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**To: Coventry Health and Wellbeing Board**

**Date: 04/12/2024**

**Subject: Embedding a Population Health Management approach in Coventry**

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**1 Purpose of the Note**

- 1.1 To describe work to embed Population Health Management (PHM) in the commissioning, transformation, design and delivery of health and care services in Coventry.

**2 Recommendations**

- 2.1 For the Board to note progress the Coventry Care Collaborative has made towards embedding a PHM approach to health and care and the commitment made by all Integrated Care System (ICS) partners
- 2.2 For the Board to consider opportunities to further embed a PHM approach across services

**3 Information/Background**

- 3.1 Population Health is an approach aimed at improving the health of an entire population. It aims to improve the physical and mental health outcomes and wellbeing of people and reduce inequalities. It includes action to reduce the occurrence of ill-health, including addressing wider determinants of health
- 3.2 Population health management improves population health by data and intelligence-driven planning and delivery of services to achieve maximum impact. It includes segmentation, stratification and modelling to identify local 'at risk' cohorts. Then it involves designing and targeting interventions to improve care and support and prevent worsening health for people with ongoing health conditions
- 3.3 Coventry Care Collaborative has committed to better use of Insight when making decisions about services. Historically, services have been designed based on current or predicated future demand data, without proper regard to needs of the whole population or a focus on who is not using services. This has compounded inequalities and led to increased demand for services without resulting in improved outcomes. A PHM approach looks at insight from the whole population, including those who are not using services, to better understand how services can better meet the needs of our residents. This Insight includes not just service data, but also insight on who is and who is not accessing services, and who has poor experience of services or poorer outcomes. This includes feedback from residents but also clinicians and other stakeholders on why services may not be benefiting all residents equally.

- 3.4 The Community Integrator transformation programme will be used to apply, test and learn how we successfully embed a PHM approach. This will include describing the attributes of the highest intensity users of urgent and emergency care, and their access to and experience of more preventative services and how these services could be transformed to 'left-shift' demand in the future. Alongside service data, insight from patients and public, stakeholders including clinicians from multiple services (both emergency and planned) and an understanding of neighbourhoods in which patients live, will be used to inform meaningful transformation of services.
- 3.5 There is a commitment from all ICS partners to supporting insight-driven decision making, apply learning to other decision-making as appropriate and work toward embedding the approach broadly in the future. While the work to apply the approach will sit with individual programmes, a collective working group has been established to share learning, remove barriers to embedding a PHM approach, identify opportunities to scale and spread and ensure resources and structures required are in place. This group will report into Care Collaborative Forum and Committee where appropriate.

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