JOINT STRATEGIC COMMISSIONING BOARD
Wirral Older People Outcomes Baseline 2019

Risk Please indicate	High N/A	Medium N/A	Low N/A
Detail of Risk Description	*Not applicable to this report.*		

Engagement taken place	**Y**
Public involvement taken place	**N**
Equality Analysis/Impact Assessment completed	**N**
Quality Impact Assessment	**N**
Strategic Themes	
Working as One, Acting as One – we will work together with all partners for the benefit of the people of Wirral.	**Y**
Listening to the views of local people – we are committed to working with local people to shape the health and care in Wirral.	**Y**
Improving the health of local communities and people – Wirral has many diverse communities and needs. We recognise this diversity and will help people live healthier lives, wherever they live.	**Y**
Caring for local people in the longer term – we will focus on having high quality and safe services, with the best staff to support the future as well as the present.	**Y**
Getting the most out of what we have to spend – we will always seek to get the best value out of the money we receive.	**Y**

JOINT STRATEGIC COMMISSIONING BOARD

(Committee in Common)

Meeting Date:	**14 January 2020**
Report Title:	**Wirral Older People Outcomes Baseline 2019**
Lead Officer:	**Nesta Hawker**

INTRODUCTION / REPORT SUMMARY

Improving health outcomes and reducing inequalities remain the focus and overall goal of the Healthy Wirral programme assurance. Through Wirral Health and Care Commissioning (WH&CC), Wirral has aligned its strategic priorities with the key health needs and health outcomes that need to be delivered around better care and better health.

WH&CCs priority is to focus on older people, and the following document provides high level baseline data against our first Wirral wide outcomes framework for older people. This is also underpinned by operational analytical reporting across the Healthy Wirral workstreams. In this area, work is ongoing to establish and agree a comprehensive approach to health and care intelligence, ensuring we are harnessing data to make better informed decisions across the whole Wirral system. We will work with our providers to understand how they will focus their services and interventions to improve our benchmark position.

Proposed adult and older people population priorities going forward

Alcohol: The biggest increase in burden of disease from 1990-2016 was liver disease (related to alcohol and obesity) and is one reason that people aged 35-44 in Wirral are, on average, less healthy than they were 25 years ago. Alcohol remains a large and increasing cause of disease, with alcohol-specific hospital admissions rates remaining more than twice as high as England rates (age 18+ years).

Falls: The rate of emergency hospital admissions due to falls has remained static over the last several years, however, remains substantially higher than England. Research shows that frailty puts older adults at increased risk of falls, declining mobility, institutionalisation, hospitalisation and death. Delivering high-quality care for frail older people, many of whom have multiple complex needs is a huge challenge for health and social care services[1].

RECOMMENDATION/S

The Joint Strategic Commissioning Board (JSCB) is asked to note the contents of this report.

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[1] https://www.wirralintelligenceservice.org/media/2510/frailty_review_final_7-8-2018.pdf

1.0 REASON/S FOR RECOMMENDATION/S

1.1 This report does not require decisions to be made and is for information purposes only.

2.0 OTHER OPTIONS CONSIDERED

2.1 No other options considered or applicable.

3.0 BACKGROUND INFORMATION

3.1 2019/20 has been a year of development for the WH&CC and the development of a Wirral system-wide outcomes framework, focussing on Older People.

3.2 **Wirral Older People Outcomes Baseline 2019 (Appendix 1)**

The profile sets out the priority outcomes that need to be delivered for the older population of Wirral. Its primary focus is to provide a current baseline position, highlighting variation that will inform the development of population-based commissioning, which will be refreshed as part of WH&CC assurance process for year 2. The high-level priority outcomes reflect the following key health needs:

We want to reduce health inequalities for local people (Healthy Wirral high level outcome)

1. Prioritise prevention, early intervention, self-care and self-management
2. Improve health, wellbeing and independence for local people
3. Good communication and access to information for local people
4. Deliver services that meet peoples' needs and support their independence
5. Provide safe, effective and high-quality care and support
6. Deliver person-centred care through integrated and skilled service provision

3.3 **Summary of the outcomes baseline information**

The rationale for the Healthy Wirral Outcomes framework illustrated in Appendix 1 (as well as current performance, national ranking and relevant benchmarking), and any adjustments to metrics not captured in the original Commissioning and Transformation Strategy are outlined as follows:

NHS
Wirral
Clinical Commissioning Group

WIRRAL

Wirral Health and Care Commissioning is a strategic partnership between NHS Wirral Clinical Commissioning Group and Wirral Council

3.3.1. Overarching Outcome: Reducing health inequalities for local people

Life expectancy at age 65 in Wirral has plateaued over the last several years for women and men; currently 20.4 and 18.1 years respectively. Inequalities within Wirral, however, are a mixed picture. The gap in life expectancy at 65 between males in the most and least deprived areas of Wirral is decreasing but their gap in healthy life expectancy at age 65 is increasing. In contrast, the gap in life expectancy for the female counterparts is increasing but the gap in healthy life expectancy is decreasing.

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

a) Bowel cancer screening has been historically poor, both locally and nationally; the 60% target was not met in Wirral or England in 2018. As such, bowel screening has been identified as a key priority for improvement in the Wirral Health Protection Group Action Plan.

b) Vaccination uptake in Wirral varies; flu vaccination for those aged 65+ are typically above the 75% target, whereas vaccination for Shingles is historically poor. Uptake of the Shingles vaccine is another key priority for improvement identified in the Wirral Health Protection Group Action Plan.

c) Lifestyles factors in Wirral are a mixed picture but are improving in some areas; Wirral has a higher rate of successful 4-week quitters (smokers) than England, but alcohol-specific hospital admissions rates remain more than twice as high as England.

3.3.3. Outcome 2: Improve health, wellbeing and independence for local people

a) The rate of emergency hospital admissions due to falls has remained static over the last several years, however, remains substantially higher than England.

b) 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 partners have agreed to adopt and pilot the recommended indicators of loneliness, collaborating with Age UK and Wirral Community NHS Trust, Promoting Older People's Independence Network (POPIN Team). This will allow Wirral 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.

3.3.4. Outcome 3: Good communication and access to information

a) The proportion of carers (aged 65+) who report feeling included within discussions about the person they care for have increased in Wirral over the last three years. However, rates are still lower than that seen nationally and for those aged 0-64 years in Wirral.

b) 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. This includes the inclusion of quality indicators expected to bring about improvement in End of Life Care. The supportive care registry (developed as part of the Wirral Care Record) captures people who are enrolled on the Gold Standards Framework Register in Wirral. The registry will be live by the end of September 2019. Work is being undertaken with End of Life Care leads to develop a framework that supports and evidences the improvement in well planned and coordinated care, identification and support for family and informal caregivers.

3.3.5. Outcome 4: Deliver services that meet people's needs and support independence

a) Social care packages for adults in Wirral reduced between 2017/18 and 2018/19. There was also a reduction in the proportion of packages that were for residential care, meaning that more people were allowed the opportunity to retain independence and stay at home.

b) The proportion of people aged 65+ years in Wirral who are still at home 91 days after discharge from hospital has also increased. The Trusted Assessor Review programme has also been rolled out following a pilot in 2018; this will enable people to have more timely and relevant changes made to their care packages in future.

c) Despite having a higher prevalence and incidence of Dementia, Wirral has also consistently had a higher proportion of follow up reviews for people diagnosed with Dementia. In terms of hospital admissions, those aged 65+ years have a substantially higher rate of admission. In contrast those aged under 65 years typically spend longer in hospital; 13.8 days compared to 11.6 days (for 65+ years).

d) Related to this is hospital admissions where delirium has been identified; around a quarter of these admissions also have a record of dementia within the same hospital episode. On average, patients with both delirium and dementia recorded are in hospital around a day longer compared to those patients where delirium only is recorded.

e) Emergency hospital admissions overall in Wirral (for those aged 50+ years) decreased between 2017/18 and 2018/19; this is also apparent for A&E attendances for the same population cohort and time period.

f) In terms of timely and responsive care, Wirral is consistently above national targets for referral pathways;

- Cancer Two Week Wait Referrals seen within 14 days: Wirral 2018/19 monthly average = 96.6% (Target = 93%)
- First treatment within 31 days of diagnosis: Wirral 2018/19 monthly average = 98.4% (Target = 96%)

NHS
Wirral
Clinical Commissioning Group

✹ **WIRRAL**

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3.3.6. Outcome 5: Provide safe, effective and high-quality care

a) Proportionally, around 60% of those aged 65+ years assessed were diagnosed with severe frailty in 2017/18 and 2018/19. A case finding tool for frailty has been developed as part of the Healthy Wirral programme and is currently being validated and tested prior to a full roll out across Wirral early 2020. Care managers and clinicians will be able to see a record-level patient list with indicators for severe frailty and rising risk diagnosis from a GP, falls risk assessment and medications review. This will support the development of anticipatory care planning (ACP) for older people with frailty and people with multiple long-term conditions; enabling health and care practitioners work with people and their carers to ensure the right thing is done at the right time.

b) The proportion of Wirral residents reporting in the GP survey that they feel supported in managing their long-term condition decreased slightly between 2018 and 2019. However, is still higher than England (82.0% vs 78.0%).

c) Health Care Acquired Infection trend rates in Wirral give a mixed picture. Between 2017/18 and 2018/19 rates for e. Coli and MSSA have decreased, but rates for C. Diff and MRSA increased. For C. Diff and E. Coli infections, infections are disproportionate between those aged 0-64 and 65+ years; the proportion of both infections are substantially weighted towards those aged 65+ years.

3.3.7. Outcome 6: Deliver person-centred care through integrated and skilled service provision

a) 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.

b) 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.

4.0   FINANCIAL IMPLICATIONS

4.1   There are no financial implications.

5.0   LEGAL IMPLICATIONS

5.1   There are no legal implications.

6.0 RESOURCE IMPLICATIONS: ICT, STAFFING AND ASSETS

6.1 There is no resource implication.

7.0 RELEVANT RISKS

7.1 There are no relevant risks.

8.0 ENGAGEMENT/CONSULTATION

8.1 Not applicable to this report.

9.0 EQUALITY IMPLICATIONS

9.1 No implications have been identified as it is not anticipated that the baseline data report will have an impact on equality. Potential impacts on equality will emerge from commissioning decisions delivered around better care and better health, for which EIA's will need to be produced.

10.0 ENVIRONMENT AND CLIMATE IMPLICATIONS

10.1 There are no environment and climate implications. There is no impact on emissions of CO_2.

REPORT AUTHOR: **Beverley Murray**
Strategic Commissioning & Support, Public Health Intelligence, Wirral Intelligence Service, Wirral Council
telephone: (0151) 666 5198
email: beverleymurray@wirral.gov.uk

APPENDICES
Appendix 1 - Wirral Older People Outcomes Baseline 2019

BACKGROUND PAPERS

HISTORY

Meeting	Date