Wirral JSNA: Demographic information for Children and Young People (including maternity and early years)

Produced by Wirral Council Public Health Intelligence Team

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Summary

- The number of births in Wirral in 2014 was 3,536, the lowest number for a decade
- There was also a drop between 2012 and 2013 of 7% and a smaller drop of 0.7% between 2013 and 2014. This appears to signal the end of a long period where the number of births increased year on year in Wirral
- The general fertility *rate* continued to drop in England in 2014, but there was a very slight upturn in Wirral in 2014. This may be because although the *number* of births has *decreased*, the number of women aged between 15-44 in Wirral also dropped
- Children and young people aged 0-19 make up around one in four (23%) of the Wirral population (74,452 in 2015)
- The number of young people in Wirral is projected to remain fairly stable for the next 25 years, increasing by just 1% by 2037 (an increase of around 200 children)
- The number of births are projected to decrease by around 5% by 2037
- The number of women of child bearing age (15-44 years) is projected to decrease in Wirral and this is likely to have an impact on the number of future maternities
- Wirral has a slightly higher proportion of births to younger mothers (aged under 20), and a lower proportion of births to older mothers (aged 35+), compared to England overall
- Wirral has a much lower percentage of births to mothers born outside the UK compared to England overall (7% in Wirral compared to 28% in England). The majority of foreign born mothers were from European countries (114 mothers in total from EU, new EU and non-EU countries), followed by the Middle East and Asia (90 mothers)
- Wirral has a greater proportion of births registered solely or jointly by parents living at different addresses (this can indicate a greater need for social care) compared to England and the North-West overall
- The difference in birth rates between affluent and more deprived areas needs consideration in the planning for neonatal and early years care
- Low birth weight is more common in the more deprived wards in Wirral. The overall Wirral rates of low birth weight babies in 2012/15 was 6.5%, but in Liscard ward, the rate was 9.6% almost one in ten babies, compared to just 2.8% (one in every 36 babies) in Greasby, Frankby and Irby ward
- There has been no improvement locally in the proportion of mothers still breastfeeding at 6-8 weeks for the last 3 years in Wirral. In addition, Wirral has a much lower breastfeeding rate than in England overall at 6-8 weeks (31% in Wirral compared to 44% in England for 2014/15)
- Overweight and obesity in Wirral children appears to be related to deprivation, with more deprived wards having higher rates of children of an unhealthy weight. In Birkenhead & Tranmere ward for example, almost one in three Reception aged children are an unhealthy weight
- The most common unintentional injury in the 0-4s was a fall, with their own home was the place an injury was most likely to be sustained.
- Unintentional injuries in the 0-4s resulted in just under 3,000 attendances at Arrowe Park in 2015/16, a reduction on the previous year, with children most likely to attend being those who lived closest to Arrowe Park. This is a slightly different picture to nationally, where deprivation is a more obvious factor
- The 2015 IDACI (Income Deprivation Index Affecting Children Index) showed that the proportion of children living in low income households ranged from 4% in Heswall, to 48% in Birkenhead & Tranmere ward

1. Population

As of 2014, there were 74,452 children and young people (aged 0-19 years) in Wirral, making up less than one in four (23.2%) of the total population (almost the same proportion as in previous years). See table below.

Age	Females	Males	All
0	1,734	1,811	3,545
1	1,773	1,945	3,718
2	1,838	1,910	3,748
3	1,956	2,209	4,165
4	1,890	1,975	3,865
5	1,897	1,915	3,812
6	1,896	1,898	3,794
7	1,935	1,930	3,865
8	1,812	2,031	3,843
9	1,819	1,949	3,768
10	1,789	1,843	3,632
11	1,763	1,869	3,632
12	1,691	1,849	3,540
13	1,744	1,763	3,507
14	1,765	1,813	3,578
15	1,887	1,890	3,777
16	1,852	1,964	3,816
17	1,913	2,001	3,914
18	1,858	2,029	3,887
19	1,350	1,696	3,046
Total 0-19	36,162	38,290	74,452

Table 1a: Number of children and young people in Wirral, by single year (2015)

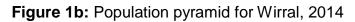
Source: Mid-2015 population estimates, ONS (2016)

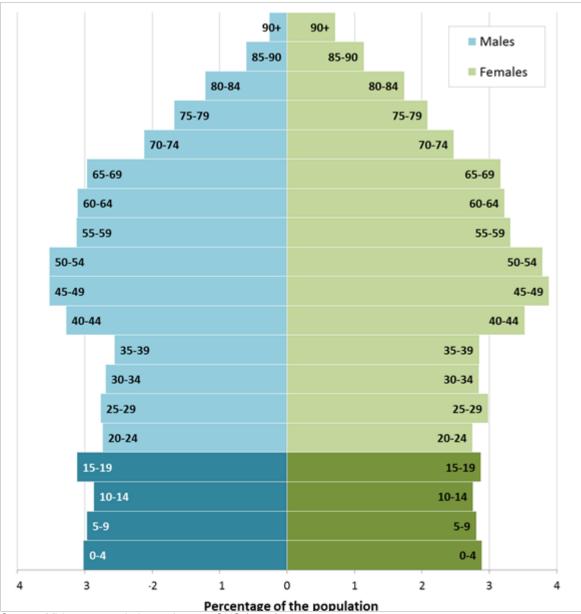
In the overall population (all ages) in Wirral, females slightly outnumber males (51.8% females versus 48.2% males), but the reverse is the case in the 0-19s.

In the 0-19 age groups, females make up 48.6% of the population, compared to 51.4% males. In real terms, this is around 2,000 more male than female children in Wirral.

As boys are more likely to suffer from a range of developmental conditions such as autism and ADHD and are more likely to be excluded from school or come into contact with the Youth Justice System, this is worth noting.

The population pyramid below for all ages, shows the proportion of children and young people in Wirral compared to older residents.





Source: Mid-2014 population estimates, ONS (2014)

As the figure above shows, Wirral's population structure is weighted toward the older age groups, with large percentages of the population aged between 40 and 69. This gives our local pyramid shape typical of developed countries. The actual number of children and young people by 5 year (quinary age band) is in the table below.

Table 1c: Number of children and young people in Wirral by 5-year (quinary) age band,Mid-2015

Age Group	Females	Males	All
0-4	9,191	9,850	19,041
5-9	9,359	9,723	19,082
10-14	8,752	9,137	17,889
15-19	8,860	9,580	18,440
Total 0-19	36,162	38,290	74,452

Source: Mid-2015 population estimates, ONS (2016)

Population projections

Table 1d below shows the projections for future numbers of children and young people in Wirral and the likely percentage change in this population.

Newer population projections are planned for publication by ONS on 25 May 2016 and will provide population projections from mid-2014 to mid-2039. Until then, the most recent population projection figures are those produced in 2012 (see below).

Table 1d: Population projections for children and young people in Wirral (Mid 2013-Mid 2037, figures shown in thousands)

Age Group	2013	2018	2023	2028	2033	2037	% change 2013 to 2037
0-4	18,900	19,000	19,000	18,700	18,200	17,700	-6.35%
5-9	18,200	18,600	19,600	19,600	19,400	18,800	+1.10%
10-14	18,400	18,000	18,900	19,900	20,000	19,700	+4.35%
15-19	19,400	19,000	16,900	17,800	18,800	18,900	-3.61%
Total 0-19	74,900	74,600	74,400	76,000	76,400	75,100	+1.20%
All ages	320,200	320,400	323,100	326,400	328,800	330,400	+0.19%

Source: ONS 2012-based Subnational Population Projections, ONS (2014)

- The number of children aged 0-4 is projected to decrease by 6.35% by 2037
- The population aged 10-14 is projected to increase by 4.35% by 2037;
- The population aged 15-19 is projected to decrease by 3.61% between 2012 and 2037

Overall, the population aged 0-19 is projected to increase very slightly by 1.2%, compared to a negligible increase of just 0.19% in the overall population of Wirral

2. Births

Table 2a below shows the projected number of births in Wirral and England, to 2037.

	2013	2018	2023	2028	2033	2037	% change 2013 to 2037
Wirral	3,700	3,700	3,600	3,500	3,400	3,500	-5.41%
North-West	88,100	88,300	86,300	84,000	83,300	84,400	-4.20%
England	682,800	696,500	691,600	683,200	683,100	696,100	+1.95%

Table 2a: Projected births and percentage change, Wirral and England (2013 to 2037)

Source: ONS 2012-based Subnational Population Projections, ONS (2014)

As the table shows, births are projected to decrease by over 5.4% in Wirral over the next 25 years, compared to a decrease of 4.2% in the North-West and a slight increase in England overall of 1.9

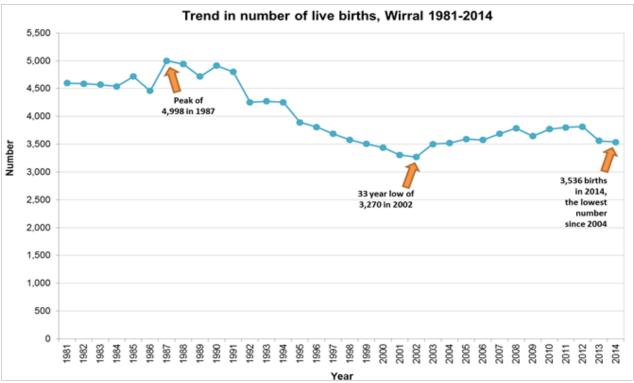


Figure 2b: Trend in number of live births in Wirral (1981 to 2014)

Source: NHS IC, 2015

The lowest number of live births in recent years occurred in 2002, when there were 3,270 live births in Wirral. Since then, the trend in births has generally been a shallow upward one, except for the last two years. In 2013 and 2014, which appears to have halted in 2013, most recent year for which figures are available), there has been a 7% drop on the number of births in the previous year (2012).

The following charts, maps and tables show fertility rates by geography and show that fertility rates in Wirral vary across the Borough, with higher rates in the more disadvantaged wards, compared to the more affluent west of Wirral.

This is likely to impact on the provision of health and social care services as deprivation is linked to a number of infant health issues such as low birth weight, higher rates of hospital admissions, reduced breastfeeding, learning disability and high smoking in pregnancy rates. See the map below for geographical representation of births in Wirral in 2014/15.

Fertility rates

Fertility rates refer to the number of live births relative to the number of women in the population (the general fertility rate is per 1,000 females aged 15-44 years).

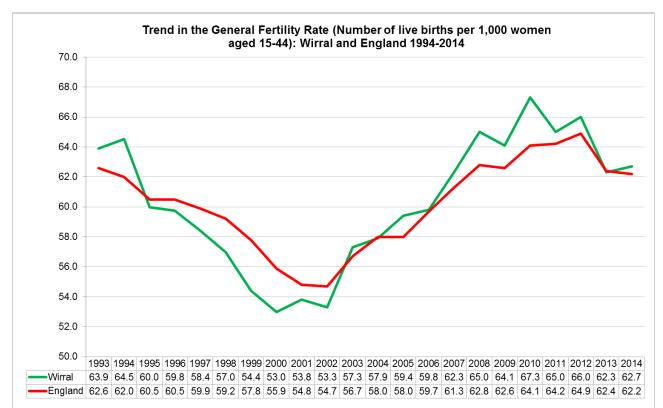


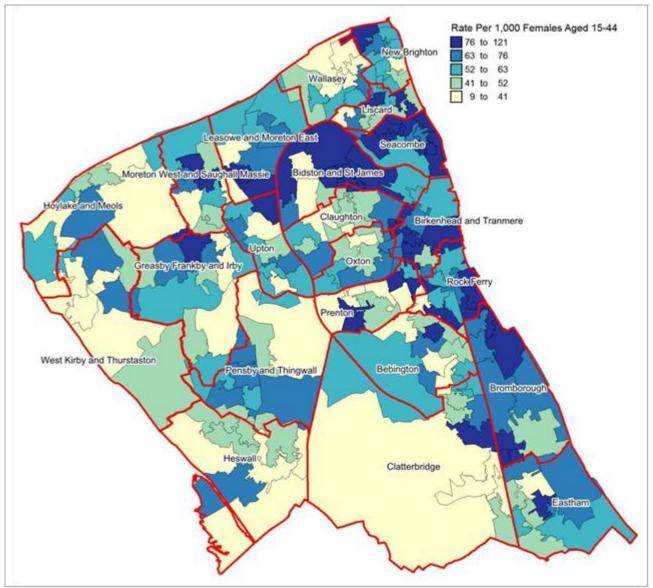
Figure 2c: Trend in general fertility rate for Wirral and England & Wales (1993 to 2014)

As Figure 2c shows, the rise in fertility rates which was observed in both Wirral and England & Wales since around 200, halted and showed a steep drop in 2013. The decline continued in England, but showed a small upturn again in Wirral.

The population of women of child bearing age (15-44 years) is projected to decrease in Wirral over the coming years, which is likely to have an impact on future fertility rates.

Source: NHS Information Centre and ONS, 2016

Births by geography



Map 2d: General fertility rate by Wirral LSOA and Ward (2014/15)

Source: Hospital Episode Statistics, 2016

As the map shows, the rate of births (rate per 1,000 women aged 15-44) shows a mixed picture. There are generally lower rates in the west of Wirral, and higher rates in the east of Wirral, but there are also several exceptions to this generalised pattern.

Figure 2e (over page) shows the actual number of births by Wirral ward in 2014/15. It shows that the four most deprived wards in Wirral had the highest number of births in 2014/15.

This trend is not a new one, so health and social care services will probably already be aware that they have a large proportion of new mothers and children from areas of deprivation, with significant health and social care needs. The total number of births in Wirral was 3,493 in 2014/15.

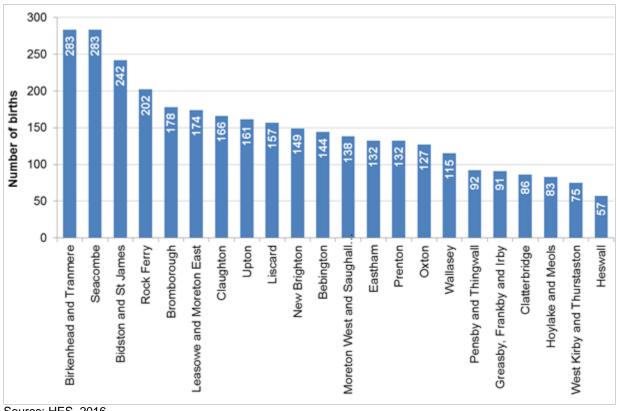


Figure 2e: Births in Wirral in 2014/15 by Wirral Ward

Source: HES, 2016

Age of mothers is also a factor (children born to both younger mothers and older mothers tend of have more health issues) and Table 4f below shows births by age of the mother.

Births by age and country of origin of mother

		11-19	20-24	25-29	30-34	35-39	40+	All Ages
England	No.	24,246	105,794	186,659	206,117	110,748	27,932	661,496
England	%	3.7%	16.0%	28.2%	31.2%	16.7%	4.2%	100%
North-	No.	3,654	15,815	25,598	25,421	12,220	2,898	85,606
West	%	4.3%	18.5%	29.9%	29.7%	14.3%	3.4%	100%
	No.	176	668	995	1,075	502	120	3,536
Wirral	%	5.0%	18.9%	28.1%	30.4%	14.2%	3.4%	100%

 Table 2f: Number of live births by age of mother, England, North-West & Wirral, 2014

Source: ONS, 2015

As the table shows, in 2014 the largest number of Wirral births occurred in women aged 30-34. This was also the case in England, but not in the North-West overall, where the most common age was slightly younger at 25-29. Wirral differs from England in two main respects - Wirral has a higher proportion of births to younger mothers (aged 24 and under), and a smaller proportion of births to older mothers (aged 35 and over). For example, in England overall, less than 20% of mothers are aged under 24, compared to almost 24% in Wirral. If Wirral had the same proportion of births to mothers aged under 20 as England, there would have been 46 less births to young women in this age group (130 births, rather than the 176 there actually were).

National data shows deprived areas have higher proportions of births to younger mothers,

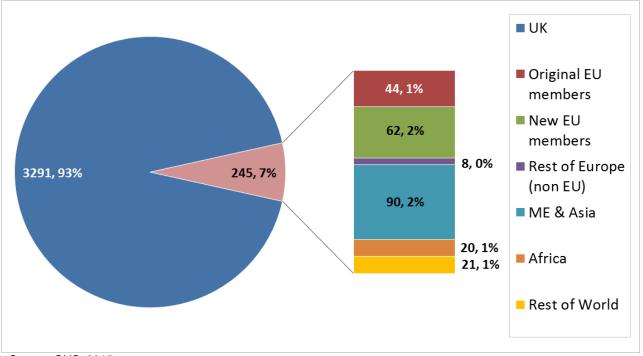
whilst a higher proportion of births in older mothers tend occur in more affluent areas.



Figure 2g: Percentage of births by age of mother, England, North-West & Wirral, 2014

Source: ONS, 2015





Source: ONS, 2015

New EU countries refers to those who joined post-2004 such as Poland, Czech Republic, Lithuania etc.. Original EU members refers to the original core group of members such as France, Germany, the Netherlands etc...

As the chart shows, Wirral differs significantly to the UK overall on the proportion of non-UK born mothers who gave birth in 2013. In Wirral, the percentage who were non-UK born was 7%, compared to 28% in England overall. These figures were very similar in 2013 (7% in Wirral and 27% in England). As the chart also shows, the majority of foreign born mothers were from European countries (114 mothers in total from EU, new EU and non-EU countries), followed by the Middle East and Asia (90 mothers). Rest of world includes countries such as the US and New Zealand.

Births by type of registration

As Figure 2i shows, in Wirral in 2014, around one in four (23%) of all births were registered either solely or jointly by parents not living together at the time of the birth. This compares to a figure for England overall of one in seven (or 15%) of all births and in the North-West overall, the figure was one in five (or 19%). Figures are not currently available at small area level (e.g. ward), but there is likely to be considerable variation between wards in Wirral on this measure.

A joint registration records details of both parents, and requires them both to be present. Births occurring outside marriage/civil partnership may be registered either jointly or solely. A sole registration records only the mother's details. Information from the birth registration is used to determine whether the parents jointly registering a birth outside marriage/civil partnership live at the same address at the time of registration. Births which are sole registrations or joint registrations living at different addresses can be an indicator for households with a higher need for social care.

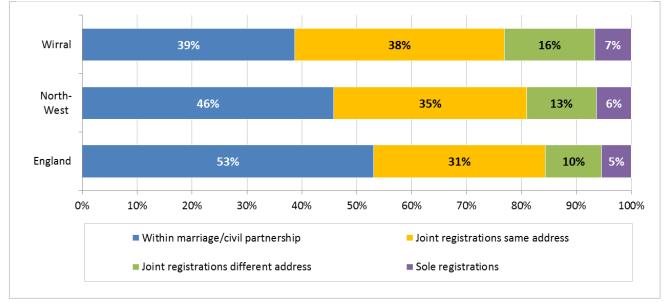


Figure 2i: Births by type of registration in England, North-West and Wirral (2014)

3. Low birth-weight

Low birth-weight is an important cause of childhood morbidity, a major factor in infant mortality and has serious consequences for health in later life, e.g. children who are of a low birth-weight are more likely to have learning disabilities. Low birth-weight shows a pattern consistent with many health issues, in that it is a source of health inequality, because it is more common in deprived areas. It is a bell-weather for maternal health. Low birth-weight is classed as births in which the baby weighed less than 2,500grams (which is roughly 5lb 4oz).

Source: ONS, 2015

Figure 3a: Low birth-weight (<2,500g) and very low birth weight (<1,500g) in England, North-West & Wirral, 1997-2014



Source: ONS, 2016

As Figure 3a shows, the prevalence of low birth-weight has been slowly falling in England since a peak in around 2002. The Wirral value had never been above that of England until 2013, when it rose well above both England and the North-West and was at its highest level since 2001.

Reasons for this are unclear, but it may be related to rates being subject to more fluctuation when numbers are smaller (there were less than 250 births classed as low birth-weight in Wirral in 2014). The Wirral rate has since fallen again in 2014 and is now marginally below both England and the North-West.

The overall figure for Wirral hides considerable inequalities however. Figure 3b below shows that low birth-weight varies considerably across Wirral, by showing figures by Wirral ward for 3 financial years (2012-15). Pooling 3 years data together is necessary to ensure the figures are robust at a lower level (because numbers are small).

As Figure 3b also shows, low birthweight is concentrated in the more deprived wards of Wirral. In Liscard ward (the ward with the highest proportion of low birth-weight babies), almost one in every 10 babies was born weighing less than 2,500 grams. This contrasts sharply with Greasby, Frankby and Irby, where just one in every 36 babies was a low birthweight in 2012-15.

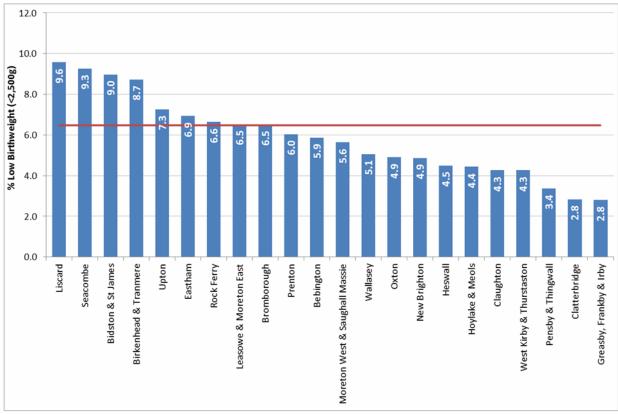


Figure 3b: Low birthweight by Wirral ward (2012-15, 3 pooled years)

Source: HES, 2016 Note: Wirral average shown by red line

4. Breastfeeding

This indicator is an important measure of public health as it not only reduces illness in young children (there is evidence that babies who are breast fed experience lower levels of gastro-intestinal and respiratory infections and lower levels of obesity) and results in cost savings to the NHS through reduced hospital admission for the treatment of infection in infants, it also has health benefits for mothers. This includes a faster return to prepregnancy weight and possibly lower risk of breast and ovarian cancer.

Current national and international guidance recommends exclusive breastfeeding for newborns and for the first six months of infancy. The table below shows the the trend in breastfeeding initiation (defined as % of all mothers who breastfeed their babies in the first 48hrs after delivery) in Wirral over the last five years. Wirral performs significantly worse than England on this measure.

Table 4a: Five year trend in	initiation of breastfeeding in	Wirral, NW & England 2010-2015

Year	Wirral Number	Wirral %	North West %	England %
2010/11	1,994	55.5%	63.4%	73.7%
2011/12	2,029	55.6%	62.0%	74.0%
2012/13	1,973	56.7%	62.3%	73.9%
2013/14	*	*	64.5%	73.9%
2014/15	1,793	55.6%	64.6%	74.3%

Source: PHE, 2016

* denotes incomplete data which could not be reported

Overall figures for Wirral hide large variations between areas however, with breastfeeding much lower in areas of deprivation, see chart below.

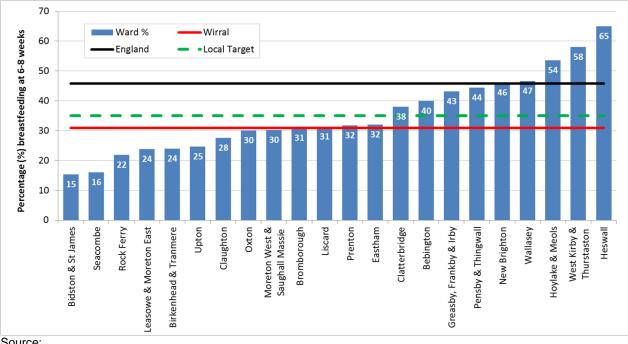




Table 4c: Five year trend in breastfeeding at 6-8 weeks in Wirral, NW and England, 2010-2015

Year	Wirral Number	Wirral %	North West %	England %
2010/11	1,135	29.9%	34.0%	46.1%
2011/12	1,119	30.2%	34.1%	47.2%
2012/13	1,140	31.0%	33.0%	47.2%
2013/14	1,098	31.0%	*	*
2014/15	1,104	31.0%	*	43.8%

Source: PHE, 2016

* denotes incomplete data which could not be reported

As the table above shows, there has been no improvement locally in the proportion of mothers still breastfeeding at 6-8 weeks, which is much lower than in England overall (31% in Wirral compared to 44% in England for 2014/15).

5. Obesity

Obesity data is available via the National Child Measurement Programme (NCMP) and coverage is excellent in Wirral, with in excess of 98% of all children measured. The data below is for Reception year children only (aged 4/5), by Wirral ward for 2014/15.

Figure 4a shows that the majority of children are of a healthy weight, which is positive. There does appear to be a relationship between deprivation and being of an unhealthy weight however, with those wards with the highest rates generally those which are most deprived. In Birkenhead & Tranmere ward for example, almost one in three Reception aged children are an unhealthy weight.

The number of children who were underweight was negligible. The ward with the highest

Source:

percentage of underweight children was Bebington, and even this was only 1.6%. The total number of underweight children in Wirral in 2014/15 was 18. The total number of overweight children was 473, whilst a further 336 children were very overweight (this category was formerly called obese).

		unde	rweight	heat	althy weig	ht	overweig	zht	verv o	verweight	
	0%	10%	20%	30%	40%	50%	60%	70%	80%	90%	1009
Hoylake & Meol	s				81.5	5				12.1	2.4
Heswa	-				84.					9.1	3.6
West Kirby & Thurstastor	-				85	.4				7.3	
Easthan	-				82.2					12.1	5.1
Oxto	n				84.9)				7.9	5.6
Bebingto	n _				75.4					13.9	5.9
loreton West & Saughall Massi	e				78.0					14.7	6.0
Pensby & Thingwa					74.1				1	7.2	6.0
Clatterbridge	e 📃				82.9					8.5	7.7
Claughton	n]				78.2					10.9	8.2
Wallase	y 📃				77.5				1	3.4	8.5
Greasby, Frankby & Irb	y 📄				77.2				1	1.4	8.9
New Brighton	n				79.0					9.6	9.0
Seacomb	e				77.0				10).4 1	.0.4
Prento	n 🗍				80.1				9	.3 🗾	0.6
Bidston & St Jame	s			69	9.2				17.3	1	1.5
Bromboroug	h 📕			7	71.2				15.2	1	1.6
Rock Ferr	y -				74.0				11.7	1	2.1
Uptor	n –			67	.0				17.8	12	.7
Liscar	d -			69	9.8				15.3	12	.7
Leasowe & Moreton Eas	t			6	59.5				13.7	13	.2

Figure 5a: NCMP data (Reception, children aged 4/5) by Wirral ward for 2014/15

Source: NCMP, 2016

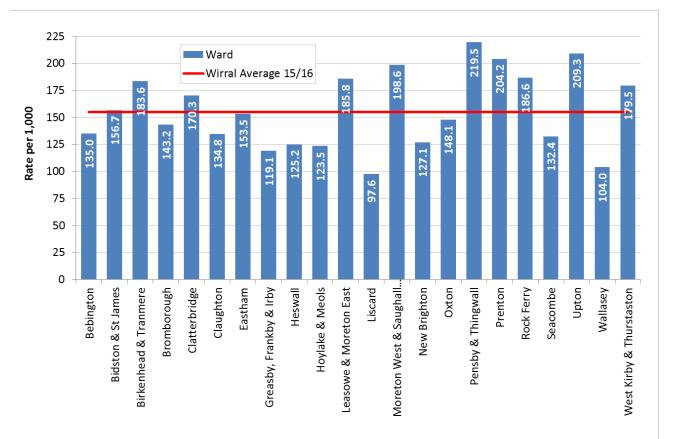
6. Unintentional Injuries

Injuries are a significant and often preventable cause of mortality and morbidity in childhood which can have a significant negative impact right through to adulthood.

Figure 6a shows the rate of attendance at Arrowe Park A&E in 2015/16, for children aged 0-4 where the cause was an unintentional injury. As the chart shows, rates of hospital attendance varied greatly between wards, with rates seemingly more related to the 'proximity effect' (e.g tendency for those living close to Arrowe Park to use it because it is convenient, rather than because the situation warrants it), than deprivation, as is more usually the case with many health issues.

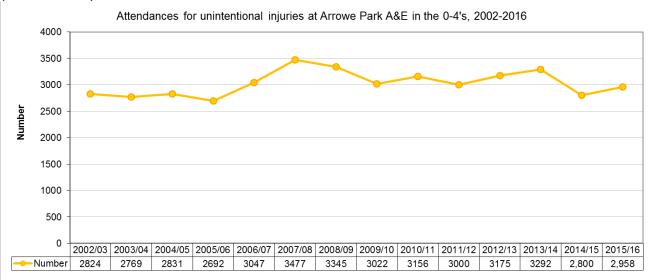
Notably, those wards which surround Victoria Central Hospital (Liscard, New Brighton & Seacombe), have very low rates, which is highly likely to be because there is a long established Minor Injuries Unit which has a high level of local usage on the hospital site (these figures do not include attendances at any of the Minor Injuries Units or Walk-In Centres in Wirral).

Figure 6a: Rate (per 1,000) of attendance at Arrowe Park A&E for unintentional injury in Wirral residents, by ward, 2015/16



Source: TIIG, 2016

Figure 6b: Trend in number of attendances for unintentional injury in children aged 0-4 in Wirral (2002 to 2016)

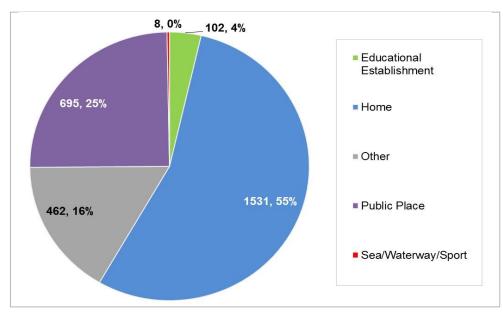


Source: TIIG, 2016

As the chart above shows, the rate of attendances at Arrowe Park A&E for unintentional injuries in children aged 0-4 increased again in 2015/16 from the previous year.

Figure 6c below shows the where injuries in the 0-4s in 2015/16 occurred and over the page (Figure 6d), shows the type of injury sustained.

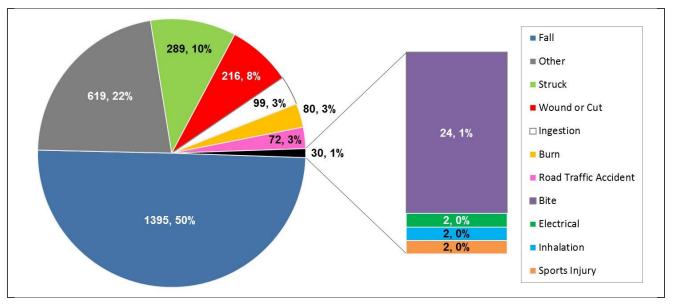
Figure 6c: Unintentional Injury attendances to Arrowe Park Hospital by location, Wirral residents (2015/16)



As the chart clearly shows, the most likely place for a child aged 0-4 to sustain an unintentional injury was in their own home. This is to be expected, as this is where young children spend the majority of their time. The next most likely place for an unintentional injury was in a public place.

Source: TIIG, 2016

Figure 6d: Unintentional Injury attendances to Arrowe Park Hospital by injury type, Wirral residents (2015/16)



Source: TIIG, 2016

As the chart above shows, by far the most common injury type for a child aged 0-4 to sustain in 2014-15 was a fall. Half of all attendances at A&E at Arrowe Park were for a fall and this trend has been apparent for as long as figures have been collected. The next most common injury type was 'Struck'. This does not necessarily mean struck by a person, it more usually refers to being struck by an object. Whilst ingestions and burns only represented 3% each of all injuries, their consequences are often serious and long lasting, especially in the case of burns, which can require long term care (e.g years of repeated skin grafts as a child grows). It is also helpful to look at admissions for injuries, as these indicate the prevalence of more serious injuries. See Figure 5e below for the trend in admissions for injuries in children aged 0-4 for the last five financial years.

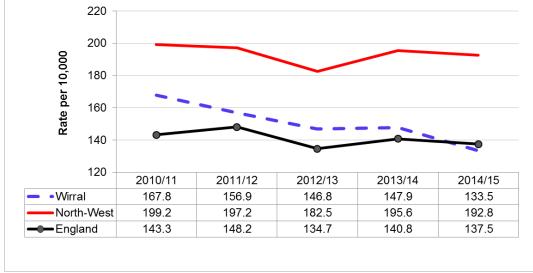
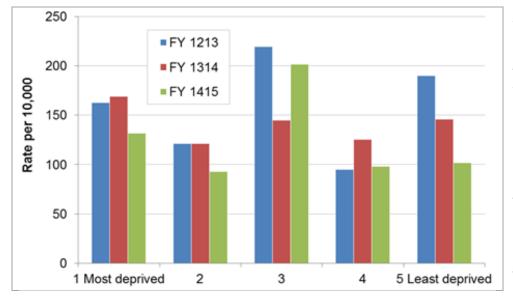


Figure 6e: Trend in admissions for unintentional injuries in the 0-4s in Wirral, 2010-15

Source: PHE, 2016

Figure 6f below shows the same information as above (admissions for unintentional injuries), but by deprivation quintile (1 = most deprived).

Figure 6f: Trend in hospital admission rate for injuries in the 0-4s in Wirral, by IMD quintile for 3 financial years (2012-13, 2013-14 and 2014-15)



Admission rates in the 0-4s appears to have fallen over the 3 years shown in all the quintiles except Quintile 3. There does not appear to be any clear trend for children from more deprived quintiles being admitted more than children

The chart

show a

downward trend in

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and regional

picture, and

despite an

increase in attendances.

shows Wirral continues to

from more affluent groups, in fact, it is Quintile 3 which had the highest rates in 2014-15 and 2012-13. This is a slightly different picture to nationally, where deprivation appears to show a relationship with increased hospital admissions.

7. Annual Child Health Profile for Wirral (ChiMat)

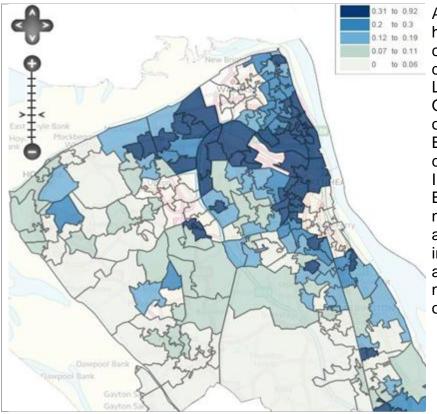
An annual report on various aspects of child health is produced on behalf of each Local Authority in England by <u>ChiMat (Child & Maternal Health Observatory)</u>. Authorities are benchmarked against other authorities and England overall, to provide a useful summary of areas of poor performance. Although profiles are produced annually, some indicators have changed over time, so backward comparison is not possibly for all indicators.

8. Deprivation

The 2015 Income Deprivation Affecting Children Index (IDACI) is produced by the Department for Communities and Local Government. It measures the proportion or percentage of children under the age of 16 in an area living in income deprived households. The definition of low income used includes both those people that are out-of- work, and those that are in work but who have low earnings (and who satisfy the respective means tests).

The IDACI is a supplementary index to the main Indices of Deprivation (IMD) and is provided at lower super output area level (LSOA).Table 8b (over page) shows results by Wirral ward (LSOA results have been amalgamated up to ward).

The map (Map 8a) shows the geographical distribution by LSOA. The 2015 Index is currently the most recently available Indices of Deprivation.



Map 8a & Table 8b: Income Deprivation Affecting Children Index Score (IDACI) 2015

As the map shows, the highest proportions of children living in income deprived families live in LSOAs (Lower Super Output Areas) in the east of Wirral, mainly in **Birkenhead and Wallasey** constituency areas. In the majority of LSOAs in Birkenhead Constituency. more than half of children are classed as living in income deprived families and in some LSOAs, it is more than three-quarters of children.

Table 8b: Percentage of children living in income deprived families, by Ward (2015)

Ward	% living in income deprived families	Ward Rank
Birkenhead and Tranmere	48%	1
Bidston and St James	46%	2
Seacombe	43%	3
Rock Ferry	42%	4
Leasowe and Moreton East	33%	5
Liscard	29%	6
Upton	26%	7
Claughton	23%	8

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Bromborough	21%	9
New Brighton	21%	10
Moreton West & Saughall Massie	17%	11
Oxton	16%	12
Prenton	15%	13
Bebington	13%	14
Eastham	13%	15
Pensby and Thingwall	12%	16
Wallasey	11%	17
West Kirby and Thurstaston	8%	18
Greasby, Frankby and Irby	7%	19
Hoylake and Meols	7%	20
Clatterbridge	6%	21
Heswall	4%	22

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