Risk Stratification and Population Analytics: National Context

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Outline

1. Setting the Policy Context


3. Integration and Information Sharing – Six Purposes

4. Questions / Discussion
Health and Care: The Context

- **Increasing levels of demand** from residents & patients;

- **Demographic pressures** – Number of people with 1+ long-term conditions will increase (15 million in 2012 to 18 million in 2025);

- **Social care** – NHS Confed survey: 99% of NHS Managers felt cuts to social care were impacting on health;

- **Public health cuts** – despite £1 in every £5 of NHS spending on ill health attributable to smoking, alcohol, diet, obesity, inactivity;

- **Cuts to Local Government funding overall** – already 33% 2010/15 plus further cuts during this Parliament;
The Policy Context...

1. Five Year Forward View

- Published in October 2014;
- New care models programme key to delivery – work on information and technology taking place across new care models;
- Five new care models alongside Integrated Personal Commissioning and Integrated Care Pioneers;

2. Sustainability and Transformation Plans

- All areas in the process of developing STPs;
- LGA emphasising Local Authority and Political engagement, the need to take a system wide perspective and the need for meaningful engagement with citizens and the public;
- Local Digital Roadmaps – technology enabler to STPs;

3. English Devolution

- Devolving decision making and funding to local areas – a local approach to agreement which can also support the integration of health and care;
- Greater Manchester now “live” and further devolution bids including aspects of health and care;
The Policy Context…

4. Better Care Fund

- Mandated pooled budget with joint plans on spend to deliver coordinated, person-centred health and care;
- Series of national conditions including data sharing based on NHS number, adoption of APIs, IG controls and communications of data sharing;

5. Health and Care Integration

- CSR commitment to integration of health & social care by 2020;
- Plans in place in 2017 with implementation by 2020 – LGA pushing DH for clarity on this;
- Areas will be able to graduate from BCF;
- Key principles based on local area flexibility, transparency of progress and support shift towards care closer to home;

6. Care Act….one year on

- New focus on wellbeing, prevention and early intervention, supports people with information and advice and puts carers on the same footing as those cared for.
What this is enabling…

• More holistic approach to care through working between health, social care and community workers including through multi-disciplinary care teams;

• Greater focus on prevention through helping people to look after themselves better at home and support provided in the community;

• More proactive identification of people who may require extra care and support to prevent escalation of need;

• Commissioning care in an integrated way including shifting funding flows to support integrated delivery;

Risk stratification and Population Analytics is a critical enabler
National Activity: Personalised Health & Care 2020

• Publication in November 2014 of a document called Personalised Health and Care 2020;

• Sets out ambition for the use of information and technology in health and social care;

• Covers a range of areas from transparency to public trust to information sharing;

• Includes commitments including “that by 2020 all care records (across health and social care) will be digital, real time and interoperable (i.e. integrated information)”;

• Implementation overseen by the National Information Board;
• National Information Board – one of the Five Year Forward View Boards and oversees delivery of Personalised Health and Care 2020;

• Chaired by NHS England – brings together organisations and senior representatives from across health and social care;

• Secretary of State for Health announced £4.2bn to deliver the proposals set out in Personalised Health and Care 2020 at the last Spending Review;

• Consists of 10 domains (above) and 33 programmes – incl. relevance for Local Gov.
Domain Descriptions

A. Self-Care and Prevention: We will deliver the online services that patients need to take control of their own care, which will reduce the pressure on front line services.

B. Urgent and Emergency Care: We will help to deliver the national urgent and emergency care strategy by providing the digital infrastructure, algorithms and pathways we require.

C. Transforming General Practice: We will use technology to free GPs from time consuming administrative tasks and provide patients with online services.

D. Integrated Care: We will better inform clinical decision making across all health and care settings by enabling and enhancing the flow of patient information.

E. Digital Medicines: We will enable and improve pharmacy decision making and outcomes by providing patients and prescribers with streamlined digital services.

F. Elective Care: We will improve referral management and provide an improved treatment choice for patients by automating referrals across the NHS.

G. Paper free at the point of care: We will create an NHS “paper free at the point of care” by driving up levels of digital maturity and by enabling the NHS workforce to better utilise the benefits of digital technology.

H. Data Outcomes for Research and Oversight: We will deliver the health and care information and insight which is fundamental to informed policy making, commissioning and regulation by improving information collections, analysis and reporting.

I. Infrastructure: We will enable information to move safely and securely across all health and care settings by providing robust and future-proofed national systems and networks.

J. Public Trust and Security: We will provide the means for citizens to set their consent preferences. We will provide confidence that clinical and citizen information is held safely and securely and protect health and care systems from external threats.
## Linking Programmes to Outcomes

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### A: Self Care and Prevention
- 1. Citizen Identity
- 2. NHS.UK
- 3. Health Apps Assessment & Uptake (inc. wearables)
- 4. Widening Digital Participation

### B: Urgent and Emergency Care
- 5. Clinical Triage Platform
- 6. Patient Relationship Management
- 7. Access to Service Information
- 8. Out of Hospital Care
- 9. General Practice Operational Systems and Services
- 10. Adopting Existing Technologies in General Practice
- 11. Technology for General Practice Transformation
- 12. GP Data for Secondary Uses

### C: Transforming General Practice
- 13. Integrated Care – Business Change
- 14. Integrated Care – Interoperability and Architecture
- 15. Social Care Integration
- 16. Personal Health Record
- 17. Digitising Community Pharmacy
- 18. Pharmacy Supply Chain and Secondary Uses
- 19. Integrating Pharmacy Across Care Settings
- 20. Digital Referrals
- 21. Driving Digital Maturity
- 22. Digital Child Health
- 23. Digital Diagnostics
- 24. Workforce and Professional Capabilities
- 25. National Data Services Development
- 26. Data Content (inc. GP data, PLICS and PCOMS)
- 27. Innovative uses of Data
- 29. NHSmail2
- 30. HSCN
- 31. WiFi
- 32. Cyber-Security
- 33. National Opt-Out Model
Integration and Information Sharing

A. Using Patient Medical Records, Care History Inc. Prescriptions Electronically: Integrated Digital Care Records to improve care

B. Care coordination and planning: Supporting coordination of care across providers

C. Risk Stratification for Case Finding: Identifying those at risk of an adverse event

D. Tracking Outcomes across a Pathway of Care: Tracking particular cohort groups irrespective of care setting

E. Developing a Capitated Budget and New Care Model: Profiling and segmenting the population & developing a capitated budget

F. Understanding Population Needs: Strategic and Commissioning Needs Analysis

Sharing for direct care

Sharing for commissioning

For the discussion / focus today.
Purpose C: Risk Stratification

What do we mean?

- Assessing individuals who are at high risk of experiencing a future adverse event;
- For case finding: Re-identification of individuals so as to provide them with direct care;
- One focus for risk stratification to date has been identifying patients at risk of hospital admission (working with GPs to identify high risk patients using SUS and GP data);
- IG arrangements enabled to allow flow of data;

Examples from localities

- Approach used widely across health, particularly through Clinical Commissioning Groups;
- Number of approved risk stratification providers (see NHS England website);
- NW London, Leeds, West Norfolk – some of the areas we have been working with in terms of risk stratification;
Purpose D: Tracking Outcomes

What do we mean?

- Assessing outcomes for particular cohorts of patients, including those high intensity users of care;

- Includes for example, tracking those in residential and nursing homes who often have greater needs than peers who live in their own homes (both self-funders and those publically funded);

- There is a need to be able to identify the cohort (not the individual) and track outcomes – often requiring linked data e.g. where there are high admissions to hospital from care homes;

Examples from localities

- Tracking outcomes across a cohort will vary depending on the focus of the local area (e.g. which cohort);

- Care Home Vanguards are six localities which are tracking outcomes for those in care homes;

- Hertfordshire is one of them developing a greater understanding of outcomes and looking at reducing admissions and supporting greater independence;
Purpose E: New Funding Models

What do we mean?

• Shifting the funding model to one which commissions based on volume based payments (e.g. activity) or block to budgets which enable integrated working;

• Often focus on a shifting to delivering more integrated forms of care for the majority of, or all care for a target population;

• Various approaches which are being taken forward by local areas (including Vanguards) e.g. linked to new contractual arrangements;

Examples from localities

• Two approaches which are emerging in terms of the use of data – whole population modelling (using area wide budgets) or patient level costing;

• Work with NHS England and NHS Improvement through the Payments Forum which is working with a number of localities including Tower Hamlets, Kent etc.
Purpose F: Population Needs

What do we mean?

- Assessing and modelling current and future population needs – at a population level;
- Informs strategic planning including Joint Strategic Needs Assessment and Strategic Planning;
- Variety of examples but localities are moving towards much greater use of client level linked data across health and care to understand patient pathways and potential impact of interventions;

Examples from localities

- Varied depending on approaches but Derbyshire, Leicester / Leicester / Rutland and Kent are three areas which have focused heavily on linked data to better understand client pathways;
- Challenges around the practicalities of linking data – necessary to start with the purpose and the vision rather than just pooling data and seeing what can be done;
Questions / Discussion