10	Housing	2	3	2	0	0	28
11	Cancer (screening, specific type)	3	3	0	0	0	27
12	Employment	3	2	0	1	1	26
13	Long Term Conditions	2	3	0	0	0	22
14	Anti-Social Behaviour	4	0	0	0	0	20
15	Environment/Green Space access	4	0	0	0	0	20
16	Autism	2	2	0	0	0	18
17	Health Inequalities	2	0	2	0	0	16
18	Young People (abuse, LTCs, need for activities)	0	2	2	0	0	14
19	Domestic Violence/Abuse	1	1	1	0	0	12
20	Transport	0	0	3	0	0	9
21	Financial issues (ability to pay bills, changes to universal credit)	0	2	0	0	0	8

Source: Wirral JSNA Key Issues survey 2013 (survey monkey)

Notes: Scoring – items ranked 1 (most important) were scored 5 points, ranked 2 was 4 points, ranked 3 scored 3 points ranked four scored 2 points and ranked 5 scored 1 point

*this combines aspects of views on changes to council services, council services now and results of austerity measures)

In 2013 the three most reported aspects were seen as:

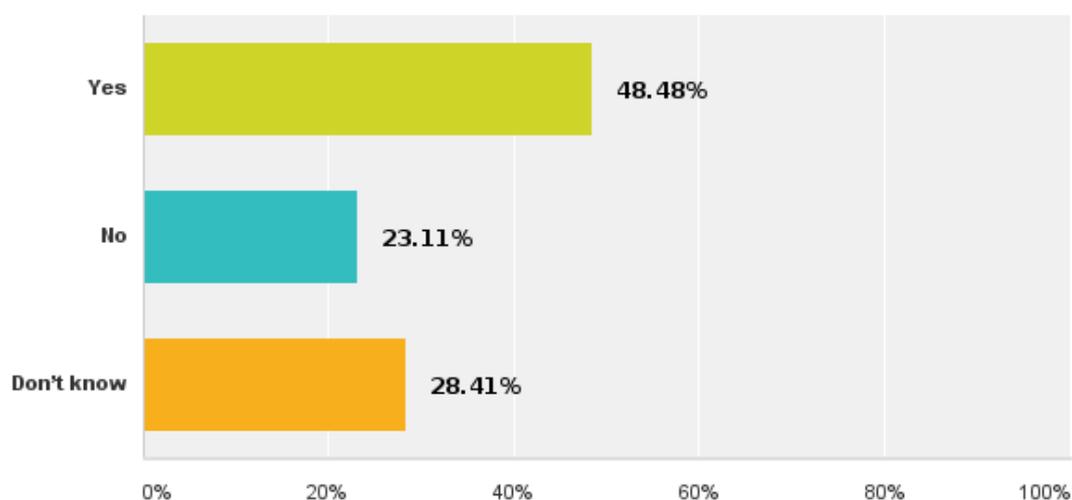
- Changes across Wirral, to people and to council summarised as austerity and consequences being felt,
- Aspects related to local Health Services such as GP access, hospital issues and
- Older people services and issues.

In 2012 mental health, education and alcohol were noted most frequently and these were already either reflected in the text of the JSNA or the priorities that respondents noted. These aspects for 2013 will be passed to colleagues across partner organisations to consider further.

Question 7

Q7 Do you think that any issues should be a priority? (Please consider the original summary document and any additional issues you may have added)

Answered: 623 Skipped: 740



Following on from questions 4, 5 and 6 this question asked respondents to suggest if there should be a priority to any of the key issues (existing or identified by them) and as we can see from the chart above, almost 49% people did believe this to be the case. However, the majority of people (51%) were less certain, with 23% replying no and even more (28%) not knowing. In 2012 the respondents were much more certain of their priorities with almost 58% (n=203) suggesting there should be priorities. Those who did not feel there should be a priority or did not know were similar across both surveys.

Question 8

What issues should be a priority?

Those people completing the survey were asked to provide up to 5 prioritised suggestions as to the key issues. Table 2 below provides an alphabetical list of those most reported in the survey.

Table 2: Alphabetical list of most reported priority key issues – 2013 Survey

Question 8 What issues should be a priority?
Ageing Population
Alcohol (consider substance misuse issues)
Carers
Children and young people (health, generally, support)
Dementia
Deprivation and Poverty (child poverty, conditions related to socio economic issues, debt, fuel)
Drugs (consider substance misuse issues)
Economic issues (inactivity, Inequalities)
Education (children in schools, young parents, the range of healthy lifestyles, parenting skills, health issues)
Employment (Worklessness, jobs, training, NEETs)
GPs (Appointments same day, available GP, Ambulances, improve self-management)
Health & Well-being (Generally, in deprived areas,
Health Inequalities (BME, by group, by area)
Healthy lifestyle support - access and engagement
Housing/Homelessness (Lack of social and affordable housing,
Learning Disability (support, challenges, autism,
Life Expectancy (Gap, by area, gender differences)
Long Term Conditions (Earlier detection of, dementia, self-care of the well to avoid developing LTCs, COPDs, CHD, medicines, pain)
Looked after children (Health/safety of children in care)
Mental health (access to services, information, treatment, trends)
Obesity (Healthy Eating, childhood)
Physical Activity and general exercise levels
Sexual Health (Alcohol use during pregnancy, reduction of teenage / young unplanned pregnancies, HIV/AIDs testing, education in SRE)
Smoking (cessation services, YP, lifestyle issues, in pregnancy)

Source: Wirral JSNA Key Issues Survey 2013

In table 3 the key issues were ranked by the overall score, with rank 1 highlights the number of occasions the issue was placed first for people and so on to rank 5. And this contributed to an overall score. Table 3 illustrates the top three reported issues. These were an ageing population, alcohol issues and mental health and this in turn was compared to the 2012 survey results.

Table 3: Ranking of reported key issues (comparison 2012 and 2013 results)

Pos.	2013 Survey What issues should be a priority?	2012 Survey What key issues should be a priority?
1	Ageing Population	Alcohol
2	Alcohol (consider substance misuse issues)	Ageing Population , Older People and Elderly Care and needs being met
3	Mental health (access to services, information, treatment, trends)	Mental Health
4	Housing/Homelessness (Lack of social and affordable housing,	Poverty and its links to children, fuel, families, debt, mental health, fuel (cold homes, heating) and wealth
5	Children and young people (health, support)	Lifetime Education variety of issues, sexual health, weight management, lifestyle, Young people, new parents, employment
6	Carers	Housing – condition, for elderly, homelessness
7	Employment (Worklessness, jobs, training, NEETs)	Diet and Obesity – all ages
8	Deprivation and Poverty (child poverty, conditions related to socio-economic issues, debt, fuel)	Children and Young People including mental health and obesity, support and specific conditions (Autism/ASD)
9	Dementia	Carers
10	Drugs (consider substance misuse issues)	Health Inequalities
11	Health Inequalities (BME, by group, by area)	Drugs Misuse , abuse and health consequences
12	Sexual Health (Alcohol use during pregnancy, reduction of teenage / young unplanned pregnancies, HIV/AIDs testing, education in SRE)	Unemployment, Employment and worklessness
13	Obesity (Healthy Eating, childhood)	Long Term Conditions (particularly Diabetes and COPD)
14	Education (children in schools, young parents, the range of healthy lifestyles, parenting skills, health issues)	Dementia
15	Learning Disability (support, challenges, autism,	Sexual Health
16	Smoking (cessation services, YP, lifestyle issues, in pregnancy)	Learning disabilities
17	GPs and health services (Appointments same day, availability of GP, Ambulances, improve self-management)	Teenage Pregnancy
18	Health & Well-being (Generally, in deprived areas,	Diabetes
19	Long Term Conditions (Earlier detection of, dementia, self-care of the well to avoid developing LTCs, COPDs, CHD, medicines, pain)	Health and Wellbeing
20	Life Expectancy (Gap, by area, gender differences)	
21	Looked after children (Health/safety of children in care)	
22	Physical Activity and general exercise levels	
23	Economic issues (inactivity, Inequalities)	
24	Healthy lifestyle support - access and engagement	

Source: Wirral JSNA Key Issues Survey 2013

Notes: Scoring – items ranked 1 (most important) were scored 5 points, ranked 2 was 4 points, ranked 3 scored 3 points ranked four scored 2 points and ranked 5 scored 1 point

Questions 9 & 10 Local Assets

Introduction

These questions were added to the 2013 survey in order to gauge the views of residents in relation to their views on any local 'asset' that they recognise.

One feature of a JSNA is that it is a deficit model of health needs. This is a necessary feature of a desk top analysis of needs, but is recognised as a limitation as it does not always take account of assets that exist within communities that could be used to help bring about improvements in health and wellbeing.

To consider some further insight into assets as part of the public contact with the JSNA survey then colleagues at Liverpool John Moores University, Centre for Public Health were asked to analyse the specific asset question results.

Context

Within the 2013 Wirral residents survey was a question asking the following:

“Tell us about anything that is working well in your street, area or community that benefits the health and wellbeing of residents, such as the work of a community group, or project, or where local residents are working together, or where people are helping other residents...”

Analysis

Respondents were asked to provide details about assets within their community within an open text field. The responses have been analysed thematically, first by coding the responses and then by grouping responses into themes. Eight themes emerged from the findings, which are presented below, and provide an overview of the responses gathered. Sub-themes are presented where appropriate. Examples of responses have also been provided to add context to the findings.

Results

Of the 1351 responses to the survey (as at 01/08/13) a total of 264 responses were received to this question. (No further responses to question 9 were received after this date) Eight key themes emerged from the results:

- Specific projects,
- Local health/public services,
- Neighbourly support,
- Green spaces,
- Physical activity,
- Church groups,
- Other assets, and
- Negative aspects of community.

Key Theme - Projects

Of the 264 responses, 64 examples were given of specific projects within communities that were felt to impact positively on the wellbeing of residents. The most popular responses related to community groups, of which there were 11. These included Greasby community group, the Green Community Shop, community spirit, youth activities in a local Scouting Hall, library-based activity groups, support with

health and wellbeing, community centres, and a Community and Family worker connecting people in the community. Examples of responses received included:

- *In Greasby, Greasby Messenger is a good use of local residents getting together to create a newsletter informing of the upcoming events and access to support available. Greasby library is a great place that holds a lot of events particularly for young families' e.g. Bounce and rhyme and reading time.*
- *Hoylake has a great community spirit encouraging residents to get involved for example the Hoylake in bloom group. This makes Hoylake a good place to live.*
- *Support groups for older people were mentioned by five people, and included walking groups, Age UK, a charity for retired mariners, and lunch clubs for elderly people.*
- *..We have a "walking group" consisting of neighbours mostly men over the age of 50 years. It's a sociable group with the aim of keeping fit and healthy...*
- *Age UK Wirral is trying to help as many older people as possible to stay active but more needs to be done with people from lower economic social back grounds...*

Specific disability support groups were mentioned by four people and included a Wednesday Special Needs Club at Hoylake Community Centre, a parent led housing project that benefits people with disabilities, and the Wirral Branch of the Multiple Sclerosis Society, which was mentioned by two people. Support groups for mental health and wellbeing were mentioned by four people, including St Lukes Saturday Club, the Family Tree in the Stein Centre, and the Parkinson's Disease Society local group. The Heswall Centre for adults with learning disabilities was also mentioned by one person.

- *Carers support groups were mentioned by four people, including lunch clubs for elderly people, Wired and The Carers Identification and Short Breaks Service.*
- *Food banks were mentioned by three people, the '3 L's' project twice, and Incredible Edible was mentioned by five people.*
- *Community sports and physical activity projects were mentioned, including Run in Wirral groups, Rock up to Rounders, and Junior Invigor8.*

Other projects identified by people as assets to the community included youth clubs, a women's support group, Well Man clinics, friends groups, Wirral Environmental Network, and The Social Partnership.

Key Theme - Local Health/Public Services

Responses were gathered from thirty people that related to local health and/or public services. These included comments about GP surgeries (n=8), which included people sharing general positive views about GP services, reference to the provision of physiotherapy services, Diabetes clinics, and new and modern facilities. Seven people made reference to generic NHS services such as the hospital, the walk-in centres and the Child and Adolescent Mental Health Services. Two references were made to local libraries, one regarding road repairs, one to the Youth Offending Service, and one to a leisure centre (Woodchurch Swimming Baths).

- *New modern GP unit*
- *The District Nurses have been fantastic. The ordering and supply of continence products is excellent. The Continence nurses have been great once we were finally able to see them*
- *Road has been re-tarred hurrah*
- *The drop in centres [Walk-in Centres] have been a great idea I think, maybe more could be done within these centres to alleviate more work from the Hospitals.*
- *My dad is in the stroke rehab unit at Clatterbridge and I can see a marked improvement in his condition*

Key Theme - Neighbourly Support

A number of activities were described by Wirral residents which related to 'neighbourly' activities. These included descriptions of people in communities working together, communities looking after older people in the street, being neighbourly and positive, having good neighbours who look out for one another, and parents helping each other with child supervision.

Twenty-seven responses provided by residents fell within this neighbourly theme. In addition to these neighbourly activities, five respondents also specifically highlighted Neighbourhood Watch as an asset within their community.

- *There is an excellent sense of community in the area and neighbours help each other out in a variety of ways, from helping when a person is ill, to taking care of a neighbour's house for security reasons, while they are away from home. This makes the area a happy friendly place to live.*
- *Looking after your neighbour. Mine is 97 and I and others regularly pop in to help, etc.*
- *We work together in our apartment block to support each other within limits*
- *Close neighbour relationships.*
- *We have an excellent neighbourhood watch*

Key Theme - Green Spaces

Many people described how they felt that parks, allotments and gardens were assets to their communities; twenty-two people gave responses that fell into the green space theme. Six people described parks, the parks friends groups and the beach.

- *The use of Wirral's parks and outdoor resources for physical activities is impressive - my local examples are Harrison Park, Wallasey Beach and "The Dips", where people are involved in tennis, bowls, running, cycling, football, walking, wind-surfing and more on a daily basis, which is good for mind and body (however, there is a need to ensure that these facilities and opportunities are available and affordable in ALL areas, not just the most affluent).*
- *Vale Park in New Brighton often has free concerts in the summer over the weekends. It brings all ages from the community together and I think that it important that these things are not just for teenagers so that older people and young families don't feel included. It gets you out and about and is a very positive thing.*

- *Eleven people mentioned the use of outdoor gyms or park fitness groups, and that they were a positive addition to the community. Some people expressed that they were concerned about safety and that they were unsure how to use this equipment.*
- *I like the fact that outdoor gyms have now been erected in Victoria Park. I'm concerned they haven't been installed correctly as some of the fittings seem loose and capable of being vandalised, but I think they're a good idea.*
- *The keep fit circuits in the local parks*
- *Arrowe Park has a new outdoor gym. But there is no online information concerning it - same goes for the jogging trail. I'd like to know where all the apparatus is (it's spread out around the park) and where the jogging trail begins and ends, etc.*
- *The addition of exercise equipment in local parks and the improvement and maintenance of children's play areas. It gets people outdoors, walking, enjoying and generally having fun together.*
- *Allotments were also mentioned as positive aspects of communities, with people describing how the allotments bring together different individuals and organisations. People also described the positive impact of allotments in terms of health and wellbeing, and in encouraging community spirit.*
- *The new Gilroy Allotment site in West Kirby is a good example.*
- *Allotments, transition town efforts to build community gardens and promote the use of vegetables and fruits. Hoylake and West Kirby have had some visible impact from these initiatives - community orchards on Gilroy park and on the back lane leading to the new Gilroy allotments.*
- *Love Lane allotments have a community plot that is utilised by many different individuals, organisations, schools and charities. The site plot holders are all encouraged to help maintain the community plot together with those that use it, this helps provide an experience for people who would otherwise not have the ability to. The whole thing [allotments] is excellent for exercise, mental wellbeing, to get out and encourages community spirit.*
- *Community allotments and gardens set up and run by Wirral environmental network are helping change people's lives -exercise and fresh veg.*

Key Theme - Physical Activity

In addition to the outdoor gyms and park-based fitness groups that were included within the 'green space' theme, seven respondents mentioned running clubs, cricket clubs and sports and recreation facilities.

- *Running club at the Concourse, West Kirby.*
- *Running club established by the Health & Well Being Committee, led by an active member of staff - this has generated a lot of interest and is gaining membership.*
- *Wirral have a number of well-established running clubs (Wirral AC, Wallasey AC, Birkenhead AC, Prenton AC to name a few), which cater for runners of every ability, from beginners to the experienced runner. The number of running events in Wirral has increased over the last 10 years and there are now many events which people are keen to enter, e.g. Race for Life, Port Sunlight 10K, and all the BTR events. Also Wirral Bike-athon event very well attended. Many walking events organised through Birkenhead Park rangers. Our local sports centres are all very well attended. Sport and fitness is now*

much more in the forefront of people's minds in Wirral than it used to be, and people of all abilities are having a go. I believe this will continue to increase. All this has got to have a positive effect on people's health and wellbeing.

- *Sports and recreation facilities offered at Oval and other venues (with well run fitness classes) are helping a great number of us stay fit and healthy!*

Key Theme - Church Groups

A number of church-based activities were highlighted by Wirral residents as assets to the community, with nine respondents highlighting the positive assets provided within a church setting.

These included:

- 'elder branches',
- The Spiritual and Holistic Community Centre in Egremont,
- A carers group and a bereavement group meeting based within a church,
- A 'Big Lunch' event for people within the community, held once a year and attracting 200 local residents,
- Mums and toddlers groups,
- 'Police Surgeries',
- Adult education,
- Youth groups,
- Lunch clubs,
- Spiritual and bodily health,
- Elderly support groups, and
- To reduce isolation amongst vulnerable groups.

Respondents also highlighted plans to start a cooking club for bereaved men, and plans to start a film club, and one respondent commented on the fact that they think churches are a general social hub also attended by people in residential care homes.

- *Wirral Christian Centre in Birkenhead, offers a huge range of groups and activities to the local community not just its congregation. From Mums and tots groups, youth groups play schools, Old peoples luncheon clubs a nursery and nursing home and regularly use this as opportunities to improve community cohesion and deliver health education on various themes and a source of spiritual and bodily health, but with more assistance and linking with the local health authority may be able to do so much more to empower people to better look after themselves. Wirral Christian Centre believes in the Christ principle of meeting people's needs, if they are hungry feed them if they are cold cloth them etc.*
- *Regular coffee mornings at the local church - all faiths / non-faiths invited . Opportunity for everyone to come together as a community and discuss issues or just catch up on the general gossip.*
- *'Young at heart' (group at Christ the King for the elderly)*
- *We have a carers group meeting at church, they meet regularly and have speakers in to help and advise, we also have beginning a bereavement group forming as a spin off. There are a number of other groups that meet and they act as a social hub and may people from nearby residential homes come along.*

- *For two years running we have held a BIG LUNCH, the first was last year with help from the council, and we ran it again this year 2nd June to commemorate the Coronation. As a church we organised it for the community and we must have had 200 people come and have a good time doing various activities.*

Key Theme - Other Assets

There were a number of examples of other assets mentioned by respondents.

These included Sure Start Children's Centres (n=4), issues surrounding housing (n=2) and regeneration (n=2), cafes (n=1), the opening of Birkenhead Priory tower (n=1), local events (n=1), local play areas (n=1), apps (n=1), the police (n=1), and other residents (n=1).

- *Breast feeding app*
- *Lots of the local cafes are happy for mothers to breastfeed. This should be worked on and promoted more as it is difficult to do when you feel that it might be socially unacceptable, so knowing that a cafe is ok is important. It raises others awareness within the community that it is ok to do and demonstrates it is an option to feed your child and is easy and accessible to do when out and about. I know there are 'baby cafes', but I never made it to one of these as I didn't go specifically to feed/meet other mums but I would regularly use the local cafes as part of my day to day activities.*
- *In addition to the provision of over 12,000 good quality homes to Wirral residents the WPH development programme, building to the homes for life standard with cutting edge energy efficiency features. We decided to rent a retirement flat through a housing association with the benefits of security, managed accommodation, community, social activities and peace of mind these type of premises provide.*
- *Surestart projects teaching healthy living approaches and preparation of nutritious food. Education in this area has benefitted many*
- *I have recently had a baby and used the local children's centre. I don't think I needed much use of the children's centre as I did NCT ante-natal classes and benefitted greatly from the support network I gained and it's apparent that many people in the Heswall area do this too. Perhaps more children's centres and drop in points or even home visits would be beneficial in the deprived areas?*

Key Theme - Negative Perception of Community

Although a large number of responses were obtained which demonstrated positive aspects of Wirral communities, 63 people commented how they felt that there was nothing within their community that impacted positively on the health and wellbeing of residents.

- *Although we are a socially friendly area we do not have ongoing projects*
- *I have no knowledge of any initiatives working in my area*
- *I do not know of anything in my area. Maybe there are things going on but they aren't advertised very well. I do know a friend of mine (who does not work) volunteers in homes for the elderly. She offers her house as a meeting place for older people who do not have families, and they meet, drink coffee*

and chat etc. I think this is a really good service. This is something I'd like to do when I retire.

- *Where I live there appears to be very little interaction between neighbours and I. Looking at alternative areas to live.*
- *Not aware of anything that goes on in my community that could contribute to the health and wellbeing of residents*
- *Nothing to report*
- *Everyone keeps themselves to themselves so there is no community as such*
- *Not aware of anything*
- *There's nothing going on happening*
- *Not aware. Only aware of closures.*

In addition to the respondents who felt there were no initiatives or activities within their community, eight respondents made suggestions. These included two people suggesting a volunteer programme for unemployed young people to clean up public spaces, and two responses suggesting people should link in and provide support for the elderly. Other suggestions included continuing the 'meals on wheels' service, ensuring that representatives from local areas are involved in decision making, having transparency, having more police presence, improving the roads, and switching off street lighting during the daytime.

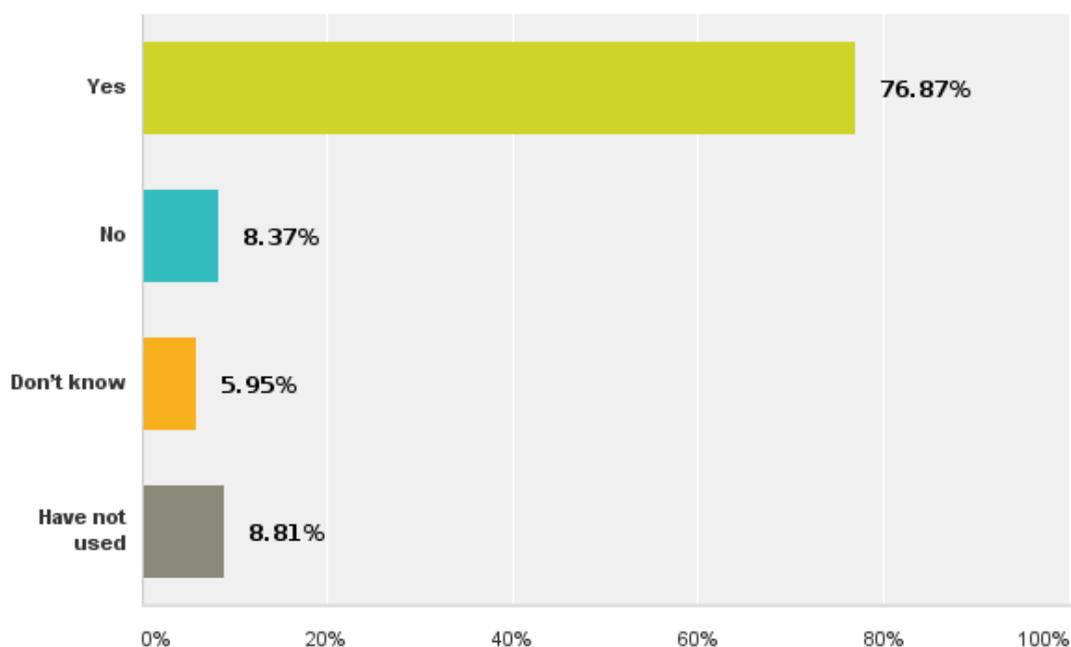
- *I think that the Council should create a programme for unemployed young people on a volunteering basis to clean up public areas, of litter, link with old people's homes and respect the area they live in. This would give them valuable work ethics and in return they get the opportunity to use for example the public swimming baths, cinema vouchers. Link this with moving into Voluntary placements and then hopefully employment or training.*
- *None that I am aware of in my area but I do recall that when I was at school (in the Wirral in the 1960s) we were encouraged to do voluntary work for older people in the community - this took the form of decorating , cleaning, gardening etc and was done through school. Given the ageing population is this something that could be co-ordinated with schools again today.*
- *I think it is essential that representatives from the local areas and have input into decisions being made for their area. Local knowledge and familiar surroundings is crucial to engage members of local communities.*
- *Get more people working NOT being laid off doing low paid jobs street cleaning for example.*

These results will be shared with colleagues who are leading the ongoing work related to local assets and area based community development.

Question 11

Q11 Do you find the JSNA content is presented in a clearly understandable way?

Answered: 454 Skipped: 909



This question was asked in order to provide a sensor check on the approach taken for our JSNA. Alongside the level of response and suggestions made in question 12 this offers important insight as to how we might develop our future approach.

In comparing the 2012 and 2013 survey results we can see an improvement in terms of percentage, from 72.5% agreeing with the question 'Is the JSNA content presented in a clearly understandable way?' to almost 77% in 2013. This would represent a numerical increase from 192 in 2012 to 349 for the latest survey. Also worthy of note is the subsequent fact that all the other options, *don't agree, don't know or have not used* have all reduced.

The supplementary question 12 asked respondents for suggestions on improving the JSNA in the future. Of the 454 responses, 214 provided no additional suggestions or were happy with the JSNA as it was presented. The remaining suggestions have been collated into a separate table. The detail offered is important and as such a response has been noted against each that will go onto inform the development of the JSNA in 2014. The ideas and responses can be accessed [here](#). A copy, alongside this report, will also be placed on the JSNA website ([Core documents page](#))

Summary

- The 2013 key issues survey has provided added insight for Wirral Health & Wellbeing Board, partners and residents.

- The 2013 survey has endorsed the 2012 priorities for ageing population, alcohol and mental health
- Additional areas have been highlighted that will be considered as part of the 2014 JSNA workplan
- Local assets, and how they support and improve people's health and wellbeing, will be increasingly developed in the JSNA content

3 Future work and approaches

Wirral JSNA has developed over a number of years and remains central to the work of local partners through the Local Authority, Wirral Clinical Commissioning Group and Health & Wellbeing Board partners.

A number of developments are unique to our JSNA:

- **JSNA Desktop Icon**
 - This is placed on the desktops of computers for colleagues across the local authority, clinical commissioning group, Wirral Community Trust, Cheshire and Wirral Partnership, Wirral University Teaching Hospital, and Voluntary & Community Action Wirral (VCAW) to enable them to access the JSNA more efficiently and quickly
 - Members of the public and colleagues from other organisations can, and have, place the icon on their desktop by adding the shortcut from the JSNA website homepage. This increased access helps to move the information closer to the audience and vice versa.
- **JSNA Bulletin**
 - This is circulated to almost 1000 local people, residents, service providers and commissioners around every 8 weeks. It is an opportunity to communicate with people, to move information on, highlight new additions to the JSNA and generally promote the JSNA as a key local source.
- **JSNA webcams**
 - a new option we have worked to provide are a series of information webcams of local people, service providers and commissioners as to how they use and have used the JSNA to inform them. Using the JSNA is described as are the benefits they have derived.

Plans for 2014 and beyond

It is important that the JSNA remains current, important and accessible to the wide range of local partners, organisations and residents. To that end we are proposing a number of approaches for 2014 and beyond. These include:

- **Local approach to Integration agenda by local partners**
 - This is an ever developing area for all areas of the country, their partnerships and approach to local service provision
 - As such we are aware that a JSNA needs to be receptive to structural changes of local service provision and how the evidence base needs to be presented to support and guide decision making processes.

- We will be supporting the Wirral Clinical Commissioning Group led work for *Wirral Vision 2018* and the Integrated Transformation Board (ITF) as they develop and present co-authored evidence base content.
- **Develop co-author approach**
 - There is an ever increasing need, equally an underpinning principle of any local JSNA, to provide the necessary and needed content through the range of partners and public.
 - By expanding even further this approach we can develop that wider ownership, greater active involvement and clear leadership from partners, commissioning leads and service planners – across sectors and organisations
- **Review JSNA content**
 - We will work with our co-authors to rationalise the content and pages in the JSNA chapters, making it even more defined, and providing a succinct approach to the detail we collectively provide and use
- **Revamp of website pages**
 - To provide people with easier access routes to the current range of JSNA content will become ever more important.
 - We will be looking to rationalise some pages by using an ‘A to Z’ contents page approach to access the detail they need.
- **Develop evaluation**
 - To support from across sectors to reflect upon their work towards improved outcomes for local residents we will refresh the ‘how to’ series of factsheets for evaluation and research. At the same time look to provide some specific confidence raising drop-in sessions to help people improve their belief in their own approach to evaluation.
- **Local Call for Information**
 - JSNAs have always had wide expectation on their content and highlighted key issues. Often JSNAs generally can require more information, public voice or additional understanding to provide a fuller view.
 - To meet this possible need we are setting out a call for information, between January and March 2014, that invites local people, groups, organisations and others to submit their awareness, knowledge and expertise that it might inform the JSNA. This is being undertaken on behalf of the JSNA Executive Group in conjunction with Healthwatch Wirral and Voluntary Community Action Wirral. The detail gathered will be provided to view back to people through the JSNA website and any other suitable routes.
- **Development and understanding of a local asset approach**
 - We will be supporting the collaborative work for the development of a local asset approach through the provision of added insight and detail in the JSNA

The key issues, survey results and future work and approaches will be reported to the JSNA Executive Board members and the range of partners across Wirral.

This, and any other related reports, will be placed on the JSNA website [here](#)

4 Appendix

Appendix One

JSNA Key Issues Survey 2013 – Survey Questions – can be accessed [here](#)

Appendix Two

Wirral JSNA Key Issues Survey by route sent out and number of completed surveys, 2013

Source for circulating key issues survey (unique link)	Number of completed surveys
Wirral Council (public engagement list contacts)	592
Wirral Council (staff)	375
JSNA Bulletin (hyperlink)	152
Carers	104
WUTH	33
Wirral Community Trust	28
JSNA website	20
HealthWatch	18
LEW (Life Expectancy Wirral)	12
Dementia Forum	8
Black & Minority Ethnic groups	7
Voluntary Community Action Wirral (VCAW)	6
Schools (via Wescom alert)	4
Wirral Clinical Commissioning Group (CCG)	4
Cheshire & Wirral Partnership Trust (CWP)	1
Total	1364

Source: Wirral JSNA Key Issues survey 2013 (survey monkey)

Notes: 5 other circulation routes were used but no responses were received via these options.

**John Highton
Wirral JSNA
December 2013**