City of Westminster

Westminster Health & Wellbeing Board

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Classification:	**General Release**
Title:	Primary care modelling project update
Report of:	Cllr Rachael Robathan, Chairman, Health and Wellbeing Board
Wards Involved:	All
Policy Context:	Primary care
Financial Summary:	Not Applicable
Report Author and	Stuart Lines, Deputy Director of Public Health
Contact Details:	slines@westminster.gov.uk
	02076414690

1. Executive Summary

1.1 This report sets out the progress made by Westminster City Council (WCC), Central London Clinical Commissioning Group (CLCCG) and West London Clinical Commissioning Group with the Primary Care Modelling project.

2. Key Matters for the Board

2.1 It is recommended that the Westminster Health and Wellbeing Board:

- Reviews progress to date
- Notes the close collaboration between council and Clinical Commissioning Groups (CCG) officers in developing the model and agrees to provide continued support to the project.

- Notes that the Health and Wellbeing Board Chair and Vice Chair will be hosting a workshop with analysts from both the council and Central London and West London CCGs on 27 January 2015 which Board members are invited to join.

3. Background

3.1 An update was brought to the Health and Wellbeing Board on 1 October 2015 introducing the objectives of the joint project commissioned by the Board and the progress made.

3.2 This project was initiated by the Health and Wellbeing Board to complement NHS England's primary care co-commissioning strategy by providing a forward look at how the future changes to the population in Westminster, particularly demographic and disease trends, could impact on the level of need for primary care and community based services. It was also considered that it might be helpful to develop a greater understanding of how long-term housing, regeneration and infrastructure plans and policies concerning Westminster might impact on the need for primary care and community based services commissioned by the council and CCGs.

3.3 The Health and Wellbeing Board agreed that the project would provide:

- An understanding of the likely population size and profile for Westminster by 2030. This includes consideration of the daytime population (particularly the working population);
- An understanding of the likely burden of disease of this population by 2030; and consideration as to how the changes in population and burden of disease, as well as new models of care and ways of working within the local health economy, may impact the use of health and care services within Westminster. In the first instance, this would focus on understanding the potential impact on primary care.

3.4 It was agreed that the joint project team will be undertaking the work in three phases:

Phase 1: Establishing a borough-wide base set of projections and subsequent disease burden that all agencies are content to use as a single agreed set of figures. This will take into account the different populations supported by both the NHS and the Local Authority to maximise the use of the data for both sectors.

Phase 2: Overlay the impacts of regeneration, housing and infrastructure plans and proposed local authority and health policy on the estimates modelled and build a tool that enables the manipulation of these impacts according to a number of variables. This will include the mapping of primary care and community based services.

Phase 3: A programme of joint analysis of how the needs of the Westminster population will impact on the demand for frontline services. In the first instance, the aim is for this to inform the analysis that will be used by the local authority, NHS England, CLCCG and WLCCG to plan for future primary care provision before being rolled out to be used to inform the shape of other service provisions.

3.5 This analysis provided by the project will include the identification of local authority, health and third sector levers (such as estates and planning policy) and opportunities that could be used to support the provision of future health and care services to match population needs.

3.6 The Health and Wellbeing Board recognises the value of the outcomes of this project. Within the local authority, the tool will be promoted for use by any service area that would benefit from understanding health and wellbeing implications, or general demographic changes. Opportunities for further refinements and co-design with partners could be explored. The tool's utility may also enable further planning with a range of partners in relation to the wider determinants of health, e.g. education (schools), housing, planning, air quality etc. There may also be benefit in replicating the approach across the councils and CCGs of the Tri-borough area. Given the innovative approach taken in developing this prototype there may also be future commercial potential with other local authorities that could be explored.

3.7 It is important, however, that the role and inherent limitations of this product are fully understood – and constant development of the data inputs and keeping information streams up to date are vital. No matter how accurate and well modelled the data is, there will always be uncertainty with any modelling around projections, and these will become further compounded when considering projections in the distant future or at smaller geographic levels. However, this product enables different service areas to develop broad estimates and direction of travel and that is a considerable advance.

4. Progress to date

4.1 Since the update provided on 1 October to the Health and Wellbeing Board, the joint project team have completed a prototype model which meets the aims of Phase 1 of the project.

4.2 This model allows for 15 year projections to be made of the likely numbers of residents with particular diseases based on 1) changing disease prevalence and 2) number of people in the population in each age group.

4.3 The model shows the proof of concept, but there is further work to be undertaken to improve the product.

4.4 Under Phase 2 of the project, two major variants to the Phase 1 model have been developed:

- A ward based or 'GP village' based variant that operates on the same platform and basis of the Phase 1 model, but provides a more geographically granular view of outputs.

- A policy/externality based variant on the original model, as yet not integrated into the Phase 1 platform, which enables users to input the likely short term consequences around upcoming major events or policy decisions, and to receive outputs as to how that might impact health and wellbeing needs in the longer term. This is a much more experimental variant and more consideration is required as to how inputs are conceived and outputs used. However, the transformative potential of this variant is significant, enabling commissioners and service providers to intelligently assess the impact of policy areas such as planning and housing when considering service changes and planning for future services.

4.5 The development of this tool has attracted interest. At the request of the GLA, who recognise that this work exceeds the progress of the GLA's own workstream, the models will be presented to London Boroughs at the end of January 2016. We will also be presenting the tool to the Central London primary care co-commissioning joint committee at a future meeting.

5. Legal Implications

5.1 None at this time

5.2 Implications verified/completed by: Rhian Davies, Chief Solicitor.

6. Financial Implications

6.1 None at this time.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

Miss Meenara Islam

Email: mislam@westminster.gov.uk

Telephone: 020 7641 8532