



AGENDA ITEM

5.1

POPULATION HEALTH & PARTNERSHIPS COMMITTEE

POPULATION HEALTH MANAGEMENT: UPDATE

Date of meeting	1st February 2023
FOI Status	Open/Public
If closed please indicate reason	Choose an item.
Prepared by	Gemma Northey, Consultant in Public Health
Presented by	Gemma Northey, Consultant in Public Health
Approving Executive Sponsor	Executive Director of Public Health (Deputy Director of Public Health (Interim))
Report purpose	ENDORSE FOR COMMITTEE APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

Committee/Group/Individuals	Date	Outcome



ACRONYMS	
ABUHB	Aneurin Bevan University Health Board
CHWT	Community Health and Welfare Team
CTMUHB	Cwm Taf Morgannwg University Health Board
DHCW	Digital Health and Care Wales
DPA	Data Process Agreement
DPIA	Data Protection Impact Assessment
EIA	Equality Impact Assessment
GP	General Practitioner
IGRP	Information Governance Review Panel (for SAIL)
IPC	Institute of Public Care
LPHT	Local Public Health Team
MDT	Multidisciplinary Team
PSRS	Population Segmentation and Risk Stratification
SAIL	Secure Anonymized Information Linkage
SWIYC	Stay Well in Your Community

1. SITUATION/BACKGROUND

- 1.1 This report provides an update on the population segmentation and risk stratification (PSRS) approach to Population Health Management in Cwm Taf Morgannwg University Health Board (CTMUHB) for the committee to see, discuss and endorse.
- 1.2 Population Health Management improves population health by data-driven planning and delivery of proactive care to achieve maximum impact for the health and wellbeing of the population. In CTM one PHM tool has been developed – the PSRS tool - which can help Primary Care Clusters, GPs, Care Groups, Strategy Groups and other partners to decide how best to use limited time and resources to deliver anticipatory and pre-emptive care for patients. Linked datasets are used to segment, stratify and model the local 'at risk' and 'rising risk' cohorts that in turn are used to design, target and personalise interventions to deliver proactive care which reduces health inequalities.
- 1.3 As described in the last report, this approach uses data from the SAIL Databank. There is agreement that while the LPHT PSRS project team will have access to named GP Practice data for analytical purposes, only anonymised data will be released and will be safeguarded by data safeguarding/confidentiality rules. The technical solution was presented in a previous report.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

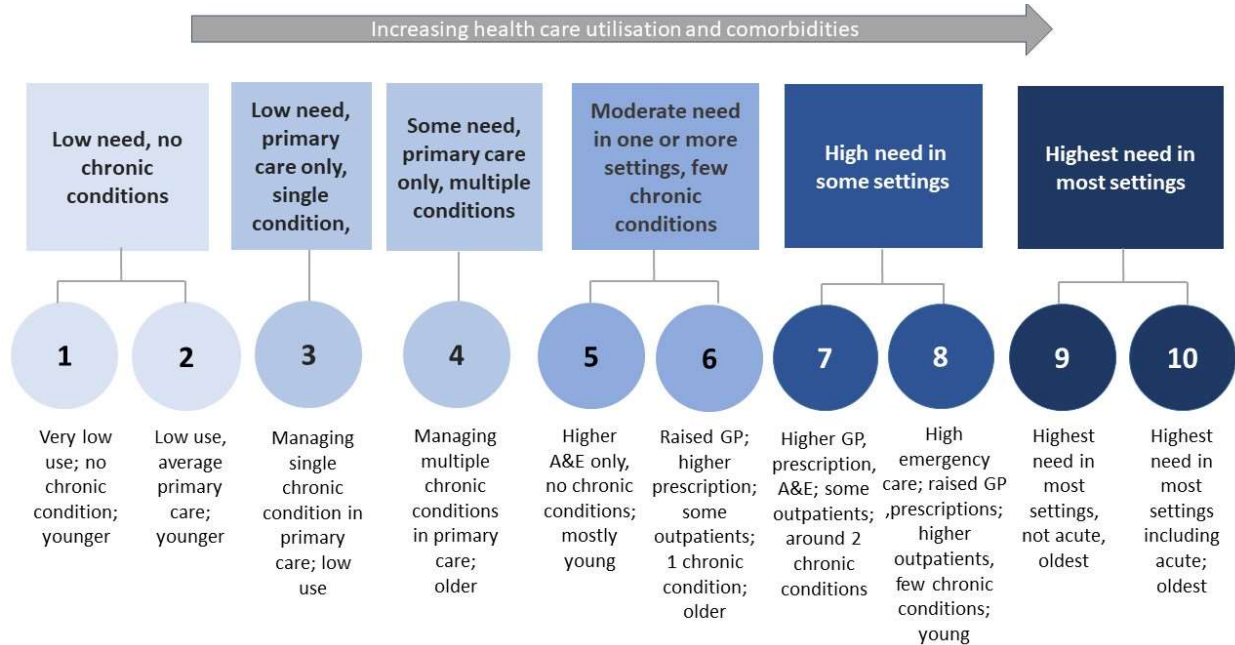
Implementation of PSRS in CTMUHB

- 2.1 Following signup for all bar one GP practice in CTM, the LPHT are now receiving data on a quarterly basis for all GP practices signed up to the programme.
- 2.2 All signed GP practices are now receiving patient level data on a quarterly basis using the DHCW portal. This allows individual practices to understand both the characteristics and proportion of patients across the segments as well as the patients at high risk of admission in the following year.



2.3 A summary of the initial data has previously been provided to Health Board executives and stakeholders detailing segments as shown below. Further detail is available on request.

CTMUHB Data-driven segments



2.4 Two PHM feasibility projects have been initiated in primary care, supported by the PHM team in the LPHT. The first is a winter pressures project in Taff Ely Cluster that aims to improve outcomes for patients at highest risk of adverse effects of fuel poverty. It uses clinical records linked to PSRS data to target and prioritise patient groups. It identifies those who live in areas of high deprivation in the cluster, in combination with relevant long term conditions, age, frailty, patient segment and risk stratum. Following a proactive 'what matters most' conversation, individuals are referred into appropriate services, either the Frailty Service or social prescribing. The second project is in the Bridgend East Cluster that also focuses on winter pressures, seeking to proactively identify and support vulnerable individuals who may be at risk of exacerbation of their chronic conditions which may result in an emergency admission. The work is funded by and supports the aims of Goal 1 of the Welsh Government 'Six Goals for Urgent and Emergency Care' 2021-2026 strategy.

2.5 The Taff Ely project began in December 2022 and the Bridgend East project is expected to start end January 2023. Both projects will be



evaluated and interim evaluations are planned for March/April 2023, with full evaluations by September 2023.

- 2.6 A collaboration for PHM was started in September 2022 between ABUHB and CTMUHB Local Public Health Teams. This partnership aims to share knowledge and learning of PHM approaches, present definitions of population health and PHM that can be built on for a shared understanding across Wales and describe how we can build PHM programmes in Wales to support improvements to population health.
- 2.7 Population Health profiles have been created at local authority and cluster levels. Information in the profiles includes population health measures as well as specific population segmentation data (the distribution of patients across segments, proportion within each risk strata and case mix adjusted analysis by practice). As stated above the practices are anonymised. The cluster level profiles have been shared with their respective clusters and the Senior Practitioners from the PHM Unit have been supporting clusters to use data in the planning of services to those most at need, aiming to reduce inequalities.
- 2.8 Individual practice summaries have been created and shared with GPs directly where requested. These contain case-mix adjusted information identifying the specific practice against other anonymised practices for a number of measures.
- 2.9 Following discussion at a previous PHM Steering group, work has been undertaken to define the segments in more detail, and now data are available for the whole of CTM (minus one GP Practice) it can be used to support identification of population cohorts for proactive intervention and tailoring of services.
- 2.10 PSRS data has been used to undertake a backwards mapping of the patients referred to the Community Health and Wellbeing Teams (CHWT or MDT) to segment and risk stratum in volunteer GP Practices. Evaluation of this is planned by April 2023 to inform future referral processes.
- 2.11 A separate but parallel research project is being conducted by the LPHT to examine the predictive ability of segmentation including the development of the CTM UHB data-driven segmentation model to date. This methodological work was originally planned to be a separate project to investigate the predictive ability of segmentation. As the work progressed it was expanded to include the development of the actual segments to be rolled out. This work has been delayed due to reprioritisation of the work plan to include in depth analyses of segments and support to feasibility projects as described above.

2.12 The governance arrangements for PHM in CTM since October 2021 have included a Steering Board for PHM. Note that PSRS is one component of PHM in CTM and progress will be reported via these new governance structures.

Evaluation

2.13 The potential for using utilization-based cluster analyses to segment a local General Practice-registered population in the Rhondda Primary Care cluster was assessed as a pilot during April 2018 – July 2019. A process evaluation assessed the feasibility of the approach and compared the use of a traditional expert-driven segmentation approach with data-driven utilization analysis. The findings have previously been presented and are available upon request.

2.14 An independent evaluation of work streams in the SWIYC was carried out by the Institute of Public Care (IPC) at Oxford Brookes University. The PSRS Workstream evaluated the effectiveness of PSRS in identifying the health and care needs of the CTMUHB primary care-registered population. This was supported by two objectives:

- (1) To evaluate the predictive ability of population segmentation.
- (2) To undertake a process evaluation to inform wider roll out of this approach.

2.15 The evaluation does not include evaluation of specific interventions, which are implemented using the findings of the segmentation, over and above identifying the added benefit that segmentation offers.

Next steps

- Deliver the Taff Ely and Bridgend East Cluster PHM projects.
- Evaluate both PHM projects to inform PHM programme in CTM.
- Evaluate the MDT backward review.
- Complete predictive ability and validation work on in-house data driven segmentation model.
- Continue collaborative PHM work with ABUHB.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 The key risk that remains in the progression of PHM is the capacity of primary care to support work. Measures are being taken to alleviate the requirement on primary care, with support from the LPHT and other professionals (such as MDT leads or Cluster Development Managers)

however it is inevitable that some small requirements will remain in some areas. The LPHT continue to engage regularly with GP practices via the cluster meetings and are planning to continue engagement alongside the Accelerated Cluster Development work.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	There are no specific quality and safety implications related to the activity outlined in this report.
Related Health and Care standard(s)	Staying Healthy If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below. EIA not required as this report is an update to population health management approach previously agreed. EIA to be completed in next stage of implementation.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.



Link to Strategic Goals	Creating Health
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5. RECOMMENDATION

- 5.1 The Population Health and Partnerships Committee is asked to:
- 5.2 **NOTE** the progress made and **ENDORSE** the approach to Population Health Management outlined in this report.