

The BIG Lambeth Health Debate: - Making it Happen

18 October 2013

Improving
health and
reducing
health
inequalities
in Lambeth



Reminders: what we set out to do

Have an open and frank conversation with local communities – our members, patients, public and partners about:

- How we will work together to improve the health of Lambeth people
- How to improve the quality of health services
- How to reduce inequalities in health
- How to spend NHS money most wisely
- A sustainable way of planning and paying for services in the next 5 years and into future



Reminders: Why?

Demand for healthcare is rising; resources are not:

- We don't have all the answers
- We need to do things differently
- We need to prioritise
- We need to do this together



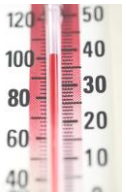
What we set out to explore



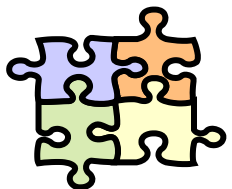
Innovation - doing differently, new ideas, new ways of working, learning from elsewhere



Making NHS money work harder – getting more for less, investing differently, reducing ‘waste’



Prevention – keeping people healthier for longer, detecting ill health earlier, supporting people with health problems to live well



Integration - working together across different parts of the NHS and with social care to meet people’s complex needs

Engaging local people: one conversation, multiple locations

- Promotion via website, film, posters, postcards, local media, Dr Know, Twitter, Lambeth forums and networks
- Public launch 12th July 2013
- Local group meetings including lunch clubs and drop-ins
- Patient group meetings at GP practices
- Lambeth Country Show
- Online debate and online survey
- Paper surveys in Lambeth Libraries
- BIG idea postcards
- Email box: LAMCCG.GetInvolved@nhs.net
- Written and telephone submissions

Who we've heard from - examples

- Patient groups in GP practices (48) and Lambeth Patient Participation Group Network (reps from 15 groups)
- HealthWatch Lambeth (60 people at meeting)
- Expert patients (100 people)
- Diabetes Patient Forum (Committee members)
- Families and visitors of all ages - Lambeth Country Show
- Mental health service users and carers through Lambeth Living Well Collaborative
- Elders lunch club (Basaira)
- Young people at the Well Centre
- Online forum and survey participants (approx 30)
- Written submissions (Lambeth Keep Our NHS Public)

Innovation – making it happen



You said:

- Stimulate a culture of innovation
- Commission for cultural change and outcomes
- Whole systems approach to behaviour change
- Technology!
- Work with communities to encourage connectedness and resilience
- Invest in community services
- Use workplaces and schools

Making our money work harder – making it happen

You said:



- Help people manage their own health
- Put technology to better use
- Move hospital-based clinics into primary care
- Commission to ensure funds go directly into services
- Stop unnecessary duplication and administration, share costs
- Invest in co-ordination and continuity of care to reduce hospital stays

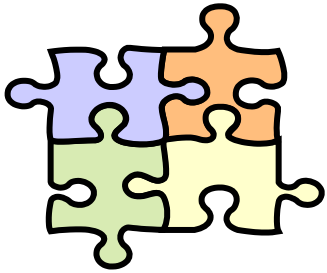
Prevention – making it happen



You said:

- Teach health skills - start early!
- Invest in patient information and education
- Support patient/community-led initiatives
- Target health checks
- Extend self-management support for long-term conditions
- Support people to take control of own health longer-term
- Enhance pharmacy
- Support carers
- Work with partners to address social isolation
- Work with others to create healthy environment

Integration – making it happen



You said:

- Not (simply) joining up what we already have
- Commission for integration around the person and around outcomes
- Keep the front door simple
- Overcome/remove unnecessary boundaries
- Better (use of) IT to improve information-sharing between agencies; patient-held records
- Make better use of voluntary sector
- Support carers

Emerging themes

We heard:

- strong support for focus on prevention
- an ask for a different way of working with people and communities
- there are opportunities for securing better value for money
- frustration at ‘fragmented’ system; challenge to make integration real
- concern about variation in access to services, quality, safety and outcomes



At the same time

Discussions with our members, local NHS providers and wider stakeholders, e.g. NHS England, Lambeth Council, Health & Wellbeing Board

BIG Lambeth Health Debate Programme Board examining population data, performance data and outcomes data to tell us:

- What we spend
- Who we spend it on
- What the outcomes are



The challenge continues to be

- Rising demand on health services & a cap on investment = a challenge of circa £25m for 2014/15, 2015/16 onwards £12m
- Improving the health of local people
- Co-commissioning with a range of partners
- Engaging widely – our members, partners, patients and public
- Delivery



This translated into a new strategic vision

| | |
|---------------------------|--|
| People-centred | co-producing services and enabling self-management |
| Prevention-focused | enabling people to live longer and healthier lives |
| Integrated | reducing boundaries and barriers to care |
| Consistent | reducing variation and variability in access and provision |
| Innovative | using 21 st Century technologies for better services, information and to promote choice |
| Value for money | living within our means and using resources well |



And translates into a set of “commissioning intentions”

- Prevention - staying healthy programmes & management of Long Term Conditions
- People are our assets – coproducing with people, enabling people to look after their own health & empowering communities
- Value for money – efficiencies & outcomes
- Integrated services – integrated commissioning
- Variation – benchmarking & incentives for primary care development
- Technology – enabler for better access, information for patients & carers, virtual clinics, patient aids

Better management of Long term health conditions
 Reduce variation across primary care (detection)
 "Stop before the Op"
 smoking, BMI levels pre-surgery

Personal budgets, coproduction, empower individuals to manage their own care

Virtual clinics, remote consultations, monitoring, apps, etc.

Benchmarking activity, quality, outcomes & incentives for primary care development
 Acute KPIs

| | |
|---------------------|-----------------|
| Prevention | People |
| Variation | Technology |
| Integrated Services | Value for Money |

Acute KPIs
 Waiting times for outpatient appointments & surgery
 Medicines wasted
 Appointments wasted
 Procedures of low value
 Thresholds for surgery
 Delegation of primary care commissioning budgets & incentives
 Integrated contract for Guy's and St Thomas'
 Community estates rationalisation

Contract for integrated care (older people & long-term conditions)
 Provider alliance contract for mental health services
 Increase the pace on Southwark and Lambeth Integrated Care Programme

Focus on Prevention

- “Stop b4 the OP”
- If you are a smoker your GP will refer you to a smoking cessation service to help you quit smoking before you are referred for a routine operation
- Why?
 - Improves your outcomes post OP
 - Smokers are more likely to have lung, heart and infectious complications, have reduced bone fusion after fracture, impaired wound healing and remain in hospital longer after an OP. Stopping smoking beforehand reduces all of these complications AND
 - Reduces the risk of heart disease and cancer increasing your years of life
 - By improving your outcomes and preventing heart disease and cancer represents a better use of limited NHS resources i.e. a value based outcome

Integrated services – older people

- Joined up health and social care services centred on the patients needs e.g. Southwark & Lambeth Integrated Care (SLIC) includes:
- Home Ward & Rapid Response Service
 - A multidisciplinary team of nurses, physiotherapists, occupational therapists social workers and support workers that provides support to people in their own homes and prevent hospital admission, or to return home sooner after a brief hospital stay
- Access to Geriatrician Assessment
 - GPs can book same or next day appointments & rapid access to Consultant Geriatrician advice
- Care Management
 - Personalised, co-produced, patient care plan
- Less use of beds and increased resources into integrated care services



Mrs Okoye's Story



SOUTHWARK & LAMBETH
INTEGRATED CARE



Mrs Okoye lives at home with her husband. Over the last two years she has fallen occasionally. She has ended up in A&E twice, once with a broken arm. She put this down to just getting old, but it has dented her confidence and she does not like to go out now, so her mobility has got even worse.

What could have happened next...



Last month she fell again and broke her hip. After emergency surgery she spent five weeks in hospital. She has not recovered well with therapy.



Now she and her family are talking to social services about placing her in a care home. She and her husband are very upset but they would not be able to cope at home.

Now, under 'integrated care'...



She was invited for a health assessment at her GP surgery, which identified that she had been falling and was at risk of further falls.



She has a new "Integrated Care Manager" – her practice nurse, who coordinates her care, and has referred her to a falls clinic and social services so she can get more support at home.



She is now getting treatment for a blood pressure problem which was causing the falls. She had a period of 'reablement' support from social services to help her keep independent at home. She also had a course of physiotherapy, and now attends a weekly exercise class.



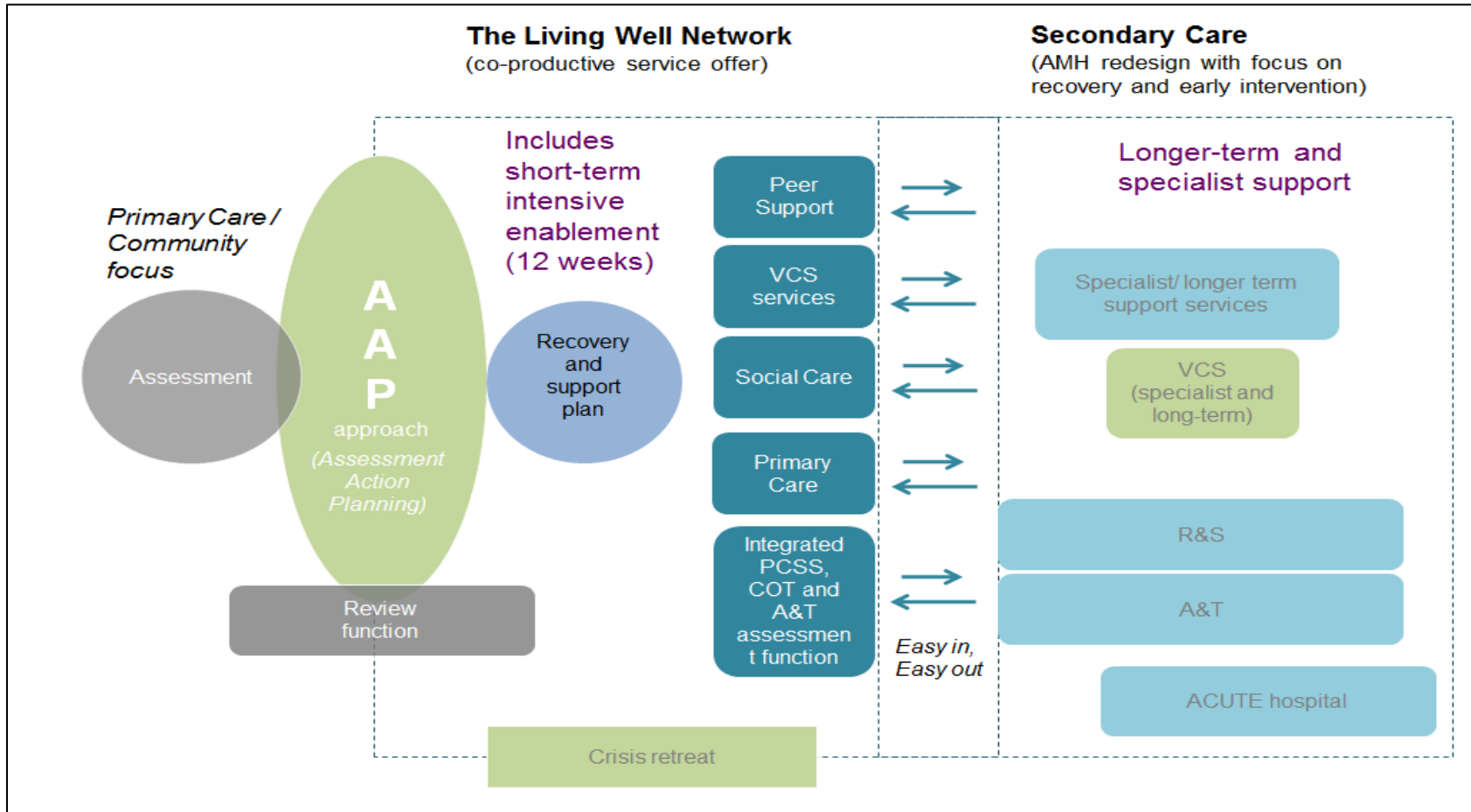
She feels fitter than she has done for ages, and has started going out again!

Mental health

- Less hospital based beds for mental health patients
- More community based care provided by a mix of providers – primary care, community, voluntary and community sector



Looks like:



Reducing variation

Strengthen primary care ability to manage long term conditions (LTCs):

- Patients on LTC registers proactively managed
- Development plans for practices outside “acceptable numbers”
- Proactively manage patients repeatedly admitted
- Primary care part of integrated services (SLIC)
- Include mental health support to people with LTCs

Referrals onto other services:

- GP referrals to out patient services peer validated
- No referral on from out patients to another clinic, the referral comes back to the GP instead



Technology

- Telemedicine for Dermatology
- Patient portal for Diabetes
 - Check results on line
- Patient portal for other groups?
- Email based advice for primary care?
- Patient Decisions Aids
- Self Care apps.

Value for money

- Public campaign on making the best use of our £
 - Cost of appointments, DNAs (did not attend), wasted patient & clinical time, wasted meds and equipment etc
- Commissioners exploring new contract types and contract levers – resulting in more integrated services and better VfM (value for money)

People are our assets

- People and communities at the heart of planning services
- Drawing on community and voluntary groups to provide locally responsive services
- Providing information and education to empower and enable self care



Next steps

- Finalise the 5 year strategy
- Embed the new vision and priorities
- Set measurable outcomes
- Contribute to the “Call to Action”
- Finalise the CCG 2 year operating plan
- Have in place implementation plans
- Contribute to the SEL wide 5 year plan
- Implement CBC for Lambeth
- Continue to engage and listen

Thank you

