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Shaping healthcare together

Introduction to Community Fit

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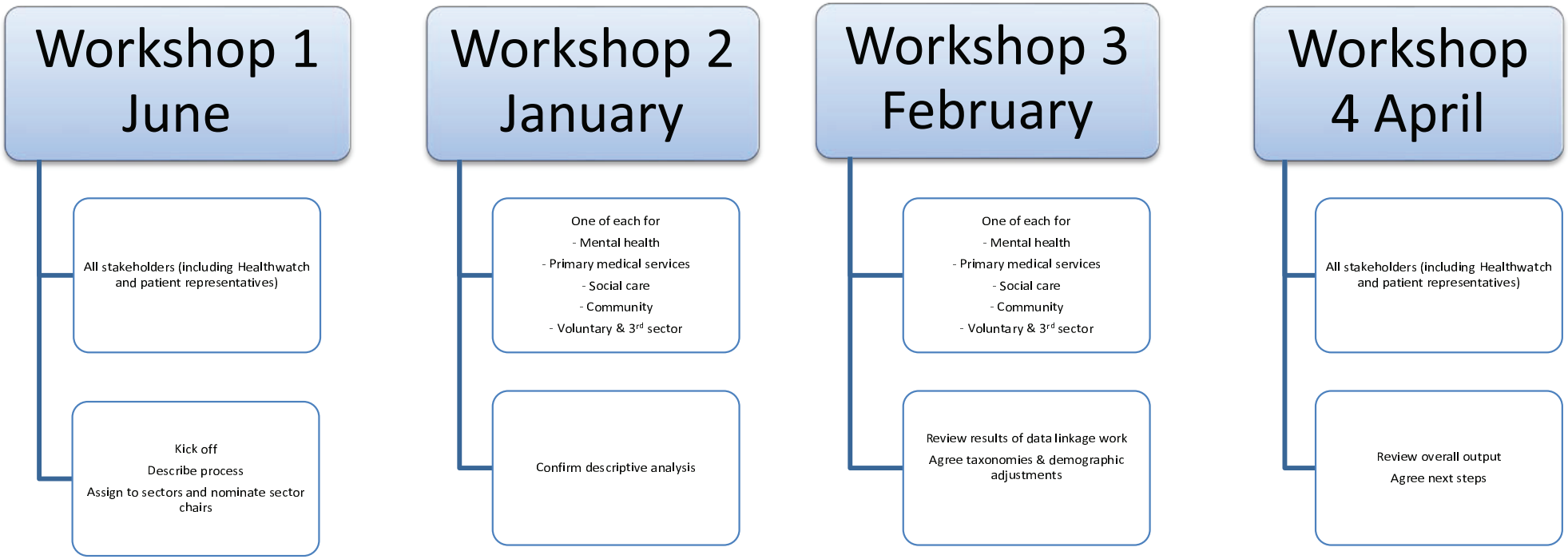
Context: Phase One of Community Fit

- Phase one delivers an understanding of the underlying community activity trends and the additional impact that Future Fit may create.
- Phase one does not address a comprehensive strategy for the development of community based services.

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Community Fit – phase one plan



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Outputs of Phase One

By April 2016:

- A description of activity currently taking place in primary care, community services, mental health and social care across Shropshire and Telford and Wrekin.
- An agreed taxonomy (classification) of care packages delivered by each of these sectors.
- An agreed estimate the impact of demographic change on activity levels within these sectors.
- A linked health and social care dataset, identifying patients receiving care from two or more sectors and describing they care they receive.
- A description of the activity that the Future Fit 1 models anticipate will move out of the acute setting and therefore may have an impact on primary care, community services, mental health and social care services.

NHS

Midlands and Lancashire
Commissioning Support Unit

Health and Social Care Analysis
Community Fit

Descriptive Analysis of Health and Social Care Service Users in Shropshire and Telford & Wrekin

April 2016

2014/15

05/05/2016

What is included?

Included

- Acute Inpatient, Outpatient and A&E services for service users registered with Shropshire or Telford CCG or living in the Shropshire or Telford region (including Specialised Commissioning services)
- Community Inpatient, Outpatient, Minor Injuries Unit and Contact activity provided by Shropshire Community Health NHS Trust for Shropshire and Telford CCG's. Also includes SUS activity from Wye Valley NHS Trust.
- Mental Health Inpatient, Outpatient and Contact activity provided by South Staffordshire and Shropshire Healthcare NHS Foundation Trust for Shropshire and Telford CCG's
- Social Care Assessments and Packages of Care commissioned by Shropshire and Telford & Wrekin Councils
- Out of area Social Care Placements activity linked to any health activity they have consumed
- Service users aged 18 and above

Not Included

- Any Acute Block or Variable activity
- Community and Mental Health activity provided by any other Provider outside the region
- Primary Care activity and costs (Nb see draft slides at end)
- Urgent Care, Out of Hours and Walk in Centre activity and costs
- Continuing Healthcare
- Voluntary sector activity and costs, Carers activity and costs
- Social Care Self Funders
- Un-costed activity
- Any activity for service users aged under 18
- Any activity for service users where we could not determine their age
- Any activity for service users where we did not receive a pseudonymised NHS number

Matching Results

The total population aged 18 or over in Shropshire and Telford & Wrekin was estimated as 380,789 in 2014 (based on the 2014 ONS Population estimates). There were 210,859 service users who had at least one of the services in 2014/15. This cannot be interpreted as a precise proportion of the total population as some service users will have moved in or out of the region within the last year whilst the population is an average over the year.

The 210,859 matched service users were spread across 14 services. These service are listed below:

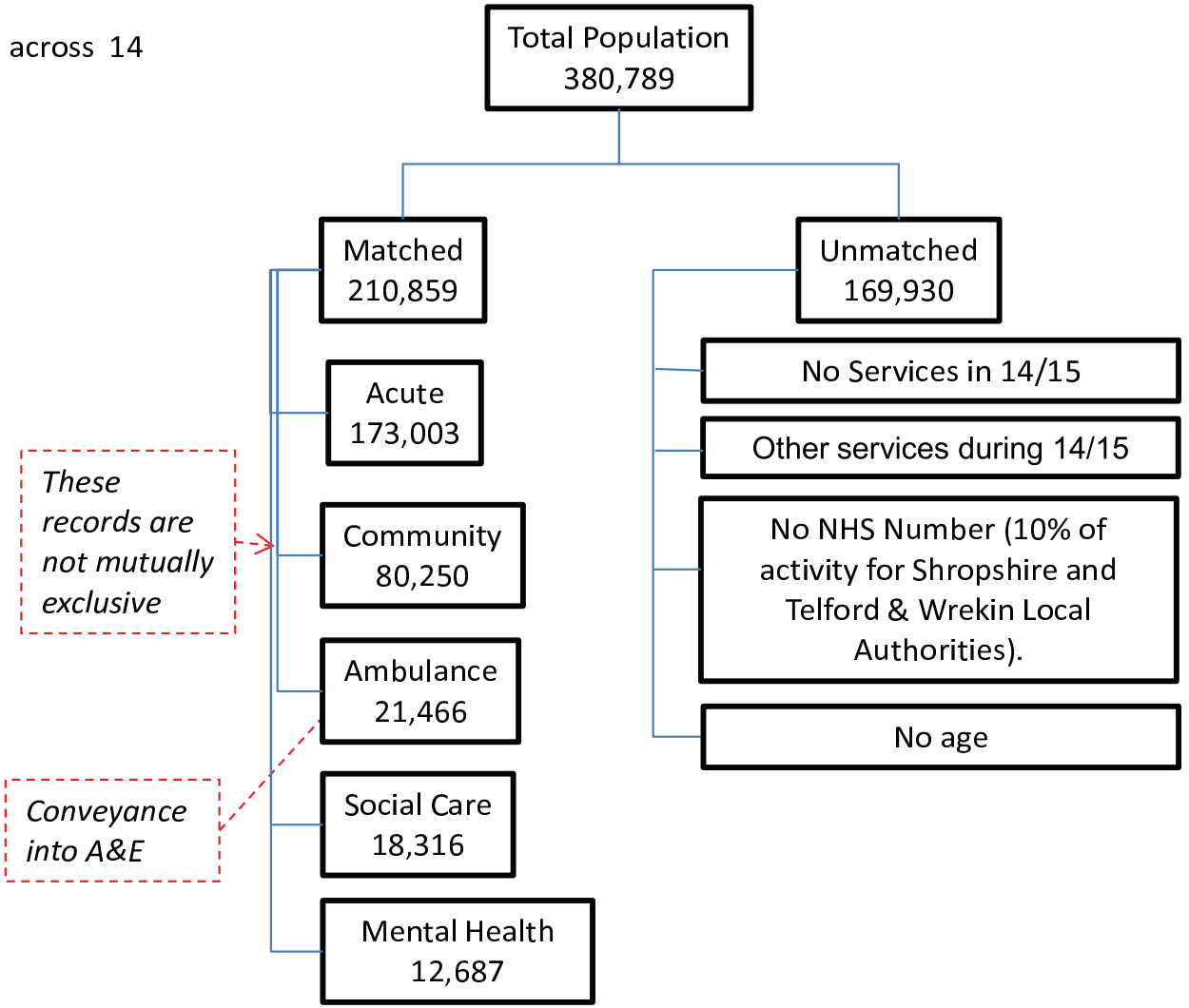
<u>Acute</u>
Acute Inpatients Elective/Day Case Spells
Acute Inpatients Emergency Spells
Acute Outpatients Attendances
Acute A&E attendances

<u>Community</u>
Community Contacts
Community Inpatients
Community Outpatients
Community MIU

<u>Ambulance Activity (conveyances into A&E)</u>

<u>Social Care</u>
Social Care assessments
Social Care Packages of Care

<u>Mental Health</u>
Mental Health Contacts
Mental Health Inpatients
Mental Health Outpatients



Midlands and Lancashire
Commissioning Support Unit

Costs

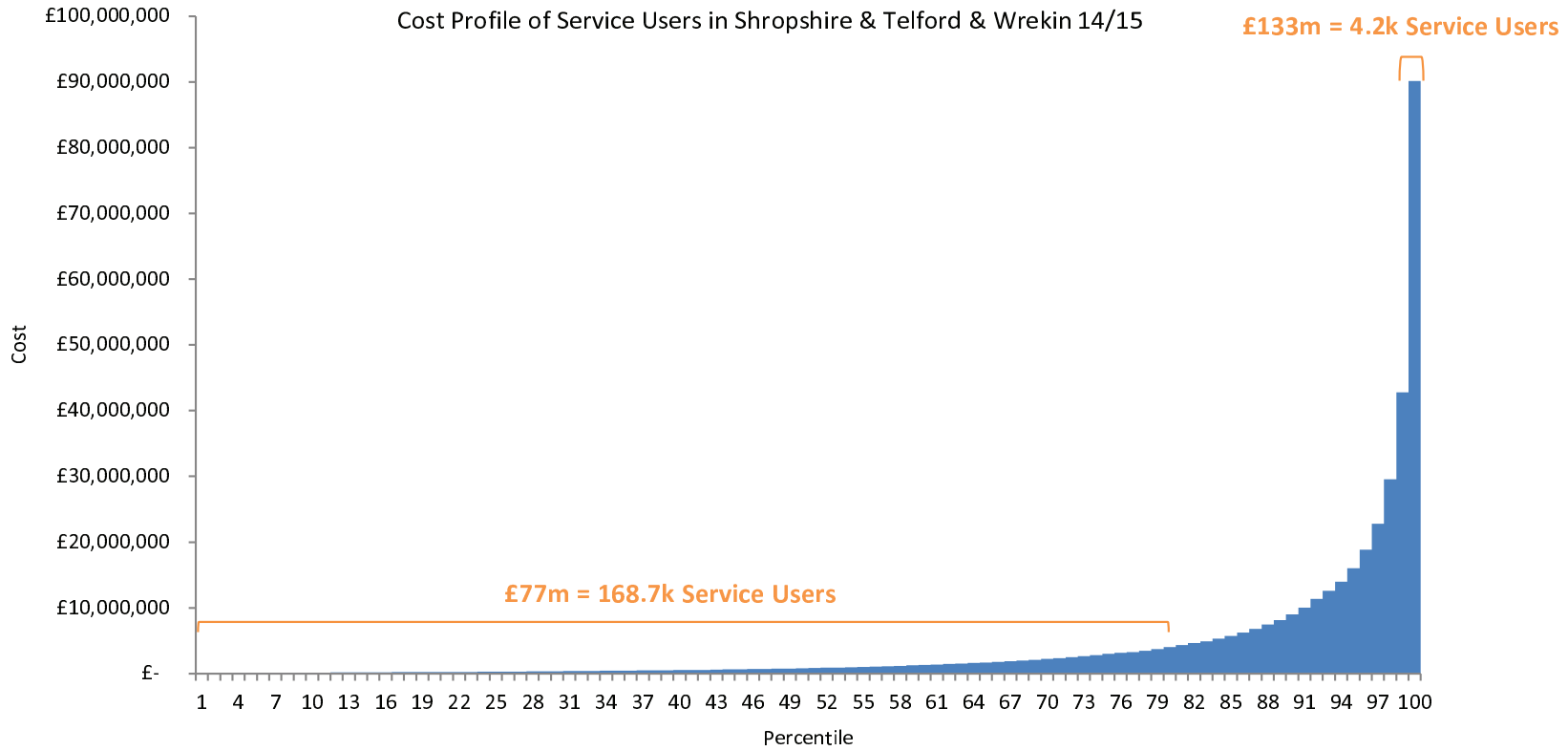
05/05/2016

Cost of service users

The total cost of the analysed health and social care services incurred in 2014/15 was £408,147,156 which covered 210,859 service users.

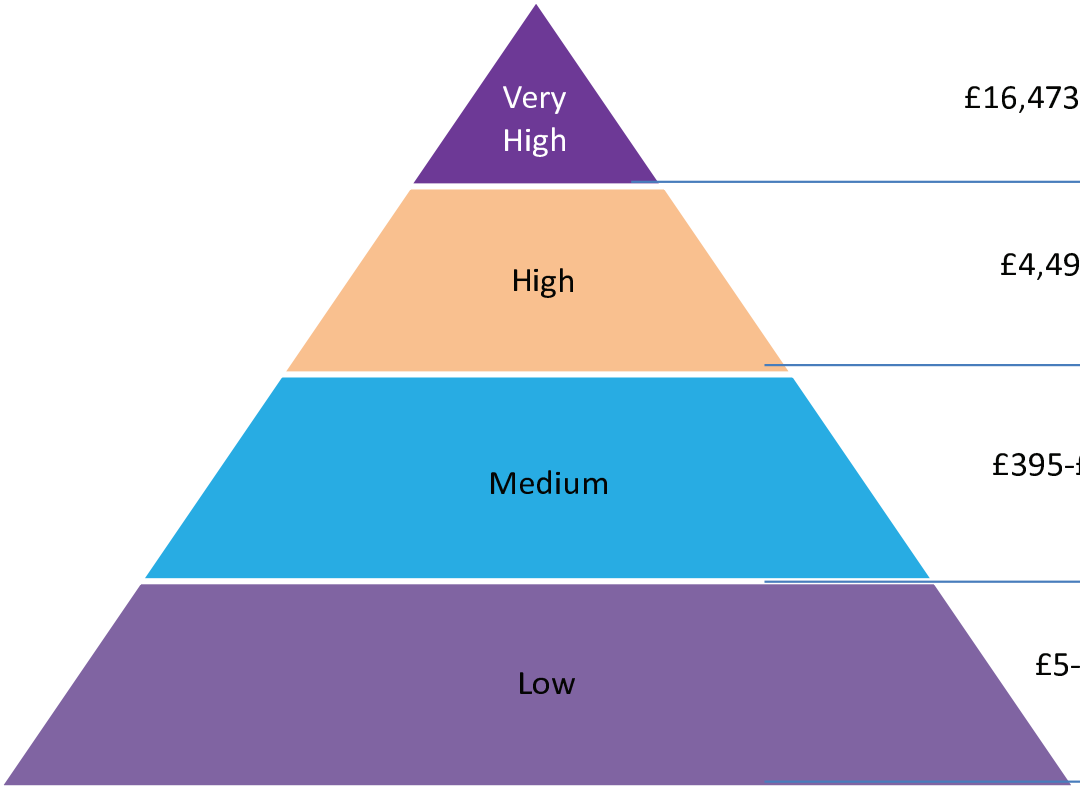
The highest costing 2% of service users cost £132,910,335 compared to the least costing 80% of service users who cost less than this at £77,218,916.

This shows a large proportion of costs were incurred by a relatively small proportion of service users.



Service User Cost Bands

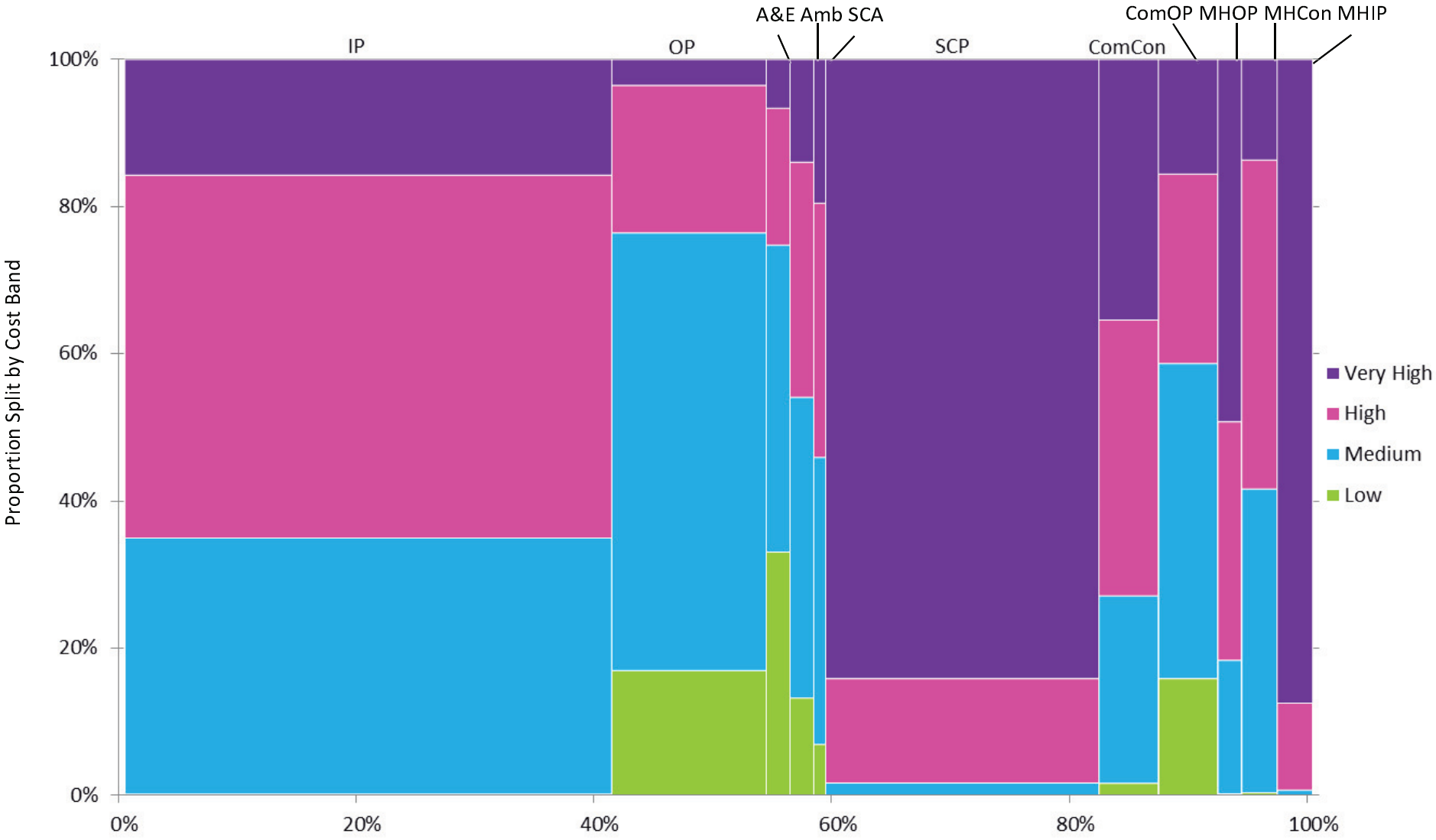
The service users have been grouped into 4 cost groups based on overall costs they consume. These are:
Very High (Top 2% of all costs) , High (Top 3-10% of all costs), Medium (Top 11- 50% of all costs), Low (Bottom 50% of all costs).



Cost band	Service Users	Total Cost / % of Total Cost	Average Cost
£16,473-£347,956	4,218	£132,910,335 33%	£31,510
£4,497-£16,472	16,872	£135,320,968 33%	£8,020
£395-£4,498	84,360	£122,143,127 30%	£1,448
£5-£394	105,409	£17,772,726 4%	£169

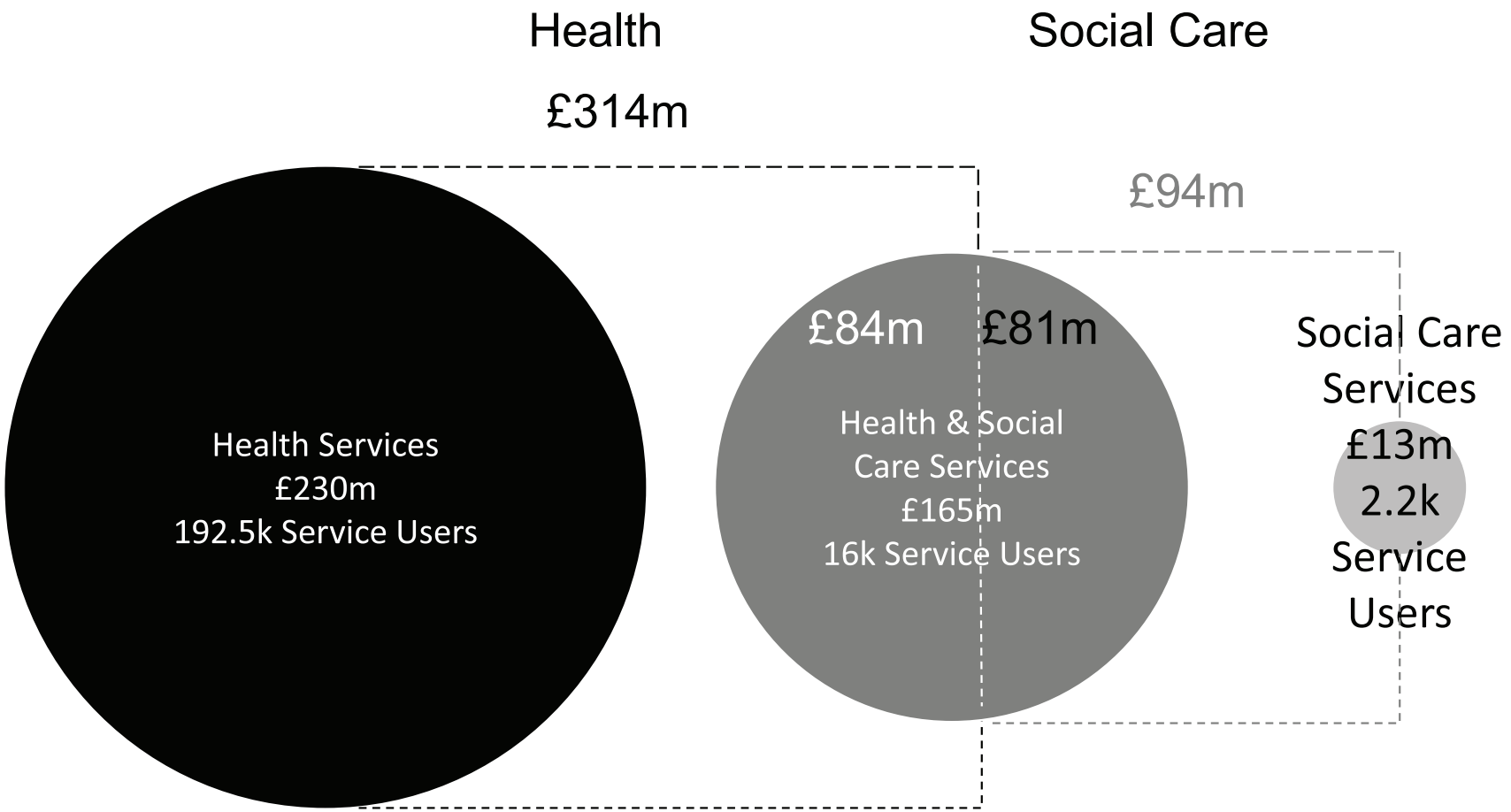
Cost of Services by Cost Bands

The mekko chart below illustrates the proportion of spend on each service by cost band. The size of the shaded area represents proportional spend. 41% of the costs are for Acute Inpatients, 13% for Acute Outpatients and 23% for Social Care Packages. 19% of the overall costs are for Social Care Packages within the Very High cost group



Overlap between services

91% of the matched population received Health services only and accounted for 56% of the costs compared to Health & Social Care Users who accounted for 8% of the matched population and 40% of the costs. The average cost of the Health and Social Care group was more than 5 times the average cost.

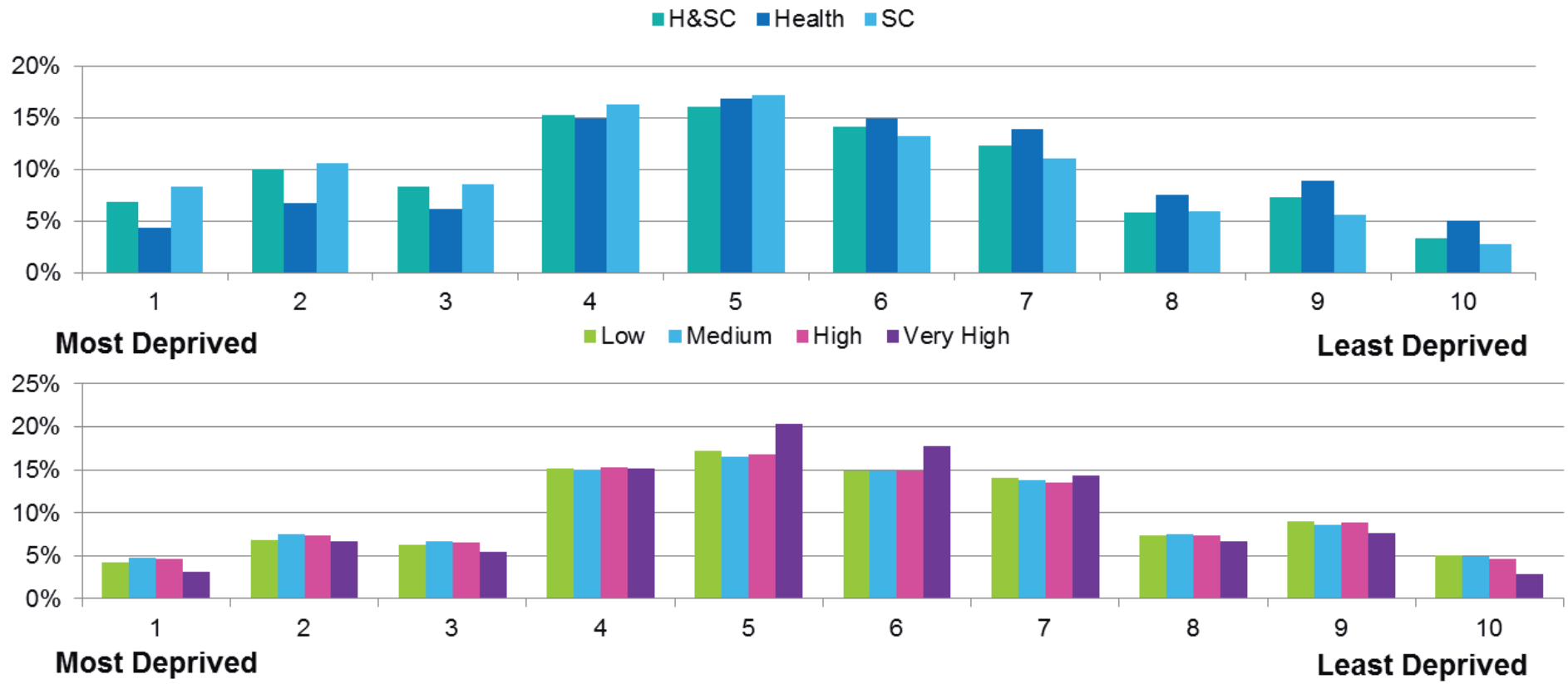


Deprivation Profile

These charts illustrate the deprivation profiles for service users that are aged 18 and over for the Shropshire and Telford & Wrekin region by service and cost group.

These show that 6.9% of Health and Social Care users reside in the most deprived areas in Shropshire and Telford & Wrekin, this is higher than health service users only (4.4%) and the Shropshire and Telford & Wrekin population aged 18 and over (4.5%).

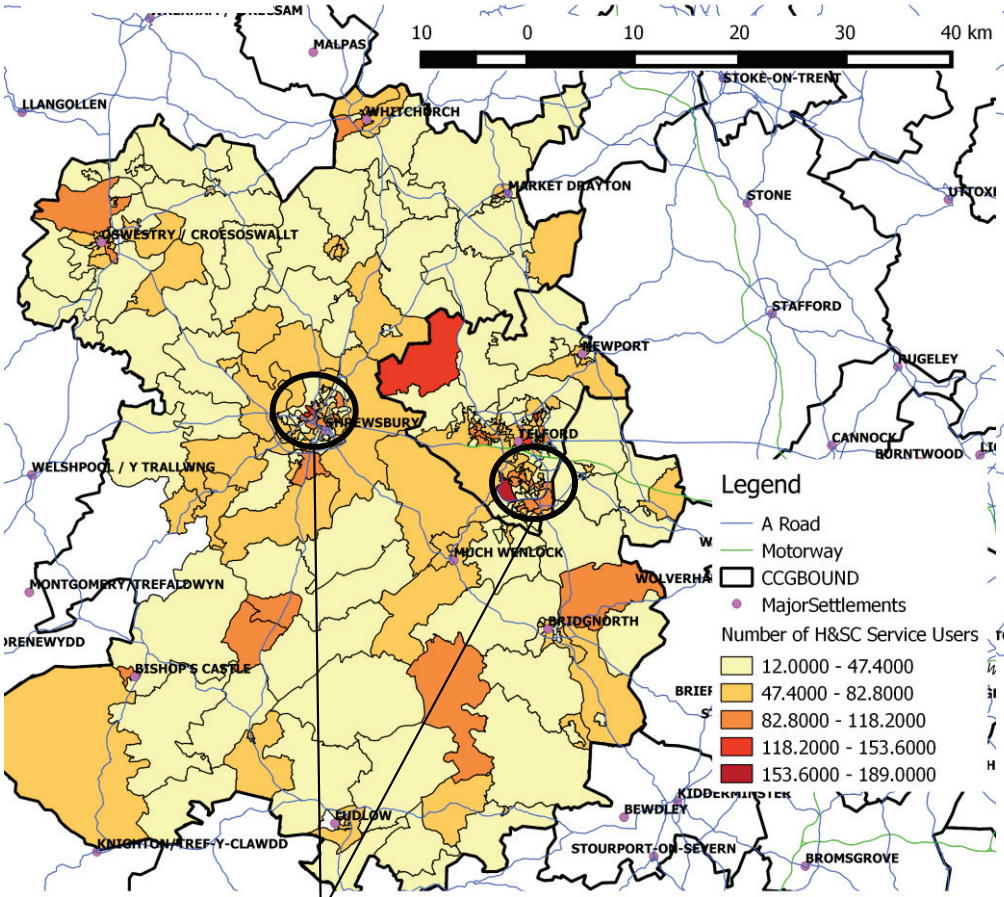
3.2% of service users in the Very High cost band and 4.7% in the High cost band reside in the most deprived areas of the region. These are similar to Shropshire and Telford & Wrekin's population, where 4.5% reside in the most deprived areas (shown on previous page).



Geo-Demographic Profile – Number of Service Users

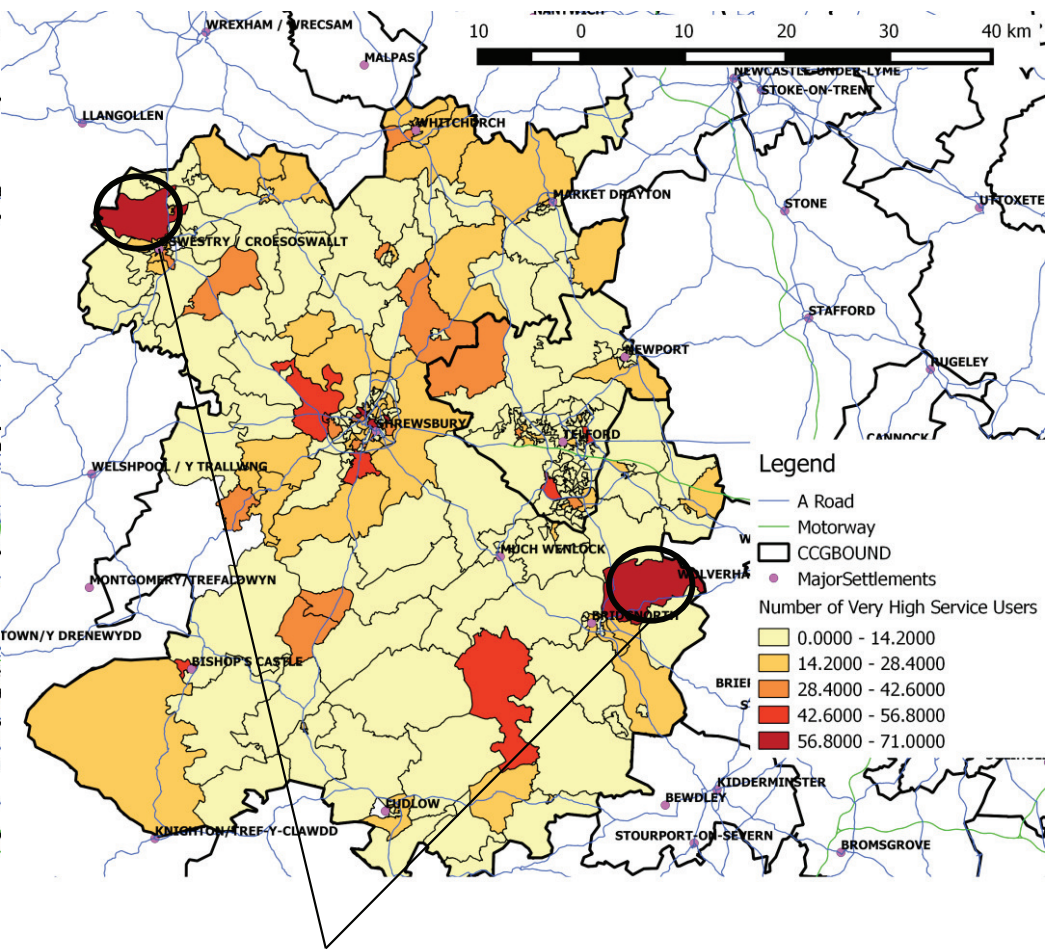
These maps show the number of service users during 2014/15 across Shropshire and Telford & Wrekin.

H&SC Users



There are LSOAs within the 2 main urban areas (Telford and Shrewsbury) with high numbers of people receiving health and social care services.

Very High Cost

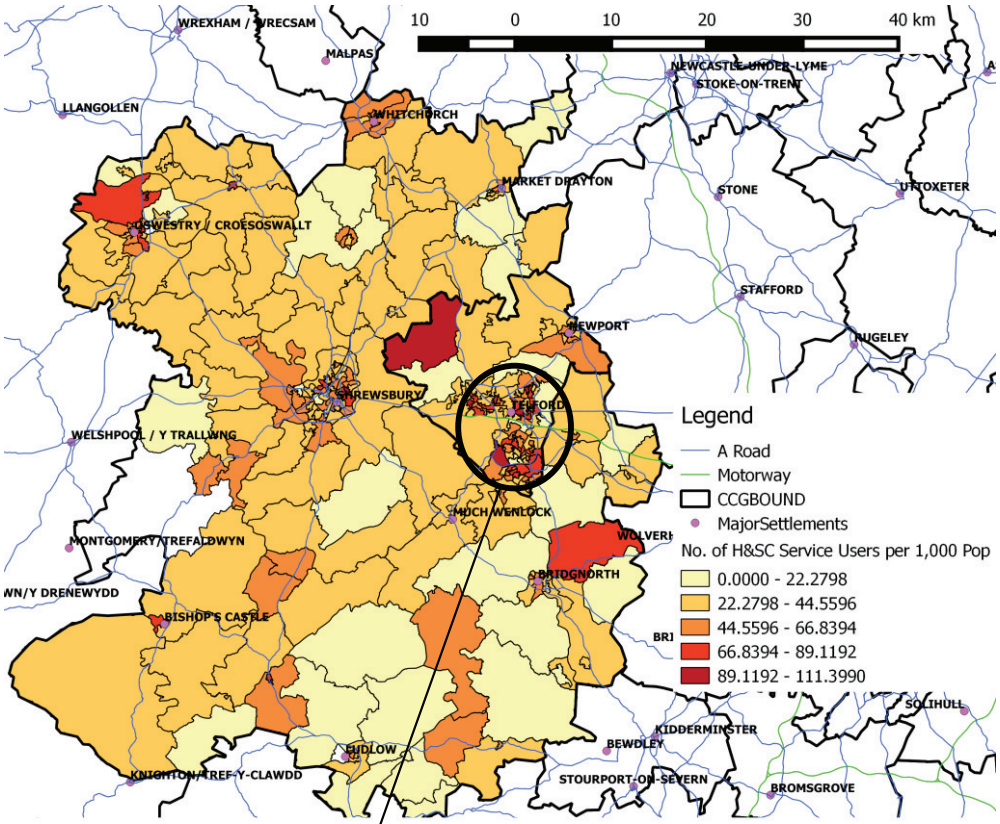


There are areas with large numbers of Very High Cost on the western (Oswestry) and eastern (Bridgenorth) borders. These may be areas with high residential and nursing home capacity.

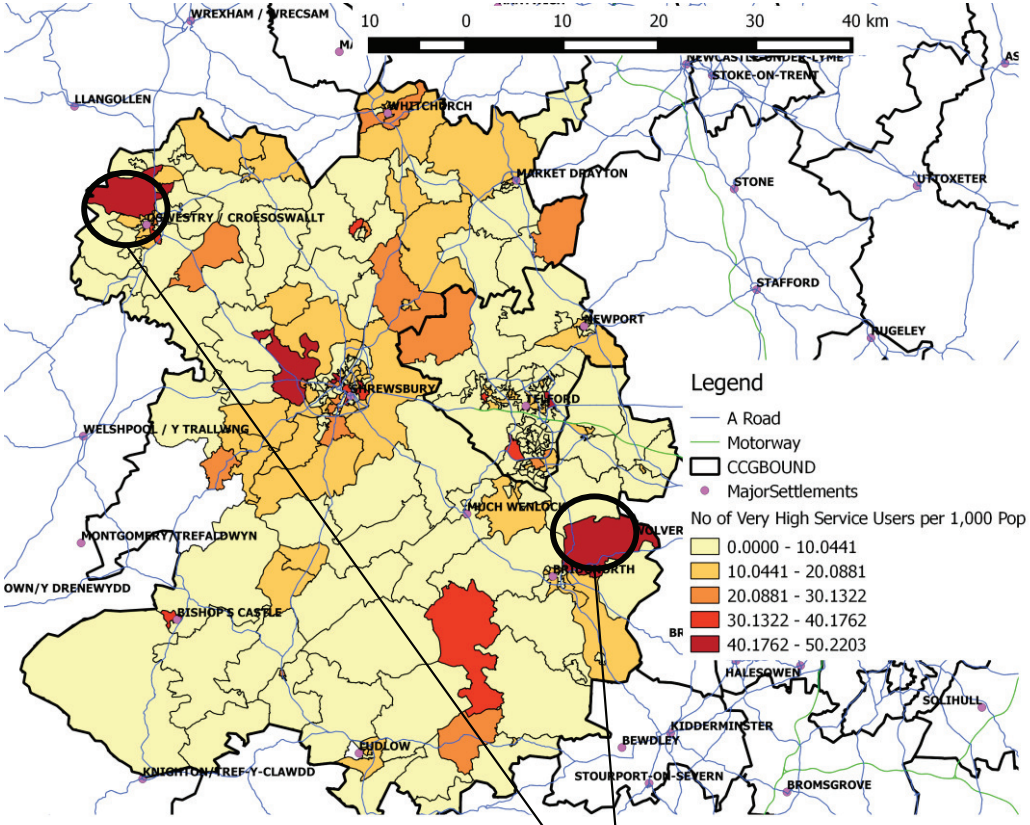
Geo-Demographic Profile – Rate per 1,000 18 and over Population

These maps show the rate of service users per 1,000 population age 18 and over during 2014/15 across Shropshire and Telford & Wrekin.

H&SC Users



Very High Cost



There are a number of LSOAs in and around Telford with high rates of Health and Social Care service users

The same 2 areas appear for Very High Service Users when analysing rates as well as the numbers.

Cost Band Summary

Very High

Very high proportion in very old population (85+).

3% of patients/clients within most deprived decile.

Higher percentage of the Senior Neighbourhoods People and Places Tree profiles than Shropshire and Telford & Wrekin

19% visited a Trauma & Orthopaedics Outpatient clinic during 14/15

37% with high blood pressure, 21% with Coronary Heart Disease and 16% with dementia.

49% of service users in the Medium cost band were observed with 2 or conditions. 8% had 6 or more long term conditions.

High

Very high proportion in very old population (85+).

5% of patients/clients within most deprived decile.

More likely to live in Senior Neighbourhoods areas.

34% visited a Trauma & Orthopaedics Outpatient clinic during 14/15

45% with high blood pressure, 21% with Coronary Heart Disease and 18% with Cancer.

52% of service users in the Medium cost band were observed with 2 or conditions. 4% had 6 or more long term conditions.

Medium

Fairly even proportion of males to females across all 18+ age bands. Relatively younger population.

5% of patients/clients within most deprived decile.

More likely to live in Mature Oaks and Senior Neighbourhoods areas.

20% visited a Trauma & Orthopaedics Outpatient clinic during 14/15

23% with high blood pressure and 10% with Asthma

22% of service users in the Medium cost band were observed with 2 or more conditions.

Low

Similar age and gender profile to the Shropshire and Telford & Wrekin population aged 18 and over. Relatively younger population.

4% of patients/clients within most deprived decile.

More likely to live in Mature Oaks People Places Tree area than the Shropshire and Telford & Wrekin population.

10% visited an Trauma & Orthopaedics Outpatient Clinic during 14/15

Very low prevalence of long term conditions

Very low proportion with co-morbidities

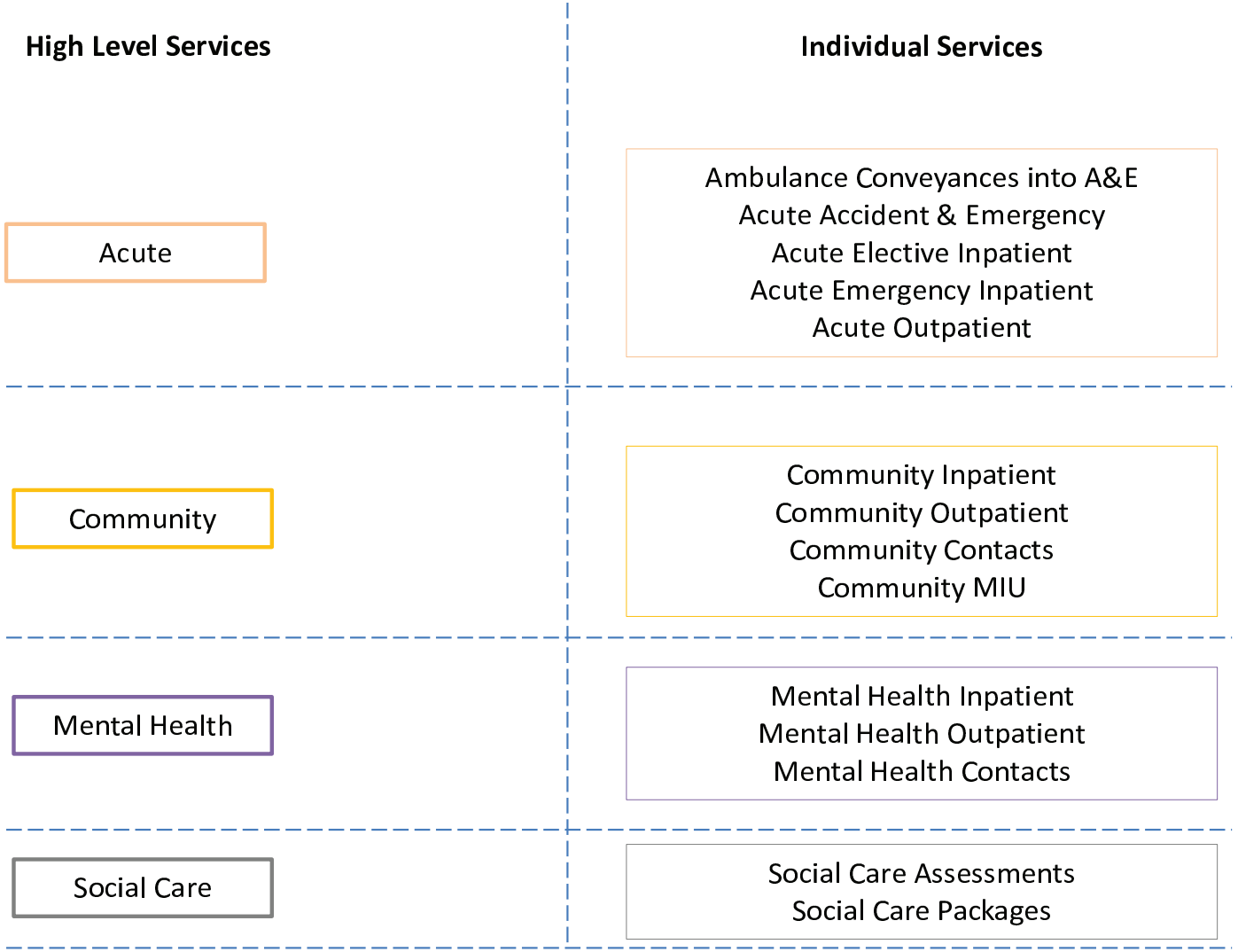
Interactions between Services

Service Levels

The analysis covered in this section focuses firstly on the high level service group interactions with Social Care with a description for each of these covering caseload, activity and cost.

The next level of analysis focuses on the interactions between individual services with Social Care.

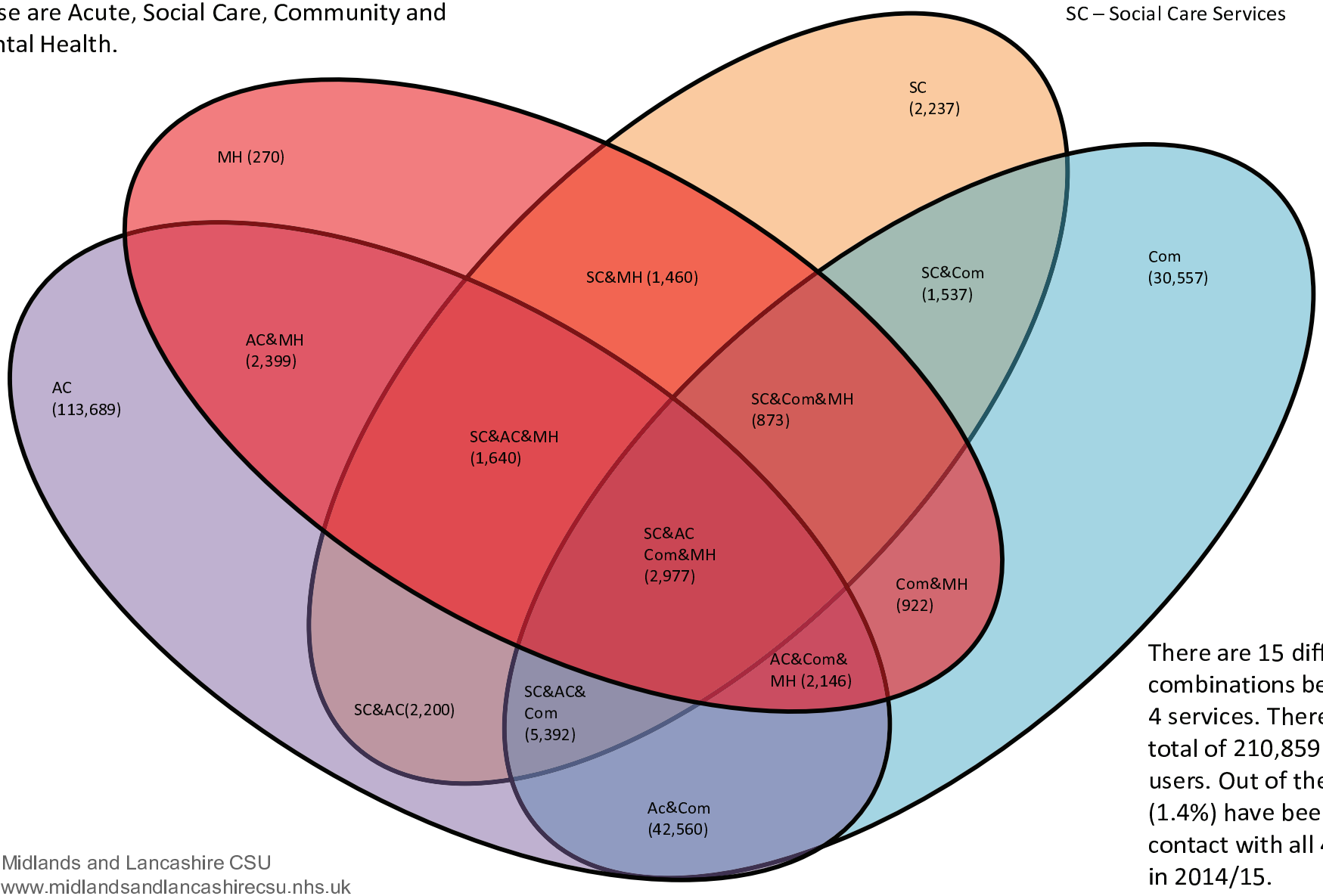
Then the final section of this report covers the interactions between groups of services e.g. urgent and nursing care etc.



Interactions between Services across Health and Social Care

The Venn diagram illustrates the number of patients/clients that interact with the various services covered within the dataset. The 14 services have been grouped up into 4 groupings. These are Acute, Social Care, Community and Mental Health.

Key:
AC – Acute Services
Com – Community Services
MH – Mental Health Services
SC – Social Care Services



There are 15 different combinations between the 4 services. There were a total of 210,859 service users. Out of these 2,977 (1.4%) have been in contact with all 4 services in 2014/15.

Primary Care Analysis

Methodology

The following section is based on data for 3 GP practices in Shropshire and Telford & Wrekin.

The data for all 3 practices was matched with the data on Acute, Community, Mental Health and Social Care costs from the main part of the report using the same pseudonymised NHS Number. The percentile groups were not recalculated for the 3 practices to ensure consistency across the whole report. Anyone who was not already identified in a Cost or Service Group has been identified in a new Primary Care group and their activity shown against this group. This does not assume they have had any activity in Primary Care.

The analysis cover 4 areas:

- **Prescribing –** The average number of prescriptions per person.
- **Primary Care Activity –** The average number of Surgery, Telephone and Home Based Consultations per person based on a selection of READ Codes that have been checked by the Practices involved.
- **Long Term Conditions –** People currently on a Long Term Condition Register based on the QOF rules applied at READ Code level.
- **Co-morbidities –** The number of Long Term Condition Registers that each individual is currently on based on the list of registers above.

The overall population aged 18 and over registered with the 3 practices that was used in the analysis is 28,366. Of these:

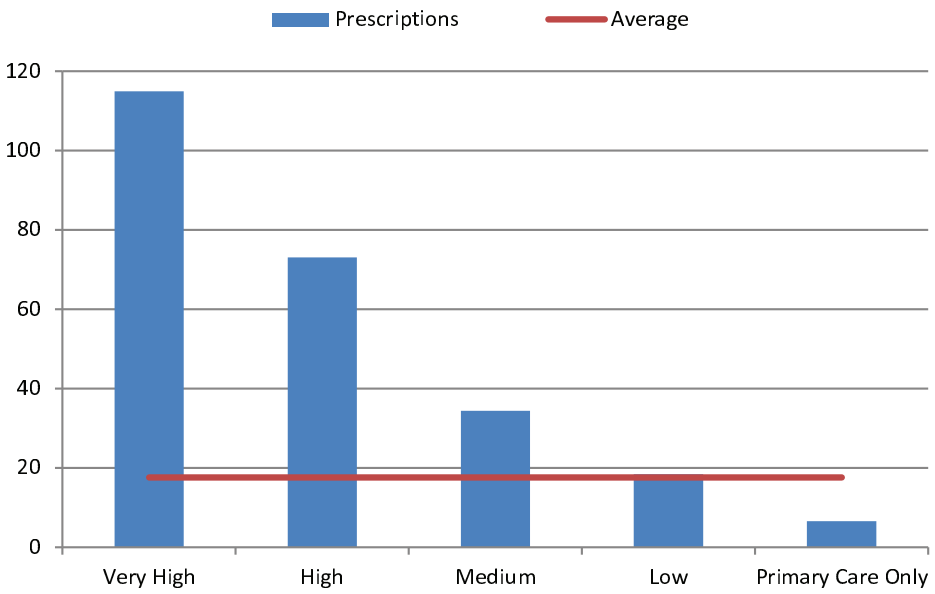
- 13,031 were matched against the other datasets and 15,335 were only in the Primary Care data
- 11,591 had at least 1 Acute service (Inpatient, Outpatient or A&E)
- 3,747 had at least 1 Community service (Inpatient, Outpatient, MIU or Contact)
- 788 had at least 1 Mental Health service (Inpatient, Outpatient or Contact)
- 1,261 had at least 1 Social Care service (Assessment or Package of Care)

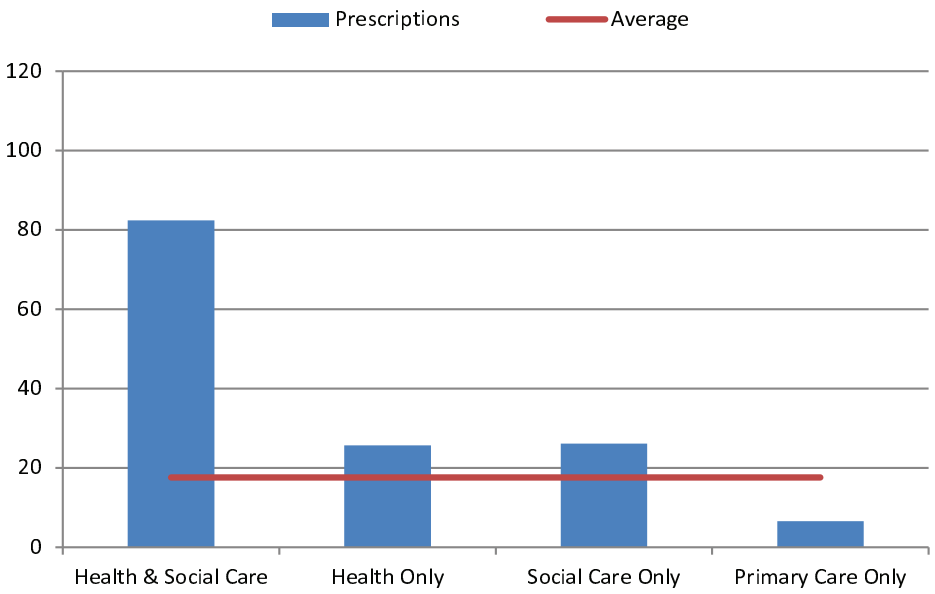
Primary Care Prescribing

The charts below show the average number of prescriptions per person by each of the Cost and Service Groups.

The average number of prescriptions per person increases in line with the cost groups with the Very High Cost Group 57% higher than the High Cost Group and more than 3 times higher than the Medium Cost Group.

The average number of prescriptions is more than 3 times higher for the Health & Social Care Group than both the Health Only and Social Care Only Groups.



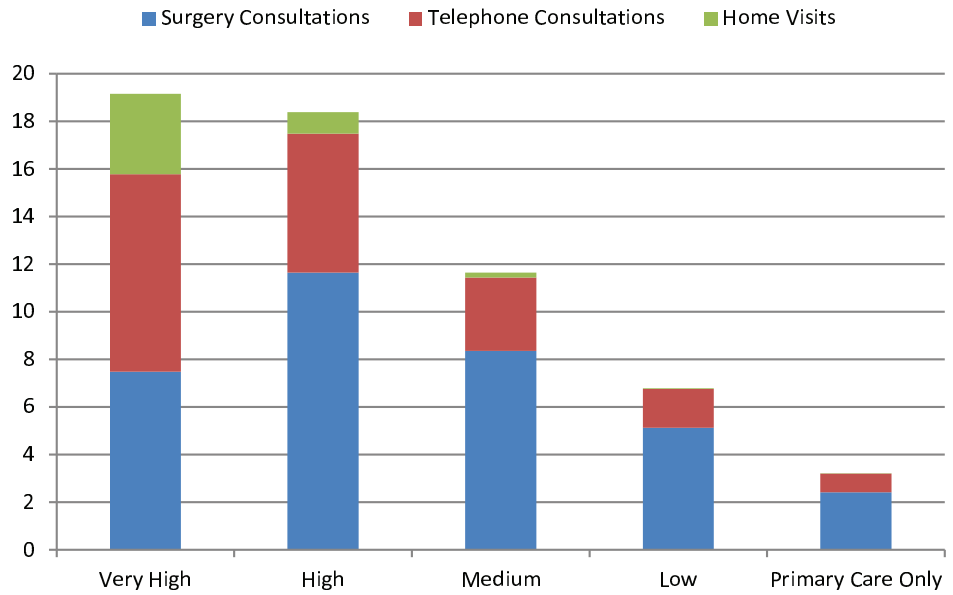


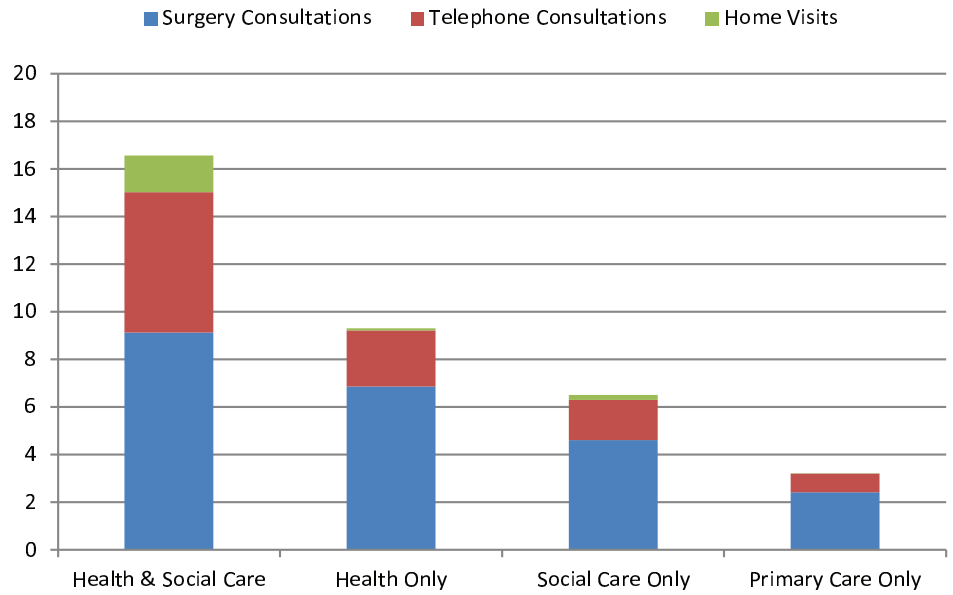
Primary Care Consultations

The charts below show the average number of Surgery Consultations, Telephone / Third Party Consultations and Home Visits per person by each of the Cost and Service Groups.

The Very High Cost Group had the highest average number of consultations although the High Cost Group had the highest average number of Surgery Consultations. 61% of the average number of consultations for the Very High Cost Group were Telephone Consultations or Home Visits.

The Health and Social Care Group has the highest average number of consultations compared to the other service groups as well as the highest number of each type. Almost all the Home Visits were in the Health and Social Care (59%) and the Health Only (34%) Groups.





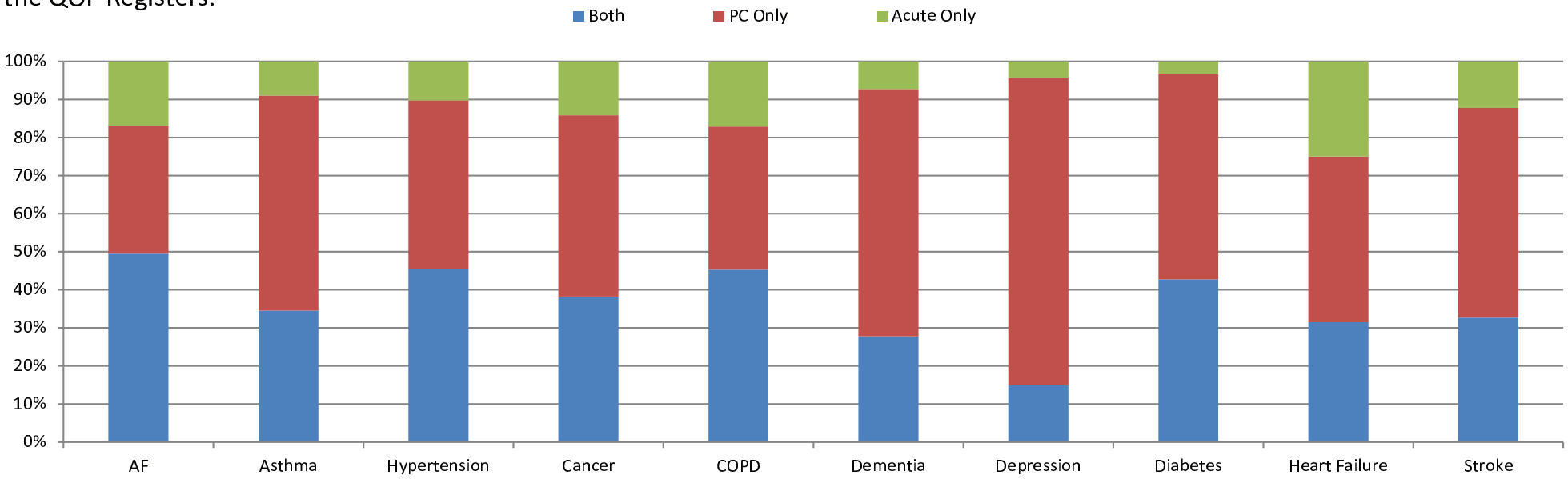
Long Term Conditions Methodology Comparison

The chart below compares the 2 methods of calculating Long Term Conditions (SUS data and Primary Care data) and shows the percentage overlap and the percentage of each Long Term Condition that was identified by each method individually. The CHD and CKD Registers were not calculated from the Primary Care data and the Epilepsy, Rheumatoid Arthritis and Peripheral Arterial Disease Registers were not calculated from the SUS data so have not been compared.

Atrial Fibrillation, COPD and Diabetes have the highest proportion identified in both dataset although this was 50% or lower for all of them.

The largest difference is for people identified in the Primary Care dataset but not in the SUS dataset and in particular there is a high proportion of people on the Dementia and Depression Primary Care registers that were not identified from SUS.

Heart Failure, Atrial Fibrillation and Diabetes show a high proportion of people identified from the SUS data who were not on a Primary Care Register. This may be an issue with the conversion of READ Codes to ICD10 codes or could be under diagnosis of these diseases on the QOF Registers.

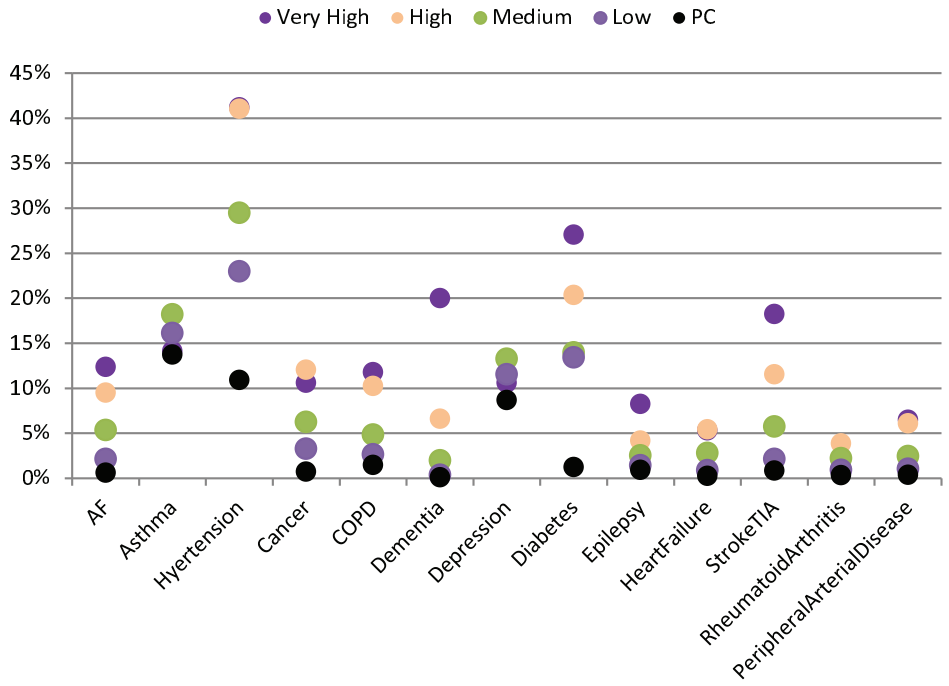


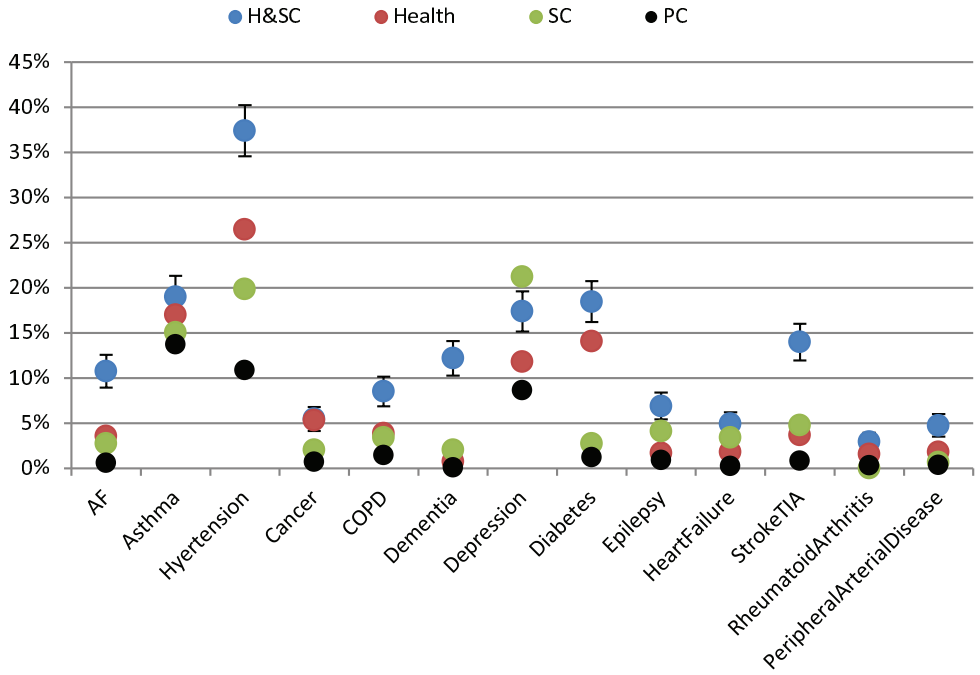
Long Term Conditions

The charts below show the prevalence rates of each Long Term Condition using the Primary Care data. The rates are different to the rates using Acute data on pages 34 and 35 but broadly show a similar pattern.

Hypertension has the highest prevalence rate in all groups other than the Primary Care Group where Asthma has the highest rate. Dementia is significantly more prevalent in the Very High and Health & Social Care than the comparator groups.

The prevalence rates for Asthma and Depression are similar across the costs and service groups suggesting these have little impact on the overall cost of an individuals pathway.



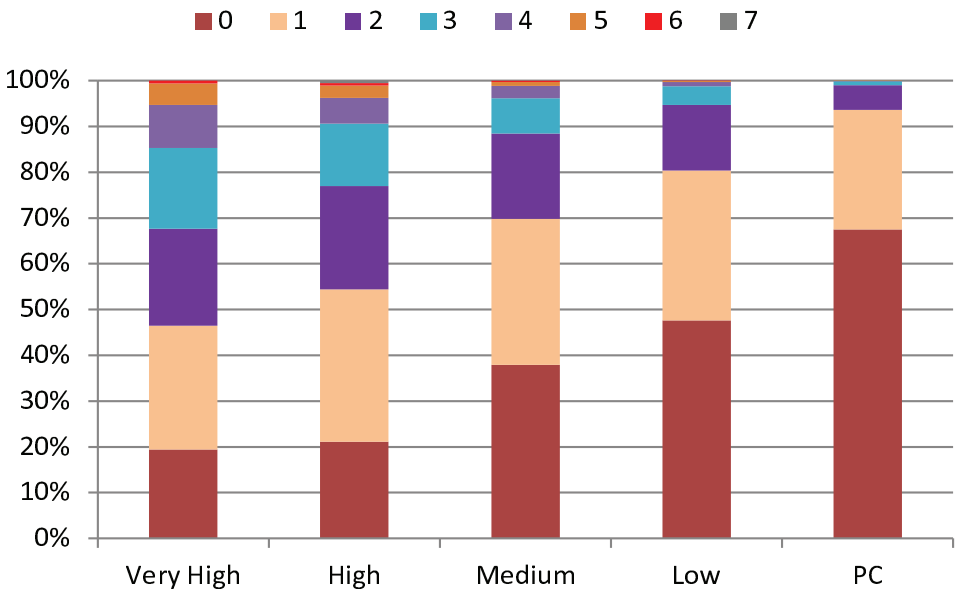


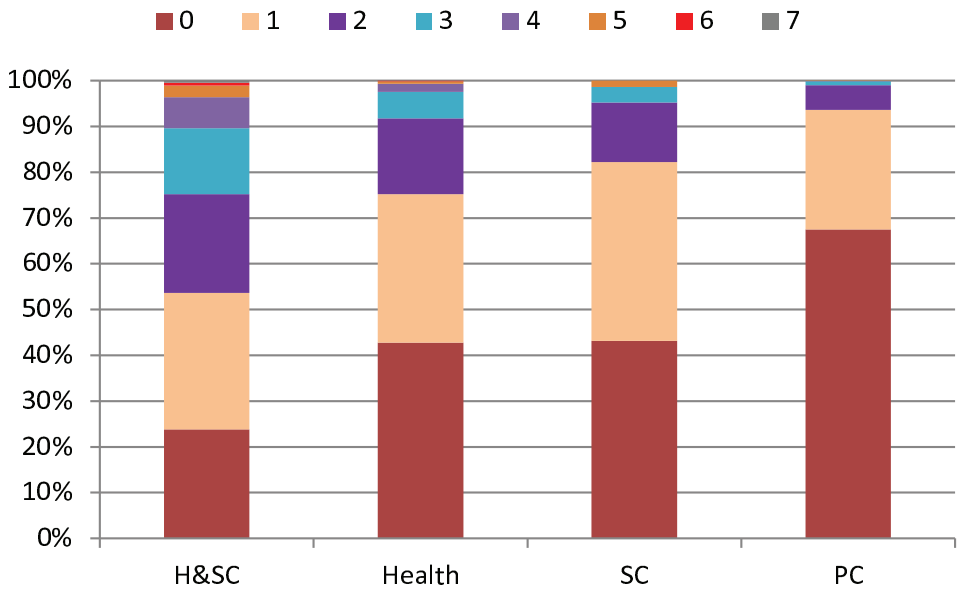
Co-Morbidities

The charts below show the number of Long Term Condition Registers each person is currently on by each of the Cost and Service Groups.

There is a higher proportion of people in the Very High Cost Group on 2 or more registers (54%) than the High (46%), Medium (30%) and Low (20%) Cost Groups. 32% of the Very High Cost Group had 3 or more Long Term Conditions compared to 23% in the High Cost Group.

There is a higher proportion of people in the Health and Social Care Group on 2 or more registers (46%) than the Health Only (25%), Social Care (18%) and Primary Care (6%) Groups. 25% of the Health and Social Care Group had 3 or more Long Term Conditions compared to 8% in the Health Only Group.





Additional Analysis using Primary Care Data

The slides in this section provide an overview of what is possible by analysing a linked dataset that includes Primary Care data. A number of other analyses are also possible with a full Primary Care dataset for all the practices with Shropshire and Telford & Wrekin. These include:

- Providing a whole picture of the patients registered with the CCGs to examine if the demographics are different for the population who do not use any Acute, Community, Mental Health or Social Care services over the year
- Improving the Long Term Condition coverage would allow the analysis of Prevalence Rates and Co-Morbidities in more detail.
- Developing an agreed methodology to cost the prescribing and consultation data so that Primary Care costs can be included in the financial analysis. This would allow the cost pyramid to be updated and show whether the same Very High Cost people also use a disproportionate amount of Primary Care resources.
- Analysing Mortality Rates across the Cost (Very High, High, Medium, Low and Primary Care) and Service (Health & Social Care, Health Only, Social Care Only and Primary Care) Groups to understand what the opportunity to intervene and change pathways in each group. For example, if there is a high mortality rate in a particular cost group it would show that there is limited opportunity to change these pathways.

Appendix

Appendix A. People & Places Tree Profile Descriptions

People & Places geo-demographic classifications use census and lifestyle data to classify people by where they live. Each postcode has a classification which describes what lifestyle and characteristics of people that live there are likely to have. The postcode used in the dataset is based on residence at the moment in time the data was captured therefore may not represent an individuals lifestyle across years preceding this.

These are the Tree categories along with a brief description of each.

A. Mature Oaks – Smoking is least common amongst members of this Tree. Although they tend to be middle-aged or older, they do enjoy a good standard of living with some exercise being taken and a reasonable level of subscription to private health insurance.

B. Country Orchards –These people take a moderate amount of exercise and smoking is below average. The incidence of private health insurance is not high but this group has an active, working lifestyle and reasonable living conditions. As a result, their health is generally good.

C. Blossoming Families – Blossoming Families tend not to smoke and some take regular exercise. Their standard of living is good and they are a relatively young age group. Consequently, there is little ill health apart from the older members of the Tree, where there is some long-term illness.

D. Rooted Households – Smoking is uncommon and some regular exercise is taken. The majority are in good health and with low deprivation levels, health prospects are generally good.

E. Qualified Metropolitans – The incidence of smoking is below average but only around one quarter of Qualified Metropolitans take regular exercise. Since the population is mainly young and there is relatively little deprivation, health problems are scarce. Less than one quarter have private health insurance and this level is decreasing.

Appendix A. People & Places Tree Profile Descriptions

F. Senior Neighbourhoods –The incidence of smoking is very low but regular exercise is not high. Despite being a relatively old group, there is little ill health. However, there is some deprivation and poor living standards. Around one fifth have private health insurance.

G. Suburban Stability – Smoking just above average, one fifth take regular exercise. There are no major long term illness problems. Small amount of deprivation and few people have private health insurance.

H. New Starters – New Starters are likely to smoke but the level of exercise is low and decreasing. There are poor living conditions and high levels of deprivation in some households. For the rest, there is little long term illness but few have private health insurance

I. Multicultural Centres – Mainly a young population, many live in households that are particularly deprived and so may cause health problems in the future. They are unlikely to exercise or subscribe to private health insurance and their illness levels are above average.

J. Urban Producers – Many people smoke and few take regular exercise. Coupled with a relatively high number of deprived households, this results in many people being in poor health. Despite this, few have private health insurance.

K. Weathered Communities – Older population and some below standard living conditions, many Weathered Communities have poor health. Smoking is common and exercise levels are low. About one tenth of this group have private health insurance and this is decreasing.

L. Disadvantaged Households – Highest proportion of smokers. Take little exercise. There are many very deprived households. Consequently, even though they are a relatively young group, there is a high level of ill health with long-term illnesses being common. Less than ten percent have private health insurance.

M. Urban Challenge – Smoking is above average and exercise is uncommon, although it is increasing slightly. The incidence of private health insurance is low and falling. Long-term illness is common amongst the working population and this may be due to high levels of deprivation across the whole Tree category.