

Predictive
Preventative
Precise
Population
Patient
Person



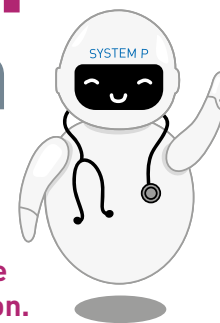
System P

THIS PROGRAMME IS ACROSS CHESHIRE & MERSEYSIDE

Hackathon: Who took part?

- Active Cheshire
- Alder Hey Childrens NHS FT
- Alder Hey Children's NHS Hospital
- Bridgewater Community Health Care NHSFT
- C&M ICS
- Capacity
- Central Liverpool PCN
- Champs Public Health Collaborative
- Cheshire & Wirral Partnership NHSFT
- Cheshire and Mersey ICS
- Cheshire CCG
- Cheshire East Council
- Cheshire West & Chester Council
- Childwall and Wavertree Network
- Civic Data Cooperative, University of Liverpool
- East Cheshire NHS Trust
- Great Homer Street Health Centre
- Halton Borough Council
- Healthy Wirral Partners
- Innovation Agency
- Knowsley CCG
- Knowsley MB Council
- Liverpool City Council
- Liverpool Health Partners
- Liverpool University Hospitals NHSFT
- LNA, General Practice Liverpool
- NHS Cheshire CCG
- NHS Liverpool CCG
- NHS South Sefton CCG
- NHS Southport & Formby CCG
- NHS Warrington CCG

2nd System P Hackathon



Almost 100 people joined us for our 2nd Hackathon session on the 27th April! Thanks to all those who gave their time and contributions, making this a great session.

The main focus of this second session was to talk through our System P Insight Packs.

The content of these packs was determined at the first Hackathon, which produced our Key Lines of Enquiry.

During the Hackathon we broke out into two separate 'virtual' rooms to discuss the content of the Segment Packs.

The key areas of discussion and reflections are covered in the following pages....

All Insight Packs can be found here:
www.strategyunitwm.nhs.uk/system-p

"In my view Integrated Care Systems' will not be able to reach their full potential unless we do this type of work. If there is a common language in place, we can aggregate up with some certainty"

Joe Rafferty

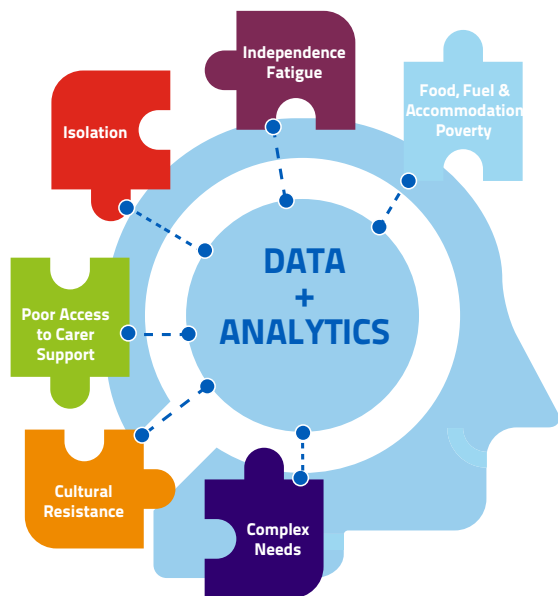
Nearly 100 Attendees and 45 Different Organisations came along!

Please note: The availability of data for use in the Insight Packs is dependent upon General Practices signing a Data Sharing Agreement. In total, more than 80% of all practices had signed this in advance of the packs being produced.

The only real outlier at the time was Cheshire (29% sign up). However, this position is improving and when appropriate, packs will be produced for both Cheshire East & West Places. As such please interpret the current Cheshire pack with a degree of caution.

segment in focus

Frailty & Dementia



C&M Key Stats Frailty and Dementia segment:

- There are over **117k** people in C&M with a diagnosis of Frailty and/or Dementia
- Their average age is 79, **59%** are women and **96%** will have a long term condition
- A third of people live alone with an average of **5%** found to be suffering from anxiety and depression in the last 2 years
- The deprivation profile of this segment mirrors the general population, meaning that they are generally neither poorer, or wealthier than most other people
- Compared to the general population, emergency admissions costs are **49%** higher in this segment, planned admissions are **2%** higher but outpatients costs are **3%** lower

Map Showing Density of Frailty & Dementia Segment Across Cheshire & Merseyside

Based on available data, the wards with the highest F&D population in C&M are Bankfield (Halton), Duke's (Southport & Formby) and Cambridge (Southport & Formby)

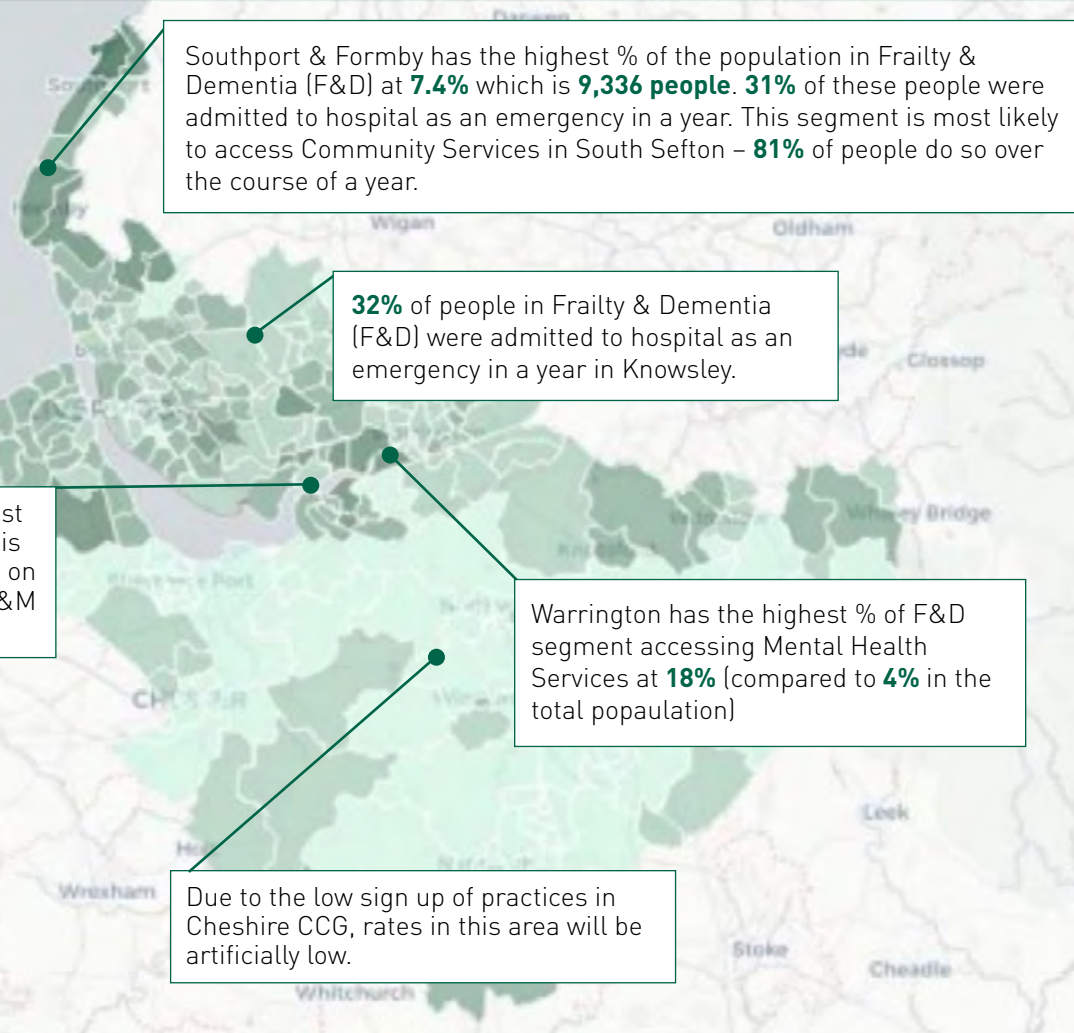
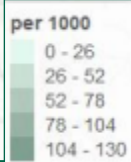
Southport & Formby has the highest % of the population in Frailty & Dementia (F&D) at **7.4%** which is **9,336 people**. **31%** of these people were admitted to hospital as an emergency in a year. This segment is most likely to access Community Services in South Sefton – **81%** of people do so over the course of a year.

32% of people in Frailty & Dementia (F&D) were admitted to hospital as an emergency in a year in Knowsley.

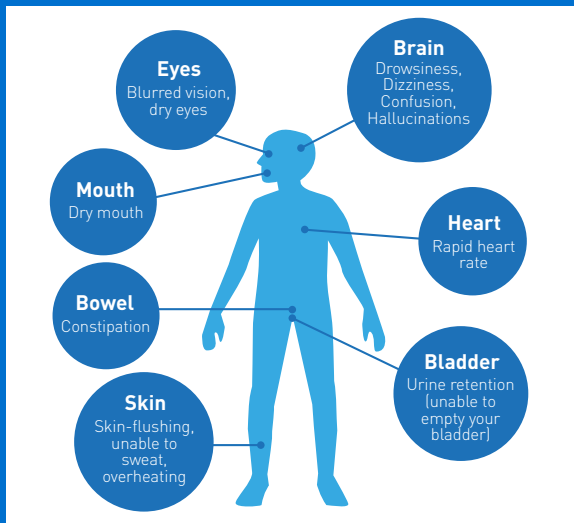
Although Halton has the highest rate of A&E attendances for this segment, the cost of these are on average **11%** lower than the C&M average.

Warrington has the highest % of F&D segment accessing Mental Health Services at **18%** (compared to **4%** in the total population)

Due to the low sign up of practices in Cheshire CCG, rates in this area will be artificially low.



Reducing Risk in the Frailty and Dementia Cohort: A Practical Application of Analytics



System P is working on a project designed to identify and better manage risk in the Frailty and Dementia segment.

Older people living with frailty are particularly sensitive to the adverse effects of AC medications.

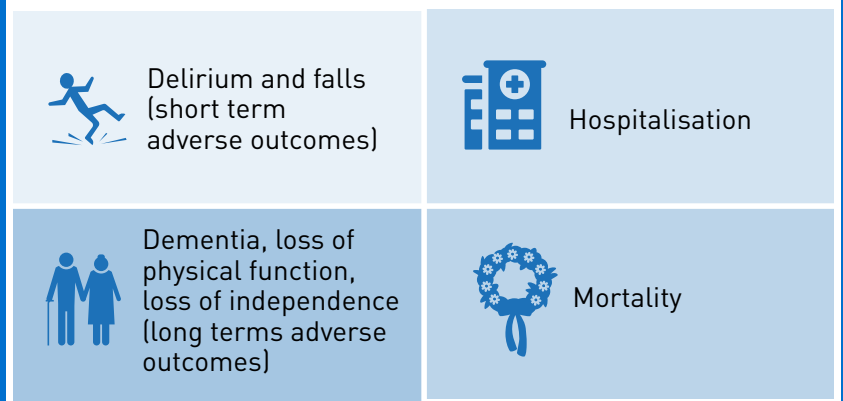
Medicines with anticholinergic properties are frequently prescribed in the older population for various medical conditions. The majority of medicines commonly prescribed to older people are not routinely recognised as having anticholinergic activity.

We will develop, implement and pilot an Anticholinergic Medication Index (ACMI) and supporting resources to reduce potentially harmful anticholinergic medications and reduce the risk of poor outcomes for older people with frailty.

Did you know?

- 80% of people in the Frailty & dementia cohort are prescribed AC medications across C&M (detailed in the System P Insight Packs)
- On average people are prescribed 2.4 medicines each.

Identifying AC medications and switching (or de-prescribing where appropriate) to a lower risk combination, can help reduce the risk of:



Interested in being part of this?

We are looking for practices and associated teams to join the AC project. If you would like to know more please contact:

Shahina.rashid@nhs.net

How CIPHA Data is used in the context of Population Health

CIPHA C&M Programme Director Helen Duckworth, who is also a key member of the System P team, joined us at the Hackathon. She explained the progress that CIPHA has made and where some of the key deliverables are up to in terms of progress. As highlighted here.....

Secure data will soon be flowing from CIPHA to place based Intelligence Teams, for Population Health purposes. System P can be seen as a Programme within CIPHA. We are working on the messaging around this to provide greater clarity on which functions are led by which team. More information to follow.





segment in focus

Complex Lives

Specialist Advisory Group Complex Lives

The Specialist Advisory Group (SAG) for Complex Lives met for the first time on the 12th May.

A key part of the discussion was to reflect on the main points from the Breakout Session in the Hackathon. The criteria of the Complex Lives segment was a real area of interest and the SAG have explored ideas on how to strengthen this.

Similar work is due to commence imminently in Frailty & Dementia.

Risk Factors in the Complex Lives Segment

The biggest identified risk was Substance Misuse

Followed by Alcohol Abuse

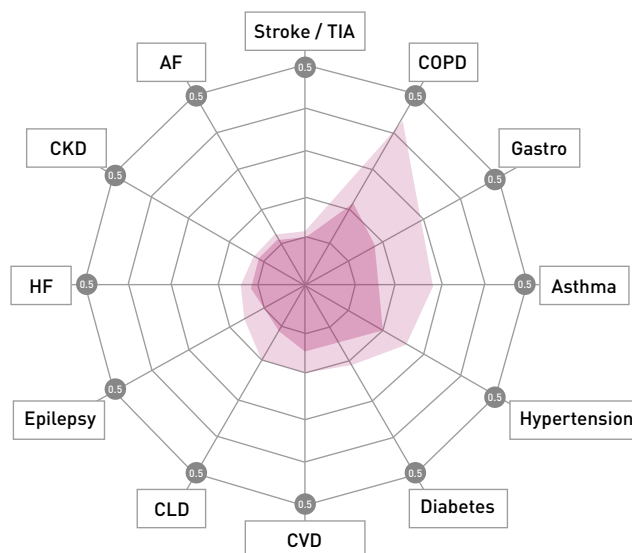
Being an Offender

Frequently Attending A&E

C&M Key Stats Complex Lives Segment:

- There are **11,857** people identified as Complex Lives (CL) in C&M, **69%** of whom live in the most deprived quintile. However, this cohort does still exist in wealthier areas
- There are an additional **18,473** people living in a household with someone identified as as CL; **22%** of these being children or young people
- **5%** of the CL segment were identified as being at risk of self harm, in comparison to just 0.2% of the general population
- The % of the Complex Lives segment who are admitted to hospital each year, is actually significantly higher than the Frailty & Dementia segment. **40%** CL and **29%** F&D on average
- Crisis is an enduring feature of the CL segment – utilising emergency care for trauma, mental health crisis, digestive system disorders (many likely to be alcohol related) and poisoning toxic effects
- Only **7%** of the identified CL segment are recorded as being Homeless
- **53%** of the CL segment access mental health services in a year, compared to just **4%** of the general population

Proportion of LTC prevalence in cohort compared to overall ICS population



The scale shows the rate per person so 0.5 represents prevalence of 50% of people.

Light pink section is the CL segment, Pink is general population at ICS level.

The Long Term Condition (LTC) prevalence is very high for this cohort when compared to the general population (see above chart for C&M). Surprisingly however, these LTCs are not well reflected in the use of emergency care, outpatients or prescribing.

Ordinarily, multi-morbidity equates to higher inpatient costs but this hasn't been witnessed in this segment – the average cost of an admission for the general population is **£2,141** and comparable at **£2,152** for Complex Lives.

The System P Team



Individual	System P Role	Role Outside of the Programme
Professor Joe Rafferty CBE	Executive Sponsor	Chief Executive Mersey Care NHS Foundation Trust
Professor Iain Buchan	Leading Expert Population Health	Chair in Public Health & Clinical Informatics & Executive
Dr Louise Edwards	Senior Responsible Officer	Executive Director of Strategy, Mersey Care
Andrea Astbury	Programme Director	Deputy Director of Strategy, NHS Liverpool CCG
Wes Baker	Strategic Analytics	Director of Strategic Analytics, Economics and Population Health Management, Mersey Care
Shahina Rashid	Project Support	Project Support, Midlands & Lancashire Commissioning Support Unit
Helen Bennett	Senior Advisor	Deputy Director of Strategic Planning & Intelligence, Mersey Care
Helen Duckworth	Intelligence Infrastructure	Associate Director of Business Intelligence C&M, Programme Director for CIPHA
Professor Ben Barr	Data Science & Analytics	Professor in Applied Public Health Research, Institute of Population Health, University of Liverpool

In the next issue

Insight into Action
Place Based Developments
Complex Lives – Enhanced
Insight
Specialist Advisory Group –
Frailty & Dementia



final thoughts

Can we help you?

Since the Hackathon at the end of April, we have attended a number of sessions locally to help interpret and embed the System P Insight Packs.

If you would like to talk through your Place based Insight Pack with the System P team, please drop us a line to arrange this...

Shahina.rashid@nhs.net