Maximising value with people and communities

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National Voices

About National Voices

- A membership body for health and social care charities (non-profit organisations) in England
- 140 members, from very small to very large and representing different conditions and communities
- Working with national policy makers
- We stand for people being in control of their health and care

www.nesta.org.uk/realising-value-programme-reports-tools-and-resources

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Realising the Value

New approaches to value in health and care

Report

Post-Porter debate on value

- Triple bottom line
- Reducing variation
- More about outcomes

But…

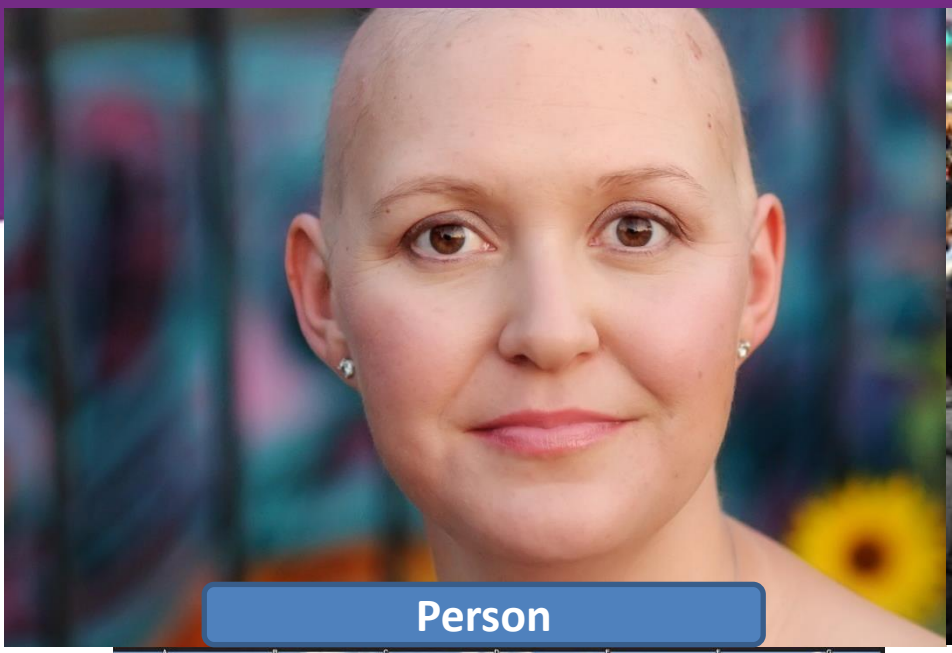
- All about public service budgets
- All about ‘episodes/cycles of care’
- Doesn’t take account of Chapter 2 5YFV

Who ‘produces’ health?

- Can’t be done by NHS professionals & services alone

- Health is **coproduced** at individual, group and population levels

Accountable Care



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."

Coordination

Value created by people

People involved in own care:

£150 return on £100 invested

People powered health:
£4.4 bn pa

Informal carers:

Over 6m people

1.5m full time

£132 bn pa

Volunteers

Quarter of all adults

£24 bn pa

Voluntary sector:

160,000 organisations

£12.2 bn GVA

What do people value?

1. What matters most to people may be **different** from what professionals assume

2. **Quality** of life and death more than specific treatment decisions

3. **Values** such as choice, control, dignity more than medical/clinical concerns

4. **Life goals**, eg wellbeing & independence, not just healthcare-related goals.

Towards achieving what people value

- Evidence & outcomes of person centred & community based approaches
- Tools and resources to implement these
- Recommendations for systematic design
- Includes: education for self management; peer support; asset based community development; health coaching; community activities to support health

Draft standard contract for ACOs

http://www.nesta.org.uk/realising-value-programme-reports-tools-and-resources

Value: broadening the focus	
Not only…	**But also…**
Specific clinical outcomes	Wider health and wellbeing impacts
What the system values, e.g. cost and value for money indicators	What people and their communities value, i.e. the outcomes most important to them
Patient experience, i.e. what direct contact with services feels like	Wellbeing, e.g. quality of life; people feeling supported, in control, socially connected and independent
Immediate outcomes of a single service, e.g. success of a treatment	Outcomes over time of all the services and support a person or community may draw upon
Individual outcomes for the person	Equity in health and wellbeing, with greatest value achieved by targeting people and groups with greater need, lower health literacy, least access etc

We value the creation of health and wellbeing

We value people feeling supported, in control, socially connected and independent

We value the outcomes that are most important to people and their communities

We value people's contributions (their strengths, time, effort, and skills)

We value sustainable outcomes over time, achieved through working together, as services and in partnership with people

We value equity, and the gains to be made by targeting and tailoring our approaches to people with greater need for our partnership.

Coproduction is a workforce issue

Collaborative co-production requires **users to be experts** in their own circumstances and capable of making decisions, while professionals must move from being **fixers to facilitators**.

To be truly transformative, co-production requires a relocation of power towards service users.

This necessitates **new relationships with front-line professionals** who need training to be empowered to take on these new roles.

What is Coproduction?, Realpe A & Wallace M, Health Foundation, 2010

4 Levels

Level	Who?	Purpose	Outcomes
Individual	Patients, caregivers, family & important others	To make appropriate decisions & manage the impact of ltcs	Better health outcomes & use of healthcare resources
Group	Relevant patients; experts by experience; patient organisations	To codesign new care models & decommission old	Get care design right first time
Governance	Patient representatives, leaders, experts by experience	To bring aggregated patient experience to system decisions	Better decisions, informed by user values & preferences
Community	Groups & organisations supporting people	To develop community based assets & approaches	Community resilience & support to wellbeing

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