This is Wirral

Health and Wellbeing

Wirral Intelligence Service (December 2019)

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Latest Indices of Deprivation 2019 – available on Wirral Intelligence Service website
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This is Wirral: Health and Wellbeing

Contents

Please note:

Health & Wellbeing is an extremely broad topic area, that could potentially cover a huge range of health conditions, issues or needs. Potentially therefore, this chapter could be extremely long and unwieldy if it attempted to cover everything that may come under the heading of Health & Wellbeing. It is with this in mind, that we have focused on three specific topics in this 2019 edition of 'This is Wirral', primarily because these topics are key issues which been identified by our local Health & Care Partnership and Wirral Health & Wellbeing Board as having a considerable impact on local residents. It is anticipated that future editions of this chapter will focus on other topics identified as local priorities.

Key Messages

- **Hospital admissions:** There were over 10,000 Wirral hospital admissions related to alcohol use 2017/18 with rates above national average, highest in areas of deprivation and in males
- **Availability:** Alcohol is more readily available in the most deprived areas of Wirral, compared to the more affluent areas. This is concerning, as people living in areas of deprivation are already suffering from a range of ill health issues (for alcohol and poorer health in general).
- **Deaths:** Mortality (death) rates related to alcohol in Wirral were higher than national and regional rates in 2015-17 with rates their highest in areas of deprivation and in males.
- **Crime**: In 2015/16, 22% of all crime costs in Wirral were estimated to be related to alcohol. Anti-social behaviour incidents related to alcohol were most common in the more deprived areas, with peaks in domestic violence linked to periods of increased alcohol consumption.
- **Costs:** The economic impacts of alcohol were estimated to cost the borough £131 million.
- **Homelessness:** majority of local YMCA residents are in contact with drug and/or alcohol services. Wirral had over double the national rate of benefits claimants for 'alcoholism'.
- **Children & Families**: One in three children referred to social care services in 2016/17 in Wirral had 'alcohol misuse' as an identified family factor, nearly double the national rate. Substance misuse (including alcohol) is one of the three issues in the 'toxic trio'.
- **Inequalities in prevalence**: People accessing Employment Support Allowance had high rates of most disorders: one in eight screened positive for bipolar disorder, a third for attention-deficit/hyperactivity disorder and almost half made a suicide attempt at some point.
- **Inequalities in accessing treatment**: People living in lower income households were more likely to have requested, but not received mental health treatment.
- **Rates of hospitalisation for self-harm** are reducing locally yet increasing nationally: though this remains an issue which is particularly noticeable in younger women.
- **Referrals for young people are increasing**: CAMHS reported that there has been a year on year increase in referral rates in those aged 0-18. CAHMS referrals rates were 68% higher in 2017/18 compared to 2012/13, going up 15% through last two financial years.
- **Younger women are a high-risk group for many mental health issues**: with high rates of common mental disorders, self-harm, and positive screens for post-traumatic stress disorder and bipolar disorder.
- **Over half (55%) of all social care users report having anxiety and depression** in Wirral. This is a similar picture in England overall, where the figure is also 55%.
- **Frailty presents a huge challenge** for both the NHS and social care: Wirral Council Department of Adult Social Care (DASS) are already dealing with increasing proportion of the Wirral population: The proportion of adults supported each month in 2017-18 and 2018-19 and shows there was a 23% increase between April 2017 and March 2019. To illustrate the scale of need, in March 2019, DASS were supporting 22,579 adults or one in 14 (7.0%) of the total adult population of Wirral aged 18+.
- The number of **people living with severe frailty** is projected to increase: people living with severe frailty are estimated to comprise around 3% of the population aged 65 and older in England. For moderate frailty it is 12% and 35% for mild frailty. In Wirral, these estimates mean around 35,000 of over 65s are likely to have some level of frailty in 2019, increasing to around 45,000 by 2035.
- **Preventing hospital admissions** is key: because hospital admissions are not only a consequence of frailty, they can be a cause of it. Hospital admission itself in a previously independent older person, is a risk factor for increasing dependency in all four activities of daily living. It has been estimated that 10 days of being in a hospital bed for a healthy older people can equate to 10 years of muscle ageing with attendant loss of function.
- **Inequalities in the prevalence of frailty**: There are significant inequalities in the prevalence of frailty however, with certain groups such as: women; BAME people; those with an unhealthy lifestyle risk factor at age 50; people with long term conditions, particular those with multiple long term conditions and people of low socioeconomic status all more at risk of becoming frail.

HEALTH & WELLBEING

£131 MILLION
ESTIMATED COSTS OF ALCOHOL RELATED ILLNESS IN WIRRAL

2 IN 3
HOSPITAL ADMISSIONS FOR INTENTIAL SELF-HARM (IN AGE GROUP 10-24 YEARS) ARE FEMALES
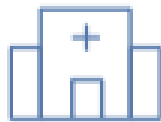
10,000
HOSPITAL ADMISSIONS RELATED TO ALCOHOL USE
2017/18

OVER **55%**
OF ALL SOCIAL CARE USERS REPORT ANXIETY AND DEPRESSION

AROUND **35,000**
OF OVER 65'S ARE LIKELY TO HAVE SOME LEVEL OF FRAILTY
IN 2019

INCREASING TO AROUND
45,000
IN 2035

CAMHS
YOUNG PEOPLE REFERRED RATES ARE
68%
HIGHER
2017/18 COMPARED TO 2012/13

1 IN 3
CHILDREN WHO ARE REFERRED TO CARE HAVE ALCOHOL MISUSE IDENTIFIED AS A FAMILY FACTOR

Alcohol

What do we know: Alcohol

Alcohol has an important economic and social role in England, but excessive consumption creates negative societal costs. Alcohol misuse has been estimated to cost the NHS £3.5 billion and society £21 billion annually (Public Health England, 2016). Since 1980, alcohol sales in England and Wales have increased by 42%, driven by increased affordability, a shift to higher strength products such as wine instead of beer and increased consumption amongst women. In more recent years, although levels of alcohol consumption have declined a little, an 'alcohol paradox' has emerged. The alcohol paradox is the fact that although more deprived groups have lower levels of average alcohol consumption, they experience greater levels of alcohol-related harm. Reasons for this are complex and not wholly understood. As well as deprived population groups, other groups at increased risk of alcohol-related harm include; males, people from Irish, Polish and other Eastern European backgrounds, children in need of social care services, ex-armed service veterans and those with mental health problems.

Alcohol is a leading risk factor for ill-health and is related to over 200 deaths per year in Wirral. Many indicators of alcohol-related harm have been increasing locally (and nationally) in recent years, for example mortality from chronic liver disease has increased by 400% since 1970 in England (Public Health England, 2016). Wirral currently suffers from a chronic liver disease mortality rate almost 50% higher than the national average (PHOF, 2018) and in the case of women, it is 100% higher. Regularly drinking above recommended levels also increases the risk of certain types of cancer (including mouth, pharynx, larynx and oesophagus), liver disease, heart disease and negatively impacts family life.

A Wirral Alcohol Strategy was produced in 2015, highlighting its importance as a public health priority locally. The Wirral Residents Survey in 2017 found that although Birkenhead was the constituency with the highest proportion of abstainers, it also had the highest proportion of residents who drank 10 or more units on a typical day of drinking, accounting for 15% of residents who drank alcohol compared to just 4% in Wirral West. 24% of Birkenhead residents who drank alcohol were classed as weekly or daily binge drinkers compared to 14% in Wirral residents overall.

A reduction in alcohol consumption could result in a decrease in alcohol-related health harms to individuals, alcohol related crime, domestic abuse and anti-social behaviour.

What are we doing and why: Alcohol

Wirral has a strong, dual approach to addressing and reducing alcohol harm, consisting of the following 2 strands;

1. The **treatment** element that includes Wirral Ways to Recovery (structured treatment and recovery support provided to harmful and dependent drinkers), the Spider Project (sustaining sober recovery through therapeutic community, mutual support, and creative activity), Birchwood residential detox (for those who are alcohol dependent and require medical intervention), Alcoholics Anonymous (peer support network, very active across Wirral, promoted and supported across the treatment system), and a Young People's programme of education, prevention and support.

2. The **prevention** element that includes the following; Information and Brief Advice (IBA) programme that delivers a high number of Alcohol Audits across the Wirral partnership, pro-active approach to alcohol licensing (that includes the Reducing the Strength programme, implementation of a Cumulative Impact Policy, development of a Licensing toolkit for the general public to support their engagement with the licensing process), provision of controlled drinking environments for street drinkers/homeless, and active support for Minimum Unit Price.

Local View: Alcohol

Wirral Alcohol Inquiry aimed to bring together residents to deliberate and discuss the question, "What can we all do to make it easier for people to have a healthier relationship with Alcohol?". Twenty residents listened to various expert witnesses over a 9-week period in 2016. From this, a set of recommendations and actions were produced; the main one being to limit the number of licenced premises and make it easier for the public to object to licensing applications; educate the public so that they can have a say on local licensing; and explore how we can make it easier for the public to have their say on local licensing. Additional recommendations and more information about the Alcohol Inquiry can be found here.

Wirral Residents' survey (carried out by Ipsos MORI) drew a random sample of 6,315 Wirral resident addresses and sent paper copies of the residents' survey questionnaire on topics which included alcohol among other issues.

Residents were asked if they thought people being drunk or rowdy in public places was a problem in their local area. This varied by constituency, with a third or residents in Birkenhead and Wallasey stating drunk and rowdy behaviour was a problem, compared to just one in seven residents in Wirral West and Wirral South (the least deprived constituencies). There was also a stark contrast in the results by ethnicity, with 64% of Black and Minority Ethnic (BAME) residents stating that drunk and rowdy behaviour was a problem (BAME sample size n<25 so results should be interpreted with caution), compared to just 25% of white residents, highlighting that there is a risk of isolating BAME residents in local communities.

Key Issues: Alcohol

- **Hospital admissions:** There were over 10,000 hospital admissions related to alcohol use in Wirral in 2017/18 and rates were above the national average. Admissions were highest in areas of deprivation and in males.

- **Availability:** Alcohol is more readily available in the most deprived areas of Wirral, compared to the more affluent areas. This is concerning, as people living in areas of deprivation are already suffering from a range of ill health issues (both related to alcohol and poorer health in general).

- **Deaths:** Mortality (death) rates related to alcohol in Wirral were higher than national and regional rates in 2015-17. Again, rates were highest in areas of deprivation and in males in Wirral. Mortality rates in Wirral have recently been increasing, particularly in females, in contrast to national and regional rates which have decreased or remained constant.

- **Crime:** In 2015/16, 22% of all crime costs in Wirral were estimated to be related to alcohol. Anti-social behaviour incidents related to alcohol were most common in the more deprived areas of Wirral and peaks in domestic violence were associated with periods of increased alcohol consumption in Wirral (e.g. major sporting events).

- The percentage of **road traffic incidents** involving alcohol in Wirral were almost twice as high amongst males (2.9%) than females (1.6%).

- **Costs:** In Wirral, the economic costs of alcohol were estimated to cost the borough £131* million, broken down into NHS (£29 million), crime (£31 million), workplace (£61 million) and social services (£12 million) (Source: Collins B, 2016).

- **Homelessness:** The majority of local YMCA residents are in contact with drug and/or alcohol services. Wirral had over double the national rate of benefits claimants due to 'alcoholism' in 2016.

- **Children & Families:** One in three children referred to social care services in 2016/17 in Wirral had 'alcohol misuse' as an identified family factor, nearly double the national rate. Substance misuse (including alcohol) is one of the three issues identified as making up the 'toxic trio' (the others being mental health issues and domestic abuse).

  In an analysis of 139 serious case reviews, between 2009-2011 (Brandon et al 2012), investigations showed that in over three quarters incidents (86%) where children were seriously harmed or died one or more of the "toxic trio" played a significant part and these issues have all been identified as common features of families where harm to women and children occurs (Source: Wirral Children's Safeguarding Board, 2019).

Related Sources: Alcohol

Wirral Intelligence Service JSNA Sections
https://www.wirralintelligenceservice.org/jsna/alcohol/

Public Health England Profiles for Alcohol, Older People and Mental Health
https://fingertips.phe.org.uk/profile/local-alcohol-profiles

Mental Health

What do we know: Mental Health

Local insight work has shown that high levels of isolation, loneliness and hopelessness are experienced by members of Wirral communities, especially in areas of deprivation (5). The research found that many Wirral residents had diagnosed and undiagnosed mental health conditions and symptoms, but very few accessed any services (5).

Poor mental health prevents people from reaching their full potential and data shows that unemployment due to mental health issues is a priority issue in Wirral. More people in Wirral claim ESA/Incapacity Benefits compared to England (9.7% compared to 6.1%) and over half of this (51%) was for mental health reasons; the highest of any local authority in the Liverpool City Region (4).

The latest Adult Psychiatric Morbidity Survey (APMS) in 2014 showed that one in 6 adults in England had a common mental disorder (CMD)[1]; this was about one in 5 women and one in 8 men.

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[1] Definition of CMD available in APMS (2014) Glossary. Available in H:\PubHealth\Public Health Intelligence Team\Reports\External Reports
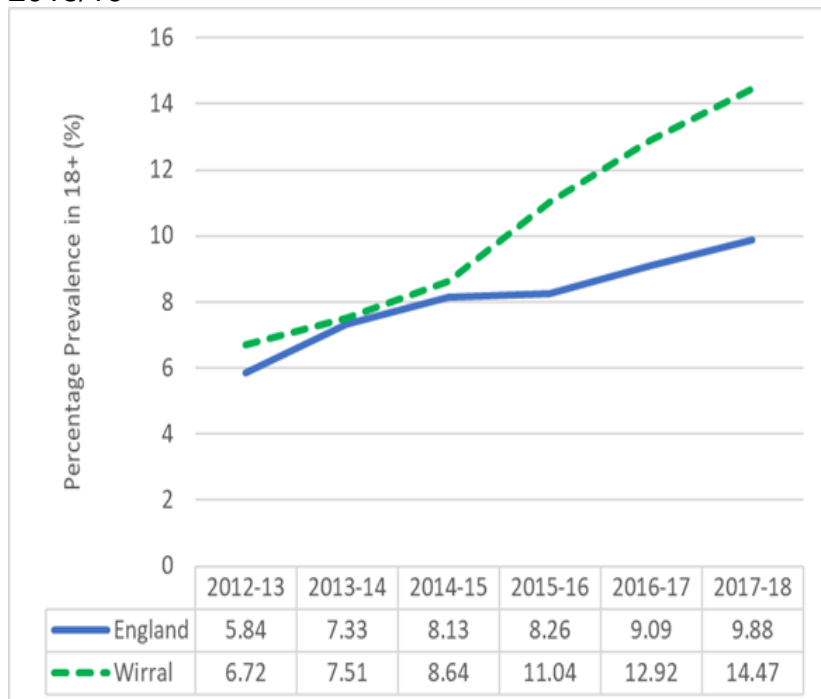
Since 2000, overall rates of CMD steadily increased in women but remained stable in men (1). CMDs are issues like anxiety, depression, phobias and sleep issues which present to such a degree that they cause problems with daily activities and distress. For a full list, see the [APMS Glossary](#).

Most CMDs show large inequalities, as they are more common in unemployed people, people living alone, women (especially younger women) and those in poor physical health. For example, claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, show particularly high rates of all the disorders assessed in the APMS (1). This was echoed by local research carried out John Moores University into the Community Connectors programme, which found that 65% of the people Connectors engaged with were long term sick or unemployed and 75% had poor mental wellbeing (although it must be remembered that this cohort were the target group for the intervention) (4).

Half of all mental illness in adult life (excluding dementia) starts before age fifteen and 75% has started by age eighteen (2), making childhood a crucial time for promoting positive mental health to enable children to stay well, develop the skills needed to deal with stress and anxiety and to "bounce back" from set-backs and become adults who fulfil their potential (2). It is therefore vital to address the mental health and well-being of children and young people and this will need to encompass a wide spectrum of action from promoting emotional resilience and well-being for the entire school population, to specialist targeted intervention for those with identifiable symptoms of diagnosed mental illness (2).

Nationally, data from the Adult Psychiatric Morbidity Survey showed that one person in three who had a common mental health disorder (CMD) reported current use of mental health treatment in 2014, an increase from the one in four who reported this in 2007 (1). There were also steep increases in reported use of psychotropic medication and increased use of psychological therapies was also evident among people with more severe CMD symptoms (1).

Figure 1: Trend in prevalence of diagnosed depression in adults aged 18+, Wirral & England, 2018/19

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18
England	5.84	7.33	8.13	8.26	9.09	9.88
Wirral	6.72	7.51	8.64	11.04	12.92	14.47

Local data from GPs in Wirral **(fig.1)** also showed an increase in levels of depression (classed as a CMD), with prevalence more than doubling between 2012/13 and 2017/18, from 6.72% to 14.147% [8]. Although prevalence has also been rising in England overall, as the chart shows, the rise has been particularly steep in Wirral. Nationally, there were also inequalities in who received treatment; after controlling for level of need, people who were White British, female, or in mid-life (especially aged 35 to 54) were more likely to receive treatment (1).

Source: [QOF (Quality & Outcomes Framework)](#), 2019

Locally, the main presenting issues among users of Kooth (local online mental health service for young people) in Wirral in 2017/18 (in order of frequency) were: Anxiety/ Stress; Depression; Self Worth; Confidence; Friendships; Family Relationships; Loneliness; Suicidal Thoughts, Self-harm and relationship issues.

Rates of hospitalisation for self-harm have increased in England since 2007 (1). Locally however, hospital admissions for self-harm in younger people (aged 10-24) have decreased over the last 7 years compared to England (shown in the chart and table below). As the chart shows, although Wirral has been consistently higher than the England on this measure since 2011, the rate in Wirral appears to be decreasing (from 603 per 100,000 in 2011/12, to 549 per 100,000 in 2017/18). By contrast, in England over the same time period, the rate has steadily increased from 347 per 100,000 to 421 per 100,000. See **figure 2 and table 1** below. It should be noted however, that hospitalisations for self-harm will only include a small number of the most serious cases. For this reason, using hospital admissions is not ideal to indicate need, as cases of self-harm which do not come to the attention of health professionals are likely to be a much larger number. In the absence of other datasets however, hospital admission data does provide some insight, e.g. into the age and gender breakdown of those admitted for self-harm (see **figure 3** and **figure 4** below).

Figure 2 and Table 1: Trend in the rate and number of hospital admissions for self-harm in young people aged 10-24; England and Wirral, 2011/12 to 2017/18

Recent trend: −

Period		Wirral				North West region	England
		Count	Value	Lower CI	Upper CI		
2011/12	○	338	603.6	540.7	671.7	423.9	347.4
2012/13	○	292	526.3	467.5	590.5	433.0	348.9
2013/14	○	306	556.6	495.8	622.8	515.2	415.8
2014/15	○	287	524.9	465.7	589.4	514.5	401.9
2015/16	○	368	689.7	620.8	764.1	520.4	430.5
2016/17	○	282	543.3	481.5	610.9	473.5	407.1
2017/18	○	280	549.0	486.3	617.6	488.8	421.2
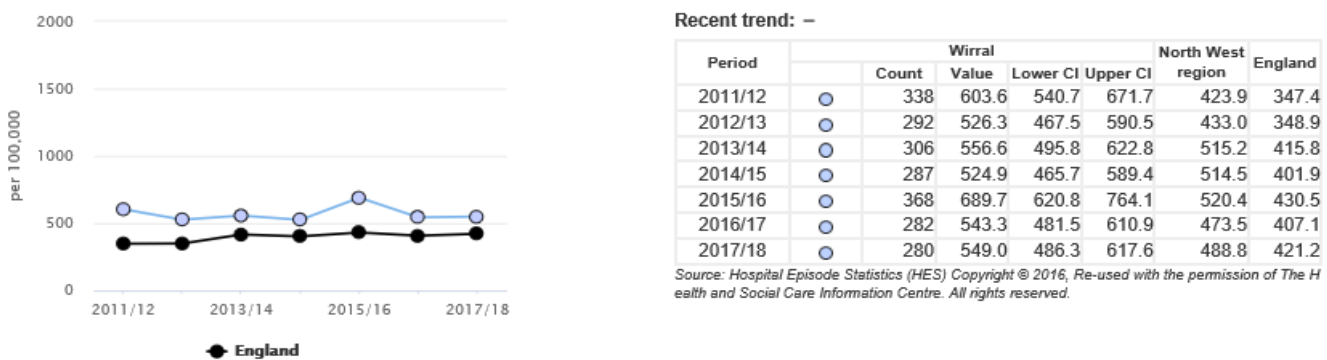
Source: PHOF, 2019

A breakdown of this data is shown below **(figures 3 & 4)** for the last 3 years (by gender and age band). The data shows that most hospital admissions for self-harm occurred in females (70% in 2017/18) and are concentrated in older teenagers and those in their early 20s.

Figure 3: Hospital admissions for self-harm in younger people aged 10-24, in Wirral by gender (2015/16 to 2017/18)

Figure 4: Hospital admissions for self-harm in younger people aged 10-24, in Wirral by age band (2015/16 to 2017/18)
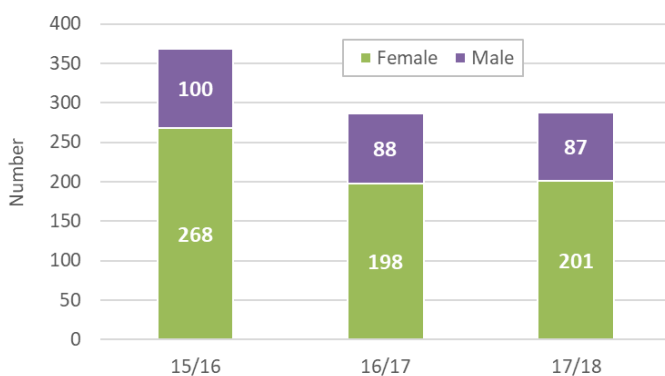
Source: Hospital Episode Statistics, 2019 (not published)
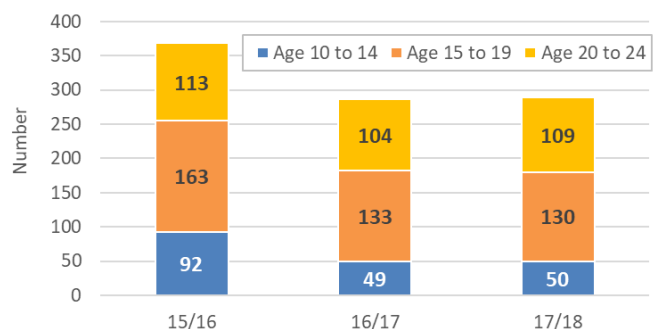
What are we doing: Mental Health

Many studies show that loneliness and isolation are important determinants of declining health in older age groups and that interventions which tackle them show positive effects (8).

In response to local evidence about the impact of mental health [5], Wirral Council implemented a **Health-Related Worklessness programme**, jointly commissioned by the Public Health and Investment teams.

The programme used an asset-based community development (ABCD) approach and included:

- The **Community Connectors programme** (delivered by Involve North West) provided a range of services and activities such as: door knocking; receiving referrals from other organisations (housing services, schools, children's centres, GP surgery's, benefits teams, employment services, substance use services, police); signposting and onward referral to community support and organisations; working with people, often on a 1:1 basis to find out what their needs were and continuous mapping of local areas to better link people and organisations together.

- The **Non-Medical Therapeutic Recovery Service** (delivered by Move On Up and The Spider Project) focused on receiving self-referrals or referrals from the Community Connectors, housing, mental health services, substance use services and employment services. People were able to join this abstinence-based recovery service as a member with a weekly arts-based timetable to support wellbeing and health. Personal mentors to conduct a one-to-one needs-led assessment that was tailored to the individual were also provided.

- **Wirral Future in Mind (FiM):** In 2017, a refreshed Future in Mind Local Transformation Plan sets out how local services would be transformed to improve outcomes for children, young people and their families. Since the publication of the plan, there has been significant investment and progress made toward achieving the national Future in Mind ambitions. Significant local achievements include:
  - Enabled self-referrals to the Child & Adolescent Mental Health Services (CAMHS).
  - Established an Advice & Duty phone line that allows professionals and parents discuss concerns with a child or young person's mental health or emotional wellbeing
  - Further development of the MyMind website to provide online resources for children, young people and professionals.
  - Each school now has a named Primary Mental Health worker to support staff in managing mild to moderate mental health needs.
  - The Primary Mental Health Team was shortlisted and "highly commended" at the national Positive Practice in Mental Health Collaborative Awards for their partnership between primary and secondary care.
  - Training delivered to schools on various aspects of emotional wellbeing and mental health (which will be extended to parents, other professionals and the voluntary sector).
  - Employment of a parenting coordinator to support the development and coordination of services and support for parents (including of parenting skills for ASD and ADHD).
  - Improved waiting times for community paediatric services and CAMHS (from initial referral to assessment as well as assessment to treatment).

Local View: Mental health

The view of schools on young people's mental health was sought recently by the [Future in Mind schools survey in 2018](). The majority of Wirral schools took part in the survey (97 schools or 78% of all schools in the borough).

- The majority (76/97) schools reported that staff had accessed training provided by Child and Adolescent mental health services (CAMHS), with 42 respondents confirming that staff had attended the training and the training met their needs.

- Schools also said they that major improvements had been noted in the CAMHS service with the introduction of the Advice Line. However, there were still concerns over the delay in pupil's accessing therapeutic support after referral.

- Overall, three-quarters (73%) of schools said that they were satisfied with the Advice Line provided by CAMHS, but many (50%) expressed dissatisfaction with the effectiveness of young people's access to therapeutic support in CAMHS.

- In terms of issues perceived by schools as affecting the mental health and wellbeing of their pupils, "Exam/School Pressure/Issues" was identified as having the greatest impact. This was followed by "Self-esteem/Self-confidence/Self-image and access to "services/help" and "behavioural problems".

- Over half (n=56) of schools had bought-in additional mental health services to supplement their mainstream offer. Of these, most reported that the services were accredited.

- Promoting a supportive and open school culture was identified as key in the whole school approach to emotional health and wellbeing

A summary of the opportunities and instances that Wirral's Children and Young People's Department and key partners have sought the views of those accessing their services and sought to understand and incorporate those views into the wider decision-making process is provided in a Wirral JSNA section; [Children and Young People's Local Voice](). This JSNA document provides insight into those issues that children and young people identified as most important to them. Some of the issues identified (which relate to Mental Health), were access to counselling service, transitional support for mental health issues post 18 years, access to support for young people with disabilities and service for transgender young people.

Each year, Wirral Council commissions Ipsos Mori to carry out a Residents Survey and there were several questions about mental health in the 2018 survey. For example, one question which asked how much people agreed or disagreed with certain statements found that over 1 in 4, or 27% agreed that they 'have a hard time making it through stressful events'.

The 2018 Residents Survey also asked about people's willingness to ask for support in different situations. One question asked how willing (or not) people would be to ask anyone for help if they needed it (e.g. a serious personal crisis) and if they had people, they felt they could turn to for comfort and support. Around one in ten (12%) said they had nobody they could turn to for comfort or support.

The 2018 survey also asked about how long people tend to take to get over set-backs in their life. In answer to this question, almost one in five, or 19% agreed that they take a long time to get over setbacks.

Key Issues: Mental Health

- **Inequalities in prevalence:** People in receipt of ESA experienced particularly high rates of most disorders: one in eight screened positive for bipolar disorder, a third for attention-deficit/hyperactivity disorder (ADHD) and approaching half had made a suicide attempt at some point (1).

- **Inequalities in accessing treatment:** People living in lower income households were more likely to have requested, but not received mental health treatment (1).

- **Rates of self-harm and hospitalisation for self-harm are increasing:** this is true both nationally and locally and is an issue which is particularly noticeable in younger women.

- **Referrals for young people are increasing**: CAMHS reported that there has been a year on year increase in referral rates in those aged 0-18. CAHMS referrals rates were 68% higher in 2017/18 compared to 2012/13 and the increase between last two financial years alone was 15% (FiM report, 2019).

- **Younger women are a high-risk group for many mental health issues:** with high rates of CMD, self-harm, and positive screens for post-traumatic stress disorder (PTSD) and bipolar disorder. The gap in rates of these conditions (between young women and young men) increased nationally between 2007=2014 (1).

- **Over half (55%) of all social care users report having anxiety and depression in Wirral**. This is a similar picture in England overall, where the figure is also 55% (PHOF, 2019).

References: Mental Health

(1) **Mental health and Wellbeing in England**. Adult Psychiatric Morbidity Survey 2014. NHS Digital (2016). Available at: https://files.digital.nhs.uk/pdf/s/5/adult_psychiatric_study_executive_summary_web.pdf

(2) **Children and young people's mental health —the role of education.** First Joint Report of the Education and Health Committees of Session 2016–17. House of Commons Education and Health Committees (2017). Available at: https://publications.parliament.uk/pa/cm201617/cmselect/cmhealth/849/849.pdf

(3) **Future in Mind: promoting, protecting and improving our children and young people's mental health and wellbeing**. Department of Health and Social Care (2015). Available at: https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people

(4) **Timpson, H., Wallis, S., McCoy, E., Harrison, R. & Blickem, C. (2019).** An Evaluation of the Wirral Health-Related Worklessness Programme. Public Health Institute, LJMU

(5) **Improving Individual Health and Wellbeing Across the Wirral Tackling entrenched problems in service delivery to improve outcomes for residents**. Revealing Reality (2017). Available at: https://www.wirralintelligenceservice.org/media/2019/final-wirral-toolkit-1d-3.pdf

(6) **Performance data from Kooth.com** (sent to Wirral Intelligence Service) for contract monitoring purposes

(7) **Children & Young People's Mental Health in Wirral**. Wirral Intelligence Service. Available at: https://www.wirralintelligenceservice.org/jsna/children-and-young-people-mental-health/

(8) **Older people and social isolation: a review of the evidence.** Wirral Intelligence Service (2015). Available at: https://www.wirralintelligenceservice.org/jsna/social-isolation-loneliness/

Related Sources: Mental Health

Wirral Intelligence Service JSNA Sections:
https://www.wirralintelligenceservice.org/jsna/children-and-young-people-mental-health/

Public Health England Fingertips profiles for mental health:
https://fingertips.phe.org.uk/profile-group/mental-health

Frailty

What do we know: Frailty

> "Increased longevity of life was one of the triumphs of the 20th century. The challenge for today is to ensure that those extra years are healthy years. The health service in this country – in common with most of those in the developed world – was designed primarily to treat short term episodes of ill health and today continues to operate around individual conditions and body parts. Consequently, it is less adapted for frail, elderly people with multiple health conditions".
> **The House of Lords Select Committee on the Long-term Sustainability of the NHS**

There are a number of definitions of frailty, but a common description from the evidence is that it is, 'a distinctive health state related to the ageing process in which multiple body systems gradually lose their in-built reserves' [1,3]. Another widely accepted definition is the presence of at least 3 of the following 5 features [2,3]:
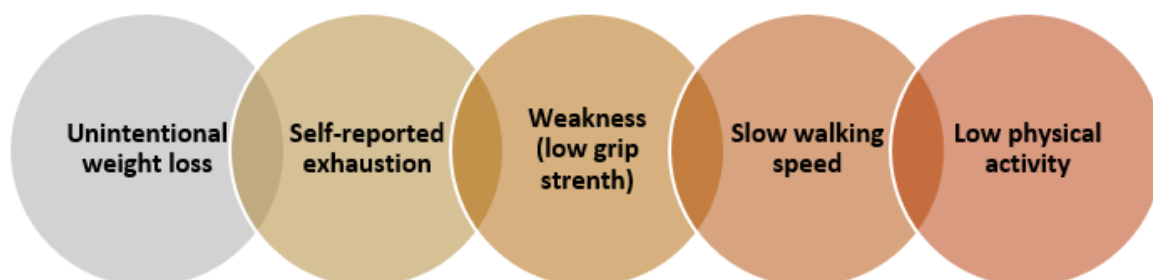
Although frailty is associated with ageing, it is important to note that not all older people are frail, and not all people living with frailty are old [9]. Frailty can exist independently of long-term conditions and disability and it is important to recognise this in order to manage it effectively [4].

Older people living with frailty are at risk of dramatic decline in their physical and mental wellbeing after an apparently minor health event, such as an infection or new medication [1].

Research shows that frailty puts older adults at increased risk of falls, declining mobility, institutionalisation, hospitalisation and death [2]. 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 [6]. According to NHS England, frailty, typically goes largely unnoticed until a crisis necessitating urgent intervention occurs. Even then, the response tends to focus on the shorter-term issue in a reactive way, without addressing underlying problems [12].

As with any other long-term condition, when people living with frailty are supported to live well independently and manage their long-term condition(s), they are less likely to reach crisis, require urgent care or experience poor outcomes [12].
Despite widespread perceptions that frailty is an inevitable part of ageing, frailty is not a foregone conclusion and is in fact, potentially reversible [2,5], but knowledge about prevention is poor. For example, only 41% of people aged over 70 were aware that doing strength and balance exercises or activities 2+ times a week greatly reduced their chances of a fall [10].

What are we doing: Frailty

NHS England make the point that frailty doesn't appear suddenly but is a progressive condition that develops over five to ten years, meaning more could be done before a health crisis occurs to identify older people living with frailty [12]. Systematic review on the prevention of frailty show that treating frailty in older adults is a realistic goal [11] and more action is needed to: a) support both those currently in mid-life to stay healthier for longer and b) stop or slow the decline in older people and those who are already frail, supporting and enabling them to maintain functional ability so they can continue to participate in society and do the things they value [14]. Below are some of the actions which have been undertaken in Wirral to help achieve these aims:

Development of a frailty dashboard: The Healthy Wirral Partnership have developed a frailty risk stratification model to identify at-risk and rising risk individuals that will:
- Identify patterns of need, risk factors and protective factors, and develop whole system cost methodologies
- Identify how to use the model for proactive identification; personal care, support and escalation plans; social prescribing and preventative work.

Development of GP Neighbourhood Action Plans: Six of the 9 Wirral GP Neighbourhoods identified tackling frailty and associated health issues as a priority in their Neighbourhood Plans in 2019. These plans included a range of actions such as improving practice recording of frailty, events and improved support for carers of people with dementia, enhanced support for frail older people still living in their own homes via individualised health management plans, hosting events aimed at the over 75's to help them better connect with relevant local organisations, e.g. Age UK, HelpLink, Falls Prevention/Mediquip (assistive technology) and others.

Preventing falls: The aim of the Falls Service is to can help reduce hospital admissions, which is particularly key to tackling frailty. This is because hospital admissions are not only a consequence of frailty, they can be a cause of it. For example, it is well evidenced that hospital admission in a previously independent older person, is a risk factor for increasing dependency in all four activities of daily living (bathing, dressing, walking, and transferring) and other adverse outcomes [8]. It has been estimated that 10 days of being in a hospital bed for healthy older people can equate to 10 years of muscle ageing with attendant loss of function [13]. Preventing an 'index' admission in previously healthy older people is therefore extremely desirable.

Local View: Frailty

In 2018, Age UK Wirral carried out a consultation or 'Community Conversation' with older people in Wirral. The aim was to develop new ways to engage with local people to influence future strategy (for Age UK) and for statutory agencies, the focus was on how best to support the health and social care needs of local people. Twelve key themes emerged from the conversations, which people identified as being important to ensuring that Wirral is a great place to grow older:

1. My sense of purpose
2. Being connected to others
3. My physical community
4. My home life
5. Feeling secure
6. Getting out and about
7. Having choice and independence
8. Knowing what is going on
9. Getting the right support
10. My physical health
11. My mental health
12. Living life to the full

There is a great deal more detail behind each of these key themes and there were some differences by Wirral Neighbourhood in what people thought were most important. The full results from these 'Community Conversations' are very comprehensive and are available on the Local Voices page of the Wirral Intelligence Service website.

Some points made which were common to all areas of Wirral were: the importance of having family close by, but equally important was being able to have relationships outside of the family; wanting a sense of community in their own area; having access to community spaces such as parks, beaches; having activities and groups that people can join and transport and connections to other areas outside of the Borough.

Key Issues: Frailty

- **Frailty presents a huge challenge for both the NHS and social care:** Wirral Council Department of Adult Social Care (DASS) are already dealing with increasing proportion of the Wirral population: The proportion of adults supported each month in 2017-18 and 2018-19 and shows there was a 23% increase between April 2017 and March 2019. To illustrate the scale of need, in March 2019, DASS were supporting 22,579 adults or one in 14 (7.0%) of the total adult population of Wirral aged 18+.

- **The number of people living with severe frailty is projected to increase:** people living with severe frailty are estimated to comprise around 3% of the population aged 65 and older in England. For moderate frailty it is 12% and 35% for mild frailty [28]. In Wirral, these estimates mean around 35,000 of over 65s are likely to have some level of frailty in 2019, increasing to around 45,000 by 2035. See **table 2** below.

Table 2: Estimated number of people living with mild, moderate and severe frailty, projected to 2035, Wirral (2019)

Level of frailty	2019	2020	2025	2030	2035
Severe (3%)	2,121	2,145	2,313	2,544	2,703
Moderate (12%)	8,484	8,580	9,252	10,176	10,812
Mild (35%)	24,745	25,025	26,985	29,680	31,535
Total	35,350	35,750	38,550	42,400	45,050

Source: NHS England Toolkit for supporting GP practice (estimates) & ONS (population projections)

- **Preventing hospital admissions is key:** because hospital admissions are not only a consequence of frailty, they can be a cause of it. For example, it is well evidenced that hospital admission itself in a previously independent older person, is a risk factor for increasing dependency in all four activities of daily living (bathing, dressing, walking, and transferring) and other adverse outcomes [8]. It has been estimated that 10 days of being in a hospital bed for a healthy older people can equate to 10 years of muscle ageing with attendant loss of function [13]. Preventing an 'index' admission in previously healthy older people is therefore extremely desirable.

- **There are inequalities in the prevalence of frailty:** There are significant inequalities in the prevalence of frailty however, with certain groups such as: women; BAME people; those with an unhealthy lifestyle risk factor at age 50 (smoking, physical inactivity, obesity); people with long term conditions, particular those with multiple long term conditions [3] and people of low socioeconomic status (e.g. those with a history of having worked in lower skilled jobs) [3,7], all more at risk of becoming frail [1].

Related Sources: Frailty

Wirral Intelligence Service JSNA Sections on frailty, older people and falls can all be found here:
https://www.wirralintelligenceservice.org/jsna/older-people/

PHE Profiles for Older People: https://fingertips.phe.org.uk/profile/older-people-health

Health, Ageing and Support: survey of views of people aged 50 and over: A study for the Department of Health, 2017.

Toolkit for General Practice in Supporting Older People Living with Frailty. NHS England (2017 Update) https://www.england.nhs.uk/wp-content/uploads/2017/03/toolkit-general-practice-frailty.pdf

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Underpinning and supporting evidence

Visit Wirral Intelligence Service website for more details that inform this document.

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