



CIPHA is a population health management platform that collets patient-level data for Cheshire & Merseyside patients to produce dashboards and provide secure data access

Combined Intelligence for Population Health Action (CIPHA) is aimed at improving the health of an entire population by delivering actionable dashboards.

Our Tier 2 Population Health Data Sharing Agreement underpins the CIPHA operating model and has been signed by ~400 data controllers in Cheshire & Merseyside ICS. Our data controllers include Providers, GP practices, Places, Local Authorities, Social care, Community & Mental health organisations.





CIPHA Fuel Poverty Dashboard – Overview

This dashboard identifies patients at risk of a cold home based on the NICE definition of fuel poverty and their primary care record

This dashboard is designed to inform fuel poverty/cold homes planning for winter in terms of volumes of patients potentially affected and thus help understand pressures and develop effective interventions.

Linking data from the National fuel poverty data to the individual patient records within CIPHA, we can understand the proportion of citizens in a place that are likely to be at highest risk of fuel poverty.

Functionality

- Shows breakdown of C&M population by
 - O NICE 'cold homes' criteria
 - O ICB/ Place/ PCN/ Practice & Local authority/ Ward/ LSOA
 - O Conditions & Disease registers
 - O Risk factors (emergency admission, mortality, resource)
 - O Energy Rating (EPC)
- Filter by geographic, demographic, condition & risk factors
- Drill-through to identify patients populating any element of any chart in the dashboard (*in development*)



Data Sources



CIPHA Cheshire and Fuel Poverty- Identifying a cohort at risk Merseyside **Health and Care Partnership** Combined Intelligence for **Population Health Action** How to use the tool to identify the target cohort for fuel poverty Cohort summary: Has COPD Lives in the highest Fuel poverty Quintile 3 Select Quintile 1 from the 'Fuel Select 'COPD' from 'OOF Has >50% probability of emergency admission poverty Quintile' drop down box' condition' drop down box Doesn't live in a care home **Fuel Poverty: Population Segmentation** Registers marked with ** are not available as a rate and are not included in the 'Total Population Wit Households' population is only available as a count From any page, click on Hide Filters **Clear Filters Filters Applied** % of Population Rate Per 100K the 'Show filters Age IMD Quintile **QOF LTC Count** button' 111 0 All Sex LA, Ward, LSOA **QOF** Condition All AII OPD port 🖌 🞲 Chat in Teams 🛛 Q Get insights 🔂 Create subscription I review or be used in isolation to make a clinical decision NHS Ethnicity Place, PCN, Practice Expanded Diagnostic Cluster (EDC) Fuel Poverty: Population Segmentation Registers marked with ** are not available as a rate and are not CAM - Fuel Poverty COPD opulation is only available as a cou ΔII Show Filters Clear Filters No Filters Applied All % of Populatio Rate Per 100 el Poverty - COPC 5 Populatio Cheshire South Sefton Southport And St Helens Warrington Wirral ICB Nursing Home Flag Fuel Poverty Quintile Risk of Emergency Admission Formby CVD **Risk Stratificatio** uintile 1:LSOAs with the Highest % of Fuel Pov... Atrial fibrillation Register 3.960 3.779 4.534 4.964 Condition Coronary heart disease (CHD) Registe 5.355 6.543 5.848 4.872 7.305 7.550 90 59 4,117 1,409 2,049 1,661 2,159 Heart failure Register 1,870 23,830 19,244 22,094 19,845 28,860 30,167 362,316 Hourshold Hypertension diagnosis Registe 1,090 798 2,107 Household Occupancy Household Energy Rating MRS Quintile 1.048 1,39 1,363 1,324 Peripheral arterial disease (PAD) Regis 3,117 3,026 Stroke/TIA Register 2.424 3,445 3,981 6.084 About Deprivation All All 85.16 16.778 77.594 41.669 113.136 Change Log Core 20 Population 65.96 Disability 854 Learning disability registe Physical disability Emergency Admissions Count (Last 12M) Emergency Admission Specialty (Last 12M) Patient Need Group Mental Health 20.764 15.296 29.026 52.7 Depression diagnosis registe All 45 AIL Severe Mental Illness register 1.930 1.387 1.988 2.037 Population Ladies on Pregnancy register 615 455 1,161 Older people aged 65 and over ** 25,588 27,326 29,757 38,761 63,081 21,698 Gold Standards Framework Register Optimum Inhaler Therapy (Last 12M) Young Households (aged 0-4) ** 7 67 5,878 3,762 8,174 Respiratory 727 Asthma diagnosis Register <= 18 906 1,192 Asthma diagnosis Register 19+ 6.916 7 505 7 600 6,562 10,734 10,997 16,041 hronic obstructive pulmonary disease (COPD) Registe 3 700 5.45 3.787 2,101 4.777 3.511 6.73 **Total Population (LTCs Only)** Total Population (LTCs Only) 40.426 60 007 64.652 122 979 114.080 Total 88.244 125,935 99.880 4 Matrix: Conditional formatting is applied across each row. The Place Select >50% from Risk Nursing home Flag of the different conditions but will only annear in the total once. Graphnet 🧐 Run by: pbi.admin@cam.gnpoph.com on 22/12/2022 13:55 | V1.1.0 | Data last refreshed: 22/12/2022 06:0 of emergency drop down set to 'N'

admission

Fuel Poverty- Identifying a patient



How to use the tool to identify patients at risk due to fuel poverty



Further Guidance



The following video links provide further training on how to use the fuel poverty dashboard:

- Video 1 CIPHA Fuel Poverty Overview https://youtu.be/ONB3pkh7PGg
- Video 2 CIPHA Fuel Poverty Filtering Overview https://youtu.be/GFJF3my_bvs
- Video 3 CIPHA Fuel Poverty Filtering -COPD Patient Examples https://youtu.be/t9wF4psQi1c
- Video 4 CIPHA Fuel poverty Drilling down to a patient https://youtu.be/2L787CaSol8
- Video 5 CIPHA Fuel Poverty Explaining the fuel poverty drill down page <u>https://youtu.be/CG9biQVsDPI</u>