

HEALTH AND WELLBEING BOARD

14 APRIL 2022

UPDATE ON THE DEVELOPMENT OF THE POPULATION HEALTH MANAGEMENT

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Summary

This report provides an update on the progress of the population health management (PHM) development programme following the final System-level Action Learning Set (ALS) the delivery of which took place on 1 March 2022.

The report also includes a summary of the agreed priority areas that will inform the development of the health inequalities strategic plan which were agreed by the Kent and Medway (K&M) Joint Health and Wellbeing Board (JHWBB) in December 2021, a brief update on the K&M Health Equality Partnership Programme (HEPP), and key changes within the Prevention Programme relating to the Turning the Tide Oversight Board and the BAME Strategy Board.

1. Budget and policy framework

- 1.1 Reduction of health inequalities and promotion of population health are areas of priority for Health and Wellbeing Boards, which are also 2 of the 4 core purposes for Integrated Care Systems (ICSs).
- 1.2 There is no current impact on budgets for financial flows, however, the finance work undertaken as part of the Population Health Management Development Programme may identify alternative financial flow opportunities to support the delivery of an outcome-based approach.

2. Background

- 2.1. There were 4 levels of Action Learning Sets delivered as part of the PHM development programme: 1. System; 2. Health and Care Partnership (HCPs) which included finance & contracting; 3. Neighbourhoods and 4. Analytics.

2.2. A combined total of 52 virtual ALSs took place over an 8-month period (extended from 6 months due to COVID pressures) with over 224 colleagues meeting regularly from across health, social care, local authority, public health, local councils and voluntary sector to further the aims of population health management across Kent and Medway.

3. Advice and analysis

3.1. Kent County Council, Medway Council and district/borough councils are important partners and stakeholders in the Population Health Management programme.

4. Risk management

4.1. There are no specific risk management implications arising from these proposals.

5. Consultation

5.1. There is ongoing engagement with all partners and stakeholders on the development of the population health management approach. The programme is based on the principles of co-design.

6. Financial implications

6.1. The cost for supporting the programme is supported by the CCG.

7. Legal implications

7.1. When the ICS is formally established on 1 July 2022, population health and inequalities will be reported to a newly established subcommittee of the Integrated Care Board.

8. Recommendation

8.1. The Health and Wellbeing Board is asked to note the update and continue to support the spread and sustain plans.

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Appendices

Appendix A – Population Health Management Development Update