City of Westminster

Westminster Health & Wellbeing Board

Date:	17 March 2016
Classification:	**General Release**
Title:	Primary care modelling project update
Report of:	Cllr Rachael Robathan, Chairman, Health and Wellbeing Board
Wards Involved:	All
Policy Context:	Population modelling for primary care
Financial Summary:	NA
Report Author and Contact Details:	Damian Highwood Rianne Van Der Linde

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 and
- 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.

3. Background

3.1 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.

3.2 An update was brought to the Health and Wellbeing Board on 21 January 2016 setting out progress of the development of the modelling. The team presented a prototype model which established a borough-wide base set of projections and subsequent disease burden as part of phase 1 of this project. The model took into account the different populations supported by both the NHS and the Local Authority to maximise the use of the data for both sectors.

4. Progress to date

4.1 On 27 January 2016, the Council and CCG ran a joint workshop attended by Cllr Robathan, Dr Neville Purssell, Jackie Rosenberg and officers. Analysts ran through the modelling and discussed areas where data can be better aligned with strategic health data to enable a big picture view. It was agreed at this workshop that analysts will spend more time on focusing on aligning data, sources and assumptions across health, local authority and other data. The use of the tool as for primary care co-commissioning was discussed. It was agreed that the model will first be tested with CCG governing bodies and an existing CCG design working group.

4.2 Analysts agreed a methodology for translating the current resident based primary care forecasting model into a GP registered based equivalent. This piece of work will:

- Produce a variant of the current resident model to improve the utility for health; and

- Create a statistical model that explains the differences between the two models – i.e. where does GP populations vary compared to resident populations and why. There is a potential opportunity to use city planning

platform WITAN produced by Mastodon C for the GLA. This software can be used to run local ward based projections and could support the robustness of the outputs.

4.3 We are analysing GP registered population data to understand the historical trends by age, the place of residence of patients registered with a GP in CL CCG, WL CCG and H&F CCG, and how this compares to council resident population figures.

4.4 The possibility of using CCG Whole Systems data to validate and refine the population segmentation across the health groups will be investigated.

4.5 A second model developed by public health focusing on single disease conditions is being refined to be used alongside the current model for further breakdown of patient groups, such as types of long-term conditions, cancer and mental health problems.

4.6 The model could be expanded to incorporate the 8 CCGs that make up the North West London Collaborative of Clinical Commissioning Groups to create a multi Borough model.

4.7 At the request of the GLA, who recognise that this work exceeds the progress of the GLA's own work stream, the models were presented to London Boroughs at the end of January 2016. The GLA have been interested in developing a pan-London model for some time. In light of the impact of the potential GLA work Health and Well Being Board may want to reflect on the pros and cons in being part of a greater modelling piece, rather than pursue individually.

- Benefits
- There is an opportunity to utilise both the analyst resource and specialist demography tools at the GLA
- Pan-London analysis would eliminate many of the potential cross boundary data complexities / gaps (e.g. needing to know about WCC residents, registered to GP's in Brent or Camden, or Brent and Camden residents registered with WCC GPs).

- Risks
- Westminster's H&WB would lose control over the focus of the outputs
- Achieving a consensus of approach amongst all stakeholders would be tortuous
- The benefits of local partner collaboration would be lost
- There is significant risk that any GLA model will take a very long time to develop or never materialise.

4.8 As a result it is recommend that Westminster's work continues at the pace set by the Health and Wellbeing board, but that we keep a monitoring role on progress with the GLA model. Locally, analysts across the local authority and CCGs will

continue to work jointly to develop the modelling and ensure a robust data basis with aligned assumptions.

4.9 Next steps as part of Phase 1 as agreed at the workshop (described under 4.1) will be:

- Investigating the use of CCG Whole Systems data to validate and refine the population segmentation across the health groups
- Translating the current resident based primary care forecasting model into a GP registered based equivalent as described under 4.2.

5. Legal Implications

Not at this time.

6. Financial Implications

Not at this time.

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

Meenara Islam, Principal Policy Officer

Email: mislam@westminster.gov.uk

Telephone: 020 7641 8532