



CQC Local System Data Summary: Older people's pathway

Birmingham Local Authority

Date produced: 28/09/18

Context

The data profile draws on analysis of CQC and other data to help identify issues within/across the health and care systems in a local area. It is focused on care for older people (aged 65+) residing within the local authority, however some indicators are for the whole adult population. It includes information on the activity and levels of provision, quality, staffing and user experience of adult social care and activity through acute hospitals. The profile should be read in conjunction with the technical appendix also supplied for guidance on interpreting indicators.

Analysis featured within the profile is predominantly at local authority (LA) level. Where data can not be sourced at LA level it has been aggregated up from a lower level or mapped to the relevant LA.

Where possible, information for the area of interest is presented alongside information for its 'comparator group' as well as national data. The comparator group is made up of the 15 LAs deemed 'most similar' to the LA of interest in terms of demographics and geography. More information on the 'Comparator Group' can be found in the Appendix on slide 29.

For some measures, statistical analysis has been undertaken to determine whether the LA of interest is significantly better or worse compared to the national average. Further information on our statistical analysis can be found in the Appendix on slide 30 at the end of the slide deck.

Time periods for each dataset are referenced on each slide or in the technical appendix. Where population figures are used these are ONS mid year estimates published for the relevant year.

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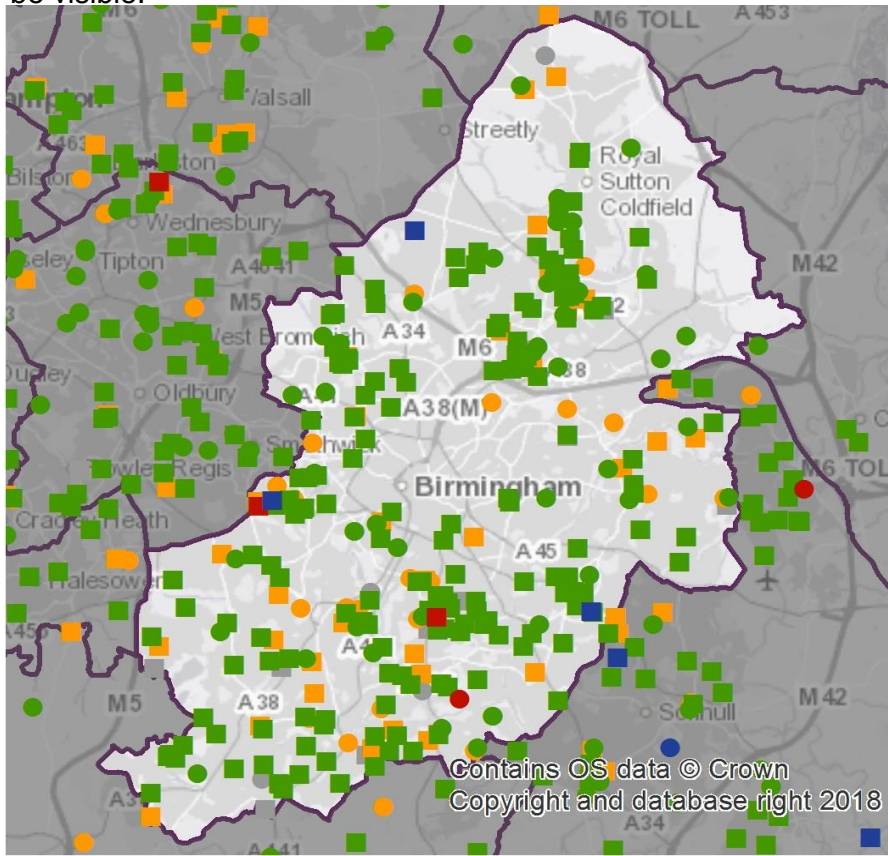
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Ratings - adult social care



This map shows the overall ratings of active adult social care locations in Birmingham. There may be multiple locations in one position so not all location may be visible.



Data accessed from CQC data on: 28/09/18

Nursing homes - see circles on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	1% (1)	32% (25)	57% (44)	0% (0)	9% (7)
Comparators	3%	33%	57%	0%	7%
England	2%	23%	66%	3%	6%

Residential care homes - see squares on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	1% (2)	19% (44)	74% (174)	1% (3)	5% (12)
Comparators	1%	15%	76%	1%	7%
England	1%	14%	77%	2%	5%

Domiciliary care agencies - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	15% (32)	50% (106)	0% (1)	35% (74)
Comparators	0%	12%	58%	2%	28%
England	1%	10%	63%	2%	24%

Community care services - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	16% (9)	62% (36)	0% (0)	22% (13)
Comparators	0%	7%	71%	2%	19%
England	0%	8%	69%	3%	20%

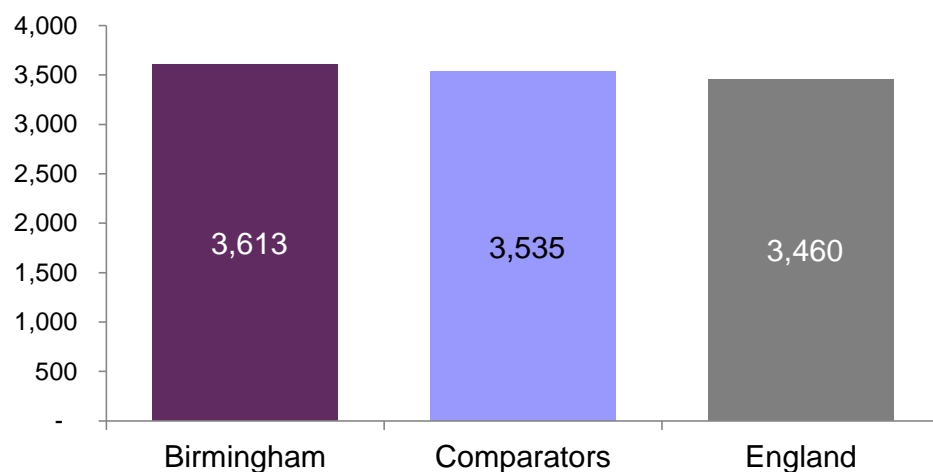
*R.I. = Requires improvement

Numbers in brackets are the number of locations.

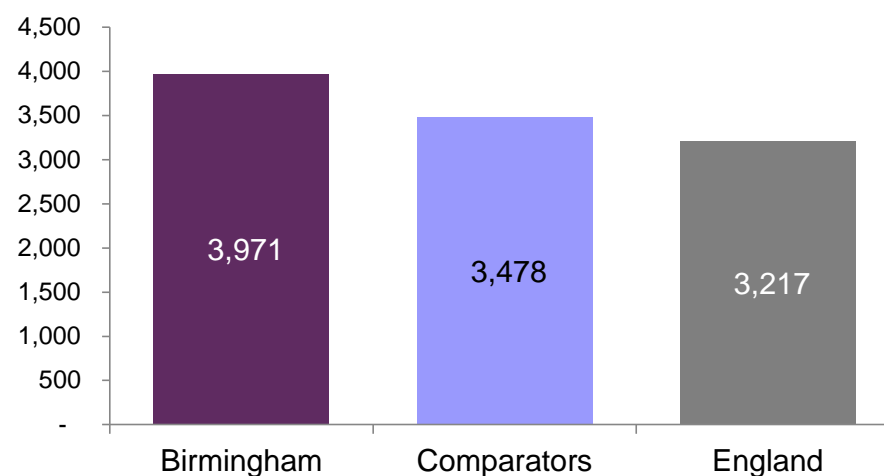
Service provision - adult social care service provision



Residential care beds per LA population (65+)



Nursing care beds per LA population (65+)

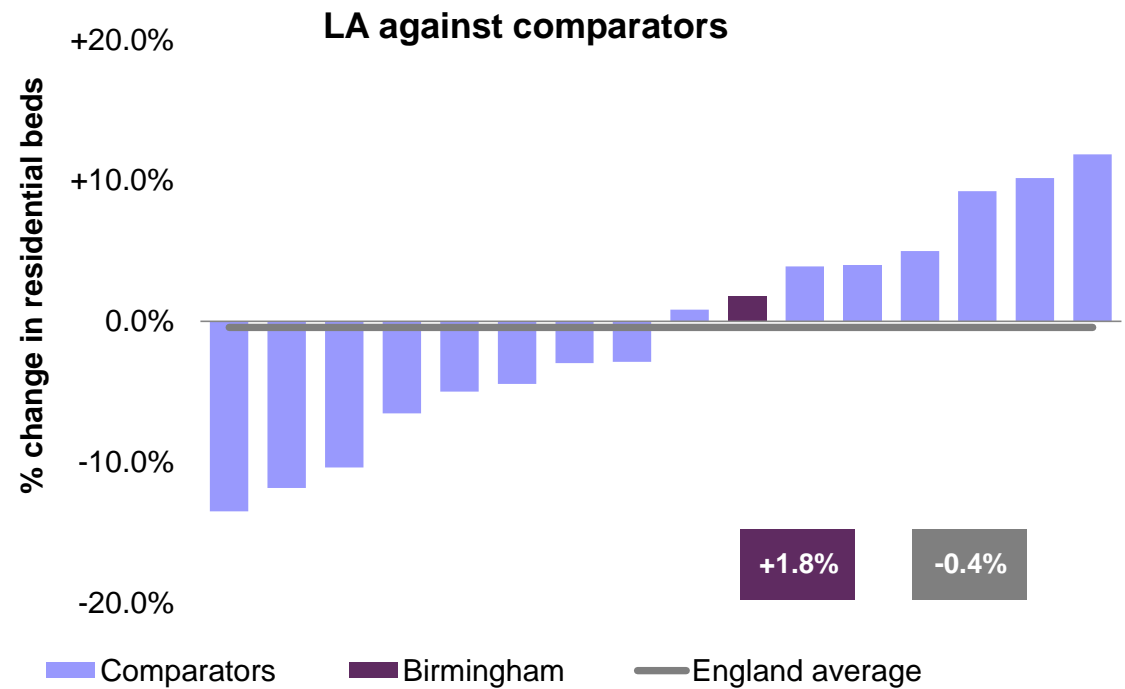
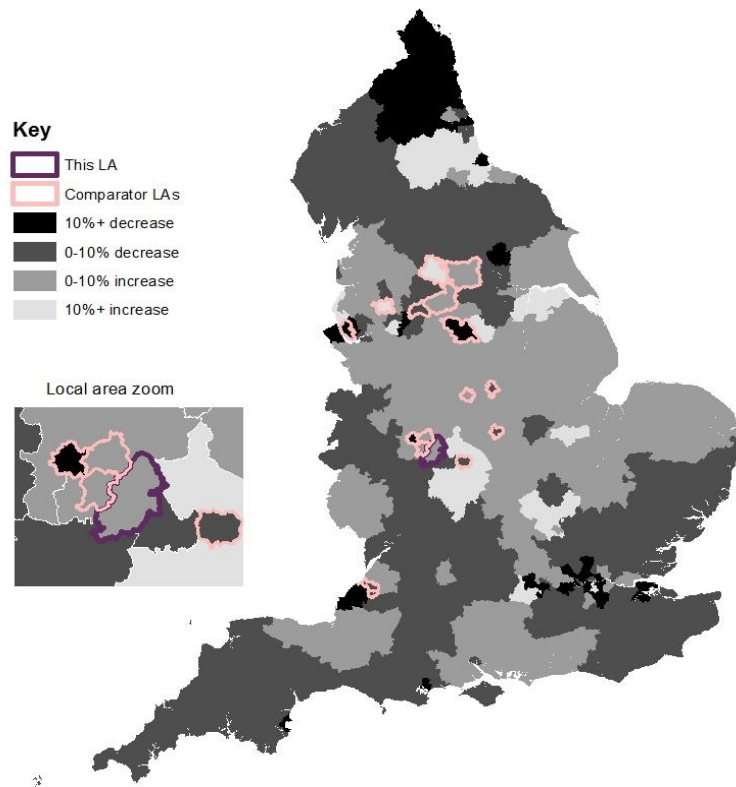


This slide shows the number of residential and nursing care home beds for the population of Birmingham LA as at 28/09/18. The comparator group and England bars represent the number of care home beds available across those areas if their populations were scaled to the same size as Birmingham's population. Population figures are ONS mid year estimates published for 2017.

Service provision - change in residential care bed numbers

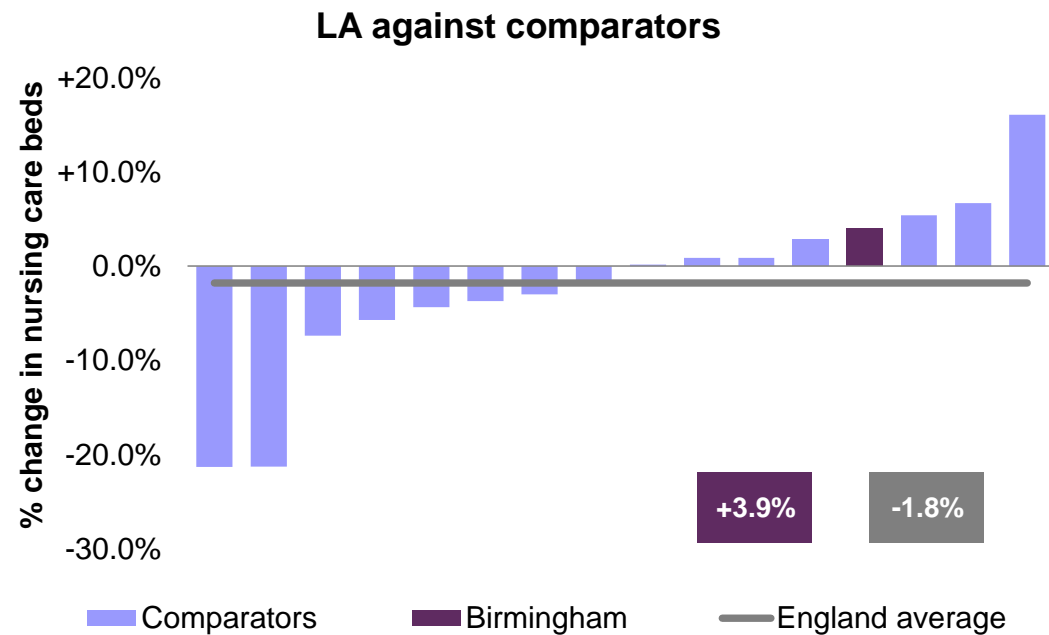
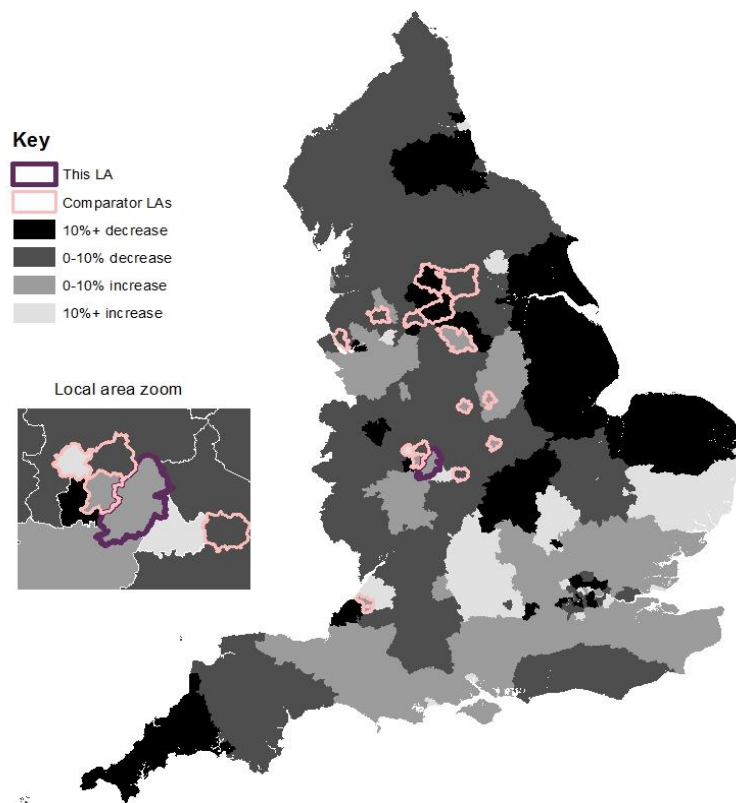


This map represents the change in the number of residential care home beds between April 2015 and April 2018, as recorded by CQC's Health and Social Care Act register. Birmingham LA is outlined in bold as well as its 15 comparator local authorities. The bar chart also shows the percentage change in the number of residential care home beds and where Birmingham LA sits relative to its comparator LAs and England overall.



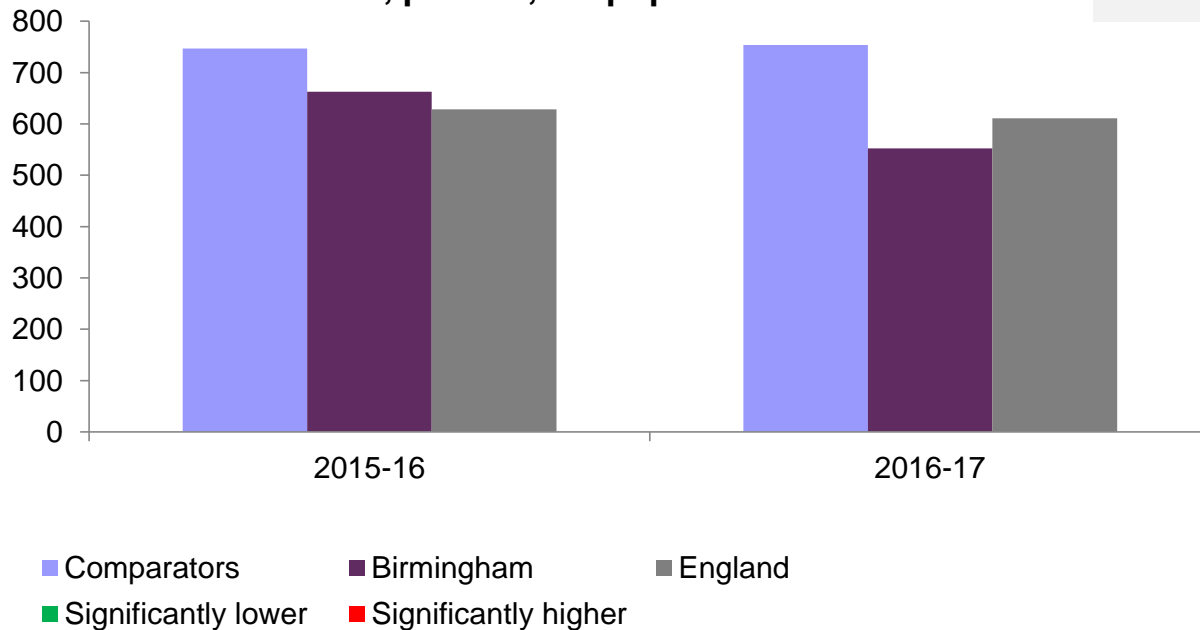
Service provision - change in nursing care bed numbers

This map represents the change in the number of nursing care home beds between April 2015 and April 2018, as recorded by CQC's Health and Social Care Act register. Birmingham LA is outlined in bold as well as its 15 comparator local authorities. The bar chart also shows the percentage change in the number of nursing care home beds and where Birmingham LA sits relative to its comparator LAs and England overall.



Service provision - admissions to care homes

Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population



	15/16	16/17
Birmingham	663	552
Comparators	747	754
England	628	611

Local Authority	16/17
Bolton	1355
Nottingham	1030
Oldham	1001
Wolverhampton	895
Bristol, City of	885
Sandwell	836
Sheffield	824
Liverpool	815
Leicester	692
Walsall	624
Leeds	616
Coventry	608
Derby	572
Bradford	571
Birmingham	552
Kirklees	450

This slide shows the rate of council-supported older people (aged 65+) whose long-term support needs were met by a change of setting to residential or nursing care during the year per 100,000 population. This data is taken from the Adult Social Care Outcomes Framework (ASCOF).

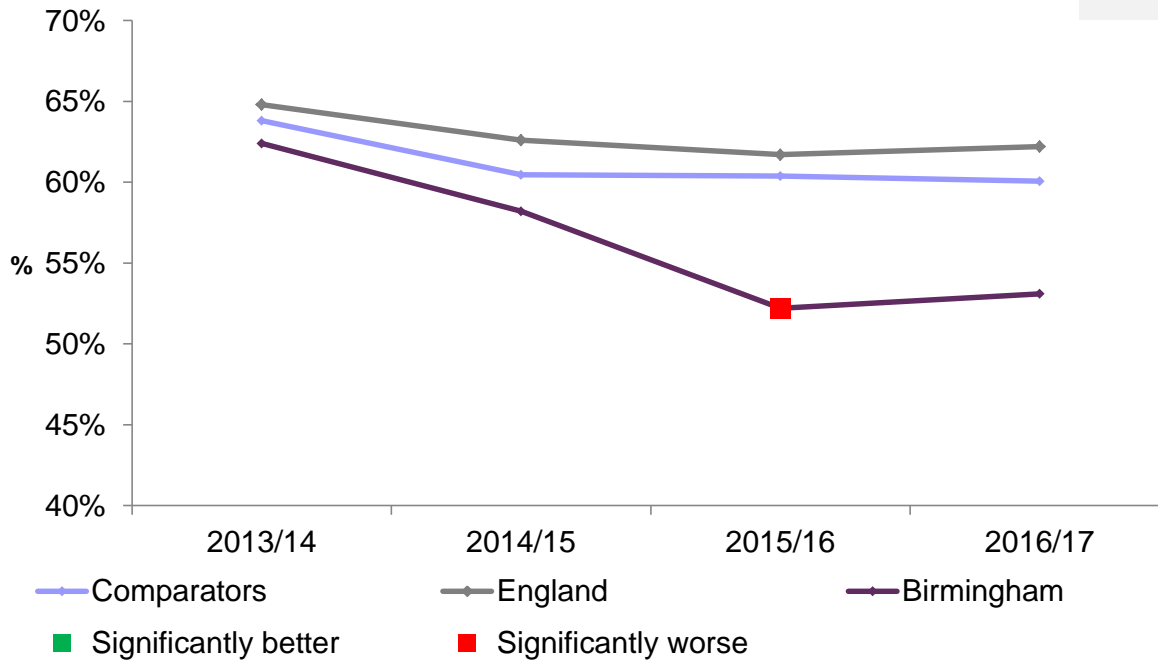
Avoiding permanent placements in care homes is a good measure of delaying dependency, and this measure supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups an admission to residential or nursing care can represent an improvement in their situation.

The top table includes the comparator average while table on the right shows value for each comparator LA.

Experience - satisfaction with adult social care



Overall satisfaction of people who use services with their ASC care and support



	13/14	14/15	15/16	16/17
Birmingham	62%	58%	52%	53%
Comparators	64%	60%	60%	60%
England	65%	63%	62%	62%

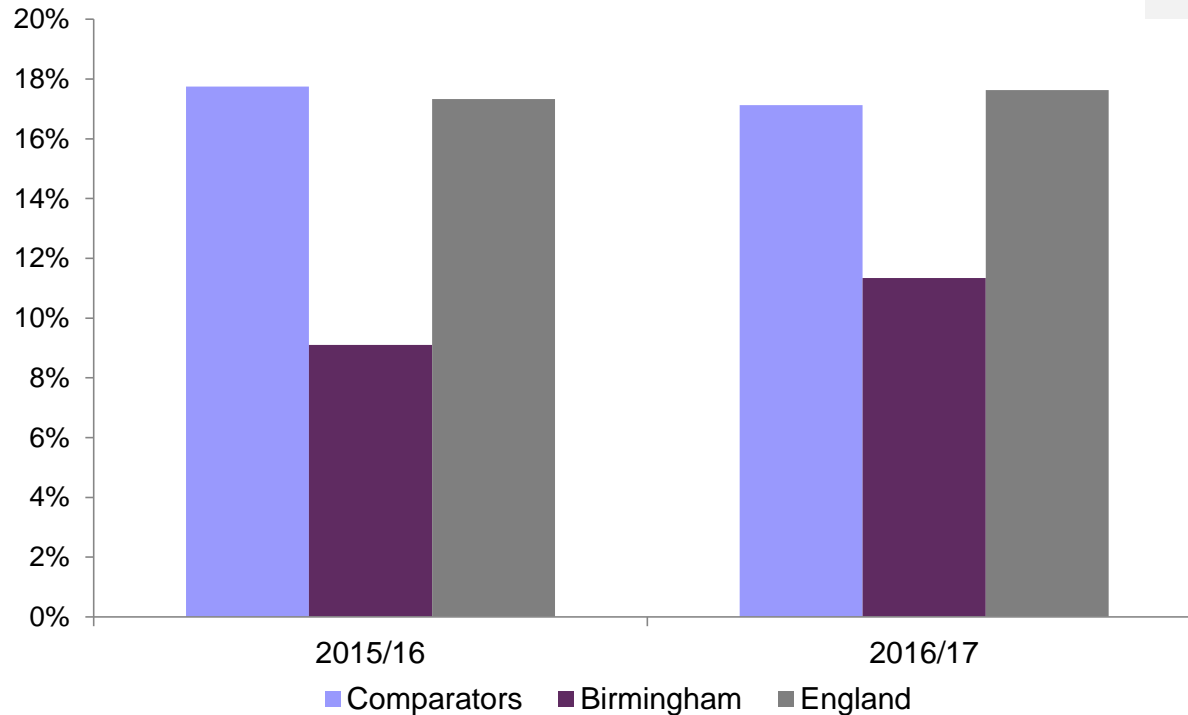
Local Authority	16/17
Nottingham	67%
Derby	65%
Bristol, City of	64%
Leicester	64%
Coventry	61%
Bradford	60%
Leeds	60%
Oldham	60%
Wolverhampton	60%
Sandwell	60%
Kirklees	59%
Bolton	59%
Sheffield	58%
Walsall	57%
Birmingham	53%
Liverpool	50%

This slide shows the level of satisfaction of older people with the adult social care services they use in Birmingham compared to those living in Birmingham's comparator LAs and the national average. This data is taken from the Adult Social Care Outcomes Framework (ASCOF). Satisfaction with services is directly linked to a positive experience of care and support. Analysis of surveys suggests that reported satisfaction with services is a good predictor of the overall experience of services.

The top table includes the comparator average while table on the right shows value for each comparator LA.

Service provision - direct payments for adult social care

Percentage of ASC service users aged 65+ who receive direct payments



	15/16	16/17
Birmingham	9.1%	11.3%
Comparators	17.7%	17.1%
England	17.3%	17.6%

Local Authority	16/17
Leicester	33%
Sandwell	26%
Walsall	24%
Derby	23%
Sheffield	20%
Bristol, City of	19%
Bolton	19%
Kirklees	16%
Nottingham	15%
Coventry	14%
Leeds	13%
Liverpool	12%
Wolverhampton	11%
Birmingham	11%
Oldham	11%
Bradford	6%

This slide shows the proportion of people aged 65+ who were accessing long-term adult social care support at the end of March each year who were receiving direct payments. This data is taken from the Adult Social Care Outcomes Framework (ASCOF).

The top table includes the comparator average while table on the right shows value for each comparator LA.

Staffing - adult social care turnover and vacancy



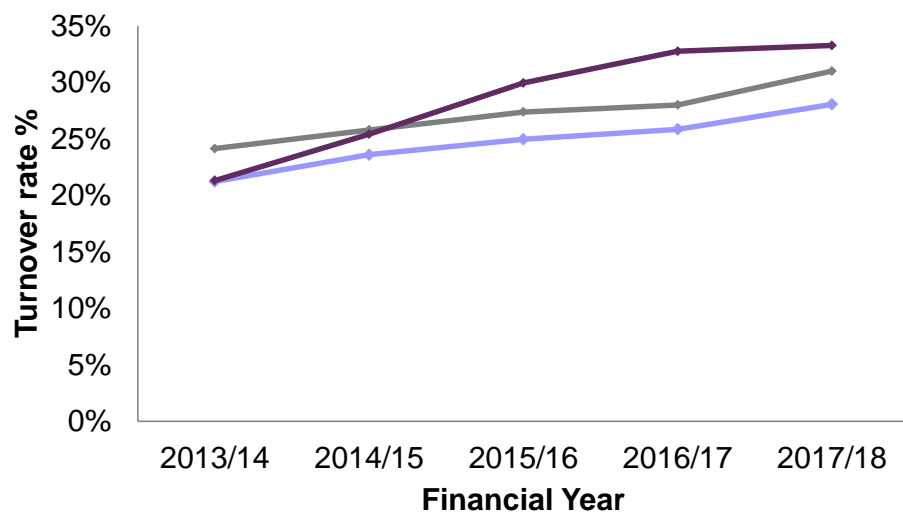
Turnover rates

Area	13/14	14/15	15/16	16/17	17/18
Birmingham	21.3%	25.4%	29.9%	32.8%	33.3%
Comparators	21.2%	23.6%	25.0%	25.9%	28.1%
England	24.1%	25.8%	27.4%	28.0%	31.0%

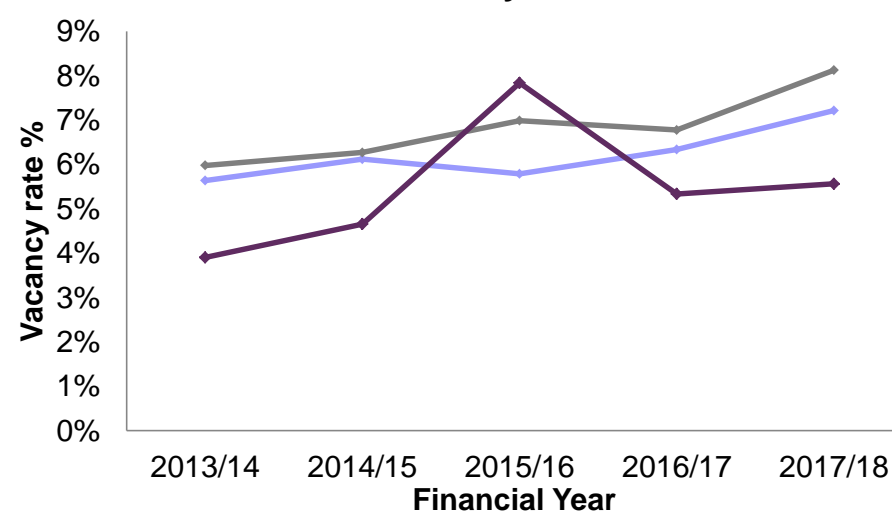
Vacancy rates

Area	13/14	14/15	15/16	16/17	17/18
Birmingham	3.9%	4.7%	7.8%	5.3%	5.6%
Comparators	5.6%	6.1%	5.8%	6.3%	7.2%
England	6.0%	6.3%	7.0%	6.8%	8.1%

ASC staff turnover rates 2013 - 2018



ASC staff vacancy rates 2013 - 2018



◆ Comparators ◆ England ◆ Birmingham
■ Significantly better ■ Significantly worse

◆ Comparators ◆ England ◆ Birmingham
■ Significantly better ■ Significantly worse

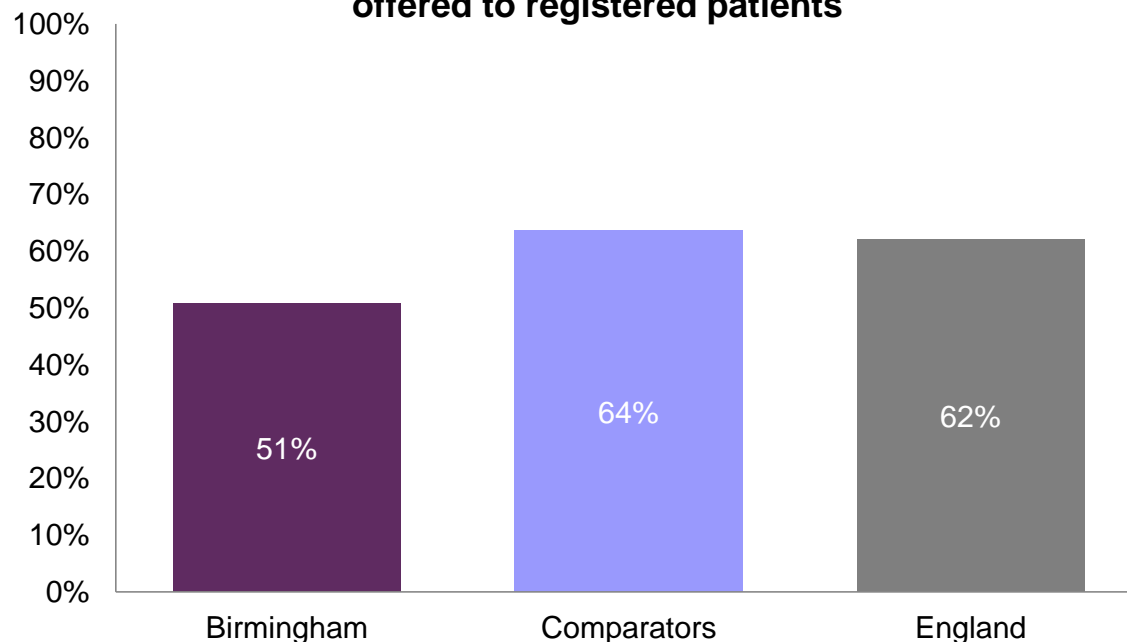
This slide provides information on estimated levels of staff turnover and vacancies within adult social care services in recent years. These estimates are developed by the Workforce Intelligence team at Skills for Care using data supplied by adult social care organisations. Data may be subject to data quality and completeness issues. Data supplied directly to CQC by Skills for Care in July 2018.

Service provision - GP extended access



Count of GP Practices	179	Full Provision	Partial Provision	No Provision	No Data returned
Birmingham		35%	41%	21%	3%
Comparators		40%	44%	13%	3%
England		39%	46%	11%	4%

Percentage of maximum potential extended access offered to registered patients



Extended access is the offer, to registered patients of a practice, of pre-bookable appointments outside of core contractual hours, either in the early morning, evening or at weekends. CCGs are required to provide extended access to GP services, including at evenings and weekends, for 100% of their population by 1 October 2018

Responses are classified into the following categories:

- **Full provision** - access to pre-bookable appointments on Saturdays, Sundays, and on each weekday for at least 1.5 hours either through the practice or a group of which the practice is the member
- **Partial provision** - access to pre-bookable appointments on at least one day of the week, through the practice or a group of which the practice is a member
- **No provision** - patients have no access to pre-bookable appointments outside of core contractual hours

The graph provides a more nuanced picture by showing the extent to which extended access to GP practices is available to registered patients at the time of the survey. It is calculated by looking at the number of days on which extended access is offered in GP practices, against the number of registered patients. This is then shown as a percentage of the potential maximum extended access provision if all GP practices offered extended access to their patients on seven days each week.

This survey data is from March 2018.

LA to CCG mapping and NHSE CCG rating(s)



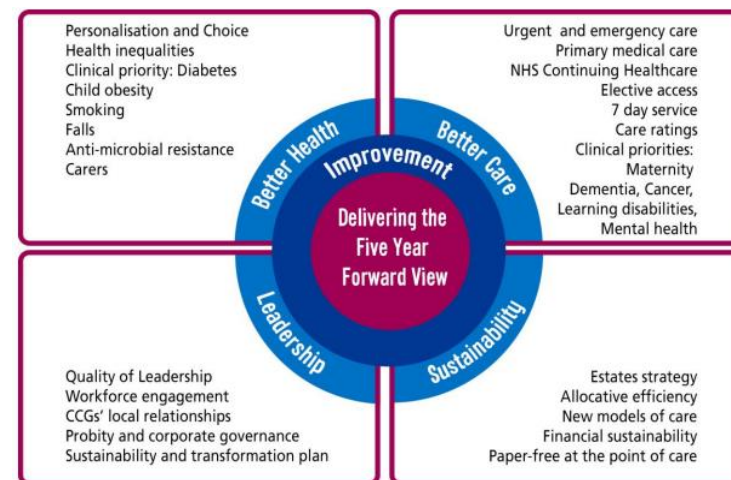
The table below details the percentage of the local authority population that is contained within the respective CCG boundaries. The table also shows the latest (2017/18) overall rating from NHS England’s annual assessment of CCGs.

LA name(s)	CCG code	CCG name	% of LA population in CCG	NHSE Rating
Birmingham	13P	Birmingham Crosscity*	53%	Good
Birmingham	04X	Birmingham South and Central*	24%	Good
Birmingham	05L	Sandwell and West Birmingham	19%	Good

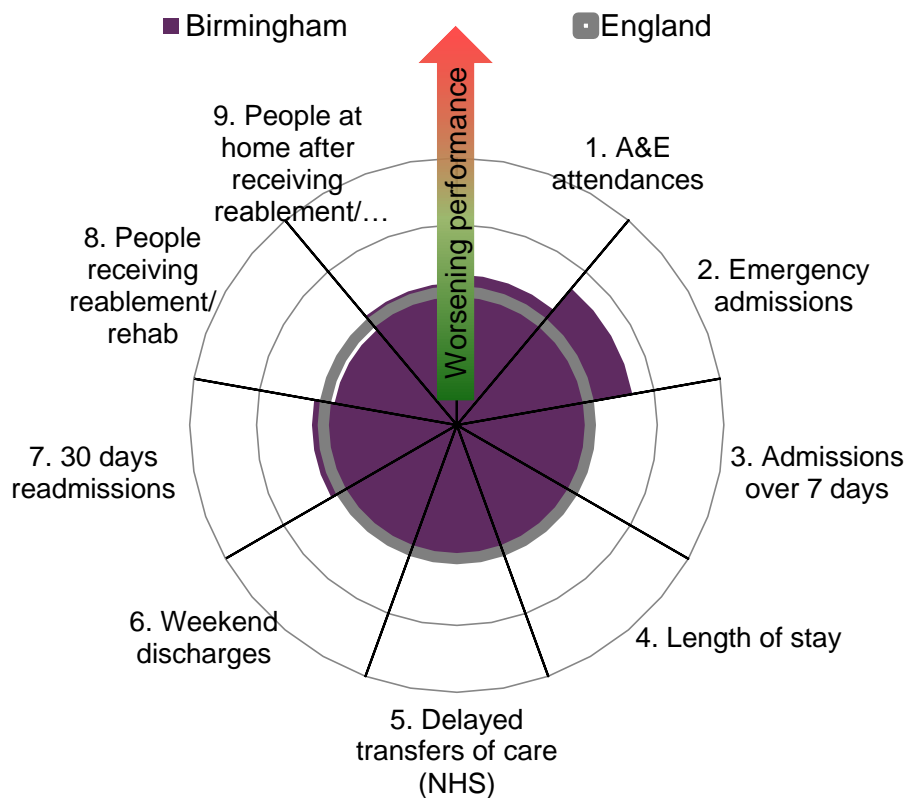
***Now part of NHS Birmingham and Solihull CCG as of April 2018**
***Now part of NHS Birmingham and Solihull CCG as of April 2018**

The NHS England Improvement and Assessment Framework (IAF) for assessing CCGs covers indicators in four areas: Better Health, Better Care, Sustainability and Leadership.

Data for indicators in the four areas can be found using this link:
<https://www.england.nhs.uk/commissioning/regulation/ccg-assess/iaf/>



Activity - acute hospital pathway



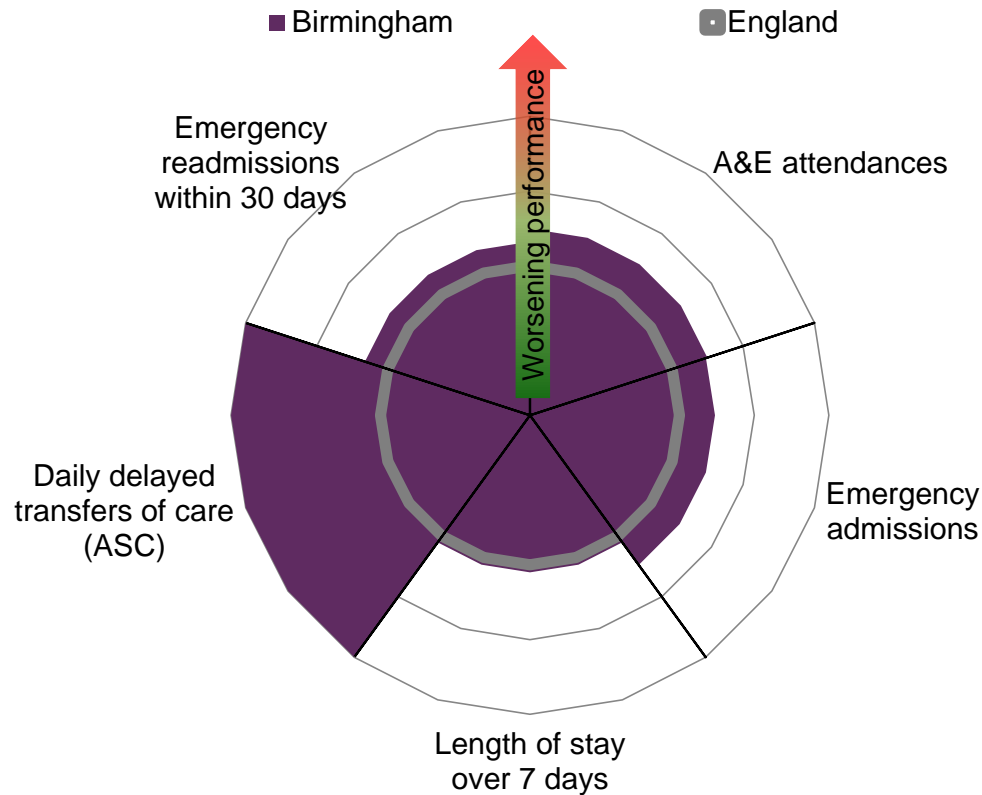
	Birmingham	England
1. A&E attendances per 100,000 population (aged 65+)	49,837	44,225
2. Emergency admissions per 100,000 population (aged 65+)	34,120	25,568
3. % of admissions that last longer than 7 days (aged 65+)	29.6%	30.2%
4. 90th percentile length of stay for non-elective admissions (in days, aged 65+)	20.0	19.7*
5. Daily delayed transfers of care attributable to NHS per 100,000 population (aged 18+)	6.9	7.1
6. % of weekend discharges, post-emergency admissions	20.0%	19.6%*
7. Emergency readmissions within 30 days of discharge (aged 65+)	20.7%	19.1%
8. Older people who receive re-ablement services post-hospital discharge (aged 65+)	2.9%	2.7%
9. People still at home 91 days post-discharge from hospital into re-ablement/ rehabilitation services (aged 65+)	77.5%	82.5%

*England averages calculated from percentages rather than raw values.

The shaded purple area in the dartboard represents the LA's performance relative to the average performance across England, which is denoted by the bold grey line. If the LA performance extends beyond the bold grey line then the performance of the LA is worse than the England average. Moving clockwise around the dartboard represents elements of an acute hospital pathway, through A&E attendance, to admission, discharge and re-ablement care.

Time periods differ between indicators. Full details can be found in the technical appendix.

Activity - acute hospital pathway for people in care homes



	Birmingham	England
A&E attendances from care homes per 100,000 population (aged 65+)	4,858	3,894
Emergency admissions from care homes per 100,000 population (aged 65+)	3,458	2,794
% of admissions from care homes that last longer than 7 days (aged 65+)	36.0%	34.2%
Daily rate of delayed transfers of care attributable to ASC (aged 18+)	10.46	4.37
% of emergency readmissions from care homes within 30 days of discharge (aged 65+)	23.6%	20.3%

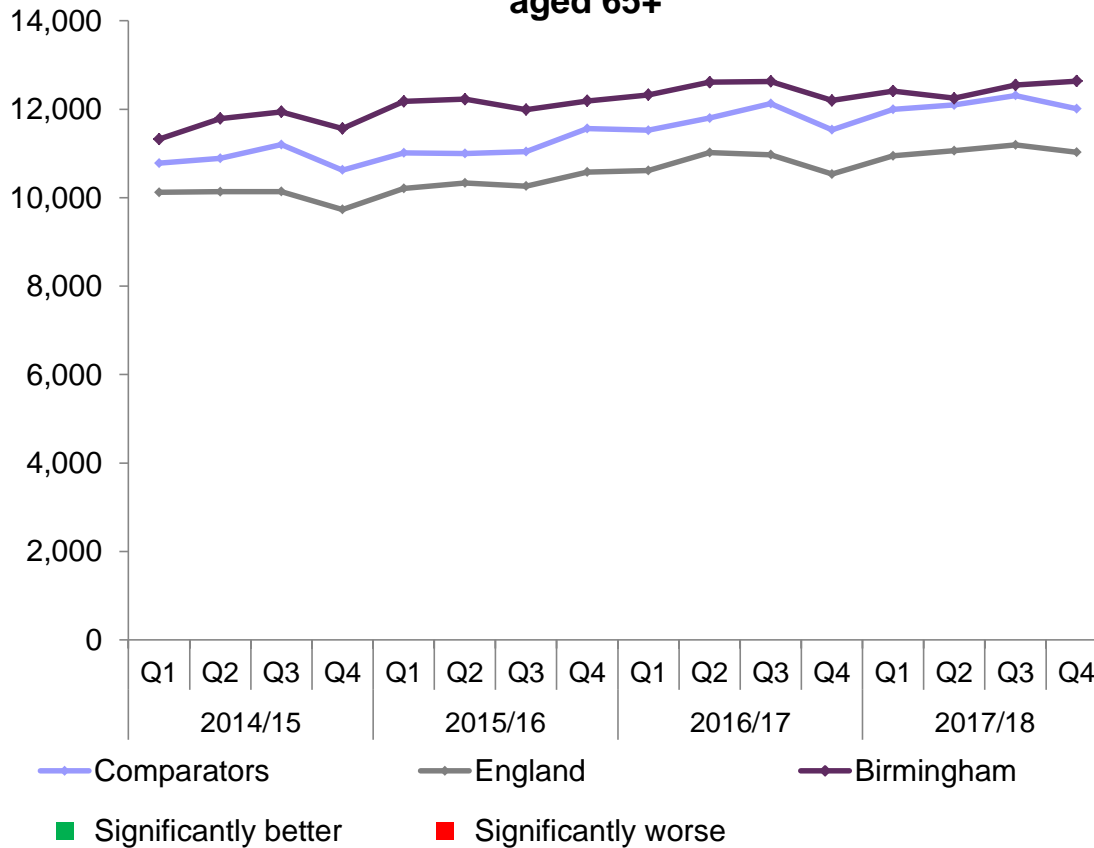
The shaded purple area in the dartboard represents the LA's performance relative to the average performance across England, which is denoted by the bold grey line. If the LA performance extends beyond the bold grey line then the performance of the LA is worse than the England average. Moving clockwise around the dartboard represents elements of an acute hospital pathway for people from care homes. The analysis of HES data uses the postcode of residence to identify hospital activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

Time periods differ between indicators. Full details can be found in the technical appendix.

Activity - A&E attendances aged 65+



Rate of A&E attendances per 100,000 population aged 65+



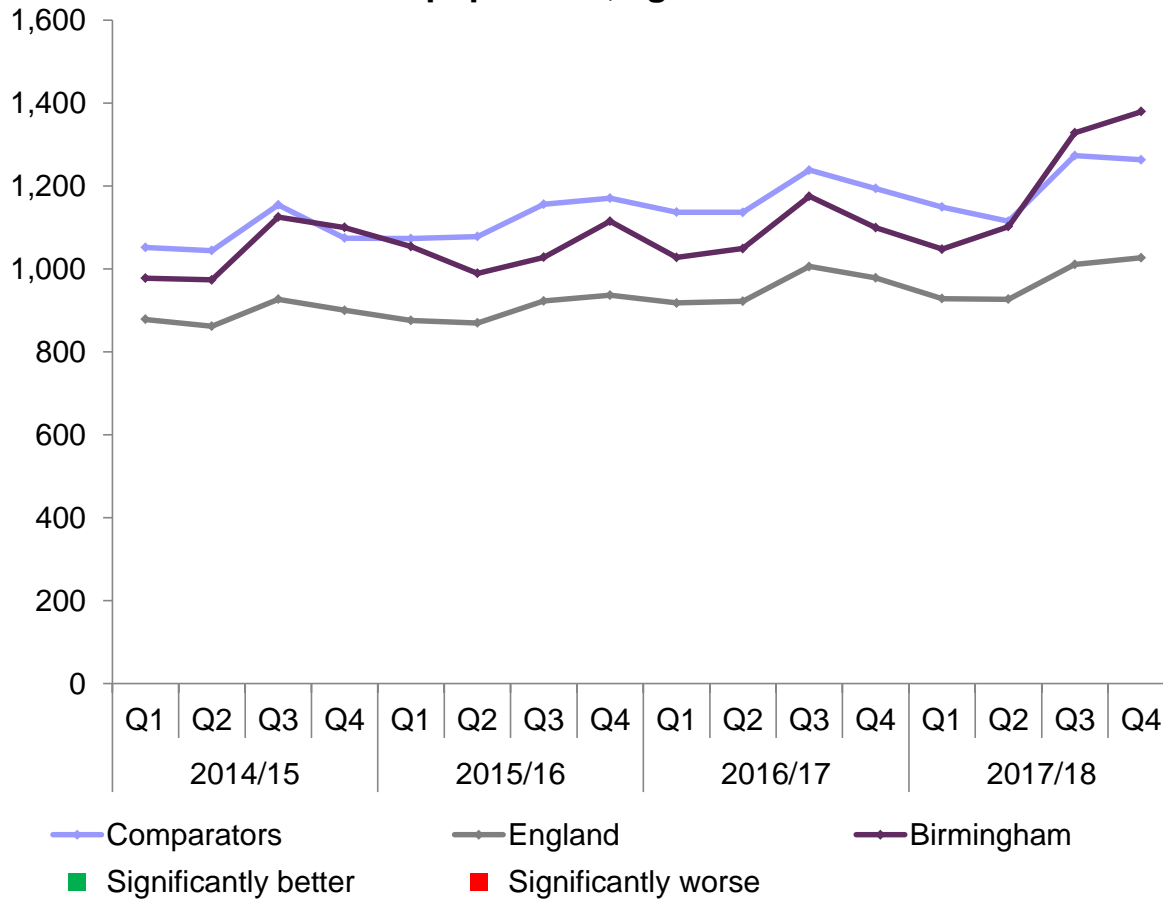
This slide shows analysis of A&E attendance rates for people aged 65+. High rates of A&E attendance may indicate problems in system working and access to primary or community care. This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 - March 2018

Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	12,409	12,247	12,546	12,635
Comparators	11,997	12,096	12,310	12,013
England	10,944	11,062	11,194	11,025

Activity - A&E attendances from care homes aged 65+



Rate of A&E attendances from care homes per 100,000 population, aged 65+



This slide shows analysis of A&E attendance rates for people aged 65+ coming from care homes. This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 - March 2018.

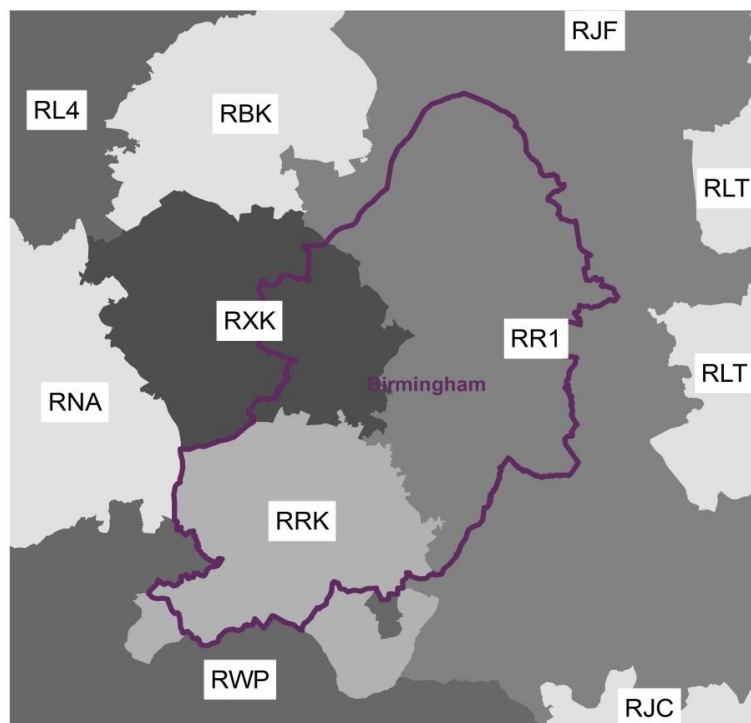
Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	1,048	1,102	1,329	1,380
Comparators	1,149	1,115	1,274	1,264
England	928	927	1,011	1,027

The analysis uses the postcode of residence to identify hospital activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

Ratings - Main acute trust(s) by local authority



Trust code	Trust name	Rating	% of LA's admissions to trust	% of trust's admissions from LA
RR1	Specialist, non-NHS or archived provider	N/A	42%	59%
RRK	University Hospitals Birmingham NHS Foundation Trust	Good	25%	68%
RXK	Sandwell and West Birmingham Hospitals NHS Trust	Requires improvement	15%	41%
RQ3	Birmingham Women's and Children's NHS Foundation Trust	Outstanding	13%	63%



The table above shows the main hospital trusts serving the LA population. Trusts are included in this list if they receive at least 10% of the LA's admissions (based on Hospital Episode Statistics (HES) activity across 2017/18).

Overall trust ratings are accurate as of 28/09/18.

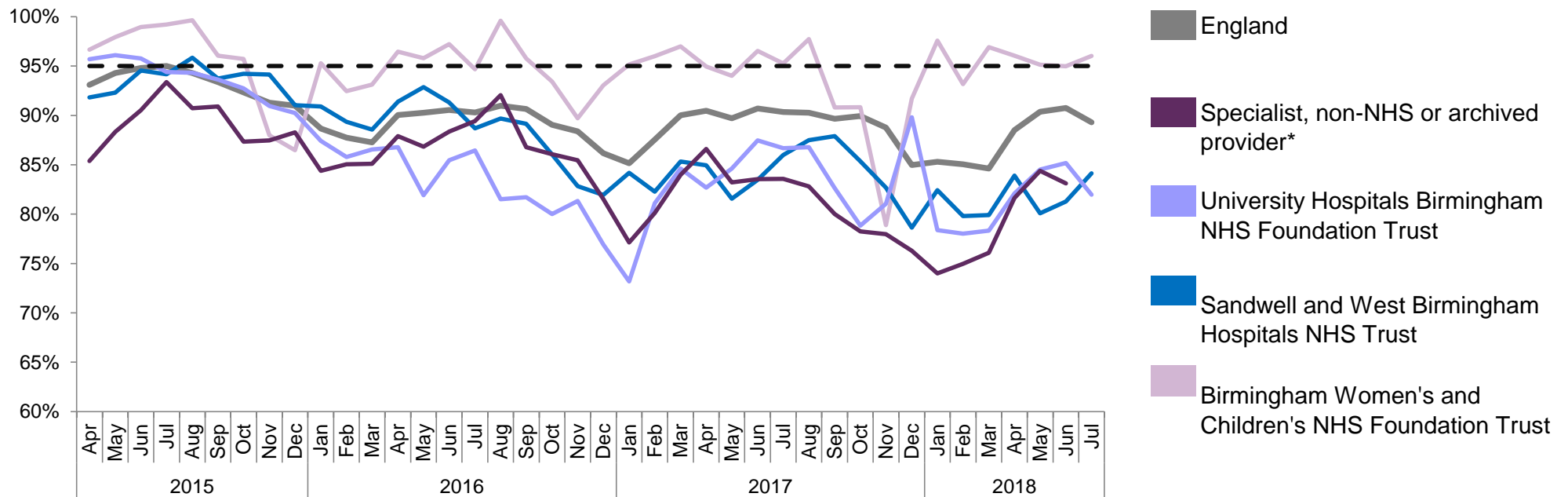
The map on the left shows the main trust(s) serving different parts of the LA (based on MSOA populations) as well as the surrounding area.

The trust boundaries are not to be seen as exclusive, rather the map serves more as a guide to which acute NHS trusts people residing in different parts of the LA are likely to access. The shading of the map does not indicate any value.

Activity - A&E four hour waits



Percentage of A&E attendances seen within 4 hours



* Data is incomplete for this trust

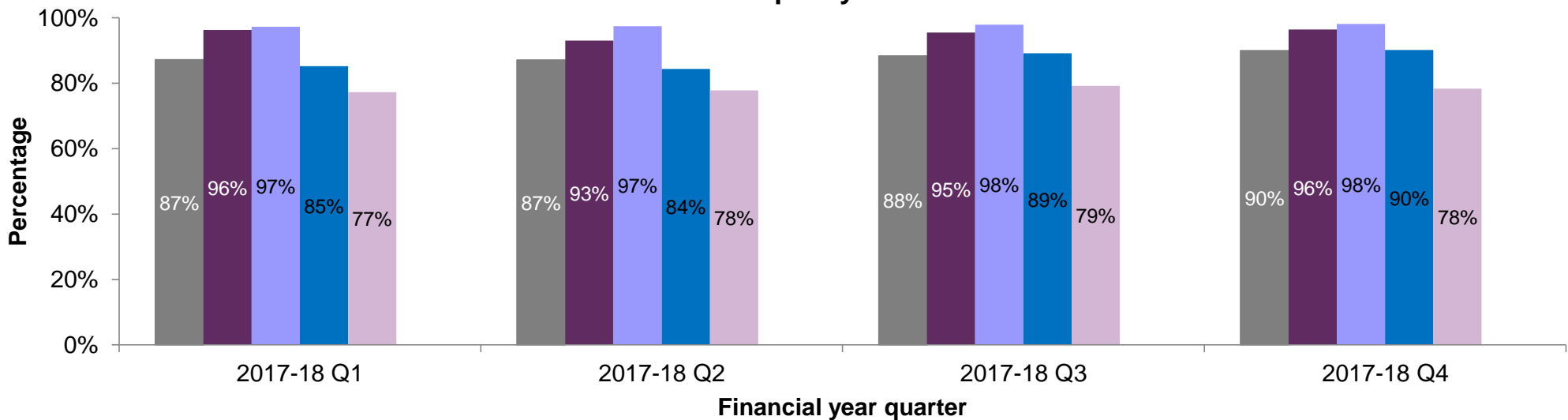
The NHS Constitution sets out that a minimum of 95% of patients attending an A&E department in England must be seen, treated and then admitted or discharged in under four hours.

A&E waiting times are often used as a barometer for overall performance of the NHS and social care system. This is because A&E waiting times can be affected by changing activity and pressures in other services such as the ambulance service, primary care, community-based care and social services.

Service provision - acute bed occupancy



Bed Occupancy Trend



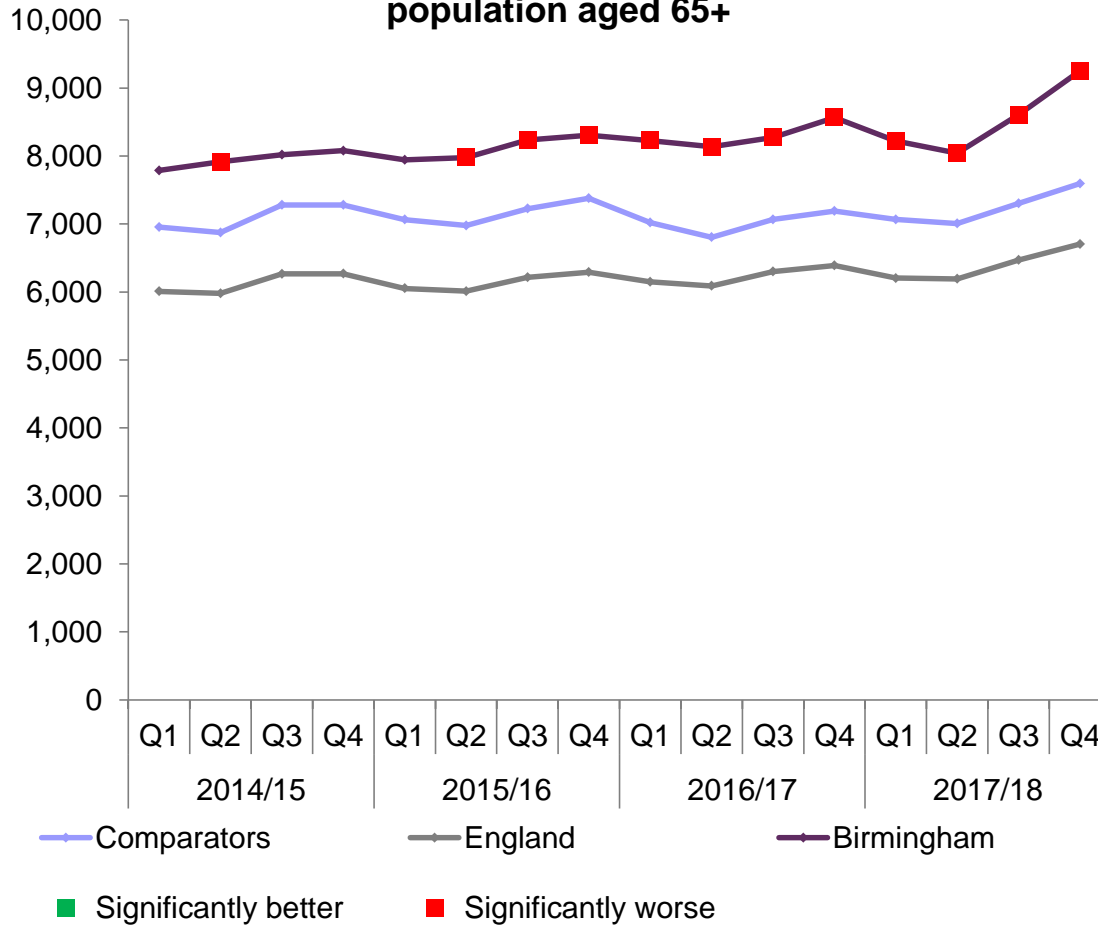
This slide shows the percentage of overnight beds that were occupied in the main trusts serving the LA in each quarter against England average figures for the quarter. Please note that England average figures for each quarter may be affected by missing data.

Although optimum occupancy rates for hospital beds may vary according to type of services offered, hospitals with average bed-occupancy levels above 85% risk facing regular bed shortages, periodic bed crises and increased numbers of health care-acquired infections.

Activity - emergency admissions aged 65+



Rate of emergency admissions per 100,000 population aged 65+



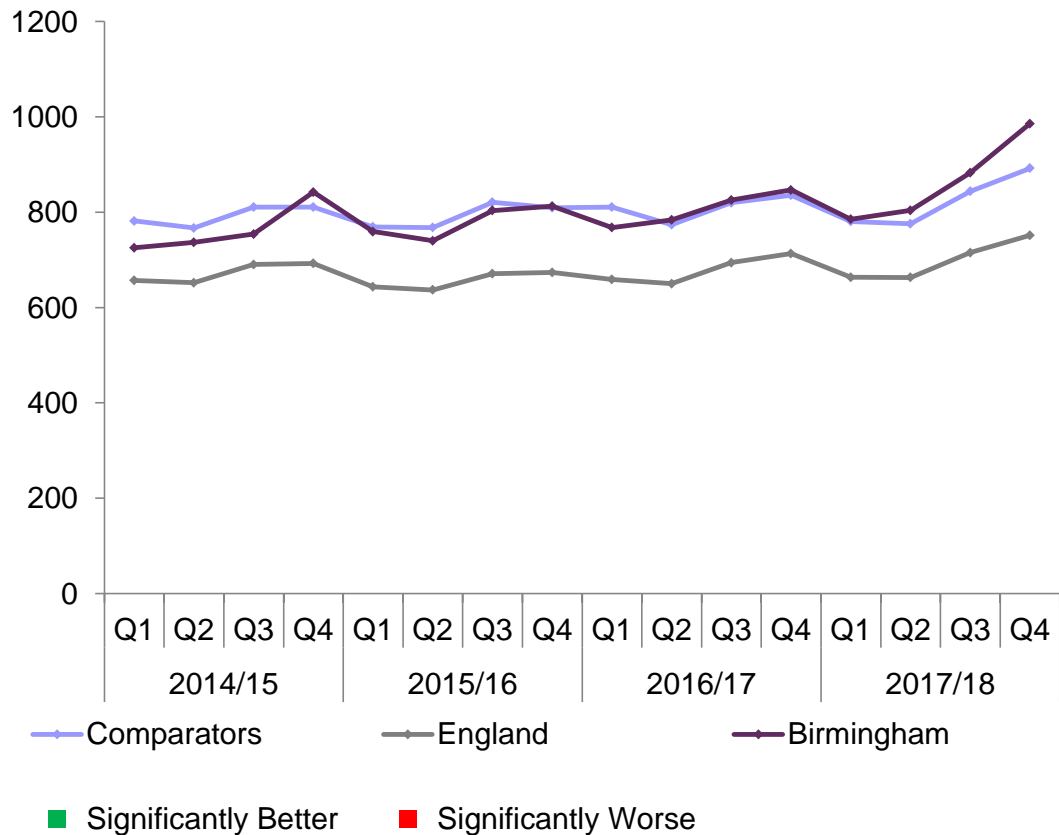
This slide shows analysis of emergency admission rates for people aged 65+. High rates of emergency admission may indicate problems with the wider health and social care system. This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 – March 2018

Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	8,221	8,042	8,606	9,251
Comparators	7,065	7,006	7,301	7,594
England	6,203	6,193	6,468	6,704

Activity - emergency admissions from care homes aged 65+



Rate of emergency admissions from care homes per 100,000 population aged 65+



This slide shows analysis of emergency admission rates for people aged 65+ coming from care homes. This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 – March 2018.

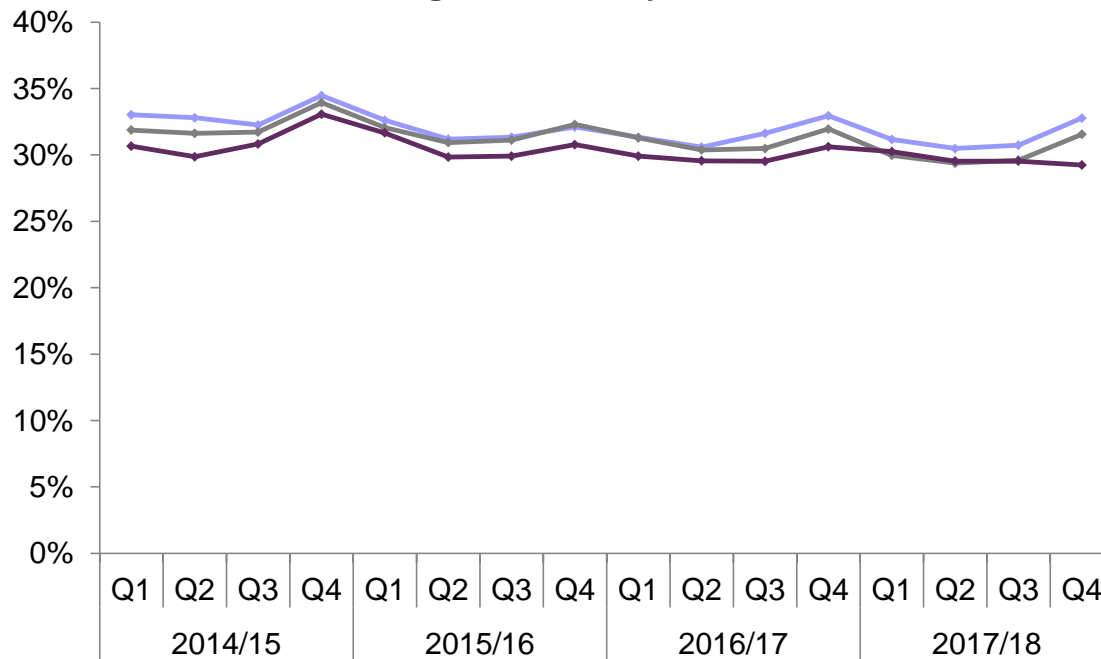
Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	785	804	883	986
Comparators	781	776	844	892
England	664	663	715	752

The analysis uses the postcode of residence to identify hospital activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

■ Significantly Better ■ Significantly Worse

Activity - length of hospital stay aged 65+

Percentage of emergency admissions that last longer than 7 days



Longer lengths of stay can act as a powerful proxy indicator of poor patient flow.

CQC has looked at quarterly trends in emergency admissions for people aged 65+ that lasted longer than seven days. This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 – March 2017.

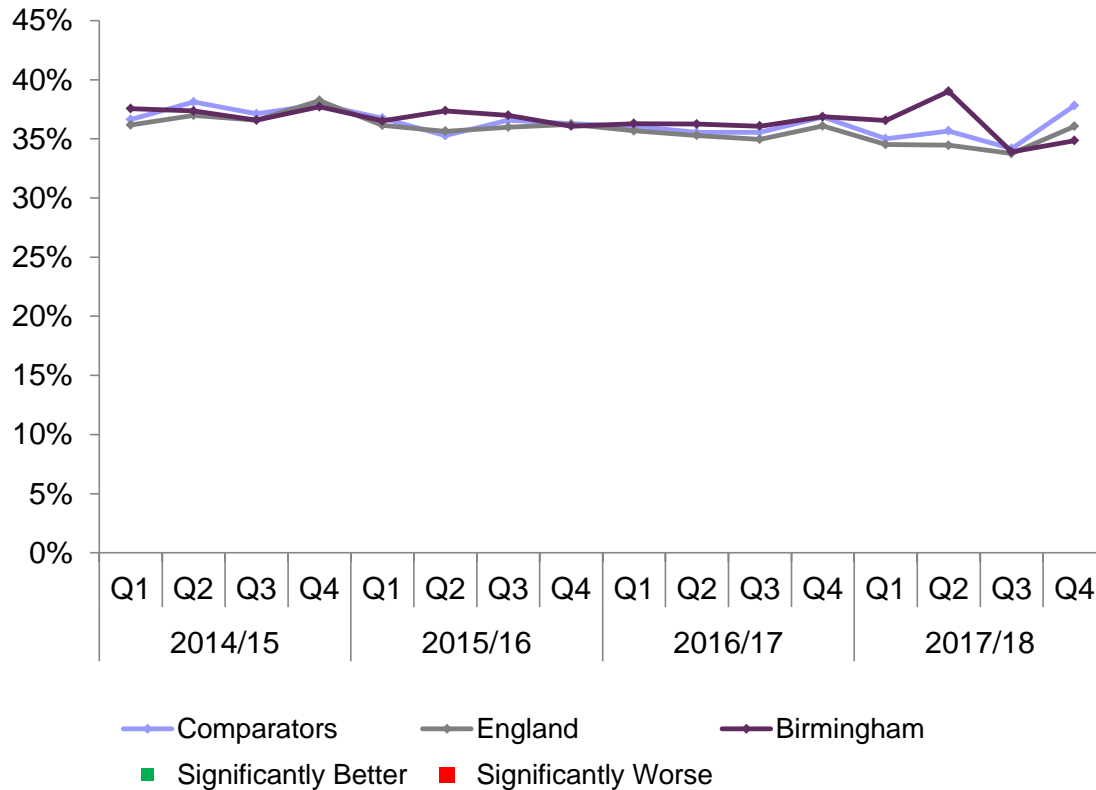
Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	30%	30%	30%	29%
Comparators	31%	30%	31%	33%
England	30%	29%	30%	32%

— Comparators
 — England
 — Birmingham
■ Significantly better
 ■ Significantly worse

Activity - length of hospital stay aged 65+ from care homes



Percentage of emergency admissions from care homes that last longer than 7 days



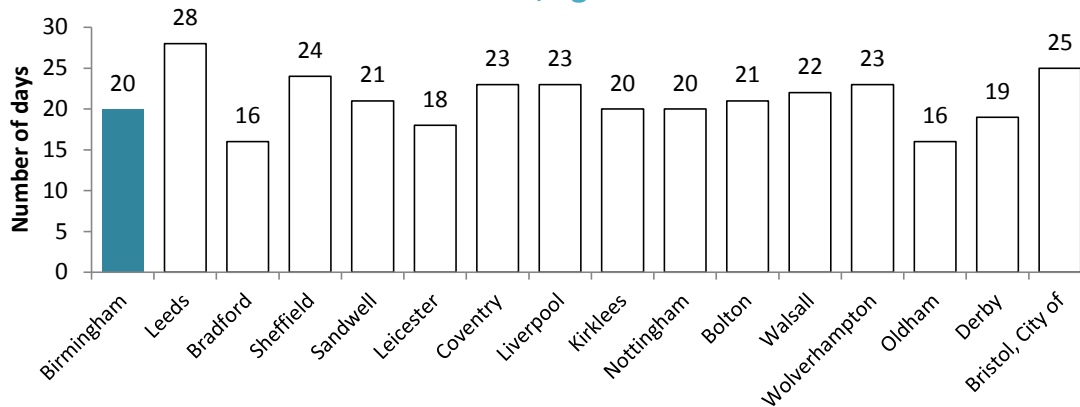
CQC has also analysed emergency admissions for people aged 65+ coming from care homes that lasted longer than seven days. This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 – March 2018 and uses the postcode of residence to identify hospital activity from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	37%	39%	34%	35%
Comparators	35%	36%	34%	38%
England	35%	34%	34%	36%

Activity - Department of Health and Social Care analysis



DHSC- 90th percentile of length of stay for emergency admissions, aged 65+

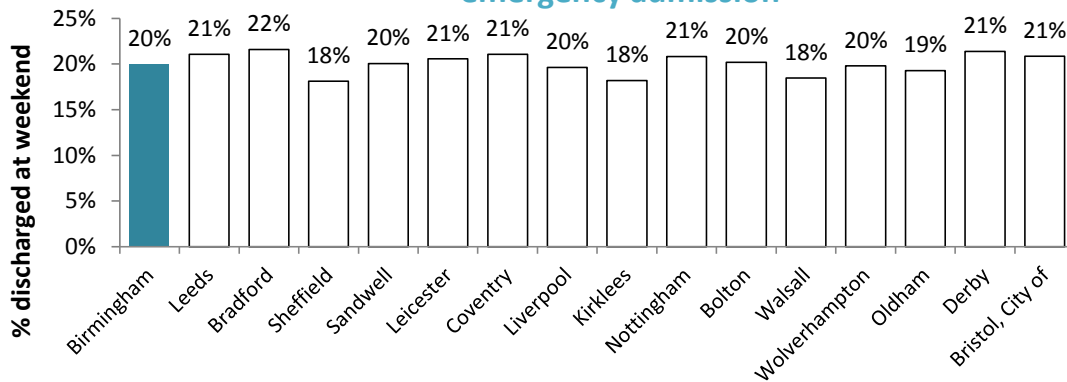


The graphs on this slide come from analysis completed by the Department of Health and Social Care for their *NHS social care interface dashboard*.

[The dashboard can be found at this link.](#)

The graph at the top is the analysis of 90th percentile length of stay in days for people aged 65+ admitted to hospital as emergencies. This is the point at which 90% of older people admitted as emergencies were discharged. The selected LA is shown against each of its comparator areas. The data covers the period from April 2017 - March 2018.

DHSC- Proportion of discharges at the weekend, following emergency admission



The bar graph on the bottom is the analysis of the percentage of people admitted as emergencies who were then discharged at the weekend. This analysis covers all discharges between April 2016 - March 2017.

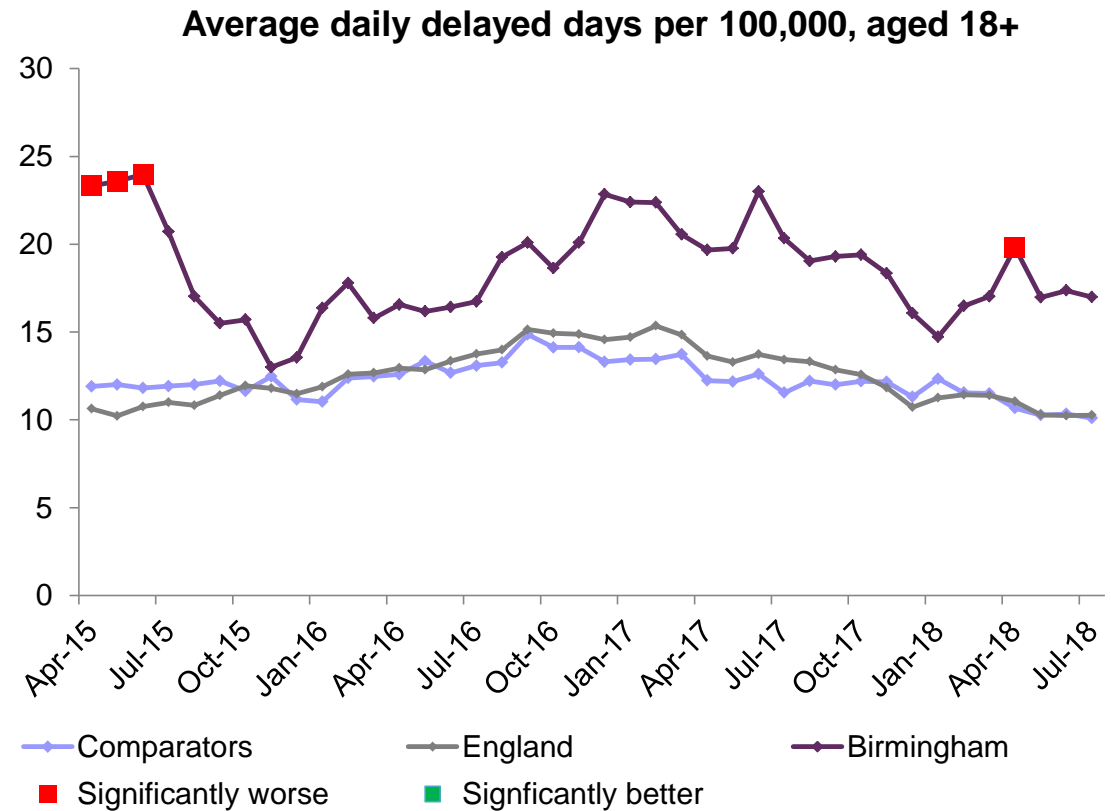
Arrangements for the timely and safe transfers of care should be available regardless of day of the week. The High Impact Change Model for managing transfers of care identifies seven-day services as one of the changes that can support health and care systems reduce delays.

Activity - delayed transfers of care



This slide shows the daily average number of days transfers of care have been delayed as a rate per 100,000 population aged 18+ between April 2015 and July 2018. Delayed transfers of care reflect the ability of the system to ensure appropriate transfer from hospital to social care services for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Analysis is based on data from NHS England.

Area	Time Period					
	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18
Birmingham	16.5	17.0	19.8	17.0	17.4	17.0
Comparators	11.5	11.5	10.7	10.3	10.3	10.1
England	11.4	11.4	11.0	10.3	10.2	10.3

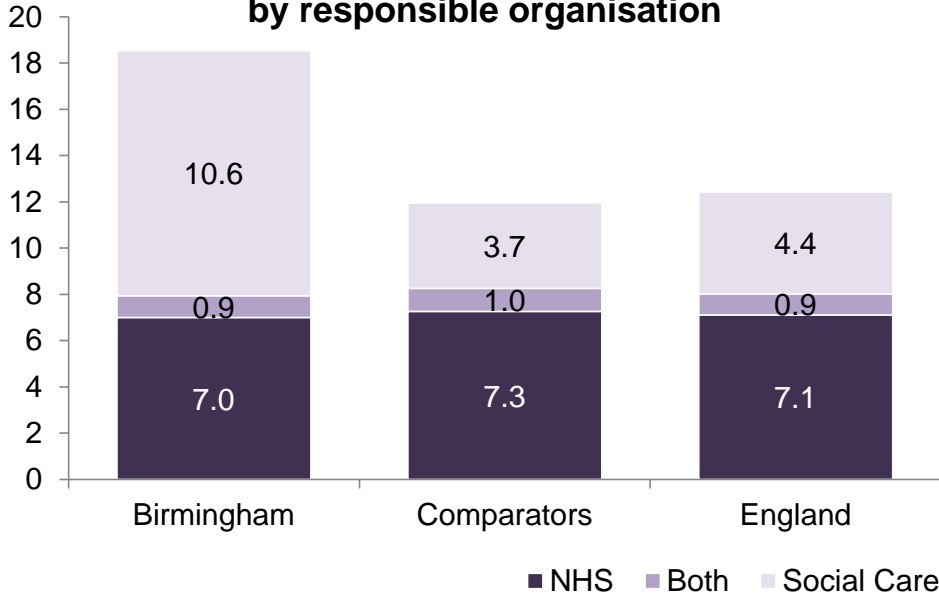


Activity - delayed transfers of care by responsible org and reason

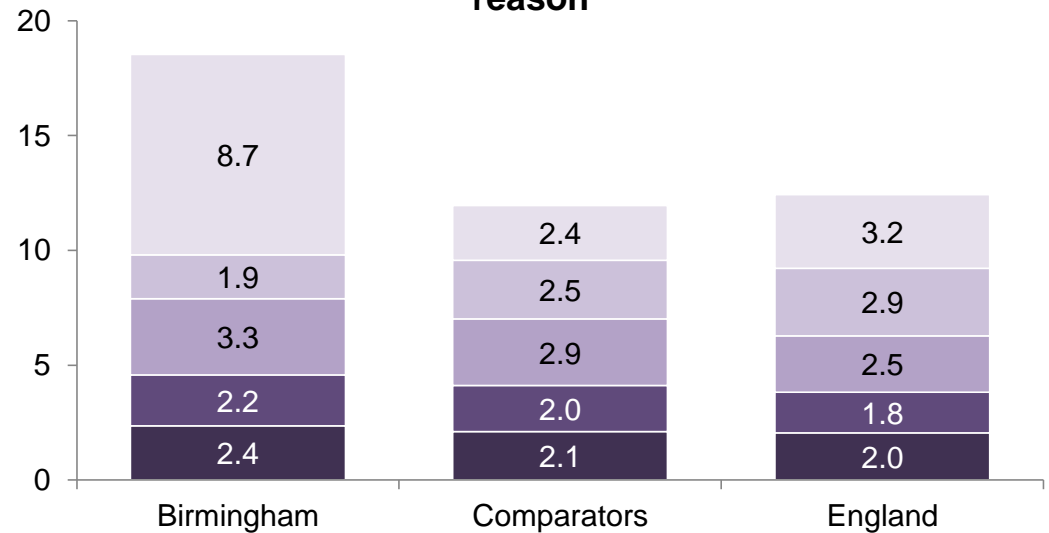


This slide shows the rate of delayed days per 100,000 population aged 18+ over the most recent financial year (April 2017 - March 2018), broken down to show the rate of delayed days attributed to the NHS against the rate attributed to social care and those attributed to a mix of both. The slide also shows the rate of delayed days according to the reason for delay. For the purpose of our analysis, some of the reasons have been grouped. Analysis is based on data from NHS England.

Average daily DToC per 100,000, aged 18+, by responsible organisation



Average daily DToC per 100,000, aged 18+, by reason



'Further non-acute NHS care' includes community and mental health care, intermediate care, rehabilitation services etc. 'Other' includes public funding, patient or family choice, disputes and housing. The categories are self-reported categories. Different LAs show a large variation in how frequently they report in the 'Other' category. For more information see:

[DToC Guidance](#) (Page 13 onwards)

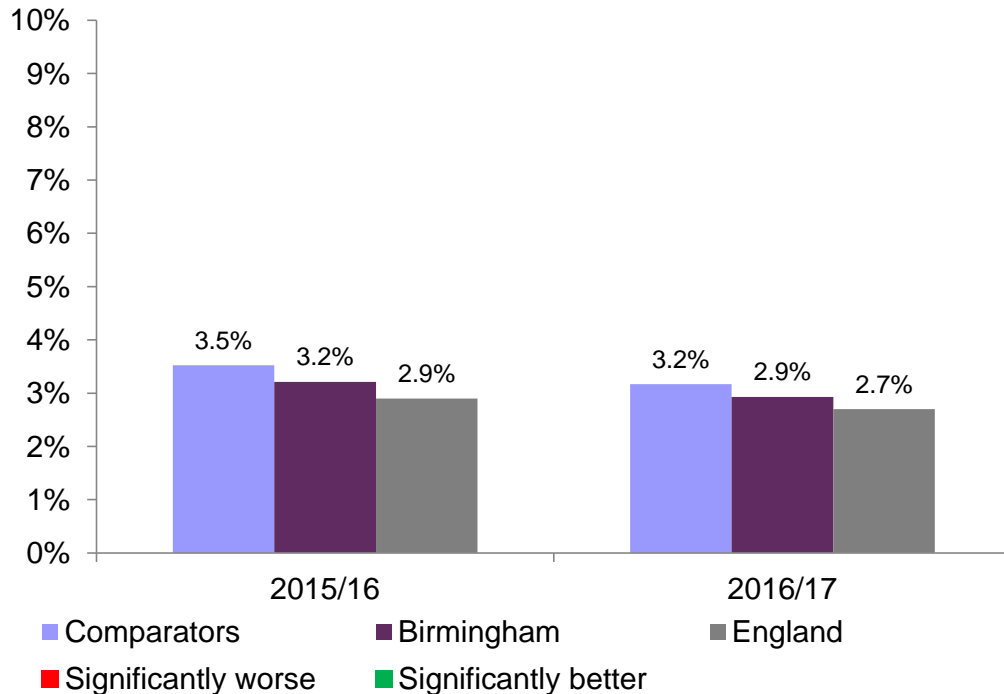
- Awaiting residential or nursing home placement
- Awaiting care package in own home or community equipment/adaptations
- Other*
- Awaiting completion of assessment
- Awaiting further non-acute NHS care

Activity - reablement services

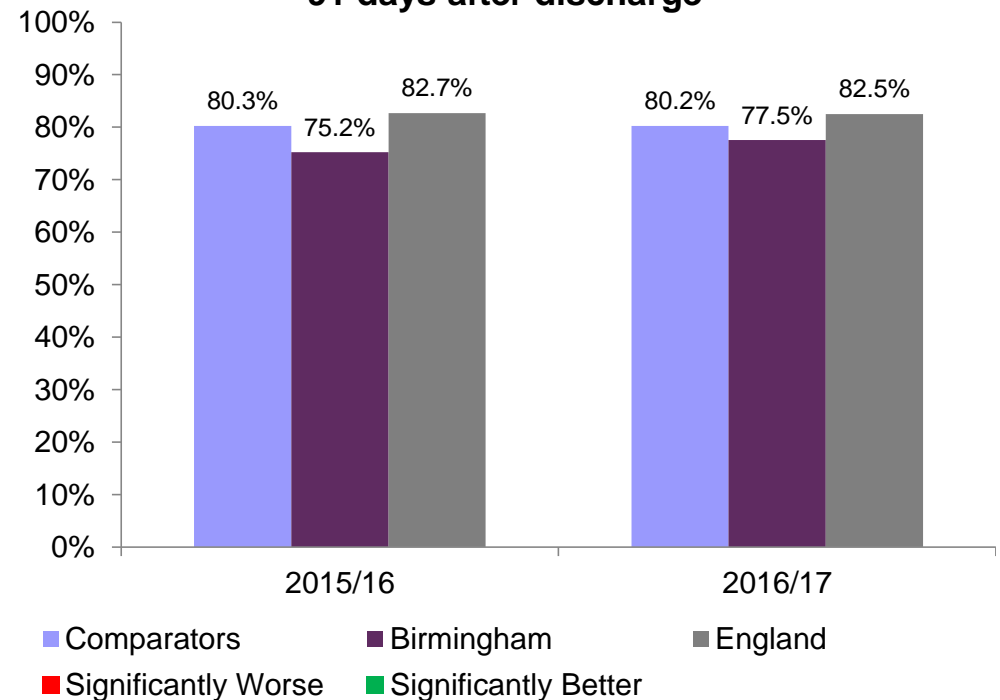


This slide shows the proportion of people aged 65+ discharged from hospital into reablement services, and the proportion that were still at home 91 days after discharge from hospital into reablement services. There is strong evidence that re-ablement services lead to improved outcomes and value for money across the health and social care sectors. This data is taken from the Adult Social Care Outcomes Framework (ASCOF).

Percentage of people aged 65+ discharged from hospital who receive reablement/rehabilitation



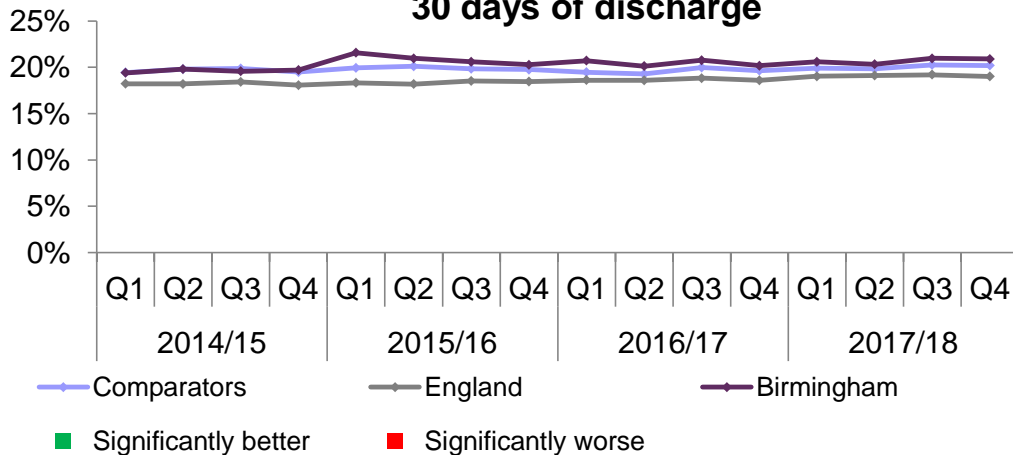
Percentage of people aged 65+ who received reablement/rehabilitation were still at home 91 days after discharge



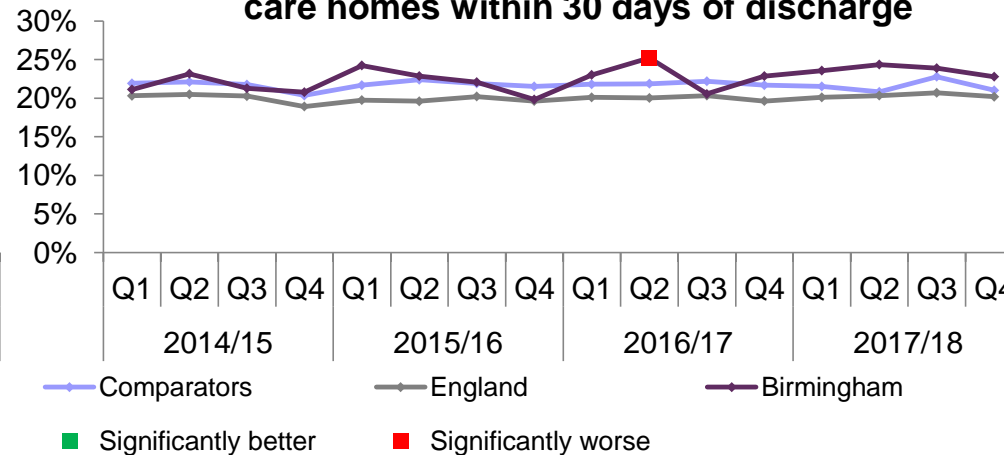
Activity- emergency readmissions aged 65+



Percentage of emergency readmissions within 30 days of discharge



Percentage of emergency readmissions from care homes within 30 days of discharge



Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	21%	20%	21%	21%
Comparators	20%	20%	20%	20%
England	19%	19%	19%	19%

Area	Financial year quarter			
	Q1 17/18	Q2 17/18	Q3 17/18	Q4 17/18
Birmingham	24%	24%	24%	23%
Comparators	22%	21%	23%	21%
England	20%	20%	21%	20%

This slide shows analysis of emergency readmissions within 30 days for people aged 65+, both in total and specifically for people residing in care homes. A high percentage of readmissions could indicate inappropriate discharge from hospital or a lack of support in the community to provide support following discharge.

This analysis is based on Hospital Episodes Statistics (HES) data from April 2014 – March 2018. Analysis of readmissions from care homes uses the postcode of residence to identify the activity as being from care homes. As such, it may include data pertaining to other addresses within the same postcode and overestimate activity from care homes.

Appendix - comparators



Local authority comparator areas have been drawn from the Chartered Institute of Public Finance and Accountancy's Nearest Neighbours model (data downloaded on 04/05/2017). This model identifies the 15 local authorities that are most similar to a selected LA, based on 39 variables that cover population size and density, age, gender and ethnicity make-up, deprivation, employment and housing.

The comparator group for Birmingham LA is made up of the following local authorities, with the LA listed as number 1 being the most similar to Birmingham.

- | | |
|-------------|---------------------|
| 1 Leeds | 9 Nottingham |
| 2 Bradford | 10 Bolton |
| 3 Sheffield | 11 Walsall |
| 4 Sandwell | 12 Wolverhampton |
| 5 Leicester | 13 Oldham |
| 6 Coventry | 14 Derby |
| 7 Liverpool | 15 Bristol, City of |
| 8 Kirklees | |

Appendix - statistical analysis



Where we can transform the data into a standard normal distribution we have generated z-scores to measure how far the observed values of the selected LA deviate from the national average or 'mean'.

The z-scores reflect the number of standard deviations from the mean, after winsorising the data at the 10% level and controlling for over-dispersion.

Where an LA's z-score is greater than 2 or less than -2 it is said to be either 'significantly better' or 'significantly worse' than the national average.

Organisations are excluded from statistical analysis if their values are too low - for proportional data, denominators must be a minimum of 30.