

Predictive
Preventative
Precise
Population
Patient
Person

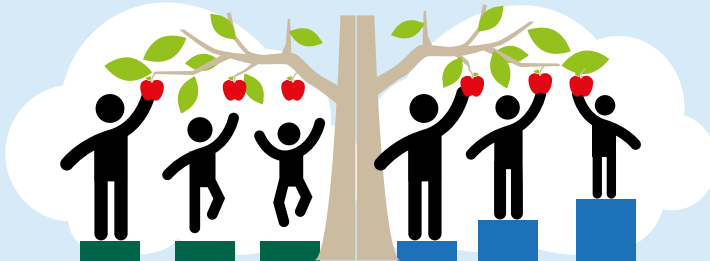


System P

THIS PROGRAMME IS ACROSS CHESHIRE & MERSEYSIDE

ENABLING US TO PROGRAMME EQUITY RATHER THAN TACKLE INEQUALITY

Equality



Equity

The 4 pillars of System P What Progress Have We Made?



DATA



ANALYTICS



CARE



PAYMENT



DATA

- All core health data flows are established and formatted in alignment with the segmentation model
- The Population Health Data Sharing Agreement uptake has increased from 81% to 91% in the last quarter. The biggest increase has taken place across Cheshire and this continues to improve, meaning Insight Packs will be much more comprehensive in these two places and across Cheshire & Merseyside as a whole
- Additional work on medicines data is underway, so we can better understand the polypharmacy profile within our priority segments
- Hand over of the segmentation data to local analytical teams is underway. System P datasets will be available to local Business Intelligence teams



ANALYTICS

- First set of Insight Packs were produced in April, 20 in total
- Hackathon and post hackathon events with a range of places to help interpret the data
- Enhanced insight packs Version 2 in are production, will be more complete geographically and include additional lines of enquiry
- Work is underway to explore how to evidence the impact of DOACs and qualitative medicines reviews within a defined cohort
- Anticholinergic medicines analysis work is in development – applying the model to C&M data
- Deep dive of Complex Families Mental Health is underway across all 9 places
- Sub-segmentation of the Frailty & Dementia cohort has been agreed and is scheduled for autumn.

In this issue: / DACP Update / Specialist Advisory Group - Frailty & Dementia / Complex Families Households / Complex Lives Workshop / System P Population Health Fellow / Final Thoughts

The 4 pillars of System P

What Progress Have We Made?



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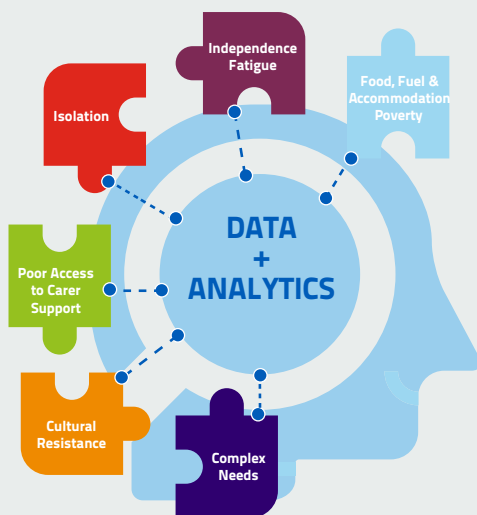
Care

- We have been working with Cheshire Places to help plan for the implementation of Virtual Frailty Ward Beds. Version 2 of the Insight Packs will provide the necessary demographic profile as well as service utilisation, to help strategic planners target resources
- Medicines management leads are enthused by the functionality offered by System P and have asked for an impact assessment of DOAC prescribing and associated model of care
- Anticholinergic model implementation – we are in discussion with a number of places as to where/how is best to test this
- Liverpool Complex Lives & Resilient Families Programme is now formally established and using household data to integrate service provision around the family
- A range of places are doing great work on Complex Lives issues and we will bring these together for shared learning at the workshops in the autumn – see below!



Payment

- Asset mapping across health and care has already been undertaken in Liverpool and we are expanding this to include the VCSE sector. This has been hugely enlightening in terms of the amount of assets, type of funding and opportunities developments at place
- We have been in discussion with a number of places such as Halton and St Helens who may also replicate the asset mapping process. This will help areas to compare and contrast and work together on shared challenges
- We have helped critique the effectiveness of the system to respond to Complex Lives segment in Liverpool and streamlined governance to support this – releasing time and resources
- Supporting work to align resources to need e.g. Frailty Ward Beds and other directive funding streams
- Supporting places to shift away from micro-commissioning and provision to a more strategic and holistic approach



Frailty & Dementia

Specialist Advisory Group

The Specialist Advisory Group (SAG) for Frailty & Dementia met for the first time on the 28th June and we were very fortunate to have had really high calibre representation.

We were joined by people with expertise in primary care, secondary care and community geriatric care, alongside academics, public health consultant and commissioning and operational leads.

The discussion resulted in the following:

- Agreement that the Electronic Frailty Index is a robust and rigorous tool ideal for strategic planning – but that other tools such as Rockwood can be more helpful in direct patient care
- The Insight packs should be updated and explore mild frailty along with some other key areas such as mental health
- We agreed to sub-segment the F&D cohort into mild, moderate and severe frailty and dementia.

We will review these sub-areas against 3 key risk factors and assess what impact these have in terms of service utilisation and outcomes. Risk factors will be things like living alone or living in the most deprived areas.



segment in focus

Complex Lives

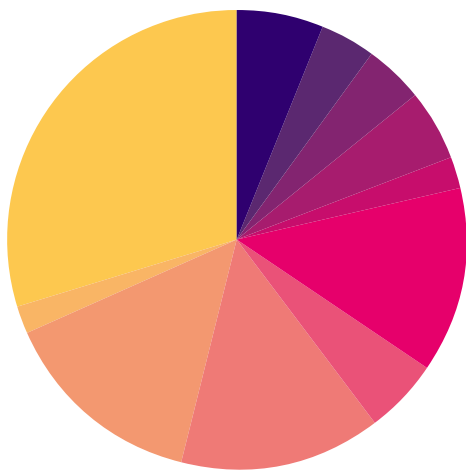
Version 1 Household Analysis

System P academics are working on a deep dive analysis of household intelligence for Complex Lives, which has a focus on mental health. They are creating a blueprint for this analysis, drawing upon the expertise of the Complex Lives Segment Group in Liverpool to help refine this.

This blueprint will be applied across all 9 places once it has been agreed. Below are examples of the outputs that have been produced initially in Liverpool, and will be replicated across Cheshire & Merseyside.

If you would like to review this and contribute to the process, please contact the System P Programme Director (details at the very end of this newsletter).

Reasons for Using Community Mental Health Services in Complex Households

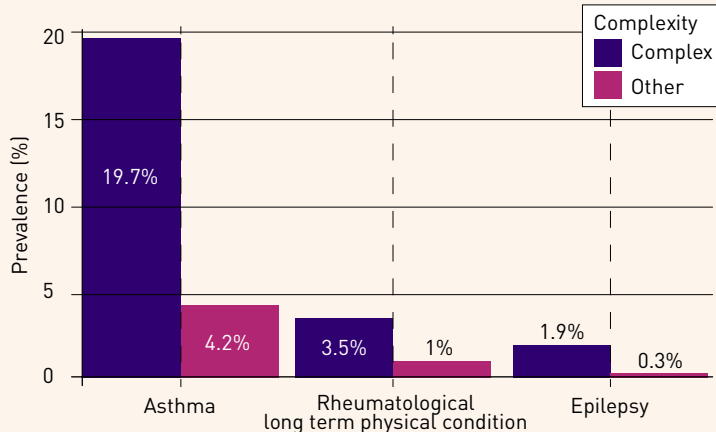


Young women between 15-30 are the most significant group using community mental health services, with anxiety, depression and crisis being the most common reasons.

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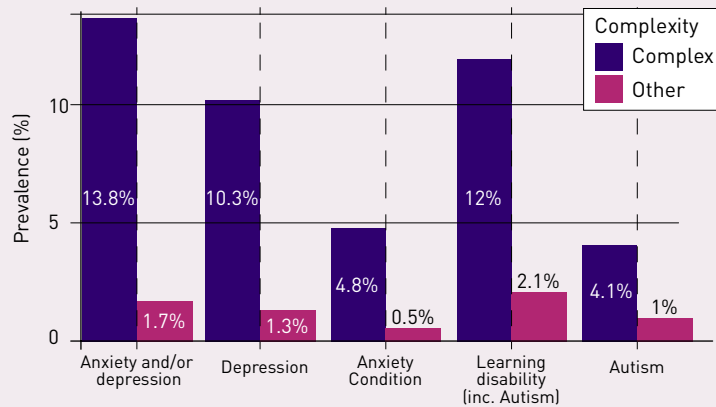
Contacts with mental health services for women in complex households peak between the ages of 10 and 25, with a prominent peak in the late teen-age years

Physical Health Conditions Children



In children, the most prevalent condition is asthma, followed by rheumatological conditions and epilepsy. 1 in 5 children in complex households have asthma.

Mental Health & Learning Disabilities



Children in complex households have very high prevalence of anxiety and depression and learning difficulties /disabilities, with nearly 1 in 4 children (23%) affected by common mental health problem or a learning difficulty, or both.

Mental health problems in children were:

- 1.6 times more common in children with asthma compared to children without
- 2.6 times more common in children living with adults who also had mental health problems compared to those living with adults who didn't have mental health problems.

Complex Lives

Workshops

System P intelligence has demonstrated that the Complex Lives cohort exists across all 9 places in Cheshire & Merseyside, and their needs and experiences are very similar. **However, good data must also be complemented by effective person-centred insight.**



Hear what really matters to people with Complex Lives

Join us for an interactive Teams led session on:

Thursday 6th October
9:30-11:30am

Make connections ▪ Form virtual networks ▪ Share tools and approaches

The session will cover:

- What we know about the Complex Lives segment
- Case studies from across Cheshire & Merseyside
- Effective engagement and co-production approaches and lessons learned
- Insights from people and families
- Improvement opportunities
- Common themes for collective action
- Co-production and power in our governance structures
- Opportunities for a joined up approach to co-production

To register for either or both of the Interactive Workshops for Complex Lives, please email shahina.rashid@nhs.net

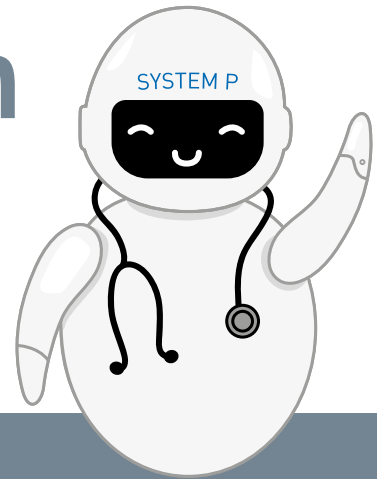


A second workshop is planned for **Thursday 10th November, 9:30-11:30am** (again via Teams). So please hold in your diaries if you're interested in:

- Seeing your Place Household Analysis for Complex Households
- Asset mapping from health and care commissioned services
- VCSE asset map alongside the above
- Consideration of key themes and challenges
- At scale opportunities

The System P Team

Welcome to our System P Population Health Fellow



Ailsa Gaskill-Jones will be working with System P for twelve months as part of the Population Health Fellowship.

This scheme provides a formal, academic programme alongside live experience working on a population led redesign programme.

Ailsa is a midwife by trade commencing her midwifery training in 2011 and qualifying in 2014.

Since that time, and in multiple roles, she has developed a passion for continuity of carer and saw first-hand the crucial role midwives can play in improving population health especially within a relational based model of maternity care.

In 2019 she joined Warrington & Halton Teaching Hospitals Foundation Trust (WHH) and is now the Deputy Head of Midwifery.

She was shortlisted for a HSJ Patient Safety Award and more recently was the regional winner in the Nursing and Midwifery category at the 2022 NHS Parliamentary Awards.

We are really excited to welcome Ailsa to the System P team and know she will be a great advocate for patients, populations and families!

“ I believe that the system wide, multi sector approach is the way forward if we are to achieve holistic, sustainable and effective population health improvement. ”

Ailsa Gaskill-Jones

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
Professor Matt Ashton	Leading Expert Public Health	Director of Public Health, Liverpool
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

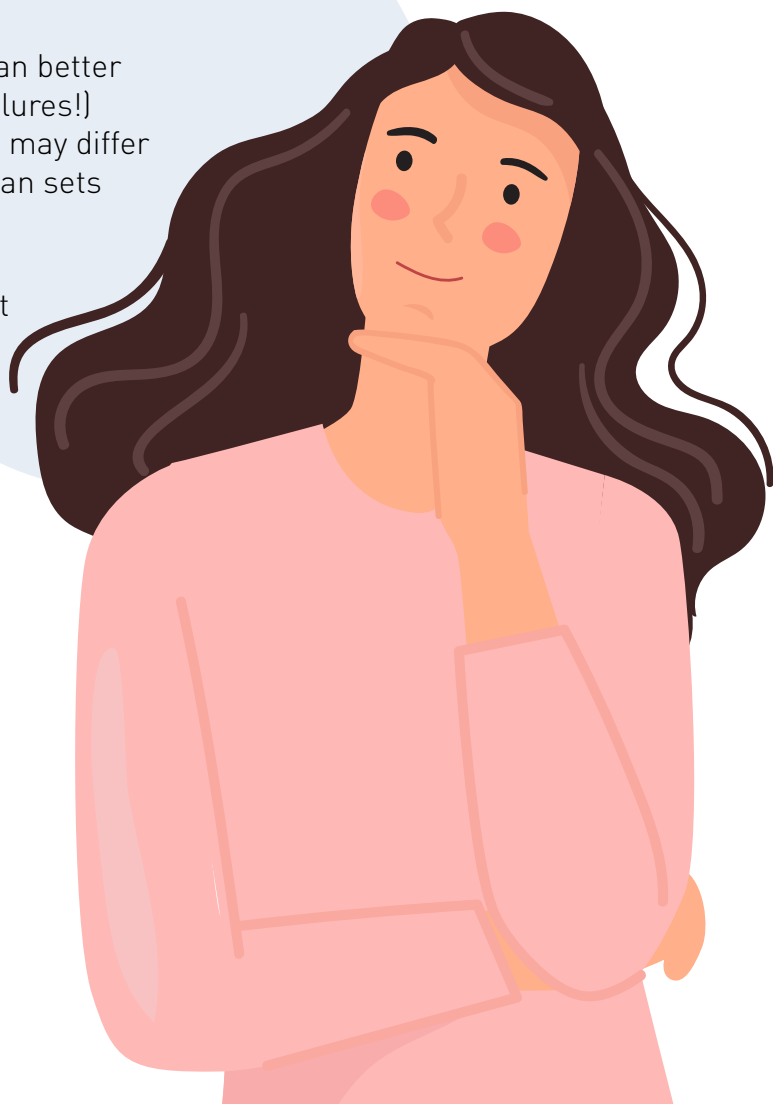
final thoughts

Please reach out...

Over recent weeks I have been privileged to hear about the great work that is happening across the Cheshire & Merseyside patch.

This has really brought it home to me how we can better share our knowledge and learning (including failures!) from a population perspective. Our populations may differ in some ways but they have more in common than sets them apart.

If you would like to discuss anything further that you have seen in this newsletter, just drop me a line at andrea.astbury@liverpoolccg.nhs.uk



In the next issue

Complex Lives – Engagement
& Co-production

Complex Lives – Asset
mapping and Household
Insight Across C&M

Frailty & Dementia update
Intelligence Handover

