Wirral Health & Care Commissioning

WIRRAL INTELLIGENCE SERVICE

Wirral Older People Outcomes Report 2020/21

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 an update on the baseline position from 2019[1], highlighting variation that will inform the development of population-based commissioning. It is worth noting that due to the COVID-19 pandemic some of the national and local supporting measures in this outcomes report were paused or ceased altogether.

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[2]. The impact of COVID-19 on the health of our population has been significant and whilst it is too early to report on its impact on the Global Burden of Disease, we know COVID-19 has highlighted the inequalities in the risk and outcomes of COVID-19, many of which will affect our communities for many years to come[3].

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) 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.

The main causes of death in Wirral in 2019 (all ages) have remained stable over the last decade and ischemic heart disease, lung cancer, chronic obstructive pulmonary disease (COPD) and stroke remain the commonest causes of death.

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.

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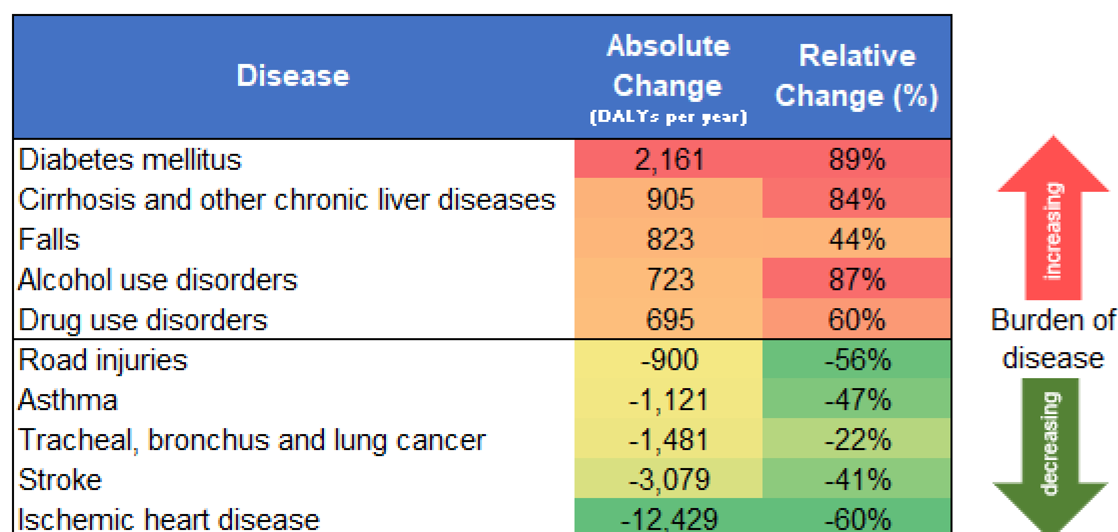
[1] https://www.wirralintelligenceservice.org/media/3007/wirral-older-people-outcomes-baseline-2019-draft-140120-app1-publish.pdf
[2] https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(20)30925-9/fulltext
[3] 2021 Public Health Annual Report - Wirral Intelligence Service

Looking at three-year averages, the diseases with the largest absolute change were ischemic heart disease and stroke, 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 diabetes has increased, with high fasting plasma glucose being the highest attributable risk factor, followed by high body-mass index for all causes (years lived in disability, all ages in Wirral). The burden of cirrhosis and chronic liver disease continues to increase, which may be due to a long legacy of people drinking too much alcohol or being alcohol dependent, as well as increases in obesity leading to increases in non-alcoholic steatohepatitis (NASH or fatty liver). This supports the continued need to develop a Healthy Wirral Outcomes Framework for Adults. 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 2017-19



Disease	Absolute Change (DALYs per year)	Relative Change (%)
Diabetes mellitus	2,161	89%
Cirrhosis and other chronic liver diseases	905	84%
Falls	823	44%
Alcohol use disorders	723	87%
Drug use disorders	695	60%
Road injuries	-900	-56%
Asthma	-1,121	-47%
Tracheal, bronchus and lung cancer	-1,481	-22%
Stroke	-3,079	-41%
Ischemic heart disease	-12,429	-60%

Key messages

- The top two main causes of death in Wirral (ischemic heart disease and stroke) have remained static since 1990
- The burden of disease from diabetes has increased significantly since 1990
- Rates of years lived with disability in Wirral increase steadily from age 5 to age 50, then show an accelerated increase from age 50 onwards
- Alcohol is a large and increasing cause of disease and is one reason that people aged 35-44 in Wirral are, on average, continue to be 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 diabetes, 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.

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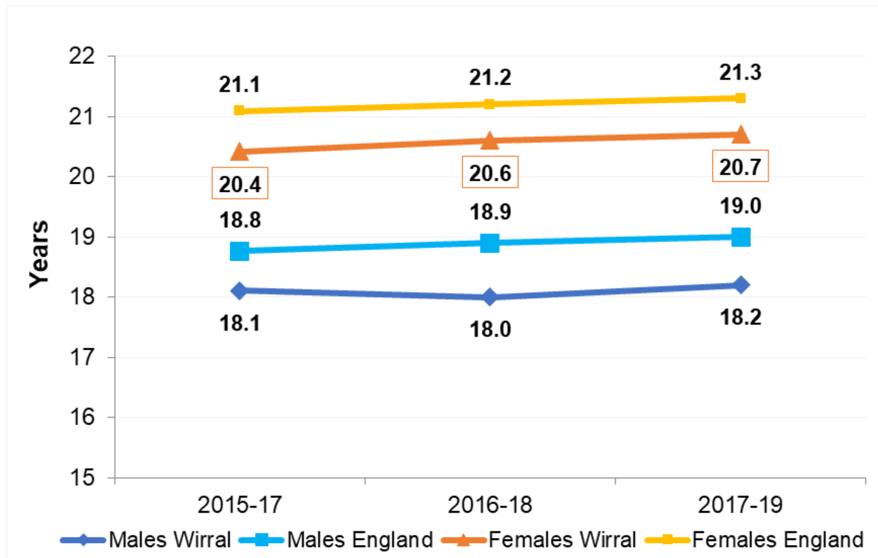
Reduce health inequalities for local people

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

Life expectancy at age 65 (Male and Female), 2001-03 to 2017-19



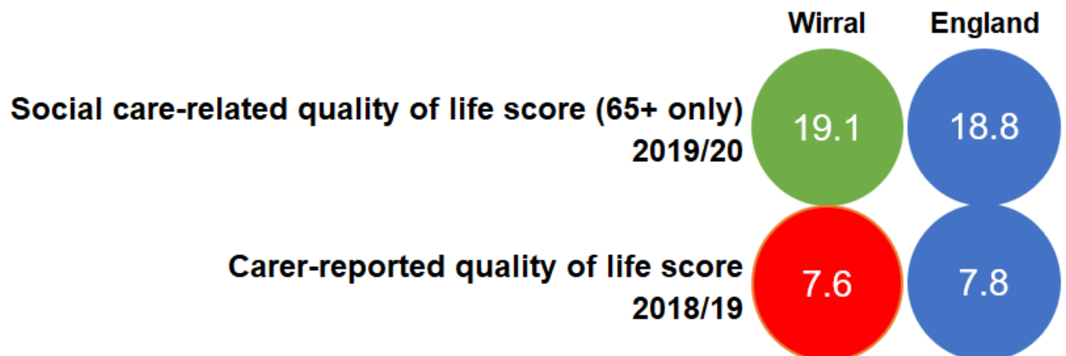
Source: Public Health Outcomes Framework, 2021

Key Observation(s)

Indicators A1.1 and A1.2

- Life expectancy at age 65 has increased for males and females in Wirral in the last period
- Females aged 65+ in Wirral have seen an increase of 0.1 years, the same as their England counterparts
- In both Wirral and England, males aged 65+ have seen an increase; 0.2 years in Wirral and 0.1 year in England

The proportion of people reporting a good quality of life, 2019/20



Source[1]: Adult Social Care Outcomes Framework, 2021 (1A, 1D)

Note: Wirral scores are RAG rated against England

Key Observation(s)

Indicators A1.3[1] and A1.4[1]

- Wirral saw a similar decrease in scores for social care-related quality of life as England between 2018/19 and 2019/20; 19.2 to 19.1 vs 18.9 to 18.8 respectively
- The carer-reported quality of life score is only updated every two years and will therefore be updated when 2020/21 survey results are released

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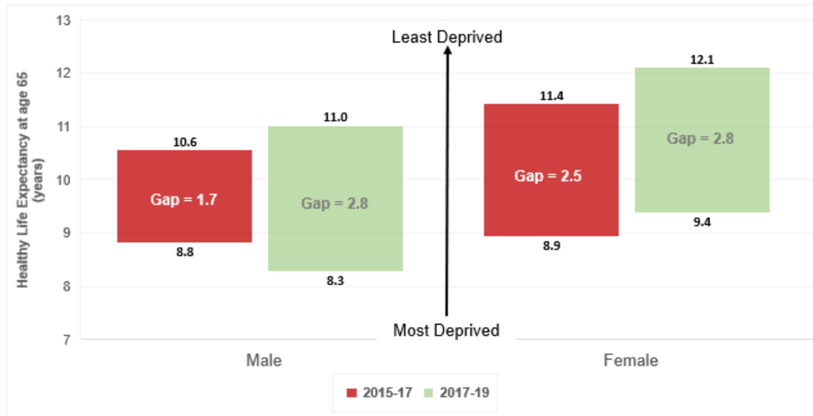
Inequalities in healthy life expectancy are reduced

Inequality in healthy life expectancy at age 65 (male and female), 2015-17 & 2017-19



Source: Public Health Intelligence Team, Wirral Intelligence Service, 2021

Key Observation(s)

Indicators A2.1 and A2.2

- The inequality[1] in healthy life expectancy at age 65 in Wirral:
  - increased for males; 1.7 in 2015-17 to 2.8 years – this is because HLE has increased in the least deprived areas and decreased in the most deprived areas
  - increased for females; 2.5 in 2015-17 to 2.8 in 2017-19 – this is because HLE increased more in the least deprived areas than the most deprived areas

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

Inequality in life expectancy at age 65 (male and female), 2015-17 & 2017-19

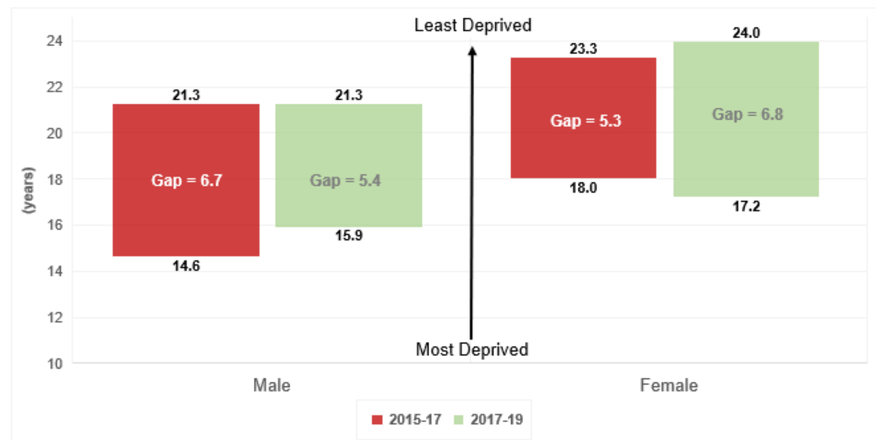
Key Observation(s)

Indicators A2.3 and A2.4

The inequality[1] in life expectancy at age 65 in Wirral:

- decreased for males; 6.7 in 2015-17 to 5.4 in 2017-19 – this is because LEx in the most deprived areas increased
- increased for females; 5.3 in 2015-17 to 6.8 in 2017-19 – this is because LEx increased in least deprived areas and decreased in most deprived areas

[1]difference between those in the most and



Source: Public Health Outcomes Framework, 2021

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)

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

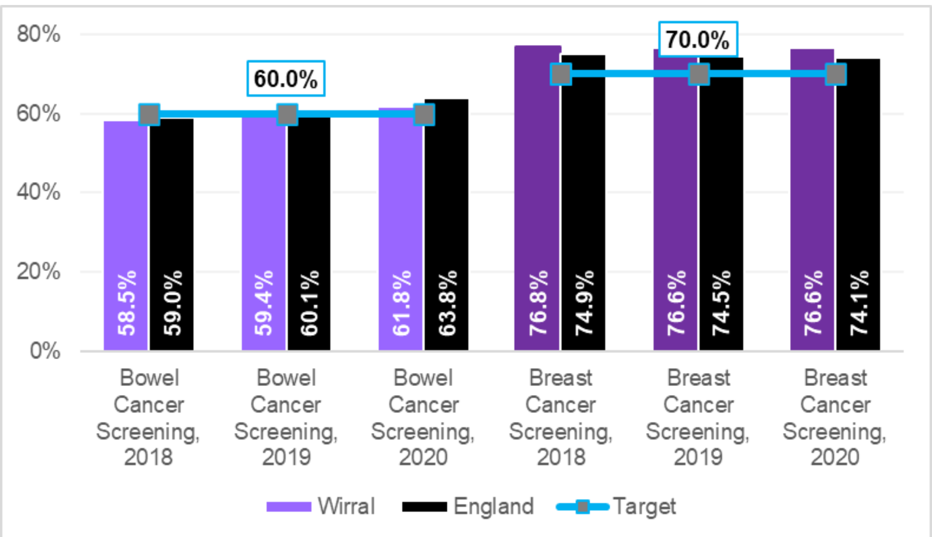
Interventions take place early to tackle emerging problems or support those most at risk

Cancer Screening: Bowel Cancer (persons, 60-74 years), 2018 to 2020
Cancer Screening: Breast Cancer (female, 53-70 years), 2018 to 2020

Key Observation(s)

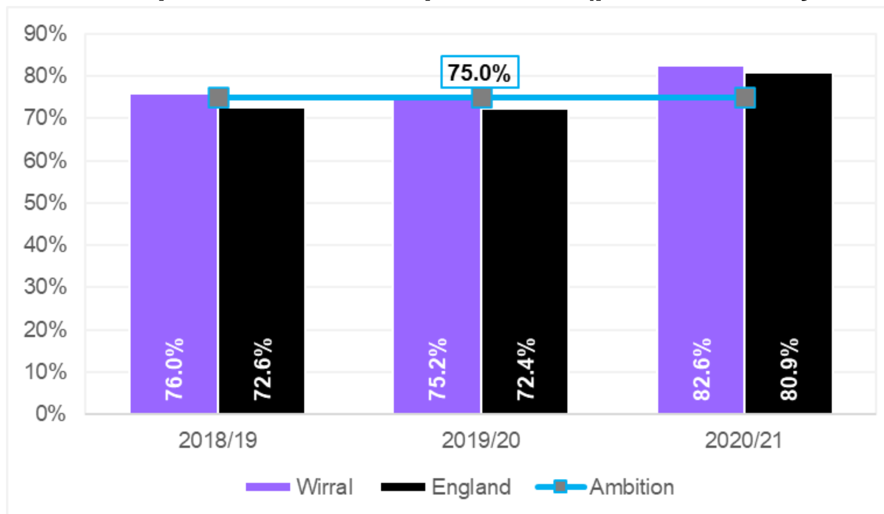
Indicators 1.1a and 1.1b

- Bowel cancer screening achieved the 60% ambition in 2020 for the first time locally
- Variation between practices has also decreased but remains substantial
- Breast cancer screening continued to decline locally, however, 2020 saw no additional decrease in performance given the COVID-19 pandemic



Source: Public Health Outcomes Framework, 2021

Older People Vaccination Uptake: Flu (persons, 65+ years), 2018/19 to 2020/21



Source: Public Health Outcomes Framework, 2021

Key Observation(s)

Indicators 1.1c, 1.1d and 1.1e

- Flu vaccine uptake in those aged 65+ achieved its highest uptake in Wirral in recent years; 82.6% compared to 80.9% nationally
- Due to various reasons, such as vaccine programme changes and COVID-19 pandemic, flu vaccine data has only been refreshed to date. PPV data is available at a later date, and the shingles vaccine programme has changed and needs further review.

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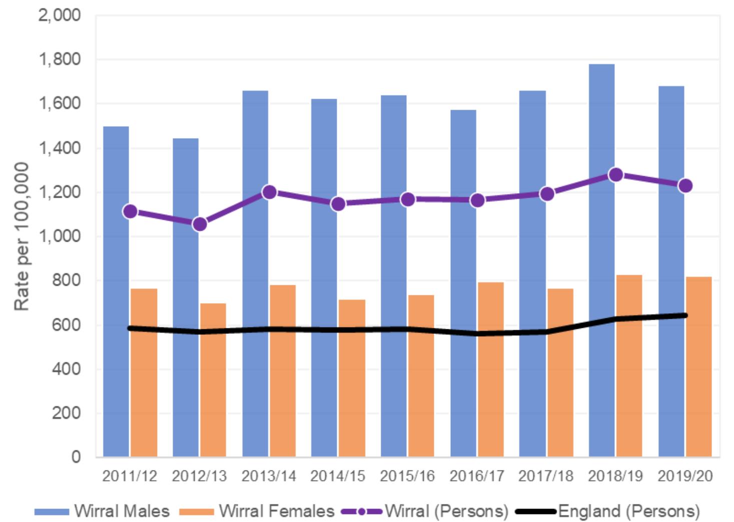
Alcohol-specific Hospital Admissions (male and female, 18+ years) 2011/12 to 2019/20

Key Observation(s)

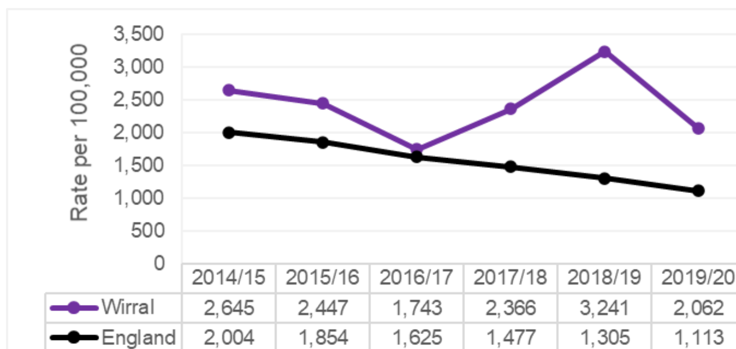
Indicator 1.1f

- Historically, Wirral has had a rate of admission episodes for alcohol-specific conditions higher than that seen nationally. However, rates in Wirral have decreased over the latest period compared to an increase nationally
- In Wirral, the gap between male and female admission rates has closed. However, in addition to a decrease in the male rate, the rate of admissions in females has increased between 2017/18 (769 per 100K) and 2019/20 (823 per 100K)



Source: Public Health Outcomes Framework, 2021

Smokers that have successfully quit at 4 weeks (CO Validated, persons, 16+ years), 2014/15 to 2019/20



	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Wirral	2,645	2,447	1,743	2,366	3,241	2,062
England	2,004	1,854	1,625	1,477	1,305	1,113

Source: Public Health Outcomes Framework

Key Observation(s)

Indicator 1.1g

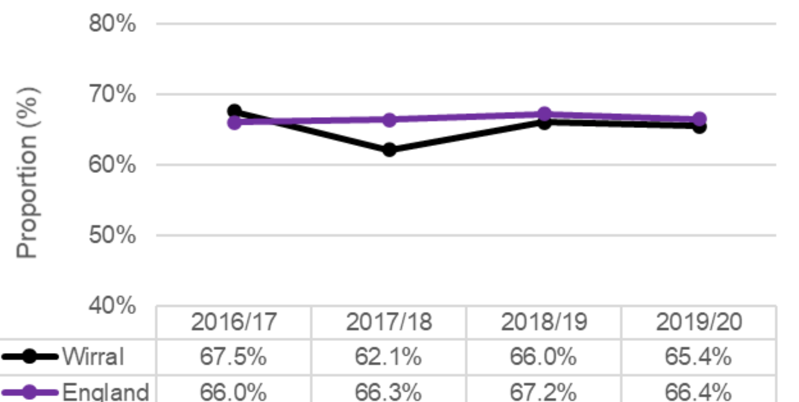
- Despite a dramatic decrease in 2019/20, Wirral's CO-validated quit rate remains significantly higher than England, which continues to see a decline
- It should be noted that this indicator is measured against estimated smoking populations. Over the latest two periods, the number of quits in Wirral has decreased by around 15% compared to 18.9% in England

Physically active adults (persons, 19+ years), 2016/17 to 2019/20

Key Observation(s)

Indicator 1.1h

- Estimated physical activity appears to have stabilised over the last two periods
- With the exception of a decrease in 2017/18, Wirral's proportion of physically active adults is consistent with national estimates; around 2 in 3 adults



	2016/17	2017/18	2018/19	2019/20
Wirral	67.5%	62.1%	66.0%	65.4%
England	66.0%	66.3%	67.2%	66.4%

Source: Public Health Outcomes Framework, 2019

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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

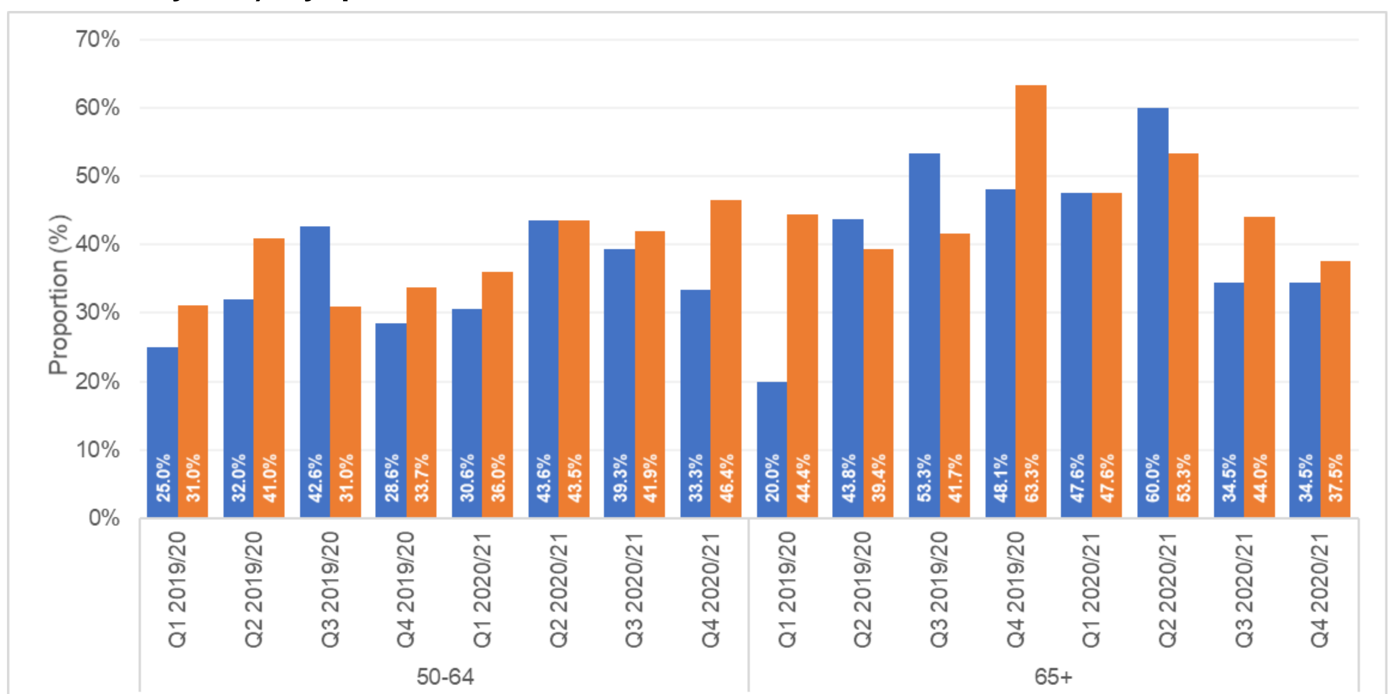
Public Health Outcomes Framework:
- Overarching Indicators
- Productive Healthy Ageing
- Local Health
- Health Protection
- Cancer Services
- Local Alcohol Profiles for England
- Local Tobacco Control Profiles
- Physical Activity

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 in IAPT* services (male and female, 50-64 and 65+ years), by quarter, 2019/20 and 2020/21



Source: Wirral CCG, July 2021

Note: Moving to recovery is when a person scores above the cut off on clinical questionnaires before treatment but below at the end of treatment

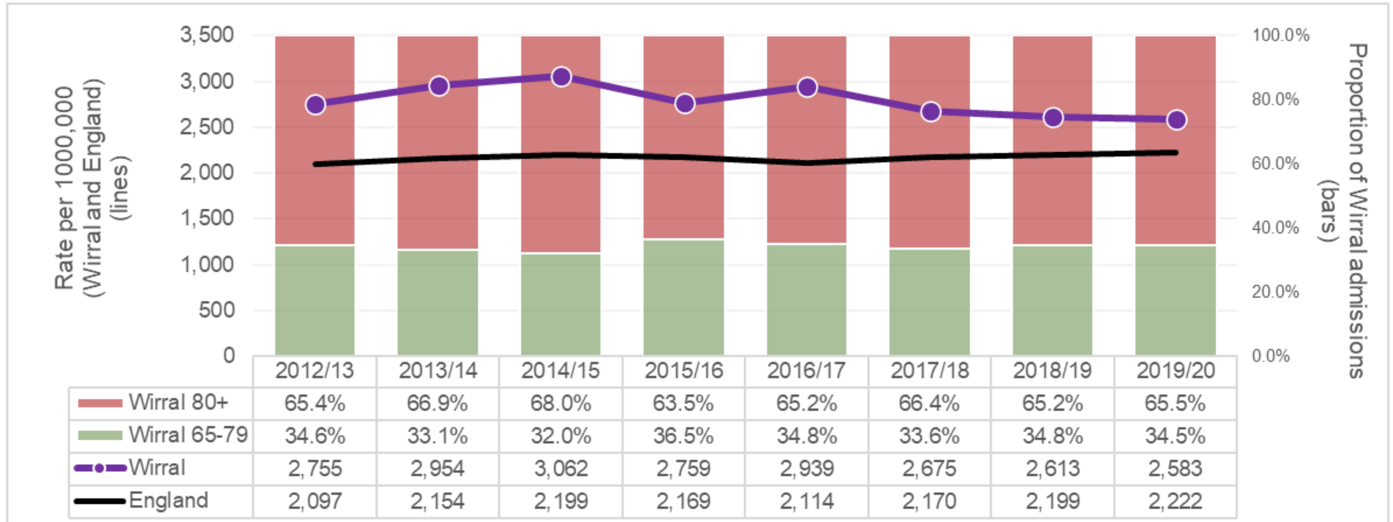
Key Observation(s)

Indicator 2.1a

- For the above duration, those aged 65+ years were more likely to move to recovery; 46.5% compared to 36.3% of those aged 50-64 years
- Males have the highest proportion of patients "moving to recovery" with 40.1% recorded across the two-year period above (2019/20 and 2020/21)
- As can be seen, Q1 2019/20 is the lowest month for both age groups, however it should be noted that this is when the service was commissioned in its current form

*IAPT = Improving Access to Psychological Therapies

Emergency hospital admissions due to falls (persons, 65+ years), 2012/13 to 2019/20



	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Wirral 80+	65.4%	66.9%	68.0%	63.5%	65.2%	66.4%	65.2%	65.5%
Wirral 65-79	34.6%	33.1%	32.0%	36.5%	34.8%	33.6%	34.8%	34.5%
Wirral	2,755	2,954	3,062	2,759	2,939	2,675	2,613	2,583
England	2,097	2,154	2,199	2,169	2,114	2,170	2,199	2,222

Source: Public Health Outcomes Framework, 2021

Key Observation(s)

Indicator 2.1b

- Wirral's rate of emergency admissions due to falls in those aged 65+ continues to be consistently higher than rates in England. However, it should be noted that declining rates locally partly account for the gap with the national rate narrowing
- The proportion of emergency admissions in Wirral remains substantially weighted towards those aged 80+ years; this cohort makes up around two thirds (≈66%) each year

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Indicator 2.1c: 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 governments loneliness strategy recognised the need to improve the evidence base about what works to tackle loneliness. Coronavirus has had a devastating effect on peoples mental health and wellbeing across all levels of society and impacted on those who were already experiencing chronic and sever loneliness.

In January 2021, the Government published its Loneliness Annual Report that sets out the government's direction of travel on the loneliness journey. A key commitment within this strategy is funding to support 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. Social prescribing link workers are becoming an integral part of the multi-disciplinary teams in primary care networks (PCNs). The NHS Long Term Plan published in January 2019 made a commitment to increasing access to social care prescribing for the whole population with the inclusion in the five year framework for GP contract reform.

Wirral's approach to tackling loneliness is to identify the loneliest older people in our communities. In 2019, Wirral partners agreed to adopt and pilot the recommended indicators of loneliness; to establish a baseline with pilot providers by April 2020. However, COVID-19 pandemic paused this work, and this now requires the Wirral system to revisit their approach in light of the latest Government published Loneliness Annual Report.

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	Strongly agree, Agree, Neutral,

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:

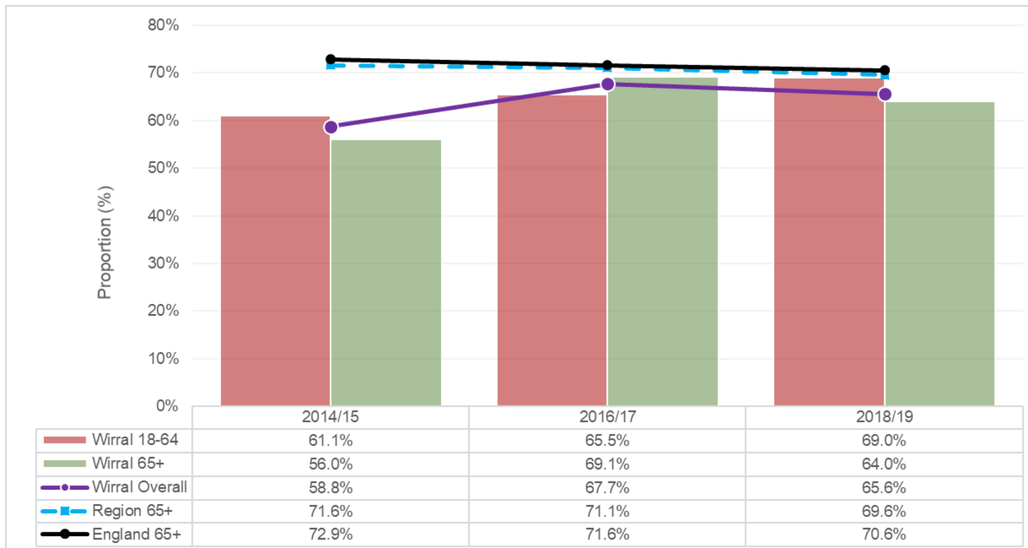
- Overarching Indicators
- Productive Healthy Ageing
- Local Health
- Mental Health & Wellbeing

- 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, 2021 (3C)

Key Observation(s)

Indicator 3.1a

There is currently no update available for this until the 2021/22 survey is completed. The 2020/21 survey paused due to COVID-19.

Indicator 3.1b: Dying in preferred place / place of choosing / recording of preferred place of death

Due to the COVID-19 pandemic, much of this work has been delayed. However, discussions are due to restart regarding the local work outlined below.

The NHS Long Term Plan (2019) set 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) had been included in the 2019/20 Quality Outcome Framework (QOF). Due to the pandemic, the Quality Outcome Framework for 2020/21 has been heavily revised to focus efforts on early cancer diagnosis and the care of people with learning disabilities. Changes to future versions of the QOF will be monitored.

In terms of local work, 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. It was intended that the registry would go live by the end of September 2019, with work resuming with End of Life leads in Wirral to develop indicators for the framework using this tool.

[2] Gold Standards Framework website

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 and further increased in 2017 to 33.5%; this is where place of death is a care home but is not the usual place of residence. Local, experimental data suggests that this may have continued to increase since 2017.

Additional Resources: Good communication and access to information

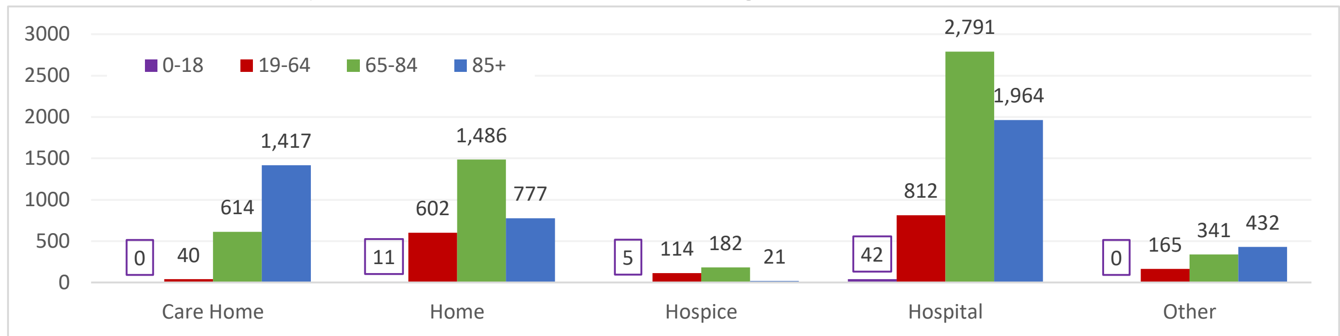
For more in-depth detail around the topics covered in this section please see the following links:

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

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

NHS Digital:
- Adult Social Care Analytical Hub

Number of deaths by place of death and broad age band (persons), Wirral, 2018-2020

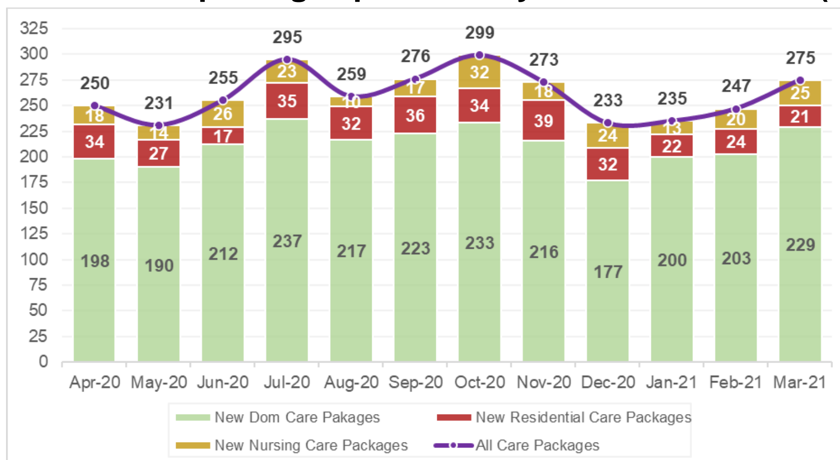


Source: Public Health Intelligence Team, Wirral Intelligence Service, 2020 (using Primary Care Mortality Data, NHS Digital, 2021)
Note: Deaths displayed as 'Home' could mean a relative, friend or carer's home

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), 2020/21

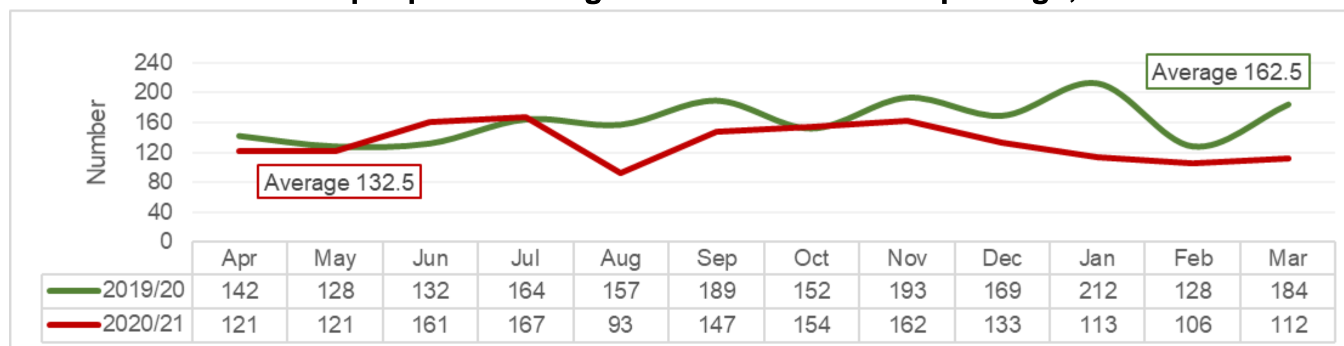


Source: Adult Social Care Intelligence Team, Wirral Intelligence Service, 2021

Key Observation(s)

Indicator 4.1ai
- Overall, in 2020/21 there were 3,128 cases: 2,535 domiciliary care packages, 353 residential packages and 240 nursing residential packages
- Care packages decreased in 2020/21 compared to 2019/20; 3,128 vs 3,262 respectively
- The number of people receiving residential (including nursing) care packages continues to reduce allowing more people the opportunity to stay in their home; 23.8% in 2017/18 to 20.4% in 2020/21

Number of people receiving a review of their care package, 2019/20 & 2020/21



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	142	128	132	164	157	189	152	193	169	212	128	184
2020/21	121	121	161	167	93	147	154	162	133	113	106	112

Source: Adult Social Care Intelligence Team, Wirral Intelligence Service, 2021

Key Observation(s)

Indicator 4.1aii

Following a successful pilot period in 2018, the Trusted Assessor Review programme was implemented in Wirral in January 2019, with new providers being brought on board each month. For more information, please see guidance from the Care Quality Commission. The monthly average number of care packages reviewed in 2017/18 and 2018/19 was 80.2 and 105.6 respectively; the above shows that in 2019/20 reviews continued to increase, however 2020/21 saw a decrease to a monthly average of 162.5. It should be noted that although a reduction was observed, the 2020/21 levels are still substantially higher than the 2018/19 position and carried out throughout the pandemic when people's needs are likely to change.

Emergency admissions for delirium and delirium with dementia, 2019/20-2020/21

	Emergency (Non-Elective) Admissions		Emergency (Non-Elective), Short Stay* Admissions	
	Delirium Only	Delirium and Dementia	Delirium Only	Delirium and Dementia
Total Spells (n)	1,631	620	75	27
Total Bed Days (days)	50,828	20,632	50	25
Average Length of Spell (days)	31.2	33.3	N/A	N/A
Average Age at Admission (years)	80	83	76	79
Age Range at Admission (years)	85 (18-103years)	55 (45-100years)	81 (18-99years)	50 (45-95years)
Proportion aged < 65 years (%, n)	9.7%	2.9%	18.2%	16.1%
Proportion aged 65+ years (%, n)	90.3%	97.1%	84.4%	83.9%

Source: Public Health Intelligence Team, Wirral Council and Wirral CCG Business Intelligence Team, 2021
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 4.1b

The above figures have been calculated using the Secondary User Service (SUS) hospital data from two pooled years (2019-21). 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 2,353 non-elective (emergency) hospital admissions where patients were diagnosed with delirium; around one in four of these admissions (27.5%) also recorded a diagnosis of dementia before discharge. Most of these admissions were for patients aged 65 year and over. Data included above shows that emergency admissions for delirium and dementia typically last around 33 days, i.e., slightly longer than those with the addition of a delirium only diagnosis (31 days). In comparison to previous data, the proportion of those aged 65+ years made up a smaller proportion of all types of admission, except for short stay 'Delirium Only' admissions; increased from 78.7% in 2017-19 to 84.4% in 2019-21.

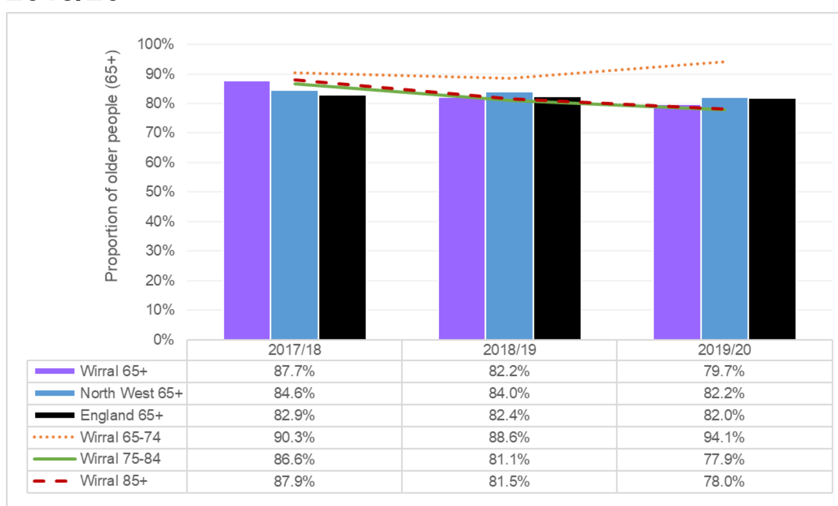
The top primary diagnoses for both cohorts are almost identical, with the only differences being the ranking of diagnoses, i.e., Pneumonia is the top diagnoses for 'Delirium Only' but is third for 'Delirium and Dementia'.

		Emergency (Non-Elective) Admissions (2019/20-2020/21)	
		Delirium Only	Delirium and Dementia
Top Primary Diagnoses	1	Pneumonia (unspecified) (28.2%)	Delirium (25.8%)
	2	Urinary Tract Infection (24.8%)	Urinary Tract Infection (25.6%)
	3	Delirium (21.1%)	Pneumonia (unspecified) (25.0%)
	4	Sepsis (13.2%)	Sepsis (13.8%)
	5	COVID-19 (12.6%)	COVID-19 (9.8%)

Source: Public Health Intelligence Team, Wirral Council and Wirral CCG Business Intelligence Team, 2021

Note: Delirium superimposed on dementia falls under the dementia classification rather than delirium classification. The emergency codes for COVID-19 may not have been used for each hospitalised case at the outset and so may not reflect accurate numbers/proportion

Older people still at home 91 days after discharge from hospital (persons), 2017/18 to 2019/20



Source: Adult Social Care Outcomes Framework, 2021 (2B.1)

Key Observation(s)

Indicator 4.1c

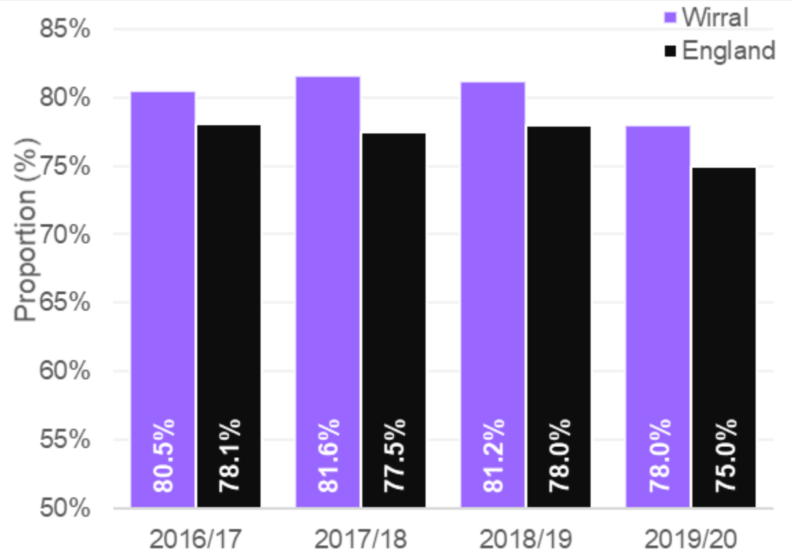
- The proportion of older people still at home 91 days post-discharge has decreased in 2019/20 for all areas compared to 2018/19
- Locally, rates for those aged 75-84 and 85+ have decreased consistently between 2017/18 and 2019/20; in contrast to the figures shown in the original framework where the proportion for the same cohorts increased for three years.

People with dementia diagnosis receiving a follow up review, 2016/17 to 2019/20

Key Observation(s)

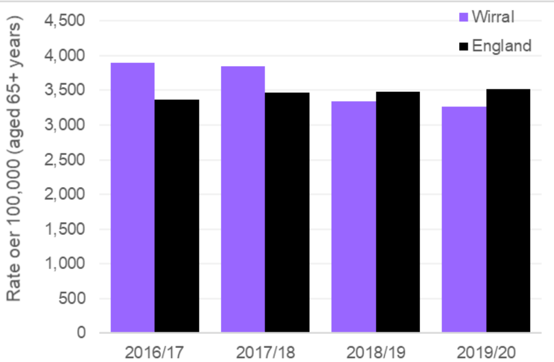
Indicator 4.1di

- 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
- However, after several periods showing an increase, Wirral has seen a decrease in the most recent period, 2019/20, the lowest review rate since 2014/15 (76.7%). Nevertheless, Wirral still has a higher rate of review than England (78.0% vs 75.0%)



Source: CCG Impact Assessment Framework, 2021 (126b)

Dementia: Standardised rate of emergency admissions (65+ years), 2016/17 to 2019/20



Source: Public Health Outcomes Framework, 2021

Key Observation(s)

Indicator 4.1dii

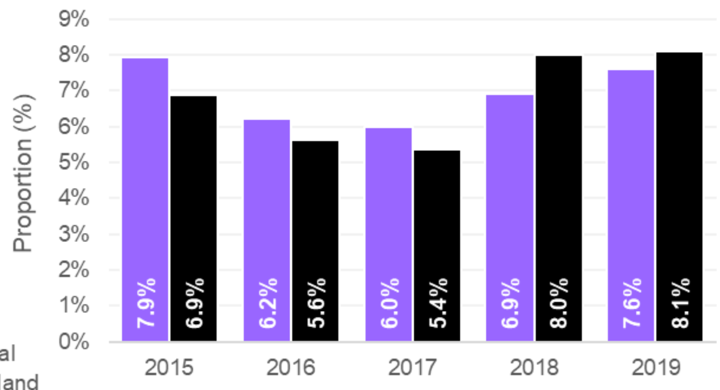
- Over the last 4 years Wirral has seen a substantial decrease in the rate of dementia-related emergency admissions; 3,892 in 2016/17 to 3,267 in 2019/20
- This means that Wirral now has a rate lower than England, which has seen an increase over the same period; 3.365 in 2016/17 to 3,517 in 2019/20
- This indicator has been replaced from that in the original document to allow trend to be monitored

Three or more emergency admissions in last three months of life (person), 2015 to 2019

Key Observation(s)

Indicator 4.1e

- Wirral and England have both seen increases in the proportion of people with 3+ emergency admissions in the last 3 months of life over the last two periods
- Despite being consistently higher than England, the increase in Wirral's proportion has not increased as sharply as that seen nationally, meaning it is now lower than England; 7.6% vs 8.1%



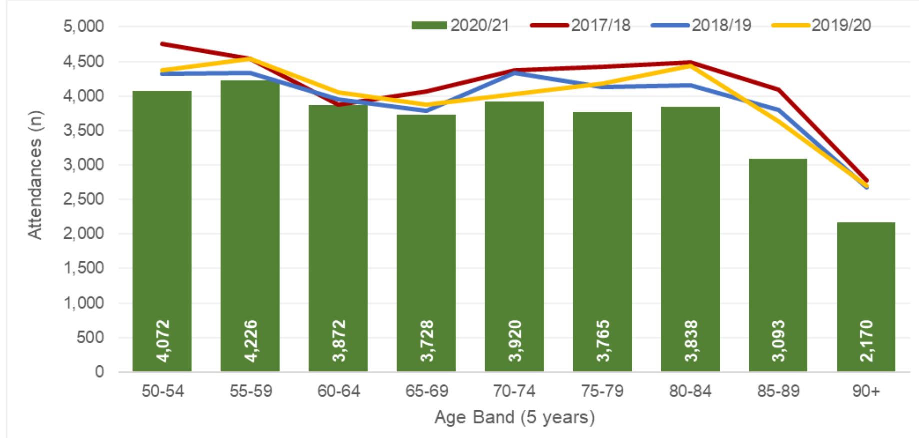
Source: Public Health Outcomes Framework, 2021 (105c)

Wirral Health & Care Commissioning

WIRRAL INTELLIGENCE SERVICE

People access acute hospital services only when they need to

Attendances at Accident & Emergency by 5-year age band (persons), 2017/18 to 2020/21



Source: Wirral CCG BI Team, 2021
Note: This refers to AE attendances at Wirral University Teaching Hospital NHS Foundation Trust only

Key Observation(s)

Indicator 4.2a

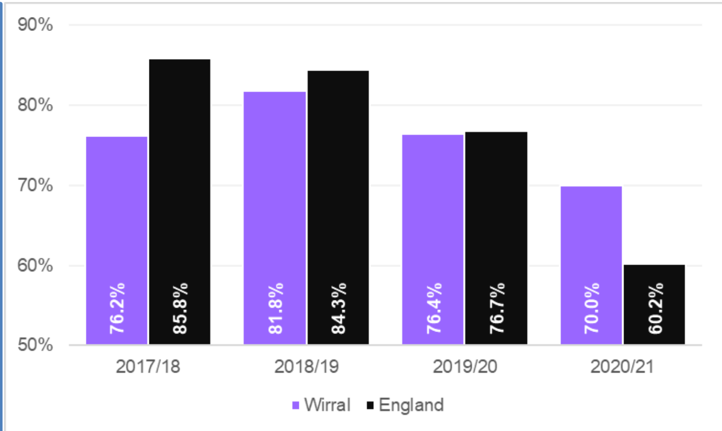
- The total number of A&E attendances for people aged 50+ was 32,684 in 2020/21; a substantial decrease from 37,381 in 2017/18
- Research shows that emergency attendances dropped nationally during the early stages of the pandemic
- Locally for people aged 50+, the most noticeable changes can be seen in those aged 75+

Patients on non-emergency pathways seen within 18 weeks (person), 2017/18 to 2020/21

Key Observation(s)

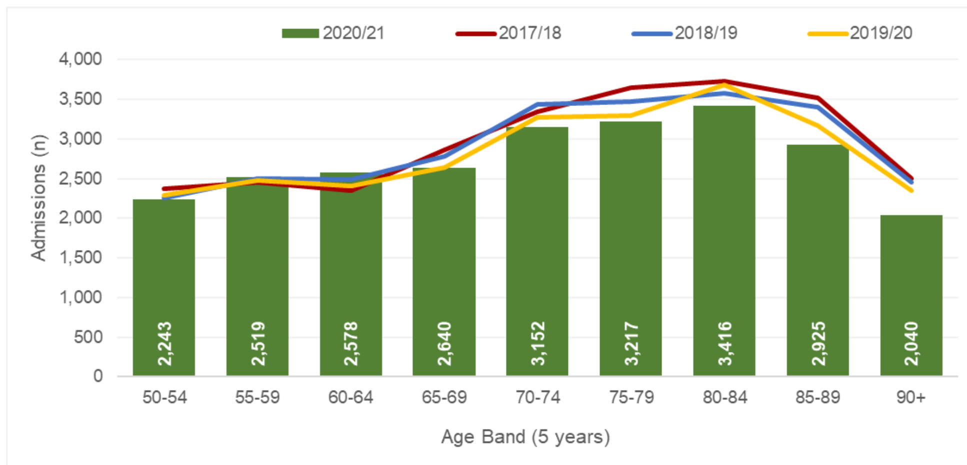
Indicator 4.2b

- The COVID-19 pandemic has had a considerable impact on waiting lists across the country. In England, the number of patients seen on non-emergency pathways dropped to 60.2% in 2020/21 from 76.7% in 2019/20
- For Wirral, the impact has not been as steep, with the proportion of patients being seen dropping from 76.4% to 70.0%
- The speciality with the lowest proportion seen within 18 weeks was Trauma & Orthopaedics in Wirral, compared to Gastroenterology nationally



Source: NHS England, 2021

Non-elective (NEL) admissions to hospital by 5-year age band (50+ years), 2017/18 to 2020/21



Source: Wirral CCG BI Team, 2021
Note: This refers to AE attendances at Wirral University Teaching Hospital NHS Foundation Trust only

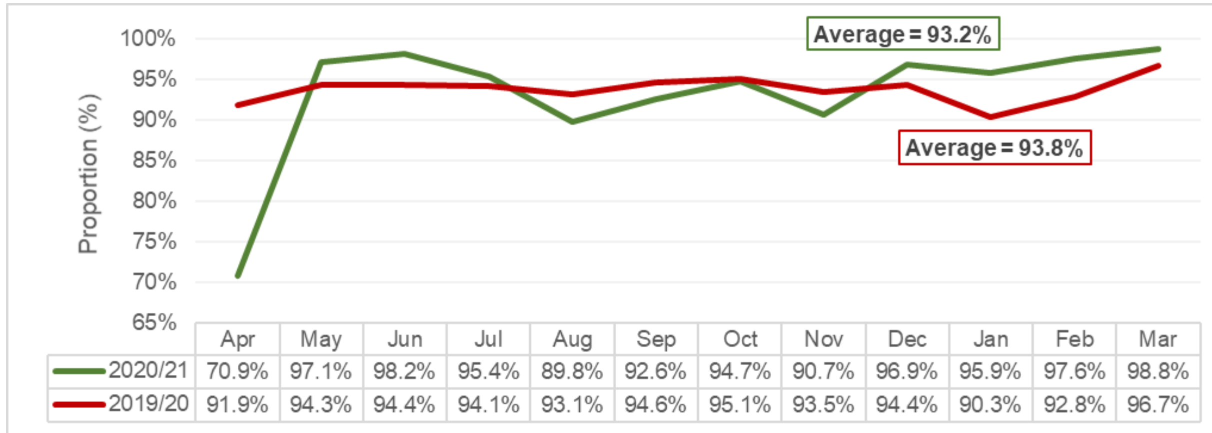
Key Observation(s)

Indicator 4.2c

- The total number of non-elective admissions in 2020/21 was 24,730
- With AE attendances having decreased it is not surprising that NEL admissions also decreased within in the same age bracket (70+)
- Research suggests that the pandemic has had a major influence on people's healthcare seeking behaviours that will have implications longer term

People have access to timely and responsive care

Referrals through Two Week Wait scheme seen within 14 days (person), 2019/20 & 2020/21



	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	70.9%	97.1%	98.2%	95.4%	89.8%	92.6%	94.7%	90.7%	96.9%	95.9%	97.6%	98.8%
2019/20	91.9%	94.3%	94.4%	94.1%	93.1%	94.6%	95.1%	93.5%	94.4%	90.3%	92.8%	96.7%

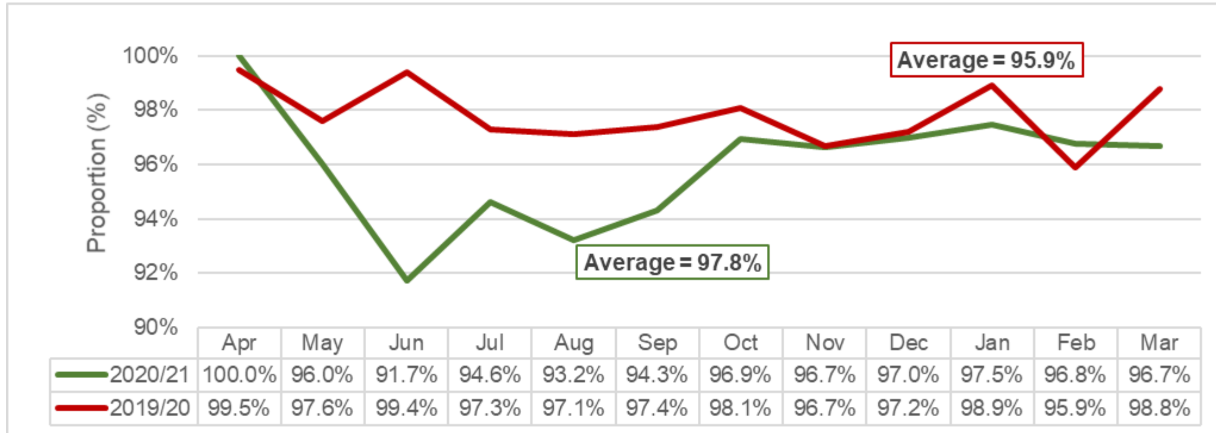
Source: NHS England, 2021

Key Observation(s)

Indicator 4.3a

- In April 2020, the impact of the COVID pandemic is extremely noticeable in terms of people being assessed within the standards of the Two Week Wait (TWW) scheme; 70.9% is more than 20% below the annual average of the last four annual periods. However, the above chart does not show that the number of referrals approximately halved at this time (1,252 in March to 659 in April) and did not return to typical levels until June/July 2020.

First treatment received within 31 days of diagnosis (person), 2019/20 & 2020/21



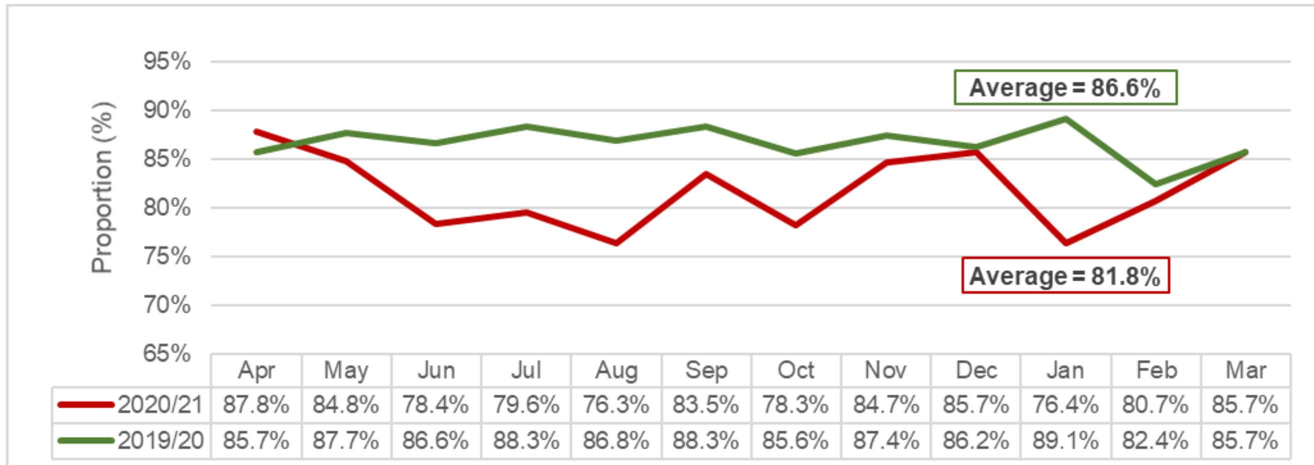
Source: NHS England, 2021

Key Observation(s)

Indicator 4.3b

- In 2020/21 those receiving their first treatment within 31 days fell significantly over the spring and summer period, before an increase in November. Early 2020/21 was at a time when Wirral was experiencing high COVID-19 mortality rates and NHS services were under pressure. The easing of COVID-19 restrictions in May 2020 may have also had a major influence on people seeking and accessing services.
- The average proportion increased to 97.8% in 2020/21 from 95.9% in 2019/20; both above the 96% national target but a decrease on the average for 2018/19 of 98.4%

First treatment received within 62 days of an urgent referral by GP, 2019/20 & 2020/21



Source: NHS England, 2021

Key Observation(s)

Indicator 4.3b

- Early 2020/21 was at a time when Wirral was experiencing an initial COVID-19 surge and NHS services were under pressure. Primary care consultations would also have been limited and many people would have avoided making and/or attending appointments. As such, as the chart shows, those receiving their first treatment within 62 days fell significantly over the summer period and continued to fluctuate in line with local COVID-19 surges; the average proportion for the year was 81.8%, a substantial decrease on the previous year (2019/20).

Indicator 4.3d: GP Appointments in Wirral

The availability of GP appointments is essential to patients having access to timely and responsive care. Software that allows the monitoring of capacity and demand has recently been commissioned and fully rolled out.

During the pandemic, appointments with primary care were initially triaged via online methods for telephone/video consultations and, where necessary, face to face appointments or COVID-19 hub referrals. This is still occurring in Wirral; however, patients are now being offered a more blended approach, i.e., offering face to face appointments in addition to remote appointment. To reflect the changes that the COVID-19 pandemic has brought about in terms of people's healthcare seeking behaviour and healthcare accessibility, discussions around appropriate measures will take place.

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

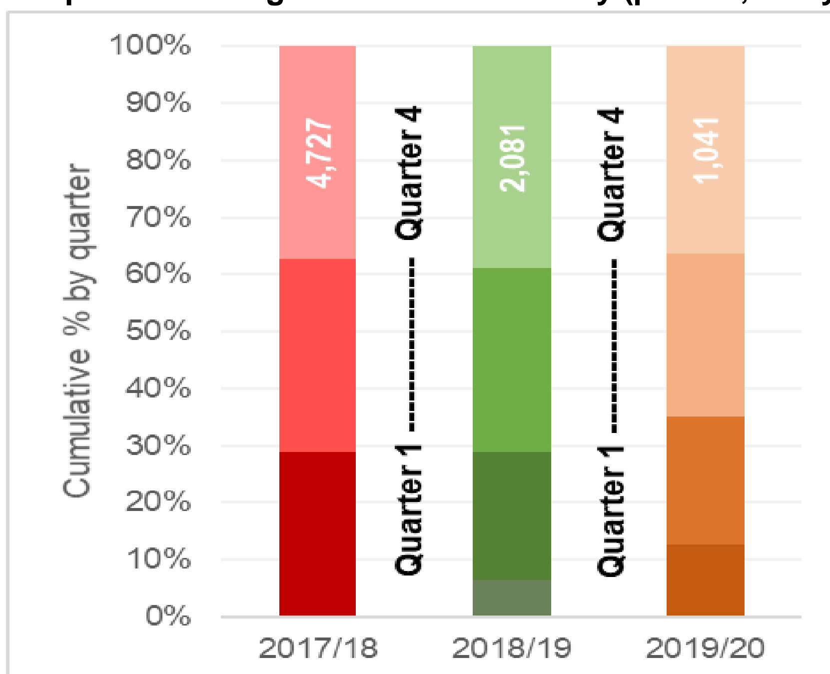
NHS England:
- Consultant-led Referral to Treatment (RTT) Waiting Times
- A&E Attendances and Emergency Admissions
- Cancer waiting times

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



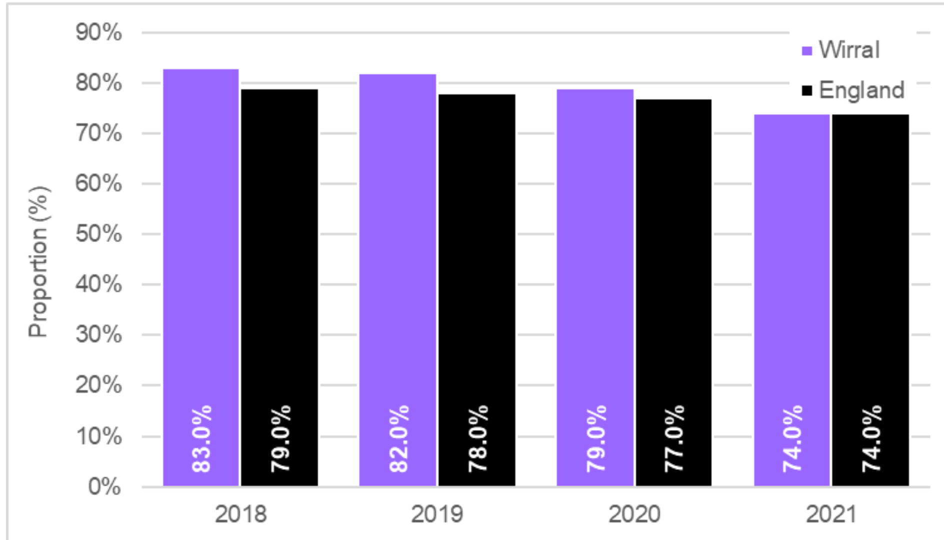
Source: NHS Digital, 2021

Key Observation(s)

Indicator 5.1a

- In 2019/20, 14,111 (or 25.0% of) registered patients with a Wirral GP surgery and aged 65 years and over had a frailty assessment, compared to 12,831 (18.2%) in 2018/19
- Of those assessed, 7.4% (n=1,041) were found to have severe frailty in 2019/20, compared to 16.2% (2,081) in 2018/19
- This also means that approximately 1 in 15 patients (6.2%) aged 65+ in Wirral have been assessed as severely frail since April 2018

People who feel supported to manage their long-term condition (person), 2018 to 2021



Source: GP Survey, 2019

Key Observation(s)

Indicator 5.1b

- Both Wirral and England saw more significant decreases in the proportion of people feeling supported over the last two years.
- This is not surprising as the pandemic has impacted all aspects of care from accessibility by patients to staff absences from sickness and isolation

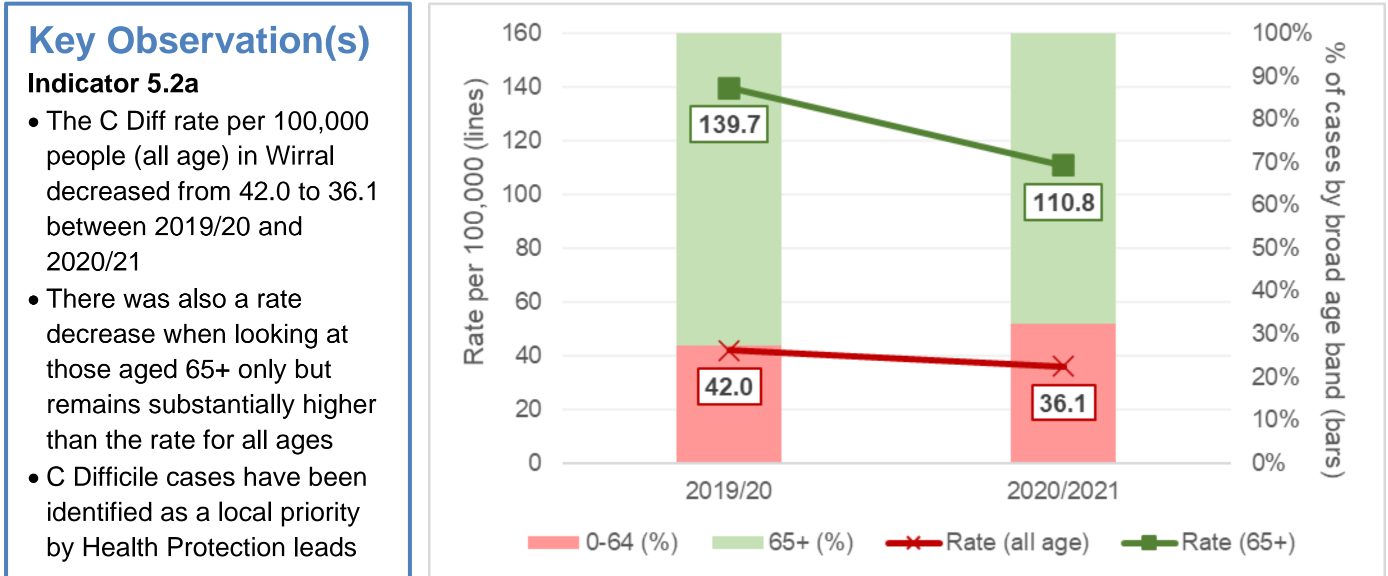
Indicator 5.1c: Quality of care in last months of life

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) were included within the 2019/20 Quality Outcome Framework (QOF). However, due to the pandemic and the impact on healthcare services, the current focus of the QOF relates to three areas identified as a priority

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 went live by the end of September 2019. Unfortunately, due to the pandemic, this work was delayed, however discussions are due to restart in Summer 2021.

People are kept safe and free from avoidable harm

Rate of C. Difficile infection by broad age band (person), 2019/20 and 2020/21



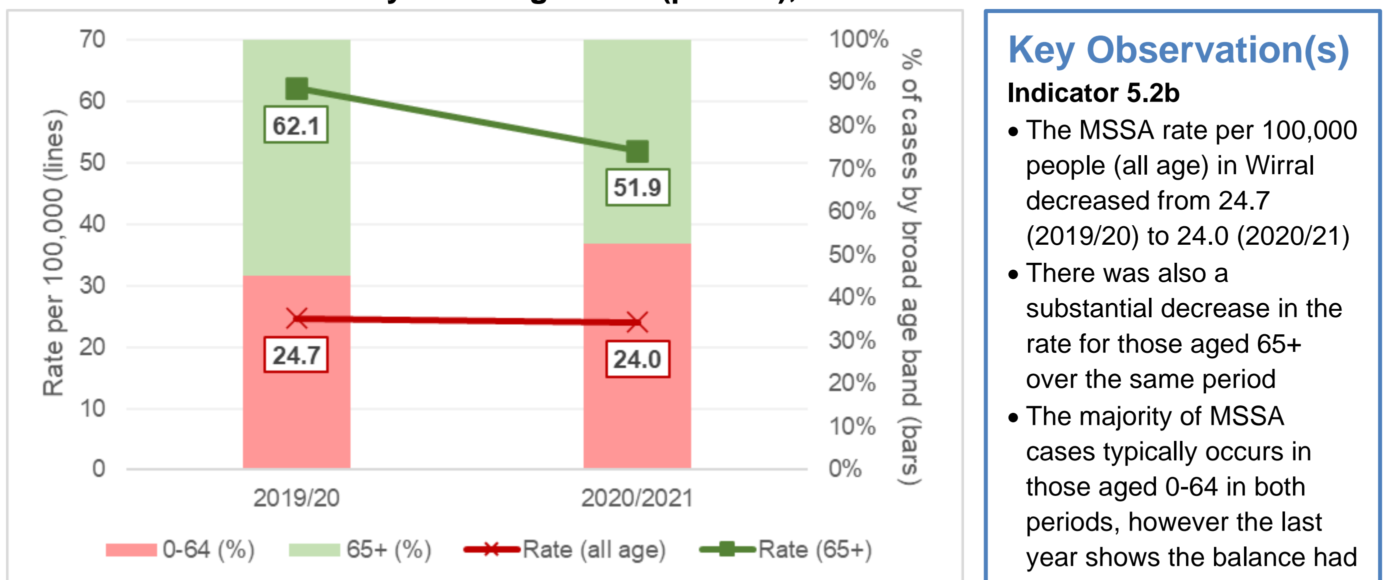
Key Observation(s)

Indicator 5.2a

- The C Diff rate per 100,000 people (all age) in Wirral decreased from 42.0 to 36.1 between 2019/20 and 2020/21
- There was also a rate decrease when looking at those aged 65+ only but remains substantially higher than the rate for all ages
- C Difficile cases have been identified as a local priority by Health Protection leads

Source: HCAI DCS, 2021, and ONS, 2021

Rate of MSSA infection by broad age band (person), 2019/20 and 2020/21



Source: HCAI DCS, 2021, and ONS, 2021

Key Observation(s)

Indicator 5.2b

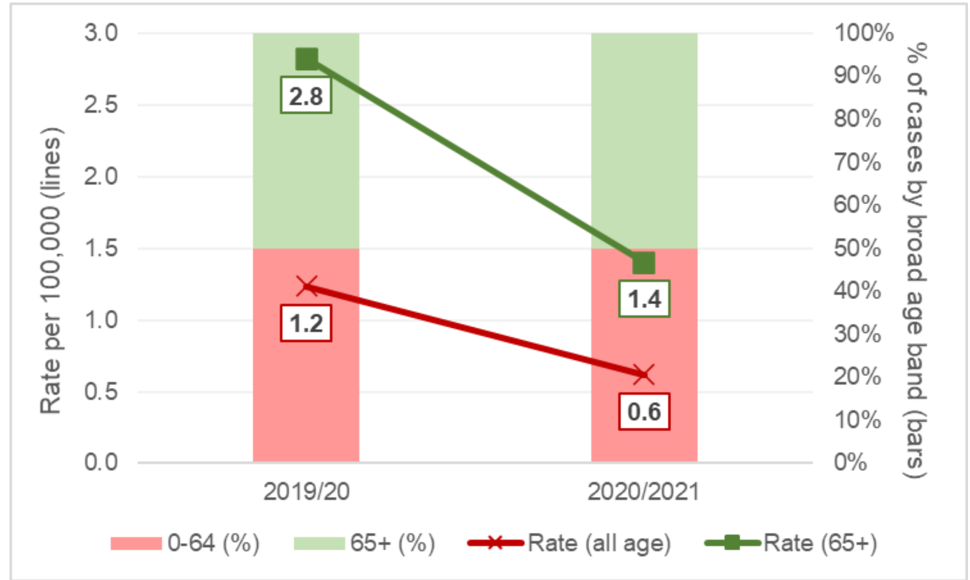
- The MSSA rate per 100,000 people (all age) in Wirral decreased from 24.7 (2019/20) to 24.0 (2020/21)
- There was also a substantial decrease in the rate for those aged 65+ over the same period
- The majority of MSSA cases typically occurs in those aged 0-64 in both periods, however the last year shows the balance had tipped to 65+ years; this could be due to COVID-19 impacting the make-up of hospital patients

Rate of MRSA infection by broad age band (person), 2019/20 and 2020/21

Key Observation(s)

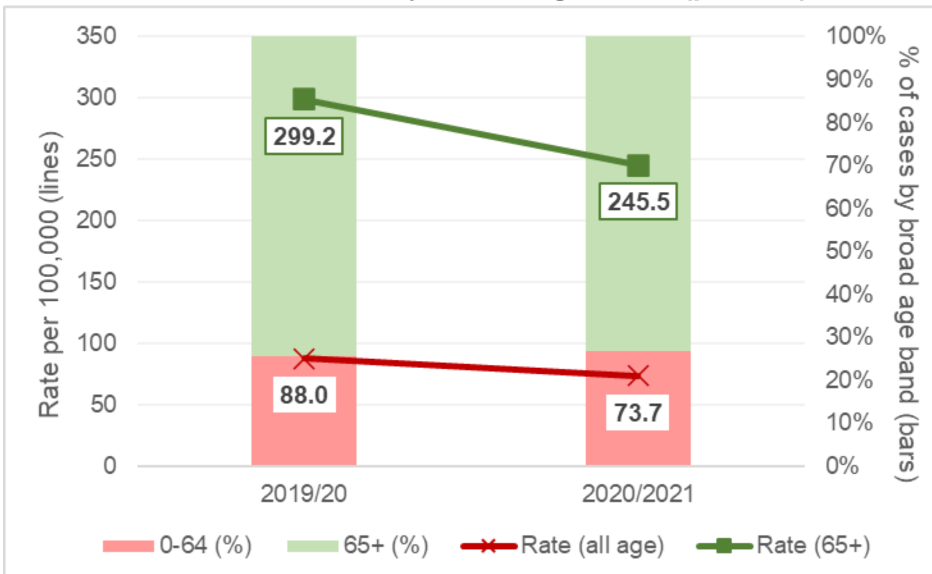
Indicator 5.2c

- The MRSA rate per 100,000 (all age) in Wirral decreased from 1.2 in 2019/20 to 0.6 in 2020/21
- There was also a decrease in rate for those aged 65+ over the same period; 2.8 to 1.4
- The number of MRSA cases in Wirral annually is very small; there have only been 16 cases over the last 4 financial years; with 8 of these occurring in 2018/19



Source: HCAI DCS, 2021, and ONS, 2021

Rate of E. Coli infections by broad age band (person), 2019/20 and 2020/21



Source: HCAI DCS, 2021, and ONS, 2021

Key Observation(s)

Indicator 5.2d

- The E. Coli rate per 100,000 (all age) in Wirral decreased from 88.0 (2019/20) to 73.7 (2020/21)
- This also occurred in the 65+ only rate; 299.2 decreasing to 245.5 over the same period
- The rate for 65+ is substantially higher than that seen at all age
- E Coli cases have been identified as a local priority by Health Protection leads

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

Wirral Health & Care Commissioning

WIRRAL INTELLIGENCE SERVICE

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 6.1a and Indicator 6.1b:
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.

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. The NHS Long Term Plan states that personalised care will become 'business as usual' across the health and care system by 2023/24.

In 2019, Wirral health and care staff were being supported to deliver personalised care and have coaching conversations focussed upon what matters to that person. In 2020, this work paused as the whole system approach focussed on the pandemic and keeping people safe and supporting the vulnerable. COVID-19 pandemic has heightened the need for a person centred approach and now more than ever, we need to make sure we are not forgetting our person-centred principles and working in partnership with our patients and their families.

Work will continue 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 6.2a:
The "Conversational Capability" work paused because of the COVID-19 pandemic.

Work is currently underway to reinstate a workforce group 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 6.2b:
Please refer to text for Indicator 6A.1 and Indicator 6A.2

Wirral Health & Care Commissioning

WIRRAL INTELLIGENCE SERVICE

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
A1 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
A2 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

Wirral Health & Care Commissioning

WIRRAL INTELLIGENCE SERVICE

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

1.1 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

2.1 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

3.1 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

4.1 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

4.2 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
4.3 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
5.1 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
5.2 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
6.1 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
6.2 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