Realising the Value

National Voices
People shaping health and social care

Putting what matters most to patients and communities at the heart of health and social care design

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About National Voices

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People shaping health and social care

- An independent coalition of 140 non-governmental organisations in health and social care in England
- Seeks to influence national and local policy to produce more person centred, community based care
- An official partner to the Department of Health, and NHS England – the national commissioning body
- Produced the ‘Narrative for person centred coordinated care’ – used as a single, cross system, user-focused definition of the goals of ‘integration’

In this presentation

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- The idea of ‘Realising the Value’
- Implications for value and outcome frameworks
- Narrative for person centred coordinated care
- Examples of mobilising non-governmental assets

‘What Matters Most…’

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- What matters most to people may be *different* from what professionals assume
- *Quality* of life and death more than specific treatment decisions
- *Values* such as choice, control, dignity more than medical/clinical concerns
- Essential to have open discussion with the person about *goals* and *preferences*

What matters most to older people

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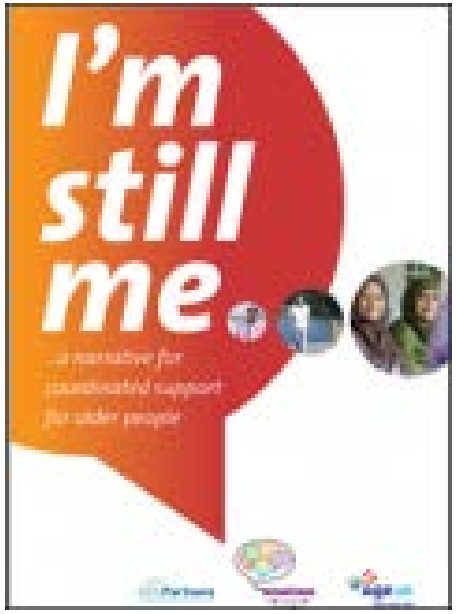

We asked older people with frailty what was important to them about coordinated care. Not contact with 'services':

"I am supported to be independent"

"I can maintain social contact"

"I can do activities that are important to me."

"Taken together, my care and support help me live the life I want to the best of my ability."

‘Realising the Value’

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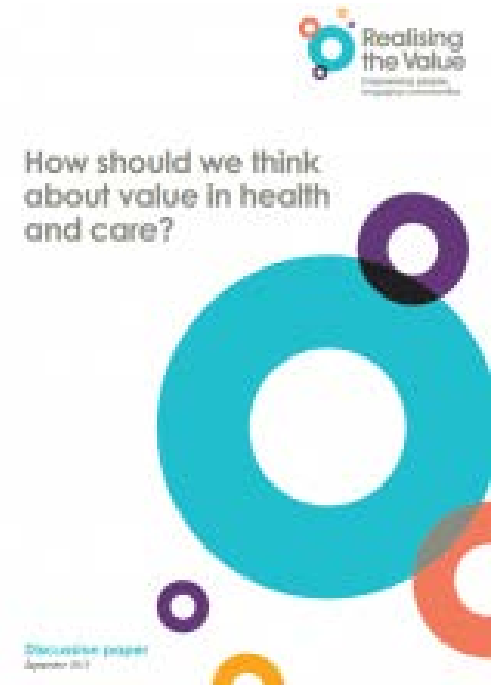

In English, ‘Realising the Value’ has 2 meanings:

- Understanding the kind of value that people and communities can create, and
- Making that potential value ‘real’

NHS England is funding a programme to:

- understand the evidence
- produce detailed studies of 5 interventions
- produce tools and guides for commissioners and providers

www.nesta.org.uk/project/realising-value

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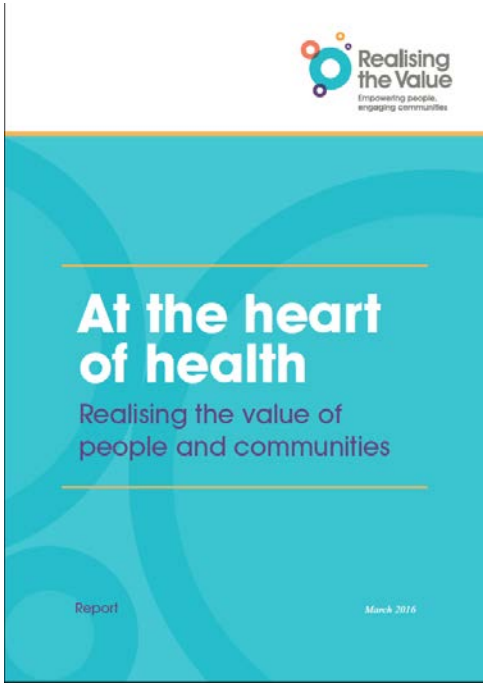

NHS budget in England 2016-17: €152 bn

Who creates 'value' in health and wellbeing?

- **Individuals** ('patients'/citizens) in coproduction: prevention, healthy behaviour, self management of chronic conditions, appropriate use of health services. Better models of chronic care estimated to save between **€5.6 bn and €13 bn** a year in England
- **Carers**: in England they contributed **€150 bn** in 2011
- **Community organisations**: **€51 bn** turnover in England, of which €17 bn directly related to health and care
- **Volunteers**: worth **€30.5 bn** in England in 2013

Types of value/outcome

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‘Walking for Health’: 600 walking schemes in England, 3,400 walks a week for 70,000 regular walkers, led by around 10,000 volunteers.

Outcomes					
Wal					
Volu		increased confidence	skills		

Cost Effectiveness

Cost–benefit ratio of 1 to 7

Cost per QALY of between €950 and €4,000

Implications: value frameworks

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Value has many dimensions

Value = personal, familial, community

Care and support is continuous not episodic

Outcomes need to be re-examined

Understand value from person's point of view

Clinical outcomes not adequate as KPIs

Wellbeing not just health status indicators

Single service outcomes not adequate for measuring value

Value frameworks: some proposals

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Measure overall

IMPACTS achieved by people, communities and services combined

IMPACTS longer term and need different type of measure

- Wellbeing
- Independence
- Social connections
- Quality of life

Use ‘coproduced’ outcomes to ensure we measure what matters most to people

Prioritise outcomes for the person over clinical outcomes/health indicators

Diverse outcomes for all stakeholders: mix of ‘hard’ (quantitative) and ‘narrative’ (qualitative)

Localise responsibility: judgements made using local narratives

Using a person centred narrative

Care planning

My goals/outcomes

Information

Person centred coordinated care

"I can plan my care with people who work together to understand me and my carer(s), allow me control, and bring together services to achieve the outcomes important to me."

Transitions

Communication

Decision making

My goals/outcomes

All my needs as a person are assessed.

My carer/family have their needs recognised and are given support to care for me.

I am supported to understand my choices and to set and achieve my goals.

Taken together, my care and support help me live the life I want to the best of my ability.

Care planning

I work with my team to agree a care and support plan.

I know what is in my care and support plan. I know what to do if things change or go wrong.

I have as much control of planning my care and support as I want.

I can decide the kind of support I need and how to receive it.

I can plan ahead and stay in control in emergencies.

From care planning to community assets

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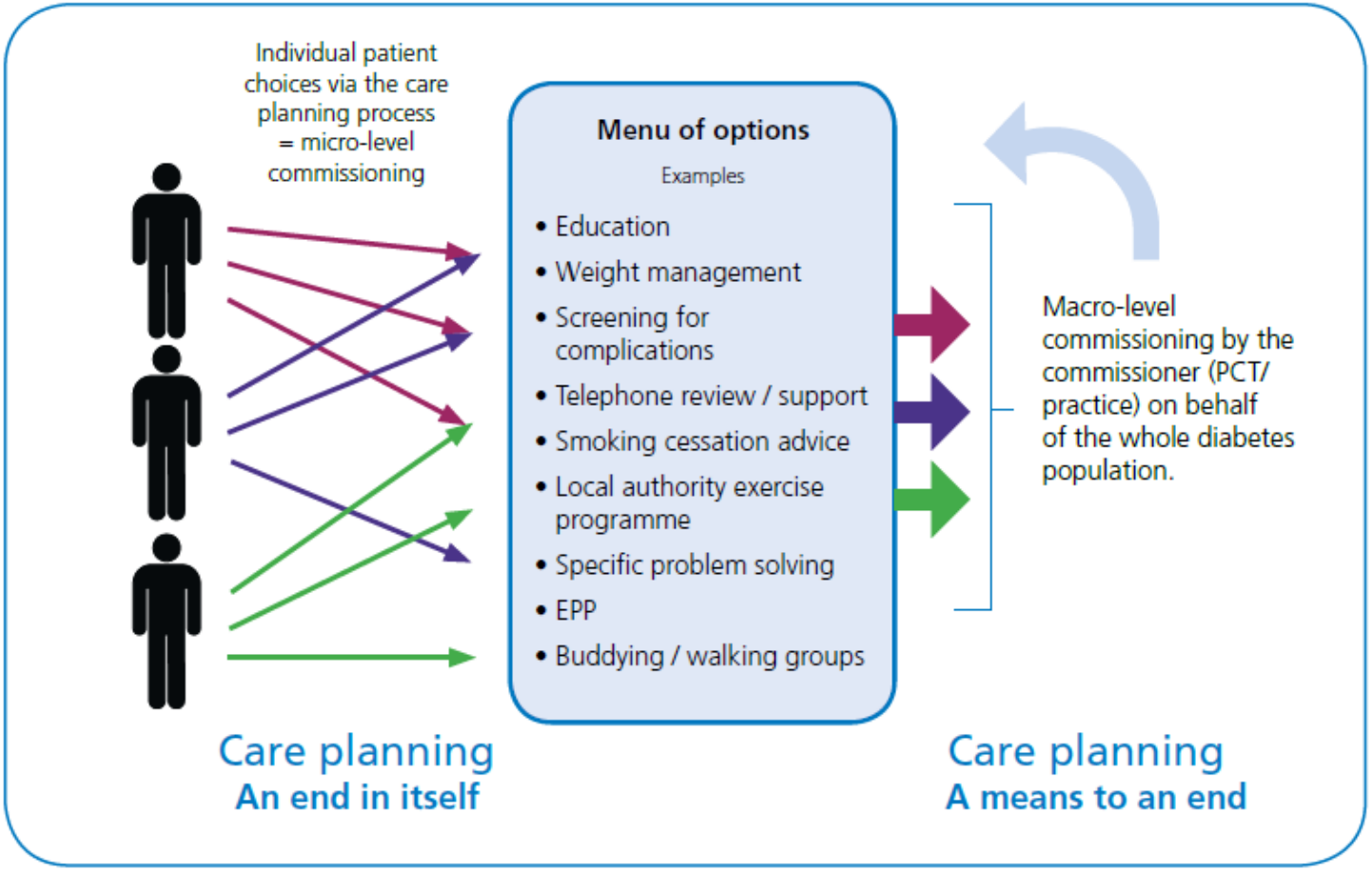

Community assets: an example

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50 community organisations
150 creative projects
4,000 people benefited since 2011

The use of creative approaches and activities in healthcare; increasing self-esteem, providing a sense of purpose, developing social skills, helping community integration and improving quality of life.

"I first started coming to the rock climbing group nearly two years ago; it was totally new to me. I really lacked **confidence** and just meeting new people was really quite difficult for me. It's changed my whole **lifestyle**; I really look after my **diet**, so I can build my strength up. It really gives me a **focus**. I feel a lot **happier** when I'm out and about."

Summary: ‘what matters most’ at the centre of care

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- Narrative approach so that coordinated care is oriented towards the outcomes that matter to people
- Review value and outcomes frameworks to prioritise what matters most: wellbeing, independence, control, social connection, quality of life
- Develop community assets to ensure wide ‘menu of support’ for holistic care
- Use personalised care planning to find what matters most to the individual and make use of full menu of support

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