# *Data Set for HCICB*

## Context

The 2015/16 JSNA for Stockport describes a population that is generally healthy, however one which is older than average and where the proportion of older people is forecast to grow faster than average. Stockport has health outcomes that are better than the North West averages but also has challenging health inequalities. A&E and non-elective care performance has been poor for a significant time and the economy collectively forecasts a c£157m deficit by 2020/21 unless delivery of care is transformed.

The overall objectives for health and wellbeing in Stockport are to improve life expectancy and reduce health inequalities. These remain unchanged since the previous JSNA review in 2011. Following the 2015/16 JSNA analysis of key trends across a range of themes, work has been undertaken to identify the key priorities for health and wellbeing in Stockport for the next three years. These are the major issues that leaders, commissioners and providers of health, care and wider services will need to consider or address:



Stockport JSNA
joint strategic needs assessment

## Priorities 2016-2019

The overall objectives for health and wellbeing in Stockport are to **improve life expectancy** and **reduce health inequalities.** The priorities identified in 2015/16 JSNA to help us achieve these objectives are set out below, and are developed in further at http://www.stockportjsna.org.uk/2016-2019-priorities/

| | All Ages | Start Well | Live Well | Age Well |
|---|---|---|---|---|
| Prevention | Increasing levels of **physical activity** as an effective preventative action at any age. | Taking action to improve the outcomes in **early years health** and **education** in **deprived communities**. | Prioritising **a whole systems approach to reducing smoking, alcohol consumption and obesity** as the key causes of preventable ill health and early death. | Supporting **healthy ageing** across Stockport, recognising that preventative approaches that promote **self care and independence** are essential at every life stage. |
| Wellness | Focus on **improving healthy life expectancy** for all as the priority, focussing especially in **the most deprived areas** and in a **person and family centred way.** | Promoting the **mental wellbeing** of children and families, especially for older children and young adults. | Improve the prevention, early detection and treatment of both **cancer**, now the major cause of premature death, and **liver disease**, which is increasing. | Aim to prevent and delay the need for care whilst responding to the **complexity of needs** that older people with multiple long term conditions may have. |
| Systems | Continue work to **integrate and improve care systems,** especially minimising the use of unplanned hospital care - ensuring that the healthy economy is **sustainable and prevention focussed.** | Ensuring that the acute care needs of children and young people, especially for **injuries, asthma and self harm** are dealt with appropriately and opportunities to promote prevention are maximised. | Giving equal weight to **mental wellbeing** as a key determinant of physical health and independence; especially for people of working age. | Providing **services** and **housing** that are suitable for the changing needs of our **ageing population** and those with specialist needs. |
| Support | Understanding the size and needs of our **vulnerable and at risk groups, especially carers,** and using JSNA intelligence to inform the appropriate levels of response. | Supporting and safeguarding the most **vulnerable children and young people and families,** especially looked after children and those with autism, so that they have the opportunity to thrive. | Improving the physical health and lifestyles of those with **serious mental health** conditions. | Continuing to improve the identification of and support available to those with **dementia and their carers.** |

**The outcomes framework that the JSNA priorities were developed against has been updated and reissued in April 2017. Whilst the local outcomes framework remains in development we will continue to use the national framework as an indicator of changes to our population's health and care outcomes. The updated framework is attached as Appendix 1 and a summary of the key changes is set out below.**

| Lower Quartile | Significant Change since 2015 |
|---|---|
| 1.4 Myocardial infarction, stroke and stage 5 CKD in people with diabetes. | |
| 1.5 Mortality within 30 days of hospital admission for stroke | |
| 1.7 Under 75 mortality rates from liver disease | |
| 1.8 Emergency admissions for alcohol related liver disease | |
| 2.6 Unplanned hospitalisation for chronic Amb care sensitive conditions | |
| 2.7 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s | |
| 2.8 Complications associated with diabetes | |
| 2.11a % of referrals to IAPT which indicated a reliable recovery | |
| 2.11b % of referrals to IAPT which indicated a reliable improvement. | |
| 3.1 Emergency admissions for acute conditions that should not usually require hospitilisation | Yes |
| 3.6 People who have had an acute stroke receiving thrombolysis | |
| 3.14 Alcohol specific hospital admissions | |
| 3.15 Emergency alcohol specific readmission within 30 days | |
| 3.16 Unplanned readmissions to MH services within 30 days | |
| 3.17 % of adults in contact with secondary MH services in employment | Yes |
| 5.4 Incidence of Health Care Associated Infections C-Diff | |

| Upper Quartile | Significant Change since 2015 |
|---|---|
| 1.2 Under 75 mortality rates from cardiovascular disease | |
| 1.10 1 year survival from all cancers | |
| 1.11 1 year survival from breast, lung and colorectal cancers | |
| 1.24 Referrals to cardiac rehab within 5 days of admission | |
| 2.9 Access to community Mental Health by people from BME groups | |
| 2.10 Access to Pschological Therapies by people from BME groups. | Yes |
| 2.16 Health related QuALYS for people with long term MH condition | |
| 3.3 Elective hip replacement PROM measure. | |
| 3.3 Elective knee replacement PROM measure. | |
| 3.5 People who have had a stroke who are admitted to an acute stroke unit within 4 hours | |
| 3.9 People who have had an acute stroke who spend 90% on time on dedicated stroke unit | Yes |
| 3.12 Hip fracture timely surgery | |
| 4.1 Patient experience of OOH GP services | |

# Overview of Data

The charts below show the trends in key outcomes/indicators in recent years. In summary they reflect the outcomes data above, i.e. an economy with good mortality rates for the non-deprived areas, good patient experience but no discernible improvement in reducing our dependency on hospital based care. This represents the opportunity for Stockport Together and this report aims to support HCICB to monitor improvement in outcomes quarterly and annually as we invest in integrated health, mental health and social care. In advance of this investment and implementation of new models of care we draw the attention of the HCICB to the following areas for improvement; mortality in deprived areas and in mental health and in reduced hospital admissions.

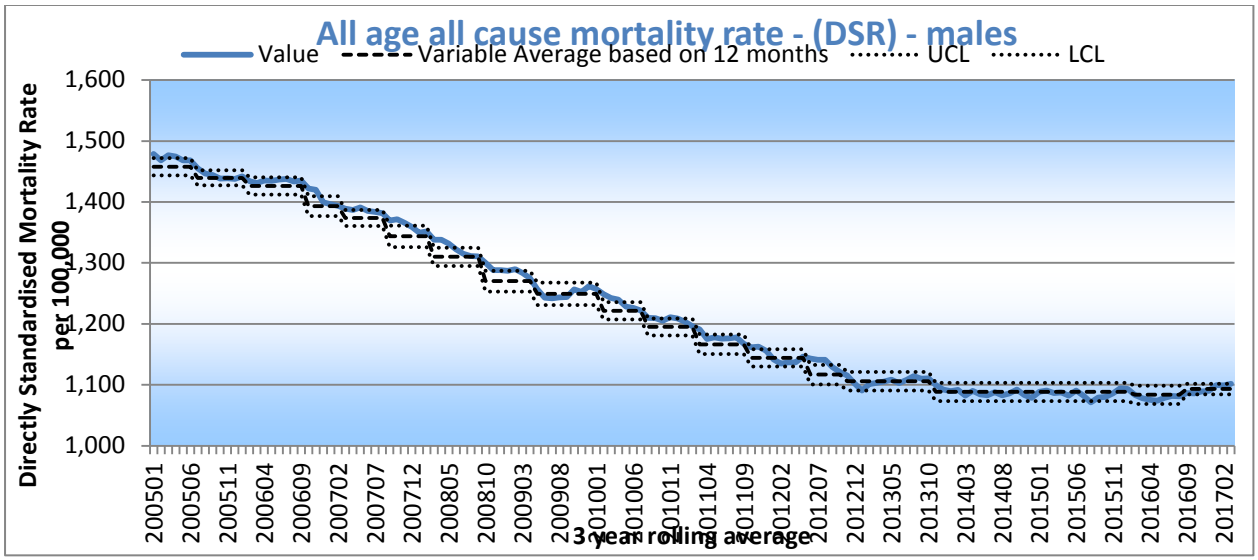
Existing data sets have been used and can be updated quarterly. A key progression will be replacing this data set with the Stockport Outcomes Framework.

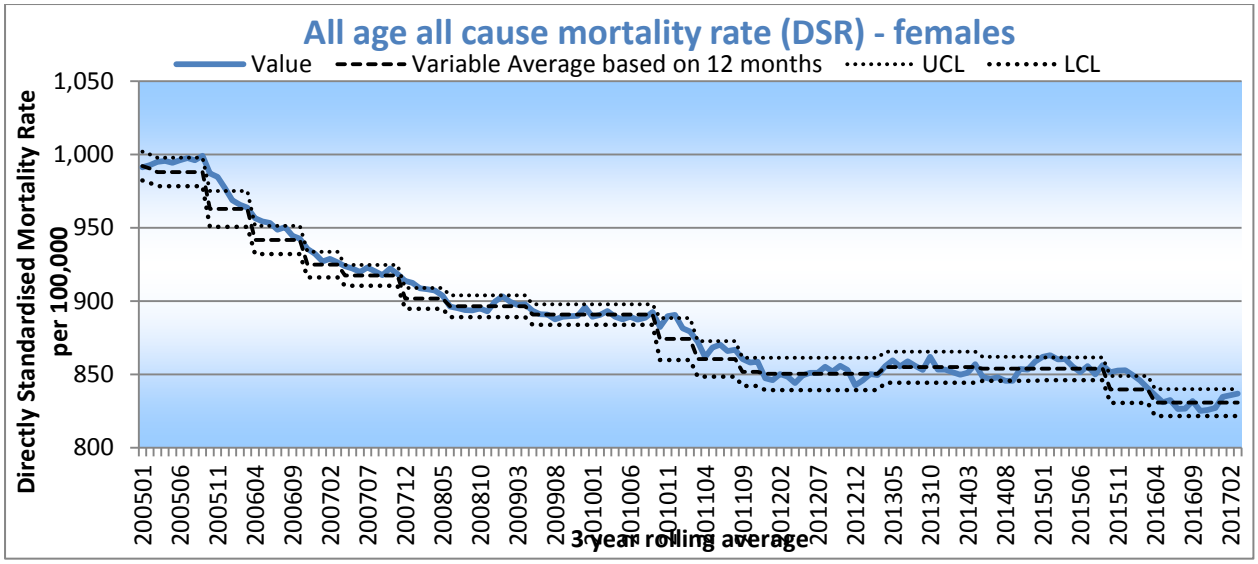
## Better Health?

Is the health of the population of Stockport improving?

### 1. Are Mortality rates improving?

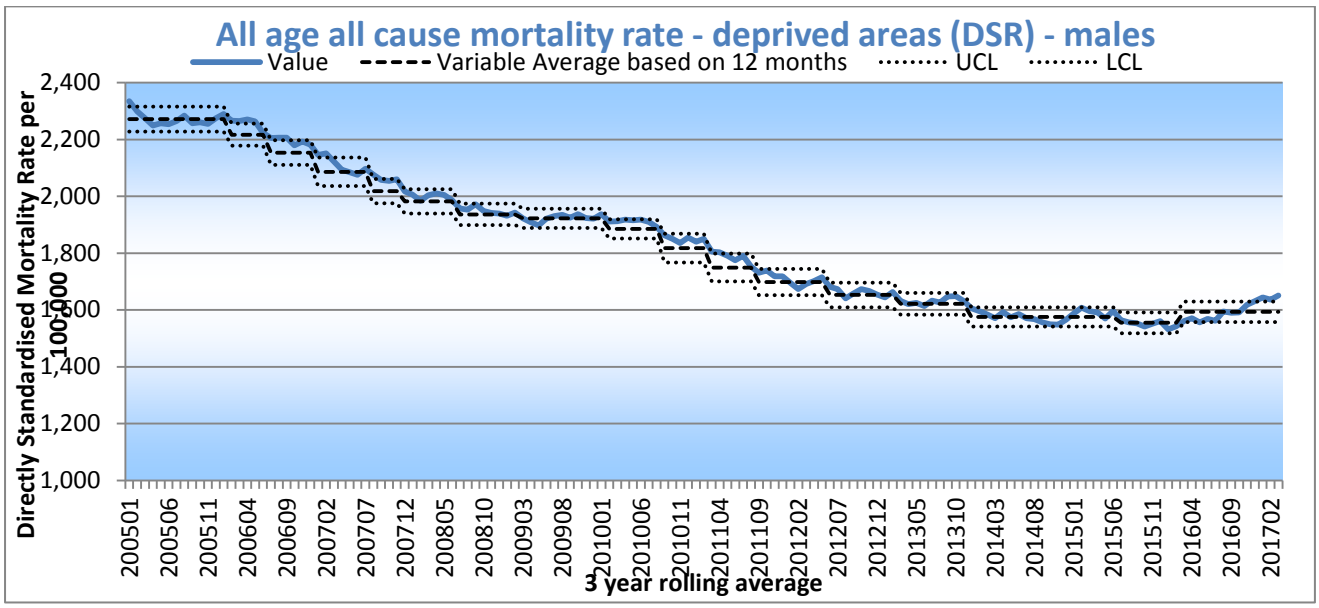
The graphs below show the trend in mortality rates for men and women has improved consistently since 2005 and has stabilised since 2014. We should expect to see the downward trend continuing, so therefore need to be concerned about the plateauing out of this trend for males. Stockport benchmarks as average nationally.

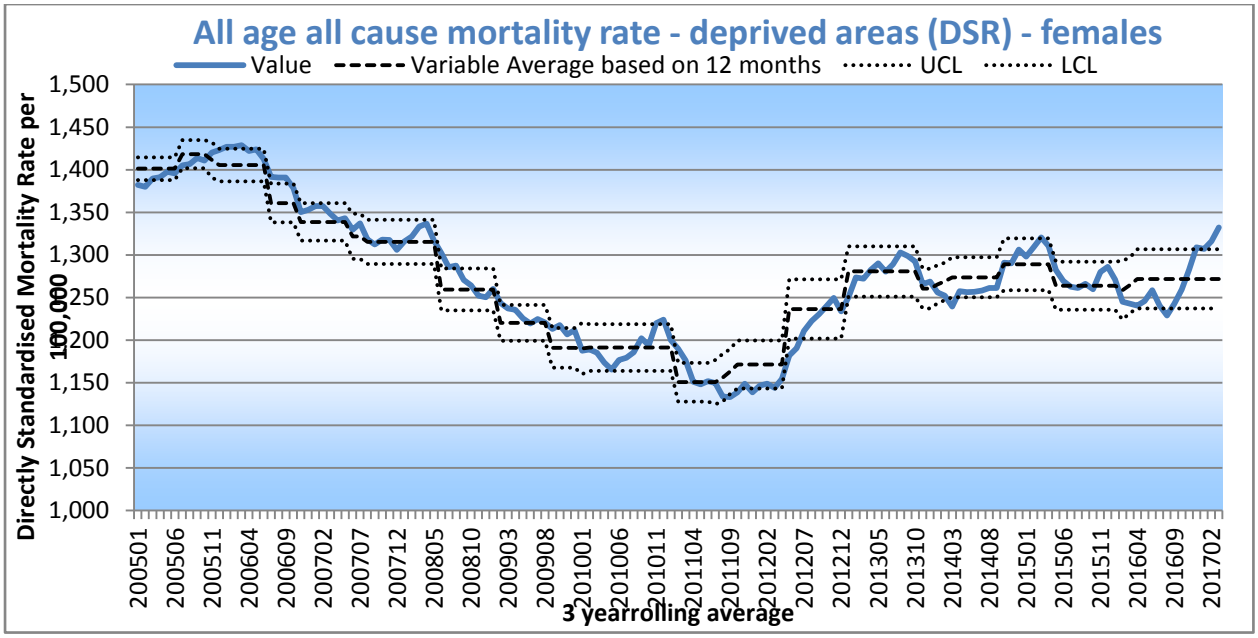





## 2. Is the mortality rate in deprived areas improving more than for Stockport overall?

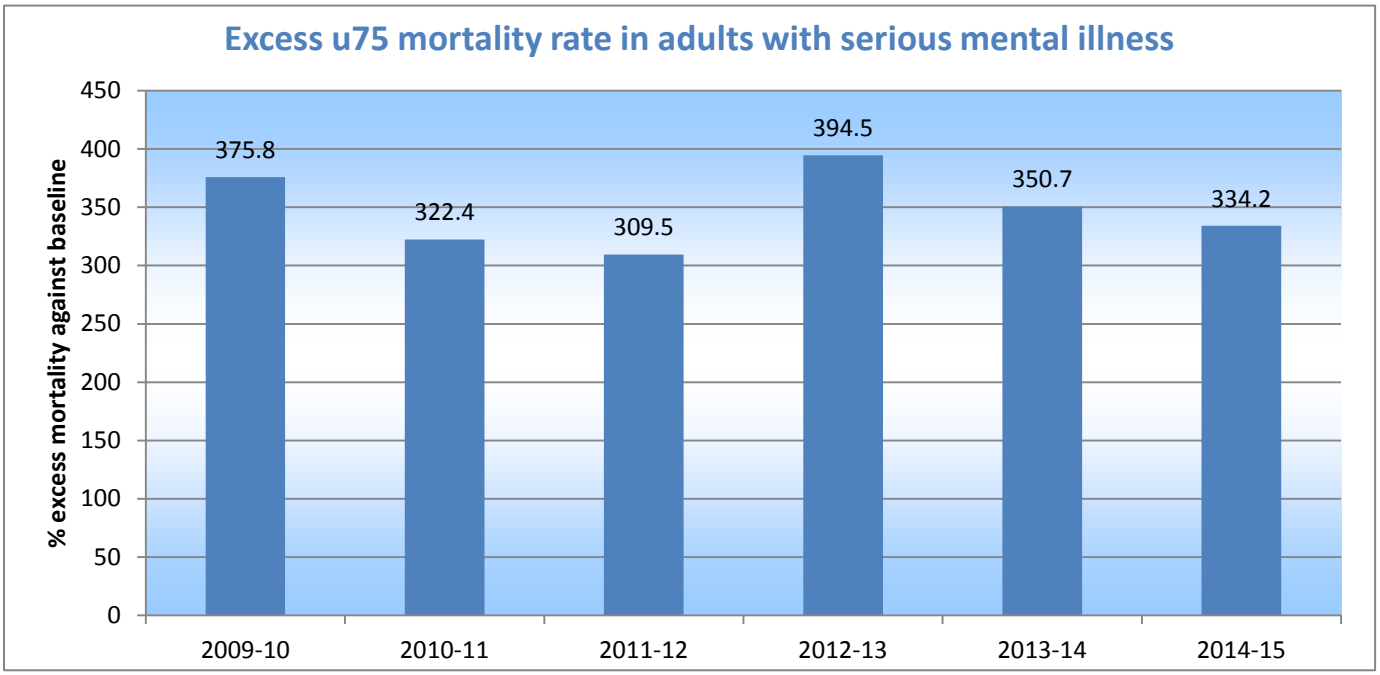
The graphs below show that the trend in mortality rates in deprived areas has also improved in the long term. However mortality rates are still significantly higher in deprived areas, and the pace of change has meant gaps have not narrowed. The HCICB queried the trend for women's mortality in deprived areas since 2008. There is no evidence that as yet there is a sustained improvement. Comparisons for benchmarking are not readily available.






## 3. Is mortality for people with mental illness improving?

The graph below shows that there has not been a significant improvement in reducing premature mortality in adults with serious mental health, and that the mortality rate for this group is more than three times higher than average. Stockport benchmarks as average nationally.

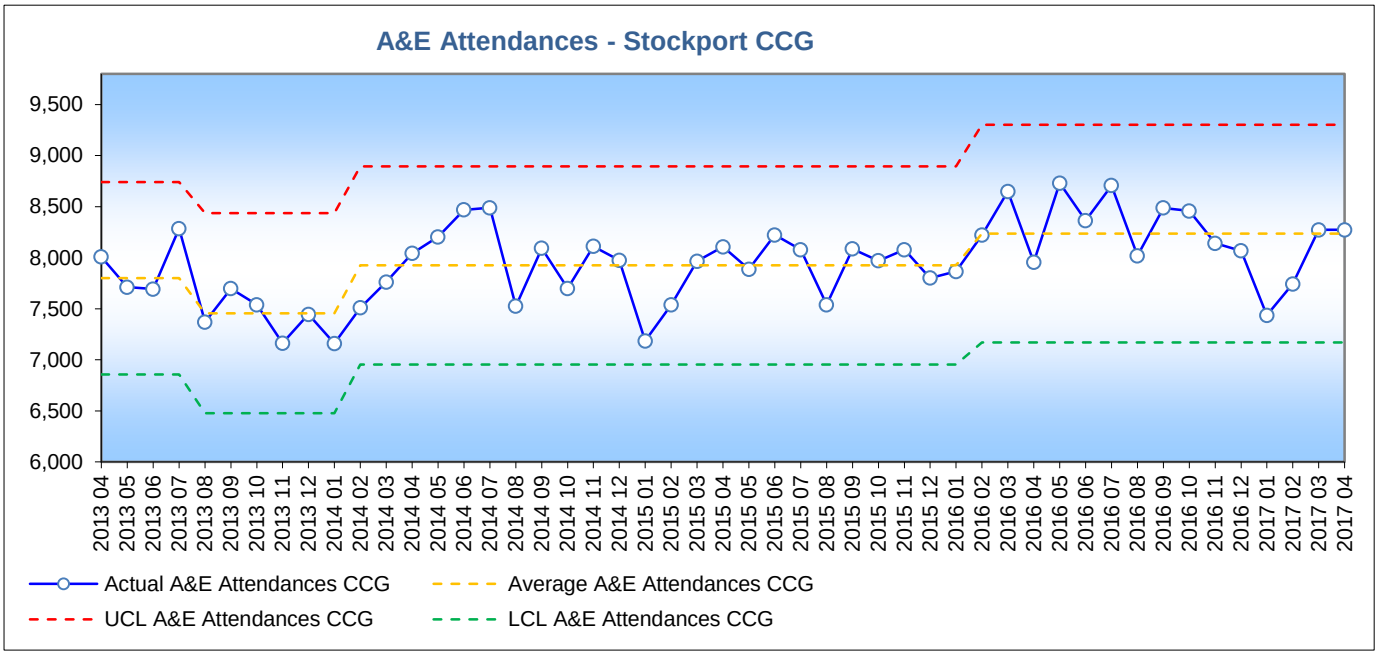



## Better Care?

Are more people being treated closer to home?

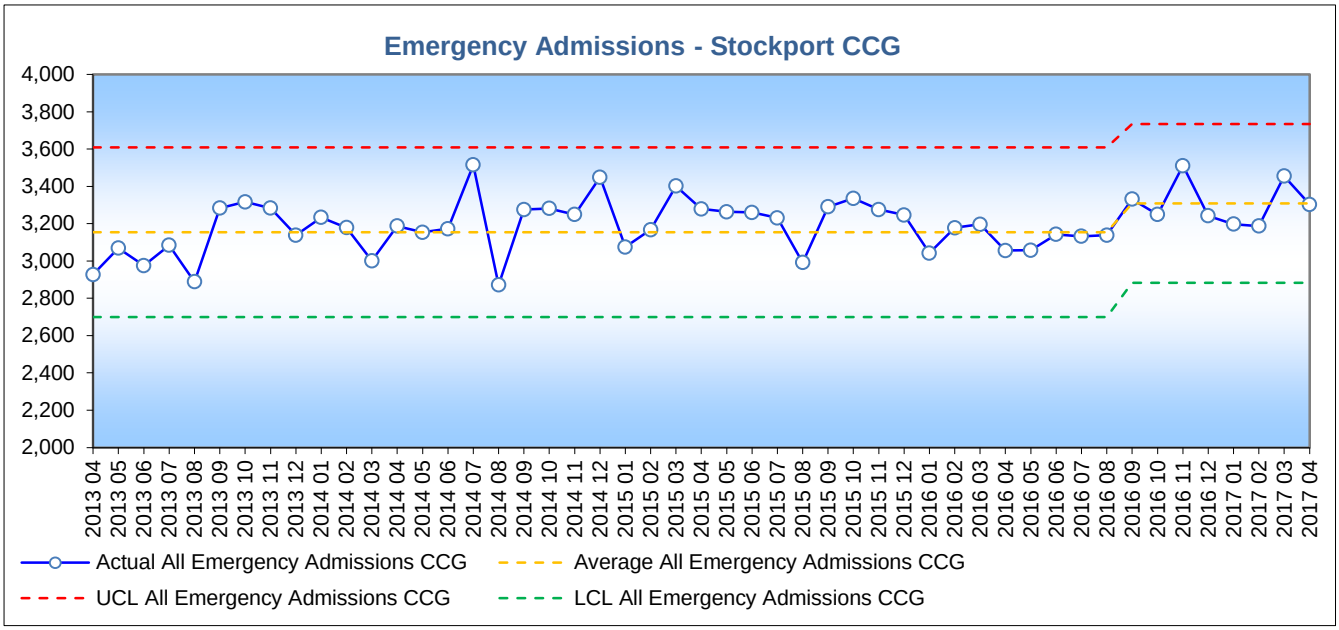
## 4. Are fewer people attending A&E?

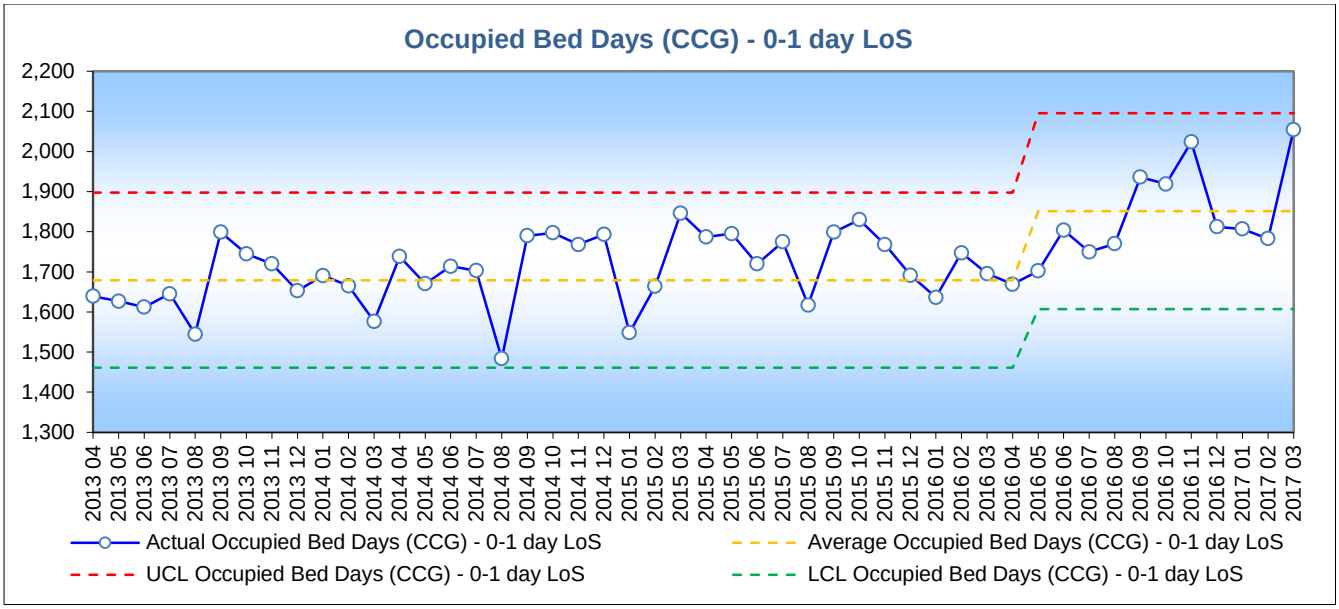
The chart below shows that the number of A&E attendances for the Stockport CCG population has increased since March 16. We would expect to see these numbers reduce as we invest in primary care access.




## 5. Are fewer people being admitted to hospital?

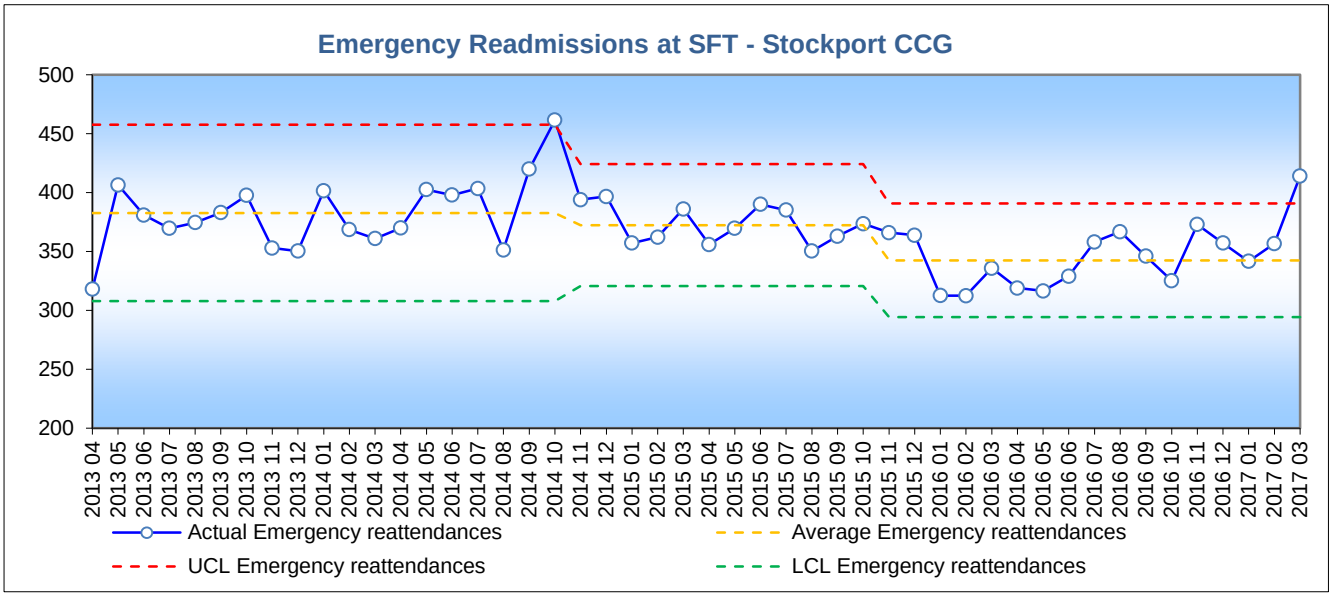
The heath and care economy aims to reduce emergency hospital admissions by 30% for those most at risk of admission. Stockport is an outlier nationally in emergency admissions. Since September 16, the control chart shows an increase in emergency admissions. This can be demonstrated to be restricted to 0-1 day length of stay admissions. We are assessing the causal link between this increase and recent increases in ambulatory care capacity. If proven this would represent progress in Stockport Together implementation.





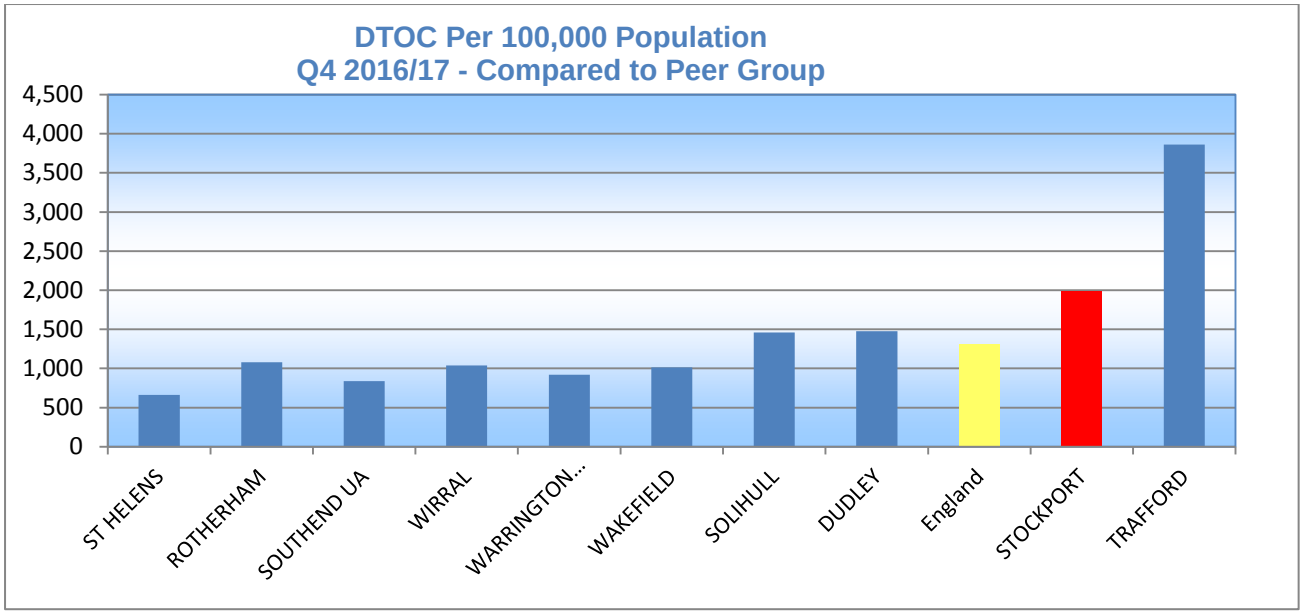

## 6. Are fewer people being readmitted to hospital as an emergency?

The chart below shows that there has been a reduction in emergency readmissions at Stockport FT for the Stockport CCG population, since late 2014. The recent trend since November 2016, is for an increase in readmissions but this is not yet sufficient to amend the control limits.

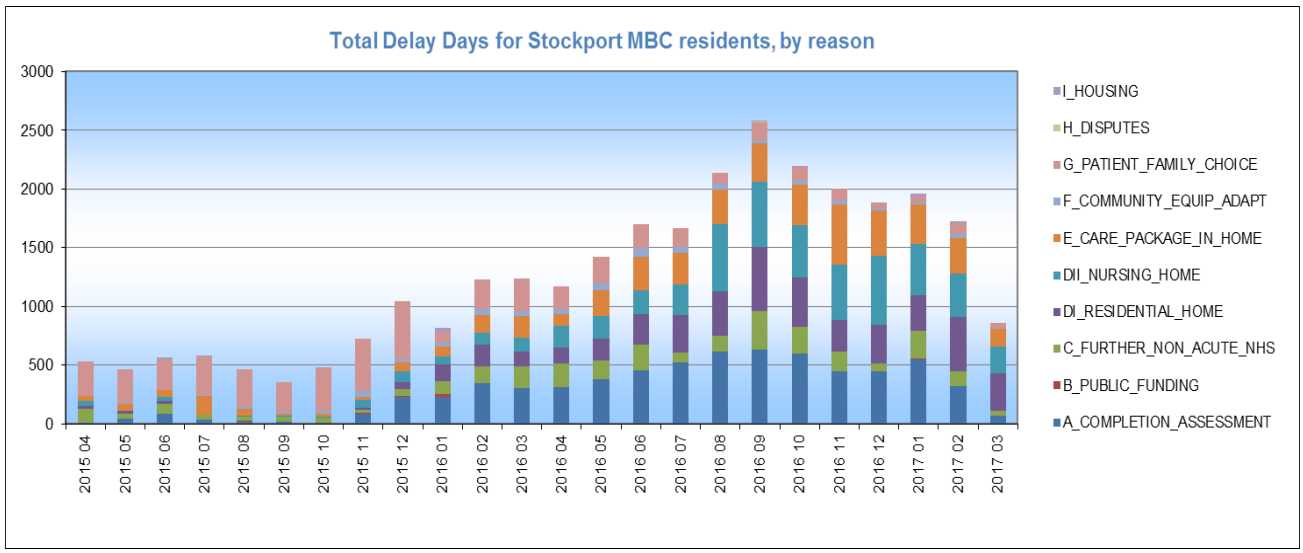



## 7. Are people being discharged from hospital when they should be?

In Q4 2016/17 Stockport's DTOC rate per 100,000 OF population was above the national average and was also high in relation to its peer group, as shown in the chart below. The second chart below shows that we should expect this benchmarked position to improve in Q1 2017/18 if the March 2017 levels are maintained and improved.




The chart below shows that the increase in the number of days that patients are delayed in the transfer of care from hospital peaked in September 2016. Since then, the number of delayed days has reduced and by March 17 had returned to a level that should be consistent with the peer group average. The March 17 level is anticipated to be maintained and improved upon in Q1 2017/18.



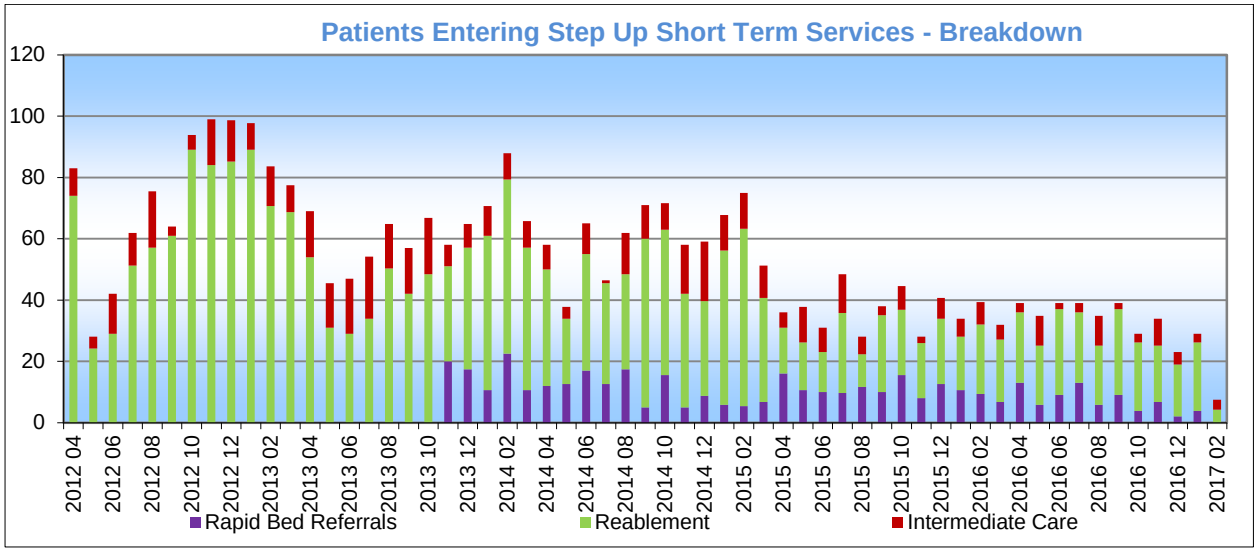

There remain a number of challenges within the current care market in relation to capacity not meeting requirements both in relation to volume, suitability and quality. There are a number of factors that have led to this situation and a number of risks that have been identified that will need to be addressed and managed in the short term and in the longer term through the development of the Adult Social Care commissioning strategy. Challenges identified include the ability to recruit and retain a quality workforce; the significant self-funder customer base that are able to pay for their own care or that of a family member at a premium rate; the volume and complexity of individuals needs that require support from the market.

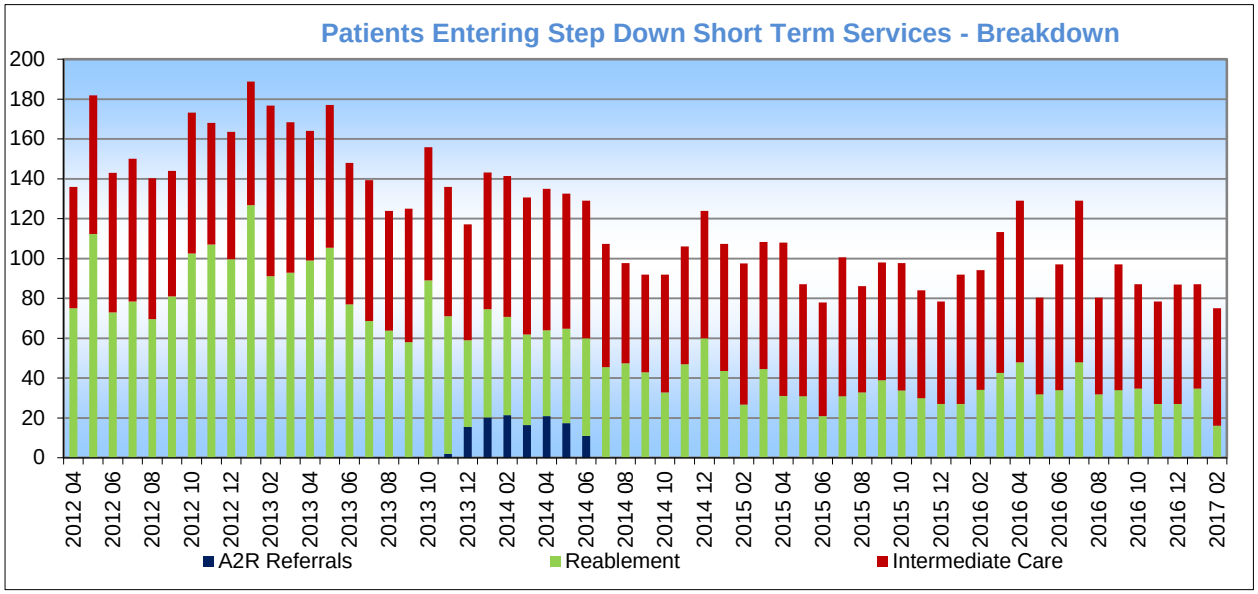
Stockport Council spends more on Adult Social Care per head of Adult population than other GM Authorities. It is ranked first in the North West in relation to the proportion of people receiving long term support in the community and the proportion receiving community based services through a direct payment. Over the two years there has been a year on year growth in the provision of home care in excess of 10% per annum. This has included additional services being commissioned specifically to support DTOC. The council continues to prioritise the identification of packages to support discharges form hospital and continues to agree fee rates significantly above its usual fee rates to support discharge.

Priority areas have been agreed in the short, medium and longer term to address immediate capacity issues, to understand the reason for what appears to be the greater demand for services, and to develop the market to deliver the requirements for the future linked to the Stockport Together new models of care.

## 8. Are more people accessing Intermediate Care services (instead of being in hospital)?

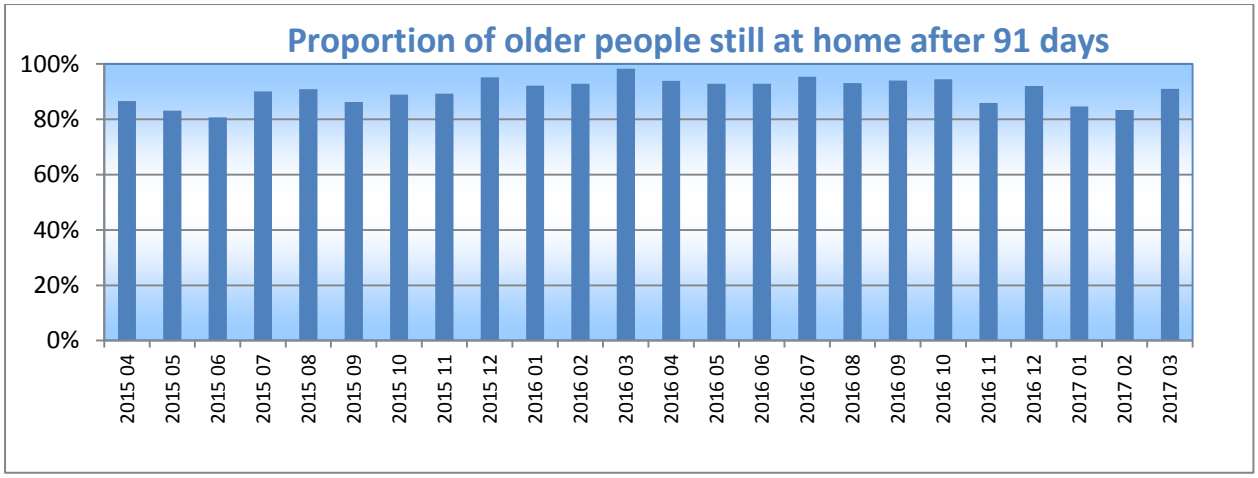
The charts below shows that there is a declining trend in the number of people using 'step-up' and 'step-down' services. We would expect the 'step-up' trend to increase and the 'step-down' trend to decrease as more people are supported outside of hospital.



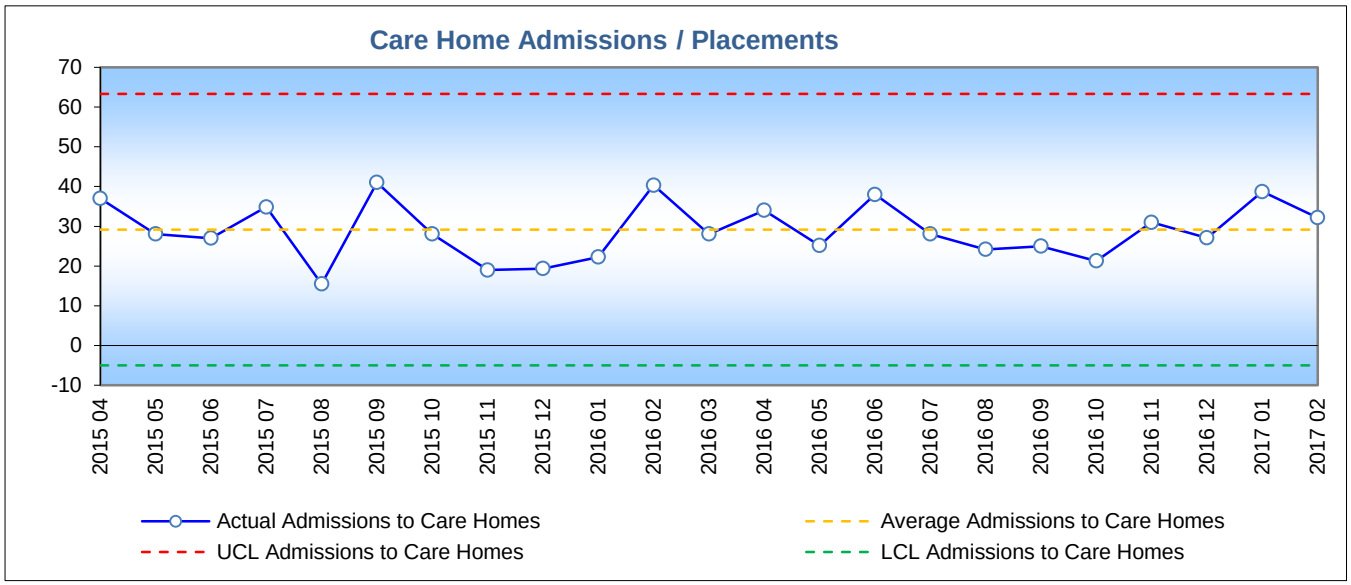

## 9. Are people still at home after reablement/rehabilitation services?

The chart below shows a consistent proportion of people still at home 91 days of receiving reablement services.



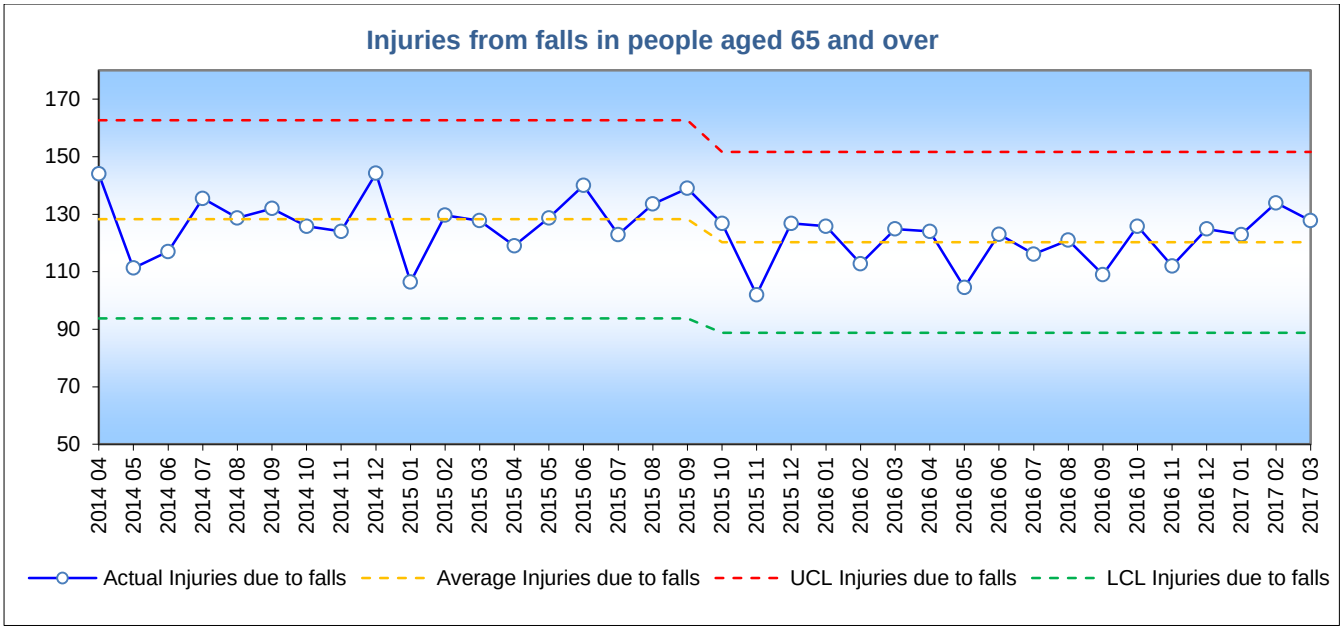

## 10. How many of the Stockport population are admitted to residential and nursing care?

The chart below shows the number of admissions to residential and nursing care has not shown a statistical change since April 2015.




## 11. Are falls resulting in harm reducing?

The graph below shows that there has been a reduction in the number of admissions for the Stockport CCG population for injuries and harm resulting from a fall in the last two years. The most recent four months have been above the average but this is not yet significant.

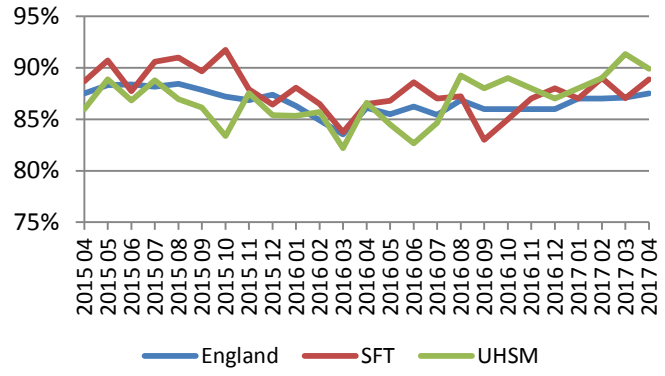



## 12. Are people reporting an improved experience of services?

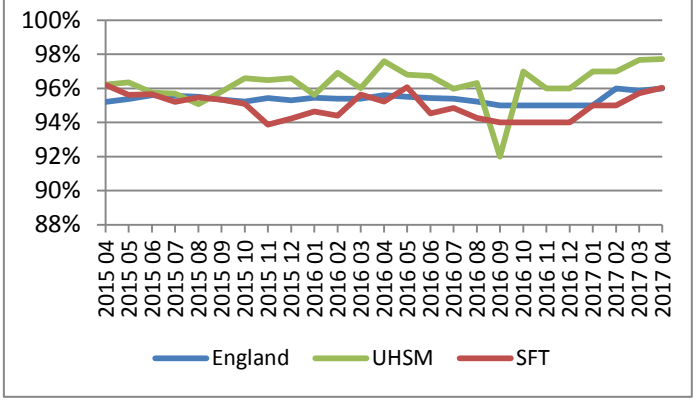
Patient experience is shown by Provider and is not possible to aggregate into a summary chart. The charts below show Friends and Family results for Stockport Foundation Trust, University Hospital of South Manchester, Pennine Care Foundation Trust and Stockport GPs. Each line represents the proportion of people/carers who are 'extremely likely' or 'likely' to recommend the service.

It is difficult to discern clear trends on the majority of data but it appears that SFT community and outpatient services have been consistently below the England average. GP services have consistently remained at or above the national average.

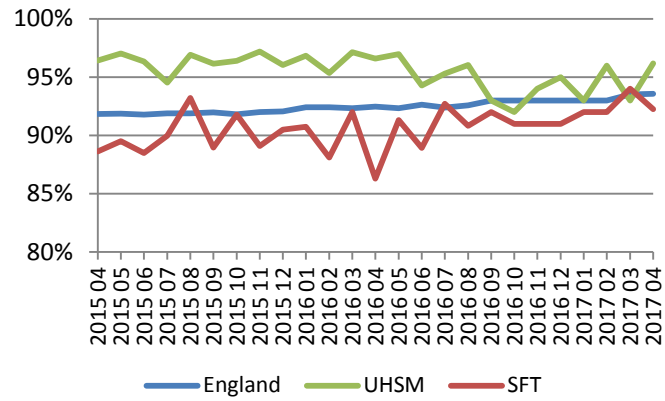
## A&E Services



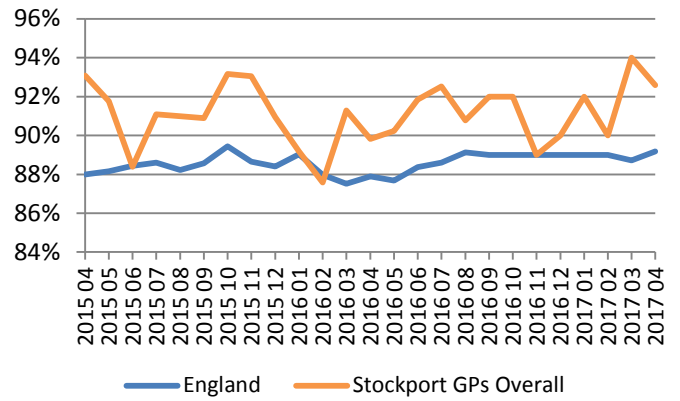

## Inpatient Services



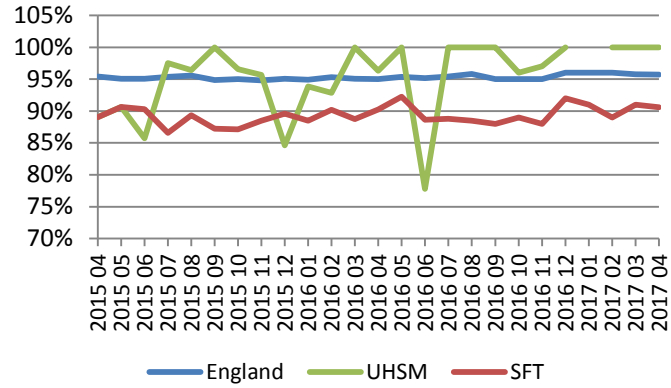

## Outpatient Services




## GP Services




## Community Services




## Mental Health Services

