

Date:	14 th July 2016
Classification:	General Release
Title:	Primary Care Modelling
Report of:	Councillor Rachael Robathan, Chairman, Westminster Health and Wellbeing Board
Wards Involved:	All
Policy Context:	Population modelling for primary care
Financial Summary:	Not applicable
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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 (WLCCG) with the Primary Care Modelling project.

2. Key Matters for the Board

- 2.1 It is requested that the Westminster Health & Wellbeing Board:
 - Reviews progress to date and notes the close collaboration between partners in developing the model; and
 - Agrees the next steps proposed.

3. Background

3.1 The Health & Wellbeing Board agreed to undertake three phases of work:

- **Phase 1:** Establish a borough-wide base set of projections on future disease burden which can be used by all partners as a single agreed set of figures. This will take into account the different populations supported by both the NHS and the council 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 services.
- **Phase 3:** A joint programme to analyse how the needs of the Westminster population will impact on the demand for primary care health 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.

4. Progress to date

- 4.1 The first phase of work is nearing completion. We have produced a local model that segments the population projected at local level by age and sex into 15 health population groups. These groups were introduced by the London Health Commission in 2011 and give us confidence that our needs model has an empirically evidenced link between likely 'health needs' and the future population.
- 4.2 The model currently reflects both the Westminster resident population and Westminster GP registered population. The projections of our resident population uses a standard Greater London Authority (GLA) methodology (which aligns with the London Plan) using past trends to project forward population numbers accounting for planned developments of housing as well as demographic factors. The GP registered population uses a similar method also based on past trends but there is no equivalent standard projection model to adopt. In its place, a mixture of GLA forecasts and changes in past GP registration has been used to get local figures.
- 4.3 Our model can be currently used to project up to 15 years ahead to estimate:
- The prevalence of different health conditions across the city at both a city-wide and ward level; and
 - The cost of the conditions on different services, including acute care, community care, GP visits, mental health, prescribing and social care.

4.4 Officers will undertake the following steps during the summer to further refine the modelling work in order to:

- Match GP lists to the 15 population groups;
- Improve the accuracy of the data on costs provided by the model;
- Fully incorporate data from WLCCG;
- Readjust the current projections in light of a growth in the Office for National Statistic's mid-year forecasts and the potential impacts on migration of the UK's decision to leave the EU.

5. Next steps for Phase 2 and 3

5.1 We are now initiating the second phase of work and this will overlay the impacts of regeneration, housing and infrastructure plans 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 the existing provision of GP services both in terms of numbers of clinicians and also physical estate.

5.2 Once phase two is complete, we will then commence the third and final stage. This will consist of a joint analysis of how the needs of the Westminster population will impact on the demand for frontline services (including primary care) with a view to this informing the analysis that will be used by the local authority, NHS England, CLCCG and WLCCG to plan for future primary care provision. This analysis will include the identification of local authority and voluntary sector levers (such as estates and planning policy) that could be used to support the provision of primary care to match population needs.

6. Legal Implications

Not applicable.

7. Financial Implication

Nor applicable.

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

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