



**One Liverpool**

A healthy, happier, fairer  
Liverpool for all

## A quarterly update on the One Liverpool Population Health Programme

Edition 1, Winter 2023

**The health and care landscape is evolving; moving towards ever-increasing integration and joint working between different organisations to deliver better care and value for patients and the taxpayer.**

The intent of the 2022 Health & Care Act is to make collaborative working between those involved in planning, purchasing and delivering care easier nationally, at system level and at place level, to accelerate progress in meeting our most critical health and care challenges.

To meet this challenge, the way that services are delivered needs to change - to improve the quality of care and health outcomes for populations, reduce health inequalities, enhance productivity

and value for money, support broader social and economic development and improve the experience for patients.

Some of these changes have been happening for some time, for example joined up responses to the COVID-19 pandemic. Many organisations are implementing collaborative arrangements across a variety of services.

Liverpool has experienced its own collaboration and developed many new partnership working

arrangements and innovations which we must build upon over future years.

If you would like to understand more about how the legislation around the NHS has changed and what this means to our Cheshire & Merseyside system as well as the local Liverpool 'Place' way of working, you can find additional information on the Kings Fund website and in the video below:

[How does the NHS in England work and how is it changing?](#)

Our primary ambition is to reduce wide and growing inequalities in Liverpool, which currently represent an 8-year life expectancy gap between the most affluent and deprived communities in the city.

We will not achieve this ambition if we continue to look at health and care from the perspective of the organisations who provide care rather than the people who need it.





# Why is Population Health Important?

“ Due to a number of external factors it has taken longer than expected to resource each of the segments with the capacity and expertise required.

We will have an established programme infrastructure in place over up and coming weeks, which will be instrumental in driving change across the city.

Via this new segmentation governance, One Liverpool aims to give greater power and autonomy to those people who know what will work best for local populations. ”

Cheryl Mould, Associate Director of Delivery Liverpool ‘Place’ Provider Collaborative



As part of this shift in approach, we are committed to moving away from:

- sector specific (for example just working with health colleagues or social care only working within its own professional sphere)
- singular service perspective (for example expecting higher productivity from one service on its own rather than exploring how it might overlap or work better with other related services).
- setting orientated (for example focusing on hospital A&E or GP challenges in isolation from other parts of the system)

We have agreed to cut across all sectors, settings and services and frame our new perspective around our population.

We have chosen to segment our population; grouping people together with similar needs, behaviours and who interact with health and care services in a similar way.

These 5 priority segments are the key Programme areas of the One Liverpool Programme, and the Neighbourhood Model of Delivery connects with them all.



When individuals with complex health and social needs encounter public services, they often receive care that is expensive, inefficient, and poorly co-ordinated across the many different agencies they encounter.

Organisations focusing only on what they do, rather than how they fit as part of a system, leads to high levels of duplication, fragmentation and failure demand.

# Did you know?

- The Liverpool Provider Collaborative has been re-established following the pandemic and is the key forum for chief executives to work together on system challenges
- Each Segment SRO is working as part of the One Liverpool Delivery Group to keep the programme of work on track. Other directors/senior management from across partner organisations also support this group
- Some segment groups are well established whereas some are just forming
- Each segment has created its own Delivery Plan which the new governance will support them to achieve
- Academics and research will also be stitched into each of the segment groups, offering valuable challenge and insight

# Focus on Frailty & Dementia



## What concerns us about this segment?

- Health related quality of life among older people in Liverpool is the worst amongst the core cities and 4th lowest in the country
- Life expectancy in Liverpool for women is 2nd lowest out of 8 core cities

*“ Liverpool has a raft of excellent services supporting people who are living with frailty and dementia, but we still lag behind other core cities when we compare the outcomes that people experience.*

*Co-ordinated system working has to be a key part of bridging these gaps - not just doing more, but by smarter focused working across different clinical teams and beyond into local communities. ”*

*Dr Fiona Ogden-Forde  
GP and Clinical Lead Frailty and Dementia Segment*



# Spotlight on 3 Key Areas



Virtual wards support patients who would otherwise be in hospital to receive the acute care, monitoring and treatment they need - but in their own home.

The purpose is to either prevent avoidable admissions into hospital, or support early discharge out of hospital.

The health and care system in Liverpool are working together to mobilise multi-disciplinary frailty virtual wards at pace with an ambition to go live in March 2023.

This service will be for people aged 65 or over and have been assessed to be frail and meet the clearly defined admission criteria.



This model moves away from traditional reactive models of delivery in the care home setting towards proactive care that is centred on the needs of individual residents, their families and care home staff.

Such care can only be achieved through a whole-system, multi disciplinary, collaborative approach with a focus on the 7 care elements:

1. Enhanced primary care support
2. Multi-disciplinary team (MDT) support including coordinated health and social
3. Falls prevention, Reablement, and rehabilitation
4. High quality palliative and end-of-life care, Mental health, and dementia care
5. Joined-up commissioning and collaboration between health and social care
6. Workforce development
7. Data, IT and technology



Liverpool's Joint Health and Social Care Strategy 'Dementia Forward Plan 2019 -2024' was developed with support from Dementia Action Liverpool (DAL) and Liverpool Dementia Action Alliance(LDAA).

The delivery of the strategy will be the focus of the frailty and dementia segment throughout 2023/24. A comprehensive implementation plan has been developed with a wide range of actions covering:

- Preventing well
- Diagnosing well
- Supporting well
- Living well
- Dying well
- Involving people living with dementia and their carers



The F&D Segment Group are planning to complete an assessment tool to critique the effectiveness of the programme in working as a system-based programme.

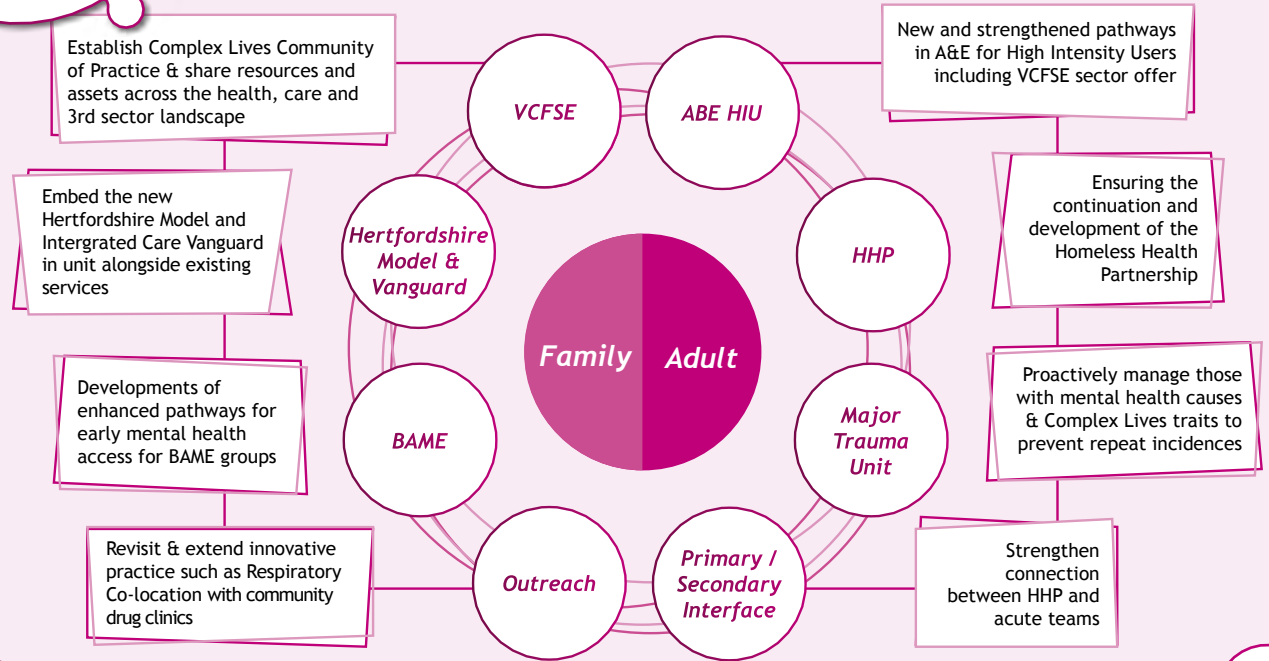
We plan to share the outputs of this in the next newsletter.

Almost £38m of services are within the wider scope of this segment, which is likely to expand over time.



# Complex Lives

This diagram highlights the immediate priorities for the Complex Lives Segment. These have both an individual adult perspective as well as a family based approach. These priorities include all key stakeholder organisations across Liverpool.



## Spotlight on Co-production & Engagement

Over the last year, Mersey Care staff have worked with a group of service users and carers with complex needs to explore their experiences.

Service users told us that it is often services that make lives 'complex' and that services have a responsibility to understand people's lives, it is not people's responsibility to present themselves in a simplified way to the right services.

Funded by One Liverpool, we have produced three short films covering the themes of

Humanity and relationships, Co-ordination and continuity of Care and Strengths and assets.

You can view our films here: [Side By Side Complex Needs, Our Co-production Journey.](#)

We've also produced some useful resources and a broad step-by-step guide to co-production which would be useful to any team.

For more information contact Helen Bennett at [Helen.Bennett@merseycare.nhs.uk](mailto:Helen.Bennett@merseycare.nhs.uk)

*“We well understand the issues and challenges that the Complex Lives cohort experience in Liverpool and have debated these as a system for some time.*

*However, we have now genuinely moved into a responsive, actioned orientated phase which we are confident will gather pace over up and coming months.”*

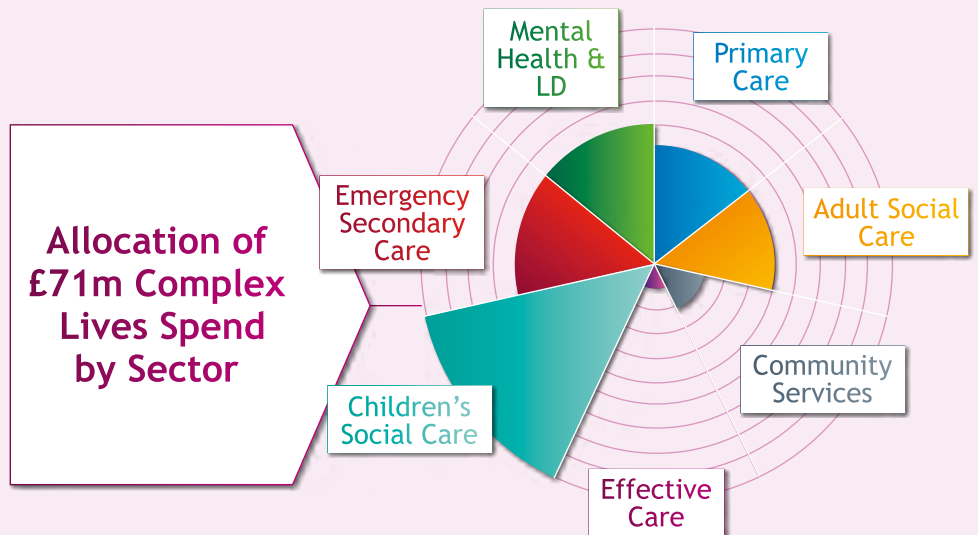
*Complex Lives SRO Louise Edwards, Executive Director of Strategy at Mersey Care*



# Key next step

Summit of the Liverpool Provider Collaborative on March 31st to formalise the resources which will form part 1 of the Complex Lives pooled budget.

As the pie chart shows, there is a significant pot of existing funding which is important to view in the round.



## Learning Disabilities & Neurodiversity

Learning Disability (LD) and Neurodiversity (i.e ASD and ADHD) are the initial focus of this segment, which will expand to include physical disabilities over time. The reason for this initial scope is supported by the following 3 facts:

### COVID 19

For people with a learning disability during 2020, Covid-19 was the leading cause of death for males aged 35+ and females aged 20+

Demand for support for people with ASD and ADHD and their families has risen significantly during recent years which has resulted in lengthy waiting lists for assessment and diagnosis, both nationally and locally.

This has further impacted on demand and costs for mental health services and wider support across a number of areas associated with education, social care and criminal and youth justice.

### Life Expectancy

Compared to the general population, the average age at death for people with learning disability is 23 years younger for men and 27 years younger for women. Autism and ADHD may reduce life expectancy by as much as 16 & 13 years respectively.

### Long Hospital Stays

57% of people in a mental health hospital with a learning disability, autism, or both, have been there for over 2 years.

## Spotlight on Co-production & Engagement

Work is underway to provide more opportunities for people in Liverpool with lived experience to be actively involved in decisions that affect the services they receive and the life opportunities they experience.

This will be supported through the established of Partnership Groups and a number of Voices Forums to seek out those views and opinions which are vital in ensuring the system responds to population needs of those with Learning Disabilities and those who are Neurodiverse.

Learning from this work will be shared with other segments as it emerges.

“Disability awareness is at the heart of making the health service accessible for all.”

Disabilities Segment Clinical Lead Dr Shamim Rose



Working alongside the other segments to address inequity for the LD and Neurodiverse population in the following areas:

### Healthy Population

Improving low vaccination rates, breast and cervical screening rates. To improve the uptake of the LD annual health checks and to explore opportunities to roll this out to autistic people.



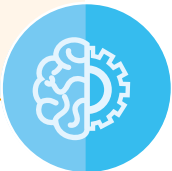
### Complex Lives

The prevalence of LD and autism is far higher in Complex Lives Households than the general population - it is 6 times higher in children and 4 times higher in adults. This requires targeted and integrated models of care.



### Long Term Conditions

The interface between, epilepsy, severe mental illness, conduct behaviour disorders, anxiety, depression, dementia and physical health conditions such as, diabetes, CVD and cancer need greater consideration and tailored approaches.



### Frailty & Dementia

People with LD and Autism are more likely to experience the onset of frailty and Dementia at an earlier age. Work needs to be done to equip the workforce in these services with the knowledge and skills to support people, their families and carers.



# Long Term Conditions Scope & Initial Phases

## Spotlight on Operational & Strategic

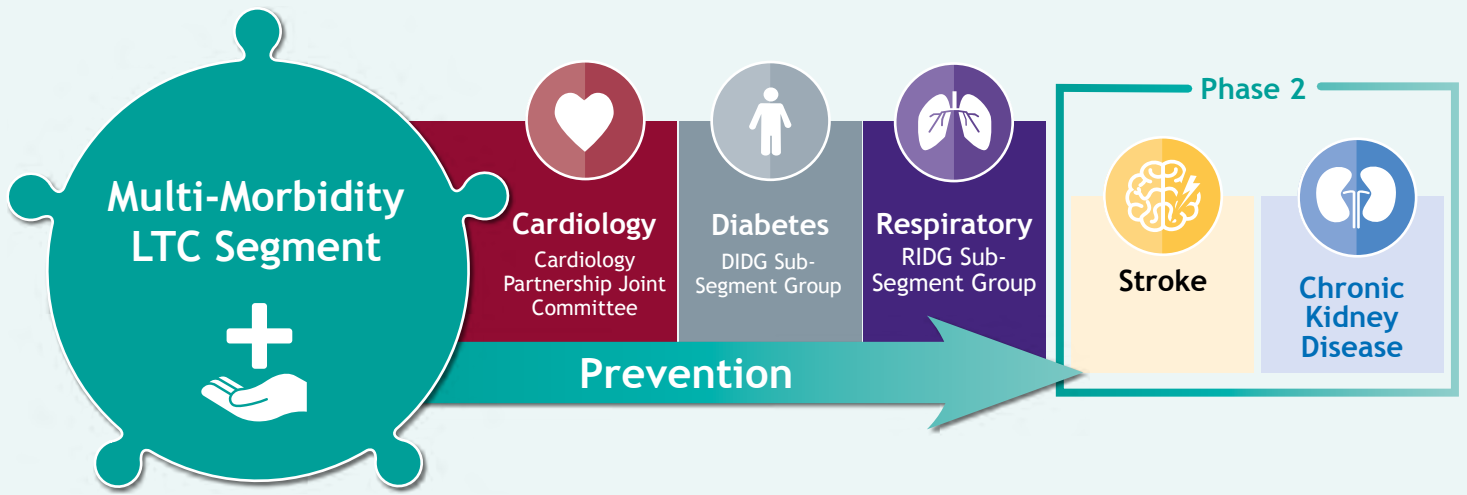
The Long Term Conditions segment is really significant in both its size and complexity and must juggle the immediate pressures that the system and our patients are facing, alongside the more strategic work to rethink the overall model of care.

Multimorbidity is at the heart of this transformation agenda. As the diagram to the right highlights, at the age of 50

years, almost half of the population in Liverpool have at least one morbidity, and by age 65 years 41.5% were multimorbid.

Strengthening connections between primary care, Integrated Care Teams and specialist secondary care services will be a key part of this change. Focusing on the needs of the person rather than each separate clinical condition





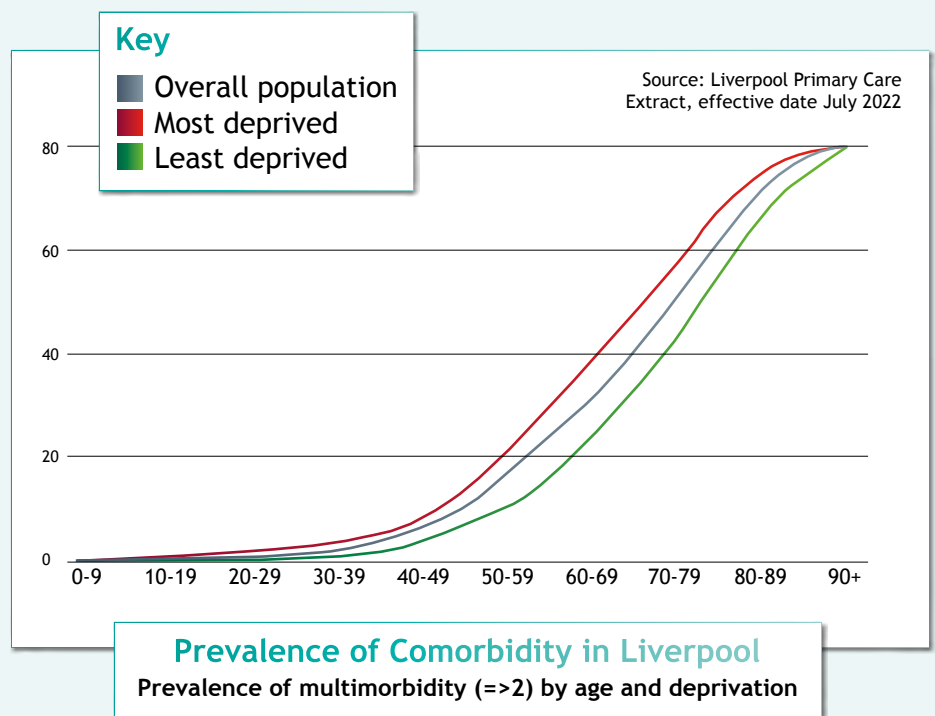
## Out of Initial Scope

- Mental health (where this is a singular condition. Where MH commonly exists alongside one of the LTCs, these are in scope)
- Conditions requiring immediate health care interventions such as cancer.
- Stroke, CKD and neurological conditions (epilepsy, Parkinson's disease, multiple sclerosis) will be considered at a later stage.

“*Having worked closely with primary care for many years, I can really see the value of having a holistic approach for people with long term conditions.*

*Many long term conditions are intertwined and therefore the services that support them should also be intertwined and work together in a systematic way.*”

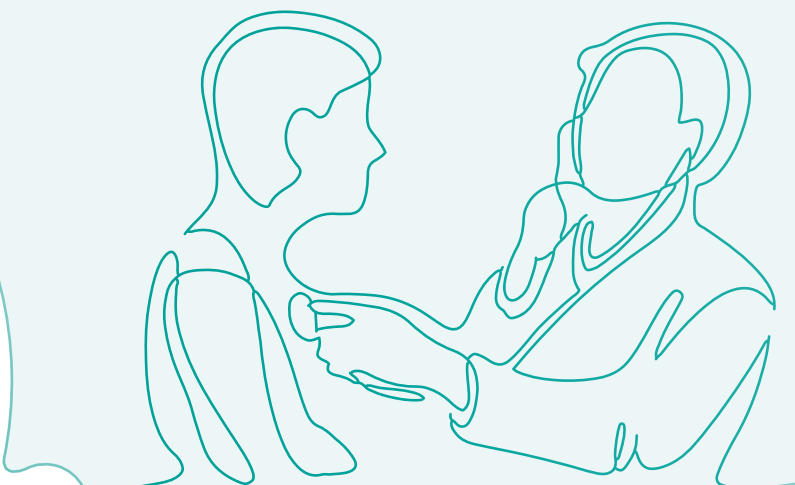
*Complex Lives Segment Programme Delivery Manager, Gayle Rooke*



## Key next step

An extended workshop format will take place at the next Long Term Conditions Segment meeting in March.

From this session the group hope to have finalised their short and longer term plan for LTCs.





# Healthy Children & Families



**“To drive a better future for Children, Young People and Families in Liverpool, working together to deliver the Liverpool City Plan / One Liverpool ambition of a ‘healthier, happier, fairer Liverpool for all.’”**

Segment Academic & Research Partner Professor David Taylor Robinson



The inaugural Healthy Children & Families Segment meeting took place on 24 January 2023.

Priorities will be:

- Better Start
- Growing Well
- Good Respiratory Health
- Healthy Neighbourhoods
- Mental Health

## Children and Young People’s Profile: Liverpool 2022 A comparison to England



### Key

Statistical significance compared to England:



Better



Similar



Worse

Significant trend



Improving



No Change



Getting Worse

### Liverpool Facts

There are 161,600 children and young people in Liverpool representing 33.2% of the total population (0-24 years), above the England average (29.2%). Children and young people in Liverpool face a difficult start in life, with significantly higher levels of deprivation, child poverty and lone parent families compared to the national average.

Sources: Average (Median)Income is extracted from CACI England average = £33,820 Liverpool average = £23,476. All other data from Office for Health Improvement & Disparities. Public Health Profiles, 2022. [fingertips.phe.org.uk](http://fingertips.phe.org.uk) © crown copyright 2022. Contact: [sophie.kelly@liverpool.gov.uk](mailto:sophie.kelly@liverpool.gov.uk)

As this infographic highlights, Liverpool faces many challenges when it comes to the key milestones and wider determinant issues for children and young people.

Most indicators show our performance lags behind the England average, with a handful actually worsening.



## Segment Priority Areas include:



Smoke free homes



Embedding the Core 20+5  
Priorities at Place level



Healthy weight - obese children 26-38%  
increased risk of developing asthma  
compared to healthy weight peers



Achieve minimum recommended levels of  
physical activity requirement - Improving  
air quality



Support for families tackling poor living conditions,  
one in 12 children in Britain are at increased risk  
of respiratory diseases as a result of bad housing



In the next  
edition...

A detailed look at the Integrated Care Teams and how these will work alongside the Population Segments.

Reviewing their development to date, opportunities for innovation and how they expect to feature

If you would like to discuss any of the content of this newsletter or contribute to the next edition, please contact:

***Cheryl.mould@liverpoolccg.nhs.uk***  
(Associate Director of Delivery Liverpool 'Place' Provider Collaborative)

***Andrea.astbury@liverpoolccg.nhs.uk***  
(Deputy Director of Strategy & Integration at Liverpool Place)

in each segment plan over the next 12-18 months.

Also, a focus on changes in Primary Care and relevant updates on each of the Population Segments.

