Wirral Older People Outcomes Baseline 2019

This profile has been designed as a resource to accompany the Healthy Wirral Outcomes Framework for Older People (see Appendix 1). Its primary focus is to provide a high-level baseline position, highlighting variation that will inform the development of population-based commissioning.

The report is designed to prompt local discussion and agreement on how service integration and new service models will help deliver the move from reactive care towards active population health management for our ageing population. To reduce health inequalities by improving upstream prevention of avoidable illness, providing better support for patients, carers and volunteers and to enhance 'supported self-management' particularly of long-term conditions. This supports the Healthy Wirral programme and its key challenge in delivering outcomes around better care and better health.

Background information and overview of Global Burden of Disease

For a health and social care system to work optimally, it should be aligned with the nature of the health challenges people face and how these change over time. The Global Burden of Disease (GBD) study quantifies and ranks the contribution of various risk factors that cause premature deaths in England[1]. Burden of disease data is useful for prioritising health and public health policy and investments, for instance, by knowing which risk factors (like smoking or alcohol) use cause the most deaths. These priorities guide the renewed NHS prevention programme and has enabled Wirral to focus on its own vision for ageing well in Wirral.

Since 1990, the burden has been falling for many diseases, particularly CVD, while the burden of alcohol-related disease and dementia is increasing. Table 1 shows overall burden of various conditions and diseases by their DALYs (disability adjusted life years). DALYs are a summary measure of disability and lost years of life compared to an optimal expectation.

Looking at three-year averages, the diseases with the largest absolute change were stroke and ischemic heart disease, which both fell considerably in terms of the burden of disease, due to changes in risk factors and other influences such as changes in surgical and clinical management. The burden of disease due to lung cancers has also fallen, which is thought to be due to a historical decrease in smoking prevalence since the 1970s. The burden of disease due to dementia has increased due to the ageing population; diagnosis rates have also improved in this time but the GBD data does consider undiagnosed disease, so increased diagnosis should not be a driver of the increase. The burden of cirrhosis and chronic liver disease has increased, which may be due to a long legacy of people drinking too much alcohol

[1] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)32207-4/fulltext

or being alcohol dependent, as well as increases in obesity leading to increases in non-alcoholic steatohepatitis (NASH or fatty liver). In Wirral, the economic costs of alcohol were estimated to cost the borough £131 million [2]. This supports the need to develop a Healthy Wirral Outcomes Framework for Adults which will be the focus for Wirral in 2020. Healthy Wirral partners will work to deliver programmes to achieve improved outcomes for our adult population and reduce health inequalities by improving upstream prevention.

Table 1: Disease groups with the biggest absolute change in DALYs per year in Wirral from 1990-92 to 2014-16

Disease	Absolute change (DALYS per year)	Relative change (%)
Cirrhosis and other chronic liver diseases	1,104	115%
Alzheimer disease and other dementias	544	19%
Age-related and other hearing loss	482	26%
Low back pain	413	8%
Falls	388	23%
Lower respiratory infections	-699	-23%
Road injuries	-801	-44%
Tracheal, bronchus, and lung cancer	-1,266	-21%
Stroke	-2,446	-36%
Ischemic heart disease	-12,119	-61%

Burden of disease increasing

Burden of disease falling

Key messages

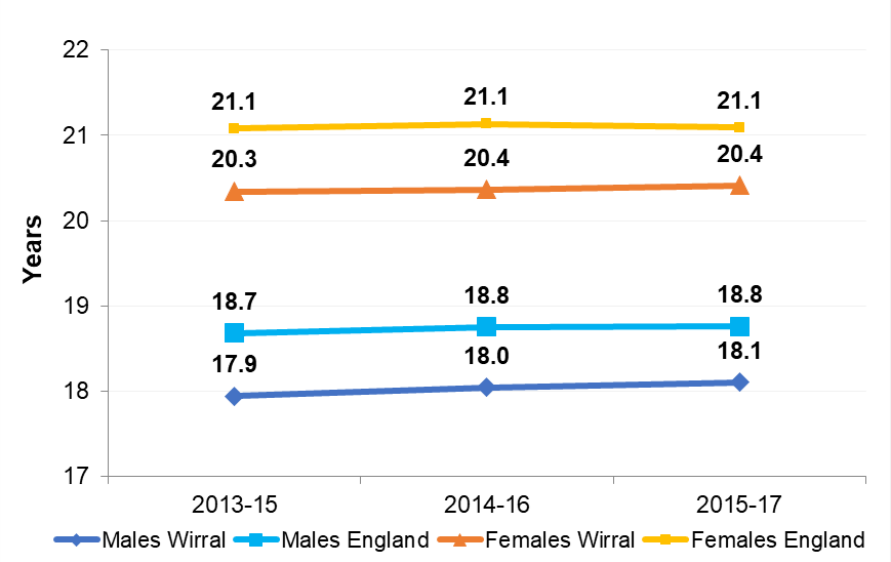
- The burden of disease from dementia has increased significantly since 1990
- Rates of years lived with disability in Wirral increase steadily from age 15 to age 60, then show an accelerated increase from age 60 onwards
- Alcohol is a large and increasing cause of disease and is one reason that people aged 35-44 in Wirral are, on average, less healthy than they were 25 years ago
- The leading causes of years lived with disability for people of working age (we used age 20-64) are low back and neck pain, followed by migraine, depressive disorders, skin and sense organ diseases (e.g. vision disorders). This may indicate that to improve economic productivity these diseases need to be prioritised.

[2] https://www.wirralintelligenceservice.org/media/2890/alcohol-jsna-21-3-2018.pdf

Reduce health inequalities for local people

People are supported to live in good health and good quality of life

Life expectancy at age 65 (Male and Female), 2013-15 to 2015-17



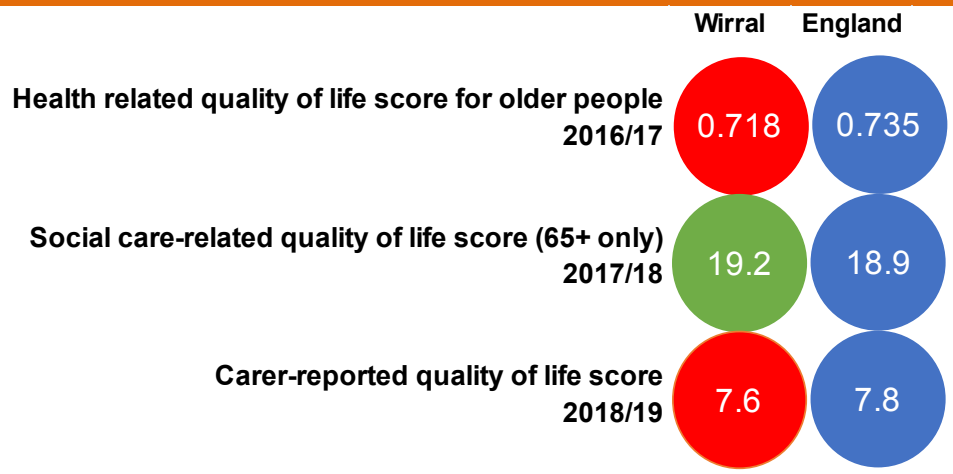
Source: Public Health Outcomes Framework, 2019

Key Observation(s)

Indicators A1.1 and A1.2

- Life expectancy at age 65 has remained constant over the last 3 periods
- Females in Wirral have seen a 0.1 year increase, compared to no increase in their England counterparts
- In both, Wirral and England, males have seen an increase; 0.1 years in England and 0.2 year in Wirral

People are supported to have a good quality of life



Source[1]: Public Health Outcomes Framework, 2019
Source[2]: Adult Social Care Outcomes Framework, 2019 (1A, 1D)
Note: Wirral scores are RAG rated against England

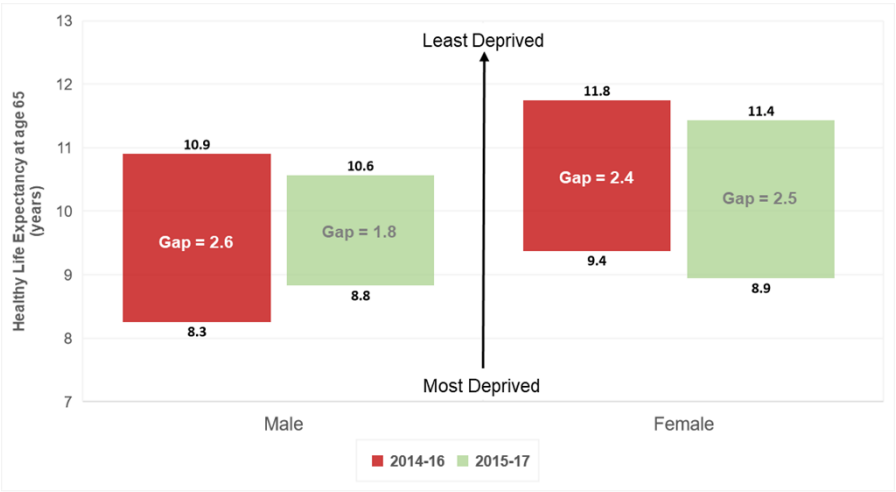
Key Observation(s)

Indicators A2.1[1], A2.2[2] and A2.3[2]

- Wirral saw a smaller decrease in scores for carer-reported quality of life than England between 2016/17 and 2018/19; 7.7 to 7.6 vs 8.0 to 7.8 respectively
- The EQ5D has been removed from the GP survey, therefore the health-related quality of life for older people statistics will no longer be available

Inequalities in healthy life expectancy are reduced

Inequality in healthy life expectancy at age 65 (male and female), 2014-16 to 2015-17



Source: Public Health Intelligence Team, Wirral Intelligence Service, 2019

Key Observation(s)

Indicators A3.1a and A3.1b

- The inequality[1] in healthy life expectancy at age 65 in Wirral:
  - reduced for males; 2.7 years in 2014-16 to 1.8 in 2015-17
  - increased for females; 2.4 years in 2014-16 to 2.5 in 2015-17

[1]difference between those in the most and least deprived deciles

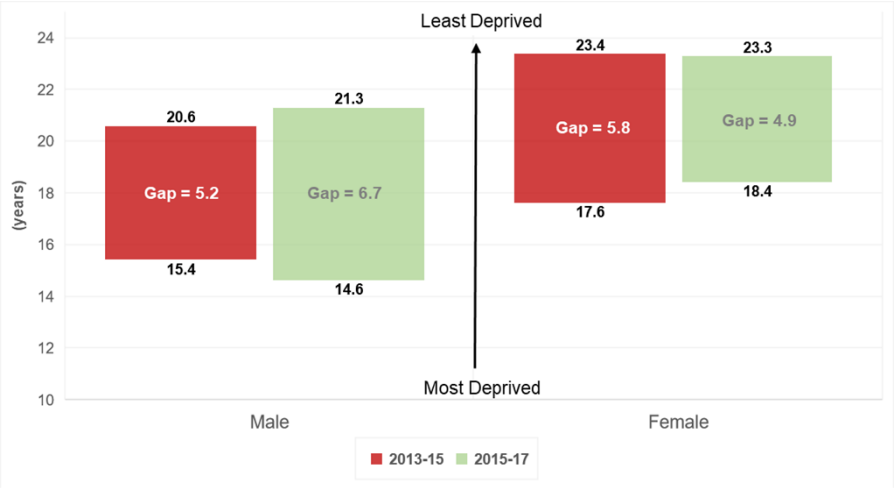
Inequality in life expectancy at age 65 (male and female), 2013-15 to 2015-17

Key Observation(s)

Indicators A3.2a and A3.2b

- The inequality[1] in life expectancy at age 65 in Wirral:
  - increased for males; 5.2years in 2013-15 to 6.7 in 2015-17
  - reduced for females; 5.8 years in 2013-15 to 4.9 in 2015-17

[1]difference between those in the most and least deprived deciles



Source: Public Health Outcomes Framework, 2019

Additional Resources: Reduce health inequalities for local people

For more in-depth detail around Life Expectancy and the inequalities both within Wirral and between Wirral and England, please refer to the current (and previous) Life Expectancy reports on the Wirral Intelligence website:
https://www.wirralintelligenceservice.org/this-is-wirral/wirral-population/life-expectancy/

Other resources available for data in this section are:
Public Health Annual Report 2017: Expect Better
Public Health Outcomes Framework: Overarching Indicators
Public Health England Segment Tool
Adult Social Care Analytical Hub, NHS Digital
Health Inequalities Dashboard
Local Insight Wirral (and Support Page)

Prioritise prevention, early intervention, self-care & self-management

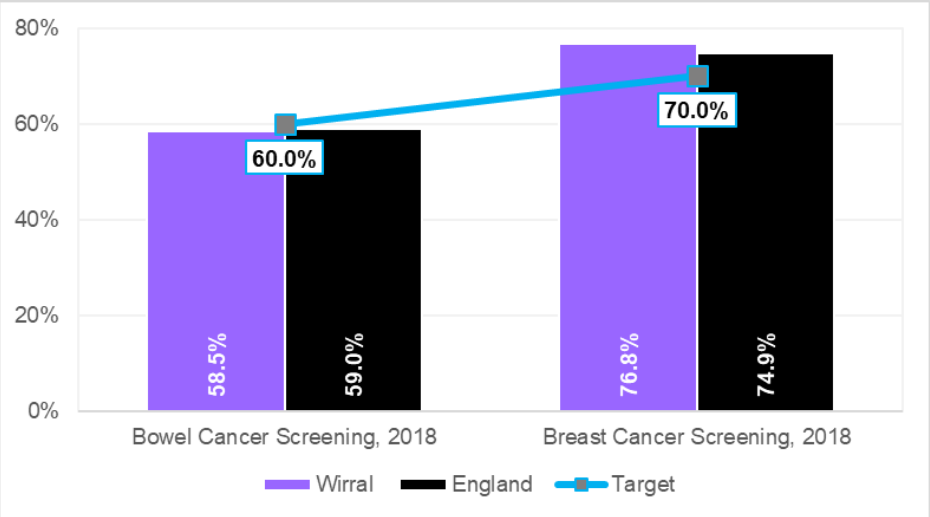
Interventions take place early to tackle emerging problems or support those most at risk

Cancer screening: Bowel cancer (persons, 60-74 years), 2018
Cancer Screening: Breast Cancer (female, 53-70 years), 2018

Key Observation(s)

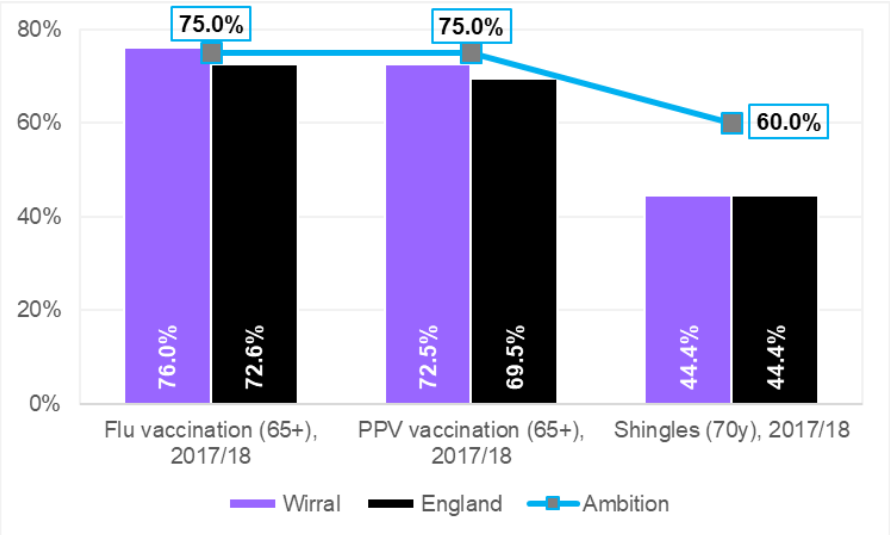
Indicators 1A.1 and 1A.2

- Bowel cancer screening did not meet the 60% ambition in 2018
- This figure has increased from 56.1% in 2015
- Breast cancer screening exceeded the ambition of 70% in 2018; this is the lowest figure over the last 9 years



Source: Public Health Outcomes Framework, 2019

Older People Vaccination Uptake: Flu (persons, 65+ years), 2017/18
Pneumococcal polysaccharide vaccine (PPV), (persons, 65+ years), 2017/18
Shingles (persons, 70 years), 2017/18



Source: Public Health Outcomes Framework, 2019

Key Observation(s)

Indicators A1.3, A1.3 and A1.5

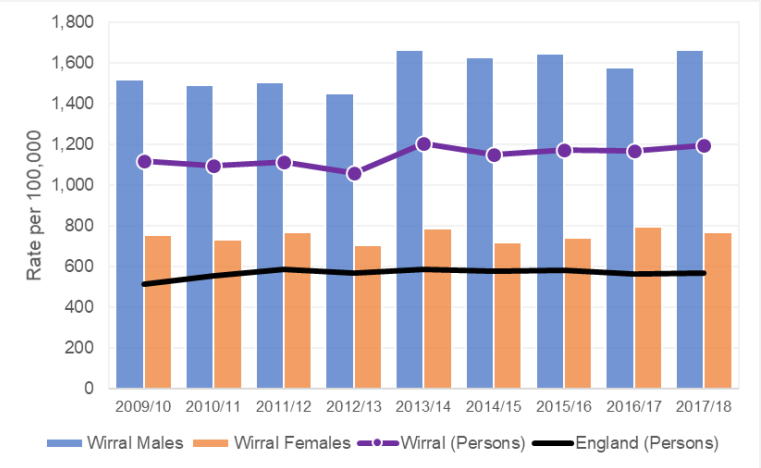
- Flu vaccination in those aged 65+ exceeded the national target (76.0% vs 75.0%) in 2017/18
- PPV vaccination in those aged 65+ did not meet the national target (72.5% vs 75.0%) in 2017/18
- Shingles vaccination in those aged 70+ did not meet the national target (44.4% vs 60.0%) in 2017/18

Alcohol-specific Hospital Admissions (male and female, 18+ years) 2009/10 to 2017/18

Key Observation(s)

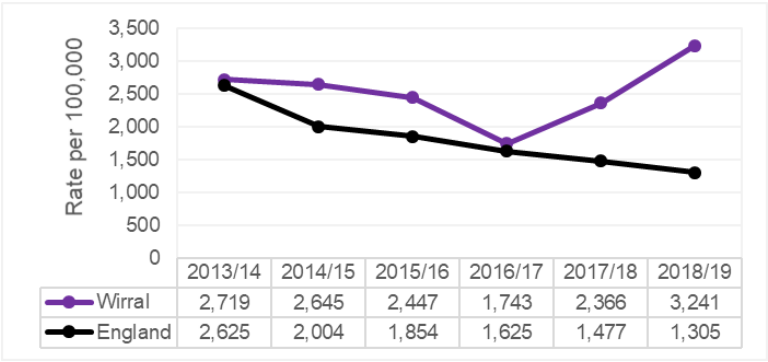
Indicator 1A.6

- Historically, Wirral has had a rate of admission episodes for alcohol-specific conditions that is substantially higher than that seen nationally
- The admission rates for Wirral males is consistently around twice that seen in Wirral females; in 2017/18 the rates for males was 1,664 compared to 769 per 100,000 for females



Source: Public Health Outcomes Framework, 2019

Smokers that have successfully quit at 4 weeks (CO Validated, persons, 16+ years), 2013/14 to 2018/19



	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19
Wirral	2,719	2,645	2,447	1,743	2,366	3,241
England	2,625	2,004	1,854	1,625	1,477	1,305

Source: Public Health Outcomes Framework

Key Observation(s)

Indicator 1A.7

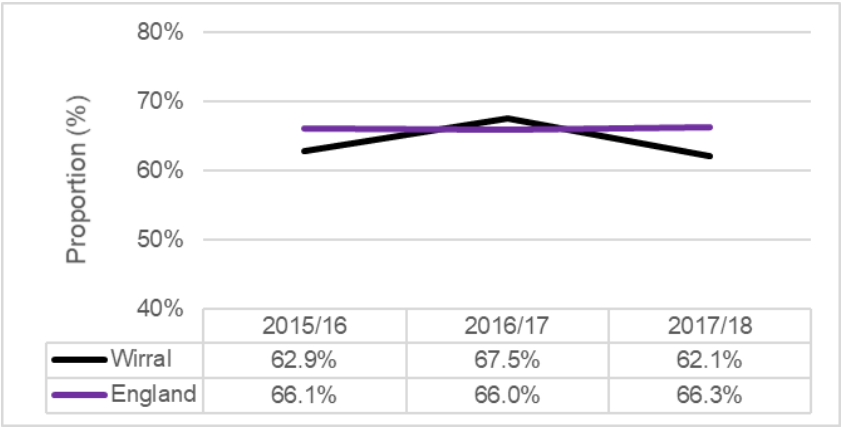
- The figures shown in the chart (right) are rates per 100,000 based on the estimated number of smokers aged 16+
- Wirral typically has a higher rate of 4-week quitters than England
- In 2018/19, Wirral continued an upward trend compared to a decreasing trend nationally

Physically active adults (persons, 19+ years), 2015/16 to 2017/18

Key Observation(s)

Indicator 1A.8

- Estimated physical activity in Wirral adults has fluctuated over the three periods
- Between 2015/16 and 2016/17 prevalence increased by 4.6% before decreasing by 5.6% in 2017/18
- Such fluctuations could be explained by figures being calculated using modelled survey responses, but remain unclear



	2015/16	2016/17	2017/18
Wirral	62.9%	67.5%	62.1%
England	66.1%	66.0%	66.3%

Source: Public Health Outcomes Framework, 2019

Additional Resources: Prevention, early intervention and self-care

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:

- Cancer
- Health Protection
- Alcohol
- Tobacco
- Physical Activity

Public Health Outcomes Framework:

- Overarching Indicators
- Productive Healthy Ageing
- Local Health
- Health Protection
- Cancer Services
- Local Alcohol Profiles for England
- Local Tobacco Control Profiles
- Physical Activity

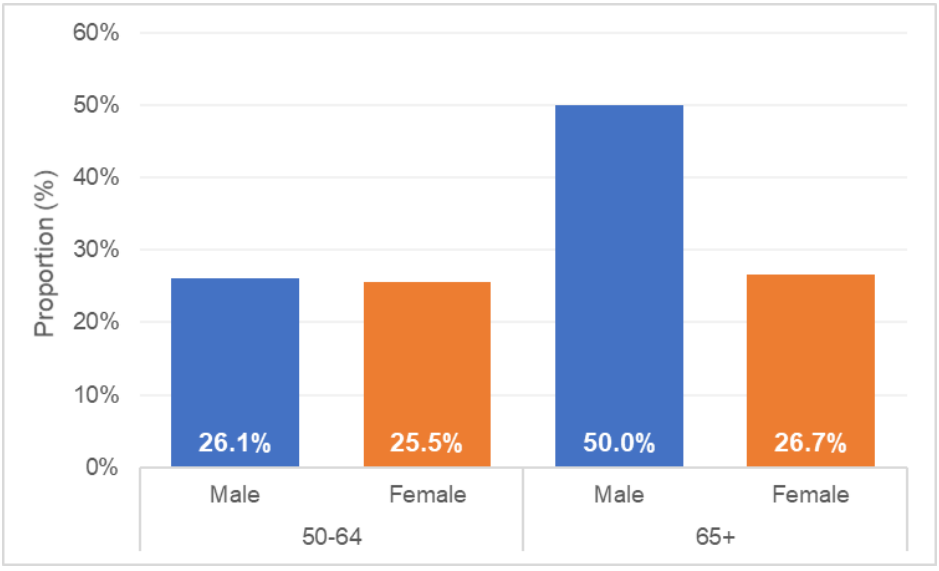
NHS Digital:

- Breast Screening (interactive report)

Improve health, wellbeing and independence for local people

People are supported to have a good quality of life

Patients "moving to recovery" following treatment (male and female, 50-64 and 65+ years), Quarter 1, 2019/20



Key Observation(s)

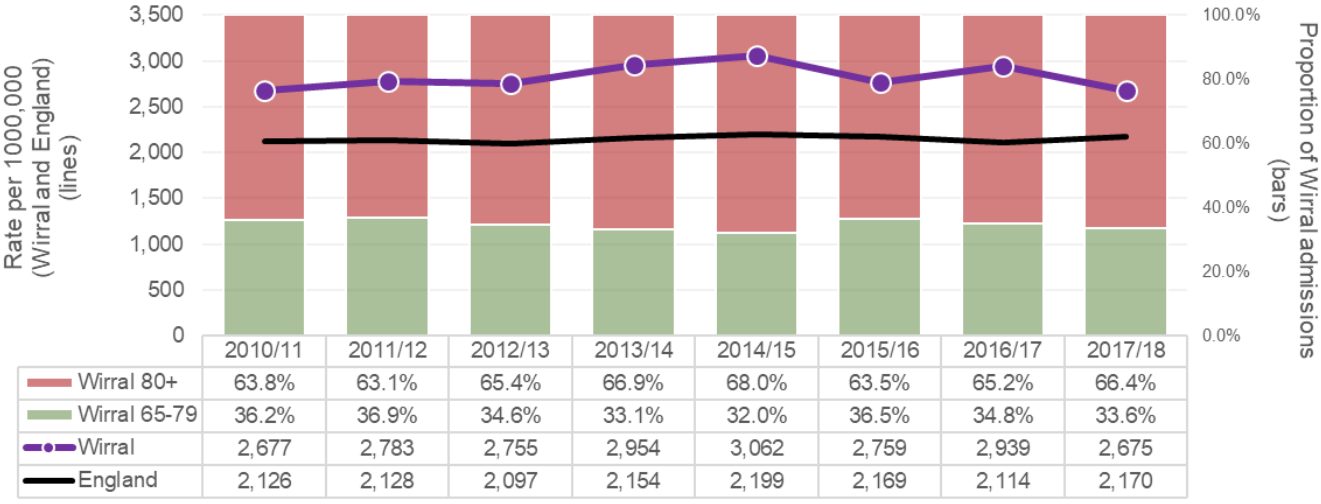
Indicator 2A.1

- Males aged 65+ have the highest proportion of patients "moving to recovery" out those cohorts included; 50.0% in Quarter 1 2019/20 (n = 6)
- Females aged 50-64, however, only have 25.5% "moving to recovery" once treatment has been completed (n = 12)
- As can be seen, due to the short baseline period, actual numbers are small

Source: Wirral CCG, August 2019

Note: This is a baseline using Quarter 1 data (2019/20) only as earlier data is not available due to changes in provider. Moving to recovery means when a person scores above the cut off on clinical questionnaires before treatment but below at the end of treatment.

Emergency hospital admissions due to falls (persons, 65+ years), 2010/11 to 2017/18



	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18
Wirral 80+	63.8%	63.1%	65.4%	66.9%	68.0%	63.5%	65.2%	66.4%
Wirral 65-79	36.2%	36.9%	34.6%	33.1%	32.0%	36.5%	34.8%	33.6%
Wirral	2,677	2,783	2,755	2,954	3,062	2,759	2,939	2,675
England	2,126	2,128	2,097	2,154	2,199	2,169	2,114	2,170

Source: Public Health Outcomes Framework, 2019

Key Observation(s)

Indicator 2A.2

- Wirral's rate of emergency admissions due to falls in those aged 65+ has been consistently higher than rates in England since 2010/11 (earlier data unavailable)
- The proportion of emergency admissions in Wirral is substantially weighted towards those aged 80+ years; this cohorts makes up around two thirds (≈66%) each year

Indicator 2A.3: Identification/reduction in the rate of loneliness

Most people will experience loneliness at some point in their lives. However, the experience of long-term loneliness can seriously impact an individual's well-being and their ability to function in society. As loneliness has been shown to be linked to poor physical and mental health as well as personal well-being, with potentially adverse effects on communities, it is an issue of increasing interest to policymakers at local and national levels as well as internationally. In January 2018, the Prime Minister tasked the Office for National Statistics (ONS) with developing national indicators of loneliness suitable for use in major studies to inform future policy in England. The Government is supporting all local health and care systems to implement social prescribing connector schemes across the country by 2023: encouraging health and social care professionals to refer patients to nearby support programmes that inspire friendships and reduce feelings of loneliness.

Wirral's approach to tackling loneliness is to identify the loneliest older people in our communities. Wirral partners have agreed to adopt and pilot the recommended indicators of loneliness. The pilot will be carried out in collaboration with Age UK and Wirral Community NHS Trust, Promoting Older People's Independence Network (P.O.P.I.N Team), who provide support for those over 65 years to support and maintain independence. This will allow us to test the indicators for loneliness that in future will enable Wirral to identify and develop the evidence-base around the impact of different initiatives in tackling loneliness, across all ages and within all communities. A baseline will be established with the pilot providers by April 2020.

Recommended measures of loneliness

Measures	Items	Response Categories
The campaign to end loneliness measurement tool	1. I am content with my friendships and relationships?	Strongly agree, Agree, Neutral, Disagree, Strongly disagree
	2. I have enough people I feel comfortable asking for help at any time?	Strongly agree, Agree, Neutral, Disagree, Strongly disagree
	3. My relationships are as satisfying as I would want them to be?	Strongly agree, Agree, Neutral, Disagree, strongly disagree
The direct measure of loneliness	How often do you feel lonely?	Often/always, Some of the time, Occasionally, Hardly ever, Never

Source: Office of National Statistics

Additional Resources: Improve health, wellbeing and independence

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:
- Mental Health
- Falls (older people)
- Loneliness
- Public Health Annual Report 2012/13: Social Isolation

Other:
- Catalyst: Prescribing Reports (public insight portal)
- ONS National measures of loneliness

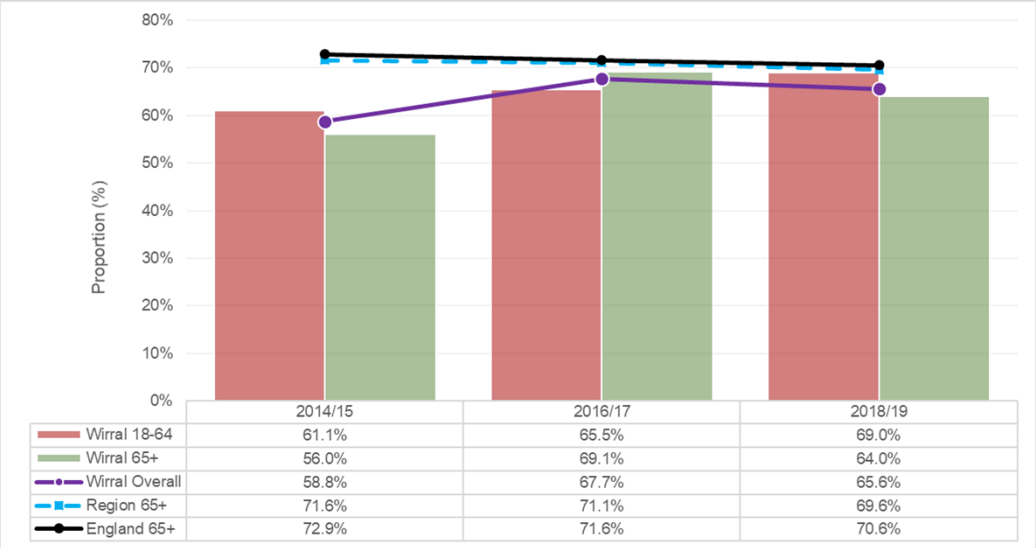
Public Health Outcomes Framework:
- Overarching Indicators
- Productive Healthy Ageing
- Local Health
- Mental Health & Wellbeing

- Governments Loneliness Strategy
- Campaign to End Loneliness

Good communication and access to information

People and their carers feel respected and able to make informed choices

Carers who report that they have been included or consulted in discussion about the person they care for (persons, 65+ years), 2014/15 – 2018/19



	2014/15	2016/17	2018/19
Wirral 18-64	61.1%	65.5%	69.0%
Wirral 65+	56.0%	69.1%	64.0%
Wirral Overall	58.8%	67.7%	65.6%
Region 65+	71.6%	71.1%	69.6%
England 65+	72.9%	71.6%	70.6%

Source: Adult Social Care Outcomes Framework, 2019 (3C)

Key Observation(s)

Indicator 3A.1
The changes seen at a local level mean that carers (aged 65+) are now *less* likely to feel consulted or included in discussions about the person they care for, compared to the previous time period and their counterparts ages 18-64

Indicator 5A.3: Dying in preferred place / place of choosing / Recording of preferred place of death

The NHS Long Term Plan (2019) sets out a new service model, which includes the priority for people to have more control over their own health and personalised care. To support this, two new quality indicators (QIs) have been included in the 2019/20 Quality Outcome Framework (QOF)[2]. The inclusion of the two QIs is expected to bring about improvement in the following aspects of End of Life Care:

- Early identification and support
- Well planned and coordinated care
- Identification and support for family/informal caregivers

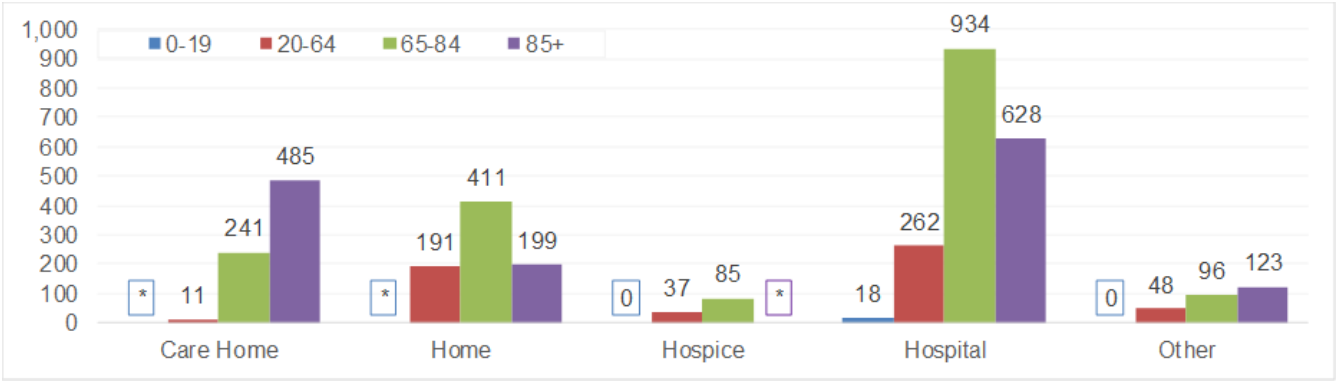
The Supportive Care Registry (developed as part of the Wirral Care Record) captures people who are enrolled on the Gold Standards Framework Register[3] in Wirral. The registry will be live by the end of September 2019 and work is being undertaken with End of Life leads from Wirral CCG to develop indicators for the framework using this tool.

[2] Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan
[3] Gold Standards Framework website

In the interim, analysis has been undertaken showing the place of death by broad age band for Wirral residents whose death occurred in 2017.

The data shows that people in Wirral aged 65-84 and 85+ years are more likely to die in hospital. However, the second most common place of death for those cohorts differ; those aged 65-84 years are more likely to die at home whereas those aged 85+ years are more likely to die in a care home. Figures published by Public Health England on the End of Life Care Profile show that temporary resident care home deaths in Wirral increased from 25.6% in 2015 to 31.9% in 2016; this is where place of death is a care home but is not the usual place of residence.

Number of deaths by place of death and broad age band (persons), Wirral, 2017

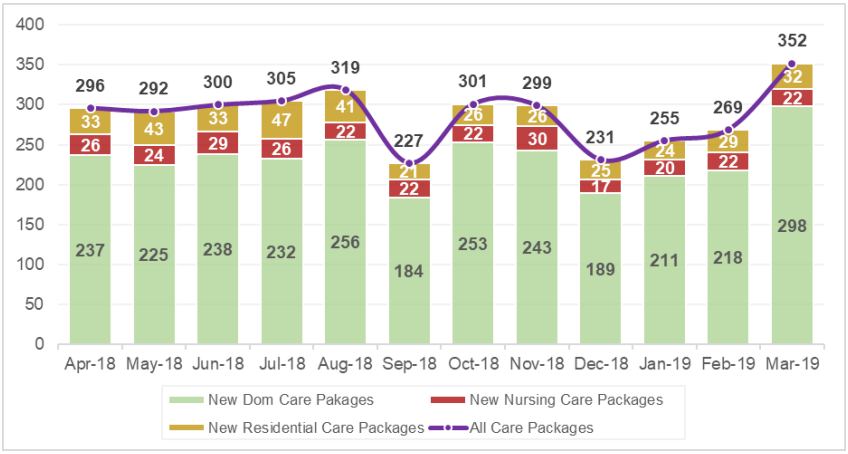


Source: Public Health Intelligence Team, Wirral Intelligence Service, 2019 (using Primary Care Mortality Data, NHS Digital, 2019)
Note: Data has been suppressed (*) due to numbers <5

Deliver services that meet people's needs and support independence

People are supported to be as independent as possible

Social Care packages provided by Adult Social Care (Wirral), 2018/19



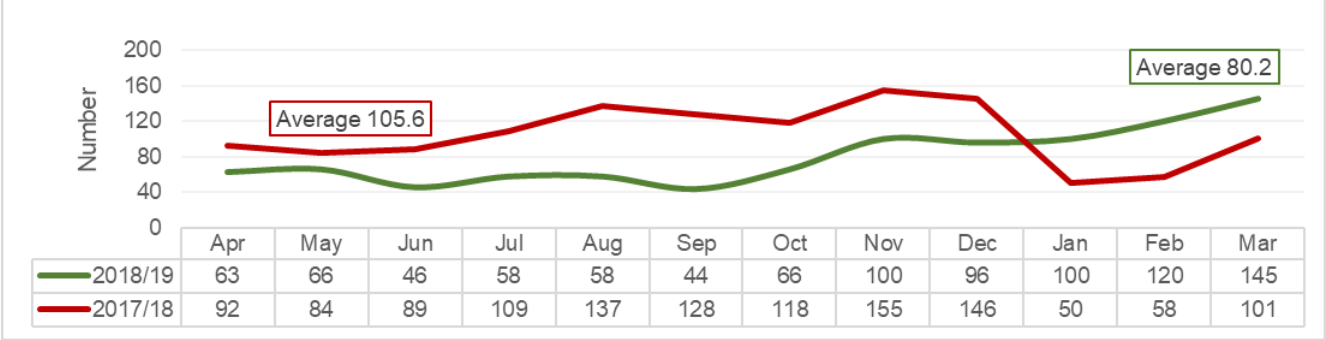
Source: Adult Social Care Intelligence Team, Wirral Intelligence Service, 2019

Key Observation(s)

Indicator 4A.1i

- Overall in 2018/19, there were 3,446 cases; 2,784 domiciliary care packages, 282 nursing packages and 380 residential packages
- Care packages reduced in 2018/19 compared to 2017/18; 3,446 vs 3,659 respectively
- In addition to an overall reduction, the number of people receiving residential care packages also reduced (380 vs 492) allowing more people the opportunity to stay in their home

Number of people receiving a review of their care package, (persons, 18+ years), 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	63	66	46	58	58	44	66	100	96	100	120	145
2017/18	92	84	89	109	137	128	118	155	146	50	58	101

Source: Adult Social Care Intelligence Team, Wirral Intelligence Service, 2019

Key Observation(s)

Indicator 4A.1ii

Following a successful pilot period in 2018, the Trusted Assessor Review programme has been implemented in Wirral since January 2019, with new providers being brought on board each month. Baseline data for the full programme will be available for 2019/20 and will offer more insight into the packages that require review following a change in circumstance. For more information, please see guidance from the Care Quality Commission.

Emergency admissions for delirium and delirium with dementia (persons, 18+ years), 2017/18-2018/19

	Emergency (Non-Elective) Admissions		Emergency (Non-Elective), Short Stay* Admissions	
	Delirium Only	Delirium and Dementia	Delirium Only	Delirium and Dementia
Total Spells (n)	1,791	666	80	28
Total Bed Days (days)	36,688	14,198	62	16
Average Length of Spell (days)	20.5	21.3	*N/A*	*N/A*
Average Age at Admission (years)	80.3	84.2	75.1	84.2
Age Range at Admission (years)	81 (20 to 101)	49 (52 to 101)	77 (23 to 100)	18 (77 to 95)
Proportion aged < 65 years (%, n)	8.3% (n=149)	1.5% (10)	21.3% (17)	0% (0)
Proportion aged 65+ years (%, n)	91.7% (1,642)	98.5% (656)	78.7% (63)	100% (28)

Source: Public Health Intelligence Team, Wirral Council and Wirral CCG Business Intelligence Team, 2019
Notes: Short stays are hospital spells where the patient is discharged < 2 days after admission.
Delirium induced by substance misuse has not been included within this extract.

Key Observation(s)

Indicator 4A.2:

The above figures have been calculated using the Secondary User Service (SUS) hospital data from two pooled years (2017/18 and 2018/19). Hospital episode data where delirium was diagnosed was extracted together with all other episodes related to the same patient spell in hospital. Over the two years, there were 2,457 non-elective (emergency) hospital admissions were patients were diagnosed with delirium; around one in four of these admissions (27.1%) also recorded a diagnosis of dementia before discharge.

Analysis has also been done on the primary diagnoses of these emergency (non-elective) hospital admissions:

		Emergency (Non-Elective) Admissions	
		Delirium Only	Delirium and Dementia
Top Primary Diagnoses	1	Urinary Tract Infection (14.9%)	Urinary Tract Infection (17.6%)
	2	Sepsis (12.8%)	Sepsis (11.6%)
	3	Lobar Pneumonia (10.2%)	Lobar Pneumonia (9.8%)
	4	Delirium (9.6%)	Delirium superimposed on dementia (9.6%)
	5	Pneumonia (unspecified) (6.1%)	Delirium (7.1%)

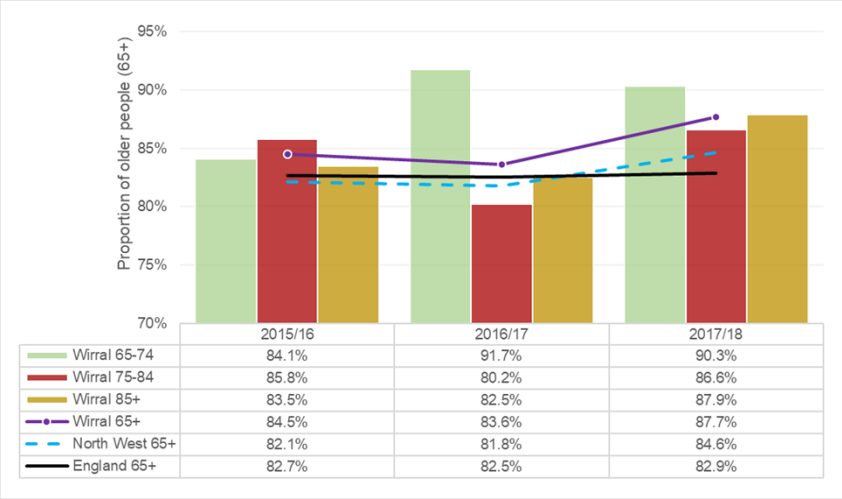
Source: Public Health Intelligence Team, Wirral Council and Wirral CCG Business Intelligence Team, 2019
Note: Short Stay admissions have been omitted due to small numbers. Delirium superimposed on dementia falls under the dementia classification rather than delirium classification

The top primary diagnoses for both cohorts are almost identical, with the only difference being the addition of 'Delirium superimposed on dementia' for those where both delirium and dementia have been recorded.

Data included for Indicator 4A.4ii shows that emergency admissions for dementia (without delirium) typically last around 12-14 days, i.e. nearly half the length of those with delirium. In other words, patients with a diagnosis of delirium and dementia spend nearly twice as long in hospital as patients with a delirium only diagnoses.

It is not currently possible to understand the events leading up to hospital admissions for these patients, or what the long-term outcomes following discharge. However, with the launch of the Longitudinal Wirral Care Record in September 2019, there are opportunities for analytics to be developed to reduce avoidable admissions.

Older people still at home 91 days after discharge from hospital (person), 2015/16 to 2017/18



	2015/16	2016/17	2017/18
Wirral 65-74	84.1%	91.7%	90.3%
Wirral 75-84	85.8%	80.2%	86.6%
Wirral 85+	83.5%	82.5%	87.9%
Wirral 65+	84.5%	83.6%	87.7%
North West 65+	82.1%	81.8%	84.6%
England 65+	82.7%	82.5%	82.9%

Source: Adult Social Care Outcomes Framework, 2019 (2B.1)

Key Observation(s)

Indicator 4A.3

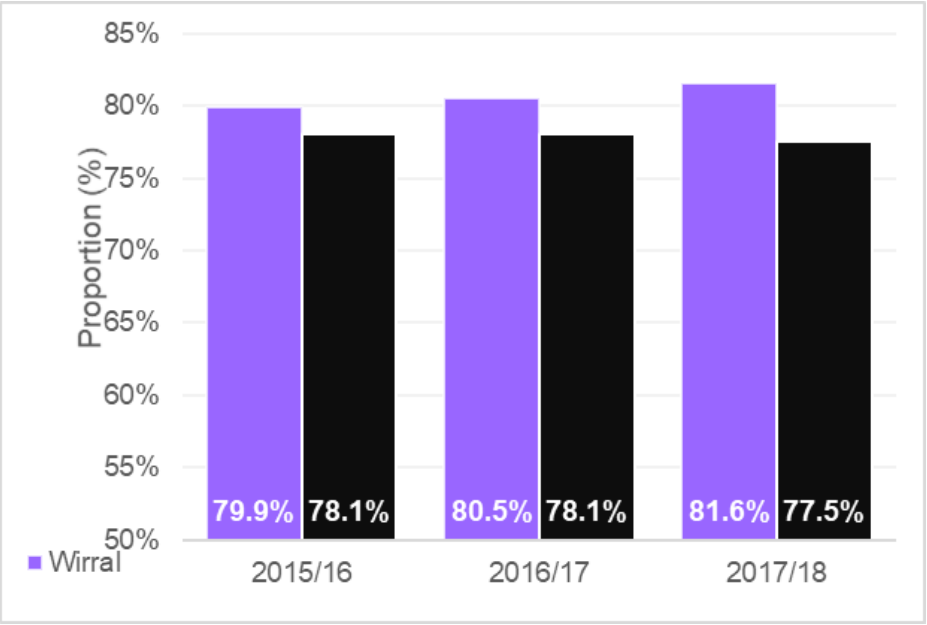
- The proportion of older people still at home 91 days post-discharge has increased in 2017/18 for all areas compared to 2016/17
- Locally, rates for those aged 75-84 and 85+ have increased consistently and substantially between 2015/16 and 2017/18
- Rates for those aged 65-74 in Wirral increased between 2015/16 and 2016/17, but then decreased slightly in 2017/18

People with dementia diagnosis receiving a follow up review (age), 2015/16 to 2017/18

Key Observation(s)

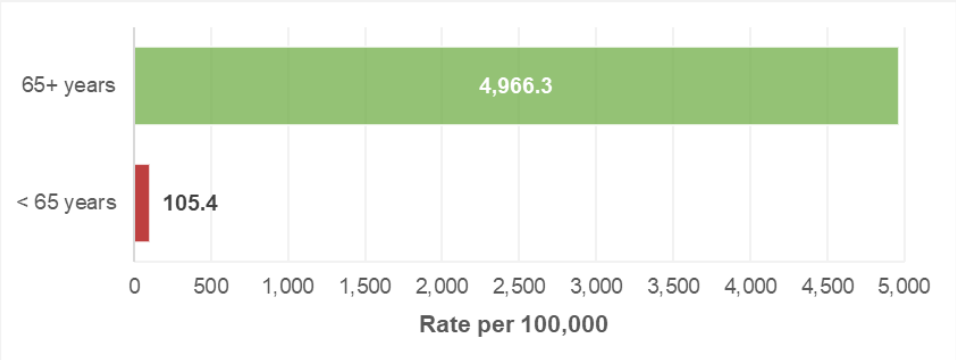
Indicator 4A.4i

- Despite having higher prevalence and incidence of dementia, Wirral has consistently had a higher proportion of diagnosed patients having a follow up review than nationally
- In fact, Wirral has seen increases in recent periods, compared to decreases in England in the same period



Source: CCG Impact Assessment Framework, 2019 (126b)

Rate of dementia-related admissions (<65 and 65+ years, person), 2018/19



Source: Wirral CCG BI Team, 2019

Key Observation(s)

Indicator 4A.4ii

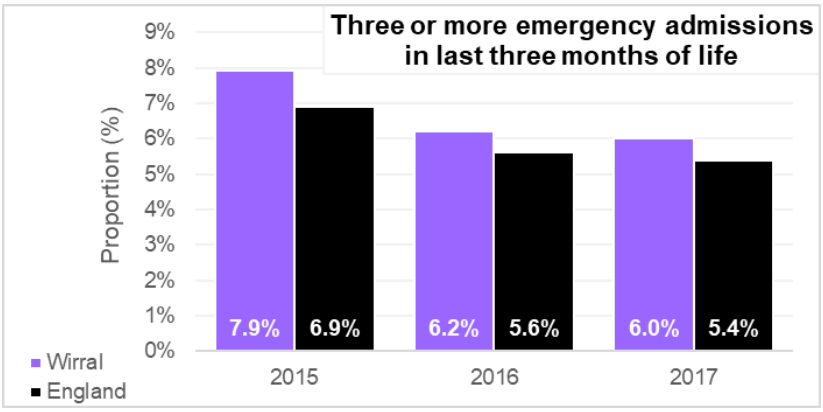
- Despite the rate of admissions being higher for those aged 65+ years, those aged < 65 years typically spend longer in hospital; 13.8 vs 11.6 days respectively

Three of more emergency admissions in last three months of life (person), 2015 to 2017

Key Observation(s)

Indicator 4A.5

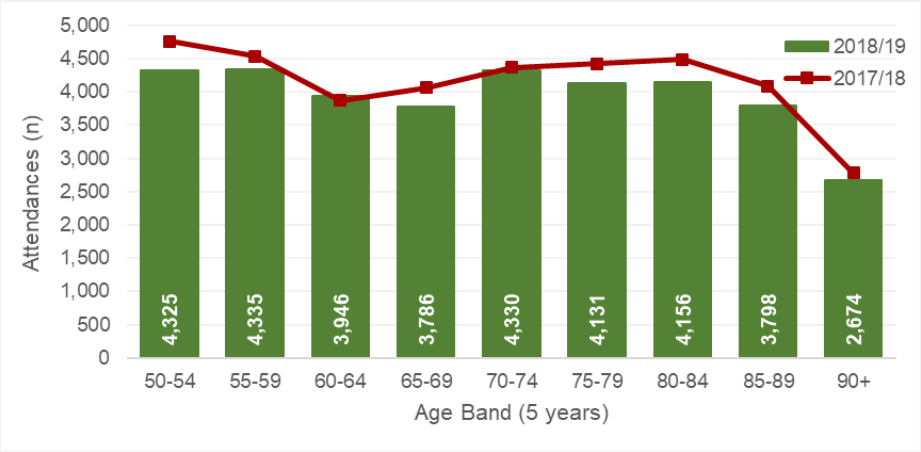
- Wirral and England have both seen decreases in the proportion of people with 3+ emergency admissions in the last 3 months of life over the last 3 time periods
- Despite being consistently higher than England, the gap has reduced from 1.0% in 2015 to 0.6% in 2017



Source: CCG Impact Assessment Framework, 2019 (105c)

People access acute hospital services only when they need them

Attendances at Accident & Emergency by 5-year age band (persons), 2018/19



Source: Wirral CCG BI Team, 2019
Note: This refers to AE attendances at Wirral University Teaching Hospital NHS Foundation Trust only

Key Observation(s)

Indicator 4B.1

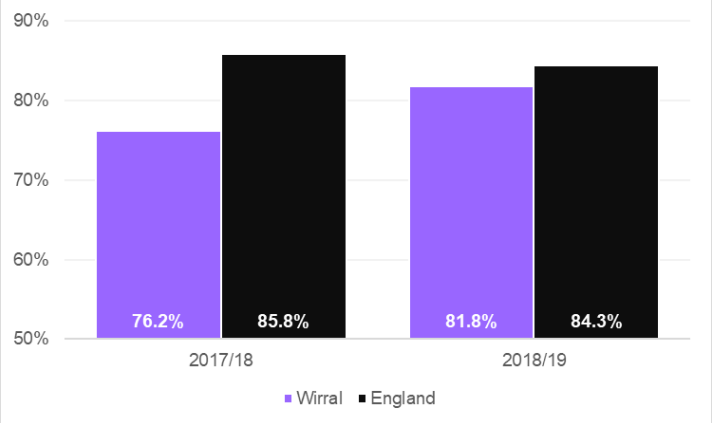
- The total number of A&E attendances for people aged 50+ was 35,481 in 2018/19
- These attendances involved 23,460 different patients
- Around 30% of these patients attended A&E more than once within the year (n=6,719)
- Risk stratification is available to enhance this data

Patients on non-emergency pathways seen within 18 weeks (person), 2017/18 to 2018/19

Key Observation(s)

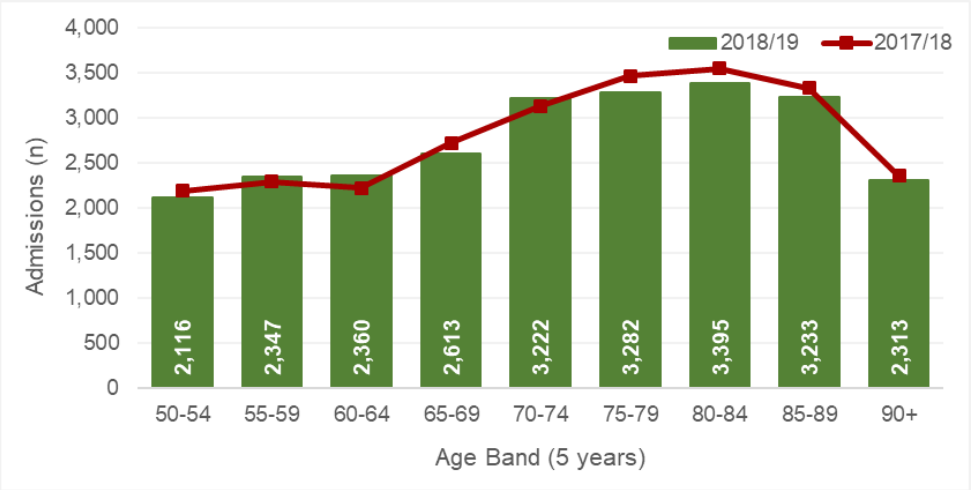
Indicator 4B.2

- In 2017/18, 76.2% of people on a Referral To Treatment (RTT) pathway were seen within 18 weeks, increasing to 81.8% in 2018/19
- The lowest proportion by speciality was 62.5% in 2017/18 (General Surgery) compared to 66.7% for Cardiothoracic Surgery in 2018/19,
- In 2017/18, 8% of patients in Wirral had to wait 29.3 weeks or longer, compared to 25 weeks in 2018/19 (based on the 92% operating standard)



Source: NHS England, 2019

Non-elective admissions to hospital by 5-year age band (person), 2018/19



Source: Wirral CCG BI Team, 2019
Note: This refers to AE attendances at Wirral University Teaching Hospital NHS Foundation Trust only

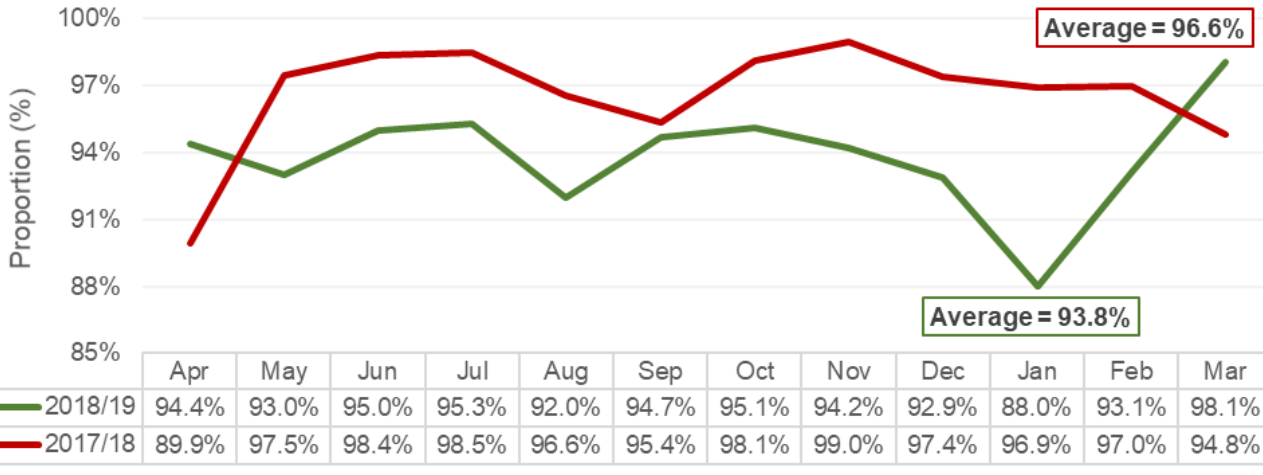
Key Observation(s)

Indicator 4B.3

- The total number of non-elective admissions in 2018/19 was 24,881
- These admissions involved 16,368 different patients
- Around 30% of these patients had more than one non-elective admission within the year (n=4,854)
- Risk stratification is available to enhance this this data

People have access to timely and responsive care

Referrals through Two Week Wait scheme seen within 14 days (person), 2017/18 and 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	94.4%	93.0%	95.0%	95.3%	92.0%	94.7%	95.1%	94.2%	92.9%	88.0%	93.1%	98.1%
2017/18	89.9%	97.5%	98.4%	98.5%	96.6%	95.4%	98.1%	99.0%	97.4%	96.9%	97.0%	94.8%

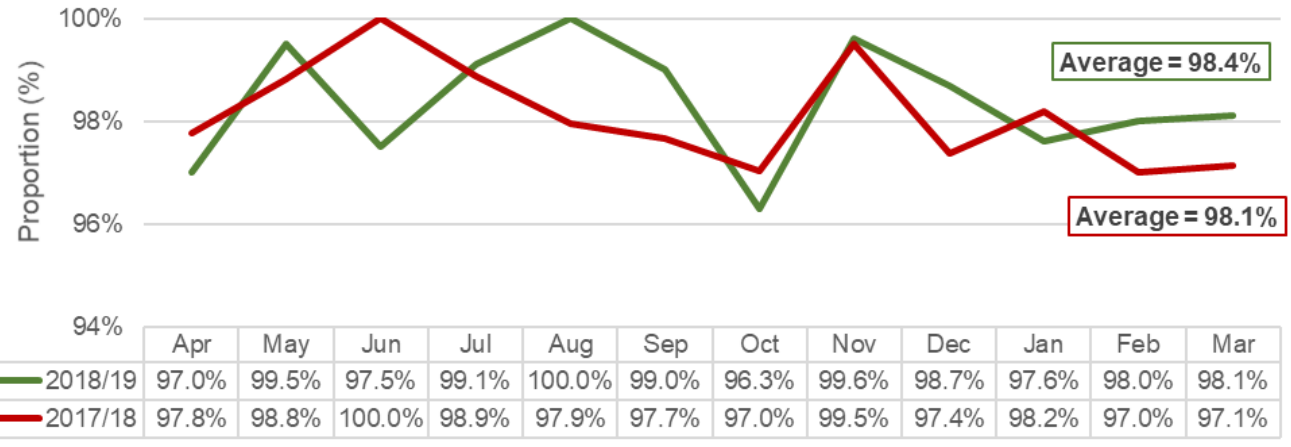
Source: NHS England, 2019

Key Observation(s)

Indicator 4C.1i

- There appears to be no seasonality pattern associated with Wirral's proportional trend of people referred through the Two Week Wait (TWW) scheme being seen within 14 days
- The average proportion seen within 2 weeks did decrease from 96.6% in 2017/18 to 93.8% in 2018/19, however this is still above the 93% national target

First treatment received within 31 days of diagnosis (person), 2017/18 and 2018/19



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2018/19	97.0%	99.5%	97.5%	99.1%	100.0%	99.0%	96.3%	99.6%	98.7%	97.6%	98.0%	98.1%
2017/18	97.8%	98.8%	100.0%	98.9%	97.9%	97.7%	97.0%	99.5%	97.4%	98.2%	97.0%	97.1%

Source: NHS England, 2019

Key Observation(s)

Indicator 4C.1ii

- There appears to be some seasonality to Wirral's proportional trend of people referred through the TWW scheme receiving their first treatment within 31 days; falling proportions over the summer period, before a temporary increase in November
- The average proportion increased from 98.1% in 2017/18 to 98.4% in 2018/19; both above the 96% national target

Additional Resources: Deliver services that meet people's needs and support independence

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:
- Dementia
- End of Life
- Vulnerable Adults

Public Health Outcomes Framework:
- Overarching Indicators
- Dementia
- End of Life

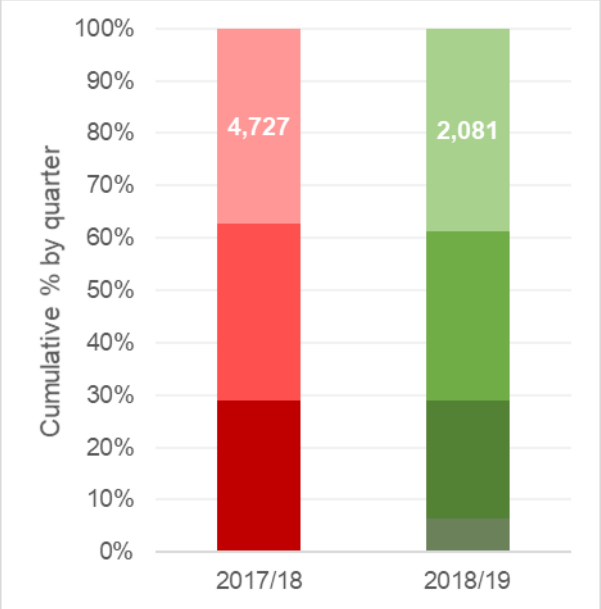
NHS England:
- Consultant-led Referral to Treatment (RTT) Waiting Times
- A&E Attendances and Emergency Admissions
- Cancer waiting times

NHS Digital:
- Appointments in General Practice (interactive report)
- Adult Social Care Analytical Hub

Provide safe, effective and high-quality care and support

People are supported by high quality care and support

People with a diagnosis of severe frailty (person, 65+ years) 2017/18 to 2018/19



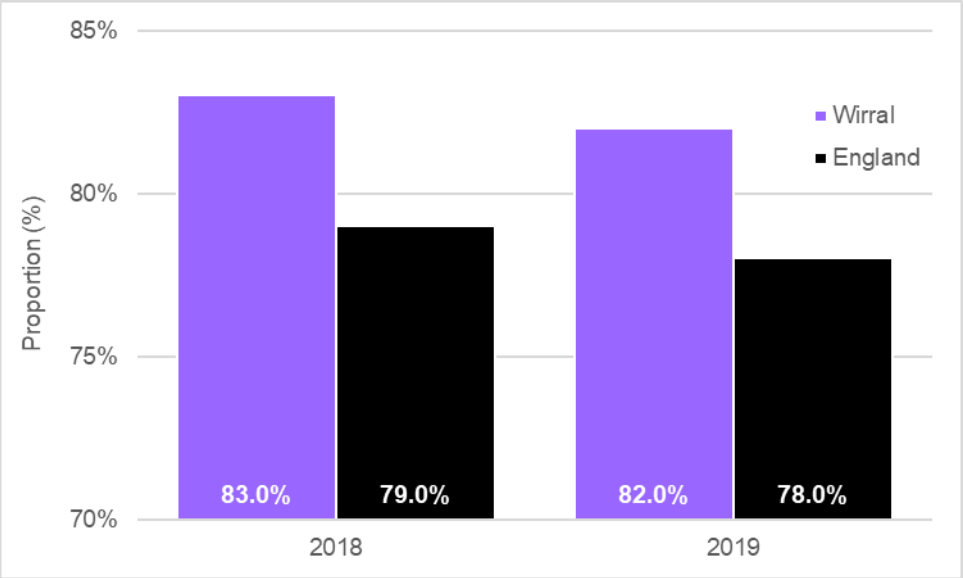
Source: NHS Digital, 2019

Key Observation(s)

Indicator 5A.1i

- In 2017/18, 21,899 (or 32.1% of) registered patients with a Wirral GP surgery and aged 65 years had a frailty assessment, compared to 12,831 (18.2%) in 2018/19
- Of those assessed, 21.6% (n=4,727) were found to have severe frailty in 2017/18, compared to 16.2% (2,081) in 2018/19
- These figures equate to 6.9% and 2.9% of all patients aged 65 and over in 2017/18 and 2018/19 respectively
- This also means that 1 in 20 patients (4.9%) aged 65+ in Wirral have been assessed as severely frail since April 2017

People who feel supported to manage their long-term condition (person), 2018 and 2019



Source: GP Survey, 2019

Key Observation(s)

Indicator 5A.2

- Both Wirral and England saw a 1% decrease in the proportion of people feeling supported by local services in managing their long-term condition
- Wirral has maintained higher proportion of people feeling supported; (4% higher) than England in both 2018 and 2019

Indicator 5A.3: Quality of care in last months of life

The NHS Long Term Plan (2019) sets out a new service model, which includes the priority for people to have more control over their own health and personalised care. To support this, two new quality indicators (QIs) have been included within the 2019/20 Quality Outcome Framework (QOF)[2]. The inclusion of the two QIs is expected to bring about improvement for the following aspects of End of Life Care:

- Early identification and support
- Well planned and coordinated care
- Identification and support for family/informal caregivers

This measure was originally included in the VOICES Survey, a national survey undertaken by ONS with bereaved carers. The survey is no longer undertaken, and so work is currently being done locally to develop indicators for the framework using the Supportive Care Registry. The registry captures people who are enrolled on the Gold Standards Framework Register in Wirral and is intended to go live by the end of September 2019.

[2] Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan

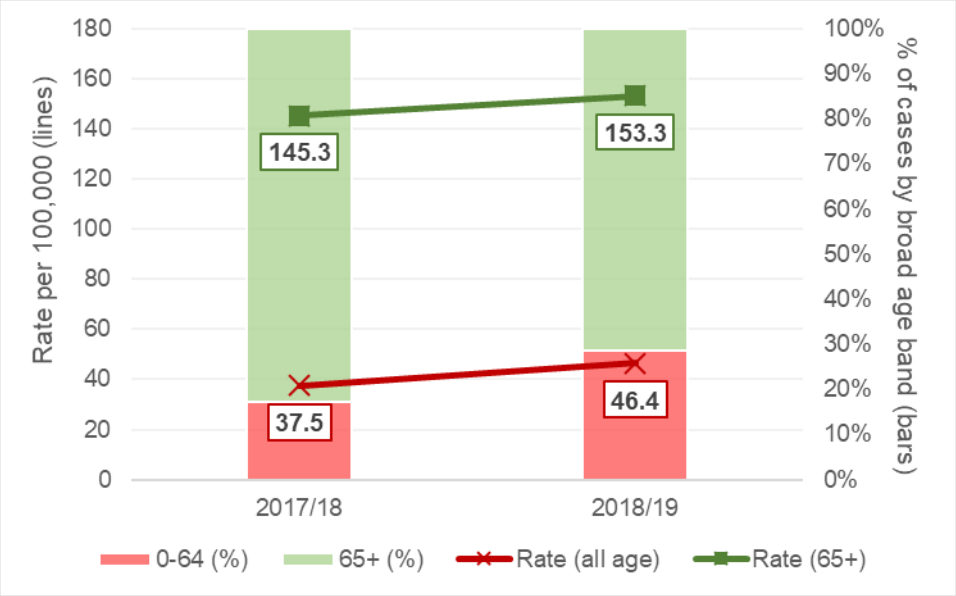
People are kept safe and free from avoidable harm

Rate of C. Difficile infection by broad age band (person), 2017/18 and 2018/19

Key Observation(s)

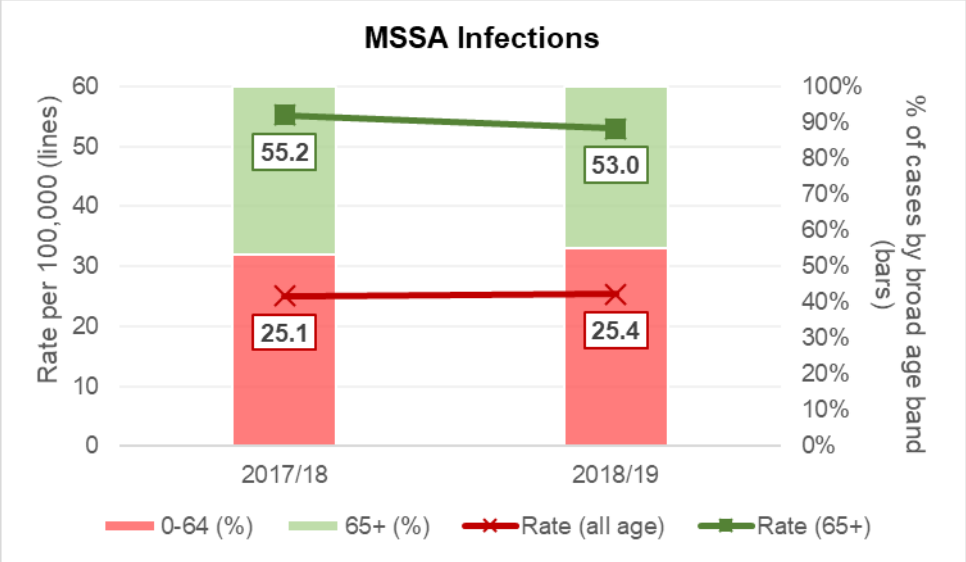
Indicator 5B.1i

- The C Diff rate per 100,000 people (all age) in Wirral increased from 37.5 to 46.4 between 2017/18 and 2018/19
- There was also a rate increase when looking at those aged 65+ only
- The rate for those aged 65+ is substantially higher than for all age; this imbalance is also highlighted in the proportional breakdown of cases by broad age band



Source: HCAI DCS, 2019, and ONS, 2019

Rate of MSSA infection by broad age band (person), 2017/18 and 2018/19



Source: HCAI DCS, 2019, and ONS, 2019

Key Observation(s)

Indicator 5B.1ii

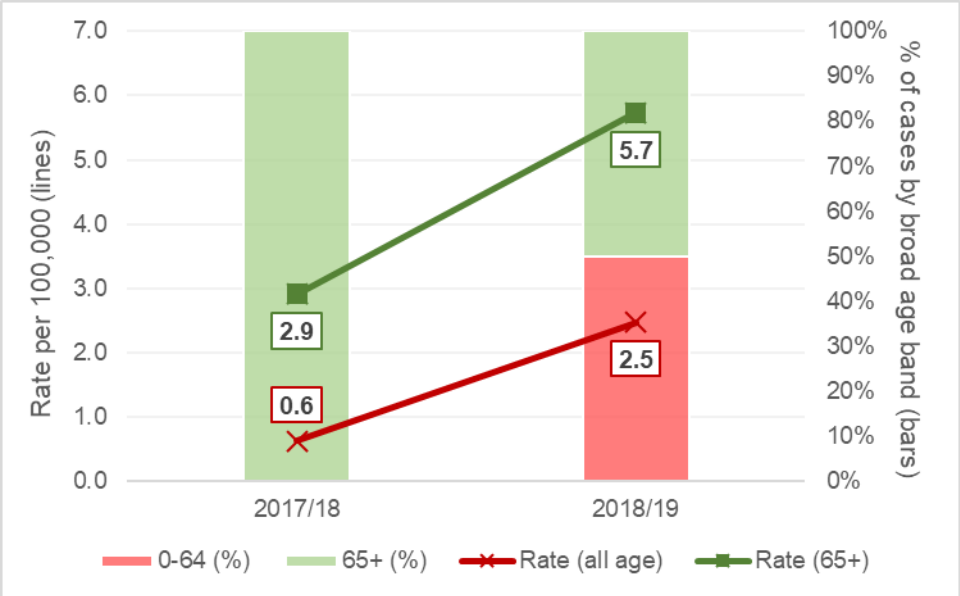
- The MSSA rate per 100,000 people (all age) in Wirral increased from 25.1 (2017/18) to 25.4 (2018/19)
- In contrast there was a decrease in the rate for those aged 65+ over the same period; 55.2 to 53.0
- The rate for those aged is substantially higher than that seen for all ages
- The majority of MSSA cases occurred in those aged 0-64 in both periods

Rate of MRSA infection by broad age band (person), 2017/18 and 2018/19

Key Observation(s)

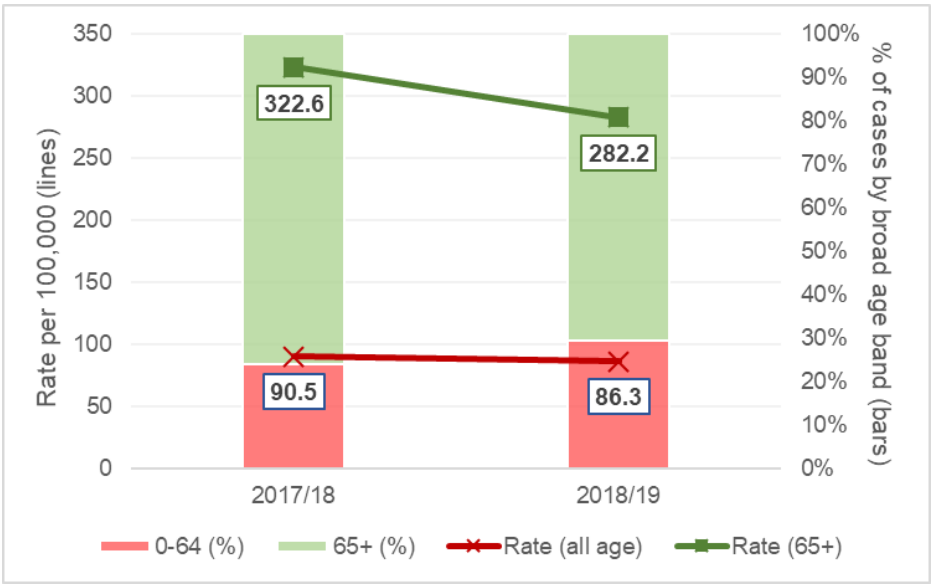
Indicator 5B.1iii

- The MRSA rate per 100,000 (all age) in Wirral increased from 0.6 in 2017/18 to 2.5 in 2018/19
- There was also an increase in rate for those aged 65+ over the same period; 3.0 to 5.7
- The rate for those aged 65+ is substantially than that seen at all age
- In fact, no MRSA cases occurred in people aged 0-64 in 2017/18 in Wirral



Source: HCAI DCS, 2019, and ONS, 2019
Note: Figures cannot be shown due to small numbers (<5)

Rate of E. Coli infections by broad age band (person), 2017/18 and 2018/19)



Source: HCAI DCS, 2019, and ONS, 2019

Key Observation(s)

Indicator 5B.1iv

- The e Coli rate per 100,000 (all age) in Wirral decreased from 90.5 (2017/18) to 86.3 (2018/19)
- This also occurred in the 65+ only rate; 322.6 decreasing to 282.2 over the same period
- The rate for 65+ is substantially higher than that seen at all age
- This imbalance is also highlighted by the proportional breakdown of cases by broad age group

Additional Resources: Provide safe, effective and high-quality care and support

For more in-depth detail around the topics covered in this section please see the following links:

Wirral Intelligence Service:

- Long term conditions
- Frailty Evidence Review (2018)
- Wirral Long Term Condition Model 2017
- Health Protection

Public Health Outcomes Framework:

- Overarching Indicators
- Antimicrobial Resistance
- Health Protection

NHS Digital:

- Quality Outcomes Framework (interactive report)
- GMS/PMS Core Contract Data

NHS England:

- Long term conditions

Deliver person centred care through integrated and skilled service provision

People and their families are engaged in the setting of their outcomes and management of their care

Indicator 6A.1 and Indicator 6A.2:
Personalised care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care.

The Patient Activation Measure (PAM) tool measures someone's ability to self-care. People who are more activated are more likely to attend screenings, check-ups, immunisations and adopt positive health behaviours.

Personalised Care and Support Planning (PCSP) is a series of facilitated conversations in which the person, or those who know them well, actively participates to explore the management of their health and well-being within the context of their whole life and family situation. This process recognises the person's skills and strengths, as well as their experiences.

Health and care staff are currently being supported to deliver personalised care and have coaching conversations focussed upon what matters to that person. We will link this to Making Every Contact Count (MECC) a behaviour change approach that can drive a culture shift towards prevention addressing lifestyle behaviours and includes conversations relating to the wider determinants of health such as debt management, housing and welfare rights advice and directing people to services that can provide support.

Work will be done with the whole system to ensure approaches such as health coaching, peer support and self-management education are systematically put in place to help people build knowledge, skills and confidence and support service transformation.

People are supported by skilled staff, delivery person-centred care

Indicator 6B.1:
Following discussions with Cheshire & Wirral Partnership Trust (CWP), who are leading on the Healthy Wirral Workforce Workstream, it has been identified that this area of the framework links in with the sub-workstream around "Conversational Capability".

A task and finish group are currently working on the development of a system-wide capability to initiate conversations that avert conflict and support behaviours which lead to trust-based relationships centred on a common-purpose.

Indicator 6B.2:
Please refer to text for Indicator 6A.1 and Indicator 6A.2

Appendix 1: Outcomes Framework for Older People

The Healthy Wirral Outcomes framework sets out the vision for ageing well (older people and frailty)

The framework focuses on the two high level outcomes we want to achieve across the Healthy Wirral system and beyond:

- Increased healthy life expectancy
- Reduced differences in life expectancy and healthy life expectancy between communities

These outcomes reflect the focus we wish to take, not only on how long we live – our life expectancy, but on how well we live – our healthy life expectancy. Our focus is also on reducing differences between people and communities from different backgrounds.

Our overarching indicators domain presents these high-level outcomes.

We want to reduce health inequalities for local people					
Prioritise prevention, early intervention, self-care and self-management	**Improve health, wellbeing and independence for local people**	**Good communication and access to information for local people**	**Deliver services that meet peoples' needs and support their independence**	**Provide safe, effective and high-quality care and support**	**Deliver person centred care through integrated and skilled service provision**

A. We want to reduce health inequalities for local people

People are supported to live in good health and have a good quality of life
• The average number of years a person would expect to live in good health
• The proportion of people reporting a good quality of life
Inequalities in healthy life expectancy are reduced
• The gap in health-related quality of life for older people between the most and least deprived areas
• The gap in rates of preventable deaths between the most and least deprived areas

1. Prioritise prevention, early intervention, self-care and self-management

Interventions take place early to tackle emerging problems, or to support people in the local population who are most at risk

Increase the proportion of people accessing national cancer screening programmes:
- Bowel Cancer
- Breast Cancer

Increase population vaccination coverage:
- Flu vaccination (over 65)
- Pneumococcal (PPV) (over 65)
- Shingles vaccine (70 years and 78 and 79 year olds as a catch up)

Decrease in alcohol related hospital admissions

Increase smoking identification and cessation referral

Percentage of physically active adults

2. Improve health, wellbeing and independence for local people

People are supported to have a good quality of life

Increase in recovery rates for psychological therapy

Reduction in the number of falls in the over 65s

Identification/reduction in the rate of loneliness

3. Good communication and access to information for local people

People and their carers feel respected and able to make informed choices about services and how they are delivered

Increase the proportion of people and carers reporting that they have been involved or consulted as much as they wanted to be, in discussion about the care, support or services provided

Increase in the number of people dying in their preferred place

4. Deliver services that meet peoples' needs and support their independence

People are supported to be as independent as possible

Increase in people accessing the support available to them in their local communities

Respond to the needs of people with dementia and delirium (crisis and long term) so that they can stay in their own home

Proportion of people 65+ who are still at home three months after a period of rehabilitation

To provide treatment, care and support as needed, so those with dementia can live well with the condition?

Reduce repeat emergency admissions during end of life care

People access acute hospital services only when they need to
Reduction in number of A&E attendances Consultant-Led Referral to Treatment Waiting Times Reduction in number of non-elective admissions
People have access to timely and responsive care
Reduction in waiting times for Cancer • (2 week waits) • One Month (31-day) diagnosis to first treatment wait • Two Month (62-day) urgent GP referral first treatment wait Improving access to GPs
5. Provide safe, effective and high-quality care and support
People are supported by high quality care and support
Increase number of people being screened for frailty Proportion of people feeling supported to manage their (long term) condition Increase in proportion of bereaved carers reporting good quality of care in the last three months of life
People are kept safe and free from avoidable harm
Reduction in healthcare acquired infections and serious incidents
6. Deliver person centred care through integrated and skilled service provision
People and their families are engaged in the setting of their outcomes and the management of their care
Ability to self-care (knowledge, skills and confidence a person has in managing their own health and care) Increase in the number of people with an LTC who has a personalised care and support plan
People are supported by skilled staff, delivering person-centred care
• Increase in staff satisfaction levels • Proportion of staff who have completed person-centred care and support planning training