

Medway and Swale Population Health Management Programme

Statutory sector and VCS Framework development



Medway and Swale
Health and Care Partnership

H&CP Ambitions

Medway and Swale Health and Care Partnership is committed to using population health management techniques and strategies to inform the prioritisation and development of its response to the NHS Long Term Plan, and future services transformation across the system. Our partners believe this approach will ensure that we can deliver our ambitions to:

- Listen to local people and our staff to design and develop responsive, effective, equitable evidence-based care pathways;
- Delivering high quality health and care services across care pathways from home to specialist care provider (both physical and mental health);
- Shifting the focus of care from treatment to prevention;
- Meeting constitutional standards, and a delivering sustainable financial position; and
- Making the best use of health and care resources (people, money, estate, IT infrastructure etc.)

Population Health Management (PHM)

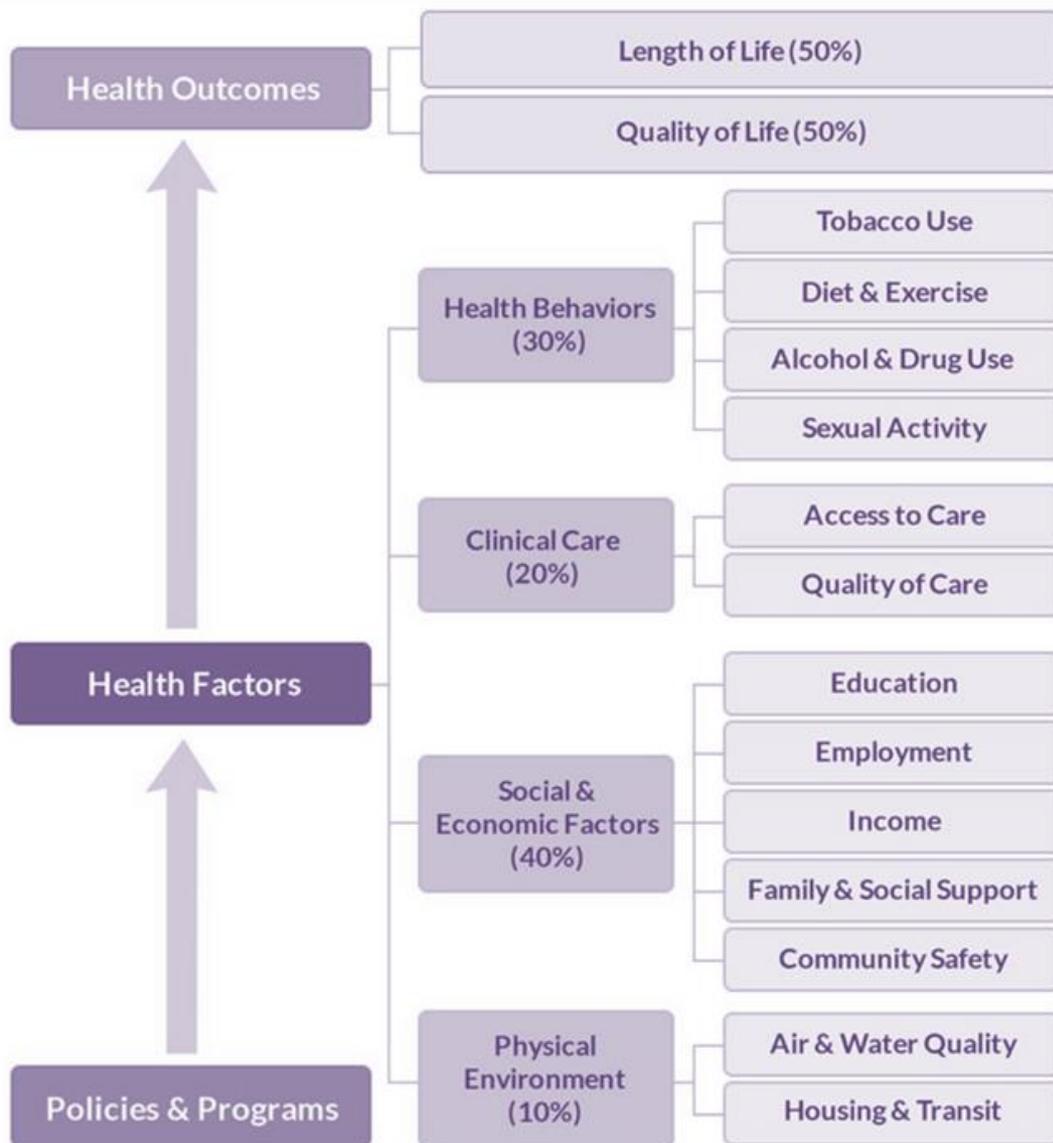
Population health management provides the ability to understand variation through benchmarking and comparisons to improve clinical outcomes. It will help identify people who are currently well, but at risk of developing long-term conditions. This targeted approach will work at two levels:

- individual (known individual risk factors)
- population (known risks in certain populations and communities).

This approach will help to prevent or delay the onset of long-term conditions, their functional consequences and the progression of frailty.

Population health management will therefore enable more people to benefit from early identification and treatment, personalised care planning, self-management support, medicine management and secondary prevention services.

The care model that PHM enables will support improvements in patient activation (people's knowledge, skills and confidence to self manage) and better self-management will stop, or delay, progression of frailty and functional impairment or disability.



County Health Rankings model © 2014 UWPHI

Only **20%** of a person's health outcomes are attributed to the ability to access good quality health care – and the crucial role of communities and local people.

Population Health Management is an emerging technique for local health and care partnerships;

- To use data to design new models of proactive care
- Deliver improvements in health and wellbeing
- To make best use of the collective resources.

[NHS England website - Integrated Care](#)

Health & Care Partnership Population Health Management membership



Sheppey
Primary Care Network



Medway Central
Primary Care Network



Medway and Swale Voluntary and Community Sector

- Voluntary and Community organisations make a major and literally incalculable contribution to the social, cultural and economic life of Medway and Swale.
- They act as pathfinders for the involvement of our residents in the design and delivery of services and often act as advocates for those who otherwise have no voice. In doing so, they promote both equality and diversity.
- They help to alleviate poverty, reduce health inequalities, improve the quality of life and empower socially excluded people.
- The Voluntary and Community sector also makes an important direct economic contribution to the area.
- The Voluntary and Community sector in Medway and Swale can operate most effectively if it has the understanding and support of the statutory sector, and vice versa.

Medway and Swale Memorandum of Understanding

A written understanding between the Statutory, Voluntary and Community Sectors and other partners of how they will co-operate – sign off ✓

Key messages

- A revised approach for public sector partners in their relationship with the VCS
- Increased opportunities for VCS partners to help shape the future of individuals and communities
- Promotes equality of opportunity regardless of organisational size
- Joint working to build local resilience to support our communities
- Move from transactional partnership to true collaboration and commitment to a cultural evolution

The Framework

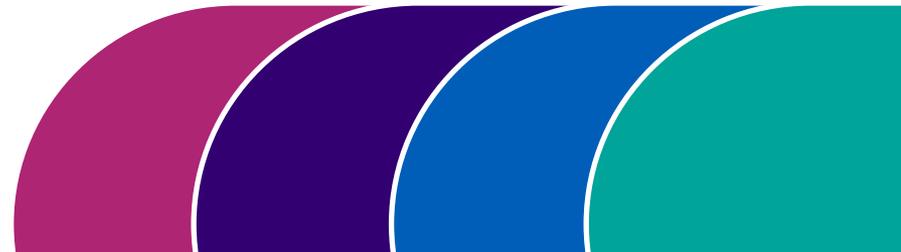
- Build on the memorandum of understanding in setting out the actions as to how we will achieve the agreed principles.
- Address more difficult conversations such as procurement, commissioning and funding.
- Detail challenges faced by smaller organisations and identify plans to support equality of opportunity.
- Allow us as a system to radically rethink how we support our communities health and wellbeing
- A commitment to working together to build capacity and resilience in our communities needs to be matched by mechanisms that ensure the effective delivery of the principles outlined in this document and a process by which success can be measured and organisations held to account.

How we are developing the framework

- **Strengthening the VCS sector**
- How could cross sector working help your VCS organisation?
- What challenges are there in cross sector working at the moment?
- What behaviours would you like to see in good cross sector working?
- How could the framework be an opportunity to change things for the better?

- **Volunteering**
- How can volunteering play a part in changing cross sector working?
- As a VCS organisation how could you make use of statutory staff volunteer days?
- As a statutory organisation, how could you facilitate staff volunteer days?
- What are the anxieties around volunteering being part of a framework for better joint working?
- What boundaries need to be considered in respect to volunteering?

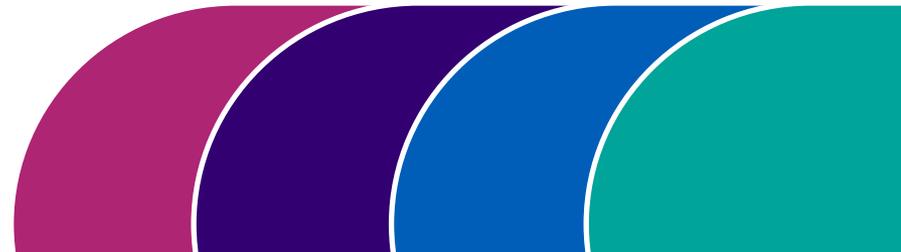
- **Influence and partnership**
- If influence is a seesaw, and statutory services and VCS are playing on it, who is up in the air and who is heaviest on the ground with more influence? - why?
- How can the VCS better influence the statutory sector?
- How can the statutory sector better influence the VCS ?
- What feels uncomfortable when thinking about the possibility of mutual influence and partnership?



Feedback so far.

- The strategy has to be joined up, this is vital for delivery of a sufficient and sustainable health and social care service going forward
- Shift the balance of strategic influence – bottom up approach – with mutual benefit and respect
- Locally the VCS have the greater influence they know and are communities.
- value of long term interagency relationships - knowledge exchange, greater cross working recognising the skills set that can be utilised, without concern around loss of autonomy.
- Need to be equal partners to co-produce – not tokenistic
- Need to address diversity, deprivation and inequality
- Need to recognise smaller micro organisations in co-production
- Social movement – we need this to have a palpable energy to stand alone regardless of how policy and structure changes
- We all have the same vision – we need to pull our assets and strengths together to build a learning alliance – share our knowledge
- How can we maximise financial opportunities i.e.. Lottery funds and grants supporting commissioning monies for the system
- Relationships and commitment – putting down organisational barriers. Need ongoing dialogue at strategic level

We need the recognition of how the VCS position has altered and how we as a system in the absence of national policy need to be pioneers in how we work going forward.



Next steps

- Our Communities are at the centre of health and social care.
- Our framework needs to embrace the specialist expertise and fresh perspectives to public service delivery that the VCS brings.
- The VCS is particularly well placed to support people with complex and multiple needs
- Health is everyone's problem; Prevention is everyone's responsibility.

We need to think differently, act differently and as a system design a framework that stands alone, is meaningful and has its own energy to drive and influence changes that support our communities to thrive.

