

Walsall JSNA

Chapter 4 – Ageing Well

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Introduction

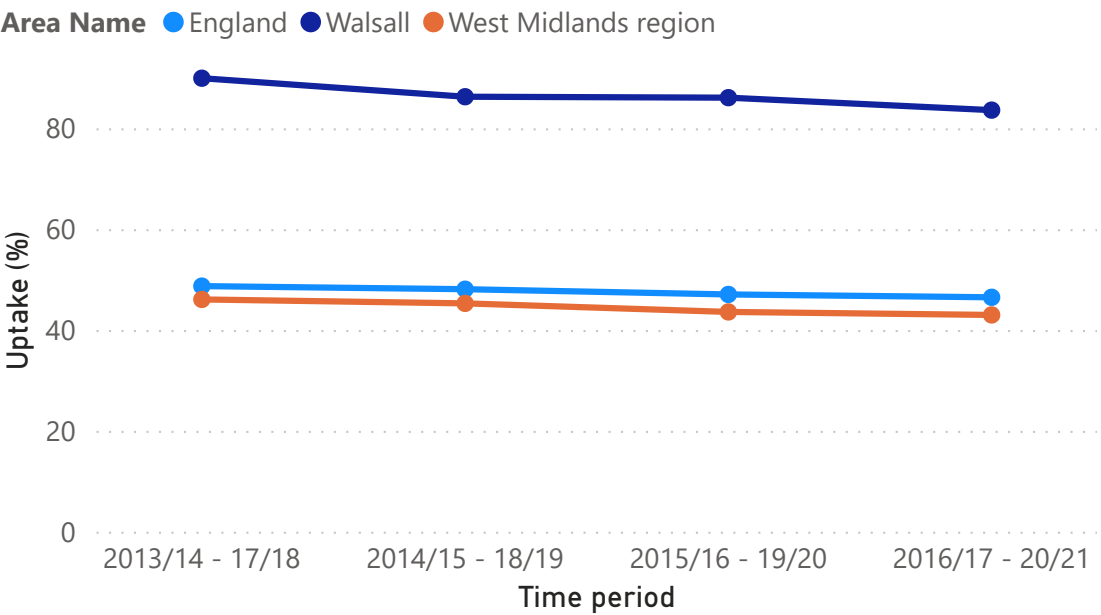
The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease. and certain types of dementia. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess their risk of heart disease, stroke, kidney disease and diabetes and will be given support and advice to help them reduce or manage that risk. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

Interpretation

Local authorities have a duty to make arrangements to provide the NHS Health Check programme to their eligible population over a five year period and to achieve continuous improvement in uptake. This data demonstrates the cumulative progress made by NHS Health Checks received by the eligible population.

The data above shows the uptake of those receiving an NHS Health Check as a percentage of the eligible population who were invited. Walsall has historically had a very high uptake in this area and is consistently significantly higher than the West Midlands region and England.

Cumulative uptake of NHS Health Check



Time period	Count(n)	Uptake(%)	LowerCI95%	UpperCI95%
2013/14 - 17/18	42,920	89.9	89.1	90.8
2014/15 - 18/19	42,380	86.3	85.5	87.1
2015/16 - 19/20	39,487	86.1	85.2	86.9
2016/17 - 20/21	29,865	83.6	82.7	84.6

Source: PHE Public Health Outcomes Framework (1)



Walsall's service

Everyone is at risk of developing any one of these conditions and as you get older your chances increase. The good news is that these conditions can often be prevented, even if you have a history of them in your family. The NHS Health Check will include questions about family history, lifestyle and assessments of blood pressure, cholesterol, blood glucose and body mass index. A cardiovascular risk assessment score will be calculated, followed by personalised advice to support your lifestyle to help you stay fit and healthy.

The NHS Health Check programme in Walsall is mainly delivered via General Practices, with additional provision being provided at various times through a Healthy workplace programme and various other ad-hoc events and settings. Residents are invited by various methods i.e. telephone, letter and verbal, with most uptakes happening opportunistically.

References

- (1) PHE Fingertips: PHOF C26b - Cumulative percentage of the eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check Public Health England. Public Health Profiles. [Date accessed: 17th Sep 2021] <https://fingertips.phe.org.uk> © Crown copyright [2021]
- (2) Image and NHS Health Check logo sourced from NHS Health Check image bank. NHS logo sourced from NHS England

Background

Diabetes mellitus is one of the common endocrine diseases affecting all age groups with over three million people in the UK having the condition. Effective control and monitoring can reduce mortality and morbidity.

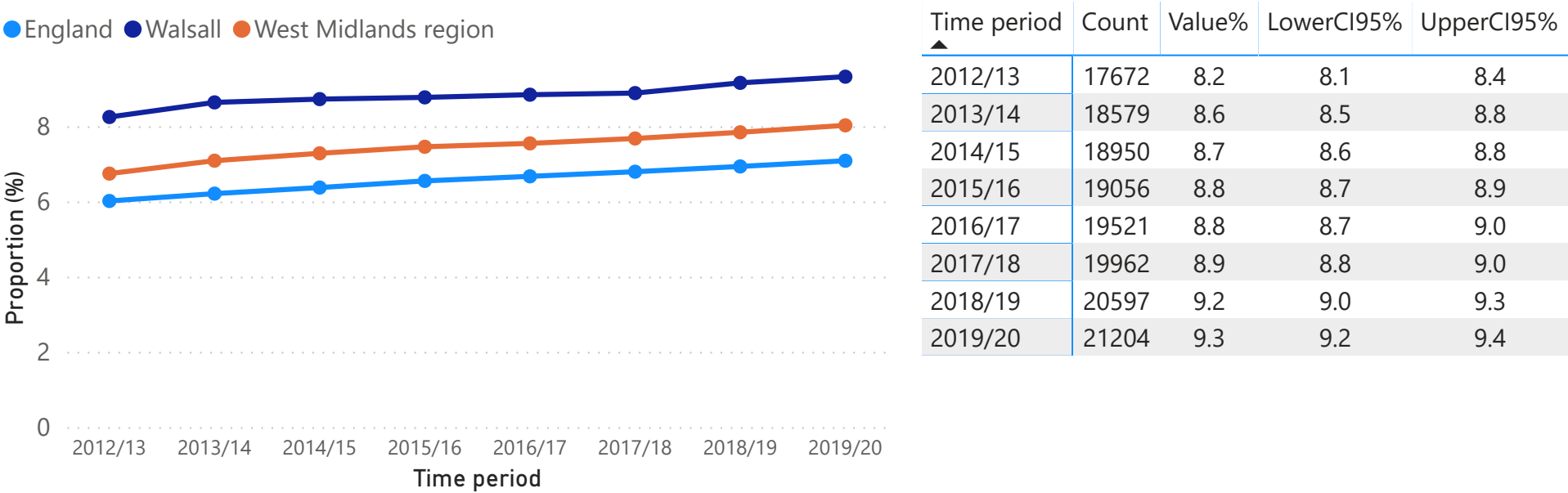
Much of the management and monitoring of diabetic patients, particularly patients with Type 2 diabetes is undertaken by the GP and members of the primary care team.

Interpretation

This indicator shows the % of patients aged 17 and over with diabetes mellitus, as recorded on practice disease registers. Nationally there has been a gradual increase of diabetes in the population and the same trend is seen regionally and locally. In Walsall however, the recorded prevalence is statistically significantly higher than the West Midlands and England.

It is estimated that around 90% of Walsall's diabetic population have been identified (1) and once diagnosed, there is great opportunity to manage the disease and reduce its complications. The most recent evidence from PHE suggests that a good proportion of our diabetic population are receiving good care and are receiving their regular recommended checks e.g. receiving an annual foot check.

The percentage of patients aged 17 years and over with diabetes mellitus, as recorded on practice disease registers



Disease prevalence

Prevalence is the number of people in a given population with a particular condition at a given point in time. The diagnosed prevalence of diabetes is identified from the returns submitted to NHS Digital as part of the Quality and Outcomes Framework (QOF) by each GP practice.

No distinction is made between type 1 or type 2 diabetes. Diagnosed prevalence is the number of patients aged 17 years and over who are on the practice's diabetes register on 31 March in a given financial year. Practice returns are combined to calculate prevalence for the local CCG (2)

References

(1) PHE Fingertips: Estimated prevalence of diabetes (undiagnosed and diagnosed)
Public Health England. Public Health Profiles. [Date accessed: 2nd Sep 2021] <https://fingertips.phe.org.uk> © Crown copyright [2021]

(2) Public Health England. CVD profiles - Diabetes. Profile produced by the National Cardiovascular Intelligence Network (NCIN)

Background

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.

This measure should be understood in terms of assessing health service utilisation – the number / rate of patients with falls related emergency admissions entering a hospital setting. It should not be used to assess need as many injurious falls will not result in emergency admissions. It should also not be used to assess falls prevention service effectiveness as there are a number of conditions which will increase susceptibility to injury, including osteoporosis, the treatment of which is the remit of other services.

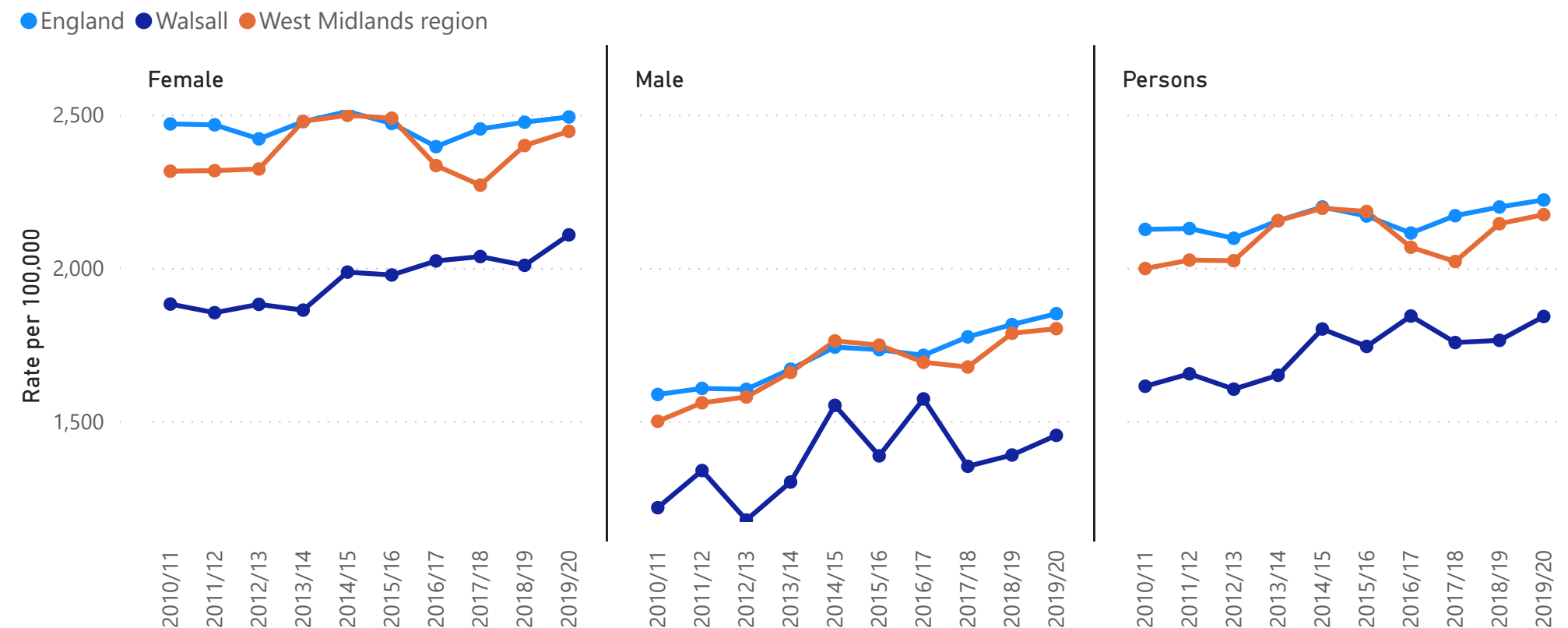
Interpretation

Walsall's emergency hospital admissions due to falls (in those ages 65+) have steadily increased over the last 10 years, however the rate remains statistically significantly lower than both the West Midlands region and England.

After allowing for population variation in sex, females have a significantly higher rate of hospital admissions compared to males in the borough.

Emergency hospital admissions for falls injuries in persons aged 65 and over, directly age standardised rate per 100,000.

These rates are directly age standardised which improves the comparability of rates for different areas, or between different time periods, by taking into account differences in the age structures and sex of the populations being compared.



References

(1) PHE Fingertips: Emergency hospital admissions due to falls in people aged 65 and over

Public Health England. Public Health Profiles. [Date accessed: 2nd Sep 2021] <https://fingertips.phe.org.uk> © Crown copyright [2021]


Background

Premature mortality is a good high-level indicator of the overall health of a population, being correlated with many other measures of population health.

These data are sourced from PHE Fingertips and represent directly age-standardised mortality rate for all deaths registered in the respective calendar years, in people aged under 75.

This table shows the mortality rate for Walsall, by sex, for main causes of premature deaths and for all premature deaths combined.

The RAG colours compares Walsall's rate with the West Midlands and England.

Sex 

☐ Female

☐ Male

☒ Persons

Walsall's premature mortality rate is presented in both tables below, with one comparing this value with the region and the other comparing its value with England. The option box allows filtering by female, male or persons and is applied to both tables.

The rates presented are direct standardised rates per 100,000 population

Walsall compared with the West Midlands

Better 95% **Similar** **Worse 95%**

Indicator Name	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19
Under 75 mortality rate from stroke	17.2	17.0	18.1	18.1	17.8	19.8	18.6	18.7	15.7
Under 75 mortality rate from respiratory disease	38.8	36.1	34.4	32.8	36.4	39.0	40.6	41.6	41.8
Under 75 mortality rate from liver disease	20.9	21.2	19.3	20.7	21.1	22.7	24.2	25.2	24.1
Under 75 mortality rate from heart disease	62.0	59.1	57.5	55.5	57.4	51.9	56.3	54.6	60.9
Under 75 mortality rate from colorectal cancer			12.8	11.8	13.0	15.1	15.8	13.8	12.1
Under 75 mortality rate from cancer	163.5	164.5	161.6	164.7	162.8	162.2	156.9	150.5	150.0
Under 75 mortality rate from all causes	406.2	399.0	386.7	393.7	401.4	409.4	407.5	401.6	399.5
Under 75 mortality rate from all cardiovascular diseases	99.5	94.3	94.7	91.9	95.5	94.2	99.1	96.8	97.1

Walsall compared with England

Better 95% **Similar** **Worse 95%**

Indicator Name	2009 - 11	2010 - 12	2011 - 13	2012 - 14	2013 - 15	2014 - 16	2015 - 17	2016 - 18	2017 - 19
Under 75 mortality rate from stroke	17.2	17.0	18.1	18.1	17.8	19.8	18.6	18.7	15.7
Under 75 mortality rate from respiratory disease	38.8	36.1	34.4	32.8	36.4	39.0	40.6	41.6	41.8
Under 75 mortality rate from liver disease	20.9	21.2	19.3	20.7	21.1	22.7	24.2	25.2	24.1
Under 75 mortality rate from heart disease	62.0	59.1	57.5	55.5	57.4	51.9	56.3	54.6	60.9
Under 75 mortality rate from colorectal cancer			12.8	11.8	13.0	15.1	15.8	13.8	12.1
Under 75 mortality rate from cancer	163.5	164.5	161.6	164.7	162.8	162.2	156.9	150.5	150.0
Under 75 mortality rate from all causes	406.2	399.0	386.7	393.7	401.4	409.4	407.5	401.6	399.5
Under 75 mortality rate from all cardiovascular diseases	99.5	94.3	94.7	91.9	95.5	94.2	99.1	96.8	97.1

Interpretation

All cause premature mortality is consistently statistically significantly worse in Walsall compared with the region and England. This is true for both females and males.

Main causes of premature deaths are cancer (highest), followed by cardiovascular disease, of which the most prevalent is heart disease.

Background

These maps by ward present some of the most prevalent premature mortality conditions for Walsall residents.

Three years of mortality data are aggregated (2017-19) and are converted to a directly standardised rate (DSR) per ward. This rate takes into account the population differences in each area, by sex, age structure and number of residents. This allows for relative comparisons to be made between areas.

Wards with less than 10 deaths are excluded from the analysis.

Interpretation

Geography
Most conditions are generally worse in the West of the borough and the scatter plot shows a strong positive correlation between premature mortality and increased deprivation, with a correlation coefficient of +0.92

Condition
Cancer and cardiovascular disease premature mortality are prevalent throughout the borough.

Sex
Men are more likely to die prematurely, especially from cardiovascular disease.

- Condition
- ☒ Under 75 mortality all cause
 - ☐ Under 75 mortality from cancer
 - ☐ Under 75 mortality from cardiovascular disease
 - ☐ Under 75 mortality from heart disease
 - ☐ Under 75 mortality from respiratory disease

Time period
2017-19

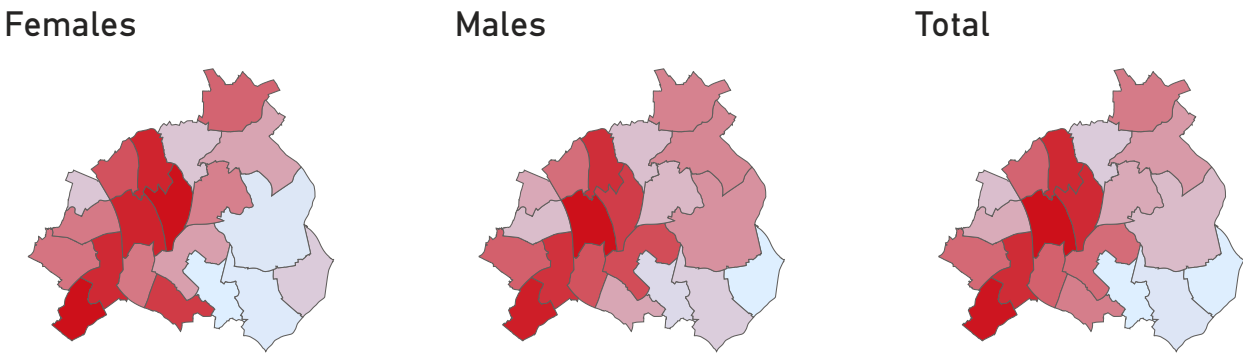
Locality

EastNorthSouthWest

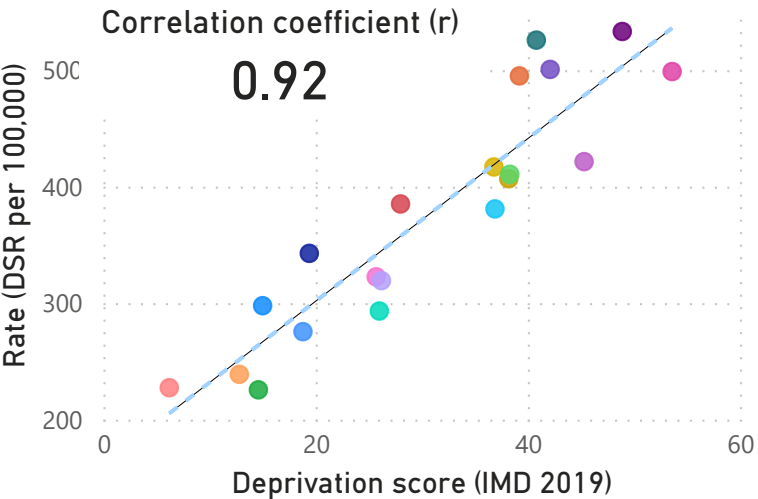
Please note: The 'total' column in the table below does not equal the sum of females and males, because the data are presented as rates per 100,000 population. For further information regarding the calculation of rates, see the link below to Public Health England's technical guidance:
<https://fingertips.phe.org.uk/profile/guidance>

Premature mortality rate (DSR) per 100,000

Ward name	Female	Male	Total
Aldridge Central and South	183	418	298
Aldridge North and Walsall Wood	258	437	343
Bentley and Darlaston North	396	598	495
Birchills Leamore	403	663	533
Blakenall	423	577	499
Bloxwich East	402	605	501
Bloxwich West	350	485	417
Brownhills	329	447	385
Darlaston South	424	636	526
Paddock	173	282	226
Palfrey	376	379	381
Pelsall	221	331	276
Pheasey Park Farm	179	305	239
Pleck	308	537	421
Rushall-Shelfield	298	346	323
Short Heath	306	336	319
St. Matthews	263	548	407
Streetly	214	241	227
Willenhall North	220	374	293
Willenhall South	311	512	411



Ward premature mortality rate vs deprivation



There is a strong positive correlation between premature mortality rate and deprivation.

X axis = Average IMD 2019 deprivation score per ward

Y axis = Direct standardised rate per 100,000 population for premature mortality (all cause) per ward.

Key Points

In Adult Social Care we continue to deliver against our plans to promote health, wellbeing and independence and if people need additional support we work with partners to ensure that people can access high quality services which maximise independence and safety, and that respect the autonomy, dignity and diversity of our citizens.

We need to build upon the extraordinary innovation, learning and partnerships that were strengthened in 2020 to ensure that we spend public money efficiently and deliver better outcomes, ensuring people are at the heart of everything we do. We want to focus on what people can do, rather than what they can't do.

During 2020 -21 Adult Social Care supported **4201** people - an increase of **541** people on the previous year, **70%** of the support was delivered within the person's own home, commissioned by the council or offered via a direct payment giving flexibility and greater control of the care received.

Work is continuing to transform our services and deliver our business by implementing a strengths-based approach as our primary way of improving outcomes for people directly using services, empowering our community and market to support citizens across the borough to have more control over their situation and resolve any issues, taking a holistic view of their wider support network, including a self serve simple assessment process.

An ambition to deliver Cylix E-Learning as first tier electronic support for carers and young carers, incorporating realistic case studies and scenarios helping to raise the profile of carers and signposting to resources available.

People Supported by Adult Social Care in 2020/21
4201

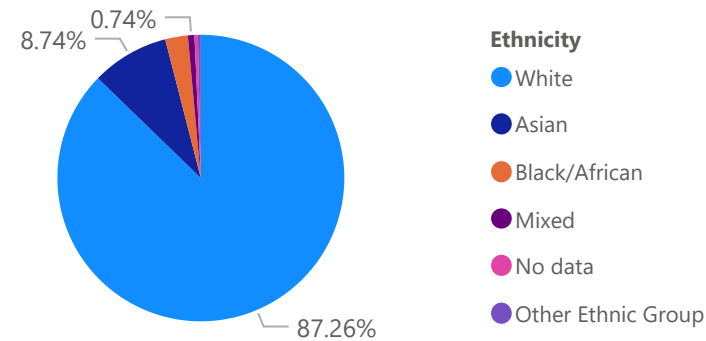
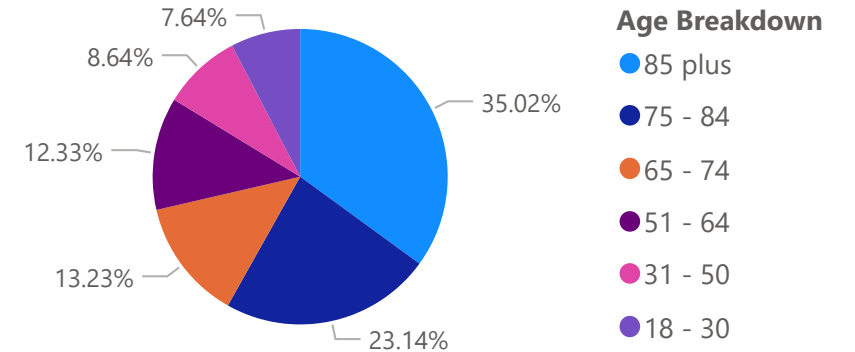
Female
2510

Male
1691

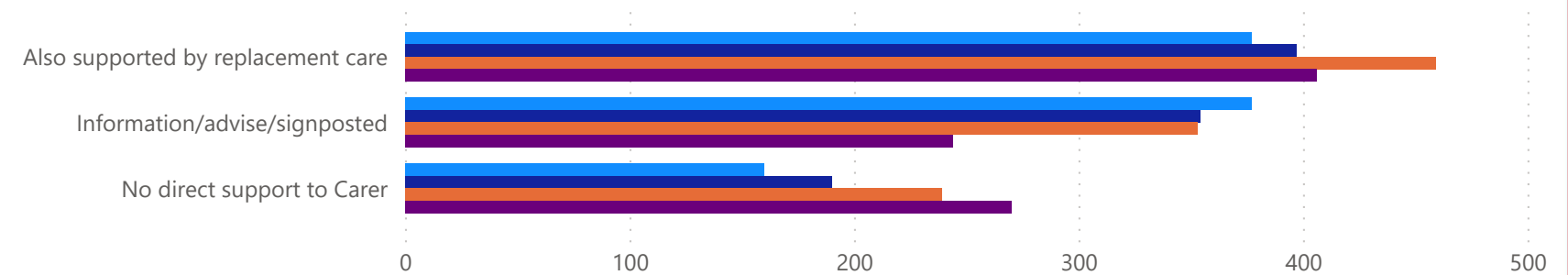
Supported at home
2192

Direct Payments
769

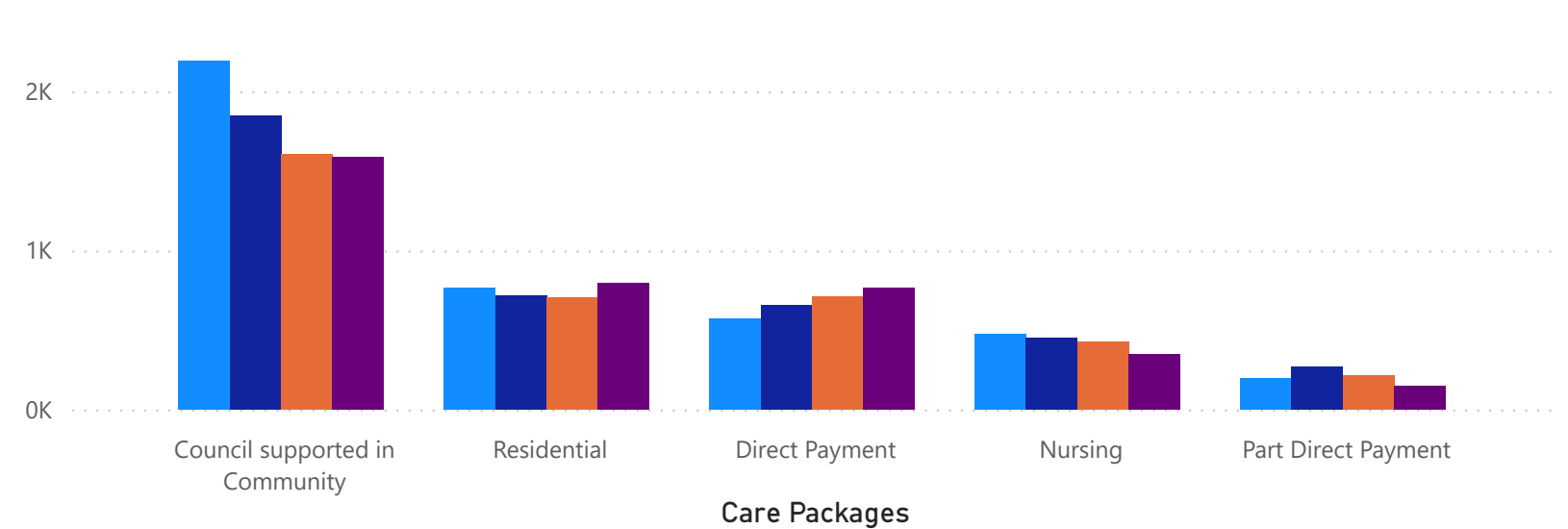
Residential Care
766

Nursing Care
474
People Supported during 20/21 by Ethnicity

People Supported during 20/21 by Age Breakdown

Outcome of Carers Assessments 20/21, 19/20, 18/19 and 17/18

20-21 19-20 18/19 17/18


People receiving Care Packages as an outcome of assessment during 20/21, 19/20, 18/19 and 17/18

20/21 19/20 18/19 17/18



Key Points

Enablement

One of Walsall's key objectives is for people to have increased independencies, improved health and that they can positively contribute to their communities. A marker of success is the increase of people accessing reablement services from both the hospital and community pathways.

During the pandemic a policy driver to progress step up and step down cases into reablement, along with the need to reduce the medically fit for discharge list, has contributed to the increase in the the number of people accessing the service.

Safeguarding

During the 2020-21 significant fluctuations have been seen in the Safeguarding concern referral rates, potentially due to the impact of Covid-19. Overall there has been a 10.9% increase from 2311 concerns in 2019/20 to 2563 concerns in 2020/21, however; there still remains a percentage of adults who have more than one concern raised during the reporting period.

Neglect and acts of omission remain the highest risk category of alleged abuse and have continued this trajectory during 2020-21, mirroring the national trend.

Also following the national trend is the location of abuse where over 57% of occurrences are within a person's own home.

2020-21 has seen the introduction of risk enablement tools and training, an approach which recognises that taking carefully considered risks can enable individuals and help improve their wellbeing.



Enablement 2020/21

People receiving Enablement during 2020/21

1674



Safeguarding 2020/21

Number of people involved in Safeguarding Concerns

1822

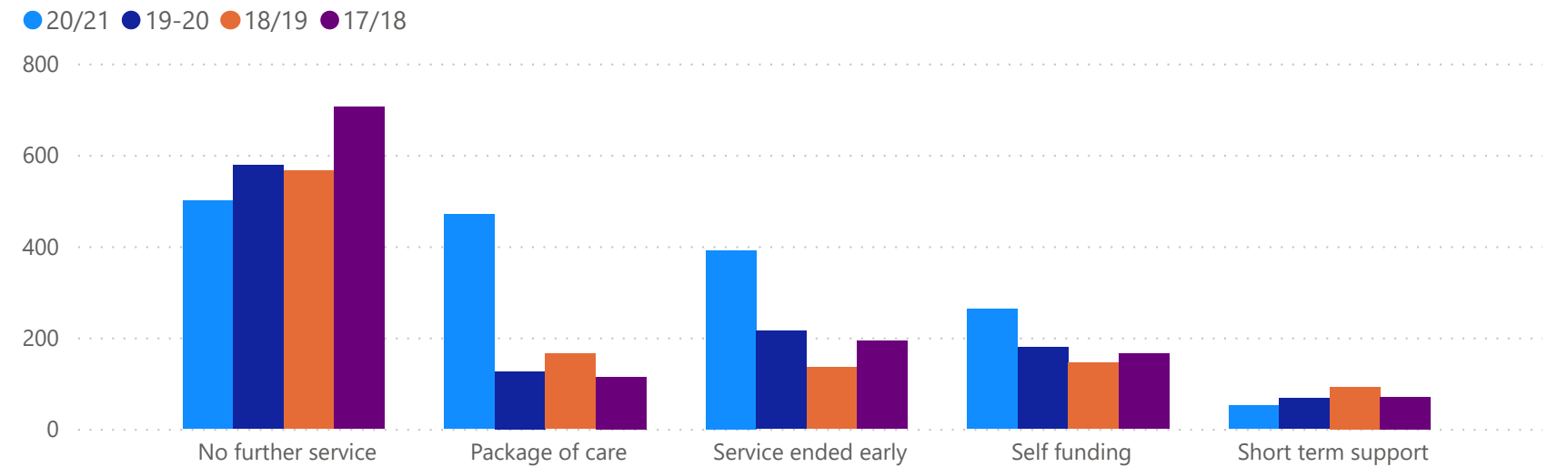
Number of people involved in S42 Enquiries

634

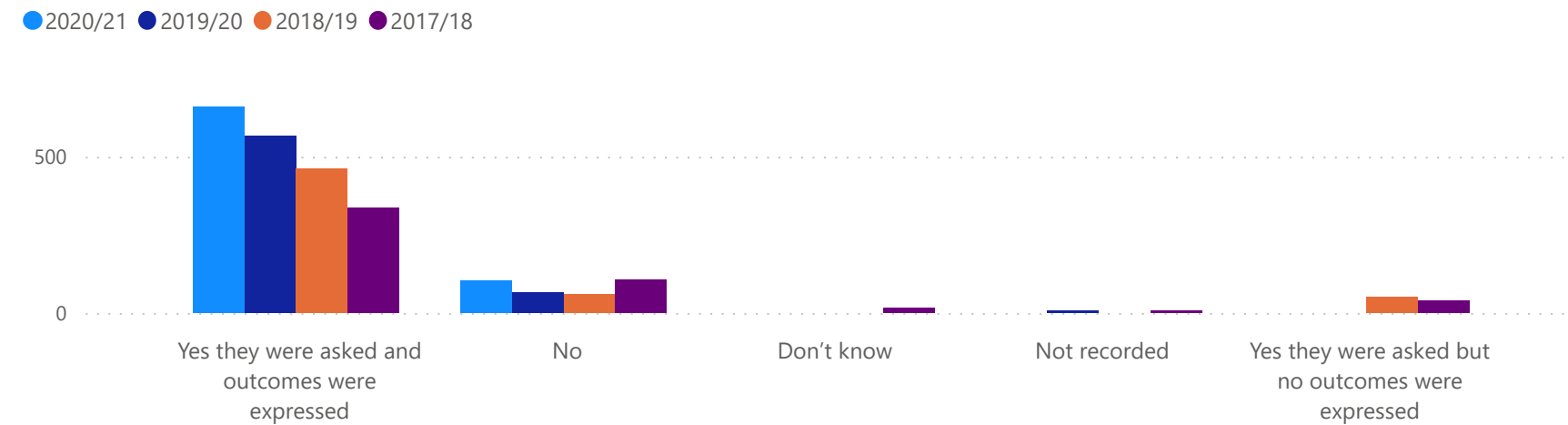
Number of people involved in Other Safeguarding Enquiries

5

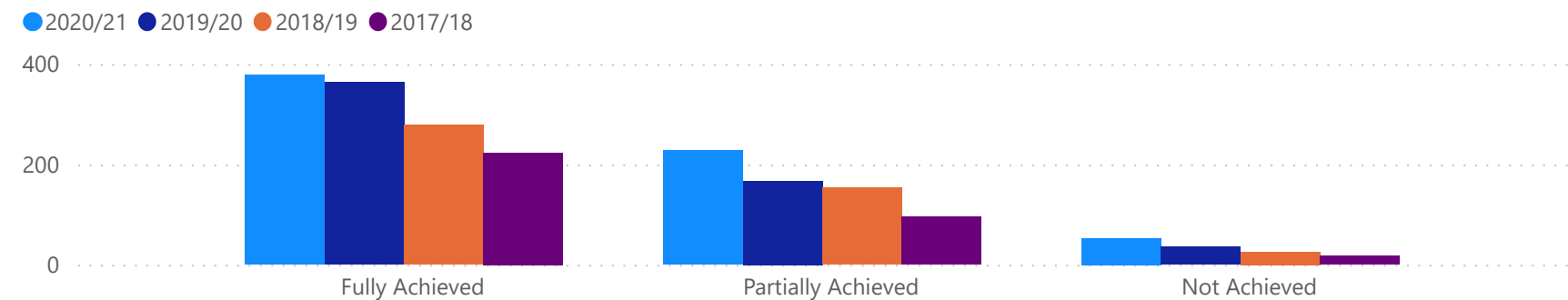
Outcomes for people receiving enablement during 20/21, 19/20, 18/19 and 17/18



For each enquiry, was the person or person's representative asked about what their desired outcomes were ? for 2020/21, 2019/20, 2018/19 and 2017/18



In how many cases were the desired outcomes achieved ? for 2020/21, 2019/20, 2018/19 and 2017/18



Data Sources

NHS Health Checks

Public Health England - Fingertips Public Health Profiles
<https://fingertips.phe.org.uk/search/health%20check>

Diabetes

Public Health England - Fingertips Public Health Profiles
<https://fingertips.phe.org.uk/search/diabetes>

Falls

Public Health England - Fingertips Public Health Profiles
<https://fingertips.phe.org.uk/search/falls>

Mortality

Public Health England - Fingertips Public Health Profiles
<https://fingertips.phe.org.uk/search/mortality>

Adult Social Care

Walsall Council - Adult Social Care

Contact

If you have any queries please feel free to contact us via email:

Insight@walsall.gov.uk

Maps

Several maps appear throughout this document, to which the following applies:

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