

Joint Strategic Needs Assessment Wolverhampton

Overview Report 2016

Chapter 6: Age Well

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VERSION CONTROL

Version	Status	Description of version	Date Completed	Distributed to	Date of distribution
Version 1	Draft	Final draft version	04/05/2017	JSNA Steering Group	04/05/2017

Section	Outcome	Latest data refresh year	Last data refresh year	Wolverhampton figure latest data	Better or worse compared to last data refresh	Better or worse compared to England (latest data)
Hospital Admissions	Dementia: DSR of emergency admissions (65+)	2015/16	2014/15	5,045 per 100,000	4,867 per 100,000	↔ 3,387 per 100,000 ↑
Hospital Admissions	Hip fractures in people aged 65 and over	2015/16	2014/15	710 per 100,000	598 per 100,000	↑ 589 per 100,000 ↑
Hospital Admissions	Emergency hospital admissions due to falls in people aged 65 and over	2015-16	2014-15	2,332 per 100,000	2,198 per 100,000	↔ 2,169 per 100,000 ↑
Hospital Admissions	Delayed transfers of care	2015-16	2014-15	21.6 per 100,000	10.5 per 100,000	↔ 12.1 per 100,000 ↑
Hospital Admissions	Delayed transfers of care attributable to adult social care	2013-14	2012-13	4.1 per 100,000	4.6 per 100,000	↔ 3.1 per 100,000 ↔
Co-ordination of care	Dementia: Short stay emergency admissions (aged 65+)	2015-16	2014-15	30.1%	27.2%	↔ 28.3% ↑
Co-ordination of care	Population vaccination coverage - Flu (65+)	2015-16	2014-15	68.4%	69.5%	↓ 71.0% ↓
Co-ordination of care	Population vaccination coverage - Shingles (70 years old)	2015-16	2014-15	51.9%	57.7%	↓ 54.9% ↔
Co-ordination of care	% Social Care clients aged 65+ receiving Self Directed Support	2013-14	2012-13	64.9%	72.4%	↓ 66.3% ↔
Co-ordination of care	Older people (65+) supported throughout the year	2013-14	2012-13	7,424 per 100,000	5,442 per 100,000	↑ 9,781 per 100,000 ↓
Management of long term conditions	Rate of deaths from cardiovascular disease among people aged 65 and over	2013-15	2012-14	1,336.0 per 100,000	1,352.4 per 100,000	↔ 1,191.9 per 100,000 ↑
Management of long term conditions	Rate of deaths from cancer among people aged 65 and over	2013-15	2012-14	1,248.6 per 100,000	1,257.0 per 100,000	↔ 1,122.0 per 100,000 ↑
Management of long term conditions	Rate of deaths from respiratory disease among people aged 65 and over	2013-15	2012-14	639.3.0 per 100,000	663.9 per 100,000	↔ 646.2 per 100,000 ↔
End of life care	Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital	2013-14	2012-13	85.7%	85.5%	↔ 82.5% ↔
End of life care	Proportion of older people (65 and over) offered reablement services following discharge from hospital	2013-14	2012-13	5.6%	5.8%	↔ 3.3% ↑
End of life care	Permanent admissions to residential and nursing care homes (aged 65+)	2013-14	2012-13	727 per 100,000	760 per 100,000	↔ 651 per 100,000 ↔

Key

	Better
	Similar
	Worse
	Local Context Needed

Management of long term conditions Mortality from long term conditions in those aged 65 and over

The three conditions which constitute long term conditions in this indicator are Cancer, Cardiovascular disease and Respiratory disease. These are three of the major causes of death in the over 65's in England. This indicator has been developed to ease understanding of variation in the rate of deaths in older people from cancer, cardiovascular disease and respiratory disease.

Deaths from Cancer

In 2013-15, the rate of deaths from Cancer, in those aged 65 and over, in Wolverhampton (1,249 per 100,000) was significantly higher compared to England (1,122 per 100,000) and the West Midlands (1,147 per 100,000). In 2013-15, there were 1,634 deaths from Cancer in the Wolverhampton population aged 65 and over.

In Wolverhampton, the rate of deaths from Cancer remained steady between 2001-03 and 2013-15, varying between 1,271 per 100,000 (2001-03) and 1,210 per 100,000 (2010-12) and increased thereafter to 1,249 per 100,000 (2013-15). The rate in Wolverhampton has consistently been higher than England and West Midlands figures. The Wolverhampton rate has been significantly higher than England for 6 of the 12 data points (time periods) between 2001-03 and 2013-15. The gap between Wolverhampton and its comparators also seems to be widening in the 4 most recent years.

The average rate of Cancer deaths for the West Midlands average compared to the England average have been consistently similar between 2001-03 and 2013-15.

Deaths from Cardiovascular Disease

In 2013-15, the rate of deaths from Cardiovascular Disease in those aged 65 and over, in Wolverhampton (1,336 per 100,000) was significantly higher compared to England (1,192 per 100,000) and the West Midlands (1,206 per 100,000). In 2013-15, the rate of deaths from Cardiovascular Disease in those aged 65 and over equated to 1,781 deaths.

Between 2001-03 and 2013-15, the rate of deaths from Cardiovascular Disease in those aged 65 and over in Wolverhampton, has decreased by around 37.13% from 2,125 per 100,000 to 1,336 per 100,000 over 65s population. The average rates for England and the West Midlands have also experienced similar decreases.

The Wolverhampton rate has consistently been higher compared to England, though not always statistically significant.

Deaths from Respiratory Disease

In 2013-15, the rate of deaths from Respiratory Disease in those aged 65 and over, in Wolverhampton (639 per 100,000) was similar compared to England (646 per 100,000) and the West Midlands (642 per 100,000). In 2013-15, the rate of deaths from Respiratory Disease in those aged 65 and over equated to 850 deaths.

The rate of Respiratory deaths in Wolverhampton peaked in 2003-05 (854 per 100,000), but decreased between 2003-05 and 2013-15 to 639 per 100,000, which equates to a decrease of 17.97%. In comparison to the average England and West Midlands rate of Respiratory deaths, the rate in Wolverhampton was consistently higher between 2002-04 and 2012-14,

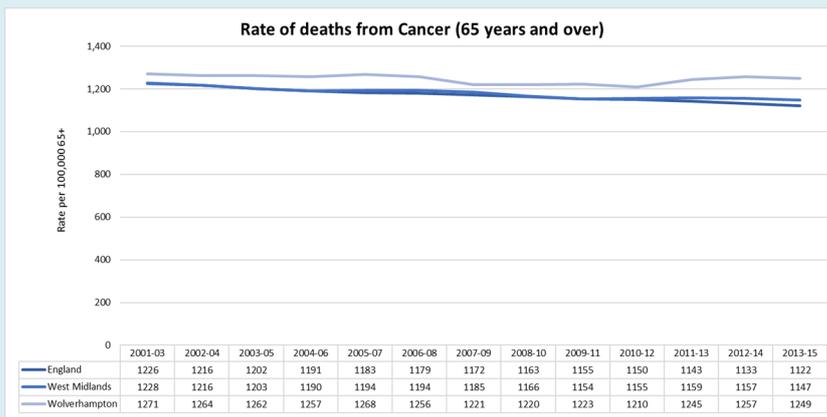


Figure 1. Rate of deaths from Cancer in older people (65+). (Source: Fingertips, PHE)

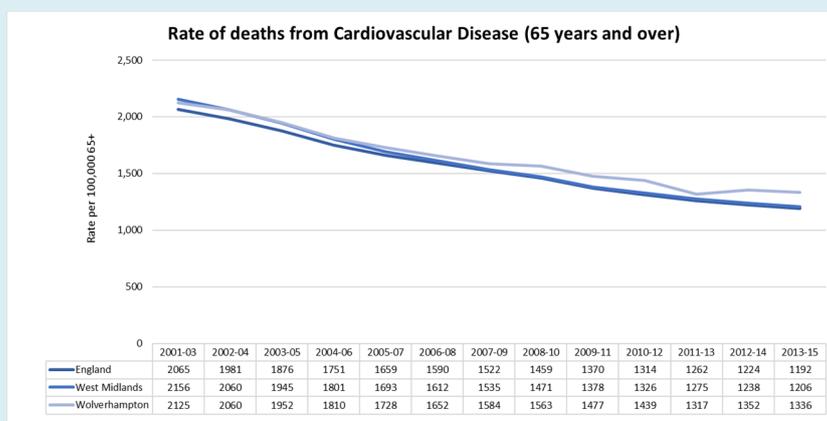
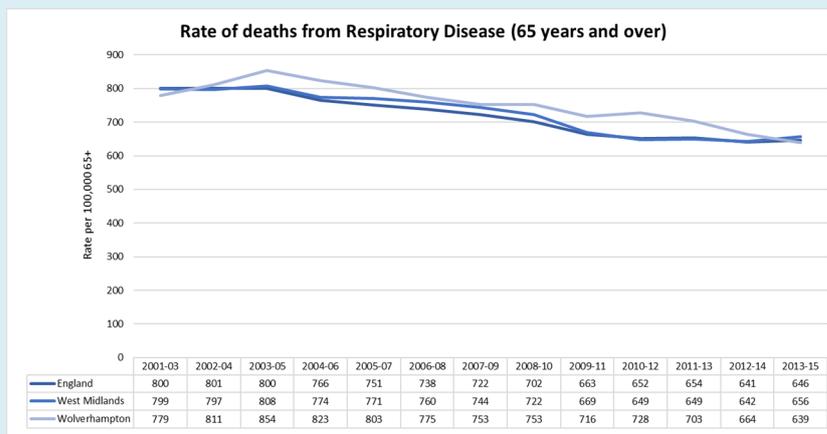


Figure 2. Rate of deaths from Cardiovascular disease in older people (65+). (Source: Fingertips, PHE)



though not always significantly higher. As of 2013-15, the rate in Wolverhampton was inline with national and regional figures.

What this information tells us?

-The rate of deaths from Cancer in those aged 65 and over in Wolverhampton has been consistently significantly higher compared to England and West Midlands. The Wolverhampton rate remained steady between 2001-03 and 2013-15, whilst England and West Midlands rates have slightly
-The rate of deaths from Cardiovascular disease in those aged 65 and over in Wolverhampton decreased by 37.13% between 2001-03 and 2013-15. The Wolverhampton rate has been consistently higher compared to England and West Midlands since 2003-05 and was significantly higher in the most recent data point (2013-15).

-The rate of deaths from respiratory disease in those aged 65 and over decreased by 17.97% between 2003-05 and 2013-15. The Wolverhampton rate was similar to England and the West Midlands at the most recent data point (2013-15) despite being for higher for a number of previous data points.

Indicative Commissioning Needs

Maintain and improve the level of service delivery to sustain a continual decrease in the rate of deaths for Cardiovascular and Respiratory Disease.

Full assessment of the variation in cancer deaths by site and closer working with Public Health, CCG and RWT to understand where the greatest impact can be made.

Commission services that promote prevention and early detection of Cancer.

Hospital Admissions Hospital Admissions for Long Term Conditions for over 65s

Hospital admissions for long term conditions are a considerable NHS concern and there is a drive towards improving the support provided in the community for these long term conditions.

Hospital admissions in Wolverhampton for over 65s

Diagnosis (ICD-10)	Daycase	Elective	Emergency	Non Elective	Total
Certain Infectious and Parasitic Diseases	16	4	84	0	104
Congenital malformations, deformations and chromosomal abnormalities	1	1	0	0	2
Diseases of the circulatory system	747	161	2284	37	3229
Diseases of the digestive system	442	22	227	1	692
Diseases of the ear and mastoid process	6	2	11	0	19
Diseases of the eye and adnexa	463	0	2	0	465
Diseases of the genitourinary system	73	65	207	0	345
Diseases of the musculoskeletal system and connective tissue	238	96	95	0	429
Diseases of the respiratory system	8	5	364	0	377
Diseases of the skin and subcutaneous tissue	24	1	89	1	115
Factors influencing health status and contact with health services	57	8	9	0	74
Injury, poisoning and certain other consequences of external causes	13	9	189	1	212
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	102	7	529	2	640
Neoplasms	577	71	80	1	729
Diseases of the blood, blood-forming organs and certain disorders involving the immune mechanism	160	5	31	0	196
Endocrine, nutritional and metabolic diseases	11	3	201	3	218
Mental and behavioural disorders	1	0	249	2	252
Diseases of the nervous system	34	1	29	0	64

Table 1. Diagnoses (ICD-10) for all admissions for long term conditions in the 60+ aged population of Wolverhampton in 2015 and 2016. Source: Wolverhampton CCG

ICD-10 (International Classification of Disease version 10) codes are used to describe diagnoses made in clinical settings. In Table 1, the diagnoses are summarised into the umbrella terms used in the ICD hierarchy. In Wolverhampton, between January 2015 and December 2016, there were 8,162 admissions for over 60's for long term conditions. Of all admissions, 2,973 admissions were daycases, 461 admissions were elective admissions, 4,680 admissions were emergency admissions and 48 admissions were non-elective admissions. The diagnosis umbrella term with the highest number of admissions in Wolverhampton, was for diseases of the circulatory system (3,229), of which 70.7% were emergency admissions (2,284). Diseases of the circulatory system include stroke, hypertension, heart failure, etc. The number of admissions for diseases of the circulatory system was 2,500 higher than the second most frequent diagnosis, which was for Neoplasms, i.e. Tumours, Cancer, etc (729). Of the 729 admissions for Neoplasms, 79.1% were daycases.

Gender Distribution

In Wolverhampton, there were slightly more hospital admissions for males (4,194 admissions) compared to females (3,967), between January 2015 and December 2016. However, there was a higher number of emergency admissions for females (2,395) compared to males (2,285). The number of admissions were higher in males compared to females for the remaining three points of delivery: daycase, elective and non elective.

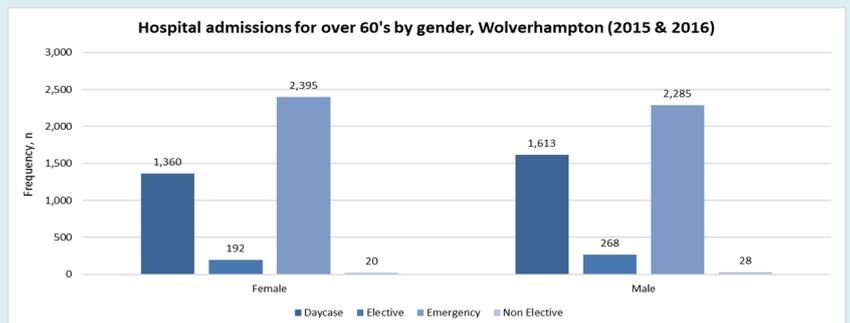


Figure 1. Point of delivery for hospital admissions for over 60's by age, Wolverhampton (2015 & 2016). Source: Wolverhampton CCG

Age and Gender Distribution

In Wolverhampton, the age profiles of admissions differed between the genders. The mean age at admission (all admissions) for males was lower (74.6 years) compared to females (77.0 years). This observation can also be seen in the profile of the bars in Figure 2, in males the 60-69 and 70-79 year age groups have the highest numbers of admissions, whereas in females, the highest numbers are seen in the 70-79 and 80-89 year age groups. The number of admissions for females aged 80-89 (1,335) and 90+ (341) are higher compared to the number of admissions for males in the same age groups (1,125 in 80-89 age group and 183 in 90+ age group).

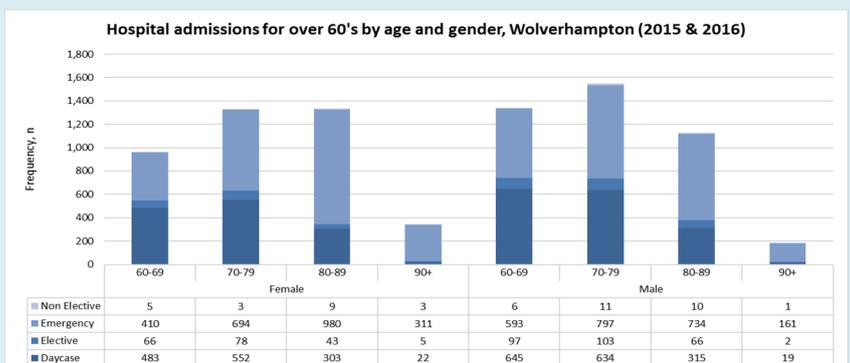


Figure 2. Point of delivery for hospital admissions for over 60's by age and gender, Wolverhampton (2015 & 2016). Source: Wolverhampton CCG

The number of emergency admissions also follows this trend, the number of admissions for males in the 60-69 (593) and 70-79 (797) age groups is higher compared to the number in females (410 in 60-69 age group and 694 in 70-79 age group) and in the 80-89 and 90+ age groups, the number of females (980 in 80-89 age group and 311 in 90+ age group) is higher compared to males (734 in 80-89 age group and 161 in 90+ age group).

Ethnicity Distribution

In the age 60 years and over population of Wolverhampton, around 71.7% of all admissions were for patients with a White ethnic background, equating to 5,853 admissions. The second most frequent ethnic background was 'Asian', which made up 16.0% of



all admissions (1,309), followed by 'Black', which made up 6.8% of all admissions (557).

Around 41.7% of all admissions for those with an Asian ethnic background were for daycases, which was the highest figure of daycases as a proportion of each ethnicity's admissions. The highest figures for emergency admissions as proportions of each ethnicity's admissions were seen in those with Black (59.8%) and White (58.6%) ethnic backgrounds.

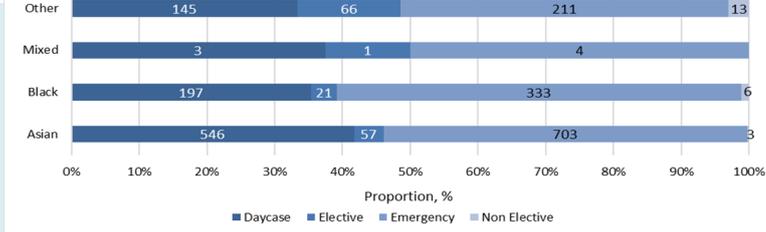


Figure 3. Point of delivery for hospital admissions for over 60's by ethnicity, Wolverhampton (2015 & 2016). Source: Wolverhampton CCG

Ethnicity	% of Population
White	85.0%
Mixed	0.6%
Asian	9.2%
Black	4.1%
Other	1.0%

Table 2. Wolverhampton's over 60 population breakdown by ethnicity for reference

What does this information tell us?

- Admissions with a diagnosis of diseases of the Circulatory system were the most frequent in Wolverhampton (3,229 between Jan 2015 and Dec 2016), with the majority being emergency admissions (70.7%).
- Emergency admissions and daycases were the most frequent points of delivery in both males and females.
- The average age of males (74.6 years) being admitted was lower than females (77.0 years) in Wolverhampton.

Indicative Commissioning Needs

Commission services that provide primary care support and case management for patients with long term conditions, in particular circulatory disease to prevent escalation to emergency admission.

Understand primary prevention role for Public Health in reducing and intervening earlier in these diseases.

Hospital Admissions

Emergency admissions for all causes in people aged over 65

An accident & emergency department (A&E) is a medical treatment facility that specialises in emergency medicine, the acute care of patients who present without prior appointment; either by their own means or by that of an ambulance. The accident & emergency department in Wolverhampton is based at New Cross Hospital and is open 24 hours a day, 7 days a week.

Due to the unplanned nature of patient attendance, the department must provide initial treatment for a broad spectrum of illnesses and injuries, some of which may be life-threatening and require immediate attention. In some small sections of the Wolverhampton population, the accident & emergency department is an important entry points for those without other means of access to medical care.

Annualised Trend

Between 2005 and 2016, the annualised number of emergency hospital admissions for all causes in those aged over 65 has increased by around 42%, from 8,975 in March 2005 to 12,774 in August 2016. However, between 2005 and 2012, figures remained steady, varying between 8,805 and 9,852 admissions; but from January 2012, figures began to increase. In the 4 year period between January 2012 (9,113) and January 2016 (12,621), the number of admissions increased by 38.5%.

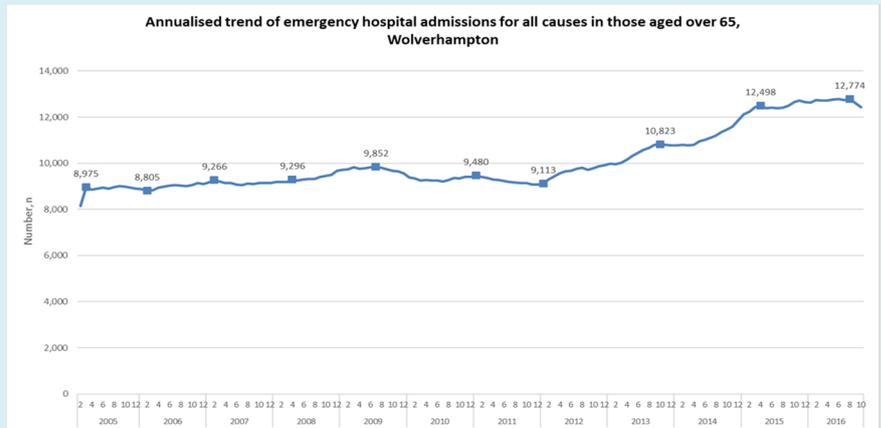


Figure 1. Annualised trend of emergency hospital admissions for all causes in over 65's, Wolverhampton. (Source: Wolverhampton CCG)

Gender Distribution

The number of emergency hospital admissions for all causes in those aged over 65 per year, were higher in females compared to males throughout the 11 year time period between 2004-05 and 2015-16. The largest gap was seen in 2015-16, in which there were 6,306 admissions for females and 5,208 admissions for males, which equates to 21.1% more admissions for females compared to males. The smallest gap was seen in 2007-08, in which females (4,119) only had 59 more admissions compared to males (4,060), which equates to 1.5% more admissions.

Figures for both males and females increased by a similar amount, 36.6% (from 3,813 in 2004-05 to 5,208 in 2015-16) increase in males and 43.2% (from 4,404 in 2004-05 to 6,306 in 2015-16) increase in females.

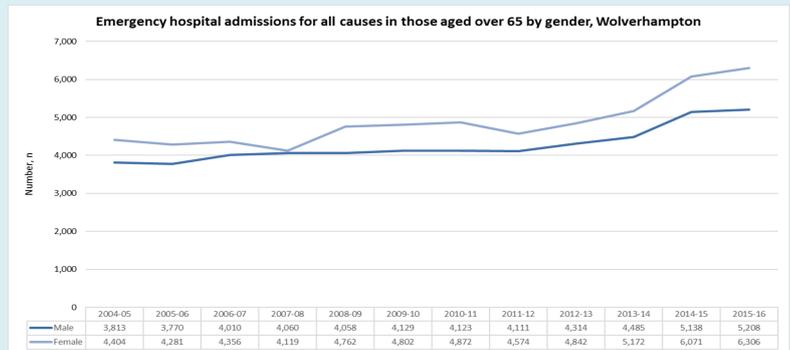


Figure 2. Annualised trend of emergency hospital admissions for all causes in over 65's by gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Gender Distribution

When broken down into five year age groups, there is some variation between the proportion of admissions for females and males. In 65-69 years olds, for whom there were 16,824 admissions, around 54.68% of admissions were for males compared to the 45.32% of admissions for females. The proportion of admissions for males decreased in each ascending age group, with 53.20% of admissions in 70-74 year olds, 49.98% in 75-79 year olds and 46.41% in 80-84 year olds.

The total number of admissions also increased with each ascending age group. For those aged 80-84, there were 43.3% more admissions than for 65-69 year olds.

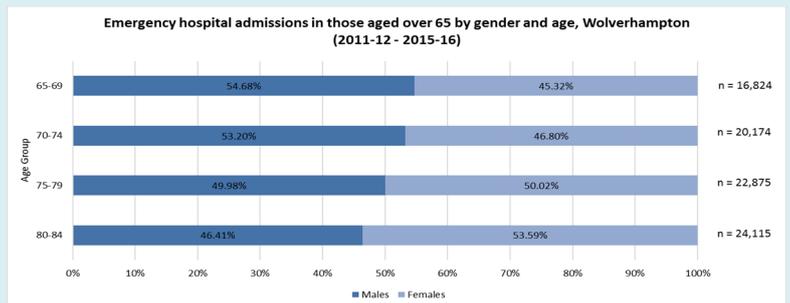


Figure 3. Annualised trend of emergency hospital admissions for all causes in over 65's by gender and age, Wolverhampton. (Source: Wolverhampton CCG)

Ethnicity Distribution

Between 2011-12 and 2015-16, the majority of emergency hospital admissions for those aged over 65 are for those with a White ethnic background (85.4%), which is very similar to the proportion of the White ethnicity in Wolverhampton (85.6%). The second highest proportion of admissions were for those with an Asian ethnic background (9.3%), which is slightly higher than the proportion of Asian ethnicity in Wolverhampton (8.2%). The proportion of those with a Black ethnic background made up 5.0% of emergency admissions, which is similar to the proportion of the Wolverhampton population with a Black ethnic background (4.7%).

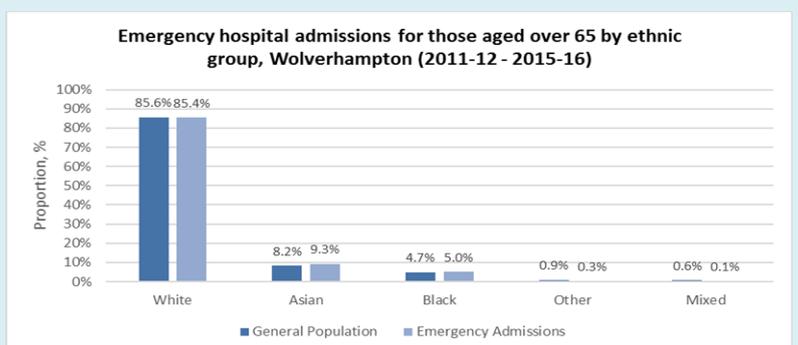


Figure 4. Annualised trend of emergency hospital admissions for all causes in over 65's by ethnic group, Wolverhampton. (Source: Wolverhampton CCG)

Deprivation Distribution

Around half of all emergency hospital admissions for all causes in those aged over 65 were for residents who live in areas which are in the most deprived quintile in Wolverhampton (49.5%). This is higher than the proportion of Wolverhampton's population living in the most deprived quintile (42.0%). The proportion of admissions for residents in each IMD quintile decreases as deprivation decreases. Only 2.3% of admissions are for patients who reside in areas in the least deprived quintile in Wolverhampton, which is lower than the proportion of the population in the least deprived quintile.

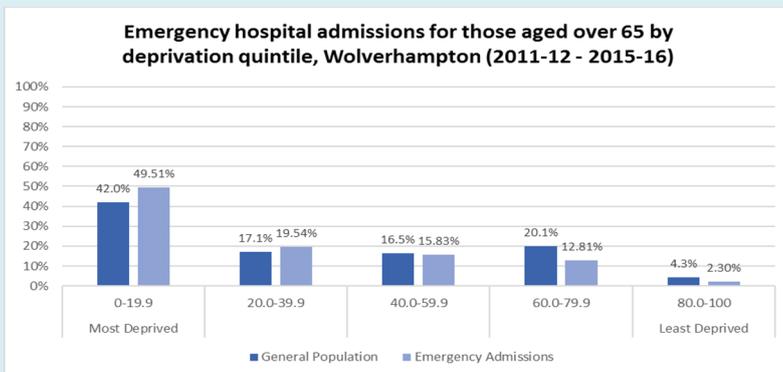


Figure 5. Annualised trend of emergency hospital admissions for all causes in over 65's by deprivation, Wolverhampton. (Source: Wolverhampton CCG)

Geographic Distribution

The highest rates of emergency hospital admissions for all causes in those aged over 65 were for residents in the central wards of Wolverhampton. The wards of St Peter's, Heath Town and Bushbury South and Low Hill have the highest rates, between 31,200 - 38,500 admissions per 100,000 residents aged over 65. The lowest rates are seen on the western side of Wolverhampton, with Penn, Tettenhall Wightwick and Tettenhall Regis wards with between 21,200 - 23,099 admissions per 100,000 residents aged over 65.

None of the wards on the eastern side of Wolverhampton have rates below 23,100 per 100,000. This geographic trend follows the characteristic East/West divide which is often seen across Wolverhampton.

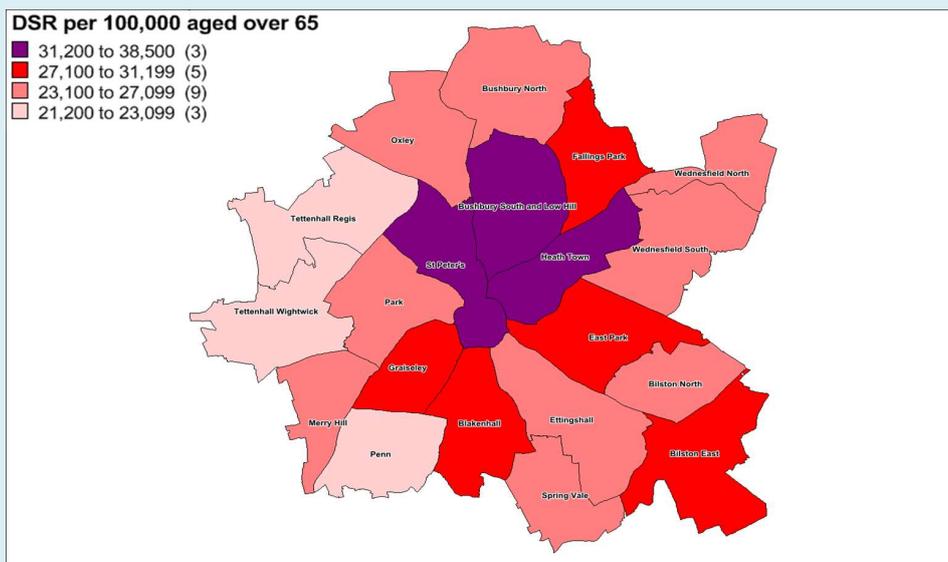


Figure 6. Emergency hospital admissions for all causes in over 65's by ward, Wolverhampton - 2011-12 - 2015-16. (Source: Wolverhampton CCG)

What this information tells us?

- The annualised number of emergency hospital admissions for all causes in those over 65, increased by around 42% between 2005 and 2009, but the majority of the increase took place between 2012 and 2016.
- The proportion of emergency hospital admissions in over 65's for females is higher compared to males, however, when broken down into 5 year age brackets, the proportions of admissions in those aged 65-69 and 70-74 are higher in males compared to females.
- The proportions of emergency admissions by the different ethnicities were representative of the general population of Wolverhampton.
- Around half of all emergency hospital admissions were for residents who reside in the most deprived areas in Wolverhampton (49.5%), which suggests that the people living in the most deprived quintile are over-represented when compared to the general population.

Indicative Commissioning Needs

Ensure commissioned services provides access to timely primary care support to reduce the demand for emergency health care services.

Emergency admissions for hip fractures in people aged over 65

Hip fracture is a debilitating condition – only one in three sufferers return to their former levels of independence and one in three ends up leaving their own home and moving to long-term care. Hip fractures are almost as common and costly as strokes and the incidence is rising. In the UK, about 75000 hip fractures occur annually at an estimated health and social cost of about £2 billion a year. The incidence is projected to increase by 34% in 2020, with an associated increase in annual expenditure.

The average age of a person with hip fracture is about 83 years with about 73% of fractures occurring in women. There is a high prevalence of comorbidity in people with hip fracture. The National Hip Fracture Database reports that mortality from hip fracture is high - about one in ten people with a hip fracture die within 1 month and about one in three within 12 months.

Annualised Trend

Over the past decade, the annual average of emergency hospital admissions for hip fractures in those over 65 has increased. From 318 admissions in the year prior to June 2005, the number of admissions had increased to 460 in the year prior to June 2011, an increase of 44.7%.

However, in the months and years following the peak in the year preceding June 2011, figures fell sharply down to 325 admissions in the year preceding November 2014. Figures have since increased to 406 admissions in the year preceding March 2016.

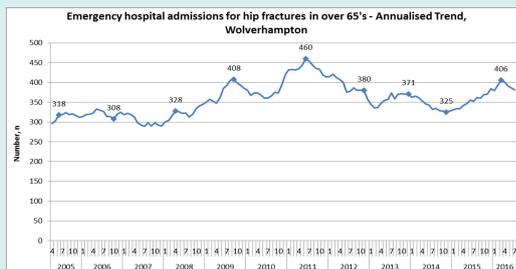


Figure 1. Annualised trend of emergency hospital admissions for hip fractures in over 65's, Wolverhampton. (Source: Wolverhampton CCG)

Gender Distribution

Since 2009-10, the majority of emergency hospital admissions for hip fractures in over 65's have been for females (71.8%). The proportion of admissions for females has varied between 65.52% and 78.95%, over the 7 year period between 2009-10 and 2015-16.

The highest figure for females was 79.95%, in 2013-14, which corresponded with the lowest figure for males (21.05%). However, the proportion of admissions for females decreased by 13.43 percentage points, between 2013-14 and 2015-16, to 65.62%.

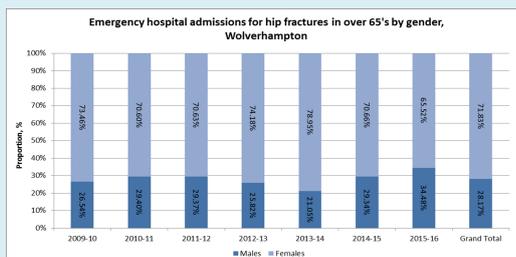


Figure 2. Emergency hospital admissions for hip fractures in over 65's by gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Gender Distribution

There is considerable variation in the proportion of emergency hospital admissions for hip fractures in over 85's in males and females. The figures suggest that the proportions of females admitted for hip fractures increases as age increases, from 65% in 65-69 year olds to 75.6% in those aged 85 and over, and visa-versa for males. The lowest proportion of admissions for males were seen in those aged over 85 (24.40%) and the highest figures were seen in those aged 65-69 (34.57%) and 70-74 (37.70%).

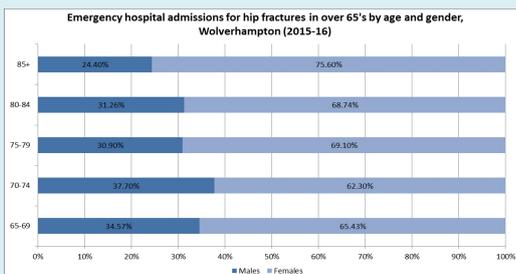


Figure 3. Emergency hospital admissions for hip fractures in over 65's by age and gender, Wolverhampton - 2015-16. (Source: Wolverhampton CCG)

Ethnicity Distribution

In the 5 year period between 2011-12 and 2015-16, the vast majority of emergency hospital admissions for hip fractures in over 65's were for those from a White ethnic background (95.5%). The second highest proportion of admissions was for those with an Asian ethnicity (3.7%). The proportion of admissions for people with Black, Mixed or Other ethnicities was less than 1% collectively.

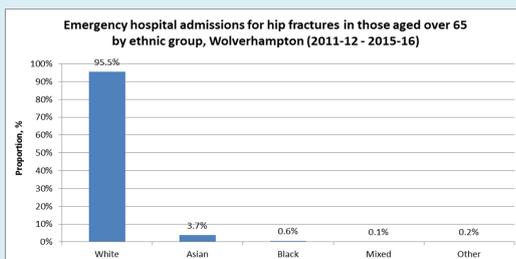


Figure 4. Emergency hospital admissions for hip fractures in over 65's by ethnic group, Wolverhampton - 2011-12 - 2015-16. (Source: Wolverhampton CCG)

Deprivation Distribution

In the 5 year period between 2011-12 and 2015-16, just under half (49.5%) of all emergency hospital admissions for hip fractures in over 65's were for residents living in the most deprived quintile of Wolverhampton. The proportion of admissions had an inverse relationship with deprivation, in which the share of admissions was lower in the least deprived parts of Wolverhampton (2.3% in the least deprived 20%).

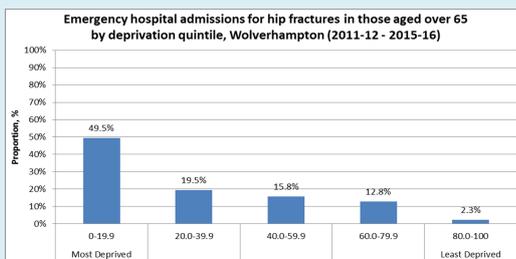
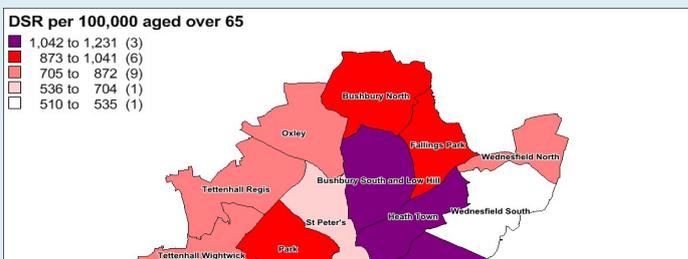


Figure 5. Emergency hospital admissions for hip fractures in over 65's by IMD quintile, Wolverhampton - 2011-12 - 2015-16. (Source: Wolverhampton CCG)

Geographic Distribution

The directly standardised rates for emergency hospital admissions in over 65's follow a east/west inequality in Wolverhampton. In this trend, the wards in the west side of Wolverhampton have lower rates compared to the east side of Wolverhampton. On the western side of Wolverhampton, only one out of nine wards has a rate higher than 872 admissions per 100,000 over 65's. In comparison, on the eastern side of



Wolverhampton, eight out of eleven wards had rates higher than 872 admissions per 100,000 over 65's. Wednesfield South ward however, had the lowest rate in Wolverhampton and is located on the eastern side of Wolverhampton.

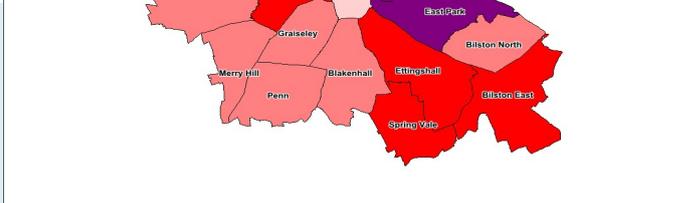


Figure 6. Emergency hospital admissions for hip fractures in over 65's by ward, Wolverhampton - 2011-12 - 2015-16. (Source: Wolverhampton CCG)

What this information tells us?

- The annual average of emergency hospital admissions for hip fractures in over 65's has varied over the last decade, peaking in the year preceding June 2011 and in general figures have increased over the past decade.
- The majority (71.8%) of emergency hospital admissions for hip fractures in over 65's are for females. Though this figure varies when broken down into 5 year age bands, females still make up the majority in the 5 year age bands.
- The vast majority of emergency hospital admissions for hip fractures in over 65's are for those with a White ethnic background (95.5%).
- Around half of all emergency hospital admissions for hip fractures in over 65's are for residents of areas in the most deprived quintile of Wolverhampton.

Indicative Commissioning Needs

Commission services to promote primary and secondary falls prevention
Promote prevention and early detection of poor bone health

Hospital Admissions Emergency admissions for falls in people aged over 65

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, e.g. being a major precipitant of people moving from their own home to long-term nursing or residential care.

The highest risk of falls is in those aged 65 and above and it is estimated that about 30% people (2.5 million) aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year. Falls that results in injury can be very serious - approximately 1 in 20 older people living in the community experience a fracture or need hospitalisation after a fall. Falls and fractures in those aged 65 and above account for over 4 million bed days per year in England alone, at an estimated cost of £2 billion.

The National Institute for Health and Clinical Excellence (NICE) has produced a quality standard that covers assessment after a fall and preventing further falls (secondary prevention) in older people living in the community and during a hospital stay. The standard is designed to drive measurable improvements in the 3 dimensions of quality – patient safety, patient experience and clinical effectiveness.

Annualised Trend

In 2016, the number of emergency hospital admissions for falls in over 65's was more than double compared to under 65's. However, prior to 2014, the difference between the two age groups was much smaller. Between 2005 and 2011, the difference between the number of admissions for over 65's and under 65's was less than 150 admissions. However, the gap began to widen from 2011 and the number of admissions in over 65's rapidly increased by 39.6% in 2014. Whilst figures in over 65's increased by around 150%, from 444 in 2005 to 1,122 in 2016, the figures for under 65's remained steady, varying between 381 and 529 admissions.

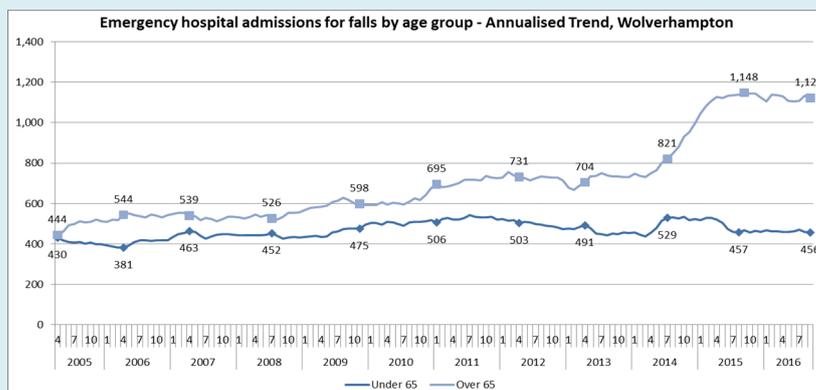


Figure 1. Annualised trend of emergency hospital admissions for falls in over 65's, Wolverhampton. (Source: Wolverhampton CCG)

Age and Gender Distribution

In 2015-16, 31.5% of all emergency hospital admissions for falls in over 65's were for males, which is considerably lower compared to the proportion for females (68.5%). However, when broken down into 5 year age groups, the proportion of admissions for males is higher in 65-69 year olds and 70-74 year olds compared to those aged 75 and over. Those aged between 65-69 year olds had a higher proportion of admissions (44.7%) compared to those aged over 85 (25.7%).

The opposite trend was seen in females, in which females had smaller proportions of admissions for those aged 65-69 years and 70-74 year olds compared to those aged 75 and over. The emergency admissions for falls were highest at 74% for females aged 85 and over

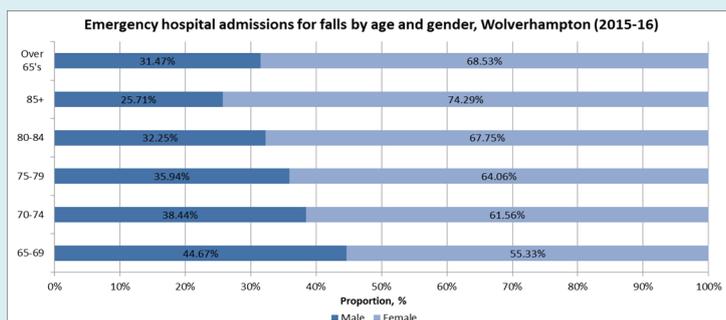


Figure 2. Emergency hospital admissions due to falls in over 65's by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Injuries due to falls

Incidence Rate

In 2014-15, the rate of injuries due to falls in Wolverhampton was similar, compared to the average England and West Midlands rates. However, in previous years Wolverhampton was significantly lower compared to both England and West Midlands average. In 2010-11, the rate in Wolverhampton was 1,315 per 100,000, compared to the average England rate of 2,030 per 100,000 and the average West Midlands rate of 1,910 per 100,000. These figures remained similar until 2013-14, when the Wolverhampton rate increased by 60.5% in two years (to 1,493 per 100,000 in 2013-14 and 2,094 per 100,000 in 2014-15), whilst the average England and West Midlands rates only increased

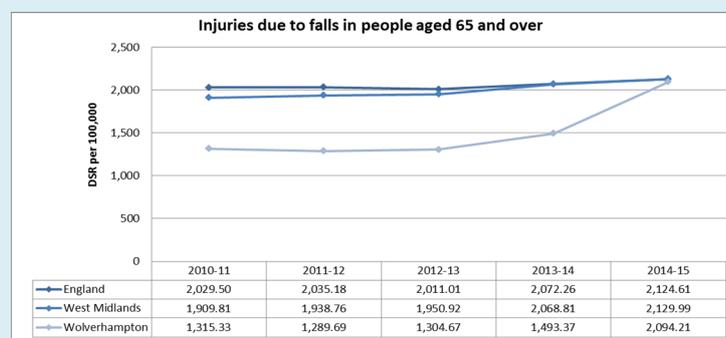
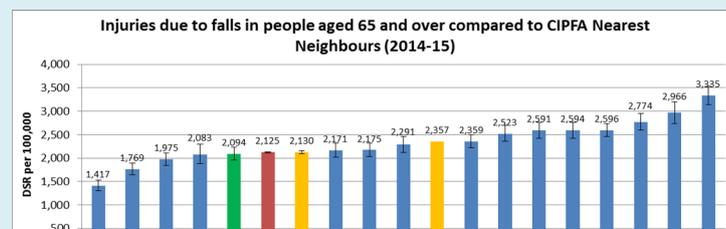


Figure 3. Rate of emergency hospital admissions for injuries due to falls in over 65's. (Source: Wolverhampton CCG)

CIPFA Nearest Neighbours

In 2014-15, Wolverhampton had the 5th lowest rate of injuries due to falls in over 65's, among the 16 CIPFA nearest neighbours. At 2,094 per 100,000, Wolverhampton is significantly lower than 7 of its nearest neighbours and significantly higher than 2 nearest neighbours (Rotherham and Walsall).



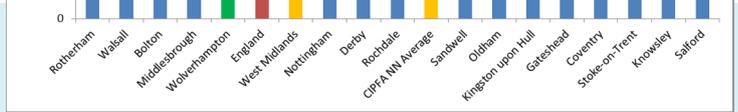


Figure 4. Rate of emergency hospital admissions for injuries due to falls in over 65's compared to CIPFA nearest neighbours. (Source: Wolverhampton CCG)

What this information tells us?

- The number of emergency hospital admissions for over 65's, in Wolverhampton increased sharply between 2014 and 2015, after remaining steady for at least the previous eight years, whereas the number of admissions for under 65's remained steady between 2006 and 2016.
- Of all emergency hospital admissions for falls in over 65's, 68.3% are for females and 31.7% are for males, however, this figure varies when broken down into 5 year age brackets. The trend shows that the proportion of admissions for males decreases as age increases.
- In 2014-15, the rate of injuries due to falls in over 65's in Wolverhampton (2,094 per 100,000) was similar to the England and West Midlands figures, but had been significantly lower in the 4 previous years. In the same year, for the rate of injuries due to falls in over 65's Wolverhampton was ranked 5th lowest among its CIPFA nearest neighbours.

Indicative Commissioning Needs

- Commission services to promote primary and secondary falls prevention
- Promote prevention and early detection of poor bone health

Ambulatory care sensitive conditions (ACSCs) are conditions where effective community care and case management can help prevent the need for hospital admission. Even if the ACSC episode itself is managed well, an emergency admission for an ACSC is often a sign of the poor overall quality of primary and community care. Examples of ambulatory care sensitive conditions are Diabetes, COPD, Asthma and Iron-deficiency anaemia.

Annualised Trend

The annualised trend of unplanned hospital admissions for chronic ambulatory care sensitive conditions has varied considerably over the 6 year time period between 2010-11 and 2016-17. Figures initially decreased between 2010-11 and 2012-13, before increasing by 40.1% between December 2011 (1,141) and September 2013 (1,599). However, figures varied further between September 2013 and October 2016, varying between 1,457 and 1,687 admissions.

Overall, there was an increase of 25.7% between the start of 2010-11 (1,305) and 2016-17 (1,640).

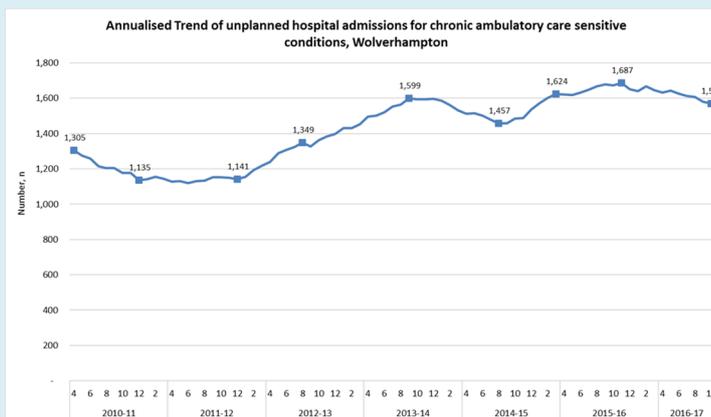


Figure 1. Annualised trend of unplanned hospital admissions for chronic ambulatory care sensitive conditions, Wolverhampton. (Source: Wolverhampton CCG)

Gender Distribution

The number of unplanned hospital admissions for chronic ambulatory care sensitive conditions for females in Wolverhampton was consistently higher compared to those for males, between 2009-10 and 2015-16. The largest gap between the number of male and female admissions was in 2010-11, in which the number of female admissions (656) was 168 higher than male admissions (488). The smallest gap was seen in 2014-15, when there were only 22 more female admissions (823) compared to male admissions (801).

Over the 7 year period between 2009-10 and 2015-16, the number of male and female admissions increased by similar amounts. The number of male admissions increased by 26.9% and the number of female admissions increased by 27.2%.

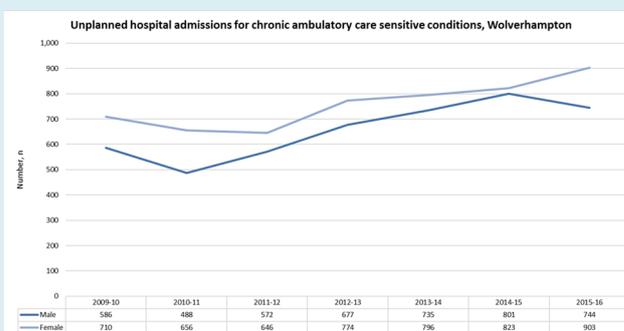
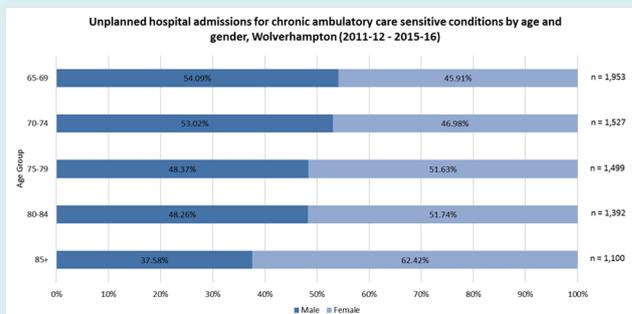


Figure 2. Number of unplanned hospital admissions for chronic ambulatory care sensitive conditions by gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Gender Distribution

When broken down into 5 year age groups, there is a considerable variation between the proportion of admissions for males and females aged over 65. The proportion of admissions was higher for males aged over 65. The proportion of admissions was higher for males aged over 65. The proportion of admissions was higher for males aged over 65.

However, in the three 5 year age groups over the age of 75, the proportion of admissions for females is higher than for males. The proportion of admissions for females (62.42%) is considerably higher compared to males (37.58%) in residents aged 85 and over.



gender, Wolverhampton. (Source: Wolverhampton CCG)

Ethnicity Distribution

Around 85% of unplanned hospital admissions for chronic ambulatory care sensitive conditions in Wolverhampton between 2011-12 and 2015-16, were for residents from a White ethnic background. This is representative of the proportion of the general over 65 population of Wolverhampton, of whom 85.6% have a White ethnic background. Around one in 10 admissions were for residents with an Asian ethnic background (9.8%), which is slightly higher compared to the general over 65 population that have an Asian ethnic background.

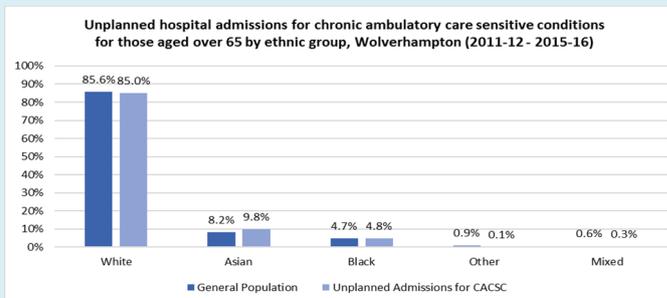


Figure 4. Unplanned hospital admissions for chronic ambulatory care sensitive conditions by ethnic group, Wolverhampton. (Source: Wolverhampton CCG)

Deprivation Distribution

Just over half of all unplanned hospital admissions for chronic ambulatory care sensitive conditions are for residents in the most deprived quintile (54.5%) in Wolverhampton. This suggests that the people residing in the most deprived quintile are over-represented in this group, compared to the general population. The proportion of admissions consistently decreases as deprivation decreases. Only 1.6% of admissions were for residents who live in areas in the least deprived quintile of Wolverhampton, which is lower than the proportion of the general population in the least deprived quintile.

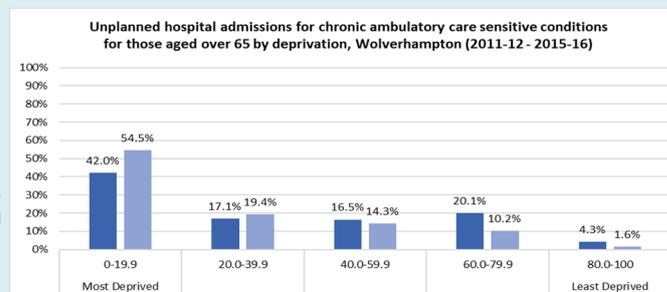


Figure 5. Unplanned hospital admissions for chronic ambulatory care sensitive conditions by IMD quintile, Wolverhampton. (Source: Wolverhampton CCG)

What this information tells us?

- The number of unplanned hospital admissions for chronic ambulatory care sensitive conditions increased by 25.7% in the 6 year period between 2010-11 and 2016-17. Throughout the 6 year period, the number of females was consistently higher compared to males.
- The vast majority of admissions were for those with a White ethnic background (85%) and just under 10% were for those with an Asian ethnic
- The proportion of admissions in each deprivation quintile consistently decreased as deprivation decreased. Over half of admissions were in the most deprived quintile in Wolverhampton.

Indicative Commissioning Needs

Ensure accessible, effective community care and case management services for chronic ambulatory care sensitive conditions are available to reduce hospital attendance and subsequent admission

Hospital Admissions Delayed transfers of care

This topic measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for older adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the population, and is an indicator of the effectiveness of the interface within the NHS, and between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

Delayed Transfers of Care

In 2015-16, the rate of delayed transfer of care cases in Wolverhampton (21.6 per 100,000) was significantly higher compared to England (12.1 per 100,000) and higher compared to West Midlands (15.4 per 100,000), though not significantly.

The rate of delayed transfer of care cases decreased between 2010-11 (15.0 per 100,000) to 2013-14 (8.2 per 100,000). However, the rate sharply increased from 2013-14 to 2015-16 (21.6 per 100,000). Similar trends were seen in the rates for England and West Midlands, though the range of variation was smaller.

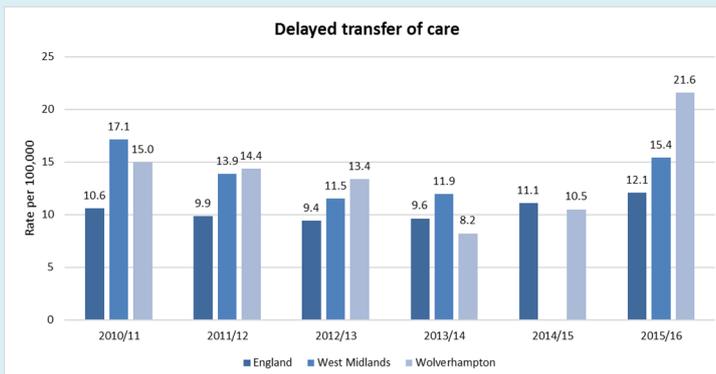


Figure 1. Rate of delayed transfer of care cases, Wolverhampton (Source: Fingertips, PHE)

In 2015-16, Wolverhampton (21.7%) had the 2nd highest rate of delayed transfer of care cases compared to its CIPFA nearest neighbours. Only Coventry had a higher rate, though not significantly higher. Wolverhampton was significantly higher compared to 9 of its CIPFA nearest neighbours.

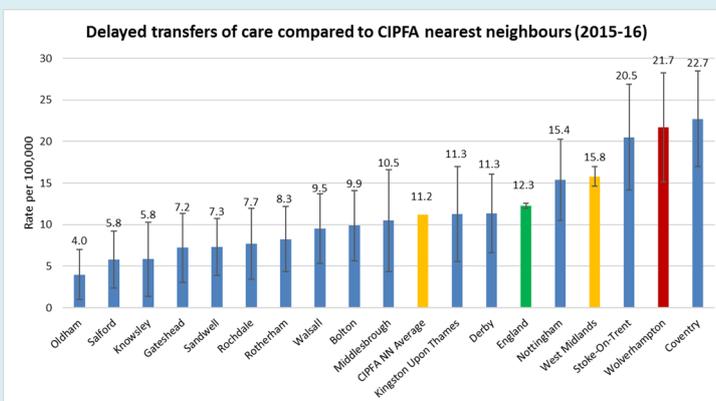


Figure 2. Rate of delayed transfer of care cases compared to CIPFA nearest neighbours, Wolverhampton (Source: Fingertips, PHE)

Delayed transfers of care attributable to social care

In 2015-16, the rate of delayed transfer of care cases attributable to social care in Wolverhampton (13.4 per 100,000) was higher compared to England (7.0 per 100,000) and West Midlands (4.7 per 100,000). The rate in Wolverhampton decreased between 2011-12 (9.1 per 100,000) and 2013-14 (4.1 per 100,000), before sharply increasing to 13.4 per 100,000 by 2015-16.

The rates in England and West Midlands followed similar trends, with rates decreasing between 2010-11 and 2013-14, before increasing slightly.

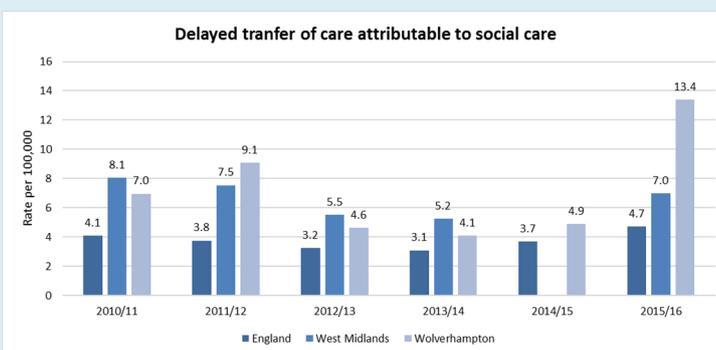


Figure 3. Rate of delayed transfer of care cases attributable to social care, Wolverhampton (Source: Fingertips, PHE)

In 2015-16, Wolverhampton had the highest rate of delayed transfer of care cases attributable to social care, compared to its CIPFA nearest neighbours. Wolverhampton is significantly higher than 12 of its CIPFA nearest neighbours.

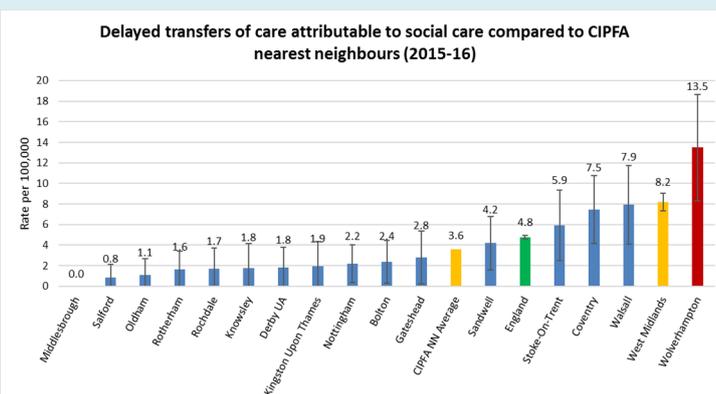


Figure 4. Rate of delayed transfer of care cases attributable to social care compared to CIPFA nearest neighbours, Wolverhampton (Source: Fingertips, PHE)

What this information tells us?

-The most recent rate of all delayed transfer of care cases in Wolverhampton is significantly higher compared to England. The rate sharply increased between 2013-14 (8.2 per 100,000) and 2015-16 (21.6 per 100,000). In comparison to its CIPFA nearest neighbours Wolverhampton had the second highest figure and was significantly higher than 9 of its CIPFA nearest neighbours.

-The most recent rate of delayed transfer of care cases attributable to social care in Wolverhampton, was higher than both England and West Midlands, though not significantly. The rate in Wolverhampton sharply increased between 2013-14 (4.1 per 100,000) and 2015-16 (13.4 per 100,000). In comparison to its CIPFA nearest neighbours Wolverhampton had the highest figure and was significantly higher than 12 of its CIPFA nearest neighbours.

Indicative Commissioning Needs

TBC

It is well accepted that the majority of people with dementia are aged 65 or older. Objective two of the National Dementia Strategy (2009) states 'all people with dementia to have access to.... treatment, care and support as needed following diagnosis'. The recorded dementia prevalence provides an indication of the concentration, within a population, of the number of people aged 65 or older who have been diagnosed and who are now living with the condition. This indicator can be used to inform local service planning as to the scale of services required to provide treatment, care and support as needed, so those with dementia can be living well with the condition.

Prevalence

As of September 2016, the recorded prevalence of Dementia in those aged 65 and over in Wolverhampton (4.94%) was significantly higher compared to England (4.31%) and the West Midlands (4.14%).

Over the 3 data points, six months apart, the prevalence in Wolverhampton has varied slightly between 5.05% and 4.94%. Similar variations have been seen in the England and West Midlands figures. The Wolverhampton figures have consistently been significantly higher over the 3 data points, compared to England and the West Midlands.

In September 2016, the 4.94% figure equated to 2,186 individuals with a recorded diagnosis of dementia, in Wolverhampton.

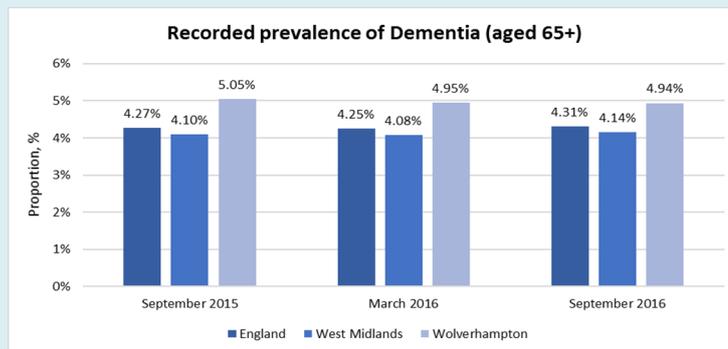


Figure 1: Recorded prevalence of Dementia in older people (65+). (Source: Fingertips, PHE)

Dementia Diagnosis Rates

In October 2016, the estimated dementia diagnosis rate for those aged 65 years and over in Wolverhampton is 74.5% which is better than the 67.7% in England.

In Wolverhampton, 2,187 people aged 65 and over were diagnosed with dementia as on October 2016 compared to the estimated prevalence of 2,934

Referrals to Memory Clinic

Since April 2013 to March 2016, 2309 patients were referred to the memory clinic.

The monthly number of referrals has been highly variable with 42 in April 2013 reaching a high of 91 in December 2014 and thereafter falling to 73 in March 2016.

70% of memory clinic referrals were for those from White ethnic background followed by 13% whose ethnic status was not known or not stated.

Since April 2013 to March 2016, 56% of the referrals were for females compared to 44% for males.

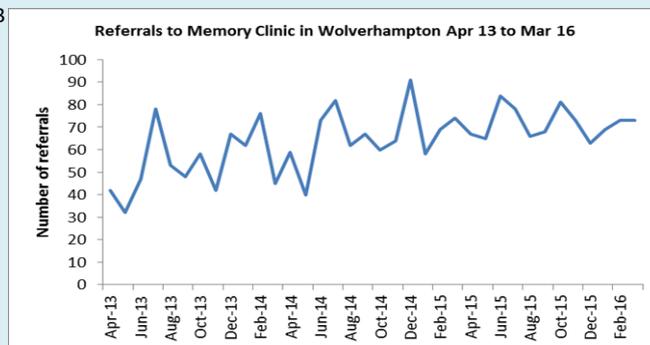


Figure 2: Memory Clinic Referrals (Source: Wolverhampton CCG)

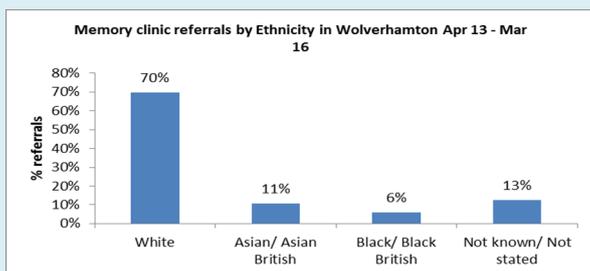


Figure 3: Memory Clinic Referrals by ethnicity (Source: Wolverhampton CCG)

Emergency Admissions

The Directly Standardised Rate (DSR) of emergency admissions with a mention of Dementia in those aged 65 and over in Wolverhampton (5,045 per 100,000) was significantly higher in 2015-16 compared to England (3,387 per 100,000) and the West Midlands (3,665 per 100,000).

In the three year period between 2012-13 and 2014-15, the rate of emergency admissions with a mention of Dementia sharply increased from 2,955 per 100,000 to 4,867 per 100,000, then only increased slightly over the following year to 5,045 per 100,000 in 2015-16. In comparison the figures for England and the West Midlands only increased slightly between 2012-13 and 2015-16.

Wolverhampton was significantly higher compared to England and the West Midlands between 2013-14 and 2015-16, but was similar in 2012-13.

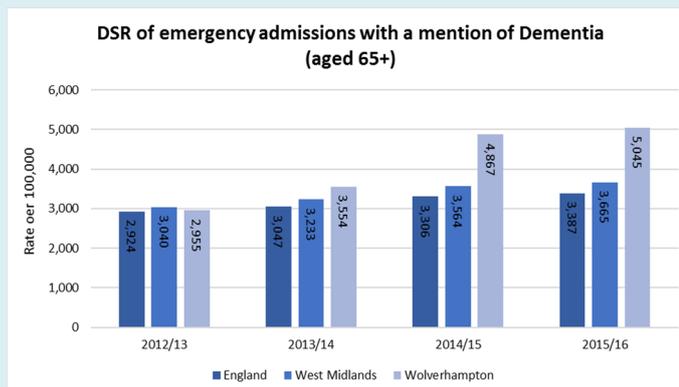


Figure 4: Rate of emergency admissions with a mention of Dementia in older people (65+). (Source: Fingertips, PHE)

What this information tells us?

- The recorded prevalence of Dementia is significantly higher in Wolverhampton, compared to England and the West Midlands average. However, this may be due to better diagnosis of Dementia compared to the West Midlands and England.
- The Dementia diagnosis rate in October 2016 was higher in Wolverhampton compared to the England average.
- The rate of emergency admissions with a mention of Dementia in those aged 65 and over increased sharply between 2012-13 and 2014-15, whilst considerably smaller increases were seen in England and the West Midlands during the same time period. The rate of emergency admissions with a mention of Dementia in Wolverhampton were significantly higher compared to England and the West Midlands, at the most recent data point (2015-16).

Indicative Commissioning Needs

Promotion of prevention and early detection of Dementia

Ensure accessible health and social care support available within the community to reduce emergency admissions

Vaccination coverage is the best indicator of the level of protection a population will have against vaccine preventable communicable diseases. Coverage is closely related to levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise

PPV Vaccination

Pneumococcal disease is a significant cause of morbidity and mortality. Certain groups are at risk for severe pneumococcal disease, these include young children, the elderly and people who are in clinical risk groups. Pneumococcal infections can be non-invasive such as bronchitis, otitis media or invasive such as septicaemia, pneumonia, meningitis. Cases of invasive pneumococcal infection usually peak in the winter during December and January. The PPV protects against 23 types of Streptococcus pneumoniae bacterium. It is thought that the PPV is around 50-70% effective at preventing more serious types of invasive pneumococcal infection. Since 1992 the 23-valent pneumococcal polysaccharide vaccine (PPV) has been recommended for people in the clinical risk groups and since 2003, the PPV vaccination programme has expanded to include immunisation to all those aged 65 years and over in England. This indicator was judged to be a valid and an important measure of public health and was therefore included in the public health outcomes framework. Inclusion of these indicators will encourage the continued prioritisation and evaluation and the effectiveness of the PPV vaccination programme and give an indication of uptake at an upper tier Local Authority level.

These charts describe pneumococcal polysaccharide vaccine (PPV) uptake for the survey year, for those aged 65 years and over.

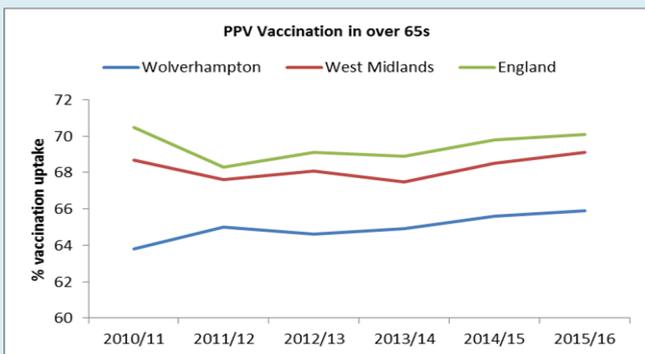


Figure 1: PPV Vaccination in over 65s time trend (Source: Fingertips)

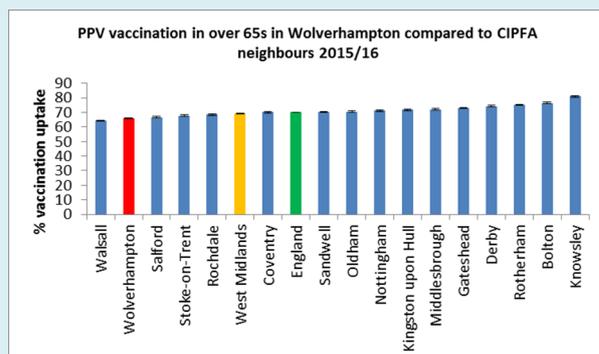


Figure 2: PPV Vaccination in Wolverhampton compared to CIPFA neighbours

In 2015/16, the uptake of PPV vaccination in Wolverhampton is 65.9% which is lower compared to 70.1% in England and 69.1% in West Midlands. Since 2010/11, the uptake of PPV vaccination has increased in Wolverhampton from 63.8% in 2010/11 to 65.9% in 2015/16. However a decreasing trend has been observed in England where the uptake of PPV vaccination reduced from 70.5% in 2010/11 to 68.9% in 2013/14 before increasing again to the current levels of 70.1%.

In 2015/16, Wolverhampton has the 2nd lowest rate of uptake of the PPV vaccination compared to the 15 CIPFA neighbours.

Flu vaccination in over 65s

Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions among these groups of people. Increasing the uptake of flu vaccine among these high risk groups should also contribute to easing winter pressure on primary care services and hospital admissions. Coverage is closely related to levels of disease. Monitoring coverage identifies possible drops in immunity before levels of disease rise. Influenza (also known as Flu) is a highly infectious viral illness spread by droplet infection. Government policy is to recommend immunisation for people aged 65 years and over and those under 65 years in at risk groups. The ambition is to achieve 75% uptake in those aged 65 years and over.

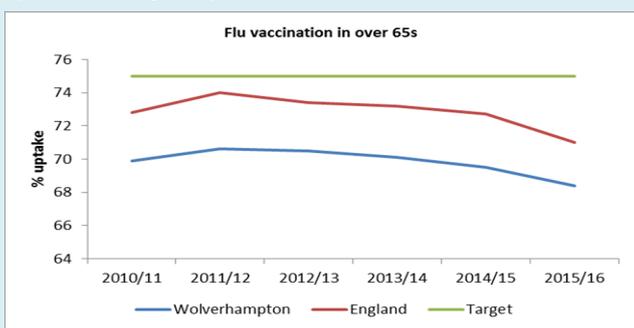


Figure 3: Flu Vaccination in over 65s time trend (Source: Fingertips)

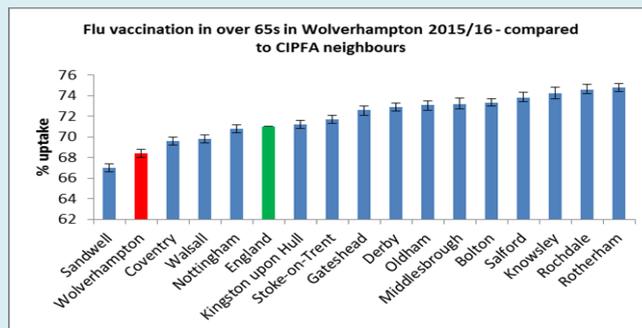


Figure 4: Flu Vaccination in Wolverhampton compared to CIPFA neighbours

In 2015/16, the uptake of Flu vaccination in Wolverhampton was 68.4% which is significantly lower compared to 71% in England. Since 2010/11, the uptake of Flu vaccination increased slightly in Wolverhampton from 69.9% in 2010/11 to 70.1% in 2013/14 before falling down to the current levels of 68.4%. A similar decreasing trend has been observed for England where the rate of uptake fell from 72.8% in 2010/11 to 71% in 2015/16.

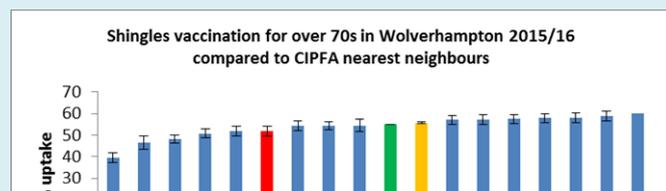
In 2015/16, Wolverhampton has the 2nd lowest rate of uptake of the flu vaccination compared to the 15 CIPFA neighbours.

Shingles vaccination

In 2010, the UK's Joint Committee on Vaccination and Immunisation (JCVI) recommended that a herpes zoster (shingles) vaccination programme should be introduced for adults aged 70 years, with a catch up programme for those aged 71 to 79 years.

In 2015/16, the rate of uptake of shingles vaccination in Wolverhampton for those aged 70 years and over was 51.9% which is lower compared to 54.9% in England.

The rate of uptake of shingles vaccination in Wolverhampton has reduced from 57.7% in 2014/15 to 51.9% in 2015/16. Similar trend has been observed in England where the rate of uptake of shingles vaccination has decreased



from 59% in 2014/15 to 54.9% in 2015/16.

In 2015/16, Wolverhampton has the 6th lowest rate of uptake of shingles vaccination compared to the 15 CIPFA neighbours.

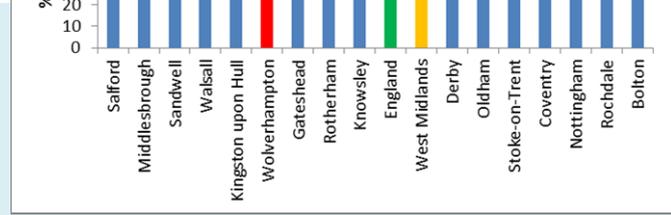


Figure 5: Shingles Vaccination in Wolverhampton compared to CIPFA neighbours

What does this information tell us?

- The rate of uptake of PPV, Flu and shingles vaccination in over 65s is lower in Wolverhampton compared to the England average, as well as CIPFA neighbours.
- Over the past years, the rate of uptake of PPV vaccination has increased in Wolverhampton, however uptake of flu and shingles vaccination has decreased

Indicative Commissioning Needs

Ensure commissioned services promote awareness and uptake of vaccines, with a targeted approach to address inequalities

People feeling supported to manage their condition

This indicator measures the degree to which people with health conditions that are expected to last for a significant period of time feel they have had sufficient support from relevant services and organisations to manage their condition.

This data is obtained from the yearly GP Patient Survey by Ipsos Moris.

In 2015/16, 59% of patients with long term health conditions in Wolverhampton felt supported to manage their condition. This is lower compared to 64.3% in England and 63.9% in West Midlands.

Over the last 5 years, there has been a fall in the percentage of people feeling supported to manage their conditions in Wolverhampton from 65.3% in 2011/12 to 59% in 2015/16. A similar pattern has been found in England and West Midlands where the percentage of people feeling supported to manage their condition have reduced from 66.7% in 2011/12 to 64.3% in 2015/16 and 66.2% in 2011/12 to 63.9% in 2015/16 respectively.

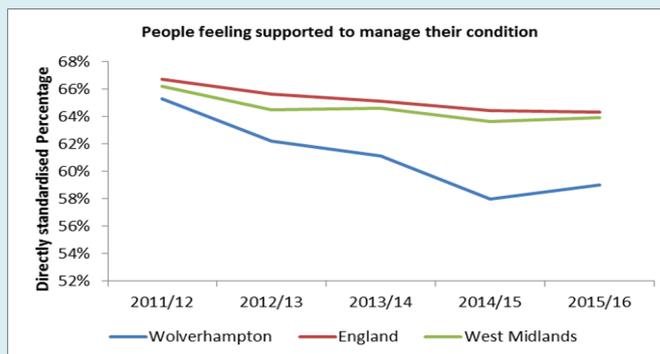


Figure 1: Percentage of people feeling supported to manage their condition (Source: GP survey; NHS Digital)

What does this information tell us?

-The percentage of people feeling supported to manage their condition in Wolverhampton is lower compared to England and West Midlands and is falling since 2011/12.

Indicative Commissioning Needs

TBC

People receiving self-directed support and direct payments

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act places personal budgets on a statutory footing as part of the care and support plan.

Proportion of people using social care who receive self-directed support, and those receiving direct payments

To be counted as receiving self-directed support, the person (older person or carer over 65) must either: be in receipt of a direct payment; or have in place a personal budget which meets all the following criteria:

1. The person (or their representative) has been informed about a clear, upfront allocation of funding, enabling them to plan their support arrangements; and
2. There is an agreed care and support plan (support plan for carers) making clear the needs to be met and what outcomes are to be achieved with the funding; and
3. The person (or their representative) can use the funding in ways and at times of their choosing (the options of deploying a personal budget are: a budget managed by the Local Authority or third party (commonly referred to as an Individual Service Fund), a direct payment, or a combination of these approaches.

The implementation of the Short and Long Term support (SALT) return has enabled this measure to be strengthened. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils' progress in delivering personalised services for users and carers.

From the number of social care clients over 65 receiving community based services and carers over 65 receiving carer specific services (Denominator), the number of older people and carers over 65 receiving self-directed support and receiving direct payments in the year 2015-16 was 997, in Wolverhampton.

In 2015-16, the proportion of residents that use social care services that receive self-directed support and those who receive direct payments in Wolverhampton (76.3%) was significantly lower compared to West Midlands (89.6%) and England (88.6%).

In comparison to the previous year, 2014-15, the proportion in Wolverhampton was 13.3 percentage points higher in 2015-16. Increases were also seen in the England and West Midlands figures, albeit much smaller increases.

In terms of numbers, in 2015-16 there were 997 social care users in Wolverhampton that received self-directed support and those that received direct payments.

In 2015/16, the proportion of people receiving self directed support and direct payments in Wolverhampton was significantly lower compared to 12 of the 15 CIPFA nearest neighbours.

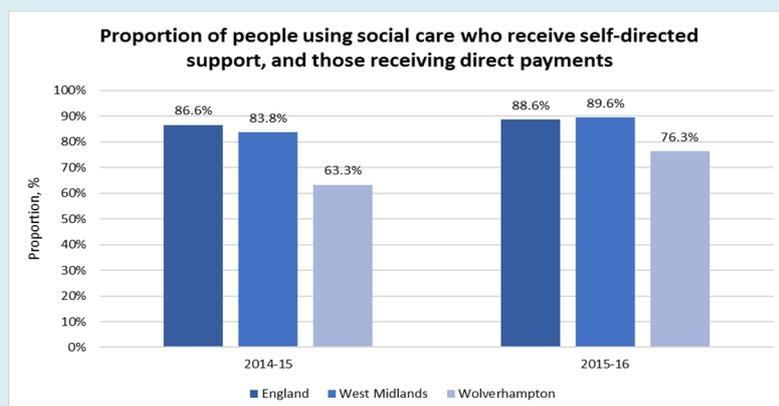


Figure 1. People using social care who receive self directed support and those receiving direct payments. (Source: Fingertips, PHE)

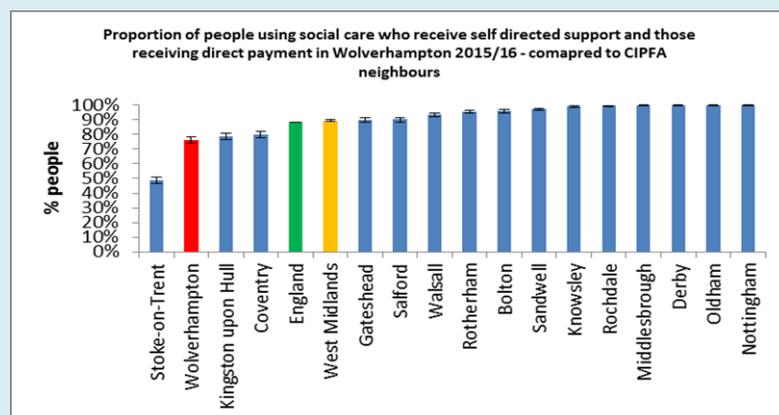


Figure 2. People using social care who receive self directed support and those receiving direct payments compared to CIPFA nearest neighbours. (Source: Fingertips, PHE)

What does this information tell us?

-People using social care who receive self directed support and direct payments in Wolverhampton have increased within the last 2 years however it is still significantly lower compared to England and lower compared to 14 of the 15 CIPFA nearest neighbours.

Indicative Commissioning Needs

TBC

**Management of long term conditions
People with Diabetes - Older People**

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a detrimental impact on quality of life.

The 13 quality statements of the 'Diabetes in adults quality standard' (2011) were informed by a range of NICE clinical guidelines and the 'National Service Framework for Diabetes' that covered all aspects of diabetes care and prevention. Specifically, it is expected that the high quality care set out in this quality standard will reduce the complications associated with diabetes.

Primary Care Data

In Wolverhampton, there are 11,320 patients registered with GP practices as having Diabetes who are aged 60 years and over as of September 2016.

Age and Gender Distribution

Type 2 diabetes is globally the most common form of diabetes and is also the most common form in the 60+ Wolverhampton population. As of September 2016, there were 11,320 individuals aged 60 and over in Wolverhampton diagnosed with diabetes: 208 with Type 1, 9,930 with Type 2 and 1,182 with other types such as gestational diabetes, maturity onset diabetes of the young, neonatal diabetes and Wolfram Syndrome.

To provide some perspective on these figures, there are around 17,683 people in Wolverhampton aged over 16 with a diagnosis of diabetes. Of which, 894 have Type 1, 15,102 have Type 2 and 1,687 have other types of diabetes.

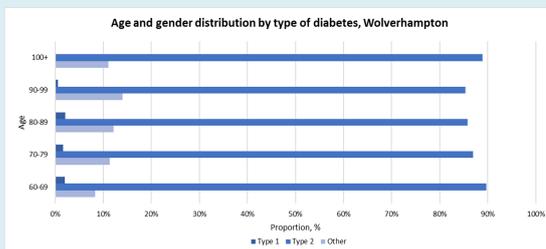


Figure 1. Type of Diabetes by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

The highest proportions of Type 1 diabetes are seen in the 80-89 (2.1%) and the 60-69 (2.0%) age groups. The highest proportion of Type 2 diabetes is seen in the 60-69 (89.7%) and 100+ (88.9%) age groups. The highest proportion of Other Types of diabetes is seen in those aged between 90-99 (14.0%)

In comparison to all adults (60+), the proportion of males with Type 2 diabetes decreases as age increases, with only 75%, though there are very few males aged 100+. This trend can also be seen in the 4 younger age groups. The proportion of diabetes patients with Type 2 diabetes in 90-99 (83.21%) and 80-89 (85.90%) year olds being lower compared to 70-79 (87.22%) and 60-69 (89.24%) year olds. The proportion of males aged 60+ with Other Types of diabetes has the inverse trend, in which the proportion increases with age.

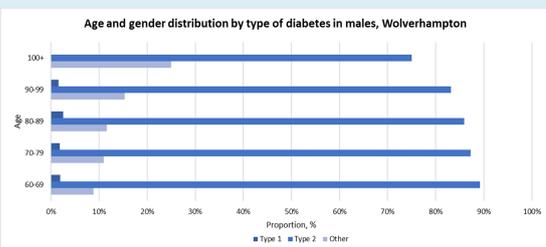


Figure 2. Type of Diabetes in males by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Over all there are 5,941 males aged 60+ in Wolverhampton with diabetes: 118 with Type 1, 5,212 with Type 2 and 611 with Other Types.

In females, the highest proportion of Type 2 diabetes is seen in those aged 100+, however due to the small numbers involved (less than 10) it should be taken with caution. The proportion of Type 2 is higher in those aged 60-69 (90.27%) compared to the 3 of the 4 older age groups. The proportion of Other Types of diabetes does show a clear trend, in which the proportion of diabetes patients with Other Types of diabetes increases with age, in between the ages of 60-99. The proportion of 60-69 year olds with Other Types of diabetes is 7.7% in 60-69 year olds, compared to the 13.4% of 90-99 year olds.

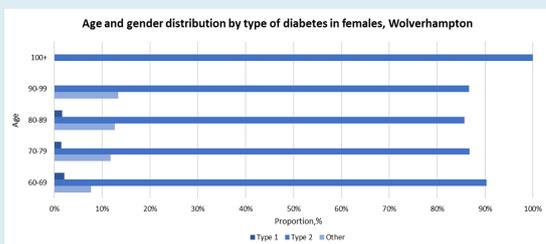


Figure 3. Type of Diabetes in females by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Overall, there are 5,379 females aged 60+ diagnosed with diabetes in Wolverhampton: 90 with Type 1, 4,718 with Type 2 and 571 with Other Types.

Age and Deprivation Distribution

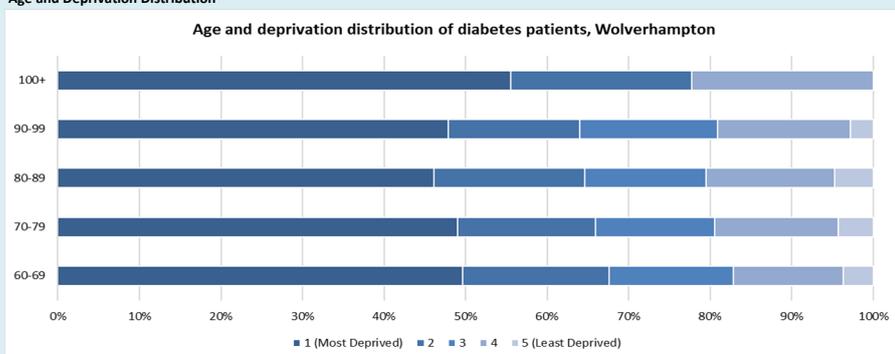


Figure 4. Prevalence of diabetes by age and deprivation quintiles, Wolverhampton. (Source: Wolverhampton CCG)

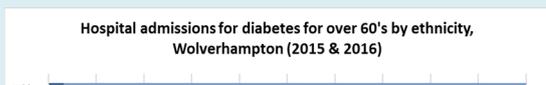
In the population of Wolverhampton, there is an observable trend between deprivation and diabetes, which suggests that higher proportions of diabetic patients reside in the most deprived areas of Wolverhampton. The chart above shows that in those in the 60-69 (49.6%), 70-79 (49.0%), 80-89 (46.1%) and 90-99 (47.9%) year age groups, just under half of patients reside in areas which are in the most deprived quintile of Wolverhampton.

Hospital Admissions Data

Between January 2015 and December 2016, there were 104 hospital admissions for diabetes in those aged 60 and over in Wolverhampton.

Ethnicity Distribution

The highest number of hospital admissions for diabetes in the Wolverhampton population aged 60+, between January 2015 and December 2016, were seen in those with a White ethnic background (64), of which 62 were Emergency admissions and



2 were daycases. The second highest number of admissions were seen in those with a Black ethnic background (17), of which 15 were Emergency admissions.

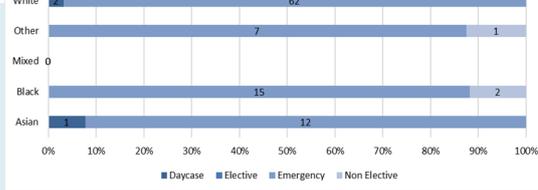


Figure 5. Number and proportion of hospital admissions by ethnicity, Wolverhampton. (Source: Wolverhampton CCG)

Age and Gender Distribution

Among the 60+ females population in Wolverhampton, between January 2015 and December 2016, there were only emergency admissions for diabetes, there were 11 in the 60-69 age group, 13 in the 70-79 age group and 20 in the 80-89 age group. In the 60+ male population in Wolverhampton there were 50 emergency admissions, 3 daycases and non 5 elective admissions. 13 of the 50 emergency admissions were in the 60-69 age group, 22 were in the 70-79 age group and 15 were in the 80-89 age group.

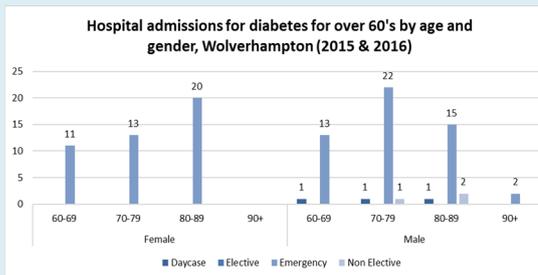


Figure 6. Number of hospital admissions by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

What this information tells us?

- The proportion of males with type 2 diabetes decreased as age increased, whereas the opposite trend was seen for Type 1 diabetes, with the proportion of males with Type 1 diabetes increasing with age.
- There is an observable trend between the prevalence of diabetes and deprivation, with more than 50% of diabetes patients aged 60-69, 70-79 and 80-89 living in the top 3 most deprived quintiles in Wolverhampton.

Indicative Commissioning Needs

Promote lifestyle changes to prevent/delay the onset of diabetes, with a targeted approach for at risk groups
 Ensure primary care support and case management to reduce emergency admissions

Management of long term conditions People with Diabetes - Adults

Type 2 diabetes (approximately 90% of diagnosed cases) is partially preventable – it can be prevented or delayed by lifestyle changes (exercise, weight loss, healthy eating). Earlier detection of type 2 diabetes followed by effective treatment reduces the risk of developing diabetic complications. Diabetic complications (including cardiovascular, kidney, foot and eye diseases) result in considerable morbidity and have a The 13 quality statements of the 'Diabetes in adults quality standard' (2011) were informed by a range of NICE clinical guidelines and the 'National Service Framework for Diabetes' that covered all aspects of diabetes care and prevention. Specifically, it is expected that the high quality care set out in this quality standard will reduce the complications associated with diabetes.

Primary Care Data

Age and Gender Distribution

Among those with diabetes in Wolverhampton, the majority of patients aged between 17-19 (73.7%) and 20-29 (58.9%) years have a diagnosis of Type 1 diabetes. The proportion of those with Type 1 diabetes decreases considerably as age increases. The proportion of Type 2 diabetes is considerably higher in the older age groups, with two-thirds of those aged 30-39 diagnosed with Type 2 diabetes, increasing to 83.3% in those 40-49 year olds and 88.1% in 50-59 year olds. Less than 15.0% of each age group have diagnoses of other types of diabetes.

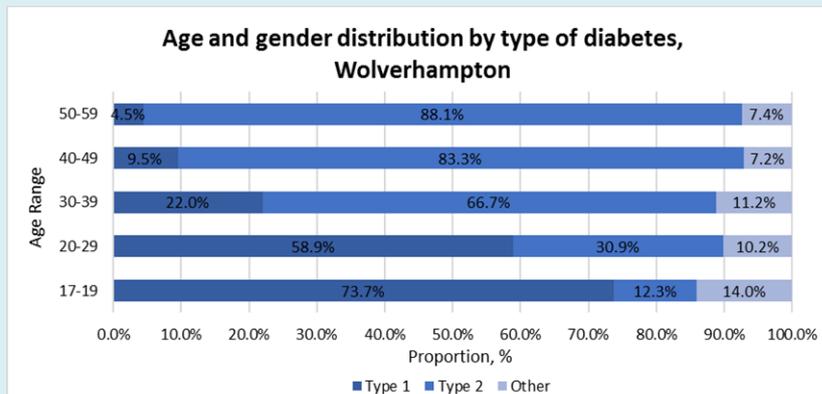


Figure 1. Type of Diabetes by age, Wolverhampton. (Source: Wolverhampton CCG)

Among females diagnosed with diabetes in Wolverhampton, almost two-thirds of those aged 17-19 have a diagnosis of type 1 diabetes (65.4%) and just under half of those aged 20-29 have a diagnosis of type 1 diabetes (48.9%). The proportions of those in the older age groups with type 2 diabetes is considerably higher compared to those aged under 29, with 69.2% in 30-39 year olds, 84.5% in 40-49 year olds and 88.0% in 50-59 year olds. The proportion of those diagnosed with other types of diabetes is highest among the youngest age group, 17-19 year olds (15.4%).

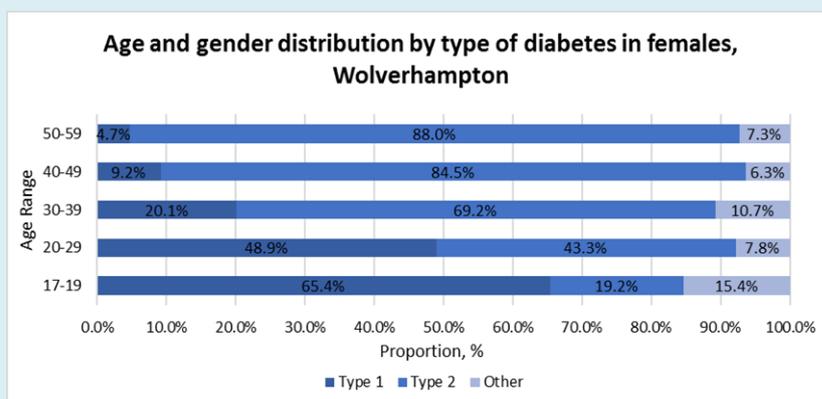


Figure 2. Type of Diabetes in females by age, Wolverhampton. (Source: Wolverhampton CCG)

Among males diagnosed with diabetes in Wolverhampton, the highest proportions of Type 1 diabetes diagnoses are seen in the 17-19 (80.6%) and 20-29 (69.4%) age groups, with figures considerably lower in older age groups, less than 25% in each. The highest proportions of diagnoses of Type 2 diabetes are seen in the 30-39 (64.6%), 40-49 (82.5%) and 50-59 (88.2%) year age groups.

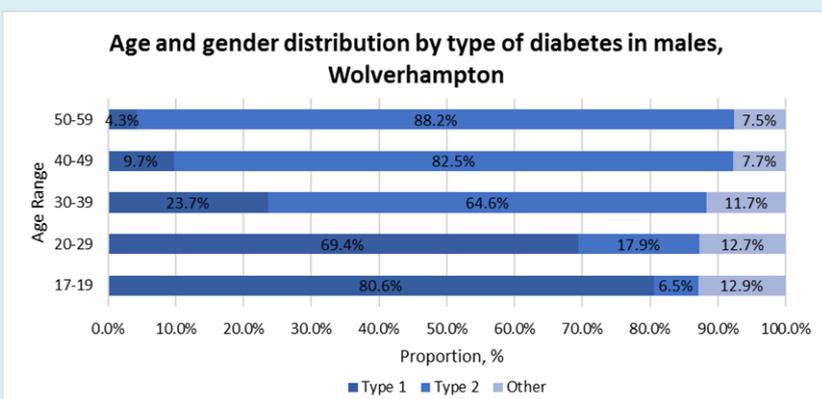
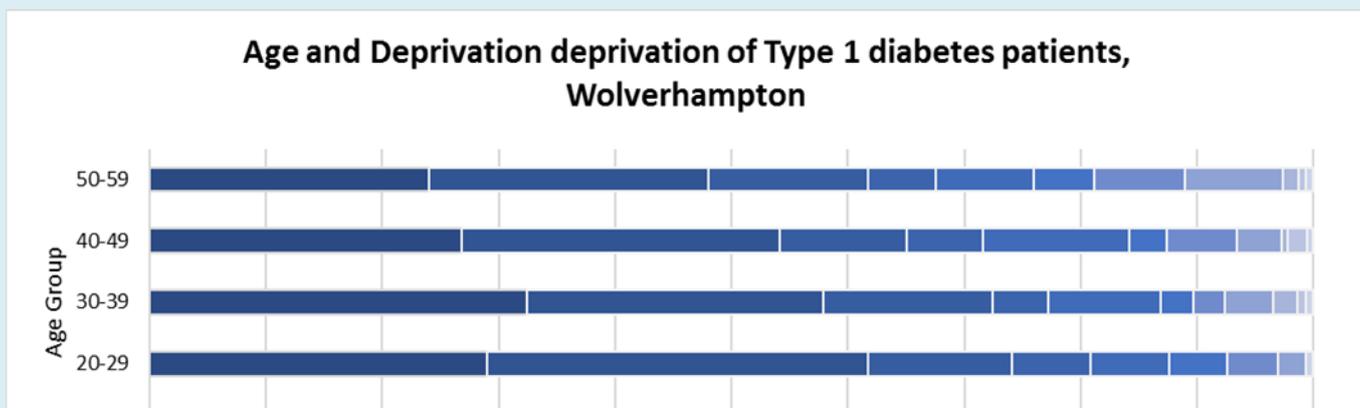


Figure 3. Type of Diabetes in males by age, Wolverhampton. (Source: Wolverhampton CCG)

Age and Deprivation Distribution



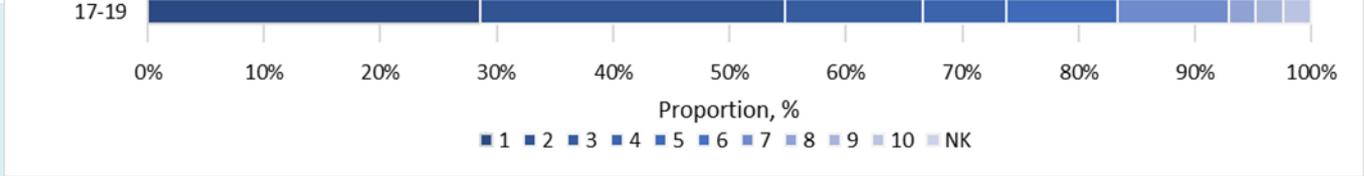


Figure 4. Type 1 Diabetes by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

There is a strong correlation between deprivation and Type 1 diabetes, with at least 60% of those diagnosed with Type 1 diabetes, in each age group, residing in areas which are in the three most deprived quintiles in Wolverhampton. The highest proportion of Type 1 diabetes patients living in the three most deprived quintiles is seen in the 20-29 age group (74.1%)

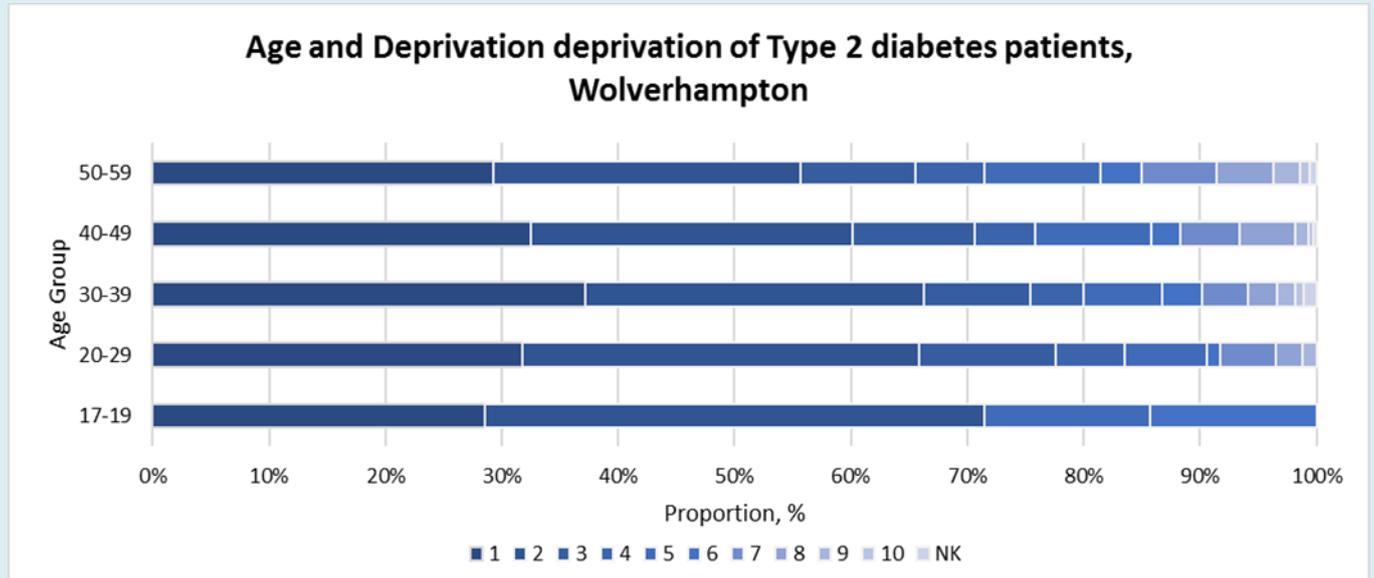


Figure 5. Type 2 Diabetes by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

There is a strong correlation between deprivation and Type 2 diabetes, with at least 65% of those diagnosed with Type 2 diabetes, in each age group, residing in areas which are in the three most deprived quintiles in Wolverhampton. The highest proportion of Type 2 diabetes patients living in the three most deprived quintiles is seen in the 20-29 age group (77.6%).

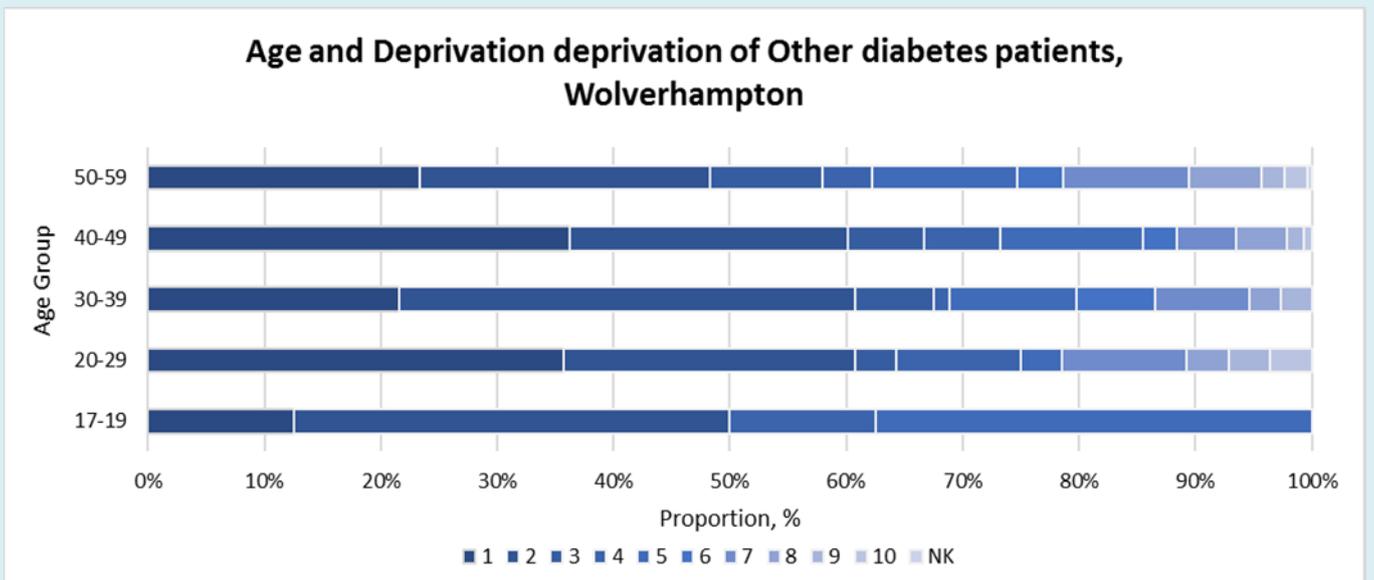
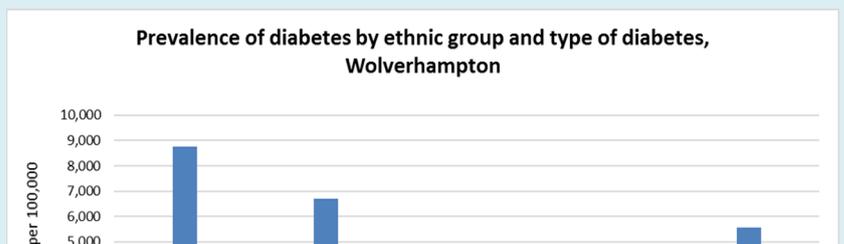


Figure 6. Other Type's of Diabetes by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

There is a strong correlation between deprivation and Other Type's of diabetes, with at least 50% of those diagnosed with Other Type's of diabetes, in each age group, residing in areas which are in the three most deprived quintiles in Wolverhampton. The highest proportion of Other Type's of diabetes patients living in the three most deprived quintiles is seen in the 20-29 age group (67.6%).

Ethnicity Distribution

The prevalence of Type 2 diabetes is considerably higher across all ethnic groups in Wolverhampton, compared to Type 1 and Other Types of diabetes. However, the prevalence of Type 1 diabetes among the ethnic groups varies, with the highest rate seen in the Asian ethnic group (8,766 per 100,000), followed by the Black ethnic group (6,693 per 100,000). The lowest figures were seen in those with a Mixed ethnic



background (2,770 per 100,000). The prevalence rates of those with Type 1 diabetes is highest among those with White (378 per 100,000) and Black (373 per 100,000) ethnic backgrounds. The highest prevalence rate for those with Other types of diabetes is seen in those with an Asian ethnic background (815 per 100,000), which is higher compared to those with White

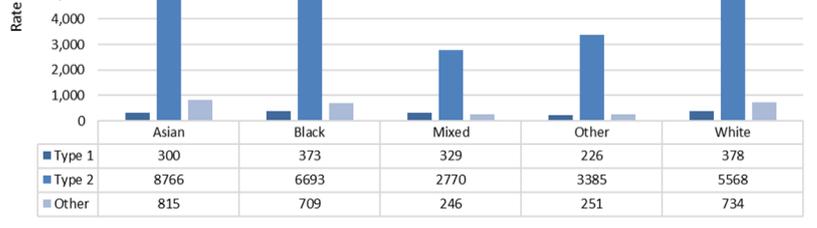


Figure 7. Type of Diabetes by Ethnicity, Wolverhampton. (Source: Wolverhampton CCG)

Geographic Distribution

The higher prevalence rates of Type 1 diabetes in Wolverhampton were seen in the north of the city. The highest rates were seen in Oxley (503 per 100,000), Bushbury North (476 per 100,000) and Park (427 per 100,000) wards. Whereas, the lowest figures are seen further south of the city, in Penn (253 per 100,000), Blakenhall (239 per 100,000) and Heath Town (229 per 100,000).

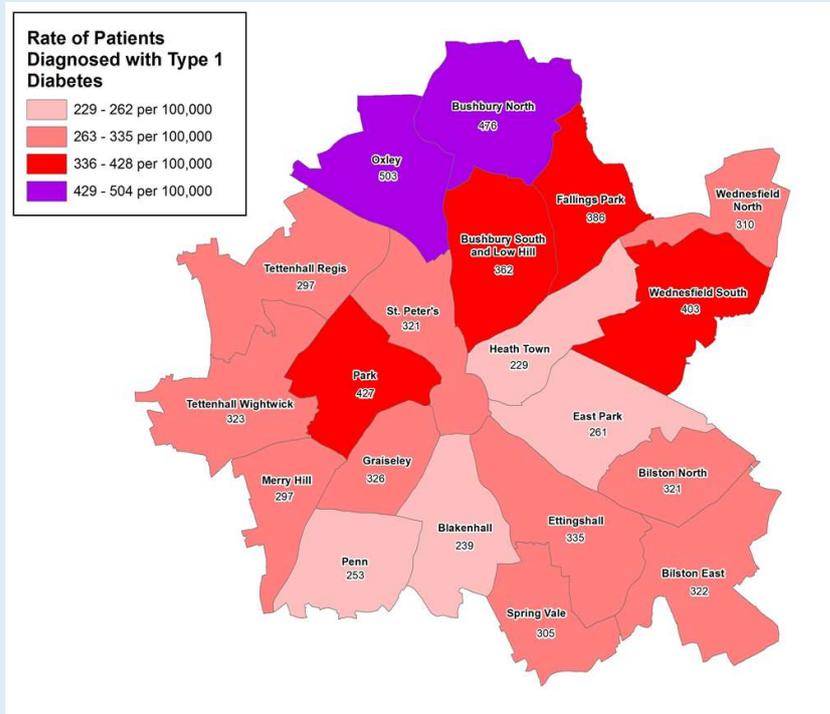


Figure 8. Type 1 Diabetes by Geography, Wolverhampton. (Source: Wolverhampton CCG)

The higher rates of Type 2 diabetes are seen predominantly in the south and west of the city, but also in areas in the north of Wolverhampton. The highest rates are seen in Blakenhall (7,656 per 100,000), Wednesfield North (6,963 per 100,000) and Graiseley (6,647 per 100,000), whereas the lowest figures are seen in Tettenhall Regis (4,024 per 100,000), St Peter's (4,655 per 100,000) and Heath Town (4,456 per 100,000).

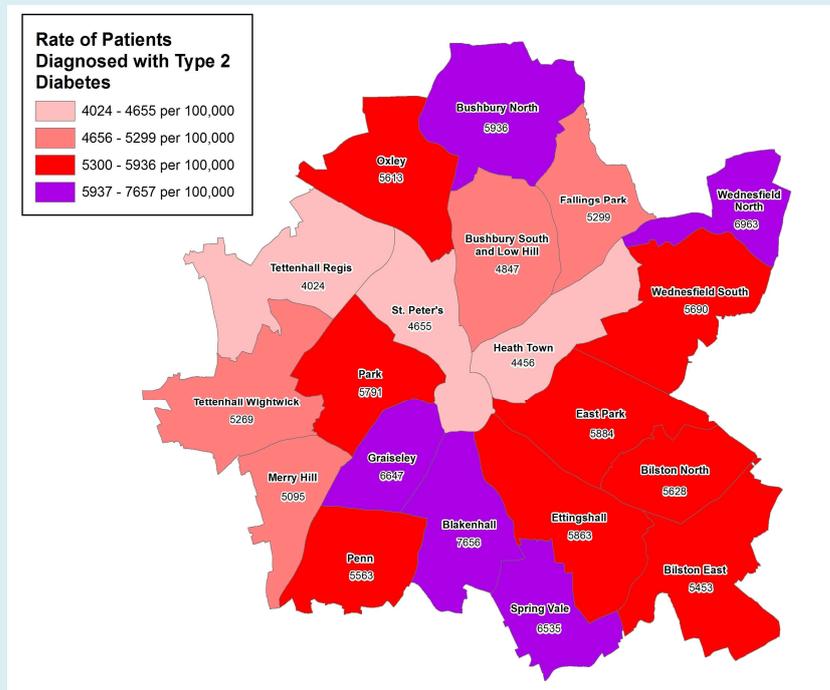
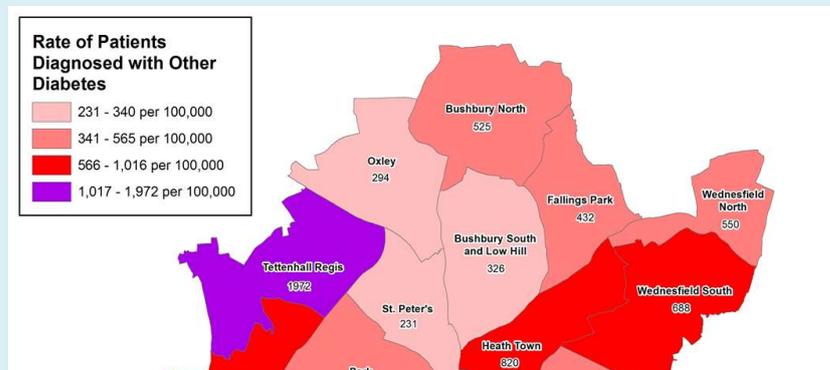


Figure 9. Type 2 Diabetes by Geography, Wolverhampton. (Source: Wolverhampton CCG)

The highest rates of other types of diabetes in Wolverhampton are seen in the west of the city, the highest rates are seen in Tettenhall Regis (1,972 per 100,000) and Tettenhall Wightwick (1,015 per 100,000). There were also higher rates seen on the east of the city, in wards such as Wednesfield South (688 per 100,000) and Bilston East (849 per 100,000).



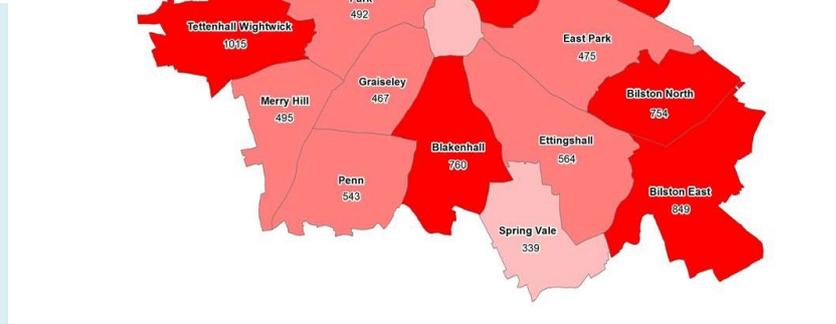


Figure 10. Other Type's of Diabetes by Geography, Wolverhampton. (Source: Wolverhampton CCG)

Hospital Admissions Data

Over the two year period between January 2015 and December 2016, there were 40 hospital admissions for diabetes in the Wolverhampton population aged between 17-60 years. Of the 40 hospital admissions:

- 33 were emergency admissions
- 24 were for residents with a White ethnic background
- 30 were for male residents and 10 were for female residents
- 38 were for residents aged between 40 -59.

What this information tells us?

- The proportion of males and females with type 2 diabetes increased as age increased, whereas the opposite trend was seen for Type 1 diabetes, with the proportion of males and females with Type 1 diabetes decreasing with age.
- There is an observable trend between the prevalence of diabetes and deprivation, with more than 50% of diabetes patients in all five age groups living in the top 3 most deprived quintiles in Wolverhampton.

Indicative Commissioning Needs

Promote lifestyle changes to prevent/delay the onset of diabetes, with a targeted approach for at risk groups
 Ensure primary care support and case management to reduce emergency admissions

Management of long term conditions People with Mental Health Disorders - Older People

Mental health is everyone’s business – individuals, families, employers, educators and communities all need to play their part. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation.

Primary Care Data

Age and Gender Distribution

Among Wolverhampton residents, aged 70+, that have been diagnosed with a mental health residents, there is a higher proportion of females, compared to males. In the four 10 year age groups above the age of 70, at least 63.9% are female. However, in the larger 60-69 year age group, the proportion of males (51.8%) is slightly higher compared to females (48.2%).

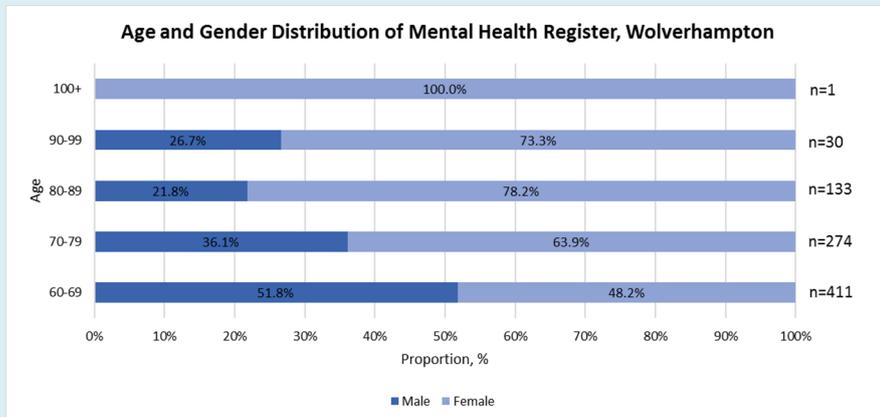


Figure 1. Mental Health Register by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Deprivation Distribution

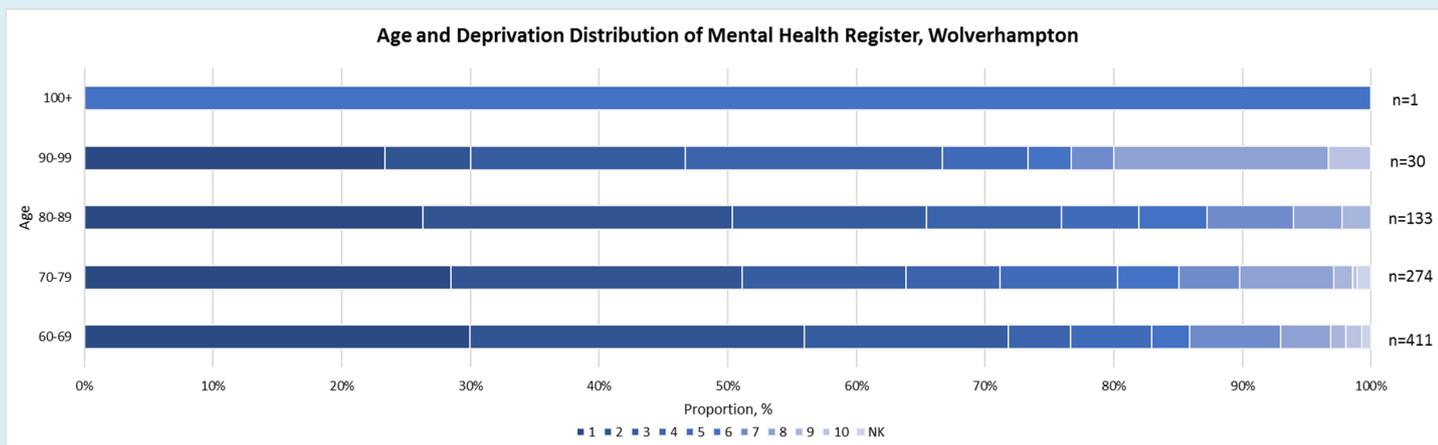


Figure 2. Mental Health Register by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

In Wolverhampton, there is a strong link between the diagnosis of mental health conditions and deprivation. In the 60-69, 70-79 and 80-89 year age groups, at least 63.9% of those diagnosed with a mental health disorder live in areas in the top 3 most deprived quintiles of Wolverhampton.

Hospital Admission Data

Point of Delivery

	Daycase	Emergency	Non Elective
Behavioural and Emotional Disorders with onset in childhood/adolescence	<5	<5	0
Behavioural syndromes w/ physiological disturbances and physical factors	0	<5	0
Delirium	0	52	0
Dementia	0	93	<5
Mental and Behavioural Disorders Due To Substance Misuse	0	53	0
Mood Disorders	0	10	0
Neurotic, Stress Related and Somatoform Disorders	<5	26	0
Other mental disorders	0	<5	0
Schizophrenia and Delusional Disorders	0	11	<5

Table 1. Hospital admissions for Mental Health by point of delivery, Wolverhampton. (Source: Wolverhampton CCG)

The vast majority of hospital admissions for mental health disorders were Emergency admissions. The most frequent diagnosis upon admission was 'Dementia' in the over 60 population of Wolverhampton, making up 36.9% of all 60+ mental health admissions.

Gender Distribution

	Female	Male
Behavioural and Emotional Disorders with onset in childhood/adolescence	<5	<5
Behavioural syndromes w/ physiological disturbances and physical factors	0	<5
Delirium	29	23
Dementia	53	41
Mental and Behavioural Disorders Due To Substance Misuse	7	46
Mood Disorders	<5	6
Neurotic, Stress Related and Somatoform Disorders	18	9
Other mental disorders	0	<5
Schizophrenia and Delusional Disorders	8	<5

Table 2. Hospital admissions for Mental Health by gender, Wolverhampton. (Source: Wolverhampton CCG)

Among females in Wolverhampton, the most frequent mental health diagnosis for hospital admissions between Jan 2015 and December 2016 were for Dementia (53). The second most frequent diagnosis among females was for Delirium (29). However, among males, the most frequent diagnosis was 'mental and behavioural disorders due to substance misuse' (46), closely followed by

Age Distribution

	60-69	70-79	80-89	90+
Adult Personality and Behaviour Disorders	0	0	0	0
Behavioural and Emotional Disorders with onset in childhood/adolescence	<5	0	<5	0
Behavioural syndromes w/ physiological disturbances	0	0	<5	0
Delirium	5	13	23	11
Dementia	<5	20	49	23
Mental and Behavioural Disorders Due To Substance Misuse	43	9	0	<5
Mood Disorders	<5	<5	<5	0
Neurotic, Stress Related and Somatoform Disorders	11	8	6	<5
Other mental disorders	<5	0	0	0
Schizophrenia and Delusional Disorders	<5	7	<5	0
Unspecified	0	0	0	0

Table 3. Hospital admissions for Mental Health by age, Wolverhampton. (Source: Wolverhampton CCG)

The number of admissions for Delirium and Dementia increase with age, between the ages of 60 and 90. The number of admissions for individuals with 'mental and behavioural disorders due to substance misuse' are highest in the 60-69 age group.

Ethnicity Distribution

	Asian	Black	Other	White
Behavioural and Emotional Disorders with onset in childhood/adolescence	0	0	0	<5
Behavioural syndromes w/ physiological disturbances and physical factors	0	0	0	<5
Delirium	6	<5	0	44
Dementia	<5	8	<5	81
Mental and Behavioural Disorders Due To Substance Misuse	<5	0	5	44
Mood Disorders	<5	<5	<5	5
Neurotic, Stress Related and Somatoform Disorders	<5	<5	<5	23
Other mental disorders	0	0	0	<5
Schizophrenia and Delusional Disorders	<5	<5	0	7

Table 4. Hospital admissions for Mental Health by ethnicity, Wolverhampton. (Source: Wolverhampton CCG)

In the over 60 population of Wolverhampton, around 83% of admissions for 'mental and behavioural disorders due to substance misuse' are for patients with a White ethnic background (44). The White ethnic group is also the most frequent for 'Delirium', 'Dementia', 'Mood disorder' and 'Neurotic, Stress Related and Somatoform Disorders' admissions.

What this information tells us?

- The proportion of Wolverhampton residents that are female increases with age. Less than half of those in the 60-69 age group are female, which is considerably less compared to the older age groups.
- In Wolverhampton, there is a strong link between the diagnosis of mental health conditions and deprivation.
- Just over a third of all hospital admissions for mental health in the over 60 population were for 'mental and behavioural disorders due to substance misuse'.
- The number of admissions for Delirium and Dementia increase with age.

Indicative Commissioning Needs

Management of long term conditions People with Mental Health Disorders - Adults

Mental health is everyone's business – individuals, families, employers, educators and communities all need to play their part. Improved mental health and wellbeing is associated with a range of better outcomes for people of all ages and backgrounds. These include improved physical health and life expectancy, better educational achievement, increased skills, reduced health risk behaviours such as smoking and alcohol misuse, reduced risk of mental health problems and suicide, improved employment rates and productivity, reduced anti-social behaviour and criminality, and higher levels of social interaction and participation.

Age and Gender Distribution

Among younger Wolverhampton residents diagnosed with mental health conditions, there is a higher proportion of males compared to females in the age groups between 20 and 59 years of age. The highest proportion of males is seen in the 30-39 age group (62.6%). However, in the youngest age group, 17-19 years of age, there is a higher proportion of females (55.2%) compared to males (44.8%).

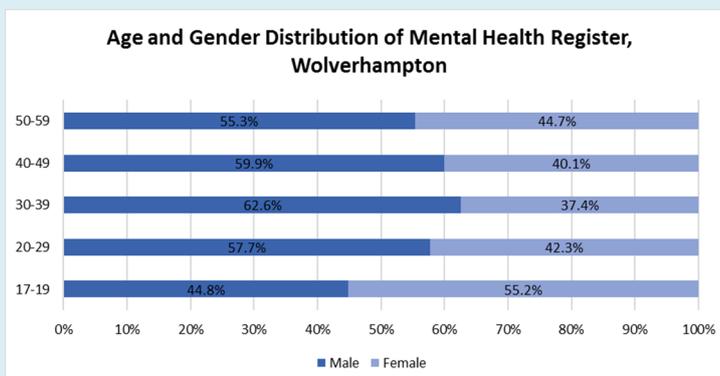


Figure 1. Mental Health Register by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Deprivation Distribution

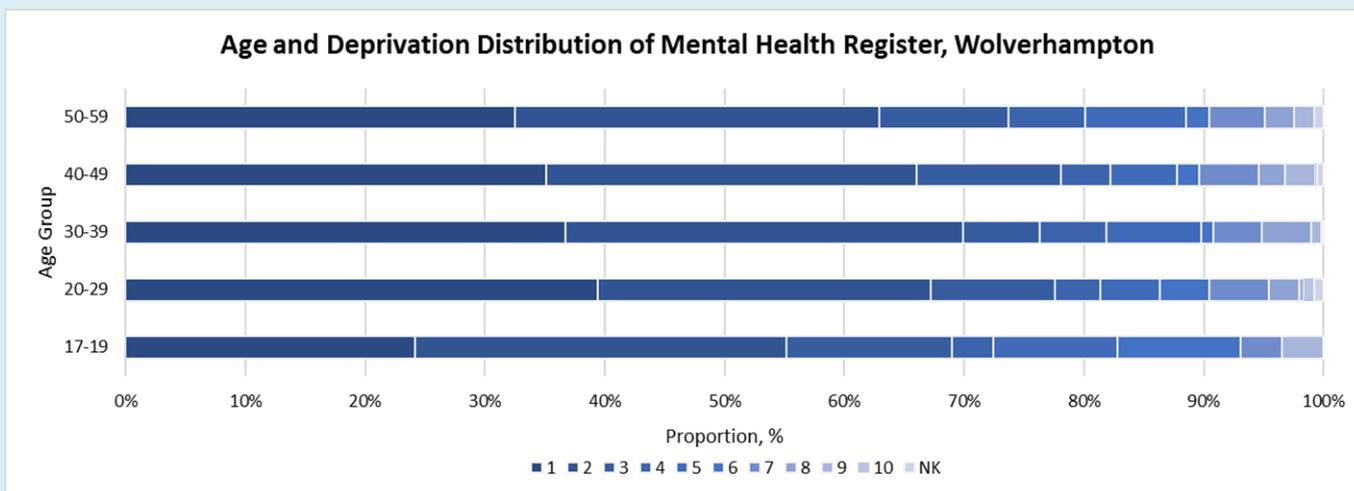


Figure 2. Mental Health Register by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

In Wolverhampton, there is a strong link between the diagnosis of mental health conditions and deprivation. In the all five 10 year age groups, at least 69% of those diagnosed with a mental health disorder live in areas in the top 3 most deprived quintiles of Wolverhampton.

Ethnicity Distribution

The rate of diagnoses of mental health disorders (all ages, 17+) is highest among the Black ethnic group (1,863.35 per 100,000), in Wolverhampton. The second highest rate is seen in the Mixed ethnic group (1,279.34 per 100,000), whereas the lowest rate is seen in the Other ethnic group (626.95 per 100,000) which is almost a third of the rate in the Black ethnic group.

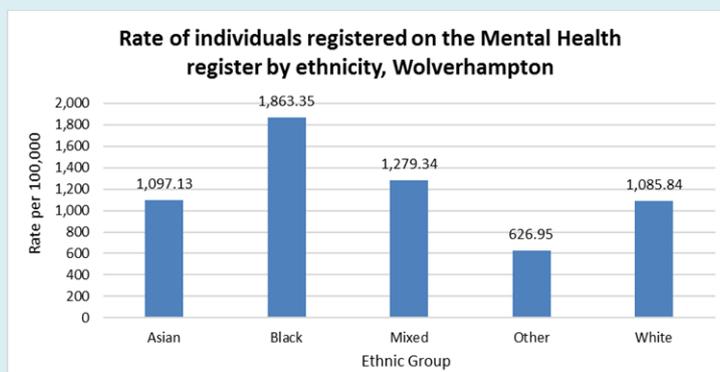
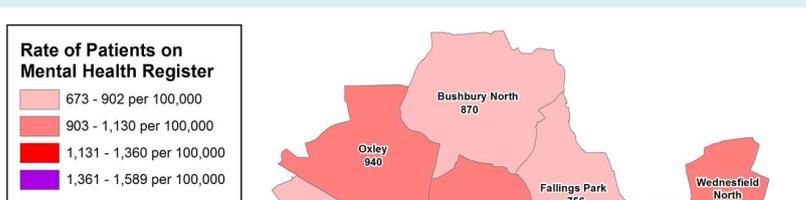


Figure 3. Mental Health Register by ethnicity, Wolverhampton. (Source: Wolverhampton CCG)

Geographic Distribution

The higher prevalence rates of registered mental health conditions were seen in the central areas of Wolverhampton. The highest figures were seen in Park (1,588 per 100,000), St Peter's (1,451 per 100,000) and Graiseley (1,439 per 100,000) wards, which are located in the centre of Wolverhampton. Whereas the lowest



rates were seen Tettenhall Wightwick (674 per 100,000), Tettenhall Regis (738 per 100,000) and Fallings Park (756 per 100,000) wards, which are located on the edge of the city.

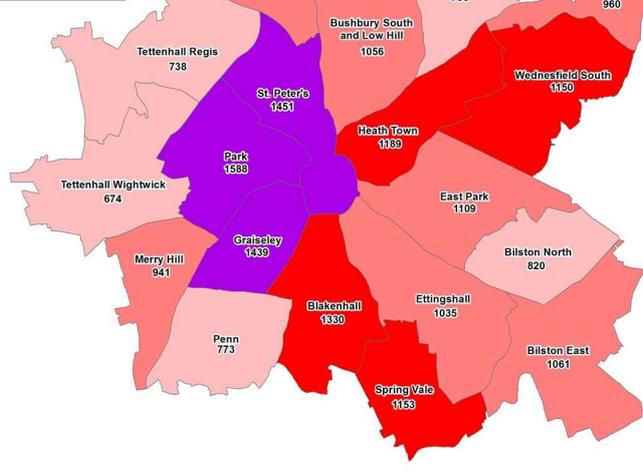


Figure 4. Mental Health Register by geography, Wolverhampton. (Source: Wolverhampton CCG)

Hospital Admissions

Point of Delivery

	Daycase	Elective	Emergency
Adult Personality and Behaviour Disorders	0	<5	0
Behavioural and Emotional Disorders with onset in childhood/adolescence	0	0	<5
Behavioural syndromes w/ physiological disturbances and physical factors	0	0	<5
Delirium	0	0	<5
Dementia	0	0	<5
Mental and Behavioural Disorders Due To Substance Misuse	0	0	223
Mood Disorders	0	0	16
Neurotic, Stress Related and Somatoform Disorders	<5	<5	19
Schizophrenia and Delusional Disorders	0	0	6
Unspecified	0	0	<5

Table 1. Hospital admissions for Mental Health by point of delivery, Wolverhampton. (Source: Wolverhampton CCG)

The vast majority of hospital admissions, in the under 60 population of Wolverhampton, were emergency admissions, making up 98.9% of all hospital admissions for Mental Health Disorders, between January 2015 and December 2016. Emergency admissions for 'Mental and behavioural disorders due to substance misuse' (223) were considerably more frequent compared to the second most frequent, 'neurotic, stress related and

Gender Distribution

	Female	Male
Adult Personality and Behaviour Disorders	0	<5
Behavioural and Emotional Disorders with onset in childhood/adolescence	0	<5
Behavioural syndromes w/ physiological disturbances and physical factors	<5	0
Delirium	0	<5
Dementia	<5	0
Mental and Behavioural Disorders Due To Substance Misuse	41	182
Mood Disorders	12	<5
Neurotic, Stress Related and Somatoform Disorders	13	8
Schizophrenia and Delusional Disorders	<5	<5
Unspecified	<5	0

Table 2. Hospital admissions for Mental Health by gender, Wolverhampton. (Source: Wolverhampton CCG)

There were considerably more male admissions (204) for mental health disorders in the under 60 population of Wolverhampton, compared to female admissions (74). The most frequent diagnosis for mental health admissions was 'mental and behavioural disorders due to substance misuse' for both males (182) and females (41).

Age Distribution

	19-29	30-39	40-49	50-59
Adult Personality and Behaviour Disorders	0	<5	0	0
Behavioural and Emotional Disorders with onset in childhood/adolescence	0	<5	<5	0
Behavioural syndromes w/ physiological disturbances and physical factors	<5	0	0	0
Delirium	<5	0	<5	<5
Dementia	0	0	0	<5
Mental and Behavioural Disorders Due To Substance Misuse	16	59	70	78
Mood Disorders	<5	<5	7	<5
Neurotic, Stress Related and Somatoform Disorders	<5	6	5	6
Schizophrenia and Delusional Disorders	<5	<5	<5	<5
Unspecified	0	0	0	<5

Table 3. Hospital admissions for Mental Health by age, Wolverhampton. (Source: Wolverhampton CCG)

The number of admissions for 'mental and behavioural disorders due to substance misuse' increased consistently by age, over the two year period between January 2015 and December 2016.

Ethnicity Distribution

	Asian	Black	Mixed	Other	White
Adult Personality and Behaviour Disorders	0	0	0	0	<5
Behavioural and Emotional Disorders with onset in childhood/adolescence	0	0	0	<5	0
Behavioural syndromes w/ physiological disturbances and physical factors	0	0	0	0	<5
Delirium	<5	0	0	<5	<5
Dementia	0	0	0	0	<5
Mental and Behavioural Disorders Due To Substance Misuse	43	9	7	23	141
Mood Disorders	<5	<5	0	<5	10
Neurotic, Stress Related and Somatoform Disorders	<5	0	0	7	12
Schizophrenia and Delusional Disorders	<5	<5	0	0	<5
Unspecified	0	<5	0	<5	<5

Table 4. Hospital admissions for Mental Health by ethnicity, Wolverhampton. (Source: Wolverhampton CCG)

The number of admissions for 'mental and behavioural disorders due to substance misuse' were most frequent in the White ethnic group (141), followed by the Asian ethnic group (43). There were very few admissions for in the Black and Mixed ethnic groups.

What this information tells us?

- In Wolverhampton, there is a strong link between the diagnosis of mental health conditions and deprivation, with at least 69% in each age group living in the most deprived areas.
- The rate of diagnoses of mental health disorders (all ages, 17+) is highest among the Black ethnic group, in Wolverhampton.
- Between January 2015-December 2016, 'mental and behavioural disorders due to substance misuse' was the most frequent diagnosis, among all hospital admissions for mental health, in the under 60 population.

Indicative Commissioning Needs

Management of long term conditions People with CVD - Older People

Cardiovascular disease (CVD) is one of the major causes of death in over 65's in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

Primary Care Data

In Wolverhampton, there are 13,853 patients registered with GP practices as having CVD who are aged 60 years and over as in September 2016. This includes patients with Atrial Fibrillation, Coronary Heart disease, Peripheral Arterial disorder, Stroke as well as Cardiac Valve disease.

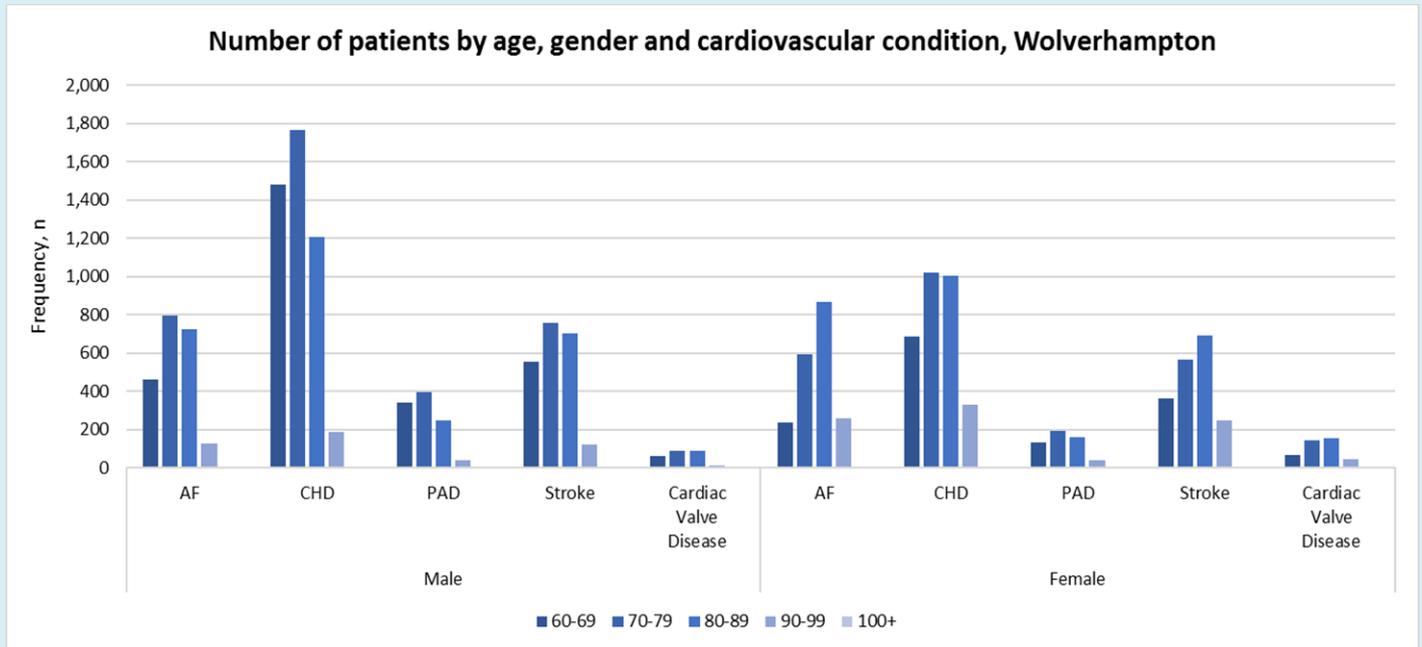


Figure 1. Number of patients with specific Cardiovascular condition by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

In the population of Wolverhampton aged 60+ that have been diagnosed with CVD, the highest proportion of diagnoses are for Coronary Heart Disease (CHD) (56%), followed by Stroke (29%) and Atrial Fibrillation (AF) (29%). Of all CHD diagnoses, 4,647 were for males and 3,047 were for females. CHD diagnosis in males is highest in those aged 60-79 and diagnosis in females is slightly delayed with the highest figures in the 70-89 age year groups. The highest number of diagnosed individuals with AF and Stroke were aged 70-79 or 80-89 years of age, in both males and females.

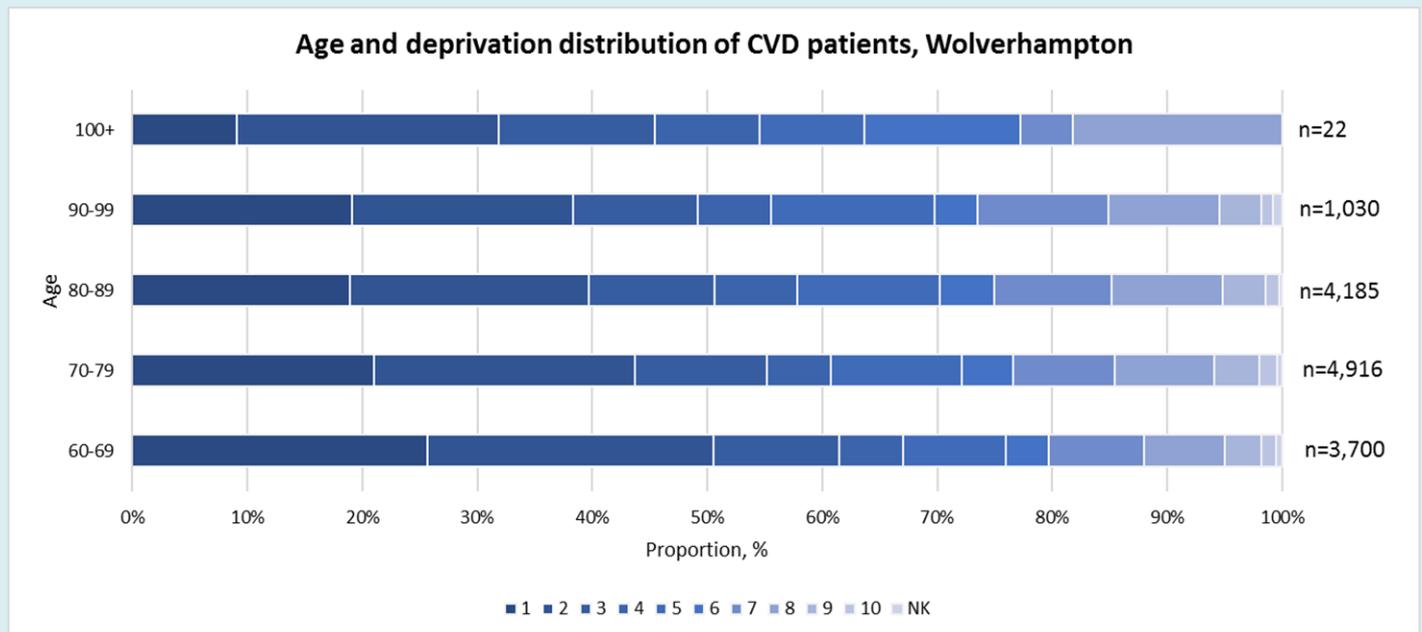


Figure 2. CVD by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

The chart above shows the proportion of Wolverhampton residents diagnosed with CVD within each IMD decile, by age group. The majority of CVD patients aged between 60-69, 70-79 and 80-89 years of age reside in areas which are in the 3 most deprived deciles of Wolverhampton. The proportion of CVD patients living in areas in the 3 most deprived deciles of Wolverhampton decreases as age increases. Across all the 5 age groups, there are very few CVD patients in the 3 least deprived quintiles of Wolverhampton, the highest proportion seen in the 100+ age group (18.2%).

Hospital Admissions Data

In the 60+ population of Wolverhampton, there were 3,229 admissions with a diagnosis of diseases of the circulatory system, of which

2,284 (71%) were emergency admissions, 747 (23%) were daycases, 161 (5%) were elective admissions and 37 (2%) were non elective admissions.

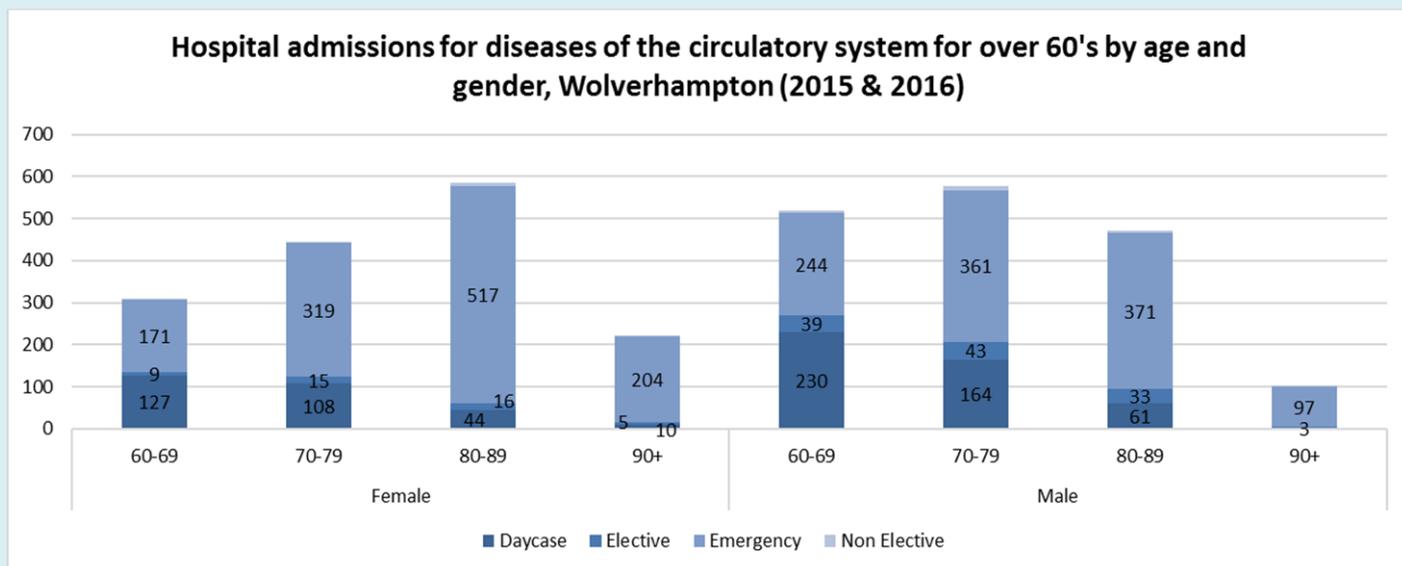


Figure 3. Hospital admissions for diseases of the circulatory system by age and gender (60+ years), Wolverhampton (Source: Wolverhampton CCG)

In the female population, the highest number of admissions was in the 80-89 age group (577), of which 89.6% of admissions were emergency admissions (517). The number of admissions for females increased with age in the 60-69, 70-79 and 80-89 year age groups. In the 60+ male population, the highest number of admissions was seen in the 70-79 age group, of which 63.6% were emergency admissions (361) and 28.9% were daycases (164).

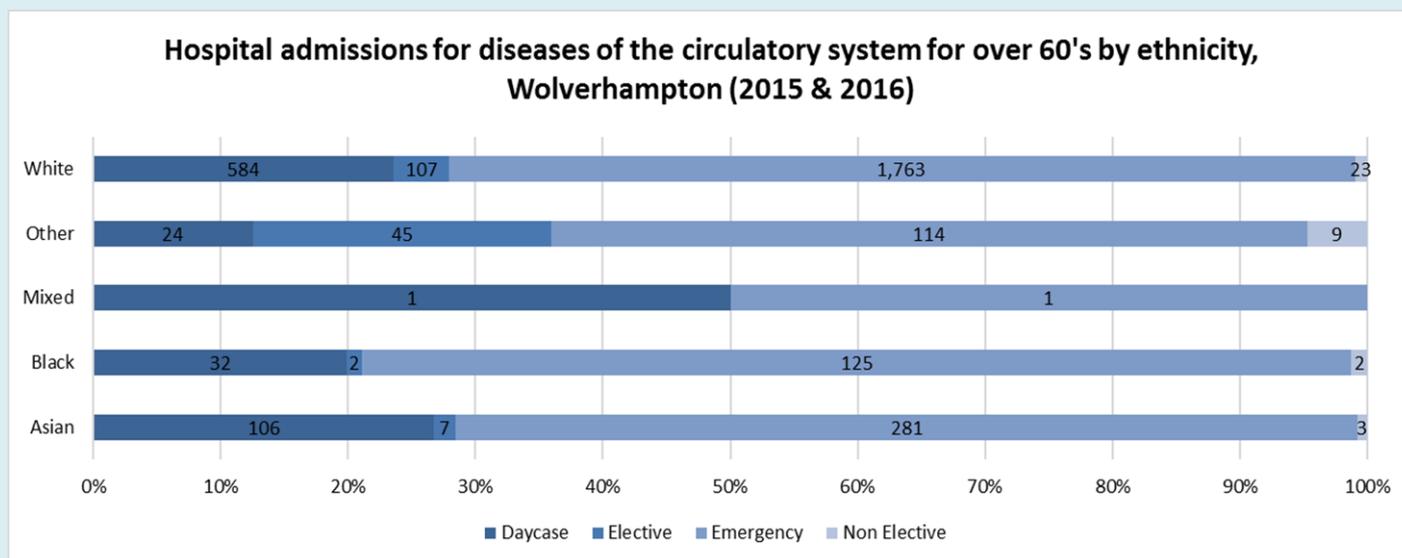


Figure 4. Hospital admissions for diseases of the circulatory system by ethnicity (60+ years), Wolverhampton (Source: Wolverhampton CCG)

Of the 2,284 emergency admissions, 1,763 admissions were for those with a White ethnic background, which made up 71.2% of all admissions for those with a White ethnic background. A further 23.6% of admissions for those with a White ethnic background were daycases (584). The second highest number of emergency admissions was seen in those with Asian ethnic backgrounds (281) and made up 70.8% of their admissions. However, the highest proportion of emergency admissions was seen among those with a Black ethnic background (77.6%).

What this information tells us?

- The highest proportion of Wolverhampton residents aged 60+ that have been diagnosed with CVD, have a diagnosis of Coronary Heart Disease (CHD), followed by Stroke and Atrial Fibrillation (AF). The number of males diagnosed with CHD is considerably higher compared to females.
- The proportion of Wolverhampton residents with a CVD diagnosis that live in the 3 most deprived quintiles in Wolverhampton decreases with age.
- The number of hospital admissions for diseases of the circulatory system is highest among 80-89 year olds in females and 70-79 year olds in males.

Indicative Commissioning Needs

- Promote prevention and early detection and treatment of CVD, with a targeted approach for at risk groups
- Ensure commissioned services provide primary care support and case management to reduce emergency admissions

Cardiovascular disease (CVD) is one of the major causes of death in over 65's in England. There have been huge gains over the past decades in terms of better treatment for CVD and improvements in lifestyle, but to ensure that there continues to be a reduction in the rate of premature mortality from CVD, there needs to be concerted action in both prevention and treatment.

Primary Care Data

Age and Gender Distribution

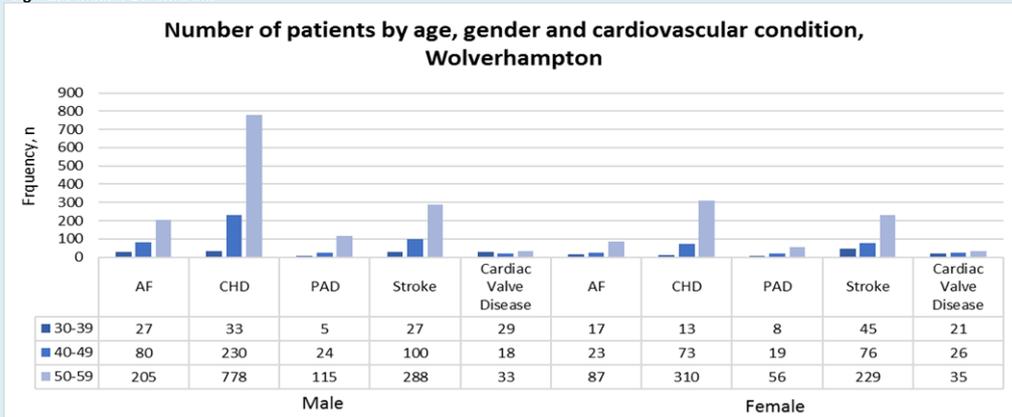


Figure 1. Number of patients with specific Cardiovascular condition by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

The cardiovascular disease with the highest frequency of diagnoses is Coronary Heart Disease (CHD) in males and females, though the numbers in males are considerably higher compared to females. In both genders, the number of CHD diagnoses increase considerably by age, to 778 in males and 310 in females aged 50-59 years. High figures and similar increases by age are also seen in Stroke patients and in males with AF.

Age and Deprivation Distribution

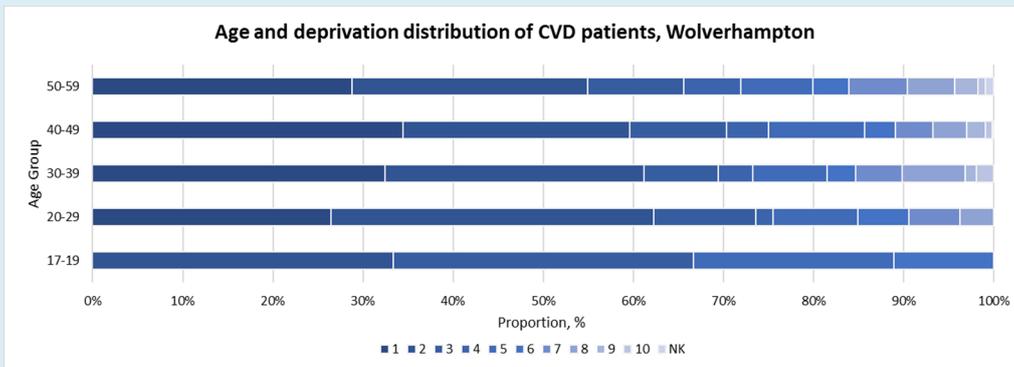


Figure 2. CVD by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

In Wolverhampton, there is a strong link between the diagnosis of Cardiovascular Disease and deprivation. In the all five 10 year age groups, at least 65.6% of those diagnosed with CVD live in areas in the top 3 most deprived quintiles of Wolverhampton. The highest proportion of CVD patients residing in areas in the 3 most deprived quintiles was seen in the 20-29 year age group (73.6%).

Ethnicity Distribution

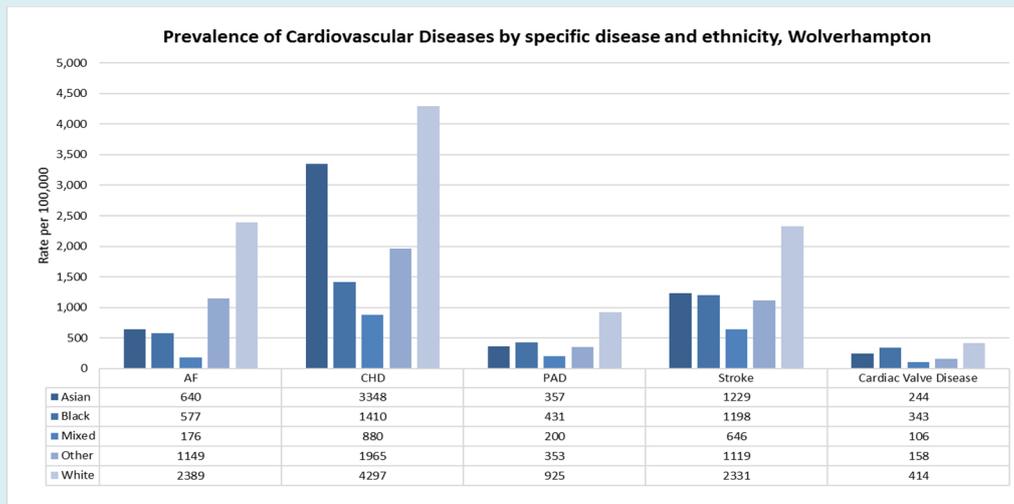


Figure 3. Hospital admissions for diseases of the circulatory system by ethnicity, Wolverhampton (Source: Wolverhampton CCG)

Coronary Heart Disease consistently has the highest prevalence rates among all 5 ethnic groups. The White ethnic group has the highest prevalence rate of CHD (4,297 per 100,000), followed by the Asian ethnic group (3,348 per 100,000). A similar trend is seen among Stroke patients, with the highest rate in the White ethnic group (2,331 per 100,000), followed by the Asian ethnic group (1,229 per 100,000). However, in Stroke patients, the prevalence is also high among Black (1,198 per 100,000) and Mixed ethnic groups (1,119 per 100,000). The prevalence of AF is considerably higher in the White ethnic group (2,389 per 100,000) compared to the other 4 ethnic groups.

Geographic Distribution

The higher prevalence rates of CVD were seen in the wards on the edge of the city, with the lower rates seen in the centre of Wolverhampton. The highest rates

Rate of Patients Diagnosed with CVD
3460 - 5211 per 100,000



were seen in Wednesfield North (9,285 per 100,000), Tettenhall Wightwick (8,343 per 100,000) and Wednesfield South (7,675 per 100,000) wards, whereas the lowest rates were seen in the St Peter's (3,460 per 100,000), Ettingshall (4,382 per 100,000) and Bushbury South and Low Hill (4,810 per 100,000) wards.

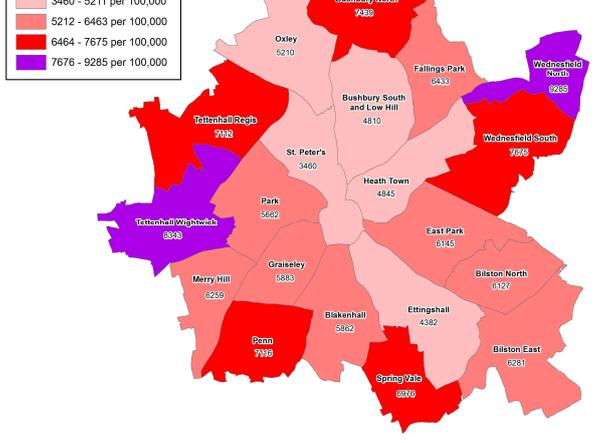


Figure 4. Hospital admissions for diseases of the circulatory system by geography, Wolverhampton (Source: Wolverhampton CCG)

Hospital Admissions Data

Age and Gender Distribution

The number of hospital admissions in the Wolverhampton population aged under 60, increased consistently with age, in both males and females. The number of total admissions are higher for males compared to females in the 30-39, 40-49 and 50-59 year age groups. The number of daycases and emergency admissions are also higher for males compared to females in the 30-39, 40-49 and 50-59 year age groups.

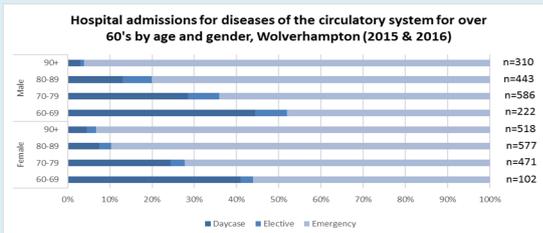


Figure 5. Hospital admissions for diseases of the circulatory system by age and gender (<60 years), Wolverhampton (Source: Wolverhampton CCG)

Ethnicity Distribution

Wolverhampton residents with a White ethnic background (854) have the highest number of hospital admissions with a diagnosis of diseases of the circulatory system, however, in terms of rates per 1,000 residents aged over 60, figures are lower in the White population compared to the Asian and Black ethnic groups. The highest rates are seen among those with an 'Other' ethnicity, however this is likely due to data quality issues. Around 61.9% of admissions for those with an Asian ethnicity were emergency admissions, which was higher compared the figure for those with a White ethnicity (49.4%).

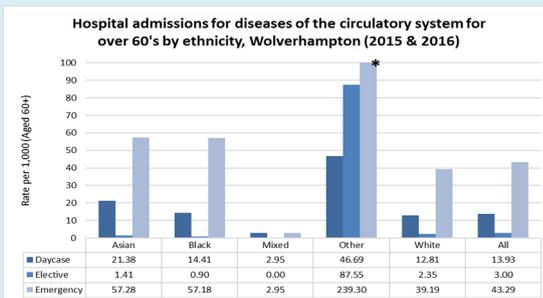


Figure 6. Hospital admissions for diseases of the circulatory system by ethnicity (<60 years), Wolverhampton (Source: Wolverhampton CCG)

What this information tells us?

- In the under 60 population of Wolverhampton, the highest number of CVD diagnoses were for Coronary Heart Disease (CHD), followed by Stroke and Atrial Fibrillation (AF). The number of males diagnosed with CHD is considerably higher compared to females.
- The proportion of Wolverhampton residents with a CVD diagnosis that live in the 3 most deprived quintiles in Wolverhampton decreases with
- The prevalence rate of CHD in Wolverhampton is highest in the White and Asian ethnic groups.

Indicative Commissioning Needs

Promote prevention and early detection and treatment of CVD, with a targeted approach for at risk groups
 Ensure commissioned services provide primary care support and case management to reduce emergency admissions

Management of long term conditions People with COPD - Older People

COPD is the umbrella term for serious lung conditions that include chronic bronchitis and emphysema. COPD is usually prevalent in adults over the age of 35. As many as 3 million people suffer from COPD in the UK, of which only around a third of cases have been diagnosed. COPD is a serious lung disease for which smoking is the biggest preventable risk factor. People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. Typical symptoms include breathlessness when active, a persistent cough and frequent chest infections.

Primary Care Data

In Wolverhampton, there are 4,086 patients registered with GP practices as having COPD who are aged 60 years and over as of September 2016.

Age and Gender Distribution

In the Wolverhampton population aged 60+, the proportion of males (52.4%) diagnosed with COPD is slightly higher compared to females (47.6%). When broken down into 10 year age groups, the proportion of males in the three age groups between the ages of 60 and 89, varies between 54.3% and 52.4%. The only age group in which the proportion of females is higher compared to males is in the 90-99 year age group, in which 60.1% are female and 39.9% are male.

In terms of numbers, 3,037 of the COPD patients in Wolverhampton are aged below 79, making up 74.3% of the total Wolverhampton population over the age of 60 diagnosed with COPD.

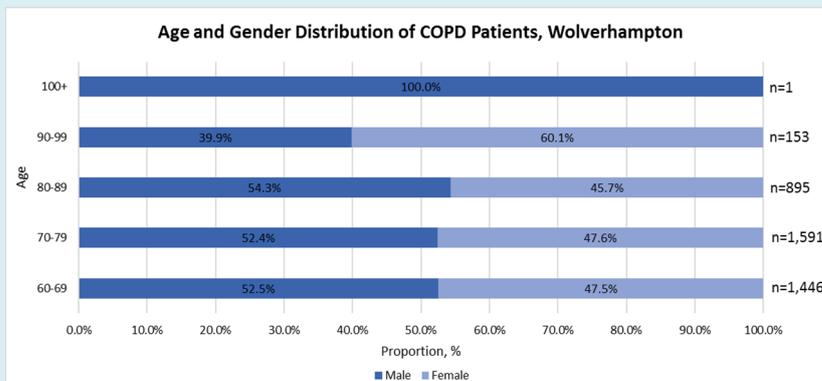


Figure 1. COPD by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Deprivation

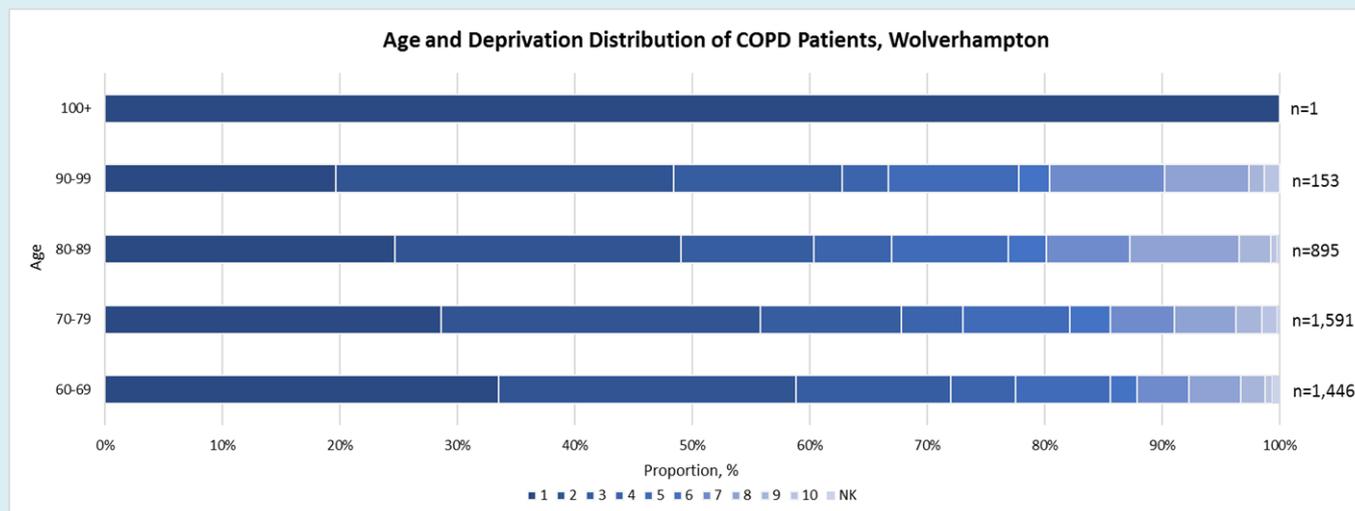


Figure 2. COPD by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

In the Wolverhampton population aged 60+, there is a clear trend between deprivation and COPD, in which the majority of those diagnosed with COPD reside in areas which are in the 3 most deprived quintiles of Wolverhampton. Overall, 67.5% of Wolverhampton residents aged 60+ who have been diagnosed with COPD reside in areas in the 3 most deprived quintiles of Wolverhampton. When broken down into 10 year age groups, the highest proportion of COPD patients residing in the 3 most deprived quintile* is in those aged between 60-69 (72.0%) and the lowest proportion is

*excluding the 100+ years age group, in which there was only 1 resident.

Hospital Admissions Data

In the 60+ population of Wolverhampton, between January 2015 and December 2016, hospital admissions for COPD were only emergency cases. There were 45 emergency admissions for females with a diagnosis of COPD, which was higher compared to the 34 admissions for males. In the female population, the number of emergency admissions for those aged 60-69 (14), 70-79 (13) and 80-89 (14) were similar. In the male population, the highest number of admissions were seen in the 60-69 age groups (17).

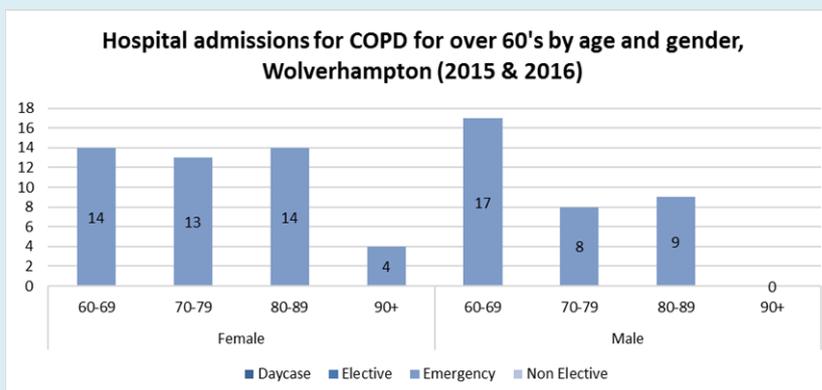


Figure 3. Hospital admissions for COPD by age and gender (60+), Wolverhampton. (Source: Wolverhampton CCG)

In the 60+ population of Wolverhampton, between January 2015 and December 2016, 78 of the 79 emergency admissions for COPD were for those with a White ethnic background.

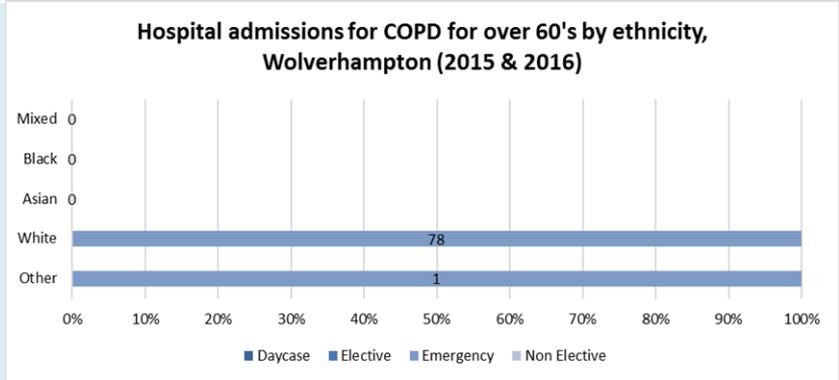


Figure 4. Hospital admissions for COPD by ethnicity (60+), Wolverhampton. (Source: Wolverhampton CCG)

What this information tells us?

- The proportion of males (52.4%) with a diagnosis of COPD is higher compared to females (47.6%) in the Wolverhampton 60+ population. Around 74.3% of Wolverhampton residents (60+) with a diagnosis of COPD are aged between 60 - 79 years.
- Diagnosis of COPD is strongly linked with deprivation in Wolverhampton, with more than two-thirds of residents (67.5%) with COPD living in the 3 most deprived quintiles.
- In Wolverhampton, between Jan 2015 and Dec 2016, the number of emergency admissions with a diagnosis of COPD was higher in females (45) compared to males (34).

Indicative Commissioning Needs

Ensure commissioned services promote the prevention and early detection of COPD, with a targeted approach for at risk groups
Promote case management and primary care support to reduce emergency admissions for COPD

Management of long term conditions People with COPD - Adults

COPD is the umbrella term for serious lung conditions that include chronic bronchitis and emphysema. COPD is usually prevalent in adults over the age of 35. As many as 3 million people suffer from COPD in the UK, of which only around a third of cases have been diagnosed. COPD is a serious lung disease for which smoking is the biggest preventable risk factor. People with COPD have difficulties breathing, primarily due to the narrowing of their airways and destruction of lung tissue. Typical symptoms include breathlessness when active, a persistent cough and frequent chest infections.

Primary Care Data

Age and Gender Distribution

The proportion of males within residents of Wolverhampton that are diagnosed with COPD, decreases as age increases. There is a considerably higher proportion of males diagnosed with COPD in the 20-29 (85.7% male: 14.3% female) and 30-39 (63.9% male: 36.1% female) age groups, compared to females. However, the figures for males are considerably lower in the 40-49 (45.2% male: 54.8% female) and 50-59 (52.5% male: 47.5% female) age groups.

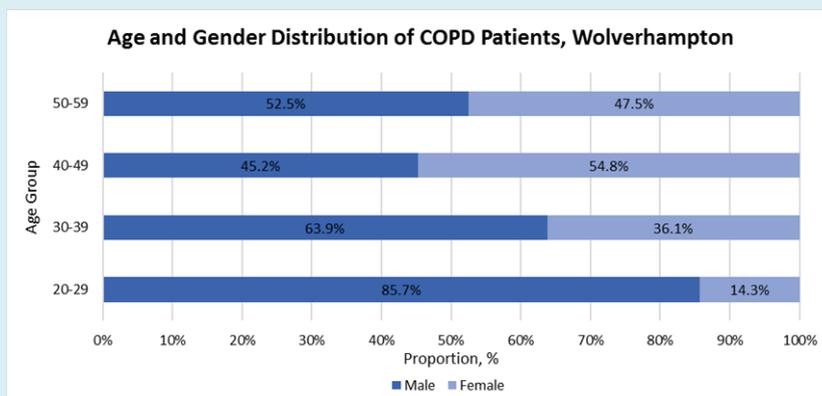


Figure 1. COPD by age and gender, Wolverhampton. (Source: Wolverhampton CCG)

Age and Deprivation

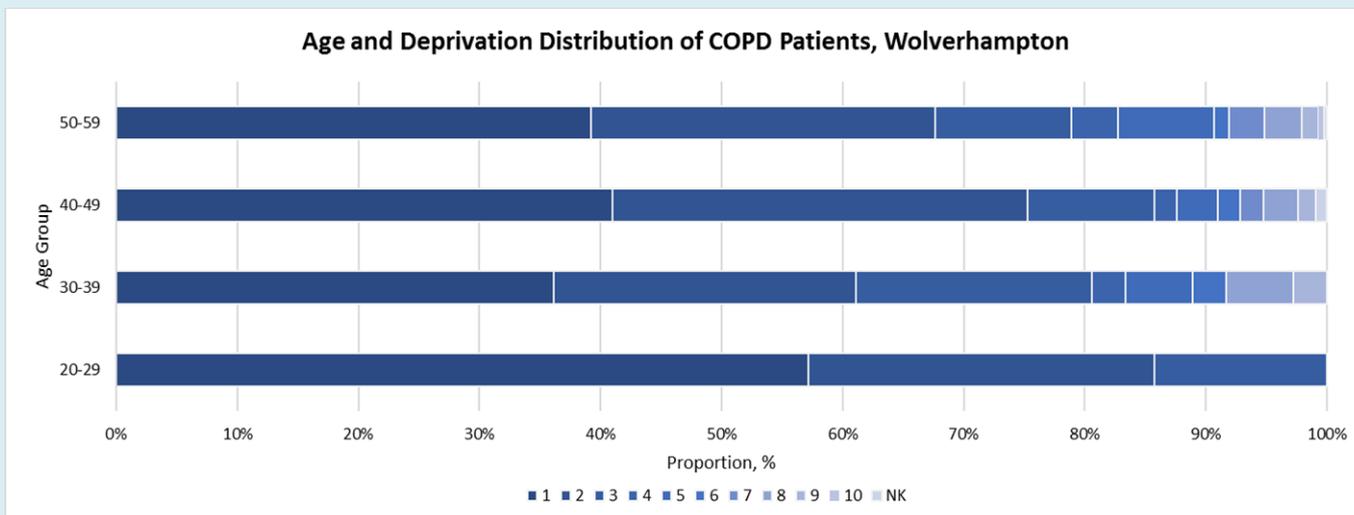


Figure 2. COPD by age and deprivation, Wolverhampton. (Source: Wolverhampton CCG)

In Wolverhampton, there is a strong link between the diagnosis of COPD and deprivation. In the all four 10 year age groups, at least 78.9% of those diagnosed with COPD live in areas in the top 3 most deprived quintiles of Wolverhampton. The highest proportion of COPD patients residing in areas in the 3 most deprived quintiles was seen in the 20-29 year age group (100.0%), though numbers are very small.

Ethnicity Distribution

The prevalence of COPD among Wolverhampton residents of a White ethnic background (2,928.28 per 100,000) is around three times higher than the prevalence for the Other ethnic group (889.66 per 100,000). The prevalence among Asian (528.08 per 100,000) and Black (533.43 per 100,000) ethnic groups is considerably lower than the White ethnic group.

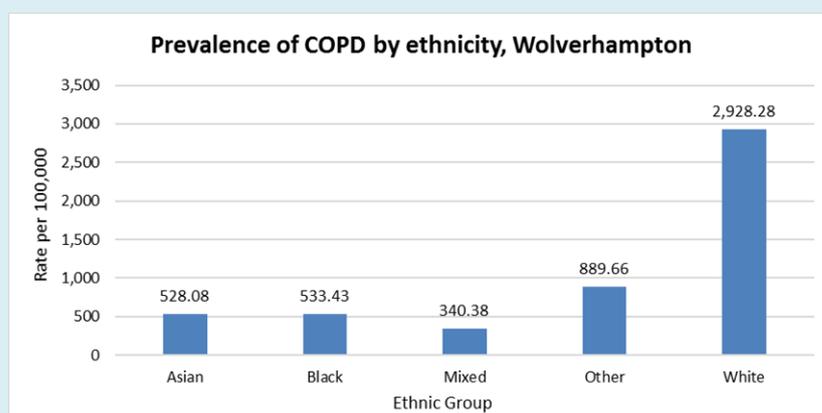
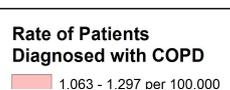


Figure 3. Hospital admissions for COPD by ethnicity, Wolverhampton. (Source: Wolverhampton CCG)

Geographic Distribution

The highest prevalence rates of COPD are seen in the wards on the eastern side of Wolverhampton and lower rates are seen on the western side. This trend is



characteristic of the East/West inequality divide commonly seen in Wolverhampton. The highest rates were seen in Bushbury North, Wednesfield North and East Park wards, whereas the lowest rates were seen in Penn, Park and Blakenhall wards.

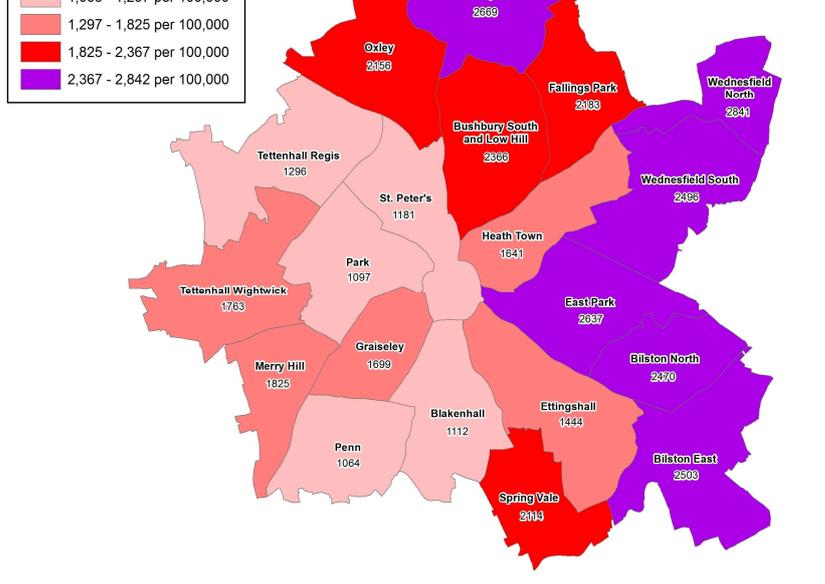


Figure 5. Hospital admissions for COPD by geography, Wolverhampton. (Source: Wolverhampton CCG)

Hospital Admissions Data

In the two year period between January 2015 and December 2016, there were 8 emergency hospital admissions for COPD in the Wolverhampton population aged 17 - 59 years. Of these 8 hospital admissions:

- 5 were for residents aged between 50-59
- All 8 admissions were for residents with a White ethnic background

What this information tells us?

- The proportion of males with a diagnosis of COPD decreased with age between the age groups 20-29 and 50-59. The proportion of patients that are male decreased from 85.7% in the 20-29 age group to 45.2% in the 40-49 year age group.
- Diagnosis of COPD is strongly linked with deprivation in Wolverhampton, with at least 78.4% of COPD patients, in the 20-29, 30-39 and 40-49 age groups, residing in areas in the 3 most deprived quintiles.
- The prevalence of COPD among Wolverhampton residents of a White ethnic background (2,928.28 per 100,000) is around three times higher than the prevalence for the second highest prevalence rate, Other ethnic group (889.66 per 100,000).

Indicative Commissioning Needs

Ensure commissioned services promote the prevention and early detection of COPD, with a targeted approach for at risk groups
 Promote case management and primary care support to reduce emergency admissions for COPD

**Management of long term conditions
People with multiple long term conditions**

Co-morbidities, defined as the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder, is a huge NHS concern.

Prevalence of Multiple Long term conditions

The prevalence of multiple long term conditions in Wolverhampton has been estimated by utilising the QOF data for the following conditions: Atrial Fibrillation, Arthritis, Asthma, BP, Cancer, CKD, COPD, Dementia, DM, EPILEPSY, HF, LD, MH, Osteoporosis_Fragility, PAD, Stroke, CHD, DEP

In September 2016, overall, there are 41,996 people aged 60 and over who are suffering from 1 or more long term condition. Of these, 14,086 (33.5%) people aged 60 and over are suffering from 3 or more (3+) long term conditions.

According to the QOF data, the rate of people with at least 1 long term condition or 3+ LTCs increases with age.

The rate of people with 3+ LTCs is highest at 524.4 per 1,000 for those aged 90-99 years followed by 478.7 per 1000 for those aged 80-89 and 343.6 per 1,000 for those aged 70-79 years.

	Rate per 1000 at least 1 LTC	Rate per 1000 3+ LTC
0-16	51.4	0.3
17-19	98.2	2.1
20-29	160.2	11.6
30-39	208.0	23.3
40-49	314.9	58.6
50-59	444.1	119.4
60-69	626.9	219.6
70-79	772.7	343.6
80-89	866.5	478.7
90-99	872.3	524.4
100+	556.7	407.4

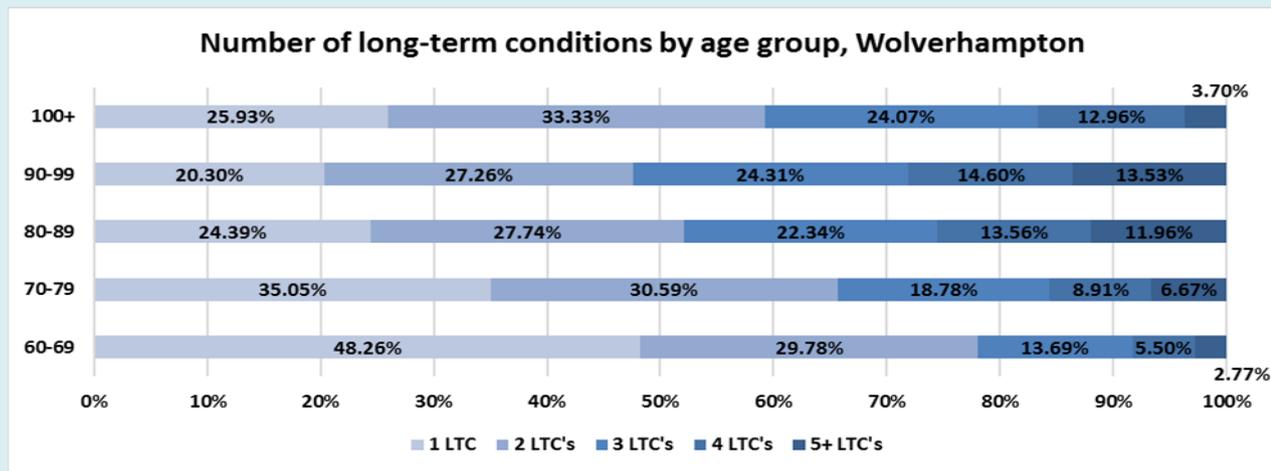


Figure 1. Patients with multiple long term conditions by age and number of long term conditions, Wolverhampton. (Source: Wolverhampton CCG)

The chart above shows the proportion of each age group with a certain number of Long Term Conditions (LTC's). The chart shows that just under half (48.3%) of 60-69 year olds with a LTC, have just one LTC, the proportion of 60-69 year olds decreases consistently as the number of LTC's increases, 29.8% with 2 LTC's and 13.7% with 3 LTC's. This linear trend in which the proportion of each age group decreases with additional LTC's is also seen in 70-79 year olds. However, in 80-89, 90-99 and 100+ year olds there are higher proportions with 2 LTC's compared to 1 LTC.

What this information tells us?

- Just under half (48.3%) of 60-69 that have an LTC, have just one LTC.
- A higher proportion of those in the 80-89, 90-99 and 100+ age groups have 2 LTC's compared to those with just one LTC.
- There is a higher proportion of people aged over 100, with 1 or 2 LTC's, compared to the proportion among 80-89 and 90-99 year olds.

Indicative Commissioning Needs

Ensure commissioned services provide support for patients with long term conditions, consider interventions to prevent the development of co-morbidities

One-year cancer survival is a cancer metrics included in the CCG Improvement and Assessment Framework, used by NHS England to hold CCGs to account on performance. One-year survival has improved in the UK, but studies have found that we lag behind in international comparisons.

One year survival - Breast, Lung and Colorectal cancer

In 2011, the proportion of patients diagnosed with breast, lung or colorectal cancer that had survived one year after diagnosis in Wolverhampton was 71.0%. The one year survival figure for Wolverhampton consistently increased by 10.5 percentage point in the 15 year period between 1996 (60.5%) and 2011 (71.0%).

The year on year increases varied between 0.11% and 1.08%. The highest increases were seen in 1999 (1.08%) and 2008 (1.02%).

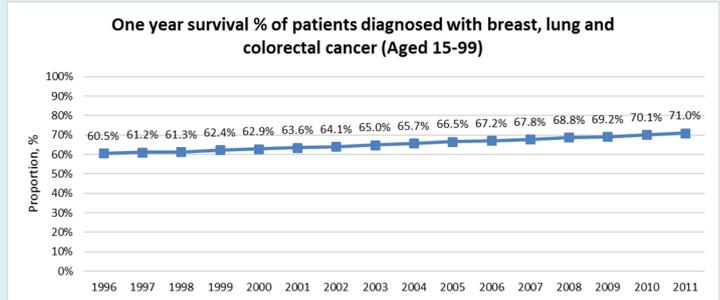


Figure 1. One year survival % of patients diagnosed with breast, lung and colorectal cancer (aged 15-99), Wolverhampton (Source: Public Health, Wolverhampton)

Screening Coverage for Bowel Cancer (within last 30 months)

In the bowel cancer screening target audience (residents 60-74 years of age), the proportion in Wolverhampton (52.8%) that had been screened within the last 30 months was significantly lower in 2015-16, compared to West Midlands (57.0%) and England (58.5%) figures.

In those aged between 60-69 years, the Wolverhampton figure (50.7%) was still significantly lower than West Midlands (57.8%) and England (57.8%), but figures were lower than in the 60-74 year age group.

In Wolverhampton, the screening coverage for bowel cancer in 60-74 year olds increased in the seven year period between 2009-10 (47.7%) and 2015-16 (52.8%). The scale of increase in the seven year period in the West Midlands (9.5 percentage points) and England (13.5 percentage points) was considerably higher compared to Wolverhampton (5.1 percentage points).

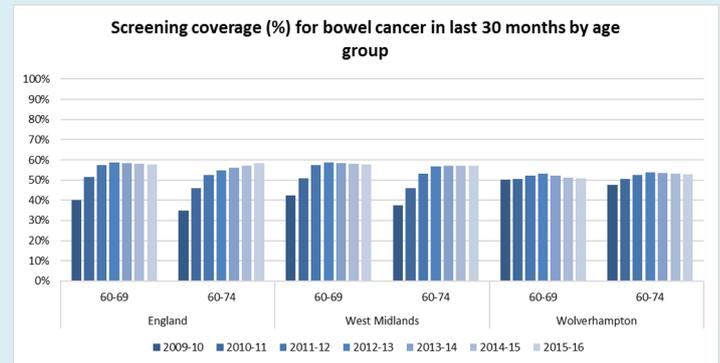


Figure 2. Screening coverage for bowel cancer in the last 30 months by age group, Wolverhampton (Source: Fingertips, PHE)

Screening Coverage for Bowel Cancer (within 6 months of invitation)

In 2015-16, the proportion of the target audience (residents 60-74 years of age) that took up screening within 6 months of invitation, in Wolverhampton (49.8%) was significantly lower compared to England (56.4%) and West Midlands (54.5%).

In those aged between 60-69, the Wolverhampton figure (48.3%) was still significantly lower than West Midlands (53.3%) and England (55.6%). However, the Wolverhampton figure (48.3%) was slightly lower compared to the 60-74 year age group (49.8%), whereas the England and West Midlands figures were slightly higher.

Between 2009-10 and 2015-16, the Wolverhampton figure in both 60-74 and 60-69 year olds varied significantly. Overall the figures for 60-74 year olds in Wolverhampton remained steady, whereas the figures for 60-69 year olds decreased slightly over the seven year period.

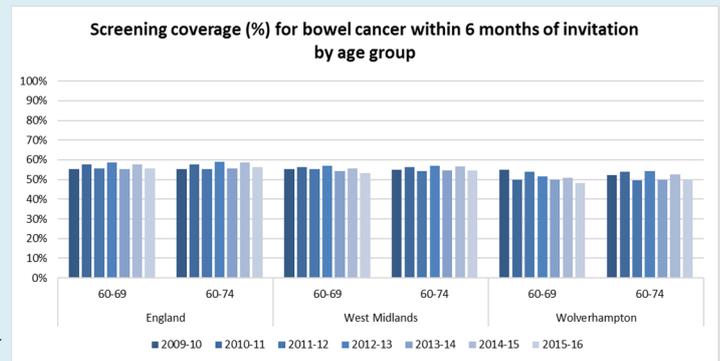
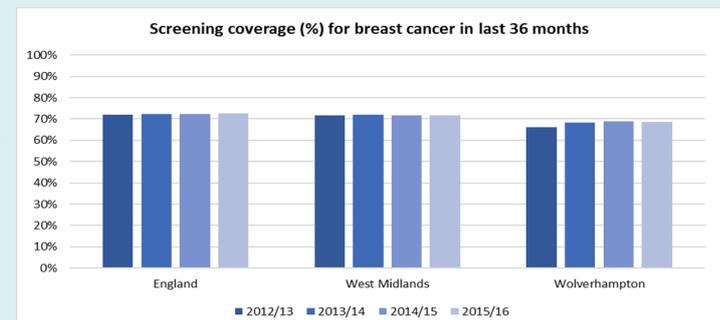


Figure 3. Screening coverage for bowel cancer within 6 months of invitation by age group, Wolverhampton (Source: Fingertips, PHE)

Screening Coverage for Breast Cancer (within last 36 months)

The screening coverage for Wolverhampton (50-70 year old population), within the last 36 months, in 2015-16 was 68.67%, which is significantly lower compared to West Midlands (71.54%) and England (72.53%).

The Wolverhampton figure increased slightly between 2012-13 (66.06%) and 2015-16 (68.67%), during which time the West Midlands and England figures remained consistent.



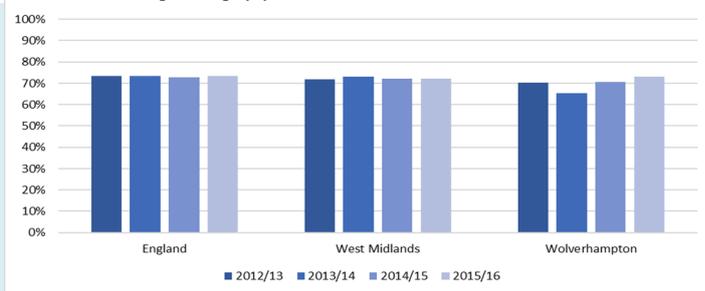
Screening Coverage for Bowel Cancer (within 6 months of invitation)

The screening coverage for Wolverhampton (50-70 year old population),

Screening coverage (%) for breast cancer within 6 months of invitation

within 6 months of invitation in 2015-16 was 73.00%, which is similar to West Midlands (72.18%) and England (73.34%).

However, over the previous 3 years the Wolverhampton figures have increased and have previously been significantly lower compared to West Midlands and England.



What this information tells us?

-The one year survival figure for Wolverhampton consistently increased by 10.5 percentage point in the 15 year period between 1996 (60.5%) and 2011 (71.0%).

-The bowel screening coverage % in Wolverhampton, for those screened within the last 30 months and for those screened within 6 months of invitation, was significantly lower compared to England and West Midlands.

-The breast screening coverage % in Wolverhampton, for those screened within the last 36 months was significantly lower and for those screened within 6 months of invitation was similar, compared to England and West Midlands.

Indicative Commissioning Needs

Ensure commissioned services maintain and improve cancer survival for breast and colorectal cancer through promotion of prevention, early detection and the screening programme.

Promote the prevention and early detection of lung cancer, with a targeted approach for at risk groups

Avoiding permanent placements in residential and nursing care homes is a good indication of delaying dependency, and local health and social care services will work together to reduce avoidable admissions. Research suggests where possible people prefer to stay in their own home rather than move into residential care.

Permanent Admissions to Residential and Nursing Care Homes

In 2013-14, the rate of permanent admissions to residential and nursing care homes in Wolverhampton was 726.88 per 100,000, which was higher (though not significantly) compared to West Midlands (662.93 per 100,000) and England (650.66 per 100,000).

The Wolverhampton figures varied over the 8 year period between 2006-07 and 2013-14, varying between 813.7 per 100,000 and 699.13 per 100,000. Overall, during the 8 year period the Wolverhampton rate decreased from 813.7 per 100,000 in 2006-07 to 726.9 in 2013-14. Similar trends were seen for the figures for England and the West Midlands.

In terms of numbers, in Wolverhampton there were 305 permanent admissions to residential and nursing care homes for those aged 65+, in 2013-14.

Permanent admissions to residential and nursing care homes per 100,000 (aged 65+)

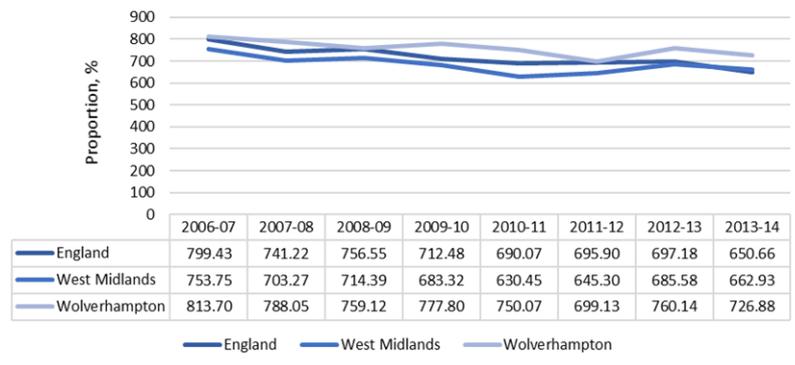


Figure 1. Permanent admissions to residential and nursing care homes (65+). (Source: Fingertips, PHE)

Post-discharge

In 2013-14, the proportion of older people (aged 65+) who were still at home 91 days after their discharge from hospital was slightly higher in Wolverhampton (85.7%) compared to England (82.5%) and the West Midlands (82.4%).

The Wolverhampton figures remained steady between 2010-11 and 2013-14, varying between 86.8% and 85.5%. The England and West Midlands figures saw similar amounts of variation. The proportion in Wolverhampton was significantly higher than England in 2010-11 and 2012-13.

Proportion of older people (65+) who were still at home 91 days after discharge from hospital

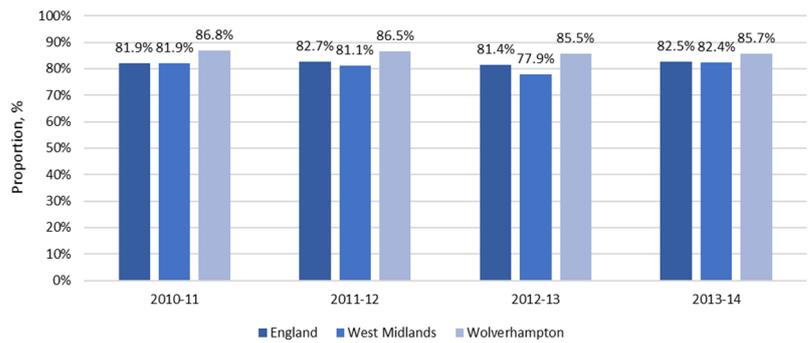


Figure 2. Older people (65+) who were still at home 91 days after discharge from hospital. (Source: Fingertips, PHE)

Offer of Reablement services

In 2013-14, the proportion of older people (aged 65+) that were offered reablement services following discharge from hospital in Wolverhampton was 5.60%, which is significantly higher compared to the England (3.28%) and West Midlands (3.41%) figures.

In the 4 year period between 2010-11 and 2013-14, the proportion of older people offered reablement services in Wolverhampton increased from 4.19% in 2010-11 to 5.60% in 2013-14. In comparison the West Midlands figure decreased from 4.00% in 2011-12 to 3.41% in 2013-14 and the England figure increased slightly from 2.97% in 2010-11 to 3.28% in 2013-14.

The proportion of older people aged 65 and over offered reablement services following discharge from hospital

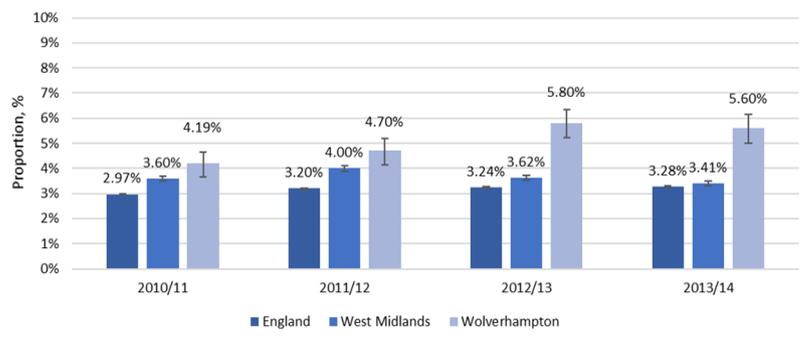


Figure 3. Older people (65+) who were offered reablement services following discharge from hospital. (Source: Fingertips, PHE)

What this information tells us?

- The rate of permanent admissions to residential and nursing care homes for older people in Wolverhampton was slightly higher compared to England and West Midlands, but had decreased slightly over an 8 year period between 2006-07 and 2013-14.
- The proportion of older people that were still at home 91 days after discharge from hospital was slightly higher than England and West Midlands. The figure had remained similar between 2010-11 and 2013-14.
- The proportion of older people that were offered reablement services following discharge from hospital in Wolverhampton was significantly higher than England and West Midlands, and had consistently been so for the 4 year period between 2010-11 and 2013-14.

Indicative Commissioning Needs

TBC

End of life care Support at home

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act places personal budgets on a statutory footing as part of the care and support plan.

Supported Older People

In 2013-14, rate of older people, defined as those aged 65 and over, that were supported by social care services in Wolverhampton (7,424 per 100,000) was significantly lower compared to West Midlands (9,405 per 100,000) and England (9,781 per 100,000).

Over the 4 year period between 2010-11 and 2013-14, the figures in Wolverhampton decreased overall from 10,120 per 100,000 in 2010-11 to 7,424 per 100,000 in 2013-14. However, figures did increase towards the end of the 4 year period, from 5,442 per 100,000 in 2012-13 to 7,424 per 100,000 in 2013-14, following three years of consistent decrease.

The figures for West Midlands and England followed a similar trend to Wolverhampton over the 4 year period, between 2010-11 and 2013-14.

Self Directed Support

In 2013-14, just over two-thirds (64.9%) of social care clients in Wolverhampton receive self-directed support, which is similar compared to the England (66.3%) figure, but significantly lower compared to the West Midlands (67.6%) figure.

Between 2010-11 and 2012-13, the proportion of social care clients receiving self directed support in Wolverhampton increased sharply from 21.1% to 72.4%, before falling to 64.9% in 2013-14. Similar trends were seen for the figures for the West Midlands and England.

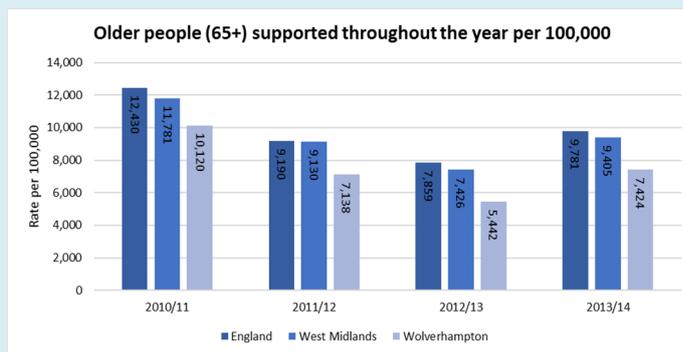


Figure 1. Older people (65+) supported throughout the year. (Source: Fingertips, PHE)

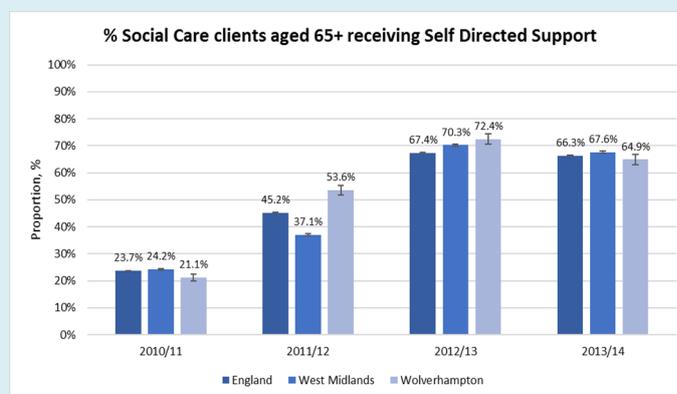


Figure 2. Social care clients (65+) receiving self directed support. (Source: Fingertips, PHE)

Attendance Allowance

As of May 2014, the rate of Wolverhampton residents aged over 65 in receipt of attendance allowance (190 per 1,000) was significantly higher compared to West Midlands (165 per 1,000) and England (150 per 1,000).

Between May 2011 and May 2014, the rate of people aged 65 and over that have received attendance allowance in Wolverhampton has slowly decreased, from 218 as of May 2011 to 190 in May 2014, a net decrease of around 28 individuals per 1,000 residents aged over 65. Similar trends were seen in the figures for the West Midlands (decrease of 27 individuals per 1,000) and England (decrease of 21 individuals per 1,000).

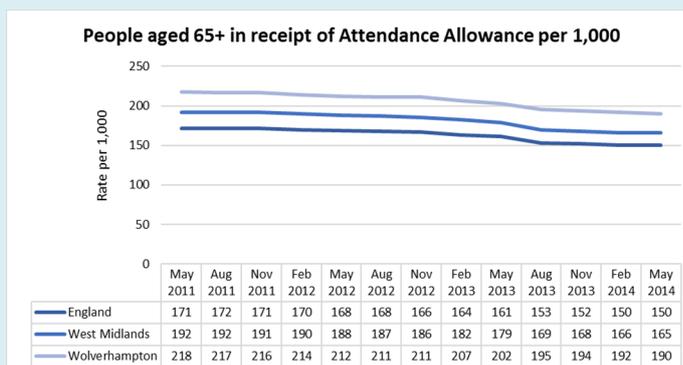


Figure 3. People (65+) in receipt of attendance allowance. (Source: Fingertips, PHE)

What this information tells us?

- The rate of Wolverhampton residents aged over 65 that are supported by social care services has consistently been lower compared to England and the West Midlands.
- The proportion of Wolverhampton residents aged over 65 that receive self-directed support was 64.9% in 2013-14 and had increased sharply between 2010-11 and 2012-13.
- The rate of Wolverhampton residents aged over 65 receiving attendance allowance was significantly higher than England and West Midlands. Figures across all three geographies declined slightly between May 2011 and May 2014.

Indicative Commissioning Needs

TBC

Support for Older People Carers over 65 years

The provision of unpaid care in England and Wales has grown since 2001, and projections estimated by the Personal Social Services Research Unit suggest the demand for such care will more than double over the next thirty years. The provision of unpaid care is therefore an important social policy issue because it makes a vital contribution to the supply of care, and affects the employment opportunities and social and leisure activities of those providing it. Unpaid carers are a socially and demographically diverse group and as the demand for care is projected to grow, people are increasingly likely to become providers of care at some point in their lives. The importance of unpaid care was reflected by its inclusion as an item in both the 2011 Census and 2001 Census.

Carers aged over 65

According to the 2011 census, 14% (n=5,676) people aged 65 and over in Wolverhampton provided unpaid care. This was very similar to England where 13.8% people aged 65 and over provide unpaid care.

In Wolverhampton 46% of carers who provide unpaid care, provide 50 or more hours of unpaid care per week compared to 38% in England.

However 40% of carers who provide unpaid care in Wolverhampton, provide under 20 hours of unpaid care a week compared to 49% in England.

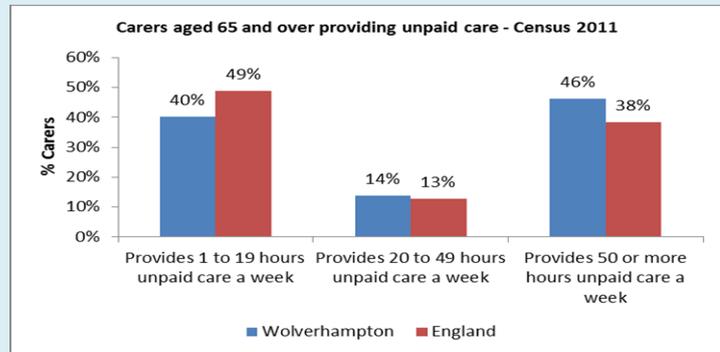


Figure 1: Carers aged 65 and over providing unpaid care (Source: NomisWeb)

Carer Allowance

People can claim carer allowance if they are over 16 years of age and spend at least 35 hours a week caring for someone. There are some eligibility criteria such as you should not be studying for 21 hours a week or more and should earn no more than £116 a week after tax and some expenses.

The number of people aged 65 and over claiming carer allowance have doubled in Wolverhampton from 50 in August 2003 to 100 in August 2016. There was a peak around August 2010 when the number of people aged 65 and over claiming carer allowance rose to 140; however it has decreased since.

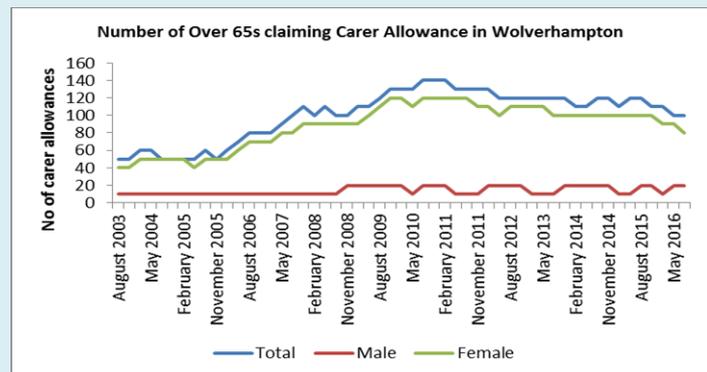


Figure 2: Carers claiming carer allowance in Wolverhampton (Source: Nomisweb)

Number of females aged 65 and over claiming carer allowance are significantly higher compared to males. In Wolverhampton, 80% of claimants in August 2016 were females compared to 78% in England.

What does this information tell us?

- 14% of people aged 65 and over were identified as providing unpaid care in Wolverhampton during the census 2011 and this is very similar to England
- 46% of those providing unpaid care provide care for more than 50 hours a week in Wolverhampton compared to 38% in England
- Number of people aged 65 and over claiming carer allowance have doubled in the last 13 years

Indicative Commissioning Needs

TBC