

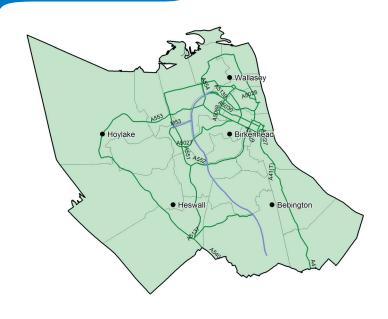
Choosing Health Making healthier choices easier



Health Profile for Wirral 2006



Introduction



Local authority health profiles are designed to show the health of people in each local authority area, and include comparisons with other similar populations. They are produced by Public Health Observatories and will be updated annually. With other local information¹ these profiles demonstrate where action can be taken to improve people's health and reduce health inequalities.

¹e.g. Community Plans, Director of Public Health Annual Reports, Local Area Agreements.

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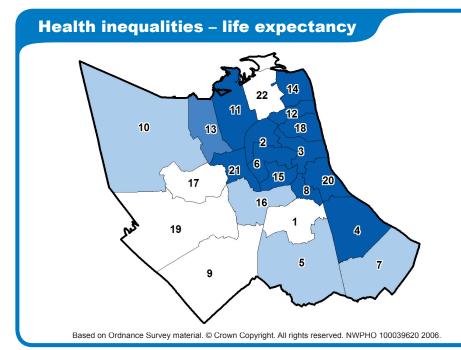
Key points

This is a Spearhead local authority

- For Wirral, four of the 25 indicators are better than the national and 12 better than the regional average. 20 indicators are worse than the national average.
- Men can expect to live 75.4 years in Wirral and women 80.2 years, both more than the regional but less than the national average. Within Wirral, there is a gap in life expectancy of 7.8 years between the poorest and the most affluent areas - the largest gap nationally being 10.1 years and the smallest 2.7 years.
- Alcohol misuse is a significant problem in the North West. It is estimated that 22.6%
 of adults in Wirral binge drink. This is close to the regional but more than the national
 average. Admissions to hospital for alcohol related conditions are one of the highest of
 all local authorities in England.

Best & worst health indicators (in addition to life expectancy and alcohol)

- The number of people registered with their GP as having severe long-term mental health problems who are actively accessing treatment is better than the national average.
- The number of drug users aged 15-44 in contact with treatment services is significantly higher than the national and regional average and Wirral has the second highest drug misuse treatment referral rate of all local authorities in England.
- There are more deaths from cancer than the regional and national average.
- It is estimated that 18.6% of adults eat five or more pieces of fruit/vegetables per day, less than both the regional and national average.



This map shows inequalities in life expectancy at birth for males and females combined, by ward. It is based on significance above and below the England average.

Comparison to England average (78.5 years) 2000-04

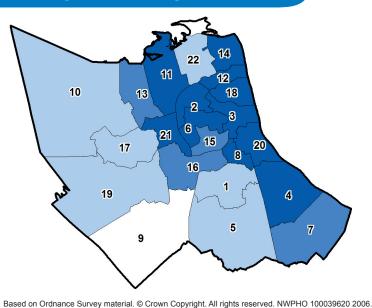
Significantly lower

Lower but not statistically significant Higher but not statistically significant

Significantly higher

Life expectancy in the lowest fifth of wards is 74.1 years compared with 81.9 years for the highest fifth.

Health inequalities – deprivation



This map shows deprivation by ward. The four categories are population- based, ie. 'most deprived 25%' refers to the most deprived wards accounting for 25% of England's population.

Index of Multiple Deprivation 2004 Ward averages

Most deprived 25%

Second most deprived 25%

Second least deprived 25%

Least deprived 25%

Ward legend

- 1 Bebington
- 2 Bidston
- 3 Birkenhead
- 4 Bromborough
- 5 Clatterbridge
- 6 Claughton
- 7 Eastham
- 8 Egerton
- 9 Heswall
- 10 Hoylake
- 11 Leasowe
- 12 Liscard
- 13 Moreton
- 14 New Brighton

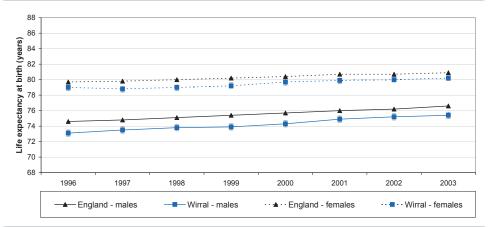
- 15 Oxton
- 16 Prenton
- 17 Royden
- 18 Seacombe
- 19 Thurstaston
- 20 Tranmere
- 21 Upton
- 22 Wallasey

Wards are Standard Table Wards, Census 2001. Boundaries may have changed.

PROTOTYPE

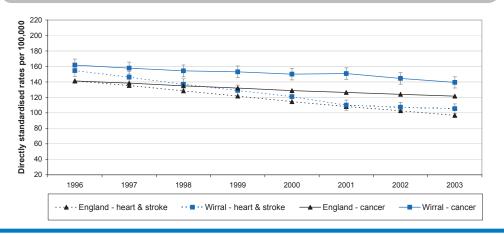
Health inequalities

Trend 1: Male and female life expectancy



This chart compares the trends in life expectancy at birth for men and women in this area with that for England.

Trend 2: Deaths from heart disease/stroke and cancer



This chart compares the trends in deaths for all persons under 75 years due to heart disease/stroke and cancer in this area with that for England.

Health inequalities - GCSE achievement

Ethnic group	No.	%	Wirral	
Total White	2304	54.0		
Total Mixed	23	65.7	+ 0	
Total Asian	-	-		
Total Black	-	-	+	
Chinese	-	-	+	
Other ethnic group	-	-	-	
0% England Average (52.0%)				100%
Significantly better than England average + Ethnic Group National Average				
Significantly worse than England averageEthnic Group Regional Range				
O Not significantly different from England average				

This chart compares GCSE achievement (no. and % achieving 5 A*-C grades in 2003/04) of children in different ethnic groups in this education authority's schools to the England average for all children. Completeness of ethnicity coding varies for different indicators - GCSE achievement is one of the most complete, at 96%. Where less than 30 children in a particular ethnic group took GCSE exams the % pass rate is not shown.

Further information

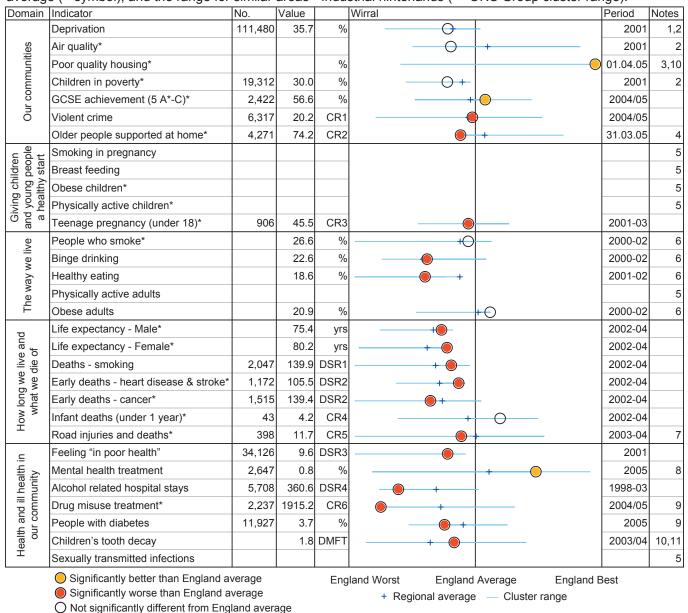
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PROTOTYPE

Health summary

How to interpret:

First look at the circle which shows how this local authority is doing, compared with the England average (central line), best (right side) and worst (left side). Look at the numbers, values and time periods in the columns. Some numbers shown are totalled over more than 1 year. Red is significantly worse and amber significantly better than the England average (95% confidence intervals used for the local data). Amber may still indicate a significant public health burden. A clear circle is not significantly different from the England average. Then, compare with the regional average (+ symbol), and the range for similar areas - Industrial hinterlands (— ONS Group cluster range).



Notes

Full indicator information in metadata report, see www.communityhealthprofiles.info

otes

No. and % of people in this area living in the 20% most deprived areas of England.
 No significance is calculated for this indicator.
 No data for authorities that have undertaken large scale voluntary transfer (LSVT).
 Data only available for County/Unitary Authorities/London Boroughs; data presented at District Authority level is County data.
 Gounty data.
 Gounty data.
 Gounty data.
 Gounty data.
 Gounty data.
 Gounty data.
 High rates considered 'better' as reflects better service provision.
 High rates considered 'worse' as reflects high prevalence.
 Data incomplete or missing for some areas.
 No significance is calculated for this indicator.
 High rates considered 'worse' as reflects high prevalence.

Key

* Supports PSA Targets 2005-2008.

DSR1 Directly age standardised rate / 100,000 population aged 35 or over; population under 75; DSR3 Directly age standardised percentage; DSR4 Directly age standardised rate / 100,000 population; CR1 Crude rate / 1,000 population; CR2 Crude rate / 1,000 population aged 65 or over; CR3 Crude rate / 1,000 female population aged 15-17; CR4 Crude rate / 1,000 live births; CR5 Crude rate / 100,000 resident population.