

Joint Strategic Needs Assessment Wolverhampton

Overview Report 2016

Chapter 1: How long do we live?

[1.1 Life Expectancy](#)

[1.2 Healthy Life Expectancy](#)

[1.3 Self Reported Wellbeing](#)

















[1.4 Health related Quality of Life](#)

[1.5 Social Care related Quality of Life](#)

VERSION CONTROL

Version	Status	Description of version	Date Completed	Distributed to	Date of distribution
1.1	Draft	Chapter 1 and 2		Health and Wellbeing Board	27/04/2016

Summary of Outcomes

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)
How long do we live?	Life Expectancy (males)	2012/14	2011/13	77.6 years		
How long do we live?	Life Expectancy (Females)	2012/14	2011/13	81.8 years		
How long do we live?	Healthy Life Expectancy (males)	2012/14	2011/13	56.9 years		
How long do we live?	Healthy Life Expectancy (females)	2012/14	2011/13	58.3 years		
How long do we live?	Health related Quality of Life for people with long term conditions	2014/15	2013/14	0.719		
How long do we live?	Health related Quality of Life for people with mental health	2014/15	2013/14	0.49		
How long do we live?	Health related Quality of Life for older people	2012/13	2011/12	0.69		
How long do we live?	Social Care related Quality of Life	2012/14	2011/13	19.4		

Life Expectancy (LE)

Life Expectancy at birth has been defined as

"...the average number of years a person would expect to live based on contemporary mortality rate"

For a particular area and time period, it is an estimate of the average number of years a newborn baby would survive if he or she experienced the age-specific mortality rates for that area and time period throughout his or her life.

Life Expectancy in Wolverhampton

-Life Expectancy at birth in males in 2012-14 in Wolverhampton is 77.6 years which is a slight improvement from 77.5 years in 2011-13; however the trend since 1991-93 is improving and the forecast shows further improvement. (Fig1)
 -Life expectancy at birth in females in 2012-14 in Wolverhampton is 81.8 years which is a slight decrease from 82 years in 2011-13; however the trend since 1991-93 is improving and the forecast shows further improvement. (Fig1)

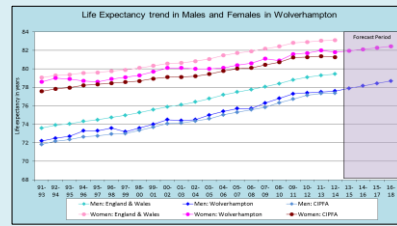


Fig1: Life Expectancy trend in Wolverhampton (Source: PHOF)

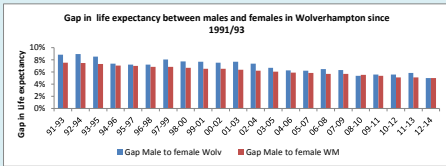


Fig 2: Life Expectancy gap by gender in Wolverhampton (Source: PHMD)

-Life expectancy at birth in females has been consistently higher compared to males in Wolverhampton and England&Wales
 -However the gap in life expectancy between females and males has reduced since 1991-93 from 9% (6.4 years) to 5% (4.2 years) in Wolverhampton. (Fig2)

Life Expectancy in Wolverhampton compared to CIPFA nearest neighbours

-Life Expectancy at birth in males (2012-14) in Wolverhampton is better compared to 9 of 15 CIPFA nearest neighbours but significantly lower compared to West Midlands and England. (Fig3)
 -Life expectancy at birth in females (2012-14) in Wolverhampton is better compared to 12 of 15 CIPFA nearest neighbours but significantly lower compared to West Midlands and England. (Fig4)

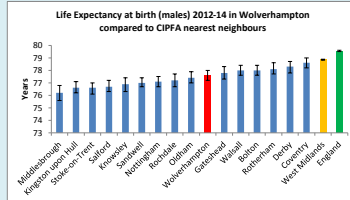


Fig 3: Life expectancy (males) in Wolverhampton compared to CIPFA (Source: PHOF)

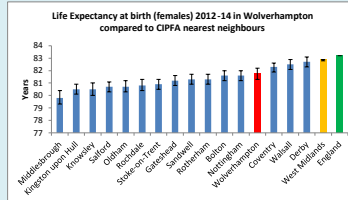


Fig 4: Life expectancy (females) in Wolverhampton compared to CIPFA (Source: PHOF)

Life Expectancy in Wolverhampton by wards

-Life Expectancy at birth in females in Wolverhampton in 2010-14 was worst in Bushbury South and Low Hill (78.4 years), Health town (78.8 years) and Park (79.1 years). (Fig5)
 Life expectancy at birth in females in Wolverhampton in 2010-14 is higher than the Wolverhampton average of 81.83 years in 9 wards and lower than Wolverhampton average in 11 wards.
 -Life Expectancy at birth in males in Wolverhampton in 2010-14 was worst in Bushbury South and Low Hill (72.8 years), Ettingshall (73.7 years) and Grasley (74.7 years). (Fig6)
 Life expectancy at birth in males in Wolverhampton in 2010-14 is higher than the Wolverhampton average of 77.5 years in 10 wards and lower than Wolverhampton average in 10 wards.



Fig5: LE (female) in Wolverhampton by wards (Source: PHMD)

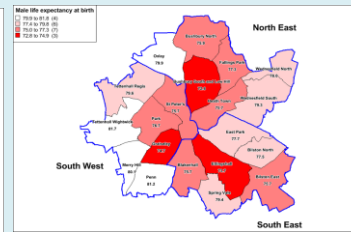


Fig6: LE (male) in Wolverhampton by wards (Source: PHMD)

-Ten wards in Wolverhampton have showed strong improvement in male life expectancy since 2001 and six of these wards demonstrate above national average life expectancy in 2010-14 which include Tettenhall Wightwick, Penn, Merry Hill, Oxley, Spring Vale and Wednesfield South.
 However there are nine wards in Wolverhampton which have shown poor improvement since 2001 and demonstrate male life expectancy at birth below national average in 2010-14 (Fig7)

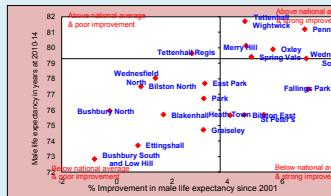


Fig7: LE in wards by % improvement (males) (Source: PHMD)

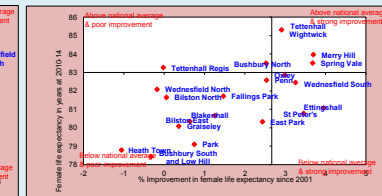


Fig8: LE in wards by % improvement (females) (PHMD)

-Seven wards in Wolverhampton have showed strong improvement in female life expectancy since 2001 and three of these wards have demonstrated above national average life expectancy in 2010-14 which include Tettenhall Wightwick, Merry Hill and Spring Vale.
 However there are ten wards in Wolverhampton which have shown poor improvement since 2001 and demonstrate female life expectancy at below below national average in 2010-14. (Fig8)

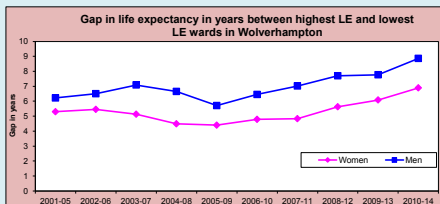
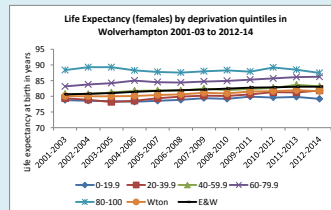
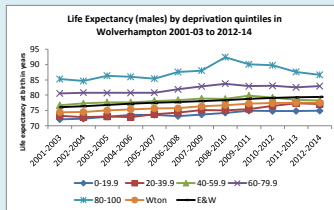


Fig9: Gap in LE amongst highest LE and lowest LE wards (Source: PHMD)

-Gap in life expectancy between the wards with highest and lowest life expectancy in Wolverhampton has increased for females from 5.3 years in 2001-05 to 6.9 years in 2010-14 as well as for males from 6.2 years in 2001-05 to 8.9 in 2010-14. (Fig9)

-Life expectancy in males and females is lower in most deprived areas of Wolverhampton. There has been a rise in LE in the most deprived quintile (0-19.9) by 2.8 years in males and 0.4 years in females and second deprived quintile (20-39.9) by 3.9 years in males and 2.5 years in females since 2001-03. (Fig10,11)



What does this information tell me?

-This indicator gives a context to healthy life expectancy figures by providing information on the estimated length of life. The two indicators are extremely important summary measures of mortality and morbidity. They complement the supporting indicators by showing the overall trends in major population health measures, setting the context in which local authorities can assess the other indicators and identify the drivers of life expectancy and healthy life expectancy.

-Wolverhampton's life expectancy is improving and the gap between life expectancy in males and females is improving as well. However, there are a number of wards within Wolverhampton where life expectancy is still below national average and there has not been much improvement since 2001. Also, the gap between highest LE ward and lowest LE ward is increasing for both males and females.

Indicative Commissioning Needs

-Life expectancy is an overarching measure of health and wellbeing within the City and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.

References

1. Public Health Outcomes Framework Accessed at <http://www.phoutcomes.info/>
2. Public Health Mortality Database

Healthy Life Expectancy

The Public Health Outcomes Framework for England 2013-16 sets out two overarching aims, one of which is

Increased healthy life expectancy i.e. considering how healthily or how well we live in addition to how long we live'¹

Healthy life expectancy at birth is the number of years that a newborn baby would live in a 'healthy' state if they experienced the death rates and levels of general health of the local population at the time of their birth, throughout their life.

In 2012-14, Wolverhampton had the worst Healthy life expectancy at birth for males in the West Midlands and is 3rd last for healthy life expectancy in females in West Midlands. (Table1)

Year	Male (Wolv)	Female (Wolv)	Male (WM)	Female (WM)	Male (England)	Female (England)
2009 - 11	59.30	58.00	62.50	62.80	63.22	64.15
2010 - 12	58.32	58.15	62.34	62.74	63.36	64.10
2011 - 13	56.57	58.84	62.41	62.84	63.27	63.95
2012 - 14	56.90	58.30	62.40	62.50	63.40	64.00

Table1: Healthy Life Expectancy in Wolverhampton, West Midlands and England (Source: PHOF, ONS)

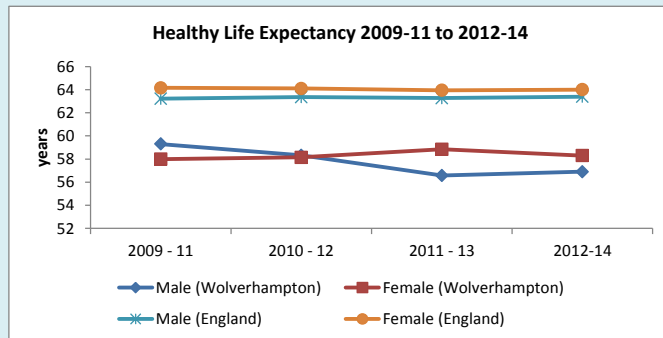


Fig1: Healthy Life expectancy 2009-11 to 2012-14 for males and females (Source: PHOF)

Since 2009-11, healthy life expectancy for males in Wolverhampton has decreased by 3 years from 59.3 years to 56.9 years in 2012-14; however it has slightly increased for females from 58 years in 2009-11 to 58.3 years in 2012-14 (Fig 1). Female healthy life expectancy has however has decreased slightly compared to 2011-13 by 0.6 years.

Comparing the healthy life expectancy with life expectancy in 2012-14, males in Wolverhampton lived 21 years of life in an 'unhealthy' state compared to 17 years in West Midlands and 16 years in England. Similarly, in 2012-14, females in Wolverhampton lived 23.5 years in an 'unhealthy state' compared to 20.4 years in West Midlands and 19.2 years in England. (Fig2,3)

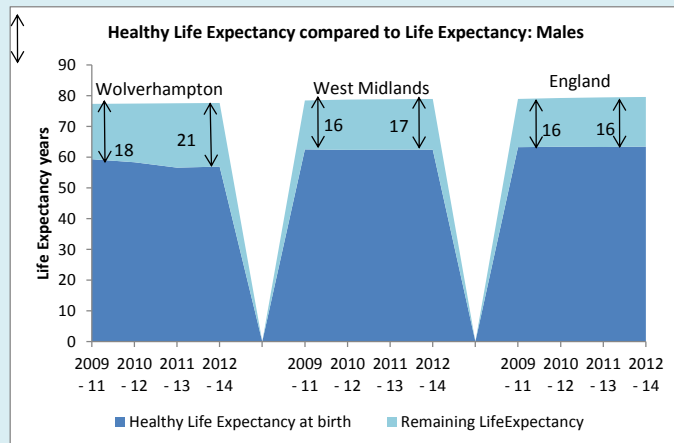


Fig2: Healthy Life expectancy compared to Life expectancy: Males 2009-11/ 2012-14

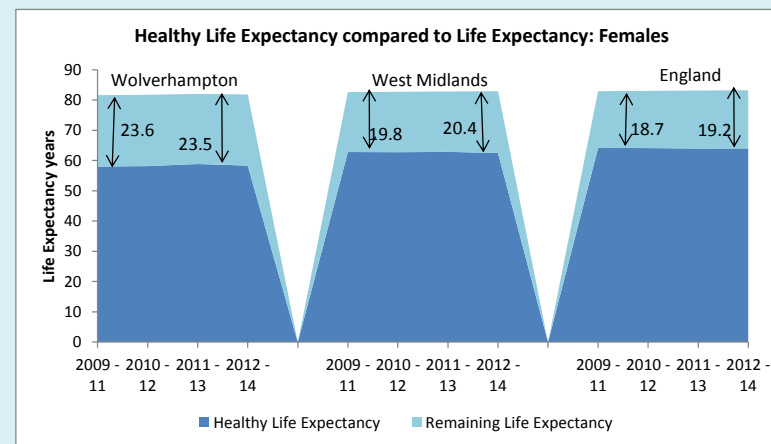


Fig3: Healthy Life expectancy compared to Life expectancy: Females 2009-12/ 2011-14

(Source: PHOF, ONS)

Comparing healthy life expectancy in Wolverhampton to CIPFA nearest neighbours

- Healthy life expectancy at birth for males in 2012/14 in Wolverhampton is the worst amongst CIPFA nearest neighbours and is significantly lower compared to West Midlands and England (Fig4)
- Healthy life expectancy at birth for females in 2012/14 in Wolverhampton is worse compared to most of the CIPFA nearest neighbours and is significantly lower compared to West Midlands and England (Fig5)

(Source: PHOF, ONS)

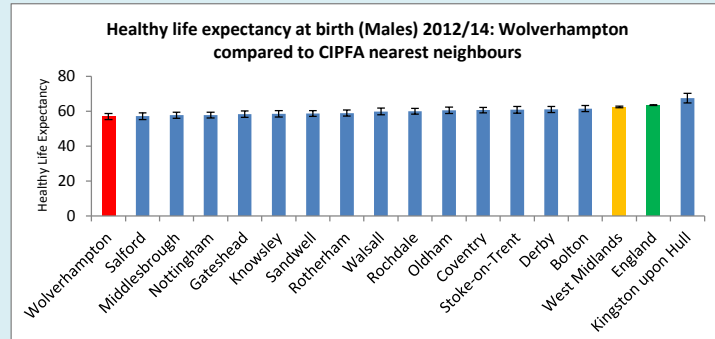


Fig4: Healthy life expectancy (male) in Wolverhampton compared to CIPFA nearest neighbours (Source: ONS)

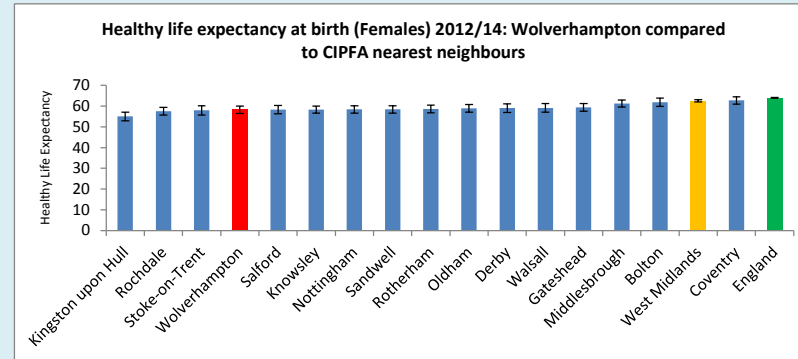


Fig5: Healthy life expectancy (female) in Wolverhampton compared to CIPFA nearest neighbours (Source: ONS)

What does this information tell me?

- Wolverhampton is performing poorly on healthy life expectancy at birth for both males and females. The trend for healthy life expectancy is not improving and the gap between healthy life expectancy and life expectancy is increasing for males and very slightly decreasing for females.
- Over a quarter of males (26.6%) and females (28.7%) life expectancy is characterised by increasing disability

Indicative Commissioning Needs

- Healthy Life expectancy is key summary measure of population health and all commissioning activity should be aligned to identifying services with an ultimate aim of improving this measure.

References

1. Public Health Outcomes Framework Accessed at <http://www.phoutcomes.info/>
2. Spend and Outcomes Tool accessed at <https://www.gov.uk/guidance/phe-data-and-analysis-tools>
3. Office of national statistics accessed at www.ons.gov.uk

Self Reported 'Wellbeing'

Promoting 'Wellbeing' of our population is a major public health and social care agenda in the UK. People with higher wellbeing are more likely to have lower rates of illness and enjoy better physical and mental health.

"Wellbeing" is a broad concept, and it is described as relating to the following areas in particular¹:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal;
- suitability of living accommodation;
- the individual's contribution to society.

How does the Wolverhampton population perceive their Wellbeing?

The Annual Population Survey conducted by the ONS incorporates questions on four dimensions of wellbeing i.e. life satisfaction, worthwhile, happiness and high anxiety within their survey. The response to each question is measured on a scale of 1-10 which is then analysed to provide a health score.

- Since 2011/12, 5%-9% more people in Wolverhampton have reported their wellbeing as very high across the four dimensions of wellbeing in 2014/15. During the same period, the percentage of people with low life satisfaction score and low happiness score in Wolverhampton have decreased whereas percentage of people with low worthwhile and high anxiety scores has increased.

- Similar patterns have been seen in England and West Midlands for life satisfaction and happiness, however in contrast to Wolverhampton, high anxiety scores and low worthwhile score have decreased in England and West Midlands.

Time Trend (Fig 1,2,3,4)

1. Low Satisfaction Score: Percentage of people reporting low self satisfaction in Wolverhampton has reduced from 11.7% in 2011/12 to 8.7% in 2014/15. Similar trend can be seen for West Midlands and England. Also, the gap between England and Wolverhampton has improved from 5.05% in 2011/12 to 3.95% in 2014/15.

2. Low Worthwhile Score: Percentage of people reporting low worthwhile in Wolverhampton has increased from 6.3% in 2011/12 to 6.7% in 2014/15. This is in contrast to the trend in West Midlands and England where the trend is reducing. The gap between Wolverhampton and England has also increased from 1.41% in 2011/12 to 2.88% in 2014/15.

3. Low Happiness score: Percentage of people reporting low happiness in Wolverhampton reduced from 12.5% in 2011/12 to 11.2% in 2014/15. It is important to note that these figures had reduced to 7.67% in 2013/14 and were better than England's average; however they have increased again in the last year. The trend in England and West Midlands has consistently reduced over the last 4 years. The gap between Wolverhampton and England has also increased from 1.73% in 2011/12 to 2.2% in 2014/15.

4. High Anxiety Score: Percentage of people reporting high anxiety in Wolverhampton has increased from 13.62% in 2011/12 to 17.33% in 2014/15. There has been a massive increase of 8% since 2013/14. Wolverhampton has previously been consistently better compared to England and West Midlands, but now has similar findings.

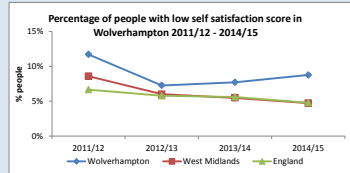


Fig1: %people with low self-satisfaction score: Time trend (Source: PHOF)

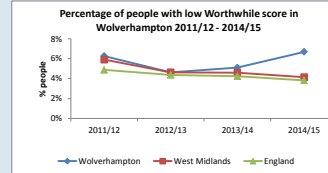


Fig2: %people with low worthwhile score: Time trend (Source: PHOF)

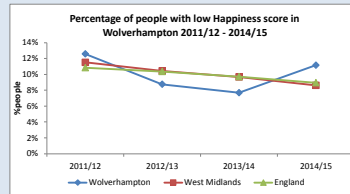


Fig3: %people with low happiness score: Time trend (Source: PHOF)

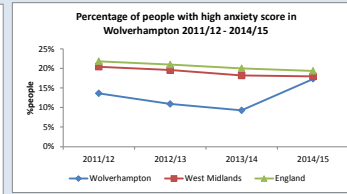


Fig4: %people with high anxiety score: Time trend (Source: PHOF)

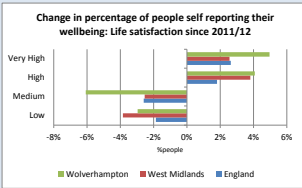


Fig5: Change in %people self-reporting wellbeing: Life Satisfaction (Source: ONS)

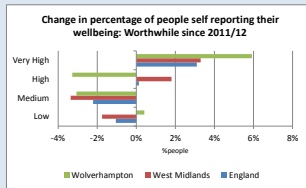


Fig6: Change in %people self-reporting wellbeing: Worthwhile (Source: ONS)

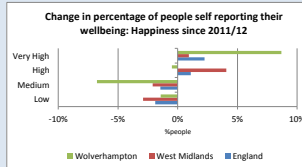


Fig7: Change in %people self-reporting wellbeing: Happiness (Source: ONS)

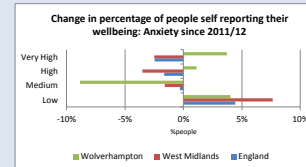


Fig8: Change in %people self-reporting wellbeing: Anxiety (Source: ONS)

Change in Percentage of people reporting low wellbeing (Fig5,6,7,8)

1. Life Satisfaction: In Wolverhampton more people have rated life satisfaction as 'very high' (5% more) and 'high' (4% more) in 2014/15 compared to 2011/12. Similar trends have been seen in England and West Midlands. The average mean rating in Wolverhampton has improved from 6.67 in 2011/12 to 7.07 in 2014/15.

2. Worthwhile: In Wolverhampton, nearly 6% more people have rated worthwhile as very high since 2011/12; however 3.3% less people reported a 'high' rating in 2014/15. This is in contrast with England and West Midlands where more people have rated worthwhile as 'very high' or 'high'. In Wolverhampton, 0.5% more people reported a 'low' worthwhile rating since 2011/12 which is in contrast to England and West Midlands where fewer people have rated worthwhile as 'low'. The average mean rating in Wolverhampton has improved from 7.2 in 2011/12 to 7.4 in 2014/15.

3. Happiness: In Wolverhampton, 8.7% more people have rated Happiness as 'very high' since 2011/12; however 0.5% less people reported a 'high' rating in 2014/15. This is in contrast with England and West Midlands where more people have rated happiness as 'very high' or 'high'. Wolverhampton follows a similar trend as England and West Midlands with fewer people rating happiness as 'medium' and 'low'. The average mean rating in Wolverhampton has improved from 6.47 in 2011/12 to 6.4% since 2011/12.

4. Anxiety: In Wolverhampton more people have reported anxiety as 'very high' (3.7% more) and 'high' (1.1% more) in 2014/15 compared to 2011/12. This is in contrast with England and West Midlands where fewer people have reported 'very high' and 'high' anxiety. In Wolverhampton, 4% more people have reported anxiety as 'low', which is similar to the trend observed in England and West Midlands. The average mean rating in Wolverhampton has improved by 0.05% in 2014/15 since 2011/12, which is in contrast to the England's and West Midlands' average mean rating which has reduced in the same time period.

Comparing Wolverhampton to CIPFA nearest neighbours (Fig9,10,11,12)

1. Low Satisfaction Score 2014/15: Wolverhampton scores the worst compared to CIPFA nearest neighbours and is significantly worse compared to England and West Midlands

2. Low Worthwhile Score 2014/15: Wolverhampton scores worse compared to most of the CIPFA statistical neighbours and is significantly worse compared to England and West Midlands

3. Very High Anxiety Score 2014/15: Wolverhampton scores better compared to the CIPFA nearest neighbours except Coventry. Also, Wolverhampton scores better compared to England and West Midlands, however this is not statistically significant.

4. Low Happiness Score 2014/15: Wolverhampton scores better compared to 10 out of 15 CIPFA nearest neighbours and is worse compared to England and West Midlands; however this is not significant.

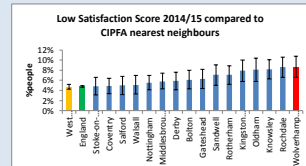


Fig9: Low Satisfaction score compared to CIPFA nearest neighbours (Source: PHOF)

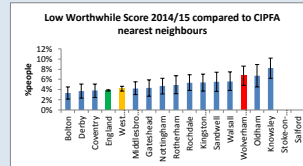


Fig10: Low worthwhile score compared to CIPFA nearest neighbours (Source: PHOF)

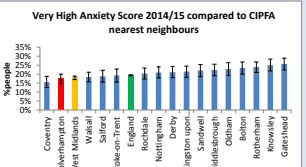


Fig11: Very High anxiety score compared to CIPFA nearest neighbours (Source: PHOF)

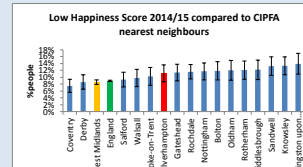


Fig12: Low happiness score compared to CIPFA nearest neighbours (Source: PHOF)

What does this information tell me?

- Self reported wellbeing is an important aspect of identifying the population's wellbeing which is related to educational attainment, health, population safety, employment and economic productivity².

- In 2014/15, more people in Wolverhampton rated their wellbeing as 'high' or 'very high' compared to 'low' or 'medium' for life satisfaction (67%), worthwhile (72%) and happiness (66%)

- Almost 70% of people in Wolverhampton reported 'low' or 'medium' levels of anxiety, indicating an overall high level of wellbeing

- Between 65-72% of people in Wolverhampton are satisfied with their life, feel they have done things in life that are worthwhile and are happy, which is lower than England (between 75% and 83%) and the West Midlands (between 73% and 82%). However more people feel less anxious in Wolverhampton (69%) compared to England (64%) and West Midlands (67%) in 2014/15.

It should be noted that all these indicators are just an estimate, based on a sample of the population, therefore is not a true representation of all people living in Wolverhampton, but provide a 'snap-shot' of individual well-being.

Indicative Commissioning Needs

The relationship between personal wellbeing and local circumstances is complex and can influence health and social care outcomes. Commissioned services should consider how the overall wellbeing of the population can be improved through the services provided.

References

1. Department of Health (2014), Care and Support Statutory Guidance, Department of Health: London
2. Department of Health (2010), Confident Communities, Brighter Futures. A framework for developing wellbeing, Department of Health: London
3. Office of National Statistics Accessed at <http://www.ons.gov.uk/>
4. Public Health Outcomes Framework Accessed at <http://www.phoutcomes.info/>

Health related Quality of Life (HRQoL)

WHO defines Quality of Life¹ as

...individuals' perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns. It is a broad ranging concept affected in a complex way by the person's physical health, psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment.¹

There is a broad agreement among the medical fraternity that HRQoL is the functional effect of a medical/surgical condition and/or its consequent therapy on a patient².

In the UK, the Public Health Outcomes Framework and NHS Outcomes Framework incorporate measures of HRQoL to achieve the overarching aims of improving (healthy) life expectancy and enhancing the quality of life.

What does the Wolverhampton's population think about their HRQoL?

1. HRQoL for adults with Long term conditions (LTCs)

The annual GP Patient survey collects data on HRQoL utilising the five quality of life (QoL) dimensions of EQ-5D i.e. mobility, self care, usual activities, pain/discomfort and anxiety/depression. Each dimension is scored on 5 levels and the data is then analysed to develop a health score, where 0 is the worst imaginable health state and 1 is the best imaginable health state.

It should be noted that, as this is GP survey data, the findings relate to people registered with a GP in Wolverhampton

-The HRQoL for people with LTCs in Wolverhampton has slightly increased by 0.7% since 2011/12 from 0.712 to 0.719 in 2014/15. This is in line with the increase in HRQoL for people with LTCs in West Midlands. (Fig1)

-In 2014/15, the HRQoL for people with LTCs Wolverhampton (0.72) was lower than the HRQoL in England and West Midlands which have remained fairly constant at 0.743 and 0.73 respectively. (Fig1,2)

-Comparing the HRQoL for people with LTCs and HRQoL for all respondents, HRQoL for all respondents is higher; however the gap between the two has decreased in Wolverhampton by 0.6% (from 0.87 to 0.81) since 2011/12. This follows a similar pattern across England and West Midlands where the gap has reduced by 0.8%. (Fig2)

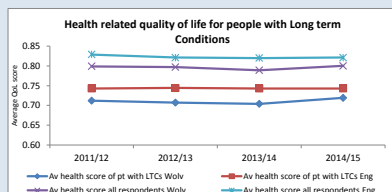


Fig1: HRQoL for people with LTCs 2011/12 - 2014/15 (Source: HSCIS)

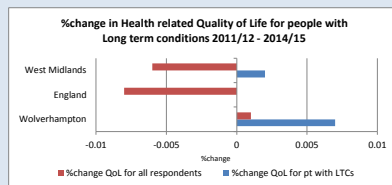


Fig2: %change in HRQoL for people with LTCs 2011/12 - 2014/15 (Source: HSCIS)

Comparing Wolverhampton to CIPFA nearest neighbours

In 2014/15, HRQoL for people with Long term conditions is higher in Wolverhampton compared to the CIPFA nearest neighbours. (Fig3)

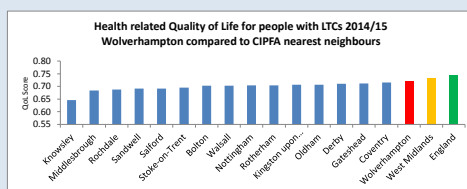


Fig3: HRQoL for people with LTCs in Wolverhampton compared to CIPFA nearest neighbours

2. HRQoL for adults with Mental Health Conditions (MHCs)

The data is collected via the annual GP Patient survey for the Clinical Commissioning Group (CCG) Outcome Indicators Framework and therefore the findings relate to people registered with a GP in Wolverhampton.

-The HRQoL for people with MHCs in Wolverhampton has slightly increased by 0.8% since 2013/14 from 0.48 to 0.49 in 2014/15. This is in line with slight increase in HRQoL for people with MHCs in England.

-In 2014/15, the HRQoL for people with MHCs in Wolverhampton (0.49) is lower compared to HRQoL for people with MHCs in England (0.53).

-Comparing the HRQoL for people with MHCs and HRQoL for all respondents, HRQoL for all respondents is higher; however the gap between the two has increased in Wolverhampton by 0.3% since 2013/14. This is in contrast to the national pattern where the gap has decreased by 0.1%.

3. HRQoL for older people

The data is collected via the annual GP Patient Survey for the Public Health Outcomes Framework, therefore the findings relate to people registered with a GP in Wolverhampton.

-The HRQoL for older people in Wolverhampton has increased by 1.1% since 2011/12 from 0.678 to 0.69 in 2012/13. This is in line with slight increase in HRQoL for older people in West Midlands. (Fig5)

-In 2012/13, the HRQoL for older people in Wolverhampton (0.69) is significantly lower than HRQoL in West Midlands (0.709) and England (0.726). (Fig4)

-Similar picture can be seen across the Black Country region, with all areas being significantly lower compared to West Midlands. (Fig5)

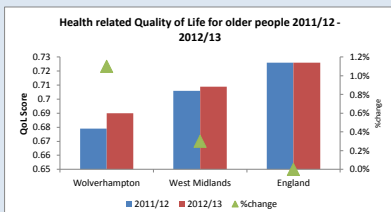


Fig4: HRQoL for older people (Source: PHOF)

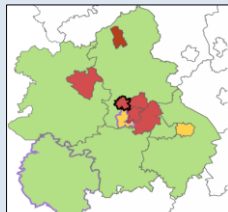


Fig5: HRQoL for older people across West Midlands (Source: PHOF)

Comparing Wolverhampton to CIPFA nearest neighbours

In 2014/15, HRQoL for older people in Wolverhampton is higher compared to 10 out of 15 CIPFA nearest neighbours. However it is significantly lower compared to West Midlands and England. (Fig6)

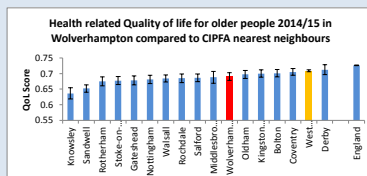


Fig6: HRQoL for older people - comparison with CIPFA nearest neighbours (Source: PHOF)

What does this information tell me?

Although the HRQoL for adults with LTCs and MHCs and older people in Wolverhampton is slightly improving, it is still significantly lower compared to the West Midlands and England.

These indicators provide a greater focus on preventing ill health, preserving independence and promoting well-being in these vulnerable groups of adults and older people.

It should be noted that the data collected from GP Patient survey focusses on the current state of health on the particular day the survey is completed and does not look into the positive or negative impacts of the chronic nature of the illness and/or long term impact

Indicative Commissioning Needs

-HRQoL is a multi-dimensional concept that goes beyond direct measures of population health, such as life expectancy and mortality, and focuses on the impact of health status on the quality of life.

-Commissioned services should aim to assess how the service provided has improved the quality of the life of the service user.

References

1. World Health Organisation (1997), WHOQOL Measuring Quality of Life. World Health Organisation
2. Cella D (1995). Measuring quality of life in palliative care. *Seminars in Oncology* 22:73-81.
3. Health and Social Care Information Centre Accessed at <http://www.hscic.gov.uk/>
4. Public Health Outcomes Framework Accessed at <http://www.phoutcomes.info/>

Social Care Related Quality of Life (SCR QoL)

Social care related quality of life measure gives an overarching view of the quality of life of users of social care¹.

What does Wolverhampton's population think of their SCR QoL?

The Adult Social Care Survey collects data on eight domains of social care related quality of life i.e. control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation². This measure is an average score based on responses to the relevant questions on the survey.

-In Wolverhampton, SCR QoL has fallen slightly since 2011/12 from 19.5 to 19.4 in 2014/15 and is higher compared to SCR QoL in England and West Midlands. (Fig1)

-In Wolverhampton, SCR QoL has been better for females compared to males since 2011/12; however the gender gap slightly increased from 0.1 in 2011/12 to 0.2 in 2014/15. This is in contrast to England and West Midlands where males have better SCR QoL compared to females; however the gap between the two is increasing. (Fig2)

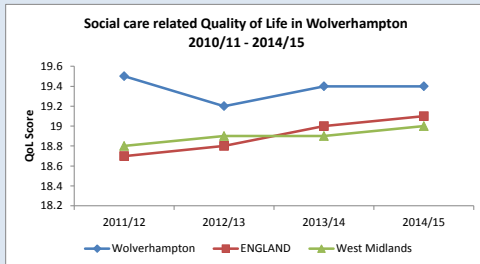


Fig1: SCR QoL in Wolverhampton 2010/11 - 2014/15 (Source: HSCIC)

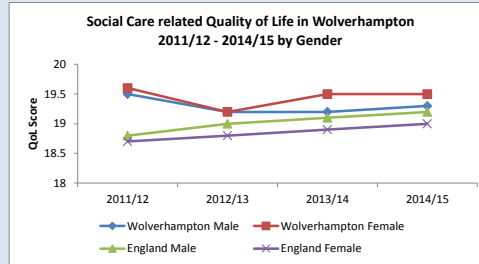


Fig2: SCR QoL in Wolverhampton by gender (Source: HSCIC)

-SCR QoL for adults aged 18-64 years in Wolverhampton has decreased since 2011/12. However there was a major fall in 2012/13 and it has consistently improved since then. This is slightly different from England and West Midlands where the SCR QoL has improved since 2011/12. (Fig3)

-SCR QoL for people aged over 65 has been consistent since 2011/12; however it shows a slight fall in the last year of 2014/15 from 19.1 to 19.0. The figures for England has shown a consistent improvement however, the figures for West Midlands show a consistent fall for people in this age group. (Fig4)

-It is to be noted that the SCR QoL for both 18-64 year olds as well as those aged 65 and over has been consistently higher in Wolverhampton compared to England and West Midlands. (Fig4)

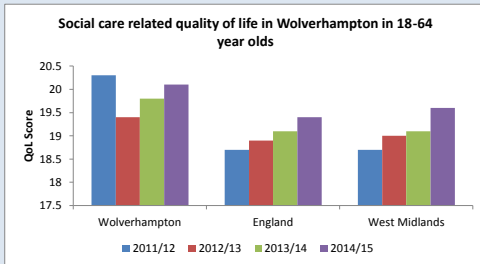


Fig3: SCR QoL in Wolverhampton for 18-64 year olds (Source: HSCIC)

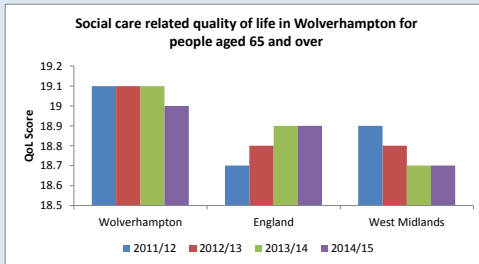


Fig4: SCR QoL in Wolverhampton for people aged 65 and over (Source: HSCIC)

What does this information tell me?

-SQR QoL refers to those aspects of people's quality of life that are relevant to, and are the focus of, social care interventions and the scoring indicates the level of unmet need reported by the respondents.

-SCR QoL in Wolverhampton is above the England and West Midlands average, indicating that there is less unmet social care needs within the local population.

-However the gap between male and female SCR QoL is increasing and there is a fall in SCR QoL overall since 2011/12.

-This indicates that there appears to be more unmet social care needs for men compared to women and since 2011/12, there has been an overall increase in the level of unmet needs within the local population

Indicative Commissioning Needs

'Commissioned services should aim to assess how the service provided has improved the quality of the life of the service user.

There is a lack of data for Social care related quality of life for children as the adult social care survey does not collect children's data.

References

1. Adult Social Care Outcomes Framework
2. Personal Social Services Research Unit (PSSRU); Adult Social Care Outcomes Toolkit; accessed at <http://www.pssru.ac.uk/ascot/>
3. Health and Social Care Information Centre Accessed at <http://www.hscic.gov.uk/>